

MEPS – HC Health Insurance Data

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Health Insurance Public Use Files



2018 Data

- April 2019
 2018 P23R3/P24R1, Point-in-Time Population Characteristics File
- February 2020
 2018 Full Year Population Characteristics File
- August 2020
 2018 Full Year Consolidated Data File
- August 2020
 2018 Person Round Plan File

2019 Data

- April 2020
 2019 P23R3/P24R1, Point-in-Time Population Characteristics File
- February 2021
 2019 Full Year Population Characteristics File

2018 Full Year Consolidated Data File Public Insurance



Month by Month Indicators (mm=JA, ..., DE)

MCRmm18X Medicare

MCDmm18X Medicaid/SCHIP

TRImm18X TRICARE/CHAMPVA

VAPmm18 Veteran's Administration

IHSmm18 Indian Health Service

GVAmm18 Other public insurance

GVBmm18 Other public HMO

GVCmm18 Other public, pay premium

Edited variables end in an X.

2018 Full Year Consolidated Data File Private Insurance



Month by Month Indicators (mm=JA, ..., DE)

- PEGmm18 Employer/union group insurance
- PNGmm18 Non-group private insurance
- PRXmm18 Coverage through Exchanges
- POGmm18 Other group private insurance
- PDKmm18 Unknown source of insurance
- POEmm18 Policyholder is outside reporting unit (RU), employment-related
- PNEmm18 Policyholder is outside RU, not related to employment

Policy Holders (repeat of Private) "H"

2018 Full Year Consolidated Data File Summary Variables



Month by Month Indicators (mm=JA, ..., DE)

- PUBmm18X indicates public insurance in month
- PRImm18 indicates private insurance in month
- INSmm18X indicates any insurance in month

2018 Full Year Consolidated Data File Timing and Duration of Coverage



Using Medicaid/SCHIP as an example

- MCAID31X, MCAID42X, MCAID53X
 - ► Covered as of Round 3/1, 4/2, 5/3 interview date
- MCAID<u>18</u>X
 - ▶ Covered as of 12/31/18
- MCDAT31X, MCDAT42X, MCDAT53X
 - ► Covered any time in Round 3/1, 4/2, 5/3
- MCDAT18X
 - ► Covered any time in Round 5 or 3 until 12/31/18
- MCDEV18
 - ► Ever covered during 2018

2018 Full Year Consolidated Data File Other Variables



- Managed care
- Flexible Spending Account (FSA)
- Prescription drug private insurance
- Medical debt
- Prescription drug usual third party payer



- 1. Changes made to increase the reporting of coverage
 - 1-1. Verification module was added

Those not reporting any hospital/physician coverage were asked (1) whether they had coverage; and if so, (2) type of coverage. Variable added to indicate round # first reported:

- → VERFLGrr
- 1-2. Respondents were allowed to report both Medicaid and other public hospital/physician coverage:
 - → GOVTArr, GOVTBrr, GOVTCrr



- 1-3. Previously the following types of coverage were asked at the responding unit (RU) level (e.g. "Has anyone in the family been covered by ...?" "Who has been covered by ...?")
 - Medicaid/SCHIP, military coverage, or Medicare (>=
 65 years old) when first asked
 - Medicaid/SCHIP, military coverage, other public, or private coverage when reviewed

Now these coverage questions are asked <u>at the person level</u> (e.g. "Was Person 1 covered by ...?")



2. Additional information collected

- 2-1. Coverage through Indian Health Service (IHS) (→ IHSrr)
- 2-2. Veteran's Administration (VA) as a type of military health insurance coverage. (→ VAPROGrr)
- 2-3. A variable indicating that a person is covered under a policyholder living outside the RU (PROUTrr) is replaced by two variables that distinguish whether the policyholder's coverage source is through an employer (PRIEUOrr) or not through an employer (PRINEOrr).
- 2-4. The question asking the amount contributed to the FSA is asked at the person-level (PFSAMT31). Previously, the question was asked at the RU level and collected the total amount within an RU.



- 3. Information no longer collected or not reported
 - 3-1. The response category "High Risk Pool" was removed from HP40, HX200, and HX300.
 - 3-2. Variables that indicate insurance reported through a self-employed job with firm size 1 (PRISrr) are no longer included. This coverage is now included in the other private insurance variables.
 - 3-3. A question about state-specific program participation in non-comprehensive coverage is no longer asked (STAPRrr).

2018 Person Round Plan File (PRPL)



- Reflects complex and dynamic relationships between people and their private insurance.
- Contains records for persons with private:
 - ► Hospital/physician coverage
 - Medigap
 - ► Dental, vision, or prescription medication coverage
- Variables include: out-of-pocket premiums, monthly coverage status, COBRA coverage, HMO

Thank you!



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