

A Report Prepared for the Virginia Department of Medical Assistance Services

Experiences Prior to Enrollment in Medicaid

New Medicaid Expansion Members Describe Health and Health Care Experiences from the Year Before Enrolling

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EXECUTIVE SUMMARY

Virginia expanded Medicaid eligibility on January 1, 2019. As of October, 2019, more than 325,000 low-income adults who had previously been excluded from Medicaid coverage are now enrolled. Understanding the experiences of new members *in the year prior* to enrollment is critical to understanding the impact of Medicaid expansion on the health and well-being of members over time.

The Department of Medical Assistance Services contracted with the Virginia Commonwealth University School of Medicine to conduct an evaluation of Medicaid expansion, which included a survey of new Medicaid members. The survey (described in detail below) asked new members about previous health insurance coverage, health behaviors, financial constraints, and access to care in the 12 months *prior* to enrollment. The survey also asked members about current health conditions, how health impacts their ability to work, and health insurance literacy. This report summarizes new members' experiences prior to enrolling in expanded Medicaid and contextualizes these experiences in Virginia with national data.

Highlights from the report include:

- A representative sample of 1,505 new Medicaid members believed to be uninsured in the previous year completed and returned the paper survey.
- 66% of survey respondents (vs. 14% nationally) reported having trouble paying medical bills in the year prior to enrollment, and about one in four reported paying more than \$500 in out-of-pocket medical costs in the past year.
- Prior to enrolling in Medicaid, survey respondents had a lower rate of reporting a doctor's office as their usual source of care (47% vs. 65% nationally) and a higher rate of reporting the emergency department as their usual source of care (25% vs. 1% nationally).
- 62% of respondents reported that they needed medical care that they did not receive in the year prior to enrollment, with most reporting cost as the primary reason for foregoing care.
- Prior to enrollment in Medicaid, survey respondents were less likely than the national average to report seeing a primary care doctor (55% vs. 70% nationally), and more likely to have visited the emergency department (47% vs 20% nationally).
- Respondents were more likely than the national average to report having a health condition that prevented part- or full-time work (37% vs. 8% nationally), and more likely to report being in fair or poor health (46% vs. 10% nationally).
- When asked what they hoped having Medicaid coverage would change for them in the next year, 30% of respondents said they hoped Medicaid coverage would improve their access to primary care and preventive services.

HOW THE SURVEY WAS CONDUCTED

Researchers from the Virginia Commonwealth University School of Medicine conducted a new member survey in order to learn about the experiences of these newly eligible adults in the 12 months prior to enrollment. Researchers drew a random sample of members newly enrolled in Medicaid from monthly enrollment files during each month between December 2018 and April 2019. The monthly samples were designed to maximize members' recall of health care experiences prior to Medicaid enrollment, and timed to occur before they obtained substantial experience with their Medicaid coverage. Both the enrollment files and the sample were limited to new Medicaid enrollees who did not have full Medicaid coverage in the past year and were not in a Qualified Health Plan. The Virginia Department of Medical Assistance Services obtained the enrollment files from the Department of Social Services and federal Marketplace. Researchers mailed a total of 7,500 paper surveys to new Medicaid members between December 2018 and May 2019 in seven waves. The number of surveys sent out in each wave varied: Waves 1, 2, and 5 each sent 1,000 surveys; Waves 3 and 4 each sent 500; and Waves 6 and 7 each sent 1,750. Each survey had a \$2 incentive included.

Researcher mailed paper reminder surveys to non-responders, with the first reminder survey sent out about one month after the initial mailing, and the second reminder survey sent out about one month after the first reminder survey. Additionally, researchers texted reminders allowing individuals to complete the survey online via RedCAP. The texts were sent out three times over the course of a week about one month after the initial survey mailing; however, text responses did not meet completeness standards and are therefore not included in the final analysis. In total, 1,505 new Medicaid members completed and returned the mail survey

Section 1 – Problems Paying Medical Bills in the Year Prior to Enrollment in Medicaid Coverage

- In the year prior to enrollment in Medicaid expansion, new members responding to the survey reported difficulty paying medical bills at a much higher rate than the national average (66% vs. 14% nationally).
- Prior to enrolling in expanded Medicaid, more than two-thirds of respondents were somewhat or very worried about paying for housing, normal monthly bills, food, or medical costs, about four times higher than the national average.

Problems Paying Medical Bills in the Past Year^a		
	Sample of new members (n=1,505)	National Estimate^b
Any problems paying medical bills	66%	14%
Any medical bills being paid off over time	33%	24%
Somewhat or very worried about paying for		
Rent, mortgage or other housing costs	71%	13%
Normal monthly bills	82%	17%
Food	68%	--
Minimum payments on credit cards, pay day, or student loans	54%	11%
Medical costs if get seriously ill or have accident	78%	29%
Medical costs of normal health care	84%	18%

^a Question text directed respondents to answer based on the past 12 months before enrolling in Medicaid.

^b National estimates from the 2017 National Health Interview Survey for the U.S. civilian, non-institutionalized population.

Section 2 - Usual Source of Care in the Past Year and Plans for Primary Care Use

- Prior to enrollment in Medicaid expansion, compared to national averages, new Medicaid members responding to the survey had a lower rate of reporting a doctor’s office as their usual source of care (47% vs. 65%,) and a higher rate of reporting the emergency department as their usual source of care (25% vs. 1%).

Usual Source of Care in the Past Year ^a		
	Sample of new members	National Estimate ^b
Has a usual place to go for care	74%	88%
Doctor’s office or clinic	47%	65%
Community health center	12%	--
Free clinic	19%	--
Urgent care	12%	--
Emergency department	25%	1%
Other	6%	--

^a Question text directed respondents to answer based on the past 12 months before enrolling in Medicaid. Respondents could choose more than one place they go to for usual care.

^b Estimate from 2017 National Health Interview Survey for the U.S. civilian, noninstitutionalized population.

- Nearly all new enrollees (95%) reported that they planned to see a primary care doctor in the next year, and that they were confident in their ability to find one.

Plans for Primary Care Use in the Coming Year	
	Sample of new members
Planning to see primary care provider in next year	95%
Fairly or very confident can find a primary care doctor	89%

Section 3 – Unmet Health Care Needs and Health Care Utilization in the Year Prior to Medicaid Enrollment

Unmet Health Care Needs in the Past Year

- Prior to obtaining Medicaid coverage, survey respondents reported being unable to access health care services, including medical services such as primary care (57%), mental health services (22%), or specialty care (44%), as well as other health care services such as dental care (67%) and eyeglasses (49%).

Unmet Health Care Needs in Past Year^a	
	Sample of new members
Unable to get primary care	57%
Needed prescriptions but unable to afford	56%
Unable to get specialty care	44%
Unable to get mental health care	22%
Unable to get substance use treatment	8%
Unable to get dental care	65%
Unable to get eyeglasses	49%

^aQuestion text directed respondents to answer based on the past 12 months before enrolling in Medicaid.

- In the year prior to enrollment in Medicaid expansion, 62% of respondents reported unmet need for medical care – of those, most (72%) reported that cost was a significant barrier to care.

Reasons for Unmet Needs^a	
	Sample of new members
Needed medical care but did not get it?	62%
Because worried about cost	72%
Because did not have health insurance	67%
Because doctor would not accept insurance	5%
Because health plan would not pay for treatment	7%
Because could not get appointment soon enough	6%
Because doctors or hospitals too far away	3%
Because other	8%

^aQuestion text directed respondents to answer based on the past 12 months before enrolling in Medicaid.

Health Care Utilization in the Past Year

- Compared to adults nationally, new members responding to the survey were less likely to report a primary care visit (55% vs. 70% nationally) and more likely to report an emergency department visit (47% vs. 20% nationally) or hospital admission (18% vs. 8% nationally) in the year prior to enrollment in Medicaid expansion.
- Among respondents with past year emergency department or inpatient care, the number of visits and nights in the hospital were higher than national averages.
- Before enrolling in Medicaid expansion, survey respondents were less likely to report receiving preventive care, such as a flu vaccine, or getting their cholesterol check by a professional compared to national estimates.

Health Care Utilization in the Past Year ^a		
	Sample of new members	National Estimate ^b
Visited primary care	55%	70%
Number of primary care visits (among those with visits)		
1-2	37%	--
3-4	33%	--
5 or more	30%	--
Went to the emergency department	47%	20%
Number of emergency department visits (among those with visits)		
1	33%	66%
2-3	43%	25%
4 or more	24%	9%
Stayed overnight in the hospital	18%	8%
Number of nights (among those who stayed overnight)		
1	18%	24%
2	20%	22%
3-4	22%	24%
5 or more	39%	30%
Blood pressure checked by health professional	70%	84%
Cholesterol checked by health professional	46%	68%
Blood sugar checked by health professional	46%	50%
Got a flu vaccine	32%	43%

^a Question text directed respondents to answer based on the past 12 months before enrolling in Medicaid.

^b National estimates from the 2017 National Health Interview Survey for the U.S. civilian, non-institutionalized population.

Section 4 – Health Status and Ability to Work

- Members newly enrolled in Medicaid expansion reported being in worse physical and mental health than the national average for adults, with 46% of new members reporting they were in fair or poor physical health, compared to a national rate of 10%, and 31% reporting they were in fair or poor mental health, compared to 8% nationally.
- Self-reported health conditions were generally more common among new member survey respondents compared to national estimates.
- Respondents had a lower rate of employment than the national average (42% vs. 68% nationally). However, among respondents who worked, the number of hours they worked was similar to the national average.
- More than half (54%) of respondents reported their health prevents them from doing their usual activities at least once per month.
- More than one-third of survey respondents reported they could not work or maintain a job (39%), or had to cut back hours (37%) due to poor health.

Overall Physical Health^a		
	Sample of new members	National Estimate
Excellent	6%	35%
Very good	10%	31%
Good	37%	24%
Fair	30%	8%
Poor	16%	2%
Overall Mental Health^b		
Excellent	17%	32%
Very good	21%	35%
Good	30%	26%
Fair	23%	6%
Poor	8%	2%
Diagnosed Health Conditions^a		
High blood pressure/hypertension	41%	31%
If yes, received treatment?	54%	--
Heart condition/heart disease	12%	8%
If yes, received treatment?	50%	--
Diabetes	14%	9%
If yes, received treatment?	58%	--
Cancer ^d	5%	9%
Depression, anxiety, or other mental health problems	38%	--
If yes, received treatment?	42%	--
Stroke ^d	4%	3%
Asthma	15%	13%
If yes, received treatment?	39%	--
Chronic bronchitis, COPD, emphysema	13%	5%
If yes, received treatment?	41%	--
Problems with alcohol or drugs	10%	--

If yes, received treatment?	25%	--
Hepatitis C ^d	6%	3%
HIV/AIDS ^d	2%	--
Other diagnosed condition	23%	--
Number of diagnosed conditions		--
0	26%	40% ^c
1	24%	18% ^c
2-3	35%	22% ^c
4 or more	15%	19% ^c
Health and Ability to Work		
Current employment status		
Employed or self-employed	42%	68%
Hours worked per week across all jobs (SD) ^e	32.1 (12.5)	36 (18.0)
Hours worked per week at main jobs (SD) ^e	31.1 (11.7)	--
Not employed but looking for work	31%	--
Retired	16%	--
Student	4%	--
Homemaker	7%	--
Number of days poor health prevented respondent from doing usual activities		
0	46%	--
1-5	19%	--
6-10	11%	--
More than 10 days	24%	--
Could not take or keep a job because of physical or mental health problems	39%	--
Cut back number of hours worked because of physical or mental health problems	37%	--
Currently have health conditions that prevent part- or full-time work	37%	--

^a National estimates from the 2017 National Health Interview Survey for the U.S. civilian, non-institutionalized population.

^b Most recent estimate available from the 2010 National Health Interview Survey.

^c Estimates represent national average number of chronic conditions in 2014 (RAND Corp): http://www.fightchronicdisease.org/sites/default/files/TL221_final.pdf

^d Not enough respondents with diagnosis to report percent receiving treatment.

^e Standard deviation (SD).

Section 5 – Health Insurance Literacy

- Newly-eligible Medicaid members who responded to the survey are less confident in their understanding of health insurance terms than the national average, with more than one-third of respondents reporting uncertainty about terms such as premiums, co-insurance, and out of pocket maximums.

Health Insurance Literacy^a		
Not too or not at all confident understanding health insurance terms		
	Sample of new members	National estimate ^a
Premium	35%	25%
Deductible	32%	23%
Co-payment	27%	22%
Co-insurance	52%	41%
Maximum out-of-pocket spending	43%	31%

^aEstimates from the 2017 Health Reform Monitoring Survey.

Section 6 –Other New Member Characteristics

- Survey respondents tended to report lower levels of education than the national average (20% without a high school education vs. 9% nationally).
- Survey respondents were more likely than the national rate to be single adults.
- The majority of respondents reported that enrolling in Medicaid coverage was fairly or very easy (83%).

Demographics^a		
	Sample of new members	National Estimate^b
Highest level of education		
6 th grade or less	2%	3%
9 th grade or less	6%	3%
Some high school	12%	3%
High school graduate	32%	21%
Some college	27%	30%
Associate’s degree	7%	10%
Bachelor’s degree or higher	14%	30%
Marital status		
Single (never married)	44%	28%
Married	21%	53%
Separated	9%	2%
Widowed	4%	6%
Divorced	22%	11%
Medicaid MCO Plan		
Aetna Better Health	23%	--
Anthem HealthKeepers Plus	20%	--
Magellan Complete Care	10%	--
Optima Health	17%	--
United Healthcare	12%	--
Virginia Premier	17%	--
Enrollment Experience		
Fairly or very easy to enroll in new Medicaid coverage	83%	--

^aWe were unable to reliably obtain race/ethnicity, age, and household income from the enrollment files.

^bNational estimates from the 2017 National Health Interview Survey for the civilian noninstitutionalized population.

Section 7 – Coverage in the Year Prior to Medicaid Enrollment

- One in four new survey respondents reported spending \$500 or more in out of pocket payments for health care in the year prior to enrollment.
- Of those who previously had coverage, more than a quarter paid more than \$1,200 on their insurance premiums.

Insurance Coverage in the Past Year^a		
	Sample of new members	National Estimate^b
Uninsured at any time in the past year ^c	68%	18%
Any insurance at any time in past year ^c	35%	91% ^d
Type of insurance among those insured at any point in past year		
Medicaid or FAMIS	9%	17%
Private insurance through job	43%	73%
Private insurance individually purchased	25%	7%
Other	23%	3%
Average spent on premiums if insured		
None reported	13%	--
<\$100	35%	--
\$100-\$516	10%	--
\$517-\$1,200	15%	--
\$1,201-\$2,700	13%	--
\$2,701-\$21,600	14%	--
Out of pocket payments in past year		
None reported	14%	--
\$0	45%	30%
\$20-\$200	9%	25%
\$201-\$500	9%	16%
\$501-\$1,810	13%	20%
\$1,811-\$152,000	11%	9%

^a Question text directed respondents to answer based on the past 12 months before enrolling in Medicaid.

^b National estimates from the 2017 and 2018 National Health Interview Survey for the U.S. civilian, noninstitutionalized population.

^c Respondents could be both uninsured at one point during a year and insured at another point during the same year.

^d National estimate from 2017 provided by the U.S. Census Bureau:

<https://www.census.gov/content/dam/Census/library/publications/2018/demo/p60-264.pdf>

Section 8 – New Members’ Aspirations for Medicaid Coverage in the Next Year

- When asked what they hoped having Medicaid coverage would change for them in the next year, 80% of participants included a written response.
- Among these, 30% said they hoped Medicaid coverage would improve their access to primary care and preventive services.
- Many other new members hoped Medicaid coverage would improve their health (12%), increase access to dental care (12%), reduce stress (10%), and make medications affordable (8%).

Theme	Example Quote from Survey Respondent	New Members Responding to What They Hoped Gaining Coverage Would Change (n=1,198)
Improve Access to Primary Care and Preventive Services	“Be able to have blood work done to monitor my thyroid, cholesterol, and A1C.” “Getting the yearly mammogram after missing last year.”	30%
Improve Health	“Maintaining a healthy lifestyle, living longer, being happy.”	12%
Increase Access to Dental Care	“That I may be able to have dental work done before it affects my health.”	12%
Reduce Stress	“Having less stress worrying about healthcare coverage.”	10%
Afford Medications	“Be able to afford medicine.”	8%
Vision	“Get new glasses.”	6%
Access to Specialty Care	“More access to more specialized doctors” “See a neurologist for my seizures.”	5%
Access to Behavioral Health Care	“I will hopefully get the mental health assistance that I desperately need.”	5%

Notes: Newly eligible adults are eligible for emergency dental services only. Vision services are not currently covered as a mandatory benefit, although some health plans voluntarily include vision care as a supplemental benefit.

CONCLUSION

More than 325,000 low-income adults who had previously been excluded from Medicaid coverage are currently enrolled and receiving services under the expanded program.

Understanding the experiences of new members *in the year prior* to enrollment is critical to understanding the impact of Medicaid expansion on the health and well-being of members over time. Virginia is the first expansion state to perform a baseline survey of new members, enabling greater ability to measure changes within the expansion population.

Key findings from a sample of 1,505 likely previously uninsured new Medicaid members who completed a paper survey (20% response rate) reveal that 66% had trouble paying medical bills in the year prior to enrollment and 62% reported that they needed medical care but did not get it. Prior to enrolling in Medicaid, 47% of respondents reported using a doctor's office as their usual source of care, while 25% reported the emergency department as their usual source of care. Respondents were nearly as likely to visit a primary care doctor prior to enrolling in expanded Medicaid (55%) as visiting the emergency department (47%).

More than one-third of respondents reported having a health condition that prevented part- or full-time work (37%) and 46% reported being in fair or poor health. New Medicaid members who were uninsured at any point in the previous year (68%) were more likely to report difficulty paying medical costs and costs related to everyday expenses than those with continuous health coverage. Finally, when asked what Medicaid coverage would change for them in the next year, 30% said they hoped it would improve their access to primary care and preventive services.

The findings from this new member survey and subsequent rounds will assist Virginia's Medicaid agency in monitoring Medicaid expansion and inform the design, implementation, and evaluation of future Medicaid innovations to improve the health and wellbeing of Virginians.