

# Continuity of Medicaid Coverage Improves Outcomes for Beneficiaries and States

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## OVERVIEW

**Numerous studies illustrate the benefits of continuous enrollment in Medicaid. Continuous coverage improves beneficiaries' health, lowers spending per individual, and eases administrative burden for states. In contrast, beneficiaries with disruptions in coverage are more likely to have unmet medical needs, unfulfilled prescriptions, and medical debt.**

Medicaid eligibility fluctuates for beneficiaries whose income changes throughout the year or who experience coverage gaps due to delays in re-determination. This movement in and out of Medicaid, commonly referred to as churn, can be disruptive for individuals and their health-care while increasing costs for states and the federal government.

As Medicaid reform efforts continue at the state and federal levels, it is important for policymakers to consider policies that support continuity of coverage in the interest of improving individuals' health outcomes while reducing costs. Medicaid managed care organizations are ready partners to work with states and other stakeholders to identify strategies that can prevent gaps in care while supporting states' goals for their Medicaid programs.

### Topics

- Continuity of coverage and health outcomes
- Impact of enrollment continuity on spending

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