This fact sheet summarizes the three options states can use to accelerate Medicaid enrollment. These “fast-track” options have the potential to reach more Americans who are eligible for Medicaid while keeping states’ administrative costs low. States should use fast-tracking methods to increase and retain the number of residents in their Medicaid programs.

The implementation of the Affordable Care Act calls for states to use every possible strategy available to them to reach and enroll consumers in new health insurance options, including Medicaid.

For states seeking to accelerate—or “fast-track”—Medicaid enrollment and to minimize their workload in processing new enrollments, the Centers for Medicare and Medicaid Services (CMS) has approved several options, known as Medicaid accelerators, that are designed to speed and simplify the application process.¹ With these tools, states can now reach large numbers of people who are likely to be eligible while keeping administrative costs low.²

As of November 2013, five states had decided to adopt some combination of these Medicaid enrollment accelerators. Four of those five states have already implemented these policies, resulting in about 223,000 individuals gaining health coverage in just a few months. Medicaid agencies in these states have mailed notices to those who are likely to be eligible for newly expanded Medicaid. The notices explain how the program works and encourage people to apply. Depending on the state, applying may be as simple as making a phone call, or it may require consumers to submit only limited documentation. In some states, these notices have had a 46 percent response rate—a remarkably high rate for any marketing effort.³

This fact sheet summarizes the three options states can implement to help accelerate their Medicaid enrollment efforts.

**ACCELERATOR**

**Use SNAP Data to Target Households that Are Eligible for Medicaid or CHIP**

State agencies that administer the Supplemental Nutrition Assistance Program (SNAP, formerly known as food stamps) may already have the key information needed to determine who is likely to be eligible for Medicaid or the Children’s Health Insurance Program (CHIP). This information includes income, household size, and other elements.
Experts estimate that the overwhelming majority of SNAP recipients qualify for Medicaid.4

States can do one of two things to make it easier for residents with SNAP to get fast-tracked into Medicaid:

1. Add a simple Medicaid question (for example: a check box) to SNAP enrollment or re-certification forms
2. Issue personalized notices of eligibility to SNAP recipients that allow them to enroll via mail or over the phone (following Oregon’s example)

As of November 2013, the federal government has approved five states’ plans to use SNAP data to identify and enroll people who are newly eligible for Medicaid: Arkansas, Illinois, New Jersey, Oregon, and West Virginia.5

In-depth information on using SNAP data to accelerate Medicaid enrollment is available in our brief, Using SNAP to Enroll Adults in Medicaid. To view the comprehensive data, read our issue brief online at http://familiesusa2.org/assets/pdfs/Medicaid_SnapEnrollMedicaid_final-web_1.pdf.

**ACCELERATOR**

**Enroll Parents in Medicaid Based on Children’s Eligibility**

Many parents who already have children in Medicaid or CHIP will now qualify for coverage. Of the 4.7 million uninsured parents who are eligible for expanded Medicaid, roughly 75 percent are estimated to have a child enrolled in Medicaid or CHIP.6

As with SNAP-based targeting, states can encourage consumers to enroll by sending them eligibility notices that allow them to consent to enrollment via mail or phone. If additional income information is required, states can also send pre-populated Medicaid applications to eligible households or proactively request this information at children’s Medicaid or CHIP renewal appointments.

New Jersey, Oregon, and West Virginia have received approval from CMS to temporarily enroll in Medicaid parents of children with Medicaid or CHIP.

**ACCELERATOR**

**Adopt 12-month Continuous Eligibility for Adults in Medicaid**

In addition to encouraging more people to buy health insurance through the marketplace, states must work to make sure consumers retain their coverage. Even after people are enrolled in Medicaid, they can lose their coverage sporadically because of income fluctuations that push them above the eligibility threshold.

This problem, known as “churning,” is projected to affect nearly 50 percent of low-income people in any given year.7 Churning jeopardizes the health of low-income consumers by exposing them to gaps in coverage and disrupting their access to health care. It also burdens states by forcing them to constantly re-evaluate eligibility, and it undermines efforts to measure quality by preventing sustained patient enrollment.8,9

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Policymakers have already addressed this issue for children, and Families USA has written about the problem and several policy solutions. To read more about how continuous eligibility can prevent disruptions in health coverage, read our fact sheet online: [http://familiesusa2.org/assets/pdfs/kids-health/Continuous-Eligibility.pdf](http://familiesusa2.org/assets/pdfs/kids-health/Continuous-Eligibility.pdf). One solution is to implement 12-month continuous eligibility. More than 30 states offer 12-month continuous eligibility for children enrolled in Medicaid and CHIP. States that guarantee a full year of coverage for all children regardless of changes in family income, household size, etc., have significantly higher retention rates.12

Now, for the first time, CMS has given states the option to adopt 12-month continuous eligibility for adults in Medicaid. While no state has yet done so, continuous eligibility is worth pursuing because of its potential to improve Medicaid enrollment and retention.

**Conclusion**

The implementation of the Affordable Care Act has provided remarkable opportunities to significantly expand access to health care for Americans who might otherwise remain uninsured.

The federal government has provided several tools to ease the enrollment burden on states that proactively identify, register, and retain Medicaid beneficiaries. Early adopters have noticed rapid results: Oregon saw a 10 percent reduction in its uninsured population just months after implementing fast-track policies.13 West Virginia observed an even more impressive 25 percent reduction in its uninsured population.14

States seeking to achieve similar results should consider these “fast track” approaches for Medicaid enrollment.

Fast-Track policies provide a critical opportunity for states to extend health coverage to more Americans.

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**Accelerate Medicaid Enrollment**

*If states used the continuous eligibility accelerator:*

- **50%**
- **28 million**

50% of low-income people in any given year would receive stable health coverage through Medicaid. *estimated, if all 50 states expanded Medicaid*
Endnotes


10 Stan Dorn, Laura Wheaton, Paul Johnson, and Lisa Dubay, op. cit.

11 Martha Heberlein, Hundress, Kenney, Alker, op. cit.


14 Cheryl Fish-Parcham, Using SNAP (the Supplemental Nutrition Assistance Program) to Enroll Adults in Medicaid (Washington: Families USA, December 2013).

15 Chris Fleming, op. cit.