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

Overview of Study Findings

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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

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- Look for the report soon at http://nashp.org/providers-and-services/safety-net-providers

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