

Using the SNACC Linking Project to Impute Medicaid in the Current Population Survey to Correct for the Undercount

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Co-authors and the "SNACC" project team

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 - Abt Associates
 - Jacob Klerman
 - Centers for Medicare and Medicaid Services
 - Dave Baugh, Gary Ciborowski
 - State Health Access Data Assistance Center
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Why do we care?

- Survey estimates of Medicaid enrollment are well below administrative data enrollment figures
 - Raw CPS count is 57% of the unadjusted MSIS count
- CPS estimates are important for health policy research
 - Used for policy simulations by federal and state governments
 - Surveys such as the CPS are the only sources for population estimates on the uninsured
 - Surveys are also the only source of the Medicaid/SCHIP eligible, but uninsured, population
 - CPS is used in the SCHIP funding formula
 - CPS is often used to evaluate federal programs and state initiatives



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Goals of this presentation

- Use the linked data to partially correct the reporting errors that directly impact policy uses of the data
 - Correct for CPS people linked to MSIS that do not report Medicaid coverage
 - Correct for CPS people linked to MSIS who report being uninsured
 - Correct for people who only report Medicaid in the CPS but are not linked to MSIS
- To do this we build an imputational model on the linked data that analysts can use to partially correct the undercount on the public use data
- Illustrate the results of using this approach
- Discuss the strengths and limitations of this approach
- Conclude with discussion of our next steps



Data

- Census linked 2001 and 2002 CPS records with MSIS data for CY 2000-2001
 - There are important limitations of the linking
 - 9% of all full benefit Medicaid cases in MSIS are missing linking keys
 - Our analysis limited to full-benefit Medicaid enrollees with linking identifiers
 - In 2001 20% of CPS cases are missing linking keys (largely due to refusal to provide data)
 - Remaining CPS cases are reweighted to equal the whole population



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Analysis

- The Imputational models use only predictors that are available in the public use file of the CPS
 - So they can be useful to the CPS policy research community
- Dependent variable in the models is whether the CPS case was linked to MSIS



Analysis

- CPS cases are divided and two mutually exclusive logistic regressions are run
 - One for people recorded as having Medicaid in the CPS
 - One for people not recorded as having Medicaid
- Each case in the 2008 and 2007 CPS data files are run through these regression models to obtain their predicted probability of being linked (or of not being linked)
 - The model both gives Medicaid coverage to some and takes it away from others
- These probabilities are summed and weighted and we developed a set of new imputed estimates



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Selected covariates used in the regressions

- Selected covariates of measurement error
 - Relationship to household reference person
 - Age
 - Imputation/editing
 - Poverty status
 - Sex
 - Race and ethnicity
 - State
 - Type of health insurance status in the CPS
- Model coefficients, and sample SAS and Stata CPS coding are available on SHADAC's web site in a technical paper



Demographics of linked CPS cases

	Percent of	Percent of total
	cases	linked cases by
	linked	characteristic (col
	(row %)	%)
Total Unweighted Count	13.3%	22,869
Total Weighted Count	12.5%	100.0%
Age 0 - 5	31.7%	21.5%
Age 6 - 14	23.4%	25.5%
Age 15 - 17	18.1%	5.6%
Age 18 - 44	9.5%	30.0%
Age 45 - 64	5.3%	9.6%
Age 65+	8.2%	7.7%
Age Other*	1.6%	0.0%
White	9.9%	64.7%
Black	27.5%	28.8%
AIAN	27.5%	2.7%
API	10.8%	3.9%
Male	10.4%	40.6%
Female	14.4%	59.3%
Hispanic	23.8%	21.7%
Non-Hispanic	11.0%	78.3%

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Demographics of linked CPS cases (continued)

	,	
	Percent of	Percent of total
	cases	linked cases by
	linked	characteristic (col
	(row %)	%)
Ratio to Poverty Level 0 - 49%	48.5%	18.2%
Ratio to Poverty Level 50 - 74%	51.5%	12.5%
Ratio to Poverty Level 75 - 99%	43.7%	13.6%
Ratio to Poverty Level 100 - 124%	33.0%	11.2%
Ratio to Poverty Level 125 - 149%	24.6%	9.0%
Ratio to Poverty Level 150 - 174%	20.0%	7.5%
Ratio to Poverty Level 175 - 199%	15.6%	5.7%
Ratio to Poverty Level 200% or Greater	4.0%	22.3%
Relationship to Reference Person: Self	8.4%	26.7%
Relationship to Reference Person: Spouse	3.8%	6.2%
Rltnshp. to Ref. Pers.: Child (Non-Adult)	22.2%	42.0%
Rltnshp. to Ref. Pers.: Child (Adult)	11.7%	7.0%
Relationship to Refernce Person: Parent	19.8%	1.6%
Relationship to Refernce Person: Other	25.4%	16.3%

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States rates of Medicaid enrollment (15 lowest percentage point changes)

Table 3: Comparing Medicaid Enrollment Estimates from our Partially Corrected Imputation Model to the Regular CPS Estimates by Selected Characteristics and State: Calendar Year 2006 and 2007 Average

	Medicaid Enrollment		Medicaid Enrollment	
	Estimate - CPS		Estimate - Imputed	
State	Percent Number		Percent	Number
Montana	10.7%	100,137	6.6%	61,470
Massachusetts	14.7%	933,550	13.9%	882,257
Rhode Island	17.1%	179,941	16.7%	174,960
Mississippi	16.7%	484,803	16.5%	478,696
Wisconsin	11.5%	628,074	12.0%	654,742
New York	15.6%	2,966,617	16.2%	3,092,605
Michigan	11.9%	1,181,475	12.7%	1,261,259
Kentucky	13.6%	567,655	14.7%	610,185
Idaho	9.9%	147,320	10.9%	161,746
District of Columbia	18.5%	106,410	20.5%	117,797
lowa	11.0%	322,924	12.2%	358,425
South Dakota	8.8%	68,402	9.8%	76,313
Ohio	12.0%	1,356,077	13.5%	1,521,382
Arkansas	15.3%	424,882	17.4%	482,660
Virginia	7.1%	539,975	8.1%	615,754

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States rates of Medicaid enrollment (15 highest percentage point changes)

Table 3: Comparing Medicaid Enrollment Estimates from our Partially Corrected Imputation Model to the Regular CPS Estimates by Selected Characteristics and State: Calendar Year 2006 and 2007 Average

Medicaid Enrollment Medicaid Enrollment						
			Medicaid Enrollment			
	Estimate -	Estimate - CPS		Estimate - Imputed		
State	Percent	Number	Percent Number			
North Dakota	8.0%	49,512	10.3%	63,651		
Illinois	10.3%	1,302,901	13.4%	1,692,258		
New Hampshire	5.6%	73,279	7.3%	95,309		
Alaska	7.9%	52,717	10.3%	68,787		
Hawaii	9.6%	120,995	12.6%	158,258		
Georgia	9.8%	921,076	12.9%	1,213,240		
Washington	11.1%	713,811	15.1%	969,239		
Nevada	5.2%	131,723	7.1%	180,217		
Delaware	10.0%	86,083	13.7%	117,787		
Missouri	11.5%	665,376	15.8%	916,236		
North Carolina	11.9%	1,075,839	16.8%	1,513,618		
Florida	8.3%	1,492,133	11.7%	2,108,309		
Pennsylvania	9.3%	1,141,641	13.3%	1,634,183		
Nebraska	7.8%	137,848	11.6%	203,913		
Tennesse	14.1%	852,853	22.0%	1,327,184		
Total - United States	11.4%	33,943,913	13.8%	40,978,989		

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Selected demographic characteristics

Table 4: Comparing Medicaid Enrollment Estimates from our Partially Corrected Impuation Model to the Regular CPS Estimates by Selected Demographic

Characteristics: Calendar Year 2006 and 2007 Average					
Selected	Medicaid Enrollment Estimate - CPS		Medicaid Enrollment Estimate - Imputed		
Characteristics	Percent	Number	Percent	Number	
Sex					
Female	12.3%	18,690,402	15.7%	23,796,451	
Male	10.4%	15,253,511	11.7%	17,182,538	
Age					
0 to 5	28.0%	6,940,135	35.2%	8,721,131	
6 to 14	21.6%	7,806,389	27.0%	9,759,070	
15 to 17	17.2%	2,298,373	21.3%	2,844,614	
18 to 44	8.1%	8,927,380	11.2%	12,361,727	
45 to 64	6.5%	4,960,652	5.9%	4,505,927	
65 and older	8.3%	3,010,991	7.7%	2,786,526	
Poverty (% FPL)					
0-49%	38.6%	6,143,220	48.3%	7,684,512	
50-75%	44.7%	4,338,799	52.9%	5,132,264	
75-99%	37.7%	4,393,453	45.7%	5,320,193	
100-124%	28.8%	3,865,479	35.6%	4,773,715	
125-149%	20.8%	2,860,185	27.1%	3,728,322	
150-174%	16.8%	2,193,058	22.0%	2,877,823	
175-199%	12.4%	1,687,144	16.7%	2,277,475	
>200%	4.1%	8.462.580	4.4%	9.184.698	

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Selected demographic characteristics

Table 4: Comparing Medicaid Enrollment Estimates from our Partially Corrected Impuation Model to the Regular CPS Estimates by Selected Demographic Characteristics: Calendar Year 2006 and 2007 Average

Selected	Medicaid Enrollment Estimate - CPS		Medicaid Enrollment Estimate - Imputed		
Characteristics	Percent Number F		Percent	Number	
Race/Ethnicity					
Hispanic	18.9%	8,570,519	24.6%	11,196,304	
White Only	7.8%	15,426,485	8.5%	16,712,533	
American Indian	19.1%	755,026	23.9%	943,027	
Black	21.0%	7,847,696	28.0%	10,463,993	
Asian/Pacific Islander	9.1%	1,344,188	11.3%	1,663,139	
Employment Status^					
Not working	16.6%	14,034,875	17.2%	14,563,697	
Working	9.3%	19,909,039	12.4%	26,415,292	
Insurance Status as Reported in the CPS					
Uninsured	0.0%	-	14.3%	6,635,088	
Public, No Medicaid	20.1%	4,243,310	28.3%	5,984,334	
Private Only	0.0%	-	3.2%	5,665,833	
Medicaid Only	100.0%	23,445,465	80.6%	18,891,537	
Public and Private	21.1%	6,255,141	12.8%	3,802,201	

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Slide 13

a2 "cases" not "cass" on pages 13-17. Also, which year was the "last year"? (2000, 2001, or 2007?) alte0083, 11/12/2008

Slide 14

a3 "cases" not "cass" on pages 13-17. Also, which year was the "last year"? (2000, 2001, or 2007?) alte0083, 11/12/2008

Our two models can also be used to partially correct uninsurance estimates

- Need to adjust the CPS for those cases reported to be uninsured that actually link to Medicaid
- Need to adjust the CPS for those cases who reported only Medicaid but who did not link to the Medicaid data
 - Without this report of coverage (which could not be verified) they would have otherwise been uninsured



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Partially adjusted uninsurance rate

Table 5: Comparing Uninsured Rates Based on our Partially Corrected Impuation Model to the Regular CPS Estimates by Selected Demographic Characteristics: Calendar Vegr 2006/2007

Characteristics: Calendar Year 2006/2007					
	CPS Uninsurance Rate		Adjusted Uninsurance Rate*		
Selected Characteristics	Rate	Number	Rate	Number	
Sex					
Female	14.03%	21,287,345	13.03%	19,763,008	
Male	17.12%	25,038,571	16.74%	24,481,743	
Age					
0 to 5	10.89%	2,694,685	10.32%	2,553,109	
6 to 14	11.03%	3,984,057	10.52%	3,799,896	
15 to 17	12.91%	1,726,352	12.44%	1,663,292	
18 to 44	23.95%	26,545,975	22.18%	24,590,437	
45 to 64	14.08%	10,761,026	14.43%	11,029,919	
65 and older	1.68%	613,814	1.67%	608,096	
Poverty (% FPL)					
0-49%	35.49%	5,645,218	30.31%	4,821,839	
50-75%	28.25%	2,741,516	24.60%	2,387,791	
75-99%	27.80%	3,238,163	24.02%	2,797,406	
100-124%	26.90%	3,609,416	24.42%	3,276,647	
125-149%	26.82%	3,692,864	24.98%	3,439,870	
150-174%	23.02%	3,014,626	21.86%	2,862,895	
175-199%	23.36%	3,191,545	22.36%	3,054,900	
>200%	10.25%	21,192,564	10.45%	21,603,403	

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Partially adjusted uninsurance rate

Table 5: Comparing Uninsured Rates Based on our Partially Corrected Impuation Model to the Regular CPS Estimates by Selected Demographic Characteristics: Calendar Year 2006/2007

			Adjusted Uninsurance	
	CPS Uninsurance Rate		, Rate*	
Selected Characteristics	Rate Number		Rate	Number
Race/Ethnicity				
Hispanic	33.10%	15,032,840	30.15%	13,694,925
White Only	10.61%	20,857,496	10.75%	21,138,488
American Indian	22.23%	878,587	19.93%	787,618
Black	19.51%	7,280,289	17.18%	6,410,367
Asian/Pacific Islander	15.49%	2,276,702	15.06%	2,213,353
Employment Status^				
Not working	16.27%	13,764,860	15.88%	13,434,769
Working	15.26%	32,561,049	14.44%	30,809,978
Medicaid				
Explicit	14.72%	37,374,785	13.76%	34,956,410
Imputed	22.52%	8,951,122	21.18%	8,413,805
Edited	0.00%	0	20.68%	874,539
Total	15.5%	46,325,916	14.85%	44,244,749

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Discussion of adjusted results from the model

- 21 percentage point increase in the Medicaid Enrollment with imputation in the US (7 million more enrolled than the straight CPS)
 - Ranges from -6 in MA to 56% in TN (excluding MT)
- Bigger percentage adjustments for someone in the family working, women, blacks, Hispanics, lower income, etc.
- Many people linked to Medicaid fail to report any other type of coverage (over 6.6 million)
 - About 14 percent of the 46.3 million the CPS estimates to be uninsured



Discussion of adjusted results from the model (continued)

- Many people report Medicaid whom we can not link to MSIS
 - For almost 4.5 million weighted cases its there only type of insurance)
- The net change to the uninsured rate using both adjustments is 2.1 million less uninsured (or 5 percent of the uninsured)
 - For many reasons that have to due with limitations of our model we believe this to be a lower bound.
 - We think we are changing too many "Medicaid Only" cases to be "uninsured because they do not link



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Strengths of this approach

- Our approach does a good job of adjusting Medicaid enrollment in those states with high validation rates on their Medicaid enrollment cases (meaning they have validated social security numbers)
 - most states are over 95% but some like MT are very low
- For analysis of Medicaid at the state and national level that this model can be very useful
 - Can be used to develop improved estimates of the eligible but not enrolled populations for Medicaid
 - Can be used to show how well various states do in informing their Medicaid enrollees they have coverage
 - · Some states have vastly different error propensities



Limitations of our approach

- We did not include SCHIP only cases in this analysis
 - Only those also enrolled in Medicaid during the year
 - This makes our adjustment for those who report "Medicaid only" are likely much too large
 - This year's CPS change shows the confusion when people are allowed to answer both types
 - Past research shows similar findings with people likely to report multiple types of public insurance (or the wrong type of public coverage when limited to only one response)
- We treat the CPS as a "all year uninsured" concept as the question literally reads
 - Although program eligibility does not come with the requirement that people are uninsured for the entire prior calendar year
 - Many people use the CPS as a "point in time measure"
- We only validate Medicaid coverage



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Limitations of our approach

- We use data from 2001 and 2002 CPS to simulate findings for 2007 and 2008 CPS
 - A lot has changed for example the proportion of Medicaid only reports grew (likely as a function of the CPS survey design through 2007)
 - The CPS changed its survey design in 2008 to allow people to report both Medicaid and SCHIP (although we treated these cases as having "Medicaid only" as they would have been treated in previous years)
- Missing identifying information on the CPS and MSIS are troubling
- This is truly only a "partial adjustment" as there are many more factors we need better data on



Next steps in our SNACC project plan

- Finalize similar analysis on the National Health Interview Survey
 - Report is in final stages of review
- Perform a similar analysis with the Medical Expenditure Panel Survey (HC)
 - Basic tables are completed
- Census is working on a similar analysis on the American Community Survey
- Adding more covariates to our model and more years
- Try to get a better handle on SCHIP and how it impacts reporting errors
 - New project under way to use the limited SCHIP information reported in the MSIS to make projections



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