

IMPACT OF LOSS OF MEDICAID COVERAGE ON ACCESS TO HEALTH CARE: THE TennCare EXPERIENCE

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IMPACT OF LOSS OF MEDICAID COVERAGE ON ACCESS TO HEALTH CARE: THE TennCare EXPERIENCE

Goal: To determine the impact of disenrollment from TennCare on subsequent health insurance coverage and access to health care

HISTORY OF TennCare - I

- November, 1993 - HCFA approved Tennessee's section 1115 waiver for "TennCare"
- January, 1994 – Enrollment in TennCare begins

HISTORY OF TennCare - II

- 2004 – Budget shortfall reaches \$650 million, with projected growth exceeding growth in new tax revenue
- August, 2005 – Reform efforts initiated

2005 TennCare Reforms

- Disenrollment of almost 170,000 previously uninsured or uninsurable beneficiaries

- For adults remaining on TennCare:
 - limits of 5 prescription drugs per month
 - elimination of dental care, other services

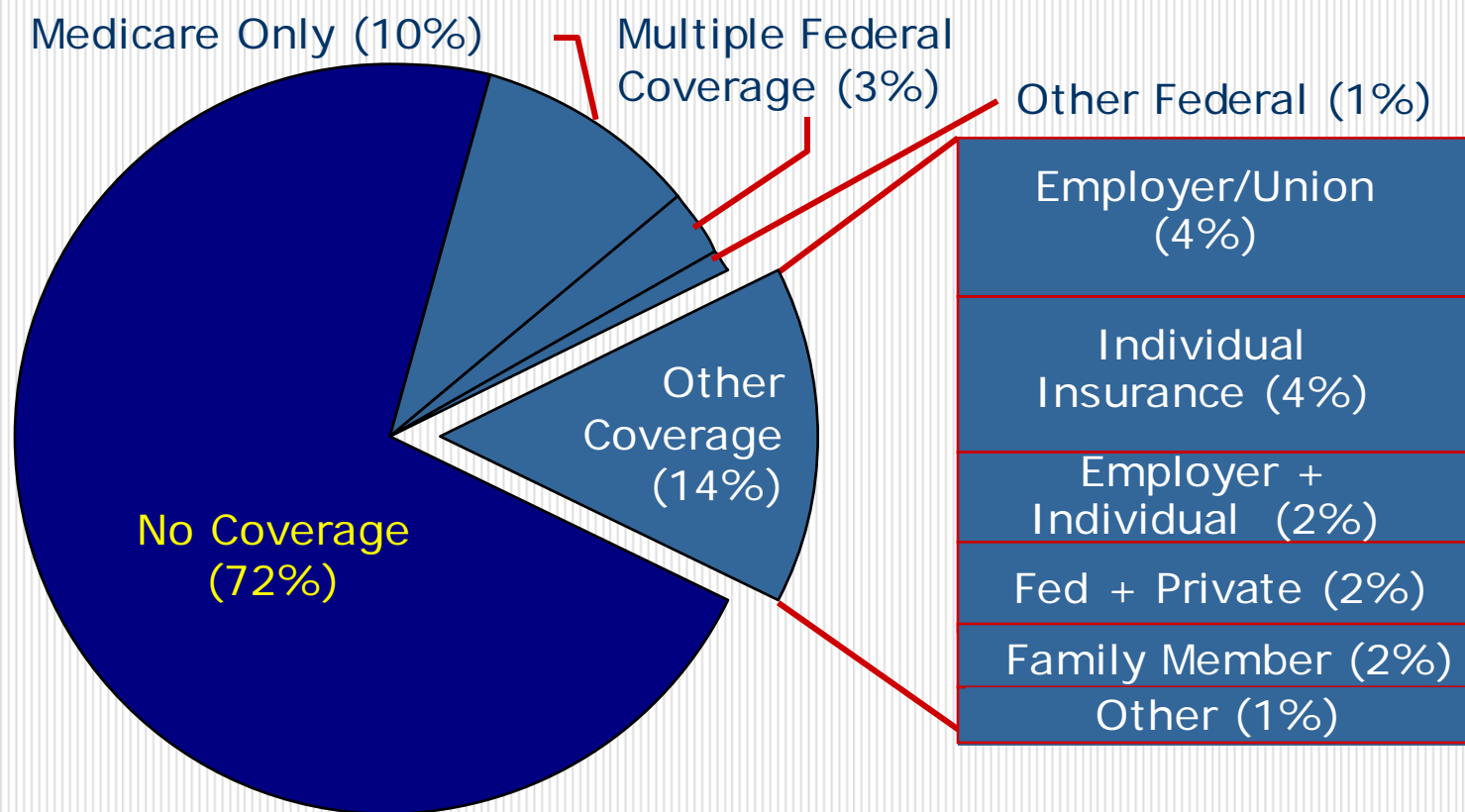
THIS PROJECT

- Goal: To determine the impact of disenrollment from TennCare on subsequent health insurance coverage and access to health care
 - Objectives:
 - complete series of 3 telephone surveys 8 - 24 months after disenrollment
 - compare access, utilization, financing and satisfaction with care between enrolled and disenrolled groups
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TELEPHONE SURVEY #1

- Approximately 8 months after initial disenrollment
 - Sample = statewide, stratified by age, gender and region
 - continuously enrolled group (Group I)
-- 244 respondents
 - disenrolled group (Group II)
-- 513 respondents
 - Health/health care status before and after TennCare reforms
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HEALTH INSURANCE AFTER DISENROLLMENT (Group II)*



*of those responding

SUBGROUPS

	Group I	GROUP IIa	GROUP IIb
TennCare Status	Enrolled	Disenrolled	Disenrolled
Health Insurance	Insured	Insured	Uninsured
Number	244	147	366

ACCESS TO CARE

	Group I	GROUP IIa	GROUP IIb
Personal primary care provider	84.1%	90.2%	62.4%
Did not receive needed care	2.5%	18.2%	55.5%

The table shows that for 'Personal primary care provider', the percentages are 84.1% for Group I, 90.2% for GROUP IIa, and 62.4% for GROUP IIb. For 'Did not receive needed care', the percentages are 2.5% for Group I, 18.2% for GROUP IIa, and 55.5% for GROUP IIb. Red brackets connect Group I to both GROUP IIa and GROUP IIb for both categories, indicating a statistically significant difference (p < 0.5).

— p < 0.5


FINANCING CARE

	Group I	GROUP IIa	GROUP IIb
Problems paying medical bills	7.7%	37.8%	44.9%
Problems getting rx	23.2%	45.8%	60.8%
Did not fill needed rx	22.1%	28.0%	46.7%

— p < 0.5

SATISFACTION WITH CARE

	Group I	GROUP IIa	GROUP IIb
"Somewhat"/ "Very" dissatisfied	40.6%	45.4%	70.6%



— p < 0.5

CONCLUSIONS -I

- ❑ Most TennCare disenrollees remained uninsured 8 months after loss of TennCare coverage.
- ❑ Those remaining uninsured experienced reduced access, financial protection and satisfaction with care compared to those remaining on TennCare.

CONCLUSIONS -II

- ❑ New insurance provided limited protection, relative to that provided by TennCare, on key measures of access to care and financing of care.
- ❑ The insured disenrollees reported less access to and satisfaction with care than did those remaining on TennCare.