



MILLIONS POTENTIALLY ELIGIBLE FOR MARKETPLACE COVERAGE OUTSIDE OPEN ENROLLMENT

Giovann Alarcon

State Health Access Data Assistance Center (SHADAC)

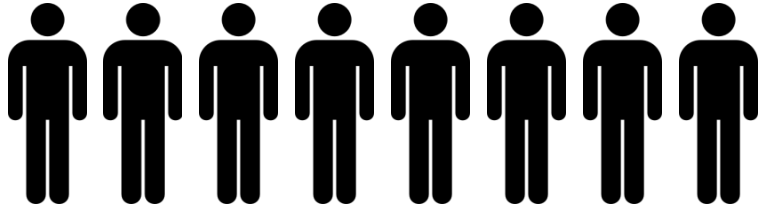
University of Minnesota

Acknowledgement

Coauthors:

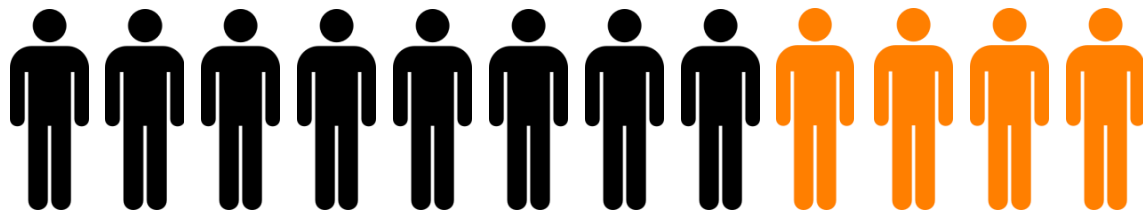
- Lacey Hartman,
- Brett Fried, and
- Julie Sonier.

Marketplace Enrollment



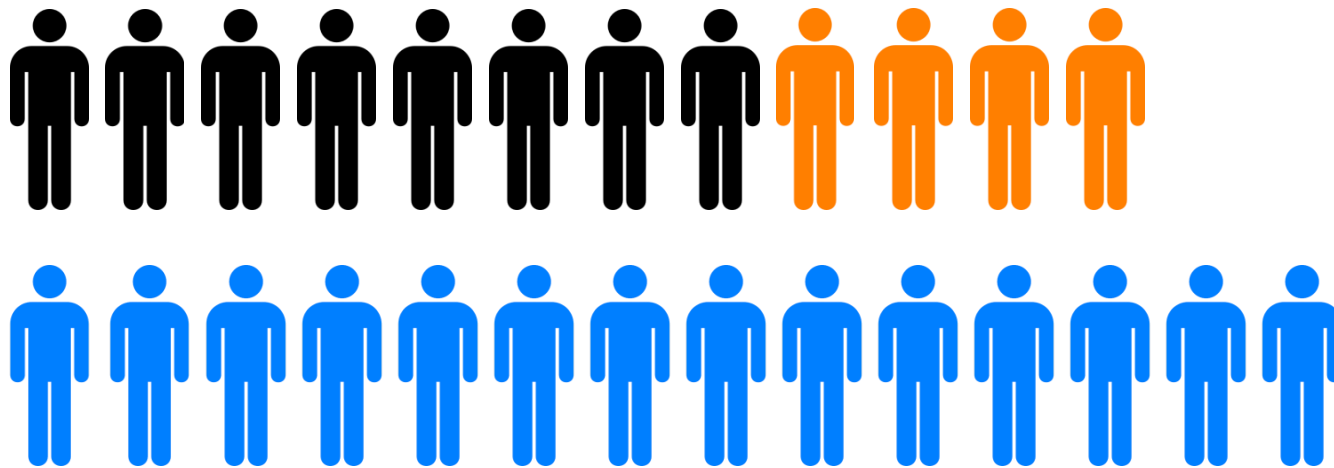
- At the end of the first Open Enrollment Period slightly over 8 million people found coverage through the Marketplace.

Marketplace Enrollment



- At the end of the first Open Enrollment Period slightly over 8 million people found coverage through the Marketplace.
- This number grew to 11.7 million people by February, 2015.

Marketplace Enrollment



- At the end of the first Open Enrollment Period slightly over 8 million people found coverage through the Marketplace.
- This number grew to 11.7 million people by February, 2015.
- There is still room to expand as this only represents 42% of those potentially eligible.

Special Enrollment Period

- Qualifying life events:
 1. losing minimum essential coverage,
 2. gaining or becoming a dependent,
 3. gaining or losing eligibility for tax credits or cost-sharing reductions (for people who were previously enrolled in marketplace coverage), and
 4. gaining new status as a citizen or legal permanent resident.

Objective

- Estimate the frequency of a set of life events that would trigger eligibility for QHP outside of open enrollment periods:
 1. loss of minimum essential coverage,
 2. marriages,
 3. births, and
 4. income shifts.
- These estimates are produced for the nonelderly adult population separately for states that decided to expand Medicaid and those who did not.

Data and Methods

- Survey of Income and Program Participation (SIPP) – 2008 panel
- Nine months period: April 2012 to January 2013 (3 waves merged: 12, 14, and 15)
- Key information:
 - insurance status and type,
 - family income, and
 - demographics.

Loss of minimum essential coverage

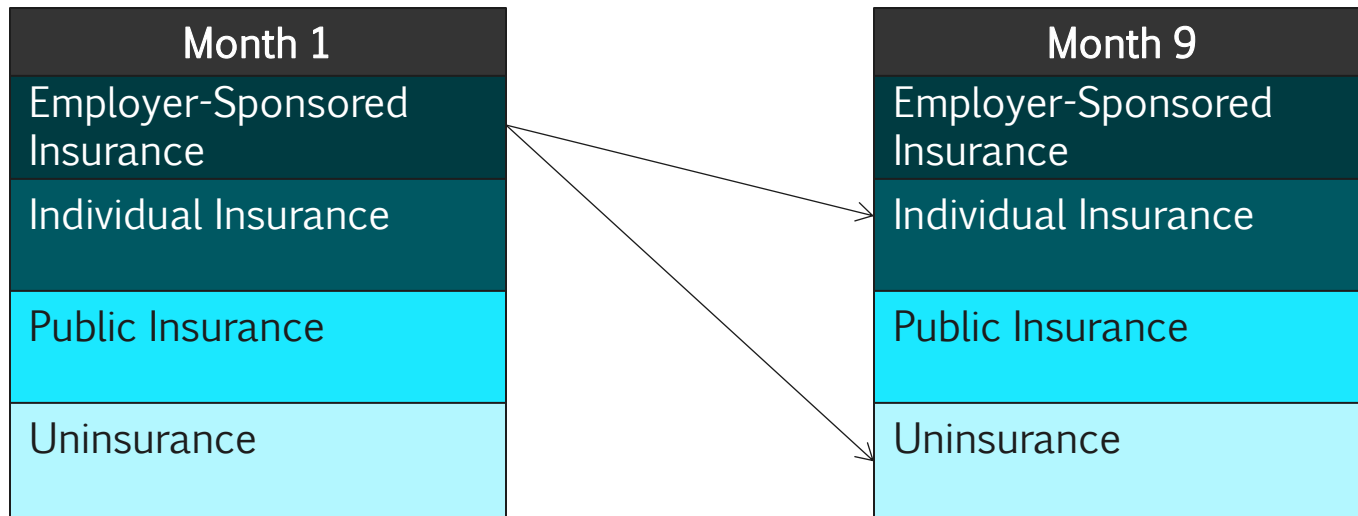
- A change in coverage type from either public or ESI in month 1 (April, 2012) to either non-group or uninsurance in month 9 (January, 2013).

Month 1
Employer-Sponsored Insurance
Individual Insurance
Public Insurance
Uninsurance

Month 9
Employer-Sponsored Insurance
Individual Insurance
Public Insurance
Uninsurance

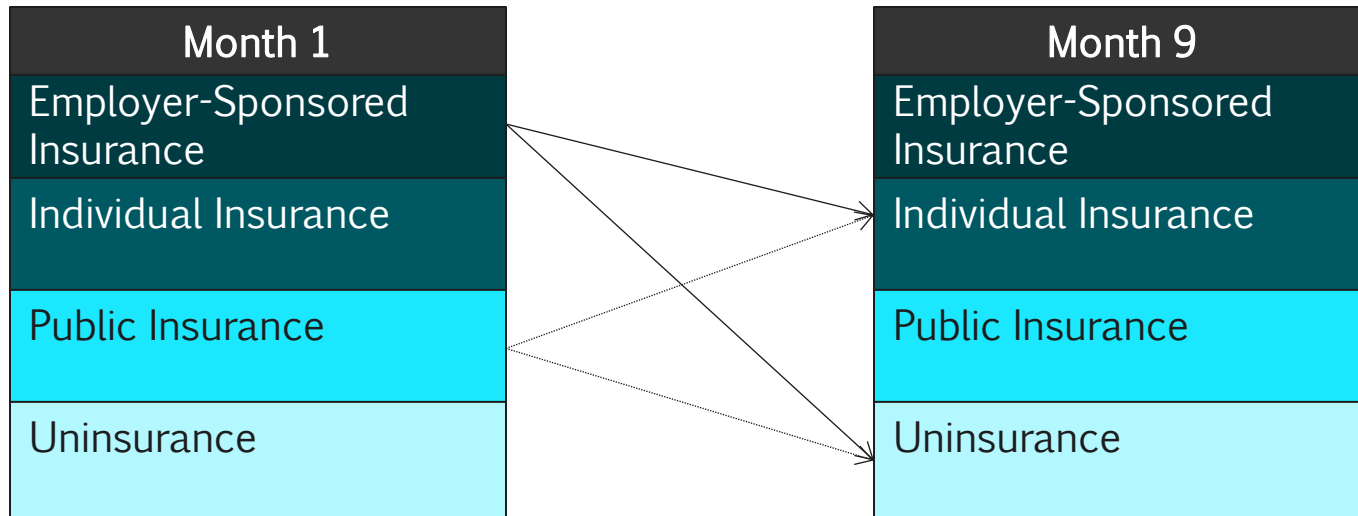
Loss of minimum essential coverage

- A change in coverage type from either public or ESI in month 1 (April, 2012) to either non-group or uninsurance in month 9 (January, 2013).



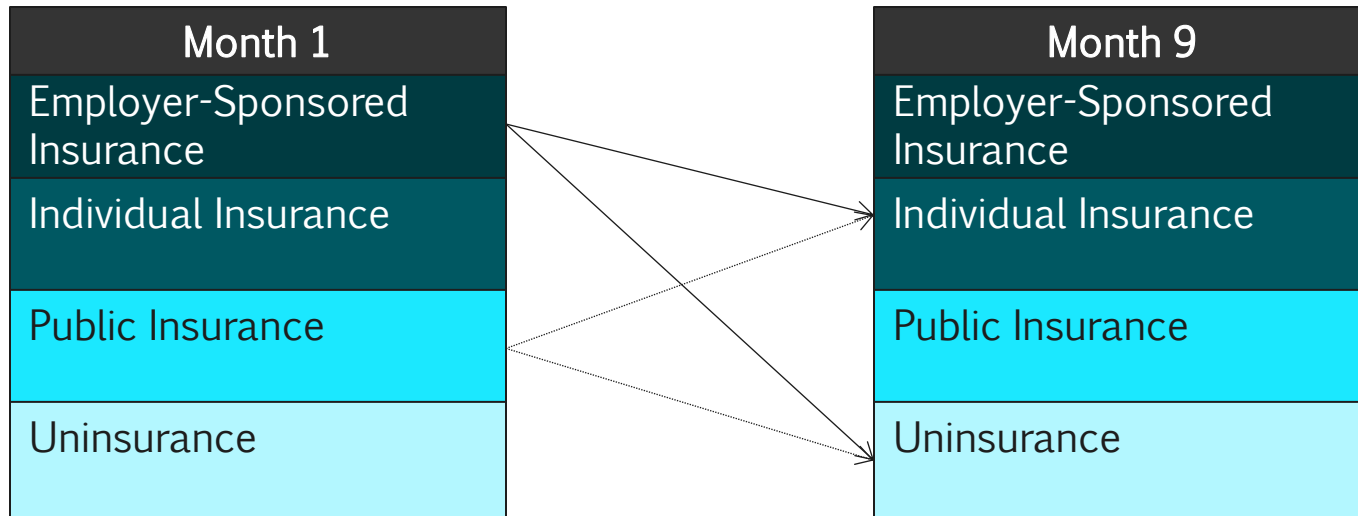
Loss of minimum essential coverage

- A change in coverage type from either public or ESI in month 1 (April, 2012) to either non-group or uninsurance in month 9 (January, 2013).



Loss of minimum essential coverage

- A change in coverage type from either public or ESI in month 1 (April, 2012) to either non-group or uninsurance in month 9 (January, 2013).



- In addition, in Medicaid expansion states, we assumed that any adult below 138% FPG would have public coverage.

Income shifts

- A change in the income group between month 1 (April, 2012) and month 9 (January, 2013).
- Four income groups:
 1. 0% to 100%/138% FPG.
 2. 101%/139% to 250% FPG.
 3. 251% to 400% FPG.
 4. 400%+ FPG.
- Limitation: we could not model who was previously enrolled through the Marketplace, which makes our results upper bound estimates.

Income shifts

- A change in the income group between month 1 (April, 2012) and month 9 (January, 2013).
- Four income groups:
 2. 101%/139% to 250% FPG.
 3. 251% to 400% FPG.
 4. 400%+ FPG.
- Limitation: we could not model who was previously enrolled through the Marketplace, which makes our results upper bound estimates.

Limitations

- We could not control for:
 1. previous enrollment through the Marketplace,
 2. people enrolling in Medicaid post-ACA,
 3. reasons for losing minimum essential coverage,
 4. migration status, and
 5. month by month changes.
- We did not have data to estimate the frequency of other QLEs.
- Our period of analysis: April 2012 to January 2013, may not have been as economically stable as 2015 is.

Results – Other Qualifying Life Events

- 8.4 million people are potentially eligible for a SEP due to QLEs other than income shifts. Although a total of 16.7 million experienced these QLEs.
- Loss of minimum essential coverage was the most important QLE, with almost 8 million people becoming potentially eligible due to this event.
 - More than 5 million lost ESI.

Results – Other QLEs (cont'd)

Table 1. Estimated Prevalence of Loss of Coverage, Births, and Marriages that Trigger a QLE Among Non-Elderly Adults

	Number of Nonelderly (1,000s)	
	All	Uninsured or Nongroup
Total Nonelderly Adults	189,113	49,150
No QLEs	172,448	40,743
With QLEs	16,664	8,407
Loss of Minimum Coverage	12,912	7,982
Parents of a Newborn Child	2,194	217
Marriage	1,558	208
Medicaid Expansion States	11,645	4,917
Loss of Minimum Coverage	9,711	4,781
Parents of a Newborn Child	1,296	80
Marriage	639	56
Non-Medicaid Expansion States	5,019	3,490
Loss of Minimum Coverage	3,201	3,201
Parents of a Newborn Child	898	137
Marriage	919	152

Source: 2008 SIPP, waves 12, 14, and 15.

Results – Other QLEs (cont'd)

Table 1. Estimated Prevalence of Loss of Coverage, Births, and Marriages that Trigger a QLE Among Non-Elderly Adults

	Number of Nonelderly (1,000s)	
	All	Uninsured or Nongroup
Total Nonelderly Adults	189,113	49,150
No QLEs	172,448	40,743
With QLEs	16,664	8,407
Loss of Minimum Coverage	12,912	7,982
Parents of a Newborn Child	2,194	217
Marriage	1,558	208
Medicaid Expansion States	11,645	4,917
Loss of Minimum Coverage	9,711	4,781
Parents of a Newborn Child	1,296	80
Marriage	639	56
Non-Medicaid Expansion States	5,019	3,490
Loss of Minimum Coverage	3,201	3,201
Parents of a Newborn Child	898	137
Marriage	919	152

Source: 2008 SIPP, waves 12, 14, and 15.

Results – Other QLEs (cont'd)

Table 1. Estimated Prevalence of Loss of Coverage, Births, and Marriages that Trigger a QLE Among Non-Elderly Adults

	Number of Nonelderly (1,000s)	
	All	Uninsured or Nongroup
Total Nonelderly Adults	189,113	49,150
No QLEs	172,448	40,743
With QLEs	16,664	8,407
Loss of Minimum Coverage	12,912	7,982
Parents of a Newborn Child	2,194	217
Marriage	1,558	208
Medicaid Expansion States	11,645	4,917
Loss of Minimum Coverage	9,711	4,781
Parents of a Newborn Child	1,296	80
Marriage	639	56
Non-Medicaid Expansion States	5,019	3,490
Loss of Minimum Coverage	3,201	3,201
Parents of a Newborn Child	898	137
Marriage	919	152

Source: 2008 SIPP, waves 12, 14, and 15.

Results – Income Shifts

- An estimated 3.7 million people experience an income shift that could potentially make them eligible for a SEP.
- This number is almost split between Medicaid expansion and non-expansion states.

Results – Income Shifts (cont'd)

Table 2. Estimated Prevalence of Income Shifts that Potentially Trigger a QLE Among Non-Elderly Adults

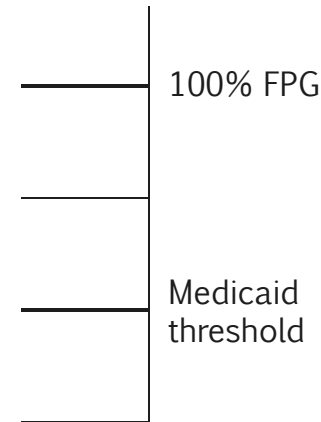
	Number (1,000s)	Percent
Potentially Eligible	20,075	100.0%
No Income Shifts	16,367	81.5%
With Income Shifts	3,708	18.5%
Medicaid Expansion States	1,753	8.7%
Medicaid Non-Expansion States	1,955	9.7%

Source: 2008 SIPP, waves 12, 14, and 15.

Note: These estimates are mutually exclusive with those of people experiencing other QLEs.

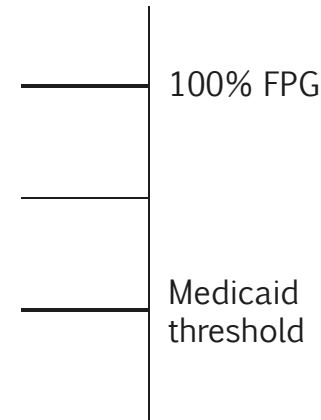
Results – Multiple Barriers in Non-Expansion States

- We also found 1.9 million people living in non-expansion states that left the coverage gap (being above the eligibility cutoff for Medicaid and below 100% FPG), but have to wait until the next OEP to receive subsidies through the Marketplace.



Results – Multiple Barriers in Non-Expansion States

- We also found 1.9 million people living in non-expansion states that left the coverage gap (being above the eligibility cutoff for Medicaid and below 100% FPG), but have to wait until the next OEP to receive subsidies through the Marketplace.



Implications for policy

- There is significant potential to improve coverage and expand the Marketplace risk pools.
- Potential effective strategies:
 1. providing information about coverage options when employers communicate the loss of employment (as 5 of the 8.4 million lost ESI), and
 2. using the states' employment departments to inform about the Marketplace.

THANK YOU

Giovann Alarcon
alar0013@umn.edu
www.shadac.org

HEALTH CARE

By Lucy Hartman, Governor Alanor Eggen, Brad Ford, and Julie Sauer

Millions Of Americans May Be Eligible For Marketplace Coverage Outside Open Enrollment As A Result Of Qualifying Life Events

Federal regulations establish special enrollment periods—times outside of open enrollment periods—during which people may enroll in or change their health insurance plans offered through the federal and state-based exchanges, or Marketplaces. To be eligible, a person must experience a shift in income or another “qualifying life event,” such as a change in marital status or the number of dependents, or the loss of minimum essential health coverage. We produced an approach to estimate that 3.7 million nonelderly adults with coverage through a federal or state Marketplace could have experienced a qualifying life event and become eligible for a special enrollment period because of income shifts. In addition, more than 8.4 million nonelderly adults who did not have Marketplace coverage—those quarters of whom had no insurance—became eligible for a special enrollment period as a result of other qualifying life events. Many if not most of these people may be unaware of their eligibility. In states that did not expand Medicaid eligibility, we estimated that 1.5 million people experienced income shifts outside of the open enrollment period that would make them eligible for Marketplace subsidies. However, because they were uninsured or had nonqualifying coverage (instead of Medicaid) during the most recent open enrollment period, they had to wait until the next period to enroll in a Marketplace plan.

By February 22, 2015, the conclusions of the second open enrollment period for health insurance through the federal and state-based health insurance exchanges, or Marketplaces, 1.7 million people had either enrolled in a qualified health plan. This number represents a 13 percent increase from the 1.5 million people who enrolled in a Marketplace plan during the 2014 open enrollment period. The 2015 ACA Health Insurance Enrollment Period is currently underway in 13 states. These figures represent early-stage estimates. We estimate that 1.5 million to 2.0 million people will enroll in Marketplace coverage during the 2015 enrollment period.

Health insurance coverage options (previously referred to as “plans”) typically occur outside of open enrollment periods as a result of changes in people’s circumstances and for other reasons. Understanding the likely volume of these changes is important to making sure that the federal and state-based Marketplaces have appropriate “budget” and staff. In addition, understanding the types of people and the events that trigger changes in family size or structure, loss of one’s job, and loss of coverage will help state and federal policymakers make more effective ongoing efforts to outreach efforts to people outside of open enrollment periods.

Lucy Hartman is a senior advisor at the Center for Health Systems Research and Analysis, University of Minnesota, and a senior advisor at the Minnesota Department of Health. Brad Ford is a senior advisor at the Center for Health Systems Research and Analysis, University of Minnesota. Julie Sauer is a senior advisor at the Center for Health Systems Research and Analysis, University of Minnesota.

For more information, contact Lucy Hartman at lhartman@shadac.org.

Shadac is a 501(c)(3) nonprofit organization.

Shadac is a 501(c)(3) nonprofit organization.

Shadac is a 501(c)(3) nonprofit organization.

Shadac is a 501(c)(3) nonprofit organization.

