Medical Expenditure Panel Survey

Agency for Healthcare Research and Quality

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Transitions in Health Insurance Coverage Over Time, 2009-2013 (Selected Intervals): Estimates for the U.S. Civilian Noninstitutionalized Adult Population under Age 65

Steven B. Cohen, PhD

Introduction

Estimates of the health insurance status of the U.S. civilian noninstitutionalized population are critical to policymakers and others concerned with access to medical care and the cost and quality of that care. Health insurance helps people get timely access to medical care and protects them against the risk of expensive and unanticipated medical events. Studies of the changes in the health insurance coverage status of the population over time are often based upon cross-sectional information. To complement these investigations, it is important to understand the dynamics of the changes in coverage status for the same individuals over time.

Using information from the Household Component of the Medical Expenditure Panel Survey (MEPS-HC) for the two-year intervals between 2009–2010 and 2012–2013, this Statistical Brief provides detailed estimates of health insurance coverage transitions for non-elderly adults between the ages of 18 and 64. More specifically, the health insurance coverage status for the adult population under age 65 in a subsequent year is examined, conditioned on the health insurance coverage status for the comparable period in the first year. Survey participants were asked whether they had coverage at some point between January 1 and the date of the MEPS interview; individuals classified as being uninsured had no health insurance coverage, as defined in MEPS, for the entire time between January 1 and the date of the interview, while people who were classified as privately or publicly insured had coverage for at least some period of time during this interval. All differences between estimates discussed in the text are statistically significant at the 0.05 level unless otherwise noted.

Findings

According to the MEPS-HC for the first part of 2012, 26.0 percent of the population between the ages of 18 and 64 were uninsured, 62.5 percent had private coverage and 11.5 percent had public-only coverage (data not shown). Conditioned on being uninsured for the first part of 2012, 75.4 percent of non-elderly adults remained uninsured for the first part of 2013, another 16.7 percent obtained private coverage, and 7.9 percent acquired public-only coverage. For those with private coverage in 2012, 94 percent of non-elderly adults continued to be privately insured in the first part of 2013, while 1.2 percent moved to public-only coverage, and 4.8 percent became uninsured. In addition, for those with public-only coverage for the first part of 2012, 79.7 percent were also publically insured the following year, while another 7.9 percent gained private coverage and 12.3 percent became uninsured (figure 1).

According to the MEPS-HC for the first part of 2009, 24.7 percent of the population between the ages of 18 and 64 were uninsured, 65.0 percent had private coverage, and 10.3 percent had public-only coverage. Conditioned on being uninsured for the first part of 2009, 79.8 percent of the non-elderly adults remained uninsured for the first part of 2010, another 13.8 percent obtained private coverage and 6.5 percent acquired public-only coverage. For those with private coverage in 2009, 92.8 percent of these non-elderly adults continued to

Highlights

- Between the first part of 2012 and 2013, 4.8 percent of non-elderly adults with some private coverage moved to being uninsured. In addition, 12.3 percent with public coverage became uninsured while another 7.9 percent acquired private coverage.
- During this period, 16.7 percent of uninsured non-elderly adults acquired private insurance while another 7.9 percent obtained public coverage.
- A higher percentage of non-elderly adults uninsured in the first part of 2012 acquired insurance coverage in the subsequent year (24.6 percent) relative to those uninsured in the first part of 2009 (20.2 percent).
- A higher percentage of non-elderly adults privately insured in the first part of 2012 remained privately insured in 2013, relative to the comparable time period in 2009-2010.
- Non-elderly adults with less education were more likely to remain uninsured or lose private coverage between 2012 and 2013.

be privately insured in the first part of 2010, while 1.4 percent moved to public-only coverage, and 5.9 percent became uninsured. In addition, for those with public-only coverage in 2009, 81.5 percent were also publicly insured the following year, while another 4.2 percent gained private coverage and 14.3 percent became uninsured. For the period 2012–2013, a lower percent of non-elderly adults remained uninsured in the subsequent year (75.4 percent) relative to the time period 2009–2010 (79.8 percent). In addition, a higher percent of non-elderly privately insured adults remained privately insured (94.1 percent) for the period 2012–2013, relative to the comparable time period in 2009–2010 (92.8 percent) (figure 1).

Adults between the ages of 18–24 who were uninsured in the first part of 2012 were substantially less likely to remain uninsured in 2013 (70.4 percent) than older non-elderly adults ages 45+ (77.6 percent). Older non-elderly adults with public-only coverage in the first part of 2012 were substantially more likely to remain publicly insured in 2013 (87.1 percent) than those between the ages of 18–24 (63.1 percent) and ages 25–44 (79.8 percent). Alternatively, non-elderly adults between the ages of 18–24 who were publicly insured in the first part of 2012 were substantially more likely to be uninsured (24.1 percent) in the subsequent year than those ages 25–44 (12.4 percent) or older (7.1 percent) (figure 2).

Non-elderly adult men uninsured in the first part of 2012 were substantially more likely to remain uninsured in 2013 (78.9 percent) than non-elderly women (71.3 percent). Alternatively, non-elderly adult women uninsured in the first part of 2012 were more likely to transition to public coverage (11.2 percent) in 2013 relative to men (5.0 percent) (figure 3).

Non-elderly adult Hispanics uninsured in the first part of 2012 were substantially more likely to remain uninsured in 2013 (84.2 percent) than uninsured non-elderly adult black non-Hispanics single race, white non-Hispanics single race, or other single race/multiple race non-Hispanics (73.7 percent, 71.3 percent, and 70.5 percent respectively). Alternatively, non-elderly adult white non-Hispanics single race with private coverage for the first part of 2012 were substantially more likely (95.6 percent) to also be privately insured in 2013 than non-elderly adult Hispanics (88.6 percent) or Black non-Hispanics (89.1 percent) (figure 4).

Non-elderly adults uninsured in the first part of 2012 with less than 12 years of education were substantially more likely (82.7 percent) to also be uninsured the following year in contrast to those with 12 years (74.7 percent) or 13 or more years of education (70.9 percent). Alternatively, non-elderly adults uninsured in the first part of 2012 with 13 or more years of education were noticeably more likely to acquire private coverage the following year (23 percent) in relation to those with 12 years (16.3 percent) or less than 12 years of education (7.3 percent). In addition, non-elderly adults privately insured in the first part of 2012 with 13 or more years of education were noticeably more likely to be privately insured in the first part of 2013 (95.3 percent) when compared with those with less than 12 years or 12 years of education (85.5 percent and 93.1 percent) (figure 5).

Non-elderly publically insured adults who were in fair or poor health status in the first part of 2012 were substantially more likely to remain publicly insured in the following year (88.5 percent) than those in very good or excellent health (71.7 percent and 64.6 percent). They were also substantially less likely to become uninsured in 2013 (6.4 percent) than those in very good or excellent health (19.1 percent and 17.6 percent) (figure 6).

Data Source

The estimates shown in this Statistical Brief are drawn from analyses conducted by the MEPS staff from the following public use files: HC-117, HC-125, HC-143, and HC-151.

Definitions

First part of year reference period
The reference period for the first interview during a year spans from January 1 through the date of interview and ranges from about 1 to 6 months.

Public-only coverage
People were considered to have public-only health insurance coverage if they were not covered by private insurance and they were covered by Medicare, Medicaid, TRICARE, or other public hospital and physician coverage.

Private coverage
Private health insurance coverage was defined as nonpublic insurance that provided coverage for hospital and physician care (including Medigap coverage). Persons were considered privately insured if they had private coverage in any month during the reference period.

Uninsured
People who did not have coverage during the period from January of the survey year through the time of their first interview in that year were classified as uninsured during the first part of the year. Interviews were typically conducted

from February to June. The uninsured were defined as people not covered by Medicare, TRICARE (Armed Forces-related coverage), Medicaid, other public hospital/physician programs, or private hospital/physician insurance (including Medigap coverage). People covered only by non-comprehensive State-specific programs (e.g., Maryland Kidney Disease Program) or private single service plans such as coverage for dental or vision care only, or coverage for accidents or specific diseases, were considered uninsured.

Population covered
Persons included in this analysis were present for the entire two-year reference period, first part of 2009–first part of 2010; first part of 2012–first part of 2013.

Age
Age was defined as age at the end of 2009 and at the end of 2011. Individuals that turned age 65 during the period were excluded.

Race/ethnicity
Classification by race/ethnicity was based on information reported for each family member. Respondents were asked if each family member's race was best described as American Indian, Alaska Native, Asian or Pacific Islander, black, white, or other. They also were asked if each family member's main national origin or ancestry was Puerto Rican; Cuban; Mexican, Mexicano, Mexican American, or Chicano; other Latin American; or other Spanish. All persons whose main national origin or ancestry was reported in one of these Hispanic groups, regardless of racial background, were classified as Hispanic. Since the Hispanic grouping can include black Hispanic, white Hispanic, Asian and Pacific Islander Hispanic, and other Hispanic, the race categories of black, white, Asian and Pacific Islander, and other do not include Hispanic. MEPS respondents who reported other single or multiple races and were non-Hispanic were included in the other category. For this analysis, the following classification by race and ethnicity was used: Hispanic (of any race), non-Hispanic blacks, non-Hispanic whites, and non-Hispanic others.

Education
Education was defined as years of school completed at the end of 2009 and at the end of 2011.

Health status
In every round, the respondent was asked the following question to rate the health of every member of the family: "In general, compared to other people of (PERSON)'s age, would you say that (PERSON)'s health is excellent, very good, good, fair, or poor?" Health status was based on the first round of the 2009 interview and the first round of the 2012 interview. For this Brief, the response categories "fair" and "poor" were collapsed.

About MEPS-HC

MEPS-HC is a nationally representative longitudinal survey that collects detailed information on health care utilization and expenditures, health insurance, and health status, as well as a wide variety of social, demographic, and economic characteristics for the U.S. civilian noninstitutionalized population. It is cosponsored by the Agency for Healthcare Research and Quality and the National Center for Health Statistics.

For more information about MEPS, call the MEPS information coordinator at AHRQ (301-427-1406) or visit the MEPS Web site at http://www.meps.ahrq.gov/.

References

For a detailed description of the MEPS-HC survey design, sample design, and methods used to minimize sources of nonsampling error, see the following publications:

Cohen, J. *Design and Methods of the Medical Expenditure Panel Survey Household Component*. MEPS Methodology Report No. 1. AHCPR Pub. No. 97-0026. Rockville, MD: Agency for Health Care Policy and Research, 1997. http://www.meps.ahrq.gov/mepsweb/data_files/publications/mr1/mr1.pdf

Cohen, S. *Sample Design of the 1996 Medical Expenditure Panel Survey Household Component*. MEPS Methodology Report No. 2. AHCPR Pub. No. 97-0027. Rockville, MD: Agency for Health Care Policy and Research, 1997. http://www.meps.ahrq.gov/mepsweb/data_files/publications/mr2/mr2.pdf

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Ezzati-Rice, T.M., Rohde, F., Greenblatt, J. *Sample Design of the Medical Expenditure Panel Survey Household Component, 1998–2007*. Methodology Report No. 22. March 2008. Agency for Healthcare Research and Quality, Rockville, MD. http://www.meps.ahrq.gov/mepsweb/data_files/publications/mr22/mr22.pdf

Rhoades, J.A., and Cohen, S.B. *The Long-Term Uninsured in America, 2008–2011 (Selected Intervals): Estimates for the U.S. Civilian Noninstitutionalized Population under Age 65*. Statistical Brief #424. November 2013. Agency for Healthcare Research and Quality, Rockville, MD. http://www.meps.ahrq.gov/mepsweb/data_files/publications/st424/stat424.pdf

Roemer, M. *The Uninsured in America, First Part of 2012: Estimates for the U.S. Civilian Noninstitutionalized Population under Age 65*. Statistical Brief #422. September 2013. Agency for Healthcare Research and Quality, Rockville, MD. http://www.meps.ahrq.gov/mepsweb/data_files/publications/st422/stat422.pdf

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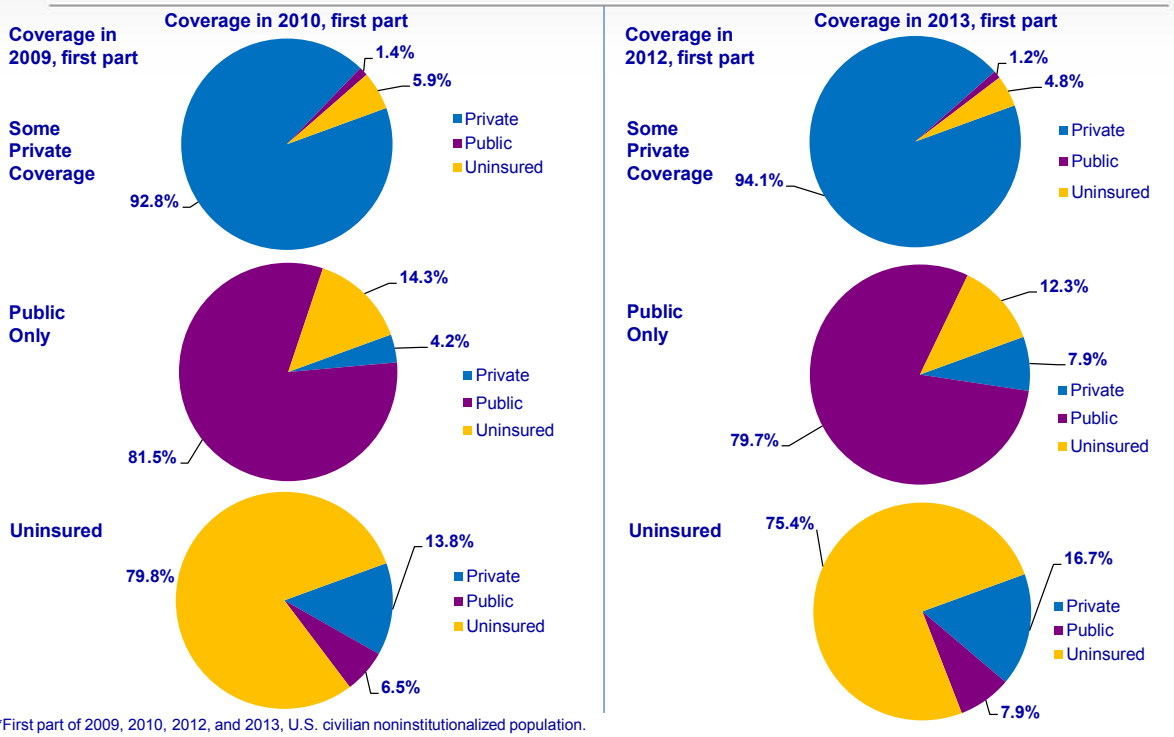
AHRQ welcomes questions and comments from readers of this publication who are interested in obtaining more information about access, cost, use, financing, and quality of health care in the United States. We also invite you to tell us how you are using this Statistical Brief and other MEPS data and tools and to share suggestions on how MEPS products might be enhanced to further meet your needs. Please email us at MEPSProjectDirector@ahrq.hhs.gov or send a letter to the address below:

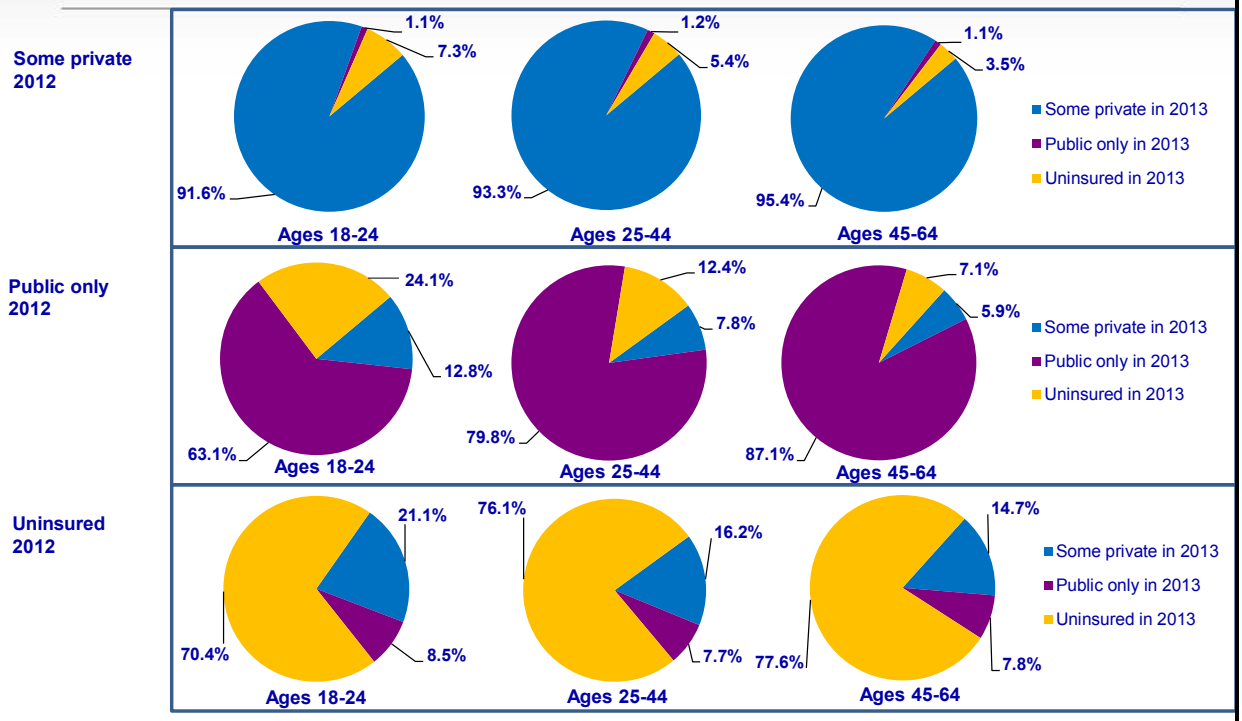
Steven B. Cohen, PhD, Director
Center for Financing, Access, and Cost Trends
Agency for Healthcare Research and Quality
540 Gaither Road
Rockville, MD 20850

Figure 1. Transitions in health insurance coverage, ages 18–64: 2009–2010, 2012–2013*



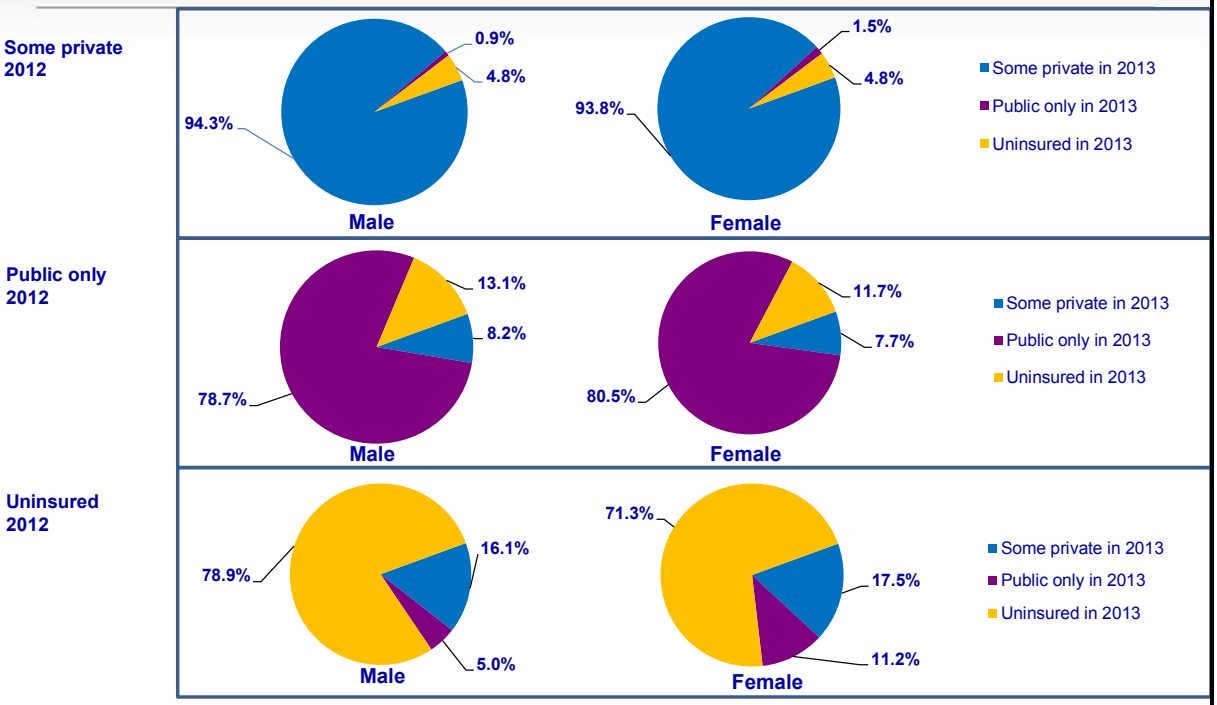
*First part of 2009, 2010, 2012, and 2013, U.S. civilian noninstitutionalized population.
Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, HC-143 (2012) and HC-151 (2013)

Figure 2. Transitions in health insurance coverage by age: 2012–2013*



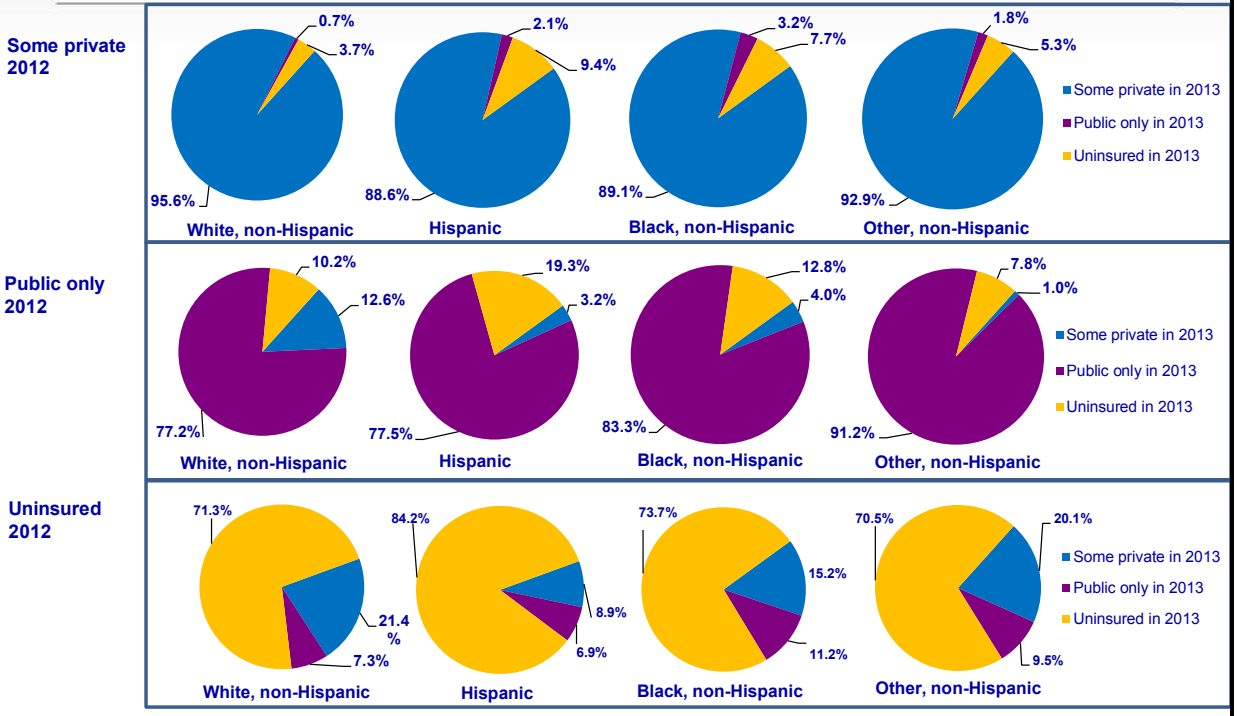
*First part of 2012 and 2013, U.S. civilian noninstitutionalized population.
Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, HC-143 (2012) and HC-151 (2013)

Figure 3. Transitions in health insurance coverage by sex: 2012–2013*



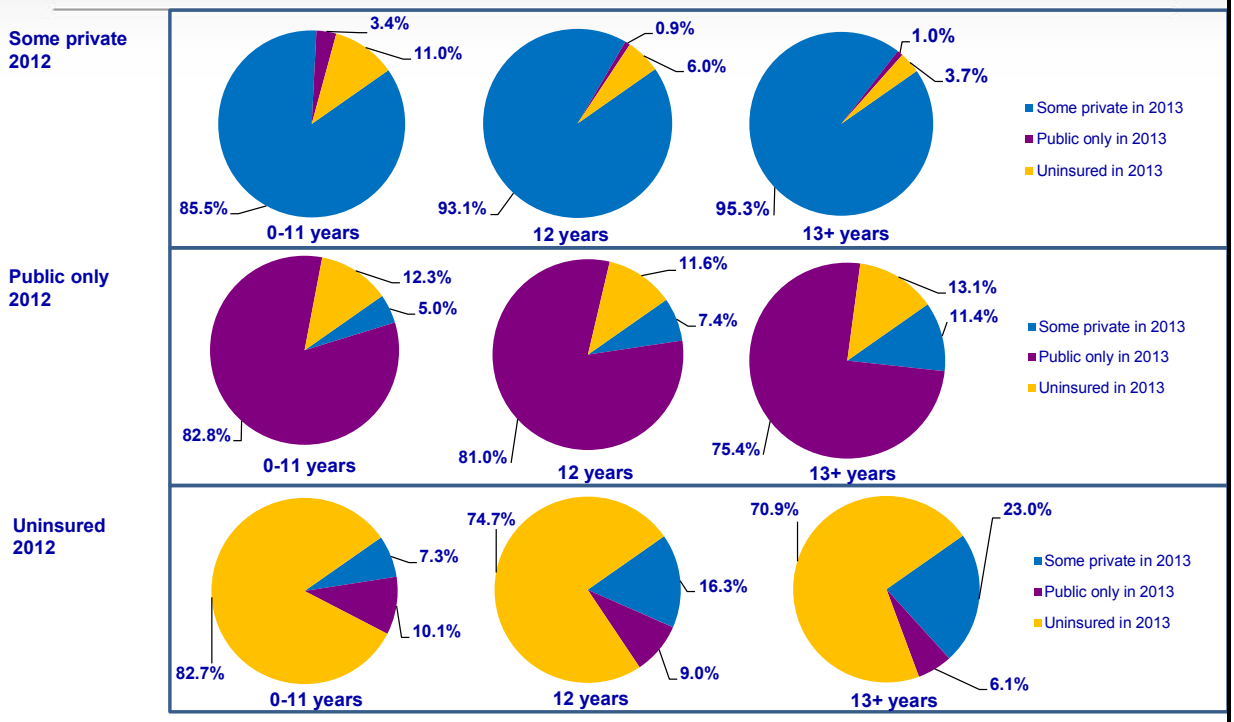
*First part of 2012 and 2013, U.S. civilian noninstitutionalized population.
Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, HC-143 (2012) and HC-151 (2013)

Figure 4. Transitions in health insurance coverage by race/ethnicity: 2012–2013*



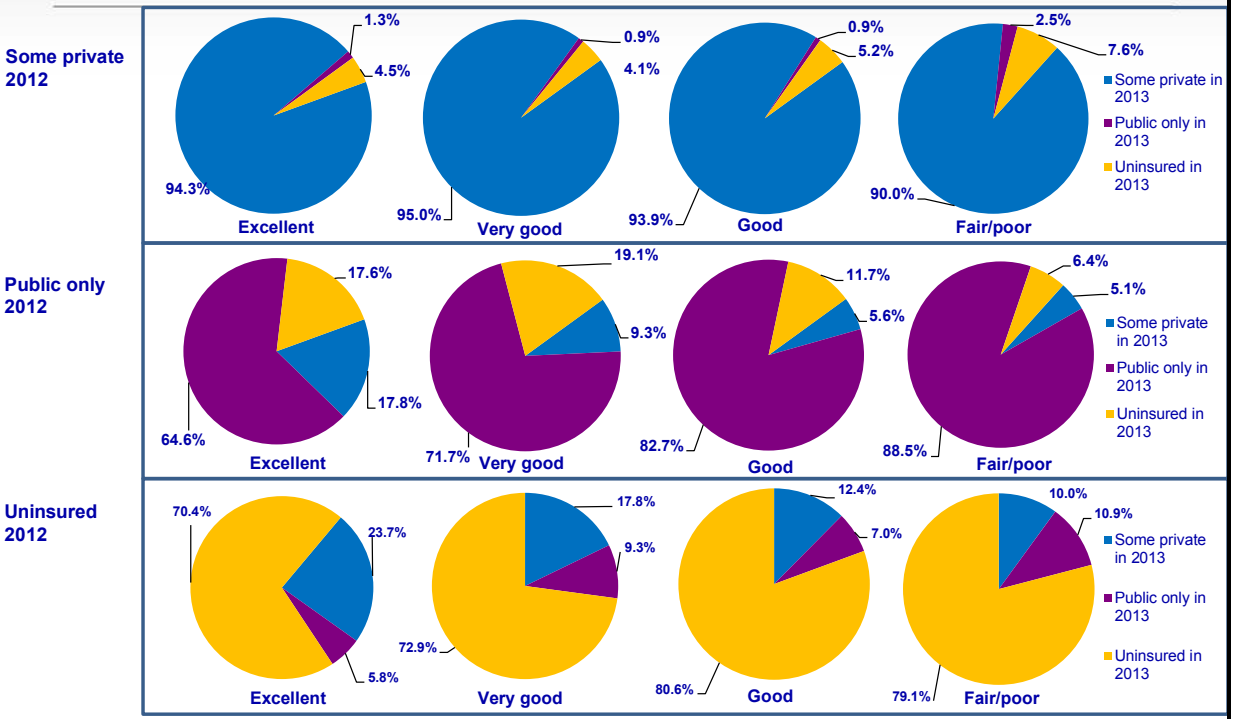
*First part of 2012 and 2013, U.S. civilian noninstitutionalized population.
Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, HC-143 (2012) and HC-151 (2013)

Figure 5. Transitions in health insurance coverage by education: 2012–2013*



*First part of 2012 and 2013, U.S. civilian noninstitutionalized population.
Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, HC-143 (2012) and HC-151 (2013)

Figure 6. Transitions in health insurance coverage by health status: 2012–2013*



*First part of 2012 and 2013, U.S. civilian noninstitutionalized population.
Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, HC-143 (2012) and HC-151 (2013)