



# Oregon Health Insurance Survey

## Cost Barriers to Care Fact Sheet

# 2015

Oregon’s health transformation efforts are focused on improving access to care, creating better health and lowering costs. Today, more than 3.7 million Oregonians, which accounts for 95 percent of the state, have insurance coverage. The Oregon Health Insurance Survey (OHIS) is an important source of information about health care coverage in the state. The survey provides detailed information about the impacts of health system reform efforts related to coverage, access to care and utilization. This fact sheet is part of a series exploring health insurance coverage using data from this survey, and presents information about how cost can be a barrier to getting health care for people from different age groups and insurance coverage types. In general, uninsured individuals were most likely, and those with group coverage were least likely to report barriers to care due to cost. Also, dental care was the most often delayed type of care across all payer types.

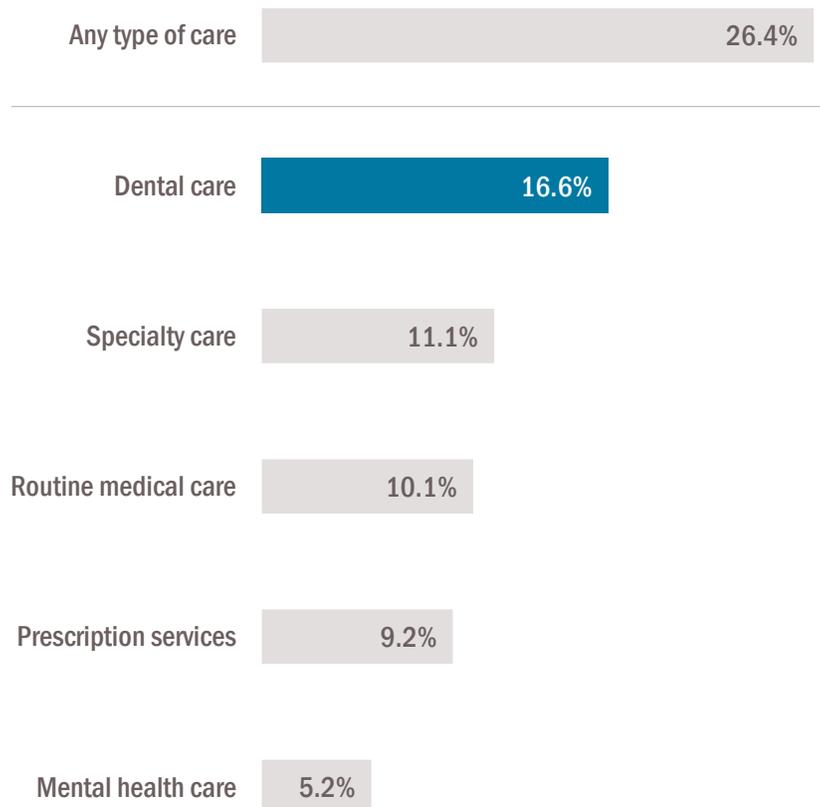
The OHIS asks about several different types of care that may be delayed because a person cannot afford them. These types of care are routine medical care, specialist care, prescription services, dental care, and mental health care. Statewide, 26.4% of Oregonians delayed getting some kind of needed care because of cost. In other words, about a quarter of Oregonians said that cost had been a barrier to getting at least one of these types of care.

Dental care was the highest type of delayed care at 16.6%, followed by specialty care at 11.1%. The survey found that 5.2% of people delayed getting needed mental health care because of cost.

Each type of care is displayed separately in this factsheet by age and coverage types. Also, further discussion of each type of care is included in the following pages.

### STATEWIDE BARRIERS TO CARE

About 10% of Oregonians delayed getting needed routine medical care because of cost.



The first chart on this page depicts overall delays in getting care because of cost. Notably, adults ages 19-64 years were most likely to delay getting needed care because of cost. And unsurprisingly, many respondents without health insurance reported having cost barriers to getting care. Cost is the greatest barrier to care for uninsured individuals.

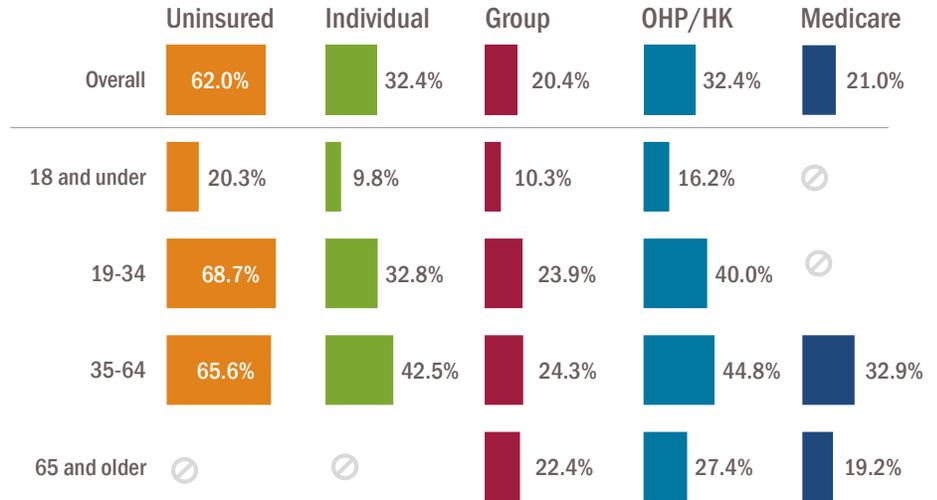
One thought-provoking finding is that two in five (40%) 19-64 years old with OHP/Healthy Kids (Medicaid) coverage reported cost barriers to some type of care.<sup>1</sup> Medicaid covers many physical, dental, and mental health care services without any cost sharing from the enrollee (co-payments or premiums).<sup>2</sup> This may indicate that some Medicaid enrollees don't understand their benefits or are misattributing costs.

We asked respondents if they have had to delay routine\* care because of cost. Statewide, 10% of respondents said that they delayed getting needed routine medical care because of cost (see first page of fact sheet). Uninsured adult respondents were by far the most likely to delay routine medical care. Two out of three uninsured 19-34 year olds delayed getting needed routine medical care because of cost.

## DELAYED GETTING:

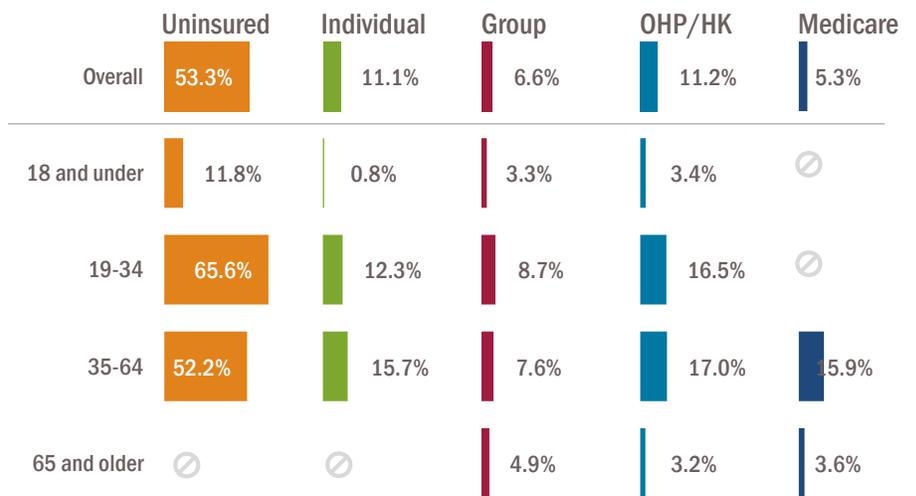
### ANY TYPE OF CARE

Overall, 62% of **uninsured** Oregonians **delayed or did not get at least one type of care** because of cost.



### ROUTINE MEDICAL CARE

Individuals with **group** coverage were least likely to **delay routine\* medical care** because of cost.



⊘ There were not enough responses in this group to report findings.

\* Routine Medical care is defined as a general exam, not an exam for a specific injury, illness, or condition.

We also asked respondents if they delayed getting needed prescription drug services or specialist health care in the last year because of cost.

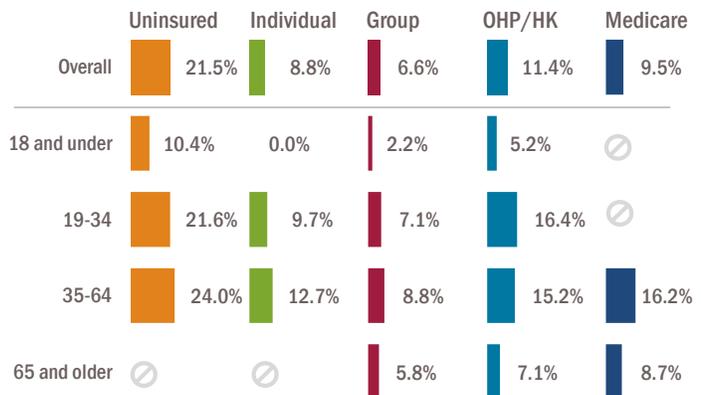
Overall, about one in five (21.5%) people without health insurance delayed filling a prescription because of cost. This was one of two types of care least likely to be delayed for uninsured Oregonians, the other was mental health care at 19.2%. Prescription drugs can have a wide range of costs, varying from a few dollars for a months supply of a generic drug to hundreds or thousands of dollars for specialty, name brand drugs. The actual cost of a prescription could have been relatively small, so fewer people without health insurance delayed getting the prescription because of cost. Interestingly, there were no reports of children covered by individually purchased or group health coverage that delayed getting a prescription because of cost.

Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors and others who specialize in one area of health care. Specialists can sometimes be more difficult to see for an appointment and also may have a higher charges for their services. Over 43% of uninsured respondents delayed getting needed specialist care because of cost. Specifically, uninsured young adults ages 19-34 were the most likely of any age group and insurance coverage type to delay getting specialist care because of cost. About 19% of young adults with OHP/Healthy Kids (Medicaid) health insurance delayed getting needed specialist care because of cost. The Oregon Health Plan (Medicaid) covers specialist care for enrollees, so cost should not be such a high barrier for these individuals.<sup>3</sup> As discussed on page two of this fact sheet, some Medicaid enrollees may not understand their benefits and the ways that specialist services are paid.

## DELAYED GETTING:

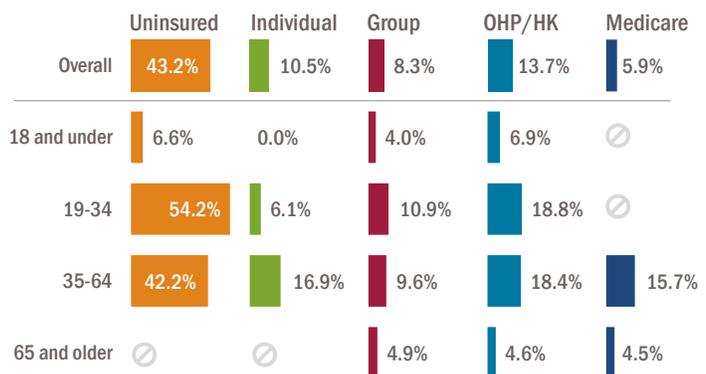
### PRESCRIPTIONS

Overall, Oregonians with **group** coverage were the least likely to **delay filling a prescription** because of cost.



### SPECIALIST CARE

Across most payer types, younger adults (19-34) were most likely to **not get needed specialist care** because of cost.



⊘ There were not enough responses in this group to report findings.

We also asked respondents if they delayed getting needed dental care or mental health care in the last year because of cost. Dental care was the type of care most likely to be delayed because of cost. For people with individual health coverage, 22% delayed getting needed dental care because of cost. Over 10% of people with group coverage delayed getting needed dental care because of cost. The second most frequently delayed type of care for people with group coverage was specialist care at 8.3%.

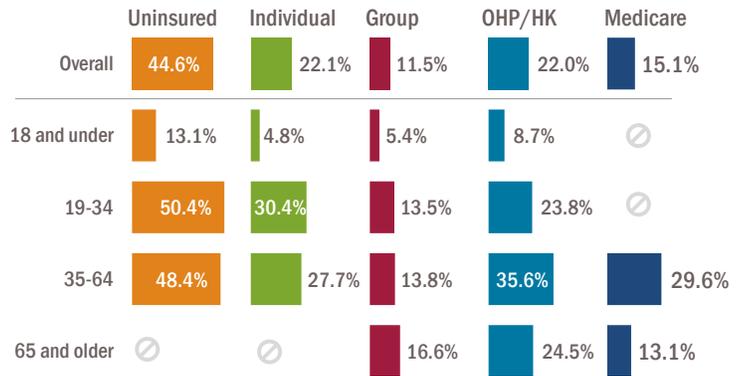
Dental insurance is usually offered as a separate benefit from medical insurance. Dental services are billed separately from health insurance, and have different deductibles, co-pays, and out-of-pocket maximums from medical insurance. Dental plans often include preventative services with a low or no co-payment, however other services like crowns, root canals, and other procedures can be expensive, even after insurance pays part of the cost. The survey shows that even with dental insurance, many people delay getting needed dental care because of cost.

Mental health care may have been delayed less frequently than dental care because possibly fewer people seek or feel they need mental health care. When covered, mental health services are usually a benefit in a medical plan and have regular co-pays and deductibles. Mental health services do not have the same large out of pocket cost that dental care may have more frequently.

## DELAYED GETTING:

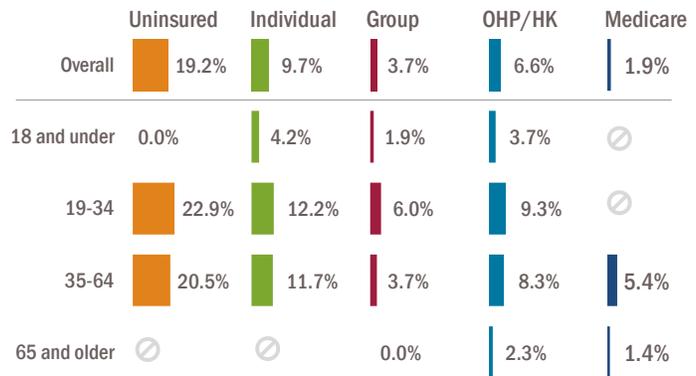
### DENTAL CARE

Out of all types of care that people delay because of cost, **dental care was the most often delayed.**



### MENTAL HEALTH CARE

Among people with health insurance, those with **individual** coverage were most likely to **not get needed mental health** care because of cost.



⊘ There were not enough responses in this group to report findings.

## ABOUT THIS REPORT

The Oregon Health Insurance Survey (OHIS) collects information about health insurance coverage, access to care, and utilization in Oregon. The survey is fielded every two years, and data in this fact sheet is from the 2015 survey. More than 9,000 Oregonians completed the survey between April and September of 2015. The survey sample drew from a list of all residential addresses in Oregon, and respondents were given the opportunity to complete the survey via phone, online, or paper versions. For more information about OHIS methods and results, go to: <http://www.oregon.gov/oha/analytics/Pages/Insurance-Data.aspx>

This fact sheet was prepared by Rebekah Gould for the Oregon Health Authority's Office of Health Analytics. The Office of Health Analytics collects and analyzes data to inform policy, monitor progress toward transformation goals, and evaluate programs. The Office supports OHA efforts to further the triple aim goals of better health, better care, and lower costs.

## REFERENCES

<sup>1</sup> The coverage types are defined as follows: **Individual coverage** is purchased directly by the respondent or another person. **Group coverage** is obtained through the work, union, association or trust of the respondent or of another person; Cobra or state continuation; Veteran's Affairs, Military Health, TRICARE or CHAMPUS; or a student health insurance program. **OHP/Healthy Kids coverage** is Medicaid coverage in Oregon and includes Medicaid CCO and FFS. **Medicare coverage** is for adults aged 65 years and older and for individuals with disabilities. This category is for Medicare medical programs only. The survey does not differentiate between specific types of Medicaid or Medicare programs. **NOTE: Indian Health Services (IHS)** is not considered to be health insurance. There were only eight individuals in the survey with only IHS coverage, however, they are counted as uninsured. People with IHS in addition to another type of coverage are counted in the other coverage type.

<sup>2</sup> See the Oregon Health Plan Member Handbook for more details at: <https://www.oregon.gov/oha/healthplan/Pages/benefits.aspx>

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For questions or comments about this fact sheet, please contact [ohis.admin@state.or.us](mailto:ohis.admin@state.or.us).

## DISCLOSURES

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