



STUDY OF THE IMPACT OF THE ACA IMPLEMENTATION IN KENTUCKY

Quarterly Snapshot: January - March 2016

The Study of the Impact of the Affordable Care Act (ACA) on Health Coverage, Access, Quality, Cost, and Outcomes in Kentucky, funded by the Foundation for a Healthy Kentucky, is a three-year mixed methods study conducted by the State Health Access Data Assistance Center (SHADAC), a health policy research institute at the University of Minnesota. As part of the Study, the research team produces Quarterly Snapshots to track ACA implementation indicators in a timely way. Sources and technical notes are included on page 5. Please visit us at: <http://healthy-ky.org> or follow us on Twitter @healthyky and @shadac.

COVERAGE AND COST

This is the fifth Quarterly Snapshot produced under the Study of the Impact of the ACA Implementation in Kentucky. All sections have been updated with new data and/or data points since the previous Quarterly Snapshot. Data sources are included in the Technical Notes section, on page 5.

Remaining Uninsured

Kentucky has experienced one of the largest drops in uninsurance since implementation of the ACA; however, 300,000 remained uninsured in 2015.¹ In certain ways, the current uninsured Kentuckians are significantly different than those with health coverage. Kentucky's remaining uninsured in 2015 were:

18% more likely to be working

32% less likely to have at least some college education

53% more likely to have lower incomes*

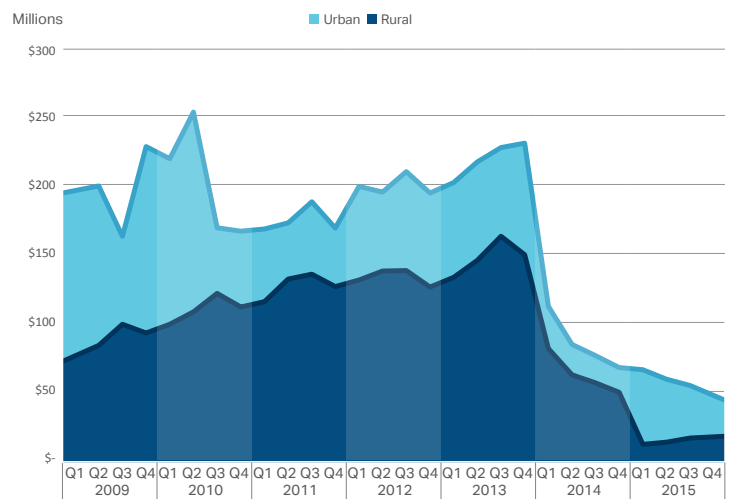
100% more likely to be young adults (age 19-25)

397% more likely to be Hispanic/Latino

* Low income: ≤138% of Federal Poverty Guidelines

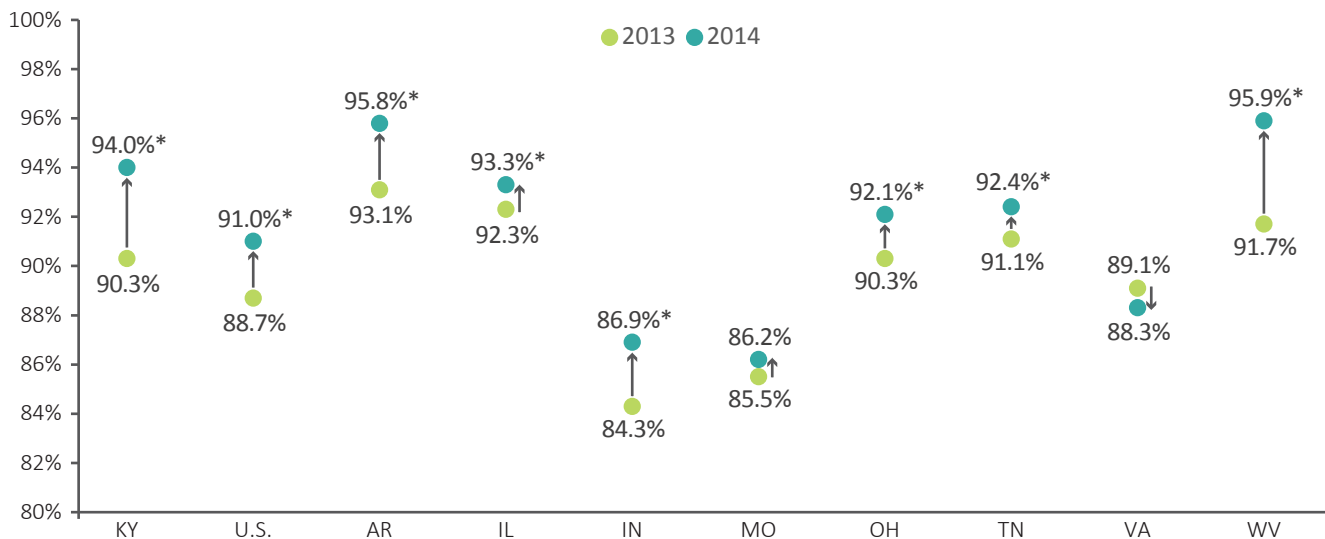
Outpatient Charity Care and Self-Pay Costs

Since 2014, the amount of charity care and self-pay charges (an estimate of uncompensated care) for outpatient care provided by hospitals has dropped. This decline was sustained through the fourth quarter of 2015, though there was a slight increase for rural hospitals.



Children's Medicaid/CHIP Participation Rates

Since implementation of the ACA, the participation rates for children in Medicaid and CHIP—the percentage of eligible children who are enrolled—have increased for Kentucky and most neighboring states.² Kentucky had the second-largest statistically significant increase of 3.6 percentage points, following West Virginia (4.2 points). Kentucky's 2014 participation rate of 94% is higher than the U.S. (91%), and higher than all but two neighbors (Arkansas and West Virginia).

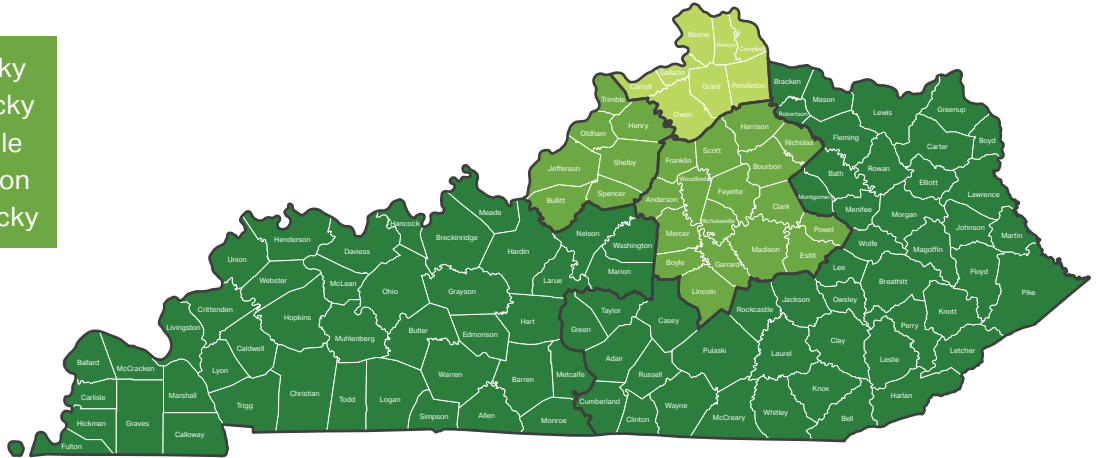
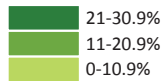


MEDICAID

Child Medicaid/CHIP Enrollment

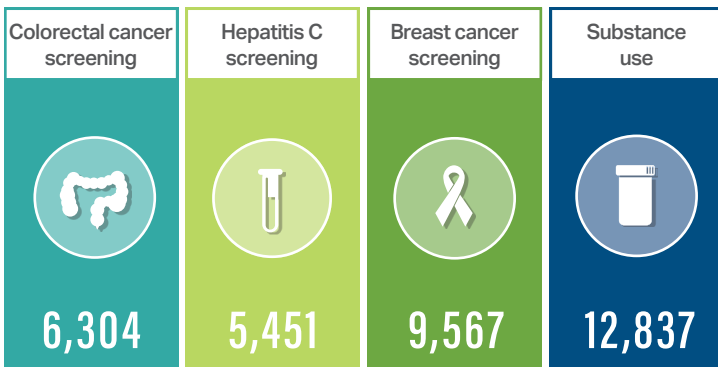
This map shows the distribution of children, ages 18 and under, who are enrolled in Medicaid/CHIP during January-March 2016. More than 515,000 Kentucky children were covered by traditional Medicaid and KCHIP in the first quarter of 2016.

- 29% live in Eastern Kentucky
- 27% live in Western Kentucky
- 20% live in Greater Louisville
- 16% live in Greater Lexington
- 8% live in Northern Kentucky



Medicaid Services

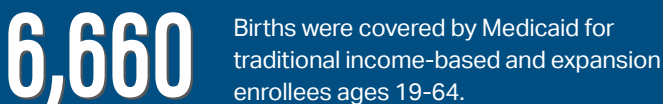
During the past quarter (January-March 2016), Medicaid covered thousands of needed services for traditional income-based and ACA Medicaid expansion enrollees ages 19-64.



Dental Services Breakout



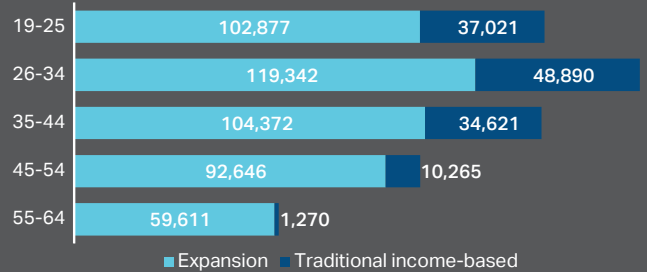
Newborn Births



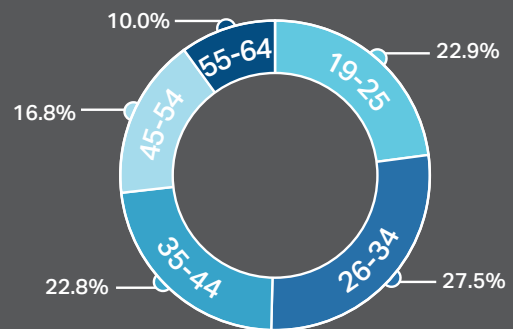
ENROLLMENT METRICS

In the first quarter of 2016, Medicaid covered nearly 611,000 adult Kentuckians (ages 19-64) through traditional income-based and expansion eligibility.

Enrollment by Age and Medicaid Category



Medicaid Enrollment by Age



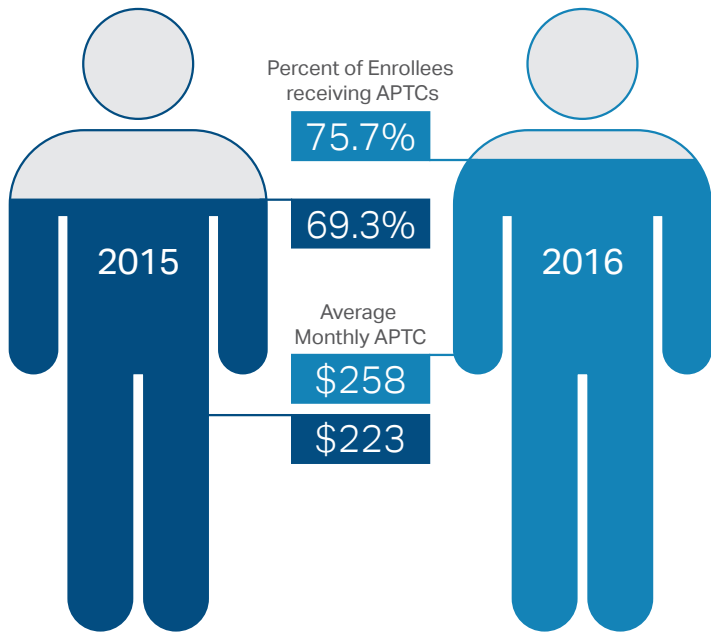
*These data exclude children and elderly adults, and people enrolled through other eligibility categories.

KYNECT

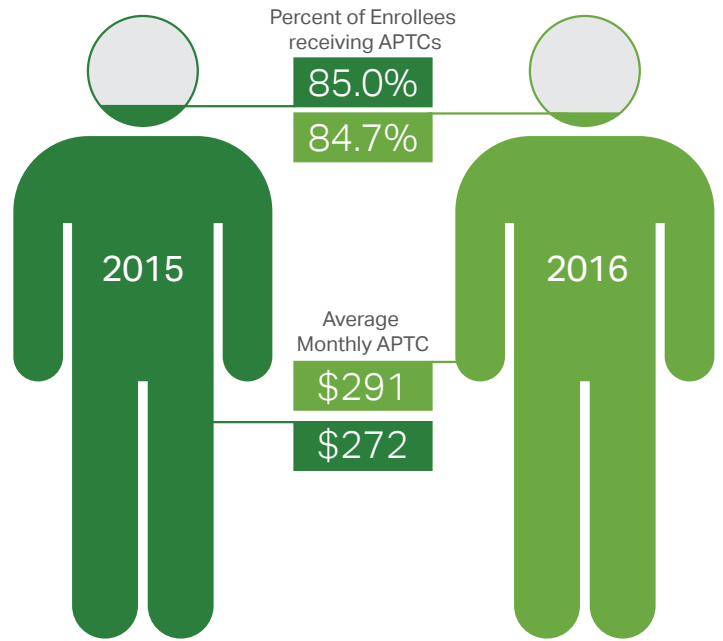
Marketplace Enrollment by Financial Assistance Status & Average APTC

The percentage of kynect enrollees receiving assistance increased from 69.3% in Open Enrollment Period 2 to 75.7% in Open Enrollment Period 3, but it remained lower than the U.S. average of 85%. The average amount of monthly financial assistance increased to \$258 in Kentucky and \$291 in the U.S.

KENTUCKY

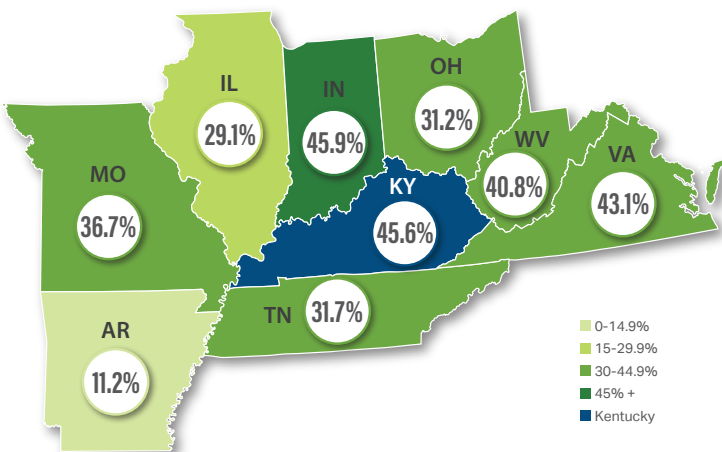


UNITED STATES



Individual Market Enrollment

While tax credits are only offered through the Marketplace, coverage is still sold inside and outside the Marketplace. Compared to its neighbors, kynect had the second-highest percentage of total individual-market enrollment that was obtained through the Marketplace in 2014, at 45.6%.



Individual Market Rate Increases

Insurance companies in Kentucky requested base rate increases ranging from 7.60% to 65.11% for 2017 plans in the Commonwealth's individual market. Kentucky's Department of Insurance approved increases ranging from 5.60% to 47.18%.

Company	% Change Requested	% Change Granted
Golden Rule	65.11%	47.18%
Humana	33.70%	31.00%
Aetna Health Inc	7.60%	5.60%
Baptist Health Plan	26.68%	27.90%
CareSource KY	20.55%	29.30%
Anthem Health Plans of KY	22.90%	22.90%
Average	29.42%	27.31%

Quarterly Snapshot Technical Notes

This is the fifth Quarterly Snapshot produced under the Study of the Impact of the ACA Implementation in Kentucky. All sections have been updated with new data and/or data points since the previous [Quarterly Snapshots](#).

COVERAGE

Remaining Uninsured: SHADAC analysis of data from the Current Population Survey's Annual Social and Economic Supplement, which is conducted between February-April, regarding point-in-time insurance coverage in 2015. The uninsurance estimates are derived from survey questions asking about whether respondents have coverage at the time they are being surveyed. They are considered "uninsured" if they had no coverage under any type of health insurance at the time of the survey. Notes: The estimates presented here are for individuals of all ages, except for the working and education estimates, which are limited to adults. Footnote No.1: Current Population Survey (see above).

Children's Medicaid/CHIP Participation Rates: Urban Institute analysis as reported in "[Children's Coverage Climb Continues: Uninsurance and Medicaid/CHIP Eligibility and Participation Under the ACA](#)." Footnote No. 2: The ACA's coverage expansions were aimed primarily at adults, but research finds that children are more likely to have health insurance when their parents also are covered. For more information, see "[ACA Improves Health Insurance Coverage for Kentucky Children](#)".

Outpatient Charity Care and Self-Pay: Kentucky Outpatient Hospital Administrative Claims Data, Frankfort, KY 2009-2015; Cabinet for Health and Family Services, Office of Health Policy. Due to a change in the methodology for calculating uncompensated care, these data may not match similar data in prior Quarterly Snapshots.

MEDICAID

Medicaid Enrollment and Services Indicators: SHADAC analysis of data provided by the Kentucky Cabinet for Health and Family Services (CHFS). Notes: For the map, we include only traditional income-based Medicaid and KCHIP enrollees ages 0-18. For service utilization counts and enrollment charts, we include only traditional income-based Medicaid and ACA expansion Medicaid enrollees ages 19-64. We exclude children (age 18 and younger) and elderly adults (age 65 and older), as well as special enrollee categories: Medicare-Medicaid dual eligible; foster, former foster, and kinship care; intermediate care facility, nursing home, and hospice populations; Medicare savings and special populations; SSI recipients; waiver populations, or incomplete claims that do not show enrollee category. Dental services represent preventive dental visits only; other dental visits are excluded. Services are calculated based on claims data with dates of service from 1/1/16-3/31/16, retrieved on 7/11/16 by CHFS.

KYNECT

Marketplace Enrollment by Financial Assistance Status & Average APTC: U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, "[March 31, 2015 Effectuated Enrollment Snapshot](#)" June 2, 2015 and "[March 31, 2016 Effectuated Enrollment Snapshot](#)" June 30, 2016. Note: Enrollment data represent effectuated enrollment in plans as of March 31 of the respective year.

Individual Market Enrollment: SHADAC analysis of Kaiser Family Foundation analysis of annual filings to state insurance departments, using data compiled by Mark Farrah Associates, as reported in "[Data Note: How Has the Individual Insurance Market Grown Under the Affordable Care Act?](#)" and data from the Centers for Medicare and Medicaid Services "[December 31, 2014 Total Effectuated Enrollment and Financial Assistance by State](#)." Note: Data represent the results of the first Open Enrollment Period and year of coverage under the ACA with enrollment as of December 31, 2014. Arkansas enrollment may include some people who enrolled in Medicaid through the state's "private option" approach to Medicaid Expansion. Some known exchange participants have not filed enrollment data (Coportunity Health in NE and IA, and Prominence Health Plan in NV). Data are still preliminary and other insurers may not have filed.

Individual Market Rate Increases: Obtained from Kentucky Department of Insurance, as reported in "[Health Rate Filings](#)." Note: Rates include all non-group insurance plans offered, both on and off Kentucky's Marketplace, kynect.