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INFORMING HEALTH POLICY STARTS WITH:

 the right data  getting to the right people  at the right time.



*Bridging the gap between research and policy @ [www.shadac.org](http://www.shadac.org)*

July 25, 2014

## Announcements

### SHADAC Presents to MNsure Legislative Oversight Committee



SHADAC Deputy Director Julie Sonier presented an overview of the SHADAC report, "[Early Impacts of the Affordable Care Act on Health Insurance Coverage in Minnesota](#)" to the [MNsure Legislative Oversight Committee](#). The analysis found that the number of uninsured Minnesotans fell nearly 41 percent, from 445,000 to 264,000, over the course of the first ACA Open Enrollment period. This brings the state's uninsured rate from 8.2 percent to 4.9 percent. SHADAC conducted the analysis at the request of MNsure—Minnesota's State-Based Health Insurance Marketplace—using enrollment counts from a variety of state and federal sources to examine, at an aggregate level, the shifts in health insurance coverage that have taken place since the fall of 2013. [View the presentation slides.](#)

### SHADAC Data Center Updated with 2013 MEPS



The [SHADAC Data Center](#) now includes data from the 2013 Medical Expenditure Panel Survey (MEPS)-Insurance Component. These data allow users to explore access to employer-sponsored insurance (ESI) as measured by employer coverage offers, employee eligibility for coverage, and coverage take-up. [Visit the SHADAC Data Center](#) to explore the 2013 MEPS data.

### Insurance Marketplace Enrollment Reports Continue

The first ACA Open Enrollment Period has ended, but states continue to generate insurance marketplace enrollment reports due to Medicaid/CHIP activity and the occurrence of qualifying life events among applicants. As states release these reports, SHADAC is tracking them, along with Medicaid and CHIP enrollment reports from the Centers for Medicare and Medicaid Services (CMS), on our [marketplace enrollment reports page](#). Reports posted within the last month have come from CMS, Colorado, the District of Columbia, Hawaii, Maryland, Minnesota, and New Mexico. All reports from the Assistant Secretary for Planning and Evaluation (ASPE) are archived on the site as well.

### SHADAC Welcomes Ann DePriest



[Ann DePriest, MPH](#), recently joined the SHADAC staff as a Coordinator. Prior to joining SHADAC, Ann worked as a Graduate Research Assistant at the University of Iowa Public Policy Center, focusing on a variety of data collection and evaluation projects including Iowa's Medicaid expansion. She also coordinated a social media project for Iowa's Chapter of the American Academy of Pediatrics. Ann holds an MPH in Community and Behavior Health from the University of Iowa College of Public Health and a BA in Biology from Coe College (Cedar Rapids, IA). Welcome, Ann!

## News from the States

### Colorado: Medicaid-Eligible Uninsured Adults



A new [brief](#) from the [Colorado Health Institute \(CHI\)](#) analyzes the state's population of uninsured adults eligible for Medicaid. Using data from the 2012 American Community Survey (ACS) and enrollment data from the Colorado Department of Health Care Policy and Financing, CHI researchers estimate that 258,000 adults were eligible but not enrolled in Medicaid at the start of the state's expansion on January 1, 2014, up from 47,000 in 2013. Of these, approximately 187,000 were adults without dependent children, and 71,000 were parents. About 100,000 have enrolled in Medicaid since the start of the expansion.

### Kansas: Insurance Coverage Continues to Outpace the Nation



The [Kansas Health Institute](#) released [its annual health insurance update for 2014](#), using the 2012 American Community Survey (ACS) to examine public and private insurance coverage in the state, analyzing coverage by age, race/ethnicity, income, and employment status. According to the report, Kansas had a 12.6 percent overall uninsured rate in 2012, which was unchanged from the state's 2011 rate but significantly below the 2012 national rate of 14.8 percent. The report also uses the 2008 to 2012 ACS to consider trends in coverage for nonelderly Kansans (ages 0 to 64).

## Resources

### MEPS Briefs: Cost of Employer-Sponsored Health Insurance

The [Agency for Healthcare Research and Quality \(AHRQ\)](#) released two new briefs addressing employer-sponsored health insurance (ESI) coverage in the Medical Expenditure Panel Survey (MEPS):

- [“State Differences in the Cost of Job-Related Health Insurance, 2013”](#) highlights state variations from the national average for the cost of ESI in 2013. Nationally, annual premiums averaged \$5,571 for single coverage; \$10,990 for employee-plus-one coverage; and \$16,029 for family coverage. Employee annual premium contributions averaged \$1,170 (21 percent of total premium) for single coverage; \$2,940 (27 percent of total premium) for employee-plus-one coverage; and \$4,421 (28 percent of total premium) for family coverage. Among the 10 most populous states, Ohio had the lowest average employee premium contributions for all three coverage levels (\$1,053; \$2,389; and \$3,631), and Florida had the highest (\$1,408; \$3,700; and \$5,653).
- [“Selection and Costs for Employer-Sponsored Health Insurance in the Private Sector, 2013 versus 2012”](#) finds that the average annual costs for premiums from employer-sponsored health insurance rose across all coverage levels between 2012 and 2013: Single premiums grew 3.5 percent, from \$5,384 to \$5,571; employee-plus-one premiums rose 3.5 percent, from \$10,621 to \$10,990; and family premiums rose 3.6 percent, from \$15,473 to \$16,029. The average annual premium contribution amount also increased for all three coverage types from 2012 to 2013.

### HRMS Data: Nation’s Uninsured Disproportionately Reside in Non-Expansion States



In a new [QuickTake analysis](#), researchers from the [Urban Institute Health Policy Center](#) examine data from the [Health Reform Monitoring Survey \(HRMS\)](#) to track the change in the distribution of insurance coverage between Medicaid expansion and non-expansion states from September 2013 through June 2014. At the beginning of this time period, 49.7 percent of the nation’s uninsured lived in non-expansion states; by the end of June 2014, this proportion had risen to 60.6 percent.

### State Medicaid Spending and Enrollment



An [analysis](#) from [The Pew Charitable Trusts](#) and the [MacArthur Foundation](#) examines state-level trends in spending and enrollment in Medicaid. According to data from the Medicaid Statistical Information System (MSIS), Medicaid enrollment increased 50 percent from 2000 to 2012, growing from 44 million to 66 million people. Data from the Centers for Medicare and Medicaid Services (CMS) indicate that states spent between five and 26 percent of their own funds on Medicaid in 2012, with a state average of 16 percent (up from 12 percent in 2000). New York spent the highest proportion of its own revenue (26%), while North Dakota spent the lowest proportion (5%).

### Consequences of State Decisions Not to Expand Medicaid



The [White House Council of Economic Advisors](#) released a [report](#) quantifying the health and economic impacts of state decisions not to expand Medicaid. Using the Urban Institute’s Health Insurance Policy Simulation Model (HPSIM), the report estimates that if non-expansion states were to expand Medicaid, 5.7 million more people would have health insurance coverage in 2016. Of non-expansion states, Texas would see the biggest coverage benefit, with 1.2 million people gaining coverage. The authors also estimate, based on data from the Congressional Budget Office and the Urban Institute, that non-expansion states will have lost a total of \$88 billion in federal outlays between from 2014 to 2016 by opting out of expansion. Among non-expansion states, Florida will have lost the most in federal spending, at roughly \$15 billion.

### Health Insurance Coverage after the First ACA Open Enrollment Period



A nationally representative telephone [survey](#) from the [Commonwealth Fund](#) showed a significant drop in the national uninsured rate for working-age adults (19 to 64) following the first ACA Open Enrollment period. According to the survey, the rate declined from 20 percent in the July-to-September 2013 period to 15 percent in the April-to-June 2014 period, translating to a drop of 9.5 million uninsured. The decline was driven in large part by a 10 percentage-point drop in the uninsured rate for young adults (ages 19 to 34), from 28 percent to 18 percent. The survey oversampled the six largest states to obtain a preliminary look at the impact of the ACA on state uninsured rates. Of these, California and Texas saw the largest declines in their uninsured rates, from 22 percent to 11 percent and 34 percent to 22 percent, respectively.

## Recommended Reading

[A Conversation with Exchange Leaders: Part Two—Policy Directors](#)

State Reform *Weekly Insight* Blog, June 25, 2014

[A Conversation with Exchange Leaders: Part One—Executives](#)

State Reform *Weekly Insight* Blog, June 18, 2014

[The ACA and America’s Cities: Fewer Uninsured and More Federal Dollars](#)

Urban Institute Brief, June 19, 2014

## Conference Updates

### Calls for Papers, Upcoming Conferences

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