

Access to Care for Children in Medicaid

Medicaid's Substantial Coverage Role for Children

Medicaid covers more than 23 million children, more than one-quarter of all children, and more than half of lowincome children.¹ Between 1997 and 2006, the proportion of low-income uninsured children fell from to 23 percent to 15 percent;² success that is largely attributable to the role that Medicaid and CHIP have played in covering uninsured kids.

Medicaid Clearly Improves Access to Services

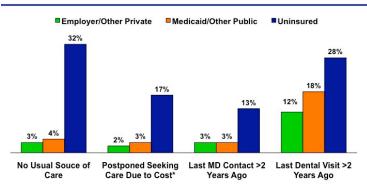
Research shows that Medicaid improves access to care for the children it covers, especially for preventive and primary care.³ (See Figure 1.) In fact, *children with Medicaid and CHIP report access to preventive and primary care at approximately equal levels to their privately insured counterparts*. Low-income children covered by Medicaid are also more likely than privately insured or uninsured children to have received well-child care.⁴

Children in Medicaid and CHIP are more likely to access specialty care, including dental care, than children who are uninsured, however, the comparison to children with private coverage is ambiguous.⁵

Access is Strong Despite Low Reimbursement

Concerns have also been raised about the adequacy of provider payments and the degree to which Medicaid payments lag behind those of Medicare and private insurers. Medicaid physician reimbursement rates have increased by 15%, on average, between 2003 and 2008. Although Medicaid reimbursement rates are now at 72% of Medicare rates,⁶ some providers are still reluctant to see Medicaid patients.⁷

Figure 1. Medicaid Coverage Improves Children's Access to Care



Note: Questions about dental care were analyzed for children age 2-17. Respondents who said usual source of care was the emergency room were included among those not having a usual source of care. An asterisk (*) means in the past 12 months. Source: Kaiser Commission on Medicaid and the Uninsured analysis of National Center for Health Statistics, "Summary of Health Statistics for U.S. Children: NHS, 2007."

For more information see:

C. Marks, C. Hoffman, & J. Paradise, "<u>The Impact of Medicaid and SCHIP on Low-Income Children's Health</u>," Kaiser Commission on Medicaid and the Uninsured (February 2009).

Endnotes:

¹ Kaiser Commission on Medicaid and the Uninsured and Urban Institute estimates of the March 2008 CPS.

² L. Dubay, Johns Hopkins University Bloomberg School of Public Health, analysis of the National Health Interview Survey for the Center for Children and Families (March 1, 2008).

³ Kaiser Commission on Medicaid and the Uninsured analysis of National Center for Health Statistics, "Summary of Health Statistics for U.S. Children: NHIS 2007."

⁴ L. Dubay & G. Kenney, "Health Care Access and Use Among Low-Income Children: Who Fares Best?," *Health Affairs*, 20(1): 112-121 (January/February 2001); and C. Perry & G. Kenney, "Preventive Care for Children in Low-Income Families: How Well do Medicaid and State Children's Health Insurance Programs Do?," *Pediatrics*, 120(6): e1393-e1401 (December 2007).

⁵ A. Skinner & M. Mayer, "Effects of Insurance Status on Children's Access to Specialty Care: A Systematic Review of the Literature," *BMC Health Services Research*, 7: 194-205 (November 2007); and J. Paradise, "Oral Health Coverage and Care for Low-Income Children: The Role of Medicaid and CHIP," Kaiser Commission on Medicaid and the Uninsured (April 2009).

⁶ S. Zuckerman, A. Williams, & K. Stockley, "Trends in Medicaid Physician Fees, 2003-2008," Health Affairs (April 28, 2009).

⁷ E. Boukus, A. Cassil, & A. O'Malley, "A Snapshot of US Physicians: Key Findings from the 2008 Health Tracking Study Physician Survey," Center for Studying Health System Change (September 2009).