

Impact of Ohio Medicaid

Eric Seiber, PhD



OFHS

About the Ohio Family Health Survey

With more than 51,000 households interviewed, the Ohio Family Health Survey is one of the largest and most comprehensive state-level health and insurance surveys conducted in the country. The project was managed by The Ohio State University's Ohio Colleges of Medicine Government Resource Center, and the Health Policy Institute of Ohio and the survey was conducted by Macro International. The Ohio Departments of Insurance, Job and Family Services, Health, and Mental Health, the Cleveland State University, and the Ohio Board of Regents funded the project. This current project is the third in a series of statewide health surveys, following family health surveys in 1998 and 2004.

Ohio Family Health Survey Web site (all sponsored research reports are available for download here):

<http://grc.osu.edu/ofhs>

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Abstract

Ohio's Healthcare Coverage Reform Initiative has the goal of extending health insurance coverage to 110,000 more Ohioans by 2011. In pursuit of this goal, the State Coverage Initiative (SCI) Team recommended multiple coverage reforms, with Medicaid figuring as a mechanism to extend coverage to low income Ohioans. However, Medicaid has undergone substantial structural reforms in recent years, and the experience of the Medicaid population since the 2004 Ohio Family Health Survey (OFHS) has not been assessed in relation to other populations until now. In particular, Medicaid managed care has doubled since the previous OFHS, expanding to include rural Ohio and the Medicaid disabled population. This study compares the current status of Medicaid beneficiaries to the privately insured, uninsured, and non-continuously covered Ohio population, estimates the change of Medicaid beneficiaries' perceptions about their healthcare access, utilization, and overall health, and explores potential factors that may contribute to this change.

Introduction

What has changed in Medicaid since the 2004 OFHS?

The major income eligibility rules for Medicaid eligibility changed little from 2004 to 2008, with the exception being eligibility for parents. Children's eligibility remained unchanged, with Medicaid eligibility for children set at family incomes up to 200% of the federal poverty level (FPL). However, parental eligibility was lowered from 100% FPL to 90% FPL. Community-dwelling adults aged 65 and older as well as individuals with disabilities can also be eligible for coverage under Medicaid if their income is less than \$556 after deducting qualifying medical expenses, with resources less than \$1,500 (64% FPL). Although the broad income eligibility parameters remained unchanged, other recent expansions in Medicaid eligibility include: coverage for former foster care youth ages 18 to 21 (effective January 2008), coverage for workers with disabilities up to 250% FPL (effective April 2008), pregnant women from 151% FPL to 200% FPL (effective January 2008). The state also expanded disabled child coverage beyond Medicaid eligibility for children in families over 300% FPL (effective April 2008). Also in January 2008 the 24-month participation time limit was removed for Healthy Families. Finally, the federal Deficit Reduction Act of 2005 imposed new documentation and proof of citizenship requirements for Medicaid eligibility applications.

Although the Medicaid population was impacted slightly by changes in eligibility, much of the Medicaid population transitioned from fee-for-service to managed care between 2004 and 2008. In 2004, Medicaid managed care enrollment was mandatory for children and adults in four urban counties and voluntary in eleven other counties. Seventy-three counties had no managed care enrollment and the managed care program did not include the Aged, Blind, and Disabled (ABD) population. As required by HB 66, the managed care program continued to expand by region and population during 2006 and 2007. At the end of 2008, Medicaid managed care enrollment was mandatory in all regions where two or more plans are available. Currently all eight regions of the state require mandatory enrollment for Covered Families and Children (CFC) and 6 of 8 regions are mandatory for a subset of the adult ABD population. For the two regions that offer fewer than two plans, the state is in the process of procuring plans to return those regions to mandatory status for the ABD population.

Methods

A. Data

Data from the 2008 Ohio Family Health Survey (OFHS) is used to generate findings in this report. The OFHS is a statewide, random digit dial telephone survey of over 50,000 Ohio residents, including more than 13,000 Ohio children. OFHS used a stratified, list-assisted sampling frame that sampled respondents using random digit dialing computer assisted telephone interviewing (CATI) methods. The sample was stratified by county with several additional samples. The six largest metropolitan counties were sub-sampled to ensure greater representation of African-Americans. Additional, targeted supplemental samples were drawn to ensure good representation of Asian and Hispanic residents. Finally, a separate cell phone sample ensured a higher representation of younger people. A detailed description of the survey methodology can be found in the 2008 OFHS Methodological Report. (Macro 2009).

The 2008 OFHS was also designed as a follow-up survey to the 2004 Ohio Family Health Survey, which interviewed approximately 40,000 households. The OFHS is specifically designed to allow policy analysis focusing on recent changes in Ohio's health insurance markets and the Medicaid program. Additionally, the 2008 OFHS survey replicates many questions from the 2004 data to allow analysis of trends and changes since 2004.

Traditional Medicaid studies use administrative claims data to track changes in utilization among Medicaid beneficiaries. These studies enjoy a wealth of information on Medicaid enrollees but contain no information on the privately insured and uninsured populations. Without a comparison group, local changes in the provider environment and broader trends affecting both the Medicaid and non-Medicaid population can bias estimates based solely on claims data. Household surveys such as the OFHS collect data from Medicaid enrollees, the privately insured (including employer sponsored coverage), and uninsured individuals within the same geographic markets, minimizing supply environment biases and statewide trends. However, household surveys come at the cost of relying on self-reported data, opening the possibility of alternative biases that can include recall bias and miscategorization of insurance status.

B. Study Sample

This study creates two subsamples from the OFHS consisting of non-institutionalized respondents in households under 300% of the federal poverty level who are not covered by Medicare (dual-eligible). The first analysis considers children under the age 18 and the second examines adults aged 18-64. All dual eligible respondents who report both Medicaid and Medicare coverage are excluded since Medicare would be their primary payer. This study focuses on comparisons of the privately insured and uninsured to the Medicaid population. To keep households that are most similar to the Medicaid eligible,

households over 300% of the federal poverty level were excluded. Finally, the institutionalized disabled population is also excluded from the original household sampling frame of both the 2004 and 2008 OFHS.

C. Complementary Studies

This report is one of several reports examining the Ohio Medicaid population using the 2008 OFHS. The report, *Potentially eligible Medicaid population without Medicaid coverage*, compares the demographic and health characteristics of the Medicaid enrolled population to Ohio residents who are Medicaid eligible but remain unenrolled. Furthermore, the Ohio Department of Job and Family Services (ODJFS) Office of Ohio Health Plans formally evaluates the Medicaid Managed Care Program annually on quality of care, access to care, and consumer satisfaction. ODJFS conducts the National Committee for Quality Assurance (NCQA) CAHP survey on its Medicaid Managed Care membership annually. These CAHP results provide benchmark comparisons among insurance groups nationally (e.g., private insurance, Medicaid, and Medicare) and allow ODJFS to compare Ohio Medicaid to other national entities. These reports are available from the department.

D. Group Definitions

This analysis of the 2008 data separates children into three groups. The algorithm for creating these groups is available from the author upon request.

Child — Full Year Medicaid — This first group consists of children continuously enrolled in Medicaid over the past year. This group is smaller than those reporting Medicaid coverage for the week of the survey.

Child — Full Year Private Coverage — The second group consists of children who report private coverage as a dependent on a parent's employer sponsored group plan, as a dependent on a parent's policy purchase in the non-group market, or covered by an individual policy in the child's name.

Child — Uninsured and Non-continuous Coverage — The final group consists of children who were uninsured at the time of the interview and children who had "non-continuous" coverage who experienced a coverage transition in the last twelve months. Children with non-continuous coverage switched coverage at least once between Medicaid and private coverage, Medicaid and uninsured, or between private and uninsured.

In addition to comparing differences in 2008 between the three groups above, the study includes three additional groups for the analysis examining changes between 2004 and 2008. In this 2004-2008 analysis, the *Full Year Medicaid* group is divided into three additional categories, depending on the level of Medicaid Managed Care in respondent's home county in 2004. Medicaid managed care participation varied by county in 2004 due to the fact that, before Medicaid can mandate that beneficiaries enroll in a managed care plan, federal

regulations require that the beneficiary have at least two choices of competing managed care plans. In 2004, some counties had sufficient competing managed care plans for mandatory Medicaid managed care enrollment while others had one plan or no managed care plans. In 2005, the Ohio Legislature required statewide implementation of managed care in Medicaid, and by 2007 all counties had at least two competing plans. By 2008, all 88 counties required mandatory managed care participation for all but a few Medicaid children, and all but one county had managed care participation rates over 90%.

Mandatory Managed Care County in 2004 — The four Ohio counties in 2004 in which participation in Medicaid managed care plans was required and reached participation rates of over 85%.

Preferred Managed Care County in 2004 — The six counties in 2004 which had managed care participation rates of between 40% and 70%.

No Managed Care or Voluntary Managed Care in 2004 — The 73 counties in 2004 which had no Medicaid managed care option and the 5 counties with participation rates under 15%.

The adult analysis replicates the children groups but subdivides Medicaid into three groups. The algorithm for creating these groups is available from the author upon request.

Adult — Full Year Healthy Start/Healthy Families Medicaid — This first group consists of adults continuously enrolled in Medicaid's Healthy Start/Healthy Families program over the past year, based on the following criteria in the data. This category includes adults with Medicaid coverage who were (1) in families under the poverty line and had a child covered by Medicaid, or (2) women with a pregnancy in the last 12 months, or non-disabled adults aged 18 - 20.

Adult — Full Year Aged/Blind/Disabled (ABD) Medicaid — This group consists of adults continuously enrolled in Medicaid's Aged, Blind, and Disabled program over the past year, based on the following criteria in the data. This category includes adults with Medicaid coverage who (1) need long term day to day living assistance, or (2) need special therapies for the long term, or (3) have a current need for personal care, domestic, or social/emotional assistance and are in poor or fair health. The analysis does not include dual Medicare/Medicaid eligibles so the aged members of the ABD population are excluded.

Adult — Full Year Undetermined Medicaid — This group consists of adults who reported continuous enrollment in Medicaid for the last year, but that could not be conclusively categorized into either the Healthy Start/Healthy Families group or the ABD group. Regulations for determining Medicaid

eligibility are extensive, and cannot be fully captured in household survey data.

Adult — Full Year Private Coverage — The fourth group consists of adults who report private coverage through their employer, as a dependent on a spouse's employer sponsored group plan, covered by an policy purchased in the non-group market, or as a dependent on a spouse's privately purchased policy.

Adult — Uninsured and Non-continuous Coverage — The final group consists of adults who were uninsured at the time of the interview and adults who had "non-continuous" coverage who changed source of coverage in the last twelve months. Adults with non-continuous coverage switched at least once between Medicaid and Private coverage, Medicaid and uninsured, or between Private and uninsured.

Adult Managed Care Comparisons — Dividing Medicaid enrolled adults by managed care county was not possible from the survey information collected. The random sample used in the OFHS produces a large sample of Medicaid eligible children, and all children with the exception of a small disabled group were involved in the transition to managed care. However, Medicaid coverage for adults is less common. Dividing the smaller HF/HS and ABD samples into managed care groups produced sample cells that were too small to analyze with precision.

E. Analysis

The report is separated into two analyses. The first analysis examines the full set of access and utilization responses from the 2008 OFHS while the second analysis describes changes in a subset of the outcomes that are available for both 2004 and 2008.

I. 2008 Access and Utilization Measures — Table 2 estimates the percentage of children answering yes for each of the indicators statewide, for the Full Year Medicaid, Full Year Private coverage, and Uninsured/Non-continuous coverage groups. All estimates are weighted to be representative at the state level, and all standard errors account for the complex survey design. Expanded tables listing the statewide estimates and estimates for each of the five regions can be found in the appendix.

II. Changes between 2004 and 2008 — The second set of Tables examine the changes between the 2004 and 2008 OFHS in access and utilization reported by survey respondents. The first column in the table presents the weighted bivariate estimates from the surveys. The "Percent Change" column calculates the difference between the 2004 and the 2008 values. To control for demographic differences between the samples and statewide trends, the "Percent Change (Adjusted)" column presents the change in adjusted percentages that remove the

demographic and time trend effects. For these adjusted percentages, the study estimates a probit regression for each indicator (regressions include in the appendix). These probit regression models include variables controlling for the insurance group (uninsured and non-continuous coverage are the omitted comparison group), a second interaction term identifying each insurance group in 2008, and an indicator for the year 2008 that captures the time trend, the respondent's age, family poverty level, gender, the selected adult's educational attainment, and whether either parent was employed. The adjusted percentages are predicted probabilities from the probit models where all variables except the insurance groups and year interactions are set to the mean across the pooled data. By adjusting and removing the time trend, the values for the omitted/comparison group (uninsured/non-continuous) no longer change over the study period. The final column gives the p-values from significance tests of change between 2004 and 2008 for the adjusted percentages.

Table 1 presents the means of the control variables by insurance group for both children and adults.

F. Appendix Tables

The appendix gives representative, regional (Metropolitan, Suburban, Appalachian, Rural) estimates for each of the tables. Also included in the appendix are the full regression results from the adjusted percentages.

I. Findings from the 2008 OFHS for Medicaid children (under 18 years old)

Table 2 presents the statewide estimates from 2008 for the access and utilization indicators by insurance group. For each indicator in the table, the appendices present the estimates for the same indicator for the four regions: Metropolitan, Suburban, Appalachia, and Non-Appalachian Rural.

I. A. How do parents of the under 18 Medicaid population perceive their child's health care?

In Table 2, the survey proxies for children (usually parents) across all three insurance groups provided mixed impressions on their child's health care. On the positive side, at least 95% of children in each group were reported as having a usual source to obtain sick health care. However, perceptions of the quality of that care were also lower, with 60% of Medicaid, 62% of privately insured, and 54% of uninsured/non-continuous children's quality of healthcare being rated "high", with high quality being defined as the respondent rating the care as a 9 or 10 on a scale of one to ten. Lastly, the uninsured/non-continuous are finding health care increasingly hard to obtain, with 31% of uninsured/non-continuous children indicating that health care was harder to obtain the last three years compared to 11% for Medicaid and 14% the privately insured.

I. B. Do parents report difficulties obtaining treatment for their Medicaid children?

While some respondents reported problems obtaining treatment for their Medicaid children, the proportion reporting problems is comparable to the privately insured and substantially lower than the problems facing the uninsured/non-continuously covered. Medicaid children had the lowest reported rates of not obtaining needed medical care, with only 1.6% not able to obtain needed care compared to 2.7% of the privately insured and 10.0% of the uninsured/non-continuous. Perceived access to specialists was more problematic for all groups. For Medicaid, 21% of children needing to see a specialist were reported as having any problems seeing a specialist, similar to the 19% for privately insured, and lower than the 38% for uninsured/non-continuous children. Perceived access to dental care was again similar for Medicaid and privately insured, with 5% of both groups reporting that they could not obtain dental care versus 15% of the uninsured/non-continuous. Lastly, 5% of Medicaid had some Other Problem obtaining treatment compared to 3% of the privately insured and 12% of the uninsured/non-continuous group.

I. C. Is cost perceived as a barrier to access for Medicaid children?

Cost proved less of a barrier for Medicaid children than the privately insured. In Table 2, only 3% of Medicaid compared to 5% of privately insured children had to delay treatment due to cost, while 18% of uninsured/non-continuous children had to delay treatment. Medicaid children also had the fewest reported major medical costs in the last year. While 12% in Medicaid reported a major medical cost, privately insured children incurred major costs almost as frequently as the uninsured/non-continuous (16% vs. 19%). For prescriptions, just 3% of both Medicaid and privately insured children could not fill a prescription due to cost, compared to 10% of uninsured/non-continuous children. It should be noted that these expenses include all costs in seeking health care and not just premiums and co-pays. This point is further developed in the Discussion section.

I. D. Medicaid children's reported access to outpatient care

The Medicaid population reported access to physician outpatient services at rates similar to the privately insured population and substantially higher than the uninsured and children with non-continuous coverage. In Table 2, over three quarters of children covered by Medicaid and Private insurance obtained a well child visit in the last twelve months compared to only two-thirds of uninsured/non-continuous children. Similarly, 87% of Medicaid and 84% of privately insured children visited a doctor at least once in the last twelve months versus 79% for the uninsured/non-continuous group. Whether insured or not, it is extremely rare for a child to have never seen a doctor, with one-percent or less of any group never having seen a doctor.

Dental and eye care utilization proved less common than general physician visits. Privately insured children were the most likely to see a dentist, with 73% having a dental visit in the last year. Medicaid children followed at 67%, and the

uninsured/non-continuous group were the least likely to see a dentist, with 46% reporting a dental visit in the last year. Unlike physician care, some children never see a dentist, with 15% of Medicaid, 11% of privately insured and 24% of uninsured/non-continuous children reported as never having been to a dentist. Also, fewer children sought eye care services, with 20% of Medicaid, 19% of privately insured, and 31% of the uninsured/non-continuous group reporting no previous eye care.

I. E. Medicaid children's reported access to hospital care

Medicaid children reported a higher rate of hospital care than their privately insured counterparts. While 6% of privately insured children reported an overnight hospital stay, Medicaid children were closer to the uninsured/non-continuous group with 8% of both Medicaid and uninsured/non-continuous children reporting an overnight hospital stay. Emergency room visits show the same pattern with 15% of privately insured children making a visit to the ER and 28% and 25% of Medicaid and uninsured/non-continuous children visiting an ER at least once in the last year.

II. Findings for Changes between the 2004 and 2008 OFHS

Tables 3-12 estimate four-year changes for a subset of the results in Table 2. Changes in the wording of the outpatient utilization measures in 2008 prevent comparison of these results across time. Also, the Medicaid group is subdivided into the counties that had Mandatory, Preferred, or No/Voluntary Medicaid managed care in 2004. The last two columns of each table give the adjusted percent change after controlling for demographic changes and removing the time trend. This statewide change is the weighted average of the changes for the three insurance groups, after controlling for demographics and unmeasured statewide effects.

II. A. Have perceptions of their health care changed for the under 18 Medicaid population?

The percentage of Medicaid children being reported as having a usual source of sick care has increased, but satisfaction with that care has fallen. Across all insurance categories in Table 3, the percent of children being reported as having a usual source of sick care increased, reaching 94% and higher for all groups. However, satisfaction with the perceived quality of that care declined the most for Medicaid children. Between 2004 and 2008, the percent reporting that they viewed the quality of their child's health care "high" fell by 13.7% (73.6% to 59.9%), with high quality being defined as the respondent rating the care as a 9 or 10 on a scale of one to ten. The declines in Table 4 were smallest for counties already enrolled in mandatory managed care (-9.2%), and largest for the Preferred counties (-16.3%) and the No/Voluntary counties (-14.4%). The changes for private and uninsured/non-continuous were substantially smaller at -1.0% and -4.1% respectively.

II. B. Do Medicaid children report increasing difficulties obtaining treatment?

From 2004 to 2008, Medicaid children had no reported change in their ability to obtain care, but there may be modest changes in obtaining specialized and other care in the newer managed care counties. Very few (2%) Medicaid children in Table 5 were reported as not obtaining needed medical care, and this percentage is unchanged between 2004 and 2008. The estimates for private and uninsured/non-continuous children are also stable for the five year period.

A modest trend in Table 6 suggests that children in the new managed care counties may perceive more problems seeing specialists. Children in counties with mandatory managed care in 2004 saw no change in the percent reporting problems accessing specialists. However, counties that transitioned from No/Voluntary managed care to mandatory in 2008 saw the percent reporting problems among those needing to see a specialist increasing by 2.7% from 16.7% to 19.5%, ending very close to the same level reporting problems seeing specialists as the counties beginning in mandatory managed care. Privately insured children had no reported change while uninsured/non-continuous children reporting problems seeing a specialist increased by 5.0% (32.7% to 37.7%).

II. C. Is cost reported as a barrier to access for Medicaid children?

Medicaid children report the fewest problems with cost as a barrier to access, but cost barriers increased in the newest managed care counties at the same rate as privately insured children. Medicaid children in Table 8 remain the least likely to report that they delayed treatment due to cost, with little change (-0.25%) between 2004 and 2008. No differences emerged in the managed care counties nor for privately insured children, although the percent of uninsured/non-continuous children delaying care due to cost decreased by 4.0% (22.6% to 18.5%).

The percent of children in Table 9 reported as having major medical costs in the last year increased across all insurance categories, with Medicaid experiencing the smallest increase. Major medical costs increased by 2.4% for Medicaid children (10.0% to 12.4%) compared to 5.0% for the privately insured and 3.1% for the uninsured/non-continuous. Within Medicaid, major medical costs remain unchanged only in the counties with Mandatory managed care, while Preferred and None/Voluntary counties increased at the same rates as the uninsured/non-continuously covered.

II. D. Has reported utilization of outpatient care changed for the under 18 Medicaid population?

Improvements in the 2008 outpatient utilization measures made the 2004 indicators incompatible so changes in access to outpatient care could not be measured and are excluded from the tables.

II. E. Has reported utilization of hospital care changed for the under 18 Medicaid population?

Reported inpatient stays in Table 11 for Medicaid children declined over the five year period, with the largest changes in counties that underwent the full transition from no managed care in 2004 to mandatory managed care for most children in 2008. Inpatient admissions for Medicaid children dropped 2.4% from 10.4% to 8.0% of Medicaid children having an inpatient admission in the last year. All Medicaid county groups lowered admissions with the smallest change of 1.5% for counties already implementing managed care in 2004 and the largest change of 2.9% (11.1% to 8.2%) for counties with no managed care in 2004. The privately insured had minimal changes in admissions (0.4%), but the uninsured/non-continuous group also had reductions of 1.5% (9.3% to 7.8%).

In Table 12, Medicaid experienced a substantial decline in emergency room visits, with the largest reduction occurring in counties introducing managed care. Statewide, Medicaid ER visits fell by 5.0%, from 32.6% to 27.6%. The largest declines came in the counties transitioning to managed care, declining by 6.5% (35.0% to 28.6%) compared to 1.4% in counties already enrolled in mandatory managed care. ER visits among privately insured children also declined by 5.9%, while uninsured/non-continuous visits increased by 2.9%.

III. Findings from the 2008 OFHS for Medicaid adults (18 - 64 years old)

Table 13 presents the statewide estimates from 2008 for the access and utilization indicators by insurance group for adults aged 18 - 64. For each indicator in the table, the appendices present the estimates for the same indicator for the four regions: Metropolitan, Suburban, Appalachia, and Non-Appalachian Rural.

III. A. How does the adult Medicaid population view their health care?

Adult Medicaid beneficiaries rate their health care as favorably as the privately insured and significantly higher than the uninsured/non-continuous group although fewer Medicaid adults have a usual source of care. Both the 42% HS/HF and 40% of the ABD population rated their health care as high quality, similar to the 44% for privately insured, with high quality being defined as the respondent rating the care as a 9 or 10 on a scale of one to ten. The uninsured/non-continuous population rated their care much lower with only 28% rating their care as high quality. Similarly, only 22% of HS/HF adults and 23% of privately insured adults indicate the health care has become harder to obtain in the last three years while the uninsured are encountering increasing difficulties with 50% indicating care is harder to find. The ABD population falls in between at 31% reporting care as harder to obtain in the last three years. However, fewer Medicaid adults, 79% of HS/HF and 86% of ABD, report a usual source of sick care, compared to 96% of privately insured and 77% of uninsured/non-continuously covered.

III. B. Do Medicaid adults report difficulties obtaining treatment?

The indicators for whether Medicaid adults have difficulties obtaining treatment proved mixed. When asked whether they were not obtaining needed medical care, only 9% of HS/HF adults reported any problems, with 14% of the privately insured, 19% of ABD adults and 36% for the uninsured/non-continuous group reported that they couldn't obtain treatment. However, access to specialists proved easiest for the privately insured, with 18% of those needing a specialist responded that they had any problems seeing a specialist compared to 28% of HS/HF, 41% of ABD, and 52% of uninsured/non-continuous adults. The same pattern emerged for Other Problems, with only 5% of privately insured adults reporting any Other Problems Getting Treatment, compared to 13% of HS/HF, 20% of ABD, and 26% of the uninsured/non-continuous. However, 18% of HS/HF and 22% of ABD adults reported needing dental care but that they were unable to obtain it, higher than the 12% of privately insured but lower than the 38% of uninsured/non-continuous group.

III. C. Is cost reported as barrier to access for Medicaid adults?

In Table 13, Costs proved to be the least problematic for HS/HF adults while ABD adults reported more problems with medical costs in 2008. Delaying treatment was least likely for HS/HF adults, with only 13% of HS/HF delaying treatment due to cost compared to 21% of the privately insured, 27% of ABD, and 54% of the uninsured/non-continuous. The frequency of major medical costs showed the same pattern, with 16% of HS/HF reporting any major medical costs in the last 12 months, compared to 26% of the privately insured, 33% of ABD, and 33% of the uninsured/continuously covered. Prescriptions also proved problematic for the ABD, with only 10% of HS/HF adults 17% of privately insured not filling a prescription due to cost, compared to 23% of ABD and 35% of the uninsured/non-continuously covered. It should be noted that these expenses include all costs in seeking health care and not just premiums and co-pays. This point is further developed in the Discussion section.

III. D. Medicaid adults' reported access to outpatient care

Access and utilization of outpatient physician, dental, and eye care for Medicaid adults compares favorably to the privately insured population. Medicaid adults were the most likely to see a doctor in the last 12 months, with 94% of HS/HF adults and 98% of ABD adults visiting a physician compared to 90% of the privately insured and 70% of the uninsured/non-continuously covered. Reported dental utilization was lower for all groups with 74% of privately insured seeing a dentist in the last year, followed by 72% of HS/HF adults 59% of ABD, and 45% of the uninsured/non-continuous group. Medicaid adults were also the most likely to report receiving eye care in the last year, with 65% of HS/HF adults reporting at least one eye care visit compared to 63% of ABD, 56% of privately insured, and 40% of the uninsured/non-continuously covered.

III. E. Medicaid adults' reported access to hospital care

Medicaid adults in Table 13 reported utilizing hospital care at rates significantly higher than their privately insured counterparts. While 12.0% of privately insured adults reported an overnight hospital stay, HS/HF Medicaid adults had inpatient utilization rates (26.0%) approaching the inpatient rates for the ABD population (31.9%). In contrast, adults with no or non-continuous coverage report overnight hospital stays at rates closer to the privately insured population (12.6%). Reported emergency room visits show the same pattern with 19% of privately insured adults making a visit to the ER and 44% of HS/HF and 50% of ABD Medicaid adults going at least once to the ER in the last year compared to 30% for the uninsured/non-continuous coverage group.

IV. Findings for Changes between the 2004 and 2008 OFHS

IV. A. Have perceptions of their health care changed for the adult Medicaid population?

Adults in Ohio have grown less satisfied with their care, and these changes are more pronounced among the Medicaid population. Fewer Medicaid adults in Table 15 rate the quality of their health care as "high", with high quality being defined as the respondent rating the care as a 9 or 10 on a scale of one to ten, with the percent of HS/HF adults responding that they received high quality care falling by 11% from 54% to 43% and a 17% decline from 57% to 43% for ABD adults, compared to -5% for privately insured and -7% for the uninsured/non-continuous. Fewer Medicaid adults report a usual source of care in Table 14, with 10% less HS/HF and 4% fewer ABD adults reporting that they have a usual source of sick care, compared to a 0.4% decrease for the privately insured and 3.5% reduction for the uninsured/non-continuous group.

IV. B. Are Medicaid adults reporting increasing difficulties obtaining treatment?

All Ohio adults reported increasing difficulties obtaining treatment, but the trends for Medicaid adults showed the largest increase in problems seeing specialists. Whether Medicaid, private, or uninsured, more Ohioans in Table 16 responded that they could not obtain needed care, with an increase of 4% for HS/HF, 3% for ABD, 4% for privately insured, and 6% for uninsured/non-continuously covered adults. Medicaid adults reported a higher rate of problems seeking specialist care, with a 4% increase in HS/HF and 14% of ABD adults needing a specialist indicating that they had problems seeing a specialist, compared to increases of 1.2% for the privately insured and 4.6% for the uninsured/non-continuous. Only Medicaid enrollees experienced an increase in Other Problems Getting Treatment, with no change for the privately insured and uninsured/non-continuous, but 2.1% more HS/HF and 2.6% more ABD adults reported Other Problems Getting Treatment. In Table 18, problems obtaining dental care increased for all groups with the exception of ABD Medicaid which reported fewer problems obtaining dental services.

IV. C. Is cost reported as a barrier to access for Medicaid adults?

Medical costs are an increasing problem for the privately insured, but Medicaid adults reported no change in medical costs being a barrier to treatment. While 3.3% more privately insured adults reported that they delayed treatment due to cost in Table 19, both HS/HF and ABD adults reported no change in delaying treatment with the trends disappearing in the broad confidence intervals. The uninsured/non-continuously covered also reported no change, but over 50% still reported delaying due to the cost of treatment. Similarly in Table 20, neither HS/HF nor ABD adults reported any change in the percent facing major medical costs in the last 12 months while the privately insured increased by 5.9 percent. Lastly, the percent of adults not filling a prescription due to cost increased for all groups, but HS/HF Medicaid adults still report the fewest problems affording prescriptions, followed by the privately insured, with ABD Medicaid adults falling between the privately insured and uninsured/non-continuous group.

IV. D. Has the reported utilization of outpatient care changed for the adult Medicaid population?

The same improvements in coding for the children's indicators in the 2008 outpatient utilization measures prevented comparison of changes in access to outpatient care for adults and are excluded from the tables.

IV. E. Has reported utilization of hospital care changed for the adult Medicaid population?

Respondents' reported utilization of hospital care showed little change from 2004 - 2008 with the exception of a downward trend for the ABD population. In Table 22 the percent of HS/HF adults with a reported inpatient hospital admission in the last twelve months remained unchanged at 26% compared to a 2.1% increase for the privately insured and 1.5% increase for the uninsured. The percent of ABD adults reporting an inpatient admission trended downwards by 4.7% (36% to 32%). ER visits also show little change for the Medicaid population, with a one percent increase (43% to 44%) for HS/HF adults and a downward trend of 3.6% for ABD adults, compared to 2.1% decrease for the privately insured and no change for the uninsured/non-continuous group.

Discussion

Based on the 2008 OFHS analysis, Medicaid children's results compare favorably to the privately insured and substantially better than uninsured/non-continuous children and children with transient/part-year coverage. Specifically, Medicaid children reported access to outpatient services at rates similar to the privately insured, have similar reported quality of care, have the same or fewer reported problems seeing specialists and accessing care, and have the lowest rates of identifying cost as a barrier to care.

The broad changes in the Medicaid program between 2004 and the end of 2008, including the expansion of Medicaid managed care across the state produced several noteworthy changes. Across the program, reported Medicaid inpatient admissions have decreased but the largest reductions came in reported emergency room visits. Within Medicaid, the largest utilization reductions came in the counties that had No or Voluntary managed care in 2004 and that transitioned to Mandatory managed care by the end of 2008. These reductions in utilization did come with lower satisfaction and perceived quality of care. This pattern of reduced utilization and lower satisfaction parallel the broader managed care experience nationally with reductions in choice of providers lowering satisfaction but also lowering utilization and costs (Robinson 2000).

One change merits further evaluation. Between 2004 and 2008, the percent of Medicaid children reporting major medical costs in the new managed care counties increased at similar rates to children with private coverage and the uninsured/non-continuous. In the OFHS, the respondent decides if, from their perspective, they have faced a major cost. For costs, it is important to highlight that out-of-pocket costs are only one dimension of the cost of health care for the respondent. Even though Medicaid coverage generally requires no premiums and minimal out-of-pocket expenses, Medicaid beneficiaries still incur costs in seeking health care. In particular, the cost of lost wages for low-income Medicaid adults and the parents of Medicaid children can impose costs that far exceed any out-of-pocket costs for seeking care. The only Medicaid children not reporting an increase in major costs were those living in the urban counties with Mandatory managed care in 2004. These urban counties may reflect lower lost wages/costs due to easier access through large, urban medical centers.

Because these results are drawn from a representative sample of Medicaid, privately insured, and uninsured/non-continuous children, the report can put the experience of Medicaid in the context of the changes occurring statewide for all children. For example, the rate of well child visits for Medicaid children falls far short of 100%, with a quarter still not obtaining their well child visit. However, Medicaid children are equal to or are marginally more likely to receive their well child visit than the privately insured and over ten percentage points more likely than the uninsured/non-continuous. The finding that Medicaid equals the rates of privately insured children suggests that insurance type (or Medicaid enrollment) is unlikely to be the defining determinant for whether a child misses their well

child visits. Furthermore, it should be highlighted that continuous insurance coverage, whether public or private, is associated with a child's receiving their well-child visit.

While most results for Medicaid children equaled or exceeded those for privately insured children, some of the findings for Medicaid adults proved lower compared to private coverage (health care rating and difficulty obtaining care over the last three years were exceptions to this pattern) but still far exceeded the indicators for the uninsured and non-continuously covered. However, in many areas ABD adults had lower results within Medicaid, and their experience trailed the Privately insured, but were still better than the Uninsured. While the survey results are not adjusted for respondents' health status and health care needs, these lower results for ABD adults also can be attributed to ABD adults' higher health care needs and disabilities giving them more opportunity to encounter problems in the health care system

Policy Implications

Children remain the largest group of enrollees for Medicaid, and for this key constituency, coverage through Medicaid produces results comparable to the privately insured. Medicaid children had similar or better rates than the privately insured for utilization of outpatient services, overnight hospital stays, perceptions of the quality of care, and problems obtaining care. However, Medicaid children are more likely to go to an emergency room than the privately insured. This result should be expected since the large co-pays for ER visits used by private insurance companies are not appropriate for Medicaid and its low-income mission.

The expansion of managed care over the last five years has produced results largely along the lines expected. Managed care provider networks potentially reduce choice and lower reported satisfaction among members, but they also have managed to reduce reported utilization of costly emergency room visits. Because the OFHS does not collect data on costs, future research will need to compare the changes in total cost (administrative and utilization) per beneficiary in the older, managed care counties to the new mandatory managed care counties.

Medicaid's adult enrollees consist primarily of the very poor and the very sick. While Medicaid children report results that are similar or better than the privately insured, the pattern is mixed for adults. Low income Medicaid adults report more problems entering the health care system (a usual source of sick care, seeing a specialist, unable to obtain dental care), but they report fewer costs barriers and more utilization than the privately insured once they enter the system. This difference between children and adults can stem from multiple differences. First, Medicaid adults are predominantly poor while many Medicaid children are in working families above the poverty level. Furthermore, Medicaid adults face a more difficult provider network/environment, with fewer providers accepting new adult Medicaid enrollees. While it is difficult to establish a pediatric practice that does not accept Medicaid children, the same can not be said for providers that primarily see adults. Specialists who see primarily adults can see both privately insured and Medicare beneficiaries before accepting Medicaid patients. More research is necessary that compares provider networks available to Medicaid adults.

ABD Medicaid adults report the most difficulties of any of the insured categories, but this result is not surprising. ABD adults, by definition, are high users of health care and have the highest chance of encountering problems in the health system. Comparing ABD adults to the more healthy low-income Medicaid population and the privately insured should produce less favorable results. Future research will need to compare the ABD Medicaid population to similarly disabled, privately insured adults for a more accurate perspective of the challenges facing high health care users.

Limitations and future research needs

The household survey data used in this report bring the advantage of comparing the Medicaid population to the privately insured and the uninsured/non-continuously covered, but survey data also brings its own limitations. Survey data remain the standard for tracking changes in insurance status at both the state and national level, and studies of self-reported insurance status have repeatedly found that survey data under-report Medicaid participation (Call et al. 2008, Goidel et al. 2007). Also, retrospective, self-reported utilization data opens the possibility of recall bias. However, the study design used in this report minimizes this limitation by comparing the Medicaid estimates with the two comparison groups, privately insured and the uninsured/non-continuous. If recall bias does not differ by insurance group, differences between groups will not be biased.

The managed care analysis faces an additional limitation. Respondents to household surveys rarely know their program classification within the Medicaid program nor whether they are enrolled in Medicaid managed care. To address this limitation the report assigns Medicaid beneficiaries by their county or managed care market. This market level approach replicates the market level techniques used in the analysis of the managed care experience in California and nationally (Robinson 2000, Zwanziger et al. 2000).

Despite the benefit of comparison groups and tracking changes statewide, survey data cannot match the depth of utilization data available in administrative claims datasets. Future research examining the Ohio Medicaid population should exploit the advantages of both data sources, and jointly analyze Medicaid claims and the OFHS data to triangulate the impact of changes on the Medicaid population.

In addition to the additional stratification by disabled status mentioned previously, future research will need to control for the health status of Medicaid beneficiaries. Much claims data research focuses on how to risk adjust or purge bias arising from the health status of enrollees in an insurance pool. The OFHS survey data do not include the multiple diagnoses available of healthcare claims so statistical tools will be required to control for health status. Future research should explore the use of instrumental variable estimators or propensity scoring techniques to statistically create equivalent comparison groups and remove any possible biases from the lower health status of Medicaid beneficiaries.

Conclusion

Medicaid coverage provides children with access and utilization rates similar to or better than their privately insured counterparts. This favorable position compared to the privately insured has held for most indicators through the changes of the past five years, including the expansion of Medicaid managed care across the state. The results for Healthy Start/Healthy Families Medicaid adults are less clear with Medicaid adults reporting fewer problems with the cost of healthcare but more problems entering the health care system than privately insured adults. Finally, ABD Medicaid adults report the least favorable access and utilization results, largely due to their high healthcare utilization and frequent opportunities to encounter problems in the health system.

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Table 1: Sample Means by Insurance Category — Children under 300% FPL

	Medicaid (Full Year)		Private Insurance (Full Year)		Uninsured & Non-continuous coverage	
Child aged 0-4	0.056	0.230	0.036	0.187	0.073	0.261
Child aged 5-9	0.314	0.464	0.236	0.424	0.256	0.436
Child aged 10-14	0.378	0.485	0.417	0.493	0.365	0.481
Child aged 15-17	0.252	0.434	0.310	0.463	0.306	0.461
Household Income						
101%-150% FPL	0.230	0.421	0.132	0.339	0.233	0.423
151%-200% FPL	0.102	0.302	0.221	0.415	0.184	0.387
201%-300% FPL	0.073	0.261	0.534	0.499	0.209	0.407
Female	0.488	0.500	0.485	0.500	0.371	0.483
Parental Education						
Less than high school	0.186	0.389	0.043	0.203	0.154	0.361
High school graduate	0.454	0.498	0.392	0.488	0.449	0.497
Some college	0.297	0.457	0.335	0.472	0.307	0.461
College graduate	0.062	0.240	0.228	0.420	0.088	0.284
Unemployed						
Household	0.403	0.491	0.061	0.240	0.271	0.445
Year = 2008	0.527	0.499	0.422	0.494	0.550	0.498
Number of observations	6,222		7,582		3,219	
Percent of sample	0.403		0.411		0.179	

	Mandatory Medicaid Managed Care in 2004		Preferred Medicaid Managed Care in 2004		None/Voluntary Managed Care in 2004	
Child aged 0-4	0.042	0.200	0.064	0.246	0.059	0.235
Child aged 5-9	0.318	0.466	0.316	0.465	0.310	0.463
Child aged 10-14	0.390	0.488	0.374	0.484	0.373	0.484
Child aged 15-17	0.250	0.433	0.246	0.431	0.257	0.437
Household Income						
101%-150% FPL	0.208	0.406	0.229	0.420	0.243	0.429
151%-200% FPL	0.093	0.290	0.094	0.291	0.112	0.316
201%-300% FPL	0.077	0.266	0.073	0.260	0.072	0.258
Female	0.479	0.500	0.490	0.500	0.491	0.500
Parental Education						
Less than high school	0.147	0.354	0.230	0.421	0.180	0.384
High school	0.435	0.496	0.400	0.490	0.499	0.500

graduate						
Some college	0.348	0.477	0.299	0.458	0.265	0.441
College graduate	0.068	0.251	0.068	0.251	0.054	0.226
Unemployed						
Household	0.441	0.497	0.441	0.497	0.356	0.479
Year = 2008	0.540	0.499	0.548	0.498	0.506	0.500
Number of						
observations	1,661		1,373		3,188	
Percent of sample	0.107		0.115		0.181	

Table 1 (Continued): Sample Means by Insurance Category - Adults under 300% FPL

	Medicaid - Healthy Families (Full Year)		Medicaid - ABD (Full Year)		Medicaid - Undetermined (Full Year)	
Adult aged 18-24	0.335	0.472	0.123	0.328	0.220	0.414
Adult aged 25-34	0.379	0.485	0.163	0.369	0.312	0.463
Adult aged 35-44	0.193	0.395	0.203	0.403	0.248	0.432
Adult aged 45-54	0.072	0.258	0.290	0.454	0.121	0.326
Adult aged 55-65	0.021	0.143	0.221	0.415	0.100	0.300
Household Income						
101%-150% FPL	0.045	0.208	0.208	0.406	0.354	0.478
151%-200% FPL	0.027	0.161	0.067	0.250	0.148	0.356
201%-300% FPL	0.019	0.138	0.062	0.242	0.107	0.309
Female	0.817	0.387	0.678	0.467	0.600	0.490
Educational Attainment						
Less than high school	0.310	0.462	0.359	0.480	0.278	0.448
High school graduate	0.432	0.495	0.397	0.490	0.474	0.499
Some college	0.238	0.426	0.192	0.394	0.204	0.403
College graduate	0.020	0.141	0.038	0.192	0.035	0.185
Unemployed Household	0.542	0.498	0.860	0.347	0.523	0.500
Year = 2008	0.472	0.499	0.498	0.500	0.400	0.490
Number of observations	2,559		1,010		1,409	
Percent of sample	0.071		0.022		0.036	
			Uninsured & Non-continuous coverage			
	Private Insurance (Full Year)					
Adult aged 18-24	0.151	0.358	0.250	0.433		
Adult aged 25-34	0.209	0.406	0.267	0.442		
Adult aged 35-44	0.263	0.440	0.219	0.414		
Adult aged 45-54	0.202	0.402	0.163	0.369		
Adult aged 55-65	0.174	0.380	0.102	0.303		
Household Income						
101%-150% FPL	0.140	0.347	0.230	0.421		
151%-200% FPL	0.197	0.398	0.171	0.377		
201%-300% FPL	0.532	0.499	0.221	0.415		
Female	0.538	0.499	0.500	0.500		
Educational Attainment						

Less than high school	0.079	0.270	0.200	0.400
High school graduate	0.468	0.499	0.469	0.499
Some college	0.290	0.454	0.246	0.430
College graduate	0.159	0.366	0.081	0.273
Unemployed				
Household	0.137	0.344	0.373	0.484
Year = 2008	0.483	0.500	0.539	0.499
Number of observations	16,554		10,775	
Percent of sample	0.512		0.359	

Table 2. Statewide Healthcare Access by Insurance Status (in percent)* for Children under 18

	Medicaid (Full Year)	Private Insurance (Full Year)	Uninsured/Transient coverage
Has a Usual Source for Sick Care	95.3 (0.41)	97.5 (0.28)	94.6 (0.68)
High Health Care Rating	59.9 (0.93)	61.7 (0.86)	53.5 (1.48)
Harder to get Health Care in Last 3 years	11.1 (0.60)	13.9 (0.61)	31.4 (1.34)
Not Obtaining Needed Medical Care	1.6 (0.23)	2.7 (0.29)	10.0 (0.86)
Any Problems Seeing Specialist**	20.6 (1.42)	18.7 (1.36)	37.7 (2.91)
Not Obtaining Needed Dental Care	5.1 (0.42)	4.7 (0.37)	14.9 (1.01)
Other Problems Getting Treatment	4.7 (0.40)	2.9 (0.29)	11.9 (0.93)
Delayed Treatment	2.9 (0.32)	5.2 (0.39)	18.5 (1.11)
Major Medical Costs	12.4 (0.62)	16.2 (0.64)	19.3 (1.13)
Not Obtaining Needed Drugs	2.8 (0.31)	2.9 (0.30)	10.2 (0.87)

* Percent (SE)

** Percentages apply only to those who reported a need for specialist care

Table 2. Statewide Healthcare Utilization by Insurance Status (in percent)* for Children under 18 (continued)

	Medicaid (Full Year)	Private Insurance (Full Year)	Uninsured/Transient coverage
Well Child Visit Last 12 Months	77.6 (0.79)	75.8 (0.75)	66.4 (1.35)
Seen Doctor in Last 12 Months	87.1 (0.64)	84.1 (0.64)	77.5 (1.21)
Never Seen a Doctor	0.5 (0.13)	0.8 (0.16)	1.0 (0.29)
Seen Dentist in Last 12 Months	67.3 (0.92)	73.0 (0.79)	46.4 (1.48)
Never Seen Dentist	14.9 (0.69)	11.2 (0.56)	24.0 (1.27)
Never Received Eye Care	19.8 (0.76)	19.4 (0.70)	31.1 (1.35)
Any Hospital Visits	8.0 (0.51)	5.7 (0.41)	7.8 (0.77)
Any ER Visits	27.6 (0.84)	14.7 (0.62)	25.2 (1.24)

* Percent (SE)

Table 3. Had Usual Source of Sick Care by Insurance Status for 2004 and 2008 for Children under 18

Insurance Status	Year	Percent (SE)	95% Confidence Interval	Percent Change	Percent Change (Adjusted)	p-value
Medicaid	2004	88.98 (0.56)	87.88-90.08	6.33	-1.14	0.500
	2008	95.31 (0.41)	94.51- 96.11			
Mandatory Mcd MC in 04	2004	90.30 (0.99)	88.36 -92.24	6.97	0.93	0.624
	2008	97.27 (0.63)	96.04 -98.50			
Preferred Mcd MC in 04	2004	83.59 (1.39)	80.87 -86.31	10.12	0.27	0.927
	2008	93.71 (1.03)	91.69-95.73			
No/Vol Mcd MC option in 04	2004	91.41 (0.71)	90.02 -92.80	3.73	-3.01	0.088
	2008	95.14 (0.56)	94.04 -96.24			
Private Insurance	2004	89.55 (0.48)	88.61 -90.49	7.97	1.96	0.201
	2008	97.52(0.28)	96.97 -98.07			
Uninsured/Part year coverage	2004	85.31 (1.08)	83.19 -87.43	9.27	*	*
	2008	94.58 (0.68)	93.25 -95.91			
Statewide	2004	88.80 (0.35)	88.11-89.49	7.26	0.43	n/a
	2008	96.06 (0.23)	95.61-96.51			

*Comparison group

Table 4. High Health Care Rating by Insurance Status for 2004 and 2008 for Children under 18

Insurance Status	Year	Percent (SE)	95% Confidence Interval	Percent Change	Percent Change (Adjusted)	p-value
Medicaid	2004	73.61 (0.77)	72.10-75.12	-13.68	-8.73	0.004
	2008	59.93 (0.93)	58.11-61.75			
Mandatory Mcd MC in 04	2004	70.97 (1.50)	68.03-73.91	-9.23	-4.62	0.260
	2008	61.74 (1.84)	58.13-65.35			
Preferred Mcd MC in 04	2004	72.42 (1.64)	69.21-75.63	-16.27	-11.49	0.007
	2008	56.15 (2.04)	52.15-60.15			
No/Vol Mcd MC option in 04	2004	75.77 (1.06)	73.69-77.85	-14.39	-9.17	0.006
	2008	61.38 (1.26)	58.91-63.85			
Private Insurance	2004	60.63 (0.76)	59.14-62.12	1.04	6.39	0.038
	2008	61.67 (0.86)	59.98-63.36			
Uninsured/Part year coverage	2004	57.56 (1.47)	54.68-60.44	-4.08	*	*
	2008	53.48 (1.48)	50.58-56.38			
Statewide	2004	65.3 (0.51)	64.30-66.30	-5.60	-0.50	n/a
	2008	59.70 (0.58)	58.56-60.84			

*Comparison group

Table 5. Not Obtaining Care by Insurance Status for 2004 and 2008 for Children under 18

Insurance Status	Year	Percent (SE)	95% Confidence Interval	Percent Change	Percent Change (Adjusted)	p-value
Medicaid	2004	2.03 (0.24)	1.56-2.50	-0.48	-0.33	0.537
	2008	1.55 (0.23)	1.10-2.00			
Mandatory Mcd MC in 04	2004	1.52 (0.40)	0.74-2.30	-0.31	-0.16	0.797
	2008	1.21 (0.41)	0.41-2.01			
Preferred Mcd MC in 04	2004	1.95 (0.50)	0.97-2.93	-0.3	-0.12	0.892
	2008	1.65 (0.52)	0.63-2.67			
No/Vol Mcd MC option in 04	2004	2.35 (0.37)	1.62-3.08	-0.65	-0.55	0.453
	2008	1.70 (0.33)	1.05-2.35			
Private Insurance	2008	3.13 (0.27)	2.60-3.66	-0.41	-0.26	0.727
	2004	2.72 (0.29)	2.15-3.29			
Uninsured/Part year coverage	2004	10.93 (0.87)	9.22-12.64	-0.89	*	*
	2008	10.04 (0.86)	8.35-11.73			
Statewide	2004	3.78 (0.20)	3.39-4.17	-0.51	-0.23	n/a
	2008	3.27 (0.21)	2.86-3.86			

*Comparison group

Table 6. Problem Seeing Specialist by Insurance Status for 2004 and 2008 for Children under 18*

Insurance Status	Year	Percent (SE)	95% Confidence Interval	Percent Change	Percent Change (Adjusted)	p-value
Medicaid	2004	19.42 (1.34)	16.79-22.05	1.18	-3.61	0.451
	2008	20.60 (1.42)	17.82-23.38			
Mandatory Mcd MC in 04	2004	20.90 (2.74)	15.53-26.27	-0.68	-4.54	0.493
	2008	20.22 (3.01)	14.32-26.12			
Preferred Mcd MC in 04	2004	22.57 (2.89)	16.91-28.23	0.06	-5.79	0.392
	2008	22.63 (3.11)	16.53-28.73			
No/Vol Mcd MC option in 04	2004	16.73 (1.78)	13.24-20.22	2.74	-1.87	0.712
	2008	19.47 (1.87)	15.80-23.14			
Private Insurance	2004	18.67 (1.21)	16.30-21.04	0	-5.6	0.237
	2008	18.67 (1.36)	16.00-21.34			
Uninsured/Part year coverage	2004	32.73 (3.11)	26.63-38.83	4.98	*	*
	2008	37.71 (2.91)	32.01-43.41			
Statewide	2004	20.55 (0.87)	18.84-22.26	1.71	-3.64	n/a
	2008	22.26 (0.95)	20.40-24.12			

*Comparison group

Percentages apply only to those who reported a need for specialist care

Table 7. Not Obtaining Needed Dental Care for 2004 and 2008 for Children under 18*

Insurance Status	Year	Percent (SE)	95% Confidence Interval	Percent Change	Percent Change (Adjusted)	p-value
Medicaid	2004	4.9	4.2-5.7	0.2	0.2	0.801
	2008	5.1	4.3-5.9			
Mandatory Mcd MC in 04	2004	5.5	4.0-7.0	1.0	1.0	0.456
	2008	6.5	4.6-8.3			
Preferred Mcd MC in 04	2004	4.6	3.1-6.1	-0.2	-0.1	0.940
	2008	4.4	2.8-6.0			
No/Vol Mcd MC option in 04	2004	4.8	3.8-5.9	-0.1	-0.1	0.949
	2008	4.7	3.6-5.8			
Private Insurance	2004	4.4	3.8-5.0	0.3	0.5	0.612
	2008	4.7	3.9-5.4			
Uninsured/Part year coverage	2004	15.8	13.8-17.8	-0.9	*	*
	2008	14.9	12.9-16.8			
Statewide	2004	6.2	5.7-6.7	0.2	0.5	n/a
	2008	6.4	5.8-6.9			

*Comparison group

Table 8. Delayed Treatment due to Cost by Insurance Status for 2004 and 2008 for Children under 18

Insurance Status	Year	Percent (SE)	95% Confidence Interval	Percent Change	Percent Change (Adjusted)	p-value
Medicaid	2004	3.18 (0.30)	2.59-3.77	-0.25	-0.55	0.458
	2008	2.93 (0.32)	2.30-3.56			
Mandatory Mcd MC in 04	2004	3.46 (0.60)	2.28-4.64	-0.87	-0.18	0.871
	2008	2.59 (0.59)	1.43-3.75			
Preferred Mcd MC in 04	2004	2.44 (0.56)	1.34-3.54	0.19	-0.83	0.436
	2008	2.63 (0.65)	1.36-3.90			
No/Vol Mcd MC option in 04	2004	3.45 (0.45)	2.57-4.33	-0.09	-0.64	0.518
	2008	3.36 (0.46)	2.46-4.26			
Private Insurance	2004	5.41 (0.35)	4.72-6.10	-0.21	-1.06	0.317
	2008	5.20 (0.39)	4.44-5.96			
Uninsured/Part year coverage	2004	22.59 (1.17)	20.30-24.88	-4.07	*	*
	2008	18.52 (1.11)	16.34-20.70			
Statewide	2004	6.92 (0.27)	6.39-7.45	-0.84	-1.05	n/a
	2008	6.08 (0.28)	5.53-6.63			

*Comparison group

Table 9. Major Medical Costs by Insurance Status for 2004 and 2008 for Children under 18

Insurance Status	Year	Percent (SE)	95% Confidence Interval	Percent Change	Percent Change (Adjusted)	p-value
Medicaid	2004	10.06 (0.52)	9.04-11.08	2.36	0.13	0.941
	2008	12.42 (0.62)	11.20-13.64			
Mandatory Mcd MC in 04	2004	9.81 (0.97)	7.91-11.71	0.18	-1.64	0.483
	2008	9.99 (1.12)	7.79-12.19			
Preferred Mcd MC in 04	2004	8.14 (0.99)	6.20-10.08	3.47	1.28	0.588
	2008	11.61 (1.30)	9.06-14.16			
No/Vol Mcd MC option in 04	2004	11.31 (0.78)	9.78-12.84	3.20	0.75	0.745
	2008	14.51 (0.90)	12.75-16.27			
Private Insurance	2004	11.23 (0.48)	10.29-12.17	4.98	2.18	0.273
	2008	16.21 (0.64)	14.96-17.46			
Uninsured/Part year coverage	2004	16.13 (1.03)	14.11-18.15	3.16	*	*
	2008	19.29 (1.13)	17.08-21.50			
Statewide	2004	11.45 (0.34)	10.78-12.12	3.43	1.20	n/a
	2008	14.88 (0.41)	14.08-15.68			

*Comparison group

Table 10. Not Obtaining Needed Drugs by Insurance Status for 2004 and 2008 for Children under 18

Insurance Status	Year	Percent (SE)	95% Confidence Interval	Percent Change	Percent Change (Adjusted)	p-value
Medicaid	2004	2.1 (0.25)	1.6-2.6	0.7	0.1	0.980
	2008	2.8 (0.31)	2.2-3.4			
Mandatory Mcd MC in 04	2004	2.3 (0.49)	1.4-3.3	0.4	-0.5	0.654
	2008	2.7 (0.61)	1.5-3.8			
Preferred Mcd MC in 04	2004	1.8 (0.48)	0.8-2.7	1.6	1.0	0.318
	2008	3.4 (0.74)	1.9-4.8			
No/Vol Mcd MC option in 04	2004	2.1 (0.36)	1.4-2.8	0.3	-0.4	0.613
	2008	2.5 (0.40)	1.7-3.2			
Private Insurance	2004	3.1 (0.27)	2.6-3.7	-0.2	-0.8	0.328
	2008	2.9 (0.40)	2.4-3.5			
Uninsured/Part year coverage	2004	9.2 (0.81)	8.7-9.7	1.0	*	*
	2008	10.2 (0.87)	9.6-10.8			
Statewide	2004	3.6 (0.20)	3.2-4.0	0.4	n/a	n/a
	2008	4.0 (0.23)	3.5-4.4			

*Comparison group

Table 11. Any Overnight Hospital Visit by Insurance Status for 2004 and 2008 for Children under 18

Insurance Status	Year	Percent (SE)	95% Confidence Interval	Percent Change	Percent Change (Adjusted)	p-value		
Medicaid	2004	10.35 (0.53)	9.31-11.39	-2.39	-1.65	0.345		
	2008	7.96 (0.51)	6.96-8.96					
	Mandatory Mcd MC in 04	2004	8.93 (0.93)	7.11-10.75	-1.54		-1.18	0.573
		2008	7.39 (0.99)	5.45-9.33				
Preferred Mcd MC in 04	2004	10.39 (1.11)	8.21-12.57	-2.20	-1.55	0.508		
	2008	8.19 (1.12)	5.99-10.39					
No/Vol Mcd MC option in 04	2004	11.10 (0.77)	9.59-12.61	-2.93	-1.91		0.344	
	2008	8.17 (0.70)	6.80-9.54					
Private Insurance	2008	6.10 (0.37)	5.37-6.83	-0.39	-0.24	0.863		
	2004	5.71 (0.41)	4.91-6.51					
Uninsured/Part year coverage	2004	9.29 (0.81)	7.70-10.88	-1.45	*		*	
	2008	7.84 (0.77)	6.33-9.35					
Statewide	2004	8.16 (0.29)	7.59-8.73	-1.08	-0.61	n/a		
	2008	7.08 (0.30)	6.49-7.67					

*Comparison group

Table 12. Any ER Visit by Insurance Status for 2004 and 2008 for Children under 18

Insurance Status	Year	Percent (SE)	95% Confidence Interval	Percent Change	Percent Change (Adjusted)	p-value
Medicaid	2004	32.57 (0.81)	30.98-34.16	-4.96	-6.7	0.020
	2008	27.61 (0.84)	25.96-29.26			
Mandatory Mcd MC in 04	2004	27.60 (1.46)	24.74-30.46	-1.44	-3.58	0.321
	2008	26.16 (1.66)	22.91-29.41			
Preferred Mcd MC in 04	2004	33.02 (1.71)	29.67-36.37	-5.49	-6.73	0.087
	2008	27.53 (1.83)	23.94-31.12			
No/Vol Mcd MC option in 04	2004	35.04 (1.18)	32.73-37.35	-6.48	-8.25	0.013
	2008	28.56 (1.16)	26.29-30.83			
Private Insurance	2004	20.61 (0.62)	19.39-21.83	-5.88	-7.64	0.001
	2008	14.73 (0.62)	13.51-15.95			
Uninsured/Part year coverage	2004	22.29 (1.16)	20.02-24.56	2.88	*	*
	2008	25.17 (1.24)	22.74-27.60			
Statewide	2004	25.42 (0.46)	24.52-26.32	-3.13	-5.95	n/a
	2008	22.29 (0.49)	21.33-23.25			

*Comparison group

Table 13. Statewide Healthcare Access by Insurance Status (in percent)* for Adults

	HS/HF Medicaid (Full Year)	ABD Medicaid (Full Year)	Other Medicaid (Full Year)	Private Insurance (Full Year)	Uninsured/ Non- Continuous Coverage
Has a Usual Source for Sick Care	78.5 (1.30)	86.4 (1.47)	83.2 (1.52)	96.0 (0.23)	77.3 (0.66)
High Health Care Rating	42.2 (1.46)	40.3 (2.03)	45.0 (1.91)	43.7 (0.56)	27.5 (0.67)
Harder to get Health Care in Last 3 years	22.3 (1.21)	31.3 (1.92)	20.3 (1.50)	22.8 (0.46)	49.7 (0.67)
Not Obtaining Needed Medical Care	8.68 (0.82)	18.6 (1.61)	5.32 (0.84)	13.7 (0.38)	36.3 (0.64)
Any Problems Seeing Specialist**	28.2 (2.25)	40.7 (2.51)	35.2 (3.34)	17.6 (0.71)	52.3 (1.3)
Not Obtaining Dental Care	17.9 (1.11)	21.5 (1.69)	14.0 (1.30)	12.0 (0.36)	37.6 (0.64)
Other Problems Getting Treatment	12.7 (0.96)	20.2 (1.66)	8.89 (1.06)	5.09 (0.24)	25.5 (0.58)
Delayed Treatment	12.7 (0.97)	27.4 (1.84)	18.9 (1.46)	20.9 (0.45)	53.7 (0.66)
Major Medical Costs	16.2 (1.07)	33.1 (1.94)	13.1 (1.26)	26.4 (0.48)	32.5 (0.62)
Not Obtaining Needed Drugs	9.58 (0.85)	22.6 (1.73)	12.9 (1.25)	16.8 (0.41)	34.9 (0.63)

* Percent (SE)

** Percentages apply only to those who reported a need for specialist care

Table 13. Statewide Healthcare Utilization by Insurance Status (in percent)* for Adults (continued)

	HS/HF Medicaid (Full Year)	ABD Medicaid (Full Year)	Other Medicaid (Full Year)	Private Insurance (Full Year)	Uninsured/ Non- Continuous Coverage
Seen Doctor in Last 12 Months	93.8 (0.71)	98.5 (0.50)	92.0 (1.02)	89.9 (0.33)	70.3 (0.61)
Seen Dentist in Last 12 Months	71.6 (1.32)	59.4 (2.05)	68.1 (1.77)	73.5 (0.49)	45.1 (0.67)
Received Eye Care Last 12 Months	64.8 (1.53)	63.4 (2.16)	61.9 (2.01)	56.5 (0.58)	40.4 (0.71)
Any Hospital Visits	26.0 (1.27)	31.9 (1.93)	19.1 (1.47)	12.0 (0.36)	12.6 (0.44)
Any ER Visits	44.4 (1.45)	49.5 (2.08)	41.8 (1.85)	19.1 (0.43)	30.4 (0.61)

* Percent (SE)

Table 14. Had Usual Source of Sick Care by Insurance Status for 2004 and 2008 for Adults

Insurance Status	Year	Percent (SE)	95% Confidence Interval	Percent Change	Percent Change (Adjusted)	p-value
HS/HF Medicaid	2004	88.6 (0.91)	86.82-90.38	-10.1	-3.70	0.034
	2008	78.5 (1.30)	75.95-81.05			
ABD Medicaid	2004	90.6 (1.47)	87.72-93.48	-4.2	-0.40	0.833
	2008	86.4 (1.47)	83.52-89.28			
Undetermined Medicaid	2004	91.9 (1.10)	89.74-94.06	-8.7	-4.76	0.024
	2008	83.2 (1.52)	80.22-86.18			
Private Insurance	2008	96.4 (0.22)	95.97-96.83	-0.40	0.61	0.318
	2004	96.0 (0.23)	95.55-96.45			
Uninsured/Part year coverage	2004	80.9 (0.64)	79.65-82.15	-3.6	*	*
	2008	77.3 (0.66)	76.01-78.59			

*Comparison group

Table 15. High Health Care Rating by Insurance Status for 2004 and 2008 for Adults

Insurance Status	Year	Percent (SE)	95% Confidence Interval	Percent Change	Percent Change (Adjusted)	p-value
HS/HF Medicaid	2004	53.6 (1.40)	50.9-56.3	-11.4	-3.11	0.352
	2008	42.2 (1.46)	39.3-45.1			
ABD Medicaid	2004	57.3 (2.45)	52.5-62.1	-17	-8.52	0.067
	2008	40.3 (2.03)	36.3-44.3			
Undetermined Medicaid	2004	58.1 (2.03)	54.1-62.1	-13.1	-5.90	0.157
	2008	45.0 (1.91)	41.3-48.7			
Private Insurance	2004	48.6 (0.60)	47.4-49.8	-4.9	3.48	0.121
	2008	43.7 (0.56)	42.6-44.8			
Uninsured/Part year coverage	2004	34.4 (0.81)	32.8-36.0	-6.9	*	*
	2008	27.5 (0.67)	26.2-28.8			

*Comparison group

Table 16. Not Obtaining Care by Insurance Status for 2004 and 2008 for Adults

Insurance Status	Year	Percent (SE)	95% Confidence Interval	Percent Change	Percent Change (Adjusted)	p-value
HS/HF Medicaid	2004	4.92 (0.59)	3.76-6.08	3.76	2.09	0.191
	2008	8.68 (0.82)	7.07-10.3			
ABD Medicaid	2004	15.45 (1.79)	12.0-19.0	3.1	-1.37	0.755
	2008	18.57 (1.61)	15.4-21.7			
Undetermined Medicaid	2004	3.14 (0.68)	1.81-4.47	2.18	0.05	0.927
	2008	5.32 (0.84)	3.67-6.97			
Private Insurance	2004	9.27 (0.32)	8.64-9.90	4.4	0.66	0.412
	2008	13.68 (0.38)	12.9-14.4			
Uninsured/Part year coverage	2004	29.9 (0.65)	28.4-31.2	6.4	*	*
	2008	36.3 (0.64)	35.1-37.6			

*Comparison group

Table 17. Problem Seeing Specialist by Insurance Status for 2004 and 2008 for Adults

Insurance Status	Year	Percent (SE)	95% Confidence Interval	Percent Change	Percent Change (Adjusted)	p-value
HS/HF Medicaid	2004	24.5 (1.81)	20.9-28.1	3.7	0.22	0.957
	2008	28.2 (2.25)	23.8-32.6			
ABD Medicaid	2004	26.6 (2.63)	21.5-31.2	14.1	7.27	0.138
	2008	40.7 (2.51)	35.8-45.6			
Undetermined Medicaid	2004	21.4 (2.65)	16.2-26.6	13.8	7.35	0.213
	2008	35.2 (3.34)	28.7-41.8			
Private Insurance	2008	18.8 (0.69)	17.5-20.2	1.2	-5.60	0.030
	2004	17.6 (0.71)	16.2-19.0			
Uninsured/Part year coverage	2004	47.7 (1.36)	45.0-50.4	4.6	*	*
	2008	52.3 (1.26)	50.0-54.8			

*Comparison group

Percentages apply only to those who reported a need for specialist care

Table 18. Not Obtaining Needed Dental Care for 2004 and 2008 for Adults

Insurance Status	Year	Percent (SE)	95% Confidence Interval	Percent Change	Percent Change (Adjusted)	p-value
HS/HF Medicaid	2004	9.1 (0.78)	7.6-10.6	8.9	5.3	0.002
	2008	17.9 (1.11)	15.8-20.1			
ABD Medicaid	2004	25.3 (2.14)	21.1-29.5	-3.8	-7.2	0.057
	2008	21.5 (1.69)	18.2-24.9			
Undetermined Medicaid	2004	13.4 (1.32)	10.8-16.0	0.6	-2.5	0.348
	2008	14.0 (1.30)	11.5-16.5			
Private Insurance	2004	9.4 (0.33)	8.8-10.1	2.5	0.1	0.897
	2008	12.0 (0.36)	11.3-12.7			
Uninsured/Part year coverage	2004	33.3 (0.67)	31.9-34.6	4.4	*	*
	2008	37.6 (0.64)	36.4-38.9			

*Comparison group

Table 19. Delayed Treatment due to Cost by Insurance Status for 2004 and 2008 for Adults

Insurance Status	Year	Percent (SE)	95% Confidence Interval	Percent Change	Percent Change (Adjusted)	p-value
HS/HF Medicaid	2004	14.7 (0.96)	12.8-16.6	-2.0	-0.63	0.772
	2008	12.7 (0.97)	10.8-14.6			
ABD Medicaid	2004	23.9 (2.09)	19.8-28.0	3.5	3.95	0.289
	2008	27.4 (1.84)	23.8-31.0			
Undetermined Medicaid	2004	11.9 (1.24)	9.47-14.3	7	6.23	0.038
	2008	18.9 (1.46)	16.0-21.8			
Private Insurance	2008	17.6 (0.42)	16.8-18.4	3.3	3.82	0.002
	2004	20.9 (0.45)	20.0-21.8			
Uninsured/Part year coverage	2004	55.2 (0.70)	53.8-56.6	-1.5	*	*
	2008	53.7 (0.66)	52.4-55.0			

*Comparison group

Table 20. Major Medical Costs by Insurance Status for 2004 and 2008 for Adults

Insurance Status	Year	Percent (SE)	95% Confidence Interval	Percent Change	Percent Change (Adjusted)	p-value
HS/HF Medicaid	2004	19.2 (1.07)	17.1-21.3	-3.0	-4.39	0.048
	2008	16.2 (1.07)	14.1-18.3			
ABD Medicaid	2004	30.7 (2.27)	26.3-35.2	2.4	-0.31	0.932
	2008	33.1 (1.94)	29.3-36.9			
Undetermined Medicaid	2004	13.8 (1.32)	11.2-16.4	-0.7	-3.18	0.244
	2008	13.1 (1.26)	10.6-15.6			
Private Insurance	2004	20.51 (0.45)	19.6-21.4	5.9	3.66	0.013
	2008	26.4 (0.48)	25.5-27.4			
Uninsured/Part year coverage	2004	30.0 (0.64)	28.8-31.3	2.5	*	*
	2008	32.5 (0.62)	31.3-33.7			

*Comparison group

Table 21. Not Obtaining Needed Drugs for 2004 and 2008 for Adults

Insurance Status	Year	Percent (SE)	95% Confidence Interval	Percent Change	Percent Change (Adjusted)	p-value
HS/HF Medicaid	2004	5.79 (0.64)	4.50-7.00	3.8	2.3	0.088
	2008	9.58 (0.85)	7.91-11.3			
ABD Medicaid	2004	14.6 (1.75)	11.2-18.1	8.0	4.3	0.179
	2008	22.6 (1.73)	19.3-26.0			
Undetermined Medicaid	2004	6.93 (0.98)	5.00-8.9	6.0	2.9	0.219
	2008	12.9 (1.25)	10.5-15.4			
Private Insurance	2004	12.1 (0.36)	11.4-12.8	4.7	2.5	0.036
	2008	16.8 (0.41)	16.0-17.6			
Uninsured/Part year coverage	2004	31.6 (0.66)	30.3-32.8	3.4	*	*
	2008	34.9 (0.63)	33.7-36.2			

*Comparison group

Table 22. Any Overnight Hospital Visit by Insurance Status for 2004 and 2008 for Adults

Insurance Status	Year	Percent (SE)	95% Confidence Interval	Percent Change	Percent Change (Adjusted)	p-value
HS/HF Medicaid	2004	25.7(1.18)	23.4-28.0	0.3	-2.06	0.417
	2008	26.0 (1.27)	23.5-28.5			
ABD Medicaid	2004	36.3 (2.36)	31.7-40.9	-4.7	-7.03	0.074
	2008	31.9 (1.93)	28.1-35.7			
Undetermined Medicaid	2004	13.5 (1.31)	10.9-16.1	5.6	2.70	0.407
	2008	19.1 (1.47)	16.2-22.0			
Private Insurance	2004	9.89 (0.33)	9.24-10.5	2.11	0.77	0.624
	2008	12.0 (0.36)	11.3-12.7			
Uninsured/Part year coverage	2004	11.1 (0.44)	10.3-12.0	1.5	*	*
	2008	12.6 (0.44)	11.8-13.5			

*Comparison group

Table 23. Any ER Visit by Insurance Status for 2004 and 2008 for Adults

Insurance Status	Year	Percent (SE)	95% Confidence Interval	Percent Change	Percent Change (Adjusted)	p-value
HS/HF Medicaid	2004	42.9 (1.34)	40.2-45.5	1.5	0.41	0.889
	2008	44.4 (1.45)	41.6-47.2			
ABD Medicaid	2004	53.1 (2.45)	48.3-57.9	-3.6	-4.52	0.342
	2008	49.5 (2.08)	45.4-53.6			
Undetermined Medicaid	2004	32.2 (1.79)	28.7-35.7	9.6	9.12	0.018
	2008	41.8 (1.85)	38.2-45.5			
Private Insurance	2008	21.1 (0.45)	20.2-21.9	-2.1	2.01	0.129
	2004	19.0 (0.43)	18.2-19.9			
Uninsured/Part year coverage	2004	30.4 (0.65)	29.1-31.7	0.0	*	*
	2008	30.4 (0.61)	29.2-31.6			

*Comparison group

Table A.1 Had a Usual Provider by Insurance Status (in percent)* for Children under 18

Insurance Group	Region	Percent (SE)	95% Confidence Interval
Full Year Medicaid			
	Suburb	94.2(1.60)	91.1-97.4
	Rural	96.7(0.86)	95.0-98.4
	Metropolitan	95.3(0.59)	94.1-96.4
	Appalachia	95.0(0.78)	93.5-96.5
	Statewide	95.3(0.41)	94.5-96.1
Full Year Private Insurance			
	Suburb	96.9(0.88)	95.1-98.6
	Rural	97.5(0.56)	96.4-98.6
	Metropolitan	98.1(0.38)	97.4-98.9
	Appalachia	95.9(0.74)	94.5-97.4
	Statewide	97.5(0.28)	97.0-98.1
Uninsured /Part year coverage			
	Suburb	94.3(2.44)	89.5-99.1
	Rural	96.1(1.26)	93.6-98.6
	Metropolitan	94.3(1.07)	92.2-96.3
	Appalachia	94.3(1.35)	91.6-96.9
	Statewide	94.6(0.68)	93.2-95.9

* Percent (SE)

Table A.2 High HC Rating by Insurance Status (in percent)* for Children under 18

Insurance Group	Region	Percent (SE)	95% Confidence Interval
Full Year Medicaid	Suburb	63.3(3.28)	56.9-69.7
	Rural	55.1(2.37)	50.5-59.8
	Metropolitan	60.1(1.34)	57.5-62.7
	Appalachia	60.8(1.74)	57.4-64.2
	Statewide	59.9(0.93)	58.1-61.8
Full Year Private Insurance	Suburb	60.2(2.47)	55.4-65.1
	Rural	57.0(1.76)	53.6-60.5
	Metropolitan	65.4(1.32)	62.8-68.0
	Appalachia	53.7(1.85)	50.1-57.3
	Statewide	61.7(0.86)	60.0-63.4
Uninsured /Part year coverage	Suburb	57.4(5.07)	47.4-67.3
	Rural	56.5(3.21)	50.2-62.8
	Metropolitan	52.5(2.25)	48.1-56.9
	Appalachia	50.5(2.86)	44.9-56.1
	Statewide	53.5(1.48)	50.6-56.4

* Percent (SE)

Table A.3 Harder to Get Health Care in Last 3 Years by Insurance Status (in percent)* for Children under 18

Insurance Group	Region	Percent (SE)	95% Confidence Interval
Full Year Medicaid	Suburb	9.5(2.04)	5.5-13.5
	Rural	14.4(1.69)	11.1-17.7
	Metropolitan	10.3(0.84)	8.6-11.9
	Appalachia	12.2(1.17)	9.9-14.5
	Statewide	11.1(0.60)	9.9-12.2
Full Year Private Insurance	Suburb	16.1(1.87)	12.4-19.7
	Rural	16.4(1.32)	13.8-19.0
	Metropolitan	11.9(0.90)	10.1-13.6
	Appalachia	15.5(1.34)	12.9-18.2
	Statewide	13.9(0.61)	12.7-15.1
Uninsured /Part year coverage	Suburb	24.3(4.23)	16.0-32.6
	Rural	32.3(2.89)	26.6-38.0
	Metropolitan	32.8(2.08)	28.8-36.9
	Appalachia	31.1(2.58)	26.1-36.2
	Statewide	31.4(1.34)	28.7-34.0

* Percent (SE)

Table A.4 Not Obtaining Medical Care by Insurance Status (in percent)* for Children under 18

Insurance Group	Region	Percent (SE)	95% Confidence Interval
Full Year Medicaid			
	Suburb	2.00(0.95)	0.10-3.80
	Rural	1.80(0.63)	0.60-3.00
	Metropolitan	1.50(0.33)	0.80-2.10
	Appalachia	1.40(0.41)	0.50-2.20
	Statewide	1.60(0.23)	1.10-2.00
Full Year Private Insurance			
	Suburb	3.70(0.95)	1.80-5.50
	Rural	3.40(0.65)	2.10-4.70
	Metropolitan	2.30(0.41)	1.40-3.10
	Appalachia	2.20(0.54)	1.10-3.20
	Statewide	2.70(0.29)	2.20-3.30
Uninsured /Part year coverage			
	Suburb	9.40(2.83)	3.80-14.90
	Rural	8.40(1.71)	5.10-11.80
	Metropolitan	11.60(1.4)	8.90-14.40
	Appalachia	7.10(1.42)	4.30-9.80
	Statewide	10.00(0.8)	8.40-11.70

* Percent (SE)

Table A.5 Any Problems Seeing Specialist by Insurance Status (in percent) for Children under 18**

Insurance Group	Region	Percent (SE)	95% Confidence Interval
Full Year Medicaid			
	Suburb	13.5(4.14)	5.3-21.6
	Rural	21.5(3.49)	14.6-28.3
	Metropolitan	22.2(2.15)	18.0-26.4
	Appalachia	20.7(2.68)	15.5-26.0
	Statewide	20.6(1.42)	17.8-23.4
Full Year Private Insurance			
	Suburb	14.8(3.59)	7.8-21.8
	Rural	23.7(2.84)	18.1-29.2
	Metropolitan	19.3(2.22)	14.9-23.7
	Appalachia	13.7(2.56)	8.7-18.7
	Statewide	18.7(1.36)	16.0-21.3
Uninsured /Part year coverage			
	Suburb	45.4(11.42)	23.0-67.8
	Rural	31.8(6.72)	18.6-45.0
	Metropolitan	39.1(4.28)	30.7-47.5
	Appalachia	32.9(5.36)	22.4-43.4
	Statewide	37.7(2.91)	32.0-43.4

* Percent (SE)

** Percentages apply only to those who reported a need for specialist care

Table A.6 Couldn't Obtain Needed Dental Care by Insurance Status (in percent)* for Children under 18

Insurance Group	Region	Percent (SE)	95% Confidence Interval
Full Year Medicaid	Suburb	1.7 (0.89)	0.0-3.5
	Rural	5.8 (1.11)	3.6-8.0
	Metropolitan	5.0 (0.59)	3.8-6.1
	Appalachia	7.1 (0.91)	5.3-8.9
	Statewide	5.1 (0.42)	4.3-5.9
Full Year Private Insurance	Suburb	2.6 (0.80)	1.0-4.1
	Rural	6.3 (0.86)	4.6-8.0
	Metropolitan	4.4 (0.57)	3.3-5.5
	Appalachia	7.0 (0.94)	5.1-8.8
	Statewide	4.7 (0.37)	3.9-5.4
Uninsured /Part year coverage	Suburb	17.9 (3.74)	10.5-25.2
	Rural	9.9 (1.84)	6.3-13.5
	Metropolitan	16.9 (1.63)	13.7-20.1
	Appalachia	10.9 (1.72)	7.5-14.2
	Statewide	14.9 (1.01)	12.9-16.8

* Percent (SE)

Table A.7 Delayed Treatment by Insurance Status (in percent)* for Children under 18

Insurance Group	Region	Percent (SE)	95% Confidence Interval
Full Year Medicaid			
	Suburb	2.6 (1.08)	0.5-4.7
	Rural	4.5 (0.98)	2.6-6.5
	Metropolitan	2.7 (0.44)	1.8-3.5
	Appalachia	2.8 (0.58)	1.6-3.9
	Statewide	2.9 (0.32)	2.3-3.6
Full Year Private Insurance			
	Suburb	5.1 (1.10)	2.9-7.3
	Rural	7.7 (0.94)	5.8-9.5
	Metropolitan	4.7 (0.58)	3.5-5.8
	Appalachia	4.2 (0.73)	2.7-5.6
	Statewide	5.2 (0.39)	4.4-6.0
Uninsured /Part year coverage			
	Suburb	19.3 (3.89)	11.7-26.9
	Rural	16.6 (2.31)	12.0-21.1
	Metropolitan	20.4 (1.76)	17.0-23.8
	Appalachia	13.6 (1.89)	9.9-17.3
	Statewide	18.5 (1.11)	16.3-20.7

* Percent (SE)

Table A.8 Major Costs by Insurance Status (in percent)* for Children under 18

Insurance Group	Region	Percent (SE)	95% Confidence Interval
Full Year Medicaid			
	Suburb	16.2(2.49)	11.3-21.1
	Rural	16.7(1.76)	13.2-20.1
	Metropolitan	11.0(0.85)	9.4-12.7
	Appalachia	11.4(1.12)	9.2-13.6
	Statewide	12.4(0.62)	11.2-13.6
Full Year Private Insurance			
	Suburb	14.8(1.76)	11.3-18.2
	Rural	20.8(1.43)	18.0-23.6
	Metropolitan	14.9(0.98)	13.0-16.9
	Appalachia	17.9(1.40)	15.1-20.6
	Statewide	16.2(0.64)	15.0-17.5
Uninsured /Part year coverage			
	Suburb	21.8(4.05)	13.9-29.8
	Rural	17.6(2.36)	13.0-22.2
	Metropolitan	19.9(1.75)	16.5-23.4
	Appalachia	16.9(2.06)	12.8-20.9
	Statewide	19.3(1.13)	17.1-21.5

* Percent (SE)

Table A.9 Not Obtaining Needed Drugs by Insurance Status (in percent)* for Children under 18

Insurance Group	Region	Percent (SE)	95% Confidence Interval
Full Year Medicaid	Suburb	3.2(1.20)	0.8-5.5
	Rural	3.3(0.86)	1.7-5.0
	Metropolitan	2.8(0.45)	1.9-3.7
	Appalachia	2.0(0.50)	1.1-3.0
	Statewide	2.8(0.31)	2.2-3.4
Full Year Private Insurance	Suburb	3.4(0.91)	1.6-5.2
	Rural	3.1(0.61)	1.9-4.3
	Metropolitan	3.0(0.47)	2.1-3.9
	Appalachia	1.8(0.49)	0.8-2.8
	Statewide	2.9(0.30)	2.4-3.5
Uninsured /Part year coverage	Suburb	9.1 (2.82)	3.5-14.6
	Rural	3.4(1.11)	1.2-5.6
	Metropolitan	12.6(1.45)	9.8-15.5
	Appalachia	10.6(1.70)	7.2-13.9
	Statewide	10.2(0.87)	8.5-11.9

* Percent (SE)

Table A.10 Well Child Visit Last 12 Months by Insurance Status (in percent)* for Children under 18

Insurance Group	Region	Percent (SE)	95% Confidence Interval
Full Year Medicaid	Suburb	78.6(2.80)	73.1-84.1
	Rural	71.6(2.14)	67.4-75.8
	Metropolitan	79.4(1.10)	77.2-81.5
	Appalachia	75.4(1.53)	72.4-78.4
	Statewide	77.6(0.79)	76.0-79.1
Full Year Private Insurance	Suburb	75.0(2.17)	70.7-79.3
	Rural	67.7(1.66)	64.4-70.9
	Metropolitan	79.2(1.12)	77.0-81.4
	Appalachia	72.7(1.64)	69.5-75.9
	Statewide	75.8(0.75)	74.3-77.2
Uninsured /Part year coverage	Suburb	52.6(4.87)	43.1-62.2
	Rural	56.7(3.07)	50.7-62.7
	Metropolitan	72.0(1.97)	68.1-75.8
	Appalachia	69.5(2.55)	64.5-74.5
	Statewide	66.4(1.35)	63.7-69.0

* Percent (SE)

Table A.11 Seen Doctor in Last 12 Months by Insurance Status (in percent)* for Children under 18

Insurance Group	Region	Percent (SE)	95% Confidence Interval
Full Year Medicaid			
	Suburb	91.9(1.87)	88.2-95.5
	Rural	88.7(1.51)	85.8-91.7
	Metropolitan	86.6(0.93)	84.7-88.4
	Appalachia	87.7(1.17)	85.4-90.0
	Statewide	87.6(0.62)	86.4-88.8
Full Year Private Insurance			
	Suburb	87.3(1.68)	84.0-90.6
	Rural	85.8(1.24)	83.4-88.3
	Metropolitan	84.1(1.01)	82.1-86.1
	Appalachia	87.1(1.24)	84.7-89.5
	Statewide	85.4(0.62)	84.1-86.6
Uninsured /Part year coverage			
	Suburb	74.3(4.33)	65.8-82.7
	Rural	74.8(2.72)	69.5-80.1
	Metropolitan	80.8(1.73)	77.4-84.2
	Appalachia	78.4(2.31)	73.9-82.9
	Statewide	78.5(1.19)	76.2-80.9

* Percent (SE)

Table A.12 Never Seen Doctor by Insurance Status (in percent)* for Children under 18

Insurance Group	Region	Percent (SE)	95% Confidence Interval
Full Year Medicaid	Suburb	0.0(0.00)	0.0-0.0
	Rural	0.2(0.20)	-0.2-0.6
	Metropolitan	0.8(0.24)	0.3-1.3
	Appalachia	0.1(0.13)	-0.1-0.4
	Statewide	0.5(0.13)	0.3-0.8
Full Year Private Insurance	Suburb	0.8(0.45)	-0.1-1.7
	Rural	0.1(0.09)	-0.1-0.2
	Metropolitan	1.2(0.30)	0.6-1.7
	Appalachia	0.5(0.25)	0.0-0.9
	Statewide	0.8(0.16)	0.5-1.1
Uninsured /Part year coverage	Suburb	1.5(1.22)	-0.9-3.9
	Rural	0.7(0.52)	-0.3-1.7
	Metropolitan	0.8(0.38)	0.0-1.5
	Appalachia	1.9(0.76)	0.4-3.3
	Statewide	1.0(0.29)	0.5-1.6

* Percent (SE)

Table A.13 Seen Dentist Last 12 Months by Insurance Status (in percent)* for Children under 18

Insurance Group	Region	Percent (SE)	95% Confidence Interval
Full Year Medicaid			
	Suburb	74.9(3.08)	68.8-80.9
	Rural	63.4(2.38)	58.7-68.1
	Metropolitan	68.4(1.31)	65.8-70.9
	Appalachia	61.8(1.77)	58.3-65.3
	Statewide	67.3(0.92)	65.5-69.1
Full Year Private Insurance			
	Suburb	74.2(2.23)	69.8-78.6
	Rural	70.8(1.65)	67.6-74.0
	Metropolitan	73.5(1.24)	71.1-75.9
	Appalachia	71.7(1.69)	68.4-75.0
	Statewide	73.0(0.79)	71.4-74.5
Uninsured /Part year coverage			
	Suburb	36.2(4.88)	26.6-45.8
	Rural	46.1(3.17)	39.9-52.3
	Metropolitan	45.6(2.28)	41.1-50.0
	Appalachia	57.4(2.80)	51.9-62.9
	Statewide	46.4(1.48)	43.5-49.3

* Percent (SE)

Table A.14 Never Seen Dentist by Insurance Status (in percent)* for Children under 18

Insurance Group	Region	Percent (SE)	95% Confidence Interval
Full Year Medicaid	Suburb	17.2(2.68)	12.0-22.5
	Rural	14.1(1.72)	10.7-17.4
	Metropolitan	14.0(0.98)	12.1-16.0
	Appalachia	16.7(1.36)	14.0-19.3
	Statewide	14.9(0.69)	13.5-16.2
Full Year Private Insurance	Suburb	9.7(1.51)	6.8-12.7
	Rural	10.7(1.12)	8.5-12.9
	Metropolitan	11.5(0.90)	9.7-13.3
	Appalachia	13.4(1.28)	10.9-15.9
	Statewide	11.2(0.56)	10.1-12.3
Uninsured /Part year coverage	Suburb	25.7(4.49)	16.9-34.5
	Rural	28.8(2.88)	23.1-34.4
	Metropolitan	23.0(1.93)	19.3-26.8
	Appalachia	19.6(2.25)	15.2-24.0
	Statewide	24.0(1.27)	21.5-26.5

* Percent (SE)

Table A.15 Never Had Eye Care by Insurance Status (in percent)* for Children under 18

Insurance Group	Region	Percent (SE)	95% Confidence Interval
Full Year Medicaid			
	Suburb	24.5(2.99)	18.6-30.4
	Rural	19.3(1.90)	15.6-23.0
	Metropolitan	19.6(1.10)	17.4-21.7
	Appalachia	17.9(1.37)	15.2-20.6
	Statewide	19.8(0.76)	18.3-21.3
Full Year Private Insurance			
	Suburb	18.7(1.98)	14.8-22.5
	Rural	20.6(1.46)	17.7-23.5
	Metropolitan	18.7(1.09)	16.5-20.8
	Appalachia	21.9(1.54)	18.9-25.0
	Statewide	19.4(0.70)	18.0-20.7
Uninsured /Part year coverage			
	Suburb	39.3(4.84)	29.8-48.8
	Rural	35.7(3.01)	29.8-41.6
	Metropolitan	29.5(2.03)	25.5-33.5
	Appalachia	24.9(2.41)	20.1-29.6
	Statewide	31.1(1.35)	28.5-33.8

* Percent (SE)

Table A.16 Any Overnight Hospital Visits by Insurance Status (in percent)* for Children under 18

Insurance Group	Region	Percent (SE)	95% Confidence Interval
Full Year Medicaid			
	Suburb	7.7 (1.82)	4.1-11.2
	Rural	12.2 (1.55)	9.2-15.2
	Metropolitan	7.4 (0.71)	6.0-8.8
	Appalachia	6.8 (0.89)	5.1-8.6
	Statewide	8.0 (0.51)	7.0-9.0
Full Year Private Insurance			
	Suburb	7.4 (1.3)	4.9-10.0
	Rural	5.8 (0.83)	4.2-7.4
	Metropolitan	5.1 (0.60)	3.9-6.2
	Appalachia	5.6 (0.84)	4.0-7.2
	Statewide	5.7 (0.41)	4.9-6.5
Uninsured + Part year coverage			
	Suburb	11.6 (3.10)	5.5-17.6
	Rural	6.2 (1.49)	3.3-9.2
	Metropolitan	8.6 (1.22)	6.2-11.0
	Appalachia	4.1 (1.09)	2.0-6.3
	Statewide	7.8 (0.77)	6.3-9.3

* Percent (SE)

Table A.17 Any ER Visits by Insurance Status (in percent)* for Children under 18

Insurance Group	Region	Percent (SE)	95% Confidence Interval
Full Year Medicaid			
	Suburb	25.1 (2.97)	19.3-31.0
	Rural	32.4 (2.22)	28.1-36.8
	Metropolitan	26.4 (1.20)	24.1-28.8
	Appalachia	29.5 (1.61)	26.3-32.6
	Statewide	27.6 (0.84)	26.0-29.3
Full Year Private Insurance			
	Suburb	11.8(1.61)	8.7-15.0
	Rural	18.9 (1.38)	16.2-21.6
	Metropolitan	14.2 (0.96)	12.3-16.1
	Appalachia	16.2 (1.35)	13.5-18.8
	Statewide	14.7 (0.62)	13.5-15.9
Uninsured + Part year coverage			
	Suburb	28.3(4.38)	19.7-36.9
	Rural	28.4(2.77)	23.0-33.8
	Metropolitan	24.0 (1.86)	20.3-27.6
	Appalachia	23.0 (2.33)	18.5-27.6
	Statewide	25.2 (1.24)	22.7-27.6

* Percent (SE)

Table A.18 Regression Table for Had a Usual Provider among Children

	Coefficient	Std. Err.	P> t
Mandatory MC * Year 2008	0.091	0.185	0.624
Preferred MC * Year 2008	0.015	0.167	0.927
None/Voluntary MC * Year 2008	-0.243	0.142	0.088
Private Insurance * Year 2008	0.164	0.128	0.201
Mandatory Managed Care County	0.286	0.106	0.007
Preferred Managed Care County	-0.039	0.099	0.698
None/Voluntary Managed Care County	0.337	0.088	0
Private Insurance	0.154	0.074	0.038
Child aged 5 - 9	-0.141	0.100	0.159
Child aged 10 – 14	-0.149	0.098	0.129
Child aged 15 – 17	-0.111	0.100	0.269
Household Income=101 -150 FPL	0.035	0.063	0.583
Household Income=151 -200 FPL	0.135	0.071	0.057
Household Income=201 -300 FPL	0.078	0.067	0.241
Female	-0.048	0.042	0.247
High School Graduate	0.027	0.069	0.694
Some College	0.032	0.074	0.666
College Graduate and Higher	0.066	0.092	0.474
Unemployed Household	-0.062	0.055	0.256
Year = 2008	0.543	0.105	0
Constant	1.150	0.137	0

Table A.19 Regression Table for High Health Care Rating among Children

	Coefficient	Std. Err.	P> t
Mandatory MC * Year 2008	-0.126	0.112	0.26
Preferred MC * Year 2008	-0.306	0.113	0.007
None/Voluntary MC * Year 2008	-0.258	0.094	0.006
Private Insurance * Year 2008	0.168	0.081	0.038
Mandatory Managed Care County	0.327	0.079	0
Preferred Managed Care County	0.348	0.081	0
None/Voluntary Managed Care County	0.462	0.067	0
Private Insurance	0.084	0.057	0.14
Child aged 5 - 9	-0.177	0.068	0.009
Child aged 10 – 14	-0.253	0.066	0
Child aged 15 – 17	-0.376	0.067	0
Household Income=101 -150 FPL	-0.044	0.042	0.291
Household Income=151 -200 FPL	-0.014	0.045	0.749
Household Income=201 -300 FPL	0.009	0.043	0.838
Female	0.017	0.027	0.528
High School Graduate	-0.142	0.048	0.003
Some College	-0.175	0.050	0
College Graduate and Higher	-0.102	0.060	0.089
Unemployed Household	0.070	0.038	0.064
Year = 2008	-0.130	0.071	0.064
Constant	0.574	0.090	0

Table A.20 Regression Table for Harder to Get Health Care in Last 3 Years among Children

	Coefficient	Std. Err.	P> t
Mandatory MC * Year 2008	-0.076	0.127	0.549
Preferred MC * Year 2008	-0.124	0.128	0.331
None/Voluntary MC * Year 2008	-0.067	0.102	0.51
Private Insurance * Year 2008	0.017	0.084	0.843
Mandatory Managed Care County	-0.685	0.081	0
Preferred Managed Care County	-0.605	0.083	0
None/Voluntary Managed Care County	-0.618	0.068	0
Private Insurance	-0.630	0.057	0
Child aged 5 - 9	0.159	0.081	0.05
Child aged 10 – 14	0.331	0.079	0
Child aged 15 – 17	0.361	0.080	0
Household Income=101 -150 FPL	0.141	0.046	0.002
Household Income=151 -200 FPL	0.112	0.050	0.025
Household Income=201 -300 FPL	-0.010	0.049	0.839
Female	-0.015	0.031	0.63
High School Graduate	0.031	0.054	0.573
Some College	0.207	0.056	0
College Graduate and Higher	0.154	0.067	0.022
Unemployed Household	0.042	0.043	0.328
Year = 2008	-0.341	0.069	0
Constant	-0.592	0.101	0

Table A.21 Regression Table for Not Obtaining Medical Care among Children

	Coefficient	Std. Err.	P> t
Mandatory MC * Year 2008	-0.056	0.220	0.797
Preferred MC * Year 2008	-0.030	0.222	0.892
None/Voluntary MC * Year 2008	-0.131	0.175	0.453
Private Insurance * Year 2008	-0.044	0.126	0.727
Mandatory Managed Care County	-0.945	0.153	0
Preferred Managed Care County	-0.821	0.148	0
None/Voluntary Managed Care County	-0.736	0.131	0
Private Insurance	-0.615	0.085	0
Child aged 5 - 9	0.041	0.187	0.827
Child aged 10 – 14	0.474	0.178	0.008
Child aged 15 – 17	0.673	0.179	0
Household Income=101 -150 FPL	-0.017	0.079	0.828
Household Income=151 -200 FPL	-0.008	0.083	0.924
Household Income=201 -300 FPL	-0.235	0.082	0.004
Female	0.031	0.053	0.561
High School Graduate	0.082	0.095	0.387
Some College	0.299	0.098	0.002
College Graduate and Higher	0.200	0.115	0.082
Unemployed Household	-0.016	0.069	0.819
Year = 2008	-0.055	0.097	0.568
Constant	-1.781	0.225	0

Table A.22 Regression Table for Any Problem Seeing a Specialist among Children

	Coefficient	Std. Err.	P> t
Mandatory MC * Year 2008	-0.166	0.241	0.493
Preferred MC * Year 2008	-0.197	0.229	0.392
None/Voluntary MC * Year 2008	-0.073	0.197	0.712
Private Insurance * Year 2008	-0.209	0.177	0.237
Mandatory Managed Care County	-0.355	0.175	0.043
Preferred Managed Care County	-0.253	0.169	0.134
None/Voluntary Managed Care County	-0.472	0.144	0.001
Private Insurance	-0.358	0.128	0.005
Child aged 5 - 9	0.102	0.161	0.526
Child aged 10 – 14	0.215	0.158	0.173
Child aged 15 – 17	0.235	0.160	0.14
Household Income=101 -150 FPL	0.026	0.090	0.773
Household Income=151 -200 FPL	-0.127	0.095	0.183
Household Income=201 -300 FPL	-0.108	0.088	0.22
Female	0.065	0.060	0.276
High School Graduate	-0.071	0.104	0.496
Some College	0.143	0.105	0.175
College Graduate and Higher	0.124	0.125	0.321
Unemployed Household	0.012	0.080	0.877
Year = 2008	0.169	0.150	0.262
Constant	-0.711	0.212	0.001

Table A.23 Regression Table for Not Obtaining Needed Dental Care among Children

	Coefficient	Std. Err.	P> t
Mandatory MC * Year 2008	0.117	0.157	0.456
Preferred MC * Year 2008	-0.013	0.178	0.94
None/Voluntary MC * Year 2008	-0.008	0.132	0.949
Private Insurance * Year 2008	0.056	0.111	0.612
Mandatory Managed Care County	-0.660	0.107	0
Preferred Managed Care County	-0.718	0.124	0
None/Voluntary Managed Care County	-0.676	0.095	0
Private Insurance	-0.641	0.078	0
Child aged 5 - 9	0.652	0.240	0.007
Child aged 10 – 14	1.189	0.236	0
Child aged 15 – 17	1.309	0.237	0
Household Income=101 -150 FPL	0.041	0.063	0.512
Household Income=151 -200 FPL	0.004	0.065	0.947
Household Income=201 -300 FPL	-0.288	0.067	0
Female	-0.010	0.044	0.82
High School Graduate	0.017	0.071	0.814
Some College	0.189	0.075	0.011
College Graduate and Higher	0.058	0.097	0.548
Unemployed Household	0.133	0.055	0.015
Year = 2008	-0.063	0.085	0.455
Constant	-2.133	0.255	0

Table A.24 Regression Table for Delayed Treatment among Children

	Coefficient	Std. Err.	P> t
Mandatory MC * Year 2008	0.029	0.178	0.871
Preferred MC * Year 2008	0.146	0.188	0.436
None/Voluntary MC * Year 2008	0.091	0.141	0.518
Private Insurance * Year 2008	0.103	0.103	0.317
Mandatory Managed Care County	-1.074	0.121	0
Preferred Managed Care County	-1.182	0.129	0
None/Voluntary Managed Care County	-1.036	0.101	0
Private Insurance	-0.832	0.070	0
Child aged 5 - 9	0.015	0.121	0.904
Child aged 10 – 14	0.312	0.115	0.007
Child aged 15 – 17	0.508	0.116	0
Household Income=101 -150 FPL	0.102	0.064	0.109
Household Income=151 -200 FPL	0.148	0.066	0.025
Household Income=201 -300 FPL	-0.120	0.066	0.071
Female	-0.012	0.043	0.773
High School Graduate	0.075	0.075	0.319
Some College	0.242	0.078	0.002
College Graduate and Higher	0.220	0.095	0.021
Unemployed Household	0.074	0.058	0.202
Year = 2008	-0.151	0.079	0.056
Constant	-1.230	0.142	0

Table A.25 Regression Table for Major Medical Costs among Children

	Coefficient	Std. Err.	P> t
Mandatory MC * Year 2008	-0.095	0.135	0.483
Preferred MC * Year 2008	0.075	0.139	0.588
None/Voluntary MC * Year 2008	0.036	0.110	0.745
Private Insurance * Year 2008	0.102	0.093	0.273
Mandatory Managed Care County	-0.304	0.094	0.001
Preferred Managed Care County	-0.403	0.099	0
None/Voluntary Managed Care County	-0.210	0.077	0.007
Private Insurance	-0.224	0.065	0.001
Child aged 5 - 9	-0.352	0.073	0
Child aged 10 – 14	-0.464	0.071	0
Child aged 15 – 17	-0.334	0.072	0
Household Income=101 -150 FPL	0.025	0.050	0.622
Household Income=151 -200 FPL	0.027	0.053	0.612
Household Income=201 -300 FPL	-0.028	0.051	0.583
Female	-0.092	0.033	0.006
High School Graduate	0.003	0.059	0.965
Some College	0.111	0.061	0.07
College Graduate and Higher	0.090	0.072	0.215
Unemployed Household	-0.037	0.045	0.414
Year = 2008	0.111	0.079	0.161
Constant	-0.618	0.103	0

Table A.26 Regression Table for Not Obtaining Needed Dental Care among Children

	Coefficient	Std. Err.	P> t
Mandatory MC * Year 2008	-0.093	0.207	0.654
Preferred MC * Year 2008	0.183	0.183	0.318
None/Voluntary MC * Year 2008	-0.077	0.153	0.613
Private Insurance * Year 2008	-0.121	0.124	0.328
Mandatory Managed Care County	-0.630	0.157	0
Preferred Managed Care County	-0.753	0.133	0
None/Voluntary Managed Care County	-0.664	0.107	0
Private Insurance	-0.468	0.082	0
Child aged 5 - 9	0.015	0.130	0.908
Child aged 10 – 14	0.179	0.125	0.151
Child aged 15 – 17	0.344	0.126	0.006
Household Income=101 -150 FPL	-0.026	0.071	0.715
Household Income=151 -200 FPL	0.003	0.073	0.967
Household Income=201 -300 FPL	-0.110	0.073	0.133
Female	-0.057	0.049	0.243
High School Graduate	-0.010	0.084	0.909
Some College	0.102	0.086	0.236
College Graduate and Higher	-0.056	0.107	0.604
Unemployed Household	0.068	0.064	0.286
Year = 2008	0.087	0.095	0.363
Constant	-1.528	0.163	0

Table A.27 Regression Table for Any Hospital Visit among Children

	Coefficient	Std. Err.	P> t
Mandatory MC * Year 2008	-0.090	0.160	0.573
Preferred MC * Year 2008	-0.109	0.165	0.508
None/Voluntary MC * Year 2008	-0.129	0.136	0.344
Private Insurance * Year 2008	-0.021	0.125	0.863
Mandatory Managed Care County	0.056	0.106	0.596
Preferred Managed Care County	0.120	0.108	0.269
None/Voluntary Managed Care County	0.157	0.090	0.083
Private Insurance	-0.084	0.081	0.297
Child aged 5 - 9	-1.120	0.069	0
Child aged 10 – 14	-1.430	0.069	0
Child aged 15 – 17	-1.381	0.071	0
Household Income=101 -150 FPL	-0.014	0.059	0.81
Household Income=151 -200 FPL	-0.105	0.065	0.105
Household Income=201 -300 FPL	-0.049	0.065	0.451
Female	-0.102	0.041	0.013
High School Graduate	-0.042	0.066	0.52
Some College	0.060	0.070	0.385
College Graduate and Higher	-0.056	0.086	0.517
Unemployed Household	-0.007	0.053	0.893
Year = 2008	-0.015	0.107	0.889
Constant	-0.147	0.107	0.171

Table A.28 Regression Table for Any ER Visit among Children

	Coefficient	Std. Err.	P> t
Mandatory MC * Year 2008	-0.115	0.116	0.321
Preferred MC * Year 2008	-0.201	0.117	0.087
None/Voluntary MC * Year 2008	-0.240	0.097	0.013
Private Insurance * Year 2008	-0.284	0.087	0.001
Mandatory Managed Care County	0.082	0.080	0.305
Preferred Managed Care County	0.238	0.080	0.003
None/Voluntary Managed Care County	0.307	0.066	0
Private Insurance	-0.019	0.059	0.748
Child aged 5 - 9	0.256	0.069	0
Child aged 10 – 14	-0.041	0.069	0.554
Child aged 15 – 17	0.021	0.070	0.759
Household Income=101 -150 FPL	-0.036	0.043	0.407
Household Income=151 -200 FPL	-0.139	0.047	0.003
Household Income=201 -300 FPL	-0.142	0.046	0.002
Female	-0.073	0.029	0.013
High School Graduate	-0.004	0.048	0.928
Some College	0.088	0.051	0.085
College Graduate and Higher	-0.116	0.063	0.067
Unemployed Household	0.024	0.039	0.532
Year = 2008	0.064	0.074	0.39
Constant	-0.721	0.092	0

Table A.29 Had a Usual Provider by Insurance Status (in percent)* for Adults

Insurance Group	Region	Percent (SE)	95% Confidence Interval
HS/HF	Suburb	83.9 (4.8)	74.5 -93.3
	Rural	73.2 (3.9)	65.5 -80.8
	Metropolitan	79.3 (1.8)	75.8 -82.8
	Appalachia	76.0 (2.5)	71.0 -81.0
	Statewide	78.5 (1.3)	76.0 -81.1
ABD	Suburb	87.7 (5.3)	77.3- 98.0
	Rural	83.2 (4.5)	74.3- 92.1
	Metropolitan	86.3 (2.1)	82.2- 90.4
	Appalachia	88.1 (2.5)	83.2- 93.0
	Statewide	86.4 (1.5)	83.5- 89.3
Other	Suburb	82.4(6.0)	70.7- 94.0
	Rural	88.8(3.3)	82.3- 95.3
	Metropolitan	83.5(2.1)	79.3- 87.6
	Appalachia	79.8(3.1)	73.7- 85.8
	Statewide	83.2(1.5)	80.2- 86.2
Private	Suburb	96.6 (0.6)	95.4 -97.8
	Rural	96.1 (0.5)	95.1 -97.0
	Metropolitan	96.0 (0.4)	95.3 -96.7
	Appalachia	94.8 (0.5)	93.7 -95.8
	Statewide	96.0 (0.2)	95.5 -96.4
Uninsured + Part year coverage	Suburb	83.9(2.0)	79.9- 87.8
	Rural	80.3(1.5)	77.4- 83.2
	Metropolitan	75.6(1.0)	73.7- 77.6
	Appalachia	75.8(1.3)	73.2- 78.3
	Statewide	77.3(0.7)	76.0- 78.6

Table A.30 High Health Care Rating by Insurance Status (in percent)* for Adults

Insurance Group	Region	Percent (SE)	95 % Confidence Interval
HS/HF	Suburb	36.8 (5.7)	25.6- 47.9
	Rural	50.9 (4.2)	42.7- 59.1
	Metropolitan	41.8 (2.0)	37.9- 45.8
	Appalachia	41.9 (2.7)	36.5- 47.2
	Statewide	42.2 (1.5)	39.3- 45.1
ABD	Suburb	35.8(7.5)	21.1 -50.5
	Rural	38.2(5.6)	27.2 -49.2
	Metropolitan	40.3(2.9)	34.7 -46.0
	Appalachia	44.9(3.7)	37.6 -52.3
	Statewide	40.3(2.0)	36.3 -44.3
Other	Suburb	39.6(7.3)	25.3- 53.8
	Rural	55.9(4.7)	46.6- 65.2
	Metropolitan	43.5(2.7)	38.2- 48.7
	Appalachia	46.2(3.7)	38.9- 53.5
	Statewide	45.0(1.9)	41.2- 48.7
Private	Suburb	46.1 (1.7)	42.9- 49.3
	Rural	40.5 (1.2)	38.2- 42.8
	Metropolitan	44.2 (0.9)	42.4- 45.9
	Appalachia	42.1 (1.2)	39.9- 44.4
	Statewide	43.7 (0.6)	42.6- 44.7
Uninsured + Part year coverage	Suburb	27.2(2.4)	22.5- 31.8
	Rural	29.8(1.6)	26.7- 32.9
	Metropolitan	27.4(1.0)	25.5- 29.3
	Appalachia	26.3(1.3)	23.8- 28.8
	Statewide	27.5(0.7)	26.2- 28.9

Table A.31 Harder to Get Care by Insurance Status (in percent)* for Adults

Insurance Group	Region	Percent (SE)	95% Confidence Interval
HS/HF	Suburb	15.9(4.2)	7.6 -24.2
	Rural	36.3(3.9)	28.7 -43.9
	Metropolitan	19.8(1.6)	16.7 -23.0
	Appalachia	25.8(2.4)	21.0 -30.5
	Statewide	22.3(1.2)	19.9 -24.6
ABD	Suburb	41.9 (7.8)	26.6- 57.1
	Rural	29.9 (5.3)	19.5- 40.3
	Metropolitan	30.8 (2.7)	25.5- 36.1
	Appalachia	27.0 (3.3)	20.5- 33.5
	Statewide	31.3 (1.9)	27.5- 35.1
Other	Suburb	21.0(5.8)	9.6- 32.4
	Rural	17.8(3.6)	10.8- 24.9
	Metropolitan	19.7(2.1)	15.6- 23.8
	Appalachia	23.2(3.0)	17.2- 29.1
	Statewide	20.3(1.5)	17.3- 23.2
Private	Suburb	23.1(1.4)	20.4- 25.7
	Rural	20.5(0.9)	18.7- 22.3
	Metropolitan	23.8(0.7)	22.4- 25.2
	Appalachia	21.5(0.9)	19.7- 23.3
	Statewide	22.8(0.5)	21.9- 23.7
Uninsured + Part year coverage	Suburb	47.9 (2.3)	43.3 -52.4
	Rural	45.7 (1.6)	42.6 -48.8
	Metropolitan	52.4 (1.0)	50.5 -54.4
	Appalachia	45.6 (1.3)	43.0 -48.2
	Statewide	49.7 (0.7)	48.4 -51.0

Table A.32 Not Obtaining Medical Care by Insurance Status (in percent)* for Adults

Insurance Group	Region	Percent (SE)	95 % Confidence Interval
HS/HF	Suburb	10.0 (3.5)	3.2 -16.7
	Rural	7.7 (2.2)	3.5 -11.9
	Metropolitan	8.8 (1.1)	6.5 -11.0
	Appalachia	8.2 (1.5)	5.3 -11.2
	Statewide	8.7 (0.8)	7.1 -10.3
ABD	Suburb	16.9(5.9)	5.3- 28.5
	Rural	24.9(5.0)	15.0- 34.7
	Metropolitan	20.0(2.3)	15.4- 24.5
	Appalachia	10.4(2.3)	5.9- 14.8
	Statewide	18.6(1.6)	15.4- 21.7
Other	Suburb	3.7 (2.7)	-1.6- 9.0
	Rural	2.2 (1.4)	-0.5- 4.8
	Metropolitan	6.1 (1.3)	3.6- 8.6
	Appalachia	6.0 (1.7)	2.6- 9.3
	Statewide	5.3 (0.8)	3.7- 7.0
Private	Suburb	14.1(1.1)	11.9 -16.3
	Rural	13.8(0.8)	12.2 -15.3
	Metropolitan	13.3(0.6)	12.1 -14.4
	Appalachia	14.5(0.8)	12.9 -16.0
	Statewide	13.7(0.4)	12.9 -14.4
Uninsured + Part year coverage	Suburb	41.3 (2.3)	36.8 -45.7
	Rural	33.1 (1.5)	30.2 -35.9
	Metropolitan	36.8 (0.9)	34.9 -38.6
	Appalachia	33.6 (1.2)	31.2 -35.9
	Statewide	36.3 (0.6)	35.0 -37.5

Table A.33 Any Problems Seeing a Specialist by Insurance Status (in percent)* for Adults

Insurance Group	Region	Percent (SE)	95% Confidence Interval
HS/HF	Suburb	33.8(8.9)	16.2- 51.3
	Rural	30.9(6.4)	18.4- 43.3
	Metropolitan	25.3(3.2)	18.9- 31.6
	Appalachia	30.6(4.0)	22.8- 38.4
	Statewide	28.2(2.3)	23.8- 32.6
ABD	Suburb	30.2(8.7)	13.2 -47.2
	Rural	58.4(6.7)	45.2 -71.5
	Metropolitan	41.5(3.6)	34.5 -48.6
	Appalachia	31.7(4.4)	23.0 -40.4
	Statewide	40.7(2.5)	35.8 -45.6
Other	Suburb	38.2(3.5)	11.8 -64.7
	Rural	32.2(7.6)	17.4 -47.1
	Metropolitan	40.5(5.3)	30.0 -50.9
	Appalachia	23.1(5.2)	12.8 -33.3
	Statewide	35.2(3.3)	28.7 -41.8
Private	Suburb	13.6(1.8)	10.0- 17.2
	Rural	17.5(1.6)	14.4- 20.5
	Metropolitan	18.8(1.1)	16.6- 20.9
	Appalachia	19.3(1.5)	16.2- 22.3
	Statewide	17.6(0.7)	16.2- 19.0
Uninsured + Part year coverage	Suburb	52.9(4.5)	44.0 -61.8
	Rural	49.8(2.9)	44.1 -55.5
	Metropolitan	53.1(1.8)	49.5 -56.7
	Appalachia	51.1(2.5)	46.2 -56.0
	Statewide	52.3(1.3)	49.8 -54.7

Table A.34 Not Obtaining Needed Dental Care by Insurance Status (in percent)* for Adults

Insurance Group	Region	Percent (SE)	95% Confidence Interval
HS/HF	Suburb	12.0 (3.8)	4.7 -19.4
	Rural	17.2 (3.1)	11.2 -23.2
	Metropolitan	20.3 (1.6)	17.2 -23.5
	Appalachia	14.3 (1.9)	10.5 -18.1
	Statewide	17.9 (1.1)	15.8 -20.1
ABD	Suburb	22.2(6.5)	9.5 -34.9
	Rural	28.1(5.2)	18.0 -38.3
	Metropolitan	21.8(2.4)	17.1 -26.6
	Appalachia	15.5(2.7)	10.2 -20.8
	Statewide	21.5(1.7)	18.2 -24.9
Other	Suburb	20.2 (5.8)	8.9 -31.6
	Rural	13.3 (3.2)	7.1 -19.5
	Metropolitan	13.7 (1.8)	10.1 -17.3
	Appalachia	11.1 (2.3)	6.7 -15.5
	Statewide	14.0 (1.3)	11.5 -16.5
Private	Suburb	11.1 (1.0)	9.1 -13.0
	Rural	11.9 (0.7)	10.4 -13.3
	Metropolitan	12.5 (0.6)	11.4 -13.6
	Appalachia	11.3 (0.7)	9.9 -12.7
	Statewide	12.0 (0.4)	11.3 -12.7
Uninsured + Part year coverage	Suburb	32.9(2.2)	28.7- 37.2
	Rural	34.2(1.5)	31.3- 37.1
	Metropolitan	40.1(1.0)	38.3- 42.0
	Appalachia	35.9(1.2)	33.4- 38.3
	Statewide	37.6(0.6)	36.4- 38.9

Table A.35 Delayed Treatment by Insurance Status (in percent)* for Adults

Insurance Group	Region	Percent (SE)	95% Confidence Interval
HS/HF	Suburb	15.2 (4.1)	7.1-23.3
	Rural	13.0 (2.7)	7.6-18.3
	Metropolitan	12.2 (1.3)	9.6-14.7
	Appalachia	12.9 (1.8)	9.3-16.5
	Statewide	12.7 (1.0)	10.8-14.6
ABD	Suburb	24.2 (6.7)	11.1-37.3
	Rural	39.5 (5.6)	28.4-50.5
	Metropolitan	27.1 (2.6)	22.0-32.2
	Appalachia	21.9 (3.1)	15.8-28.0
	Statewide	27.4 (1.8)	23.8-31.0
Other	Suburb	27.4 (6.4)	14.9-39.9
	Rural	12.2 (3.1)	6.2-18.1
	Metropolitan	18.7 (2.1)	14.6-22.7
	Appalachia	17.7 (2.8)	12.4-23.1
	Statewide	18.9 (1.5)	16.0-21.7
Private	Suburb	21.8 (1.3)	19.2-24.3
	Rural	20.8 (0.9)	19.0-22.6
	Metropolitan	20.7 (0.7)	19.3-22.0
	Appalachia	20.5 (0.9)	18.7-22.3
	Statewide	20.9 (0.5)	20.0-21.8
Uninsured + Part year coverage	Suburb	52.3 (2.3)	47.8-56.8
	Rural	49.9 (1.6)	46.8-52.9
	Metropolitan	55.3 (1.0)	53.4-57.2
	Appalachia	52.6 (1.3)	50.1-55.2
	Statewide	53.7 (0.7)	52.4-55.0

Table A.36 Major Medical Costs by Insurance Status (in percent)* for Adults

Insurance Group	Region	Percent (SE)	95% Confidence Interval
HS/HF	Suburb	19.3(4.6)	10.3 -28.3
	Rural	16.8(3.0)	10.9 -22.6
	Metropolitan	15.0(1.4)	12.2 -17.8
	Appalachia	17.8(2.1)	13.7 -21.9
	Statewide	16.2(1.1)	14.1 -18.3
ABD	Suburb	36.3(7.5)	21.6 -51.0
	Rural	39.6(5.7)	28.5 -50.7
	Metropolitan	31.3(2.7)	26.0 -36.6
	Appalachia	32.9(3.5)	26.0 -39.8
	Statewide	33.1(1.9)	29.3 -36.9
Other	Suburb	14.8(5.1)	4.7 -24.8
	Rural	15.5(3.4)	8.8 -22.1
	Metropolitan	12.6(1.8)	9.2 -16.1
	Appalachia	12.0(2.3)	7.4 -16.6
	Statewide	13.1(1.3)	10.6 -15.6
Private	Suburb	29.3(1.5)	26.5 -32.2
	Rural	26.5(1.0)	24.5 -28.4
	Metropolitan	25.6(0.8)	24.2 -27.1
	Appalachia	25.4(1.0)	23.4 -27.3
	Statewide	26.4(0.5)	25.5 -27.3
Uninsured + Part year coverage	Suburb	28.9 (2.1)	24.8 -33.0
	Rural	32.6 (1.5)	29.7 -35.5
	Metropolitan	33.4 (0.9)	31.6 -35.2
	Appalachia	32.0 (1.2)	29.7 -34.4
	Statewide	32.5 (0.6)	31.3 -33.7

Table A.37 Not Obtaining Needed Prescriptions by Insurance Status (in percent)* for Adults

Insurance Group	Region	Percent (SE)	95 % Confidence Interval
HS/HF	Suburb	6.8(2.9)	1.1 -12.4
	Rural	11.5(2.6)	6.4 -16.5
	Metropolitan	10.4(1.2)	8.0 -12.8
	Appalachia	7.6(1.5)	4.7 -10.4
	Statewide	9.6(0.9)	7.9 -11.2
ABD	Suburb	16.5(5.8)	5.1- 27.9
	Rural	14.6(4.1)	6.6- 22.6
	Metropolitan	28.1(2.6)	22.9- 33.3
	Appala	13.0(2.5)	8.0- 17.9
	Statewide	22.6(1.7)	19.2- 26.0
Other	Suburb	17.1(5.4)	6.5 -27.6
	Rural	7.8(2.5)	2.9 -12.7
	Metropolitan	14.0(1.8)	10.4 -17.6
	Appalachia	9.8(2.1)	5.6 -14.0
	Statewide	12.9(1.3)	10.5 -15.4
Private	Suburb	16.8(1.2)	14.5- 19.2
	Rural	13.5(0.8)	12.0- 15.0
	Metropolitan	18.0(0.7)	16.7- 19.2
	Appalachia	16.3(0.8)	14.7- 18.0
	Statewide	16.8(0.4)	16.0- 17.6
Uninsured + Part year coverage	Suburb	36.0 (2.2)	31.7 -40.3
	Rural	32.7 (1.5)	29.8 -35.6
	Metropolitan	35.0 (0.9)	33.2 -36.8
	Appalachia	35.7 (1.2)	33.2 -38.1
	Statewide	34.9 (0.6)	33.7 -36.2

Table A.38 Seen Doctor in Last 12 Months by Insurance Status (in percent)* for Adults

Insurance Group	Region	Percent (SE)	95% Confidence Interval
HS/HF	Suburb	91.3 (3.3)	84.9 -97.7
	Rural	88.7 (2.6)	83.7 -93.7
	Metropolitan	94.0 (1.0)	92.1 -95.9
	Appalachia	97.2 (0.9)	95.4 -98.9
	Statewide	93.8 (0.7)	92.4 -95.1
ABD	Suburb	100.0 (0.0)	100.0 -100.0
	Rural	100.0 (0.0)	100.0 -100.0
	Metropolitan	98.7 (0.7)	97.4 -100.0
	Appalachia	95.8 (1.5)	92.9 -98.8
	Statewide	98.5 (0.5)	97.6 -99.5
Other	Suburb	94.0 (3.5)	87.2 -100.9
	Rural	91.5 (2.6)	86.3 -96.6
	Metropolitan	92.4 (1.4)	89.7 -95.2
	Appalachia	89.7 (2.2)	85.4 -94.1
	Statewide	92.0 (1.0)	90.0 -94.0
Private	Suburb	88.2 (1.0)	86.2 -90.2
	Rural	88.9 (0.7)	87.5 -90.3
	Metropolitan	91.1 (0.5)	90.1 -92.0
	Appalachia	88.7 (0.7)	87.3 -90.1
	Statewide	89.9 (0.3)	89.2 -90.5
Uninsured + Part year coverage	Suburb	67.6 (2.2)	63.4 -71.9
	Rural	71.2 (1.4)	68.4 -74.0
	Metropolitan	71.5 (0.9)	69.8 -73.3
	Appalachia	67.6 (1.2)	65.2 -70.0
	Statewide	70.3 (0.6)	69.1 -71.5

Table A.39 Seen Dentist Last Seen by Insurance Status (in percent)* for Adults

Insurance Group	Region	Percent (SE)	95% Confidence Interval
HS/HF	Suburb	66.6 (5.4)	56.0 -77.3
	Rural	70.4 (3.7)	63.1 -77.7
	Metropolitan	75.0 (1.8)	71.6 -78.5
	Appalachia	64.7 (2.6)	59.5 -69.8
	Statewide	71.6 (1.3)	69.0 -74.2
ABD	Suburb	72.9 (7.0)	59.1 -86.6
	Rural	58.8 (5.7)	47.6 -70.1
	Metropolitan	57.8 (2.9)	52.0 -63.5
	Appalachia	56.2 (3.8)	48.9 -63.6
	Statewide	59.4 (2.1)	55.4 -63.4
Other	Suburb	74.6 (6.4)	62.0 -87.2
	Rural	64.1 (4.6)	55.2 -73.1
	Metropolitan	73.3 (2.4)	68.7 -78.0
	Appalachia	49.0 (3.7)	41.9 -56.2
	Statewide	68.1 (1.8)	64.6 -71.6
Private	Suburb	72.7 (1.4)	70.0 -75.5
	Rural	73.8 (1.0)	71.8 -75.8
	Metropolitan	75.1 (0.7)	73.7 -76.6
	Appalachia	68.3 (1.1)	66.3 -70.4
	Statewide	73.5 (0.5)	72.5 -74.5
Uninsured + Part year coverage	Suburb	43.0 (2.3)	38.5 -47.5
	Rural	48.0 (1.6)	45.0 -51.1
	Metropolitan	45.0 (1.0)	43.1 -46.9
	Appalachia	44.2 (1.3)	41.7 -46.8
	Statewide	45.1 (0.7)	43.7 -46.4

Table A.40 Received Eyecare in the Last 12 Months by Insurance Status (in percent)* for Adults

Insurance Group	Region	Percent (SE)	95% Confidence Interval
HS/HF	Suburb	63.1 (6.3)	50.7 -75.5
	Rural	64.9 (4.3)	56.5 -73.3
	Metropolitan	64.0 (2.1)	59.8 -68.2
	Appalachia	68.1 (2.8)	62.6 -73.5
	Statewide	64.8 (1.5)	61.8 -67.8
ABD	Suburb	88.2 (5.4)	77.7 -98.7
	Rural	43.9 (6.2)	31.7 -56.1
	Metropolitan	60.4 (3.1)	54.2 -66.5
	Appalachia	70.7 (3.7)	63.4 -77.9
	Statewide	63.4 (2.2)	59.2 -67.7
Other	Suburb	61.9 (8.2)	45.8 -78.0
	Rural	57.2 (5.2)	47.1 -67.3
	Metro	60.7 (2.8)	55.1 -66.3
	Appalachia	69.2 (3.7)	62.0 -76.3
	Statewide	61.9 (2.0)	58.0 -65.9
Private	Suburb	55.5 (1.7)	52.2 -58.8
	Rural	55.7 (1.20)	53.3 -58.1
	Metropolitan	57.5 (0.9)	55.8 -59.3
	Appalachia	55.1 (1.2)	52.7 -57.4
	Statewide	56.5 (0.6)	55.4 -57.6
Uninsured + Part year coverage	Suburb	39.8 (2.5)	34.9 -44.7
	Rural	43.4 (1.7)	40.1 -46.6
	Metropolitan	41.1 (1.1)	39.0 -43.1
	Appalachia	36.1 (1.4)	33.5 -38.7
	Statewide	40.4 (0.7)	39.0 -41.8

Table A.41 Any Hospital Visit by Insurance Status (in percent)* for Adults

Insurance Group	Region	Percent (SE)	95% Confidence Interval
HS/HF	Suburb	31.9 (5.4)	21.4-42.4
	Rural	23.9 (3.4)	17.1-30.6
	Metropolitan	25.8 (1.8)	22.3-29.2
	Appalachia	24.8 (2.4)	20.1-29.4
	Statewide	26.0 (1.3)	23.5-28.5
ABD	Suburb	31.3 (7.2)	17.1-45.5
	Rural	29.3 (5.3)	18.8-39.7
	Metropolitan	33.3 (2.8)	27.9-38.7
	Appalachia	28.9 (3.4)	22.2-35.6
	Statewide	31.9 (1.9)	28.1-35.7
Other	Suburb	32.1 (6.7)	19.1-45.2
	Rural	21.4 (3.9)	13.8-28.9
	Metropolitan	16.1 (2.0)	12.2-19.9
	Appalachia	18.5 (2.8)	13.0-23.9
	Statewide	19.1 (1.5)	16.2-22.0
Private	Suburb	12.5 (1.1)	10.5-14.6
	Rural	11.5 (0.7)	10.0-12.9
	Metropolitan	12.7 (0.6)	11.6-13.8
	Appalachia	9.4 (0.7)	8.1-10.6
	Statewide	12.0 (0.4)	11.3-12.7
Uninsured + Part year coverage	Suburb	10.3 (1.4)	7.5-13.0
	Rural	12.4 (1.0)	10.4-14.4
	Metropolitan	13.6 (0.7)	12.3-14.9
	Appalachia	11.4 (0.8)	9.8-13.0
	Statewide	12.6 (0.4)	11.8-13.5

Table A.42 Any ER Visits by Insurance Status (in percent)* for Adults

Insurance Group	Region	Percent (SE)	95% Confidence Interval
HS/HF	Suburb	51.7 (5.8)	40.3- 63.0
	Rural	44.6 (4.0)	36.7 -52.5
	Metropolitan	43.5 (2.0)	39.6 -47.4
	Appalachia	42.9 (2.7)	37.6 -48.3
	Statewide	44.4 (1.5)	41.5 -47.2
ABD	Suburb	50.1 (8.0)	34.4- 65.8
	Rural	49.7 (5.8)	38.3 -61.1
	Metropolitan	50.9 (2.9)	45.2 -56.7
	Appalachia	43.8 (3.8)	36.5 -51.2
	Statewide	49.5 (2.1)	45.4 -53.6
Other	Suburb	56.6 (7.1)	42.8- 70.5
	Rural	36.8 (4.5)	28.0 -45.7
	Metropolitan	38.7 (2.6)	33.7 -43.8
	Appalachia	44.7 (3.6)	37.6 -51.7
	Statewide	41.8 (1.9)	38.2 -45.4
Private	Suburb	17.4 (1.2)	15.0- 19.7
	Rural	19.1 (0.9)	17.3 -20.9
	Metropolitan	20.0 (0.7)	18.7 -21.4
	Appalachia	17.6 (0.9)	15.9 -19.2
	Statewide	19.0 (0.4)	18.2 -19.9
Uninsured + Part year coverage	Suburb	28.0 (2.1)	23.9 -32.0
	Rural	30.0 (1.4)	27.2 -32.8
	Metropolitan	31.0 (0.9)	29.2 -32.7
	Appalachia	30.6 (1.2)	28.3 -33.0
	Statewide	30.4 (0.6)	29.2 -31.6

Table A.43 Regression Table for Had a Usual Provider among Adults

	Coefficient	Std. Err.	P> t
HF/HS Medicaid * Year 2008	-0.229	0.108	0.034
ABD Medicaid * Year 2008	-0.035	0.167	0.833
Other Medicaid * Year 2008	-0.353	0.157	0.024
Private Insurance * Year 2008	0.073	0.073	0.318
HF/HS Medicaid	0.423	0.080	0
ABD Medicaid	0.432	0.124	0
Other Medicaid	0.602	0.105	0
Private Insurance	0.736	0.052	0
Adult aged 25 - 34	-0.027	0.050	0.591
Adult aged 35 – 44	0.129	0.051	0.011
Adult aged 45 – 54	0.238	0.053	0
Adult aged 55 – 64	0.461	0.063	0
Household Income=101 -150 FPL	0.096	0.047	0.041
Household Income=151 -200 FPL	0.173	0.052	0.001
Household Income=201 -300 FPL	0.273	0.048	0
Female	0.295	0.033	0
High School Graduate	0.183	0.044	0
Some College	0.348	0.051	0
College Graduate and Higher	0.644	0.078	0
Unemployed Household	-0.052	0.038	0.177
Year = 2008	-0.161	0.048	0.001
Constant	0.346	0.067	0

Table A.44 Regression Table for High Health Care Rating among Adults

	Coefficient	Std. Err.	P> t
HF/HS Medicaid * Year 2008	-0.078	0.084	0.352
ABD Medicaid * Year 2008	-0.225	0.123	0.067
Other Medicaid * Year 2008	-0.158	0.112	0.157
Private Insurance * Year 2008	0.078	0.050	0.121
HF/HS Medicaid	0.469	0.059	0
ABD Medicaid	0.485	0.087	0
Other Medicaid	0.618	0.076	0
Private Insurance	0.336	0.038	0
Adult aged 25 - 34	-0.059	0.037	0.111
Adult aged 35 – 44	-0.030	0.036	0.405
Adult aged 45 – 54	0.081	0.038	0.032
Adult aged 55 – 64	0.274	0.039	0
Household Income=101 -150 FPL	-0.077	0.036	0.032
Household Income=151 -200 FPL	-0.051	0.037	0.17
Household Income=201 -300 FPL	0.052	0.033	0.113
Female	0.113	0.023	0
High School Graduate	-0.048	0.035	0.165
Some College	-0.096	0.038	0.011
College Graduate and Higher	-0.013	0.045	0.777
Unemployed Household	0.063	0.028	0.023
Year = 2008	-0.211	0.041	0
Constant	-0.441	0.053	0

Table A.45 Regression Table for Harder to Get Care among Adults

	Coefficient	Std. Err.	P> t
HF/HS Medicaid * Year 2008	-0.068	0.369	0.853
ABD Medicaid * Year 2008	0.319	0.134	0.018
Other Medicaid * Year 2008	0.116	0.157	0.46
Private Insurance * Year 2008	-0.084	0.057	0.141
HF/HS Medicaid	-0.741	0.364	0.042
ABD Medicaid	-0.928	0.102	0
Other Medicaid	-1.003	0.133	0
Private Insurance	-0.657	0.048	0
Adult aged 25 - 34	0.032	0.044	0.472
Adult aged 35 – 44	0.145	0.042	0.001
Adult aged 45 – 54	0.251	0.041	0
Adult aged 55 – 64	0.164	0.042	0
Household Income=101 -150 FPL	-0.009	0.040	0.817
Household Income=151 -200 FPL	-0.047	0.041	0.253
Household Income=201 -300 FPL	-0.108	0.036	0.002
Female	0.175	0.026	0
High School Graduate	-0.033	0.039	0.401
Some College	0.048	0.042	0.249
College Graduate and Higher	0.024	0.050	0.631
Unemployed Household	0.046	0.030	0.131
Year = 2008	0.034	0.042	0.423
Constant	-0.209	0.060	0.001

Table A.46 Regression Table for Not Obtaining Care among Adults

	Coefficient	Std. Err.	P> t
HF/HS Medicaid * Year 2008	0.154	0.118	0.191
ABD Medicaid * Year 2008	-0.048	0.155	0.755
Other Medicaid * Year 2008	0.013	0.144	0.927
Private Insurance * Year 2008	0.042	0.051	0.412
HF/HS Medicaid	-1.184	0.090	0
ABD Medicaid	-0.624	0.118	0
Other Medicaid	-1.375	0.114	0
Private Insurance	-0.831	0.040	0
Adult aged 25 - 34	0.140	0.043	0.001
Adult aged 35 – 44	0.209	0.042	0
Adult aged 45 – 54	0.408	0.042	0
Adult aged 55 – 64	0.272	0.045	0
Household Income=101 -150 FPL	0.077	0.037	0.038
Household Income=151 -200 FPL	-0.015	0.039	0.705
Household Income=201 -300 FPL	-0.078	0.035	0.027
Female	0.258	0.025	0
High School Graduate	0.071	0.040	0.075
Some College	0.241	0.042	0
College Graduate and Higher	0.160	0.050	0.001
Unemployed Household	0.052	0.030	0.084
Year = 2008	0.177	0.036	0
Constant	-0.968	0.059	0

Table A.47 Regression Table for Any Problem Seeing a Specialist among Adults

	Coefficient	Std. Err.	P> t
HF/HS Medicaid * Year 2008	-0.008	0.141	0.957
ABD Medicaid * Year 2008	0.235	0.159	0.138
Other Medicaid * Year 2008	0.253	0.203	0.213
Private Insurance * Year 2008	-0.182	0.084	0.03
HF/HS Medicaid	-0.738	0.094	0
ABD Medicaid	-0.655	0.114	0
Other Medicaid	-0.767	0.130	0
Private Insurance	-0.698	0.062	0
Adult aged 25 - 34	0.210	0.068	0.002
Adult aged 35 – 44	0.277	0.067	0
Adult aged 45 – 54	0.186	0.068	0.006
Adult aged 55 – 64	0.027	0.073	0.713
Household Income=101 -150 FPL	-0.109	0.057	0.057
Household Income=151 -200 FPL	-0.170	0.061	0.005
Household Income=201 -300 FPL	-0.290	0.055	0
Female	-0.052	0.039	0.188
High School Graduate	-0.055	0.060	0.356
Some College	0.002	0.064	0.971
College Graduate and Higher	-0.056	0.075	0.46
Unemployed Household	0.107	0.046	0.019
Year = 2008	0.134	0.065	0.041
Constant	-0.099	0.092	0.284

Table A.48 Regression Table for Not Obtaining Needed Dental Care among Adults

	Coefficient	Std. Err.	P> t
HF/HS Medicaid * Year 2008	0.184	0.108	0.088
ABD Medicaid * Year 2008	0.182	0.135	0.179
Other Medicaid * Year 2008	0.181	0.147	0.219
Private Insurance * Year 2008	0.102	0.049	0.036
HF/HS Medicaid	-1.223	0.081	0
ABD Medicaid	-0.723	0.099	0
Other Medicaid	-1.049	0.115	0
Private Insurance	-0.676	0.038	0
Adult aged 25 - 34	0.201	0.041	0
Adult aged 35 - 44	0.300	0.040	0
Adult aged 45 - 54	0.360	0.040	0
Adult aged 55 - 64	0.178	0.043	0
Household Income=101 -150 FPL	0.014	0.036	0.697
Household Income=151 -200 FPL	-0.042	0.037	0.255
Household Income=201 -300 FPL	-0.120	0.034	0
Female	0.313	0.024	0
High School Graduate	-0.113	0.037	0.002
Some College	0.044	0.040	0.267
College Graduate and Higher	-0.161	0.048	0.001
Unemployed Household	0.040	0.029	0.17
Year = 2008	0.113	0.035	0.001
Constant	-0.785	0.054	0

Table A.49 Regression Table for Delayed Treatment among Adults

	Coefficient	Std. Err.	P> t
HF/HS Medicaid * Year 2008	-0.028	0.098	0.772
ABD Medicaid * Year 2008	0.133	0.126	0.289
Other Medicaid * Year 2008	0.268	0.129	0.038
Private Insurance * Year 2008	0.144	0.046	0.002
HF/HS Medicaid	-1.248	0.068	0
ABD Medicaid	-0.949	0.090	0
Other Medicaid	-1.341	0.091	0
Private Insurance	-1.094	0.035	0
Adult aged 25 - 34	0.240	0.037	0
Adult aged 35 – 44	0.343	0.037	0
Adult aged 45 – 54	0.407	0.038	0
Adult aged 55 – 64	0.283	0.040	0
Household Income=101 -150 FPL	0.060	0.034	0.077
Household Income=151 -200 FPL	0.032	0.035	0.37
Household Income=201 -300 FPL	-0.113	0.032	0
Female	0.256	0.023	0
High School Graduate	0.007	0.035	0.835
Some College	0.176	0.037	0
College Graduate and Higher	0.030	0.045	0.506
Unemployed Household	-0.014	0.028	0.603
Year = 2008	-0.022	0.034	0.51
Constant	-0.276	0.050	0

Table A.50 Regression Table for Major Costs among Adults

	Coefficient	Std. Err.	P> t
HF/HS Medicaid * Year 2008	-0.178	0.090	0.048
ABD Medicaid * Year 2008	-0.011	0.124	0.932
Other Medicaid * Year 2008	-0.151	0.129	0.244
Private Insurance * Year 2008	0.114	0.046	0.013
HF/HS Medicaid	-0.431	0.063	0
ABD Medicaid	-0.071	0.088	0.422
Other Medicaid	-0.587	0.091	0
Private Insurance	-0.278	0.035	0
Adult aged 25 - 34	0.130	0.037	0
Adult aged 35 – 44	0.084	0.036	0.021
Adult aged 45 – 54	0.151	0.037	0
Adult aged 55 – 64	0.159	0.039	0
Household Income=101 -150 FPL	0.045	0.034	0.181
Household Income=151 -200 FPL	-0.064	0.035	0.066
Household Income=201 -300 FPL	-0.097	0.031	0.002
Female	0.214	0.022	0
High School Graduate	-0.031	0.034	0.352
Some College	0.070	0.036	0.055
College Graduate and Higher	0.003	0.044	0.953
Unemployed Household	0.035	0.027	0.186
Year = 2008	0.073	0.035	0.038
Constant	-0.726	0.050	0

Table A.51 Regression Table for Any Overnight Hospital Visit among Adults

	Coefficient	Std. Err.	P> t
HF/HS Medicaid * Year 2008	-0.072	0.088	0.417
ABD Medicaid * Year 2008	-0.221	0.123	0.074
Other Medicaid * Year 2008	0.110	0.132	0.407
Private Insurance * Year 2008	0.027	0.056	0.624
HF/HS Medicaid	0.418	0.062	0
ABD Medicaid	0.713	0.090	0
Other Medicaid	0.065	0.094	0.486
Private Insurance	0.018	0.042	0.669
Adult aged 25 - 34	0.081	0.041	0.045
Adult aged 35 – 44	-0.020	0.042	0.637
Adult aged 45 – 54	0.058	0.042	0.166
Adult aged 55 – 64	0.085	0.045	0.057
Household Income=101 -150 FPL	0.045	0.040	0.253
Household Income=151 -200 FPL	-0.083	0.042	0.047
Household Income=201 -300 FPL	-0.125	0.038	0.001
Female	0.330	0.027	0
High School Graduate	-0.120	0.039	0.002
Some College	-0.047	0.042	0.265
College Graduate and Higher	-0.175	0.051	0.001
Unemployed Household	0.150	0.031	0
Year = 2008	0.080	0.043	0.066
Constant	-1.393	0.059	0

Table A.52 Regression Table for Any ER Visit among Adults

	Coefficient	Std. Err.	P> t
HF/HS Medicaid * Year 2008	0.011	0.080	0.889
ABD Medicaid * Year 2008	-0.117	0.123	0.342
Other Medicaid * Year 2008	0.253	0.107	0.018
Private Insurance * Year 2008	-0.072	0.047	0.129
HF/HS Medicaid	0.177	0.056	0.001
ABD Medicaid	0.534	0.087	0
Other Medicaid	-0.015	0.073	0.841
Private Insurance	-0.165	0.035	0
Adult aged 25 - 34	-0.012	0.035	0.728
Adult aged 35 – 44	-0.139	0.035	0
Adult aged 45 – 54	-0.183	0.036	0
Adult aged 55 – 64	-0.276	0.039	0
Household Income=101 -150 FPL	0.005	0.034	0.882
Household Income=151 -200 FPL	-0.133	0.036	0
Household Income=201 -300 FPL	-0.153	0.032	0
Female	0.149	0.022	0
High School Graduate	-0.102	0.033	0.002
Some College	-0.092	0.036	0.01
College Graduate and Higher	-0.367	0.044	0
Unemployed Household	0.078	0.027	0.004
Year = 2008	0.014	0.036	0.705
Constant	-0.385	0.048	0