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## 2014 National Health Interview Survey (NHIS)

### Rules for Evaluating and Assigning Exchange-Based Coverage

The core questions in the Health Insurance Section of the NHIS Family Core have remained largely unchanged since 1997, including the questions that collect insurance plan names. In 2014, in response to the Affordable Care Act of 2010 (P.L. 111-148, P.L. 111-152) (ACA), several new questions were added to capture health care coverage obtained through the Health Insurance Marketplace or state-based exchanges. These new questions were asked for persons said to be covered by public plans (Medicaid, CHIP, state-sponsored health plans, and other government programs) as well as for those on private health insurance. This acknowledges that some respondents perceive exchange coverage as a public program and others perceive exchange coverage as private health insurance.

For persons said to be covered by public plans, respondents were asked if they obtained this coverage through Healthcare.gov, the Health Insurance Marketplace, or the name of their state's exchange. This was followed by a question that asked if there was a premium or enrollment fee associated with the plan. If this was the case, the respondents were asked if this premium was based on income.

For persons covered by private insurance plans that were not employment-based, respondents were asked if the plan was obtained through Healthcare.gov, the Health Insurance Marketplace, or the name of their state's exchange. For those who pay a premium for their private health insurance plan, a question was added in Quarter 4 of 2013 to ascertain whether that premium was based on income. The premium question was asked for both employment-based and non-employment-based plans.

In general, if a family member was reported to have coverage through the Health Insurance Marketplace or a state-based exchange, then that reported coverage is considered accurate unless there is some other information that clearly contradicts that report. Similarly, if a family member was not reported to have coverage through the Marketplace or state-based exchange, then that is considered accurate unless there is some other information that clearly contradicts that report. Specific applications of these general rules are detailed here and will be implemented beginning with the release of preliminary 2014 data in September 2014.

The NHIS considers a person reporting private coverage as having exchange-based coverage if they are reported to have a private, non-employment-based, directly purchased plan and the plan name provided is a) an exchange plan name, or b) an exchange portal name (e.g. Healthcare.gov, kynect in Kentucky), or c) they have provided an exchange company name and the respondent indicated that the plan is through the Health Insurance Marketplace or state-based exchange, or d) the plan name was unknown or refused and the respondent indicated that the plan was obtained through the Health Insurance Marketplace or state-based exchange. Providing an exchange plan name or an exchange portal name is weighed heavily in the decision to classify a person as having exchange-based coverage. Persons with employment-based coverage were not considered to have exchange coverage unless a very specific exchange plan name was provided.

When a state-sponsored health plan or another government program is reported, the person is classified as having exchange-based coverage if the plan name provided is a) an exchange plan name, or b) an exchange portal name, or c) an exchange company name and the respondent has indicated that the plan was through the Health Insurance Marketplace or state-based exchange, or d) the plan name was unknown or refused and the respondent indicated that the plan was obtained through the Health Insurance Marketplace or state-based exchange and had a premium associated with the plan. The source of coverage is changed from public to private. All individuals classified as having exchange-based coverage are considered to have private coverage, regardless of whether they were reported to have obtained the coverage from a private or public source.

## General Rule #1

If the participant was reported to have coverage through the Health Insurance Marketplace or a state-based exchange, then that is considered accurate unless there is other information that clearly contradicts that report.

### First Application of Rule #1

Persons with the responses shown in Table 1 will be considered to have marketplace/exchange coverage.

**Table 1. Classification of persons under age 65 into private health insurance through the Health Insurance Marketplace/state-based exchanges, using the National Health Interview Survey**

Type of health insurance indicated <sup>1</sup>	Coding of verbatim field for plan and program name <sup>2,3</sup>	Through marketplace/exchange? <sup>4</sup>	Premium paid? <sup>5</sup>	Type of coverage assigned <sup>6</sup>
Private - Not employment-based (direct purchase) <sup>7</sup>	Exchange plan name <sup>8</sup> or exchange portal name <sup>9</sup>	Yes		Exchange
Private - Not employment-based (direct purchase) <sup>7</sup>	Exchange company <sup>10</sup>	Yes		Exchange
Private - Not employment-based (direct purchase) <sup>7</sup>	Unknown	Yes		Exchange
State-sponsored health plan / other government program	Exchange plan name <sup>8</sup> or exchange portal name <sup>9</sup>	Yes		Exchange
State-sponsored health plan / other government program	Exchange company <sup>10</sup>	Yes		Exchange
State-sponsored health plan / other government program	Unknown	Yes	Yes	Exchange

See footnotes at end of document.

### Second Application of Rule #1

Persons with the responses shown in Table 2 will not be considered to have marketplace/exchange coverage.

**Table 2. Classification of persons under age 65 into types of coverage other than private health insurance through the Health Insurance Marketplace/state-based exchanges, using the National Health Interview Survey**

Type of health insurance indicated <sup>1</sup>	Coding of verbatim field for plan and program name <sup>2,3</sup>	Through marketplace/exchange? <sup>4</sup>	Premium paid? <sup>5</sup>	Type of coverage assigned
Private - Not employment-based (direct purchase) <sup>7</sup>	Not exchange company	Yes		Direct purchase
State-sponsored health plan / other government program	Medicaid	Yes		Medicaid
State-sponsored health plan / other government program	CHIP	Yes		CHIP
State-sponsored health plan / Other government program	Medicare	Yes		Medicare
State-sponsored health plan / other government program	Tricare/VA/Champ-VA	Yes		Tricare/VA/Champ-VA
State-sponsored health plan / other government program	Other state/government programs	Yes		Other public
State-sponsored health plan / other government program	Private - employment-based	Yes		Private - employment-based
State-sponsored health plan / other government program	Not exchange company	Yes		Private (not exchange)
State-sponsored health plan / other government program	Unknown	Yes	No	Other public

See footnotes at end of document.

## General Rule #2

If the participant was not reported to have coverage through the Health Insurance Marketplace or a state-based exchange, then that is considered accurate unless there is other information that clearly contradicts that report.

### First Application of Rule #2

Persons with the responses shown in Table 3 will not be considered to have marketplace/exchange coverage.

**Table 3. Classification of persons under age 65 into types of coverage other than private health insurance through the Health Insurance Marketplace/state-based exchanges, using the National Health Interview Survey**

Type of health insurance indicated <sup>1</sup>	Coding of verbatim field for plan and program name <sup>2,3</sup>	Through marketplace/exchange? <sup>4</sup>	Premium paid? <sup>5</sup>	Type of coverage assigned
Private - Not employment-based (direct purchase) <sup>7</sup>	Exchange company <sup>10</sup>	No/unknown		Direct purchase
Private - Not employment-based (direct purchase) <sup>7</sup>	Not exchange company	No/unknown		Direct purchase
Private - Not employment-based (direct purchase) <sup>7</sup>	Unknown	No/unknown		Direct purchase
State-sponsored health plan / other government program	Medicaid	No/unknown		Medicaid
State-sponsored health plan / other government program	CHIP	No/unknown		CHIP
State-sponsored health plan / other government program	Medicare	No/unknown		Medicare
State-sponsored health plan / other government program	Tricare/VA/Champ-VA	No/unknown		Tricare/VA/Champ-VA
State-sponsored health plan / other government program	Other state/government programs	No/unknown		Other public
State-sponsored health plan / other government program	Private - employment-based	No/unknown		Private - employment-based
State-sponsored health plan / other government program	Exchange company <sup>10</sup>	No/unknown		Other public <sup>11</sup>
State-sponsored health plan / other government program	Exchange company <sup>10</sup>	No/unknown		Private (not exchange) <sup>11</sup>
State-sponsored health plan / other government program	Not exchange company	No/unknown		Private (not exchange)
State-sponsored health plan / other government program	Unknown	No/unknown		Other public
Medicaid				Medicaid
CHIP				CHIP
Private - employment-based	Not exchange plan name <sup>8</sup> or exchange portal name <sup>9</sup>			Private - employment-based

See footnotes at end of document.

## Second Application of Rule #2

Persons with the responses shown in Table 4 will be considered to have marketplace/exchange coverage.

**Table 4. Classification of persons under age 65 into private health insurance through the Health Insurance Marketplace/state-based exchanges, using the National Health Interview Survey**

Type of health insurance indicated <sup>1</sup>	Coding of verbatim field for plan and program name <sup>2,3</sup>	Through marketplace/exchange? <sup>4</sup>	Premium paid? <sup>5</sup>	Type of coverage assigned <sup>6</sup>
Private - not employment-based (direct purchase) <sup>7</sup>	Exchange plan name <sup>8</sup> or exchange portal name <sup>9</sup>	No/unknown		Exchange
State-sponsored health plan / other government program	Exchange plan name <sup>8</sup> or exchange portal name <sup>9</sup>	No		Exchange
State-sponsored health plan / other government program	Exchange plan name <sup>8</sup> or exchange portal name <sup>9</sup>	Unknown		Exchange
Private - employment-based	Exchange plan name <sup>8</sup> or exchange portal name <sup>9</sup>	Yes/no/unknown		Exchange

See footnotes at end of document.

## Footnotes for Tables 1-4

<sup>1</sup>Based on an answer to the following question: “What kind of health insurance or health care coverage [fill: do you/does ALIAS] have? INCLUDE those that pay for only one type of service (nursing home care, accidents, or dental care). EXCLUDE private plans that only provide extra cash while hospitalized. Enter all that apply: Private health insurance; Medicare; Medigap; Medicaid; SCHIP (CHIP/Children's Health Insurance Program); Military health care (TRICARE/VA/CHAMP-VA); Indian Health Service; State-sponsored health plan; Other government program; Single service plan (e.g., dental, vision, prescriptions); No coverage of any type; Refused; Don't know.”

<sup>2</sup>For families with persons with private coverage, the names of up to four plans per family are collected. The plan names were coded into the following categories: Exchange plan name or exchange portal name; Exchange company; Not exchange company; Unknown. See footnotes 8, 9, and 10 below for an explanation of these terms.

<sup>3</sup>For individuals with state-sponsored health plans or other government coverage, the following question was asked: “Earlier I recorded that [fill: you are/ALIAS is] covered by a [fill:state sponsored health plan/another government program]. What is the name of the plan?” The plan names were coded into the following categories: Medicaid; CHIP; Medicare; Other public program; Exchange plan name or Exchange name; Exchange company; Not exchange company; Unknown.

<sup>4</sup>Depending upon the type of coverage, respondents were asked the one of two questions. Persons with private coverage that was not employment-based were asked: “Was this plan obtained through Healthcare.gov or the [fill1: Health Insurance Marketplace/ Health Insurance Marketplace, such as name of state exchange]?” Persons with state-sponsored plans or other government programs were asked: “Was [fill1:your/ALIAS's] [fill:state sponsored health plan/other government program] obtained through Healthcare.gov or the [fill2: Health Insurance Marketplace/ Health Insurance Marketplace, such as name of state exchange]?”

<sup>5</sup>For persons with private coverage, the following question is asked for each plan: “Who pays for this health insurance plan?” If someone indicated “Self or Family” paid for the insurance plan, they were considered a “yes” response. For persons with state-sponsored plans or other government programs, the following question was asked: “Under this [fill1: Actual name of plan if provided/this state-sponsored plan/other government program] is there an enrollment fee or premium?”

<sup>6</sup>All persons for whom it is determined that they have exchange coverage are considered to have private health insurance.

<sup>7</sup>*Private - Not employment-based (direct purchase)* is based on the following question: “Which one of these categories best describes how this plan was obtained? Enter all that apply: Through employer; Through union; Through workplace, but don't know if employer or union; Through workplace, self-employed or professional association; Purchased directly; Through a state/local government or community program; Other; Refused; Don't know.” Other specified responses were coded to one of the pre-coded responses where possible. In addition, in some instances, exchange portal names (e.g. Healthcare.gov, Obamacare, kynect in Kentucky) were also offered as responses in this field.

<sup>8</sup>*Exchange plan name* is an exact name of a health plan in the exchange (e.g. Humana Connect Bronze 4850/6350).

<sup>9</sup>*Exchange portal name* is the name of a state exchange (e.g. kynect in Kentucky or Covered California in California), healthcare.gov, or Obamacare.

<sup>10</sup>*Exchange company* is a health insurance company that provides exchange coverage in a particular state.

<sup>11</sup>Specific assignment depends on whether the exchange company only offers plans for the private market or also has plans in the public market.