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

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Health Reform Since 2006

2006: Massachusetts passed health reform
2010: Congress passed Affordable Care Act (ACA), modeled largely on Massachusetts
   • Requires federal surveys (CPS and ACS specifically) to collect data on exchange participants
2011: Census launched research program to adapt surveys under health reform
2014: ACA set for full implementation

⇒ T minus 7 months: Are We Ready?
Measuring Health Reform

• Can’t measure something that does not exist
• Key features of Massachusetts law similar to ACA:
  – Expands existing public coverage (e.g.: Medicaid)
  – Introduces new health “exchanges” targeted at:
    • Individuals without access thru employers or public programs
    • Small business employees
  – Subsidizes some non-group coverage
• Massachusetts = only opportunity to learn from those with real experience how to:
  – craft question wording on exchange participation, subsidies
  – embed exchange questions within existing surveys
Research Goals

Adapt the CPS and ACS to:

1. Enable analysis of shifts in conventional sources of coverage post-reform, e.g.:
   - Medicaid
   - Employer-sponsored insurance
2. Identify coverage thru the exchange
3. Determine whether it was subsidized
Massachusetts Project

- Census teamed with RSS, UMass/Boston
- Three phases of research:
  1. Expert consultation
  2. Focus groups with exchange enrollees
  3. Cognitive interviews with:
     - Exchange enrollees (subsidized, unsubsidized)
     - Medicaid enrollees
Massachusetts Exchange

- Two programs:
  - CommCare (subsidized premium)
  - CommChoice (unsubsidized)
- Apply for subsidized exchange thru Medicaid
- About 3% of state enrolled in exchange:
  - 82% in subsidized program
  - 15% in unsubsidized program
  - 3% thru small business program (~ ACA “SHOP”)
Expert Consultation Findings

• Post-2006 state-level surveys embedded exchange program names in “laundry list” of sources of coverage
  – Job -- Medicaid -- CHIP
  – Direct purchase -- CommCare -- Military
  – Medicare -- CommChoice

• Results of interview monitoring, data review:
  – Concurrent Medicaid, subsidized & unsubsidized exchange
  – Little correlation between income and subsidization level
  – Under-reporting of exchange estimated at 50%
  – Data on plan type not used; only insured/uninsured
“Downstream” Adaptation of Surveys for Exchange

• Massachusetts experience: do NOT add exchange to laundry list of sources
• Use existing methods to determine source to monitor swelling/shrinking/shifting over time
• Use follow-up questions to find out:
  – If coverage was obtained thru the exchange
  – If plan has a premium and if subsidized:
    • Reduced premiums for individuals?
    • Thru “SHOP” program for small biz employees?
Focus Group Methods

• 4 groups; all subsidized
• 2 groups in English; 2 in Spanish
• 8-12 participants per group; 39 total
• December 2012-January 2013
• Boston, central Mass, Lowell/Lawrence
Medicaid vs CommCare

• Applied thru Medicaid (aka “MassHealth”)
• Conflated Medicaid with CommCare:
  – “I used to have MassHealth. Now I have CommCare but it is the same thing, the only thing is that I work and that's why the coverage changed.”
  – “I still call it MassHealth…because of so many years, prior to being CommCare it was MassHealth.”
Question Wording: Govt

“Do you get that coverage through a job, the government or some other way?”

• “…you should differentiate between state and federal. In my mind that’s a big difference, and it didn’t surprise me that choosing the word government led me to Medicaid, military, VA, things like that I associate with a level of federal government.”

• “…confused…it doesn’t say state or US…so people assume…US government. I think of it as a state thing. I would say the state provided me with insurance.”

• “Having come from a state that does not provide, I don’t think of it as government. I think of it as a state thing.”
Cognitive Interview Methods

- N=134 subjects total
  - 101 in exchange (68% subsidized)
  - 28 in Medicaid
  - 5 in ESI
- 6 rounds (4 in CPS; 2 in ACS) of iterative testing
- 14-30 subjects/round
- Recruited via Connector; known coverage status
- 54% English; 46% Spanish
- Semi-scripted protocol; retrospective probing
CPS Redesign Structure

Any coverage?
- yes

Thru job, govt/state, other?
- job
- govt/state
- other

Buy it?
- yes

Thru SHOP?
- yes ➔ small biz exchange plan

Tailored follow-up questions ➔
- CommCare
- CommChoice

Tailored follow-up questions ➔
- CommCare
- CommChoice
Govt/State “Correct” Path

Any coverage?
  yes
  Thru job, govt/state, other?
  govt/state
  Type of program?
    • Medicare
    • Military or VA
    • Medicaid, CHIP
    • Other
    • DK, Refused

Program name?
  • Medicaid
  • CommCare
  • CommChoice
Govt/State “Incorrect” Path

Any coverage?
- yes

Thru job, govt/state, other?
- govt/state

Type of program?
- Medicare
- Military or VA
- Medicaid, CHIP
- Other
- DK, Refused

Program name?
- Medicaid
- CommCare
- CommChoice

Thru exchange, such as CommCare or CommChoice?
- yes

Which program?
- CommCare
- CommChoice
Any coverage?

Yes

Thru job, govt/state, other?

govt/state

Type of program?
- Medicare
- Military or VA
- Medicaid, CHIP
- Other
- DK, Refused

Program name?
- Medicaid
- CommCare
- CommChoice

Thru exchange, such as CommCare or CommChoice?

Medicaid

No, DK

DK, Refused
Direct Purchase Path

Any coverage?

Thru job, govt/state, other?

Buy it?

Thru exchange?

Which program?
- CommCare
- CommChoice
ACS Testing

• Cannot embed state-specific exchange names

• Cannot modify basic series on plan type:
  – Job -- Medicaid -- IHS
  – Direct purchase -- Military -- Other/write-in
  – Medicare -- VA

• No natural “home” for exchange plans

• Explored generic terms for exchange in CPS testing in preparation for ACS
Generic Terms for Exchange

- Exchange
- Marketplace
- State-sponsored
- For low- and moderate-income, cost is reduced
- Insurance thru website to compare plans, apply, purchase coverage

⇒ All failed
⇒ Strategy: identify subsidized exchange plans
ACS Exchange Adaptation

• Premiums:
  – Medicaid has no premium*
  – Exchange always has at least a small premium

• Strategy: Collect plan type as usual, then:
  – Is there a premium?
    • No=Medicaid
    • Yes=Exchange
  – Is premium subsidized?
    • Yes=CommCare
    • No=CommChoice/other direct purchase plans
ACS Exchange Plan Type

• Exchange enrollees chose one, some, all:
  – Medicaid, Direct-purchase, Other/write-in

• CommCare tended toward:
  – Medicaid and/or
  – Other/write-in

• CommChoice tended toward:
  – Direct purchase
  – Other/write-in
Premiums and Subsidies (CPS and ACS)

- “Is there a monthly premium for this plan?”
  - All exchange enrollees = yes
  - All Medicaid enrollees = no
- “Is the cost of the premium subsidized based on family income?”
  - All subsidized said “yes”
  - All unsubsidized said “no”
- Both CPS and ACS using near-identical wording
Summary

• Exchange enrollees (subsidized and unsubsidized) report source as government, state, direct or ‘other’
• Surveys accommodate multiple models of exchange implementation across states
• CPS: within conventional sources can identify:
  – Exchange participation
  – Subsidized vs unsubsidized
• ACS
  – Can disentangle Medicaid from subsidized exchanged based on premium question
  – Cannot distinguish unsubsidized exchange from non-exchange non-group coverage without state-specific exchange name cues
Harmonization Across Surveys

- Downstream: conventional source as usual
- Use 2-3 follow-up questions for exchange:
  1. Exchange participation (if state-specific):
     - Thru exchange, such as [fill names]
     - Which program?
  2. Is there a premium?
  3. Is the premium subsidized?

→ Common approach = comparability across surveys
Thank You!!

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