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March 27, 2015

## Announcements

### 2015 AcademyHealth Annual Research Meeting in Minneapolis




The [2015 AcademyHealth Annual Research Meeting](#) (ARM) will take place on June 14th-16th in Minneapolis, and SHADAC Director [Lynn Blewett will chair the event](#). The [plenary speakers](#) will be National Public Radio (NPR) science correspondent Shankar Vedantam and Penn Medicine's Chief Information Officer Roy Rosin. New this year, the ARM planning committee has issued a [Call for Late-Breaking Abstracts](#), with the goal of facilitating the dissemination of important research that was not complete by the regular abstract deadline. The deadline to submit abstracts under this call is Friday, April 3rd. Early bird conference registration is [now open](#).

### ESI Report



SHADAC released its [annual analysis](#) of state-level trends in employer-sponsored insurance (ESI) and the factors that influence ESI. The report authors used data from the Insurance Component of the Medical Expenditure Panel Survey (MEPS-IC) to examine and compare ESI trends before, during, and after the Great Recession. The [report](#) provides data for all 50 states and the District of Columbia, in addition to national-level data. While ESI varies across the states, the state-level trends largely mirrored national trends, with a steady decline in ESI before and after the great Recession.

### Webinar Podcasts: Churn, CCOs, and Survey Questions about Health Insurance Subsidies

 Three new webinar podcasts, with supporting presentation materials, are now available for viewing:

- ["Measuring and Monitoring Churn at the State Level"](#)  
This webinar covered the issue of estimating and monitoring churn at the state level. SHADAC researcher [Colin Planalp](#) discussed how churn has changed since implementation of the ACA, the potential impacts for individuals and states, and approaches to estimating churn. Policy analyst Oliver Droppers, from the Oregon Office for Health Policy and Research, discussed Oregon's experiences estimating churn and policy strategies to address it.
- ["Oregon's Coordinated Care Organizations: Governance and Impacts"](#)  
This SHARE-sponsored webinar featured Dr. Jill Rissi and Dr. Neal Wallace, both of Portland State University, who presented findings from their SHARE-funded analysis of Oregon's Coordinated Care Organizations (CCOs). Drs. Rissi and Wallace discussed the organizational structures and operational approaches of Oregon's CCOs and presented preliminary findings about how CCOs—and the variation among them—impact health care access, use, quality, and costs.
- ["Survey Questions about Subsidies for Health Insurance: Does Terminology Matter?"](#)  
This webinar covered findings from a set of survey experiments that tested different questions about receiving health insurance subsidies in the ACA Health Insurance Marketplace. Urban Institute research Victoria Lynch, Census Bureau researcher Joanne Pascale, and SHADAC research [Kathleen Call](#) discussed the findings from a split-sample experiment using data from Urban Institute's Health Reform Monitoring Survey (HRMS).

### SHARE Issue Briefs: Rural Impacts of Medicaid Expansion, Predicting High-Need Medicaid Enrollees

SHARE released two new briefs highlighting findings from SHARE-funded research projects.

- In the [first brief](#), Dr. Erika Ziller and her co-authors at the Maine Rural Health Research Center (University of Southern Maine) use data from the Medicaid Expenditure Panel Survey (MEPS), linked with state-level Medicaid policy data and county-level primary care data, to examine the ways in which Medicaid expansion will differentially impact rural individuals in light of: pre-ACA public coverage in rural areas, rural-urban population differences, the expansion becoming optional for states, and primary care access in rural areas.
- In the [second brief](#), Dr. Lindsey Leininger of Mathematica Policy Research leads an analysis of the capacity of self-reported health measures to predict need for medical care among new enrollees in a Medicaid waiver program for previously ineligible childless adults in Wisconsin.

## State Reports

### California: 6.6 Million Lacked Coverage in 2013



A new [health policy report](#) from the [UCLA Center for Health Policy Research](#) analyzes health insurance coverage status among Californians in 2013. Author Shana Alex Charles found that 6.6 million Californians were uninsured for all or part of 2013, with 4.1 million (i.e., 12.6 percent of the state's nonelderly population) lacking coverage for the entire year. The largest coverage source in California in 2013 was employer-sponsored insurance, which covered just over half of nonelderly Californians (16.4 million) for the entire year. This analysis is based on data from the 2013 [California Health Interview Survey](#) (CHIS), which includes about 20,000 California households in its sample.

### 2014 Kentucky Health Issues Poll: Coverage and Access Results

[Interact for Health](#) and the [Foundation for a Healthy Kentucky](#) released two briefs detailing findings from the 2014 [Kentucky Health Issues Poll](#) (KHIP) about health insurance coverage and access to care among the state's residents.

- The [first brief](#) reports that 50 percent of nonelderly adults were covered by employer-sponsored insurance coverage in 2014, up from 44 percent in 2013 and a low of 37 percent in 2012. In contrast, the portion of Kentuckians who were uninsured at the time of the survey fell from 25 percent in 2013 to 12 percent in 2014.
- The [second brief](#) finds that 22 percent of nonelderly adults in Kentucky skipped or delayed needed care due to cost in 2014. This represents a significant drop from 32 percent in 2009, which was the last time the survey asked about foregone or delayed care.

The [KHIP](#) is a state-level telephone survey that includes public opinion and health status questions. The KHIP has been conducted annually since 2008.

### Kentucky: New Medicaid Expansion Analysis



In a new [report](#) to the Governor of Kentucky, Deloitte Consulting examines the state's progress toward its health care access, health status, and economic goals in the first 12 months of Medicaid expansion (January 1, 2014, to December 31, 2014). The study found that new Medicaid enrollment in 2014 significantly exceeded expectations (310,887 actual vs. 164,693 projected); the state's uninsured rate dropped from 20.4 percent in 2013 to 11.9 percent in 2014 (Gallup); and the adjusted estimate of positive cumulative economic impacts was twice as large as the initial estimate (\$30.1 billion through State Fiscal Year 2021 vs. \$15.6 billion).

### Michigan: Recent Trends in Employer Coverage



The [Center for Healthcare Research and Transformation](#) (CHRT) published an [analysis](#) of recent trends in employer-sponsored insurance (ESI) coverage in Michigan. Of note, the coverage offer rate among small firms (fewer than 50 employees) in Michigan increased significantly in 2013 to 40 percent after falling from 60 percent to 33 percent from 2011 to 2012. This is in contrast to the national average offer rate among small firms, which held steady at 35 percent from 2012 to 2013. Small firms in Michigan also saw smaller average total premium increases (1.2%) from 2012 to 2013 than did firms with 50 or more workers (4.1%) in the state. This analysis is based on data from the Medical Expenditure Panel Survey, Insurance Component (MEPS-IC).

### Minnesota: Impact of the ACA on Insurance Coverage



Researchers from the [Health Economics Program](#) at the Minnesota Department of Health published [findings](#) from an early analysis of the impact of the ACA on coverage and access in Minnesota using data from an expanded state sample of Urban Institute's national [Health Reform Monitoring Survey](#) (HRMS). The researchers found an adult (18-64 years old) uninsured rate of 6.7 percent, with 135,000 more nonelderly adults having health insurance in 2014 than in 2013. Despite an increase in coverage, 27.0 percent of nonelderly Minnesotans reported forgoing needed care in the past 12 months due to costs.

## Recent and Upcoming Events

### April 2nd Webinar: Colorado Access to Care Index



The Colorado Health Institute will host a webinar on the [Colorado Access to Care Index](#), a new tool to measure the impact of the Affordable care Act in specific communities in the state. The webinar will provide an overview of the tool and discuss how communities across Colorado can use it to see how they rank in three areas of access: potential access, barriers to care, and realized access. The webinar will take place on Thursday, April 2nd, from 12:00 p.m. to 1:00 p.m. CDT. [Register here](#).

### 2015 Minnesota Health Services Research Conference

The University of Minnesota hosted the [19th Annual Minnesota Health Services Research Conference](#) on March 3, 2015 in Saint Paul, Minnesota. The goal of this regional conference is to bring together Minnesota's health services research community for a day of scholarly presentations and discussions. Six members of the SHADAC staff presented findings from their current research at the conference, as did SHARE grantee Dr. Angie Fertig from the Medica Research Institute. [Access the presentation](#)

[materials.](#)

## State Reform Survey Workgroup Meeting



SHADAC hosted a [virtual meeting](#) of the State Reform Survey Workgroup on February 26th in preparation for the collection of health coverage and access data in 2015. Natalie Triedman from the Colorado Health Institute and Rebekah Gould from the Oregon Health Authority shared their experiences selecting new reform-relevant content for the Colorado Health Access Survey (CHAS) and the Oregon Health Insurance Survey (OHIS), respectively. They were joined by Sharon Long and Michael Karpman from the Urban Institute, who shared lessons learned from the Urban Institute's Health Reform Monitoring Survey (HRMS). [Access the slides and supporting materials.](#)

**Related Resource:** SHADAC has identified many new survey items and incorporated them into an updated version of the [Marketplace Enrollee Survey Item Matrix](#) (MESIM). These new items focus primarily on the areas of health coverage literacy, reasons for coverage transitions, and pathways/experiences with the application and enrollment process. [Access the updated MESIM.](#)

## Resources

### 2013 Small Area Health Insurance Estimates

The US Census Bureau released the [2013 Small Area Health Insurance Estimates](#) (SAHIE) for all counties and states. The SAHIE program is the only source of single-year health insurance estimates for every county in the U.S. Estimates are available for each county by sex, age, and Federal Poverty Level (FPL). Race/ethnicity information is available at the state level.



SHADAC created a [set of interactive maps](#) detailing the percent uninsured by county across the U.S. using the new SAHIE data. The first map shows county-level uninsured at all income levels, while the subsequent three maps (accessed by toggling between tabs) show the county-level uninsured for the income ranges relevant to ACA coverage assistance eligibility categories (0-138% FPL; 139-400% FPL; above 400% FPL).

### NHIS: Early Release Coverage Estimates, January-September 2014



As part of its [National Health Interview Survey](#) (NHIS) Early Release Program, the National Center for Health Statistics issued [early release estimates of health insurance coverage](#) for January through September 2014 from the NHIS. NCHS researchers report that the percentage of nonelderly adults (18-64 years old) who were uninsured at the time of the interview dropped from 20.4 percent in 2013 to 16.7 percent in the first nine months of 2014.

### MEPS: Transitions in Health Insurance Coverage, 2012-2014



In a new [Statistical Brief](#) from the [Agency for Healthcare Research and Quality](#) (AHRQ), researchers Jessica Vistnes and Steven B. Cohen examined detailed estimates of health insurance coverage transitions for nonelderly adults between the ages of 18 to 64 in the first part of 2013 and 2014 using data from the Medical Expenditure Panel Survey, Household Component (MEPS-HC). The authors found that 30.2 percent of non-elderly adults who were uninsured for the first part of 2013 gained health insurance coverage in the first part of 2014. This represents a higher percentage of non-elderly uninsured adults gaining coverage than in the same period between 2012 and 2013 (24.6 percent). Substantial gains in coverage were noted across a range of population subgroups defined by age, sex, race/ethnicity, education, health status, and state Medicaid expansion status.

## From the SHADAC Blog

[Who Is Eligible for ACA Assistance in Your County: 2013 Small Area Health Insurance Estimates \(SAHIE\)](#)

March 23, 2015

[Health Insurance Marketplaces 2015 Open Enrollment Report](#)

March 13, 2015

[Medicaid and CHIP: December 2014 Enrollment Highlights](#)

March 10, 2015

[Remembering My Friend and Colleague, Andy Hyman](#)

March 10, 2015, Lynn Blewett

[Fewer Families Burdened by Medical Bills](#)

March 5, 2015, Lynn Blewett

[State Agency Governance of Health Insurance Exchanges](#)

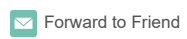
March 5, 2015, Lynn Blewett

## Conference Updates

[Calls for Papers, Upcoming Conferences](#)

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SHADAC, 2221 University Avenue SE, Suite 345, Minneapolis, MN 55414