READYTALK

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Joanna Turner: Welcome to SHADAC'S webinar on the 2015 Health Insurance Coverage Estimates Featuring Census Bureau and SHADAC Experts. I'm Joanna Turner, a senior research fellow at SHADAC.

So, thanks for joining us today and thanks to the Census Bureau for participating. We'd also like to thank the Robert Wood Johnson Foundation for funding SHADAC's work and making today's webinar possible. So, one of SHADAC's goals is to link states with federal data sources and we're happy to have Census Bureau experts on hand to share their latest results and answer questions.

So, before we get started, some technical items, you're all muted because of the large number of attendees. You can submit questions via the chat feature on the left-hand side of the viewing screen. And if you have any technical difficulties with ReadyTalk, please call 1-800-8439166 or you can ask for help via the chat feature. The slides are currently available for download at the fourth bullets on the slide. And today's webinar is being recorded. We'll notify you when it's posted on SHADAC's Web site, probably early next week.

So, we're happy to have Jennifer Day and Marina Vornovitsky from the Census Bureau with us. Jennifer is a system division chief of the social economic and housing statistics division and Marina is chief of the health and disability statistics branch.

So, again, this year, we're going to be discussing the recent – recently released health insurance coverage estimates from the current population survey and the American Community Survey. So, Marina is going to begin with an overview of the surveys and then we turn a bit later to discuss some of the new and modified content and details on how to access the estimates. And Jennifer is going to be presenting the latest national results from the CPS and state results from the ACS. So, we hope today's webinar is going to help you better understand the estimates that are available and what questions that you can answer with both the CPS and the ACS.

So, just as a reminder before we get going that you can type your questions into the chat window at any time during the webinar. So, I'm now going to hand it over to Marina to start.

Marina Vornovitsky: Hello. Last year – I'm sorry – last week – last week, the Census Bureau released two important sources of health insurance statistics in the United States, the annual social economic supplement to the current population survey and the American Community Survey. So, how are the two surveys different? They differ in the timing of data collection, the reference period, the timeframe of the result in health insurance coverage estimates, and ultimately, in the uses of the data.

The current population survey has produced health insurance statistics since 1987, making it one of the most widely used sources of statistics on health insurance coverage in the United States. The survey provides information on health insurance status for the nation and by demographic groups. Detailed employment and income data available from the survey need to possible to view changes in health insurance coverage in relation to changes in the overall economic well-being of the nation.

The survey measures if a person was insured on any day during the previous year. Individuals, thus, are considered uninsured only if for the entire year they have no coverage under any type of health insurance. Starting in 2008, the Census Bureau also began asking about health insurance coverage using the American Community Survey. The American Community Survey is a rolling sample of households collected continuously all year long. They ask if

a person is currently covered by any of the listed types of health insurance. So, the American Community Survey measures health insurance for the population based on whether people are insurance at the point in time that they answer the survey during the year of collection.

Many people ask us which estimates they should use. It depends. The benefits of the current population survey is the combination of detailed employment and detailed income information along the health insurance coverage statistics, which provides an excellent overall picture of the well being of the nation.

For detailed analysis of the national geographies, we recommend using the American Community Survey statistics because of its much larger sample size and smallest sampling errors. Also, the American Community Survey can provide historic comparisons back to 2008. I'm now going to turn it over to Jennifer who will talk about the estimates that we released.

Jennifer Day: OK. Over time, changes in the rate of health insurance coverage and distribution of coverage types may reflect economic trends, shift from a demographic composition of the population, and policy changes that impact access to care. Several such policy changes occurred in 2014 (when) many provisions of the patient protection and Affordable Care Act, ACA, went into effect.

In 2015, most people, 90.9 percent, has helped insurance coverage at some point during the calendar year with more having private health insurance at 67.2 percent than government coverage at 37.1 percent. Among the subtypes of health insurance, employer-based insurance covered the most – covered most people, 55.7 percent of the population, followed by Medicaid at 19.6 percent, Medicare at 16.3 percent, direct purchase at 16.3 percent also, and military healthcare at 4.7 percent, leading the uninsured rate at 9.1 percent.

Between 2014 and 2015, the increased in the percentage of people covered by health insurance was due to increases in both private health insurance coverage and government coverage. The rate of private coverage increased by

1.2 percentage point and government coverage rate increased by 0.6 percentage point.

Between 2014 and 2015, the coverage rates increased for two types of specific coverage, direct purchase health insurance and Medicare. The largest percent point change in coverage, (which were) direct purchase, which increased by 1.7 percentage point, and Medicare coverage increased by 0.3 percentage point for the population as a whole. However, this increase was due to an increase in a number of people aged 65 and over and not the changes in Medicare coverage rates within a particular age. Coverage rates did not change for the other types of health insurance between 2014 an 2015.

So, here on the right, you will see the change in health insurance coverage rates since 2013, the baseline here before many provisions of the Affordable Care Act went into effect. The uninsured rate decreased by 4.3 percentage point between 2013 and 2015. Percentage – private – excuse me – private health insurance increased by 3 percentage points and government health – government insurance – government coverage increased by 2.6 percentage points in the two-year period. Among the subtypes, direct purchase health insurance had a significant change of 4.9 percentage points. Medicaid coverage rate increased by 2.0 percentage point and Medicare coverage rate increased by 0.6 percentage point.

OK. Here, we see both the CPS estimates of people without health insurance coverage for the entire year 20 – calendar year for 2013, 2014, and 2015, and the longer line is the American Community Survey annual average of current health insurance coverage estimates from 20 – 2008 to 2015. As measured by the American Community Survey, we see that between 2014 and 2015, the uninsured rates decreased by 2.3 percentage point. And since 2013, the uninsured rate declined by 5.1 percentage both. Both measures, the current population survey and the American Community Survey, showed decline in the rate and number of people without health insurance.

So, with this larger sample size, the America Community Survey is useful for estimating and identifying changes from smaller populations, such as single years of age as shown here. This figure shows the uninsured rates by single

year of age for 2013 in light blue and for 2014 in medium blue, and 2015 in dark blue. Here, we see the uninsured rate dropped for every single age under 65 between 2014 and 2015, marking a second year of decline for these ages.

Younger population – the younger adults tended to experience a larger drop than older adults. For example, a decline of 5.6 percentage points for 26 year olds and a 1.9 percentage point difference for 64 year olds.

Adults, aged 26, continue to have a highest uninsured rate at 19.5 percent in 2015. You could see three notable sharp differences remain between 20 – in 2015 between single years of age. Specifically here, you see 18 and 19 year olds. The uninsured rate was about 1.5 times greater for 19 year olds compared with 18 year olds, between 25 and 26 year olds, almost one and a quarter times rate for 26 year olds compared with 25 year olds. And between 64 and 65 year olds the uninsured rate for 65 year olds was about one-quarter of the rates for 64 year olds.

Between 2014 and 2015, uninsured rates decreased for each income category but more for the population with lower incomes than for the population with higher income. We continue to see people with lower household income having higher uninsured rates than people with higher income. The uninsured rate for people in household with an annual household income of less than 25,000 was 14.8 percent compared with 4.5 percent for people in household with income of 100,000 or more.

Here, we have work experience spread into three groups and the uninsured rates decreased for all three work experience groups between 2015. The largest decrease, 2.3 percentage points, were for the population who work less than full time year round. The percentage point decrease for the population who work full time year round was smaller at 1.3 percentage point. And in 2015, the uninsured rate was 9.9 percent for full time year round worker, 15.8 percent for two other groups, people who work less than full time year round and non-workers.

Between 2014 and 2015, the uninsured rate decreased for most race and Hispanic origin groups. The decrease was greatest for Hispanics at 3.6

percentage points. The decrease for non-Hispanic (whites) was 0.9 percentage points and a decrease for Asians with 1.9 percentage points. The current population survey did not measure statistically significant difference in the health insurance coverage rates for blacks between 2014 and 2015. In 2015, non-Hispanic whites had a lower uninsured rate at 6.7 percent compared with other groups. The uninsured rate was 11.1 percent for black, 7.5 percent for Asians, and Hispanics had the highest uninsured rate at 16.2 percent.

This map, based on the ACS data, the American Community Survey data, shows states colored and shaped blue with the darkest blue representing the uninsured rates of 14 percent or more. Lighter shades represent pure uninsured and the lightest blue category represents the uninsured rate of less than 8 percent. Here, beginning in 2013, most states are in the darkest category. Only three states and the District Columbia were in the lightest category.

And here is a map for 2014, the year many provisions of the healthcare law went into effect. In general, the colors in the maps are wider now at 11 states and the District of Columbia are in the lowest category. And then here is the map for 2015. Between 2014 and 2015, 47 states and the District of Columbia showed a decrease in the rate of people without health insurance coverage, 21 states and the District of Columbia had an uninsured rate of less than 8.0 percent and just two states, Alaska and Texas, had an uninsured rate of 14 percent or more. During 2015, the state with the lowest percent of people without health insurance at the time of the interview was Massachusetts at 2.8 percent, while the highest uninsured rate was for Texas at 17.1 percent.

So, here, we split out the two – the U.S. into two maps. On the left, the states in blue are Medicaid expansion states. And on the right in blue are the non-expansion states as of January 1, 2015. In general, the uninsured rate in expansion states was lower than non-expansion states. In the expansion states, the uninsured rate was 7.2 percent compared with 12.3 percent for non-expansion states.

So, this slide and the next look more closely at these two groups of states. This figure shows the decrease in uninsured rates for expansion states. The

light green dots farthest to the right are the uninsured rates for 2013. And moving leftward, the 2014 uninsured rates are medium green. And the dark green represents the 2015 estimates. The overall decrease in expansion states between 2014 and 2015 was 2.4 percentage points. The decrease in individual rates states ranged from 0.5 percentage points to 3.9 percentage points. The uninsured rates in expansion states for 2015 ranged from 2.8 percent in Massachusetts and 12.3 percent in Nevada. Notice the United States line is in the lower half of the figure with most expansion states better than the average.

This is the same graphic but now for non-expansion states. The overall decrease between 2014 and 2015 was 2.1 percentage points in non-expansion states. The decrease in individual states ranged from 1.1 percentage points to 3.2 percentage points. The uninsured rates for non-expansion states for 2015 ranged from 5.7 percent in Wisconsin to 17.1 percent in Texas. And notice the United States line here, it's closer to the top of the figure with most non-expansion states lower on the page with higher uninsured rates.

We looked a little closer at the state differences by the income to poverty ratio. In both groups, the expansion and non-expansion states working aged adults with higher income to poverty ratios have lower uninsured rates. However, in both years, the uninsured rate was higher for non-expansion states than expansion states at all levels of poverty. While the uninsured rate decreased at each level of poverty between 2014 and 2015, the overall decrease in the uninsured rate was greater in expansion states than in non-expansion states for people living below 100 percent of poverty and between 100 and 399 percent of poverty.

And here we see from the AC – from the American Community Survey, we see the change in uninsured rates for the 25 most populous metro areas. This shows 2013, 2014, and 2015. Boston is at the top with the lowest rate and the smallest change. And Miami, Dallas, and Houston are at the bottom of the list with uninsured rates for 2015 about 15 percent.

This year, we also received – released several blogs. The first blog, Health Insurance Coverage Measurement in Two Surveys, discusses some of the differences between the CPS and the ACS and provides guidance on when to

use each survey. The second blog, Two Views of Changes in Health Insurance Rates, highlights two views of the same data using the American Community Survey. It presents states uninsured rates from 2008 through 2015 first as an animated map from 2008 through 2015. And as the animation goes through the maps, we see a lot of darker blue from 2008 until 2013, and as we already saw here, 2014 and 2015 get lighter.

The second view is a dot plot as shown here. It has a series of dots for each states representing 2008 to 2015 uninsured rates. The states are sorted by their 2015 uninsured rate. The takeaway is you can see all the states changed here, which is more difficult to see on the map. Similar to the map, you get a perspective that the change in most recent two years is very unusual compared with how the uninsured rates changed in the past. And also new this year, we included with our press release – our release last week easy to read historical tables online based on the American Community Survey data per states from 2008 to 2015.

The third blog, we used American Community Survey data, looks at young adults in their early 20s and their uninsured rates often last half a decade. In 2010, about one-third of 19 to 25 year-olds lack health insurance. And since then, their uninsured rate has dropped dramatically now with about one-in-six lack health insurance. The change occurred in two ways, between 2010 and 2013 and 2013 to 2015.

During the first wave, young adults benefited from the federal law change in 2010 when adult children under age 26 could be covered on their parents' private health insurance plan. Then after 2013, further provisions in the healthcare law expanded health insurance coverage options to everyone, including young adults not already covered through their parent's private plan.

So, here, we look at the numbers by score enrollment status, enrolled line and non-enrolled, the green line at the top. In 2010, the uninsured rate for young adults enrolled in school was one-half that of their counterparts who were not enrolled at 20.3 percent compared with 41.9 percent. Between 2010 and 2013, the uninsured rate improved 10 percentage points for young adults not enrolled and 3 percentage points for those enrolled in school. During the most

recent two years between 2013 and 2015, both young adult groups enrolled and non-enrolled experienced sharp decline, though the uninsured rate for enrolled young adults remain lower than that of those not enrolled at 10 percent and 20.6 percent.

So, what kind of health insurance young adults get. Here, we can see that between 2010 and 2013, almost all the changes in health insurance coverage were concentrated in the employment based health insurance coverage, most likely through a parent's employer. The rates of employment based health insurance for young adults not enrolled is increased by 10 percentage points compared with 3 percentage points for those enrolled in school. But after 2013, we increased health insurance coverage of young adults, both enrolled and not enrolled mirror that of all working age adults gaining coverage through direct purchase and Medicaid as well as making further gains in employment-based health insurance.

Earlier this year, we also released a blog on Offer and Take on Employer-sponsored health insurance. In 2015, 78.8 percent of employees worked for employer who offered health to any of its employee; 71.0 percent of workers were eligible to take the offered coverage; and 54.3 percent took the coverage offered by their employers. You can find additional information including the working paper and research file extract for 2014, 2015 and very soon 2016 on our health insurance Web site.

Marina Vornovitsky: So, let me – let me now talk about some of the additional resources that we have available if you're interested in additional estimates and other materials that we have released. So, first, I would like to direct you to – direct you to our health insurance Web site and the link is provided on the slide. There, we have a number of detailed tables based on the current modulation survey as well as historical tables based on the current population survey. And new this year, we also have ACS historical tables where you can view state level estimates going back to 2008.

In addition, we have – on our health insurance Web site, we have a number of publications, working papers, blogs, (utilizations), and just a wealth of – wealth of information. If you are interested in ACS detail tables, I would

direct you to the American Facts Finder, where you can find a number of ACS tables at different levels of geography. And finally, we have the CPS table creator where you can (reach) the tools that allows you to create customized tables using the current population survey.

So, let me talk for a few minutes about other things that you're going to expect in the next couple of months. So, first, on October 20th, they're going to be releasing public use microdata samples. And in soon – later, we're also going to be releasing five-year estimates for all geographic estimates of this American Fact Find release on December 8th and (PAMS) release on January 19th. Please note that the three-year ASC data products have been discontinued. So, they won't be releasing any estimates for 2013 to 2015, three-year ACS.

So, let me talk for a few minutes about our new and modified ACS products. So, for this year, we have modified our subject table, which is, you know, our basic table for the ACS health insurance coverage S-2701, the different age categories and some additional categories for (set of) poverty levels. We have also added two new tables, one table for private coverage and another table for public coverage. Again, all these tables are available through the American Fact Finder.

We're also be releasing additional estimate based on the American Community Survey on October 20th. We will be releasing a five-year selected table through these (inaudible) estimates later in the fall. And this year, we released a statistical testing tool that it is basically an Excel spreadsheet that have – where the American Community Survey estimates are statistically different from one another. There are actually a number of spreadsheets available and (if you really need) you can plug in estimates, let's say, for all states and you can see which estimates are statistically different from one another and how the different states or other levels of geography compare to one another. So, the link to that tool is at the – you can see it on the slide.

So, for the (UICPS) content in – we redesign CPS health insurance coverage questions a couple of years ago. So, it was a complete redesign of health

insurance coverage question and it's – this redesign was based on over a decade of research and it was designed to provide – to produce an improved measure of all year coverage. We added point in time measure of health insurance coverage, as well as additional questions designed to measure exchange participation receipt of subsidies and employer-sponsored health insurance coverage.

This year as in past years, we released our current coverage estimates joined – joins with the National Health Interview Survey and these estimates are available on their Web site and the link is on the slide. The – this year in June, we also released two research abstracts, a research paper into blog on offer and take-up of employer-sponsored coverage. The 2016 research abstract should be available within the next week.

So, these questions they asked to individuals employed at the time of interview who do not – (with result) employer-sponsored coverage whether their employer offers coverage, whether the person was eligible to purchase. And if offered, why the person chose not to participate or why the person was ineligible – if ineligible.

So, this just gives you some sense of the information that we collect. So, respondents they have option to say that, you know, they chose not to take up coverage because they are covered by another plan or the coverage was too expensive, so you can see what some of the response options were. And similarly people who were ineligible to take coverage offered by the employer, they ask them the reason why they were ineligible and, again, some of the reasons are listed on the slide.

They also released three research file. We have research abstracts for point-in-time coverage. As I mentioned, a couple of slides ago, we will be releasing the abstract on offer and take-up of employer-sponsored insurance shortly, and in addition, we now have more information on (out of) household coverage where somebody who is covered by somebody outside of the household, whether that person has employer-sponsored insurance or direct purchase insurance. So, we produced an abstract that allows data users to merge it on to the main public use file to enhance their analysis. So,

something that is not something that we collect -- did collect but is not available yet this information exchange participation receipt of subsidies and plan changes during the year.

So, now I will turn it over to Joanna.

Joanna Turner: Thanks, Marina. So, I'm going to briefly discuss some SHADAC resources and then we'll take questions.

Marina Vornovitsky: Sure.

Joanna Turner: Just as a reminder, you can type your questions into the chat window at any time. So, link to all of the resources discussed today will be available from the webinar page and we'll send this information in a follow-up e-mail. So, I just like to briefly follow up on Marina's discussion of the CPS research files. So, SHADAC has a brief that discusses how to merge each of those individual files onto the main CPS estimate file and we do provide some (SaaS) code that will help with this process.

OK. So, we're going to be updating SHADAC datacenters with the new CPS and ACS estimates, and if you haven't explored this yet, it's a great way to get coverage, utilization, access, and affordability estimates from federal data sources, so you can create tables, maps and bar charts to look at the measures within your states and is also a really way to compare across states and over time.

We also are currently updating our annual comparing (schedule) government surveys that count uninsured (brief) and we should have that available in a few things. In this (brief), if you're familiar with, it has a pretty helpful table of the new on insurance estimates at the state level where you can easily find the ACS, the CPS, as well as National Health Interview Survey and Behavioral Risk Factor Surveillance System state estimates in one table and we have this for the total population in non-elderly adults.

So, we published several blogs and an infographic to highlight last week's data releases and this is just screenshot of the infographic that shows the national and state change in uninsured rate from the American Community

Survey, as well as these top states with the largest percentage point drop in the uninsured rate. So, we could see that state with the largest defines California and New Mexico and I'll just put a plug in that to stay updated. We encourage you to follow us on Facebook and Twitter and to sign up for our newsletter and all of those links are available on SHADAC's Web site at shadac.org.

So, this year, we've developed our state-specific fact sheets, again. These are using ACS estimates from American Fact Finder. So, what we've done is just pull out some of the pre-tabulated health insurance coverage estimates in a more, you know, easy to use format. So, if you go to the link on the slide and click on a state in the map, it's going to pull up your state-specific fact sheet.

So, this is just an example of what it looks like. It's going to have some detailed state level information, as well as information for counties. So, this sheet is Minnesota where SHADAC is located and it's showing the change in the uninsured rate from 2014 to 2015 by several characteristics. On this page, you can see age, race, ethnicity and citizen status and the American Fact Finder tables also have information on uninsured rates by education, income and poverty levels and we've included those in the fact sheets.

And we have the changing county uninsured estimates for all ages and children for the counties that are available in the one year ACS file. So, that's the larger counties of populations larger than 65,000. So, that was from the pre-tabulated American Fact Finder table, and for those of you that are interested in tabulating your own estimates, you can get this from the micro data, from the Minnesota Population Center with a publish – (and through) their Integrated Public Use Microdata Services IPUMS.

So, this is free, easy to use and very well documented way to access the data. One of the benefits of using microdata is you can create custom tabulations. You know, for example, many of the published tables available from census defined children as 0 to 17 but you might be interested, you know, in children 0 to 18 or 0 to 19. Now, the 2015 include population survey data is already available from IPUMS, so you can start working with it today if you like and

the ACS data will be available about one to two weeks after the public use files are released from the Census Bureau in October.

And again, this year, we'll be providing SHADAC Health Insurance unit where we create a family structure that is more related to how families obtain private and public health insurance coverage and we also have federal poverty guideline variables and these are available for both the ACS and CPS to IPUMS.

So, now, we're going to begin the question-and-answer session. I'm joined by my SHADAC colleague (Kathleen Cole) who's going to participate in the Q&A and please type your questions into the chat window as we get going.

So, we have a couple of advanced questions, so we'll start with those. So, I think this one is for Marina and Jennifer at Census. How should we interpret different results from the ACS versus the National Health Interview Survey? For example, in New York, the ACS uninsured is 7 percent – about 7 percent compared to the NHIS uninsured rate of 4.9 percent.

Marina Vornovitsky: Well, this is Marina and so the ACS and the National Health Interview Survey say their existing number of differences between those two surveys in the timing of data collection and we did the focus of each survey. So, the focus of the National Health Interview Survey is it's much more health related. So, individuals are responding to those questions – to questions about health insurance coverage in the context of the overall health status since – health status.

The American Community Survey, it asked a broad range of questions. To give you an example, the question about health insurance from the ACS is asked right after they asked whether a person speaks language other than English at home. So, again, the – for – the two surveys have many different focuses and – but ultimately one of the largest differences between the two surveys is really the sample size. ACS, it has a much larger sample size.

So, even – so when – let's say, we are looking at the current population survey and the American Community Survey for geographies below – at the state

level and below – did you recommend using the American Community Survey because it has a much larger sample size.

Joanna Turner: Thanks, Marina. And we have related question that was just asking how state should advise stakeholders on the, you know, multiple insurance coverage estimates from other survey. And I would just like to say, remind people that SHADAC has the comparing federal surveys brief that will be available soon and that sort of discusses the high level differences that Marina covered like when the surveys have different samples sizes, different time periods and I think there's no good answer on what's the best survey to use.

And really they all having strengths and weaknesses and that's going to depend sort of on your particular question and what else is available in the survey. So, just keeping in mind when the estimates are available, what level of geography you're interested in, you know, if you're looking at county level estimates of the American Community Surveys where you're going to want to go, if you're looking at, you know, health insurance coverage by access and utilization measures. You may want to use the National Health Interview Survey.

So, I think it's just really looking at what particular question you are trying to answer and what survey is best going to be able to help you get to that

Marina Vornovitsky: And if …

(Crosstalk)

(Kathleen Call): I know that – this is (Kathleen). That's – as much as there might be differences in the point estimates which is comforting and that you can really see some trends over time that are very similar across all the surveys. So, even though it might be 7.1 in the ACS for New York and 4.9 percent in the NHIS, if you look back a year, you would see both of those would be somewhat higher or you would think that they would be someone higher. There's certainly some state level variation and because the ACS has larger sample size to drop and there's more stability in that estimates, that wouldn't (be true) for the NHIS.

So, part of this is also looking at kind of one of the margins of error around those estimates and is it – is a rate from one survey really significantly different from a rate from another survey and that's another way of kind of tackling these questions about are these surveys really telling you a different story or not? Are they telling you a consistent story but using different points level estimates to quantify that.

Marina Vornovitsky: And if I may just add, Jennifer, in her presentation, did reference a blog that we released this year that summarizes some of the differences between the CPS from the ACS and to provide – provides guidance on when to use each survey. Also, now a health insurance left side, we have an infographic that summarizes several different sources of estimates on health insurance coverage and also provides guidance on when to use each one.

Joanna Turner: Thanks, and I'll just mention that, of course, you know, please call SHADAC and we can, you know, help discuss the different, you know, surveys and what might be the best survey to answer your particular question.

So, we're going to go back to the one additional we had in advance, looking at the new American Fact Finder table. The means tested Medicaid estimate in New York at 3.8 million is a lot lower than New York's estimate of 6 million. Can you explain this?

Marina Vornovitsky: Yes. So, if you look at – so, in – so individuals they can have Medicaid loan or they can have Medicaid coverage in combination with another coverage. So, actually for – to answer that question, I would direct – I would direct you to the table – at the bottom of the table. We do provide information on the number of people who have Medicaid coverage and another type of coverage at the same time.

Joanna Turner: Thanks, Marina. And we have sort of related question talking about differences between the survey counts of Medicaid and administrative record. There's a large discrepancy between the ACS and the Center for Medicare and Medicaid Services counts of Medicaid enrollment. The count was – so, I just try to quickly summarize this question.

So, the count tended to be greater between ACS and CMS from 2010 to 2013 but it gets closer into 2014 and 2015, and just kind of wondering if we can describe what's going on with the change and how the Medicaid undercount relates to the CMS administrative records, and maybe I'll have (Kathleen Cole).

(Kathleen Call): Oh, yes. I was just going to comment that – I mean, what's interesting about that American Community Surveys questions that it's asking about any government program. And so it's not simply isolating out Medicaid where this – the term population survey tries to isolate Medicaid from other ties of public program. And so the American Community Survey is kind of different in that regard in terms of kind of how well it matches or doesn't match in enrollment counts because it's a much broader question and so the American Community Survey tends not to have a big undercount impact but sometimes has an over count of enrollment simply because it's measuring something broader than what is available in the CMS data.

So, the – you know, it's Medicaid and then the – it's – current CMS data also sometimes include CHIP enrollees and sometimes doesn't consider all this kind of really detailed reasons for their – that inconsistency but this kind of change over time and something interesting and I know that you've been monitoring this Marina and Jennifer at the Census Bureau and I'm wondering if you have any kind of idea around why that would be varying over time for the ACS or is that something you're looking into?

Marina Vornovitsky: We are continuously evaluating the quality of the data. So, those efforts are still ongoing.

Jennifer Day: Thanks. So, we'll let people know and we – if there's anything to share, we'll share that on the – certainly on the SHADAC Web site or draw attention to anything that's posted by the Census Bureau so that you are sure to know about it, too.

Joanna Turner: Yes, and I think we just have to work with. I believe there's like legs when the administrative data is available. So, we're not yet able to look at the most

current, you know, 2015 estimates like we would like to do compared with (do make a while) but …

Jennifer Day: Yes.

Joanna Turner: … but, you know, it's on the research agenda. OK. With – I'll take a question for SHADAC, when is SHADAC going to update their datacenter with 2015 estimates? So, hopefully, we will have the CPS estimates some time next month and then probably the American Community Survey will be about a month or so after the public file is released from the Census Bureau. So, would say late November to that timeline, and I believe we can, you know, tweak in, stick it on a Facebook page and let – in the newsletter, let people know when the datacenter has been updated.

So, a question about summing up the percentages, so the percentages for people with different types of insurance sum to more than 100 percent and as the question (sent out), this is because people can have more than one kind of insurance coverage but the one doing – do the CPS and ACS allow researchers to identify people to more types of coverage.

Marina Vornovitsky: This is Marina. Yes, they do.

Joanna Turner: Thanks. So, yes, you could do that using the public use file. So, if you wanted to go to IPUMS and access it, you could go in a researcher and identify people with the multiple types of coverage. And I'm trying to think does American Fact Finder do any multiple coverage estimates or is it just a loan or -- a loan or in combination?

Marina Vornovitsky: Yes. Yes, it does. So, also – so if you look at our new subject table for public coverage and private coverage, you do – you can see some of those breakdowns, but if you have any questions feel free to give us a call and we'll walk you through what's available.

Joanna Turner: Thanks. So, a question on the ACS data products, why was this three-year data product discontinued?

Jennifer Day: Oh, why was the three-year …

(Crosstalk)

Marina Vornovitsky: Right. This – those questions actually we would direct you to the American Community Survey Office. They would have more information on the reasons why it was discontinued.

Jennifer Day: We can follow up on that and try to post something as well, right.

Joanna Turner: Yes, we can definitely …

Jennifer Day: Yes.

Joanna Turner: … do that. So, question about the five-year estimates, do you have any advice on how to interpret estimates from the five-year file given that it straddles both pre and post Affordable Care Act implementation?

Marina Vornovitsky: So, the way to think about the five-year estimates is that they represent an average over a five-year period. So, yes, there will be some data in there collected prior to the Affordable Care Act and some data are collected after. So, we would actually recommend using one year data price – one year data products and one year microdata if somebody was entrusted in comparing before and after.

Joanna Turner: Thanks and I think -- you won't be able to get at the lower levels of geography but depending if you were looking at smaller subpopulations data uses could also combine to – of the single use file together. So, you could have like 2012, 2013 or, you know, compare that with the 2014 to 2015.

Marina Vornovitsky: Yes.

Joanna Turner: And that sort of goes back to the not having the three-year data products. That research is (still combined) three of the single year if it's not going to get you to the lower levels of geography but it will if you're looking at, you know, a smaller subpopulation, you know, cutting the data by age and income and another characteristics.

Marina Vornovitsky: Yes.

Joanna Turner: And I think just going back to the other question, we also should mention that, I believe the Census Bureau has a new product that Marina covered so they'll feel a little bit of the gap and not having the three-year estimates at – they will be releasing a limited set of tables on American Fact Finder for populations down to 20,000 which is what the three-year product was. So, you'd be able to get I think there's a few health insurance tables that will be available. So, it won't be the full suite of estimates but you will be able to get some information for the smaller counties from the one-year data product.

OK. Another question, for Census, when will exchange participation and subsidy information be available. We noticed that you didn't present any estimates at this level of detail but it was added to the CPS questionnaire.

Marina Vornovitsky: We are currently working on the new processing system and the exact date when that information will be available will depend on many factor – many factors, one of them being budget.

Joanna Turner: Thanks, Marina. So, we have a questionnaire that – I'm sure that the Census Bureau is launching a new Web site for accessing ACS estimates, do you know when that Web site will be launched?

(Crosstalk)

Marina Vornovitsky: Continue to …

(Crosstalk)

Jennifer Day: So, we are working on a – right now, when we disseminate our tables there through the American Fact Finder and we are working on how to disseminate things with something other than the American Fact Finder. I don't have the exact data when that actually will happen but that's in the works but there's no hard date yet. So, I mentioned not for a while, and we will let you know, SHADAC, so you can let everybody know what's going on as we get further into this process.

(Kathleen Call): Can you just tell us anything kind of a description of it? And if you can't, that's fine.

Joanna Turner: Not exactly.

(Kathleen Call): Okay.

Marina Vornovitsky: Not exactly – but the American Community Survey …

(Crosstalk)

(Kathleen Call): (Certain) …

Marina Vornovitsky: … Office should be able to provide more information on what is planned and I know that they are continuously reaching out to data users with any information that they have available. So, they're definitely the better resources to – better resource to contact with this (data) question.

Joanna Turner: Great. Thank you. And a question, how can I get uninsured estimates for all counties?

Marina Vornovitsky: So, there are several ways for you to do that. One way is by using the five-year – American Community Survey five-year data file and another way is – so the Census Bureau has SAHIE Program where they emerged ACS data with administrative records and they produce estimates for all counties. I know that the next release of SAHIE data is planned for spring of 2017. So, yes, so information on uninsured rate in all counties would be available from SAHIE.

Joanna Turner: Thanks. And I also mention that SHADAC hosted a webinar in early June with Census Bureau experts to discuss the 2014 SAHIE estimates about the great resource just to – if you want to look to the slides, you listen to the recording of the webinar to get an overview of the SAHIE Program and what's available.

OK. So, we had a question about the timing of the 2015 IPUMS data. So, the current population survey data to IPUMS is currently available and the American Community Survey file is normally released about one to two

weeks after Census releases the file. So, I believe that's coming out October 20th, so probably late October, early November, you'll have the ACS data available from IPUMS.

So, question for Marina and Jennifer. Does the ACS uninsured rate include undocumented immigrants?

Marina Vornovitsky: On the ACS, we do not ask about legal status. We do ask question about citizen whether somebody, you know, is it a native born, foreign born, and if the foreign born, whether somebody is natural citizen or not, but we do not ask legal status.

Joanna Turner: Thanks, Marina. So, question for SHADAC, wondering if the data center has trend information and the ability to do statistical testing? So, yes, on SHADAC's datacenter, we do have estimates back quite a few years from the ACS to CPS and the other (types) of surveys that we include. So, you can, you know, easily look at trend information via the (bar codes) or create individual tables, and we do include the margin error at the 95 percent confidence level, so you could easily back that out to a standard error and conduct statistical testing.

We don't allow that to happen on the slides just because there was a little complicated to get that level of programming develops the Web site but we do provide all of the pieces, so you can do that testing yourself.

OK. Just checking to see if we have any additional questions.

(Kathleen Call): Maybe I'm just going to add comments about – for the undocumented. So, the only federal survey that actually collects that information around documentation statuses of SIPP, Survey of Income and …

Jennifer Day: Program.

(Kathleen Call): … Participation Sector, so I think that's really the only source and it's a much smaller dataset. So, it's hard to really get at those numbers on a state by state level. SHADAC has done some work around that. That is available on our

Web site if you'd like to hear more about that and Pew has done a lot of work on that area. So, there are sources for that out there.

Joanna Turner: Thank you. And kind of going back to the new questions in the current population survey, does the Census Bureau have any plans to publish more details like month's level information or perhaps do some analysis to look at changes and coverage over time?

Marina Vornovitsky: We definitely – we definitely have plans to do that kind of analysis as – we've finished designing our new processing system. They'll be evaluating the quality of the data and they'll be evaluating what type of estimates will be – it will ultimately be released on the public use file but we do not have that information just yet.

Joanna Turner: Thanks, Marina. So, thank you for attending today's webinar and thanks, again, to Jennifer Day and Marina Vornovitsky from the Census Bureau for talking with us about the recently released ACS and CPS Health Insurance coverage estimates. As we've mentioned, the webinar slides are posted on SHADAC's Web site and we'll add links to any follow-up items and a recording of the webinar by early next week.

So, in the follow-up e-mail we will link (food) links to all of the resources that we've mentioned today and just a reminder, the Census Bureau on their health insurance Web page has a lot of great links to all of the resources that they've covered, their blogs, their, you know, sort of fun interact of map to look at change over time because it was really great looking at -- the three slides looking at state level on insurance to 2013, 2014, and 2015 and they have that animated, so you can watch as it – as it changes over time.

So, thank you for attending and this concludes today's webinar.

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