



Medicaid and CHIP Provide Needed Access to Care for Children and Families

Medicaid and the Children's Health Insurance Program (CHIP) improve access to care for the children and adults they cover. In FY 2012, Medicaid and CHIP covered about 28 million children—more than one third of all children in the United States. Medicaid already covers about 25 million adults, and nearly five million poor uninsured adults fall into the “coverage gap” that results from state decisions not to expand Medicaid under the Affordable Care Act (ACA).

Children and families in Medicaid and CHIP have significantly better access to health care and fewer cost barriers than those who are uninsured. Access to care in Medicaid and CHIP is comparable to private coverage when controlling for socioeconomic characteristics. Further, health services are more affordable in Medicaid/CHIP and provide greater financial protection for children and families than private coverage.

Research underscores how Medicaid and CHIP provide needed access to care for children and families:

Children and families in Medicaid and CHIP have significantly better access to primary and specialty care and fewer cost barriers than those who are uninsured.

- Nearly all children (96 percent) covered by Medicaid or CHIP have a usual source of care. They are 20 percent more likely to have seen a doctor than uninsured children.
- Children in CHIP are more likely to have a usual source of care than uninsured children. About 89 percent of CHIP enrollees reported having a usual source of care compared to only 56 percent of children who were uninsured.

- Mothers covered by Medicaid are much more likely than low-income uninsured mothers to have a usual source of care, a doctor visit, and to receive preventive care.
- Medicaid expanded access to care, increased the use of health care (including preventive care), and improved self-reported health for adults. Having Medicaid was associated with a 60 percent increase in the likelihood of having a mammogram in the last year and a 20 percent increase in the likelihood of ever having a cholesterol check. Medicaid also increased the probability of having an outpatient visit by 35 percent and of taking any prescription drug by 15 percent.
- Non-elderly adults in Medicaid are more likely than uninsured adults to report overall health care visits and visits for specific types of services. They are also more likely to report timely care and less likely to delay or go without needed medical care because of costs.
- A study that examined the relationship between broader state Medicaid coverage of adults and access to physician and preventive services found that higher levels of Medicaid coverage were associated with substantially improved access to care for all low-income adults in the state. Also, access gaps between low- and high-income adults were significantly smaller in states with broader Medicaid coverage than in states with limited coverage.
- Adults covered by Medicaid who have diabetes are less likely than the uninsured to report delaying or being unable to get needed care. They are more likely to receive the key elements of diabetes care, have office visits and fill more prescriptions.



- Medicaid has been shown to improve mental health outcomes, though Medicaid's impact on physical health remains inconclusive. One study of the Oregon health insurance experiment found that having Medicaid led to a 30 percent reduction in positive screens for depression. Gains in physical health were more limited. While Medicaid did increase the detection of diabetes and use of diabetes medication, it did not have a statistically significant effect on diabetes control or on control of high blood pressure or high cholesterol.

Access to care in Medicaid and CHIP is comparable to private insurance coverage, particularly when controlling for socioeconomic differences.

- With respect to primary and preventive care, children in Medicaid reported levels of access equal to their privately insured counterparts. More than 95 percent of children in public and private coverage have a usual source of care and the very small percentage that report delaying or going without needed care due to cost is the same between the two groups. This is notable given the lower income and greater needs of children covered by Medicaid.
- A study found that children with public coverage are as likely as children with Employer Sponsored Insurance (ESI) to have had a specialist visit in the past year, when comparisons were adjusted for health, demographic, and socioeconomic differences between the two groups.
- A report found that adults with Medicaid did as well as privately insured adults on key measures, including a specialist visit and a mammogram, when comparisons were adjusted for health, demographic, and socioeconomic differences. Medicaid adults were more likely to have a usual source of care, health care visits overall, more likely to report timely care, and less likely to go without needed care because of cost compared with privately uninsured adults.
- Mothers with Medicaid are more likely to have a dental visit than uninsured mothers.

Services are more affordable in Medicaid and CHIP than in private coverage. Public programs provide greater financial protection for children and families than private coverage.

- Children enrolled in Medicaid are significantly less likely to have unmet or delayed needs for medical care, dental care, and prescription drugs due to costs compared to low-income uninsured children.
- In the Oregon health experiment, access to Medicaid virtually eliminated catastrophic medical expenses among adults who gained Medicaid coverage. Medicaid reduced the likelihood of having to borrow money or miss other payments in order to pay for medical expenses by 40 percent. Medicaid also had a significant impact on other self-reported measures of financial strain due to health care costs, including declines in having out of pocket expenses and being refused treatment due to medical bills in the past six months.
- Research estimating how Medicaid beneficiaries would fare if they had private insurance projects that their out-of-pocket spending would increase more than three-fold, on average, and that out-of-pocket burden would be heaviest for the subgroup of individuals with health limitations.

Medicaid and CHIP programs continue to work to make sure people get the right care at the right time in the right setting and keep people out of the emergency department.

- A recent study in *Science* reported that low-income adults in the Oregon health plan visited the emergency room more often than other adults. This study was based on data from 2008 and only focused on the first 18 months of coverage for people who had previously been uninsured. Since that time, Oregon has been making efforts to better coordinate care through its newly created Coordinated Care Organizations (CCOs). One component of the CCOs includes putting community health workers in hospitals to divert patients with



less urgent needs to more cost-effective care settings. A nine percent reduction in emergency department use among Medicaid patients in Oregon after the first year indicates that the early efforts are working.

- An evaluation that examined the impact of Massachusetts' 2006 health reform, including a Medicaid expansion, over several years found a decrease in the use of emergency departments. In 2010, the percent of adults reporting emergency visits for nonemergency conditions, any emergency department visit, and more than three emergency department visits was lower than in 2006.

- A report identified two specific measures of access where children in Medicaid fare slightly worse than those in private insurance: they are less likely to have a usual source of care with night or weekend hours and are more likely to lack transportation to the doctor's office or clinic. Individuals and families who previously depended on care from the emergency room may not have learned how to effectively navigate and/or utilize the health care system in a short period of time. Ensuring that patients have access to after-hours care in an outpatient setting and are aware of tools, such as nurse advice lines, may help reduce visits to the emergency department.

- There is some evidence to suggest that low-income patients, even those with public health insurance, might find emergency departments more affordable and convenient than care in primary care settings. Creating opportunities to coordinate primary and specialty care within the same setting may address these barriers.

Additional Resources

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