

Characteristics of children in Medicaid Managed Care and Medicaid Fee for Service

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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

National Center for Health Statistics
Office of Analysis and Epidemiology



Introduction

- **Medicaid claims have been used to characterize health care utilization patterns of children enrolled in Medicaid**
- **Claims data are only available for children in Medicaid Fee for Service (FFS) programs**
- **As States increasingly adopt Medicaid Managed Care plans, analyses using claims data to describe children enrolled in Medicaid may mischaracterize their intended population**

Objectives

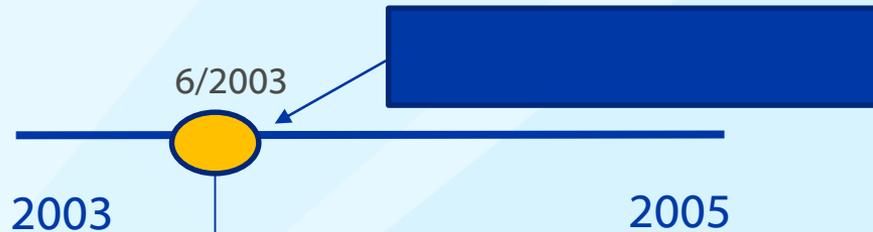
- **Examine associations between sociodemographic, health, and geographic characteristics of children aged 0-17 years and enrollment in either Medicaid FFS or a comprehensive managed care (CMC) program**
- **Examine associations of age-specific health outcomes of children aged 6-17 years and enrollment in either Medicaid FFS or CMC program**

Data Sources

- **The 2003-2005 National Health Interview Survey (NHIS) linked to the 2003-2005 Medicaid Analytic eXtract (MAX) files**
 - **NHIS: a nationally representative, cross-sectional population health survey**
 - **MAX: extract of Medicaid eligibility and claims files submitted by each state to the Medicaid Statistical Information System (MSIS)**
- **Respondent-reported data provided by a knowledgeable adult family member**

NHIS-MAX data linkage (1/3)

Survey Period



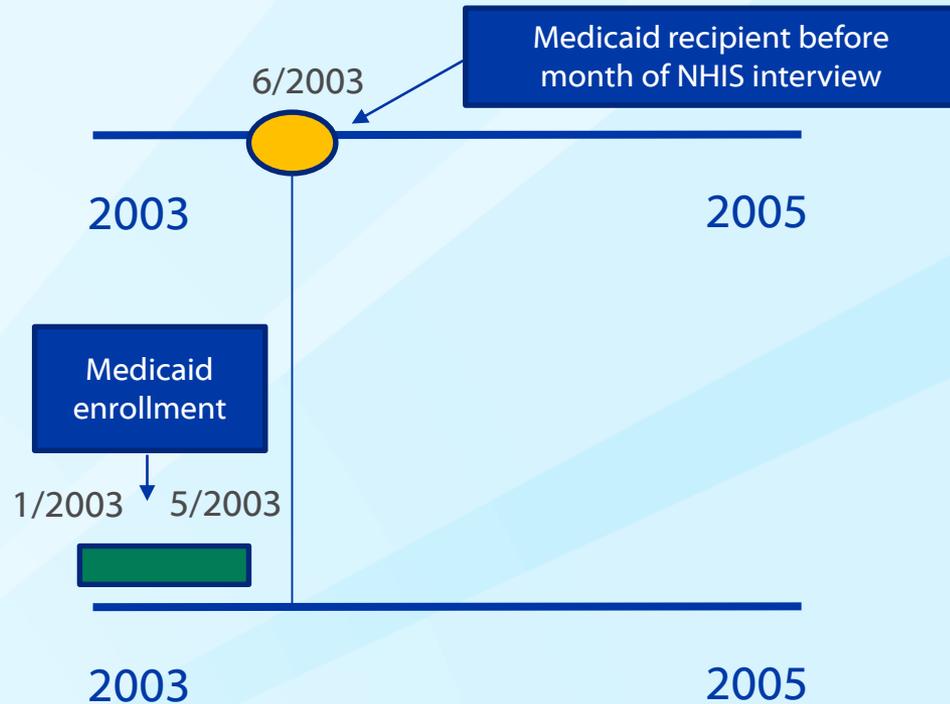
Administrative Period



NHIS-MAX data linkage (2/3)

Survey Period

Administrative Period

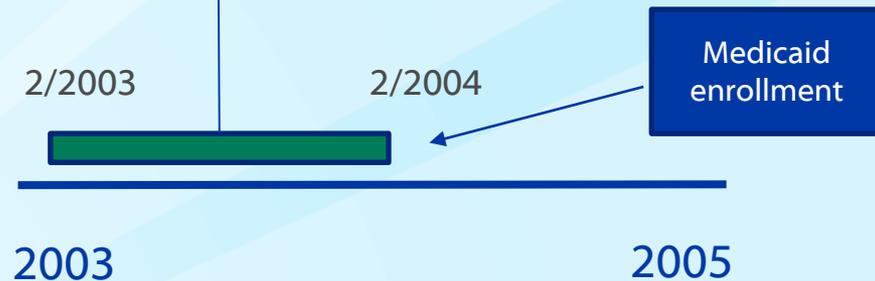


NHIS-MAX data linkage (3/3)

Survey Period



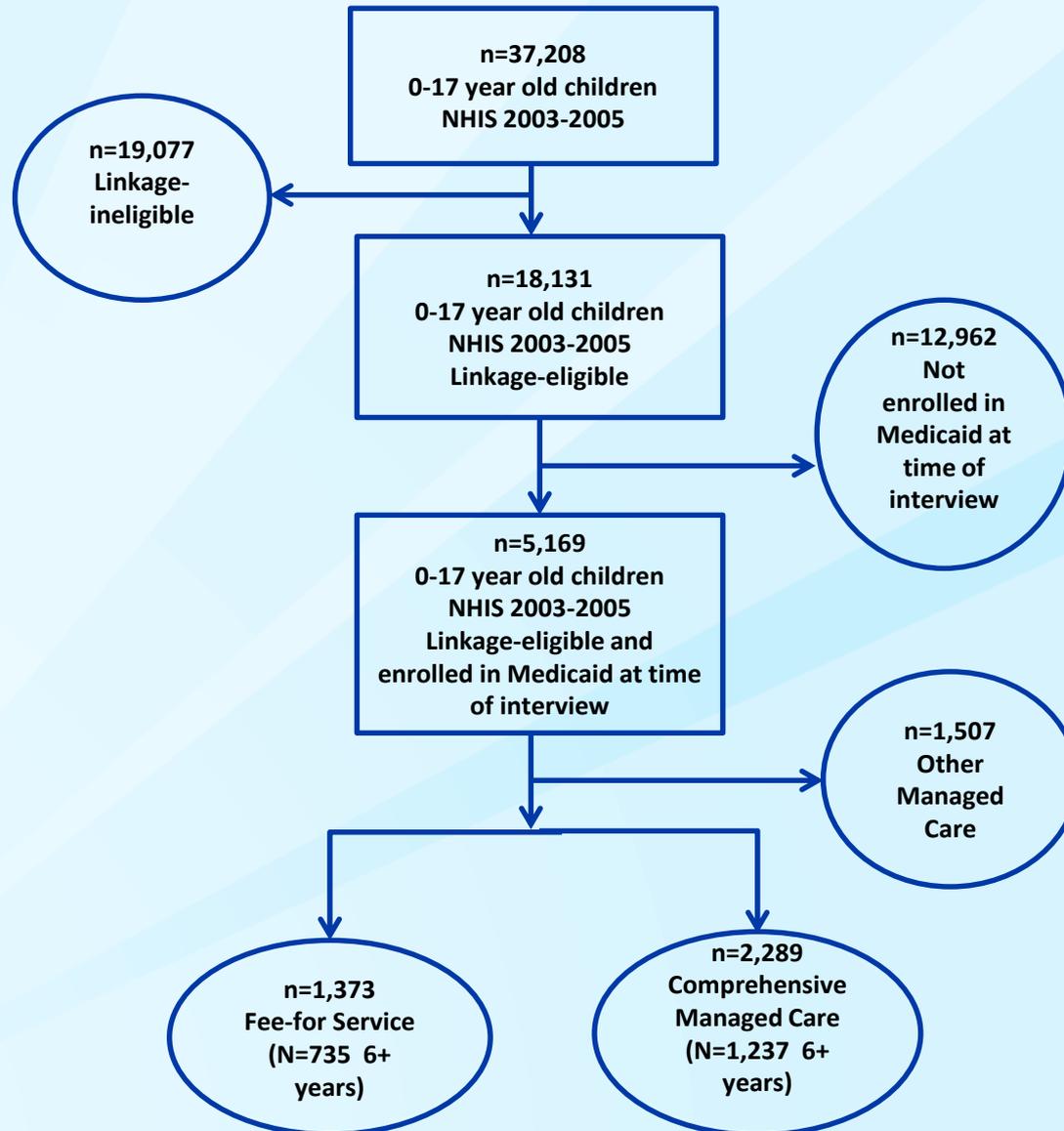
Administrative Period



Methods

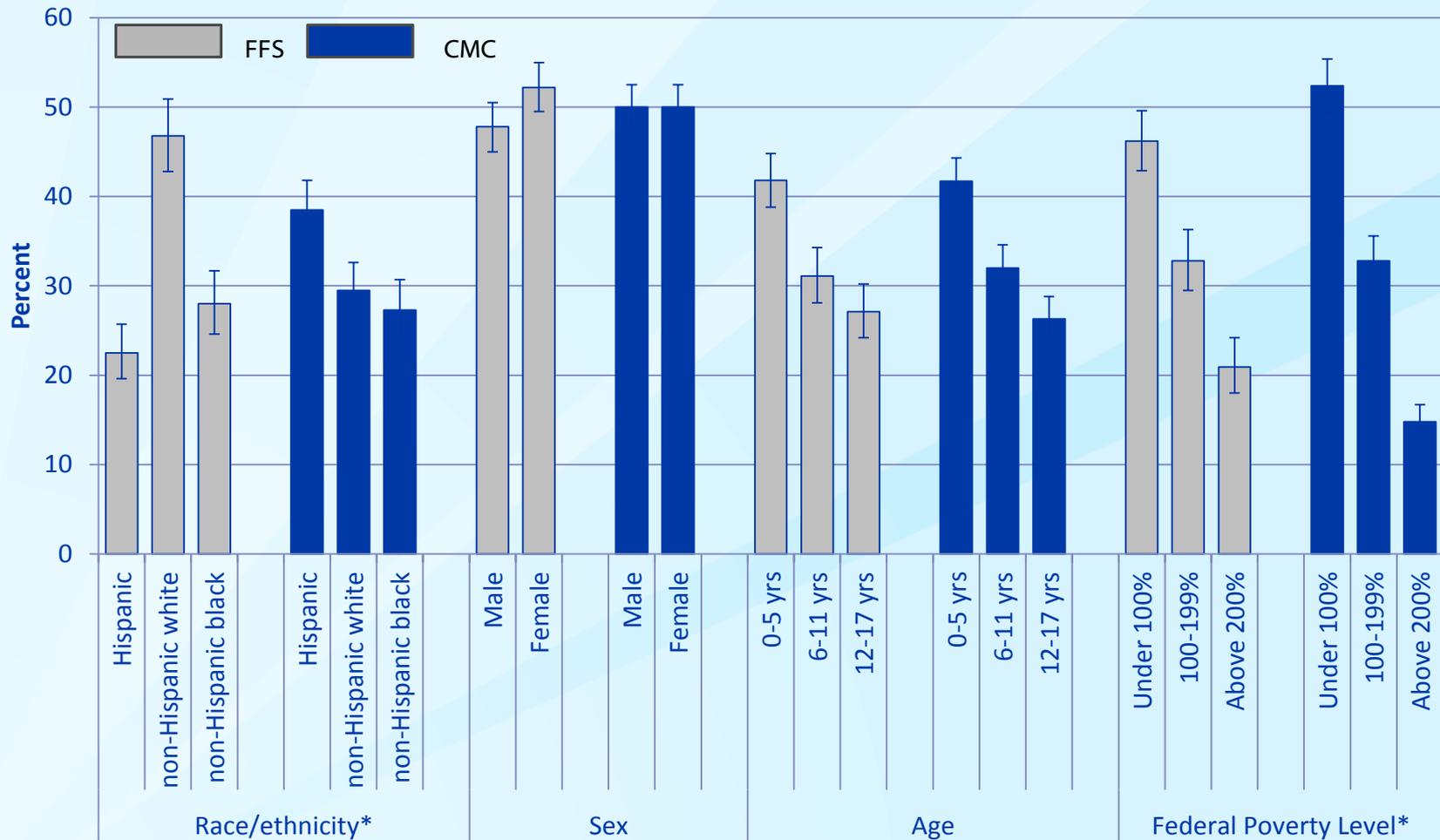
- **Total of 3,662 sample children (0-17 years) enrolled in Medicaid FFS (n=1,373) or CMC (n=2,289) programs as identified in the MAX file in month/year of NHIS interview**
- **1,972 children 6-17 years were enrolled in Medicaid**
- **Sample weights were adjusted for linkage-eligibility**
- **Characteristics of those in FFS and CMC were compared using chi-square tests; 95% Confidence Intervals are created based on the logit transformation**

Selection Criteria



Results (1/5)

Percent distribution of sociodemographic characteristics of US children age 0-17 enrolled in Medicaid at interview, by type of Medicaid program (2003-2005 linked NHIS-MAX files)

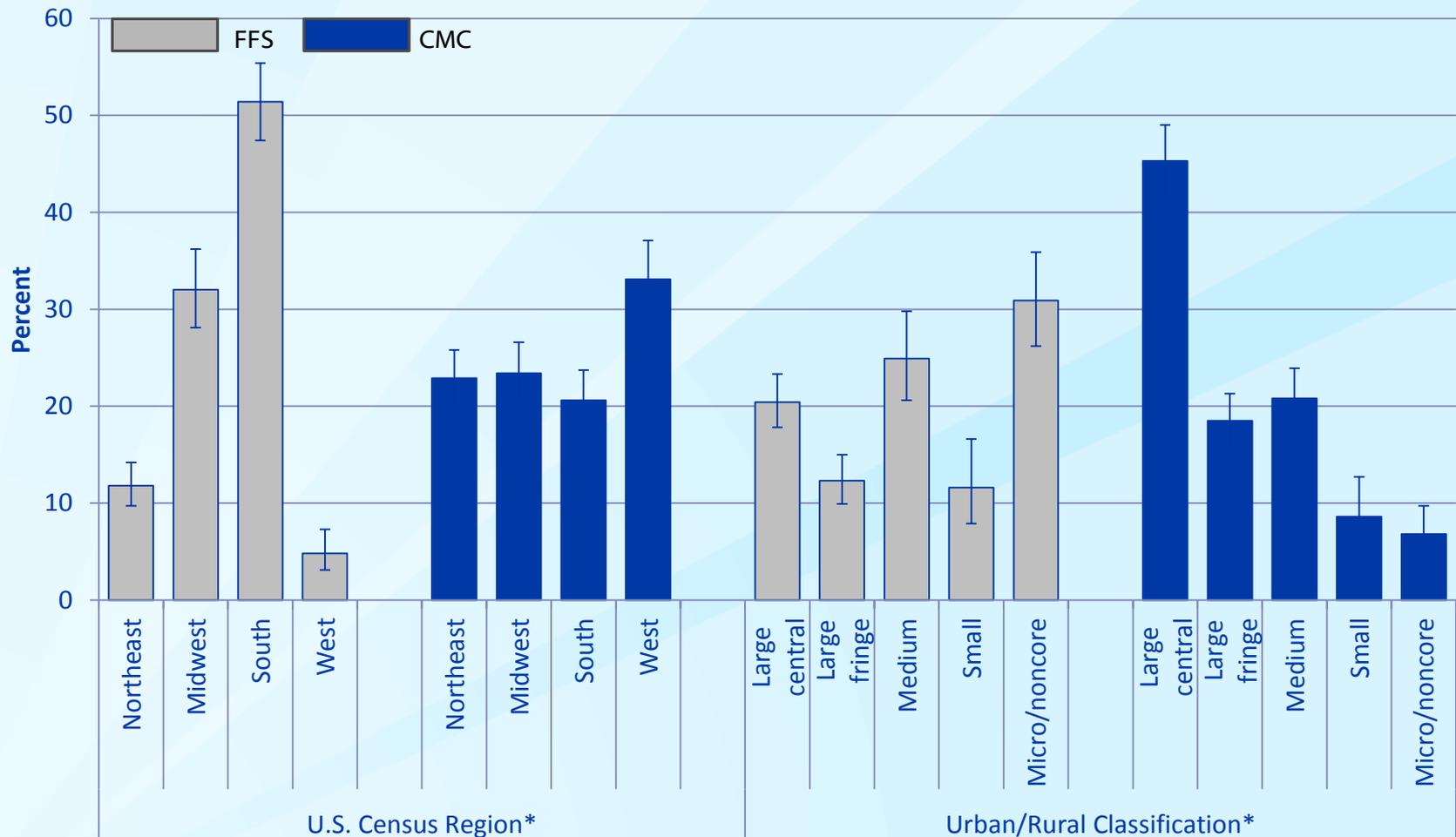


*Chi-square *p* value < 0.05

SOURCE: CDC/NCHS, 2003-2005 National Health Interview Survey linked to the 2003-2005 Centers for Medicare and Medicaid Services MAX files

Results (2/5)

Percent distribution of geographic residence of US children age 0-17 enrolled in Medicaid at interview, by type of Medicaid program (2003-2005 linked NHIS-MAX files)

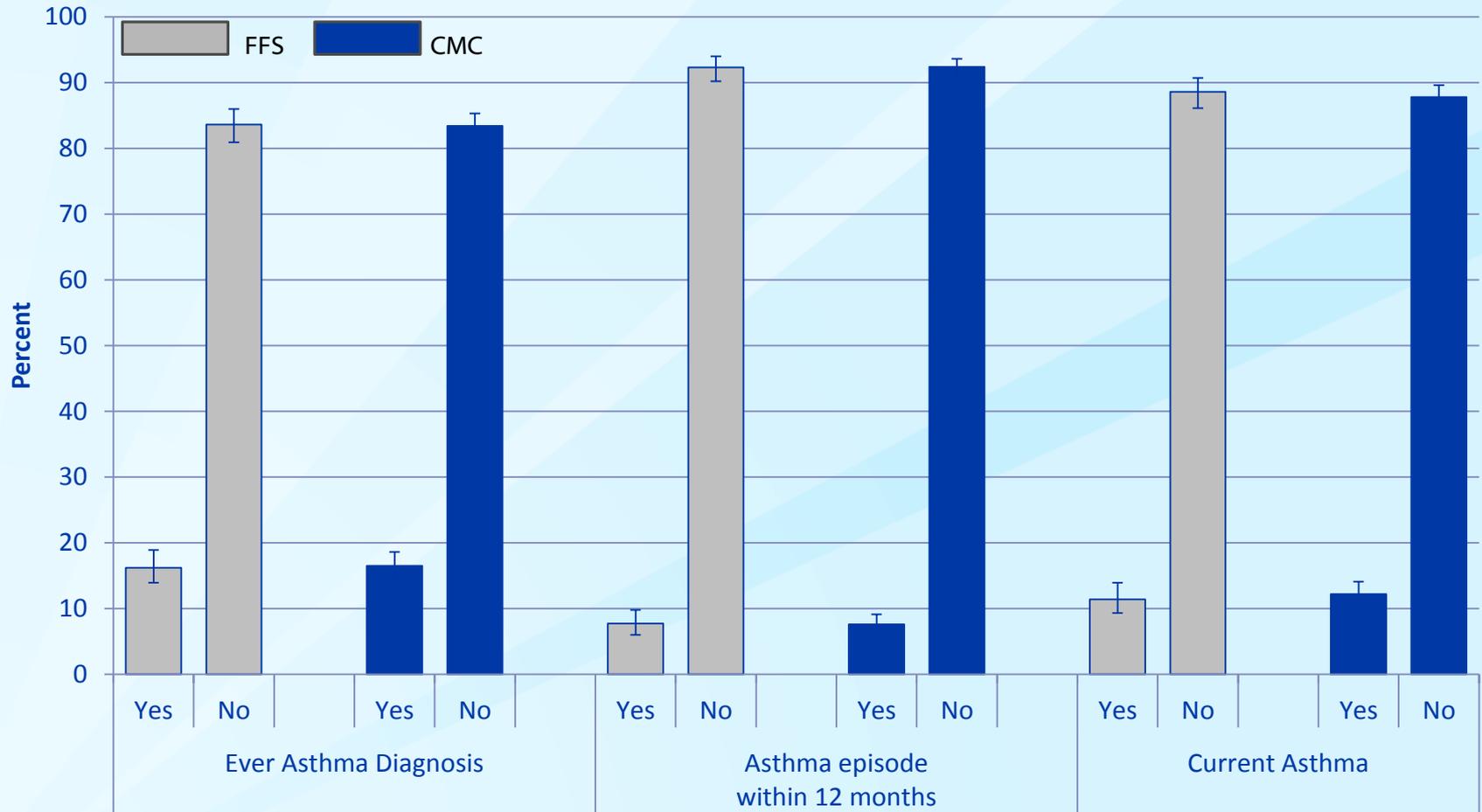


*Chi-square p value < 0.05

SOURCE: CDC/NCHS, 2003-2005 National Health Interview Survey linked to the 2003-2005 Centers for Medicare and Medicaid Services MAX files

Results (3/5)

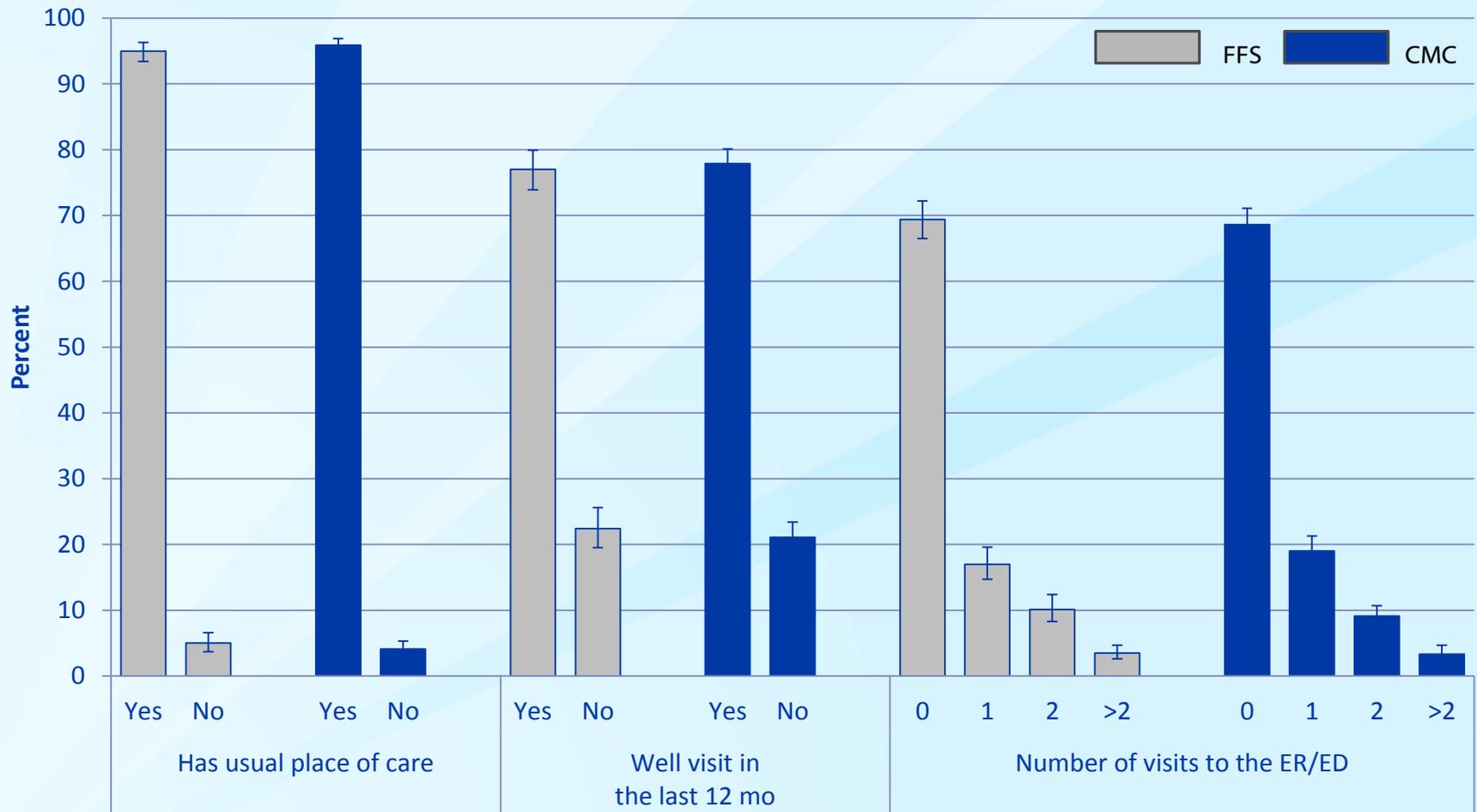
Percent selected asthma diagnoses of US children age 0-17 enrolled in Medicaid at interview, by type of Medicaid program (2003-2005 linked NHIS-MAX files)



SOURCE: CDC/NCHS, 2003-2005 National Health Interview Survey linked to the 2003-2005 Centers for Medicare and Medicaid Services MAX files

Results (4/5)

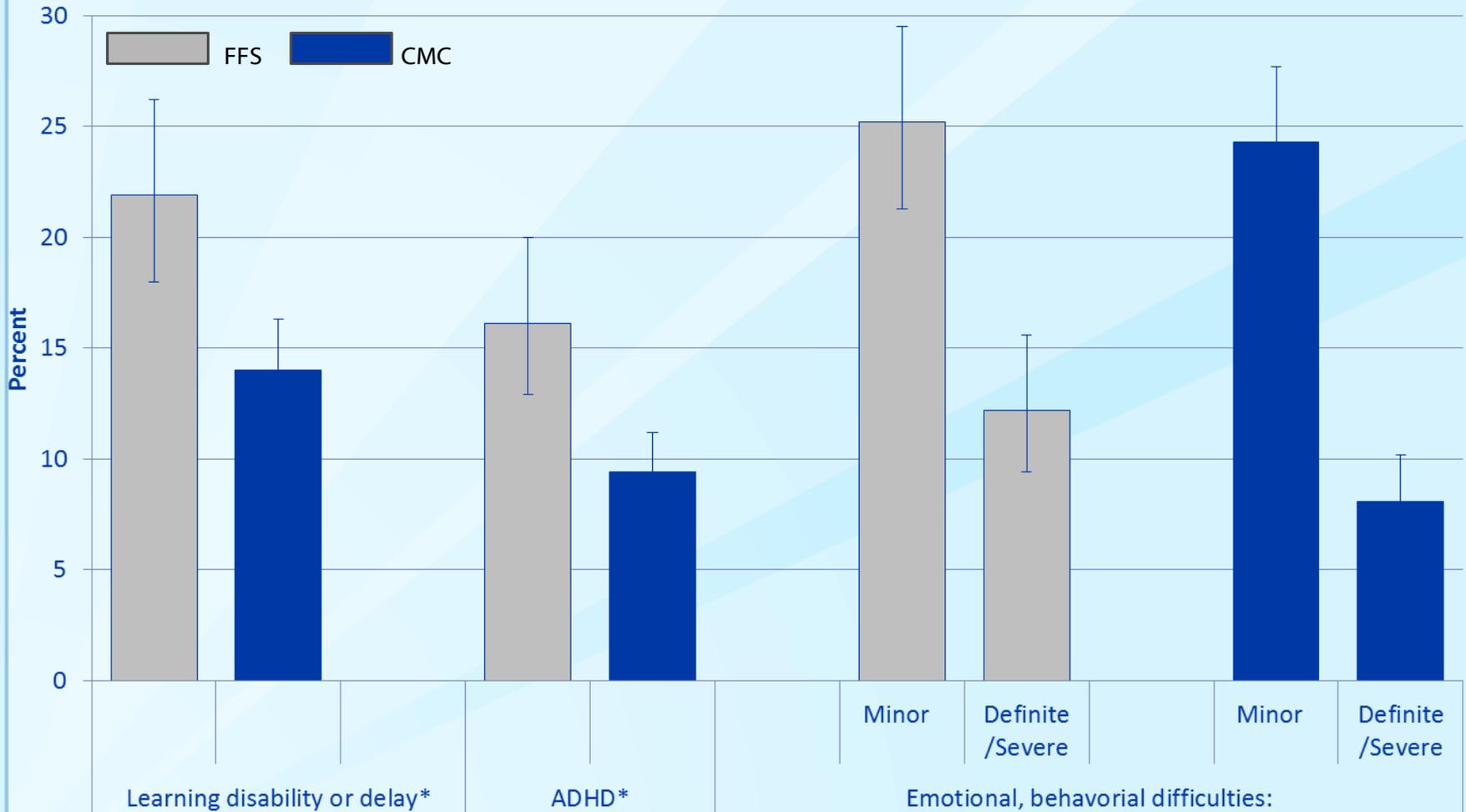
Percent with access to health care and utilizing services among US children age 0-17 enrolled in Medicaid at interview, by type of Medicaid program (2003-2005 linked NHIS-MAX files)



SOURCE: CDC/NCHS, 2003-2005 National Health Interview Survey linked to the 2003-2005 Centers for Medicare and Medicaid Services MAX files

Results (5/5)

Percent distribution of selected diagnoses for of US children age 6-17 enrolled in Medicaid at interview, by type of Medicaid program (2003-2005 linked NHIS-MAX files)



*Chi-square p value < 0.05

SOURCE: CDC/NCHS, 2003-2005 National Health Interview Survey linked to the 2003-2005 Centers for Medicare and Medicaid Services MAX files

Limitations

- **Cross-sectional analyses do not allow us to infer causal associations between enrollment plan type and sociodemographic and health conditions or characteristics of Medicaid children**
- **Data represent the population of children enrolled in Medicaid during 2003-2005, and may not reflect current data**

Conclusions

- **We observed differences in the percent distribution for several characteristics and similarities for others**
- **Generalizability of study results to all children in Medicaid based on analyses of FFS claims may depend on the outcomes examined**

More information about the NCHS data linkage program:

http://www.cdc.gov/nchs/data_access/data_linkage_activities.htm

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