

Q: “What about states that did not expand Medicaid?”

A: The “fast track” options from CMS are available to all states, not just those that chose to expand Medicaid. (See State Health Official letter #13-003 re: Facilitating Medicaid and CHIP Enrollment and Renewal in 2014 at <http://www.medicaid.gov/Federal-Policy-Guidance/Downloads/SHO-13-003.pdf>.) So far, only Medicaid expansion states have taken up the option. In non-expansion states, childless adults are likely to fall into the “coverage gap,” so these states may want to focus fast track efforts on parents and children. For example, non-expansion states that administer TANF separately from Medicaid can use the “fast track” option to ensure all TANF families have health coverage. Additionally, non-expansion states should consider using SNAP data to get through application backlogs from troubled data exchanges with the FFM – and states don’t need a waiver from CMS to do this.

Q: “What is a 1902 waiver?”

A: CMS is offering to grant states a simple waiver of 1902(e)(14)(A) which requires Medicaid agencies to make eligibility determinations based on Modified Adjusted Gross Income (MAGI) for most eligibility groups. This waiver allows Medicaid agencies to instead accept the eligibility determination made for SNAP, without recalculating eligibility based on MAGI household and income counting rules. See slide #5 in the presentation for details of the information states must include in their waiver request to CMS.

Q: “Can we get sample of other states notices?”

A: Examples of notices sent by implementing states can be found on State Reform, a project of NASHP. Check out the embedded state links on this blog post -- <https://www.statereform.org/weekly-insight/its-snap-to-get-children-families-enrolled-in-medicaid>

Q: “Is there a break down by state for the % of SNAP households eligible for expanded Medicaid?”

CBPP may be able to provide state-specific analysis of this type. Please contact Shelby Gonzales at gonzales@cbpp.org.

Q: “Who composed your group of allies to advocate for the Fast Track Medicaid in Michigan?”

A: Interest groups like AARP and American Cancer Society, provider groups like MI Primary Care Association and our state medical societies, human services groups like United Way and community action agencies, in addition to advocacy groups like our state chapter of UHCAN.

Q: “What data did Michigan use to quantify the potential impact in Michigan and what agencies/resources did you utilize to gather this information?”

A: The data we used was supplied by CBPP based on an analysis completed to support fast track enrollment. This data was extremely useful. (Note: CBPP may be able to provide state-specific analysis for other states. Please contact Shelby Gonzales at gonzales@cbpp.org.)

Q: “How did Phillip deal with legislators who aren’t supportive of strategies to promote enrollment or to make enrollment easier? Was there a particular argument that won over the most recalcitrant?”

A: I'm not sure there was an argument that won our reluctant legislators over. But, once the Medicaid expansion legislation passed and savings as a result of enrollment were accounted for in the state budget we could pursue a line of messaging focused on ensuring we got enough folks enrolled to ensure we did not have budget gaps and that helped. (Again, I don't think we changed hearts and minds with this messaging but we did minimize obstructionism.)

Q: "Does Michigan plan to do this on an ongoing basis once it starts? When do you now think it will begin?"

A: I'm not comfortable giving a firm timeline for starting given some technical hurdles, but right now I think we are looking at early fall. We have not discussed an ongoing basis to date.

Q: "I know you mentioned 2/3 of Medicaid participants would be eligible for SNAP. Is there any momentum or groups out there working on this connection?"

A: Yes! Although Medicaid and SNAP have different household composition and income counting rules, there are opportunities for states to make better use of their Medicaid enrollment data to streamline the application and enrollment process for SNAP, especially for senior households. Benefits Data Trust is a national non-profit that partners with state agencies to leverage their data, including Medicaid data, to connect vulnerable households to SNAP. BDT has implemented this strategy in multiple states, including Pennsylvania and Maryland. Contact Rachel Cahill at rcahill@bdtrust.org for more information.

Q: "Is presumptive eligibility and fast tracking the same thing?"

A: No. Presumptive eligibility is when a qualified entity, such as a healthcare provider, determines a patient to be presumptively eligible for Medicaid for a limited time without an upfront eligibility determination from the Medicaid agency. Presumptive eligibility still requires the consumer to go through a full eligibility determination, which includes providing any necessary verification within a specified time frame. By contrast, "fast track" enrollment is when the Medicaid agency adopts an eligibility determination made by the SNAP agency.

Q: "Of the six states with CMS waiver authority, how many are implementing via programs other than SNAP and what programs are those?"

A: Oregon and California are currently implementing the option for parents of children enrolled in Medicaid as well (Strategy 4 in the SHO Letter cited above). West Virginia also targeted this population when they conducted their initial outreach. New Jersey has an approved waiver to target parents of children in Medicaid as well, but as far as we know, they have not begun implementing the option yet.

Q: "Does the "fast track" signify an auto-enrollment?"

A: No. SNAP recipients eligible for “fast track” Medicaid must still opt in to the program by responding to the mailing (or phone call) conducted by the state and accept the rights and responsibilities that come with Medicaid enrollment. Depending on how the state’s Medicaid program works, consumers may also be required to select a managed care plan.

Q: “How does Fast Track apply in states that have a single state agency that administers both Medicaid and SNAP and determines eligibility at the same time? How is this enrollment process different from Medicaid being included on the Combined Application Form?”

A: Most states do have a multi-benefit application form to allow families to apply for SNAP and Medicaid (and often TANF) at the same time. The goal of “fast track” enrollment is to provide a simple way for states to enroll SNAP recipients that may be newly eligible for Medicaid (or may not have chosen to apply for Medicaid when they applied for SNAP), without conducting a separate MAGI-based income determination. CMS is essentially allowing states to postpone the MAGI-based eligibility determination for those already known to be eligible in order to ease the administrative burden and ensure that eligible low-income families are fully participating in both programs.