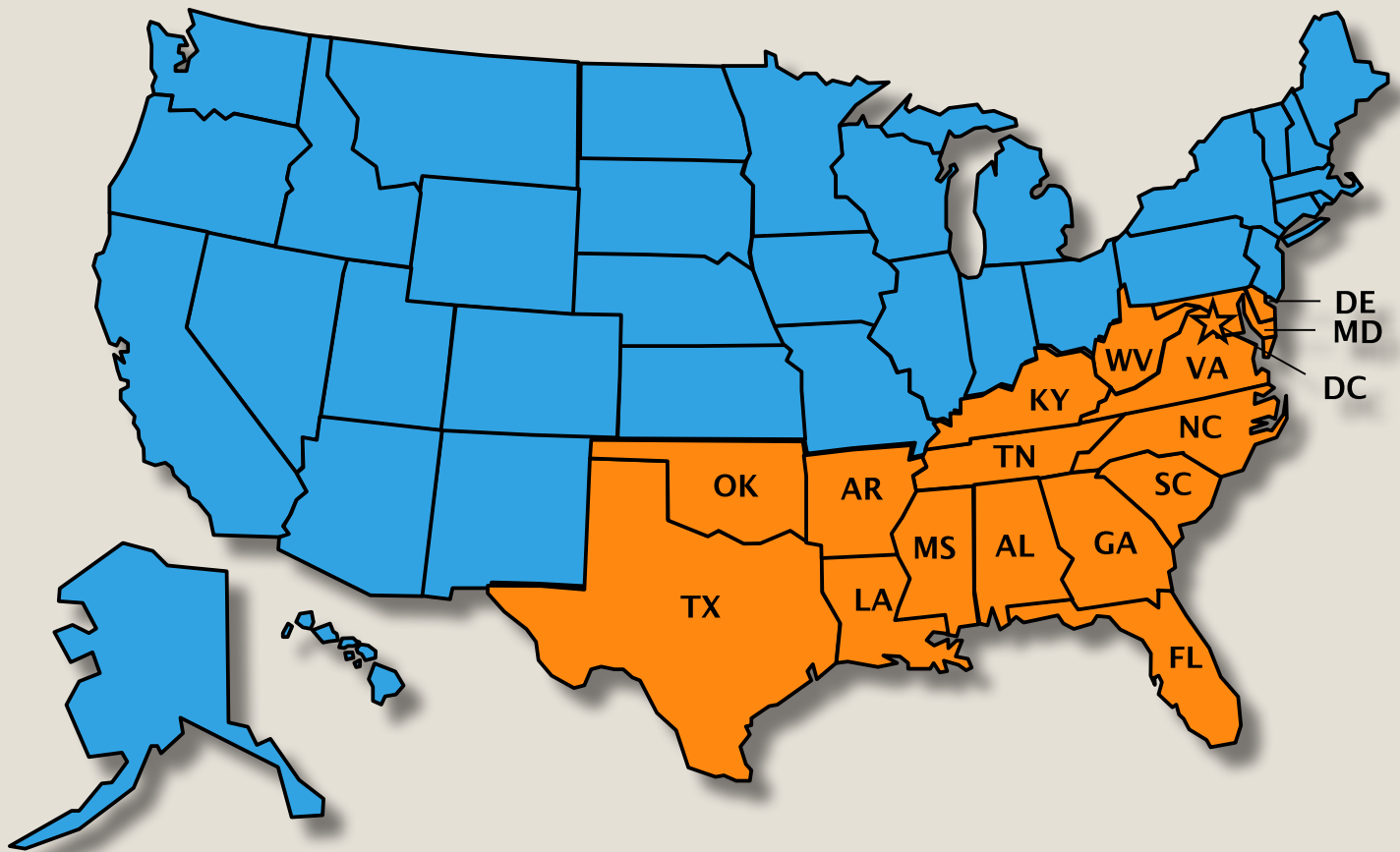


Health Coverage and Care in the South: A Chartbook

June 2014 Update



The Kaiser Commission on Medicaid and the Uninsured provides information and analysis on health care coverage and access for the low-income population, with a special focus on Medicaid's role and coverage of the uninsured. Begun in 1991 and based in the Kaiser Family Foundation's Washington, DC office, the Commission is the largest operating program of the Foundation. The Commission's work is conducted by Foundation staff under the guidance of a bi-partisan group of national leaders and experts in health care and public policy.

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Health Coverage and Care in the South: A Chartbook

Jessica Stephens, Alexandra Gates, Vann Newkirk, and Laura Snyder

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This chartbook was prepared for:
Advancing Opportunities, Assessing Challenges:
A Close Look and Health Care and Health Equity in the South
Morehouse School of Medicine,
Atlanta, GA
March 26, 2014



THE KAISER COMMISSION ON
Medicaid and the Uninsured

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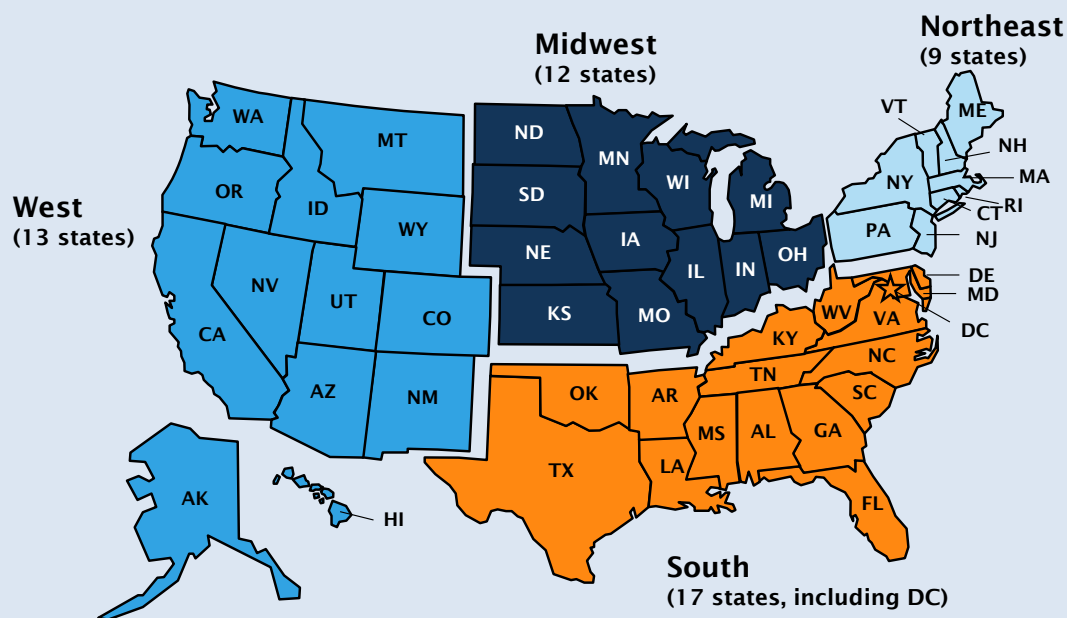
Introduction

Over 115 million individuals live in the American South today, and together, they account for over one-third (37%) of the total U.S. population. The South is racially and ethnically diverse and home to a large share of the nation's people of color. As such, efforts to improve health in the South have significant implications for the advancement of health and health equity nationwide.

The South has faced longstanding disparities in health and health care, although significant variation exists between southern states. As a group, compared to those in other regions, Southerners are more likely to be uninsured, less likely to have access to needed health services, and more likely to experience a number of chronic health conditions. Yet, many southern states have also adopted innovative approaches to improve their health systems, particularly in the delivery of care, that provide key lessons for improving access to health coverage in the South more broadly.

Health Coverage and Care in the South: A Chartbook provides key data on the demographic and economic characteristics of the southern population as well as their health status, health insurance coverage, and access to care today.

Together, these data offer a snapshot of health care in the South, highlighting both opportunities for advancement and challenges relating to improving health care and health equity looking forward.



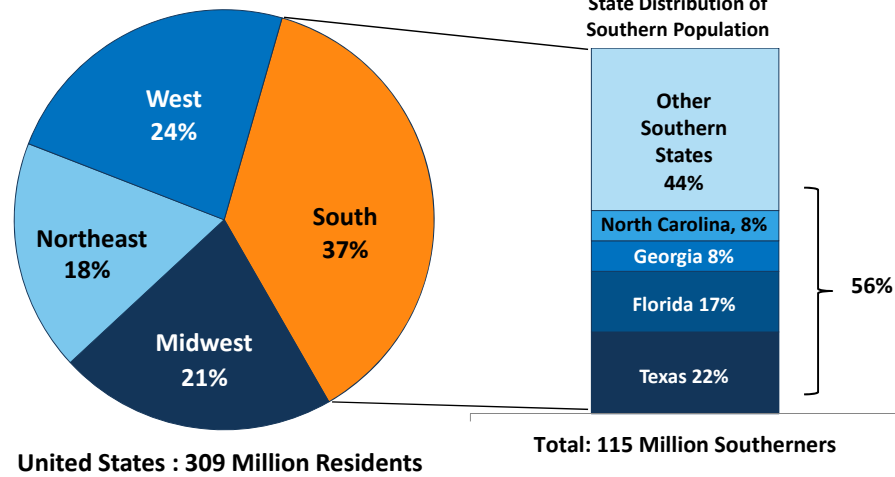
Section 1: Demographics

Over one third of the total U.S. population resides in the 17 southern states, and the population has been growing over time. The southern population is racially and ethnically diverse, although the racial and ethnic composition varies by state. Overall, over four in ten of all people of color in the U.S. reside in the South, including over half of Blacks in the United States. The region is also diverse across a number of factors including citizenship status, age, urban-rural composition, and income.

Figure 1.1

Over one third of the total US population resides in the South.

Distribution of U.S. Residents by Geographic Region, 2011-2012



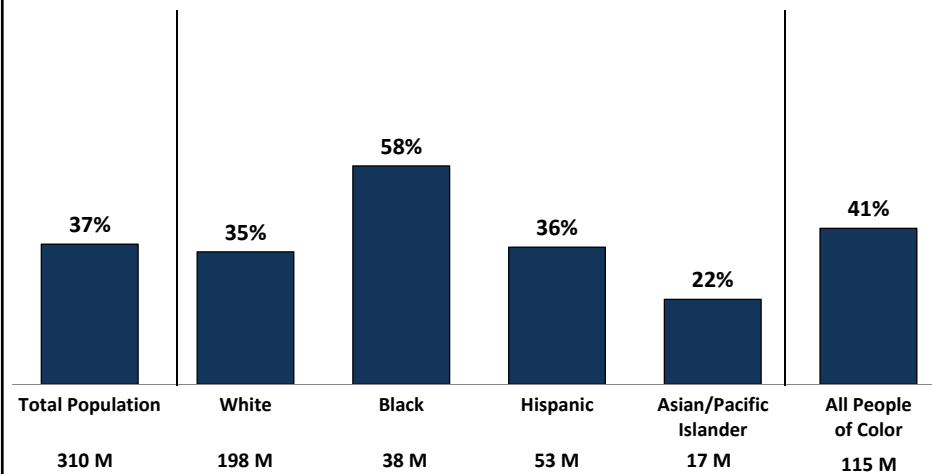
NOTE: Totals do not sum to 100% due to rounding.
SOURCE: KCMU/Urban Institute analysis of 2013 and 2012 ASEC Supplements to the CPS.



Figure 1.2

A large share of people of color reside in the South.

Share of Total Population Residing in the South by Race/Ethnicity, 2011-2012



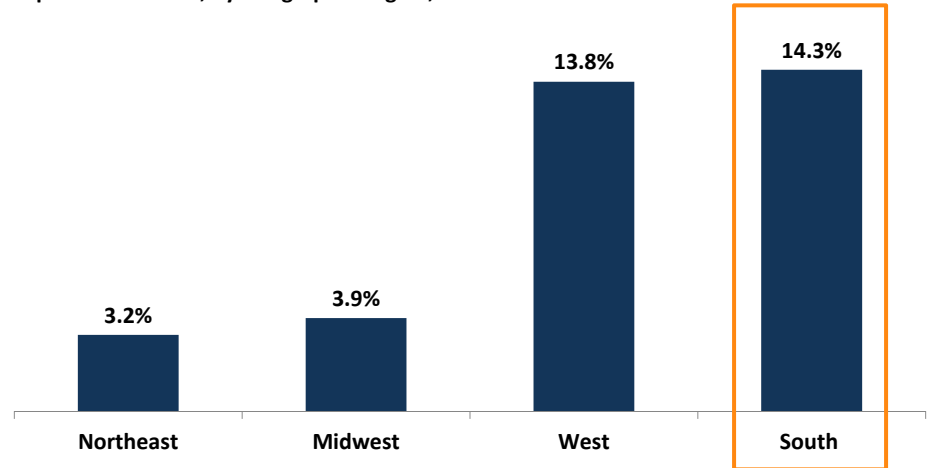
NOTE: People of color include Hispanics, Blacks, Asians & Pacific Islanders, American Indians, and those who identify as two or more races. All races exclude Hispanics.
SOURCE: KCMU/Urban Institute analysis of 2013 and 2012 ASEC Supplements to the CPS.



Figure 1.3

The southern population is growing rapidly compared to other regions.

Population Growth, by Geographic Region, 2000-2010



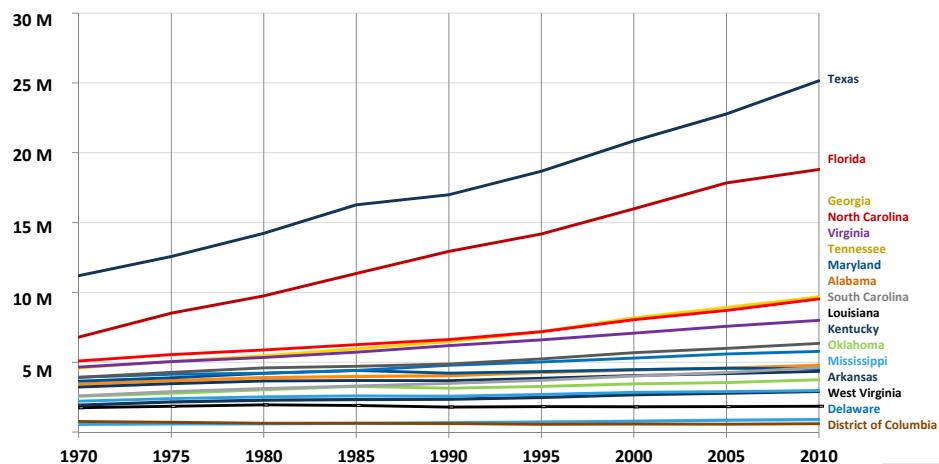
SOURCE: Mackun, Paul and Steven Wilson. "Population Distribution and Change: 2000 to 2010." U.S. Census Bureau. March 2011. <http://www.census.gov/prod/cen2010/briefs/c2010br-01.pdf>



Figure 1.4

Population growth in the South is driven largely by growth in Texas and Florida.

Population Growth in the South, by State, 1970-2010



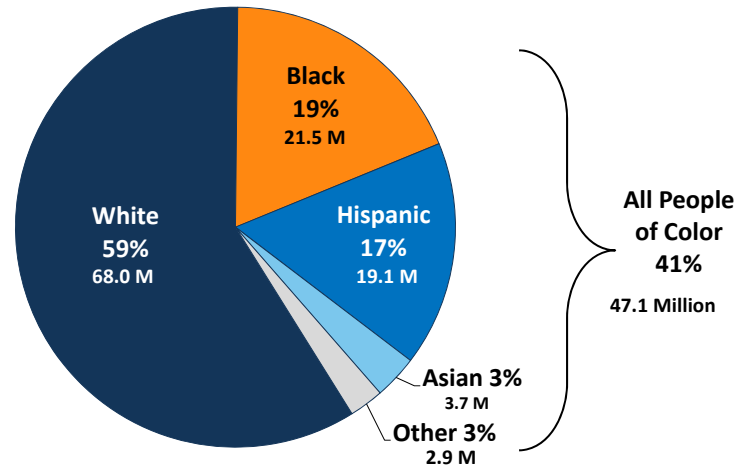
SOURCE: U.S. Census Bureau. State Population Estimates 1900-1990, 1990-1999, and 2000 - 2010



Figure 1.5

The southern population is racially and ethnically diverse.

Distribution of the Southern Population, by Race/Ethnicity, 2011-2012



Total: 115 Million Southern Residents

NOTE: Asian includes Pacific Islanders. Totals do not sum to 100% due to rounding
SOURCE: KCMU/Urban Institute analysis of 2013 and 2012 ASEC Supplements to the CPS.



Figure 1.6

The racial/ethnic distribution of the southern population varies by state.

Racial/Ethnic Distribution of the Southern Population, by State, 2011-2012

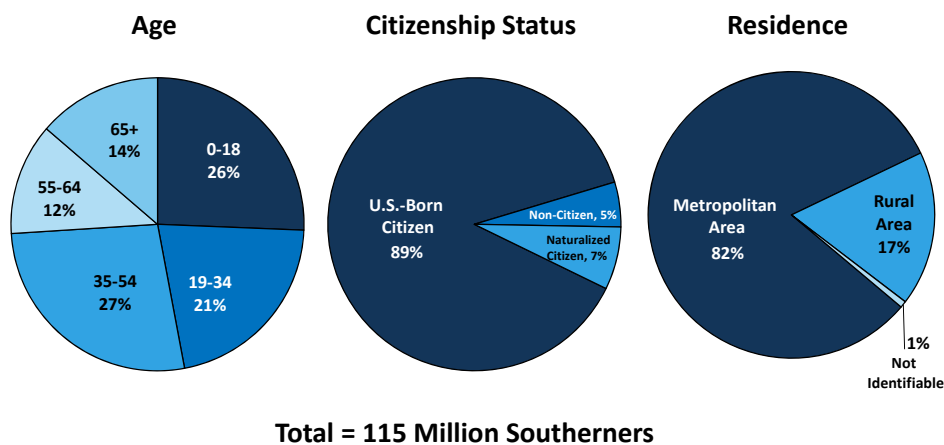
	Total	White	Hispanic	Black	Asian/Pacific Islander	Other	All People of Color
United States	309,044,000	63%	17%	12%	5%	3%	37%
South	115,113,000	59%	17%	19%	3%	3%	41%
Alabama	4,776,000	67%	4%	26%	1%	2%	33%
Arkansas	2,906,000	75%	5%	15%	3%	2%	25%
Delaware	899,000	65%	10%	20%	4%	2%	35%
District of Columbia	625,000	36%	10%	48%	4%	1%	64%
Florida	19,045,000	58%	22%	15%	3%	2%	42%
Georgia	9,620,000	56%	8%	30%	4%	2%	44%
Kentucky	4,315,000	85%	4%	7%	1%	2%	15%
Louisiana	4,478,000	62%	4%	31%	--	--	38%
Maryland	5,832,000	53%	9%	28%	7%	2%	47%
Mississippi	2,907,000	58%	2%	37%	--	--	42%
North Carolina	9,523,000	63%	8%	21%	3%	4%	37%
Oklahoma	3,727,000	65%	8%	7%	1%	19%	35%
South Carolina	4,629,000	66%	4%	28%	1%	2%	34%
Tennessee	6,337,000	75%	5%	16%	2%	2%	25%
Texas	25,774,000	42%	41%	11%	4%	1%	58%
Virginia	7,908,000	65%	7%	19%	6%	3%	35%
West Virginia	1,812,000	93%	1%	3%	--	2%	7%

SOURCE: KCMU/Urban Institute analysis of 2013 and 2012 ASEC Supplements to the CPS.



Figure 1.7

Selected Demographic Characteristics of the Southern Population, 2011-2012



SOURCE: KCMU/Urban Institute analysis of 2013 and 2012 ASEC Supplements to the CPS.



Figure 1.8

Like other regions, the South is diverse across a number of characteristics.

Selected Demographic Characteristics of the Population, by Geographic Region, 2011-2012

	Northeast	Midwest	West	South
Residence				
Metropolitan	90%*	78%*	90%*	82%
Rural	10%*	22%*	8%*	18%
Not Identifiable	NA	NA	2%	1%
Age				
0-18	23%*	25%	26%*	26%
19-34	22%	21%	23%*	21%
35-54	28%*	27%	27%	27%
55-64	13%*	12%	12%	12%
65+	15%*	14%*	12%*	14%
Citizenship Status				
U.S.-Born Citizen	84%*	93%*	81%*	89%
Naturalized Citizen	8%*	3%*	9%*	5%
Non-Citizen	8%*	4%	10%*	7%
Parent Status of Nonelderly Adults (19-64)				
Parent	32%*	34%	35%	34%
Not a Parent	68%*	66%	65%	66%
Educational Attainment of Nonelderly Adults				
Less than High School	11%*	9%*	13%*	13%
High School Graduate	29%*	32%	25%*	31%
Some College/Assoc. Degree	31%*	31%*	31%*	28%
College Grad or Greater	30%*	28%*	30%*	27%

NOTE: Data may not sum to 100% due to rounding and sample size restrictions. * Indicates that the estimated difference between this region and the South is statistically significant from the South at the 0.05 level.

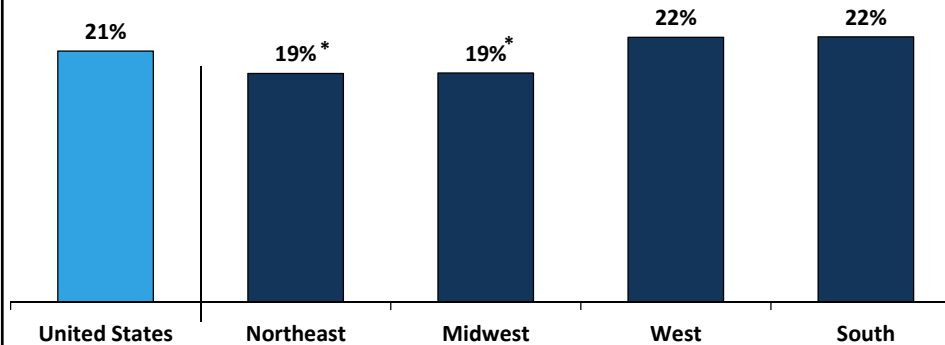
SOURCE: KCMU/Urban Institute analysis of 2013 and 2012 ASEC Supplements to the CPS.



Figure 1.9

Southerners are significantly more likely than those in the Northeast and Midwest to be poor.

Share of Nonelderly Population Living in Poverty, by Region, 2011 -2012



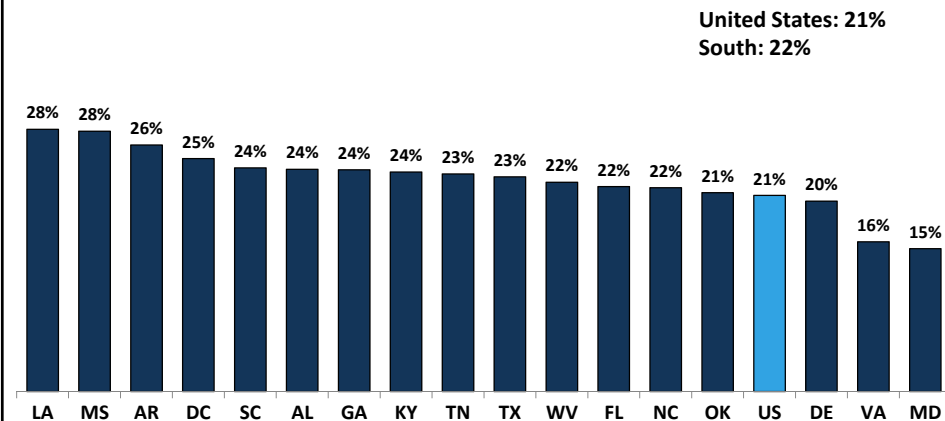
NOTE: *-The difference between this region and the South is significantly different at the 0.05 level.
SOURCE: KCMU/Urban Institute analysis of 2013 and 2012 ASEC Supplements to the CPS.



Figure 1.10

The South also includes states with some of the highest poverty rates in the nation.

Poverty Rates Among Nonelderly Southerners, by State, 2011-2012



SOURCE: KCMU/Urban Institute analysis of 2013 and 2012 ASEC Supplements to the CPS.



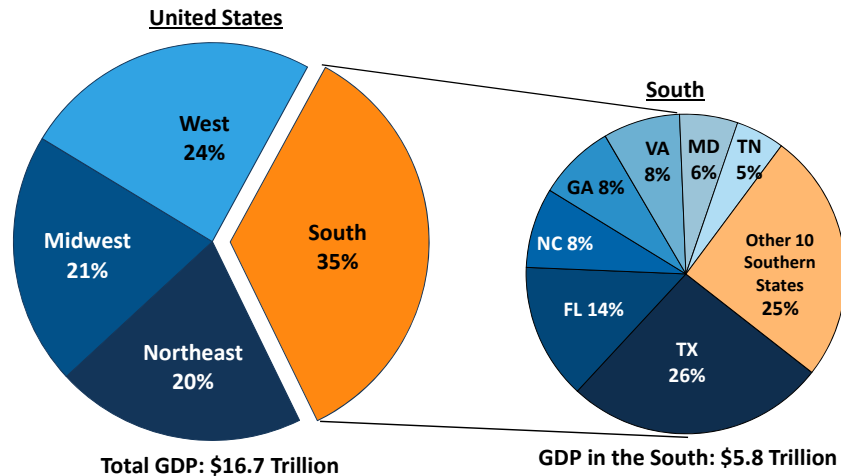
Section 2: The Southern Economy

The southern states play an important role in the national economy, contributing 35 percent of the total U.S. gross domestic product. Work patterns in the South are similar to those in other regions, although Southerners are less likely than those in other regions to be unemployed. Overall, Southerners earn less per capita than individuals in other regions of the U.S. However, income varies significantly by state, and, in four states, per capita earnings are higher than the national average. Earnings also vary widely within states, and several southern states have among the highest levels of income inequality in the country.

Figure 2.1

Economic activity in the South accounts for over a third of the national GDP.

Distribution of Gross Domestic Product, by Region and State in the South, 2013



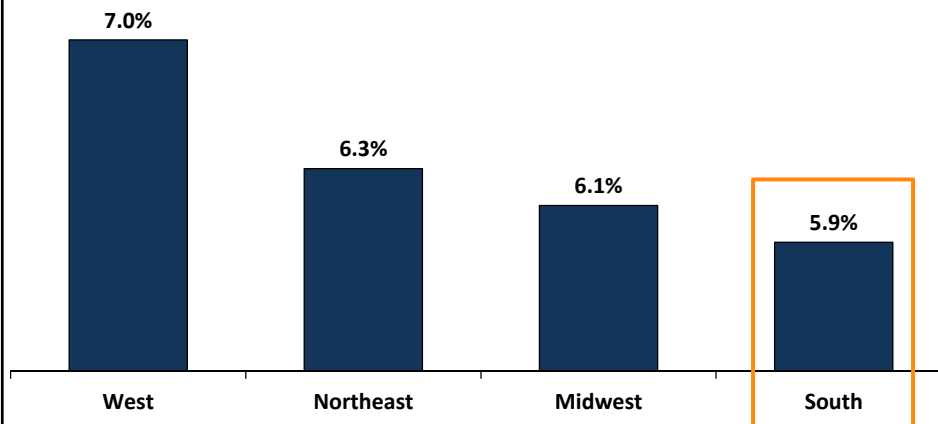
SOURCE: Bureau of Economic Analysis. Gross Domestic Product by State (current dollars). All Industry Total. Updated June 2014.
http://www.bea.gov/iTable/index_regional.cfm



Figure 2.2

The unemployment rate is lower in the South than in any other region.

Seasonally-Adjusted Unemployment Rate, by Region, April 2014



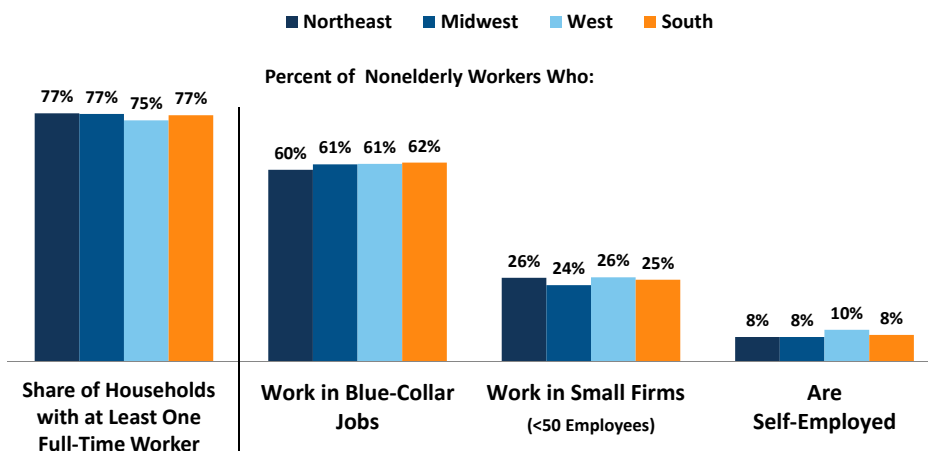
SOURCE: Bureau of Labor Statistics. "Table 1. Civilian labor force and unemployment by census region and division, seasonally adjusted." May 16, 2014. <http://www.bls.gov/news.release/laus.nr0.htm>



Figure 2.3

Work patterns in the South are similar to those in other regions.

Selected Employment Characteristics of Nonelderly Workers, 2012



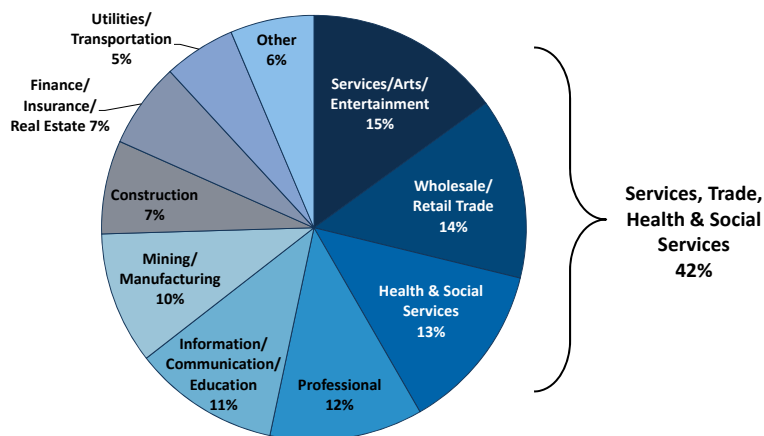
SOURCE: Urban Institute tabulations of 2013 ASEC Supplement to the CPS.



Figure 2.4

More than four in ten workers in the South have jobs in the service, trade, or health and social service industries.

Distribution of Nonelderly Workers in the South, by Industry, 2011-2012



SOURCE: Urban Institute tabulations of 2013 ASEC Supplement to the CPS.



Figure 2.5

The distribution of workers across industries is similar in all regions.

Distribution of Nonelderly Workers by Industry and Region, 2012

Industry	Northeast	Midwest	West	South
Services/Arts/Entertainment	14%	14%	15%	15%
Wholesale/Retail Trade	13%	13%	14%	14%
Health & Social Services	15%	15%	12%	13%
Professional	12%	10%	13%	12%
Information/Communication/Education	12%	11%	11%	11%
Mining/Manufacturing	10%	14%	10%	10%
Construction	6%	6%	7%	7%
Finance/Insurance/Real Estate	8%	7%	7%	7%
Utilities/Transportation	5%	5%	5%	5%
Public Administration	5%	4%	5%	5%
Agriculture	1%	2%	2%	1%
Total	100%	100%	100%	100%

"NSD Data not sufficient for a reliable estimate.

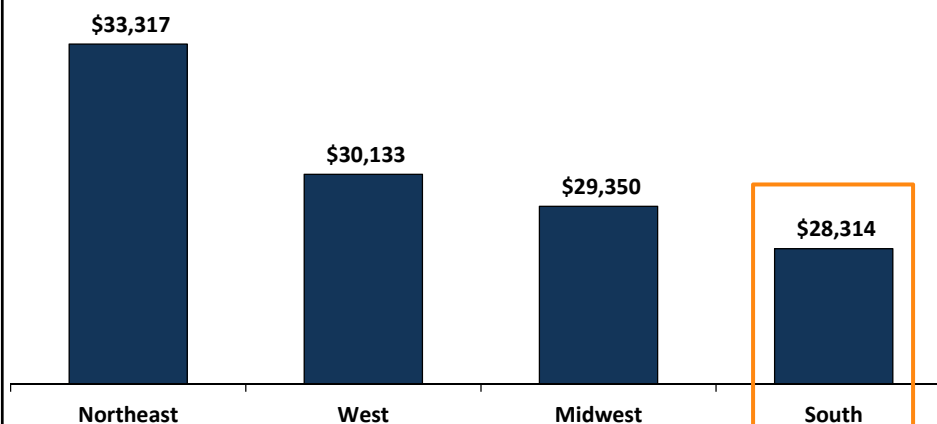
SOURCE: Urban Institute tabulations of 2013 ASEC Supplement to the CPS.



Figure 2.6

Workers in the South earn less than workers in other regions.

Median Annual Earnings for Workers, by Region, 2012



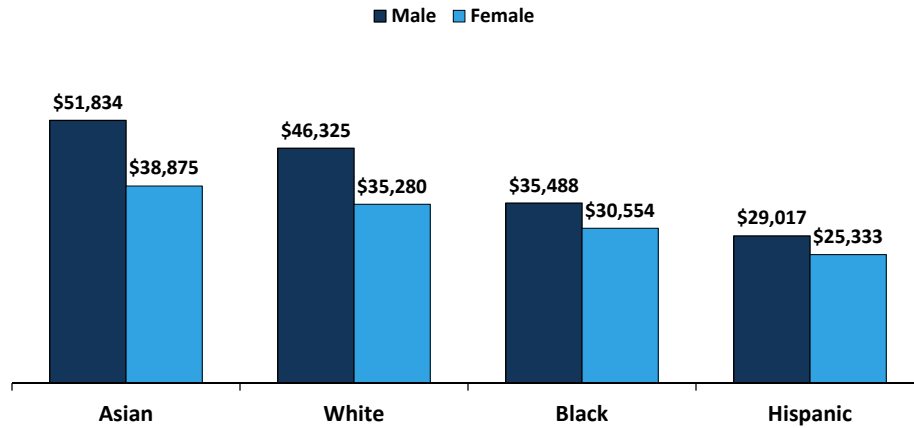
SOURCE: U.S. Census Bureau, 2012 American Community Survey.



Figure 2.7

Within the South, workers' earnings vary by race/ethnicity and sex.

Median Annual Earnings for Full-Time, Year-Round Workers in the South, by Race/Ethnicity and Sex, 2012



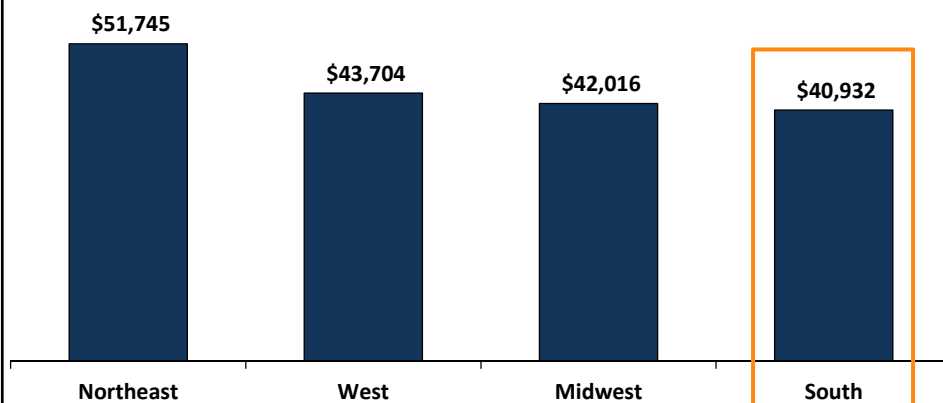
NOTE: All races exclude Hispanics.
SOURCE: U.S. Census Bureau, 2006-2010 American Community Survey



Figure 2.8

Per capita income in the South is lower than in other regions.

Personal Income per Capita, by Region, 2012



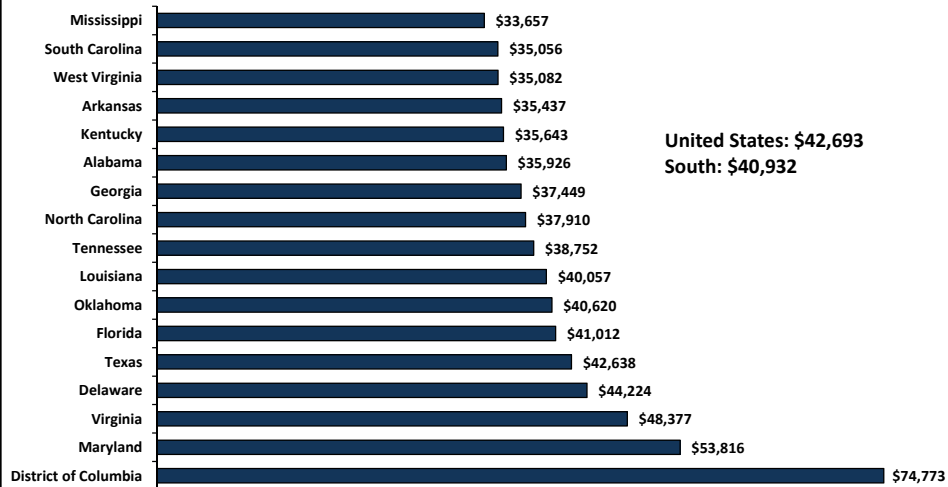
SOURCE: Bureau of Economic Analysis. "SA1-3. Personal Income Summary." Updated September 30, 2013.
http://www.bea.gov/table/index_regional.cfm



Figure 2.9

Per capita personal income in the South varies by state.

Personal Income per Capita in the South, by State, 2012



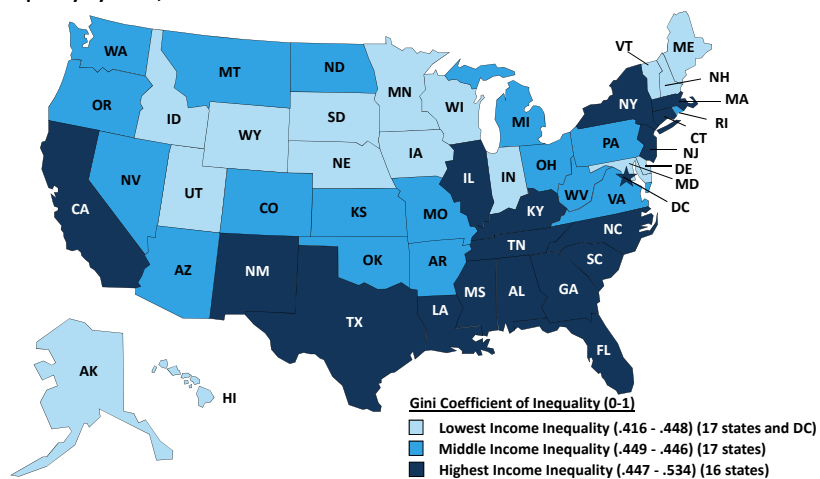
SOURCE: Bureau of Economic Analysis. "SA1-3. Personal Income Summary." Updated September 30, 2013.
http://www.bea.gov/iTable/index_regional.cfm



Figure 2.10

Southern states have among the highest levels of income inequality in the country.

Income Inequality by State, 2012



NOTE: The Gini coefficient is a measure of income inequality within a population based on the income distribution of that population. The coefficient is expressed as a ratio from 0 (perfect equality) to 1 (perfect inequality).
SOURCE: U.S. Census Bureau, 2012 American Community Survey



Section 3: Health Status

While measures of health status vary by state, Southerners as a group are generally more likely than those in other regions to have a number of chronic illnesses and experience worse health outcomes. For example, most of the states with the highest rates of obesity and diabetes are in the South, and many southern states are among those with the highest infant mortality rates and cancer death rates in the country. As in other regions, health status within the South also varies by race and ethnicity, and Blacks in particular, are more likely than Whites to report having fair or poor health.

Figure 3.1

Compared to those in other regions, Southerners are more likely to report having fair or poor health.

Share of Individuals Reporting Fair or Poor Health Status, by Region, 2012

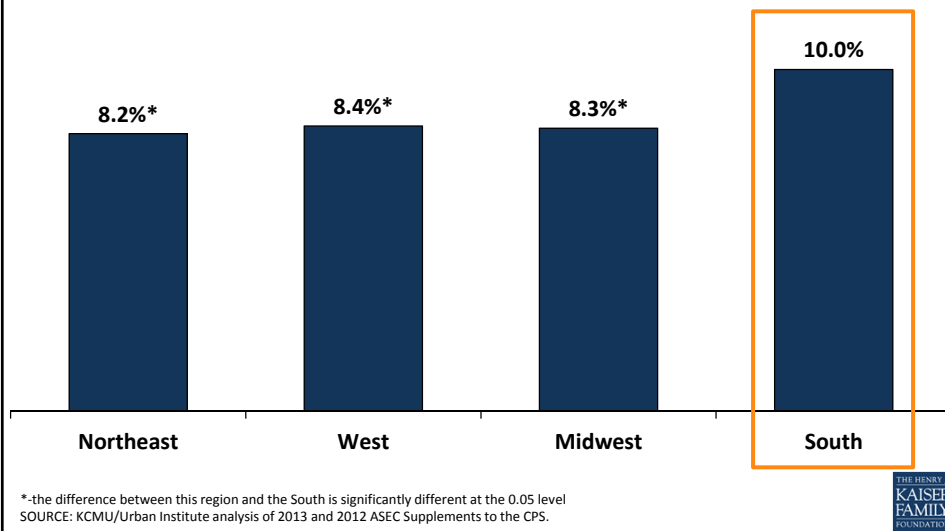


Figure 3.2

In the South, health status varies by race/ethnicity.

Share of Individuals in the South Reporting Fair or Poor Health Status, by Race/Ethnicity, 2012

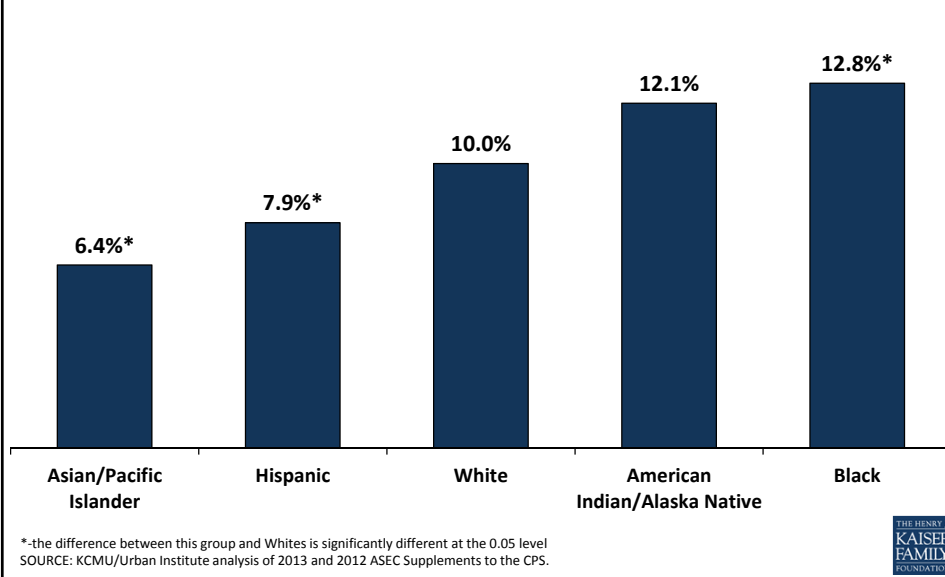
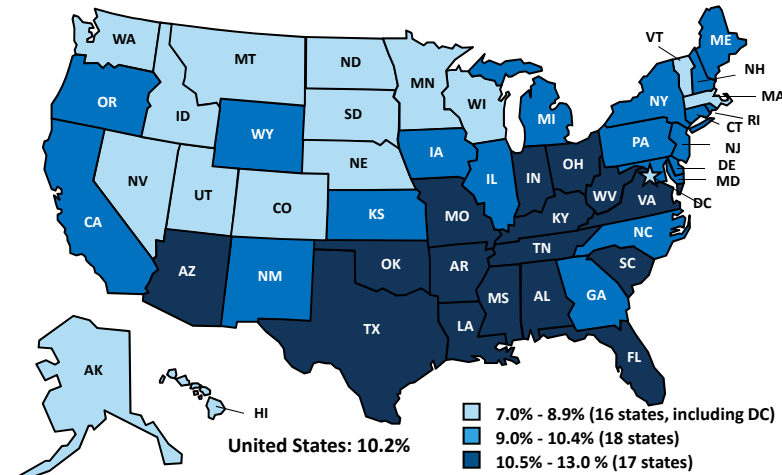


Figure 3.3

The majority of states with the highest rates of adult diabetes are in the South.

Percent of Adults Who Have Ever Been Told by A Doctor that They Have Diabetes, by State, 2012



NOTE: U.S. total includes territories. Percentages are weighted to reflect population characteristics.

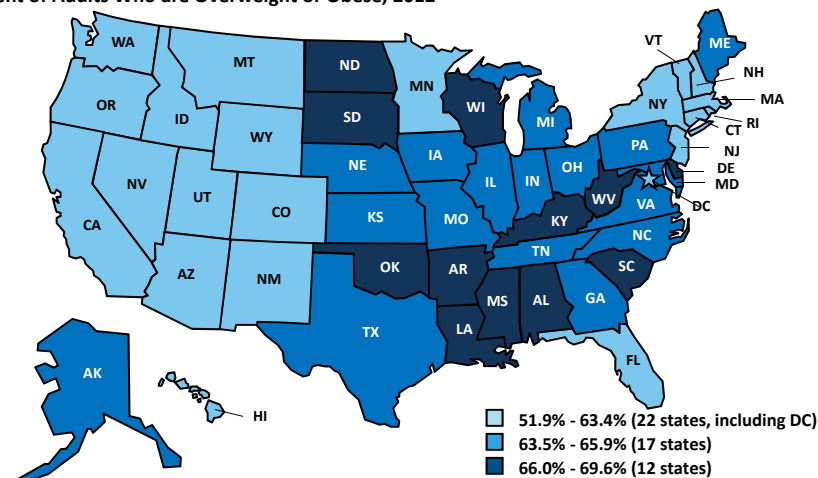
SOURCE: KCMU analysis of the Center for Disease Control and Prevention (CDC)'s Behavioral Risk Factor Surveillance System (BRFSS) 2012 Survey Results.



Figure 3.4

A majority of states with the highest obesity rates are in the South.

Percent of Adults Who are Overweight or Obese, 2012



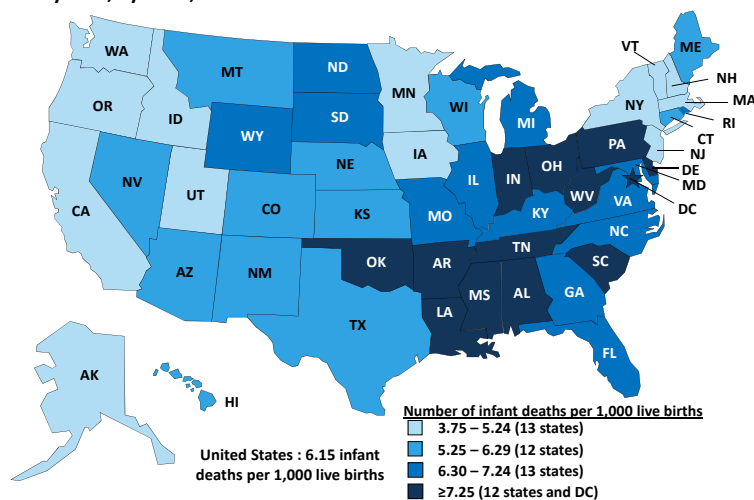
SOURCE: KCMU analysis of the Center for Disease Control and Prevention (CDC)'s Behavioral Risk Factor Surveillance System (BRFSS) 2012 Survey Results.



Figure 3.5

States in the South have among the highest infant mortality rates in the country.

Infant Mortality Rate, by State, 2011



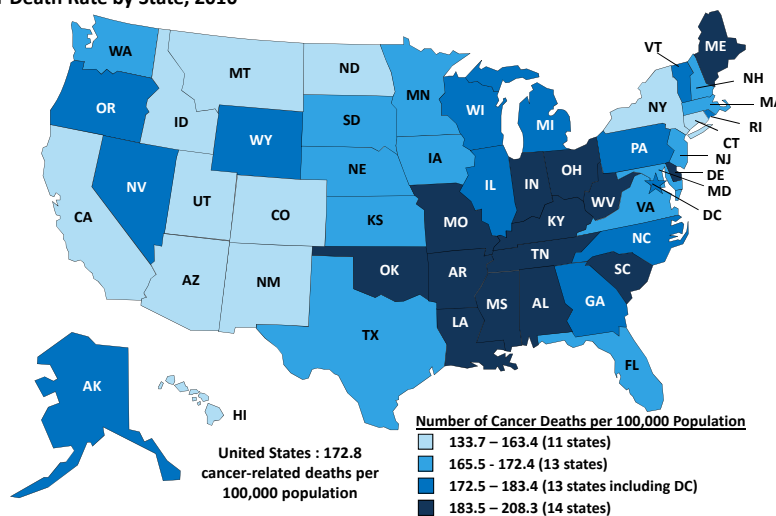
SOURCE: CDC/NCHS, National Vital Statistics System, mortality data set.



Figure 3.6

Southern states also have among the highest cancer-related death rates.

Cancer Death Rate by State, 2010



SOURCE: The Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Division of Vital Statistics, [National Vital Statistics Report Volume 61, Number 4](#), Table 19, May 8, 2013.



Section 4: Health Insurance Coverage

While a broad array of factors contribute to the relatively high chronic disease rates and poor health outcomes in the South, a first step in addressing these disparities is ensuring that individuals have health coverage that enables them to access preventive and primary care and ongoing treatment to meet their health needs. Health insurance coverage facilitates timely access to health services, and being uninsured affects people's ability to obtain needed medical care as well as their financial security.

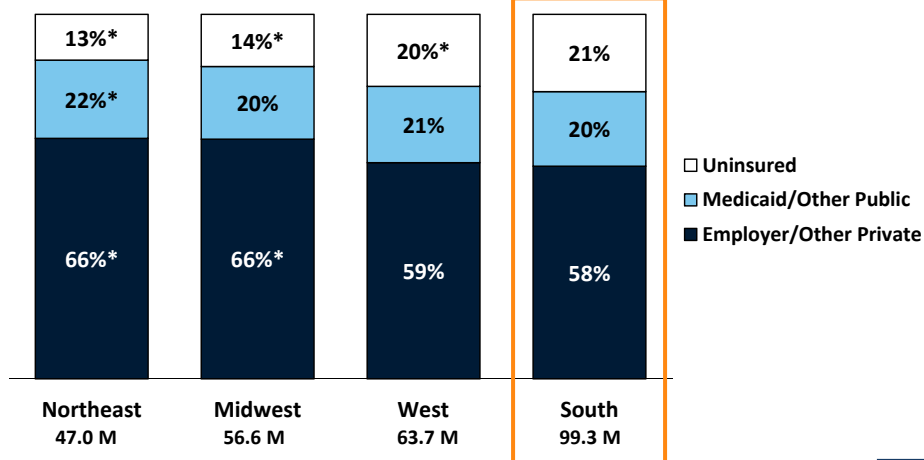
Compared to individuals in other regions, Southerners are more likely to be uninsured. Further, within the South, people of color are more likely than Whites to be uninsured. Coverage rates in the South vary by state, however, reflecting variation in demographics and the availability of health coverage options.

The Affordable Care Act has the potential to extend health coverage to many currently uninsured Southerners through an expansion of Medicaid to low-income individuals and the creation of new health insurance Marketplaces with financial assistance to help moderate-income individuals purchase private coverage. Because many southern states are not implementing the Medicaid expansion, many uninsured adults in the South will not gain a new coverage option. However, nearly half of uninsured individuals are eligible for some financial assistance to obtain coverage in 2014, largely through the Marketplace, and millions of eligible individuals have already enrolled.

Figure 4.1

Southerners are more likely than those in other regions to be uninsured.

Health Insurance Coverage of the Nonelderly Population, by Geographic Region, 2011-2012



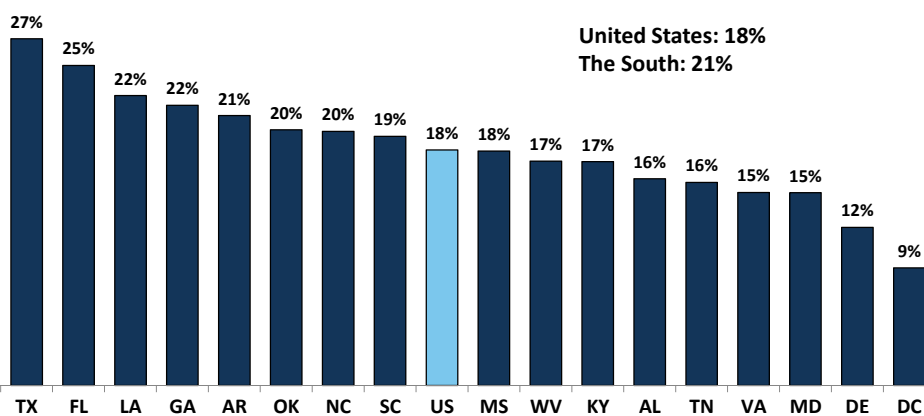
NOTE: *-the difference between this region and the South is significantly different at the 0.05 level for this percentage
 SOURCE: KCMU/Urban Institute analysis of 2013 and 2012 ASEC Supplements to the CPS.



Figure 4.2

Uninsured rates vary by state in the South.

Uninsured Rates Among Nonelderly Southerners by State, 2011-2012



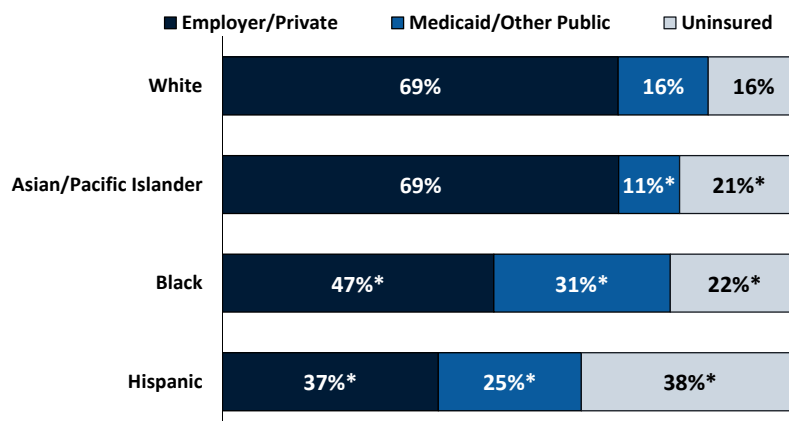
SOURCE: KCMU/Urban Institute analysis of 2013 and 2012 ASEC Supplements to the CPS.



Figure 4.3

Within the South, uninsured rates also vary by race/ethnicity.

Health Insurance Coverage of Nonelderly Southerners, by Race/Ethnicity, 2011-2012



NOTE: Asian group includes Pacific Islanders. Data may not total 100% due to rounding.

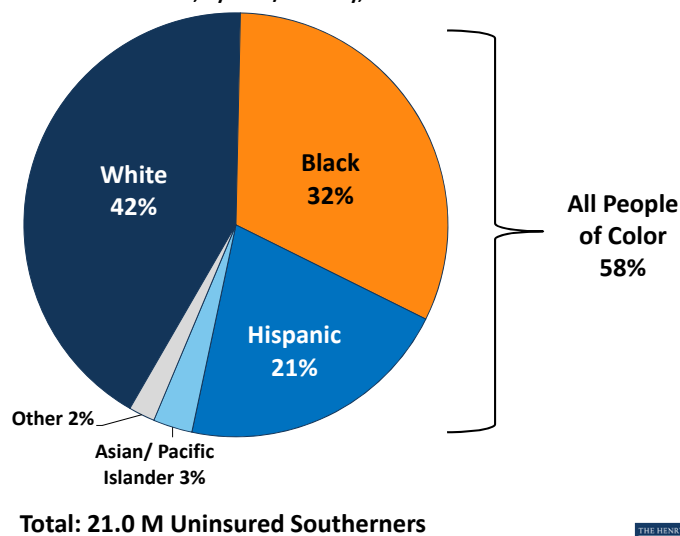
*-the difference between this group and Whites is significantly different at the 0.05 level for this percentage
SOURCE: KCMU/ Urban Institute analysis of 2013 ASEC Supplement to the CPS.



Figure 4.4

Over four in ten uninsured Southerners are White.

Distribution of Nonelderly Uninsured Southerners, by Race/Ethnicity, 2011-2012



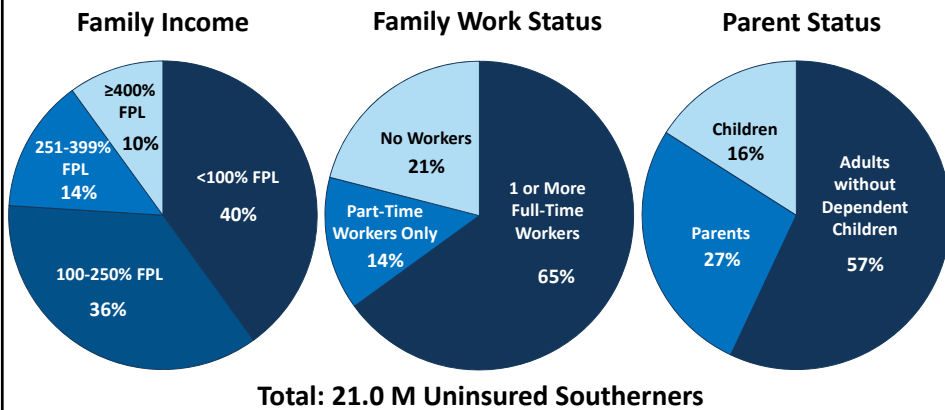
SOURCE: SOURCE: KCMU/Urban Institute analysis of 2013 and 2012 ASEC Supplements to the CPS.



Figure 4.5

Most uninsured Southerners are low-income working adults.

Characteristics of Nonelderly Uninsured Southerners, 2011-2012



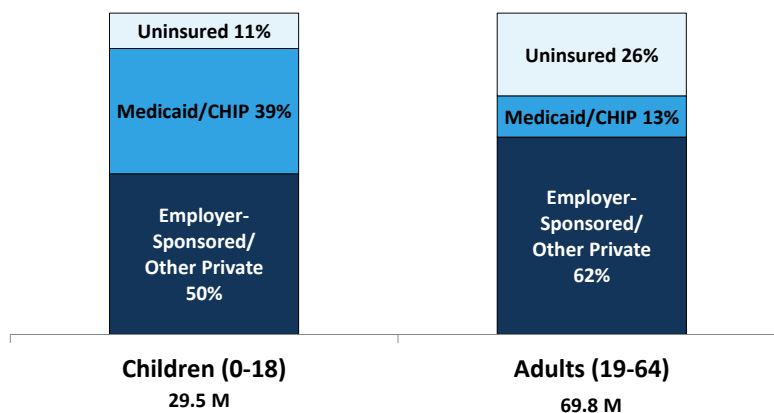
NOTE: The federal poverty level for a family of four in 2012 was \$23,050.
SOURCE: KCMU/Urban Institute analysis of 2013 ASEC Supplements to the CPS.



Figure 4.6

In the South, children are more likely than adults to have Medicaid or CHIP and less likely to be uninsured.

Health Insurance Coverage of Nonelderly Southerners, by Age, 2011- 2012



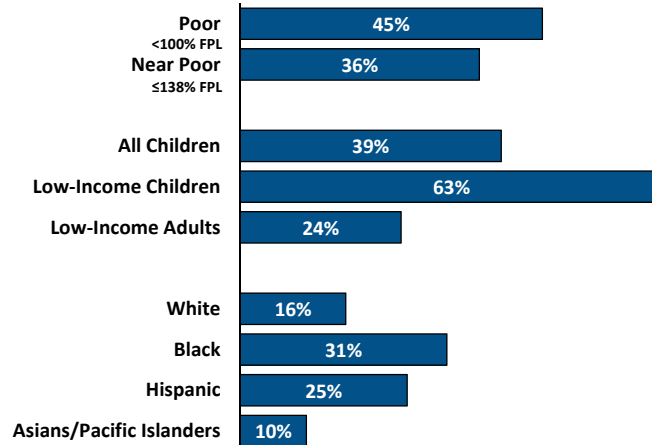
NOTE: Includes individuals 0-64. Data may not total 100% due to rounding.
SOURCE: KCMU/Urban Institute analysis of 2012 ASEC Supplement to the CPS.



Figure 4.7

Medicaid and CHIP play a key role for many Southerners.

Percent of Nonelderly Southerners with Medicaid or CHIP Coverage, 2011 - 2012



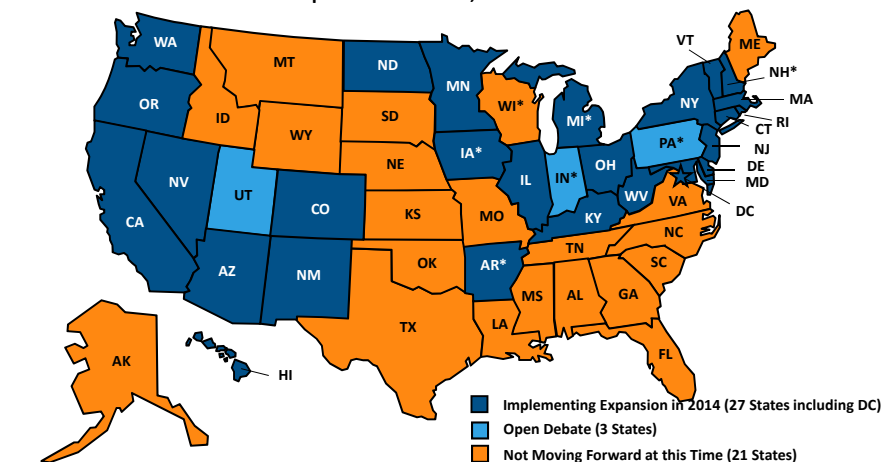
NOTE: The federal poverty level for a family four in 2014 is \$23,850.
SOURCE: KCMU/Urban Institute analysis of 2012 and 2013 ASEC Supplements to the CPS.



Figure 4.8

Most southern states are not implementing the Medicaid expansion in 2014.

Current Status of State Medicaid Expansion Decisions, 2014



NOTES: Data are as of June 10, 2014. *AR, IA, and MI have approved waivers for Medicaid expansion. IN and PA have pending waivers for alternative Medicaid expansions. WI amended its Medicaid state plan and existing waiver to cover adults up to 100% FPL, but did not adopt the expansion. In NH, legislation calls for the expansion to begin in July 2014.

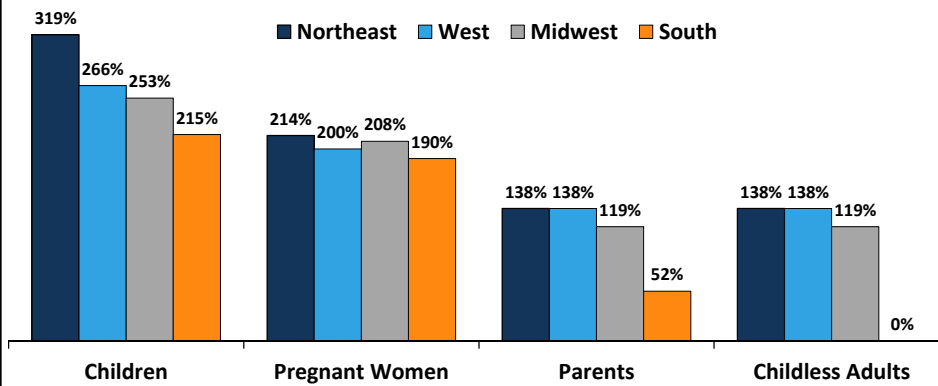
SOURCES: States implementing in 2014 and not moving forward at this time are based on data from CMS [here](https://www.cms.gov/medicaid/coverage/medicaid-expansion). States noted as "Open Debate" are based on KCMU analysis of State of the State Addresses, recent public statements made by the Governor, issuance of waiver proposals or passage of a Medicaid expansion bill in at least one chamber of the legislature.



Figure 4.9

Medicaid/CHIP eligibility in the South is more limited than in other regions.

Median Medicaid/CHIP Eligibility Limits as a Percent of the Federal Poverty Level, by Population Group and Geographic Region, January 2014



NOTE: Eligibility limits are for parents in a family of three and for individual adults. Limits include the standard five percentage point of FPL disregard.

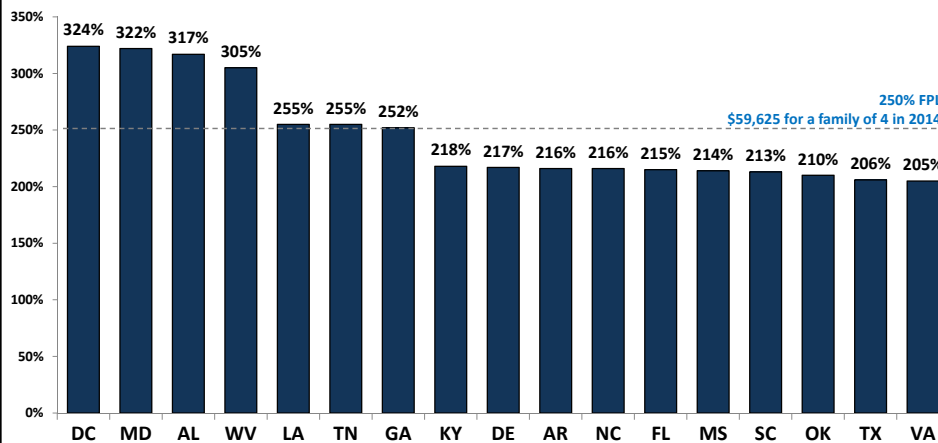
SOURCE: SOURCE: Based on data from the Centers for Medicare and Medicaid Services at Medicaid.gov



Figure 4.10

All southern states provide broad eligibility to children through Medicaid and CHIP.

Medicaid/CHIP Eligibility Limits for Children in Southern States as a Percent of the FPL, as of April 1, 2014



Thresholds include the standard 5 percentage point of the FPL disregard.

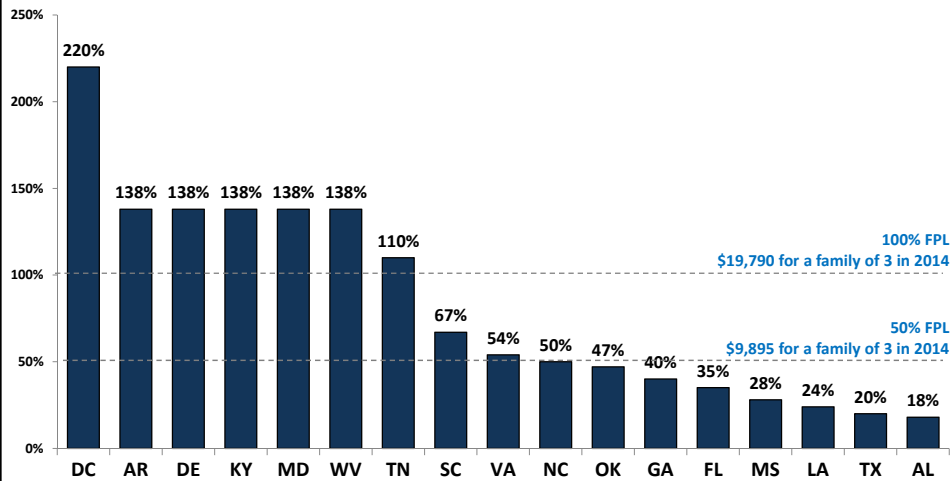
SOURCE: Based on data from the Centers for Medicare and Medicaid Services at Medicaid.gov



Figure 4.11

Half of southern states limit Medicaid eligibility for parents to below half of poverty.

Medicaid Eligibility Limits for Parents in Southern States as a Percent of the FPL, as of April 1, 2014



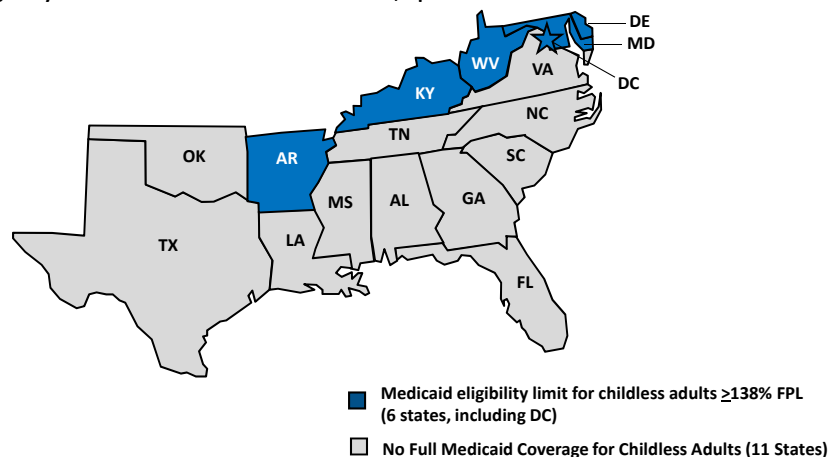
Thresholds include the standard 5 percentage point of the FPL disregard.
SOURCE: Based on data from the Centers for Medicare and Medicaid Services at Medicaid.gov



Figure 4.12

The majority of southern states offer no Medicaid coverage to childless adults, regardless of income.

Medicaid Eligibility for Childless Adults in Southern States, April 2014



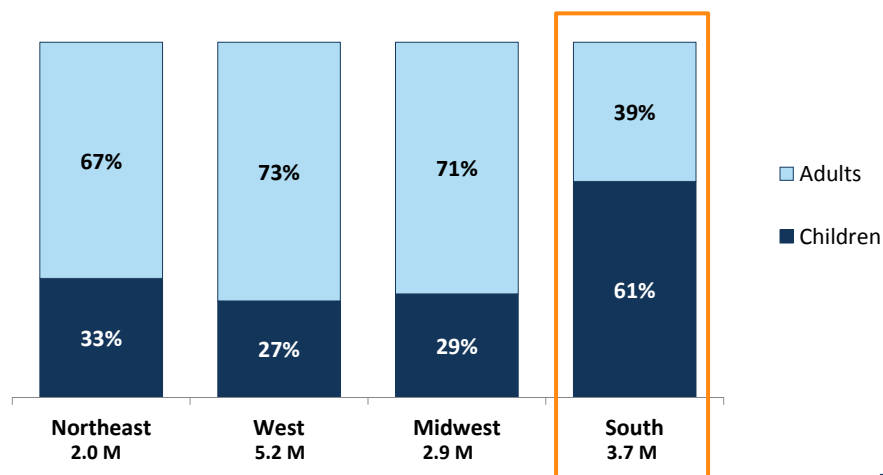
SOURCES: State decisions on the Medicaid expansion as of April 1, 2013. Based on data from the Centers for Medicare and Medicaid Services, available at: <http://medicaid.gov/AffordableCareAct/Medicaid-Moving-Forward-2014/Medicaid-and-CHIP-Eligibility-Levels/medicaid-chip-eligibility-levels.html>.



Figure 4.13

As a result, the majority of uninsured individuals who are eligible for Medicaid in the South are children.

Child/Adult Distribution of Uninsured Individuals Eligible for Medicaid Coverage in 2014



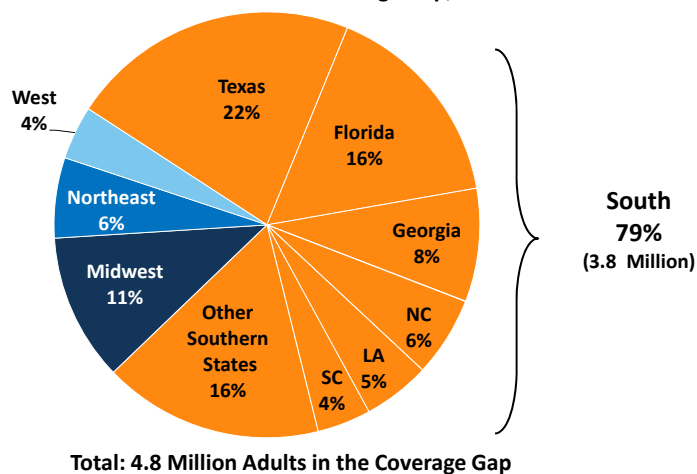
SOURCE: Kaiser Family Foundation analysis based on 2014 Medicaid eligibility levels and 2012-2013 Current Population Survey.



Figure 4.14

Nearly 4 million poor adults in the South fall into a coverage gap as a result of state decisions not to expand Medicaid.

Regional Distribution of Uninsured Adults in the Coverage Gap, 2014



NOTE: Excludes undocumented immigrants. Totals may not sum due to rounding.

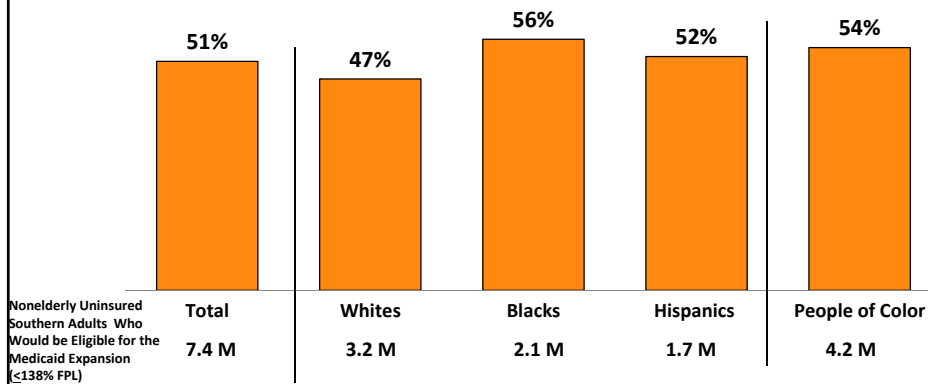
SOURCE: Kaiser Family Foundation analysis based on 2014 Medicaid eligibility levels and 2012-2013 Current Population Survey.



Figure 4.15

Nearly six in ten uninsured Black adults in the South who would be eligible for the Medicaid expansion are in the coverage gap.

Share of Nonelderly Uninsured Adults Who Would be Eligible for the Medicaid Expansion but are in the Coverage Gap, by Race/Ethnicity, 2014



NOTES: Excludes legal immigrants who have been in the country for five years or less and undocumented immigrants.

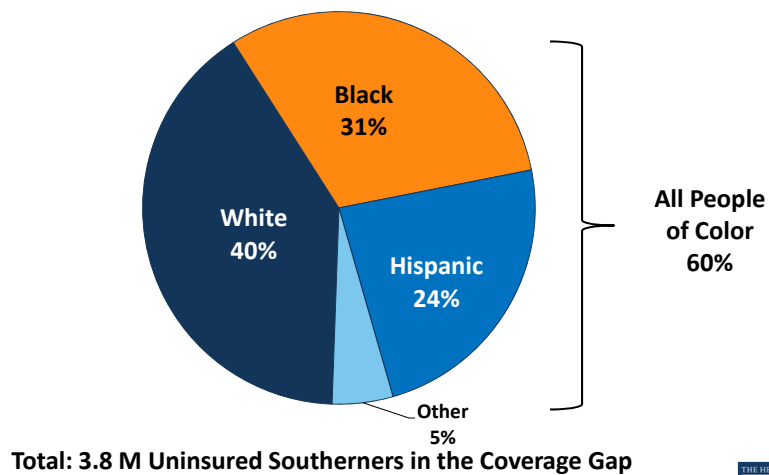
SOURCE: Kaiser Family Foundation analysis based on 2014 Medicaid eligibility levels and 2012-2013 Current Population Survey.



Figure 4.16

Six in ten Southerners in the coverage gap are people of color.

Distribution of Nonelderly Uninsured Southerners in the Coverage Gap, by Race/Ethnicity, 2011-2012



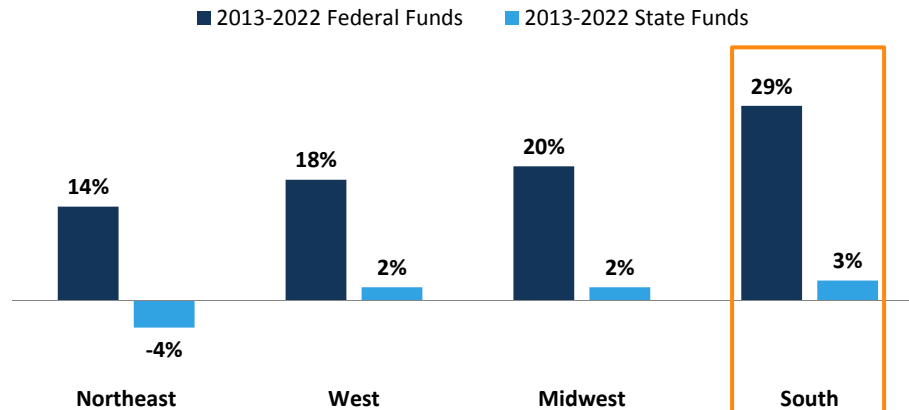
SOURCE: SOURCE: KCMU/Urban Institute analysis of 2013 and 2012 ASEC Supplements to the CPS.



Figure 4.17

If all states expanded, southern states could experience the largest increase in federal funds with the Medicaid expansion.

Percentage Change in State and Federal Funds 2013-2022 Due to Medicaid Expansion



NOTE: Estimated state costs do not include potential savings related to reductions in state spending for uncompensated care costs or other state funded health programs.

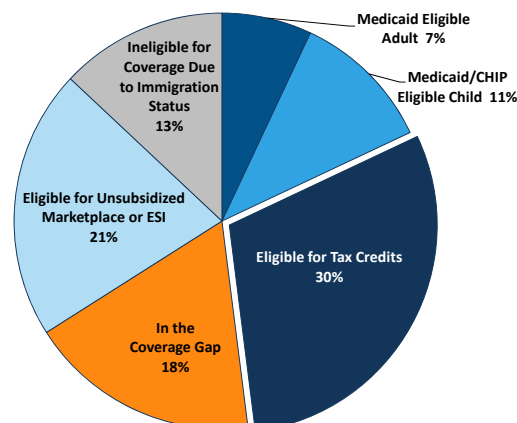
SOURCE: Urban Institute Analysis, HIPSM 2012



Figure 4.18

Three in ten uninsured Southerners are eligible for tax credits to purchase private coverage through the Marketplace in 2014.

Eligibility for Health Coverage as of January 2014 Among Nonelderly Uninsured Southerners



Total: 21 Million Nonelderly Uninsured Southerners

Notes: Shares may not sum to 100% due to rounding. People who have an affordable offer of coverage through their employer or other source of public coverage (such as Medicare or CHAMPUS) are ineligible for tax credits.

SOURCE: Kaiser Family Foundation analysis based on 2014 Medicaid eligibility levels and 2012-2013 Current Population Survey.



Figure 4.19

The majority of southern states are relying on the Federally-facilitated Marketplace.

State Health Insurance Marketplace Decisions, 2014

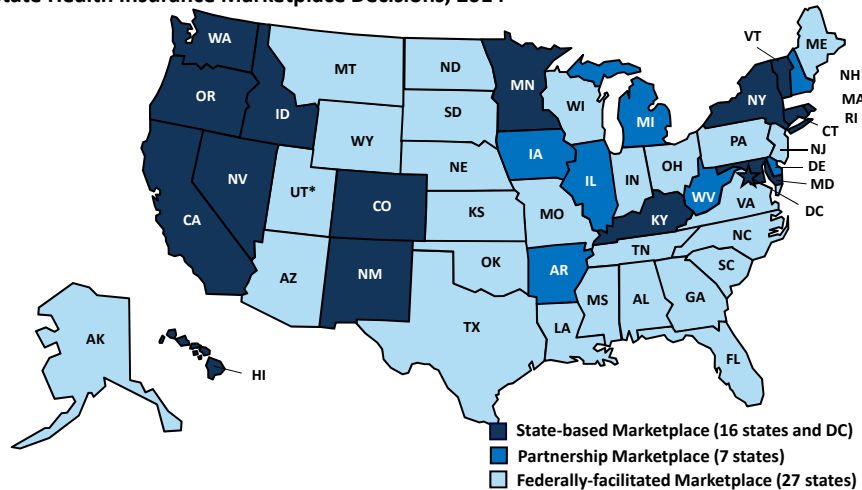
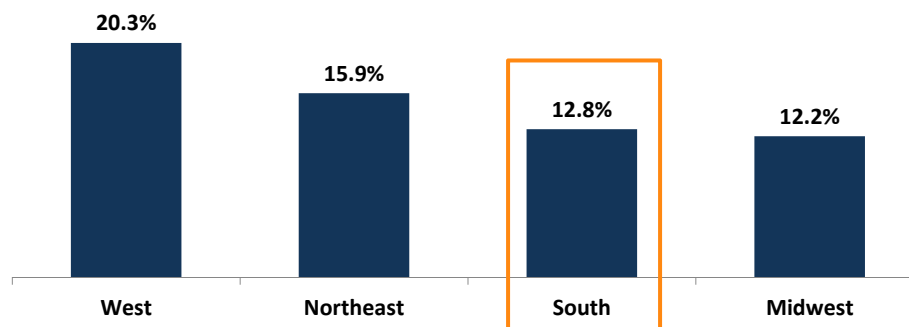


Figure 4.20

About one in eight Southerners eligible for coverage through the Marketplace had enrolled as of March 1, 2014

Marketplace Enrollment as a Share of the Potential Marketplace Population, by Region, as of March 1, 2014.



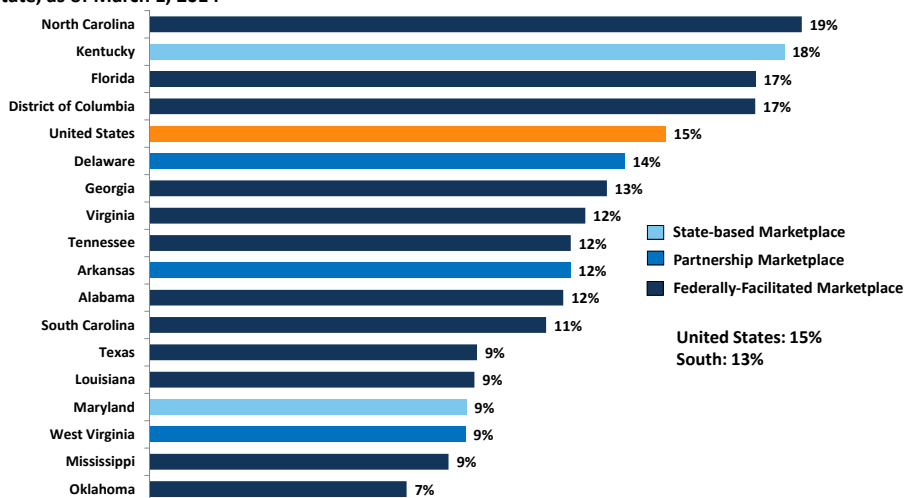
NOTE: Potential Marketplace population includes legally-residing individuals who are uninsured or purchase non-group coverage, have incomes above Medicaid/CHIP eligibility levels, and who do not have access to employer-sponsored coverage. Enrollees include individuals who have been determined eligible to enroll in a plan through the Marketplace and have selected a plan.

SOURCE: Based on data from *Health Insurance Marketplace: January Enrollment Report*, Department of Health and Human Services, March 11, 2014 and *State-by-State Estimates of the Number of People Eligible for Premium Tax Credits Under the Affordable Care Act*, Kaiser Family Foundation, November 5, 2013.

Figure 4.21

Marketplace enrollment has varied across the southern states.

Marketplace Enrollment in the Southern States as a Share of the Potential Marketplace Population, by State, as of March 1, 2014



NOTE: Potential Marketplace population includes legally-residing individuals who are uninsured or purchase non-group coverage, have incomes above Medicaid/CHIP eligibility levels, and who do not have access to employer-sponsored coverage. Enrollees include individuals who have been determined eligible to enroll in a plan through the Marketplace and have selected a plan.

SOURCE: Based on data from *Health Insurance Marketplace: January Enrollment Report*, Department of Health and Human Services, March 11, 2014 and *State-by-State Estimates of the Number of People Eligible for Premium Tax Credits Under the Affordable Care Act*, Kaiser Family Foundation, November 5, 2013.



Section 5:

Access to Care, Delivery Systems, and the Safety Net

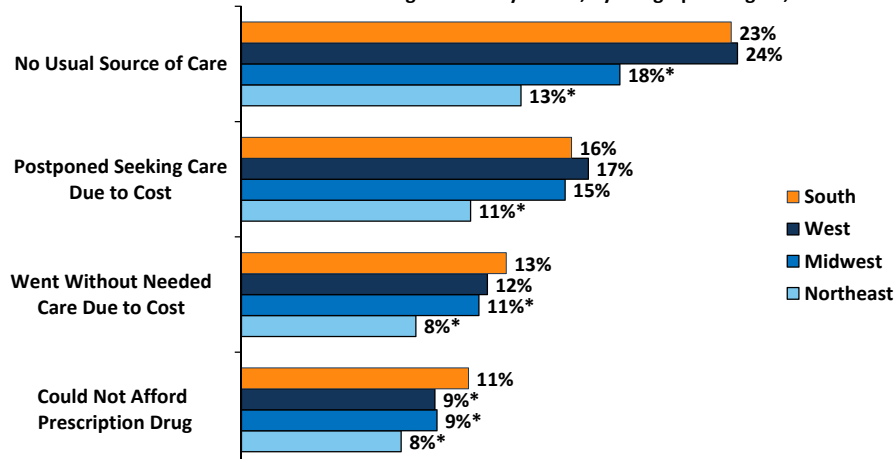
To improve health outcomes in the long term, it will be important to ensure that all individuals are able to obtain needed primary and specialty health care services. Southerners have historically been more likely than those in other regions to report difficulty accessing and paying for needed care.

States are increasingly relying on a number of tools to improve provider capacity and reform the delivery of care including expanding the use of Medicaid managed care, increasing payment to providers, and revising scope of practice laws to allow nurse practitioners to treat patients with fewer restrictions. Even with improvements to the delivery and coordination of care, however, community health centers and other safety net providers in the South will likely continue to serve an important role in providing care to some of the region's most vulnerable low-income populations including the uninsured, people of color, homeless individuals, and those with limited English proficiency.

Figure 5.1

Adults in the South are more likely than those in other regions to report difficulty accessing needed services.

Selected Measures of Health Care Access Among Nonelderly Adults, by Geographic Region, 2011



NOTES: In past 12 months. Respondents who said usual source of care was the emergency room were included among those not having a usual source of care. All differences between uninsured and insurance groups are statistically significant ($p < 0.05$).
SOURCE: KCMU analysis of 2012 NHIS.

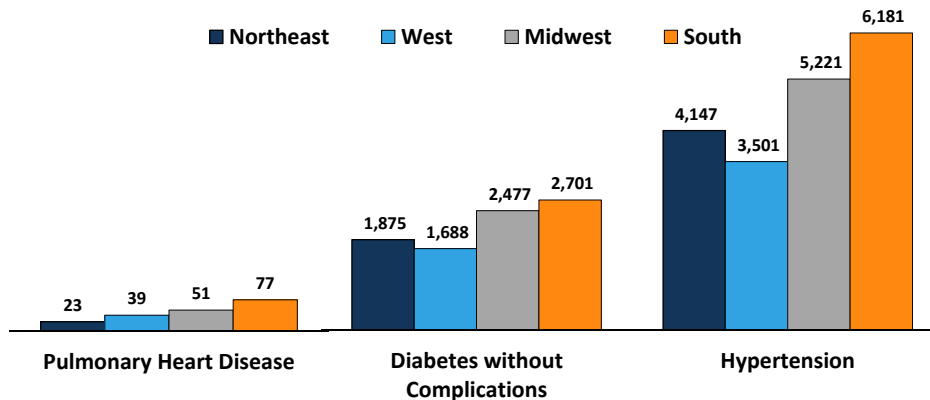
*-the difference between this region and the South is significantly different at the 0.05 level for this percentage



Figure 5.2

Individuals in the South are more likely than those in other regions to visit the emergency department for certain chronic conditions.

Number of Emergency Room Visits per 100,000 population for selected conditions, by Geographic Region, 2011



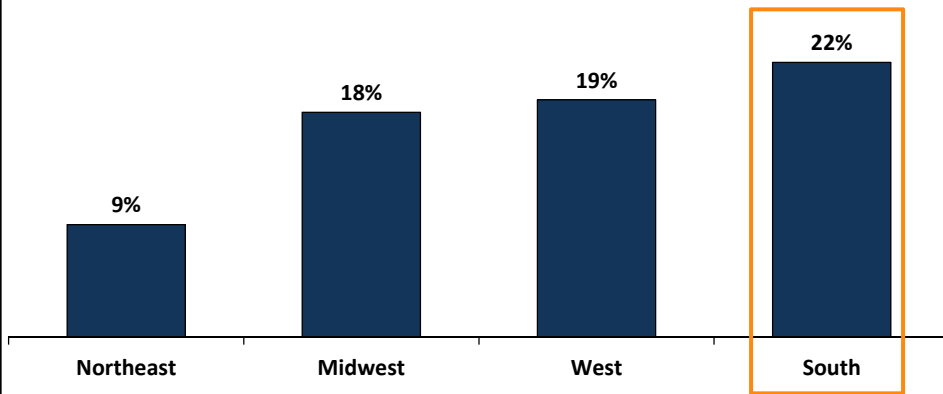
SOURCE: HCUP Nationwide Emergency Department Sample (NEDS), 2011, Agency for Healthcare Research and Quality (AHRQ), based on data collected by individual States and provided to AHRQ by the States.



Figure 5.3

More than one in five Southerners resides in a primary care health professional shortage area (HPSA).

Share of Population Residing in a Primary Care Health Professional Shortage Area (HPSA), by Region, 2013



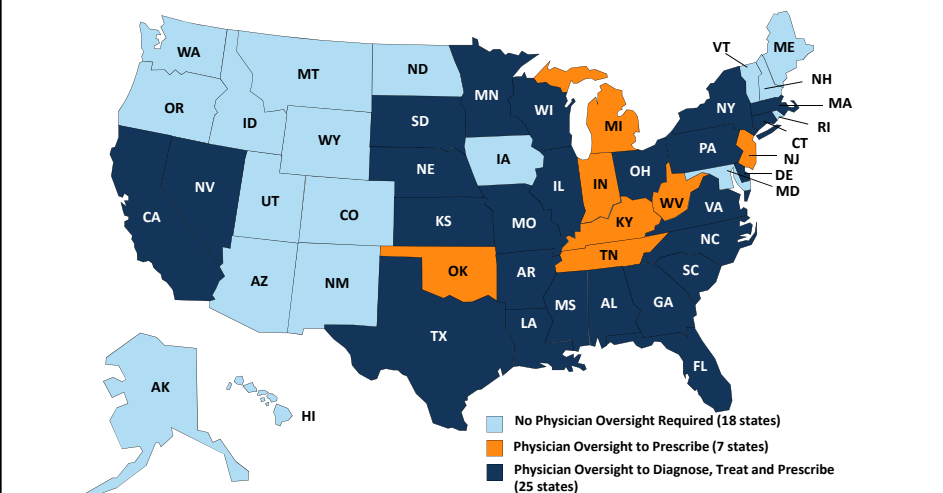
SOURCES: Health Resources and Services Administration. "Designated Health Professional Shortage Areas Statistics." January 1, 2014. Population data based on US Census Bureau Population Estimates. 2013.
http://erss.hrsa.gov/ReportServer/Pages/ReportViewer.aspx?/HGDW_Reports/BCD_HPSA/BCD_HPSA_SCR50_Smry&rs:Format=HTML4.0



Figure 5.4

Most southern states require physician involvement for nurse practitioners to diagnose, treat, and prescribe.

State Variation in Scope-of-Practice Laws Governing Nurse Practitioners, 2012



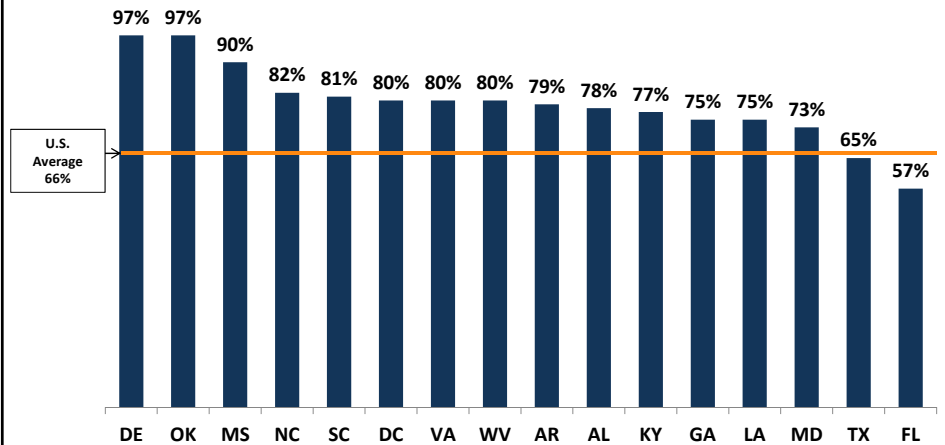
NOTE: AR has two categories of NPs: registered nurse practitioners (RNP) and advanced nurse practitioners (ANPs). RNP are subject to physician oversight for diagnosing and treating and may transmit physicians' medication orders for non-controlled substances. ANPs are subject to physician oversight for prescribing only.
 SOURCE: Pearson, Linda, The Pearson Report: A National Overview of Nurse Practitioner Legislation and Health Care Issues, NP Communications, LLS, Monroe Township, N.J.



Figure 5.5

Most southern states have Medicaid-to-Medicare fee ratios above the national average.

Medicaid-to-Medicare Fee Ratios in the South, 2012



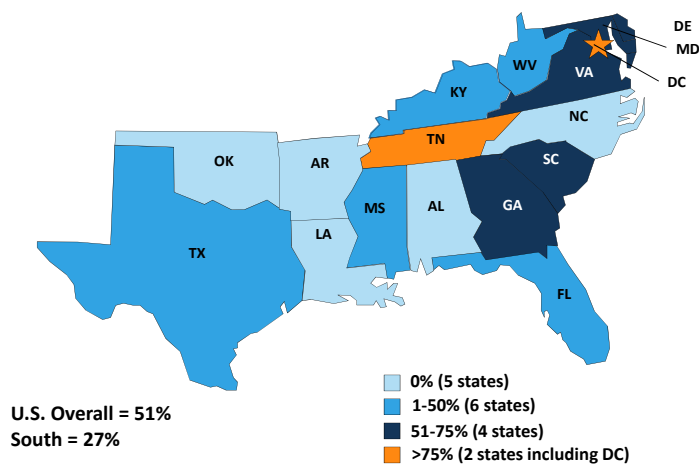
NOTE: TN does not have a Medicaid FFS program.
SOURCE: 2012 KCMU/Urban Institute Medicaid Physician Fee Survey.



Figure 5.6

Risk-based Medicaid managed care is less prevalent in the South than in the U.S. overall, but varies widely by state.

Use of Risk-Based Medicaid Managed Care in the South, by State, 2011.



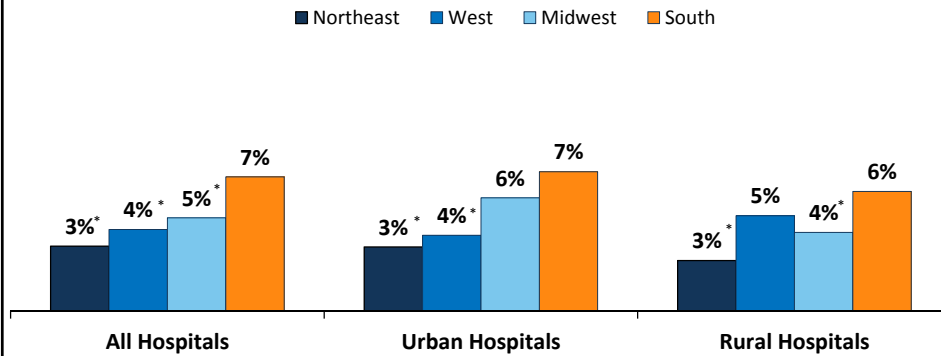
NOTE: Risk-based managed care includes Health Insuring Organizations (HIOs), comprehensive managed care organizations (MCO), and Programs of All-Inclusive Care for the Elderly (PACE).
SOURCE: Medicaid Managed Care Enrollment Report, Summary Statistics as of July 1, 2011. CMS, 2012.



Figure 5.7

The South has a larger share of hospital patients who are uninsured than other regions.

Share of Hospital Visits by Uninsured Patients, by Region and Hospital Type, 2011



* The difference between this region and the South is significantly different at the 0.01 level for this percentage

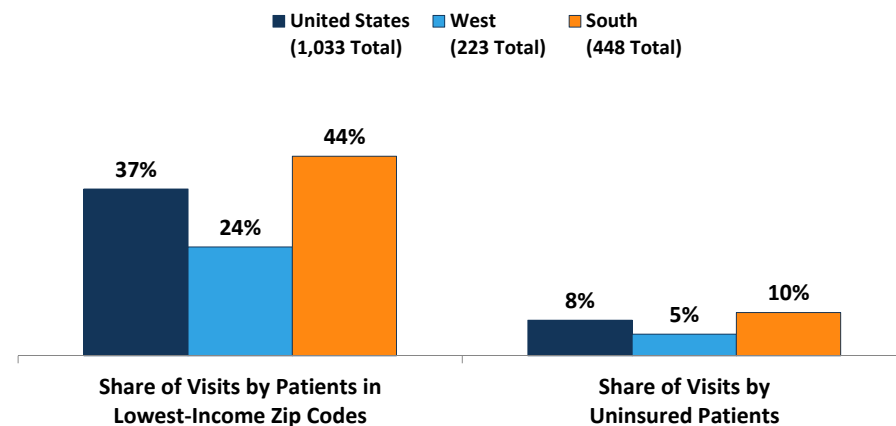
SOURCE: HCUP Nationwide Inpatient Sample (NIS), 2011, Agency for Healthcare Research and Quality (AHRQ), based on data collected by individual States and provided to AHRQ by the States.



Figure 5.8

Public hospitals in the South see a larger share of visits by low-income and uninsured patients.

Selected Characteristics of Public Hospital Patients in the US, the West, and South, 2011



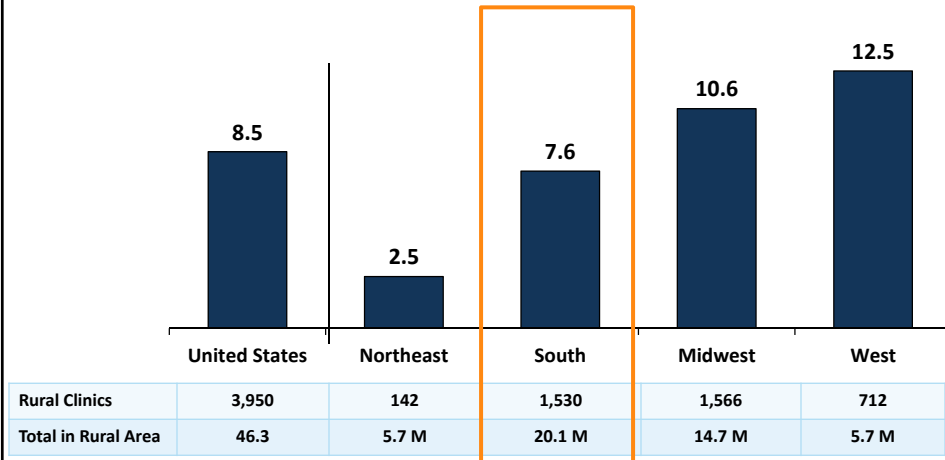
SOURCE: HCUP Nationwide Inpatient Sample (NIS), 2011, Agency for Healthcare Research and Quality (AHRQ), based on data collected by individual States and provided to AHRQ by the States.



Figure 5.9

There are over 1,500 rural clinics in the South.

Number of Medicare-Certified Rural Health Clinics per 100,000 Population Residing in a Rural Area, by Region, 2011-2012



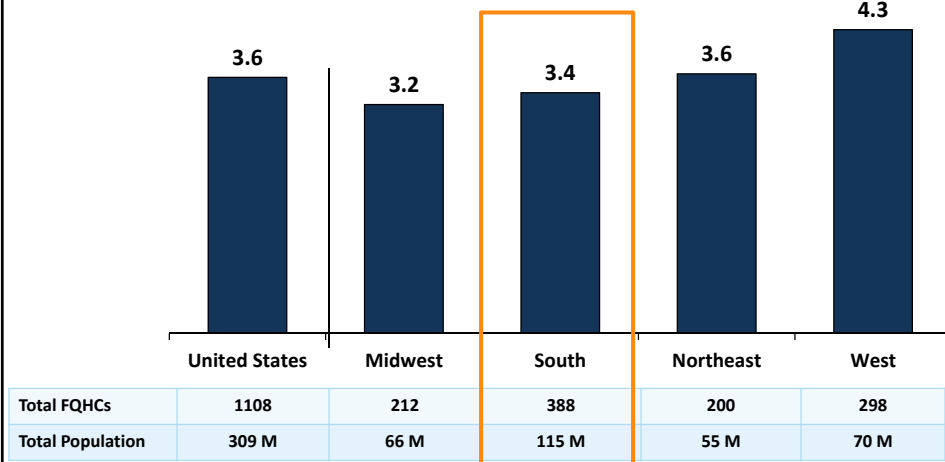
SOURCE: Data on rural clinics from Centers for Medicare and Medicaid Services, Rural Health Center, Medicare Certified Rural Health Clinics as of 1/9/2012, available at <http://www.cms.gov/MLNProducts/downloads/rhclistbyprovidername.pdf>. Population data based KCMU/Urban Institute analysis of 2013 and 2012 ASEC Supplements to the CPS.



Figure 5.10

The South also has nearly 400 Federally-Funded Federally Qualified Health Centers (FQHCs).

Number of Federally-Funded Federally Qualified Health Centers per 1 Million Population, 2011-2012



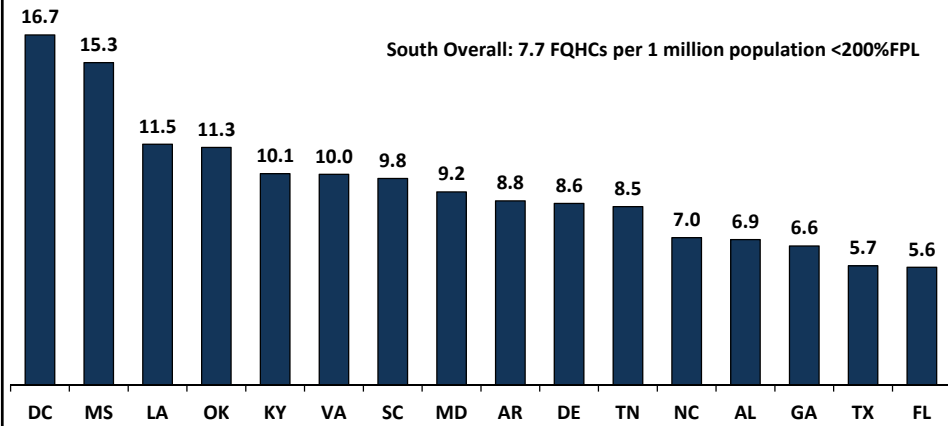
SOURCE: Data on FQHCs National Association of Community Health Centers, 2012, Population data based KCMU/Urban Institute analysis of 2013 and 2012 ASEC Supplements to the CPS.



Figure 5.11

The number of health centers in the South varies by state.

Number of Federally-Funded Federally Qualified Health Centers per 1 Million Low-Income Population, by State 2011-2012



NOTE: "Low-Income" refers to income below 200% FPL.

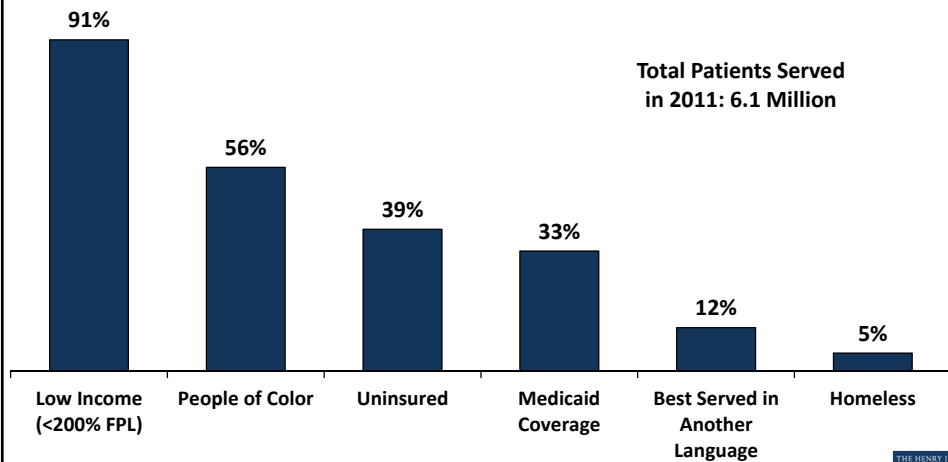
SOURCE: FQHC data from the National Association of Community Health Centers, 2012. Population data based on KCMU/Urban Institute analysis of 2012 and 2013 ASEC Supplements to the CPS.



Figure 5.12

Community health centers serve many vulnerable Southerners.

Characteristics of Patients Served by Federally-Funded Health Centers in the South, 2011



SOURCE: HRSA. 2012 Health Center Data available at <http://bhphc.hrsa.gov/healthcenterdatastatistics/statedata/index.html>



Section 6: Medicaid's Broader Role

Medicaid is both an expenditure and a source of federal revenue in state budgets. The program is funded jointly by states and the federal government through a matching formula based on a state's personal income, and in many southern states, where per capita personal income is less than the national average, the federal government pays at least two dollars for every dollar states spend on their programs. Overall, the federal government funds the majority of Medicaid costs in the South, although the way in which states finance their share of spending on Medicaid and its impact on their budgets varies by state.

As in other regions and in the United States generally, Medicaid spending in the South is concentrated among a small number of high-need enrollees. Children and adults in the South account for a large majority of Medicaid enrollees but less than 40 percent of expenditures. The elderly and disabled, who make up only about one quarter of Medicaid enrollees, account for nearly two-thirds of spending. Looking forward, efforts to improve care and control costs in Medicaid will likely focus on these high-need, high-cost beneficiaries.

Figure 6.1

In many southern states, the federal government pays at least two dollars for every dollar spent on Medicaid.

Federal Medical Assistance Percentage by State, FFY 2015

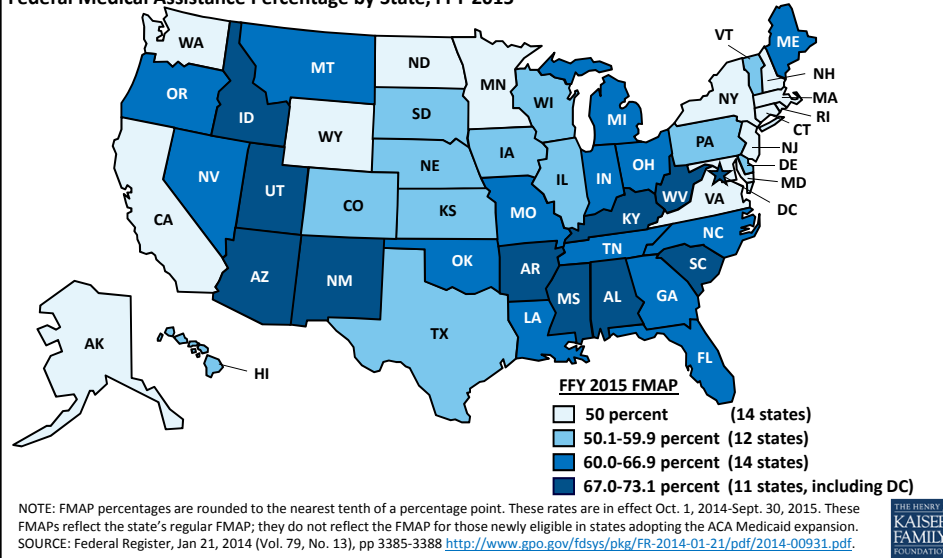


Figure 6.2

In the South, as in other regions, Medicaid is both an expenditure and a source of federal revenue for states.

Medicaid Spending in the South, by Funding Source, FY 2012

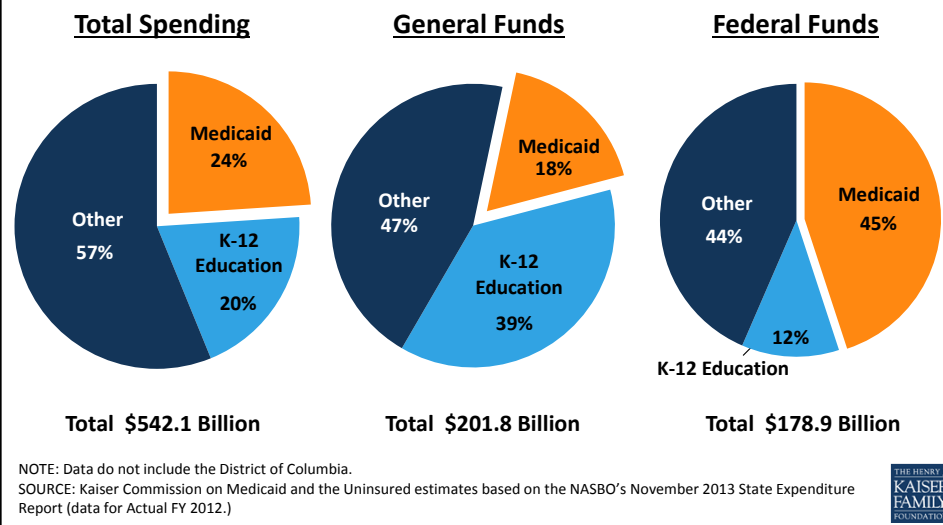
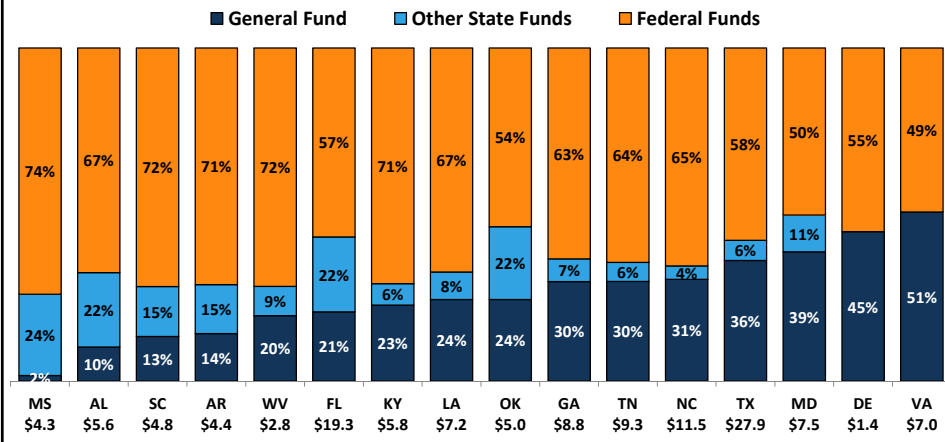


Figure 6.3

The majority of financing for Medicaid in southern states comes from federal funds, but the share of state general funds spent on Medicaid varies by state.

Distribution of Medicaid Financing in Southern States, by State and Funding Source, FY 2012



NOTE: Data do not include the District of Columbia.

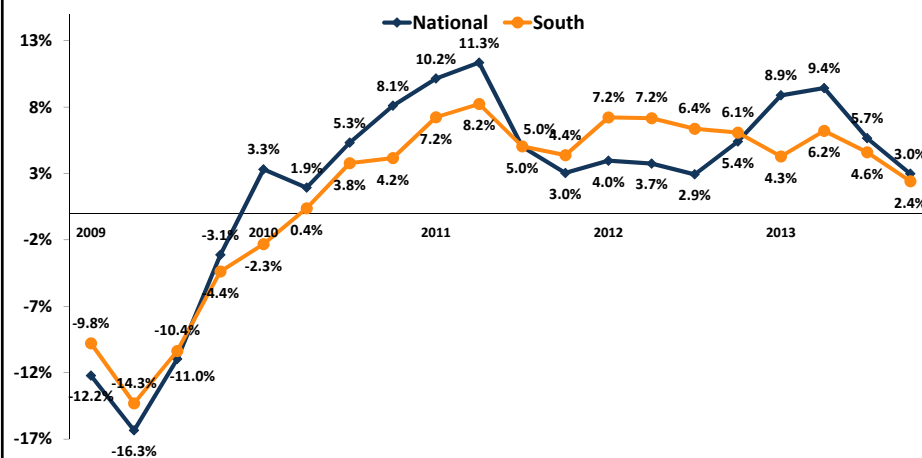
SOURCE: Kaiser Commission on Medicaid and the Uninsured estimates based on the NASBO's November 2013 State Expenditure Report (data for Actual FY 2012.)



Figure 6.4

Tax revenues in the South and nationally continue to slowly recover after experiencing a sharp decline during the recession.

State Tax Revenue Growth, 2009 – 2013



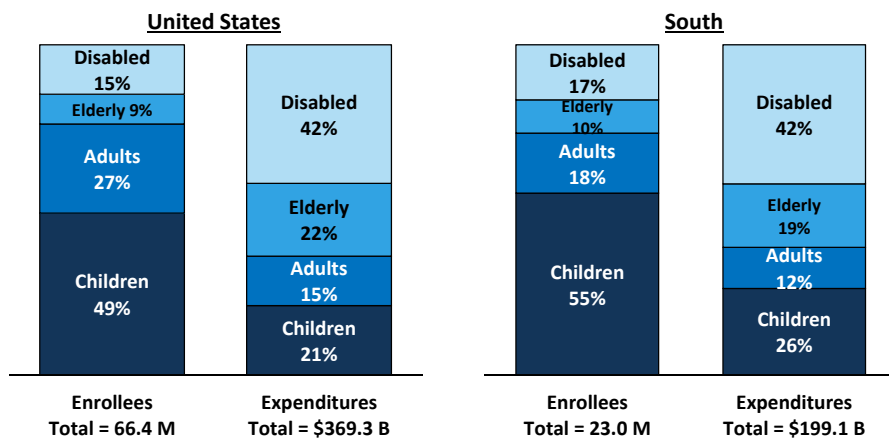
SOURCE: Percent change in quarterly state tax revenue, US Census Bureau. Updated March 25, 2014.



Figure 6.5

In the South, as in other regions, Medicaid spending is mostly for the elderly and people with disabilities.

Medicaid Enrollees and Expenditures by Region, FY 2010



SOURCE: KCMU/Urban Institute estimates based on data from FY 2010 MSIS and CMS-64. MSIS FY 2009 data were used for CO, ID, MO, NC, and WV, but adjusted to 2009 CMS-64.



Conclusion

Given the growing and diverse population in the South, changing patterns of health coverage and care in the region have important implications nationally and for people of color. As such, continued attention to health coverage and care in the South for those gaining coverage and those remaining uninsured will be important for understanding the impact of the ACA and implications for longstanding efforts to reduce disparities in coverage, care, and health outcomes.



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