

Overview of Quantitative Research

“Examining Administrative Burdens: COVID-19 Pandemic Medicaid Changes in Indiana”

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Research Description

At the start of the COVID-19 public health emergency (PHE), the federal government linked higher federal match rates to state policy changes promoting continuous coverage for Medicaid beneficiaries. For example, Indiana suspended key administrative burdens requiring beneficiaries to redetermine eligibility, complete documentation, and contribute financially. Administrative burdens are learning, compliance, and psychological costs associated with determining eligibility, completing documentation, and the stress/stigma from engaging with government programs (Herd and Moynihan, 2018). By April 2023, when Indiana re-started annual redetermination for all Medicaid members, total enrollment had doubled from pre-pandemic levels in the Healthy Indiana Plan (HIP), the state’s Medicaid expansion (see Introduction to Health Discussion for more details).

These changes to Medicaid rules offer a natural experiment to examine what happens to inequities in health care when administrative burdens are suspended. The PHE opens a

rare policy window to investigate what we hypothesize are racialized administrative burdens. Initial evidence for this hypothesis comes from Indiana's evaluations of the HIP program (Healthy Indiana Plan Interim Evaluation Report, 2020) and our 2019 community-engaged study (Craig and Hicks).

Using quantitative analysis of Indiana Medicaid enrollment data, an interdisciplinary research team has examined whether removing Medicaid administrative burdens changes racial/ethnic inequities in HIP enrollment. Removing Medicaid administrative burdens meant that beneficiaries were no longer expected (1) to clear the programmatic hurdles built into the program, nor were they expected (2) to understand the complexities of the programs. Easing administrative barriers may narrow racial/ethnic inequities in Medicaid enrollment if the "hurdles are higher" for people of color than they are for white people.

Our research questions examine the outcomes of removing HIP Medicaid administrative burdens between April 2020 and March 2023 and then reinstating them after the PHE:

1. *How did removing Medicaid administrative burdens at the start of the COVID public health emergency in April 2020 affect racial and ethnic inequities in enrollment in Indiana's Medicaid expansion, the Healthy Indiana Plan (HIP)?*
2. *How does reintroducing Medicaid administrative burdens in April 2023 affect racial and ethnic inequities in HIP enrollment?*