

Insurance Type Affects Access to Care for Young Football Athletes with Hip Labrum Tears

Nathaniel Buchanan, BS,¹ Jackson Byrd, BS,¹ Clay A. Rahaman, BA,¹ Mathew Hargreaves, MD,¹
Maxwell L. Harrell, BS,¹ Dev Dayal, BS,¹ Elizabeth Powell, BS,¹ Gerald McGwin, PhD, MS,²
Thomas B. Evely, DO,¹ Eugene W. Brabston, MD,¹ Amit M. Momaya, MD,¹ and
Aaron J. Casp, MD¹

Objectives: Patients with Medicaid compared with private insurance have increased difficulty gaining access to orthopedic care. How insurance status affects access to care for young athletes (football; from here, all “young athletes” are football players) with hip labrum tears has yet to be assessed. The purpose of this study was to determine whether there is a difference in insurance acceptance rates for Medicaid versus Blue Cross Blue Shield (BCBS) for young athletes with a hip labral tear.

Methods: Fifty orthopedic clinics across 10 states were contacted using a standardized script. Each clinic was called twice: once as a young athlete with BCBS and once with a young athlete with Medicaid, requesting an appointment for a hip labral tear. The primary outcome was appointment success. Secondary outcomes included barriers to scheduling and wait times. Statistical analysis was performed using chi-squared and Mann-Whitney *U* tests.

Results: All clinics accepted BCBS insurance, whereas only 16 (32%) accepted Medicaid ($P < 0.0001$). Young athletes with BCBS successfully scheduled an appointment 100% of the time compared with only 24% for young athletes with Medicaid ($P < 0.0001$). Of the 34 clinics that did not accept Medicaid, 22 (65%) cited not accepting the insurance, and 11 (32%) required a referral. Among clinics that accepted both insurance types, there was no significant difference in median wait time (13 vs 14 days, $P = 0.44$).

Conclusions: For young athletes with hip labrum tears, it is more difficult to schedule appointments with Medicaid insurance compared with BCBS insurance. The main barrier to care with Medicaid for young athletes is requiring a primary care physician referral.

Key Words: Blue Cross Blue Shield, hip arthroscopy, hip labral tear, insurance acceptance, Medicaid.

(*South Med J* 2026;119:269–273)

The acetabular labrum is an important structural component of the hip that is responsible for increasing the depth, surface area, volume, congruity, and stability of the hip joint.¹ A tear in the labrum can lead to loss of function, inducing hip microinstability, subluxation, and dislocation.¹ For patients who present with hip/groin pain, there is a 22% to 55% chance that the patient has a labral tear.^{2,3} Hip arthroscopy surgeries have become dramatically more common, with an increase of 600% between 2006 and 2010.⁴ Early intervention in hip labral tears has been shown to slow the progression of arthritis, decrease pain levels, and improve hip functionality.^{5,6} Due to the proven benefits of early intervention in hip labral tears, accessing care for a potential labral tear is an important first step.

Medicaid is a US government-funded health insurance program that provides healthcare coverage to individuals living under the federal poverty line. Several studies have shown that orthopedic patients, especially children, had decreased access to care compared with patients with private insurance.^{7–9} The Patient Protection and Affordable Care Act (PPACA, Public Law 11-148) was passed by Congress to expand access to Medicaid coverage, ultimately leading to a decreased uninsured

From the ¹Departments of Orthopedic Surgery; and ²Epidemiology, University of Alabama at Birmingham, Birmingham.

Correspondence to Dr Aaron Casp, Department of Orthopedic Surgery, University of Alabama at Birmingham, 1313 13th St S, Birmingham, AL 35012. E-mail: aaroncasp@gmail.com. To purchase a single copy of this article, visit sma.org/smj. To purchase larger reprint quantities, please contact reprintsolutions@wolterskluwer.com.

A.J.C. is a consultant for Stryker and A.M.M. is a consultant for Conmed. The remaining authors did not report any financial relationships or conflicts of interest.

Accepted December 19, 2025.

Copyright © 2026 by The Southern Medical Association

ISSN: 1541-8243

DOI: 10.14423/SMJ.0000000000001964

Key Points

- Early intervention for hip labral pathologies is important in preventing disease progression.
- Initial appointments with an orthopedic specialist are an important step in starting the process of surgical intervention.
- Different insurance types can have an impact on gaining access to an appointment with an orthopedic specialist.

population in the United States.^{10,11} Despite the passing of the PPACA and expansion of Medicaid, studies continue to show that patients with Medicaid have a harder time gaining access to orthopedic care.¹²⁻¹⁴ Although research has been conducted to assess how insurance status affects certain aspects of orthopedic care, there is a gap in the literature measuring how insurance status affects access to care in the realm of hip labrum tears.

The purpose of this study was to determine whether there is a difference in insurance acceptance rates for Medicaid versus Blue Cross Blue Shield (BCBS) for young athletes (football; from here, all “young athletes” or “athletes” are football players) with a hip labral tear. We hypothesize that there will be an increased difficulty for young athletes on Medicaid to receive care.

METHODS

This study was deemed exempt from the institutional review board full review because it was not deemed human subjects research. Eight states across various geographic locations were selected for the study: Alabama, Arizona, Kansas, Kentucky, Oregon, Utah, Virginia, and Wisconsin. This state selection mirrored the 2019 study by Kirchner et al that examined appointment access for shoulder instability.¹³ States selected were based on varying geographic locations across the contiguous United States to ensure differing regional representation and Medicaid expansion status. To determine the number of physicians to be contacted for the study, the Kirchner et al power analysis was referenced.¹³ Based on this, 12 physicians from each state were randomly selected from the American Orthopaedic Society for Sports Medicine directory, other than Oregon, which had only eight hip specialists listed. If a physician was no longer practicing or was in a different practice than was stated in the directory, then they were eliminated from the list and not replaced to maintain the randomness of the cohort. This resulted in 86 physicians who were contacted across the eight states.

Each physician was initially called, attempting to make an appointment for a fictitious 16-year-old athlete with a hip labral tear who had Medicaid insurance. Three weeks after the initial call, a second telephone call was placed to each physician’s office attempting to make an appointment for a fictitious 16-year-old athlete with a hip labral tear with BCBS insurance. During each call, a script was used to decrease the variability between each call. The script presented the caller as the parent of a 16-year-old football player with a hip labral tear that was diagnosed by magnetic resonance imaging. Scheduled appointments with a physician, nurse practitioner, or physician assistant were considered a success.

The duration of time until the scheduled appointment, information requested by the clinic, and the reason for the appointment denial were recorded. The time until the scheduled appointment was calculated using the number of business days between the date of the call and the scheduled appointment. Once an appointment date was received, the appointment was not confirmed to ensure that

access to care was not limited to real patients. The number of days until appointment was reported as medians to mitigate outliers. McNemar exact tests were used to compare the number of successfully scheduled appointments between insurance type and Medicaid expansion status. A univariate Wilcoxon signed rank test was used to compare median appointment wait times. An $\alpha < 0.05$ was used to determine statistical significance.

RESULTS

A total of 86 physicians from the eight states were called between January 2024 and March 2024. Of the 92 physicians who were intended to be called, six were not included due to no longer being in practice or being unable to contact the physician. The total number of completed phone calls was 172 (86 for Medicaid and 86 for BCBS insurance).

In aggregate, there were significantly more appointments obtained for young athletes with BCBS compared with those with Medicaid ($P < 0.0001$). When stratified by state, there were significant increases in availability for BCBS appointments in Alabama and Virginia ($P = 0.0143$, $P = 0.0047$; Table 1).

Young athletes with Medicaid insurance were able to schedule significantly more appointments in Medicaid-expanded states, 57.1%, versus Medicaid-unexpanded states, 34.8% ($P = 0.0023$). Regardless of Medicaid expansion status, young athletes with BCBS insurance were able to successfully schedule more appointments (Table 2).

There was no significant difference in the median number of days between the telephone call and the appointment date based on insurance. The median number of days for young athletes with BCBS and Medicaid insurance was 4 days (Table 3). The greatest barrier to care for young athletes with Medicaid insurance was requiring a referral from a primary care physician (PCP). Seventeen physicians required a PCP referral for those with Medicaid, while zero physicians required a PCP referral for those with BCBS (Table 4).

TABLE 1. Number of successful appointments by state

State	Successful Medicaid appointments (%)	Successful BCBS appointments (%)	No. offices contacted	P
Alabama	3 (25.0)	9 (75.0)	12	0.0143
Arizona	6 (54.6)	7 (63.6)	11	0.5637
Utah	11 (100)	11 (100)	11	N/A
Wisconsin	9 (81.8)	10 (90.9)	11	0.3173
Virginia	2 (16.7)	10 (83.3)	12	0.0047
Kentucky	7 (63.6)	8 (72.7)	11	0.5367
Kansas	5 (45.5)	7 (63.6)	11	0.1573
Oregon	1 (14.3)	2 (28.6)	7	0.3173
All states	44 (51.2)	64 (74.4)	86	< 0.0001

P value compares successful Medicaid appointments versus successful BCBS appointments.
BCBS, Blue Cross Blue Shield; N/A, not applicable.

TABLE 2. Appointment success by insurance type and Medicaid expansion status

Expansion status	Appointment granted by insurance type (%)		P
	Medicaid	BCBS	
Expanded	36 (57.1)	48 (76.2)	0.0309 ^a
Unexpanded	8 (34.8)	17 (73.9)	0.0006 ^a
P	0.0023 ^b	0.6074	

BCBS, Blue Cross Blue Shield.
^aSignificant difference in expansion status.
^bSignificant difference in insurance type.

DISCUSSION

Our study demonstrated that across the United States overall, young athletes with Medicaid insurance compared with those with BCBS insurance can schedule fewer appointments for hip labral tears regardless of Medicaid expansion status. The result of the study is consistent with the existing literature on access to care for other orthopedic pathologies. Kirchner et al found that patients with Medicaid insurance are less successful in scheduling appointments for shoulder instability compared with patients with BCBS in both Medicaid-expanded and -unexpanded states.¹³ Pierce et al demonstrated that for anterior cruciate ligament tears, adolescents with private insurance were 57 times more likely to obtain an appointment than those with Medicaid insurance.⁸ A 2019 meta-analysis by Hsiang et al demonstrated that after enactment of the PPACA, providers were 3.2 times more likely to accept patients with private insurance over Medicaid insurance.¹⁵ Our overall finding, however, when stratified by individual states, was demonstrated in only two of the eight studied states: Alabama and Virginia. This could have resulted from the random selection of physicians called in these states who were mostly from private practices or institutions that are not required to accept Medicaid insurance (Alabama, 9/12 private physicians; Virginia, 8/12 private physicians). These results also could suggest that specialty providers are now more likely than before to accept patients with Medicaid insurance because six out of the eight states examined did not reveal differences in appointment scheduling success.

The results of this study demonstrated that for young athletes with Medicaid insurance, it is easier for them to schedule appointments in states with expanded Medicaid.

TABLE 3. Median number of days until appointment

State	Medicaid	BCBS	P
Alabama	1	4	
Arizona	1.5	17	
Utah	4	4	
Wisconsin	5	3.5	
Virginia	1.5	2	
Kentucky	2	3.5	
Kansas	6	4	
Oregon	2	18.5	
All states	4	4	0.2344

BCBS, Blue Cross Blue Shield.

These results match the findings by Kim et al in 2015, who examined access to knee arthroplasty for patients with Medicaid.¹⁶ This differs from the previous study, by Kirchner et al in 2019, which examined appointment access for specialty care for shoulder instability in patients with Medicaid insurance.¹³ Their results demonstrated that it was more difficult for these patients to schedule appointments for specialty care. Since the expansion of Medicaid in 2014, only 10 states have not expanded Medicaid coverage from the initial 25 states and the District of Columbia.¹⁷ Because there are conflicting findings on specialty care appointment success for patients with Medicaid insurance as time has progressed, it appears that findings vary depending on the selected states and physicians studied.

Multiple studies since the expansion of Medicaid have attempted to describe the relationship between insurance reimbursement rates and appointment success. Two studies that examined this relationship found conflicting results that reimbursement rates affect specialty appointment success.^{16,18} This specific relationship has been difficult to analyze because the requirement for a referral for specialty care varies across states and institutions and reimbursement rates for procedures vary based on insurance type and company.^{15,19} It is believed, however, that patients with Medicaid insurance are less likely to be accepted for medical care at private practices and institutions because the reimbursement rate for Medicaid insurance, which commonly does not cover the cost of care, is less than for private insurance.^{20,21} Further studies should focus on elucidating the relationship between reimbursement rate and appointment success as the population of patients who use Medicaid increases.²²⁻²⁵ Efforts also should be made to increase the Medicaid reimbursement rate to equalize access to care for this population.

Although our study showed that there was no difference in the median wait time between telephone calls and appointment dates, there have been multiple studies that show that Medicaid patients experience longer wait times than do private insurance patients. Boden et al showed that underinsured patients (Medicaid and uninsured patients) waited an average of 7.2 days longer for an appointment than those with adequate insurance (Medicare or private insurance).¹² Kirchner et al found that the median wait time for Medicaid patients with shoulder instability was 3 days, whereas the median wait time for private insurance patients was 2 days ($P = 0.007$).¹³

Hip labrum tears have become a much more commonly recognized injury in young athlete populations.²⁶ The increased recognition of hip labral tears has led to a massive rise in hip arthroscopy cases during the past 2 decades.⁴ Due to early intervention leading to a slower progression of osteoarthritis, decreased pain levels, and increased hip functionality, gaining access to care is of the utmost importance.^{5,6} Our overall sampling demonstrated that it was significantly more difficult for young athletes with Medicaid insurance to gain access to care following a

TABLE 4. Barriers to care

State	Not accepted		ICID required		PCP referral required		Miscellaneous	
	Medicaid	BCBS	Medicaid	BCBS	Medicaid	BCBS	Medicaid	BCBS
Alabama	0	0	1	3	8	0	0	0
Arizona	3	2	2	1	0	0	0	0
Utah	0	0	0	0	0	0	0	0
Wisconsin	1	0	0	0	1	0	0	1
Virginia	3	0	6	1	0	0	1	1
Kentucky	1	0	1	1	1	0	1	2
Kansas	1	0	0	2	3	0	2	2
Oregon	1	0	0	2	4	0	1	3
All states	10	2	10	10	17	0	5	9

BCBS, Blue Cross Blue Shield; ICID, insurance identification; Miscellaneous, all other reasons for appointment denial; PCP, primary care physician.

hip labral tear. This study shows inequitable access to care opportunities for adolescents with certain hip pathology in the United States based on insurance status. Further study is needed to elucidate whether these barriers result in differing outcomes.

There are limitations to this project. The original sample size was intended to be 96 physicians, but it was reduced to 86 due to the lack of hip specialists in Oregon, physicians no longer being in practice, and an inability to contact certain physicians. These low numbers could skew the data, but given the low number of hip specialists, we believe that the study reached a representative sample. Also, when broken down on a state-by-state basis, only two states showed a significant difference. Another limitation is the inability to differentiate a scheduled appointment from an actual attended in-person appointment because these were fictitious patients. It may be that the person scheduling the call may have been misinformed about the treating physician’s participation in the medical insurance plan and that the practitioner may not have kept the appointment when it was reviewed and confirmed. Given that the purpose of the study was to evaluate the ability to simply schedule an appointment, however, this does not affect our results. The number of states with expanded versus unexpanded Medicaid were unequal; this, however, was intentional to assess for differences in appointment success to specialty care to a previous study.¹³

CONCLUSIONS

For young athletes with hip labrum tears, it is more difficult to schedule appointments when having Medicaid insurance compared with BCBS insurance. The main barrier to care for young athletes with Medicaid is requiring a PCP referral.

REFERENCES

- Harris JD. Hip labral repair: options and outcomes. *Curr Rev Musculoskelet Med* 2016;9:361–367.
- Berthelot JM, Brulefert K, Arnolfo P, et al. Update on contribution of hip labral tears to hip pain: a narrative review. *Joint Bone Spine* 2023;90:105465.
- Groh MM, Herrera J. A comprehensive review of hip labral tears. *Curr Rev Musculoskelet Med* 2009;2:105–117.
- Zhang AL, Feeley BT. Editorial commentary: the rise of hip arthroscopy: temporary trend or here to stay? *Arthrosc J Arthrosc Relat Surg* 2018;34:1831–1832.

- Ganz R, Parvizi J, Beck M, et al. Femoroacetabular impingement: a cause for osteoarthritis of the hip. *Clin Orthop* 2003;417:112–120.
- Sheu H, Yang TY, Tang HC, et al. The clinical outcomes of arthroscopic hip labral repair: a comparison between athletes and non-athletes. *J Hip Preserv Surg* 2022;9:102–106.
- Iobst C, King W, Baitner A, et al. Access to care for children with fractures. *J Pediatr Orthop* 2010;30:244–247.
- Pierce TR, Mehlman CT, Tamai J, et al. Access to care for the adolescent anterior cruciate ligament patient with Medicaid versus private insurance. *J Pediatr Orthop* 2012;32:245–248.
- Skaggs DL, Lehmann CL, Rice C, et al. Access to orthopaedic care for children with Medicaid versus private insurance: results of a national survey. *J Pediatr Orthop* 2006;26:400–404.
- Donohue JM, Cole ES, James CV, et al. The US Medicaid program: coverage, financing, reforms, and implications for health equity. *JAMA* 2022;328:1085–1099.
- Manchikanti LA. critical analysis of Obamacare: affordable care or insurance for many and coverage for few? *Pain Physician* 2017;3: 111–138.
- Boden AL, Geller JS, Granger CJ, et al. Achilles injury and access to care in South Florida. *Foot Ankle Spec* 2022;15:105–112.
- Kirchner GE, Rivers NJ, Balogh EF, et al. Does Medicaid expansion improve access to care for the first-time shoulder dislocator? *J Shoulder Elbow Surg* 2019;28:2079–2083.
- Marrero CE, Igbokwe LI, Leonardi C. Access to orthopedic care post Medicaid expansion through the Affordable Care Act. *J Natl Med Assoc* 2019;111:148–152.
- Hsiang WR, Lukasiewicz A, Gentry M, et al. Medicaid patients have greater difficulty scheduling health care appointments compared with private insurance patients: a meta-analysis. *Inq J Med Care Organ Provis Financ* 2019;56:0046958019838118.
- Kim CY, Wiznia DH, Hsiang WR, et al. The effect of insurance type on patient access to knee arthroplasty and revision under the Affordable Care Act. *J Arthroplasty* 2015;30:1498–1501.
- Kaiser Family Foundation. Status of state Medicaid expansion decisions: interactive map. <https://www.kff.org/affordable-care-act/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map>. Published May 8, 2024. Accessed September 18, 2024.
- Kim CY, Wiznia DH, Roth AS, et al. Survey of patient insurance status on access to specialty foot and ankle care under the Affordable Care Act. *Foot Ankle Int* 2016;37:776–781.
- Cifuentes P, Jaramillo M, Garrote F, et al. Impact of insurance type on access to pain management specialists for the treatment of lower back pain. *Cureus* 2024;16:e51668.
- Benitez J, Freed SS, Huang H, et al. Did Medicaid reimbursements shape the effects of Medicaid expansion on access to health care among the low-income population? *J Gen Intern Med* 2024;39: 1360–1368.
- Saulsberry L, Seo V, Fung V. The impact of changes in Medicaid provider fees on provider participation and enrollees’ care: a systematic literature review. *J Gen Intern Med* 2019;34:2200–2209.
- Creedon TB, Zuvekas SH, Hill SC, et al. Effects of Medicaid expansion on insurance coverage and health services use among

- adults with disabilities newly eligible for Medicaid. *Health Serv Res* 2022;57(Suppl 2):183–194.
23. Lyon SM, Douglas IS, Cooke CR. Medicaid expansion under the Affordable Care Act. Implications for insurance-related disparities in pulmonary, critical care, and sleep. *Ann Am Thorac Soc* 2014;11:661–667.
 24. Mellor JM, McInerney M, Garrow RC, et al. The impact of Medicaid expansion on spending and utilization by older low-income Medicare beneficiaries. *Health Serv Res* 2023;58:1024–1034.
 25. Zuvekas SH, McClellan CB, Ali MM, et al. Medicaid expansion and health insurance coverage and treatment utilization among individuals with a mental health condition. *J Ment Health Policy Econ* 2020;23:151–182.
 26. Cianci A, Sugimoto D, Stracciolini A, et al. Nonoperative management of labral tears of the hip in adolescent athletes: description of sports participation, interventions, comorbidity, and outcomes. *Clin J Sport Med* 2019;29:24–28.