



ADDING COMPLEXITY TO AN ALREADY DIFFICULT TASK: MONITORING THE IMPACT OF THE AFFORDABLE CARE ACT (ACA) ON THE MISREPORTING OF MEDICAID COVERAGE

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Background

Administrative data on public assistance programs are not sufficient for policy making

- Often not timely
- No population denominator
- Incomplete, lower quality or no covariates

Population surveys fill these gaps

- Yet they universally undercount Medicaid enrollment (Call et al 2008, 2012, Boudreaux 2015)

Research focus

Compare Medicaid counts pre and post ACA

- Use accessible timely data that is used by state analysts, policymakers and the public
- Check for levels of differences across states
- Check for patterns of differences in states

Research Question

Has there been an increase in differences between survey data and administrative data of Medicaid enrollment data in some states?

Survey Data Source: American Community Survey (ACS)

- Large, continuous, multi-mode survey (mail, telephone, in-person and internet) of the US population residing in housing units and group quarters
- Added health insurance question in 2008
- One simple multi-part question on health insurance type
- Unique data source due to its size
- Subgroup analysis (small demographic groups and low levels of geography)
- Chose this source because so commonly used for state-level analysis
- Previous research shows false negative error rate compares favorably with the NHIS and CPS (Boudreaux 2015)

ACS Health Insurance Question

Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.

	Yes	No
a. Insurance through a current or former employer or union (of this person or another family member)	<input type="checkbox"/>	<input type="checkbox"/>
b. Insurance purchased directly from an insurance company (by this person or another family member)	<input type="checkbox"/>	<input type="checkbox"/>
c. Medicare, for people 65 and older, or people with certain disabilities	<input type="checkbox"/>	<input type="checkbox"/>
d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability	<input type="checkbox"/>	<input type="checkbox"/>
e. TRICARE or other military health care	<input type="checkbox"/>	<input type="checkbox"/>
f. VA (including those who have ever used or enrolled for VA health care)	<input type="checkbox"/>	<input type="checkbox"/>
g. Indian Health Service	<input type="checkbox"/>	<input type="checkbox"/>
h. Any other type of health insurance or health coverage plan. Specify:	<input type="checkbox"/>	<input type="checkbox"/>

“Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans?

d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability?”

Data used from ACS

From prepopulated publicly available tables from the Census.

Universe: **Civilian Non-Institutional Population**

Administrative Data Source: Centers for Medicare and Medicaid Services

Enrollment Definition

- A point-in-time count (like ACS)
- Medicaid and CHIP (like ACS)
- Only those eligible for comprehensive benefits (like ACS)
- Includes those with retroactive eligibility (not like ACS)
- Universe: All individuals in the population (not like ACS)

Compare ACS and CMS Medicaid enrollment estimates

Change between 2013 and 2014

- National
- Top and Bottom Ten States
- Expansion and Non-Expansion

Table 1. ACS & CMS Medicaid Enrollment Increase in the TOP Ten States from 2013 to 2014

Top ten states with the largest increases in enrollment according to CMS

	ACS				CMS			
	2014	2013	% diff	Rank ACS	2014	2013	% diff	Rank CMS
U.S.	59,390,221	54,761,806	8%	NA	66,102,081	57,794,096	14%	NA
Minnesota	894,631	779,201	15%	11	1,068,305	873,040	22%	12
Top Ten	7,589,644	6,192,146	23%	NA	8,642,487	5,882,920	47%	NA
1. Kentucky	1,030,312	790,497	30%	3	1,048,285	606,805	73%	1
2. Oregon	897,812	662,038	36%	1	997,762	626,356	59%	2
3. Nevada	460,893	350,778	31%	2	527,929	332,560	59%	3
4. New Mexico	569,340	504,346	13%	13	705,128	457,678	54%	4
5. West Virginia	455,637	357,427	27%	4	519,672	354,544	47%	5
6. Colorado	923,438	749,060	23%	5	1,106,134	783,420	41%	6
7. Arkansas	698,344	626,626	11%	15	784,335	556,851	41%	7
8. Washington	1,301,760	1,075,157	21%	7	1,542,789	1,117,576	38%	8
9. Rhode Island	225,341	183,978	22%	6	259,183	190,833	36%	9
10. Maryland	1,026,767	892,239	15%	10	1,151,270	856,297	34%	10

Source: CMS, Medicaid & CHIP Monthly Applications, Eligibility Determinations, and Enrollment Reports: July 2014 and July- September 2013 available from Kaiser at <http://kff.org/health-reform/state-indicator/total-monthly-medicare-and-chip-enrollment>. ACS, American Factfinder, Table S2701, 1 year estimates

Note: Excludes both Connecticut and Maine enrollment from totals because no data was available from CMS for the 2013 time period.

Table 2. ACS & CMS Medicaid Enrollment Increase in the BOTTOM Ten States from 2013 to 2014

Bottom ten states with the smallest increases in enrollment according to CMS

	ACS				CMS			
	2014	2013	% diff	Rank ACS	2014	2013	% diff	Rank CMS
U.S.	59,390,221	54,761,806	8%	NA	66,102,081	57,794,096	14%	NA
Bottom Ten	7,902,691	7,810,077	1%	NA	8,305,768	8,280,296	0%	NA
1. Missouri	851,286	879,277	-3%	5	812,785	846,084	-4%	1
2. Nebraska	243,448	239,516	2%	13	238,609	244,600	-2%	2
3. South Carolina	922,282	869,054	6%	25	868,487	889,744	-2%	3
4. Virginia	928,396	895,945	4%	18	937,493	935,434	0%	4
5. Wyoming	71,757	62,780	14%	40	67,858	67,518	1%	5
6. South Dakota	118,349	125,267	-6%	2	116,174	115,501	1%	6
7. Pennsylvania	2,126,553	2,086,242	2%	14	2,417,392	2,386,046	1%	7
8. Louisiana	995,134	986,950	1%	9	1,037,136	1,019,787	2%	8
9. Oklahoma	662,792	666,429	-1%	8	803,577	790,051	2%	9
10. Wisconsin	982,694	998,617	-2%	7	1,006,257	985,531	2%	10

Source: CMS, Medicaid & CHIP Monthly Applications, Eligibility Determinations, and Enrollment Reports: July 2014 and July- September 2013 available from Kaiser at <http://kff.org/health-reform/state-indicator/total-monthly-medicaid-and-chip-enrollment>. ACS, American Factfinder, Table S2701, 1 year estimates

Note: Excludes both Connecticut and Maine enrollment from totals because no data was available from CMS for the 2013 time period.

Table 3. ACS & CMS Medicaid Enrollment Differences in the TOP Ten States in 2013 & 2014

Top ten states with the largest increases in enrollment according to CMS

	2014				2013			
	ACS	CMS	diff	% diff	ACS	CMS	diff	% diff
U.S.	59,390,221	66,102,081	-6,711,860	-10%	54,761,806	57,794,096	-3,032,290	-5%
Minnesota	894,631	1,068,305	-173,674	-16%	779,201	873,040	-93,839	-11%
Top Ten	7,589,644	8,642,487	-1,052,843	-12%	6,192,146	5,882,920	309,226	5%
1. Kentucky	1,030,312	1,048,285	-17,973	-2%	790,497	606,805	183,692	30%
2. Oregon	897,812	997,762	-99,950	-10%	662,038	626,356	35,682	6%
3. Nevada	460,893	527,929	-67,036	-13%	350,778	332,560	18,218	5%
4. New Mexico	569,340	705,128	-135,788	-19%	504,346	457,678	46,668	10%
5. West Virginia	455,637	519,672	-64,035	-12%	357,427	354,544	2,883	1%
6. Colorado	923,438	1,106,134	-182,696	-17%	749,060	783,420	-34,360	-4%
7. Arkansas	698,344	784,335	-85,991	-11%	626,626	556,851	69,775	13%
8. Washington	1,301,760	1,542,789	-241,029	-16%	1,075,157	1,117,576	-42,419	-4%
9. Rhode Island	225,341	259,183	-33,842	-13%	183,978	190,833	-6,855	-4%
10. Maryland	1,026,767	1,151,270	-124,503	-11%	892,239	856,297	35,942	4%

Source: CMS, Medicaid & CHIP Monthly Applications, Eligibility Determinations, and Enrollment Reports: July 2014 and July- September 2013 available from Kaiser at <http://kff.org/health-reform/state-indicator/total-monthly-medicaid-and-chip-enrollment>. ACS, American Factfinder, Table S2701, 1 year estimates

Note: Excludes both Connecticut and Maine enrollment from totals because no data was available from CMS for the 2013 time period for these two states.

Table 4. CMS & ACS Medicaid Enrollment Differences in the BOTTOM Ten States in 2013 & 2014

Bottom ten states with the smallest increases in enrollment according to CMS

	2014				2013			
	ACS	CMS	diff	% diff	ACS	CMS	diff	% diff
U.S.	59,390,221	66,102,081	-6,711,860	-10%	54,761,806	57,794,096	-3,032,290	-5%
Bottom Ten	7,902,691	8,305,768	-403,077	-5%	7,810,077	8,280,296	-470,219	-6%
1. Missouri	851,286	812,785	38,501	5%	879,277	846,084	33,193	4%
2. Nebraska	243,448	238,609	4,839	2%	239,516	244,600	-5,084	-2%
3. South Carolina	922,282	868,487	53,795	6%	869,054	889,744	-20,690	-2%
4. Virginia	928,396	937,493	-9,097	-1%	895,945	935,434	-39,489	-4%
5. Wyoming	71,757	67,858	3,899	6%	62,780	67,518	-4,738	-7%
6. South Dakota	118,349	116,174	2,175	2%	125,267	115,501	9,766	8%
7. Pennsylvania	2,126,553	2,417,392	-290,839	-12%	2,086,242	2,386,046	-299,804	-13%
8. Louisiana	995,134	1,037,136	-42,002	-4%	986,950	1,019,787	-32,837	-3%
9. Oklahoma	662,792	803,577	-140,785	-18%	666,429	790,051	-123,622	-16%
10. Wisconsin	982,694	1,006,257	-23,563	-2%	998,617	985,531	13,086	1%

Source: CMS, Medicaid & CHIP Monthly Applications, Eligibility Determinations, and Enrollment Reports: July 2014 and July- September 2013 available from Kaiser at <http://kff.org/health-reform/state-indicator/total-monthly-medicaid-and-chip-enrollment>. ACS, American Factfinder, Table S2701, 1 year estimates

Note: Excludes both Connecticut and Maine enrollment from totals because no data was available from CMS for the 2013 time period.

Table 5. CMS & ACS Medicaid Enrollment in Expansion & Non-Expansion states in 2013 & 2014

States only included as expansion states if the Medicaid expansion occurred before 2015

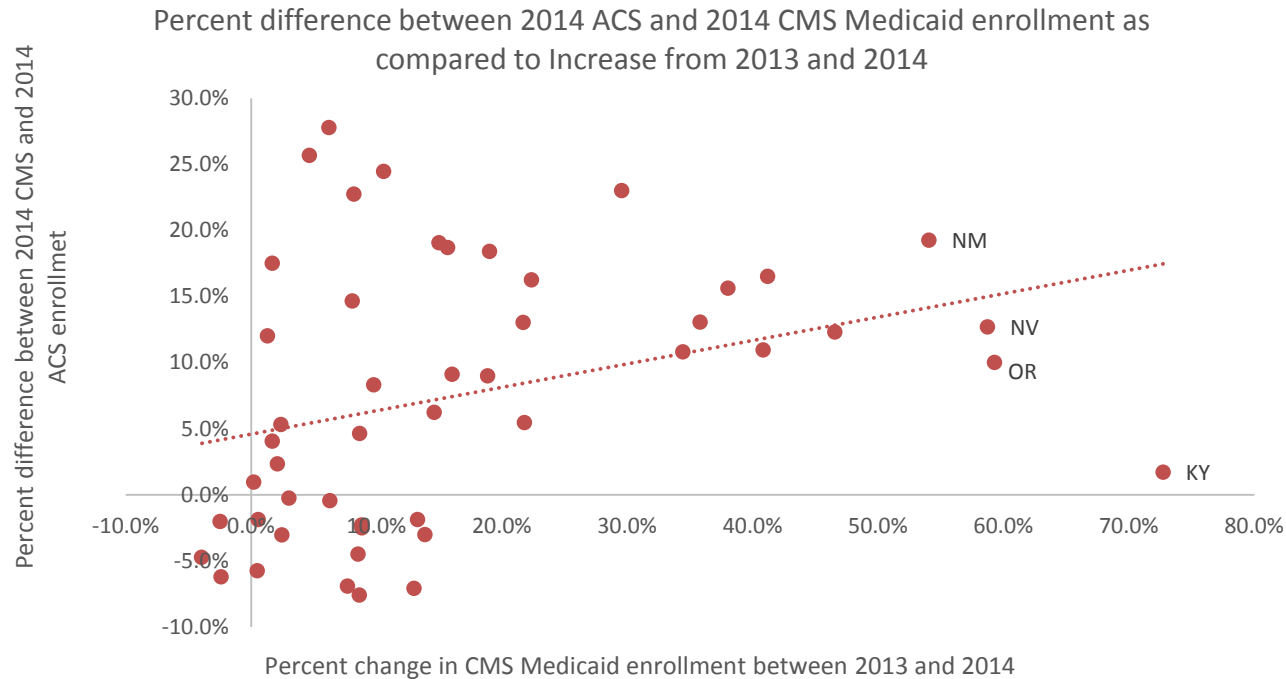
	2014				2013			
	ACS	CMS	diff	%diff	ACS	CMS	diff	% diff
U.S.	59,390,221	66,102,081	-6,711,860	-10%	54,761,806	57,794,096	-3,032,290	-5%
Expansion	34,566,180	40,999,907	-6,433,727	-16%	30,613,383	33,852,915	-3,239,532	-10%
Non-Expansion	24,824,041	25,102,174	-278,133	-1%	24,148,423	23,941,181	207,242	1%

Source: CMS, Medicaid & CHIP Monthly Applications, Eligibility Determinations, and Enrollment Reports: July 2014 and July- September 2013 available from Kaiser at <http://kff.org/health-reform/state-indicator/total-monthly-medicare-and-chip-enrollment>. ACS, American Factfinder, Table S2701, 1 year estimates

Note: Excludes both Connecticut and Maine enrollment from totals because no data was available from CMS for the 2013 time period.

Figure 1. Are differences between the ACS and CMS in 2014 higher in states that had more new Medicaid enrollment? (1)

Increase in enrollment is between 2013 and 2014 in the CMS

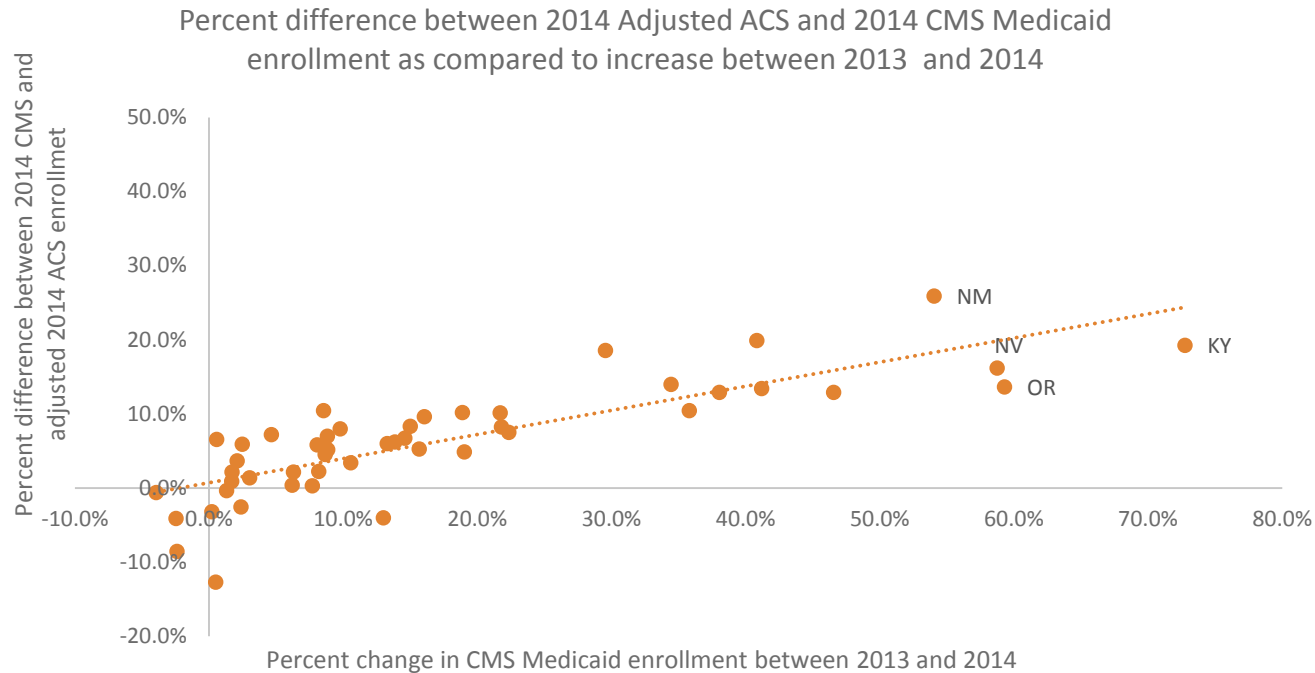


Source: CMS, Medicaid & CHIP Monthly Applications, Eligibility Determinations, and Enrollment Reports: July 2014 and July- September 2013 available from Kaiser at <http://kff.org/health-reform/state-indicator/total-monthly-medicaid-and-chip-enrollment>. ACS, American Factfinder, Table S2701, 1 year estimates

Note: Excludes both Connecticut and Maine enrollment from totals because no data was available from CMS for the 2013 time period.

FIGURE 2. Are differences between the Adjusted ACS and CMS in 2014 higher in states that had more new Medicaid enrollment? (2)

Adjustment made to 2014 ACS to account for difference between 2013 CMS and 2013 ACS Medicaid enrollment



Source: CMS, Medicaid & CHIP Monthly Applications, Eligibility Determinations, and Enrollment Reports: July 2014 and July-September 2013 available from Kaiser at <http://kff.org/health-reform/state-indicator/total-monthly-medicaid-and-chip-enrollment>. ACS, American Factfinder, Table S2701, 1 year estimates

Note: Excludes both Connecticut and Maine enrollment from totals because no data was available from CMS for the 2013 time period. Adjustment is the difference between the CMS and ACS 2013 enrollment by state subtracted this from 2014 ACS enrollment.

SUMMARY

In general, states with the largest percent increases in enrollment also have the largest differences between ACS and CMS

This could be because

- New Medicaid enrollees are less likely to know they are enrolled than people who have been enrolled for a longer period
- New Medicaid enrollees have different characteristics that are more associated with reporting error
- Retroactive enrollment could be higher in 2014

Policy implications

- Potentially overstating uninsurance rates particularly in states with large changes in enrollment but by how much?
 - Past research has shown that most misreports are other types of coverage, not uninsurance
 - “No wrong door” could mean these errors are also mostly between coverage types
- Research comparing coverage in states may be biased because of potential for larger error associated with states with larger increases in enrollment

Future research

- Run the same analysis for the NHIS and CPS
- Add more years of data going back at least five years
- Include institutional and active military population in the ACS using the PUMS file.
- Check differences in characteristics between new and “old” enrollees using the PUMS file
- Link the administrative and survey data when linkable data becomes available

Thank you!

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