

THE IMPACT OF TENNCARE

A Survey of Recipients, 2025

Prepared by

Matthew Harris
Professor, Boyd CBER

Emily Pratt
Research Associate, Boyd CBER

November 2025



BOYD CENTER FOR BUSINESS &
ECONOMIC RESEARCH

Boyd Center for Business & Economic Research
Haslam College of Business
The University of Tennessee
2280 Sutherland Ave. Ste. 108
Knoxville, Tennessee 37919
Phone: (865) 974-5441
<http://haslam.utk.edu/boyd-center>

THE IMPACT OF TENNCARE: A SURVEY OF RECIPIENTS, 2025.....	2
METHODS	2
TABLE 1: Head of Household Age and Household Income.....	3
ESTIMATES FOR INSURANCE STATUS	4
TABLE 2: Statewide Estimates of Uninsured Populations 2025	4
REASONS FOR FAILURE TO OBTAIN MEDICAL INSURANCE	4
TABLE 3: Reasons for Not Having Insurance (2005–2025) (Percent)	5
TABLE 4: “Cannot Afford” Major Reason for No Insurance: By Income (2019–2025) (Percent)	5
EVALUATIONS OF MEDICAL CARE AND INSURANCE COVERAGE.....	6
TABLE 5: Quality of Medical Care Received by Heads of Households (2016–2025) (Percent)	6
TABLE 6: Quality of Medical Care Received by Children of Heads of Households (2016–2025) (Percent)	7
OVERALL SATISFACTION WITH THE TENNCARE PROGRAM	7
TABLE 7: Percent Indicating Satisfaction with TennCare (2013–2025) (Percent).....	7
BEHAVIOR RELEVANT TO MEDICAL CARE.....	8
TABLE 8: Heads of Households: Medical Facilities Used When Medical Care Initially Sought (2016-2025) (Percent)	8
TABLE 9: Children: Medical Facilities Used When Medical Care Initially Sought (2016-2025) (Percent)	8
TABLE 10: Frequency of Visits to Doctor for Heads of Households (2016–2025) (Percent).....	9
TABLE 11: Frequency of Visits to Doctor for Children (2016–2025) (Percent)	9
EASE OF OBTAINING A DOCTOR’S APPOINTMENT	10
TABLE 12: Time between Attempt to Make Appointment and First Availability of Appointment: TennCare Heads of household (2016–2025) (Percent)	10
TABLE 13: Wait for Appointments: TennCare Heads of household (2016–2025) (Minutes).....	10
TENNCARE PLANS	11
TABLE 14: Reported TennCare Plan (2020–2025) (Percent)	11
FIGURE 1: Reported TennCare Plan (2025)	11
TABLE 15: Households Receiving TennCare Information from Plans (2016–2025) (Percent)	12
TABLE 16: Best Way to Get Information about TennCare (2016–2025) (Percent).....	13
FIGURE 2: Number of Times Sought Non-Emergency Care at a Non-Participating Provider in the Past 12 Months (Percent)..	14
TABLE 17: Type of Non-Emergency Care Sought from a Non-TennCare Provider (2024-2025) (Percent)	14
FIGURE 3: Type of Non-Emergency Care Sought from a Non-TennCare Provider (2025)	15
TABLE 18: Reasons Sought Non-Emergency Care from a Non-TennCare Provider (2025) (Percent of TennCare Recipients) ...	15
CONCLUSION	16

The Impact of TennCare: A Survey of Recipients, 2025

Methods

The Boyd Center for Business and Economic Research at the University of Tennessee, under contract with the Department of Finance and Administration of the State of Tennessee, conducted a survey of Tennessee residents to ascertain their insurance status and use of medical facilities and their level of satisfaction with the TennCare program. A sample size of more than 5,000 households allows us to obtain accurate estimates for subpopulations. The Boyd Center prepared the survey instrument in cooperation with personnel from the Division of TennCare.

The University of Tennessee Social Work Office of Research and Public Service (SWORPS) and Wilkins Research Services conducted the survey by randomly selecting potential respondents from a set of land line and cell phone numbers and contacting those families between May and July 2025. TennCare provided SWORPS with 10,000 (de-identified) phone numbers to ensure adequate representation from TennCare households. We also enhanced the telephone lists by using a larger web panel compared to the web panel used in previous years.¹

Up to five calls were made to each residence, at staggered times, to minimize non-response bias. The design chosen was a “Household Sample,” and the interview was conducted with the head of the household. When Spanish-speaking households without an available English speaker were reached, a person fluent in Spanish would call the household later to conduct the survey. Approximately 38.6 percent of those who answered their land line phone or cell phone were willing to participate in the survey.² The large sample size allowed for the weighting of responses by income and age, which provided unbiased estimates for the entire population. Except where noted, all statewide estimates are adjusted for the degree to which the sample over- or under-represented Tennesseans grouped by household income and head of household age (Table 1).³

This survey of approximately 5,000 Tennessee households has been conducted annually since 1993, the last year of Medicaid before Tennessee adopted TennCare. Throughout this report, we make comparisons to findings from earlier surveys.

¹ Beginning in 2017, SWORPS supplemented random dialing with a web panel of respondents. Prior to the survey, these web respondents provided some basic information such as age and income and were contacted to balance the distribution of responses across age and income combinations.

² In the land line phone sample, there were 2,790 completed surveys, 5,193 refusals, and 265 who did not qualify. In the cell phone sample, there were 727 completed surveys, 996 refusals, and 106 who did not qualify. There were 1,525 surveys completed by web panel participants. Our final sample included 5,042 responses. An individual will not qualify to participate if he/she is not a head of household, not a Tennessee resident or is under the age of 18.

³ Starting with the 2016 report, the 5-year American Community Survey (ACS) conducted by the U.S. Census Bureau is used to adjust the sample by household income and head of household age. The ACS is a nationwide survey designed to provide reliable and timely estimates of the demographic, social, economic and housing characteristics of the U.S. population and for parts of the U.S., such as states.

TABLE 1: Head of Household Age and Household Income

Age-Head of Household	Proportion in 2025 Survey (Percent)	Proportion in ACS* (Percent)	Deviation (Percentage point)
Under 25	7.6	4.2	3.4
25-44	37.7	32.8	4.9
45-64	35.9	36.1	-0.2
65+	18.8	27.0	-8.1
Household Income Level	Proportion in 2025 Survey (Percent)	Proportion in ACS* (Percent)	Deviation (Percentage point)
Less than \$10,000	5.2	5.2	0.0
\$10,000 to \$14,999	13.9	4.2	9.7
\$15,000 to \$19,999	7.1	3.7	3.4
\$20,000 to \$29,999	10.3	8.0	2.3
\$30,000 to \$39,999	10.2	8.0	2.2
\$40,000 to \$49,999	9.8	8.3	1.5
\$50,000 to \$59,999	11.5	7.6	3.9
\$60,000 to \$99,999	17.6	23.0	-5.4
\$100,000 to \$149,999	9.3	16.4	-7.1
\$150,000 and over	5.0	15.4	-10.4

*Census Bureau, 2019-2023 American Community Survey 5-year Estimates for Tennessee.

Estimates for Insurance Status

Estimates for the number of Tennesseans who are uninsured are presented below. While other results are weighted as described above, state uninsured rates are rake weighted to Census Bureau estimates of state-level demographics and of estimates of publicly insured Tennesseans. The estimated number of uninsured Tennesseans is between 7.0 and 9.1 percent of the population (between 504,534 and 655,281 persons). The uninsured rate for children in 2025 is estimated to fall between 2.9 and 5.0 percent, and the estimated number of uninsured children is between 45,902 and 78,755 (Table 2).^{4,5}

TABLE 2: Statewide Estimates of Uninsured Populations 2025

	Total	Under 18	18 and Older
State Total (Upper Bound)	655,281	78,755	576,526
Percent	9.1	5.0	10.2
State Total (Lower Bound)	504,534	45,902	458,632
Percent	7.0	2.9	8.1

Reasons for Failure to Obtain Medical Insurance

Affordability remains the top-cited reason for failing to obtain health insurance. Nearly eighty percent of uninsured respondents cited “cannot afford” as a major reason, and the proportion citing it as a minor reason grew from 7 to 12 percent since last year’s survey (Table 3). We report the distribution of responses citing affordability as a major reason by income bracket in Table 4. The overall share of households listing unaffordability as a major reason for being uninsured fell for those in the lowest and highest income brackets over the last year. Thirty-four percent of respondents indicated being turned down after having applied was a major reason they lacked coverage, compared with twenty-nine percent last year.

⁴ These calculations reflect a change in methodology from previous years in two ways. In previous years, these estimates were calculated using household-level weights, as are all other estimates in this report. However, because these are person-level calculations, we use raked person-level weights to match state-level characteristics in terms of Medicaid receipt, and householder age, marital status, employment status, and relationship separately for children and adults.

Second, the range in percentages is not a confidence interval but reflects that some respondents refused to answer or did not know about the insurance status of other members in the household. However, these missing values are not random. Respondents who were themselves uninsured were four times as likely to refuse or not know about the insurance status of others in the household. Respondents who were themselves uninsured were also five times as likely to have other uninsured adults living in the household. It is therefore likely, but unknowable, that a considerable share of the individuals whose insurance status is unknown are uninsured.

⁵ Also note that frequently cited uninsured figures differ from ours in two important ways. First, we categorize 18-year-olds as adults, while other sources include them as children in their estimates of child uninsured rates. Second, we include adults 65 and older in our estimates of adult uninsured rates, while other sources exclude them due to near-universal coverage by Medicare. Sample sizes and stratification between this and federal surveys also differ.

TABLE 3: Reasons for Not Having Insurance (2005–2025) (Percent)

Reason	Cannot Afford			Did Not Get to It			Do Not Need		
	Major Reason	Minor Reason	Not a Reason	Major Reason	Minor Reason	Not a Reason	Major Reason	Minor Reason	Not a Reason
2005	82	7	10	9	16	75	8	15	77
2006	87	4	9	12	14	74	12	14	74
2007	89	6	4	9	11	79	5	13	82
2008	93	4	4	7	11	82	5	8	87
2009	92	3	4	3	15	81	5	10	85
2010	91	5	4	5	13	82	6	15	80
2011	88	5	7	11	12	77	8	12	79
2012	88	5	7	9	13	78	7	13	80
2013	83	6	11	9	17	74	5	16	79
2014	86	6	8	11	15	75	12	14	74
2015	83	7	10	9	13	77	9	10	80
2016	80	5	16	16	10	73	17	13	70
2017	78	9	13	11	15	74	13	13	74
2018	82	8	11	8	14	78	10	12	78
2019	81	8	11	11	15	74	13	12	75
2020	81	10	9	9	22	68	10	23	67
2021	80	6	14	12	22	66	11	18	71
2022	82	6	12	15	20	65	14	17	70
2023	78	7	15	14	22	64	15	21	64
2024	80	7	13	12	19	69	11	15	74
2025	79	12	9	17	20	63	13	19	68

TABLE 4: “Cannot Afford” Major Reason for No Insurance: By Income (2019–2025) (Percent)⁶

Household Income	2019	2020	2021	2022	2023	2024	2025
Less than \$20,000	80	76	78	77	75	77	71
\$20,000 - \$39,999	81	84	79	80	76	75	74
\$40,000 and above	68	79	78	66	71	73	68

⁶ Results in Table 4 omit respondents who did not report household income.

Evaluations of Medical Care and Insurance Coverage

Tennessee residents’ perceptions about the quality of care received have remained consistently high for the last decade. Over the last ten years, the share of all heads of households who rated quality of care received as “good” or “excellent” has ranged from 76 percent to 80 percent. This year, 80 percent rated their quality of care “good” or better. Over the same period, the share of TennCare heads of households who rated their quality of care as “good” or “excellent” has ranged from 71 percent to 77 percent and was 77 percent this year (Table 5).

TABLE 5: Quality of Medical Care Received by Heads of Households (2016–2025) (Percent)

All Heads of Households	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Excellent	33	33	32	33	33	34	30	30	32	32
Good	45	45	45	47	46	45	46	47	47	48
Fair	17	17	17	15	16	15	18	17	16	16
Poor	5	5	6	5	6	6	6	6	5	4
Heads of Households w/ TennCare	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Excellent	31	27	26	30	30	30	27	32	27	32
Good	43	46	45	46	44	43	46	45	47	45
Fair	23	22	24	19	20	20	22	18	22	18
Poor	3	5	5	5	6	7	5	5	4	5

Heads of households continue to report similar levels of satisfaction regardless of TennCare status (Table 5). Thirty-two percent of all heads of both TennCare and non-TennCare households rated their quality of care as “excellent.” The share of TennCare heads of households reporting excellent care increased from 2024 to 2025 (32 versus 27 percent). Eighty-eight percent of heads of household reported receiving “good” or excellent care in 2025 for their children, for both TennCare and total households alike. The share of TennCare households with children reporting “excellent” care increased from 41 to 45 percent from 2024 to 2025 (Table 6).

TABLE 6: Quality of Medical Care Received by Children of Heads of Households (2016–2025) (Percent)

All Heads of Households	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Excellent	46	43	44	45	45	44	40	39	41	42
Good	42	45	45	44	44	44	45	47	45	46
Fair	10	10	9	8	9	10	13	12	11	10
Poor	2	2	2	3	3	2	2	2	3	2
Heads of Households w/ TennCare ⁷	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Excellent	43	39	43	45	41	44	40	44	41	45
Good	44	48	45	42	43	41	43	42	44	43
Fair	12	11	10	11	13	12	15	12	13	10
Poor	1	3	2	3	3	3	2	2	2	2

Overall Satisfaction with the TennCare Program

TennCare recipients continue to show high levels of satisfaction with the program (Table 7). Specifically, 97 percent of respondents indicated they are “very satisfied” or “somewhat satisfied” with the TennCare program, and rates have consistently exceeded 90 percent over time.⁸ The same holds true for satisfaction with the TennCare program for children: 97 percent are “very satisfied” or “somewhat satisfied” with the program (not tabulated).

TABLE 7: Percent Indicating Satisfaction with TennCare (2013–2025) (Percent)

2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
95	93	95	92	95	95	94	94	92	95	95	96	97

⁷ This subgroup includes all households in which at least one child is enrolled in TennCare, even if the head of the household is not enrolled.

⁸ A three-point scale was used, and respondents could indicate “very satisfied,” “somewhat satisfied,” or “not satisfied.” We ask a related question about satisfaction with TennCare coverage, and 91 percent report that they are “satisfied.”

Behavior Relevant to Medical Care

Each respondent was asked about the type of facility at which they initially sought medical care (Table 8). Reported percentages for all facility types for 2025 remain consistent with results in recent years. Heads of all households and heads of household enrolled in TennCare initially sought care at the doctor's office or a clinic at very similar rates (95 and 93 percent, respectively). For households with children, 95 percent of all heads of such households and 94 percent of heads of TennCare households sought care first at a clinic or doctor's office. (Table 9).

TABLE 8: Heads of Households: Medical Facilities Used When Medical Care Initially Sought (2016-2025) (Percent)

All Heads of Households	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Doctor's Office	80	80	79	78	78	77	76	74	77	78
Clinic	16	15	16	17	16	17	17	18	17	17
Hospital	3	3	3	3	4	4	4	5	4	4
Other	2	2	2	2	2	2	3	3	2	1
Heads of Households with TennCare	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Doctor's Office	78	79	76	76	79	76	75	73	71	74
Clinic	18	13	15	17	14	17	17	17	20	19
Hospital	3	7	7	6	6	6	6	7	8	6
Other	2	2	1	1	1	1	2	3	1	1

TABLE 9: Children: Medical Facilities Used When Medical Care Initially Sought (2016-2025) (Percent)

All Heads of Households	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Doctor's Office	85	84	85	78	83	81	81	80	81	81
Clinic	13	13	13	17	14	15	16	16	15	14
Hospital	1	2	2	3	2	3	2	3	3	5
Other	<1	<1	<1	2	1	1	1	1	1	<1
Heads of Households with TennCare ⁹	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Doctor's Office	86	85	85	76	83	82	82	80	79	78
Clinic	12	11	12	17	13	14	14	15	15	16
Hospital	3	2	4	3	6	3	4	4	6	6
Other	0	<1	0	<1	1	1	<1	<1	<1	0

⁹ This subgroup includes all households in which at least one child is enrolled in TennCare, even if the head of the household is not enrolled.

TennCare recipients continue to see physicians on a more frequent basis than the average Tennessee household (Table 10). The proportion of all heads of households that reported seeing a doctor at least weekly or monthly was 15 percent in 2025, compared to 28 percent of TennCare heads of households. For households with children, 15 percent of all households reported taking their children to visit a doctor at least monthly, compared to 21 percent for TennCare children.

TABLE 10: Frequency of Visits to Doctor for Heads of Households (2016–2025) (Percent)

All Heads of Households	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Weekly	2	2	2	2	2	3	2	3	2	3
Monthly	12	12	11	13	12	12	12	14	12	12
Every Few Months	44	46	47	47	45	45	47	47	51	50
Yearly	26	26	25	23	25	24	23	21	23	24
Rarely	16	15	15	15	16	16	16	16	12	11
Heads of Households w/ TennCare	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Weekly	5	5	5	5	4	6	4	5	3	5
Monthly	31	28	26	28	22	25	23	24	25	23
Every Few Months	42	42	45	43	48	42	45	45	48	51
Yearly	10	14	12	12	15	14	15	14	14	13
Rarely	12	11	12	13	11	13	13	12	10	8

TABLE 11: Frequency of Visits to Doctor for Children (2016–2025) (Percent)

All Heads of Households	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Weekly	1	1	1	1	1	1	1	2	2	4
Monthly	8	7	7	10	8	8	10	12	9	11
Every Few Months	44	48	51	50	48	44	47	49	50	49
Yearly	38	36	35	32	36	40	35	31	33	32
Rarely	9	7	6	7	7	7	7	6	6	4
Heads of Households with TennCare¹⁰	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Weekly	3	3	2	2	2	4	3	3	2	6
Monthly	12	14	12	19	11	15	13	16	17	15
Every Few Months	53	48	57	52	51	46	52	51	50	47
Yearly	29	31	24	24	30	29	28	26	27	28
Rarely	4	4	5	4	6	6	4	4	4	4

¹⁰ This subgroup includes all households in which at least one child is enrolled in TennCare, even if the head of the household is not enrolled.

Ease of Obtaining a Doctor’s Appointment

The reported time required to obtain an appointment decreased slightly from 2024. The share of TennCare respondents who obtained an appointment within one day increased from 34 percent to 37 percent. Approximately 70 percent of TennCare recipients were able to make a doctor’s appointment within a week, a figure that has remained consistent since 2016. Nineteen percent of TennCare heads of household reportedly waited three or more weeks for an appointment. TennCare patients’ 2025 travel and office wait times are similar to those in 2024. On average, TennCare patients travelled 23 minutes to their appointments and reported waiting an average of 38 minutes after arriving for their appointments (Table 13).

TABLE 12: Time between Attempt to Make Appointment and First Availability of Appointment: TennCare Heads of household (2016–2025) (Percent)

When you last made an appointment to see a primary care physician for an illness in the last 12 months, how soon was the first appointment available?	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Same day	19	21	23	21	14	15	14	18	15	17
Next day	22	21	24	21	20	20	18	21	19	20
1 week	28	29	28	30	37	31	30	30	33	33
2 weeks	9	9	10	13	11	11	11	12	12	11
3 weeks	4	5	4	4	4	5	6	5	5	4
Over 3 weeks	18	14	11	11	14	18	21	14	16	15

TABLE 13: Wait for Appointments: TennCare Heads of household (2016–2025) (Minutes)

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Number of minutes wait past scheduled appointment time?	52	42	50	45	42	37	44	44	38	38
Number of minutes to travel to physician's office?	24	22	23	26	23	23	25	21	22	23

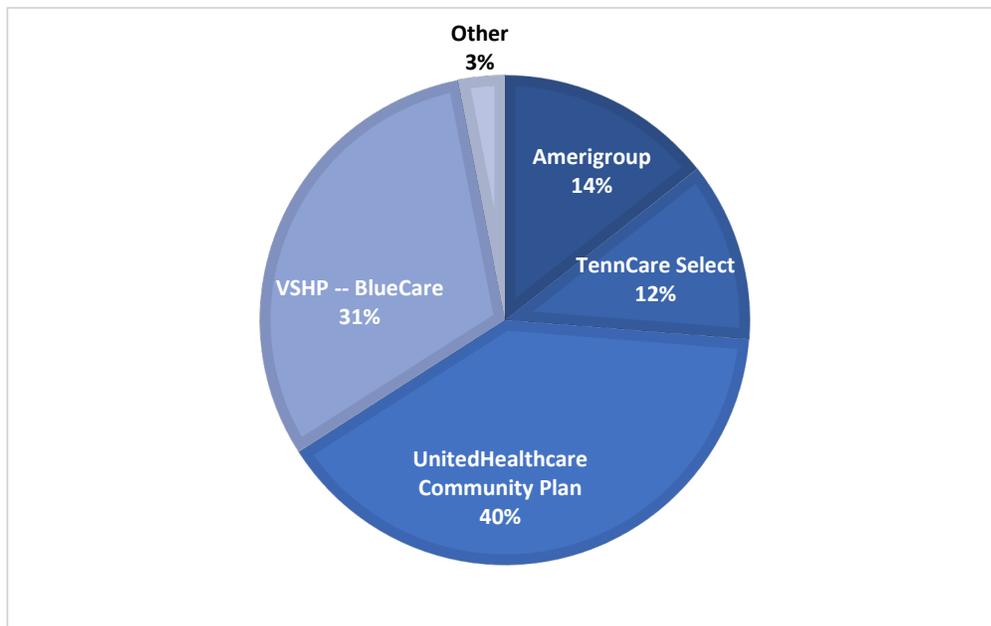
TennCare Plans

TennCare participants are covered by one of four plans. Table 14 and Figure 1 below report the responses from our 2025 survey. About 85 percent of TennCare household members surveyed reported being signed up with Volunteer State Health Plan (31 percent), UnitedHealthcare (40 percent) or Amerigroup (14 percent). The remaining 15 percent reported being enrolled in TennCare Select or gave an incorrect answer.

TABLE 14: Reported TennCare Plan (2020–2025) (Percent)

What company manages your TennCare plan?	2020	2021	2022	2023	2024	2025
Amerigroup ¹¹	24	22	24	23	15	14
TennCare Select	7	7	9	7	11	12
UnitedHealthcare Community Plan (formerly AmeriChoice)	32	34	32	33	33	40
VSHP – BlueCare	34	34	33	35	35	31
Other	3	3	2	2	6	3

FIGURE 1: Reported TennCare Plan (2025)



¹¹ Amerigroup has recently changed its name to Wellpoint.

Twelve percent of respondents indicated that they had changed plans within the preceding 12 months. Of that total, 41 percent requested the change. The most commonly cited reason for changing plans continues to be “limited services.”

TennCare heads of household continue to report improved access to information and documentation in this year’s survey. More than 80 percent of TennCare heads of household reported receiving a list of rights and responsibilities this year. The proportion of households reportedly receiving an enrollment card continued to climb from its low of 59 percent in 2023 to nearly 80 percent this year. Similar gains were seen in accessibility of information on filing appeals (77 percent over 75 percent in 2024) (Table 15).

TABLE 15: Households Receiving TennCare Information from Plans (2016–2025) (Percent)

Please indicate whether you or anyone in your household has received each of the following regarding TennCare	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
An enrollment card	67	71	67	69	59	62	61	59	73	79
Information on filing appeals	76	76	74	70	64	66	66	67	75	77
A list of rights and responsibilities	81	82	79	75	72	74	74	76	78	81
Name of MCO to whom assigned	81	81	75	76	71	72	73	77	82	84

Household preferences about how they receive TennCare information remain relatively unchanged from last year. Mail remains the most popular way to reach TennCare households at 56 percent, although the share of respondents who prefer mail has decreased considerably over the last 10 years. Web-based communication methods gained some popularity that mail lost this year, with 24 percent saying they prefer getting information via email or website in 2025 (Table 16).

TABLE 16: Best Way to Get Information about TennCare (2016–2025) (Percent)

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Mail	78	72	73	64	64	62	62	63	59	56
Doctor	5	6	3	6	5	7	5	5	5	6
Phone	4	5	4	4	6	6	6	5	5	6
Handbook	2	4	4	4	2	2	3	2	2	2
Drug Store	<1	<1	<1	<1	1	1	<1	<1	<1	1
Friends	<1	<1	<1	<1	2	3	1	1	1	2
TV	<1	<1	<1	1	1	<1	1	<1	1	2
Paper	<1	<1	<1	<1	<1	<1	<1	<1	0	0
Email	5	5	7	10	12	13	14	14	18	16
Website	4	4	6	7	5	4	6	7	7	8
Other	<1	<1	1	2	2	1	1	1	1	1

In the past 12 months, 15 percent of TennCare households used a non-emergency care provider that did not participate in their plan. This rate is similar to last year. Of that 15 percent, 40 percent did so fewer than three times, while 45 percent reportedly did so between three and five times (Figure 2). Consistent with previous years, general medical care was the most common type of care sought by TennCare households visiting non-participating providers, followed by dental and eye care. (Table 17 and Figure 3).

FIGURE 2: Number of Times Sought Non-Emergency Care at a Non-Participating Provider in the Past 12 Months (Percent)

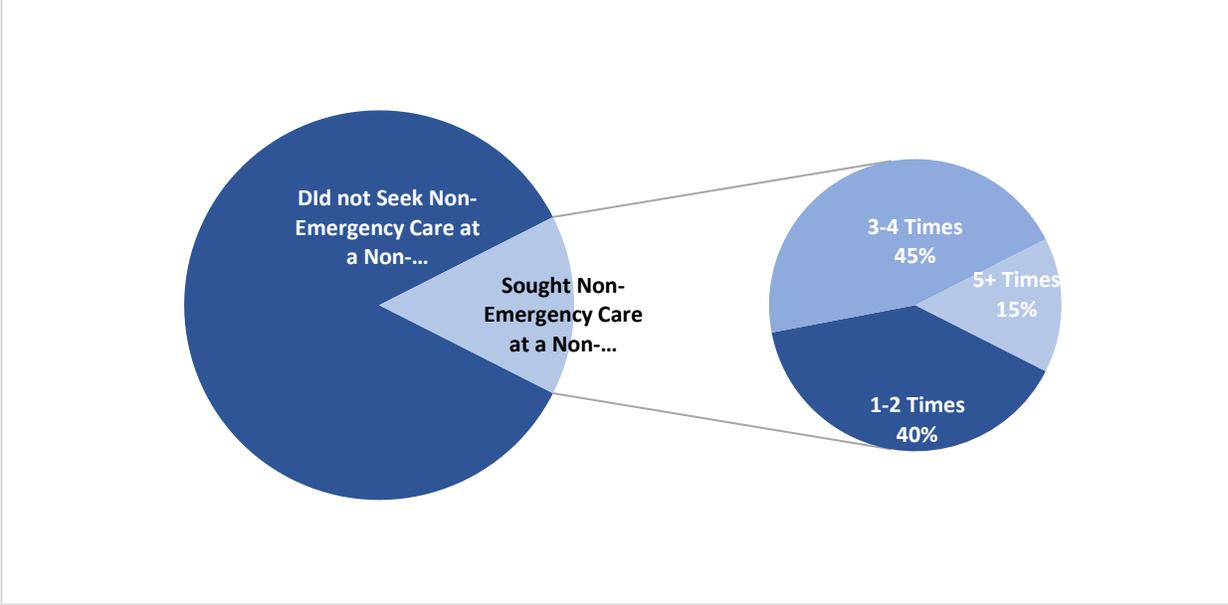
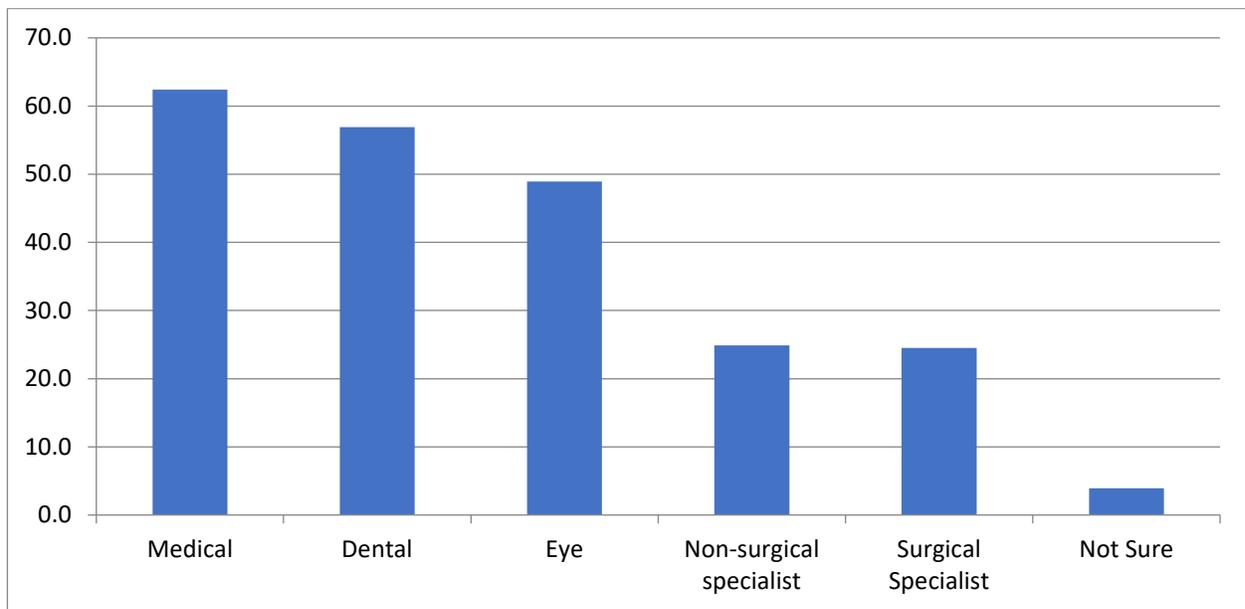


TABLE 17: Type of Non-Emergency Care Sought from a Non-TennCare Provider (2024-2025) (Percent)

	2024	2025
General Medical Care Specialist	72	62
Dental Care	65	57
Eye Care	49	49
Non-Surgical Specialist	37	25
Surgical Specialist	26	25
Not Sure	5	4

Respondents could choose more than one type of non-emergency care.

FIGURE 3: Type of Non-Emergency Care Sought from a Non-TennCare Provider (2025)



Among all TennCare respondents, approximately 4 percent of all TennCare households sought care from a non-TennCare provider because either the service was not covered under TennCare, or they were dissatisfied with the quality of care they received from the covered service provider. That figure was 2 percent due to a lack of provider in their area or a lack of timely appointment availability. Finally, 3 percent of all respondents sought care from a non-TennCare provider, having mistaken them for a participating provider (Table 18). Two-thirds of respondents reported that TennCare helped them find a provider that participated in TennCare.

TABLE 18: Reasons Sought Non-Emergency Care from a Non-TennCare Provider (2025) (Percent of TennCare Recipients)

	2025
Dissatisfaction with quality of service from TennCare provider	4
Service was not covered by TennCare	4
No TennCare provider in the area	2
Could not get timely appointment with TennCare provider	2
When I made the appointment or received care, I mistakenly thought the provider participated in my TennCare health care plan	3

Conclusion

The number of uninsured Tennesseans in our sample decreased slightly from 2024. The rate of uninsured Tennesseans falls within a range of 7.0 percent (504,534 people) and 9.1 percent (655,281 people) in 2025, both of which represent decreases from the 2024 range of 7.6 to 9.6 percent.

The proportion of uninsured adults (8.1 percent to 10.2 percent) also represents a decrease from 2024's estimates of 8.8-11.0 percent. The change from 2024 to 2025 for the proportion of uninsured children is more ambiguous due to an increase in the interval. For 2025, the estimated share of children without insurance ranged from 2.9 to 5.0 percent, compared to 3.2-4.4 percent in 2024.

Among those without insurance, affordability continues to be the most commonly cited reason for not having insurance, cited by approximately 91 percent of respondents across all income categories. About 77 percent of TennCare heads of household reported that quality of care was excellent or good, and 88 percent of TennCare households reported excellent or good quality of care for their children. Both figures are 3 percentage point increases from 2024.

For those covered by TennCare, 93 percent of heads of household and 94 percent of children first sought medical care at a doctor's office or clinic versus a hospital. Only 15 percent of TennCare families reported needing to use non-emergency care providers that do not participate in their plan, primarily because the service was not provided by TennCare.

Ninety-seven percent of TennCare households report they are very or somewhat satisfied with the program overall—the highest level of satisfaction reported since the TennCare survey began in 1993. This positive feedback is a strong indication that TennCare provides satisfactory medical care and meets the expectations of those it serves. For quality of care, 77 percent of TennCare heads of household reported that quality of care was excellent or good, and 88 percent of TennCare households reported excellent or good quality of care for their children.