The Affordable Care Act and Survey Data

Helen Levy, Ph.D.
Research Associate Professor
Institute for Social Research, Ford School of Public Policy, and School of Public Health
Co-Investigator, Health & Retirement Study
University of Michigan
Outline of comments

1. Background: ACA & insurance coverage (2 slides)
   – Many non-coverage provisions also which I will mostly ignore for now

2. What outcomes do we want to monitor using survey data?
   – How well do surveys measure these, and how will ACA change the landscape?

3. Data wish list
CBO coverage projections, 2019

Millions of non-elderly individuals

<table>
<thead>
<tr>
<th>Category</th>
<th>Current Law</th>
<th>ACA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uninsured</td>
<td>55</td>
<td>30</td>
</tr>
<tr>
<td>Exchange</td>
<td>27</td>
<td>25</td>
</tr>
<tr>
<td>Nongroup/other</td>
<td>166</td>
<td>159</td>
</tr>
<tr>
<td>Medicaid/CHIP</td>
<td>33</td>
<td>45</td>
</tr>
<tr>
<td>Source: CBO, May 2013</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
1. How ACA changes insurance coverage

- New source of coverage: insurance exchanges (CBO projection for 2019: 25M)
- Non-group coverage persists (22M)
- Increase in Medicaid (+12M)
- Decline in employer-sponsored coverage (-7M)
1. What outcomes do we want to monitor*?  
(*note intentional avoidance of “evaluate”)

• Targeted outcomes:
  – Insurance coverage
  – Access to medical care
  – Health outcomes
  – Financial security

• Other outcomes:
  – Labor supply
  – Labor demand
  – Saving
  – Family formation
  – Risky behaviors
Outcome 1: Insurance coverage

From a measurement perspective, ACA is a perfect storm:

• Medicaid and individual insurance were already hard to measure in surveys (Pascale, Romer & Resnick 2009; Klerman, Davern et al. [multiple years]; Abraham et al. 2013)
• “Churning” between exchange & Medicaid (Sommers & Rosenbaum 2011)
• “No wrong door” philosophy
• Most non-elderly Medicaid beneficiaries have private coverage
• Multiple names for exchange coverage:
  – Different names in ≥14 states, eg: Kynect, Access Health CT, The Connector, Covered California
  – In the statute: “American Health Benefit Exchanges”
  – healthcare.gov does not use the term “exchange”

• Extremely difficult to measure subsidy receipt (Meyer, Mok & Sullivan 2009)
• Understanding exchange & Medicaid enrollment and subsidy receipt will require administrative data (ideally, linked to survey data)
Welcome to the Marketplace

Enroll now in a plan that covers essential benefits, pre-existing conditions, and more. Open enrollment continues until March 31, 2014.

Choose your state and we'll tell you your next steps

How the Marketplace works
Outcome 1: Insurance coverage (cont’d)

• Measuring effects on employer coverage
  – Will employers drop coverage or restrict eligibility?
  – Will employee take-up increase or decline?

• The addition of employer offering and worker eligibility to the CPS ASEC as of 2014 is a great improvement that will support these analyses
  – Most recent comparable data in CPS are from Feb. 2005
Outcome 2: Access to medical care

• Measure access for newly insured
  – Differences in access by type of coverage
• Also important to measure spillover effects on those already insured
• These outcomes are not typically measured in Census/BLS household surveys
  – Medical Expenditure Panel Study (MEPS), National Health Interview Survey (NHIS)
• Compared with insurance, much less clarity here about the underlying thing to be measured
I don't like going to the doctor
I don't believe in going to doctors
I don't like going to the doctor
I am afraid of what I might find out
I am too busy to go to the doctor
I didn't have transportation
The clinic/doctor's office wasn't open when I could get there
Once I get there, I have to wait too long to see the doctor
I couldn't get an appointment soon enough
I couldn't get through on the telephone

Sample: Senior citizens who offered a non-cost reason for delaying care (n=479)

Reasons other than cost for delaying medical care
Health and Retirement Study, Fall 2011 Supplement ** Preliminary data **
Outcome 3: Health

• Oregon Medicaid experiment highlights both the importance and the limitations of self-reported health as an outcome (Baicker et al. 2011; Finkelstein et al. 2012; Baicker et al. 2013)

• CPS ASEC has asked self-reported health since 1996

• ACS does not; could it?
Outcome 4: Financial security

• Health insurance is primarily a financial instrument
• Oregon health insurance experiment (Baicker/Finkelstein et al. 2011, 2012, 2013) and also Massachusetts reform (Mazumder & Miller, in progress) suggest that financial security is an important outcome
• Ideally we would look at consumption (levels, smoothness, composition)
• The best data on consumption (Consumer Expenditure Survey) do not include great data on health insurance
  – Consumer-unit level inventory of insurance coverage
Conclusion

Health reform survey data wish list (from most to least feasible):

✓ CPS ASEC asks about health insurance offering and eligibility
  • ACS asks for self-reported health status (excellent, very good, fair, poor)
  • CE collects & releases individual-level insurance coverage
  • Surveys are linked to administrative data on coverage & subsidy receipt (exchange, Medicaid, tax credits)
  • Better measures of access (not ready to operationalize this yet)