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Even with coverage of two major plans, some Oregonians struggle to get health care

by Andy Dworkin, The Oregonian

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Little noticed in the debate on public medical insurance and health reform is a group of 55,000 Oregonians covered by two major public health plans.

The so-called "dual eligibles" qualify for both Medicare and Medicaid because they have low incomes and are disabled or over 64. About 9 million Americans have both Medicare and Medicaid, according to the Kaiser Family Foundation, and they tend to be poorer, sicker, less educated and more often women or minorities than other citizens.

As some Democrats push Congress to create a national public health insurance option, the dual eligibles show both benefits and pitfalls expanded public coverage could bring. On one hand, dual eligibility gives fairly complete insurance to poor, sick people who can't afford private insurance, and would likely be rejected by most private plans for their existing health problems. But caring for dual eligibles costs upward of $200 billion a year.

And some people covered by both plans still have trouble finding doctors or buying prescriptions -- proof that expanding insurance coverage isn't enough to lower costs or improve health care, two other, competing goals of health reform.

Medicare and Medicaid are very different plans that, if combined, offer complete coverage. Medicare mainly serves people 65 and older and pays for short-term costs, such as hospital stays, as well as prescription drugs. Medicaid generally insures very poor people with long-term care, vision, dental and mental health benefits not covered by Medicare.

Dual eligibles "rely heavily on Medicare to pay for hospital care, basically, and then they rely heavily on Medicaid for home health care and long term health care," said Molly O'Malley Watts, with the nonprofit Kaiser Commission on Medicaid and the Uninsured.

Complex rules govern who can get both plans. But, generally speaking, dual eligibles fall into a few categories, said Lynn Read, a deputy assistant director for Oregon's Medicaid program. One is people with incomes below a set level, now about $8,100 a year for a single adult. People who need long term care can have more than twice that income level and still get full coverage. Other people who make less than about $14,600 a year can get some dual coverage, but not the full "wrap-around" coverage of both plans together.

By numbers, dual eligibles are a small fraction of people on Medicare or Medicaid: Oregon, for instance, has about 500,000 Medicare recipients and 82,000 residents on Medicaid, but just 55,000 dual eligibles.

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But dual eligibles make a big impact in dollars. In 2005, they absorbed almost half the $287 billion the U.S. government spent on Medicaid nationwide, though just 18 percent of Medicaid enrollees also qualify for Medicare. The 1.6 million dual eligibles who needed the most care used up nearly a third of the Medicaid budget. The high spending is partly because people covered by both plans tend to be sicker and need more care: More than half have "fair or poor" health and more than a fifth live in a long-term care home, according to the Kaiser Family Foundation.

For these very sick people, dual coverage can be a blessing. People fully covered by both programs face no out of pocket expenses for any care, except a small co-payment for prescription drugs.

"They don't even have to deal with any paperwork," said Cynthia Chilton, a volunteer with Oregon's Senior Health Insurance Benefits Assistance program. "The provider will bill Medicare and Medicaid for them."

Many dually eligible Oregonians join managed care plans run by insurers such as CareOregon or Providence that help coordinate coverage for everything from a seasonal cold to a hospital visit. "The health plan really manages the complicated issues for them," said Matt Carlson, a Portland State sociologist who studies access to health care.

But being eligible for both Medicare and Medicaid doesn't guarantee getting such good coverage. Carlson cited research by a graduate student that showed 14.4 percent of Oregonians who were on Medicare and disabled couldn't get needed health care at some point, while 28.7 percent couldn't afford a prescription. Those figures were even higher for low-income people covered by Medicaid who didn't also have Medicare. Still, it shows that just having insurance coverage isn't enough to get health care.

"If you have someone who's very sick and needs a lot of health care, they have a lot of risk for having unmet needs because they just need so much more," Carlson said.

Buying drugs is a particular problem, said Jenny Kaufmann, a lawyer with Legal Aid Services of Oregon who has helped clients with federal health insurance problems. While dual eligibles don't have to pay for care from a doctor or nurse, they face small co-payments for prescriptions through Medicare Part D drug insurance. While the payment is generally a couple bucks per drug, that can add up for poor, sick people.

"You have some individuals who have, at most, $694 in monthly income," said Kaufmann. "If you're living off $694 a month and you have 10, 15 drugs, then it's trouble."

Newly disabled people face another problem: They have to wait 29 months to get full coverage. Federal rules impose a five-month waiting period to get Social Security disability. Once people get that benefit, they must wait two more years to get Medicare.

"Those people can get really left out in the cold," said Martha Murray, program supervisor for the county's Westside Aging and Disability Services' office.

And people new to Medicare or Medicaid can have trouble finding someone to provide health care, since not all health plans or doctors accept new patients with that coverage.

"One of the problems is that Medicare and Medicaid, neither of us are very good payers when compared to what the commercial sector pays," Oregon's Read said. Some doctors limit the number of federally insured patients they will see, or refuse the coverage entirely.

Multnomah County tries to channel all Medicaid recipients into managed care plans. But "it can be difficult to find a plan that is open," since some insurers also have caps on the number of Medicaid members they can cover, Murray said.

People who live in rural areas or speak languages other than English and Spanish often have the most trouble finding a doctor, said Kaufmann.

In Klamath County, retirements and deaths have led to a shortage of doctors, said Norma Bahr, a Senior Health Insurance Benefits Assistance volunteer in Klamath Falls. And not all the remaining doctors will take new Medicare

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patients, though they generally keep existing patients who start on federal insurance plans.

"It is getting to be quite a problem here for seniors," Bahr said. "You need to establish yourself with a doctor before you go on Medicare, or you're almost out of luck."

Bahr has heard of patients traveling to Medford to get care, even though that trip is likely to add out-of-pocket costs. And many rural counties send dually eligible people to the Portland area because there is more care here, said Cathy Clay-Eckton, who manages the county's Westside Aging and Disability Services office. She said Multnomah County has more than 24,000 dual eligibles, almost half the state total.

The vast spending on dual eligibles has made the coverage ripe for change in the debate over health reform. People have proposed changes including expanding eligibility, using more managed care, ending the two-year Medicare wait for newly disabled people or having the federal government pay all dual eligibles' insurance costs, which would free state Medicaid money for other clients.

While that debate churns on in Washington, thousands of Oregonians wait to see how their health coverage might change.

"It's kind of an exciting time," Clay-Eckton said. "But it's kind of a scary time, too."

Andy Dworkin: 503-221-8271; andydworkin@news.oregonian.com

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