



# Continuous Eligibility in Medical Assistance: A Step Toward Better Health and Racial Equity

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**Gender pronouns: he/him/his**

# Recognition of past trauma and abuse

The state of Minnesota and the Department of Human Services recognize the trauma, medical abuse, and discrimination that have happened to our Black, Native/American Indian, people of color, disability, and LGBTQ+ communities, leading to distrust in medicine and social service providers.

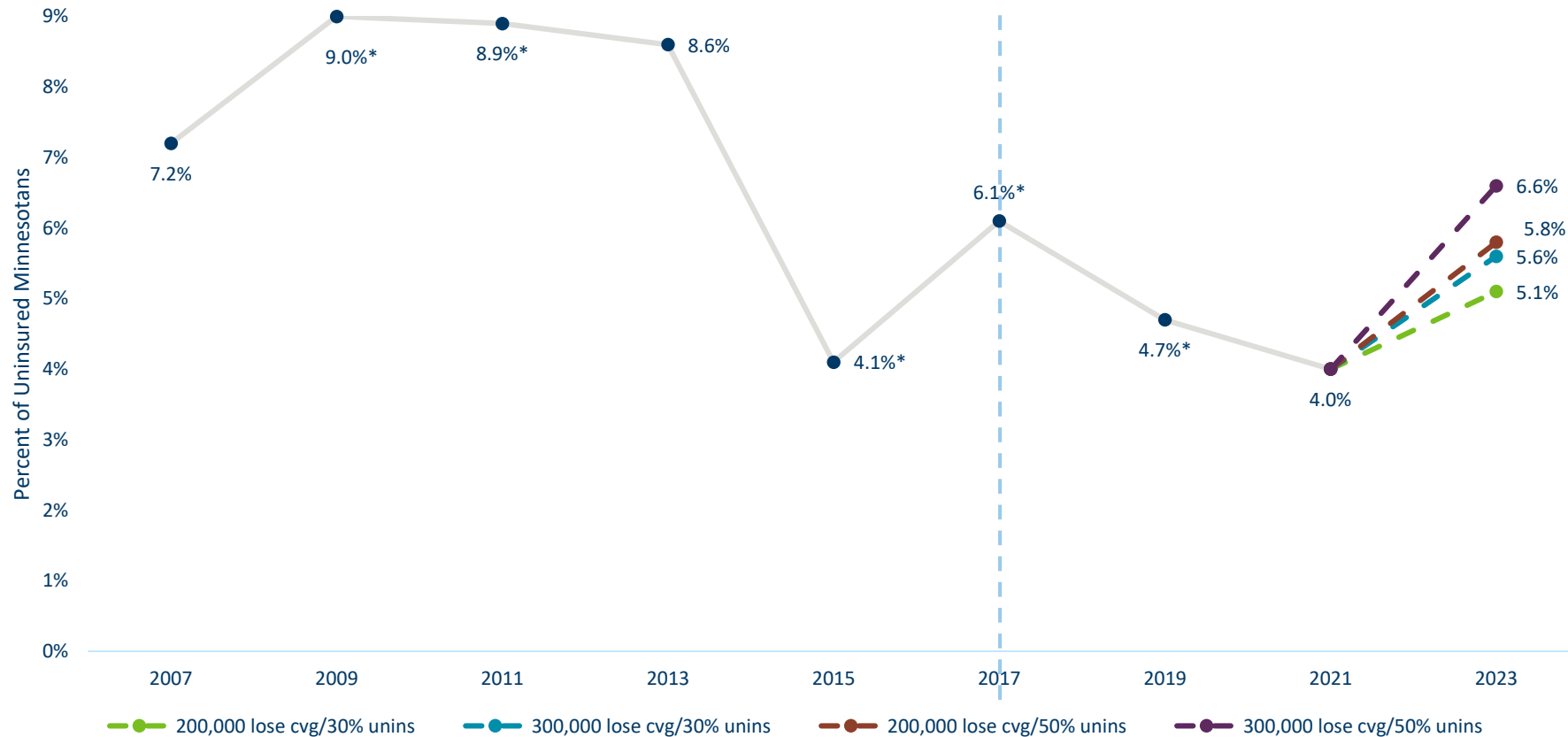
The work of equity and antiracism requires that we are all actively committed to rebuilding trust with communities and bringing community members' voices to the table.

# Alignment with our State's goals

Governor Tim Walz' very first executive order: [19-01 Establishing the One Minnesota Council on Diversity, Inclusion and Equity](#)

“all Minnesotans are provided the opportunity to lead healthy, fulfilled lives”

# Percent of Minnesotans without Health Insurance, Including the Impact of the Public Health Emergency Ending



Source: Minnesota Health Access Surveys, 2007 to 2021

\* Indicates statistically significant difference (95%) level from prior year shown.

Notes: In 2019, the Minnesota Health Access survey moved from an exclusively random digit dial (RDD) frame telephone survey to a dual RDD and address-based sample (ABS) frame and web-based survey, and 2021 was exclusively an ABS sample frame. Due to these changes, results from 2019 and 2021 may not be directly comparable to previous years.

Dashed lines are projected estimates based on estimates of the number of Minnesotans losing Medical Assistance or MinnesotaCare coverage, and how many would remain uninsured.

Projections are for illustrative purposes only, and have not been adjusted for population growth or population aging.

[www.health.state.mn.us/health/economics](http://www.health.state.mn.us/health/economics)

# Minnesota Uninsured Rate, 2021

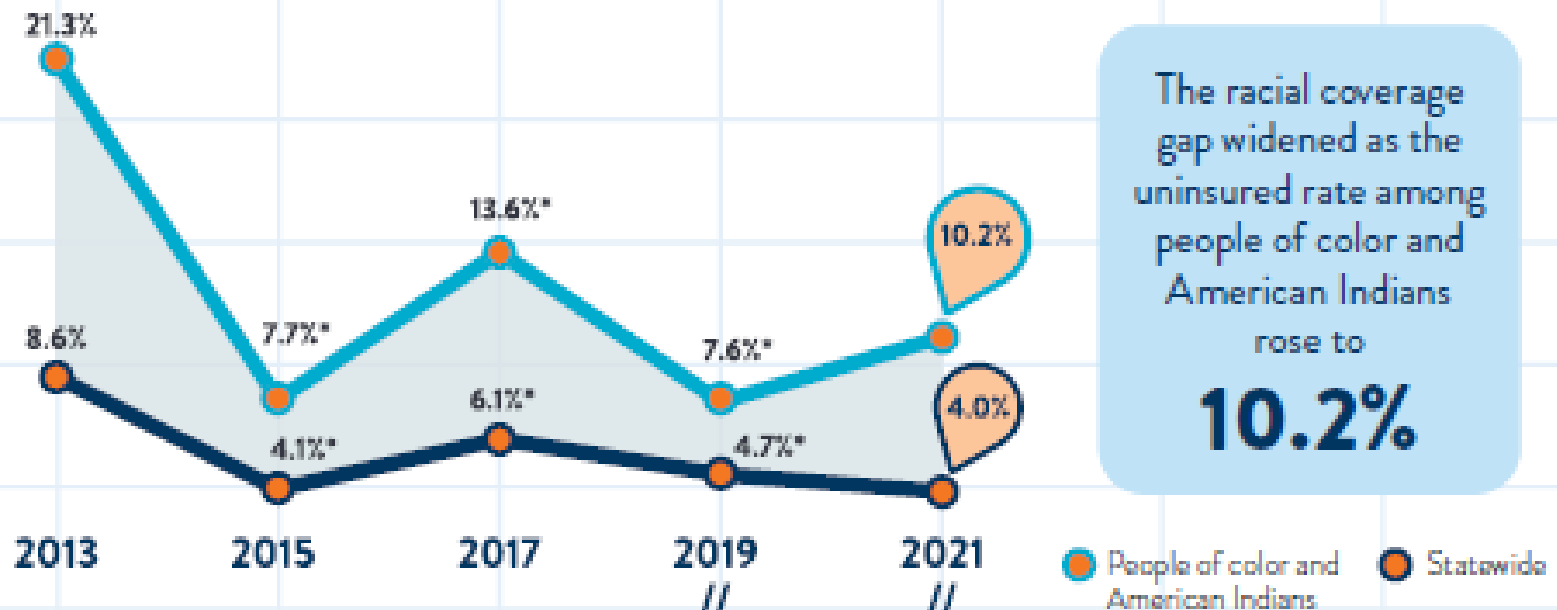
## 2021 Key Findings

Minnesota Health Access Survey

### Uninsured rate hit historic low, racial gap widened

The percent of Minnesotans without health insurance in 2021 dropped to tie with lowest-measured level in 2015, at

**4.0%**

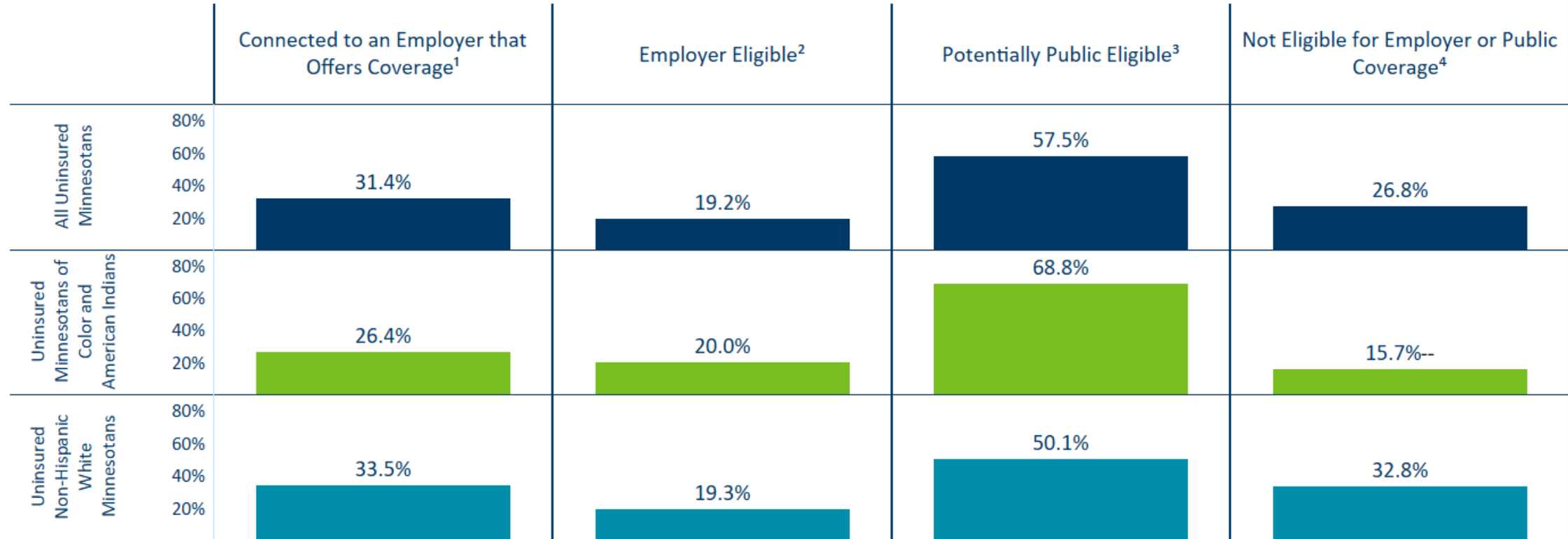


The racial coverage gap widened as the uninsured rate among people of color and American Indians rose to

**10.2%**

[www.health.state.mn.us/health/economics](http://www.health.state.mn.us/health/economics)

# Potential Sources of Coverage for Uninsured, 2021



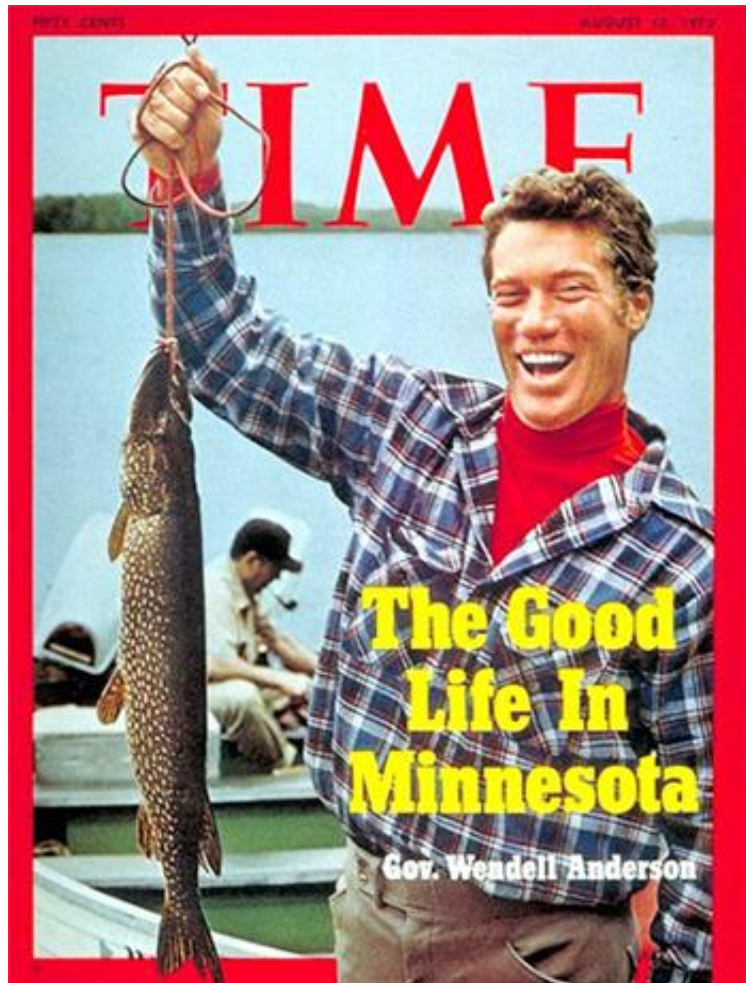
Source: Minnesota Health Access Survey, 2021

-- Value may be unreliable due to a relative standard error greater than 30% and should be interpreted with caution.

1 Employer offer: percent of uninsured who work for or have a family member who works for an employer offering coverage. 2 Employer eligible: percent of uninsured who are eligible for coverage through an employer.

3 Potentially public eligible: based on family structure, income, and eligibility for employer coverage. 4 Due to the removal of income limits for Advance Payer Tax Credits (APTC) for 2021 and 2022, all uninsured Minnesotans not eligible for employer or public coverage were eligible for APTC in 2021.

# The Minnesota Paradox



## Minnesota No. 4 in child well-being, but among worst in racial disparities

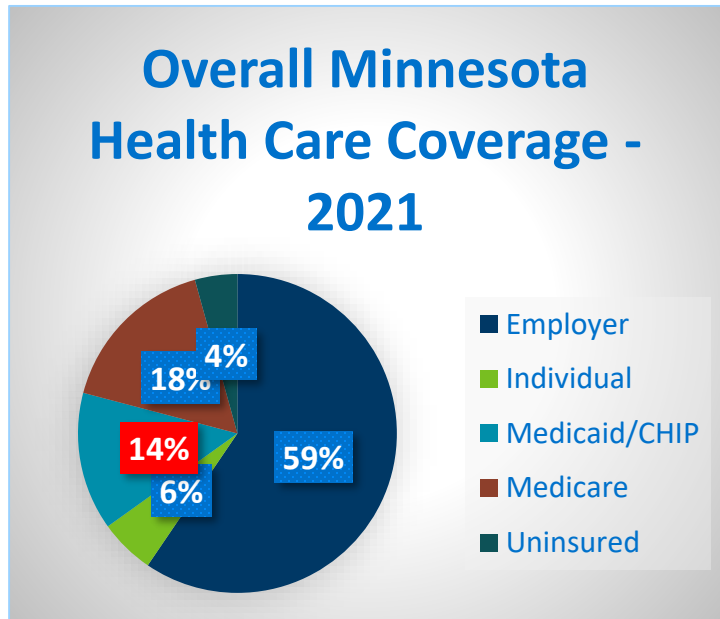
Elizabeth Shockman June 17, 2019 3:57 p.m.



2/16/2023

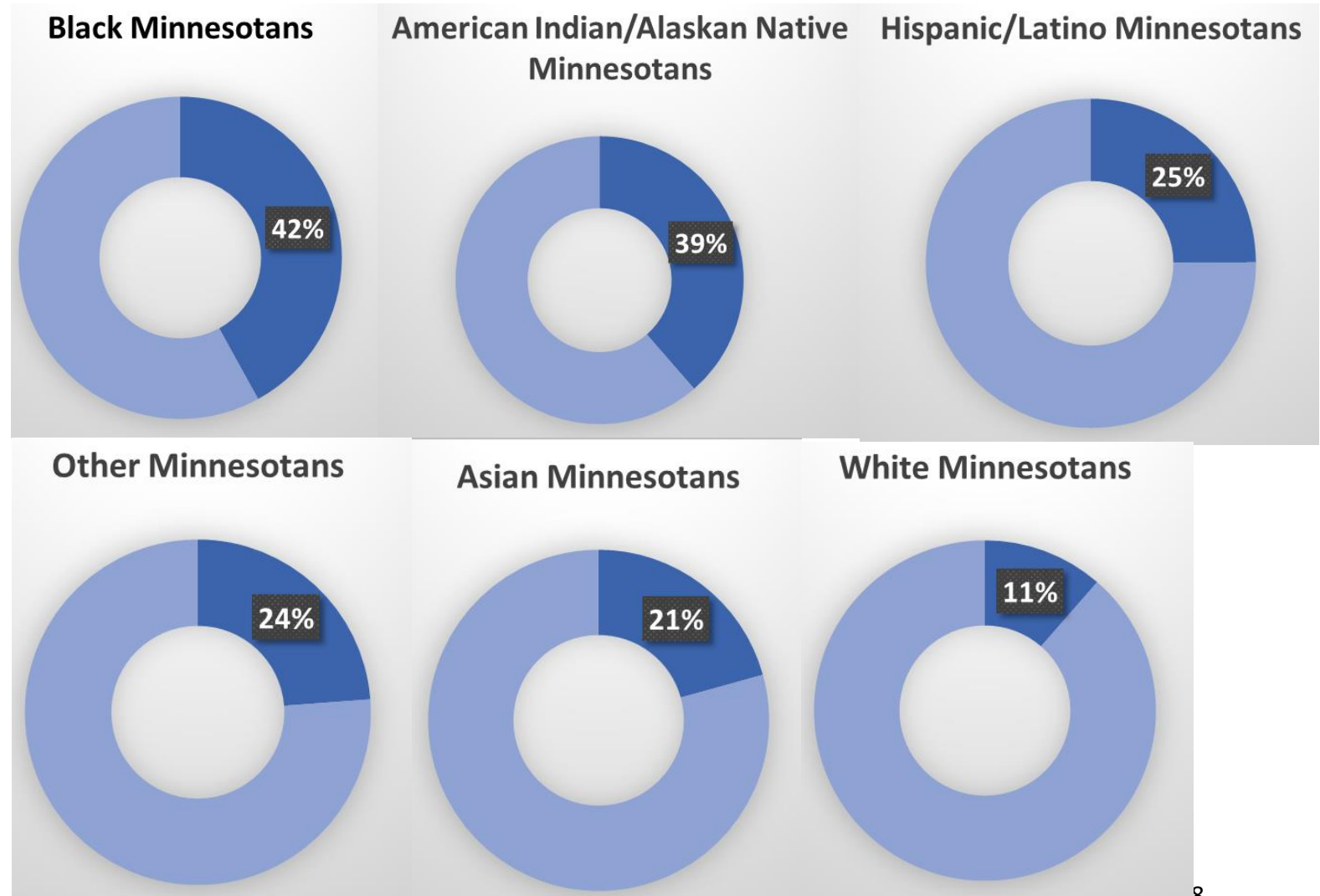
Myers, S. L. (2020). *The Minnesota paradox*. Hubert H. Humphrey School of Public Affairs. Retrieved January 10, 2022, from <https://www.hhh.umn.edu/research-centers/roy-wilkins-center-human-relations-and-social-justice/minnesota-paradox> | [mn.gov/dhs](https://www.mn.gov/dhs)

# How do Minnesotans get health care <sup>(1/2)</sup>



Source: SHADAC analysis of the 2020-2021 American Community Survey (ACS) Public Use Microdata Sample (PUMS) files.

2/16/2023





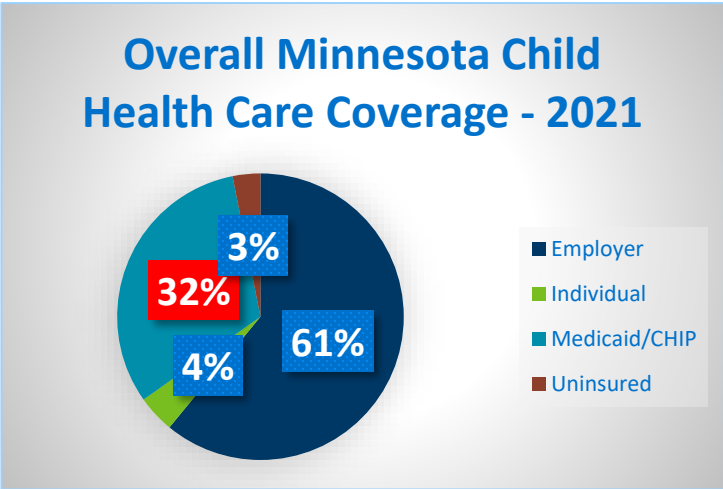
# How do Minnesotans get health care (2/2)

Minnesotans who access care via <u>Medicaid</u>	7-County Metro	Non-Metro Minnesota
American Indian/Alaska Native	29%	37%
Black/African-American	39%	45%
Hispanic/Latinx	22%	27%
Asian	20%	16%
“Other”	20%	27%
White	7%	12%

Source: SHADAC analysis of the 2020-2021 American Community Survey (ACS) Public Use Microdata Sample (PUMS) files.

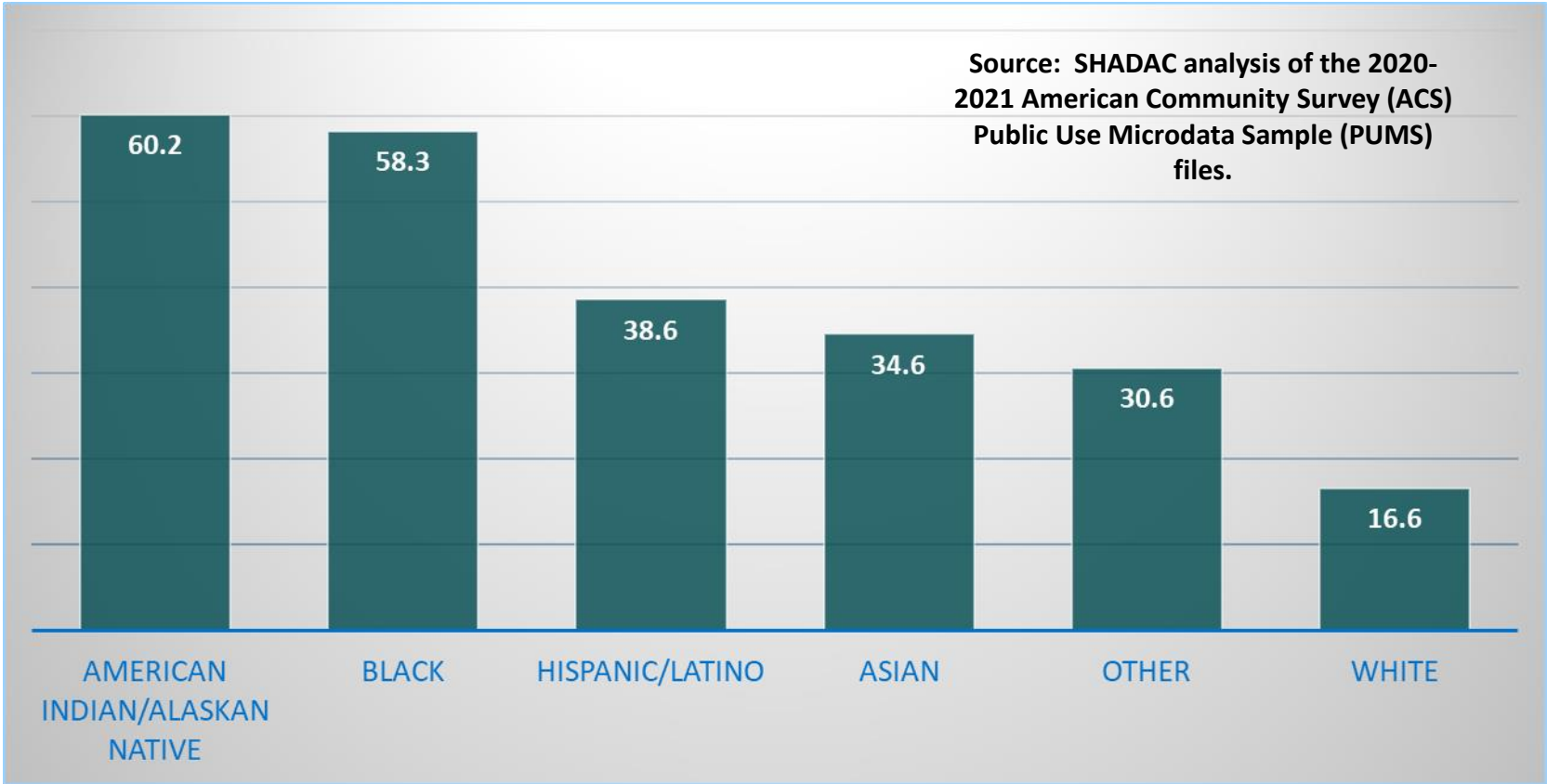
# How do Minnesota's children get health care

## Percent of Minnesotan Children with Medicaid as source of coverage, by race, 2020-2021



Source: <https://www.kff.org/other/state-indicator/children-0-18/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

2/16/2023



# How do Minnesota's birthing persons get health care

Medical Assistance covers  
**40% of births** in Minnesota.

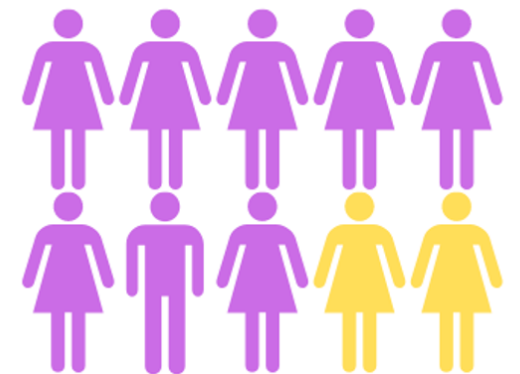


**mn** DEPARTMENT OF  
HUMAN SERVICES

**~9 in 10 of MN's Native  
American/American Indian  
birthing persons are insured  
by MHCPS**



**~8 in 10 of MN's Black  
birthing persons are insured  
by MHCPS**



# MN Medicaid's Role in Addressing Health & Racial Equity

MN has some of the  
WORST racial inequities

MN has some of the  
WORST racial HEALTH  
disparities

Black, Native, Hispanic,  
Asian and other  
Minnesotans of color  
are disproportionately  
covered by MN  
Medicaid

MN Medicaid MUST  
focus on racial health  
equity

# Focus of Building Racial Equity into the Walls of MN Medicaid Report: Community Strength + Medicaid Levers



## Building Racial Equity into the Walls of Minnesota Medicaid

A focus on U.S.-born Black Minnesotans

February 2022

### Community Conversation Participants

- Minnesota Health Care Program (Medicaid) enrollees
- Health Care Providers
- Community Based Organizations
- County Public Health and Human Service staff
- Managed Care Organization staff
- University of Minnesota School of Public Health and Medical School faculty
- Minnesota DHS and other State agency staff

- Co-create with community involvement, highlighting both community strengths & impact of structural racism
- Medicaid “Levers”
  - **Eligibility/Enrollment**
  - Access
  - Quality
  - Early Opportunities

# Call to Action: Eligibility & Enrollment <sup>(1/2)</sup>

- **What community members shared:**
  - Process is confusing/complicated
  - Communication on status is poor
  - How can we keep people enrolled who are eligible
- *“It was difficult to get MA [sic]. The first time I applied for MA it took 2-3 months to get it, but it was a while longer before I got my card. Then I had it and they cut me and my kids off, I don’t know why. I was only on MA a couple months, and they said I needed a renewal, so I did my renewal but went to get my birth control and my MA was inactive.”*
  - *Female, African American, 18-25 years old*

*“We applied for MNSure, but I didn't do it through there. I did it on paper. They say it's backed up on paper, so I should have done it online because it's quicker. I wonder if I should do it online. But they said what would happen is I would get knocked off the list for already having it. It's confusing.”*

*- Female, African American*

# Call to Action: Eligibility & Enrollment (2/2)

## MN DHS should improve racial equity in Eligibility, Enrollment & Renewal by:

### 1. *Pursue continuous eligibility policies*

- Implement **12 month Continuous Eligibility** for those **0-19 years old**
- Explore an 1115 Medicaid Demonstration Waiver to implement
  - **72 months (6 years) of continuous eligibility** for children on Medicaid up to age 6 and
  - **24-month (2 years) of continuous eligibility** for all enrollees age 6 and older



# 2022 Building Racial Equity into the Walls of MN Medicaid: a focus on U.S.-born Black Minnesotans Final Report Calls to Action

## 1. Simplify and support enrollment and renewal

- i. **Implementing 12 month Continuous Enrollment for those 0-19 years old**
- ii. **Pursue 72 month Continuous Enrollment for those 0-6 years old & 24 months for those >6 years old**
- iii. Supporting Navigators

## 2. Increase investment in culturally relevant care for U.S.-born Black Minnesotans on Medicaid

- i. Establishing a U.S.-born Black/African-American division within MN Medicaid
- ii. Prioritizing standardization and disaggregation of race, ethnicity and language data

## 3. Fund community conversations with U.S.-born Black Minnesotans on Medicaid

*Of all the Calls to Action, participants were most excited about proposals to extend periods of continuous enrollment among enrollees*



# Cost of Unstable or Interrupted Coverage



1. Banerjee, R., Ziegenfuss, J. Y., & Shah, N. D. (2010). Impact of discontinuity in health insurance on resource utilization. BMC health services research, 10(1), 1-10. <https://bmchealthservres.biomedcentral.com/articles/10.1186/1472-6963-10-195>
- 2 MACPAC. Quality requirements under Medicaid managed care. <https://www.macpac.gov/subtopic/quality-requirements-under-medicare-managed-care/>

# Churn impacts communities differently

## Income volatility

45% Hispanic households

38% of Black households

32% of white households

## Churn

Black Medicaid enrollees were more likely than white enrollees to go off Medicaid for more than six months

=

less likely to have a regular source of care  
more likely to forego health care for financial reasons  
more likely to report problems paying medical bills

Sugar S, Peters C, DeLew N, Sommers BD. Medicaid Churning and Continuity of Care: Evidence and Policy Considerations Before and After the COVID-19 Pandemic (Issue Brief No. HP-2021-10). Washington, DC: Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. April 12, 2021

Goold, S., Tipirneni, R., Ayanian, J., Beathard, E., Chang, T., Haggins, A., Kieffer, E., Kirch, M., Kullgren, J. T., Lee, S., Lewallen, M., Patel, M., Rowe, Z., Solway, E., & Clark, S. J. (2020). Patterns of enrollment churn in Medicaid expansion, subsequent insurance coverage, and access to care: A longitudinal study. *Health Services Research*, 55(S1), 39–39. <https://doi.org/10.1111/1475-6773.13379>

# Positive Impacts of Continuous Coverage



A cost analysis of national data (2005-2010) estimated that the administrative cost of disenrolling and reenrolling one person in coverage within a year costs between \$400 and \$600

Sources: (1) <https://www.healthaffairs.org/doi/10.1377/hlthaff.2016.0455> (2) <https://www.healthaffairs.org/doi/10.1377/hlthaff.2014.1204>

# Particular benefits of continuous coverage for children

## Decreased Coverage Leads to:



## Continuous Coverage Promotes:



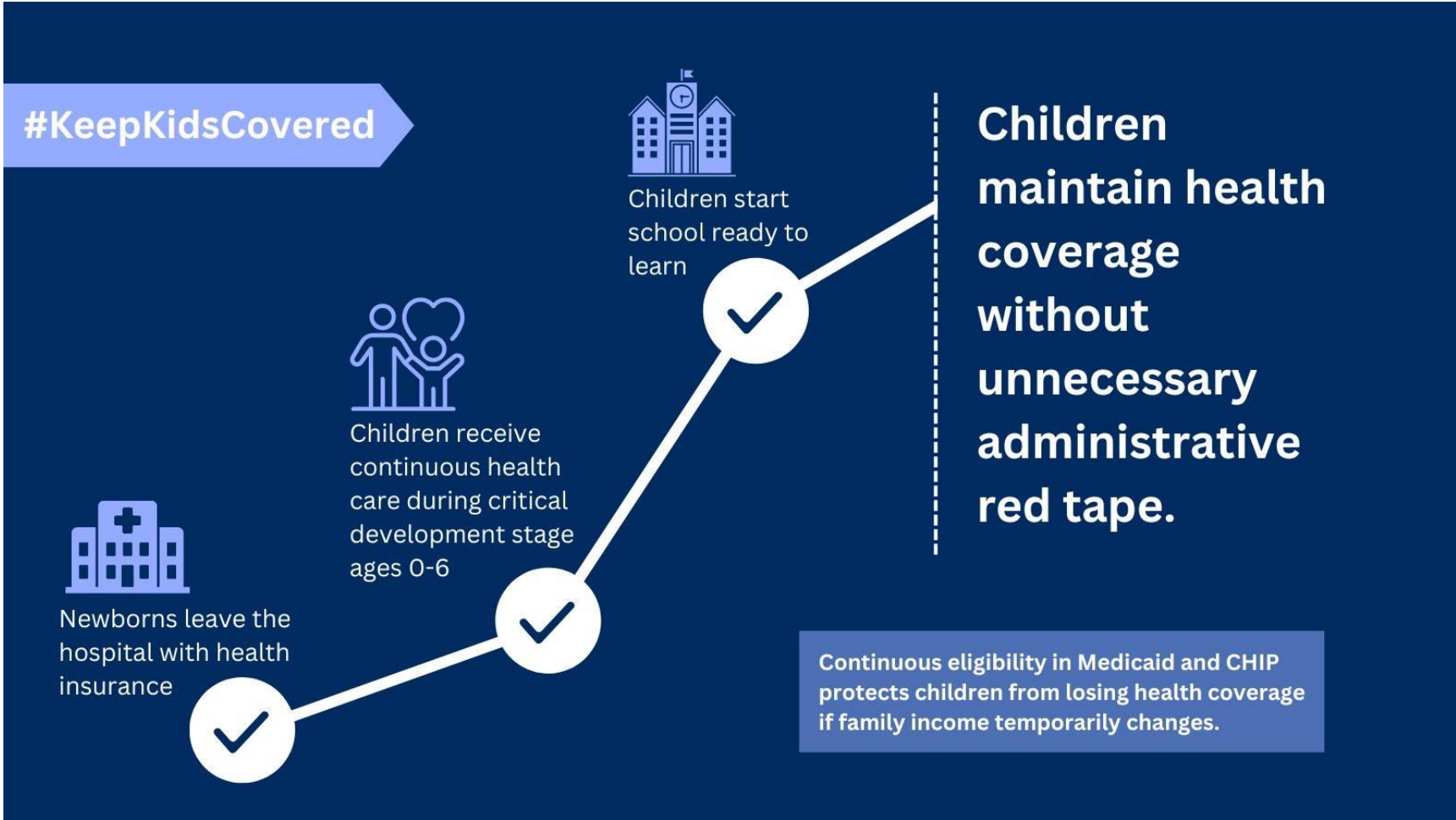
Jennifer E. DeVoe, Alan Graham, Lisa Krois, Jeanene Smith, Gerry L. Fairbrother, "Mind the Gap" in Children's Health Insurance Coverage: Does the Length of a Child's Coverage Gap Matter?, *Ambulatory Pediatrics*, Volume 8, Issue 2, 2008.

Cassedy A, Fairbrother G, Newacheck PW. The impact of insurance instability on children's access, utilization, and satisfaction with health care. *Ambul Pediatr*. 2008 Sep-Oct;8(5):321-8. doi: 10.1016/j.ambp.2008.04.007. Epub 2008 Jun 16. PMID: 18922506.

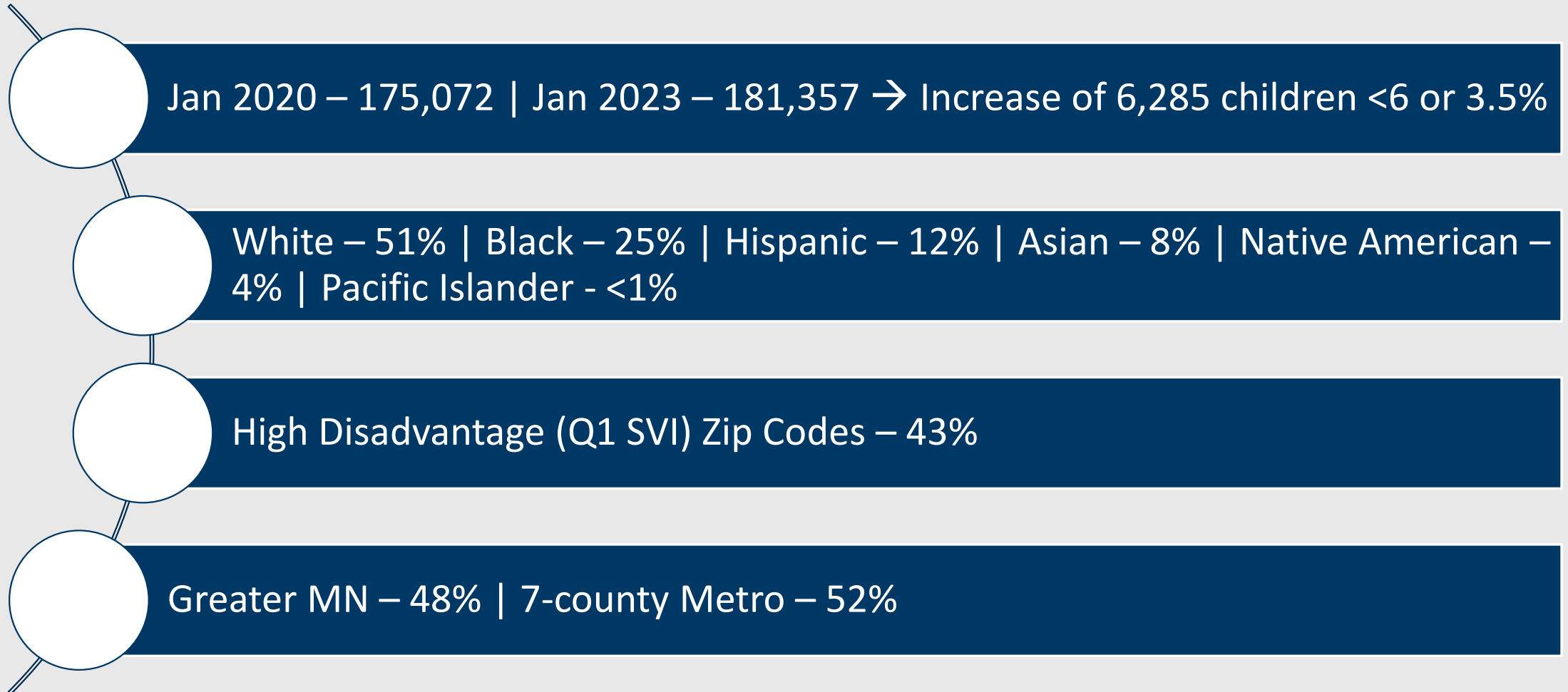
<https://ccf.georgetown.edu/wp-content/uploads/2021/07/Continuous-Coverage-Medicaid-CHIP-final.pdf>

Andersen, V. et al., "Addressing Income Volatility of Low-Income Populations," University of Madison Wisconsin LaFollette School of Public Affairs (working paper for The Financial Clinic Workshop in Public Affairs, Madison, Spring 2015), available at <https://lafollette.wisc.edu/images/publications/workshops/2015-income.pdf>.

# Particular benefits of continuous coverage for children



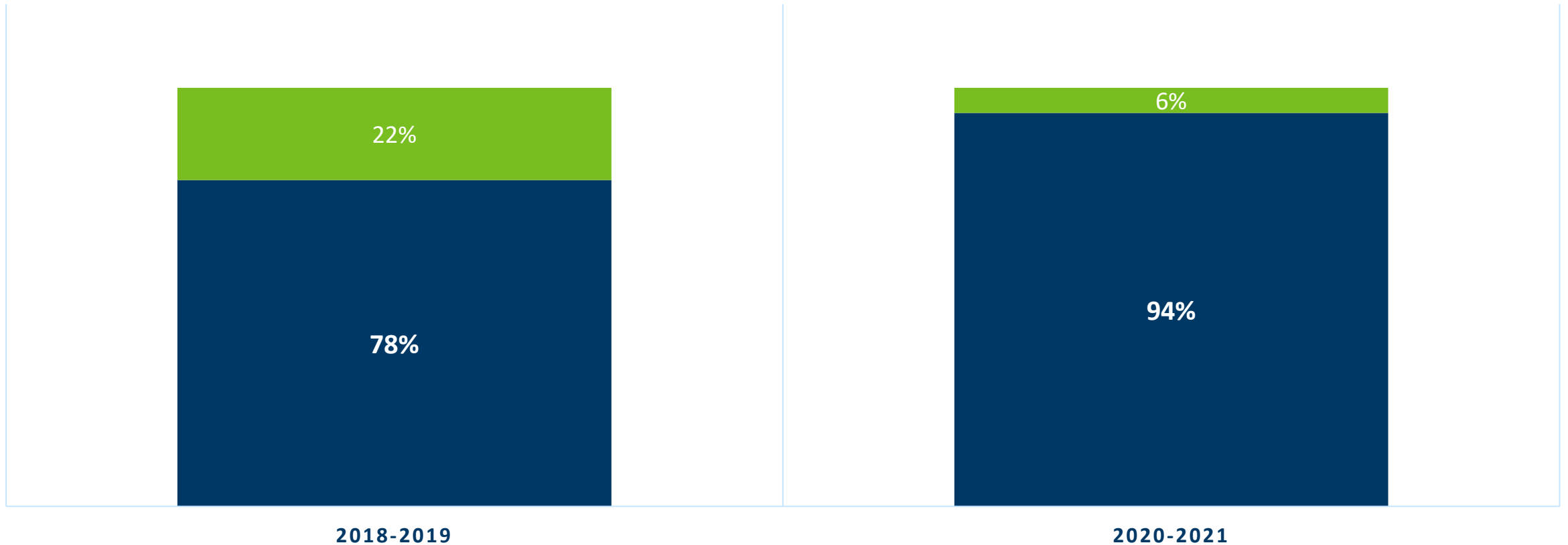
# Minnesotans MA covers that are <6 years old



# Impact of COVID-19 continuous eligibility policies on churn in MA

## MA ENROLLEES WITH CONTINUOUS COVERAGE JULY-DEC 2022

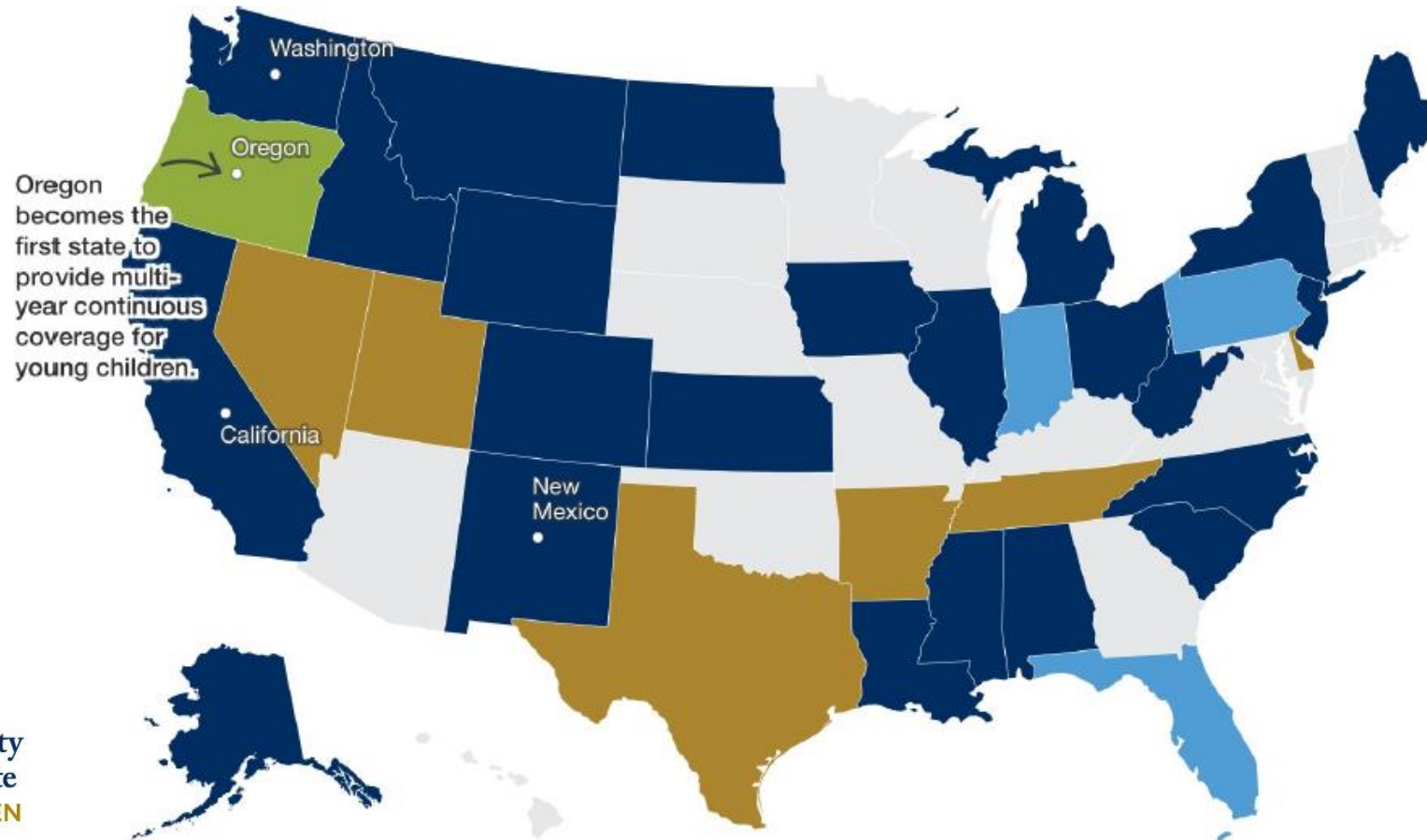
■ % who maintained enrollment   ■ % who didn't maintain enrollment



# Minnesota has an opportunity to go from among the worst to among the FIRST

## 12-Month Continuous Eligibility for Children under 19 in Medicaid and CHIP

■ Multi-year continuous eligibility for young children ■ 12-month continuous child eligibility ■ 12-month continuous child eligibility (CHIP only)  
■ 12-month continuous child eligibility for some ■ No 12-month continuous child eligibility





# Governor Tim Walz & Lt Gov Peggy Flanagan's 2023 Budget

## Governor Tim Walz's budget for the 2023 legislative session calls for Expanding Medical Assistance Coverage for Children:

- Continuous eligibility for children under age 6, for a period of up to 72 months
  - Once a child under age six is determined eligible for MA, they would continue to be eligible through the month of their sixth birthday
- Continuous eligibility for children age 6 through age 20, for 12 months
  - Unless the child turns age 21, ceases to be a Minnesota resident, voluntary requests closure, or passes away



# Capturing the moment for change

## Continuous MA Eligibility will improve health and opportunity for all Minnesotans on MA

- Our data shows it can help reduce racial and geographic gaps in maintaining access
- Our communities have told us this is among their top priorities to improve health and racial equity in our system
- Research has found there are numerous benefits, for children and Black, Native and other communities of color in particular



*“Now is the accepted time, not tomorrow, not some more convenient season. It is today that our best work can be done and not some future day or future year.” – W.E.B. Du Bois*

# Thank YOU!!

You can find our reports here: [2022 report Building Racial Equity into the Walls of Minnesota Medicaid: A focus on U.S.-born Black Minnesotans \(state.mn.us\)](#)

[2020 report Improving the health of people living in deep poverty \(state.mn.us\)](#)