Cookies Notification

This site uses cookies. By continuing to browse the site you are agreeing to our use of cookies.

Find out more.

Accept

RESEARCH ARTICLE

HEALTH AFFAIRS > VOL. 34, NO. 7: MEDICAID'S EVOLVING DELIVERY SYSTEMS

Reducing Medicaid Churning: Extending Eligibility For Twelve Months Or To End Of Calendar Year Is Most Effective

Katherine Swartz, Pamela Farley Short, Deborah Roe

AFFILIATIONS >

Katherine Swartz (kswartz@hsph.harvard.edu) is a profethe Harvard T.H. Chan School of Public Health, in Boston.

Pamela Farley Short is a professor in the Department of I University, in University Park.

Deborah Roempke Graefe is a research associate at the University.

Namrata Uberoi is an analyst in health care financing at t

Insider Online Event

Journal Club: "FDA Breakthrough Therapy Designation Reduced Late-Stage Drug Development Times"

Tueday, July 23, 2024 | 3-4 pm EDT

Register here!

PUBLISHED: JULY 2015 No Access https://doi.org/10.1377/hlthaff.2014.1204

⊍ View Article

Abstract

Medicaid churning—the constant exit and reentry of beneficiaries as their eligibility changes—has long been a problem for both Medicaid administrators and recipients. Churning will continue under the Affordable Care Act because, despite new federal rules, Medicaid eligibility will continue to be based on current monthly income. We developed a longitudinal simulation model to evaluate four policy options for modifying or extending Medicaid eligibility to reduce churning. The simulations suggest that two options—extending eligibility either to the end of a calendar year or for twelve months after enrollment—would be the most effective methods for reducing churning. The other options—a three-month extension or eligibility based on projected

annual income—would reduce churning to a lesser extent. States should consider implementation of the option that best balances costs while improving access to coverage and, thereby, the health of Medicaid enrollees.

TOPICS

MEDICAID | MEDICAID ELIGIBILITY | CASELOADS | AFFORDABLE CARE ACT | COST REDUCTION | MARKETPLACE ELIGIBILITY | BENEFICIARIES | CLINICAL CARE | ELIGIBILITY <u>VERIFICATION</u> | <u>CODE OF FEDERAL REGULATIONS</u>

Health Affairs Comment Policy

Comment moderation is in use. Please do not submit your comment twice -- it will appear shortly.

Got it

Please read our Comment Policy before commenting.

0 Comments





LOG IN WITH

OR SIGN UP WITH DISQUS (?)

















Share

Best

Newest Oldest

Be the first to comment.







DISQUS

Health Affairs

1220 19th Street, NW, Suite 800 Washington, DC 20036 T 202 408 6801 F 301 654 2845

customerservice@healthaffairs.org

TOPICS

Access & Use

Costs & Spending

COVID-19

Health Equity

Health Reform

Leading To Health

More Topics

CONTENT

Journal

Forefront

Scholar

Briefs

Events

Podcasts

Collected Works

INFORMATION FOR

Authors

Request For Abstracts

Reviewers

Subscribers

Advertisers

Media News Room

Funders

Event Attendees

SERVICES & RESOURCES

Submit Content

Subscribe

Renew

Membership

Manage My Account

Purchase Content

Permissions

Alerts

Newsletter Sign Up

Advertising Kit

HEALTH AFFAIRS

About

Impact Report

Terms & Conditions

Privacy Policy

Jobs At Health Affairs

Fellowships

Contact Us









Winner



Terms and conditions Privacy Project HOPE

Health Affairs is pleased to offer Free Access for low-income countries. Health Affairs gratefully acknowledges the support of many funders.

Health Affairs is an official journal of AcademyHealth.





Project HOPE is a global health and humanitarian relief organization that places power in the hands of local health care workers to save lives across the globe. Project HOPE has published Health Affairs since 1981.

Copyright 1995 - 2024 by Project HOPE: The People-to-People Health Foundation, Inc., eISSN 1544-5208.