

Potential Roles for Safety Net Providers in Supporting Continuity across Medicaid and Health Insurance Exchanges

Overview of Study Findings

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Context

- 30 million people newly eligible under the Affordable Care Act (ACA)
- Considerable churn expected between Medicaid and the exchange
- Disruptions in coverage can lead to expensive disruptions in care
- Many of those who will become newly insured already interact with the safety net (SN)
- The safety net may be a bridge between Medicaid and the exchange



Methods

- Queries of Medicaid directors and exchange directors or planning leads on engagement of SN in implementation work
- Key informant interviews with national associations, researchers, representatives of Medicaid, exchanges, key state safety net providers
 - Focus on current safety net practices and potential role for safety net under the ACA



Key Findings: Promoting Continuous Enrollment

- Many safety net providers play a key role in outreach, education, and enrollment currently, see that as continuing
- Education will be especially important to new populations
- Both confidence and concern with SN providers as navigators
- Federal mandates sometimes connect these providers to their communities, require eligibility & enrollment services



Key Findings: Promoting Continuous Care

- Safety net providers must strive to be a first choice for high quality care
- Opportunities to have Medicaid managed care plans help bridge the gap, but some safety net plans not prepared
- Federal rules on essential community providers leave states with a lot of flexibility – and some providers of specialized services are nervous



Key Considerations for State Policymakers

- All SN providers will need to evolve, but considerations will vary for different types of providers
- May be easier for larger SN providers to adjust, specialized SN providers may have the most difficulty
- Some providers will need to learn to bill, negotiate contracts, or decide if they are still a sustainable model
- Financing considerations for Federally Qualified Health Centers (FQHCs), disproportionate share hospitals (DSH)
- Promoting access to high-quality care
- Important for safety net to have a voice in discussion



Conclusion

- It is early in the conversation, but states are thinking about the safety net's role
- The safety net will continue to be necessary and helpful after ACA implementation, including caring for remaining uninsured
- But roles will change, and safety net providers will need to change their practices and adapt to a changing environment



Project Information

- Research team: Andy Snyder, Jennifer Dolatshahi, Catherine Hess, Sarah Kinsler
- Look for the report soon at <http://nashp.org/providers-and-services/safety-net-providers>
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