Louisiana’s goal throughout the Maximizing Enrollment grant period (2009 – 2013) was to enhance and streamline enrollment processes and to retain more eligible children by:

1. Making applications more accessible
2. Improving outreach to new and hard to reach populations
3. Implementing Express Lane Eligibility
4. Reducing inappropriate rejections and maintaining current retention rates

Prior to Maximizing Enrollment: Where Louisiana Started
The initial phase of the Maximizing Enrollment program focused on a diagnostic assessment of the strengths and opportunities for improvement in each grantee state’s enrollment and retention systems. The results of Louisiana’s assessment determined the following:

Strengths
• Electronic case record (ECR) system
• Improved retention strategies, i.e. administrative and ex parte renewals

Challenges
• Identifying and enrolling eligible uninsured children
• Interagency coordination

As a Result of Maximizing Enrollment: Major Simplifications Implemented

Streamlined Application Or Enrollment Process:
Simplified the online renewal form requiring consumers to provide only information that Medicaid likely does not have on file or information that may have changed since the last contact with the consumer.

Automated enrollment for newborns born to mothers enrolled in Medicaid reducing the need to rekey data provided by hospital staff; the system electronically conducts a data match verifying the mother’s coverage and certifies the child for Medicaid.

Expanded the functionality of the online Medicaid application so that application data is electronically transferred into the eligibility system, eliminating the need for Medicaid workers to rekey information that has already been input by the applicant.

Implemented the Electronic Verification of Vital Events (EVVE) system replacing the outdated Vital Records system. EVVE allows the state to electronically verify births in Louisiana and other states reducing the documentation burden on applicants.

Express Lane Eligibility (ELE):
Pioneered implementation of automated ELE by using SNAP data to enroll eligible, unenrolled children in Medicaid. As the first state to adopt ELE, Louisiana improved their process over time. SNAP applicants can affirmatively consent to share their information with Medicaid for the purpose of enrolling their children that qualify in healthcare coverage by checking a box on the SNAP application. The SNAP eligibility system shares consenting families’ case information with the Medicaid Eligibility Determination Station (MEDS) daily and if consenting families are enrolled in SNAP, all children in the SNAP case are enrolled in Medicaid and citizenship is verified through an electronic interface with the Social Security Administration.

Create Easily Shared Reports of Data and Program Information:
Created the Consolidated Verification Summary (CVS), to combine information from various data sources into one central location in a standard format and eliminate the need to manually check multiple systems for verifications.

Culture Change:
Conducted focus groups with eligibility staff that provided agency management with useful information regarding the morale and perspective of the eligibility staff as well as suggestions for improvements, such as new training strategies.

Beyond Maximizing Enrollment: Lessons Learned
• Do not underestimate the amount of time needed to process legal documents when implementing projects that need a Memorandums of Understanding (MOU) from other agencies and be flexible in deadlines and expectation.

This state profile provides a sample of the policy and system changes made and does not represent all of Louisiana’s Maximizing Enrollment accomplishments.

Participating State Agencies
• Department of Health & Hospitals (Administers Medicaid and CHIP)
• Department of Children and Family Services (Administers human services programs, including SNAP)