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Announcements

SHADAC Podcast: 2013 ACS & CPS State Health Insurance Estimates



The <u>podcast</u> for SHADAC's September 24th Census data release webinar is now available. SHADAC researchers Kathleen Call and Joanna Turner led the webinar, which focused on the 2013 state health insurance coverage estimates from the American Community Survey (ACS) and the Current Population Survey (CPS). Dr. Call and Ms.

Turner—along with U.S. Census Bureau experts Jennifer Cheeseman Day and Brett O'Hara—addressed the new health insurance coverage estimates, discussed recent methodological changes to the CPS, and provided guidance on working with and accessing the estimates.

SHADAC in Health Services Research: Who Is Excluded from ACA Coverage Expansions?

SHADAC researchers Brett Fried, Jessie Kemmick Pintor, and Lynn Blewett, together with Peter Graven of Oregon Health & Science University, published an article in Health Services Research examining the characteristics and number of nonelderly adults eligible and ineligible for coverage expansion under the ACA. Using data from the 2008 Panel of the Survey of Income and Program Participation (SIPP) and the 2009 American Community Survey (ACS), the authors estimate that potentially 3.5 million nonelderly adults will be excluded from the law's Medicaid expansions and 2 million from the law's health insurance exchanges because of their immigration status.

Comparing Federal Surveys that Count the Uninsured



SHADAC released its annual <u>brief</u> comparing uninsurance estimates from five federal surveys: the American Community Survey (ACS), the Behavioral Risk Factor Surveillance System (BRFSS), the Current Population Survey (CPS), the Medical Expenditure Panel Survey-Household Component (MEPS-HC), and the National Health Interview Survey (NHIS). Authors Colin Planalp, Julie Sonier, and Joanna Turner, present trends in national estimates of uninsurance, provide the most recent available state-level estimates

from these surveys, and describe the main reasons for variation in the estimates across the different surveys.

Adapting Surveys to Measure Coverage Post-Reform



A new SHADAC <u>brief</u> by Joanne Pascale, Research Analyst at the U.S. Census Bureau, provides recommendations for adapting surveys to measure health insurance coverage following the introduction of marketplace plans under the ACA. The brief outlines the key issues that must be addressed with survey-based measurement of ACA coverage changes; provides a general strategy for state survey adaptation; and summarizes findings from the testing of exchange-related adaptations in the Current Population

Survey (CPS) and the American Community Survey (ACS). In order to improve survey measurement of health insurance coverage and type, the brief calls for an ongoing conversation about question wording, survey routing, and data coding algorithm and judgments.

Data Sources for Monitoring and Evaluating Health Reform at the State Level



A new <u>report</u> from the <u>SHARE</u> grant program takes a high-level look at the data sources used in research and evaluation projects funded by SHARE. The report considers four major categories of data used—household survey data, medical claims data, enrollment data, and qualitative data—examines how the data sources were used, and details researcher insights about the advantages and disadvantages of each data source for supporting state policy research.

SHARE Podcasts: Medical Homes, the Individual Mandate

Two SHARE webinar podcasts are now available for download and streaming.

• <u>"Medical Homes Measures in Household Survey Data,"</u> was broadcast on September 29th and features Urban Institute researchers Lisa Clemans-Cope and Victoria Lynch, who presented findings from their analysis of the validity of the current standard survey-based measure used to study the patient centered medical home for children. SHADAC Investigator and survey

methodologist Kathleen call responded to the presentation. <u>Access the corresponding SHARE</u> issue brief.

"The Individual Mandate: Theory and Practice," was originally broadcast on August 21st and features Dr. Amanda Kowalski, Assistant Professor at Yale University, who discussed the extent to which Massachusetts' individual coverage mandate mitigated adverse selection in the state's individual market. Dr. Kowalski was joined by Nancy Turnbull, Senior Lecturer at Harvard University, who discussed the mandate from her perspective as a board member of the Massachusetts insurance exchange and former Deputy Commissioner of Health Policy at the Massachusetts Division of Insurance. View the SHARE issue brief on this topic.

State News

AHRQ State Snapshots: Health Care Quality and Access



The Agency for Healthcare Research and Quality (AHRQ) announced the development of "State Snapshots" that provide information on health care quality and access to services in each state, indicating each state's strengths, weaknesses, and opportunities for improvement. State Snapshots data are drawn from the 2013 National Healthcare Quality Report and National Health Care Disparities report, and they can be analyzed by type of

care, treatment setting, clinical condition, insurance status, race, and income.

Wisconsin: 2012 Wisconsin Family Health Survey Results



According to the <u>2012 Wisconsin Family Health Survey (FHS)</u>, an estimated 89.1 percent of the Wisconsin residents had health insurance coverage for the entire year prior to the survey interview. Of the remaining 10.9 percent of the population, 4.8 percent had insurance for some of the preceding 12 months, and 5.8 percent were uninsured for the entire preceding year. The FHS is an annual statewide, random-sample telephone survey of Wisconsin residents designed to provide estimates of health care coverage, various

health conditions and use of health care services.

Due to the rapid increase in wireless-only households, the 2012 FHS moved away from a sampling frame consisting of all households with a working landline telephone and switched to a residential address-based sampling frame. As a result, analysts urge caution in making comparisons between 2012 FHS estimates and estimates from previous years of FHS data. For more information on the impact of wireless-only households on state surveys of health insurance coverage, <u>read this SHADAC issue brief</u> on the topic.

Resources

Marketplace Enrollee Survey Item Matrix (MESIM)



The Marketplace Enrollee Survey Item Matrix (MESIM) is a new resource for those interested in conducting surveys to measure the public's participation and experience in health insurance Marketplaces under the ACA. The MESIM is an Excel file with sort and filter functions that allow users to browse or search among 246 pre-existing survey

questions related to marketplace use and enrollment. The questions are drawn from various state, federal, and private surveys, and are organized into nine domains: access and provider supply; application pathway; barriers to care; coverage type; health coverage literacy; motivation to enroll; perceptions of quality/satisfaction; reasons for transitions/motivation to enroll; reasons for uninsurance/intent to enroll (among uninsured).

The MESIM builds on a related survey question matrix, the <u>State Reform Survey Item Matrix (SRSIM)</u>, which was released in 2013 and includes a broader list of domains for monitoring state ACA implementation.

Interactive Map: Marketplace Plan Selections by Zip Code in FFM States



SHADAC created a new <u>interactive map</u> that shows at the zip code level the number of peope who enrolled in Qualified Heatlh Plans (QHPs) through Federally Facilitated Marketplaces (FFMs) through April 19, 2014 (i.e., during the first open enrollment period and during the special enrollment period through this date). These data were released by the U.S.

Department of Health and Human Services, Office of Secretary for Planning and Evaluation (ASPE), and they represent the first opportunity to see FFM QHP enrollment at the sub-state level. The map includes data from 36 states whose marketplaces involved federal facilitation: those that participated in the formal Federally Facilitated Marketplace, those that used a State Partnership Marketplace, and those that had a federally supported State Based Marketplace.

NHIS State-Level Estimates Added to the SHADAC Data Center



New state-level estimates have been added to the <u>SHADAC Data Center</u> using data from the 2012 National Health Interview Survey (NHIS): estimates of health insurance coverage and estimates of health care use, access, and affordability. The state identifiers used to produce these estimates are restricted data, so SHADAC staff conducted analyses at the <u>Minnesota Census Research Data Center (MnRDC)</u>.

The Data Center was also recently updated with state-level estimates from the 2012-2013 Medical Expenditure Panel Survey-Insurance Component (MEPS-IC) and the 2012-2013 Behavior Risk Factor

Surveillance System (BRFSS).

CPS and ACS: 2013 Coverage Estimates

The U.S. Census Bureau released <u>national-level health insurance coverage statistics for calendar year 2013</u> from the Annual Social and Economic Supplement to the Current Population Survey (CPS), along with national and state-level estimates from the American Community Survey (ACS).

- According to the CPS, 13.4 percent of people nationwide lacked health insurance coverage during the entire year of 2013.
 (Because this is the first year that estimates are based on the CPS' newly redesigned health insurance questions, the estimates cannot be compared with CPS estimates from previous years. For more information on the CPS changes, see <u>SHADAC's FAQs on 2013 Health Insurance</u> <u>Coverage Estimates.</u>)
- According to the ACS, 14.5 percent of people nationwide lacked health insurance at any point in time during 2013. This represents a statistically significant drop from 14.8 percent in 2012.
 (Because the ACS' health insurance questions have not changed, the 2013 coverage estimates from the ACS are comparable to prior years back to 2008.)
- According to the ACS, 13 states experienced statistically significant decreases in their rates of
 uninsurance from 2012 to 2013, and only two states—Maine and New Jersey—saw statistically
 significant increases. Coverage in all other states was statistically stable from 2012 to 2013. <u>View
 a table</u> of year-over-year change in coverage from 2012 to 2013 for each state.

Early Release NHIS Coverage Estimates for 1st Quarter 2014



The National Center for Health Statistics (NCHS) released <u>coverage estimates for January 2014 through March 2014</u> from the National Health Interview Survey (NHIS). The estimates, which are the first federal survey estimates available for 2014, indicate widespread coverage gains since 2013: The percent of people uninsured at the time of the survey (all ages) fell from 14.4 percent to 13.1 percent; the percent of young adults (19 to 25 years) who were uninsured fell to from 26.5 percent to 20.9 percent; and the

percent of non-elderly adults (18 to 64 years) who were uninsured fell from 20.4 percent to 18.4 percent.

2013 BRFSS Data Available

The Division of Population Health at the Centers for Disease Control and Prevention (CDC) released data from the 2013 Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS is the largest ongoing telephone-based surveillance system in the world, with more than 491,000 interviews conducted in 2013, and allows for state-to-state and state-to-nation comparisons. <u>Access the 2013 BRFSS survey data and documentation</u>.

State-level estimates for access-to-care indicators from the 2012-2013 BRFSS are available at the SHADAC Data Center.

Recommended Reading

The Effects of Expanding Public Insurance to Rural Low-Income Childless Adults SHARE Findings in *HSR*, September 26, 2014

Coverage Gap Widening Between Medicaid Expansion States and Others

Matt Broaddus, Center on Budget and Policy Priorities Off the Charts Blog, September 18, 2014

Local Access to Care Programs

Lynn Blewett, SHADAC Blog, September 17, 2014

Where Are They Now? A Look at Current Enrollment in State-Based Exchanges

Urban Institute Brief, June 19, 2014

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