

# COMPARING HEALTH CARE USE AND COSTS AMONG NEW MEDICAID ENROLLEES BEFORE AND DURING COVID-19

Fact sheet developed by: Laura Benzing Duke University '21

## WHO ARE THE COVID-19 NEW MEDICAID ENROLLEES?

From March through June of 2020, over **56,000** people enrolled in Medicaid in North Carolina.

Compared to new enrollees before the pandemic, these new enrollees are more likely to:



Live in urban areas



Be Black, male or young



Enroll as an income-eligible adult

## WHY ARE WE INTERESTED IN NEW MEDICAID ENROLLEES?

New Medicaid enrollees often have pent-up demand for health care. Before the pandemic, new enrollees in North Carolina cost an average of **\$120** more per month in their first 60 days than existing enrollees.

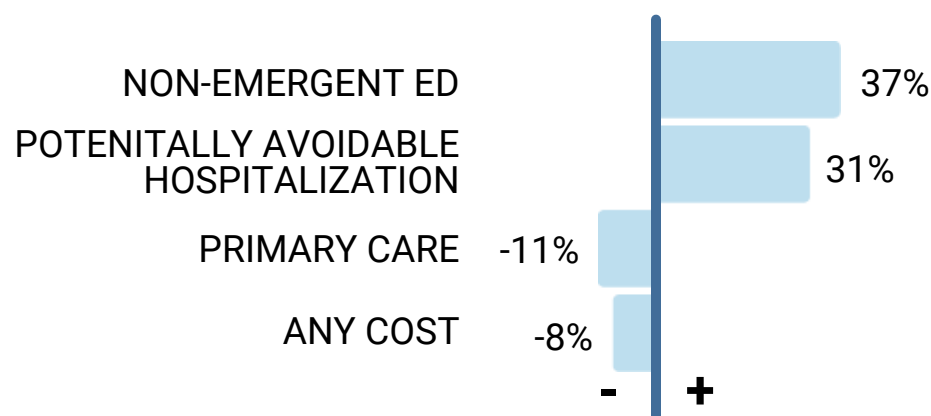
Understanding how those who enrolled in Medicaid during COVID-19 differ from pre-pandemic new enrollees will help stakeholders make policy and budget decisions.



## DISPARITIES IN MEDICAID USE AMONG NEW ENROLLEES

### RACE

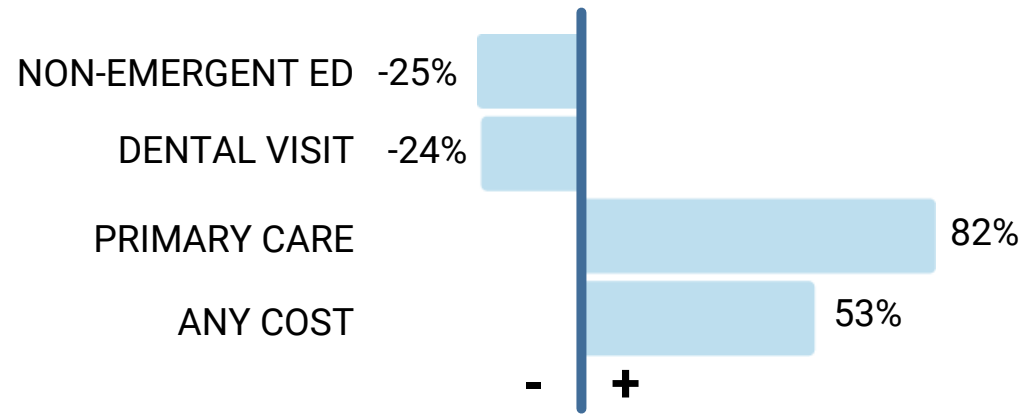
#### USE OF SERVICES BY BLACK ENROLLEES RELATIVE TO WHITE ENROLLEES



Compared to white enrollees, Black enrollees were more likely to have a non-emergent ED visit or a potentially avoidable hospitalization, but less likely to have a primary care visit or have health care costs.

### ETHNICITY

#### USE OF SERVICES BY HISPANIC ENROLLEES RELATIVE TO NON-HISPANIC ENROLLEES



Hispanic ethnicity was associated with fewer non-emergent ED and dental visits but a higher likelihood of having a primary care visit or incurring any health care cost.

### SEX

Women were around **2x** more likely than men to use primary care and **61%** more likely to use their coverage.

Men were less likely to visit the ED but **31%** more likely to have a potentially avoidable hospitalization.

[CLICK HERE FOR MORE INFORMATION](#)

## DURING COVID-19 NEW MEDICAID ENROLLEES USED LESS CARE

During the pandemic, new Medicaid enrollees were **29% less likely** to have any health care costs and, if they used their coverage, they cost an average of **8% less**. Approximately  $\frac{1}{3}$  of that drop comes from population differences between enrollees before and during the pandemic (not COVID behavior).

TYPE OF SERVICE	OVERALL CHANGE IN USE DURING PANDEMIC	CHANGE IN USE ATTRIBUTED TO POPULATION DIFFERENCES BETWEEN NEW ENROLLEES
EMERGENCY DEPARTMENT (ED) ANY REASON	↓ 46% LESS	↓ 13.7% LESS
ED NON-EMERGENT	↓ 52% LESS	↓ 11.7% LESS
POTENTIALLY AVOIDABLE HOSPITALIZATION	↓ 52% LESS	↓ 23.7% LESS
PRIMARY CARE	↓ 34% LESS	↓ 3.2% LESS
DENTAL CARE	↓ 36% LESS	↑ 5.9% MORE

**IMPACT**  
New Medicaid enrollees during COVID-19 used less health care than anticipated. These findings provide insight into the expected healthcare costs if North Carolina expanded Medicaid eligibility.

New enrollees cost **\$140.73 or 32% less** per member per month than expected.

The pandemic led to a widespread drop in health care use but not all of the drop can be attributed to COVID-19 behavior.

After controlling for COVID-19 behavior, we found that those who enrolled during the pandemic used care differently than projected.