

Medicaid vs. Commercial Insurance

Who They Serve & How They Differ



This study compares flu-related healthcare use between Medicaid and commercially insured (CDM) populations from 2015–2019. It highlights key differences in outpatient and emergency care rates, revealing disparities by insurance type, race, gender, and region.

MEDICAID

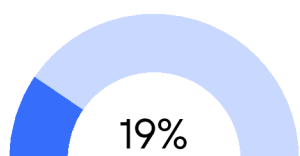
CDM

39

AVERAGE



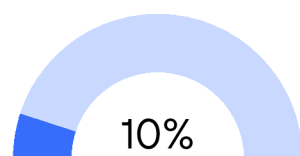
42



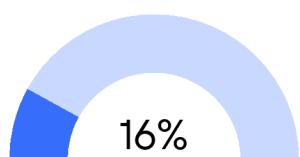
19%



NON-HISPANIC
BLACK



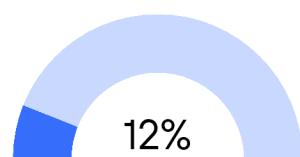
10%



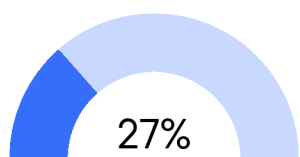
16%



HISPANIC



12%

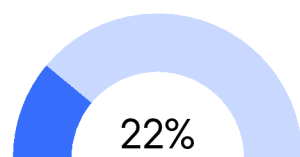


27%

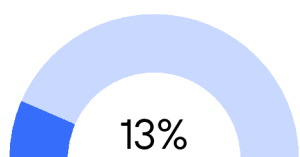
AT LEAST

1

COMORBIDITY



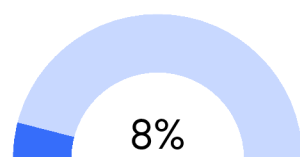
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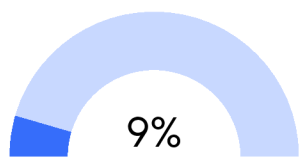
13%



CHRONIC
PULMONARY
DISEASE



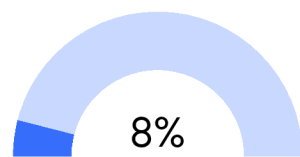
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9%



DIABETES
NO COMPLICATIONS



8%

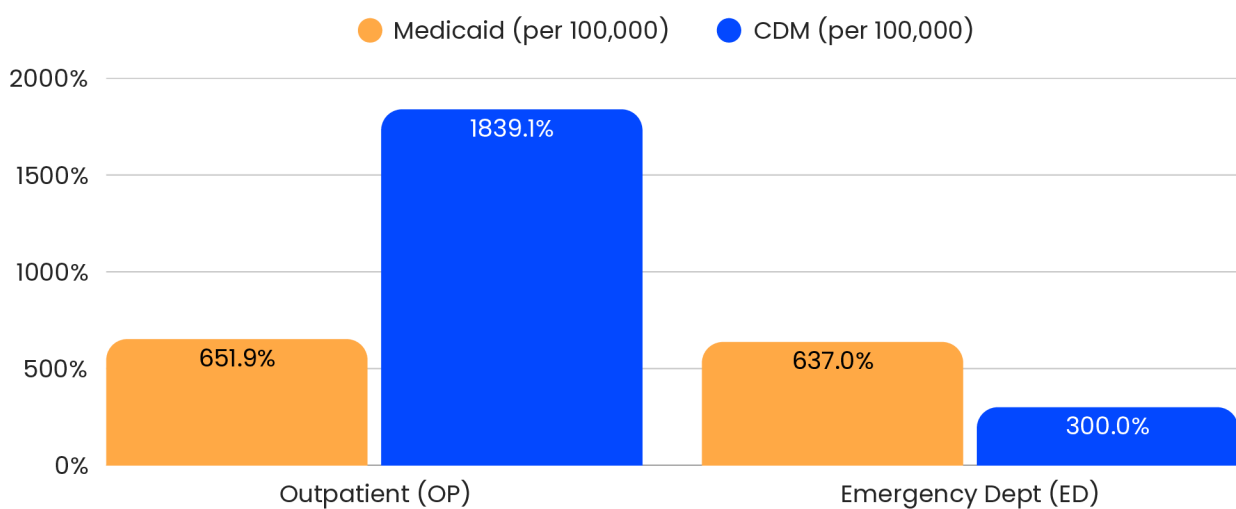


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Influenza Care Utilization: Medicaid vs. Commercial Insurance

Influenza Visit Rates by Setting

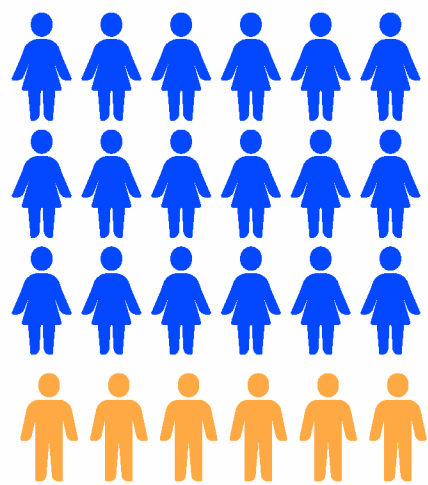


- 1 CDM OP flu visit rate is nearly 3x higher than Medicaid.
- 2 Medicaid ED flu visits are more than 2x higher than CDM.
- 3 CDM patients use OP care; Medicaid relies more on ED visits.

Flu Care by Sex, Race, and Region

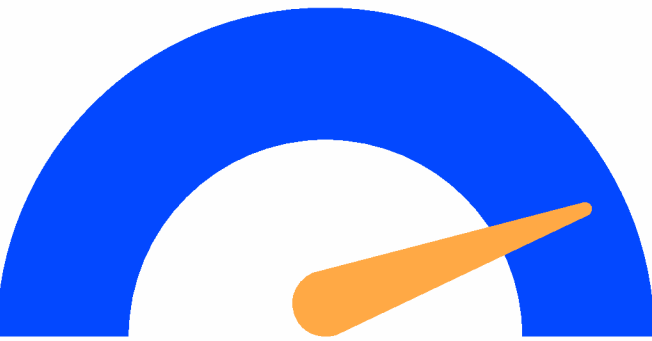
Gender

In both Medicaid and CDM, females had higher flu OP and ED visit rates than males.

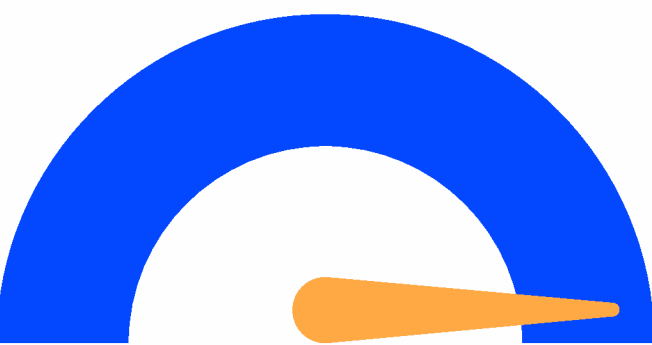


Race

White patients had the highest **Outpatient** visit rates in both Medicaid and CDM.

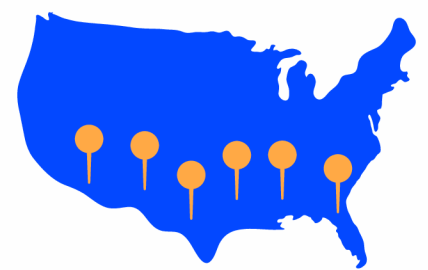


Black patients had the highest **Emergency Dept.** visit rates in both Medicaid and CDM.



Region

Individuals in the Southern U.S. showed the highest flu-related care utilization (both OP and ED) in both Medicaid and CDM



Highlights

CDM



Higher Outpatient Use

Medicaid



Higher ED Use

Antiviral Access Disparities

50%

of Medicaid patients did not receive flu antivirals after diagnosis.

37%

of privately insured patients did not receive flu antivirals after diagnosis.



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