

Supplementary Appendix

Adverse Selection in Medicaid: Evidence from Discontinuous Program Rules

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Table S1: Estimates of monthly contribution amounts based on monthly pre-tax income and household size

Household of 1

| Average Monthly Income for Household of 1 | 1 Person with the Healthy Michigan Plan - Each Person Pays This Amount |
|---|--|
| \$0 - 989.99 | \$0 |
| \$990.00 - 1,040.49 | \$20.00 |
| \$1,040.50 - 1,093.57 | \$21.00 |
| \$1,093.58 - 1,149.35 | \$22.00 |
| \$1,149.36 - 1,207.98 | \$23.00 |
| \$1,207.99 - 1,269.60 | \$24.00 |
| \$1,269.61 - 1,334.36 | \$25.00 |
| \$1,334.37 - 1,374.80 | \$26.00 |

Household of 2

| Average Monthly Income for Household of 2 | 1 Person with the Healthy Michigan Plan - Each Person Pays This Amount | 2 People with the Healthy Michigan Plan - Each Person Pays This Amount |
|---|--|--|
| \$0 - 1,334.99 | \$0 | \$0 |
| \$1,335.00 - 1,403.09 | \$20.00 | \$13.00 |
| \$1,403.10 - 1,474.66 | \$21.00 | \$14.00 |
| \$1,474.67 - 1,549.88 | \$22.00 | \$15.00 |
| \$1,549.89 - 1,628.94 | \$23.00 | \$16.00 |
| \$1,628.95 - 1,712.04 | \$24.00 | \$16.00 |
| \$1,712.05 - 1,799.37 | \$25.00 | \$17.00 |
| \$1,799.38 - 1,853.90 | \$26.00 | \$18.00 |

Household of 3

| Average Monthly Income for Household of 3 | 1 Person with the Healthy Michigan Plan - Each Person Pays This Amount | 2 People with the Healthy Michigan Plan - Each Person Pays This Amount | 3 People with the Healthy Michigan Plan - Each Person Pays This Amount |
|---|--|--|--|
| \$0 - 1,679.99 | \$0 | \$0 | \$0 |
| \$1,680.00 - 1,765.69 | \$20.00 | \$13.00 | \$11.00 |
| \$1,765.70 - 1,855.76 | \$21.00 | \$14.00 | \$12.00 |
| \$1,855.77 - 1,950.42 | \$22.00 | \$15.00 | \$12.00 |
| \$1,950.43 - 2,049.91 | \$23.00 | \$15.00 | \$13.00 |
| \$2,049.92 - 2,154.48 | \$24.00 | \$16.00 | \$14.00 |
| \$2,154.49 - 2,264.38 | \$25.00 | \$17.00 | \$14.00 |
| \$2,264.39 - 2,333.00 | \$26.00 | \$18.00 | \$15.00 |

Source: Michigan Department of Health and Human Services, 2018 (http://www.michigan.gov/healthymiplan/0,5668,7-326-67957_69564---,00.html)

Table S2: Copayment requirements for Healthy Michigan Plan

| Covered Services | Co-Pay | |
|---|---------------------------------------|--------------------------------------|
| | Income less than or equal to 100% FPL | Income more than 100% FPL |
| Physician Office Visits (including Free-Standing Urgent Care Centers) | \$ 2 | \$ 4 |
| Outpatient Hospital Clinic Visit | \$ 1 | \$ 4 |
| Emergency Room Visit for Non-Emergency Services <ul style="list-style-type: none"> • Co-payment ONLY applies to non-emergency services • There is no co-payment for true emergency services | \$ 3 | \$ 8 |
| Inpatient Hospital Stay (with the exception of emergent admissions) | \$ 50 | \$ 100 |
| Pharmacy | \$ 1 preferred \$ 3 non-preferred | \$ 4 preferred \$ 8 non-preferred |
| Chiropractic Visits | \$ 1 | \$ 3 |
| Dental Visits | \$ 3 | \$ 4 |
| Hearing Aids | \$ 3 per aid | \$ 3 per aid |
| Podiatric Visits | \$ 2 | \$ 4 |
| Vision Visits | \$ 2 | \$ 2 |

Source: Michigan Department of Health and Human Services
 (https://www.michigan.gov/documents/mdch/Healthy_Michigan_Copayment-final_452237_7.pdf)

Table S3: Unadjusted pre, copayment and disenrollment across FPL

| | | Total Number in Group | |
|--------------------------------------|----------------------------|------------------------------|---------|
| Monthly Premium Contributions | | Percent Assessed | |
| | Overall | 21.0 | 195,495 |
| | 99 | 22.8 | 1,766 |
| | 100 | 41.2 | 1,791 |
| | Contribution Amount | Mean (\$) | |
| | Overall | 3.61 | 195,495 |
| | 90 to 94 | 2.20 | 9,344 |
| | 95 to 99 | 3.06 | 9,067 |
| | 100 to 104 | 6.77 | 9,977 |
| | 105 to 109 | 7.02 | 9,220 |
| Monthly Copayments | | Percent Assessed | |
| | Overall | 37.8 | 195,495 |
| | 99 | 37.9 | 1,766 |
| | 100 | 36.5 | 1,791 |
| | Copayment Amount | Mean(\$) | |
| | Overall | 0.84 | 195,405 |
| | 90 to 94 | 0.83 | 9,344 |
| | 95 to 99 | 0.84 | 9,067 |
| | 100 to 104 | 0.83 | 9,977 |
| | 105 to 109 | 0.86 | 9,220 |
| Percent Disenroller | | Percent | |
| | Overall | 20.1 | 195,495 |
| | < 100 | 17.9 | 131,120 |
| | >= 100 | 24.6 | 64,375 |
| | 90 to 94 | 20.3 | 9,344 |
| | 95 to 99 | 19.5 | 9,067 |
| | 100 to 104 | 22.7 | 9,977 |
| | 105 to 109 | 21.7 | 9,220 |
| Medical Spending | | | |
| | Overall | 270.21 | 195,495 |
| | 85 to 99 | 251.39 | 28,457 |
| | 100 to 114 | 255.75 | 28,121 |

Notes: Raw unadjusted means or population prevalence of monthly premium contributions, contribution amount, disenrollment, and medical spending within 13 months (7 months for medical spending) of initial enrollment in a Medicaid managed care plan.

Source: Enrollment and cost-sharing data from Michigan's Department of Health and Human Services

Table S4: Markov transition matrix: Dynamic changes around FPL

| Table values reflect percent of eligible population in each cell as a percent of those at initial FPL. | | | |
|---|-----------------|--------------------|---------------------|
| | Final FPL <100% | Final FPL ≥100% | Number of Enrollees |
| All Enrollees | | | |
| Initial FPL <100% | 96.1 | 3.9 | 126,056 |
| Initial FPL ≥100% | 12.2 | 87.8 | 69,439 |
| Receives Premium Statement | | | |
| Initial FPL <100% | 95.5* | 4.5 | 9,158 |
| Initial FPL ≥100% | 12.9 | 87.1 | 31,884 |
| Does not receive premium statement | | | |
| Initial FPL <100% | 96.2 | 3.8 | 116,898 |
| Initial FPL ≥100% | 11.6 | 88.4* | 37,555 |

*The values in these cells reflect that there are some enrollees who received, or did not receive, premium statements seemingly out of accordance with program rules. These apparent discrepancies could reflect FPL mismeasurement in our data or details of enrollees that could exempt them from premiums that are unobservable to us (e.g. pregnancy).

Notes: Data come from individual enrollment and contribution files provided by Michigan DHHS

Table S5: Estimated change at 100 percent FPL for demographic covariates

| Variable | Estimate of jump at 100% FPL | Standard error | p-value | Bandwidth |
|------------------------------------|---|---------------------------|----------------|------------------|
| Age: under 30 | -0.015 | 0.011 | 0.156 | 9.2 |
| Age: 30 to 39 | -0.015 | 0.0091 | 0.106 | 11.9 |
| Age: 40 to 49 | -0.006 | 0.0095 | 0.514 | 9.9 |
| Age 50+ | 0.036 | 0.0099 | <0.001 | 9.3 |
| Female | -0.0282 | 0.0101 | 0.005 | 11.6 |
| Race: white | -0.0099 | 0.0084 | 0.239 | 14.9 |
| Race: black | 0.0024 | 0.0074 | 0.74 | 12.2 |
| Race: other | 0.0043 | 0.0067 | 0.52 | 15.0 |
| Region: UP/Northern MI | -0.011 | 0.0074 | 0.141 | 8.9 |
| Region: Central | 0.015 | 0.010 | 0.161 | 9.9 |
| Region: Southern MI | 0.0047 | 0.0089 | 0.595 | 10.5 |
| Region: Detroit Metro | -0.0090 | 0.0097 | 0.353 | 11.7 |
| Healthy Behavior reward | -0.0077 | 0.0096 | 0.424 | 9.5 |
| Date of enrollment | 0.197 | 0.105 | 0.062 | 9.3 |

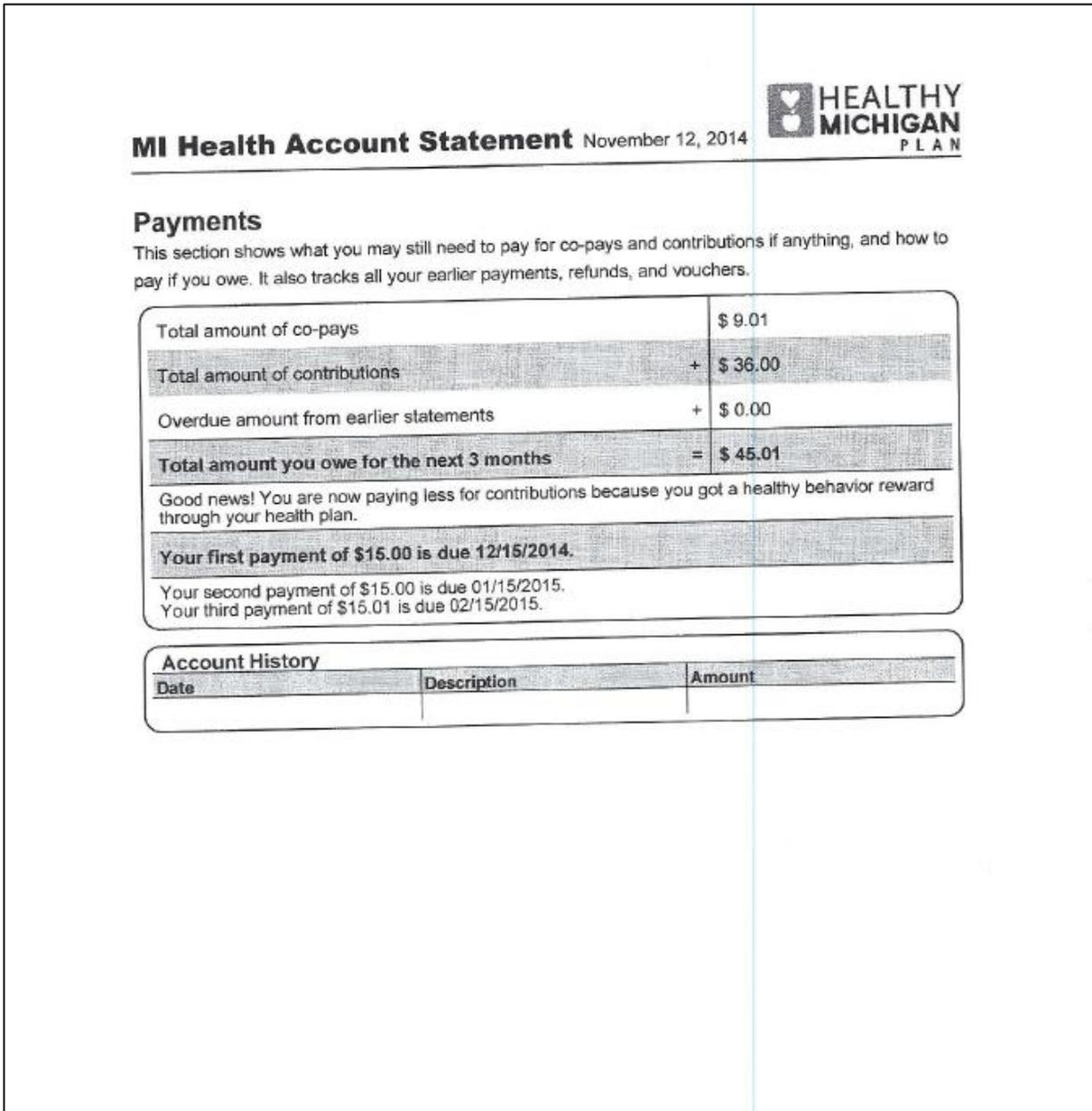
Notes: Estimated from local linear equations with MSE-optimal bandwidths and triangular kernels where each covariate is a dependent variable and covariates not in the same demographic category are covariates in regressions. Data come from individual enrollment and contribution files provided by Michigan DHHS

Table S6: Covariate-adjusted monthly spending

| | Estimate | pvalue |
|-----------------------------|-----------------|---------------|
| Disenroller | | |
| No | \$293.15 | |
| Yes | \$175.84 | <0.001 |
| Gender | | |
| Male | \$242.83 | |
| Female | \$289.20 | <0.001 |
| Age in Bands | | |
| under 30 | [ref] | |
| 30 to 39 | \$296.86 | 0.036 |
| 40 to 49 | \$378.60 | <0.001 |
| over 50 | \$422.99 | <0.001 |
| Region of Residence | | |
| UP/Northern Michigan | \$237.90 | <0.001 |
| Central Michigan | \$257.67 | <0.001 |
| Southern Michigan | \$318.91 | 0.002 |
| Detroit | [ref] | |
| Race | | |
| White | [ref] | |
| Black | \$243.26 | <0.001 |
| Other | \$239.57 | <0.001 |
| FPL_percent | | |
| 25 | \$463.78 | <0.001 |
| 50 | \$366.13 | |
| 75 | \$289.05 | |
| 100 | \$228.19 | |
| 125 | \$180.15 | |
| Constant | \$271.09 | |

Notes: Spending reflects total amounts paid to medical care providers and pharmacies adjudicated through the claims process. Regression specified as a generalized linear model with a log link and gamma family. Gender, age, region and race specified as categorical variables. FPL specified quadratically. Predictions obtained using marginal effects at actual values through the margins command in Stata 14.2

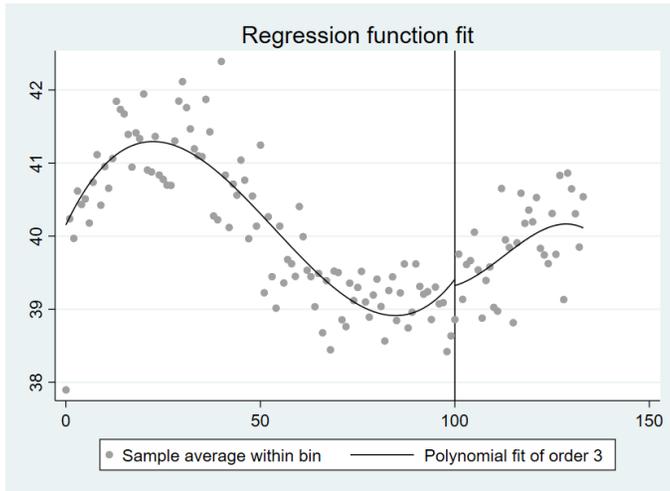
Figure S1: Sample MI Health Account Statement



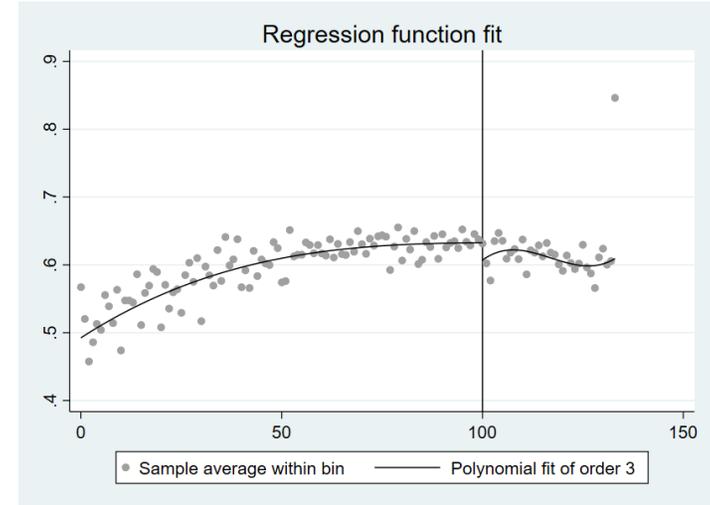
Source: Michigan Department of Health and Human Services

Figure S2: Covariate means by FPL

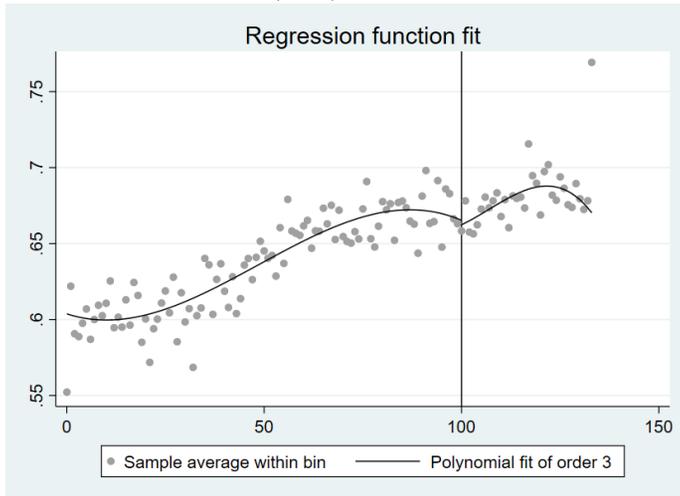
Panel A: Average Age Against FPL Level
Mean (39.8)



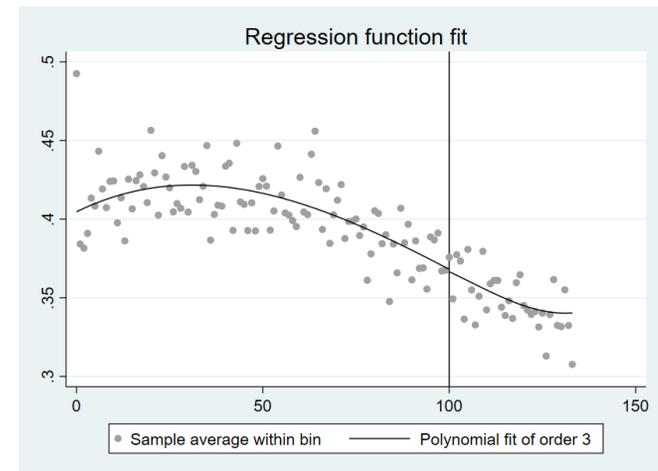
Panel B: Proportion Female Against FPL Level
Mean (0.61)



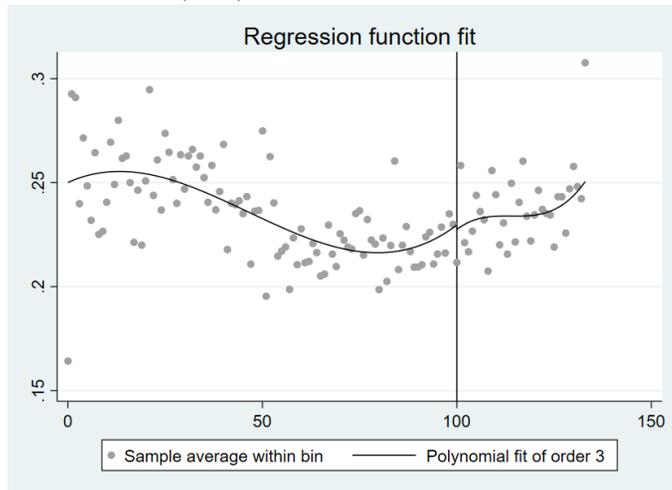
Panel C: Proportion White Against FPL Level
Mean (0.66)



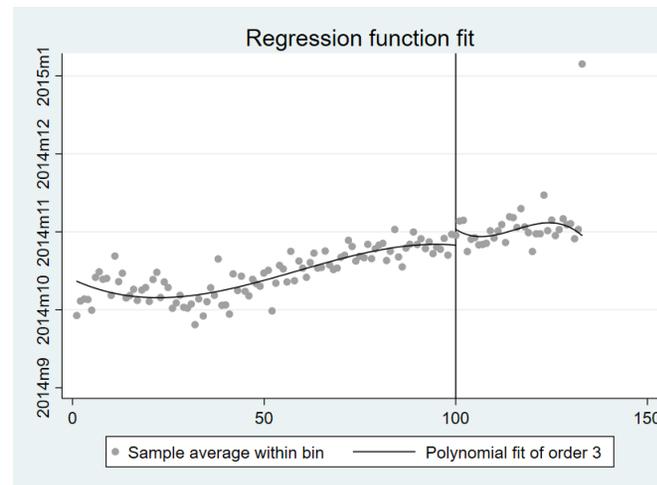
Panel D: Proportion Reside in Detroit Metro Region
Mean (0.39)



Panel E: Proportion who completed Health Risk Assessment
Mean (0.23)

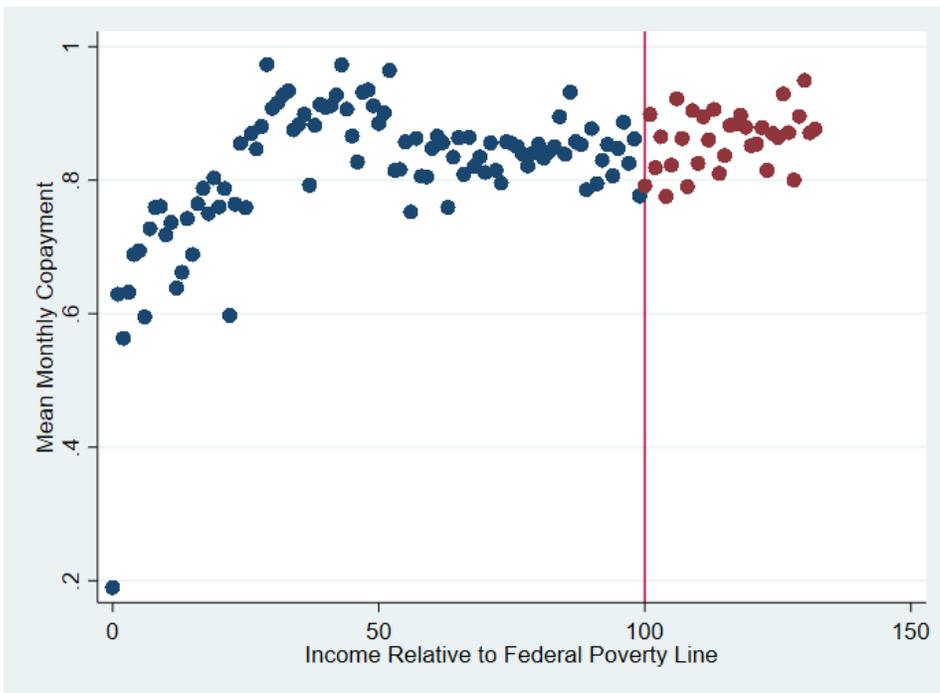
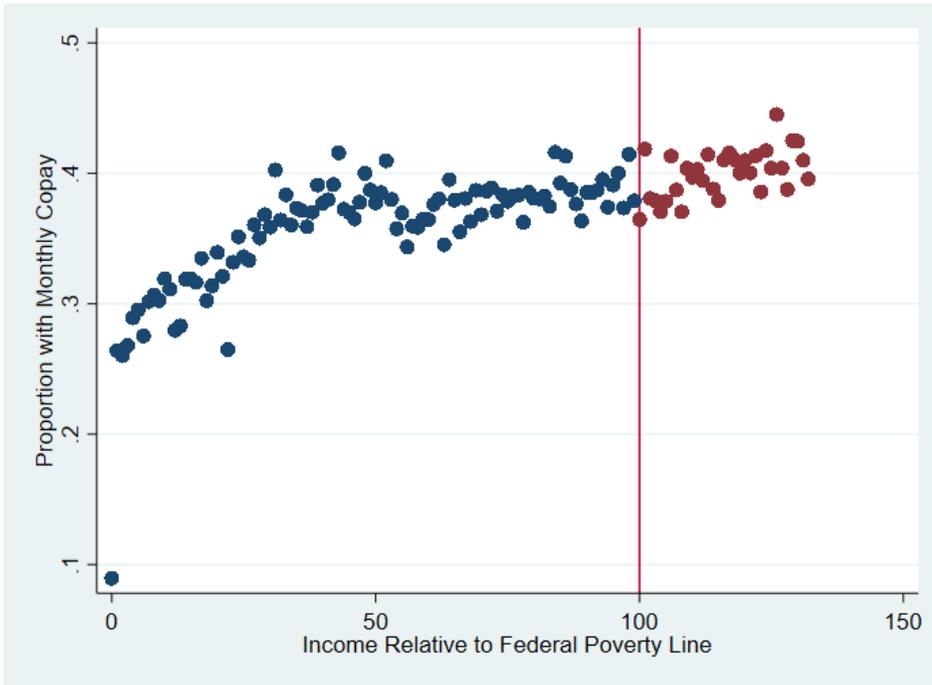


Panel F: Mean HMP MC enrollment date
(Mean: mid-October 2014; mode: June 2014)



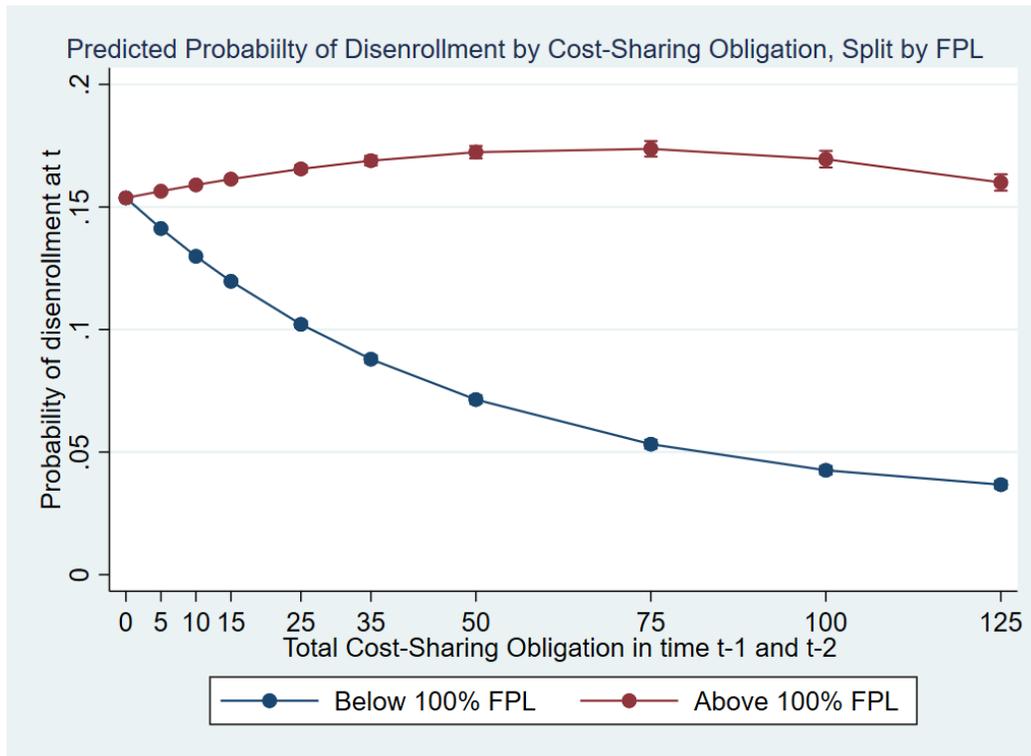
Notes: These graphs show the means and population proportions plotted against the primary running variable, average FPL. The plots for age and proportion female show statistically significant changes at the FPL. Race and area of residence do not. We tested race in 3 categories (white, black, other) and residence in four categories (north, central, south, Detroit Metro). Graphs for white race and residence in the Detroit Metro area are shown because they are the most common. Data come from individual enrollment and contribution files provided by Michigan DHHS

Figure S3: Scatterplot: Copayment likelihood and amount by FPL



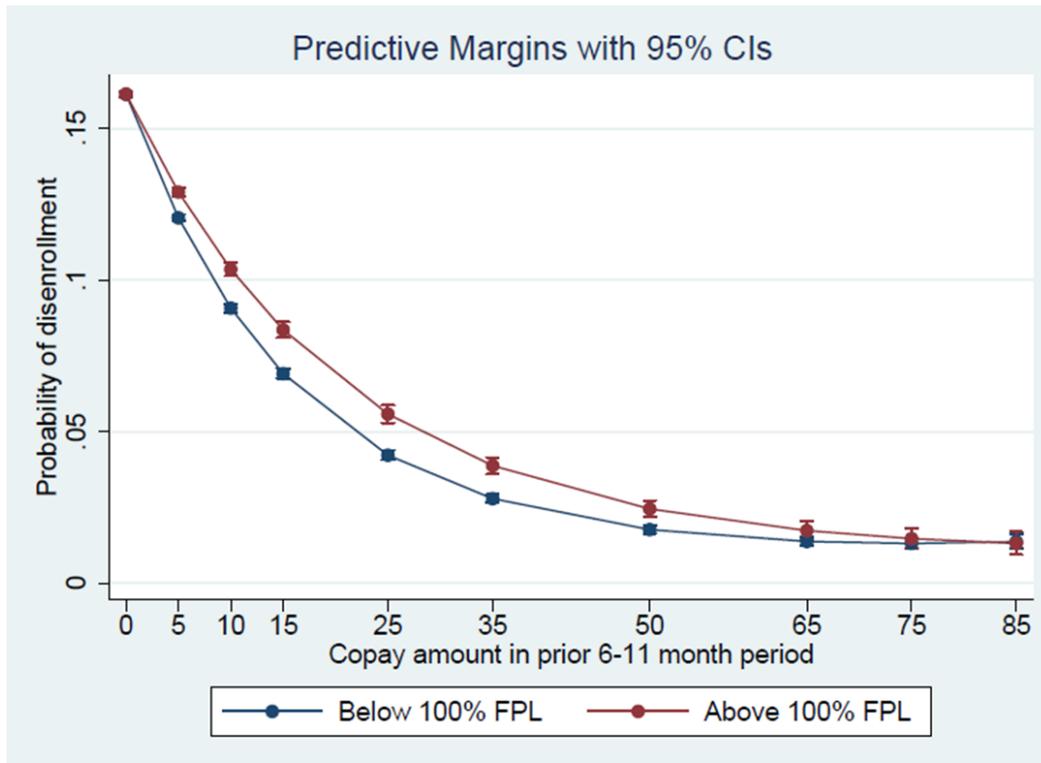
Notes: These scatterplots plot income (in 1 FPL bins) against the proportion of the population required to make a copayment and the mean amount of copayments. Data come from individual enrollment and contribution files provided by Michigan DHHS

Figure S4: Demographically-adjusted probability of disenrolling by total cost-sharing amount (premiums + copayments)



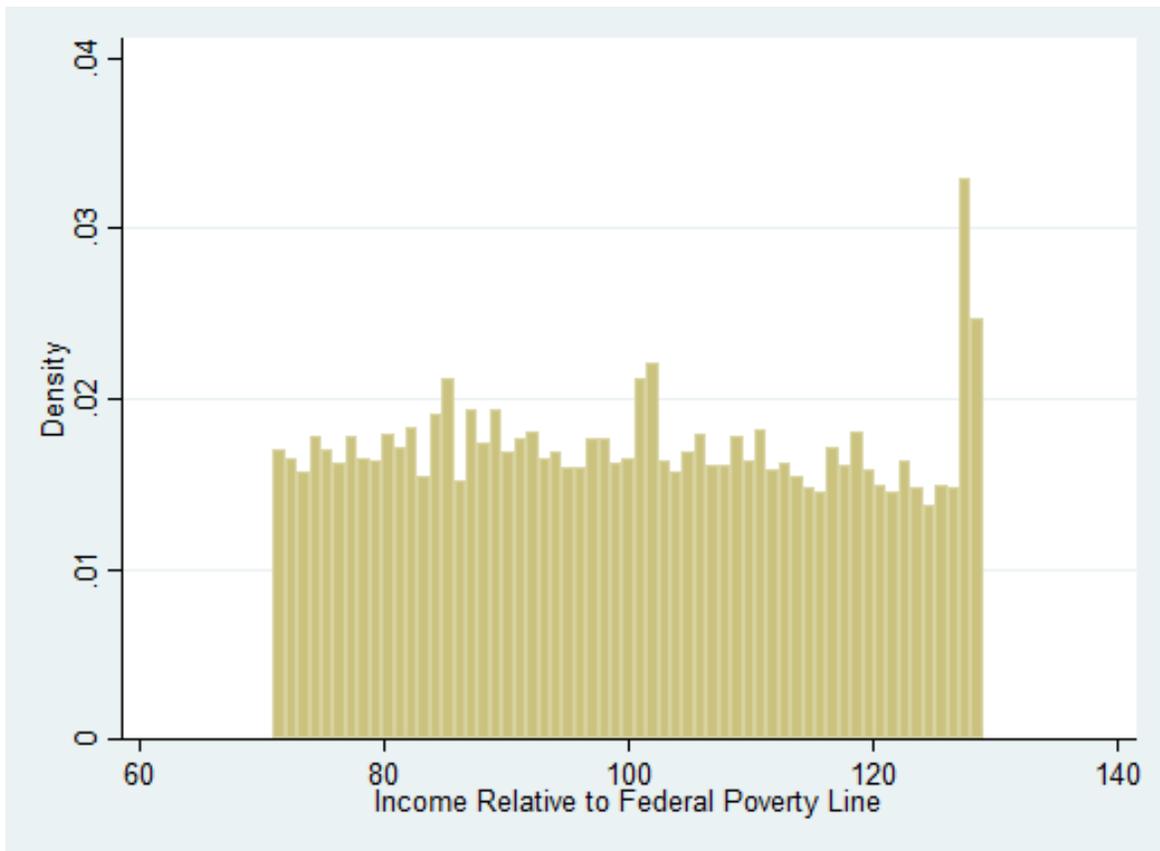
Notes: This figure shows the probability of disenrollment in a period by the amount owed on two MI health account statements (a period encompassing 6 months). It is generated using margins from a logit model in which present period disenrollment is the outcome and the key predictor is an interaction term between FPL and previous period invoices. The model also includes age (in categories), gender, race and region of residence variables. Data come from individual enrollment and contribution files provided by Michigan DHHS.

Figure S5: Demographically-adjusted probability of disenrollment by copayment amount



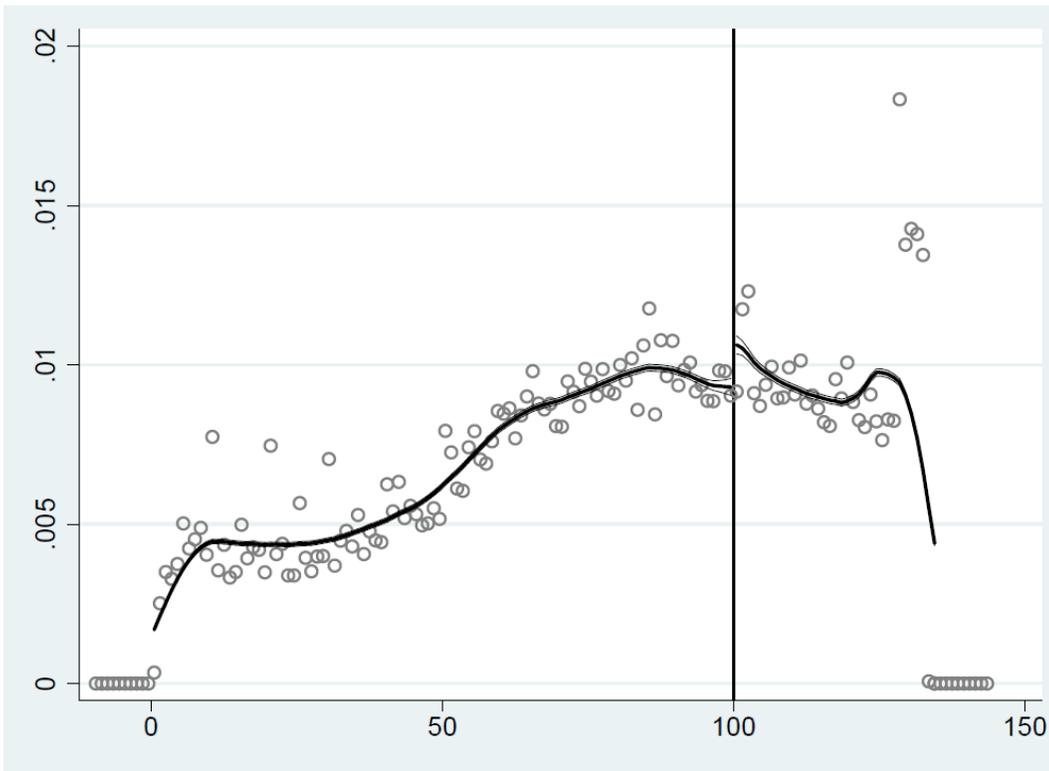
Notes: This figure shows the probability of disenrollment in a period by the amount owed on two MI health account statements (a period encompassing 6 months). It is generated using margins from a logit model in which present period disenrollment is the outcome and the key predictor is an interaction term between FPL and previous period invoices. The model also includes age (in categories), gender, race and region of residence variables. Data come from individual enrollment and contribution files provided by Michigan DHHS

Figure S6: Histogram of FPL: >70% FPL and < 130% FPL



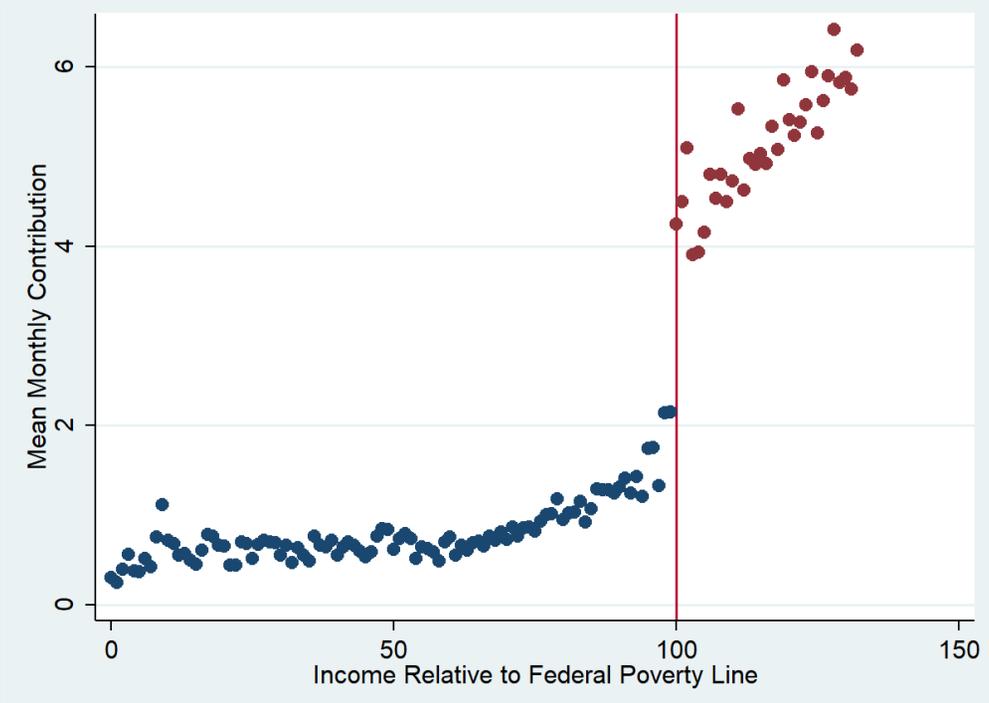
Source: Data come from individual enrollment and contribution files provided by Michigan DHHS

Figure S7: McCrary density plot on FPL > 0% FPL



Notes: Output from the McCrary density test: log difference in height: 0.143; p-value .022. Data come from individual enrollment and contribution files provided by Michigan DHHS

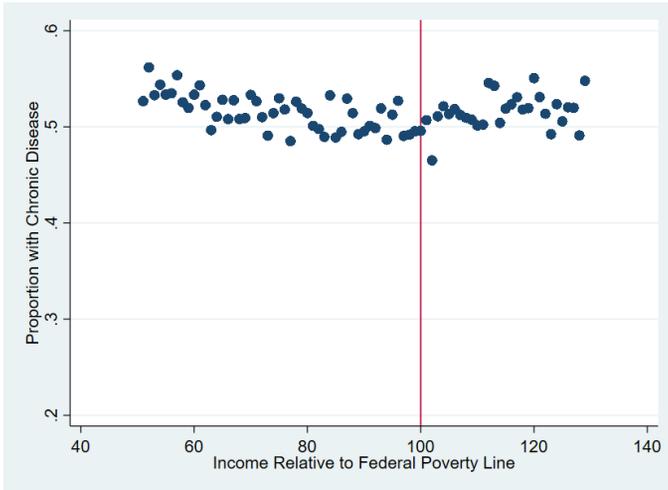
Figure S8: Discontinuous jump in contribution amount



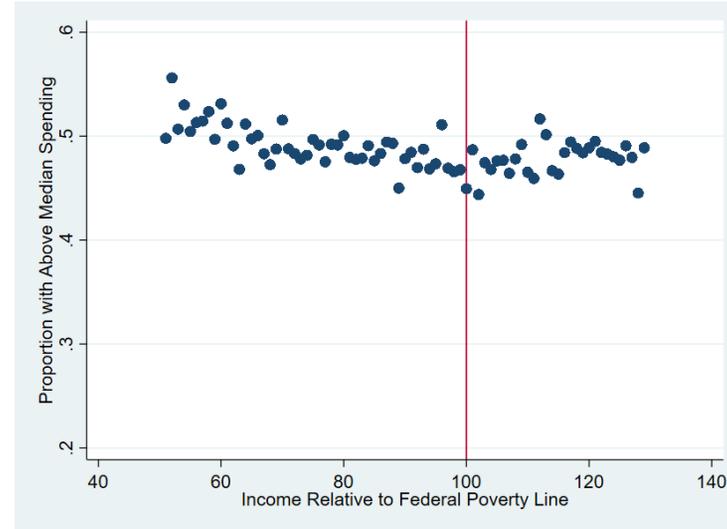
Notes: These data represent averages of individual contribution amounts at each federal poverty level. Data come from individual enrollment and contribution files provided by Michigan DHHS.

Figure S9: Discontinuities across FPL by subgroups

Panel A: Chronic Disease Incidence across FPL



Panel B: Above Median Spending Incidence by FPL



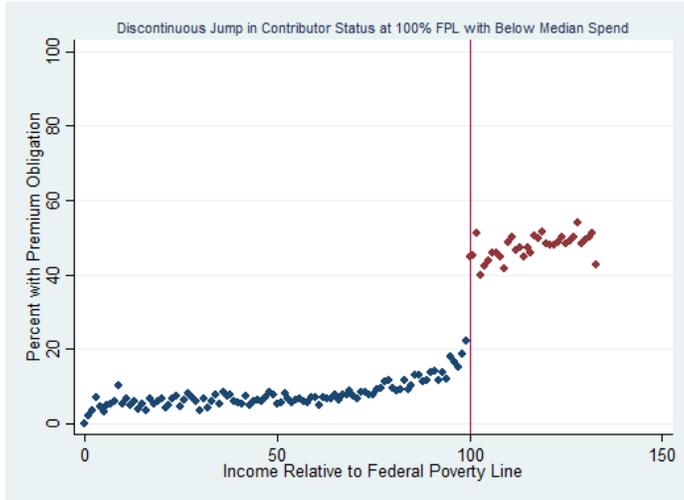
| Outcome | Covariates | Bandwidth | Estimate | Standard Error | p-value |
|---------------------------------|------------|-----------|----------|----------------|---------|
| Chronic Disease incidence | | 11.1 | -0.0024 | 0.01078 | 0.824 |
| Chronic Disease incidence | X (11) | 10.7 | -0.00046 | 0.01098 | 0.966 |
| Above median spending incidence | | 13.9 | -0.0113 | 0.00958 | 0.237 |
| Above median spending incidence | X (11) | 13.7 | -0.0109 | 0.00963 | 0.258 |

Notes: Panel A and B show the mean proportion of enrollees at each FPL who either have a claim with a chronic disease diagnosis in their first 7 months of program enrollment (Panel A) or who have total medial spending above the median over their first 7 months of program enrollment (Panel B). The table shows estimates from a regression testing for discontinuities in the incidence of either chronic disease or above median spending (using the rdrobust command) at the federal poverty line. Specifications with covariates controlled for gender, race, region of residence, age in bands, receipt of a healthy behavior reward and enrollment date. Our definition of

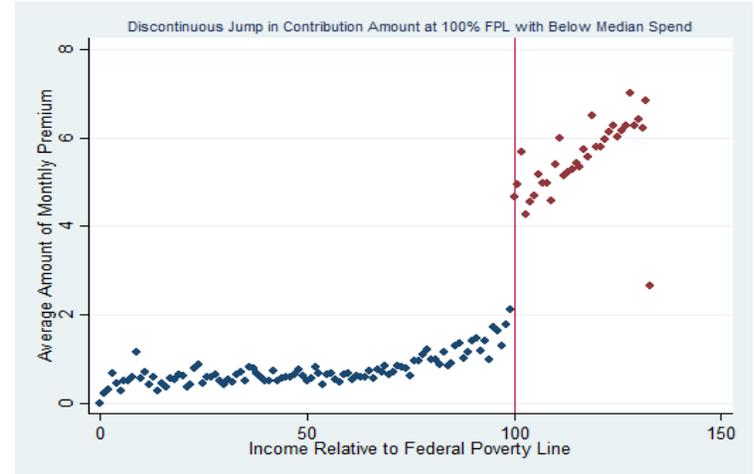
chronic disease includes any that the state has determined is exempt from copayments through 2016: alcohol use disorder, asthma, chronic kidney disease, chronic obstructive pulmonary disease and bronchiectasis, deep venous thrombosis/pulmonary embolism, depression, diabetes, heart failure, HIV, hyperlipidemia, hypertension, ischemic heart disease, obesity, stroke/transient ischemic attack, substance use disorder, tobacco use disorder. Data come from individual enrollment and contribution files provided by Michigan DHHS

Figure S10: Scatter plots: Contribution percentage and average contribution amount, split by medical spending

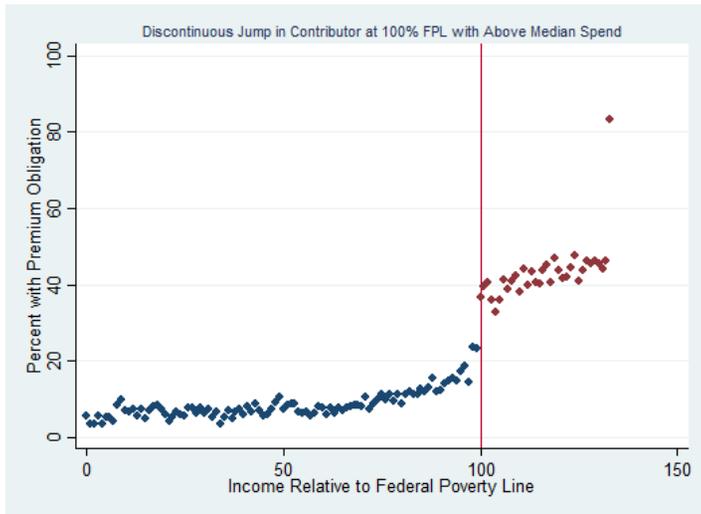
Panel A: Discontinuous Jump in Contributor Status at 100% FPL (< Median \$)



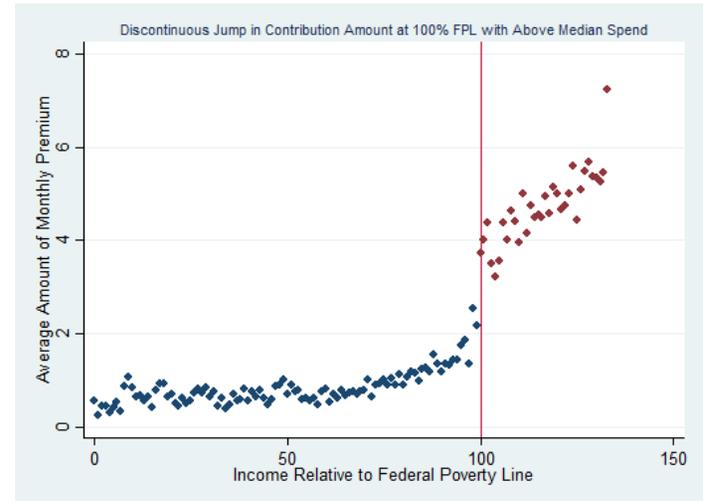
Panel B: Discontinuous Jump in Contribution at 100% FPL (< Median \$)



Panel C: Discontinuous Jump in Contributor Status at 100% FPL (\geq Median \$)



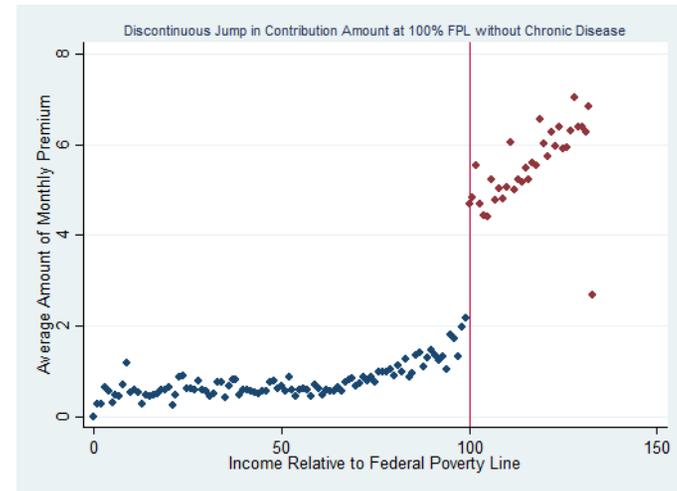
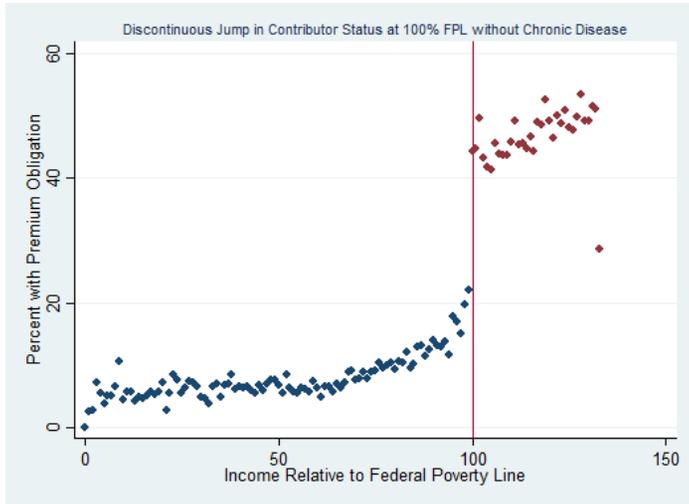
Panel D: Discontinuous Jump in Contribution at 100% FPL (\geq Median \$)



Notes: These data represent averages of individual contribution amounts or the percentage of people with a premium contribution at each federal poverty level. Data come from individual enrollment and contribution files provided by Michigan DHHS.

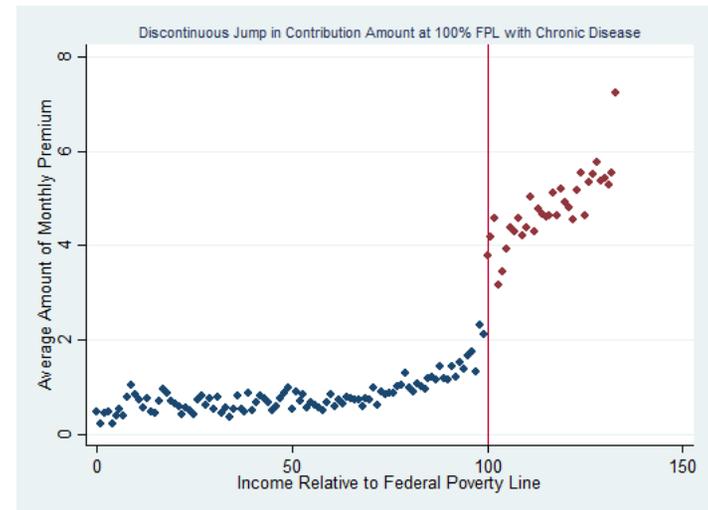
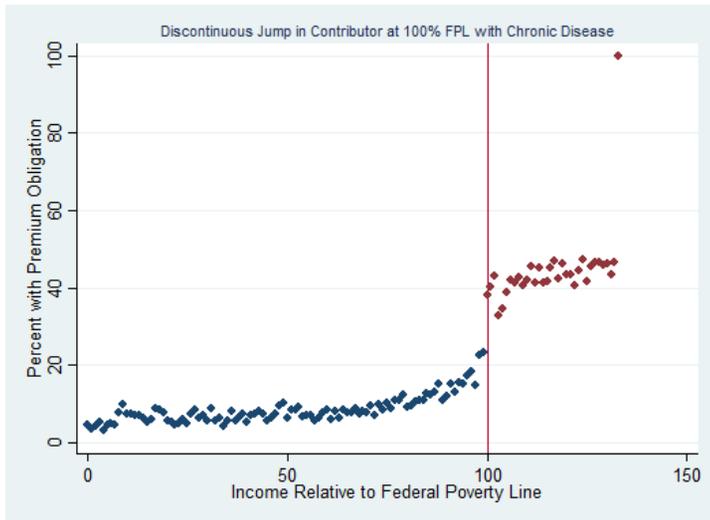
Figure S11: Scatter Plots: Contribution percentage and average contribution amount, split by chronic disease diagnosis

Panel A: Discontinuous Jump in Contributor Status at 100% FPL (No Chronic Disease) Panel B: Discontinuous Jump in Contribution at 100% FPL (No Chronic Disease)



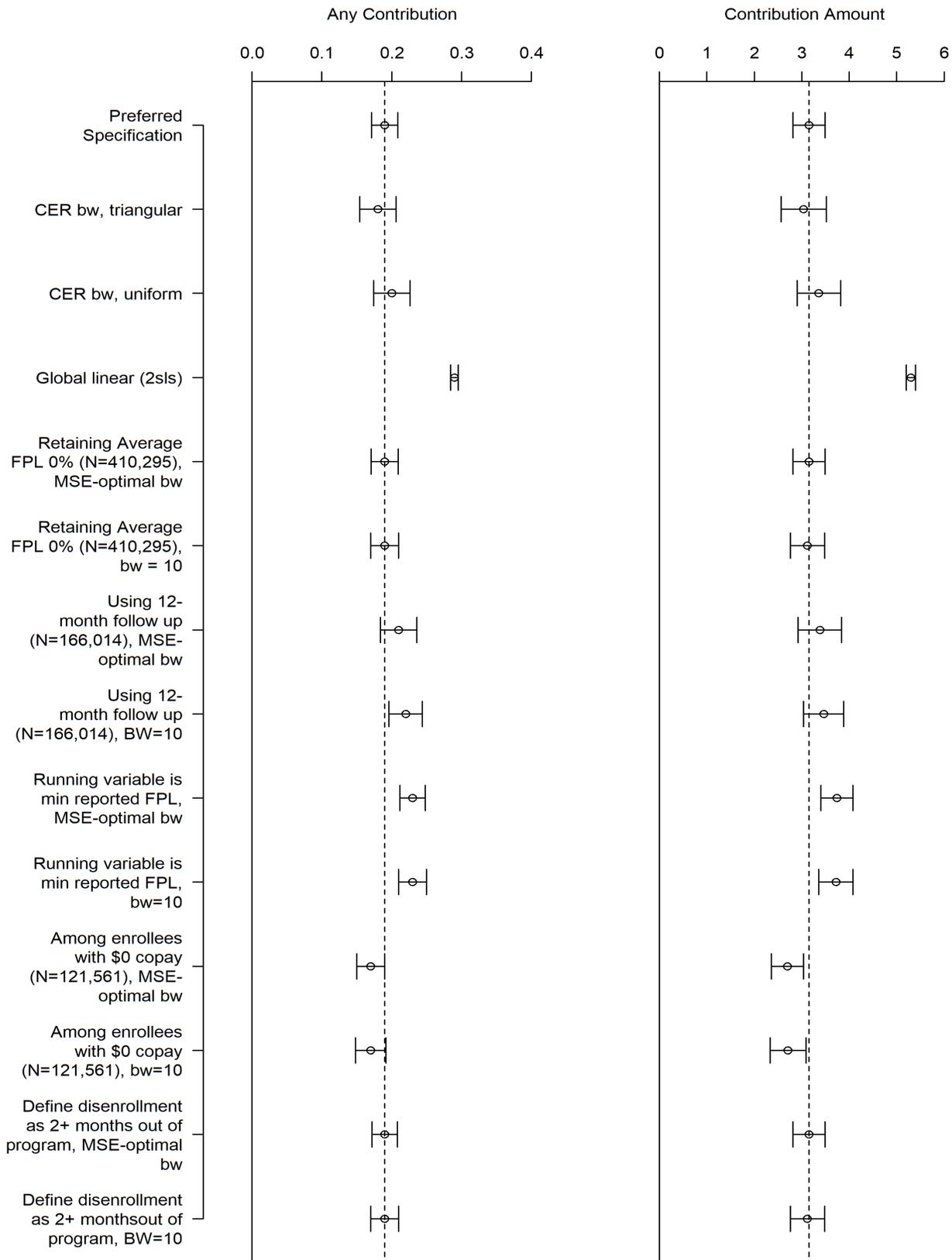
Panel C: Discontinuous Jump in Contributor Status at 100% FPL (Chronic Disease)

Panel D: Discontinuous Jump in Contribution at 100% FPL (Chronic Disease)



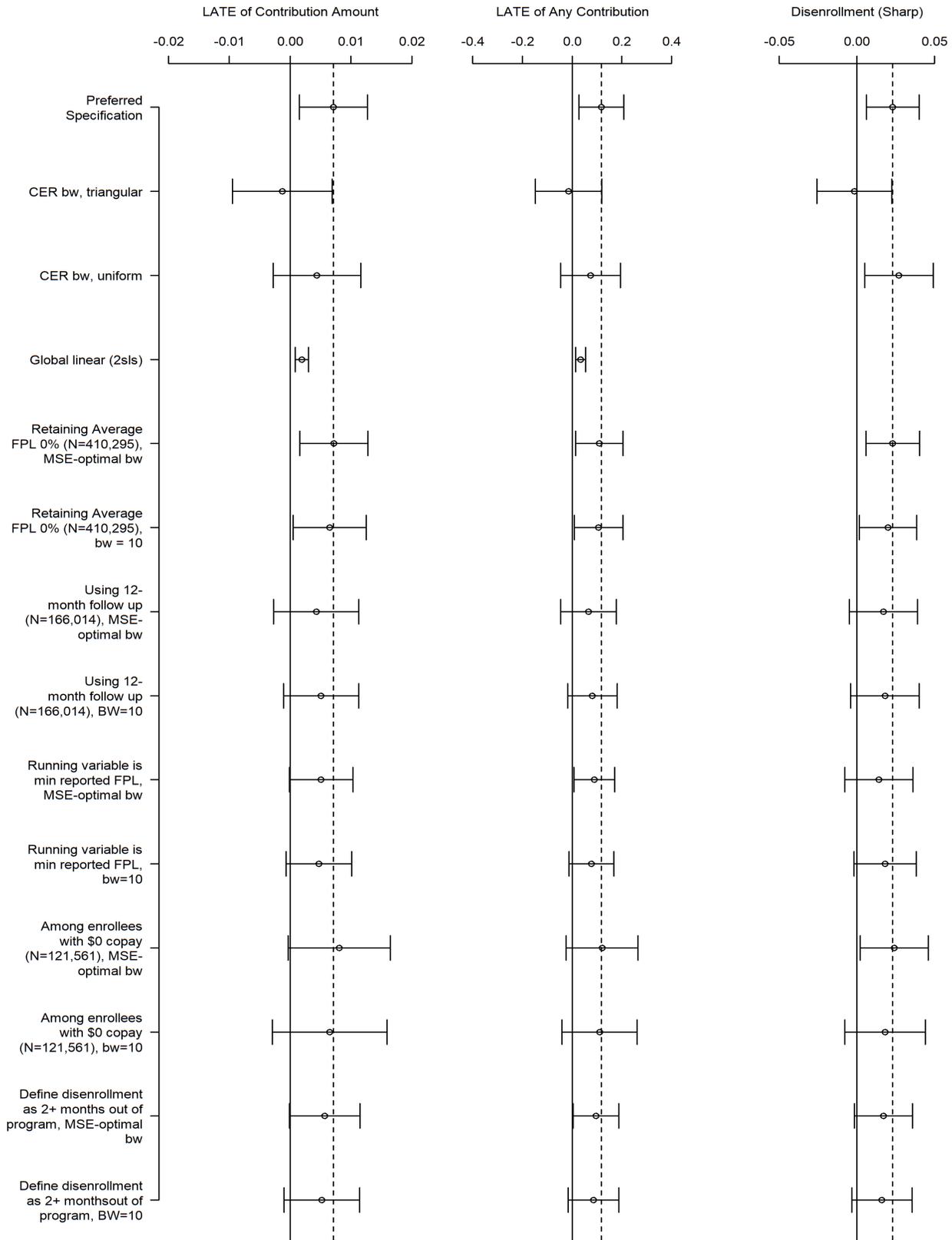
Notes: These data represent averages of individual contribution amounts or the percentage of people with a premium contribution at each federal poverty level. Data come from individual enrollment and contribution files provided by Michigan DHHS. Our definition of chronic disease includes any that the state has determined is exempt from copayments through 2016: alcohol use disorder, asthma, chronic kidney disease, chronic obstructive pulmonary disease and bronchiectasis, deep venous thrombosis/pulmonary embolism, depression, diabetes, heart failure, HIV, hyperlipidemia, hypertension, ischemic heart disease, obesity, stroke/transient ischemic attack, substance use disorder, tobacco use disorder.

Figure S12: Comparison of preferred specification to alternate bandwidth selection, sample and running variable specification for any contribution and contribution amount



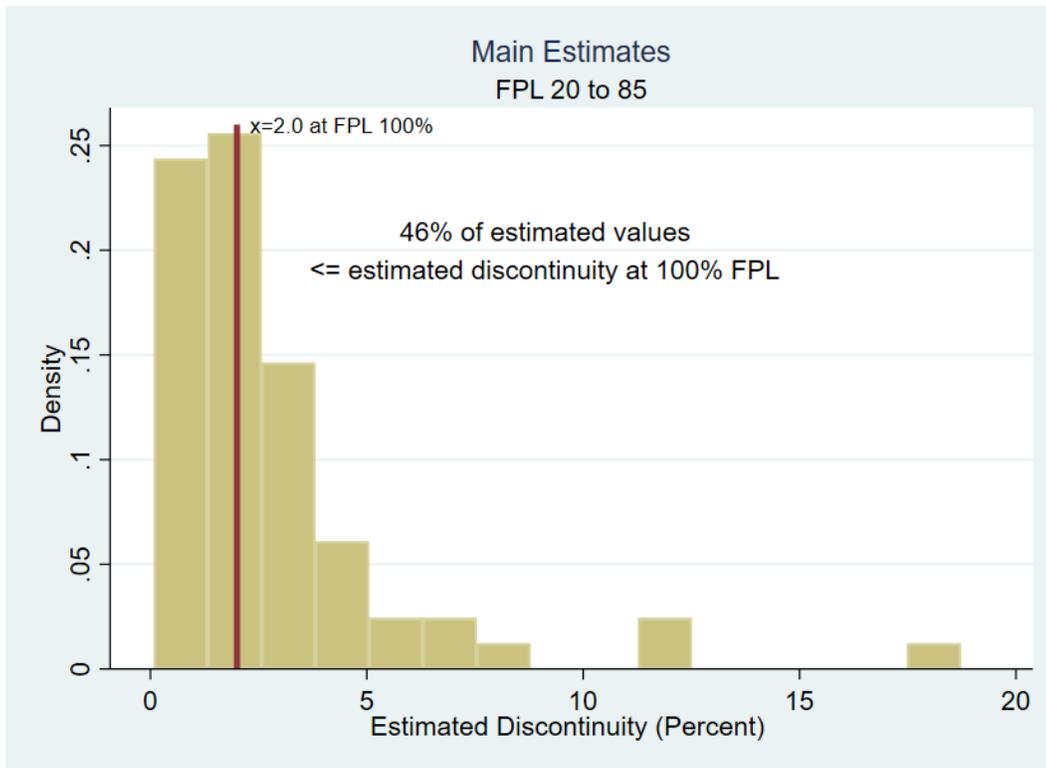
Notes: This figure shows point estimates for the impact of having an income at just over the federal poverty line (FPL) on the binary outcome of any premium contribution and on the average additional premium contribution. The top row shows the estimate for our preferred specification; for purposes of comparison a dotted vertical line is drawn through that estimate. Rows 2 and 3 show the estimates using the Coverage Error Rate (CER) bandwidth selector and different kernels, Row 4 shows the estimate from a two-stage least squares regression. Rows 5-6 show the estimate when the sample is constructed without dropping individuals with no income. Rows 7-8 show the estimates when we follow the population for 19 total months (7 months of initial enrollment plus 12-months of potential premium assessment) instead of 13 months. Note the population is smaller (n=166,014) because in order to allow for at least 19 months of enrollment by September 2016 (the extent of our data), enrollees must have enrolled in a managed care plan by February 2015. Rows 9-10 show estimates using minimum reported FPL as the running variable (rather than average reported FPL). Rows 11 and 12 show the estimate when enrollees with any copay >\$0 are dropped from the sample (about 1/3 of enrollees). Rows 12 and 13 show the estimate when an enrollee is considered disenrolled after leaving the program for 2 months or more, rather than 6 months or more. Data come from individual enrollment and contribution files provided by Michigan DHHS.

Figure S13: Comparison of preferred specification to alternate bandwidth selection, sample and running variable specification for treatment effect of contribution amount, treatment effect of any contribution, disenrollment



Notes: This figure shows point estimates for the impact of having an income at just over the federal poverty line (FPL) on the binary outcome of disenrollment using as an instrument the change in probability of premium contribution at the FPL (column A), using as an instrument the change in premium contribution amount (column B), and examining the jump at the FPL (column C). The top row shows the estimate for our preferred specification; for purposes of comparison a dotted vertical line is drawn through that estimate. Rows 2 and 3 show the estimates using the Coverage Error Rate (CER) bandwidth selector and different kernels, Row 4 shows the estimate from a two-stage least squares regression. Rows 5-6 show the estimate when the sample is constructed without dropping individuals with no income. Rows 7-8 show the estimates when we follow the population for 19 total months (7 months of initial enrollment plus 12-months of potential premium assessment) instead of 13 months. Note the population is smaller (n=166,014) because in order to allow for at least 19 months of enrollment by September 2016 (the extent of our data), enrollees must have enrolled in a managed care plan by February 2015. Rows 9-10 show estimates using minimum reported FPL as the running variable (rather than average reported FPL). Rows 11 and 12 show the estimate when enrollees with any copay >\$0 are dropped from the sample (about 1/3 of enrollees). Rows 12 and 13 show the estimate when an enrollee is considered disenrolled after leaving the program for 2 months or more, rather than 6 months or more. Data come from individual enrollment and contribution files provided by Michigan DHHS.

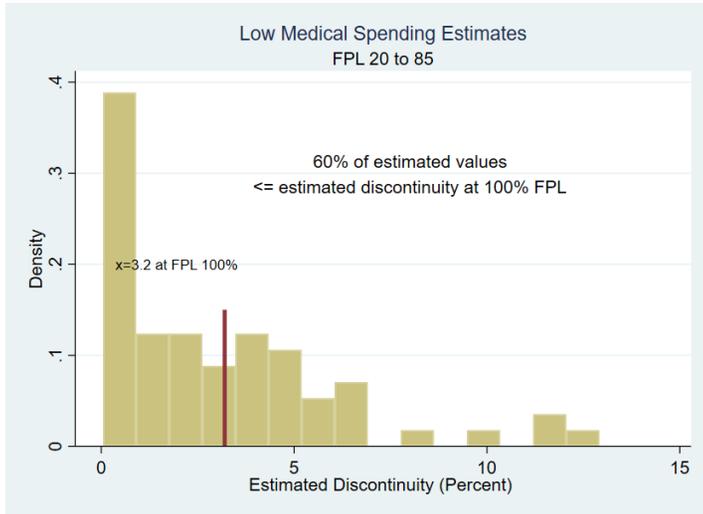
Figure S14: Density of estimates generated using placebo cut-off points



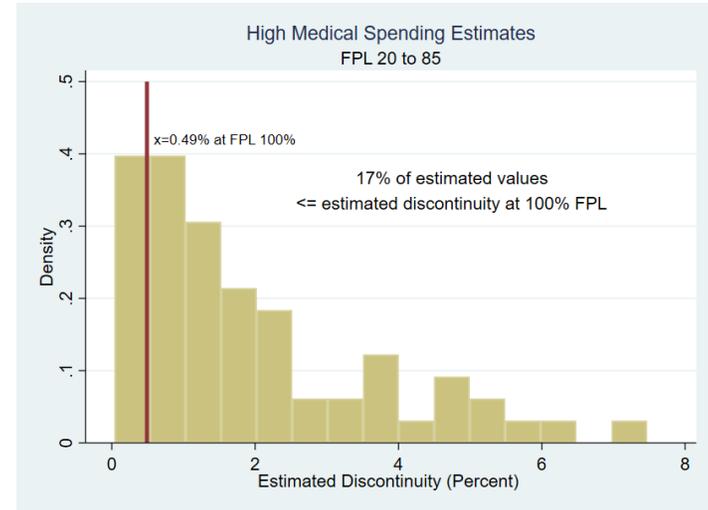
Notes: Plot shows density of estimates using same specification as used to generate main estimates over a series of placebo cutoff points between 20% FPL and 85% FPL. Bandwidth held at 10 for comparison, triangular kernel used in all specifications. Data come from individual enrollment and contribution files provided by Michigan DHHS.

Figure S15: Density of estimates generated using placebo cut-off points, medical need subgroups

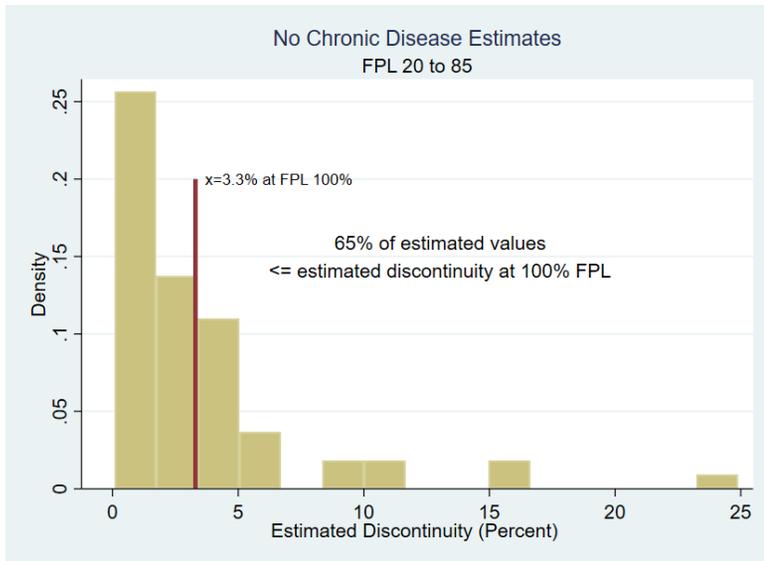
Panel A



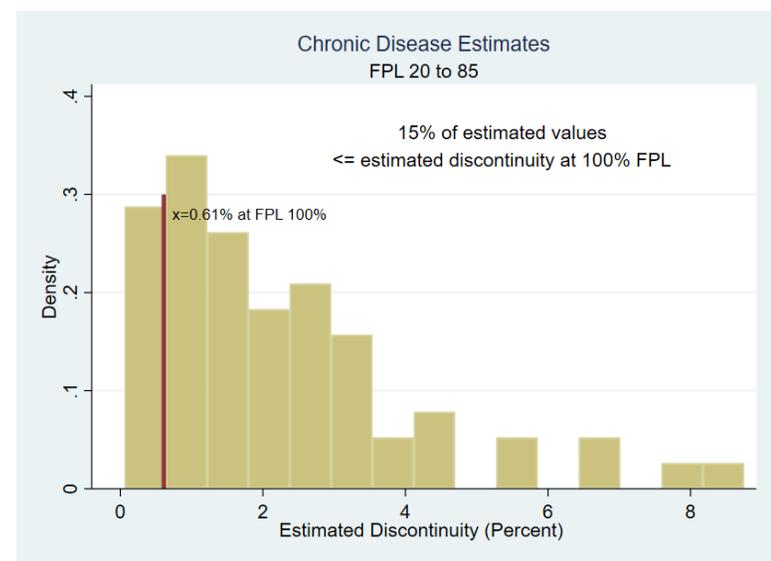
Panel B



Panel C

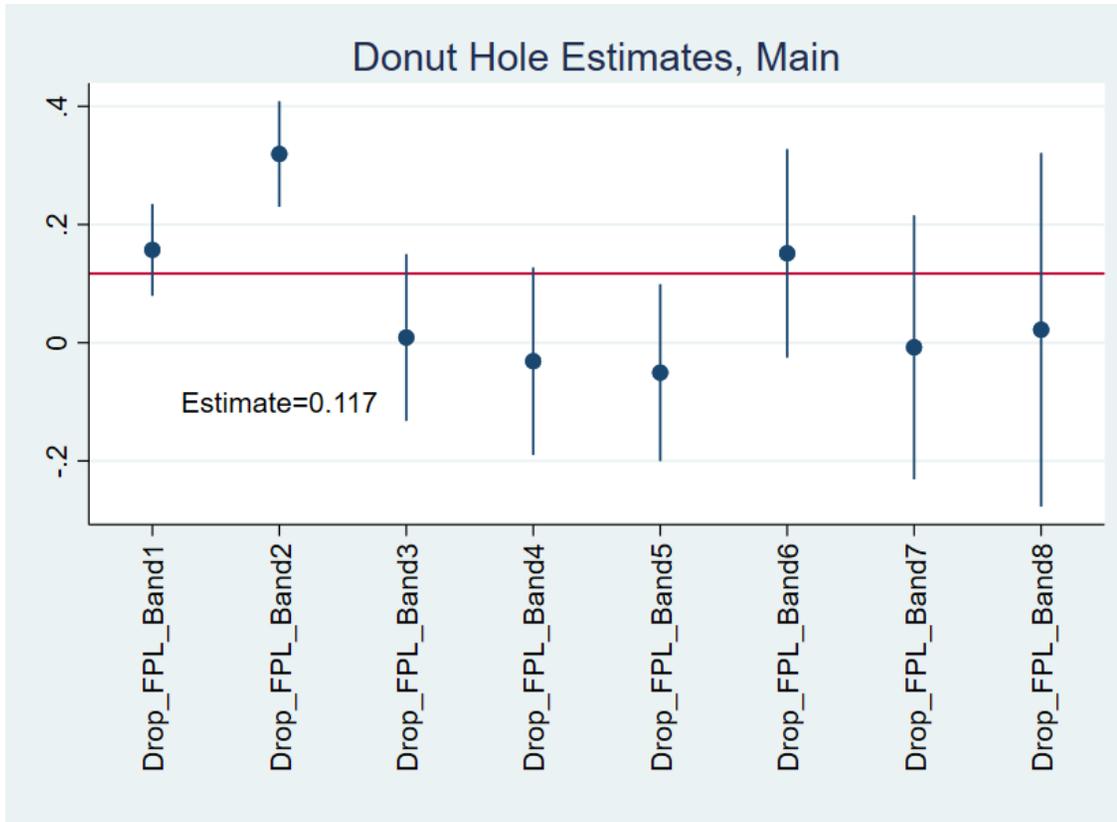


Panel D



Notes: Plots show density of estimates using same specification as used to generate main estimates over a series of placebo cutoff points between 20% FPL and 85% FPL. Bandwidth held at 10 for comparison, triangular kernel used in all specifications. Data come from individual enrollment and contribution files provided by Michigan DHHS.

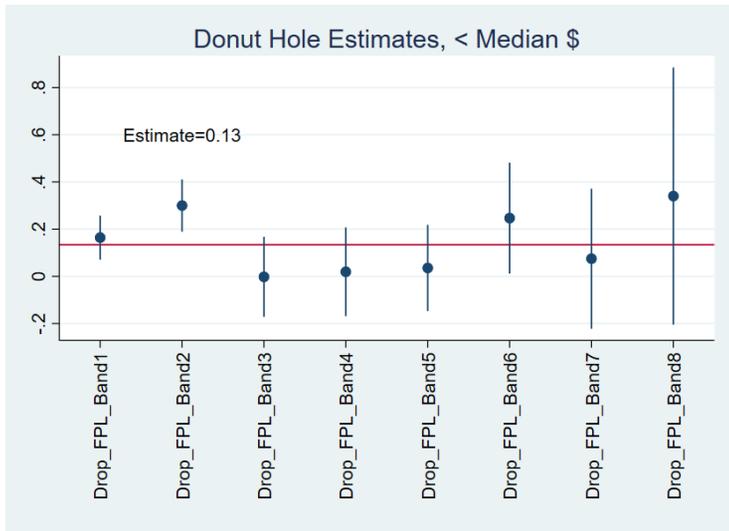
Figure S16: Plot of treatment effect coefficients from regressions excluding bands of FPL



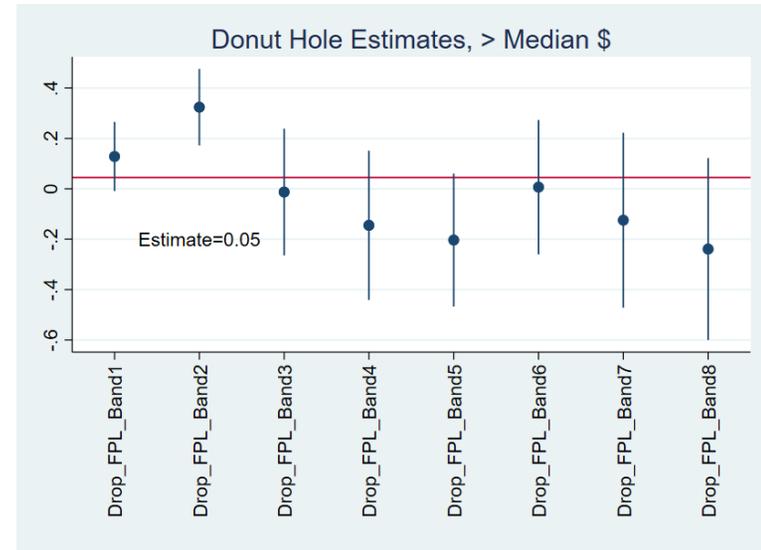
Notes: This figure plots coefficients from a series of regressions of disenrollment on premium assessment, using the threshold FPL as an instrument for premium assessment in a fuzzy RD design and dropping increasingly large bands around the threshold FPL (e.g Drop_FPL_Band1 drops 99 and 100 FPL, Drop_FPL_Band2 drops 98-101, etc). This series of estimates tests for robustness of main estimates to measurement error, specifically clustering around specific values, in the running variable (Barreca, Lindo, Waddell, 2016). This regression specification is the same one used to generate the main estimates but that we impose a bandwidth of 15 in order to maintain a valid estimation sample. The specification includes covariates (race, age, region in categories, healthy reward receipt and enrollment date) and a triangular kernel around the threshold FPL. Data come from individual enrollment and contribution files provided by Michigan DHHS.

Figure S17: Plot of treatment effect coefficients from regressions excluding bands of FPL, medical need subgroups

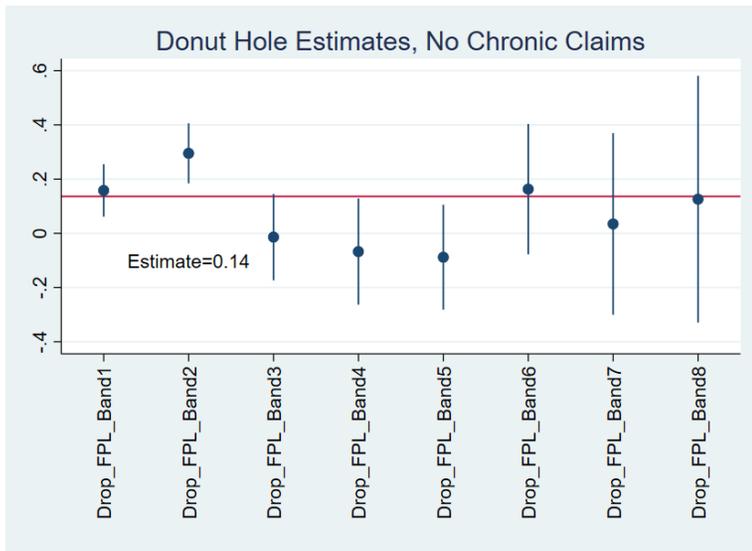
Panel A



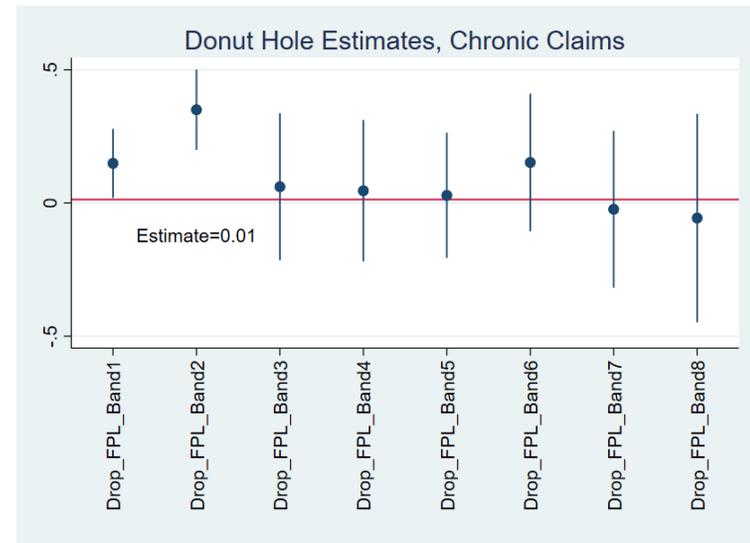
Panel B



Panel C.



Panel D.



Notes: This figure plots coefficients from a series of regressions of disenrollment on premium assessment, using the threshold FPL as an instrument for premium assessment in a fuzzy RD design and dropping increasingly large bands around the threshold FPL (e.g Drop_FPL_Band1 drops 99 and 100 FPL, Drop_FPL_Band2 drops 98-101, etc). This series of estimates tests for robustness of main estimates to measurement error, specifically clustering around specific values, in the running variable (Barreca, Lindo, Waddell, 2016). This regression specification is the same one used to generate the main estimates but that we impose a bandwidth of 15 in order to maintain a valid estimation sample. The specification includes covariates (race, age, region in categories, healthy reward receipt and enrollment date) and a triangular kernel around the threshold FPL. Data come from individual enrollment and contribution files provided by Michigan DHHS.