# Bias in Estimates of Non-Group Health Insurance Coverage: Comparison of Surveys and Administrative Data

SHADAC Medicaid Undercount Workshop May 5, 2005



Joel C. Cantor, ScD\* Alan C. Monheit, PhD\*^ Susan Brownlee, PhD\* Carl Schneider, MA\*

\*Center for State Health Policy, Rutgers University ^School of Public Health, University of Medicine and Dentistry of NJ

## **Acknowledgments**

- Dorothy Gaboda and Margaret Koller, Associate Directors at CSHP lent technical and analytic expertise
- Wardell Sanders, Ellen DeRosa, and Vicki Mangiaracina of the NJ Dept. of Banking & Insurance provided data assistance and valued advice
- Four insurance carriers, Horizon Blue Cross Blue Shield, Aetna, Oxford Health Plan, and AmeriHealth, provided their individual market enrollment rosters and feedback to us about our findings
- Supported with grants from the Robert Wood Johnson Foundation HCFO Initiative and The Commonwealth Fund

## **BACKGROUND**



# The Non-Group Health Insurance Market

- Coverage of last resort for persons without access to employer or public sources
- Fragile market
  - Subject to adverse risk selection, high variance in expenditures,
     high administrative costs, & premiums
  - Insurers limit access/raise cost for high-risk persons
- States regulate access and premium rating
- CPS is the key source to evaluate non-group policy

# Why Discuss Non-Group Coverage in a Meeting about Medicaid?

- Medicaid/SCHIP rely on private managed care plans
- Seeking to avoid stigma, Medicaid/SCHIP marketed to feel like "private" coverage
- CPS "purchased directly" question wording
- Evidence that public eligibility expansion is associated with higher reporting of non-group coverage in the CPS (LoSasso and Buchmuller, 2002)

# SCHIP Effect on Non-Group Estimates?

- CPS 1996-2000
- Modeled probability of having insurance coverage as a function of variation in SCHIP eligibility thresholds
- 4%-10% net impact on coverage among income-eligible
- 2%-3% decline in *group* coverage (i.e., "crowd out")
- But, new SCHIP eligibility was associated with 2% increase in reporting of non-group coverage

Source: LoSasso AT and TC Buchmuller. "The Effect of the State Children's Health Insurance Program on Health Insurance Coverage." NBER Working Paper 9405. December 2002. www.nber.org/papers/9405

#### STUDY QUESTIONS

- Does the CPS accurately measure enrollment in non-group health insurance coverage?
- If not, does it inappropriately include Medicaid/S-CHIP enrollees in non-group coverage?

#### **METHODS**

- Compare NJ non-group enrollment trends, 1997-2002
  - Current Population Survey
  - Aggregate insurer reports to state regulator
  - National Survey of America's Families (NSAF)
  - New Jersey Family Health Survey (NJFHS)
- Contrast characteristics of non-group enrollees
  - Survey based on list sample of non-group enrollees
  - NSAF and NJFHS

#### **DATA SOURCES**

Data Source Name and Sponsor	Sampling	Mode	NJ Response Rate	Total Sample Size	Non- Group Sample Size <sup>a</sup>	Coverage Question Time Frame
Current Population Survey b US Census Bureau and Dept. of Labor	Area Probability	In-person & phone	92.8% (US)	3,337	216	Prior year
National Survey of America's Families, 1997 &1999 (NSAF) <sup>c</sup> Urban Institute	Random Digit Dial	Phone <sup>d</sup>	50.6%	7,272	254	Current
New Jersey Family Health Survey, 2001 (NJFHS) Rutgers Center for State Health Policy	Random Digit Dial	Phone <sup>e</sup>	59.3%	6,466	211	Current
Individual Health Coverage Program NJFHS-Supplement, 2002 (List Sample) Rutgers Center for State Health Policy	Carrier Lists (95% of subscribers)	Phone	52.0%	1,398	882	Current
Individual Health Coverage Program Administrative Data NJ Department of Banking and Insurance	NA	Carrier Reporting	NA	NA	NA	During quarter

a Persons under age 65 only.

b Based on March 2002 survey.

c Based on 1999 survey.

d Includes small in-person sample of families without telephones.

e Includes telephone non-coverage history adjustment.

## **Non-Group Survey Questions**

#### **Current Population Survey**

Were you/family members "covered by a plan that [you] PURCHASED DIRECTLY, that is, not related to current or past employer" during the prior year?

#### **NSAF & NJFHS**

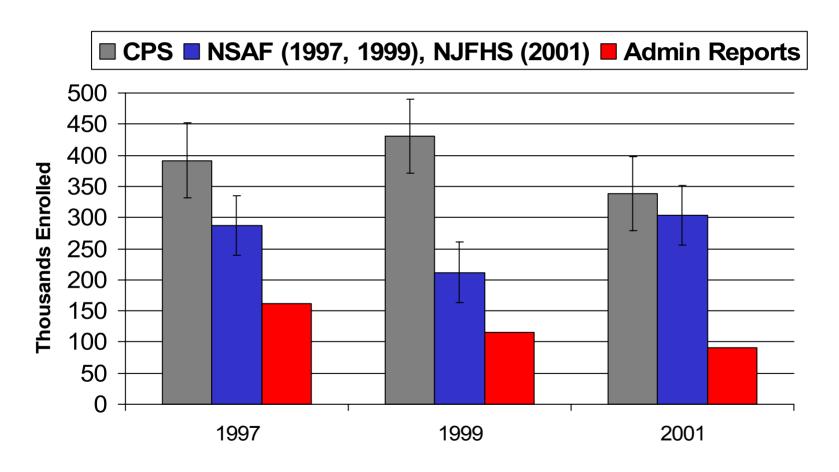
"At this time, is anyone in your family covered by a health plan that is purchased directly from an insurance company or HMO, that is, not from a current or past job?"

# **FINDINGS**



#### **New Jersey Non-Group Enrollment**

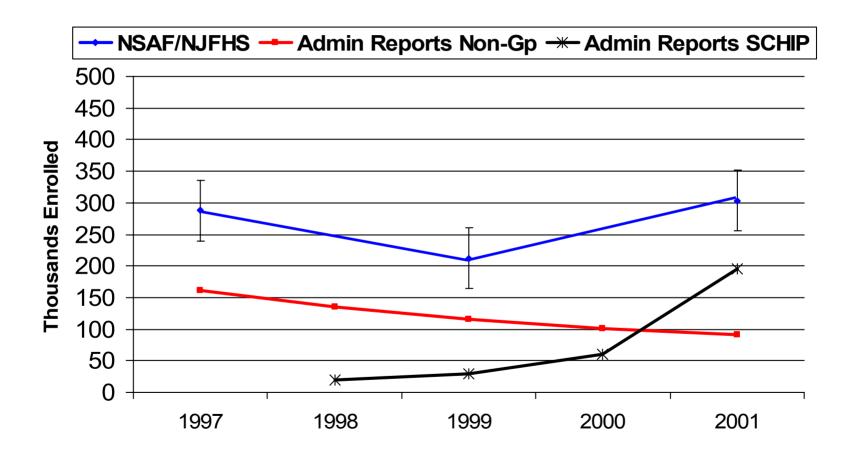
Contrast of Data Sources, Non-Elderly



Note: 95% Confidence interval bars are approximate

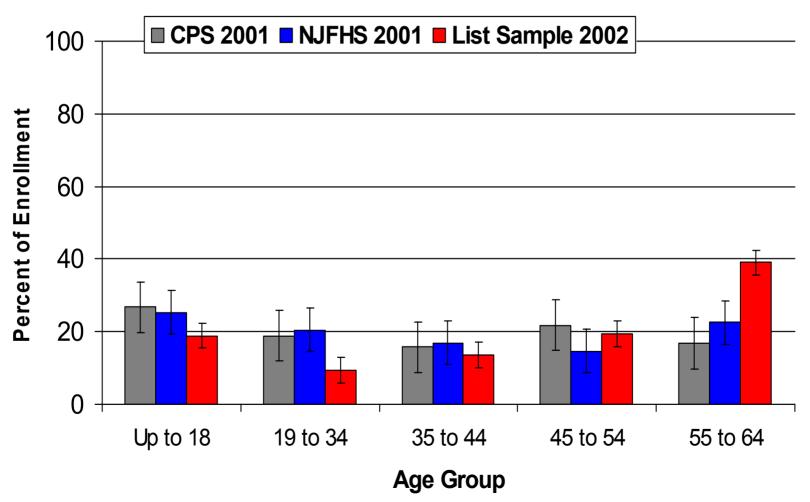
#### Non-Group Compared to SCHIP Enrollment

NSAF/NJFHS and Administrative Sources, Non-Elderly

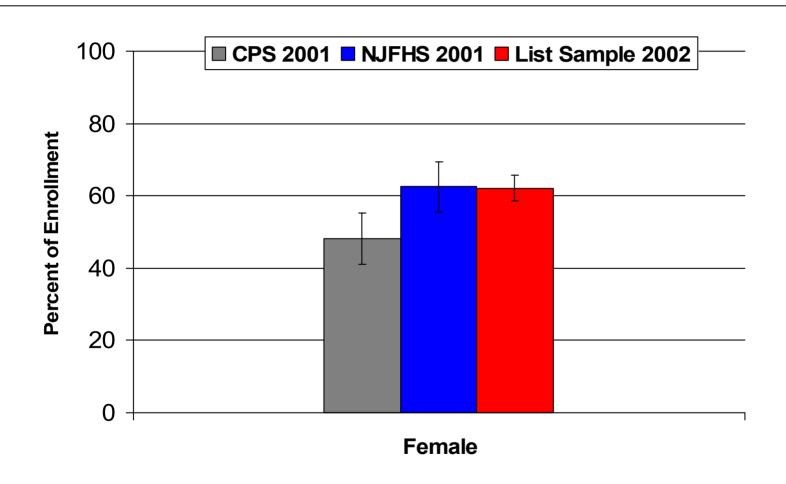


Note: 95% Confidence interval bars are approximate

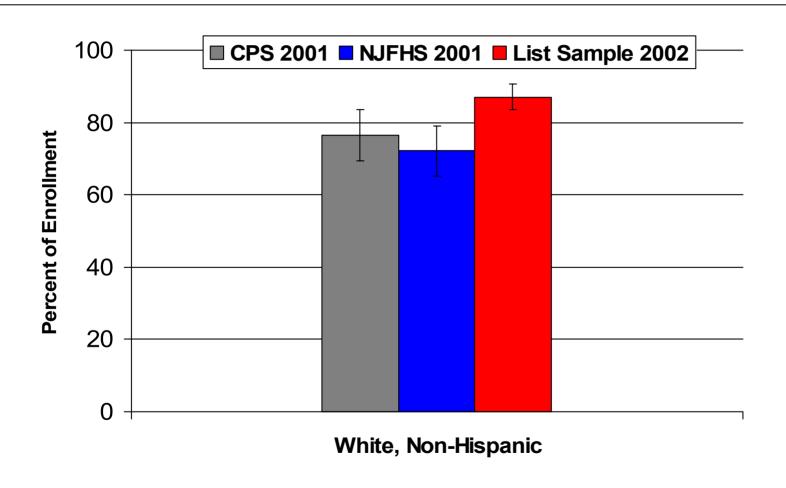
#### Age Distribution of Non-Group Enrollees



#### Female Non-Group Enrollees

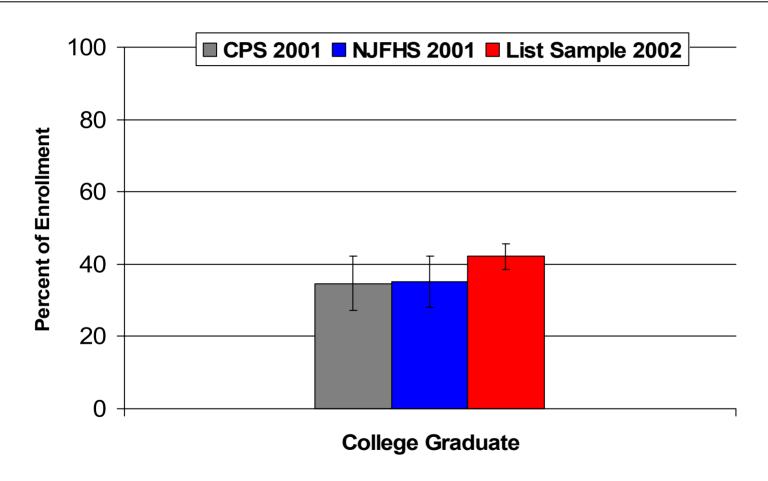


#### White Non-Hispanic Non-Group Enrollees

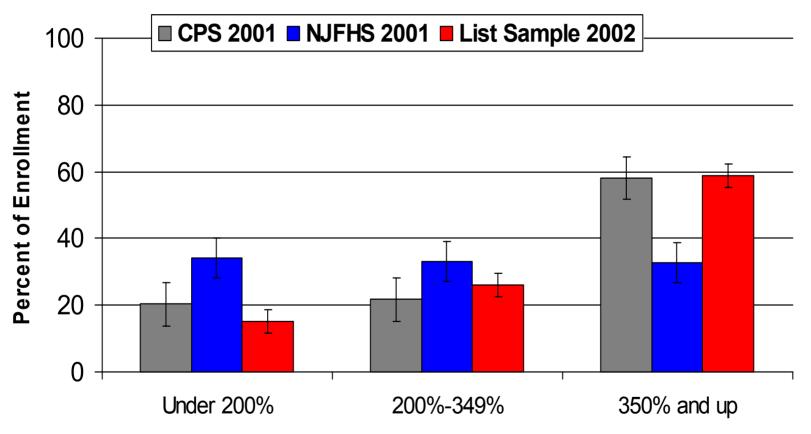


#### College Graduate Non-Group Enrollees

Ages 21-64



#### **Poverty Status of Non-Group Enrollees**



**Percent of Federal Poverty Level** 

Note: CPS uses a more comprehensive measure of income

# CONCLUSIONS, IMPLICATIONS, & OPTIONS



#### **CONCLUSIONS** (1)

- Surveys overstate non-group enrollment compared to administrative data
  - CPS overstates more, perhaps due to annual timeframe
- Point-in-time survey estimates trend with non-group plus
   SCHIP enrollment
  - Consistent with SCHIP misreporting hypothesis

#### **CONCLUSIONS** (2)

- Compared to general probability sample, more non-group enrollees in the list sample are:
  - Older
  - Female (versus CPS only)
  - Non-minority
  - College graduates (n.s.)
  - Higher income (versus NJFHS only)
- Consistent with SCHIP misreporting hypothesis

#### **IMPLICATIONS**

- CPS may significantly understate SCHIP take-up and bias crowd-out estimates
  - Consistent with LoSasso and Buchmeuller
- CPS-based evaluation of non-group policy is potentially confounded by SCHIP changes/variations

#### **OPTIONS**

- Edit data, assume child-only "direct purchase" coverage is Medicaid/SCHIP
  - Partial solution
- Confirm source of coverage by examination of insurance card
  - In-person only, time consuming
- Follow report of "directly purchased" coverage with question about source of coverage, e.g.:
  - "Is this coverage part of a program such as NJ FamilyCare or Medicaid?"

## Results of a Small Experiment

- Household survey in New Brunswick, New Jersey, 2004
  - N=595 households
  - Low income community, 50% Hispanic, high-immigration
- Follow-up to "Direct Purchase" question:
  - 37 HHs reported having direct purchase
  - Of these, 12 (32%) responded that it was Medicaid or FamilyCare
  - Translates (weighted) to misclassification of...
    - 27% of non-elderly adults
    - 70% of children