



# Fast Track: A quicker road to Medicaid enrollment

by Jessica Maneely, Policy Analyst

## Executive Summary

There are several targeted enrollment strategies<sup>1</sup> states can use to simplify Medicaid enrollment – Fast Track is one such strategy. Fast Track is an efficient and inexpensive option for enrolling eligible individuals in Medicaid using data the state already has on hand from other applications. Through Fast Track, states can use information on file from means-tested public benefits such as the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), and the Low-Income Home Energy Assistance Program (LIHEAP) to determine eligibility for Medicaid.

Fast Track is an especially effective strategy for states that have expanded Medicaid, because many SNAP enrollees are likely to qualify under Medicaid expansion eligibility criteria. Fast Track enables states to quickly identify and enroll large numbers of individuals, and can also be used as a tactic for states to prevent or eliminate application backlogs.

There is an opportunity for more states to adopt Fast Track. Of the 37 states that have expanded Medicaid under the Patient Protection and Affordable Care Act, only 12 have taken advantage of Fast Track along with one non-expansion state. Most of these states' waivers have expired, and today just four states have active Fast Track permissions. Among the five states that have expanded their Medicaid programs in the last year, only one has sought federal permission to use Fast Track to date.

Fast Track reduces time to process applications. In states with Fast Track, individuals who appear eligible for Medicaid based on their enrollment in another approved means-tested program can generally enroll in Medicaid as easily as by checking a box and providing a signature – whether on a paper or online form or through a quick phone conversation. Considering that a paper Medicaid application may exceed 20 pages<sup>2</sup> and take eligibility specialists 30 minutes to process,<sup>3</sup> simplified enrollment through Fast Track minimizes the burden on applicants, community-based enrollment assisters, and state eligibility workers alike.

Benefits Data Trust (BDT), a national nonprofit that helps tens of thousands of people each year enroll in benefits and services, has hands-on experience helping Pennsylvania secure Fast Track permissions and put the policy into practice. In 2016, using mail- and phone-based outreach and a contact center model, BDT submitted nearly 68,000 Fast Track consent forms to the state. This issue brief describes the Pennsylvania case study, outlines the historical context, and offers strategies and recommendations for successfully implementing Fast Track. Ultimately, this brief demonstrates the value of Fast Track for both expansion and non-expansion states to make Medicaid enrollment more cost-effective for the state and simpler for the applicant by using data already on file at a state agency.

## Policy context: The Affordable Care Act expands access to Medicaid

In 2010, Congress passed the Patient Protection and Affordable Care Act (ACA). Along with other provisions, the ACA expanded Medicaid eligibility to include individuals with incomes up to 138 percent of the federal poverty guidelines who were not otherwise eligible for Medicaid. This ushered in the most sweeping expansion of access to healthcare in almost 50 years. Nearly 13 million Medicaid beneficiaries have gained access to healthcare.<sup>4</sup> Several other states plan to expand soon.



### BENEFITS OF FAST TRACK

- Under 5-minute Medicaid application
- Up to 93% reduction in states' application processing costs<sup>5</sup>
- Eliminates enrollment barriers for the eligible population
- Cuts Medicaid backlogs

There is substantial evidence that Medicaid expansion has had a significant positive impact on both health and economic outcomes. Studies conducted prior to Medicaid expansion showed that tens of thousands of people died annually because of lack of insurance.<sup>6</sup> Being uninsured adversely affects not only individuals, families, and communities, but also the economy.<sup>7</sup> A study conducted before the ACA's passage found that the impact of uninsured Americans cost the U.S. economy from \$65 billion to \$130 billion a year in lost earnings and output from absenteeism, poor health, disability, and early mortality.<sup>8</sup> Multiple studies show that states that expanded Medicaid under the ACA experienced coverage gains, leading to significant reductions in uninsured rates among low-income adults.<sup>9</sup> Analyses find positive effects of expansion on economic outcomes including reductions in uncompensated care costs as well as positive effects on employment.<sup>10</sup>

While the ACA introduced vast improvements in access to healthcare, expansion states confronted unique and unprecedented opportunities as well as operational challenges. It quickly became clear that states needed to streamline the Medicaid application and enrollment process so newly eligible people could access the health coverage they needed. Explained in detail below, Fast Track exemplifies one innovative policy strategy states began to utilize to seize the opportunity ACA created and to provide much-needed coverage to millions of uninsured people.

## Fast Track streamlines enrollment by using client data on file

One of the most effective and efficient ways to simplify Medicaid enrollment is to use information already on file at government agencies that administer other means-tested public benefits, such as the SNAP, TANF, and LIHEAP. The ACA introduced a new way of calculating income eligibility called Modified Adjusted Gross Income (MAGI) for many eligible individuals, including the group made newly eligible through expansion. In general, people under age 65 without disabilities are subject to MAGI income calculations. This was a huge change for states, and Fast Track was one of several policy options made available to help states through this transition.

Research by the Center on Budget and Policy Priorities demonstrated the potential utility of using existing SNAP enrollment data to identify eligible people in order to dramatically streamline their enrollment in Medicaid. According to its estimates, between 75 and 80 percent of SNAP households have members who may be eligible for Medicaid using a MAGI-based determination of income.<sup>11</sup>

The Centers for Medicare & Medicaid Services (CMS) created two new pathways for states to streamline enrollment by using client data on file. First, it built upon Congress' authorization for states to use Express Lane Eligibility (ELE) by offering states a new targeted enrollment strategy called "Fast Track," under 1902(e)(14)(A) waiver authority. The streamlined enrollment strategies enabled by this waiver proved to offer administrative efficiencies.

Later, CMS created a state plan option with the same goal in mind, which is referred to in this brief as the Fast Track State Plan Amendment (SPA). The SPA is intended for long-term benefit administration for new applications as well as for Medicaid renewals. To date, 13 states have been approved to use means-tested program data to identify and enroll households into Medicaid, connecting hundreds of thousands of eligible households to health coverage.



## EXPRESS LANE ELIGIBILITY (ELE)

ELE permits states to use data from existing government databases to expedite and simplify children's eligibility determinations for Medicaid and the Children's Health Insurance Program (CHIP).

Under ELE, states may rely on findings for things like income, household size, or other factors of eligibility from another program designated as an express lane agency (ELA) to facilitate enrollment. Express lane agencies may include SNAP, TANF, Head Start, National School Lunch Program (NSLP), and Women, Infants, and Children (WIC), among others.

Fourteen states and the U.S. Virgin Islands have taken up ELE for Medicaid and/or CHIP enrollment.

Whether or not a state recently expanded Medicaid eligibility, the Fast Track strategy retains value to connect those participating in means-tested programs to Medicaid. There are still 4.2 million individuals nationwide who are income-eligible but uninsured in states that have expanded Medicaid (though some may be ineligible for other reasons).<sup>12</sup> Fast Track enrollment strategies have enormous potential not only to help insure some of these people, but also to significantly streamline Medicaid enrollment and renewal for the MAGI-eligible population. By proactively simplifying the enrollment process, Fast Track accomplishes two goals: it supports vulnerable individuals who need access to affordable healthcare, and simultaneously helps states realize administrative savings.

## States have two options for securing Fast Track permission

States that wish to use an eligible individual's enrollment in means-tested programs like SNAP, TANF, and LIHEAP to help them efficiently access Medicaid coverage must seek approval from CMS. There are two ways to do this: 1) apply for an (e)(14) Fast Track waiver, or 2) request a Fast Track SPA. The table below delineates some key differences between these options. The SPA is more advantageous for securing Fast Track if the state is looking to use the option for long-term implementation and operations. The SPA can be used for both initial determinations and renewals, whereas waivers are approved based on state circumstances and are meant to be used temporarily for initial enrollment. Fast Track enrollment under the SPA requires states to include only those individuals in other means-tested programs who are "certainly eligible" for Medicaid. This generally means that the state must be able to conduct a full eligibility determination in advance of "fast tracking" them into Medicaid using data on file. States must obtain and verify any additional information required to confirm eligibility if they secure either a waiver or SPA. Because the SPA requires states to ensure that applicants are certain to be eligible, it satisfies the MAGI-based determination requirement whereas waiver states are required to conduct a separate MAGI determination within a year of enrollment. Additionally, states need to demonstrate backlogs or other systems issues for CMS to grant a Fast Track Waiver, but none of this is necessary for states to utilize the SPA option.

**Table 1. Comparison of Fast Track Options: 1902(e)(14)(A) ["(e)(14) Waiver"] versus State Plan Amendment**

	<b>(e)(14)Waiver</b>	<b>SPA</b>
<b>Requirements to Apply</b>	State experiencing an eligibility/enrollment system constraint, addressing a renewal backlog, or expanding Medicaid	Any state can apply for a SPA, regardless of whether they are experiencing constraints
<b>Duration</b>	Temporary  Duration of waiver and ability to renew are negotiated	Ongoing
<b>Eligible Population</b>	<i>Highly likely</i> eligible for Medicaid  Means-tested program participant or parent of Medicaid or CHIP-enrolled child	<i>Certainly</i> eligible for Medicaid  Means-tested program participant under 65, living with no ineligible immigrants, with gross income at or below the Medicaid MAGI standard <sup>13</sup>
<b>Income Determinations</b>	Income determination using MAGI methods must be made within 12 months of enrollment	Inclusion of only "certainly eligible" individuals satisfies MAGI determination requirement

## Many states have adopted Fast Track to streamline Medicaid enrollment

To date, 13 states have utilized a Fast Track option. While most states have used Fast Track to overcome initial surges of applications after expanding Medicaid, the permission is also useful for streamlining and expediting enrollment and renewal beyond initial expansion, on an ongoing basis.

**Table 2. States receiving 1902(e)(14)(A) waiver or state plan authority to enroll or renew individuals in Medicaid, based on findings from SNAP or other means-tested benefit programs<sup>14</sup>**

Ability to Streamline Enrollment for Individuals in Medicaid Based on Findings from SNAP				Medicaid Expansion Status	
State	Approval Year	Status	State Plan Amendment (SPA) Option or 1902(e)(14)(A) Waiver Authority	Expanded Medicaid? (yes or no)	Year Expanded
West Virginia	2013	Expired	(e)(14)	Yes	2014
Arkansas	2013	Expired	(e)(14)	Yes	2014
California	2013	Expired	(e)(14)	Yes	2014
Illinois	2013	Expired	(e)(14)	Yes	2014
New Jersey	2013	Expired	(e)(14)	Yes	2014
Oregon	2013	Expired	(e)(14)	Yes	2014
Michigan	2014	Expired	(e)(14)	Yes	2014
Alaska	2015	Expired	(e)(14)	Yes	2015
Tennessee	2015	Expired	(e)(14)	No	N/A
New York	2016	Expired	(e)(14)	Yes	2014
	2016	Active	SPA (for TANF findings)		
Pennsylvania	2016	Expired	(e)(14)	Yes	2015
	2016	Active	SPA (for SNAP, LIHEAP findings)		
Louisiana	2016	Active	SPA (for SNAP findings)	Yes	2016
Virginia	2016	Expired	(e)(14)	Yes	2018/2019
	2018	Active	SPA (for SNAP findings)		

The Fast Track option greatly reduces pressures on staff and can save Medicaid agencies significant time and money. For example, West Virginia enrolled over 72,000 adults and children and saved West Virginia’s caseworkers 28 minutes per application over the typical processing time.<sup>15</sup> This resulted in an estimated \$469,000 in administrative savings from implementing Fast Track.<sup>16</sup> In Illinois, Fast Track applications took about three minutes to process compared to the state’s 30 minutes standard application process.<sup>17</sup>

In the six states that received Fast Track approval in 2013, this policy option helped more than 726,500 individuals enroll in Medicaid.<sup>18</sup> However, as of today, only four states have active Fast Track permissions, all in the form of SPAs. Thirty-seven states have adopted the Medicaid expansion, but only 12 of those states have utilized Fast Track permissions to efficiently enroll newly eligible individuals. Five states have newly expanded Medicaid in the last year, and only one of those states (Virginia) has thus far attained Fast Track permissions.

## Case Study: Pennsylvania

When Pennsylvania Governor Tom Wolf took office in 2015, Medicaid expansion was one of his top policy priorities. The Governor's goal was to expand Medicaid as quickly and efficiently as possible, a goal that was made more difficult by the state's reliance on legacy administrative systems. In order to quickly reach hundreds of thousands of newly-eligible Medicaid households, the Pennsylvania Department of Human Services (DHS) contracted with BDT to design and implement a Fast Track solution.

The first step was to obtain approval from CMS. With technical assistance from BDT, DHS submitted a Fast Track waiver which was approved by CMS in January of 2016. Because the state opted to pursue a waiver, the eligible population would include individuals who were "highly likely" eligible for Medicaid: participants of means-tested programs or parents of Medicaid- or CHIP-enrolled children.

To begin enrolling the newly-eligible expansion population as quickly as possible, DHS initially used BDT's Pennsylvania Benefits Center to assist with Fast Track implementation. Launched in 2005, the Pennsylvania Benefits Center helps families and older adults statewide access up to 19 benefits, including Medical Assistance (Pennsylvania's name for its Medicaid program).

BDT worked closely with DHS staff in the Office of Income Maintenance and its IT contractors to build a strategic outreach and enrollment campaign. Key elements of this campaign included identifying the eligible populations, establishing a file transfer process, and conducting targeted outreach mailings and outbound phone calls to collect enrollment consents. Using BDT's existing infrastructure during the start-up period enabled the state to quickly enroll tens of thousands of eligible uninsured Pennsylvanians into Medicaid while simultaneously building capacity to sustain this new caseload. Pennsylvania subsequently secured a Fast Track SPA and institutionalized a Fast Track enrollment approach in its Medicaid eligibility determination process, as explained in further detail below.

### Operations: Deployed targeted outreach to identified individuals

DHS worked with BDT to develop a list of more than 200,000 people not on Medicaid but who were participating in SNAP or LIHEAP or were parents of children on Medicaid. Using individual-level data, BDT and DHS implemented a dedicated outreach campaign through the Pennsylvania Benefits Center that incorporated outreach through the U.S. mail, document processing to handle consent forms and other documents, and a contact center to help clients enroll in Medicaid.

The individuals on the outreach list received a letter and reply form (see Appendix A, B, and C) through the U.S. mail that explained that members of their household may qualify for Medicaid coverage – even if they had been denied in the past – because of the expansion under the ACA. Recipients were given two options to initiate the enrollment process:

1. Sign a simple consent form and return it in an enclosed envelope; or
2. Call BDT and complete the process over the phone.

For clients who mailed in their consent forms, BDT reviewed the forms for accuracy before digitally forwarding the collected consents in batches to DHS to complete the enrollment process. Clients who called over the phone were connected to a representative at BDT who explained why the client was likely eligible for Medicaid, read the required Rights and Responsibilities for the Medicaid program, and captured consent via telephonic signature. BDT then notified the state, also via digital batches, of these consents to initiate their enrollment into Medicaid.



## BENEFITS DATA TRUST

Since its inception, BDT has enrolled nearly 400,000 Pennsylvanians in benefits that help them meet their basic needs.

When translated into benefit dollars, BDT's efforts have assisted low-income Pennsylvanians in accessing an estimated \$5 billion in benefits.

## Results from Fast Track in Pennsylvania

From January 2016 through October 2017, BDT sent outreach letters to more than 140,000 households, which yielded a **response rate of nearly 50 percent**, including over 50,000 calls and over 20,000 mail-in responses. Out of the more than 70,000 calls and forms received, **BDT submitted over 67,000 Fast Track consent forms to the state.**

The Fast Track process was simpler and faster for people applying for Medicaid. Whereas a typical Medicaid application in Pennsylvania takes about 45 minutes for applicants to complete, **Fast Track applications took under five minutes.** This time savings reflects that fact that by design, Fast Track uses client information already on file with the state.

Fast Track was also more administratively efficient for the state. A typical Medicaid application takes about 40 minutes for caseworkers to process in Pennsylvania. In contrast, **Fast Track required no further action on the part of the caseworker due to automated processing unless the application encountered an exception during automation.**

**About 55 percent of the people – or 37,000 people – who consented to enroll in Medicaid through Fast Track were enrolled through the simplified process.** The remaining individuals who were not immediately processed through the simplified procedures fell into two categories: terminations and exceptions. Terminations were determined by the state to be ineligible for this simplified enrollment. There are several reasons a Fast Track consent would be terminated, such as having already enrolled in Medicaid independently or no longer having an active SNAP case. The cases that fell into the exception category were subject to further review upon initiation of the enrollment process. An unknown number of individuals with exceptions may have eventually enrolled in Medicaid after additional review.

## Institutionalizing Fast Track in Pennsylvania

After October 2017, the state institutionalized Fast Track through the SPA they secured in 2016. Pennsylvania has successfully taken over the simplified enrollment process at the state level by automatically screening applicants for Medicaid when they apply for SNAP and/or LIHEAP and facilitating their subsequent enrollment in Medicaid.

Pennsylvania currently uses an automated identification method to systematically identify individuals “certainly eligible” for Medicaid. Identification occurs immediately after authorizing SNAP or LIHEAP benefits. Fast Track is operationalized through a bar coded consent form, which is included in the individual’s SNAP or LIHEAP eligibility notice. When new SNAP and/or LIHEAP participants return their Fast Track form, the state scans and processes it for automated Medicaid enrollment. Those who receive Fast Track forms via mail are also able to provide consent over the phone to the Consumer Service Center or online through their COMPASS account (Pennsylvania’s online tool used to apply for many health and human service programs and manage benefit information). These options are critical to ensuring eligible individuals can access Medicaid in the way that is most convenient for them. Phone and COMPASS consents are also processed systematically for automated enrollment. This policy and process improvement has equipped Pennsylvania with the capacity to more efficiently identify and enroll eligible individuals in Medicaid, a critical benefit that offers a gateway to improved health outcomes for participants.



## RESULTS

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About 55 percent of Pennsylvanians – 37,000 people – who consented to enroll in Medicaid were enrolled through Fast Track.

## Strategies for effective implementation of Fast Track

There are three main considerations to ensure success for streamlined enrollment: 1) making the right policy and process choices, 2) deploying effective outreach strategies, and 3) using the right messaging to help people get enrolled. Through its work in Pennsylvania and from following Medicaid expansion and Fast Track implementations in other states, BDT has learned the following key lessons:

- **Choose between waiver and state plan amendment options**

When deciding how to simplify Medicaid enrollment, states can refer to Table 1 to begin determining whether the Fast Track Waiver or the SPA option is right for their specific circumstances. Overall, because states do not need to renew SPAs, BDT tends to recommend the SPA. However, states should thoroughly examine their circumstances before deciding between the SPA and Waiver, especially if they recently expanded Medicaid.

- **Use best practices to conduct effective data matches for outreach**

Two key practices can help ensure positive outcomes when launching a Fast Track project: 1) using accurate and precise eligibility filtering criteria, and 2) completing the data match and pull as close to project implementation as possible. Using precise filtering criteria helps ensure the state offers Fast Track only to those eligible for simplified enrollment. Completing the data match in close proximity to launching a Fast Track enrollment initiative cuts down on the possibility that people included in the outreach pool will have applied for or enrolled in Medicaid independently. Following this line of reasoning, it is recommended that states seek out Fast Track permission before expanding Medicaid to ensure as many people as possible access streamlined Medicaid enrollment through this policy.

- **Offer multiple ways for people to enroll**

Outreach recipients are more likely to respond if they are able to do so in the method they prefer – over the phone, in person, online, or via mail. In the case of Fast Track in Pennsylvania, enabling consent both over the phone and through an easy mail-in form increased the chance of converting outreach into a successful application.

- **Plan for multiple rounds of outreach**

Targeted outreach ensures eligible individuals are reached with an appropriate message, maximizing the likelihood of enrollment. Often, though, people require multiple touches before responding. In the Pennsylvania outreach pilot, about half of those contacted ultimately responded, but it required multiple mailings to generate the total level of responsiveness. Deploying iterative, high-touch outreach to eligible households and testing new messages increases the likelihood of response.

- **Keep outreach messages and design simple**

While it is important that letters continue to come from a trusted source, it is equally important that the letters are consumer friendly, simple, and to the point.

## Policy recommendations and opportunities for states

Opportunities for states to expedite enrollments during and after Medicaid expansion:

- Simplify enrollment for individuals who are already enrolled in another means-tested program (Fast Track).
- Design effective and ideally multi-modal outreach campaigns using a mix of mail, phone calls, text messages, and in-person messaging.
- Streamline enrollment for family planning beneficiaries and for parents of enrolled children.

Leverage available information for enrollment and renewal:

- Explore ways to use administrative data already in-house that may help identify eligible uninsured individuals using information from other means-tested programs can help drive real-time eligibility.
- Use information from other means-tested programs as part of the ex parte renewal process to keep eligible individuals covered.
- Institutionalize Fast Track by securing a SPA.

## Acknowledgments

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*The recommendations and views expressed in this publication do not necessarily reflect those of our reviewers or funders.*

## Notes

- 1 See Medicaid.gov for information on other Targeted Enrollment Strategies that compliment Fast Track: [bit.ly/2POztr1](https://bit.ly/2POztr1)
- 2 For example, see Pennsylvania's 28-page SNAP and Medical Assistance application accessible at: [bit.ly/359sk9H](https://bit.ly/359sk9H)
- 3 Hagan, Elizabeth and Sanjay Kishore. "Fast-Track Medicaid Enrollment Saves States Money." 2014. Families USA and Enroll America. Accessed at: [bit.ly/2CheXqW](https://bit.ly/2CheXqW)
- 4 Medicaid Expansion Enrollment, FY 2017. Published 2018. Kaiser Family Foundation. Accessed at: [bit.ly/33hBxeY](https://bit.ly/33hBxeY)
- 5 Hagan, Elizabeth and Sanjay Kishore. "Fast-Track Medicaid Enrollment Saves States Money." 2014. Families USA and Enroll America. Accessed at: [bit.ly/2CheXqW](https://bit.ly/2CheXqW)
- 6 Davis, Karen. "The Costs and Consequences of Being Uninsured." 2003. The Commonwealth Fund. Accessed at: [bit.ly/2Cd5dxR](https://bit.ly/2Cd5dxR)  
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- 7 Institute of Medicine, Committee on the Consequences of Uninsurance. "Health Insurance is a Family Matter." Washington (DC): National Academies Press; 2002. Accessed at: [bit.ly/34z0Vgl](https://bit.ly/34z0Vgl)
- 8 Institute of Medicine. "Hidden Costs, Value Lost: Uninsurance in America." 2003. Washington, DC: The National Academies Press. Accessed at: [bit.ly/34yJOeW](https://bit.ly/34yJOeW)
- 9 Antonisse, Larisa, Rachel Garfield, Robin Rudowitz and Samantha Artiga, "The Effects of Medicaid Expansion under the ACA: Updated Findings from a Literature Review." 2018. Kaiser Family Foundation. Accessed at: [bit.ly/2Cj0Ml6](https://bit.ly/2Cj0Ml6)  
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- 10 Ibid.
- 11 Rosenbaum, Dottie, Shelby Gonzales and Danile Trisi. "A Technical Assessment of SNAP and Medicaid Financial Eligibility Under the Affordable Care Act (ACA)." 2013. Center on Budget and Policy Priorities. Accessed at: [bit.ly/2pzJsG9](https://bit.ly/2pzJsG9)
- 12 US Census Bureau. 2018.2017 American Community Survey, 1-Year Sample, Table B27016, Uninsured Population Aged 0-64 with Income Below 138% of Federal Poverty.
- 13 Because individuals meeting this criterion are de facto Medicaid eligible, Medicaid eligibility agency does not need to conduct an additional MAGI-based eligibility determination, as is required with the waiver process.
- 14 CMS provided data. Data represents states using 1902(e)(14) or state plan authority to enroll or renew individuals into Medicaid based on findings from SNAP, unless otherwise noted. Arkansas and New York implemented the 1902(e)(14) waiver option using findings from the Temporary Assistance for Needy Families (TANF) program as well.
- 15 Hagan, Elizabeth and Sanjay Kishore. "Fast-Track Medicaid Enrollment Saves States Money." 2014. Families USA and Enroll America. Accessed at: [bit.ly/2CheXqW](https://bit.ly/2CheXqW)
- 16 Ibid.
- 17 Ibid.
- 18 This figure is based on enrollments facilitated from October 2013 through January 2015 as a result of 2013 (e)(14) waivers approved in Arkansas, California, Illinois, New Jersey, Oregon, and West Virginia. Source: Manatt Health. "Using Supplemental Nutrition Assistance Program (SNAP) Information to Facilitate Medicaid Enrollment and Renewal." 2016. Accessed at: [bit.ly/2pzN8HV](https://bit.ly/2pzN8HV)

## Appendix A

First attempt Fast Track outreach letter (page 1)



<<FullName>>  
<<Address1>>  
<<Address2>>  
<<City>>, <<State>> <<Zip>>

Case ID:  
<<ID>>

### Members of Your Household Can Qualify for Health Care Coverage.

#### Why do they qualify?

Governor Wolf recently expanded Medicaid in Pennsylvania, and your household can qualify for Medical Assistance (Medical Assistance - MA) under HealthChoices, even if you have been told “no” or denied in the past.

#### What is fast track enrollment?

It is a way for us to quickly enroll you in health care coverage. Your household may be eligible for fast track enrollment because your household receives Supplemental Nutrition Assistance Program (SNAP) benefits, Low-Income Home Energy Assistance Program (LIHEAP) benefits, or because your child(ren) receives MA and you meet income qualifications.

#### What is covered by HealthChoices?

HealthChoices provides health coverage with no monthly premiums. HealthChoices covers:

- Regular check-ups;
- Prescriptions;
- Dental care;
- Mental health care; and
- Many other services.

#### How do I apply?

- ✓ Fill out and mail us the attached form in the enclosed envelope, **OR**
- ✓ Call 1-855-767-1630, Monday - Friday, 9 a.m. to 5 p.m.

You will receive a notice once you have been enrolled. You will also receive information about how to choose a health plan.

Sincerely,

Ted Dallas  
Secretary, Department of Human Services

## Appendix B

### First attempt Fast Track outreach letter (page 2)



Case ID:  
<<ID>>

**Instructions:** To fast track enroll for HealthChoices, sign and return this form.

**Yes, I want the children listed below to receive health care coverage through HealthChoices.**

<<First Name, Last Name One>>

<<First Name, Last Name Two>>

<<First Name, Last Name Three>>

<<First Name, Last Name Four>>

<<First Name, Last Name Five>>

<<First Name, Last Name Six>>

By signing this letter, I understand that the Department of Human Services (DHS) will use the information in its records on the listed household members receiving benefits to enroll those household members in HealthChoices, and I acknowledge that I have read and understand the attached rights and responsibilities.

- I certify under penalty of perjury that the person(s) **I am applying** for are U.S. citizens or aliens in lawful immigration status.
- I do not wish to apply for medical assistance for my children at this time.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### IMPORTANT

- IF:**  you receive a written notice from DHS enrolling your children in MA under HealthChoices;  
**AND**
- your children also have coverage through the Federal Health Insurance Marketplace (HealthCare.gov), then **you must end your federal premium tax credits, cost sharing and coverage for your children.**

If you do not, you may have to pay back federal tax credits you get through HealthCare.gov.

#### **How do I end my federal premium tax credits, cost sharing and coverage?**

AFTER you receive your written enrollment notice for HealthChoices, please visit [www.healthcare.gov/reporting-changes/cancel-plan](http://www.healthcare.gov/reporting-changes/cancel-plan) for instructions on how to cancel your HealthCare.gov coverage.

**Please note:** You do not need to cancel health insurance through your employer, while enrolled in HealthChoices.



**pennsylvania**

DEPARTMENT OF HUMAN SERVICES  
OFFICE OF INCOME MAINTENANCE

**We haven't heard from you!**

Under new guidelines you, or someone you live with, may qualify for fast-track enrollment for Medical Assistance (Medicaid). Because Pennsylvania expanded the Medicaid program, you could qualify even if you have been told no in the past.

**To register, call 1-855-767-1630 from 9 am to 5 pm, Monday through Friday.**

- It's FREE to sign up.
- Enrollment covers services for medical AND dental costs.
- Coverage is provided with no monthly premiums.
- There is no wait time. You can sign up in about 5 minutes.

We look forward to hearing from you!

Sincerely,

A handwritten signature in black ink that reads "Ted Dallas". The signature is fluid and cursive, with the first name "Ted" being more prominent.

Ted Dallas  
Secretary  
Department of Human Services