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Peter C. Damiano
University of Iowa

Margaret C. Tyler
University of Iowa

Jean C. Willard
University of Iowa

Please see article for additional authors.

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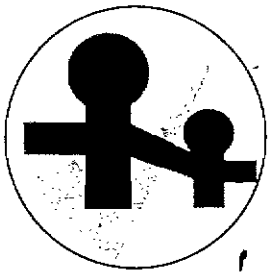

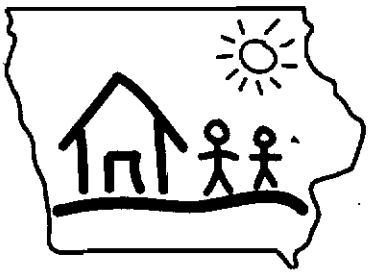

Children in Medicaid

Access to care and health status compared to all children in Iowa

A Report to the Iowa Department of Human Services

Peter C. Damiano, DDS, MPH
Professor and Director

Margaret C. Tyler, MA, MSW
Research Assistant

Jean C. Willard, MPH
Senior Research Assistant

Elizabeth T. Momany, PhD
Assistant Research Scientist

Health Policy Research Program
Public Policy Center
The University of Iowa

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Children in Medicaid: Access to care and health status compared to all children in Iowa

Introduction

This report presents a limited comparison of the health status and access to care of children in Medicaid managed care plans with all children in Iowa. Data for children in Medicaid managed care plans was collected through the 2000 Iowa Medicaid Enrollee survey; statewide data was obtained through the 2000 Iowa Child and Family Household Health Survey (CFHS). Both surveys were conducted during calendar year 2000 and included questions concerning the following areas:

- Demographics
- Access to health care
- Rates of care utilization
- Preventive counseling (anticipatory guidance)
- Children's health status
- Children with special health care needs
- Dental care
- Mental health care
- Prescription medications

While the surveys also addressed other topics, these common items are the basis for our analysis of the Medicaid child population with reference to the entire child population of Iowa. The results from both surveys were weighted similarly so that they represent the entire population of children in Medicaid managed care (the Medicaid enrollee survey) and all children in Iowa (CFHS).

These comparisons should be interpreted carefully, however, due to differences in how the two surveys were conducted (i.e., Medicaid data was collected using a written survey with phone follow-up, while the CFHS was a telephone-only survey). For some questions, the recall period was also different for the two studies. In the Medicaid survey, health care questions referred to the last six months (due to potential changes in eligibility), while the statewide survey asked about care in the last 12 months. The different timeframes will be noted where they occur. The studies were nevertheless similar enough that we believe the information presented here will be useful in identifying issues for further exploration.

The 2000 Medicaid Enrollee Survey

The primary purpose of the 2000 Iowa Medicaid Enrollee survey was to evaluate access to care, health status, and satisfaction with services for enrollees in Iowa Medicaid managed care programs (i.e., Medicaid HMOs and MediPASS). The survey instrument was based on the Consumer Assessment of Health Plans Study (CAHPS) survey instrument with additional questions of interest to the Iowa Medicaid program. A

screening instrument designed by the Foundation for Accountability (FACCT) was also used to identify children with a special health care need.

The survey was conducted with a sample of parents of children ages 0 to 18 selected at random from enrollment files supplied by the Iowa Department of Human Services. All sampled children had been in the same health plan for at least six months and only one child was selected per household. The sample was stratified by health plan; that is, roughly equivalent numbers of children were sampled from each health plan, regardless of the population of the plan. Samples of 800 children were drawn from the three largest Medicaid health plans: MediPASS, John Deere Health Care, and Iowa Health Solutions. For the two smaller health plans, Coventry Health and Share Advantage, the samples were smaller, based on fewer enrollees who had been in the plan for at least six months.

Questionnaires were mailed to the parent or guardian of the child with instructions to complete the survey based on their experience with getting care for that particular child. A modified Dillman method was used involving an initial survey and cover letter, a postcard reminder 10 days later, followed by a second survey and cover letter 3 weeks after the initial mailing. Phone interviews were attempted with all nonrespondents for whom a telephone number could be found 3 weeks after the mailing of the second survey. The final response rate for the child survey was 44 percent, with 1264 completed surveys.

This study was conducted by researchers at the University of Iowa Public Policy Center through a contract with the Iowa Department of Human Services. Complete results of the survey can be found in a report "Evaluating Health Plan Performance: Results of the 2000 Survey of Medicaid Managed Care Enrollees," The University of Iowa, Public Policy Center, Iowa City, IA, November 2001.

The 2000 Iowa Child and Family Household Health Survey

The 2000 Iowa Child and Family Household Health Survey was designed to evaluate the access to care, health status, and family environment of children in Iowa. Similar to the Medicaid survey, it included some questions from the CAHPS survey, the FACCT screener for children with special health care needs, the National Health Interview Survey (NHIS) and National Survey of American Families (NSAF), and other questions of interest to policymakers in Iowa.

Participants in the CFHS were selected using a random-digit dialing process. The desired number of participants was stratified by region; the goal was to complete approximately 400 interviews in each of eight regions of Iowa. Telephone interviews were completed between June and October 2000 by the University of Northern Iowa Center for Behavioral Research. This survey had a participation rate of 71 percent, with 3241 completing the interview.

This study was conducted by researchers at the University of Iowa Public Policy Center, the Iowa Department of Public Health and the Iowa Child Health Specialty Clinics through a grant from the US Department of Health and Human Services, Health

Resources and Services Administration, Maternal and Child Health Bureau. Complete statewide results of this survey can be found in the report "The Iowa Child and Family Household Health Survey: Statewide results," which can be downloaded at http://health.public-policy-center.uiowa.edu/iowachild2000/.

Results

The following summary compares the demographics, children's health status, access to care and use of services, specialist care, preventive counseling, dental care, behavioral and emotional care, and prescription medicine needs of children in Medicaid managed care plans with those of all children in Iowa.

Demographics

Demographic information is presented comparing the age, gender, race/ethnicity, and number of children in the household for children in Medicaid and all children statewide.

Age

Children in Medicaid managed care are slightly younger than the statewide average (Table 1). The average age for Medicaid children was 8.3 years, compared to the statewide average of 8.7 years. Medicaid has more children ages 5-9 and fewer children ages 15-17 than found in the state generally.

Table 1. Age distribution

	Medicaid		State Total	
Child's age	N	%	N	%
0-4	8738	26%	188413	26%
5-9	11537	34%	202603	28%
10-14	9286	28%	211119	29%
15-17	3888	12%	135007	18%
18+	372	1%	n/a	n/a
Total	33,821	100%	737,142	100%
Mean age	8.3		8.7	

Gender

The proportions of male and female children in Medicaid match the population, with 52 percent male and 48 percent female.

Table 2. Gender distribution

	Medicaid		State Total	
Child's gender	N	%	N	%
Male	17542	52%	380825	52%
Female	16278	48%	356387	48%

Ethnicity

African American children compose a larger proportion of the Medicaid population than of Iowa's population as a whole. Statewide figures indicate that 94 percent of Iowa's children are white, two percent black, and three percent are described as being from some other racial background such as Asian, Pacific Islander, or Native American. In Medicaid, 84% of the children are white, nine percent are African American, and six percent are described as being from some other racial background. Children with Hispanic or Latino heritage are also more highly represented in Iowa's Medicaid population. Seven percent of children in Medicaid are Hispanic, compared to two percent in the state as a whole.

Table 3. Race/ethnic distribution

	Medicaid*		State total	
Child's race/ethnicity	N	%	N	%
White	28547	84%	691501	94%
African American	3049	9%	16802	2%
Native American/Alaskan	200	.6%	7473	1%
Asian/Pacific Island	594	2%	11271	2%
Hispanic	975	3%	n/a	n/a
Hispanic/Latino heritage	2014	7%	25002	3%
Mean age	8.3		8.7	

Number of children in household

The number of children in the household of Medicaid-enrolled children was, on average, similar to all families in Iowa. They had a mean of 2.5 children, close to the state average of 2.4 children per household. A majority of all children (58%) were in households with one or two children, with children in Medicaid being more likely to be the only child in the household. This could be due to the fact that the Medicaid program serves a large number of first-time single young mothers.

Table 4. Number of children in household

	Medicaid*		State Total	
N	N	%	N	%
1	9474	28%	152298	21%
2	10806	32%	275710	37%
3	7812	23%	201092	27%
4	3664	11%	73240	10%
5	1255	4%	23992	3%
6 or more	792	2%	10881	2%

* These numbers are from Medicaid administrative data rather than from the survey

Children's Health Status

The health of children in the Medicaid managed care programs was rated lower than the health of other children in Iowa. About two-thirds (66%) of all children in Iowa were considered to be in excellent health compared with 41 percent of those in Medicaid. At the same time, five percent of Medicaid-enrolled children were in fair to poor health compared to less than 2 percent of children statewide.

Table 5. Children's health status

	Medicaid		State Total	
Current health status	N	%	N	%
Excellent	13822	41%	488114	66%
Very good	11997	36%	183468	25%
Good	5902	18%	55840	8%
Fair	1073	3%	7739	1%
Poor	581	2%	1881	<1%

Children in Medicaid were more likely to be classified as having a special health care need than Iowa children generally. To classify a child as having a special need, the FACCT screening instrument evaluates whether the child meets certain criteria as the result of a medical, behavioral or other health condition. The five criteria are: use of prescribed medication, need for more services than others of the same age, limitations compared to others the same age, need for physical, occupational or speech therapy, and having received treatment or counseling for a mental health problem all within the last 12 months. Just over one in four children (26%) in the Medicaid managed care programs were categorized as having a special health care need compared with 17 percent of children statewide.

Table 6. Children with special health care needs (CSHCN)

	Medicaid		State Total	
FACCT Screening Areas	N	%	N	%
Child needs/uses medication	6423	19%	95184	13%
Needs more services	4005	12%	54002	7%
Functional limitations	2633	8%	25113	3%
Needs special therapy	1591	5%	16476	2%
Mental health problem	3786	11%	32498	4%
Total CSHCN	**8661**	**26%**	**127385**	**17%**

Access to care and use of services

The 2000 Medicaid Managed care survey and the 2000 Iowa Child and Family Household Health Survey both addressed several issues concerning access to care and the use of health care services. These issues included having a regular source of medical care,

an unmet need for services, the use of emergency rooms, and some questions about dental care, behavioral/emotional health care, and pharmaceuticals. Many of the questions, however, were asked about different time periods: Medicaid enrollees were asked about the previous six months and the statewide sample about the previous year. The difference was related to the possibility that Medicaid enrollees could lose their eligibility more frequently due to income changes.

The comparisons in this section should therefore be interpreted carefully. For those questions where Medicaid enrollees were more likely to report something (e.g., receipt of preventive counseling), asking about the previous year would only have made the Medicaid percentage increase. However, for questions where Medicaid enrollees were similar or less likely to report something (e.g., number of doctor visits), the number would likely have been higher if respondents had been allowed to report for the additional six months.

Regular source of care

Children in Medicaid were less likely to have a regular source of medical care (i.e., a personal doctor or nurse) than all children in Iowa. Ninety percent of all Iowa children had someone their parent considered the child's personal doctor or nurse, compared with 83 percent of children in Medicaid.

Table 7. Regular source of medical care

	Medicaid		State Total	
	N	%	N	%
Yes	27405	83%	665404	90%
No	5485	17%	71138	10%

Doctor visits

Medicaid children tended to have fewer physician office or clinic visits than Iowa children in general. The differences in the time period about which the questions were asked could have accounted for some of this difference, however. Ninety-one percent of children in Iowa had at least one office visit in the last year, compared to 78 percent of Medicaid children in the past 6 months.

Table 8. Number of doctor visits

	Medicaid (6 months)		State Total (12 months)	
Number of clinic visits	N	%	N	%
None	7274	22%	63012	9%
1	6495	20%	167182	23%
2 to 4	18573	56%	328215	45%
5 to 9	846	3%	126059	17%
10 or more	NA		50287	7%

Unmet Need

Children in Medicaid were reported to have unmet need for medical care at a rate similar to all children in Iowa (i.e., being stopped from obtaining needed care in past 6 or 12 months). About three percent of children in Medicaid had an unmet need for care in the last six months, compared to 3 percent of all children in the past year.

Table 9. Unmet need for medical care

	Medicaid (6 months)		State Total (12 months)	
Unmet need for care?	N	%	N	%
Yes	812	3%	10640	3%
No	32867	97%	374352	97%

Illness or injury care as soon as wanted

Most children in Iowa, whether on Medicaid or not, were reported to have usually or always received care needed for an illness or injury as soon as the parents wanted (95%). However, only 75 percent of Medicaid children "always" got needed care as soon as wanted, compared to 85 percent of children in Iowa generally.

Table 10. Ability to get care for illness or injury

	Medicaid (6 months)		State Total (12 months)	
Care as soon as wanted	N	%	N	%
Always	10668	75%	325643	85%
Usually	2712	19%	38723	10%
Sometimes	573	4%	12252	3%
Never	278	2%	1849	1%
Didn't need			6426	2%

Care in an emergency room

Medicaid children were less likely to have used an emergency room in the previous six months than all Iowa children did in the past year. Twenty-three percent of children in Medicaid had at least one ER visit in the last 6 months, compared to 32% of all children in the past year.

Table 11. Emergency room use

	Medicaid (6 months)		State Total (12 months)	
Number of ER visits	N	%	N	%
None	25928	77%	261717	68%
1	6096	18%	81918	21%
2 to 4	1550	5%	34839	9%
5 to 9	13	.0%	3493	1%
10 or more	101	.3%	2920	1%

Specialist care

Despite lower general health ratings, children in Medicaid were less likely than children in Iowa generally to need to see a specialist. About a quarter (23%) of Medicaid-enrolled children were thought to need a specialist in the past 6 months, compared to 32 percent of all children in Iowa in the previous year.

Table 12. Need for specialty care

	Medicaid (6 months)		State Total (12 months)	
Needed to see a specialist?	N	%	N	%
Yes	7579	23%	122574	32%
No	25987	77%	262420	68%

Preventive counseling (anticipatory guidance)

Medicaid enrollees were much more likely to report receiving prevention advice (e.g., regarding children's nutrition, car seats, bicycle safety, etc.) from their doctor or health plan. Nearly half (46%) of parents with children in Medicaid said they had received anticipatory guidance in the previous 6 months compared to just over a quarter (28%) of parents statewide.

Table 13. Receipt of preventive counseling

	Medicaid (6 months)		State Total (12 months)	
Anticipatory guidance?	N	%	N	%
Yes	11787	46%	204221	28%
No	13914	54%	529082	72%

Dental Care

Parents with children in Medicaid were slightly less likely to report a need for dental care for their child than the state average. Forty percent of Medicaid-enrolled children had a need for dental care in the past 6 months compared to 46% overall.

Table 14. Need for dental care

	Medicaid (6 months)		State Total (12 months)	
	N	%	N	%
Yes	13158	40%	319458	46
No	20180	60%	376100	54

Medicaid enrollees, however, were slightly more likely to report unmet need for dental care in the past six months than all children in the past year (11% vs. 8%).

Table 15. Unmet need for dental care

	Medicaid (6 months)		State Total (12 months)	
Unmet need for dental?	N	%	N	%
Yes	3620	11%	26285	8%
No	29672	89%	292867	92%

Medicaid enrollees were also less likely to have seen a dentist in the previous 12 months than all children in Iowa (67% vs. 74%) (same 12 month time period for both).

Table 16. Dental visit in last year

	Medicaid (12 months)		State Total (12 months)	
Last dental visit?	N	%	N	%
Less than 12 months ago	22290	67%	514974	74%
1-2 years ago	3643	11%	56903	8%
More than 2 years ago	1467	4%	14300	2%
Never been to dentist	5850	18%	106596	15%

Behavioral/emotional Health Care

Children in Medicaid were nearly twice as likely to have a reported need for behavioral/emotional health care than Iowa's children in general. Fifteen percent of children in Medicaid needed behavioral/emotional services in the past six months, compared to just 8% in the general population in the past year.

Table 17. Need for behavioral/emotional care

	Medicaid (6 months)		State Total (12 months)	
Need MH care?	N	%	N	%
Yes	4888	15%	60467	8%
No	28696	85%	676313	92%

Prescription Medications

Children in Medicaid were more likely to need a prescription medication than all children in the state. Sixty percent of Medicaid-enrolled children needed prescription medicines in the previous six months compared to just over half of all children in the past year.

Table 18. Need for prescription drugs

	Medicaid (6 months)		State Total (12 months)	
Need prescription medication?	N	%	N	%
Yes	20235	60%	377719	51%
No	13210	40%	357932	49%

Medicaid enrollees were also more likely to have had problems getting their prescriptions filled (13% vs. 9% reporting a problem).

Table 19. Problem getting prescription drugs

	[illegible]		[illegible]	
	N	%	N	%
Big problem	811	4%	6303	2%
Small problem	1824	9%	24475	7%
No problem	17249	87%	348323	91%

Summary

Overall, children enrolled in Medicaid managed care programs were found to have a lower health state and to have been more likely to have a special health care need, more likely to need behavioral/emotional care, less likely to have a regular source of medical care, less likely to always get care as soon as they needed it, and to have a higher reported unmet need for dental care and prescriptions drugs.

Conversely, children in Medicaid managed care had similar rates of unmet need for medical care, were more likely to have received preventive counseling (anticipatory guidance), had less reported need for a specialist, were less likely to have been treated in an emergency room, and had fewer physician visits. Many of these issues, however, are time sensitive and could have been affected by the differences in the response period of the two different surveys (i.e., Medicaid enrollees were asked about the past six months due to enrollment patterns, while the statewide survey asked about the past year).

Children in Medicaid

Access to care and health status compared to all children in Iowa

This report presents a comparison of the perceived access to care and health status of children in the Iowa Medicaid managed care programs with all children in Iowa. The information for children in Medicaid managed care was collected by administering written surveys and follow-up telephone surveys to parents of Medicaid-enrolled children during 2000. Data for the general population of children in Iowa was also collected during 2000 using telephone surveys.

The comparison is meant to provide an idea of how Medicaid children compare with all children in Iowa. However, because there was some variation in the questions between the two sets of surveys (for example, some utilization of services questions on the Medicaid survey asked about the previous six months while the statewide survey asked about the use in the previous year), conclusions should be drawn carefully.

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The results presented in this report do not express the opinions of the Iowa Department of Human Services or the University of Iowa Public Policy Center.

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