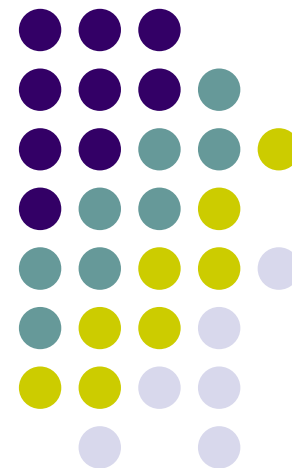


Administrative Data Case Study Results

Kathleen Thiede Call
Allyson Hall
Jennifer Kincheloe



Case Study Methodology



- Objective to identify potential source of miscounts associated with:
 - Structure and organization of public health care programs
 - Administrative data processing systems
- Qualitative exploration
 - Document review
 - Site visits
 - Key informant interviews

Development of Methodology



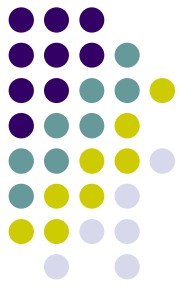
- Phase 1:
 - Tag meeting verifying and prioritizing identified areas of inquiry
 - Development of data collection strategy
 - Forward from enrollment
 - Backward from specific count
 - Drafting interview protocols
- Phase 2: Refinement with state collaborators
- Phase 3: Pretest and refine methodology in MN
- Phase 4: Implementation in PA, FL, and CA

Results



- Four themes emerged:
 1. Defining Medicaid and other public health care programs
 2. Public program organization and administration
 3. Features of public programs
 4. Data systems and processes

Theme 1: Defining Medicaid and Other Public Programs



- Medicaid is compilation of many programs; SCHIP may be more than one program in state
 - There is no ONE count of enrollment—counts are produced for different purposes
 - Analysts must tailor their request
 - Ever enrolled all year, average monthly, one month enrollment count
 - By funding stream; state only versus federal match
 - Institutionalized versus community

Theme 1: Defining Medicaid and Other Public Programs



- In delineating programs, account for the following criteria that impact relative uncertainty in responses to survey questions about type of coverage:
 1. Amount and scope of services (complete to limited coverage)
 2. How benefits are provided: FFS vs. managed care vs. subsidies to employer sponsored insurance
 3. Whether enrollees specifically apply vs. enter through another program (e.g., TANF, EMS)
 4. Whether and how much enrollees pay to be enrolled: no cost vs. full cost

Theme 2: Public Program Organization & Administration



- Interested in:
 - The number of public health insurance programs operating in the state
 - The number of agencies and organizations administering these programs
 - Potential for duplicate enrollment
 - Whether programs administered by different agencies coordinate their application and enrollment efforts to ensure that people are not inappropriately enrolled in more than one program
 - Potential for ambiguity about enrollment
 - How the enrollment process is administered (in-person or on-line)

Theme 3: Features of Public Programs



- The following programmatic features of are of interest:
 - Relationship between application and enrollment dates
 - Continuous eligibility and associated re-determination schedules
 - Retroactive eligibility
 - Presumptive eligibility

Theme 4: Data Systems and Processes



- Factors that may impact data accuracy and counts of enrollment:
 - Presence of a centralized data system for all health care programs
 - Identification of duplicate records within and across programs
 - Presence of unique identifiers within and across programs
 - Fluidity of counts due to lagged updates to records

Conclusions



- More than one count of enrollment exists
 - Potential to inform administrative requests for counts to achieve closer comparisons to survey counts
 - Recommend constructing a range of counts
 - Likely that discrepancy can be reduced but not eliminated
- Qualitative results will benefit analyses of MUE data in all three states
- Potential to sell notion that these two sources are NOT truly comparable?

