

# How Does Disability Affect Access to Health Care for Adult Non-Dually Eligible Medicaid Beneficiaries?

## Introduction

The Americans with Disabilities Act (ADA) requires that health care providers ensure that patients with disabilities are provided full and equal access to health services and facilities [1]. Even so, people with disabilities continue to differ in their access to and experience with the health care system, compared to their counterparts with no disability [2, 3, 4, 5, 6, 7, 8, 9, 10]. Research has highlighted structural, financial, and personal or cultural barriers that contribute to such differences [3, 6, 7, 9, 10]. Studies have found that these disparities in access to health care and patient safety for patients with disabilities occur for both individuals with and without activity limitations [2]. There is some evidence that people with disabilities are less likely to receive certain types of preventive care, such as cancer screening and oral health care [3, 4, 11, 12, 13]. In contrast, other research has found that people with disabilities are more likely than people with no disabilities to receive routine types of preventive care, such as blood pressure screening and vaccinations [4, 14]; and more likely to have a regular source of care and higher contact rates with physicians [14, 15, 16]. Patients with disabilities also have higher health care utilization rates than their counterparts without disabilities [5, 17].

Many of the previous studies on this topic rely on self-reports from survey respondents to determine disability status [e.g. 5, 8, 9, 10, 13]. The 2014-2015 Nationwide Adult Medicaid Consumer Assessment of Healthcare Providers and Systems (NAM CAHPS) conducted by the Centers for Medicare & Medicaid Services (CMS) provides data about disabilities for Medicaid beneficiaries. The scope of the data allows for analysis of two definitions of disability: eligibility for Medicaid on the basis of a disability, and self-reports of at least one of the six disabilities described in the survey.

Previous analysis of the 2014-2015 NAM CAHPS conducted by CMS [18] examined experiences of Medicaid beneficiaries with a disability, defined as those who qualified for Medicaid based on a disability, relative to the adult Medicaid population as a whole. This research revealed that beneficiaries with disabilities reported similar or slightly better patient care experiences than the adult Medicaid population as a whole for a number of key indicators, including

## Key Findings:

- Non-dually eligible Medicaid beneficiaries with a disability were more likely than Medicaid-only beneficiaries with no disability to report that they were unable to get necessary medical care, tests, or treatments (22% versus 12%).
- Among non-dually eligible beneficiaries who reported being unable to get necessary medical care, those who were eligible for Medicaid on the basis of a disability were more likely than other beneficiaries to be older (39% age 55 years and older, versus 13% of those Medicaid eligible for other reasons who self-reported disabilities, and 8% of those with no disabilities), and to have more chronic conditions (36% with three or more conditions, versus 20% and 7% respectively).
- Compared with beneficiaries who self-reported a disability and beneficiaries with no disabilities, non-dually eligible beneficiaries who were eligible for Medicaid on the basis of disability and who also reported being unable to get needed care were more likely to cite lack of transportation as the primary barrier to care (12% versus 6% and 3%), and less likely to cite affordability (9% versus 16% and 18%).

**Data Source:** 2014-2015 Nationwide Adult Medicaid Consumer Assessment of Healthcare Providers and Systems, sponsored by the Centers for Medicare & Medicaid Services (CMS)

doctor communication; customer service interactions; and access to special medical equipment.

This data highlight builds on this prior research by focusing on two definitions of disability. The first definition, used in the previously mentioned research, uses eligibility for Medicaid to define the presence of a disability. Children and adults may be eligible for Medicaid if they are diagnosed with a disability as defined under federal guidelines, including physical disabilities, intellectual or developmental disabilities, or severe mental illnesses. Medicaid eligible beneficiaries who are older than 65 years of age may also be dually eligible for Medicare [19].

A second definition of disability relies on self-reported conditions based on responses to the six following questions on the NAM CAHPS survey, which were originally asked on the American Community Survey (ACS) and adopted by the U.S. Department of Health and Human Services (HHS) as the disability data standard in 2011 [20]:

1. Are you deaf or do you have serious difficulty hearing?
2. Are you blind or do you have serious difficulty seeing, even when wearing glasses?
3. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?
4. Do you have serious difficulty walking or climbing stairs?
5. Do you have difficulty dressing or bathing?
6. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone, such as visiting a doctor's office or shopping? \*

In this analysis, we examine access and utilization among adult Medicaid beneficiaries not dually eligible for Medicare who reported difficulty accessing needed health care by comparing the experiences of beneficiaries who self-reported having a disability to those who were eligible for Medicaid on the basis of a disability, and to those beneficiaries who did not have a disability under either definition.

## Data Sources and Methods

CMS contracted NORC at the University of Chicago and its partner, Thoroughbred Research Group, to conduct the first-ever NAM CAHPS survey in 2014. The goal of the survey was to obtain national and state estimates of adult Medicaid beneficiaries' experience of care, including access to and use of services, across different financing and delivery models and population groups. Results of the survey can serve as baseline information to be used in later assessments of the experiences of adult Medicaid beneficiaries, because the CAHPS® Health Plan Survey 5.0 was used as the initial basis for development of the NAM CAHPS questionnaire.

The 2014-2015 NAM CAHPS surveyed a representative sample of adult beneficiaries age 18 and older who were not residing in an institutional setting and were continuously enrolled in Medicaid from October 2013 through December 2013, prior to the state Medicaid expansions that occurred on or after January 1, 2014. The sample was designed to capture four subgroups of adult Medicaid beneficiaries. The main groupings used in sampling were states (including the District of Columbia) and the following four mutually exclusive beneficiary groupings:

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\* The NAM CAHPS questionnaire is available at <https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/cahps-questionnaire.pdf>. Questions 45-51 ask respondents for information about disabilities.

- Adults who are dually eligible for Medicaid and Medicare (full-benefit dually eligible enrollees);
- Adults (non-dually eligible) with disabilities based on program eligibility criteria (adults with disabilities);
- All other adults (non-dually eligible, without disabilities) enrolled in a managed care organization; and
- All other adults (non-dually eligible, without disabilities) who obtained care from a Fee-for-Service (FFS) provider or were enrolled in a FFS primary care case management (FFS-PCCM) arrangement.

Beneficiaries in the subgroups of full-benefit dually eligible enrollees and persons with disabilities may either be enrolled in a managed care organization or obtain care from a FFS-PCCM provider. The analysis presented in this brief focuses on the latter three of these four groups—non-dually eligible enrollees.

Although the NAM CAHPS survey was administered to a representative sample of adult Medicaid beneficiaries, it is not a census of the entire adult Medicaid population. Therefore, in this section we provide unweighted totals to describe the actual number of respondents who completed the survey, along with weighted totals in the Results section to describe the number of adult Medicaid beneficiaries represented by survey responses. All percentages throughout the Results section and Appendix tables are weighted unless otherwise indicated.

Forty-six states and the District of Columbia participated in the 2014-2015 NAM CAHPS survey. Data collection occurred from December 2014 through July 2015, across four waves. The questionnaire was administered first through mail, and then with telephone follow-up where necessary, and was available in both English and Spanish. This effort resulted in an overall response rate of 23.6 percent, with 272,679 respondents completing the survey. The response rate for the Medicaid-only beneficiaries was 19.9 percent, with 181,223 complete responses for this stratum.<sup>†</sup> Additional information about the NAM CAHPS is available at <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-cahps/index.html>.

All statistics presented in this brief are descriptive in nature. Survey weights incorporate the selection probability of each sample person and adjust for differential response rates to produce robust statistical estimates at the state level. The standard error, a measure of the statistical accuracy of the percent, was calculated using the Taylor series linearization method, which takes into account the complex sample design via the concatenated STATE\_STRATUM variable. The standard error was used to calculate a 95 percent confidence interval for each estimate, and then bivariate comparisons were made by comparing 95 percent confidence intervals. All comparisons discussed in the text are statistically significant at  $p < .05$ .

All analyses were performed using SAS 9.4 software.

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<sup>†</sup> For additional details about how response rate was calculated, see Table 4.5 of the Methodology Report available at <https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/methodology-report.pdf>

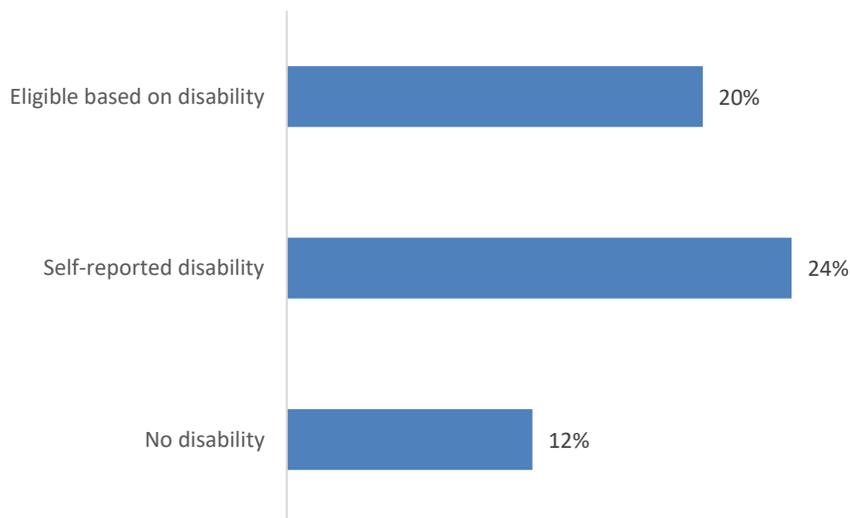
# RESULTS

## The Survey Population

The 2014-2015 NAM CAHPS dataset includes information for 272,679 Medicaid beneficiary respondents, representing 19,398,376 beneficiaries after applying survey weights. Of these respondents, 66 percent (73 percent weighted) were non-dually eligible beneficiaries. This brief focuses on the 17 percent (17 percent weighted) of non-dually eligible Medicaid beneficiaries who reported that they were unable to get necessary medical care, tests, or treatments in the last six months, leaving a final sample of 30,713 respondents, representing 2,286,444 adult Medicaid beneficiaries. We broke this into three mutually exclusive groups of interest:

1. **Respondents eligible based on disability:** Non-dually eligible respondents who were eligible for Medicaid on the basis of a disability, regardless of whether or not they self-reported a disability on the NAM CAHPS (30 percent of the sample weighted; 45 percent unweighted).
2. **Respondents who self-reported a disability:** Non-dually eligible respondents who were eligible for Medicaid for some reason other than a disability, but who self-reported a disability on the NAM CAHPS (35 percent weighted; 32 percent unweighted).
3. **Respondents with no disabilities:** Non-dually eligible respondents who were eligible for Medicaid for some reason other than a disability and who did not self-report any disabilities on the NAM CAHPS (35 percent weighted; 23 percent unweighted).

**Figure 1. Proportion of Adult Non-Dually Eligible Medicaid Beneficiaries Not Able to Get Needed Care\***



\* An ANOVA test was performed for this survey question. The result was statistically significant at the  $p < 0.05$  level using survey weights and stratified by state. Percentages are weighted.

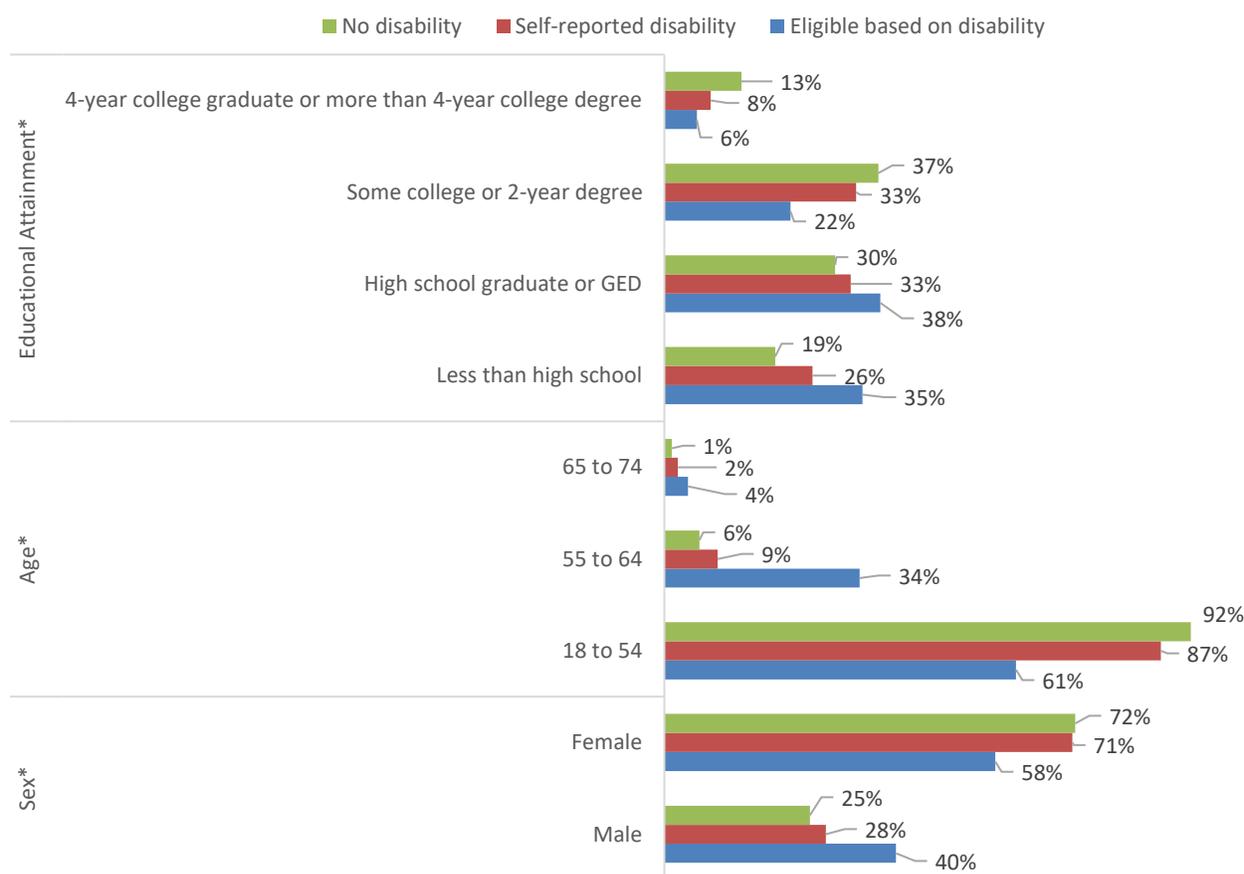
Question 21 on the NAM CAHPS survey asked beneficiaries, “In the last 6 months, were you unable to get medical care, tests, or treatments you or a doctor believed necessary?” As Figure 1 shows, beneficiaries with a disability were more likely to report being unable to get needed

health care than beneficiaries without a disability. Among respondents who self-reported a disability, 24 percent were unable to get needed care in the last six months, while the rate for respondents who were eligible based on a disability was 20 percent (percentages shown here and for the remainder of the analysis are weighted). By comparison, only 12 percent of beneficiaries without any disability reported difficulty accessing care.

This data highlight compares the health care experiences for beneficiaries in these three groups of interest – those eligible for Medicaid based on a disability, those who self-reported a disability, and those beneficiaries who did not have a disability – and provides a descriptive analysis comparing beneficiary characteristics and measures of health care utilization for each group.

## Demographics

**Figure 2. Demographic Characteristics of Adult Non-Dually Eligible Medicaid Beneficiaries Not Able to Get Needed Care**



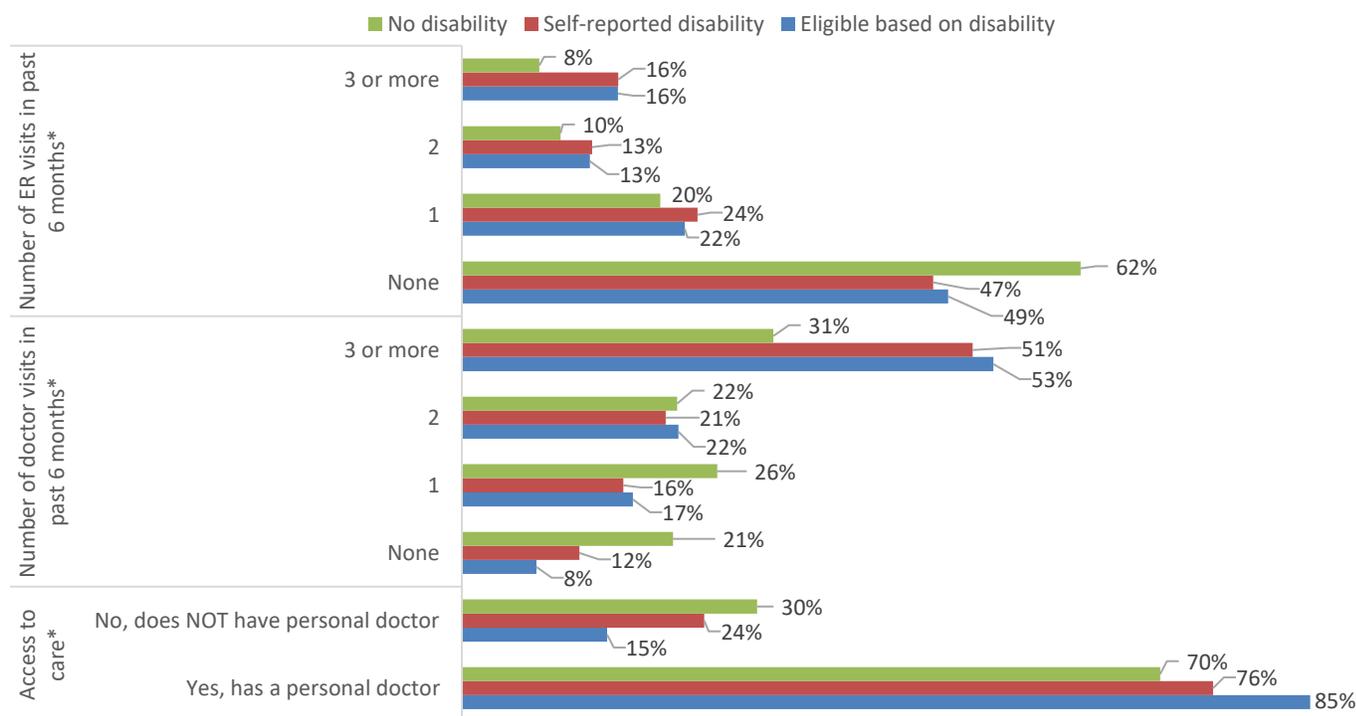
\* ANOVA tests were performed separately for each demographic characteristic. Indicated results were statistically significant at the  $p < 0.05$  level using survey weights and stratified by state. Percentages are weighted.

Figure 2 shows the demographic characteristics of the non-dually eligible beneficiaries with and without disabilities who reported that they were not able to get needed care (see Table A1 in the

Appendix for more detailed results). Among all three groups of interest, more than half of beneficiaries were female. However, beneficiaries who were eligible based on disability had a significantly larger proportion of males compared to either beneficiaries who self-reported a disability or beneficiaries with no disability (40 percent of disability eligible beneficiaries were male, versus 28 percent and 25 percent of the other two groups, respectively). Beneficiaries eligible based on disability were also more likely to be older (only 61 percent under age 55, versus 87 percent and 92 percent), and less likely to have obtained a high school diploma (35 percent less than high school diploma, versus 26 percent and 19 percent).

## Health Care Utilization

**Figure 3. Health Care Utilization of Adult Non-Dually Eligible Medicaid Beneficiaries Not Able to Get Needed Care**

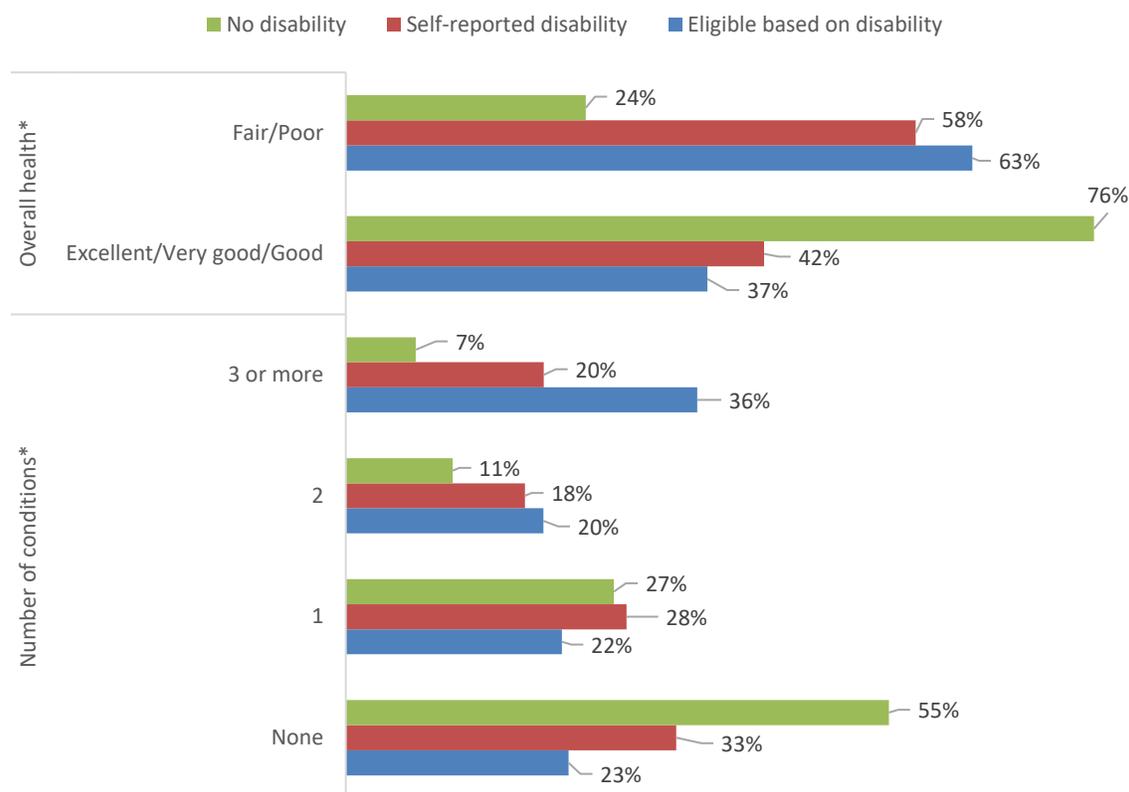


\* ANOVA tests were performed separately for each health characteristic. Indicated results were statistically significant at the  $p < 0.05$  level using survey weights and stratified by state. Percentages are weighted.

Beneficiaries with disabilities reported higher health care utilization rates than their counterparts without a disability (details are in Table A2 in the Appendix). Half of each of the two comparison groups with disabilities reported having had three or more doctor visits in the previous six months (53 percent and 51 percent), compared to 31 percent of beneficiaries with no disabilities. Likewise, beneficiaries with disabilities were twice as likely to have experienced three or more emergency room (ER) visits in the previous six months (16 percent versus 8 percent, respectively). Beneficiaries who were eligible on the basis of a disability were more likely than the remaining two groups to have a personal doctor (85 percent compared to 76 percent of respondents with a self-reported disability, and 70 percent of respondents with no disability).

## Health Characteristics

**Figure 4. Health Characteristics of Adult Non-Dually Eligible Medicaid Beneficiaries Not Able to Get Needed Care**

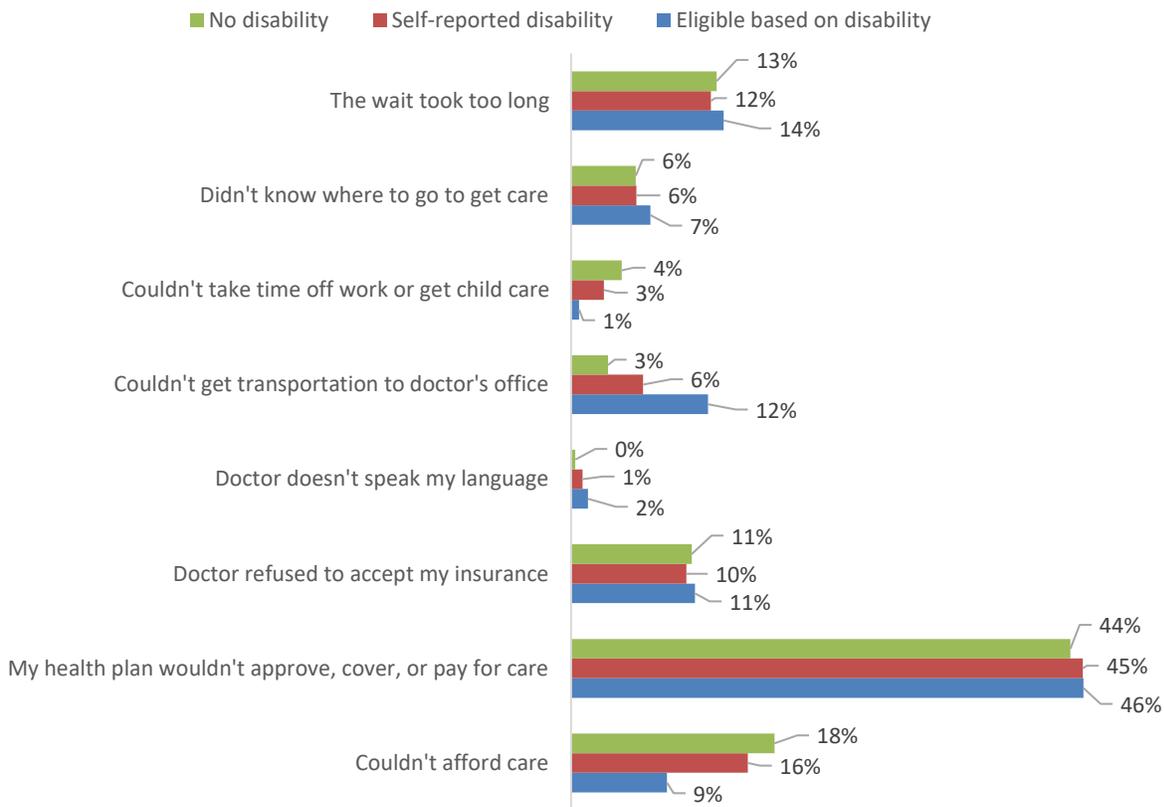


\* ANOVA tests were performed to compare between-group differences for each health characteristic. Indicated results were statistically significant at the  $p < 0.05$  level using survey weights and stratified by state. Percentages are weighted.

As Figure 4 shows, beneficiaries with disabilities, by either definition, were more likely than their counterparts with no disabilities to report being in poor health. Sixty-three percent of beneficiaries eligible based on disability and 58 percent of beneficiaries with a self-reported disability described their health as “fair” or “poor,” compared to only 24 percent of respondents with no disability. Beneficiaries with a disability also reported having more health conditions than those without a disability. Beneficiaries who were eligible for Medicaid on the basis of a disability reported especially high numbers of health conditions, with 36 percent reporting three or more conditions, compared to 20 percent of beneficiaries with a self-reported disability, and only seven percent of beneficiaries with no disabilities.

## Barriers to Care

**Figure 5. Primary Reason Adult Non-Dually Eligible Medicaid Beneficiaries Were Not Able to Get Needed Care\***



\* An ANOVA test was performed for this survey question. The result was statistically significant at the  $p < 0.05$  level using survey weights and stratified by state. Percentages are weighted.

As Figure 5 shows, among all comparison groups, the most commonly cited barrier to health care was a health plan that would not approve, cover, or pay for needed services (see Table A3 in the Appendix for more details). However, there are significant differences in reports of affordability and transportation issues. For both the group with no disabilities and those who self-reported a disability, the second most commonly cited barrier was affordability (18 percent and 16 percent, respectively). Beneficiaries who were eligible for Medicaid on the basis of a disability, on the other hand, were more likely than beneficiaries in the other two groups to identify transportation as a barrier (12 percent, compared to 6 percent and 3 percent of the remaining two groups). We found that this pattern was consistent in both rural and metropolitan areas.

## Conclusion

Our descriptive analysis of the non-dually eligible NAM CAHPS respondents suggests that beneficiaries with disabilities, using both definitions, are more likely to experience difficulty accessing needed medical care than beneficiaries without disabilities. At the same time, among all beneficiaries who reported being unable to get needed care, those with disabilities had higher health care utilization rates than beneficiaries with no disabilities.

We also found important differences between beneficiaries with disabilities depending on which definition of disability is used. For example, beneficiaries whose Medicaid eligibility was based on a disability were older, less likely to have obtained a high school diploma, and had more health conditions than beneficiaries who self-reported a disability. They were also more likely to identify transportation barriers and less likely to cite affordability barriers as a reason they could not get needed care than beneficiaries with a self-reported disability. Beneficiaries who self-reported a disability gave similar responses to beneficiaries without disabilities, pointing to insufficient health care plans and affordability.

While this preliminary analysis informs the relationship between disability using multiple definitions and experiences with care, more research is needed to improve our understanding of the reasons for disparities in health care for persons with disabilities.

## Limitations

Because only 46 states plus the District of Columbia participated in the 2014-2015 NAM CAHPS survey, the survey is not generalizable to the entire United States. The states that were not able to participate in the 2014-2015 NAM CAHPS survey were Alaska, New Hampshire, North Dakota, and Wisconsin. Although all 50 states and the District of Columbia were invited to participate, the reasons for non-participation varied across states.

The goal of this initial analysis is not to isolate and measure all factors that may influence one's experience with care within the Medicaid program, and as a result, other factors not included in this analysis may also influence beneficiaries' experiences with care. Rather, the purpose of this work is to conduct a descriptive cross-sectional analysis to develop high-level findings that could be explored further through more rigorous analyses. The authors have not conducted the analysis necessary to draw conclusions about directionality for any associations or make inferences about causal relationships between experiences of care and any other factors.

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## **About the Authors**

Rachel Carpenter and Michael Latterner are with NORC at the University of Chicago. Meagan Khau is with the Centers for Medicare & Medicaid Services Office of Minority Health.

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## **CMS Office of Minority Health**

7500 Security Blvd.  
MS S2-12-17  
Baltimore, MD 21244  
[HealthEquityTA@cms.hhs.gov](mailto:HealthEquityTA@cms.hhs.gov)  
[go.cms.gov/cms-omh](https://www.go.cms.gov/cms-omh)

## Appendix

**Table A1. Demographic Characteristics of Adult Non-Dually Eligible Medicaid Beneficiaries Not Able to Get Needed Care in the Last Six Months**

	Eligible based on disability	Self-reported disability	No disability
	Percent (SE)	Percent (SE)	Percent (SE)
<b>Gender*</b>			
Male	40.45 (0.70)	28.18 (1.02)	25.43 (1.08)
Female	57.78 (0.71)	71.24 (1.02)	71.74 (1.11)
<b>Age*</b>			
18 to 54	61.42 (0.67)	86.69 (0.65)	91.89 (0.54)
55 to 64	34.08 (0.65)	9.289 (0.55)	6.14 (0.46)
65 or older	4.49 (0.29)	4.02 (0.37)	1.97 (0.29)
<b>Race and Ethnicity*</b>			
White	55.42 (0.84)	51.37 (1.19)	45.19 (1.25)
Black/African American	20.48 (0.63)	17.53 (0.79)	19.17 (0.89)
Hispanic, Latino/a, or Spanish origin	24.09 (0.80)	31.09 (1.25)	35.62 (1.36)
<b>Educational Attainment*</b>			
Less than high school	34.59 (0.67)	25.87 (0.93)	19.35 (0.96)
High school graduate or GED	37.72 (0.70)	32.54 (0.98)	29.83 (1.07)
Some college or 2-year degree	22.01 (0.59)	33.49 (0.97)	37.35 (1.13)
4-year college graduate or more than 4-year college degree	5.66 (0.35)	8.090 (0.59)	13.45 (0.76)
<b>Primary RUCA Code*</b>			
Metropolitan area	78.92 (0.49)	82.01 (0.69)	86.60 (0.63)
Rural area	21.07 (0.49)	17.98 (0.69)	13.39 (0.63)

Note: The Hispanic, Latino/a category includes all respondents who self-identified as Hispanic or Latino/a, regardless of what race they selected. Other race and ethnicity categories were not included in the analysis due to limited sample sizes. Some categories may not total 100% due to missing data.

\* ANOVA tests were performed separately for each demographic characteristic. Indicated results were statistically significant at the  $p < 0.05$  level using survey weights and stratified by state. Percentages are weighted. RUCA, Rural-Urban Community Area.

**Table A2. Health Care Utilization and Health Characteristics of Adult Non-Dually Eligible Medicaid Beneficiaries Not Able to Get Needed Care in the Last Six Months**

	<b>Eligible based on disability</b>	<b>Self-reported disability</b>	<b>No disability</b>
	<b>Percent (SE)</b>	<b>Percent (SE)</b>	<b>Percent (SE)</b>
<b>Access to care*</b>			
Yes, has a personal doctor	85.37 (0.53)	75.60 (0.96)	70.28 (1.08)
No, does NOT have personal doctor	14.62 (0.53)	24.39 (0.96)	29.71 (1.08)
<b>Number of doctor visits in past 6 months*</b>			
None	7.50 (0.45)	11.82 (0.79)	21.24 (1.19)
1	17.20 (0.60)	16.24 (0.89)	25.71 (1.25)
2	21.79 (0.65)	20.52 (0.94)	21.67 (1.11)
3 or more	53.49 (0.78)	51.40 (1.17)	31.36 (1.24)
<b>Number of ER visits in past 6 months*</b>			
None	48.93 (0.71)	47.43 (1.05)	62.29 (1.11)
1	22.44 (0.60)	23.71 (0.89)	19.97 (0.91)
2	12.89 (0.46)	13.10 (0.67)	9.93 (0.70)
3 or more	15.72 (0.51)	15.74 (0.74)	7.80 (0.57)
<b>Number of conditions*</b>			
None	22.54 (0.64)	33.43 (1.02)	54.95 (1.14)
1	21.88 (0.59)	28.39 (0.95)	27.13 (1.02)
2	19.99 (0.55)	18.13 (0.75)	10.81 (0.67)
3 or more	35.57 (0.65)	20.03 (0.77)	7.091 (0.53)
<b>Overall health*</b>			
Excellent/Very good/Good	36.59 (0.70)	42.33 (1.05)	75.70 (1.00)
Fair/Poor	63.40 (0.70)	57.66 (1.05)	24.29 (1.00)

Note: Data limited to all beneficiaries who reported that they were not able to get needed care in the last six months. Some categories may not total 100% due to missing data.

\* ANOVA tests were performed separately for each health characteristic. Indicated results were statistically significant at the  $p < 0.05$  level using survey weights and stratified by state. Percentages are weighted.

**Table A3. Primary Barriers to Care for Adult Non-Dually Eligible Medicaid Beneficiaries Not Able to Get Needed Care in the Last Six Months**

	<b>Eligible based on disability</b>	<b>Self-reported disability</b>	<b>No disability</b>
	<b>Percent (SE)</b>	<b>Percent (SE)</b>	<b>Percent (SE)</b>
Couldn't afford care	8.518 (0.46)	15.71 (0.87)	18.07 (0.96)
My health plan wouldn't approve, cover, or pay for care	45.50 (0.79)	45.45 (1.13)	44.35 (1.25)
Doctor refused to accept my insurance	11.01 (0.53)	10.24 (0.73)	10.71 (0.79)
Doctor doesn't speak my language	1.502 (0.20)	1.027 (0.21)	0.382 (0.10)
Couldn't get transportation to doctor's office	12.16 (0.50)	6.406 (0.47)	3.283 (0.42)
Couldn't take time off work or get child care	0.716 (0.13)	2.913 (0.45)	4.497 (0.51)
Didn't know where to go to get care	7.037 (0.42)	5.800 (0.59)	5.750 (0.63)
The wait took too long	13.54 (0.58)	12.43 (0.81)	12.93 (0.90)

Note: Data limited to all beneficiaries who reported that they were not able to get needed care in the last six months. Some categories may not total 100% due to missing data.

\* An ANOVA test was performed for this survey question. Results were statistically significant at the  $p < 0.05$  level using survey weights and stratified by state. Percentages are weighted.

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