

BACKGROUND

The ACA provides new coverage options for low-income nonelderly adults

- On January 1, 2014, 25 states and the District of Columbia initiated the option to expand Medicaid to nonelderly adults up to 138% of Federal Poverty Guidelines (FPG) as part of the Affordable Care Act (ACA).
- A substantial number of uninsured adults will obtain health insurance coverage: States with Medicaid expansions in effect in February 2014 had an 8.3% increase in Medicaid/CHIP enrollment compared to 1.6% in non-expansion states (CMS's "Medicaid and CHIP: February 2014 Monthly Applications, Eligibility Determinations, and Enrollment Report").
- Along with gains in coverage, newly-covered individuals will also gain better access to health care and financial protections from high health care costs.

OBJECTIVE

- Two key questions for Medicaid program administrators and providers:

- 1) What are the health care needs of the ACA Medicaid expansion population?
- 2) How well will Medicaid coverage meet their needs?

- National data to address these questions are not yet available.
- Prior studies have predicted the likely health status of the ACA Medicaid expansion population and extrapolated findings from earlier, pre-ACA Medicaid expansions in select states to assess the impact of the ACA expansion on health care access, use, and affordability. These studies have found:
 - That the Medicaid expansion population generally is likely healthier than pre-ACA Medicaid enrollees.
 - That a gain in Medicaid coverage is associated with improvements in access, use, and affordability of health care.
 - Some (but inconsistent) evidence of increases in emergency department (ED) use, which may suggest continued barriers to care under Medicaid.
- This analysis leverages newly available data and a broader set of measures to address the two questions above.

DATA

National Health Interview Survey (NHIS)

- Data Source:
 - Integrated Health Interview Survey (IHIS), a harmonized version of the NHIS prepared by the Minnesota Population Center and the State Health Access Data Assistance Center (available at www.ihs.us).
- Sample:
 - Restricted to sample adults aged 19-64 years who were uninsured or had Medicaid coverage and who had a family income < 138% FPG.
 - Pooled data for two most recent years (2011 and 2012) to expand sample size.
- Outcomes:
 - 17 indicators of health care access, use, and affordability, including 11 new policy-relevant items added to the NHIS questionnaire in 2011 and 2012.

METHODS

Assessed the health care needs of low-income adults potentially eligible for Medicaid expansion:

- Weighted rates of outcomes for low-income uninsured adults compared to low-income adults currently with Medicaid coverage.

Estimated the link between Medicaid coverage under the ACA and health care access, utilization, and affordability:

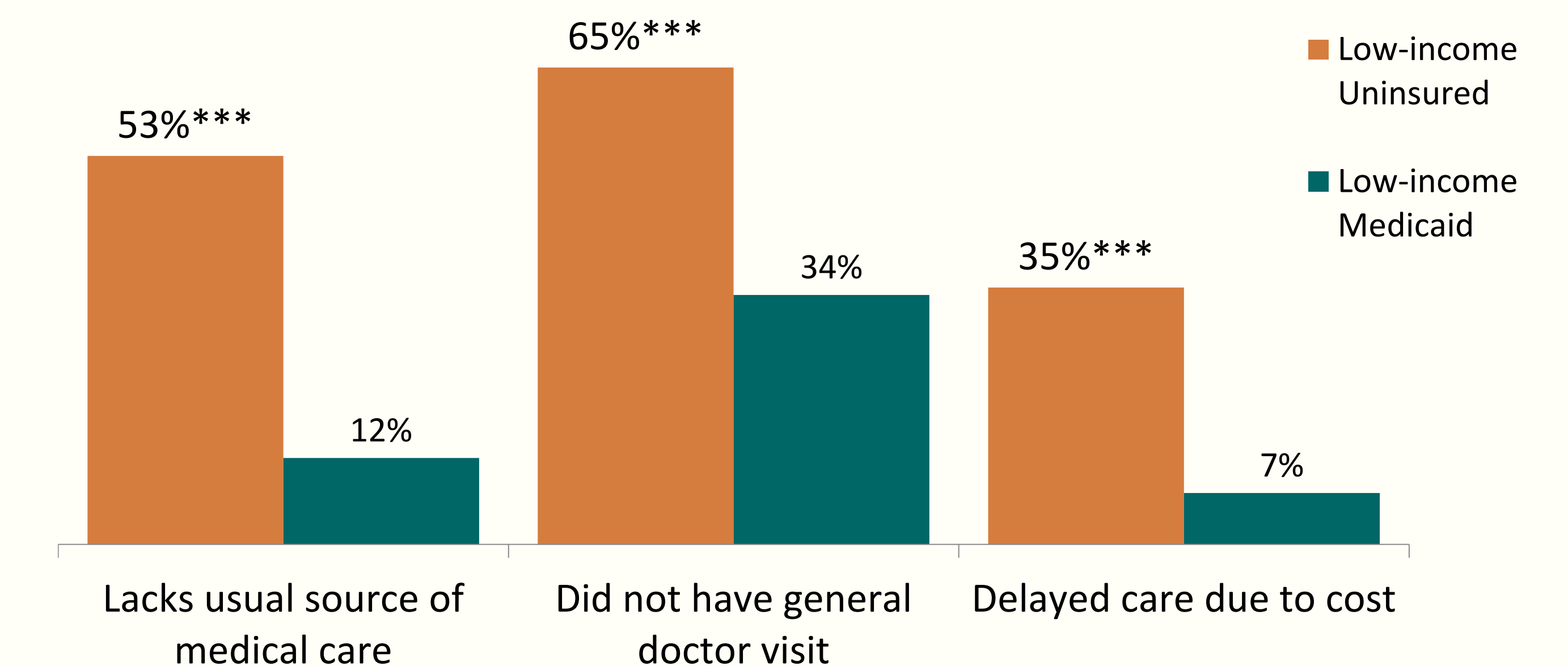
- Recycled prediction method :
 - Estimated multivariable logistic regression models based on the current low-income Medicaid population to determine the effect of Medicaid coverage on each of the outcomes.
 - Using the logit results, computed the mean predicted probability of each outcome for low-income uninsured adults with vs. without Medicaid coverage.
- All models controlled for demographic, socioeconomic, health, and geographic characteristics.

LIMITATIONS

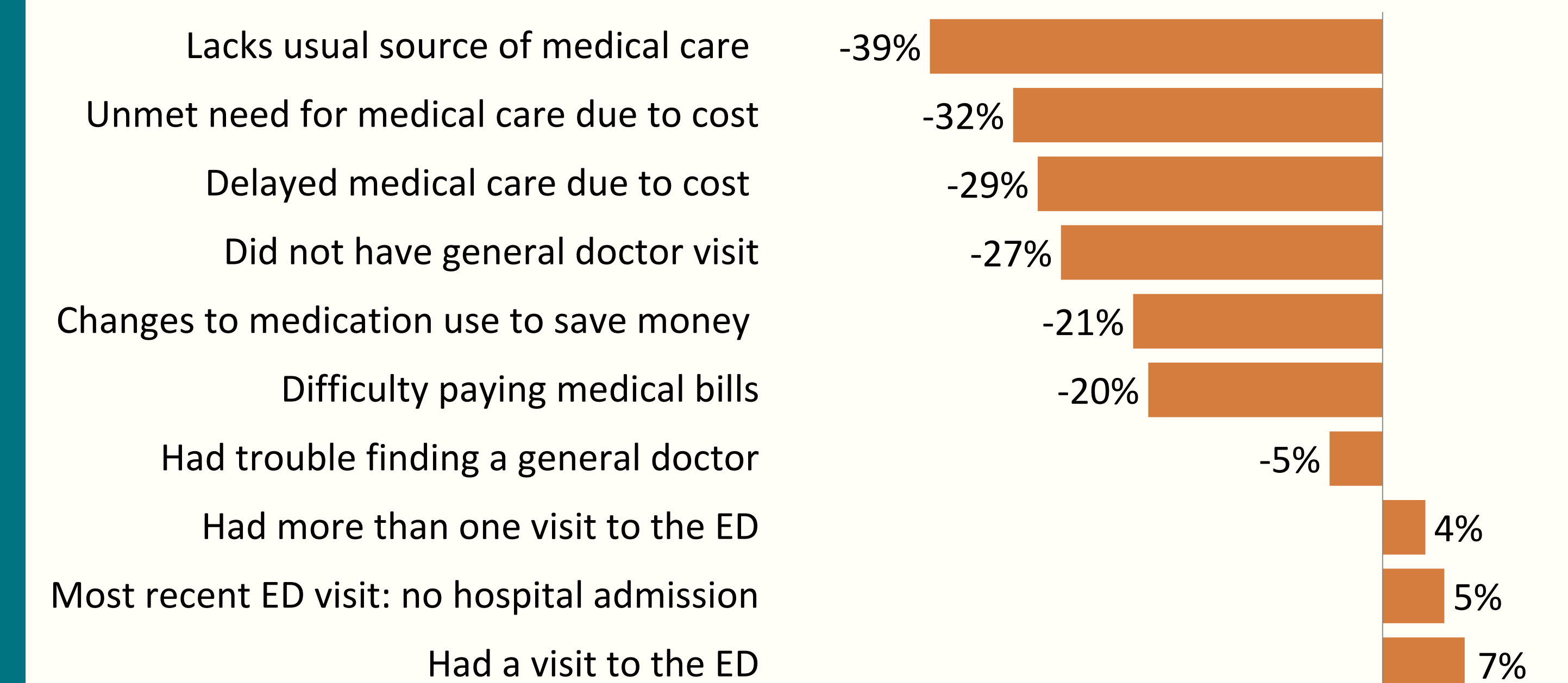
- The NHIS public file does not contain state identifiers. Our analyses yield national estimates and do not necessarily apply to changes in any individual state.

RESULTS

- Low-income uninsured adults are more likely to report trouble with health care access, use, and affordability than low-income adults with Medicaid.



- % Change in Outcomes with Medicaid: Low-income uninsured adults are projected to obtain strong gains in health care access, use, and affordability under Medicaid.



All results statistically significant at $p < 0.001$.

CONCLUSIONS

- The target population for Medicaid expansion under the ACA (low-income uninsured adults) face substantial barriers to obtaining health care. We predict that the expansion of Medicaid will result in significant gains in health care access, use, and affordability.
- Despite these gains, Medicaid expansion enrollees, like current Medicaid enrollees, will likely face some barriers to care under Medicaid, as the program is not without its limits (benefit restrictions, physician participation, etc.).
- States must address the current gaps in health care access and affordability under Medicaid and the possibility that these gaps may be exacerbated as Medicaid caseloads expand.

