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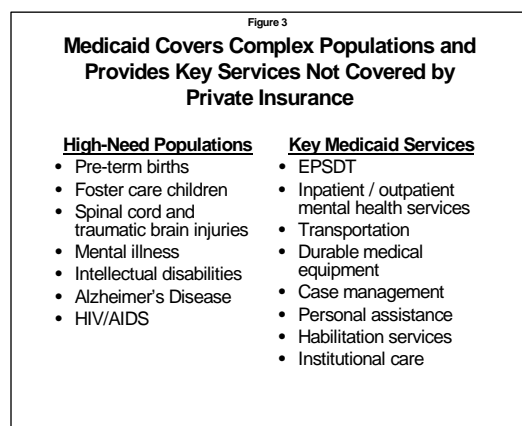
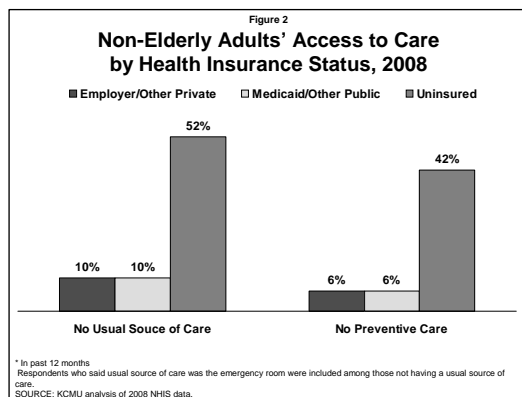
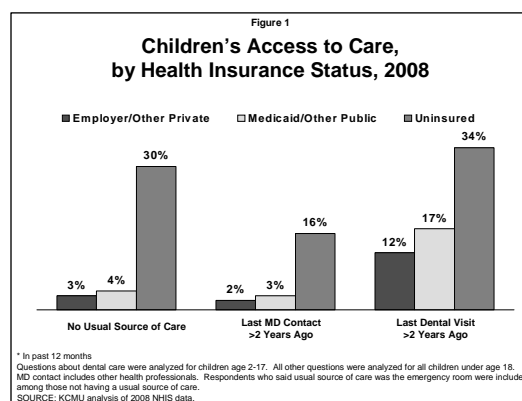
## Medicaid Beneficiaries and Access to Care

Expanding Medicaid coverage is a major element of the leading health reform proposals currently under consideration in Congress. Since the larger goal of coverage is increased access to care, the evidence on access in Medicaid is of key interest. This paper briefly reviews findings on Medicaid beneficiaries' access to care and information on Medicaid's role in supporting access for low-income children and adults.

The Medicaid program, along with the Children's Health Insurance Program (CHIP), has a record of incremental expansions that, over time, have led to substantial increases in coverage, especially among children. Currently, all but 7 states cover children in families up to 200% of poverty, or a higher level; eligibility for adults is much more limited.<sup>1</sup> Abundant research shows that coverage, whether public or private, is critical in securing access to needed health care.<sup>2</sup> Medicaid compares favorably with private coverage in connecting low-income children and adults with key primary and preventive care.<sup>3</sup> While both publicly and privately insured children have high rates of access to primary and preventive care, national shortages of dental providers and some pediatric subspecialists translate into shortfalls in access to oral health and subspecialty care that are amplified in Medicaid by low provider participation.<sup>4 5</sup> Addressing low provider payment rates and other strategies could help to promote broader provider participation in Medicaid. Following is a summary of Medicaid beneficiaries' experience in obtaining access to care.

**Medicaid has increased access to care and reduced unmet health needs.** Both children and adults covered by Medicaid are much more likely to have a usual source of care than people without insurance. Children with Medicaid are also far more likely to have seen a doctor and dentist (Figure 1), and adults with Medicaid are far more likely to get preventive care than the uninsured (Figure 2). *Moreover, across these measures of primary and preventive care, access in Medicaid and private insurance is roughly equivalent.* This is true even though Medicaid enrollees are sicker and more disabled than those with private insurance and despite concerns about low provider participation due, in part, to low Medicaid payment rates.<sup>6 7</sup>

**Medicaid provides comprehensive and affordable coverage well-suited for the population it serves.** Medicaid's comprehensive scope of benefits and limited cost-sharing are designed to meet the complex health needs and limited financial resources of the population the program serves (Figure 3). In addition to the medical services covered by most private insurance, Medicaid covers an array of supportive and enabling services for high-need populations – such as transportation, durable medical equipment, case management, and habilitation services – that private insurance generally does not cover today and is unlikely to cover under health care reform. Medicaid entitles children to a comprehensive set of services through the



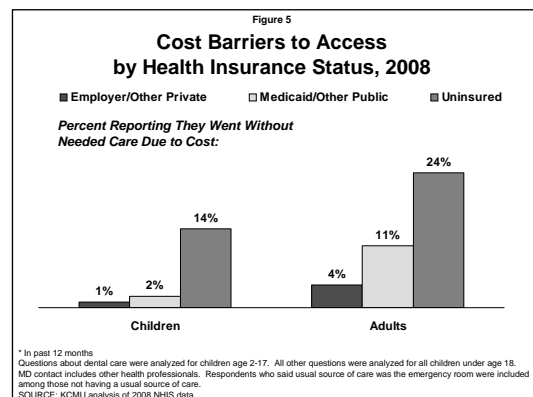
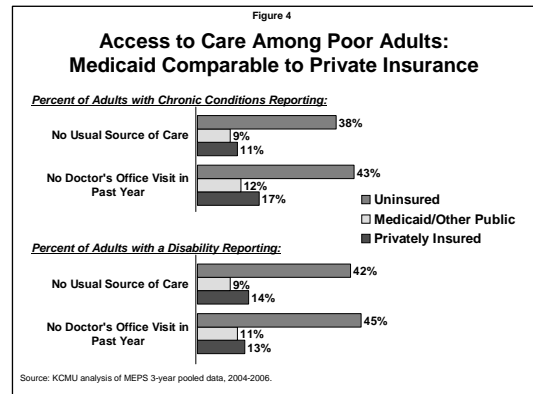
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit. The inclusion of enabling services in Medicaid strengthens access for low-income individuals with chronic conditions and disabilities, who fare at least as well in Medicaid as in private insurance (Figure 4). Many of the uninsured who would be helped under health care reform are low-income and have significant health needs, much like the current Medicaid population.<sup>8</sup>

**Medicaid protects against high out-of-pocket costs.** Even if they receive help with premiums, low-income people can find cost-sharing and deductibles a barrier to seeking care.<sup>9</sup> Amounts that may be manageable for families at higher income levels can mount up quickly, impeding access for those with more limited finances. Recent research shows that, under the most popular insurance offered under the Federal Employees Health Benefits Program (FEHBP), a family with a relatively healthy child may still face significant out-of-pocket costs; families with the more extensive needs for care or lower income may face much heavier out-of-pocket burdens.<sup>10</sup> Medicaid's strict limits on cost-sharing help to ensure that, for the low-income population the program serves, cost is not an obstacle to obtaining care (Figure 5).

**States have built delivery systems designed to serve the Medicaid population and address its special needs.** State Medicaid programs have decades of experience developing and improving care delivery systems for the low-income populations they cover. Most Medicaid enrollees receive their care through managed care arrangements, and many states have built strong care delivery networks by contracting with community health center and safety-net providers located in the underserved communities where low-income people reside. Seeking both to improve care for their medically complex enrollees, and to spend Medicaid dollars effectively, a number of states have pioneered care coordination and delivery approaches that have gained attention as model systems for improving quality for those with chronic conditions and disabilities.<sup>11</sup>

**Experience with children shows that public coverage is associated with improved quality and outcomes for low-income children, and parents of enrolled children report high satisfaction.** Enrollment in public coverage is associated with improved quality of care among previously uninsured children. For example, after enrolling in New York's CHIP, children with asthma had fewer emergency department visits and hospitalizations.<sup>12</sup> Improvements in both physical and social health outcomes, including school attendance, for both healthy and chronically ill children, have been linked to public coverage.<sup>13</sup> Parents of children enrolled in Medicaid report high satisfaction with the program's benefits, providers and access, and Medicaid is viewed positively by the majority of the public<sup>14 15</sup> As federal and state actions to expand coverage move forward, Medicaid and CHIP offer the potential to reduce the number of uninsured children and improve the care and health of millions of low-income children.

**Health reform provides an opportunity to strengthen access in Medicaid.** While shortages of certain pediatric providers cause access problems for children in the public and private sectors alike, low provider payment and participation rates have often compounded these problems in Medicaid. Improved payment and other reforms to boost provider participation, as well as better enforcement of EPSDT's requirements, could help children secure the access Medicaid promises them. Standardizing eligibility for adults and ensuring them access to Medicaid's comprehensive benefits would reduce the wide state variation in access that prevails today and strengthen low-income adults' ability to obtain appropriate care.



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- <sup>1</sup> Cohen Ross D and C Marks, *Challenges of Providing Health Coverage for Children and Parents in a Recession: A 50-State Update on Eligibility Rules, Enrollment and Renewal Procedures, and Cost-Sharing Practices in Medicaid and SCHIP in 2009*, Kaiser Commission on Medicaid and the Uninsured, 2009.
- <sup>2</sup> *Coverage Matters: Insurance and Health Care*, Institute of Medicine, 2001.
- <sup>3</sup> Paradise J et al, *Next Steps in Covering Uninsured Children: Findings from the Kaiser Survey of Children's Health Coverage*, Kaiser Commission on Medicaid and the Uninsured, 2009. Hoffman C and K Schwartz, *Trends in Access to Care Among Working-Age Adults: 1996-2007*, Kaiser Commission on Medicaid and the Uninsured, 2009.
- <sup>4</sup> Testimony of Burton Edelstein before the Domestic Policy Subcommittee, House Oversight and Government Reform Committee, October 7, 2009.
- <sup>5</sup> Jewett EA et al, "The Pediatric Subspecialty Workforce: Public Policy and Forces for Change," *Pediatrics*, 2005. Skaggs DL et al, "Access to Orthopaedic Care for Children with Medicaid versus Private Insurance: Results of a National Survey," *Journal of Pediatric Orthopedics*, 2006.
- <sup>6</sup> Rowland D et al, *Medicaid as a Platform for Broader Health Reform: Supporting High-Need and Low-Income Populations*, Kaiser Commission on Medicaid and the Uninsured, 2009.
- <sup>7</sup> Cunningham P and J May, *Medicaid Patients Are Increasingly Concentrated Among Physicians*, Tracking Report No. 16, Center for Studying Health Systems Change, 2006.
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- <sup>9</sup> Artiga S and M O'Malley, *Increasing Premiums and Cost-Sharing in Medicaid and SCHIP: Recent State Experiences*, Kaiser Commission on Medicaid and the Uninsured, 2005.
- <sup>10</sup> Alker J et al, *Children and Health Care Reform: Assuring Coverage That Meets Their Health Care Needs*, Kaiser Commission on Medicaid and the Uninsured, 2009.
- <sup>11</sup> Artiga S, *Community Care of North Carolina: Putting Health Reform Ideas into Practice in Medicaid*, Kaiser Commission on Medicaid and the Uninsured, 2009. *Medicaid Best Buys: Improving Care Management for High-Need, High-Cost Beneficiaries*, Center for Health Care Strategies, 2008.
- <sup>12</sup> Szilagyi P et al, "Improved Asthma Care After Enrollment in the After Enrollment in the Children's Health Insurance Program in New York," *Pediatrics*, 2006.
- <sup>13</sup> Davidoff A et al., "Effects of the State Children's Health Insurance Program Expansions on Children with Chronic Health Conditions" *Pediatrics*, 2005.
- <sup>14</sup> Perry M and J Paradise, *Enrolling Children in Medicaid and SCHIP: Insights from Focus Groups with Low-Income Parents*, Kaiser Commission on Medicaid and the Uninsured, 2007.
- <sup>15</sup> *Kaiser Tracking Poll: Election 2008*, Kaiser Family Foundation, September 2008; *National Survey of the Public's Views about Medicaid*, Kaiser Family Foundation, 2005.

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