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FINDINGS: LEVELS OF “CHURN” IN MEDICAID SHOW LITTLE IMPROVEMENT SINCE 2006, LEADING TO POORER HEALTH OUTCOMES AND FRUSTRATING EFFORTS TO COORDINATE CARE

WASHINGTON – A new working paper developed by researchers at George Washington University finds that the average person enrolled in Medicaid receives benefits, on average, for just 9.7 months of the year. This discontinuity in care owes itself largely to “churn,” where beneficiaries are disenrolled and reenrolled in the program owing to paperwork issues or small and often temporary changes in income, despite their underlying eligibility remaining unchanged. This cycle of enrollment and disenrollment leads to poorer health, results in higher-cost episodes of care, and frustrates the efforts of providers and others to deliver top-quality health care.

The working paper was commissioned by the Association for Community Affiliated Plans (ACAP) and authored by three researchers from the Milken Institute School of Public Health at George Washington University: Leighton Ku, Ph.D., M.P.H.; Erika Steinmetz, M.B.A.; and Tyler Bysse, M.P.H.

“Continuity of coverage in the Medicaid program has improved somewhat over the past several years, but wide disparities from state to state persist,” said Leighton Ku, Ph.D., M.P.H., Professor and Director of the Center for Health Policy Research at George Washington University’s School of Public Health and Health Services. “Even short gaps in coverage can lead to higher-cost, higher-need interventions. For someone with hypertension, for instance, one month without coverage can lead to a costly hospitalization.”

The working paper found wide gaps between average monthly costs based on expenditure data from 2012. An adult enrolled for all 12 months of the year in Medicaid incurred costs averaging \$326 per month, less the half of the average monthly costs of \$705 for someone enrolled only one month.

“Medicaid “churn” taxes patients, providers and plans alike. It interrupts courses of medical care, entangles doctors, hospitals and health plans in needless red tape, and raises costs for taxpayers,” said ACAP CEO Margaret A. Murray. “12 months’ continuous enrollment would free up vital health resources and allow safety net hospitals, and providers to do what they do best: deliver top-notch care to people who need it.”

To see more information about “churn,” including the full working paper, state-by-state maps detailing overall enrollment continuity ratios and rates broken out by population subgroups, and information about 12-month continuous enrollment, visit www.coverageyoucancounton.org.

About ACAP

ACAP represents 61 nonprofit Safety Net Health Plans in 24 states, which collectively serve more than fifteen million people enrolled in Medicaid, Medicare, the Children’s Health Insurance Program (CHIP), and other public health programs. For more information, visit www.communityplans.net.

Information from ACAP about “churn” is online at www.coverageyoucancounton.org.

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