

Medicaid Access in Brief: Adults' Experiences in Obtaining Medical Care

An important measure of Medicaid's performance is the timeliness of beneficiary access to appropriate health care services. States are obligated to monitor access in their programs. Fee-for-service requirements are spelled out under a final rule that the Centers for Medicare & Medicaid Services issued in October 2015 (CMS 2015). A more recent managed care regulation requires managed care entities to develop standards to ensure that they will have a sufficient number of providers to treat patients covered by Medicaid; the regulation also outlines how these entities must monitor access in their enrolled populations (CMS 2016).

In 2012, Medicaid covered more than 16 million nonelderly adults (MACPAC 2015). Several studies have found that when adults with similar income and health status are compared, Medicaid-enrolled and privately insured adults have similar rates of health care use (MACPAC 2012). However, low-income adults are less likely than higher-income adults to have had a visit with a health professional in the past 12 months even though low-income adults have higher rates of disability, are more likely to have multiple chronic conditions, and have worse self-reported health status than higher-income adults (NCHS 2016). Black non-Hispanic and Hispanic adults also report worse self-reported health status and more disability than white non-Hispanic adults.

In considering whether adults enrolled in Medicaid can access services, it is important to look not only at utilization rates but also at how easily care can be obtained. Many factors can affect ease of access to needed care, for example, the availability of providers who will accept a person's insurance (including Medicaid), the ease in making an appointment with a given provider, the ability of a patient to pay for care, and how hard it is to arrange transportation to and from health care facilities. In this issue brief, MACPAC compares difficulties adults with Medicaid have in obtaining medical care with difficulties experienced by comparable groups of adults with private insurance and uninsured adults to see whether and to what extent differences in access are associated with insurance status, by income level, presence of a disability, or race and ethnicity.

Our analysis of data from the National Health Interview Survey (NHIS) finds that non-institutionalized adults with Medicaid are as likely to have a usual source of medical care as those with private coverage. At the same time, adults with Medicaid report many more barriers to care than adults with private coverage when we compare them by income, disability, and race and ethnicity. These barriers include delays in receiving care due to transportation problems, difficulty finding providers who accept their insurance, and inability to find a general doctor who will treat them. On average, Medicaid enrollees report more delays in getting a medical appointment than do privately insured adults. They are also more likely to report problems in obtaining needed services from specialists, even after controlling for income and disability



status. However, when compared to adults who are uninsured, adults with Medicaid are substantially less likely to experience most barriers to care.

Our findings are consistent with other studies demonstrating that adults covered by Medicaid experience a level of access to care that is comparable to adults with private insurance on several access measures (notably, on the measure of having a usual source of medical care), and that they have better access to care than adults who are uninsured. Our findings are also consistent with prior study findings that show that Medicaid enrollees report greater difficulty obtaining care from specialists when controlling for characteristics such as income, health status, and demographic factors that affect health status (for example, marital status and education) (Nguyen and Sommers 2016, GAO 2012, MACPAC 2012).

Difficulty Obtaining Medical Care by Insurance Status

Medicaid enrollees were as likely to have seen a doctor in the past year as privately insured adults and considerably more likely to have seen a doctor than uninsured adults (MACPAC 2015). Medicaid enrollees were also as likely to report having seen a medical specialist as privately insured adults—and more than three times more likely than uninsured adults to have done so. Medicaid enrollees were more likely to have had a hospitalization or emergency room visit in the past year than adults who are privately insured. That said, people with Medicaid still reported greater difficulty accessing these health care services. The experiences of adults with Medicaid in seeking care are described below.

Race and ethnicity

Regardless of race and ethnicity, adults with Medicaid coverage reported greater difficulty than privately insured adults on many access measures (Table 1). In the appointment wait-time measure, Hispanic adults with Medicaid were more likely to wait more than two weeks for an appointment than Hispanic adults with private coverage. The amount of time white non-Hispanic adults had to wait before they could get an appointment did not differ between those covered by Medicaid and those with private insurance.

Although few large differences exist among racial and ethnic groups in reported difficulties in accessing care, one exception is that black non-Hispanic adults with Medicaid coverage were less likely to report not having a usual source of medical care than white non-Hispanic or Hispanic adults with Medicaid coverage. Another exception is that Hispanic adults—both those with Medicaid and those with private insurance—reported worrying more about paying for medical bills than white or black non-Hispanic adults.



TABLE 1. Percentage of Adults Age 19–64 with Selected Measures of Difficulty Obtaining Medical Care, by Race and Ethnicity and Insurance Status, 2014

Access measure	Hispanic			White non-Hispanic			Black non-Hispanic		
	Medicaid	Private	Uninsured	Medicaid	Private	Uninsured	Medicaid	Private	Uninsured
No usual source of medical care	11.0%	12.0%	52.7%*	11.7%	9.7%	46.8%*	6.0%	10.7%*	47.2%*
Did not obtain specified type of needed care due to cost									
Medical care, past 12 months	5.3	4.3	16.4*	10.0	4.0*	29.5*	8.0	6.6	29.0*
Specialist care, past 12 months	4.9	3.4	10.4*	8.5	2.5*	14.6*	6.2	3.1*	13.3*
Eyeglasses, past 12 months	10.6	4.8*	13.4	14.2	3.4*	19.9*	9.1	5.4*	15.7*
Follow-up care, past 12 months	5.5	2.9*	10.3*	6.0	2.0*	13.7*	3.4	2.5	12.6*
Prescription medicines, past 12 months	8.8	4.7*	12.8*	14.1	3.8*	21.5*	10.0	7.0	22.5*
Worried about paying medical bills	58.4	58.3	86.8*	45.1	43.4	80.8*	40.2	45.9*	81.1*
Had trouble finding general doctor, past 12 months	4.2	2.3	3.7	5.7	2.3*	5.0	4.6	2.0*	5.8
Was told that health care coverage not accepted, past 12 months	3.4	2.3	2.4	9.3	2.2*	2.7*	6.4	2.5*	4.0
Delayed care for specified reason									
Unable to get appointment soon enough	9.3	5.7*	4.4*	8.1	4.7*	4.2*	4.7	5.3	4.7
Unable to get through by phone	4.5	1.7*	2.2*	4.0	1.7*	3.1	3.1	2.2	3.9
Doctor's office not open	4.6	2.9	3.2	2.9	2.5	2.7	2.6	2.2	2.3
Cost of care	5.1	5.8	19.7*	12.3	7.0*	35.4*	8.7	8.1	31.6*
Lacked transportation	3.9	1.0*	2.3	5.7	0.3*	2.6	7.8	1.5*	4.2*
Appointment wait time									
Same day or walk in	20.7	21.3	40.8*	19.8	22.5	32.9*	23.6	20.3	33.1*
Less than one week	32.0	36.0	26.3	34.6	35.3	32.2	30.6	37.2	30.6
One to two weeks	26.4	30.1	21.8	28.4	27.0	24.7	28.6	31.6	24.3
More than two weeks	20.9	12.6*	11.1*	17.2	15.2	10.2*	17.3	10.8*	12.1

Note: * Difference from Medicaid, within race and ethnicity category, is statistically significant at the 0.05 level.

Source: MACPAC, 2016, analysis of National Health Interview Survey, 2014.



Income level

Among adults with incomes below 138 percent of the federal poverty level (FPL), those with private insurance were twice as likely to lack a usual source of medical care as adults with Medicaid (Table 2). For adults in families above 138 percent FPL, there was no difference in the percentage of Medicaid-covered and privately insured adults who reported no usual source of medical care. Almost half of uninsured adults lacked a usual source of medical care, compared to 19 percent of low-income adults with private insurance and 10 percent of low-income adults with Medicaid.

TABLE 2. Percentage of Adults Age 19–64 with Selected Measures of Difficulty Obtaining Medical Care, by Income Level and Insurance Status, 2014

Access measure	Less than or equal to 138 percent FPL			Greater than 138 percent FPL		
	Medicaid	Private	Uninsured	Medicaid	Private	Uninsured
No usual source of medical care	9.5%	19.0%*	49.9%*	10.8%	9.6%	47.3%*
Did not obtain specified type of needed care due to cost						
Medical care, past 12 months	8.9	9.7	27.7*	6.5	3.6*	20.9*
Specialist care, past 12 months	7.5	5.5	14.9*	6.0	2.3*	10.4*
Eyeglasses, past 12 months	12.2	9.9	18.6*	10.2	3.1*	14.7*
Follow-up care, past 12 months	5.7	5.0	13.6*	4.0	1.9*	10.4*
Prescription medicines, past 12 months	11.6	9.1	22.5*	10.8	3.7*	14.1
Worried about paying medical bills	46.1	55.2*	83.6*	51.6	44.5*	81.6*
Had trouble finding general doctor, past 12 months	5.9	2.6*	6.5	2.7	2.2	3.2
Was told that health care coverage not accepted, past 12 months	6.7	3.3*	3.7*	6.9	2.1*	2.1*
Delayed care for specified reason						
Unable to get appointment soon enough	8.0	5.2*	5.0*	6.4	4.8	3.6*
Unable to get through by phone	4.5	1.6*	3.3	2.4	1.7	2.3
Doctor's office not open	3.4	2.0*	2.8	2.6	2.4	2.7
Cost of care	10.3	12.3	30.6*	7.7	6.2	26.0*
Lacked transportation	6.9	2.4*	4.3*	2.3	0.3*	1.5
Appointment wait time						
Same day or walk in	22.1	26.3	35.4*	21.2	21.9	37.1*
Less than one week	33.0	35.8	29.4	32.6	35.3	29.7
One to two weeks	26.8	25.8	23.1	29.9	28.2	23.3*
More than two weeks	18.2	12.0*	12.1*	16.3	14.6	9.9*

Notes: FPL is federal poverty level.

* Difference from Medicaid, within income category, is statistically significant at the 0.05 level.

Source: MACPAC, 2016, analysis of National Health Interview Survey, 2014.



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There were no differences between low-income adults with Medicaid and private insurance in the percentage who did not receive needed care due to cost (Table 2). Even so, higher-income adults with Medicaid were more likely than higher-income adults with private insurance to be unable to get needed care because they could not afford it. This may be the case because the higher income group is more likely to consist of individuals qualifying on the basis of disability who need long-term services and supports or other high-cost services that may not be covered by Medicaid.

Low-income adults with Medicaid coverage were more likely to wait more than two weeks for an appointment than their privately insured low-income counterparts (Table 2). There were no differences in the percentage of Medicaid and privately insured higher-income adults who delayed care, with the exception of delays related to transportation, where higher-income adults with Medicaid reported more problems.

The need to see a specialist physician did not vary by income level, with almost one-third of all adults—whether with Medicaid or private insurance and whether higher- or low-income—reporting they needed specialist care (Table 3). Low-income adults with Medicaid coverage were less likely than those with private insurance to report that they always find it easy to obtain specialist care. Higher-income adults with Medicaid coverage were also less likely than those with private insurance to report that they always find it easy to obtain specialist care, and they were more likely to report that it was never easy.

TABLE 3. Percentage of Adults Age 19–64 with a Reported Problem Accessing Specialist Care, by Income Level and Insurance Status, 2013

Access measure	Less than or equal to 138 percent FPL		Greater than 138 percent FPL	
	Medicaid	Private	Medicaid	Private
Needed to see specialist, past 12 months	30.4%	27.9%	32.1%	33.6%
How easy was it to see a specialist, past 12 months (among those with reported need)				
Never easy	11.9	11.8	8.2	2.8*
Sometimes easy	22.3	11.2*	18.8	10.7*
Usually easy	28.8	33.1	29.5	30.3
Always easy	37.0	43.9*	43.5	56.2*

Notes: FPL is federal poverty level.

* Difference from Medicaid, within income category, is statistically significant at the 0.05 level.

Source: MACPAC, 2016, analysis of the Medical Expenditure Panel Survey, 2013.

Disability status

Because many adults qualify for Medicaid on the basis of a disability, we examined whether access barriers differ when individuals have physical, mental, or cognitive limitations that affect their ability to perform daily activities. Persons with disabilities often have health and medical needs stemming from their disability or from an underlying condition, co-occurring conditions, or common risk factors. Therefore, they may have greater need for both general and specialty care than adults without disabilities.



TABLE 4. Percentage of Adults Age 19–64 with Selected Measures of Difficulty Obtaining Medical Care, by Disability Status and Insurance Status, 2014

Access measure	Has disability		No disability	
	Medicaid	Private	Medicaid	Private
No usual source of medical care	7.9%	8.3%	11.3%	10.9%
Did not obtain specified type of needed care due to cost				
Medical care, past 12 months	12.6	10.1*	4.6	2.7*
Specialist care, past 12 months	12.8	7.7*	2.5	1.4*
Eyeglasses, past 12 months	19.5	10.0*	5.3	2.2*
Follow-up care, past 12 months	8.6	6.4*	2.2	1.1*
Prescription medicines, past 12 months	19.0	10.6*	5.2	2.6*
Worried about paying medical bills	47.8	58.0*	48.8	42.3*
Had trouble finding general doctor, past 12 months	8.2	4.3*	2.3	1.7
Was told that health care coverage not accepted, past 12 months	11.2	4.4*	3.4	1.6*
Delayed care for specified reason				
Unable to get appointment soon enough	11.5	10.4	4.3	3.5
Unable to get through by phone	6.7	3.4*	1.7	1.3
Doctor's office not open	4.6	4.5	1.9	1.9
Cost of care	13.9	15.1	5.9	4.7
Lacked transportation	10.1	15.1*	1.6	0.3*
Appointment wait time				
Same day or walk in	16.4	20.6*	25.5	22.6
Less than one week	32.6	36.5	33.0	35.1
One to two weeks	27.8	27.6	27.9	28.0
More than two weeks	23.2	15.4*	13.5	14.3

Note: * Difference from Medicaid, within disability status, is statistically significant at the 0.05 level.

Source: MACPAC, 2016, analysis of the National Health Interview Survey, 2014.

In general, we found that adults 19–64 with a disability reported more barriers to care than adults without a disability (Table 4). When adults were categorized by disability status and compared according to insurance coverage, those with Medicaid coverage and those with private insurance reported having no usual source of medical care at the same rate in both disability status categories (Table 4).

Among adults without a disability, Medicaid-covered adults and privately insured adults reported similar rates of delayed care, with the exception of delays due to transportation issues, for which adults with Medicaid reported more problems (Table 4). Among adults with a disability, however, Medicaid-covered adults reported fewer delays due to transportation issues than did privately insured adults, although the percentage is quite small for both groups.

Adults with a disability covered by Medicaid were more likely to wait more than two weeks for a medical appointment than privately insured adults with a disability (Table 4). Among adults with no disability, waiting time for an appointment did not differ by insurance status. Additionally, privately insured disabled adults were more likely to receive a same-day or walk-in appointment than those covered through Medicaid.

Not surprisingly, adults with a disability were more likely to report the need for specialist care than adults with no disability (Table 5). In both disability categories, adults covered by Medicaid reported less ease of access to specialists than privately insured adults.

TABLE 5. Percentage of Adults Age 19–64 with a Reported Problem Accessing Specialist Care, by Disability Status and Insurance Status, 2013

Access measure	Has disability		No disability	
	Medicaid	Private	Medicaid	Private
Needed to see specialist, past 12 months	50.3%	56.6%*	19.9%	29.5%*
How easy was it to see a specialist, past 12 months (among those with reported need)				
Never easy	10.7	4.4*	11.1	2.9*
Sometimes easy	21.7	11.6*	21.1	10.5*
Usually easy	30.4	34.0	25.0	29.3
Always easy	37.3	50.0*	42.9	57.4*

Note: * Difference from Medicaid, within disability status, is statistically significant at the 0.05 level.

Source: MACPAC 2016 analysis of the Medical Expenditure Panel Survey, 2013.

Data and Methods

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

Data sources

Data for this report come from the 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 use 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, 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 program. 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 report. Private health insurance coverage excludes plans that cover only one type of service, such as accident or dental insurance. The Medicaid category also includes persons covered by other state-sponsored health plans. Individuals are defined as uninsured if they did not have any private health insurance, Medicaid, State Children's Health Insurance Program (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.

Disability

In the NHIS, an adult is classified as having any disability if, based on a series of questions, they reported any of the following:

- limitations or difficulties in movement (walking, standing, bending or kneeling, reaching overhead, or using the hands and fingers);
- sensory or emotional limitations (e.g., feelings that interfere with accomplishing daily activities);
- limitations in mental functioning that are associated with a health problem (e.g., confusion or difficulties remembering);
- self-care limitations;
- social limitations; or
- work limitations.

In the MEPS-HC, adults with activity disability are identified as receiving help or supervision with instrumental activities of daily living, receiving help or supervision with activities of daily living, or having difficulty in performing certain specific physical actions (called functional and activity limitations). Individuals who identified having a limitation in any of the pertinent rounds of questions were included as adults with a disability in our analysis.

Access questions

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

- Is there a place that you USUALLY go to when you are sick or need advice about your health?
- If you get sick or have an accident, how worried are you that you will be able to pay your medical bills?
- DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it? (If yes, respondents were probed for specific types of providers or services they did not receive due to cost.)



- DURING THE PAST 12 MONTHS, did you have any trouble finding a general doctor or provider who would see you?
- DURING THE PAST 12 MONTHS, were you told by a doctor's office or clinic that they would not accept you as a new patient?
- DURING THE PAST 12 MONTHS, were you told by a doctor's office or clinic that they did not accept your health care coverage?
- There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS? (Responses included could not get through on telephone, couldn't get an appointment soon enough, cost of care, doctor's office was not open when you could get there, or lacked transportation).
- DURING THE PAST 12 MONTHS, [have you delayed seeking medical care/has medical care been delayed for anyone in the family] because of worry about the cost?

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?"
- The number of medical provider visits was computed based on quarterly reports made by respondents who recorded visits per survey instructions and subsequent follow-up inquiries to providers to confirm that visits were made.

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