

SURVEY QUESTIONS ABOUT SUBSIDIES FOR HEALTH INSURANCE: DOES TERMINOLOGY MATTER?

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Introduction

Today's Speakers



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Context: Measurement Challenges

Pre- and Post-ACA

- Pre-ACA
 - Reporting accuracy of coverage type
 - Landscape of premiums and subsidies
 - Post-ACA
 - New coverage type (marketplace)
 - New subsidies
 - New categories of people eligible for Medicaid
 - New Medicaid models (e.g., Arkansas)
- ➔ New challenges for:
- old problems
 - new realities

Pre-ACA Reporting on Plan Type

- Medicaid can't always be distinguished from CHIP and state-funded public programs (e.g., Commonwealth Care in Massachusetts)
 - Medicaid under-reported but usually reported as a different plan type
 - Medicaid confused with Medicare
 - Some evidence private coverage (esp non-group) over-reported
- ➔ Reporting of insured/uninsured less flawed than reporting of coverage type

Pre-ACA Premium Subsidy Landscape

- Medicaid
 - Fully subsidized (i.e.: no premium)
 - Partially subsidized for people with disabilities; allows them to “buy-in”
 - Premium assistance programs to support the purchase of private coverage
- CHIP and State programs (e.g.: MinnesotaCare)
 - Partially subsidized
 - Premium assistance programs to support the purchase of private coverage
- Medicare
 - Part A: fully subsidized/no premium for most
 - Part B: standard premium each year
 - Often automatically deducted from Social Security
 - Medicaid provides premium assistance thru QMBY/SLMBY
- ESI
 - Subsidy by employer as benefit of employment
 - Some states have Medicaid/CHIP premium assistance programs

Post-ACA Coverage Type and Premium Subsidy Landscape

- All the ambiguity pre-ACA plus:
 - New way of obtaining coverage (marketplace)
 - New subsidies in marketplace
 - New people eligible for Medicaid
 - New Medicaid models
- Blurry line between Medicaid and marketplace
 - “One stop shop” enrollment process → enrollee may get mixed message about what program they are on
- Blurry line between public and private coverage:
 - Medicaid/CHIP/state program-with-premium
 - Marketplace-with-fully-subsidized-premium

In Sum

- Before ACA:
 - Landscape of sources of health coverage and subsidy arrangements was complicated
 - Estimates of plan type – particularly subsidized/public coverage – was plagued with measurement error
- After ACA:
 - Even more complicated array of sources of coverage
 - Distinctions between plans, private and public coverage blurry
 - Little research on measuring subsidies per se

Adapting Surveys Post-ACA

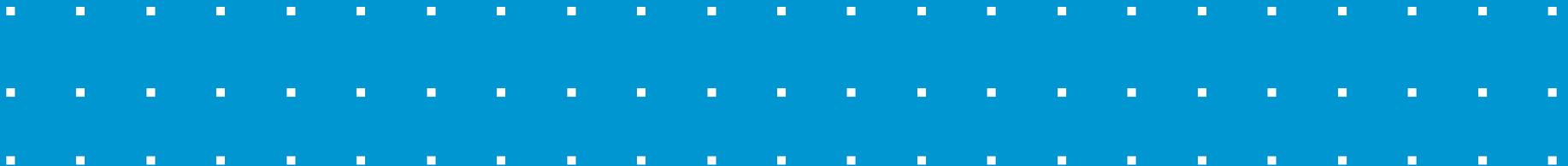
- Research was conducted in Massachusetts prior to the ACA to prepare for adapting surveys for 2014
- Take-aways from that research:
 - Identifying marketplace enrollees not at all straightforward
 - Need to employ a battery of questions and an algorithm
 - General recommendation:
 - Maintain pre-ACA series for identifying coverage status and type
 - Append three questions to end of series:
 - Is the coverage from the marketplace?
 - Does the plan carry a premium (whether or not subsidized)?
 - Is the premium subsidized (even if subsidized to \$0 for enrollee)?
 - Develop an algorithm that combines data points on plan type, premiums, subsidies, and state eligibility rules for subsidized coverage (whether from Medicaid or marketplace)

Victoria Lynch



Urban Institute
Research Associate

Survey Questions about Subsidies for Health Insurance: Does Terminology Matter?



Outline

- Background
- Data and Methods
- Results
- Discussion
- Conclusion and Recommendations

Background

Interest in asking about subsidy receipt

- Survey data are important for studying people who do and do not receive a subsidy toward cost of premium
- Federal surveys have adopted different questions to ask about subsidy receipt

Little known about how well respondents report premium subsidies

- Qualitative research
 - Some research suggest Massachusetts exchange enrollees are ok with “subsidized”
 - Other research suggests that respondents’ knowledge is tied to their actual experience with coverage, subsidies, and premiums
- Timing
 - It was not possible to test question wording of subsidies via tax credits because they didn't exist until roll-out of ACA
 - Federal surveys went with the best evidence available at the time

Data and Methods

The Health Reform Monitoring Survey (HRMS)

- Sponsors
 - Multiple external funders led by The Robert Wood Johnson Foundation
 - The Urban Institute
- Relies on GfK KnowledgePanel
- Design
 - Sample is drawn from a nationally representative, probability-based Internet panel; includes households with and without internet/laptops
 - Sample size approximately 7,500 adults age 19-64 per quarter
- Collection period
 - Quarter 1: First three weeks of March 2014
 - Before surge at end of marketplace enrollment period
 - Quarter 2: June 2014
 - After marketplace enrollment closed

Methods Overview

1. Conduct split-sample experiments with questions that use different terminology
2. Compare patterns of response by group

Split-Sample Experiments

Two Separate Experiments

Experiment 1

- March 2014
- Universe: Nonelderly adults who reported health coverage
- Question versions: CPS/MEPS versus HRMS

Experiment 2

- June 2014
- Universe: All nonelderly adults who reported health coverage and paying a premium
- Question versions: CPS/MEPS versus NHIS

Three Questions Tested

- “Is the cost of the premium for your health insurance plan **subsidized** based on your family income?”
 - Used in the CPS and the MEPS
 - Asked in experiment 1 and 2
- “Did you qualify for and **receive financial help** with the cost of the premium for your health insurance plan?”
 - Used in the HRMS
 - Asked in experiment 1
- “Is the premium paid for this plan **based on income?**”
 - Used in the National Health Interview Survey (NHIS)
 - Asked in experiment 2

Compare Patterns of Response

Research Questions

Any difference in levels of reporting:

- “Yes” about subsidy across treatment questions?
- “Don’t know” or not responding about subsidy across treatment questions?

Analytical samples

1. Nonelderly adults who report health coverage
2. Nonelderly adults who report nongroup coverage
3. Nonelderly adults who report nongroup coverage and family income-to-poverty ratio between 138 and 399% FPL

Analysis Steps

1. Set up

- Checked sample sizes of analytical samples
- Checked randomization into treatment

2. Tested for differences in responses to different terminology

- Simple differences in means
- Regression-adjusted differences in means
- All analyses used weighted data that adjust for the complex design of the HRMS
- No comparisons across experiments

Method for checking randomization into treatment

- T-tests for binary variables
 - Example: Percent female

- F-tests for categorical variables
 - Example: Distribution by age group

Regression background

- Purpose
 - Obtain a beta estimate of the effect on response about subsidy receipt from being asked the CPS/MEPS “subsidized” question
- Two linear probability models
 - $\hat{y} = b_0 + b_1x$
 - Dependent variable 1
 - “Yes” to subsidy question
 - Dependent variable 2
 - “Don’t know”/no response to subsidy question
 - Independent variables
 - Same in both models
 - Variable of interest
 - Indicator for being asked the CPS/MEPS “subsidized” question
 - Control variables
 - Demographic, health coverage, and state policy variable
 - Estimate the equation separately for different analytical samples by experiment

Results

Sample sizes: Experiment 1*

	CPS/MEPS/“Subsidized based on income”	“Financial help”
Reported health coverage	3,637	3,779
Reported nongroup	552	523
Reported nongroup and subsidy-range income	278	264

*Universe is all adults who reported health coverage

Sample sizes: Experiment 2*

	CPS/MEPS/“Subsidized based on income”	NHIS/“Based on income”
Reported health coverage	2,484	2,442
Reported nongroup	429	452
Reported nongroup and subsidy-range income	229	242

*Universe is all adults who reported health coverage and paying a positive premium

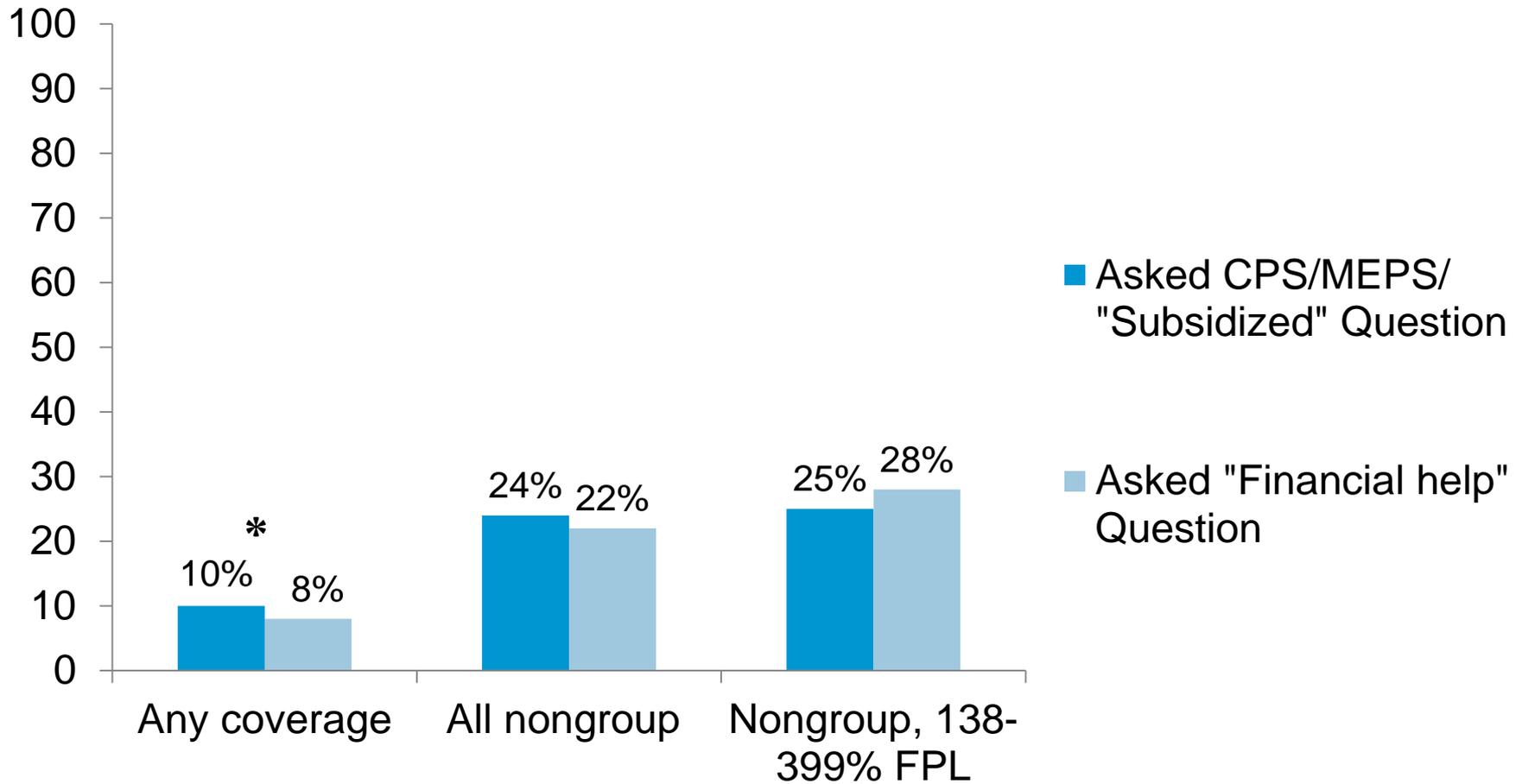
Any difference between split samples?

- Generally very similar but a few differences
 - Experiment 1
 - Among those with any reported health coverage, same on 15 measures, different on education
 - Among those with reported nongroup, same on 15 measures, different on home ownership
 - Among those with reported nongroup and family incomes 138-399 percent of FPL, same on all measures
 - Experiment 2
 - Samples different only on home ownership

Response Patterns: Experiment 1

1. CPS/MEPS “Subsidized based on income” question
2. HRMS “Financial help” question

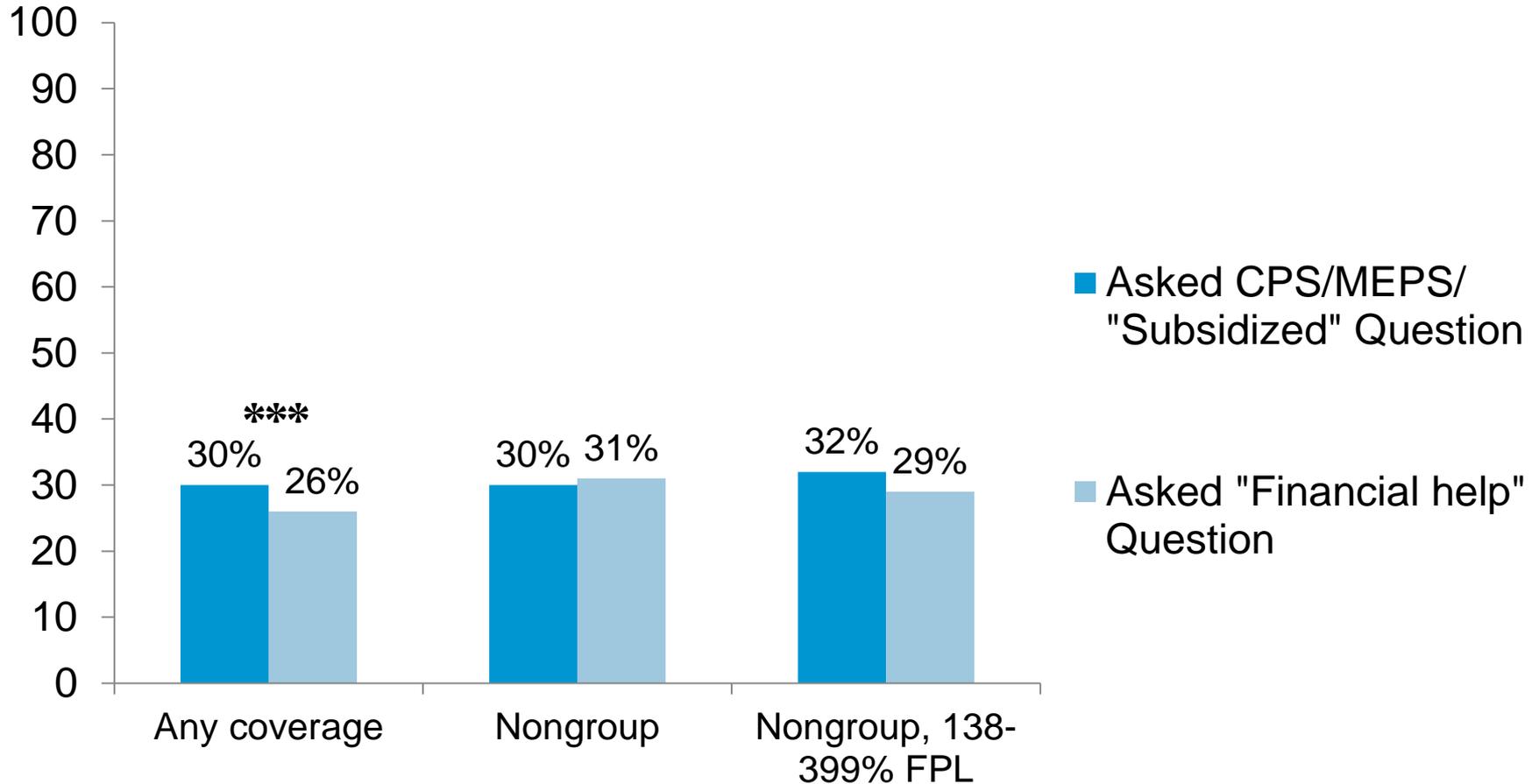
Percent reporting “yes” by analytical sample and treatment question



*/**/** Regression-adjusted difference observed at the 0.10/0.05/0.01 level

Notes: Experiment 1, March 2014

Percent reporting “don’t know”/not responding by analytical sample and treatment question



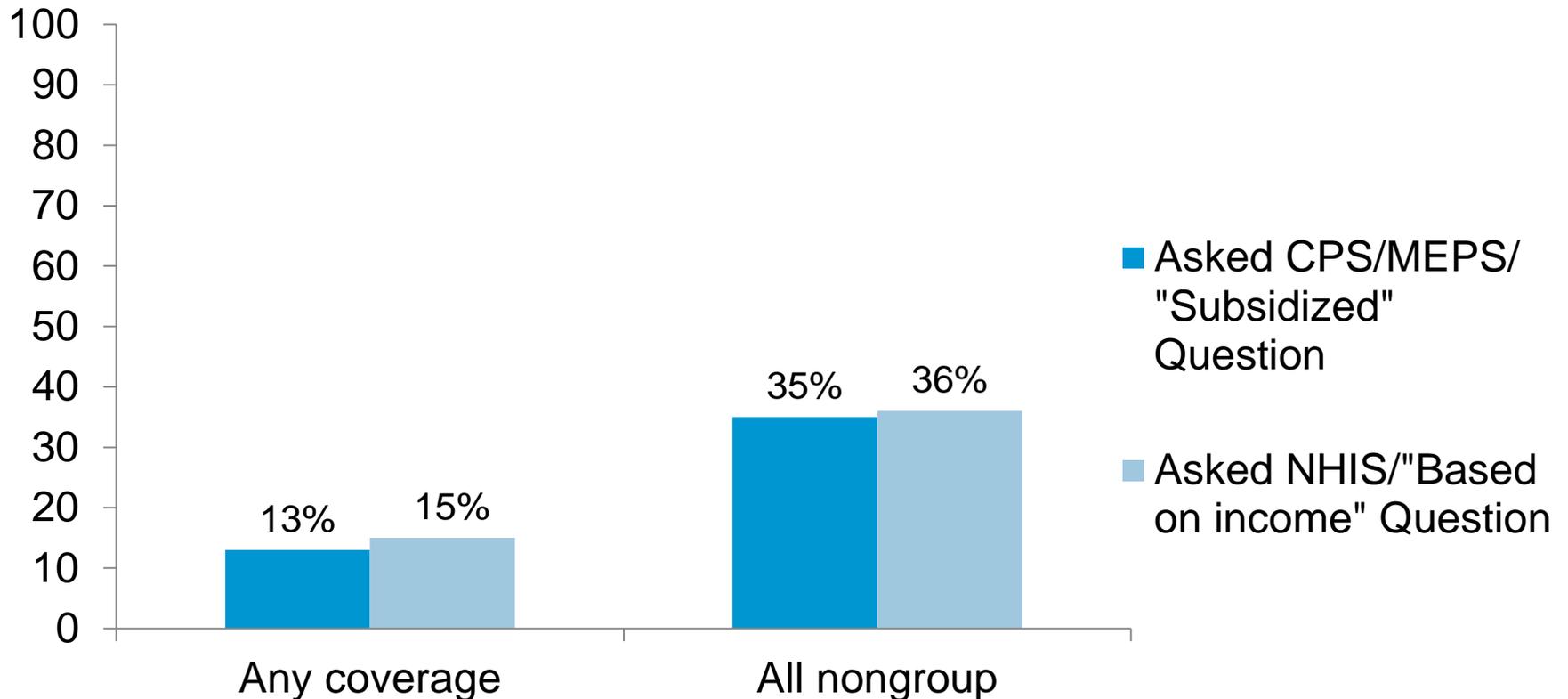
*/**/** Regression-adjusted difference observed at the 0.10/0.05/0.01 level

Notes: Experiment I, March 2014

Response Patterns: Experiment 2

1. CPS/MEPS “Subsidized based on income” question
2. NHIS/“Based on income” question

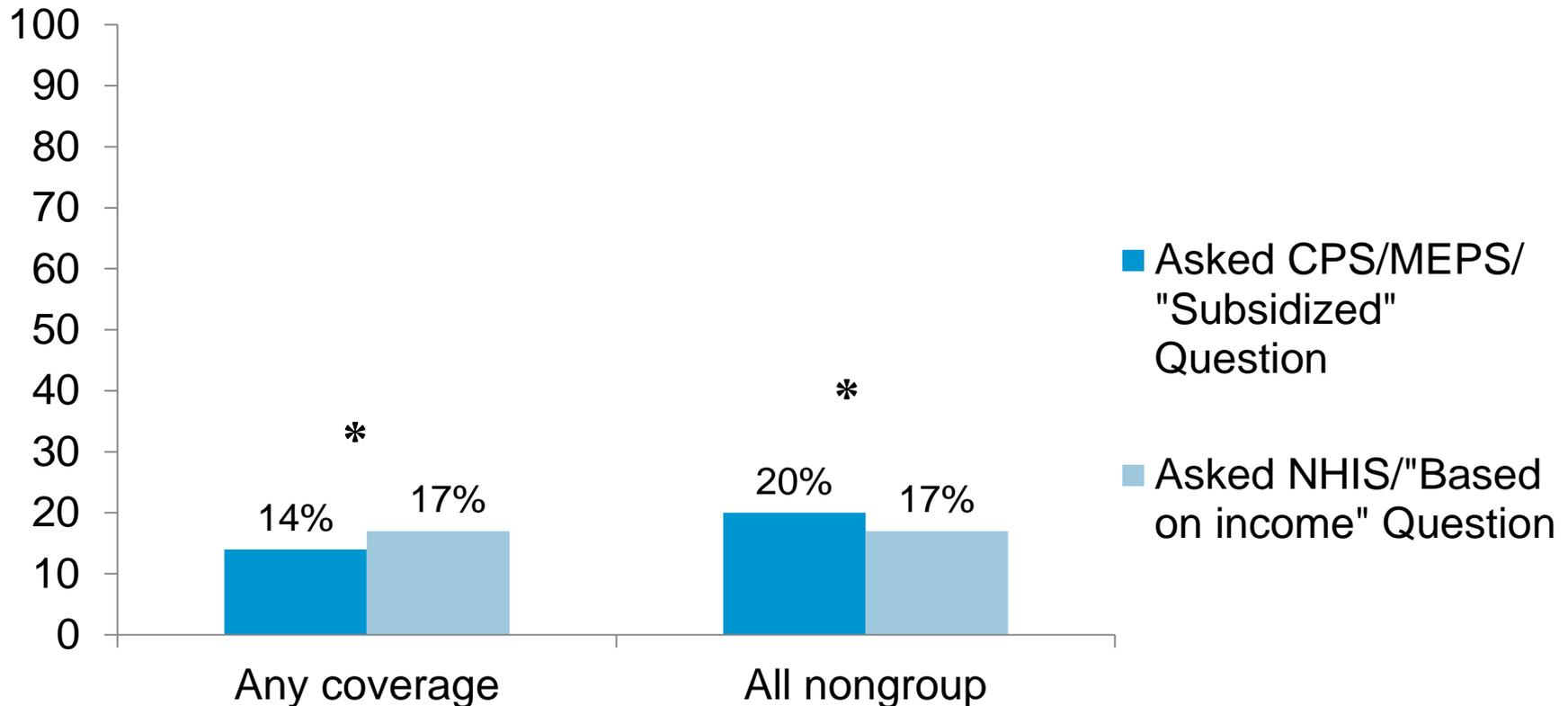
Percent reporting “yes” by analytical sample and treatment question



*/**/** Regression-adjusted difference observed at the 0.10/0.05/0.01 level

Notes: Experiment 2, June 2014

Percent reporting “don’t know”/not responding by analytical sample and treatment question



*/**/** Regression-adjusted difference observed at the 0.10/0.05/0.01 level

Notes: Experiment 2, June 2014

Discussion

- No difference in reporting across different question wording...
 - when the universe is subset to the type of individuals who are likely eligible for Marketplace coverage and report coverage as “nongroup”
- High levels “don’t know”/no response to subsidy questions
- Don’t know about reporting among other groups (e.g. Marketplace enrollees who report “Medicaid”)

Summary: Reported “yes” about subsidy

- Exp1. Nongroup in subsidy range
 - 25% “subsidized” vs 28% “financial help”
- Exp2*: Nongroup
 - 35% “subsidized” vs 36% “financial help”
- * We cannot make conclusions about the higher levels in experiment 2

Summary: Reported “don’t know”/no response

- Exp1. Nongroup in subsidy range
 - 32% “subsidized” vs 29% “financial help”
- Exp2*. Nongroup
 - 20% “subsidized” vs 17% “based on income”
- * We cannot make conclusions about the lower levels in experiment 2

Issues with measuring subsidy receipt

- Difficult to identify the sample cases that are likely in the Marketplace/subsidy universe
 - Reported coverage, income, and household relationship data imperfect for identification

Issues with measuring subsidy receipt...contin.

- Estimates depend on how the subsidy universe is defined
 - Estimates of subsidy go up when people likely ineligible for Marketplace/subsidy are excluded from the sample
 - In practice different surveys/researchers may define the universe differently

Summary: Mean reported subsidy, from broad to more-targeted universes

Experiment 1

- 9% among people with any reported coverage →
27% among “nongroup” and subsidy-range subset of marketplace-eligible

Experiment 2

- 14% among people with any reported coverage →
36% among “nongroup” subset of marketplace-eligible

Issues with measuring subsidy receipt...contin.

- Levels of reported “don’t know” or not responding suggests substantial confusion
 - “No wrong door” policies
 - Enrollees new to ACA terminology
 - Enrolled by someone else
 - Not eligible for a subsidy
 - Survey questions may not align well with how respondent perceive subsidies
 - Not in Marketplace/subsidy universe

Conclusions and Recommendations

- When we focus on marketplace-eligible who reported the coverage as “non-group”:
 - ➔ No evidence that we should be concerned about CPS/MEPS and NHIS using different subsidy questions
 - ➔ No evidence that the more colloquial language “financial help” makes a difference
- Results may differ for Marketplace enrollees who report it as “Medicaid” or something else
- Identifying the correct universe is critical and even more important than subtle variations in subsidy question

Recommendations

- Agencies conducting surveys should provide data users with:
 - Question wording on plan type, premiums and subsidies
 - Definitions used in estimating Marketplace and subsidy and robustness of estimates to alternative definitions
 - Unedited data for making alternative estimates

Recommendations...cont.

- Be cautious
 - When comparing estimates that define the subsidy-eligible universe differently
 - Regarding the limits of surveys to collect data on complex topics

Further Research

- Continue work on question wording to identify Marketplace enrollees
 - CHIME validation study may provide further insight
 - Continue work to exploit auxiliary variables to distinguish Medicaid and marketplace universes
 - Develop protocol for making use of expanded reporting of subsidy amount and the subsidy/tax credit reconciliation process
- Continue work to align survey questions with how respondents perceive subsidies

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Joanne Pascale



U.S. Census Bureau
Research Social Science Analyst

Wording Variations

- Three versions of wording of subsidy question:
 - “subsidized based on family income” (CPS/MEPS)
 - “based on family income” (NHIS)
 - “qualify for and receive financial help” (HRMS)
- Among likely marketplace enrollees, no difference in levels of “yes” or “DK”
- Among all insured, some small differences in levels of “yes” and “DK” across question versions

Universe Definition Variation

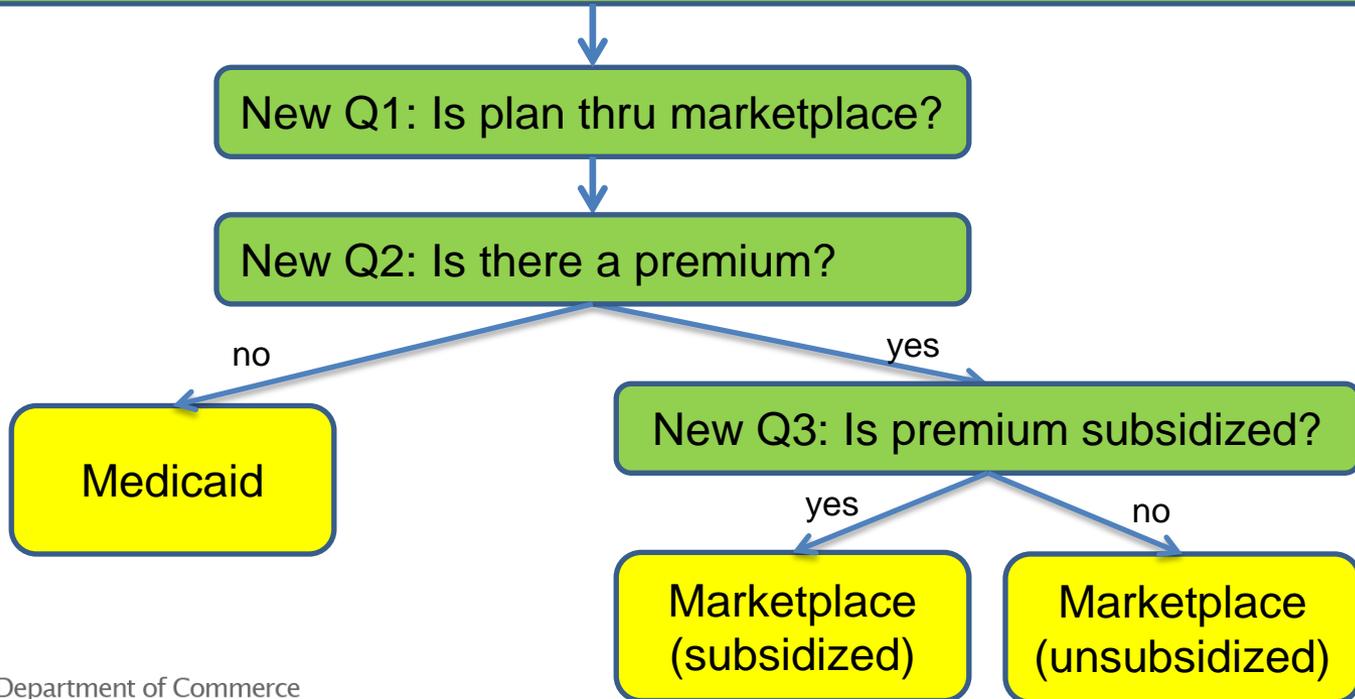
- Overall levels of subsidy depends on universe
 - Prevalence of subsidy among likely marketplace enrollees is about twice the prevalence of subsidy among all insured
 - Results do not take in to account the universe of marketplace enrollees who mis-report their coverage as Medicaid/other/DK/refused
 - This latter group *could* be more sensitive to wording differences than those who report marketplace coverage as non-group; we have no data on that yet

Future Research

- Need validation studies to assess reporting accuracy of plan type and subsidy post-ACA
- CHIME study set for May-June 2015:
 - Random assignment split-ballot study
 - Sample=Medica enrollees in:
 - ESI
 - Medicaid
 - MinnesotaCare
 - MNsure (Minnesota's marketplace)
 - Non-group outside marketplace
 - Two questionnaire treatments (CPS, ACS)

Super Imperfect Baseline Algorithm With Lots of Exceptions to be Adapted as ACA and State Laws Change in Real Time

[Pre-ACA standard question series] Coverage type=(1) Non-group (2) Medicaid, CHIP, other government (3) Other (non-specified) or (4) Don't know/refused



Question & Answer

Submit questions using the chat feature on the left-hand side of the screen.



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Additional Resources

- “Preparing to Measure Health Coverage in Federal Surveys Post-Reform: Lessons from Massachusetts”

Pascale, J., Rodean, J., Leeman, J., Cosenza, C., & Schoua-Glusberg, A. 2013. *Inquiry* 50(2): 106-123.

- “Recommendations for Using Surveys to Measure Health Coverage Post-Reform: Lessons from Massachusetts”

Pascale, J. 2014. SHADAC Brief #42.

- “Adapting State Surveys to Measure Health Coverage Post-Reform”

Pascale, J. January 2014. SHADAC Webinar. (Recording and slides.)

- “Understanding the New Current Population Survey [CPS] Health Insurance Questions”

Pascale, J., Boudreaux, M., & King, R. 2014. US Census Bureau Research Report Series in Survey Methodology #2014-02

Links at www.shadac.org/SubsidyQuestionsWebinar

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- Direct inquiries to Kathleen Call at callx001@umn.edu or shadac@umn.edu
- Webinar slides and recording will be posted at www.shadac.org/SubsidyQuestionsWebinar
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