

Medicaid Research Roundup

From Research, Evaluation, and Learning

November 2017 – March 2021



Robert Wood Johnson Foundation

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The Robert Wood Johnson Foundation has summarized evidence on how Medicaid can improve the health of your state's residents and communities. Each summary includes open access to the published research as well as key findings. We hope you find this useful in Medicaid policy consideration.

Questions or comments? Contact Starla Stiles, Communications Officer – Policy, Robert Wood Johnson Foundation ([sstiles@rwjf.org](mailto:ssstiles@rwjf.org)).

Note: These summaries are in reverse chronological order based on publication date.

For more information visit StateNetwork.org's **collection of commentary, research, and data sets on Medicaid**.

Post-ACA, More Than One-Third of Women With Prenatal Medicaid Remained Uninsured Before or After Pregnancy

Health Affairs — April 2021

Key Findings:

- Many women with low incomes not otherwise eligible for Medicaid gain coverage during their pregnancies but then lose that coverage 60 days after delivery when their pregnancy-related eligibility expires.
- Even with Medicaid expansion and subsidized Marketplace coverage, research found nearly a third of new mothers were uninsured before pregnancy, and over 20 percent became uninsured two to six months after giving birth.
- Hispanic women had the highest rates of uninsurance.

Research Implications:

These findings highlight a lack of accessible public and private coverage options outside pregnancy. Further policy change is needed to help women maintain health insurance coverage before and after pregnancy and to allow them to address ongoing health issues including obesity and depression.

[READ THE FULL STUDY](#)



Did Medicaid Slow Declines in Access to Health Care During the Great Recession?

Health Services Research — March 2021

Key Finding:

- Increased access to Medicaid during the 2007–2009 Great Recession mitigated some effects of unemployment on the rate of unmet medical need, particularly for adults affected by job loss.

Research Implications:

Medicaid expansion might be helpful in absorbing the sudden negative health impacts for future economic crises.

[READ THE FULL STUDY](#) 

Comparison of Utilization, Costs, and Quality of Medicaid vs. Subsidized Private Health Insurance for Low-Income Adults

Jama Network — January 2021

Key Findings:

- Public health care coverage through Medicaid was associated with more emergency department visits and fewer office visits than private Marketplace coverage.
- Medicaid coverage was associated with more emergency department visits and fewer office visits than private coverage through the Marketplace.
- The higher rate of emergency department visits by those covered by Medicaid might have stemmed from limitations on access to outpatient care or lower copayments for emergency department visits.
- Marketplace coverage was more costly owing to higher prices and also had higher cost sharing for consumers.
- **Medicaid coverage was substantially less costly to beneficiaries and society than private coverage**, with mixed results on health care quality.

Research Implications:

Understanding the trade-offs between public and private coverage is critical for policymakers. Several states are proposing or implementing Medicaid expansions that attempt to align Medicaid with private insurance (such as higher cost sharing) or feature partial expansions in which some low-income individuals enroll in Marketplace coverage instead of Medicaid.

[READ THE FULL STUDY](#)



Early Evidence of Medicaid's Important Role in School-Based Health Services

Child Trends — December 2020

Key Findings:

- As of fall 2020, more than half of all states and the District of Columbia had policies that limit Medicaid billing for school-based health services.
- From 2010 to 2018, state Medicaid expenditures on school-based health services increased. **States and districts were motivated to expand Medicaid-covered services given the potential to increase access to health care for students.**

Research Implications:

Many schools depend on funding provided by Medicaid for school-based health services and supports—including school nurses, psychological counseling services, audio and visual screenings, and school-based health centers. While Medicaid provides key funding for health and preventative services, Medicaid policy may inhibit broader access to school-based health supports.

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Medicaid Expansion Increased Preconception Health Counseling, Folic Acid Intake, and Postpartum Contraception

Health Affairs — November 2020

Key Findings:

- There were **significant improvements in the following preconception health indicators** associated with the Medicaid expansions:
 - Increased **preconception health counseling**, which provides a valuable opportunity to address key risk factors associated with adverse maternal and infant health outcomes prior to conception.
 - Increase in daily **folic acid intake** prior to pregnancy, which is recommended for all women to reduce the likelihood of neural tube defects among newborns.
 - Increased use of effective **birth control after childbirth**, which may decrease the likelihood of unplanned pregnancies or short interpregnancy intervals.

Research Implications:

Expanded Medicaid coverage led to improvements in addressing certain preconception health risks among low-income women.

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Consequences of Work Requirements in Arkansas: Two-Year Impacts on Coverage, Employment, and Affordability of Care

Health Affairs — September 2020

(See also: *Medicaid Work Requirements: Results From the First Year in Arkansas, New England Journal of Medicine — September 2019*)

Key Findings:

- **Work requirements to qualify for Medicaid did not increase employment** over 18 months of follow-up.
- **People in Arkansas ages 30–49 who had lost Medicaid in the prior year experienced adverse consequences:** 50 percent reported serious problems paying off medical debt, 56 percent delayed care because of cost, and 64 percent delayed taking medications because of cost. These rates were significantly higher than among Arkansans who remained in Medicaid all year.
- Awareness of the work requirements remained poor, with more than 70 percent of Arkansans unsure whether the policy was in effect.

Research Implications:

Some advocates claim that work requirements as a condition for Medicaid coverage will help improve health and increase employment among low-income adults, but new data suggest the opposite might be true.

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Addressing Persistent Medicaid Enrollment and Renewal Challenges as Rolls Increase

State Health Access Data Assistance Center (SHADAC) — September 2020

Key Findings:

- Verifying self-employment income and making eligibility determinations for complicated cases are two persistent challenges for people trying to enroll in or renew Medicaid coverage.
- Two ways to ease **verifying self-employment income**:
 - Offer multiple options and types of documentation and methods to calculate self-employment income (for example, a built-in income calculator as part of the online application).
 - Provide education tools and clear explanations of what constitutes income and the need to report it.
- Two **ways to help accurately and quickly determine eligibility for complex cases**:
 - Create a system of “navigators” with additional training to troubleshoot and move complex cases through the system or a mandate to escalate cases.
 - Invite community feedback to help identify enrollment challenges with complex cases and find solutions.

Research Implications:

While this analysis predates the COVID-19 outbreak, it provides practical insights for how to address increased Medicaid enrollment we can anticipate as a result of economic hardship related to the pandemic.

[READ THE FULL STUDY](#)



Race/Ethnicity Data in CMS Medicaid (T-MSIS) Analytic Files

SHADAC – August 2020

Key Findings:

- **The majority of states (29) were missing more than 10 percent of race/ethnicity data** in the 2016 Transformed Medicaid Statistical Information System, or T-MSIS Analytic Files (TAF), a database that tracks beneficiaries in Medicaid and the Children's Health Insurance Program.
- Some states may not have complete data on race and ethnicity because they follow the guidance from the Office of Management and Budget (OMB) that establishes self-identification as the preferred means of getting this information, and not all beneficiaries choose to share it.

Research Implications:

The ability to evaluate enrollment, access to services, and quality of care by race and ethnicity is critical to understanding and addressing health disparities.

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Assessment of Perceptions of the Public Charge Rule Among Low-Income Adults in Texas

Jama Network — July 2020

Key Findings:

- Nearly 1 in 8 low-income Texans had friends or family who avoided participating in Medicaid, SNAP, or public housing, or had not visited a doctor or hospital in the past year, because of immigration-related concerns related to the new public charge rule. This implies that **over 400,000 citizens in Texas knew friends or family who avoided needed programs or medical care because of the public charge rule.**

Research Implications:

The public charge rule dissuades individuals from participating in public benefit programs or obtaining needed medical care, and the result is far reaching, impacting people outside the rule's intended scope (such as citizens with immigrant relatives). This "chilling effect" is even more concerning in the context of reducing the spread of COVID-19.

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Uninsured New Mothers' Health and Health Care Challenges Highlight the Benefits of Increasing Postpartum Medicaid Coverage

Urban Institute — May 2020

Key Findings:

- Approximately 11.5 percent of new mothers nationwide were uninsured from 2015 to 2018; just over half of those uninsured new mothers were Hispanic, and close to two-thirds lived in the South.
- About **1 in 5 uninsured new moms reported at least one unmet need for medical care because of cost** in the past year, and over half were very worried about paying their medical bills.
- Roughly **half of all uninsured new mothers reported that losing Medicaid or other coverage after pregnancy was the reason they were uninsured**, suggesting that they would likely benefit from an extension of postpartum Medicaid coverage.
- Almost one-third of women who lost Medicaid coverage and became uninsured in the postpartum period were obese before their pregnancy, and **18 percent reported either gestational diabetes or pregnancy-related hypertension, all conditions that require ongoing monitoring and care after giving birth.**
- About one-third of new moms who lost Medicaid were recovering from a cesarean section, and just over one-quarter reported being depressed sometimes, often, or always in the months after giving birth.

Research Implications:

Many uninsured new mothers report trouble affording care, and have both physical and mental health needs that would benefit from the more consistent access to coverage and care that expanding Medicaid would provide.

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Expanding Upstream Interventions With Federal Matching Funds and Social-Impact Investments

Federal Reserve Bank of San Francisco – October 2018

Key Findings:

- The 2016 Medicaid Managed Care Final Rule (also referred to as the Mega Reg) modernizes incentives for states and Medicaid Managed Care Organizations (MCOs) to expand the availability of programs to address the conditions in which people are born, live, learn, work, and play that affect health and well-being (for example, reducing environmental asthma triggers like allergens and irritants in homes).
- This win-win situation can **improve population health outcomes at a lower total cost of care through prevention and early-intervention programs.**

Research Implications:

Medicaid MCOs should consider testing rigorous business cases for expanding programs that address the social determinants of health among their enrolled members.

[READ THE FULL STUDY](#)



Aligning Systems to Build a Culture of Health: Integrating TANF and Medicaid to Achieve Wealth and Health

Drexel University — July 2018

Key Findings:

- Temporary Assistance for Needy (TANF) reaches less than one in four families in poverty. Despite high prevalence of trauma exposure among TANF participants, most state TANF programs do not integrate approaches that address trauma. Families unable to meet mandated work requirements are more likely to be sanctioned — having their benefits reduced or cut off — than offered support.
- Nearly 98 percent percent of TANF participants are also receiving Medicaid, yet the two programs rarely develop coordinated approaches to address the income and health needs of families.
- Preliminary outcomes suggest that participating in supportive programs such as **The Building Wealth and Health Network** has a positive impact on physical and mental health, employment, and economic security.

Research Implications:

Health and economic security are strongly associated. **Programs that aim to address economic security (such as TANF) and those that aim to address health outcomes (such as Medicaid) can and should work together to promote the health and well-being of the people they serve.** States should be able to utilize Medicaid behavioral health funding to provide trauma-informed behavioral health support within TANF-funded education and training programs.

[READ THE FULL STUDY](#) 

“Pay for Success” (PFS) Financing of Home-Based Childhood Asthma Interventions: Modeling Results From the Detroit Medicaid Population

Milbank Quarterly — June 2018

Key Findings:

- “Pay for Success” (PFS) interventions for home-based asthma are most economically viable if they target children who have already experienced an expensive episode of asthma-related care. A broad targeting of all children with asthma did not generate sufficient savings to recoup the investment in the intervention.
- **Cost savings were most significant for interventions with children with an asthma-related emergency department visit or hospitalization in the past year.**
- **Legal and regulatory barriers remain** for capturing federal Medicaid savings and using these dollars to repay private investors in a PFS initiative.

Research Implications:

Policy reform and federal guidance can support private investors’ financing of interventions that would reduce Medicaid costs — without these, state Medicaid programs would have to finance PFS programs with federal funding.

[READ THE FULL STUDY](#)



Expanding Prenatal Care to Unauthorized Immigrant Women and the Effects on Infant Health

Obstetrics & Gynecology — November 2017

Key Findings:

- **Immigrant women had better health outcomes for themselves and their citizen children when they accessed care** through Oregon's Citizen Alien Waived Emergent Medical (CAWEM) Plus pilot program, which provides prenatal Medicaid services for undocumented women.
- CAWEM **significantly decreased the probability of extremely low-birth-weight infants and decreased infant death** with access to prenatal care.
- The probability of a child receiving recommended screenings and vaccinations increased 4 percent through CAWEM.

Research Implications:

Currently undocumented immigrant (non-citizen) women are only entitled to Emergency Medicaid, which provides coverage only for life-threatening conditions or an admission for childbirth. Understanding how expanding access to prenatal care influences both health outcomes and costs is of national relevance as states strive to meet the triple aim of increasing quality and access care while simultaneously reducing the costs.

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State Health Compare

State Health Access Data Assistance Center (SHADAC) – n.d.

Research Implications:

SHADAC created State Health Compare, a **database to compare Medicaid expenses across states**. The database provides approximately 50 data categories that are valuable for policymakers, researchers, and health care professionals working on Medicaid. It includes categories such as Medicaid expenses as percent of state budgets, health insurance coverage types, costs of medical care, and many others related to public health, behaviors, quality of care, and socioeconomic factors. The tool expands the health care discussion beyond a focus on coverage and **allows analysts and policymakers to view state-level data on a wide range of topics through a broader Culture of Health lens**.

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