Patients insured by marketplace health plan less likely to receive a medical appointment

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Among adults with mental health needs, those covered by Medicare or employer-sponsored health insurance have greater access to medical treatment, less out-of-pocket cost and are more likely to receive care than those seeking an appointment through an Affordable Care Act (ACA) Marketplace-sponsored plan, according to findings from researchers at Drexel University's Dornsife School of Public Health. Their study, published in the May 2019 issue of *Health Affairs*, provides preliminary results on disparities among those experiencing psychological stress since the ACA became law in 2010.

The researchers used National Health Interview Survey data on adults experiencing mental illness. They looked at a dataset that included 4,500 Medicaid enrollees, 8,600 with employer-sponsored insurance and nearly 900 on a Marketplace plan, and measured access to treatment, specifically whether individuals received care in the previous 12 months and whether those patients could afford treatment.

Among those seeking mental health care during the previous 12 months, success was highest for those with employer coverage. Although 5 percent of those with employer-sponsored insurance and 9 percent of Medicaid patients reported trouble getting a mental health doctor appointment in the previous year, 12 percent of Marketplace-enrollees experienced this same trouble.

Additionally, nearly 12 percent of Marketplace and nine percent of Medicaid enrollees—but only four percent of those with employer-sponsored insurance—reported being unable to be accepted as a new patient during the previous 12 months.

Of the 44.7 million adults with a mental illness in the United States, only 43.1 percent received treatment in the previous year in 2016. The ACA mandates coverage of behavioral health services in Medicaid and all exchange health plans, and expands protections in individual and small-group insurance markets.

"Although the ACA added about 20 million people to the number of insured in the United States, significant disparities remain," said lead author Ryan McKenna, Ph.D., MA, an assistant professor of Health Management and Policy in Drexel University's Dornsife School of Public Health. "Policy makers must look at this data and remedy these barriers for millions of Americans."

The authors propose making health insurance more transparent by developing a metric to measure quality and size of a plan's network, much like the one that exists for Medicare's Star Rating System. Sorting enrollees into plans that fit their health needs more effectively may help lower out-of-pocket and out of network costs for enrollees, the authors suggest.

To combat a shortage of behavioral health specialists participating in various health plans, the authors advise simplifying administrative processes. The researchers note that changing Medicaid organizational procedures may speed up reimbursements to clinicians and lower costs for physicians to accept Medicaid.

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