CHCF

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Measuring Up?

Access to Care in Medi-Cal Compared to Other Types of Health Insurance (2018)

Overview

Medi-Cal is California's Medicaid program, providing health insurance to Californians with low incomes, including about 40% of the state's children, half of Californians with disabilities, over a million seniors, and about one in six working adults. In total, the program covers around 13 million Californians, nearly one-third of the state's population.

However, coverage alone does not guarantee access to health care services or affordability. To see how Californians with Medi-Cal coverage are faring in accessing health care, this report examines data from the 2017–18 California Health Interview Survey (CHIS). This analysis focuses on one main question: Do Medi-Cal enrollees face greater difficulty accessing health care services than Californians with employer-sponsored insurance (ESI) or coverage purchased through the individual market (IM)?

The findings broadly suggest the need for improvement in several areas: ensuring a usual source of care, increasing the supply of providers that will take Medi-Cal patients, and facilitating access to specialists who will see Medi-Cal patients. Addressing these critical areas would help close the gaps in access to care for many California adults and children.

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Methodology: Population and Access Data Indicators

The indicators used to measure access gaps were selected based on the following considerations: three domains (gaps in connections to the health care system, gaps in receipt of care, and gaps in affordability of care) are represented; measures are widely accepted and used for evaluating access to care; measures highlight common barriers to access; and indicators build on measures used in previous work[1] (PDF) and are historically used to monitor access in Medi-Cal.[2]

For children, the only access measures evaluated are related to connection to the health care system and receipt of care (measures on affordability are limited to adults). In addition, the number of children covered by IM plans in the CHIS survey sample was too small to allow for meaningful comparisons with children in Medi-Cal.

The Medi-Cal, ESI, and IM populations were restricted to those who had been continuously insured for the past 12 months, though their source of coverage may have changed over that time period. Those who received care through restricted scope Medi-Cal coverage were excluded. Medi-Cal coverage includes the state's Children's Health Insurance Program.

All analyses were weighted to reflect the size of the 2018 California population.

This report examines data from the combined 2017–18 California Health Interview Survey (CHIS) on adults age 19–64, and on children age 0–18, to examine access to care in three domains: individuals' connections to the health system; gaps in connections to the health care system, gaps in receipt of care, and gaps in affordability of care.

1. Tara Becker et al., *Medi-Cal Versus Employer-Based Coverage: Comparing Access to Care*, California Health Care Foundation, July 2015.
2. Marsha Gold and Genevieve Kenney, *Monitoring Access: Measures to Ensure Medi-Cal Enrollees Get the Care They Need*, California Health Care Foundation, May 2014.

Methodology: Data Indicators

Three domains were used to examine access to care for adults and children using California Health Interview Survey (CHIS) 2017-18 data: gaps in connections to the health care system, gaps in receipt of care, and gaps in affordability of that care.

Table 1: Access to Care Data Indicators, Combined 2017-18 California Health Interview Survey (CHIS)

ADULTS (AGE 19-64)	CHILDREN (AGE 0-18)
Domain 1: Gaps in Connections to Health Care System	
No usual source of care (USOC) other than emergency room (ER)	No usual source of care other than ER*
Trouble finding general doctor who would see them	USOC is the ER*
Told that doctor wouldn't accept health insurance	Hard time understanding doctor (among those with a visit in past 2 years)
Trouble finding a specialist who would see them	Sometimes/never able to get appt. within 2 days (among those who sought an appt.)
Hard time understanding doctor (among those with a visit in past 2 years)	
Sometimes/never able to get appt. within 2 days (among those who sought an appt.)	
Domain 2: Gaps in Receipt of Care	
No doctor visits in past year	No doctor visits in past year
More than one emergency room visit in past year	One or more emergency room visits in past year†
Delayed getting prescription in past year	Delayed getting prescription in past year
Did not receive needed medical care in past year	Did not receive needed medical care in past year
	Did not visit dentist in past year (among children who have teeth)
Domain 3: Gaps in Affordability of Care	
Delayed medical care due to cost/insurance	
Did not get help for mental health due to cost	

* "No USOC other than ER" includes both people who say they have no USOC as well as people who report using the ER as their USOC. "USOC is the ER" includes only those people who reported the ER as their usual source of care.

† The emergency room indicator is at a lower threshold for children because children generally have lower rates of emergency room visits than adults (PDF).[1]

1. Kimberly W. McDermott, Carol Stocks, and William J. Freeman, *Overview of Pediatric Emergency Department Visits, 2015* (statistical brief 242), Agency for Health Care Quality and Research, August 2018.

Methodology: Adjustment and Statistical Significance

Medi-Cal enrollees have lower incomes and report poorer health status than those with ESI and IM plans, due in large part to Medi-Cal's eligibility requirements based on income and disability. (See appendix for more information.) Because differences in socioeconomic status and health can contribute to a greater need for care and affect access to care, this research took such characteristics into account. First, the research data were analyzed without adjustment for health and socioeconomic factors, then the data were adjusted to accommodate these characteristics. (See appendix for more information.)

Differences that persist after adjustment suggest that characteristics of the Medi-Cal program — not just characteristics of its enrolled population — may be impeding equity and access to care for Medi-Cal enrollees.

This report focuses on differences between groups that are statistically significant. A statistically significant difference of .05 means that researchers are 95% confident the results are not due to random chance.

Adult Medi-Cal enrollees are more likely to have family incomes below the poverty level — 40.9% compared to 5.9% of those with ESI and 6.9% of those with IM plans.

Access to Care for Adults with Medi-Cal vs. Employer-Sponsored Insurance (Unadjusted Analysis)

Table 2. Access to Care Under Medi-Cal Compared to Employer-Sponsored Insuranc, Adults Age 19–64, California, 2018

	MEDI-CAL	ESI	
Gaps in Connections to Health Care System			
No usual source of care	22.3%	8.8%	*
Trouble finding general doctor who would see them	5.6%	3.2%	*
Told that doctor wouldn't accept health insurance	8.5%	3.6%	*
Trouble finding a specialist who would see them	6.8%	3.2%	*
Hard time understanding doctor: visit in past 2 years	6.4%	2.0%	*
Sometimes/never able to get appt. within 2 days: sought	42.3%	31.3%	*
Gaps in Receipt of Care			
No doctor visits in past year	19.6%	14.2%	*
More than one emergency room visit in past year	15.6%	7.2%	*
Delayed getting prescription in past year	12.5%	10.0%	*
Did not receive needed medical care in past year	16.7%	12.1%	*
Gaps in Care Due to Affordability			
Delayed medical care due to cost/insurance	7.4%	4.1%	*
Did not get help for mental health due to cost	4.2%	2.5%	*

*Significantly different from Medi-Cal at the .05 level, two-tailed test. A two-tailed test checks for the possibility of a relationship in both directions — that is, the number being compared can be greater than or less than the reference number.

Note: Access indicators are not adjusted for differences in health and socioeconomic status.

Source: California Health Interview Survey, 2017–18 combined file, weighted to 2018 population.

The unadjusted analysis found that adults enrolled in Medi-Cal fared worse than those with ESI on all 12 access measures.

Access to Care for Adults with Medi-Cal vs. Employer-Sponsored Insurance (Adjusted Analysis)

Table 3. Adjusted Indicators of Access to Care Under Medi-Cal Compared to Employer-Sponsored Insurance, Adults Age 19–64, California, 2018

	MEDI-CAL	ESI	
Gaps in Connections to Health Care System			
No usual source of care	17.4%	10.7%	*
Trouble finding general doctor who would see them	5.0%	3.4%	
Told that doctor wouldn't accept health insurance	8.1%	3.7%	*
Trouble finding a specialist who would see them	5.4%	3.6%	*
Hard time understanding doctor: visit in past 2 years	4.0%	2.8%	
Sometimes/never able to get appt. within 2 days: sought	36.8%	33.0%	
Gaps in Receipt of Care			
No doctor visits in past year	18.8%	14.9%	*
More than one emergency room visit in past year	11.0%	8.4%	*
Delayed getting prescription in past year	9.7%	11.0%	
Did not receive needed medical care in past year	9.5%	7.7%	
Gaps in Affordability of Care			
Delayed medical care due to cost/insurance	6.0%	4.4%	
Did not get help for mental health due to cost	3.6%	2.7%	

*Significantly different from Medi-Cal at the .05 level, two-tailed test. A two-tailed test checks for the possibility of a relationship in both directions — that is, the number being compared can be greater than or less than the reference number.

Note: This table shows regression-adjusted differences controlling for health care needs and socioeconomic status.

Source: California Health Interview Survey, 2017–18 combined file, weighted to 2018 population.

After adjusting for socioeconomic factors and health status, the data show that adult Medi-Cal enrollees experienced worse access to care than those with ESI on 5 of the 12 measures. Adults with Medi-Cal were more likely to report having no usual source of care, being told a doctor wouldn't accept their health insurance, having trouble finding a specialist that would see them, having had no doctor visit in the last year, and having had more than one ER visit in the last year. Differences between the two groups for the other 7 measures were no longer statistically significant.

Access to Care for Adults with Medi-Cal vs. Individual Market Insurance (Unadjusted Analysis)

Table 4. Access to Care Under Medi-Cal Compared to Individual Market (IM) Insurance, Adults Age 19–64, California, 2018

	MEDI-CAL	IM	
Gaps in Connections to Health Care System			
No usual source of care	22.3%	14.0%	*
Trouble finding general doctor who would see them	5.6%	4.8%	
Told that doctor wouldn't accept health insurance	8.5%	9.9%	
Trouble finding a specialist who would see them	6.8%	4.6%	
Hard time understanding doctor: visit in past 2 years	6.4%	2.2%	*
Sometimes/never able to get appt. within 2 days: sought	42.3%	36.8%	
Gaps in Receipt of Care			
No doctor visits in past year	19.6%	17.9%	
More than one emergency room visits in past year	15.6%	7.3%	*
Delayed getting prescription in past year	12.5%	14.4%	
Did not receive needed medical care in past year	16.7%	16.7%	
Gaps in Care Due to Affordability			
Delayed medical care due to cost/insurance	7.4%	9.9%	
Did not get help for mental health due to cost	4.2%	5.2%	

*Significantly different from Medi-Cal at the .05 level, two-tailed test. A two-tailed test checks for the possibility of a relationship in both directions — that is, the number being compared can be greater than or less than the reference number.

Note: Access indicators are not adjusted for differences in health and socioeconomic status.

Source: California Health Interview Survey, 2017–18 combined file, weighted to 2018 population.

The unadjusted analysis shows that adults with Medi-Cal fared worse than those with IM plans on 3 of the 12 measures: Adults with Medi-Cal were more likely to report no usual source care, having a hard time understanding the doctor, and having more than one ER visits in the last year.

Access to Care for Adults with Medi-Cal vs. Individual Market Insurance (Adjusted Analysis)

Table 5. Adjusted Indicators of Access to Care Under Medi-Cal Compared to Individual Market, Adults Age 19–64, California, 2018

	MEDI-CAL	IM	
Gaps in Connections to Health Care System			
No usual source of care	17.4%	15.2%	
Trouble finding general doctor who would see them	5.0%	4.5%	
Told that doctor wouldn't accept health insurance	8.1%	9.4%	
Trouble finding a specialist who would see them	5.4%	4.7%	
Hard time understanding doctor: visit in past 2 years	4.0%	2.7%	
Sometimes/never able to get appt. within 2 days: sought	36.8%	36.8%	
Gaps in Receipt of Care			
No doctor visits in past year	18.8%	19.1%	
Two or more emergency room visits in past year	11.0%	7.5%	
Delayed getting prescription in past year	9.7%	14.7%	*
Did not receive needed medical care in past year	9.5%	11.3%	
Gaps in Affordability of Care			
Delayed medical care due to cost/insurance	6.0%	10.1%	*
Did not get help for mental health due to cost	3.6%	4.7%	

*Significantly different from Medi-Cal at the .05 level, two-tailed test. A two-tailed test checks for the possibility of a relationship in both directions — that is, the number being compared can be greater than or less than the reference number.

Note: This table shows regression-adjusted differences controlling for health care needs and socioeconomic status.

Source: California Health Interview Survey, 2017–18 combined file, weighted to 2018 population.

After adjusting for health and socioeconomic status, differences between the two groups existed for two measures. Contrary to results from the unadjusted analysis, adults with Medi-Cal fared better than adults with IM plans on both measures. Adults with IM plans were more likely to report delaying getting a prescription in the past year and delaying medical care due to cost or insurance.

Access to Care for Children with Medi-Cal vs. Employer-Sponsored Insurance (Unadjusted Analysis)

Table 6. Access to Care Under Medi-Cal Compared to ESI, Children Age 0-18, California, 2018

	MEDI-CAL	ESI	
Gaps in Connections to Health Care System			
No usual source of care (USOC) other than ER	16.0%	7.6%	*
USOC is emergency room	2.2%	1.2%	
Hard time understanding doctor: visit in past 2 years	1.8%	1.1%	
Sometimes/never able to get appt. within 2 days: sought	28.2%	20.5%	
Gaps in Receipt of Care			
No doctor visits in past year	15.2%	11.4%	
One or more emergency room visit in past year	19.3%	18.5%	
Delayed getting prescription in past year	4.3%	3.1%	
Did not receive needed medical care in past year	1.7%	1.6%	
Did not visit dentist in past year (among children with teeth)	14.6%	14.1%	

There was no statistically significant difference in access to care between children with Medi-Cal and children with ESI, with one exception: Children with Medi-Cal were more likely to have no usual source of care other than the ER compared to children with ESI.

*Significantly different from Medi-Cal at the .05 level, two-tailed test. A two-tailed test checks for the possibility of a relationship in both directions — that is, the number being compared can be greater than or less than the reference number.

Note: Access indicators are not adjusted for differences in health and socioeconomic status.

Source: California Health Interview Survey, 2017–18 combined file, weighted to 2018 population.

Access to Care for Children with Medi-Cal vs. Employer-Sponsored Insurance (Adjusted Analysis)

Table 7. Adjusted Indicators of Access to Care Under Medi-Cal Compared to ESI, Children Age 0–18, California, 2018

	MEDI-CAL	ESI	
Gaps in Connections to Health Care System			
No usual source of care (USOC) other than emergency room	14.6%	8.4%	*
USOC is emergency room	1.6%	1.7%	
Gaps in Receipt of Care			
No doctor visits in past year	13.8%	11.8%	
One or more emergency room visits in past year	18.1%	19.5%	
Delayed getting prescription in past year	4.0%	3.5%	
Did not receive needed medical care in past year	1.7%	1.7%	
Did not visit dentist in past year (among children with teeth)	13.0%	14.8%	

After adjusting for health and socioeconomic status, children enrolled in Medi-Cal continued to be less likely than those with ESI to have a usual source of care other than the ER, although the disparity between the two groups narrowed. There remained no statistically significant differences on any of the other measures.

* Significantly different from Medi-Cal at the .05 level, two-tailed test. A two-tailed test checks for the possibility of a relationship in both directions — that is, the number being compared can be greater than or less than the reference number.

Note: This table shows regression-adjusted differences controlling for health care needs and socioeconomic status.

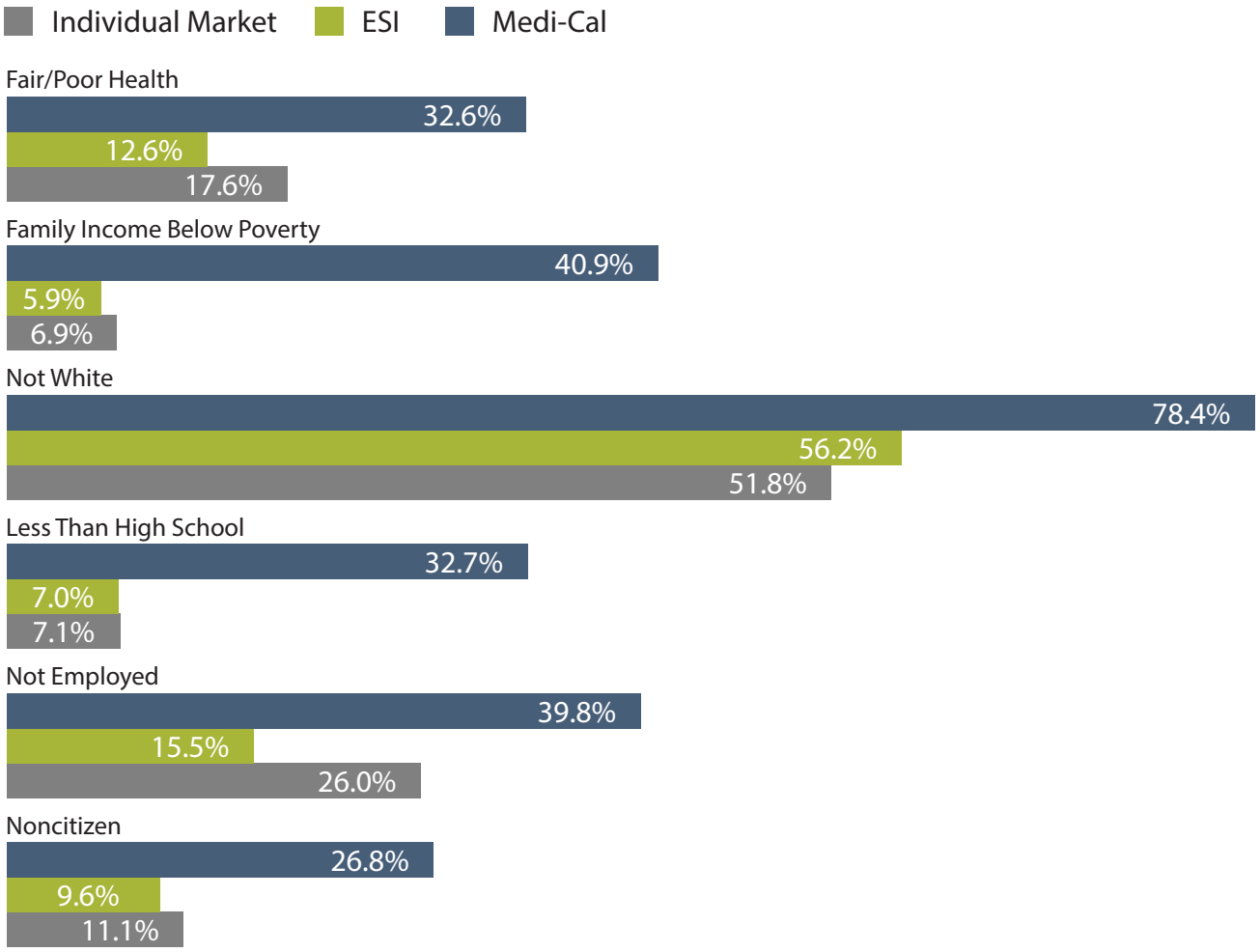
Source: California Health Interview Survey, 2017–18 combined file, weighted to 2018 population.

Conclusions

- Medi-Cal enrollees differ considerably from Californians with ESI or IM plans in terms of socioeconomic factors and health status. Yet even after adjusting for these factors, adults in Medi-Cal were still more likely than those with ESI to report no usual source of care, being told a doctor wouldn't accept their health insurance, having trouble finding a specialist that would see them, having had no doctor visit in the last year, and having had more than one ER visits in the last year.
- Children in Medi-Cal generally experience comparable access to care as children with ESI, with one exception: They are more likely to report no usual source of care other than the ER, even after adjusting for health and socioeconomic factors.
- Although at first glance Medi-Cal access appears worse than IM, deficiencies disappear when the differences in the populations' health and socioeconomic status are taken into consideration. The only two measures that showed a difference between the two groups after adjusting for health and socioeconomic factors revealed that those with Medi-Cal fared better. Adults with Medi-Cal were less likely to report delaying getting a prescription in the past year or delaying medical care due to cost or insurance. The latter may reflect higher out-of-pocket costs and copayments in the IM.
- Overall, this research points to the need for improvement in several areas for Medi-Cal enrollees: ensuring a usual source of care, increasing the supply of providers that will take Medi-Cal patients, and facilitating access to specialists who will see Medi-Cal patients. Addressing these critical areas would help close the gaps in access to care for many California adults and children.

Appendix 1. Population Characteristics of Adults with Medi-Cal Compared to ESI and IM

Health and Socioeconomic Status Differences Across Insurance Types, Adults Age 19–64, California, 2018



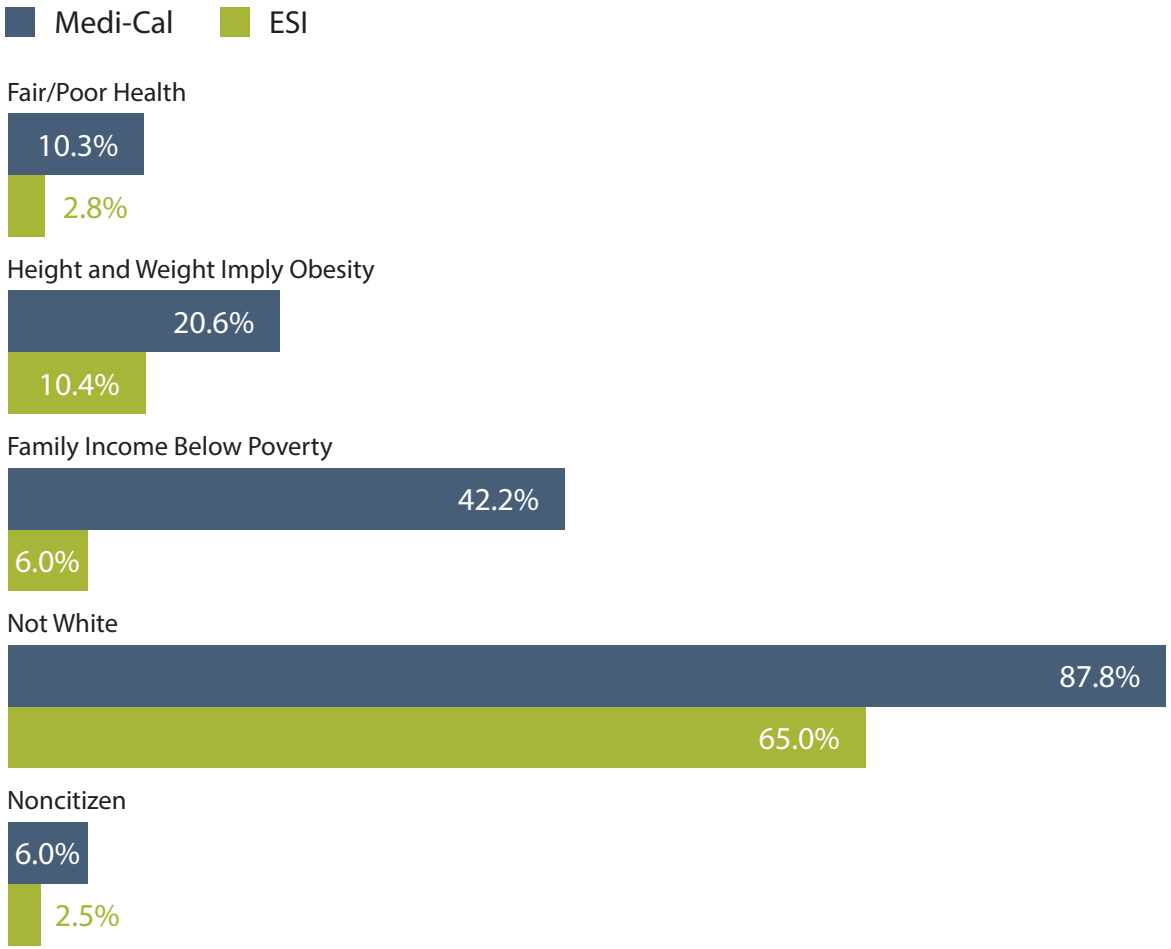
There are important health and socioeconomic differences between adults in Medi-Cal and those with ESI and IM plans. Because of income eligibility requirements, adult Medi-Cal enrollees are more likely to have family incomes below the poverty level. Also, in part because people with disabilities are eligible for Medi-Cal coverage, the Medi-Cal adult population has poorer health status than those with ESI or IM coverage.

Note: In general, people who are lawfully present in the US are eligible for full-scope Medi-Cal. They are either considered "qualified" immigrants or individuals who are permanently residing under the color of law. "Qualified" immigrants include lawful permanent residents (or "green card holders"), refugees, asylees, and more.

Source: California Health Interview Survey, 2017–18 combined file, weighted to 2018 population.

Appendix 2. Population Characteristics of Children with Medi-Cal Compared to ESI

Health and Socioeconomic Status Differences Across Insurance Types, Children, 0–18, California, 2018



Source: California Health Interview Survey, 2017–18 combined file, weighted to 2018 population.

There are important health and socioeconomic differences between children in Medi-Cal and those with ESI.

Because of income eligibility requirements, children with Medi-Cal were more likely to have family income below the poverty level. Children with Medi-Cal also experienced fair or poor health at higher rates than those with ESI and were more likely to have heights and weights that imply obesity. More children with Medi-Cal were a race other than White compared to children with ESI.

As with adults, differences in socioeconomic status and health can influence children's access to care and contribute to a greater need for care. (The small number of children with IM plans in the CHIS sample does not allow for a comparison with children with Medi-Cal.)

Appendix 3. More Information on Adjustment

To account for differences in health status and socioeconomic status between those with Medi-Cal and those with ESI or IM plans, estimates are adjusted for both health care need and socioeconomic status. The predicted percentages are computed from regression models designed to make the individuals in the different insurance groups comparable in terms of their observed health care needs and socioeconomic factors. The models incorporate factors that have been shown to affect an individual's need for health care, including age, gender, health status, presence of chronic conditions, disability status, mental health status, current smoking status for adults, and obesity as well as socioeconomic factors such as family income, race/ethnicity, education, citizenship status, employment status, and household composition.

Adjustments used in the regression analysis are limited to measures that are available in the survey and thus may not control for all of the differences between Medi-Cal, ESI, and individual market enrollees.

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About the UCLA Center for Health Policy Research

The UCLA Center for Health Policy Research is one of the nation's leading health policy research centers. It is the home of the California Health Interview Survey and is affiliated with the UCLA Fielding School of Public Health and Luskin School of Public Affairs.

About CHCF

The California Health Care Foundation is dedicated to advancing meaningful, measurable improvements in the way the health care delivery system provides care to the people of California, particularly those with low incomes and those whose needs are not well served by the status quo. We work to ensure that people have access to the care they need, when they need it, at a price they can afford.

CHCF informs policymakers and industry leaders, invests in ideas and innovations, and connects with changemakers to create a more responsive, patient-centered health care system. For more information, visit www.chcf.org.

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