

# CHURN PATTERNS AMONG YOUTH MEDICAID BENEFICIARIES IN NORTH CAROLINA: 2016-2018

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## WHAT IS CHURN?

When someone "churns" in Medicaid, **they lose and regain coverage in a short period of time**. This coverage gap is often caused by administrative barriers, meaning the person **may always have been eligible for Medicaid**.

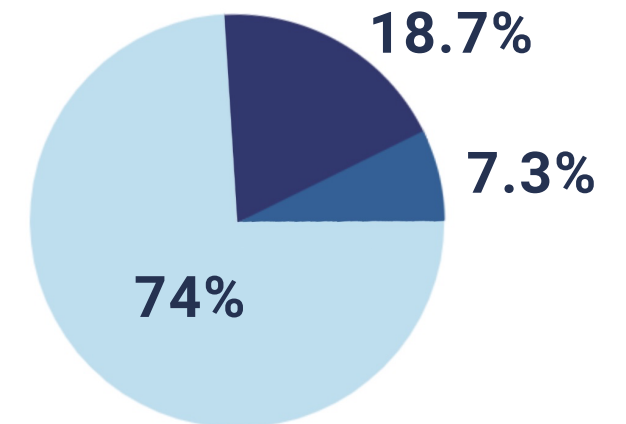
Of North Carolina youth who lose coverage, over **1 in 4** regained coverage within a year, suggesting that eligible youths experience coverage disruptions.

Those who lose coverage can experience **3 types of gaps** in coverage.

## PERCENT EXPERIENCING MEDICAID COVERAGE GAP BY TYPE

### MEDICAID COVERAGE GAP TYPE

- CHURN: 1-6 MONTH GAP
- POSSIBLE CHURN: 7-11 MONTH GAP
- LOSS OF COVERAGE: 12+ MONTHS WITHOUT MEDICAID



## WHY DO WE CARE ABOUT CHURN?

Short term disruptions in care **lead to worse health outcomes and can be expensive**. North Carolina's transition to Medicaid Managed Care has the potential to increase churn. Identifying a baseline now may help stakeholders understand and intervene on disparities and barriers to enrollment.

### NEGATIVE IMPACTS OF CHURN



Increased administrative and health care costs



Delays in necessary care for youth

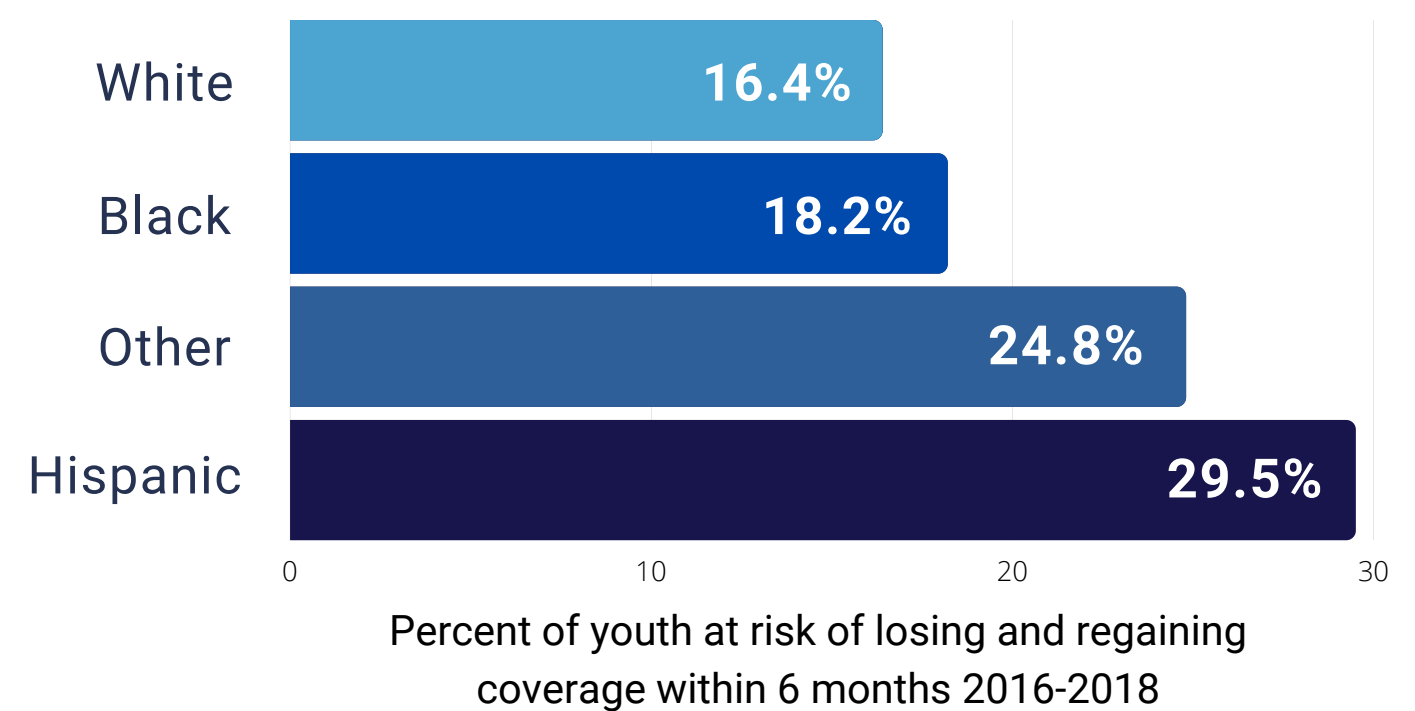


Youths more likely to need emergency services

## RACIAL/ETHNIC DISPARITIES

**Latinx youth had nearly twice the risk of churning (30%)** compared to non-Latinx youth. Identifying key groups that might benefit from increased outreach to prevent coverage disruptions will help address existing disparities. Members of other races also experienced high rates of churn.

### HISPANIC YOUTH EXPERIENCED THE HIGHEST RISK OF CHURN



## WHAT CAN WE DO TO PREVENT CHURN?

- 1. Simplify and streamline Medicaid enrollment.** Youth already qualified for programs like WIC or SNAP could use express lane eligibility to facilitate Medicaid enrollment.
- 2. Engage with key community members** to understand barriers to continued Medicaid insurance coverage and develop community-based solutions.
- 3. Expand Medicaid.** States with expanded Medicaid often have lower rates of churn and uninsurance. Because parent and child health are connected, expanding Medicaid to cover more low-income parents may also improve youth health.



More medically complex youth are less likely to churn than healthier, less costly enrollees. Therefore, **preventing churn in youth has a modest impact on health care cost savings**.

North Carolina Medicaid's transition from a fee-for-service payment model to managed care has the potential to increase risk of churn both off of Medicaid and between managed care plans.

Carefully monitoring Medicaid enrollment patterns may help address issues and disparities.

[CLICK HERE FOR MORE INFORMATION & CITATIONS](#)