State Medicaid policies and the health care access of low-income children with special health care needs living in the American South

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Abstract:
Background: The policy correlates that improve or impede the health care access of children with special health care needs (CSHCN), and particularly children living in the South, are not well understood.
Methods: We analyzed data from the 2005-2006 National Survey of CSHCN (n = 4560 Southern children and 8788 non-Southern children). State Medicaid policy predictors included the frequency of Medicaid eligibility renewals (6 or 12 months) and the level of reimbursement provided for high-complexity and moderate-complexity pediatric office visits. Hierarchical generalized linear modeling was used to examine the association between state Medicaid policy features and 5 indicators of health care access (delayed or foregone care, difficulty using services, difficulty getting referrals, unmet routine care needs, and unmet specialty care needs), after controlling for child, family, and state factors.
Results: Low-income Southern CSHCN who lived in states with less-frequent Medicaid eligibility renewal requirements and higher health care provider reimbursement rates had significantly better health care access than did their Southern counterparts in states with more frequent Medicaid eligibility renewals and lower reimbursement rates.
Limitations: These data are cross-sectional, and causality cannot be inferred.
Conclusion: Policymakers interested in addressing state budget gaps should be concerned that doing so by increasing the frequency of Medicaid eligibility renewals or by cutting health care provider reimbursement rates may well result in adverse health care access for low income Southern CSHCN.