

How Medicaid Enrollees Fare Compared with Privately Insured and Uninsured Adults

Findings from the Commonwealth Fund Biennial Health Insurance Survey, 2016

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ABSTRACT

ISSUE: The number of Americans insured by Medicaid has climbed to more than 70 million, with an estimated 12 million gaining coverage under the Affordable Care Act's Medicaid expansion.^{1,2} Still, some policymakers have questioned whether Medicaid coverage actually improves access to care, quality of care, or financial protection.

GOALS: To compare the experiences of working-age adults who were either: covered all year by private employer or individual insurance; covered by Medicaid for the full year; or uninsured for some time during the year.

METHOD: Analysis of the Commonwealth Fund Biennial Health Insurance Survey, 2016.

FINDINGS AND CONCLUSIONS: The level of access to health care that Medicaid coverage provides is comparable to that afforded by private insurance. Adults with Medicaid coverage reported better care experiences than those who had been uninsured during the year. Medicaid enrollees have fewer problems paying medical bills than either the privately insured or the uninsured.

KEY TAKEAWAYS

- ▶ Medicaid beneficiaries report better care experiences than uninsured adults do and similar experiences to adults with private coverage.
- ▶ Rates of receiving preventive care are higher for Medicaid enrollees than for uninsured people.
- ▶ Medicaid beneficiaries are also better protected from the costs of treating illness than privately insured or uninsured adults.



BACKGROUND

Policy discussions about the Medicaid program, including states' deliberations about whether to expand eligibility for the program under the Affordable Care Act (ACA) or how much money the federal government should spend on it, often center on the value of the coverage it provides. Some policymakers maintain that Medicaid coverage is inadequate relative to private insurance, with some even arguing that having Medicaid is no better than being uninsured.

In this issue brief, we analyze responses to The Commonwealth Fund's 2016 Biennial Health Insurance Survey to compare access to care, quality of care, and medical bill problems among adults with Medicaid for the full year, private insurance for the full year, or no coverage either at the time of the survey or at some point during the past year. Private insurance coverage includes both employer-sponsored and individual coverage, including plans purchased through the ACA marketplaces. Because

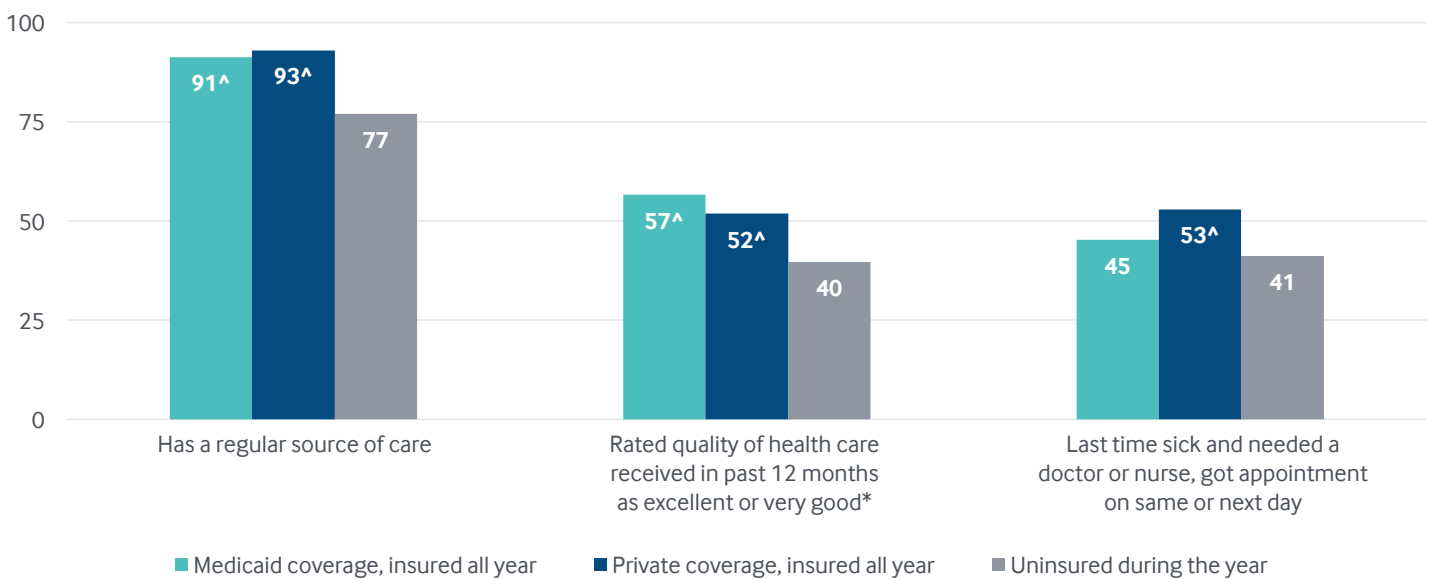
these three groups could potentially have different demographic profiles, we adjusted our findings for age, gender, race and ethnicity, income, and health status ([Appendix Table 1](#)).³

MEDICAID ENROLLEES REPORT BETTER CARE EXPERIENCES THAN THE UNINSURED AND SIMILAR EXPERIENCES AS THE PRIVATELY INSURED

We asked respondents about their access to health services and their perceived quality of care. Among adults insured all year, Medicaid enrollees were as likely as those with private insurance, and significantly more likely than those who had been uninsured, to report having a regular source of care ([Exhibit 1](#)).⁴ Medicaid enrollees rated the quality of their care as highly as privately insured adults did and significantly higher than uninsured adults. People enrolled in Medicaid reported getting same-day appointments at a somewhat lower rate than that for

Exhibit 1. Adults Insured All Year with Medicaid or Private Coverage Were Significantly More Likely to Have a Regular Source of Care and Rate Their Health Care Highly Compared with Uninsured Adults

Percent adults ages 19–64



Notes: "Uninsured during the year" includes respondents who were uninsured at the time of the survey or had a gap in coverage during the past 12 months. Private coverage includes adults who were enrolled in either employer plans, marketplace plans, or plans purchased directly off of the marketplaces. [^] Difference is statistically significant from those who were uninsured during the year (p≤0.05). Percentages were adjusted for age, race, sex, health status, and income. * Excludes those who had not received health care in past 12 months.

Data: The Commonwealth Fund Biennial Health Insurance Survey (2016).

people with private coverage and at a slightly higher rate than that for uninsured patients, but neither difference was statistically significant. Likewise, there were no significant differences between the three groups in reported wait times for specialist appointments (data not shown).⁵

MEDICAID ENROLLEES RECEIVE PREVENTIVE SERVICES AT HIGHER RATES THAN PEOPLE WHO ARE UNINSURED

Survey respondents were asked whether they had received a variety of preventive and screening services, including blood pressure and cholesterol checks, flu shots, Pap tests, mammography, and colon cancer screening (Exhibits 2 and 3). Compared to those who had been uninsured during the year, adults with uninterrupted Medicaid coverage were significantly more likely to report having received these services. There were no significant differences between adults with private coverage and

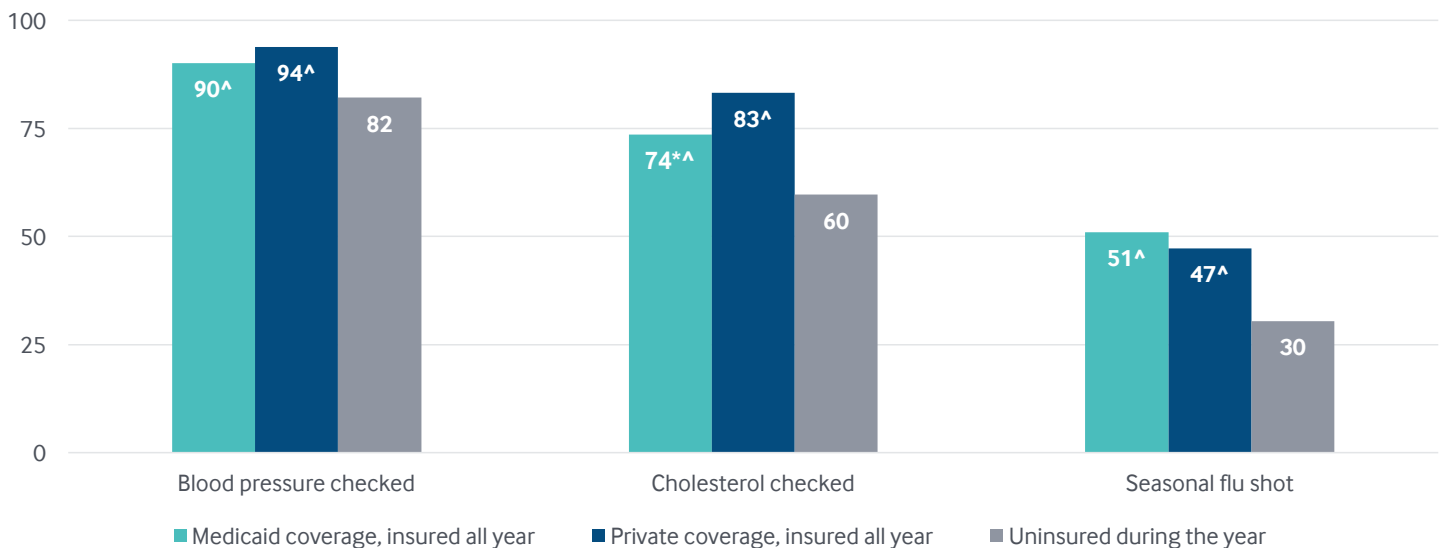
Medicaid beneficiaries in rates of preventive care, with one exception: 83 percent of privately insured adults reported having had their cholesterol checked, compared with 74 percent of adults with Medicaid.

MEDICAID ENROLLEES HAD FEWER PROBLEMS PAYING MEDICAL BILLS AND FEWER COST-RELATED ACCESS PROBLEMS THAN THE PRIVATELY INSURED AND THE UNINSURED

We also asked respondents whether they had problems paying medical bills or problems getting needed health care services related to cost. Respondents with Medicaid coverage were significantly less likely than either privately insured or uninsured individuals to report having difficulty paying medical bills within the past year, having to change their way of life to pay medical bills, or to be paying off medical debt over time (Exhibit 4). Those with Medicaid were also significantly less likely to report

Exhibit 2. Adults Insured All Year with Medicaid or Private Coverage Reported Using Preventive Care Services at Significantly Higher Rates Than Adults Uninsured During the Year

Percent adults ages 19–64



Notes: “Uninsured during the year” includes respondents who were uninsured at the time of the survey or had a gap in coverage during the past 12 months. Private coverage includes adults who were enrolled in either employer plans, marketplace plans, or plans purchased directly off of the marketplaces. Seasonal flu shot in past 12 months; blood pressure checked in past two years (in past year if has hypertension or high blood pressure); cholesterol checked in past five years (in past year if has hypertension, heart disease, or high cholesterol). [^] Difference is statistically significant from those who were uninsured during the year (p≤0.05). ^{*} Difference is statistically significant from those with private coverage who were insured all year (p≤0.05). Percentages were adjusted for age, race, sex, health status, and income.

Data: The Commonwealth Fund Biennial Health Insurance Survey (2016).

skipping needed services in the past year because of the cost of care than adults who were privately insured or uninsured (Exhibit 5). Differences between adults with Medicaid coverage and those with private insurance were statistically significant and the gaps were sometimes substantial. For example, privately insured adults reported skipping a recommended medical treatment, test, or follow-up visit because of the cost at rates more than twice as high as those for Medicaid enrollees (17% vs. 7%).

STUDY LIMITATIONS

Our analysis has certain limitations. It does not shed light on whether Medicaid improves health outcomes for newly covered beneficiaries, or whether it does as good a job as private coverage in maintaining or improving health status. The analysis focuses on adults with Medicaid or private insurance who had continuous coverage during the year prior to our survey. People who lose insurance

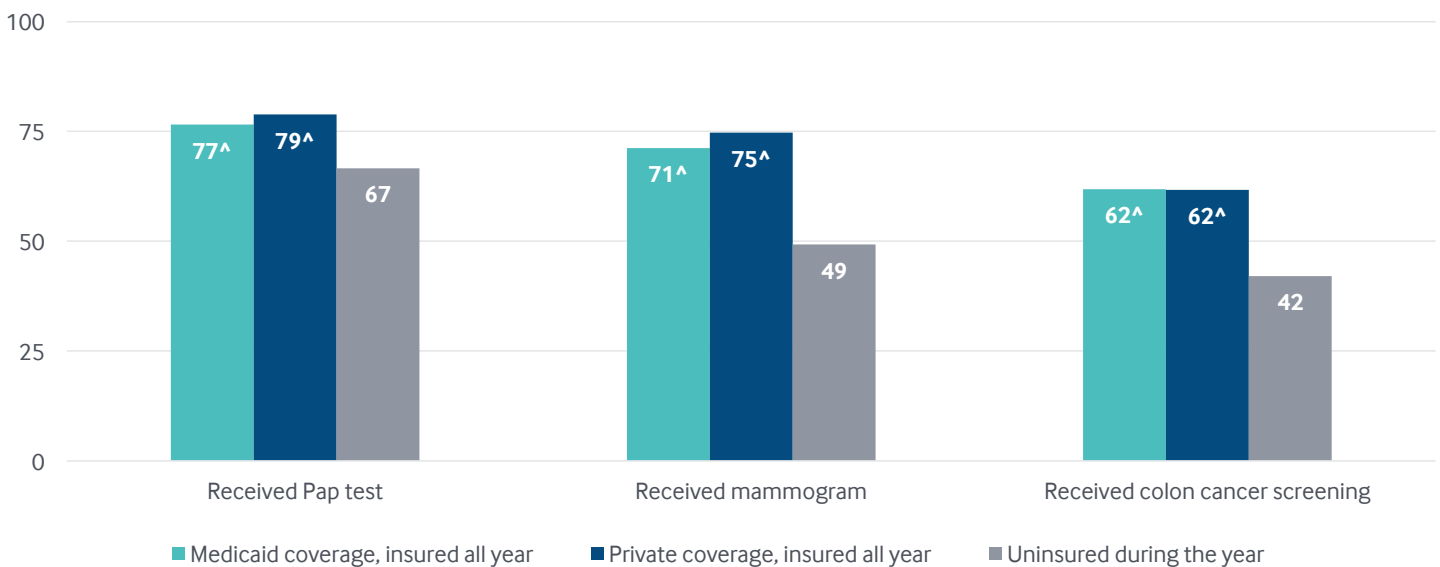
during a given year may have somewhat different experiences than those described here. Still, comparing the experiences of those with continuous coverage enables us to isolate the effects of insurance on health care quality and access.

CONCLUSION

Results from The Commonwealth Fund’s 2016 Biennial Health Insurance Survey suggest that, compared with being uninsured, having Medicaid coverage substantially improves access to services, including proven preventive care, and reduces the financial burdens of getting care. And, in comparison to adults with private coverage, Medicaid enrollees have nearly equivalent access to care based on many important measures. Medicaid coverage also appears to offer better financial protection than private insurance against the cost of treating illness, a possible reflection of steady increases in private plan deductibles and copayments in recent years.

Exhibit 3. Adults Insured All Year with Medicaid or Private Coverage Reported Getting Cancer Screening Tests at Significantly Higher Rates Than Adults Uninsured During the Year

Percent adults ages 19–64

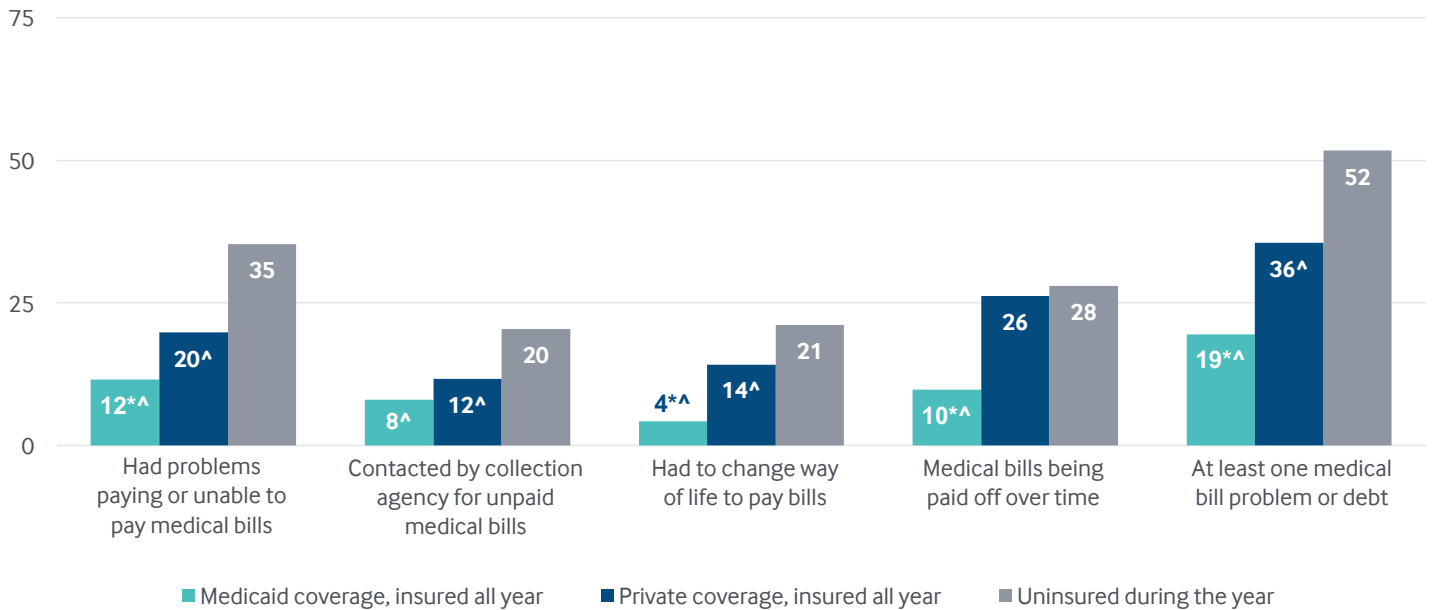


Notes: “Uninsured during the year” includes respondents who were uninsured at the time of the survey or had a gap in coverage during the past 12 months. Private coverage includes adults who were enrolled in either employer plans, marketplace plans, or plans purchased directly off of the marketplaces. Pap test in past three years for females ages 21–64; mammogram in past two years for females ages 40–64; and colon cancer screening in past five years for adults ages 50–64. [^] Difference is statistically significant from those who were uninsured during the year (p≤0.05). Percentages were adjusted for age, race, sex, health status, and income.

Data: The Commonwealth Fund Biennial Health Insurance Survey (2016).

Exhibit 4. Adults Insured All Year with Medicaid Coverage Reported Lower Rates of Medical Bill Problems Than Adults with Private Coverage and Those Uninsured During the Year

Percent adults ages 19–64

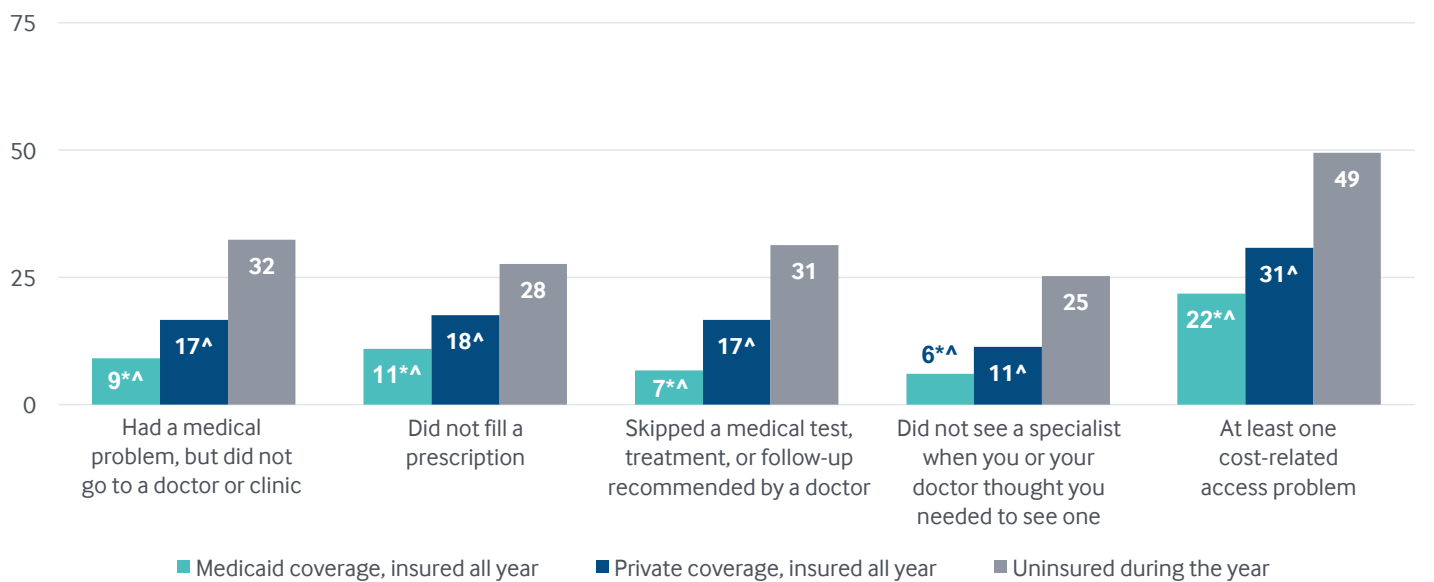


Notes: “Uninsured during the year” includes respondents who were uninsured at the time of the survey or had a gap in coverage during the past 12 months. Private coverage includes adults who were enrolled in either employer plans, marketplace plans, or plans purchased directly off of the marketplaces. ^ Difference is statistically significant from those who were uninsured during the year (p≤0.05). * Difference is statistically significant from those with private coverage who were insured all year (p≤0.05). Percentages were adjusted for age, race, sex, health status, and income.

Data: The Commonwealth Fund Biennial Health Insurance Survey (2016).

Exhibit 5. Adults Insured All Year with Medicaid Coverage Reported Lower Rates of Cost-Related Access Problems Than Adults with Private Coverage and Those Uninsured During the Year

Percent adults ages 19–64



Notes: “Uninsured during the year” includes respondents who were uninsured at the time of the survey or had a gap in coverage during the past 12 months. Private coverage includes adults who were enrolled in either employer plans, marketplace plans, or plans purchased directly off of the marketplaces. ^ Difference is statistically significant from those who were uninsured during the year (p≤0.05). * Difference is statistically significant from those with private coverage who were insured all year (p≤0.05). Percentages were adjusted for age, race, sex, health status, and income.

Data: The Commonwealth Fund Biennial Health Insurance Survey (2016).

NOTES

- ¹ “More than 70 million” includes people eligible for both expanded eligibility for coverage under the ACA and the existing Medicaid and CHIP programs. As of January 2017, 68.9 million individuals were enrolled in Medicaid and 5.6 million individuals were enrolled in CHIP. Centers for Medicare and Medicaid Services, *Monthly Medicaid and CHIP Application, Eligibility Determination, and Enrollment Reports and Updated Data, January 2017* (CMS, April 13, 2017).
- ² Congressional Budget Office, *Federal Subsidies Under the Affordable Care Act for Health Insurance Coverage Related to the Expansion of Medicaid and Nongroup Health Insurance: Tables from CBO's January 2017 Baseline* (CBO, Jan. 2017).
- ³ This analysis is an update of the previously published D. Blumenthal, P. W. Rasmussen, S. R. Collins, and M. M. Doty, *Does Medicaid Make a Difference? Findings from the Commonwealth Fund Biennial Health Insurance Survey, 2014* (The Commonwealth Fund, June 2015).
- ⁴ All reported differences are statistically significant at the $p \leq 0.05$ level or better, unless otherwise noted.
- ⁵ We define “timely” as being able to book an appointment to see a specialist within 30 days.

HOW THIS STUDY WAS CONDUCTED

The Commonwealth Fund Biennial Health Insurance Survey, 2016, was conducted by Princeton Survey Research Associates International from July 12 to November 20, 2016. The survey consisted of 25-minute telephone interviews in either English or Spanish and was conducted among a random, nationally representative sample of 6,005 adults age 19 and older living in the continental United States. A combination of landline and cellular phone random-digit dial samples was used to reach people. In all, 2,402 interviews were conducted with respondents on landline telephones and 3,603 interviews were conducted on cellular phones, including 2,262 with respondents who live in households with no landline telephone access.

The sample was designed to generalize to the U.S. adult population and to allow separate analyses of responses of low-income households. This report limits the analysis to respondents ages 19 to 64 ($n=4,186$). Statistical results are weighted to correct for the stratified sample design, the overlapping landline and cellular phone sample frames, and disproportionate nonresponse that might bias results. The data are weighted to the U.S. adult population by age, sex, race/ethnicity, education, household size, geographic region, population density, and household telephone use, using the U.S. Census Bureau's 2016 Annual Social and Economic Supplement.

The resulting weighted sample is representative of the approximately 187.4 million U.S. adults ages 19 to 64. The survey has an overall margin of sampling error of ± 1.9 percentage points at the 95 percent confidence level. The landline portion of the survey achieved a 14 percent response rate and the cellular phone component achieved a 10 percent response rate.

ABOUT THE AUTHORS

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About The Commonwealth Fund

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.

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Appendix Table 1. Demographics of Adults Ages 19–64 Years with Medicaid Coverage for the Full Year, Private Insurance for the Full Year, and Uninsured During the Year, 2016

	Total (ages 19–64)	Rate			Distribution		
		Insured all year		Uninsured during the year**	Insured all year		Uninsured during the year**
		Medicaid coverage	Private coverage*		Medicaid coverage	Private coverage*	
Total (millions)	187.4	16.9	109.9	40.4	16.9	109.9	40.4
Percent distribution (%)	100%	9%	59%	22%	9%	59%	22%
(Unweighted N)	4,186	412	2,346	918	412	2,346	918
Gender							
Male	49	7	69	24	32	52	50
Female	51	14	63	24	68	48	50
Age							
19–34	34	12	56	32	41	29	46
35–49	30	10	66	24	31	32	31
50–64	36	8	75	16	27	39	23
Race/Ethnicity							
Non-Hispanic White	59	7	76	16	43	69	40
Black	13	14	56	31	16	10	15
Latino	18	14	40	46	26	12	36
Asian/Pacific Islander	4	10	79	11	4	4	2
Other/Mixed	5	21	52	27	10	4	5
Poverty status							
Below 133% poverty	30	25	32	43	66	13	48
133%–249% poverty	18	15	56	29	27	16	22
250%–399% poverty	19	3	79	18	6	23	15
400% poverty or more	26	1	94	5	1	39	6
Below 200% poverty	45	22	39	39	91	24	67
200% poverty or more	48	2	86	12	9	67	25
Length of time insured by current coverage							
Less than 1 year	19	7	50	42	13	14	71
1 year or more†	81	13	83	5	87	86	29
Health status							
Fair/Poor health status, or any chronic condition or disability^	45	13	60	27	55	39	48
No health problem	55	8	70	22	45	61	52
Adult work status							
Full-time	54	4	78	18	24	69	44
Part-time	13	15	51	34	19	10	18
Not currently employed	33	20	48	32	56	21	37
Employer size^^							
1–19 employees	24	7	59	34	28	19	40
20–49 employees	10	13	55	32	21	8	16
50–99 employees	7	8	65	28	9	6	9
100 or more employees	56	4	85	11	38	65	30
Urban/Rural							
Rural	16	10	64	26	15	15	17
Suburban	48	8	71	21	41	53	42
Urban	35	12	59	29	44	32	42

Note: The total includes some adults who were not looked at in the study, including those who were insured all year but had Medicare or did not name their coverage but said they were insured.

* Privately insured adults include those with employer provided insurance, marketplace coverage, or a private plan they purchased outside of the marketplace.

** Combines those who were “Insured at the time of the survey but uninsured in the past 12 months” and those who were “Uninsured at the time of the survey.”

† Includes those who responded “don’t know”/refused.

^ At least one of the following chronic conditions: hypertension or high blood pressure; heart disease; diabetes; asthma, emphysema, or lung disease; or high cholesterol.

^^ Base: Full- and part-time employed adults ages 19–64.

Data: The Commonwealth Fund Biennial Health Insurance Survey (2016).



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