

Losing Health Care in Missouri

Survey Results: Impact of 2005 Medicaid Cuts

The Missouri Association for Social Welfare

The Missouri Budget Project

Analysis by:

Timothy D. McBride, PhD

School of Public Health, Saint Louis University

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This report is a collaborative effort. We extend our sincere appreciation to the thousands of Missourians who chose to be involved in this participatory research project. The information presented here is based upon the experiences of respondents who have been or may be directly affected by changes to the Missouri Medicaid program enacted by the 2005 Missouri General Assembly. We are truly grateful to the respondents, for it is through their efforts that we gain insight into how legislative actions are felt by Missouri families and communities.

Special thanks are extended to the organizations and individuals involved in developing the survey instrument, those who distributed and administered the survey, and those involved in the data entry and analysis process.

Participating Organizations:

ACORN--Association of Community Organizations for Reform Now
Bootheel Area Independent Living Services
Citizens for Missouri's Children
DDRB of Festus MO
GRO - Grass Roots Organizing
Independent Living Center of Southeast Missouri
Independent Living Center of Southwest Missouri
Interfaith Partnership
Jefferson County Community Partnership
Learning Opportunities Quality Works Inc.
Lutheran Family & Children's Services
Mental Health Association of Greater St. Louis
Metropolitan Congregations United
Missouri Association for Social Welfare
Missouri Budget Project
Missouri Family Health Council and its Network of Family Planning Clinics
Missouri Impact
Missouri Progressive Vote Coalition
National Alliance for the Mentally Ill, Missouri
National Alliance for the Mentally Ill, St. Louis
Osage County Special Services
Paraquad Inc.
Places for People
Planned Parenthood
Service Employees International Union
Social Work and Community Services of Children's Mercy Hospital, Kansas City
UCP of Greater Kansas City

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Co-authored by:

Sharon Feltman, LPN, MPA, Director, Health Access Project,
Missouri Association for Social Welfare

and

Jennifer Hill, Director, Health Policy, Missouri Budget Project

Data Analysis and Editing:

Timothy D. McBride, PhD, Professor of Health Management and Policy,
School of Public Health, St. Louis University

Data Entry and Project Interns:

Amy Turner, Intern, Missouri Budget Project

Sarah Hardin, Intern, Missouri Budget Project

Jessica Ham, Health Access Project Assistant, MASW

Erin Burbee, Intern, MASW

Candace Johnson, Intern, MASW

Stacy Morse, Intern, MASW

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INTRODUCTION

In the 2005 legislative session, Missouri's General Assembly enacted legislation that significantly reduced eligibility for the state's Medicaid Health Care program and further takes steps to eliminate Medicaid in Missouri altogether by July, 2008. More than 100,000 low-income parents, the elderly and individuals with disabilities were expected to lose access to Medicaid insurance in the first 12 months following these changes. Key eligibility reductions included:

- Elimination of the Medical Assistance for Workers with Disabilities (MAWD) program;
- Reduction of eligibility for elderly and permanently and totally disabled Missourians to 85% of the federal poverty level, or an income no greater than \$678 per month for an individual;
- Reduction in eligibility for low-income parents to 22% of the federal poverty level, or an income no greater than \$300 per month for a family of three.¹

Approximately 350,000 additional Missourians were also impacted due to increased cost sharing and specific service reductions.

The legislation included no plans to track the impact of the cuts on Missourians who lost health care as a result. Given the considerable impact these changes may have on Missourians' access to health care, several community groups determined jointly that an assessment of the effect of cuts on Medicaid consumers was essential. As a result, more than 30 organizations collectively developed, and administered a "Medicaid Survey" (Appendix C). A self-selected group of nearly 2,500 Missourians who were impacted by the Medicaid cuts responded to the survey.

The following is a report of the survey responses collected from July through October 2005. Participants voluntarily completed the survey instrument, which was accessed either through an organizational web site, a provider of health and human services, or a community non-profit organization.

¹ Missouri Department of Social Services figures on the anticipated impact of 2005 Legislative cuts.

Medicaid cuts will increase the use of safety net providers (such as emergency rooms), shifting costs to others, and creating extra burdens on safety net providers.

When asked where they will obtain medical care, many affected Medicaid enrollees report they will use safety net providers for their health care – local emergency rooms, free clinics or community health centers, or county health departments. Unfortunately, these safety net providers are unlikely to have the capacity or services to serve all whose Medicaid insurance was cut. State funding cuts are already reducing the capacity of clinics throughout Missouri. Although proponents of Medicaid reform argued that those losing coverage could use Federally Qualified Health Clinics (FQHC), the Clinics' staff worry about the hardship the Medicaid cuts will create for their fiscal situation. Medicaid is one of the main sources of income for the FQHCs, increasing to 51% of their patient load in Missouri, and the number of uninsured served has increased to 36% of their patient base.²

Medicaid cuts are already impacting individuals in dramatic ways -- reducing access to health care providers and health care services.

Although the survey was conducted only within the first few months after implementation of the Medicaid cuts, the affected Medicaid enrollees already reported significant impacts on their ability to access needed medical care services. These reductions are likely to be penny-wise, but pound-foolish, because many affected enrollees report they will reduce their health care use today as a result of the Medicaid cuts – they will simply make do without the services. The long-term results will be higher health care costs when these people eventually access the health care system through the emergency room or through the use of other safety net providers' services.

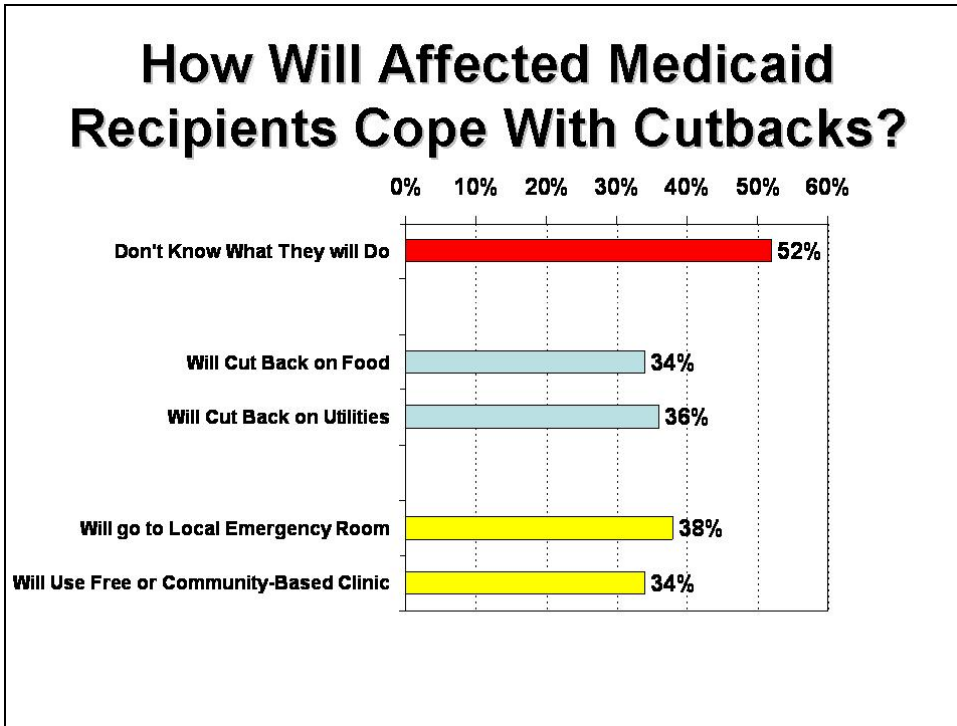
Although almost half of affected Medicaid recipients don't know how they will cope with the Medicaid cuts, many report the need to cut back on other necessities of life.

Those who cut back on the purchases of food, utilities, and the other necessities as a result of the Medicaid cuts will experience significant hardships. Perhaps most important from a health care perspective, individuals' existing health status is likely to worsen if they are forced to cut back on food or utilities. This would lead to higher health care costs for the Missouri health system in the long run.

² FQHC's & Medicaid, Increasing Access, Reducing Cost, Sustaining Quality and Improving Health Outcomes, Missouri Medicaid Reform Commission, Swope Health Services, July 28, 2005.

KEY FINDINGS

*Respondents n=2435; reporting affected by Medicaid changes n=1944; not yet affected n=491.



Missourians are feeling insecure about their families' health care.

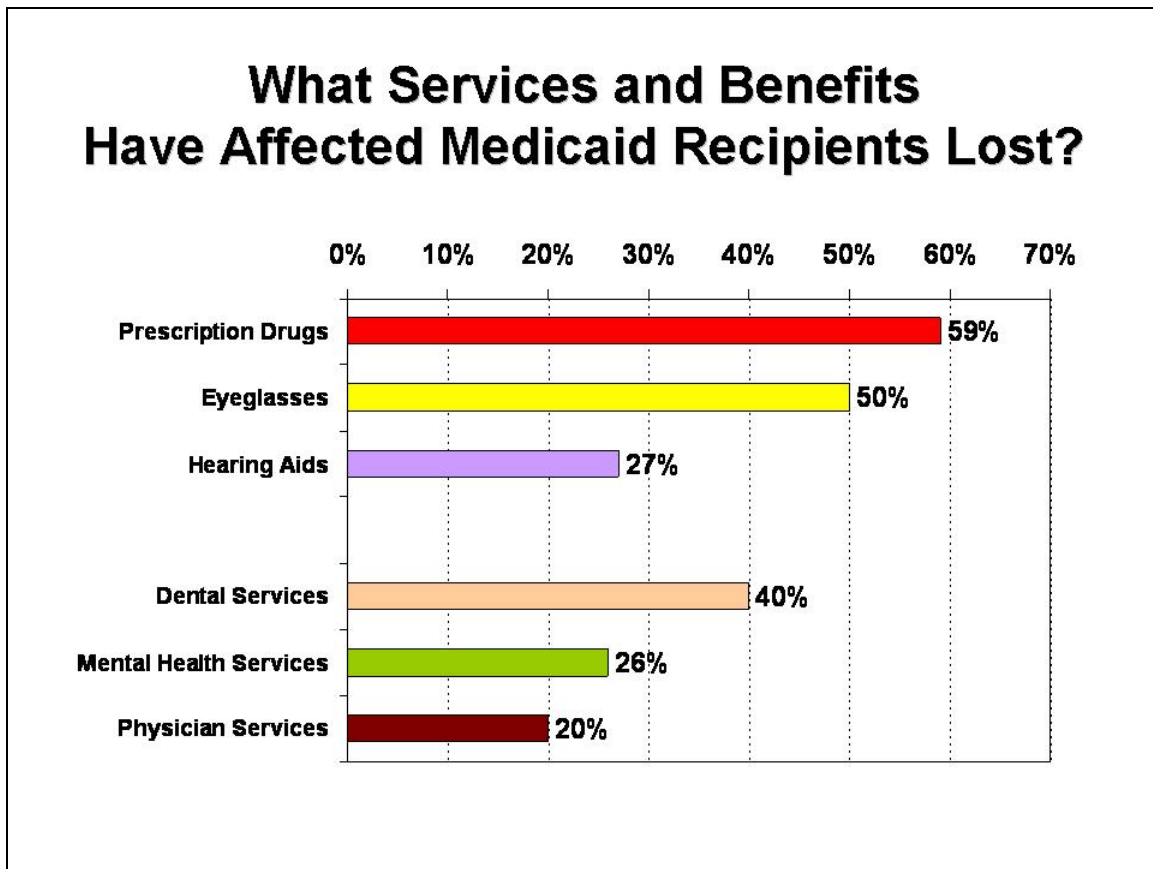
- 52% of all respondents affected by the Medicaid changes say they don't know what they will do to access health care
- 62% of respondents who are parents of children enrolled in MC+ say they don't know what they will do
- 53% of respondents in the MAWD program say they don't know what they will do

Some Missouri citizens forced to choose between food, utilities, and health care.

- 34% of all respondents say they will cut back on food
- 36% of all respondents say they will cut back on utilities
- Of those saying they will cut back on food, 49% were elderly, 45% were people with disabilities and 43% were in the MAWD program

The reductions in Medicaid coverage will stress an already strained health care delivery system, leading to cost-shifting.

- 38% of affected Medicaid enrollees say they will go to the local emergency room to get needed medical care
- 45% of low-income parents responding and 47% of respondents who lost MAWD say they will go to the local emergency room for health care
- 34% of affected Medicaid enrollees say they will use a local free or community-based clinic



Respondents say they are losing critical health services.

When respondents were asked “*What services have you or your family lost?*” critical health care services were mentioned.

Prescription Medications

- 59% of the total affected respondents say that they cannot afford or have lost coverage of prescription medications
- 69% of parents who lost MC+ coverage say they cannot afford or lost coverage for their prescription medications

Dental

- 40% of affected respondents say they have lost dental services

Physician Services

- 20% of affected respondents say their doctor no longer takes them as a patient

Mental Health Services

- 26% of affected respondents say they “no longer receive mental health services”
- 31% of responding MC+ parents say they no longer receive mental health services

Eye Glasses

- 50% of respondents affected by the loss of Medicaid say they cannot get eye glasses
- 58% of the elderly respondents and 59% of disabled respondents who lost Medicaid coverage say they cannot get their eye glasses

Hearing Aids

- 27% of elderly respondents who lost Medicaid coverage say they have lost hearing aid services or cannot get a hearing aid

Wheelchairs

- 22% of respondents in the MAWD program say they cannot get batteries or accessories for their wheelchairs

How Missourians with a disability plan on accessing needed health care

The most significant findings were reported from lost services. Missourians who have a disability and who have incomes above \$678 a month will make too much to qualify for Medicaid coverage after the implementation of the Medicaid cuts. These individuals, many with multiple medical health care needs, report being particularly heavily impacted by the Medicaid cuts:

- 54% report losing access to prescription drugs
- 44% report losing their dental services and 38% report that their dentists are refusing them service
- 59% report they cannot get eyeglasses
- Although 52% report they do not know how they will cope with Medicaid cuts, 45% say they will cut back on food and 43% will cut back on utilities
- Over one-third of these recipients will go the emergency room for medical care, while 26% will use either free clinics or community health clinics.

Former MAWD respondents report on how they will pay for needed care

Ticket to Work, also known as Medical Assistance for the Working Disabled (MAWD), allowed individuals with a disability to work some hours and pay a premium in exchange for their insurance coverage. When the Missouri legislature ended the MAWD program, nearly 18,000 persons were cut from the program. Nine-thousand five hundred and twenty-nine (9,529) completely lost coverage, and the others transferred to other Medicaid categories. Former MAWD recipients report that:

- While 53% do not know how they will cope with the Medicaid cuts, 43% will cut back on consumption of food and 47% will cut back on utilities to pay for needed care or prescriptions
- 63% report losing access to prescription drugs and 57% report losing access to eyeglasses
- 43% report they have been denied dental services
- 47% will use the local emergency room to obtain needed services, 15% another emergency room, and 29% will use either a free clinic or local community health clinic.

Few will quit working to keep Medicaid

Most respondents want to continue working. Across all respondents, only 2% say they will quit a job to maintain Medicaid coverage. Of respondents enrolled in the Medical Assistance for Workers with Disabilities (MAWD) program, only 8% say they will quit work to maintain Medicaid coverage.

Women Disproportionately Impacted by Medicaid Cuts

Women are disproportionately impacted by the recent Medicaid cuts. Medicaid eligibility for low-income parents was reduced to \$292 a month or 22% of the FPL. In 2003, 58% of enrollees in the Missouri Medicaid program were female.³ The impact of Medicaid cuts on parents include:

- 47% say they have lost dental services
- 69% say they cannot afford or have lost access to prescription medications
- While 62% say they don't know what they will do, 32% say they will cut back on food, and 37% will cut back on utilities or housing expenses to pay for medications and health care.

Poorest Who Lost Medicaid Coverage Plan to Use Emergency Room for Health Care

Many of those who lost their coverage are living well below the poverty level. Respondents report that their ability to obtain medical care and needed medications will be seriously undermined by the Medicaid cuts. Those who have incomes from 50% to 74% of the FPL report:

- 38% cannot afford or have lost access to their prescription medications
- 40% have lost access to dental services
- 30% are no longer accepted as a patient by their dentist
- 14% report their doctor refused to see them
- 36% plan to use their local emergency room for health care
- 29% will go to a community or local free clinic for health care.

There are also serious implications for those living near or just above the poverty level. Those whose incomes are below 150% also report they are left without care:

- 21% report that they no longer receive mental health services
- 44% do not know what they will do to obtain health care.

Both Urban and Rural Populations Affected by Medicaid Changes

A common assumption has been that the Medicaid cuts will be more harmful to those in rural areas because of the lack of providers and health care services for Medicaid enrollees. However, the survey findings do not reflect significant urban/rural variations in the responses, except in discrete areas. When asked "*How do you plan on getting access to health care?*"

- 34% of urban and 27% of rural respondents report they plan to go to their local emergency room
- 27% of urban and 28% of rural respondents say they will cut back on food;
- 42% of urban and 48% of rural respondents say they don't know what they will do.

Only one question revealed a distinct difference between rural and urban responses. When asked "*What services have you or your family lost?*"

- 46% of urban and 33% of rural respondents said, "*I cannot afford or have lost access to my prescription medications.*"

³ State Division of Medical Services/ MICA

CONCLUSION

The survey responses reported here have given us only a brief view into the lives of those affected by the recent cuts to the state Medicaid program. One thing is clear – Missourians are being hurt. Cuts to the Medicaid program are causing individuals to choose between food, utilities and health care. Missourians are feeling insecure about their ability to access health care for their families. Parents say they “don’t know what they will do”. Women are disproportionately impacted by the Medicaid cuts. Many respondents say they have been deprived of coverage for prescription medications, dental coverage, mental health services, eye glasses, hearing aids, and even wheel chair batteries. Individuals with disabilities are being asked to do without the services critical to their independence.

The reductions in eligibility for the state Medicaid program described here will increase the number of uninsured Missourians, leading to delayed treatment and poor health outcomes for Missouri families. Additionally, between 35% and 45% of the respondents indicate that they will utilize their local emergency room for health care, increasing the burden on “safety net providers”, and shifting costs to other patients.

The State should build on the knowledge gained by this initial survey by systematically and formally evaluating the impact of the Medicaid cuts and other health policy changes. Many other states require a formal review when changes are enacted. For example, when Oregon was forced to make deep reductions in Medicaid due to budget deficits, it charged state researchers with monitoring the impact of these cuts, using both state and private funds for these efforts.⁴ Utah has also required evaluations of the impact of key policy changes.

Additionally, the State should evaluate the impact of the loss of federal Medicaid dollars on providers including the Federally Qualified Health Clinics, Hospitals, Community Clinics, County Health Departments and the impact of the loss of funds to local economies.

The State can play an important role in two ways: funding and administering the research efforts, and by providing access to the crucially-needed data to complete the research. At a minimum, the state should facilitate the studies of independent researchers, such as foundations and state universities. The state should cooperate with independent efforts by providing access to data which is needed to conduct comprehensive and effective studies, and consider funding projects that use this data.

⁴ See information about the Oregon Health Research and Evaluation collaborative at www.oregon.gov/DAS/OHPPR/OHREC/index.html

- 1. Type of Service and Coverage Lost*
- 2. Effects of Coverage Lost on Access to Care by Type of Coverage Lost*
- 3. Plan for Accessing Health Care by Type of Coverage Lost*

Table 1. Type of Coverage and Services Lost					BY TYPE OF COVERAGE LOST:								
Category	Question	TOTAL n=2435	Not yet affected n=491	TOTAL- Affected Persons n=1944	Parent Makes Too Much n=511	Lost General Relief n=175	Lost MC+ for Parents n=381	Lost MAWD n=143	Elderly & Income >\$678/mo n=100	Disabled & Income >\$678/mo. n=408	Cannot afford co-pays n=417	Cannot afford premium n=80	
What services have you or your family lost?													
Dental	I have lost dental services (including dentures)	33%	4%	40%	32%	49%	47%	49%	38%	44%	66%	39%	
Mental health	I no longer receive mental health services	18%	10%	26%	32%	38%	31%	33%	15%	21%	22%	29%	
Prescription Drugs	I cannot afford or have access to my prescription drugs	42%	3%	59%	70%	66%	69%	63%	53%	54%	63%	60%	
Podiatry	I have lost podiatry (foot) services	8%	3%	10%	5%	20%	8%	18%	20%	17%	23%	9%	
Orthopedic	I have lost orthopedic services	11%	0%	14%	19%	16%	12%	22%	9%	15%	15%	15%	
Hearing	I have lost hearing aid services/cannot get a hearing aid	4%	3%	4%	2%	11%	3%	8%	15%	10%	9%	5%	
Wheelchair	I cannot get batteries or accessories for my wheelchair	9%	1%	11%	11%	12%	4%	22%	11%	16%	11%	9%	
Cane	I need but cannot get a cane, crutches, or a walker	3%	1%	5%	2%	11%	3%	10%	10%	8%	9%	4%	
Eye	I cannot get eyeglasses	43%	9%	50%	50%	56%	49%	57%	58%	59%	55%	45%	
Hearing Aid	I have lost hearing aid services/cannot get a hearing aid	9%	3%	11%	12%	18%	6%	13%	27%	13%	14%	11%	
Rehab	I have lost day rehabilitation services	6%	1%	7%	9%	11%	4%	14%	6%	9%	10%	13%	
Occ. Therapy	I have lost occupational, speech, or physical therapy	10%	2%	12%	11%	13%	8%	19%	14%	15%	12%	15%	
Artificial limb	I have an artificial limb but cannot get it fitted or adjusted/receive therapy to use it	0%	0%	0%	0%	2%	1%	3%	1%	1%	1%	3%	
Personal attendant	I will lost a personal care attendant	7%	2%	9%	10%	15%	4%	18%	19%	12%	11%	5%	

SOURCE: Missouri Budget Project (MBP) and Missouri Association for Social Welfare (MASW).

Table 2. Effects of Coverage Lost on Access to Care, By Type of Coverage Lost

					BY TYPE OF COVERAGE LOST:							
Category	Question	TOTAL	Not yet affected	TOTAL-Affected Persons	Parent Makes Too Much	Lost General Relief	Lost MC+ for Parents	Lost MAWD	Elderly & Income >\$678/mo	Disabled & Income >\$678/mo.	Cannot afford co-pays	Cannot afford premium
		n=2435	n=491	n=1944	n=511	n=175	n=381	n=143	n=100	n=408	n=417	n=80
Effects on Access to Care:												
MC+Plus	My child/children still receive(s) MC+ insurance coverage but I must now pay a premium	9%	2%	13%	16%	7%	27%	9%	3%	6%	12%	36%
Doctor-refused	My doctor no longer takes me as a patient	14%	1%	20%	30%	14%	26%	13%	11%	15%	19%	24%
Dentist-refused	My dentist no longer takes me as a patient	28%	3%	34%	31%	35%	36%	43%	26%	38%	36%	31%
Waiting List-Medical	I have to be on a waiting list to get medical care*	10%	1%	13%	17%	10%	22%	15%	6%	13%	11%	20%
Waiting List-Dental	I have to be on a waiting list to get dental care*	11%	1%	14%	13%	17%	19%	16%	9%	17%	19%	18%
Transportation	I will no longer have access to transportation to get health care	10%	1%	14%	11%	23%	13%	23%	14%	19%	19%	10%
Remove from Resid. Facility	I will have to remove by relative from a residential care facility	0%	0%	0%	1%	1%	1%	1%	1%	0%	0%	1%
Cancelled Preauth Procedure	I had a preauthorization for a procedure, equipment, or examination, but it was scheduled after August 31 so had to be canceled	7%	1%	9%	9%	17%	11%	10%	7%	11%	11%	9%

SOURCE: Missouri Budget Project (MBP) and Missouri Association for Social Welfare (MASW).

Table 3. Plan for Accessing Health Care, by Type of Coverage Lost

					BY TYPE OF COVERAGE LOST:							
Category	Question	TOTAL	Not yet affected	TOTAL-Affected Persons	Parent Makes Too Much	Lost General Relief	Lost MC+ for Parents	Lost MAWD	Elderly & Income >\$678/mo	Disabled & Income >\$678/mo.	Cannot afford co-pays	Cannot afford premium
		n=2435	n=491	n=1944	n=511	n=175	n=381	n=143	n=100	n=408	n=417	n=80
How do you plan on getting access to health care?												
ER-Local	I am planning on going to my local hospital emergency room	31%	9%	38%	37%	45%	45%	47%	24%	32%	42%	48%
ER-Other	I am planning on going to another communities' hospital emergency room	7%	1%	8%	10%	13%	8%	15%	6%	7%	11%	8%
Free Clinic	I am planning on going to a local free clinic	14%	3%	19%	18%	23%	26%	14%	11%	13%	24%	20%
CHC	I am planning on going to the community health center	11%	2%	15%	15%	17%	17%	15%	8%	13%	18%	15%
County Health Dept.	I am planning on going to my county health department	11%	2%	15%	18%	15%	22%	15%	13%	11%	18%	30%
Quit job to keep Medicaid	I will quit my job to keep Medicaid coverage	2%	0%	2%	3%	5%	3%	8%	1%	3%	4%	9%
Go to Residential facility	I will go into a residential care facility to get coverage	2%	1%	3%	2%	9%	1%	8%	3%	4%	5%	5%
Cut back on food	I will cut back on food to pay for my medicine or health care	27%	8%	34%	33%	41%	32%	43%	49%	45%	43%	45%
Cut back on utilities	I will cut back on utility use or housing expenses to pay for my medicine or health care	28%	7%	36%	34%	40%	37%	47%	44%	43%	45%	40%
Don't know what to do	I do not know what I am going to do	44%	17%	52%	50%	60%	62%	53%	51%	52%	69%	60%

SOURCE: Missouri Budget Project (MBP) and Missouri Association for Social Welfare (MASW).

The surveys described in this report were submitted by 2,435 Missourians from June to October, 2005. Analysis of the data compiled from the written survey was completed by Amy Turner of the Missouri Budget Project and Dr. Timothy McBride, St. Louis University. The results presented here are a range of descriptive tables prepared for this purpose, based on the complete data set from all the combined sources. The data set, survey instrument, and sample present a range of issues that affect the interpretation of the results. These are considered in turn.

Sample procedures The sample chosen was not drawn as a random sample of Medicaid recipients affected by the legislation passed in 2005, nor of the Medicaid population in general. Instead, the sample is a self-selected, convenience sample drawn from respondents willing and able to complete the survey after it was made available to them by the participant organizations. . This sampling procedure was necessary to collect information quickly on the impacts of the Medicaid legislation and by the difficulty and costs associated with collecting a random sample of affected Medicaid enrollees. The sampling procedure raises some questions. Is this self-selected sample of Medicaid respondents representative of all Medicaid enrollees affected by the state budget cuts? The answer cannot be known definitively. One way to look at this question, however, is to compare the sample drawn for this analysis to the population of persons on the Medicaid rolls in 2005 prior to the budget cuts. Appendix Table 1 presents these comparisons.

Sample comparison to Missouri Medicaid population The results show that in some significant ways the sample is very similar to the population that was enrolled in Medicaid in 2005. In particular, while 70.2% of the population on Medicaid was white, 70.3% of the sample reported they were white, a remarkably similar percentage (Appendix Table 1). A much higher percentage of persons report “other” as their race (compare 10.3% to 3.6%). This is likely because a number of African-Americans reported “other” instead of “African-American” when given the chance, or had households with mixed races and their responses reflect this.

The age distribution of the survey is close to the age distribution of Medicaid enrollees in Missouri for most age groups – for example while 40.7% of the survey respondents were aged 25-44, 37.4% of Missouri Medicaid enrollees were also in this age group. However, the most significant difference is that the survey has a relatively small response from age 65 or older enrollees (9% of the sample), as compared to 23% of the Medicaid population in Missouri. This likely reflects the fact that many elderly Medicaid enrollees live in nursing homes or are otherwise difficult to reach for a survey such as the one described here. Given these key differences, the sample results for the elderly should be interpreted with caution.

The most significant difference between the survey sample and the Medicaid population in Missouri is the gender distribution. In the sample, about 78% of the respondents were women, while only about 58% of the Medicaid population is women. Although this difference seems significant at first, two important points are likely to lead to this finding in the sample. First, as noted above, elderly Medicaid respondents are underrepresented in the survey and about 30% of elderly Medicaid enrollees are men, so they are less likely to be captured in the survey sample. Second, and more significant, a large number of Medicaid enrollees are children – especially children on MC+. Children were not the respondents to the survey and in the vast majority of these cases, the primary caregiver for these children will be a woman (usually the mother) and a woman in the household will fill out the survey questionnaire, not an underage male. Appendix Table 1 confirms that the Missouri population on MC+ has a large share of males (44%), while the sample answering the questionnaire was almost entirely female (93%).

Despite these explanations of the gender differences, there is evidence that women were more likely than men to fill out the survey (seen by the noting the higher proportions of women in the survey for the

General Relief program (39% female), and the disabled population (47% female). It is not clear what bias this might create in the results.

Self selection bias Although the sample of respondents appears to be similar in many ways to the population enrolled in Medicaid in 2005, it is still quite possible that the respondents to this survey will be more likely to respond that they are adversely affected by the Medicaid cuts than those who were not surveyed, because of their contacts with the organizations that collected the data. Although there is no way to correct for this bias, it should be noted that, although respondents were asked to complete the survey, this was voluntary on their part and all survey responses were used in the analysis. In addition, analysis shows that the responses to the survey did not vary much across organizations or across regions of the state, suggesting that bias seems less of a concern. If biases were evident, they should vary across organizations in intensity.

Missing Data and Response Error Survey responses were entered into the database as prepared by the individual. Respondents did not answer all questions, and some response error is always present in all surveys, compounded perhaps by entry error. To correct for these issues, all missing data was not used in the responses reported here – that is, percentages are reported only for individuals who gave a response. In general, respondents answered almost all questions, especially those about the impacts of the Medicaid cuts, but missing data occurred most often in response to the demographic questions (e.g., their gender, race, age, household size, location of residence) and their income. Responses to the income variable presented the largest challenge, since 14% of the sample refused to provide their income, did not answer the question or did not provide a useable response, even after editing of the income question to account for individuals who gave income “ranges”. The amount of missing data in this survey is not significantly different from the amount that would be found in other surveys that rely on self-reported data.

Timing of survey The first survey respondents began filling out the survey in June 2005, before the full impact of the Medicaid cuts had been felt, and in fact before any of them had lost coverage or services (the legislation called for the changes to be implemented starting in July 2005, and over time through the fall of 2005). Therefore some respondents will not have been affected by the time of the survey, or will only be speculating about the effects of the cutbacks in coverage or services. To account for this, the results are presented in most cases by focusing on the 1,944 respondents who report they were affected by the enrollment cutbacks or service reductions by the time they were surveyed. But only 556 respondents (22% of the sample) were interviewed before they were affected. For the remaining sample respondents, the later the sample respondent was interviewed, the more likely they would have been directly impacted by the program changes. The survey was completed by 36% of the sample in June 2005, 43% of the sample in August 2005, 15% in September 2005, and 5% in October 2005. So about two-thirds of the sample respondents were interviewed in July or thereafter; July is significant because that is when the first enrollment and service cutbacks were implemented.

In summary, the survey presented here contains almost 2,500 self-selected responses to a survey instrument developed for this purpose by a number of interested organizations. Since the survey was administered as a convenience survey and not through a random sampling procedure, the results cannot be interpreted as statistically representative of the persons affected by the Medicaid cuts passed in 2005. Nevertheless, the analysis presented here shows that the sample drawn looks a lot like the population that was in the Medicaid program in 2005 – with a good representation of persons across a range of characteristics (as defined by gender, race, household size, and income) and from all the programs that Medicaid served in 2005.

Missouri Medicaid Survey – WE NEED YOUR HELP!

More than 20 organizations are working to gather as much information as possible to show what is happening to Missourians who are losing their health care coverage because of cuts to the Missouri Medicaid program. Please take a few moments to fill out the survey. When you finish, please return the survey to the receptionist or person conducting survey. Participation is voluntary and in no way affects services of the agency administering the survey.

I understand that this survey is being conducted to help track the effects of changed in the Missouri Medicaid Program and grant you permission to release my information as follows:

(Check one)

- You may use this information for your organization’s statistical tracking purposes only
- You may share this information with other organization’s who are tracking the effects of the cuts

(Check one)

- You may use my name and I am willing to be contacted by other organizations for further information and follow-up
- You may use my name and I am willing to be contacted by the media
- Please do not use my name and I do not wish to be contacted for follow-up

Signature

Date

Name _____
 Address _____
 City _____ Zip _____ County _____
 Contact Phone _____ 2nd Phone _____
 Email _____
 Age _____ Gender _____ Race/Ethnicity _____ Average Monthly Household
 Income _____ Household Size _____

The survey begins here. Please ask for help if you don’t understand a question. THANK YOU for helping!

Check all that apply:

- I depend on Missouri Medicaid for my health coverage.
- Children in my household depend on Medicaid in Missouri.
- Other close family member(s) of mine depend on Missouri Medicaid.
- I am dual eligible (have both Medicaid and Medicare)
- I applied for, but was denied Medicaid

Have the Missouri Medicaid changes affected you?

- YES
- NO
- NOT YET

How did you find out about the changes to you or your family's Medicaid coverage?

- Letter from Missouri Department of Social Services
- Letter from my local county Family Support Division Office (DFS office)
- Media (TV, Radio or Newspaper)
- Doctor or healthcare service provider
- Other _____

What goods or services have you or your family lost? (Check all that apply)

Coverage:

- I am a parent and I have lost coverage because I now make too much money to qualify
- I am temporarily or permanently disabled and lost General Relief Medicaid coverage
- I have lost coverage because of the elimination of MC+ for parents
- I have lost my Medical Assistance for Disabled Workers (MAWD) coverage because I am disabled and still work
- I am elderly and my income is over \$678 per month
- I am disabled and my income is over \$678 per month
- I cannot afford the office visit or pharmacy co-pay
- My child/children no longer receives coverage because I cannot afford the monthly premium

Services:

- I have lost dental services (including dentures)
- I no longer receive mental health services
- I cannot afford or have access to my prescription drugs
- I have lost podiatry (foot) services
- I have lost orthopedic services
- I have lost hearing aid services
- I cannot get batteries or accessories for my wheelchair
- I need but cannot get a cane, crutches, or a walker
- I cannot get eyeglasses
- I cannot get a hearing aid
- I have lost day rehabilitation services
- I have lost occupational, speech or physical therapy
- I have an artificial limb but cannot get it fitted or adjusted or receive therapy to use it
- I will lose a personal care attendant
- Other items I need but are no longer covered by Medicaid:

Other:

- My child/children still receives MC+ insurance coverage but I must now pay a premium
- My doctor no longer takes me as a patient
- My dentist no longer takes me as a patient
- I have to be on a waiting list to get medical care
- I have to be on a waiting list to get dental care
- I will no longer have access to transportation to get health care
- I will have to remove my relative from a residential care facility
- I had a preauthorization for a procedure, equipment, or examination, but it was scheduled after August 31 so had to be canceled
- Other (please list) _____

How do you plan on getting access to health care? (Check all that apply)

- I am planning on going to my local hospital emergency room
 - I am planning on going to another communities' hospital emergency room
 - I am planning on going to a local free clinic. Clinic name

 - I am planning on going to the community health center. Center name

 - I am planning on going to my county health department
 - I will quit my job to keep Medicaid coverage
 - I will go into a residential care facility to get coverage
 - I will cut back on food to pay for my medicine or health care
 - I will cut back on utility use or housing expenses to pay for my medicine or health care
 - I do not know what I am going to do
- Other (please list)



Missouri Association for Social Welfare

For more than 100 years - providing leadership, research, education and advocacy to improve public policies and programs impacting the health and welfare of all people in Missouri.

**Missouri Association for Social Welfare
Health Access Project
606 East Capitol Avenue
Jefferson City, Missouri 65101**

phone: 888-634-2901

www.masw.org



The Missouri Budget Project is the only statewide, nonpartisan, nonprofit organization that informs the public about Missouri's budgetary and fiscal policy options and their impact on moderate and low-income Missourians.

**The Missouri Budget Project
4130 Lindell Blvd.
St. Louis, MO 63108**

Phone: 314-652-1400

www.mobudget.org

