OMAS
Ohio Medicaid Assessment Survey

HEALTHCARE ACCESS FOR *DUAL*-ELIGIBLES (MEDICAID-MEDICARE) IN OHIO

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INTRODUCTION

Under the auspices of the Affordable Care Act, Ohio developed and implemented a three-year demonstration model known as MyCare Ohio for the delivery of services to beneficiaries who are dually eligible for Medicare and Medicaid. The goal of the demonstration project, which began enrolling dually eligible beneficiaries in May 2014, is to better coordinate services through a managed care approach. While the new approach promises to improve outcomes and reduce costs, changing the service delivery system runs the risk of disrupting care to a vulnerable population. The dually eligible are individuals who qualify for Medicare due to age or disability and for Medicaid due to a low income. The purpose of this issue brief is to describe the characteristics of the dually eligible population (Duals) who participated in the 2015 administration of the Ohio Medicaid Assessment Survey (OMAS) and to examine their access to care and unmet need as potential indicators of managed care impact.

METHODS

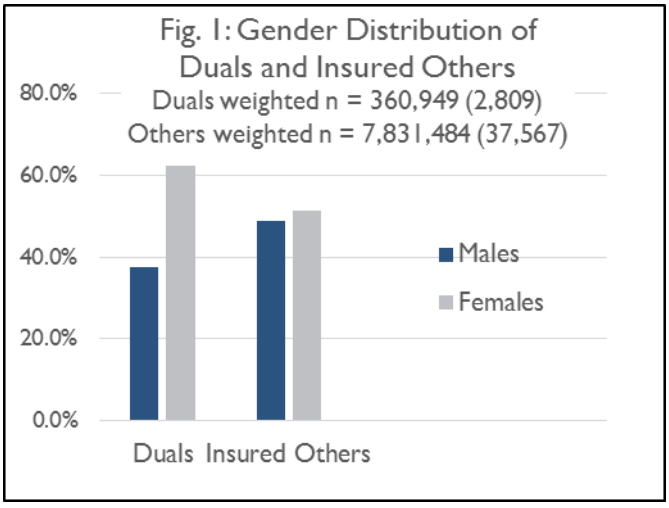
OMAS is a telephone survey that samples both landline and cell phones of Ohio residents. The survey examines insurance status, access to the health system, health statuses, demographics and other characteristics of Ohio's Medicaid, Medicaid eligible, and non-Medicaid populations. In 2015, researchers completed 42,876 interviews with adults and 10,122 proxy interviews of children. The 2015 OMAS is the sixth iteration of the survey (previously known as Ohio Family Health Survey). For details, please see the OMAS Methodology Report.

To put the characteristics and care experiences of Duals in context, the dependent variable was dichotomized into Duals and insured others, which included those with Medicaid/No Medicare and Medicare/No Medicaid, Job-Based Covered, Other Directly Purchased coverage, Other coverage, Insurance Type Unknown, and Exchange Coverage. The Uninsured were dropped from the "all others" category to eliminate the bias associated with lack of coverage.

RESULTS

Demographics

The Dual population has proportionately more females (62.4%) than insured others (Figure 1). At 22.4 percent, Duals also are disproportionately African-American compared to 10.6 percent of insured others. Hispanics are a marginally greater proportion, while Whites and Asians are significantly under-represented among Duals.

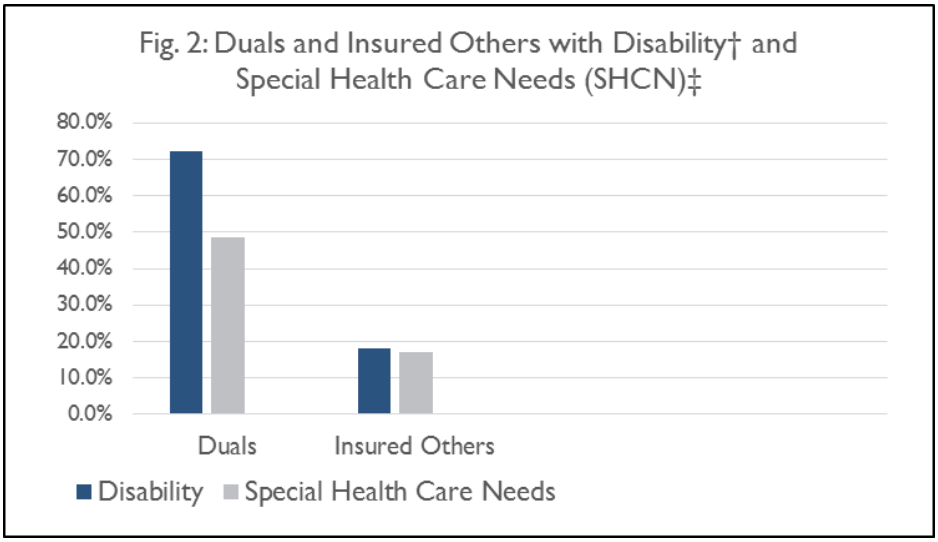


Nearly three-quarters of Duals have a single status as either divorced or separated, widowed, or never married. Over three-quarters of dual households are childless: just under half live in single adult households and a third live in households with two or more adults and no children.

Health Status and Disability

Some 51.5 percent of Duals report their general health status as "fair" or "poor". A significantly greater proportion of Duals (16.2%) report a mental health condition than insured others (5.0%). Duals also are

disproportionately affected by other disease conditions when compared to insured others. While just over a third (35.2%) of all other insured Ohioans report having high blood pressure, just under two-thirds of Duals (61.2%) report having the condition. With every measured condition—heart attack, coronary disease, congestive heart failure, diabetes, cancer--the comparative Dual proportions are significantly higher than those of insured others.



A significantly greater percentage of Duals (72.3%) than insured others (18.0%) are disabled (Figure 2). Nearly half of Duals (48.5%) report having special health care needs, whereas only 17.2 percent insured others report a similar level of need.

Access to Care and Unmet Need

When asked to rank their current ability to get health care compared to three years ago, a significantly larger percentage of Duals (21.7%) reported "easier" compared to insured others (13.2%). Lower proportions of Duals than insured others also said it was harder or had stayed the same. When the analysis is limited to insured participants with special health care needs, there remains a significantly smaller proportion of Duals than insured others who report their current ability to get health care is "harder" than three years ago.

Table 1. Delayed or Avoided Care among Insured
Total weighted n = 7,972,513 (unweighted = 38,643)

	Duals n = 355,894 (2,728)		Insured Others n = 7,626,619 (35,915)	
Response	Point Estimate	CI	Point Estimate	CI
Yes	16.1%	14.2%-18.3%	14.2%	13.8%-14.7%
No	82.9%	80.1%-84.9%	85.6%	85.1%-86.0%
Unknown	0.2%	0.2%-0.3%	1.0%	.5%-1.7%
…Among Those Insured with Special Health Care Needs Total weighted n = 1,495,027 (unweighted = 7,681)				
	n = 173,193 (1,248)		n = 1,321,835 (6,433)	
Yes	21.3%	18.2%-21.8%	25.3%	24.0%-26.8%
No	77.1%	73.6%-80.3%	74.4%	73.0%-75.8%
Unknown	1.6%	0.8%-3.0%	0.2%	0.1%-0.4%

Among the insured with a mental health-related impairment who reported wanting or needing to see a counselor or therapist, a significantly smaller percentage of Duals (19.3%) than insured others (24.8%) said they could not get needed mental health care in the past 12 months. Fewer than one in five of Duals (19.3%) reported unmet need for mental health services, compared to 28.6 percent of insured others.

When insured others were asked whether they had delayed treatment in the past 12 months, a slightly larger percentage of Duals (16.1%) reported "yes" compared to insured others (14.2%). See Table 1. The disparity between Duals and insured others reversed when the analysis was limited to only those identified as having special health care needs. A significantly larger proportion of insured others (25.3%) reported delayed treatment than Duals (21.3%).

A significantly larger percentage of Duals than insured others report having unmet health care needs, but when analysis is restricted to only insured respondents with special health care needs there is no significant difference between Duals and insured others. See Table 2. Among those with special health care needs, 53.1 percent of Duals and 49.8 percent of insured others report unmet need.

When insured respondents who reported needing a medical specialist in the past 12 months ranked how much of a problem they experienced seeing a specialist, a significantly larger proportion of Duals (16.6%) than insured others (8.8%) said they experienced a "big problem" seeing a specialist. However, when all respondents who had special health care needs ranked

Table 2. Unmet Health Care Needs Among Insured
Total weighted n = 8,083,294 (unweighted = 37,954)

	Duals n = 354,200 (2,611)		Insured Others n = 7,729,094 (35,343)	
Response	Point Estimate	CI	Point Estimate	CI
Yes	41.6%	39.0%-44.4%	26.6%	26.0%-27.2%
No	58.4%	55.6%-61.0%	73.4%	72.8%-74.0%
…Among Those Insured with Special Health Care Needs Total weighted n = 1,503,816 (unweighted = 7,514)				
	n = 171,780 (1,200)		n = 1,332,035 (6,314)	
Yes	53.1%	49.1%-57.1%	49.8%	48.2%-51.4%
No	46.9%	42.9%-50.9%	50.2%	48.6%-51.8%

how much of a problem they experienced seeing a specialist, there was little difference between Duals (17.8%) and insured others (15.6%) who reported a "big problem" seeing a specialist.

CONCLUSIONS

Given the large percentage of Duals who are disabled and age 65 or older, it is not surprising that they report having poorer over-all health, and larger proportions of disease conditions and special health care needs than insured others, a comparison group that more closely matches the general adult population of Ohio. Despite the marked difference in health between Duals and insured others, mostly a positive picture of access to care and met need emerges for Duals. Where accessing mental health services is concerned, duals with mental health-related impairment do better than their counterparts with other insurances.

Compared to insured others, a larger percentage of Duals report their ability to access care has improved over the last three years. This difference remains significant even when the analysis is limited to only those with special health care needs. Although a higher percentage of Duals than insured others report unmet health care needs, the picture improves when a comparison is made between insured respondents reporting special health care needs. In addition, the disparity between Duals and insured others actually reverses on the question of postponed treatment when the analysis is limited to those with special health care needs. A larger proportion of Duals than insured others report "a big problem" getting to see a specialist, but when comparison was limited to only those with special health care needs, there is no significant difference between the percentages of Duals and insured others who report "a big problem."

POLICY CONSIDERATIONS

There is little evidence to suggest that managed care implementation for Duals has disrupted care. In fact, it appears that Duals with special health care needs are being successfully triaged through care coordination. The results suggest they do as well as and sometime better their counterparts with other insurance on measures of unmet need and access to care.

FOR MORE INFORMATION

To view more information about OMAS and the findings in this policy brief, please visit the OMAS website at the Ohio Colleges of Medicine Government Resource Center [www.grc.osu.edu/OMAS.](http://www.grc.osu.edu/OMAS)