



STUDY OF THE IMPACT OF THE ACA IMPLEMENTATION IN KENTUCKY

Quarterly Snapshot: April - June 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.

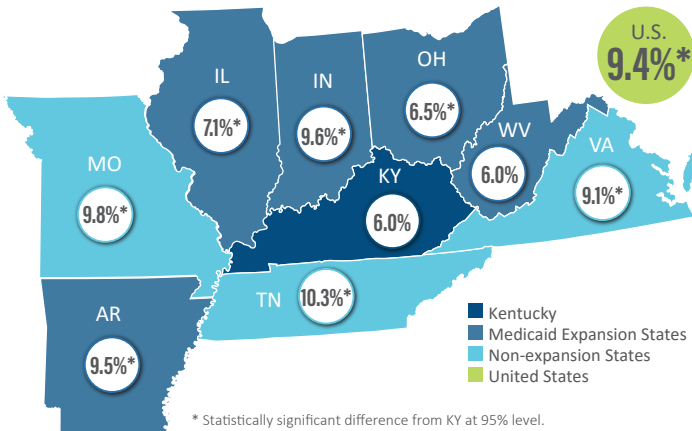
Sources and technical notes are included on page 5. Please visit us at: <http://healthy-ky.org> or follow us on Twitter @healthyky and @shadac.

COVERAGE AND COST

This is the sixth 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 at the end of this brief in a Technical Notes section.

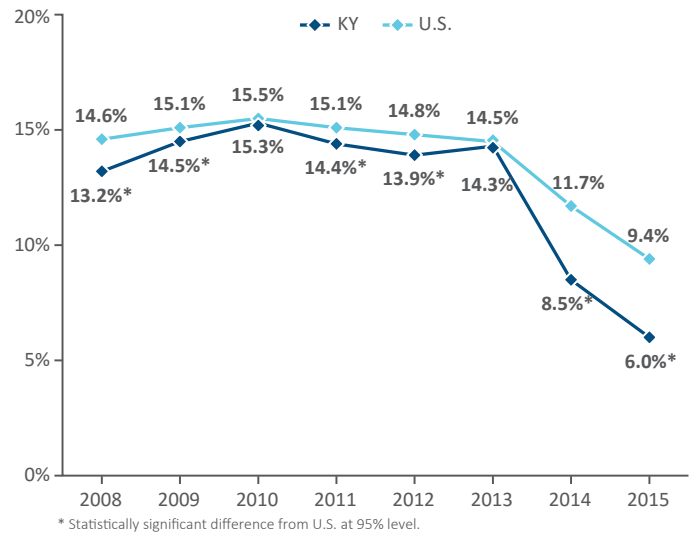
Uninsurance in 2015

In 2015, Kentucky's uninsurance rate (all ages) was the lowest among its neighboring states and the U.S. — tied at 6% with West Virginia. Of these states, the four that implemented traditional Medicaid expansions (IL, KY, OH, WV) had the lowest uninsurance rates, between 6% and 7.1%. The states that haven't expanded Medicaid (MO, TN, VA) or expanded Medicaid via an 1115 waiver (AR, IN) had higher uninsurance rates, between 9.1% and 10.3%.



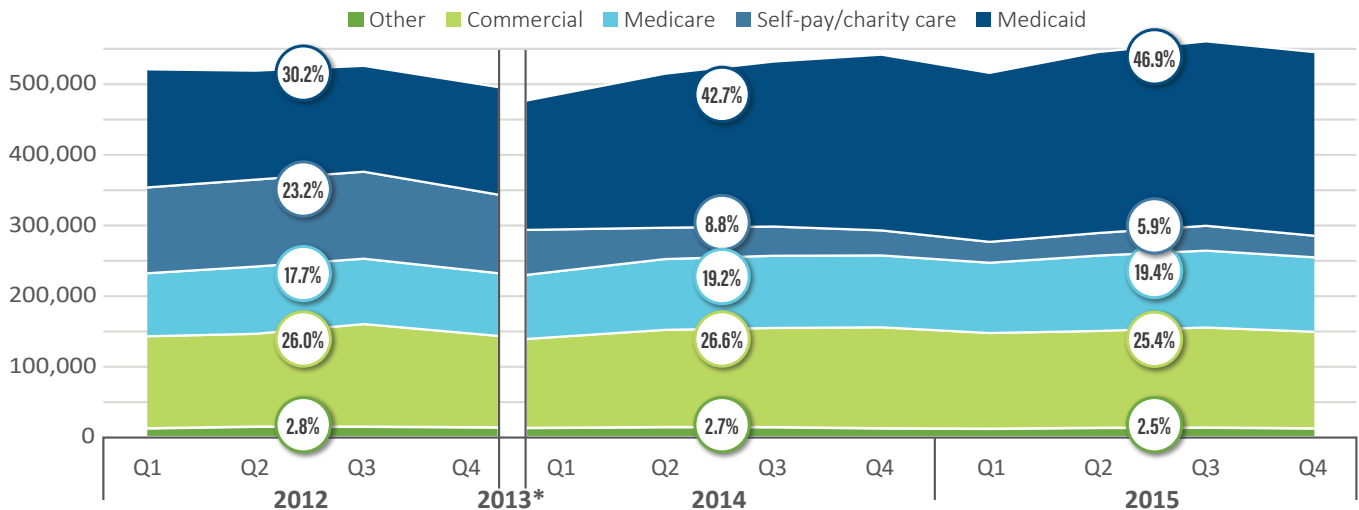
Historical Uninsurance Rates

Before 2014, Kentucky's uninsured rate (all ages) followed a similar trend to the rest of the U.S.. Since implementation of the ACA coverage expansion, uninsurance in Kentucky has dropped below the U.S. rate. In 2015, Kentucky's uninsurance rate was 3.4 percentage points lower than the U.S. rate.



Emergency Department Visits

Since implementation of the ACA, the number of Emergency Department (ED) visits has not followed a clear trend. In 2014, Kentucky hospitals reported 2.1 million ED visits — nearly identical to the number of visits in 2012. ED visits did, however, increase to 2.2 million in 2015. When 2016 data become available, our study will examine whether ED visits have increased or just fluctuated from year to year. Starting in 2014, the health coverage type for ED visits has changed: Charity and self-pay ED visits have dropped from 23.2% in 2012 to 5.9% in 2015, and Medicaid coverage of ED visits has increased from 30.2% to 46.9%.



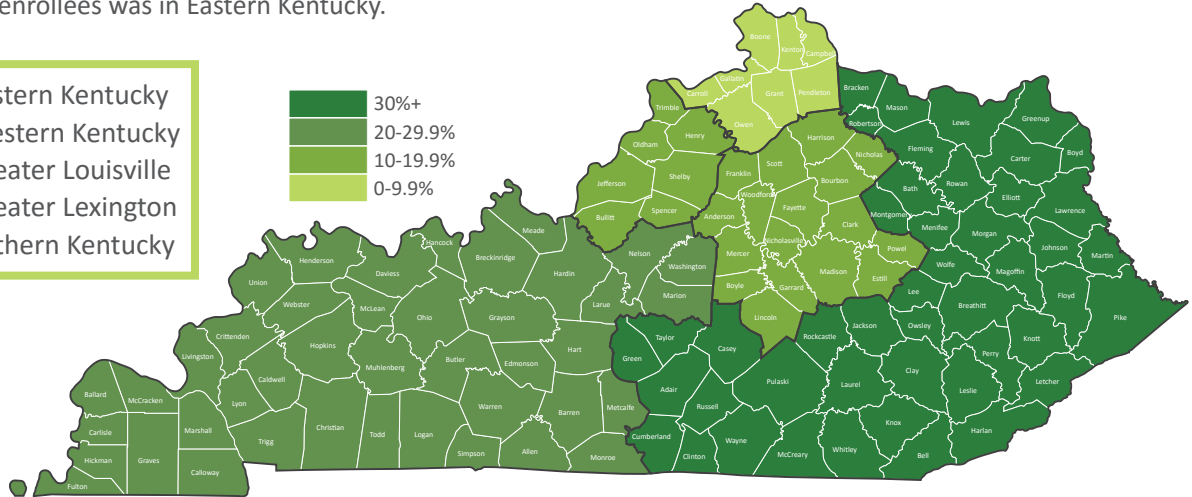
*Because SHADAC uses 2012 as our baseline year, we have excluded 2013 Emergency Department data from the chart.

MEDICAID

ACA Expansion Enrollment

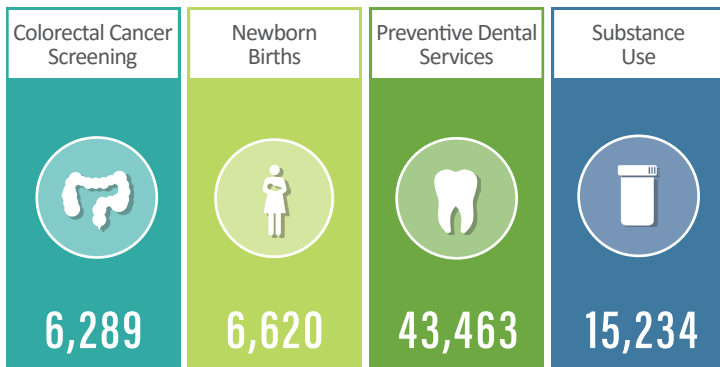
This map shows the distribution of ACA Medicaid expansion enrollees across Kentucky (ages 19-64) in 2015. The largest share of Medicaid expansion enrollees was in Eastern Kentucky.

30.7% lived in Eastern Kentucky
25.8% lived in Western Kentucky
19.6% lived in Greater Louisville
16.4% lived in Greater Lexington
7.5% lived in Northern Kentucky



Medicaid Services

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



Breakout of Hepatitis C Screening



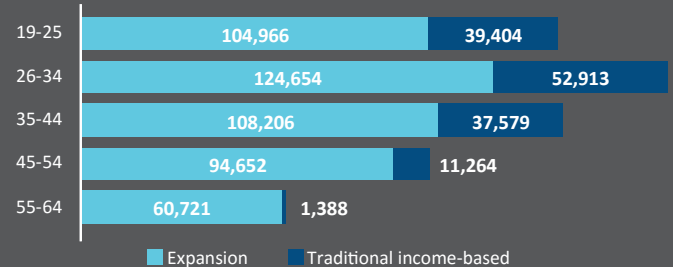
Breast Cancer Screenings

9,848 Breast Cancer screenings were covered by Medicaid for traditional income-based and expansion enrollees ages 19-64.

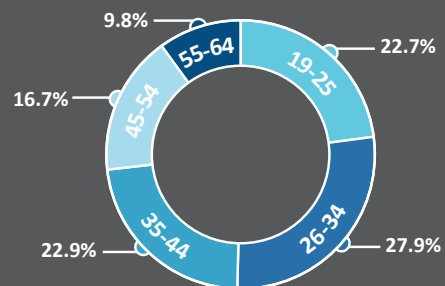
ENROLLMENT METRICS

In the second quarter of 2016, Medicaid covered nearly 636,000 adult Kentuckians (19-64) through traditional income-based and ACA Medicaid expansion eligibility. The ACA Medicaid expansion was particularly important for new coverage of young adults (ages 19-34).

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

Indicators on this page are from the 2016 Kentucky Health Reform Survey, conducted by SHADAC and the University of Cincinnati Institute for Policy Research specifically for the "Study of the Impact of the ACA Implementation in Kentucky." All data presented below are for non-elderly adults in Kentucky (ages 18 - 64).

kynect Coverage Types

Kentuckians enrolling in insurance coverage through kynect, the Commonwealth's State-based Marketplace, were most likely to have enrolled in Medicaid. Only 5% of people who obtained health insurance through kynect enrolled in private individual-market coverage.

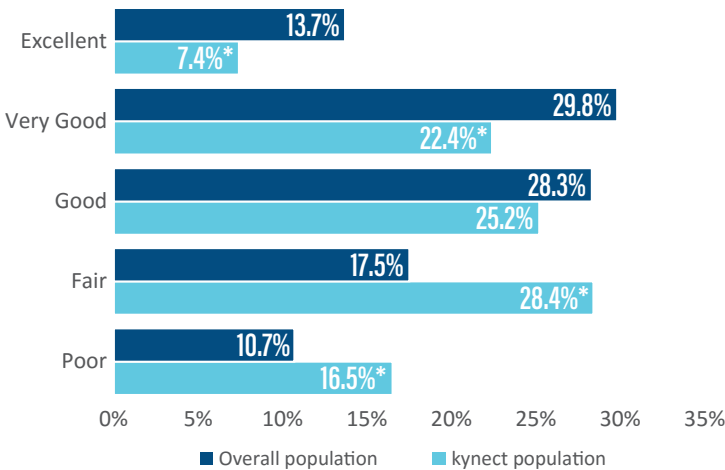
Public Coverage 95%



Private Individual-market Coverage 5%

Health Status of kynect Enrollees

Compared to the Kentucky population, people who obtained coverage through kynect reported being less healthy. They were significantly more likely to report poor or fair health and significantly less likely to report excellent or very good health. This includes people who obtained both public and private coverage through kynect.



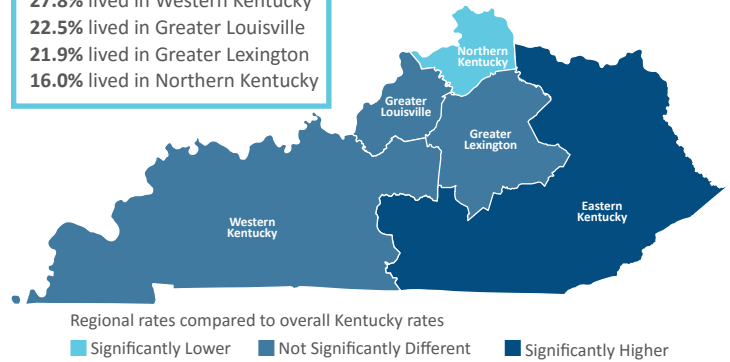
kynect Coverage by Region

In 2016, approximately 26% of Kentuckians reported obtaining insurance coverage through kynect, with some variation by region. Those in Northern Kentucky had a significantly lower rate of enrollment through kynect, and those in Eastern Kentucky had a significantly higher rate.

25.8% of Kentuckians reported obtaining coverage through kynect in 2016.

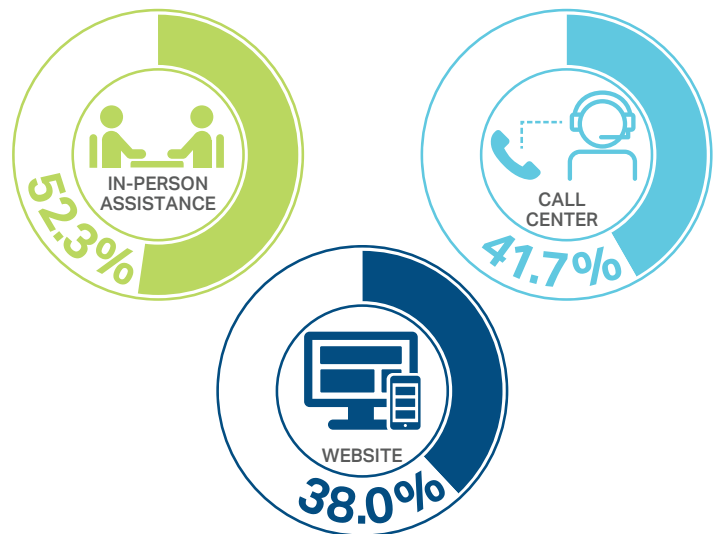
ACCESSING COVERAGE THROUGH KYNECT

33.9% lived in Eastern Kentucky
 27.8% lived in Western Kentucky
 22.5% lived in Greater Louisville
 21.9% lived in Greater Lexington
 16.0% lived in Northern Kentucky



Use of kynect Resources

Among people who shopped for coverage through kynect, more than half used in-person assistance, such as help from kynectors (52.3%). Using the kynect call center was next (41.7%), followed by the website (38%).



Quarterly Snapshot Technical Notes

This is the sixth 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.

COVERAGE

Uninsurance in 2015: SHADAC analysis of data from the 2015 American Community Survey. Note: The estimates presented here are for individuals of all ages in the total civilian non-institutionalized population. While Indiana is indicated as a Medicaid-expansion state, its expansion did not begin until February 2015, compared to the expansions that began in January 2014 in Arkansas, Illinois, Kentucky, Ohio, and West Virginia.

Historical Uninsurance Rates: SHADAC analysis of data from the 2008-2015 American Community Survey. Note: The estimates presented here are for individuals of all ages in the total civilian non-institutionalized population.

Emergency Department Visits: SHADAC analysis of data from the Kentucky Hospital Association (KHA) for 2012-2015. Notes: Payer assignments reflect the primary payer at the time of discharge. Due to rounding, data do not add to 100%. Where possible, SHADAC uses 2012 as the pre-ACA baseline year for our study, including the Emergency Department claims data. Because we use 2012 as our baseline year, we have excluded 2013 ED data from the chart.

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 ACA expansion Medicaid enrollees ages 19-64. For service utilization counts, we include only traditional income-based Medicaid and ACA expansion Medicaid enrollees ages 19-64. We exclude 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. While the label for dental services has been updated in this snapshot to indicate these are preventive services only, these data are consistent with prior snapshots. Services are calculated based on claims data with dates of service from 4/1/16-6/31/16, retrieved on 10/11/16 by CHFS.

KYNECT

kynect Indicators: SHADAC analysis of the 2016 Kentucky Health Reform Survey (K-HRS) data. The K-HRS was conducted by SHADAC and the University of Cincinnati Institute for Policy Research from March-May 2016. The survey was conducted specifically for the Study of the Impact of the ACA Implementation in Kentucky. The dual-frame (landline and cell phone) survey sampled non-elderly adult Kentuckians for a total of 1,639 interviews. Notes: Estimates presented here are for non-elderly adults in Kentucky. Health status may not add to 100% due to rounding. Use of kynect resources does not add to 100% because respondents can report using multiple resources.

For more information on other findings from the 2016 Kentucky Health Reform Survey and additional details on the methodology, read the September 2016 Semi-Annual Report of our Study of the Impact of the ACA Implementation in Kentucky: <https://www.healthy-ky.org/res/uploads/media/FINAL-Sept-2016-Semi-Annual-report.pdf>.