



Combining Data from National Surveys to Improve Estimates of the Population Eligible for Medicaid under the Affordable Care Act

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MN HSR Conference
March 6, 2012

Acknowledgments

- Supported by a grant from the Robert Wood Johnson Foundation to the State Health Access Data Assistance Center (SHADAC) at the University of Minnesota
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 - Jesse Kemmick Pintor, SHADAC
 - Peter Graven, SHADAC
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Overview

- Policy context
- Focus of this study
- Data & methods
- Preliminary findings
- Conclusions
- Future research plans

Significant expansion of Medicaid in 2014 under the Affordable Care Act (ACA)

- Nearly all non-elderly adults with family income up to 138% of poverty will be eligible
 - Expands income eligibility standards for non-elderly adults in nearly all states
 - Eliminates categorical eligibility requirements for non-elderly adults—e.g., pregnant, parent, or disabled
- CBO projects 9 million new Medicaid enrollees in 2014 (Elmendorf, 2011)

Medicaid expansion will cover most but not all adults

- Excluded from Medicaid and, thus, from this expansion:
 - Legal immigrants who have been in the US for less than five years
 - Unauthorized immigrants

Need information on population eligible for Medicaid in 2014

- Federal & state budget projections
- State preparations for expansion
 - Outreach
 - Enrollment processes
 - Care delivery
- Health plan and provider preparations for expanded enrollment & new populations

Also need information on low income population NOT eligible for Medicaid in 2014

- Core population that will continue to rely on safety net
- Implications for federal, state & community budgets
- States, communities & safety net providers will need to prepare to serve remaining safety net population

Challenge of estimating eligibility for Medicaid across states in 2014

- Need state-level data on populations from national surveys
 - American Community Survey (ACS)
 - Current Population Survey (CPS)
 - National Health Interview Survey (NHIS)
- National surveys do not capture immigration status
 - Exception is Survey of Income and Program Participation (SIPP); however, SIPP doesn't support state-level analyses

Focus of this Study

- Combining data from the SIPP and the ACS to estimate the populations eligible for and not eligible for the 2014 Medicaid expansion for each state

Methods

- Regression-based imputation
 - Estimate model of legal immigration status for adults using data from 2009 SIPP
 - Use the parameters of SIPP model to predict immigration status for adults in the 2009 ACS
- Calibrate the ACS predictions to match national estimates of unauthorized population by age and sex from Office of Immigration Statistics
- Check state estimates of unauthorized population against estimates from Department of Homeland Security

Regression model

- Predictive model based on prior work at the US Census Bureau and Pew Hispanic Center
 - Variables included: year of entry, income, age, race/ethnicity and household variables
 - Logistic regression of legal status for non-citizen population

Findings

Size of population of non-elderly adults, by eligibility for Medicaid in 2014

Characteristic	United States	Minnesota
Non-elderly adults	185.9 million	3.2 million
With family income less than 138% FPG	36.7 million	500,000
Eligible for Medicaid	32.7 million	462,000
Not eligible for Medicaid (0-138% FPG)	4.0 million	38,000

Demographic characteristics of low-income non-elderly adults, by eligibility for Medicaid in 2014

Characteristic		United States		Minnesota	
		Eligible	Not eligible	Eligible	Not eligible
Age	19 to 34	49%	58%	55%	69%
	35 to 44	20%	30%	15%	16%
	45 to 64	31%	13%	30%	15%
Male		44%	52%	46%	55%
Married		32%	50%	25%	45%

Socioeconomic characteristics of low-income non-elderly adults, by eligibility for Medicaid in 2014

Characteristic	United States		Minnesota	
	Eligible	Not eligible	Eligible	Not eligible
Education				
No high sch. diploma	26.6%	53.2%	19.5%	56.5%
High sch./some college	59.1%	34.1%	63.8%	34.3%
College degree	14.3%	12.6%	16.7%	9.2%
Employed	72.6%	71.7%	79.8%	72.9%

Conclusions

- Regression-based imputation is a reasonable strategy for combining data across national surveys
- There are differences in characteristics of populations eligible for and not eligible for Medicaid in 2014 overall and by state
- Better estimates of the size and characteristics of populations eligible for and not eligible for Medicaid will help states, communities, and providers do a better job in preparing for the changes coming in 2014

Next steps

- Test sensitivity of prediction model to alternative specifications
- Develop standard errors for the estimates using multiple imputation methods
- Expand analysis to estimate eligibility for the Health Insurance Exchanges in 2014
- Extend method to impute legal status in other surveys to expand information available to states (e.g., NHIS, CPS)

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