



Acknowledgements

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Agenda

- Policy context for understanding potential rural impact of ACA Medicaid expansions
- Methods overview
- Findings
 - Differences between rural & urban potential enrollees
 - Comparisons between rural residents of expansion versus non-expansion states
- Conclusions & Limitations

Background

- Medicaid Expansion to all adults (19-64) with income below 138% FPL was central to ACA
- June 2012 SCOTUS decision made expansions a state option; currently 25 states plus DC are committed to expansion*
- Rural health experts have projected that rural residents would particularly benefit from expansion

*As of 1/28/2014



Knowledge Gaps

- What are the health care needs of the potential new Medicaid enrollee population? Rural-urban differences?
 - For this study, new enrollees include new eligibles & “welcome mat” group of current eligibles who are uninsured
- How will rural residents be affected by the expansion becoming optional?



Research Questions

- What % of low-income rural and urban adults are potential Medicaid enrollees?
- How do socioeconomic & health status characteristics of rural potential enrollees compare to their urban counterparts? To current Medicaid enrollees?
- What are the implications of expansion (including state participation decisions) on the rural health system & access for rural populations?

Methods

- Analysis of nationally representative survey data:
 - Pooled 2007-2011 Medical Expenditure Panel Survey (MEPS)
 - State-level Medicaid policy data (Kaiser)
 - Area Resource File
- Analyses with correction for complex sample design (SUDAAN)

Study Sample

- Adults aged 19-64
- Family incomes below 138% FPL (133% plus MAGI disregard)
- Excluded individuals with SSDI or Medicare, non-US born (and privately insured for most analyses)
- N = 10,725 (2,176 rural)

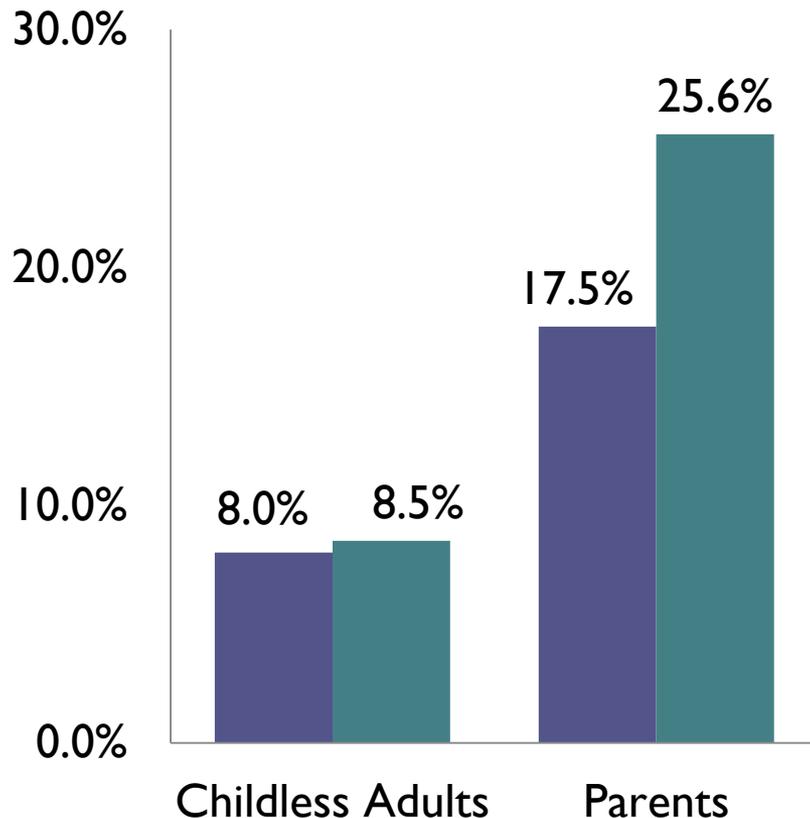
Rural-Urban Insurance Coverage Pre-ACA (Adults age 19-64, <138% FPL)

	Rural %	Urban %
Private Insurance	26.3	25.4
Medicaid	20.4	25.0
Medicare	8.0	6.4
Uninsured	45.3	43.2

- 40% of uninsured rural adults pre-ACA had income <138% FPL, versus 34% of urban

Pre-ACA Medicaid Eligibility $\geq 100\%$ FPL

■ Rural ■ Urban



- Among individuals $< 138\%$ FPL, rural residents are less likely to live in states that covered parents at or above 100% FPL prior to the ACA (no difference for childless adults)

Potential versus Current Enrollees

Across residences, potential new enrollees differ from current Medicaid enrollees. They are more likely to be:

Male

In good+ health

Not obese

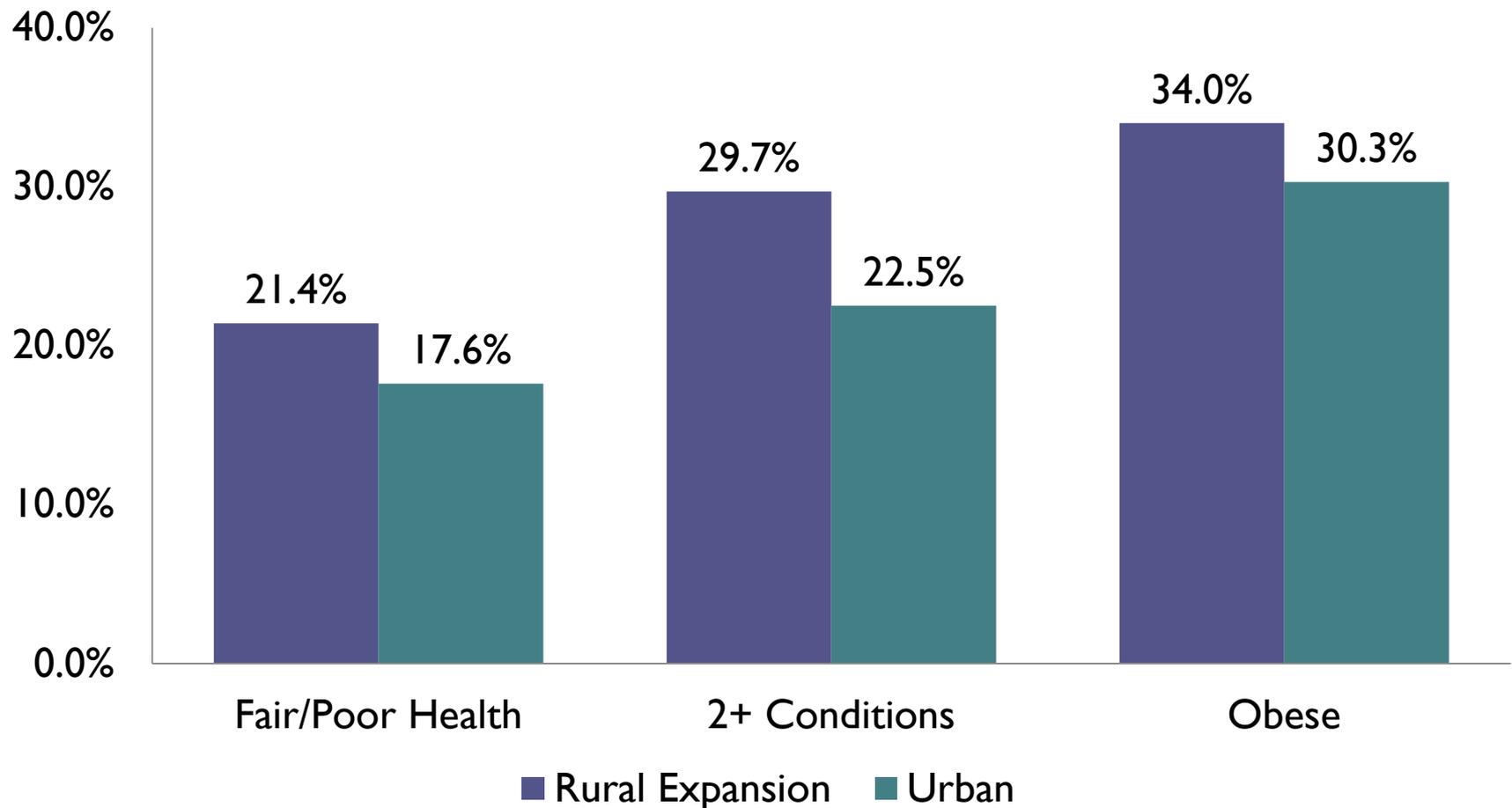
Not a smoker

Employed

Living in the South

Lacking a Usual Source
of Care

Health Status of Potential New Enrollees: Rural versus Urban

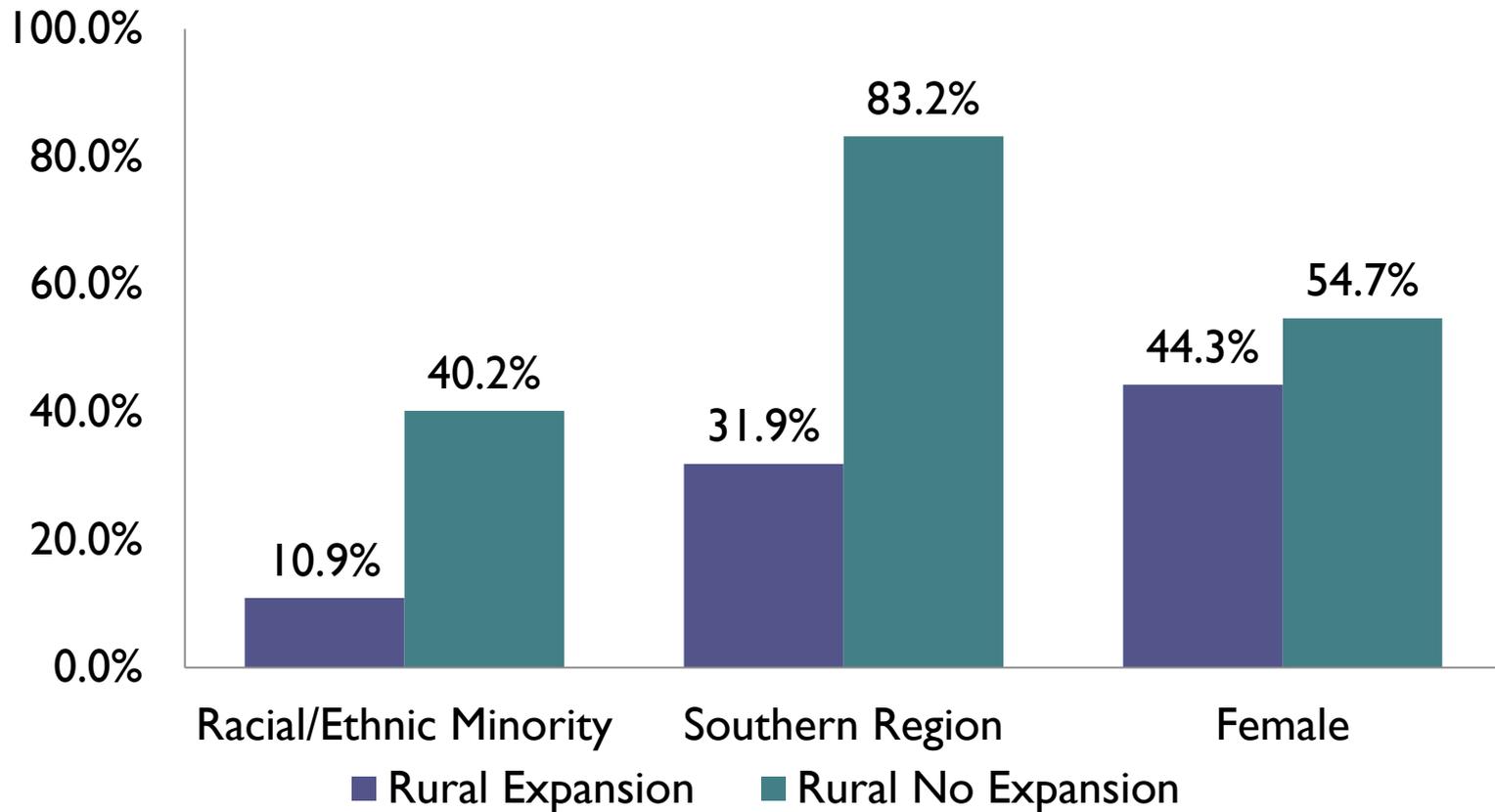


Rural-Urban State Expansion Status

(Among adults age 19-64, <138% FPL)

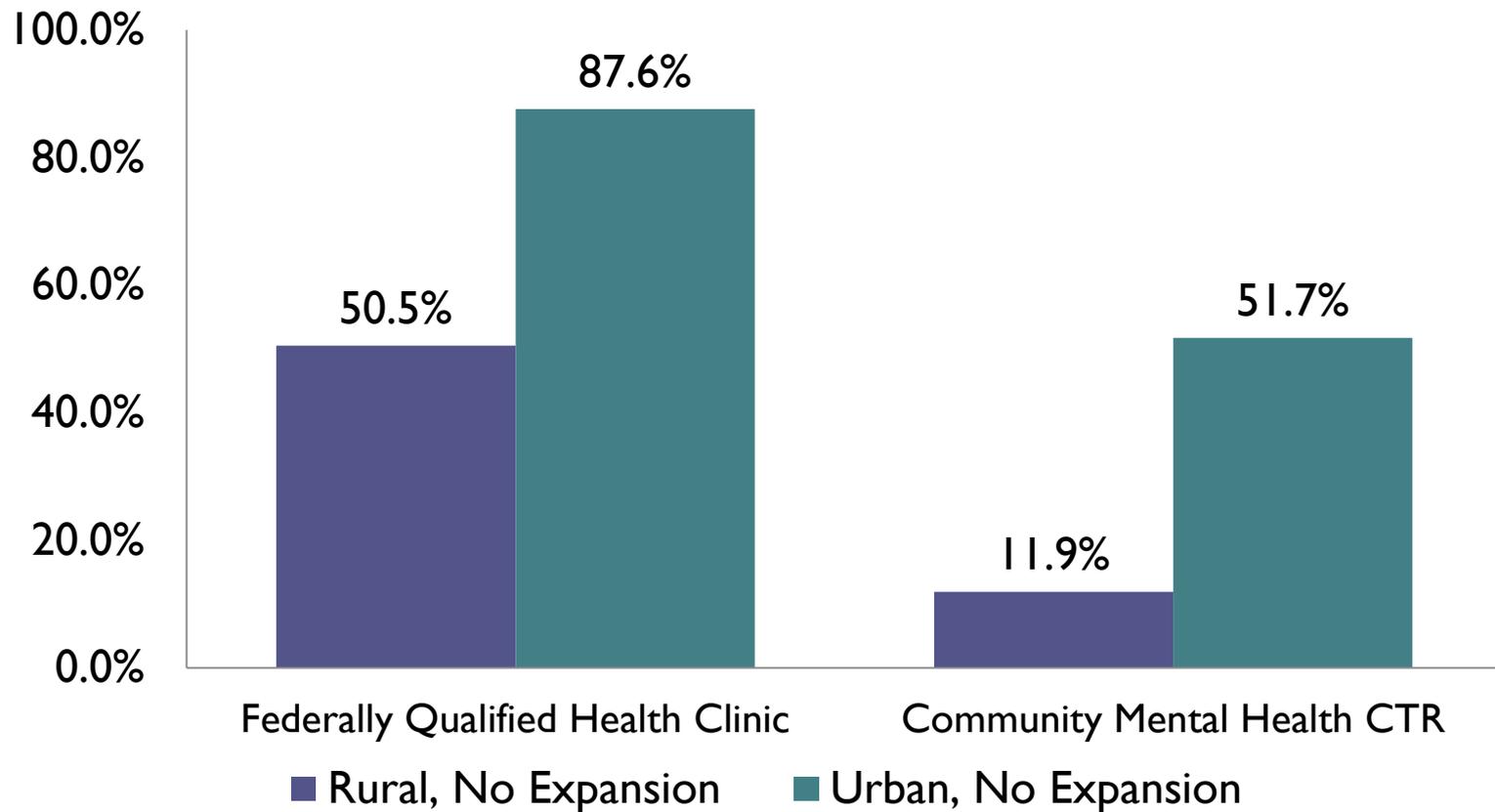
	Rural %	Urban %
Expanding Medicaid	37.9	49.7
Alternative Model	4.4	1.6
Not Expanding	43.8	35.2
Debate Continues	13.9	13.5

Uninsured Rural Adults*: Expansion vs Non-Expansion States



*Ages 19-64, with incomes <138% FPL

Safety Net Access in County for Uninsured* in Non-Expansion States



*Ages 19-64, with incomes <138% FPL

Challenges & Limitations

- State policy is a moving target
- Differentiating between currently eligible, unenrolled individuals and those newly eligible is complicated
 - Hard to disentangle impact of prior state policy & current expansion decision
- County-level analyses of supply data may mask important local realities

Conclusions & Implications

- Rural residents would benefit more from expansion, but are less likely to live in an expansion state
 - The rural-urban gap has diminished as more rural states have expanded since we first analyzed the data in early 2013
- Potential new Medicaid enrollees in non-expansion states: disproportionately female, minorities, living in the South, and poorer access to safety net services

Conclusions & Implications

- States shouldn't expect new enrollees to be as sick (costly) as current enrollees
- However: among new enrollees, those in rural areas are in poorer health
 - Yet, primary care supply is more limited than in urban areas
- Rural uninsured in non-expansion states have poorer access to safety net care and may place burden on “informal” rural safety net

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