ASPE
ISSUE BRIEF

IMPACTS OF THE AFFORDABLE CARE ACT'S MEDICAID EXPANSION ON INSURANCE COVERAGE AND ACCESS TO CARE

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The Affordable Care Act (ACA) expanded Medicaid by providing federal matching funds to cover 100 percent of the cost in states expanding coverage to nonelderly adults (ages 19 to 64) with income ≤138 percent of the federal poverty level (FPL) during 2014 to 2016.[i] This expansion includes parents and childless adults who were previously ineligible for Medicaid coverage. To date, a total of 31 states and the District of Columbia have expanded Medicaid.

This issue brief provides a literature review of the effects of Medicaid expansion, with a focus on the impacts of the ACA's Medicaid expansion in 2014 and 2015. Specifically, the brief focuses on the effects of expansion on health coverage and access, affordability and quality of care. The first section of this issue brief examines the evidence to date on the impact of Medicaid expansion on health coverage. The second section explores the beneficiary impacts of Medicaid expansion, by examining access to care and utilization. The third section examines research to date on affordability and quality including enrollee financial well-being, satisfaction and experience. This literature review adds to prior ASPE research on the economic impacts of Medicaid expansion including the impact on the cost of uncompensated care.[1]

[i] The 100 percent federal match rate applies only to newly eligible individuals in the expansion population and will be phased down incrementally to 90 percent by 2020.The President's FY 2017 Budget includes a proposal to further create incentives for states to expand Medicaid by covering the full cost of expansion for the first three years, regardless of when a state expands coverage. Currently, the ACA covers the full costs through calendar year 2016 before gradually reducing the level of support to 90 percent.

Key Highlights

- Medicaid expansion has had an effect on insurance coverage.
    - Expansion states realized a 9.2 percentage point reduction in the number of uninsured adults (a 49.5 percent decline in the uninsured rate).
    - Non-expansion states realized a 7.9 percentage point reduction in the uninsured rate among uninsured adults (a 33.8 percent decline in the uninsured rate).
    - Recent research demonstrates that the raw difference in trends between expansion and non-expansion states actually understates the benefits of expansion because non-expansion states started with higher uninsured rates.

- Medicaid expansion has increased access to primary care, expanded use of prescription medications, and increased rates of diagnosis of chronic conditions for new enrollees.

- Medicaid expansion has improved the affordability of care for expansion enrollees. According to the Health Reform Monitoring Survey:
    - The percentage of low-income adults reporting problems paying medical bills declined by 10.5 percentage points (34.7 percent pre-expansion to 24.2 percent post-expansion).
    - Unmet health care among low-income adults declined 10.5 percentage points (55.3 percent pre-expansion to 44.8 percent post-expansion).

- Medicaid expansion has provided quality care to new enrollees. According to the Commonwealth Fund's Affordable Care Act Tracking Survey:
    - Nearly two-thirds (61 percent) of adults with Medicaid expansion coverage consider themselves to be better off now than they were before enrolling in Medicaid.
    - 93 percent of adults are very or somewhat satisfied with their Medicaid health plans.
    - 92 percent are very or somewhat satisfied with their plan doctors.

SECTION I. IMPACT OF MEDICAID EXPANSION ON HEALTH INSURANCE COVERAGE

Medicaid Enrollment

As of March 2016, the Centers for Medicare and Medicaid Services (CMS) reported that nearly 72.5 million individuals were enrolled in Medicaid/CHIP. Since the beginning of the ACA's first Open Enrollment Period in October 2013, Medicaid/CHIP enrollment has grown by 15.0 million individuals, or 26.5 percent.[2] Enrollment growth in Medicaid expansion states has been significantly larger than in non-expansion states. On average, Medicaid expansion states have experienced a 35.5 percent growth in

enrollment, compared to a 10.4 percent growth in non-expansion states.[3] This difference in Medicaid enrollment growth is consistent with the difference in coverage gains between expansion and non-expansion states described below.

The Reduction in Uninsured

Associated with the expansion of Medicaid has been a reduction of the uninsured. An analysis of the Gallup-Healthways Well-Being Index data through early 2016 (February 22, 2016), shows that the reduction in the uninsured rate for non-elderly adults was greater among Medicaid expansion states than among non-expansion states (see Figure 1).[ii] These estimates imply that Medicaid expansion contributed significantly to reducing the number of uninsured people in the nation.

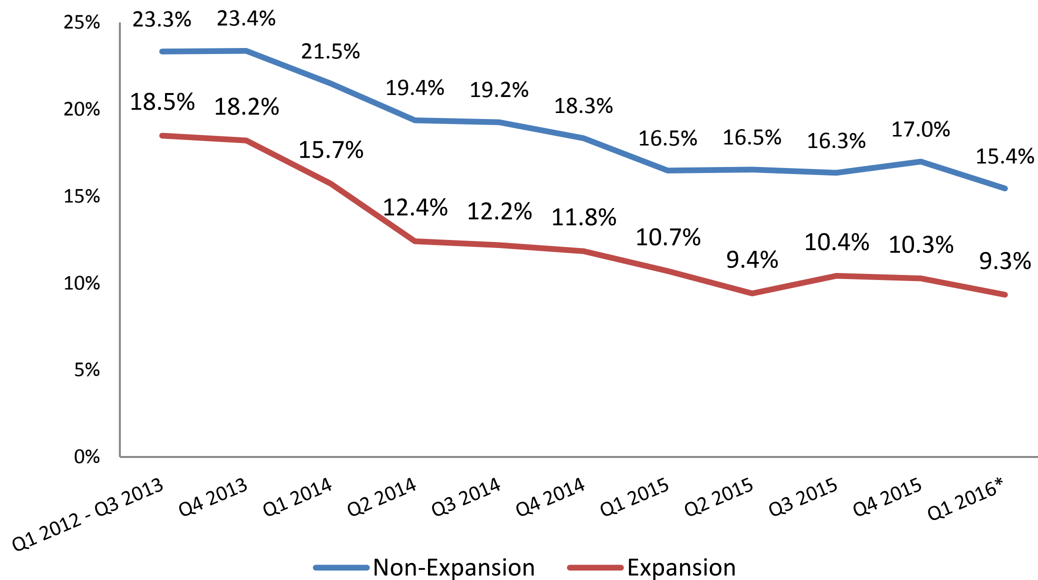
- Among Medicaid expansion states, the uninsured rate for non-elderly adults declined 9.2 percentage points (a 49.5 percent decline), from a baseline uninsured of 18.5 percent to 9.3 percent.
- Among non-expansion states, the uninsured rate for non-elderly adults declined 7.9 percentage points (a 33.8 percent decline), from a baseline uninsured of 23.3 percent to 15.4 percent.

In fact, the raw difference in the reduction in the uninsured rate between expansion and non-expansion states likely substantially *understates* the effect of Medicaid expansion. Figure 1 shows that the uninsured rate was substantially lower in expansion states than in non-expansion states before the ACA's coverage provisions took effect at the beginning of 2014. Recent research has found that, due to the uninsured populations in expansion states, the ACA's other coverage provisions have generated smaller reductions in the uninsured rate in those states, partially masking the beneficial effect of Medicaid expansion (Courtemanche et al., 2016; Furman, 2015).[4,5]

The impact of Medicaid expansion on reducing uninsurance extends beyond the expansion population. Kenney, Haley, Pan, Lynch, and Buettgens found the uninsurance rate for children age 18 and under fell by 1.2 percentage points from 7.0 percent in 2013 to 5.8 percent in 2014 and the number of uninsured children fell from 5.4 million to 4.5 million.[6] Alker and Chester (2016) found expansion states saw nearly double the rate of decline in uninsured children as compared to states that didn't expand Medicaid.[7] This is likely due to a robust "welcome mat" effect as parents enrolled their children when they signed up for newly available coverage. Even states that did not expand Medicaid appear to have experienced a welcome mat effect due to the ACA.

[ii] The Gallup estimates presented here are from January 2012 through February 2016 and encompass the total population, not just individuals with income ≤138 percent FPL. Accordingly, the estimates in this issue brief differ from the estimates presented in the Sommers, et al., "Changes in Self-reported Insurance Coverage, Access to Care, and Health Under the Affordable Care Act," *JAMA* 2015.

Figure 1. Quarterly Uninsured Rate Estimates for Nonelderly Adults (Ages 19 to 64) by Medicaid Expansion Status Using the Gallup-Healthways Well-Being Index, 2012 to 2016



SOURCE: The Office of the Assistant Secretary for Planning and Evaluation's (ASPE) analysis of the Gallup-Healthways Well-Being Index survey data through February 22, 2016.

SECTION II. IMPACT OF MEDICAID EXPANSION ON ACCESS

Usual Source of Care

Usual source of care (e.g., a particular medical professional, office, clinic, or community health center) is a key metric for measuring access to care because it reflects a stable connection with the health care delivery system. Beneficiaries with a usual source of care often receive more preventive services and better manage chronic conditions; and in turn receive more effective and efficient health care. Overall, the literature indicates that Medicaid expansion is associated with an increase in individuals reporting a usual source of care. Furthermore, focus group findings show that low-income adults reported that obtaining coverage enabled them to access needed care such as primary and preventive care, as well as to address their specific health problems. Highlighted below are key findings to date in the literature related to sources of care and appointment availability (Table 2).

Table 2. Summary of Findings Related to Medicaid Expansion and Sources of Care and Appointment Availability

Measure	Findings
Access to personal physician	• Medicaid expansion was associated with a significant reduction in low-income adults who lack a personal physician (-1.8 percentage points) compared to non-expansion states. • Individuals with chronic conditions who obtained regular care increased by 11.6 percentage points after the first year of Arkansas' private option expansion and Kentucky's traditional Medicaid expansion compared to Texas a non-expansion state.
Community health center visits	• Community health center visit rates increased by 46 percent in expansion states compared to 12 percent in non-expansion states.
Appointment availability	• A study that focused on Michigan found that primary care appointment availability increased by 6 percentage points (from 49 percent pre-Medicaid expansion to 55 percent) for all new Medicaid patients after expansion. • A study of 10 states found that availability of primary care appointments for Medicaid patients increased by 7.7 percentage points (from 58.7 percent in late 2012 to early 2013 to 66.4 percent in mid-2014).

Personal Physician. According to Sommers, Gunja, Finegold, and Musco (2015), Medicaid expansion has significantly increased the proportion of low-income adults who report having a personal physician.[8] Using the Gallup Healthways Well-Being Index survey data, Sommers et al. (2015) finds that Medicaid expansion was associated with a significant reduction in low-income adults who lack a personal physician (-1.8 percentage points) compared to non-expansion states. Sommers, Blendon and Orav (2016) found the share of low-income adults with chronic conditions who obtained regular care increased by 11.6 percentage points after the first year of expansion in Arkansas and Kentucky compared to the non-expansion state Texas.[9] Wherry and Miller (2016) found that low-income nonelderly adult citizens in Medicaid expansion states were 6.6 percentage points more likely to have seen or talked to a general physician in the previous 12 months than counterparts in non-expansion states. [iii]

Community Health Centers. Hoopes et al. (2016) examined changes in community health center visits between Medicaid expansion states and non-expansion states.[10] The authors found that one-year after Medicaid expansion, community health center visit rates increased by 46 percent in expansion states compared to 12 percent in non-expansion states.

Appointment Availability. Another study measured primary care wait times for appointments and appointment availability pre- and post- Medicaid expansion for new Medicaid patients in Michigan and concluded that access to services improved post-expansion.[11] Specifically, Tipirneni et al. (2015) found that wait times for primary care appointments remained stable (1-2 weeks) and appointment availability increased by 6 percentage points (from 49 percent pre-Medicaid expansion to 55 percent for new Medicaid patients after expansion). Similarly, Polsky et al. (2015) measured the availability of and

[iii] The Wherry and Miller analysis was based on data from the second half of 2014, the look back period includes months prior to the January 1, 2014 expansion and does not capture gains in subsequent months, so it may understate the increase in physician visits in states that expanded Medicaid.

waiting times for appointments in 10 states in late 2012 to early 2013 and again in mid-2014.[12] The authors in this study found that the availability of primary care appointments for Medicaid beneficiaries increased by 7.7 percentage points (from 58.7 percent to 66.4 percent). This increase in appointment availability was attributed to an ACA requirement temporarily increasing Medicaid reimbursement to primary care providers. The states with the largest increases in appointment availability also were most likely to have the largest increases in reimbursements.

Health Care Services

A review of the literature examining the impacts of Medicaid expansion on specific services has generally found that the newly enrolled Medicaid population is better able to access preventive services, needed prescription medications, be screened and diagnosed for chronic conditions, and access dental care. Furthermore, the payer mix for hospital admissions appears to have changed in expansion states with a decline in uninsured admissions (Table 3).

Table 3. Summary of Findings Related to Medicaid Expansion and Access to Care

Measure	Findings
Preventive services	• 41 percent increase in preventive visits in Medicaid expansion states compared to no change in non-expansion states in community health centers.
Prescription Drugs	• In 2014, Medicaid prescription rates increased 25.4 percent in states that expanded coverage, compared to only 2.8 percent in states that didn't expand coverage. • A 10 percentage point reduction in low-income adults skipping prescribed medications due to cost after the first year of expansion in Arkansas and Kentucky compared to non-expansion state Texas.
Early diagnosis and treatment of chronic medical conditions	• An increased number of Medicaid patients with diabetes are being diagnosed in Medicaid expansion states (23 percent increase in Medicaid expansion states versus a .4 percent increase in non-expansion states).
Dental care	• Cost related barriers to dental care fell from 30 percent in 2013 prior to Medicaid expansion to 25 percent in 2014 post Medicaid expansion.
Hospitalizations	• Among Medicaid expansion states, hospital admissions for uninsured patients decreased by 6 percentage points (50 percent decrease in uninsured hospital discharges). • Among Medicaid expansion states, percentage of admissions paid for by Medicaid increased by 7 percentage points (20 percent increase in Medicaid discharges). • A greater decline in the uninsured share of hospitalizations for people with HIV in four Medicaid expansion states (60 percent decline) compared to non-expansion states (8 percent increase).

Preventive Services. Hoopes et al. (2016) found that in addition to increases in community health center visits after Medicaid expansion, the centers provided a greater number of preventive services visits. Community health centers experienced a 41 percent increase in preventive visits in Medicaid expansion states compared to no change in non-expansion states.

Dental Care: Medicaid expansion may be reducing cost-related barriers to needed dental care. In 80 percent of expansion states, Medicaid provides at least some coverage for outpatient dental services.[13] Nasseh, Wall, and Vujicic (2015) found that for adults with income below 100 percent FPL, cost related barriers to dental care fell from 30 percent in 2013 prior to Medicaid expansion to 25 percent in 2014 post Medicaid expansion.[14]

Early Diagnosis and Treatment of Chronic Medical Conditions: Improved access to coverage can also result in earlier diagnosis and treatment of chronic medical conditions. Recent analysis of laboratory data from Kaufman, Chen, Fonseca, and McPhaul (2015) found that an increased number of Medicaid patients with diabetes are being diagnosed in Medicaid expansion states (23 percent increase in Medicaid expansion states versus a .4 percent increase in non-expansion states).[15] Wherry and Miller (2016), using survey data, found increases in diagnosis of diabetes and high cholesterol for low-income adult citizens in Medicaid expansion states compared with those in non-expansion states.

Prescription Medications: Access to prescription medications has also expanded for low-income adults in Medicaid expansion states compared to non-expansion states. In 2014, Medicaid prescription rates increased 25.4 percent in states that expanded coverage, compared to only 2.8 percent in states that did not expand coverage.[16] The large increase suggests that expanded access to coverage has helped many Medicaid beneficiaries obtain affordable treatment for their health conditions with the long-term goal of improving their health.[17] Sommers, Blendon and Orav found a 10 percentage point decline in the number of low-income adults claiming they skipped prescribed medication because of cost in their survey of low-income adults after the first year of expansion in Kentucky and Arkansas compared to non-expansion state Texas.

Hospitalizations: Improving access to coverage due to Medicaid expansion may also be measured by a changing payer mix for providers. Studies have found that Medicaid expansion is ensuring more consistent reimbursement to hospitals for care provided and is also producing benefits for patients who require hospitalization. Estimates from the Nikpay, Buchmueller, and Levy (2016) study show that since expansion, among Medicaid expansion states, hospital admissions for uninsured patients decreased by 6 percentage points (50 percent decrease in uninsured hospital discharges) while the percentage of admissions paid for by Medicaid increased by 7 percentage points (20 percent increase in Medicaid discharges) in the first half of 2014.[18] A study conducted by Hellinger (2015) found a greater decline in the uninsured share of hospitalizations for people with HIV in four Medicaid expansion states (60 percent decline) compared to non-expansion states (8 percent increase).[19] Further, the study concluded that uninsured HIV patients who were in the hospital were 40 percent more likely to die during their stay as compared to patients with insurance.

SECTION III. IMPACT OF MEDICAID EXPANSION ON AFFORDABILITY AND QUALITY

In addition to increased coverage and access to care, studies and survey results show Medicaid beneficiaries report satisfaction with the affordability and quality of Medicaid, their health coverage, and the doctors included in their plans (Table 4).

Table 4. Summary of Findings Related to Medicaid Expansion and Affordability and Quality

Measure	Findings
Affordability and Financial well-being	• 78 percent of Medicaid post expansion enrollees who have used their plan indicated that they would not have been able to access and/or afford their care prior to Medicaid expansion and enrollment. • The percentage of low-income adults reporting problems paying medical bills also declined by 10.5 percentage points (34.7 percent pre-expansion to 24.2 percent post-expansion). • Both traditional Medicaid expansion and private option expansion led to a decline in the percentage of low-income adults reporting trouble paying medical bills (12.9 percent decrease and 4.8 percent decrease respectively). • Unmet health care needs decreased among low-income adults, declining 10.5 percentage points (55.3 percent pre-expansion to 44.8 percent post-expansion). • Post-Medicaid expansion in California, the likelihood of any family out-of-pocket medical spending among low-income adults declined by 10 percentage points. • Medicaid expansion reduced third-party collections by $600 to $1,000 per individual.
Quality – Enrollee Satisfaction and Experience	• 61 percent of adults with Medicaid expansion coverage consider themselves to be better off now than they were before enrolling in Medicaid. • 93 percent of adults were very or somewhat satisfied with their Medicaid health plans. • 92 percent were very or somewhat satisfied with their plan doctors.

Affordability

Affordability. According to results from the Commonwealth Fund Affordable Care Act Tracking Survey of nonelderly adults (ages 19 to 64), among Medicaid enrollees who have had Medicaid for less than two years and have used their coverage, 78 percent indicated that they would not have been able to access and/or afford their care prior to Medicaid expansion and enrollment. [20]

Estimates from a study using data from the Health Reform Monitoring Survey, also found that affordability of care improved post-expansion.[21] Unmet health care needs decreased among low-income adults, declining 10.5 percentage points (55.3 percent pre-expansion to 44.8 percent post-expansion). The authors concluded that the decline was likely an effect of the strong cost-sharing protections associated with Medicaid plans. The percentage of low-income adults reporting problems paying medical bills also declined by 10.5 percentage points (34.7 percent pre-expansion to 24.2 percent post-expansion). The reduction in problems paying for medical bills also held true by Medicaid expansion status – Medicaid expansion states saw a 4.8 percentage point decline and non-expansion states saw a 2.8 percentage point decline from pre- to post-expansion. Furthermore, Sommers, Blendon and Orav found compared to a non-expansion state (Texas) both traditional Medicaid expansion (Kentucky) and private option expansion (Arkansas) lead to a decline in the number of individuals reporting trouble paying medical bills (12.9 percent decrease and 4.8 percent decrease, respectively).

Studies that examined the impact of Medicaid expansion on affordability at the state level also found results similar to those found using survey data. For example, Golberstein, Gonzales, and Sommers

(2015) examined the affordability of care after the early Medicaid expansion in California and found that expansion significantly reduced the likelihood of any family out-of-pocket medical spending among low-income adults by 10 percentage points.[22]

Financial Well-Being. The ACA Medicaid expansion has also had important financial impacts on enrollees. Hu, Kaestner, Mazumder, Miller, and Wong (2016) analyzed a large random sample of credit reports to compare people living in the zip codes most likely to be affected by Medicaid expansion with a synthetic control group from non-expansion states.[23] This method controls for potential selection effects due to differences in covariates such as income, race, and ethnicity between expansion and non-expansion states. The authors estimated that Medicaid expansion reduced third-party collections by $600 to $1,000 per individual. With fewer unpaid bills to reduce their credit ratings, these individuals may experience better financial well-being in future years.

Quality

Enrollee Satisfaction. The Commonwealth Fund survey found satisfaction with the new insurance coverage overall was also high. Of the Medicaid adults enrolled in Medicaid for less than two years, more than nine in ten (93 percent) were very or somewhat satisfied with their Medicaid health plans. The survey also indicated that among adults enrolled in Medicaid plans for less than two years who used their plan, 92 percent were very or somewhat satisfied with their plan doctors.

Enrollee Experience. In addition to the decrease in reported unmet need care found by the Health Reform Monitoring Survey, nearly two-thirds (61 percent) of adults with Medicaid expansion coverage in the Commonwealth Fund survey consider themselves to be better off now than they were prior to Medicaid expansion.

SECTION IV: CONCLUSION

Medicaid expansion has resulted in improved rates of coverage for low-income adults and improved access to care and affordability for enrollees. States that have expanded Medicaid have experienced increased enrollment in their state programs and greater reductions in their uninsured population.

Evidence shows that once covered, the newly enrolled population can obtain primary care services, be screened and diagnosed for chronic conditions, and access needed prescription medications and dental care. Enrollees report satisfaction with their health coverage, the doctors included in their plan and the affordability of Medicaid.

Going forward, additional research will be critical to documenting the longer-term impacts of the Medicaid expansion in terms of long-term rates of coverage, health care access, and the impact of expansion on health outcomes and overall population health. Sommers, Baicker and Epstein found pre-2014 Medicaid expansions to cover low-income adults were significantly associated with reduced mortality as well as improved coverage, access to care, and self-reported health. [24] The long term effect of Medicaid expansion on health outcomes therefore merits close examination in future research.

APPENDIX: Data Methodology

The estimates of changes in the uninsured rate for nonelderly adults in expansion and non-expansion states presented in this brief (Figure 1) are based on ASPE analysis of data from the Gallup-Healthways Well-Being Index, which surveys about 500 adults per day. The Gallup-Healthways Well-Being Index estimates presented here are based on data from January 1, 2012 through February 22, 2016.[iv]

[iv] For additional analysis using these data, see Namrata Uberoi, Kenneth Finegold, and Emily Gee, "Health Insurance Coverage and the Affordable Care Act, 2010–2016," ASPE Issue Brief, March 3, 2016, available at: https://aspe.hhs.gov/sites/default/files/pdf/187551/ACA2010-2016.pdf.

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