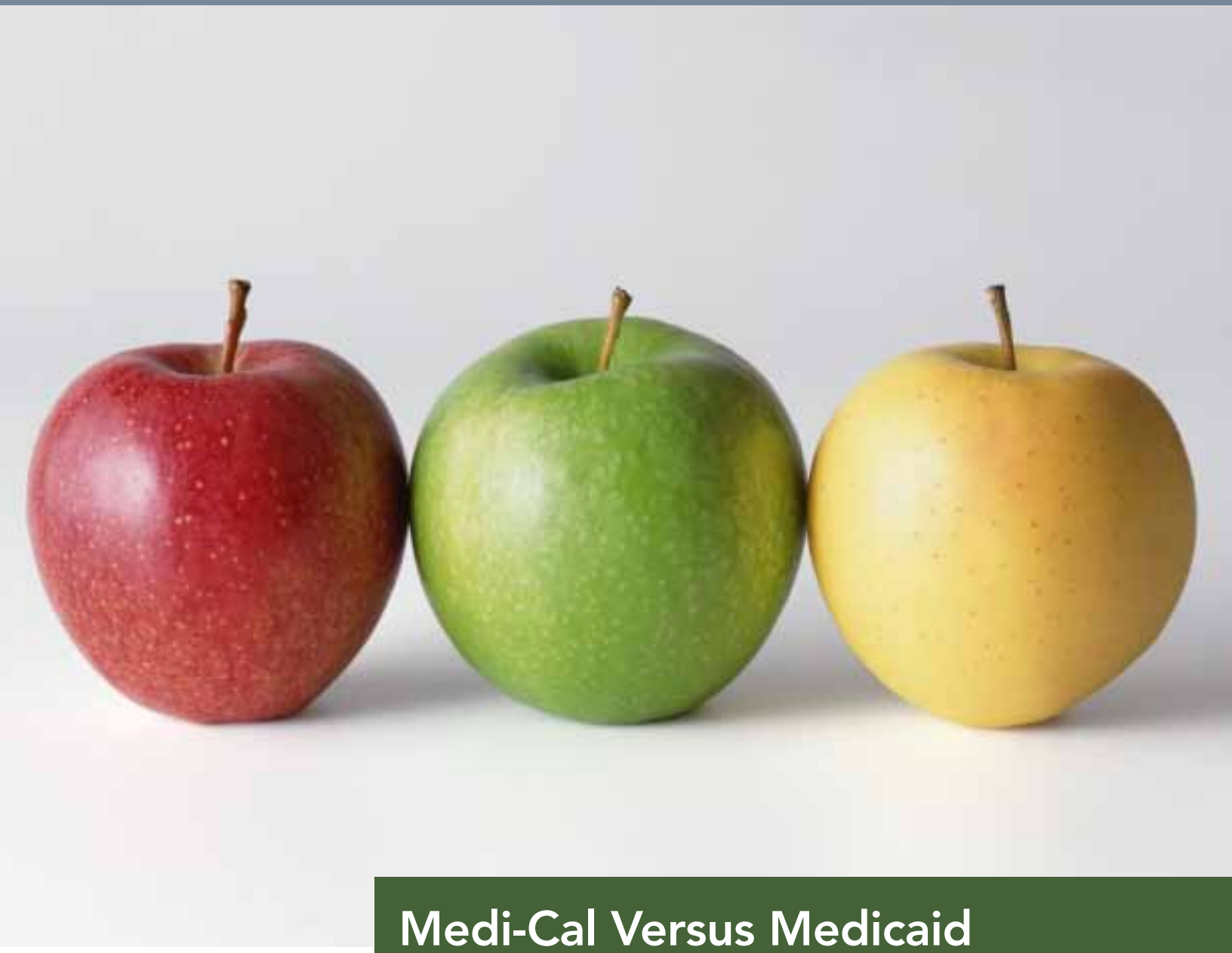
California HealthCare Foundation



Medi-Cal Versus Medicaid in Other States:
Comparing Access to Care

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Contents

About the Authors

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Acknowledgments

This analysis was conducted at the Research Data Center (RDC) of the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC) in order to obtain access to state identifiers in the National Health Interview Survey (NHIS), including the state identifier for California. State identifiers are restricted variables in the NHIS and must be accessed through the RDC. The findings reported here are those of the authors and do not necessarily represent the views of the RDC, NCHS, or CDC. Thanks to Patricia Barnes at NCHS for facilitating the work in the RDC.

About the Foundation

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Executive Summary

This report examines access to care under the Medi-Cal program for children and nonelderly adults, using data from the 2011 through 2013 National Health Interview Survey (NHIS). It compares access under Medi-Cal to that under Medicaid programs in other states, where Medi-Cal/Medicaid includes Medicaid, the Children's Health Insurance Program (CHIP), and other state-funded public programs. There are separate analyses for adults age 19 to 64 and for children 0 to 18.

Assess to care was monitored through three sets of measures:

- Gaps in potential access to care, which provide a measure of the individual's connection to the health care system (five measures for adults, three for children)
- Gaps in realized access to care, which captures the patient's receipt of needed services and appropriate care that is timely, affordable, and culturally appropriate (five measures related to use of care and three measures related to affordability of care for both adults and children)
- Health outcomes and health behaviors, which reflect the influence of potential and realized access to care (three measures for adults, one for children)

The research used simple comparisons between Medi-Cal enrollees and Medicaid enrollees in other states and two sets of regression-adjusted comparisons that account for differences in the health care needs and socioeconomic circumstances of these two populations. The first set of regression-adjusted estimates (Model 1) controls for factors associated with the enrollees' need for health care in order to provide a comparison between Medi-Cal and Medicaid in other states for enrollees with similar health care needs. The second set of regression-adjusted estimates (Model 2) adds controls for factors associated with the enrollee's socioeconomic status, to provide a comparison between Medi-Cal and Medicaid in other states for enrollees with similar health care needs and socioeconomic resources. These differences were examined for all enrollees and for enrollees in managed care. Finally, differences were assessed at a point in time as well as over time to understand whether access to care under Medi-Cal is changing relative to changes under Medicaid in other states.

Following is a description of some of the key findings.

Two Studies, One Goal

This is a companion report to *Medi-Cal Versus Employer-Based Coverage: Comparing Access to Care* (www.chcf.org), which examines access to care under Medi-Cal compared to access under employer-sponsored insurance in California using data from the California Health Interview Survey (CHIS).

The goal of both studies is to provide a starting point for examining changes over time in access to care in Medi-Cal relative to that of other state and national populations as a means of monitoring and improving program performance.

Both studies build on the framework developed in the CHCF report *Monitoring Access: Measures to Ensure Medi-Cal Enrollees Get the Care They Need* (www.chcf.org) and earlier work* for the Medicaid and CHIP Access and Payment Commission (MACPAC).

*Reports prepared for MACPAC: (1) Genevieve M. Kenney and Christine Coyer. *National Findings on Access to Health Care and Service Use for Children Enrolled in Medicaid or CHIP,* March 2012, docs.google.com; (2) Sharon K. Long, Karen Stockley, Elaine Grimm, and Christine Coyer. *National Findings on Access to Health Care and Service Use for Non-elderly Adults Enrolled in Medicaid,* June 2012, docs.google.com.

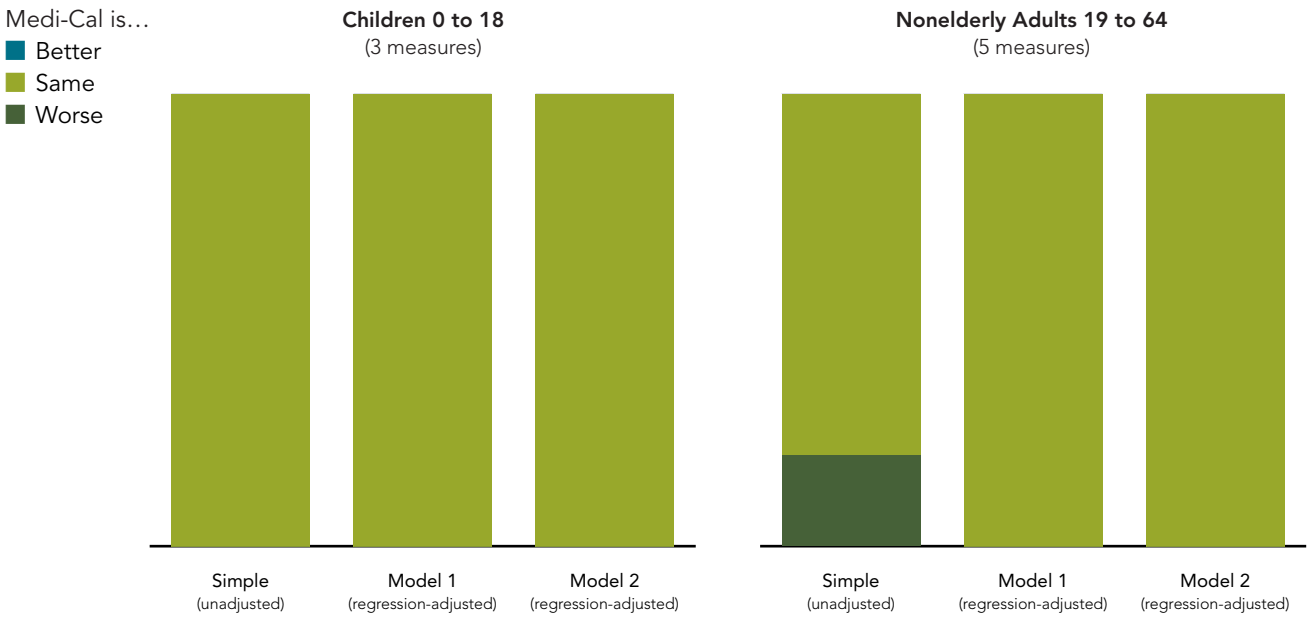
Gaps in Potential Access

- The majority of both children and nonelderly adults on Medi-Cal have strong connections to the health care system. For example, in 2013 almost 98% of enrolled children and 90% of adults reported having a place that they usually go to when they need routine health care. And less than 5% of enrolled adults reported difficulty finding a provider who was taking new patients or who was taking Medi-Cal over the prior year. (The measure on difficulty finding a provider is not available for children.)
- Reported gaps in potential access to care were similar for Medi-Cal enrollees and Medicaid enrollees in others states based on simple differences (for children) and regression-adjusted differences (for both adults and children). As shown in Figure 1, for program enrollees with similar health care needs and socioeconomic status, Medi-Cal and Medicaid in other states provide similar levels of potential access to care across all of the measures examined: five measures for adults and three measures for children.

Gaps in Realized Access: Use of Care

- By contrast, Medi-Cal does not do as well as Medicaid in other states on some of the measures of potential gaps in realized access to care as measured by the use of health care (eight measures) based on either simple differences or regression-adjusted differences (Figure 2, page 5). For adults with similar health care needs and socioeconomic status, Medi-Cal was comparable to Medicaid in other states on four measures and worse than Medicaid in other states on four measures in 2013. Among children, Medi-Cal was better than Medicaid in other states on one measure, similar on four measures, and worse on the remaining three measures.
- Both adults and children on Medi-Cal were more likely than similar Medicaid enrollees in other states to not have had a specialist visit, a dental care visit, and preventive care (as measured by a flu vaccination) in the prior year (Figure 3, page 5). Medi-Cal adults were also more likely than similar Medicaid adults in other states to report delaying needed care over the prior year because of difficulties getting an appointment.

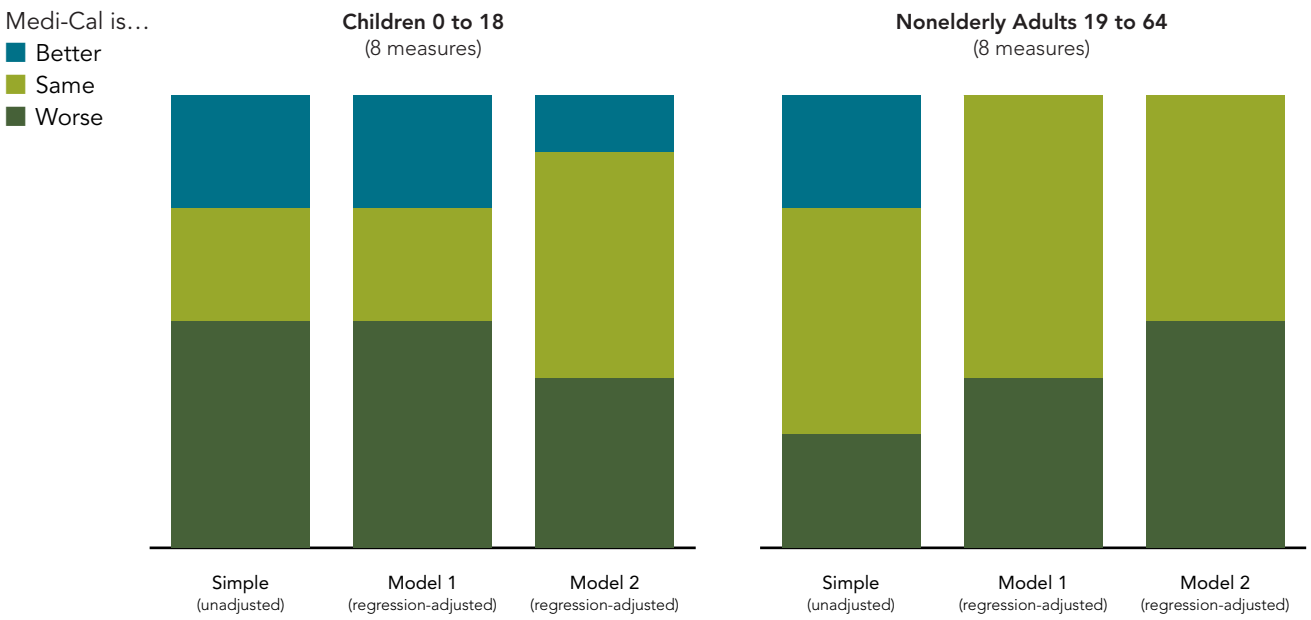
Figure 1. Summary of Differences in Gaps in Potential Access to Care Between Medi-Cal Enrollees and Medicaid Enrollees in Other States, 2013



Notes: *Model 1 regression-adjusted estimates* are derived from multivariate regression models that control for age, sex, and health status (except for health outcomes and health behaviors). *Model 2 regression-adjusted estimates* are derived from multivariate regression models that control for the variables in Model 1 plus socioeconomic status.

Source: National Health Interview Survey, 2013.

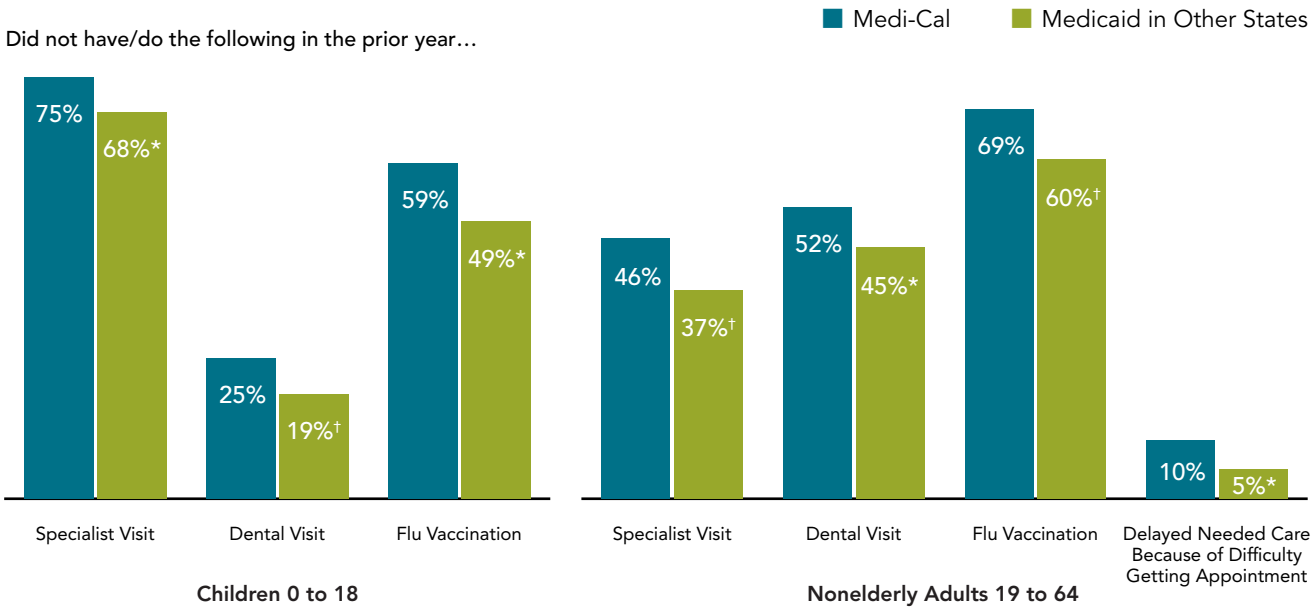
Figure 2. Summary of Differences in Gaps in Realized Access: Use of Care Between Medi-Cal Enrollees and Medicaid Enrollees in Other States, 2013



Notes: *Model 1 regression-adjusted estimates* are derived from multivariate regression models that control for age, sex, and health status (except for health outcomes and health behaviors). *Model 2 regression-adjusted estimates* are derived from multivariate regression models that control for the variables in Model 1 plus socioeconomic status.

Source: National Health Interview Survey, 2013.

Figure 3. Differences Between Medi-Cal Enrollees and Medicaid Enrollees in Other States for Selected Measures of Use of Care, 2013



* (†) Significantly different from Medi-Cal at the .05 (.01) level, two-tailed test.

Notes: Differences are regression-adjusted, controlling for health care needs and socioeconomic status.

Source: National Health Interview Survey, 2013.

Gaps in Realized Access: Affordability of Care

- Medi-Cal tends to do as well as or better than Medicaid in other states on potential gaps in realized access to care as measured by the affordability of care (five measures) based on both simple differences and regression-adjusted differences (Figure 4). For adults with similar health care needs and socioeconomic status, Medi-Cal was better than Medicaid in other states on one measure, the same on three measures, and worse on one measure in 2013. Among children, based on simple differences and regression-adjusted differences, Medi-Cal was better than Medicaid in other states on two measures and the same on three measures.

- Medi-Cal adults were more likely than similar Medicaid adults in other states to have unmet need for care over the prior year because of concerns about the affordability of care (33.1% versus 23.3% after controlling for differences in health care needs and socioeconomic status).

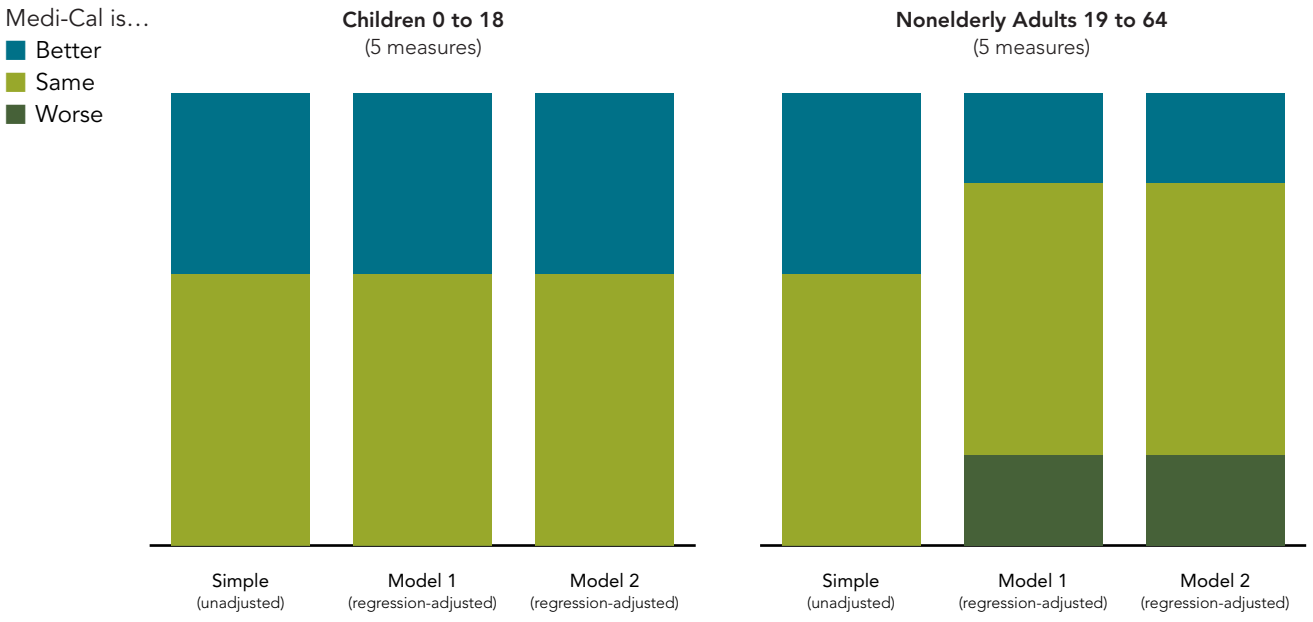
Differences in Health Outcomes and Health Behaviors

- Med-Cal enrollees do as well as Medicaid enrollees in other states in self-reported health status (one measure), and Medi-Cal adults do as well as or better than Medicaid adults in other states in health behaviors (two measures) based on both simple differences and regression-adjusted differences (Figure 5, page 7).

Differences for Medi-Cal Managed Care

- Comparing Medi-Cal enrollees in managed care to Medicaid enrollees in other states in managed care yielded very similar findings to those reported on the overall Medi-Cal population. After controlling for differences in the health care needs and socioeconomic status of enrollees, Medi-Cal managed care does as well as or better than Medicaid managed care in other states on most access measures. As was the case for the overall Medi-Cal program, Medi-Cal managed care did worse than Medicaid managed

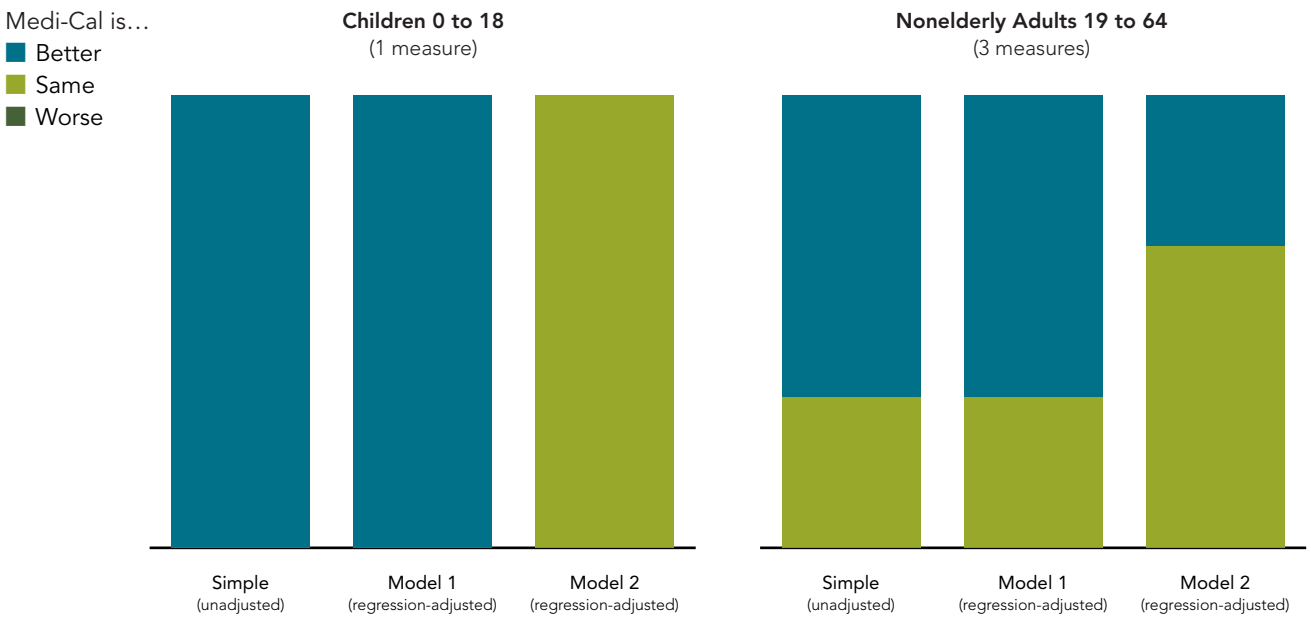
Figure 4. Summary of Differences in Gaps in Realized Access: Affordability of Care Between Medi-Cal Enrollees and Medicaid Enrollees in Other States, 2013



Notes: *Model 1 regression-adjusted estimates* are derived from multivariate regression models that control for age, sex, and health status (except for health outcomes and health behaviors). *Model 2 regression-adjusted estimates* are derived from multivariate regression models that control for the variables in Model 1 plus socioeonomic status.

Source: National Health Interview Survey, 2013.

Figure 5. Summary of Differences in Health Outcomes and Health Behaviors Between Medi-Cal Enrollees and Medicaid Enrollees in Other States, 2013



Notes: *Model 1 regression-adjusted estimates* are derived from multivariate regression models that control for age, sex, and health status (except for health outcomes and health behaviors). *Model 2 regression-adjusted estimates* are derived from multivariate regression models that control for the variables in Model 1 plus socioeconomic status.

Source: National Health Interview Survey, 2013.

care in other states on measures related to the use of health care for both adults and children, including not having had a specialist visit, a dental care visit, and preventive care, as measured by a flu vaccination, in the prior year.

Changes in Medi-Cal/Medicaid Differences Over Time

- The differences in access to care for Medi-Cal enrollees and Medicaid enrollees in other states have been relatively stable over the last few years, with few significant changes in the differences from 2011 through 2013.

Summary

The findings suggest that, while Medi-Cal is doing as well as Medicaid in other states on many dimensions, some elements of health care use and affordability are more of a challenge for Medi-Cal enrollees. Of particular concern, in 2013 more than 50% of Medi-Cal adults and 25% of Medi-Cal children did not have a dental visit in the prior year, and more than 30% of Medi-Cal adults went without needed health care in the prior year because of concerns about affordability. Although not significantly different from Medicaid in other states, it is also a concern that 30% of Medi-Cal adults and almost 20% of Medi-Cal children did not have a doctor visit in the past year.

With Medi-Cal in a period of significant change, it will be important to continue monitoring gaps in access to care for program enrollees.

Background and Overview of the Analysis

In 2012, Medi-Cal provided health insurance coverage to about 7.6 million people in California.[1] With the changes under the Affordable Care Act and the transition of children from Healthy Families into Medi-Cal, more than 11.9 million Californians relied on Medi-Cal as of December 2014.[2,3] This report uses data from the 2011 through 2013 National Health Interview Survey (NHIS) to examine access to care under the Medi-Cal program for children and nonelderly adults; it compares access for enrollees under Medi-Cal to access under Medicaid, the Children's Health Insurance Program (CHIP), and state-funded public programs in the rest of the nation.[4]

Measures of access to care. The study focuses on monitoring access to care across a range of metrics that can provide insights into the extent to which Medi-Cal enrollees have appropriate access to health care services. Three sets of measures were examined:

- Gaps in potential access to care, which provide a measure of the individual's connection to the health care system
- Gaps in realized access to care, which capture the individual's receipt of needed services and appropriate care that is timely, affordable, and culturally appropriate
- Health status and health behaviors, which reflect the influence of potential and realized access to care

Measures of differences in access to care. Since health care needs and individual characteristics affect access to care, three estimates are presented of differences between Medi-Cal enrollees and other populations, discussed in more detail below: (1) simple differences across enrollees in Medi-Cal and other populations, (2) regression-adjusted differences that control for differences in health care needs, and (3) regression-adjusted differences that control for differences in health care needs and socioeconomic status.

For the work reported here using the NHIS, analyses were conducted of differences between Medi-Cal and Medicaid in other states in 2011, 2012, and 2013, as well as analyses of changes over time in Medi-Cal and changes in the differences between Medi-Cal and Medicaid in other states between 2011 and 2012 and between 2012 and 2013. The latter will provide insights into whether any gaps in access between Medi-Cal and Medicaid in other states are narrowing or growing over time. Estimates are provided for the overall Medi-Cal population and for the Medi-Cal population enrolled in managed care to capture differences by service delivery model.

The regression-adjustment framework is used to compare access to care under Medi-Cal and Medicaid in other states for similar enrollees, where "similar" means the same health care needs in the first regression model (Model 1) and the same health care needs and socioeconomic status in the second regression model (Model 2). Differences in enrollee characteristics in Medi-Cal and Medicaid in other states would be expected due to both differences in the underlying populations in California and the other states, and differences in Medicaid, CHIP, and state-funded public programs in California and the other states. In comparing Medi-Cal enrollees to Medicaid enrollees in other states, if a gap between Medi-Cal and Medicaid is eliminated by controlling for health care needs, that implies that Medi-Cal coverage is as effective as the coverage under Medicaid in other states in providing access to care for individuals with similar health care needs.

If a gap between Med-Cal and Medicaid remains after controlling for health care needs but is eliminated by the addition of demographic and socioeconomic characteristics as adjustment variables, that implies that Medi-Cal coverage is as effective as Medicaid in other states in providing access to care for individuals with similar health care needs and socioeconomic status. That pattern would also indicate, however, that gaps in access to care exist that are related to an individual's race/ethnicity, income, or other socioeconomic characteristics, regardless of the type of coverage the individual has. In other words, that pattern would suggest that part of the gap in access to care between Medi-Cal and Medicaid in other states reflects differences in the socioeconomic status of enrollees in California and enrollees in the rest of the country.

The National Health Interview Survey. The study relies on the 2011-2013 National Health Interview Survey (NHIS), an annual face-to-face household survey of civilian non-institutionalized individuals that is designed to monitor the health of the US population. The NHIS

collects information on a broad range of health and health care issues, including access to and use of health care.[5] Administered for the National Center for Health Statistics (NCHS) within the Centers for Disease Control and Prevention (CDC), the NHIS consists of a nationally representative sample of approximately 35,000 households each year, representing about 87,500 people.

Defining insurance coverage. While the NHIS provides some of the most reliable survey estimates of source of health insurance coverage,[6] identifying type of health insurance coverage in surveys is challenging and subject to error. Research has shown a significant undercount of public coverage enrollment based on survey data, particularly for Medicaid coverage,[7] and qualitative research has found that many respondents struggle to correctly report their coverage type.[8,9] Because of concerns about reporting accuracy of Medicaid coverage, focus is placed on those who report any public coverage in the survey, which includes Medicaid coverage, CHIP coverage, and coverage under other state-funded public programs. For simplicity, "Medi-Cal" and "Medicaid" are used to refer to Medicaid, CHIP, and other state-funded public programs.

Those receiving full Medicaid benefits are indistinguishable from those who are receiving more limited benefits (e.g., family planning services) in the NHIS. However, the editing of coverage type in the NHIS is based in part on scope of benefits and health plan name, which likely corrects for much of the potential misreporting around narrow coverage options under Medicaid.

Since many of the access measures examined are based on access to and use of care over the prior year, the analysis sample is limited to adults and children who were insured for all of the prior year. People are assigned to Medi-Cal, Medicaid, CHIP, and other public coverage based on their health insurance coverage at the time of the survey. Those who report Medicare coverage are excluded from the analysis.

Defining managed care. As noted above analyses are conducted for all enrollees and for enrollees who are in managed care programs. In the NHIS, Medi-Cal or Medicaid enrollees are identified as being enrolled in managed care if they report that they must choose from a list of doctors or that a doctor is assigned to them under their health plan.

Sample sizes for the analyses. Most of the variables needed for the study are available from the public-use version of the NHIS. However, since the NHIS does not provide state identifiers on the publicly available file, work needed to be performed at one of the CDC's Research Data Centers to generate separate estimates for California. Related to the confidentiality concerns around state identifier, sample sizes for the state-specific estimates are unavailable. All of the estimates reported here are based on sample sizes of at least 250 observations. Given the much smaller sample size for California in the NHIS than in the California Health Interview Survey (CHIS), the estimates of the differences between Medi-Cal and Medicaid in other states will be less precise than within state estimates using the CHIS.

Measures of access to care. The access measures from the NHIS that are examined in the study include:

- Gaps in potential access:
  - Does not have a usual source of care when sick (other than the emergency room)
  - Relies on the emergency room as usual source of care when sick
  - Does not have a usual source of care for routine care (other than the emergency room)
  - Reported difficulties finding a provider taking new patients in the prior year (adults only)
  - Reported difficulties finding a provider taking insurance type in the prior year (adults only)
- Gaps in realized access — use of care:
  - Did not have a doctor visit in the prior year
  - Did not have a well-child checkup in the prior year (children only)
  - Did not have a specialist visit in the prior year
  - Did not have a dental visit in the prior year
  - Did not have a flu vaccination in the prior year
  - Among women 18 and older, did not have a Pap smear in the prior year (adults only)
  - Delayed needed care because of difficulty getting an appointment in the prior year
  - Had two or more emergency room visits in the prior year

- Most recent emergency room visit in the prior year was because doctor's office or clinic was not open

- Gaps in realized access — affordability of care:
  - Had unmet need for care because of concerns about affordability[10] of care in the prior year
  - Delayed needed care because of worry about the cost in the prior year
  - Family had difficulty paying medical bills in the prior year
  - Family not able to pay medical bills in the prior year
  - Somewhat or very worried about ability to pay medical bills in the future (adults only)
  - Adult in household somewhat or very worried about ability to pay medical bills in the future (children only)

- Health and health behaviors:
  - Self-reported health status is fair or poor
  - Is a current smoker (adults only)
  - Reports height and weight that imply obesity (adults only)

Analytic Methods

As noted above, both simple comparisons and regression-adjusted comparisons are used in assessing access to care under Medi-Cal relative to Medicaid in other states, where as noted above, "Medi-Cal" and "Medicaid" are shorthand for Medicaid, CHIP, and other state-funded public programs. The first set of regression adjustments (Model 1), which is designed to make the individuals in the different insurance groups comparable in their observed health care needs, is made up of factors that should reasonably affect an individual's need for health care, including age, gender, health status, presence of chronic conditions, disability status, pregnancy status for adults, mental health status, current smoking status for adults, and obesity for adults.

The second set of regression adjustments (Model 2) includes health care needs and socioeconomic factors that should not directly affect an individual's need for health care but that may still affect access nonetheless — factors such as family income, race/ethnicity, education, citizenship status, employment status, and household structure. All analyses are weighted, using weights that adjust for the complex design of the survey, for under-coverage and survey nonresponse.

Differences in health care needs and socioeconomic status. Summaries of the measures of health care needs and socioeconomic status in 2013 that are included in the regression models are provided in Table 1 (page 11) for nonelderly adults and in Table 2 (page 13) for children. As shown in the tables, Medi-Cal enrollees tend to be healthier than Medicaid enrollees in other states and are thus likely to have fewer health care needs. For example, 24.3% of Medi-Cal adults report fair or poor health as compared to 31.0% of Medicaid adults in other states, and 7.1% of Medi-Cal children are reported to have health-related limitations as compared to 13.8% of Medicaid children in other states.

The findings on differences in socioeconomic status between Medi-Cal enrollees and Medicaid enrollees are more mixed. While the two groups of enrollees have similar income levels, Medicaid enrollees in other states are more likely than Medi-Cal enrollees to own their home. However, Medi-Cal adults are more likely than Medicaid adults in other states to be married and working full-time, and Medi-Cal children are more likely than Medicaid children in other states to live in families with two parents present. At the same time, Medi-Cal enrollees are more likely than Medicaid enrollees in other states to be non-White and Latino and to be noncitizens (adults) and to be in households with noncitizens (adults and children).

When focusing on the subset of Medi-Cal enrollees in managed care, as compared to Medicaid managed care enrollees in other states, the patterns of differences between Medi-Cal and Medicaid in other states are quite similar to those of the overall Medi-Cal and Medicare enrollees (Table 1 for nonelderly adults and Table 2 for children).

While generally similar over time, there are differences in the characteristics of both Medi-Cal enrollees and Medicaid enrollees in other states over time. Summaries of the measures for 2011 and 2012 are provided in Appendix Tables 1 and 2 for nonelderly adults, and Appendix Tables 3 and 4 for children.

Table 1. Control Variables for Regression Models, Nonelderly Adults 19 to 64, Medi-Cal vs. Medicaid in Other States, 2013

	MEDI-CAL	MEDICAID IN OTHER STATES	MEDI-CAL MANAGED CARE	MEDICAID MANAGED CARE IN OTHER STATES
Controls for Health Care Needs				
Age				
► 19 to 30	30.9%	31.5%	30.2%	32.1%
► 31 to 45	33.2%	31.1%	35.0%	32.4%
► 46 to 64	35.8%	37.5%	34.8%	35.5%
Sex				
► Female	60.0%	63.8%	59.1%	65.4%
Self-reported health status				
► Very good/excellent	46.4%	41.6%	45.9%	43.4%
► Good	29.3%	27.4%	29.3%	28.3%
► Fair/poor	24.3%	31.0% *	24.8%	28.3%
Chronic conditions				
► Asthma	14.2%	19.9% *	14.2%	20.7% *
► Diabetes	11.6%	13.3%	10.0%	12.4%
► Emphysema	0.4%	3.2% ‡	0.5%	2.8% ‡
► Heart disease or condition	6.4%	9.2%	5.0%	8.4%
► Hypertension	28.1%	34.1% *	27.5%	32.9%
► Stroke	3.1%	4.4%	2.0%	4.2%
► Mean number of other chronic conditions	0.4%	0.4%	0.4%	0.4%
Disability status				
► Any activity limitations	26.4%	38.4% ‡	24.9%	35.7% ‡
► Any functional limitations	26.9%	38.5% ‡	25.3%	35.9% †
Pregnant in last 12 months	7.7%	6.0%	5.8%	6.0%
Mental health status				
► Depressed or anxious feelings all or most of the time	19.4%	28.1% †	19.0%	27.7% †
► Feelings interfered with life a lot in the past 30 days	6.5%	10.8% †	7.1%	10.8% *
Is a current smoker	15.1%	31.8% ‡	14.7%	30.8% ‡
Reports height and weight that imply obesity	31.3%	36.7%	30.8%	36.4%
► Height and/or weight is missing	2.5%	2.9%	2.8%	2.7%

Table 1. Control Variables for Regression Models, Nonelderly Adults 19 to 64, Medi-Cal vs. Medicaid in Other States, 2013
continued

	MEDI-CAL	MEDICAID IN OTHER STATES	MEDI-CAL MANAGED CARE	MEDICAID MANAGED CARE IN OTHER STATES
Controls for Socioeconomic Status				
Race/ethnicity				
► White, non-Hispanic	22.9%	51.4% ‡	22.7%	48.5% ‡
► Black, non-Hispanic	13.9%	25.9% ‡	12.8%	25.7% ‡
► Other, non-Hispanic	11.6%	6.8%	12.4%	6.9%
► Hispanic	51.6%	15.9% ‡	52.1%	18.8% ‡
Marital status				
► Married	54.5%	41.1% ‡	56.0%	41.0% ‡
► Widowed, separated, or divorced	15.6%	20.7% *	14.9%	19.1%
► Never married	29.9%	38.2% †	29.1%	39.9% †
Parent of dependent child	49.7%	42.4% *	52.8%	45.0%
Citizenship				
► Citizen	74.5%	91.6% ‡	74.3%	90.6% ‡
► Noncitizen	25.5%	8.4% ‡	25.7%	9.4% ‡
► Any noncitizen in HIU	29.5%	9.6% ‡	29.8%	10.8% ‡
Highest level of education				
► Less than high school	30.7%	28.2%	31.2%	28.2%
► High school diploma/GED	59.5%	61.0%	58.5%	61.5%
► College or graduate degree	9.8%	10.9%	10.3%	10.2%
Employment in HIU				
► Works full-time	40.2%	32.6% *	40.9%	35.9%
► Works part-time	16.1%	14.3%	18.5%	14.0%
► Does not work	43.7%	53.2% †	40.7%	50.0% *
► Government employee	10.9%	6.3% *	11.0%	6.3%
► Works in firm with more than 50 employees	21.8%	17.3%	22.4%	18.5%
► Works in firm with more than 50 employees - missing	2.9%	2.9%	2.6%	2.8%
► Job tenure of one year or more	32.3%	25.7% *	33.5%	26.9%
► Spouse (if present) works full-time	16.2%	13.5%	16.3%	14.3%
► Spouse (if present) works part-time	4.9%	3.2%	6.0%	3.2%
Homeownership				
► HIU member owns home	29.6%	37.0% *	29.9%	36.6%
Health and disability status in HIU				
► Anyone in fair/poor health	28.3%	34.4%	29.7%	32.4%
► Anyone with fuctional limitation	31.8%	46.4% ‡	31.2%	44.3% ‡

Table 1. Control Variables for Regression Models, Nonelderly Adults 19 to 64, Medi-Cal vs. Medicaid in Other States, 2013
continued

	MEDI-CAL	MEDICAID IN OTHER STATES	MEDI-CAL MANAGED CARE	MEDICAID MANAGED CARE IN OTHER STATES
HIU income as a percentage of the federal poverty level (FPL)				
► Less than 50%	22.9%	23.5%	23.9%	23.4%
► 50-99%	32.8%	30.1%	32.5%	29.6%
► 100-149%	18.0%	17.0%	17.8%	17.4%
► 150-199%	7.3%	9.4%	6.0%	9.4%
► 200-249%	5.5%	4.3%	5.2%	4.2%
► 250-299%	2.1%	3.9%	1.9%	4.0%
► 300-399%	4.2%	3.9%	5.1%	3.6%
► 400-499%	1.7%	2.8%	2.0%	2.9%
► 500% or higher	5.4%	5.2%	5.6%	5.3%

*(†) [‡] Significantly different from Medi-Cal at the 0.05 (0.01) [0.001] level, two-tailed test.

Notes: *HIU* is health insurance unit. *GED* is General Education Development test. Estimates may not sum to 100% due to rounding.

Source: National Health Interview Survey, 2013.

Table 2. Control Variables for Regression Models, Children 0 to 18, Medi-Cal vs. Medicaid in Other States, 2013

	MEDI-CAL	MEDICAID IN OTHER STATES	MEDI-CAL MANAGED CARE	MEDICAID MANAGED CARE IN OTHER STATES
Controls for Health Care Needs				
Age				
► 0 to 1	11.1%	12.9%	10.3%	12.9%
► 2 to 3	11.4%	11.4%	11.7%	11.7%
► 4 to 6	16.8%	18.9%	17.5%	18.7%
► 7 to 12	31.5%	32.0%	32.0%	32.1%
► 13 to 17	24.2%	20.5%	24.1%	20.4%
► 18	5.0%	4.3%	4.4%	4.2%
Sex				
► Female	48.0%	48.5%	49.2%	49.3%
Self-reported health status				
► Very good/excellent	77.0%	75.1%	75.9%	75.1%
► Good	20.5%	20.6%	21.2%	20.8%
► Fair/poor	2.5%	4.3% *	2.9%	4.1%
Chronic conditions				
► Asthma	11.2%	15.3% †	11.7%	15.5% *
► Mean number of other chronic conditions (excluding age 18)	0.1%	0.1% ‡	0.1%	0.1% ‡

Table 2. Control Variables for Regression Models, Children 0 to 18, Medi-Cal vs. Medicaid in Other States, 2013, *continued*

	MEDI-CAL	MEDICAID IN OTHER STATES	MEDI-CAL MANAGED CARE	MEDICAID MANAGED CARE IN OTHER STATES
Limited because of physical, mental, or emotional problems; uses assistive devices; or developmental delay or mental retardation (excluding age 18)	7.1%	13.8% ‡	7.8%	13.8% ‡
Controls for Socioeconomic Status				
Race/ethnicity				
► White, non-Hispanic	10.9%	38.7% ‡	10.8%	37.5% ‡
► Black, non-Hispanic	10.4%	25.4% ‡	10.9%	25.2% ‡
► Other, non-Hispanic	8.5%	3.9% ‡	8.6%	3.9% ‡
► Hispanic	70.2%	31.9% ‡	69.8%	33.5% ‡
Family structure				
► Two parents present	62.4%	49.5% ‡	63.5%	49.4% ‡
► Mother, no father present	30.8%	41.2% ‡	30.1%	42.5% ‡
► Father, no mother present	3.7%	2.8%	3.6%	2.7%
► No parent present	3.1%	6.4% ‡	2.8%	5.5% †
Citizenship				
► Citizen	97.0%	97.2%	97.3%	97.0%
► Noncitizen	3.0%	2.8%	2.7%	3.0%
► Any noncitizen in HIU	46.5%	21.1% ‡	46.6%	21.8% ‡
Highest level of education in HIU				
► Less than high school	40.3%	26.5% ‡	38.8%	25.1% ‡
► High school diploma/GED	50.5%	63.3% ‡	50.9%	64.6% ‡
► College or graduate degree	9.2%	10.3%	10.3%	10.3%
Employment in HIU				
► Any full-time worker	58.9%	56.3%	59.5%	56.4%
► Part-time worker(s) only	12.0%	13.1%	12.8%	13.8%
► No workers	29.1%	30.6%	27.7%	29.8%
Homeownership				
► HIU member owns home	26.2%	36.0% ‡	27.6%	35.6% †
Health and disability status in HIU				
► Anyone in fair/poor health	15.6%	21.6% ‡	16.6%	22.3% †
► Anyone with fuctional limitation	19.8%	30.5% ‡	20.8%	31.1% ‡

Table 2. Control Variables for Regression Models, Children 0 to 18, Medi-Cal vs. Medicaid in Other States, 2013, *continued*

	MEDI-CAL	MEDICAID IN OTHER STATES	MEDI-CAL MANAGED CARE	MEDICAID MANAGED CARE IN OTHER STATES
HIU income as a percentage of the federal poverty level (FPL)				
► Less than 50%	27.5%	27.3%	27.1%	26.5%
► 50-99%	26.7%	28.8%	27.1%	29.6%
► 100-149%	23.7%	19.7%	23.5%	20.4%
► 150-199%	9.9%	10.6%	9.9%	10.7%
► 200-249%	6.6%	5.7%	6.8%	5.2%
► 250-299%	1.3%	4.2% ‡	1.4%	4.0% †
► 300-399%	3.1%	2.1%	3.0%	1.9%
► 400-499%	0.5%	0.8%	0.5%	0.7%
► 500% or higher	0.7%	0.8%	0.7%	0.9%

* (†) [‡] Significantly different from Medi-Cal at the 0.05 (0.01) [0.001] level, two-tailed test.

Notes: HIU is health insurance unit. GED is General Education Development test. Estimates may not sum to 100% due to rounding.

Source: National Health Interview Survey, 2013.

Caveats. As noted above, a key limitation of the comparison is the inability to focus on full-benefit Medi-Cal and Medicaid/CHIP enrollees given the limitations of survey data. Survey data also limit the adjustments used in the regression analysis to the measures that are available in the survey; thus it may not have been possible to control for all differences between Medi-Cal enrollees and Medicaid enrollees in other states. To the extent that there are unmeasured differences between the groups that affect their health care needs (such as severity of health conditions), the differences reported here will include the effects of those unmeasured differences. That is, the differences in access and use between Medi-Cal enrollees and Medicaid enrollees in other states that persist after adjusting for observed characteristics may not be wholly attributable to program status, as there may be additional unobserved factors related to health and disability status, health-seeking behavior, and socioeconomic status that influence both insurance status and access to care.

In addition, because multiple comparisons are being conducted, it is important to acknowledge that with a 5% level of statistical significance for the tests of differences, one difference in 20 comparisons would be expected to be estimated as statistically significant when it is not, due to chance. Thus, evidence of differences between Medi-Cal and Medicaid will be more compelling if there is consistent evidence of differences across a range of measures.

Results

In presenting the estimates of differences in access to care under Medi-Cal relative to Medicaid programs in other states, focus is placed on differences in 2013 and changes in those differences between 2012 and 2013. Tables summarizing the estimates for 2011 and 2012 and for changes over time are provided in the appendices.

In each table, simple (unadjusted) differences between Medi-Cal enrollees and Medicaid enrollees in other states, and regression-adjusted differences that control for differences in health care needs (Model 1) and health care needs and socioeconomic status (Model 2) between the two groups, are reported. The regression-adjusted means that are reported for the Medicaid enrollees in other states are based on predictions from the regression models for the Medi-Cal enrollees, assuming that they instead were on Medicaid in other states. That prediction provides the estimate of the experiences of

Table 3. Access to Ambulatory Care Under Medi-Cal vs. Medicaid in Other States, Nonelderly Adults 19 to 64, 2013

	SIMPLE ESTIMATES (UNADJUSTED)			MODEL 1 (REGRESSION-ADJUSTED)		MODEL 2 (REGRESSION-ADJUSTED)	
MEASURE	Medi-Cal	Medicaid	Difference	Medicaid	Difference	Medicaid	Difference
Gaps in Potential Access							
Does not have a usual source of care when sick (other than the emergency room)	13.9%	10.2%	3.7	10.7%	3.1	11.8%	2.0
Relies on the emergency room as usual source of care when sick	3.1%	1.8%	1.4	1.7%	1.4	2.0%	1.1
Does not have a usual source of care for routine care (other than the emergency room)	10.8%	7.0%	3.8	7.4%	3.4	7.5%	3.3
Reported difficulties finding a provider taking new patients in the prior year	2.2%	4.6%	–2.4*	3.7%	–1.5	3.3%	–1.2
Reported difficulties finding a provider taking insurance type in the prior year	4.8%	6.6%	–1.8	5.6%	–0.8	5.1%	–0.2
Gaps in Realized Access: Use of Care							
Did not have a doctor visit in the prior year	30.7%	27.2%	3.5	29.8%	0.9	31.3%	–0.6
Did not have a specialist visit in the prior year	46.0%	33.5%	12.5‡	36.4%	9.7†	36.9%	9.1†
Did not have a dental visit in the prior year	51.5%	48.6%	3.0	45.8%	5.8	44.5%	7.1*
Did not have a flu vaccination in the prior year	68.9%	61.0%	7.9*	62.2%	6.8*	60.0%	8.9†
Among women 18 and older, did not have a Pap smear in the prior year	37.9%	41.5%	–3.7	38.3%	–0.4	38.5%	–0.7
Delayed needed care because of difficulty getting an appointment	10.3%	7.6%	2.7	5.9%	4.3*	5.2%	5.1*
Had two or more emergency room visits in the prior year	13.5%	18.1%	–4.6*	13.9%	–0.4	13.6%	0.0
Most recent emergency room visit was because doctor's office or clinic was not open	12.2%	17.4%	–5.2*	14.6%	–2.4	14.6%	–2.4
Gaps in Realized Access: Affordability of Care							
Had unmet need for care because of concerns about affordability in the prior year	33.1%	27.5%	5.5	23.3%	9.8†	23.3%	9.8†
Delayed needed care because of worry about cost in the prior year	6.2%	6.9%	–0.7	6.0%	0.2	4.7%	1.5
Family had difficulty paying medical bills in the prior year	14.0%	20.5%	–6.5†	17.8%	–3.8	16.7%	–2.7
Family not able to pay medical bills in the prior year	5.7%	13.5%	–7.8‡	11.9%	–6.1‡	10.3%	–4.5*
Somewhat or very worried about ability to pay medical bills in the future	53.3%	47.5%	5.8	49.6%	3.8	51.9%	1.4
Health Outcomes and Health Behaviors							
Self-reported health status is fair or poor	24.3%	31.0%	–6.7*	30.7%	–6.4*	24.6%	–0.3
Is a current smoker	15.1%	31.8%	–16.7‡	31.9%	–16.9‡	24.0%	–9.0‡
Reports height and weight that imply obesity	31.3%	36.7%	–5.4	36.6%	–5.3	35.4%	–4.1

* (†) [‡] Significantly different from zero at the 0.05 (0.01) [0.001] level, two-tailed test.

Notes: *Model 1 regression-adjusted estimates* are derived from multivariate regression models that control for age, sex, and health status (except for health outcomes and health behaviors). *Model 2 regression-adjusted estimates* are derived from multivariate regression models that control for the variables in Model 1 plus socioeconomic status. The regression-adjusted means that are reported for Medicaid adults in other states based on those models are derived using the characteristics of Medi-Cal adults. Estimate of differences may differ from calculated differences due to rounding.

Source: National Health Interview Survey, 2013.

Medi-Cal enrollees if they instead had coverage through other state Medicaid programs. In presenting the results, focus is placed on the simple differences between Medi-Cal and Medicaid in other states and the impacts of the regression adjustments on those estimated differences.

Access to Care for Nonelderly Adults in 2013

Connection to the health care system. Relatively few nonelderly adults on Medi-Cal reported gaps in their potential access to care, as measured by not having a usual source of health care or difficulties finding providers (Table 3, page 16). An estimated 13.9% of the nonelderly Medi-Cal adults did not have a usual source of care when sick, and 10.8% did not have a usual source of care for routine care. Only 2.2% reported difficulties finding a provider taking new patients, and 4.8% reported difficulties finding a provider taking Medi-Cal.

The estimates of gaps in potential access to care were quite similar for Medi-Cal adults and Medicaid adults in other states. The only statistically significant difference was in the share of adults reporting difficulties finding a provider taking new patients, which was 2.2% for Medi-Cal adults as compared to 4.6% for Medicaid adults in other states based on simple (unadjusted) estimates. However, controlling for differences in health care needs between Medi-Cal adults and Medicaid adults in other states eliminated that difference. For adults with similar health care needs, Medi-Cal and Medicaid in other states provide similar levels of potential access to care (Table 4).

Gaps in receipt of care. For gaps in realized access that are measured by use of care, the simple differences show areas in which Medi-Cal is better (emergency room use), areas in which Medi-Cal is the same (doctor and dental visits), and areas in which Medi-Cal is worse (specialist visits and flu vaccinations) than Medicaid in other states. For example, 46.0% of Medi-Cal adults did not have a specialist care visit in the prior year, which was 12.5 percentage points higher than the 33.5% of Medicaid adults in other states without a visit to a specialist. In this case, controlling for differences in health care needs and socioeconomic status tends to exacerbate some differences, with more Medi-Cal adults reporting delaying needed care because of difficulty getting an appointment than Medicaid adults in other states with similar health care needs, and Medi-Cal adults more likely to go without a dental care visit than Medicaid adults in other states with similar health care needs and socioeconomic status.

Table 4. Summary of Differences Between Medi-Cal and Medicaid in Other States, Nonelderly Adults 19 to 64, 2013

	GAPS IN POTENTIAL ACCESS (5 MEASURES)	GAPS IN REALIZED ACCESS: USE OF CARE (8 MEASURES)	GAPS IN REALIZED ACCESS: AFFORDABILITY OF CARE (5 MEASURES)	HEALTH OUTCOMES AND HEALTH BEHAVIORS (3 MEASURES)
Simple Differences				
Medi-Cal better	1	2	2	2
Medi-Cal same	4	4	3	1
Medi-Cal worse	0	2	0	0
Regression-Adjusted Differences: Controlling for Health Care Needs (Model 1)				
Medi-Cal better	0	0	1	2
Medi-Cal same	5	5	3	1
Medi-Cal worse	0	3	1	0
Regression-Adjusted Differences: Controlling for Health Care Needs and Socioeconomic Status (Model 2)				
Medi-Cal better	0	0	1	1
Medi-Cal same	5	4	3	2
Medi-Cal worse	0	4	1	0

Source: National Health Interview Survey, 2013.

After controlling for health care needs and socioeconomic status, gaps in access for Med-Cal adults on measures of use of care were the same as that of Medicaid adults in other states on four measures and worse on four measures (Table 4). Medi-Cal performed worse than Medicaid on four measures: did not have a specialist visit (46.0% vs. 36.9%), a dental visit (51.5% vs. 44.5%), or a flu vaccination (68.9% vs. 60.0%) in the prior year, and delayed needed care because of difficulty getting an appointment in the prior year (10.3% vs. 5.2%).

Gaps in affordability of care. For gaps in realized access that are measured by affordability of care, the simple differences for adults show that problems with access due to affordability of care were less of an issue in Medi-Cal relative to other Medicaid programs. For example, 14.0% of Medi-Cal adults reported that their family had difficulty paying medical bills in the prior year, as compared to 20.5% for Medicaid adults in other states.

However, controlling for differences in health care needs and socioeconomic status leads to a somewhat different story, with Medi-Cal adults doing better in terms of problems paying medical bills but worse on unmet need for care because of concerns about health care affordability than similar adults on Medicaid in other states. On the five measures of affordability of care, Medi-Cal adults do better than Medicaid adults in other states on one measure, worse on one measure, and the same on three measures after controlling for differences in health care needs and socioeconomic status (Table 4). Of particular concern, Medi-Cal adults were more likely to report unmet need for care because of concerns about affordability over the prior year than were similar adults on Medicaid in other states (33.1 vs. 23.3%).

Gaps in health and health behaviors. Finally, nonelderly adults on Medi-Cal report better health status and less smoking than do Medicaid adults in other states based on simple differences (Table 3). After controlling for health care needs and socioeconomic status, the differences in health status (i.e., self-reported health status is fair or poor; self-reported height and weight imply obesity) between Medi-Cal and Medicaid adults were no longer statistically significant. However, the differences in smoking remained significant, with Medi-Cal adults 9.0 percentage points less likely to be current smokers than Medicaid adults in other states (15.1% vs. 24.0%).

Changes in Access to Care for Nonelderly Adults Between 2012 and 2013

For the most part, the patterns of access to care for Medi-Cal adults relative to Medicaid adults in other states in 2013 are not significantly different from the patterns observed in 2012, as shown in Table 5. The only significant change over time was in the share of adults who were somewhat or very worried about their ability to pay medical bills in the future. For that measure, the

Table 5. Differences and Change in Differences Between Access to Ambulatory Care Under Medi-Cal vs. Medicaid in Other States, Nonelderly Adults 19 to 64, 2012 to 2013

	SIMPLE ESTIMATES (UNADJUSTED)			MODEL 1 (REGRESSION-ADJUSTED)	MODEL 2 (REGRESSION-ADJUSTED)
MEASURE	2013	2012	Change	Change 2012 to 2013	Change 2012 to 2013
Gaps in Potential Access					
Does not have a usual source of care when sick (other than the emergency room)	3.7	7.4	–3.7	–3.0	–1.9
Relies on the emergency room as usual source of care when sick	1.4	0.2	1.1	1.3	1.3
Does not have a usual source of care for routine care (other than the emergency room)	3.8	5.4	–1.6	–0.9	0.1
Reported difficulties finding a provider taking new patients in the prior year	–2.4	0.1	–2.5	–2.1	–2.1
Reported difficulties finding a provider taking insurance type in the prior year	–1.8	1.9	–3.7	–3.5	–3.5

Table 5. Differences and Change in Differences Between Access to Ambulatory Care Under Medi-Cal vs. Medicaid in Other States, Nonelderly Adults 19 to 64, 2012 to 2013, *continued*

	SIMPLE ESTIMATES (UNADJUSTED)			MODEL 1 (REGRESSION-ADJUSTED)	MODEL 2 (REGRESSION-ADJUSTED)
MEASURE	2013	2012	Change	Change 2012 to 2013	Change 2012 to 2013
Gaps in Realized Access: Use of Care					
Did not have a doctor visit in the prior year	3.5	10.7	–7.2	–6.6	–6.3
Did not have a specialist visit in the prior year	12.5	14.8	–2.3	–2.2	–1.0
Did not have a dental visit in the prior year	3.0	8.2	–5.2	–3.7	–2.9
Did not have a flu vaccination in the prior year	7.9	6.5	1.4	2.4	2.3
Among women 18 and older, did not have a Pap smear in the prior year	–3.7	2.7	–6.4	–5.7	–3.5
Delayed needed care because of difficulty getting an appointment	2.7	2.9	–0.2	0.2	–0.3
Had two or more emergency room visits in the prior year	–4.6	–6.6	2.0	3.2	3.1
Most recent emergency room visit was because doctor's office or clinic was not open	–5.2	–2.6	–2.6	–2.5	–3.0
Gaps in Realized Access: Affordability of Care					
Had unmet need for care because of concerns about affordability in the prior year	5.5	9.0	–3.4	–2.7	–2.9
Delayed needed care because of worry about cost in the prior year	–0.7	0.8	–1.6	–1.3	–1.3
Family had difficulty paying medical bills in the prior year	–6.5	–7.0	0.5	1.2	0.8
Family not able to pay medical bills in the prior year	–7.8	–4.1	–3.7	–3.0	–3.3
Somewhat or very worried about ability to pay medical bills in the future	5.8	15.7	–9.9*	–9.4*	–9.2*
Health Outcomes and Health Behaviors					
Self-reported health status is fair or poor	–6.7	–2.2	–4.4	–5.3	–0.3
Is a current smoker	–16.7	–8.8	–7.9	–8.0	–5.4
Reports height and weight that imply obesity	–5.4	–6.7	1.2	1.2	1.8

*Significantly different from zero at the 0.05 level, two-tailed test.

Notes: *Model 1 regression-adjusted estimates* are derived from multivariate regression models that control for age, sex, and health status (except for health outcomes and health behaviors). *Model 2 regression-adjusted estimates* are derived from multivariate regression models that control for the variables in Model 1 plus socioeconomic status. The regression-adjusted means that are reported for Medicaid adults in other states based on those models are derived using the characteristics of Medi-Cal adults. Estimate of differences may differ from calculated differences due to rounding.

Source: National Health Interview Survey, 2012 and 2013.

Table 6. Access to Ambulatory Care Under Medi-Cal Managed Care vs. Medicaid Managed Care in Other States, Nonelderly Adults 19 to 64, 2013

	SIMPLE ESTIMATES (UNADJUSTED)			MODEL 1 (REGRESSION-ADJUSTED)		MODEL 2 (REGRESSION-ADJUSTED)	
MEASURE	Medi-Cal	Medicaid	Difference	Medicaid	Difference	Medicaid	Difference
Gaps in Potential Access							
Does not have a usual source of care when sick (other than the emergency room)	12.0%	8.8%	3.1	9.2%	2.8	9.6%	2.3
Relies on the emergency room as usual source of care when sick	3.0%	1.6%	1.4	1.5%	1.4	1.5%	1.5
Does not have a usual source of care for routine care (other than the emergency room)	10.2%	6.1%	4.2	6.5%	3.7	6.1%	4.2*
Reported difficulties finding a provider taking new patients in the prior year	1.3%	4.9%	–3.6†	3.9%	–2.6*	3.1%	–1.8
Reported difficulties finding a provider taking insurance type in the prior year	4.0%	6.8%	–2.8	5.7%	–1.6	5.4%	–1.3
Gaps in Realized Access: Use of Care							
Did not have a doctor visit in the prior year	28.9%	26.1%	2.8	29.2%	–0.2	30.2%	–1.3
Did not have a specialist visit in the prior year	45.5%	33.7%	11.8†	37.6%	7.9*	38.7%	6.8
Did not have a dental visit in the prior year	52.7%	47.5%	5.2	45.7%	7.0	43.9%	8.8*
Did not have a flu vaccination in the prior year	71.8%	61.8%	10.0†	62.5%	9.3†	61.0%	10.7†
Among women 18 and older, did not have a Pap smear in the prior year	36.2%	39.6%	–3.4	36.9%	–0.7	36.8%	–0.5
Delayed needed care because of difficulty getting an appointment	10.8%	8.0%	2.8	6.5%	4.3	5.8%	4.9*
Had two or more emergency room visits in the prior year	13.8%	17.8%	–4.0	13.0%	0.7	12.8%	0.9
Most recent emergency room visit was because doctor's office or clinic was not open	13.1%	18.5%	–5.4*	15.4%	–2.3	14.7%	–1.6
Gaps in Realized Access: Affordability of Care							
Had unmet need for care because of concerns about affordability in the prior year	34.5%	27.9%	6.7	24.0%	10.6†	22.9%	11.6†
Delayed needed care because of worry about cost in the prior year	6.2%	7.0%	–0.8	6.5%	–0.2	4.6	1.6
Family had difficulty paying medical bills in the prior year	14.4%	21.1%	–6.7*	18.5%	–4.2	17.6%	–3.2
Family not able to pay medical bills in the prior year	6.0%	13.5%	–7.6‡	12.1%	–6.2†	10.5%	–4.5*
Somewhat or very worried about ability to pay medical bills in the future	55.0%	49.1%	6.0	51.0%	4.0	51.7%	3.3
Health Outcomes and Health Behaviors							
Self-reported health status is fair or poor	24.8%	28.3%	–3.5	28.5%	–3.7	25.1%	–0.3
Is a current smoker	14.7%	30.8%	–16.2‡	31.1%	–16.4‡	23.7%	–9.0†
Reports height and weight that imply obesity	30.8%	36.4%	–5.5	36.3%	–5.5	35.1%	–4.2

* (†) [‡] Significantly different from zero at the 0.05 (0.01) [0.001] level, two-tailed test.

Notes: *Model 1 regression-adjusted estimates* are derived from multivariate regression models that control for age, sex, and health status (except for health outcomes and health behaviors). *Model 2 regression-adjusted estimates* are derived from multivariate regression models that control for the variables in Model 1 plus socioeconomic status. The regression-adjusted means that are reported for Medicaid adults in other states based on those models are derived using the characteristics of Medi-Cal adults. Estimate of differences may differ from calculated differences due to rounding.

Source: National Health Interview Survey, 2013.

gap between Medi-Cal and Medicaid in other states was larger in 2013 than in 2012, with Medicaid adults in other states more worried over time than Medi-Cal adults.

Access to Care for Nonelderly Adults in Managed Care in 2013

Not surprisingly, given the high penetration of managed care in the Medi-Cal program, the general patterns observed when the comparison is limited to adults in managed care are similar to those for the overall Medi-Cal population (Table 6 on the previous page). After controlling for differences in health care needs and socioeconomic status, Medi-Cal managed care adults do better than Medicaid managed care adults in other states on 2 measures, worse on 5 measures, and the same on 14 measures (Table 7). The areas where Medi-Cal adults in managed care report greater gaps than Medicaid adults in managed care in other states include not having a usual source of care for routine care, not having a dental care visit over the prior year, not receiving a flu vaccination over the prior year, delaying needed care because of difficulty getting an appointment in the prior year, and unmet need for care because of concerns about affordability of care in the prior year.

There were no significant changes in the patterns of access to care for adults in managed care under Medi-Cal and adults in Medicaid in other states between 2012 and 2013 (Table 8, page 22).

Access to Care for Children in 2013

Connection to the health care system. Access to care under Medi-Cal tends to be much better for children than for nonelderly adults. Only 3.9% of Medi-Cal children did not have a usual source of care when sick, and only 2.1% did not have a usual source of care for routine care (Table 9, page 23). This strong connection to the health care system is also true for Medicaid children in other states: There are no significant differences in access to care for children in Medi-Cal and Medicaid in other states based on either simple differences or regression-adjusted differences (Table 10, page 24).

Gaps in receipt of care. When looking at gaps in realized access to care as measured by use of care based on simple differences, Medi-Cal children fare better than Medicaid children in other states on two measures, the same on two measures, and worse on four measures. Notably, children in Medi-Cal were 5.9 percentage

Table 7. Summary of Differences Between Medi-Cal Managed Care and Medicaid Managed Care in Other States, Nonelderly Adults 19 to 64, 2013

	GAPS IN POTENTIAL ACCESS (5 MEASURES)	GAPS IN REALIZED ACCESS: USE OF CARE (8 MEASURES)	GAPS IN REALIZED ACCESS: AFFORDABILITY OF CARE (5 MEASURES)	HEALTH OUTCOMES AND HEALTH BEHAVIORS (3 MEASURES)
Simple Differences				
Medi-Cal better	1	1	2	2
Medi-Cal same	4	5	3	1
Medi-Cal worse	0	2	0	0
Regression-Adjusted Differences: Controlling for Health Care Needs (Model 1)				
Medi-Cal better	1	0	1	2
Medi-Cal same	4	6	3	1
Medi-Cal worse	0	2	1	0
Regression-Adjusted Differences: Controlling for Health Care Needs and Socioeconomic Status (Model 2)				
Medi-Cal better	0	0	1	1
Medi-Cal same	4	5	3	2
Medi-Cal worse	1	3	1	0

Source: National Health Interview Survey, 2013.

Table 8. Differences and Change in Differences Between Access to Ambulatory Care Under Medi-Cal Managed Care vs. Medicaid Managed Care in Other States, Nonelderly Adults 19 to 64, 2012 to 2013

	SIMPLE ESTIMATES (UNADJUSTED)			MODEL 1 (REGRESSION-ADJUSTED)	MODEL 2 (REGRESSION-ADJUSTED)
MEASURE	2013	2012	Change	Change 2012 to 2013	Change 2012 to 2013
Gaps in Potential Access					
Does not have a usual source of care when sick (other than the emergency room)	3.1	4.3	–1.2	–0.6	0.0
Relies on the emergency room as usual source of care when sick	1.4	–0.3	1.7	1.6	1.6
Does not have a usual source of care for routine care (other than the emergency room)	4.2	4.9	–0.8	–0.3	0.6
Reported difficulties finding a provider taking new patients in the prior year	–3.6	0.7	–4.3	–3.8	–4.1
Reported difficulties finding a provider taking insurance type in the prior year	–2.8	0.4	–3.2	–2.8	–3.1
Gaps in Realized Access: Use of Care					
Did not have a doctor visit in the prior year	2.8	12.5	–9.7	–9.1	–9.4
Did not have a specialist visit in the prior year	11.8	15.7	–3.9	–4.5	–3.9
Did not have a dental visit in the prior year	5.2	10.0	–4.8	–3.8	–3.3
Did not have a flu vaccination in the prior year	10.0	7.8	2.2	2.6	2.7
Among women 18 and older, did not have a Pap smear in the prior year	–3.4	6.5	–9.9	–10.0	–7.9
Delayed needed care because of difficulty getting an appointment	2.8	2.6	0.2	0.4	–0.4
Had two or more emergency room visits in the prior year	–4.0	–6.2	2.2	3.8	3.6
Most recent emergency room visit was because doctor's office or clinic was not open	–5.4	–3.2	–2.3	–2.0	–2.3
Gaps in Realized Access: Affordability of Care					
Had unmet need for care because of concerns about affordability in the prior year	6.7	9.7	–3.0	–2.8	–2.9
Delayed needed care because of worry about cost in the prior year	–0.8	1.0	–1.8	–1.7	–1.5
Family had difficulty paying medical bills in the prior year	–6.7	–6.4	–0.3	0.5	0.0
Family not able to pay medical bills in the prior year	–7.6	–2.5	–5.0	–4.5	–4.5
Somewhat or very worried about ability to pay medical bills in the future	6.0	14.4	–8.4	–8.7	–8.9
Health Outcomes and Health Behaviors					
Self-reported health status is fair or poor	–3.5	–1.1	–2.4	–3.6	0.1
Is a current smoker	–16.2	–9.7	–6.5	–6.6	–3.7
Reports height and weight that imply obesity	–5.5	–6.4	0.8	0.4	1.1

Notes: *Model 1 regression-adjusted estimates* are derived from multivariate regression models that control for age, sex, and health status (except for health outcomes and health behaviors). *Model 2 regression-adjusted estimates* are derived from multivariate regression models that control for the variables in Model 1 plus socioeconomic status. The regression-adjusted means that are reported for Medicaid adults in other states based on those models are derived using the characteristics of Medi-Cal adults. Estimate of differences may differ from calculated differences due to rounding.

Source: National Health Interview Survey, 2012 and 2013.

Table 9. Access to Ambulatory Care Under Medi-Cal vs. Medicaid in Other States, Children 0 to 18, 2013

	SIMPLE ESTIMATES (UNADJUSTED)			MODEL 1 (REGRESSION-ADJUSTED)		MODEL 2 (REGRESSION-ADJUSTED)	
MEASURE	Medi-Cal	Medicaid	Difference	Medicaid	Difference	Medicaid	Difference
Gaps in Potential Access							
Does not have a usual source of care when sick (other than the emergency room)	3.9%	3.2%	0.7	3.5%	0.4	3.8%	0.0
Relies on the emergency room as usual source of care when sick	0.8%	0.9%	–0.1	0.8%	0.0	0.9%	–0.1
Does not have a usual source of care for routine care (other than the emergency room)	2.1%	1.2%	0.9	1.4%	0.7	1.6%	0.5
Gaps in Realized Access: Use of Care							
Did not have a doctor visit in the prior year	18.6%	17.1%	1.5	18.3%	0.3	19.7%	–1.1
Did not have a well-child checkup in the prior year (excluding age 18)	20.1%	14.1%	5.9†	15.1%	5.0†	17.2%	2.9
Did not have a specialist visit in the prior year	74.5%	63.9%	10.6‡	66.1%	8.4‡	68.4%	6.1*
Did not have a dental visit in the prior year	24.8%	20.2%	4.6*	19.6%	5.2*	18.5%	6.2†
Did not have a flu vaccination in the prior year	54.9%	51.9%	3.1	53.1%	1.9	49.1%	5.8*
Delayed needed care because of difficulty getting an appointment	7.3%	4.6%	2.8*	4.3%	3.1*	4.7%	2.7
Had two or more emergency room visits in the prior year	3.6%	10.6%	–7.0‡	9.5%	–5.9‡	8.8%	–5.2‡
Most recent emergency room visit was because doctor's office or clinic was not open	9.0%	15.9%	–6.9‡	14.9%	–5.9‡	11.2%	–2.1
Gaps in Realized Access: Affordability of Care							
Had unmet need for care because of concerns about affordability in the prior year	8.8%	8.1%	0.7	7.7%	1.2	7.6%	1.2
Delayed needed care because of worry about the cost in the prior year	1.6%	1.0%	0.6	0.9%	0.6	0.7%	0.8
Family had difficulty paying medical bills in the prior year	17.3%	28.2%	–10.8‡	27.2%	–9.9‡	25.0%	–7.6‡
Family not able to pay medical bills in the prior year	8.9%	19.0%	–10.1‡	18.2%	–9.3‡	16.1%	–7.2‡
Adult in household somewhat or very worried about ability to pay medical bills in the future	47.7%	44.0%	3.8	44.1%	3.6	47.2%	0.5
Health Outcomes							
Self-reported health status is fair or poor	2.5%	4.3%	–1.8*	4.5%	–2.0†	3.6%	–1.1

* (†) [‡] Significantly different from zero at the 0.05 (0.01) [0.001] level, two-tailed test.

Notes: *Model 1 regression-adjusted* estimates are derived from multivariate regression models that control for age, sex, and health status (except for health outcomes). *Model 2 regression-adjusted estimates* are derived from multivariate regression models that control for the variables in Model 1 plus socioeconomic status. The regression-adjusted means that are reported for children with ESI based on those models are derived using the characteristics of Medi-Cal children. Estimate of differences may differ from calculated differences due to rounding.

Source: National Health Interview Survey, 2013.

points more likely than other Medicaid children to not have received a well-child checkup in the prior year, with 20.1% of Medi-Cal children missing a well-child visit (Table 9). Those differences persisted after controlling for differences in health care needs between Medi-Cal children and Medicaid children in other states. However, adding controls for differences in health care needs and socioeconomic status eliminates the gap in well-child checkups.

Thus, for children with similar health care needs and socioeconomic status, Medi-Cal does better than Medicaid in other states on one measure, the same on four measures, and worse on three measures (Table 10). The three measures that Medi-Cal does worse on than Medicaid in other states for similar children include: did not have a specialist visit (74.5% vs. 68.4%), did not have a dental visit (24.8% vs. 18.5%), and did not have a flu vaccination (54.9% vs. 49.1%) in the prior year.

Gaps in affordability of care. For gaps in realized access related to the affordability of care, Medi-Cal children do as well as or better than Medicaid children in other states on all of the measures (Table 9). The findings here, which are consistent across the simple and regression-adjusted differences, show that Medi-Cal children fare better on two measures and the same on three measures as Medicaid children in other states (Table 10). Similar to the findings for adults, children in Medi-Cal are less likely than similar children in Medicaid in other states to live in a family that had difficulty paying medical bills (17.3% vs. 28.2%) or was unable to pay its medical bills (8.9% vs. 19.0%) in the prior year (Table 9).

Gaps in health. Children in Medi-Cal and children in Medicaid in other states are generally quite healthy (Table 9). Children on Medi-Cal are 1.8 percentage points less likely to be in fair or poor health. When controlling for health care needs, children in Medi-Cal still fare slightly better than children in other Medicaid programs; however, those differences are no longer significant when also controlling for differences in socioeconomic status.

Changes in Access to Care for Children Between 2012 and 2013

As was the case for adults, there were few significant differences in gaps in access to care for Medi-Cal children relative to Medicaid children in other states in 2013 relative to 2012, as shown in Table 11 (page 25). The significant changes that do exist indicate a narrowing of the gap on a couple measures. After controlling for

Table 10. Summary of Differences Between Medi-Cal and Medicaid in Other States, Children 0 to 18, 2013

	GAPS IN POTENTIAL ACCESS (5 MEASURES)	GAPS IN REALIZED ACCESS: USE OF CARE (8 MEASURES)	GAPS IN REALIZED ACCESS: AFFORDABILITY OF CARE (5 MEASURES)	HEALTH OUTCOMES (1 MEASURE)
Simple Differences				
Medi-Cal better	0	2	2	1
Medi-Cal same	3	2	3	0
Medi-Cal worse	0	4	0	0
Regression-Adjusted Differences: Controlling for Health Care Needs (Model 1)				
Medi-Cal better	0	2	2	1
Medi-Cal same	3	2	3	0
Medi-Cal worse	0	4	0	0
Regression-Adjusted Differences: Controlling for Health Care Needs and Socioeconomic Status (Model 2)				
Medi-Cal better	0	1	2	0
Medi-Cal same	3	4	3	1
Medi-Cal worse	0	3	0	0

Source: National Health Interview Survey, 2013.

Table 11. Differences and Change in Differences Between Access to Ambulatory Care Under Medi-Cal vs. Medicaid in Other States, Children 0 to 18, 2012 to 2013

MEASURE	SIMPLE ESTIMATES (UNADJUSTED) 2013	2012	Change	MODEL 1 (REGRESSION-ADJUSTED) Change 2012 to 2013	MODEL 2 (REGRESSION-ADJUSTED) Change 2012 to 2013
Gaps in Potential Access					
Does not have a usual source of care when sick (other than the emergency room)	0.7	–0.2	0.8	0.8	0.8
Relies on the emergency room as usual source of care when sick	–0.1	0.2	–0.2	–0.3	–0.2
Does not have a usual source of care for routine care (other than the emergency room)	0.9	0.3	0.6	0.5	0.5
Gaps in Realized Access: Use of Care					
Did not have a doctor visit in the prior year	1.5	–3.6	5.1	4.9	4.5
Did not have a well-child checkup in the prior year (excluding age 18)	5.9	5.4	0.5	0.5	0.8
Did not have a specialist visit in the prior year	10.6	12.6	–2.0	–2.7	–3.0
Did not have a dental visit in the prior year	4.6	6.8	–2.2	–2.1	–1.9
Did not have a flu vaccination in the prior year	3.1	7.2	–4.1	–4.4	–4.6
Delayed needed care because of difficulty getting an appointment	2.8	2.1	0.7	0.8	1.1
Had two or more emergency room visits in the prior year	–7.0	–2.8	–4.2†	–3.9*	–3.8*
Most recent emergency room visit was because doctor's office or clinic was not open	–6.9	–1.0	–5.9‡	–5.8‡	–5.8‡
Gaps in Realized Access: Affordability of Care					
Had unmet need for care because of concerns about affordability in the prior year	0.7	3.1	–2.4	–2.3	–1.9
Delayed needed care because of worry about the cost in the prior year	0.6	0.5	0.0	0.1	0.1
Family had difficulty paying medical bills in the prior year	–10.8	–12.6	1.8	2.3	2.7
Family not able to pay medical bills in the prior year	–10.1	–9.4	–0.7	–0.3	0.1
Adult in household somewhat or very worried about ability to pay medical bills in the future	3.8	3.7	0.1	0.2	1.0
Health Outcomes					
Self-reported health status is fair or poor	–1.8	–0.5	–1.3	–1.4	–0.5

* (†) [‡] Significantly different from zero at the 0.05 (0.01) [0.001] level, two-tailed test.

Notes: *Model 1 regression-adjusted estimates* are derived from multivariate regression models that control for age, sex, and health status (except for health outcomes and health behaviors). *Model 2 regression-adjusted estimates* are derived from multivariate regression models that control for the variables in Model 1 plus socioeconomic status. The regression-adjusted means that are reported for children with ESI based on those models are derived using the characteristics of Medi-Cal children. Estimate of differences may differ from calculated differences due to rounding.

Source: National Health Interview Survey, 2012 and 2013.

differences in health care needs and socioeconomic status, Medi-Cal children were doing better over time than Medicaid children in emergency room usage and in using the emergency room because the doctor's office was not open.

Access to Care for Children in Managed Care in 2013

With nearly all Medi-Cal children in managed care, the comparison of access to care for children in managed care in Medi-Cal and in managed care in Medicaid in other states is quite similar to the comparison for the overall population of children (Table 12). As with children overall, Medi-Cal children in managed care do the same or better than Medicaid children in managed care in other states on most measures. After controlling for differences in health care needs and socioeconomic status, Medi-Cal managed care children do better than Medicaid managed care children in other states on 3 measures, the same on 10 measures, and worse on 4 measures (Table 13, page 27). The four measures that Medi-Cal does worse than Medicaid in other states for children are all measures of use of care and include: did not have a specialist visit, did not have a dental visit, did not have a flu vaccination, and delayed needed care because of difficulty getting an appointment, in the prior year.

As was true for Medicaid children overall, there were few significant changes in the patterns of access to care for children in managed care under Medi-Cal and Medicaid in other states between 2012 and 2013 (Table 14, page 28). After controlling for differences in health care needs and socioeconomic status, Medi-Cal managed care children were doing less well over time than Medicaid managed care children in other states in doctor visits but better than Medicaid managed care children in emergency room use.

Table 12. Access to Ambulatory Care Under Medi-Cal Managed Care vs. Medicaid Managed Care in Other States, Children 0 to 18, 2013

	SIMPLE ESTIMATES (UNADJUSTED)			MODEL 1 (REGRESSION-ADJUSTED)		MODEL 2 (REGRESSION-ADJUSTED)	
MEASURE	Medi-Cal	Medicaid	Difference	Medicaid	Difference	Medicaid	Difference
Gaps in Potential Access							
Does not have a usual source of care when sick (other than the emergency room)	3.3%	3.0%	0.3	3.2%	0.1	3.3%	0.0
Relies on the emergency room as usual source of care when sick	0.6%	0.6%	0.0	0.6%	0.0	0.5%	0.1
Does not have a usual source of care for routine care (other than the emergency room)	1.4%	1.1%	0.4	1.2%	0.2	1.5%	–0.1
Gaps in Realized Access: Use of Care							
Did not have a doctor visit in the prior year	17.1%	16.0%	1.1	16.9%	0.2	16.9%	0.1
Did not have a well-child checkup in the prior year (excluding age 18)	18.8%	13.6%	5.2*	14.6%	4.3*	16.0%	2.8
Did not have a specialist visit in the prior year	74.1%	62.8%	11.3‡	65.0%	9.1‡	67.5%	6.6*
Did not have a dental visit in the prior year	24.7%	20.0%	4.7	19.5%	5.1*	17.4%	7.3†
Did not have a flu vaccination in the prior year	54.5%	50.1%	4.4	51.2%	3.3	47.7%	6.8*
Delayed needed care because of difficulty getting an appointment	8.2%	5.1%	3.0*	4.7%	3.4*	4.7%	3.5*
Had two or more emergency room visits in the prior year	3.6%	10.8%	–7.1‡	9.9%	–6.3‡	9.0%	–5.4‡
Most recent emergency room visit was because doctor's office or clinic was not open	9.2%	15.9%	–6.8‡	14.9%	–5.8‡	11.0%	–1.8

Table 12. Access to Ambulatory Care Under Medi-Cal Managed Care vs. Medicaid Managed Care in Other States, Children 0 to 18, 2013, *continued*

	SIMPLE ESTIMATES (UNADJUSTED)			MODEL 1 (REGRESSION-ADJUSTED)		MODEL 2 (REGRESSION-ADJUSTED)	
MEASURE	Medi-Cal	Medicaid	Difference	Medicaid	Difference	Medicaid	Difference
Gaps in Realized Access: Affordability of Care							
Had unmet need for care because of concerns about affordability in the prior year	9.6%	8.1%	1.5	7.5%	2.1	7.7%	1.9
Delayed needed care because of worry about the cost in the prior year	1.7%	1.0%	0.7	1.0%	0.7	0.7%	1.0
Family had difficulty paying medical bills in the prior year	17.5%	29.1%	–11.5‡	28.0%	–10.4‡	26.5%	–9.0‡
Family not able to pay medical bills in the prior year	9.0%	19.8%	–10.7‡	18.9%	–9.8‡	17.3%	–8.2‡
Adult in household somewhat or very worried about ability to pay medical bills in the future	49.0%	47.0%	1.9	47.2%	1.8	50.4%	–1.4
Health Outcomes							
Self-reported health status is fair or poor	2.9%	4.1%	–1.3	4.3%	–1.4	3.6%	–0.7

* (†) [‡] Significantly different from zero at the 0.05 (0.01) [0.001] level, two-tailed test.

Notes: *Model 1 regression-adjusted* estimates are derived from multivariate regression models that control for age, sex, and health status (except for health outcomes). *Model 2 regression-adjusted estimates* are derived from multivariate regression models that control for the variables in Model 1 plus socioeconomic status. The regression-adjusted means that are reported for children with ESI based on those models are derived using the characteristics of Medi-Cal children. Estimate of differences may differ from calculated differences due to rounding.

Source: National Health Interview Survey, 2013.

Table 13. Summary of Differences Between Medi-Cal Managed Care and Medicaid Managed Care in Other States Children 0 to 18, 2013

	GAPS IN POTENTIAL ACCESS (5 MEASURES)	GAPS IN REALIZED ACCESS: USE OF CARE (8 MEASURES)	GAPS IN REALIZED ACCESS: AFFORDABILITY OF CARE (5 MEASURES)	HEALTH OUTCOMES (1 MEASURE)
Simple Differences				
Medi-Cal better	0	2	2	0
Medi-Cal same	3	3	3	1
Medi-Cal worse	0	3	0	0
Regression-Adjusted Differences: Controlling for Health Care Needs (Model 1)				
Medi-Cal better	0	2	2	0
Medi-Cal same	3	2	3	1
Medi-Cal worse	0	4	0	0
Regression-Adjusted Differences: Controlling for Health Care Needs and Socioeconomic Status (Model 2)				
Medi-Cal better	0	1	2	0
Medi-Cal same	3	3	3	1
Medi-Cal worse	0	4	0	0

Table 14. Differences and Change in Differences Between Access to Ambulatory Care Under Medi-Cal Managed Care vs. Medicaid Managed Care in Other States, Children 0 to 18, 2012 to 2013

	SIMPLE ESTIMATES (UNADJUSTED)			MODEL 1 (REGRESSION-ADJUSTED)	MODEL 2 (REGRESSION-ADJUSTED)
MEASURE	2013	2012	Change	Change 2012 to 2013	Change 2012 to 2013
Gaps in Potential Access					
Does not have a usual source of care when sick (other than the emergency room)	0.3	0.0	0.3	0.3	0.3
Relies on the emergency room as usual source of care when sick	0.0	0.5	–0.5	–0.6	–0.5
Does not have a usual source of care for routine care (other than the emergency room)	0.4	0.1	0.2	0.2	0.3
Gaps in Realized Access: Use of Care					
Did not have a doctor visit in the prior year	1.1	–5.0	6.1*	6.2*	5.9*
Did not have a well-child checkup in the prior year (excluding age 18)	5.2	4.0	1.2	1.3	1.6
Did not have a specialist visit in the prior year	11.3	14.1	–2.8	–2.3	–2.6
Did not have a dental visit in the prior year	4.7	9.4	–4.6	–3.6	–3.4
Did not have a flu vaccination in the prior year	4.4	7.0	–2.6	–2.4	–2.2
Delayed needed care because of difficulty getting an appointment	3.0	2.2	0.8	0.8	1.2
Had two or more emergency room visits in the prior year	–7.1	–2.8	–4.4*	–4.1*	–3.7*
Most recent emergency room visit was because doctor's office or clinic was not open	–6.8	–1.2	–5.5†	–5.2†	–5.1†
Gaps in Realized Access: Affordability of Care					
Had unmet need for care because of concerns about affordability in the prior year	1.5	2.9	–1.4	–1.5	–1.0
Delayed needed care because of worry about the cost in the prior year	0.7	0.3	0.4	0.4	0.4
Family had difficulty paying medical bills in the prior year	–11.5	–11.5	–0.1	0.1	0.7
Family not able to pay medical bills in the prior year	–10.7	–9.1	–1.7	–1.4	–1.0
Adult in household somewhat or very worried about ability to pay medical bills in the future	1.9	4.1	–2.1	–2.2	–1.8
Health Outcomes					
Self-reported health status is fair or poor	–1.3	–1.3	0.0	0.0	0.7

* (†) [‡] Significantly different from zero at the 0.05 (0.01) [0.001] level, two-tailed test.

Notes: *Model 1 regression-adjusted estimates* are derived from multivariate regression models that control for age, sex, and health status (except for health outcomes and health behaviors). *Model 2 regression-adjusted estimates* are derived from multivariate regression models that control for the variables in Model 1 plus socioeconomic status. The regression-adjusted means that are reported for children with ESI based on those models are derived using the characteristics of Medi-Cal children. Estimate of differences may differ from calculated differences due to rounding.

Source: National Health Interview Survey, 2012 and 2013.

Conclusions

The results of the comparison of Medi-Cal enrollees to Medicaid enrollees in other states provide important insights into access to health care under Medi-Cal for nonelderly adults and children.

Medi-Cal enrollees have strong connections to the health care system, but access to care is a problem for many. The majority of both children and nonelderly adults on Medi-Cal have strong connections to the health care system. Almost 98% of Medi-Cal children and 90% of Medi-Cal nonelderly adults have a place that they usually go when they need routine health care. However, almost one-third of adults did not have a doctor visit in the past year, and one-fifth of children did not have a well-child visit, while more than half of adults and about a quarter of children did not have a dental care visit. Perhaps reflecting those gaps in use, one-third of adults and almost one in 10 children went without needed care because of concerns about the affordability of care.

Medi-Cal is similar to Medicaid in other states on many access measures, but some gaps remain. Medi-Cal does as well as or better than Medicaid in other states for adults and children on many access measures, particularly with respect to gaps in potential access, gaps in access related to affordability of care, and gaps in health and health behaviors. However, after controlling for differences in health care needs and socioeconomic status between Medi-Cal and Medicaid enrollees, both Medi-Cal adults and children were more likely to have gaps in realized access related to the use of care than Medicaid enrollees in other states, including more problems with access to specialist care, dental care, and preventive care, as measured by receipt of a flu vaccination. Medi-Cal adults are also more likely to delay needed care because of difficulty getting an appointment.

Access gaps for Medi-Cal overall and for Medi-Cal managed care are similar. With most Medi-Cal enrollees in managed care, few significant differences were found in access to care for Medi-Cal enrollees in managed care as compared to the overall Medi-Cal population. Also, the differences between Medi-Cal managed care enrollees and Medicaid managed care enrollees in other states were similar to those reported for the overall caseload. After controlling for differences in health care needs and socioeconomic status, Medi-Cal managed care adults and children did as well as or better than Medicaid managed care enrollees in other states on the majority of the access measures.

As was true for the overall caseload, the remaining gaps where Medi-Cal managed care did worse than Medicaid managed care in other states tended to be related to the use of health care for both adults and children, including not having had a specialist visit, a dental care visit, and preventive care, as measured by a flu vaccination, in the prior year.

Implications for access to care. These findings suggest that, while Medi-Cal is doing as well as Medicaid in other states on many dimensions, some elements of health care use and affordability are more of a challenge for Medi-Cal enrollees than for Medicaid enrollees in other states. Of particular concern, in 2013 more than 50% of Medi-Cal adults and 25% of Medi-Cal children did not have a dental visit in the prior year, and more than 30% of Medi-Cal adults went without needed health care in the prior year because of concerns about the affordability of that care. Although not significantly different from Medicaid in other states, it is also a concern that 30% of Medi-Cal adults and almost 20% of Medi-Cal children did not have a doctor visit in the past year. With Medi-Cal in a period of significant change, it will be important to continue monitoring gaps in access to care.

Appendices

Appendix Table 1. Control Variables for Regression Models, Nonelderly Adults 19 to 64, Medi-Cal vs. Medicaid in Other States, 2011

	MEDI-CAL	MEDICAID IN OTHER STATES	MEDI-CAL MANAGED CARE	MEDICAID MANAGED CARE IN OTHER STATES
Controls for Health Care Needs				
Age				
► 19 to 30	34.9%	33.1%	35.6%	32.7%
► 31 to 45	29.7%	31.9%	28.7%	34.8%
► 46 to 64	35.3%	35.1%	35.7%	32.4%
Sex				
► Female	60.9%	62.2%	65.4%	63.3%
Self-reported health status				
► Very good/excellent	42.0%	41.6%	40.7%	43.5%
► Good	31.7%	27.5%	32.7%	27.4%
► Fair/poor	26.3%	30.9%	26.7%	29.1%
Chronic conditions				
► Asthma	16.5%	21.0%	17.7%	20.0%
► Diabetes	13.3%	12.7%	14.1%	12.3%
► Emphysema	3.8%	4.9%	3.7%	4.3%
► Heart disease or condition	6.2%	7.6%	6.0%	6.3%
► Hypertension	24.9%	31.4% *	26.6%	30.7%
► Stroke	4.5%	3.7%	2.7%	3.8%
► Mean number of other chronic conditions	0.4%	0.5%	0.4%	0.4%
Disability status				
► Any activity limitations	27.7%	38.8% ‡	28.0%	35.6% *
► Any functional limitations	28.0%	39.0% ‡	28.4%	35.8% *
Pregnant in last 12 months	7.5%	7.6%	8.6%	7.9%
Mental health status				
► Depressed or anxious feelings all or most of the time	21.3%	24.9%	20.6%	24.9%
► Feelings interfered with life a lot in the past 30 days	7.9%	10.4%	7.2%	9.4%
Is a current smoker	25.3%	33.8% *	23.4%	33.0% †
Reports height and weight that imply obesity	36.0%	36.7%	35.3%	37.1%
► Height and/or weight is missing	1.7%	2.6%	2.0%	2.3%

Appendix Table 1. Control Variables for Regression Models, Nonelderly Adults 19 to 64, Medi-Cal vs. Medicaid in Other States, 2011, *continued*

	MEDI-CAL	MEDICAID IN OTHER STATES	MEDI-CAL MANAGED CARE	MEDICAID MANAGED CARE IN OTHER STATES
Controls for Socioeconomic Status				
Race/ethnicity				
► White, non-Hispanic	26.8%	52.9% ‡	25.5%	50.7% ‡
► Black, non-Hispanic	10.2%	25.1% ‡	10.4%	24.5% ‡
► Other, non-Hispanic	14.5%	4.8% †	17.7%	5.3% ‡
► Hispanic	48.4%	17.2% ‡	46.5%	19.5% ‡
Marital status				
► Married	58.9%	41.3% ‡	60.1%	43.8% ‡
► Widowed, separated, or divorced	17.0%	23.1% †	16.6%	20.9%
► Never married	24.2%	35.5% ‡	23.4%	35.3% ‡
Parent of dependent child	58.1%	46.4% ‡	58.0%	50.5%
Citizenship				
► Citizen	71.2%	91.0% ‡	73.9%	89.4% ‡
► Noncitizen	28.8%	9.0% ‡	26.1%	10.6% ‡
► Any noncitizen in HIU	33.7%	10.7% ‡	32.1%	12.3% ‡
Highest level of education				
► Less than high school	39.0%	28.4% †	37.2%	27.5% *
► High school diploma/GED	54.1%	63.0% *	55.8%	64.4% *
► College or graduate degree	6.9%	8.7%	7.0%	8.1%
Employment in HIU				
► Works full-time	36.0%	30.7%	34.4%	32.0%
► Works part-time	15.4%	12.6%	17.2%	13.2%
► Does not work	48.6%	56.7% *	48.4%	54.8%
► Government employee	5.1%	5.5%	6.4%	5.4%
► Works in firm with more than 50 employees	17.6%	14.8%	16.1%	14.9%
► Works in firm with more than 50 employees - missing	3.6%	1.4%	4.2%	1.4%
► Job tenure of one year or more	26.1%	24.4%	27.3%	26.0%
► Spouse (if present) works full-time	15.8%	10.8% *	17.4%	10.4% *
► Spouse (if present) works part-time	5.6%	4.7%	4.7%	5.5%
Homeownership				
► HIU member owns home	22.7%	37.5% ‡	22.9%	37.7% ‡
Health and disability status in HIU				
► Anyone in fair/poor health	31.3%	34.3%	31.7%	33.3%
► Anyone with fuctional limitation	35.2%	46.2% †	34.8%	43.9% *

Appendix Table 1. Control Variables for Regression Models, Nonelderly Adults 19 to 64, Medi-Cal vs. Medicaid in Other States, 2011, *continued*

	MEDI-CAL	MEDICAID IN OTHER STATES	MEDI-CAL MANAGED CARE	MEDICAID MANAGED CARE IN OTHER STATES
HIU income as a percentage of the federal poverty level (FPL)				
► Less than 50%	23.7%	23.8%	24.3%	23.6%
► 50-99%	28.2%	29.6%	28.5%	29.9%
► 100-149%	19.0%	17.5%	21.1%	18.7%
► 150-199%	11.1%	10.3%	9.3%	10.5%
► 200-249%	5.5%	6.1%	5.6%	5.9%
► 250-299%	5.7%	4.0%	5.1%	3.4%
► 300-399%	3.4%	3.9%	2.8%	3.9%
► 400-499%	0.7%	1.9%	1.0%	1.8%
► 500% or higher	2.5%	2.9%	2.3%	2.3%

*(†) [‡] Significantly different from Medi-Cal at the 0.05 (0.01) [0.001] level, two-tailed test.

Notes: *HIU* is health insurance unit. *GED* is General Education Development test. Estimates may not sum to 100% due to rounding.

Source: National Health Interview Survey, 2011.

Appendix Table 2. Control Variables for Regression Models, Nonelderly Adults 19 to 64, Medi-Cal vs. Medicaid in Other States, 2012

	MEDI-CAL	MEDICAID IN OTHER STATES	MEDI-CAL MANAGED CARE	MEDICAID MANAGED CARE IN OTHER STATES
Controls for Health Care Needs				
Age				
► 19 to 30	33.3%	32.7%	34.4%	32.4%
► 31 to 45	34.6%	30.7%	34.2%	32.2%
► 46 to 64	32.0%	36.6%	31.4%	35.4%
Sex				
► Female	60.9%	64.3%	61.7%	67.7%
Self-reported health status				
► Very good/excellent	40.1%	40.6%	41.6%	42.4%
► Good	31.0%	27.9%	29.2%	27.5%
► Fair/poor	28.8%	31.5%	29.2%	30.1%
Chronic conditions				
► Asthma	16.7%	21.6%	15.4%	22.2% *
► Diabetes	10.2%	14.8% *	9.8%	13.6%
► Emphysema	2.2%	3.7%	1.7%	3.3%
► Heart disease or condition	3.3%	8.6% ‡	3.4%	8.0% †
► Hypertension	27.1%	32.5%	25.8%	30.9%
► Stroke	2.4%	4.6% *	2.8%	4.5%
► Mean number of other chronic conditions	1.0%	1.3% *	0.9%	1.2% *
Disability status				
► Any activity limitations	26.2%	39.3% ‡	25.4%	35.6% †
► Any functional limitations	26.6%	39.3% ‡	25.9%	35.6% †
Pregnant in last 12 months	10.2%	8.0%	10.0%	7.1%
Mental health status				
► Depressed or anxious feelings all or most of the time	15.9%	23.6% †	14.3%	23.0% †
► Feelings interfered with life a lot in the past 30 days	10.7%	10.3%	11.2%	10.8%
Is a current smoker	22.5%	30.9% *	21.5%	31.1% *
Reports height and weight that imply obesity	30.5%	37.1%	31.0%	37.2%
► Height and/or weight is missing	5.2%	3.5%	5.3%	3.5%

Appendix Table 2. Control Variables for Regression Models, Nonelderly Adults 19 to 64, Medi-Cal vs. Medicaid in Other States, 2012, *continued*

	MEDI-CAL	MEDICAID IN OTHER STATES	MEDI-CAL MANAGED CARE	MEDICAID MANAGED CARE IN OTHER STATES
Controls for Socioeconomic Status				
Race/ethnicity				
► White, non-Hispanic	29.5%	51.3% ‡	28.1%	49.4% ‡
► Black, non-Hispanic	8.0%	24.4% ‡	9.5%	23.5% ‡
► Other, non-Hispanic	6.9%	5.6%	8.2%	6.4%
► Hispanic	55.6%	18.7% ‡	54.2%	20.7% ‡
Marital status				
► Married	53.9%	40.7% ‡	52.9%	41.8% †
► Widowed, separated, or divorced	18.1%	22.1%	17.9%	20.9%
► Never married	28.0%	37.2% †	29.2%	37.3% *
Parent of dependent child	54.6%	43.3% †	55.2%	45.6% *
Citizenship				
► Citizen	66.5%	90.6% ‡	68.1%	89.1% ‡
► Noncitizen	33.5%	9.4% ‡	31.9%	10.9% ‡
► Any noncitizen in HIU	37.2%	10.8% ‡	36.5%	11.9% ‡
Highest level of education				
► Less than high school	41.8%	28.8% ‡	41.8%	30.2% †
► High school diploma/GED	52.4%	60.8% *	52.0%	59.6% *
► College or graduate degree	5.8%	10.4% †	6.2%	10.2%
Employment in HIU				
► Works full-time	37.3%	30.4% *	35.3%	31.2%
► Works part-time	14.4%	16.0%	15.4%	17.0%
► Does not work	48.3%	53.6%	49.4%	51.8%
► Government employee	6.4%	6.6%	7.1%	5.8%
► Works in firm with more than 50 employees	15.8%	16.5%	16.0%	16.8%
► Works in firm with more than 50 employees - missing	3.8%	2.3%	3.4%	2.1%
► Job tenure of one year or more	26.8%	26.4%	25.0%	27.7%
► Spouse (if present) works full-time	17.4%	12.4%	14.7%	12.8%
► Spouse (if present) works part-time	4.6%	4.0%	4.1%	4.3%
Homeownership				
► HIU member owns home	28.1%	37.7% *	25.3%	37.6% †
Health and disability status in HIU				
► Anyone in fair/poor health	33.2%	34.9%	34.2%	34.2%
► Anyone with fuctional limitation	33.3%	47.4% ‡	34.0%	44.9% †

Appendix Table 2. Control Variables for Regression Models, Nonelderly Adults 19 to 64, Medi-Cal vs. Medicaid in Other States, 2012, *continued*

	MEDI-CAL	MEDICAID IN OTHER STATES	MEDI-CAL MANAGED CARE	MEDICAID MANAGED CARE IN OTHER STATES
HIU income as a percentage of the federal poverty level (FPL)				
► Less than 50%	29.3%	25.1%	30.1%	26.0%
► 50-99%	29.8%	31.1%	29.6%	30.8%
► 100-149%	15.9%	15.1%	16.8%	14.0%
► 150-199%	10.2%	10.5%	11.4%	11.4%
► 200-249%	4.2%	4.9%	3.5%	5.6%
► 250-299%	2.9%	3.7%	3.3%	3.2%
► 300-399%	2.5%	3.2%	1.8%	3.1%
► 400-499%	1.1%	2.3%	0.0%	1.8%
► 500% or higher	4.1%	4.2%	3.4%	4.0%

*(†) [‡] Significantly different from Medi-Cal at the 0.05 (0.01) [0.001] level, two-tailed test.

Notes: *HIU* is health insurance unit. *GED* is General Education Development test. Estimates may not sum to 100% due to rounding.

Source: National Health Interview Survey, 2012.

Appendix Table 3. Control Variables for Regression Models, Children 0 to 18, Medi-Cal vs. Medicaid in Other States, 2011

	MEDI-CAL	MEDICAID IN OTHER STATES	MEDI-CAL MANAGED CARE	MEDICAID MANAGED CARE IN OTHER STATES
Controls for Health Care Needs				
Age				
► 0 to 1	13.8%	13.8%	14.2%	13.1%
► 2 to 3	10.5%	13.9% *	10.7%	14.8% †
► 4 to 6	19.2%	18.2%	19.5%	17.5%
► 7 to 12	30.6%	30.3%	30.0%	30.2%
► 13 to 17	20.9%	20.5%	20.9%	21.1%
► 18	4.9%	3.3%	4.8%	3.2%
Sex				
► Female	46.6%	49.3%	46.3%	49.0%
Self-reported health status				
► Very good/excellent	70.9%	74.8%	70.7%	74.4%
► Good	25.4%	21.5%	25.8%	22.2%
► Fair/poor	3.8%	3.7%	3.4%	3.4%
Chronic conditions				
► Asthma	13.9%	17.9% ˙	15.0%	18.3%
► Mean number of other chronic conditions (excluding age 18)	0.1%	0.1% †	0.1%	0.1% †
Limited because of physical, mental, or emotional problems; uses assistive devices; or developmental delay or mental retardation (excluding age 18)	8.3%	14.2% ‡	7.9%	14.3% ‡
Controls for Socioeconomic Status				
Race/ethnicity				
► White, non-Hispanic	15.5%	40.7% ‡	15.5%	39.0% ‡
► Black, non-Hispanic	7.4%	24.9% ‡	7.7%	25.0% ‡
► Other, non-Hispanic	7.0%	4.2% *	7.1%	4.3%
► Hispanic	70.0%	30.2% ‡	69.7%	31.7% ‡
Family structure				
► Two parents present	65.1%	48.6% ‡	64.3%	48.9% ‡
► Mother, no father present	28.1%	41.8% ‡	30.5%	42.1% ‡
► Father, no mother present	3.5%	3.2%	2.0%	3.2%
► No parent present	3.2%	6.4% ‡	3.2%	5.9% †
Citizenship				
► Citizen	94.6%	98.0% †	95.0%	97.8% *
► Noncitizen	5.4%	2.0% †	5.0%	2.2% *
► Any noncitizen in HIU	45.8%	20.4% ‡	45.1%	21.4% ‡

Appendix Table 3. Control Variables for Regression Models, Children 0 to 18, Medi-Cal vs. Medicaid in Other States, 2011, *continued*

	MEDI-CAL	MEDICAID IN OTHER STATES	MEDI-CAL MANAGED CARE	MEDICAID MANAGED CARE IN OTHER STATES
Highest level of education in HIU				
► Less than high school	39.0%	26.6% ‡	37.6%	26.0% ‡
► High school diploma/GED	52.3%	64.8% ‡	54.1%	65.1% ‡
► College or graduate degree	8.6%	8.6%	8.2%	8.9%
Employment in HIU				
► Any full-time worker	55.5%	51.5%	55.9%	51.8%
► Part-time worker(s) only	13.2%	12.2%	13.1%	11.7%
► No workers	31.3%	36.3% *	31.0%	36.5% *
Homeownership				
► HIU member owns home	29.3%	39.1% ‡	29.0%	37.7% †
Health and disability status in HIU				
► Anyone in fair/poor health	21.9%	22.3%	21.2%	23.1%
► Anyone with fuctional limitation	21.9%	30.7% ‡	21.4%	30.4% ‡
HIU income as a percentage of the federal poverty level (FPL)				
► Less than 50%	28.3%	29.4%	27.7%	29.2%
► 50-99%	24.6%	27.0%	26.3%	27.8%
► 100-149%	21.7%	20.4%	22.0%	20.7%
► 150-199%	9.1%	10.7%	8.2%	10.0%
► 200-249%	8.0%	6.2%	8.2%	5.9%
► 250-299%	4.3%	2.6%	4.3%	2.7%
► 300-399%	2.5%	2.3%	2.1%	2.3%
► 400-499%	0.6%	0.8%	0.7%	0.8%
► 500% or higher	0.8%	0.7%	0.6%	0.7%

* (†) [‡] Significantly different from Medi-Cal at the 0.05 (0.01) [0.001] level, two-tailed test.

Notes: HIU is health insurance unit. GED is General Education Development test. Estimates may not sum to 100% due to rounding.

Source: National Health Interview Survey, 2011.

Appendix Table 4. Control Variables for Regression Models, Children 0 to 18, Medi-Cal vs. Medicaid in Other States, 2012

	MEDI-CAL	MEDICAID IN OTHER STATES	MEDI-CAL MANAGED CARE	MEDICAID MANAGED CARE IN OTHER STATES
Controls for Health Care Needs				
Age				
► 0 to 1	12.8%	13.1%	13.5%	11.9%
► 2 to 3	11.2%	12.6%	11.9%	12.5%
► 4 to 6	15.5%	17.9%	15.0%	18.5%
► 7 to 12	33.5%	32.2%	32.0%	32.5%
► 13 to 17	23.5%	20.8%	24.0%	21.2%
► 18	3.5%	3.5%	3.6%	3.4%
Sex				
► Female	48.4%	50.4%	50.3%	50.1%
Self-reported health status				
► Very good/excellent	70.7%	75.1% *	69.4%	74.1%
► Good	25.8%	20.9% *	27.8%	21.8% *
► Fair/poor	3.5%	4.0%	2.8%	4.1%
Chronic conditions				
► Asthma	13.2%	17.5% *	13.4%	18.3% †
► Mean number of other chronic conditions (excluding age 18)	0.1%	0.1% ‡	0.1%	0.1% ‡
Limited because of physical, mental, or emotional problems; uses assistive devices; or developmental delay or mental retardation (excluding age 18)	9.5%	13.7% †	8.3%	14.5% ‡
Controls for Socioeconomic Status				
Race/ethnicity				
► White, non-Hispanic	12.6%	38.1% ‡	10.4%	35.6% ‡
► Black, non-Hispanic	5.5%	26.8% ‡	5.5%	26.9% ‡
► Other, non-Hispanic	7.0%	4.3% *	6.6%	4.1%
► Hispanic	74.9%	30.8% ‡	77.5%	33.4% ‡
Family structure				
► Two parents present	63.9%	47.0% ‡	64.1%	47.7% ‡
► Mother, no father present	29.1%	42.4% ‡	29.5%	42.6% ‡
► Father, no mother present	4.0%	3.6%	4.4%	3.3%
► No parent present	3.0%	7.0% ‡	2.0%	6.4% ‡
Citizenship				
► Citizen	96.1%	98.2% †	96.9%	98.0%
► Noncitizen	3.9%	1.8% †	3.1%	2.0%
► Any noncitizen in HIU	51.6%	21.7% ‡	51.0%	23.1% ‡

Appendix Table 4. Control Variables for Regression Models, Children 0 to 18, Medi-Cal vs. Medicaid in Other States, 2012, *continued*

	MEDI-CAL	MEDICAID IN OTHER STATES	MEDI-CAL MANAGED CARE	MEDICAID MANAGED CARE IN OTHER STATES
Highest level of education in HIU				
► Less than high school	37.2%	26.9% ‡	35.8%	27.9% †
► High school diploma/GED	55.2%	64.3% ‡	56.7%	63.6% †
► College or graduate degree	7.6%	8.8%	7.5%	8.5%
Employment in HIU				
► Any full-time worker	53.1%	55.2%	53.7%	56.9%
► Part-time worker(s) only	12.9%	13.3%	13.4%	13.2%
► No workers	34.0%	31.5%	32.9%	30.0%
Homeownership				
► HIU member owns home	25.2%	37.3% ‡	24.9%	37.0% ‡
Health and disability status in HIU				
► Anyone in fair/poor health	20.5%	21.1%	20.7%	21.5%
► Anyone with fuctional limitation	23.2%	30.0% †	22.6%	30.5% ‡
HIU income as a percentage of the federal poverty level (FPL)				
► Less than 50%	27.4%	28.4%	27.9%	28.3%
► 50-99%	30.5%	28.6%	29.1%	29.0%
► 100-149%	18.7%	18.5%	20.2%	19.6%
► 150-199%	12.1%	12.0%	11.7%	11.6%
► 200-249%	4.0%	5.5%	4.0%	5.1%
► 250-299%	3.4%	3.3%	3.5%	3.3%
► 300-399%	2.1%	2.0%	1.7%	1.7%
► 400-499%	0.4%	0.8%	0.4%	0.7%
► 500% or higher	1.3%	0.9%	1.6%	0.7%

* (†) [‡] Significantly different from Medi-Cal at the 0.05 (0.01) [0.001] level, two-tailed test.

Notes: HIU is health insurance unit. GED is General Education Development test. Estimates may not sum to 100% due to rounding.

Source: National Health Interview Survey, 2012.

Appendix Table 5. Access to Ambulatory Care Under Medi-Cal vs. Medicaid in Other States, Nonelderly Adults 19 to 64, 2011

	SIMPLE ESTIMATES (UNADJUSTED)			MODEL 1 (REGRESSION-ADJUSTED)		MODEL 2 (REGRESSION-ADJUSTED)	
MEASURE	Medi-Cal	Medicaid	Difference	Medicaid	Difference	Medicaid	Difference
Gaps in Potential Access							
Does not have a usual source of care when sick (other than the emergency room)	17.9%	10.3%	7.6†	10.8%	7.1†	12.6%	5.3*
Relies on the emergency room as usual source of care when sick	4.0%	3.1%	0.9	3.2%	0.9	3.6%	0.4
Does not have a usual source of care for routine care (other than the emergency room)	12.9%	6.0%	6.9†	6.1%	6.8†	8.2%	4.8*
Reported difficulties finding a provider taking new patients in the prior year	6.2%	5.5%	0.7	4.8%	1.4	4.6%	1.6
Reported difficulties finding a provider taking insurance type in the prior year	7.5%	7.8%	–0.3	6.7%	0.8	7.0%	0.5
Gaps in Realized Access: Use of Care							
Did not have a doctor visit in the prior year	37.3%	28.6%	8.7*	30.5%	6.8*	30.8%	6.5
Did not have a specialist visit in the prior year	46.7%	33.7%	12.9‡	35.6%	11.1‡	38.4%	8.2*
Did not have a dental visit in the prior year	60.3%	47.5%	12.8‡	46.5%	13.8‡	47.6%	12.7‡
Did not have a flu vaccination in the prior year	70.4%	64.1%	6.3*	64.3%	6.2*	66.0%	4.5
Among women 18 and older, did not have a Pap smear in the prior year	40.7%	38.2%	2.4	38.8%	1.9	40.0%	0.6
Delayed needed care because of difficulty getting an appointment	12.7%	9.2%	3.5	8.3%	4.5*	8.5%	4.2
Had two or more emergency room visits in the prior year	14.1%	18.2%	–4.1	16.1%	–2.1	15.1%	–1.0
Most recent emergency room visit was because doctor's office or clinic was not open	10.4%	15.4%	–5.0*	14.0%	–3.6	12.3%	–2.0
Gaps in Realized Access: Affordability of Care							
Had unmet need for care because of concerns about affordability in the prior year	39.6%	30.9%	8.6*	27.7%	11.8‡	26.1%	13.4‡
Delayed needed care because of worry about cost in the prior year	10.5%	7.6%	2.8	6.8%	3.6	6.7%	3.7
Family had difficulty paying medical bills in the prior year	17.0%	24.7%	–7.7†	23.2%	–6.2*	21.4%	–4.4
Family not able to pay medical bills in the prior year	7.7%	15.5%	–7.8‡	14.7%	–6.9‡	14.6%	–6.9‡
Somewhat or very worried about ability to pay medical bills in the future	57.6%	50.4%	7.2*	52.5%	5.2	55.4%	2.2
Health Outcomes and Health Behaviors							
Self-reported health status is fair or poor	26.3%	30.9%	–4.6	30.7%	–4.4	26.4%	–0.1
Is a current smoker	25.3%	33.8%	–8.5*	33.7%	–8.4*	28.4%	–3.0
Reports height and weight that imply obesity	36.0%	36.7%	–0.7	36.4%	–0.4	32.9%	3.1

* (†) [‡] Significantly different from zero at the 0.05 (0.01) [0.001] level, two-tailed test.

Notes: *Model 1 regression-adjusted estimates* are derived from multivariate regression models that control for age, sex, and health status (except for health outcomes and health behaviors). *Model 2 regression-adjusted estimates* are derived from multivariate regression models that control for the variables in Model 1 plus socioeconomic status. The regression-adjusted means that are reported for Medicaid adults in other states based on those models are derived using the characteristics of Medi-Cal adults. Estimate of differences may differ from calculated differences due to rounding.

Source: National Health Interview Survey, 2011.

Appendix Table 6. Access to Ambulatory Care Under Medi-Cal vs. Medicaid in Other States, Nonelderly Adults 19 to 64, 2012

	SIMPLE ESTIMATES (UNADJUSTED)			MODEL 1 (REGRESSION-ADJUSTED)		MODEL 2 (REGRESSION-ADJUSTED)	
MEASURE	Medi-Cal	Medicaid	Difference	Medicaid	Difference	Medicaid	Difference
Gaps in Potential Access							
Does not have a usual source of care when sick (other than the emergency room)	18.6%	11.2%	7.4†	12.3%	6.3*	14.3%	4.3
Relies on the emergency room as usual source of care when sick	3.1%	2.8%	0.2	2.8%	0.3	3.6%	–0.6
Does not have a usual source of care for routine care (other than the emergency room)	12.3%	7.0%	5.4*	7.9%	4.4*	9.6%	2.8
Reported difficulties finding a provider taking new patients in the prior year	5.5%	5.4%	0.1	5.5%	0.0	4.9%	0.6
Reported difficulties finding a provider taking insurance type in the prior year	9.1%	7.2%	1.9	7.2%	2.0	6.7%	2.4
Gaps in Realized Access: Use of Care							
Did not have a doctor visit in the prior year	37.4%	26.7%	10.7†	30.5%	6.9*	32.4%	5.1
Did not have a specialist visit in the prior year	48.5%	33.7%	14.8‡	36.7%	11.9‡	41.6%	6.9*
Did not have a dental visit in the prior year	57.2%	49.0%	8.2*	49.1%	8.1*	51.0%	6.2
Did not have a flu vaccination in the prior year	71.2%	64.7%	6.5*	67.8%	3.5	66.5%	4.7
Among women 18 and older, did not have a Pap smear in the prior year	42.8%	40.1%	2.7	38.0%	4.8	40.6%	2.1
Delayed needed care because of difficulty getting an appointment	12.0%	9.1%	2.9	8.2%	3.8	7.4%	4.6
Had two or more emergency room visits in the prior year	14.9%	21.5%	–6.6†	18.5%	–3.7	17.2%	–2.3
Most recent emergency room visit was because doctor's office or clinic was not open	1.9%	4.5%	–2.6†	4.0%	–2.2*	3.6%	–1.8
Gaps in Realized Access: Affordability of Care							
Had unmet need for care because of concerns about affordability in the prior year	36.7%	27.7%	9.0*	24.7%	12.0‡	24.7%	12.0‡
Delayed needed care because of worry about cost in the prior year	8.7%	7.9%	0.8	7.5%	1.2	7.8%	0.9
Family had difficulty paying medical bills in the prior year	16.0%	23.0%	–7.0*	22.5%	–6.5*	21.2%	–5.2
Family not able to pay medical bills in the prior year	9.8%	13.9%	–4.1	13.4%	–3.6	12.4%	–2.6
Somewhat or very worried about ability to pay medical bills in the future	66.1%	50.4%	15.7‡	53.1%	13.0‡	58.5%	7.6*
Health Outcomes and Health Behaviors							
Self-reported health status is fair or poor	29.4%	31.6%	–2.2	30.4%	–1.0	28.7%	0.7
Is a current smoker	22.2%	31.0%	–8.8*	31.2%	–9.0*	24.4%	–2.2
Reports height and weight that imply obesity	30.3%	37.0%	–6.7*	36.7%	–6.4	33.8%	–3.5

* (†) [‡] Significantly different from zero at the 0.05 (0.01) [0.001] level, two-tailed test.

Notes: *Model 1 regression-adjusted estimates* are derived from multivariate regression models that control for age, sex, and health status (except for health outcomes and health behaviors). *Model 2 regression-adjusted estimates* are derived from multivariate regression models that control for the variables in Model 1 plus socioeconomic status. The regression-adjusted means that are reported for Medicaid adults in other states based on those models are derived using the characteristics of Medi-Cal adults. Estimate of differences may differ from calculated differences due to rounding.

Source: National Health Interview Survey, 2012.

Appendix Table 7. Access to Ambulatory Care Under Medi-Cal Managed Care vs. Medicaid Managed Care in Other States, Nonelderly Adults 19 to 64, 2011

	SIMPLE ESTIMATES (UNADJUSTED)			MODEL 1 (REGRESSION-ADJUSTED)		MODEL 2 (REGRESSION-ADJUSTED)	
MEASURE	Medi-Cal	Medicaid	Difference	Medicaid	Difference	Medicaid	Difference
Gaps in Potential Access							
Does not have a usual source of care when sick (other than the emergency room)	13.5%	8.8%	4.7	8.0%	5.5*	9.0%	4.4
Relies on the emergency room as usual source of care when sick	2.4%	2.9%	–0.4	2.6%	–0.2	2.9%	–0.5
Does not have a usual source of care for routine care (other than the emergency room)	9.6%	5.1%	4.5*	4.4%	5.2*	5.5%	4.2*
Reported difficulties finding a provider taking new patients in the prior year	5.6%	5.8%	–0.3	5.4%	0.1	5.4%	0.2
Reported difficulties finding a provider taking insurance type in the prior year	8.6%	8.4%	0.2	7.5%	1.1	7.6%	1.0
Gaps in Realized Access: Use of Care							
Did not have a doctor visit in the prior year	32.6%	26.0%	6.7	26.8%	5.9	26.8%	5.8
Did not have a specialist visit in the prior year	46.2%	33.0%	13.1‡	32.8%	13.4‡	33.9%	12.2‡
Did not have a dental visit in the prior year	60.6%	46.9%	13.7†	45.5%	15.1‡	44.8%	15.8‡
Did not have a flu vaccination in the prior year	67.7%	66.5%	1.2	65.6%	2.1	65.6%	2.1
Among women 18 and older, did not have a Pap smear in the prior year	40.0%	35.8%	4.2	36.0%	4.0	37.2%	2.7
Delayed needed care because of difficulty getting an appointment	13.2%	9.8%	3.4	9.2%	4.0	9.8%	3.4
Had two or more emergency room visits in the prior year	12.8%	18.3%	–5.6*	16.9%	–4.1	16.6%	–3.8
Most recent emergency room visit was because doctor's office or clinic was not open	11.0%	16.3%	–5.2*	15.0%	–4.0	13.2%	–2.1
Gaps in Realized Access: Affordability of Care							
Had unmet need for care because of concerns about affordability in the prior year	41.8%	30.9%	10.8†	28.9%	12.9‡	26.5%	15.2‡
Delayed needed care because of worry about cost in the prior year	10.8%	7.5%	3.4	7.1%	3.8	6.0%	4.9*
Family had difficulty paying medical bills in the prior year	14.5%	25.6%	–11.1‡	25.1%	–10.6‡	21.6%	–7.1*
Family not able to pay medical bills in the prior year	7.0%	16.8%	–9.8‡	16.6%	–9.6‡	15.6%	–8.5‡
Somewhat or very worried about ability to pay medical bills in the future	58.1%	52.8%	5.3	54.9%	3.2	56.9%	1.2
Health Outcomes and Health Behaviors							
Self-reported health status is fair or poor	26.7%	29.1%	–2.4	29.8%	–3.1	25.8%	0.9
Is a current smoker	23.4%	33.0%	–9.7†	32.5%	–9.2†	27.8%	–4.4
Reports height and weight that imply obesity	35.3%	37.1%	–1.7	37.3%	–1.9	32.3%	3.0

* (†) [‡] Significantly different from zero at the 0.05 (0.01) [0.001] level, two-tailed test.

Notes: *Model 1 regression-adjusted estimates* are derived from multivariate regression models that control for age, sex, and health status (except for health outcomes and health behaviors). *Model 2 regression-adjusted estimates* are derived from multivariate regression models that control for the variables in Model 1 plus socioeconomic status. The regression-adjusted means that are reported for Medicaid adults in other states based on those models are derived using the characteristics of Medi-Cal adults. Estimate of differences may differ from calculated differences due to rounding.

Source: National Health Interview Survey, 2011.

Appendix Table 8. Access to Ambulatory Care Under Medi-Cal Managed Care vs. Medicaid Managed Care in Other States, Nonelderly Adults 19 to 64, 2012

	SIMPLE ESTIMATES (UNADJUSTED)			MODEL 1 (REGRESSION-ADJUSTED)		MODEL 2 (REGRESSION-ADJUSTED)	
MEASURE	Medi-Cal	Medicaid	Difference	Medicaid	Difference	Medicaid	Difference
Gaps in Potential Access							
Does not have a usual source of care when sick (other than the emergency room)	15.1%	10.7%	4.3	11.9%	3.2	14.0%	1.1
Relies on the emergency room as usual source of care when sick	2.1%	2.4%	–0.3	2.2%	–0.1	3.2%	–1.1
Does not have a usual source of care for routine care (other than the emergency room)	11.5%	6.6%	4.9	7.5%	4.0	9.0%	2.6
Reported difficulties finding a provider taking new patients in the prior year	6.6%	5.9%	0.7	5.8%	0.7	4.6%	2.0
Reported difficulties finding a provider taking insurance type in the prior year	8.3%	7.9%	0.4	8.0%	0.3	7.1%	1.2
Gaps in Realized Access: Use of Care							
Did not have a doctor visit in the prior year	38.7%	26.2%	12.5†	29.6%	9.1*	31.7%	7.0
Did not have a specialist visit in the prior year	49.6%	34.0%	15.7‡	37.3%	12.4‡	41.1%	8.5*
Did not have a dental visit in the prior year	59.0%	49.0%	10.0†	49.0%	10.0†	50.0%	9.0*
Did not have a flu vaccination in the prior year	71.7%	63.9%	7.8*	66.2%	5.6	64.1%	7.7*
Among women 18 and older, did not have a Pap smear in the prior year	46.2%	39.6%	6.5	37.5%	8.7	38.4%	7.8
Delayed needed care because of difficulty getting an appointment	12.0%	9.4%	2.6	8.4%	3.6	7.7%	4.3
Had two or more emergency room visits in the prior year	14.1%	20.3%	–6.2*	17.8%	–3.6	16.4%	–2.2
Most recent emergency room visit was because doctor's office or clinic was not open	1.4%	4.6%	–3.2†	4.0%	–2.5*	3.5%	–2.1*
Gaps in Realized Access: Affordability of Care							
Had unmet need for care because of concerns about affordability in the prior year	38.2%	28.5%	9.7*	24.2%	14.0‡	23.7%	14.5‡
Delayed needed care because of worry about cost in the prior year	9.3%	8.3%	1.0	7.3%	2.0	7.8%	1.5
Family had difficulty paying medical bills in the prior year	16.9%	23.3%	–6.4	23.1%	–6.2	22.2%	–5.2
Family not able to pay medical bills in the prior year	11.9%	14.4%	–2.5	13.9%	–2.0	12.9%	–1.0
Somewhat or very worried about ability to pay medical bills in the future	68.2%	53.9%	14.4‡	55.6%	12.7‡	59.8%	8.5*
Health Outcomes and Health Behaviors							
Self-reported health status is fair or poor	29.0%	30.1%	–1.1	28.7%	0.3	28.2%	0.8
Is a current smoker	21.4%	31.1%	–9.7*	31.8%	–10.4†	25.2%	–3.8
Reports height and weight that imply obesity	30.8%	37.2%	–6.4	36.6%	–5.7	34.0%	–3.1

* (†) [‡] Significantly different from zero at the 0.05 (0.01) [0.001] level, two-tailed test.

Notes: *Model 1 regression-adjusted estimates* are derived from multivariate regression models that control for age, sex, and health status (except for health outcomes and health behaviors). *Model 2 regression-adjusted estimates* are derived from multivariate regression models that control for the variables in Model 1 plus socioeconomic status. The regression-adjusted means that are reported for Medicaid adults in other states based on those models are derived using the characteristics of Medi-Cal adults. Estimate of differences may differ from calculated differences due to rounding.

Source: National Health Interview Survey, 2012.

Appendix Table 9. Differences and Change in Differences Between Access to Ambulatory Care Under Medi-Cal vs. Medicaid in Other States, Nonelderly Adults 19 to 64, 2011 to 2012

MEASURE	SIMPLE ESTIMATES (UNADJUSTED) 2012	2011	Change	MODEL 1 (REGRESSION-ADJUSTED) Change 2011 to 2012	MODEL 2 (REGRESSION-ADJUSTED) Change 2011 to 2012
Gaps in Potential Access					
Does not have a usual source of care when sick (other than the emergency room)	7.4	7.6	–0.2	–0.4	–1.1
Relies on the emergency room as usual source of care when sick	0.2	0.9	–0.7	–0.6	–0.8
Does not have a usual source of care for routine care (other than the emergency room)	5.3	6.9	–1.6	–2.1	–2.2
Reported difficulties finding a provider taking new patients in the prior year	0.1	0.7	–0.6	–0.8	–0.7
Reported difficulties finding a provider taking insurance type in the prior year	1.9	–0.3	2.3	2.1	2.1
Gaps in Realized Access: Use of Care					
Did not have a doctor visit in the prior year	10.7	8.7	2.1	1.2	0.9
Did not have a specialist visit in the prior year	14.7	12.9	1.8	1.8	1.6
Did not have a dental visit in the prior year	8.2	12.8	–4.6	–5.0	–4.9
Did not have a flu vaccination in the prior year	6.4	6.3	0.1	–1.0	–1.0
Among women 18 and older, did not have a Pap smear in the prior year	2.6	2.4	0.2	0.9	0.0
Delayed needed care because of difficulty getting an appointment	2.9	3.5	–0.6	–0.4	0.0
Had two or more emergency room visits in the prior year	–6.6	–4.1	–2.4	–2.1	–2.3
Most recent emergency room visit was because doctor's office or clinic was not open	–2.6	–5.0	2.4	2.8	2.7
Gaps in Realized Access: Affordability of Care					
Had unmet need for care because of concerns about affordability in the prior year	8.9	8.6	0.3	0.2	0.1
Delayed needed care because of worry about cost in the prior year	0.8	2.8	–2.0	–1.9	–2.5
Family had difficulty paying medical bills in the prior year	–7.1	–7.7	0.6	0.2	–0.5
Family not able to pay medical bills in the prior year	–4.2	–7.8	3.6	3.3	3.1
Somewhat or very worried about ability to pay medical bills in the future	15.8	7.2	8.6	7.5	7.1
Health Outcomes and Health Behaviors					
Self-reported health status is fair or poor	–2.3	–4.6	2.3	3.3	0.8
Is a current smoker	–8.9	–8.5	–0.4	–0.7	–0.8
Reports height and weight that imply obesity	–6.8	–0.7	–6.1	–5.9	–7.3

Notes: *Model 1 regression-adjusted estimates* are derived from multivariate regression models that control for age, sex, and health status (except for health outcomes and health behaviors). *Model 2 regression-adjusted estimates* are derived from multivariate regression models that control for the variables in Model 1 plus socioeconomic status. The regression-adjusted means that are reported for Medicaid adults in other states based on those models are derived using the characteristics of Medi-Cal adults. Estimate of differences may differ from calculated differences due to rounding.

Source: National Health Interview Survey, 2011 and 2012.

Appendix Table 10. Differences and Change in Differences Between Access to Ambulatory Care Under Medi-Cal Managed Care vs. Medicaid Managed Care in Other States, Nonelderly Adults 19 to 64, 2011 to 2012

	SIMPLE ESTIMATES (UNADJUSTED)			MODEL 1 (REGRESSION-ADJUSTED)	MODEL 2 (REGRESSION-ADJUSTED)
MEASURE	2012	2011	Change	Change 2011 to 2012	Change 2011 to 2012
Gaps in Potential Access					
Does not have a usual source of care when sick (other than the emergency room)	4.3	4.7	–0.4	–1.7	–2.3
Relies on the emergency room as usual source of care when sick	–0.3	–0.4	0.1	0.2	0.0
Does not have a usual source of care for routine care (other than the emergency room)	4.9	4.5	0.4	–0.7	–0.9
Reported difficulties finding a provider taking new patients in the prior year	0.7	–0.3	1.0	1.0	1.3
Reported difficulties finding a provider taking insurance type in the prior year	0.4	0.2	0.2	–0.1	–0.1
Gaps in Realized Access: Use of Care					
Did not have a doctor visit in the prior year	12.5	6.7	5.9	3.5	3.1
Did not have a specialist visit in the prior year	15.7	13.1	2.5	0.6	0.0
Did not have a dental visit in the prior year	10.0	13.7	–3.7	–4.1	–3.8
Did not have a flu vaccination in the prior year	7.8	1.2	6.6	4.4	3.6
Among women 18 and older, did not have a Pap smear in the prior year	6.5	4.2	2.3	2.8	2.9
Delayed needed care because of difficulty getting an appointment	2.6	3.4	–0.7	0.0	0.4
Had two or more emergency room visits in the prior year	–6.2	–5.6	–0.6	–0.1	–0.6
Most recent emergency room visit was because doctor's office or clinic was not open	–3.2	–5.2	2.1	3.0	2.9
Gaps in Realized Access: Affordability of Care					
Had unmet need for care because of concerns about affordability in the prior year	9.7	10.8	–1.2	0.0	–0.2
Delayed needed care because of worry about cost in the prior year	1.0	3.4	–2.4	–1.9	–3.0
Family had difficulty paying medical bills in the prior year	–6.4	–11.1	4.7	4.7	3.7
Family not able to pay medical bills in the prior year	–2.5	–9.8	7.3*	7.3*	6.8
Somewhat or very worried about ability to pay medical bills in the future	14.4	5.3	9.1	8.4	7.9
Health Outcomes and Health Behaviors					
Self-reported health status is fair or poor	–1.1	–2.4	1.3	3.4	0.4
Is a current smoker	–9.7	–9.7	0.0	–1.1	–1.5
Reports height and weight that imply obesity	–6.4	–1.7	–4.7	–3.8	–6.2

*Significantly different from zero at the 0.05 level, two-tailed test.

Notes: *Model 1 regression-adjusted estimates* are derived from multivariate regression models that control for age, sex, and health status (except for health outcomes and health behaviors). *Model 2 regression-adjusted estimates* are derived from multivariate regression models that control for the variables in Model 1 plus socioeconomic status. The regression-adjusted means that are reported for Medicaid adults in other states based on those models are derived using the characteristics of Medi-Cal adults. Estimate of differences may differ from calculated differences due to rounding.

Source: National Health Interview Survey, 2011 and 2012.

Appendix Table 11. Changes in Access to Ambulatory Care Under Medi-Cal, Nonelderly Adults 19 to 64, 2011 to 2012

MEASURE	SIMPLE ESTIMATES (UNADJUSTED) 2012	2011	Change	MODEL 1 (REGRESSION-ADJUSTED) Change 2011 to 2012	MODEL 2 (REGRESSION-ADJUSTED) Change 2011 to 2012
Gaps in Potential Access					
Does not have a usual source of care when sick (other than the emergency room)	18.6	17.9	0.8	1.0	–0.3
Relies on the emergency room as usual source of care when sick	3.1	4.0	–0.9	–1.2	–1.9
Does not have a usual source of care for routine care (other than the emergency room)	12.3	12.9	–0.6	–0.6	–0.8
Reported difficulties finding a provider taking new patients in the prior year	5.5	6.2	–0.6	–0.8	–0.8
Reported difficulties finding a provider taking insurance type in the prior year	9.1	7.5	1.6	1.5	1.0
Gaps in Realized Access: Use of Care					
Did not have a doctor visit in the prior year	37.4	37.3	0.1	0.0	–2.6
Did not have a specialist visit in the prior year	48.5	46.7	1.9	3.0	2.5
Did not have a dental visit in the prior year	57.2	60.3	–3.1	–3.8	–2.8
Did not have a flu vaccination in the prior year	71.2	70.4	0.8	0.0	1.2
Among women 18 and older, did not have a Pap smear in the prior year	42.8	40.7	2.1	4.1	2.1
Delayed needed care because of difficulty getting an appointment	12.0	12.7	–0.7	–0.2	–0.5
Had two or more emergency room visits in the prior year	14.9	14.1	0.8	0.8	0.8
Most recent emergency room visit was because doctor's office or clinic was not open	1.9	10.4	–8.5‡	–7.5‡	–7.0
Gaps in Realized Access: Affordability of Care					
Had unmet need for care because of concerns about affordability in the prior year	36.7	39.6	–2.9	–1.5	–1.0
Delayed needed care because of worry about cost in the prior year	8.7	10.5	–1.8	–1.6	–1.6
Family had difficulty paying medical bills in the prior year	16.0	17.0	–1.0	–1.1	–3.0
Family not able to pay medical bills in the prior year	9.8	7.7	2.1	1.7	0.6
Somewhat or very worried about ability to pay medical bills in the future	66.1	57.6	8.4*	5.9	6.4
Health Outcomes and Health Behaviors					
Self-reported health status is fair or poor	29.4	26.3	3.1	3.8	0.9
Is a current smoker	22.2	25.3	–3.2	–3.1	–2.8
Reports height and weight that imply obesity	30.3	36.0	–5.7	–5.6	–6.8

Notes: *Model 1 regression-adjusted estimates* are derived from multivariate regression models that control for age, sex, and health status (except for health outcomes and health behaviors). *Model 2 regression-adjusted estimates* are derived from multivariate regression models that control for the variables in Model 1 plus socioeconomic status. The regression-adjusted means that are reported for Medicaid adults in other states based on those models are derived using the characteristics of Medi-Cal adults. Estimate of differences may differ from calculated differences due to rounding.

Source: National Health Interview Survey, 2011 and 2012.

Appendix Table 12. Changes in Access to Ambulatory Care Under Medi-Cal, Nonelderly Adults 19 to 64, 2012 to 2013

MEASURE	SIMPLE ESTIMATES (UNADJUSTED) 2013	2012	Change	MODEL 1 (REGRESSION-ADJUSTED) Change 2012 to 2013	MODEL 2 (REGRESSION-ADJUSTED) Change 2012 to 2013
Gaps in Potential Access					
Does not have a usual source of care when sick (other than the emergency room)	13.9	18.6	–4.7	–4.4	–3.2
Relies on the emergency room as usual source of care when sick	3.1	3.1	0.1	–0.1	0.2
Does not have a usual source of care for routine care (other than the emergency room)	10.8	12.3	–1.6	–0.1	0.9
Reported difficulties finding a provider taking new patients in the prior year	2.2	5.5	–3.4	–2.2	–1.8
Reported difficulties finding a provider taking insurance type in the prior year	4.8	9.1	–4.3	–2.8	–2.2
Gaps in Realized Access: Use of Care					
Did not have a doctor visit in the prior year	30.7	37.4	–6.7	–6.0	–5.0
Did not have a specialist visit in the prior year	46.0	48.5	–2.5	–4.7	–3.6
Did not have a dental visit in the prior year	51.5	57.2	–5.7	–5.4	–2.4
Did not have a flu vaccination in the prior year	68.9	71.2	–2.3	–1.3	–2.2
Among women 18 and older, did not have a Pap smear in the prior year	37.9	42.8	–4.9	–6.3	–4.9
Delayed needed care because of difficulty getting an appointment	10.3	12.0	–1.7	–2.1	–1.3
Had two or more emergency room visits in the prior year	13.5	14.9	–1.4	0.3	–0.3
Most recent emergency room visit was because doctor's office or clinic was not open	12.2	1.9	10.3‡	10.3‡	9.5
Gaps in Realized Access: Affordability of Care					
Had unmet need for care because of concerns about affordability in the prior year	33.1	36.7	–3.7	–2.2	–1.4
Delayed needed care because of worry about cost in the prior year	6.2	8.7	–2.5	–1.5	–1.1
Family had difficulty paying medical bills in the prior year	14.0	16.0	–2.0	–1.8	–1.1
Family not able to pay medical bills in the prior year	5.7	9.8	–4.0	–4.2	–3.6
Somewhat or very worried about ability to pay medical bills in the future	53.3	66.1	–12.7†	–12.0†	–9.2
Health Outcomes and Health Behaviors					
Self-reported health status is fair or poor	24.3	29.4	–5.1	–6.1	–0.4
Is a current smoker	15.1	22.2	–7.1	–7.4*	–5.4
Reports height and weight that imply obesity	31.3	30.3	0.9	0.9	1.4

Notes: *Model 1 regression-adjusted estimates* are derived from multivariate regression models that control for age, sex, and health status (except for health outcomes and health behaviors). *Model 2 regression-adjusted estimates* are derived from multivariate regression models that control for the variables in Model 1 plus socioeconomic status. The regression-adjusted means that are reported for Medicaid adults in other states based on those models are derived using the characteristics of Medi-Cal adults. Estimate of differences may differ from calculated differences due to rounding.

Source: National Health Interview Survey, 2012 and 2013.

Appendix Table 13. Changes in Access to Ambulatory Care Under Medi-Cal Managed Care, Nonelderly Adults 19 to 64, 2011 to 2012

MEASURE	SIMPLE ESTIMATES (UNADJUSTED) 2012	2011	Change	MODEL 1 (REGRESSION-ADJUSTED) Change 2011 to 2012	MODEL 2 (REGRESSION-ADJUSTED) Change 2011 to 2012
Gaps in Potential Access					
Does not have a usual source of care when sick (other than the emergency room)	15.1	13.5	1.6	0.7	0.4
Relies on the emergency room as usual source of care when sick	2.1	2.4	–0.4	–0.6	–0.5
Does not have a usual source of care for routine care (other than the emergency room)	11.5	9.6	1.9	0.8	0.2
Reported difficulties finding a provider taking new patients in the prior year	6.6	5.6	1.0	1.2	1.1
Reported difficulties finding a provider taking insurance type in the prior year	8.3	8.6	–0.3	0.1	0.2
Gaps in Realized Access: Use of Care					
Did not have a doctor visit in the prior year	38.7	32.6	6.0	3.5	0.5
Did not have a specialist visit in the prior year	49.6	46.2	3.5	2.4	1.7
Did not have a dental visit in the prior year	59.0	60.6	–1.6	–1.3	–0.4
Did not have a flu vaccination in the prior year	71.7	67.7	4.0	1.3	2.8
Among women 18 and older, did not have a Pap smear in the prior year	46.2	40.0	6.2	6.1	4.5
Delayed needed care because of difficulty getting an appointment	12.0	13.2	–1.2	0.5	0.1
Had two or more emergency room visits in the prior year	14.1	12.8	1.4	1.3	1.3
Most recent emergency room visit was because doctor's office or clinic was not open	1.4	11.0	–9.6‡	–7.8‡	–7.4
Gaps in Realized Access: Affordability of Care					
Had unmet need for care because of concerns about affordability in the prior year	38.2	41.8	–3.6	–0.6	–0.6
Delayed needed care because of worry about cost in the prior year	9.3	10.8	–1.5	–0.8	–2.1
Family had difficulty paying medical bills in the prior year	16.9	14.5	2.4	2.8	0.7
Family not able to pay medical bills in the prior year	11.9	7.0	4.8	4.6	3.0
Somewhat or very worried about ability to pay medical bills in the future	68.2	58.1	10.1*	7.1	6.8
Health Outcomes and Health Behaviors					
Self-reported health status is fair or poor	29.0	26.7	2.3	3.7	0.1
Is a current smoker	21.4	23.4	–1.9	–2.8	–3.7
Reports height and weight that imply obesity	30.8	35.3	–4.5	–3.8	–5.8

Notes: *Model 1 regression-adjusted estimates* are derived from multivariate regression models that control for age, sex, and health status (except for health outcomes and health behaviors). *Model 2 regression-adjusted estimates* are derived from multivariate regression models that control for the variables in Model 1 plus socioeconomic status. The regression-adjusted means that are reported for Medicaid adults in other states based on those models are derived using the characteristics of Medi-Cal adults. Estimate of differences may differ from calculated differences due to rounding.

Source: National Health Interview Survey, 2011 and 2012.

Appendix Table 14. Changes in Access to Ambulatory Care Under Medi-Cal Managed Care, Nonelderly Adults 19 to 64, 2012 to 2013

MEASURE	SIMPLE ESTIMATES (UNADJUSTED) 2013	2012	Change	MODEL 1 (REGRESSION-ADJUSTED) Change 2012 to 2013	MODEL 2 (REGRESSION-ADJUSTED) Change 2012 to 2013
Gaps in Potential Access					
Does not have a usual source of care when sick (other than the emergency room)	12.0	15.1	–3.1	–3.0	–2.1
Relies on the emergency room as usual source of care when sick	3.0	2.1	0.9	0.3	0.8
Does not have a usual source of care for routine care (other than the emergency room)	10.2	11.5	–1.3	–0.4	0.9
Reported difficulties finding a provider taking new patients in the prior year	1.3	6.6	–5.2*	–4.1	–4.2
Reported difficulties finding a provider taking insurance type in the prior year	4.0	8.3	–4.3	–3.1	–2.7
Gaps in Realized Access: Use of Care					
Did not have a doctor visit in the prior year	28.9	38.7	–9.8	–8.9*	–7.4
Did not have a specialist visit in the prior year	45.5	49.6	–4.2	–5.9	–4.1
Did not have a dental visit in the prior year	52.7	59.0	–6.3	–5.1	–0.6
Did not have a flu vaccination in the prior year	71.8	71.7	0.0	0.7	–0.9
Among women 18 and older, did not have a Pap smear in the prior year	36.2	46.2	–9.9	–11.3*	–7.5
Delayed needed care because of difficulty getting an appointment	10.8	12.0	–1.2	–1.5	–0.8
Had two or more emergency room visits in the prior year	13.8	14.1	–0.4	0.7	0.1
Most recent emergency room visit was because doctor's office or clinic was not open	13.1	1.4	11.7‡	12.1‡	11.0
Gaps in Realized Access: Affordability of Care					
Had unmet need for care because of concerns about affordability in the prior year	34.5	38.2	–3.6	–3.7	–2.8
Delayed needed care because of worry about cost in the prior year	6.2	9.3	–3.1	–2.3	–2.4
Family had difficulty paying medical bills in the prior year	14.4	16.9	–2.6	–2.1	–2.5
Family not able to pay medical bills in the prior year	6.0	11.9	–5.9*	–5.7*	–5.3
Somewhat or very worried about ability to pay medical bills in the future	55.0	68.2	–13.2†	–13.2†	–10.5
Health Outcomes and Health Behaviors					
Self-reported health status is fair or poor	24.8	29.0	–4.2	–5.2	0.8
Is a current smoker	14.7	21.4	–6.8	–7.2	–4.5
Reports height and weight that imply obesity	30.8	30.8	0.0	0.1	0.5

Notes: *Model 1 regression-adjusted estimates* are derived from multivariate regression models that control for age, sex, and health status (except for health outcomes and health behaviors). *Model 2 regression-adjusted estimates* are derived from multivariate regression models that control for the variables in Model 1 plus socioeconomic status. The regression-adjusted means that are reported for Medicaid adults in other states based on those models are derived using the characteristics of Medi-Cal adults. Estimate of differences may differ from calculated differences due to rounding.

Source: National Health Interview Survey, 2012 and 2013.

Appendix Table 15. Access to Ambulatory Care Under Medi-Cal vs. Medicaid in Other States, Children 0 to 18, 2011

	SIMPLE ESTIMATES (UNADJUSTED)			MODEL 1 (REGRESSION-ADJUSTED)		MODEL 2 (REGRESSION-ADJUSTED)	
MEASURE	Medi-Cal	Medicaid	Difference	Medicaid	Difference	Medicaid	Difference
Gaps in Potential Access							
Does not have a usual source of care when sick (other than the emergency room)	3.0%	3.2%	–0.3	3.7%	–0.7	4.4%	–1.4
Relies on the emergency room as usual source of care when sick	0.6%	0.9%	–0.4	1.0%	–0.4	1.1%	–0.6
Does not have a usual source of care for routine care (other than the emergency room)	1.4%	1.1%	0.4	1.2%	0.2	1.3%	0.1
Gaps in Realized Access: Use of Care							
Did not have a doctor visit in the prior year	20.2%	17.5%	2.7	18.7%	1.5	19.4%	0.8
Did not have a well-child checkup in the prior year (excluding age 18)	20.3%	16.8%	3.4	18.1%	2.1	20.6%	–0.3
Did not have a specialist visit in the prior year	74.4%	64.8%	9.6‡	66.5%	7.9‡	67.4%	6.9‡
Did not have a dental visit in the prior year	22.4%	23.4%	–1.0	22.0%	0.4	19.1%	3.4
Did not have a flu vaccination in the prior year	51.2%	54.0%	–2.9	55.0%	–3.8	49.5%	1.6
Delayed needed care because of difficulty getting an appointment	9.3%	6.4%	3.0	6.0%	3.3*	6.8%	2.5
Had two or more emergency room visits in the prior year	6.5%	10.4%	–4.0‡	9.6%	–3.1†	8.2%	–1.7
Most recent emergency room visit was because doctor's office or clinic was not open	9.4%	14.5%	–5.1‡	13.5%	–4.1†	11.6%	–2.2
Gaps in Realized Access: Affordability of Care							
Had unmet need for care because of concerns about affordability in the prior year	12.2%	7.8%	4.4†	7.7%	4.5†	8.2%	4.0*
Delayed needed care because of worry about the cost in the prior year	2.8%	1.1%	1.7	1.0%	1.8	1.3%	1.5
Family had difficulty paying medical bills in the prior year	21.6%	31.0%	–9.5‡	30.6%	–9.0‡	28.2%	–6.6†
Family not able to pay medical bills in the prior year	10.8%	21.0%	–10.1‡	20.8%	–9.9‡	18.1%	–7.3‡
Adult in household somewhat or very worried about ability to pay medical bills in the future	44.9%	44.2%	0.7	44.1%	0.8	49.1%	–4.2
Health Outcomes							
Self-reported health status is fair or poor	3.8%	3.7%	0.0	3.8%	0.0	3.7%	0.0

* (†) [‡] Significantly different from zero at the 0.05 (0.01) [0.001] level, two-tailed test.

Notes: *Model 1 regression-adjusted* estimates are derived from multivariate regression models that control for age, sex, and health status (except for health outcomes). *Model 2 regression-adjusted estimates* are derived from multivariate regression models that control for the variables in Model 1 plus socioeconomic status. The regression-adjusted means that are reported for children with ESI based on those models are derived using the characteristics of Medi-Cal children. Estimate of differences may differ from calculated differences due to rounding.

Source: National Health Interview Survey, 2011.

Appendix Table 16. Access to Ambulatory Care Under Medi-Cal vs. Medicaid in Other States, Children 0 to 18, 2012

	SIMPLE ESTIMATES (UNADJUSTED)			MODEL 1 (REGRESSION-ADJUSTED)		MODEL 2 (REGRESSION-ADJUSTED)	
MEASURE	Medi-Cal	Medicaid	Difference	Medicaid	Difference	Medicaid	Difference
Gaps in Potential Access							
Does not have a usual source of care when sick (other than the emergency room)	3.1%	3.2%	–0.2	3.5%	–0.5	3.9%	–0.8
Relies on the emergency room as usual source of care when sick	0.9%	0.7%	0.2	0.7%	0.2	0.9%	0.0
Does not have a usual source of care for routine care (other than the emergency room)	1.4%	1.1%	0.3	1.2%	0.2	1.4%	0.0
Gaps in Realized Access: Use of Care							
Did not have a doctor visit in the prior year	14.5%	18.1%	–3.6*	19.3%	–4.8†	21.1%	–6.6‡
Did not have a well-child checkup in the prior year (excluding age 18)	22.0%	16.6%	5.4†	18.0%	4.0*	20.0%	2.0
Did not have a specialist visit in the prior year	75.8%	63.1%	12.6‡	64.8%	10.9‡	66.8%	8.9‡
Did not have a dental visit in the prior year	27.7%	20.9%	6.8†	20.4%	7.2‡	18.5%	9.2‡
Did not have a flu vaccination in the prior year	59.7%	52.5%	7.2†	53.7%	6.0†	49.3%	10.4‡
Delayed needed care because of difficulty getting an appointment	7.4%	5.3%	2.1	5.2%	2.2	6.1%	1.3
Had two or more emergency room visits in the prior year	7.5%	10.3%	–2.8*	9.6%	–2.0	8.0%	–0.4
Most recent emergency room visit was because doctor's office or clinic was not open	2.7%	3.7%	–1.0	3.5%	–0.7	2.6%	0.2
Gaps in Realized Access: Affordability of Care							
Had unmet need for care because of concerns about affordability in the prior year	10.0%	6.9%	3.1*	6.9%	3.1*	7.0%	3.0*
Delayed needed care because of worry about the cost in the prior year	1.6%	1.0%	0.5	1.1%	0.5	1.0%	0.5
Family had difficulty paying medical bills in the prior year	17.0%	29.6%	–12.6‡	29.3%	–12.2‡	27.7%	–10.7‡
Family not able to pay medical bills in the prior year	10.4%	19.7%	–9.4‡	19.6%	–9.2‡	17.8%	–7.5‡
Adult in household somewhat or very worried about ability to pay medical bills in the future	47.5%	43.9%	3.7	44.2%	3.3	49.2%	–1.7
Health Outcomes							
Self-reported health status is fair or poor	3.5%	4.0%	–0.5	4.1%	–0.6	3.6%	–0.1

* (†) [‡] Significantly different from zero at the 0.05 (0.01) [0.001] level, two-tailed test.

Notes: *Model 1 regression-adjusted* estimates are derived from multivariate regression models that control for age, sex, and health status (except for health outcomes). *Model 2 regression-adjusted estimates* are derived from multivariate regression models that control for the variables in Model 1 plus socioeconomic status. The regression-adjusted means that are reported for children with ESI based on those models are derived using the characteristics of Medi-Cal children. Estimate of differences may differ from calculated differences due to rounding.

Source: National Health Interview Survey, 2012.

Appendix Table 17. Access to Ambulatory Care Under Medi-Cal Managed Care vs. Medicaid Managed Care in Other States, Children 0 to 18, 2011

	SIMPLE ESTIMATES (UNADJUSTED)			MODEL 1 (REGRESSION-ADJUSTED)		MODEL 2 (REGRESSION-ADJUSTED)	
MEASURE	Medi-Cal	Medicaid	Difference	Medicaid	Difference	Medicaid	Difference
Gaps in Potential Access							
Does not have a usual source of care when sick (other than the emergency room)	1.7%	2.7%	–1.0	3.0%	–1.4*	3.2%	–1.5*
Relies on the emergency room as usual source of care when sick	0.4%	0.9%	–0.4	1.0%	–0.5	0.9%	–0.5
Does not have a usual source of care for routine care (other than the emergency room)	0.4%	0.9%	–0.5	1.1%	–0.7	1.1%	–0.7
Gaps in Realized Access: Use of Care							
Did not have a doctor visit in the prior year	18.1%	16.5%	1.6	17.3%	0.7	18.4%	–0.3
Did not have a well-child checkup in the prior year (excluding age 18)	19.3%	15.8%	3.5	16.9%	2.3	19.5%	–0.3
Did not have a specialist visit in the prior year	73.4%	65.0%	8.4‡	67.1%	6.3†	67.4%	6.0†
Did not have a dental visit in the prior year	23.4%	23.8%	–0.4	22.6%	0.8	19.3%	4.1*
Did not have a flu vaccination in the prior year	50.4%	54.0%	–3.6	54.8%	–4.4	50.3%	0.1
Delayed needed care because of difficulty getting an appointment	9.9%	7.3%	2.6	6.8%	3.2	7.2%	2.7
Had two or more emergency room visits in the prior year	6.5%	10.7%	–4.2‡	9.9%	–3.4†	8.6%	–2.1
Most recent emergency room visit was because doctor's office or clinic was not open	9.9%	14.3%	–4.4†	13.3%	–3.4*	10.8%	–0.9
Gaps in Realized Access: Affordability of Care							
Had unmet need for care because of concerns about affordability in the prior year	13.2%	8.8%	4.4*	8.7%	4.5†	9.3%	3.9*
Delayed needed care because of worry about the cost in the prior year	2.2%	1.3%	0.9	1.2%	1.0	1.5%	0.7
Family had difficulty paying medical bills in the prior year	19.2%	31.7%	–12.4‡	31.2%	–12.0‡	28.5%	–9.3‡
Family not able to pay medical bills in the prior year	9.8%	21.3%	–11.5‡	21.1%	–11.3‡	18.8%	–9.0‡
Adult in household somewhat or very worried about ability to pay medical bills in the future	45.9%	44.9%	0.9	44.7%	1.2	50.4%	–4.5
Health Outcomes							
Self-reported health status is fair or poor	3.4%	3.4%	0.0	3.4%	0.0	2.9%	0.6

* (†) [‡] Significantly different from zero at the 0.05 (0.01) [0.001] level, two-tailed test.

Notes: *Model 1 regression-adjusted* estimates are derived from multivariate regression models that control for age, sex, and health status (except for health outcomes). *Model 2 regression-adjusted estimates* are derived from multivariate regression models that control for the variables in Model 1 plus socioeconomic status. The regression-adjusted means that are reported for children with ESI based on those models are derived using the characteristics of Medi-Cal children. Estimate of differences may differ from calculated differences due to rounding.

Source: National Health Interview Survey, 2011.

Appendix Table 18. Access to Ambulatory Care Under Medi-Cal Managed Care vs. Medicaid Managed Care in Other States, Children 0 to 18, 2012

	SIMPLE ESTIMATES (UNADJUSTED)			MODEL 1 (REGRESSION-ADJUSTED)		MODEL 2 (REGRESSION-ADJUSTED)	
MEASURE	Medi-Cal	Medicaid	Difference	Medicaid	Difference	Medicaid	Difference
Gaps in Potential Access							
Does not have a usual source of care when sick (other than the emergency room)	2.3%	2.3%	0.0	2.5%	–0.2	2.7%	–0.4
Relies on the emergency room as usual source of care when sick	0.9%	0.4%	0.5	0.4%	0.5	0.5%	0.4
Does not have a usual source of care for routine care (other than the emergency room)	0.9%	0.8%	0.1	0.8%	0.1	1.1%	–0.2
Gaps in Realized Access: Use of Care							
Did not have a doctor visit in the prior year	12.6%	17.7%	–5.0†	19.2%	–6.6‡	21.3%	–8.7‡
Did not have a well-child checkup in the prior year (excluding age 18)	19.8%	15.8%	4.0*	17.2%	2.6	19.2%	0.6
Did not have a specialist visit in the prior year	76.6%	62.5%	14.1‡	65.1%	11.6‡	66.7%	9.9‡
Did not have a dental visit in the prior year	28.8%	19.5%	9.4‡	20.0%	8.8‡	18.0%	10.9‡
Did not have a flu vaccination in the prior year	58.3%	51.3%	7.0†	52.6%	5.7*	49.5%	8.8†
Delayed needed care because of difficulty getting an appointment	7.7%	5.5%	2.2	5.5%	2.3	6.3%	1.4
Had two or more emergency room visits in the prior year	7.7%	10.4%	–2.8	9.6%	–2.0	8.1%	–0.4
Most recent emergency room visit was because doctor's office or clinic was not open	2.5%	3.8%	–1.2	3.6%	–1.0	2.8%	–0.3
Gaps in Realized Access: Affordability of Care							
Had unmet need for care because of concerns about affordability in the prior year	9.7%	6.7%	2.9	6.7%	3.0*	6.4%	3.2*
Delayed needed care because of worry about the cost in the prior year	1.5%	1.2%	0.3	1.2%	0.3	1.2%	0.3
Family had difficulty paying medical bills in the prior year	18.7%	30.2%	–11.5‡	29.7%	–11.0‡	28.5%	–9.8‡
Family not able to pay medical bills in the prior year	11.6%	20.7%	–9.1‡	20.6%	–9.0‡	19.0%	–7.3‡
Adult in household somewhat or very worried about ability to pay medical bills in the future	49.1%	45.1%	4.1	45.3%	3.8	48.7%	0.4
Health Outcomes							
Self-reported health status is fair or poor	2.8%	4.1%	–1.3	4.2%	–1.3	3.4%	–0.5

* (†) [‡] Significantly different from zero at the 0.05 (0.01) [0.001] level, two-tailed test.

Notes: *Model 1 regression-adjusted* estimates are derived from multivariate regression models that control for age, sex, and health status (except for health outcomes). *Model 2 regression-adjusted estimates* are derived from multivariate regression models that control for the variables in Model 1 plus socioeconomic status. The regression-adjusted means that are reported for children with ESI based on those models are derived using the characteristics of Medi-Cal children. Estimate of differences may differ from calculated differences due to rounding.

Source: National Health Interview Survey, 2012.

Appendix Table 19. Differences and Change in Differences Between Access to Ambulatory Care Under Medi-Cal vs. Medicaid in Other States, Children 0 to 18, 2011 to 2012

MEASURE	SIMPLE ESTIMATES (UNADJUSTED) 2012	2011	Change	MODEL 1 (REGRESSION-ADJUSTED) Change 2011 to 2012	MODEL 2 (REGRESSION-ADJUSTED) Change 2011 to 2012
Gaps in Potential Access					
Does not have a usual source of care when sick (other than the emergency room)	–0.2	–0.3	0.1	0.2	0.2
Relies on the emergency room as usual source of care when sick	0.2	–0.4	0.5	0.6	0.7
Does not have a usual source of care for routine care (other than the emergency room)	0.3	0.4	–0.1	0.0	–0.1
Gaps in Realized Access: Use of Care					
Did not have a doctor visit in the prior year	–3.6	2.7	–6.3*	–6.3*	–6.6*
Did not have a well-child checkup in the prior year (excluding age 18)	5.4	3.4	2.0	1.7	1.7
Did not have a specialist visit in the prior year	12.6	9.6	3.1	2.7	2.7
Did not have a dental visit in the prior year	6.8	–1.0	7.8†	7.1†	7.1†
Did not have a flu vaccination in the prior year	7.2	–2.9	10.0†	10.0†	10.2†
Delayed needed care because of difficulty getting an appointment	2.1	3.0	–0.9	–1.0	–1.0
Had two or more emergency room visits in the prior year	–2.8	–4.0	1.1	1.4	1.5
Most recent emergency room visit was because doctor's office or clinic was not open	–1.0	–5.1	4.2†	4.3†	4.4†
Gaps in Realized Access: Affordability of Care					
Had unmet need for care because of concerns about affordability in the prior year	3.1	4.4	–1.3	–1.3	–1.3
Delayed needed care because of worry about the cost in the prior year	0.5	1.7	–1.2	–1.2	–1.2
Family had difficulty paying medical bills in the prior year	–12.6	–9.5	–3.2	–3.2	–3.5
Family not able to pay medical bills in the prior year	–9.4	–10.1	0.7	0.7	0.4
Adult in household somewhat or very worried about ability to pay medical bills in the future	3.7	0.7	3.0	2.9	2.3
Health Outcomes					
Self-reported health status is fair or poor	–0.5	0.0	–0.6	–0.6	–0.3

* (†) [‡] Significantly different from zero at the 0.05 (0.01) [0.001] level, two-tailed test.

Notes: *Model 1 regression-adjusted estimates* are derived from multivariate regression models that control for age, sex, and health status (except for health outcomes and health behaviors). *Model 2 regression-adjusted estimates* are derived from multivariate regression models that control for the variables in Model 1 plus socioeconomic status. The regression-adjusted means that are reported for children with ESI based on those models are derived using the characteristics of Medi-Cal children. Estimate of differences may differ from calculated differences due to rounding.

Source: National Health Interview Survey, 2011 and 2012.

Appendix Table 20. Differences and Change in Differences Between Access to Ambulatory Care Under Medi-Cal Managed Care vs. Medicaid Managed Care in Other States, Children 0 to 18, 2011 to 2012

	SIMPLE ESTIMATES (UNADJUSTED)			MODEL 1 (REGRESSION-ADJUSTED)	MODEL 2 (REGRESSION-ADJUSTED)
MEASURE	2012	2011	Change	Change 2011 to 2012	Change 2011 to 2012
Gaps in Potential Access					
Does not have a usual source of care when sick (other than the emergency room)	0.0	–1.0	1.1	1.1	1.0
Relies on the emergency room as usual source of care when sick	0.5	–0.4	1.0	1.0	0.9
Does not have a usual source of care for routine care (other than the emergency room)	0.1	–0.5	0.6	0.7	0.5
Gaps in Realized Access: Use of Care					
Did not have a doctor visit in the prior year	–5.0	1.6	–6.6*	–6.9*	–7.2†
Did not have a well-child checkup in the prior year (excluding age 18)	4.0	3.5	0.5	0.2	0.3
Did not have a specialist visit in the prior year	14.1	8.4	5.7	4.8	4.8
Did not have a dental visit in the prior year	9.4	–0.4	9.7†	8.3†	8.4†
Did not have a flu vaccination in the prior year	7.0	–3.6	10.6†	10.5†	10.8†
Delayed needed care because of difficulty getting an appointment	2.2	2.6	–0.4	–0.4	–0.3
Had two or more emergency room visits in the prior year	–2.8	–4.2	1.4	1.6	1.6
Most recent emergency room visit was because doctor's office or clinic was not open	–1.2	–4.4	3.1	3.2	3.2
Gaps in Realized Access: Affordability of Care					
Had unmet need for care because of concerns about affordability in the prior year	2.9	4.4	–1.4	–1.5	–1.3
Delayed needed care because of worry about the cost in the prior year	0.3	0.9	–0.6	–0.6	–0.7
Family had difficulty paying medical bills in the prior year	–11.5	–12.4	0.9	0.9	0.5
Family not able to pay medical bills in the prior year	–9.1	–11.5	2.4	2.3	1.9
Adult in household somewhat or very worried about ability to pay medical bills in the future	4.1	0.9	3.1	3.1	2.7
Health Outcomes					
Self-reported health status is fair or poor	–1.3	0.0	–1.3	–1.4	–1.4

* (†) [‡] Significantly different from zero at the 0.05 (0.01) [0.001] level, two-tailed test.

Notes: *Model 1 regression-adjusted estimates* are derived from multivariate regression models that control for age, sex, and health status (except for health outcomes and health behaviors). *Model 2 regression-adjusted estimates* are derived from multivariate regression models that control for the variables in Model 1 plus socioeconomic status. The regression-adjusted means that are reported for children with ESI based on those models are derived using the characteristics of Medi-Cal children. Estimate of differences may differ from calculated differences due to rounding.

Source: National Health Interview Survey, 2011 and 2012.

Appendix Table 21. Changes in Access to Ambulatory Care Under Medi-Cal, Children 0 to 18, 2011 to 2012

MEASURE	SIMPLE ESTIMATES (UNADJUSTED) 2012	2011	Change	MODEL 1 (REGRESSION-ADJUSTED) Change 2011 to 2012	MODEL 2 (REGRESSION-ADJUSTED) Change 2011 to 2012
Gaps in Potential Access					
Does not have a usual source of care when sick (other than the emergency room)	3.1	3.0	0.1	0.2	0.4
Relies on the emergency room as usual source of care when sick	0.9	0.6	0.3	0.4	0.4
Does not have a usual source of care for routine care (other than the emergency room)	1.4	1.4	0.0	0.1	0.1
Gaps in Realized Access: Use of Care					
Did not have a doctor visit in the prior year	14.5	20.2	–5.7*	–5.6*	–5.5*
Did not have a well-child checkup in the prior year (excluding age 18)	22.0	20.3	1.8	1.4	2.2
Did not have a specialist visit in the prior year	75.8	74.4	1.4	1.7	1.4
Did not have a dental visit in the prior year	27.7	22.4	5.2*	5.6*	6.1†
Did not have a flu vaccination in the prior year	59.7	51.2	8.5†	8.7†	8.9†
Delayed needed care because of difficulty getting an appointment	7.4	9.3	–1.9	–2.0	–2.2
Had two or more emergency room visits in the prior year	7.5	6.5	1.1	1.4	1.4
Most recent emergency room visit was because doctor's office or clinic was not open	2.7	9.4	–6.6‡	–6.5‡	–6.3‡
Gaps in Realized Access: Affordability of Care					
Had unmet need for care because of concerns about affordability in the prior year	10.0	12.2	–2.2	–2.5	–2.4
Delayed needed care because of worry about the cost in the prior year	1.6	2.8	–1.2	–1.4	–1.1
Family had difficulty paying medical bills in the prior year	17.0	21.6	–4.6	–4.5	–4.6
Family not able to pay medical bills in the prior year	10.4	10.8	–0.5	–0.4	–0.4
Adult in household somewhat or very worried about ability to pay medical bills in the future	47.5	44.9	2.6	2.4	1.0
Health Outcomes					
Self-reported health status is fair or poor	3.5	3.8	–0.3	–0.3	–0.3

* (†) [‡] Significantly different from zero at the 0.05 (0.01) [0.001] level, two-tailed test.

Notes: *Model 1 regression-adjusted estimates* are derived from multivariate regression models that control for age, sex, and health status (except for health outcomes and health behaviors). *Model 2 regression-adjusted estimates* are derived from multivariate regression models that control for the variables in Model 1 plus socioeconomic status. The regression-adjusted means that are reported for children with ESI based on those models are derived using the characteristics of Medi-Cal children. Estimate of differences may differ from calculated differences due to rounding.

Source: National Health Interview Survey, 2011 and 2012.

Appendix Table 22. Changes in Access to Ambulatory Care Under Medi-Cal, Children 0 to 18, 2012 to 2013

MEASURE	SIMPLE ESTIMATES (UNADJUSTED) 2013	2012	Change	MODEL 1 (REGRESSION-ADJUSTED) Change 2012 to 2013	MODEL 2 (REGRESSION-ADJUSTED) Change 2012 to 2013
Gaps in Potential Access					
Does not have a usual source of care when sick (other than the emergency room)	3.9	3.1	0.8	0.7	0.8
Relies on the emergency room as usual source of care when sick	0.8	0.9	–0.1	–0.1	–0.1
Does not have a usual source of care for routine care (other than the emergency room)	2.1	1.4	0.7	0.4	0.4
Gaps in Realized Access: Use of Care					
Did not have a doctor visit in the prior year	18.6	14.5	4.1	3.5	4.0
Did not have a well-child checkup in the prior year (excluding age 18)	20.1	22.0	–2.0	–1.8	–1.9
Did not have a specialist visit in the prior year	74.5	75.8	–1.3	–2.1	–1.6
Did not have a dental visit in the prior year	24.8	27.7	–2.9	–2.2	–3.7
Did not have a flu vaccination in the prior year	54.9	59.7	–4.7	–5.7	–6.6*
Delayed needed care because of difficulty getting an appointment	7.3	7.4	0.0	0.3	0.5
Had two or more emergency room visits in the prior year	3.6	7.5	–3.9†	–3.1*	–2.9*
Most recent emergency room visit was because doctor's office or clinic was not open	9.0	2.7	6.3‡	6.7‡	6.7‡
Gaps in Realized Access: Affordability of Care					
Had unmet need for care because of concerns about affordability in the prior year	8.8	10.0	–1.2	–0.6	–0.6
Delayed needed care because of worry about the cost in the prior year	1.6	1.6	0.0	0.1	0.2
Family had difficulty paying medical bills in the prior year	17.3	17.0	0.3	0.5	0.5
Family not able to pay medical bills in the prior year	8.9	10.4	–1.5	–1.4	–1.1
Adult in household somewhat or very worried about ability to pay medical bills in the future	47.7	47.5	0.2	0.6	1.7
Health Outcomes					
Self-reported health status is fair or poor	2.5	3.5	–1.0	–1.1	–0.4

* (†) [‡] Significantly different from zero at the 0.05 (0.01) [0.001] level, two-tailed test.

Notes: *Model 1 regression-adjusted estimates* are derived from multivariate regression models that control for age, sex, and health status (except for health outcomes and health behaviors). *Model 2 regression-adjusted estimates* are derived from multivariate regression models that control for the variables in Model 1 plus socioeconomic status. The regression-adjusted means that are reported for children with ESI based on those models are derived using the characteristics of Medi-Cal children. Estimate of differences may differ from calculated differences due to rounding.

Source: National Health Interview Survey, 2012 and 2013.

Appendix Table 23. Changes in Access to Ambulatory Care Under Medi-Cal Managed Care, Children 0 to 18, 2011 to 2012

MEASURE	SIMPLE ESTIMATES (UNADJUSTED) 2012	2011	Change	MODEL 1 (REGRESSION-ADJUSTED) Change 2011 to 2012	MODEL 2 (REGRESSION-ADJUSTED) Change 2011 to 2012
Gaps in Potential Access					
Does not have a usual source of care when sick (other than the emergency room)	2.3	1.7	0.6	0.7	0.6
Relies on the emergency room as usual source of care when sick	0.9	0.4	0.5	0.6	0.4
Does not have a usual source of care for routine care (other than the emergency room)	0.9	0.4	0.5	0.6	0.6
Gaps in Realized Access: Use of Care					
Did not have a doctor visit in the prior year	12.6	18.1	–5.4*	–5.3*	–5.1*
Did not have a well-child checkup in the prior year (excluding age 18)	19.8	19.3	0.5	–0.1	1.1
Did not have a specialist visit in the prior year	76.6	73.4	3.3	3.3	3.3
Did not have a dental visit in the prior year	28.8	23.4	5.4	5.4	6.6*
Did not have a flu vaccination in the prior year	58.3	50.4	7.9*	7.7*	8.2*
Delayed needed care because of difficulty getting an appointment	7.7	9.9	–2.2	–2.4	–2.6
Had two or more emergency room visits in the prior year	7.7	6.5	1.2	1.6	1.5
Most recent emergency room visit was because doctor's office or clinic was not open	2.5	9.9	–7.4‡	–7.3‡	–7.3‡
Gaps in Realized Access: Affordability of Care					
Had unmet need for care because of concerns about affordability in the prior year	9.7	13.2	–3.5	–4.1	–3.6
Delayed needed care because of worry about the cost in the prior year	1.5	2.2	–0.7	–0.9	–0.7
Family had difficulty paying medical bills in the prior year	18.7	19.2	–0.5	–0.3	–0.6
Family not able to pay medical bills in the prior year	11.6	9.8	1.8	2.0	1.8
Adult in household somewhat or very worried about ability to pay medical bills in the future	49.1	45.9	3.2	2.8	1.7
Health Outcomes					
Self-reported health status is fair or poor	2.8	3.4	–0.6	–0.7	–1.2

* (†) [‡] Significantly different from zero at the 0.05 (0.01) [0.001] level, two-tailed test.

Notes: *Model 1 regression-adjusted estimates* are derived from multivariate regression models that control for age, sex, and health status (except for health outcomes and health behaviors). *Model 2 regression-adjusted estimates* are derived from multivariate regression models that control for the variables in Model 1 plus socioeconomic status. The regression-adjusted means that are reported for children with ESI based on those models are derived using the characteristics of Medi-Cal children. Estimate of differences may differ from calculated differences due to rounding.

Source: National Health Interview Survey, 2011 and 2012.

Appendix Table 24. Changes in Access to Ambulatory Care Under Medi-Cal Managed Care, Children 0 to 18, 2012 to 2013

MEASURE	SIMPLE ESTIMATES (UNADJUSTED) 2013	2012	Change	MODEL 1 (REGRESSION-ADJUSTED) Change 2012 to 2013	MODEL 2 (REGRESSION-ADJUSTED) Change 2012 to 2013
Gaps in Potential Access					
Does not have a usual source of care when sick (other than the emergency room)	3.3	2.3	0.9	1.0	1.1
Relies on the emergency room as usual source of care when sick	0.6	0.9	–0.3	–0.3	–0.4
Does not have a usual source of care for routine care (other than the emergency room)	1.4	0.9	0.5	0.4	0.5
Gaps in Realized Access: Use of Care					
Did not have a doctor visit in the prior year	17.1	12.6	4.4	4.1	4.5*
Did not have a well-child checkup in the prior year (excluding age 18)	18.8	19.8	–1.0	–0.8	–0.8
Did not have a specialist visit in the prior year	74.1	76.6	–2.6	–2.4	–2.3
Did not have a dental visit in the prior year	24.7	28.8	–4.2	–3.1	–5.2
Did not have a flu vaccination in the prior year	54.5	58.3	–3.8	–4.2	–5.6
Delayed needed care because of difficulty getting an appointment	8.2	7.7	0.4	0.6	0.8
Had two or more emergency room visits in the prior year	3.6	7.7	–4.1†	–3.4*	–3.0*
Most recent emergency room visit was because doctor's office or clinic was not open	9.2	2.5	6.7‡	7.1‡	6.8‡
Gaps in Realized Access: Affordability of Care					
Had unmet need for care because of concerns about affordability in the prior year	9.6	9.7	–0.1	0.3	0.3
Delayed needed care because of worry about the cost in the prior year	1.7	1.5	0.2	0.3	0.5
Family had difficulty paying medical bills in the prior year	17.5	18.7	–1.2	–1.2	–1.1
Family not able to pay medical bills in the prior year	9.0	11.6	–2.6	–2.8	–2.6
Adult in household somewhat or very worried about ability to pay medical bills in the future	49.0	49.1	–0.1	–0.1	0.7
Health Outcomes					
Self-reported health status is fair or poor	2.9	2.8	0.0	0.0	0.5

* (†) [‡] Significantly different from zero at the 0.05 (0.01) [0.001] level, two-tailed test.

Notes: *Model 1 regression-adjusted estimates* are derived from multivariate regression models that control for age, sex, and health status (except for health outcomes and health behaviors). *Model 2 regression-adjusted estimates* are derived from multivariate regression models that control for the variables in Model 1 plus socioeconomic status. The regression-adjusted means that are reported for children with ESI based on those models are derived using the characteristics of Medi-Cal children. Estimate of differences may differ from calculated differences due to rounding.

Source: National Health Interview Survey, 2012 and 2013.

Endnotes

1. *Medi-Cal Facts and Figures: A Program Transforms,* California HealthCare Foundation, 2013, www.chcf.org.
2. For more information on Medi-Cal, see www.dhcs.ca.gov.
3. *Medicaid & CHIP: December 2014 Monthly Applications, Eligibility Determinations and Enrollment Report,* Centers for Medicare & Medicaid Services, February 23, 2015, www.medicaid.gov.
4. As discussed below, we use the terms "Medi-Cal" and "Medicaid" to refer to coverage under Medicaid, CHIP, and any state-funded public programs, including Healthy Families.
5. For more information on the NHIS, see www.cdc.gov.
6. Thomas J. Plewes, *Databases for Estimating Health Insurance Coverage for Children: A Workshop Summary* (Washington, DC: The National Academies Press, 2010), www.nap.edu.
7. Kathleen Call et al., "Comparing Errors in Medicaid Reporting Across Surveys: Evidence to Date," *Health Services Research* 48, no. 2 Pt 1 (April 2013): 652-64.
8. Joanne Pascale, "Measurement Error in Health Insurance Reporting." *Inquiry* 45, no. 4 (Winter 2008/2009): 422-37, www.jstor.org.
9. Joanne Pascale et al., "Preparing to Measure Health Coverage in Federal Surveys Post-Reform: Lessons from Massachusetts." *Inquiry* 50, no. 2 (May 2013): 106-23, doi: 10.1177/0046958013513679.
10. This is affordability of care from the perspective of the individual. For low-income individuals, inexpensive care, including services with very low copays, may not be deemed affordable.