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SIMPLIFYING HEALTH INSURANCE -- Hypothetical Choice Survey, September 2017 (#5372)

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1) Have any data been collected for this study already?

It's complicated. We have already collected some data but explain in Question 8 why readers may consider this a valid pre-registration nevertheless.

2) What's the main question being asked or hypothesis being tested in this study?

Choice platforms that include "consequence graphs" will increase the likelihood that people select health insurance plans that conform to standard economic notions of financial dominance than platforms that only present a table of plan features.

3) Describe the key dependent variable(s) specifying how they will be measured.

Participants will make choices from 10 pairs of health plan options. In 6 of these one of the plans dominates the other based on standard economic principles for most levels health risk a person could have. We will measure our dependent variable of "adherence to dominance" in two ways: 1) for each of the 6 plan pairs we will have an indicator of whether or not the dominant option was selected (these will then be grouped as described below) and 2) we will count the number of times the dominant option was selected (0 - 6) for each subject.

4) How many and which conditions will participants be assigned to?

Random assignment to one of three information-display conditions: a) standard table, b) standard table + expected spending calculation, c) standard table + consequence graph.

5) Specify exactly which analyses you will conduct to examine the main question/hypothesis.

1) OLS regression of indicator for choosing the dominant plan in Sets 1 & 2 where high-deductible (HD) plan strictly dominates) on treatment indicators. SEs clustered at individual level to account for repeated measures (indicator for choice in each set).
2) Same as 1 but for Sets 3 & 4, where where HD 2nd-order stochastically dominates for most health-risk types.
3) Same as 1 but for Sets 9 & 10 where LD 2nd-order stochastically dominates for most health-risk types.
4) Same as 1 but for sets 1,2,3,5,9&10 combined.
5) Wilcoxon rank-sum test of equality of the number of times the dominant option was selected comparing treatment (c) to treatment (a) and treatment (b) to treatment (c).

6) Any secondary analyses?

1) We anticipate that choices in sets 5 through 8, which can be rationalized for some level of risk aversion health risk, will correlate more strongly with external measures of risk aversion under treatment (c) than in the other two treatments. We have two external measures of risk aversion (one from a question in this survey experiment and one from an incentivized risk elicitation previously conducted with the UAS panel). We will regress an indicator for choosing the high-deductible option on treatment indicators, each external measure of risk aversion and a composite index of the two (3 regressions), and the interaction between the risk measure and treatment. The interest is in the interaction term.
2) Test if the share of subjects making internally consistent choices in sets 5 through 8 is higher in treatment (c) than in the other two treatments.
3) Test if the (negative) correlation between selecting the high-deductible option & the expected reduction in covered spending (given health type) is lower in treatment (c) than other treatments (using interaction term in linear regression).
4) Test if share choosing the high-deductible (HD) plan is lower with treatment (c) than treatment (b) in sets 6 -8 for subjects whose health risk type makes expected spending lower in the HD option. (Sub-population analysis).

7) How many observations will be collected or what will determine sample size? No need to justify decision, but be precise about exactly how the number will be determined.

600 total, 200 in each treatment.

8) Anything else you would like to pre-register? (e.g., data exclusions, variables collected for exploratory purposes, unusual analyses planned?)

Data collection began through the Understanding America Study panel at USC on Friday 9/1/2017. The study launched a little more quickly than we had anticipated so we are submitting plan after data collection began. Data collection is ongoing and the research team has not analyzed any data as of filing this plan.