

Utah's Medicaid Expansion and the COVID-19 Pandemic



**TU4U
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ABSTRACT

Utah's Medicaid expansion was implemented in January 2020, almost aligning with the onset of the COVID-19 pandemic in the U.S. This timing provided a unique opportunity to understand the Utah experience and examine the role of Medicaid during a public health emergency. We assessed the clinical and demographic characteristics, coverage duration, and preventive care received by new Medicaid enrollees in 2020, as compared to previous enrollees. We found that new Medicaid enrollees were generally younger, healthier, and more predominantly male than previous Medicaid enrollees. Preventive quality measure rates were sometimes better for new enrollees and sometimes better for previous enrollees, and months of enrollment were higher for previous enrollees. The Utah Medicaid program was able to provide preventive services during a public health crisis and during Medicaid expansion to its enrollees.

OBJECTIVES

- Examined whether new Medicaid enrollees had health insurance in the year prior to their 2020 enrollment.
- Compared the clinical and demographic characteristics of previous (2019) and new (2020) Medicaid enrollees.
- Evaluated the relationship between individual- and county-level variables on preventive quality of care indicators, measured from January-December 2020.

DATA & METHODOLOGY

- Utah All Payer Claims Database**
 - Insurance enrollment
 - Healthcare utilization
- Rural-Urban Commuting Area**
 - Classifies rural and metropolitan areas
- Social Deprivation Index**
 - Composite measure of area level deprivation
- County Health Rankings & Roadmaps**
 - Used for various county-level measures related to health

- Study population was restricted to adults aged 19-64 with medical coverage through Medicaid in Utah.
- Previous Medicaid enrollees were defined as individuals who enrolled in Medicaid at some point in 2019 and who remained enrolled in Medicaid in January 2020.
- New Medicaid enrollees were defined as individuals who enrolled in Medicaid in January 2020.

- Descriptive statistics**
 - Comparing previous and new Medicaid enrollees
- Generalized linear models predicting**
 - Months of coverage
 - Influenza vaccination
 - Chlamydia screening
 - Breast cancer screening
 - Hospitalization for ambulatory care sensitive conditions (ACSC)

RESULTS

New Enrollees



10,841



1,737 (16%) with private insurance in 2019



9,104 (84%) with no insurance documented in Utah in 2019

Previous Enrollees



109,973

Descriptive statistics

	Previous Enrollees (2019) n=107,281	New Enrollees (2020) n=10,541	P-value	SMD
Age	38.92 (12.51)	30.06 (13.14)	<0.001	0.69
Gagne index	0.86 (1.75)	0.528 (1.341)	<0.001	0.21
Months of Medicaid coverage (2020)	11.10 (2.71)	10.31 (3.60)	<0.001	0.25
Sex				
Male	42,733 (39.8%)	4,728 (44.9%)	<0.001	0.10
Female	64,548 (60.2%)	5,813 (55.1%)		
Rural-Urban Areas				
Metropolitan	88,876 (82.8%)	8,844 (83.9%)	<0.01	0.03
Rural	18,405 (17.2%)	1,697 (16.1%)		
Social Deprivation Index	42.74 (25.49)	42.23 (25.64)	<0.05	0.02
% Black	1.15 (0.53)	1.16 (0.53)	0.09	-0.02
% American Indian & Alaska Native	1.97 (5.16)	2.00 (5.35)	0.56	-0.01
% Asian	2.68 (1.59)	2.73 (1.59)	<0.001	-0.03
% Native Hawaiian & Pacific Islander	1.05 (0.60)	1.06 (0.60)	<0.01	-0.03
% Hispanic	14.45 (4.25)	14.49 (4.24)	0.27	-0.01
% White	77.46 (7.29)	77.29 (7.35)	<0.05	0.02
% Uninsured	10.43 (2.17)	10.47 (2.17)	0.11	-0.02
% Not proficient in English	2.41 (1.06)	2.44 (1.06)	<0.001	-0.03
Population to primary care physicians	1,970.78 (923.59)	1,936.05 (887.79)	<0.001	0.04

- All standardized mean differences (SMD) were < 0.10, except for sex, Gagne index, Medicaid coverage, and age.
 - New Medicaid enrollees were more likely to be male, have a lower Gagne index, have fewer months of Medicaid coverage, and be younger than previous Medicaid enrollees.
- In adjusted models, new Medicaid enrollees had better rates of coverage, chlamydia screening, and breast cancer screening, and worse rates of influenza vaccine and hospital admission for ACSC.

CONCLUSIONS

- Utah's Medicaid expansion during the public health emergency reached new enrollees, who were younger, healthier, and more predominantly male than previous enrollees.
- Preventive quality measure rates were sometimes better for new enrollees and sometimes better for previous enrollees, and months of enrollment were higher for previous enrollees.

IMPLICATIONS

- The Utah Medicaid program was able to provide preventive services during a public health crisis.
- Similar to other states, Utah continues to strive to provide these important services, especially in communities that tend to lack equal access.

INTRODUCTION

- 2018: Midterm Election**
 - Utah voters approved full Medicaid expansion for individuals with incomes up to 138% of the federal poverty level (FPL).
 - Utah legislators then applied for a partial expansion for individuals with incomes up to 100% of the FPL.
- 2019: Dec**
 - CMS approved a Medicaid expansion up to 138% of the FPL in Utah.
 - The WHO was informed of several cases of a pneumonia of unknown causes, and CDC alerted the nation of the outbreak abroad.
- 2020: Jan**
 - Utah Medicaid expansion implemented on January 1, 2020.
 - The first national case of COVID-19 was reported in the State of Washington.
- 2020: Mar**
 - The first known case of COVID-19 was reported in Utah.
- There is limited evidence on the impact of Medicaid expansion during a public health emergency.
- The Utah experience may shed light on the role of Medicaid in such a crisis.

Regression analysis

Outcome	Previous Enrollees (2019)		New Enrollees (2020)		Adjusted p-value
	Adjusted mean	95% CI	Adjusted mean	95% CI	
Coverage	11.08	11.07-11.10	10.41	10.34-10.48	<0.001
Influenza vaccine	0.14	0.14-0.14	0.13	0.12-0.13	<0.001
Chlamydia screening	0.36	0.34-0.38	0.41	0.37-0.46	<0.05
Breast cancer screening	0.15	0.15-0.16	0.21	0.17-0.24	<0.01
Hospital admission for ACSC*	0.96	0.96-0.96	0.96	0.95-0.96	<0.001

*Note: This is coded to align with other measures where 0 represents low quality (i.e., hospital admission) and 1 represents good quality (i.e., no hospital admission).