For many SSI recipients, enrollment into Medicaid offers an opportunity to properly manage their qualifying conditions (and associated comorbidities) through regular access to primary and specialty care. Among high-need, high-cost populations such as these, regular receipt of high quality care has been shown to improve health and reduce down-stream spending. Further, managing health conditions may allow SSI recipients to recover their ability to work. At the same time, significant disparities in healthcare access and utilization between racial/ethnic minority and non-minority populations have been well-documented, leading to subsequent disparities in health status. However, very little is known about the extent of these disparities among SSI recipients, nor of how they utilize and access care in general. This gap represents a substantial limitation for policymakers and providers who seek strategies to promote health equity and workforce re-entry among SSI recipients.

I propose to fill in this gap by using the TAF Medicaid claims data to document trends in healthcare access, utilization, and health outcomes among this population, with a particular focus on differences in trends among racial/ethnic minorities as compared to non-minority SSI recipients, as well as other Medicaid enrollees more broadly. The TAF data contains detailed healthcare claims records for all Medicaid enrollees, as well as demographic information such as age, sex, and race/ethnicity, and an identifier for SSI receipt. I will focus on three aspects of healthcare access and utilization that are known to affect health status. First, I will document trends and disparities in the use of primary and specialty care, recommended preventive care, and other high-quality services. I will also evaluate access to care by focusing on observable measures such as time between visits and ratio of enrollees to available providers. Second, I will characterize the types of providers who deliver care to these recipients, such as their specialty, their degree (e.g. physician or advanced practice nurse), and the distance from patient residence to their office, based on zip code. Third, I will document differences in regular sites of care, such as physician's office, federally qualified health care center, or emergency department. I will then document disparities in health outcomes by identifying adverse health events, such as avoidable hospitalizations and emergency department utilization. In addition to evaluating disparities in access, utilization, and outcomes within this population, this project may further identify opportunities to improve patient engagement with providers and the healthcare system, illuminating novel policy levers.