

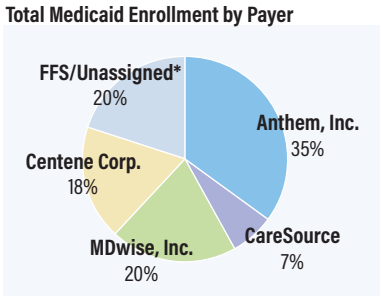
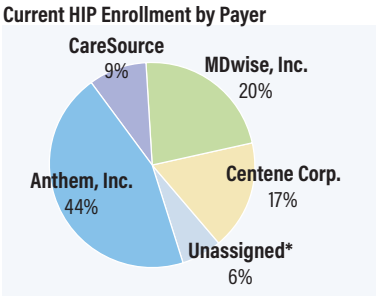
'Personal Responsibility' in Medicaid Begets Lukewarm Results, Federal Report Shows

by Carina Belles

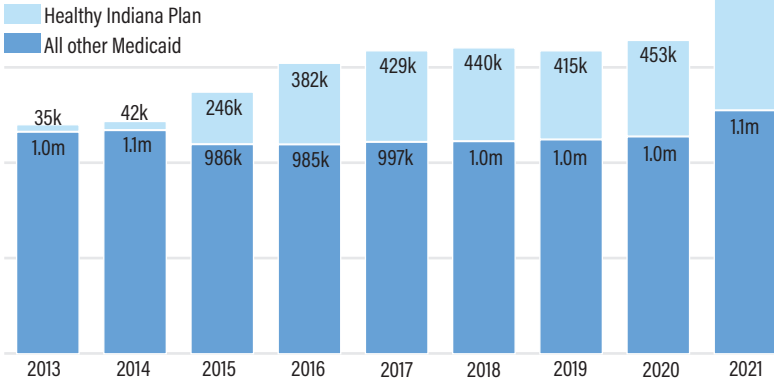
Despite its inclusion of measures conservative advocates have long said could transform Medicaid for the better, such as monthly premiums, health savings accounts and copays for some services, Indiana’s Medicaid expansion demonstration — the Healthy Indiana Plan (HIP) 2.0 — fared no better than other states at improving health care access and outcomes, according to a federal report commissioned by CMS. The evaluation did, however, find slight upticks in annual doctor’s office visits and a reduction in unmet care needs due to cost among the state’s childless adult population (researchers were unable to study the HIP population directly). Perhaps most notably, expansion did appear to help improve overall health insurance coverage rates, which grew 9.9% over the course of the study. Since March 2020, the outset of the COVID-19 pandemic in the U.S., Indiana’s Medicaid enrollment has jumped about 21% to nearly 1.8 million lives, according to data from the state’s Family and Social Services Administration. With many working-age adults hit hard by rising unemployment rates, much of this growth was concentrated among the HIP population, which grew from about 453,000 lives in March 2020 to 649,000 lives in February 2021 (the state’s most recently available data). The Trump administration approved a 10-year extension for HIP 2.0 in October.

Select changes in coverage, health care access and affordability, and health behaviors and status for the childless adult (age 21-64) population in Indiana				
	2011-13	2017-18	Change	
Had health insurance coverage at the time of survey	78.8%	88.7%	+9.9%	
Had a routine checkup in past 12 months	63.6%	68.9%	+5.2%	
Received flu vaccine in past 12 months	32.6%	32.2%	-0.4%	
No unmet need for care due to cost in past 12 months	85.5%	87.8%	+2.3%	
Was a smoker	25.3%	22.8%	-2.5%	
Health status was fair or poor	16.4%	18.1%	+1.7%	
Had an activity limitation due to health	21.5%	25.0%	+3.5%	

Difference-in-differences estimates for select changes among childless adult (age 21-64) population in Indiana between 2011-13 and 2017-18, by comparison state and income level						
	Overall population		Low-income population		Comparison state groups	
	Non-expansion states		Expansion without demo		Expansion with demo	
Had health insurance coverage at the time of survey	3.6	11.3	-0.1	0.4	-1.3	-1.1
Had a routine checkup in past 12 months	1.4	5.7	1.8	3.2	-1.7	0.9
Received flu vaccine in past 12 months	1.8	1.9	1.5	-1.7	-0.7	-2.2
No unmet need for care due to cost in past 12 months	0.5	-1.6	-0.2	-2.6	-1.8	-2.8
Was a smoker	1.7	2.4	1.3	1.3	0.9	2.5
Health status was fair or poor	1.9	3.8	1.2	2.5	1.2	1.2
Had an activity limitation due to health	2.9	2.9	1.2	1.6	0.5	-0.2



Indiana Medicaid Enrollment, 2013-2021



NOTES: *Unassigned indicates HIP members who are not enrolled in a managed care plan. This includes eligibles that are qualified to opt out and receive coverage via fee-for-service Medicaid, and those receiving limited services paid for via FFS.

The federal report’s state comparison groups are as follows: Similar states that did not expand Medicaid: AL, FL, KS, MS, NE, SC, SD, TX; Similar states that expanded Medicaid without a demonstration: CO, KY, ND, OH, PA; Similar states that expanded Medicaid with a demonstration: MI, NH.

SOURCES: “Federal Evaluation of Indiana’s Healthy Indiana Plan — HIP 2.0,” prepared for CMS by the Urban Institute and Social & Scientific Systems, Nov. 30, 2020. Visit <https://bit.ly/3wGca5C>; State of Indiana Family and Social Services Administration; DHP, AIS’s Directory of Health Plans. Visit <https://aishealthdata.com/dhp> for more information.