Medicaid Access in Brief: Children's Difficulties in Obtaining Medical Care

In 2014, Medicaid and the State Children's Health Insurance Program (CHIP) covered more than 40 million children at some point during the year, more than one-third of all children in the United States (CMS 2015). Given the amount of federal and state investment in this coverage, policymakers and others are interested in knowing whether these children have timely access to appropriate health care services.

We have found that children with Medicaid or CHIP coverage are as likely to have a usual source of medical care as privately insured children even when controlling for age, race and ethnicity, income level, and special health care needs status. However, children in Medicaid or CHIP are more likely than those with private coverage to report difficulties accessing medical care; these difficulties include finding a provider who will accept their insurance, obtaining a timely appointment, and obtaining a referral to a specialist.

Our findings are consistent with other studies demonstrating that children covered by Medicaid receive more health care services than children who are uninsured (MACPAC 2015a, NCHS 2015), as well as studies finding that for some access measures, families with Medicaid or CHIP coverage reported more unmet need and more difficulty obtaining medical care (even if the care is eventually obtained) than families with private coverage (MACPAC 2015a, NCHS 2015, Bisgaier and Rhodes 2011). Limited information exists on whether these differences by insurance persist when examining only low-income children, whether differences exist among children with special health care needs, and whether differences by insurance status are affected by other socioeconomic factors.

This issue brief examines the difficulties in accessing medical services reported by families with children in Medicaid or CHIP and compares their experience to families with privately insured and uninsured children. It further examines difficulties obtaining general medical care for children by age, race and ethnicity, income, and special health care needs. The surveys used for this analysis include only non-institutionalized children.

Difficulty Obtaining Medical Care by Insurance Status

Children enrolled in Medicaid or CHIP were less likely to have visited an outpatient health provider (other than in an emergency department) in the past year than those with private insurance, but were substantially more likely to have done so than uninsured children (Table 1).[1] The share of children with no visit increased with age but the differences by insurance status remained: one-third of Medicaid- or CHIP-enrolled adolescents age 12–18 were reported as not seeing an office or clinic-based provider in the past year compared to one-quarter of privately insured adolescents. In comparison, almost two-thirds of uninsured adolescents were reported as not seeing an office or clinic-based medical provider. Medicaid- or CHIP-covered children with special health care needs were less likely to have visited a medical provider than privately insured children with special health care needs.

Among children with family incomes at or below the federal poverty level (FPL), there was no difference in the share of those who had a non-emergency department medical provider visit between those covered by Medicaid or CHIP and those with private insurance. Among Hispanic and black non-Hispanic children, those with Medicaid or

CHIP were as likely to have had a visit in the past year as those who were privately insured; among white non-Hispanic children, those with Medicaid or CHIP were less likely to have had a visit than those with private insurance.

TABLE 1. Percentage of Children Age 0–18 with at Least One Non-Emergency Department Office-Based or Clinic Visit to a Medical Provider in the Past Year, by Insurance Status, 2012–2013

Characteristic of child	Visited a non-emergency department ambulatory medical care provider in past year		
	Medicaid/CHIP	Private	Uninsured
All children age 0–18	**71.9%**	**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*
Income level			
≤ 138% FPL	72.4	68.0	26.8*
> 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*

Notes: FPL is federal poverty level. Non-emergency department ambulatory medical care refers primarily to doctor visits in office-based settings and clinics. Care provided in other settings, such as a hospital, nursing home, or a person's home, is not included in this category.
* Difference from Medicaid/CHIP is statistically significant at the 0.05 level.
Source: MACPAC 2015 analysis of the Household Component of the Medical Expenditure Panel Survey, 2012–2013.

Age

The percentage of children with Medicaid or CHIP coverage and privately insured children without a usual source of medical care did not vary by age (Table 2). There were also no differences between children from birth to age four with Medicaid and CHIP and those privately insured in reported trouble finding a general doctor. Among children older than four, however, those in Medicaid or CHIP were reported as having slightly more difficulty finding a general doctor than privately insured children. Similarly, children with Medicaid or CHIP coverage were reported as having more difficulty obtaining an appointment than privately insured children in all three age groups.

TABLE 2. Percentage of Children Age 0–18 with Selected Measures of Difficulty Obtaining Medical Care, by Age Group and Insurance Status, 2014

Access measures	Age 0–4			Age 5–11			Age 12–18		
	Medicaid/ CHIP	Private	Uninsured	Medicaid/ CHIP	Private	Uninsured	Medicaid/ CHIP	Private	Uninsured
No usual source of medical care	1.8%	1.1%	15.5%*	2.2%	1.7%	20.3%*	3.4%	2.5%	33.0%*
Trouble finding a general doctor to see child	1.7	1.0	N/A	1.9	0.6*	2.7	2.2	0.6*	3.7
Doctor does not accept child's health insurance	3.3	0.9*	4.5	3.8	0.7*	3.8	3.3	0.8*	1.7
Could not get appointment soon enough, in past 12 months	5.4	2.2*	1.7*	5.2	2.6*	4.4	4.6	2.6*	3.6

Notes: N/A indicates that estimate is unreliable because it has a relative standard error of more than 30 percent.
* Difference from Medicaid/CHIP in age category is statistically significant at the 0.05 level.
Source: MACPAC 2015 analysis of National Health Interview Survey, 2014.

Race and ethnicity

Regardless of race and ethnicity, the percentage of children reporting no usual source of medical care in 2012–2014 was the same for children with Medicaid or CHIP as it was for those with private insurance coverage (Table 3). For uninsured children, Hispanic children were more likely to lack a usual source of medical care than black non-Hispanic or white non-Hispanic children.[2] One-third of uninsured Hispanic children were reported as having no usual source of medical care, compared to about one-fifth of black non-Hispanic and white non-Hispanic children. Hispanic children also were reported as having more problems getting a timely appointment compared to white non-Hispanic and black non-Hispanic children. This was true for children enrolled in Medicaid or CHIP as well as for children with private insurance.

Hispanic, white non-Hispanic, and black non-Hispanic children with Medicaid or CHIP coverage were all more likely than their privately insured counterparts to report problems with finding a doctor who accepted their health insurance and finding a general doctor to see their child. However, the percentages reporting these problems were relatively low for both Medicaid or CHIP and privately insured children; the highest reported problem was among Hispanic children with Medicaid or CHIP coverage—6.9 percent were reported to be unable to get an appointment soon enough.

TABLE 3. Percentage of Children Age 0–18 with Selected Measures of Difficulty Obtaining Medical Care, by Race and Ethnicity and Insurance Status, 2012–2014

	Hispanic			White non-Hispanic			Black non-Hispanic		
Access measures	Medicaid/ CHIP	Private	Uninsured	Medicaid/ CHIP	Private	Uninsured	Medicaid/ CHIP	Private	Uninsured
No usual source of medical care	2.9%	3.0%	33.5%*	2.7%	1.8%	22.7%*	2.1%	2.6%	21.9%*
Trouble finding a general doctor to see child	1.8	1.1*	4.1*	2.4	0.6*	2.5	2.0	0.8*	N/A
Doctor does not accept child's health insurance	3.2	1.6*	2.4	5.0	1.0*	N/A	3.4	1.3*	N/A
Could not get appointment soon enough, in past 12 months	6.9	4.1*	3.8*	4.5	2.4*	3.5	4.6	2.5*	N/A

Notes: N/A indicates that estimate is unreliable because it has a relative standard error of more than 30 percent.
* Difference from Medicaid/CHIP is statistically significant at the 0.05 level.
Source: MACPAC 2015 analysis of National Health Interview Survey, 2012–2014.

Income level

Because lower income children have generally poorer health and more financial and social barriers to receiving care (e.g., less ability to pay for cost sharing, less access to transportation, and less flexibility of caregivers to take time off work to bring children to appointments), we compared access measures among children above and below 138 percent FPL (MACPAC 2015a, 2012; NCHS 2015).

Low-income children with Medicaid or CHIP were actually more likely to report a usual source of medical care than those with private coverage. On the other hand, low-income children with Medicaid or CHIP coverage were reported to have more difficulty finding a doctor who would accept their insurance and making an appointment than privately insured children in that income group. Uninsured children, whether their family income was more or less than 138 percent FPL, were considerably less likely to have a usual source of medical care than either privately insured or Medicaid- or CHIP-covered children (Table 4). In families with income at or below 138 percent FPL (low-income), uninsured children did not report higher rates of difficulty in getting an appointment than others, but low-income uninsured children were reported as having difficulty finding a general doctor at somewhat higher rates.[3]

Children in families with income above 138 percent FPL (higher-income children) with Medicaid or CHIP coverage were somewhat more likely to report problems making an appointment soon enough and finding a doctor than their privately insured counterparts. Among higher-income children, Medicaid- or CHIP-covered children also had more difficulties both in making an appointment and in finding a doctor to take their insurance. The differences were not large, with less than 6 percent of children reporting these problems in 2014 (Table 4). Moreover, the

prevalence of such problems does not appear to be increasing for children in any category—either above or below 138 percent of FPL for children with Medicaid or CHIP, private coverage, or no coverage (MACPAC 2015a).

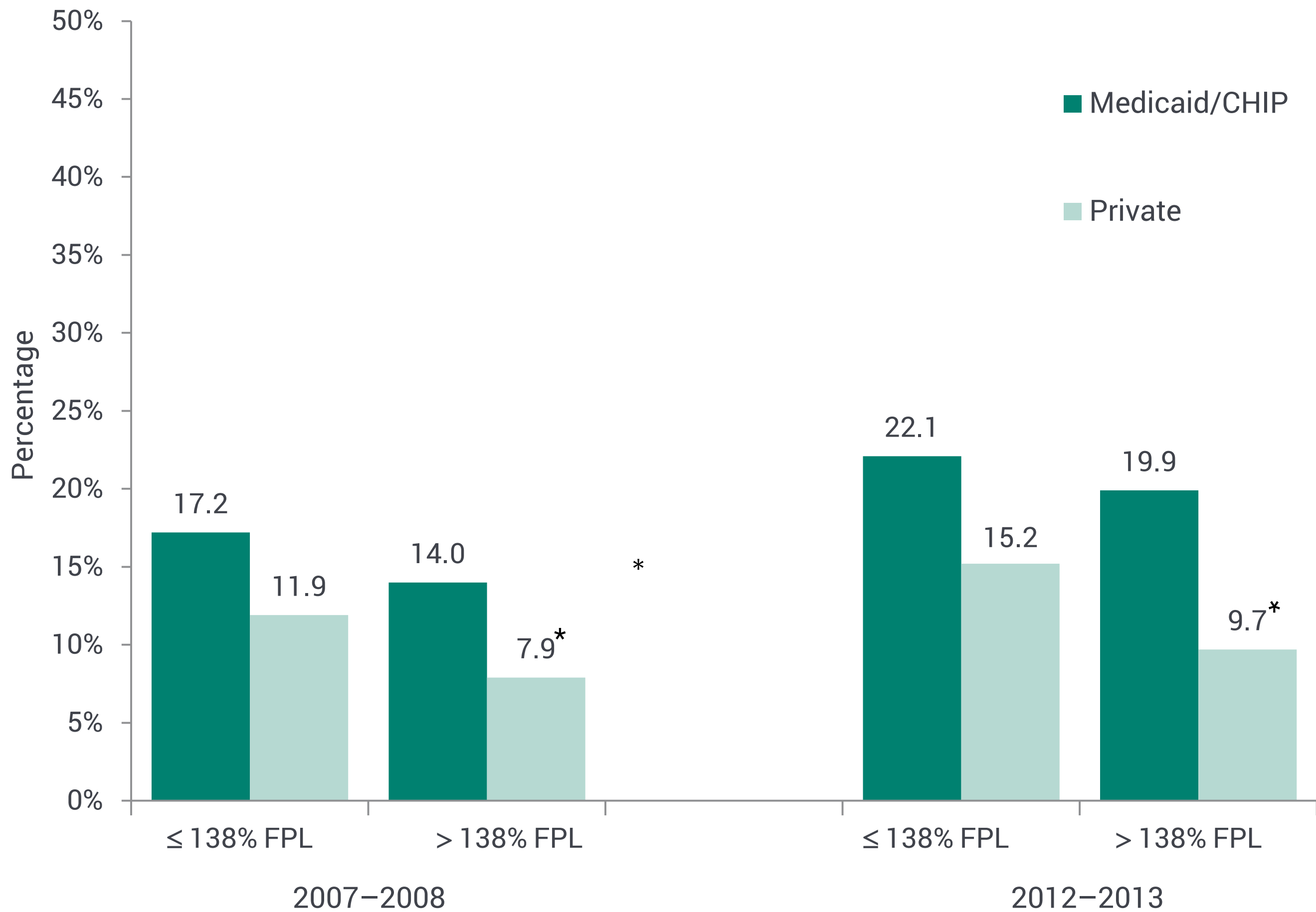
TABLE 4. Percentage of Children Age 0–18 with Selected Measures of Difficulty Obtaining Medical Care, by Income Level and Insurance Status, 2012–2014

	Less than or equal to 138 percent FPL			Greater than 138 percent FPL		
Access measures	Medicaid/ CHIP	Private	Uninsured	Medicaid/ CHIP	Private	Uninsured
No usual source of medical care	2.7%	5.0%*	36.0%*	2.5%	1.9%	21.7%*
Trouble finding a general doctor to see child	2.0	1.3	4.1*	2.1	0.7*	2.4
Doctor does not accept child's health insurance	3.5	2.4*	N/A	4.7	0.9*	N/A
Could not get appointment soon enough, in past 12 months	5.6	3.1*	4.3	5.1	2.6*	2.7*

Notes: FPL is federal poverty level.. N/A indicates that estimate is unreliable because it has a relative standard error of more than 30 percent.
* Difference from Medicaid/CHIP is statistically significant at the 0.05 level.
Source: MACPAC 2015 analysis of National Health Interview Survey, 2012–2014.

Children with Medicaid or CHIP were reported as having more problems obtaining specialist care when respondents thought it was needed than privately insured children in 2007–2009, and again in 2012–2013 (Figure 1). In 2012–2013, about one in five of both low-income and higher-income Medicaid- or CHIP-covered children in need of specialist services had difficulty obtaining them. About 14 percent of all Medicaid- or CHIP-covered children and 9 percent of privately insured children had a perceived need for specialty care (MACPAC 2015b). Among children with family income above 138 percent FPL, Medicaid- or CHIP-enrolled children had more difficulty obtaining needed specialist care than privately insured children in both time periods. The differences in percentages from 2007–2009 to 2012–2013 within each income group and insurance status were not statistically significant.

FIGURE 1. Percentage of Children Age 0–18 with a Reported Problem Accessing Specialist Care, by Income Level and Insurance Status, 2007–2008 and 2012–2013



Notes: FPL is federal poverty level.
* Difference from Medicaid/CHIP is statistically significant at the 0.05 level.
Source: MACPAC 2015 analysis of the Medical Expenditure Panel Survey, 2007–2008 and 2012–2013.

Special health care needs

Given concerns as to whether children with special health care needs have more access barriers than other children because of their need for specialized services, we considered how the presence of special needs affects access for children with different sources of insurance (Kuo et al. 2014).

The presence of special health care needs did not affect whether children were likely to have a usual source of medical care, and the percentage of children with a usual source of care did not significantly differ by insurance status in either of the reporting periods (Table 5).[4] However, regardless of insurance type, children with special health care needs were reported as having more difficulty accessing medical services than children without special health care needs. Regardless of special health care needs status, children enrolled in Medicaid or CHIP were reported as having more difficulty accessing medical services than children with private insurance coverage.

Children with special health care needs who had Medicaid or CHIP coverage had more reported problems obtaining an appointment and finding a doctor who would accept their health insurance than those with special health care needs covered by private insurance. In 2011, almost 10 percent of children with special health care needs with Medicaid or CHIP could not obtain an appointment soon enough, compared to about 6 percent of privately insured children with special health care needs.

TABLE 5. Percentage of Children Age 0–18 with Selected Measures of Difficulty Obtaining Medical Care, by Special Health Care Needs and Insurance Status, 2011 and 2014

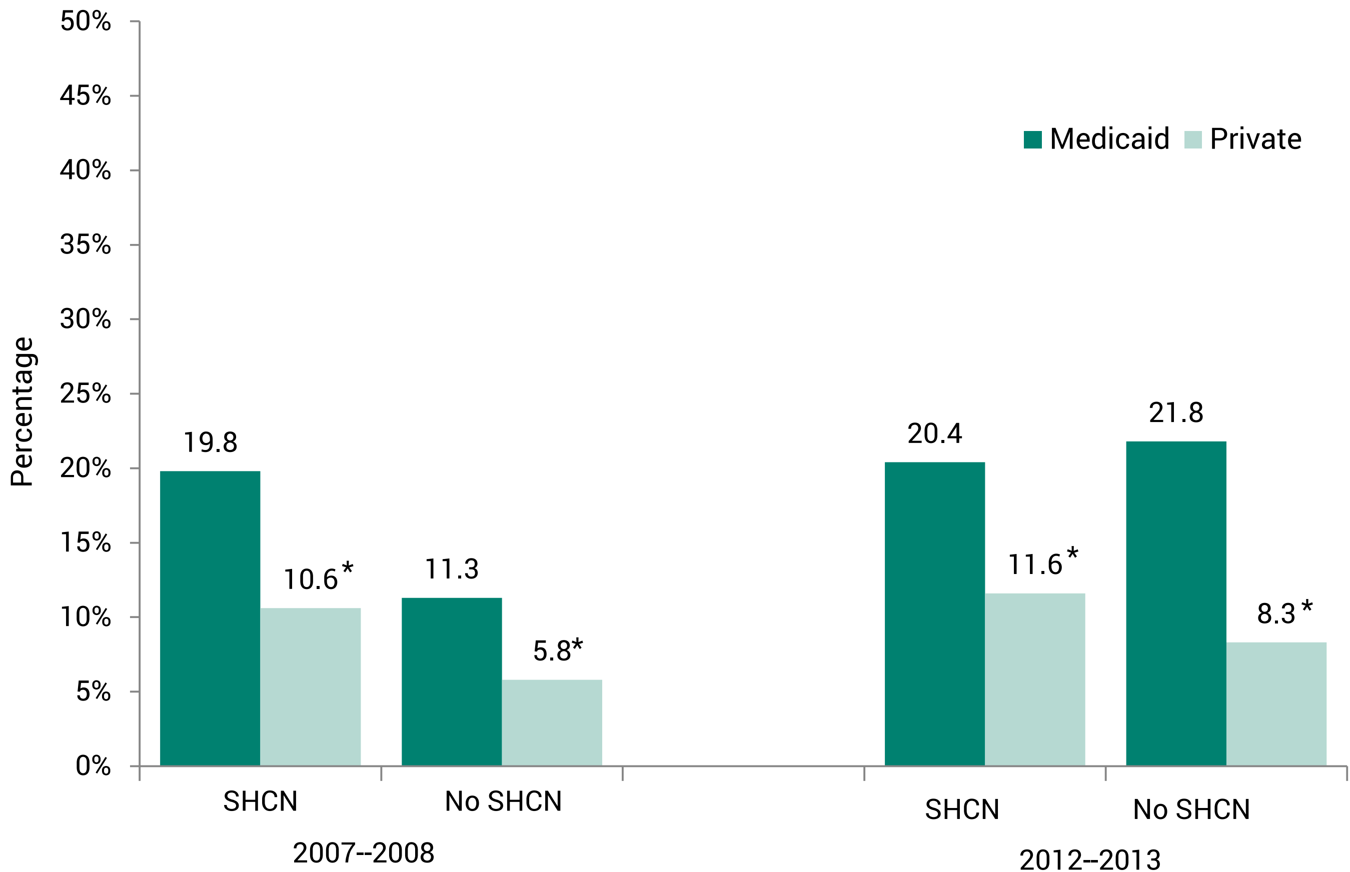
	2011				2014			
	Has special health care needs		No special health care needs		Has special health care needs		No special health care needs	
Access measures	Medicaid/ CHIP	Private	Medicaid/ CHIP	Private	Medicaid/ CHIP	Private	Medicaid/ CHIP	Private
No usual source of medical care	1.5%	0.6%	2.5%	1.8%	1.3%	1.0%	2.7%	2.0%
Trouble finding a general doctor to see child	4.1	1.7*	1.7	0.7	4.1	0.6*	1.4	0.7
Doctor does not accept child's health insurance	7.0	2.4*	4.0	1.0*	6.4	1.4*	2.8	0.7*
Could not get appointment soon enough, in past 12 months	9.7	6.0*	5.3	3.0*	8.9	4.6*	4.1	2.2*

* Difference from Medicaid/CHIP is statistically significant at the 0.05 level.
Source: MACPAC 2015 analysis of the Household Component of the Medical Expenditure Panel Survey for years 2011 and 2014.

Children with special health care needs also were reported as having more problems obtaining specialist care when they thought they needed it than did children without special health care needs (Figure 2). Children with Medicaid or CHIP coverage were reported as having greater difficulty obtaining needed specialist care than did children with private coverage regardless of their special health care needs status.

The percentage of children with problems accessing needed specialist care increased significantly over time only among Medicaid- or CHIP-covered children with no special health care needs, from about 11 percent in 2007–2008 to about 22 percent in 2012–2013. The percentage of children with no special health care needs did not increase between 2007–2008 to 2012–2013 for Medicaid- or CHIP-covered children, or for privately insured children in either special health care needs category.

FIGURE 2. Percentage of Children Age 0–18 with a Reported Problem Accessing Specialist Care, by Special Health Care Needs and Insurance Status, 2007–2008 and 2012–2013



Notes: SHCN is special health care needs.
* Difference from Medicaid/CHIP is statistically significant at the 0.05 level.
Source: MACPAC 2015 analysis of the Household Component of the Medical Expenditure Panel Survey, 2007–2008 and 2012–2013.

Data and methods

All differences discussed in the text of this brief are computed using Z-tests and are significant at the 0.05 level.

Data sources

Data for this report come from the National Health Interview Survey (NHIS) and the Household Component of the Medical Expenditures Panel Survey (MEPS-HC). NHIS data were collected continuously throughout the year for the Centers for Disease Control and Prevention's National Center for Health Statistics by interviewers from the U.S. Census Bureau. The NHIS collects information about the health and health care of the U.S. civilian non-institutionalized population. Interviews are conducted at respondents' homes, and follow-up interviews may be conducted by phone. The MEPS-HC is a nationally representative longitudinal survey that collects detailed information on health care utilization and expenditures, health insurance, and health status, as well as on a wide

variety of social, demographic, and economic characteristics for the U.S. civilian non-institutionalized population. For more information on the NHIS, see http://www.cdc.gov/nchs/nhis/about_nhis.htm. For more information on the MEPS-HC see http://www.meps.ahrq.gov/mepsweb/about_meps/survey_back.jsp.

Insurance coverage

The following hierarchy was used to assign individuals with multiple coverage sources to a primary source: Medicare, private, Medicaid or CHIP, other, uninsured for the past 12 months. Not separately shown are the estimates for those covered by any type of military health plan or other government-sponsored programs. Coverage source is defined as of the time of the survey interview. Because an individual may have multiple coverage sources and because sources of coverage may change over time, responses to survey questions may reflect characteristics or experiences associated with a coverage source other than the one assigned in this brief. Private health insurance coverage excludes plans that cover only one type of service, such as accident or dental insurance. The Medicaid or CHIP category also includes persons covered by other state-sponsored health plans. Medicaid and CHIP coverage are combined because it was determined through validation processes that respondents could not accurately distinguish between the two programs. Individuals were defined as uninsured if they did not have any private health insurance, Medicaid, CHIP, Medicare, state- or other government-sponsored health plan, or military plan during the past year. Individuals were also defined as uninsured if they had only Indian Health Service coverage or had only a private plan that paid for one type of service, such as accident or dental coverage only.

Children with special health care needs

In both the NHIS and the MEPS, children with special health care needs are identified through a series of questions that ask about the need for or use of medicines prescribed by a doctor; the need for or use of more medical care, mental health, or education services than is usual for most children; being limited in or prevented from doing things most children can do; the need for or use of special therapy such as physical, occupational, or speech therapy; and the need for or use of treatment or counseling for emotional, developmental, or behavioral problems. Parents or other respondents who responded yes to any of the initial questions in the sequence were then asked to respond to up to two follow-up questions about whether the health consequence was attributable to a medical, behavioral, or other health condition lasting or expected to last at least 12 months. Children with positive responses to all of the follow-up questions for at least one of the five health consequences were identified as having a special health care need.

Access questions

The following questions from the NHIS were used to assess difficulties in obtaining medical care:

- Is there a place that [child] USUALLY goes when [fill2: he/she] is sick or you need advice about [fill3: his/her] health?
- DURING THE PAST 12 MONTHS, were you told by a doctor’s office or clinic that they did not accept [fill: alias]’s health care coverage?
- DURING THE PAST 12 MONTHS, did you have any trouble finding a general doctor or provider who would see [fill: alias]?

- There are many reasons people delay getting medical care. Have you delayed getting care for [fill: alias] for any of the following reasons IN THE PAST 12 MONTHS. (One of the follow-up choices is then: You couldn't get an appointment for [child] soon enough.)

The following questions from the MEPS-HC were used to assess difficulties in obtaining medical care:

- In the last 12 months, did you or a doctor think [you/[PERSON]] needed to see a specialist?
- Persons with a yes response were asked, In the last 12 months, how often was it easy to see a specialist that [you/[PERSON]] needed to see? If they responded never or sometimes, they were considered to have a problem accessing specialist care.

The number of medical provider visits is computed based on quarterly reports made by respondents who record visits per survey instructions and subsequent follow-back to providers who confirm that visits were made.

Endnotes

[1] Medical provider visits consist of encounters that took place primarily in office-based settings, clinics, and hospital outpatient departments. Care provided in other settings such as a hospital, nursing home, or a person's home was not included in this category.

[2] Emergency departments are not included as usual sources of medical care.

[3] The Patient Protection and Affordable Care Act (ACA, P.L. 111-148, as amended) set the mandatory income eligibility threshold for all children at 138 percent FPL; prior to the ACA, the mandatory eligibility levels for children in Medicaid differed by age—states were required to cover infants and children age 1–5 in Medicaid up to 133 percent FPL and children age 6–18 up to 100 percent FPL. Despite being eligible, some children do not enroll and remain uninsured. In 2012, an estimated 2.4 million uninsured children (45.1 percent of uninsured children) were eligible for public coverage and had income under 138 percent FPL (Kenney et al. 2015). The ACA set a single income eligibility disregard equal to 5 percentage points of the FPL. For this reason, eligibility is often referred to at its effective level of 138 percent FPL, even though the federal statute specifies 133 percent FPL.

[4] This definition includes children with at least one diagnosed or parent-reported condition expected to be an ongoing health condition, who also meet at least one of five criteria related to elevated service use or elevated need: The child is limited or prevented in his or her ability to do things most children of the same age can do; the child needs or uses medications prescribed by a doctor (other than vitamins); the child needs or uses specialized therapies such as physical, occupational, or speech therapy; the child has above-routine need for or use of medical, mental health, home care, or education services; or the child needs or receives treatment or counseling for an emotional, behavioral, or developmental problem.

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