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 $\label{thm:local_point} Unmet \ Need \ for\ Total\ Joint\ Arthroplasty\ in\ Medicaid\ Beneficiaries\ After\ Affordable\ Care\ Act\ Expansion\ http://dx.doi.org/10.2106/JBJS.20.00125$

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Appendix A. Enrollment variable by state and year.

State	2008	2009	2010	2011	2012	2013	2014	2015
IL				0.70	0.63	0.88	1	1
LA					0.72	0.86	1	1
MS				0.65	0.91	1	1	1
ОН	0.49	0.58	0.51	0.61	0.61	0.66	0.97	1
OR						0.50	0.73	1
TX	0.63	0.77	0.65	0.75	0.67	1	1	1
WA					0.49	0.53	0.90	1
WI	0.74	0.83	0.83	0.83	0.99	1	0.92	1

State enrollment variable:

Since Medicaid policies are state-specific, we included a state enrollment variable to control for enrollment changes over time that may have strained the health care system. The state enrollment variable, which may range from 0 to 1, compares Medicaid enrollment for each state and year relative to its level in 2015. Prior to the ACA, there was significant variation across states and over time in Medicaid eligibility levels for non-disabled adults with children (the TANF population), as well as other adult eligibility groups. Expanding Medicaid thus represents a differential amount of additional strain on resources in different states. For example, in the expansion state Oregon, total enrollment in 2010 was about 32.2% of its size in 2015, whereas in non-expansion Texas, total enrollment in 2010 was about 65.3% of its size in 2015. This comparison suggests that Oregon may have experienced a greater strain on Medicaid-related resource capacity than Texas did, and our state enrollment variable allows us to control for this potential impact.