CONSEQUENCES OF INACCURATE MEDICAID ADMINISTRATIVE DATA ON SURVEY RESPONSE RATES AND MEDICAID HEALTH POLICY ISSUES

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Findings in Brief

- Surveys are important sources of information about managed care programs.
- When contact information is incomplete or inaccurate, data quality drops and costs rise.
- States also need accurate addresses for program participants.
- Contact data can be improved at relatively low costs.
High Response Rates Are a Measure of Survey Quality

\[ \text{Response Rate} = \frac{\text{Completed Interviews}}{\text{Eligible Sample}} \]

- Ensures sample is representative of the target population
- Combats response bias
- Necessary for statistical significance
Consequences of Low Response Rates

- Data missed from subgroups who are less likely to respond
- Results inaccurate if responders differ from non-responders
Survey Methods

- Conducted 11 telephone surveys in 7 states as part of the Section 1115 Medicaid Evaluations
- Completed 12,131 list frame interviews based on the state Medicaid files
Response Rates and Cooperation Rates for Selected States
Sources of nonresponse:
- Those who can not be located
- Those who are located and refuse

Cooperation Rate: On average, 91 percent of all the sample members located were interviewed

Response Rate: Averaged 61 percent, ranging from 75 percent (Kentucky) to 45 percent (Hawaii)

Main Source of Nonresponse: Inability to locate sample members based on the information in the state Medicaid files
Response Rates on Other Surveys that Use State Medicaid Files

Who Are the Nonresponders?

- Households without an initial phone number
- Less than 12 years of education
- Large households
- Young and middle aged adults (ages 21-44)
- Males
- Minorities
  - Hispanic
  - Native American
  - African American

Based on demographic data from state Medicaid files for nonresponders.
Contribution of Additional Locating Efforts to Response Rates

Source: MPR Surveys
• Tennessee: Department of Human Services (TDHS) contains contact information for people on public programs including food stamps. TDHS staff matched cases that were not locatable--these were the “hard core” difficult to find sample members.

• Rhode Island: The telephone number on the Rhode Island Eligibility file (EDS) is the original phone number from the time of enrollment. RI staff looked up new phone numbers for any cases that we had not located on InRhodes, their state data system.

• New York: Mathematica field interviewers went door-to-door to find respondents.
Good Examples of Bad Addresses

- Street Name--no number
- Apartment building--no apartment number
- No zip code

Some addresses were:
- program offices
- general delivery or post office boxes
- descriptive information only
Why Does this Matter?

- Accurate contact information improves survey data quality and decreases costs.

- Programs can better serve people if they are able to reach them.
  - Identify those at risk of losing coverage
  - Facilitate choice of health plans and providers
  - Identify children eligible for SCHIP

- Accurate contact information could minimize fraud and may save money.

- The kinds of improvements needed are relatively easy and low cost to implement.
Ways States Can Improve Their Contact Data

- Update automated records as frequently as practical
- Include all lines of the address
- Keep zip codes accurate
- Require street addresses as well as post office boxes
- Use “post cards” to have clients mail in changes
- Merge/coordinate with other agencies that update addresses more often
- Use “Address Service Requested” for mailings
- Include telephone numbers in automated records
- Keep area codes up-to-date
- Probe for unlisted numbers
- Include “message numbers” for people without telephones
References


Research Funded By

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