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By Benjamin D. Sommers

Insurance Cancellations In Context: Stability Of Coverage In The Nongroup Market Prior To Health Reform

ABSTRACT Recent cancellations of nongroup health insurance plans generated much policy debate and raised concerns that the Affordable Care Act (ACA) may increase the number of uninsured Americans in the short term. This article provides evidence on the stability of nongroup coverage using US census data for the period 2008–11, before ACA provisions took effect. The principal findings are threefold. First, this market was characterized by high turnover: Only 42 percent of people with nongroup coverage at the outset of the study period retained that coverage after twelve months. Second, 80 percent of people experiencing coverage changes acquired other insurance within a year, most commonly from an employer. Third, turnover varied across groups, with stable coverage more common for whites and self-employed people than for other groups. Turnover was particularly high among adults ages 19–35, with only 21 percent of young adults retaining continuous nongroup coverage for two years. Given estimates from 2012 that 10.8 million people were covered in this market, these results suggest that 6.2 million people leave nongroup coverage annually. This suggests that the nongroup market was characterized by frequent disruptions in coverage before the ACA and that the effects of the recent cancellations are not necessarily out of the norm. These results can serve as a useful pre-ACA baseline with which to evaluate the law's long-term impact on the stability of nongroup coverage.

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When the open enrollment period for the Affordable Care Act's insurance Marketplaces began in October 2013, the media were filled with reports of Americans receiving cancellation notices from their health insurance plans.[1] An Associated Press report claimed that as many as 4.7 million people might have been affected.[2] The plans in question were private coverage that was not employment based—often referred to as nongroup or individual health insurance.

The provisions in the Affordable Care Act (ACA) that were linked to these cancellations were new minimum coverage standards in the nongroup market that became binding on all nongrandfathered plans in 2014. These standards include the elimination of annual limits for coverage and mandated coverage of essential health benefits.[3] Insurers with plans that had been altered since 2010 (thereby losing grandfathered status) and that did not meet these standards began notifying customers in the fall of 2013 that their plans were being cancelled for 2014. The ensuing political firestorm led to President Barack Obama's announcing in November 2013 that insurance companies could temporarily continue to offer these plans and that

enrollees would not be subject to the individual insurance mandate in 2014.[4,5] This announcement shifted to insurers and state insurance regulators the responsibility for deciding whether the plans could be offered for another year.

The debate about these insurance cancellations suffered from a lack of clear evidence about the number of cancellation notifications that were sent out,[6] what would happen to people who lost coverage, and how these changes of coverage in the nongroup market differed from the market's baseline level of plan turnover.

Previous research has shown that health insurance in the United States is characterized by frequent changes in people's source of coverage, which means that millions of Americans experience transitions in insurance each year or periods without any coverage at all.[7-9] Previous analyses have examined these dynamics for people covered by Medicaid,[10] the Children's Health Insurance Program (CHIP),[11] and private insurance (most of which is employer based).[12] However, pre-ACA coverage stability in the nongroup health insurance market has been studied only in individual states,[13] not with nationally representative data.

In addition, the evidence base for a range of issues in the nongroup health insurance market —such as coverage quality, stability, and prevalence—is far less substantial than is the case with other sources of coverage.[14] This is because of a lack of standardized reporting, confusion among beneficiaries about their coverage, and varying estimates of coverage rates according to the data source used.[15]

If most people who participate in the nongroup market do so only for short periods of time, then the 2013 cancellations may have little long-term impact on rates of coverage and may not produce dynamics that differ significantly from the norm for this market. However, if coverage in the nongroup market is generally stable over time, the cancellations may cause many people to lose coverage. As a result, it is possible that the ACA could reduce the number of Americans with health insurance, at least in the short term.

The objectives of this analysis were threefold: The first aim was to provide context for interpreting the recent insurance cancellations by describing the stability of coverage in the nongroup health insurance market using 2008–11 US census data, before the implementation of most of the ACA's provisions. The second aim was to identify which people were most likely to experience changes in nongroup coverage over time. The third was to provide a useful pre-ACA baseline for evaluations of the law's long-term impact on coverage continuity in the nongroup market.

Study Data And Methods

DATA SOURCE The primary data source for this analysis was the Census Bureau's Survey of Income and Program Participation (SIPP), a nationally representative household survey that follows people over time and includes detailed information on their demographic characteristics, income, and health insurance coverage. Each household in SIPP is surveyed every four months.

The most recent panel of the survey began in May 2008. This analysis focuses on respondents' coverage during the ensuing three years. The first twenty-four-month period is of particular interest, since this was before the insurance regulations in the ACA began to take effect, in late 2010.

DATA ANALYSIS The sample was limited to respondents ages 0–64 who reported having a privately purchased insurance plan that was not obtained from an employer (past or present) or a union. To focus on people who had their primary health insurance from a nongroup plan, the sample excluded respondents who also reported having simultaneous coverage from an employer, Medicaid, Medicare, or the military. The sample consisted of 4,199 respondents with nongroup coverage in their first month in the survey.

Insurance status was assessed using data for the first month of each survey wave. The outcome variable was the percentage of respondents who reported consistent nongroup health insurance at subsequent four-month intervals, until thirty-six months. In other words, a person with nongroup coverage at zero and twelve months but not at eight months would not be considered to have stable coverage at twelve months because of the gap.

Secondary outcomes were alternative coverage status for those respondents who did not have nongroup coverage after twelve months. The categories of alternative coverage were employer-sponsored insurance, public insurance (Medicare, Medicaid, or both), other insurance, and no insurance.

There has been significant interest in the age distribution of participants in the nongroup market and the new ACA health insurance Marketplaces. Therefore, I also analyzed nongroup coverage over time separately for younger and older adults (ages 19–35 and 36–64, respectively).

A multivariate model was then used to identify predictors of coverage stability in the nongroup market. The outcome for this analysis was the presence or absence of stable nongroup coverage after twelve months. Covariates were age (0–18, 19–35, and 36–64 years), sex, marital status, race and ethnicity, level of education (for children,

The evidence base for a range of issues in the nongroup market is far less substantial than is the case with other sources of coverage.

the highest level of education attained by any adult in the household), family income as a percentage of the federal poverty level, self-employment status (defined as a respondent's owning his or her own business), and census region. All covariates were based on the respondent's first month in the survey.

The outcome was modeled using a logistic regression for the binary variable of stable twelve-month nongroup coverage, and odds ratios were also converted into predicted probabilities for ease of interpretation. Twelve months was the period chosen as the basis for this analysis because policy discussions commonly use annual time frames, such as the ACA's annual open enrollment periods.

Finally, I conducted several sensitivity analyses using alternative samples, as discussed below. Some of these samples were created by excluding respondents who were potentially eligible for Medicaid, including in the nongroup coverage category those who reported having "other insurance," or limiting the sample to new spells of nongroup coverage (that is, examining only people who did not have nongroup coverage in the first month of the survey but who subsequently signed up for it).

All analyses were conducted with the statistical software Stata, version 12.0. Analyses accounted for SIPP's survey design and used nationally representative survey weights from the first wave of the sample. Sensitivity analyses used the one-, two-, and three-year longitudinal survey weights, as discussed in the next section and in the notes to online Appendix Exhibit 2.[16]

LIMITATIONS As is the case with all surveys, SIPP relies on self-reported data. To the extent that people misreport their source of coverage, this could bias the results of this analysis. Previous research suggests that some people who report having nongroup coverage in fact have Medicaid.[15] Other people may report having "other coverage" without specifically identifying that coverage as a plan purchased directly from an insurance company.

Fortunately, the results presented below were largely unchanged in several sensitivity analyses. One alternative analysis excluded from the sample all adults with incomes below 150 percent of poverty and all children with family incomes below 250 percent of poverty, which should have removed most people who might be eligible for Medicaid or CHIP. A second alternative analysis tested a more expansive definition of nongroup coverage, which included "other insurance" reported in SIPP. The findings of these analyses are presented in the Appendix.[16]

The survey source, SIPP, has additional limitations that may affect this analysis. First, the survey exhibits so-called seam bias, which occurs when respondents are less likely to report changes in status (for example, related to income or insurance) within a given four-month wave of the survey and are more likely to report such changes between waves. Versions of SIPP since 2001 have reduced this bias to some extent.[17] In any case, because of the seam bias, this analysis focused on coverage estimates in four-month increments (once per wave) instead of focusing on month-to-month changes, which may be less accurate.

Second, like all longitudinal surveys, SIPP suffers from attrition, as households are lost to follow-up over time. This analysis presents estimates at each point in time based on the respondents who had complete data from the start of the survey through that point. As a result, the sample contained more respondents at twelve months than at later points in time.

Although SIPP includes longitudinal survey weights designed to account for this attrition, the weights are not a perfect solution. Respondents who dropped out of the sample likely differed significantly from those who remained, in terms of their continuity of coverage over time, even after observable demographic features are accounted for. In particular, it is probable that respondents who left the survey were more likely to have experienced disruptions in life circumstances and insurance coverage than those who were able to be contacted and to complete the survey over longer periods of time.

Thus, if attrition bias affected the results, it probably led to underestimates in coverage turnover, especially over longer time periods. The approach used here—estimating coverage continuity using the full sample present at each point in time, even if some members of the sample subsequently leave the survey—helps avoid some of this selective bias over shorter time periods

but cannot eliminate it entirely. The Appendix[16] presents sensitivity analyses with alternative approaches using SIPP's longitudinal survey weights.

Finally, this analysis was able to identify only respondents who changed their source of coverage from nongroup to another category (employer-sponsored, public insurance, or no insurance). It could not identify changes from one nongroup insurance plan to another. Data on respondents who changed coverage in this way are critically important for analyses of plan cancellations. To the extent that some of the respondents who reported having ongoing coverage in the nongroup market changed nongroup plans, this analysis may significantly underestimate the extent of plan turnover in the nongroup market before the passage of the ACA.

Study Results

The nongroup market contains a wide age range of beneficiaries, with half of the respondents in the sample ages 36–64 (Exhibit 1). The majority of respondents had family incomes at or below the ACA's cutoff for subsidized coverage (400 percent of poverty), but more than one-third had higher incomes. Roughly one-quarter were self-employed. The largest portion of the sample was from Southern states, and the smallest was from the Northeast.

Coverage in the nongroup market was often short-lived (Exhibit 2). Over one-third of those in the sample no longer had nongroup insurance after four months. After one year, only 42 percent had experienced stable nongroup coverage; after two years, just 27 percent had. Respondents ages 19–35 experienced much more turnover in coverage than older adults (those ages 36–64): Only one-third of younger adults maintained stable nongroup insurance for at least twelve months, compared to nearly half of older adults.

The majority of the respondents who experienced a coverage change had acquired other insurance at twelve months. Fifty percent had employer-sponsored insurance, 20 percent had regained nongroup coverage, 6 percent had Medicare or Medicaid, and 4 percent had other coverage. The remaining 20 percent were uninsured a year into the study period.

Groups experiencing more stable nongroup coverage over time included older adults, whites, self-employed people, and respondents living in the West or Midwest (Exhibit 3). Groups with higher turnover included children, younger adults, blacks, Latinos, and people living in the Northeast.

The results were quite similar in the sensitivity analysis that excluded lower-income adults and children who might be eligible for Medicaid or CHIP (Appendix Exhibit 1).[16] Coverage stability in the nongroup market was slightly worse (2–3 percentage points at each time interval) when respondents who reported having "other insurance" were added to those who reported having nongroup coverage. These results suggest that several potential forms of classification error in the SIPP data had minimal impact on the overall findings.

Estimates of coverage stability were dramatically lower if the sample was limited to those who began a new period of nongroup coverage in the second wave of the study: Only 21 percent of the limited sample had stable coverage at twelve months, compared to 42 percent in the full sample (see Appendix Exhibit 1).[16] This is consistent with results from studies of similar policy phenomena, such as the duration of unemployment

Descriptive Statistics For The Study Sample—People Ages 0–64 Enrolled In Nongroup Insurance, 2008

Characteristic	Percent	95% CI
Age (years)		
0–18	22.8	20.9, 24.7
19–35	26.0	24.2, 27.9
36–64	51.2	49.1, 53.2
Male	43.3	41.8, 44.8
Married	48.0	46.7, 49.3
Race		
White	86.5	84.9, 88.1
Black	5.3	4.3, 6.4
Asian	5.6	4.7, 6.5
Other	2.6	1.9, 3.3
Latino ethnicity	7.1	5.7, 8.5
Family income (% of FPL)		
<138	24.8	22.7, 26.8
138–400	39.9	37.8, 42.1
>400	35.2	32.7, 37.7
Education[a]		
Less than high school diploma	5.7	2.1, 9.3
High school graduate	42.6	40.1, 45.1
At least some college	51.5	48.9, 54.2
Self-employed	27.2	25.4, 29.1
Census region		
West	27.1	24.3, 29.8
Midwest	25.4	21.9, 28.9
South	36.2	33.4, 39.0
Northeast	11.4	9.8, 12.9

SOURCE Author's analysis of data from the 2008 Survey of Income and Program Participation (SIPP). **NOTES** The sample consists of all survey respondents ages 0–64 who reported having nongroup health insurance coverage in the first month of the survey, and no other form of health insurance (Medicare, Medicaid, employer-sponsored insurance, or military health coverage) at that time. FPL is federal poverty level. [a]Education for children (ages 0–18) is based on the highest level of education attained by any adult in their household.

spells.[18] Focusing on a cross-section at a point in time typically captures a higher share of long spells of coverage or unemployment, compared to studying only new periods of either phenomenon. The analysis and discussion in this article focus primarily on the full sample of all people in nongroup plans, since this sample provides the best estimate of how many people experience coverage changes each year. This estimate is arguably more relevant to the current policy debate than estimates based on the percentage of episodes of nongroup enrollment (as opposed to people) experiencing such coverage disruptions.

Using SIPP's one- and two-year longitudinal weights produced results that were nearly identical to the baseline estimates (Appendix Exhibit 2).[16] Using the three-year longitudinal weights led to estimates of coverage continuity that were roughly 1 percentage point higher for the first twenty-four months. This provides evidence of selective attrition earlier in the survey among respondents with less stable coverage.

Discussion

This analysis of nationally representative data from the period 2008–11 shows that the nongroup health insurance market was characterized by frequent disruptions in coverage over time, even before the ACA affected the ability of companies to continue offering existing plans to consumers. In fact, fewer than half of all nonelderly people with nongroup coverage at the beginning of the study period still had that coverage a year later. The majority of those who left nongroup coverage had switched to employer coverage, and smaller shares had acquired public insurance, become uninsured, or moved out of and then back into nongroup coverage.
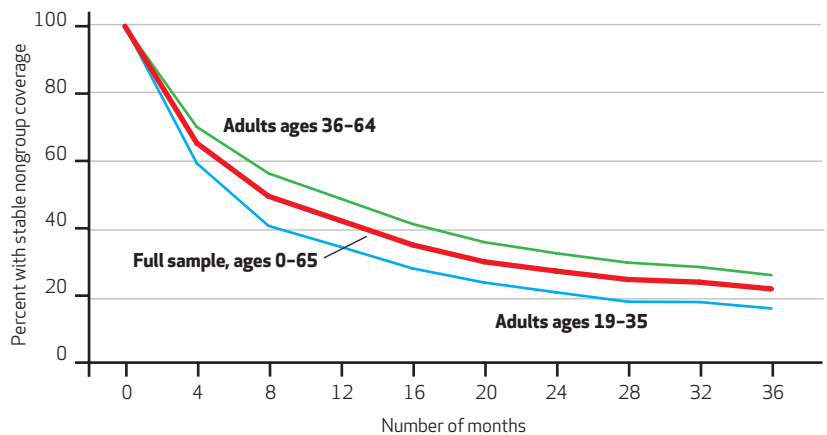
These results are consistent with prior evidence suggesting that the nongroup market can provide transitional coverage for many people,[7] particularly those who are between jobs or waiting for benefits from a new employer to start. However, administrative data from a 2005 analysis of California's nongroup market indicated somewhat more stable coverage in the nongroup market, with roughly 60 percent of people maintaining continuous coverage for twelve months,[13] compared to 42 percent in this study.

These differences may reflect the limitations of self-reported data versus administrative data. However, they also likely indicate differences in coverage continuity between nationally representative estimates and data from a single state. As Exhibit 3 shows, there is significant variation across regions.

The Congressional Research Service has esti-

mated that 10.8 million people had nongroup coverage in 2012.[6] According to my estimates for the sample population, this suggests that 6.2 million Americans typically leave nongroup coverage each year. Presumably some of them do so voluntarily, because they qualify for Medicaid or start a new job with employer-sponsored coverage. Others lose coverage through inability to afford increased premiums, loss of income, or changes in health status that affect eligibility for nongroup insurance.

In this context, reports that recent cancellations of coverage may affect as many as 4.7 million adults (though precise estimates are lacking)[6] are likely capturing a great deal of the normal turnover in this market. The findings presented here also suggest that overall coverage rates in the United States are unlikely to fall as a result of these cancellations: Most people who left nongroup coverage in this study acquired other insurance within twelve months, even before the ACA offered increased coverage via the Medicaid expansion and tax credits for Marketplace insurance.

Of course, the ACA's regulations are presumably leading some people to lose nongroup coverage that they would prefer to keep. The results of this study indicate that certain subsets of people—in particular, those who are older than thirty-five, white, or self-employed—with nongroup insurance are likely to retain that coverage for three years or more. For some people who were

6.2 million

Americans

According to estimates from the sample population, 6.2 million Americans leave nongroup coverage each year.

EXHIBIT 3

Demographic Predictors Of Stable Nongroup Health Insurance Coverage Over A Twelve-Month Period

Characteristic	Odds ratio	95% CI	Predicted probability of stable nongroup coverage at 12 months (%)
Age (years)			
0–18	0.62***	0.46, 0.84	37.0
19–35	0.56***	0.46, 0.68	34.6
36–64	Ref	—ᵃ	48.0
Male	0.91	0.78, 1.06	41.2
Married	0.92	0.74, 1.14	41.2
Race			
White	Ref	—ᵃ	43.5
Black	0.47***	0.28, 0.80	27.4
Asian	0.84	0.52, 1.36	39.5
Other	0.55*	0.30, 1.02	30.1
Latino ethnicity	0.34***	0.16, 0.69	21.6
Family income (% of FPL)			
<138	1.16	0.84, 1.59	45.5
138–400	0.93	0.71, 1.23	40.5
>400	Ref	—ᵃ	42.1
Educationᵇ			
Less than high school diploma	0.64*	0.38, 1.06	33.7
High school graduate	0.91	0.73, 1.14	41.7
At least some college	Ref	—ᵃ	43.8
Self-employed	1.28**	1.04, 1.57	46.3
Region			
West	1.98***	1.22, 3.20	50.6
Midwest	1.46*	0.95, 2.26	43.4
South	1.15	0.73, 1.81	38.0
Northeast	Ref	—ᵃ	34.8

SOURCE Author's analysis of data from the 2008 Survey of Income and Program Participation. **NOTES** The sample ($N = 3133$) contains all people ages 0–64 who reported having nongroup health insurance coverage in the first month of the survey, reported having no other form of health insurance (Medicare, Medicaid, employer-sponsored insurance, or military health coverage) at that time, and reported their health insurance status twelve months later. The outcome variable was whether an respondent reported having stable nongroup coverage during the ensuing twelve months. Analyses used survey-weighted multivariate logistic regression, with predicted probabilities to quantify absolute changes in risk. CI is confidence interval. FPL is federal poverty level. ᵃNot applicable. ᵇEducation for children (ages 0–18) is based on the highest level of education attained by any adult in their household. *$p < 0.10$ **$p < 0.05$ ***$p < 0.01$

covered by nongrandfathered plans, cancellations related to the ACA represent an unwanted change in coverage options that may be quite disruptive.

However, the ACA creates a range of new coverage alternatives via Medicaid and the Marketplaces. In addition, most insurance companies that are issuing cancellations are making efforts to enroll into alternative plans those customers receiving cancellation notices.[19] Notably, 65 percent of the sample in this study had incomes below 400 percent of poverty. This suggests that many, if not most, of those who received cancellation notifications are now likely to be eligible for subsidized coverage that may be less expensive than their previous insurance.

This study's findings are also relevant to the issue of premium "sticker shock"—which occurs when a person has to pay significantly more than in the past to remain covered by a plan—in the nongroup market. Some policy makers have expressed concern that the market reforms in the ACA are leading to significantly higher premiums for many healthy young adults (particularly men)[20] and may lead people to drop their current coverage.

In this context, it is notable how rapid coverage turnover was among adults ages 19–35 in this study. Even before the ACA was implemented, nearly 80 percent of these adults experienced a change in coverage within two years. Undoubtedly, some adults in this age range with nongroup coverage will experience premium increases due to the ACA. However, most of them will qualify for lower premiums due to tax credits,[21] and many of them will experience even larger declines in total out-of-pocket spending because of reduced cost-sharing require-

Recent plan cancellations may not have an impact that is markedly different from the normal turnover in this market.

ments. Thus, true "sticker shock" is the exception rather than the rule for younger adults in this rapidly changing market.

This study's findings also are relevant to how the Obama administration has responded to the tumult over insurance cancellations. As noted above, the president announced that insurance companies could continue offering previously cancelled plans to existing customers for one year, and that beneficiaries would not be subject to the individual insurance mandate in the ACA.

Two potential limitations in the White House's approach to this issue are that some state insurance regulators have declined to allow insurers to continue offering these plans, and that even if insurers do still offer the plans, this may only push the problem a year down the road, after which it will recur. The administration's proposed solution has been rejected by several liberal states, including New York and Massachusetts.[4] However, the multivariate analysis in this study demonstrated that nongroup coverage in the Northeast is already much more prone to turnover than such coverage in other parts of the country. This means that following the pres-

ident's proposal may be less critical to maintaining coverage in these states, compared to states without as much turnover in their nongroup markets.

Furthermore, concerns that this problem will simply recur in a year may be overstated. This study's findings indicate that fewer than half of people with nongroup insurance today will still have that coverage in a year, with the majority of them likely to have obtained employer-provided insurance in the meantime. This latter issue may be moot, however, as the White House has more recently proposed extending this remedy for three years in total.[22]

One additional policy consideration is that states that elect to follow the president's proposal could find that people interested in continuing coverage under previously cancelled plans may be disproportionately older. In this study, long-term coverage in nongroup plans was most common for adults older than thirty-five. This may imply higher-than-expected costs and premiums, given the disproportionately older risk pool.

Conclusion

An analysis of nongroup coverage patterns from 2008–11 shows that this market was characterized by high turnover even before the ACA's reforms were implemented. Thus, recent plan cancellations may not have an impact that is markedly different from the normal turnover in this market. This analysis can also provide a nationally representative estimate of baseline coverage stability in this market. It remains to be seen whether the ACA will succeed in both expanding coverage and making that coverage more stable over time, especially since many people previously covered by nongroup insurance will transition into health insurance Marketplaces. ∎

NOTES

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16 To access the Appendix, click on the Appendix link in the box to the right of the article online.

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