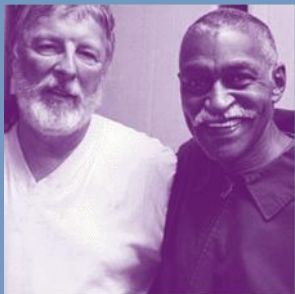




Continuity of Care and Coverage: Strategies for Minimizing Churn



Breakfast Roundtable

State Network Medicaid Small Group Convening

April 26, 2013



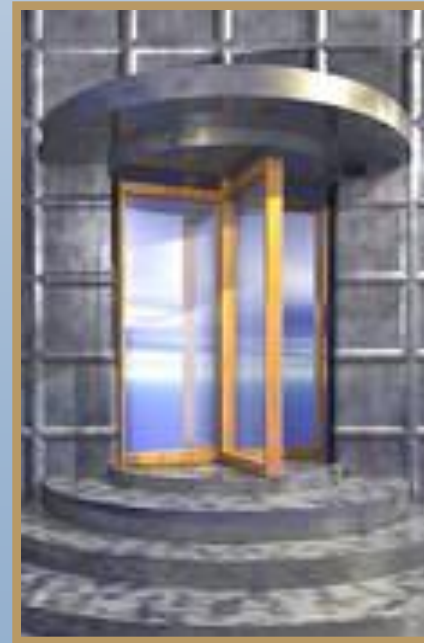
Agenda

- Churn and Coverage Shifts
- Mechanisms to Minimize Churn
- State Approaches to Minimizing Churn
- Discussion



What is Churn?

- Consumer income fluctuations lead to:
 - ▶ Changing eligibility for programs
 - ▶ Coverage discontinuities



Why Do We Care About Churn?

- Churn is now more complex due to additional coverage options:
 - ▶ Traditional Medicaid;
 - ▶ Pre-existing federal and state funded coverage programs (i.e., 1115 waivers);
 - ▶ ACA Medicaid expansion;
 - ▶ Basic health plan (BHP) option; and
 - ▶ Health insurance marketplaces.



Overview: Five Steps for Minimizing Churn

1. Program design
2. Purchasing/contracting strategies:
 - a. Benefits
 - b. Provider networks
 - c. Health plan alignment
3. Plan portability
4. Health information technology infrastructure and cost allocation
5. Outreach, enrollment, and eligibility opportunities to facilitate transitions



1. Program Design to Minimize Churn

- Premium assistance
 - ▶ Provides option for those near the maximum Medicaid income limit
 - ▶ Limits plan and provider changes for family members moving between coverage options
- Wraparound benefit or program
 - ▶ Retain certain benefits included in an existing care plan
 - ▶ Provides additional premium and cost-sharing subsidies to insurance marketplace enrollees selecting a low-cost, silver-level qualified health plan (QHP)

2. Purchasing and Contracting Strategies

- Incentives for plan and provider participation across Medicaid and marketplace
- Coverage transition requirements:
 - ▶ Creation of a common member identifier
 - ▶ Acceptance of prior authorization determinations
 - ▶ Care from out-of-network providers
 - ▶ Coordinated care team
- Uniform quality metrics for Medicaid and the marketplace



3. Opportunities for Managed Care and Commercial Market Coordination

- Licensure across markets:
 - ▶ Is regulatory structure nimble enough to accommodate?
 - ▶ Are health plans willing to play?
- Individual transition plans
- Payment responsibility
- Policies and procedures:
 - ▶ Prior authorization
 - ▶ Medical review
 - ▶ Timeliness of review



4. Eligibility and IT Tools to Build Alignment

- Eligibility
 - ▶ Determine reasonably predictable income changes
 - ▶ Implement 12-month continuous enrollment
 - ▶ Extend Medicaid coverage to the end of the month or end of following month until enrolled in coverage
- Information technology
 - ▶ Link provider networks
 - ▶ Maximize use of administrative renewal
 - ▶ Facilitate information sharing across providers and markets



5. Outreach Tools to Minimize Churn

- “No wrong door” approach
- Role of navigators and in person assisters
- Out-stationed outreach and application assistance efforts
- Partnering with brokers
- Marketplace and Medicaid call centers



Innovative State Approaches to Minimizing Churn

- **Washington** – Certify commercial plans to serve all eligible Medicaid clients following MMC rules
- **Nevada** – Require Medicaid MCOs to offer a comparable private plan on the health insurance marketplace




Innovative State Approaches to Minimizing Churn

- **Tennessee** – Aligning families with Medicaid and CHIP coverage in one plan
- **Maryland** – Contractual coverage transition requirements
 - ▶ Accept relinquishing plan prior authorizations
 - ▶ Allow care from out-of-network providers for specific enrollees



Discussion Questions

- ✓ Does your state intend to use programmatic, contractual, and/or technological strategies to manage churn? How?
 - ✓ Have you begun to estimate the magnitude of churn in your current and future programs?
 - ✓ How will you monitor and evaluate your efforts to minimize churn?
 - ✓ Have you begun conversations with stakeholders regarding managing churn?
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