July 14, 2021

Health Care Access in King County, WA March 2020-June 2021

BACKGROUND

The first known case and death of COVID-19 in King County, Washington (WA) occurred in late January and late February 2020, respectively. State and local mitigation measures designed to protect the health and safety of residents were implemented in March 2020, with a phased re-opening process beginning in June. These community COVID-19 mitigation measures included closing schools and businesses; stay-home orders and guidance to practice social distancing with non-household members; and cancellation of elective medical procedures and guidance to avoid non-urgent medical care. Business closures have led to loss of employment and potential loss of employer-sponsored coverage. While these mitigation efforts have prevented deaths and hospitalizations, it has also resulted in delayed care for both serious medical issues and general medical care.[1]

Prior to the pandemic, health care access disparities due to race and ethnicity were already leading to excess morbidity and disease burden.[2-3] In 2019, 7.2% of King County working-age adults were uninsured; of those uninsured, Black, Indigenous, and People of Color (BIPOC) King County residents had higher rates of being uninsured than white non-Hispanic residents.[4] Even before the pandemic, disparities in financial (such as cost of health insurance) and non-financial barriers (such as being unable to get an appointment, find a physician, or get to a doctor's office) were preventing BIPOC communities from accessing health care.[5-6] The pandemic has exacerbated these existing health disparities. BIPOC communities have been disproportionately impacted by loss of employment, and because health insurance coverage is linked to employment, loss of a job with health care coverage may impact an individual's ability to access care for serious medical issues as well as receive care to prevent future illnesses.

This brief examines changes in the King County uninsured rate and patterns of health care access during the pandemic. We also

KEY POINTS

1) The percent of uninsured adults has changed rapidly since the beginning of the pandemic; 6.9% of working age adults (aged 19-64) in King/Pierce/Snohomish counties combined lacked health insurance in late April 2020, increasing to 10.6% by early January 2021. As of early June 2021, 7.2% of working age adults in the three-county area were uninsured.
2) In early June 2021, 25% of adults in the three-county area delayed getting medical care in the last 4 weeks and 19.8% reported not getting needed medical care in the last 4 weeks because of the pandemic. This occurred across all demographic groups.
3) There has been a 12.9% increase in Medicaid enrollment since the beginning of the COVID-19 pandemic in King County, mainly due to increased enrollment among the working-age adult population.
4) Comparing March - September 2019 and the same time period in 2020, Medicaid enrollees had a:
   - 3.3 percentage point decrease in having at least one primary care visit
   - 13.4 percentage point decrease in having at least one well-child visit
   - 19.9 percentage point increase in having at least one telehealth visit

[1]Findling MG, Blendon RJ, Benson JM. Delayed Care with Harmful Health Consequences—Reported Experiences from National Surveys During Coronavirus Disease 2019. *JAMA Health Forum.* 2020;1(12):e201463. doi:10.1001/jamahealthforum.2020.1463

[2] Egede L. E. (2006). Race, ethnicity, culture, and disparities in health care. Journal of general internal medicine, 21(6), 667–669. https://doi.org/10.1111/j.1525-1497.2006.0512.x

[3] Alegría M, Alvarez K, Ishikawa RZ, DiMarzio K, McPeck S. Removing Obstacles To Eliminating Racial And Ethnic Disparities In Behavioral Health Care. *Health Aff (Millwood)*. 2016;35(6):991-999. doi:10.1377/hlthaff.2016.0029

[4] Retrieved 06/20201 from Public Health – Seattle & King County, Community Health Indicators. www.kingcounty.gov/chi; Uninsured population, King County (2019)

[5] Rahimi AR, Spertus JA, Reid KJ, Bernheim SM, Krumholz HM. Financial barriers to health care and outcomes after acute myocardial infarction. JAMA. 2007 Mar 14;297(10):1063-72. doi: 10.1001/jama.297.10.1063. PMID: 17356027.

[6] Berk ML, Schur CL. Access to care: how much difference does Medicaid make? Health Aff (Millwood). 1998 May-Jun;17(3):169-80. doi: 10.1377/hlthaff.17.3.169. PMID: 9637973.

examine patterns of health care utilization among King County's Medicaid population to document the impact of the pandemic on primary care visits, well-child visits, and telehealth visits.

NEW OR EXPANDED POLICY RESOURCES IN RESPONSE TO CORONAVIRUS

On March 6, 2020, the Centers for Medicare and Medicaid Services (CMS) broadened access to telehealth services so that beneficiaries could receive a wider range of health services from their providers without having to travel to a health care facility.[7] This expansion also provided reimbursement at the same rates as in person visits for telehealth services using interactive telecommunications (phone or video call visits).

WA adopted similar expansion including approvals for telehealth and equal reimbursement requirements for telehealth services.[8] WA also encouraged testing by removing all copays, coinsurance and deductible requirements for all COVID-19 testing sites and all medically necessary diagnostic testing for influenza and certain other viral respiratory illnesses typically billed during a provider visit for suspected COVID-19.[9]

On March 18, 2020, the Families First Coronavirus Response Act was signed into law to provide additional resources to help states address the effects of COVID-19. Under this law, states opting to accept the increased Federal Medical Assistance Percentage have to meet certain Maintenance of Effort Provisions including not disenrolling anyone enrolled in Medicaid until the end of the federally declared Public Health Emergency period unless the individual requests to be disenrolled.[10] WA was one of many states that opted to accept this provision.

IMPACTS ON THE OVERALL KING COUNTY POPULATION

Percent of uninsured adults changing rapidly

The percent of adults without health insurance has changed rapidly during the pandemic. Pre-pandemic, 7.2% of working age adults (ages 19-64) in King County lacked health insurance.[11] During March – April 2020, this rate held steady. In late April 2020, 6.9% of working age adults in the Seattle-Tacoma-Bellevue Metropolitan Statistical Area, which combines King, Pierce, and Snohomish counties, lacked health insurance. Uninsured rates started increasing as the pandemic continued. By mid-June 2020, the uninsured rate peaked with 11.8% of working age adults lacking health insurance. After June 2020, uninsured rates trended down but rose again to 10.6% in early January 2021. As of early June 2021, uninsured rates in King-Pierce-Snohomish counties have returned to pre-pandemic level at 7.2%; this is similar to the WA state overall (9.2%) uninsured rate.

The fluctuations in uninsured rates could be due to a variety of factors. The June 2020 peak in the uninsured rate corresponded with a peak in unemployment filings.[12] Rates of uninsured decreased once people had a chance to enroll in coverage through Medicaid or the WA Health Benefits Exchange, or as individuals returned to work as the region went into Phase 2 of the Safe Start Plan during the summer of 2020. With a surge of COVID-19 cases during late 2020 and early 2021 causing a rollback of the

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[7] Telehealth Services – CMS: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/telehealthsrvcsfctsht.pdf

[8] https://www.doh.wa.gov/Portals/1/Documents/2000/ProfessionsTelehealth.pdf

[9] https://www.insurance.wa.gov/health-insurance-and-coronavirus-covid-19-frequently-asked-questions

[10] Medicaid Maintenance of Eligibility (MOE) Requirements: Issues to Watch https://www.kff.org/medicaid/issue-brief/medicaid-maintenance-of-eligibility-moe-requirements-issues-to-watch/#:~:text=To%20help%20support%20states%20and,of%20eligibility%20

[11] Community Health Indicators. www.kingcounty.gov/chi Uninsured population, King County (2019). Accessed 06/2021, Public Health-Seattle & King County; Assessment Policy Development and Evaluation Unit.

[12] Unemployment Claims in King County, WA. Accessed 6/2021. Abigail Schachter, Scott Neal, Fel Pajimula, Kris Johnson, Eva Wong, Amy Laurent. Public Health Seattle & King County; Assessment Policy Development and Evaluation Unit.

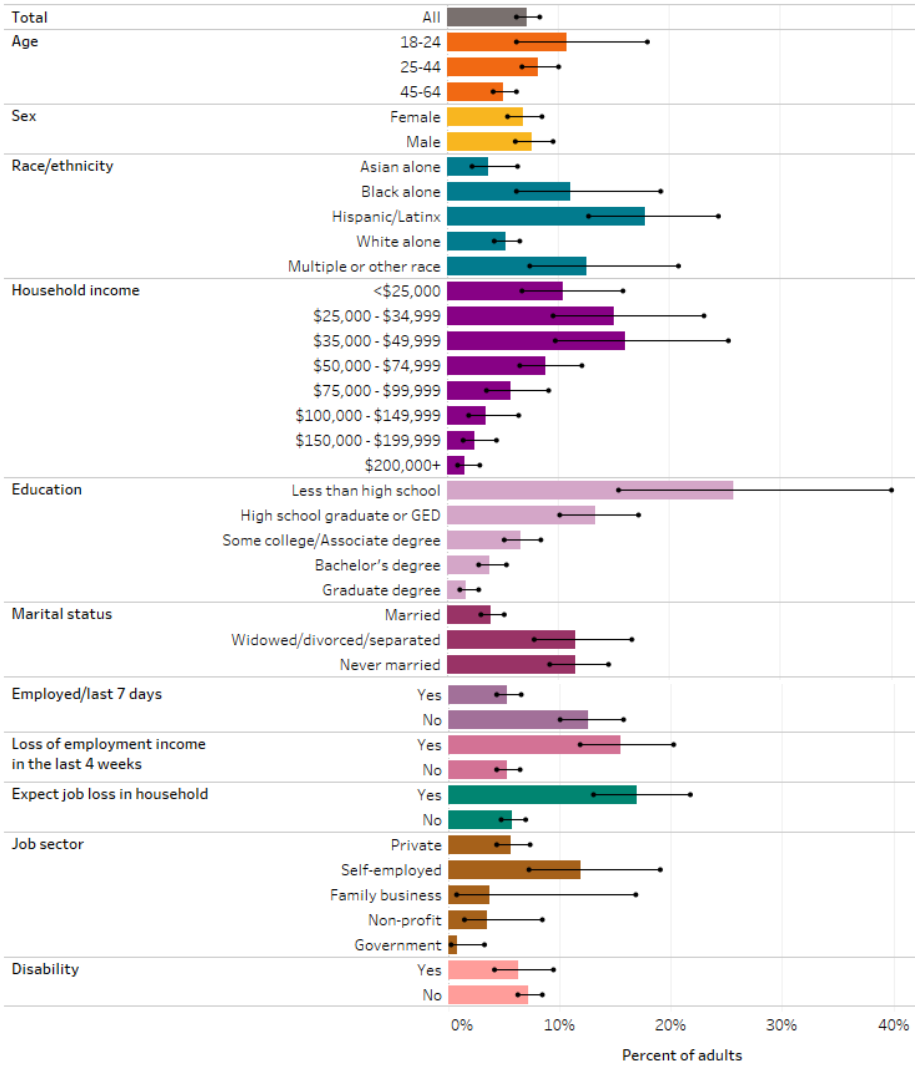
reopening plan, the uninsured rates increased again. This trend corresponds again with a slight increase in unemployment filings. Since February 2021, uninsured rates have once again been decreasing. Given the rapid fluctuations in uninsured rates over the past year, close monitoring is needed.

Disparities in uninsured rates occurred by race/ethnicity and other socioeconomic demographic factors. Between April 14–June 7, 2021, respondents who identified as Hispanic/Latinx (17.8%), Black (11.1%), and Multiple race/American Indian or Alaska Native (AIAN)/Native Hawaiian or Pacific Islander (NHPI)/Another race (12.6%) were most likely to be uninsured (Figure 1). More than 15% of households making between $25,000-$49,999 annually reported they were uninsured. Lack of health insurance decreased as household income increased. Respondents with less than a high school education (25.8%) were most likely to be uninsured than adults with any other education levels, with lack of health insurance increasing as educational attainment decreased. Those who were unemployed (12.6%), expecting a job loss among household members (16.9%), or had recently experienced a job loss in the household (15.5%) were more likely to report lack of health insurance. These demographic trends are similar for WA state.

Increases in adults not getting needed medical care

In late April 2020, 31.6% of working-age adults in the King-Pierce-Snohomish reported that they did not get needed medical care in the last 4 weeks because of the pandemic; this was slightly lower in early June 2021 with 19.8% of adults reported not getting needed medical care in the last 4 weeks because of the pandemic. Sociodemographic distributions of those who were more likely not to get needed medical care were similar to those respondents who indicated they lacked health insurance. Those who identified as Hispanic/Latinx, expected a job loss or lost employment income, or had a disability were most likely to not get needed medical care in the last 4 weeks because of the pandemic. Those not getting needed medical care in the last 4 weeks because of the pandemic increased as annual household income decreased. These estimates and trends are similar for WA state overall, with 16.3% of WA adults reporting not getting needed medical care in the last 4 weeks because of the pandemic.

Figure 1: Percent of adults (aged 19-64) in King-Pierce-Snohomish counties who lacked health insurance, April 14 – June 7, 2021.



90% CI = 90% confidence interval (see Notes and Sources tab)
Data source: Census Household Pulse Survey

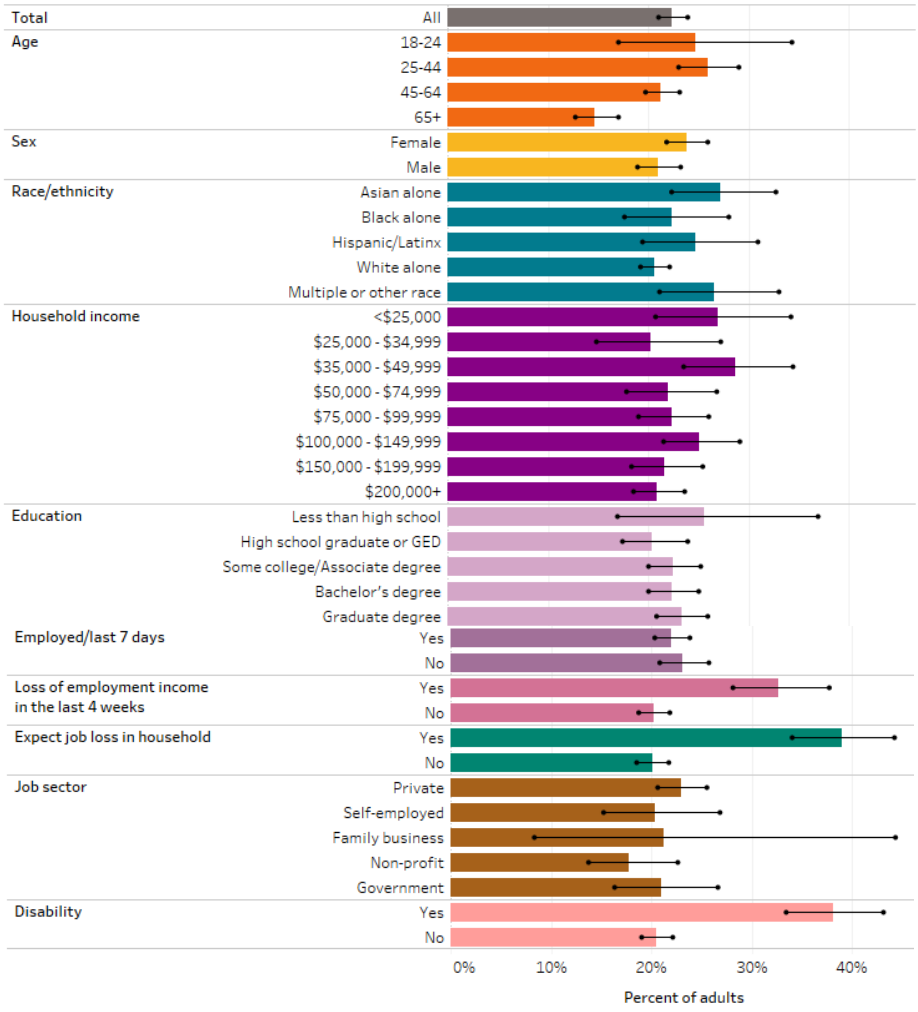
High percentage of adults delaying medical care

In late April 2020, 41.3% of working-age adults in the Seattle-Tacoma-Bellevue MSA delayed getting medical care in the last 4 weeks because of the pandemic. While the percent of adults reporting delays in care has improved, in early June 2021, 25.4% of working-age adults delayed getting medical care in the last 4 weeks because of the pandemic. As of early June 2021, 23.3% of WA state adults reported delaying medical care.

Respondents who identified as Multiple race/AIAN/NHPI/another race or Asian were most likely to report delayed care, followed by Hispanic/Latinx, and Black respondents (Figure 2). This racial/ethnic distribution is different than that seen for lack of health insurance or not getting needed care. The percent of adults who reported delaying medical care were similar by household income and

educational attainment. Those expecting a job loss among household members (38.6% delayed medical care) and those who experienced a recent job loss in the household (33.7%) were more likely to report delaying getting medical care in the last 4 weeks because of the pandemic.

Figure 2: Percent of adults (aged 19-64) in King/Pierce/Snohomish counties who delayed getting medical care in the last 4 weeks because of the coronavirus pandemic, April 14 – June 7, 2021.



Some of the initial care-seeking delay in 2020 could be due to public messaging from health care providers and public health officials that advised people to avoid elective/non-essential health care use to reduce transmission of the virus and to ensure hospital and provider capacity for surges in COVID-19 cases. Nationally, early analyses found that emergency department (ED) use decreased nationally through June of 2020.[13] Early analyses are also showing a national decrease in routine visits and screenings for adults and children despite increases in telemedicine visits.[14] Those declines in ED use

[13] Hartnett KP, Kite-Powell A, DeVies J, et al. Impact of the COVID-19 pandemic on emergency department visits — United States, January 1, 2019–May 30, 2020. MMWR Morb Mortal Wkly Rep. 2020;69(23):699-704.

[14] Alexander GC, Tajanlangit M, Heyward J, Mansour O, Qato DM, Stafford RS. Use and Content of Primary Care Office-Based vs Telemedicine Care Visits During the COVID-19 Pandemic in the US. JAMA Netw Open. 2020;3(10)

and preventative visits also occurred for King County residents. In King County, ED visits declined by 25% in early 2020.

A national study found delays in medical care during COVID-19 were mainly attributed to non-financial barriers, such as being unable to get an appointment, find a physician who would see them, or access the care location. Among those who said they delayed care, 57% said they experienced negative health consequences such as worsening chronic illnesses.[15] These findings show the importance for expanding care options for patients with long-term health issues.

Use of telehealth common

Use of video or phone options for medical visits became common. For the time period May 26- June 7, 2021, 28.9% of adults in the King-Pierce-Snohomish three-county area said they had used video or phone appointments with a health professional in the last 4 weeks. Use was lower among adults ages 18-24 compared with other age groups, and use was lowest among Black adults and adults of color, although these differences were not statistically significant. Telehealth options were also common among WA state adults overall (26.4% of adults). Use of video or phone appointments were also common among children, with 25.9% of adults in the three-county area and 27.4% of WA state adults reporting that a child in their household had a video or phone appointment in the last 4 weeks.

Children commonly delaying/missing preventive visits

Well-child visits are regular, preventive visits for children, and include immunizations, health screenings and assessments for infants and children.[16] Children falling behind on immunizations puts them at risk of vaccine-preventable diseases and without access to regular recommended screenings, children may miss critical opportunities for their provider to intervene early. Twenty-six percent of adults in the three-county area during the time period May 26-June 7, 2021 reported that a child in their household missed, delayed, or skipped a preventive visit because of the pandemic. This was mainly due to parent/caregiver concern about going to the health care provider because of the pandemic (49% of respondents), limited appointment at the health care provider (47%), or health care provider closure due to the pandemic (30%). -WA state estimates were similar.

KING COUNTY MEDICAID POPULATION

In WA, residents who are non-elderly adults (ages 19 to 64 years old) with incomes up to 138% of the federal poverty level are eligible for Medicaid. As of April 2021, that translates to about $17,775 for a single person or $36,570 for a family of four.[17] Prior to expansion in 2014, Medicaid eligibility was limited to specific low-income groups, such as seniors, people with disabilities, children, pregnant women, and some parents. In this report, we refer to this group of newly eligible Medicaid enrollees as the Adult Medicaid Expansion coverage group.[18] In 2021, approximately 19% of all King County residents were Medicaid enrollees.

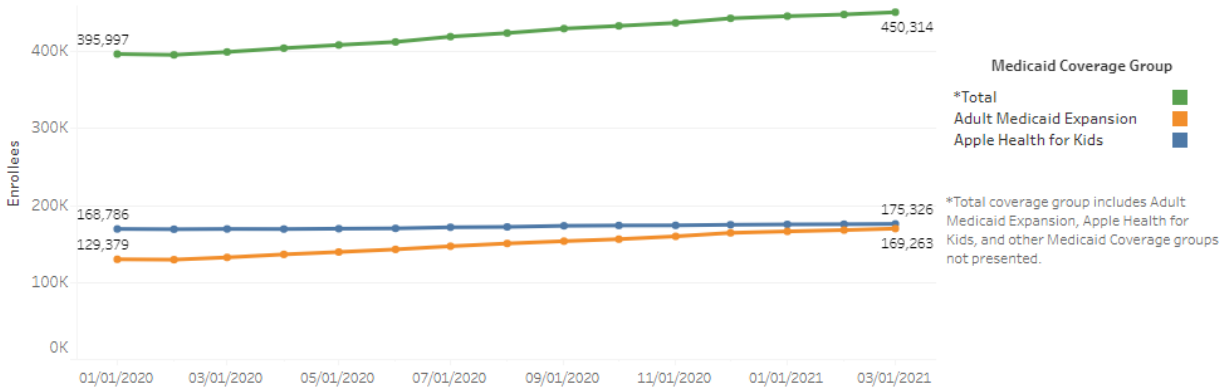
12.9% increase in Medicaid enrollment since the beginning of the COVID-19 pandemic

Prior to the pandemic, Medicaid enrollment in King County had been declining slightly. Since the beginning of the COVID-19 pandemic in March 2020, enrollment has been steadily increasing, with an additional 51,608 King County residents (12.9% increase) enrolled between March 2020 - March 2021. Enrollment among children (Apple Health for Kids) increased by 6,553 (3.8% increase). The biggest

[15] Findling MG, Blendon RJ, Benson JM. Delayed Care with Harmful Health Consequences—Reported Experiences from National Surveys During Coronavirus Disease 2019. JAMA Health Forum. 2020;1(12).
[16] American Academy of Pediatrics, AAP schedule of well-child care visits. https://www.healthychildren.org/English/family-life/health-management/Pages/Well-Child-Care-A-Check-Up-for-Success.aspx
[17] Eligibility Overview WA Apple Health (Medicaid) Programs April 2021. https://www.hca.wa.gov/assets/free-or-low-cost/22-315.pdf
[18] Please read the technical notes at the end of this report to learn more about the coverage groups included in this analysis.

increase in enrollment has been among the Adult Expansion coverage group with 37,429 more enrollees (28.4% increase) (Figure 3). The analyses below examine enrollment among children and among the Adult Expansion group in 2020 and 2021, as these two groups are eligible due to income.

Figure 3: Medicaid enrollees in King County by income-eligibility coverage group, January 1, 2020 – March 1, 2021



The largest proportion of new Medicaid enrollees were 25-44 years old; this age group saw the largest increase in enrollment (Figure 4). There were also noticeable increases in the 18-24 and 45-64 year old age groups. Males and females had similar patterns of enrollment increase. Medicaid enrollees whose preferred language were English and Spanish had increases in enrollment; all race/ethnicities also had increases in enrollment.

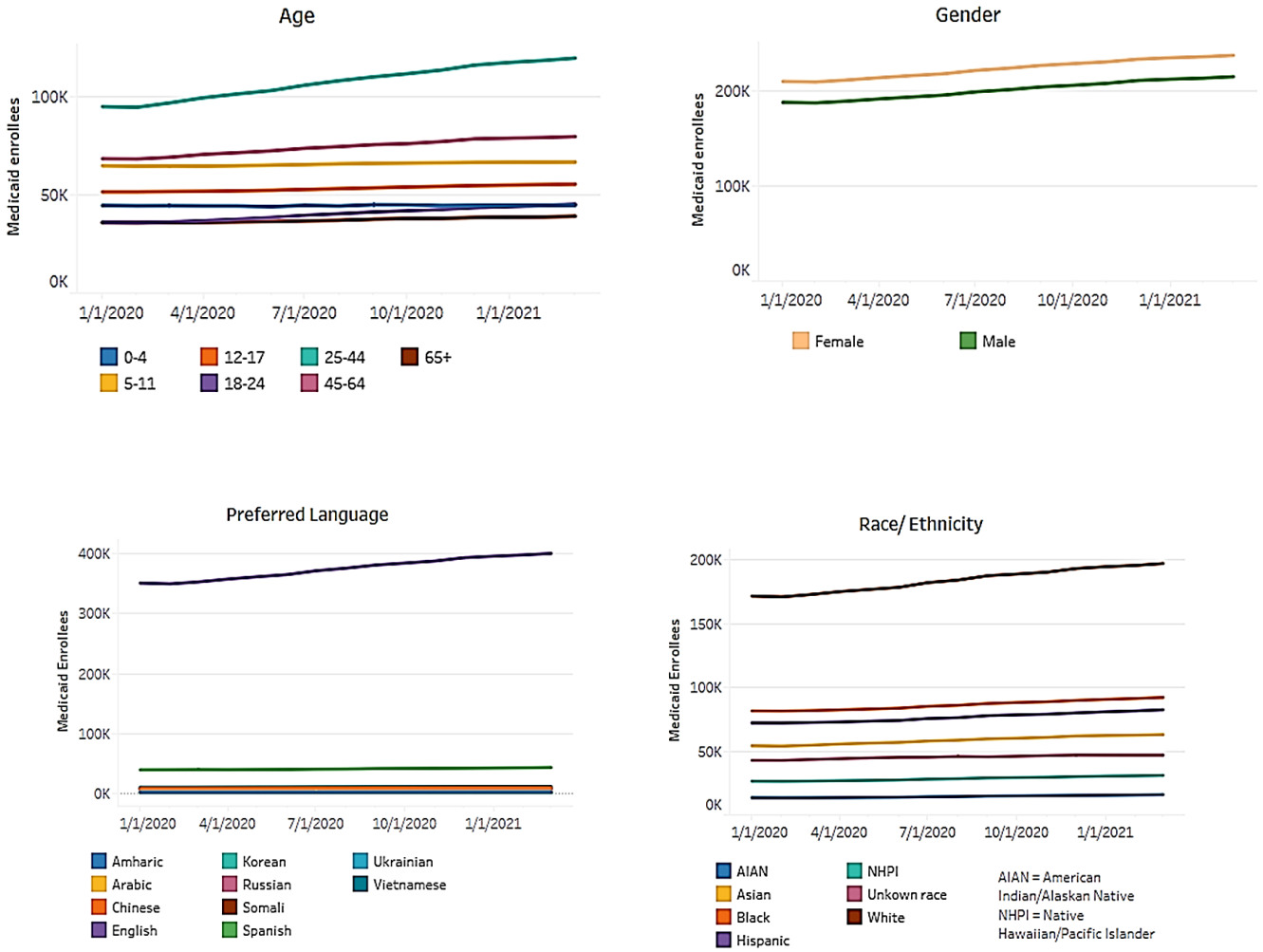
There were marked shifts in enrollment patterns in 2020 and 2021. All racial/ethnic groups had stable enrollment trends in the latter half of 2019. In contrast, during 2020, all racial/ethnic groups experienced growth in enrollment with AIAN, NHPI, and Asian Medicaid enrollees experiencing the most relative net change in total enrollment during this time.

It is not clear from these data if the increase in enrollment in the Adult Medicaid Expansion group reflects additional enrollment among previously eligible adults who had not previously enrolled or an increase in the number of eligible adults due to changes in the economy as more adults experience income and job loss. There is usually a lag between unemployment and increasing Medicaid enrollment, so even if unemployment starts to decline, Medicaid enrollment may continue to increase.[19] Unemployment has begun to decrease in King County in 2021, but Medicaid enrollment has not yet declined.[20] Because of the Families First Coronavirus Response Act and the Maintenance of Effort Provision, there may also be enrollees in King County who are not eligible but still enrolled in Medicaid, potentially inflating enrollment numbers.

[19] https://www.kff.org/coronavirus-covid-19/issue-brief/analysis-of-recent-national-trends-in-medicaid-and-chip-enrollment/

[20] Unemployment Claims in King County, WA. Accessed 6/2021. Abigail Schachter, Scott Neal, Fel Pajimula, Kris Johnson, Eva Wong, Amy Laurent. Public Health Seattle & King County; Assessment Policy Development and Evaluation Unit.

Figure 4: King County Medicaid enrollees by demographics, January 1, 2020 – March 1, 2021



Changes in care accessed by Medicaid enrollees before and during COVID-19 pandemic
Nationally, there are reports of shifts in health care accessed during the COVID-19 pandemic-- a decrease in routine visits and screenings for adults and children, along with increases in telehealth visits.[21] Using Medicaid claims data for King County, we looked for shifts in health care utilization in three topic areas: preventive care among adults and children (primary care visits, well child visits) and among telehealth visits. There is a lag in claims information, therefore the analyses below compare the time period March-September 2019 with the same months in 2020.

Adult primary care visits declined – Primary care visits are usually where chronic illnesses are managed and preventive care needs such as cancer screening, vaccinations, and counseling are addressed. Forgoing primary care can lead to delayed diagnoses, increased health complications and costs.[22] The percentage of adult (18-64 years old) King County Medicaid enrollees that had at least one primary care

[21] Alexander GC, Tajanlangit M, Heyward J, Mansour O, Qato DM, Stafford RS. Use and Content of Primary Care Office-Based vs Telemedicine Care Visits During the COVID-19 Pandemic in the US. *JAMA Netw Open.* 2020;3(10).
[22] Anderson KE, McGinty EE, Presskreischer R, Barry CL. Reports of Forgone Medical Care Among US Adults During the Initial Phase of the COVID-19 Pandemic. JAMA Netw Open. 2021;4(1):e2034882.

visit fell from 44.5% in 2019 to 41.2% in 2020, a drop of 3.3 percentage points between March - September 2019 and March - September 2020. These percentage point decreases were not uniform, varying by race/ethnicity; Asians (7.0% decrease), Whites (3.1% decrease), and Hispanic/Latinx (2.9% decrease) Medicaid enrollees experienced the largest percentage point decrease between 2019 and 2020.

Well-child visits declined – The percentage of children (0-18 years old) with Medicaid coverage who had at least one well-child visit fell from 37.0% in March -September 2019 to 23.6% in March-September 2020, a drop of 13.4 percentage points. This percentage point decrease was seen among children of all age groups. Children 7-12 years old had the greatest percentage point decrease at 15.6% followed by individuals 13-18 years old with a 13.6% percentage point decrease, children 3-6 years old with a 12.9 percentage point decrease, and children 0-2 years old with a 6.6 percentage point decrease in having had at least one well-child visit. There were differences by race/ethnicity – BIPOC children experienced the largest percentage point decrease compared to white children. For instance, the percent of Black children ages 0-2 having at least one well-child visit fell from 57.5% in March -September 2019 to 49.4% in March-September 2020, a drop of 8.1 percentage points whereas white children experienced a 6.4 percentage point decline. Even though children 0-2 years old had the smallest percentage decrease in having at least one well-child visit, the drop in this young age group is still alarming given the foundational services this age group receives during these visits.

Use of telehealth increased – The COVID-19 pandemic has resulted in a large increase of telehealth services utilization. Patients have preferred telehealth because it allows them to access care while minimizing the risk of COVID-19 transmission from person to person. [23] In addition to minimizing potential transmission of COVID-19 to patients and health care workers, telehealth also provides patients wider access to health care providers while reducing the use of resources and burden for providers and hospitals during a pandemic.[24,25,]

The percentage of King County Medicaid enrollees that had at least one telehealth visit increased substantially between March - September 2019 and March - September 2020, from 1.1% to 21.0%, respectively, among individuals 0-64 years old. These increases were not uniform, varying by age and race/ethnicity. The percentage of Medicaid enrollees who were 0-17 years old with at least one telehealth visit increased from 0.5% in 2019 to 13.8% in 2020, and among adults 18-64 years old it increased from 1.5% to 26.1%. Although a low percentage of Medicaid enrollees had at least one telehealth visit in 2019, the baseline rates varied by race/ethnicity. In 2020, AIAN and white Medicaid enrollees had the highest percentage of using telehealth, whereas NHPI and Asian enrollees had the lowest percentage. When examining telehealth utilization by preferred language of Medicaid enrollees, there were corresponding variations in 2019 compared to 2020. For example, the percent of English speaking members utilizing telehealth increased from 1.1% to 21.6% (20.5 percentage point increase) whereas the percentage point increase among Chinese (13.9% increase), Korean (14.5% increase), and Vietnamese (15.6% increase) speakers were lower.

[23] Chauhan V, Galwankar S, Arquilla B, Garg M, Di Somma S, El-Menyar A, et al. Novel coronavirus (COVID-19): Leveraging telemedicine to optimize care while minimizing exposures and viral transmission. J Emergencies Trauma Shock. 2020;13(1):20.
[24] Monaghesh E, Hajizadeh A.. The role of telehealth during COVID-19 outbreak: a systematic review based on current evidence. BMC Public Health 2020;20:1193.
[25] Charles BL. Telemedicine can lower costs and improve access. Healthc Financ Manage. 2000;54(4):66.

While many patients are eager to utilize telehealth, there are arising issues.[26-27] There are concerns regarding the challenge of performing a physical exam and maintaining emotional connection across physical distance, patient privacy and security concerns, and technology availability and connectivity.[28-29]

There are also concerns around the long-term sustainability of telehealth especially around growing inequities in patients accessing and understanding the technology needed for telehealth services.[30-31] It is also unclear at this time how long telehealth will continue. Although recent CMS rules have expanded telehealth services to more patients and improved provider reimbursements, these rules are temporary and only in effect until the end of the federally declared Public Health Emergency.

Figure 5: King County Medicaid enrollees with at least one telehealth visit by race/ethnicity, March – September 2019 & 2020

[26] Ramaswamy A, Yu M, Drangsholt S, Ng E, Culligan PJ, Schlegel PN, Hu JC. Patient Satisfaction With Telemedicine During the COVID-19 Pandemic: Retrospective Cohort Study. J Med Internet Res. 2020 Sep 9;22(9):e20786. doi: 10.2196/20786.
[27] Andrews E, Berghofer K, Long J, Prescott A, Caboral-Stevens M. Satisfaction with the use of telehealth during COVID-19: An integrative review. Int J Nurs Stud Adv. 2020 Nov;2:100008.
[28] Thomas EE, Haydon HM, Mehrotra A, et al. Building on the momentum: Sustaining telehealth beyond COVID-19. *Journal of Telemedicine and Telecare*. September 2020.
[29] Kaplan B. Access, Equity, and Neutral Space: Telehealth Beyond the Pandemic. Ann Fam Med. 2021 Jan-Feb;19(1):75-78.
[30] Eberly LA, Kallan MJ, Julien HM, et al. Patient Characteristics Associated With Telemedicine Access for Primary and Specialty Ambulatory Care During the COVID-19 Pandemic. *JAMA Netw Open.* 2020;3(12).
[31] Meno M, Abe J, Fukui J, Braun-Inglis C, Pagano I, Acoba J. Telehealth amid the COVID19 pandemic: perception among Asian, Native Hawaiian and Pacific Islander cancer patients. Future Oncol. 2021 Jun 9:10.

Data Sources, Technical Notes & Limitations

Census Household Pulse Survey

The Census Household Pulse Survey data includes questions related to health care access among adults age 18+ in Washington state and in the Seattle-Tacoma-Bellevue Metropolitan Statistical Area (MSA), which includes King, Pierce, and Snohomish counties. Data are not able to be examined in further geographic detail although King County comprises a large percentage of the area's population. It is not possible to differentiate whether changes in health care access resulted from changes in care-seeking behaviors or community needs. Detailed analysis by demographics are based on combined data for Phase 1 (weeks 1-12) between 4/23/2020 and 7/21/2020 with a total sample size of 7,529 for WA and 4,771 for the MSA. For Phase 2+3, the data are for weeks 13-27 between 8/19/2020 and 3/29/2021. For Phase 3.1, the data are for the weeks between 4/14/2021 and 6/7/2021.

The calculated percentage for uninsured adults aged 19-64 excludes cases with missing answers. Based on the definition provided by the Census Bureau for the Pulse Survey, people who reported as having Indian Health Service or "other" types of health insurance only are defined as uninsured.

The Census Household Pulse Survey asked respondents to select from among 14 race categories as well as Hispanic identity. The Census Bureau reports results for respondents who identified as Asian alone; Black alone, White alone, and any other race or multiple races, in addition to Hispanic ethnicity. We further classified them as the following mutually exclusive groups:

-Asian alone, not Hispanic,
-Black alone, not Hispanic,
-Hispanic/Latinx (can be of any race and mutually exclusive from the other race groups),
-White alone, not Hispanic, and
-Multiple or other race, not Hispanic: all other race groups not included above (including American Indian/Alaska Native, and Native Hawaiian/Pacific Islander) and people of multiple race. In the data provided by the Census Bureau, this group is provided as an aggregate, and therefore, cannot be further divided.

Medicaid

The Medicaid analysis uses Medicaid enrollment and claims data from WA State Health Care Authority (HCA). The Medicaid data presented in this brief has not yest been reviewed or approved by HCA.

This analysis defines a Medicaid member as any individual who has had at least one day of Medicaid coverage. Dual eligible individuals (those who have at least one day of Medicaid and Medicare) are included in this analysis. Enrollment counts and percentages may differ from official HCA enrollment data given differences in how Public Health Seattle King County identifies member characteristics, including King County residence, gender, race/ethnicity, and language.

Total coverage group includes Adult Medicaid Expansion, Apple Health for Kids, and other Medicaid coverage groups not specifically called out in this analysis. If an individual has both expansion adult coverage and is dual eligible for both Medicaid and Medicare, then they are reported as having expansion adult coverage.

This report presents demographics of Medicaid members (gender, race/ethnicity, and language) as 'alone or in combination' meaning that Medicaid members who selected multiple groups are shown in each group. For example, if a Medicaid member selects multiple race groups, then they are shown in each group.

Medicaid enrollment and utilization data consists of data of those individuals who are eligible for and enrolled in Medicaid. It is estimated that not all eligible individuals are enrolled. The information on preventative and telehealth visits only includes services billed to Medicaid. Medicaid claims alone do not provide a comprehensive picture of health care utilization. For example, if an individual is eligible for Medicaid and utilizes health services, but if those services are not billed to Medicaid, then those claims will be missing from the analysis.

Primary care visits were defined by specific CPT and Z-codes delivered by primary care providers identified by primary & secondary taxonomy, which excluded visits and providers in inpatient hospital-based settings and swing beds and ambulatory surgical center (Oregon Health Authority). More detailed information can be found on the Oregon Health Authority's 2019 report: Primary Care Spending in Oregon: A report to the Oregon Legislature, February 2019.

Well-child visits were defined using 2019 Healthcare Effectiveness Data and Information Set (HEDIS) measure definitions. This included a list of specific CPT and Z-codes delivered by health care providers. More detailed information about the measure was defined, can be found on the National Committee for Quality Assurance (NCQA)'s HEDIS technical resources website.

Telehealth visits include online digital exchange through a patient portal, telephone calls, FaceTime, Skype, other audio-visual modalities, as well as health care delivered via HIPAA compliant interactive, audio and video telecommunications (including web-based applications). More detailed information about Medicaid and telehealth coverage can be found on the Washington State Health Care Authority website.

A binomial normal approximation formula was used to compute corresponding confidence intervals (CIs) for shifts in care accessed by Medicaid enrollees for primary care visits, well-child visits, and telehealth visits. These CIs were then assessed for statistical significance.

Resources

- Guidance related to COVID-19: www.kingcounty.gov/covid
- More information about data: www.kingcounty.gov/covid/impacts
- Contact: COVIDEvaluation@kingcounty.gov

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For more information and updated data, see www.kingcounty.gov/covid/impacts