

THE IMPACT OF TENNCARE

A Survey of Recipients, 2011

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November 2011



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The Impact of TennCare: A Survey of Recipients, 2011

Method

The Center for Business and Economic Research at the University of Tennessee, under contract with the Department of Finance and Administration of the State of Tennessee, conducted a survey of Tennessee residents in order to ascertain their insurance status and use of medical facilities. Given the necessity of obtaining accurate estimates for subpopulations, a target sample size of 5,000 was agreed upon. The survey instrument was prepared in cooperation with personnel from the Bureau of TennCare.

The survey was conducted by telephone between May and July 2011. The survey was conducted with both a Computer Assisted Telephone Interviewing System, utilizing a random digit dialing based sample, and a cell phone sample. This is the first time a dual frame sampling technique has been used since this survey began in 1993. The additional cell phone sampling allowed the surveyors to reach a segment of the population that would have not been reachable in prior years, the segment that depends solely on cell phone use. Five calls were made to each residence, at staggered times, to minimize nonrespondent bias. The design chosen was a “Household Sample,” and the interview was conducted with the head of the household. The University of Tennessee Social Work Office of Research and Public Service administered the survey. When Spanish-speaking households were reached, a translator would call the households at a later time to conduct the survey.

Approximately 59 percent of those contacted through the random digit dialing technique and 44 percent of those contacted through the cell phone sample agreed to participate in the survey¹. The large sample size allowed the weighting of responses by income and age to provide unbiased estimates for the entire population. For all statewide estimates of the uninsured, a correction factor was used to adjust for the degree to which the sample over- or under-represented Tennesseans grouped by household income and head of household age. In prior years, the sample has been adjusted by household income using the 2000 Census. Since 2010, the sample has been adjusted by household income and head of household age using the 3-year American Community Survey (ACS)².

This is a follow-up to previous surveys of 5,000 Tennessee households conducted annually since 1993, the last year of Medicaid before Tennessee adopted TennCare. Throughout this report, comparisons are made to findings from the earlier surveys.

¹ In the random digit dialing sample, there were 4,829 completed surveys and 3,418 refusals. In the cell phone sample, there were 195 completed surveys and 253 refusals.

² The American Community Survey (ACS) is a nationwide survey designed to provide reliable and timely estimates of the demographic, social, economic and housing characteristics of the US population. The 3-year ACS data are available for any political division (state, county, city, school district, etc.) with a population greater than 20,000. It is a part of the United States Census Bureau.

FIGURE 1: Head of Household Age and Household Income

Age-Householders	Proportion in 2011 Survey (Percent)	Proportion in ACS* (Percent)	Deviation (Percent)
Under 25	1.5	5.1	3.6
25-44	22.4	35.5	13.1
45-64	53.5	38.4	-15.1
65+	22.7	21.1	-1.6

Household Income Level	Proportion in 2011 Survey (Percent)	Proportion in ACS* (Percent)	Deviation (Percent)
<10000	9.0	9.5	0.5
10,000-14999	9.0	6.9	-2.1
15,000-19,999	8.4	6.6	-1.8
20,000-29,999	12.4	12.4	0.0
30,000-39,999	11.5	11.7	0.2
40,000-49,999	10.2	10.0	-0.2
50,000-59,999	8.5	8.6	0.1
60,000-99,999	17.6	20.6	3.0
100,000+	13.4	13.8	0.4

*Census Bureau, 2007-2009 American Community Survey 3-year Estimates

Estimates for Insurance Status

Estimates for the number of Tennesseans who are uninsured are presented below (Table 1). The estimated 604,222 uninsured represent 9.5 percent of the 2011 population (6,236,524³). This is the lowest total uninsured since the 2008 estimate. The uninsured rate for children is 2.4 percent, a decrease from last year's rate of 3.9 percent. The rate for adults remained the same as the 2010 rate of 12.0 percent (Table 1a). The slight decrease in the total uninsured rate is attributable to the not-so-slight decrease in the uninsured rate of children, a result possibly driven by increased TennCare and CoverKids enrollments as well as sampling changes.

TABLE 1: Statewide Estimates of Uninsured Populations (1993–2011)

	1993	1994	1995	1996	1997	1998	1999
State Total	452,232	298,653	303,785	333,268	319,079	335,612	387,584
Percent	8.9	5.7	5.8	6.3	6.1	6.2	7.2

	2000	2001	2002	2003	2004	2005	2006
State Total	372,776	353,736	348,753	371,724	387,975	482,353	649,479
Percent	6.5	6.2	6.1	6.4	6.6	8.1	10.7

	2007	2008	2009	2010	2011
State Total	608,234	566,633	616,967	618,445	604,222
Percent	10.0	9.3	10.0	9.9	9.5

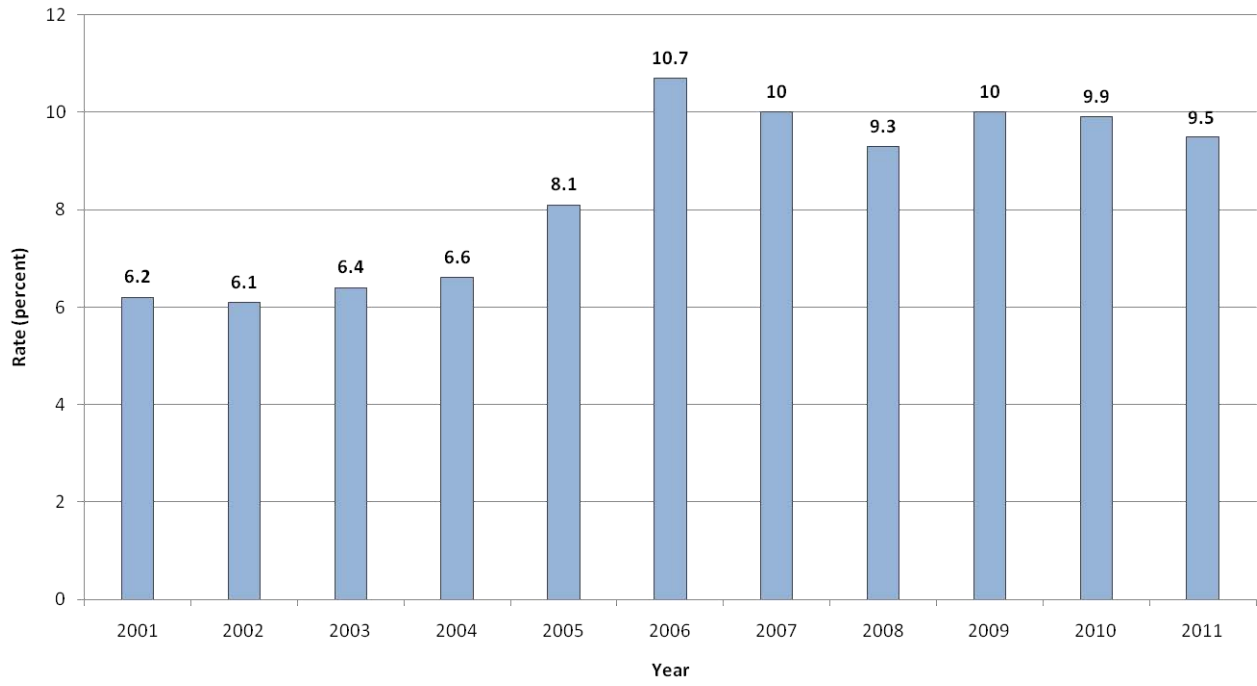
TABLE 1a: Uninsured Tennesseans by Age (1999–2011)

	1999	2000	2001	2002	2003	2004	2005
Under 18 Total	56,332	56,691	56,141	54,552	46,999	67,772	72,387
Under 18 Percent	4.2	4.1	4.0	3.9	3.3	4.9	5.0
18+ Total	331,252	316,053	297,595	297,779	324,725	320,203	409,965
18+ Percent	8.2	7.4	6.9	6.9	7.4	7.2	9.1

	2006	2007	2008	2009	2010	2011
Under 18 Total	82,484	70,096	72,258	54,759	57,912	35,743
Under 18 Percent	5.7	4.8	4.9	3.7	3.9	2.4
18+ Total	566,955	538,138	494,375	562,208	560,532	568,479
18+ Percent	12.1	11.7	10.6	11.9	12.0	12.0

³ United States Census Bureau, 2007-2009 American Community Survey. In prior years (1993-2009), population figures were found using the "Interim State Population Projections," also part of the United States Census Bureau.

FIGURE 2: Rate of Uninsured Populations (2001-2011)



Reasons for Failure to Obtain Medical Insurance

The underlying reported reason for a lack of insurance has changed little over the period since TennCare was implemented in 1994, though the percentages have shifted somewhat. The major reason that people report remaining uninsured is their perception that they cannot afford insurance (Table 2). In 2011, 88 percent indicate that this is a major reason for not having insurance, a decrease from 2010's 91 percent. It is the fifth highest number since TennCare's inception, though it has been slightly decreasing since 2008. Though there is some variation from one year to the next, the difference among income groups has been consistently large, with those in the higher income groups considerably less likely to consider it a major reason (Table 3). The exception to this rule is that 92 percent in the highest income bracket consider cost a major barrier to having insurance, a dramatic increase from any earlier year. The \$40,000 bracket experienced a decrease from 92 percent claiming affordability as a major barrier to not having insurance to 80 percent⁴. The lowest two income brackets both claim affordability as less of a barrier to having insurance this year than last year. While financial pressures continue to limit people from obtaining coverage, 11 percent indicate that they just did not get around to securing it, and 8 percent indicate that a major reason is that they do not need insurance.

TABLE 2: Reasons for Not Having Insurance (1997–2011) (Percent)

Reason	Can't Afford			Didn't Get to It			Don't Need		
	Major Reason	Minor Reason	Not a Reason	Major Reason	Minor Reason	Not a Reason	Major Reason	Minor Reason	Not a Reason
1997	79	7	14	15	18	67	9	15	76
1998	73	10	17	12	17	72	13	13	74
1999	71	10	19	15	22	63	10	16	74
2000	76	8	16	6	21	73	7	12	81
2001	78	9	13	11	20	69	12	16	72
2002	74	10	17	11	16	74	8	14	78
2003	82	8	10	10	20	70	8	15	77
2004	82	7	11	8	19	73	8	16	76
2005	82	7	10	9	16	75	8	15	77
2006	87	4	9	12	14	74	12	14	74
2007	89	6	4	9	11	79	5	13	82
2008	93	4	4	7	11	82	5	8	87
2009	92	3	4	3	15	81	5	10	85
2010	91	5	4	5	13	82	6	15	80
2011	88	5	7	11	12	77	8	12	79

⁴ While both the \$40,000 and \$50,000 brackets experienced large percentage point changes in the number of people claiming "cannot afford" as a major reason for no insurance, the sample sizes are small and merit little statistical significance. Only those who report not having insurance and earn income in the \$40,000 and \$50,000 brackets and above are included in this calculation.

TABLE 3: “Cannot Afford” Major Reason for No Insurance: by Income (1998–2011) (Percent)

Major Reason	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Less \$10,000	79	75	76	82	82	86	97	90	92	93	97	96	96	89
\$10,000 - \$14,499	86	76	84	84	90	84	88	82	96	95	97	96	95	90
\$15,000 - \$19,999	80	75	84	89	77	93	92	91	87	93	88	93	88	90
\$20,000 - \$29,999	73	69	80	74	70	83	87	81	90	89	96	92	94	89
\$30,000 - \$39,999	78	64	80	82	72	84	84	78	76	90	88	90	87	83
\$40,000 - \$49,999	63	73	45	69	62	82	70	64	84	88	93	92	92	80
\$50,000+	46	39	47	46	36	67	47	67	68	76	81	80	76	92

Evaluations of Medical Care and Insurance Coverage

The quality of medical care ratings for TennCare remain high, with over 70 percent of heads of households rating their care “good” or “excellent” and 87 percent rating their children’s care “good” or “excellent.” Tennesseans’ overall perception of the quality of care they and their children have been receiving has been relatively stable in recent years but is up considerably since 1995. Overall perception of children’s healthcare remained stable from 2010 to 2011, with 89 percent giving children’s medical care a “good” or “excellent” rating in 2011. Ratings of medical care quality for the TennCare head of household population gradually increased from TennCare’s inception in 1994 to 2005; in 2011, the perceived medical care quality for TennCare heads of households topped the 2009 high with 30 percent rating it “excellent;” 71 percent rate their quality as “good” or “excellent,” while 19 percent rate their quality as “fair.” Perceptions of quality of medical care for their children remain high in 2011, with only 13 percent rating the quality of care as “fair” or “poor” and 48 percent rating the quality as “excellent,” leading to favorable ratings. Ratings for quality of children’s medical care are similar for the TennCare and total populations.

TABLE 4: Quality of Medical Care Received by Heads of Households (1997–2011) (Percent)

All Heads of Households	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Excellent	22	23	21	22	22	25	25	26	29	28	28	28	32	32	31
Good	51	52	50	50	48	51	50	50	48	48	47	46	46	46	46
Fair	22	22	22	21	23	19	19	18	17	18	18	18	16	16	15
Poor	5	3	7	7	7	5	6	6	6	7	7	8	6	6	7
Medicaid/TennCare	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Excellent	19	18	18	18	20	21	21	23	28	21	23	24	29	24	30
Good	47	42	47	43	41	46	45	47	40	43	44	43	47	41	41
Fair	26	31	25	27	28	24	25	23	26	27	27	25	18	29	19
Poor	8	9	10	12	11	9	9	7	6	10	6	8	6	6	10

TABLE 5: Quality of Medical Care Received by Children of Heads of Households (1997–2011) (Percent)

All Heads of Households	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Excellent	30	30	30	33	30	34	36	36	38	39	35	34	39	46	44
Good	50	51	51	48	50	51	48	48	49	47	48	51	49	43	45
Fair	15	15	15	15	16	12	13	12	9	11	12	11	9	9	9
Poor	5	4	4	4	4	4	3	4	4	3	4	4	3	3	2
Medicaid/TennCare	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Excellent	27	27	29	25	24	28	32	31	34	39	30	32	41	43	48
Good	48	49	49	47	50	48	45	47	49	38	49	49	48	45	39
Fair	19	18	18	20	19	17	17	16	12	17	19	14	8	6	11
Poor	6	7	4	8	7	7	6	5	5	6	2	6	3	6	2

Satisfaction with Quality of Care Received from TennCare

TennCare recipients continue to show high levels of satisfaction with quality of care received from TennCare (Table 6), and the 95 percent expressing satisfaction (responding “somewhat satisfied” or “very satisfied”) represents the highest level of satisfaction since TennCare’s inception. The previous high, in 2010, was 94 percent. This new level exceeds the satisfaction reported by Medicaid recipients in 1993 by 13 percentage points and is considerably higher than when TennCare began in 1994.

TABLE 6: Percent Indicating Satisfaction with TennCare (1993–2011) (Percent)

1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
82	61	75	82	81	83	81	78	79	85	83	90

2005	2006	2007	2008	2009	2010	2011
93	87	90	89	92	94	95

Behavior Relevant to Medical Care

Each respondent was asked a series of questions regarding his or her behavior when seeking medical care (Table 7). The proportion of TennCare heads of households initially seeking care at hospital emergency rooms in 2011 is slightly higher than it was in 2010, increasing from 7 percent to 8 percent. This is the highest it has been since 2004. An even larger increase in hospital visits as initial medical care sought exists when TennCare households seek care for their children, an increase from 3 percent in 2010 to 9 percent in 2011 (Table 8). This is the highest share initially seeking care for their children at hospitals since 1994. The share of TennCare adults initially seeking care at a doctor's office is 80 percent, while it is 83 percent for all heads of households. The increase in TennCare recipients' visits to the doctor's office, a 3 percentage point increase from 2010, resulted in a decrease in initial clinic visits. While the share of TennCare households initially seeking medical care at a doctor's office for their children has also increased in 2011, from 82 percent in 2010 to 84 percent in 2011, the share seeking initial care from clinics dropped from 15 percent to 7 percent.

TABLE 7: Head of Household: Medical Facilities Used When Medical Care Initially Sought (1997–2011) (Percent)

All Heads of Households	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Doctor's Office	81	81	81	83	81	84	85	85	83	83	83	83	83	82	83
Clinic	12	12	12	11	12	10	9	9	11	11	11	11	12	12	12
Hospital	6	6	6	5	6	5	5	5	5	5	4	4	4	4	4
Other	2	1	1	1	2	1	1	1	1	1	2	2	2	2	2
Medicaid/TennCare	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Doctor's Office	74	74	78	76	78	77	80	77	78	76	79	80	83	77	80
Clinic	17	19	15	17	14	15	12	14	14	15	15	13	12	15	11
Hospital	7	6	6	6	7	7	7	8	7	7	4	6	4	7	8
Other	1	1	1	1	2	1	1	1	1	1	2	<1	1	<1	2

TABLE 8: Children: Medical Facilities Used When Medical Care Initially Sought (1997–2011) (Percent)

All Heads of Households	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Doctor's Office	81	83	81	84	81	85	85	85	86	87	88	88	86	87	88
Clinic	13	13	12	12	14	10	9	11	10	10	9	10	10	11	9
Hospital	5	4	6	3	4	4	5	3	3	3	2	2	3	2	2
Other	1	1	1	1	1	2	1	1	1	<1	1	<1	<1	<1	<1
Medicaid/TennCare	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Doctor's Office	75	76	79	76	77	77	80	78	79	82	83	83	85	82	84
Clinic	17	18	15	17	16	17	12	16	13	12	14	14	15	15	7
Hospital	7	5	5	6	7	5	7	6	8	6	3	3	0	3	9
Other	1	1	1	1	1	1	1	0	0	1	0	<1	0	0	0

A similar change has occurred over the past decade in the frequency of visits to physicians. TennCare recipients continue to see physicians on a more frequent basis than the average Tennessee household. Seventy-eight percent of TennCare heads of households see a physician at least every few months (Table 9), while 71 percent of TennCare children visit physicians at that same frequency (Table 10). This represents a slight increase in visits for children, where 67 percent reported they visited a doctor at least every few months in 2010; the figure decreased from 82 percent of adults in 2010 to 78 percent in 2011. Only 48 percent of adults saw a physician this often prior to TennCare’s inception in 1994. The increase in visits is much less pronounced for children than for TennCare adults.

TABLE 9: Frequency of Visits to Doctor for Head of Household (1997–2011) (Percent)

All Heads of Households	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Weekly	2	2	2	2	3	2	3	3	2	2	2	3	2	2	2
Monthly	10	11	12	11	13	11	11	11	11	12	13	12	12	11	11
Every Few Months	39	39	41	39	41	41	42	44	46	44	46	46	49	45	44
Yearly	27	27	25	27	25	27	27	26	26	25	23	22	22	24	25
Rarely	22	21	20	21	19	19	17	16	15	18	16	17	15	18	17
Medicaid/TennCare	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Weekly	4	4	5	5	7	6	8	7	6	7	8	7	6	6	6
Monthly	24	21	25	26	24	24	29	28	30	30	33	33	30	29	26
Every Few Months	39	44	45	41	44	44	42	46	46	45	45	47	51	47	46
Yearly	14	14	13	13	12	14	10	9	11	8	6	8	7	7	10
Rarely	19	19	12	15	13	13	12	10	7	10	8	4	6	12	11

TABLE 10: Frequency of Visits to Doctor for Children (1997–2011) (Percent)

All Heads of Households	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Weekly	2	2	2	2	2	2	2	1	2	1	2	2	1	2	1
Monthly	12	11	11	11	11	11	12	10	11	10	11	9	9	9	10
Every Few Months	52	55	54	52	52	51	52	53	53	52	50	50	51	51	50
Yearly	23	22	24	24	24	23	26	26	23	28	27	29	31	29	31
Rarely	12	10	9	11	11	13	8	10	11	10	10	10	8	9	8
Medicaid/TennCare	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Weekly	3	3	4	3	3	2	4	3	2	2	4	1	1	3	1
Monthly	15	12	14	16	14	17	17	14	21	16	14	16	18	13	15
Every Few Months	54	57	56	53	56	56	53	53	49	51	54	55	50	51	55
Yearly	16	19	18	18	16	17	17	22	17	23	16	21	27	24	25
Rarely	12	9	8	10	11	9	8	9	11	8	11	7	4	10	4

Appointments

The time required to obtain an appointment is comparable to the 2010 findings, with more reporting a wait of a week or less and fewer reporting two weeks or more. The percent of TennCare recipients obtaining a doctor's appointment on the same day that the request is made or the next day increased to 40 percent in 2011, an increase from 39 percent in 2010. The proportion of TennCare heads of household being able to obtain an appointment within one week increased to 70 percent. The number reporting having to wait longer than three weeks is 16 percent (Table 11). TennCare recipients are waiting 58 minutes on average to see their physicians once they reach the office (Table 12). This is a decrease from the 2010 time of 65 minutes, and is on par with previous wait times in the TennCare era, excluding the high in 2006.

TABLE 11: Time between Attempt to Make Appointment and First Availability of Appointment: TennCare Heads of Household (1997–2011) (Percent)

When you last made an appointment to see a primary care physician for an illness in the last 12 months, how soon was the first appointment available?	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Same day	29	26	23	22	19	22	20	20	21	22	22	21	18	20	21
Next day	17	21	18	19	15	18	16	17	17	27	20	17	23	19	19
1 week	28	27	27	31	31	29	29	33	31	22	30	27	25	29	30
2 weeks	11	10	12	11	12	9	11	11	10	10	8	10	9	11	10
3 weeks	5	4	5	4	5	5	5	3	5	4	4	4	4	4	4
Over 3 weeks	11	11	15	15	18	18	18	15	16	16	15	22	20	17	16

TABLE 12: Wait for Appointments: TennCare Heads of Household (1997–2011) (Minutes)

	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Number of minutes wait past scheduled appointment time?	52	49	52	64	61	64	50	63	57	80	57	50	52	65	58
Number of minutes to travel to physician's office?	21	21	22	24	23	23	22	27	32	30	21	25	24	31	23

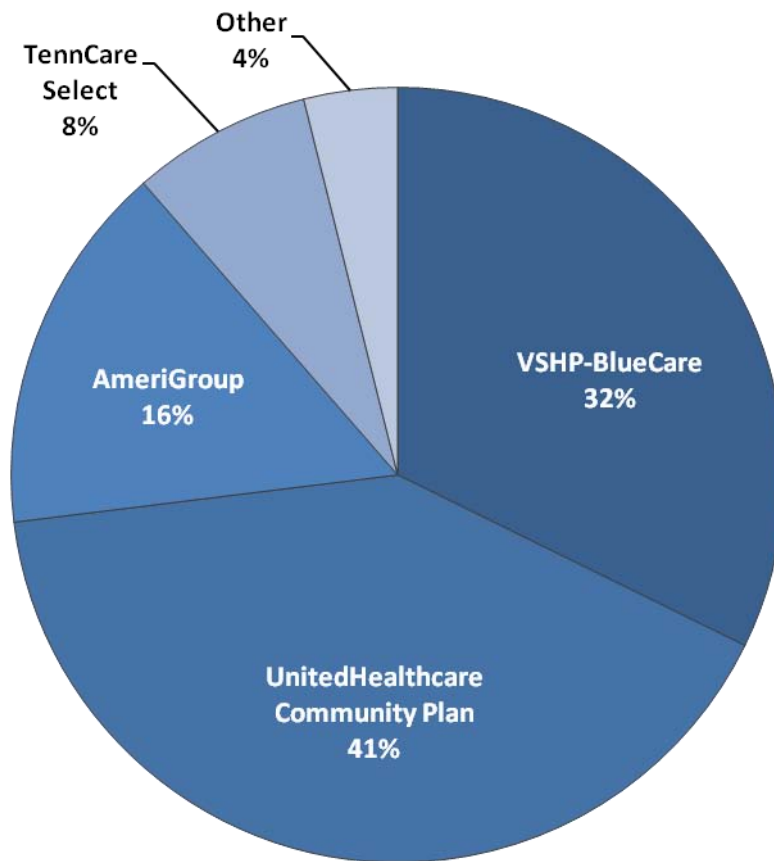
TennCare Plans

The largest number of TennCare recipients (41 percent) report being signed up with UnitedHealthcare Community Plan as their TennCare MCO. Volunteer State Health Plan (BlueCare) also accounts for a large percentage of the TennCare recipients (32 percent). AmeriGroup accounts for another 16 percent, while 8 percent are represented by TennCare Select. Four percent report being represented by other plans (Table 13).

TABLE 13: Reported Company Managing TennCare Plan (1998–2011) (Percent)

What company manages your TennCare plan?	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Blue Cross / Blue Shield	48	50	50	50	40	42	39	36	31	35	37			
VSHP - BlueCare												41	36	32
UnitedHealthcare Community Plan (formerly AmeriChoice)												26	37	41
AmeriGroup												8	10	16
Health Net	8	2	1											
John Deere (Heritage)	3	4	5	4	7	7	6	9	6	7	4	1		
TLC (Memphis Managed Care)	4	4	3	5	12	12	13	13	11	7	9	2		
Phoenix (Advantage Care)	6	13	8											
Preferred Health Partner	6	7	7	4	8	12	10	10	11	8	6	2		
Prudential (Prudential)	1	1	1											
Access Med Plus	18	20	22	23	5	3	1	1		2	3	<1		
Total Health Plus (THP)	1	0	0											
Vanderbilt Health Plan	0	0	1	1	0	1	1	1	1	<1				
Omnicare (Affordable)	3	4	2	2	7	6		6	9	7	5	2		
Xantus Health Plan			9	8	9	10				<1				
Universal Care				2	9	4	1		1	1	1			
Better Health Plans				1	3	4	2	2	3	1	1	<1		
TennCare Select							21	21	18	6	7	10	8	8
Premier Behavioral							1		1		<1			
Tennessee Behavioral							1			<1				
VHP Community Care									1		<1			
Windsor Health Plan of TN, Inc.										<1	<1			
Other	2	1	1				4	1	6	22	27	7	7	4

FIGURE 3: Reported Company Managing TennCare Plan (2011)



In 2011, reported receipt of information from MCOs (enrollment card, grievance form, a list of rights and responsibilities, information on filing grievances, and name of provider assigned) decreased. Sixty-one percent recall receiving an enrollment card, down from last year's 74 percent (Table 14), while 5 percent of respondents indicated that they changed plans. Respondents reported receiving both a list of rights and responsibilities and the name of the assigned MCO in less proportion than in 2010. The preferred method for receiving information about TennCare remains through the mail, with 78 percent reporting this is the best way they obtain TennCare information (Table 15).

TABLE 14: Households Receiving TennCare Information from Plans (1998–2011) (Percent)

Please indicate whether or not you or anyone in your household has received each of the following regarding TennCare	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
An enrollment card	77	76	74	65	70	65	74	70	73	78	78	77	74	61
A grievance form	41	39	33	32	34	35	33	24	42	44	40	40	39	28
Information on filing grievances	43	44	36	46	39	40	40	26	41	46	41	41	43	29
A list of rights and responsibilities	73	70	66	63	70	70	75	71	78	77	73	75	74	68
Name of MCO to whom assigned				72	79	76	81	79	82	81	79	79	79	76

TABLE 15: Best Way to Get Information about TennCare (2002–2011) (Percent)

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Mail	67	75	73	75	75	72	73	71	72	78
Doctor	7	5	5	6	8	8	5	6	5	5
Phone	11	10	9	9	5	8	11	10	11	5
Handbook	8	6	4	4	3	6	6	7	5	6
Drug Store	1	0	1	1	2	1	1	1	<1	<1
Friends	2	0	1	0	1	1	<1	1	1	2
TV	0	1	1	1	1	0	1	<1	<1	<1
Paper	0	0	0	0	0	0	<1	1	<1	0
Other	4	3	3	4	5	4	3	3	4	4

Conclusion

The survey reveals that from the perspective of the recipients, the TennCare program continues to work as expected. Since the beginning of TennCare, its recipients have continued to see physicians more often, visit emergency rooms less for routine care, and are able to see a physician without excessive travel or waiting time. Tennessee's 9.5 percent rate of uninsured in 2011 is a slight decrease from 9.9 percent in 2010 and is the second lowest since 2005. Still, the rate is much higher than those experienced before 2006. The total uninsured population is approximately 604,222, including about 35,743 children, a decrease from last year's number of 57,912 uninsured children.

In 2011, recipients expressed the highest overall satisfaction with TennCare since its existence, with a 1 percentage point increase over the proportion expressing satisfaction in 2010. The satisfaction rate remains dramatically higher (34 percentage points) than the rate in the program's first year.

Additionally, TennCare recipients' experience with medical care remains positive, with the quality of TennCare householder's children's medical care increasing substantially. TennCare continues to receive positive feedback from its recipients, indicating the program is providing health care in a satisfactory manner and up to the expectations of those it serves.