

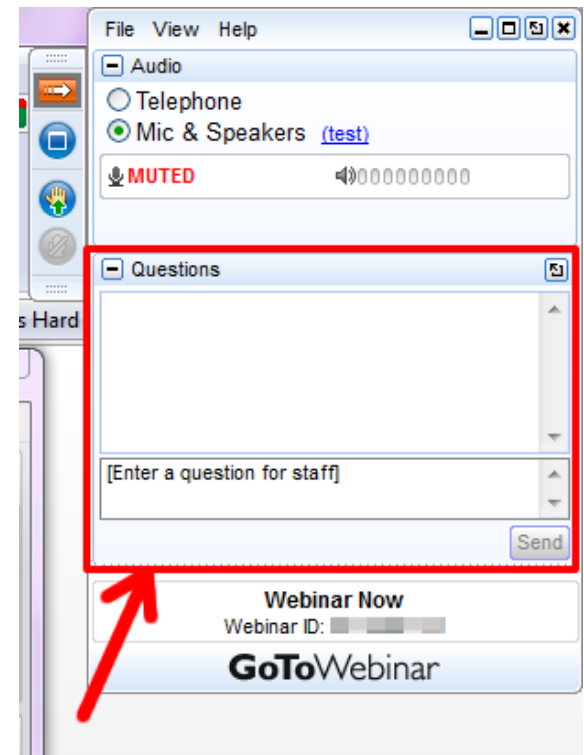
Coalition for Access and
Opportunity
**Fast Track Medicaid for
SNAP Participants**

April 23, 2014



Our Plan For Today

- **Description of the Option and why its important:** Shelby Gonzales, Center on Budget and Policy Priorities (Moderator)
- **Getting your state to “yes” on Fast Track:** Phillip Bergquist, Michigan Primary Care Association
- **Getting implementation right:** Elizabeth Landsberg, Western Center on Law and Poverty
- **The role for SNAP stakeholders:** Rachel Cahill, Benefits Data Trust

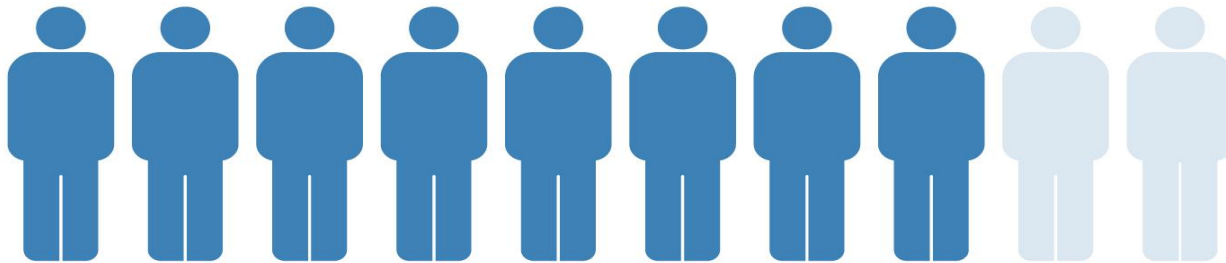




Most SNAP Households Will Have Members Eligible For Medicaid in States that Expand

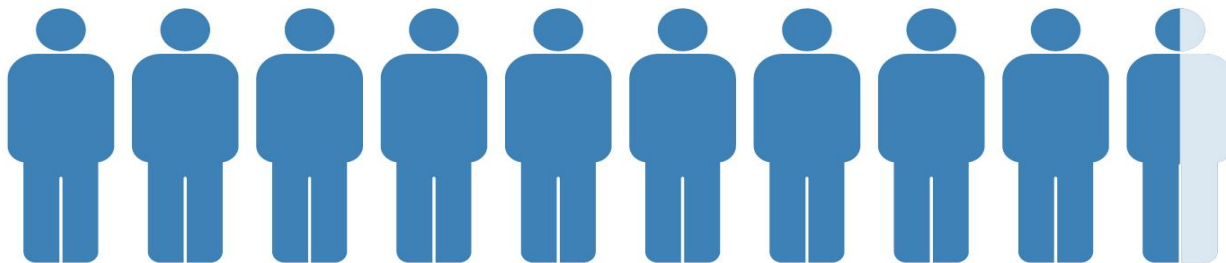
75%-80% of SNAP households

Virtually certain to be eligible based only on SNAP information



90%-95% of SNAP households

Virtually certain to be eligible based on SNAP information or can be found eligible based on additional information or calculations



Note: This Figure considers SNAP households that contain at least one member who is not elderly or receiving SSI. The percentages shown here are the shares of those households in which the household members who aren't elderly or on SSI will be financially-eligible for Medicaid under the ACA's Medicaid expansion.

Source: CBPP analysis of Census Bureau data.



Using SNAP for Medicaid Enrollment

States can use SNAP data to identify SNAP participants who are likely eligible for Medicaid

- Use SNAP data to:
 - target outreach
 - verify eligibility factors like income
 - process marketplace Medicaid assessments
- Use the fast track waiver option to:
 - Determine income eligibility for Medicaid—no need to recalculate based on Medicaid income and household composition
 - Borrow other eligibility factors as needed





Waiver Option to Administratively Enroll SNAP Participants in Medicaid

States can apply for a 1902(e)(14)(A) waiver (an easy and fast waiver), that will describe:

- The reason the state is seeking the waiver.
- Who the state will target.
- The mechanism the state will use to confirm that consumers would like to enroll in coverage.
- How the state will provide consumers with information on their rights and responsibilities.
- How the state will verify any missing information
- The length of time for which the state is requesting a waiver.



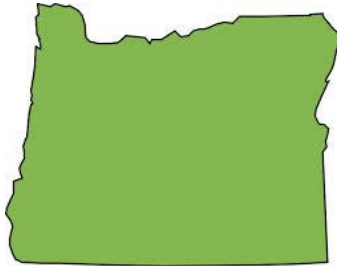
States Taking the Option Are Seeing Impressive Results



- 65,000 have enrolled in AR



- 36,000 have enrolled in IL



- 128,000 have enrolled in OR



- 63,000 have enrolled in WV



- 196,000 have enrolled in CA

Getting To “Yes”

How We Approached Fast Track Advocacy in Michigan



Webinar: Fast Track Medicaid for SNAP Participants
Coalition for Access and Opportunity

The “Steps” in Retrospect

1. Small Group Engagement
2. Resource Location
3. Large Advocacy Sign-On Effort
4. Relentless Conversation
5. Resource Connections
6. Patient, Persistent Follow-Up

Small Group Engagement

- A small group of interested organizations and staff came together to discuss and strategize
- Group members informally sought out perspectives from key State officials
- Group members “compared notes” to ensure everyone was operating under the same assumptions and interpretations

Resource Location

- Data to quantify the potential fast track impact in Michigan was the first key resource we needed
 - That data was the foundation of our advocacy message
- Developing a thorough understanding of the fast track process, from design to execution, was our next key task
 - To be effective advocates we needed more than a broad overview
 - Anticipating and moderating some of the bigger implementation hurdles came as a direct result of educating ourselves

Large Advocacy Sign-On Effort

- The small group drafted a letter outlining the benefits and impact for our Medicaid Director, Community Health Director and Human Services Director
- Co-signers were recruited and the letter was endorsed by nearly 30 organizations
 - All were key partners in getting Medicaid expansion through the state legislature including most major provider groups
- The letter was delivered through a credible, existing Medicaid advisory body

Steve Fitton, Director
Medical Services Administration
P.O. Box 30479
Lansing, MI 48909

Dear Mr. Fitton:

Extending healthcare coverage through the Healthy Michigan Plan to those most in need for our state that will benefit hundreds of thousands of low-income, uninsured Michigan residents as well as Michigan taxpayers and employers. We applaud Governor Snyder, administration leaders like yourself and legislative leadership for this achievement.

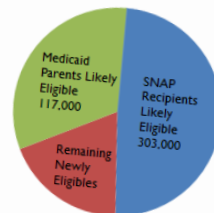
As we look forward to implementing the Healthy Michigan Plan, we know there are challenges and opportunities. A key challenge is educating and enrolling the hundreds of thousands of newly eligible Michiganders, many of whom are not aware they are eligible, in this innovative coverage program.

In recognition of the enrollment challenges for expanded Medicaid programs, the Centers for Medicare & Medicaid Services (CMS) are offering several [new optional strategies](#) to streamline and expedite enrollment. We believe these strategies, most notably the options to enroll individuals based on Supplemental Nutrition Assistance Program (SNAP) eligibility information and enroll parents based on children's income eligibility are extremely promising opportunities. We strongly encourage the Michigan Department of Community Health (MDCH) to pursue these strategies in Michigan.

According to [estimates](#) prepared by the Center on Budget and Policy Priorities (CBPP), Michigan's current food assistance caseload includes 303,000 single adults and married couples without children that will "almost certainly" be income eligible for the Healthy Michigan Plan. In addition, because the income eligibility for Medicaid children is very close to that of the Healthy Michigan Plan, many uninsured parents of Medicaid enrolled children ([at least 117,000](#) according to the Georgetown University Health Policy Institute) will become eligible for coverage. These two enrollment strategies could reach more than 400,000 potentially eligible individuals.

Implementing a streamlined enrollment process using currently available information would allow local partner organizations to focus outreach and enrollment efforts on those not already participating in state programs and the least likely to be aware of new coverage options.

Several states taking advantage of CMS' optional enrollment strategies, including Arkansas and Illinois, are already showing positive results. In Arkansas, 132,000 SNAP households deemed eligible were sent letters telling them that they could be enrolled in expanded Medicaid based on receiving SNAP. So far, 55,400 adults have affirmatively responded and more than 2,500 children were identified and enrolled in ARKids First health plan. In Illinois, 124,000 childless adult SNAP participants were mailed letters and more than 40,000 newly eligible individuals have enrolled in the state's Medicaid program.



Relentless Conversation

- Signing partners used their normal conversations, meetings (and the random times we bumped into folks in the hallway for that matter) as an opportunity to bring up fast track enrollment
- The ongoing touch points were short, but persistent
- Initial feedback was brief and far from “yes” but it transitioned over time to contain questions and more solid interest

Resource Connections

- As the conversation shifted we began to connect State staff with resources and partners that could help with implementation
 - Having these resources “in our back pocket” was really helpful for getting questions answered quickly, hearing from other states and not getting bogged down early on

Patient, Persistent Follow-Up

- We had to be respectfully persistent (and realistic) in our efforts to try and push past numerous hurdles...
 - Limited State staff time and bandwidth for the additional project
 - Time further strained by implementing Medicaid expansion in a tight timeframe
 - A shallow knowledge base on the fast track options as compared to other ACA provisions
 - The emphasis was more on mandatory eligibility process changes than option strategies
 - Limited financial resources
 - The State budget wasn't written with implementation costs in mind so the financial resources needed (while minimal) require some creativity
 - Legislative perspectives
 - Not all state legislators are supportive of strategies that promote enrollment or make it easier

The journey continues...

- The collective advocacy of many partners eventually resulted in fast track enrollment becoming a priority of our State Department Directors
- We haven't implemented yet (we've had some interesting Medicaid expansion timing to contend with) but it's now part of the State's plan with a commitment to execute a fast track strategy in the months following our Healthy Michigan Plan launch

Fast Track Medicaid for SNAP Participants: Lessons from California

Elizabeth A. Landsberg

Western Center on Law & Poverty

23 April 2014



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Topics Covered

- * California approach to Express Lane Enrollment: SNAP → Medicaid
- * Advocate involvement
- * What has worked and what could be better
- * Data Dashboard



Express Lane in California

- Express Lane of SNAP population into Medicaid was included in our state legislation adopting the Medicaid expansion and new eligibility changes.
- Our ELE website: <http://www.dhcs.ca.gov/services/medical/eligibility/Pages/ExpressLane.aspx> includes our notices to consumers, letter to CMs, FAQ, some data and other information.



Advocacy Win: ELE for Children as well as adults

- * Initially our Medicaid agency's plan was to send a letter to adults on SNAP but not Medicaid about ELE, but they had not planned to target children.
- * Advocates requested multiple times that our state also include children. This was a big push and it was only by collaborating with our county welfare directors who administer Medicaid eligibility that the state finally agreed
 - Medicaid Agency sent ELE letter to 150,000 children in late February in addition to notices sent to approximately 600,000 adults (ages 19-64) in early February.

Advocacy Win: Multiple Enrollment Venues

- * Advocates requested multiple venues for opting into Medicaid – not just mail in, but also phone and online responses
- Medicaid Director agreed so ELE letter advised consumers they could call or opt in online as well as by mail.

Advocacy Win: Notices and Instructions

- * Advocates were given input on both the notices going out to consumers and the instructions for implementing the program.
 - The language of the notices was simplified.
 - The implementation instructions to counties who administer Medicaid eligibility reminded them that they could use ELE not just for consumers who explicitly requested ELE upon receiving the notice but also for those renewing or newly getting SNAP.

Other Advocacy Asks: Multiple Contacts

- * Advocates pushed for multiple contacts with consumers, specifically a follow-up mailing and phone calls for those that didn't respond.
- Given our Medicaid case backlog and huge workloads right now the state has not been willing to take these steps.

Other Lessons Learned

Given fluctuating SNAP caseloads, expect some folks who originally get the Express Lane notice will have lost their SNAP by the time they try to opt in to Medicaid.



SNAP Data Dashboard

- *Alliance to Transform CalFresh* - a coalition of SNAP advocates in California - has been working to increase enrollment in our SNAP program.
- Our SNAP Director convened a discussion with advocates about SNAP participation rates.
- One of the concrete results of this is a new dashboard:
<http://www.cdsscounties.ca.gov/foodstamps/>
with critical data elements to monitor SNAP participation over time.



SNAP Data Dashboard

- Some key data elements:
 - SNAP caseload #s
 - # and % Medicaid receiving SNAP
 - # and % SNAP receiving Medicaid
 - Churn : 30 and 90-day reapplications



Fast Track Medicaid: The Role for SNAP Stakeholders

Rachel Meeks Cahill, MPA

Director of Policy

Benefits Data Trust

Philadelphia, PA



Why should SNAP advocates get involved?



Childless adults / ABAWDs have been left out of healthcare for a long time.



The SNAP agency has the data. We know how to engage them.



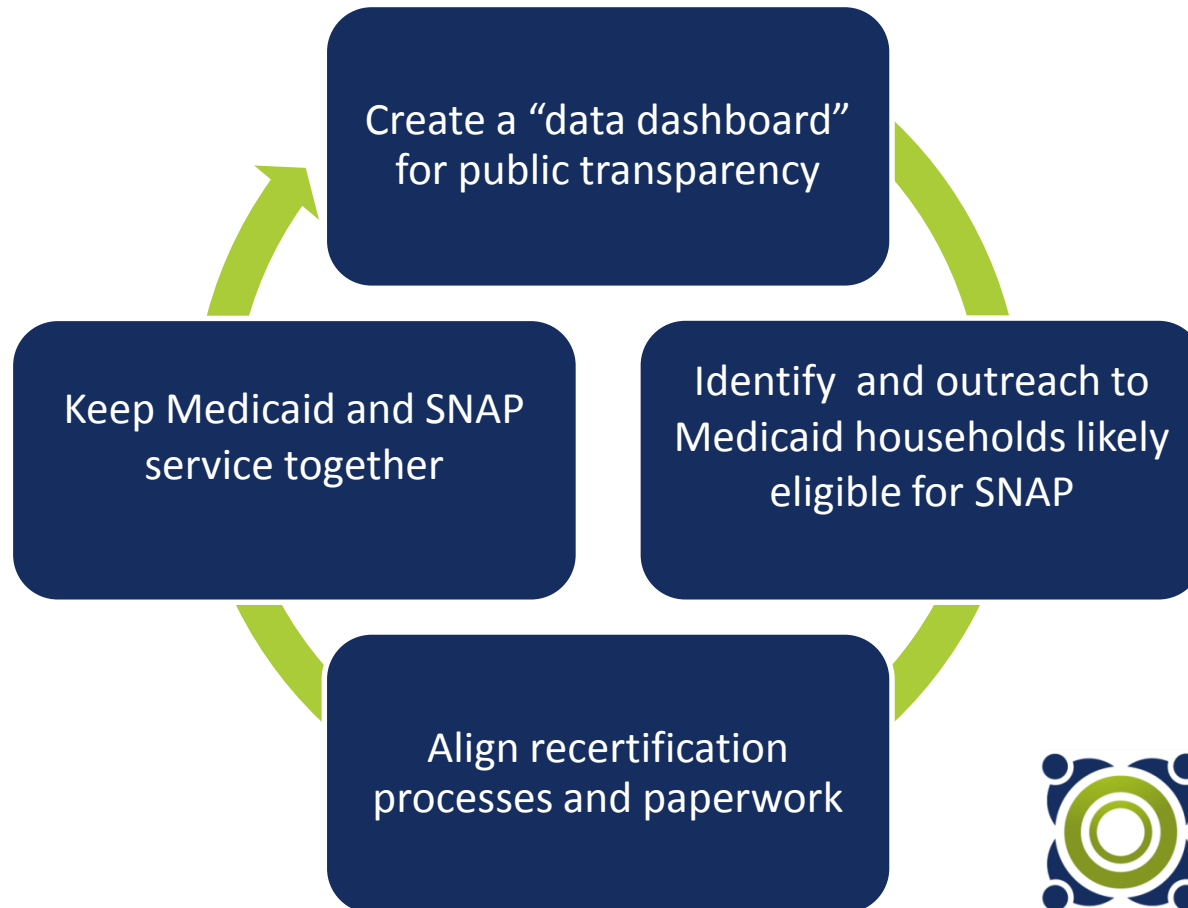
Once approved, we can talk to our clients about the letters they receive and boost response rates.

Role of SNAP Agency

- Partner in preliminary data analysis for:
 - Outreach estimates
 - Household composition
 - Inform budget impact (FMAP %)
- Especially important in states where SNAP and Medicaid agencies are separate

Power of Data Sharing

Other reasons for states to match SNAP and Medicaid enrollment lists:



Proposed Action Items

Prime the pump.

Ask for data dashboard.

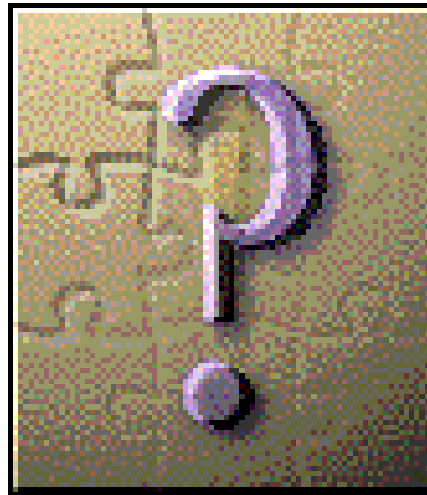
Talk about administrative savings.

Encourage inclusion of new SNAP applicants.

Develop simple path to SNAP for Medicaid applicants.



Questions?





Resources

- **The CMS Guidance:** CMS State Health Official Letter Facilitating Medicaid and CHIP Enrollment and Renewal in 2014 <http://www.medicaid.gov/Federal-Policy-Guidance/Downloads/SHO-13-003.pdf>
- **CBPP Short Overview Paper:** State Medicaid Agencies Can Now Easily and Efficiently Enroll Several Million SNAP Participants Who Are Eligible for Medicaid <http://www.cbpp.org/files/SNAPMedicaidStreamline.pdf>
- **CBPP Longer Paper:** HHS Announces Opportunity to Streamline Health Coverage for SNAP Participants: New Option for Automatic Enrollment Can Substantially Increase Health Coverage Through Medicaid While Reducing Administrative Costs <http://www.cbpp.org/files/6-11-13fa.pdf>
- **CBPP More Technical Paper:** A Technical Assessment of SNAP and Medicaid Financial Eligibility Under the Affordable Care Act (ACA) <http://www.cbpp.org/files/3-21-13health.pdf>
- **ACA Toolkit:** Coordinating Human Services Programs with Health Reform Implementation: A Toolkit for State Agencies <http://www.cbpp.org/files/6-6-12health.pdf>



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