



Understanding the Importance of Continuous Health Insurance Enrollment for Access to Care

September 16, 2021



CENTER FOR IMPROVING
VALUE IN HEALTH CARE

Housekeeping

- All lines are muted
- Please ask questions in the Chat box
- Webinar is being recorded
- Slides and a link to the recording will be posted on the Event Resources page on civhc.org



Presenters



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Boston University
School of Public Health



Beth Martin
Senior Data Analyst
Colorado Department of
Health Care Policy and Financing



Agenda

- Overview of CIVHC and the CO APCD
- Discuss continuity of coverage in the CO marketplace
- Review the impact of Medicaid expansion on continuity of coverage
 - Pregnant individuals
- Potential effects of postpartum Medicaid extensions
- Look over Medicaid churn patterns before COVID-19 and during the public health emergency
- Overview of the resources Colorado has developed to continually monitor Medicaid churn.



Our Mission

We strive to empower individuals, communities, and organizations through collaborative support services and health care information to advance the Triple Aim: **Better Health**, **Better Care**, **Lower Cost**

We are:

- Non-profit
- Independent
- Objective



Who We Serve

Change Agents

Individuals, communities, or organizations working to lower costs, improve care, and make Colorado healthier.



Clinicians



Hospitals



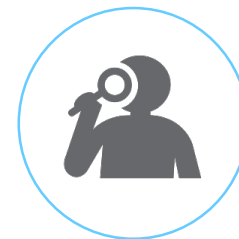
Government



Consumers



Employers



Researchers



Health Plans



Non-Profits

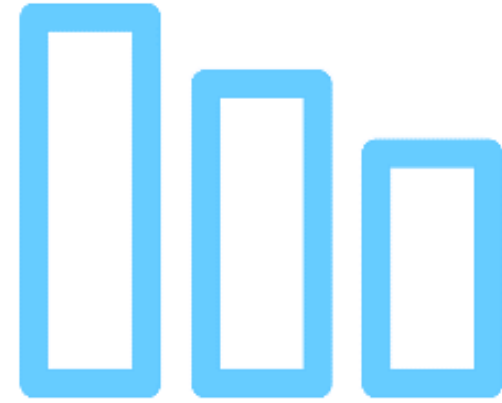


How We Inform



Public CO APCD Data

Identify opportunities for improvement in your community through interactive reports and publications



Non-Public CO APCD Data

License data from the most comprehensive claims database in CO to address your specific project needs



What's in the CO APCD <https://www.civhc.org/get-data/whats-in-the-co-apcd/>



Using Colorado Data to Examine Continuity of Insurance Coverage under the ACA

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Department of Health Law, Policy, and Management

Boston University School of Public Health

CIVHC Webinar

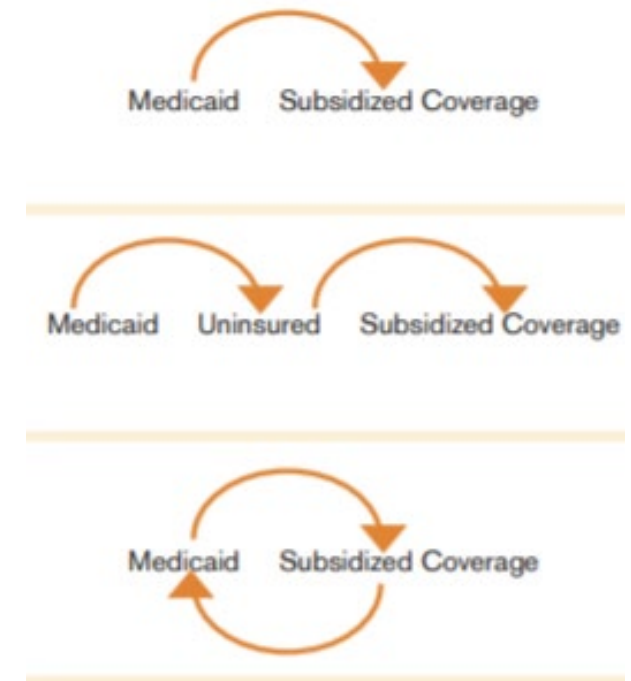
September 16, 2021

Disclaimers

- The findings and views in this presentation do not reflect the official views or policy of the Department of Health and Human Services.
- Funding: Boston University School of Public Health, The Commonwealth Fund

What is Insurance “Churn”?

- Moving in, out, and between different types of health insurance
- Occurs because of changes in income, employment, family status, or eligibility for health insurance, administrative issues or delays
- Common in Medicaid: typical enrollee covered for <10 months and 1 in 4 Medicaid enrollees change coverage with in one year



Impacts of Churning

- People who experience coverage disruptions are more likely to delay care, receive less preventive care, refill prescriptions less often, and have more ED visits
- Can occur even if transitions are seamless or transitions between health plans
- Churning increases Medicaid administrative costs and results in less predictable expenditures as enrollees cycle in and out
 - One churning event costs \$400-\$600
- Creates challenges for providers to deliver continuous health care

Agenda for Today:

- (1) Continuity of coverage in the Colorado Marketplace
- (2) Impact of Medicaid expansion on continuity of coverage
 - Pregnant individuals
- (3) Potential effects of postpartum Medicaid extensions

Study 1: Risk Factors for Disenrollment from Colorado's ACA Marketplace

Marketplace Enrollment Data

- Colorado all payer claims database, 2014-2016
- 186,485 Colorado Marketplace enrollees
- <62 years of age
- Excludes dental coverage only and grandfathered plans

Risk Factors for Early Disenrollment From Colorado's Affordable Care Act Marketplace

Sarah H. Gordon, MS,* Benjamin D. Sommers, MD, PhD,† Ira B. Wilson, MD, MSc,*
Omar Galarraga, PhD,* and Amal N. Trivedi, MD, MPH*

TABLE 2. Early Disenrollment, Duration of Enrollment, and Insurance Transitions, by Metallic Tier and the Receipt of Cost-Sharing Reductions

Variables	Full Sample	Bronze Enrollees	Silver Enrollees Without Cost-Sharing Reductions	Silver Enrollees Receiving Cost-Sharing Reductions	Gold Enrollees	<i>P</i>
Early disenrollment (%)	24.1	26.3	25.2	18.6	21.0	< 0.001
2014	15.9	18.1	16.8	12.0	12.4	< 0.001
2015	30.9	35.7	34.0	19.5	24.8	< 0.001
2016	26.4	25.2	26.1	26.2	25.8	< 0.001
Mean enrollment duration (d)	275.7	269.4	272.0	293.0	285.7	< 0.001
Insurance transition type among those who disenrolled early from Marketplace coverage						
Disenrollees (N)	74,296	26,906	31,115	7484	8791	
Marketplace to Medicaid (%)	10.4	9.2	11.0	14.4	8.4	< 0.001
Marketplace to commercial (%)	17.0	16.0	15.4	20.1	23.1	< 0.001
Lost to follow-up (%)	72.6	74.8	73.6	65.4	68.5	< 0.001

P-values were computed using χ^2 tests for categorical variables and analysis of variance *F*-tests for the comparison of multiple means.

Key Findings

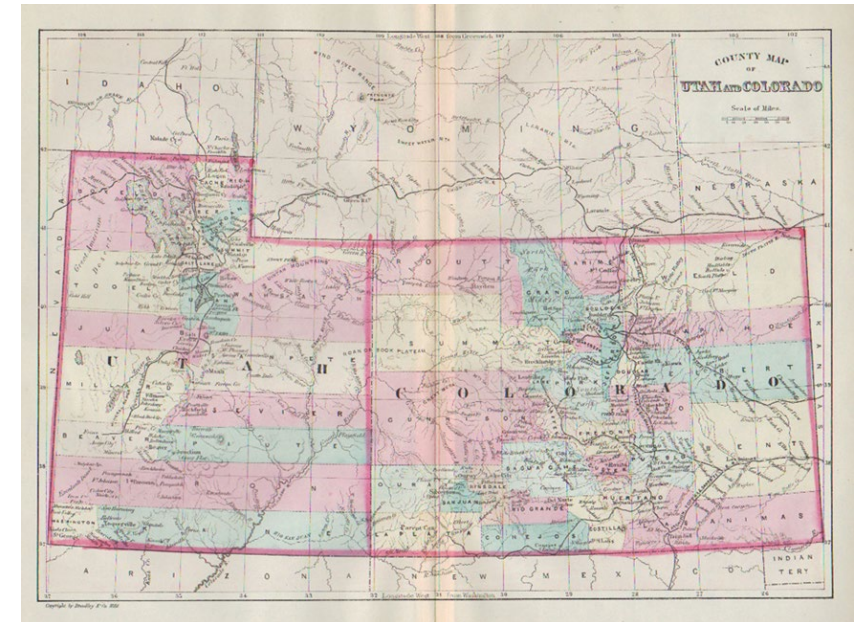
- Almost 1 in 4 Colorado Marketplace enrollees changed or lost insurance midyear
- Higher actuarial value associated with lower disenrollment
- Young adults more likely to disenroll early
- Observed high utilization of ED and inpatient services among those who disenrolled

Study 2: The Impact of Medicaid Expansion on Continuous Enrollment: A Two-State Analysis

The Impact of Medicaid Expansion on Continuous Enrollment: a Two-State Analysis

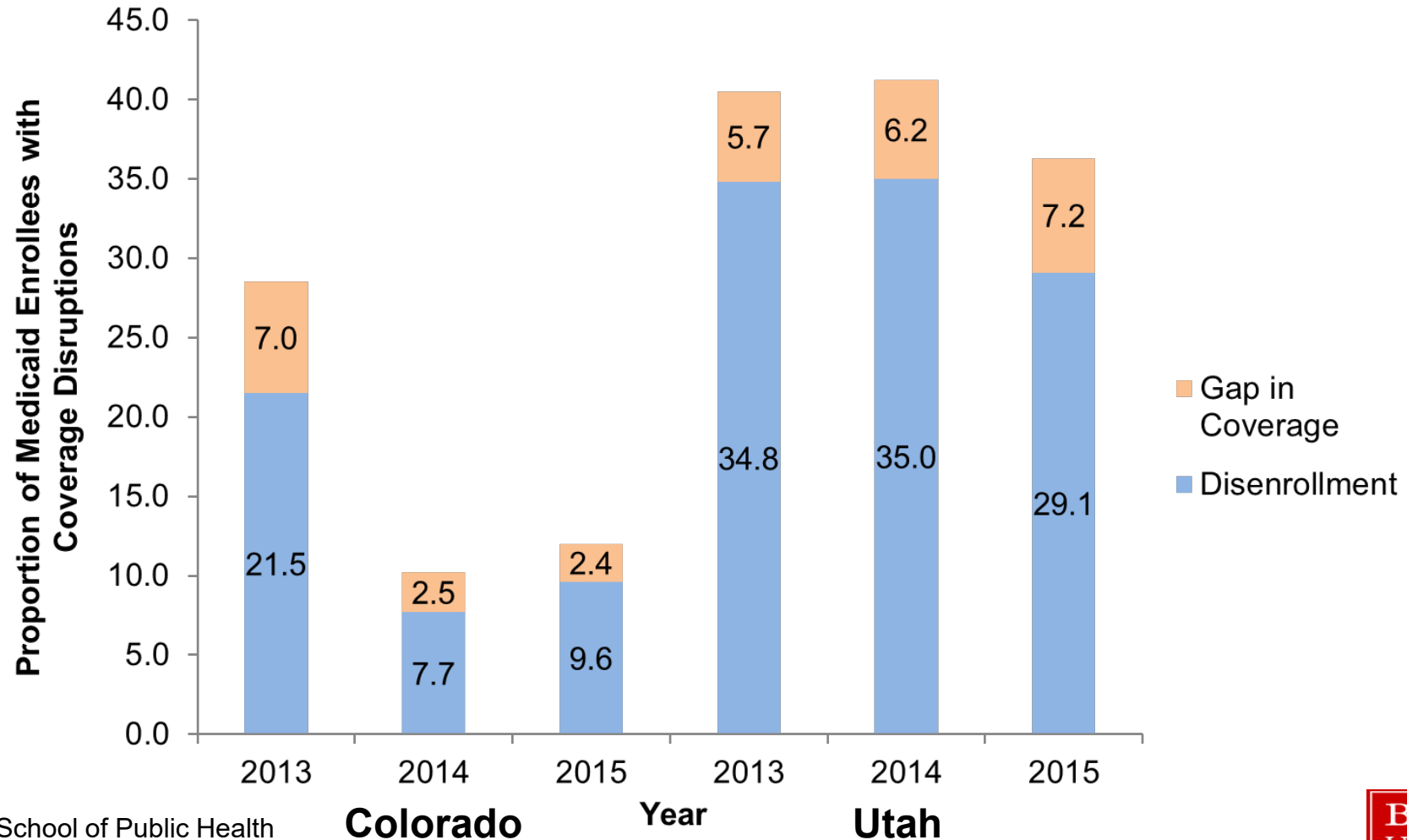
Sarah H. Gordon, PhD, MS¹, Benjamin D. Sommers, MD, PhD², Ira Wilson, MD, MSc¹, Omar Galarraga, PhD¹, and Amal N. Trivedi, MD, MPH^{1,3}

- Appended Utah and Colorado APCDs from 2013-2015 (at time of extract, two states used same vendor)
- Colorado expanded Medicaid in 2014, Utah did not
- Two-state difference-in-differences analysis among previously enrolled Medicaid beneficiaries



Source: Gordon SH, Sommers BD, Wilson I, Galarraga O, Trivedi AN. The impact of Medicaid expansion on continuous enrollment: a two-state analysis. *Journal of general internal medicine*. 2019 Sep;34(9):1919-24.

Rates of Disenrollment and Coverage Gaps among Medicaid Enrollees in Colorado and Utah, 2013-2015



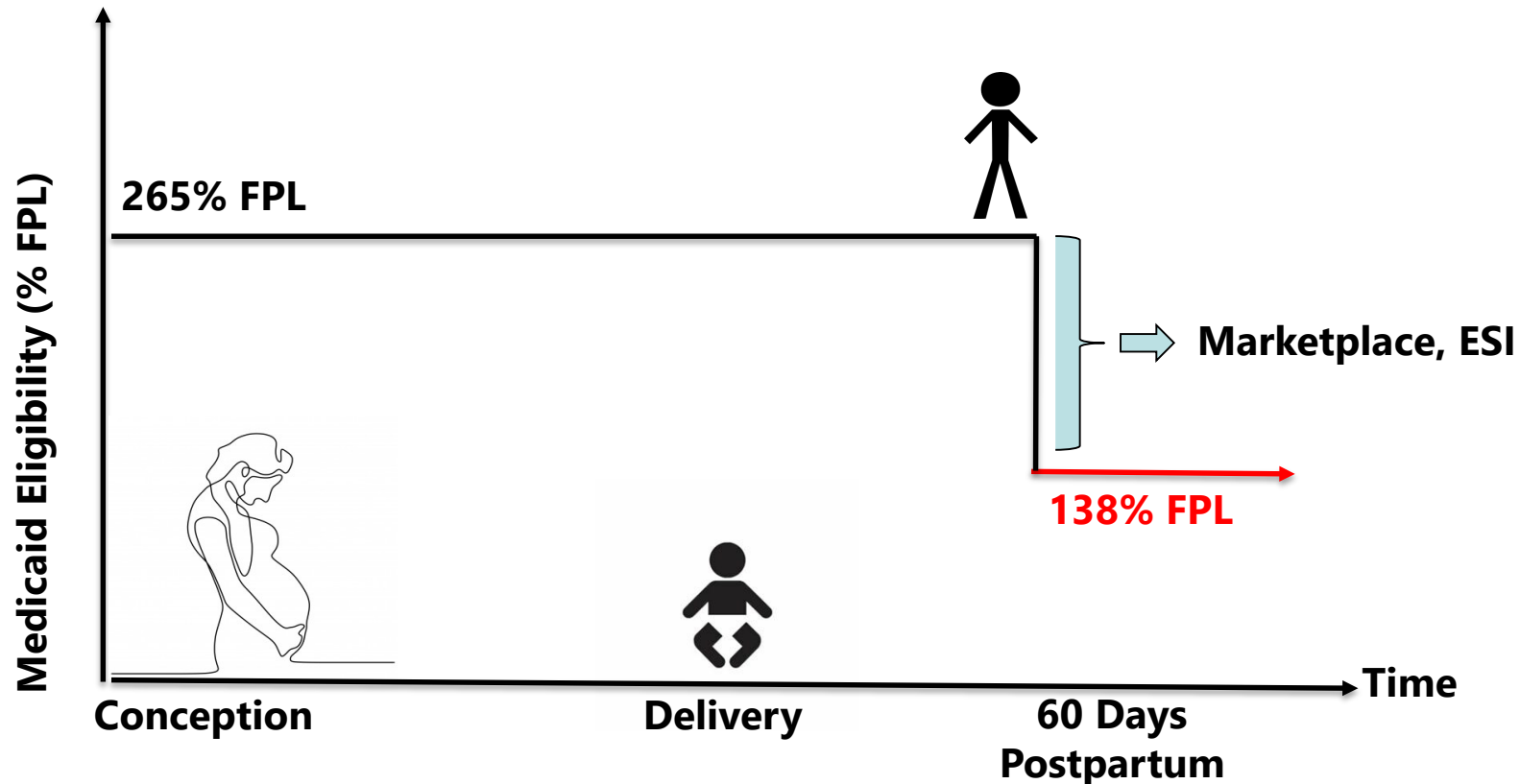
Key Findings

- After expansion, Medicaid enrollees in Colorado gained 2 months of additional coverage compared to enrollees in Utah
- Colorado Medicaid enrollees 16 percentage points less likely to experience a disruption in coverage (56% decrease)

Study 3: Effects of Medicaid Expansion on Postpartum Coverage and Outpatient Utilization

Postpartum Medicaid eligibility in Colorado

- Pregnant women with incomes below 265% FPL are eligible for pregnancy-related Medicaid from conception through 60 days postpartum
- At 60 days postpartum, only those with incomes <138% FPL retain eligibility
- Those with incomes 138-265% FPL must enroll in alternative coverage



Does Medicaid expansion mitigate postpartum coverage loss?

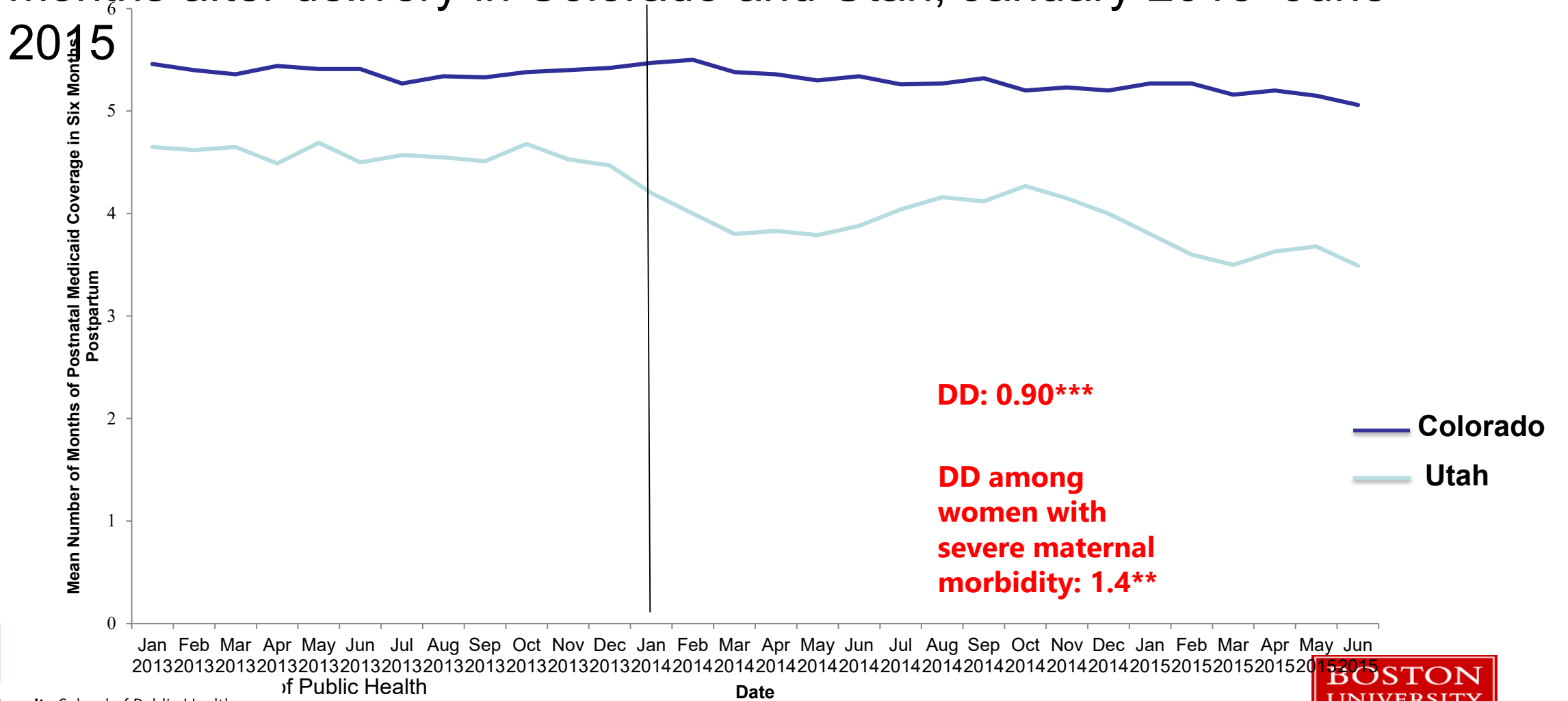
MATERNAL & CHILD HEALTH

By Sarah H. Gordon, Benjamin D. Sommers, Ira B. Wilson, and Amal N. Trivedi

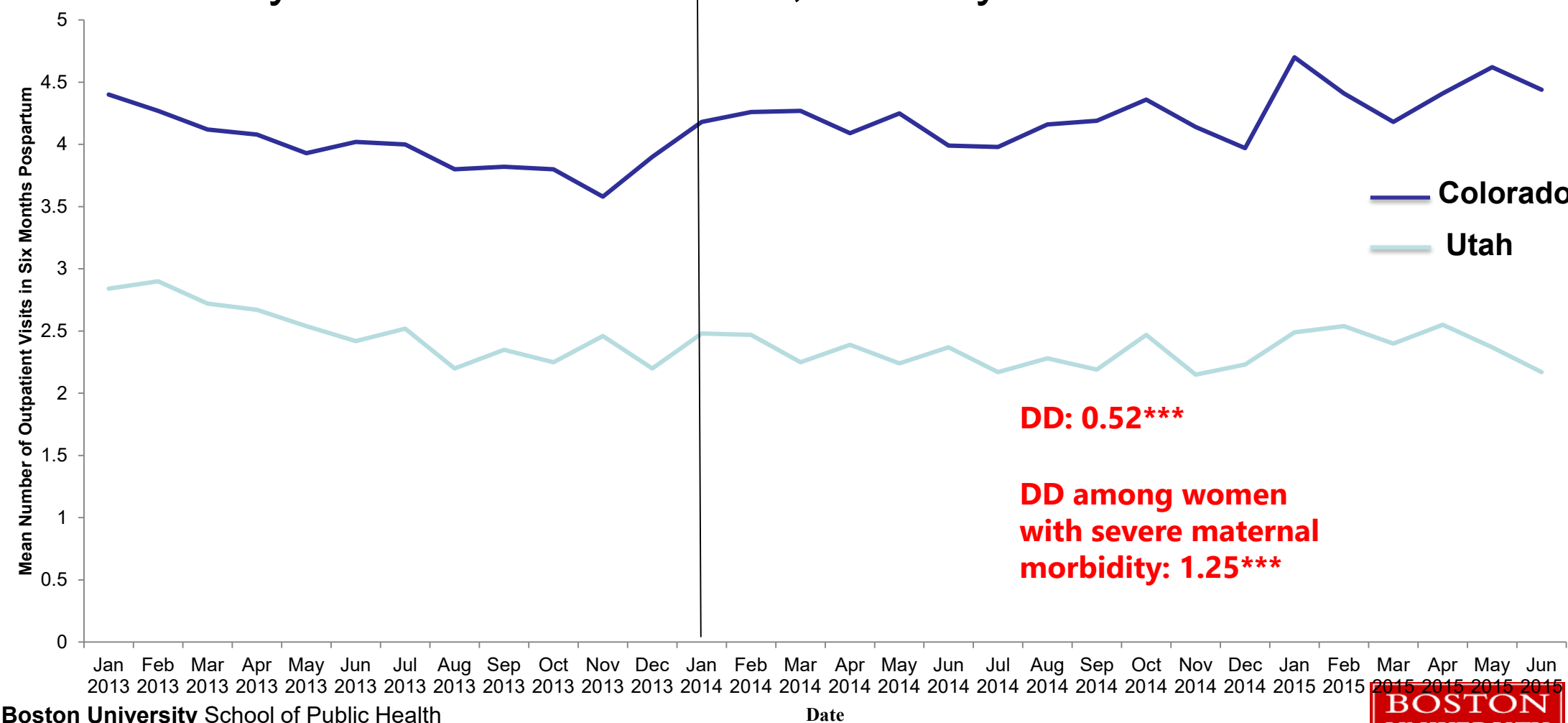
Effects Of Medicaid Expansion On Postpartum Coverage And Outpatient Utilization

ABSTRACT Timely postpartum care is associated with lower maternal morbidity and mortality, yet fewer than half of Medicaid beneficiaries attend a postpartum visit. Medicaid enrollees are at higher risk of postpartum disruptions in insurance because pregnancy-related Medicaid eligibility ends sixty days after delivery. We used Medicaid claims data for 2013–15 from Colorado, which expanded Medicaid under the Affordable Care Act, and Utah, which did not. We found that after expansion, new mothers in Utah experienced higher rates of Medicaid coverage loss and accessed fewer Medicaid-financed outpatient visits during the six months postpartum, relative to their counterparts in Colorado. The effects of Medicaid expansion on postpartum Medicaid enrollment and outpatient utilization were largest among women who experienced significant maternal morbidity at delivery. These findings provide evidence that expansion may promote the stability of postpartum coverage and increase the use of postpartum outpatient care in the Medicaid program.

Mean number of months of postpartum Medicaid coverage in the six months after delivery in Colorado and Utah, January 2013–June 2015



Mean number of Medicaid-financed outpatient visits in the six months after delivery in Colorado and Utah, January 2013–June 2015



Key Findings

- Medicaid expansion associated with increased stability of postpartum Medicaid coverage and increased outpatient care
- Utilization gains concentrated among women who experienced severe maternal morbidity
- Largest increases in postpartum outpatient utilization occurred 31-90 days postpartum
- Commercially-financed postpartum care is not an equivalent substitute for Medicaid-financed postpartum care

Study 4: Preliminary Findings on Effects of Medicaid Eligibility on Continuity of Coverage in the Postpartum Year

Postpartum Medicaid Eligibility Extensions

- American Rescue Plan Act (March 2020) gave states option to receive matching funds to extend benefits from 60 days postpartum up to one year
- Colorado has enacted legislation to seek federal approval through waiver for extension
- What would the effect of CO's postpartum extension be on continuity of coverage in the postpartum year?

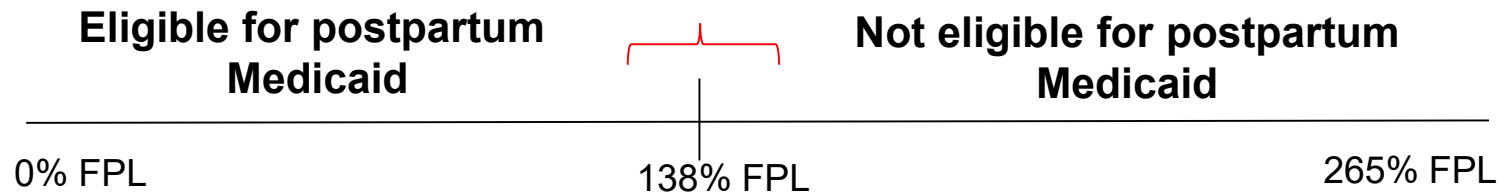
Data Sources, 2014-2019

- Colorado all payer claims database provided by Colorado Center for Improving Value in Health Care (CIVHC)
- State-wide birth records provided by Vital Records (Colorado Department of Public Health and Environment)
- Individual-level income and eligibility information provided by Department of Health Care Policy and Financing (state Medicaid agency)

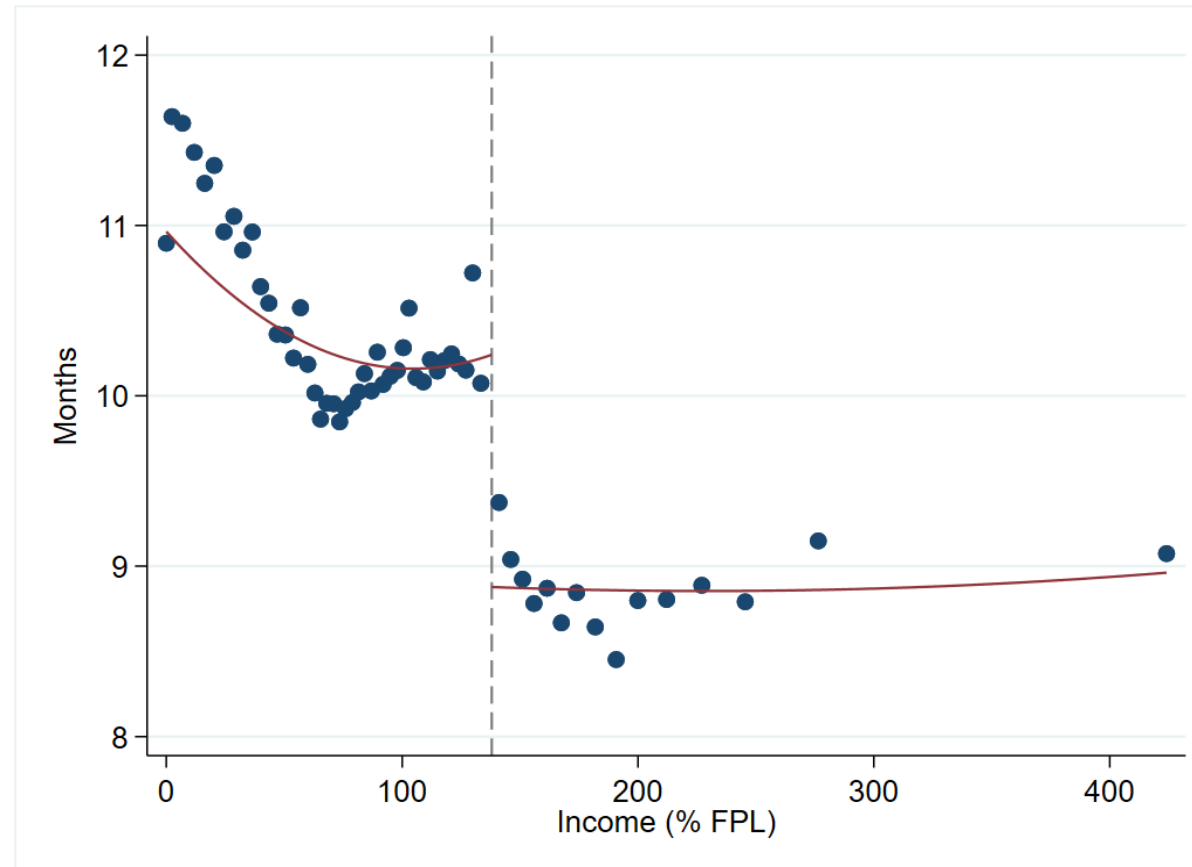
Study Design

- Regression discontinuity design using 138% FPL as sharp cutoff

At 60 days postpartum:

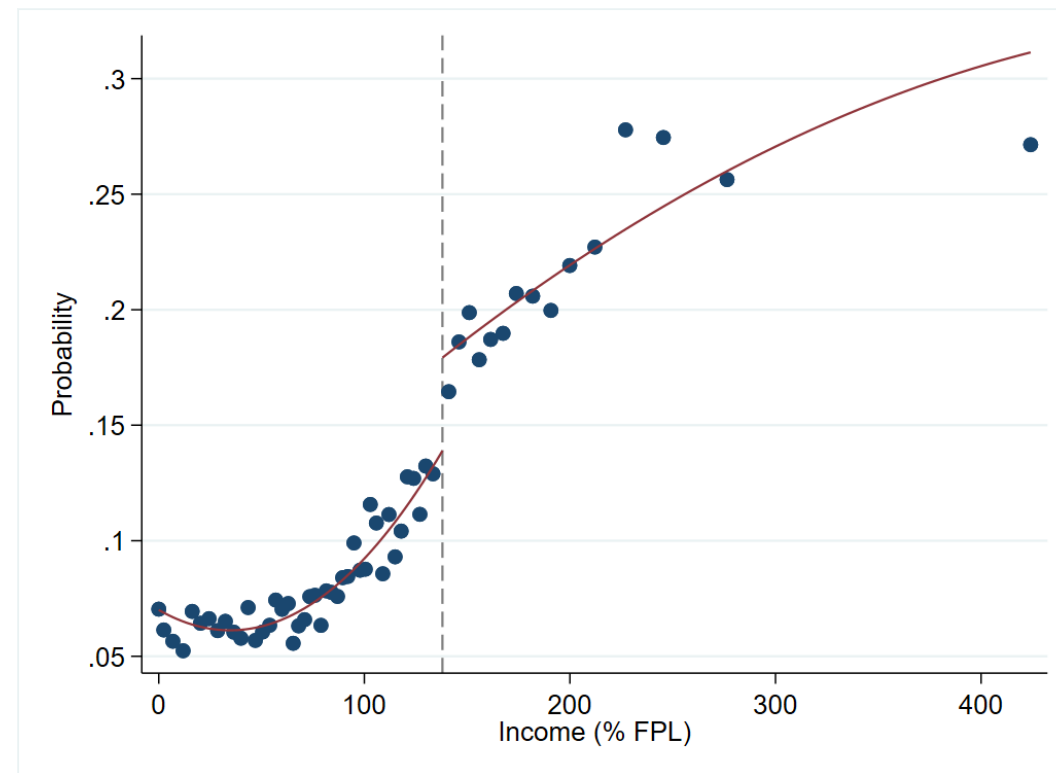


Mean Duration of Insurance Enrollment during the Postpartum Year by Income as a Percentage of the Federal Poverty Level (FPL)



Notes: Dotted vertical line indicates 138% of the federal poverty level, the income threshold for Medicaid eligibility for low-income adults in Colorado. Each dot represents a binned average of values along the income distribution; each bin includes 2,732 births on average. Red line indicates quadratic curves fit through average points, potentially differing on either side of the cutoff.

Probability of Coverage Disruption during the Postpartum Year by Income as a Percentage of the Federal Poverty Level (FPL)



Notes: Dotted vertical line indicates 138% of the federal poverty level, the income threshold for Medicaid eligibility for low-income adults in Colorado. Each dot represents a binned average of values along the income distribution; each bin includes 2,732 births on average. Red line indicates quadratic curves fit through average points, potentially differing on either side of the cutoff.



Type of Insurance Coverage and Continuity of Enrollment during the Postpartum Year by Income-Based Pregnancy-Related Medicaid Eligibility

Outcome	Unadjusted Means by Income			Adjusted Difference
	<138% FPL; Eligible for Postpartum Medicaid	139-265% FPL; Ineligible for Postpartum Medicaid	Unadjusted Difference	
Mean Enrollment Duration, (months)				
Any coverage	10.67	8.88	-1.79	-1.54****
Commercial/Marketplace	0.46	1.56	1.10	0.47****
Medicaid	10.19	7.31	-2.88	-2.01****
Coverage disruption, %	11.92	43.24	31.32	11.68****
Coverage switch, %	6.72	20.64	13.92	4.44****
Coverage gap, %	1.66	6.73	5.07	1.61****
Coverage loss, %	6.37	28.87	22.50	9.72****
Mean number of coverage disruptions (gap or switch)	0.20	0.85	0.65	0.22****
Mean duration of coverage gaps (months)	0.06	0.27	0.21	0.08****

Key Findings

- Loss of postpartum Medicaid eligibility led to worse continuity of coverage in the postpartum year
- Availability of alternative insurance does not ensure continuous coverage
 - Those with incomes > 138% FPL were likely to enroll in commercial or Marketplace
 - But findings indicate these insurance transitions are not seamless
- Our findings indicate that states that adopt the option to extend postpartum coverage will likely improve continuity of insurance coverage for low-income postpartum people

Three takeaways from 5 years working with APCD:

1. Vital resource for examining how people move through the health care system
2. Being explicit about limitations of data is critical
3. APCD linkages with other datasets is a new, powerful frontier for health research

Huge Thanks to Colorado Partners

- CIVHC: Eddy Costa, Erin Perry
- HCPF: Beth Martin
- CDPHE: Kirk Bol

Colorado Medicaid Population Churn Before and During the COVID-19 Public Health Emergency

Presented by: Beth Martin



COLORADO
Department of Health Care
Policy & Financing

Before the COVID 19 Public Health Emergency



HCPF Churn Analysis Calendar Years 2018 & 2019

- Studied the churn in the Colorado Medicaid population due to members obtaining, maintaining, and losing eligibility over a 24-month period
- Eligibility categories assigned as of the most recent eligibility span (e.g., Low Income Adult, MAGI Parent)
- Churn categories assigned based on eligibility pattern over 24 months



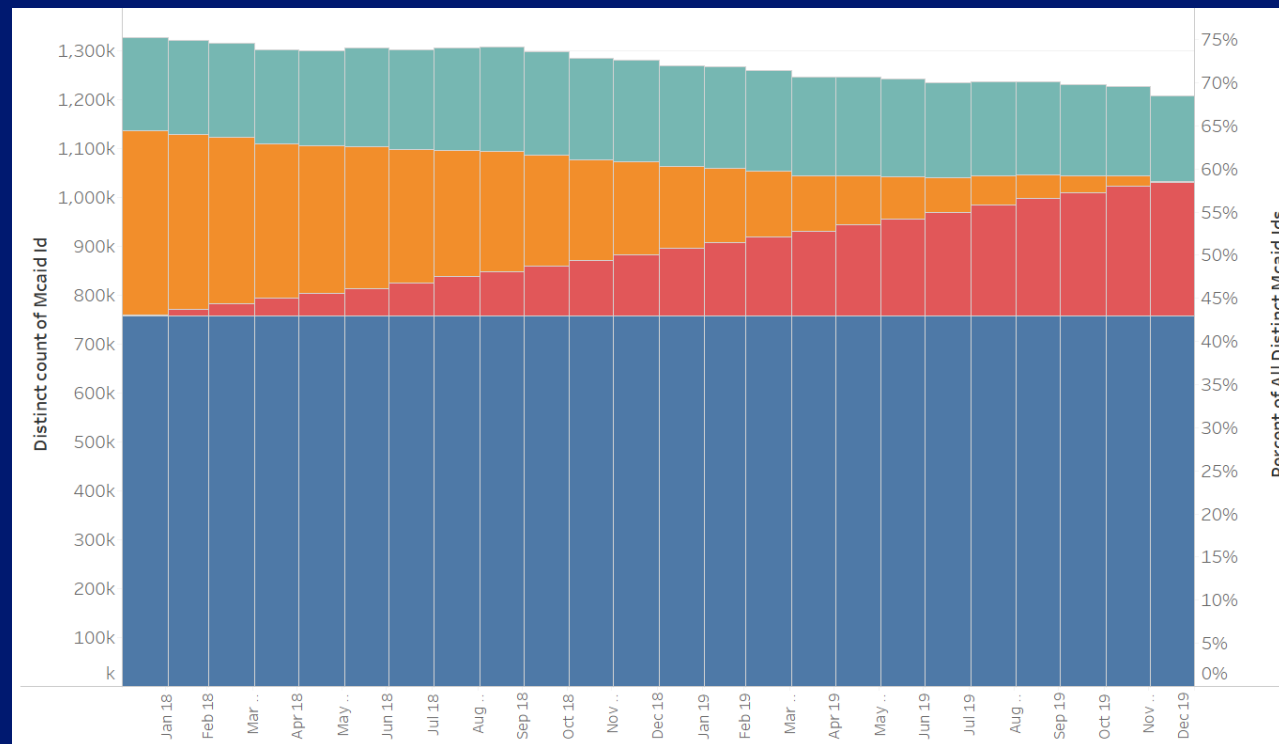
Churn Categories

- **Stayers:** Continuously eligible for the full 24 months
- **Leavers:** Eligible 1/1/2018, lost eligibility during the 24 months and did not regain eligibility
- **Joiners:** Not eligible 1/1/2018, but gained eligibility during the 24 months and maintained eligibility through 12/31/2019
- **Cyclers:** Members not in the other categories who were eligible during one or more subsets of the timeframe



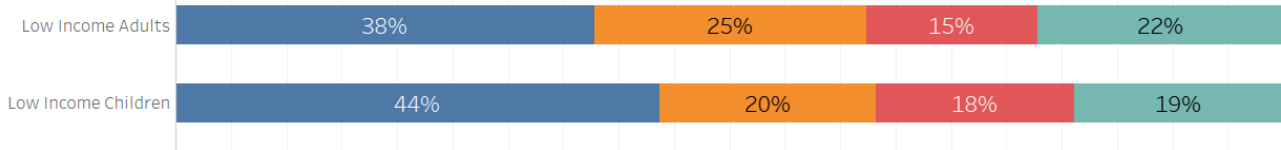
Medicaid Churn in Study Period

Stayer 757,389 43%	Leaver 376,674 21%	Joiner 275,966 16%	Cycler 353,828 20%
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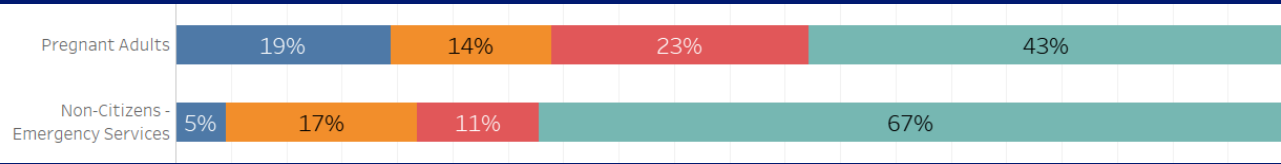
Churn Reflects Program Design

Low Income,
Economically Sensitive

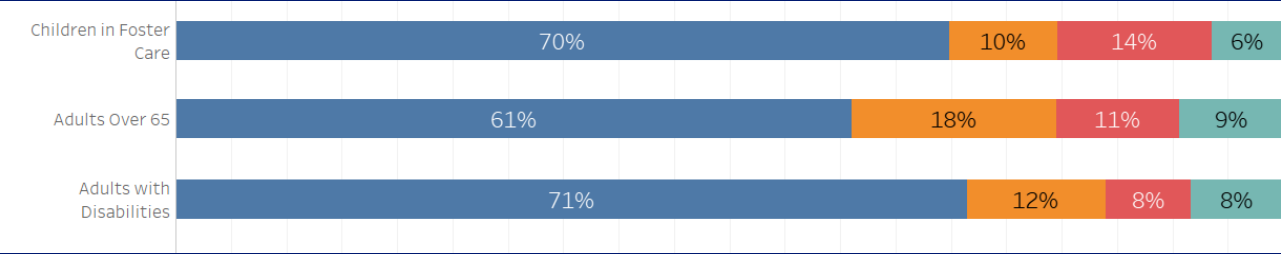


Condition Limited

*Does NOT include pregnant adults who transitioned to MAGI parent coverage after delivery



Consistent, Less
Economically Sensitive



Coverage After Delivery

- Most of the *lowest income* members who delivered while eligible via a pregnancy-related aid code retained eligibility for a full year after delivery (71%)
- Relatively few *higher income* members who delivered while eligible via a pregnancy-related aid code retained eligibility for a full year after delivery (16%)
- Analysis *excludes* emergency services only members

Covered: Eligible for Medicaid and/or, for a very small number of members, CHP+ all 12 months

Partial Coverage: Eligible for Medicaid or CHP+ for some months, not eligible other months

Not Covered: Not eligible for Medicaid or CHP+ during the 12 months

Percent of Members and the Median Number of Months without Eligibility

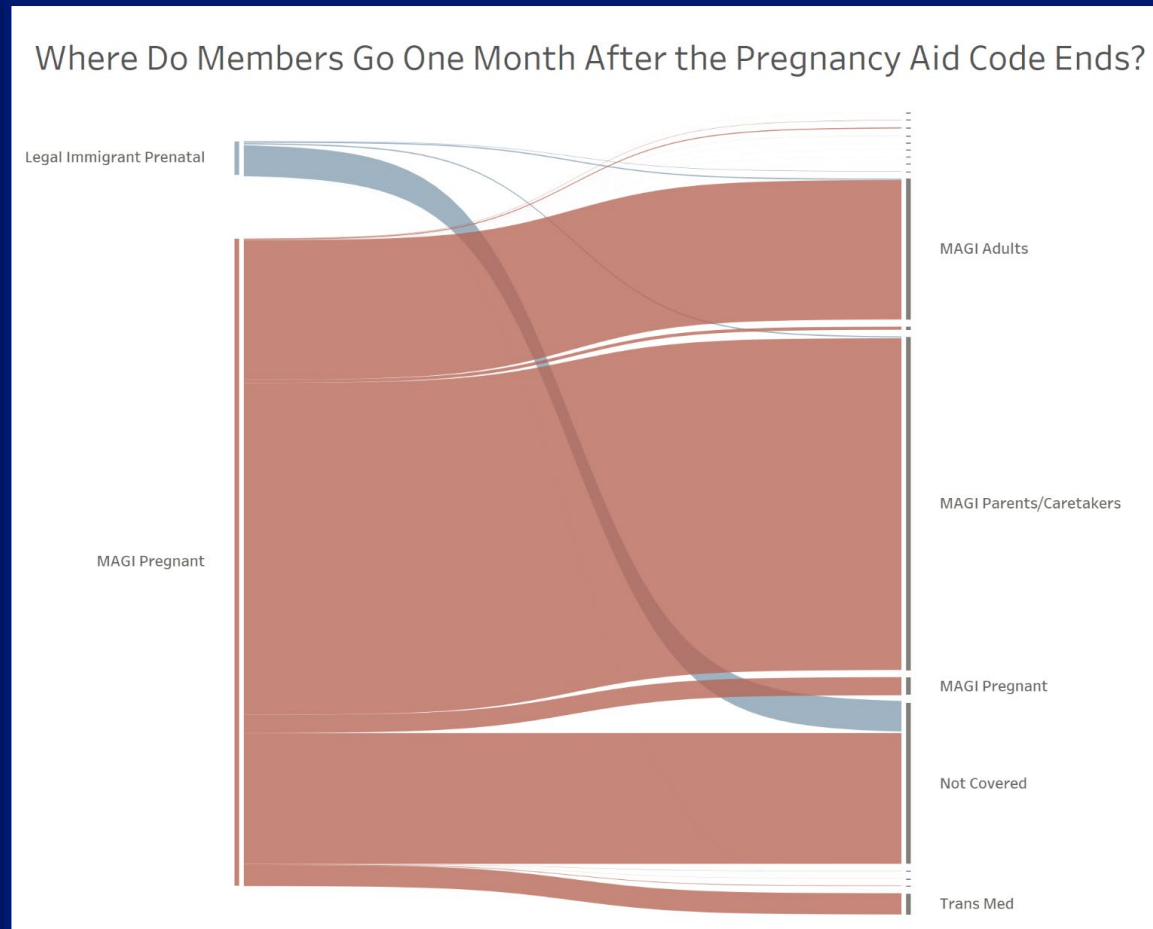


% of Total Distinct Members for each Fpl 133 Recode. Colour shows details about Cvrgr Sts Recode. The marks are labelled by % of Total Distinct Members and MEDIAN_GAP_MONTHS. The data is filtered on Aid Cd, Ems Only Ind and Excl 4 Fy20 Prg Sprn. The Aid Cd filter keeps HB and HP. The Ems Only Ind filter keeps N. The Excl 4 Fy20 Prg Sprn filter keeps N.

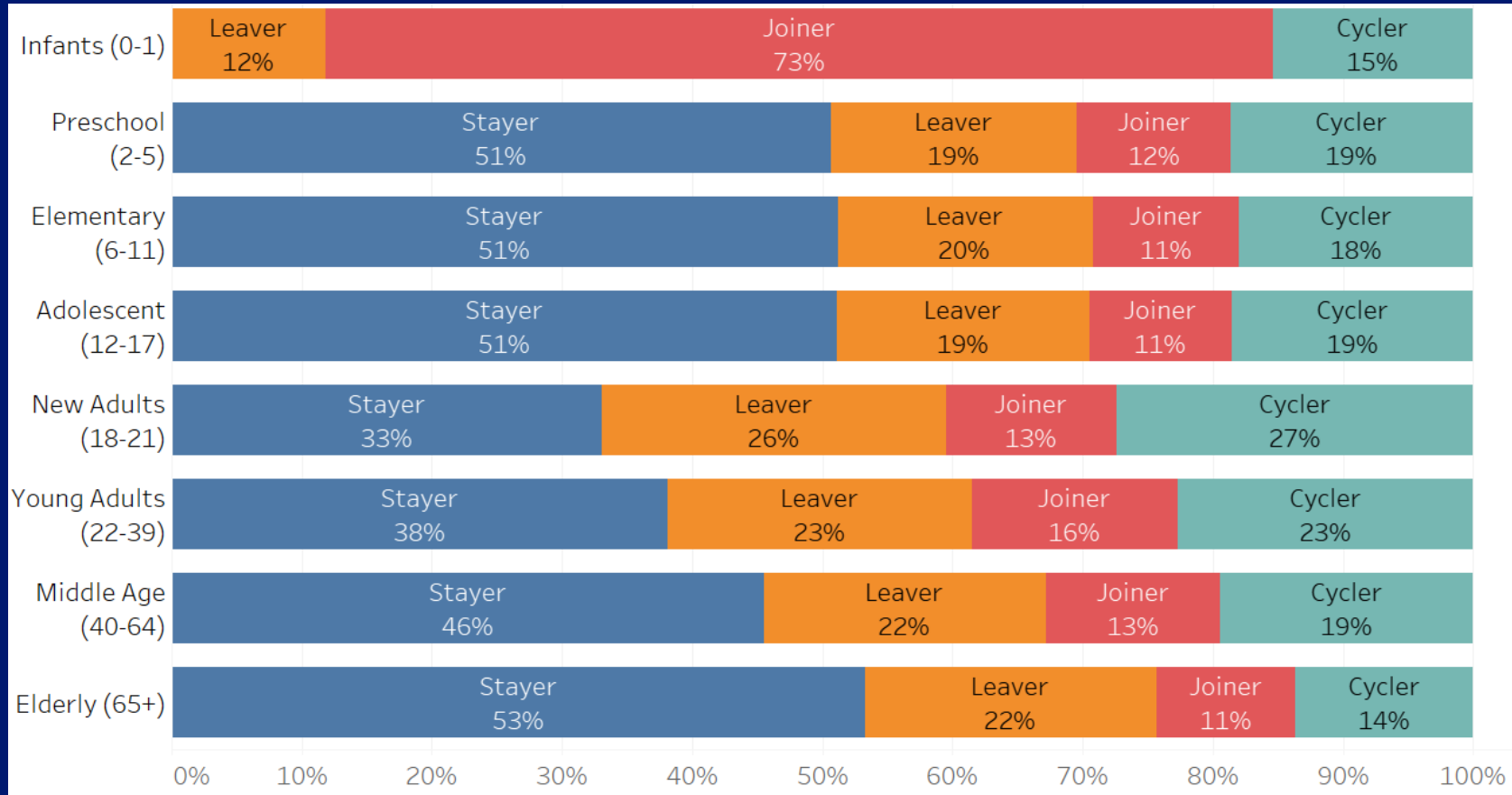
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Post-Delivery Transitions



Children & Older Adults are Most Likely to Stay*

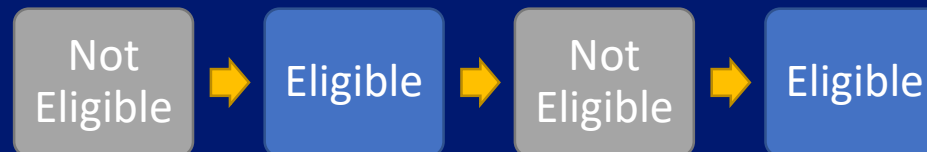
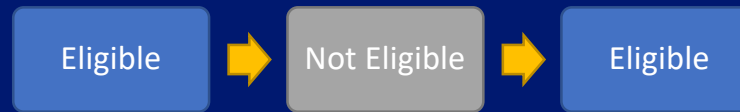


* Since this was a 24-month study, infants would NEVER be defined as 'stayers'.



Cyclers

Full circle of eligibility at least once during timeframe



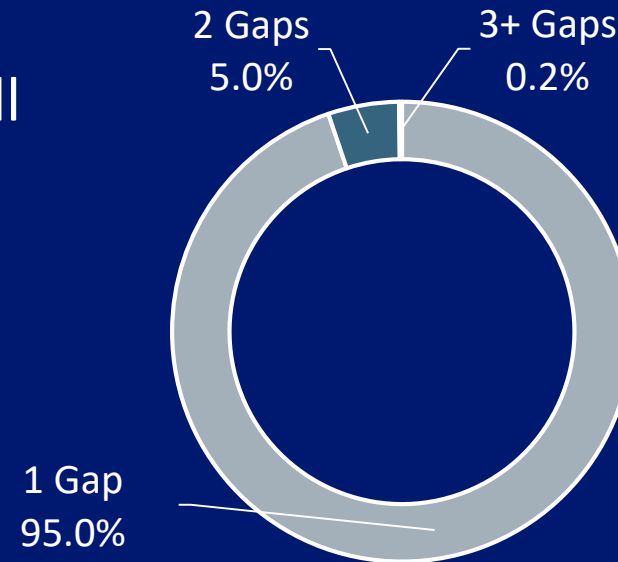
“Common Knowledge”

People frequently cycle on and off Medicaid

True: One in five members were cyclers

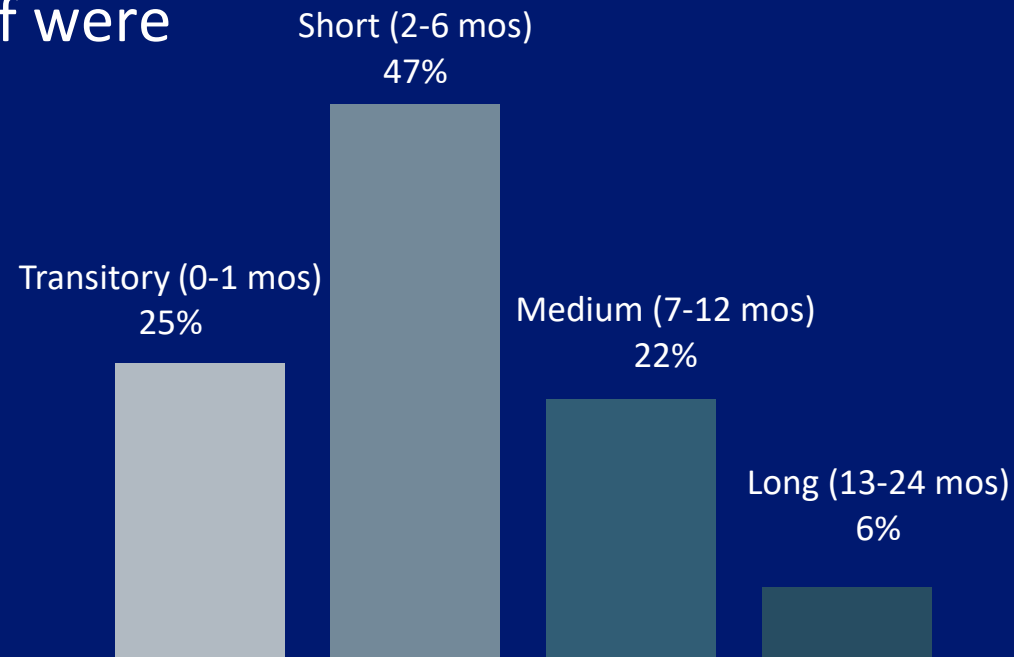
False: Specific individuals cycle frequently

95% of cyclers experienced only one full churn cycle during the study period



Cycler Gap Lengths

- One quarter of gaps were transitory (0-1 month)
- Almost another half were short (2-6 months)

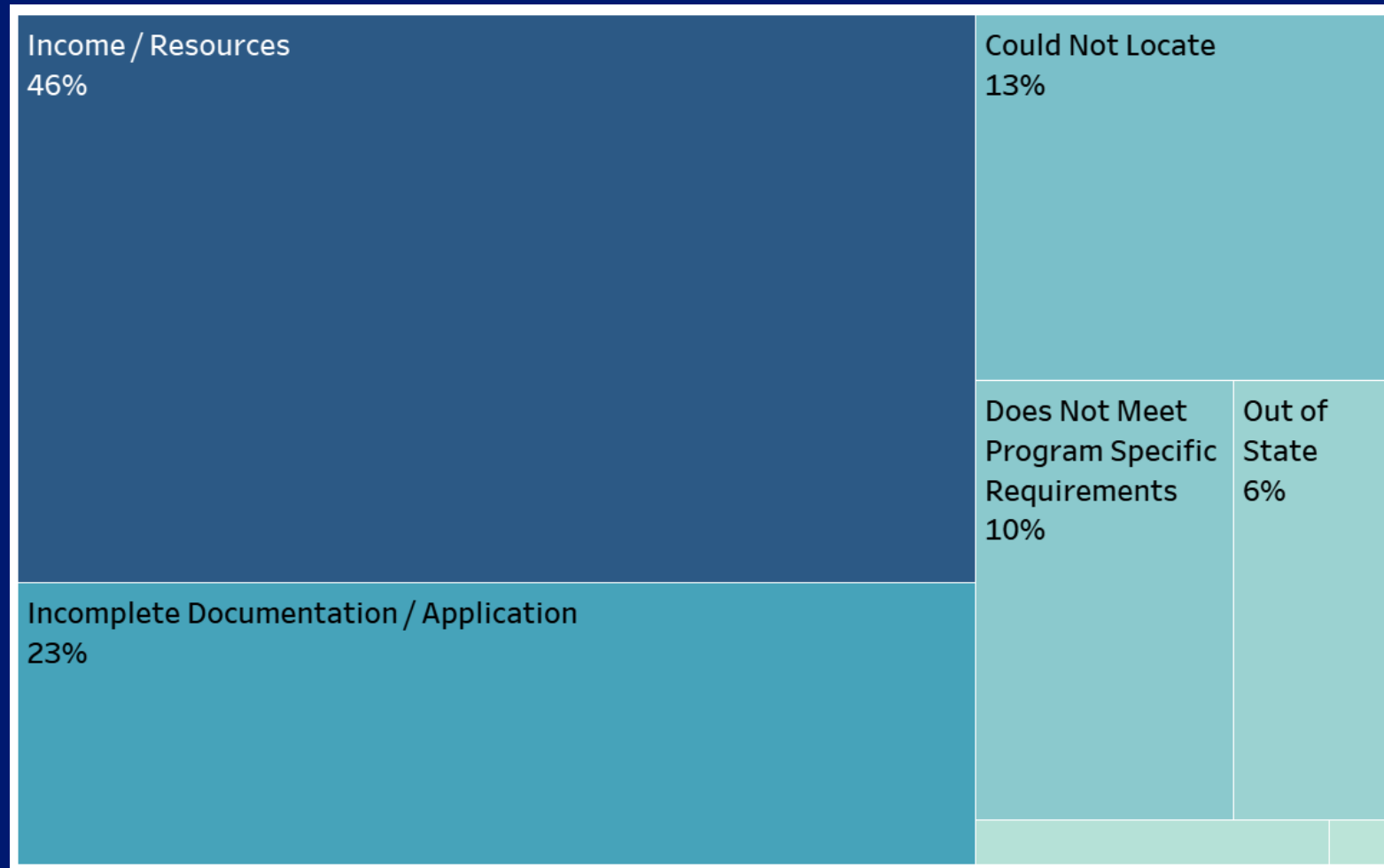


Primary Reasons for Leaving

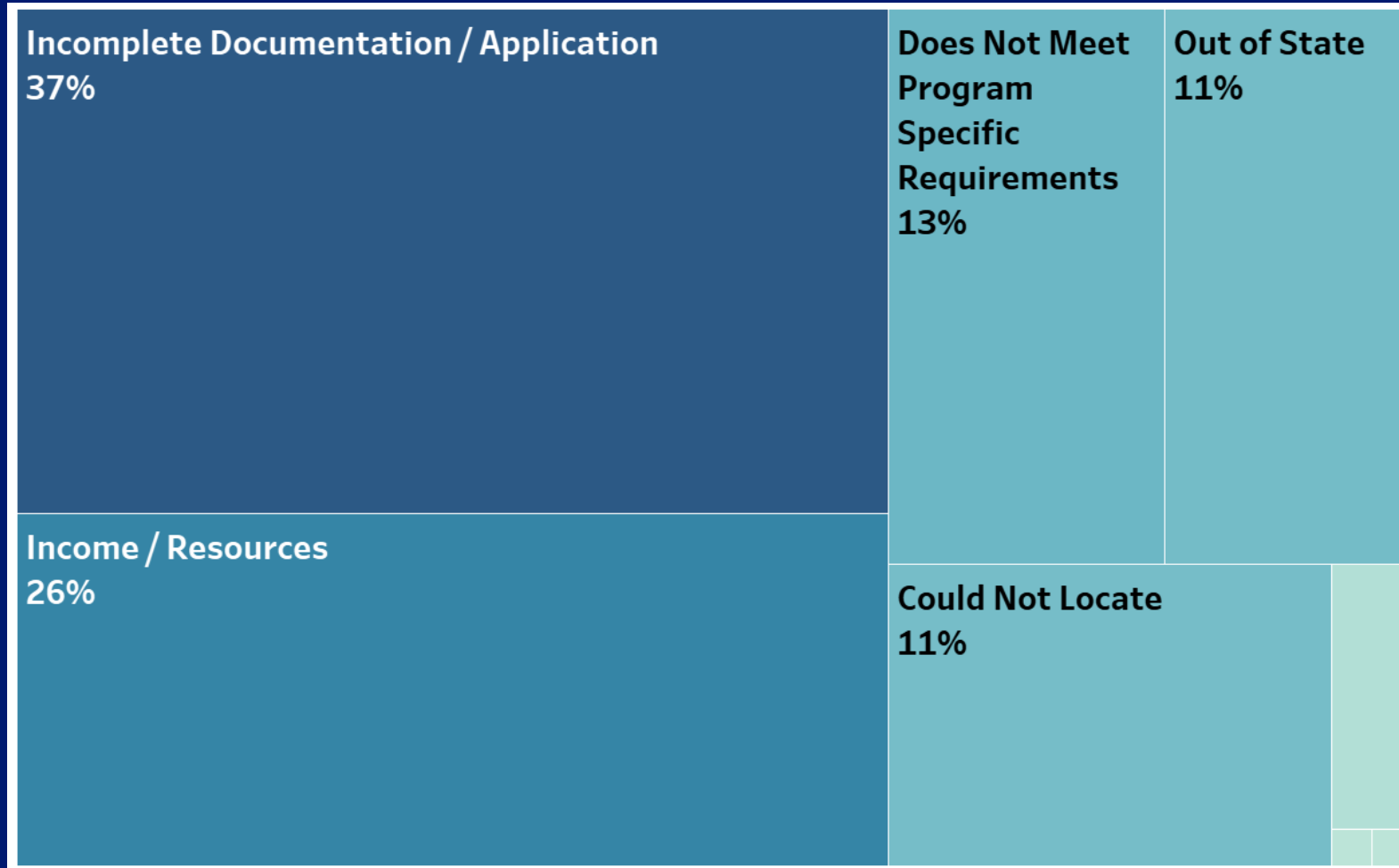
- Over Income
- Incomplete Re-application / Documentation
- Out of State
- Could Not Locate
- Does Not Meet Program Specific Requirements
- Death



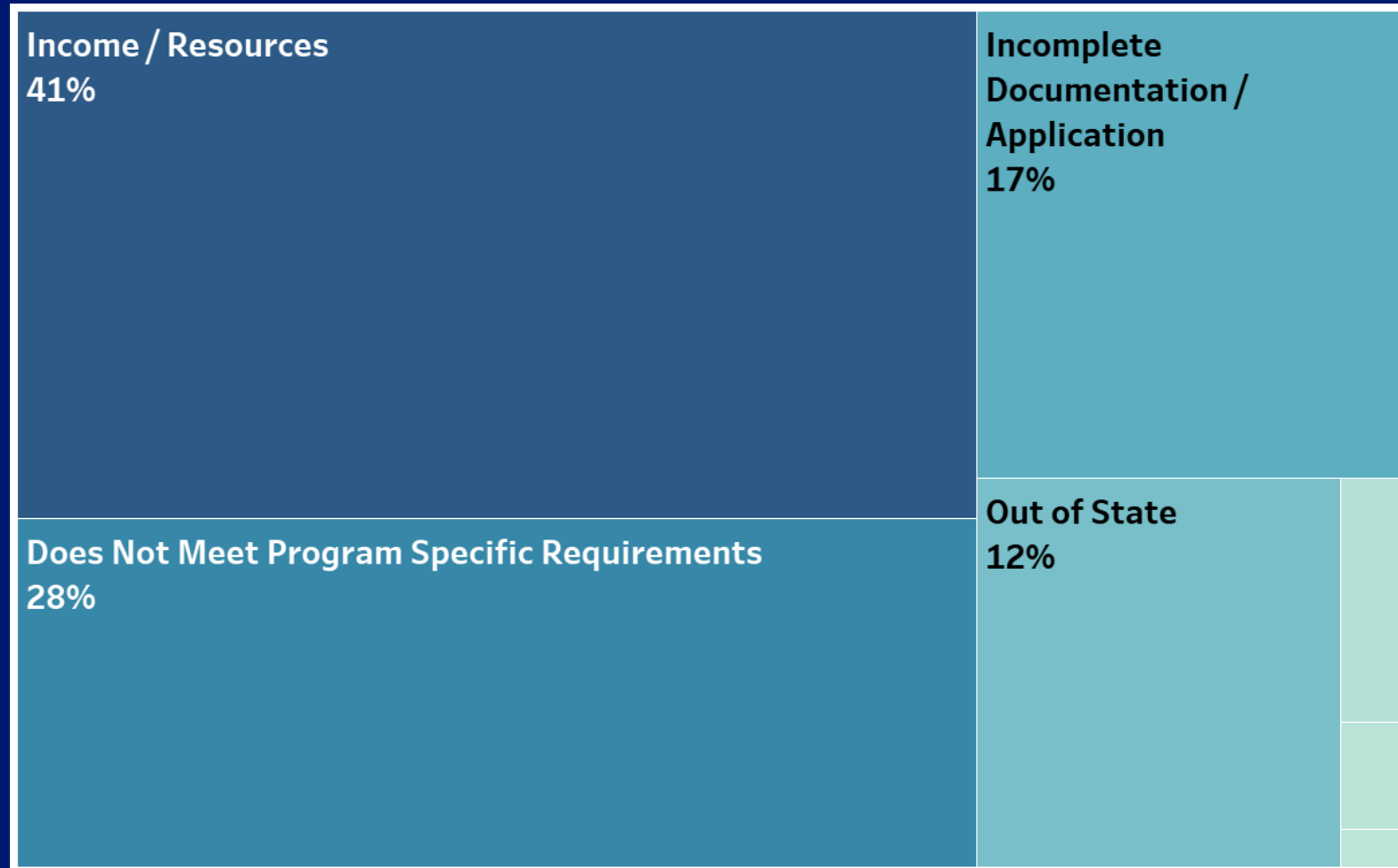
Low Income Adults: Over Income (46%), Incomplete Documentation (23%)



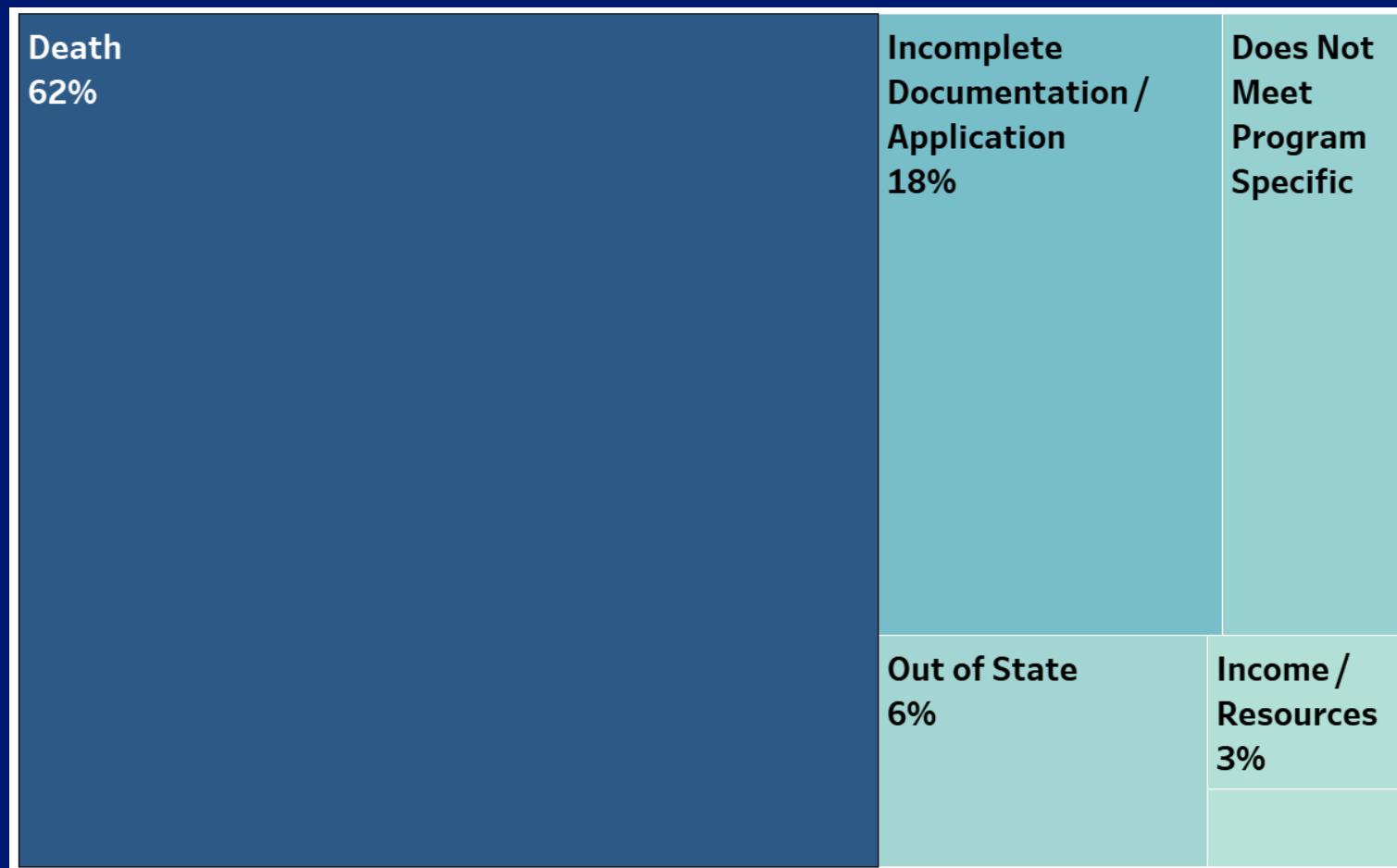
Low Income Children: Incomplete Documentation (37%), Over Income (26%)



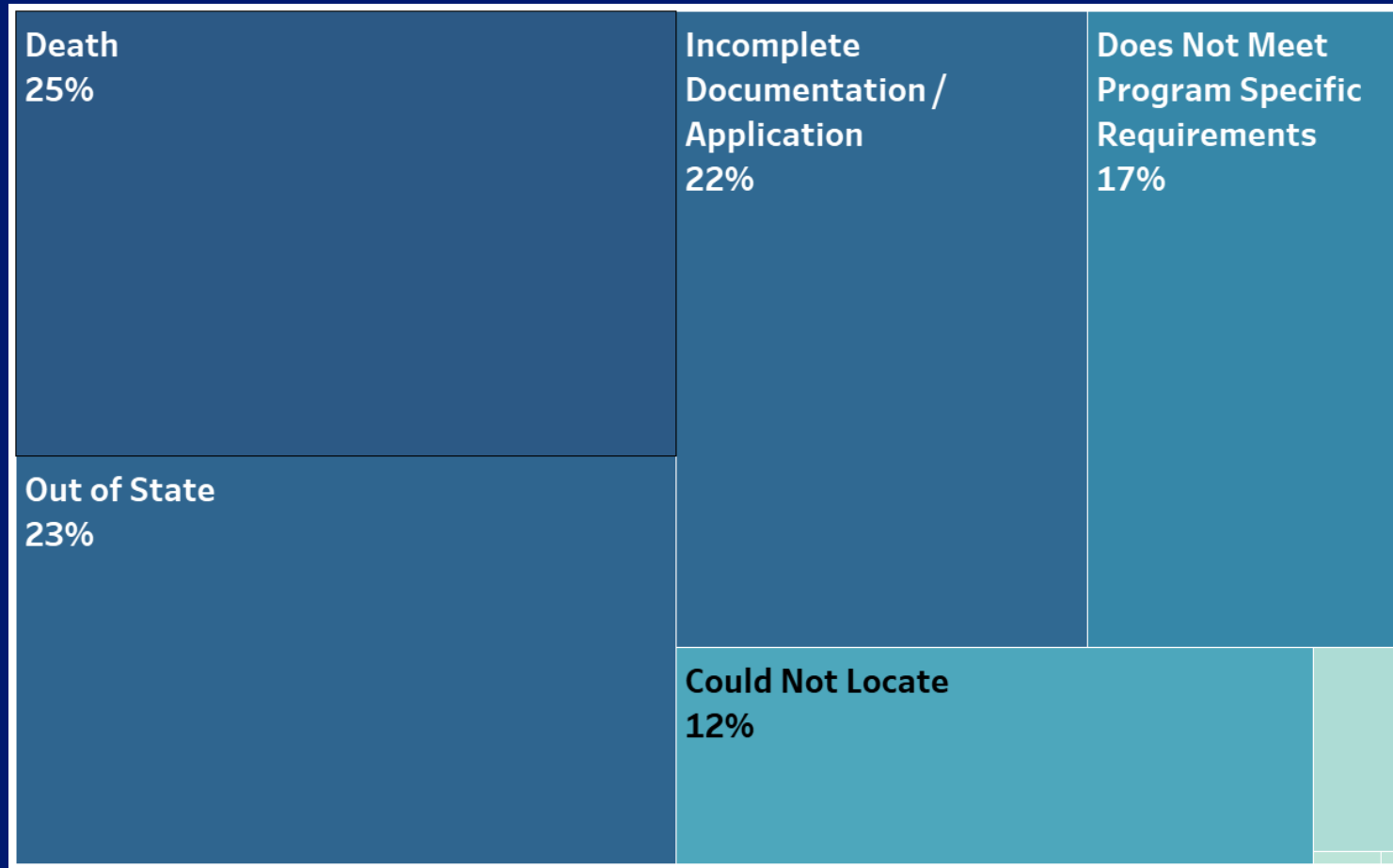
Pregnant Adults: Over Income (41%), Does Not Meet Program Requirements (28%)



Adults Over 65 Leavers: Death (62%), Incomplete Documentation (18%)



Adults with Disabilities EXCEPT Buy-In: Death (25%), Moving (23%), Documentation (22%)

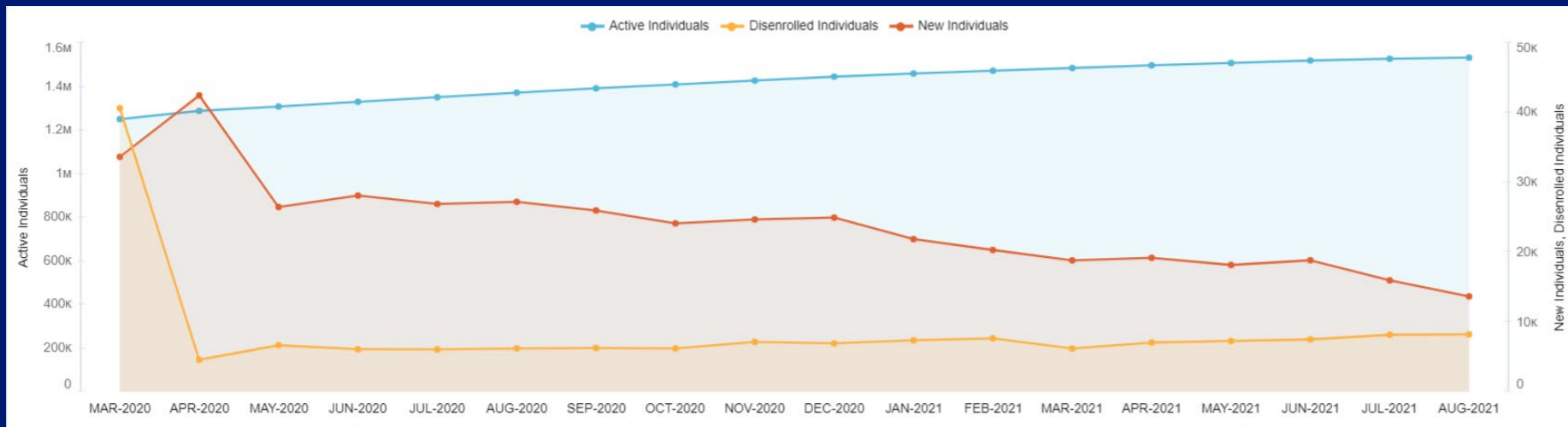


During the Public Health Emergency (PHE)

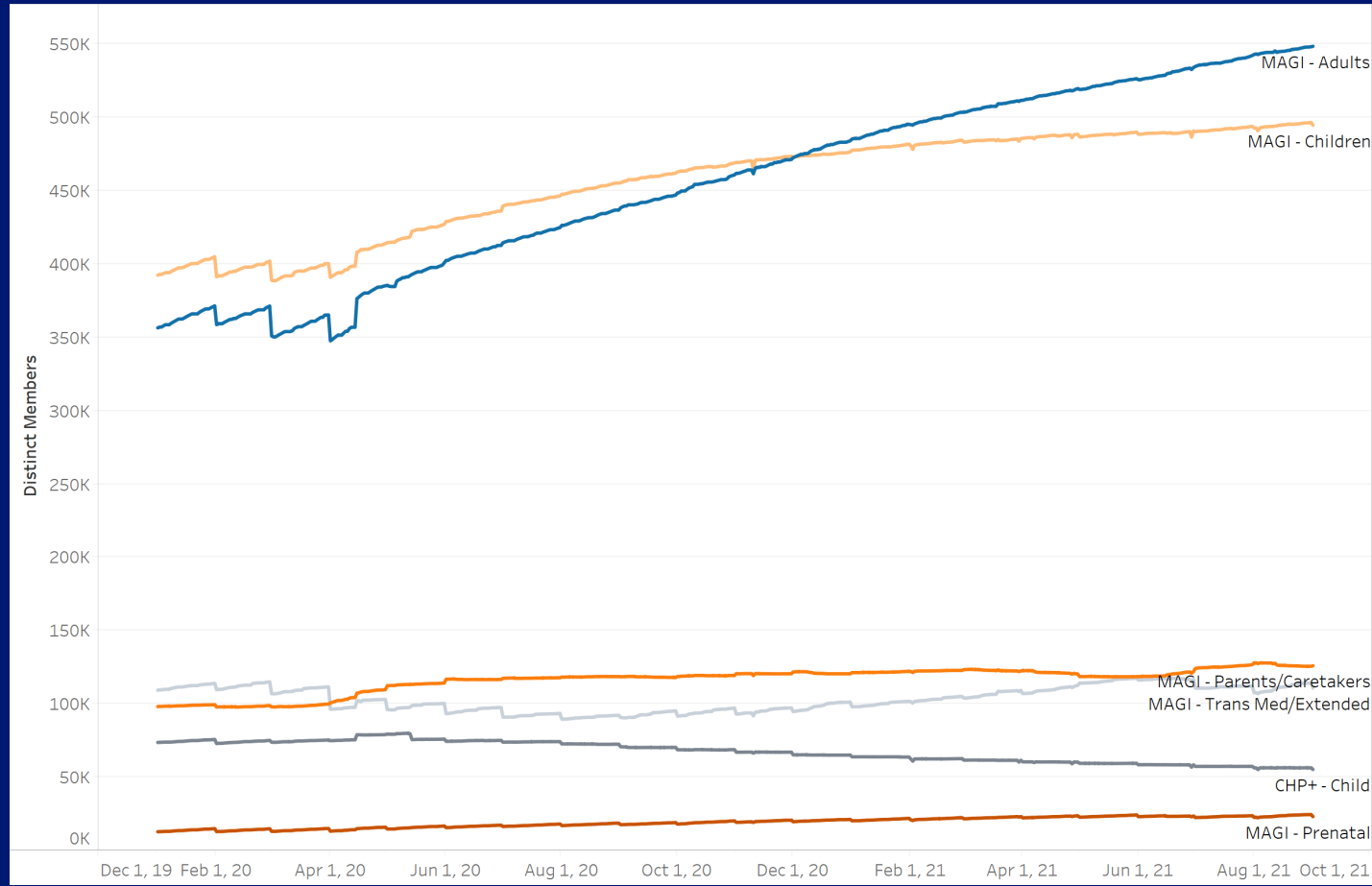


Caseload Grew by Over One Quarter

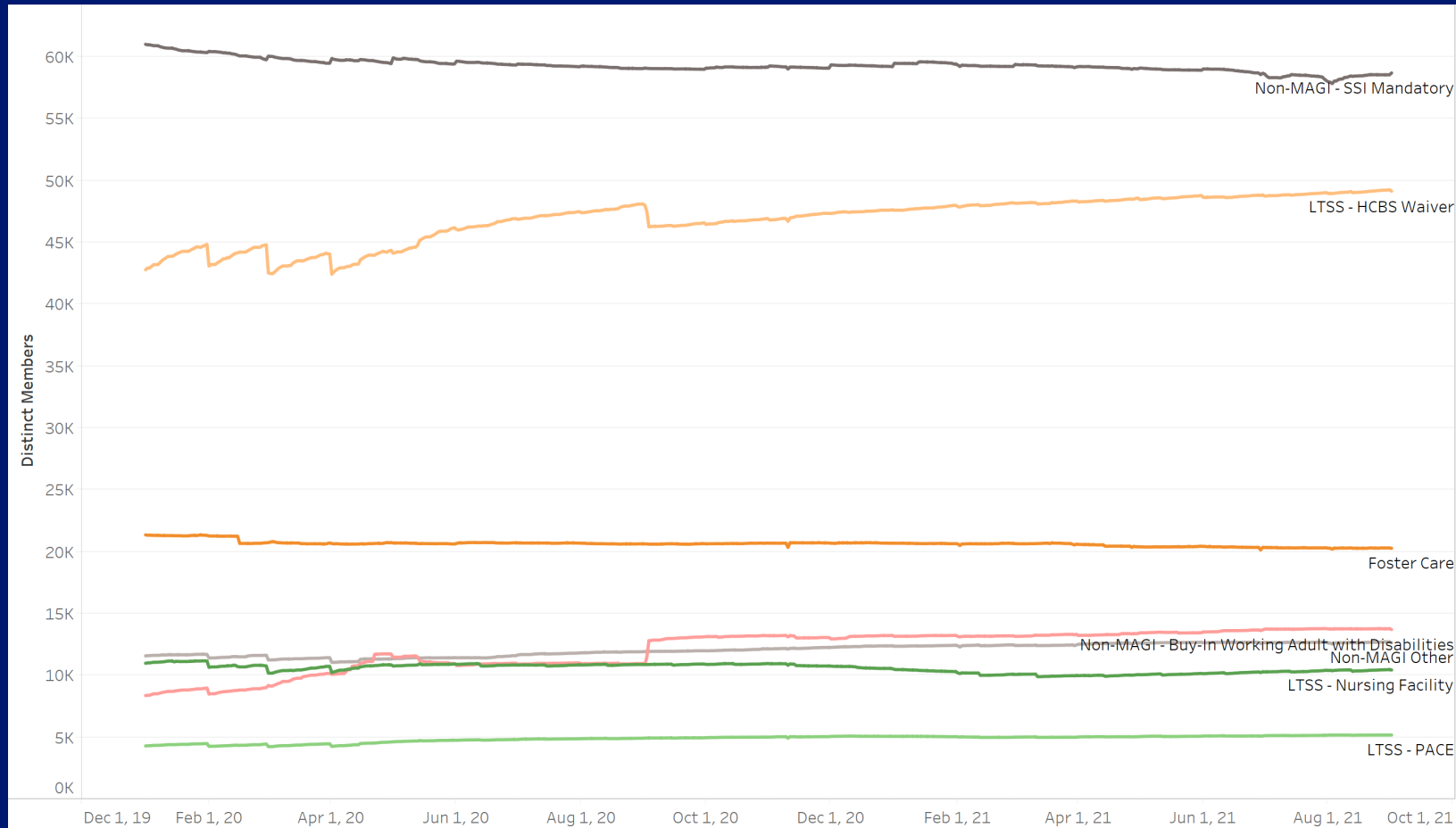
- The Colorado Medicaid population grew from 1.24 million in January 2020 to 1.57 million in August 2021
- Growth has slowed substantially over the past several months



Growth was Concentrated in MAGI Populations



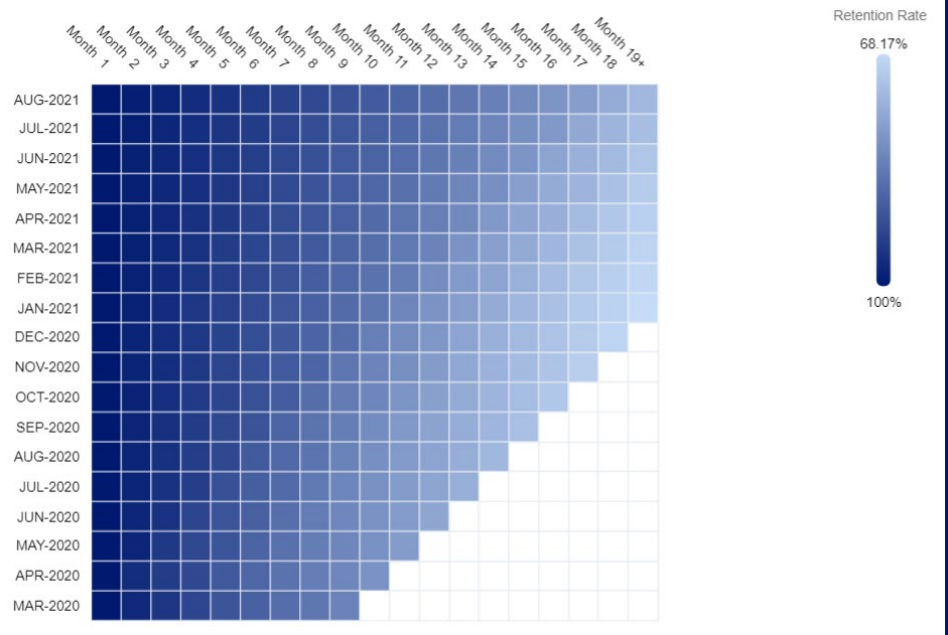
Modest Growth in Non-MAGI & Long Term Services & Supports Populations



Retention Rates

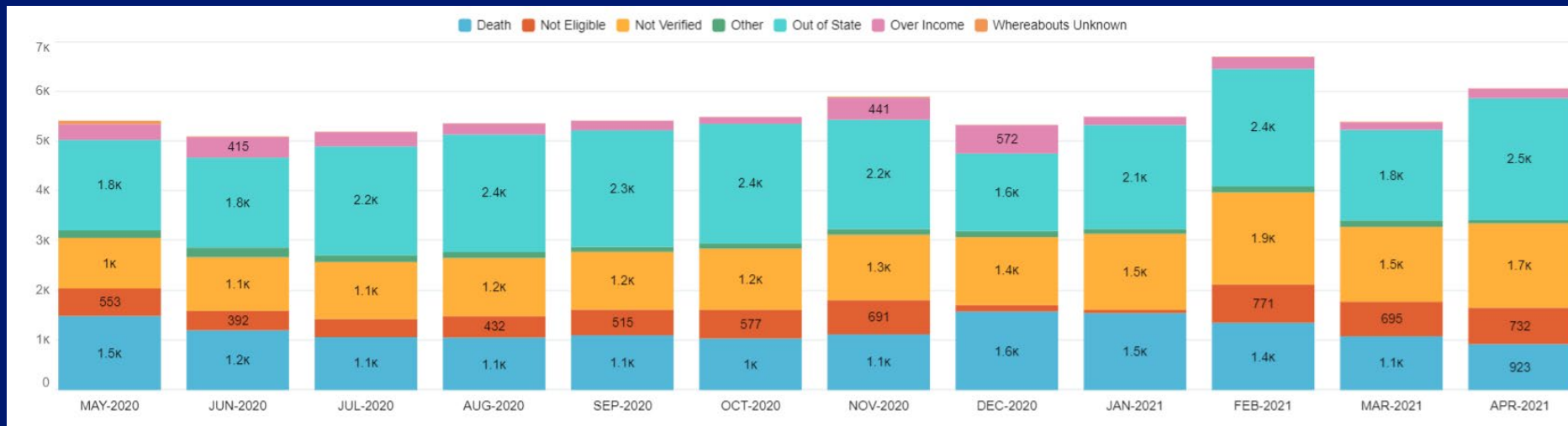
CMS Maintenance of Effort (MOE) requires states to maintain eligibility for the duration of the public health emergency

6-Month Retention Rate
94.52%
12-Month Retention Rate
86.29%
18-Month Retention Rate
75.83%



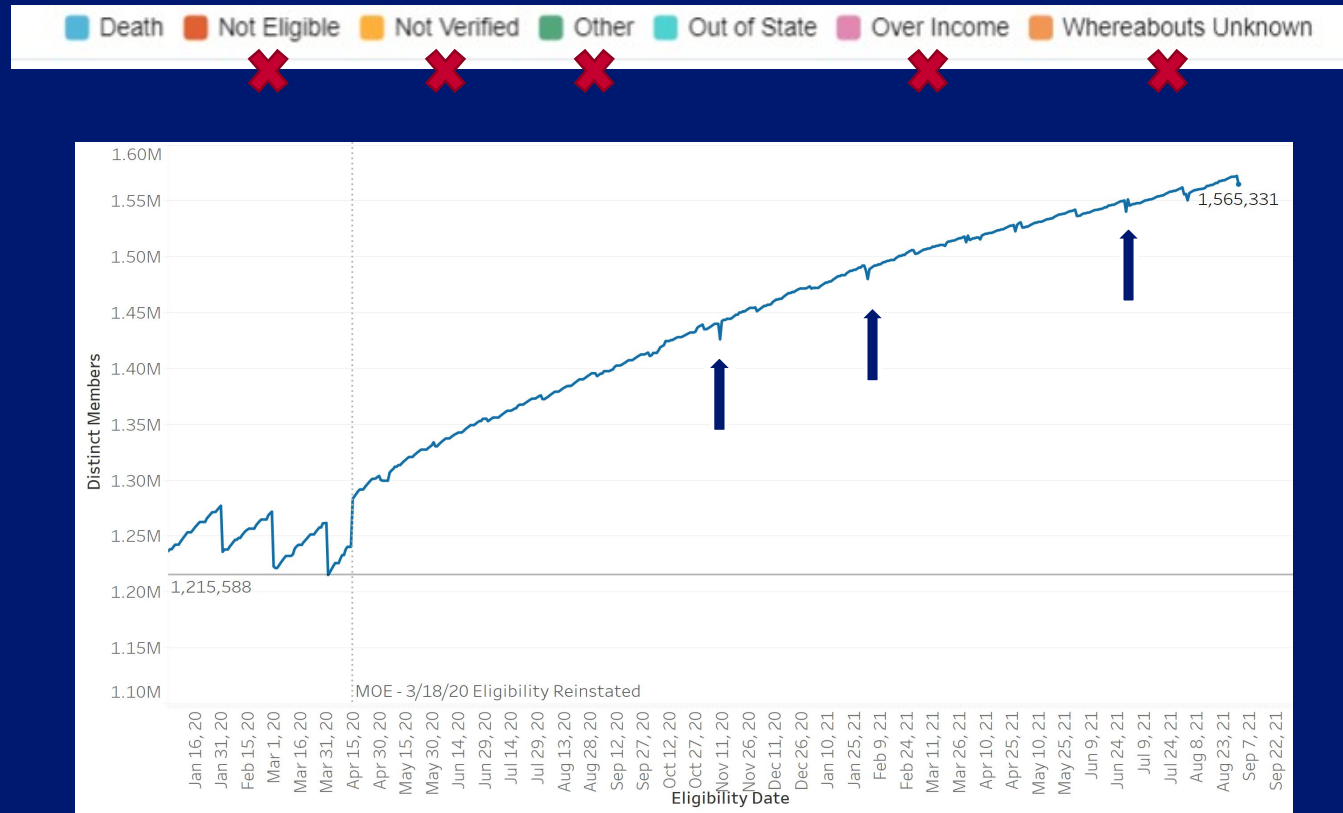
Maintenance of Effort Exceptions

- Moving Out of State
- Death



Disenrollment Noise

Automated 'disenrollment' for other reasons are corrected and the members are re-enrolled



After the Public Health Emergency



Post PHE Churn Monitoring

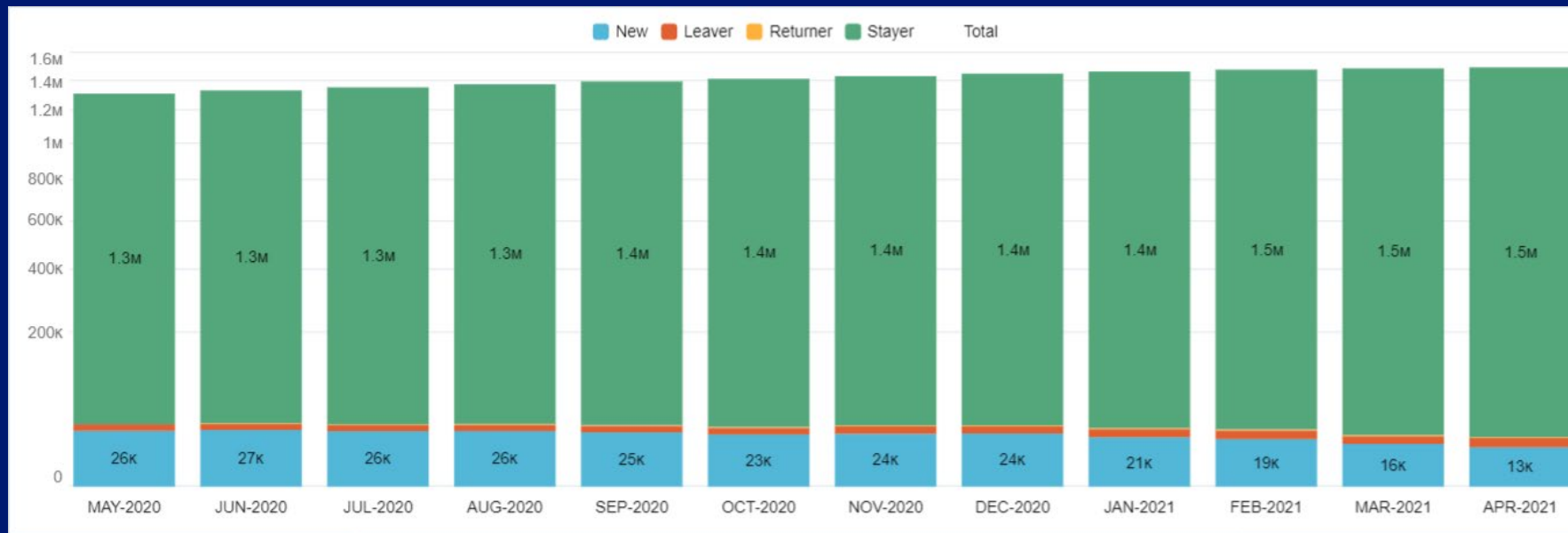
- Colorado has developed a Colorado Benefits Management System (CBMS) churn dashboard, updated monthly, that will be used to monitor trends after the public health emergency
- The dashboard is not public because it provides both full PHI and the capacity to drill down to aggregated data that does not meet Department Safe Harbor limitations



Caseload Activity

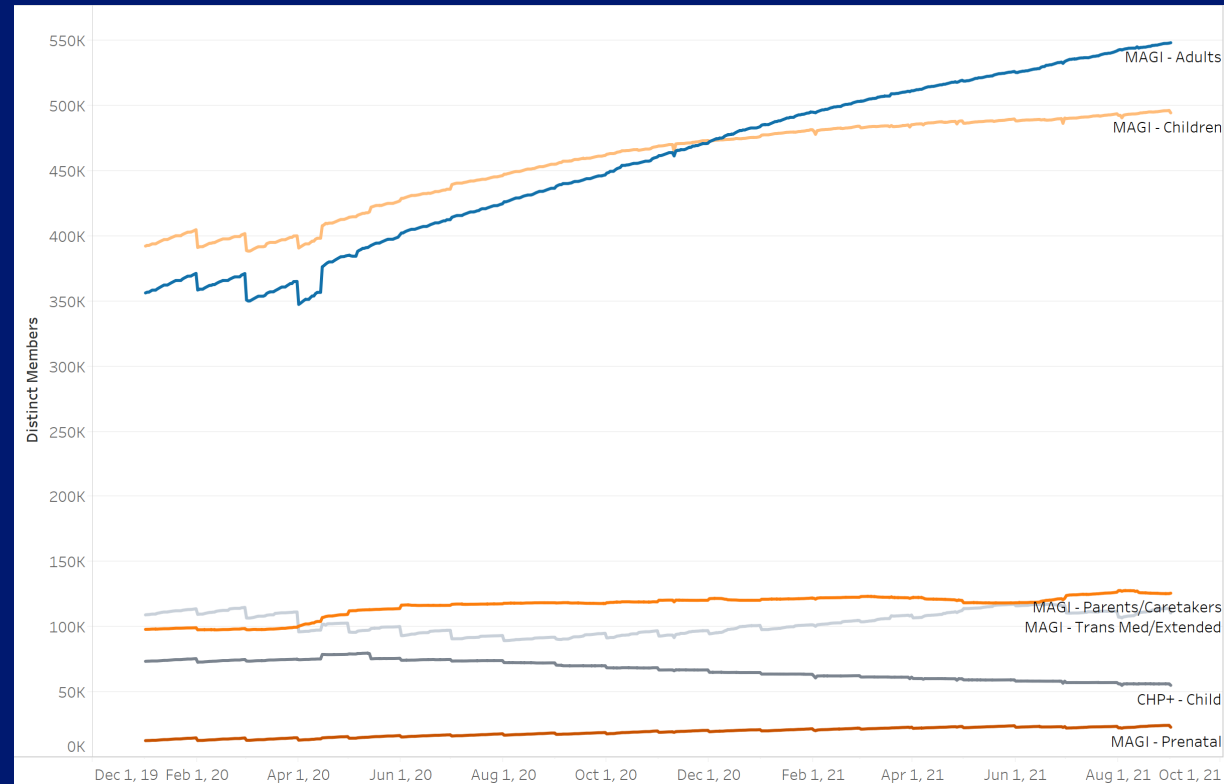
- Track the population by New, Leaver, Returner, and Stayer status

Note: The chart utilizes a logarithmic scale



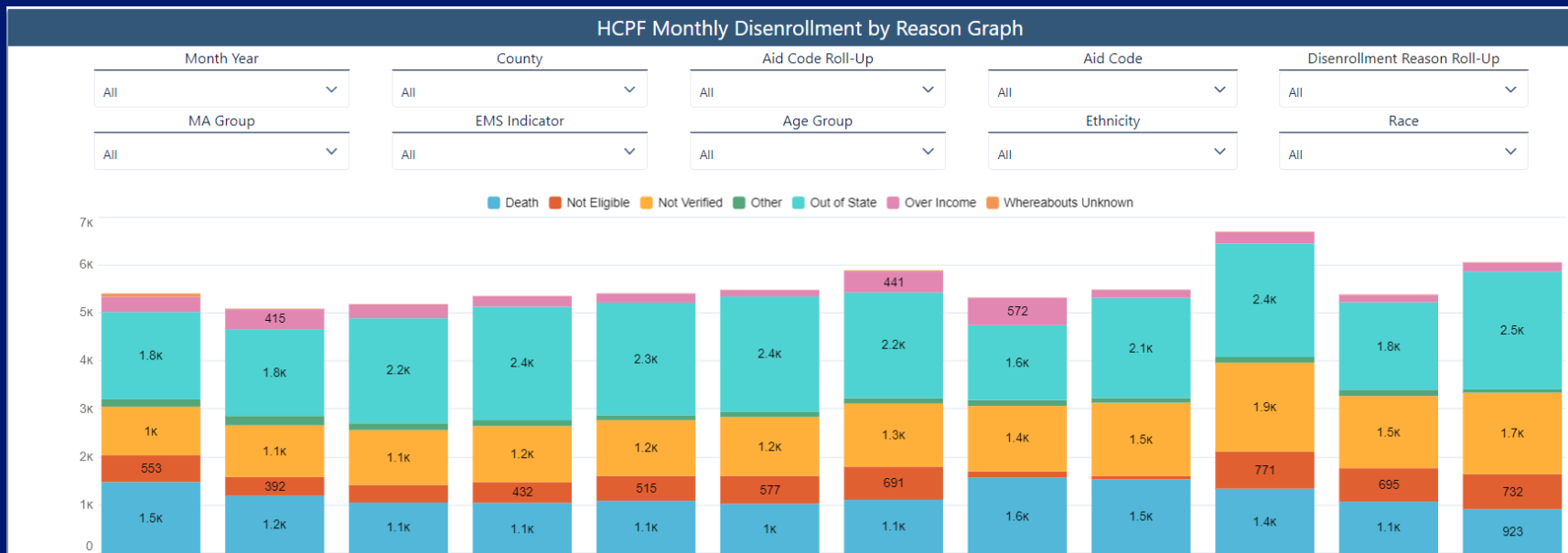
Reasonable to Anticipate that Post-PHE Disenrollment Will Be Heavily Weighted to Populations Most Likely to Churn Pre-PHE

- Low Income, Economically Sensitive
- Condition Limited

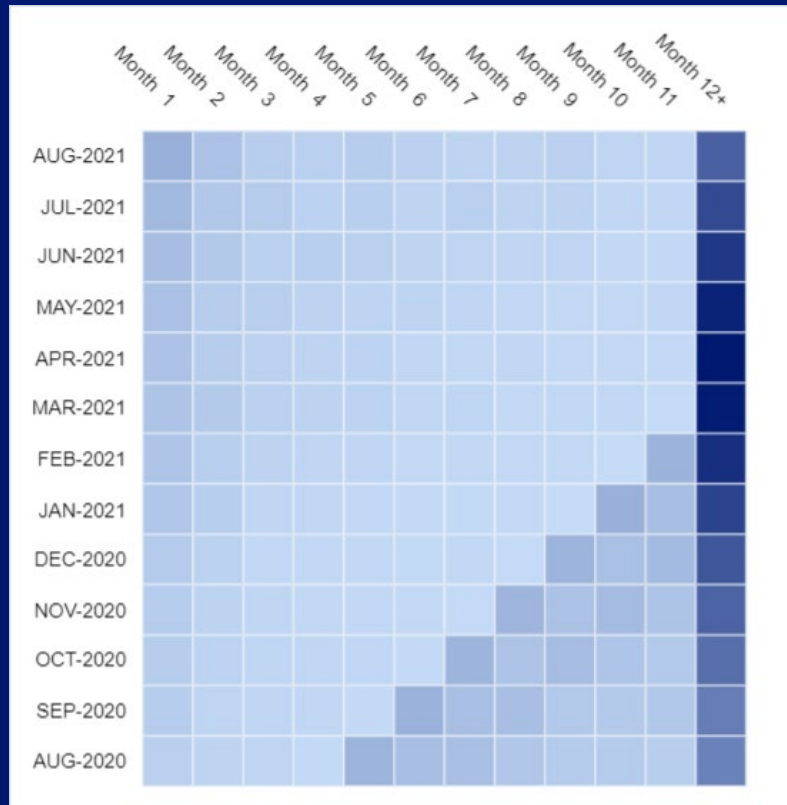


Track by Population Disenrollment Reasons

- Drill down by eligibility and demographic characteristics

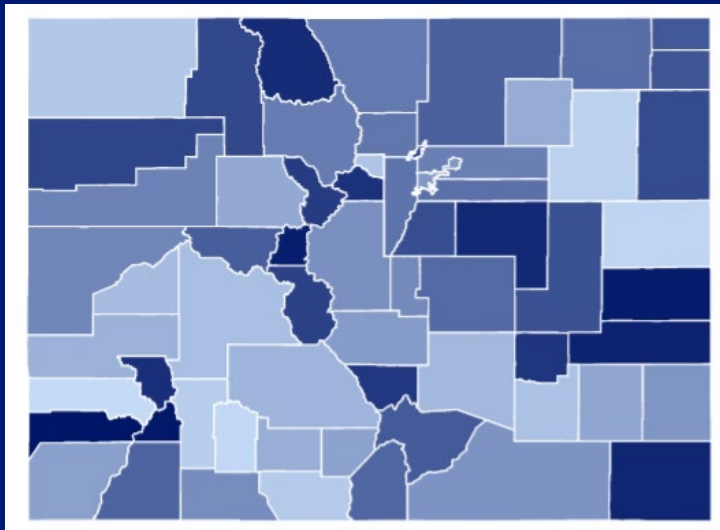


Gap Evaluation for Returning Members

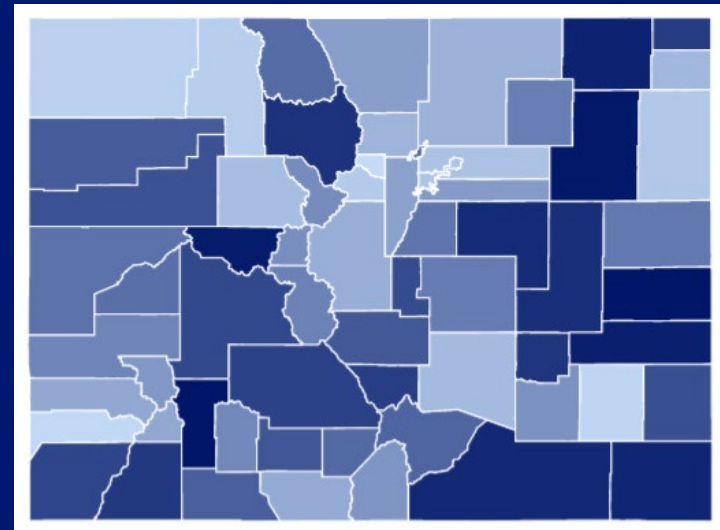


Maps for Geographic Trends

Churn On Rate



Churn Off Rate



Contact Info

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Thank you!



Questions? Suggestions?



Reach out to info@civhc.org



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Recording will be posted here:

www.civhc.org/about-civhc/news-and-events/event-resources/

Upcoming Webinars

October 21, 12-1MT – Where to Begin? New Community, State and National Measures to Help Communities Identify Triple Aim Opportunities

November 18, 12-1MT – RAND Center of Excellence on Health System Performance – Key Findings

