

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
 - Direct purchase
 - Medicare
 - Medicaid
 - CommCare
 - CommChoice
 - CHIP
 - Military
- 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

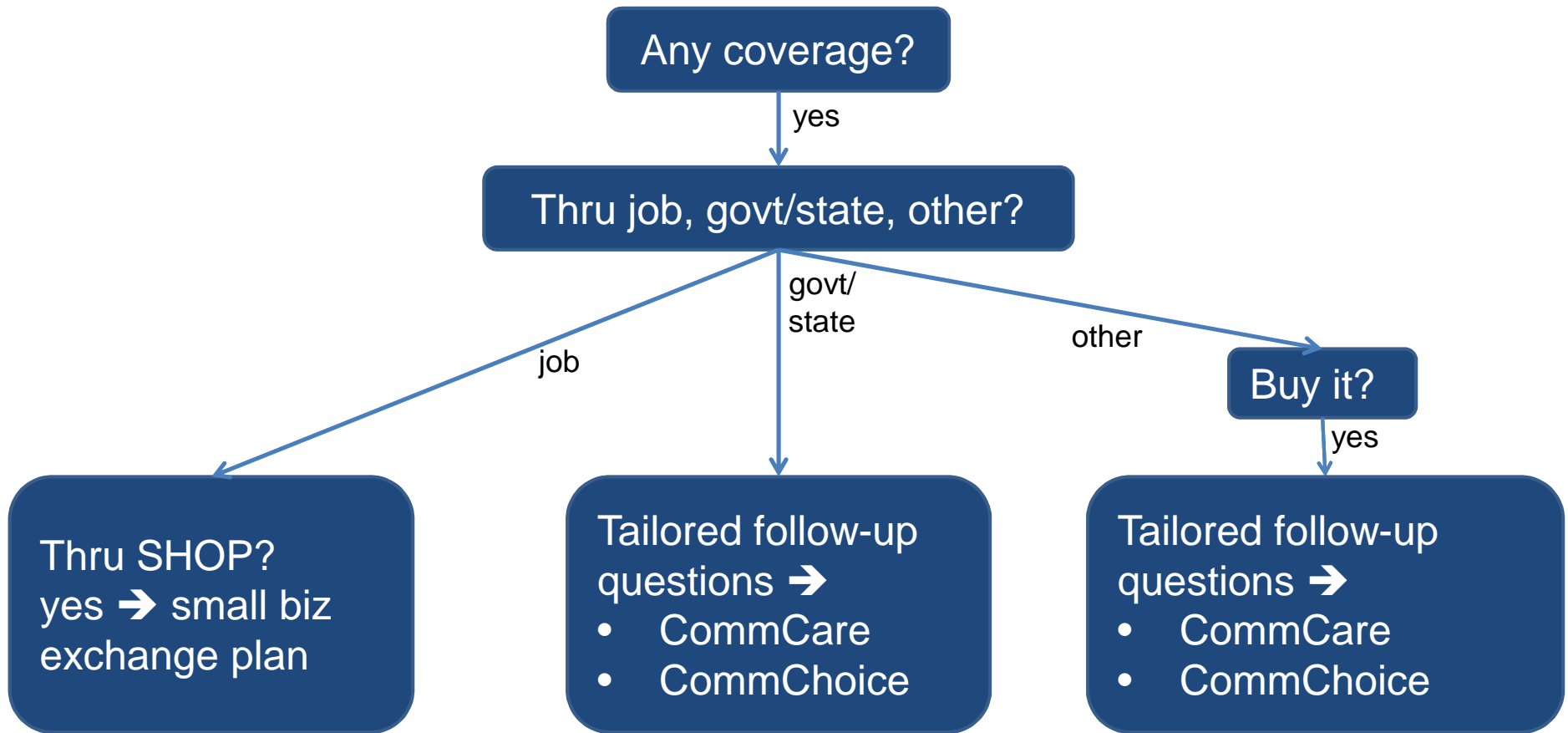
“Do you get that coverage through a job, the government or some other way?”

- “...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.”

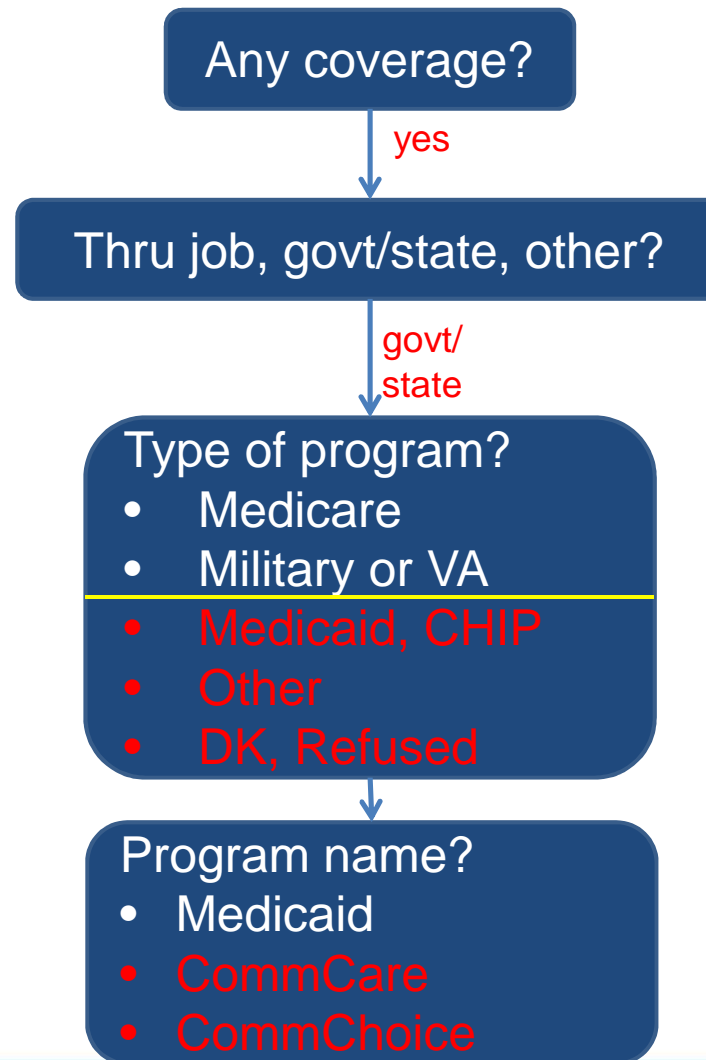
Cognitive Interview Methods

- 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

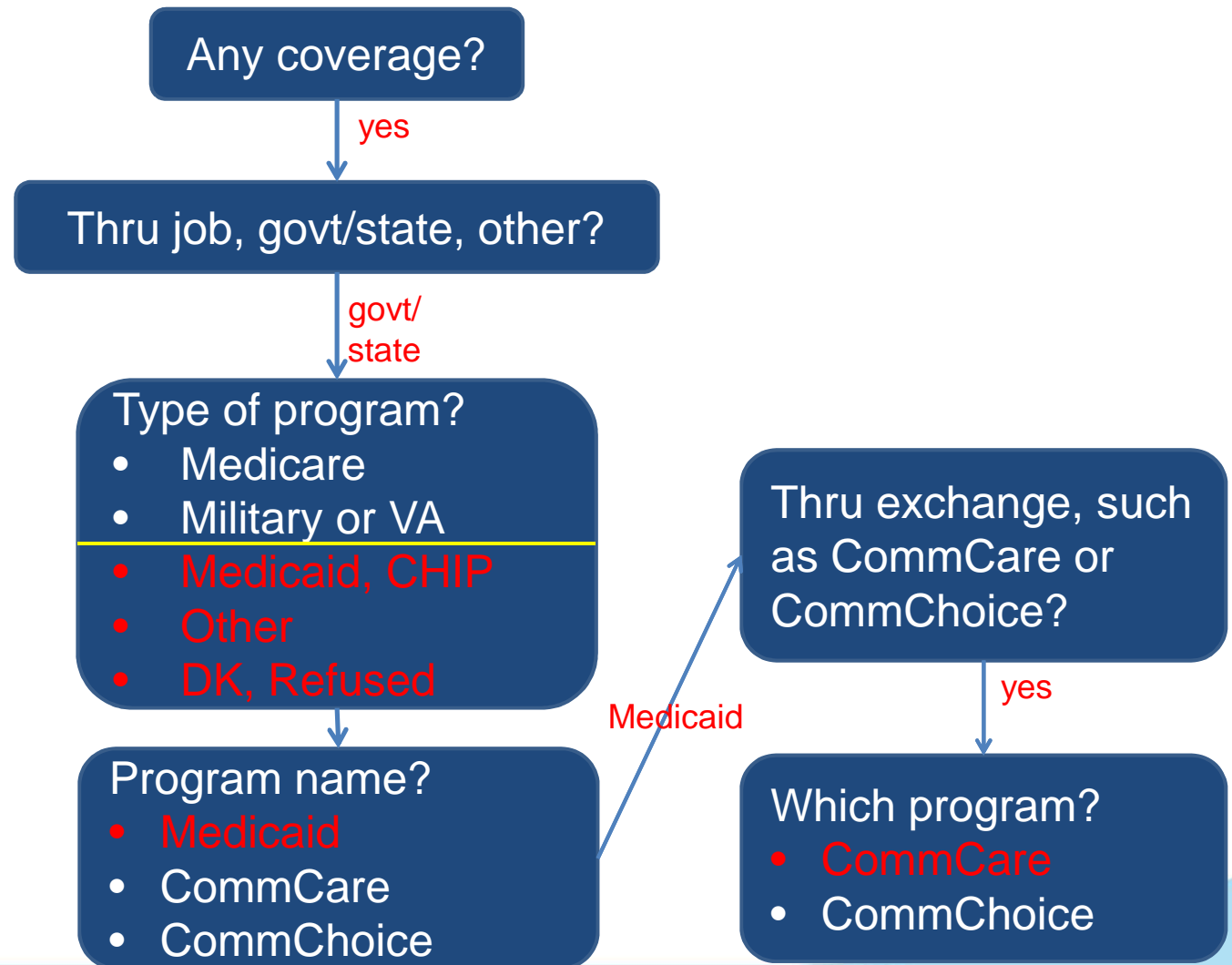
CPS Redesign Structure



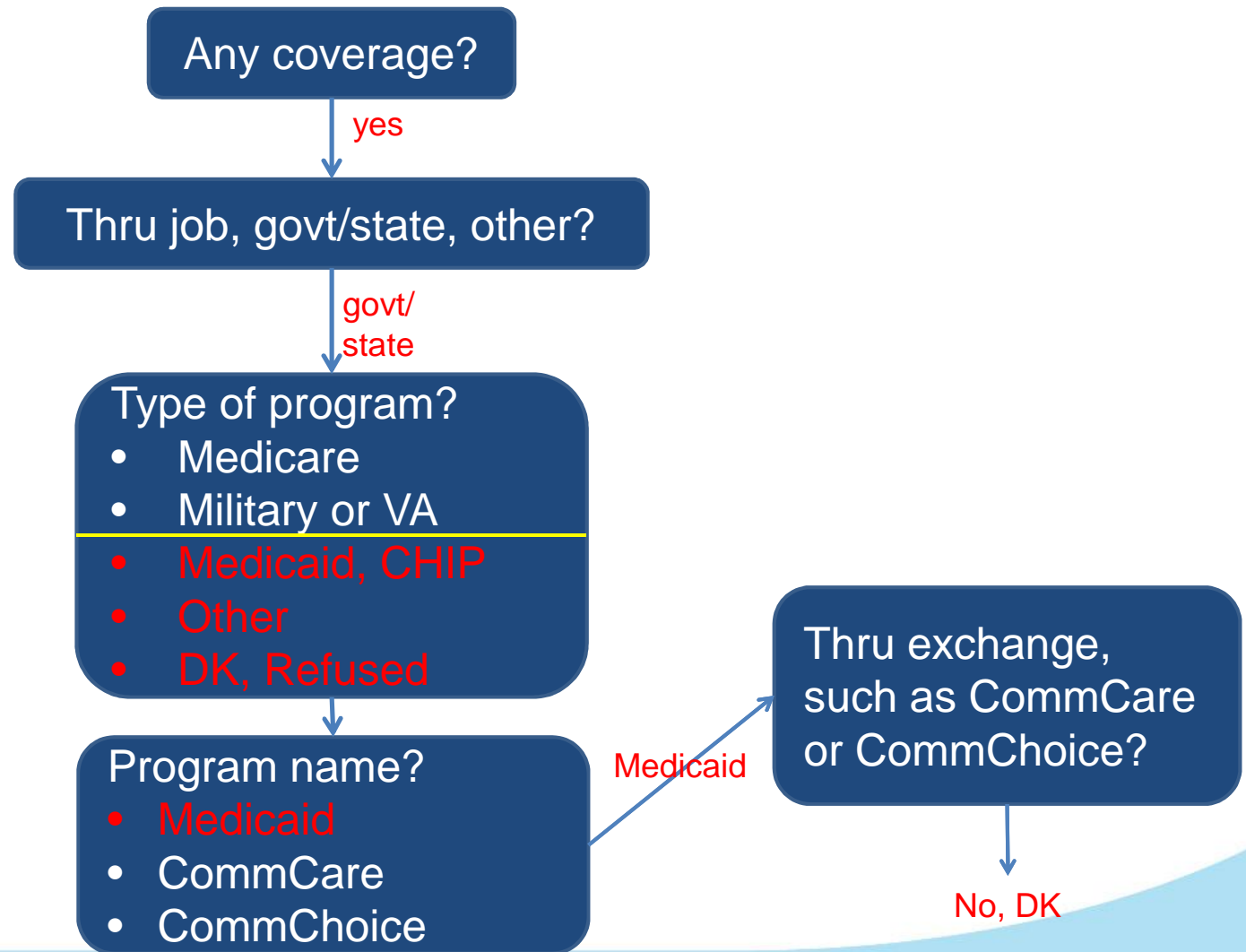
Govt/State “Correct” Path



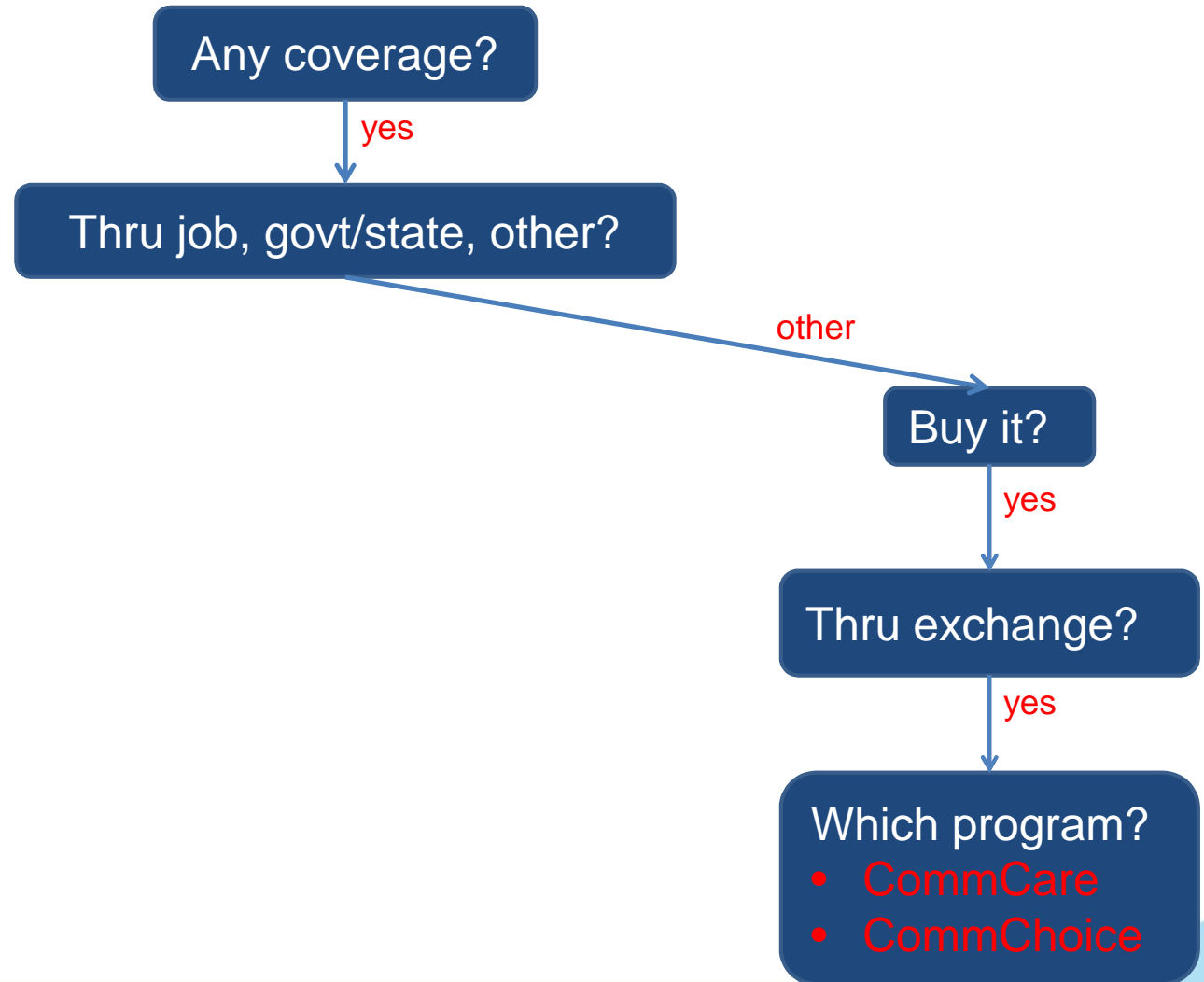
Govt/State “Incorrect” Path



Medicaid Path



Direct Purchase Path



ACS Testing

- Cannot embed state-specific exchange names
- Cannot modify basic series on plan type:
 - Job
 - Direct purchase
 - Medicare
 - Medicaid
 - Military
 - VA
 - IHS
 - Other/write-in
- 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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