Author's response to reviews

Title: Intergenerational Enrollment and Expenditure Changes in Medicaid: Trends from 1991 to 2005

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Author's response to reviews: see over
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Dear Dr. Gerard Clunn:

Thank you for the opportunity to revise and resubmit our manuscript entitled “Intergenerational Enrollment and Expenditure Changes in Medicaid: Trends from 1991 to 2005.” We have carefully reviewed your comments and those of the reviewers and feel that the manuscript is now strengthened by addressing the concerns that have been raised.

Thank you for your consideration, and we look forward to hearing from you. If you have any questions regarding this submission, please contact me at (734) 647-4844.

Sincerely,

Stephen W. Patrick, MD, MPH, MS
Fellow, Neonatal-Perinatal Medicine, Department of Pediatrics and Communicable Diseases

Response to reviewers:

We appreciate the reviewer’s comments and suggestions. Below are our replies:

Reviewer 1:
1. There should be some data on the total population of the US over these years so that the pop covered by Medicaid can be known.

Thank you for this comment. The US Census Bureau Current Population Survey generates data on the percentage of the US population enrolled in Medicaid. The survey publishes historical tables that describe the proportion of who receive coverage from Medicaid (http://www.census.gov/hhes/www/hlthins/data/historical/orghiisst2.html).

Using these data we have made the following calculations:

Year, 2005
Under 18: (19,737,000 (Medicaid enrollees)/ 73,985,000 (total US population)) = 26.7%
18-64 (15,001,000 (Medicaid enrollees)/184,344,000 (total US population)) = 8.2%
65+ (3,397,000 (Medicaid enrollees)/35,505,000 (total US population)) = 9.6%
Per your suggestion we have made the following addition to the conclusion:

“By 2005, Medicaid provided health insurance coverage more than a quarter of US children and nearly one in ten US adults and elderly.”

2. Is it possible to find the number of disabled children - and therefore predict what might the increase (at least as a %) might be in disability payments in adults in the next decade These are important issues for funders of Medicaid to deal with.

We agree this is an important issue that would be of interest to state Medicaid programs, but it is beyond the scope of this current project. These data, while valuable for overall trends, focus on enrollment by eligibility criteria. For a robust analysis of childhood disability, it would be best to utilize data that allows for an analysis by diagnosis. This would allow for an analysis that distinguishes between costly childhood conditions that might persist until adulthood.

Reviewer 2:
1. The authors did not adjust for inflation but since the purpose was to discuss categories of spending the lack of this adjustment does not limit the usefulness of the findings.

We did adjust all Medicaid expenditures to 2005 US dollars. In our methods we note:

“All findings were adjusted for inflation based upon the year 2005, unless otherwise specified.”