

Kids with Medicaid, CHIP get more preventive care than those with private insurance

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Children insured by Medicaid or the Children's Health Insurance Program (CHIP) were more likely to get preventive medical and dental care than privately insured children in a study that compared access and use of health care for children in households with low to moderate incomes, according to an article published online by *JAMA Pediatrics*.

Until the Patient Protection and Affordable Care Act was enacted in 2010, children in families with low to moderate incomes could get subsidized health insurance through either Medicaid or CHIP. The Affordable Care Act added a third option through the creation of qualified health plans (QHPs). It is important to better understand the quality of [health insurance](#) coverage and associated access to care for children in families with moderate to low incomes.

David M. Rubin, M.D., M.S.C.E., of the Children's Hospital of Philadelphia, and coauthors analyzed data from the National Survey of Children's Health (2003, 2007 and 2011-12) to compare access to care in experiences reported by caregivers across four insurance types: Medicaid, CHIP, private insurance and uninsured.

The study included 80,655 children, of whom 57.3 percent had private insurance, 13.6 percent had Medicaid, 18.4 percent had CHIP and 10.8 percent were uninsured.

The study found:

- 88 percent of children insured by Medicaid and CHIP had a preventive medical visit compared with 83 percent of privately insured children.
- 80 percent of children insured by Medicaid and 77 percent insured by CHIP had a

preventive dental visit compared with 73 percent of privately insured children.

- Uninsured children were less likely to receive preventive care visits, have a personal physician or nurse, or have a usual source of care.
- Children with all insurance types experienced challenges in accessing specialty care, with these challenges amplified for children insured by CHIP (28 percent) and for privately insured children with [special health care](#) needs (29 percent).
- Caregivers of privately insured children also were most likely to experience out-of-pocket costs (77 percent) than caregivers of children insured by Medicaid (26 percent) or CHIP (38 percent).
- Children insured by Medicaid and CHIP (78 percent) were more likely to have insurance that always met their needs than were privately insured children (73 percent).

"Our findings provide empirical data for the ongoing debate about subsidized coverage for children. The high reported rates of preventive care receipt and perception of Medicaid and CHIP coverage meeting children's needs, together with concerns about limited access and increased cost sharing in private plans, might caution against calls for expanded private (i.e., QHP) coverage for children and substantiate advocacy for extending CHIP coverage beyond 2017. However, this study uncovered some challenges in access to services and specialty care for both children with CHIP coverage and privately insured children with special health care needs. Although the etiology of these challenges is not well understood, these findings suggest that Medicaid might serve [children](#) in families with low to moderate incomes better than other coverage types," the study concludes.

In a related editorial, David M. Keller, M.D., of the University of Colorado School of Medicine, Aurora, writes: "The results from the parents' perspective were somewhat unsurprising: families with insurance coverage had better access to health care services than did those without, and those with public insurance (Medicaid or CHIP) had fewer out-of-pocket expenses than did those with commercial insurance. ... What was surprising was that those with public insurance had better access to preventive services than did those with [private insurance](#) and that families insured by Medicaid reported fewer problems in accessing subspecialists than did those with CHIP or commercial [insurance](#). ... This study is good science in that it generates the next set of questions that must be addressed if we are to move forward."

More information: *JAMA Pediatr.* Published online November 16, 2015. [DOI: 10.1001/jamapediatrics.2015.3028](#)

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