The ACA Medicaid Expansion: Effects on Coverage and Access

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Exhibit 1
Status of State Participation in Medicaid Expansion, As of March 2017

- Expanding (25 + DC)
- Approved Customized Medicaid Expansion (6)
- Medicaid Expansion Under Discussion (4)
- Not expanding (15)

*Adults in Wisconsin are eligible for Medicaid up to 100% of federal poverty.
Notes: CMS has approved waivers for expansion with variation in Arkansas, Indiana, Iowa, Michigan, Montana, New Hampshire, and Pennsylvania. Pennsylvania has transitioned from its customized Medicaid expansion program, “Healthy Pennsylvania,” to traditional Medicaid expansion.
States That Expanded Medicaid Saw Greatest Reductions in Rates of Uninsured Working-Age Adults

Notes: States are arranged in rank order based on their uninsured rate in 2013. Alaska, Indiana, Louisiana, and Montana expanded their Medicaid programs after Jan. 1, 2015.

States That Expanded Medicaid Experienced Greater Improvement in Health Care Access Among Low-Income Adults, 2013 to 2015

Notes: Alaska, Indiana, Louisiana, and Montana expanded their Medicaid programs after Jan. 1, 2015. Adults with a usual source of care is reported elsewhere in the Scorecard, such that a higher value is favorable; for this exhibit, the share of “adults without a regular health care provider” is reported. Low income refers to household income <200% of the federal poverty level.
A Tale of Border States: Tennessee Lags Kentucky Significantly in Coverage and Access Gains, Post-ACA

**Percent of low-income (<200% FPL) adults**

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kentucky</td>
<td>38%</td>
<td>37%</td>
</tr>
<tr>
<td>Tennessee</td>
<td>13%</td>
<td>28%</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th></th>
<th>2013</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kentucky</td>
<td>34%</td>
<td>28%</td>
</tr>
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<td>Tennessee</td>
<td>21%</td>
<td>26%</td>
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<tr>
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<td>16%</td>
</tr>
<tr>
<td>Tennessee</td>
<td>25%</td>
<td>25%</td>
</tr>
</tbody>
</table>

Note: FPL refers to Federal Poverty Level. *Ages 19-64 for uninsured rate, age 18 or older for going without care because of cost and without a usual source of care.


Exhibit 5

Following Medicaid Expansion, Use of Timely Care and Health Status Increased Among Low-Income Adults in Arkansas and Kentucky Compared to Adults in Nonexpanding Texas

<table>
<thead>
<tr>
<th>Service</th>
<th>Percentage Point Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Checkup in past year*</td>
<td>16.1</td>
</tr>
<tr>
<td>Glucose check among those with diabetes</td>
<td>10.7</td>
</tr>
<tr>
<td>Regular care for chronic condition</td>
<td>12</td>
</tr>
<tr>
<td>Any ED visit in past year</td>
<td>-6</td>
</tr>
<tr>
<td>Fair/poor quality of care</td>
<td>-7.1</td>
</tr>
</tbody>
</table>

Notes: **represents changes where P < .001. All percentage points changes displayed are significant (P < .05) since the baseline period.

Exhibit 6
Low-Income Adults in Arkansas and Kentucky Experienced Marked Improvements in Affordability Compared to Adults in Texas

Percentage point change since baseline (2013) compared to non-expansion states (Texas)

Skipped medication due to cost*  Trouble paying medical bills*  Annual OOP medical spending

Notes: *** represents changes where P < .001. All percentage points changes displayed are significant (P<.05) since the baseline period.

Exhibit 7
Continually Insured Adults with Private Coverage or Medicaid Rated the Quality of their Health Care as Excellent or Good at Higher Rates than Adults Who Were Uninsured During the Year

Percent of adults ages 19–64

Note: ** Excludes those who had not received health care in past 12 months; cholesterol checked in past five years (in past year if has hypertension, heart disease, or high cholesterol); mammogram in past two years for females ages 40–64. * Difference is statistically significant from those with private coverage who were insured all year (p≤0.05). ^ Difference is statistically significant from those with Medicaid coverage who were insured all year (p≤0.05). + Difference is statistically significant from those who were uninsured during the year (p≤0.05).
Percentages were adjusted for age, race, sex, health status, and income.
Looking Forward

• CBO estimates that by 2026, 71 million people will be enrolled in Medicaid, 15 million through the ACA expansion.

• Will more states move forward on expansion this year?
  – GA, KS, ME, VA

• Will CMS enable greater flexibility for states through 1115 waivers and what will be the implications for Medicaid enrollees?

• Will Congress return to block grants and per capita caps?