Health Insurance in the United States: Evaluating the Effects of Changes in the CPS ASEC

Edward R. Berchick and Heide M. Jackson

2019 Population Association of America Annual Meeting

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Roadmap

• Background on improvements to the CPS ASEC
• Comparison of estimates across research and production files
  • Key estimates
  • Why estimates changed
  • New measures
• Important takeaways for data users
Roadmap

• Background on improvements to the CPS ASEC
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Improvements to the CPS ASEC

• Two-Stage Process:
  • Redesign of questionnaire (released in 2014; starting with 2014 CPS ASEC)
    • To ensure timely release, missing and incomplete data were handled through the traditional processing system
  • Redesign of processing procedure (released in 2019; starting with 2017 CPS ASEC Research File)
Health Insurance Instrument Redesign

Design:

Reference period
• New current coverage question to improve responses to questions about health insurance coverage in previous calendar year

Health insurance coverage types
• Start with general coverage questions followed by more specific questions

Hybrid person-household-level design
• After a person reports coverage, ask who else in household had *that plan type*
• Ask about all household members *individually by name* to address gaps in household coverage

Results:
• Improved respondent experience
• More precise measures of health insurance coverage
• Expanded coverage details

See Pascale et al., 2016 for more information
Redesign of Processing System

**Legacy System**

- Instrument output mapped into old variables – loss of information about types of coverage
- No information about subannual coverage
- Missing data was imputed for each individual one type at a time, leading to potential over-estimates of multiple coverage

**Updated System**

- Instrument output used with full detail on types of plans that did not previously exist, including those purchased through a marketplace (healthcare.gov)
- Uses subannual information to improve edits and consistency between types of coverage held concurrently
- New imputation process groups people into health insurance units and fills missing data based on the characteristics of that unit
Legacy System

• Contains calendar-year coverage information for all persons
• Defines private insurance as employer-sponsored, direct-purchase
• Defines public insurance as Medicare, Medicaid, military (incl. TRICARE, VA, CHAMPVA)

Updated System

• Excludes calendar-year coverage information for infants born during the interview year
• Defines private insurance as employer-sponsored, direct-purchase, TRICARE
• Defines public insurance as Medicare, Medicaid, military (incl. VA, CHAMPVA)
# Health Insurance Implementation Timeline

<table>
<thead>
<tr>
<th>Reference Year</th>
<th>Traditional Questionnaire Legacy Data Processing</th>
<th>Redesign Questionnaire Legacy Data Processing</th>
<th>Redesign Questionnaire Updated Data Processing</th>
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</table>
Data Files for 2016 Estimates

• 2017 CPS ASEC (also known as 2017 CPS ASEC Production File)
  • Collects information from redesigned instrument
  • Data set relies on legacy processing system

• 2017 CPS ASEC Research File
  • Collects information from redesigned instrument
  • Data set relies on updated processing system
Roadmap

• Background on improvements to the CPS ASEC

• Comparison of estimates across research and production files
  • Key estimates
  • Why estimates changed
  • New measures

• Important takeaways for data users
Universes Differ Between Files

• The new processing system does not include calendar-year coverage information for infants born during the interview year
  • To compare files, we exclude infants from the production file

• Between changes in weights and changes in universe, total sample size also changes
(Un)insured Rate

Any coverage

- 2017 CPS ASEC Research File: 92.1%
- 2017 CPS ASEC Production File: 91.3%

Uninsured

- 2017 CPS ASEC Research File: 7.9%
- 2017 CPS ASEC Production File: 8.7%

* p < .05
(Un)insured Rate: Published Estimates

i.e. Including Infants in the Production File

- Any coverage:
  - 2017 CPS ASEC Research File: 92.1%
  - 2017 CPS ASEC Production File: 91.2%

- Uninsured:
  - 2017 CPS ASEC Research File: 7.9%
  - 2017 CPS ASEC Production File: 8.8%

* p < .05

* i.e. Including Infants in the Production File
Private and Public Coverage

• Definitions differ across files because new processing system allows TRICARE to be disentangled from other types of military coverage
  • In production file:
    • Private: employer-sponsored, direct-purchase
    • Public: Medicare, Medicaid, military (incl. TRICARE, VA, CHAMPVA)
  • In research file:
    • Private: employer-sponsored, direct-purchase, TRICARE
    • Public, Medicare, Medicaid, military (incl. VA, CHAMPVA)

• For today, we recoded the research file to use production file definitions
Private and Public Coverage

2017 CPS ASEC Research File

- Private coverage: 65.9%
- Public coverage: 34.6%

2017 CPS ASEC Production File

- Private coverage: 67.6%
- Public coverage: 37.3%
Private and Public Coverage: Published Estimates

i.e. Including Infants in the Production File

Private coverage
- 2017 CPS ASEC Research File: 68.1
- 2017 CPS ASEC Production File: 67.5

Public coverage
- 2017 CPS ASEC Research File: 34.6
- 2017 CPS ASEC Production File: 37.3

* i.e. Including Infants in the Production File
Consistent with Change Expected from Earlier Field Testing

HIGHLIGHTS

- The percentage of people without health insurance was 10.6 percent in the content test and 12.0 percent in the production instrument.
- The percentage of people with government coverage was statistically lower in the content test than the production instrument.
- The percentage of people with private coverage was statistically higher in the content test than the production instrument.

Medalia et al, 2014
Changes to Most Coverage Types

- Employer-based

2017 CPS ASEC Research File

2017 CPS ASEC Production File

* p < .05
Changes to Most Coverage Types

- **Employer-based**
  - 2017 CPS ASEC Research File: 11.8
  - 2017 CPS ASEC Production File: 16.2
  - 2017 CPS ASEC Research File: 55.1
  - 2017 CPS ASEC Production File: 55.8

- **Direct Purchase**
  - 2017 CPS ASEC Research File: 11.8
  - 2017 CPS ASEC Production File: 16.2

* p < .05
Changes to Most Coverage Types

- Employer-based: 55.1% (2017 CPS ASEC Research File) vs. 55.8% (2017 CPS ASEC Production File), *p < .05
- Direct Purchase: 11.8% (2017 CPS ASEC Research File) vs. 16.2% (2017 CPS ASEC Production File)
- Medicare: 16.9% (2017 CPS ASEC Research File) vs. 16.7% (2017 CPS ASEC Production File)

*2017 CPS ASEC Research File
**2017 CPS ASEC Production File

* p < .05
Changes to Most Coverage Types

- **Employer-based**: 55.1 (2017 CPS ASEC Research File) vs. 55.8 (2017 CPS ASEC Production File)
- **Direct Purchase**: 11.8 (2017 CPS ASEC Production File) vs. 16.2 (2017 CPS ASEC Research File)
- **Medicare**: 16.9 (2017 CPS ASEC Production File) vs. 16.7 (2017 CPS ASEC Research File)
- **Medicaid**: 18.9 (2017 CPS ASEC Production File) vs. 19.4 (2017 CPS ASEC Research File)

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Changes to Most Coverage Types

- **Employer-based**: 55.1 (2017 CPS ASEC Research File) to 55.8 (2017 CPS ASEC Production File)
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- **Medicaid**: 18.9 (2017 CPS ASEC Research File) to 19.4 (2017 CPS ASEC Production File)
- **Military**: 3.4 (2017 CPS ASEC Research File) to 4.6 (2017 CPS ASEC Production File)

* p < .05
Changes in Coverage by Income-to-Poverty Ratio for Adults 19 to 64

<table>
<thead>
<tr>
<th>Income to Poverty Ratio</th>
<th>19 to 25</th>
<th>26 to 64</th>
<th>400+</th>
</tr>
</thead>
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<tr>
<td>&lt;100</td>
<td>75.2</td>
<td>75.3</td>
<td>96.4</td>
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<tr>
<td>100-399</td>
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<tr>
<td>400+</td>
<td>89.6</td>
<td>88.1</td>
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2017 CPS ASEC Research File

2017 CPS ASEC Production File

+2.0pp
+0.8pp
ns
Reports of Multiple Coverage Types

<table>
<thead>
<tr>
<th>Coverage Type</th>
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Source: 2017 CPS ASEC and 2017 CPS ASEC Research File.
*All differences significant at the p < 0.05 level
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Roadmap

• Background on improvements to the CPS ASEC
• Comparison of estimates across research and production files
  • Key estimates
  • Why estimates changed
  • New measures
• Important takeaways for data users
Imputation

• Production file imputed each insurance type and each person separately (see Davern, 2007)
  • Overestimates of multiple coverage
  • Underestimate coverage rate

• Research file groups people into health insurance units within a household and imputes their information simultaneously
  • Based on a “health insurance unit” (HIU) (SHADAC, 2005)
## Coverage Rate by Imputation Status

<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td></td>
<td>Fully Imputed</td>
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Source: 2017 CPS ASEC and 2017 CPS ASEC Research File
Imputation

• Hotdecks for item-level missing data were refined
  • Include more covariates
  • Incorporate richer demographic and income information through redesigns
Roadmap

• Background on improvements to the CPS ASEC
• Comparison of estimates across research and production files
  • Key estimates
  • Why estimates changed
  • New measures
• Important takeaways for data users
New Information About...

• Marketplace coverage
  • Whether direct-purchase coverage was obtained through the marketplace
  • If so, whether the premium was subsidized

• Subannual coverage
Subannual Estimates

<table>
<thead>
<tr>
<th>Duration of Health Insurance Coverage</th>
<th>No months</th>
<th>1-11 months</th>
<th>All 12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>% SE&lt;sup&gt;3&lt;/sup&gt;</td>
<td>% SE&lt;sup&gt;3&lt;/sup&gt;</td>
<td>% SE&lt;sup&gt;3&lt;/sup&gt;</td>
<td>% SE&lt;sup&gt;3&lt;/sup&gt;</td>
</tr>
<tr>
<td>Any coverage</td>
<td>7.9 0.1</td>
<td>4.2 0.1</td>
<td>88.0 0.1</td>
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<tr>
<td>Private Coverage&lt;sup&gt;1&lt;/sup&gt;</td>
<td>31.9 0.2</td>
<td>3.7 0.1</td>
<td>64.4 0.2</td>
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<tr>
<td>Medicaid</td>
<td>81.1 0.2</td>
<td>2.2 0.1</td>
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<sup>1</sup> Includes employer-based, direct-purchase, and TRICARE coverage

<sup>2</sup> Includes Medicare, Medicaid, and VA/CHAMPVA coverage

<sup>3</sup> SE stands for standard error.

Source: 2017 CPS ASEC and 2017 CPS ASEC Research File
New Information About...

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  • If so, whether the premium was subsidized

• Subannual coverage

• Military coverage
  • Separate TRICARE from other types of military coverage

• Coverage at the time of interview
Two measures of insurance coverage

- **Calendar year coverage**: Had coverage any time during previous calendar year
- **Current coverage**: had coverage at time when interviewed
  - CPS ASEC interviews are conducted between February and April.
Two Measures of Coverage: Uninsured Rates

Calendar-year 7.9%

Current

2016

J F M A M J J A S O N D

2017 CPS ASEC Research File
2018 CPS ASEC Bridge File
Two Measures of Coverage: Uninsured Rates

Calendar-year: 7.9%
Current: 8.6%
Two Measures of Coverage: Uninsured Rates

Calendar-year

- 2016: 7.9%
- 2017: 8.6%
- 2018: 8.6%

Current

- 2017 CPS ASEC Research File
- 2018 CPS ASEC Bridge File
Roadmap

• Background on improvements to the CPS ASEC
• Comparison of estimates across research and production files
  • Key estimates
  • Why estimates changed
  • New measures
• Important takeaways for data users
The CPS ASEC Research File Reflects:

- Changes to...
  - Data reformatting
  - Imputation of missing/incomplete data
  - Weighting
  - Population

- Additional information about...
  - Marketplace coverage
  - Subannual coverage
  - Military coverage
Key Takeaways

• Research file addresses data quality limitations of previous production files

• Differences in the interpretation of some variables
  • Especially definition of private and public coverage

• New information is available on health insurance subannual estimates and marketplace coverage
For additional information see:

Working papers are available on the Census Bureau website (https://www.census.gov/data/datasets/time-series/demo/income-poverty/data-extracts.html)
## Within-Person Changes

<table>
<thead>
<tr>
<th>Category</th>
<th>% With Change</th>
<th>% Without Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insured</td>
<td>4.8</td>
<td>95.2</td>
</tr>
<tr>
<td>Private Insurance</td>
<td>9.2</td>
<td>90.8</td>
</tr>
<tr>
<td>Employer-Sponsored</td>
<td>10.6</td>
<td>89.4</td>
</tr>
<tr>
<td>Direct Purchase</td>
<td>8.1</td>
<td>91.9</td>
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<tr>
<td>Public Coverage</td>
<td>8.4</td>
<td>91.6</td>
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<tr>
<td>Medicare</td>
<td>1.5</td>
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<tr>
<td>Medicaid</td>
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<tr>
<td>Military Coverage</td>
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<td>97.6</td>
</tr>
</tbody>
</table>

Source: 2017 CPS ASEC and 2017 CPS ASEC Research File