FACT SHEET

Medicaid Expansion Enrollment and Eligibility Update:
Health Status of Expected New Expansion Enrollees

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&
Saint Louis University Center for Health Law Studies

Introduction

Missouri is implementing an expansion of the Medicaid program to include all adults age 19-64 earning up to 138% of the federal poverty line FPL ($30,305 for a family of three), starting July 1, 2021. It is expected that approximately 274,000 adults will enroll in Medicaid expansion within the first year, according to an estimate from Governor Parson.

This Fact Sheet describes the health status and current healthcare access of expected new enrollees. These estimates may be used to consider their demand—particularly any pent-up demand—for health, mental health and dental services, after expansion. The health and mental health status of enrollees is described using a number of available measures, along with their current access to services, comparing those in the adult expansion group to current Medicaid enrollees. This is important background information as Missouri considers how new enrollees and their demand for health care services will impact Medicaid providers. The Fact Sheet concludes with a description of the data used to compile these estimates, and the methods used.

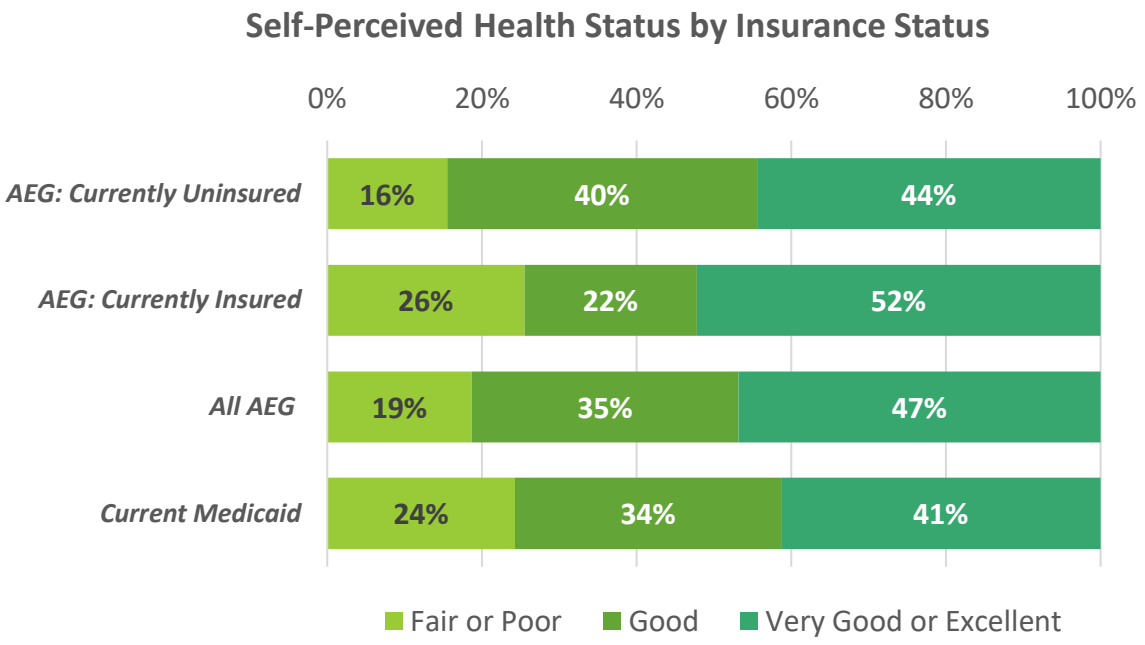
Description of Findings

This analysis relies on the data that is available through the 2018 Medical Expenditure Panel Survey Full-Year Consolidated file. The self-reported health status and health care access data provided could be under-reported for the adult expansion group (AEG) if currently uninsured persons have undiagnosed health conditions. In addition, the data was reported before the COVID-19 pandemic hit, so some health issues (such as mental health), may also be under-reported. Nevertheless, these data provide the best available approximation of the health status and access to health care services for the newly eligible adult expansion group.

Overall, the health status of the newly eligible adult expansion group is better on several measures than those that are currently enrolled in the Medicaid program. The newly eligible group has a higher self-perceived health status and has better overall self-reported mental health status. In addition, the newly eligible group has significantly fewer health related limitations and cognitive impairments. The newly eligible group is also less likely to have a chronic condition when compared to those that are currently eligible for Medicaid.

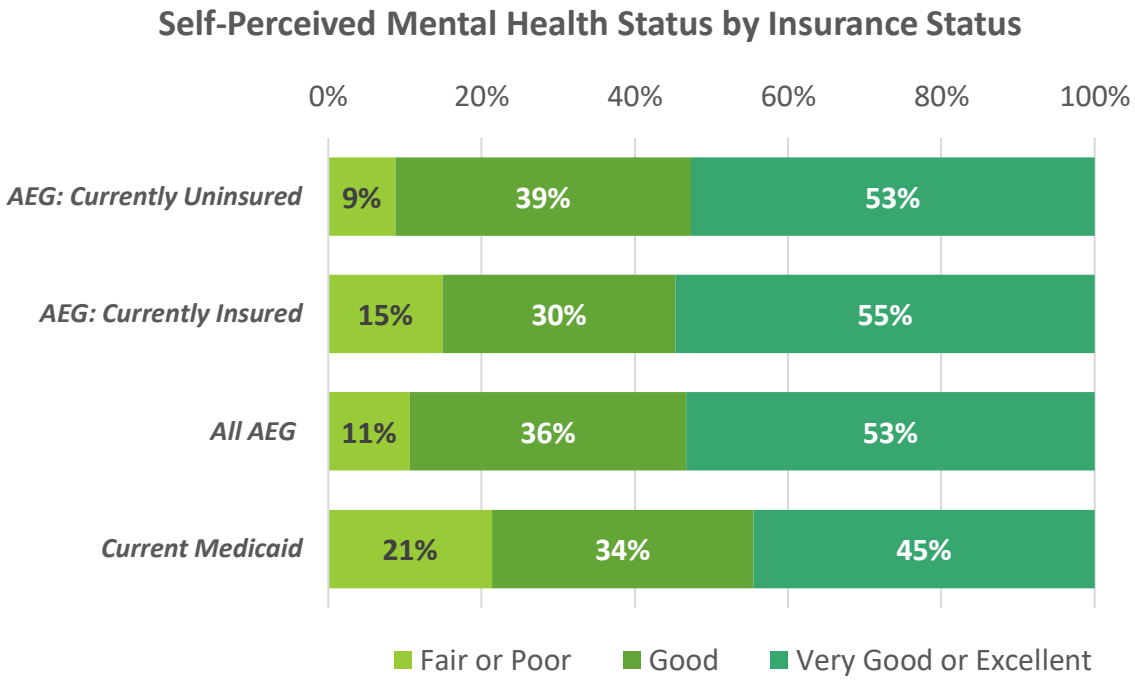
Individuals in the adult expansion group are less likely than those currently eligible for Medicaid to have a usual source of care and are more likely to delay care when needed. Moreover, these individuals are more likely to report delaying medical care due to cost than those that are currently enrolled in Medicaid. This group also reports delays in accessing dental care. Finally, the uninsured in the AEG report that they are more likely to not be able to afford dental care and that they delay dental care services due to cost.

Health Status of Adult Expansion Group and Current Medicaid Enrollees



Overall Health Status Self-reported health status is better overall for the adult expansion group than for those currently enrolled in Medicaid. However, a higher proportion of those in the AEG that are currently insured report excellent or very good health, compared to those that are currently uninsured.

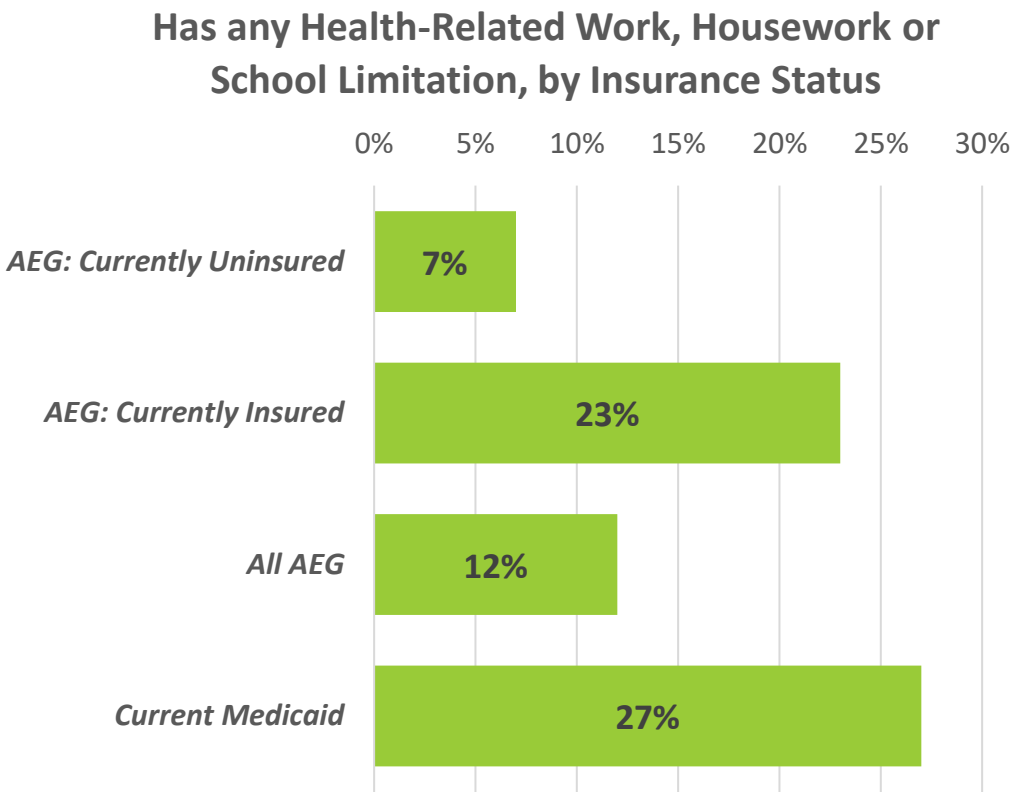
Mental Health Status Self-reported mental health status is similar across the adult expansion group, though current Medicaid enrollees are more likely to report fair or poor mental health. A higher proportion of the AEG reports excellent or very good mental health status.

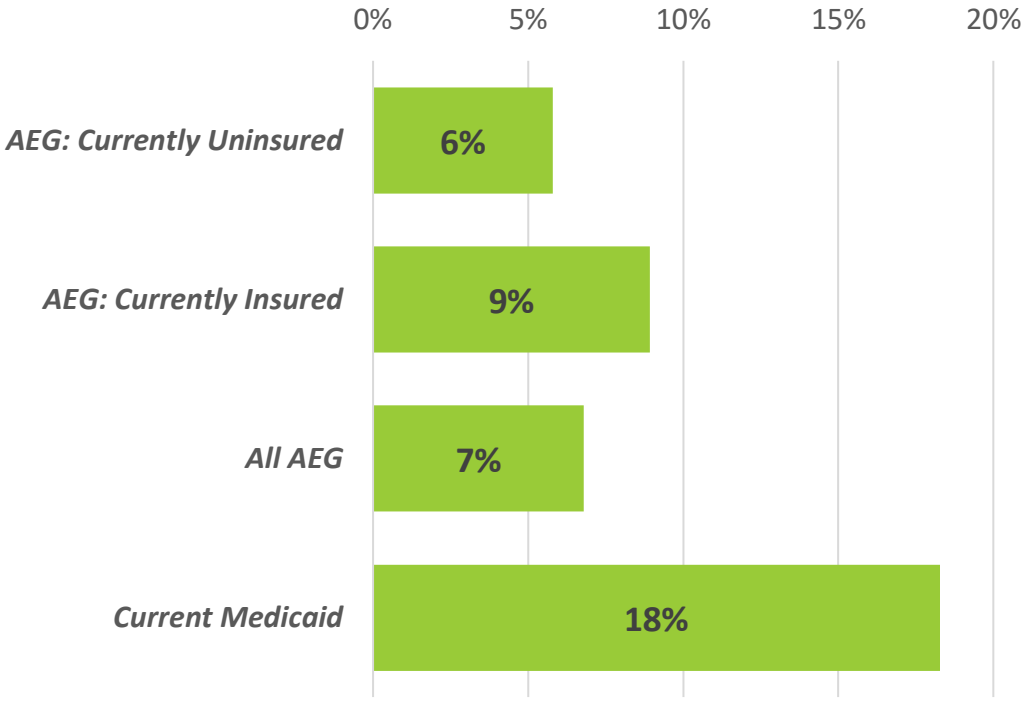


Description of Insurance Status Categories

- **AEG: Currently Uninsured** – people who do not have any health insurance (private or public).
- **AEG: Currently Insured** – people with employer-sponsored insurance, TRICARE and direct purchase insurance (Marketplace coverage and other private, non-group insurance)
- **All Adult Expansion Group (AEG) expected New Medicaid Enrollees** – adults estimated to enroll in Medicaid after the expansion
- **Current Medicaid Enrollees** – adults currently enrolled in Medicaid

Health-Related Limitations A higher proportion of persons that are currently enrolled in Medicaid report having a health-related work, housework or school limitation, as compared to the adult expansion group. The subset of the adult expansion group that are currently insured are more than twice as likely to report this type of limitation than those that are currently uninsured. The currently insured also report a level of health limitations similar to those on Medicaid, but this may reflect their increased need for insurance.

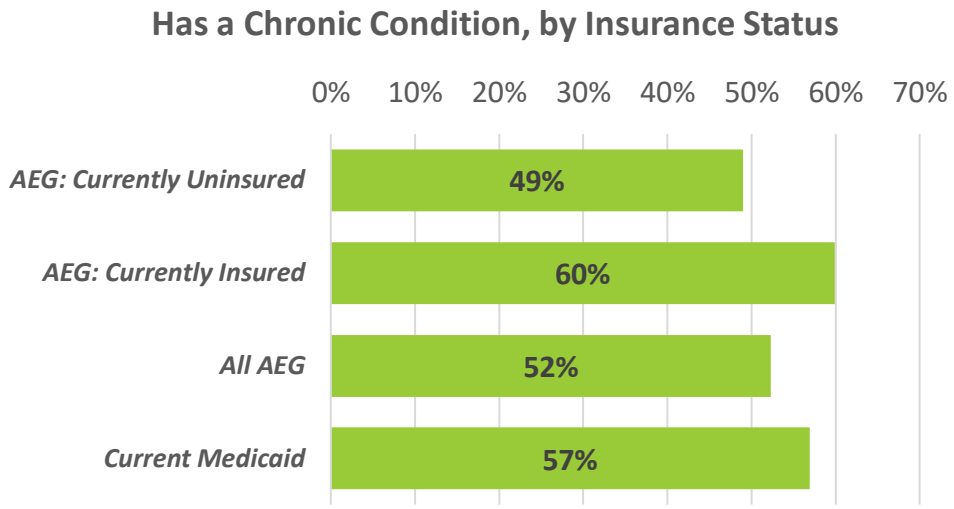


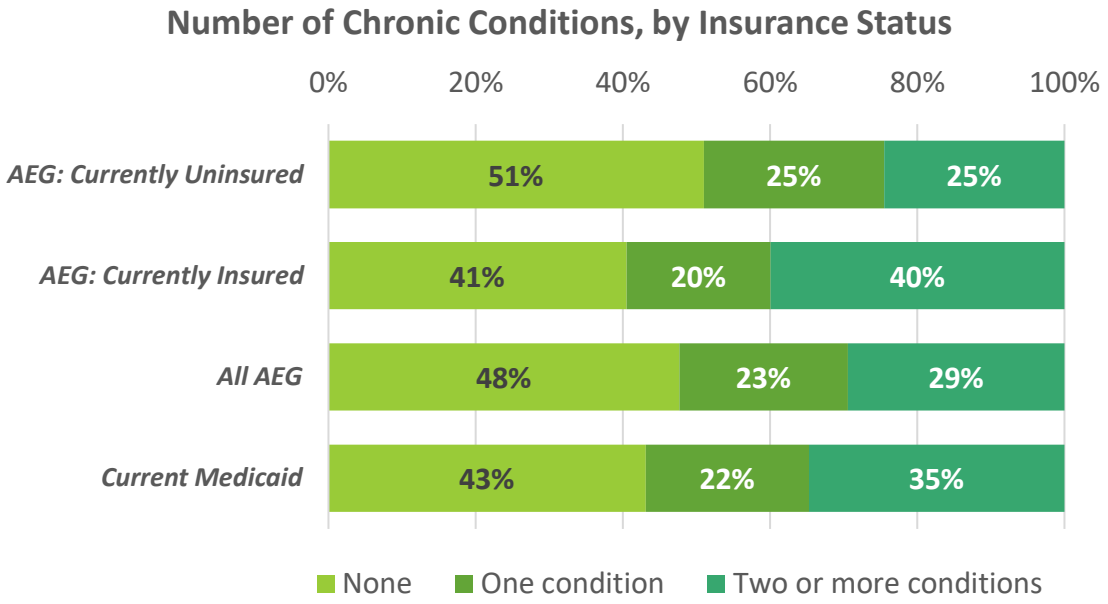


Cognitive Limitations A higher proportion of current Medicaid enrollees have cognitive limitations compared to those in the adult expansion group, regardless of whether they are privately insured or uninsured. This difference likely reflects in part the fact that some adults with disabilities are currently eligible for Medicaid.

Have at Least One Chronic Condition

At least half of the AEG have at least one chronic condition (52%), a slightly lower proportion have chronic conditions in the current Medicaid population (57%). Those in the AEG with insurance were more likely to report having a chronic condition, compared to those who are uninsured, perhaps reflecting their increased demand for insurance if they have chronic conditions.





Number of Chronic Conditions

Individuals in the adult expansion group are also less likely to have multiple chronic conditions (29%), compared to current Medicaid enrollees. Uninsured people in the AEG are less likely than those who are insured to have a single or multiple chronic conditions.

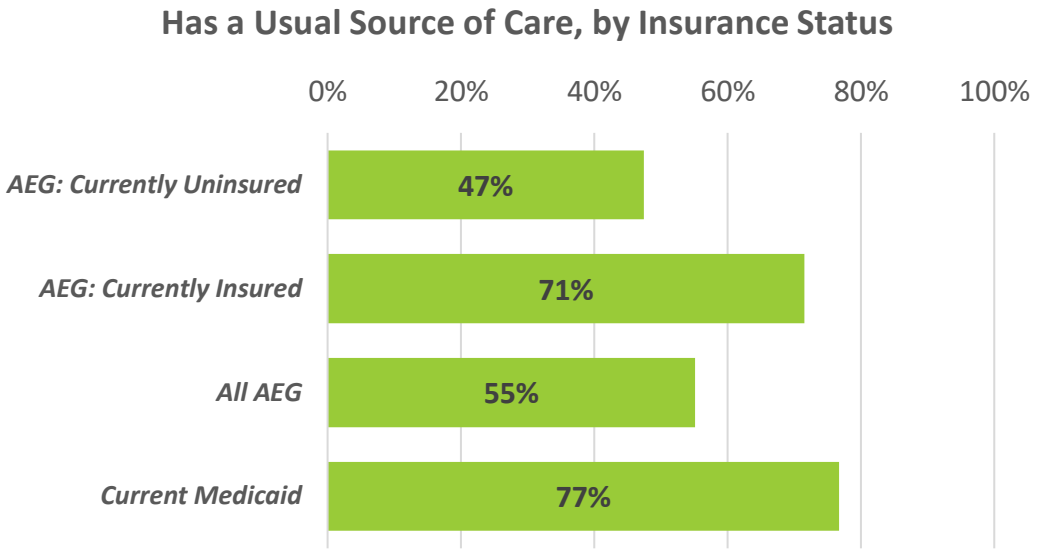
Chronic Condition	AEG: Currently Uninsured	AEG: Currently Insured	All AEG	Current Medicaid
Asthma	26%	13%	21%	17%
Arthritis	19%	20%	20%	22%
Diabetes	7%	11%	8%	9%
Emphysema	3%	5%	4%	2%
Heart Disease	2%	3%	2%	3%
High Blood Pressure	26%	19%	24%	22%
High Cholesterol	11%	19%	14%	17%
Chronic Bronchitis	2%	3%	2%	4%
Stroke	4%	7%	5%	4%

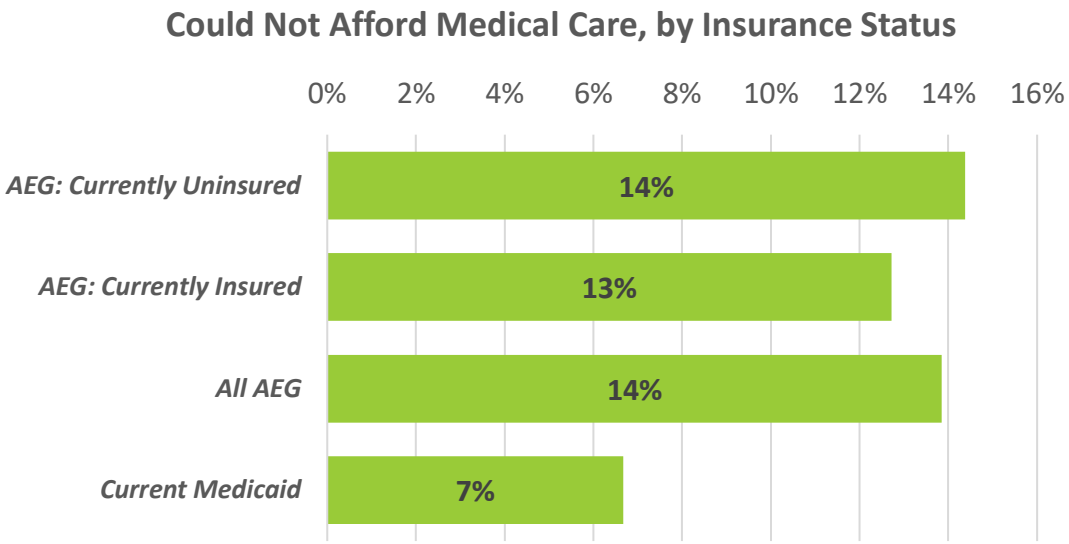
Chronic Conditions

The most common chronic conditions reported by the AEG are asthma and high blood pressure, followed by arthritis, high cholesterol and diabetes. In general, current Medicaid recipients report higher levels of all chronic conditions. There may be some under-reporting in the AEG if they have less access to care currently.

Have a Usual Source of Care

Roughly half (55%) of the adult expansion group report having a usual source of care, compared to 77% of those that are currently enrolled in Medicaid. Those that currently have insurance in the adult expansion group are much more likely (71%) than those that are uninsured (47%) to have a usual source of care.



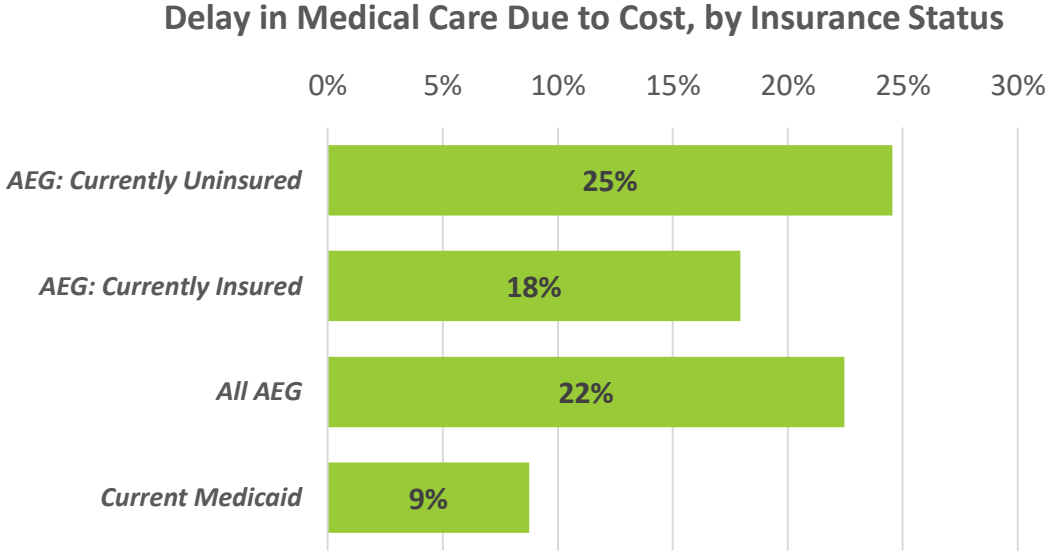


Could Not Afford Medical Care

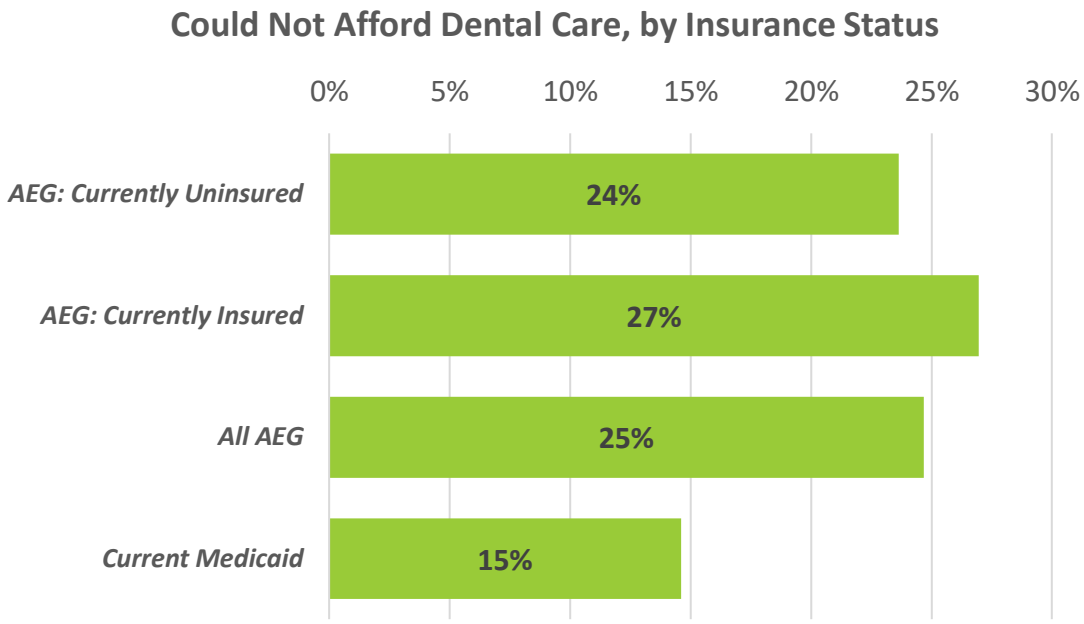
Individuals in the AEG are twice as likely (14%) to report that they could not afford medical care, compared to those currently enrolled in Medicaid (7%). There is little variation in the affordability of care among the AEG.

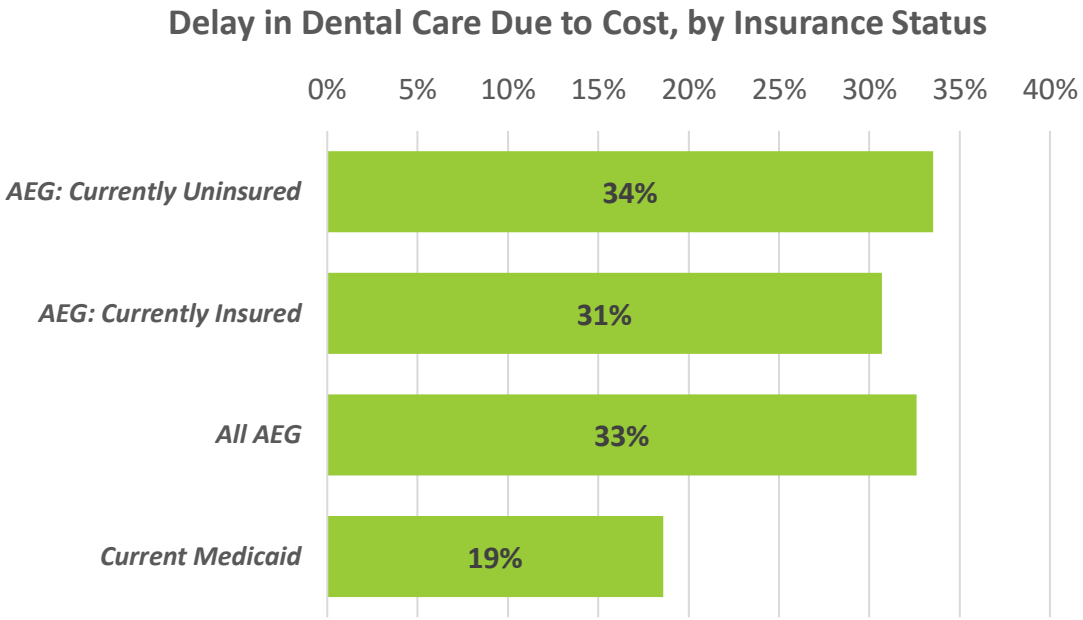
Delay in Medical Care Due to Cost

Individuals in the AEG were more likely to delay medical care due to cost than those with Medicaid coverage, with the uninsured the most likely to do so. Those with insurance who delay care may be *under*insured and face barriers due to cost-sharing while those on Medicaid have minimal or no cost-sharing. People facing cost barriers may have some pent-up demand for health care.



Could Not Afford Dental Care Individuals with current Medicaid coverage were less likely to report they could not afford dental care than those in the AEG. Within the adult expansion group, there is little variation in the ability to afford dental care. Often health insurance coverage does not include coverage for dental services which likely is contributing to these findings.





Delayed Dental Care Due to Cost Those expected to enroll in the adult expansion group are more likely to delay dental care due to cost than current Medicaid beneficiaries. There could be pent up demand for dental services for the individuals in the adult expansion group.

Summary: The adult expansion group (AEG) appears to be relatively healthier than the current adult Medicaid population; however, there is still a significant prevalence of chronic disease among the AEG. Some chronic conditions could be diagnosed and reported with expanded access to health care services through Medicaid if there is current lack of access to care. There will likely be some pent-up demand among the group of new enrollees as the currently uninsured in the AEG report less access to health care and dental care services (uninsured are about 60% of AEG). On the other hand, those in the AEG with insurance report similar access to care as those currently on Medicaid, though there is some evidence of underinsurance in this group as well. The needs of the adult expansion population will need to be monitored and any expanded need for health care services, and potentially additional providers, must be addressed to ensure that these individuals have access to the health care services they need.

Appendix. Data and Methods

The 2018 Medical Expenditure Panel Survey (MEPS) Full-Year Consolidated File was used to estimate the health status and access to healthcare services among the potential new enrollee population. The Midwest region was used as the sample in this analysis due to the absence of state-specific data in the public use files. The MEPS provides nationally representative estimates on healthcare use, access, and expenditures for the noninstitutionalized, U.S. civilian population. Data was analyzed for individuals age 19-64 living in households earning at or below 138% FPL who were either uninsured, covered by employer-sponsored insurance (ESI), or private non-ESI; this subpopulation formed the newly eligible group under Medicaid expansion. To calculate estimates for the new enrollees, we assumed distinct take-up rates to apply to each coverage type among the eligible group: 73% for the uninsured, 10% for those with ESI coverage, and 100% for those with private non-ESI coverage. The numbers for ESI and private non-ESI were then combined to show the currently insured enrollee group to compare to the uninsured enrollees and existing Medicaid populations.

A person was considered to have a chronic condition if they responded "yes" to ever having any of the following conditions according to a health professional: chronic bronchitis (in the past 12 months), high blood pressure, coronary heart disease, stroke, emphysema, high cholesterol, diabetes, arthritis, or asthma.

Comparison across surveys. Researchers at the Center for Health Economics and Policy (CHEP) have also explored data from the Behavioral Risk Factor Surveillance Survey (BRFSS) to study the health status of those in the AEG. The findings are consistent with those presented here, in that the health status of the AEG is better than the current Medicaid population. The BRFSS data also show that the potential expansion population has less access to medical care. See [BRFSS Data Visualization] to see the results from the BRFSS analysis.

*The views and opinions expressed in this fact sheet are those of the authors and do not reflect the official policy or position of Washington University or Saint Louis University

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