Health Insurance Coverage and Write-ins in the American Community Survey (ACS)

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Monica S. Wiedemann\textsuperscript{2}

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This paper is released to inform interested parties of research and to encourage discussion. The views expressed on statistical or methodological issues are those of the authors and not necessarily those of the U.S. Census Bureau.
Health Insurance in the ACS

16. Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.

- a. Insurance through a current or former employer or union (of this person or another family member)
- b. Insurance purchased directly from an insurance company (by this person or another family member)
- c. Medicare, for people 65 and older, or people with certain disabilities
- d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability
- e. TRICARE or other military health care
- f. VA (including those who have ever used or enrolled for VA health care)
- g. Indian Health Service
- h. Any other type of health insurance or health coverage plan – Specify

Yes
No
ACS Health Insurance Data Quality

• The ACS uninsured rate is consistent with other surveys
• However:
  – ACS Medicaid rate lower
  – ACS direct-purchase rate higher
  – ACS multiple coverage rate higher

Bourdreaux et al., 2011, 2014; Lynch et al., 2011; Turner et al., 2009; Mach & O’Hara, 2011
ACS Health Insurance Data Quality

• The ACS uninsured rate is consistent with other surveys
• However:
  – ACS Medicaid rate lower
  – **ACS direct-purchase rate higher** (but noncomprehensive coverage not in scope)
  – **ACS multiple coverage rate higher** (but expensive and potentially not allowed per eligibility criteria for some coverage types)

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f. VA (including those who have ever used or enrolled for VA health care)
   Yes No

g. Indian Health Service
   Yes No

h. Any other type of health insurance or health coverage plan – Specify

   Specify: 

   Yes No

Possible Reasons for Write-In Use

- Respondents unsure how to classify their health insurance coverage
  - Unique information in the write-in field
- Respondents want to provide additional information about a plan they report through Yes/No responses
  - Duplicative information in the write-in field

(Not mutually exclusive)
Our Goal

To update and extend earlier research on the role of write-ins in the ACS

• Health insurance landscape has experienced substantial change in last several years
  • Demographic and economic change (e.g., population aging)
  • Legislation (e.g., Affordable Care Act (ACA))
Research Questions

• Who has a health insurance write-in?
• How are write-ins related to coverage?
Data

• Internal version of the 2015 American Community Survey (ACS)¹
  – Write-in entries
• Limit our analyses to household respondents
• Results are unweighted

¹For information on confidentiality protection, sampling error, nonsampling error, and definitions, see www2.census.gov/programs-surveys/acs/tech_docs/accuracy/ACS_Accuracy_of_Data_2016.pdf
Analytic Strategy

• Compare descriptive statistics

• Estimate a series of logistic regression models
  – Present average marginal effects (AMEs)
  – Net of characteristics predicting write-in use, write-in use should only be *weakly* associated with coverage (if at all)

• Results robust to alternative strategies
Research Questions

• Who has a health insurance write-in?
• How are write-ins related to coverage?
Who Has a Write-in?

• 4.4% of respondents

• Write-in use significantly associated with:
  – Age
  – Education
  – Race
  – Disability
  – Interview mode
  – Marital status
  – State Medicaid expansion status
  – Person 1
  – Yes/no checkboxes
  – Language at home

But magnitude/direction varies by age
Who Has a Write-in?

Average Marginal Effect (AME)

<table>
<thead>
<tr>
<th>Mode</th>
<th>0-18 years</th>
<th>19-64 years</th>
<th>65+ years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mail</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internet</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any checkbox marked</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&quot;Yes&quot; checkbox marked</td>
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Source: 2015 1-Year American Community Survey
Research Questions

• Who has a health insurance write-in?
• How are write-ins related to coverage?
Are Write-ins Associated with Coverage?

Source: 2015 1-Year American Community Survey
Write-ins and Direct-Purchase Coverage

Average Marginal Effect (AME)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>AME</th>
</tr>
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<tbody>
<tr>
<td>0-18 years</td>
<td>0.1</td>
</tr>
<tr>
<td>19-64 years</td>
<td>0.2</td>
</tr>
<tr>
<td>65+ years</td>
<td>0.15</td>
</tr>
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Source: 2015 1-Year American Community Survey
Write-ins and Multiple Types of Coverage

Source: 2015 1-Year American Community Survey
Are Write-ins Associated with Coverage?

Source: 2015 1-Year American Community Survey
Write-ins and Direct-Purchase + Other Coverage

Source: 2015 1-Year American Community Survey
What Type of Information is in the Write-in Field?

• We used a different classification strategy to classify write-ins that were (i) previously classified as direct purchase and (ii) used to assign coverage
  – Followed the classification guidance used during annual production but modified some categories to reflect the current health insurance landscape as of early 2017
Applying a different classification strategy

<table>
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<tr>
<td>ESI</td>
<td>0.96</td>
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<tr>
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<td>20.14</td>
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<tr>
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<td>6.66</td>
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<tr>
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<tr>
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<tr>
<td>Private/public coverage</td>
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<tr>
<td>Not covered</td>
<td>0.01</td>
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<tr>
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<td>2.67</td>
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Universe: Write-ins classified as “direct purchase” and used to assign coverage
Source: 2015 1-Year American Community Survey
Applying a different classification strategy

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Universe: Write-ins classified as “direct purchase” and used to assign coverage
Source: 2015 1-Year American Community Survey
Discussion

• The write-in field is related to multiple types of coverage, even net of social and economic characteristics

• Consistent with the presence of two distinct groups of people with a write-in
  – Respondents unsure how to classify their health insurance coverage
  – Respondents want to provide additional information about a plan they report through Yes/No responses
Potential Avenues for Future Research

- Revising considerations of checkbox-reported coverage when assigning coverage based on the write-in field
- Testing clearer instructions to report comprehensive coverage
Conclusion

• The ACS remains a valuable source of national, state, and sub-state estimates of individuals’ health insurance coverage
  – Estimates of overall coverage are in line with other surveys

• Reported information in health insurance write-in field likely contributes to overestimates of direct-purchase coverage and multiple coverage
  – But also provides important, nonduplicative information about health insurance coverage
Contact Information

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