

medicaid and the uninsured

June 2011

ONLINE APPLICATIONS FOR MEDICAID AND/OR CHIP: AN OVERVIEW OF CURRENT CAPABILITIES AND OPPORTUNITIES FOR IMPROVEMENT

EXECUTIVE SUMMARY

One key component of the Affordable Care Act is the creation of integrated and coordinated eligibility processes for Medicaid, CHIP, and Exchange coverage that are supported by technology. As part of these processes, states will be required to provide a single application that individuals can use to apply for these programs that is available in multiple formats, including online. Online applications offer a number of potential advantages relative to paper applications. They can minimize burdens on individuals and lead to increased enrollment by making the application available on a 24/7 basis, enabling faster or real-time eligibility determinations, and streamlining and simplifying the application process. States can also benefit from online applications through reduced administrative burdens and increased accuracy and efficiency. However, the extent to which an online application realizes these advantages depends on its structure and capabilities.

This analysis provides an overview of current online applications for Medicaid and/or CHIP and examines the extent to which they incorporate features that streamline and simplify the enrollment process for individuals. Key findings are presented below and summarized in Table 1.

As of February 2011, 32 states offered an online, publicly-accessible application for Medicaid and/or CHIP that could be electronically submitted, and 18 states allowed individuals to renew coverage online. Nine states had more than one online application for Medicaid and/or CHIP accounting for a total of 42 online Medicaid or CHIP applications. Most of the applications (31 of 42) connect individuals to multiple health coverage programs, such as Medicaid, CHIP and the Medicare Savings program, while 11 only allow users to apply for Medicaid or CHIP but not both programs, which can hinder enrollment if data are not automatically shared between the programs. In addition, 24 of the 42 applications allow users to apply for Medicaid and/or CHIP and at least one other benefit program, such as the Supplemental Nutrition Assistance Program (SNAP), cash assistance, or child care subsidies.

The majority of states with an online Medicaid/CHIP application (29 of 32) allow individuals to create an online user account, but there is significant variation in the range of activities individuals can conduct through these accounts. All 29 states allow individuals to partially complete their application and return to finish it at a later time; 16 let users report changes; and 16 indicate that enrollees can manage their account by checking application status, selecting a provider, viewing benefits, and/or paying for premiums. The ability to complete actions through an online account is helpful for individuals, since they can conduct them at any time from home or any location with a computer. Building increased capabilities into user accounts can also help reduce calls to eligibility workers, customer call centers, and managed care organizations.

Most states with an online Medicaid/CHIP application (25 of 32) utilize help tabs, buttons, links or pop-up windows to provide instructions or additional information, helping to shorten the application and provide information when needed. In 22 of the states, a general help button is available to provide users instructions and/or additional information. Further, 12 states provide question-specific information through a pop-up window when users click on a link or symbol placed next to or on a question.

Although most states with an online Medicaid/CHIP application utilize features to minimize information requested from applicants, all still request at least some information that is not necessary to process eligibility. Twenty-five of the thirty-two (25 of 32) states with an online application use dynamic questioning so that an applicant's answers to initial questions determine which subsequent questions are asked. Further, some applications do not have dynamic questioning capability, but sequence questions and use instructions to let the user know that certain questions are not necessary. However, all online Medicaid and CHIP applications request at least some information that is not necessary to process eligibility. For example, while most online applications offer an option to designate individuals as non-applicants, none of the applications avoid asking for citizenship or social security numbers for non-applicants, which are not required. As such, one straightforward step states can take to further simplify their applications is to eliminate requests for any unnecessary information.

Nearly all of the states with an online Medicaid/CHIP application (30 of 32) reduce paperwork burdens by allowing users to electronically sign their applications. When applications do not offer this option, applicants print a "signature page" and mail or fax it to an enrollment office after signing it by hand. States can take additional steps to create a paperless enrollment process by electronically verifying information through electronic matches with other data sources.

The accessibility of online applications is impacted by their availability, their compatibility, and the languages in which they are available. One of the key benefits of online applications is that they can be available on a 24/7 basis. However, this review found that applications were sometimes unavailable due to periods of maintenance or unexplained errors. Planning for maintenance to occur during low use times and providing notice of planned maintenance periods can help minimize the disruptions associated with application downtime. Accessibility is also impacted by an application's compatibility with different browsers and the browser settings that must be in place to complete the application (such as enabling of pop-up windows or cookies). Maximizing compatibility and minimizing browser setting requirements is important for increasing accessibility, particularly for individuals using public computers. Finally, making online applications available in other languages also has a significant impact on accessibility. This review found that 20 of the 32 states with an online application offer the application in Spanish, with 3 of these states (California, Florida, and Oregon) also making the application available in additional languages.

Between now and 2014, states will be planning for the expansion of their Medicaid programs and working to integrate their enrollment processes with those of the state-based Health Insurance Exchanges. Under reform, states will create joint online applications for Medicaid, CHIP and new premium credits and cost-sharing subsidies for Exchange coverage. States that do not currently have online applications can use lessons learned from existing systems as they design their new applications and systems. Further, states with existing online applications can work toward improving their systems and adding new functions and features. However, even when online applications are fully available, there will be some individuals who will not be able to or will not feel comfortable using an online application to apply for coverage. As such, other application avenues and assistance for applicants will remain important.

**Table 1:
State Adoption of Features in Online Medicaid and/or CHIP Applications**

State	Electronically Submitted Online Application	Online Renewal	User Account	Can Report Changes through User Account	General Help Button	Question-Specific Help Buttons	Dynamic Questioning	Electronic Signature	Available in Spanish
Total	32	18	29	16	22	12	25	30	20
Alabama	Y		Y		Y		Y	Y	
Alaska									
Arizona	Y	Y	Y	Y	Y	Y	Y	Y	Y
Arkansas	Y		Y	Y	Y		Y	Y	Y
California*	Y		Y	Y**	Y	Y**	Y	Y	Y
Colorado									
Connecticut									
Delaware	Y		Y		Y		Y	Y	
District of Columbia									
Florida*	Y	Y	Y	Y**	Y		Y	Y	Y
Georgia*	Y		Y		Y**			Y**	Y**
Hawaii									
Idaho									
Illinois*	Y		Y		Y**		Y**		Y
Indiana	Y		Y	Y	Y		Y	Y	Y
Iowa*	Y	Y	Y		Y**		Y	Y	Y
Kansas									
Kentucky									
Louisiana	Y	Y	Y	Y		Y		Y	Y
Maine									
Maryland	Y		Y	Y			Y	Y	
Massachusetts									
Michigan	Y	Y	Y				Y	Y	
Minnesota									
Mississippi									
Missouri	Y		Y	Y	Y	Y	Y	Y	
Montana*	Y		Y		Y**		Y	Y	
Nebraska	Y	Y	Y	Y	Y		Y	Y	Y
Nevada	Y							Y	Y
New Hampshire									
New Jersey*	Y		Y**			Y	Y	Y	Y
New Mexico									
New York									
North Carolina									
North Dakota	Y	Y	Y		Unknown	Unknown	Unknown	Y	
Ohio	Y	Y	Y	Y	Y		Y	Y	
Oklahoma	Y	Y	Y	Y	Y	Y	Y	Y	
Oregon	Y							Y	Y
Pennsylvania	Y	Y	Y			Y	Y	Y	Y
Rhode Island									
South Carolina									
South Dakota									
Tennessee*	Y	Y**	Y	Y**	Y**	Y**	Y**	Y	Y
Texas*	Y	Y**	Y	Y	Y	Y**	Y**	Y	Y
Utah	Y				Y			Y	Y
Vermont	Y	Y	Y				Y	Y	
Virginia	Y	Y	Y		Y	Y	Y	Y	Y
Washington	Y	Y	Y	Y	Y	Y	Y	Y	Y
West Virginia	Y	Y	Y		Y				
Wisconsin	Y	Y	Y	Y	Y	Y	Y	Y	Y
Wyoming	Y	Y	Y	Y			Y	Y	

*Indicates states with more than one application for Medicaid and/or CHIP.

**Indicates a state has adopted a simplification for at least one of their applications but not all of their applications.

INTRODUCTION

Over the past several years, there has been increased interest and efforts among states to incorporate information technology into their Medicaid and CHIP programs, particularly as part of their eligibility and enrollment processes. Looking forward, the role of information technology will be even more substantial, as the Affordable Care Act (ACA) includes provisions that require states to create integrated and coordinated eligibility processes for Medicaid, CHIP, and Exchange coverage that are supported by technology. As part of these provisions, states will be required to provide a single application that individuals can use to apply for these programs and this application must be made available in multiple formats, including online. With more than 78 percent of American adults using the internet regularly,¹ online applications will likely be a key avenue for enrollment and renewal in these health coverage programs.

Online applications offer a number of potential advantages relative to paper applications, including 24/7 availability, simplified processes for applicants, faster or real-time eligibility determinations, increased accuracy, and reduced administrative burdens for eligibility workers. However, the extent to which an online application realizes these advantages depends on its structure and capabilities. As of February 2011, 32 states had online applications for Medicaid and/or CHIP. This brief provides an overview of these online applications and examines the extent to which they incorporate features that streamline and simplify the enrollment process.

BACKGROUND: MEDICAID AND CHIP APPLICATION REQUIREMENTS

In designing an online application, states must balance the need to obtain the information that is necessary to determine eligibility with creating a simplified process that promotes and facilitates enrollment into coverage. A well-designed application, whether it is paper or electronic, is consistent with federal and state program rules, simple for individuals to navigate, and efficient to administer.

States have a great deal of flexibility in creating applications for Medicaid and CHIP. Medicaid requires that eligibility be determined “in a manner consistent with simplicity of administration and in the best interests of recipients”² and that individuals wishing to apply have the opportunity to do so without delay.³ CHIP requires sufficient coordination between Medicaid and CHIP to ensure that children who are applying for or renewing CHIP coverage are screened to see if they qualify for Medicaid and then enrolled into the correct program.⁴

The Centers for Medicare and Medicaid Services (CMS) has provided recommendations for simplification and coordination of enrollment and renewal processes and has provided model paper applications. CMS has also provided clarification that online applications and the use of electronic signatures are acceptable for Medicaid and CHIP.⁵

The implementation of health reform provides important new opportunities for states to further streamline and simplify enrollment processes and minimize the information requested from applicants. As required by section 1561 of the ACA, the Secretary of Health and Human Services adopted a set of recommendations for interoperable and secure standards and protocols that call for the development of modern electronic systems and processes that allow consumers to seamlessly obtain and maintain the full range of health coverage and other human services benefits that are available. Further, initial guidance issued by the Department of Health and Human Services stated that information technology systems developed to support the eligibility determination and enrollment process for Medicaid and

premium tax credits that will be available through state Health Insurance Exchanges should be designed in a manner that will provide a “first class customer experience.”⁶ Subsequent guidance further articulates the goal of a streamlined process that maximizes automation and provides for real-time enrollment.⁷ However, to date, states have received limited technical assistance and guidance specific to the design of online applications.

More guidance is expected in advance of 2014 when Medicaid coverage will be expanded for millions of adults and premium credits will become available for millions of adults and children who are not eligible for Medicaid or CHIP to help purchase coverage through new Health Insurance Exchanges. The ACA requires that states allow individuals to apply for Medicaid, CHIP, or Exchange coverage using a single application form. States can create their own form or use a form that will be developed by the Secretary of Health and Human Services. Under the law, individuals will be able to file these forms online, in person, through the mail or by telephone, and states must allow individuals to use an electronic signature when completing online applications or renewals.⁸

METHODS

This analysis is based on a review of online applications for Medicaid and/or CHIP conducted by the Center of Budget and Policy Priorities for the Kaiser Commission on Medicaid and the Uninsured between February 2010 and February 2011.⁹ For the purpose of this research, an online application was defined as a form accessible to the public through a website that can transmit applicant data to the state agency electronically. Therefore, an application that can be filled out online but then must be printed and sent through the mail did not meet the criteria. Online applications for use by community-based providers that are not fully accessible to individuals were also excluded.

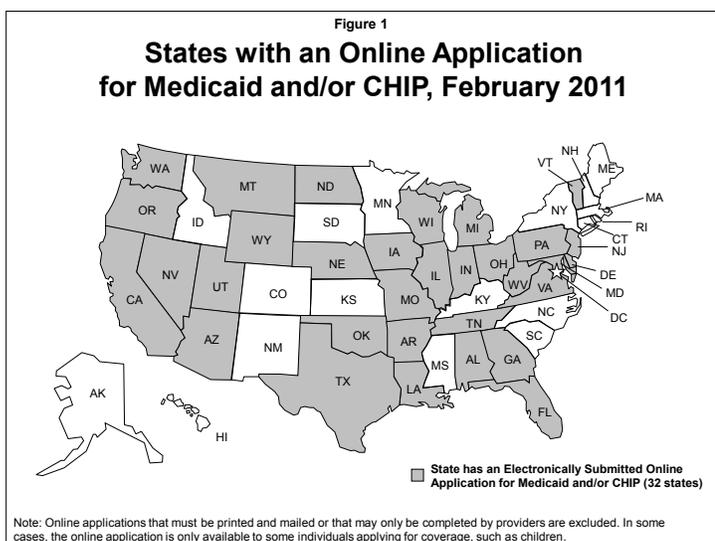
To conduct the review, information for a sample family applying for health coverage for the first time was entered into each online application.¹⁰ Screen shots were saved for each page of the application and each application was reviewed to assess:¹¹

- Whether the application enables individuals to set up user accounts and what capabilities the accounts offer;
- What designs and features are in place to shorten and streamline the application and minimize paperwork;
- To what extent the application is linked with other benefit programs; and
- The availability of the application in languages other than English.

Many states have multiple online applications; each of these applications was reviewed independently, but for the purposes of this paper, state implementation of a feature is counted if it is available in at least one application. The review of applications was supplemented by interviews with several state officials and experts to learn more about the development of online applications and how states promote and monitor the use of their applications. The review did not assess state adherence to requirements for providing access to people with limited English proficiency or to people with disabilities. While outside the scope of this review, these issues are important for ensuring that online applications are accessible to all groups.

FINDINGS

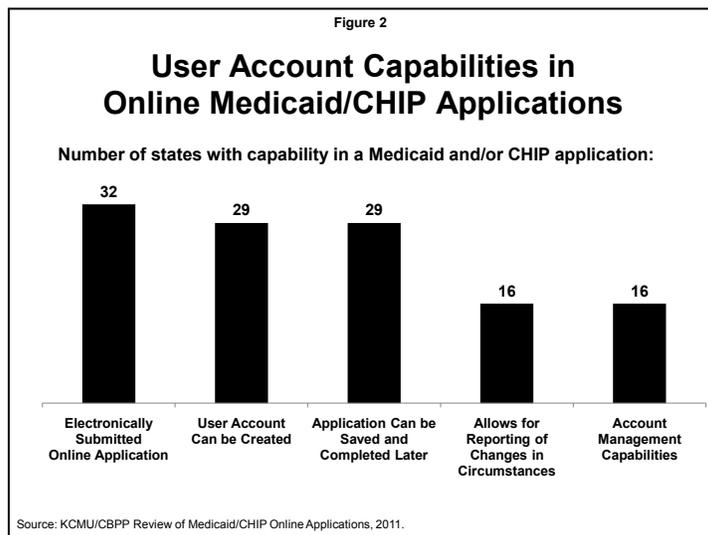
As of February 2011, 32 states offered an online application for Medicaid and/or CHIP (Figure 1), and 18 states allowed individuals to renew coverage online.¹² Nine states had multiple online applications for a total of forty-two online applications (Appendix A).¹³ As noted, this count includes only those online applications that allow for data to be electronically submitted and that are accessible to individuals (rather than just providers). For applications that include Medicaid, there are often limitations on which categories of individuals can access Medicaid through these applications (e.g., some are limited only to children). Most of the applications (31 of 42) connect individuals to multiple health coverage programs, such as Medicaid, CHIP and the Medicare Savings program. However, 11 only allow users to apply for CHIP or Medicaid but not both, which can create an enrollment barrier if the applicant is not eligible for the program on the application and data are not automatically shared between the programs.¹⁴ In addition, 24 of the 42 applications allow users to apply for Medicaid and/or CHIP and at least one other benefit program such as the SNAP, cash assistance or child care subsidies. While outside the scope of this review, there are seven additional states that do not have an online application for Medicaid or CHIP but do have an online application for at least one other human services benefit program.¹⁵



Online User Accounts

Having the capacity to create an online account can make it easier for individuals to complete an application as well as to report address or other changes post-enrollment. This capability is important as users may not have all the information they need when they start the application, or they may need to report a change or correct a previous error. This is especially useful to individuals who do not have access to the internet in their homes. A recent Federal Communications Commission report found that only 40 percent of low-income citizens have broadband internet access in their homes, as compared with 91 percent of Americans whose annual household incomes top \$75,000.¹⁶ Without high-speed home access, individuals may have to connect to the internet in schools, community centers, the homes of friends, or public libraries. States can build other services into the account as well, such as the ability to find a provider, print out an insurance card, or renew coverage online. These functions can benefit individuals and help reduce the volume of calls to eligibility workers, customer call centers, and managed care organizations.

Most states (29 of the 32) with an online Medicaid and/or CHIP application allow users to create an online account, but there is significant variation in the range of activities individuals can conduct through these accounts (Figure 2). All 29 of these states allow users to partially complete their application and return to finish the application at a later time; 16 states let users report changes to their circumstances; and 16 states indicate that the user will be able to manage their account through activities such as, viewing the status of their application or renewal, viewing benefits, paying for premiums, and finding or selecting a provider.



Features that Shorten and Streamline Online Applications

Designing paper applications that are short and manageable and yet gather all necessary information to process eligibility and provide individuals with clear instructions so that they can accurately complete the application is a challenge. Online applications can help states meet this goal. Online applications can place a limited number of related questions on each screen and use links and pop-up windows to provide additional information or instructions for specific questions when they are asked. This gives users access to relevant information as they complete the form.

Online applications can also use dynamic questioning so that earlier questions determine those questions that follow. Dynamic questioning allows users to have a personalized experience completing an application and reduces or eliminates the number of questions that are not applicable. This review found that some states are taking advantage of these features to shorten and streamline their online applications, but it also identified opportunities for continued improvements.

In 25 of the 32 states with an online application, users can obtain instructions and additional information through tabs, buttons, links or pop-up windows. In 22 states, the online application uses general a help button to provide instructions and additional information. However, these help buttons are not specific to individual questions and provide information related to everything on the page, or in some cases, the entire application. In 12 states, the online applications allow users to obtain question-specific information. In these states, when users need clarification or help for a specific question, relevant information pops-up in a new window when they click on a link or symbol. For example, the Texas Medicaid and CHIP application uses the same symbol throughout the application to indicate the availability of helpful information in pop-up boxes (Screen Shot 1).

**Screen Shot 1:
Texas Medicaid and CHIP Application Uses Question-Specific Help Buttons**

The screenshot shows the Texas Medicaid and CHIP application interface. At the top, there is a navigation bar with links for Home, FAQs, View Tutorial, Update Profile, Contact Us, and Pay CHIP Enrollment Fee. The user is logged in as 'gonzash'. The main header includes the Texas Health and Human Services Commission logo and the CHIP/Children's Medicaid logo with the tagline 'We've got your kids covered.' A progress bar shows the current step is 'Individual Information', with other steps like Household Information, Income Information, Expense Information, Asset Information, Other Information, and Electronic Signature & Submit. The form is titled 'Private Health Insurance Information' and contains fields for First Name (Pluto), Middle Name or Initial, Last Name (Mouse), and Date of Birth (01/02/1999). Below the form, there are two questions with radio button options: 'Has Pluto Mouse had health insurance other than CHIP or Medicaid in the past 12 months?' (Yes/No) and 'Could Pluto Mouse get private health insurance through the parent's job/employer?' (Yes/No). A question-specific help pop-up box is overlaid on the second question, providing detailed instructions on what the question is asking and where to find the information on a health insurance card. The footer contains copyright information for 2008 HHSC and a version number of 3.0.

In 25 of the 32 states with an online application, dynamic questioning is used to minimize the amount of information requested from applicants by using answers to initial questions to determine which subsequent questions need to be asked. Dynamic questioning is often used to collect income and expense information for the household. For example, many applications, like the Insure Alabama application shown below, ask users to list or check off which household members have income and then only ask income-related questions for those family members (Screen Shot 2). Dynamic questioning can also significantly reduce the length of applications by identifying which members in a household are applying for benefits. For example, when parents apply for health coverage for their children but not themselves, applications must capture the parents' names, income, and relationship to those seeking coverage. However, answers to other questions such as birthday, citizenship, social security numbers, and medical expenses are only needed for applicants and can be eliminated. Currently, few online applications use this opportunity to minimize questions.

**Screen Shot 2:
The Insure Alabama Application Uses Dynamic Questioning to Limit Requests for Income Information**

The screenshot shows the 'Insure Alabama' web application interface. At the top, there is a navigation bar with a 'Screen Selection' dropdown menu, a 'Go' button, and links for 'Save & Exit', 'Clear', 'Help', and 'FAQ'. Below this is a progress indicator with checkboxes for 'Applicant', 'Household', 'Insurance', 'Income', 'Expenses', 'MLIF', and 'Review'. The 'Income' section is currently active. On the left side, there is a sidebar with the text 'Web Application Number W00160707' and 'Earned Income'. The main content area is titled 'Earned Income' and asks 'Which members of your household earn an income?'. A note specifies that this is income from employment or self-employment only. There are four checkboxes: 'Minnie Mouse' (unchecked), 'Donald Mouse' (unchecked), 'Mickey Mouse' (checked), and 'Pluto Mouse' (unchecked). At the bottom of the main area, there are 'Back' and 'Next' buttons. A footer message provides a toll-free number (1-888-373-KIDS) and contact information.

When applications are not able to base questions on earlier responses, they can still sequence the questions and use instructions to let the user know that certain questions are not necessary. For example, the Louisiana Medicaid application uses this method to allow the user to skip questions that are not necessary for those not applying for coverage (Screen Shot 3, next page).

Screen Shot 3: Louisiana Medicaid Application Minimizes Information Requests by Sequencing Questions

Tell us about you (person filling out this application).

1. **First Name:** Samplemom Middle Initial: **Last Name:** Samplelastname
Maiden Name: Suffix:

2. **Social Security Number:** xxx-xx-xxxx

3. **Date of Birth:** 02/01/1980 mm/dd/yyyy

4. **Sex:** Female

5. **Race/Ethnicity:**
(You do not have to answer. If you do, you may pick more than one).
 White Black
 Hispanic/Latino Asian
 American Indian/Alaska Native Native Hawaiian/Pacific Islander

6. **Do you live in Louisiana?** Yes

7. **How is this person related to you?** Self

8. **Marital Status:**

9. **Is this person applying for health coverage?** No

If you answered no to question 9, you may skip questions 10-13 and go to the next page.

10. **Is this person a US Citizen?**

If not a U.S. citizen, provide the following:
U.S. Arrival Date:
Permanent Resident Card Number, A# (also called green card, Form I-551):

11. **Does this person have a disability?**

While some states are shortening and simplifying online applications using these capabilities, all online Medicaid and CHIP applications request at least some information that is not necessary to process eligibility. As a result, the applications are longer than they need to be and may deter some individuals from enrolling. For example, under federal rules, household members who are not applying for coverage, such as a parent who is applying for coverage for a child, are not required to provide a social security number nor details related to their immigration status.¹⁷ While most online applications offer an option to designate individuals as non-applicants, none of the applications avoid asking for citizenship or SSNs of non-applicants. Moreover, in a number of applications, there are instructions indicating that a specific question is optional, but error messages indicate that the information is required when an attempt is made to proceed to the next screen without answering the question or to submit the completed application. Given these findings, all online applications could be shortened by eliminating unnecessary questions through the use of dynamic questioning or by sequencing questions so that users can be instructed to skip unnecessary questions.

Features that Minimize Paperwork

Allowing for a fully electronic enrollment process can reduce burdens on families and eligibility workers, increase accuracy, and speed enrollment times. For an electronic application to allow for an electronic enrollment process, it is important to minimize paperwork requirements, for example, by allowing for electronic signatures and utilizing electronic data matches with other data sources to the greatest extent possible to verify information.

Almost all of the states with an online application (30 of 32) allow users to electronically sign their applications. When applications do not offer this option, applicants print a “signature page” and mail or fax it to an enrollment office after signing it by hand. This requires the applicant to have a working printer, an envelope and postage, and creates more work for eligibility offices that have to process signature pages as they come into the office and connect them to electronically submitted applications. The two states that do not accept electronic signatures attempt to reduce some of these burdens by mailing a copy of the application and signature page to the applicant. For example, the Georgia PeachCare application does not allow for an electronic signature but mails the signature page to the applicant and uses a bar code to keep track of the application and supporting materials as they come into the office (Screen Shot 4).

**Screen Shot 4:
Georgia PeachCare Signature Page**

Español

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1-877-GA-PEACH
(877-427-3224)
Now you can afford peace of mind.

Home Log Out

Medicaid Certification

Medicaid Certification, Understanding and Authorization:



Application #: 10202 0E3028
Parent name: Minnie Mouse and Mickey Mouse

For your application to be complete, we must receive this letter signed by you. If you do not have a printer, this letter will automatically be mailed to you.

PeachCare for Kids™
Post Office Box 2585
Atlanta, GA 30301-2585

1-877 GA PEACH (427-3224)
Fax 1-866-259-3404
www.peachcare.org

I certify that the information I have provided on the Internet application is true and correct to the best of my knowledge. I understand that this information will be verified to determine eligibility. I understand wage and salary information supplied by the Georgia Department of Labor may be disclosed to a third party administrator to verify and determine eligibility for Medicaid. I agree to assign to the state all rights to medical support and third party support payments (hospital and medical benefits).

I authorize release of personal and financial information to PeachCare for Kids™ and the Georgia Department of Community Health. I understand that my case may be subject to a quality control review and I agree to cooperate in the review process.

Signature of Parent or Guardian: _____ Date: _____

Affordable Health Insurance 1-877-GA-PEACH Now you can afford peace of mind.
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States can take additional steps to create a paperless enrollment process by electronically verifying applicant verification through electronic matches with other data sources. This review was limited in its ability to assess the extent to which applicants are required to submit additional paperwork in addition to the electronic application, since the review of online applications did not proceed through the submission steps. However, other analyses reveal that an increasing number of states are beginning to rely on electronic data matches to verify applicant information. For example, 33 states use a data match with the Social Security Administration (SSA) to verify the citizenship of applicants for Medicaid and/or CHIP¹⁸ and 12 states conduct paperless income verification for children applying for Medicaid, often by utilizing an electronic data match with other data sources.¹⁹ Using an electronic signature and these paperless methods of verification can simply the eligibility determination process for applicants and state workers. However, applications and state web pages need to be updated to reflect when states have adopted these options. Our review found that, in some cases, although the state is implementing one of these simplifications, their online applications have not been updated to indicate the change in policy. For example, the online applications in several states that have implemented the electronic match with the SSA to document citizenship still indicate to users that they will have to show original proof of their citizenship.

Use and Accessibility of Online Applications

Use of online applications appears to vary significantly across states. As part of this analysis, data were also obtained from seven states regarding utilization of online applications.²⁰ Application use varies greatly among these states with reports of online applications accounting for 10% to 70% of total applications received. For example, Michigan reports that the use of the online application has grown each month since it has been implemented. In April 2010, online submissions for children's Medicaid and CHIP totaled 12,182 out of the 17,084 total applications received that month, accounting for 71% of applications. This high rate likely also reflects the fact that Michigan has trained 300 health care providers to use their online application and, through presumptive eligibility, providers are guaranteed payment for services provided after submission of the application.

Nevada has experienced very different results. In Nevada, the input process for the online applications is cumbersome and requires printing and re-entering all information by eligibility workers. Because this process is labor intensive, the state has not conducted outreach to promote the availability of its application. In April 2010, Nevada received 922 paper applications and 290 online applications, accounting for about a quarter (24%) of the total applications received. Nevada administrators report that they are finalizing a new online application that will feed the information entered through the online application directly into the eligibility system.

Information is limited regarding the extent to which states promote the availability of their online applications, but some states have taken notable steps in this regard. For example, links to the Virginia Medicaid and CHIP application can be found on the websites of local school districts and of some employers. Also, there is a link available through some Virginia Employment Commission computers, which are available for use by people who are unemployed and seeking work. Additional research to learn more about what works in the promotion of these applications would be helpful.

The accessibility of online applications is impacted by their availability, their compatibility, and the languages in which they are available. One of the potential benefits of online applications is that they can be available on a 24/7 basis. However, during this review of applications, there were a number of instances when the online applications were not available. While these instances were not comprehensively tracked, there were times when error messages explained that the system was down due to maintenance. Other times there was an error message with no additional information.

Another potential barrier to accessibility is compatibility with internet browsers. Online applications can be created to be compatible with popular browsers, such as Mozilla Firefox, Internet Explorer, Safari, and Google Chrome. Compatibility is especially important for users without access to a home computer, who may be limited to specific browsers available through a public access computer. Five of the thirty-two states (5 of 32) with an online application specify web browser limitations. Additionally, five indicate that the user is required to enable pop-ups and cookies for the application to work properly. This can also be a problem for users relying on using public computers or when users do not know how to change these settings.

The accessibility of an online application is also impacted by the languages in which it is made available. This review found that 20 of the 32 states with an online application offer a Spanish version of the application, with 3 of these states (California, Florida, and Oregon) also making at least one of their applications available in additional languages.

IMPLICATIONS

Between now and 2014, states will be planning for the expansion of their Medicaid programs and working to integrate their enrollment processes with those of the state-based insurance exchanges. Under reform, states will create joint online applications for Medicaid, CHIP and new premium credits and cost-sharing subsidies for Exchange coverage.²¹ The ACA provides that to the extent possible data matching will be used to verify information including citizenship, immigration status, and income of individuals applying for coverage, to determine their eligibility for premium credits and cost sharing subsidies in the Exchange.²² Further, all health coverage subsidy programs including Medicaid and CHIP will have to utilize credible third party data to determine eligibility to the extent possible.²³ This movement to electronic data matching is further supported by other changes under the law, such as the use of Modified Adjusted Gross Income to determine income for Medicaid, CHIP, and the Exchange subsidies. The law also requires that individuals be able to use an electronic signature when completing online applications or renewals.²⁴

This review of online applications for Medicaid and/or CHIP indicates that although states have made some progress in developing online applications, there is still a substantial amount of work ahead to develop applications that will fulfill the functions and requirements outlined under the ACA. States that do not currently have online applications can use lessons learned from existing online applications as they design their new applications and systems for reform. States with existing online applications can work towards adding new functions and, at the same time, carefully examine how their current online applications are working and how they can be improved.

As states continue to develop and implement online applications, it will be important for states to monitor the performance of their online application systems by gathering data on utilization, application abandonment, and denials and approvals. Abandonment rates and locations of abandonment can help identify questions that are deterring applicants. In addition, denials and approvals can be compared to the success rates for paper applications to help guide changes and improvements in both versions of the application.

It also will be useful for states to continually adjust their applications and processes as technology advances and use of the internet continues to change. For example, in 2009, the percentage of Americans, including those with low-incomes, who accessed the internet using mobile devices and who utilized mobile web applications grew significantly.²⁵ States can monitor these trends and identify new ways to increase access, such as using text messaging to remind enrollees to complete their renewal.²⁶

Finally, it is important to note that there will always be a necessity for other modes of application, and the ACA requires that multiple avenues for enrollment be made available, including face-to-face, telephone, and mail-in, in addition to online. Even with the steady growth in utilization of the internet, there are some individuals who do not have online access or who do not feel comfortable completing transactions electronically. Further, one-on-one application assistance will remain important for some individuals, particularly those with significant health challenges and those with language and literacy challenges.

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Appendix A
Online Medicaid and CHIP Applications, June 2011

State	Name	Benefits	Link
Alabama	Insure Alabama	Medicaid for children, families and pregnant women and CHIP	https://insurealabama.org/
Arizona	Health-E Arizona	Medicaid, CHIP, SNAP, TANF and Medicare Savings Programs	https://www.healthearizona.org
Arkansas*	Access Arkansas	Medicaid for children and families, Medicare Savings Program, SNAP, child care subsidies and TANF.	https://access.arkansas.gov
California	C 4 Yourself	Medicaid, TANF and SNAP	https://www.c4yourself.com
	Health-E-App	Medicaid for children, families and pregnant women and CHIP	https://www.healtheapp.net/
	Benefits CalWIN	Medicaid, SNAP and TANF	https://www.benefitscalwin.org/
Delaware	Delaware ASSIST	Medicaid, SNAP, TANF and child care subsidies	https://assist.dhss.delaware.gov/PGM/ASP/SC001.asp
Florida	ACCESS Florida	Medicaid, SNAP and TANF	http://www.myflorida.com/accessflorida/
	Healthy Kids	CHIP	https://www.healthykids.org/
Georgia	Georgia Compass	Medicaid, SNAP, TANF, child care subsidies and Parent Services (CAPS).	https://compass.ga.gov/selfservice/
	PeachCare for Kids	CHIP	http://www.peachcare.org/
Illinois	Illinois Web Benefits Online Application System	Medicaid, SNAP and TANF	http://fspp.dhs.state.il.us/
	All Kids and FamilyCare Online Application System	Medicaid for children and families and CHIP	http://www.allkids.com/
Indiana	Family and Social Services Administration Benefits Portal	Medicaid, SNAP and TANF	https://www.ifcem.com/HCSSRequest/en_US/External_englishLandingHomePage.do
Iowa	DHS Online Application for State of Iowa Services	Medicaid, CHIP, SNAP, TANF and child care subsidies	https://secureapp.dhs.state.ia.us/oasis/
	Hawk-i Application	Medicaid for children and CHIP	http://www.hawk-i.org/en_US/apply.html
Louisiana	Louisiana Medicaid Online Services	Medicaid and CHIP	https://bhswfweb.dhh.louisiana.gov/onlineapppublic/secure/
Maryland*	Maryland SAIL	Medicaid, SNAP, TANF, child care subsidy and energy assistance	https://www.marylandsail.org/
Michigan	The Michigan Department of Community Health Internet Application Service	Medicaid for children and pregnant women and CHIP	https://healthcare4mi.com/michild-web/
Missouri	Missouri Benefits Center	Medicaid for children, parents and pregnant women and CHIP	http://www.dss.mo.gov/mhk/accept.htm
Montana	Montana Connections	Medicaid, CHIP, SNAP, TANF and Refugee Assistance	https://app.mt.gov/mtc/apply/index.html
	Healthy Mountain Kids Online Application	Medicaid for children and CHIP	https://mtchip.assistguide.net/
Nebraska*	Access Nebraska	Medicaid, SNAP, TANF, child care subsidies, energy assistance and refugee resettlement program	https://dhhs-access-neb-menu.ne.gov/start/?tl=en
Nevada	Nevada Checkup	CHIP	https://nevadacheckup.nv.gov/SecureOnlineAppEnglish.htm

Appendix A (Continued)
Online Medicaid and CHIP Applications, June 2011

State	Name	Benefits	Link
New Jersey	New Jersey OneApp.	Medicaid, CHIP, SNAP, TANF and General Assistance	https://oneapp.dhs.state.nj.us/
	NJ FamilyCare	Medicaid for children and families and CHIP	https://fc.dhs.state.nj.us/forms/NJFC_0.aspx
North Dakota	Online Application System (OASYS)	Medicaid, CHIP, SNAP, TANF and child care subsidies	https://secure.apps.state.nd.us/dhs/ea/oasys/login.htm
Ohio*	State of Ohio-Online Benefit Application	Medicaid, SNAP and TANF	https://odjfsbenefits.ohio.gov/SelfServiceSplash.jsf
Oklahoma*	SoonerCare Online Enrollment	Medicaid for children, families and pregnant women and mental health and substance abuse services	http://www.okhca.org/individuals.aspx?id=11698&menu=40&parts=7453
Oregon	Application for Oregon Health Plan and Healthy Kids	Medicaid for children and families and CHIP	http://www.oregonhealthykids.org/apply/
Pennsylvania	COMPASS	Medicaid, CHIP, SNAP, TANF, child care subsidies, energy assistance, and school meals	https://www.humanservices.state.pa.us/compass/pgm/asp/SACHS.asp
Tennessee	Potential Eligibility Screening and Online Application	Medicaid, SNAP and TANF	https://fabenefits.dhs.tn.gov/vip/website/signupservlet?pagename=homepage
	CoverKids	Medicaid for children and pregnant women and CHIP	http://coverkids.com/
Texas	Your Texas Benefits	Medicaid, CHIP, SNAP, TANF and Medicare Savings Programs	https://www.yourtexasbenefits.com/ssp/SSPHome/ssphome.jsp
	CHIP Children's Medicaid	Medicaid for children and CHIP	http://www.chipmedicaid.org/en/Apply-Now
Utah	State of Utah's Online Application	Medicaid, CHIP, SNAP and child care subsidies	https://utahhelps.utah.gov/
Vermont	N/A	Medicaid, CHIP, Medicare Savings Program, SNAP, TANF, energy assistance and Essential Person	http://dcf.vermont.gov/mybenefits/apply_for_benefits
Virginia	FAMIS Online Application	Medicaid for children and pregnant women and CHIP	https://www.famis.org/applying.cfm?language=English
Washington	Washington Connection	Medicaid, CHIP, Medicare Savings Programs, SNAP, TANF, child care subsidies, Refugee Cash Assistance, General Assistance, child support services, drug and alcohol treatment and emergency programs	https://www.washingtonconnection.org/home/
West Virginia	inroads	Medicaid, CHIP, SNAP, Medicare Premium Assistance Program, energy assistance and school clothing allowance	https://www.wvinroads.org/inroads/PGM/ASP/SC002.asp
Wisconsin*	ACCESS	Medicaid, SNAP and child care subsidies	https://access.wisconsin.gov/access/
Wyoming	Healthlink	Medicaid and CHIP	https://healthlink.wyo.gov/

*Indicates the state has a CHIP-funded Medicaid expansion and does not operate a separate CHIP program.

ENDNOTES

- ¹ Horrigan, John. "Broadband Adoption and Use in America." FCC Omnibus Broadband Initiative (OBI) Working Paper Series. February 2010. http://hraunfoss.fcc.gov/edocs_public/attachmatch/DOC-296442A1.pdf P.3.
- ² 42 CFR § 435.902.
- ³ 42 CFR § 435.906.
- ⁴ 42 CFR §457.350.
- ⁵ CMS has issued a state health official letter in 1998: <http://www.cms.gov/smdl/downloads/sho091098.pdf> and tool in 2001 with recommendations for simplifying the enrollment process: <http://ccf.georgetown.edu/index/cms-filesystem-action?file=strategy%20center/progress.pdf>.
- ⁶ Guidance for Exchange and Medicaid Information Technology (IT) Systems, Version 1.0. Department of Health and Human Services, Office of Consumer Information and Insurance Oversight and Centers for Medicare & Medicaid Services. November 3, 2010.
- ⁷ Guidance for Exchange and Medicaid Information Technology (IT) Systems. Version 2.0. Department of Health and Human services, Centers for Medicare and Medicaid Services. May 2011.
- ⁸ Sec. 1413 Streamlining of Procedures for Enrollment through an Exchange and State Medicaid, CHIP, and Health Subsidies and Sec. 2201 Enrollment and Simplification and Coordination with State Insurance Exchanges.
- ⁹ CBPP has an ongoing effort to review states' online services with respect to benefit programs to assess for best practices. CBPP maintains a listing of all states' online services related to benefit programs, including on-line applications, program manuals, caseload data, and general program information, "Online Information About Key Low-Income Benefit Programs" accessible at: <http://www.cbpp.org/cms/index.cfm?fa=view&id=1414>.
- ¹⁰ The review included completing the applications to the extent possible without submitting the application for eligibility processing. We were not able to review the North Dakota and Ohio applications due to their security process, but Ohio state officials provided us with screen shots that provided us with sufficient information for this review.
- ¹¹ During the review we observed that online applications were updated regularly. We re-reviewed applications if it was brought to our attention that changes had been made or we needed to gather additional information, otherwise our review should be considered a point-in-time observation.
- ¹² Alabama does not have a formal online renewal process and is not included in this count. However, according to state officials, the state accepts online applications completed during the renewal period as renewals.
- ¹³ States may offer applications for multiple benefit programs as well as a separate children's health only application. California has multiple applications that are available to consumers in specific counties.
- ¹⁴ It is not always clear whether the application provides access to specific health coverage programs. We looked to see what programs were listed in the application when it was available and additionally we used unpublished data from the annual Kaiser/Georgetown Medicaid Eligibility and Enrollment Policies survey.
- ¹⁵ States that do not have an online application for Medicaid or CHIP but do have an online applications for other human services programs include Colorado, Massachusetts, New York, Rhode Island, South Carolina, South Dakota and Kansas.
- ¹⁶ Horrigan, P. 7.
- ¹⁷ Policy Guidance Regarding Inquiries into Citizenship, Immigration Status and Social Security Numbers in State Applications for Medicaid, State Children's Health Insurance Program (SCHIP), Temporary Assistance for Needy Families (TANF), and Food Stamp Benefits, <http://www.hhs.gov/ocr/civilrights/resources/specialtopics/tanf/triagencyletter.html>
- ¹⁸ Connecting Kids to Coverage Continuing the Progress: 2010 CHIPRA Annual Report. Department of Health and Human Services. February, 2011.
- ¹⁹ Heberlein, M, et al., *Holding Steady, Looking Ahead: Annual Findings of A 50-State Survey of Eligibility Rules, Enrollment and Renewal Procedures, and Cost Sharing Practices in Medicaid and CHIP 2010-2011*. Kaiser Commission on Medicaid and the Uninsured. January 2011.
- ²⁰ We requested information on outreach efforts for and utilization of online applications in fourteen states. Seven states responded with data related to utilization.
- ²¹ Sec. 2201 Enrollment and Simplification and Coordination with State Insurance Exchanges.
- ²² Sec 1411 Procedures for Determining Eligibility For Exchange Participation, Premium Tax Credits and Reduced Cost-Sharing, and Individual Responsibility Exemptions.
- ²³ Sec. 1413 (c) (3)
- ²⁴ Sec. 2201 Enrollment and Simplification and Coordination with State Insurance Exchanges.
- ²⁵ "Mobile eHealth Data Brief." October 2009. Centers for Disease Control and Prevention.
- ²⁶ Han, L., Morrow, B. and J. Paradise, *Mobile Technology: Smart Tools to Increase Participation in Health Coverage*. Kaiser Commission on Medicaid and the Uninsured and The Children's Partnership. March 2011.

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