

THE IMPACT OF TENNCARE

A Survey of Recipients, 2012

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The Impact of TennCare: A Survey of Recipients, 2012

Method

The Center for Business and Economic Research (CBER) 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 to ascertain their insurance status and use of medical facilities. A target sample size of 5,000 allowed for obtaining accurate estimates for subpopulations. CBER prepared the survey instrument in cooperation with personnel from the Bureau of TennCare.

The University of Tennessee Social Work Office of Research and Public Service conducted the survey by telephone between May and July 2012. 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 dual frame approach began in 2011. The additional cell phone sampling allowed the surveyors to reach a segment of the population that could not be reached in prior years because it only has a cell phone. 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. When Hispanic households were reached, a translator would call the household at a later time to conduct the survey.

Approximately 52.0 percent of those who answered their phone through the random digit dialing technique and 50.9 percent of those who answered their phone through the cell phone sample agreed to participate in the survey.¹ 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, 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 had 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, we make comparisons to findings from the earlier surveys.

¹ In the random digit dialing sample, there were 4,803 completed surveys and 4,431 refusals. In the cell phone sample, there were 200 completed surveys and 193 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.

TABLE 1: Head of Household Age and Household Income

Age-Householders	Proportion in 2012 Survey (Percent)	Proportion in ACS* (Percent)	Deviation (Percent)
Under 25	2.3	4.9	2.6
25-44	22.3	34.4	12.1
45-64	54.6	39.1	-15.5
65+	20.8	21.6	0.8

Household Income Level	Proportion in 2012 Survey (Percent)	Proportion in ACS* (Percent)	Deviation (Percent)
<10000	9.2	9.3	0.1
10,000-14,999	9.3	7.0	-2.3
15,000-19,999	8.9	6.7	-2.2
20,000-29,999	13.2	12.4	-0.8
30,000-39,999	10.6	11.7	1.1
40,000-49,999	9.0	10.0	1.0
50,000-59,999	7.8	8.3	0.5
60,000-99,999	17.8	20.6	2.8
100,000+	14.2	14.0	-0.2

*Census Bureau, 2008-2010 American Community Survey 3-year Estimates

Estimates for Insurance Status

Estimates for the number of Tennesseans who are uninsured are presented below (Table 2). These statewide estimates are extrapolated from the weighted sample. The estimated 577,813 uninsured represent 9.2 percent of the 6,303,437 Tennessee residents.³ This is the lowest total of uninsured since the 2008 estimate, and it is the lowest percent of uninsured since the 2005 estimate. The uninsured rate for children is 2.7 percent, a slight increase from last year's rate of 2.4 percent. The rate for adults decreased from the 2011 rate of 12.0 percent (Table 2a) to its current rate of 11.2 percent.

TABLE 2: Statewide Estimates of Uninsured Populations (1993–2012)

	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	2012
State Total	608,234	566,633	616,967	618,445	604,222	577,813
Percent	10.0	9.3	10.0	9.9	9.5	9.2

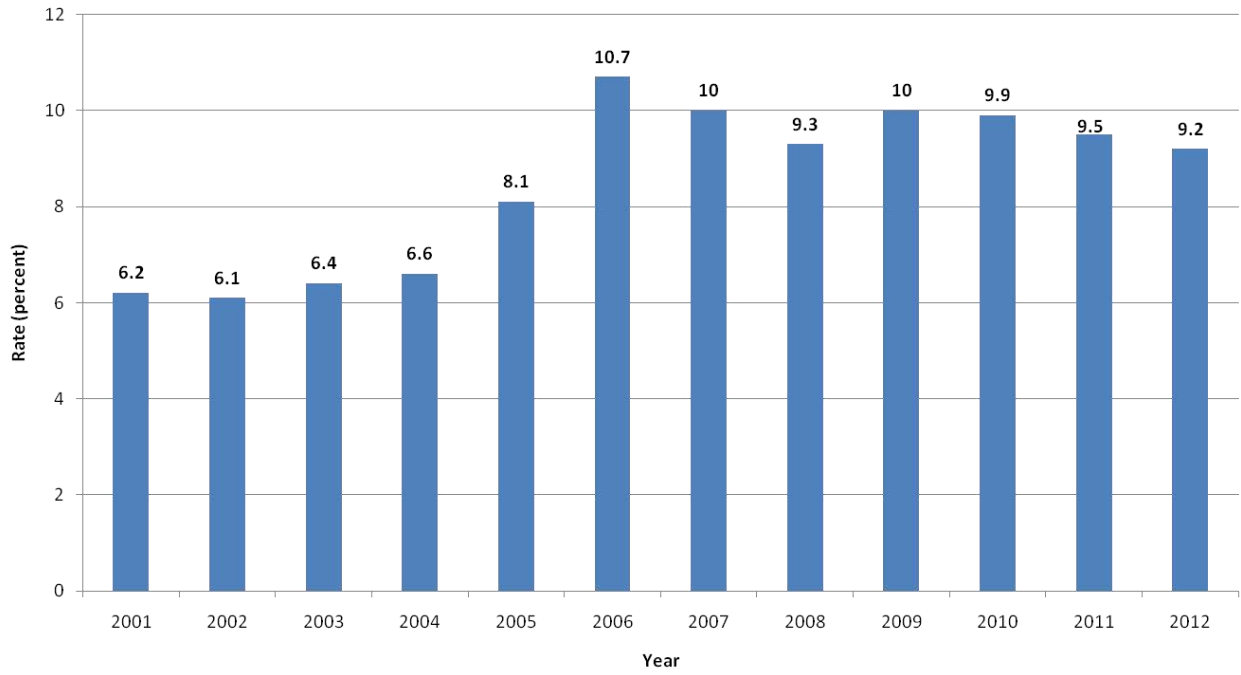
TABLE 2a: Uninsured Tennesseans by Age (1999–2012)

	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	2012
Under 18 Total	82,484	70,096	72,258	54,759	57,912	35,743	40,700
Under 18 Percent	5.7	4.8	4.9	3.7	3.9	2.4	2.7
18+ Total	566,955	538,138	494,375	562,208	560,532	568,479	537,113
18+ Percent	12.1	11.7	10.6	11.9	12.0	12.0	11.2

³ Population estimates are found using United States Census Bureau, 2008-2010 American Community Survey. In prior years (1993-2009), population figures were gathered from the "Interim State Population Projections," also part of the United States Census Bureau.

FIGURE 1: Rate of Uninsured Populations (2001-2012)



Reasons for Failure to Obtain Medical Insurance

The underlying reported reasons for a lack of insurance have 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 3). In 2012, 88 percent indicate that this is a major reason for not having insurance, the same portion as in 2011. 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 4).⁴ The group least likely to consider cost a major barrier to having insurance is the \$50,000+ group, with only 71 percent claiming affordability as a major barrier for not having insurance. The \$40,000 bracket experienced an increase from 80 percent claiming affordability as a major barrier to not having insurance to 91 percent, a percentage that is more in line with the previous 5 years. The lowest income bracket continues to claim affordability is less of a barrier to having insurance, dropping from 89 percent in 2011 to 87 percent in 2012. While financial pressures continue to limit people from obtaining coverage, 9 percent indicate that they just did not get around to securing it, and 7 percent indicate that a major reason is that they do not need insurance. (Table 3)

TABLE 3: Reasons for Not Having Insurance (1997–2012) (Percent)

Reason	Cannot Afford			Did Not Get to It			Do Not 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
2012	88	5	7	9	13	78	7	13	80

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. Therefore, the change may not reflect the shifts in the underlying population.

TABLE 4: “Cannot Afford” Major Reason for No Insurance: By Income (2005–2012) (Percent)

Household Income	2005	2006	2007	2008	2009	2010	2011	2012
Less than \$10,000	90	92	93	97	96	96	89	87
\$10,000 - \$14,499	82	96	95	97	96	95	90	94
\$15,000 - \$19,999	91	87	93	88	93	88	90	91
\$20,000 - \$29,999	81	90	89	96	92	94	89	92
\$30,000 - \$39,999	78	76	90	88	90	87	83	85
\$40,000 - \$49,999	64	84	88	93	92	92	80	91
\$50,000+	67	68	76	81	80	76	92	71

Evaluations of Medical Care and Insurance Coverage

The ratings remain high for TennCare quality of medical care, with almost 70 percent of heads of households rating their care “good” or “excellent” and 80 percent rating their children’s care “good” or “excellent.” Tennesseans’ overall perception (including both TennCare and non-TennCare medical care recipients) of the quality of care they and their children have been receiving has been relatively stable in recent years but is up considerably since inception of the program. Overall perception of children’s medical care dipped slightly from 2011 to 2012, with 87 percent giving children’s medical care a “good” or “excellent” rating in 2012, a 2 percentage point decrease from 2011. Ratings of medical care quality for the TennCare head of household population gradually increased from TennCare’s inception in 1994 to 2005; in 2012, the perceived medical care quality for TennCare heads of household equaled the 2010 rate with 24 percent rating it “excellent;” 69 percent rate their quality as “good” or “excellent” (higher than in 2010), while 22 percent rate their quality as “fair.” Perceptions of quality of medical care for their children remain high in 2012, with only 20 percent rating the quality of care as “fair” or “poor.” The portion rating the quality of their children’s care “excellent” decreased to its lowest point since 2008, though it is much higher than before 2009. Eighty percent of TennCare heads of household still rate their children’s care as “excellent” or “good.” Ratings for quality of children’s medical care are slightly lower for TennCare recipients than for total populations.

TABLE 5: Quality of Medical Care Received by Heads of Households (2004–2012) (Percent)

All Heads of Households	2004	2005	2006	2007	2008	2009	2010	2011	2012
Excellent	26	29	28	28	28	32	32	31	30
Good	50	48	48	47	46	46	46	46	46
Fair	18	17	18	18	18	16	16	15	17
Poor	6	6	7	7	8	6	6	7	7
Heads of Households w/ TennCare	2004	2005	2006	2007	2008	2009	2010	2011	2012
Excellent	23	28	21	23	24	29	24	30	24
Good	47	40	43	44	43	47	41	41	45
Fair	23	26	27	27	25	18	29	19	22
Poor	7	6	10	6	8	6	6	10	9

TABLE 6: Quality of Medical Care Received by Children of Heads of Households (2004–2012) (Percent)

All Heads of Households	2004	2005	2006	2007	2008	2009	2010	2011	2012
Excellent	36	38	39	35	34	39	46	44	42
Good	48	49	47	48	51	49	43	45	45
Fair	12	9	11	12	11	9	9	9	10
Poor	4	4	3	4	4	3	3	2	3
Heads of Households w/ TennCare	2004	2005	2006	2007	2008	2009	2010	2011	2012
Excellent	31	34	39	30	32	41	43	48	38
Good	47	49	38	49	49	48	45	39	42
Fair	16	12	17	19	14	8	6	11	14
Poor	5	5	6	2	6	3	6	2	6

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 7), with 93 percent responding “somewhat satisfied” or “very satisfied,” exceeding the satisfaction level reported by Medicaid recipients in 1993 by 11 percent.⁵ The satisfaction levels are consistent with the satisfaction levels in the last several years. The highest level of satisfaction, 95 percent, was reported in 2011.

TABLE 7: Percent Indicating Satisfaction with TennCare (2000–2012) (Percent)

2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
78	79	85	83	90	93	87	90	89	92	94	95	93

⁵ We used a three point scale, and respondents could indicate “very satisfied,” “somewhat satisfied,” or “not satisfied.”

Behavior Relevant to Medical Care

Each respondent was asked a series of questions regarding his or her behavior when seeking medical care (Table 8). The proportion of TennCare heads of households reporting initially seeking care at hospitals in 2012 is slightly higher than it was in 2011, increasing from 8 percent to 10 percent. The portion of TennCare households reporting initially seeking medical care for their children from hospitals decreased to 3 percent in 2012, a drop of 6 percentage points from 2011, offset in part by a 2 percentage point increase in patients who report initially seeking medical care at a doctor's office. (Table 9)

However, a decreasing share of TennCare adults report initially seeking care at a doctor's office; in 2011, the share was 80 percent versus 75 percent in 2012. The decrease was offset by an increasing share of TennCare adults who report initially seeking care with visits to clinics and hospitals. For all heads of households, the choice of venue for initial care was essentially unchanged from 2011, with 82 percent reporting initially seeking care from a doctor's office.

TABLE 8: Head of Household: Medical Facilities Used When Medical Care Initially Sought (2004–2012) (Percent)

All Heads of Households	2004	2005	2006	2007	2008	2009	2010	2011	2012
Doctor's Office	85	83	83	83	83	83	82	83	82
Clinic	9	11	11	11	11	12	12	12	13
Hospital	5	5	5	4	4	4	4	4	4
Other	1	1	1	2	2	2	2	2	1
Heads of Households w/ TennCare	2004	2005	2006	2007	2008	2009	2010	2011	2012
Doctor's Office	77	78	76	79	80	83	77	80	75
Clinic	14	14	15	15	13	12	15	11	14
Hospital	8	7	7	4	6	4	7	8	10
Other	1	1	1	2	<1	1	<1	2	1

TABLE 9: Children: Medical Facilities Used When Medical Care Initially Sought (2004–2012) (Percent)

All Heads of Households	2004	2005	2006	2007	2008	2009	2010	2011	2012
Doctor's Office	85	86	87	88	88	86	87	88	88
Clinic	11	10	10	9	10	10	11	9	10
Hospital	3	3	3	2	2	3	2	2	2
Other	1	1	<1	1	<1	<1	<1	<1	<1
Heads of Households w/ TennCare	2004	2005	2006	2007	2008	2009	2010	2011	2012
Doctor's Office	78	79	82	83	83	85	82	84	86
Clinic	16	13	12	14	14	15	15	7	11
Hospital	6	8	6	3	3	0	3	9	3
Other	0	0	1	0	<1	0	0	0	0

TennCare recipients continue to report seeing physicians on a more frequent basis than the average Tennessee household. Seventy-eight percent of TennCare heads of households (versus 58 percent of all heads of households) report seeing a physician at least every few months (Table 10). This figure remained the same for TennCare adults from 2011 to 2012 but only 67 percent of adults on TennCare saw a physician this often in 1997. Only 73 percent of TennCare children visit physicians at that same frequency (Table 11). This represents a slight increase in visits for children, where 71 percent reported they visited a doctor at least every few months in 2011.

TABLE 10: Frequency of Visits to Doctor for Head of Household (2004–2012) (Percent)

All Heads of Households	2004	2005	2006	2007	2008	2009	2010	2011	2012
Weekly	3	2	2	2	3	2	2	2	1
Monthly	11	11	12	13	12	12	11	11	11
Every Few Months	44	46	44	46	46	49	45	44	46
Yearly	26	26	25	23	22	22	24	25	25
Rarely	16	15	18	16	17	15	18	17	17
Heads of Households w/ TennCare	2004	2005	2006	2007	2008	2009	2010	2011	2012
Weekly	7	6	7	8	7	6	6	6	4
Monthly	28	30	30	33	33	30	29	26	31
Every Few Months	46	46	45	45	47	51	47	46	43
Yearly	9	11	8	6	8	7	7	10	8
Rarely	10	7	10	8	4	6	12	11	14

TABLE 11: Frequency of Visits to Doctor for Children (2004–2012) (Percent)

All Heads of Households	2004	2005	2006	2007	2008	2009	2010	2011	2012
Weekly	1	2	1	2	2	1	2	1	1
Monthly	10	11	10	11	9	9	9	10	8
Every Few Months	53	53	52	50	50	51	51	50	50
Yearly	26	23	28	27	29	31	29	31	35
Rarely	10	11	10	10	10	8	9	8	6
Heads of Households w/ TennCare	2004	2005	2006	2007	2008	2009	2010	2011	2012
Weekly	3	2	2	4	1	1	3	1	0
Monthly	14	21	16	14	16	18	13	15	15
Every Few Months	53	49	51	54	55	50	51	55	58
Yearly	22	17	23	16	21	27	24	25	22
Rarely	9	11	8	11	7	4	10	4	5

Appointments

The reported time required to obtain an appointment is comparable to the 2011 findings, with slightly more respondents reporting being able to make an appointment for the same day or the next day. The percent of TennCare recipients reporting obtaining a doctor's appointment on the same day that the request is made or the next day increased slightly to 41 percent in 2012, a 1 percentage point increase from 2011. The proportion of TennCare heads of household being able to obtain an appointment within one week slightly decreased to 66 percent, a 4 percentage point decrease from 2011. The number reporting having to wait longer than three weeks is 18 percent (Table 12). TennCare recipients are waiting 58 minutes on average to see their physicians once they reach the office (Table 13). This is similar to wait times in previous years.

TABLE 12: Time between Attempt to Make Appointment and First Availability of Appointment: TennCare Heads of Household (2004–2012) (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?	2004	2005	2006	2007	2008	2009	2010	2011	2012
Same day	20	21	22	22	21	18	20	21	20
Next day	17	17	27	20	17	23	19	19	21
1 week	33	31	22	30	27	25	29	30	25
2 weeks	11	10	10	8	10	9	11	10	14
3 weeks	3	5	4	4	4	4	4	4	2
Over 3 weeks	15	16	16	15	22	20	17	16	18

TABLE 13: Wait for Appointments: TennCare Heads of Household (2004–2012) (Minutes)

	2004	2005	2006	2007	2008	2009	2010	2011	2012
Number of minutes wait past scheduled appointment time?	63	57	80	57	50	52	65	58	58
Number of minutes to travel to physician's office?	27	32	30	21	25	24	31	23	22

TennCare Plans

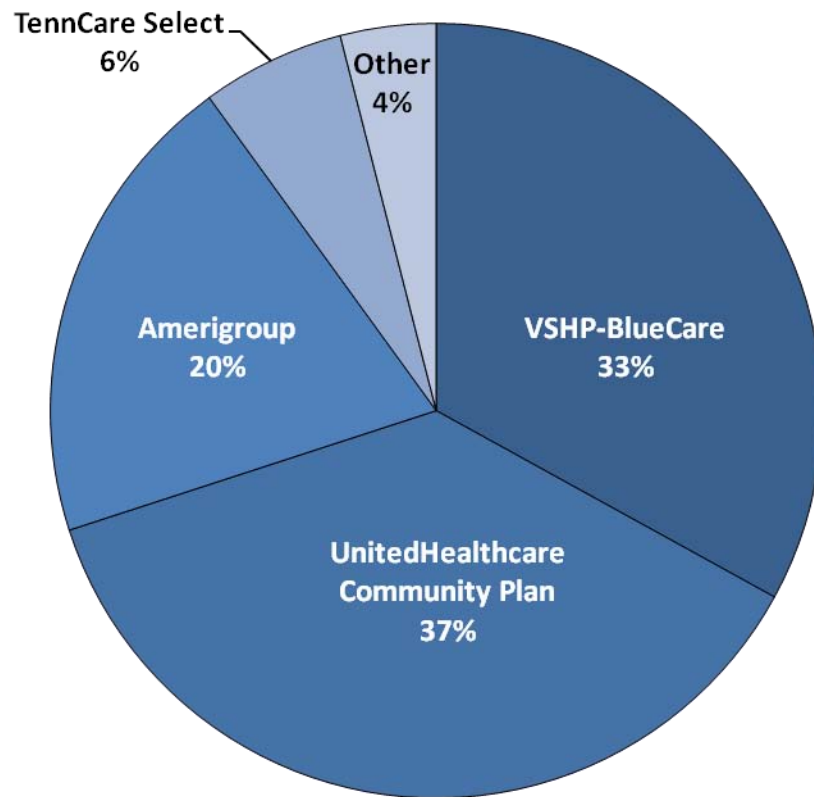
The largest number of TennCare recipients (37 percent) report being signed up with UnitedHealthcare Community Plan as their TennCare MCO. Volunteer State Health Plan (BlueCare) also accounts for a large percentage of the TennCare recipients (33 percent). Amerigroup accounts for another 20 percent, while 6 percent are represented by TennCare Select. Four percent report being represented by other plans, though there are no other active TennCare plans (Table 14).⁶

TABLE 14: Reported TennCare Plan (2005–2012) (Percent)

What company manages your TennCare plan?	2005	2006	2007	2008	2009	2010	2011	2012
Active Plans								
Amerigroup					8	10	16	20
TennCare Select	21	18	6	7	10	8	8	6
UnitedHealthcare Community Plan (formerly AmeriChoice)					26	37	41	37
VSHP – BlueCare					41	36	32	33
Inactive Plans								
Access Med Plus	1		2	3	<1			
Better Health Plans	2	3	1	1	<1			
Blue Cross / Blue Shield	36	31	35	37				
John Deere (Heritage)	9	6	7	4	1			
Omnicare (Affordable)	6	9	7	5	2			
Preferred Health Partner	10	11	8	6	2			
Premier Behavioral		1		<1				
Tennessee Behavioral			<1					
TLC (Memphis Managed Care)	13	11	7	9	2			
Universal Care		1	1	1				
Vanderbilt Health Plan	1	1	<1					
VHP Community Care		1		<1				
Windsor Health Plan of TN, Inc.			<1	<1				
Xantus Health Plan			<1					
Other	1	6	22	27	7	7	4	4

⁶ UnitedHealthcare Community Plan serves all regions of the state, while BlueCare serves east and west Tennessee. Amerigroup serves only middle Tennessee. TennCare Select serves a specialized segment composed primarily of children in DCS custody.

FIGURE 2: Reported TennCare Plan (2012)



In 2012, an increased share of TennCare households reported receiving information from MCOs (enrollment card, a list of rights and responsibilities, and name of MCO assigned). Sixty-two percent recall receiving an enrollment card, a one percentage point increase from 2011 (Table 15). Six percent of respondents indicated that they changed plans, a one percentage point increase from 2011. A greater proportion of respondents than in 2011 reported receiving both a list of rights and responsibilities and the name of the assigned MCO, though receiving a list of rights and responsibilities increased the most (12 percentage points). The preferred method for receiving information about TennCare remains through the mail, with 80 percent reporting this is the best way they obtain TennCare information (Table 16).

TABLE 15: Households Receiving TennCare Information from Plans (2005–2012) (Percent)

Please indicate whether or not you or anyone in your household has received each of the following regarding TennCare	2005	2006	2007	2008	2009	2010	2011	2012
An enrollment card	70	73	78	78	77	74	61	62
Information on filing grievances	26	41	46	41	41	43	29	
Information on filing appeals ⁷								73
A list of rights and responsibilities	71	78	77	73	75	74	68	80
Name of MCO to whom assigned	79	82	81	79	79	79	76	79

TABLE 16: Best Way to Get Information about TennCare (2005–2012) (Percent)

	2005	2006	2007	2008	2009	2010	2011	2012
Mail	75	75	72	73	71	72	78	80
Doctor	6	8	8	5	6	5	5	6
Phone	9	5	8	11	10	11	5	4
Handbook	4	3	6	6	7	5	6	5
Drug Store	1	2	1	1	1	<1	<1	<1
Friends	0	1	1	<1	1	1	2	<1
TV	1	1	0	1	<1	<1	<1	<1
Paper	0	0	0	<1	1	<1	0	<1
Other	4	5	4	3	3	4	4	4

⁷ In previous years, survey respondents were asked whether they had received “information on filing grievances.” The term “appeals” is much more widely used in the TennCare program than the term “grievances.” Therefore, the question was changed in 2012 to ask whether respondents had received “information on filing appeals.”

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 and are able to see a physician without excessive travel or waiting time. Tennessee's 9.2 percent rate of uninsured in 2012 is a slight decrease from 9.5 percent in 2011 and is the lowest since 2005. Still, the rate is much higher than those experienced before 2006. The total uninsured population is approximately 577,813, including about 40,700 children, a slight rise from last year's number of 35,743 uninsured children.

In 2012, recipients expressed high overall satisfaction with TennCare, with 93 percent claiming satisfaction with the program. This is the third highest level of satisfaction since the program began. The satisfaction rate remains dramatically higher (32 percentage points) than the rate in the program's first year. Additionally, fewer of those in the lowest income group claim affordability as a major barrier to getting insurance than at inception. TennCare continues to receive positive feedback from its recipients, indicating the program is providing medical care in a satisfactory manner and up to the expectations of those it serves.