

What Happened to Those who Lost TennCare?

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Objectives

1. The Mid-2005 TennCare Reform
2. Preliminary results of a survey of TennCare disenrollees and continually enrolled on:
 - a. Ability of disenrollees to obtain insurance coverage
 - b. Impact of lost coverage on:
 - Access to Care
 - Access to Prescription Medication
 - Health Status
 - ER and Hospital Utilization
 - Use of Safety Net

History of TennCare – The Beginning

- Nov. 1993 - HCFA approved Tennessee's section 1115 waiver and TennCare is created
- January, 1994 – Enrollment of TennCare begins
- 1999 – Grier Consent Decree requires TennCare to fill 14 days of a prescription regardless of whether it is on approved drug file

History of TennCare

- 2001 – Enrollment of 1.4 million with projected shortfall of \$342 million
- 2002 – State income tax defeated for second time and in July, 2002, TennCare assumes 100% of financial risk and MCOs serve as ASOs
- 2004 – Facing a \$650 million projected shortfall, Governor Bredesen proposes a TennCare reform to preserve enrollment with reasonable cost sharing and “soft limits” on medical care and pharmacy benefits

History of TennCare

- January 2005 – Negotiations fail in Grier Consent Decree; steps are made for disenrollment and hard limits for TennCare
- July, 2005 – TennCare goes to court seeking relief from Grier consent decree and is able to maintain coverage for the Medically Needy
- August, 2005 – Disenrollment begins; MCOs in the middle region and the state share risk under a new contract

Mid-2005 TennCare Reform

- Before Mid-2005, TennCare covered 1.3 million Tennesseans
- Reforms of Mid-2005 disenrolled almost 170,000 adults; these included uninsured and uninsurable
- Medically Needy (Medicaid eligible individuals) remain on TennCare

Mid-2005 TennCare Reform

- Non-Institutionalized Adults remaining on TennCare faced
 - Limits of 5 prescription drugs per month (later a short list of generic drugs for chronic diseases was not counted toward limit)
 - Elimination of Dental Care
 - Elimination of Methadone Clinic Services
- No changes in benefits or pharmacy coverage for children

Review of the Literature

(What we know about those who lost coverage)

- Uninsured persons have higher overall mortality and disease specific mortality compared to those with insurance; lower health status compared to those with insurance *
- Little is known about consequences of loss of health care coverage; Small studies showing loss of VA benefits and loss of Medi-Cal (California Medicaid) have shown a decrease in health status and access to healthcare**,**

* Hadley J. Sicker and poorer – the consequences of being uninsured: a review of the relationship between health insurance, medical care use, health, work and income. *Med Care* 60(2 Suppl):3S-7S, 2003.

** Fihn SD, Wicher JB: Withdrawing routine outpatient medical services: effects on access and health. *J Gen Intern Med* 3:356-62, 1988.

*** Lurie N, Ward ND, Shapiro MF, Brook RH: Termination from Medi-Cal: does it affect health? *N Engl J Med* 311:480-4, 1984.

Review of the Literature

- In 2003, Oregon reformed Medicaid by increasing premiums, cost sharing, and reducing benefits*
- After 18 months, 63% dropped their coverage and 28% were uninsured for at least 12 months
- Gaps in coverage for 4 or more months resulted in reduced access to care, forgone care, and increased personal debt

* Wright BJ, Carlson MJ, Smith I, et al: Impact of changes to premiums, cost-sharing, and benefits on adult Medicaid beneficiaries: results from an ongoing study of the Oregon Health Plan. *Commonwealth Fund*, July 2005.

Our Study Design

- Cohort Study using telephone interviews of 2 groups of TennCare beneficiaries:
 - 1. Disenrolled adults
 - 2. Adults continually enrolled in TennCare
- Survey began 6 months after disenrollment

Inclusion Criteria

- 19 years and older
- Enrolled in TennCare for 2 years or more
- Randomly selected based on age, gender, and region of Tennessee to represent the total population of enrollees and disenrollees, respectively

Replacement Criteria

- Subjects were replaced if:
 - Telephones were not in service
 - Person no longer lived at the telephone number and a new number was unavailable
 - Person was unable to perform the interview
 - Person refused to participate in the survey

Power

- 93% power to find a 15% difference in access to care required a sample size of 780 with a sampling ratio of 2 disenrolled to 1 enrolled. This power calculation took into account a $\pm 5\%$ sampling error
- The actual sample size = 757

Disenrolled Group

- 1,002 individuals were contacted to obtain 513 subjects
- Replacement
 - 32% due to telephone not in service
 - 10% due to no answer despite numerous attempts
 - 6% due to refusal

Continually Enrolled Group

- 839 individuals were contacted to obtain 244 subjects
- Replacement
 - 55% due to telephone not in service
 - 10% due to no answer despite numerous attempts
 - 3% due to refusal

Results

- Demographics
- Coverage
- Access to and utilization of health services
- Prescription drug utilization
- Out-of-pocket expenses
- Satisfaction
- Safety-net use

Demographics

- The lost-TennCare and control groups are not similar in that
 - The lost-TennCare group has proportionately more white enrollees, who are more likely to be employed and have higher income, and residents in the East and Middle parts of the state
 - Greater concentration of non-Medicaid eligible and previously uninsured individuals in the lost-TennCare group
- The two groups are similar in most measures of health status

	LOST TENNCARE n = 513	REMAINED ON TENNCARE n = 244
MEAN AGE*	52.6	50.0
GENDER*		
Male	40.4%	32.8%
Female	59.3%	67.2%
RACE/ETHNICITY‡		
Caucasian	80.9%	64.8%
African-Amer.	15.6%	33.2%
Hispanic/Latino	1.0%	0.4%
Native American	0.8%	0.4%
Asian	0.2%	0.0%
Biracial	0.2%	0.4%
Other	0.4%	0.8%
REGION OF TN *		
East	42.9%	39.3%
Middle	30.8%	25.4%
West	26.3%	35.2%

* p<.05
 † p<.01
 ‡ p<.001

	LOST TENNCARE n = 513	REMAINED ON TENNCARE n = 244
EDUCATION LEVEL*		
Less than High School	35.7%	43.4%
High School/GED	40.9%	39.8%
Some College	23.2%	16.4%
INCOME ‡		
< \$10,000	41.7%	82.0%
\$10,000-\$14,000	17.5%	10.2%
\$14,001-\$20,000	11.1%	0.8%
\$20,001-\$30,000	8.6%	0.0%
>\$30,000	5.3%	0.0%
EMPLOYED ‡		
Full/Part-time	34.5%	9.4%

* p<.05
+ p<.01
‡ p<.001

	LOST TENNCARE n=513	REMAINED ON TENNCARE n=244
NUMBER OF YEARS ON TENNCARE ‡		
< 5 Years	31.0%	16.4%
> 5 Years	64.9%	79.1%
TENNCARE ELIGIBILITY ‡		
Medicaid	0.2%	98.4%
Uninsured	63.9%	0.0%
Uninsurable	35.9%	0.0%
Medically Needy	0.0%	1.6%
DUAL ELIGIBILITY ‡	22.0%	48.8%

* p<.05
+ p<.01
‡ p<.001

	LOST TENNCARE n=513	REMAINED ON TENNCARE n=244
PREVALENCE OF CHRONIC DISEASE BY SELF-REPORT		
Hypertension	58.3%	56.6%
Asthma/COPD +	21.2%	29.9%
Angina/Heart Disease	20.1%	21.7%
Congestive Heart Failure	15.0%	16.0%
Seizures	5.8%	9.0%
Chronic Kidney Disease	4.3%	5.3%
PREVALENCE OF CHRONIC DISEASE BY PHARMACY CLAIMS		
Hypertension +	55.4%	44.7%
Depression/Anxiety +	34.5%	45.1%
Hypercholesterolemia	31.6%	27.5%
Asthma/COPD	17.0%	20.9%
Diabetes	16.4%	20.5%
Thyroid Disease	8.0%	9.8%
Cardiac Disease	7.0%	7.8%
Psychosis ‡	3.3%	15.2%
Seizures	3.1%	4.5%
Glaucoma	2.5%	2.0%

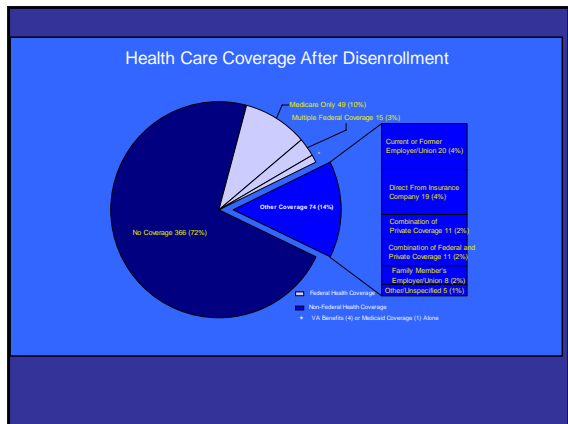
* p<.05
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‡ p<.001

	LOST TENNCARE n=513	REMAINED ON TENNCARE n=244
CHARLSON INDEX		
0	64.6%	68.8%
1	18.3%	16.5%
2	11.1%	10.2%
3	5.0%	2.8%
4	0.8%	0.6%
5	0.0%	1.1%
6	0.0%	0.0%
7	0.3%	0.0%
SF-8 Health Score		
Physical Mean	40.7	42.2
Mental Mean	45.2	43.2

* p<.05
+ p<.01
‡ p<.001

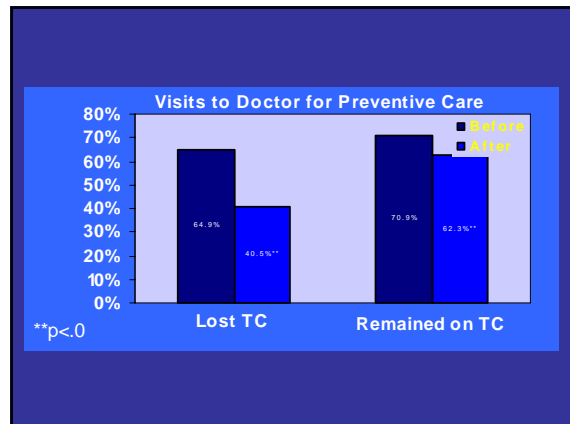
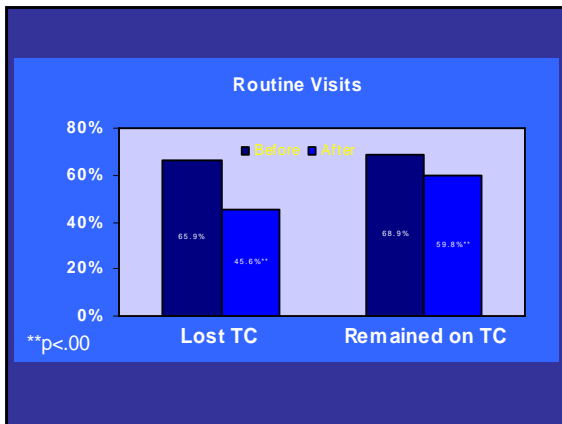
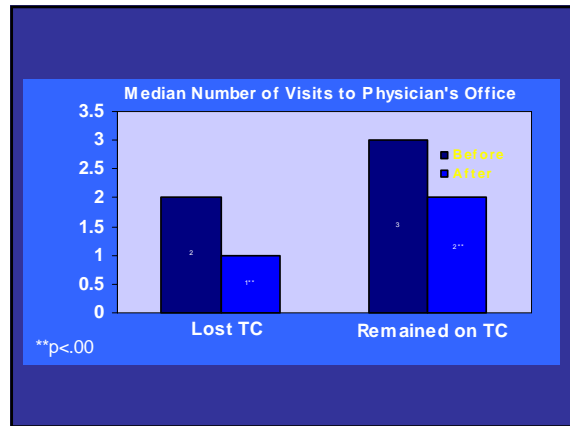
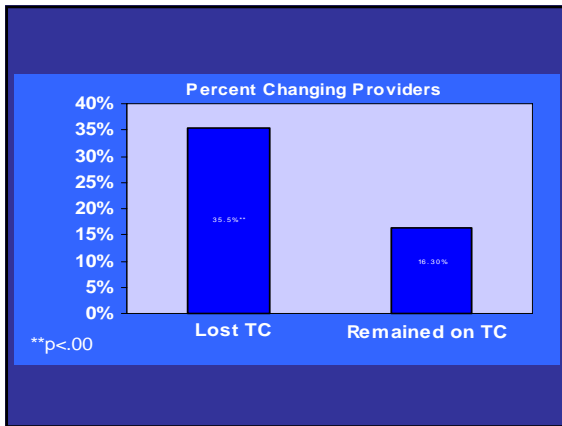
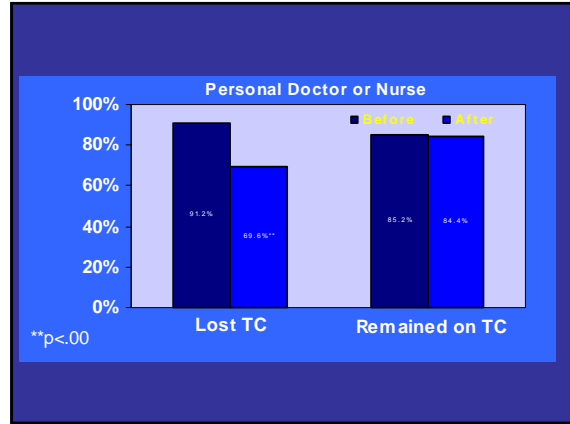
Health Care Coverage

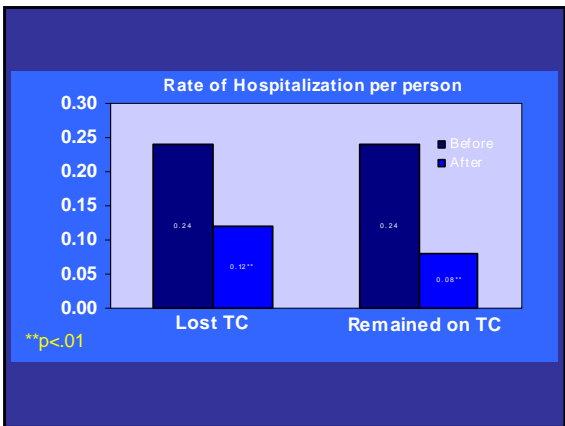
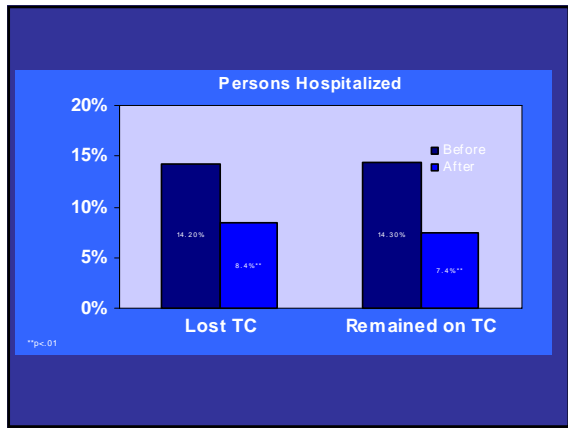
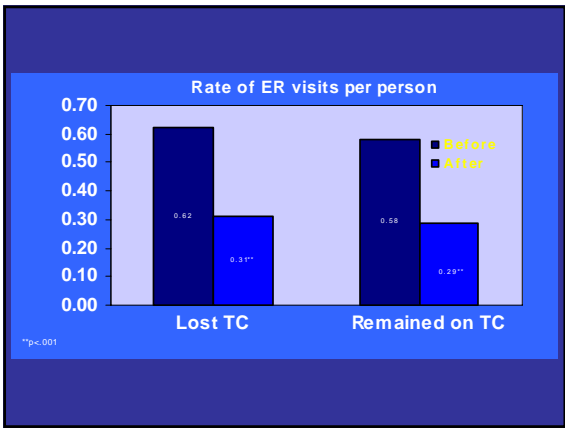
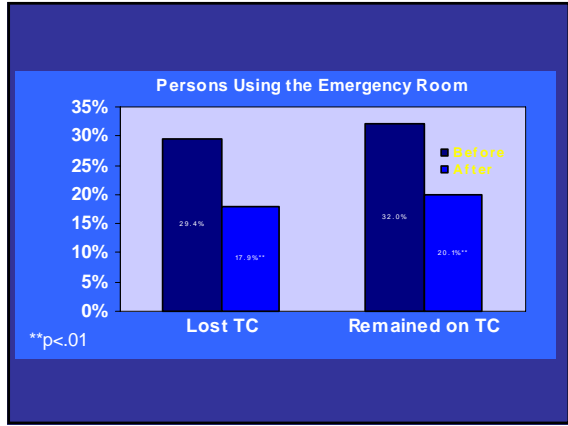
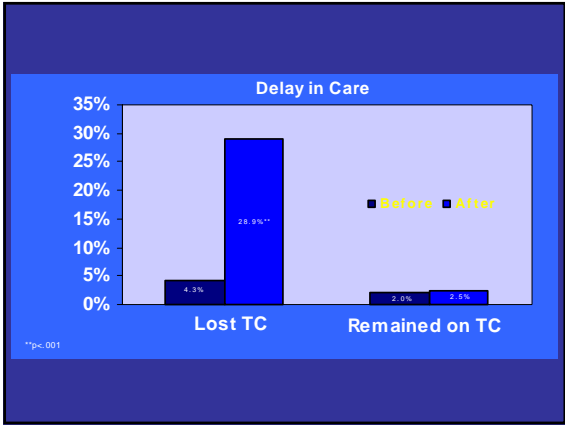
- 72% of the disenrolled remained uninsured 6 months after they lost TennCare



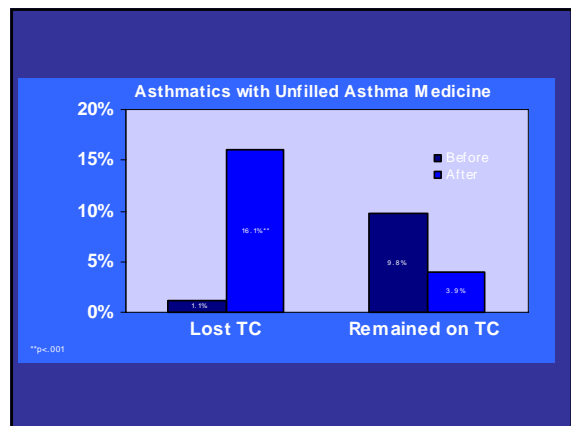
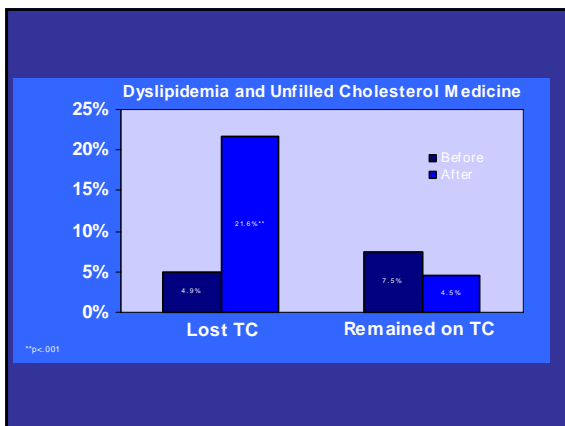
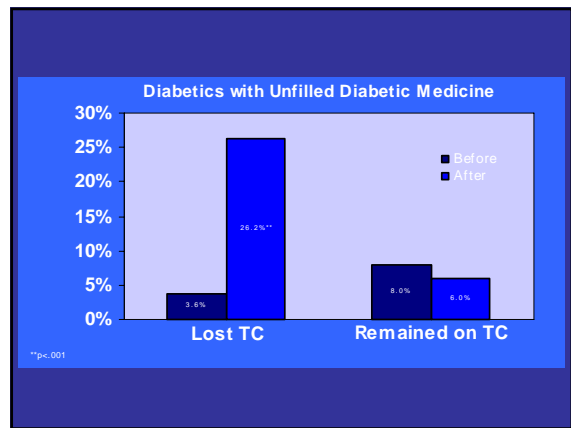
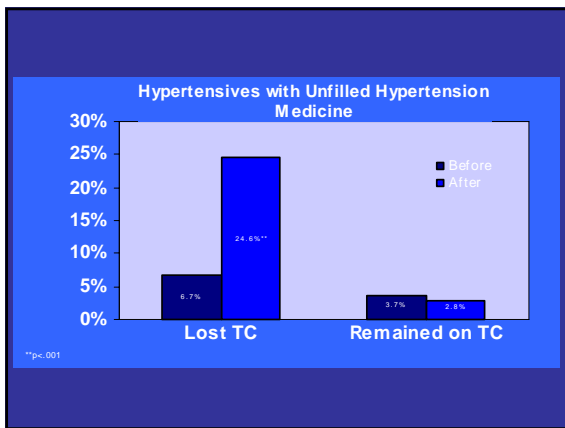
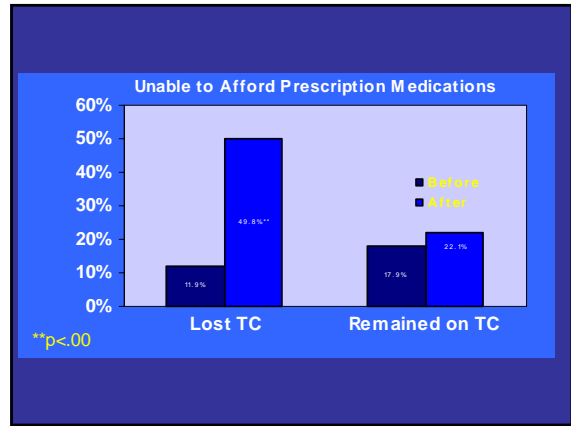
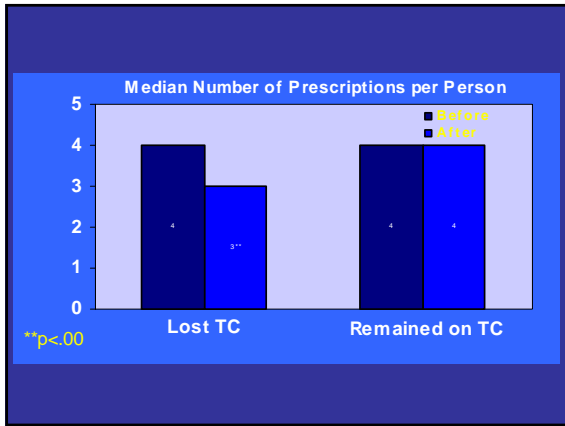
Access and Utilization of Health Care

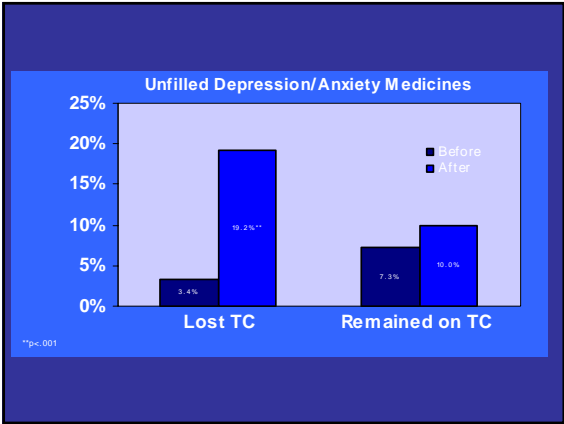
- Loss of insurance is associated with barriers to care and reduction in utilization in needed care
- They also experience in delay in seeking care
- However, both groups experienced a reduction in ER visits and in hospitalization



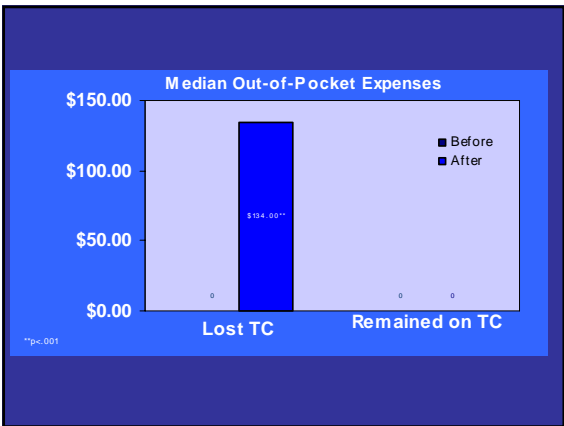


Pharmaceutical Medication Utilization and Impacts

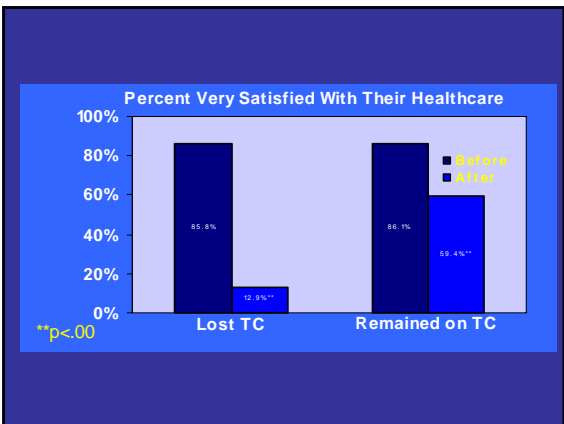




Out of Pocket Expenses

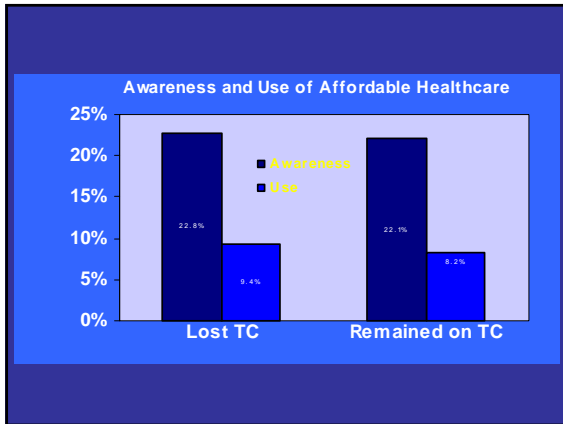


Satisfaction



Safety-Net Use

Both groups are equally unaware of the availability of safety-net services and have similar low rates of actual use of the safety-net system



	LOST TENNCARE n=513	REMAINED ON TENNCARE n=244
Extended TennCare Prescription Coverage ‡	18.5%	38.5%
Drug Discount Card ‡	24.4%	10.7%
Drug Samples From Healthcare Provider	37.6%	35.7%
Drug Company Assistance Program ‡	13.3%	2.5%
Discount Pharmacy at a Public Clinic *	9.2%	4.5%
Charity Agency *	1.9%	0.0%
Department of Public Health Assistance	3.9%	2.0%

* p<.05
+ p<.01
‡ p<.001

- ### Conclusions
- 72% of Disenrollees remained uninsured
 - 14.4% of Disenrollees obtained non-federal funded healthcare coverage
 - Having a personal doctor or nurse, doctor visits, routine visits, and visits for preventive care decreased significantly for Disenrollees and marginally decreased in those Continually Enrolled

- ### Conclusions
- Delay in Care increased significantly in Disenrollees
 - ER and Hospitalization use and rates significantly decreased in both Disenrollees and those Continually Enrolled
 - Health status (SF-8) between Disenrollees and Continued Enrollees was not different

- ### Conclusions
- Out-of-Pocket Expenses significantly increased for disenrollees
 - Disenrollees reported a significant increase in difficulty affording prescription medication
 - Unfilled prescriptions for Hypertension, Diabetes, Cholesterol, Asthma, and Depression increased for Disenrollees
 - Both disenrollees and enrollees know little about safety net services

- ### Limitations
- Self-Reported data
 - Sampling was limited due to telephones not in service
 - Greater number of telephones not in service in the Continually Enrolled group
 - Recall bias as most participants lost TC 6 months before the survey

Limitations

- By including the dual eligible into the sample we were unable to verify self-reported chronic disease from 2004 claims data
- Survey examined transition period; it is unclear how future outcomes will change
- 2nd and 3rd surveys will clarify these findings