

The Effects of State Medicaid Expansions for Working-Age Adults on Senior Medicare Beneficiaries
 Melissa McInerney, Jennifer M. Mellor, and Lindsay M. Sabik

Online Appendix

Appendix Table A1. Means of Independent Variables

	Full Sample	Dual Eligibles	Non-Duals
	(1)	(2)	(3)
Simulated Eligibility, percent (t-1)	4.99 (5.61)	4.70 (5.45)	5.02 (5.63)
Age	76.9 (7.3)	76.9 (7.7)	76.8 (7.2)
Female	0.57	0.71	0.55
Veteran	0.29	0.08	0.31
No high school	0.13	0.40	0.10
Some high school	0.15	0.26	0.14
Some college	0.25	0.10	0.26
College or more	0.17	0.04	0.18
Black	0.08	0.23	0.06
Asian	0.01	0.06	0.005
Hispanic	0.02	0.07	0.009
Native American	0.003	0.01	0.002
Other	0.01	0.02	0.008
Widowed	0.36	0.52	0.34
Divorced	0.08	0.16	0.07
Separated	0.01	0.03	0.005
Never married	0.03	0.06	0.02
Reside in an urban area	0.73	0.67	0.74
Household income, 2009 \$	35,974 (69,137)	11,053 (6,626)	38,964 (72,557)
No. of 11 chronic conditions	1.95 (1.38)	2.24 (1.45)	1.92 (1.37)
BMI	26.8 (5.1)	27.3 (6.1)	26.7 (5.0)
Current smoker	0.10	0.13	0.09
Percent of state Medicaid enrollees in comprehensive MCO plans	0.56	0.56	0.56
State unemployment rate	5.68 (1.65)	5.75 (1.72)	5.67 (1.64)
n	71,709	7,680	64,029

Note: Cells contain means with standard deviations in parentheses for continuous variables.

Source: Authors' calculations based on Medicare Current Beneficiary Survey data

Appendix Table A2. Physicians Treatment of Medicare and Working-age Medicaid Patients
Analysis of HCUP SID and SASD

	Kentucky	Maryland	New Jersey
	<i>Inpatient</i>		
Number of physicians who discharge Medicare patients	6,329	7,248	11,057
Overall percent of those treating working-age Medicaid patients	66.2	69.0	51.7
Percent among those who treat dual eligibles	85.2 (n=3,427)	86.0 (n=4,137)	70.6 (n=5,780)
Percent among those who do not treat dual eligibles	43.7 (n=2,902)	46.4 (n=3,111)	31.1 (n=5,277)
	<i>Ambulatory Care</i>		
Number of physicians who discharge Medicare patients	5,598	3,831	5,439
Overall percent of those treating working-age Medicaid patients	57.2	54.2	36.7
Percent among those who treat dual eligibles	84.0 (n=2,240)	76.0 (n=1,486)	61.9 (n=1,707)
Percent among those who do not treat duals	39.3 (n=3,358)	40.4 (n=2,345)	25.2 (n=3,732)

Notes: Based on analysis of HCUP State Inpatient Databases (SID) and State Ambulatory Surgery and Services Databases (SASD) from Kentucky and Maryland for 2001 and New Jersey for 2003. Analysis is based on sample of discharges to patients over 18 years of age among physicians who discharge at least one Medicare patient during the year. In all three states, the SASD includes hospital-owned ambulatory surgery facilities. In Kentucky the SASD also includes non-hospital owned ambulatory surgery facilities.

Source: Authors' calculations based on Healthcare Cost and Utilization Project data

Appendix Table A3. Effect of Expanded Medicaid Eligibility on Preventive Care in Past Years, Duals

	Linear Probability Model Coefficient of <i>SimElig</i> (<i>t-1</i>)					
	Flu Shot	Blood Pressure Test	Blood Cholesterol Test	Mammogram (Women Only)	Pap Smear (Women Only)	Digital Rectal Exam (Men Only)
	(1)	(2)	(3)	(4)	(5)	(6)
<i>SimElig</i> (<i>t-1</i>)	0.002 (0.003)	0.0006 (0.0006)	0.002 (0.001)	-0.003 (0.003)	0.002 (0.004)	-0.002 (0.004)
\bar{Y}	0.645	0.956	0.877	0.395	0.251	0.394
n	7,588	7,646	7,211	5,402	5,360	2,117

Notes: All models control for age and age squared, highest level of educational attainment, sex, race or ethnicity, veteran status, marital status, urban residence, household income and its square, smoking participation, BMI, the number of chronic conditions, the percent of state Medicaid enrollees in comprehensive MCO plans, and the state unemployment rate. All models also include year and state fixed effects and a full set of state-specific linear time trends. Controls for the hospital wage index and three physician practice costs indices are added to models of all service spending; the hospital wage index is added to models of inpatient and outpatient hospital spending and physician practice cost indices are added to models of medical provider spending. Robust standard errors clustered by state are reported in parentheses.

*** Significant at the 1 percent level.

** Significant at the 5 percent level.

* Significant at the 10 percent level.

Source: Authors' calculations based on Medicare Current Beneficiary Survey data

Appendix Table A4. Effects of Eligibility Expansions on Avoidable Hospitalizations for Duals
(For duals in FFS plans only)

	LPM coefficient of <i>SimElig</i> (<i>t-1</i>)
Any avoidable hospitalization	-0.0028 (0.0020)
	$\bar{Y}=0.089$ n=6,219
Hospitalizations for diabetes-related complications, among diabetics	-0.0015* (0.0008)
	$\bar{Y}=0.029$ n=2,020
Hospitalizations for COPD or asthma, among respondents with COPD, asthma or emphysema	-0.0071** (0.0030)
	$\bar{Y}=0.063$ n=1,510
Hospitalizations for hypertension, among respondents with HBP	0.0007 (0.0005)
	$\bar{Y}=0.006$ n=4,705
Hospitalizations for heart failure, among respondents with CHD, HBP, or diabetes	-0.0002 (0.0009)
	$\bar{Y}=0.033$ n=5,017
Hospitalizations for angina among respondents with CHD, HBP, diabetes, and past MI	-0.0004* (0.0002)
	$\bar{Y}=0.004$ n=5,096

Notes: All models include controls for age and age squared, highest level of educational attainment, sex, race or ethnicity, veteran status, marital status, urban residence, household income and its square, smoking participation, BMI, number of chronic conditions, the percent of state Medicaid enrollees in comprehensive MCO plans, and the state unemployment rate. All models also include year and state fixed effects and a full set of state-specific linear time trends. Robust standard errors clustered by state are reported in parentheses.

*** Significant at the 1 percent level.

** Significant at the 5 percent level.

* Significant at the 10 percent level.

Source: Authors' calculations based on Medicare Current Beneficiary Survey data