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OFFICE OF MINORITY HEALTH

DATA HIGHLIGHT
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How Does Disability Affect Access to Health Care for Dual Eligible Beneficiaries?

Background

Previous research has highlighted differences in access to and experience with the health care system for people with disabilities compared to their counterparts with no disability, including structural, financial, and personal or cultural barriers. For instance, past studies have found disparities in access to health care and patient safety for patients with and without activity limitations,[1] with some evidence that people with a disability are less likely to receive certain types of preventive care, such as cancer screening and oral health care.[2, 3, 4] 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;[5] and more likely to have a regular source of care and higher contact rates with physicians.[7, 8] Patients with disabilities also have higher health care utilization rates than their counterparts without disabilities.[9]

Estimates from the 2014-2015 Nationwide Adult Medicaid Consumer Assessment of Healthcare Providers and Systems (NAM CAHPS) provide data about disabilities reported by Medicaid beneficiaries, allowing for two overlapping 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. NAM CAHPS data reveal that the majority of Medicaid beneficiaries (61 percent) have a self-reported disability, though many are eligible for Medicaid based on a reason other than their disability. However, in 2012, the Medicaid and Children's Health Insurance Program (CHIP) Payment and Access Commission (MACPAC) reported that while this population has extraordinary needs that present challenges to Medicaid programs, "little is known about the quality of care received by Medicaid enrollees with disabilities."[6]

Previous analysis of the 2014-2015 NAM CAHPS conducted by the Centers for Medicare & Medicaid Services (CMS) [10] examined experiences of Medicaid beneficiaries with a disability, defined as those who qualified for Medicaid based on a disability, relative

Key Findings:

- Dual eligible beneficiaries reporting at least one disability were more likely than beneficiaries with no disability to report that they were unable to get necessary medical care, tests, or treatments (14% versus 10%).
- Among beneficiaries who reported being unable to get necessary medical care, those with a disability were more likely to be non-Hispanic White (53% versus 45%), younger than 55 years of age (34% versus 23%), and in fair or poor overall health (62% versus 28%) than those with no disability.
- Beneficiaries with a disability who reported being unable to get needed care were more likely to cite lack of transportation as the primary barrier to care (16% versus 12%), while beneficiaries with no disabilities were more likely to report that they were unable to afford care (17% versus 13%).

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

to the adult Medicaid population as a whole. This research revealed that respondents with a disability reported similar or slightly better patient care experiences than the adult Medicaid population as a whole for a number of key indicators, including doctor communication; customer service interactions; and access to special medical equipment. The current brief builds on this research by focusing on an alternate definition of disability, and by examining access and utilization among adults who self-reported having a disability, are eligible for both Medicaid and Medicare (dual eligible), and said they were unable to get the care they needed. Disability under this definition was based on responses to the six following questions, 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:[11]

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?[1]

[1] 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.

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. 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 state Medicaid expansions that occurred on or after January 1, 2014.

The goal of the 2014-2015 NAM CAHPS 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. The CAHPS® Health Plan Survey 5.0 was used as the initial basis for development of the NAM CAHPS questionnaire. One goal of the NAM CAHPS was to serve as baseline information to be used in later assessments of the experiences of adult Medicaid beneficiaries.

The sample for the 2014-2015 NAM CAHPS survey was designed to capture four subgroups of adult Medicaid beneficiaries. The main stratifiers were state (including the District of Columbia) and the following four mutually exclusive beneficiary groupings:

- Adults who are dual eligible for Medicaid and Medicare (full-benefit dual enrollees);
- Adults (non-dual) with disabilities based on program eligibility criteria (adults with disabilities);
- All other adults (non-dual, without disabilities) enrolled in a managed care organization; and
- All other adults (non-dual, 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 dual 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 first of these four groups—full-benefit dual enrollees.

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 beneficiaries completing the survey. The response rate for the dual eligible beneficiaries was 37.6 percent, with 91,456 complete responses for this strata. Learn more about the NAM CAHPS 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. Estimates were calculated using survey weights. 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.

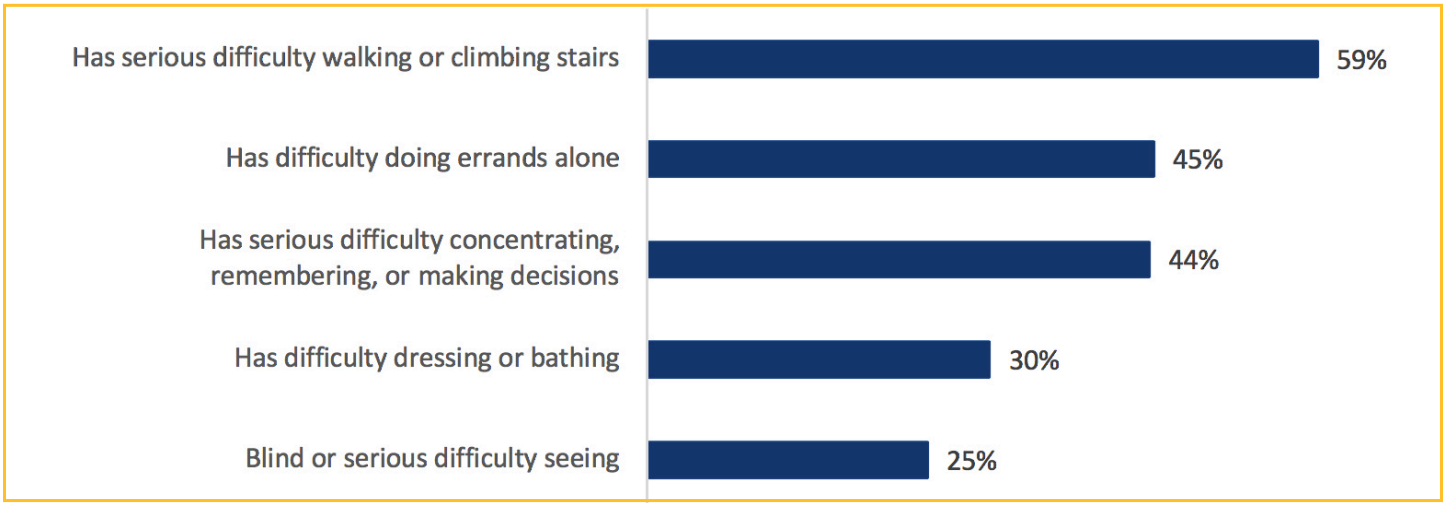
Results

The Survey Population

The 2014-2015 NAM CAHPS dataset includes information for 272,679 Medicaid beneficiary respondents. Thirty-four percent of the sample (91,456 respondents) were dual eligible, while the remaining 66 percent of the sample were Medicaid-only beneficiaries. Among the dual eligible respondents, 75 percent self-reported having at least one disability, and 13 percent reported that they were unable to get necessary medical care, tests, or treatments in the last six months. The dual eligible beneficiaries with a disability were more likely to report being unable to get needed health care compared to beneficiaries without a disability (14 percent versus 10 percent). This data highlight focuses on the 10,866 dual eligible beneficiaries who reported difficulty accessing health care, and compares the experiences of those who self-reported having at least one disability (82 percent) to those who reported having no disabilities (18 percent). A descriptive analysis was conducted comparing respondent characteristics and measures of health care utilization for these two groups.

Among dual eligible beneficiaries who were not able to get needed care, 82 percent reported having one or more disability. Among this group, the most common types of disabilities identified were serious difficulty walking or climbing stairs (59 percent of beneficiaries who reported at least one disability); difficulty doing errands alone (45 percent); and serious difficulty concentrating, remembering, or making decisions (44 percent) (see Figure 1). Less common limitations were difficulty dressing or bathing (30 percent), blindness or serious difficulty seeing (25 percent), and deafness or serious difficulty hearing (22 percent).[2] For beneficiaries with two or more disabilities, these figures are even higher: 81 percent had difficulty walking or climbing stairs; 68 percent had difficulty doing errands alone; and 63 percent had difficulty concentrating, remembering, or making decisions. For respondents with three or more disabilities, 91 percent reported difficulty walking or climbing stairs; 81 percent had difficulty doing errands alone; and 71 percent had difficulty concentrating, remembering, or making decisions.

Figure 1. Disabilities Reported by Beneficiaries Not Able to Get Needed Care

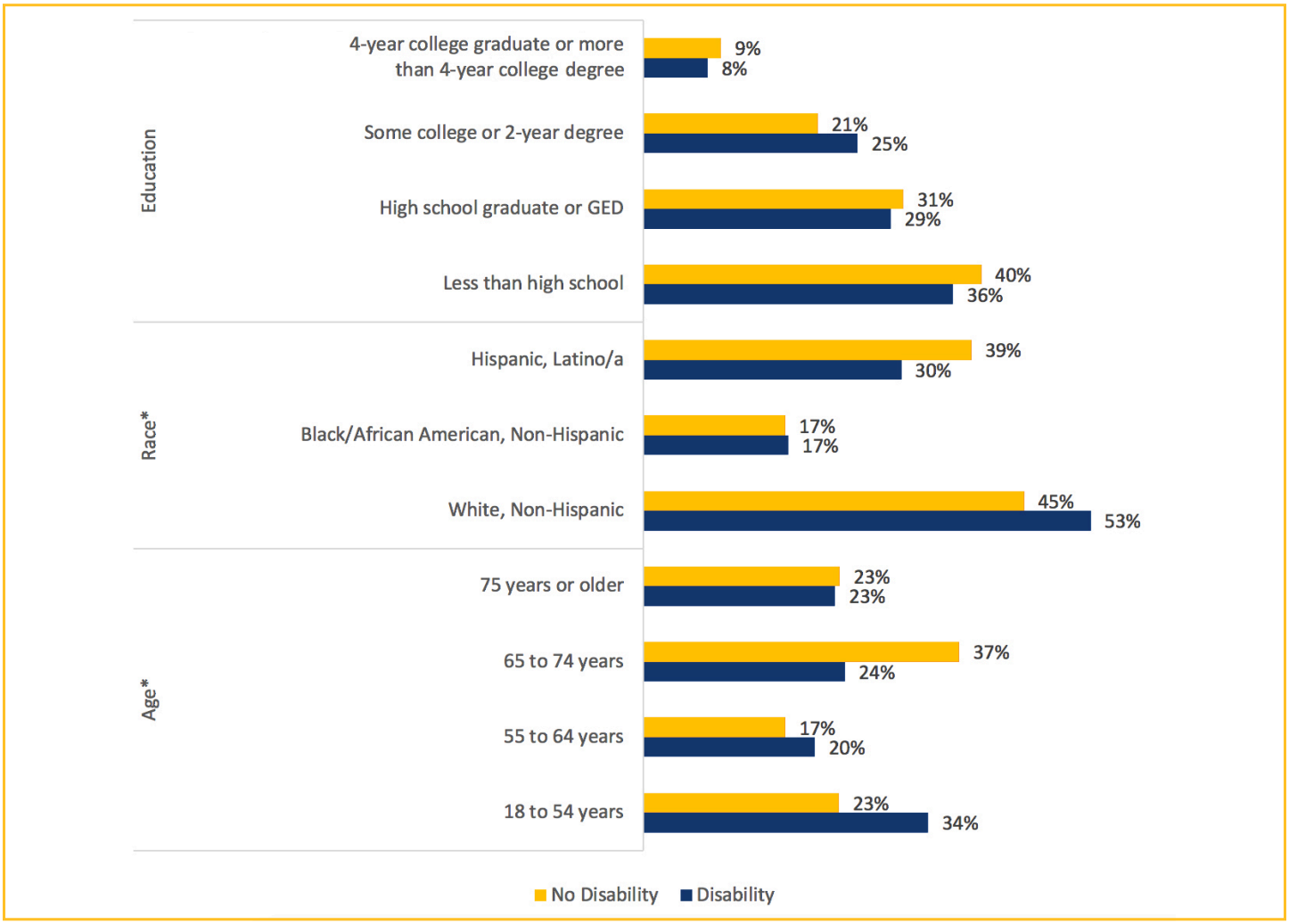


[2] Beneficiaries were able to report more than one type of disability.

Demographics

Figure 2 shows the demographic characteristics of the dual 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 these respondents, beneficiaries with disabilities were generally younger and more likely to be non-Hispanic White. About one-third of beneficiaries with disabilities (34 percent) were younger than 55 years of age, compared to 23 percent of beneficiaries without disabilities. Fifty-three percent of beneficiaries with a disability were non-Hispanic White, compared to 45 percent of those without a disability. (Due to limited sample sizes, we limited our race and ethnicity analysis to only three categories: Hispanic or Latino/a; non-Hispanic Black/African-American; and non-Hispanic White.) We found no significant difference in education levels between beneficiaries with and without a disability.

Figure 2. Demographic Characteristics of Beneficiaries Not Able to Get Needed Care



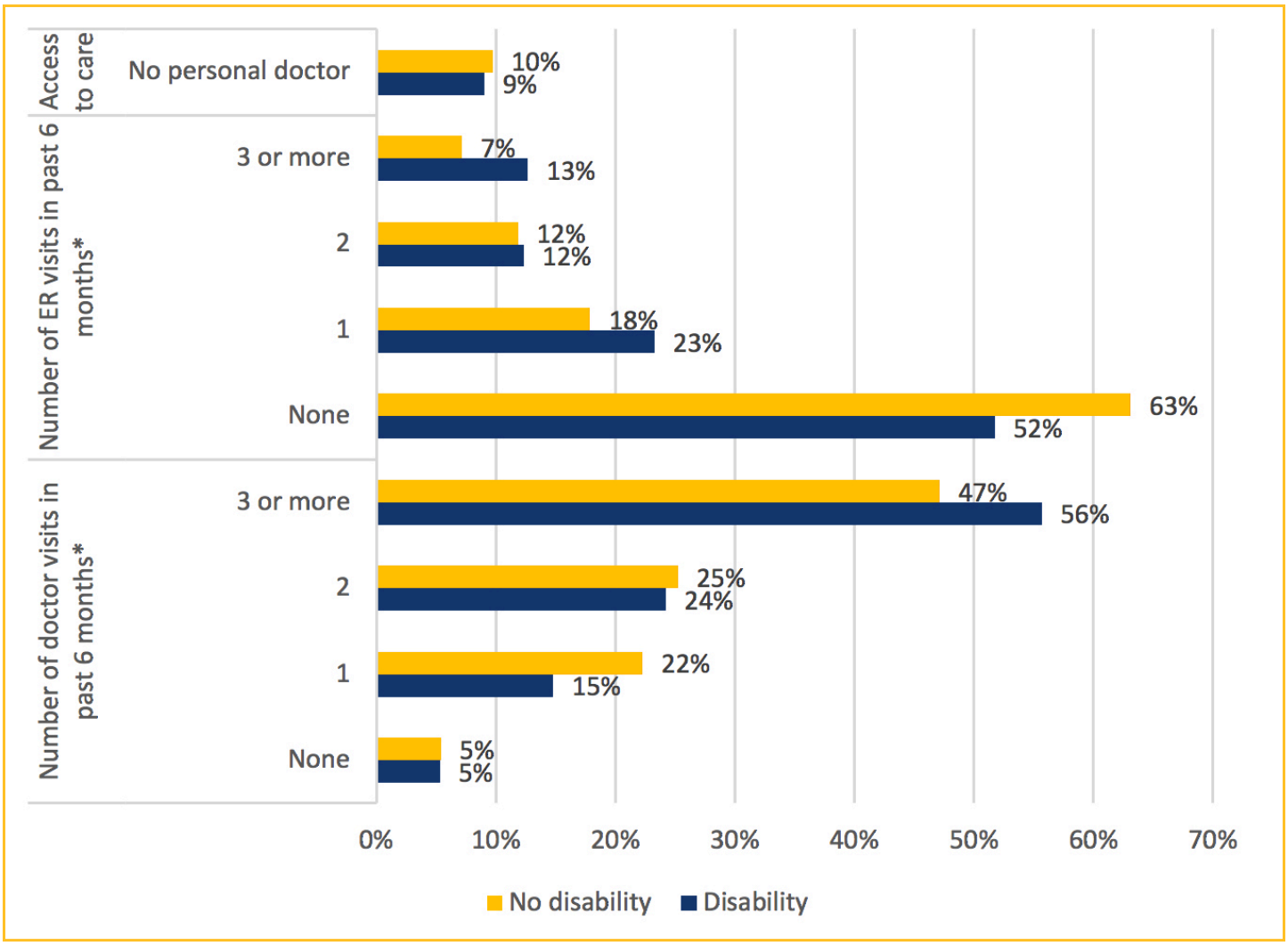
NOTE: The Hispanic category includes all respondents who self-identified as Hispanic or Latino/a, regardless of what race they selected. Other race and ethnicity categories were not included in the analysis due to limited sample sizes.

*** Chi square 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.**

Health Care Utilization

Although the dual eligible respondents with a disability were more likely to report difficulty in accessing needed care compared to respondents with no disabilities, those with disabilities reported higher health care utilization rates than their counterparts without a disability. For example, as Figure 3 shows, among beneficiaries who experienced difficulty accessing care, 56 percent of respondents with disabilities reported having three or more doctor visits in the previous six months, compared to 47 percent of those without disabilities (see Table A2 in the Appendix for more details). Similarly, nearly twice as many beneficiaries with disabilities as those without disabilities reported having three or more emergency room (ER) visits in the past six months (13 percent and 7 percent respectively).

Figure 3:Health Care Utilization of Beneficiaries Not Able to Get Needed Care

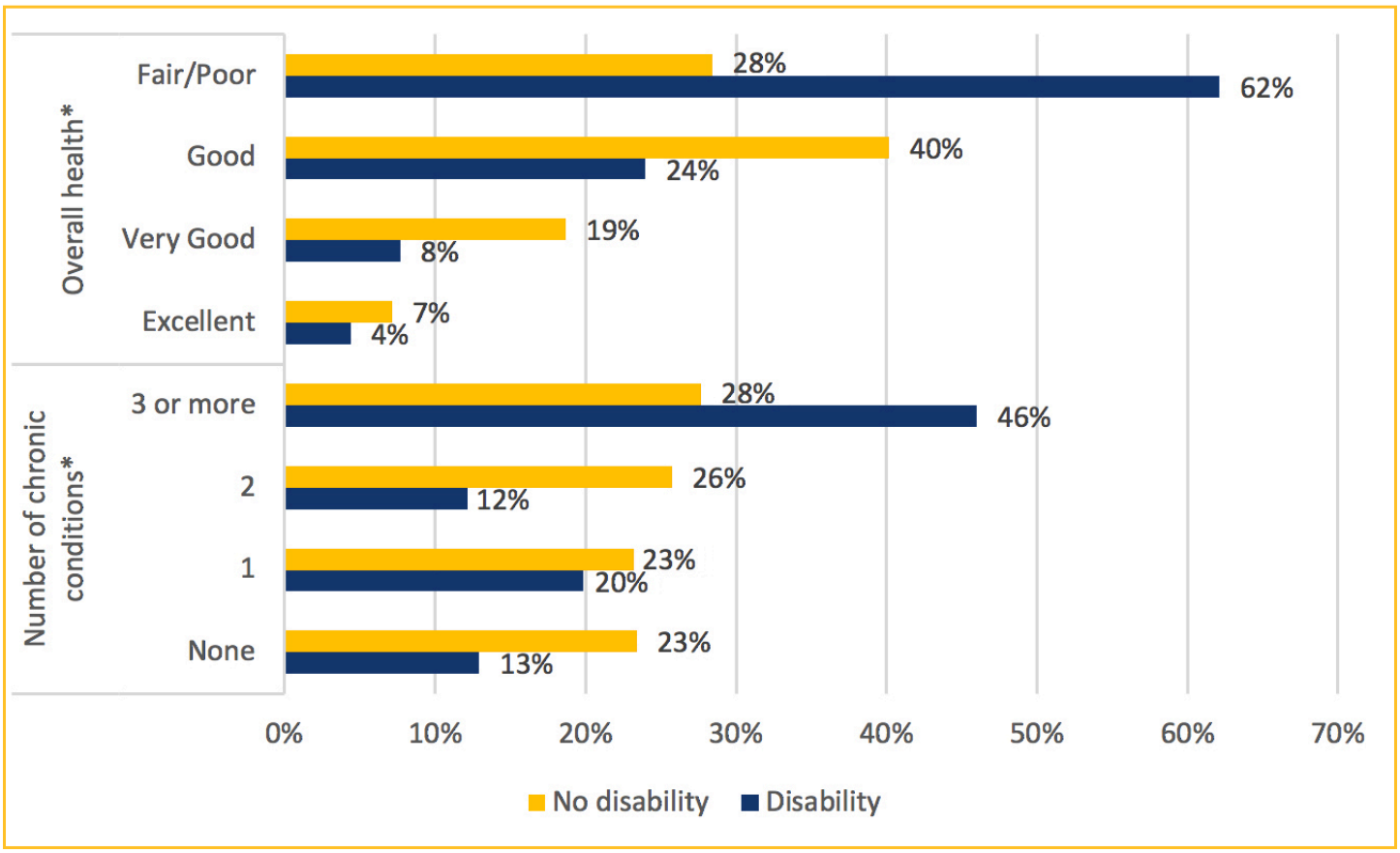


* Chi square tests were performed separately for each health characteristic. Indicated results were statistically significant at the p<0.05 level using survey weights and stratified by state.

Health Characteristics

Beneficiaries with disabilities generally reported poorer overall health than their counterparts with no disabilities. Respondents were asked whether they had ever received a diagnosis for one or more of eight specific chronic conditions.[3] Nearly half (46 percent) of respondents with disabilities reported a diagnosis of three or more chronic conditions, compared to 28 percent of beneficiaries with no disabilities. In addition, nearly two-thirds (62 percent) of respondents with disabilities rated their overall health as "fair" or "poor," compared to only 28 percent of those without disabilities.

Figure 4: Health Characteristics of Beneficiaries Not Able to Get Needed Care



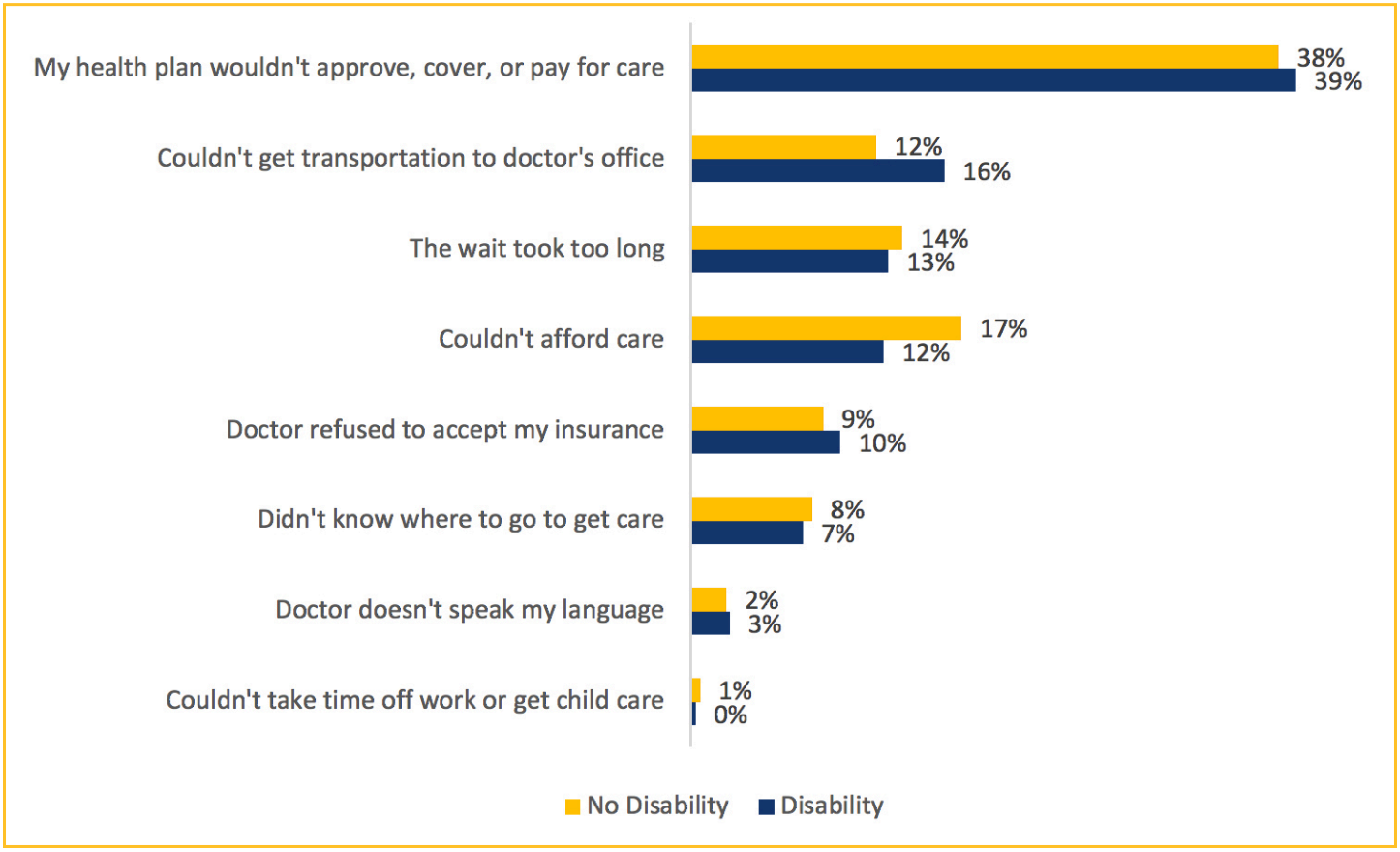
* **Chi square tests were performed separately for each health characteristic. Indicated results were statistically significant at the p<0.05 level using survey weights and stratified by state.**

[3] High cholesterol; high blood pressure; heart attack; angina or coronary heart disease; stroke; diabetes; cancer (other than skin cancer); and emphysema, asthma, or COPD.

Barriers to Care

Given the differences observed in health care access and utilization of respondents with and without disabilities, we analyzed reported barriers to health care for beneficiaries who experienced difficulty accessing care. As Figure 5 shows, among both those with and without disabilities, the most common reason cited was a health plan that would not approve, cover, or pay for needed services. However, our analysis highlighted differences in affordability and transportation issues reported by beneficiaries with and without disabilities. In particular, respondents with a disability were more likely to point to lack of transportation as the primary barrier to care (16 percent compared to 12 percent, respectively), while beneficiaries with no disabilities were more likely to report that they were unable to afford the care they needed (17 percent compared to 12 percent).

Figure 5. Primary Reason Beneficiary Was Not Able to Get Needed Care*



* A chi square 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.

Conclusion

Our descriptive analysis of the dual eligible survey respondents suggests that beneficiaries with self-reported disabilities are more likely to experience difficulty accessing needed medical care than beneficiaries without disabilities. However, among all beneficiaries who have experienced being unable to get needed care, those with a disability report higher health care utilization rates than respondents without a disability. Our analysis suggests that among those experiencing difficulty accessing care, dual eligible beneficiaries with disabilities differ from those without disabilities in some ways that may shape their access to and reliance on the health care system. For example, dual eligible beneficiaries with disabilities tend to be younger but sicker than their counterparts with no disabilities. Higher prevalence of chronic conditions and poorer overall health may contribute to the higher utilization rates observed by respondents with self-reported disabilities. Reasons for the lack of access to medical care also differ somewhat for these populations, with beneficiaries with disabilities more likely to face transportation barriers, while beneficiaries without disabilities are more likely to be constrained by the cost of care.

While this preliminary analysis informs the relationship between disability (as defined by existence of one of the limitations identified in the six ACS disability questions) and experiences with care, more research is needed to improve our understanding of the reasons for disparities in health care for persons with disabilities.

The CMS OMH Baseline PUF provides a unique data source to explore and better understand the health status and health needs of diverse groups of MA beneficiaries. The CMS OMH Baseline PUF gives researchers an opportunity to identify health disparities and barriers to health, and may facilitate a path towards improved health outcomes across the MA beneficiary community.

Limitations

The main limitation of the 2014-2015 NAM CAHPS survey is that only 46 states plus the District of Columbia participated, and therefore 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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APPENDIX

Table A1. Demographic Characteristics of Dual Eligible Beneficiaries Not Able to Get Needed Care

	With Disability		Without Disability	
	Frequency	Percent (SE)	Frequency	Percent (SE)
Total	9,151	82.38 (5,343)	1,715	17.62 (4,945)
Gender*				
Male	2,862	34.61 (1.03)	563	39.22 (2.45)
Female	6,154	63.84 (1.04)	1,046	55.93 (2.45)
Age*				
18 to 54	3,218	33.51 (0.98)	456	23.00 (1.83)
55 to 64	2,175	20.19 (0.78)	316	16.70 (1.77)
65 to 74	2,130	23.70 (0.90)	552	37.16 (2.47)
75 or older	1,466	22.57 (1.01)	266	23.12 (2.45)
Race and Ethnicity*				
White, Not Hispanic Latino/a origin	3,938	52.60 (1.28)	578	44.76 (3.06)
Black/African American, Not Hispanic/Latino/a origin	1,065	17.06 (0.86)	210	16.67 (1.91)
Hispanic, Latino/a, or Spanish origin	1,136	30.33 (1.29)	221	38.55 (3.31)
Highest level of school completed				
Less than high school	3,025	36.41 (1.03)	548	39.73 (2.53)
High school graduate or GED	2,818	29.09 (0.93)	552	30.59 (2.15)
Some college or 2-year degree	2,314	25.21 (0.95)	335	20.50 (2.20)
4-year college graduate or more than 4-year college degree	721	9.28 (0.75)	133	9.16 (1.56)
Primary RUCA Code				
Metropolitan area	6,393	80.83 (0.67)	1,235	83.77 (1.37)
Micropolitan area	1,362	10.24 (0.51)	226	8.73 (1.10)
Small town	780	5.56 (0.37)	126	4.23 (0.62)
Rural area	613	3.37 (0.24)	127	3.26 (0.51)

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.

*** Chi square 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.**

Table A2. Health Care Utilization and Health Characteristics of Dual Eligible Beneficiaries Not Able to Get Needed Care

	With Disability		Without Disability	
	Frequency	Percent (SE)	Frequency	Percent (SE)
Total	9,151	82.38 (5,343)	1,715	17.62 (4,945)
Access to care				
Yes, has a personal doctor	8,046	90.96 (0.61)	1,456	90.31 (1.36)
No, does NOT have personal doctor	871	9.04 (0.61)	182	9.69 (1.36)
Number of doctor visits in past 6 months*				
None	438	5.32 (0.53)	95	5.39 (1.02)
1	1,260	14.78 (0.75)	313	22.27 (2.25)
2	1,838	24.22 (1.01)	355	25.20 (2.40)
3 or more	4,199	55.66(1.14)	609	47.12 (2.74)
Number of ER visits in past 6 months*				
None	4,455	51.72 (1.07)	997	63.11 (2.33)
1	2,051	23.26 (0.90)	331	17.88 (1.73)
2	1,141	12.32 (0.70)	180	11.83 (1.71)
3 or more	1,258	12.68 (0.63)	142	7.16 (1.04)
Number of conditions*				
None	1,195	12.93 (0.68)	443	23.38 (1.94)
1	1,675	19.87 (0.89)	394	23.22 (2.14)
2	1,927	21.18 (0.89)	389	25.72 (2.18)
3 or more	4,354	46.01 (1.05)	489	27.66 (2.17)
Overall health*				
Excellent	344	4.37 (0.47)	134	7.11 (1.09)
Very Good	711	7.68 (0.57)	304	18.66 (1.96)
Good	2,037	23.96 (0.93)	604	40.17 (2.45)
Fair/Poor	5,889	62.13 (1.04)	523	28.40 (2.12)

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.

*** Chi square 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.**

Table A3. Primary Reasons for Inability to Get Needed Care*

	With Disability		Without Disability	
	Frequency	Percent (SE)	Frequency	Percent (SE)
Total	9,151	82.38 (5,343)	1,715	17.62 (4,945)
Couldn't afford care	727	12.39 (0.90)	151	17.43 (2.54)
My health plan wouldn't approve, cover, or pay for care	2,585	38.93 (1.20)	416	37.83 (2.96)
Doctor refused to accept my insurance	516	9.64 (0.76)	86	8.54 (1.58)
Doctor doesn't speak my language	133	2.49 (0.45)	25	2.29 (0.73)
Couldn't get transportation to doctor's office	1,167	16.28 (0.86)	155	11.87 (1.69)
Couldn't take time off work or get child care	32	0.34 (0.08)	10	0.64 (0.27)
Didn't know where to go to get care	488	7.20 (0.65)	83	7.78 (1.66)
The wait took too long	861	12.71 (0.84)	163	13.60 (1.87)

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.

*** A chi square test was performed for this survey question. Results were statistically significant at the $p<0.05$ level using survey weights and stratified by state.**