



## **Comparison of Health Outcomes and Access to Care of Adults Currently in Medicaid Compared to Adults Potentially Eligible under Medicaid Expansion<sup>1</sup>**

### ***Medicaid Expansion***

There have been many immediate and planned reforms to the US health system as a result of the passage of the Patient Protection and Affordable Care Act (PPACA, or abbreviation ACA). One key component of the legislation is the increased ability for uninsured Americans to obtain coverage either through the state Medicaid program or the Affordable Insurance Exchanges. The expansion of the Medicaid program is optional; states can decide to expand Medicaid eligibility to 138% of the federal poverty level (FPL) with guidance from the Center for Medicare and Medicaid Services (CMS). Governor Rick Snyder recently passed Medicaid Expansion legislation.<sup>1</sup> Analysis has been conducted on the impact of Medicaid expansion for states as well as profile of medical status and eligibility requirements of potential beneficiaries. Michigan, as well as other states that expand Medicaid eligibility, could benefit from additional information regarding the potential health status of new enrollees for program planning and benefit design.

### ***Health Status Comparison Study***

Published in The Journal of American Medical Association (JAMA) in June 2013 Decker *et al.* explored this concept in their publication “Health Status, Risk Factors, and Medical Conditions Among Persons Enrolled in Medicaid vs Uninsured Low-Income Adults Potentially Eligible for Medicaid Under the Affordable Care Act.”<sup>2</sup>

For the study, lead author Sandra Decker, PhD, of the CDC and colleagues analyzed National Health and Nutrition Examination Survey (NHANES) data for 2007-2010. The purpose was to compare health and risk behavior indicators between adults currently enrolled in Medicaid and uninsured adults who may gain Medicaid coverage under the ACA Medicaid Expansion.

### ***Study Design***

Conducted under the CDC, NHANES is a national population-based, cross-sectional survey of non-institutionalized United States citizens. The survey uses a multi-stage complex survey design to sample the population. Uninsured adults age 19-64 years who reported having household income no more than 138% FPL were sampled. The Medicaid sample utilized adult Medicaid beneficiaries (19-64 years) not enrolled in Medicare at the time of survey.

Demographic factors consisted of age, sex, race-ethnicity, education, marital status, and pregnancy status among women. Health status indicators of interest included obesity status, This is a product of the Diabetes Partners in Action Data, Research, and Evaluation (DaRE) Workgroup.

exercise, diabetes, high blood pressure, high cholesterol, and depression. Diabetes, high blood pressure and high cholesterol were based on either self-report, clinical measurements, or laboratory measurements. Obesity status was based on measured height and weight. Exercise and depression were based on self-report.

### **Comparison Results**

Medicaid recipients tended to have poorer health outcomes and lifestyle behaviors than low-income, uninsured adults potentially eligible for Medicaid based on state Medicaid Expansion (referred to here as low-income, uninsured or uninsured adults). The obesity rate among adult Medicaid recipients was 16% higher than that of low-income, uninsured adults. The percentage of uninsured adults who self-reported exercising at time of survey was slightly higher compared to adult Medicaid recipients. Furthermore, 75% of the uninsured reported being in good, very good, or excellent health compared to only 60% of those with Medicaid. For 2007-2010, 12.7% of adult Medicaid recipients self-reported being diagnosed with diabetes or screened positive for diabetes compared to only 6.6% of uninsured adults. High blood pressure and high cholesterol were also significant higher among Medicaid adults compared to low-income, uninsured adults. However, the proportion of uninsured adults who had undiagnosed diabetes was twice that of adult Medicaid beneficiaries. In addition, uncontrolled hypertension was dramatically higher among the uninsured adult population compared to the adult Medicaid population.

Low-income, uninsured adults had less access to care compared to Medicaid recipients. Among those with a chronic condition, three in ten had not visited a health profession in the past year compared to one in 20 adult Medicaid recipients. Furthermore, reliance on emergency department visits was five time higher for uninsured adults than for Medicaid beneficiaries.

### **Conclusion**

Low-income, uninsured adults who may be eligible under Medicaid Expansion were typically healthier than adults enrolled in Medicaid. However, of the low-income and uninsured, those who had chronic condition(s) tended to be sicker, i.e., higher percentage of undiagnosed and uncontrolled chronic conditions, than their Medicaid counterparts. This was based on analysis of clinical and laboratory tests collected by NHANES.

This brief looked at the comparisons between the health status of the adult Medicaid population compared to that of the low-income, uninsured adult population who may be eligible to enroll into Medicaid for states that pass Medicaid Expansion legislation. This profile could be helpful to state Medicaid programs, (especially relevant to Michigan) specifically in the expansion of overall healthier beneficiaries while increasing the need to examine chronic disease management due to undiagnosed and uncontrolled medical conditions.

1. [http://www.mlive.com/politics/index.ssf/2013/09/michigan\\_gov\\_rick\\_snyder\\_signs\\_6.html](http://www.mlive.com/politics/index.ssf/2013/09/michigan_gov_rick_snyder_signs_6.html)
2. Decker SL, Kostova D, Kenney GM, Long SK. Health status, risk factors, and medical conditions among persons enrolled in Medicaid vs uninsured low-income adults potentially eligible for Medicaid under the Affordable Care Act. JAMA 309(24):2579-86, 2013.

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