

# Self-Pay Encounters Increase Following Start of Medicaid Coverage Terminations

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## Key Findings:

- The proportion of self-pay emergency department (ED), hospital, and primary care encounters increased starting in April 2023 when states could start terminating Medicaid coverage for patients who no longer met Medicaid requirements following the pandemic.
- Rates of self-pay encounters have increased the most for patients in states that began terminating coverage in April 2023, but encounters for patients in states that started terminating coverage in May and later appear to be following similar trends of increased rates of self-pay encounters.

During the COVID-19 pandemic period, the U.S. federal government authorized a temporary increase in the amount of funding that states could receive for medical assistance, provided the state kept nearly all current Medicaid patients enrolled in coverage throughout the pandemic.<sup>1</sup> That condition expired at the end of March 2023, when states could begin to terminate coverage for patients who no longer met eligibility requirements for Medicaid. Several states began reviewing eligibility and started terminations of coverage in April 2023, but states have until the end of March 2024 to resume to normal eligibility conditions.<sup>1</sup>

A study published by KFF found that, prior to the pandemic, 65% of patients whose Medicaid coverage ended did not have insurance coverage in the following year. Lack of insurance coverage could result in expensive medical bills for patients who are required to pay for their healthcare out of pocket.<sup>2</sup> To understand how coverage trends have changed since Medicaid terminations started again in April 2023, we analyzed 34 million hospitalizations, 340 million primary care encounters, and 146 million ED encounters that occurred between January 2017 and August 2023 to determine the proportion of self-pay encounters by the month Medicaid coverage terminations started in each state.

We measured how much the percentage of self-pay encounters deviated from the percentage of self-pay encounters that occurred in August 2022 for each encounter type, as seen in Figure 1. Across all three encounter types, states that ended continuous enrollment in April 2023 have had the greatest increase in self-pay visits in August 2023 compared to August 2022. States that ended continuous enrollment in May or June 2023 have had similar shifts in their self-pay trends. States that ended in July or later are starting to show early indications of an increased proportion of self-pay encounters across all three encounter types studied. If the current trend continues, the proportion of self-pay covered encounters will rise for all three encounter types.

## Change in Self-Pay Rates for ED Encounters Since August 2022

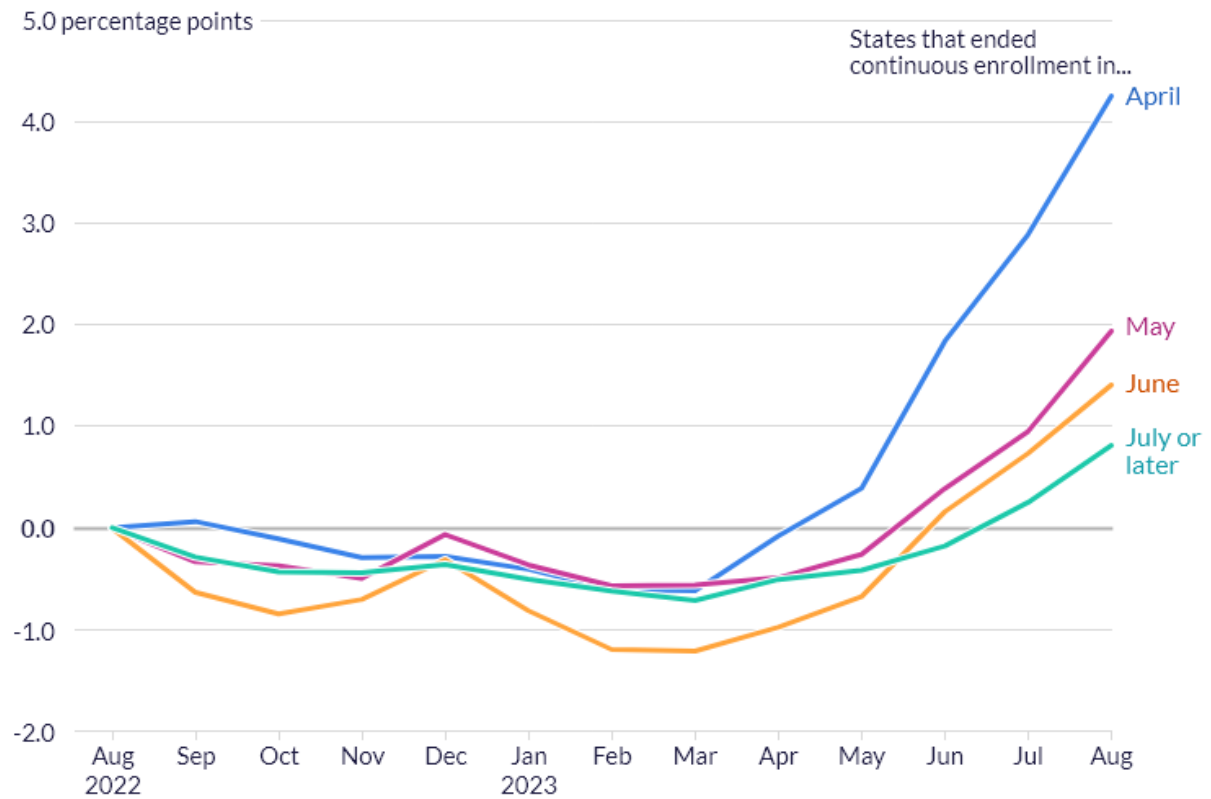


Figure 1a. Deviation from August 2022 proportion of self-pay ED encounters over time stratified by month when states chose to end continuous enrollment.

## Change in Self-Pay Rates for Hospitalizations Since August 2022

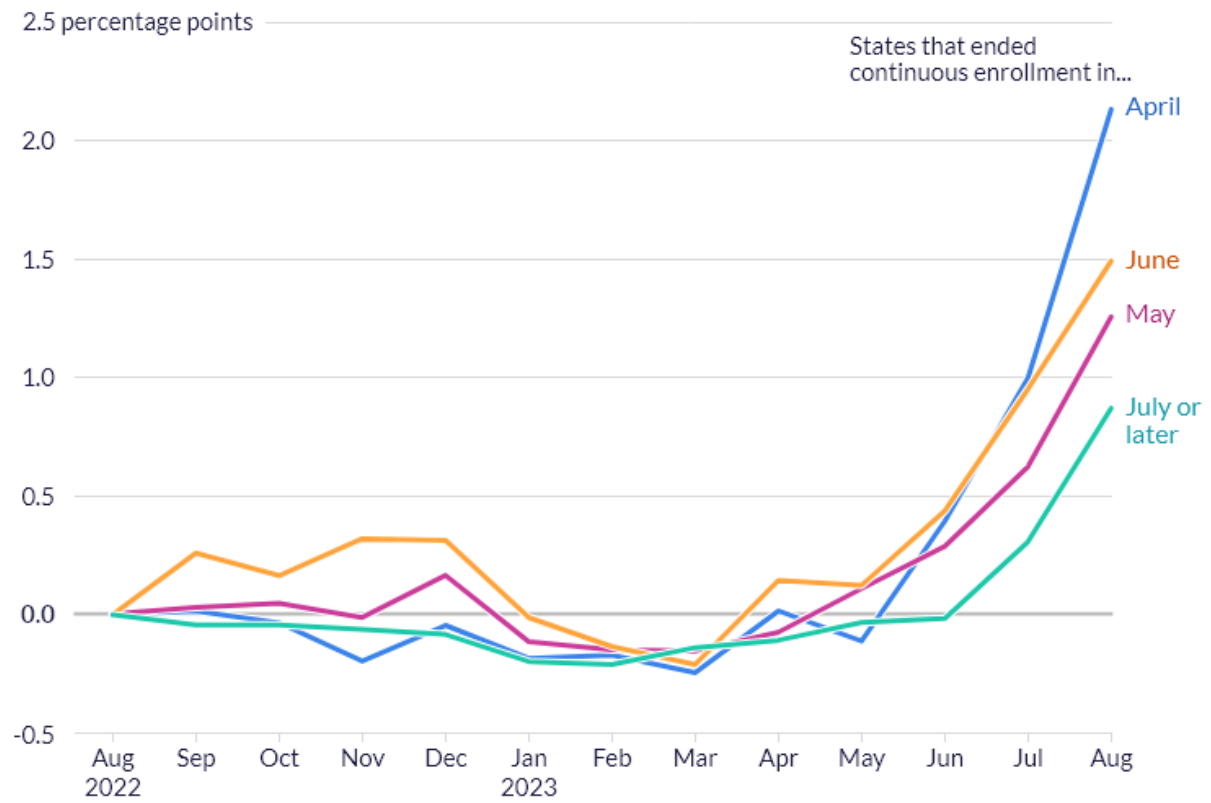


Figure 1b. Deviation from August 2022 proportion of self-pay hospitalizations over time stratified by month when states chose to end continuous enrollment.

## Change in Self-Pay Rates for Primary Care Encounters Since August 2022

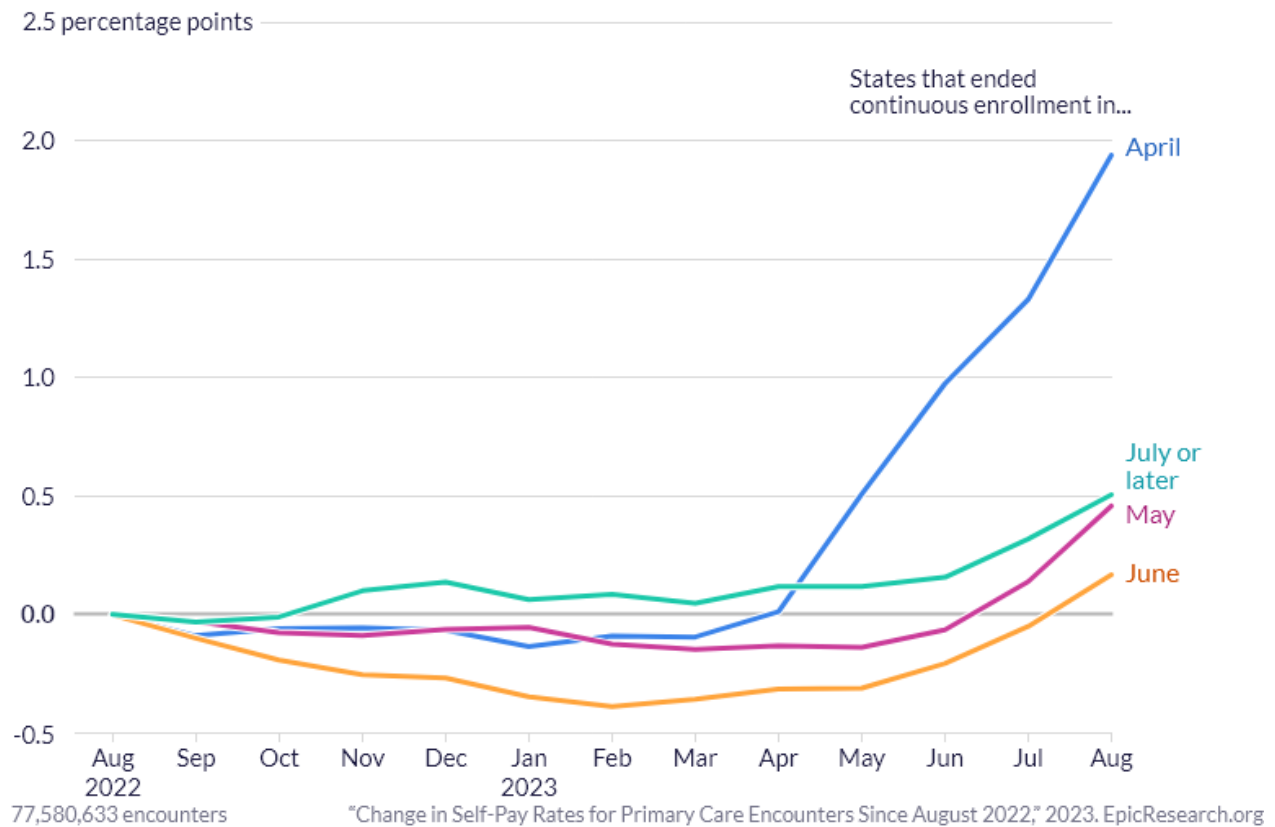


Figure 1c. Deviation from August 2022 proportion of self-pay primary care encounters over time stratified by month when states chose to end continuous enrollment.

To further understand how Medicaid terminations may be influencing trends in insurance coverage, we measured the monthly rates of encounters covered by either Medicaid or by another insurer compared to self-pay from January 2017 to August 2023.

The proportion of ED encounters with Medicaid coverage decreased by 4.4 percentage points between January 2017 and March 2023 from around 25% to 21%. The proportion of ED encounters with Medicaid coverage decreased by 2.8 percentage points from March 2023 to August 2023. We also saw an increase of 2.4 percentage points for self-pay and 0.3 percentage points for commercial/other ED encounters from March 2023 to August 2023, which suggests that most of the Medicaid ED volume transitioned to self-pay.

## Proportion of ED Encounters with Coverage Type

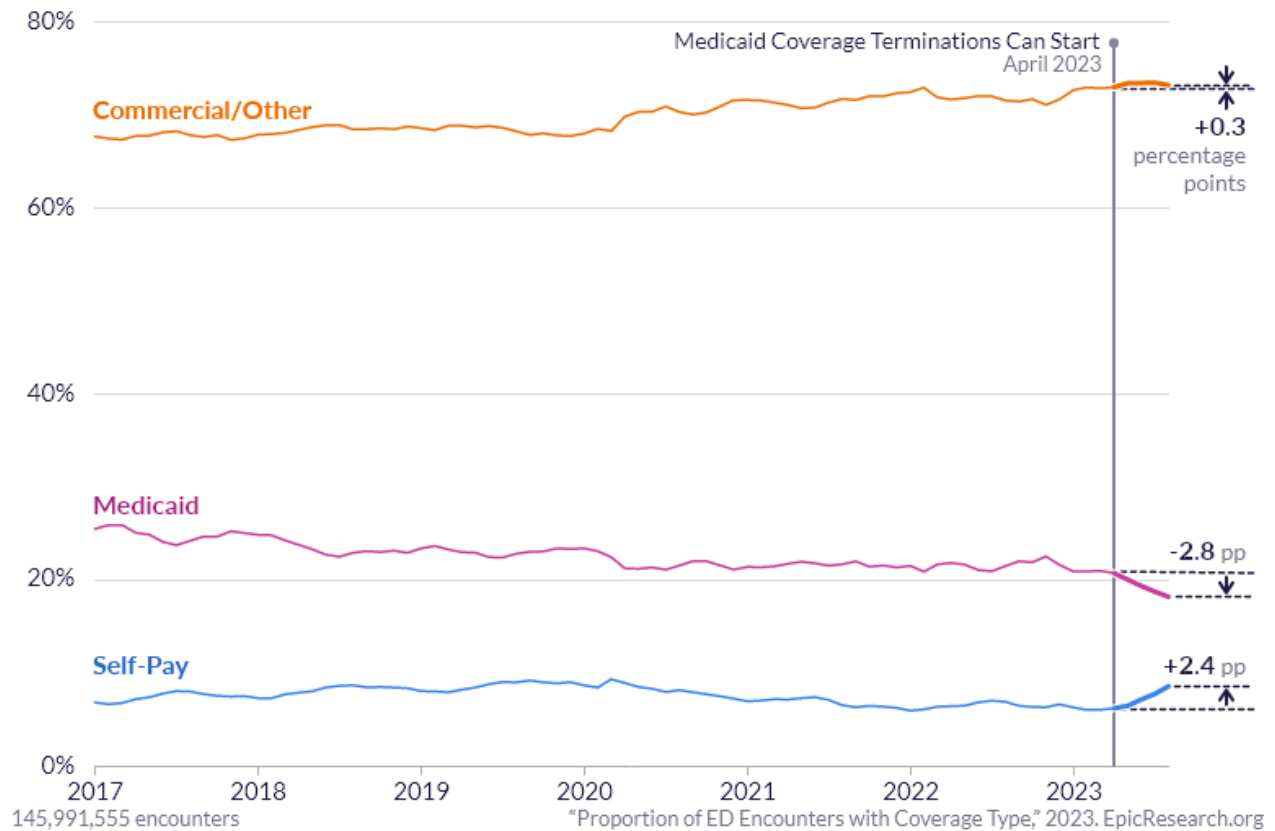


Figure 2a. Monthly proportion of ED encounters by coverage type.

The proportion of hospitalizations with Medicaid coverage has trended downward by 6.2 percentage points from 23% of hospitalizations in 2017 to less than 18% in March 2023. Between March and August of 2023, the proportion dropped an additional 2.7 percentage points. This coincided with a 1.5 percentage point rise in the proportion of self-pay hospitalizations and a 1.2 percentage point increase in commercial/other coverage.

## Proportion of Hospitalizations with Coverage Type

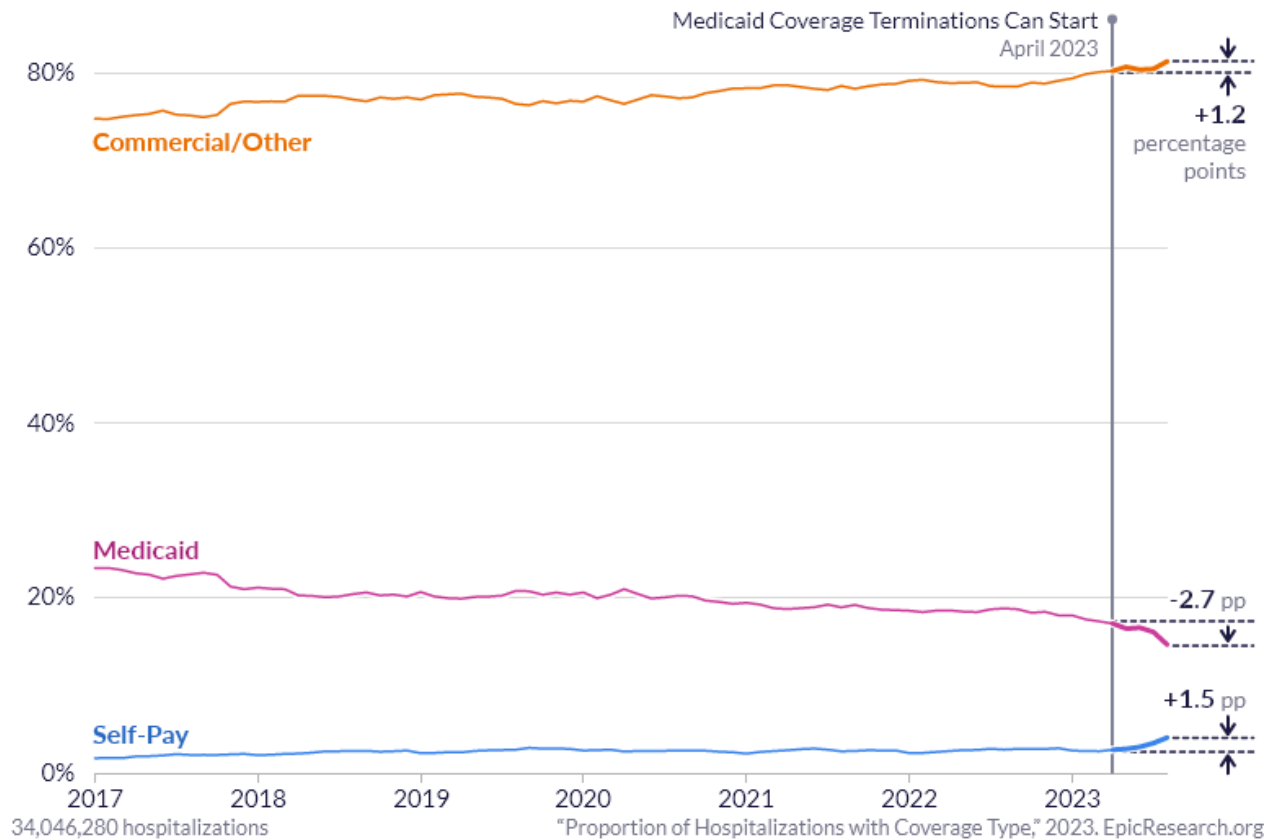


Figure 2b. Monthly proportions of hospitalizations by coverage type.

We found that for primary care, the proportion of encounters with Medicaid insurance has largely stayed between 14 and 15% since 2017 with a small spike to 16% at the start of the pandemic. The proportion of self-pay primary care encounters increased slightly over time to about 2% in 2019, where it remained until March 2023. The proportion of self-pay encounters increased by 0.6 percentage points between March 2023 and August 2023. Commercial/other insurance-covered encounters make up the other 0.5 percentage point difference since the end of continuous enrollment for Medicaid.

## Proportion of Primary Care Encounters with Coverage Type

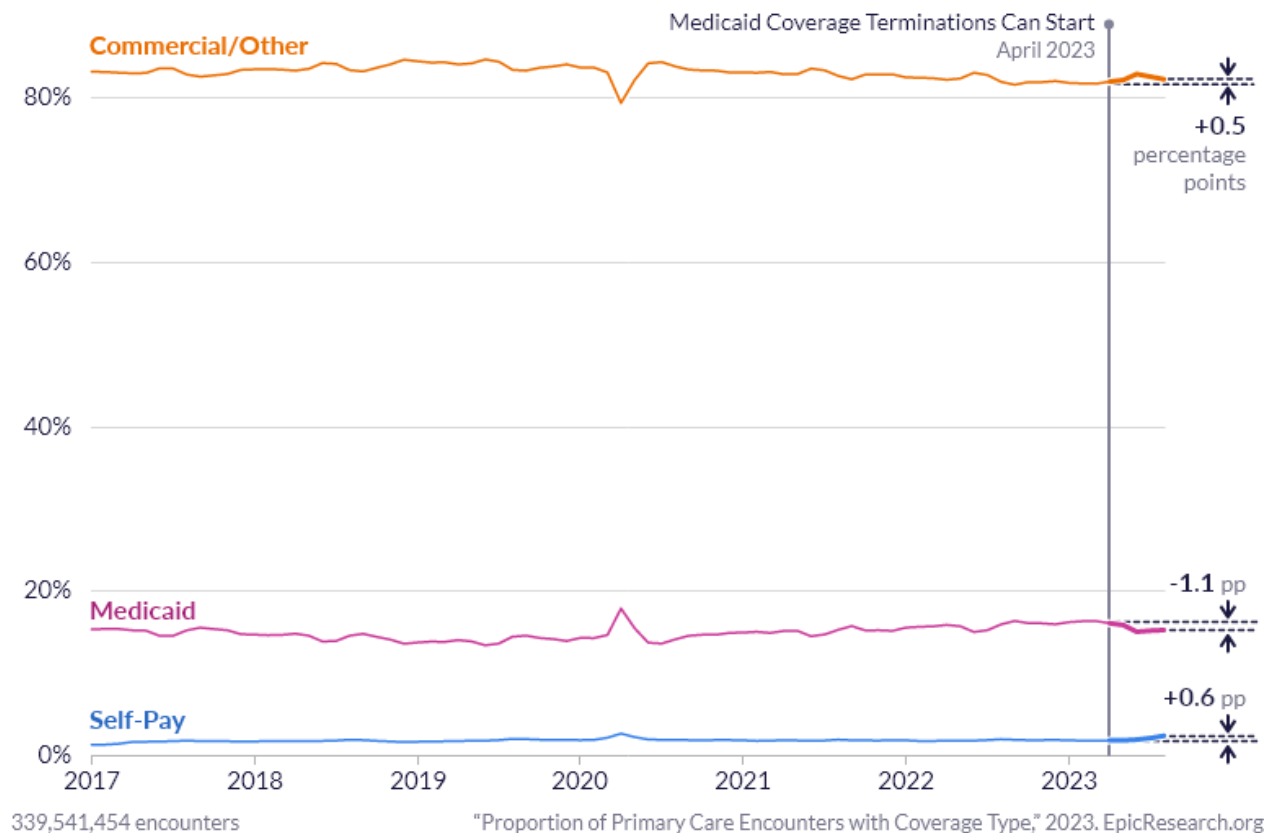


Figure 2c. Monthly proportion of primary care encounters by coverage type.

These data come from Cosmos, a collaboration of 222 Epic health systems representing over 220 million patient records from 1,272 hospitals and more than 27,200 clinics from all 50 states and Lebanon. This study was completed by two teams that worked independently, each composed of a clinician and research scientists. The two teams came to similar conclusions. Graphics by Brian Olson.

## References

1. *Unwinding and returning to regular operations after COVID-19*. (n.d.). Medicaid.gov. <https://www.medicaid.gov/resources-for-states/coronavirus-disease-2019-covid-19/unwinding-and-returning-regular-operations-after-covid-19/index.html>. Accessed September 20, 2023.
2. <https://www.kff.org/medicaid/issue-brief/how-many-people-might-lose-medicaid-when-states-unwind-continuous-enrollment/><https://www.kff.org/medicaid/issue-brief/what-happens-after-people-lose-medicaid-coverage/> Corallo, B., Burns, A., Tolbert, J., & Claxton, G. (2023, January 25). *What happens after people lose Medicaid coverage?* KFF. <https://www.kff.org/medicaid/issue-brief/what-happens-after-people-lose-medicaid-coverage/>. Accessed October 5, 2023.<https://www.kff.org/medicaid/issue-brief/what-happens-after-people-lose-medicaid-coverage/>

## Data Definitions

Term	Definition
Study period	1/1/2017 – 8/30/2023
Study population (hospitalizations)	Hospital admission encounters for patients residing in the United States and receiving care in the United States.

	Excludes encounters using Medicare as their primary coverage.
<b>Study population (primary care)</b>	Office visit or appointment encounters for receiving care in the United States, with one of the following department specialties: Primary Care, Internal Medicine, Pediatric Internal Medicine, General Internal Medicine, Family Medicine, Pediatrics, Adolescent Medicine, Developmental and Behavioral Pediatrics, or Preventative Medicine. Excludes telephone encounters with CPT codes 99441, 99442, or 99443.
	Excludes encounters using Medicare as their primary coverage.
<b>Study population (ED visit)</b>	“Emergency” or “Emergency to Inpatient” encounters for patients residing in the United States and receiving care in the United States.
	Excludes encounters using Medicare as their primary coverage.
<b>Month continuous enrollment ended</b>	Encounters are broken up into Medicaid unwinding groups by the patient’s state of residence: April – Idaho, South Dakota, New Hampshire, Arizona, Arkansas May – Utah, Wyoming, Iowa, Ohio, Pennsylvania, Connecticut, Nevada, Indiana, West Virginia, Virginia, New Mexico, Kansas, Oklahoma June – Alaska, Maine, Washington, Montana, North Dakota, Vermont, Massachusetts, Rhode Island, Wisconsin, New Jersey, Nevada, Colorado, Maryland, Kentucky, Tennessee, South Carolina, DC, Hawaii, Mississippi, Alabama, Georgia, Texas July or later – Missouri, North Carolina, Illinois, Louisiana, Delaware, California, Oregon, New York, Michigan, Minnesota  These groups were established using the anticipated unwinding dates from the following resource: <a href="https://ccf.georgetown.edu/2023/03/08/cms-releases-anticipated-2023-state-level-timelines-for-initiating-unwinding-related-renewals/">https://ccf.georgetown.edu/2023/03/08/cms-releases-anticipated-2023-state-level-timelines-for-initiating-unwinding-related-renewals/</a>

**Table 1: Change in Self-Pay Rates for ED Encounters Since August 2022**

	April	May	June	July or Later
<b>Aug 2022</b>	0.0%	0.0%	0.0%	0.0%
<b>Sep 2022</b>	0.1%	-0.3%	-0.6%	-0.3%
<b>Oct 2022</b>	-0.1%	-0.4%	-0.8%	-0.4%
<b>Nov 2022</b>	-0.3%	-0.5%	-0.7%	-0.4%
<b>Dec 2022</b>	-0.3%	-0.1%	-0.3%	-0.4%
<b>Jan 2023</b>	-0.4%	-0.4%	-0.8%	-0.5%
<b>Feb 2023</b>	-0.6%	-0.6%	-1.2%	-0.6%
<b>Mar 2023</b>	-0.6%	-0.6%	-1.2%	-0.7%
<b>Apr 2023</b>	-0.1%	-0.5%	-1.0%	-0.5%
<b>May 2023</b>	0.4%	-0.3%	-0.7%	-0.4%
<b>June 2023</b>	1.8%	0.4%	0.2%	-0.2%
<b>July 2023</b>	2.9%	0.9%	0.7%	0.2%
<b>Aug 2023</b>	4.3%	1.9%	1.4%	0.8%



**Table 1b: Change in Self-Pay Rates for Hospitalizations Since August 2022**

	April	May	June	July or Later
Aug 2022	0.0%	0.0%	0.0%	0.0%
Sep 2022	0.0%	0.0%	0.3%	0.0%
Oct 2022	0.0%	0.0%	0.2%	0.0%
Nov 2022	-0.2%	0.0%	0.3%	-0.1%
Dec 2022	0.0%	0.2%	0.3%	-0.1%
Jan 2023	-0.2%	-0.1%	0.0%	-0.2%
Feb 2023	-0.2%	-0.2%	-0.1%	-0.2%
Mar 2023	-0.2%	-0.2%	-0.2%	-0.1%
Apr 2023	0.0%	-0.1%	0.1%	-0.1%
May 2023	-0.1%	0.1%	0.1%	0.0%
June 2023	0.4%	0.3%	0.4%	0.0%
July 2023	1.0%	0.6%	1.0%	0.3%
Aug 2023	2.1%	1.3%	1.5%	0.9%

**Table 1c: Change in Self-Pay Rates for Primary Care Encounters Since August 2022**

	April	May	June	July or Later
Aug 2022	0.0%	0.0%	0.0%	0.0%
Sep 2022	-0.1%	0.0%	-0.1%	0.0%
Oct 2022	-0.1%	-0.1%	-0.2%	0.0%
Nov 2022	-0.1%	-0.1%	-0.3%	0.1%
Dec 2022	-0.1%	-0.1%	-0.3%	0.1%
Jan 2023	-0.1%	-0.1%	-0.3%	0.1%
Feb 2023	-0.1%	-0.1%	-0.4%	0.1%
Mar 2023	-0.1%	-0.1%	-0.4%	0.0%
Apr 2023	0.0%	-0.1%	-0.3%	0.1%
May 2023	0.5%	-0.1%	-0.3%	0.1%
June 2023	1.0%	-0.1%	-0.2%	0.2%
July 2023	1.3%	0.1%	0.0%	0.3%
Aug 2023	1.9%	0.5%	0.2%	0.5%

**Table 2a: Proportion of ED Encounters with Coverage Type**

Month	Medicaid	Self-Pay	Misc/Other
2017-1	25.44%	6.85%	67.71%
2017-2	25.85%	6.67%	67.48%
2017-3	25.85%	6.79%	67.35%
2017-4	25.03%	7.20%	67.77%
2017-5	24.84%	7.38%	67.78%
2017-6	24.07%	7.77%	68.16%
2017-7	23.72%	8.02%	68.25%
2017-8	24.18%	7.98%	67.84%
2017-9	24.64%	7.71%	67.65%
2017-10	24.63%	7.53%	67.84%
2017-11	25.19%	7.46%	67.35%
2017-12	25.00%	7.50%	67.50%
2018-1	24.81%	7.30%	67.89%
2018-2	24.77%	7.29%	67.94%
2018-3	24.22%	7.69%	68.09%
2018-4	23.76%	7.85%	68.39%
2018-5	23.28%	8.01%	68.71%
2018-6	22.70%	8.39%	68.91%
2018-7	22.49%	8.56%	68.94%
2018-8	22.91%	8.62%	68.46%
2018-9	23.09%	8.41%	68.50%
2018-10	22.99%	8.44%	68.57%
2018-11	23.14%	8.38%	68.48%
2018-12	22.90%	8.32%	68.78%
2019-1	23.37%	8.02%	68.61%
2019-2	23.64%	8.00%	68.36%
2019-3	23.25%	7.91%	68.84%
2019-4	22.96%	8.17%	68.86%
2019-5	22.92%	8.39%	68.69%
2019-6	22.45%	8.73%	68.82%
2019-7	22.40%	8.96%	68.64%
2019-8	22.81%	8.93%	68.26%
2019-9	23.01%	9.12%	67.87%
2019-10	23.04%	8.92%	68.03%
2019-11	23.38%	8.81%	67.80%
2019-12	23.31%	8.94%	67.76%
2020-1	23.38%	8.61%	68.01%
2020-2	23.09%	8.38%	68.53%

2020-3	22.45%	9.25%	68.31%
2020-4	21.27%	8.86%	69.87%
2020-5	21.21%	8.45%	70.34%
2020-6	21.35%	8.27%	70.38%
2020-7	21.12%	7.93%	70.95%
2020-8	21.55%	8.12%	70.33%
2020-9	22.03%	7.91%	70.07%
2020-10	22.01%	7.70%	70.29%
2020-11	21.57%	7.49%	70.94%
2020-12	21.13%	7.25%	71.62%
2021-1	21.41%	6.97%	71.62%
2021-2	21.37%	7.05%	71.58%
2021-3	21.48%	7.18%	71.34%
2021-4	21.74%	7.16%	71.10%
2021-5	21.96%	7.29%	70.75%
2021-6	21.80%	7.39%	70.81%
2021-7	21.54%	7.11%	71.35%
2021-8	21.69%	6.57%	71.74%
2021-9	22.00%	6.36%	71.64%
2021-10	21.43%	6.50%	72.07%
2021-11	21.56%	6.42%	72.03%
2021-12	21.35%	6.29%	72.36%
2022-1	21.52%	6.01%	72.47%
2022-2	20.90%	6.14%	72.96%
2022-3	21.68%	6.41%	71.90%
2022-4	21.83%	6.46%	71.70%
2022-5	21.66%	6.52%	71.82%
2022-6	21.09%	6.86%	72.05%
2022-7	20.95%	7.03%	72.02%
2022-8	21.49%	6.93%	71.58%
2022-9	22.01%	6.51%	71.48%
2022-10	21.90%	6.39%	71.71%
2022-11	22.53%	6.36%	71.11%
2022-12	21.62%	6.66%	71.72%
2023-1	20.94%	6.34%	72.71%
2023-2	20.93%	6.09%	72.98%
2023-3	21.00%	6.09%	72.90%
2023-4	20.75%	6.25%	73.00%
2023-5	20.06%	6.50%	73.44%
2023-6	19.38%	7.15%	73.46%
2023-7	18.78%	7.73%	73.49%

2023-8	18.24%	8.51%	73.24%
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**Table 2b: Proportion of Hospitalizations with Coverage Type**

Month	Medicaid	Self-Pay	Misc/Other
2017-1	23.51%	1.77%	74.72%
2017-2	23.52%	1.78%	74.70%
2017-3	23.27%	1.78%	74.95%
2017-4	22.91%	1.96%	75.13%
2017-5	22.74%	1.99%	75.27%
2017-6	22.27%	2.07%	75.66%
2017-7	22.60%	2.21%	75.19%
2017-8	22.78%	2.12%	75.11%
2017-9	22.97%	2.13%	74.90%
2017-10	22.72%	2.12%	75.16%
2017-11	21.36%	2.18%	76.46%
2017-12	21.05%	2.24%	76.71%
2018-1	21.23%	2.09%	76.68%
2018-2	21.11%	2.15%	76.74%
2018-3	21.05%	2.23%	76.72%
2018-4	20.33%	2.27%	77.40%
2018-5	20.27%	2.36%	77.37%
2018-6	20.12%	2.51%	77.37%
2018-7	20.21%	2.52%	77.27%
2018-8	20.48%	2.57%	76.95%
2018-9	20.68%	2.57%	76.75%
2018-10	20.33%	2.48%	77.19%
2018-11	20.42%	2.52%	77.06%
2018-12	20.20%	2.60%	77.21%
2019-1	20.73%	2.31%	76.96%
2019-2	20.21%	2.34%	77.45%
2019-3	20.02%	2.42%	77.56%
2019-4	19.95%	2.40%	77.65%
2019-5	20.15%	2.56%	77.28%
2019-6	20.19%	2.62%	77.18%
2019-7	20.30%	2.65%	77.04%
2019-8	20.86%	2.69%	76.45%
2019-9	20.81%	2.89%	76.29%
2019-10	20.41%	2.81%	76.79%
2019-11	20.66%	2.83%	76.51%
2019-12	20.42%	2.77%	76.81%

2020-1	20.68%	2.60%	76.72%
2020-2	20.01%	2.64%	77.35%
2020-3	20.42%	2.70%	76.88%
2020-4	21.06%	2.49%	76.45%
2020-5	20.50%	2.55%	76.95%
2020-6	19.98%	2.54%	77.48%
2020-7	20.10%	2.57%	77.33%
2020-8	20.30%	2.60%	77.10%
2020-9	20.24%	2.58%	77.19%
2020-10	19.72%	2.57%	77.70%
2020-11	19.57%	2.47%	77.96%
2020-12	19.35%	2.41%	78.25%
2021-1	19.47%	2.26%	78.27%
2021-2	19.27%	2.45%	78.28%
2021-3	18.85%	2.54%	78.61%
2021-4	18.74%	2.63%	78.63%
2021-5	18.85%	2.75%	78.41%
2021-6	18.96%	2.82%	78.22%
2021-7	19.26%	2.69%	78.05%
2021-8	18.94%	2.52%	78.54%
2021-9	19.22%	2.55%	78.23%
2021-10	18.85%	2.63%	78.52%
2021-11	18.67%	2.60%	78.73%
2021-12	18.62%	2.61%	78.77%
2022-1	18.54%	2.32%	79.14%
2022-2	18.39%	2.34%	79.27%
2022-3	18.56%	2.45%	78.99%
2022-4	18.58%	2.55%	78.87%
2022-5	18.44%	2.65%	78.91%
2022-6	18.39%	2.67%	78.95%
2022-7	18.71%	2.79%	78.50%
2022-8	18.82%	2.70%	78.47%
2022-9	18.73%	2.78%	78.49%
2022-10	18.31%	2.76%	78.92%
2022-11	18.43%	2.77%	78.80%
2022-12	18.01%	2.85%	79.14%
2023-1	18.01%	2.60%	79.39%
2023-2	17.54%	2.54%	79.92%
2023-3	17.31%	2.53%	80.17%
2023-4	17.05%	2.68%	80.27%
2023-5	16.46%	2.78%	80.76%

2023-6	16.58%	2.99%	80.43%
2023-7	16.08%	3.40%	80.52%
2023-8	14.63%	3.99%	81.38%

**Table 2c: Proportion of Primary Care Encounters with Coverage Type**

Month	Medicaid	Self-Pay	Misc/Other
2017-1	15.44%	1.42%	83.14%
2017-2	15.49%	1.42%	83.09%
2017-3	15.48%	1.52%	82.99%
2017-4	15.32%	1.74%	82.94%
2017-5	15.27%	1.76%	82.97%
2017-6	14.66%	1.79%	83.56%
2017-7	14.65%	1.83%	83.52%
2017-8	15.31%	1.89%	82.80%
2017-9	15.64%	1.84%	82.52%
2017-10	15.48%	1.83%	82.70%
2017-11	15.33%	1.82%	82.85%
2017-12	14.84%	1.79%	83.37%
2018-1	14.79%	1.80%	83.40%
2018-2	14.72%	1.84%	83.44%
2018-3	14.76%	1.84%	83.40%
2018-4	14.91%	1.82%	83.26%
2018-5	14.67%	1.84%	83.49%
2018-6	13.97%	1.86%	84.18%
2018-7	14.02%	1.90%	84.09%
2018-8	14.67%	2.00%	83.33%
2018-9	14.89%	1.95%	83.16%
2018-10	14.52%	1.86%	83.62%
2018-11	14.19%	1.79%	84.02%
2018-12	13.70%	1.71%	84.59%
2019-1	13.84%	1.76%	84.40%
2019-2	13.95%	1.80%	84.25%
2019-3	13.92%	1.81%	84.27%
2019-4	14.14%	1.84%	84.02%
2019-5	13.97%	1.87%	84.16%
2019-6	13.50%	1.88%	84.61%
2019-7	13.70%	1.95%	84.34%
2019-8	14.54%	2.09%	83.37%
2019-9	14.68%	2.06%	83.26%

2019-10	14.39%	2.00%	83.61%
2019-11	14.26%	1.98%	83.76%
2019-12	14.02%	1.97%	84.01%
2020-1	14.40%	1.95%	83.65%
2020-2	14.38%	1.98%	83.65%
2020-3	14.74%	2.23%	83.02%
2020-4	17.97%	2.71%	79.32%
2020-5	15.58%	2.31%	82.12%
2020-6	13.82%	2.03%	84.15%
2020-7	13.71%	1.98%	84.31%
2020-8	14.23%	2.00%	83.77%
2020-9	14.67%	1.95%	83.38%
2020-10	14.78%	1.91%	83.31%
2020-11	14.78%	1.96%	83.25%
2020-12	15.01%	1.96%	83.03%
2021-1	15.04%	1.92%	83.03%
2021-2	15.14%	1.85%	83.01%
2021-3	15.00%	1.89%	83.12%
2021-4	15.24%	1.93%	82.83%
2021-5	15.26%	1.91%	82.83%
2021-6	14.60%	1.87%	83.52%
2021-7	14.81%	1.90%	83.28%
2021-8	15.37%	2.01%	82.62%
2021-9	15.84%	1.93%	82.23%
2021-10	15.31%	1.91%	82.78%
2021-11	15.33%	1.90%	82.77%
2021-12	15.26%	1.94%	82.80%
2022-1	15.65%	1.93%	82.42%
2022-2	15.75%	1.84%	82.41%
2022-3	15.80%	1.85%	82.35%
2022-4	15.98%	1.89%	82.13%
2022-5	15.81%	1.89%	82.29%
2022-6	15.11%	1.89%	83.00%
2022-7	15.34%	1.96%	82.71%
2022-8	16.04%	2.05%	81.91%
2022-9	16.45%	1.99%	81.56%
2022-10	16.19%	1.95%	81.86%
2022-11	16.17%	1.95%	81.88%
2022-12	16.05%	1.97%	81.98%
2023-1	16.31%	1.92%	81.77%
2023-2	16.42%	1.89%	81.69%

2023-3	16.44%	1.88%	81.68%
2023-4	16.18%	1.91%	81.92%
2023-5	15.96%	1.92%	82.12%
2023-6	15.15%	2.00%	82.85%
2023-7	15.27%	2.19%	82.54%
2023-8	15.35%	2.45%	82.21%