Who gets it right? Characteristics associated with accurate reports of health insurance coverage

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Goals of this study

- Describe correlates of accurate reports of insurance coverage in two commonly used census surveys:
  - Current Population Survey ASEC (CPS)
  - American Community Survey (ACS)
- Identify variation in correlates of accurate reporting of coverage by
  - type of insurance (public or private) and
  - survey (ACS and CPS)

Why do correlates of accuracy matter?

Results can inform

- Survey design
- Editing or imputation routines
- Adjustments to population estimates of coverage for policy simulation and evaluation

Who gets it right?

- What is known is limited to **Medicaid** reporting
- Most accurate:
  - Adults reporting for children vs adults
  - Low income, unemployed, low education
  - Shared coverage
    - i.e., respondent shares same coverage as other HH members
  - Received medical care
  - Recency, intensity of coverage

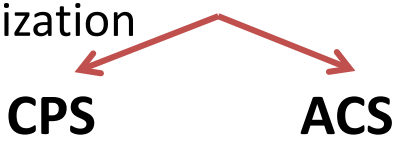
- Here we expand to private insurance

Data: CHIME validation study

- Start with enrollment records from a private health plan that offers multiple coverage types
  - Medica Health Plan (MHP) in Minnesota
- Use records as sample and randomly assign to different survey treatments
  - Current Population Survey ASEC (CPS)
  - American Community Survey (ACS)
- Compare estimates/indicators of coverage type:
  - Survey estimates versus enrollment records
  - Difference in surveys and records across CPS and ACS

CHIME survey methods

- 15-minute phone survey conducted in Spring, 2015
- Content: questions from both CPS and ACS:
  - Demographics
  - Labor force
  - Government program participation (food stamps, WIC, etc.)
  - Health insurance randomization



- Stratified sample: oversampled public, undersampled ESI → weight data to Medica population totals
- 22% response rate (AAPOR RR4)
- Data collected on all household members
- Individuals in surveys matched to enrollment records: at least one person matched in 87% of households
- Final matched dataset: 3,823 people

Potential correlates of accurate reporting

From CHIME survey:

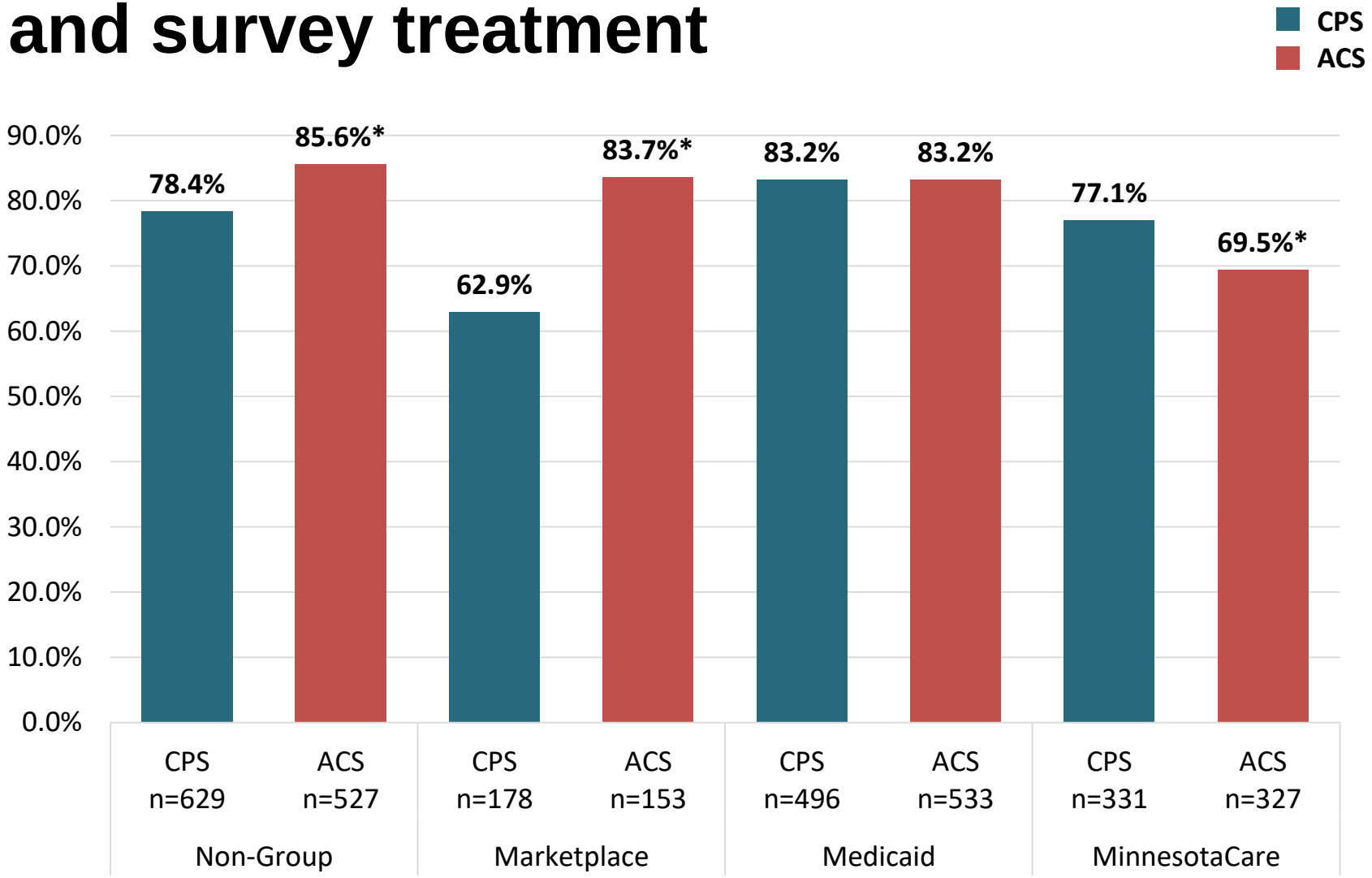
- Covered individual characteristics
  - Age, health status
  - Any services in past 6 months (claims data, public only)
- Respondent characteristics
  - Gender, education and employment status, employer size, family income, and
  - Policy holder status (claims data)
- Family/HH characteristics
  - Income as % poverty
  - Any SSI/TANF or food stamp participation (Medicaid only)

Potential correlates continued

From administrative records:

- Complexity of survey reporting task
  - Shared coverage
    - Proxy-report in multi-person HH w/ different coverage
    - Proxy-report in multi-person HH w/ same coverage
    - self-report in multi-person HH
    - Self-report in one-person HH
  - Recency of coverage
    - past 6 mos, 7-17 months, 18 months or more
- Receipt of subsidy (marketplace only)

Reporting accuracy by insurance type and survey treatment



* Indicates a significant difference between CPS and ACS p < .05 or better.

United States Census Bureau | U.S. Department of Commerce
Economics and Statistics Administration
U.S. CENSUS BUREAU
census.gov

Robert Wood Johnson Foundation
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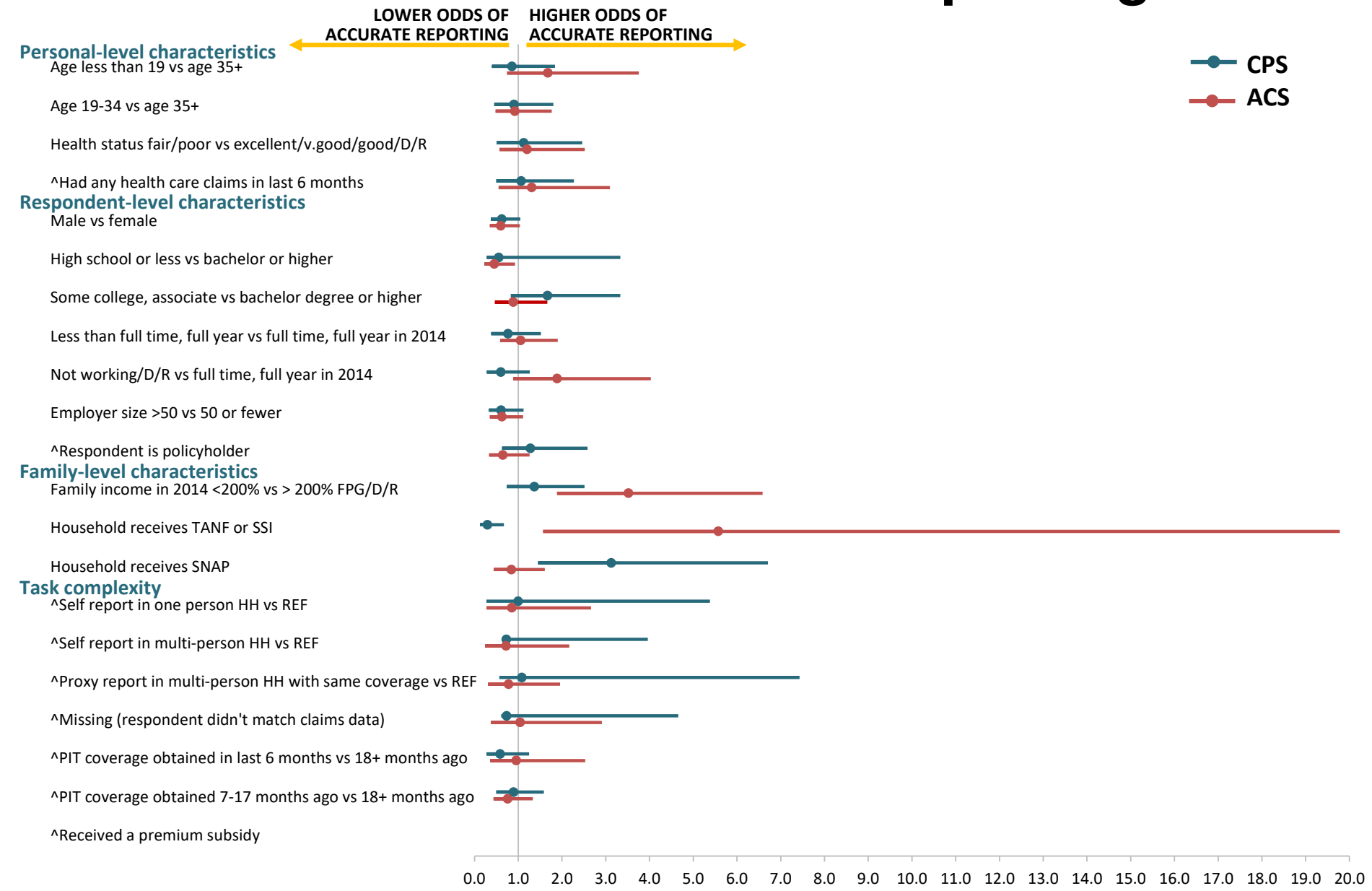
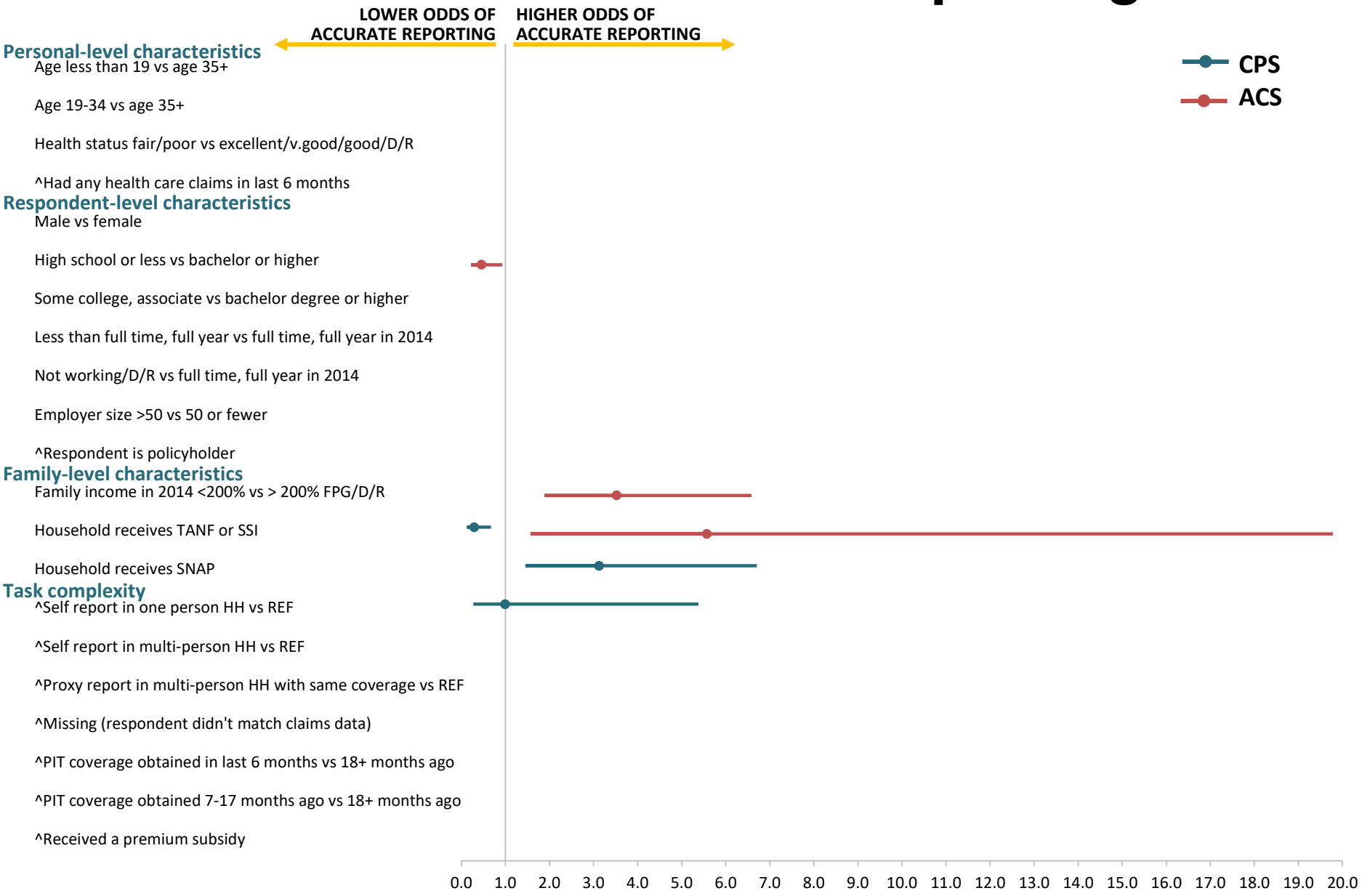
Odds of accurate Medicaid reporting



REF=Proxy report in multi-person HH with different coverage

^ Based on administrative records data; all other indicators are from survey data.

Odds of accurate Medicaid reporting



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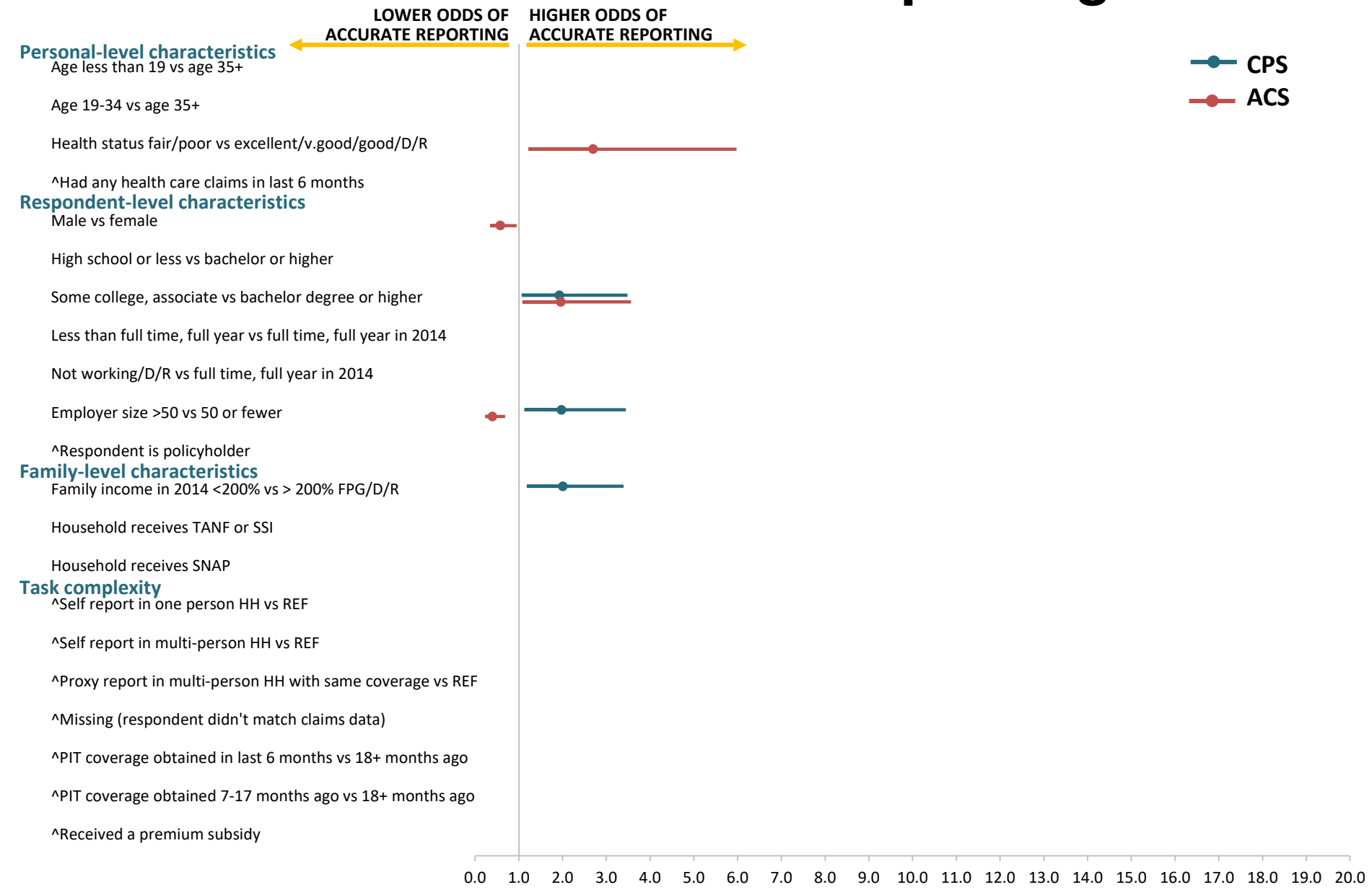
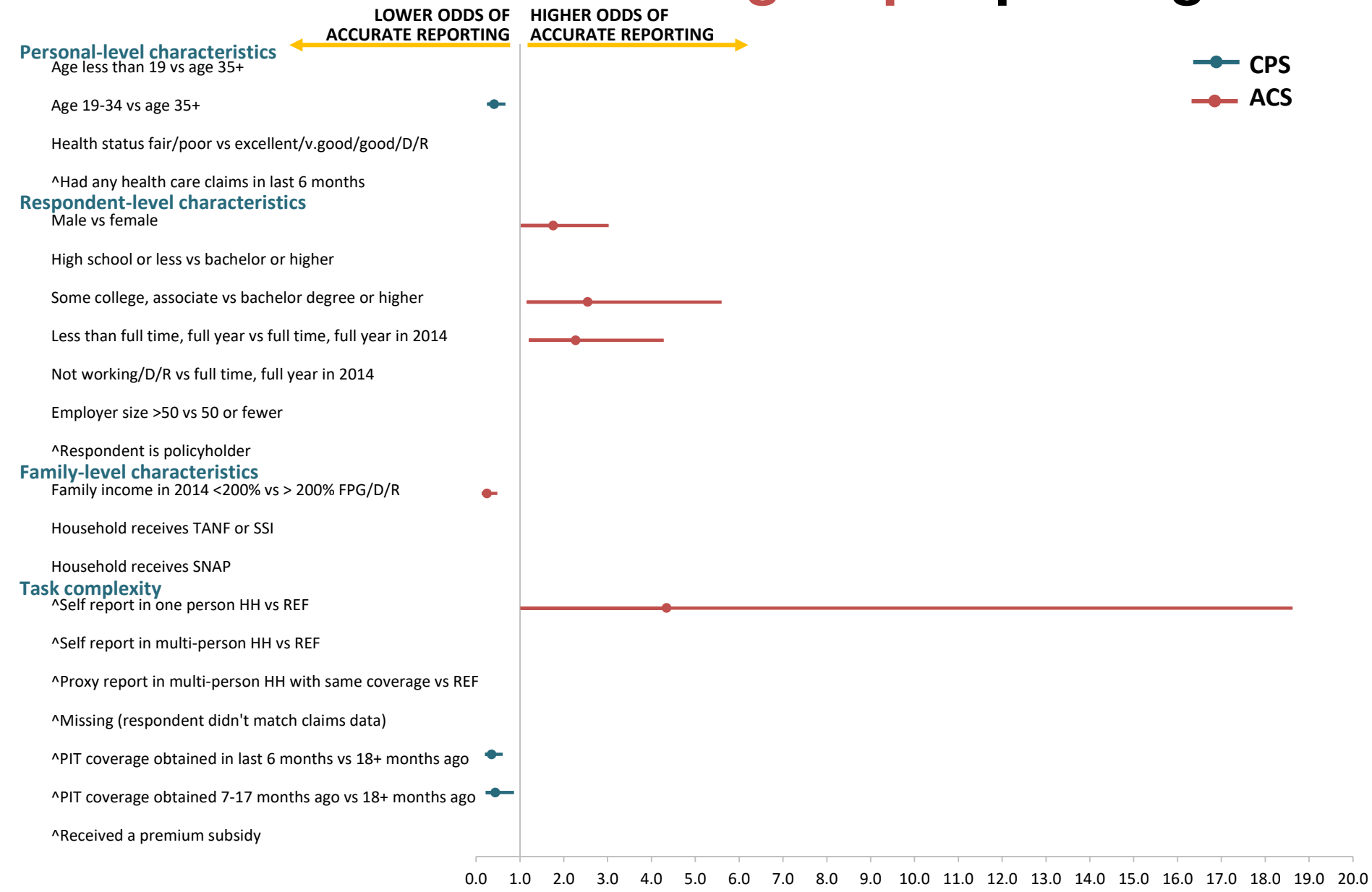
Odds of accurate MNcare reporting



REF=Proxy report in multi-person HH with different coverage and missing (respondent didn't match)

^ Based on administrative records data; all other indicators are from survey data.

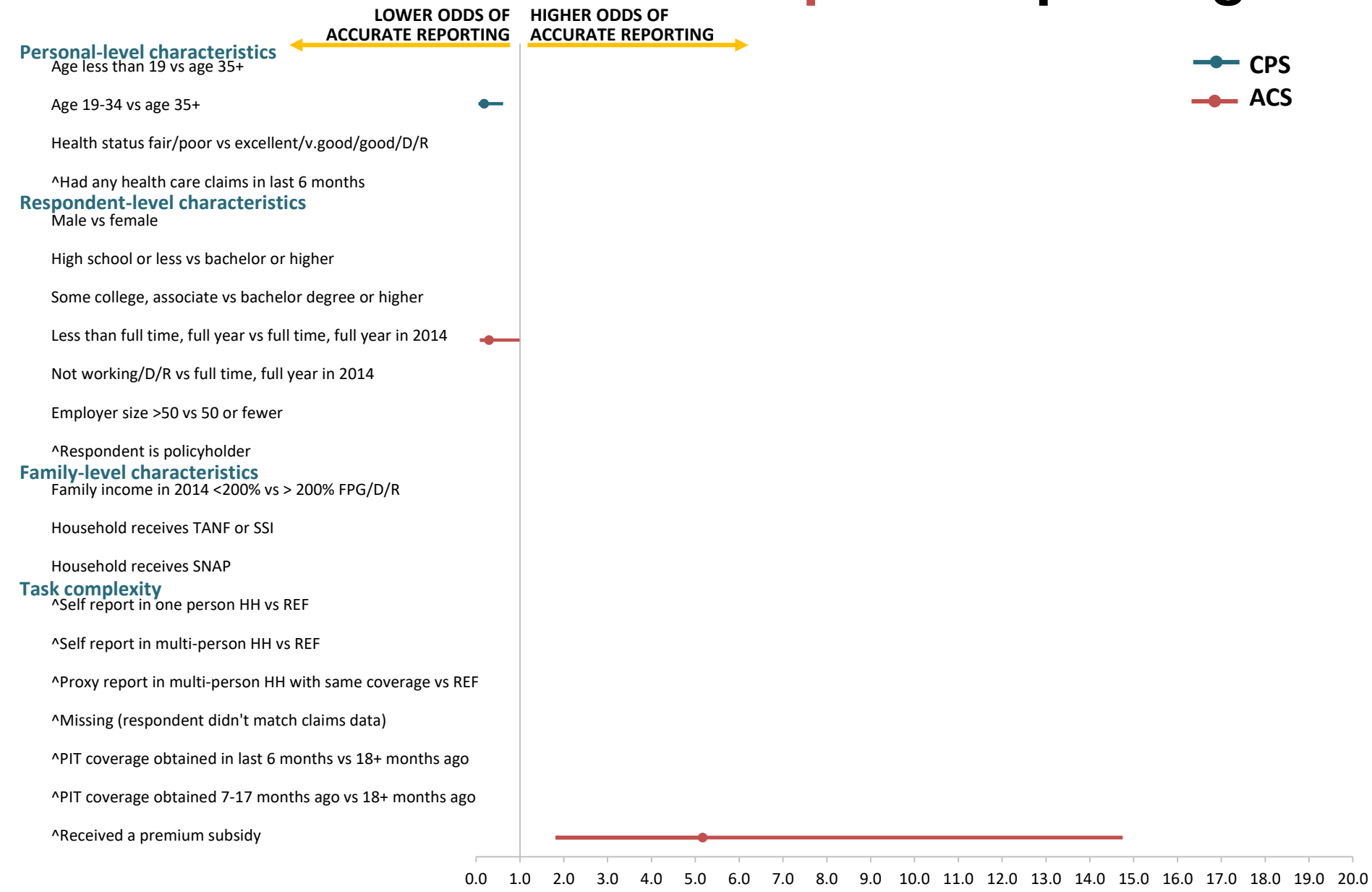
Odds of accurate Non-group reporting



REF=Proxy report in multi-person HH with different coverage and missing (respondent didn't match)

^ Based on administrative records data; all other indicators are from survey data.

Odds of accurate Marketplace reporting



REF=Proxy report in multi-person HH with different coverage and missing (respondent didn't match)

^ Based on administrative records data; all other indicators are from survey data.

Summary of results

- Consistent with prior research **public** reporting is more accurate among
  - less social/structurally advantaged:
    - Low income and education
  - those with experience with other social programs and who likely need care
    - TANF/SSI and SNAP recipients
    - Fair/poor self-reported health
- Variation across public programs
  - For Medicaid, family-level characteristics matter
  - For MNcare, respondent-level characteristics matter

Summary continued

- **For ACS, private** reporting is more accurate among
  - more social/structurally advantaged
    - Males, higher income
  - those less likely to have ESI offer
    - Part-time/part-year, modest educational attainment
  - those with less task complexity
    - Living alone and reporting for self
  - those receiving a subsidy in Marketplace plan
- **For CPS, private** reporting is more accurate among
    - those age 35 plus vs age 19-34
    - those with long duration of same coverage

Conclusions

- CHIME is first look at correlates of accurate reporting for ACS, CPS redesign, direct purchase and marketplace
- Although significant correlates are sparse, there patterns:
  - CHIME results for **public** insurance are consistent with past research
  - For both **public and private** insurance:
    - characteristics of accurate reporting match likely enrollees
    - lends confidence in editing/imputation routines and use of survey data for policy simulations
  - Correlates of **private** reporting accuracy vary by survey:
    - For **ACS**, respondent-level characteristics matter, more significant correlates
    - For **CPS**, fewer significant correlates
- Next steps: Refine regression models; look at other accuracy metrics beyond undercount

I welcome suggestions
Thank you!

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