

Excerpts from:

**THE LAST PIECE OF THE PUZZLE: Providing High-Quality, Affordable Health Coverage to All Children Through National Health Reform, May 2009**

*Georgetown Center for Children and Families; Full version available at [ccf.georgetown.edu](http://ccf.georgetown.edu)*

### 3. Create a Unified, “No Wrong Door” Enrollment and Renewal Process

It should be as easy for families to enroll their children in public coverage or the Exchange as it is for them to sign up for employer-based insurance or to enroll their child in school.

The national expectation that all children are eligible for one coverage option or another and will be covered means that enrollment and renewal barriers have no place in the new system. There should no longer be any cases in which eligible people miss out on coverage because of paperwork requirements and antiquated computer systems.<sup>32</sup> The specific strategies for creating a family-friendly enrollment process could include:

- **Creating a simplified and uniform strategy for enrolling and renewing children in coverage.**

If, as expected, health reform keeps the current pathways to coverage for children and adds new ones, families could face a bewilderingly complicated system. To minimize confusion, the federal government could:

- **Establish a “no wrong door” enrollment policy.** Families should not be expected to determine on their own whether their children should be in Medicaid, CHIP, or an Exchange plan; instead, they should be given the chance to apply for coverage through any of a number of different avenues (e.g., via an Exchange or a Medicaid office). Regardless of where they apply, they should have the chance to complete a simple, unified application that can be used to enroll everyone in the family in the appropriate program. If they accidentally apply for the wrong program, the administering agency should screen them for the right program and enroll them in coverage without requiring any additional, unnecessary paperwork.
- **Create an online portal.** To simplify the coordination needed to make a “no wrong door” policy work seamlessly, much of



enrollment could be done through an online enrollment and renewal portal that could be accessed at home, in hospitals, at doctor’s offices, and at any number of public offices, including libraries, DMVs, and unemployment offices. The portal could allow families to enroll together, find out what program or programs they are eligible for, and enroll immediately.

- **Assist families through the process.** Community-based assistors could be funded to provide families with application and renewal assistance, and other help as needed. In addition, help-lines could be established to help families understand the enrollment and renewal process, their health plan benefits and how to access care.

- **Aligning and simplifying application rules to support family-friendly enrollment.** To support a “no wrong door” enrollment policy, the income counting rules, the verification procedures and the renewal periods for Medicaid, CHIP, and the new subsidy should all be simplified and made parallel. This would include aligning definitions of countable income and verification of income, residency, and citizenship, with an emphasis on making the enrollment process as simple as possible. For example, for simplicity purposes:
  - **Ensure verification rules primarily rely on technology rather than paperwork,** such as replacing the current Medicaid citizenship documentation requirement with a national system for electronically checking citizenship;
  - **Require procedures that make enrollment and renewal easier for families,** such as guaranteeing coverage for 12 months and eliminating face-to-face interviews, waiting lists, and asset tests.<sup>33</sup>
- **Remove administrative complexity,** for example by establishing a single category of eligibility based on only income and potentially eliminating income disregards and deductions. (Eliminating income disregards/deductions would require that the minimum federal income standards be adjusted upward to account for the loss.)
- **Maximizing use of automatic enrollment.** If eligibility rules and verification procedures are simplified, automatic enrollment could be used to enroll many of the country’s uninsured children, such as through public programs or the tax system.<sup>34</sup> In addition, to move toward a true system of automatic enrollment policymakers could establish a requirement that hospitals, states, and the Exchange implement a system so that every child born in the U.S. would leave the hospital with an insurance card.

