

Member Experiences after the First Year of Medicaid Enrollment: Medicaid Expansion Survey

JANUARY 2022

Overview

Medicaid plays an essential role in the Commonwealth by offering lifesaving health care coverage to one in five Virginians. More than 500,000 Virginians are currently enrolled in Medicaid as a result of expanded eligibility rules that took effect in January 2019. In Virginia, the percent of low-income working-age adults without health insurance dropped from 28% in 2018 to 23% in 2019. Virginia was the only state to experience such a decrease.

This policy brief summarizes an independent evaluation of Medicaid expansion for the Department of Medical Assistance Services (DMAS) conducted by the VCU School of Medicine. It focuses on findings from surveys of members enrolled in expanded Medicaid about their experiences in the year prior to and one year after enrollment. Over 1,500 members responded to each survey. Estimates reported in this brief are adjusted for demographic differences across members and weighted to be representative of members newly eligible under expansion in Virginia.

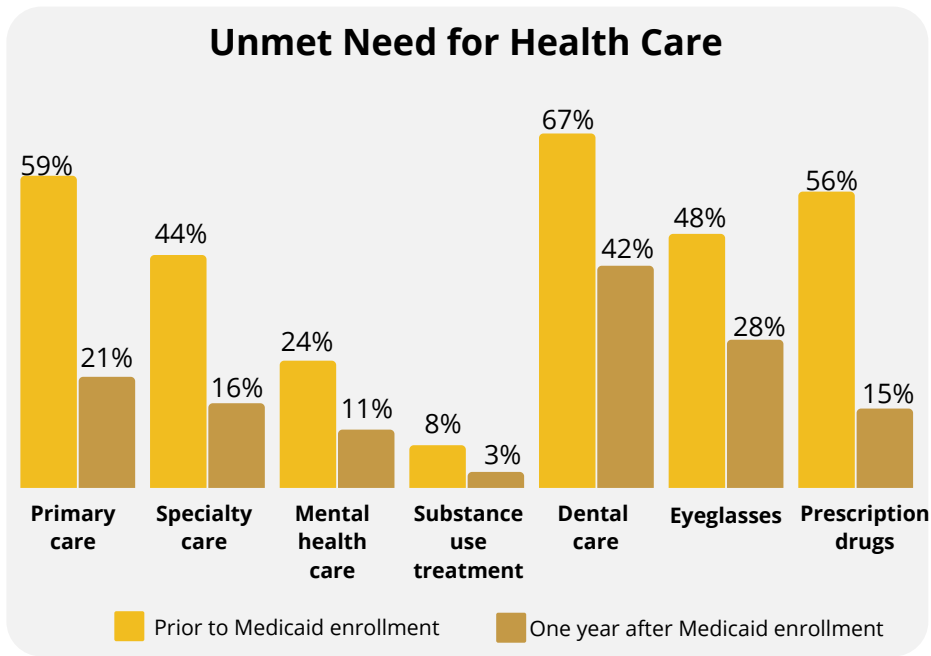
Key Findings

- Across every type of unmet health care need included in the survey, members reported substantially fewer unmet needs after enrolling in Medicaid.
- After enrolling in Medicaid, members were more likely to report seeing a primary care doctor and less likely to have visited the emergency room.
- Financial stress decreased significantly after enrolling in expanded Medicaid, including stress over non-medical expenses, such as food, rent, or other monthly bills.
- Rural and non-Hispanic Black/African American members tended to experience the largest reductions in unmet health care needs and financial distress after gaining Medicaid coverage.

Reductions in Unmet Need after Expansion

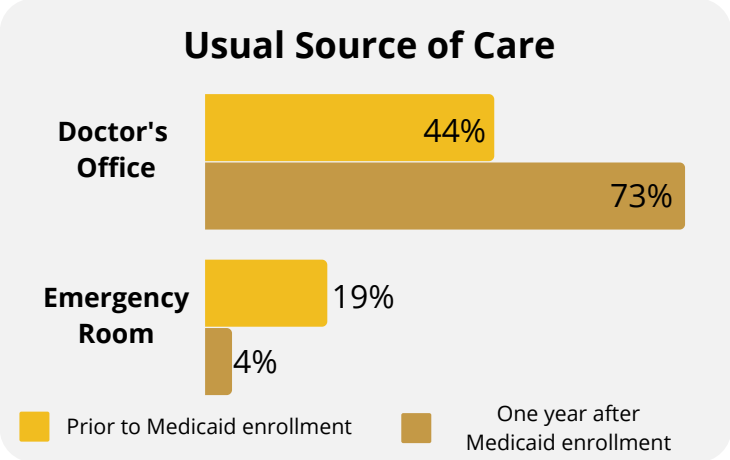
In the year following enrollment in Medicaid expansion, new members experienced significantly fewer needs for all types of health care compared to the year prior to enrollment. The largest reductions in unmet need occurred for primary care (59% vs. 20%), specialty care (46% vs. 17%), mental health care (22% vs. 8%), and prescription drugs (47% vs. 15%).

Overall, the likelihood that members reported any unmet need for health care decreased from 62% before enrollment in Medicaid to 24% one year after enrollment.



Increases in Using a Doctor's Office and Declines in Using an Emergency Room as a Usual Source of Care

Prior to enrollment, 19% of members reported using the emergency room as their usual source of care. After enrollment, respondents were more likely to have a usual source of care (82% vs. 73%) and more likely to use a doctor's office rather than an emergency room for their usual care (73% vs. 4%).



Improvements in Financial Stability

New members enrolled through Medicaid expansion reported fewer problems paying both medical and non-medical bills. For example, new members reported fewer problems paying medical bills one year after enrollment (19%) compared to the year prior to enrollment (67%) as well as having fewer medical bills that were paid off over time (15% vs. 34%). Further, significantly fewer new members were worried or very worried about paying for housing, normal monthly bills, food, minimum on credit cards, or student or pay day loans after one year of coverage compared to the year before enrolling in Medicaid.

Fewer Members Reported Not Being Able to Work due to Poor Health

After enrollment, fewer members (29%) had to cut back the number of hours worked because of mental or physical health problems compared to the year before enrollment (38%). Also, significantly fewer members could not take or keep a job because of their physical or mental health problems after enrollment (35%), compared to before (40%). About the same number of members (~35%) had health conditions that prevented part- or full-time work after enrollment compared to before.

Rural and Black/African American Members Experienced Larger Improvements

Members residing in rural communities reported a greater decrease in problems paying medical bills and unmet need for prescriptions in the year after enrolling in Medicaid compared to non-rural members. Additionally, non-Hispanic Black/African American members reported a larger decrease in worries about the cost of normal health care after enrolling in Medicaid compared to non-Hispanic White members, suggesting that Medicaid expansion was particularly meaningful for these groups.

Impact of COVID-19 Pandemic on Health Care



3 in 4 Medicaid Expansion Members Reported No Unmet Needs for Health Care During the Pandemic

Receiving care in person only was the most common form of care during COVID-19 (35% of members) while 16% of members obtained care by multiple modalities during COVID-19. Less than a quarter (24%) of members experienced an unmet need for care during COVID-19. The most common reasons for not seeking care during COVID-19 was because the doctor's office was closed and not seeing patients (41%) followed by concern about catching the virus from the doctor's office.

What Members are Saying about their Medicaid Coverage

"Medical coverage saved my life. I didn't know I had diabetes or high blood pressure until I was able to go to the doctor. I probably would not be eating right and taking care of myself. Thank you!"

"If I didn't have Medicaid, I would be dead."

"Has kept me out of the emergency room has made my breathing easier, has reduced my anxiety level attacks, [and] has reduced hospital admission rate or frequency."

"Saved my life and enabled me to be a good caregiver to my 71-year old developmentally disabled mother who is a stroke survivor."