

Instability in the Florida Medicaid Program Sydney Fruhwirth, Bryan Fuller, Alex Hanrahan, Gavin Pinto, Jonathan Bolivar and Professor Patricia Born

Introduction

- Medicaid was founded in 1965 as Title XIX of the Social Security Amendments [Thomas Buchmueller, John C. Ham, Lara D. Shore-Sheppard]. • It is funded by the federal government who establishes guidelines for
- eligibility, services to be covered and reimbursements rates • The Florida Medicaid population is around 4 million people which means
- roughly 19% of Floridians are covered by Medicaid [Kaiser Family Foundation] • Eligibility for the Florida Medicaid program is determined by one's financial
- need in addition to other factors. • This can lead to disturbances in continuity of coverage within the population
- as one's circumstances may change rendering them ineligible. • A 2019 paper stated it is estimated 57% of uninsured people qualified for Medicaid or subsidized marketplace coverage [New England Journal].
- The study evaluated how many of the enrollees were stable vs unstable ■ Stable: Enrollee had coverage for all 12 months
 - Unstable: Enrollee had coverage for less than 12 months.
- Disturbances in one's Medicaid coverage may result in delay or neglect of preventive checkups and procedures resulting from a lack of insurance. • This results in later emergency medical services being required.
- When enrollees are stably insured these preventable diagnoses are treated during routine medical procedures such as during a checkup with your doctor.
- These diagnoses ending up in emergency medical facilities significantly increases the end cost.
 - This inflated cost however may be reduced by promoting a more stable Medicaid population.

Hypothesis: Variables such as age, demographics, location and ethnicity affect an enrollee's stability or instability in the Florida Medicaid Program.

Methods

Participants: Medicaid users' claims from 2014-2019

- Ages 18-64
- Sample size around 1.7 Million
- Around 50% with stable coverage
- Ranging 33.69-34.98% male, 65.02-66.31% female
- Ranging 34.91-37.44% White, 24.82-27.03% Hispanic, 25.06-25.81% Black, .98-1% Asian, 9.52-13.88% other

Measures:

- Stability: Medicaid users who had less than 12 months of coverage were seen as unstable
- **Demographics:** Explored how instability related to age, gender and race
- **Residence:** Explored how instability related to location of residence, specifically the panhandle and miami-dade county
- Analysis: Used STATA to tabulate the percentages of medicaid users stability with their demographics and location of residence

Process:

- Enrollees below age 18 and above age 64 were dropped
- Stata was used to tabulate the data to find percentages of population per race, gender, Medicaid Plan type and stability
- Stability was defined as having coverage for less than 12 months
- Medicaid managed care provides for the delivery of Medicaid health benefits and additional services through contractual arrangements between state Medicaid agencies and managed care organizations [Medicaid.gov]





2015-2016

2014-2015

2016-2017

2017-2018 2018-2019

- shows a 9% increase over our 5 year sample

Conclusion & Discussion

- The results of the preliminary data analysis highlighted key variables and displayed their correlation with stability. • While the results are not conclusive, they serve as a proof of concept for later research to be conducted on this topic.
- The data gathered suggests that through further analysis researchers can better understand what variables have significant impacts on stability.
- Through an understanding of the effects of these variables on stability, it becomes possible to help to promote stability within the Medicaid population. • The promotion of stability will ideally lead to both healthier recipients and the reduction of excess spending within the Medicaid system.
- Stability promotes continuous care
- [Future researchers should study] if stability reduces the occurrence of preventable diagnoses appearing within emergency and urgent care facilities.
- This finding would provide lawmakers, physicians, and insurance providers
 - population.





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Results

• The share of males that are stable has increased by over 3% from 2014-2019. • The percent of black enrollees that are stable has declined by over 3% from 2014-2019 • Across all the age groups, the youngest cohort is less likely to be stable, and the stable percentage has declined, whereas it has increased in most of the older age cohorts. • The proportion of enrollees in the managed care plans (versus traditional Medicaid)

comprehensive information on how to promote stability within the Medicaid

References

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