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November 2015

Announcements

SHADAC Evaluates Post-ACA Coverage Gains among Minnesota's Uninsured in *AJPH*



A research team led by SHADAC Investigator Kathleen Call published a [study](#) in the *American Journal of Public Health* looking at coverage gains under the ACA among Minnesota's 2013 uninsured population. The analysis was based on data from the Minnesota Health Insurance Transitions Study (MN-HITS), a follow-up telephone survey of children and adults in Minnesota who had no health insurance in the fall of 2013. Among key findings: One-half of Minnesota's 2013 uninsured gained coverage in 2014, although nearly 62 percent reported difficulty signing up. Among those who gained coverage, 44 percent obtained coverage through Minnesota's insurance marketplace, MNSure. [View an infographic of key findings from the article.](#)

SHADAC Examines 2014 Coverage Transitions of Minnesotans Who Reported Non-Group Coverage in 2013



A [new brief](#) from SHADAC, produced with support from the [State Health Reform Assistance Network](#) ("State Network") considers the 2014 coverage transitions experienced by Minnesotans who had non-group coverage in 2013 before the ACA went into full effect. To conduct the analysis, SHADAC re-contacted people who reported having non-group coverage in the [2013 Minnesota Health Access Survey](#) (MNHA). Among these individuals: 98 percent were insured in 2014, 59 percent reported having looked for new health insurance coverage in 2014, 26 percent switched to employer sponsored insurance in 2014, and 16 percent found coverage through a public program in 2014.

SHADAC Researchers Discuss Enrollment, Medicaid Expansion, and Benefit Design at 2015 NASHP Annual Conference

SHADAC researchers Elizabeth Lukanen, Donna Spencer, and Colin Planalp presented at the 2015 Annual Conference of the [National Association of State Health Policymakers](#) (NASHP) in Dallas in October. Ms. Lukanen discussed [enrollment progress under the Affordable Care Act](#) (ACA) to date, identifying drivers and deterrents of enrollment and looking at what can be expected in the third ACA open enrollment period. Dr. Spencer discussed the [status of Medicaid expansion under the ACA](#), examining current approaches to expansion, enrollment progress under expansion, and the impact of Medicaid expansion on state uninsured rates. Mr. Planalp led a lunch roundtable discussion of [state choices in benefit design for Medicaid expansion populations](#).

Elizabeth Lukanen Provides Guidance on Health Insurance Literacy

SHADAC Deputy Director Elizabeth Lukanen provided [guidance](#) on health insurance literacy to accompany a library of health insurance literacy materials compiled by the [State Health Reform Assistance Network](#) ("State Network"). Ms. Lukanen's guidance provides high-level background information about health insurance literacy, summarizes the research on current consumer knowledge about health insurance enrollment and benefits, and offers recommendations for increasing health insurance literacy based on evidence to date.

SHADAC Methods Analysis: Minnesota Health Insurance Transitions Study



A new SHADAC methods [brief](#) details the development, methodology, and analysis of the Minnesota Health Insurance Transitions Study (MN-HITS). The MN-HITS is a longitudinal telephone survey conducted in Minnesota in 2013 to assess change in health insurance coverage and/or access to health care for the population most likely to be eligible for new coverage options in 2014 in Minnesota under the Affordable Care Act (ACA).

News from the States

Colorado: Access to Care Index Rose from 2013 to 2015

The Colorado Access to Care Index—a collaborative project of [the Colorado Health Institute](#) and the [Colorado Coalition for the Medically Underserved](#) (CCMU)—[increased from 7.7 out of 10 in 2013 to 7.9 out of 10 in 2015](#). Most of the improvement from 2013 to 2015 is attributable to a historic increase in Colorado's insured rate following the state's Medicaid expansion, together with other provisions of the



Affordable Care Act (ACA). Geographic disparities in access do persist, with urban areas generally having higher access scores than rural areas. [View an infographic of the 2015 results.](#)

Colorado: Estimates of the State's Uninsured from Three Surveys

A new [brief](#) from the [Colorado Health Institute](#) compares estimates of the state's uninsured rate from the 2014 [American Community Survey](#) (ACS), the 2014 [Current Population Survey](#) (CPS), and the 2015 [Colorado Health Access Survey](#) (CHAS; a biannual household survey of roughly 10,000 Coloradans). The estimate of the state's overall uninsured rate from the 2015 CHAS was a historically low 6.7 percent, down from 14.3 percent in 2013; the estimate from the 2014 ACS was 10.3 percent, down from 14.1 percent in 2013; and the estimate from the 2014 CPS was 11.2 percent, down from 12.6 percent in 2013. [Read the full brief](#) for more information about Colorado's uninsured rate in the national context and about uninsurance in the state by demographics and geography.

Mississippi: Health Insurance Coverage and the ACA



A new [brief](#) from the [Center for Mississippi Health Policy](#) details findings from a survey of non-elderly Mississippi adults assessing their knowledge, attitudes, and behaviors related to health insurance and the ACA according to insurance status and geography. The percentage of respondents without insurance at the time of the survey dropped from 23 percent in 2013 to 15 percent in 2014, with cost remaining the greatest barrier to obtaining coverage (cited by 36 percent of uninsured respondents in 2014). The survey was a dual-wave RDD telephone survey of non-elderly adults (ages 19 to 64) using both landline and wireless phone numbers, with 4,623 respondents total. [Access the in-depth report](#) for more details on methodology.

New Mexico: Hospital Uncompensated Care Costs Down, Net Income Up

A new [report](#) from the Program Evaluation Unit of the [New Mexico Legislative Finance Committee](#) examines uncompensated care in the state after the ACA. According to the report, the cost of uncompensated care has dropped in New Mexico by all measures: applications for reimbursement from the state's safety net hospitals were down by 30.4 percent from 2014 to 2015; CMS uncompensated care cost reports were down by 3.6 percent from 2013 to 2014; and County Indigent Fund expenditures are projected to drop by five percent from 2014 to 2015. At the same time, net income as a percent of net revenue grew from an average of 5.4 percent in 2013 to an average of 7.84 percent in 2014 across all New Mexico hospitals, with safety net hospitals performing better than the state average: from 4.6 percent in 2013 to 9.4 percent in 2014.

Resources

NHIS: Coverage Estimates, January - June 2015

The [National Center for Health Statistics](#) issued [early release of health insurance coverage estimates](#) from the [National Health Interview Survey](#) (NHIS) for January through June 2015, including data for selected states. In the first six months of 2015, 12.7 percent of non-elderly adults (ages 18 to 64) were uninsured at the time of interview, down from 16.3 percent in 2014. Of the 12 states for which early estimates are available, six (California, Florida, Georgia, Illinois, New York, and Texas) saw a statistically significant drop in their rate of uninsured from 2014. The largest drop occurred in Georgia, where the uninsured rate fell from 20.2 percent in 2014 to 14.2 percent in 2015.

SHADAC Maintaining Library of Open Enrollment Reports for OEP3

SHADAC will aggregate State-Based Marketplace (SBM) enrollment reports released during the third Affordable Care Act (ACA) Open Enrollment Period (November 1, 2015, to January 31, 2016) and post them to our [marketplace enrollment reports library](#). The library will also incorporate federal enrollment reports for both Federally Facilitated Marketplaces (FFMs) and SBMs, as well as for Medicaid and the Children's Health Insurance Program (CHIP). Also accessible via the library are state and federal reports covering the first and second ACA Open and Special Enrollment Periods.

NASHP: Role of Health Centers in ACA Outreach and Enrollment – Lessons from Two States



A new [brief](#) from the [National Association for State Health Policy](#) (NASHP) examines lessons learned about coverage outreach and enrollment in Kentucky and Montana under the ACA. Both states have seen strong enrollment into new and expanded health coverage programs under the ACA, and in both states, the state primary care associations (PCAs) and health centers played an important role in outreach and enrollment. Among key findings: PCAs and health centers in Kentucky and Montana are reaching beyond traditional health center populations and adopting innovative strategies and new partnerships to increase enrollment. Additionally, health center collaboration with state and federal agencies is central to effective outreach and enrollment activities.

2014 Detailed State and County Level ACS Coverage Estimates from SHADAC

Using the new detail level data available from the [American Community Survey](#) (ACS), SHADAC has produced [state and county level tables on coverage](#). For each of the 50 states, the District of Columbia, and Puerto Rico, SHADAC has produced a 2-page profile that includes uninsured rates by characteristics including age, race, citizenship status, education, work experience, and income. In addition, the state profiles contain a comparison of 2013 and 2014 uninsurance rates for large counties in the state (i.e.,

counties with a population greater than 65,000).

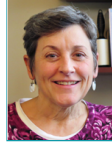
Comparing Estimates of the Uninsured across Surveys: Federal and State Numbers



A new [brief](#) from SHADAC researchers examines 2014 estimates of the uninsured across five federal government surveys, comparing numbers at the national and state level for both full-year and point-in-time coverage estimates. The brief is an annual update created for the [Robert Wood Johnson Foundation](#). The five surveys examined in the brief include: The [American Community Survey](#) (ACS), the [Current Population Survey](#) (CPS), the [Medical Expenditure Panel Survey – Household Component](#) (MEPS-HC), the [National Health Interview Survey](#) (NHIS), and the [Behavioral Risk Factor Surveillance System](#) (BRFSS).

Staff News

Kathleen Call Talks Health Insurance Literacy on Minnesota Public Radio



SHADAC Investigator Kathleen Call [spoke](#) with [Minnesota Public Radio's](#) Mark Zdechlik recently about the complexity of the terms and concepts surrounding health insurance. "We've created a monster and it's not surprising to me that there's literacy issues," said Dr. Call, noting that even people who study health insurance sometimes make mistakes. She also voiced her concerns that the complexity of insurance coverage could end up compromising public health, pointing out that health insurance should not be treated like car insurance--only to be used in case of an accident or emergency.

Joanna Turner Appointed to ACS Product Redesign Group



SHADAC Senior Research Fellow Joanna Turner was appointed to the [American Community Survey](#) (ACS) Data Products Redesign Group (DPRG). The DPRG is overseen by the [Population Reference Bureau](#) (PRB) with the goal of providing the [U.S. Census Bureau](#) with an efficient and effective means to collect feedback from a broad range of ACS data users on new ACS data products and dissemination channels. The DPRG will provide informal consensus recommendations based on group deliberation.

Recommended Reading

["Who Was Uninsured in 2014? A Sub-State Look \(Interactive Map\)"](#), *SHADAC Blog*, November 11, 2015

["UMN Expert: Expanding access to health care coverage critical to reducing the state's uninsurance rate"](#)
Health Talk Blog, November 10, 2015

["Infographic: Early Impacts of the ACA on Minnesota's Uninsured"](#)
SHADAC Blog, November 2, 2015

["California's Early ACA Expansion Increased Coverage And Reduced Out-Of-Pocket Spending For The State's Low-Income Population"](#)
HealthAffairs, October 2015

["Uncompensated Care Burden May Mean Financial Vulnerability For Rural Hospitals in States That Did Not Expand Medicaid"](#)
HealthAffairs, October 2015

["Infographic: Health Insurance Coverage in 2014 – Estimates from the ACS"](#)
SHADAC Blog, September 16, 2015



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