Data User Notes
Health Insurance, Health Status, and Medical Expenditures Content
2017 CPS ASEC Research File

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Contents

Broad differences between the research and production file
The 2017 CPS ASEC research file was produced using a new processing system. The 2017 ASEC file released in September 2018, here referenced as the CPS ASEC production file, was created using legacy programs. The updated processing system includes a number of changes to CPS ASEC demographics, weighting, income, and health insurance coverage data.

For health insurance, the updated system better integrates detailed information from the questionnaire. For example, the processing system introduces a new method of estimating coverage that builds from subannual estimates to determine whether a person was covered at any point in the previous calendar year. It also refines the methods by which missing and incomplete data are imputed and in which inconsistent information is handled. See "Health Insurance Coverage in the 2017 CPS ASEC Research File" and "Health Insurance Coverage in the

Current Population Survey: Estimates from the 2017 Research File" for more information. Both of these resources are available at <https://www.census.gov/data/datasets/time-series/demo/income-poverty/data-extracts.html>.

The research file also includes additional information about types of coverage held at the time of survey and details about Marketplace coverage that were not previously available. See below for information on these variables.

The following resources provide additional more information about the changes in the file. All are available here <https://www.census.gov/data/datasets/time-series/demo/income-poverty/data-extracts.html>).

1. "README – Household Relationship Content" describes the improved demographic edits that were developed to account for same-sex married couples.
2. "README – Income and Poverty Content" outlines revisions to improve the imputation of missing data for income and poverty data.
3. "README – Health Insurance Content" provides a high-level summary of changes to health insurance content. "Health Insurance Coverage in the 2017 CPS ASEC Research File" provides greater detail on the effect of changes to data cleaning, imputation, and weighting on health insurance content.
4. "2017 Research File Documentation" is a companion to the official documentation initially released with the file. It presents key differences and technical notes for people who use the data files and describes the record layout.

This document contains user notes specific to the health insurance content.

Newly Available Variables

The research file contains additional variables on the following topics:

Marketplace coverage:	The 2017 CPS ASEC Research File includes additional information about direct-purchase plans, specifically if the plan was obtained through the Marketplace and, if so, whether a tax subsidy was received to pay all or part of the premium.
Subannual estimates:	To offer a balance between providing subannual health insurance data while ensuring respondents' confidentiality, the public-use 2017 ASEC Research File contains several variables that indicate whether a person was covered for none, some, or all of the previous calendar year (in this case, 2016).
Concurrent coverage:	One additional subannual variable indicates whether a person had more than one coverage type during the same month. An example would be if a person reported having both Medicare and Medicaid. Consistent with the other subannual variables, this indicator notes whether concurrent coverage was held for none, some, or all of the calendar year.
Current coverage:	Additional variables were also added that indicate whether a person currently has specific types of coverage at the time of the interview.
Medical out-of-pocket expenditures:	Additional expenditure variables were added based on alternative definitions.

Data users will no longer need to merge the OUTTYP and Offer/Take-up research extracts with the public-use file to get additional information about persons covered outside the household or availability and take-up of employer-sponsored insurance.

Subannual Variables

To offer a balance between providing subannual health insurance data while ensuring respondents' confidentiality, the public-use 2017 ASEC Research File contains a limited number of variables that indicate whether a person was covered for none, some, or all of the previous calendar year (in this case, 2016).

Additional subannual variables are available on a restricted use file through the Census Bureau's Research Data Centers. Researchers are encouraged to put in proposals to help the Census Bureau evaluate the quality of the subannual variables. In addition, the Census Bureau is investigating methods to make additional subannual information available to researchers and policymakers in a way that sufficiently protects respondents' privacy and confidentiality. Evaluation is ongoing.

Subannual Estimate of No Coverage
NOCOV_CYR
The definition for NOCOV_CYR differs from the definition of related subannual variables (COV_CYR, PUB_CYR, PRIV_CYR, and MCAID_CYR). NOCOV_CYR indicates whether a person was uninsured for all, part, or none of the year, among those insured in December 2016. The other four subannual variables describe coverage status for all, part, or none of the year, among all persons except infants born during 2017.

Changes in Coverage for Individuals
The CPS ASEC production and research files can be merged with CPS Basic and other CPS supplements, as well as to each other. Data users who do this merge across files will see that some respondents' health insurance status and/or type of coverage differs between the files. See "Health Insurance Coverage in the Current Population Survey: Estimates from the 2017 Research File" for more information about this individual-level change. <https://www.census.gov/data/datasets/time-series/demo/income-poverty/data-extracts.html>

Definitions of Private (PRIV) and Government (PUB) Coverage
In the 2017 CPS ASEC research file, employer-sponsored insurance, direct-purchase insurance, and TRICARE are considered to be private coverage. Medicare, Medicaid, and VA/CHAMPVA are considered government coverage. These definitions differ from previous CPS ASEC releases, in which all types of military coverage were considered to be government coverage. This change in definitions was enabled by the new processing system's ability to distinguish TRICARE from VA/CHAMPVA. (See the "Military Coverage" note below for additional information.)

Military Coverage
MIL, VACARE, CHAMPVA, NOW_MIL, NOW_VA, NOW_CHAMPVA
The 2017 CPS ASEC research file contains information on two types of military coverage TRICARE (MIL) and VA/CHAMPVA (VACARE/CHAMPVA). TRICARE is a type of private coverage, and VA and CHAMPVA are types of government coverage. In existing production files, the variable MIL captures TRICARE, VA, and CHAMPVA coverage.[1] Therefore, data users wishing to compare military coverage between the production and research files need to create a recode in the research file that includes information from both MIL, VACARE, and CHAMPVA.

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[1] The 2014 redesign of the CPS ASEC questionnaire allowed respondents to distinguish between these two categories of military coverage, but this information was not available with the pre-redesign questions. Thus, when "mapping" the data from the new instrument to the legacy processing system, this additional detail could not be retained.

Infants in the 2017 CPS ASEC Research File
A CPS household is defined as all individuals (related family members and all unrelated individuals) whose usual place of residence at the time of the interview is the sample unit. As such, households include people of all ages, including infants.

The 2017 CPS ASEC questionnaire was administered in February, March or April. Households reported income, health insurance, and other characteristics about the previous calendar year, 2016.

- The 2017 CPS ASEC **Production File** includes health insurance coverage information for all people, including babies who were born after the reference period.
- The 2017 CPS ASEC **Research File** excludes prior-year coverage status for infants who were born after the end of the prior calendar year. A subset of infants born after the reference period were inadvertently allowed to have coverage in the 2017 CPS ASEC Research File.

In the research file, prior-year health insurance coverage information is not available for infants who were born after the end of the prior calendar year. For example, a child born in January 2017 could neither be insured nor uninsured during 2016, but would be present in the household at the time of 2017 ASEC interview (and could be currently insured or uninsured). For this population, comprehensive health coverage recodes (COV, PRIV, PUB, MCAID, CAID, CARE, GRP, DIR, MIL, and VA) are set to "infant born after calendar year" (value 0).

Household Coverage in Households with Infants
Although most health insurance information is person-level and, therefore, on the person file, a few health insurance coverage variables are on the household file. These variables provide summaries of whether all, some, or none of the household members had a given health insurance status (including any, private, public, or Medicaid coverage). In the 2017 CPS ASEC Research File, a coding error meant that households with infants could not be fully insured. This issue will be resolved in future data releases.

Marketplace Coverage
MRK, DEPMRK, MRKOUT, OWNMRK, OUTMRK, MRKS, DEPMRKS, OWNMRKS, OUTMRKS, MRKSOUT, MRKUN, DEPMRKUN, MRKUNOUT, OWNMRKUN, OUTMRKUN, NONM, DEPNONM, NONMOUT, OWNNONM, OUTNONM, and NOW_ Counterparts

The research file contains information about direct-purchase coverage, including whether that coverage was obtained through the health insurance Marketplace and, if so, whether that coverage was subsidized. The file contains some information about whether that person had

Marketplace coverage (MRK) or non-Marketplace direct-purchase coverage (NONM). For Marketplace enrollees, the file also contains variables that indicate whether a person received a tax credit (subsidy) towards the cost of premium (MRKS) or not (MRKUN; unsubsidized).

For each of these four types, the file also contains information about whether the coverage was held at the time of interview, whether the respondent was the plan's policyholder, whether the respondent on the plan was a policyholder outside the household, if there were dependents on the plan, and whether the plan covered someone outside the household.

Imputation of Subjective Health Status (HEA)
During review of the 2017 CPS ASEC Research File, a minor issue was discovered with one of the hotdecks used to allocate health status (HEA) for persons who were missing information for this variable. Specifically, the imputation method did not take into account a person's region of residence. This issue will be corrected in the 2018 CPS ASEC Research File and is not believed to substantively affect HEA estimates in the 2017 file.

Indian Health Service (IHS) coverage (IHSFLG)
Indian Health Service (IHS) is not considered to be comprehensive health insurance coverage, and, therefore, does not contribute to estimates of the overall uninsured rate or summary measures of health insurance coverage (COV, NOCOV). In the 2017 CPS ASEC research file, the universe for the IHS coverage variable (IHSFLG) is slightly different than the universe for comprehensive types of coverage. Specifically, infants are not excluded from IHSFLG (For more information on how infants are defined in the 2017 CPS ASEC Research File, see the "Infants in the 2017 CPS ASEC Research File" note below).

New Measures of Medical Expenditures
PHIP_VAL2, MOOP2, FMOOP2, FHIP_VAL2
The research file contains a second, alternative measure of how much people pay in out-of-pocket insurance premiums, PHIP_VAL2. This variable was introduced because a review of past data suggested logical inconsistencies in respondents' report of health insurance premiums. Some people report that they had an unsubsidized or partially subsidized private insurance plan but also report that they paid $0 in insurance premiums. For the variable PHIP_VAL2, a nonzero amount in insurance premiums (based on other data in the file) is imputed for persons with this inconsistent reporting pattern. The legacy variable, PHIP_VAL, which does not include this imputation, remains on the file.

The file also contains alternative measures of individual medical spending (MOOP2), as well as family premium (FHIP_VAL2) and medical spending (FMOOP2). All three of these variables use PHIP_VAL2 as an input. Traditional measures of these additional variables which use the legacy version of premiums (PHIP_VAL) are available on the file as well. These variables do not have the '2' suffix (MOOP, FMOOP, FHIP_VAL).

New Measures of Self-Plus-One Plans
GRPTYP2, FTYP2
The research file contains additional information on the type of insurance plan that was not available on earlier CPS ASEC files. In the past, for relevant insurance types, we released variables capturing whether a person's insurance plan was an individual plan or a family plan. These variables were GRPFTYP and DIRFTYP. These variables will continue to be available but now we are able to release new measures that capture whether a person's insurance plan was an individual plan, a self plus one plan, or a family plan. These new variables are GRPFTYP2 and DIRFTYP2.

Variable Ranges
Users should be aware when looking between the CPS ASEC data dictionary and the public use files, the variables may not actually take on the full range of values listed in the data dictionary. This can be primarily seen with certain allocation flags, variables for policyholder line number, and variables recording expenditure amounts.

For example, allocation flags indicate if and how any missing data was imputed (e.g. statistical/hotdeck method vs logical assumption). Depending on the data reported for a given variable in a given year, not all imputation methods may be necessary. However, the full set of possible values remain in the data dictionary, so users can see that it was possible for cases to take these values and might do so in other survey years.

For medical expenditure variables, the possible range is larger than the range observed in the 2017 CPS ASEC Research File. The reported ranges reflect the highest possible value a respondent can report in the questionnaire.