

medicaid and the uninsured

July 2010

Uninsured and Untreated: A Look at Uninsured Adults Who Received No Medical Care for Two Years

As states and policymakers look ahead to 2014 and the expansion of Medicaid to all of the lowest income adults, the program will begin to reach individuals who have previously had little interaction with the health care system. Finding and enrolling these adults will be challenging but will also be an important step towards decreasing the number of uninsured adults. The data presented in this brief profile uninsured adults with incomes at or below 133% of the federal poverty level who will be eligible for Medicaid in 2014 based on income and focuses on those who received no medical care over a two-year period to help assess unmet need.^{1,2} Of all the uninsured adults in this income group, 38% did not receive any medical care over two years. The uninsured adults without medical care over two years are younger than other uninsured adults in this income group and are less likely to be parents. The majority of these uninsured adults are U.S. citizens, but more than one-third (35%) speak Spanish at home. Additionally, a sizable share of uninsured adults who received no medical care is in less than very good health. Identifying how uninsured adults who have minimal ties to the health care system differ from other adults will allow outreach efforts to be tailored to those who are unlikely to hear about Medicaid through a health care provider. Additionally, the data may be relevant when designing enrollment procedures and setting premiums and cost-sharing.

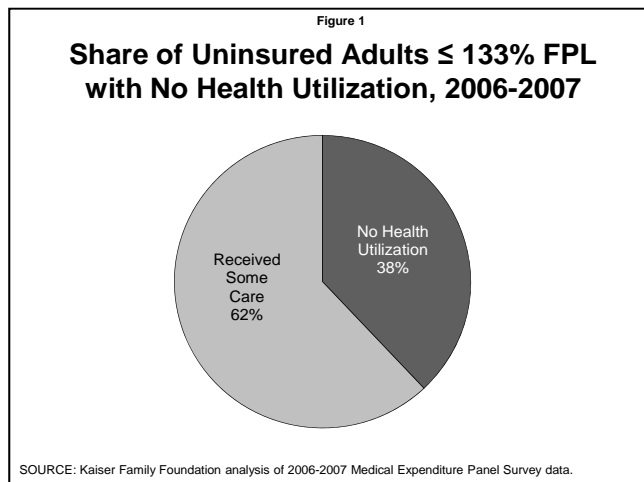
Background

The Patient Protection and Affordable Care Act signed into law in March 2010 expands Medicaid eligibility to nearly all adults with incomes at or below 133% FPL (\$14,404 for an individual in 2009) starting in 2014. Many adults at this income level now do not qualify for Medicaid and therefore the program's outreach efforts will need to expand to reach this new population.

Outreach programs will be designed to inform newly eligible individuals about Medicaid and the enrollment process. Currently, one pathway to Medicaid enrollment is through the healthcare system. Some patients are informed that they may be eligible for Medicaid when they seek medical care through a hospital or provider. Other uninsured individuals may seek out the program when they need medical care. States may need to use additional outreach efforts to target adults who do not have contact with the medical system.

Key Findings

Among adults at or below 133% FPL who were uninsured for at least two years, almost four-in-ten (38%) received no medical care during the two years when they lacked coverage (Figure 1). By comparison, just 7% of adults in the same income range who had Medicaid coverage received no medical care over a two year period (data not shown). These adults are more likely to have received care both because they have health coverage and because they are more likely to have health problems compared to uninsured adults.

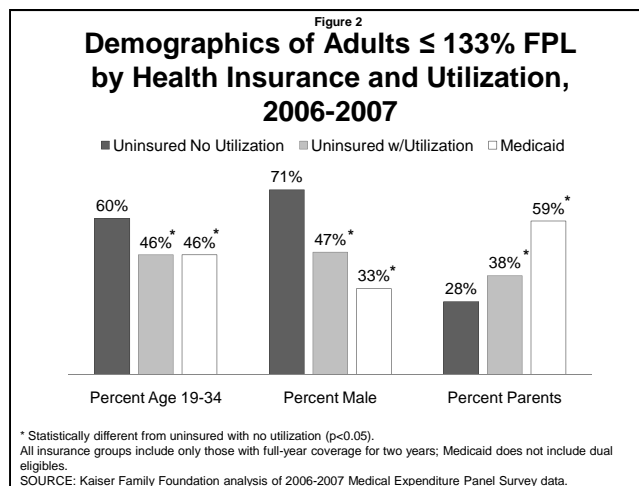


The high proportion of uninsured adults without medical care was not solely driven by the fact that this analysis only included adults who were uninsured for a full two years. When we included all adults who were uninsured during the last month of the survey—including those who had coverage during previous months—30% had gone without medical care for two years.³

Among adults with family incomes at or below 133% FPL, uninsured adults who have not received any medical care are more likely to be young and male compared to other uninsured adults or those who are already covered by Medicaid.

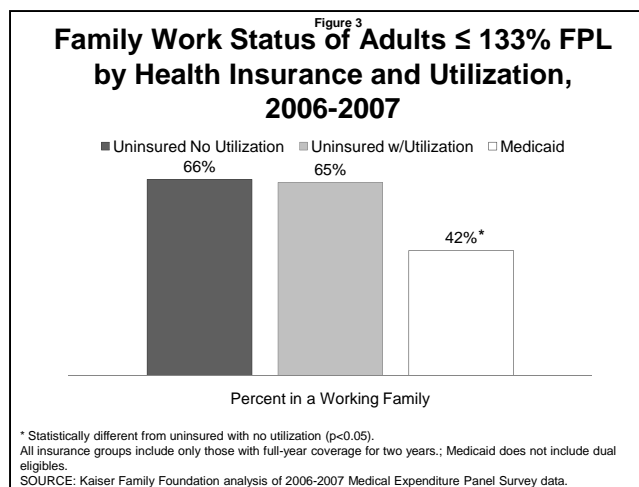
While 46% of the adults covered by Medicaid or who are uninsured and received medical care are age 19 to 34, 60% of uninsured adults who did not receive such care are in this age group (Figure 2). Younger adults tend to be in better health and may not have established relationships with health care providers. These uninsured adults who did not

receive health care are also more likely to be men. Men are generally less likely to receive medical care during their reproductive years compared to women. Women also may qualify for Medicaid coverage due to pregnancy, which contributes to the relatively high proportion of adults on Medicaid who are women. The uninsured adults who have not received medical care are also less likely to be parents, with only 28% having dependent children compared to 59% of those covered by Medicaid and 38% of the uninsured who received care.



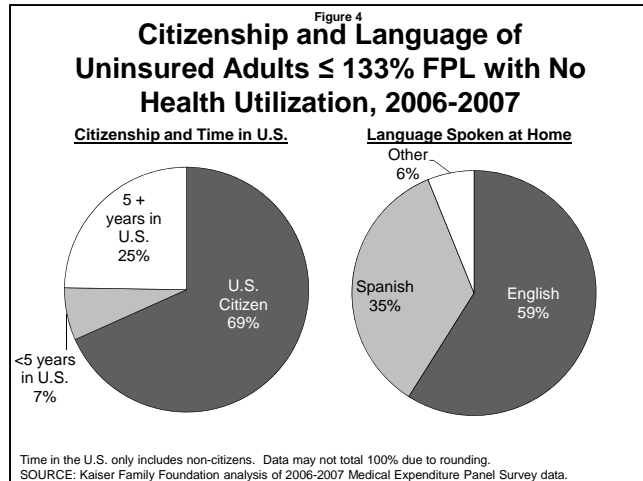
Uninsured adults with family incomes at or below 133% FPL are significantly more likely to be in working families than those covered by Medicaid (Figure 3).

Some of these uninsured adults may choose employer-sponsored coverage if their employer begins offering coverage or increases the employer share of the premium in response to the new health reform law. Others may potentially find out about Medicaid through their employer or a co-worker. The comparatively lower percentage of adults covered by Medicaid who are in a working family is partially due to the fact that the adults covered by Medicaid are more likely to be in fair or poor health than those who are uninsured and may therefore have more difficulty working.



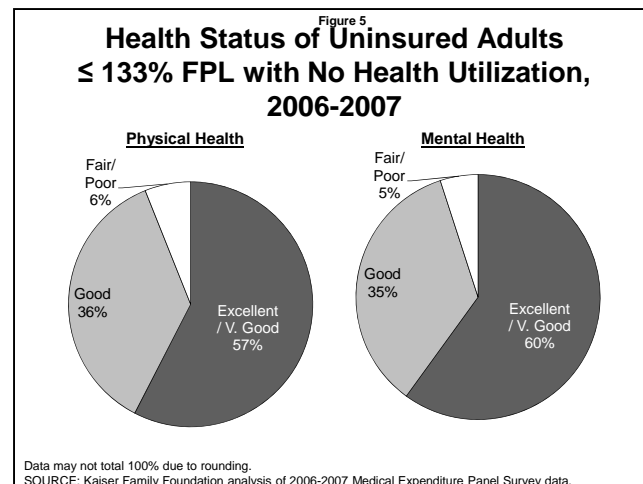
U.S. citizens comprise the majority of uninsured adults with family incomes at or below 133% FPL who receive no medical care (Figure 4). All U.S. citizens at this income level would be eligible for Medicaid under the rules that will be in place in 2014. Many of the 25% of these uninsured adults who are non-citizens but have been in the U.S. for at least five years will also be eligible for Medicaid. Individuals who have been legal residents for at least five years are eligible for Medicaid under current law and will be eligible in 2014.⁴ Legal immigrants who came to the U.S. more recently will usually not

qualify for Medicaid but may be eligible for subsidies to purchase private coverage. Our data includes undocumented immigrants and therefore some of the non-citizens included in our analysis will not be eligible for Medicaid or subsidies for private coverage. More than one-third of the newly eligible Medicaid recipients do not speak English at home. Spanish is the most common language other than English spoken by these uninsured adults who receive no medical care.



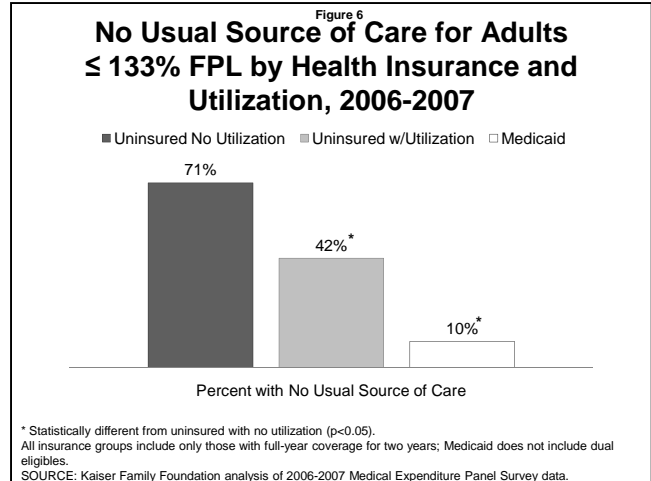
Self-reported health data suggest that a sizable minority of uninsured adults at or below 133% FPL who received no health care is in less than very good health. Although close to 60% of these adults report being in excellent or very good physical health and a similar share report being in excellent or very good mental health, some of these adults may have health problems that have gone undiagnosed without medical care (Figure 5). Many of the approximately 42% who report being in good, fair or poor physical health may seek medical care for ongoing health problems once they become eligible for Medicaid. The five percent of uninsured adults at

or below 133% FPL who received no health care and report being in fair or poor mental health will likely need mental health services once they are eligible for Medicaid. Despite the sizable share in less than very good health, these uninsured adults report that they are in significantly better health than the adults at or below 133% FPL who are currently covered by Medicaid (see Appendix).



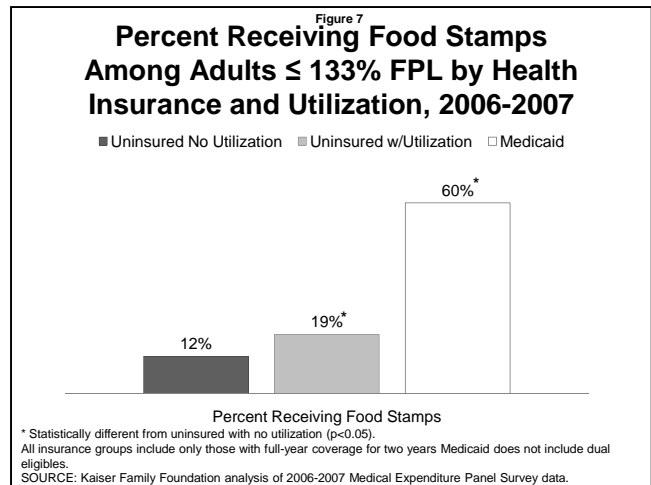
Most of the uninsured adults at or below 133% FPL who received no health care do not have a usual source of care (Figure 6).

These adults are significantly less likely to have a usual source of care compared to their counterparts who are uninsured and have received medical care in the past two years. The adults who become eligible for Medicaid in 2014 and have not received medical care may need help finding a clinic or doctor who can serve as a usual source of care. The current Medicaid program does an effective job of enabling individuals to have a usual source of care. However, reaching all of the adults who will be newly eligible in 2014 may be more challenging because they are in better health and have fewer ties to the health care system.



Uninsured adults at or below 133% FPL who receive no health care are less likely to get food stamps compared to their counterparts with Medicaid coverage.

Just 12% of these uninsured adults receive food stamps, compared to 60% of those covered by Medicaid (Figure 7). These uninsured adults who received no health care may be less likely to participate in food stamps or other programs because they are less likely to be parents. While our data analysis for this brief does not allow us to examine participation in other public programs, programs such as the Special Supplemental Nutrition



Program for Women, Infants, and Children (WIC), Temporary Assistance for Needy Families (TANF) and the National School Lunch Program are only available to families with children. Given that only 28% of uninsured adults at or below 133% FPL who receive no medical care are parents, most would be ineligible for these programs. By comparison, 38% of uninsured adults at or below 133% FPL who used medical care are parents as are 59% of their counterparts who are covered by Medicaid.

Policy Implications

Enrolling adults who are newly eligible for Medicaid will be a key step towards implementing health care reform and decreasing the number of uninsured in the United States. One component of that effort will be reaching adults who have minimal contact with the health care system. Educating these adults about Medicaid may be particularly challenging because they are unlikely to hear about the program from health care providers. Several strategies will be necessary to enroll this population and ensure that they receive the health care they need.

Outreach efforts

Uninsured adults who receive no medical care are younger than those covered by Medicaid, are less likely to be parents and are more likely to be working. Adults who are not parents may be less familiar with Medicaid, since they do not have children with Medicaid coverage. Additionally, these uninsured adults are less likely to participate in other public programs such as food stamps. Past Medicaid outreach efforts have often found that partnering with other public programs is an effective way for the Medicaid program to reach eligible individuals, but this strategy will not be able to reach most of the uninsured adults who do not receive medical care.⁵ As a result, multiple outreach strategies will be necessary to reach these adults. Efforts to educate them about the benefits of health coverage and access to medical care may be particularly effective because many in this group may not be accustomed to receiving health care. It will also be important for outreach materials to be available in languages other than English since many of these adults do not speak English at home.

Assistance once enrolled

Many of the currently uninsured adults who receive no medical care will need help navigating the health care system once they have Medicaid coverage. About 40 percent of these adults are in less than very good health and may have immediate health care needs but may not understand how to access care through Medicaid. Additionally, the majority of these uninsured adults does not have a usual source of care and may not be accustomed to receiving preventive care, making it important that assistance is available to help them find a primary care provider.

When Medicaid expands to reach all adults at or below 133% FPL in 2014, the program will be enrolling a diverse population of individuals who differ from the current Medicaid population. Reaching adults who currently have little or no interaction with the health care system will require strategies geared specifically towards this population. Successfully enrolling these uninsured adults in Medicaid and linking them to the health care system has the potential to improve their access to care and contribute to a decrease in the number of uninsured.

Methods:

This analysis used data from the 2006-2007 Medical Expenditure Panel Survey, which is a panel survey that provides data on individuals over a two-year period. Specifically, we categorized the adults who had consistent health insurance coverage (either uninsured, Medicaid or private) over the two-year period they were included in the MEPS. We then defined adults receiving no medical care for two years as those with no medical charges over the two-year period that they were in MEPS. Medical charges in MEPS do not reflect discounts or bad debts. It is important to note that the medical charge variable we used does not include prescription drug spending so some of the individuals identified as having received no medical care may have taken prescription drugs. We also ran our analysis identifying individuals who reported no utilization of medical care (no office- or hospital-based care, home health care or dental service) and the results were similar to the results using the medical charge variable (data not shown).

Our data set included 342 uninsured adults at or below 133% FPL with no medical charges. We also analyzed the MEPS data by categorizing people based on their insurance status during the last month that they were included in the survey. We found similar results for the profile of the uninsured individuals who had no medical charges for two years using this point-in-time insurance data compared to our analysis of those who were uninsured for the full two years. Data on both the point-in-time and two-year uninsured are included in the appendix. Individuals who did not remain in the survey for all two years were excluded from our analysis along with those who did not answer the health insurance questions.

This Kaiser Commission on Medicaid and the Uninsured policy brief was prepared by Karyn Schwartz and Anthony Damico of the Kaiser Family Foundation.

¹ This analysis does not take into account immigration status, so some of the adults included in our analysis will not gain Medicaid eligibility either because they are undocumented immigrants or because they have not legally been in the U.S. for five years.

² More information about the methods is available at the end of the paper and a complete set of data tables is available in the appendix.

³ Data on adults who were uninsured during the last month of the survey is included in the appendix.

⁴ States have the option of extending Medicaid to legal immigrant children and pregnant women who have been in the U.S. for less than 5 years.

⁵ Kaiser Commission on Medicaid and the Uninsured and The Children's Partnership. "Express Lane Eligibility Efforts: Lessons Learned from Early State Cross-Program Enrollment Initiatives." August 2009 (#7956).

Appendix

Among Ages 19-64 in Families at or below 133% FPL, 2006-2007

	(Ref) Uninsured 2 Years No Medical Utilization (excl. Rx)			Uninsured 2 Years w/ Medical Utilization			vs. Ref.	Medicaid non-duals (Full Two Years)			vs. Ref.	Private Insurance (Full Two Years)			vs. Ref.
	N	Pop.	%	N	Pop.	%		N	Pop.	%		N	Pop.	%	
Overall	342	4,494,207	100%	560	7,324,059	100%		402	4,496,313	100%		353	7,108,134	100%	
Age															
19-34	186	2,694,997	60%	230	3,395,118	46%	*	185	2,078,906	46%	*	157	3,537,827	50%	*
35-54	128	1,439,028	32%	252	2,952,804	40%		164	1,836,259	41%		136	2,494,324	35%	
55-64	28	360,181	8%	78	976,137	13%	*	53	581,148	13%		60	1,075,982	15%	*
Race / Ethnicity															
White	64	1,387,241	31%	169	3,371,357	46%	*	114	1,675,847	37%		175	4,477,298	63%	*
Black	61	853,331	19%	95	1,161,419	16%		117	1,399,310	31%	*	82	1,282,035	18%	
Hispanic	200	1,954,629	43%	276	2,391,104	33%		146	1,030,430	23%	*	80	922,771	13%	*
Other	17	299,005	7%	20	400,180	5%		25	390,726	9%		16	426,030	6%	
Gender															
Male	234	3,174,601	71%	205	3,463,807	47%	*	107	1,472,254	33%	*	140	3,153,299	44%	*
Female	108	1,319,606	29%	355	3,860,251	53%	*	295	3,024,059	67%	*	213	3,954,835	56%	*
Years in U.S.															
Born in the U.S. or Citizen	192	2,981,122	69%	341	5,322,300	73%		334	4,063,959	91%	*	322	6,709,278	94%	*
Lived in the U.S. 5+ Years	119	1,077,456	25%	186	1,620,970	22%		58	369,848	8%	*	31	398,855	6%	*
Lived in the U.S. less than 5 Years	24	284,634	7%	31	361,763	5%		9	42,786	1%	*	0	-	0%	*
Language Spoken at Home															
English	160	2,583,402	59%	309	4,983,746	68%		306	3,816,120	85%	*	306	6,491,884	92%	*
Spanish	162	1,531,929	35%	230	1,868,628	26%		87	514,806	11%	*	40	466,605	7%	*
Other	16	285,393	6%	19	445,353	6%		9	165,387	4%		5	111,399	2%	*
Workers in Family															
Two or More Full-time Workers	19	190,405	4%	16	110,754	2%	*	10	99,158	2%		29	538,738	8%	
One Full-time Worker	161	1,998,751	44%	240	2,932,178	40%		106	1,252,996	28%	*	163	3,203,373	45%	
Part-time Workers Only	51	762,305	17%	125	1,746,715	24%		46	551,036	12%		65	1,315,559	19%	
No Workers in Family	111	1,542,744	34%	179	2,534,411	35%		240	2,593,123	58%	*	96	2,050,463	29%	
Other Public Programs															
Food Stamps	62	524,877	12%	134	1,339,502	19%	*	248	2,668,852	60%	*	33	519,437	7%	
Other Demographics															
Parent	122	1,239,753	28%	277	2,760,870	38%	*	241	2,640,939	59%	*	138	2,296,078	32%	
Married	127	1,380,424	31%	235	2,427,226	33%		129	1,366,679	30%		150	2,637,056	37%	
Education Status															
Less than HS Degree	181	2,084,633	47%	249	2,315,856	32%	*	207	1,995,340	46%		75	1,269,796	18%	*
HS Degree or GED	132	1,908,500	43%	252	3,949,789	54%	*	171	2,116,402	48%		213	4,452,253	63%	*
Other Degree	11	158,686	4%	18	282,594	4%		15	164,436	4%		19	331,014	5%	
B.A. or Higher Degree	15	303,872	7%	37	721,597	10%		4	107,035	2%		41	991,927	14%	*
Family Poverty Level															
Below 50%	140	1,961,180	44%	186	2,412,635	33%	*	149	1,540,844	34%		94	2,053,100	29%	*
50-99%	118	1,502,336	33%	205	2,441,831	33%		182	2,136,445	48%	*	116	2,058,715	29%	
100-133%	84	1,030,690	23%	169	2,469,593	34%	*	71	819,024	18%		143	2,996,319	42%	*
Self-Reported Health Status															
Excellent / Very good	192	2,492,597	57%	242	3,386,323	47%	*	146	1,770,596	40%	*	196	4,026,697	58%	
Good	119	1,573,821	36%	209	2,521,651	35%		126	1,354,186	30%		113	2,301,722	33%	
Fair / Poor	23	274,153	6%	105	1,350,463	19%	*	128	1,322,690	30%	*	40	670,587	10%	
Mental: Ex / Vg.	207	2,615,104	60%	293	4,027,460	55%		182	2,223,896	50%	*	220	4,617,820	66%	*
Mental: Good	113	1,500,494	35%	202	2,309,088	32%		129	1,250,599	28%		108	1,915,238	27%	
Mental: Fair / Poor	14	224,973	5%	61	921,888	13%	*	89	972,977	22%	*	21	465,948	7%	
Access to Care															
No Usual Source of Care	238	3,133,245	71%	212	3,064,461	42%	*	41	465,880	10%	*	42	871,236	12%	*
Any Delay Getting Needed Medical Care	36	585,659	13%	152	2,262,233	31%	*	52	618,269	14%		35	692,196	10%	
Any Delay Getting Needed Rx	17	201,292	5%	90	1,378,435	19%	*	38	384,128	9%		30	586,285	8%	

* Statistically different from uninsured with no utilization (p<0.05)

Note: The HHS federal poverty guidelines were \$10,210 for an individual and \$20,650 for a family of four in 2007. The term family as used in family poverty level and family work status is defined as a health insurance unit.

Source: Medical Expenditure Panel Survey, 2006-2007 Panel. Citizenship data is from the National Health Interview Survey, 2004-2005.

Appendix

	(Ref) Uninsured Dec. 07, 2 Years w/o Medical Utilization (excl. Rx)			Uninsured in Dec. 07, with Medical Utilization			vs. Ref.	Medicaid non-duals in December of 2007			vs. Ref.	Private Insurance in December of 2007			vs. Ref.
	N	Pop.	%	N	Pop.	%		N	Pop.	%		N	Pop.	%	
Overall	385	5,077,989	100%	876	11,776,022	100%		639	7,841,129	100%		490	9,080,056	100%	
Age															
19-34	219	3,180,636	63%	433	6,309,100	54%	*	312	4,185,622	53%	*	242	4,949,483	55%	
35-54	136	1,526,616	30%	344	4,159,712	35%		254	2,888,850	37%		179	2,929,117	32%	
55-64	30	370,737	7%	99	1,307,210	11%		73	766,657	10%		69	1,201,455	13%	*
Race / Ethnicity															
White	73	1,632,658	32%	280	5,767,077	49%	*	187	3,066,906	39%		208	5,360,798	59%	*
Black	73	1,014,520	20%	174	2,079,637	18%		177	2,281,866	29%	*	118	1,578,602	17%	
Hispanic	220	2,106,768	41%	388	3,248,052	28%	*	239	1,813,463	23%	*	140	1,543,930	17%	*
Other	19	324,042	6%	34	681,257	6%		36	678,895	9%		24	596,725	7%	
Gender															
Male	255	3,463,540	68%	302	5,178,342	44%	*	167	2,392,305	31%	*	206	4,310,398	47%	*
Female	130	1,614,449	32%	574	6,597,680	56%	*	472	5,448,825	69%	*	284	4,769,658	53%	*
Years in U.S.															
Born in the U.S. or Citizen	228	3,566,786	71%	593	9,150,327	78%		523	7,004,903	90%	*	426	8,272,545	91%	*
Lived in the U.S. 5+ Years	130	1,183,603	24%	238	2,079,403	18%		100	689,998	9%	*	58	725,050	8%	*
Lived in the U.S. less than 5 Years	22	244,381	5%	41	515,767	4%		13	104,484	1%	*	5	72,234	1%	*
Language Spoken at Home															
English	195	3,184,767	63%	547	8,874,245	75%	*	483	6,650,692	85%	*	403	7,983,000	88%	*
Spanish	173	1,595,979	31%	303	2,345,816	20%	*	137	855,578	11%	*	80	889,166	10%	*
Other	17	297,243	6%	25	549,112	5%		18	326,235	4%		7	207,890	2%	
Workers in Family															
Two or More Full-time Workers	24	243,456	5%	30	439,471	4%		17	178,647	2%		52	804,664	9%	
One Full-time Worker	182	2,312,486	46%	362	4,634,227	39%		163	2,076,335	26%	*	274	5,002,427	55%	
Part-time Workers Only	56	819,416	16%	191	2,551,197	22%		94	1,164,078	15%		78	1,591,181	18%	
No Workers in Family	123	1,702,631	34%	293	4,151,127	35%		365	4,422,070	56%	*	86	1,681,784	19%	*
Other Public Programs															
Food Stamps	70	614,851	12%	235	2,412,683	21%	*	371	4,311,486	56%	*	37	414,194	5%	*
Other Demographics															
Parent	137	1,407,566	28%	437	4,369,138	37%	*	391	4,651,265	59%	*	213	3,052,728	34%	
Married	140	1,493,086	29%	324	3,503,551	30%		204	2,217,485	28%		204	3,222,370	35%	
Education Status															
Less than HS Degree	210	2,392,081	48%	380	3,576,809	31%	*	316	3,126,524	40%		101	1,424,508	16%	*
HS Degree or GED	142	2,120,298	42%	409	6,540,204	56%	*	274	3,943,151	51%	*	303	5,769,903	64%	*
Other Degree	12	163,771	3%	26	458,570	4%		28	342,909	4%		33	606,060	7%	
B.A. or Higher Degree	16	325,019	6%	54	1,090,876	9%		15	308,977	4%		49	1,231,544	14%	*
Family Poverty Level															
Below 50%	159	2,269,909	45%	289	3,714,566	32%	*	260	2,992,537	38%		119	2,409,800	27%	*
50-99%	130	1,552,615	31%	347	4,451,147	38%		265	3,348,300	43%	*	162	2,786,182	31%	
100-133%	96	1,255,465	25%	240	3,610,309	31%		114	1,500,292	19%		209	3,884,073	43%	*
Self-Reported Health Status															
Excellent / Very good	226	2,986,113	59%	404	5,782,001	49%	*	247	3,386,080	43%	*	267	5,234,323	58%	
Good	134	1,797,824	35%	312	3,795,540	32%		198	2,250,532	29%		173	2,958,837	33%	
Fair / Poor	24	283,647	6%	159	2,180,471	19%	*	192	2,155,676	28%	*	50	886,895	10%	
Mental: Ex / Vg.	240	3,135,790	62%	474	6,663,132	57%		303	4,053,040	52%	*	309	5,953,475	66%	
Mental: Good	130	1,706,821	34%	307	3,563,251	30%		207	2,264,017	29%		153	2,557,401	28%	
Mental: Fair / Poor	14	224,973	4%	94	1,531,628	13%	*	127	1,475,230	19%	*	28	569,180	6%	
Access to Care															
No Usual Source of Care	257	3,336,484	67%	296	4,359,626	37%	*	87	1,047,930	13%	*	95	1,557,252	17%	*
Any Delay Getting Needed Medical Care	40	677,184	13%	213	3,186,357	27%	*	105	1,495,400	19%		57	1,041,866	11%	
Any Delay Getting Needed Rx	18	243,992	5%	138	2,073,614	18%	*	77	1,021,660	13%	*	49	809,057	9%	

* Statistically different from uninsured with no utilization (p<0.05)

Note: The HHS federal poverty guidelines were \$10,210 for an individual and \$20,650 for a family of four in 2007. The term family as used in family poverty level and family work status is defined as a health insurance unit.

Source: Medical Expenditure Panel Survey, 2006-2007 Panel. Citizenship data is from the National Health Interview Survey, 2004-2005.

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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.