Residential Mobility and Enrollment Churn in a Medicaid Population
John E. Stewart, MS, MPH

ABSTRACT

Geographic mobility has been associated with suboptimal mental and physical health, and fragmentation of health services (e.g., not having a usual source of care, care discontinuity, and not getting needed referrals). Previous studies show low income individuals are just as likely, or more likely to move than those with greater economic resources. Very little research, however, has focused specifically on the residential mobility of low-income Medicaid beneficiaries.

Discontinuity of health insurance coverage can limit appropriate health care utilization, negatively affect health, and increase health care spending and administrative costs. Medicaid enrollment discontinuity, or churn, thus represents a formidable challenge to health and health care delivery for persons with low incomes.

Residential moves are life transitions, often marking other significant life events (e.g., changes in employment or family structure) that can alter eligibility for Medicaid benefits. In addition, address changes associated with residential relocation can prevent timely delivery of Medicaid enrollment renewal notices, thereby causing unintentional administrative disenrollment of Medicaid beneficiaries. For both of these reasons, a positive association between Medicaid member residential mobility and enrollment churn was expected.

The present study had two primary aims: 1) assess within-state residential mobility among South Carolina Medicaid enrollees, and 2) evaluate the association between South Carolina Medicaid member within-state residential mobility and Medicaid enrollment churn. Analyses were based on a study population of 428,294 full-benefit, non-elderly South Carolina Medicaid beneficiaries enrolled as of December 31, 2012. One in 4 Medicaid members moved at least once, and nearly half of subjects experienced enrollment discontinuity during a 4-year observation period. We found 60% of movers experienced an enrollment gap, compared to 45% of beneficiaries with no observed moves. South Carolina Medicaid member movers were approximately 1.7 times more likely than non-movers to churn in the Medicaid system, controlling for age category, sex, race/ethnicity, and health status. Study results can help inform policies and programs to strengthen health care and improve health outcomes for residentially mobile Medicaid beneficiaries.