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July 2, 2015

## Announcements

### SHADAC AcademyHealth Presentations Available



We enjoyed seeing so many of our colleagues from across the country in Minneapolis during the 2015 AcademyHealth Annual Research Meeting (ARM). On behalf of SHADAC Director Lynn Blewett, Chair of the 2015 ARM, we hope you enjoyed your visit to Minneapolis! A number of SHADAC researchers presented at the 2015 ARM and at the State Health Research and Policy Interest Group meeting preceding the full conference. Slides from these presentations are [available online](#).

### Brief: Methods and Data Sources for Measuring Churn at the State Level



A new [brief](#) from SHADAC researcher Colin Planalp examines the nuances of coverage churn under the Affordable Care Act and explores how to measure and monitor churn at the state level. The brief considers data resources and analytic approaches that states can use to measure and monitor churn and looks at the advantages and disadvantages of each. The brief draws from an in-depth [white paper](#) on the same topic that was commissioned by the [Office of the Assistant Secretary for Planning and Evaluation](#) (ASPE).

### Fact Sheet: Enrollment Reports by State Based Marketplaces from OEP 1 and OEP 2



A new SHADAC [fact sheet](#) provides an overview of the information states are reporting about enrollment in State Based Marketplaces (SBMs) and, where data allow, shows changes between the first ACA open enrollment period (OEP 1) and the second (OEP 2). Among key findings is that, taken together, the thirteen SBMs reporting for OEP 2 enrolled 2.8 million people. The enrollment numbers are based on the state reports warehoused at SHADAC's [Insurance Marketplace Enrollment Reports](#) page.

### SHADAC in HealthAffairs: 8.4 Million Americans Potentially Eligible for Marketplace Special Enrollment Periods



A new [HealthAffairs article](#) led by SHADAC Senior Research Fellow Lacey Hartman examines the occurrence of qualifying life events outside of the ACA Marketplace open enrollment period. The authors used data from the federal Survey of Income and Program Participation (SIPP) from April 2012 to January 2013 to estimate the numbers and percentages of nonelderly adults (ages 18 to 64) with income changes and other qualifying life events that could trigger eligibility for a special enrollment period. The study found that an estimated 8.4 million people were potentially eligible for special enrollment periods as part of federal and state Marketplaces, and the majority were uninsured.

### SHADAC Researchers Present at AAPOR

SHADAC Researchers Kathleen Thiede Call, Brett Fried, and Joanna Turner presented at the 2015 Annual Conference of the [American Association for Public Opinion Research](#) (AAPOR), which took place from May 11-13, 2015, in Hollywood, FL. Dr. Call discussed the Minnesota Health Insurance Transitions Study (MN-HITS), which re-contacted respondents from the 2013 Minnesota Healthcare Access Survey (MNHA) to examine coverage and utilization patterns among ACA expansion populations in Minnesota. Mr. Fried examined [the utility of zip code tabulation level data for targeting efforts to enroll the remaining uninsured](#). Ms. Turner presented on [modeling uninsurance estimates at the county level](#).

## State Reports

### California: Health Insurance Coverage for Young Children Increases over 10-Year Period



Researchers at the [UCLA Center for Health Policy Research](#) released a new [health policy brief](#), that uses data from the California Health Interview Survey (CHIS) to examine 10-year trends in several key health and wellness indicators for children ages 0-5 in California. One such indicator is health insurance coverage, which shows improvement over the 10-year period: The rate of young children without health insurance during all or part of the year preceding the survey dropped from 13.0 percent in 2003 to 8.9 percent in

2011-2012 for respondents below 200 percent of the Federal Poverty Level (FPL). During this time period, the percentage of young children with public coverage grew from 38.5 percent to 52.7 percent, while the percentage with private coverage fell from 56.9 percent to 43.8 percent.

### **Maine: State Budget Would Benefit from 2015 Medicaid Expansion**



A new [report](#) prepared by [Manatt Health Solutions](#) for the [Maine Health Access Foundation](#) examines the estimated state budget impact of a 2015 MaineCare expansion. The report estimates that a MaineCare expansion would cost the state roughly \$17.2 million in 2016 in administrative expenses and coverage costs. At the same time, Maine could expect to see budgetary savings from accessing enhanced federal matching funds and replacing State General Funds with Medicaid funds, and the state could expect to see increased provider tax revenues. Manatt estimates \$44 million in savings and increased revenues, which would offset any expansion-related state costs for the year.

### **Massachusetts: 2014 Massachusetts Health Insurance Survey (MHIS) Indicates Continued High Rate of Insurance Coverage in the State**

The Massachusetts [Center for Health Information and Analysis](#) (CHIA) released a [report of findings](#) from the 2014 Massachusetts Health Insurance Survey (MHIS) showing that 96.3 percent of Massachusetts residents had health insurance coverage in 2014, and 15 percent of respondents reported transitioning to their current coverage from being uninsured.

The MHIS is an annual household telephone survey that was completed by 4,024 Massachusetts households in 2014, with a 30.9 percent overall response rate including both landline and wireless telephone samples. This is the first year that the MHIS has examined coverage transitions, so a comparable 2013 measure is unavailable. Additionally, because the MHIS methodology for measuring health insurance coverage was modified in 2014, the 2014 estimates should be considered a new baseline and not be used to examine trends.

### **Michigan: Medicaid and Marketplace Enrollment Far Exceeded Expectations**



The [Center for Healthcare Research and Transformation](#) (CHRT) at the University of Michigan released an [analysis](#) of the impact of the ACA on health care consumers, insurers, and providers in the state during the first year of expanded coverage options. Among key findings: The state's Medicaid waiver plan, Healthy Michigan, launched on April 1, 2014, and enrollment quickly exceeded the first-year projection of 320,000 individuals: Total enrollment reached 320,000 within four months of launch and 596,246 by late March 2015. Enrollment in Michigan's Health Insurance Marketplace also exceeded HHS projections of 161,000, reaching 272,539 by the end of the first open enrollment period.

### **Mississippi: State's Adults More Likely to be Uninsured or Have Public Coverage than Adults Nationwide pre-ACA**

The [Center for Mississippi Health Policy](#) published a [chart book](#) profiling pre-ACA baseline health insurance coverage for adults in the state in 2013 using data from the American Community Survey (ACS) and the Insurance Component of the Medical Expenditure Panel Survey (MEPS-IC). The chart book presents estimates by type of coverage, race/ethnicity, age, employment, income/poverty, and family composition. Among key findings: Mississippi had significantly lower rates than the national average for private employer and military coverage and for individual coverage (55% vs. 61% and 5% vs. 7%, respectively) in 2013, and significantly higher rates than the national average for public coverage (15% vs. 12%) and for uninsurance (20% vs. 25%).

The ACS estimates cited in this chart book were drawn from data compiled by SHADAC using the [Integrated Public Use Microdata Series of the ACS](#) ("IPUMS-USA"). These harmonized data are housed at the [Minnesota Population Center](#) at the University of Minnesota.

### **Wisconsin: Pre-ACA Regional Poverty Status and Insurance Coverage Results from the 2012 Wisconsin Family Health Survey**

Estimates are [now available](#) from the pre-ACA 2012 [Wisconsin Family Health Survey](#) (FHS) for poverty status and health insurance coverage for the state as a whole, the state's five Department of Health Services (DHS) regions, and Milwaukee County. The estimates show that approximately 15.4 percent of Wisconsin household residents were below 100 percent of the Federal Poverty Level (FPL), with a significant jump in Milwaukee County, where 26.9 percent of residents were poor. According to the data, 89.1 percent of Wisconsin residents had insurance throughout the year prior to the survey, with no significant variation by DHS region or in Milwaukee County.

The Wisconsin FHS is a statewide address-based random-sample telephone survey of all household residents in the state. Due to changes in sampling design for the 2012 FHS, 2012 data should not be combined with earlier years of data and comparisons between estimates from 2012 and those from prior years are not advised.

## **Resources**

### **Early Release of Full-Year 2014 NHIS with Estimates for All States**

The [National Health Interview Survey](#) (NHIS) [Early Release Program](#) issued [full-year insurance coverage estimates from the 2014 NHIS](#), providing the first opportunity to examine the impacts of the first ACA Open Enrollment Period (OEP) on insurance coverage using a full year of large-scale survey data. The estimates show a 2.9 percentage-point decline in the national uninsured rate from 2013 to 2014 (from

14.4% to 11.5%), driven by a 2.3 percentage-point increase in private coverage nationwide. This continues a downward trend in the national uninsured rate that began in 2011 after a decade of general growth.



This is the first time that full-year NHIS estimates are available not only for the nation as a whole, but also for all 50 states and the District of Columbia for persons of all ages, those under age 65, and adults ages 18 to 64. (Full-year state-level estimates are available for 40 states for children ages 0 to 17.) SHADAC researchers conducted a [comparison of 2013 and 2014 state-level uninsurance estimates](#) for the 42 states, along with the District of Columbia, for which estimates for both years were available. Highlights from this analysis are available on the [SHADAC blog](#).

### MEPS-IC Special Tabulations: Employer Coverage Estimates by Firm Size, 2013

The [Medical Expenditure Panel Survey – Insurance Component](#) (MEPS-IC), sponsored by the federal [Agency for Healthcare Research and Quality](#) (AHRQ) is a survey of private and public sector employers that focuses on employer-sponsored insurance. In order to support state policy analysis related to health reform, SHADAC annually requests special firm-size tabulations of the estimates. These tabulations provide estimates of employer offer and take-up, premiums, and cost-sharing (i.e., deductibles) for: firms with fewer than 50 employees; firms with 50 to 99 employees; firms with 100 or more employees; and all firms together. The 2013 national and state-level MEPS-IC special tabulations are [now available](#). These estimates, together with identical special tabulations dating back to 2006, enable trend analyses of employer coverage by these policy-relevant firm size categories. Additional information can be accessed using the [MEPSnet query tool](#).

### SHADAC Interactive Map: Zip-Code Level Marketplace Plan Selection



The [Office of the Assistant Secretary for Planning and Evaluation](#) (ASPE) released [new zip-code level plan selection data for the second open enrollment period](#) (OEP; November 15, 2014, to February 15, 2015) for the states using the [HealthCare.gov](#) platform to process enrollment in their Health Insurance Marketplace. With this data, we now have information on the number of qualified health plan (QHP) selections for the first two open enrollment time periods (OEP 1 was from October 1, 2013 to March 31, 2014). SHADAC developed an [interactive map](#) indicating plan selection at the ZIP Code level over time, with variation in shading representing the change in Marketplace selections between OEP 1 and OEP 2 (the darker the shade, the greater the increase). Users can click on a ZIP Code to see the change in qualified health plan selections (both number and percent).

## From the SHADAC Blog

[Post-ACA Coverage Estimates: Early Release of 2014 Full-Year NHIS](#)

June 26, 2015

[MEPS-IC Tables: Employer Coverage Estimates by Firm Size, 2013](#)

June 23, 2015

[Recommended Reading: "The Value of the American Community Survey"](#)

May 11, 2015

[2014 CPS Status Update: Income, Poverty, and Health Insurance](#)

April 23, 2015

[Zip Code Level Growth in Plan Selection Between OEP1 and OEP2](#)

April 17, 2015

## Conference Updates

### Calls for Papers, Upcoming Conferences

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