A Sampling Bias in Identifying Children in Foster Care Using Medicaid Data

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BACKGROUND: Prior research identified foster care children using Medicaid eligibility codes specific to foster care, but it is unknown whether these codes capture all foster care children.

OBJECTIVES: To describe the sampling bias in relying on Medicaid eligibility codes to identify foster care children.

METHODS: Using foster care administrative files linked to Medicaid data, we describe the proportion of children whose Medicaid eligibility was correctly encoded as foster child during a 1-year follow-up period following a new episode of foster care. Sampling bias is described by comparing claims in mental health, emergency department (ED), and other ambulatory settings among correctly and incorrectly classified foster care children.

RESULTS: Twenty-eight percent of the 5683 sampled children were incorrectly classified in Medicaid eligibility files. In a multivariate logistic regression model, correct classification was associated with duration of foster care (>9 vs <2 months, odds ratio [OR] 7.67, 95% confidence interval [CI] 7.17-7.97), number of placements (>3 vs 1 placement, OR 4.20, 95% CI 3.14-5.64), and placement in a group home among adjudicated dependent children (OR 1.87, 95% CI 1.33-2.63). Compared with incorrectly classified children, correctly classified foster care children were 3 times more likely to use any services, 2 times more likely to visit the ED, 3 times more likely to make ambulatory visits, and 4 times more likely to use mental health care services (P < .001 for all comparisons).

CONCLUSIONS: Identifying children in foster care using Medicaid eligibility files is prone to sampling bias that over-represents children in foster care who use more services.

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