Correlates of Nonresponse in the 2010 and 2012 Medical Expenditure Panel Survey

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Abstract

This paper analyzes estimates from the Household Component of the Medical Expenditure Panel Survey (MEPS) matched with the National Health Interview Survey (NHIS) and uses practical tools to inform MEPS nonresponse estimates. MEPS is a nationally representative panel survey studying health care use, access, expenditures, source of payment, insurance coverage, and quality of care sponsored by the Agency for Healthcare Research and Quality. Each year a new panel begins and each panel has 5 rounds of data collection over 2 ½ years. The MEPS sample is a subsample of the previous year's NHIS sample; NHIS is sponsored by the National Center for Health Statistics, Centers for Disease Control and Prevention (CDC).

The goal of this paper is to explain MEPS nonresponse rates for 2010 to 2012. We use demographic and other personal characteristics from NHIS and MEPS to predict MEPS nonresponse rates. Data used are from the 2009 and 2011 NHIS matched with the 2010 and 2012 MEPS files along with additional paradata.

Key Words: Medical Expenditure Panel Survey (MEPS), National Health Interview Survey (NHIS), nonresponse

1. Introduction[1]

Similar to some other panel surveys, contacting and gaining cooperation for the Household Component of the Medical Expenditure Panel Survey (MEPS) Round 1, or the first interview in a series of interviews, can be more difficult than for the other interviews. In an effort to improve Round 1 conditional response rates that had been decreasing, a number of changes were implemented in MEPS starting in 2011. One of the changes was increased incentives paid to MEPS responders in 2011. Another change was AHRQ's decision to increase the MEPS Round 1 data collection period in an attempt to improve Round 1 response rates (Rounds 1, 3, and 5 are in the field at the same time—the first half of the year.) Also an interim nonresponse subsampling procedure was implemented in 2011.

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[1] The views expressed in this paper are those of the authors and no official endorsement by the Department of Health and Human Services or the Agency for Healthcare Research and Quality are intended or should be inferred.

For this paper we compare MEPS Round 1 nonresponse rates for Panel 17 that began in 2012 with those for Panel 15, which began in 2010. The comparison is interesting in part because the 2012 MEPS used higher incentives and a longer data collection period than the 2010 survey. We analyze nonresponse rates by characteristics measured in the NHIS a year earlier. Since the National Health Interview Survey (NHIS) is a sampling frame for MEPS, there is a wealth of information about the sampling frame for both MEPS responders and nonresponders. Future analysis will focus on trends to 2014. MEPS' main sponsor is the Agency for Healthcare Research and Quality; NHIS' main sponsor is the National Center for Health Statistics, Centers for Disease Control and Prevention.

Our research questions are:
- Did nonresponse rates change overall from 2010 to 2012 MEPS?
- If so, for which subgroups? and,
- What are the variables that field managers can control that affect non-response rates?

2. Background

The Medical Expenditure Panel Survey (MEPS) is a nationally representative longitudinal survey whose purpose is: to learn about health care services people use, the payments for these services, and the sources of payment for these services. Each annual MEPS panel of household is a subsample of responding households (from the prior year) of the National Health Interview Survey (NHIS) (Cohen 1997). Besides the MEPS Household Component (HC) on which we are focusing, MEPS has the Medical Provider Component (MPC) where medical providers providing treatment to the HC household members are contacted to get more complete and accurate data on expenditures for enhancing data quality and imputations. The providers we go back to include office-based physicians, hospitals, home health-care providers, and pharmacies. The MPC is linked with the HC. In addition, MEPS has the Insurance Component (IC) which is a separate survey of establishments collecting information on types of health insurance offered to their employees. The MEPS HC, linked with the MPC, is used to estimate access to care, medical care utilization, and expenses. MEPS supplies data useful for informing health care policy.

The MEPS Household Component (MEPS-HC), used in this study, is a panel survey with 5 in-person interviews covering 2 years for each person in sampled families (Ezzati-Rice, Rohde, and Greenblatt, 2008). The MEPS-HC is conducted with in-person household interviews of approximately 14,000 families per year. The average Round 1 interview length is 80 minutes per family (Westat, 2014).

Figure 1: MEPS-HC Overlapping Panel Design with NHIS
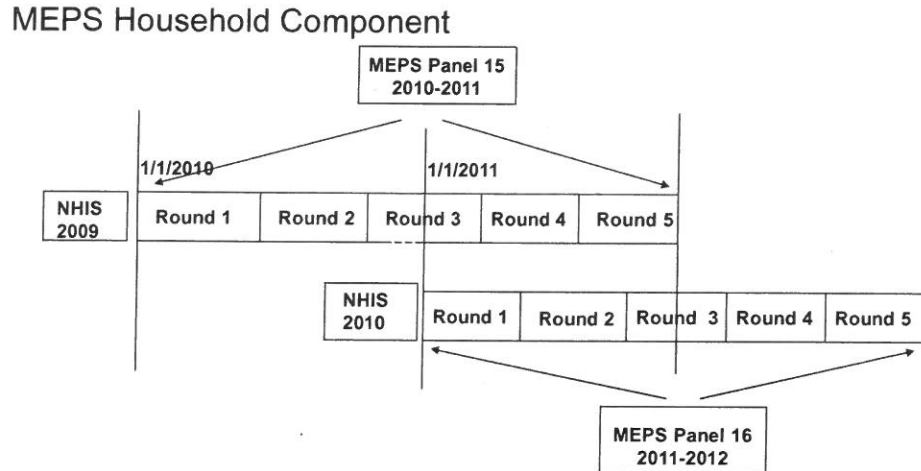
MEPS Household Component

Figure 1 demonstrates MEPS overlapping panel design—5 interviews over 2 ½ years covering a 2-year reference period. For example the 2009 NHIS is fielded in 2009 and the 2010 MEPS panel which uses the 2009 NHIS as a sampling frame begins its fielding in 2010 and covers a 2-year reference period from 2010 to 2011. While the 2010 NHIS covers 2010, the 2011 MEPS panel begins in 2011, has 5 interviews and covers the 2-year reference period of 2011 and 2012. The MEPS 2011 Full-Year file uses data from Rounds 1-3 for Panel 16, the panel that began in 2011, and Rounds 3-5 data for Panel 15, the panel that began in the year before (2010). This overlapping panel design increases the sample sizes for cross-sectional estimates and thereby reduces the variance for the calendar year estimates.

2.1 Motivation

Table A. MEPS Conditional Panel-Round-Specific Response Rates by Data Collection Year, 2008-2014

		Round 1	Round 2	Round 3	Round 4	Round 5
2014	Panel 19	71.8	93.6			
	Panel 18			94.5	97.1	
	Panel 17					98.5
2013	Panel 18	74.2	92.9			
	Panel 17			95.2	95.5	
	Panel 16					97.6
2012	Panel 17	78.2	94.2			
	Panel 16			96.1	97.3	
	Panel 15					98.2
2011	Panel 16	78.2	94.7			
	Panel 15			95.4	97	
	Panel 14					98.3
2010	Panel 15	73.5	92.2			
	Panel 14			94.9	96.8	
	Panel 13					97.9
2009	Panel 14	74.8	91.8			
	Panel 13			96.2	97	
	Panel 12					97.8
2008	Panel 13	77.6	94.6			
	Panel 12			94.7	96.2	
	Panel 11					98.2

(Westat, 2014)

According to Table A, the Round 1 conditional response rates from 2008 to 2014 are in the 70's; the Rounds 2-5 conditional response rates during the same period are in the 90's. For MEPS, contacting and gaining cooperation of Round 1 respondents, or the first interview in a series of 5 interviews, is more difficult than for the other rounds. We focus on Round 1 conditional response rates, since their response rates are appreciably lower than the conditional response rates for Rounds 2-5.

As shown in Figure 2, MEPS Round 1 conditional response rates decreased from 83.1 percent in 1996 to 73.5 percent in 2010. Response rates have been declining in many surveys in the last decade or two, not just MEPS. In order to improve the Round 1 response rates a number of changes were made in the fielding of MEPS. Starting with Panel 16 in 2011, the incentive given to the respondents for participating in the MEPS was increased from $30 to $50. Also in 2011, the Round 1 field period was increased from 23 weeks to 26 weeks (table B).

Figure 2. MEPS-HC Round 1 Conditional Response Rates (Completed NHIS): 1996-2014
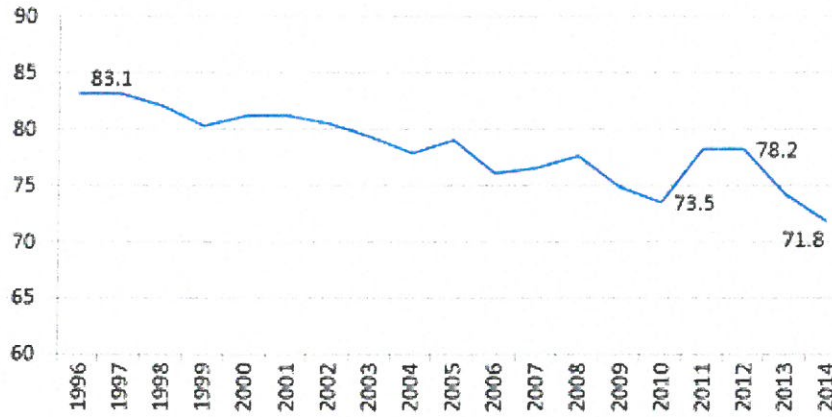
(Westat, 2014)

As shown in Table B, the Round 1 field period in 2010 and prior years went from Feb 1 to July 16 -- 23 weeks. In 2011 and 2012, the Round 1 field period went from January 10 to July 16—26 weeks. The response rate was 73.5 in 2010, increased to 78.2 percent in 2011 and 2012 and then decreased in 2013 and in 2014 when the field period was shortened to 24 weeks.

Table B. Calendar Dates, Weeks in Field, and Conditional Round 1 Response Rates: MEPS, 2010-2014

	Dates	Weeks in Field	Incentive Amount	Conditional Response Rate
2010 & earlier	February 1–July 16	23	$30	73.5*
2011, Panel 16	January 10-July 16	26	$50	78.2**
2012, Panel 17	January 10-July 16	26	$50	78.2
2013, Panel 18	January 10-June 30	24	$50	74.2
2014, Panel 19	January 24-July 13	24	$50	71.8

*2010 conditional response rate.
**Weighted estimate—in 2011, an interim nonresponse subsampling procedure was implemented.
(Westat, 2014)

2.2 Research Questions

Our research questions are about nonresponse rates: did MEPS nonresponse rates change overall from 2010 to 2012 and for which subgroups? and, what are the variables that field managers can control that affect non-response rates? This paper focuses on the MEPS Round 1 response rates conditional on NHIS response from 2010 to 2012, a time when there were changes in incentives and changes to the Round 1 number of weeks in the field. Future analysis will focus on trends to 2014 to compare effects of incentives and length of field period on non-response.

2.3 Data/Methods

The MEPS sampling frame is based on NHIS responding households. Once MEPS has its sampled households, then there are the MEPS Round 1 responding households versus the MEPS Round 1 nonresponding households. The Point-in-Time (PIT) file is an early-release file with Round 1 data of the current panel, and Round 3 data of the previous panel. We are using Round 1 data of the current panel from the 2010 and 2012 MEPS PIT files. For our study we focused on Round 1 nonresponse defined at a person level to be sampled persons who were in Round 1 of the current year and did not have a positive weight on the MEPS-HC PIT file for that year. Often nonresponse is at the unit level. Our analysis is at the person level.

For our study the 2009 NHIS public use and paradata files were merged with the MEPS 2010 point-in-time file (PIT) (2009NHIS/2010MEPS) and the 2011 NHIS public use and paradata files were merged with the MEPS 2012 PIT file (2011NHIS/2012MEPS).

We first produced descriptive statistics to assess nonresponse rates in 2010 and 2012 and changes from 2010 to 2012. We calculated and compared person-level Round 1 nonresponse rates by standard demographic and socioeconomic groups for the 2009NHIS/2010MEPS and 2011NHIS/2012MEPS files using bivariate descriptive analysis. To account for MEPS complex sample design, the SUDAAN software package (Research Triangle Institute, 2012) was used to estimate percent nonresponse. Chi-square tests and corresponding p-values were used to determine whether or not being a nonrespondent was associated with the different NHIS variables. The demographic and socioeconomic variables used are shown in Table C. The bivariate descriptive analysis for 2011NHIS/2012MEPS resulted in 10 variables that exhibited significant association with nonresponse using chi-square at the .05 level and these variables are indicated with an '*' in Table C.

Table C. Independent Research Variables for descriptive analyses and used in Logistic Regression Model (those with *)

NHIS		
Demographic	SES	Paradata
Age* Sex* Region Education* Race/Ethnicity* Marital Status* Number of Children* Number of Adults Born in U.S.	Health Insurance Coverage* Family Poverty Ratio* Family Health Care Spending/Year	NHIS Completeness Status*

U.S. Citizenship Health Status*		

We next modeled nonresponse as the outcome variable for 2011NHIS/2012MEPS using logistic regression for binary outcomes. The dependent variable was MEPS Round 1 non-response. The independent variables included in the model were those with significant chi-square values in 2011NHIS/2012MEPS from the bivariate analysis and indicated with an '*' in Table C. SUDAAN's Proc rlogist was used in order to account for MEPS complex sample design. Our estimates are weighted using the NHIS weights multiplied by the inverse of the MEPS probability of selection.

3. Results

3.1 Descriptive Statistics
As shown in Appendix Table 1, the MEPS Round 1 nonresponse rate decreased for all persons from 30.5 in 2010 to 25.9 percent in 2012, a relative percent decrease of 15 percent.

The nonresponse rates decreased or remained the same for all identified subgroups. The largest decreases in nonresponse rates from 2010 to 2012 were for non-Hispanic blacks with a 22 percent decrease; those living in the West with a 21 percent decrease; those not covered by health insurance with a 23 percent decrease; and those in the lowest poverty level with a 21 percent decrease.

There were no significant decreases in MEPS Round 1 nonresponse rates from 2010 to 2012 for: persons ages 65 and over; those living in the Northeast or Midwest; Hispanics; Medicaid, no private insurance; not U.S. born or not U.S. citizen; Middle income levels as measured by poverty level-- greater than or equal to 200 and less than 300, or greater than or equal to 300 and less than 400; all but the lowest level of health care spending group (GE 0 – LT $2,000).

The variables that exhibited significant association with nonresponse in 2011NHIS/2012MEPS using Chi-square at the .05 level were Age, Sex, Education, Race/Ethnicity, Marital Status, Number of Children, Health Insurance Coverage, Health Status, Family Poverty Ratio, and NHIS Completeness Status.

3.2 Multivariable model
Our second analyses involved modeling nonresponse at the person level for 2011NHIS/2012MEPS. The dependent variable was MEPS Round 1 non-response. The independent variables included in our model were the NHIS variables that exhibited significant association with nonresponse in 2011NHIS/2012MEPS using chi-square at the .05 level.

Appendix Table 2 shows the results of the multiple predictors of nonresponse model using logistic regression for 2011NHIS/2012MEPS.

In 2012 (a time period with higher incentives and longer field period than in 2010), we found the most important variables predicting nonresponse were: NHIS completeness status; Race/Ethnicity; Marital Status; and Poverty Ratio.

In 2012 MEPS, people in families that were NHIS partials were 2.14 times more likely to be a non-responder than those in families with NHIS complete status.

In 2012 MEPS, Hispanic persons (OR=1.55) or non-Hispanic white/Other persons (OR=1.81) were more likely than those who were non-Hispanic black to be non-responders.

In 2012 MEPS, Married or Never married persons were 1.25 times more likely than Widowed, Divorced, or Separated persons to be non-responders.

In 2012 MEPS, those in families whose poverty ratio was 200 to less than 400 (OR=1.29) or 400 or above (OR=1.54) were more likely to be non-responders than those in families whose poverty ratio was 0 to less than 200.

There seems to be two general types of determinants of nonresponse: Income and SES (poverty level, race/ethnicity); and resistance/availability to be interviewed (NHIS completeness status-resistance, marital status-availability).

4. Summary and Usefulness to Field Managers

Like many other surveys during this time, MEPS Round 1 response rates (unit level) declined from 1996 to 2010, (83.1 percent to 73.5 percent.) Because of decreasing response rates, MEPS implemented a number of field changes beginning in 2011 including increasing incentives paid to MEPS responders and an increased field panel for Round 1.

We analyzed and compared MEPS Round 1 nonresponse rates (person level) in 2010 and in 2012. The comparison is interesting in part because the 2012 survey used higher respondent incentives and a longer field period than in 2010.

Using descriptive statistics we determined that the MEPS Round 1 nonresponse rates (person level) decreased from 30.5 percent in 2010 to 25.9 percent in 2012, a 15 percent decrease. The nonresponse rates decreased during this time period or remained the same for all identified subgroups. The largest decreases in nonresponse rates were for non-Hispanic blacks, those living in the West, those not covered by health insurance, and those in the lowest income (poverty) level.

We determined which NHIS variables were associated with MEPS nonresponse in 2012 (age, sex, education, race/ethnicity, marital status, number of children, health insurance coverage, health status, family poverty ratio, and NHIS completeness status) and used these variables in a multivariable logistic regression model to predict MEPS nonresponse in 2012.

The most important variables predicting MEPS nonresponse in 2012 were NHIS completeness status; race/ethnicity; marital status; and poverty ratio. People were more likely to be MEPS nonrespondents: if they were in families that were NHIS partial interviews vs complete interviews; other race/ethnic groups vs non-Hispanic Black; married or never married versus the widowed, divorced, or separated; or in families whose poverty ratio were in the two top categories versus the lowest category.

In summary, our analysis focused on nonresponse rates from 2009NHIS/2010MEPS to 2011NHIS/2012MEPS and identified characteristics of sample persons who are more likely not to respond to the MEPS. Knowing the NHIS characteristics of sample persons and which ones are more likely to respond can help the field managers tailor field

operations. For example this information helps field managers prioritize cases depending on their NHIS characteristics and propensity to respond and improves the efficiency of data collection.

This is a preliminary analysis. Additional analyses exploring response rates to 2014, are planned to compare the effects of incentives and length of field periods on these trends.

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Appendix Table 1: Estimated MEPS Weighted Response Rates by NHIS Demographic Characaterisitcs, U.S. , 2009NHIS/2010MEPS & 2011NHIS/2012MEPS[1]

NHIS variables		2009NHIS/2010MEPS			2011NHIS/2012MEPS						2012 vs 2010
			95% Confidence Interval			95% Confidence Interval					
		Percen (S.E.)	Lower	Upper	Percen (S.E.)	Lower	Upper	Chi-Square	df	p-value	ztest
TOTAL		30.5 (0.77)	28.9	32.0	25.9 (0.70)	24.6	27.3				-4.35
Age	0-17 yrs	27.4 (1.17)	25.1	29.7	23.0 (1.00)	21.1	25.0	9.7	2	0.0001	-2.84
	18-64 yrs	31.6 (0.82)	29.9	33.2	26.4 (0.78)	24.9	28.0				-4.52
	65+ yrs	30.7 (1.36)	28.0	33.3	28.5 (1.21)	26.1	30.8				-1.22
Sex	Male	31.2 (0.87)	29.5	32.9	26.7 (0.79)	25.2	28.3	6.9	1	0.0092	-3.84
	Female	29.7 (0.78)	28.2	31.2	25.2 (0.72)	23.8	26.6				-4.25
Region	Northeast	30.9 (1.85)	27.3	34.5	27.0 (1.64)	23.8	30.2	1.3	3	0.2597	-1.59
	Midwest	27.7 (1.82)	24.1	31.2	26.9 (1.79)	23.4	30.4				-0.31
	South	32.3 (1.27)	29.8	34.8	26.2 (1.13)	24.0	28.4				-3.54
	West	30.1 (1.31)	27.6	32.7	23.8 (1.10)	21.6	25.9				-3.71
Education	Less than high school	25.7 (1.20)	23.3	28.0	21.4 (1.16)	19.1	23.7	9.6	3	0.0000	-2.57
	High school grad	31.1 (0.96)	29.2	32.9	26.1 (0.86)	24.4	27.8				-3.81
	More than high school	33.4 (1.18)	31.1	35.7	28.9 (1.08)	26.8	31.0				-2.81
	Less than 24 years of age	28.7 (1.04)	26.6	30.7	24.5 (0.95)	22.6	26.3				-3.00
Race/Ethnicity	non-Hispanic Black	21.0 (1.32)	18.4	23.6	16.3 (0.94)	14.4	18.2	29.2	2	0.0000	-2.91
	Hispanic	24.7 (1.34)	22.1	27.3	21.7 (0.96)	19.8	23.6				-1.81
	no-Hispanic White/Other	33.5 (1.03)	31.5	35.6	28.2 (1.01)	26.2	30.2				-3.67
Marital status	Less than 14 years of age	25.9 (1.23)	23.4	28.3	22.1 (1.03)	20.1	24.1	20.4	3	0.0000	-2.32
	Married	32.8 (0.99)	30.9	34.8	28.7 (0.84)	27.1	30.4				-3.16
	Widowed/Divorced/Separat	28.0 (1.18)	25.7	30.3	22.7 (1.14)	20.5	25.0				-3.22
	Never married	31.2 (1.12)	29.0	33.4	26.9 (1.12)	24.7	29.1				-2.70
Number of children	None	33.5 (0.91)	31.8	35.3	28.3 (0.87)	26.6	30.0	13.6	1	0.0003	-4.13
	One or more	27.9 (1.02)	25.9	29.9	23.9 (0.94)	22.1	25.8				-2.86
Number of adults	One	29.2 (1.22)	26.8	31.6	23.8 (1.15)	21.5	26.0	3.8	1	0.0520	-3.20
	Two or more	30.8 (0.89)	29.0	32.5	26.5 (0.81)	24.9	28.1				-3.57
Health Insurance	Any private	32.6 (0.89)	30.9	34.4	28.8 (0.95)	26.9	30.7	20.3	3	0.0000	-2.93
	Medicaid, no private	20.4 (1.82)	16.8	24.0	16.6 (1.16)	14.3	18.9				-1.74
	Medicare/other no private/	30.6 (1.60)	27.5	33.7	26.1 (1.35)	23.4	28.7				-2.16
	Not covered	27.8 (1.33)	25.2	30.4	21.4 (1.23)	19.0	23.8				-3.55
U.S. Born	Yes	30.7 (0.83)	29.0	32.3	25.6 (0.77)	24.1	27.1	2.0	1	0.1634	-4.46
	No	28.8 (1.12)	26.6	31.0	27.3 (1.05)	25.2	29.3				-0.97
U.S. Citizen	Yes	30.7 (0.80)	29.1	32.3	26.0 (0.73)	24.6	27.4	1.7	1	0.1890	-4.37
	No	25.8 (1.54)	22.8	28.8	24.2 (1.28)	21.7	26.7				-0.82
Poverty level	GE 0 and LT 200	25.0 (1.18)	22.7	27.3	19.8 (0.84)	18.1	21.4	24.2	3	0.0000	-3.63
	GE 200 and LT 300	26.6 (1.69)	23.3	29.9	26.0 (1.52)	23.1	29.0				-0.25
	GE 300 and LT 400	32.2 (1.88)	28.5	35.9	27.3 (1.74)	23.9	30.7				-1.90
	GE 400	36.5 (1.21)	34.1	38.8	31.5 (1.28)	29.0	34.0				-2.80
Health care spending/year	Zero	29.8 (2.06)	25.8	33.8	26.5 (1.73)	23.1	29.9	0.3	3	0.8247	-1.23
	GT 0 and LT $2,000	30.1 (0.93)	28.3	31.9	25.0 (0.75)	23.5	26.5				-4.27
	GE $2,000 and LT $3,000	29.2 (2.18)	25.0	33.5	24.9 (2.01)	21.0	28.8				-1.46
	GE $3,000	28.8 (1.89)	25.1	32.5	26.0 (1.73)	22.6	29.4				-1.09
Health Status	Excellent/Very good/Good	30.8 (0.82)	29.2	32.4	26.3 (0.72)	24.9	27.7	7.4	1	0.0067	-4.17
	Fair/Poor	26.5 (1.51)	23.6	29.5	22.6 (1.31)	20.0	25.2				-1.97
NHIS completes	Fully completed	27.1 (0.80)	25.6	28.7	22.7 (0.71)	21.3	24.1	74.8	0	0.0000	-4.11
	Partially completed	42.0 (1.50)	39.1	45.0	37.7 (1.58)	34.6	40.8				-2.00

[1]Nonresponse is round 1 nonresponse at the person level and is defined as MEPS sampled persons who do not have a positive weight on the MEPS Point-in-time (PIT) file for that year.

Appendix Table 2: Odds Ratios and 95 Percent Confidence Intervals for the Multiple Predictors of Nonrespone: MEPS, 2011NHIS/2012MEPS

Variable		2011NHIS/2012MEPS	Variable		2011NHIS/2012MEPS
Age	0-17	1	No. of Children	0	1.17 (1.00, 1.37)
	18-64	0.92 (0.72, 0.92)		1+	1
	65+	0.99 (0.73, 1.33)	Hlth Ins Coverage	Any Private	1.40 (1.06, 1.85)
Sex	Male	1.06 (1.00, 1.14)		Medicaid no private	1
	Female	1		Medicare no private/Medicaid	1.45 (1.10, 1.92)
Education	< HS	1		No Coverage	1.20 (0.93, 1.54)
	HS grad	1.06 (0.91, 1.24)	Poverty ratio	GE 0 and LT 200	1
	College deg +	0.98 (0.80, 1.18)		GE 200 and LT 400	1.29 (1.06, 1.57)
	<25 yrs	1.23 (0.99, 1.53)		GE 400	1.54 (1.25, 1.90)
Race/Ethnicity	NH black	1	Health Status	Exc,VG,G	0.97 (0.81, 1.15)
	Hispanic	1.55 (1.27, 1.88)		Fair/Poor	1
	NH white/Other	1.81 (1.52, 2.16)			
Marital Status	Wid/ Div/Sep	1	NHIS Completeness Status	Complete	1
	Married/Never Married	1.25 (1.08,1.44)		Partial	2.14 (1.80, 2.54)
	<14	0.91 (0.70,1.17)			

Abbreviations used in table: < HS, less than High school degree or GED; HS, high school degree or GED; College deg +, 4-year College degree or more; NH black, non-Hispanic black; NH white/other, non-Hispanic white or Other than specified categories; Wid/Div/Sep, widowed, divorced, or separated; Married/Never Married, married or never married; Hlth Ins Coverage, health insurance coverage; GE 0 and LT 200, greater than or equal to 0 and less than 200; GE 200 and LT 400, greater than or equal to 200 and less than 400; GE 400, greater than or equal to 400; Exc,VG,G, excellent, very good, or good; Fair/Poor, fair or poor.