



TRACKING TRENDS IN HEALTH SYSTEM PERFORMANCE

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Are Americans Finding Affordable Coverage in the Health Insurance Marketplaces?

Results from the Commonwealth Fund Affordable Care Act Tracking Survey

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Abstract By the end of the first open enrollment period for coverage offered through the Affordable Care Act's marketplaces, increasing numbers of people said they found it easy to find a plan they could afford, according to The Commonwealth Fund's Affordable Care Act Tracking Survey, April–June 2014. Adults with low or moderate incomes were more likely to say it was easy to find an affordable plan than were adults with higher incomes. Adults with low or moderate incomes who purchased a plan through the marketplaces this year have similar premium costs and deductibles as adults in the same income ranges with employer-provided coverage. A majority of adults with marketplace coverage gave high ratings to their insurance and were confident in their ability to afford the care they need when sick.

OVERVIEW

More than 8 million people have enrolled in health plans offered through the Affordable Care Act's marketplaces this year. Most people—about 8 million—signed up during the open enrollment period that began in October 2013 and ended in April 2014. Approximately 500,000 more joined during special enrollment periods triggered by job loss or other transitional life events.¹ In addition, more than 7 million people have signed up for Medicaid, which has ongoing enrollment.²

According to survey findings published by The Commonwealth Fund in July, this new enrollment is helping to reduce the number of people who are uninsured and is improving access to health care among people who are using their new coverage.³ This issue brief focuses on findings from the survey regarding people's experiences enrolling in new coverage and

on whether they find their new coverage to be affordable. The Affordable Care Act Tracking Survey was conducted from April 9 to June 2, 2014. Where possible, results are compared to two surveys conducted by SSRS for The Commonwealth Fund during the first three months of open enrollment. (See [About the Survey](#) for more information.)

Findings from the survey include:

- Consumers experienced an improved ability to compare plans offered through the marketplaces on the basis of benefits and costs over the open enrollment period.
- Many people had difficulty comparing plans by the doctors or hospitals included in networks.
- More people who shopped for coverage found it easy to find a plan they could afford by June; although half still reported difficulty doing so. Adults with the lowest incomes were more likely to say it was easy to find an affordable plan than adults with higher incomes.
- More than three of five adults who tried to find out if they were eligible for financial assistance found it easy to do so.
- A majority of adults who visited the marketplace continued to rate their experience trying to get health insurance as fair or poor.
- Adults who had low or moderate incomes (i.e., those with incomes below 250 percent of the federal poverty level, or \$28,725 for an individual and \$58,875 for a family of four) and marketplace coverage paid monthly premiums comparable to those paid by adults with employer coverage.
- People with low or moderate incomes with marketplace coverage reported finding it easy to afford their premiums at similar rates to those in the same income range with employer coverage. Those with higher incomes in marketplace plans were significantly less likely than those in the same income range with employer coverage to say it was easy to afford their premiums.
- Adults with low or moderate incomes and marketplace coverage had deductibles comparable to those faced by adults with employer coverage in the same income range. Those with higher incomes had higher deductibles than adults with employer coverage.

SURVEY FINDINGS IN DETAIL

Adults who visited the marketplaces found it easier to compare plans and costs by the end of the open enrollment period.

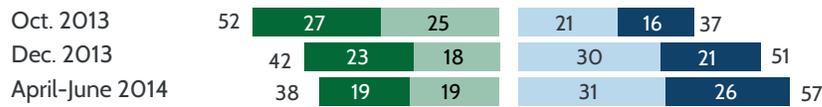
People's ability to compare health plan benefits, out-of-pocket costs, and premiums improved over the course of the open enrollment period (Exhibit 1). By April through June 2014, over half of people who went to the marketplace (57%) said it was very or somewhat easy to compare the premium costs of different plans, an increase from 37 percent in October. About half (47%) of adults who shopped for coverage said it was easy to compare benefits of different plans. A similar percentage (48%) said it was easy to compare the potential out-of-pocket costs from deductibles and copayments of different insurance plans. In October, only about one-third of marketplace visitors reported that it was easy to perform these tasks.⁴

Exhibit 1. More Adults Who Visited the Marketplaces Found It Easy to Compare Benefits and Costs of Plans; Few Found It Easy to Compare Plans by Providers Available

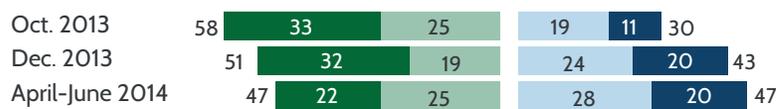
How easy or difficult was it to compare the ... of different insurance plans?

■ Very difficult or impossible ■ Somewhat difficult ■ Somewhat easy ■ Very easy

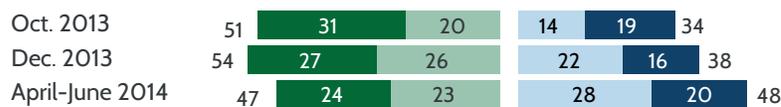
Premium costs



Benefits covered



Potential out-of-pocket costs*



Doctors, clinics, hospitals available



Percent adults ages 19–64 who went to marketplace

Note: The sampling techniques for the October and December 2013 surveys were different from those in April-June 2014. Bars may not sum to 100 percent because of “don’t know” responses or refusal to respond; segments may not sum to subtotals because of rounding.

* Potential out-of-pocket costs from deductibles and copayments.

Source: The Commonwealth Fund Affordable Care Act Tracking Surveys, Oct. 2013, Dec. 2013, and April-June 2014.

However, people had a more difficult time comparing plans in terms of providers included in the network. Thirty-seven percent of people who visited the marketplace said it was somewhat or very easy to compare the doctors, clinics, and hospitals available under different plans.

Compared with the beginning of open enrollment, more people who shopped for coverage found it easy to find a plan they could afford by the end of the period.

By June, 43 percent of adults who had visited the marketplace said they found it very or somewhat easy to find a plan they could afford (Exhibit 2, [Appendix Table 1](#)). While this was an improvement when compared with adults who had visited earlier in the enrollment period, more than half of adults reported difficulty finding an affordable plan.

There were significant differences by income. About half (49%) of adults with incomes under 138 percent of the federal poverty level (\$15,856 for an individual and \$32,499 for a family of four) who visited the marketplaces said it was very or somewhat easy to find a plan they could afford compared with about one-third (36%) of adults with incomes of 400 percent of poverty or higher (\$45,960 for an individual and \$94,200 for a family of four) (Exhibit 3).

This difference is likely explained by the cost protections and improved affordability for adults with lower incomes, who may be eligible for Medicaid or receive premium and cost-sharing subsidies for health plans sold through the marketplaces. A majority of people who visited the

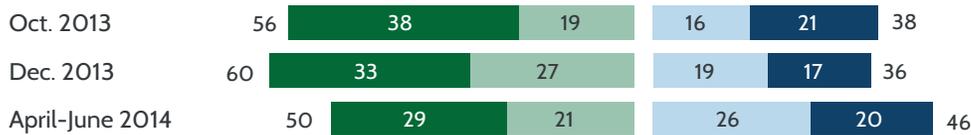
Exhibit 2. More Adults Found It Easy to Find Plans They Needed and Could Afford by End of Open Enrollment

■ Very difficult or impossible ■ Somewhat difficult ■ Somewhat easy ■ Very easy

How easy or difficult was it to find a plan you could afford?



How easy or difficult was it to find a plan with the type of coverage you need?



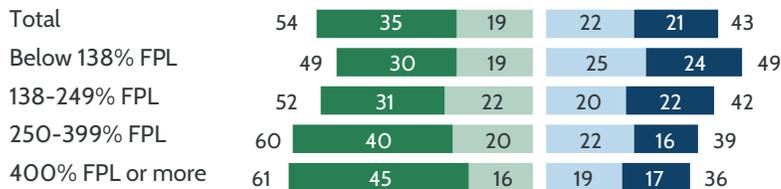
Percent adults ages 19–64 who went to marketplace

Note: The sampling techniques for the October and December 2013 surveys were different from those in April-June 2014. Bars may not sum to 100 percent because of “don’t know” responses or refusal to respond; segments may not sum to subtotals because of rounding.
Source: The Commonwealth Fund Affordable Care Act Tracking Surveys, Oct. 2013, Dec. 2013, and April-June 2014.

Exhibit 3. More Adults with Lower Incomes Found It Easy to Find an Affordable Plan Than Did Adults with Higher Incomes

How easy or difficult was it to find a plan you could afford?

■ Very difficult or impossible ■ Somewhat difficult ■ Somewhat easy ■ Very easy



Percent adults ages 19–64 who went to marketplace

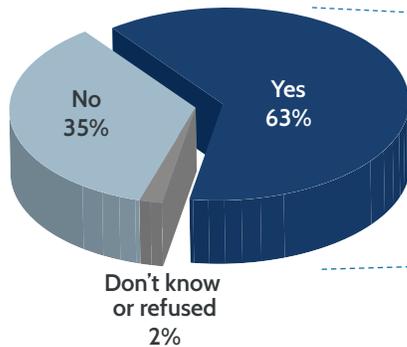
Notes: FPL refers to federal poverty level. Bars may not sum to 100 percent because of “don’t know” responses or refusal to respond; segments may not sum to subtotals because of rounding.
Source: The Commonwealth Fund Affordable Care Act Tracking Survey, April-June 2014.

marketplaces tried to find out if they were eligible for financial assistance or Medicaid, with a majority reporting that it was easy to do so (Exhibit 4).

When looking at states that expanded eligibility for Medicaid, two-thirds of marketplace visitors who were eligible for the program (i.e., those with incomes below 138 percent of poverty) said it was easy to find a plan they could afford (data not shown). In states that had not expanded their Medicaid programs by the time of the survey, however, only 35 percent of adults in this same income range found it easy to find a plan they could afford (data not shown).⁵

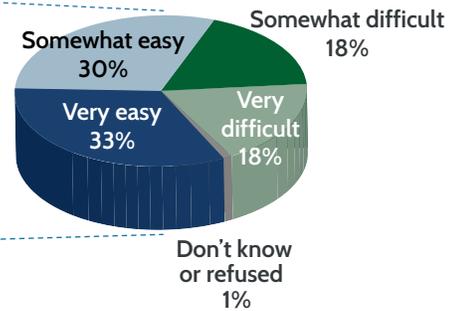
Exhibit 4. More than Three of Five Adults Who Tried to Find Out About Their Eligibility for Financial Assistance or Medicaid Said It Was Easy to Do So

Did you try to find out if you are either eligible for financial assistance to help pay for your plan, or if you are eligible for Medicaid?



Adults ages 19–64 who went to marketplace

How easy or difficult was it to find out if you are eligible for financial assistance or for Medicaid?



Adults ages 19–64 who went to marketplace and tried to find out about eligibility for financial assistance or Medicaid

Note: Segments may not sum to 100 percent because of rounding.
Source: The Commonwealth Fund Affordable Care Act Tracking Survey, April–June 2014.

A majority of adults who visited the marketplace rated their experience trying to get health insurance as fair or poor.

When asked to rate their overall experience trying to get health insurance through the marketplace, fewer than two of five marketplace visitors (38%) said their experience was excellent or good (Exhibit 5). There were significant differences by political affiliation and age. Just under half of those who identify as Democrats (47%) rated their experience as good or excellent, compared with only a quarter (24%) of Republicans. Young adults were more likely than older adults to rate their experience as excellent or good (46% vs. 33%) (Appendix Table 2).

Premium payments and deductibles in marketplace plans are comparable to employer plans for people with low or moderate incomes.

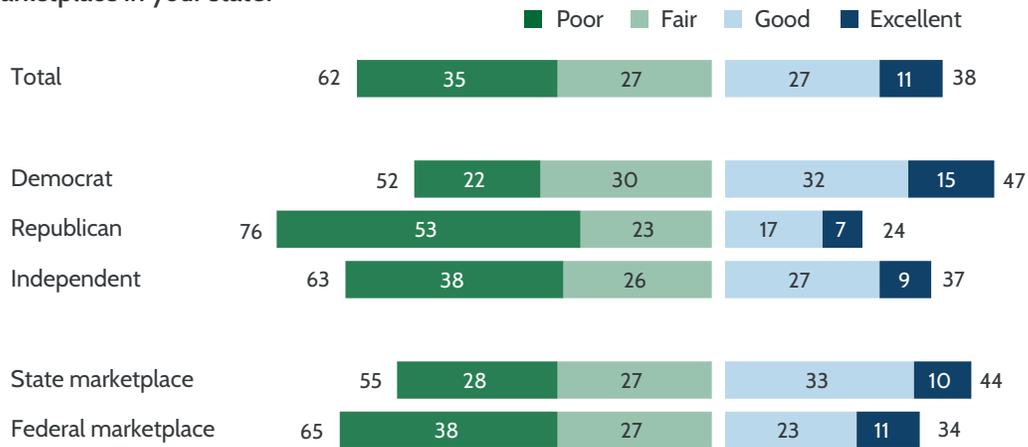
Premiums and out-of-pocket costs figured most prominently in people's decisions about which plan to choose. Roughly equal shares of those who selected a private plan through the marketplace said premium amount and deductible and copayments sizes were the most important factors in their decision (Exhibit 6). A smaller share of adults (20%) said having their preferred doctor, health clinic, or hospital included in the plan's network was most important.

Premiums

Among adults with insurance plans that only covered themselves (i.e., single policies), those with marketplace coverage reported premium costs similar to those with employer coverage. About 60 percent of adults with either marketplace or employer coverage paid nothing for their policies or less than \$125 per month (Exhibit 7). A larger share of people with employer plans paid nothing for their policies compared to people with marketplace plans.

Exhibit 5. A Majority of Adults Who Visited the Marketplace Rated Their Experience as Fair or Poor

Overall, how would you describe your experience in trying to get health insurance through the marketplace in your state?

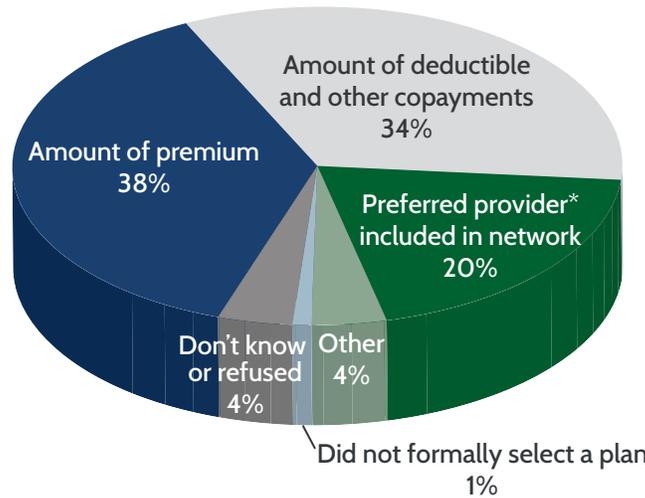


Percent adults ages 19–64 who went to marketplace

Notes: Bars may not sum to 100 percent because of “don’t know” responses or refusal to respond; segments may not sum to subtotals because of rounding.
 Source: The Commonwealth Fund Affordable Care Act Tracking Survey, April–June 2014.

Exhibit 6. Premiums and Cost Exposure Were the Most Important Factors in Plan Selection

What was the most important factor in your decision about which plan to select?



Adults ages 19–64 who selected a private plan through the marketplace

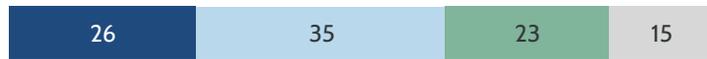
* Actual question wording: preferred doctor, health clinic, or hospital included in plan’s network.
 Note: Segments may not sum to 100 percent because of rounding.
 Source: The Commonwealth Fund Affordable Care Act Tracking Survey, April–June 2014.

Exhibit 7. Adults with Marketplace Coverage with Incomes Under 250 Percent of Poverty Paid Monthly Premiums Comparable to Those with Employer Coverage

■ Pays nothing ■ \$1 to less than \$125 ■ \$125 or more ■ Don't know or refused

All adults

Employer coverage

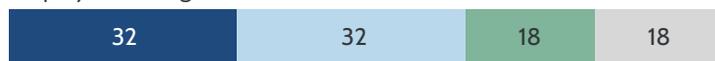


Marketplace coverage

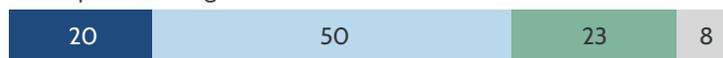


Adults with incomes below 250% FPL (<\$28,725 for individual)

Employer coverage



Marketplace coverage



Percent adults ages 19–64 with single policies

Note: FPL refers to federal poverty level. 250% of the poverty level is \$28,725 for an individual or \$58,875 for a family of four. Bars may not sum to 100% because of rounding.

Source: The Commonwealth Fund Affordable Care Act Tracking Survey, April-June 2014.

These similarities reflect the fact that most people who purchased marketplace plans were eligible for a subsidy. In the survey, 64 percent of people with marketplace coverage had incomes under 250 percent of poverty, and were thus eligible for the most generous premium subsidies and cost-sharing protections under the law (data not shown). Consequently, about 70 percent of adults with marketplace coverage and incomes under 250 percent of poverty paid less than \$125 a month toward their premiums, including 20 percent who paid nothing.

The experience for people with higher incomes is different. Because of sample size limitations, we could only look at adults with incomes above 250 percent of poverty with marketplace coverage by grouping adults with single policies and adults with family policies. Adults with higher incomes had much less premium protection in marketplace plans than those who were covered by an employer (data not shown). Most people in employer plans receive premium contributions from their employers regardless of income, whereas those with higher incomes in marketplace plans must pay the full premium.

These differences were reflected in people's assessments of the affordability of their health plans. Sixty-five percent of adults with low or moderate incomes with marketplace plans who pay a premium said it was very or somewhat easy to afford their premiums (Exhibit 8). About the same share of people with employer-based health benefits in that income range who pay a premium said it was very or somewhat easy to afford them. But only 54 percent of adults with incomes of 250 percent or higher with marketplace coverage said it was very or somewhat easy to pay their premiums compared with 79 percent of those with employer coverage.

Exhibit 8. Three of Five Adults with Marketplace Coverage Found It Easy to Pay Their Premiums

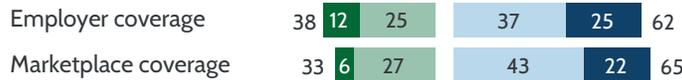
How easy or difficult is it for you to afford the premium costs for your health insurance?

■ Very difficult or impossible ■ Somewhat difficult ■ Somewhat easy ■ Very easy

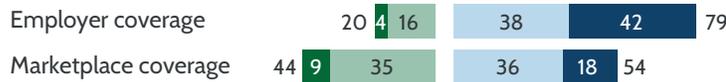
All adults



Adults with incomes below 250% FPL (<\$28,725 for individual)



Adults with incomes of 250% FPL or more



Percent adults ages 19–64 who pay all or some of premium

Note: FPL refers to federal poverty level. 250% of the poverty level is \$28,725 for an individual or \$58,875 for a family of four. Bars may not sum to 100% because of “don’t know” responses or refusal to respond; segments may not sum to subtotals because of rounding. Source: The Commonwealth Fund Affordable Care Act Tracking Survey, April–June 2014.

Deductibles

Adults with low or moderate incomes and marketplace plans had per-person deductibles comparable to the deductibles that adults in the same income range with employer-provided insurance have (Exhibit 9). About two of five people with incomes under 250 percent of poverty with either marketplace coverage or employer plans had either no deductible or a deductible of less than \$500 per person.

However, among adults with higher incomes, those with marketplace plans were more likely to have high per-person deductibles than those with employer coverage. Among those with incomes at 250 percent of the poverty level or more, 59 percent of adults with marketplace coverage had a deductible of \$1,000 or more per person compared with 30 percent of those with employer coverage.

A majority of adults with marketplace coverage gave high ratings to their insurance and were confident in their ability to afford the care they need when sick.

Overall, a majority of people with marketplace coverage said their insurance was good, very good, or excellent (Exhibit 10). However, adults with employer coverage gave their health plans the highest ratings.

Ratings varied by income. Among adults with incomes below 250 percent of poverty, there was no significant difference in the views of those with employer-provided insurance and those with marketplace coverage. However, there were significant differences among higher-income adults, with more than nine of 10 adults with employer coverage rating their insurance highly compared with 64 percent of adults with marketplace coverage.

Exhibit 9. Adults with Low and Moderate Incomes Who Had Marketplace Coverage Had Deductibles Comparable to Those in Employer Plans

■ No deductible ■ \$1 to less than \$500 ■ \$500 to less than \$1,000 ■ \$1,000 or more ■ Don't know or refused

Adults with incomes below 250% FPL (<\$28,725 for individual)

Employer coverage



Marketplace coverage



Adults with incomes of 250% FPL or more

Employer coverage



Marketplace coverage



Percent adults ages 19-64

Note: FPL refers to federal poverty level. 250% of the poverty level is \$28,725 for an individual or \$58,875 for a family of four. Bars may not sum to 100% because of rounding.

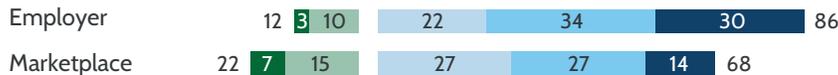
Source: The Commonwealth Fund Affordable Care Act Tracking Survey, April-June 2014.

Exhibit 10. More Than Two-Thirds of Adults with Marketplace Coverage Rated Their Health Insurance as Excellent, Very Good, or Good

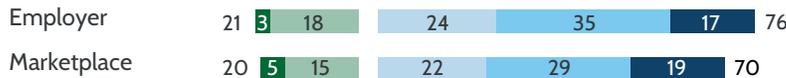
Now thinking about (your current health insurance coverage/all the health insurance you have combined) how would you rate it?

■ Fair ■ Poor ■ Good ■ Very good ■ Excellent

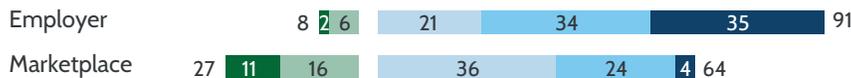
All adults



Adults with incomes below 250% FPL (<\$28,725 for individual)



Adults with incomes of 250% FPL or more



Percent adults ages 19-64

Note: FPL refers to federal poverty level. 250% of the poverty level is \$28,725 for an individual or \$58,875 for a family of four. Bars may not sum to 100% because of "don't know" responses or refusal to respond; segments may not sum to subtotals because of rounding.

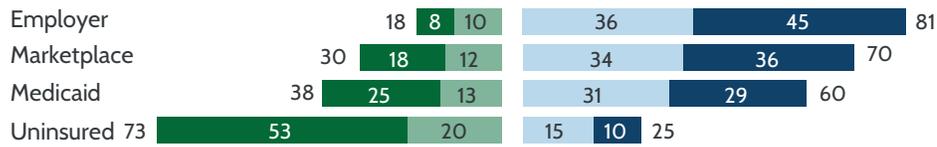
Source: The Commonwealth Fund Affordable Care Act Tracking Survey, April-June 2014.

Seventy percent of people with marketplace plans and 60 percent of those with Medicaid said they were very or somewhat confident they could afford care when they were sick, compared with 81 percent of those with employer plans (Exhibit 11).⁶ Similarly, large majorities of adults with marketplace coverage and employer insurance were confident in their ability to get access to high-quality care. Uninsured adults, in contrast, were substantially less confident they could afford or get high-quality care when sick.

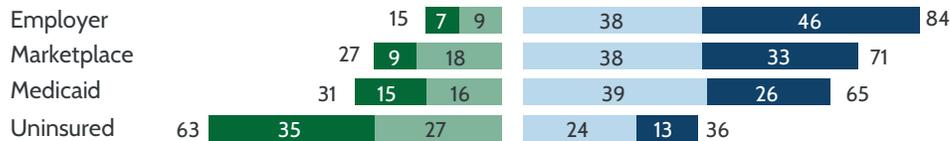
Exhibit 11. A Majority of Adults with Marketplace Coverage Were Confident They Could Afford Care They Needed or Get High-Quality Care

■ Not at all confident ■ Not very confident ■ Somewhat confident ■ Very confident

How confident are you that if you become seriously ill you will be able to afford the care you need?



How confident are you that if you become seriously ill you will be able to get high-quality care when you need it?



Percent adults ages 19–64

Note: Bars may not sum to 100% because of “don’t know” responses or refusal to respond; segments may not sum to subtotals because of rounding.

Source: The Commonwealth Fund Affordable Care Act Tracking Survey, April–June 2014.

CONCLUSION

By the end of the first open enrollment period, the Affordable Care Act helped reduce the number of uninsured working-age adults by 9.5 million, and it is improving access to health care both for people who were previously uninsured and for those with prior coverage.⁷ The process of gaining new insurance was difficult for many people who visited the marketplaces during the open enrollment period, suggesting that federal and state officials will need to work hard to improve the marketplace enrollment experience in 2015. However, despite these difficulties, most adults surveyed gave marketplace plans high ratings and are confident in their ability to afford and gain access to high-quality care if they fall ill.

Subsidized coverage options for people with low or moderate incomes were effective in making individual market coverage comparable with employer-based health benefits in terms of affordability and protection from out-of-pocket costs. Adults in this income range have been most at risk of lacking insurance altogether or having such high out-of-pocket costs that they were effectively underinsured.⁸

The findings also show that employer-based coverage, on average, offers greater protection from premium and out-of-pocket costs for people with higher incomes. This is because most employers share those costs with their employees, regardless of their income. While the insurance market reforms have made it far easier for people without employer coverage to gain access to comprehensive benefits without being charged more based on their health status, employer-based insurance continues to be a better deal for people with higher incomes.

NOTES

- ¹ *Health Insurance Marketplace: Summary Enrollment Report for the Initial Annual Open Enrollment Period, October 1, 2013–March 31, 2014 (Including Additional Special Enrollment Period Activity Reported Through 4-19-2014)*, ASPE Issue Brief (Washington, D.C.: U.S. Department of Health and Human Services, May 1, 2014), http://aspe.hhs.gov/health/reports/2014/MarketPlaceEnrollment/Apr2014/ib_2014Apr_enrollment.pdf; and C. Ornstein, “Even After Open Enrollment, Activity Remains Unexpectedly High on Federal Health Insurance Exchange,” *ProPublica*, July 23, 2014, <http://www.propublica.org/article/after-open-enrollment-activity-high-federal-health-insurance-exchange>.
- ² C. Mann, “More Than 7.2 Million Additional Americans Covered Under Medicaid and CHIP,” *U.S. Department of Health and Human Services Blog*, Aug. 8, 2014, <http://www.hhs.gov/health-care/facts/blog/2014/08/medicaid-chip-enrollment-june.html>.
- ³ S. R. Collins, P. W. Rasmussen, and M. M. Doty, *Gaining Ground: Americans’ Health Insurance Coverage and Access to Care After the Affordable Care Act’s First Open Enrollment Period* (New York: The Commonwealth Fund, July 2014).
- ⁴ All reported differences are statistically significant at the $p \leq 0.05$ level or better, unless otherwise noted.
- ⁵ In the 25 states that, as of April 2014, had not opted to expand their Medicaid programs or yet begun to enroll beneficiaries, adults with incomes between 100 percent and 138 percent of poverty are eligible for subsidized private plans offered through the marketplaces. But those with incomes below poverty are ineligible for premium tax credits, because Congress, not anticipating the 2012 Supreme Court decision that turned the law’s Medicaid expansion into an option for states, assumed they would be eligible for Medicaid. The poorest families in these states thus would bear the entire cost of a private plan through the marketplace should they try to enroll. The states that expanded their Medicaid program by April 2014 include: AR, AZ, CA, CO, CT, DE, HI, IA, IL, KY, MA, MD, MI, MN, ND, NJ, NM, NV, NY, OH, OR, RI, VT, WA, WV, and the District of Columbia. New Hampshire expanded eligibility for Medicaid with coverage effective in August. Pennsylvania’s section 1115 waiver for customized Medicaid expansion was approved in August 2014 and coverage will be effective in January 2015. Indiana has submitted a Section 1115 waiver to the federal government but has not yet been approved. See map at <http://www.commonwealth-fund.org/interactives-and-data/maps-and-data/medicaid-expansion-map>.
- ⁶ The difference between marketplace plans and Medicaid is not statistically significant.
- ⁷ Collins, Rasmussen, and Doty, *Gaining Ground*, 2014.
- ⁸ C. Schoen, S. L. Hayes, S. R. Collins, J. A. Lippa, and D. C. Radley, *America’s Underinsured: A State-by-State Look at Health Insurance Affordability Prior to the New Coverage Expansions* (New York: The Commonwealth Fund, March 2014).

Appendix Table 1. Marketplace Visitors Finding a Plan with the Coverage They Need and That They Can Afford, by Demographics

(base: adults ages 19 to 64 who went to the marketplace)

	How easy or difficult was it to find . . .				
	Total marketplace visitors	A plan with the type of coverage you need?		A plan you could afford?	
		Somewhat or very easy	Somewhat or very difficult or impossible	Somewhat or very easy	Somewhat or very difficult or impossible
Percent distribution	100%	46%	50%	43%	54%
Unweighted n	1,103	501	565	460	613
Age					
19–34	33	55	41	46	52
35–49	30	42	56	40	57
50–64	35	41	52	43	53
Gender					
Male	46	46	51	43	54
Female	54	46	49	42	54
Race/Ethnicity					
White	64	42	53	38	59
African American	14	58	40	49	51
Latino	14	54	45	58	37
Income					
<250% FPL	63	50	47	46	50
250% FPL or more	37	39	55	37	60
Political affiliation					
Republican	16	34	62	37	61
Democrat	35	57	37	55	41
Independent	28	42	55	34	63
State Medicaid expansion decision					
Expanded Medicaid	50	50	45	52	44
Did not expand Medicaid	50	43	54	34	63

Note: FPL refers to federal poverty level. 250% of FPL is \$28,725 for an individual or \$58,875 for a family of four.
Source: The Commonwealth Fund Affordable Care Act Tracking Survey, April–June 2014.

Appendix Table 2. Rating of Marketplace Experience, by Demographics

(base: adults ages 19 to 64 who went to the marketplace)

	Overall, how would you describe your experience in trying to get health insurance through the marketplace in your state?				
	Total marketplace visitors	Excellent	Good	Fair	Poor
Percent distribution	100%	11%	27%	27%	35%
Unweighted n	1,103	136	271	284	406
Age					
19–34	33	12	34	26	27
35–49	30	11	22	28	39
50–64	35	9	24	29	38
Insurance status when visited marketplace					
Uninsured	56	11	25	26	38
Insured	44	11	28	30	30
Gender					
Male	46	12	25	29	34
Female	54	10	28	26	35
Race/Ethnicity					
White	64	10	27	26	37
African American	14	10	26	35	28
Latino	14	13	31	25	30
Income					
<250% FPL	63	12	27	28	32
250% FPL or more	37	8	26	27	39
Political affiliation					
Republican	16	7	17	23	53
Democrat	35	15	32	30	22
Independent	28	9	27	26	38
Marketplace type					
State-run marketplace	35	10	33	27	28
Federally run marketplace	65	11	23	27	38

Note: FPL refers to federal poverty level. 250% of FPL is \$28,725 for an individual or \$58,875 for a family of four.
Source: The Commonwealth Fund Affordable Care Act Tracking Survey, April–June 2014.

ABOUT THE SURVEY

The Commonwealth Fund Affordable Care Act Tracking Survey, April–June 2014, was conducted by SSRS from April 9 to June 2. The survey consisted of 17-minute telephone interviews in English or Spanish, and was conducted among a random, nationally representative sample of 4,425 adults, ages 19 to 64, living in the United States. Overall, 2,098 interviews were conducted on landline telephones and 2,327 interviews on cellular phones, including 1,481 with respondents who live in households with no landline telephone access.

This survey is the fourth in a series of Commonwealth Fund surveys to track the implementation and effects of the Affordable Care Act. The first was conducted by SSRS from July 15 to September 8, 2013, by telephone among a random, nationally representative U.S. sample of 6,132 adults ages 19 to 64. The survey had an overall margin of sampling error of +/- 1.8 percent at the 95 percent confidence level.

The second and third surveys in the series were conducted by SSRS in October and December of 2013. Both were included as a series of questions on SSRS's nationally representative omnibus telephone survey. For these surveys, only those adults ages 19 to 64 who reported that they were uninsured or had purchased health insurance through the individual market were surveyed. The October survey was in the field October 9–27, 2013, and had a sample of 682 adults. The survey had an overall margin of sampling error of +/- 4.3 percent at the 95 percent confidence level. The December survey was in the field December 11–29, 2013, and had a sample of 622 adults. That survey had an overall margin of sampling error of +/- 4.6 percent at the 95 percent confidence level.

The sample for the April–June 2014 survey was designed to increase the likelihood of surveying respondents who were most likely eligible for new coverage options under the Affordable Care Act. In addition to the random sample of 19-to-64-year-olds, respondents in the July–September 2013 survey who said they were uninsured or had individual coverage were asked if they could be recontacted for the April–June 2014 survey. SSRS also recontacted households reached through their omnibus survey of adults who were uninsured or had individual coverage prior to open enrollment. The data are weighted to correct for the stratified sample design, the use of prescreened and recontacted respondents from earlier surveys, the overlapping landline and cellular phone sample frames, and disproportionate nonresponse that might bias results. The data are weighted to the U.S. 19-to-64 adult population by age, gender, race/ethnicity, education, household size, geographic division, and population density using the U.S. Census Bureau's 2011 American Community Survey, and weighted by household telephone use using the U.S. Centers for Disease Control and Prevention's 2012 National Health Interview Survey.

The resulting weighted sample is representative of the approximately 186.1 million U.S. adults ages 19 to 64. Data for income, and subsequently for federal poverty level, were imputed for cases with missing data, utilizing a standard regression imputation procedure.

The survey has an overall margin of sampling error of +/- 2.1 percentage points at the 95 percent confidence level. The landline portion of the main sample survey achieved a 19 percent response rate and the cellular phone main sample component achieved a 15 percent response rate. The overall response rate, including prescreened and recontacted sample, was 14 percent.

For more information on the July–September 2013 survey, please refer to: <http://www.commonwealthfund.org/publications/issue-briefs/2013/sep/insurance-marketplaces-and-medicaid-expansion>.

For more information on the October 2013 survey, please refer to: <http://www.commonwealthfund.org/Publications/Data-Briefs/2013/Nov/Americans-Experiences-Marketplaces.aspx>.

For more information on the December 2013 survey, please refer to: <http://www.commonwealthfund.org/publications/data-briefs/2014/jan/experiences-in-the-health-insurance-marketplaces>.

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