How did the questionnaire change in the CPS ASEC affect health insurance estimates?

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Abstract

Background. In 2015, two versions of the Current Population Survey Annual Social and Economic Supplement (CPS ASEC) were fielded. One survey included the traditional health insurance questions (asked prior to 2014) and the other included the redesigned questions (asked in 2014 and beyond).

Objective. To estimate the effect of changing the health insurance questions on the uninsured rate.

Data and Methods. We use the 2015 CPS ASEC and 2015 Parallel Survey, both of which ask about health insurance coverage in 2014.

Findings. The redesigned survey questions identify more health insurance coverage than the traditional questions. The resulting lower uninsured rate is more in line with other federal surveys and administrative records.

Conclusions. Our findings suggest that the Affordable Care Act may have changed the way that people respond to the traditional health insurance questions in such a way that may have led to biased estimates of the uninsured rate had the questions not changed.

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The Current Population Survey (CPS) Annual Social and Economic Supplement (ASEC) is used to produce official estimates of income and poverty, and it is a widely-cited source of estimates on health insurance and the uninsured. Detailed health insurance questions have been asked in the CPS since 1988 as a part of a mandate to collect data on noncash benefits (Smith & Medalia, 2015).

Researchers have questioned the validity of the health insurance estimates in the previous version of the CPS ASEC. In particular, the estimate of the uninsured in the previous calendar year was consistently higher than in other federal surveys, indicating that the CPS ASEC did not capture as much health insurance coverage in comparison (Kenney & Lynch, 2010). Additionally, these concerns extended to the Medicaid undercount (Klerman, Call, Lynch, & Ringel, 2009) and general misreporting of the source and timing of health insurance coverage. To address these concerns, the Census Bureau substantially redesigned the CPS ASEC health insurance module to improve estimates of health insurance coverage. Evaluation of the new questions included over a decade of research, including focus groups, cognitive interviews, and two national field tests (U.S. Census Bureau, 2014).

The redesigned questions, implemented in the 2014 CPS ASEC, improve upon the traditional questionnaire by addressing the well-documented overestimate of the uninsured population. The redesigned questions, which collect more detailed information than the traditional questions, differ from the traditional CPS in three primary ways: questions about type of coverage, questions about past coverage, and the household-level design (Medalia, O'Hara, Rodean, Steinweg, & Brault, 2014; Pascale, Boudreaux, & King, 2014).

The redesigned health insurance questions are asked about each person individually (instead of about anyone in the household). The module begins by determining if a person is currently covered by health insurance. After establishing that a person is currently covered, a series of questions is asked to determine 1) what type of plan it is, 2) when the person was covered during the reference period between January 1 of the previous year and the interview date, and 3) who else was covered by that plan. For those without current health insurance coverage, a verification question is asked to determine whether the person had coverage at any time during the previous calendar year. Within the new questionnaire are questions that specifically ask about coverage obtained through the Health Insurance Marketplace or other state-based exchanges.

The traditional health insurance questions begin by asking if anyone in the household was covered by each type of health insurance, such as employer provided, directly purchased, Medicare, and so on, at any time during the previous calendar year. They conclude with a verification question to either 1) verify that there are no more plans in addition to those already reported or, 2) verify that a particular individual was not covered by any type of health insurance during the calendar year. The traditional health insurance questions do not measure current coverage or the span of coverage, and there are no questions asked regarding coverage through the Health Insurance Marketplace or state-based exchanges.

In 2014, the Census Bureau implemented many changes to the CPS ASEC. As opposed to the redesigned income questions, which were phased in over two years, the redesigned health insurance questions completely replaced the traditional questionnaire in 2014. Because the full sample received the redesigned health insurance questions, the Census Bureau was able to produce a strong baseline of health insurance estimates for the 2013 calendar year, the year before many provisions of the Affordable Care Act went into effect.

Previous research evaluated the impact of changing the health insurance questions in the CPS ASEC by comparing the traditional questions in the 2013 CPS ASEC to the 2013 national content test of the redesigned questions. Results showed that the redesigned questions produced a lower uninsured rate than the traditional questions, and the estimates were now more in line with estimates from other federal surveys (Medalia, O'Hara, Rodean, Steinweg, & Brault, 2014; Pascale, Boudreaux, & King, 2014). However, due to the low response rate (Hornick, 2014), data from the content test could not be used to produce a bridge between the traditional and redesigned series.

In 2015, the Parallel Survey was conducted to fulfill budgetary requirements for the 2015 fiscal year. According to Public Law 113-235 Dec. 16, 2014, the Census Bureau was to "collect data for the Annual Social and Economic Supplement to the Current Population Survey using the same health insurance questions included in previous years, in addition to the revised questions implemented in the Current Population Survey beginning in February 2014 (P.L. 113–235, 2015)." The Parallel Survey, which was fielded in March and April 2015, used the

same traditional health insurance and income questions that were used in the 2013 CPS ASEC and previous years. Efforts were made to ensure that the Parallel survey resembled the traditional CPS ASEC, including using the same interviewers, a production setting, and the full CPS basic interview that precedes the March supplement questions. In addition, the Parallel survey was processed by the same system that processed the CPS ASEC.

This request resulted in two versions of the survey: the 2015 CPS ASEC, which included the redesigned health insurance and income questions, and the 2015 Parallel Survey, which included the traditional questions on income and health insurance coverage. Having both of these surveys conducted at the same time provides a unique opportunity to examine the effect of changing the health insurance questions. In this paper, we compare the 2015 Parallel Survey to the 2015 CPS ASEC to examine the effect of changing the health insurance questions on estimates of the uninsured rate in the United States.

Data and Methods

The data for this paper come from two sources: the 2015 CPS ASEC and the 2015 Parallel Survey. The CPS ASEC and Parallel Survey both ask detailed questions about income, labor force status, and health insurance coverage during the previous calendar year. As previously explained, the CPS ASEC included the redesigned health insurance and income questions and the Parallel included the traditional questions for both topics. Since the focus of this paper is the comparison of health insurance estimates between the two surveys, it is essential to describe any differences between the two surveys other than the survey questions themselves that could potentially affect our conclusions.

Both the CPS ASEC and Parallel Survey were conducted in 2015, asking about health insurance coverage during 2014. The CPS ASEC was conducted from February through April, while the Parallel Survey was collected in March and April. For both surveys, the majority of interviews were conducted in March (Table 1).

One key difference between the surveys was the sample design. The CPS ASEC sample was created using the same approach as in previous years. Most of the sample consists of the regular March CPS sample with additional cases selected from other CPS rotation groups for interviews in February and April (U.S. Census Bureau, 2006). In 2015, the CPS sample still contained a combination of 2010-based sample design and 2000-based sample design. To select a sample for the Parallel Survey, first we developed two sample frames. One frame was created using households interviewed in the 2014 ASEC who were no longer active CPS cases (called retired sample). The other frame was created from 2000-based design addresses that had not been used (called reserve sample). The ASEC Parallel Sample started with 28,000 addresses, of which about 25,900 were eligible for interview. About 83 percent of the Parallel Survey sample were “retired” cases who received their last ASEC interview in 2014, and the remaining 17 percent were reserve cases who had not had an interview yet (U.S. Census Bureau, 2015).

The percentage of households with a “complete” CPS basic interview, but which provided no health insurance information, was 27.6 percent for the CPS ASEC, about 3 percentage points lower than in the Parallel Survey, which had a dropout rate of 30.6 percent. Missing data in both the CPS ASEC and Parallel Survey were imputed using the same methods.

For both surveys, interviews were conducted either by phone or in person. However, the distribution of survey mode differed between the two surveys. For the CPS ASEC, 87.1 percent of interviews were conducted in person, compared with 65.9 percent in the Parallel Survey (weighted to the national level). The remaining interviews were conducted in telephone centers – 12.9 percent in the CPS ASEC and 34.1 percent in the Parallel Survey. Selection into survey mode differed between the two surveys. In the CPS ASEC, a subsample of households were selected to be interviewed through telephone centers, while most interviews are selected to be conducted in person. In the Parallel Survey, all interviews were sent first to telephone centers, with unreached households interviewed in person.

However, in both surveys, the uninsured rate was higher for interviews conducted in person compared with those conducted by telephone centers. Given the different distributions of survey mode between the two surveys and the relationship between survey mode and the uninsured rate, we calibrated the Parallel Survey to match certain characteristics of the 2015 CPS ASEC. First, we calibrated by survey mode, to account for any differences that may affect the uninsured rate. Second, we calibrated within mode by the characteristics included in the weighting scheme (race and Hispanic origin, age, sex, and home ownership).

The same definitions of health insurance coverage are used for the CPS ASEC and Parallel Survey. Health insurance coverage refers to comprehensive health insurance plans held at any time in the previous calendar year. Individuals are considered "insured" if they were covered by any type of health insurance for part or all of 2014, and "uninsured" if they had no health insurance coverage at any time during 2014. We also examine the following types of health insurance coverage: any private insurance, including coverage through an employer or directly purchased from an insurance company, and any government coverage, including Medicare, Medicaid, and military health care.

In order to understand how the uninsured rate may differ between the two surveys, we also examine health insurance coverage by a variety of characteristics. Age is broken down into three categories: children under age 19, working-age adults aged 19 to 64, and older adults aged 65 and over. Family income relative to the poverty threshold is measured as the income-to-poverty ratio (IPR): in poverty, or below 100 percent, between 100 and 399 percent, and at or above 400 percent. Sex is dichotomized as male or female. Race and Hispanic origin is categorized as non-Hispanic Whites, non-Hispanic Blacks, non-Hispanic Asians, and Hispanic and citizenship is measured as citizens and noncitizens. Finally, work status is defined as those working full time and year round, those working less than full time and year round, and nonworkers.

All estimates have been weighted to the national level and replicate weights were used to calculate the variances.

Findings

Overall, the uninsured rate for all was 10.4 percent as measured by the CPS ASEC and 10.6 percent as measured by the Parallel Survey, estimates which were not statistically different (Table 2). However, the Parallel Survey estimates using the production weighting system show a different distribution of characteristics as described in the previous section. After calibrating the Parallel Survey sample, we found that the uninsured estimate was 11.1 percent, 0.7 percentage points higher than the CPS ASEC uninsured rate of 10.4 percent (Table 3). Hereafter, all estimates using the Parallel Survey are calibrated using this method.

We found a comparable relationship for the working-age population, aged 19 to 64. Among this group, the uninsured rate was 0.9 percentage points higher in the Parallel Survey than in the CPS ASEC (15.2 percent and 14.3 percent, respectively). The uninsured rate for children under 19 and older adults aged 65 years and over were not statistically different between the surveys. In order to better understand differences between the surveys, the remainder of our findings focuses on the working-age adult population.

Among working-age adults, we found that the uninsured rate was higher in the Parallel Survey than in the CPS ASEC for adults in poverty, females, Hispanics, citizens, less-than-full-time and year-round workers, and nonworkers. For the other demographic subgroups, there was no difference in the uninsured rate between the Parallel Survey and the CPS ASEC.

For working-age adults in poverty, the uninsured rate was 32.4 percent in the Parallel Survey, 3.5 percentage points higher than the uninsured rate in the CPS ASEC (28.9 percent). The uninsured rate for females was 1.0 percentage point higher in the Parallel than in the CPS ASEC (13.1 percent and 14.1 percent, respectively). Hispanics had an uninsured rate that was 3.1 percentage points higher in the Parallel Survey (30.5 percent) than the CPS ASEC (27.4 percent). The uninsured rate for citizens aged 19 to 64 years was higher in the Parallel than in the CPS ASEC, by 0.7 percentage points. While the difference between the Parallel and the CPS ASEC for noncitizens was larger, it was not statistically different due to the sample size. Finally, the uninsured rate was 1.4 percentage points higher for adults who worked less than full time and year round, and 1.8 percentage points higher for nonworkers in the Parallel Survey than in the CPS ASEC.

In addition to comparing the uninsured rate between the two surveys, we examined whether there were any differences by type of health insurance coverage for working-age adults (Table 4). Overall, there was no difference in private health insurance. The higher rate of employment-based coverage was offset by a lower rate of direct-purchase insurance: employment-based coverage was higher by 2.1 percentage points in the Parallel than in the CPS ASEC, while direct purchase was 3.0 percentage points lower in the Parallel than in the CPS ASEC. The redesigned instrument specifically asks about coverage through the Health Insurance Marketplace or other state-specific exchange plans. Since these plans fall under direct-purchase insurance, it could explain the higher direct purchase rate for the CPS ASEC.

There was no difference between the Parallel and the CPS ASEC for the working-age population covered by government insurance, but again, this is due to offsetting differences by coverage type. Among the subtypes of government coverage, Medicare was higher by 1.0 percentage point in the Parallel than in the CPS ASEC, while Medicaid was 1.0 percentage point lower in the Parallel, and there was no statistical difference for military coverage. The redesigned instrument probes for coverage through underreported plans, such as Medicaid. Confusion between Medicaid and Medicare is a well-documented problem with health insurance surveys (Klerman, Call, Lynch, & Ringel, 2009). The redesigned questions attempt to address this misreporting through interviewer help text and edit checks for people who reported Medicare but who were not aged 65 and over or who did not receive Social Security due to a disability. Therefore, this pattern suggests that working-age adults misreported their Medicaid coverage as Medicare in the Parallel Survey. Therefore, the finding that the CPS ASEC has a higher Medicaid rate is consistent with expectations.

Conclusion

Initial estimates indicate that there was no statistical difference in the uninsured rate from the CPS ASEC compared with the Parallel Survey. However, due to differences between the distribution of survey modes and the relationship between survey mode and the uninsured rate, we calibrated the Parallel Survey to have the same distribution for mode and a set of key characteristics as the CPS ASEC. After calibration, the uninsured rate was higher in the Parallel Survey than in the CPS ASEC by 0.7 percentage points.

Using the calibrated estimates, the uninsured rate was higher in the Parallel Survey for the working-age population and for subgroups of this population: people in poverty, females, Hispanics, citizens, those working less than full time and year round, and nonworkers. The Parallel had a lower rate of direct-purchase insurance and Medicaid than the CPS ASEC, while the Parallel had a higher rate of employment-based coverage and Medicare.

Previous research, using data from the CPS ASEC Content Test, estimated that the difference in the uninsured rate between the redesigned and traditional questions was 1.4 percentage points. However, the test had a small sample with a high nonresponse rate, so the estimated effect of the questionnaire design could not be generalized to the total population. Using data from the Parallel Survey, we provide an estimated difference of 0.7 percentage points between the redesigned and traditional questions. What explains the difference between the estimates of the questionnaire change?

One potential explanation is that the recall bias associated with health insurance coverage is greater for the traditional questions than the redesigned questions. In both the Parallel Survey and the CPS ASEC, respondents are asked in March about their health insurance coverage for the previous calendar year. Previous research on the traditional health insurance questions showed that respondents may conflate their *current coverage* with their coverage last year. If health insurance rates are relatively stable, this recall bias could lead to an overestimate of the uninsured rate, since respondents are more likely to be currently uninsured than uninsured for the entire previous calendar year. The redesigned questions attempt to address this problem by asking about current coverage first and then moving backwards to last year's coverage.

On January 1, 2014, many important provisions of the Affordable Care Act went into effect. Between 2013 and 2014, the uninsured rate decreased by 2.9 percentage points among all ages, and by 4.1 percentage points among adults aged 18 to 64 (Smith & Medalia, 2015). All major national surveys detected a comparable change in the percentage of the population uninsured during this time. Between 2014 and the first quarter of 2015, the uninsured rate declined again, by 1.9 percentage points for all ages and by 2.8 percentage points for 18 to 64 year olds (Cohen & Martinez, 2015).

If the recall bias had a disproportionately large effect in the Parallel Survey, this could have led to a lower uninsured rate in the Parallel Survey than we might have expected. Many individuals enrolled in health insurance coverage between 2014 and early 2015. If they had conflated their *current coverage* with coverage during the previous calendar year, this could produce an underestimate of the uninsured rate, as opposed to an overestimate as seen in earlier years.

Another possibility is that while the same survey instrument was used in the Parallel Survey as in the CPS ASEC, there are other differences between the samples, including the sampling frame and sample design. As with all research, it is also a possibility that unmeasured factors could explain the results. Although the same interviewers

conducted both the Parallel and the CPS ASEC surveys, it is possible that this affected the way in which they conducted the interviews. Another possibility could be an unobserved difference in sample characteristics beyond the ones we controlled for with the calibration method. Nonresponse by survey mode could have been a factor in the results.

Finally, we are currently conducting further research to understand the effect of changing the health insurance questions in the CPS ASEC using a time-series approach to estimate the uninsured rate using the traditional questions. This research, which is consistent with P.L. 113–235 (2015), will allow us to extend the CPS ASEC time trend through 2013, and possibly through 2014 when using the Parallel Survey. When this work is done, we will have another estimate of the questionnaire effect.

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Tables and Figures

Table 1. Characteristics of the CPS ASEC and Parallel Survey

	CPS ASEC	Parallel
Data collection period	February-April 2015	March and April 2015
Health insurance questions	Redesigned questions	Traditional questions
Income questions	Redesigned questions	Traditional questions
Sample design	2010 and 2000	2000
Sampling frame	Standard CPS ASEC sampling frame	83% retired sample; 17% reserve sample
Sample (addresses)	99,500	28,000
Reachable households	74,257	25,896
Dropout before health insurance	23,344 (27.6%)	7,921 (30.6%)
Survey mode	87.1% in person 12.9% telephone centers	65.9% in person 34.1% telephone centers

Source: 2015 Current Population Survey Annual Social and Economic Supplement (CPS ASEC)

Table 2. Uninsured rate by survey mode for the CPS ASEC and Parallel Survey

	CPS ASEC		Parallel	
	Percent	SE	Percent	SE
Total	10.43	(0.11)	10.61	(0.22)
In person	11.00	(0.11)	12.02	(0.30)
Telephone centers	6.30	(0.26)	7.75	(0.34)

Source: 2015 Current Population Survey Annual Social and Economic Supplement (CPS ASEC)

Table 3. Uninsured rate by demographic characteristic in the CPS ASEC and Parallel Survey

	CPS ASEC		Parallel[1]		Difference	
	Percent	SE	Percent	SE	Percentage Points	
All people	10.43	(0.11)	11.11	(0.26)	0.68	*
Age						
Under 19	6.22	(0.17)	6.56	(0.33)	0.34	
19 to 64	14.31	(0.15)	15.23	(0.35)	0.92	*
65 and over	1.37	(0.09)	1.59	(0.24)	0.22	
Working-Age Adults						
Income-to-Poverty Ratio						
Below 100%	28.86	(0.56)	32.37	(1.16)	-3.51	*
100 to 399%	17.59	(0.23)	18.39	(0.53)	-0.80	
400% and above	5.93	(0.17)	5.37	(0.36)	0.56	
Sex						
Male	15.57	(0.20)	16.38	(0.48)	-0.81	
Female	13.09	(0.17)	14.12	(0.37)	-1.03	*
Race and Ethinicity						
White, non-Hispanic	10.53	(0.18)	10.83	(0.41)	-0.30	
Black, non-Hispanic	16.24	(0.43)	16.61	(0.91)	-0.37	
Asian, non-Hispanic	11.22	(0.59)	12.50	(1.32)	-1.28	
Hispanic	27.44	(0.43)	30.49	(0.98)	-3.05	*
Nativity						
Citizen	12.16	(0.16)	12.88	(0.36)	-0.72	*
Noncitizen	34.09	(0.66)	36.47	(1.45)	-2.38	
Work Status						
All workers, 19 to 64 years	13.23	(0.16)	13.92	(0.37)	-0.69	*
Full time, full year	11.23	(0.17)	11.48	(0.38)	-0.25	
Less than full time, full year	18.05	(0.30)	19.42	(0.69)	-1.37	*
Nonworkers	17.74	(0.37)	19.52	(0.68)	-1.78	*

Source: 2015 Current Population Survey Annual Social and Economic Supplement (CPS ASEC)
Note: Parallel[1] indicates data have been calibrated to the CPS ASEC by Race, Hispanic origin, age, sex, home ownership, and survey mode
Note: * indicates that the difference is statically significant at $p < 0.1$

Table 4. Health insurance coverage types for working-age adults in the CPS ASEC and Parallel Survey

	CPS ASEC		Parallel[1]		Difference	
	Percent	SE	Percent	SE	Percentage Points	
Any private	71.14	(0.24)	70.91	(0.45)	0.23	
Employer based	59.39	(0.26)	61.51	(0.48)	-2.12	*
Direct purchase	13.10	(0.17)	10.06	(0.30)	3.04	*
Any government	20.39	(0.22)	20.01	(0.39)	0.38	
Medicare	3.85	(0.08)	4.84	(0.20)	-0.99	*
Medicaid	14.46	(0.18)	13.50	(0.35)	0.96	*
Military	3.84	(0.11)	3.99	(0.19)	-0.15	
Uninsured	14.31	(0.15)	15.23	(0.36)	-0.92	*

Source: 2015 Current Population Survey Annual Social and Economic Supplement (CPS ASEC)
Note: Parallel[1] indicates data have been calibrated to the CPS ASEC by Race, Hispanic origin, age, sex, home ownership, and survey mode
Note: * indicates that the difference is statically significant at $p < 0.1$