

**Table 10**  
**Adoption of Targeted Strategies to Streamline Enrollment of Eligible Individuals**  
**January 2015**

State	Presumptive Eligibility <sup>1</sup>					Express Lane Eligibility for Children at Enrollment <sup>2</sup>		Use of SNAP Data to Facilitate Enrollment of Eligible Individuals <sup>3</sup>	Use of Child Enrollment Data to Facilitate Enrollment of Parents <sup>3</sup>
	Children's Medicaid	Children's CHIP	Pregnant Women	Parents	Childless Adults	Medicaid	CHIP		
<b>Total</b>	<b>15</b>	<b>9</b>	<b>27</b>	<b>5</b>	<b>3</b>	<b>9</b>	<b>5</b>	<b>8</b>	<b>3</b>
Alabama					N/A	Y			
Alaska		N/A (M-CHIP)			N/A		N/A (M-CHIP)		
Arizona									
Arkansas		N/A (M-CHIP)					N/A (M-CHIP)	Y	
California <sup>4</sup>	Y	N/A (M-CHIP)	Y				N/A (M-CHIP)	Y	
Colorado	Y	Y	Y			Y	Y	Y	
Connecticut	Y	Y	Y						
Delaware									
District of Columbia		N/A (M-CHIP)	Y				N/A (M-CHIP)		
Florida			Y		N/A				
Georgia			Y		N/A	Y	Y		
Hawaii		N/A (M-CHIP)					N/A (M-CHIP)		
Idaho	Y	Y	Y	Y	N/A				
Illinois	Y	Y	Y					Y	
Indiana <sup>5</sup>			Y		N/A				
Iowa	Y	Y	Y		N/A	Y			
Kansas	Y	Y			N/A				
Kentucky			Y						
Louisiana					N/A	Y			
Maine			Y		N/A				
Maryland		N/A (M-CHIP)				Y	N/A (M-CHIP)		
Massachusetts									
Michigan <sup>6</sup>									
Minnesota		N/A (M-CHIP)					N/A (M-CHIP)		
Mississippi					N/A				
Missouri	Y		Y		N/A				
Montana	Y	Y	Y	Y	N/A				
Nebraska		N/A (M-CHIP)	Y		N/A		N/A (M-CHIP)		
Nevada									
New Hampshire	Y	N/A (M-CHIP)	Y	Y	Y		N/A (M-CHIP)		
New Jersey	Y	Y	Y	Y	Y	Y	Y	Y	Y
New Mexico <sup>7</sup>	Y	N/A (M-CHIP)	Y				N/A (M-CHIP)		
New York	Y	Y	Y						
North Carolina			Y		N/A				
North Dakota									
Ohio	Y	N/A (M-CHIP)	Y	Y	Y		N/A (M-CHIP)		
Oklahoma		N/A (M-CHIP)			N/A		N/A (M-CHIP)		
Oregon						Y	Y	Y	Y
Pennsylvania			Y		N/A		Y		
Rhode Island		N/A (M-CHIP)					N/A (M-CHIP)		
South Carolina		N/A (M-CHIP)			N/A	Y	N/A (M-CHIP)		
South Dakota					N/A			Y	
Tennessee			Y		N/A				
Texas			Y		N/A				
Utah			Y		N/A				
Vermont									
Virginia					N/A				
Washington									
West Virginia								Y	Y
Wisconsin	Y		Y						
Wyoming			Y		N/A				

SOURCE: Based on a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured with the Georgetown University Center for Children and Families, 2015.

Table presents rules in effect as of January 1, 2015.

## TABLE 10 NOTES

1. Presumptive eligibility (PE) allows authorized qualified entities such as hospitals, community health centers, and schools to make presumptive eligibility determinations for Medicaid and/or CHIP and extend coverage to individuals temporarily until a full eligibility determination is made. This table does not reflect state implementation of ACA-required hospital presumptive eligibility, which allows hospitals to conduct presumptive eligibility determinations to expedite access to Medicaid coverage, regardless of whether a state has otherwise adopted presumptive eligibility.
2. The Express Lane Eligibility (ELE) option allows states to use data and eligibility findings from other public benefit programs to determine children eligible for Medicaid and CHIP at application or renewal. States are designated as having ELE if they have an approved and implemented State Plan Amendment from CMS.
3. These facilitated enrollment strategies were highlighted in guidance to states in May 2013. For details, see C. Mann, Director of Centers for Medicaid and CHIP Services, letter to State Health Officials and State Medicaid Directors, SHO #13-003 (May 17, 2013). States are designated as adopting a strategy if they have a CMS-approved waiver and have implemented the strategy.
4. In California, presumptive eligibility is only available to pregnant women in Medicaid
5. Indiana has an approved contingency plan to use SNAP data to facilitate enrollment if the state has a backlog in applications but has not implemented the policy.
6. Michigan received approval to use SNAP data to facilitate enrollment of eligible individuals but has not implemented the policy as of January 1, 2015.
7. New Mexico has presumptive eligibility for parents and other adults in Medicaid, but it is limited to those in correctional facilities (state prisons/county jails) and health facilities operated by the Indian Health Service, a Tribe, or Tribal organization, or an Urban Indian Organization.