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Many Uninsured Adults Have Not Tried to Enroll in Medicaid or Marketplace Coverage

Findings from the September 2020 Coronavirus Tracking Survey

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The size of the uninsured population declined significantly following implementation of the coverage provisions of the Affordable Care Act (ACA) in 2014 but has grown in recent years. In 2019, an estimated 28.9 million nonelderly adults and children were uninsured, an increase of 2.2 million since 2016 (Tolbert and Orgera 2020). The economic downturn caused by the COVID-19 pandemic has resulted in steep increases in unemployment and related losses of employer-sponsored insurance (ESI; Fronstin and Woodbury 2020).¹ Though some losing ESI during the pandemic have enrolled in coverage through Medicaid and the ACA Marketplaces to avoid becoming uninsured, eroding ESI rates mean increases in uninsurance are unlikely to reverse, and could accelerate, during the current recession (Banthin and Holahan 2020; Banthin et al. 2020; Corallo and Rudowitz 2020; Gangopadhyaya, Karpman, and Aarons 2020; Garfield et al. 2020; Karpman and Zuckerman 2020).

Lack of awareness or understanding of publicly subsidized coverage options among the uninsured may result in people not enrolling in programs for which they qualify. This may be especially true for those newly losing ESI, who may have little prior experience with subsidized coverage. After large investments in outreach and enrollment assistance when the ACA was enacted, the Trump administration dramatically cut public education and enrollment support. Erosion of ESI and declining incomes during the pandemic will likely make millions of people eligible for publicly subsidized coverage, but they will need to understand their options and may need help enrolling to avoid becoming uninsured.

In this brief, we assess awareness of and experiences with publicly subsidized coverage options among adults who were uninsured in September 2020. To do so, we analyze data from the second wave of the Urban Institute's Coronavirus Tracking Survey, fielded September 11 through 28, 2020. We find that though some uninsured adults were aware of publicly subsidized coverage options, critical knowledge gaps remained, and many uninsured people had not attempted to enroll in coverage for which they may be eligible. We also find perceptions of Marketplace affordability and eligibility for Medicaid and the Children's Health Insurance Program (CHIP) may keep some people from enrolling. Our main findings are as follows:

- Some uninsured adults are unfamiliar with the Marketplaces and available financial assistance to subsidize purchasing such coverage. In September 2020, only about half of uninsured adults (53.9 percent) had heard a lot or some about the Marketplaces. Just under two-thirds of uninsured adults (64.9 percent) had heard nothing or only a little about financial assistance for Marketplace coverage.
- Almost half of uninsured adults familiar with Marketplace health plans had not looked for information on them, most commonly because of cost concerns.
- Just 29.3 percent of uninsured adults had tried to obtain Medicaid/CHIP coverage. Most commonly, those who did not try to obtain Medicaid/CHIP did not think they would qualify.
- Nearly half of all uninsured adults (47.0 percent) had neither looked for information on Marketplace coverage nor tried to obtain Medicaid/CHIP.
- Of all uninsured adults, only about 2 in 10 had both sought information about Marketplace coverage and tried to obtain Medicaid/CHIP; about 3 in 10 uninsured adults had done one or the other.

To avoid large increases in uninsurance as the pandemic continues, federal and state governments will need to boost awareness and understanding of Marketplace and Medicaid/CHIP coverage and provide more enrollment assistance, particularly for those who may be qualifying for the first time. Raising awareness of available financial assistance and simplifying enrollment processes may also help. Policymakers have indicated interest in increasing opportunities to enroll; for instance, the Biden administration has just announced a proposal to extend the federal Marketplace open enrollment period to ensure more people needing coverage during the public health crisis can obtain it.² If combined with substantial government outreach efforts and the administration's proposal to enhance the generosity of and expand eligibility for premium tax credits during the pandemic, these proposals could make inroads with the largest segment of uninsured adults, those who may qualify for Marketplace subsidies but have been dissuaded from seeking information about or enrolling in Marketplace coverage over cost concerns (Gunja and Collins 2019).

Background

Families with an uninsured person have several coverage options. For uninsured people previously covered by ESI before a job loss, COBRA coverage can extend ESI for up to 18 months. But, it requires former employees to pay the full cost of coverage, which can be prohibitively expensive, especially given income losses (Garfield et al. 2020).³ Medicaid and CHIP allow enrollment on the basis of income for those who meet citizenship and immigration status requirements, including children, whose median Medicaid/CHIP threshold is 255 percent of the federal poverty level (FPL); adults with incomes below 138 percent of FPL in the 37 states (including the District of Columbia) that had adopted the ACA's Medicaid expansion option by 2020; and some parents with very low incomes in the remaining states that have not expanded Medicaid, hereafter called "nonexpansion states" (Brooks et al. 2020). Beneficiaries can also enroll on the basis of disability or pregnancy. Additionally, Marketplaces allow enrollment during defined open enrollment periods and temporary special enrollment periods for those with a qualifying event, such as job or insurance loss. And people with incomes between 100 and 400 percent of FPL who do not qualify for Medicaid/CHIP can receive tax credits to make Marketplace coverage more affordable; additional cost-sharing subsidies are available for those with incomes below 250 percent of FPL.⁴ So, depending on a person's state of residence, income, and immigration status, one may either be eligible for Medicaid/CHIP, eligible for advanced premium tax credits through the Marketplaces, or ineligible for subsidized coverage (Gunja and Collins 2019; Pollitz and Claxton 2020).⁵

However, even those eligible for subsidized coverage may face multiple barriers to enrollment. Research shows few uninsured people report not needing or wanting insurance; rather, they face other obstacles to obtaining and affording coverage (Tolbert and Orgera 2020). According to focus groups with uninsured people conducted during the pandemic, many uninsured adults desire coverage and see its benefits, but seeking coverage is a lower priority than more immediate needs, such as replacing lost income.⁶ Moreover, to enroll in such coverage, people must know about and understand the available options. Many adults have low health insurance literacy, meaning they lack familiarity with health insurance concepts and terms.⁷ Though awareness of financial assistance for coverage under the ACA has grown in recent years, recent survey data show fewer people are aware of the Marketplaces than are aware of Medicaid (Collins et al. 2015; Pollitz et al. 2020; Saloner et al. 2020). And barriers extend beyond awareness: in one recent study, most uninsured adults who tried to obtain coverage reported finding at least one of the enrollment steps somewhat or very difficult (Pollitz et al. 2020). Moreover, some people report not knowing if they will qualify for or be able to afford Medicaid or Marketplace coverage, concerns that may be even more relevant during the pandemic and recession, with incomes in flux and worries about adding new monthly expenses, such as premiums for coverage (Collins et al. 2015).⁸

In this brief, we use data from the Urban Institute's Coronavirus Tracking Survey, conducted in September 2020, to assess awareness of publicly subsidized coverage options and experiences seeking to obtain these forms of coverage among uninsured adults. Our findings indicate that as the

pandemic continues in 2021, further efforts will be needed to inform uninsured people about coverage options, available financial assistance, eligibility requirements, and how to enroll in coverage.

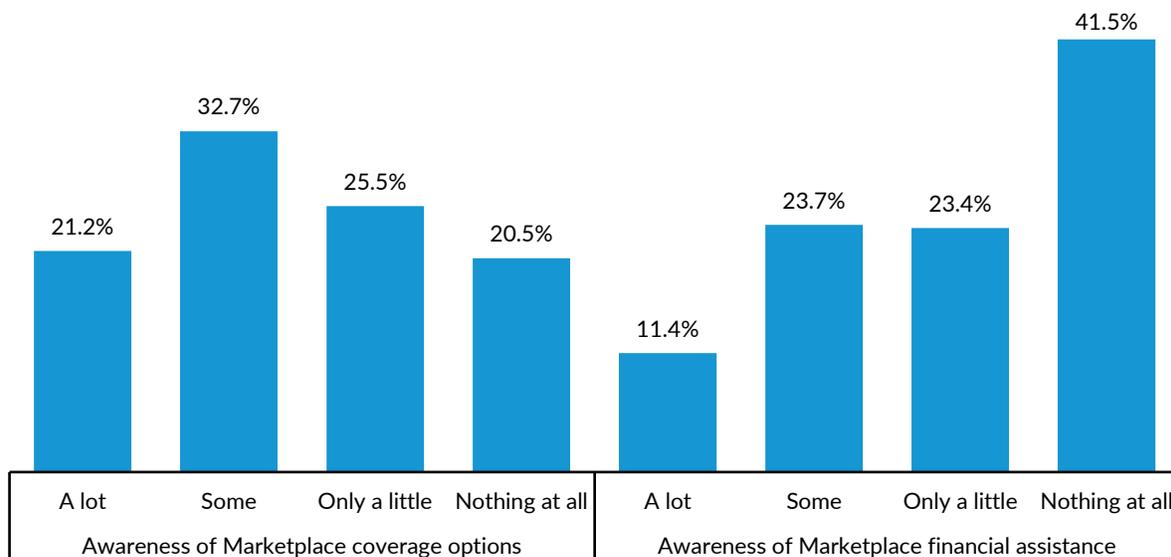
Results

Many uninsured adults are unfamiliar with the health insurance Marketplaces and available financial assistance for purchasing such coverage.

Though the ACA’s Marketplaces have existed since 2014, only about half of adults who were uninsured in September 2020 reported having heard a lot (21.2 percent) or some (32.7 percent) about them; the remainder knew only a little (25.5 percent) or nothing at all (20.5 percent), as shown in figure 1.⁹

An even greater share of uninsured adults was unaware of subsidies to make Marketplace premiums and out-of-pocket costs more affordable. Only about one in three uninsured adults reported hearing a lot (11.4 percent) or some (23.7 percent) about this financial assistance, whereas the majority heard only a little (23.4 percent) or nothing at all (41.5 percent).

FIGURE 1
Awareness of Marketplace Health Plans and Financial Assistance among Uninsured Adults Ages 18 to 64, September 2020



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Source: Urban Institute Coronavirus Tracking Survey, wave 2.

Notes: X-axis labels are responses to two questions: “How much have you heard about the health insurance Marketplaces, which can be used to shop for health insurance and compare prices and benefits?” And, “Some people are able to get subsidies for premiums and out-of-pocket health care costs in the health insurance Marketplaces. How much, if anything, have you heard about these subsidies?” The survey was conducted September 11 through 28, 2020, and 91 percent of respondents completed

the survey by September 17. Respondents for whom Marketplace knowledge and experiences were not assessed or who did not respond to the questions (16.3 percent) are excluded.

Many uninsured adults who are familiar with the Marketplaces have not looked for information on Marketplace health plans, most commonly because of cost concerns.

Just over half of uninsured adults familiar with Marketplace health plans had sought information about them; an estimated 55.1 percent reported they had looked for information on Marketplace plans, whereas 44.9 percent had not.

Moreover, uninsured adults most commonly reported cost as their reason for not seeking information on or enrolling in Marketplace coverage. Among the 55.1 percent who had looked for information on Marketplace plans, more than 7 in 10 (42.2 percent of all uninsured adults familiar with Marketplace plans) reported they did not enroll because of cost, or because they could not afford a plan or qualify for subsidies. And among the 44.9 percent who had not looked for information about enrolling, more than half (28.4 percent of all uninsured adults familiar with Marketplace plans) did not look for information because they believed the cost would be too high or they would be unable to afford the coverage.

For some, low awareness of financial assistance for purchasing Marketplace coverage may correspond with perceiving such coverage as unaffordable. This suggests public education about subsidies could expand interest in enrolling. For others, coverage may be unaffordable even with financial assistance. Though subsidies make coverage more affordable for those who qualify, Marketplace premiums can be as high as nearly 10 percent of family income (for those with incomes between 300 and 400 percent of FPL). In addition, subsidies are not provided to those with incomes at or above 400 percent of FPL, meaning Marketplace coverage can be costly even for those with moderate incomes.¹⁰

TABLE 1

Experiences Looking for Marketplace Coverage among Uninsured Adults Ages 18 to 64 Familiar with Such Coverage, September 2020

	Percent
Looked for information on Marketplace health plans	55.1
Did not enroll because cost was too high, they cannot afford the insurance, or they did not qualify for subsidized coverage	42.2
Did not look for information on Marketplace health plans	44.9
Did not look because cost was too high or they cannot afford the insurance	28.4

Source: Urban Institute Coronavirus Tracking Survey, wave 2.

Notes: Reasons for not enrolling in or seeking information on Marketplace health plans are responses to the following questions: “What is the main reason why you have not enrolled in a health insurance plan in the Marketplace?” And, “Which of the following is the main reason that you have not looked for information on health insurance plans in the Marketplace?” The survey was conducted September 11 through 28, 2020, and 91 percent of respondents completed the survey by September 17.

People familiar with Marketplace plans have at least a little awareness of the Marketplaces. Respondents for whom Marketplace knowledge and experiences were not assessed or who did not respond to the questions (16.3 percent) are excluded.

Just 29.3 percent of uninsured adults had tried to obtain Medicaid/CHIP coverage. Most commonly, those who did not apply did not think they would qualify.

Only about 3 in 10 adults who were uninsured in September 2020 had tried to obtain Medicaid/CHIP. The most commonly reported barrier to enrolling was not qualifying for coverage; 19.9 percent of all uninsured adults did not enroll for this reason. Similarly, those who had not tried to obtain coverage most commonly believed they would not qualify (39.8 percent of all uninsured adults).

Some adults may indeed not qualify for Medicaid, especially those in nonexpansion states, where nonpregnant, nondisabled adults without children cannot qualify for Medicaid at any income level, and the median parental Medicaid eligibility threshold is just 41 percent of FPL (Brooks et al. 2020). In addition, federal regulations prohibit undocumented noncitizens and many legally present noncitizens from enrolling. Of the adults identified as uninsured in the Coronavirus Tracking Survey, 44.6 percent reported incomes at or below 138 percent of FPL, just 12.0 percent reported incomes above 400 percent of FPL, and 77.8 percent were citizens (data not shown). Thus, though some uninsured adults are, in fact, ineligible for Medicaid, many uninsured adults may qualify (Collins, Gunja, and Doty 2017).

TABLE 2

Experiences Trying to Obtain Medicaid/CHIP among Uninsured Adults Ages 18 to 64, September 2020

	Percent
Tried to obtain coverage through Medicaid/CHIP	29.3
Did not enroll because they were told they were ineligible	19.9
Did not try to obtain coverage through Medicaid/CHIP	70.7
Did not think they were eligible or told they were told ineligible	39.8

Source: Urban Institute Coronavirus Tracking Survey, wave 2.

Notes: CHIP = Children’s Health Insurance Program. The table shows responses to the question, “Have you tried to obtain coverage through Medicaid, Medical Assistance (MA), the Children’s Health Insurance Program (CHIP), or any kind of state or government-sponsored assistance plan based on income or a disability?” Reasons for not enrolling in or trying to obtain coverage are responses to the following questions: “What is the main reason you are not currently enrolled in Medicaid, MA, CHIP, or another state or government-sponsored assistance plan?” And, “What is the main reason you did not try to obtain coverage through Medicaid, MA, CHIP, or another state or government-sponsored assistance plan?” The survey was conducted September 11 through 28, 2020, and 91 percent of respondents completed the survey by September 17. Respondents for whom Medicaid/CHIP knowledge was not assessed or who did not respond to the questions (16.2 percent) are excluded.

Overall, nearly half of uninsured adults had not tried to obtain either Marketplace or Medicaid/CHIP coverage. Only about 2 in 10 uninsured adults had sought information about Marketplace coverage and tried to obtain Medicaid/CHIP, and about 3 in 10 had only looked for information about one or the other.

Table 3 combines reported experiences seeking both Marketplace and Medicaid/CHIP coverage among adults who were uninsured in September 2020. Nearly half of uninsured adults who reported their experiences said they had not sought Marketplace or Medicaid/CHIP coverage (47.0 percent).¹¹ That nearly half of uninsured adults had not attempted to enroll in these plans suggests major coverage gains could be achieved with additional program awareness and enrollment assistance. About one in five uninsured adults (21.1 percent) reported having sought information on both Marketplace and Medicaid/CHIP coverage. We find 23.4 percent of uninsured adults had tried to obtain information about Marketplace coverage but not Medicaid/CHIP, and a smaller share (8.4 percent) had tried to obtain Medicaid/CHIP but had not looked for information on Marketplace coverage.

TABLE 3
Experiences Seeking Marketplace and Medicaid/CHIP Coverage among Uninsured Adults Ages 18 to 64, September 2020

	Percent
Has not looked for information on Marketplace coverage or tried to obtain Medicaid/CHIP	47.0
Has looked for information on Marketplace coverage and has tried to obtain Medicaid/CHIP	21.1
Has looked for information on Marketplace coverage but has not tried to obtain Medicaid/CHIP	23.4
Has tried to obtain Medicaid/CHIP but has not looked for information on Marketplace coverage	8.4

Source: Urban Institute Coronavirus Tracking Survey, wave 2.

Notes: CHIP = Children’s Health Insurance Program. See the endnotes for how we constructed this hierarchy. Not seeking Marketplace coverage includes not having heard of Marketplace coverage. The survey was conducted September 11 through 28, 2020, and 91 percent of respondents completed the survey by September 17. Respondents for whom either Medicaid/CHIP or Marketplace knowledge was not assessed or who did not respond to the questions (16.7 percent) are excluded.

Discussion

Findings from the Coronavirus Tracking Survey indicate nearly half of adults who were uninsured in September 2020 had not sought Marketplace or Medicaid/CHIP coverage. Many were unfamiliar with the health insurance Marketplaces—especially with the availability of financial assistance for such coverage—or did not believe they would qualify for Medicaid/CHIP. As policymakers craft policies to minimize coverage losses during the pandemic and recession and to reverse the coverage declines since 2016, these findings show the importance of raising awareness about available coverage options

among uninsured people, informing them about eligibility rules and affordability, and helping them enroll in coverage.

Various recent policy choices could be contributing to difficulties navigating the health insurance coverage landscape, including for people recently losing ESI, who may have less knowledge of available subsidized coverage options. The Trump administration cut outreach and enrollment funding, such as that for advertising the availability of coverage through federal Marketplaces and for health insurance navigators, who are often instrumental to Medicaid and Marketplace enrollment (Pollitz et al. 2020).¹² Several recent federal and state-level policy discussions and decisions may be further confusing consumers about coverage options or deterring them from seeking coverage, including consideration of ACA repeal, proposals for restrictions on Medicaid (e.g., work requirements and other administrative hurdles), elimination of federal coverage mandate penalties, easing of restrictions on less comprehensive plans, and expansion of the “public charge” rule to consider public benefits use among some immigrant families (Artiga and Pham 2019; Bernstein et al. 2019; Haley et al. 2020; Pollitz et al. 2020).

As the pandemic continues, the new administration, Congress, and states officials could enact several policies to improve awareness and accessibility of Marketplace and Medicaid/CHIP coverage.

Expanding outreach and enrollment assistance. The Biden administration could boost awareness of coverage options and increase enrollment assistance through policies such as restoring navigator and outreach funding to at least prior levels, or increasing them further, and advertising the extended federal Marketplace open enrollment period that they have recently proposed to increase opportunities to enroll in coverage during the continuing pandemic.¹³

Targeted messaging and assistance emphasizing the benefits of coverage and how to enroll could also help; research indicates messages promoting the peace of mind gained through enrollment and protections for preexisting conditions can encourage enrollment during the public health crisis, and state-specific consumer guidance may also be needed bolster enrollment, given policy differences across states.¹⁴ It will also be important to notify consumers about the comprehensiveness of Medicaid/CHIP and Marketplace plans relative to short-term plans, which lack the ACA’s consumer protections (Corlette et al. 2019; Pollitz et al. 2020).

State-based Marketplaces have helped bridge federal marketing gaps by advertising extended special enrollment periods following the onset of the pandemic, establishing new marketing campaigns, and conducting targeted outreach, such as through unemployment assistance departments.¹⁵ Additionally, the federal government did not advertise Healthcare.gov to those who have lost coverage during the pandemic, leaving such advertising to states. However, with state budgets strained by the pandemic-related recession, such efforts may not be sustainable, possibly necessitating federal funding.

Expanding awareness and understanding of available coverage options may also help reduce health disparities; research shows lack of awareness of Marketplace coverage and confusion about health insurance terminology are high among Hispanic/Latinx and Black adults, groups also

experiencing worse effects of the current recession on their families' finances (Collins, Gunja, and Doty 2017; Karpman, Zuckerman, and Kenney 2020; Villagra et al. 2019).

Improving affordability of coverage and knowledge of financial assistance. Consistent with other research (Collins, Gunja, and Doty 2017), we find low awareness of financial assistance for purchasing Marketplace coverage in September 2020. Cost was the most commonly reported reason for not seeking information or enrolling in such coverage. Cost concerns may be particularly high during the pandemic and recession; about half of Marketplace enrollees in March/April 2020 reported worrying about their inability to afford premiums because of the pandemic (Pollitz et al. 2020).

Efforts to better inform potential Marketplace enrollees about the income ranges for which subsidies are available could help reduce knowledge gaps, especially for those whose incomes are fluctuating after a recent job loss.¹⁶ Policymakers could also act to increase affordability of coverage (Cox et al. 2020): As part of an additional \$1.9 trillion pandemic stimulus plan, President Biden has proposed increasing financial assistance to make Marketplace premiums more affordable. States could also consider offering additional financial assistance, as in Massachusetts and California, which could increase take-up among people with moderate incomes (Aron-Dine and Broaddus 2019). Removing restrictions on Marketplace financial assistance for families whose access to employer coverage is deemed affordable by the ACA could also make more people eligible for financial assistance. In addition, President Biden has proposed subsidization of COBRA as part of his broader relief package, which could improve COBRA affordability but would be limited to those who recently lost employer-sponsored coverage.

Expanding and communicating Medicaid/CHIP eligibility levels. The most commonly reported barrier to seeking or enrolling in Medicaid/CHIP coverage was ineligibility or perceived ineligibility. Many uninsured adults, especially those in nonexpansion states and noncitizens, are ineligible for Medicaid because of income- and immigration-related restrictions. To remove this barrier, adoption of the expansion in additional states and loosening of rules prohibiting some noncitizens from enrolling in Medicaid are necessary. Still, others could also benefit from better knowledge of Medicaid eligibility requirements.

Over decades, research has shown that though awareness of and interest in Medicaid/CHIP are high and perceptions of the programs are generally positive, confusion about eligibility requirements may deter families from seeking coverage (Kenney, Haley, and Tebay 2004; Pollitz et al. 2020). Communication during the pandemic about the immediate availability of Medicaid/CHIP after job loss through trusted information sources, such as health care providers, employers, schools, and other public programs, and specific outreach and enrollment efforts to reach underserved communities could also help (Artiga, Rudowitz, and Tolbert 2016).

In addition, the new administration has expressed willingness to reverse the public charge rule.¹⁷ But even if it is reversed, communication about immigration requirements and clarification that Medicaid/CHIP enrollment among eligible individuals would not risk their or their family members' immigration statuses will be essential to reaching and enrolling immigrant families. Further,

Medicaid/CHIP enrollment increases are already straining states' budgets (NCSL 2020). Thus, additional state fiscal relief will be needed to support increased enrollment, in addition to the temporary increase in the federal Medicaid/CHIP matching rate enacted in the Families First Coronavirus Response Act for states meeting certain conditions (e.g., not disenrolling beneficiaries from Medicaid during the public health emergency).¹⁸

Simplifying enrollment systems and improving perceptions of enrollment processes. Maintaining simplified Marketplace and Medicaid/CHIP enrollment processes and adapting to changing circumstances during the pandemic are critical. Research shows nearly 4 in 10 adults who applied for or renewed Medicaid during the pandemic had difficulties navigating enrollment procedures (Pollitz et al. 2020). And perceptions about complex application processes are a barrier to seeking Medicaid, especially for those who have recently faced challenges applying for unemployment insurance and do not want to navigate another bureaucratic system.¹⁹

States can take advantage of flexibilities allowed in Medicaid to simplify enrollment, such as increasing usage of online and phone application processes, allowing self-attestation of eligibility criteria, and extending presumptive eligibility to allow more entities to screen for temporary eligibility while full applications are processed (Dolan and Artiga 2020).²⁰ Simplifications could also benefit (1) those already enrolled in Medicaid who have not recently faced renewal but will need to recertify eligibility when the public health emergency ends and (2) people whose fluctuating incomes may mean they shift in and out of Medicaid and Marketplace eligibility (Manatt 2020). Some states are also improving procedures that will expand access to Marketplace coverage, such as through extending special enrollment periods and reducing administrative burdens.²¹

The large reductions in uninsurance resulting from efforts before and under the ACA to increase awareness of subsidized coverage and simplify enrollment, including streamlined enrollment and renewal processes, outreach campaigns, funding for health insurance navigators and community-based organizations, and elimination of administrative hurdles, suggest efforts to make enrollment easier could contribute to coverage gains (KFF 2013).

Data and Methods

This brief uses data from the second wave of the Urban Institute's Coronavirus Tracking Survey, a nationally representative internet-based survey of nonelderly adults designed to assess how the COVID-19 pandemic is affecting adults and their families and how those effects change over time. A total of 4,007 adults ages 18 to 64 participated in the second wave, fielded September 11 through 28, 2020; 91 percent of respondents completed the survey by September 17. This analysis is based on the 437 respondents who were uninsured and responded to questions about awareness of and experiences with Marketplace and Medicaid/CHIP coverage. Respondents for both waves were sampled from the 9,032 adults who participated in the most recent round of the Health Reform Monitoring Survey (HRMS), which was fielded March 25 through April 10, 2020. The HRMS sample is drawn from Ipsos's KnowledgePanel, the nation's largest probability-based online panel. The panel is

recruited from an address-based sampling frame covering 97 percent of US households and includes households with and without internet access. Participants can take the survey in English or Spanish.

The Coronavirus Tracking Survey includes an oversample of Black and Hispanic/Latinx HRMS participants. Survey weights adjust for unequal selection probabilities and are poststratified to the characteristics of the national nonelderly adult population based on benchmarks from the Current Population Survey and American Community Survey. We also adjust the September tracking survey weights to address differential nonresponse among participants in the March/April HRMS. Because nonresponse in the September survey is greater among HRMS participants experiencing negative employment effects and material hardship during the pandemic and these effects differ based on demographic characteristics, we adjust the weights so work status and employment and hardship outcomes reported in March/April among the September sample are consistent with outcomes reported among the full March/April HRMS sample both overall and within key demographic subgroups. These adjustments make the September tracking survey sample better represent the sample initially drawn in March/April and mitigate nonresponse bias in estimated changes over time in the pandemic's effects.

The margin of sampling error, including the design effect, for the full sample of adults in the second wave of the tracking survey is plus or minus 2.0 percentage points for a 50 percent statistic at the 95 percent confidence level. Additional information about the March/April 2020 HRMS and the questionnaires for the HRMS and first and second waves of the Coronavirus Tracking Survey can be found at hrms.urban.org.²²

Notes

- ¹ Bureau of Labor Statistics, "The Employment Situation in October 2020," November 6, 2020, <https://www.bls.gov/news.release/pdf/empsit.pdf>.
- ² Amy Goldstein, "Biden to Reopen ACA Insurance Marketplaces as Pandemic Has Cost Millions of Americans Their Coverage," *Washington Post*, January 25, 2021, https://www.washingtonpost.com/health/biden-to-reopen-aca-insurance-marketplaces-as-pandemic-has-cost-millions-of-american-their-coverage/2021/01/25/ccfc2402-5e74-11eb-9061-07abcc1f9229_story.html.
- ³ "FAQs on COBRA Coverage Continuation Health Coverage for Workers," US Department of Labor, accessed December 14, 2020, <https://www.dol.gov/sites/dolgov/files/ebsa/about-ebsa/our-activities/resource-center/faqs/cobra-continuation-health-coverage-consumer.pdf>.
- ⁴ Individuals must also be US citizens or lawfully present noncitizens to be eligible for advanced premium tax credits and cost-sharing reductions.
- ⁵ Undocumented noncitizens are further barred from purchasing unsubsidized Marketplace coverage.
- ⁶ PerryUndem and Betty & Smith, "Results from Focus Groups with Uninsured Individuals: Enrolling in Marketplace Coverage," September 2020, https://www.dropbox.com/s/7soa9nwmuteb4a/Focus%20Group%20Report_Final%209%2029.pdf?dl=0; and PerryUndem and Betty & Smith, "Results from Focus Groups with Uninsured Individuals: Enrolling in Medicaid," September 2020, https://www.dropbox.com/s/zmrt4dfizx0owd9/MOP_Focus%20Group%20Report_Final.pdf?dl=.

- ⁷ Mira Norton, Liz Hamel, and Mollyann Brodie, “Assessing Americans’ Familiarity with Health Insurance Terms and Concepts,” Henry J. Kaiser Family Foundation, November 11, 2014, <https://www.kff.org/health-reform/poll-finding/assessing-americans-familiarity-with-health-insurance-terms-and-concepts/>.
- ⁸ PerryUndem and Betty & Smith, “Results from Focus Groups With Uninsured Individuals: Enrolling in Marketplace Coverage,” and “Results from Focus Groups with Uninsured Individuals: Enrolling in Medicaid.”
- ⁹ Distributions are calculated among those for whom the survey assessed awareness and/or experiences and who replied using the relevant categories shown.
- ¹⁰ For instance, subsidies range from 2.06 to 9.78 percent of income in 2020. See Holahan, Wengle, and Elmendorf (2020).
- ¹¹ We combined information on experiences with Marketplace and Medicaid/CHIP coverage, classifying uninsured respondents into one of four mutually exclusive categories: (1) familiar with and has looked for information on Marketplace and has tried to obtain Medicaid/CHIP, (2) familiar with and has looked for information on Marketplace but has not tried to obtain Medicaid/CHIP, (3) has tried to obtain Medicaid/CHIP but is not familiar with or has not looked for information on Marketplace, and (4) is unfamiliar with or has not looked for information on Marketplace and has not tried to obtain Medicaid/CHIP.
- ¹² Timothy Jost, “CMS Cuts ACA Advertising by 90 Percent amid Other Cuts to Enrollment Outreach,” *Health Affairs Blog*, August 31, 2017, <https://www.healthaffairs.org/doi/10.1377/hblog20170901.061790/full/>; Asian and Pacific Islander Health Forum, “HHS Announces Navigator Funding with Deep Cuts,” news release, September 12, 2018, <https://www.apiahf.org/press-release/navigator-cuts/>; Karen Pollitz and Jennifer Tolbert, “Data Note: Further Reductions in Navigator Funding for Federal Marketplace States,” October 13, 2020, Henry J. Kaiser Family Foundation, <https://www.kff.org/private-insurance/issue-brief/data-note-further-reductions-in-navigator-funding-for-federal-marketplace-states/>; and Katie Keith, “CMS to Maintain Navigator Funding at \$10 Million for 2020, 2021,” *Health Affairs Blog*, May 9, 2019, <https://www.healthaffairs.org/doi/10.1377/hblog20190529.659554/full/>.
- ¹³ Katie Keith, “What Would Biden’s Election Mean for the Affordable Care Act?” *Health Affairs Blog*, November 5, 2020, <https://www.healthaffairs.org/doi/10.1377/hblog20201105.33952/full/>; and Goldstein, “Biden to Reopen ACA Insurance Marketplaces as Pandemic Has Cost Millions of Americans Their Coverage,” *Washington Post*.
- ¹⁴ “Navigator Resource Guide,” Georgetown University Center on Health Insurance Reforms, accessed December 14, 2020, <https://navigatorguide.georgetown.edu/50-states>; and PerryUndem and Betty & Smith, “Results from Focus Groups With Uninsured Individuals: Enrolling in Marketplace Coverage,” and “Results from Focus Groups With Uninsured Individuals: Enrolling in Medicaid.”
- ¹⁵ Rachel Schwab, Justin Giovanelli, and Kevin Lucia, “During the COVID-19 Crisis, State Health Insurance Marketplaces Are Working to Enroll the Uninsured,” *To the Point* (blog), Commonwealth Fund, May 19, 2020, <https://www.commonwealthfund.org/blog/2020/during-covid-19-crisis-state-health-insurance-marketplaces-are-working-enroll-uninsured>.
- ¹⁶ PerryUndem and Betty & Smith, “Results from Focus Groups With Uninsured Individuals: Enrolling in Marketplace Coverage,” and “Results from Focus Groups With Uninsured Individuals: Enrolling in Medicaid.”
- ¹⁷ “The Biden Plan for Securing Our Values as a Nation of Immigrants,” Biden-Harris Presidential Campaign website, accessed December 14, 2020, <https://joebiden.com/immigration/>.
- ¹⁸ Sandhya Raman, “States Seek More Federal Funds as Medicaid Enrollment Grows,” *Roll Call*, October 15, 2020, <https://www.rollcall.com/2020/10/15/states-seek-more-federal-funds-as-medicaid-enrollment-grows/>.
- ¹⁹ PerryUndem and Betty & Smith, “Results from Focus Groups with Uninsured Individuals: Enrolling in Marketplace Coverage,” and “Results from Focus Groups with Uninsured Individuals: Enrolling in Medicaid.”
- ²⁰ Rebecca Landucci, Jennifer E. Moore, Clare C. Brown, Caroline E. Adams, Nicole Truhe, and Mark Larson, “How States Are Facilitating Medicaid Enrollment during COVID-19—and How They Can Do Even More,” *Health Affairs Blog*, June 17, 2020, <https://www.healthaffairs.org/doi/10.1377/hblog20200612.887360/full/>; and Ian Hill, Jennifer M. Haley, and Emily Burroughs, “Medicaid and CHIP Flexibility Can Help Safeguard Americans during the COVID-19 Crisis,” *Urban Wire* (blog), Urban Institute, March 19, 2020,

<https://www.urban.org/urban-wire/medicaid-and-chip-flexibility-can-help-safeguard-americans-during-covid-19-crisis>.

- ²¹ Schwab, Giovannelli, and Lucia, “During the COVID-19 Crisis, State Health Insurance Marketplaces Are Working to Enroll the Uninsured,” Commonwealth Fund; and David Anderson and Coleman Drake, “Preparing the Health Insurance Marketplaces for a Recession,” *JAMA Health Forum*, July 8, 2020, <https://jamanetwork.com/channels/health-forum/fullarticle/2768241>.
- ²² Knowledge of and experiences with Medicaid/CHIP and Marketplace coverage were obtained from respondents thought to be uninsured or living with an uninsured person during survey administration. Recoding of coverage after survey administration (e.g., for people who reported having an insurance type later recoded as not being considered comprehensive insurance coverage) meant some respondents did not receive these questions. In addition, some respondents did not answer every question. Consequently, our analysis is based on only those who were considered uninsured during survey administration and responded to each question.

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