



TRACKING TRENDS IN HEALTH SYSTEM PERFORMANCE

EMBARGOED
Not for release before
12:01 a.m. ET
Thursday,
July 10, 2014

Gaining Ground: Americans' Health Insurance Coverage and Access to Care After the Affordable Care Act's First Open Enrollment Period

Sara R. Collins, Petra W. Rasmussen, and Michelle M. Doty

Abstract A new Commonwealth Fund survey finds that in the wake of the Affordable Care Act's first open enrollment period, significantly fewer working-age adults are uninsured than just before the sign-up period began, and many have used their new coverage to obtain needed care. The uninsured rate for people ages 19 to 64 declined from 20 percent in the July-to-September 2013 period to 15 percent in the April-to-June 2014 period. An estimated 9.5 million fewer adults were uninsured. Young men and women drove a large part of the decline: the uninsured rate for 19-to-34-year-olds declined from 28 percent to 18 percent, with an estimated 5.7 million fewer young adults uninsured. By June, 60 percent of adults with new coverage through the marketplaces or Medicaid reported they had visited a doctor or hospital or filled a prescription; of these, 62 percent said they could not have accessed or afforded this care previously.

OVERVIEW

The Affordable Care Act's first open enrollment period for health insurance coverage lasted from October 2013 through March 2014. By the end of that period, as many as 14 million people had either selected a private health plan through the marketplaces or newly enrolled in Medicaid.¹ To see how this new enrollment has affected the nation's uninsured rate and people's access to health care, the Commonwealth Fund Affordable Care Act Tracking Survey interviewed a nationally representative sample of 19-to-64-year-old adults, including a sample of individuals who were potentially eligible for the law's new coverage options. The survey firm SSRS interviewed 4,425 adults by telephone from April 9 to June 2, 2014. Where possible, results are compared to a similar survey that SSRS conducted for The Commonwealth Fund from July 15 to September 8, 2013.

The mission of The Commonwealth Fund is to promote a high performance health care system. The Fund carries out this mandate by supporting independent research on health care issues and making grants to improve health care practice and policy. Support for this research was provided by The Commonwealth Fund. The views presented here are those of the authors and not necessarily those of The Commonwealth Fund or its directors, officers, or staff.

For more information about this brief, please contact:

Sara R. Collins, Ph.D.
Vice President, Health Care
Coverage and Access
The Commonwealth Fund
src@cmwf.org

To learn more about new publications when they become available, visit the Fund's website and [register to receive email alerts](#).

Here is what the survey found:

- The uninsured rate for the 19-to-64 age group declined from 20 percent in July–September 2013 to 15 percent in April–June 2014, which means there were an estimated 9.5 million fewer uninsured adults.
- The uninsured rate for young adults 19 to 34 declined the most of any adult age group, falling from 28 percent to 18 percent, or 5.7 million fewer uninsured young adults.
- The uninsured rate fell significantly for people with low and moderate incomes and for Latinos.
- The decisions by states to expand Medicaid or not have had significant implications for the nation's poorest people. In the 25 states that, along with the District of Columbia, had expanded their Medicaid programs by April, the uninsured rate for adults with incomes under 100 percent of the federal poverty level declined from 28 percent to 17 percent. In the states that had not expanded their programs, the rate remained essentially unchanged at 36 percent.
- The adult uninsured rate fell significantly in the nation's two largest states, California and Texas. Among the six largest states, Texas and Florida—neither of which expanded Medicaid—have the highest uninsured rates.
- Four of five people with new marketplace or Medicaid coverage are optimistic that it will improve their ability to get the care they need. More than half said they are better off now than they were before enrolling in their new insurance.
- By June, six of 10 adults with new marketplace or Medicaid coverage said they had used their insurance to go to a doctor or hospital or to fill a prescription. A majority said they would not have been able to access or afford this care before enrolling.
- More than half of adults with new coverage said their plan included all or some of the doctors they wanted.
- One of five adults with new coverage tried to find a new primary care physician; three-quarters found it very or somewhat easy to do so.

SURVEY FINDINGS IN DETAIL

The Affordable Care Act expands health insurance coverage in three ways: by subsidizing private plans offered through the health insurance marketplaces, by substantially increasing eligibility for Medicaid, and by banning insurance practices that penalized people with even minor health problems. These provisions are targeted to Americans who have long been at the highest risk of going without coverage: people with low and moderate incomes; those with less access to employer-based coverage, such as young adults; and individuals who have great difficulty buying a comprehensive insurance policy because of their health status, gender, or other characteristics.² The Congressional Budget Office projects that these provisions will gradually reduce the number of people without health insurance by 12 million people in 2014 and 26 million in 2017.³

The percentage of Americans who are uninsured is falling, with young adults experiencing the largest decline of any age group.

The Commonwealth Fund survey findings suggest that, so far, the law is on track to meeting first-year coverage projections. The percentage of adults ages 19 to 64 who are uninsured fell from 20 percent in the July–September 2013 period, just prior to the Affordable Care Act’s first open enrollment period, to 15 percent in April–June 2014 (Exhibit 1).⁴ This translates into an estimated 9.5 million fewer uninsured working-age adults—not including children who also are likely to have gained coverage this year.⁵

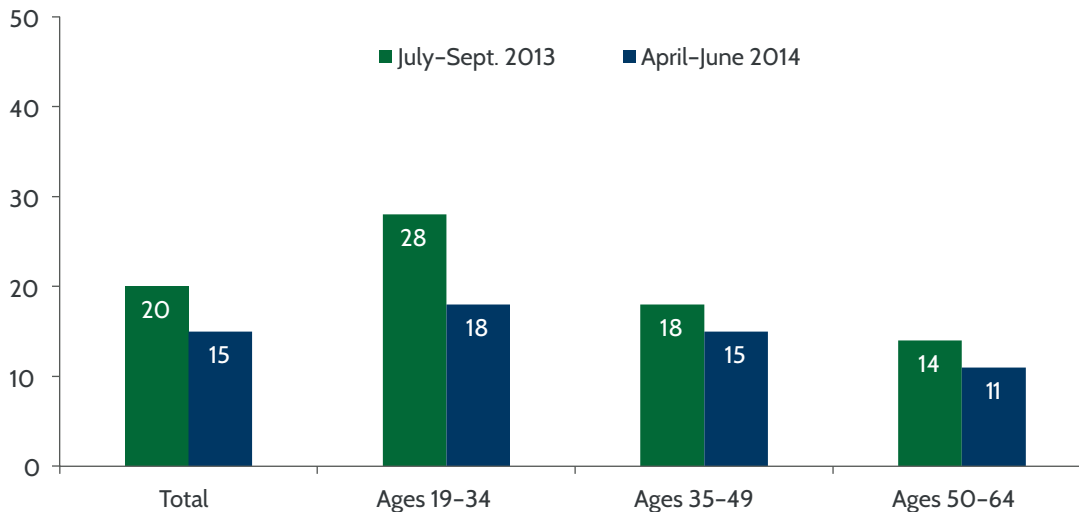
Particularly benefiting from the coverage expansions are young adults, who had the highest uninsured rate of any adult age group prior to open enrollment. In the survey, the uninsured rate for 19-to-34-year-olds fell from 28 percent in July–September 2013 to 18 percent in April–June 2014, the largest decline among age groups. There are now approximately 5.7 million fewer uninsured young adults, representing more than half the overall decline in the number of uninsured adults.⁶

The sliding-scale insurance premium subsidies and the Medicaid expansion appear to be helping adults with low and moderate incomes as intended. Across the income spectrum, these individuals were most likely to be uninsured prior to open enrollment and, since then, have experienced the largest gains in coverage. Among adults with incomes under 138 percent of poverty (\$15,856 for an individual and \$32,499 for a family of four), the uninsured rate dropped from 35 percent to 24 percent (Exhibit 2). Among adults with incomes in the next-higher income group, between 138 percent and 249 percent of poverty (\$28,725 for an individual and \$58,875 for a family of four), the uninsured rate fell from 32 percent to 22 percent.

Similarly, Latinos, who have been the most likely of any racial or ethnic group to lack insurance, also made strong gains in the past year. In July–September 2013, 36 percent of Latinos were without health insurance, compared with 21 percent of African Americans and 16 percent of whites. By April–June 2014, 23 percent of Latinos were uninsured.

Exhibit 1. After the End of Open Enrollment, the Percentage of U.S. Adults Who Are Uninsured Declined from 20 Percent to 15 Percent, or by 9.5 Million; Young Adults Experienced the Largest Decline Among All Adult Age Groups

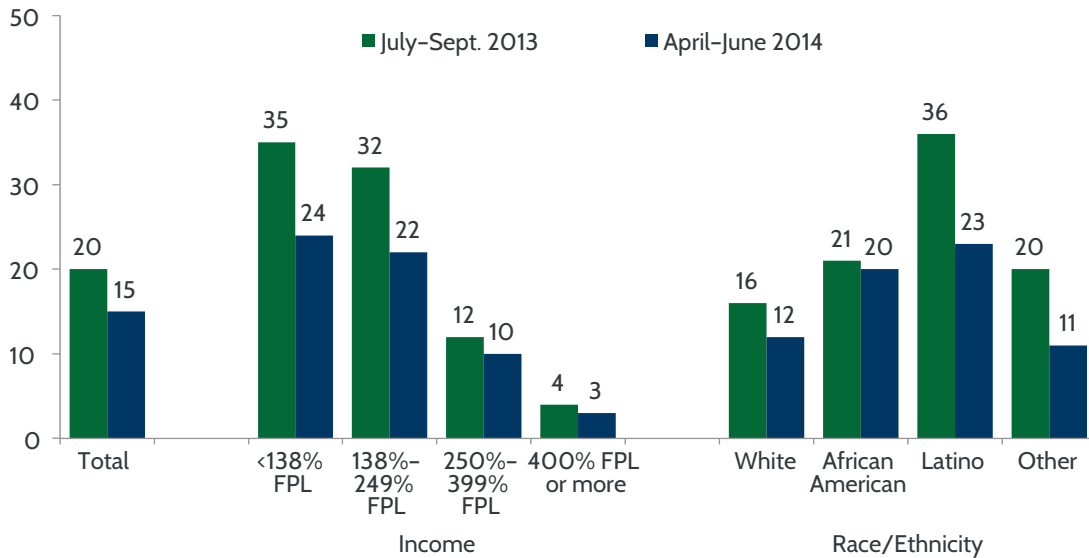
Percent adults ages 19–64 uninsured



Source: The Commonwealth Fund Affordable Care Act Tracking Surveys, July–Sept. 2013 and April–June 2014.

Exhibit 2. Across Incomes and Racial and Ethnic Groups, Adults with Low Incomes and Latinos Experienced the Largest Declines in Uninsured Rates

Percent adults ages 19–64 uninsured



Note: FPL refers to federal poverty level.

Source: The Commonwealth Fund Affordable Care Act Tracking Surveys, July–Sept. 2013 and April–June 2014.

Uninsured rates for the nation’s poorest adults are highest in states that did not expand eligibility for Medicaid.

In the aftermath of the Supreme Court’s 2012 decision that turned the Affordable Care Act’s expansion of Medicaid eligibility into a state option, 25 states and the District of Columbia had chosen to expand their programs and were enrolling people as of April 2014.⁷ In states that are not expanding Medicaid, adults at 100 percent of the poverty level and above are eligible for subsidized private plans offered through the marketplaces. But because Congress assumed that people *below* poverty would be eligible for Medicaid under the expansion, the poorest adults in states that do not expand eligibility have no new subsidized coverage options (the exception is legal immigrants who are in the five-year waiting period for Medicaid).

As a result, we see significant differences across states in uninsured rates for adults living below poverty. Where Medicaid eligibility has been expanded and people were enrolling as of April, the uninsured rate for adults with incomes under 100 percent of poverty declined from 28 percent to 17 percent (Exhibit 3). In states that had not expanded eligibility for Medicaid by April, the uninsured rate for the poorest adults remained statistically unchanged at 36 percent.

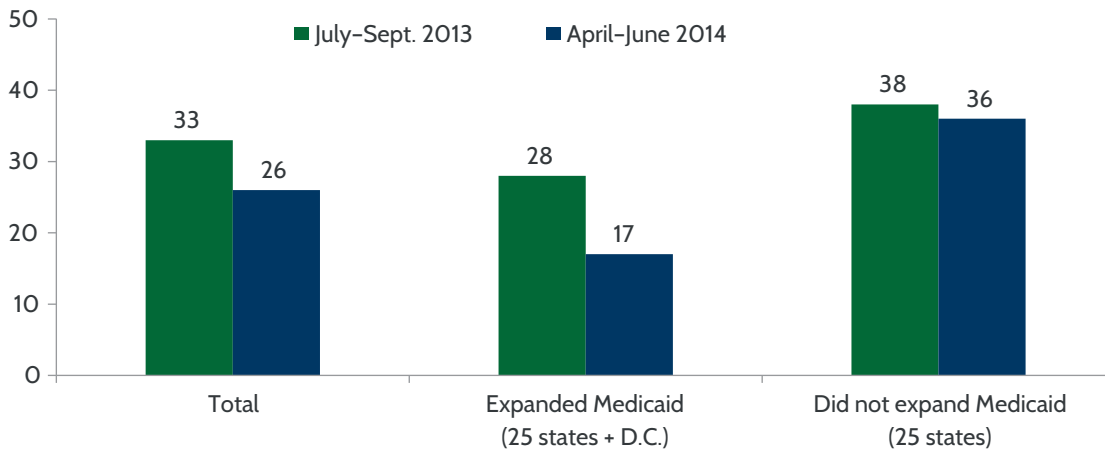
Texas and Florida have the highest uninsured rates among the six largest states.

The survey oversampled adults in the nation’s six largest states to allow for a preliminary look at the law’s early effects on state uninsured rates. The most accurate state estimates of uninsured rates generally use two years of data from large federal surveys like the Current Population Survey. These estimates should be viewed as preliminary state-level measures of the early effects of the law.

Among the six states, Texas and Florida, both of which have yet to expand Medicaid eligibility, continue to have the highest uninsured rates for the overall working-age population (Exhibit 4). Other factors besides Medicaid expansion also contribute to state-by-state differences in coverage. Although the Affordable Care Act sets a national floor of standards and rules for the marketplaces, for the Medicaid expansion, and for private insurance market reforms, the law, together with the

Exhibit 3. The Percent of Uninsured Adults with Incomes Under 100 Percent of Poverty Fell Sharply in States That Expanded Medicaid; More Than a Third of Poor Adults Remained Uninsured in States That Did Not Expand Medicaid

Percent adults ages 19–64 uninsured with incomes below 100 percent of poverty who were uninsured

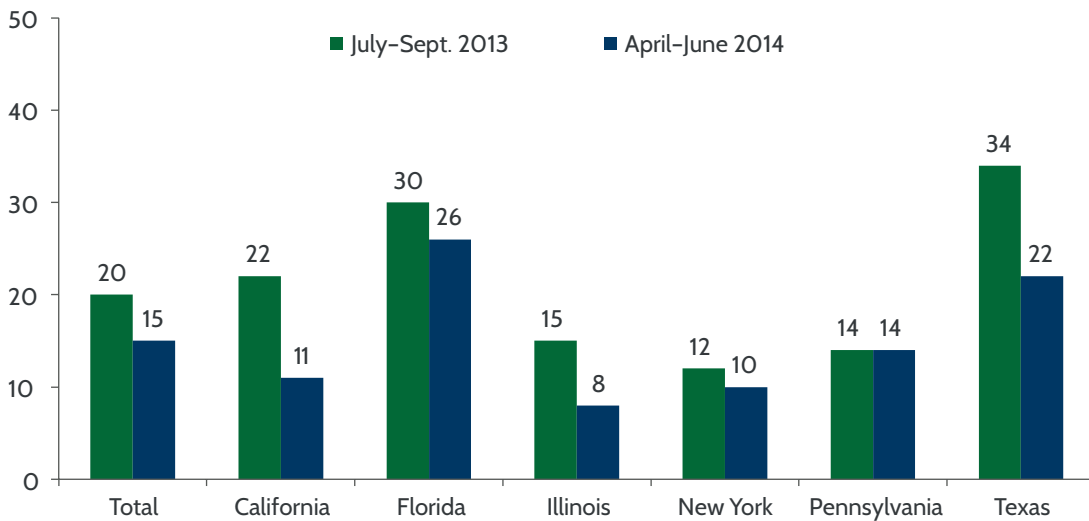


Note: States were coded as expanding their Medicaid program if they began enrolling individuals in April or earlier. These states include AR, AZ, CA, CO, CT, DE, HI, IA, IL, KY, MA, MD, MI, MN, ND, NJ, NM, NV, NY, OH, OR, RI, VT, WA, WV, and the District of Columbia. All other states were coded as not expanding.

Source: The Commonwealth Fund Affordable Care Act Tracking Surveys, July–Sept. 2013 and April–June 2014.

Exhibit 4. Uninsured Rates Fell Sharply in California and Texas; Florida and Texas Continue to Have the Highest Uninsured Rates Among Largest States

Percent adults ages 19–64 uninsured



Source: The Commonwealth Fund Affordable Care Act Tracking Surveys, July–Sept. 2013 and April–June 2014.

2012 Supreme Court decision, affords states considerable flexibility in implementing these changes. In addition, states are starting in different places with regard to coverage because of longstanding variation in how states regulate their individual insurance markets, the degree to which people have employer-based coverage, income eligibility levels for public insurance programs, and demographics. Moreover, some states have passed laws restricting the ability of navigators and other personnel who assist eligible people with the enrollment process.⁸

California, the largest state, was the first state to pass legislation to develop its own marketplace. It also has expanded eligibility for Medicaid and pursued an aggressive outreach and enrollment campaign over the first enrollment period. The survey finds that the uninsured rate has fallen by half in that state, dropping from 22 percent prior to open enrollment to 11 percent by June 2014.

Texas and Florida, on the other hand, opted for federally operated marketplaces in addition to not expanding their Medicaid programs. Both states also have implemented laws restricting the work of navigators and other assisters.⁹ Nevertheless, enrollment through the marketplaces in both states exceeded expectations: nearly 1 million people in Florida and more than 700,000 in Texas had selected a plan through the marketplace by the end of March.¹⁰ The survey shows that the uninsured rate in Texas dropped significantly, from 34 percent to 22 percent; Florida's decline was not statistically significant. The current uninsured rates in Texas and Florida are statistically the same, and significantly higher than those in California, Illinois, New York, and Pennsylvania.

Public awareness of the marketplaces and visits to them climbed over the enrollment period.

During the first open enrollment period, people without access to affordable employer-based coverage in every state and the District of Columbia could shop for health insurance in the marketplaces and apply for financial assistance to pay their premiums and reduce their cost-sharing. They also could find out if they were eligible for Medicaid.

The survey found that marketplace awareness among adults potentially eligible for the new coverage options—those who either are uninsured or have individually purchased coverage—doubled during the enrollment period (Exhibit 5).¹¹ Awareness also rose significantly across the full population of adults ages 19 to 64 (39% to 73%) (Table 1).

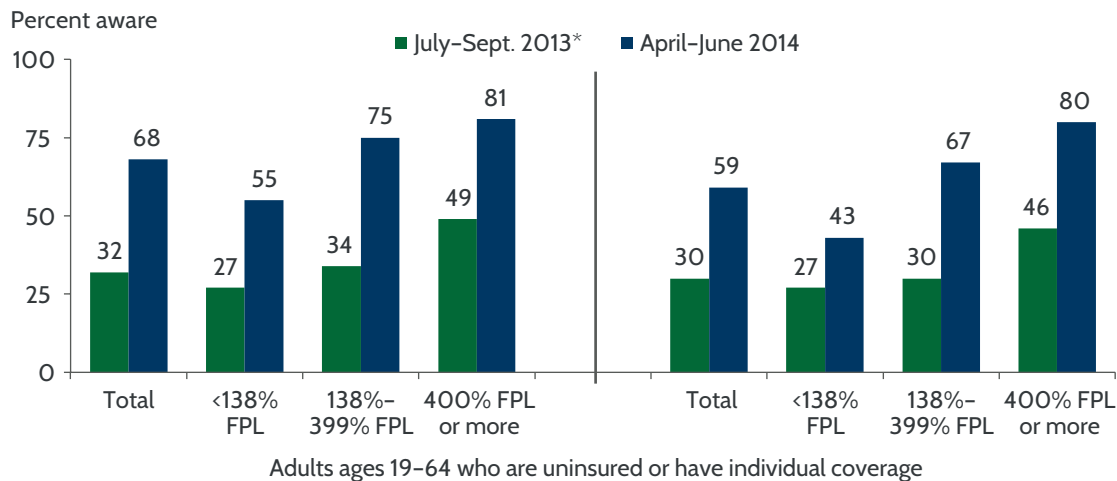
Exhibit 5. Awareness of the Affordable Care Act's Marketplaces and Financial Assistance Among Potentially Eligible Adults Doubled by the End of Open Enrollment

Since the beginning of October, under the health reform law, also known as the Affordable Care Act, new marketplaces have been open in each state where people who do not have affordable health insurance through a job can shop and sign up for health insurance.

Are you aware of this new marketplace in your state?

Many people without affordable health benefits through a job may be eligible for financial help to pay for their health insurance in these new marketplaces.

Are you aware that financial assistance for health insurance is available under the reform law?



* Question wording changed between the July–September survey and the April–June survey.

Source: The Commonwealth Fund Affordable Care Act Tracking Surveys, July–Sept. 2013 and April–June 2014.

People also are significantly more aware of the availability of the law's financial assistance. During the enrollment period, awareness doubled among adults who are potentially eligible for coverage and climbed from 40 percent to 68 percent across the full adult population (Exhibit 5, Table 1).¹²

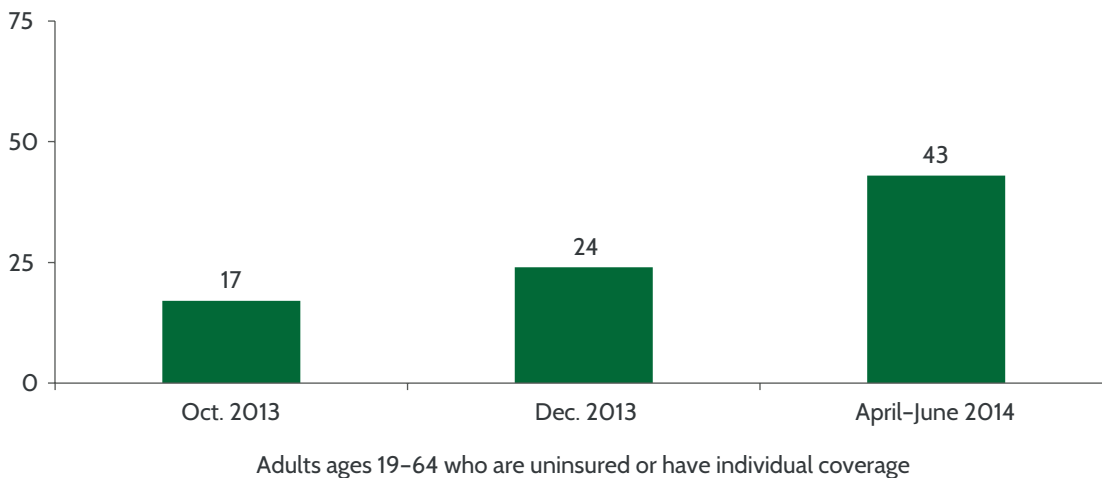
Awareness of the new coverage options also increased among those who stand to benefit the most, people with low and moderate incomes and the uninsured. But their awareness continues to lag that of higher-income and insured adults. Only two of five adults (43%) who are potentially eligible for coverage with incomes under 138 percent of poverty, and fewer than half (47%) of uninsured adults, know that financial assistance is available to buy health insurance (Exhibit 5, Table 1).

As awareness climbed, more people visited the marketplaces over the enrollment period. In two Commonwealth Fund surveys conducted by SSRS in late 2013, visits by adults who are potentially eligible for coverage rose from 17 percent in October to 24 percent in December (Exhibit 6). By June of this year, 43 percent of the potentially eligible population had visited a marketplace.

Exhibit 6. More Than Two of Five Adults Who Were Potentially Eligible for Coverage Had Visited a Marketplace by June, Up from 24 Percent in December

Have you gone to this new marketplace to shop for health insurance?
This could be by mail, in person, by phone, or on the Internet.

Percent who visited marketplace



Source: The Commonwealth Fund Affordable Care Act Tracking Surveys, Oct. 2013, Dec. 2013, and April-June 2014.

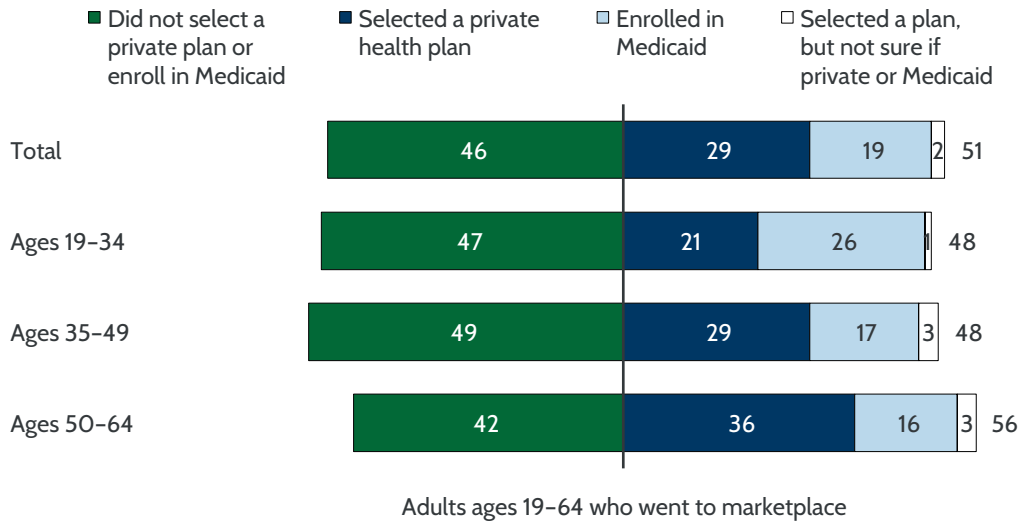
Visitors to the marketplaces enrolled in both private plans and Medicaid; more young adults than older adults enrolled in Medicaid.

During the first open enrollment period, people in 14 states shopped for health coverage in state-run marketplaces (the District of Columbia also runs its own marketplace), while residents of 36 states shopped for coverage on the federally operated website, HealthCare.gov. Technical problems with the federal website made enrollment very difficult in October and November. A few states, including Maryland, Massachusetts, and Oregon, also had serious problems with their sites that dampened enrollment for the duration of the signup period.

According to the survey, half (51%) of adults who visited the marketplaces during the open enrollment period enrolled in new coverage (Exhibit 7). More adults reported selecting a private plan than enrolling in Medicaid (29% vs. 19%). But there were significant differences by age. Among visitors who were between 19 and 34, the number who enrolled in Medicaid was roughly equal to

Exhibit 7. Of Adults Who Visited the Marketplaces, Three of 10 Selected a Private Plan and One of Five Enrolled in Medicaid, by June 2014

Did you select a private health plan or enroll in Medicaid through the marketplace?

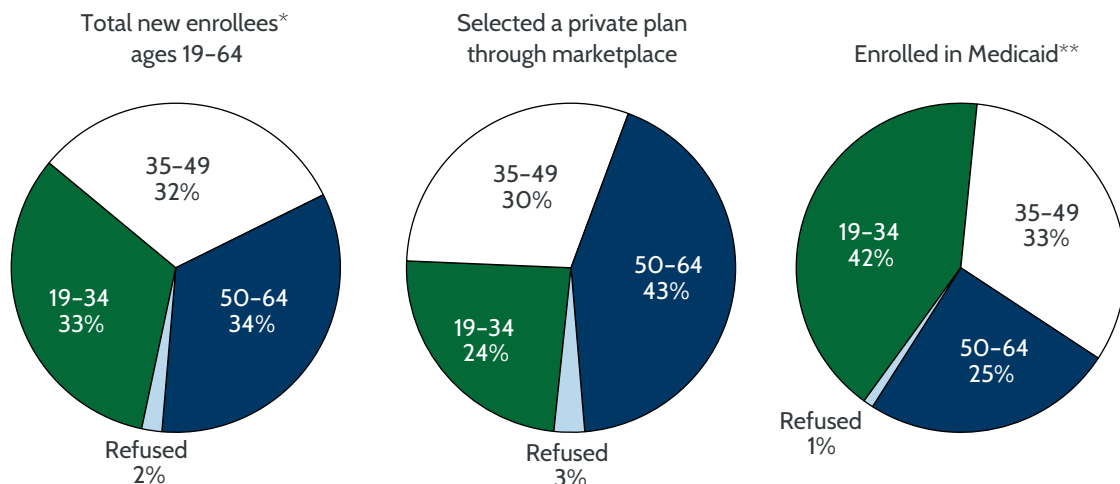


Note: Bars may not sum to indicated total because of rounding. This question was asked only of those individuals who said they had visited a marketplace. More people may have enrolled in coverage through Medicaid or a qualified health plan outside of the marketplace. Source: The Commonwealth Fund Affordable Care Act Tracking Survey, April-June 2014.

the number who selected a private plan. In contrast, a much larger share of those between 50 and 64 selected a private plan than enrolled in Medicaid (36% vs. 16%).

This means that young adults comprised the largest share of new adult enrollment in Medicaid by June, and older adults comprised the largest share of adult enrollment in private plans sold through the marketplaces. Forty-two percent of survey respondents who enrolled in Medicaid through the marketplaces or who had been enrolled in Medicaid for less than one year were ages 19 to 34, compared with 25 percent who were ages 50 to 64 (Exhibit 8). In contrast, 43 percent of adults selecting a marketplace plan were between 50 and 64, versus 24 percent between 19 and 34.

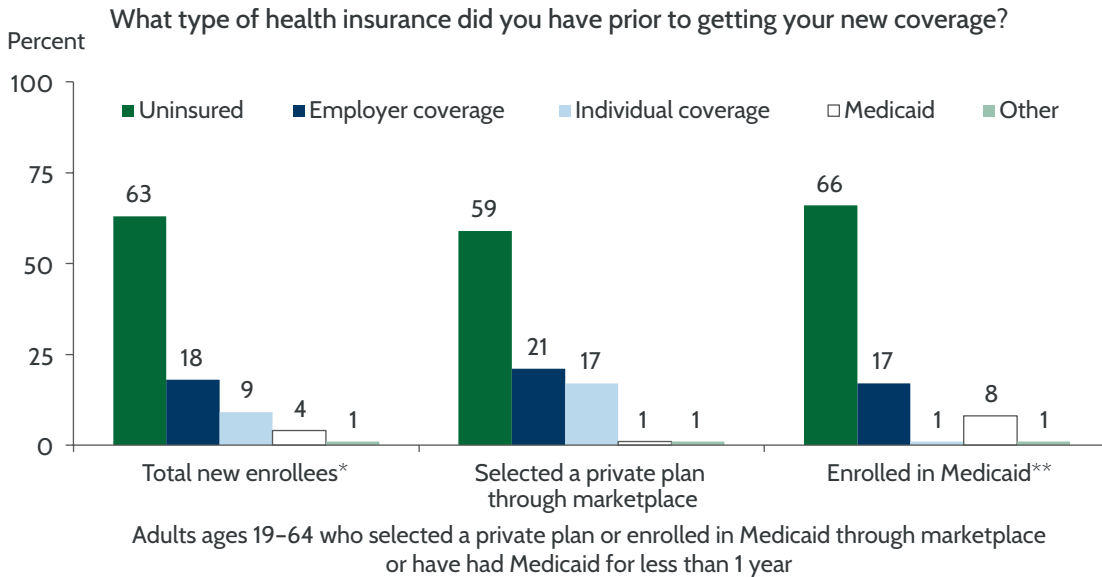
Exhibit 8. Young Adults Composed a Greater Share of New Adult Medicaid Enrollment, Older Adults a Greater Share of Marketplace Enrollment



Notes: Segments may not sum to 100 percent because of rounding. * New enrollees include those who signed up for private coverage through the marketplace, those who signed up for Medicaid through the marketplace, those who signed up for coverage through the marketplace but are not sure if it is Medicaid or private coverage, and those who have been enrolled in Medicaid for less than 1 year. ** This includes some individuals who enrolled in Medicaid outside of the marketplace, but have been covered by Medicaid for less than 1 year. Source: The Commonwealth Fund Affordable Care Act Tracking Survey, April-June 2014.

The majority of adults who enrolled in coverage during the first open enrollment period were previously uninsured. Nearly three of five adults (59%) who selected a private plan and 66 percent of those who enrolled in Medicaid were uninsured (Exhibit 9, [Table 2](#)).¹³

Exhibit 9. More Than Three of Five Adults Who Selected a Private Plan or Enrolled in Medicaid Were Uninsured Prior to Gaining Coverage



* New enrollees include those who signed up for private coverage through the marketplace, those who signed up for Medicaid through the marketplace, those who signed up for coverage through the marketplace but are not sure if it is Medicaid or private coverage, and those who have been enrolled in Medicaid for less than 1 year. ** This includes some individuals who enrolled in Medicaid outside of the marketplace, but have been covered by Medicaid for less than 1 year.

Source: The Commonwealth Fund Affordable Care Act Tracking Survey, April–June 2014.

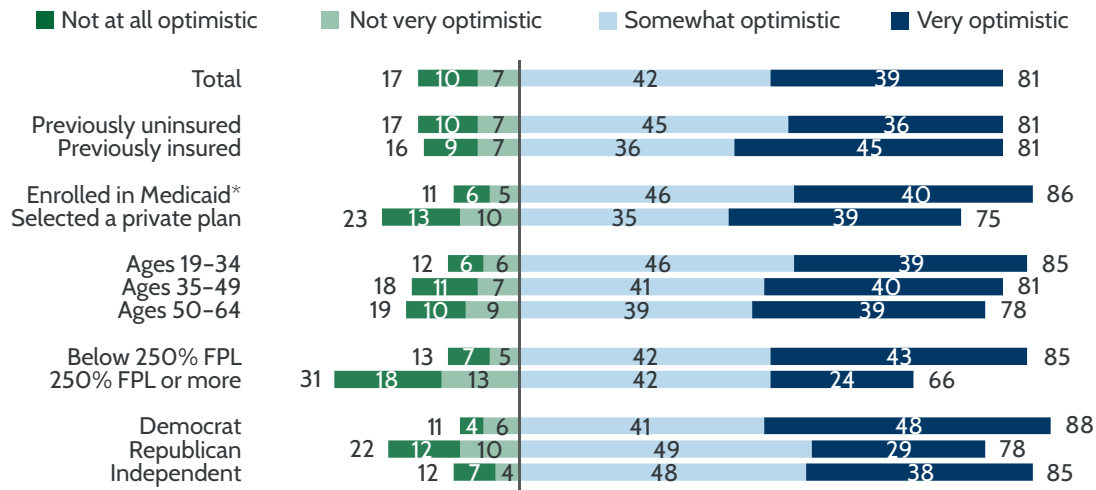
The findings also show that some new enrollment comprised people who previously had employer coverage or a plan they had purchased in the individual market. Under the Affordable Care Act, in states that expand Medicaid, people with incomes under 138 percent of poverty are eligible for the program regardless of their current employer coverage. Those with incomes between 100 percent and 400 percent of poverty are eligible for subsidized coverage through the marketplaces if they have an offer of employer insurance that is deemed not affordable to them or does not meet minimum coverage standards.

People with new private plans or Medicaid hold positive views of their new health insurance.

The survey asked adults who had selected a private plan through the marketplaces or newly enrolled in Medicaid about their views of their new health insurance. Large majorities of adults with new coverage—regardless of prior insurance status, age, political affiliation, or new coverage source—are optimistic that their new insurance will improve their ability to get the health care that they need (Exhibit 10). Equal shares of people who had prior insurance or those were previously uninsured expressed optimism. Medicaid enrollees (86%), young adults (85%), people who identified themselves as Democrats (88%), and people with low and moderate incomes (85%) were the most optimistic about their new coverage. (There were no statistically significant differences between new enrollees with varying health status.)

Exhibit 10. Four of Five Adults with New Coverage Said They Were Very or Somewhat Optimistic That Their New Coverage Would Improve Their Ability to Get the Care They Need

Overall, how optimistic are you that your new health insurance is going to improve your ability to get the health care that you need?



Adults ages 19-64 who selected a private plan or enrolled in Medicaid through marketplace or have had Medicaid for less than 1 year

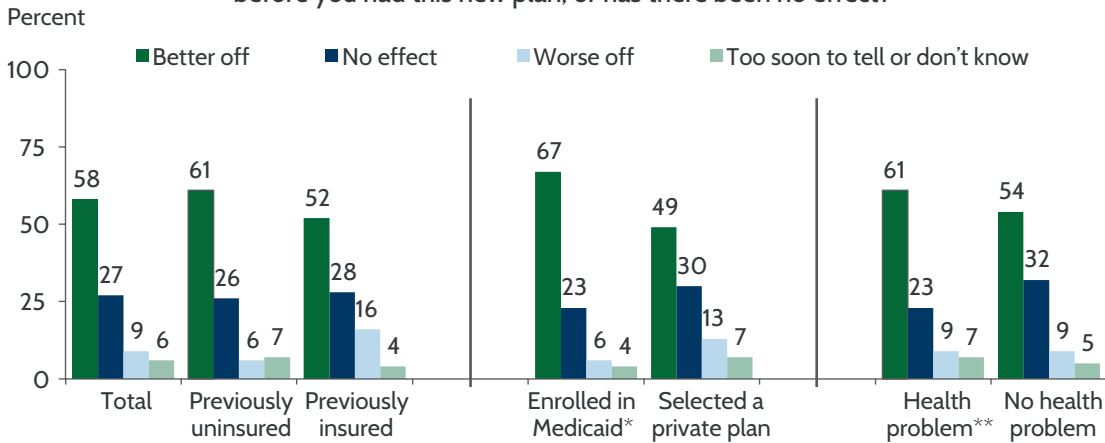
Notes: Segments may not sum to indicated total because of rounding. Bars may not sum to 100 percent because of don't know/refusal to respond. FPL refers to federal poverty level. * This includes some individuals who enrolled in Medicaid outside of the marketplace, but have been covered by Medicaid for less than 1 year.

Source: The Commonwealth Fund Affordable Care Act Tracking Survey, April-June 2014.

More than half of adults with new coverage consider themselves to be better off now than they were before they got their new insurance (Exhibit 11). A majority (61%) of people who had been uninsured prior to getting their new insurance and those who had been insured (52%) said they

Exhibit 11. A Majority of Adults with New Coverage Said They Were Better Off Now

Would you say you are better off now or worse off now than you were before you had this new plan, or has there been no effect?



Adults ages 19-64 who selected a private plan or enrolled in Medicaid through marketplace or have had Medicaid for less than 1 year

* This includes some individuals who enrolled in Medicaid outside of the marketplace, but have been covered by Medicaid for less than 1 year.

** Respondent said health status was fair or poor or said they had at least one of the following chronic diseases: hypertension or high blood pressure; heart disease; diabetes; asthma, emphysema, or lung disease; high cholesterol; depression or anxiety.

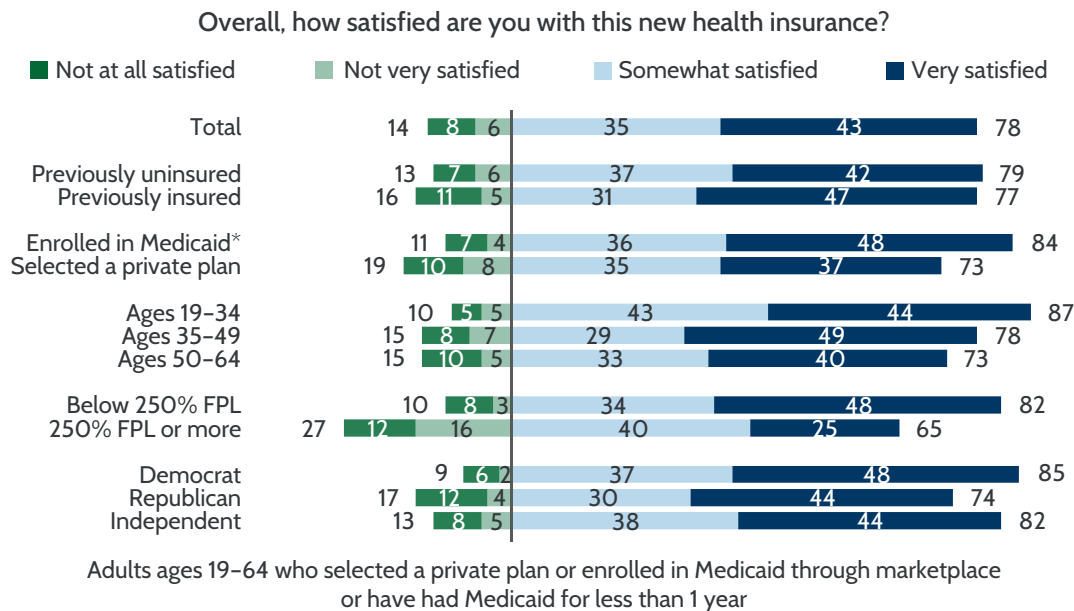
Source: The Commonwealth Fund Affordable Care Act Tracking Survey, April-June 2014.

were better off now. Larger shares of people who newly enrolled in Medicaid (67%) said they are better off now compared with people who selected a private plan (49%).

In addition, people who had already used their plan to get care were more likely than those who had not used their plan to say they are better off now (70% vs. 41%) (data not shown). People who had used their plan were also much less likely to say their plan had no effect than those who had not used their plan (20% vs. 37%) (data not shown).

More than three-quarters of adults with new coverage are satisfied with their new insurance (Exhibit 12). People who were insured prior to gaining their new coverage and those who were uninsured are similarly satisfied. The satisfaction rate is higher for new Medicaid enrollees (84%) than for people who selected a private plan (73%). More young adults expressed satisfaction with their new insurance than older adults (87% vs. 73%).

Exhibit 12. More Than Three-Quarters of Adults with New Coverage Said They Were Very or Somewhat Satisfied with It



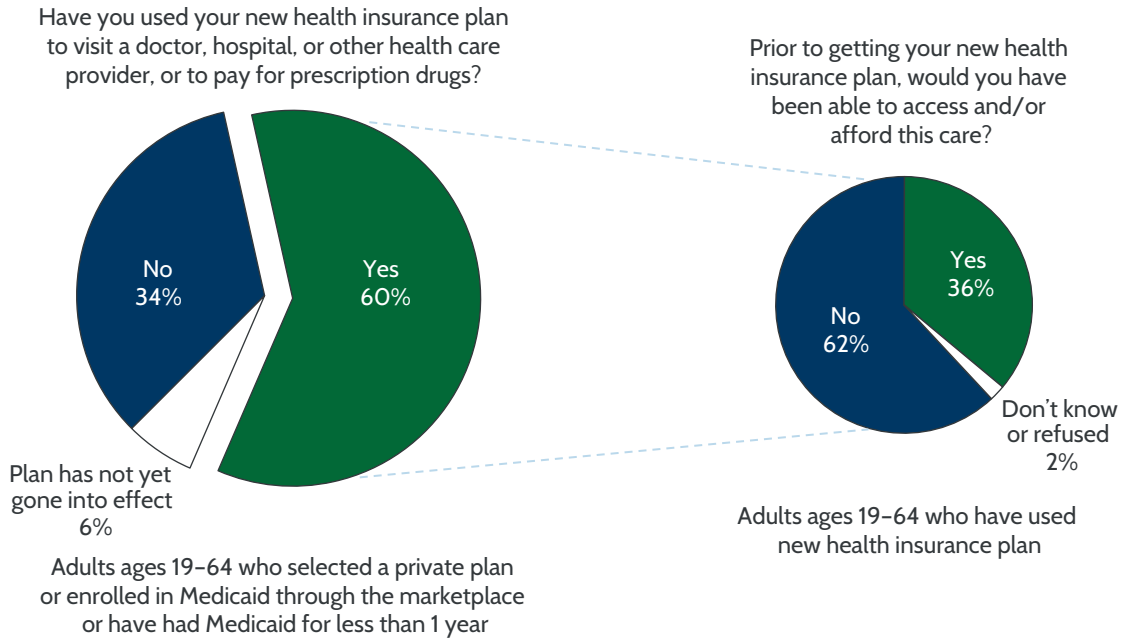
Notes: Segments may not sum to indicated total because of rounding. Bars may not sum to 100 percent because of don't know/refusal to respond. FPL refers to federal poverty level. * This includes some individuals who enrolled in Medicaid outside of the marketplace, but have been covered by Medicaid for less than 1 year.

Source: The Commonwealth Fund Affordable Care Act Tracking Survey, April-June 2014.

People are using their new insurance to access health care.

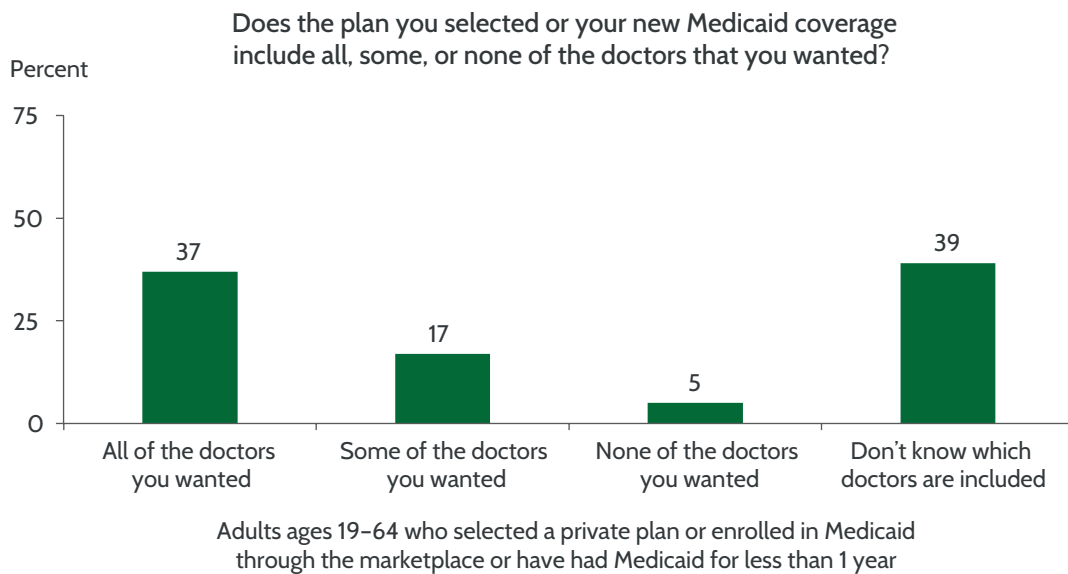
One of the biggest concerns during the early phase of the rollout of the law is that many people with new coverage might not be able to find physicians or get appointments in a timely fashion. When the survey asked newly enrolled adults about their experiences, a majority (60%) said they had used their private plan or Medicaid coverage to go to a doctor or hospital or to fill a prescription (Exhibit 13).¹⁴ Of those, 62 percent said they would not have been able to access or afford this care prior to getting their new insurance. Three-quarters (75%) of people who were previously uninsured and had used their new coverage said they would not have been able to get this care prior to gaining insurance (data not shown). But a large share (44%) of adults who had insurance when they enrolled also said they would not otherwise have been able to get this care.

Exhibit 13. Three of Five Adults with New Coverage Said They Had Used Their Plan; of Those, Three of Five Said They Would Not Have Been Able to Access or Afford This Care Before



Note: Segments may not sum to 100 percent because of rounding.
 Source: The Commonwealth Fund Affordable Care Act Tracking Survey, April–June 2014.

Exhibit 14. Among Adults Who Enrolled in New Coverage, More Than Half Said Their Plan Included All or Some of the Doctors They Wanted; Two of Five Did Not Know Which Doctors Were on Their Plan



Source: The Commonwealth Fund Affordable Care Act Tracking Survey, April–June 2014.

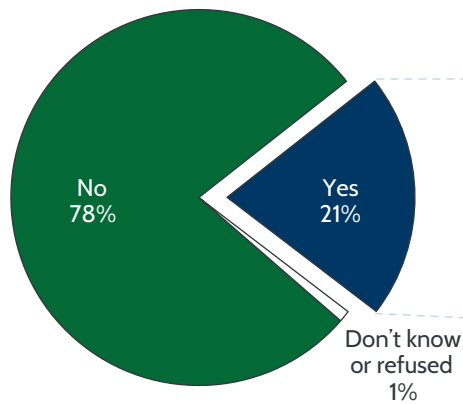
People who enrolled in new coverage appeared to find plans that include at least some of the doctors they want to go to. Just over half of adults with new coverage (54%) said their plan includes all or some of the doctors they wanted (Exhibit 14). But 39 percent of people with new coverage did not know which doctors are included in their network. People who had not yet used their plans to get care were much more likely to say they didn't know which doctors were included than those that had used their plans (56% vs. 28%; data not shown).

About 20 percent of survey respondents with new coverage looked for new primary care doctors. A majority of this group appeared to find new doctors relatively easily and were able to secure appointments within a reasonable time frame (Exhibit 15). Two-thirds of those who found a new primary care doctor were able to get an appointment within two weeks, including 41 percent who got an appointment within one week and 26 percent within one to two weeks. Waits for first-time appointments were longer for some: 11 percent got an appointment within two weeks to one month, and 15 percent waited longer than one month (Exhibit 16).

Newly covered adults who said they needed to see a specialist reported somewhat longer wait times for appointments (Exhibit 17). Fifty-eight percent were able to get an appointment within two weeks; 33 percent waited longer than two weeks.

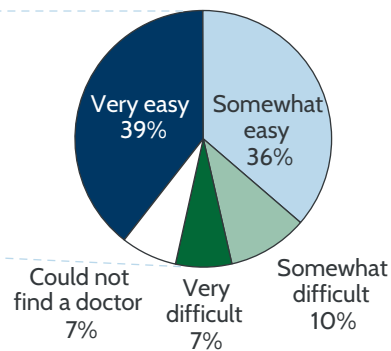
Exhibit 15. One of Five Adults with New Coverage Tried to Find a Primary Care Doctor; Three-Quarters Found It Easy or Somewhat Easy to Find One

Since getting your new health plan or Medicaid coverage, have you tried to find a new primary care doctor or general doctor?



Adults ages 19–64 who selected a private plan or enrolled in Medicaid through marketplace or have had Medicaid for less than 1 year

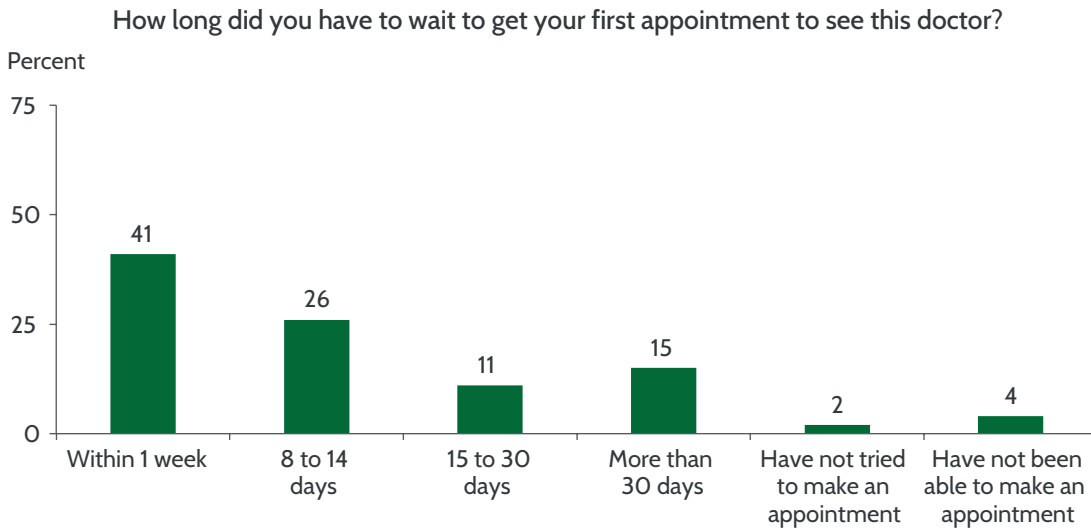
How easy or difficult was it for you to find a new primary care doctor or general doctor?



Adults ages 19–64 who have tried to find new primary care or general doctor

Note: Segments may not sum to 100 percent because of rounding.
 Source: The Commonwealth Fund Affordable Care Act Tracking Survey, April–June 2014.

Exhibit 16. Two-Thirds of Those Who Found a Primary Care Doctor Got an Appointment Within Two Weeks

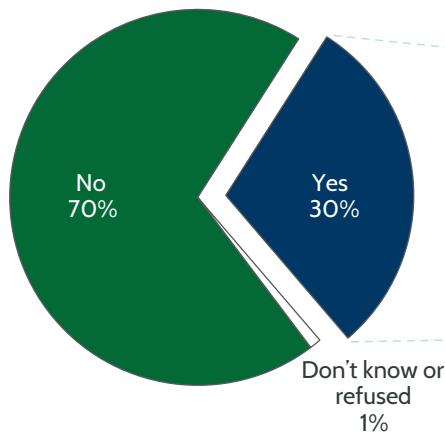


Adults ages 19–64 who selected a private plan or enrolled in Medicaid through marketplace or have had Medicaid for less than 1 year and tried to find a primary care doctor or general doctor since getting new coverage*

* Does not include those who were not able to find a doctor.
Source: The Commonwealth Fund Affordable Care Act Tracking Survey, April–June 2014.

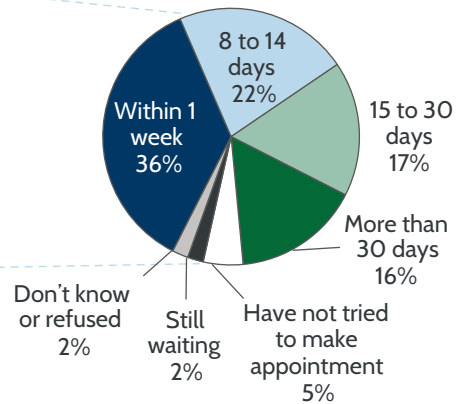
Exhibit 17. Thirty Percent of Adults with New Coverage Saw or Needed a Specialist; Fifty-Eight Percent Got an Appointment Within Two Weeks

Since getting your new health plan or Medicaid coverage, have you seen or needed to see any specialist doctors?



Adults ages 19–64 who selected a private plan or enrolled in Medicaid through marketplace or have had Medicaid for less than 1 year

How long did you have to wait to get your first appointment to see this specialist?



Adults ages 19–64 who needed to see specialist

Note: Segments may not sum to 100 percent because of rounding.
Source: The Commonwealth Fund Affordable Care Act Tracking Survey, April–June 2014.

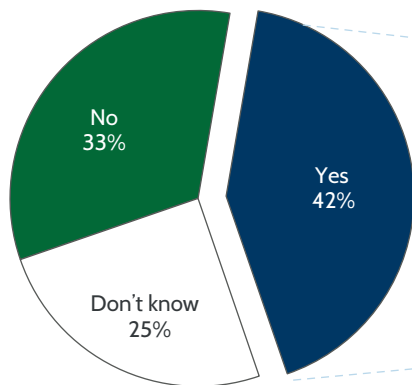
Many with new coverage chose plans with narrow provider networks.

In 2014, premiums for plans sold through the marketplaces were on average 16 percent lower than the Congressional Budget Office had projected.¹⁵ A contributing factor to lower-than-anticipated premiums is the widespread use of so-called narrow provider networks, which feature a more limited number of participating physicians and hospitals than traditional networks.¹⁶ In general, these plans are being sold at lower prices than plans with broader networks.¹⁷

Among people who selected a private plan through the marketplaces, 42 percent said they had been given the option of choosing a less expensive plan that included fewer doctors or hospitals than other plans. Twenty-five percent didn't know whether they had this option (Exhibit 18). Of those who said they had a choice, half (51%) selected the narrow network plan.

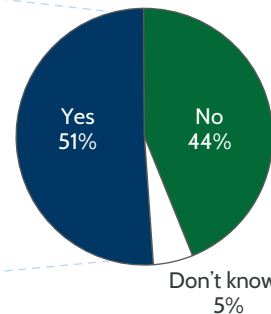
Exhibit 18. More Than Two of Five Adults Who Selected a Private Plan Had the Option to Choose a Narrow Network Plan; Half Chose One

Some health plans provide more limited choices for doctors, clinics, and hospitals and charge lower premiums than plans with a larger selection of doctors and hospitals. When you were deciding which plan to choose, did you have the option of choosing a less expensive plan with fewer doctors or fewer hospitals?



Adults ages 19-64 who selected a private plan through the marketplace

Did you select the less expensive plan with fewer doctors or hospitals?



Adults ages 19-64 who had the option to choose less expensive plan with fewer providers

Note: Segments may not sum to 100 percent because of rounding.
 Source: The Commonwealth Fund Affordable Care Act Tracking Survey, April-June 2014.

CONCLUSION

The survey findings provide early evidence that the Affordable Care Act's coverage provisions are helping those Americans most at risk for lacking health insurance. Uninsured rates have declined since September 2013 among working-age adults, with particularly large gains in coverage among those historically most at risk of being uninsured: young adults, Latinos, and people with low and moderate incomes.

Young adults in particular are benefitting: 19-to-34-year-olds account for more than half of the estimated decline in the number of uninsured adults since September 2013. As new entrants to the labor force, they are far less likely to have job-based health insurance than are older adults, a problem exacerbated by the protracted period of slow employment growth since 2008.¹⁸ And like all adults without coverage, the majority of uninsured young adults have low or moderate incomes.¹⁹ Not surprisingly, the survey finds that young men and women make up the largest share of new enrollment in Medicaid among all adult age groups.

The survey also reveals evidence that the new insurance coverage is helping people gain new access to the health care system, with nearly three-fourths of previously uninsured adults who used their new plan to go to a doctor reporting they would not have been able to do so prior to gaining coverage. And in an indication that the law has the potential to reduce the number of people who are underinsured, two of five adults with new coverage who had been previously insured said they would not have been able to get this care in the past.

Most adults with new coverage also appear to be finding new physicians with relative ease and getting appointments within reasonable time frames. Still, a quarter of those who found a new primary care doctor and a third of those who needed a specialist had to wait more than two weeks to get an appointment. Based on a 2013 study of wait times for doctor appointments, the experiences reported in the survey are similar to the experiences of many Americans, suggesting problems that are systemwide, and also highly variable across the country.²⁰ In that study, average wait times for family physicians ranged from six days in Dallas to 66 days in Boston.

While many Americans have gained ground in this first year of implementation of the law's major coverage provisions, the survey points to remaining vulnerabilities. First, it shows in stark relief the implications of states' reluctance to expand their Medicaid programs. In states that had not expanded Medicaid by April 2014, the uninsured rate for adults living under the poverty level was twice that for poor residents of states that had expanded eligibility. To ensure that the nation's poorest families have access to the health insurance that Congress intended them to have, all states will need to expand their Medicaid programs.

Second, while awareness of the Affordable Care Act's coverage options is rising among adults who are potentially eligible for them, awareness among the uninsured and those with the lowest incomes continues to lag awareness among the insured and those with higher incomes. The Congressional Budget Office projects that of the 31 million people who are estimated to remain uninsured in 2024, 65 percent will be eligible for coverage under the law's reforms. It will be the ongoing work of federal and state policymakers, health care providers, insurers, and other stakeholders to provide the necessary outreach and assistance to help people enroll in the coverage for which they are eligible.

NOTES

- ¹ D. Blumenthal and S. R. Collins, “[Health Care Coverage Under the Affordable Care Act—A Progress Report](#),” *New England Journal of Medicine*, published online July 2, 2014.
- ² The law provides premium and cost-sharing subsidies on a sliding scale to adults and children with incomes from 100 percent of poverty (\$11,490 for an individual and \$23,550 for a family of four) to 400 percent of poverty (\$45,960 for an individual and \$94,200 for a family of four) and expands eligibility for Medicaid to those with incomes up to 138 percent of poverty (\$15,856 for an individual and \$32,499 for a family of four). Subsidies are highest for those with the lowest incomes.
- ³ Congressional Budget Office, Updated estimates of the effects of the insurance coverage provisions of the Affordable Care Act, April 2014, http://www.cbo.gov/sites/default/files/cbofiles/attachments/45231-ACA_Estimates.pdf.
- ⁴ All reported differences are statistically significant at the $p \leq 0.05$ level or better, unless otherwise noted.
- ⁵ In the July–September 2013 survey, 37.1 million adults ages 19 to 64 were uninsured, \pm 2.8 million. In the April–June 2014 survey, 27.6 million adults ages 19 to 64 were uninsured, \pm 2.5 million.
- ⁶ In the July–September 2013 survey, 17.1 million young adults ages 19 to 34 were uninsured, \pm 2.1 million. In the April–June 2014 survey, 11.4 million young adults ages 19 to 34 were uninsured, \pm 1.7 million.
- ⁷ The states that expanded their Medicaid program by April 2014 include: AR, AZ, CA, CO, CT, DE, HI, IA, IL, KY, MA, MD, MI, MN, ND, NJ, NM, NV, NY, OH, OR, RI, VT, WA, WV, and the District of Columbia. Three additional states are planning to expand their Medicaid programs in the near future. New Hampshire has begun to enroll people in Medicaid, with coverage to begin in August. Pennsylvania and Indiana have submitted section 1115 waivers to the federal government to use a customized version of Medicaid expansion. Virginia’s governor is exploring options to expand Medicaid.
- ⁸ J. Giovannelli, K. Lucia, and S. Corlette, “[State Restrictions on Health Reform Assistants May Violate Federal Law](#),” *The Commonwealth Fund Blog*, June 23, 2014.
- ⁹ Ibid.
- ¹⁰ Health Insurance Marketplace: Summary Enrollment Report, For the Initial Annual Open Enrollment Period: October 1, 2013–March 31, 2014 (Including Additional Special Enrollment Period Activity Reported Through 4-19-2014), ASPE Issue Brief, U.S. Department of Health and Human Services, May 1, 2014, http://aspe.hhs.gov/health/reports/2014/MarketPlaceEnrollment/Apr2014/ib_2014Apr_enrollment.pdf.
- ¹¹ The phrasing of the question about awareness of health insurance marketplaces was modified between the July–September 2013 and April–June 2014 surveys. The description of what a marketplace is was slightly changed and in the April–June 2014 survey the question referred directly to the state-specific name of the marketplace in the state where the respondent reported residing, when this was relevant.

- ¹² The phrasing of the question about awareness of the availability of financial assistance for purchasing health insurance through the health insurance marketplaces was modified between the July–September 2013 and April–June 2014 surveys. In the April–June 2014 survey the question referred directly to the state-specific name of the marketplace in the state where the respondent reported residing, when this was relevant.
- ¹³ The difference between those who selected a private plan and those who enrolled in Medicaid in being previously uninsured is not statistically significant.
- ¹⁴ Approximately equal shares of adults who selected a private plan or newly enrolled in Medicaid said they had used their new insurance to get health care.
- ¹⁵ T. Spiro and J. Gruber, *The Affordable Care Act's Lower-Than-Projected Premiums Will Save \$190 Billion* (New York: Center for American Progress, Oct. 23, 2013), <http://www.americanprogress.org/issues/healthcare/report/2013/10/23/77537/the-affordable-care-acts-lower-than-projected-premiums-will-save-190-billion>.
- ¹⁶ S. R. Collins, *Young Adult Participation In the Health Insurance Marketplaces Just How Important Is It?* (New York: The Commonwealth Fund Blog, Feb. 2014).
- ¹⁷ D. Blumenthal, “Reflecting on Health Reform—Narrow Networks: Boon or Bane?” *The Commonwealth Fund Blog*, Feb. 24, 2014.
- ¹⁸ S. R. Collins, P. W. Rasmussen, T. Garber, and M. M. Doty, *Covering Young Adults Under the Affordable Care Act: The Importance of Outreach and Medicaid Expansion* (New York: The Commonwealth Fund, Aug. 2013).
- ¹⁹ Analysis of the March 2013 Current Population Survey by Claudia Solis-Roman and Sherry Glied of New York University for The Commonwealth Fund.
- ²⁰ The average wait time for appointments with family physicians in 15 major metropolitan areas before the Affordable Care Act's provisions went into effect in 2013 was 19.5 days. Merritt-Hawkins, *Physician Appointment Wait Times and Medicaid and Medicare Acceptance Rates, 2014 Survey*, <http://www.merrithawkins.com/uploadedFiles/MerrittHawkins/Surveys/mha2014wait-survPDF.pdf>.

Table 1. Uninsured Rates and Awareness of Health Reform by Demographics

	Total (19-64)		Uninsured		Aware of Marketplaces		Aware of Financial Assistance	
	July-Sept. 2013	April-June 2014	July-Sept. 2013	April-June 2014	July-Sept. 2013	April-June 2014	July-Sept. 2013	April-June 2014
Percent distribution	100%	100%	20%	15%	39%	73%	40%	68%
Unweighted n	6,132	4,425	1,112	894	2,487	3,252	2,500	2,952
Current insurance status								
Insured	80	85	-	-	41	76	42	72
Uninsured	20	15	-	-	31	57	29	47
Age								
19-34	32	33	28	18	34	69	39	66
35-49	32	32	18	15	40	74	37	67
50-64	33	33	14	11	44	76	42	71
Gender								
Male	48	49	22	16	42	73	43	67
Female	52	51	18	14	37	74	37	68
Base: Young adults (ages 19-34)								
Male	51	53	31	20	35	68	41	63
Female	49	47	26	17	32	69	37	70
Race/Ethnicity								
White	63	63	16	12	44	78	45	72
African American	12	12	21	20	25	72	26	62
Latino	16	16	36	23	32	58	32	60
Other/Mixed	6	7	20	11	35	68	34	63
Poverty status								
Below 138% poverty	30	32	35	24	29	62	32	59
138%-249% poverty	18	20	32	22	34	75	32	66
250%-399% poverty	20	20	12	10	38	74	40	71
400% poverty or more	32	29	4	3	52	83	51	77
Below 250% poverty	48	52	34	23	31	67	32	62
250% poverty or more	52	48	7	6	47	80	47	75
Family status								
Married, no children	22	21	16	12	47	78	43	72
Married, has children	35	36	15	12	40	76	40	70
Not married, no children	29	29	25	19	36	68	40	65
Not married, has children	14	13	27	23	33	68	31	64
Fair/Poor health status, or Any chronic condition or disability*								
	47	48	20	16	37	73	35	65
Political affiliation								
Republican	20	20	11	11	38	74	42	72
Democrat	30	31	18	13	41	76	40	68
Independent	24	25	19	14	44	77	44	70
Marketplace type								
State-based marketplace	36	36	19	10	43	75	45	69
Federally run marketplace	64	64	20	17	37	72	37	67

Notes: The questions on awareness of marketplaces and availability of financial assistance changed somewhat between the July-Sept. 2013 and April-June 2014 surveys, including the addition of the usage of state-specific names of marketplaces. * Respondent said health status was fair or poor or said they had at least one of the following chronic diseases: hypertension or high blood pressure; heart disease; diabetes; asthma, emphysema, or lung disease; high cholesterol; depression or anxiety.

- Not applicable.

Source: The Commonwealth Fund Affordable Care Act Tracking Surveys, July-Sept. 2013 and April-June 2014.

Table 2. Demographics of Marketplace Visitors and Enrollees

	Visited Marketplace	Selected Private Plan or Enrolled in Medicaid Through Marketplace or Enrolled in Medicaid for Less Than 1 Year*	Selected Private Plan	Enrolled in Medicaid Through Marketplace or Enrolled in Medicaid for Less Than 1 Year
Unweighted n	1,130	690	371	291
Prior insurance status				
Uninsured	55	63	59	66
Employer	25	18	21	17
Individual	12	9	17	1
Medicaid	4	4	1	8
Other	2	1	1	1
Age				
19–34	33	33	24	42
35–49	30	32	30	33
50–64	35	34	43	25
Gender				
Male	46	45	52	37
Female	54	55	48	63
Race/Ethnicity				
White	64	55	61	50
African American	14	15	13	17
Latino	14	21	16	24
Other/Mixed	7	7	8	7
Poverty status				
Below 250% poverty	63	73	53	91
250% poverty or more	37	27	47	9
Family status				
Married, no children	22	19	23	13
Married, has children	36	33	36	32
Not married, no children	29	31	30	32
Not married, has children	13	18	11	24
Health status				
Fair/Poor health status, or Any chronic condition or disability**	50	58	51	64
No health problem	50	42	49	36
Political affiliation				
Republican	16	15	15	15
Democrat	34	37	33	41
Independent	29	27	26	27
Marketplace type				
Reside in state with state-run marketplace	35	43	36	52
Reside in state with federally run marketplace	64	56	64	47
Medicaid expansion decision				
Reside in state expanding Medicaid	50	61	50	73
Reside in state not expanding Medicaid	49	38	50	26

* Includes 28 people who did not know whether they enrolled in Medicaid or selected a private plan through the marketplace.

** Respondent said health status was fair or poor or said they had at least one of the following chronic diseases: hypertension or high blood pressure; heart disease; diabetes; asthma, emphysema, or lung disease; high cholesterol; depression or anxiety.

Source: The Commonwealth Fund Affordable Care Act Tracking Survey, April–June 2014.

Table 3. State-Level Data on Uninsured Rates and Marketplace Awareness and Visits

	Total		California		Florida		Illinois		New York		Pennsylvania		Texas	
	July- Sept. 2013	April- June 2014	July- Sept. 2013	April- June 2014	July- Sept. 2013	April- June 2014	July- Sept. 2013	April- June 2014	July- Sept. 2013	April- June 2014	July- Sept. 2013	April- June 2014	July- Sept. 2013	April- June 2014
Unweighted n	6,132	4,425	463	376	343	253	470	271	343	219	245	203	399	323
Insurance status														
Uninsured	20	15	22	11	30	26	15	8	12	10	14	14	34	22
Insured	80	85	78	89	70	74	85	92	88	90	86	86	66	78
Awareness														
Percent aware of marketplace	39	73	42	75	37	67	39	76	37	70	34	77	37	66
Percent aware of financial assistance availability	40	68	41	70	33	58	37	73	41	68	40	71	34	64
Marketplace experience														
Percent who visited marketplace	-	22	-	21	-	22	-	16	-	18	-	22	-	25

- Not applicable.

Source: The Commonwealth Fund Affordable Care Act Tracking Surveys, July-Sept. 2013 and April-June 2014.

ABOUT THE SURVEY

The Commonwealth Fund Affordable Care Act Tracking Survey, April–June 2014, was conducted by SSRS from April 9 to June 2. The survey consisted of 17-minute telephone interviews in English or Spanish, and was conducted among a random, nationally representative sample of 4,425 adults, ages 19–64, living in the United States. Overall, 2,098 interviews were conducted on landline telephones and 2,327 interviews on cellular phones, including 1,481 with respondents who lived in households with no landline telephone access.

This survey is the fourth in a series of Commonwealth Fund surveys to track the implementation and impact of the Affordable Care Act. The first was conducted by SSRS from July 15 to September 8, 2013, by telephone among a random, nationally representative U.S. sample of 6,132 adults ages 19 to 64. The survey had an overall margin of sampling error of +/- 1.8 percent at the 95 percent confidence level.

The second and third surveys in the series were conducted by SSRS in October and December of 2013. Both were included as a series of questions on SSRS's nationally representative omnibus telephone survey. For these surveys, only those adults ages 19 to 64 who reported that they were uninsured or had purchased health insurance through the individual market were surveyed. The October survey was in the field October 9–27, 2013, and had a sample of 682 adults. The survey had an overall margin of sampling error of +/- 4.3 percent at the 95 percent confidence level. The December survey was in the field December 11–29, 2013, and had a sample of 622 adults. That survey had an overall margin of sampling error of +/- 4.6 percent at the 95 percent confidence level.

The sample for the April–June 2014 survey was designed to increase the likelihood of surveying respondents who were most likely eligible for new coverage options under the ACA. As such, respondents in the July–September 2013 survey who said they were uninsured or had individual coverage were asked if they could be recontacted for the April–June 2014 survey. SSRS also recontacted households reached through their omnibus survey of adults who were uninsured or had individual coverage prior to open enrollment. The data are weighted to correct for the stratified sample design, the use of prescreened and recontacted respondents from earlier surveys, the overlapping landline and cellular phone sample frames, and disproportionate nonresponse that might bias results. The data are weighted to the U.S. 19-to-64 adult population by age, gender, race/ethnicity, education, household size, geographic division, and population density using the U.S. Census Bureau's 2011 American Community Survey, and weighted by household telephone use using the U.S. Centers for Disease Control and Prevention's 2012 National Health Interview Survey.

The resulting weighted sample is representative of the approximately 186.1 million U.S. adults ages 19 to 64. Data for income, and subsequently for federal poverty level, were imputed for cases with missing data, utilizing a standard regression imputation procedure.

The survey has an overall margin of sampling error of +/- 2.1 percentage points at the 95 percent confidence level. The landline portion of the main-sample survey achieved a 19 percent response rate and the cellular phone main-sample component achieved a 15 percent response rate. The overall response rate, including prescreened and recontacted sample, was 14 percent.

For more information on the July–September 2013 survey, please refer to: <http://www.commonwealthfund.org/publications/issue-briefs/2013/sep/insurance-marketplaces-and-medicaid-expansion>.

For more information on the October 2013 survey, please refer to: <http://www.commonwealthfund.org/Publications/Data-Briefs/2013/Nov/Americans-Experiences-Marketplaces.aspx>.

For more information on the December 2013 survey, please refer to: <http://www.commonwealthfund.org/publications/data-briefs/2014/jan/experiences-in-the-health-insurance-marketplaces>.

ABOUT THE AUTHORS

Sara R. Collins, Ph.D., is vice president for Health Care Coverage and Access at The Commonwealth Fund. An economist, Dr. Collins joined the Fund in 2002 and has led the Fund's national program on health insurance since 2005. Since joining the Fund, she has led several national surveys on health insurance and authored numerous reports, issue briefs, and journal articles on health insurance coverage and policy. She has provided invited testimony before several Congressional committees and subcommittees. Prior to joining the Fund, Dr. Collins was associate director/senior research associate at the New York Academy of Medicine. Earlier in her career, she was an associate editor at *U.S. News & World Report*, a senior economist at Health Economics Research, and a senior health policy analyst in the New York City Office of the Public Advocate. Dr. Collins holds a Ph.D. in economics from George Washington University.

Petra W. Rasmussen, M.P.H., is senior research associate for the Fund's Health Care Coverage and Access program. In this role, Ms. Rasmussen is responsible for contributing to survey questionnaire development, analyzing survey results through statistical analysis, and writing survey issue briefs and articles. In addition, she is involved in tracking and researching emerging policy issues regarding health reform and the comprehensiveness and affordability of health insurance coverage and access to care in the United States. Ms. Rasmussen holds an M.P.H. in health policy and management from Columbia University's Mailman School of Public Health.

Michelle McEvoy Doty, Ph.D., is vice president of survey research and evaluation for The Commonwealth Fund. She has authored numerous publications on cross-national comparisons of health system performance, access to quality health care among vulnerable populations, and the extent to which lack of health insurance contributes to inequities in quality of care. Dr. Doty holds an M.P.H. and a Ph.D. in public health from the University of California, Los Angeles.

ACKNOWLEDGMENTS

The authors thank Robyn Rapoport and Arina Goyle of SSRS; and David Blumenthal, John Craig, Don Moulds, Barry Scholl, Chris Hollander, Paul Frame, Suzanne Augustyn, David Squires, and Sophie Beutel of The Commonwealth Fund.

Editorial support was provided by Chris Hollander.



The
COMMONWEALTH
FUND

www.commonwealthfund.org