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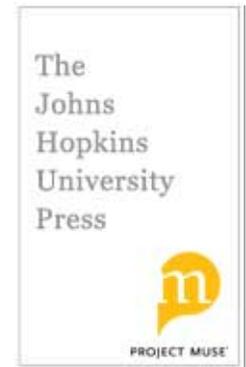
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Leaving Medicaid without Health Insurance: TANF Policies and Recipients' Vulnerabilities

Tyrone Cheng, PhD, LCSW, PIP

Abstract: This study identifies factors predicting health insurance coverage of TANF recipients leaving Medicaid programs. A sample of 785 Medicaid spells of enrollment by able-bodied, non-elderly adults is drawn from a national survey. Employing event history analysis and multinomial logistic regression, the study finds that those who left Medicaid were three times more likely to become uninsured than to become privately insured. Recipients leaving TANF were 24 times more likely to leave Medicaid than to remain on Medicaid. The impact of leaving TANF upon becoming uninsured was moderated by restrictive TANF policies. Recipients who were White and employed part-time were 41–42% more likely to become uninsured than were their counterparts. A high unemployment rate increased a recipient's chance of becoming uninsured by 27.5%. Married people, African Americans, those with full-time jobs, and those with earnings above the poverty line were at least 32% more likely to acquire private coverage than their respective counterparts.

Key words: Medicaid, TANF recipients.

In 1996, passage of the Personal Responsibility Work Opportunity and Reconciliation Act (PRWORA) ended the decades-old AFDC (Aid to Families with Dependent Children) program, replacing it with a new program called Temporary Assistance to Needy Families (TANF). Since some states worked to sever links between TANF and Medicaid,¹ it is not a surprise to find a decline in the numbers of TANF recipients enrolled in Medicaid.^{2–6} Many TANF recipients who leave the welfare and Medicaid rolls become uninsured. It is important to understand how states' welfare policies and individuals' human capital contribute to Medicaid departures by welfare recipients who lack any health coverage from then on.

An individual's vulnerabilities in access to health care or private health insurance are associated with social factors such as human capital and demographic characteristics.^{7–9} While minorities who are older are likely to enroll in Medicaid, minority young adults and single parents are more likely to be uninsured than their White counterparts in the U.S.^{8–11} Furthermore, high-school dropouts also are likely to be uninsured.^{8–10} Since employment does not guarantee medical coverage, only a third of working women had access to health insurance through their jobs at the time they left AFDC.¹² For those who leave welfare without having a job, the likelihood of becoming uninsured is higher, as would be expected.

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Other factors, such as the national economy and welfare policies, also affect the insurance status of people leaving Medicaid. Growth in the economy and low unemployment lead to drops in welfare enrollment.¹³⁻¹⁶ On the other hand, an economic downturn or high unemployment is expected to signal increased use of Medicaid or number of uninsured, although one study has found that the unemployment rate has no significant effect on Medicaid enrollment.²

Many states enforce restrictive welfare policies that lower welfare recipients' access to health insurance. Deterrence strategies such as low assistance, mandatory job search, and benefit caps are associated with drops in Medicaid use and with corresponding growth in the number of uninsured.^{2,17-18} Many TANF recipients who gain employment leave Medicaid because of their increased income or ignorance of their continued eligibility.¹⁹⁻²⁰

The present study hypothesized that demographic characteristics and human capital factors, as well as economic factors, welfare use, and welfare policies, would together govern welfare recipients' access to private health insurance upon leaving Medicaid. It also hypothesized that TANF policies would moderate the ways in which TANF eligibility determined individuals' insured status when they left Medicaid.

Methods

Sample. The present study is a secondary data analysis of responses to the Survey of Income and Program Participation (SIPP) 1996 Panel. The SIPP obtained detailed information on the many sources of both public assistance and income enjoyed by a nationally representative sample of about 116,000 non-institutionalized children and adults.²¹ The subjects interviewed for SIPP were 15 years old or older and came from all 50 states and the District of Columbia. They were interviewed every four months from December 1995 to February 2000, at each interview providing the relevant information covering the preceding four months. Information from the resulting twelve interviews per individual was linked to form the present study's longitudinal data.

The original SIPP data grouped residents of Maine, Vermont, North Dakota, South Dakota, and Wyoming together; this precluded isolating the data for each of these states individually. Since such isolation was important to the present study, only those responses from interviewed TANF recipients from the remaining 45 states and the District of Columbia were included. In addition, only Medicaid recipients who were TANF recipients, aged 18-64, able-bodied, parents of dependent children, and not self-employed were included in the present study.

All Medicaid spells began after the launch of TANF, whose date of onset differed from state to state. Each longitudinal record of a Medicaid spell began with the interviewee's enrollment in Medicaid, and ended with his or her exit from Medicaid. For some periods, known as *right-censored spells*, no exit was recorded by the time SIPP was concluded. Right-censored spells were nevertheless included in the present study, because the closing date of the survey was presumed to be independent of the occurrence or non-occurrence of an exit.²² Some Medicaid enrollees recorded multiple spells within the survey period. Multiple spells were included in this analysis due to their potential to help clarify the dynamics of Medicaid use.

Outcome variable. The outcome variable for the study was the medical insurance status of Medicaid enrollees in each month. Those who reported their enrollment for Medicaid in a month were identified as Medicaid enrollees who might also be enrolled in private medical insurance at the same time. Two types of exit from Medicaid were considered in the study. Exit to *uninsured* status was recorded when a Medicaid enrollee reported leaving Medicaid and becoming uninsured. Exit to *privately insured* status was noted if a Medicaid enrollee reported leaving Medicaid and the subsequent exclusive use of private medical insurance. No exit from Medicaid was recorded when an individual enrolled in Medicaid for two consecutive months. This non-occurrence served as a reference category in the analysis.

Explanatory variables. Explanatory variables were grouped into six sets. The first set was Medicaid-use history that included the two continuous variables *number of times enrolled in Medicaid* and *total number of months enrolled in Medicaid*. The number of times enrolled in Medicaid also distinguished multiple spells from single spells and served as a control for the impact of multiple spells in the analysis. A continuous variable *number of consecutive months in TANF* and a dichotomous variable *leaving TANF* (yes/no) together represented TANF-receipt history.

A continuous variable, *number of restrictive TANF policies*, represented TANF policies; this variable measured the accumulative number of four restrictive TANF policies in a state: *immediate work requirement* (in 26 states), *terminated Medicaid if not complied with work requirements* (in 13 states), *no work exemption due to age of children* (in 3 states), and *no amount of earning disregarded when determining eligibility* (in 16 states).^{*} The information used to estimate policy variables was obtained from reports compiled by several federal agencies.^{23–30}

Human capital factors included three categorical variables: *education* (high school graduate/at least some college/no high school diploma), *employed hours* (employed 35 or more hours weekly/employed fewer than 35 hours weekly/zero hour), and *in poverty* (yes/no). The *poverty* status of each Medicaid enrollee was determined if that person's family's earnings were at or below the federal poverty threshold, according to family size and number of dependent children.

The economic factor consisted of only one continuous variable, *unemployment rate*, a state-based unadjusted monthly unemployment rate.³¹ Demographic characteristics included two categorical variables, *race/ethnicity* (White/African American/Hispanic/other minorities) and *single mother* (yes/no), and one continuous variable, *age*.

Statistical analysis. Since the SIPP were collected on a monthly basis, the discrete-time method of event history analysis was applied.^{22,32} Each Medicaid spell was divided into person-months and outcome and explanatory variables were measured in each

*“Immediate work requirement” denoted a state's requirement that TANF recipients seek employment as soon as they receive any benefits. “Terminated Medicaid if not complied with work requirements” signaled whether the state from which the recipient received TANF removed Medicaid benefits for those failing to obtain work. “No work exemption due to age of children” noted that a recipient's state provided no leeway for single parents in terms of work requirements. “No amount of earnings disregarded when determining eligibility” specified the amount of family earnings that could be disregarded in determining TANF eligibility was zero.

person-month. While some explanatory variables changed over time, others, such as race/ethnicity, remained constant. The sample of Medicaid spells for data analysis consisted of 12,069 person-months, representing 785 spells (or 623 persons) that met all of the established criteria.*

Because the outcome variable comprised three categories, multinomial logistic regression (instead of ordinary least squares or linear probability models) in SPSS was selected for analysis of the sample.³³⁻³⁵ No weighting was used in the analyses. Pearson's correlation coefficients were used for bivariate analyses and tolerance statistics from the study showed no multicollinearity problem for explanatory variables pertaining to the entire sample. The likelihood-ratio test statistic (G) between the hypothesized model and the null model was used to determine the statistical significance of the model. The focus of analysis then turned to the statistical significance of each explanatory variable in predicting the exit. The value of the odds ratio [e^b (greater or less than one)] indicated whether the odds of an exit increased or decreased with an increase in the explanatory variable.

Results

Of the 785 examined Medicaid spells occurring after TANF was launched, 383 (48.8%) were cases of people who became uninsured after leaving, while just 112 (14.3%) were cases of people who secured private insurance after leaving (see Table 1). Of the 785 spells, 35% represented high-school graduates, while 22% represented individuals with at least some college education. Almost 34% of the spells represented Whites, 33% represented African Americans and 24% represented Hispanics; the remainder were attributed to other minorities. The average age of people represented by the Medicaid spells was 33 years; the average time the person spent on Medicaid was 10.5 months; the average number of consecutive months the person received TANF was 10. Almost 60% of the spells represented single mothers. The results of bivariate analyses among explanatory variables (see Table 2) showed that variables were correlated or associated in expected directions.

The overall statistic ($G=1825.22$, $p<.01$) showed that the hypothesized and null models differed significantly (see Table 3). Significantly, TANF recipients who repeatedly enrolled in Medicaid had quadruple the chance of becoming uninsured ($e^b=4.388$, $p<.01$) or privately insured ($e^b=4.252$, $p<.01$) compared with all others. As expected, a low number of prior Medicaid spells indicated the likelihood of staying on Medicaid. Neither the length of Medicaid enrollments nor the number of consecutive months of TANF receipt showed a significant effect on insured status. However, departure from TANF programs significantly increased the likelihood of becoming uninsured ($e^b=23.524$, $p<.01$) or privately insured ($e^b=24.040$, $p<.01$), at the rates of 23 times and 24 times, respectively.

*There were 3,898 Medicaid spells in SIPP that involved welfare (AFDC or TANF) and non-welfare users who were working-age adults. Since many states did not begin their TANF right after August 1996, only 785 Medicaid spells that were enrolled by TANF recipients and met other criteria for this study were included.

Table 1.
DESCRIPTIVE STATISTICS OF ALL VARIABLES (N=785 SPELLS)

Variables	Percent	Mean
Insurance status		
No exit from Medicaid	36.9%	
Exit to uninsured status	48.8%	
Exit to privately insured status	14.3%	
Medicaid use history		
Number of times enrolled in Medicaid		1.29
Total number of months enrolled in Medicaid		10.52
Welfare receipt history		
Number of consecutive months in TANF		9.93
Leaving TANF		
Yes	38.7%	
No	61.3%	
Welfare policies		
Number of restrictive TANF policies		.62
Human capital		
Education		
High school graduate	35.3%	
At least some college	21.9%	
No high school diploma	42.8%	
Employed hours		
35 or more hours weekly	20.8%	
Less than 35 hours weekly	18.1%	
0 hour	61.1%	
In poverty		
Yes	72.7%	
No	27.3%	
Economic factors		
Unemployment rate		4.84
Demographic characteristics		
Race/Ethnicity		
White	33.7%	
African American	33.4%	
Hispanic	24.2%	
Other minorities	8.7%	
Single mother		
Yes	59.7%	
No	40.3%	
Age		32.8

TANF = Temporary Assistance for Needy Families

Table 2.

CORRELATION MATRIX OF ALL EXPLANATORY VARIABLES

Variable	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
(1) Number of times enrolled in Medicaid															
(2) Total number of months enrolled in Medicaid	-.108*														
(3) Number of consecutive months in TANF	.120*	.557*													
(4) Leaving TANF	.129*	-.014	-.017												
(5) Number of restrictive TANF policies	.058*	-.034*	-.047*	.026*											
(6) High school graduate	-.053*	.013	-.030*	.007	-.005										
(7) At least come college	.014	-.022**	-.031*	.031*	.045*	-.380*									
(8) Employed 35 or more hours weekly	.048*	-.040*	-.005	.122*	.017	-.004	.086*								
(9) Employed less than 35 hours weekly	.044*	-.030*	-.023**	.037*	.019**	.033*	.054*	-.160*							
(10) In poverty	.017	.028*	.023**	-.082*	.016	-.052*	-.123*	-.289*	-.03**						
(11) Unemployment rate	-.122*	-.107*	-.108*	-.025*	-.414*	.009	.020**	-.028*	-.005	.002					
(12) African American	-.027*	-.040*	.019**	-.029*	.115*	.086*	.004	-.032*	-.044*	.038*	-.145*				
(13) Hispanic	.003	-.024*	.073*	-.027*	-.196*	-.139*	-.098*	-.011	-.021**	-.026*	.169*	-.406*			
(14) Other minorities	.125*	.036*	-.002	.011	.090*	.024*	.039*	.008	.065*	-.018	.110*	-.227*	-.167*		
(15) Single mother	.018**	.063*	.098*	-.049*	.024*	.031*	.000	-.011	.002	.180*	-.087*	.296*	-.062*	-.158*	
(16) Age	.052*	.035*	.138*	-.014	.026*	-.048*	.061*	.056*	-.062*	-.018	-.018	-.041*	-.015	-.004	-.071*

*Correlation (Pearson's r) is significant at the .01 level (2-tailed); **Correlation (Pearson's r) is significant at the .05 level (2-tailed).

It is important to point out that each additional restrictive TANF policy ($e^b = .648$, $p < .01$) significantly reduced (by 36%) one's likelihood of becoming uninsured, or increased one's chance of remaining on Medicaid. On the other hand, the number of restrictive TANF policies had no significant impact on the chances for becoming privately insured. Furthermore, the product term for TANF departure and number of restrictive TANF policies ($e^b = 1.944$, $p < .01$) had significant impact on becoming

Table 3.

DETERMINANTS OF THE LOG-ODDS OF TANF RECIPIENT'S EXIT FROM MEDICAID BY BECOMING UNINSURED OR PRIVATELY INSURED (N = 12,069 PERSON-MONTHS)

Variables	Uninsured e^b	Privately Insured e^b
Medicaid use history		
Number of times enrolled in Medicaid	4.388**	4.252**
Total number of months enrolled in Medicaid	.988	.969
Welfare receipt history		
Number of consecutive months in TANF	.995	.988
Leaving TANF	23.524**	24.040**
Welfare policies		
Number of restrictive TANF policies	.648**	.863
Leaving TANF x # of restrictive TANF policies	1.944**	1.819
Human capital		
High school graduate	1.069	1.209
At least some college	1.008	1.687
Employed 35 or more hours weekly	1.007	2.501**
Employed less than 35 hours weekly	1.417*	.802
In poverty	1.136	.318**
Economic factors		
Unemployment rate	1.275**	1.290*
Demographic characteristics		
African American	1.064	1.792*
Hispanic	.978	.748
Other minorities	.412**	.902
Single mother	.877	.406**
Age	.990	1.011
Constant		
G	1825.22**	
\tilde{R}^2	.439	

Note: Nagelkerke \tilde{R}^2 , which ranges from zero to one, represents the proportion of the variation in the outcome variable that the model explains.

* $p < .05$; ** $p < .01$.

uninsured. In other words, the more restrictive TANF policies associated with leaving TANF were, the more likely it was that recipients would become uninsured.

Among human capital factors, education showed no significant effect on TANF recipients' chances of leaving Medicaid. While TANF recipients working fewer than 35 hours weekly ($e^b=1.417, p<.05$) tended to become uninsured, those working 35 or more hours weekly ($e^b=2.501, p<.01$) tended to become privately insured. No significant relationship emerged between poverty status and chances that a TANF recipient would become uninsured, but poverty status ($e^b=.318, p<.01$) significantly lowered the odds that such a recipient would obtain private insurance. A high unemployment rate was significantly associated with a greater likelihood of becoming uninsured ($e^b=1.275, p<.01$) as well as becoming privately insured ($e^b=1.290, p<.05$).

For demographic characteristics of TANF recipients, minority groups other than African American and Hispanic were less likely than Whites to become uninsured ($e^b=.412, p<.01$) and African Americans were more likely ($e^b=1.792, p<.05$) than Whites to become privately insured. While single motherhood had no significant impact on becoming uninsured, single mothers ($e^b=.406, p<.01$) were less likely than their counterparts to obtain private insurance upon exiting Medicaid. A recipient's age had no significant impact on exit from Medicaid.

Discussion

The main finding of this study was that restrictive and punitive TANF policies pushed many Medicaid enrollees who were leaving TANF to become uninsured. In fact, this study found that TANF recipients who had left Medicaid were at least three times more likely to be uninsured than to be privately insured. The most critical factor in the determination of insured status among Medicaid leavers was the termination of their TANF eligibility. Fewer or less restrictive TANF policies tended to be associated with Medicaid recipients becoming uninsured. However, the interaction between restrictive welfare policies and leaving welfare suggested this: exit from Medicaid and becoming uninsured may both have been triggered by restrictive TANF policies that discouraged continued TANF participation. For example, immediate work requirements became untenable after many recipients found only part-time jobs that offered no health insurance. Furthermore, 13 states (AL, ID, IN, KS, LA, MI, MS, NE, NV, NM, OH, SC, and WY) allowed the canceling of Medicaid eligibility at any time during the spell of TANF enrollment to penalize recipients who did not meet work requirements.³⁰ This policy may also account for the uninsured status of many TANF recipients who unwillingly left Medicaid. Such restrictive and punitive policies were focused on paring down the TANF rolls; the states were apparently content to ignore the increased risk to individuals of becoming uninsured. Abolishing these policies would help ensure that former TANF recipients do not face additional difficulty seeking access to health care.

Other important findings were that those who were White and worked part-time (less than 35 hours per week) were most likely to become uninsured and that African American recipients were more likely than others to be privately insured. These African American recipients may belong to two-earner families (e.g., married and employed full-time) that had sufficient income to afford private health insurance. Programs like

the State Children's Health Insurance Program (SCHIP) should be provided to uninsured former recipients who work part-time.

Contrary to findings of state-level data in one prior study,² the present study of individual recipients showed that a state's unemployment rate was positively related to recipients' exits from Medicaid. In particular, the positive relationship between unemployment rate and uninsured status supported the assumption that fewer jobs in the market mean fewer chances to become insured through a job. Unexpectedly, the findings also showed that a high unemployment rate was correlated with becoming privately insured. A further analysis (not shown) found that unemployment alone did not have a significant impact on leaving Medicaid. The unexpected impact of unemployment in the multivariate analysis could be explained by its relationship with single motherhood: a high unemployment rate was associated with fewer single mothers (see Table 2). This implies that many recipients got married or obtained health insurance through their working spouses during an economic downturn.

Future research analyzing administrative data of sanctioned TANF recipients would further our understanding of the direct impact of state policies on this population. If recipients leave TANF uninsured, their limited access to health care and subsequently questionable health status will eventually affect their employability. Ultimately, these former recipients are likely to return to Medicaid. Future research should focus on what factors affect their return.

There are two important limitations to this study. First, the relationship between state policies and enrollment in Medicaid or TANF was only assumed. This study did not directly observe the influence of policies upon individual recipients. Second, the report of state policies that take Medicaid from enrollees who are non-compliant with work requirements did not include annotation concerning the periods of effectiveness. Because such policies were important in this research, they were treated as a constant over the period of the present study.

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