

Medicaid Children Lack Access to Specialty Care

BY FRANCES CORREA

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Children who get their health insurance through Medicaid and the Children's Health Insurance Plan may not have the same access to specialist care as do their privately insured peers, according to a study conducted in Chicago.

Researchers at the University of Chicago completed calls to 273 specialty clinics in dermatology, otolaryngology, endocrinology, neurology, orthopedics, psychiatry, and allergy/immunology, posing as mothers seeking appointments for a child who needed specialty care. Every caller said that he or she was referred from the child's primary care physician or an emergency department.

Data were collected by trained, supervised graduate students at the university from January through May 2010 (N. Engl. J. Med. 2011;364:2324-33). Two-thirds of callers who said their child was insured by Medicaid or CHIP were denied appointments, compared with 11% of those



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Two-thirds of Medicaid/CHIP enrollees were denied appointments, compared with 11% of those privately insured.

claiming private insurance. Only 89 clinics accepted both Medicaid and CHIP insurance. Medicaid/CHIP enrollees had to wait an average of 42 days for their appointment, compared with 20 days for those with private insurance.

The study was conducted in Cook County, Ill., where the ratio of specialists

to the population is 218 to 100,000, the highest in the nation.

Lead author Dr. Karin Rhodes of the University of Pennsylvania, Philadelphia, said that although she was not entirely surprised by the findings, she was disappointed to see such disparities. As state and federal governments struggle to pay for Medicaid, cutting the funding will only further exacerbate existing access disparities.

Although this issue is not unique to Illinois, it occurs almost exclusively among private practices that function under the fee-for-service payment model, according to Dr. Ronald E. Kleinman, physician-in-chief of MassGeneral Hospital for Children, Boston. Private practices often are daunted by the logistics of these public

plans, such as onerous paperwork, low reimbursements, and extended waiting periods – often 6-12 months – for payment, Dr. Kleinman said in an interview.

The state of Illinois supported the study. Dr. Rhodes and her colleague reported no relevant conflicts of interest. ■

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