HEALTH CARE SERVICES & CAPACITY FOLLOWING MEDICAID EXPANSION
What can we learn from late expanding states?

SAINT LOUIS UNIVERSITY & WASHINGTON UNIVERSITY TEAMS

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PRESENTED TO: CARE DELIVERY TEAM, MARCH 18, 2021
35-37% enrollment increase in year 1
~50% occurring in month 1
month 1 increase ~17-22%
LESSONS LEARNED FROM LATE EXPANDING STATES

• Provider capacity to meet the needs of new adults enrollees
  • No reports of generalized problems with access or quality
  • Specific bottlenecks related to underlying shortages of specific types of providers
  • States relied on MCOs to create adequate networks
  • States report increased Medicaid provider capacity post-expansion, both
    • Number of Medicaid providers
    • Size of patient loads, i.e. existing providers submitting more claims
LESSONS LEARNED FROM LATE EXPANDING STATES

• Services used by new Medicaid expansion enrollees during the first year
  • New enrollees connect with primary care, do not rely heavily on EDs, seek preventive screenings, mental health and substance use treatment, and preventive dental care

• Data about primary and preventive care, ED visits, hospital inpatient & outpatient care, mental health, substance use treatment dental care

• Be prepared, enrollees use services in the first months of coverage
MINNESOTA, expanded 2016

FIRST 6 MONTHS

• Office visits
• New patient visits
• ED visits

Fertig, et al., Evidence of Pent-up Demand for Care After Medicaid Expansion, 2018
MINNESOTA, expanded 2016

FIRST 6 MONTHS

- diagnostic procedures
- prescription filled

Fertig, et al., Evidence of Pent-up Demand for Care After Medicaid Expansion, 2018
LOUISIANA, expanded 2016

FIRST 2 YEARS
ED VISITS

• start high
• Within 6 months, drop 13%
• Next 2 years, drop another 7%
LOUISIANA

FIRST 2 YEARS
INPATIENT

• With 6 months, drop by 1/3

• Over next 2 years...
## OTHER MEASURES OF HOSPITAL SERVICE USE

**MONTANA, expanded**

<table>
<thead>
<tr>
<th>Hospital Services</th>
<th>Year 1 (2016)</th>
<th>Year 2 (2017)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient admission</td>
<td>+3.4%</td>
<td>+1.7%</td>
</tr>
<tr>
<td>Outpatient visits</td>
<td>+2.6%</td>
<td>-2.1%</td>
</tr>
<tr>
<td>Ambulatory surgery visits</td>
<td>+12.1%</td>
<td>+16.1%</td>
</tr>
<tr>
<td>ED visits</td>
<td>$3.9%</td>
<td>+2.3%</td>
</tr>
</tbody>
</table>
primary and preventive care, year 1 across late expanding states

• Montana and Louisiana - 1 in 4 used at least one preventive medical
  • cholesterol screening, wellness exam, diabetes screening

• Virginia - almost 7 in 10 enrollees had a least one office visit

• Maine - 1 in 10 screened for breast or colorectal cancer

• Montana - More than 1 in 5 used preventive dental
• State dashboards track
  • By county & cumulative over time

• Louisiana, Montana
  • hypertension, diabetes, colon cancer, breast cancer treatment, substance use & mental health treatment

• Virginia
  • hypertension, diabetes, cancer, asthma, COPD, addiction and recovery treatment, at least one prescription

• Maine
  • Hypertension, diabetes, mental health, substance use & opioid disorder
  • 15% treated for diabetes or hypertension, year 1+retroactive coverage)
MENTAL HEALTH & SUBSTANCE USE TREATMENT

Maine (year 1+ retroactive coverage)
- Almost ½ received mental health treatment
- 1 in 5 used substance use treatment services & almost 1 in 6 used opioid disorder treatment

Idaho (9 months)
- 1 in 3 diagnosed with serious and persistent mental illness

Virginia
- Almost 1 in 10 received addiction and recovery treatment services (8%)

Louisiana (year 1)
- Less than 1 in 10 accessed mental health treatment
- Only 1 in 50 received substance use treatment
But what about pent-up demand for preventive services due to COVID?
PROVIDER CAPACITY
BOTTLENECKS, related to general shortage

Montana
• Mental health providers and dental care “more limited”

Virginia
• Mental and behavioral health accepting new patients

Maine
• Behavioral health, long standing problems with mental health provider shortages and low Medicaid rates
PROVIDER CAPACITY GROWTH
FQHCs, growth in capacity, year 1

<table>
<thead>
<tr>
<th>Increases &amp; Decreased in Patients</th>
<th>Total Patients</th>
<th>Medicaid patients</th>
<th>Uninsured patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Virginia</td>
<td>+7%</td>
<td>+37%</td>
<td>-15%</td>
</tr>
<tr>
<td>Maine</td>
<td>+3%</td>
<td>+16%</td>
<td>-9%</td>
</tr>
<tr>
<td>Utah (up to 100% FPL in month 4)</td>
<td>0</td>
<td>+4%</td>
<td>-5%</td>
</tr>
</tbody>
</table>

Still analyzing data and may prepare a fact sheet
INCREASES IN MEDICAID PROVIDERS, 2 years in LOUISIANA

PCPs → 24%
SPECIALISTS → 50% jump, falling slightly over next 2 years

BY TYPE
• NPs → 55%
• PAs → 58%
• MDs/DOs → mostly stable, although higher
INCREASES IN MEDICAID PATIENT LOAD

AVERAGE MEDICAID PROVIDER MEDICAID PATIENT LOAD

• 14% growth → 72 before & 82 after

• PAs patient growth 26% → 47 to 59

• NPs, similar to PAs

Notes: Providers with at least 10 Medicaid claims in a given month/year.
Figure 12: PCPs and Specialists per 1,000 Louisiana Medicaid Beneficiaries in 2018

Notes: Providers with at least 10 final adjudicated Medicaid claims in 2018.
Figure 13: Provider Participation Growth Pre-to-Post Medicaid Expansion

Notes: Providers with at least 10 final adjudicated Medicaid claims in 2018.
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Coming soon…

• Medicaid providers by county – Abby Barker

• HMO Access Plans
  • counties where plans cannot and do not meet minimum standards
  • Facilities and specialties

• Health status of new enrollees – Tim & Wash U Team
Contact Information

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SLU Center for Health Law Studies: https://www.slu.edu/law/health/faculty.php
This research was supported by Missouri Foundation for Health. The Foundation is building a more equitable future through collaboration, convening, knowledge sharing, and strategic investment. Working in partnership with communities and nonprofits, MFH is transforming systems to eliminate inequities within all aspects of health and addressing the social and economic factors that shape health outcomes.

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