PEER-REVIEWED LITERATURE

**Effects of insurance status on children's access to specialty care: a systematic review of the literature (BMC Health Services Research, 2007)**

- Systematic review of 30 articles between 1992-2006
- Mixed findings. Overall trend from 18 studies is that children with public coverage have better access to specialty care than uninsured children, but poorer access compared to privately insured children.
    - Some studies, however, find equal or greater access among publicly-insured patients.
- No conclusion drawn on superior insurance structure for children. Only consistent finding is that having some form of insurance is better than not having insurance.
- Relevant studies cited:
    - Cabana et al. (2002)
        - Medicaid vs. "non-Medicaid"
        - claims data
        - Analysis of children with claims for asthma in managed care organization
        - Compared with Medicaid patients, non-Medicaid patients with copayment (OR **2.52**, CI **1.85-4.4.3**) and non-Medicaid patients without copayment (OR **3.40**, CI **2.35-4.93**) more likely to receive care from subspecialist
    - Forrest et al. (1999)
        - Medicaid vs. "private"
        - Survey of physicians and patients
        - Primarily a study of gatekeeping arrangements and referral patterns
        - Gatekeeping common for both Medicaid and private insurance, more so for private
        - Medicaid patients were more likely to be referred to specialty care than those with private insurance – odds ratio **1.44** (P<.001)
    - Hwang et al. (2005)
        - Medicaid vs. "private"
        - Phone calls to physician offices
        - Calls to assess office's earliest available appointment
        - **96%** offered appointment to private patients, **41%** to Medicaid
    - Kempe et al. (2000)
        - Medicaid vs. SCHIP vs. "private"
        - Medical record review
        - Study of quality of care and medical home use for SCHIP in Colorado
        - No difference in immunizations across insurance
        - Health maintenance visits: **1.3** SCHIP, **1.1** private, **0.9** Medicaid
        - Lead screening: **8.1%** SCHIP, **1.2%** private, **3.4%** Medicaid
        - Anemia screening: **5.0%** SCHIP**. 2.4%** private, **4.4%** Medicaid
        - Emergency department visit proportion: **0.04** SCHIP, **0.06** private, **0.07** Medicaid
    - Mayer et al. (2004)
        - Medicaid vs. SCHIP vs "private" vs. uninsured
        - Data from the National Survey of Children with Special Healthcare Needs
        - Uninsured children most likely to have unmet need for both routine and specialty care

        - No significant difference in unmet need between private and public forms of insurance
    - Ortega et al. (2001)
        - Medicaid vs "private"
        - Patient interviews
        - Use of ED for asthma services in seven New England Hospitals
        - Compared to private, Medicaid patients use ED more frequently (RR **1.7, 1.1-2.5**). Findings not attributable to race/ethnicity.
    - Perlstein et al. (1997)
        - Medicaid vs "commercial" vs "HMO-PPO" vs CRS vs NAHS
        - Data from regional cardiac registry
    - Price et al. (1999)
        - Medicaid vs "capitated" vs "FFS"
        - Data from medical records
        - Medicaid patients had less specialist or sick-child care than other groups
        - Medicaid patients had more ED visits
        - Similar amount of total physician/clinic visits
    - Wang et al. (2004)
        - Medicaid vs "commercial"
        - Written survey of physicians
        - Survey of CA ENTs asking if they would offer office appointment to child for tonsillectomy with Medi-cal vs commercial insurance
        - **N=100**; **97** would offer appointment to child with commercial insurance, **27** to Medicaid patient
            - Of the 27 who would offer appointment, **19** would actually perform the surgery

**Insurance Status and Access to Urgent Ambulatory Care Follow-up Appointments (JAMA, 2005)**

- Medicaid vs "private"
- Phone calls to physician offices
- Briefly addressed by TIE
- Random calls to 499 ambulatory clinics in 9 cities using clinical vignettes and varying insurance statuses, measuring % offered appointment within one week
- Callers claiming private insurance were more likely to receive appointment than Medicaid patients
    - **63.6%** private vs. **34.2%** Medicaid, P<.001
- For private vs. uninsured w/ $20 payment offer, **65.3%** vs. **25.1%**
- For private vs. uninsured but stated ability to pay full cost, no difference
- No difference for Medicaid patients at safety-net vs. non-safety net clinics

**Auditing Access to Specialty Care for Children with Public Insurance (NEJM, 2011)**

- Medicaid vs. Blue Cross Blue Shield
- Phone calls to physician practices
- Discussed by TIE here and here
- Paired calls one month apart to clinics in Cook County, IL, posing as mother of child requiring specialty care with private vs. Medicaid/CHIP
- **54%** of clinics asked about child's insurance before scheduling appointment

    - Of these, **52%** asked as the very first question
- **66%** of Medicaid/CHIP callers denied appointment for specialty care vs. **11%** Blue Cross (relative risk **6.2**, P>0.001)
    - When calls to same clinic were analyzed as matched pairs, **57%** accepted the BCBS patient but denied the Medicaid patient, vs. **2%** accepted Medicaid but denied BCBS
        - Odds ratio for public insurance appointment denial = **31.0 (CI 13-96.8)**
- Among clinics that scheduled appointments for both Medicaid and private children, Medicaid children waited longer
    - Average wait for private vs. Medicaid patient = **20 days** vs. **42 days** (mean difference **22.1 days**, CI **6.8-37.5**; P=**0.005**)

**Pediatric access to dermatologists: Medicaid versus private insurance (Journal of the American Academy of Dermatology, 2013)**

- Medicaid vs. Aetna/Cigna/Blue Cross (if asked to say what kind of "private")
- Phone calls to physician offices
- Survey of 723 offices in 13 metropolitan markets using secret-shopper scripted, paired, same-day telephone calls portraying parent requesting new appointment for child with eczema. All offices selected from public Medicaid directories.
- Substantial market variability found in pediatric Medicaid acceptance rates, from **6%-64%.**
    - Overall Market size-weighted average acceptance of **19%**
- No significant difference in wait times found between Medicaid and private patients
    - Inability to provide plan ID numbers in order to "schedule" appointments may have been a confounding variable, as offices were more likely to request this for Medicaid patients
- Resneck et al. (2004), in a similarly designed study looking at dermatologist wait times, did find that Medicaid patients experienced longer wait time (**50 days**) than did Medicare of private patients (**37 days**). They also found far lower overall acceptance rates for Medicaid patients (**32%**) than for patients with private insurance (**87%**) and Medicare (**85%**), and a RR of refusal of **5.0 (3.5-7.2)** compared to private
    - Medicare vs. Medicaid vs. "fee-for-service private" (not specified)
    - Phone calls to physician offices

**Access to Arthroplasty in South Florida** (The Journal of Arthroplasty, 2012)

- Medicaid vs. "private insurance"
- Phone calls to physician offices
- Four consecutive phone calls to 117 orthopedic offices within a specific county in South Florida, inquiring about appointment availability for fictitious 55-year-old female patient for knee replacement (calls 1 and 2) and hip replacement (calls 3 and 4). First of each set of calls was for a Medicaid patient, the second for a privately-insured patient.
- Of 35 offices offering hip replacement and 42 offering knee replacement, **100%** offered appointments to privately-insured patients vs. **14.3%** for Medicaid patients for each condition procedure (P<0.05)
- Mean wait for hip appointment private vs. Medicaid = **11.2 days** vs. **24 days (P=0.052)**
- Mean wait for knee appointment private vs. Medicaid = **8.0 days** vs. **26.7 days (P>0.05)**
    - Small sample size for successfully scheduled Medicaid appointments (2 and 3, respectively)

**Medicaid Acceptance and Availability of Timely Follow-up for Newborns with Medicaid** (Pediatrics, 2005)

- Medicaid vs. unspecified private insurance
- Calls to physician offices
- Randomized crossover study to assess impact of insurance status on appointment timeliness within clinics in 8 diverse metropolitan areas
- Telephone calls from simulated mother of 1-day-old infant discharged from hospital the morning prior who was told to follow up with a provider within one day. Each clinic was called again three weeks later with same scenario but different insurance
- Study found that **>20%** of clinics did not accept Medicaid; clinics that did accept Medicaid, however, did not have a significant difference in timeliness of appointments
    - Within-clinic comparison: timely visits given to **89.9%** private and **87.2%** of Medicaid (non-significant)
    - Between-clinic comparison: timely visits given to **90.7%** private and **90.1%** Medicaid (non-significant)

**Access to Orthopedic Care for children with Medicaid Versus Private Insurance in California** (Pediatrics, 2001)

- Regular Medicaid vs. unspecified private insurance
- Phone calls to physician offices
- Telephone calls to 50 randomly chosen orthopedic surgeons' offices requesting same-week appointment for child's broken arm. Each office called twice with identical script and alternate insurance options
- **100%** offered same-week appointments to private patients, **2%** to Medicaid
- A follow-up nationwide study found that of offices accepting children, **38%** had limited access for Medicaid patients
    - **18%** of offices would not see Medicaid children under any circumstances, and an additional **20%** would only see Medicaid patients under special circumstances
- A more recent study (Calfee et al. 2012) of all patients with orthopedic hand problems at a tertiary care center found that **62%** of local surgeons accepted Medicaid patients and **100%** accepted patients with private insurance
    - Medicare vs. Medicaid vs. "private coverage" vs. Workers Comp vs. TRICARE
    - Medical record search and physician survey

**The impact of Medicaid coverage and reimbursement on access to diagnostic mammography (Cancer, 2009)**

- Medicare vs. Medicaid
- Calls to physician offices
- Randomized crossover design, callers posing as woman requested appointment for diagnostic mammogram after abnormal screening exam revealed a "density". Requested 3rd-next available time to account for random variation. One week between calls, alternating Medicare and Medicaid.
- Authors assessed 11 states with varying Medicaid reimbursement rates
- **99.1%** of Medicare callers received appointment within 20 days vs. **91%** of Medicaid callers ($P<0.001$)
- No correlation found between state Medicaid reimbursement rates and percentage of Medicaid patients offered timely appointments

**Disparities in access to specialized epilepsy care (Epilepsy Research, 2013)**

- Medicaid vs. "private"
- Database analysis
- Retrospective cross-sectional study of access to Video-EEG (VEEG) monitoring among California epilepsy patients (indicator of access to specialized epilepsy care)
- Publicly-insured patients were less likely to have access to VEEG monitoring than private patients
    - Adjusted Odds Ratio of access to specialized epilepsy care for Medicaid patients compared to private = **0.49 (0.45-0.53; P<0.001)**.
- Related studies:
    - Hauptman et al. (2013) find that epileptic children with Medicaid had longer time intervals from seizure onset to referral for evaluation, and from seizure onset to surgery than privately-insured patients
        - Medicaid vs. "Private"
        - Medical record review
    - Begley et al. (2009) find lower rates of specialty care and higher rates of hospitalizations among publicly-insured epilepsy patients in Houston and New York. This study, however, finds that these and other socio-demographic disparities are largely explained by differences in where patients receive care
        - Medicare vs. Medicaid vs. "private"
        - Patient interviews

**Disparities in child access to emergency care for acute oral injury (Pediatrics, 2011)**

- Medicaid vs. Blue Cross Blue Shield
- Phone calls to offices
- Paired phone calls to 85 Illinois dental practices posing as mothers of 10-year-old seeking urgent dental appointment. Calls separated by four weeks, alternating BCBS and Medicaid coverage
- **36.5%** of Medicaid patients received appointment vs **95.4%** of BCBS patients with same injury.
- Medicaid patients **18.2X** more likely to be denied appointment (95% CI 3.1 - ∞ ; P<0.001)

GOVERNMENT/OTHER LITERATURE

**GAO-13-55 "Medicaid - States Made Multiple Program Changes, and Beneficiaries Generally Reported Access Comparable to Private Insurance" (Nov 2012)**

- Previously addressed by TIE
- 50% of states maintained or decreased average processing times from 2008-2011
    - Most states attributed this to streamlined application procedures such as electronic applications and elimination of face-to-face interviews
    - Those who increased cited increased application volume and staff reductions
- Provider payments and taxes increased for some and decreased for others. Majority of states increased services overall, but decreases and service limitations also grew since 2008
- 2/3 of states report challenges ensuring sufficient # of Medicaid providers
    - Payment rates, general shortage of providers cited
    - Most common shortages reported by states were dental and specialty care
- **<4%** of Medicaid beneficiaries insured for a full year or more report difficulty obtaining care in 2008-2009, on par with private beneficiaries
    - Medicaid beneficiaries report more difficulties getting dental
    - Less than full year of Medicaid coverage = **2X greater** likelihood of reporting difficulties
    - Medicaid beneficiaries reported delaying care for long wait times, lack of transportation
        - Lack of transportation: **9.6% Medicaid, <1% Private**
        - Wait time: **9.4% Medicaid, 4.2% Private**
- Low differences in overall reported difficulties getting care 2008-2009:
    - Medical care: **10.4% uninsured, 3.7% Medicaid, 3.0% Private** (insig.)
    - Prescriptions: **5.6% uninsured, 2.7% Medicaid, 2.4% Private** (insig.)
    - Dental**: 12.3%** uninsured, **5.4% Medicaid, 3.7% Private** (significant)
    - Medical care (fair/poor health status): **29.3% uninsured, 9.9% Medicaid, 8.4% private** (insig.)
- Differences DO exist between Medicaid/Private among adults 18-64
    - Difficulty getting needed medical care: **7.8% Medicaid, 3.3% private**
    - Medicaid adults **3X** more likely to report difficulty than private adults, **6X** more likely than children with Medicaid
    - **No difference** between children with Medicaid vs private

**GAO-11-624 "Medicaid and CHIP: Most Physicians Serve Covered Children but Have Difficulty Referring Them for Specialty Care" (June 2011)**

- **83%** of PCPs participate in Medicaid and CHIP, **71%** of specialists
    - **94%** of rural PCPs vs **81%** of urban PCPs in Medicaid/CHIP
- Of participating physicians, more willing to accept private children than Medicaid
    - **79%** accept all private children as new patients vs **47%** accept all Medicaid children
    - Non-participants cite low/delayed reimbursement and provider enrollment requirements
- **3X** greater difficulty referring Medicaid/CHIP children for specialty care
    - **84%** experience difficulty for Medicaid, vs **26%** for private
        - **34%** experience "great difficulty" Medicaid vs **1%** private
    - mental health, dermatology, neurology are hardest

**CBO – "Estimates for the Insurance Coverage Provisions of the Affordable Care Act Updated for the Recent Supreme Court" (July 2012)**

- Estimated 7 million additional Medicaid enrollees in 2014, 11 million by 2022
- $642 billion for Medicaid and CHIP estimated through 2022

**Kaiser Family Foundation – "The Uninsured and The Difference Health Insurance Makes"** (September 2012)

- Kaiser analysis of sociodemographic characteristics of the uninsured, and of barriers to health care among non-elderly adults
- No usual source of care: **10%** private, **10%** Medicaid/other public, **53%** uninsured
- Postponed care due to cost: **7%** private, **12%** Medicaid/other public, **30%** uninsured
- Went without care due to cost: **4%** private, **10%** Medicaid/other public, **26%** uninsured
- Couldn't afford prescription : **5%** private, **14%** Medicaid/other public, **24%** uninsured

**Jackson Healthcare – Physician Practice Trends Survey 2012**

- **82%** of physician practices accepting new patients, **75%** accepting Medicare, **64%** accepting Medicaid

TIE Posts

Medicaid access ain't so bad (11/16/12) – referencing GAO Medicaid access study
Doctors aren't accepting new patients with private insurance either (6/28/11)
The NEJM Medicaid audit study (6/16/11)
More on that Medicaid audit study (6/16/11)
Medicaid, outcomes, access, oh my! (3/25/11) –Medicaid vs uninsured access