

The Health Reform Monitoring Survey (HRMS): A Rapid Cycle Tool for Monitoring Coverage and Access Changes for Children under the ACA

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The Affordable Care Act

- 2014 components affecting coverage for children and families
 - Medicaid expansion (<133 percent FPL, based on Modified Adjusted Gross Income with a standard five percent disregard)
 - New insurance exchanges and market reforms
 - Sliding scale federal subsidies for exchange coverage
 - Affordability based on cost of employee-coverage
 - Are not adjusted for CHIP, other premiums
 - Individual requirement to obtain coverage with penalties for non-compliance

Context for the ACA

- With the implementation of CHIP and increased take up of Medicaid coverage, uninsurance has been dropping among children, reaching its lowest level in over two decades
- Following the enactment of CHIPRA in 2009, the number of uninsured children who are eligible for Medicaid and CHIP but not enrolled has been declined
 - But two-thirds of uninsured children are eligible for Medicaid or CHIP but not enrolled
- In contrast to adults, children experienced access gains over the last decade; however, children were increasingly likely to delay care due to non-cost reasons, suggesting pressures on the delivery system

Particular Coverage Issues for Children

- Some parents and children will be eligible for different types of coverage and children who live apart from one of their parents may face more complex coverage choices
- Some children without an affordable offer for family coverage will not be eligible for subsidized exchange coverage
- Other families may face high costs for child-only policies, waiting periods for CHIP coverage, or difficulty affording CHIP premiums given subsidy schedule
- Medicaid and CHIP are critical for children
 - They cover over a third of all children and over half of minority children
 - If Medicaid and CHIP programs are maintained for children, public coverage is expected to account for the bulk of anticipated decreases in uninsurance among children under the ACA

Expected Changes in Children's Coverage Status Under Affordable Care Act

	<u>Without the ACA</u>		<u>With the ACA</u>	
	Millions	%	Millions	%
Insured	72.32	90.6	75.60	94.7
Employer (nonexchange)	39.67	49.7	37.76	47.3
Employer (exchange)	0.00	0.0	1.91	2.4
Nongroup (nonexchange)	2.82	3.5	0.38	0.5
Nongroup (exchange)	0.00	0.0	2.04	2.6
Medicaid/CHIP	28.81	36.1	32.49	40.7
Other (including Medicare)	1.01	1.3	1.01	1.3
Uninsured	7.50	9.4	4.22	5.3
Total	79.82	100.0	79.82	100.0

Source: Kenney, G, M. Buettgens, J. Guyer, and M. Heberlein. 2011. "Improving Coverage For Children Under Health Reform Will Require Maintaining Current Eligibility Standards For Medicaid And CHIP." *Health Affairs* 30(12): 2371-2381.

Notes: CHIP is Children's Health Insurance Program. ESI is employer-sponsored insurance. "With the ACA" assumes the maintenance of Medicaid and CHIP coverage for children 5

Monitoring Changes for Children and their Families

- A number of existing surveys (i.e., the NHIS, the ACS, CPS etc.) will provide critical information on how the ACA affects coverage and access to care for children and their parents over time, but with greater lags
- The Health Reform Monitoring Survey (HRMS) is designed to complement those surveys by providing real-time information on how key outcomes are changing in 2014

Objectives of the HRMS

- Real time monitoring of changes in coverage and health care access and affordability under the Affordable Care Act (ACA)
- Rapid-cycle feedback on early implementation experiences with the Medicaid expansion and the health insurance exchanges across the states to support policy refinement
 - Timely information to inform state ACA implementation with respect to outreach, education, and enrollment

Overview of the HRMS

- Quarterly internet-based survey of a nationally-representative sample
 - Baseline survey for adults began in Quarter 1 of 2013
 - Baseline survey for children began in Quarter 2 of 2013
- Findings from each round will be reported in the following quarter
 - Topline findings will be reported a month after data collection
 - Additional information will be reported in subsequent months
 - Will report on current circumstances and trends over time
- Core questions address coverage and health care access and affordability every quarter

Design of the HRMS

- Based on GfK's KnowledgePanel (formerly Knowledge Networks)
 - On-line survey research panel of 55,000 designed to be representative of the US population
 - Panel members drawn from probability-based sample of US households
 - Households who do not have Internet access are provided with laptop computers and internet services
 - More information at: www.knowledgenetworks.com/ganp/index.html
 - Not a replacement for national surveys, but an important supplement that can support rapid-cycle monitoring
- HRMS sample drawn from GfK's KnowledgePanel
 - Stratified random sample of non-elderly adults 18 to 64 in the panel
 - Will support estimates for the nation, state subgroups and some large states, and income subgroups

Content of HRMS: Core Survey for Non-Elderly Adults

- Insurance coverage:
 - Coverage at the time of the survey and over the past year; Satisfaction with current insurance coverage on various dimensions
- Access to and use of care:
 - Usual source of care; How long since routine checkup; Provider access problems; Unmet need for care (by type)
- Affordability of care:
 - Problems paying medical bills; Amount of annual deductible under current insurance; Amount of out-of-pocket health care spending
- Health status:
 - Physical and mental health status; health-related quality of life

Content of HRMS: Supplemental Information Available for GfK's KnowledgePanel Members

- GfK gathers information from panel members on a regular basis. Examples of information we will have for our sample members:
 - Demographic and socioeconomic characteristics: Age, sex, race/ethnicity, marital status, education achieved, household income, homeownership, etc.
 - Health status: Presence of a chronic condition, smoking status, excess care required by a health condition, BMI, exercise habits, alcohol use
 - Geographic information: State of residence

Content of HRMS: Quarterly Topical Modules

- Quarterly topical modules address implementation and other issues
 - June 2013 topics:
 - Health insurance literacy
 - Insurance coverage decision-making and trade-offs
 - Sources of information used in health plan decisions
 - Attitudes toward insurance coverage
 - September 2013 topics
 - Awareness of and interactions with early ACA provisions
 - Expected Changes in coverage and care in 2014
 - Places people would look for information on the ACA
 - Future topical modules are likely to focus on:
 - Experiences with health insurance marketplaces
 - Medicaid expansion
 - Provider availability and access
 - Health plan choice
 - Health care delivery issues and care management

Child Supplement Added in Quarter 2, 2013

- With support from the Center for Children and Families and the David and Lucile Packard Foundation, we were able to add questions to the core survey in June that focus on children
 - Information collected on 2,500 children nationwide
- Respondent of adult survey in a household with children asked to answer questions about a random child age 17 and under in his/her household if they say they can speak to the health and health care of the selected child
- Questions are similar to the core questions for adults but designed to reflect particular health care needs and services of children, including additional questions on Medicaid/CHIP eligibility and enrollment
- Will prepare separate policy briefs and analyses focused on children

Content of Child Supplement

- Child's age, gender, health status, race/ethnicity, citizenship and family status
- Current health insurance status and insurance gaps in prior year
- Knowledge of Medicaid and CHIP coverage
- Access to employer sponsored insurance
- Usual source of care; receipt of well child care and dental check ups; emergency room visits; unmet need (by service type); provider access; confidence about ability to meet child's health needs; and difficulty paying child's medical bills

Dissemination Plans

- Fall 2013: Laying the Groundwork for using the HRMS to monitor changes for children:
 - Benchmarking and validity checks using the child supplement from the second quarter of 2013
 - Build on similar work for adults based on first quarter 2013 round
- Launch Urban Institute webpage devoted to HRMS findings
 - Create separate dashboards for adults and children that are updated following each round
 - Release detailed tables and fact sheets, and targeted policy briefs on children
 - Support data releases with emails to targeted media and policy makers, use of social media, monthly scheduled conference calls with press, blog posts about new findings etc.
- Georgetown Center for Children and Families will use their network of state partners to disseminate findings to key stakeholder groups

Questions?

- Urban Institute
 - Sharon Long
 - Genevieve Kenney
- GfK (KnowledgePanel)
 - Jordon Peugh
- Current Partners include:
 - Kathy Hempstead and Andy Hyman, The Robert Wood Johnson Foundation (for core HRMS)
 - Joan Alkers, Georgetown Center for Children and Families (child supplement)
 - Liane Wong, The David and Lucile Packard Foundation (child supplement)