



Preparing for an Expanded Medicaid Population under the ACA: Undiagnosed and Untreated Health Needs

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Disclaimer

- The findings and conclusions in this article are those of the authors and do not necessarily represent the views of the Centers for Disease Control and Prevention or The Urban Institute.



Motivation

- With the Medicaid expansion under ACA: nearly all adults with incomes $\leq 138\%$ of poverty would be Medicaid eligible
 - 100 percent federal funding for new eligibles for 2014-16
 - In many states, Medicaid coverage for adults has been targeted to the disabled, pregnant women, and very poor parents
- The Supreme Court put decision about Medicaid expansion in state hands
- Gaps in information available on the health needs of the target population for the Medicaid expansion
 - Self reported data (Sommers & Epstein 2011, Holahan et al 2010;)
 - Medicaid claims data from adults covered under prior, more narrowly targeted state reform initiatives (Somers et al. 2010, Natoli et al 2011)



Data

- National Health and Nutrition Examination Survey (NHANES) 2007-2010
 - Representative, comprehensive picture of national health (self-reports, lab tests, physical exams)
 - Can determine both diagnosed and undiagnosed health conditions
 - Can determine whether conditions are controlled or not
- Analysis sample: adults aged 19-64, not pregnant, not on Medicare, US citizens, with income $\leq 138\%$ of poverty (N=1,495)



Methods

- From selected analysis sample, compare the uninsured who would be potential new Medicaid enrollees to current Medicaid enrollees:
 - Demographic and SES characteristics
 - Health risks
 - Health status
 - Health care access and use
 - Prevalence of selected medical conditions,
 - Presence of undiagnosed and uncontrolled diabetes, hypertension, and high cholesterol



Demographics

	Uninsured (%)	Medicaid (%)	P-value
Age			
19-34	49.9	45.3	0.14
35-54	40.4	43.2	0.344
55-64	9.8	11.5	0.387
Gender			
Female	49.8	70.6	<0.001*
Male	50.2	29.4	<0.001*
Nativity			
Born outside of US	8.3	11.1	0.286
Born in US	91.7	88.9	0.286
Marital status †			
Unmarried	70.8	73.6	0.476
Married	29.2	26.4	0.476
Race/Ethnicity			
Non-Hispanic white	58.2	50.6	0.083
Hispanic	18.3	12.6	0.122
Non-Hispanic black	20.1	31.0	0.006*
Non-Hispanic other race	3.4	5.7	0.171*
Education			
Did not complete high school	36.2	39.7	0.319
High school graduate/GED	31.8	35.1	0.253
Some college	25.5	22.3	0.272
College graduate	6.5	2.9	0.014*



Health risk factors

	<u>Uninsured (%)</u>	<u>Medicaid (%)</u>	<u>P-value</u>
Obesity			
BMI>=30	34.4	45.3	0.008*
Exercise			
Does not exercise	60.6	67.7	0.018*
Cigarette smoking			
Currently smokes	49.3	52.7	0.46
Alcohol use/binge drinking			
Had 5 or more drinks at least 5 days in the past 12 months	14.1	8.6	0.012*
Drug use			
Used at least one of the following in the past year: cocaine, heroin, methamphetamines	9.9	7.3	0.275



Health status

	<u>Uninsured</u> (%)	<u>Medicaid</u> (%)	<u>P-value</u>
Has physical, mental, or emotional limitation	25.5	57.4	<0.001*
Fair/poor health	25.2	40.5	<0.001*
Medical conditions			
Diabetes	6.8	13.3	0.002*
Hypertension	27.5	39.3	0.004*
Hypercholesterolemia	22.8	30.8	0.004*
Heart disease	3.6	12.2	<0.001*
Stroke	1.7	5.8	0.002*
Emphysema	1.5	5.0	0.001*
Asthma	7.9	18.9	<0.001*
Cancer	4.5	9.9	<0.001*
Depression	2.0	5.4	0.059
Any of the above conditions	47.2	64.6	<0.001*
At least two of the above conditions	19.8	36.8	<0.001*



Healthcare utilization

	<u>Uninsured (%)</u>	<u>Medicaid (%)</u>	<u>P-value</u>
Had at least 1 visit to healthcare provider in past 12 months			
All	65.2	91.7	<0.001*
Among those with any medical condition	70.3	95.1	<0.001*
Has a routine place for healthcare, other than emergency room			
All	54.3	88.7	<0.001*
Among those with any medical condition	63.4	91.6	<0.001*
Routine place for healthcare is emergency room			
All	10.7	5.6	0.009*
Among those with any medical condition	9.0	4.0	0.030*



Knowledge and control of chronic conditions

(diabetes, hypertension, hypercholesterolemia)

	<u>Uninsured</u> (%)	<u>Medicaid</u> (%)	<u>P-value</u>
Has at least one condition	39.6	52.1	0.002*
Has at least two conditions	14.2	24.1	<0.001*
Has all three conditions	2.6	6.0	0.019*
Among those with diabetes			
Undiagnosed	31.9	16.6	0.106
Uncontrolled	77.5	71.3	0.538
Among those with hypertension			
Undiagnosed	22.1	13.1	0.016*
Uncontrolled	48.7	29.8	<0.001*
Among those with hypercholesterolemia			
Undiagnosed	9.7	14.0	0.508
Uncontrolled	57.9	41.0	0.010*
Among those with at least one of the above			
At least one undiagnosed	23.9	19.2	0.36
At least one uncontrolled	61.2	49.1	0.006*
Among those with at least two of the above			
Multiple undiagnosed	4.2	3.8	0.91
Multiple uncontrolled	39.5	21.0	0.007*



Overall knowledge and control of chronic conditions

Independent of having the condition

(diabetes, hypertension, hypercholesterolemia)

	<u>Uninsured</u> <u>(%)</u>	<u>Medicaid</u> <u>(%)</u>	<u>P-value</u>
Has at least one undiagnosed condition	9.6	10.0	0.882
Has at least one uncontrolled condition	24.5	25.5	0.748
Has multiple undiagnosed conditions	0.6	0.9	0.669
Has multiple uncontrolled conditions	5.8	5.2	0.691



Limitations

- Absence of information on mental health disorders other than depression
- Relatively high rates of missing values for income, depression, alcohol use, and illegal drug use
- Does not account for potential behavioral responses or health care needs of the privately insured who could take up Medicaid under the ACA



Conclusions

- Compared to current Medicaid enrollees, currently uninsured adults:
 - Are less likely to be in fair or poor health, to have chronic conditions and functional limitations, and to have certain health risks (obesity, lack of exercise)
 - However, one in three are obese and conditional on having diabetes, hypertension, or hypercholesterolemia, they are less likely to know about them and less likely to have them controlled
- Even as potential new Medicaid enrollees are less impaired on average than current enrollees, they still have relatively high risk factors and prevalence of chronic conditions
 - Suggests pent-up demand for care--could raise costs in the early years of enrollment when federal matching rates are highest



Conclusions (Part 2)

- Findings suggest that the potentially eligible uninsured have much to gain from obtaining Medicaid coverage
 - Likely to increase the extent to which they receive care and have a routine place for health care that is not an emergency room
- May be issues with respect to provider capacity and the quality of care that is being delivered
- Additional measures may be needed to address high rates of smoking and obesity

