

Health Policy Brief

Potentially eligible Medicaid population without Medicaid coverage

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Despite clear evidence of the important benefits of health insurance, children and parents eligible for Medicaid continue to be uninsured. For the Medicaid program in Ohio to maximize enrollment and retention of eligible children and parents, those who are eligible but uninsured must be identified and their reasons not participating and not having stable coverage understood.

Data from the 2008 Ohio Family Health Survey (OFHS) was used to generate findings in this report. OFHS is a statewide, random digit dial telephone survey of over 50,000 Ohio residents. Among all children and parents surveyed who met eligibility requirements for Medicaid based on reported family income, we compared the characteristics of those participating in Medicaid versus those who were uninsured. In addition to this point-in-time measure of insurance, we looked at year-long stability, determining whether they had coverage for all, part, or none of the previous year. We then examined reasons for not enrolling in Medicaid, losing coverage, and/or being uninsured.

How big is the problem?

Nearly 77,000 eligible children were uninsured at the time of survey; nearly 50,000 of these had been uninsured for the past year. Nearly 105,000 eligible parents were uninsured, and over 75,000 of these had been uninsured for the past year.

Who is at risk?

Eligible but uninsured children differed in several important ways from those who were participating in Medicaid. The eligible uninsured were likely to:

- be less poor
- be in two-parent families
- be of Hispanic race/ethnicity
- not have a special health care need
- be from a rural non-Appalachian area
- **have coverage other than Medicaid**

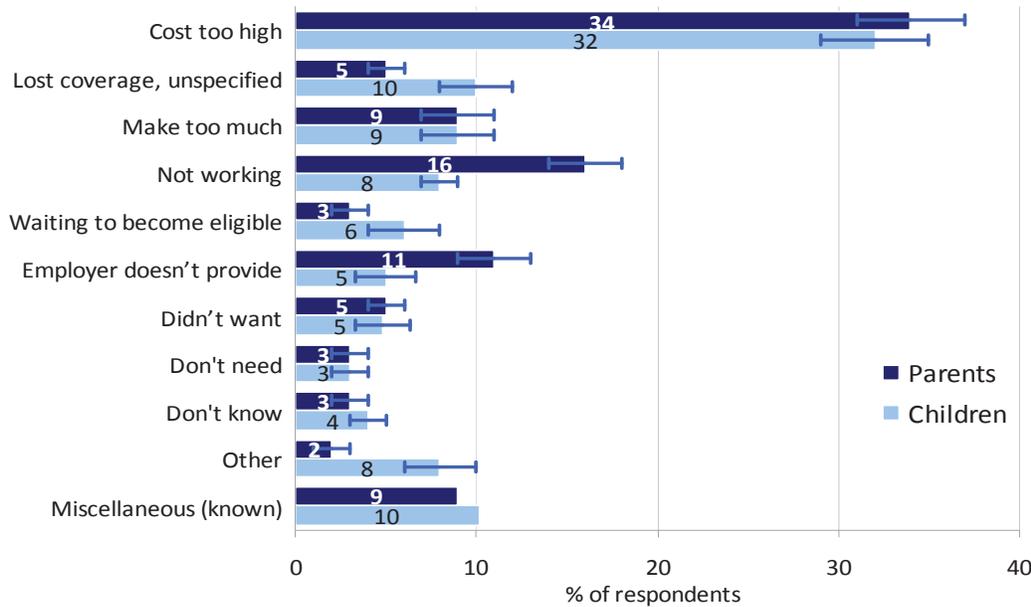
Children with parents having coverage other than Medicaid were on average 10 times more likely to be uninsured; children with parents who were uninsured were 45 times more likely to be uninsured, compared to those whose parents did have Medicaid. The same characteristics associated with children's participation were associated with a parent's participation. In addition, male parents were more likely to not participate in Medicaid.

Children and parents with a full-year of Medicaid coverage differed from those with no coverage in the past year in ways similar to the above. Roughly the same variables which predicted participation predicted coverage in the past year; parent's status was again the strongest predictor of the child's status.

What are the barriers to enrollment and retention?

Only 9% of parents and children gave "didn't want" or "didn't need" as a reason for not having coverage. This indicates a desire for coverage for these eligible Ohio families. Cost was the most often cited reason for being uninsured in the past 12 months, cited among nearly one-third of both children and parents (see Figure). Combining "Cost", "Lost coverage", "Make too much", "Not working", and "Employer doesn't provide", well more than half of the uninsured may be confused or lacking knowledge of eligibility requirements for Medicaid.

Primary reason for being uninsured in the past 12 months, percent of currently uninsured children and parents



* error bars show standard error. Miscellaneous responses include: TURNED DOWN/LOST COVERAGE FOR HEALTH REASONS, CHANGE IN AGE, MARITAL, OR STUDENT STATUS, CHANGE IN JOB, SELF EMPLOYED/ NOT ELIGIBLE/PART-TIME

The survey also asked those currently uninsured if they tried to get Medicaid. Approximately one in three uninsured parents and children who had had Medicaid in the past reported “Making too much” as the reason for no longer having Medicaid, suggesting again confusion or lack of knowledge regarding eligibility. In addition, “paperwork problems” were cited for 11% of parents and 15% of children.

What to do?

Because parent insurance status was by far the strongest predictor of children’s enrollment and retention in Medicaid, outreach should focus on BOTH children and parents. Eligible but uninsured parents, as well as children, tend to be in the upper end of the income eligibility spectrum and be of Hispanic race/ethnicity. The reasons given for being uninsured and not getting coverage indicate there is confusion about requirements for Medicaid and lack of knowledge of the requirements. Further, the large number of varied reasons for not having insurance suggests that the solution must be multi-faceted.

Nearly 77,000 children and 105,000 parents were uninsured but eligible for Medicaid. Based on the wealth of research from other states¹⁻⁵, many of those uninsured but potentially eligible for Medicaid in Ohio could benefit from measures to further simplify enrollment and increase outreach. This is more urgently needed given the economic crisis and the resultant job and therefore health insurance loss.⁶

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