

# State Health Reform Assistance Network

## Charting the Road to Coverage

ISSUE BRIEF  
November 2013

## Operationalizing the New Fast Track Enrollment Options: A Roadmap for State Officials

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On May 17, 2013, the Centers for Medicare & Medicaid Services (CMS) issued guidance alerting states to the availability of waivers to facilitate the enrollment of eligible individuals into Medicaid using data states already have “on hand” in their Supplemental Nutrition Assistance Program (SNAP) and Medicaid files.<sup>1</sup> By doing so, states can: efficiently and quickly enroll eligible individuals in coverage; alleviate the administrative demands on new eligibility and enrollment systems for Medicaid and the Marketplaces; and reduce the staff time required to process Medicaid applications. Fast track enrollment is a potentially powerful tool for facilitating enrollment in states expanding Medicaid to new adults up to 133 percent of the federal poverty level (FPL).<sup>2</sup>

This roadmap identifies the process for securing a fast track waiver from CMS, steps that states need to take to operationalize fast track enrollment, and additional strategies states may wish to pursue. It is based on the experience to date in Arkansas, Illinois, Oregon, and West Virginia, the four states that already have implemented fast track enrollment (New Jersey recently secured approval to implement fast track, but it is just beginning implementation and so it is not discussed in depth in this roadmap). For a longer discussion of the way in which fast track already is being used, as well as early enrollment results, see [Fast Track to Coverage: Facilitating Enrollment of Eligible People into the Medicaid Expansion | The Henry J. Kaiser Family Foundation](#), available from the Kaiser Commission on Medicaid and the Uninsured.

### How to Apply for a Fast Track Waiver

CMS has established a simple process to apply for a fast track waiver. Based on CMS’ May 17 guidance and states’ experiences to date, the waiver request can consist of a short letter to CMS, accompanied by clarifying emails or phone conversations if needed, that includes at least the following:

- **Need for the waiver:** Why the new enrollment strategies are needed to better implement a state’s eligibility and enrollment system and meet its administrative responsibilities.
- **Securing a signature from fast track enrollees:** How the state will ensure it has a signature from applicants, whether physical, electronic, or telephonic.

#### ABOUT STATE NETWORK

State Health Reform Assistance Network, a program of the Robert Wood Johnson Foundation, provides in-depth technical support to states to maximize coverage gains as they implement key provisions of the Affordable Care Act. The program is managed by the Woodrow Wilson School of Public and International Affairs at Princeton University. For more information, visit [www.statenetwork.org](http://www.statenetwork.org).

#### ABOUT MANATT HEALTH SOLUTIONS

Manatt Health Solutions (MHS) is an interdisciplinary policy and business advisory division of Manatt, Phelps & Phillips, LLP, one of the nation’s premier law and consulting firms. MHS helps clients develop and implement strategies to address their greatest challenges, improve performance and position themselves for long-term sustainability and growth. For more information visit [www.manatt.com/manatthealthsolutions.aspx](http://www.manatt.com/manatthealthsolutions.aspx).

#### ABOUT THE ROBERT WOOD JOHNSON FOUNDATION

The Robert Wood Johnson Foundation focuses on the pressing health and health care issues facing our country. As the nation’s largest philanthropy devoted exclusively to health and health care, the Foundation works with a diverse group of organizations and individuals to identify solutions and achieve comprehensive, measurable, and timely change. For more than 40 years the Foundation has brought experience, commitment, and a rigorous, balanced approach to the problems that affect the health and health care of those it serves. When it comes to helping Americans lead healthier lives and get the care they need, the Foundation expects to make a difference in your lifetime. For more information, visit [www.rwjf.org](http://www.rwjf.org). Follow the Foundation on Twitter [www.rwjf.org/twitter](http://www.rwjf.org/twitter) or Facebook [www.rwjf.org/facebook](http://www.rwjf.org/facebook).

For more information, please contact Jocelyn Guyer at [jguyer@manatt.com](mailto:jguyer@manatt.com) or 202.585.6501.



- **Gathering and verifying any missing information:** How the state will obtain and verify any missing non-financial information from applicants, such as citizenship or immigration status.
- **Complying with information requirements and third-party liability:** How the state will ensure that people are provided with information on their rights and responsibilities and on third-party liability and medical support requirements.
- **Timing for full MAGI determination:** An assurance that the state will evaluate fast track enrollees using Modified Adjusted Gross Income (or MAGI rules) within a year of enrollment (or earlier if they report a change in circumstances).
- **Duration of waiver:** The length of time for which the state is requesting a waiver.

In its May 17 guidance, CMS indicated that it will provide states with sample waiver language if they like. Once the waiver is approved, CMS will send a letter to the state confirming its eligibility for the waiver. States may apply for a fast track enrollment waiver at any point through December 2015.

## Key Steps by Early Adopters to Operationalize Fast Track

States have broad discretion in operationalizing the fast track enrollment option, but the basic steps used by states to date include: identifying eligible individuals; designing a fast track enrollment form; processing applications; sending a confirmation notice and follow-up information; and conducting full MAGI determinations within a year.<sup>3</sup>

### Step 1. Identify Eligible Individuals

As a first step, states must identify the eligible individuals whom they would like to enroll using their SNAP and/or Medicaid/Children's Health Insurance Program (CHIP) data. In the "basic" version of fast track aimed at enrolling non-disabled, non-elderly adults, eligible individuals have been identified based on the following criteria:

- Age 19 to 64
- Income below 133% FPL<sup>4</sup>
- Not currently enrolled in Medicaid
- Not receiving Supplemental Security Income (SSI) benefits (to preclude enrollment of people with disabilities)

#### Variations:

- **Include children:** States may include children in their target group, as Arkansas and West Virginia did.
- **Focus exclusively on single adults without children:** A state could limit its target population to adults without children (i.e., excluding parents) or even single adults without children. Illinois, for example, included only one-adult SNAP households in its target group.

### Step 2. Design a Fast Track Enrollment Form

The fast track enrollment form advises SNAP enrollees of their new opportunity to enroll in Medicaid coverage quickly and easily, as well as ensures that the state has all of the information and authorization it needs to establish eligibility for coverage. Samples of state enrollment forms can be found at the end of this roadmap in Appendix A. States that already have implemented fast track enrollment have included the following information on their enrollment forms:

- The "good news" about the chance to enroll quickly and easily in coverage;
- The specific steps an individual must take to sign up, such as signing the form and returning it by a specified date via mail or, in some states, by calling a toll free number;
- A place for people to sign and date the application, to provide contact information, and, as needed, to supply any missing information needed to verify citizenship or immigration status under Medicaid rules;
- Information on when coverage begins;
- An applicant's rights and responsibilities, as well as information about third-party liability and medical support obligations;

- Information on “next steps,” such as when the person will receive confirmation of coverage;
- A phone number that people can call if they have questions about fast track enrollment; and,
- A client ID number to easily identify returned forms.

### Variations

States may request additional information on their fast track enrollment forms or modify them to accommodate limitations of their eligibility systems. Variations include:

- Ask if consumer has an alternative source of coverage to allow a state to pursue third-party liability payments.
- Send a family-based enrollment form that lists all eligible family members, rather than sending a separate form to each individual in a household.
- Alert consumers that any uninsured family members whose names were not listed on the fast track enrollment form may apply for coverage online.

### Step 3: Process Returned Enrollment Forms

After receiving returned fast track enrollment forms, the next step is to verify citizenship and immigration status in accordance with federal Medicaid requirements.<sup>5</sup> The steps for doing so depend on whether a fast track enrollee is identified through SNAP or Medicaid.

- **SNAP beneficiaries:** Since SNAP and Medicaid use different citizenship verification rules, states must verify the citizenship status of fast track enrollees under Medicaid rules. These rules generally require electronic verification through the federal data hub using Social Security Numbers (SSNs) or through the Systematic Alien Verification for Entitlements (SAVE) program if the hub is not operating. In contrast, SNAP uses the same verification requirements as Medicaid for legal immigration status so states do not need to verify it for SNAP fast track enrollees.
- **Parents of Medicaid children:** States often lack information on the citizenship or immigration status of parents identified as fast track enrollees using Medicaid data on their children. When such data are missing, states need to gather and verify these components of eligibility. In some instances, such as if a parent previously was enrolled in Medicaid, states may already have verification of citizenship on file and do not need to verify it again.

If a state cannot verify citizenship or legal immigration status as required under federal law, the fast track applicant must be denied coverage.

### Step 4: Confirm Eligibility and Provide Follow-up Information

After an individual’s citizenship or immigration status is verified, states send confirmation of eligibility for coverage, and, if applicable, information on how to select a plan. States that have designed confirmation notices to date have included the following information:

- Congratulations and confirmation of eligibility for coverage;
- The effective date of coverage, highlighting if people are not eligible until January 1, 2014;
- Information on next steps, such as when a Medicaid card might arrive and/or directions on how to select a plan; and,
- In states that use Medicaid managed care or a premium assistance model for their Medicaid expansion, facilitating enrollment into an appropriate plan.

### Step 5: Conduct a Full MAGI Determination

The waiver approval letters that CMS has issued to date indicates that the agency expects states to evaluate fast track enrollees under MAGI rules within a year of their initial enrollment in Medicaid. In other words, states cannot continue their coverage when they come up for renewal using SNAP or pre-MAGI Medicaid data alone, but must rather conduct a full MAGI determination. If fast track enrollees report a change in circumstance prior to a regularly scheduled renewal, CMS has indicated their eligibility must be evaluated using MAGI eligibility rules.

## Implementation Strategies Identified by Early Adopters

Along with following the steps outlined above, the four states that already have implemented fast track have used the following strategies to increase its effectiveness:

- **Following up with phone calls and other outreach:** States have sent reminder letters to people who did not return a fast track application and/or called them.
- **Conducting citizenship verification prior to sending fast track enrollment forms:** At least one state has electronically verified the citizenship status of potential fast track enrollees prior to sending them an enrollment form.
- **Re-checking for Medicaid enrollment:** States may want to re-check whether fast track enrollees already are enrolled in Medicaid in December of 2013 to prevent duplicate enrollments.
- **Use of a centralized processing unit/special unit:** To simplify administration of fast track enrollment, states may want to have a central processing unit or limited team of specially trained eligibility workers to process fast track applications.
- **Connection with broader outreach initiatives:** States may want to integrate Affordable Care Act (ACA) marketing and logos into their fast track initiative to help consumers understand how fast track fits into broader reform. For example, Arkansas's enrollment form notes, "You may have seen ads about how to 'Get In' to the new Health Insurance Marketplace. Here's an opportunity for the people in your home to get insured if they don't already have affordable health insurance."

## Conclusion

While this roadmap outlines the operational strategies used by states to date, it is important to highlight that states have significant flexibility to tailor the fast track strategy to their circumstances and needs. In its May 17 guidance, CMS indicated that states can implement fast track using a variety of strategies, including, for example, securing a signature for Medicaid enrollment directly on a SNAP application (via a checkbox or other means) or at the point that a beneficiary is selecting a Medicaid managed care plan. States also can rely on the strategy regardless of how they elect to operationalize their Medicaid expansion. For example, as explained in more detail in [Fast Track to Coverage: Facilitating Enrollment of Eligible People into the Medicaid Expansion | The Henry J. Kaiser Family Foundation](#), Arkansas combined its use of fast track with a "private option" under which it uses Medicaid funds to support beneficiaries in selecting a private Marketplace plan.

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## Endnotes

<sup>1</sup> CMS State Health Official and State Medicaid Director Letter. May 17, 2013. Facilitating Medicaid and CHIP Enrollment and Renewal in 2014. Available at: <http://www.medicaid.gov/Federal-Policy-Guidance/downloads/SHO-13-003.pdf>.

<sup>2</sup> The income threshold for the Medicaid expansion is effectively 138 percent FPL after taking into account a five percentage point disregard of income that is applied to anyone for whom it would affect eligibility.

<sup>3</sup> The Health and Human Services (HHS) letter gives states several additional ideas for how they might use SNAP or Medicaid data on children to facilitate enrollment. These include an option to add a check-box to SNAP enrollment forms that people can use to indicate they want Medicaid, as well as the option to send people a Medicaid card and allow them to indicate they are applying for coverage when they go through the process of selecting a managed care plan. In this road map, only the strategies already in use by states are described, but states may also want to consider these additional options.

<sup>4</sup> The income threshold for the Medicaid expansion is effectively 138 percent FPL after taking into account a five percentage point disregard of income that is applied to anyone for whom it would affect eligibility.

<sup>5</sup> In general, citizenship or immigration status will be the only components of eligibility for which a state is missing verified data. In some instances, however, states may also need to gather and verify the Social Security Number of a fast track applicant (e.g., for a parent identified based on his or her child's enrollment in coverage who did not provide an SSN when applying for the child).

Access Arkansas  
Ark. Dept. of Human Services  
1095 White Dr.  
Batesville, AR 72501-9964



ADDRESS  
ADDRESS  
ADDRESS  
ADDRESS

Case Number \_\_\_\_\_  
Date \_\_\_\_\_

## Opportunity to Enroll in Health Insurance Coverage with No Monthly Premium Costs for You

You may have seen ads about how to “Get In” to the new Health Insurance Marketplace. Here’s an opportunity for the people in your home to get insured if they don’t already have affordable health insurance. Simply sign the form on the back and return to DHS!

Because your household currently receives SNAP benefits, DHS has already confirmed that the people in your home who are listed on the back of this page are income-eligible for either the **Health Care Independence Program** (adults) or **ARKids First** (children). The Health Care Independence Program lets adults pick the health insurance plans that best meets their needs.

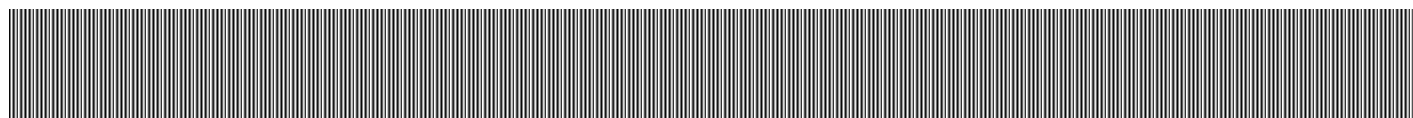
For your household, these programs will pay **100% of your monthly insurance premiums**. You may be responsible for only small copays for appointments, prescriptions, and other medical services.

In order for your household to enroll in the Health Care Independence Program or ARKids First, we **MUST** confirm that you want your household members to receive healthcare coverage. Please complete the form on the back. **DHS must receive the completed “YES” form by September 25, 2013.**

Once you sign and return this form, the following steps will take place:

1. DHS will use the information we have in our computer systems to enroll the listed household members in either the Health Care Independence Program or ARKids First. You will NOT need to fill out any applications for health insurance coverage for these household members.

**TURN OVER →**



2. DHS will notify you by mail about how and when to choose the health insurance plan that best meets the needs of the adults in your household. Coverage through the Health Care Independence Program will be effective January 1, 2014.
3. For the children in your household, DHS will automatically enroll them in ARKids First and mail an insurance card for each child. Coverage begins once you receive your child's ARKids First card.

If there are other members in your household that need coverage and are not listed on this form, they can apply online beginning October 1, 2013 at [www.access.arkansas.gov](http://www.access.arkansas.gov).

If you have any questions about this special enrollment opportunity, please contact your local DHS office.



## Yes, I want the household members listed below to receive health insurance.

1234567890123456789012345678901234567890

Bob Smith  
 Bob Smith  
 Bob Smith  
 Bob Smith  
 Bob Smith  
 Bob Smith  
 Bob Smith  
 Bob Smith

Cynthia Smith  
 Cynthia Smith  
 Cynthia Smith  
 Cynthia Smith  
 Cynthia Smith  
 Cynthia Smith  
 Cynthia Smith  
 Cynthia Smith

I understand that the Health Care Independence Program is not a federal or state entitlement program and that it may be ended at any time upon appropriate notice.

By receiving benefits from Medicaid, ARKids First, or the Healthcare Independence Program, I assign to DHS my right to receive payment for medical expenses from any legal settlement, judgment, or award paid by any third party, including a health insurer. I must repay DHS, up to the amount that DHS has paid for my medical expenses, whether or not a portion of the third-party payment is designated to pay for medical expenses. I also authorize and request that any payment made by or on behalf of a third party for medical expenses be paid directly to DHS.

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

**If you want coverage, please sign and return this form in the enclosed envelope.**  
 This form must be received by **September 25, 2013.**

If you do NOT want the household members to receive health insurance, do NOT return this form.



State of Illinois  
Department of Human Services



SEQ: 1  
State of Illinois  
Healthcare and Family Services

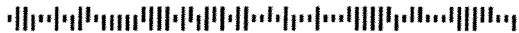
**Short Application for Medical Assistance**

Date of Notice:

Case ID:

Caseload:

236



Instructions: To express enroll for medical assistance starting in January 2014, answer the following question, and sign and return this form to the address above within the next 10 days. **Do not return to your regular local office.**

1. Do you have health insurance? Yes  No
2. Please give us a phone number where you can be contacted: \_\_\_\_\_

**Read carefully & sign below.**

I understand that by signing and returning this form I am requesting to be enrolled for medical assistance and that the information that I have provided for my SNAP benefits will be used to calculate eligibility for medical assistance. I understand that by signing this form, I consent to and will cooperate with any investigation made by the Department to verify or confirm the information I have given or any other investigation made by them in connection with the receipt of Medical Assistance. I agree to inform the agency within 10 days of any change in my household's size, income, living arrangements, or address.

I understand that if approved for medical assistance and I receive more benefits than I am entitled to, whether it be an error on my part or an agency error, the amount of overpaid benefits are subject to recoupment/recovery.

I understand that the Department secures and uses information about all clients through the income and eligibility verification system. This includes such information as receipt of social security benefits, unemployment insurance, unearned income (such as interest and dividends) and wages from employment. Any information obtained will be used in determining eligibility for assistance and the amount of assistance provided for all programs. When discrepancies are found, verification of this information may be obtained through contacts with a third party, such as employers, claims representatives, or financial institutions. This information may affect my eligibility for medical assistance.

My household's size, income, living arrangements, and/or address may be subject to verification by Federal, State, and Local officials. If any information is found to be inaccurate, I may be denied the healthcare coverage. I understand that anyone who knowingly misuses the health benefits card issued by the State of Illinois may be committing a crime.

**Note: More information on the back of this page.**

I understand that the State of Illinois will release information concerning medical services I have received for any reason authorized by law.

I understand that if I am not satisfied with action taken by the Department concerning my receipt of medical assistance that I have the right to a fair hearing. I understand that I can ask for a fair hearing by writing to: The Bureau of Assistance Hearings, 401 South Clinton Street, Chicago, Illinois 60607, or by calling 1-800-435-0774.

**Applicant Signature.** I understand that if I have given false information or intentionally failed to disclose information, I may be subject to prosecution, criminal, civil or both. I certify under the penalty of perjury that the information I have provided on this form is the truth to the best of my knowledge.

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

**Please note:** This example is not a valid enrollment form. Each letter is personalized to the recipient.

If you received a letter and have misplaced it, or if you want to find out if you are eligible for fast-track enrollment, please call 1-800-699-9075 to speak with someone who can help.



Client ID: <<client id>>

**You can get health coverage  
Enroll today for coverage to start January 1, 2014**

We are writing with important news. Under new guidelines, you qualify for “fast-track” enrollment in the Oregon Health Plan if you meet income and residency qualifications. This is because your child currently receives benefits through the Oregon Health Plan (OHP).

**To enroll, simply return the enclosed form.** You could qualify even if you have been told no in the past. This is because new rules have opened the Oregon Health Plan to more people starting January 1, 2014.

The Oregon Health Plan **provides health coverage with no monthly cost (or premiums).** It covers services such as regular check-ups, prescriptions, mental health care, addiction treatment and dental care. There is no waiting list. No one can be turned away because they have a pre-existing health condition.

**How to enroll:**

- **Mail:** Fill out and mail us the attached form. Return it in the enclosed envelope. OR,
- **Phone:** Call 1-800-699-9075 or 711 (TTY). When you call, tell customer service you got this letter. We will ask you for your case number. Your case number is printed at the top of this letter.

Once coverage begins in January, you will be a member of a local health plan called a “coordinated care organization” (CCO). Some areas of the state have more than one CCO. Enclosed in this package is information so you can choose a CCO if more than one is available. We will do our best to honor your choice.

**If you qualify for or have Medicare or other insurance, do not drop your coverage.** You may not qualify for OHP, but you may qualify for other programs. If you have Medicare, contact your local branch office for more information. If you have other insurance please list it on the form.

We are here to help. If you have any questions, please call us at **1-800-699-9075**. You can learn more about the Oregon Health Plan at [www.ohp.oregon.gov](http://www.ohp.oregon.gov).

Sincerely,

A handwritten signature in black ink that reads "Judy Mohr Peterson".

Judy Mohr Peterson  
Oregon Medicaid Director



# Fast-track enrollment for the Oregon Health Plan

Sign and return this form for health care coverage

**Instructions:** To fast-track enroll in the Oregon Health Plan starting January 1, 2014, answer the following questions then **sign and return this form**. You may also call 1-800-699-9075 or 711 (TTY).

<<Recipient name>>

Client ID: <<Case ID>>

Are you an Alaska Native or member of a federally recognized American Indian tribe?  Yes  No

Are you a U.S. citizen or national?  Yes  No

If you are not a U.S. citizen or national but have documentation, please answer the following:

Immigration document type: \_\_\_\_\_ ID# \_\_\_\_\_

Status: \_\_\_\_\_ Date status was gained: \_\_\_\_\_

**\*If you do not meet OHP citizenship/alien status requirements, you do not qualify for fast-track enrollment. To find out if you're eligible for benefits, call 1-800-699-9075 to request an application.**

Do you have health insurance coverage now?  Yes  No

If yes, who is your insurance carrier? \_\_\_\_\_

**\*If you qualify for or have Medicare, do not drop your coverage. Contact your local branch or eligibility office for more information. If you have other coverage, someone from OHP will follow up with you.**

Do you currently have a primary care provider that you prefer?  Yes  No

If yes, who is your primary care provider? \_\_\_\_\_


### Contact Information

Your phone number: \_\_\_\_\_ Your email: \_\_\_\_\_

What is the best way to reach you?  Phone  Regular mail  Email

**Please sign and return this form to fast-track enroll in the Oregon Health Plan.**

By signing this letter, you acknowledge that you've read the attached rights and responsibilities.


Sign here 

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

**Turn this form over to see if you need to choose a coordinated care organization (CCO)**

If you do not choose a CCO, you will automatically be enrolled in one that serves your area.

If you are an **American Indian or an Alaska Native** you are not required to enroll in a CCO.

 Next page

**Need help?** Please call 1-800-699-9075 (TTY 711)

OHA form 7001c (11/13)

# Choosing a coordinated care organization (CCO)



If you have a doctor or provider, talk to them first. If you have a doctor or primary care provider now, you may want to talk to them to find out which CCO they work with.

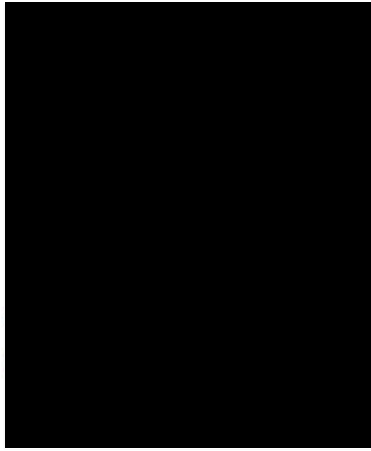
If your county has only one CCO, you will be enrolled automatically in that CCO. Most counties have one coordinated care organization but some counties have more than one CCO.

Below is the list of counties with more than one CCO. Please choose one CCO.

<b>Benton County</b> <input type="checkbox"/> Intercommunity Health Network CCO- All ZIPS <input type="checkbox"/> Trillium Community Health Plan- 97448, 97456 <input type="checkbox"/> Willamette Valley Community Health- 97361	<b>Klamath County</b> <input type="checkbox"/> Cascade Health Alliance - All ZIPS <u>except</u> 97731, 97733, 97737 and 97739 <input type="checkbox"/> PacificSource Community Solutions - 97731, 97733, 97737 and 97739
<b>Clackamas County</b> <input type="checkbox"/> FamilyCare, Inc.- All ZIPS <input type="checkbox"/> Health Share of Oregon- All ZIPS <input type="checkbox"/> Willamette Valley Community Health- 97002, 97032, 97071, 97362, 97375 <input type="checkbox"/> Yamhill County Care Org.- 97002, 97071, 97140	<b>Linn County</b> <input type="checkbox"/> Intercommunity Health Network CCO- All ZIPS <input type="checkbox"/> Trillium Community Health Plan- 97446 <input type="checkbox"/> Willamette Valley Community Health- 97346, 97350, 97352, 97358, 97360, 97383
<b>Coos County</b> <input type="checkbox"/> Western Oregon Advanced Health- All ZIPS <input type="checkbox"/> Columbia Pacific CCO- 97449	<b>Marion County</b> <input type="checkbox"/> Willamette Valley Community Health- All ZIPS <input type="checkbox"/> FamilyCare Inc.- 97002, 97032, 97071, 97362, 97371, 97381 <input type="checkbox"/> Yamhill County Care Org.- 97137, 97002, 97026, 97071
<b>Curry County</b> <input type="checkbox"/> AllCare Health Plan- All ZIPS <input type="checkbox"/> Western Oregon Advanced Health- All ZIPS	<b>Multnomah County</b> <input type="checkbox"/> FamilyCare, Inc.- All ZIPS <input type="checkbox"/> Health Share of Oregon- All ZIPS
<b>Douglas County</b> <input type="checkbox"/> Umpqua Health Alliance- All ZIPS <u>except</u> 97441, 97467, 97473 <input type="checkbox"/> AllCare Health Plan- 97410, 97442 <input type="checkbox"/> Columbia Pacific CCO- 97441, 97467, 97473 <input type="checkbox"/> PrimaryHealth of Josephine County- 97410, 97442 <input type="checkbox"/> Trillium Community Health CCO- 97441, 97442, 97443 <input type="checkbox"/> Western Oregon Advanced Health CCO- 97459	<b>Polk County</b> <input type="checkbox"/> Willamette Valley Community Health- All ZIPS <input type="checkbox"/> Yamhill County Care Org.- 97101, 97304, 97347, 97371, 97378, 97396
<b>Jackson County</b> <input type="checkbox"/> AllCare Health Plan- All ZIPS <input type="checkbox"/> Jackson Care Connect- All ZIPS <input type="checkbox"/> PrimaryHealth of Josephine County- 97525, 97527, 97530, 97537, 97497	<b>Tillamook County</b> <input type="checkbox"/> Columbia Pacific CCO- All ZIPS <input type="checkbox"/> Yamhill County Care Org.- 97347
<b>Josephine County</b> <input type="checkbox"/> AllCare Health Plan- All ZIPS <input type="checkbox"/> PrimaryHealth of Josephine County- All ZIPS	<b>Yamhill County</b> <input type="checkbox"/> Yamhill County Care Org.- All ZIPS <input type="checkbox"/> Willamette Valley Community Health- 97304
	<b>Washington County</b> <input type="checkbox"/> FamilyCare, Inc.- All ZIPS <input type="checkbox"/> Health Share of Oregon- All ZIPS <input type="checkbox"/> Yamhill County Care Org.- 97119, 97123, 97132, 97140

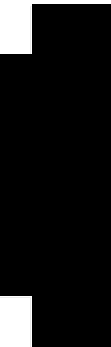
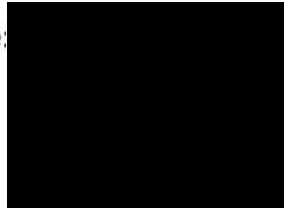
For a list of CCOs in every county, go to [www.ohp.oregon.gov](http://www.ohp.oregon.gov). Questions? Please call 1-800-699-9075.

DUPLICATE



**West Virginia  
Department of Health  
& Human Resources**

Individual Name:  
Case PIN:  
Worker Name:  
Telephone:



**Medicaid Automatic Enrollment**

Since your household receives Medicaid and/or Supplemental Nutrition Assistance Program (SNAP) benefits, [redacted] may automatically qualify for Medicaid coverage. If you would like to be evaluated for automatic enrollment into Medicaid coverage, please sign this form and return it to your local DHHR office by [redacted]. You will be notified in writing of the eligibility decision and do not need to complete a Medicaid application. ***Please understand this only enrolls the person listed above. If your household receives another automatic enrollment form on another individual, the form will also need to be returned for their evaluation.***

By checking this box, you are requesting auto-issuance of Medicaid coverage.

**Please do not contact your local office for status on your eligibility. You will be notified of your eligibility status in late December 2013.**

I understand I am giving to the Medicaid agency our rights to pursue and get any money from other health insurance, legal settlements, or other third parties. I am also giving to the Medicaid agency rights to pursue and get medical support from a spouse or parent.

I understand if any child in the household for which I am responsible has a parent living outside of the home I will be asked to cooperate with the agency that collects medical support from an absent parent. If I think that cooperating to collect medical support will harm me or my children, I can tell my Caseworker and I may not have to cooperate.

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

PIN: [redacted]

Date: [redacted]

