Private vs. Public Provision of Social Insurance: Evidence from Medicaid
TIMOTHY LAYTON, NICOLE MAESTAS, DANIEL PRINZ, BORIS VABSON

Key Findings and Policy Implications
This paper analyzes the effects on health care utilization and costs of administering public Medicaid benefits through private firms. It assesses the consequences of private provision by analyzing health care services in counties that newly mandated private enrollment for Medicaid beneficiaries with disabilities in Texas and New York, as compared with counties not subject to the mandate. The study uses administrative data from the Centers for Medicare and Medicaid Services for Texas (2004-2010) and New York (2006-2010), including information on Medicaid enrollment status, and healthcare utilization for inpatient, emergency, and outpatient services, and for prescription drugs. The paper finds that:

- In Texas, where the publicly-administered Medicaid program uses strict rationing to control costs, the shift to private provision led to higher Medicaid spending but also improvements in healthcare. Outpatient and prescription drug spending increased, while utilization of inpatient care decreased. Increases in outpatient spending result partly from increased outpatient utilization (8% increase in outpatient services), and partly from private plans paying higher prices (8% higher on average). Increases in prescription drug spending were due to the presence of a strict limit of three prescription drug fills per month in the public Medicaid program. Further analyses revealed that increases in drug utilization were (1) concentrated in drug categories related to chronic diseases prevalent in this population and (2) accompanied by corresponding decreases in inpatient hospital stays related to these same conditions.

- In New York, where the public program is more generous, privatization did not affect overall Medicaid spending, but it did result in a sharp reduction in inpatient use. The drop in inpatient use may have been larger in New York, because private firms were responsible for inpatient spending there, while the state paid for inpatient stays for private plan enrollees in Texas.

Since many people with disabilities are eligible for Medicaid due to their enrollment in the Supplemental Security Income (SSI) program, differences between public and private provision of Medicaid benefits are fundamental to both Social Security and health care policy.

TIMOTHY LAYTON is an Assistant Professor of Health Care Policy at Harvard Medical School and a NBER Faculty Research Fellow.
NICOLE MAESTAS is an Associate Professor of Health Care Policy at Harvard Medical School and the Program Director of the NBER Disability Research Center.
DANIEL PRINZ is a Health Policy PhD candidate at Harvard and an NBER Pre-Doctoral fellow in Disability Policy Research.
BORIS VABSON is a Health Economist and Research Scholar at the Stanford Institute for Economic Policy Research and a visiting scholar at UC Berkeley Haas School of Business.

Complete DRC Working Papers available on our website: http://www.nber.org/aging/drc/papers/

This research was supported by the U.S. Social Security Administration through grant #DRC12000002-06 to the National Bureau of Economic Research as part of the SSA Disability Research Consortium. The findings and conclusions expressed are solely those of the author(s) and do not represent the views of SSA, any agency of the Federal Government, or the NBER.