Research Project to Understand the Medicaid Undercount: The University of Minnesota's State Health Access Data Assistance Center, National Center for Health Statistics, Department of Health and Human Services Assistant Secretary for Planning and Evaluation, Agency for Healthcare Research and Quality, Centers for Medicare and Medicaid Services, and U.S. Census Bureau

Phase VI Research Results: Estimating the Medicaid Undercount in the Medical Expenditure Panel Survey Household Component (MEPS-HC)

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I. Introduction

This paper describes the sixth phase results of a research project led by the University of Minnesota's State Health Access Data Assistance Center (SHADAC), National Center for Health Statistics (NCHS), Assistant Secretary for Planning and Evaluation (ASPE), Agency for Healthcare Research and Quality (AHRQ), Centers for Medicare and Medicaid Services (CMS), and the U.S. Census Bureau. The project is designed to explain why survey estimates of Medicaid enrollment are lower than enrollment numbers reported in state and national administrative data.

Phase I of the project established the reliability of the available data sources and the methodology this phase will employ. In Phase II, the Current Population Survey Annual Social and Economic Supplement (CPS ASEC) Medicaid undercount was estimated to be 32 percent in 2001, primarily due to false-negative reporting about enrollees.[1] Other research indicates that discrepancies between survey estimates of Medicaid enrollees and administrative record counts range from 10 percent to 30 percent (Blumberg and Cynamon, 1999; Call et al., 2007; Card, Hildreth, and Shore-Sheppard, 2001; Congressional Budget Office, 2003; Czajka, 2005; Klerman, Ringel, and Roth, 2005; Lewis, Ellwood, and Czajka, 1998). This range may reflect true differences in how surveys measure Medicaid, but it also may represent differences in the way the studies of the undercount were conducted.

Phase III extended the Phase II work, and continued to evaluate discrepancies between Medicaid administrative record counts of enrollees and estimates of enrollees from the CPS ASEC. The CPS ASEC analysis was repeated using the National Health Interview Survey (NHIS) in Phase IV. Phase V repeated the Phase II analysis with more recent years of CPS ASEC. The successive phases of the project have analyzed trends and differences in survey design.[2] The project has evaluated match rates, refined universe definitions, and summarized reporting patterns based on coverage types.

For Phase VI, the Medicaid undercount is evaluated using the 2003 Medical Expenditure Panel Survey Household Component (MEPS-HC) by comparing the number of MEPS-HC Medicaid enrollees to the Medicaid Analytic eXtract (MAX) administrative records. This phase also includes a comparison of false-negative reporting in MEPS-HC by linking person records to the MAX. This work benefits the collaborating organizations and external users by providing: an understanding of different data sources for producing point estimates; bivariate and multivariate statistics describing factors influencing false-negative reporting; and new research into the definition of Medicaid coverage by using a panel dataset.

When considering estimates of health insurance coverage, it is important to recognize that estimates differ for many reasons. Most federal surveys are developed for purposes other than measuring health insurance. Their concepts of coverage and level of detail captured will differ.

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[1] Reportees on Medicaid during the reference period are often incorrectly reported as not covered. See Phase II report at http://www.census.gov/did/www/snacc/snacc.html.

[2] Phase V of the project extended the Phase II CPS ASEC analysis using calendar years 2000 and 2001 through 2005 to confirm that the universe alignments and matching results are robust over time.

Survey processing methods of allocating and categorizing responses[3] also impact data quality. Interview reference periods may influence the quality of data collected (Pascale 2009). Table 1 summarizes examples of survey features that affect health insurance reporting. Table 1 shows that the NHIS measures coverage by asking respondents about coverage at the time of the interview while the CPS ASEC asks about coverage during the calendar year that ended three months prior to the interview.

Table 1. Survey Features That May Affect Reporting About Health Insurance

Feature	CPS ASEC	NHIS	MEPS
Reference Period	Previous calendar year	Interview date	Interview date and round
Respondent	Household informant	Adults encouraged to self-report/most knowledgeable person	Family informant
Questions about Health Care	No	Yes	Yes
Status as Uninsured	Inferred	"No coverage" option on flashcard	Inferred
Respondent asked to Confirm Status of "Uninsured"	Yes	Yes	No, but interviewer notes that "uninsured" recorded and asks about duration
Respondent asked for Insurance Documentation	No	Medicare and private (if reported with private but not listed in one of the family's plans)	All insurance cards, contact information for insurance and medical providers.
Question level	Family	Person	Family

In addition to the features that may affect reporting accuracy listed in Table 1, there are a number of MEPS-specific issues to incorporate in the Phase VI research.

MEPS was first implemented in 1996 to gain a better understanding of the specific health services available and utilized by the civilian non-institutionalized population of the U.S.[4] The survey is divided into a Household Component (HC) and an Insurance Component (IC). MEPS-HC focuses on the frequency of use, cost, and payment methods by both families and individuals. MEPS-IC supplements the household files with information obtained directly from medical providers and employers.

[3] For example, the final Medicaid/SCHIP variable in the CPS ASEC includes reports of other public coverage (besides Medicare and military-related coverage) while the MEPS variable does not.
[4] Agency for Healthcare Research and Quality website http://www.meps.ahrq.gov/mepsweb/.

II. Objectives

The first objective of this study is to evaluate reported insurance status for MEPS-HC respondents known to have Medicaid during the survey reference period. It is important to report this information about MEPS-HC because there is evidence that the scope of Medicaid misreporting varies by survey.[5]

The second objective of the study is to identify factors associated with accurate reporting of Medicaid coverage by MEPS-HC respondents for 2003. There are numerous studies showing that enrollee characteristics can be used to predict reporting accuracy, but the level of consistency among the predictive factors is just beginning to emerge (Call et al., 2009). Identifying factors that consistently or inconsistently relate to reporting accuracy across studies and surveys could inform survey methodologists about survey features that affect reporting accuracy. These features could be modified to mitigate misreports about insurance status, within the context of the survey's broader purpose and cost constraints.

III. Methodology

The modeling of the Medicaid undercount for MEPS-HC is similar to Phase II (CPS ASEC) and Phase IV (NHIS) research. To link the MEPS-HC respondents to the administrative data, a unique linkage variable common to both datasets is created. The Census Bureau assigns Protected Identification Keys (PIK) to records whose identifying information can be validated. Information about the process used to assign PIK is available in Appendix A. Information for 60.9 percent of MEPS-HC persons are validated. These cases are compared to the Medicaid administrative data in the MAX file.

Of the validated MEPS-HC records, 27.1 percent are linked to MAX record by PIK. Table 2 summarizes the results of the validation process for MEPS and MAX. The sample of MEPS-HC persons with PIK is reweighted to compensate for the 39.1 percent who did not receive PIK. The reweighting methodology and strata are similar to those used for earlier phases in this project.[6]

Table 2. Overview of Linking MEPS-HC to MAX, Unweighted

		Unmatched		Matched	
	Total	No PIK	PIK but No Match	PIK and Matched	Link Rate of PIKed
MEPS-HC	32,700	12,800	14,500	5,400	27.1%
MAX	56,195,400	7,390,000	48,800,000	5,400	0.0%

The accuracy of Medicaid reporting in MEPS-HC is analyzed by verifying comprehensive Medicaid coverage in the administrative data.[7] The unit of analysis depends on the reporting period of interest. The MEPS estimate of coverage is *ever in the year* –evaluating whether the respondent had comprehensive Medicaid coverage at any point in the past year. For the most

[5] Hill (2008) describes issues regarding the results of validations studies across surveys.
[6] Appendix A discusses the reweighting strata and adjustment factors.
[7] This excludes MSIS records for months with partial benefits such as coverage limited to family planning.

stringent analysis of reporting accuracy, it is *month with coverage in 2003* –did the respondent have comprehensive Medicaid coverage during the month they reported coverage to MEPS-HC? To compare the MEPS-HC results to previous research using CPS ASEC and NHIS, MEPS is viewed as a cross-sectional survey by using responses from the *first* round, when no reminders of previous responses were given. After completion of an initial MEPS-HC interview, respondents are re-interviewed five times (known as rounds one through five). The combined panel of data for each family provides information on health insurance coverage over time.

Researchers have found a range of error rates in reported insurance status across surveys (Hill 2008, Lynch 2008). It is not clear how much of the range is attributable to the survey data or to methods used to study them. For example, many studies include enrollees with limited benefits (e.g., family planning only); this study analyzes only full-benefit enrollees. The elderly are in the sample, though other studies omit them from analysis.

Logistic regression is used to identify enrollee characteristics predictive of false-negative reporting about monthly Medicaid enrollment in MEPS. Although MEPS derives its insurance estimates from all reports about the calendar year, the unit of analysis is the person-month. This allows analysis of time-related factors and a more straightforward definition of false-negative reporting. Person-months clarify which records are being used to avoid the difficulty of aligning MAX coverage in larger timeframes such as rounds or years. The short time frame of a month poses challenges when comparing to MAX data, including the timing of new enrollment records being added or the removal of outdated enrollment records.[8]

The regression analysis includes the set of independent variables used in previous phases. These are: age, race, sex, poverty level, Medicare dual eligible, TANF, SSI, private coverage, relationship to survey reference person, number of days covered, service in previous year, timing of recent services, and rounds.[9]

IV. Data

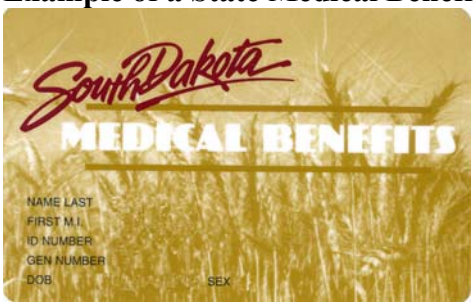
MEPS-HC 2003 is a sub-sample of NHIS households interviewed in 2001 or 2002 containing 32,681 individual sample members. MEPS collects data on an overlapping panel design; five rounds of interviews follow preliminary contact with a household over a thirty-month period. Interviewers conduct a pre-interview in MEPS-HC where a calendar for recording medical events to discuss during subsequent interviews is provided. A series of questions determines if a particular insurance type covers anyone in the family. If coverage exists, questions determine which persons are covered. After the initial interview (round 1), interviewers determine health insurance status by asking if the insurance status reported at the previous interview is still in effect. Status is collected for each month of the round. Interviewers ask about characteristics of the plan (e.g., managed care) in the first interview, and in later interviews only if the respondent

[8] For example, one-time services such as emergency room visits may be reported differently between the survey and administrative data.

[9] The SAS survey logistic procedure is used (http://support.sas.com/onlinedoc/913/docMainpage.jsp) with sampling weights to account for stratification and clustering in the complex sample design. Standard errors are computed for individuals as cluster variables to account for the person-month unit of analysis (i.e., clustering at the person level as well as primary sampling unit).

reports a change. Respondents are asked to consult insurance cards at the beginning of the interview. If no insurance is reported, the interviewer asks about reasons and duration of non-coverage. During each round of interviews, respondents are asked for authorization for data collection from their medical providers, insurance providers, and employers.

MEPS-HC collects information about Medicaid and SCHIP in one question with the following text:

{Some people are covered by programs called {**Medicaid/{STATE NAME FOR MEDICAID}/or {STATE CHIP NAME}**}. These are state programs for low-income families and individuals or children who do not have private health insurance. They sometimes cover persons with very large medical bills or those in nursing homes.}
Example of a State Medical Benefits ID card    Image source: http://dss.sd.gov/medicalservices/recipientinfo/wellchildcare.asp {SHOW CARD HX-3.} {People covered by {**Medicaid/{STATE NAME FOR MEDICAID}**} usually have a (piece of paper/card) that looks something like this.}
{During the last interview, we recorded that no one in the family was covered by {Medicaid/{STATE NAME FOR MEDICAID}/or {STATE CHIP NAME}}.} Has anyone in the family been covered by {Medicaid/{STATE NAME FOR MEDICAID}/or {STATE CHIP NAME}} at any time {since (START DATE)/between (START DATE) and (END DATE)}? [The period of coverage is recorded for all family members identified with Medicaid coverage.]

A respondent must report at least one month of Medicaid/SCHIP coverage for an enrollee to be counted as covered per MEPS-HC in this study. The official MEPS estimate for health insurance measures an "ever in the year" concept of coverage. Reports of public, means-tested coverage are considered correct reports of Medicaid enrollment. This contrasts with Phase II and IV research using CPS ASEC and NHIS, where reports of SCHIP for known Medicaid enrollees were defined as incorrect. However, this measure is consistent with the official CPS ASEC estimate of Medicaid, which does include SCHIP reports, as well as some reports of other public coverage (Peterson and Grady, 2005).

V. Results

The first objective of determining insurance status for MEPS-HC respondents known to have Medicaid during the survey reference periods is addressed by evaluating records in the matched sample. The MEPS-HC Medicaid response is compared to evidence of enrollment in the administrative data. MEPS-HC respondents correctly classify approximately 80 percent of the

Medicaid enrollees. This finding holds across reporting periods, as shown in Table 3. Respondents correctly classify an estimated 82.5 percent of persons ever enrolled in 2003 according to MAX. First round MEPS-HC respondents correctly classify 81.5 percent of persons enrolled in MAX at that time, an important baseline to consider since the first round responses are not prompted by information reported in previous interviews.

Table 3. Respondent Accuracy of Reporting Medicaid Enrollment by Time Period, MEPS 2003 (Weighted)

	Year		Round 1	
	Number	Percent	Number	Percent
Correct	4,950,000	82.5	2,450,000	81.5
Incorrect	1,050,000	17.5	550,000	18.5

Few MEPS-HC records in the matched sample report no health insurance coverage. As shown in Table 4, 8.3 percent of the records with full Medicaid coverage at some point in 2003 respond to the survey as never having insurance in the period. Respondents misclassify 9.2 percent of the Medicaid enrollees in the matched sample as having some other type of coverage. These results show that MEPS-HC respondents classify most enrollees as having Medicaid and a large majority as having at least some coverage. Complete results can be reviewed in the detailed tables in the Appendix B.

Table 4. Respondent Accuracy of Reporting Medicaid at Some Point in 2003

Response to Medicaid Question	No coverage	No - Other Type	Yes
Has anyone in the family been covered by {Medicaid / Medicaid State Name/or State CHIP Name} at any time? (Initial interview date through the rounds)	8.3%	9.2%	82.5%

The second objective of identifying factors associated with accurate Medicaid reporting is also addressed using the linked sample. The model estimate has the probability of a false negative report as the dependent variable with the explanatory variables, their estimates, and p-values summarized in Table 5. The probability of false-negative reporting is the probability a respondent reported they did not have Medicaid during the MEPS time frame though they appear enrolled in Medicaid administrative records.

Table 5. Logistic Model Results for Incorrect Reporting about Monthly Status in Medicaid for Known Enrollees, MEPS 2003

Variable Beta		P-Value		Variable Beta		P-Value
Intercept	0.2952	0.5916		Citizen (NHIS, explicit response about 2001 or 2002)	-0.4230*	0.0228
Age: 0 - 5	-0.2025	0.2781		MSIS Shows Nonelderly Dual Coverage in Medicare	0.3921	0.1234
6 - 14	0.1893	0.2847		MSIS Shows Eligible b/c in TANF	-0.0656	0.6262
15 - 17	0.1700	0.4077		MSIS Shows SSI in Survey Month	-0.0753	0.6562
18 - 44	-0.0120	0.9463		MSIS Shows Private and Medicaid Coverage in Survey Month	0.7488*	<.0001
45 - 64	-0.2710	0.2094		Self	0.0531	0.7014
65 +	0.1262	0.5606		Parent	0.5038	0.1277
White/Non-Hispanic	-0.1285	0.4118		Spouse	0.1008	0.5945
Black/Non-Hispanic	0.4254*	0.0111		Own Child	-0.4253	0.0732
AI/Non-Hispanic	-0.3502	0.5213		Adult Child	-0.0600	0.7666
API/Non-Hispanic	-0.2079	0.4100		Other	-0.1724	0.3523
Hispanic	0.2611	0.1228		Total Days Covered in 2002	-0.00157*	0.0009
RPL: 0 - 49%	-0.2727*	0.0095		Continuous Coverage: None in Interview Month	0.5116*	<.0001
RPL: 50 - 74%	-0.0533	0.6670		Less than 4 Months	-0.0851	0.4066
RPL: 75 - 99%	-0.1957	0.1110		4-6 Months	0.1562	0.1201
RPL: 100 - 124%	-0.0917	0.5598		7-12 Months	-0.0677	0.4654
RPL: 125 - 149%	-0.00138	0.9930		13+ Months	-0.5149*	<.0001
RPL: 150 - 174%	0.1332	0.3346		Days in 12 Months Before Interview with Coverage: 1-60	0.2105	0.3776
RPL: 175 - 199%	-0.0815	0.6105		61-180	0.2324	0.1055
RPL: 200%+	0.5631*	<.0001		181+	-0.4429*	0.0022

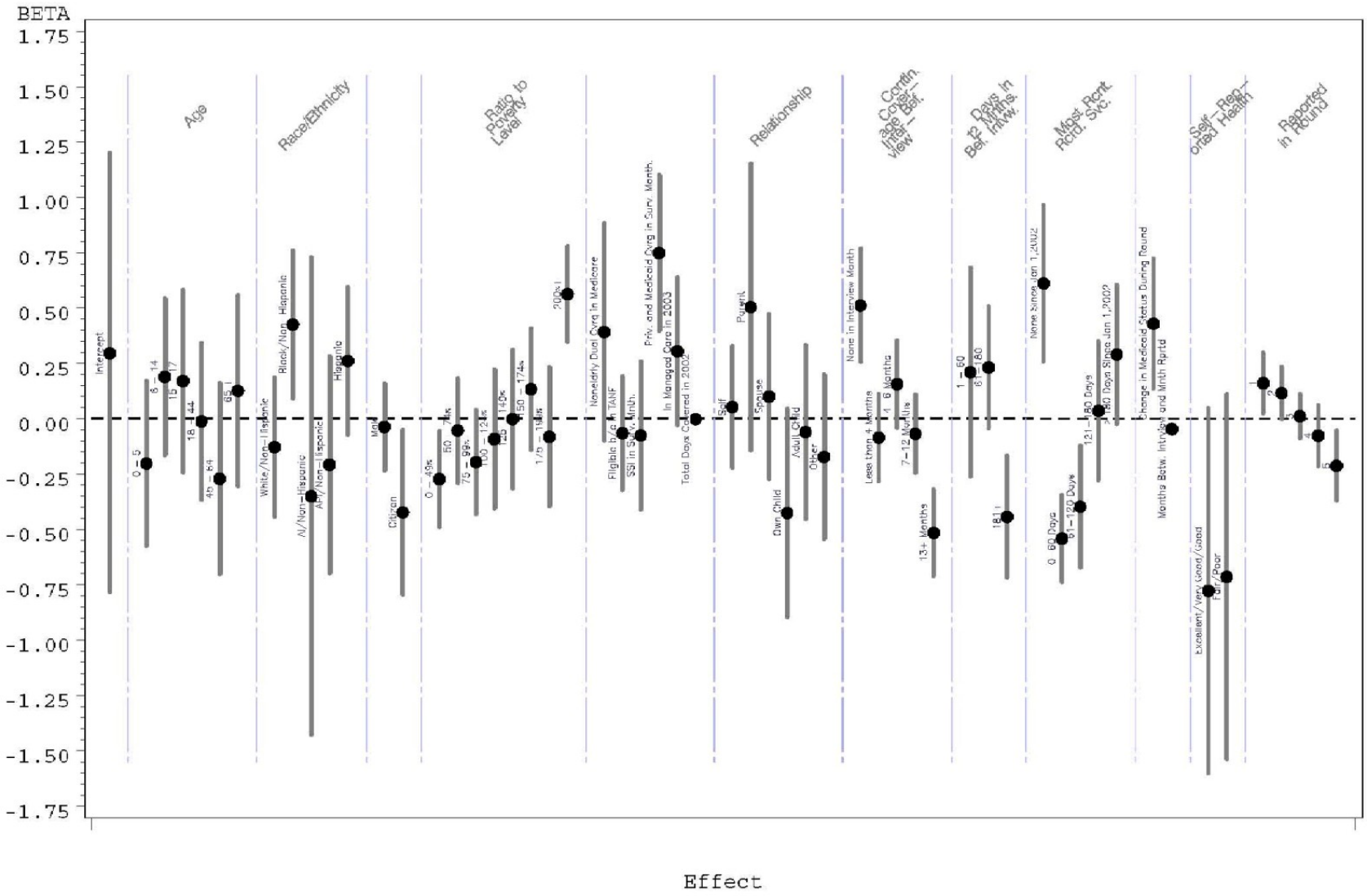
Table 5. Logistic Model Results for Incorrect Reporting about Monthly Status in Medicaid for Known Enrollees, MEPS 2003						
Variable Beta		**P-Value**		**Variable Beta**		**P-Value**
Most Recent Record of Service (relative to interview): None Since Jan 1,2002	0.6115*	0.0005		Self-Reported Health (MEPS): No report	1.4904	0.0740
0-60 Days	-0.5413*	<.0001		Excellent/Very Good/Good	-0.7768	0.0661
61-120 Days	-0.3972*	0.0039		Fair/Poor	-0.7136	0.0901
121-180 Days	0.0361	0.8174		Reported in Round: 1	0.1611*	0.0194
More than 180 Days but Since Jan 1,2002	0.2909	0.0688		2	0.1160*	0.0414
				3	0.0118	0.8137
				4	-0.0766	0.2550
				5	-0.2123*	0.0049

* Denotes Significance at the 95% level

The logistic model contains a couple interesting results worth mentioning. First, the MEPS-HC analysis finds more false negative reporting for cases where: the respondent is Black/Non-Hispanic, family income was 200 percent or more of the poverty threshold, and MSIS indicated private and Medicaid coverage in the survey month. Less false reporting is found for cases where: family income was 0 to 49 percent of the poverty threshold, total covered days in 2002, and those with a service paid within the 60 and 61 to 120 days relative to the interview date.

Regression results are graphically summarized in Figure 1. Variables are significant when the error bars for the coefficient fail to intersect the horizontal line at zero. Coefficients above zero reflect a positive relationship with false-negative reporting, and coefficients below zero reflect a negative relationship with false-negative reporting.

Figure 1. Logistic Regression Estimates (With 95% Confidence Intervals)



Effect

SOURCE: MEPS 2003 linked with Medicaid Extract

The results of the round variables from MEPS-HC are located on the far right side of Figure 1. While two of the five round variables are statistically significant, an important trend is worth noting. Medicaid reporting is more accurate in later rounds than the first round. Table 3 indicates that respondents report accurately before they have had the potential to learn from previous MEPS rounds and before they are reminded about what was reported in a previous round. The improvement in responses over the course of the panel data collection may also be affected by:

- MEPS is subsampled from NHIS so someone in the household was asked about Medicaid during NHIS interviews in the year or two before MEPS-HC.
- There is a "pre-interview" when respondents are exposed to concepts of coverage and other ideas central to correct reporting about health insurance and Medicaid/SCHIP.
- The MEPS sample includes persons who completed all rounds of interviews, therefore the sample may appear more compliant than if the final sample included people who dropped out after round 1. However, the MEPS sample weights are designed to correct for this.

The statistically significant betas for rounds 1, 2, and 5 indicate that reporting accuracy improves over time. Reporting is less accurate when there was a change in Medicaid status during the round. This corroborates findings from the CPS ASEC that the probability of misreporting enrollment in the previous calendar year is higher if the enrollee was not covered in the month of the interview (U.S. Census 2008; Lynch 2008). Pascale (2009) found similar results in a cognitive interviewing study and concluded that respondents sometimes disregarded the reference period and reported about current coverage or by insurance spell. The detailed tables in Appendix B show full results including interaction terms.

The probability of false-negative reporting is modeled using the same set of independent variables in MEPS, NHIS and CPS ASEC.[10] Table 6 indicates that the observed relationships between reporting accuracy, family income, and timing variables (duration of coverage, history, and recency of service) are consistent across surveys.[11] Most variables in Table 6 are significant for one or two surveys, but not all three.

[10] The CPS ASEC sample included enrollees who were covered during the interview month in addition to the calendar year reference period.

[11] See Appendix B for complete regression results from MEPS-HC, and Lynch (2008) for results from NHIS and CPS ASEC.

Table 6. Predictors of Medicaid Reporting Accuracy: MEPS (2003), CPS ASEC (2000[12]), NHIS (2001)			
	MEPS	CPS ASEC	NHIS
Poverty ratio greater than or equal to 200%	-	-	-
Poverty ratio less than 50%	+	+	+
Days with Coverage in Calendar Year before Interview	+	+	+
Payment for Service in Prior Year	+	+	+
Payment for Service in Past 60 Days	+	+	+
Age: 0-5	NS	-	-
Age: 65+	NS	+	+
Non-White and Non-Hispanic	+	+	NS
Relationship to Reference Person: Other	NS	+	NS
Medicaid Supplements Medicare	NS	-	-
Medicaid with Private Insurance	+	NS	+
Medicaid Due to TANF coverage	NS	-	-
MSIS Shows SSI in Survey Month	NS	-	-
'NS' = Not significant '+' = Positive relationship '-' = Negative relationship			

Lists of name and direction of the relationship for variables with a statistically significant relationship with false-negative reporting across the three surveys

VI. Limitations

The primary limitation when making inferences from this research relates to the quality of the input files and the algorithm used to link them. Several phases of the Medicaid Undercount Project have been devoted to investigating data quality. The major sources of error are explained in earlier phases; the limitations related to MSIS and NHIS files are in the Phase IV report.[13]

Sampling and non-sampling error exists in the MEPS-HC and administrative records. Although the administrative data are edited and validated, errors will extend to the integrated files created through record linking with survey data. Users should also consider the adjustments made to compensate for unlinkable records (through missing data or failure to assign a validated PIK), which may make the matched sample to appear more compliant[14] or unrepresentative of the Medicaid and civilian non-institutionalized population.

[12] Analysis of CPS ASEC enrollees with coverage at the interview date, usually March 2001.
[13] http://www.census.gov/did/www/snacc/docs/SNACC_Phase_IV_Full_Report.pdf.
[14] Klerman (2005) and Hill (2007) find that respondents whose reports can be validated are more complaint than others, and compliance may be more of an issue in MEPS since it is a longitudinal survey asking participants to comply with the burden or multiple interviews.

VII. Conclusion

MEPS-HC respondents report Medicaid status with 82.5 percent accuracy. As with other surveys, false-negative reporting is a common problem.[15] Reporting accuracy in the first MEPS-HC interview improves over subsequent interviews. Finding relationships between reporting accuracy and circumstances outside the reference period corroborates results from quantitative and qualitative studies (Lynch 2008, Pascale 2009, U.S. Census 2008).

Factors associated with reporting accuracy in MEPS-HC are consistent with results from earlier phases of the project. Time-related factors are among the most consistent predictors of reporting accuracy. The panel aspect of MEPS-HC differs from most surveys discussed in the literature. The MEPS-HC longitudinal design, with medical coverage questions being asked multiple times and in multiple ways with respect to time, differs from cross-sectional surveys which ask about different time periods within one interview. Continued analysis of cross-sectional surveys (CPS ASEC and NHIS) is planned, including record linkage to responses for the health insurance questions in the 2008 American Community Survey.

[15] For NHIS 2001, 72.7 percent of respondents reported Medicaid status accurately. For NHIS 2002, 78.3 percent of respondents reported Medicaid accurately. For CPS ASEC 2001 and 2002 the respondents had positive reported Medicaid accuracy of 63.3 and 63.2 percent respectively.

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APPENDIX A. Files and Methods Used

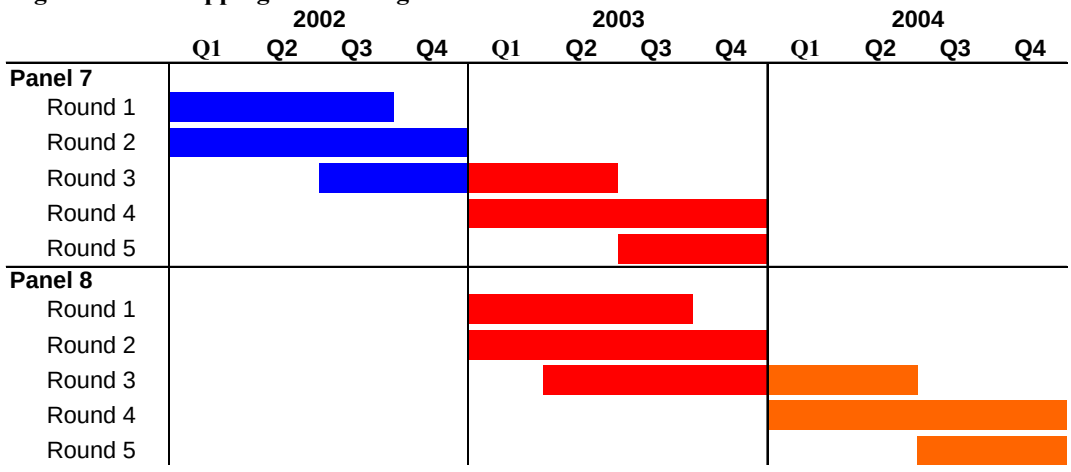
1. Files

National Health Interview Survey (NHIS)
The NHIS is an annual survey of approximately 35,000 households nationwide. It is a comprehensive source for data on health conditions, including insurance coverage. The population represented is the civilian non-institutional population living in the United States. Data are collected throughout the year.

Medical Expenditure Panel Survey (MEPS)
MEPS is a panel design survey that involves several rounds of interviewing covering two full calendar years. MEPS collects data from a sample of families and individuals in selected communities across the United States, drawn from a nationally representative subsample of households that participated in the prior year's National Health Interview Survey. The survey universe is representative of the U.S. civilian non-institutionalized population. The survey is divided into a Household Component (HC) and an Insurance Component (IC).

MEPS Healthcare Component (MEPS-HC), 2003
Data collected in the MEPS 2003 Household Component (MEPS-HC) are designed to provide comprehensive information about health care use, spending, insurance coverage, and sources of payment. MEPS-HC collects data according to an overlapping panel design (see Figure 2) involving a preliminary contact with a household followed by five rounds of interviews over a two-and-a-half year period. The final survey file contains records for 32,681 individual sample members.

Figure 2. Overlapping Panel Design: Data Reference Periods in MEPS-HC 2003



Current Population Survey (CPS) Annual Social and Economic Supplement
The CPS ASEC is an annual survey of approximately 100,000 households nationwide. Formerly known as the March Supplement, the CPS ASEC is a major source for health insurance coverage data. The survey universe represents the civilian non-institutional population living in the United States. The CPS ASEC data are collected annually in February, March, and April.

Medicaid Statistical Information System (MSIS)
The Medicaid Statistical Information System (MSIS) is the basic source of state submitted eligibility and claims data on the Medicaid population, their characteristics, utilization, and payments. These data are obtained by special agreement with the Centers for Medicare and Medicaid Services (CMS) for research purposes. States are required to submit their eligibility and claims data to CMS on a quarterly basis. These data are compiled to form the MSIS.

Medicaid Analytic Extract (MAX)
The MAX, formerly known as State Medicaid Research Files (SMRFs), are a set of person-level data files on Medicaid eligibility, service utilization, and payments. The MAX data are extracted from the MSIS, reconciling initial claims, interim claims, voids, and adjustments for each service. Unlike fiscal year based MSIS quarterly files, MAX is an annual calendar year file. These data are also obtained by special agreement with the Centers for Medicare and Medicaid Services (CMS) for research purposes.

2. Methods

Creating the Research File for Analysis
The data processing procedure for the Medicaid Undercount Project is complex due to the various formats and definitions in the numerous source files. Four administrative data files are used: the Medicaid Statistical Information System (MSIS) and the Medicaid Analytic eXtract (MAX), the Census Numident, and the Census Person Characteristic File (PCF). CMS develops MAX/MSIS from records states use to administer their Medicaid and SCHIP programs. The survey data are the National Health Interview Survey (NHIS) and the 2003 MEPS Household Component (MEPS-HC). An outline of the data preparation process follows:

1. Validate identifying information and assign a unique linkage identifier for each person record in the 2001 NHIS. The unique identifiers are called Protected Identification Keys (PIK).

2. Validate[16] person-level records from MSIS, assign PIK, and retain records in scope for the analysis.

[16] A modified version of the Census Bureau's PVS is used to compare the date-of-birth and sex shown on the MSIS record to the date-of-birth and sex in the Census Numident. The process works under the assumption that if the MSIS data were incorrect, it would be highly unlikely for the MSIS and SSA master file date-of-birth and sex to be similar.

3. Link NHIS to MAX/MSIS by PIK[17] and create analytical variables (e.g., NHIS_HI recode for category of health insurance response) using methods from previous phases. Link to the Census PCF for race variables.

4. Repeat steps 1 to 3 using the 2002 NHIS and appropriate vintages of MAX/MSIS (completed in Phase IV).

5. Process MEPS 2003 Full-year Population Characteristics file through validation to assign PIK to individuals in the survey.

6. Drop cases that were not in NHIS and create analytical variables for evaluating the consistency between MEPS and MAX and identifying factors associated with false-negative reports.

7. Link each MEPS sample person to the analytical file for the NHIS from which their panel was sampled.[18]

8. Link all MEPS-NHIS linked cases to MAX 2003 and create a new set of MEPS weights by dropping unvalidated cases and reassigning their weight proportionally to records that have the data required to link files.

Person Identification Verification System (PVS)

The Person Identification Validation System (PVS), managed by the Administrative Records Applications staff at the Census Bureau, provides a fully automated production capability for verifying identifying information for person records within demographic surveys, censuses, or administrative records. This is accomplished by comparing person characteristics from the incoming file to the characteristics carried on the Census Numident file. In conformance with Census Bureau's privacy policy, the PVS does not process any record for which the respondent has refused to provide an SSN or has declined or "opted out" of having their data linked to administrative records from other agencies. For person records with reported SSNs, the system will attempt to verify the data associated with that SSN, and for records with no SSN or that fail this verification step, the system will attempt to determine the correct SSN through a probabilistic search. The SSN is considered validated if it successfully completes the verification step or is determined via search.

CMS Quality Control

CMS monitors key counts for each state on a month-to-month basis and benchmarks data from the states to five external sources. For example, CMS works with states to identify (and remedy as needed) causes for any unusual shifts in enrollment by age group, dual coverage type, SCHIP status and managed care type. A benchmarking example is the CMS process of comparing, for each state and each year, MSIS person months of SCHIP enrollment

[17] The MSIS and MAX vintages will be 2001 and 2000, covering the reference period for all 2001 NHIS people and the year prior to their interview dates

[18] Approximately 3 percent of the MEPS sample were not in NHIS (newborns, newly marrieds, adopted, or de-institutionalized); they are excluded from analysis.

(Medicaid-expansion SCHIP and stand-alone SCHIP separately) or each quarter to person months of enrollment each quarter for SCHIP from SCHIP Enrollment Data System (SEDS) at CMS. All states with Medicaid-expansion SCHIP programs report to MSIS, and stand-alone SCHIP counts are reported to MSIS by about half the states with stand-alone SCHIP programs.

MEPS-HC Reweighting Methodology

The MEPS-HC weights are adjusted to compensate for cases that cannot be used in the analysis because they are not linkable. These are cases that lack a PIK needed for linking to the administrative records. It is important to reweight to reduce bias in the results. The reweighting technique replicates the reweighting technique from Phase II,[19] but it is performed on the MEPS-HC file instead of the CPS ASEC. Along with sharing the methodology, the reweighting strata for MEPS-HC uses three[20] of the four stratifying variables used for the CPS ASEC:

Age:	0-5
	6-17
	18-64
	65 and up
Relative Poverty:	0% to 99%
	100% to 199%
	200% and up
Health Insurance Status:	Medicaid
	Other public only
	Private only or other public/private
	Uninsured

Strata variables are created by concatenating these variables and then combining similar strata until each resulting stratum has a minimum of 50 cases. To reach a minimum of 50 cases per cell, the poverty categories with cases that are 65+ and uninsured are collapsed. Adjustment factors are determined for each stratum and used to adjust the original MEPS-HC weights.

[19] The rationale for the approach is detailed in the Phase II report.

[20] NHIS does little imputation, so a stratifying variable representing imputation of health insurance status is not needed.

Reweighting Adjustment Factors by Strata, NHIS 2003

Age Group	Health Insurance	Relative Poverty	Cell Count	Adjustment Factor	Age Group	Health Insurance	Relative Poverty	Cell Count	Adjustment Factor
0-5	Medicaid	<100%	807	1.59					
0-5	Medicaid	100-199%	466	1.5					
0-5	Medicaid	=>200%	155	1.85	18-64	Medicaid	<100%	1,165	1.55
0-5	Private	<100%	138	1.64	18-64	Medicaid	100-199%	616	1.56
0-5	Private	100-199%	190	1.52	18-64	Medicaid	=>200%	310	1.78
0-5	Private	=>200%	130	1.95	18-64	Private	<100%	312	1.64
0-5	Any Public	<100%	113	2.08	18-64	Private	100-199%	425	1.68
0-5	Any Public	100-199%	469	1.8	18-64	Private	=>200%	609	1.73
0-5	Any Public	=>200%	2,114	1.96	18-64	Any Public	<100%	924	1.86
0-5	None	<100%	201	1.99	18-64	Any Public	100-199%	2,496	1.76
0-5	None	100-199%	213	1.81	18-64	Any Public	=>200%	18,239	1.93
0-5	None	=>200%	138	2.7	18-64	None	<100%	1,599	2.1
6-17	Medicaid	<100%	1,120	1.73	18-64	None	100-199%	1,986	2.01
6-17	Medicaid	100-199%	547	1.56	18-64	None	=>200%	2,561	2.29
6-17	Medicaid	=>200%	211	1.71	65+	Medicaid	<100%	315	1.36
6-17	Private	<100%	252	1.72	65+	Medicaid	100-199%	245	1.6
6-17	Private	100-199%	348	1.71	65+	Medicaid	=>200%	131	1.82
6-17	Private	=>200%	273	1.8	65+	Private	<100%	244	1.63
6-17	Any Public	<100%	282	1.99	65+	Private	100-199%	658	1.83
6-17	Any Public	100-199%	960	1.91	65+	Private	=>200%	875	2
6-17	Any Public	=>200%	4,657	1.98	65+	Any Public	<100%	141	1.7
6-17	None	<100%	414	2.28	65+	Any Public	100-199%	888	1.7
6-17	None	100-199%	488	1.96	65+	Any Public	=>200%	2680	1.7
6-17	None	=>200%	367	2.51	65+	None	*	73	3.87

APPENDIX B. Detailed Tables

SNACC Phase VI, Table 1: Results of MEPS to MAX Record Linking Process, Unweighted Counts, CY 2003

Person Characteristic	Unmatched Records				Matched Records		
	MEPS		MAX				
	No PIK	PIK but No Match	No PIK	PIK but No Match	Total	Rate (among PIKed records)	
						MEPS	MAX
Total	12,800	14,500	7,390,000	48,800,000	5,400	27.2%	0.011%
Age 0 - 5	1,700	700	1,570,000	11,050,000	800	53.5%	0.007%
Age 6 - 14	1,650	1,850	590,000	11,250,000	1,650	46.9%	0.015%
Age 15 - 17	550	650	412,000	3,010,000	450	40.6%	0.014%
Age 18 - 44	4,950	5,500	3,210,000	13,100,000	1,400	20.3%	0.011%
Age 45 - 64	2,650	3,800	199,000	4,960,000	550	12.3%	0.011%
Age 65+	1,200	1,850	149,000	5,380,000	500	21.9%	0.010%
Age N/A	100	100	1,260,000	.	50	39.8%	.
White	9,800	11,800	1,430,000	23,000,000	3,500	23.0%	0.015%
Black	1,950	1,750	721,000	11,950,000	1,550	46.8%	0.013%
AIAN	100	100	62,400	723,000	100	42.5%	0.011%
API	700	600	174,000	1,250,000	150	19.0%	0.011%
Other or Multiple	200	200	.	282,000	100	36.5%	0.043%
Race Unknown	.	.	5,000,000	11,600,000	.	.	.
Male	6,000	7,200	1,910,000	20,350,000	2,250	23.6%	0.011%
Female	6,800	7,250	4,240,000	28,400,000	3,200	30.5%	0.011%
Sex: Unknown	.	.	1,240,000	24,100	.	.	.
Hispanic	4,050	2,900	3,290,000	8,810,000	1,950	40.2%	0.022%
Non-Hispanic	8,750	11,600	2,390,000	37,000,000	3,500	23.1%	0.009%
Ethnicity Unknown	.	.	1,710,000	2,980,000	.	.	.
Ratio to Poverty Level: 0 - 49%	1,250	550	.	.	1,250	68.3%	.
Ratio to Poverty Level: 50 - 74%	750	350	.	.	800	69.1%	.
Ratio to Poverty Level: 75 - 99%	800	500	.	.	750	61.4%	.
Ratio to Poverty Level: 100 - 124%	850	700	.	.	700	48.8%	.
Ratio to Poverty Level: 125 - 149%	750	650	.	.	450	40.0%	.

SNACC Phase VI, Table 1: Results of MEPS to MAX Record Linking Process, Unweighted Counts, CY 2003

Person Characteristic	Unmatched Records				Matched Records		
	MEPS		MAX				
	No PIK	PIK but No Match	No PIK	PIK but No Match	Total	Rate (among PIKed records)	
						MEPS	MAX
Ratio to Poverty Level: 150 - 174%	650	750	.	.	400	35.8%	.
Ratio to Poverty Level: 175 - 199%	700	750	.	.	250	25.7%	.
Ratio to Poverty Level: 200%+	6,950	10,200	.	.	800	7.47%	.
MEPS: Medicaid/CHIP Only	2,000	350	.	.	3,250	90.1%	.
MEPS: Medicaid/CHIP w/ Other Insurance	400	100	.	.	700	89.0%	.
MEPS: Other Insurance Only	6,900	10,900	.	.	600	5.42%	.
MEPS: Uninsured	3,450	3,150	.	.	850	21.0%	.
MAX: Full Medicaid/CHIP Benefits	.	.	1,500,000	35,900,000	.	.	.
MAX: Partial Medicaid/CHIP Benefits	.	.	3,880,000	39,750,000	.	.	.
MAX: Not Insured	.	.	3,510,000	9,010,000	.	.	.

SNACC Phase VI, Table 2: Medicaid Population Size, Comparison of MSIS Counts to MEPS Estimates of Medicaid/SCHIP[1], CY 2003

	Counts from MSIS						Estimates from MEPS	
	Total A	Total B	Total C	Total D	Total E	Total F	Total G	Total H
Person Characteristic	Count of individual records in MSIS/MAX in 2003	Total A minus records for individuals already counted	Total B minus records for individuals in institutions all days of enrollment	Total C minus records for individuals with only partial benefits	Total D minus records for individuals only in stand-alone SCHIP	Total E minus records for individuals only in Medicaid SCHIP	Derived from MEPS cases reported/edited /imputed to have Medicaid/CHIP sometime in 2003	Derived from MEPS cases explicitly reported to have Medicaid/CHIP sometime in 2003
Total	57,650,000	56,150,000	55,550,000	47,550,000	46,950,000	46,000,000	43,100,000	41,500,000
Age 0 - 5	13,050,000	12,600,000	12,600,000	12,450,000	12,300,000	12,150,000	7,440,000	7,260,000
Age 6 - 14	12,250,000	11,850,000	11,850,000	11,550,000	11,250,000	10,750,000	11,950,000	11,650,000
Age 15 - 17	3,510,000	3,430,000	3,420,000	3,060,000	2,990,000	2,840,000	3,180,000	3,120,000
Age 18 - 44	16,700,000	16,350,000	16,300,000	12,050,000	12,000,000	11,850,000	11,450,000	11,000,000
Age 45 - 64	5,260,000	5,160,000	5,080,000	4,380,000	4,360,000	4,340,000	4,360,000	4,100,000
Age 65+	5,610,000	5,530,000	5,070,000	3,930,000	3,930,000	3,930,000	4,260,000	3,960,000
Age N/A	1,260,000	1,260,000	1,260,000	128,000	128,000	128,000	460,000	440,000
White	36,650,000	35,650,000	35,150,000	32,100,000	31,700,000	31,050,000	30,200,000	29,300,000
Black	12,700,000	12,300,000	12,200,000	11,400,000	11,300,000	11,100,000	10,250,000	9,620,000
AIAN	821,000	797,000	794,000	751,000	745,000	732,000	580,000	560,000
API	2,490,000	2,430,000	2,420,000	2,160,000	2,130,000	2,090,000	2,040,000	2,040,000
Race Unknown	5,000,000	5,000,000	4,990,000	1,100,000	1,080,000	1,070,000	.	.

[1] Reweighted to compensate for not finding all MEPS enrollees in MSIS.

(Date Generated: 02APR09)

Totals D,E, and F also exclude a small number of individuals with benefit type unknown in all months of enrollment

Due to rounding, total values may not equal column or row sums

SNACC Phase VI, Table 2: Medicaid Population Size, Comparison of MSIS Counts to MEPS Estimates of Medicaid/SCHIP[1], CY 2003

	Counts from MSIS						Estimates from MEPS	
	Total A	Total B	Total C	Total D	Total E	Total F	Total G	Total H
Person Characteristic	Count of individual records in MSIS/MAX in 2003	Total A minus records for individuals already counted	Total B minus records for individuals in institutions all days of enrollment	Total C minus records for individuals with only partial benefits	Total D minus records for individuals only in stand-alone SCHIP	Total E minus records for individuals only in Medicaid SCHIP	Derived from MEPS cases reported/edited /imputed to have Medicaid/CHIP sometime in 2003	Derived from MEPS cases explicitly reported to have Medicaid/CHIP sometime in 2003
Male	22,900,000	22,300,000	22,100,000	20,250,000	19,950,000	19,500,000	18,400,000	17,700,000
Female	33,500,000	32,650,000	32,200,000	27,150,000	26,850,000	26,350,000	24,700,000	23,800,000
Sex: Unknown	1,290,000	1,260,000	1,260,000	124,000	124,000	124,000	.	.
Hispanic	13,800,000	13,500,000	13,450,000	10,300,000	10,200,000	10,050,000	9,700,000	9,480,000
Non-Hispanic	42,150,000	41,000,000	40,400,000	36,750,000	36,250,000	35,500,000	33,400,000	32,050,000
Ethnicity Unknown	1,710,000	1,710,000	1,710,000	465,000	460,000	457,000	.	.

[1] Reweighted to compensate for not finding all MEPS enrollees in MSIS.

(Date Generated: 02APR09)

Totals D,E, and F also exclude a small number of individuals with benefit type unknown in all months of enrollment

Due to rounding, total values may not equal column or row sums

Phase VI, Table 3: Health Insurance Status, as Reported by Respondents in MEPS for Individuals Found to be Enrolled in Medicaid During the Enrollment Period in 2003 [1]

Enrollment Periods: Ever in 2003, Ever in the Interview Round [2], and Aggregate of Ever in Round (Across the Five Rounds)

Enrollee Characteristic	Some Coverage, Only from Medicaid/SCHIP	Some Coverage, from Medicaid/SCHIP and Another Type of Insurance [3]	Some Coverage, Only from Another Type of Insurance	Never Insured
Number of tabulating records (person level and person-round level) in parentheses.				
Sometime in CY2003				
Unweighted Total	67.3% *(3,300)*	19.1% *(950)*	6.8% *(350)*	6.8% *(350)*
Weighted Total	60.6% *(3,300)*	21.9% *(950)*	9.2% *(350)*	8.3% *(350)*
Sometime in CY2003 Asked About in the Interview Round (Weighted)				
Interview 1	64.2% *(1,700)*	17.3% *(350)*	9.5% *(200)*	9.0% *(200)*
Interview 2	63.7% *(1,750)*	19.6% *(450)*	8.6% *(150)*	8.2% *(200)*
Interview 3	65.1% *(3,050)*	18.9% *(750)*	6.9% *(250)*	9.0% *(350)*
Interview 4	66.5% *(1,450)*	20.5% *(350)*	6.3% *(100)*	6.7% *(100)*
Interview 5	65.5% *(1,400)*	19.8% *(350)*	6.9% *(100)*	7.9% *(150)*
Aggregate of Sometime in CY2003 Asked About in the Interview Rounds 1-5				
Unweighted Total	70.3% *(9,350)*	16.7% *(2,200)*	5.8% *(800)*	7.2% *(950)*
Weighted Total	64.9% *(9,350)*	19.1% *(2,200)*	7.7% *(800)*	8.4% *(950)*
Aggregate of Sometime in CY2003 Asked About in the Interview Rounds 1-5 (Weighted Person Characteristics)				
Age: 0 - 5	79.2% *(2,100)*	10.3% *(250)*	4.6% *(100)*	5.9% *(100)*
6 - 14	75.2% *(3,450)*	9.1% *(350)*	7.9% *(200)*	7.7% *(250)*

[1] Estimated using explicit reports about individuals in MEPS and in MSIS with full benefits during the enrollment period of interest. Reweighted to adjust for not having PIKs to find enrollment records for all enrollees in MEPS.

[2] Excluding any part of the round in 2002 or 2004.

[3] At the same time or different times during the enrollment period.

(Date Generated: 20MAR09)

Phase VI, Table 3: Health Insurance Status, as Reported by Respondents in MEPS for Individuals Found to be Enrolled in Medicaid During the Enrollment Period in 2003 [1]

Enrollment Periods: Ever in 2003, Ever in the Interview Round [2], and Aggregate of Ever in Round (Across the Five Rounds)

Enrollee Characteristic	Some Coverage, Only from Medicaid/SCHIP	Some Coverage, from Medicaid/SCHIP and Another Type of Insurance [3]	Some Coverage, Only from Another Type of Insurance	Never Insured
Number of tabulating records (person level and person-round level) in parentheses.				
15 - 17	75.1% *(850)*	8.1% *(50)*	6.4% *(50)*	10.4% *(100)*
18 - 44	63.7% *(2,100)*	14.6% *(400)*	8.2% *(200)*	13.5% *(350)*
45 - 64	58.7% *(800)*	27.7% *(350)*	6.6% *(50)*	7.0% *(100)*
65+	5.3% *(50)*	79.7% *(900)*	14.4% *(150)*	0.6% *(0)*
Male	66.7% *(3,950)*	17.6% *(850)*	7.0% *(300)*	8.7% *(400)*
Female	63.6% *(5,400)*	20.2% *(1,350)*	8.1% *(450)*	8.1% *(550)*
Ratio to Poverty Level: 0 - 49%	80.1% *(2,700)*	9.1% *(250)*	4.3% *(100)*	6.6% *(200)*
50 - 74%	74.7% *(1,600)*	13.8% *(300)*	4.4% *(100)*	7.1% *(150)*
75 - 99%	60.1% *(1,250)*	28.7% *(450)*	6.8% *(100)*	4.3% *(100)*
100 - 124%	63.5% *(1,100)*	20.7% *(300)*	5.7% *(50)*	10.0% *(100)*
125 - 149%	61.6% *(700)*	21.9% *(200)*	4.3% *(50)*	12.2% *(100)*
150 - 174%	60.1% *(600)*	20.7% *(200)*	9.1% *(100)*	10.1% *(100)*
175 - 199%	57.5% *(350)*	26.9% *(150)*	9.7% *(50)*	6.0% *(50)*
200%+	50.5% *(1,000)*	22.2% *(400)*	15.8% *(250)*	11.4% *(150)*
Race: White	63.1% *(5,900)*	20.5% *(1,500)*	8.1% *(500)*	8.3% *(650)*

[1] Estimated using explicit reports about individuals in MEPS and in MSIS with full benefits during the enrollment period of interest. Reweighted to adjust for not having PIKs to find enrollment records for all enrollees in MEPS.

[2] Excluding any part of the round in 2002 or 2004.

[3] At the same time or different times during the enrollment period.

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Phase VI, Table 3: Health Insurance Status, as Reported by Respondents in MEPS for Individuals Found to be Enrolled in Medicaid During the Enrollment Period in 2003 [1]

Enrollment Periods: Ever in 2003, Ever in the Interview Round [2], and Aggregate of Ever in Round (Across the Five Rounds)

Enrollee Characteristic	Some Coverage, Only from Medicaid/SCHIP	Some Coverage, from Medicaid/SCHIP and Another Type of Insurance [3]	Some Coverage, Only from Another Type of Insurance	Never Insured
Number of tabulating records (person level and person-round level) in parentheses.				
Black	67.5% *(2,850)*	15.6% *(600)*	7.4% *(250)*	9.5% *(300)*
AIN	84.0% *(150)*	10.8% *(0)*	1.5% *(0)*	3.7% *(0)*
API	66.4% *(250)*	23.5% *(50)*	3.6% *(0)*	6.5% *(0)*
Multiple	70.2% *(200)*	18.2% *(50)*	7.5% *(0)*	4.1% *(0)*
Hispanic(MEPS, Edited): Yes	69.0% *(3,650)*	14.9% *(700)*	6.4% *(200)*	9.7% *(350)*
No	63.6% *(5,700)*	20.4% *(1,550)*	8.1% *(550)*	8.0% *(600)*
Citizen (NHIS, explicit): No	57.2% *(550)*	19.3% *(150)*	6.7% *(50)*	16.8% *(150)*
Yes	65.4% *(8,750)*	19.1% *(2,050)*	7.7% *(700)*	7.9% *(800)*
Reported Health(MEPS): No report	51.5% *(0)*	0.0% *(0)*	48.5% *(0)*	0.0% *(0)*
Ex cellent	71.1% *(2,750)*	10.1% *(350)*	9.2% *(250)*	9.6% *(300)*
Very Good	69.8% *(2,600)*	14.5% *(400)*	6.7% *(150)*	9.0% *(250)*
Good	65.9% *(2,700)*	20.1% *(650)*	6.2% *(200)*	7.8% *(250)*
Fair	50.5% *(950)*	33.4% *(550)*	9.6% *(100)*	6.5% *(100)*
Poor	43.9% *(400)*	41.9% *(300)*	7.5% *(50)*	6.7% *(50)*

[1] Estimated using explicit reports about individuals in MEPS and in MSIS with full benefits during the enrollment period of interest. Reweighted to adjust for not having PIKs to find enrollment records for all enrollees in MEPS.

[2] Excluding any part of the round in 2002 or 2004.

[3] At the same time or different times during the enrollment period.

(Date Generated: 20MAR09)

Phase VI, Table 3: Health Insurance Status, as Reported by Respondents in MEPS for Individuals Found to be Enrolled in Medicaid During the Enrollment Period in 2003 [1]

Enrollment Periods: Ever in 2003, Ever in the Interview Round [2], and Aggregate of Ever in Round (Across the Five Rounds)

Enrollee Characteristic	Some Coverage, Only from Medicaid/SCHIP	Some Coverage, from Medicaid/SCHIP and Another Type of Insurance [3]	Some Coverage, Only from Another Type of Insurance	Never Insured
Number of tabulating records (person level and person-round level) in parentheses.				
Relationship to MEPS Respondent: Self	49.3% *(1,800)*	33.6% *(1,150)*	9.6% *(250)*	7.5% *(250)*
Parent	22.7% *(50)*	58.2% *(50)*	16.5% *(50)*	2.6% *(0)*
Spouse	50.4% *(350)*	30.3% *(200)*	9.4% *(50)*	9.9% *(50)*
Own Child	76.2% *(5,500)*	10.2% *(600)*	6.7% *(350)*	6.9% *(400)*
Adult Child	63.6% *(550)*	13.0% *(100)*	7.2% *(50)*	16.2% *(100)*
Other	71.9% *(1,050)*	11.9% *(150)*	5.1% *(50)*	11.2% *(150)*
No	64.2% *(9,050)*	19.4% *(2,200)*	7.8% *(800)*	8.5% *(950)*
TANF(MEPS explicit): Yes	93.6% *(300)*	2.2% *(0)*	0.3% *(0)*	3.9% *(0)*
No	59.3% *(6,250)*	23.1% *(2,050)*	8.9% *(700)*	8.7% *(700)*
Section 1931(MSIS): Yes	84.0% *(3,100)*	5.2% *(150)*	3.5% *(100)*	7.4% *(250)*
No	64.8% *(8,350)*	18.7% *(1,950)*	7.9% *(700)*	8.5% *(900)*
SSI(MEPS explicit): Yes	65.4% *(1,000)*	22.0% *(300)*	5.7% *(50)*	6.9% *(100)*
Most Recent Record of Service: None between Jan 1,2002 and Interview	55.2% *(500)*	14.3% *(100)*	16.8% *(100)*	13.7% *(100)*

[1] Estimated using explicit reports about individuals in MEPS and in MSIS with full benefits during the enrollment period of interest. Reweighted to adjust for not having PIKs to find enrollment records for all enrollees in MEPS.

[2] Excluding any part of the round in 2002 or 2004.

[3] At the same time or different times during the enrollment period.

(Date Generated: 20MAR09)

Phase VI, Table 3: Health Insurance Status, as Reported by Respondents in MEPS for Individuals Found to be Enrolled in Medicaid During the Enrollment Period in 2003 [1]

Enrollment Periods: Ever in 2003, Ever in the Interview Round [2], and Aggregate of Ever in Round (Across the Five Rounds)

Enrollee Characteristic	Some Coverage, Only from Medicaid/SCHIP	Some Coverage, from Medicaid/SCHIP and Another Type of Insurance [3]	Some Coverage, Only from Another Type of Insurance	Never Insured
Number of tabulating records (person level and person-round level) in parentheses.				
0-60 Days Before Interview	66.3% *(7,900)*	20.0% *(1,950)*	6.4% *(550)*	7.3% *(700)*
61 -120 Days Before Interview	64.7% *(450)*	14.2% *(100)*	10.0% *(50)*	11.1% *(50)*
1 21-180 Days Before Interview	59.8% *(200)*	18.5% *(50)*	14.3% *(50)*	7.4% *(0)*
More than 180 Days Before Interview (but in CY02 or CY03)	54.7% *(300)*	13.6% *(50)*	12.4% *(50)*	19.4% *(50)*
Continuous Coverage: None in Interview Month	51.8% *(550)*	15.1% *(150)*	17.7% *(150)*	15.4% *(150)*
Less than 4 Months	51.6% *(600)*	17.2% *(150)*	13.5% *(100)*	17.6% *(150)*
4- 6 Months	57.9% *(550)*	14.4% *(100)*	10.6% *(100)*	17.0% *(100)*
7-12 Months	64.1% *(1,000)*	16.4% *(200)*	8.4% *(100)*	11.2% *(150)*
13+ Months	69.1% *(6,700)*	20.8% *(1,650)*	5.2% *(350)*	4.9% *(400)*
1- 60	29.8% *(100)*	18.0% *(50)*	20.4% *(50)*	31.7% *(50)*

[1] Estimated using explicit reports about individuals in MEPS and in MSIS with full benefits during the enrollment period of interest. Reweighted to adjust for not having PIKs to find enrollment records for all enrollees in MEPS.

[2] Excluding any part of the round in 2002 or 2004.

[3] At the same time or different times during the enrollment period.

(Date Generated: 20MAR09)

Phase VI, Table 3: Health Insurance Status, as Reported by Respondents in MEPS for Individuals Found to be Enrolled in Medicaid During the Enrollment Period in 2003 [1]

Enrollment Periods: Ever in 2003, Ever in the Interview Round [2], and Aggregate of Ever in Round (Across the Five Rounds)

Enrollee Characteristic		Some Coverage, Only from Medicaid/SCHIP	Some Coverage, from Medicaid/SCHIP and Another Type of Insurance [3]	Some Coverage, Only from Another Type of Insurance	Never Insured
Number of tabulating records (person level and person-round level) in parentheses.					
61	**-180**	46.7% *(400)*	15.1% *(100)*	16.8% *(100)*	21.3% *(150)*
18	**1+**	67.1% *(8,850)*	19.4% *(2,050)*	6.7% *(650)*	6.9% *(750)*

[1] Estimated using explicit reports about individuals in MEPS and in MSIS with full benefits during the enrollment period of interest. Reweighted to adjust for not having PIKs to find enrollment records for all enrollees in MEPS.

[2] Excluding any part of the round in 2002 or 2004.

[3] At the same time or different times during the enrollment period.

(Date Generated: 20MAR09)

Phase VI, Table 4: Health Insurance Status, as Reported by Respondents in MEPS for Individuals Not Found to be Enrolled in Medicaid During the Enrollment Period in 2003 [1]

Enrollment Periods: Ever in 2003, Ever in Round [2]

Person Characteristic	Some Coverage, Only from Medicaid/SCHIP	Some Coverage, from Medicaid/SCHIP and Another Type of Insurance [3]	Some Coverage, Only from Another Type of Insurance	Never Insured
Number of tabulating records (person level and person-round level) in parentheses.				
Sometime in CY2003				
Weighted Total	2.0% *(600)*	1.2% *(250)*	82.9% *(11,500)*	13.9% *(2,600)*
Unweighted Total	4.0% *(600)*	1.7% *(250)*	76.9% *(11,500)*	17.4% *(2,600)*
Sometime in CY2003 Asked About in the Interview Round				
Unweighted Total	4.5% *(2,050)*	1.5% *(700)*	74.2% *(34,000)*	19.8% *(9,100)*
Weighted Total	2.3% *(2,050)*	1.0% *(700)*	80.6% *(34,000)*	16.0% *(9,100)*
Person Characteristic—Round Level, Weighted				
Age: 0 - 5	8.2% *(400)*	1.9% *(50)*	80.8% *(2,050)*	9.2% *(350)*
6 - 14	7.4% *(850)*	1.7% *(150)*	78.5% *(4,350)*	12.4% *(1,000)*
15 - 17	6.6% *(200)*	1.0% *(0)*	77.3% *(1,500)*	15.1% *(350)*
18 - 44	1.4% *(450)*	0.5% *(150)*	74.4% *(11,900)*	23.7% *(5,100)*
45 - 64	0.6% *(150)*	0.5% *(100)*	83.1% *(8,850)*	15.8% *(2,300)*
65 +	0.1% *(0)*	2.3% *(200)*	97.2% *(5,450)*	0.4% *(0)*
Male	2.1% *(950)*	1.0% *(350)*	79.3% *(16,600)*	17.7% *(4,600)*
Female	2.6% *(1,100)*	1.0% *(350)*	82.0% *(17,400)*	14.4% *(4,500)*
Ratio to Poverty Level: 0 - 49%	9.1% *(300)*	1.7% *(50)*	39.2% *(650)*	50.0% *(1,050)*

[1] Estimated using explicit reports about individuals in MEPS who were not found in MSIS with full benefits in CY2003/in the round. Reweighted to adjust for not having PIKs to find enrollment records for all enrollees in MEPS.

[2] Excluding any part of the round in 2002 or 2004.

[3] At the same time or different times during the enrollment period.

(Date Generated: 20MAR09)

Phase VI, Table 4: Health Insurance Status, as Reported by Respondents in MEPS for Individuals Not Found to be Enrolled in Medicaid During the Enrollment Period in 2003 [1]

Enrollment Periods: Ever in 2003, Ever in Round [2]

Person Characteristic	Some Coverage, Only from Medicaid/SCHIP	Some Coverage, from Medicaid/SCHIP and Another Type of Insurance [3]	Some Coverage, Only from Another Type of Insurance	Never Insured
Number of tabulating records (person level and person-round level) in parentheses.				
50 - 74%	10.5% *(150)*	3.7% *(50)*	40.3% *(400)*	45.4% *(600)*
75 - 99%	7.0% *(200)*	3.4% *(100)*	54.9% *(800)*	34.7% *(700)*
100 - 124%	6.7% *(300)*	2.7% *(100)*	57.2% *(1,300)*	33.5% *(850)*
125 - 149%	6.7% *(250)*	3.1% *(50)*	56.5% *(1,150)*	33.7% *(800)*
150 - 174%	6.3% *(200)*	1.8% *(50)*	65.6% *(1,450)*	26.4% *(800)*
175 - 199%	4.6% *(200)*	2.1% *(50)*	70.3% *(1,550)*	22.9% *(600)*
20 0%+	0.9% *(450)*	0.5% *(200)*	88.0% *(26,700)*	10.5% *(3,650)*
Race: White	2.0% *(1,500)*	0.8% *(450)*	82.3% *(28,100)*	14.8% *(6,950)*
Bla ck	4.1% *(400)*	2.2% *(150)*	69.5% *(3,750)*	24.1% *(1,550)*
AIN	3.6% *(0)*	. *(0)*	59.8% *(250)*	36.7% *(150)*
API	3.0% *(100)*	1.3% *(50)*	79.0% *(1,500)*	16.8% *(300)*
Multiple	5.4% *(50)*	1.4% *(0)*	71.4% *(450)*	21.8% *(150)*
Hispanic (MEPS edited): Yes	6.3% *(950)*	1.6% *(200)*	59.9% *(4,800)*	32.2% *(3,550)*
No	1.9% *(1,100)*	0.9% *(500)*	83.1% *(29,200)*	14.1% *(5,550)*
Citizen (NHIS, explicit): No	3.5% *(250)*	0.9% *(50)*	55.1% *(1,750)*	40.6% *(1,850)*
Yes	2.3% *(1,800)*	1.0% *(650)*	82.0% *(32,300)*	14.7% *(7,250)*
hlt.	. *(0)*	. *(0)*	. *(0)*	. *(0)*

[1] Estimated using explicit reports about individuals in MEPS who were not found in MSIS with full benefits in CY2003/in the round. Reweighted to adjust for not having PIKs to find enrollment records for all enrollees in MEPS.

[2] Excluding any part of the round in 2002 or 2004.

[3] At the same time or different times during the enrollment period.

(Date Generated: 20MAR09)

Phase VI, Table 4: Health Insurance Status, as Reported by Respondents in MEPS for Individuals Not Found to be Enrolled in Medicaid During the Enrollment Period in 2003 [1]

Enrollment Periods: Ever in 2003, Ever in Round [2]

Person Characteristic	Some Coverage, Only from Medicaid/SCHIP	Some Coverage, from Medicaid/SCHIP and Another Type of Insurance [3]	Some Coverage, Only from Another Type of Insurance	Never Insured
Number of tabulating records (person level and person-round level) in parentheses.				
Reported Health (MEPS): No report	. *(0)*	. *(0)*	80.2% *(0)*	19.8% *(0)*
Ex cellent	2.6% *(700)*	0.8% *(150)*	82.4% *(10,800)*	14.3% *(2,450)*
Very Good	2.1% *(600)*	0.8% *(150)*	82.4% *(11,200)*	14.7% *(2,650)*
Good	2.5% *(550)*	1.0% *(150)*	77.8% *(8,400)*	18.7% *(2,800)*
Fair	2.2% *(150)*	2.3% *(150)*	76.0% *(2,700)*	19.5% *(950)*
Poor	1.9% *(50)*	3.0% *(50)*	74.6% *(850)*	20.5% *(300)*
Relationship to MEPS Respondent: Self	1.0% *(350)*	1.0% *(300)*	81.9% *(14,700)*	16.2% *(3,750)*
Parent	3.3% *(0)*	5.6% *(50)*	75.3% *(300)*	15.8% *(100)*
Spouse	0.5% *(100)*	0.5% *(50)*	87.7% *(8,500)*	11.3% *(1,600)*
Own Child	7.2% *(1,350)*	1.6% *(200)*	80.1% *(7,600)*	11.1% *(1,500)*
Adult Child	1.4% *(100)*	0.5% *(0)*	63.5% *(1,850)*	34.6% *(1,300)*
Other	4.3% *(150)*	1.1% *(50)*	59.2% *(1,100)*	35.4% *(850)*
No	2.3% *(2,050)*	1.0% *(650)*	80.7% *(34,000)*	16.0% *(9,050)*
TANF (MEPS explicit): Yes	12.0% *(0)*	2.7% *(0)*	25.7% *(0)*	59.6% *(0)*
No	2.3% *(2,000)*	1.0% *(650)*	80.8% *(33,900)*	16.0% *(9,050)*

[1] Estimated using explicit reports about individuals in MEPS who were not found in MSIS with full benefits in CY2003/in the round. Reweighted to adjust for not having PIKs to find enrollment records for all enrollees in MEPS.

[2] Excluding any part of the round in 2002 or 2004.

[3] At the same time or different times during the enrollment period.

(Date Generated: 20MAR09)

Phase VI, Table 4: Health Insurance Status, as Reported by Respondents in MEPS for Individuals Not Found to be Enrolled in Medicaid During the Enrollment Period in 2003 [1]

Enrollment Periods: Ever in 2003, Ever in Round [2]

Person Characteristic	Some Coverage, Only from Medicaid/SCHIP	Some Coverage, from Medicaid/SCHIP and Another Type of Insurance [3]	Some Coverage, Only from Another Type of Insurance	Never Insured
Number of tabulating records (person level and person-round level) in parentheses.				
SSI (MEPS explicit): Yes	13.7% *(50)*	7.8% *(50)*	56.6% *(150)*	22.0% *(50)*
svc.	. *(0)*	. *(0)*	. *(0)*	. *(0)*
Most Recent Record of Service: None between Jan 1,2002 and Interview	1.6% *(1,450)*	0.7% *(450)*	81.8% *(33,700)*	15.9% *(8,750)*
0-60 Days Before Interview	50.5% *(350)*	21.5% *(150)*	17.5% *(100)*	10.5% *(50)*
61 -120 Days Before Interview	38.3% *(50)*	18.5% *(0)*	20.6% *(0)*	22.7% *(0)*
1 21-180 Days Before Interview	35.9% *(100)*	7.9% *(0)*	25.2% *(50)*	31.0% *(50)*
More than 180 Days Before Interview (but in CY02 or CY03	21.7% *(150)*	8.7% *(50)*	35.1% *(200)*	34.5% *(200)*
Continuous Coverage: None in Interview Month	2.3% *(2,000)*	1.0% *(650)*	80.7% *(34,000)*	16.0% *(9,100)*
Less than 4 Months	59.1% *(0)*	18.6% *(0)*	3.9% *(0)*	18.4% *(0)*
4- 6 Months	26.2% *(0)*	29.3% *(0)*	. *(0)*	44.5% *(0)*

[1] Estimated using explicit reports about individuals in MEPS who were not found in MSIS with full benefits in CY2003/in the round. Reweighted to adjust for not having PIKs to find enrollment records for all enrollees in MEPS.

[2] Excluding any part of the round in 2002 or 2004.

[3] At the same time or different times during the enrollment period.

(Date Generated: 20MAR09)

Phase VI, Table 4: Health Insurance Status, as Reported by Respondents in MEPS for Individuals Not Found to be Enrolled in Medicaid During the Enrollment Period in 2003 [1]

Enrollment Periods: Ever in 2003, Ever in Round [2]

Person Characteristic	Some Coverage, Only from Medicaid/SCHIP	Some Coverage, from Medicaid/SCHIP and Another Type of Insurance [3]	Some Coverage, Only from Another Type of Insurance	Never Insured
Number of tabulating records (person level and person-round level) in parentheses.				
Days in 12 Months Before Interview with Full Benefits: None	2.0% *(1,700)*	0.9% *(600)*	81.2% *(33,800)*	15.8% *(8,800)*
1- 60	27.3% *(50)*	7.9% *(0)*	26.8% *(50)*	38.1% *(50)*
61 -180	31.5% *(150)*	10.5% *(50)*	27.9% *(100)*	30.1% *(100)*
18 1+	38.1% *(150)*	6.5% *(0)*	17.4% *(50)*	38.1% *(100)*

[1] Estimated using explicit reports about individuals in MEPS who were not found in MSIS with full benefits in CY2003/in the round. Reweighted to adjust for not having PIKs to find enrollment records for all enrollees in MEPS.

[2] Excluding any part of the round in 2002 or 2004.

[3] At the same time or different times during the enrollment period.

(Date Generated: 20MAR09)

Phase VI, Table 5a: Logistic Regression Analysis: Incorrect Reporting about Monthly Status in Medicaid for Known Enrollees, MEPS 2003

Variable	Beta	Standard Error	P-Value
Intercept	0.2952	0.55	0.5916
Male	-0.0370	0.10	0.7195
Age: 0 - 5	-0.2025	0.19	0.2781
6 - 14	0.1893	0.18	0.2847
15 - 17	0.1700	0.21	0.4077
18 - 44	-0.0120	0.18	0.9463
45 - 64	-0.2710	0.22	0.2094
65 +	0.1262	0.22	0.5606
White/Non-Hispanic	-0.1285	0.16	0.4118
Black/Non-Hispanic	0.4254	0.17	0.0111
AI/Non-Hispanic	-0.3502	0.55	0.5213
API/Non-Hispanic	-0.2079	0.25	0.4100
Hispanic	0.2611	0.17	0.1228
Ratio to Poverty Level(MEPS, imputation): 0 - 49%	-0.2727	0.11	0.0095
50 - 74%	-0.0533	0.12	0.6670
75 - 99%	-0.1957	0.12	0.1110
100 - 124%	-0.0917	0.16	0.5598
125 - 149%	-0.00138	0.16	0.9930
150 - 174%	0.1332	0.14	0.3346
175 - 199%	-0.0815	0.16	0.6105
20 0%+	0.5631	0.11	<.0001
Citizen (NHIS, explicit response about 2001 or 2002)	-0.4230	0.19	0.0228

Using person-month records for individuals found to be enrolled for full benefits at least one day of the month reported about
State is also in the model as control variable but not reported since sample size is small and MEPS is not designed for inferring about state
(Date Generated: 15APR09)

Phase VI, Table 5a: Logistic Regression Analysis: Incorrect Reporting about Monthly Status in Medicaid for Known Enrollees, MEPS 2003

Variable	Beta	Standard Error	P-Value
MSIS Shows Nonelderly Dual Coverage in Medicare	0.3921	0.25	0.1234
MSIS Shows Eligible b/c in TANF	-0.0656	0.13	0.6262
MSIS Shows SSI in Survey Month	-0.0753	0.17	0.6562
MSIS Shows Private and Medicaid Coverage in Survey Month	0.7488	0.18	<.0001
Relationship: Self	0.0531	0.14	0.7014
Parent	0.5038	0.33	0.1277
Spouse	0.1008	0.19	0.5945
Own Child	-0.4253	0.24	0.0732
Adult Child	-0.0600	0.20	0.7666
Other	-0.1724	0.19	0.3523
Total Days Covered in 2002	-0.00157	0.00	0.0009
Continuous Coverage: None in Interview Month	0.5116	0.13	<.0001
Less than 4 Months	-0.0851	0.10	0.4066
4-6 Months	0.1562	0.10	0.1201
7-12 Months	-0.0677	0.09	0.4654
13+ Months	-0.5149	0.10	<.0001
Days in 12 Months Before Interview with Coverage: 1-60	0.2105	0.24	0.3776
61-180	0.2324	0.14	0.1055
181+	-0.4429	0.14	0.0022
Most Recent Record of Service (relative to interview): None Since Jan 1,2002	0.6115	0.18	0.0005

Using person-month records for individuals found to be enrolled for full benefits at least one day of the month reported about State is also in the model as control variable but not reported since sample size is small and MEPS is not designed for inferring about state (Date Generated: 15APR09)

Phase VI, Table 5a: Logistic Regression Analysis: Incorrect Reporting about Monthly Status in Medicaid for Known Enrollees, MEPS 2003

Variable	Beta	Standard Error	P-Value
0- 60 Days	-0.5413	0.10	<.0001
61 -120 Days	-0.3972	0.14	0.0039
1 21-180 Days	0.0361	0.16	0.8174
More than 180 Days but Since Jan 1,2002	0.2909	0.16	0.0688
In Managed Care in 2003	0.3046	0.17	0.0706
reg_change	0.4298	0.15	0.0043
Months Between Interview and Month Reported About	-0.0463	0.01	<.0001
Self-Reported Health (MEPS): No report	1.4904	0.83	0.0740
Excellent/Very Good/Good	-0.7768	0.42	0.0661
Fair/Poor	-0.7136	0.42	0.0901
Reported in Round: 1	0.1611	0.07	0.0194
2	0.1160	0.06	0.0414
3	0.0118	0.05	0.8137
4	-0.0766	0.07	0.2550
5	-0.2123	0.08	0.0049

Using person-month records for individuals found to be enrolled for full benefits at least one day of the month reported about
State is also in the model as control variable but not reported since sample size is small and MEPS is not designed for inferring about state
(Date Generated: 15APR09)

Phase VI, Table 5b: Logistic Regression Analysis: Incorrect Reporting about Monthly Status in Medicaid for Known Enrollees in MEPS 2003

Variable	Beta	Standard Error	P-Value
Intercept	-0.3037	0.23	0.1915
Male	-0.00910	0.10	0.9285
Age: 0 - 5	-0.2018	0.18	0.2709
6 - 14	0.1571	0.18	0.3758
15 - 17	0.1527	0.21	0.4651
18 - 44	0.1163	0.17	0.4950
45 - 64	-0.1629	0.20	0.4137
65 +	-0.0614	0.26	0.8129
Minority	0.3974	0.11	0.0002
Ratio to Poverty Level(MEPS, imputation): 0 - 49%	-0.3099	0.11	0.0032
50 - 74%	-0.0987	0.12	0.4081
75 - 99%	-0.2084	0.12	0.0816
100 - 124%	-0.0455	0.16	0.7706
125 - 149%	0.0186	0.16	0.9060
150 - 174%	0.1123	0.14	0.4161
175 - 199%	-0.00508	0.16	0.9745
200%+	0.5367	0.11	<.0001
MSIS Shows Dual Coverage in Medicare	0.1794	0.23	0.4399
MSIS Shows Eligible b/c in TANF	-0.1669	0.13	0.2110
MSIS Shows SSI in Survey Month	-0.2118	0.16	0.1951
MSIS Shows Private and Medicaid Coverage in Survey Month	0.6315	0.18	0.0004
Relationship: Self	0.0645	0.14	0.6407

Using person-month records for individuals found to be enrolled for full benefits at least one day of the month reported about State is also in the model as control variable but not reported since sample size is small and MEPS is not designed for inferring about state (Date Generated: 20MAR09)

Phase VI, Table 5b: Logistic Regression Analysis: Incorrect Reporting about Monthly Status in Medicaid for Known Enrollees in MEPS 2003

Variable	Beta	Standard Error	P-Value
Parent	0.3134	0.35	0.3749
Spouse	0.2289	0.18	0.2155
Own Child	-0.3789	0.23	0.1009
Adult Child	-0.1158	0.20	0.5601
Other	-0.1121	0.18	0.5417
Total Days Covered in 2002	-0.00323	0.00	<.0001
Record of Service in 2003	-0.9144	0.14	<.0001
Most Recent Record of Service (relative to interview): None Since Jan 1,2002	0.1538	0.17	0.3656
0-60 Days	-0.5561	0.09	<.0001
61-120 Days	-0.0716	0.14	0.6162
121-180 Days	0.3359	0.15	0.0254
More than 180 Days but Since Jan 1,2002	0.1380	0.16	0.3981

Using person-month records for individuals found to be enrolled for full benefits at least one day of the month reported about State is also in the model as control variable but not reported since sample size is small and MEPS is not designed for inferring about state (Date Generated: 20MAR09)