New CPS Health Insurance Content: Data Release Timeline and Question Text

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SUMMARY

This brief is a companion piece to "An Introduction to Redesigned Health Insurance Coverage Questions in the 2014 Current Population Survey's Annual Social and Economic Supplement," SHADAC Brief #39.

It provides detailed question text and a timeline on the availability of the new content. SHADAC will be providing additional analysis as new content becomes available.

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INTRODUCTION

The U.S. Census Bureau's Annual Social and Economic Supplement to the Current Population Survey (CPS ASEC) is an important source of information about health insurance coverage in the U.S. It has been collecting information on health insurance coverage since 1987 and provides annual national and state estimates. The Census Bureau has made several improvements to the question series over the years (Davern et al. 2003; SHADAC 2009; Ziegenfuss and Davern 2011; Boudreaux and Turner 2011). The most recent change was the addition of new and modified health insurance coverage questions to the 2014 CPS ASEC (which provides coverage data for calendar year 2013). The questions were completely redesigned to:

- Improve the measure of past year coverage
- Add a point in time measure
- Collect additional information related to the Affordable Care Act (exchange participation and employer-offers of coverage)
- Collect information about plan changes during the year (coverage by month)

The new questions were developed and evaluated with several years of testing (Pascale 2009; Pascale 2012; Pascale et al. 2013; Boudreaux et al. 2013; Brault et al. 2014). An overview of the new and modified content and survey design is available from SHADAC Brief #39 (Turner and Boudreaux 2014). This brief is a companion piece that provides more detail on the availability of the new content and question text.

Availability of New and Modified Health Insurance Coverage Content

The Census Bureau is releasing the new and modified content on a continuous basis as they conduct evaluations and develop the coding and imputation routines. Table 1 lists the content that is currently available from the 2014 and 2015 CPS ASEC's and content that is forthcoming. Guidance on how to access the new content from the public use files is available from a SHADAC Technical Brief (Turner 2016).

The new point-in-time coverage measure is available and provides uninsured/insured status at the time of the interview (February to April). The full distribution of coverage types (i.e. employer-based, Medicaid, Medicare, etc.) is not available for the point-in-time measure. More detailed information about out of household coverage is also available; it is now identified as employer-based or direct-purchase.

The new variables identifying employer-offers of coverage, eligibility, and take-up will be available summer 2016. The redesigned survey also added questions to ask about coverage through the Marketplace, premiums, and subsidies. Variables from these questions will not be available until spring 2017.

Month level coverage is collected from the redesigned survey, but the Census Bureau is evaluating data quality and disclosure concerns. They will determine if month level data or some type of indicators for plan changes during the year can be made available.

Table 1: New and Modified Health Insurance Coverage Content

NEW AND MODIFIED CONTENT	AVAILABLE
Improved measure of past year coverage	✓
Point-in-time estimates for uninsured/insured (February to April)	✓
More detailed information about out of household coverage (employer-based or direct purchase)	✓
Employer-offers of coverage, eligibility, and take-up	Summer 2016
Exchange/Marketplace participation	Spring 2017
Plan changes during the year (coverage by month)	Under review for data quality and disclosure to determine if month-level variables or indicators of plan changes can be released

Question Text

Table 2 provides the health insurance coverage question text (U.S. Census Bureau 2015). The exchanges/subsidies and employer-sponsored and take-up sections are new questions. The questions ask about whether coverage was purchased on an exchange or marketplace and if the premiums are subsidized. State specific name fills are used so that respondents are asked about the specific exchange that operates in their state. Pascale 2014 provides a discussion of question wording, survey routing, and data coding algorithms to identify and measure exchange/Marketplace coverage.

Workers that do not have current coverage through their jobs are asked questions to determine if a person's employer offers coverage to any of its employees, if the person is eligible for that coverage, and if they are eligible, why they did not take up coverage. Current coverage is coverage at the time of the interview (February to April).

The remainder of the question series contains the same information as in the past (i.e. employer-based, Medicaid, Medicare, etc.), but the questions are asked in a new way to try to better capture coverage. The question flow was designed to drill-down, clarify areas of ambiguity, and re-route respondents to the correct coverage path. The question text in Table 2 is for current coverage. After current coverage status is determined the respondent is asked questions about months of coverage to determine past year coverage. The respondent is also asked about any gaps in coverage or if they have additional coverage or health plans.

Table 2: Health Insurance Coverage Question Text

	QUESTION
General	
ANYCOV	(Do/Does) (name/you) NOW have any type of health plan or health coverage?
SRCEGEN	For the coverage (name/you) (have/has/had) NOW, (do/does/did) (you/he/she) get it through a job, the government or state, or some other way?
Public Coverage	
MCARE1	Medicare is health insurance for people 65 years and older and people under 65 with disabilities. (Are/Is) (name/you) NOW covered by Medicare? • Code Medicare Parts A, B, and C and Medicare Advantage as "Yes"
MEDI	(Are/Is/Were/Was) (name/you) covered by Medicaid, Medical Assistance, or (CHIP/or Medicare)?
OTHGOVT	(Are/Is) (name/you) NOW covered by a state or government assistance program that helps pay for healthcare, such as: State Medicaid, CHIP, Exchange/Portal, or other State Health Program?
GOVTYPE	(Is/Was) that coverage Medicaid, CHIP, Medicare, a plan through the military, or some other program?
GOVPLAN	What do you call the program? *If Respondent answers with insurance company name:* OK, so that would be the plan name. What do you call the program? Some examples of programs in (state) are. • Medicaid • Medical Assistance • Indian Health Service (IHS) • State Medicaid Programs Names • State Exchange Programs Names • Plan through State Exchange Portal • Other government plan • Other (please specify)
VET	(Are/Is) (name/you) NOW covered by Veteran's Administration (VA) care?
Private Coverage	
JOBCOV	(Is/Was) that coverage related to a JOB with the government or state? *Read if necessary:* Include coverage through FORMER employers and unions, and COBRA plans.

MILPLAN	(Is/Was) that plan related to military service in any way?
	• Examples of military plans include:
	  o VA Care
	  o TRICARE
	  o TRICARE for Life
	  o CHAMPVA
	  o Other military care

MILTYPE	(Is/Was) that plan through TRICARE, TRICARE for Life, CHAMPVA, VA care, military health care, or something else?
SRCEDEPDIR	(Do/Does/Did) (name/you) get that coverage through a parent or spouse, (do/does/did) (you/he/she) buy it (yourself/himself/herself) or (do/does/did) (you/he/she) get it some other way?
SRCEOTH	(Do/Does/Did) (name/you) get it through a former employer, a union, a group or association, the Indian Health Service, a school, or some other way?
Verification	
VERIFY	I recorded that (name/you) (are/is) not currently covered by a health plan. Is that correct?
Write-in	
MISCSPEC	Please specify Write in plan name

	QUESTION
Policyholder	
POLHOLDER	Whose name (is/was) the policy in? (Who (is/was) the policyholder?)
SRCEPTSP	(Do/Did) they get that coverage through their job, (do/did) they buy it themselves, or (do/did) they get it some other way?
Premiums	
HIPAID	(Does/Did) (your/policyholder's name's/the policyholder's) employer or union pay for all, part, or none of the health insurance premium?
PREMYN	Is there a monthly premium for this plan? • A monthly premium is a fixed amount of money people pay each month to have health coverage. It does not include copays or other expenses such as prescription costs.
Exchanges/Subsidies	
PORTAL	(Is/Was) that coverage through (State Exchange Portal Name), which may also be known as (State Exchange Program Name 1, Name 2, Name 3)?
EXCHTYPE	What do you call it - State Exchange Program (Portal, Name 1, Name 2, Name3)?
SHOP	Small businesses can offer health coverage to their employees through (State Exchange SHOP Portal Name). (Is/Was) the coverage at all related to (State Exchange SHOP Portal Name), (such as State SHOP Name 1, Name 2, Name3)?
PREMSUBS	Is the cost of the premium subsidized based on (your/family) income? • A monthly premium is a fixed amount of money people pay each month to have health coverage. It does not include copays or other expenses such as prescription costs. • Subsidized health coverage is insurance with a reduced premium. Low and middle income families are eligible to receive tax credits that allow them to pay lower premiums for insurance bought through healthcare exchanges and marketplaces.
Employer-Sponsored Insurance Offers and Take-Up	
ESIINTRO	Earlier I recorded that (name/you) (are/is) employed but (do/does) not have health coverage through (your/his/her) job.
OFFER	Does (employer name) offer a health insurance plan to any of its employees?
COULD	Could (you/name) be in this plan if (you/he/she) wanted to?
WNTAKE	Why (aren't/isn't) (you/he/she) in this plan? Choose all that apply 1. Covered by another plan 2. Traded health insurance for higher pay 3. Too expensive 4. Don't need health insurance 5. Have a pre-existing condition 6. Haven't yet worked for this employer long enough to be covered 7. Contract or temporary employees not allowed in plan 8. Other/specify
WNTAKESPEC	Please specify other reason why not in plan
WNELIG	Why not? Why can't (name/you) be in this plan if (you/he/she) wanted to? Choose all that apply 1. Don't work enough hours per week or weeks per year 2. Contract or temporary employees not allowed in plan 3. Haven't yet worked for this employer long enough to be covered 4. Have a pre-existing condition 5. Too expensive 6. Other/specify
WNELIGSPEC	Please specify other reason why not eligible.

Source: U.S. Census Bureau, March 2015 Annual Social and Economic (ASEC) Supplement, Appendix D available at http://www.census.gov/programs-surveys/cps/technical-documentation/complete.html.

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