

Medicaid used as primary source of insurance coverage for more than half of participants

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A study of more than one million Medicaid beneficiaries has found that



more than half were enrolled in Medicaid for at least a decade and experienced substantial lapses in coverage. The authors recommend that, based on this pattern, it would be beneficial to justify increasing investments in the program to improve long-term health outcomes. The study is published in *Annals of Internal Medicine*.

The Medicaid program was created in 1965 as supplemental insurance coverage for the temporarily indigent. The increasing number of beneficiaries, as well as changes made to the program, place into question whether the program still exclusively serves as a temporary safety net. If Medicaid now serves as a long-run insurer, it may require a different infrastructure than a temporary safety net.

Researchers from the Yale School of Public Health studied 3.97 million Medicaid beneficiaries in Michigan enrolled between 2011 and 2020 to assess patterns of short- and long-term enrollment. The authors found that Medicaid was the primary, long-run source of insurance coverage for most beneficiaries. They report that among a cohort of 1.23 million beneficiaries enrolled in 2011, 53 percent were also enrolled in Medicaid in June 2020, spending, on average, two-thirds of that period on Medicaid. The authors report, however, that beneficiaries experienced significant lapses in coverage, with only 25 percent continuously enrolled throughout the period. Enrollment was less stable when assessed from the perspective of newly enrolled beneficiaries, of whom only 37% remained enrolled at the end of the study period. According to the authors, states are likely to reap the benefits of policies that improve the long-term health of beneficiaries and stabilize coverage for those new to the Medicaid program.

An accompanying editorial from The George Washington University highlights how disruptions in Medicaid coverage can disrupt the continuity of patient–physician relations, reduce medical care use, cause patients to stop medications, and worsen <u>medical problems</u> that are



avoidable with proper care. The author calls for states to stabilize their Medicaid coverage, but cautions that policymakers may need to more fundamentally reconsider elements of Medicaid eligibility so that lowincome Americans have stable coverage comparable to that available to the elderly on Medicare or to middle-income working families with employer-sponsored insurance.

More information: Long-Term Stability of Coverage Among Michigan Medicaid Beneficiaries, *Annals of Internal Medicine* (2022). www.acpjournals.org/doi/10.7326/M22-1313

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