Affordability of Complementary Health Insurance in France : a Social Experiment

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Healthcare access of the poorest in France

- Inequalities in access to health care are well documented in France, particularly for specialist and dental care.
- Those inequalities are particularly explained by inequalities in access to complementary health insurance (CHI), given that 75% of health expenditures are covered by the French public health insurance *[Kambia-Chopin et al., 2008 ; Jusot & Wittwer, 2009 ; Jusot et al., 2011].*
- Despite the existence of a free coverage for low income people (CMUC), 6% of the French population remains without CHI *[Perronnin et al., 2011].*
- This figure is higher among households whose resources are just above the CMUC eligibility threshold and it strongly decreases with household income *[Arnould & Vidal, 2008]* :
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- In order to improve financial access to CHI and reduce the threshold effect induced by CMUC :
  - a CHI voucher program was introduced in 2005,
  - called "**Aide Complémentaire Santé**" (ACS).
- ACS is intended for people whose resources are between :
  - the CMUC eligibility threshold and (627€ for a single)
  - this treshold plus 26% (799€).
- The voucher :
  - is delivered by local public health insurance funds (CPAM).
  - entitles to a price reduction for individual health insurance.
  - covers, in average, 50% of the health insurance premium.
- Estimated ACS- eligible population : **2 millions.**

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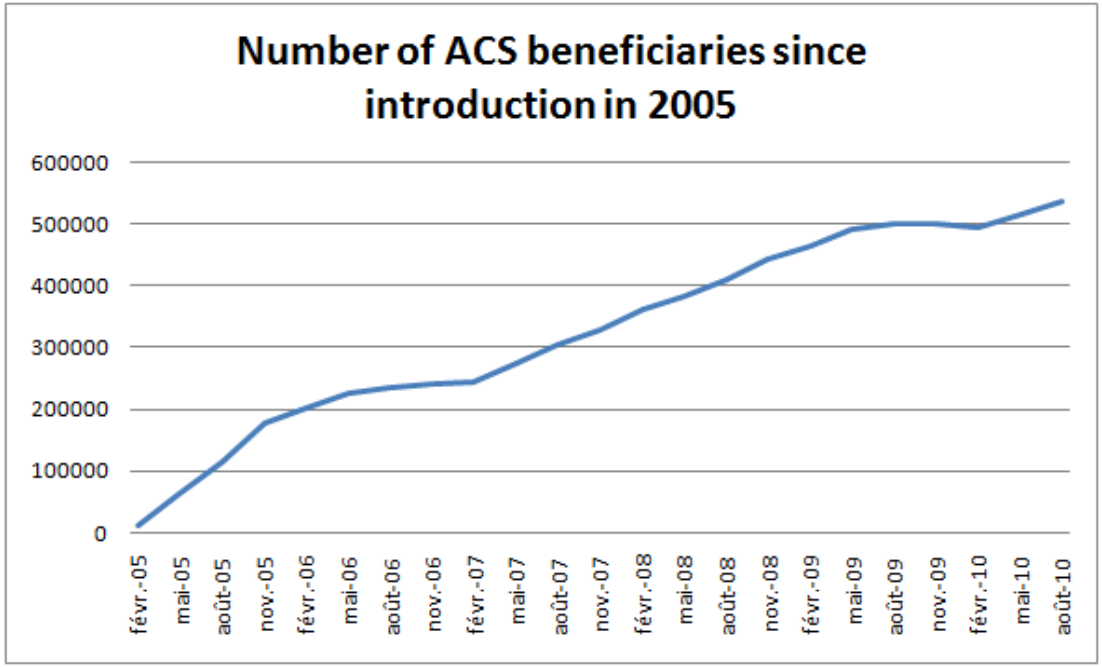
ACS enrolment is low



- Even if the number of effective ACS beneficiaries has slowly progressed since its introduction...
  - At the end of 2008, 596,626 vouchers had been delivered by local CPAM branches and of these, only 441,948 beneficiaries had effectively purchased CHI *[CMU Fund, 2011]*.
  - In August 2010, 637 308 vouchers had been delivered and 537 744 beneficiaries effectively purchased CHI *[Fonds CMU 2011]*.
- ... the take-up rate remains low.

To test the validy of two main hypotheses within a randomised experiment

- **Two main hypotheses may be proposed to explain the low enrolment for ACS program :**
  1. Unaffordability of CHI despite this financial aid.
  2. Lack of information (application process & existence of program itself).
- **Purpose of the study is to test the validity of these hypotheses within a randomised experiment.**
  - aimed at testing the impact of a general **increase in the ACS subsidy** and the effect of an **improved access to information** in form of a briefing on ACS take-up.
  - in collaboration with a Public Health Insurance Fund (CPAM) of an urban area in Northern France (Lille city).
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Definition of the experimented population

- All potentially eligible insurees attached to the CPAM in Lille were identified at the end of 2008 on the basis of 2007 resources entitling them to family allowance benefits from the Lille Family Benefits Fund (CAF).
- **4,209 individuals** were randomly selected to participate in the experiment among insurees **potentially eligible for ACS that had not taken up their rights at the end of 2008**.

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Experiment Design

- **These 4,209 individuals were randomly assigned into three groups :**
  1. **Control group :** receiving the standard level of financial aid
  2. **Treated group 1** : benefiting from a voucher increase
  3. **Treated group 2 :** benefiting from the same voucher increase along with an invitation to an information meeting on ACS
- **Proposed voucher amounts (per persons) depend on the household composition :**

Group	Under 25 years	25 - 59 years	60 years & older
Control	100€	200€	400€
Treated 1 & Treated 2	175€	350€	650€

Experimental data matched with CPAM administrative data

- **The 3 groups received a letter explaining their eligibility to ACS and the amount of the voucher.**
- **The 2nd treated group received, one week later, an invitation to an information meeting provided by a social worker.**
- **All insurees were followed-up during 6 months (Jan-July 09) and we recorded :**
  - How many application forms were sent back.
  - How many of them entitled to ACS.
- **These data were matched with administrative data from CPAM :**
  - CHI type of coverage, health care expenditures, sexe, age, CPAM status, ... of the experimented population.

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Evaluating the voucher increase and the information briefing proposal

- **We defined two different treatments :**
  - an ACS voucher increase for the first treated group
  - an information meeting proposal in addition to the voucher increase for the second treated group.
- **Based on the Roy-Rubin framework, we are interested in estimating the average treatment effect.**
- **As both treatments were randomly assigned, their impact can be estimated by difference in means between treated and untreated groups :**
  - Voucher increase : Treated group 1 - Control group.
  - Meeting proposal : Treated group 2 - Treated group 1.
- **We focus on two outcome variables :**
  - Rate of returned application forms.
  - Rate of ACS agreements, *i.e. the proportion of individuals who effectively received an ACS voucher after re-assessment of eligibility by CPAM.*

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  - an information meeting proposal in addition to the voucher increase for the second treated group.
- **Based on the Roy-Rubin framework, we are interested in estimating the average treatment effect.**
- **As both treatments were randomly assigned, their impact can be estimated by difference in means between treated and untreated groups :**
  - **Voucher increase : Treated group 1 - Control group.**
  - **Meeting proposal : Treated group 2 - Treated group 1.**
- **We focus on two outcome variables :**
  - Rate of returned application forms.
  - Rate of ACS agreements, *i.e. the proportion of individuals who effectively received an ACS voucher after re-assessment of eligibility by CPAM.*

Small but significant impact of the voucher increase

Group	Nb of returned forms	Nb of insurees	%	95% CI
Control	222	1,394	**15.9%**	[14.0-17.8]
Treated 1	262	1,412	**18.6%**	[16.5-20.6]
Total	701	4,209	**16.7%**	[15.5-17.8]

- The proportion in the first treated group is significantly higher than in the control group (5% level).
- Elasticity of the subsidy increase is equal to 0.22.

Impact of the voucher increase is independent of CHI status

Group	Rate of returned forms : Control	Rate of returned forms : Treated 1	Elasticity
CHI in 2008	16.4%	19%	0.21
No CHI in 2008	15%	17.6%	0.23

- ACS is presented as a windfall for individuals having already purchased a CHI contract and for whom one could have expected a massive take-up rate, more especially with the voucher increase.

Voucher increase leads to better targeting of eligible individuals

Group	Nb of ACS agreements	%/ nb insurees	%/ returned applications	Ressources too low- %/ returned applications	Ressources too high- %/ returned applications
Control	110	**7.9%**	49.6%	11.3%	39.2%
Treated 1	152	**10.8%**	**58.0%**	9.5%	**32.4%**
Total	387	9.2%	**55.2%**	10.1%	34.7%

- The number of ACS agreements between groups gives similar results to those obtained with returned applications.
- The exceptional financial aid offered to the individuals in treated groups appears to have more successfully targeted eligible beneficiaries.

Information briefing proposal cancels out the impact of the voucher increase

Group	Nb of returned forms	Nb of insurees	%	95% CI
Control	222	1,394	15.9%	[14.0-17.8]
Treated 1	262	1,412	18.6%	[16.5-20.6]
Treated 2	217	1,403	**15.5%**	[13.6-17.4]
Total	701	4,209	16.7%	[15.5-17.8]

- The rate of returned applications is 15.5% among treated group 2 whose members received an invitation to an information briefing as well as a voucher increase proposal. This rate is not statistically different from that of the control group.
- On the contrary, the rate is significantly lower in treated group 2 (at 5% significance threshold).

Meeting attendance appears to increase ACS take-up

Treated 2 : meeting attendance	Nb of returned applications	Nb of insurees	%
Yes	35	125	**28.0%**
No	182	1,278	14.2%
Total	217	1,403	15.5%

- Attendees have more often completed an application form (28%).
- Among the 1,278 individuals in treated group 2 that did not attend the briefing, the take-up rate is only 14%.
- These results could lead to the conclusion that on the one hand, the information briefing had a positive impact on the ACS take-up rate among those that participated and on the other, a negative among those that failed to attend the briefing.

On evaluating the impact of meeting attendance

- **Two issues arise:**
  1. To **control for potential selection bias** : As meeting attendance was not compulsory, it is likely that individuals assigned to treated group 2 self-selected themselves.
  2. To **choose a control group** : As meeting proposal has a direct effect on ACS take-up.

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Choice of the control group

- **Treated 1**
  - = voucher increase
- **Treated 2 without meeting attendance**
  - = voucher increase + meeting proposal
- **Treated 2 with meeting attendance**
  - = voucher increase + meeting proposal + meeting attendance
- If we assume that meeting proposal has a negative effect only on people who didn't attend it, **treated group 1 is then the best control group to identify the meeting attendance effect**.
- **Treated 2 with meeting attendance**
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Estimation strategy

- Under this assumption, the probability of returning an application form for individuals assigned to **treated groups 1 and 2** is given by :
  - $y_i^* = \alpha + \beta P_i + \gamma M_i + dZ_i + u_i$ (1)
- For **treated group 2** eq.*(1)* becomes :
  - $y_i^* = A + \Gamma M_i + dZ_i + u_i$ *(2)* with $A = \alpha + \beta$ and $\Gamma = \gamma - \beta$.
- For **treated group 1** : $y_i^* = \alpha + dZ_i + u_i$ *(3)*
- On the sample of **treated group 2** *(eq. 2)*, Γ and d can be estimated with a **recursive bivariate probit model**.
- The coefficients A, α,β and γ are then identify as follows :
  - On the sample of **treated group 2**, eq.*(2)* is estimated with fixed Γ and d. This gives : A.
  - On the sample of **treated group 1,** eq.*(3)* is estimated with fixed d. This gives : α.
  - Thus, we obtain (A-α) and then deduce β and γ.

Results

- **Likelihood of returning an application form (treated groups 1 and 2) :**

	Probit estimation	**Bivariate probit estimation**
Variables	*Marginal effects*	*Marginal effects*
Meeting proposal (Pi)	**-0.041**	**-0.045**
Meeting attendance (Mi)	**0.075**	**0.138**

- The meeting proposal appears to have a negative impact on ACS take-up for insures who didn't attend it.
- Meeting attendance on the contrary increases the probability of returning an application form and this impact remains after controlling for potential selection bias on unobservables.
- The correlation coefficient of the bivariate estimation is negative but not significantly different from zero (ρ= -0.12 with LR test : Prob> 0.7938).
- Hence, a simple probit model seems to be a valid model to estimate eq.2.

Discussion

- **This experiment shows that increasing the voucher amount slightly improves the ACS take-up rate, with an elasticity of the probability of applying for ACS to the subsidy equals to 0.22.**
  - These results are consistent with previous studies in the US showing price elasticity on health insurance demand varying between -0.2 and -0.6. These studies also infer a weak but significantly positive effect of a subsidy on health insurance demand *(Thomas, 1995; Marquis and Long, 1995; Marquis et al., 2004 and Auerbach and Ohri, 2006)*.
- The weakness of this impact suggests that the core reason behind the poor take-up rate is not the cost of complementary health insurance but more the lack of access to information concerning the scheme and the complexity of the application process.
- This experiment also shows that the invitation to participate in an information briefing has discouraged certain individuals from applying.
  - It illustrates the difficulty in adequately communicating on the existence of a scheme and the administrative procedures involved in order to benefit from it.
- **This experiment shows the difficulties to effectively reach the targeted population.**
  - In total, only 55% of the individuals who applied for ACS were effectively eligible to this program and received an ACS agreement.

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Limits & Policy implications

- **Limits**
  - The experimental approach used in this study has the advantage of controlling selection issues that are usually the main difficulty in evaluating public policy.
  - However, the gain in robustness is counterbalanced by a loss in representativeness.
  - As in all experiments, it is limited in time.
- **Policy implications**
  - This experiment provides relevant elements for improving access to health insurance of low income population in France.
  - The increase in the standard amount of financial aid for individuals aged 50 and over instituted on January 1st 2010 will have a positive impact on the ACS take-up rate.
  - This experiment points out the difficulty of reaching a target population by means of a postal information campaign and the counter-productive nature of the invitation to an information briefing.
  - In view of this, extending the target population on January 1st 2011 may be a first step in encouraging ACS take-up.
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