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

- No population denominator
- Incomplete, lower quality or no covariates

Population surveys fill these gaps and used to monitor the ACA

- Yet they universally undercount Medicaid enrollment

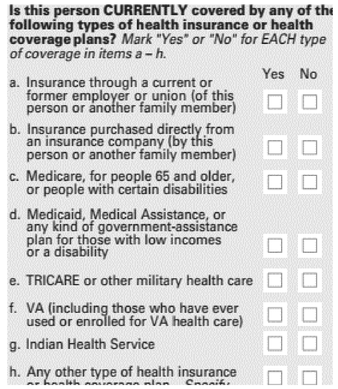
RESEARCH FOCUS

Compare Medicaid enrollment in 2013 and 2014 between the American Community Survey (ACS) and the Centers for Medicare and Medicaid Services (CMS)

- Are there differences in Medicaid enrollment growth between the ACS and CMS?
- Does the gap between ACS and CMS enrollment change between 2013 and 2014?
- Is the gap between ACS and CMS enrollment in 2014 higher in states that saw larger increases in Medicaid enrollment?

SURVEY DATA SOURCE: 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)
- Previous research shows false negative error rate compares favorably with the NHIS and CPS (Boudreaux et. al. 2015)



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)	☐	☐
b. Insurance purchased directly from an insurance company (by this person or another family member)	☐	☐
c. Medicare, for people 65 and older, or people with certain disabilities	☐	☐
d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability	☐	☐
e. TRICARE or other military health care	☐	☐
f. VA (including those who have ever used or enrolled for VA health care)	☐	☐
g. Indian Health Service	☐	☐
h. Any other type of health insurance or health coverage plan — Specify:	☐	☐

ADMNISTRATIVE DATA SOURCE: CMS

Enrollment Definition

- A point-in-time count (similar to ACS)
- Medicaid and CHIP (similar to ACS)
- Only those eligible for comprehensive benefits (similar to ACS)
- All individuals whether institutionalized or not (similar to ACS)
- Includes those with retroactive eligibility (not like ACS)
- Data reported here is from the Performance Indicator Project

RESULTS

Table 1. Largest percent increases in Medicaid enrollment from 2013 to 2014

State	CMS %	CMS Rank	ACS %	ACS Rank
US	14%	NA	8%	NA
Top Ten	47%	NA	22%	NA
Kentucky	73%	1	28%	4
Oregon	59%	2	35%	1
Nevada	59%	3	33%	2
New Mexico	54%	4	11%	15
West Virginia	47%	5	24%	5
Colorado	41%	6	22%	6
Arkansas	41%	7	11%	14
Washington	38%	8	21%	7
Rhode Island	36%	9	28%	3
Maryland	34%	10	14%	10

Table 2. Smallest percent increases in Medicaid enrollment from 2013 to 2014

State	CMS %	CMS Rank	ACS %	ACS Rank
US	14%	NA	8%	NA
Bottom Ten	0.3%	NA	0.6%	NA
Missouri	-4%	49	-3%	46
Nebraska	-2%	48	1%	39
South Carolina	-2%	47	6%	24
Virginia	0%	46	1%	36
Wyoming	1%	45	10%	18
South Dakota	1%	44	-4%	47
Pennsylvania	1%	43	1%	41
Louisiana	2%	42	0%	42
Oklahoma	2%	41	0%	43
Wisconsin	2%	40	-2%	45

RESULTS

Table 3. Percent difference between ACS and CMS Medicaid enrollment in 2013 & 2014, Top Ten

Within year percent difference between ACS and CMS
Adjustment is the ACS 2014 enrollment minus the 2013 gap (ACS 2013-CMS 2013)

State	2014 %	2014 ADJ. %	2013 %
US	-8%	-6%	-3%
Top Ten	-11%	-16%	8%
Kentucky	-1%	-20%	34%
Oregon	-9%	-14%	8%
Nevada	-11%	-15%	6%
New Mexico	-19%	-27%	13%
West Virginia	-12%	-15%	4%
Colorado	-15%	-14%	-1%
Arkansas	-8%	-20%	17%
Washington	-14%	-13%	-2%
Rhode Island	-8%	-6%	-3%
Maryland	-9%	-15%	8%

Table 4. Percent difference between ACS and CMS Medicaid enrollment in 2013 & 2014, Bottom Ten

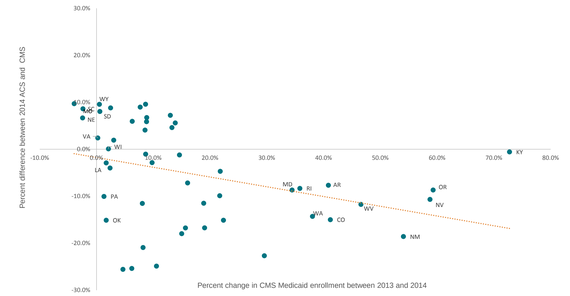
Within year percent difference between ACS and CMS
Adjustment is the ACS 2014 enrollment minus the 2013 gap (ACS 2013-CMS 2013)

State	2014 %	2014 ADJ. %	2013 %
US	-8%	-6%	-3%
Bottom Ten	-2%	0%	-3%
Missouri	10%	0%	9%
Nebraska	7%	4%	3%
South Carolina	9%	9%	0%
Virginia	2%	1%	1%
Wyoming	10%	9%	1%
South Dakota	8%	-5%	-13%
Pennsylvania	-10%	-1%	-10%
Louisiana	-3%	-1%	-2%
Oklahoma	-15%	-2%	-14%
Wisconsin	0%	-4%	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, Public Use Micro-data Sample File, 2013 & 2014.
Notes: Excludes both Connecticut and Maine enrollment from totals because no data was available from CMS for the 2013 time period.

RESULTS

Figure 1. Is the Medicaid undercount relative to the CMS correlated with the size of the enrollment increase in each state?



SUMMARY

In general, in 2014 states with the largest percent increases in enrollment also have the largest undercount relative to the 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
- The no-wrong-door policy that exchanges followed may make enrollees think they have private coverage (QHP)
- New Medicaid enrollees may have different characteristics that are more associated with reporting error
- Retroactive enrollment could be higher in 2014

IMPLICATIONS

Potentially overstating uninsurance rates in 2014 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 (Call 2012, Boudreaux 2015)
- No wrong door" could mean these errors are also mostly between coverage types
- After Medicaid enrollment stabilizes this issue could go away

Our results suggest meaningful state by year variation in the correspondence of ACS and admin totals which suggests that caution should be exercised in interpreting research that compares coverage changes over time in 2014.

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