



# Access Work in Development



Medicaid and CHIP Payment and Access Commission

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# Access Work in Development

- New report series: Medicaid Access in Brief
- Provider supply analyses
- Contracted studies

# Medicaid Access in Brief Publications

# Access in Brief Reports

## New report series

- Based on national survey data (primarily NHIS and MEPS)
- Focus on comparing Medicaid, privately insured and uninsured populations
- Focus on one measure, or grouping of a few related measures, of use of services or access barriers
- Present data for each use or access measure(s) by age group, race and ethnicity, poverty level and disability/special health care needs status
- Trends discussed when possible (data permitting)

# Access in Brief Reports (continued)

- First set of reports on children's access measures
  - Difficulties obtaining medical care
  - Oral health
  - Behavioral health
  - Emergency department use
- Next set on access for non-elderly adults

# Access in Brief Reports (continued)

## Report constraints:

- Survey data are respondent reported, and quantitative data (e.g., number of visits) are not necessarily what occurred in a given time period.
- Sample sizes for many populations of interest (below federal poverty level, certain race or ethnic subgroups) are very small; in some cases years of data must be combined.
- Some estimates we might like to see, such as race and ethnicity crossed by federal poverty levels, do not have sufficient sample.

## Children with Office-based or Clinic Visit to Medical Provider in Past Year, by Selected Characteristics, 2012-2013.

	Had visit to non-emergency department ambulatory medical care provider in past year		
	Medicaid/CHIP	Private	Uninsured
All children age 0-18 years	71.5	78.8*	41.1*
Age			
0-4	83.5	89.3*	57.4*
5-11	69.3	77.3*	41.0*
12-18	66.5	75.0*	36.6*
Race and ethnicity			
Hispanic	69.9	73.5	39.2*
White, non-Hispanic	78.4	82.0*	45.2*
Black, non-Hispanic	66.1	67.4	35.2*
Poverty level			
Less than or equal to 138% FPL	72.4	68.0	26.8*
Greater than 138% FPL	71.2	79.7*	46.3*
Special health care needs status			
Has special health care needs	85.7	92.6*	61.5*
No special health care needs	68.1	75.2*	40.0*

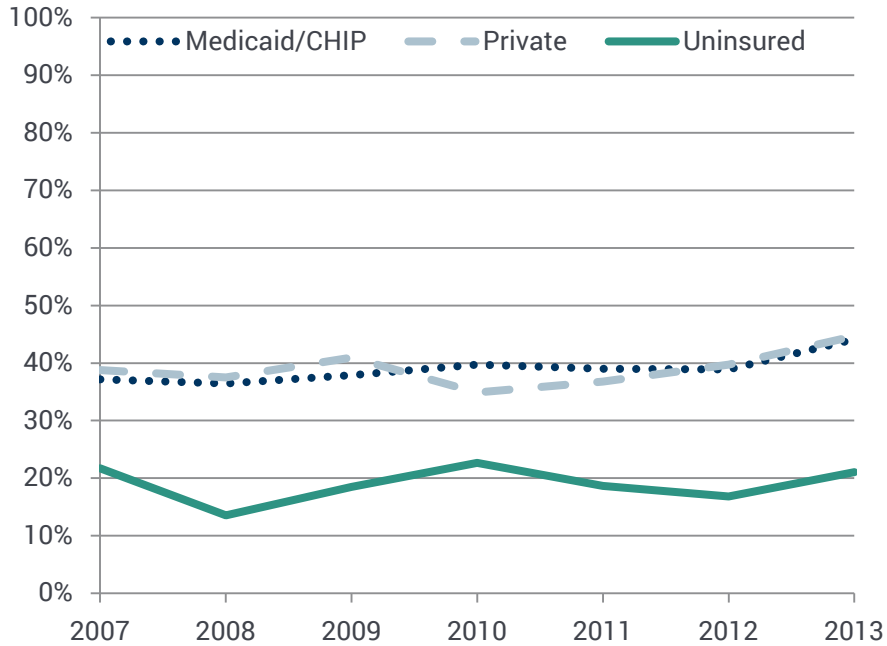
\* Estimate differs from Medicaid/CHIP at the P<.05 level.

FPL=federal poverty level. Asian, Pacific Islander and "other" race respondents are omitted but included in the total.

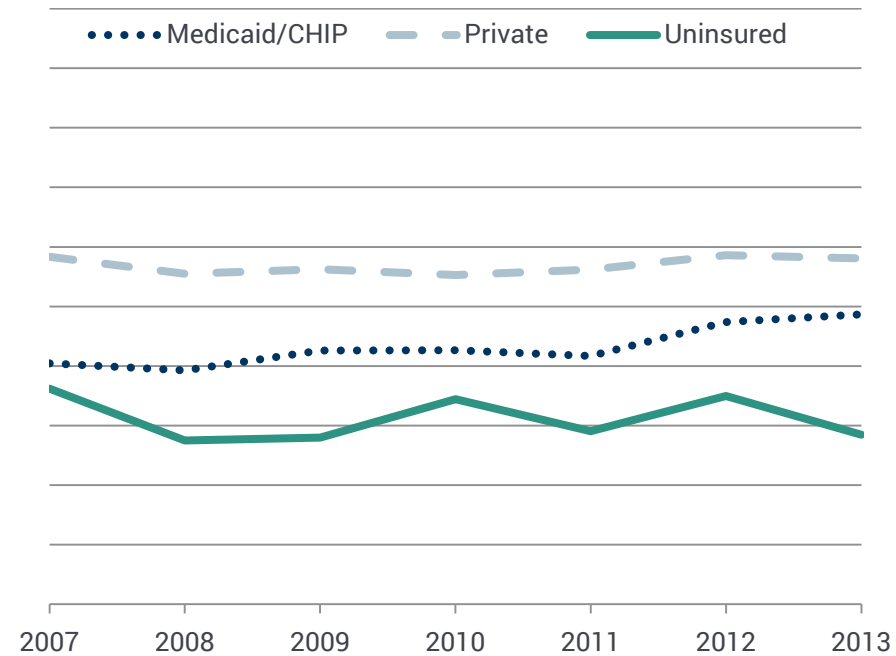
Source: MACPAC analysis of the Medical Expenditure Panel Survey Household Component.

# Share of Children With at Least One Dental Visit in the Past 12 Months, by Poverty Level and Insurance Status, 2007–2013.

## Families at or Below 138% FPL



## Families Above 138% FPL



Source: MACPAC analysis of the Medical Expenditure Panel Survey



# Children with Selected Measures of Use of Behavioral Health Care, by Poverty Level and Insurance Status, 2007-2009 and 2012-2014

	2007-2009		2012-2014	
	Seen/talked to mental health professional, past 12 months	Seen/talked to doctor for emotional/behavioral problems, past 12 months	Seen/talked to mental health professional, past 12 months	Seen/talked to doctor for emotional/behavioral problems, past 12 months
<b>All Income Levels</b>				
Medicaid/CHIP	9.1	6.7	9.7	7.3
Private	6.4	4.0*	6.5*	3.7*
Uninsured	4.0*	3.2*	4.0*	3.0*
<b>Less than 138 Percent FPL</b>				
Medicaid/CHIP	8.6	6.7	9.1	7.6
Private	7.4	6.4	7.2	3.7*
Uninsured	3.7*	N/A	3.5*	N/A
<b>Greater than 138 Percent FPL</b>				
Medicaid/CHIP	9.9	6.8	11.1	6.5
Private	6.3*	3.9*	6.4*	3.7*
Uninsured	4.2*	3.6*	4.3*	3.6*

**Notes:** \*Estimate differs from Medicaid at the P<.05 level. Mental health professionals in this question included psychiatrists, psychologists, psychiatric nurses, and clinical social workers.

N/A: Estimate is unreliable because it has a relative standard error of more than 30 percent.

**Source:** MACPAC analysis of National Health Interview Survey

## Emergency Department (ED) Visits Among Children Age 0-18 by Poverty Level and Insurance Status, 2012--2014

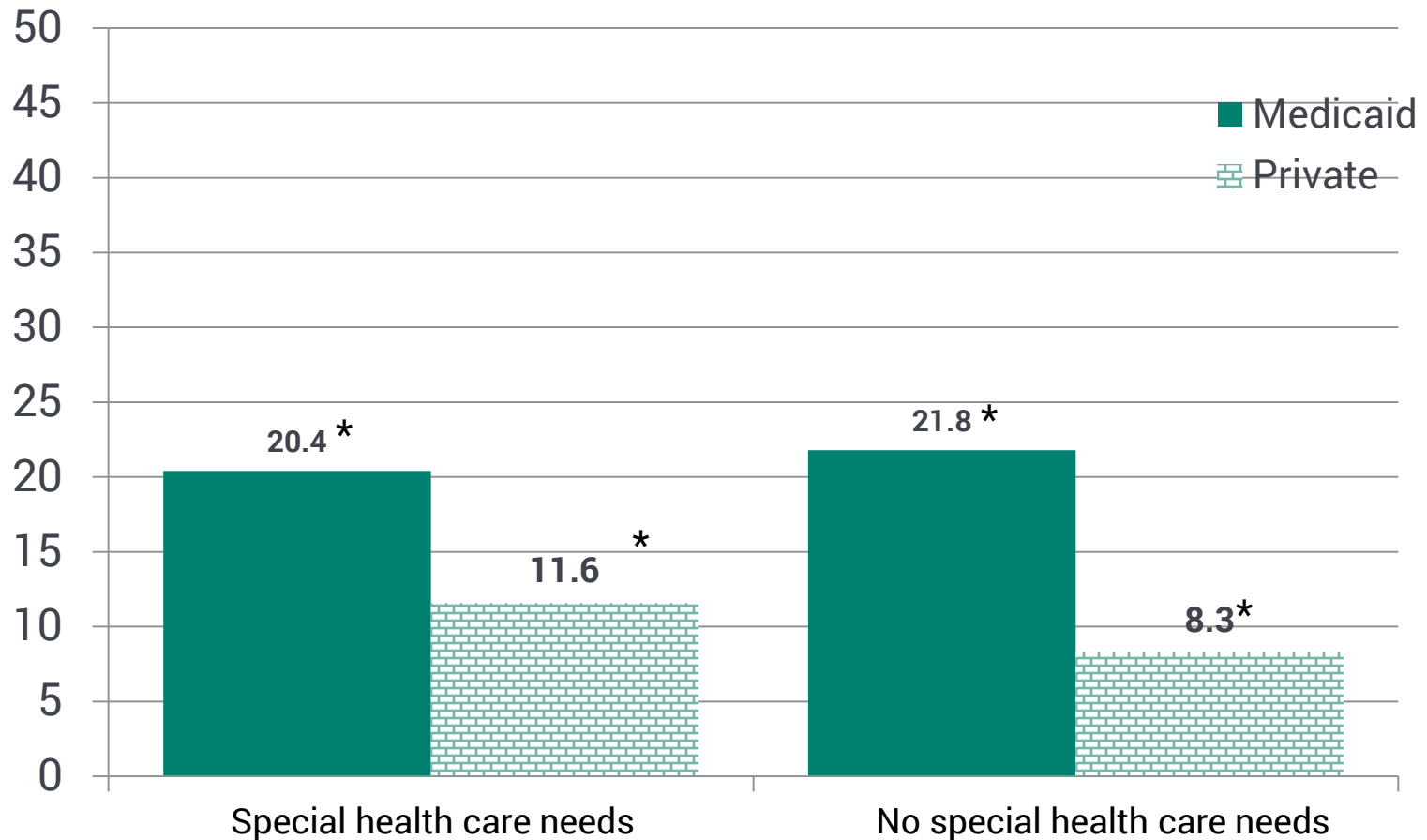
	At or below 138 percent FPL			Above 138 percent FPL		
	Medicaid	Private	*	Medicaid	Private	*
Had at least one ED visit in past 12 months	24.5%	19.0%	*	23.5%	16.4%	*
<b>Most Recent ED Visit</b>						
ED visit resulted in a hospital admission	3.6	2.7		3.2	1.5	*
Child's health provider advised them to go	5.6	4.7		4.9	3.7	
Problem was too serious for the doctor's office or clinic	9.9	8.7		9.4	6.0	*
Went to ED either at night or on the weekend	17.6	13.4	*	17.5	9.0	*
Doctor's office or clinic was not open	15.2	9.5	*	14.4	6.9	*
Didn't have another place to go	10.8	6.6	*	10.1	6.6	*

\* Difference in percentage from Medicaid//CHIP-covered children is statistically significant at p<.05 level.

Notes: ED is emergency department. Denominator for all percentages is all children in the insurance category whether or not they had an ED visit in the past 12 months. Percentages for the visit characteristics do not add to 100 percent because respondents for the child could answer affirmatively to multiple items.

Source: MACPAC analysis of National Health Interview Survey, 2007-2014.

# Figure 2. Problem Accessing Specialist Care by Children Age 0-18 with a Reported Need for Specialist Care, by Special Health Care Needs Status, 2012-2013



\* Estimate differs from Medicaid/CHIP at the P<.05 level.

FPL=federal poverty level. Asian, Pacific Islander and "other" race respondents are omitted but included in the total.

Source: MACPAC analysis of the Medical Expenditure Panel Survey Household Component.

# Provider Supply Analyses

# Provider Supply Analysis

- Supply of providers is an important determinant of access to care
- Few available data sources or studies document supply of providers serving Medicaid beneficiaries
- New MACPAC analysis identifies providers by specialty area; will be the basis of studies of who serves Medicaid beneficiaries by eligibility, diagnosis, geography and other characteristics

# Provider Supply Analysis: First Estimates

- Analysis of MSIS data using National Provider Identifier (NPI) to identify providers by specialty (nationally and by state)
- Number of Medicaid providers, and population ratios, by specialty and state
- Medicaid caseload by specialty
- Whether providers are receiving FFS or managed care payments, or both

# Contracted Studies

# Non-Emergency Medical Transportation

- Non-emergency medical transportation (NEMT) is a mandatory Medicaid benefit.
- Studies identify transportation as a barrier for low-income individuals in accessing timely, necessary and continuing medical care.
- Configurations of NEMT vary considerably by state: each program is uniquely shaped by the needs, infrastructure, geography, and policy priorities.



# Non-Emergency Transportation (continued)

- Contract with Burns & Associates
- Two major phases: background paper and data analysis
- Background paper:
  - Describes delivery models
  - Presents state specific innovations
  - Discusses studies of underutilization and overutilization of NEMT
- Phase 2 will obtain state-level data on NEMT and analyze use of specific services on days with NEMT use, number/type of NEMT trips, and other analyses to be determined

# Preventable Medical Care Analyses

- Contracting with Urban Institute to examine care for potentially preventable conditions using Medicaid data
- Investigating use of all-payer database to compare these patterns of use for potentially avoidable conditions to those of privately insured patients

# Special Solicitation

- IDIQ participants can submit letters of intent on projects relevant to MACPAC interests
- MACPAC will invite full proposals from promising letters of intent
- Access to care one of the areas specified
- Letters due in January



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