COLORADO HEALTH ACCESS SURVEY
Informing a Healthy Colorado

THE COLORADO TRUST

January 2013

CHAS Issue Brief
2011 DATA SERIES NO. 5

Medicaid in Colorado: How Enrollees Access and Use Health Care

Prepared for The Colorado Trust by the Colorado Health Institute

Introduction

Medicaid is the federal-state insurance program for low-income children, parents, pregnant women, individuals with disabilities and the elderly. Federal statutes designate the groups of people who may be eligible for Medicaid, with some groups required for states to cover and others optional. States, including Colorado, decide which additional groups are important to cover.

The CHAS data provide insight into who Colorado Medicaid enrollees are and how they access and use health care. Medicaid is a valuable program that provides health coverage for low-income Coloradans, some of whom have great health care needs. The 2011 CHAS results show that there are opportunities to strengthen and improve the program, as this population faces unique challenges in accessing health care services when compared with those who are covered by employer-sponsored or individual insurance.

Interpreting Medicaid data from the CHAS is a challenge because it is common for those covered by Medicaid to become eligible, ineligible and possibly re-eligible for Medicaid over the course of a year. Therefore, it is possible that some respondents who were insured by Medicaid at the time of the survey were not covered by Medicaid for the entire 12 months before the survey. This may have affected how they used health care services during that time. This is also one reason that the CHAS estimate of the number of Medicaid enrollees does not match the state's official Medicaid caseload reports.

NOTE: Unless otherwise noted, the data and analysis presented in all tables and graphs in this brief come from the 2011 Colorado Health Access Survey and/or the 2008-2009 Colorado Household Survey. Also, the data presented are based on respondents' self-reported perceptions and are not comparable to administrative data.

Medicaid enrollees use fewer health services than those with commercial insurance.

Most Medicaid enrollees have a usual source of care, but access to care can still be a challenge.

Medicaid serves a population with many health needs, and must continue to innovate to meet those needs.

What Medicaid Covers

Medicaid insurance covers a range of medical services, including primary care visits, prescription drugs, inpatient and outpatient hospital services, nursing homes and medical equipment, depending on the enrollee's eligibility and medical needs. Much of Medicaid's budget is dedicated to long-term care services and supports – both nursing homes and in-home supports. Medicaid serves as a safety net for many Americans who cannot afford these services on their own.

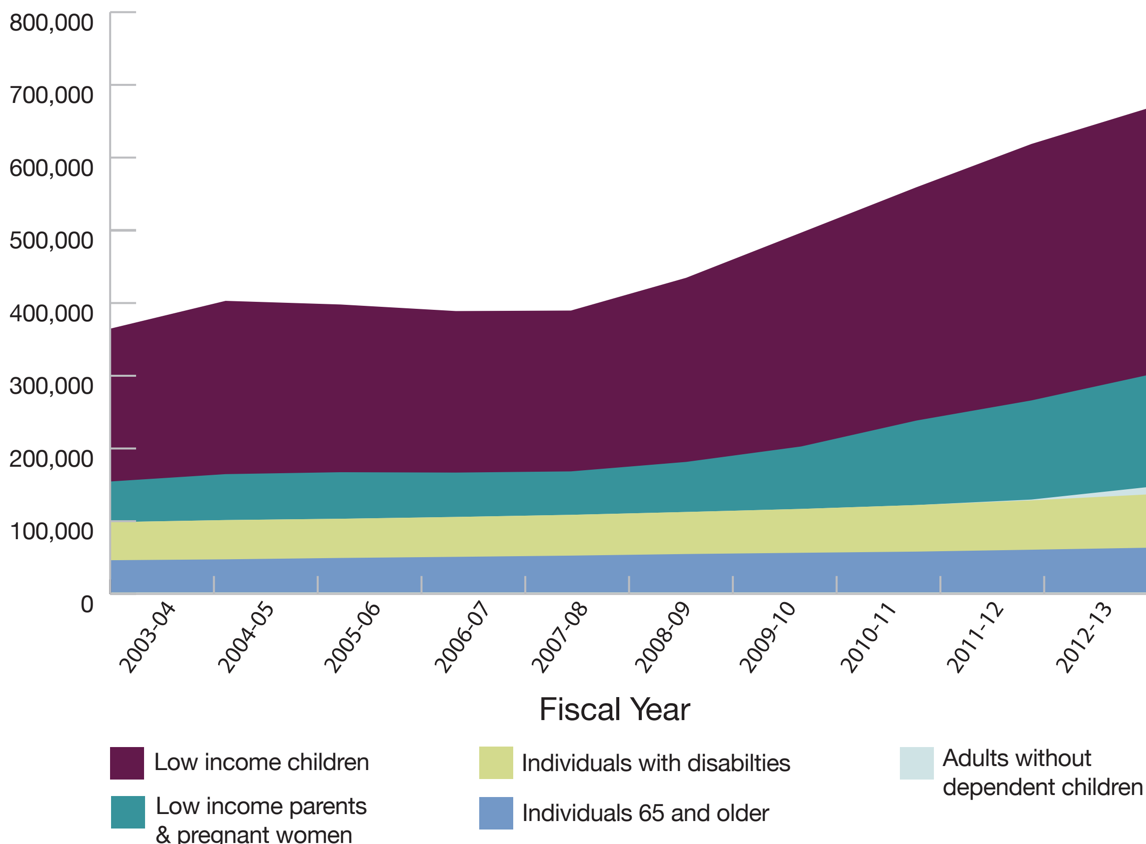
Who Medicaid Covers

Just a decade ago, the state's official Medicaid caseload stood at 368,000 (see Graph 1). About 620,000 Coloradans were covered in FY 2011-12, a 10.6 percent increase from approximately 561,000 a year earlier.[1] The caseload is projected to increase by another 10 percent, to around 682,000, in FY 2013-14. This increase can be attributed to a number of factors, including increased population, a weak economy and employment environment, eligibility expansions and a greater awareness of the program. Colorado has received federal award bonuses for the past three years for improving outreach and removing barriers to enrollment into Medicaid and Child Health Plan Plus.

The majority of Colorado's Medicaid enrollees are children. About 335,000 Colorado children were covered by Medicaid in FY 2011-12, making up 54 percent of enrollees. The second-largest Medicaid group is made up of 69,000 low-income adults (11 percent), followed by about 59,000 persons with disabilities below age 60 (10 percent) and 38,000 seniors (6 percent). Although children make up the greatest number of Medicaid enrollees, the majority of Medicaid costs are for those aged 65 and over and persons with disabilities, largely due to the expense of providing long-term services and supports.

More than half (53.5 percent) of those covered by Medicaid in Colorado are white, while 23.4 percent are Hispanic and 7.6 percent are black. Medicaid enrollees are not evenly distributed across the state.[3] The San Luis Valley, Pueblo County and southeastern counties have the highest proportion of Medicaid enrollees, with one in four residents enrolled in the program. Statewide, about 12 percent of the population is enrolled in Medicaid, compared to a national average of 20 percent. This may be due to Colorado's slightly lower poverty rate than the national average.[4] It may also be due in part to Colorado's Medicaid eligibility policies; Colorado covers all of the populations required by federal law, but few additional populations.

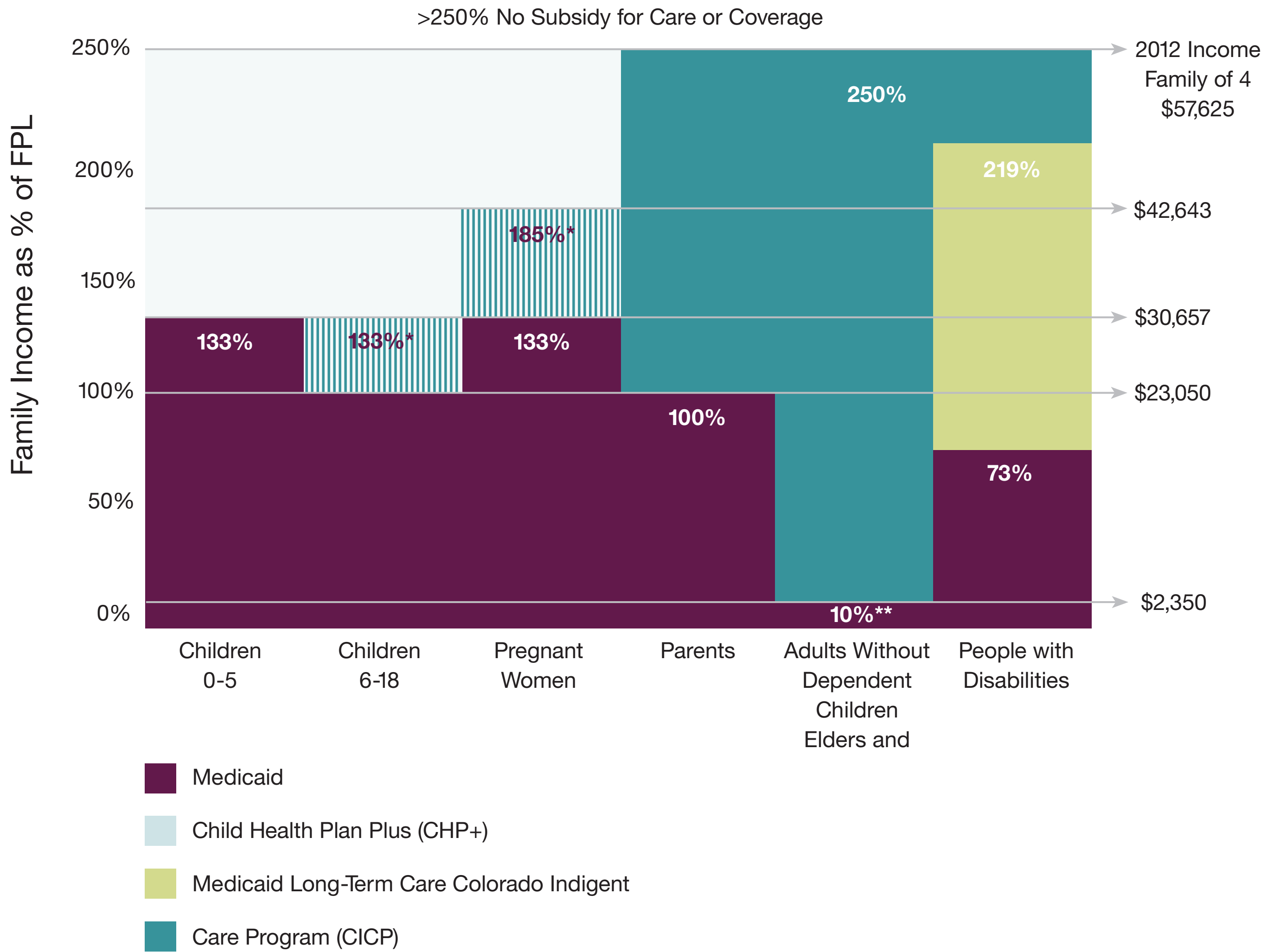
Graph 1. **Colorado Medicaid Enrollment, by Category, by Year**



Source: Colorado Department of Health Care Policy and Financing, Executive Budget Request, Feb. 15, 2012

Through the Affordable Care Act, and the Supreme Court decision about that law, Colorado has the opportunity to expand Medicaid to everyone in Colorado who is at or below 133 percent of the federal poverty level (FPL). Medicaid has different eligibility requirements for different groups, as displayed in Graph 2. The current thresholds are 133 percent of FPL for children, 185 percent of FPL for pregnant women, 100 percent of FPL for non-pregnant parents and 10 percent of FPL for childless adults.

Graph 2. **Medicaid Eligibility Income Requirements, Colorado, 2012**



* Medicaid expansion planned for January 1, 2013

** Capped at 10,000 individuals

ABOUT THE SURVEY

The Colorado Health Access Survey (CHAS) is an extensive survey of health care coverage, access and utilization in Colorado. It is a follow-up to the 2008-2009 Colorado Household Survey (COHS) and is administered every other year via a random-sample telephone survey of more than 10,000 households across the state. The CHAS provides detailed information that is representative of the five million-plus Coloradans.

A program of The Colorado Trust, the CHAS provides information to help policymakers, as well as health care, business and community leaders, more fully understand health care challenges and advance shared solutions to improve health coverage and care for Coloradans.

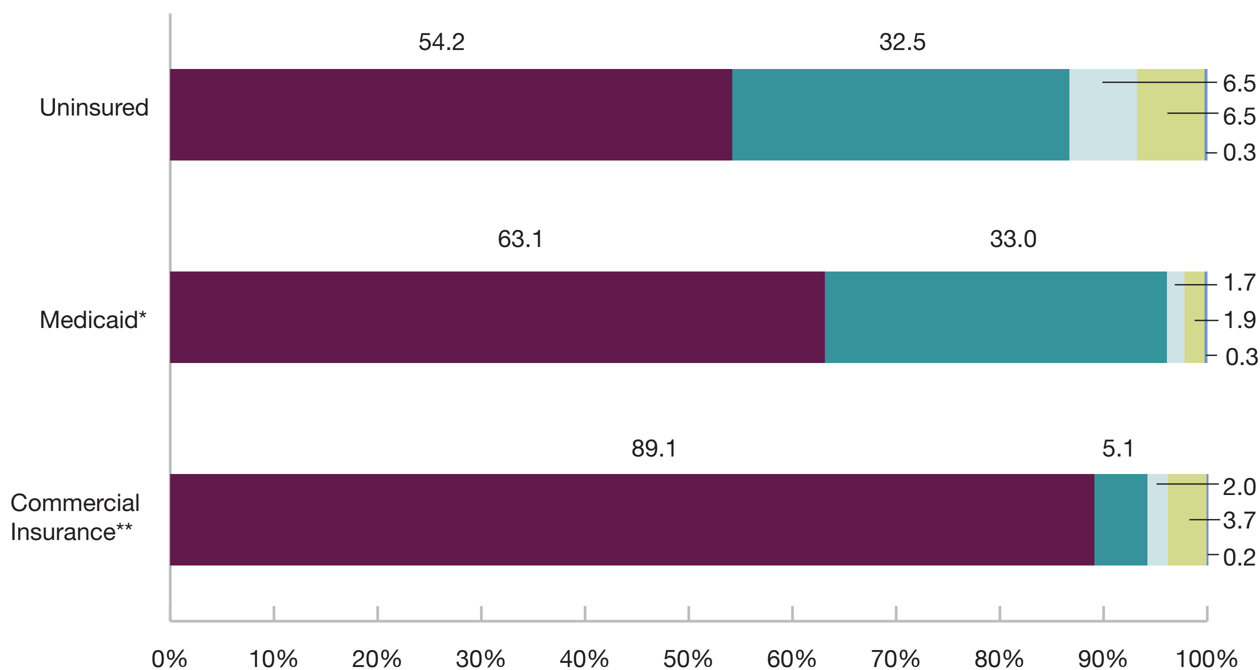
The Colorado Health Institute (CHI) managed the data collection and analysis of the survey.

Access to Care for Medicaid Enrollees

Having a usual source of care – a regular place to go or call when a health issue arises – is an important determinant of a person's ability to access health care. Both Medicaid enrollees and the commercially insured report having high levels of a usual source of care.

Of those who said they had a usual source of care, about one-third of Medicaid enrollees said their usual source of care is a community health center or public clinic, as opposed to a doctor's office (see Graph 3). By comparison, about 5 percent of the commercially insured list a community center or clinic as the place they turn to for care.

Graph 3. **Where Those with a Usual Source of Care Go for Health Care, Colorado, 2011**



* Any respondent who said they are covered by Medicaid.

** Commercial insurance includes employer, military, individual purchase and student.

Still, being insured does not always equal access to medical care. For example, appointment availability at a health center or public clinic can sometimes present a barrier to access. Approximately 24.6 percent of Medicaid enrollees – more than 156,000 Coloradans – were unable to get an appointment as soon as one was needed, compared to 14.3 percent of those who are commercially insured. In addition, 23.3 percent of Medicaid enrollees reported being told by a doctor's office or clinic they did not accept their insurance – almost five times as often as the commercially insured (5.5 percent). This represents almost 150,000 Coloradans who had difficulty receiving care despite having insurance coverage through Medicaid. Those covered by Medicaid also reported over three times as often that the office or clinic was not accepting new patients. (see Table 1).

Table 1. **Barriers to Accessing Care, Colorado, 2011**

	Commercially Insured	Medicaid	Uninsured
Unable to get an appointment at the doctor's office or clinic as soon as you thought was needed	**14.3%**	**24.6%**	**17.5%**
Was told by a doctor's office or clinic they weren't accepting patients with your type of health insurance	**5.5%**	**23.3%**	**14.7%**
Was told by a doctor's office or clinic they weren't accepting new patients	**6.0%**	**20.7%**	**13.7%**

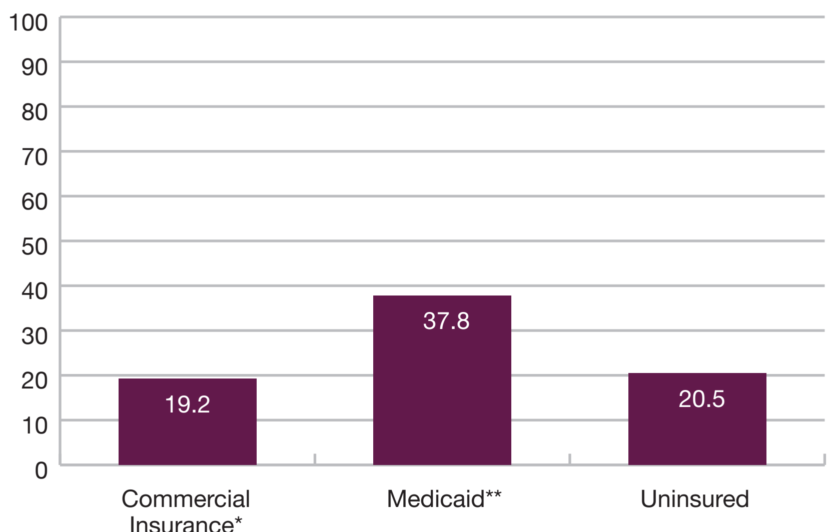
Use of Health Services by Medicaid Enrollees

Emergency Department Use

Almost 40 percent of Medicaid enrollees used the emergency department (ED) one or more times in the 12 months prior to the survey, a level significantly higher than the uninsured (20.5 percent). In comparison, about 19 percent of the commercially insured used the ED one or more times in the prior 12 months (Graph 4). The majority of Medicaid enrollees are children, persons with disabilities and the elderly – the groups most likely to use the ED.[6] This may account for some of the difference.

Fifty-one percent of Medicaid enrollees who visited the ED in the 12 months before the survey said their last visit was for a condition that could have been treated by a regular doctor had he or she been available compared to 39 percent of the commercially insured. Of this commercially insured group, 40 percent said they did so because it was more convenient, while nearly 53 percent of these Medicaid enrollees reported the ED was more convenient. Coloradans covered by Medicaid were more likely than individuals in all other insured categories to report a doctor wouldn't accept their insurance, a possible factor in their higher ED use rate.

Graph 4. **Visited the ED One or More Times in the Prior 12 Months, Colorado, 2011**



*Commercial insurance includes employer, military, individual purchase and student.
** Any respondent who said they are covered by Medicaid.

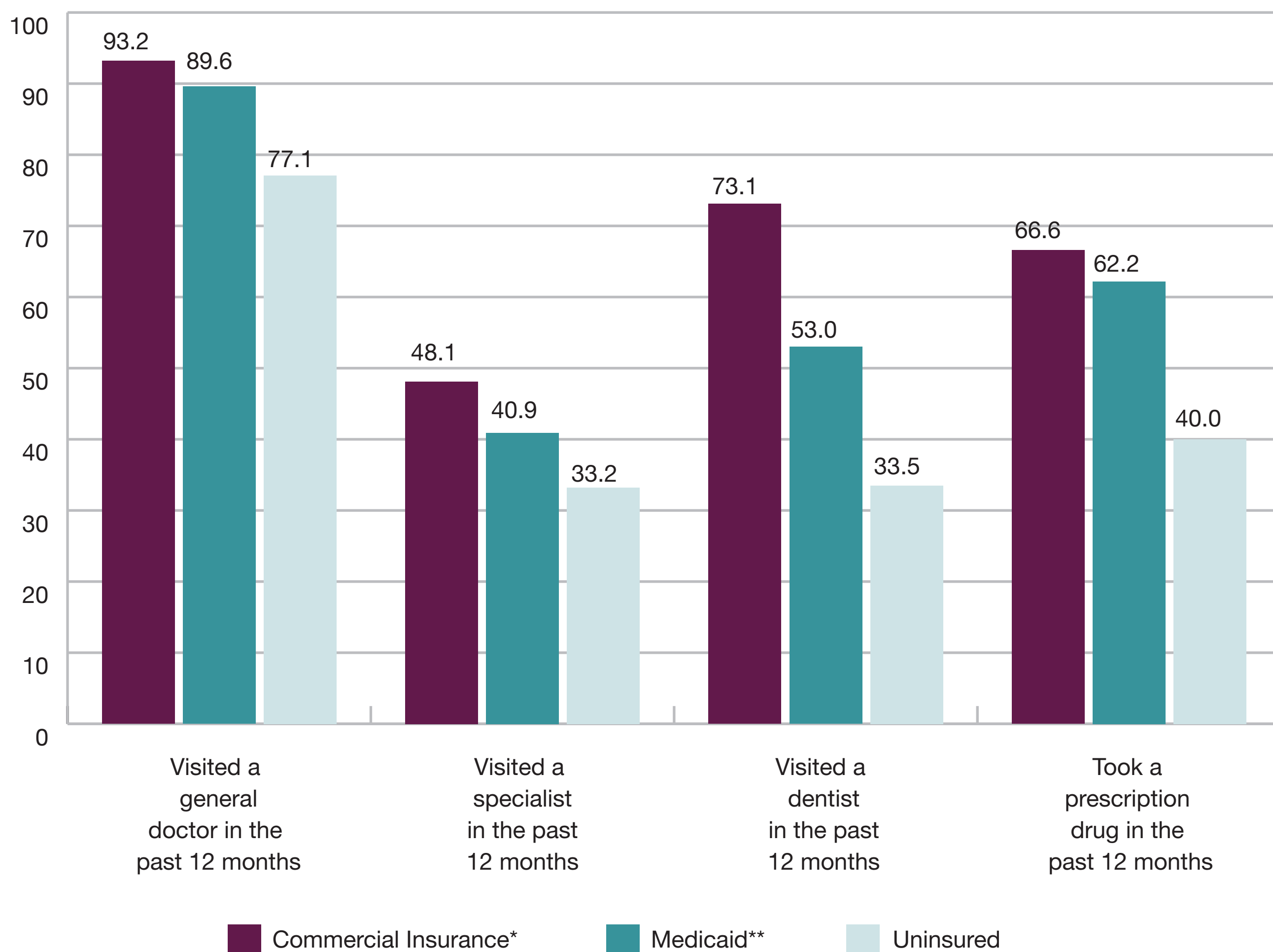
Medical Visits, Dental Visits and Prescription Drug Services

In addition to ED use, the CHAS asked respondents about their use of other health care services over the 12 months prior to the survey. Graph 5 compares Medicaid enrollees' use of health services to that of the commercially insured and uninsured. While the uninsured reported the lowest use of each type of service, Medicaid enrollees reported lower use of these services than the commercially insured. This difference was especially large for dental services, most likely because Medicaid does not have a dental benefit for adults other than emergency services.

Like most Coloradans, Medicaid enrollees say that cost is an issue for them. About 14 percent of Medicaid enrollees said they did not see a doctor for needed care in the 12 months before the survey because of cost, double the rate of those with commercial insurance (7.0 percent). Three of 10 (29.7 percent) did not see a dentist because of cost, compared to 16 percent of the commercially insured. And nearly three times as many Medicaid enrollees reported they did not see a mental health provider because of cost (9.2 percent) compared to the commercially insured (3.5 percent).

Medicaid enrollees pay nominal copayments for services, and it may be that even these small copayments are a barrier for some. It may also be that Medicaid enrollees were not enrolled in Medicaid during the entire 12 months, and were therefore uninsured during a portion of that time. Delaying care due to cost could potentially result in advanced health problems requiring more extensive care in higher-cost settings.

Graph 5. **Use of Medical Visits, Dental Visits and Prescription Services, Colorado, 2011**



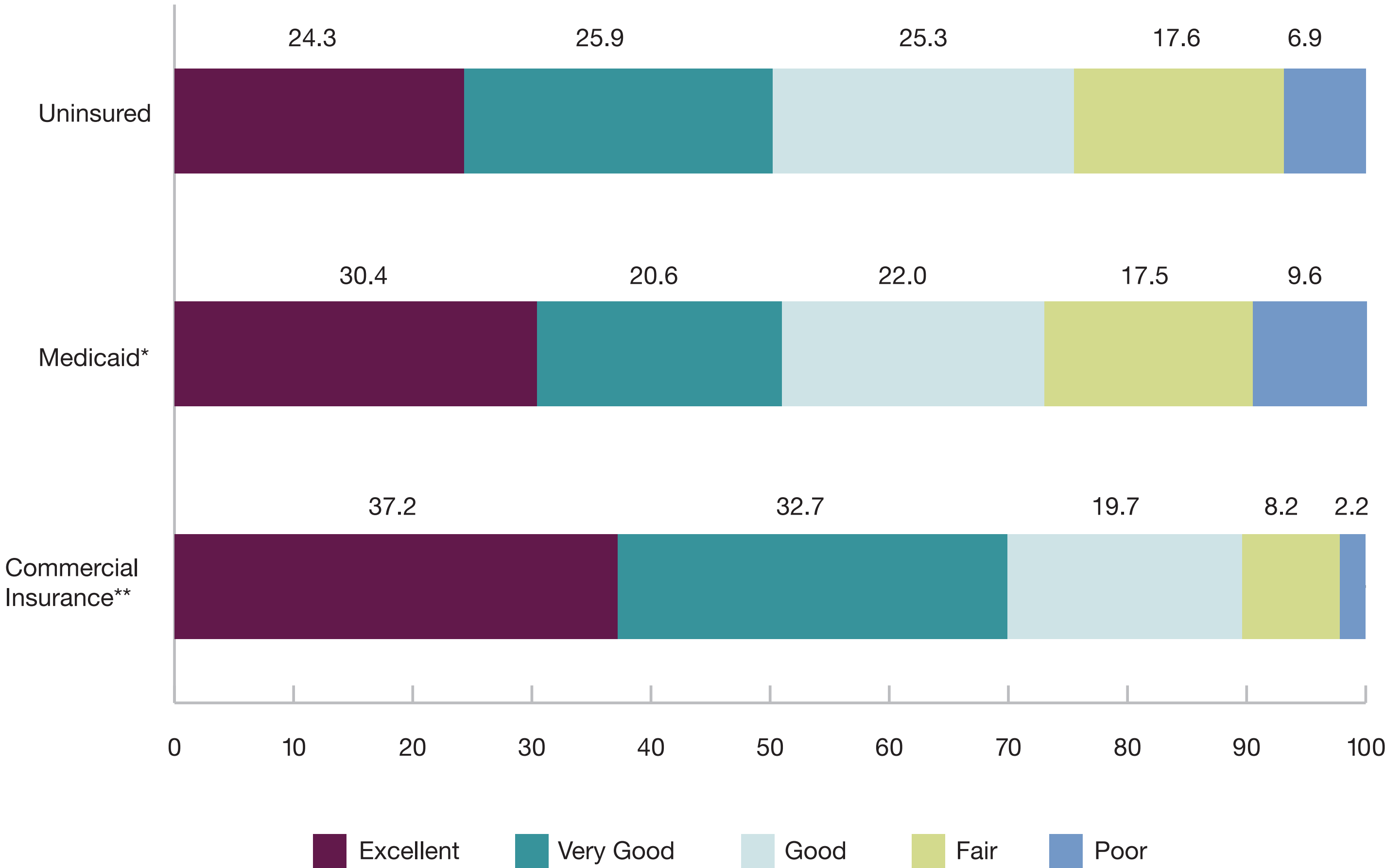
* Any respondent who said they are covered by Medicaid.

** Commercial insurance includes employer, military, individual purchase and student.

Health Status

Seventy percent of the commercially insured self-reported their health status as excellent or very good compared with 51 percent of Medicaid enrollees (see Graph 6). On the opposite end of the health spectrum, 27 percent of Medicaid enrollees reported their health status as fair or poor, the lowest health status rankings, almost three times that of the commercially insured. However, health status comparisons between Medicaid enrollees and those covered by other insurers are difficult to make; adults ages 18-64 make up much of the population insured by commercial insurers but represent relatively few Medicaid enrollees.

Graph 6. **Self-Reported Current Health Status, Colorado, 2011**



* Any respondent who said they are covered by Medicaid.

** Commercial insurance includes employer, military, individual purchase and student.

Policy Considerations

The populations eligible for Medicaid are some of Colorado's most vulnerable when it comes to health. It is well documented that populations with lower socio-economic status have worse health outcomes than those with higher socio-economic status. Colorado will need to decide how to meet the health needs of low-income Coloradans, preferably before their health conditions require advanced, high-cost interventions in more expensive settings.

Below is a summary of CHAS findings that point to some policy considerations for Medicaid.

- **Medicaid enrollees use fewer health services than those with commercial insurance.** When compared to commercially insured Coloradans, Medicaid enrollees reported lower use of health services except for emergency department visits. The higher rate of emergency department use may be because many Medicaid enrollees are children, persons with disabilities and the elderly – the groups most likely to use this service. It may also be a result of the difficulty Medicaid enrollees have in getting an appointment at a doctor's office or clinic.

  Colorado has already taken steps to improve access to care and quality of care for Medicaid enrollees. The Accountable Care Collaborative program is designed to give each Medicaid enrollee a medical home and to expand the hours available to make medical appointments. The program also uses timely data to track and manage the health needs of enrollees, helping them get appropriate care in the right setting when they need it. The 2011 CHAS survey was done before the Accountable Care Collaborative was implemented; the results of the next survey (2013) may show changes in how Medicaid enrollees use health services as a result of initiatives like this.

- **Most Medicaid enrollees have a usual source of care, but access to care can still be a challenge.** Accessing care is often more difficult for Coloradans covered by Medicaid than other types of insurance. Medicaid enrollees reported being told by a doctor's office or clinic that they did not accept their insurance almost five times as often as the commercially insured, and were more often unable to get an appointment as soon as one was needed.

  Low reimbursement rates compromise providers' ability to serve Medicaid enrollees and reduce the number of providers who accept patients with Medicaid. The All Payer Claims Database, a comprehensive source of health care claims data from public and private payers in Colorado, offers information about health care costs across payers, and can be used to help the state determine appropriate reimbursement rates.

  In addition, as part of the Affordable Care Act, Colorado will be able to offer primary care providers a better reimbursement rate for their services, financed by the federal government. This improved reimbursement may increase the number of Medicaid appointments primary care providers can afford to schedule.

- **Medicaid serves a population with many health needs, and must continue to innovate to meet those needs.** Twenty-seven percent of Medicaid enrollees reported their health status as fair or poor, the lowest ratings, almost three times that of the commercially insured. The population currently served by Medicaid consists of people with the greatest health needs: low-income Coloradans, persons with disabilities and the elderly. Medicaid will benefit from delivery and payment systems that include care coordination to help Medicaid enrollees manage complex conditions with the best possible health outcomes.

Conclusion

CHAS data can help to inform policy discussions about the adequacy of Medicaid insurance for Coloradans, the delivery and payment systems used in the Medicaid program and the education and outreach to both Medicaid providers and enrollees that could prove beneficial in promoting better health outcomes for this growing population. With this information, Colorado can assess how changes in Medicaid benefits, payment or eligible populations affect access to and use of health care services in Colorado. With this knowledge, Colorado policymakers will be in a good position to make the ongoing decisions about the role of this program in Colorado's health care system.

Methodology

The 2011 Colorado Health Access Survey (CHAS) is a program of The Colorado Trust. The Colorado Health Institute (CHI) manages the data collection and analysis of the CHAS.

The survey was conducted via a random-digit-dialing, computer-assisted telephone interview by Social Science Research Solutions, an independent research company between May 10 and August 14. A representative sample of 10,352 households participated in the survey.

Of the 10,352 interviews, 1,214 were conducted with respondents who owned only a cell phone. This compares with a representative sample of 10,090 households surveyed from November 12, 2008, through March 13, 2009, for the 2008-09 COHS. (Note: The name of the survey was changed for the 2011 version and will remain the Colorado Health Access Survey in future surveys.) In the 2008-09 survey, 400 interviews were conducted with respondents who owned only a cell phone.

Interviews were stratified by 21 Health Statistics Regions in Colorado to ensure adequate representation within each of them. These are the 21 health statistics regions developed by the Colorado Department of Public Health and Environment (CDPHE) for public health planning purposes. Regions with sufficient numbers of African American households were oversampled to ensure an adequate sample of African Americans comparable to their proportion in the Colorado population.

Survey data were weighted to 1) adjust for the fact that not all survey respondents were selected with the same probability, and to 2) account for gaps in coverage in the survey frame. Because of this weighting process, CHI refers to the people who answered the questions as "respondents." But when discussing results, which have been weighted to the Colorado population, CHI refers to "Coloradans."

All statistical significance tests were run using an alpha of 0.05. Tests that resulted in a p-value of less than 0.05 were considered to be statistically significant findings. If a difference is found to be statistically significant, it is unlikely that the change occurred by chance or sample selection. Statistical significance tests were not run on all findings cited in the brief.

Endnotes

1. Colorado Department of Health Care Policy and Financing, Medicaid Caseload, FY 2013-14 Budget Request. (Retrieved Nov. 15, 2012, from: *http://www.colorado.gov/cs/Satellite?blobcol=urldata&blobheader=application%2Fpdf&blobkey=id&blobtable=MungoBlobs&blobwhere=1251832731901&ssbinary=true*).

2. Colorado Department of Health Care Policy and Financing, Medicaid Caseload, FY 2013-14 Budget Request. (Retrieved Nov. 15, 2012, from: *http://www.colorado.gov/cs/Satellite?blobcol=urldata&blobheader=application%2Fpdf&blobkey=id&blobtable=MungoBlobs&blobwhere=1251832731901&ssbinary=true*).

3. Colorado Department of Health Care Policy and Financing. Medicaid Clients in Colorado. December 2011. (Retrieved Nov. 19, 2012, from: *http://www.colorado.gov/cs/Satellite?blobcol=urldata&blobheader=application%2Fpdf&blobkey=id&blobtable=MungoBlobs&blobwhere=1251774317119&ssbinary=true*

4. Kaiser State Health Facts. Colorado Profile. (Retrieved November 16, 2012, from *http://www.statehealthfacts.org/profile.jsp*).

5. "Commercially insured" are Coloradans who have employer, military, individual or student insurance. Although military insurance is funded by the federal government, it is included in this analysis as a type of commercial insurance because it is provided by an employer.

6. The Colorado Trust. An Examination of Emergency Department Use in Colorado. October 2012. Retrieved Nov. 19, 2012 from *http://www.cohealthaccesssurvey.org/reports/*.

COLORADO HEALTH ACCESS SURVEY

www.COHealthAccessSurvey.org

1600 Sherman Street
Denver, CO 80203-1604
www.coloradotrust.org

PHONE 303-837-1200
TOLL FREE 888-847-9140
FAX 303-839-9034

Copyright January 2013. The Colorado Trust. All rights reserved. The Colorado Trust is pleased to have organizations or individuals share its materials with others. To request permission to excerpt from this publication, either in print or electronically, please contact Christie McElhinney, Vice President of Communications & Public Affairs, christie@coloradotrust.org.