Overlap Between Medicaid Health Plans and QHPs in the Marketplaces: An Examination

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Summary

More than 11 million consumers signed up for coverage through Health Insurance Marketplaces for 2018.[1] In 2017, over 2 million people who signed up for coverage did not effectuate their coverage—that is, did not pay their premiums—by June. Additionally, owing to changes in income or other life events, some Marketplace consumers will only be enrolled for part of the year; in fact, trends in Marketplace enrollment show such drops in coverage over the year are typical.[2] Some of these consumers become uninsured; others may switch to a group plan through their job. Still others will gain Medicaid eligibility at some point during the year.

The cycle of enrollees entering and exiting insurance coverage, often due to unexpected loss of coverage, is described as "churn." Churn between Medicaid and the Marketplaces can be caused by minor fluctuations in income. In addition, clerical errors and failure to renew enrollment on a timely basis, among other factors, have historically contributed to churn from the Medicaid program. The Association for Community Affiliated Plans (ACAP) is interested in better understanding the crossroads of Marketplace and Medicaid coverage. Qualified Health Plan (QHP) issuers that also serve as Medicaid managed care organizations (MCOs), which ACAP refers to as "overlap issuers," are at the interface of Marketplace and Medicaid coverage and limit the impact of churn on enrollees.

Each year, ACAP identifies all QHP issuers offering coverage and highlights those that also serve as MCOs in their states. ACAP's survey of the extent to which products offered by overlap issuers are available on the Marketplaces finds the following for the 2018 benefit year:

- The total number of QHPs participating in the Marketplace[3] fell from 237 to 192, a 19% drop.
- 93 of the 192 QHP issuers (48%) offering Marketplace **offer Medicaid MCOs in the same state**, a slight increase in overlap coverage compared with the first four Open Enrollment Periods.
    - Nationally, the number of overlap issuers decreased by 12 issuers, an 11% drop.
- Marketplaces in 34 states include at least one overlap issuer—one more state than last year.
    - Of the 33 states with at least one overlap issuer in 2017, 12 had fewer overlap issuers in 2018.

[1] CMS. (2018). "Final Weekly Enrollment Snapshot for 2018 Open Enrollment Period." https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2017-Fact-Sheet-items/2017-12-28.html.
[2] CMS. (2017). "First Half of 2017 Average Effectuated Enrollment Report." https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2017-Fact-Sheet-items/2017-12-13-2.html.
[3] ACAP counted the number of unique issuers offering QHP plans in each state. As an example, CareSource offers QHP plans in four different states. Under this methodology they are counted as four issuers rather than one.

Table 1

National Total Summary						State Average Summary				
	QHP Issuers	Overlap Issuers	% Overlap Issuers	MSPs	CO-OPs	QHP Issuers	Overlap Issuers	% Overlap Issuers	MSPs	CO-OPs
2014	284	123	43%	36	24	5.57	2.41	32%	0.71	0.47
2015	338	131	39%	51	27	6.63	2.57	30%	1	0.53
2016	329	137	42%	42	13	6.45	2.69	32%	0.82	0.31
2017	237	105	44%	22	7	4.65	2.06	37%	0.44	0.16
2018	192	93	48%	1	5	3.76	1.70	43%	0.02	0.10
2017-2018 Difference	-45	-12	+4%	-21	-2	-0.89	-0.36	+6%	-0.42	-0.06

To examine overlap at a more granular level, ACAP conducted, for the fifth consecutive year, a county-level analysis in two states, Texas and New York. The analyses drew on data from public use files from HealthCare.gov and state Department of Health websites in New York and Texas.

As was the case in 2017, the county-level analysis suggests that many individuals—even those residing in states with large numbers of overlap issuers—have limited access to plans that operate in both Medicaid and the Marketplace, as many overlap issuer plans are only offered regionally. Though both states boast at least seven overlap issuers, the availability of overlap issuers is far more abundant in New York than in Texas at the county level. The discrepancy in overlap issuer availability between these two states has also grown since last year's Open Enrollment Period.

Introduction

The Patient Protection and Affordable Care Act (ACA) established Health Insurance Exchanges, frequently referred to as health insurance Marketplaces. Health insurance Marketplaces are designed to make Qualified Health Plans (QHPs) available to individuals and small employers seeking to purchase coverage on the individual and small group markets. Marketplaces are considered to function well if they provide an appropriate choice of affordable, high-quality coverage to consumers. QHP issuers that also operate Medicaid MCOs occupy an important space: these issuers provide lower-income consumers an opportunity to purchase coverage that can remain continuous even if they experience a change in eligibility from the Marketplace to Medicaid, or vice versa. Such coverage may also allow families with "split coverage" (i.e., family members eligible for different programs, such as Marketplace coverage, Medicaid or CHIP) to be covered by the same issuer.

The issue of churn manifests itself differently in states that have chosen to expand their Medicaid programs and states that have not. In expansion states, churn will affect individuals whose household income places them near the border between subsidized Marketplace coverage and Medicaid coverage. In non-expansion states, individuals receiving subsidized Marketplace coverage may become ineligible

for any form of government-sponsored health insurance if their income dips below the poverty level and may be effectively priced out of Marketplace alternatives.[4]

ACAP is a trade association representing 61 not-for-profit and community-based Safety Net Health Plans (SNHPs). Our member plans provide coverage to more than 20 million individuals enrolled in Medicaid, the Children's Health Insurance Program (CHIP) and Medicare Special Needs Plans for dually-eligible individuals. Sixteen ACAP plans offer QHPs in their respective Marketplaces for 2018, covering more than 700,000 Marketplace enrollees. Because of the makeup of ACAP SNHP's low-income membership, ACAP has a particular interest in market alignment between Medicaid programs and Marketplaces.

This brief explores which issuers offer Marketplace and Medicaid managed care coverage in the same state. ACAP has compiled a comprehensive list of QHP issuers serving all Marketplaces, organized by state. As outlined in the ACA, QHPs must provide consumers with certain essential health benefits and follow the established limits on cost-sharing, among other requirements, to sell coverage through the Marketplaces.[5] ACAP's list specifies which type of Marketplace operates in each state (State-based, or SBM; State partnership, or SPM; or Federally-facilitated, or FFM), and notes which QHP issuers are Multi-State Plans (MSPs)[6], which are Consumer Operated and Oriented Plans[7] (CO-OPs), and which also offer coverage through a Medicaid MCO (overlap issuers). ACAP-member plans participating in the Marketplace are also indicated.

2018 Findings

QHP Issuers. Our research finds a total of 192 QHP issuers nationally, counting each issuer once for each state in which it participates in a Marketplace. The average number of QHP issuers per state is 3.76, down from 4.65 last year. States range from having as few as one QHP issuer (8 states) to having many (Table 2). Each issuer may still offer numerous products.

[4] For a comprehensive lists of states that have and have not expanded their Medicaid programs, visit https://www.kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/. Additionally, see Table 5 for the Medicaid eligibility requirements for a typical Medicaid expansion state.

[5] For more background information on QHPs, visit http://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/qhp.html.

[6] The ACA designed MSPs with the U.S. Office of Personnel Management to have a broad provider network and strong consumer protections. They were originally intended to drive competition and to offer an option for family members living in different states to be on the same plan. In 2018, Arkansas BlueCross BlueShield was the only plan offering an MSP (see Table 1 and "MSPs and CO-OPs").

[7] The ACA created CO-OPs to allow qualified nonprofit health insurance issuers to offer health plans in the individual and small group markets.

Table 2

States with the Largest Number of QHP Issuers in 2018	
New York	12
California	11
Wisconsin	11
Pennsylvania	9
Texas	8
Ohio	8

Alabama and Pennsylvania were the only two states that experienced an increase in the number of QHP issuers in 2018. Each gained one issuer. Of the remaining 48 states and District of Columbia, 28 have fewer issuers in 2018 and 21 have the same number of issuers as in 2017. Of those states with fewer issuers, 15 of the 28 had one fewer issuer in 2018 than 2017. States with the largest decreases in issuers are listed below in Table 3.

Table 3

States with the Largest Decreases in Number of QHP Issuers, 2017-2018			
	2017 QHPs	2018 QHPs	Difference
Iowa	5	1	-4
Wisconsin	15	11	-4
Michigan	10	7	-3
Virginia	10	7	-3

Bare Counties. Although the total number of issuers declined in 28 states from 2017 to 2018, no states experienced a complete exit of QHP issuers for the 2018 Plan Year. Despite the fact that there was uncertainty during the summer of 2017 as to whether "bare counties"—that is, counties in which no health insurer offered coverage—would remain,[8] insurers stepped in to cover the approximately 80 outstanding bare counties in August 2017.[9] Therefore, Plan Year 2018 began with no states (or individual counties) lacking QHP coverage, though the number of carriers offering Marketplace plans does vary at a state and even county level.[10]

MSPs and CO-OPs. The ACA established the Multi-State Plan (MSP) program, requiring that every Marketplace provide MSP coverage options by 2018. Although 51 MSPs were offered through the Marketplaces in 2015, the likelihood that this requirement would be met in 2018 has declined steadily over the last three years. This year, the only remaining MSP is in Arkansas, offered through Arkansas

[8] Hempstead, K. (2017). Robert Wood Johnson Foundation. *Marketplace Pulse: Bare County Jamboree.* https://www.rwjf.org/en/library/research/2017/07/bare-county-jamboree.html.
[9] Norris, L. (2017). HealthInsurance.org. *'Bare Counties' just got covered. Here's why.* https://www.healthinsurance.org/blog/2017/08/25/latest-update-on-bare-counties.
[10] CMS. (2018). "County by County Analysis of Plan Year 2018 Insurer Participation in Health Insurance Exchanges." [Map.] https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/2017-10-20-Issuer-County-Map.pdf.

BlueCross BlueShield, is not an overlap issuer.[11] This drop, from 22 MSPs offered in 2017 to one offered in 2018 is a steep 95 percent decrease.[12]

In 2018, five CO-OPs are operating in the Marketplaces, two fewer than in 2017. As was the case in 2017, none of the CO-OPs participate in Medicaid programs. The decline in the number of CO-OPs is much less sharp than in 2017, which was driven by lower-than-expected risk corridor payouts and limited cash reserves in the face of hefty risk adjustment payments.[13]

QHP Issuers & Medicaid MCOs. While additional study will be useful to see what the precise impact has been on enrollees, participation by issuers in both the Marketplaces and Medicaid has the potential to strengthen continuity of coverage and care for low-income consumers. Provider networks, pricing, and care-coordination, for example, may all be improved. Marketplaces in 34 states include coverage by a QHP issuer that also operates as a Medicaid MCO. Consumers in these states are more likely to be able to stay with the same issuer even if they experience a change in eligibility between Medicaid or CHIP and the Marketplace. Of the 192 QHP issuers nationally, 93 (48.4%) also operate Medicaid MCOs in the same state where they participate in the Marketplace. Sixteen states and the District of Columbia have no overlap at all.

The total percentage of national overlap between QHP issuers and Medicaid MCOs has increased by 4.1 percent at the same time as the total number of QHP issuers actually fell by 45 (19%), a trend that has continued steadily since 2015 (Table 1). But 35 states saw no change in the number of overlap issuers in 2018 compared with 2017, and the decrease in the number of overlap issuers overall has slowed compared with last year. In addition, Centene, which is broadening its reach in the individual market, has historically operated in the Medicaid managed care space.[14] Taken together, these shifts help explain the overall increase in overlap between QHP issuers and Medicaid MCOs for 2018.

Table 4

States with Largest Number of Overlap Issuers in 2018	
New York	11
Texas	7
Wisconsin	7
California	6
Michigan	6
Massachusetts	5

[11] OPM. (2018). "Multi-State Plan Program and the Health Insurance Marketplace." https://www.opm.gov/healthcare-insurance/multi-state-plan-program/consumer/. The health plans offered by Arkansas BlueCross BlueShield in 2018 can be found at http://www.arkansasbluecross.com/doclib/documents/planbrochure/medical/medical_brouchures_2018.pdf.
[12] Pradhan, R. (2016). "Another piece of Obamacare falls short." *Politico.* https://www.politico.com/story/2016/09/obamacare-falls-short-227854.
[13] Hempstead, K. (2016). Robert Wood Johnson Foundation. *Risk Adjustment and Co-op Financial Success.* https://www.rwjf.org/en/library/research/2016/07/risk-adjustment-coop-finance-status.html.
[14] Garthwaite, C. & Graves, J. A. (2017). Success and failure in the insurance exchanges. *New England Journal of Medicine.* doi: 10.1056/NEJMp1614545.

For individuals and families with income near the Medicaid eligibility threshold, the option to choose an overlap issuer may mitigate the effects of churn because enrollees are able to remain covered by the same issuer, which can reduce gaps in care and contribute to overall health.[15] A 2015 survey of more than 3,000 low-income adults in Arkansas, Texas, and Kentucky (all of which took different approaches to the ACA's optional Medicaid expansion) found that one quarter of respondents experienced a change in health coverage over the previous year. Although nearly 20 percent of these same respondents gained new coverage after being uninsured, over 56 percent experienced a gap in coverage—a gap of over four months for nearly 29 percent of respondents. Notably, of those who experienced a gap in coverage, 45 percent stopped taking medications or skipped doses and nearly half (47%) reported a decline in their overall health.[16] Therefore, reducing churn can not only lower unnecessary administrative costs for states, the Federal government, and health care providers,[17] but it can also prevent detrimental health outcomes associated with gaps in coverage. If consumers have the opportunity to easily move between products offered by the same issuer when they undergo a change in health coverage status, care and care management are also more likely to continue seamlessly.

Market alignment in terms of plans offered in both the Marketplaces and Medicaid matters also for families whose members are eligible for different types of coverage. Research estimates that 16.2 million Medicaid or CHIP-eligible children are thought to have parents with income in Marketplace-eligibility range.[18] A majority of states do not charge premiums for CHIP coverage, and those that do charge a fraction of the cost of Marketplace plans.[19] CHIP coverage is typically a more affordable option for families with Marketplace-eligible parents, as opposed to covering their children on their same Marketplace plan. Therefore, market alignment can both reduce churn for children and lower costs for families.

County-by-County Breakdown

Because certain QHPs and MCOs are only offered regionally within a state, the number of overlap issuers in that state does not necessarily mean that every resident of that state will have the opportunity to choose such plans. A county-by-county breakdown of overlap issuers in New York and Texas provide a more precise measure of overlap in two of the nation's largest Marketplaces in 2018 (for both QHPs and overlap issuers; see Tables 2 and 4).

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[15] Another way to combat churn is to enact continuous enrollment in the Medicaid program. So far during the 115th Congress, H.R. 2628 and S. 1227 were introduced in the House and Senate, respectively, as the Stabilize Medicaid and CHIP Coverage Act, which would require states to provide 12-month continuous enrollment for all Medicaid enrollees.

[16] Sommers, B. et al. (2016). Insurance churning rates for low-income adults under health reform: Lower than expected but still harmful for many. *Health Affairs.* doi: 10.1377/hlthaff.2016.0455.

[17] Ku, L. & Steinmetz, E. (2013). The George Washington University. *Bridging the Gap: Continuity and Quality of Coverage in Medicaid*. http://communityplans.net/Portals/0/Policy/Medicaid/GWContinuityReport91013.pdf.

[18] McMorrow, S., Kenney G. & Coyer, C. (2011). Urban Institute. *Addressing Coverage Challenges for Children Under the Affordable Care Act*. http://www.urban.org/UploadedPDF/412341-Affordable-Care-Act.pdf.

[19] Whitener, K. & Brooks, T. (2017). Georgetown Health Policy Institute Center for Children and Families. *Marketplace Coverage is Not an Adequate Substitute for CHIP. https://ccf.georgetown.edu/wp-content/uploads/2017/09/Marketplace-v3.pdf.*

The Excel spreadsheet released alongside this brief includes tabs for updated 2018 data showing New York and Texas county-by-county overlap. In Texas, the calculation is straightforward: each county's QHP issuers are listed and any QHP that also offers coverage through Texas' STAR Medicaid Managed Care program in that county is highlighted as an overlap issuer. Texas is one of the 18 states that has not yet expanded its Medicaid program, meaning that the impact of overlap issuers in reducing churn is diminished in the state. Rather than allowing all Texans to enroll in Medicaid if their income is too low for QHP eligibility, the Texas STAR program only allows narrow subsets of low-income Texans, like pregnant women and children, to join the program.

Unlike Texas, New York is a Medicaid expansion state that allows all income-eligible New Yorkers to enroll into Medicaid managed care. New York has also enacted a Basic Health Program called the "Essential Plan," which provides low-cost coverage to individuals whose income just exceeds the Medicaid eligibility ceiling qualifying them for subsidized Marketplace coverage. In addition to using Marketplace plans as a baseline for overlap in New York, the county-by-county breakdown also uses Essential Plans, as consumers experiencing churn are more likely to transition between Medicaid and Essential Plan coverage than QHP coverage.

Table 5

<table>
<tr><th colspan="4">Eligibility Requirements for Non-Pregnant Adults</th></tr>
<tr><th>Income as Percentage of Federal Poverty Level (FPL)[20]</th><th>Texas[21]</th><th>Typical Medicaid Expansion State</th><th>New York</th></tr>
<tr><td>0–18%</td><td>Medicaid Managed Care (Parents only)</td><td rowspan="2">Medicaid Managed Care</td><td rowspan="2">Medicaid Managed Care</td></tr>
<tr><td>19–99%</td><td>No coverage available</td></tr>
<tr><td>100–138%</td><td rowspan="2">Heavily Subsidized Marketplace Coverage</td><td rowspan="2">Heavily Subsidized Marketplace Coverage</td><td rowspan="2">Essential Plan Coverage with no or minimal premiums</td></tr>
<tr><td>139%–200%</td></tr>
<tr><td>201%–400%</td><td>Slightly subsidized Marketplace coverage</td><td>Slightly subsidized Marketplace coverage</td><td>Slightly subsidized Marketplace coverage</td></tr>
<tr><td>400+%</td><td>Unsubsidized Marketplace Coverage</td><td>Unsubsidized Marketplace Coverage</td><td>Unsubsidized Marketplace Coverage</td></tr>
</table>

[20] The 2018 HHS Poverty Guidelines define the FPL as $12,140 for an individual and $25,100 for a family of four. Visit https://aspe.hhs.gov/poverty-guidelines for the complete list of guidelines.

[21] Brooks, T., Wagnerman, K., Artiga, S., & Ubri, P. (2017). Kaiser Family Foundation & Georgetown University Center for Children and Families. *Medicaid and CHIP Eligibility, Enrollment, Renewal, and Cost Sharing Policies as of January 2017: Findings from a 50-State Survey.* https://ccf.georgetown.edu/wp-content/uploads/2017/01/Report-Medicaid-and-CHIP-Eligibility-as-of-Jan-2017-1.pdf.

Our 2018 county-by-county overlap analysis demonstrates that a large number of overlap issuers at a state level does not guarantee all residents of the state abundant coverage options; in fact, the option for residents to enroll in plans within their service areas that operate in both the Marketplace and Medicaid may be quite limited. For example, in Texas, nearly half of all counties (48%) in the state have no overlap issuers, and just six percent of all Texas counties have more than one overlap issuer available. Across the state, 88 percent of QHPs in Texas are overlap issuers—a 17 percent increase over 2017 overlap coverage—yet the percentage of overlap issuers exceeds 50 percent in only 13 of Texas' 254 counties.

Yet, the county-by-county analysis for New York yields a markedly different conclusion. Because New York includes an Essential Plan option for individuals between 139%–200% of the Federal Poverty Level (FPL), ACAP examined overlap between Essential Plans and Medicaid MCOs to better account for the actual churn individuals may experience. Every county in New York includes at least one overlap issuer, and 87 percent of New York counties have two or more overlap issuers. The average number of overlap issuers in New York counties is more than five times greater than that of Texas counties.

Figure 1

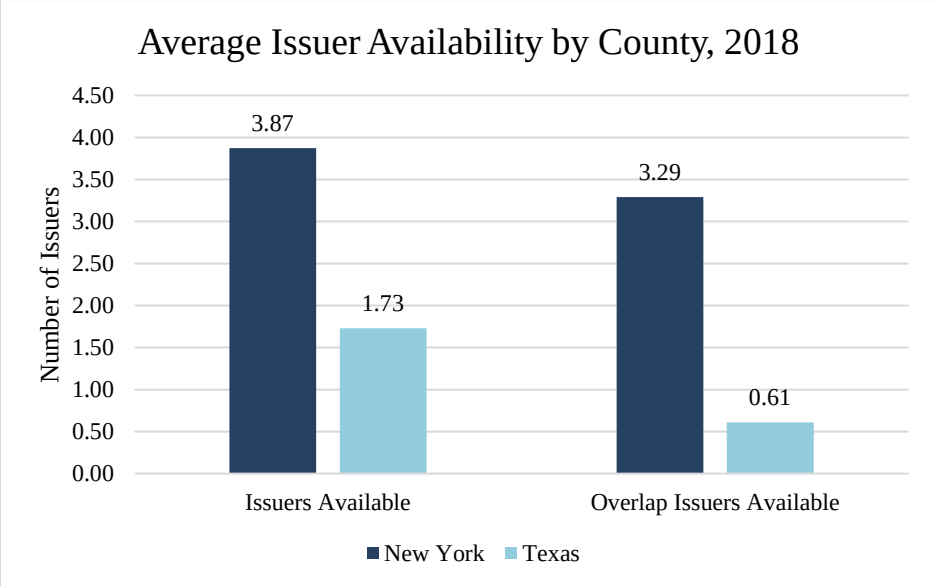


Figure 2

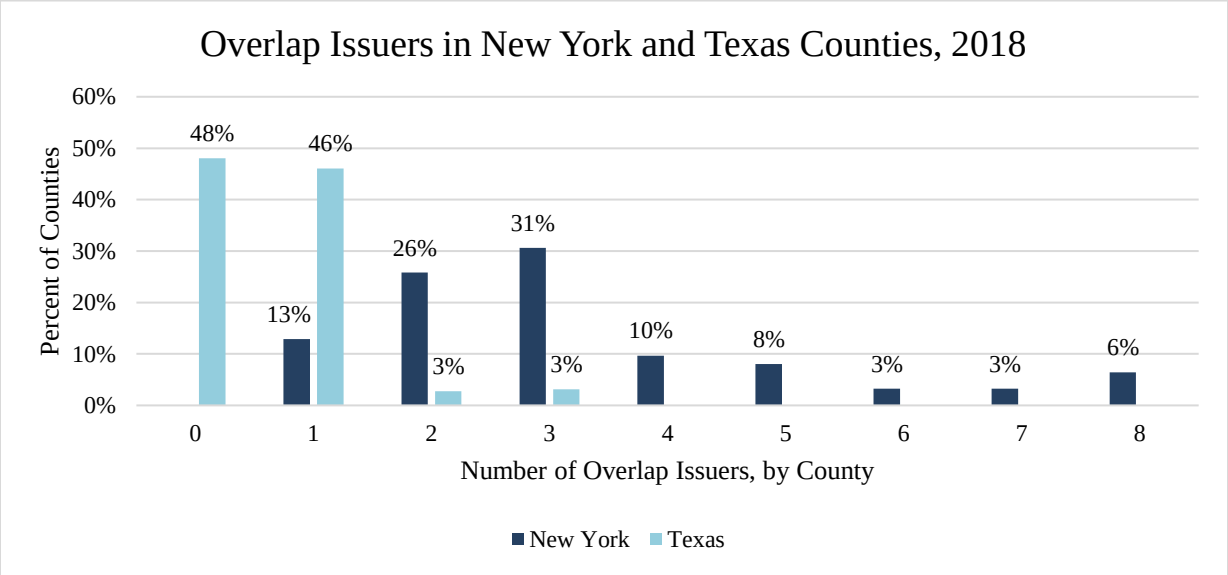
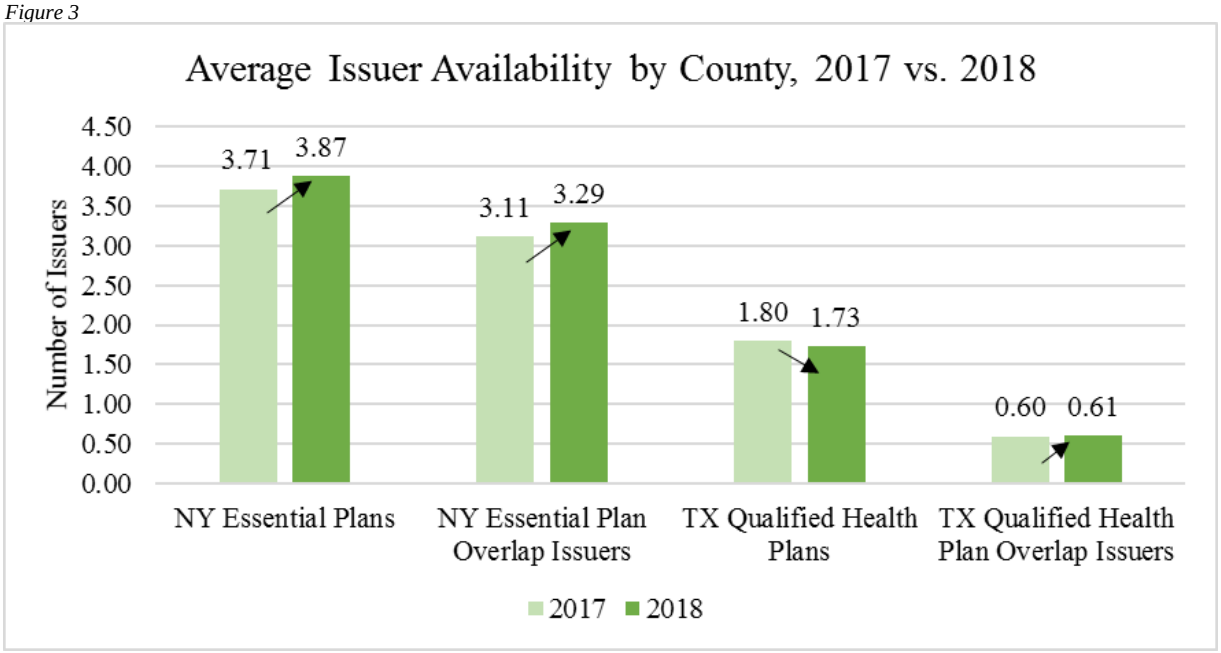


Figure 3



The 2018 county-by-county analysis reveals a more pronounced divide between New York and Texas this year compared with last year. The discrepancy between the average number of overlap issuers available in each county in New York and Texas' has grown from a difference of 2.51 issuers to a difference of 2.68 issuers. As shown in Figure 3, in New York, the average numbers of Essential Plan issuers and Essential Plans overlap issuers both increased. In Texas, the average number of QHPs decreased, while the average number of Texas QHP overlap issuers increased very slightly.

Opportunities for Consumer Education

Millions of parents eligible for premium tax credits or cost-sharing reductions in the Marketplaces will have children who are eligible for Medicaid or CHIP. Moreover, individuals with incomes close to the eligibility threshold between Medicaid and the Marketplaces are more likely to experience churn. These two areas of potential coverage gaps or changes in coverage point toward a strong need for consumer education and efforts to promote continuity of coverage. For example, knowing of the 48 percent of QHP issuers that also provide Medicaid coverage may aid in decision-making purposes. Marketplace websites could better educate consumers by including questions in the application process to inquire whether any members of the family have recently been enrolled in a Medicaid MCO or creating a special tag or label to indicate which Marketplace plans are associated with overlap issuers.

Additionally, consumer education regarding options in the Marketplaces is especially important in the post-individual mandate era of the ACA, which will begin in Plan Year 2019[22]; this shift in policy will allow consumers to remain uninsured and no longer face a tax penalty. Individual consumers may drop coverage entirely, and some may seek less expensive coverage through a non-ACA-compliant plan, such as association health plans (AHPs)—which are regulated as large insurers—and extended short-term, limited-duration insurance, both of which the Trump Administration has proposed to expand.[23] Such changes to the individual market will likely impact the number of overlap issuers available in coming years.

Conclusion

The number of overlap issuers nationwide has fallen from 105 to 93, yet the percentage of overlap issuers in the Individual Marketplace has increased to nearly 50 percent (48.4%) after hovering around 40 percent over the past four years. Marketplaces in which QHP issuers also operate Medicaid MCOs provide lower-income health care consumers the option to purchase coverage that can remain continuous despite shifts in eligibility. Overlap issuers can allow families with "split coverage" to be insured by the same issuer, streamlining coverage for the whole family accordingly. These potential

[22] The individual mandate was eliminated beginning in 2019 through H.R. 1, the Tax Cuts and Jobs Act: An Act to Provide for Reconciliation Pursuant to Titles II and V of the Concurrent Resolution on the Budget for Fiscal Year 2018, signed into law on December 22, 2017.
[23] Executive Order No. 13813 of October 12, 2017. https://www.whitehouse.gov/presidential-actions/presidential-executive-order-promoting-healthcare-choice-competition-across-united-states/.

benefits of enrolling in an overlap issuer should be shared through consumer outreach and education initiatives, particularly those focused on low-income health care consumers and families.

When viewed at the state level, the proportion of QHP issuers that overlap with Medicaid is substantial, with an average of 43 percent overlap in each state. Nonetheless, examining county-level overlap in Texas shows that high state-level overlap does not necessarily translate into more overlap options for individual consumers across all counties. In fact, residents in more than half of Texas counties have no overlap issuers to choose from at all. In New York counties, there is far greater overlap availability for consumers, with a majority of New York counties having three or more overlap issuers.

Further research exploring market alignment and health coverage offerings in Medicaid and the Marketplaces will be helpful in determining whether the prevalence of QHP overlap issuers supports low-income health care consumers in retaining continuous coverage. Additionally, the increasing percentage of overlap issuers may correlate with the success of those plans that are already familiar with serving low-income populations through the Medicaid program.

Methodology

We define "overlap" in the context of QHP issuers and Medicaid MCOs as the percentage of QHP issuers that also operate a Medicaid MCO in the same state. For example, in a state with 100 percent overlap, each QHP issuer also offers a Medicaid MCO in that state. If a QHP shares a parent firm with an MCO in the state or if the QHP itself is a parent firm to a Medicaid MCO, it is labeled as an overlap issuer.

Qualified Health Plan Issuers. ACAP developed lists of QHP issuers in each state by accessing several resources, including healthcare.gov (for lists of QHP issuers participating in the FFM) and State-based Marketplace web sites. County-level QHP data was available through the HealthCare.Gov public use data file for Texas's and New York State's Departments of Health. These sources are cited in the attached spreadsheet for each state. Issuers offering QHPs in multiple states are counted once per state.

Type of Marketplace. The chart indicates whether the state established an SBM, SPM, FSM or FFM. The data used to identify these classifications can be accessed at http://kff.org/health-reform/state-indicator/state-health-insurance-Marketplace-types/.

Medicaid MCOs. The Medicaid MCO data are based on a variety of sources, but the primary resource is the Kaiser Family Foundation Medicaid Managed Care Tracker, which can be accessed here: http://kff.org/data-collection/medicaid-managed-care-market-tracker/. In the rare instances when Medicaid MCO data were not available on the tracker, we consulted state Department of Insurance websites, Medicaid program websites, and relevant news articles. This information has been augmented through conversations with Medicaid policy experts and health plan representatives in various states.

Consumer Operated and Oriented Plans. Information on CO-OPs was partially gathered from the web site of the Centers for Medicare and Medicaid Services, which operates the CO-OP program. These data can be accessed at http://www.cms.gov/CCIIO/Programs-and-Initiatives/Insurance-Programs/Consumer-Operated-and-Oriented-Plan-Program.html. Additional information was accessed on the web site of the National Association of State Health Cooperatives (NASHCO). This web site can be found here: http://nashco.org/.

Multi-State Plans. Information on MSPs is from the web site of the Office of Personnel Management (OPM), and is available at http://www.opm.gov/healthcare-insurance/multi-state-plan-program/.

ACAP continues to refine this list of QHP issuers and Medicaid MCOs. Contact Heather Foster, ACAP Vice President for Marketplace Policy, at HFoster@communityplans.net with comments, questions, or suggestions for the list.

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