



# Using Population Data to Understand the impact of the ACA

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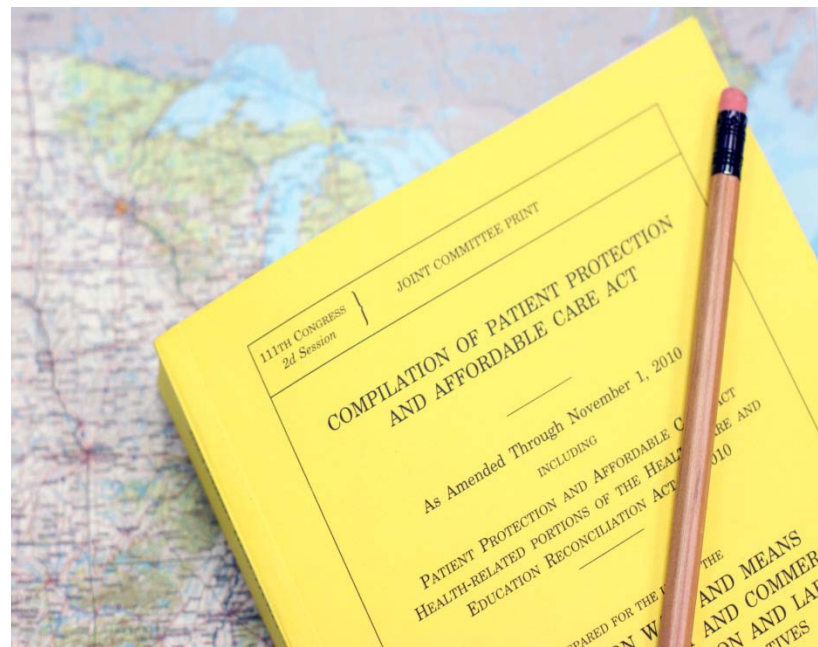
**Association for Community Affiliated Plans**

**April 11, 2012**



# Overview of Presentation

1. SHADAC Data Center
2. Simulation Modeling
3. Estimating Transitions
4. Resources



# About the SHADAC Data Center

- Online table and chart generator
  - Policy-relevant tables of health insurance coverage estimates.
  - Easy to access; Easy to use.
- Estimates and trends available from three sources:
  - Current Population Survey (CPS), enhanced by SHADAC to account for historical changes in methodology.
  - CPS, without SHADAC enhancements.
  - American Community Survey (ACS)

# Available Estimates

- **Health insurance coverage**
  - Uninsured, Insured (private, government, and military)
  - Count, percent, standard error
- **Table options**
  - Race/ethnicity
  - Age
  - Poverty
  - Household income
  - Sex
  - Marital status (individual and family)
  - Children in household
  - Work status (individual and family)
  - Education (individual and family)
  - Health status (CPS only)
  - Citizenship (ACS only)

# Getting to the Data Center

Go to  
www.shadac.org

Click on  
"Data Center"

shadac  
State Health Access Data Assistance Center  
*Bridging the gap between research and policy*

About SHADAC | Blog | News & Events | Stay Updated

Also from SHADAC:

- SHARE: Supporting research on Affordable Care Act implementation at the state level.
- SHAP: Providing technical assistance to State Health Access Program grantees.

Data Center | Publications | State Profiles | Survey Resources | Search:

**Data Center**

- ▶ Tables
- ▶ Charts
- ▶ Profile Information
- ▶ Revision History
- ▶ Suggested Citation

[Home](#) > **Data Center**

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Welcome to SHADAC's Data Center, a web-based table generator tool allowing users to customize tables and graphs of health insurance coverage estimates within a pre-defined set of parameters. The Data Center is a user-friendly and easily accessible way to get health insurance coverage estimates from the Current Population Survey's Annual Social and Economic Supplement (CPS) and the American Community Survey (ACS).

**Tables**

Age (Selected)	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
18-24	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%
25-34	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%
35-44	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%
45-54	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%
55-64	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%
65-74	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%
75-84	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%
85+	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%

**Charts**

**Helpful Hints**

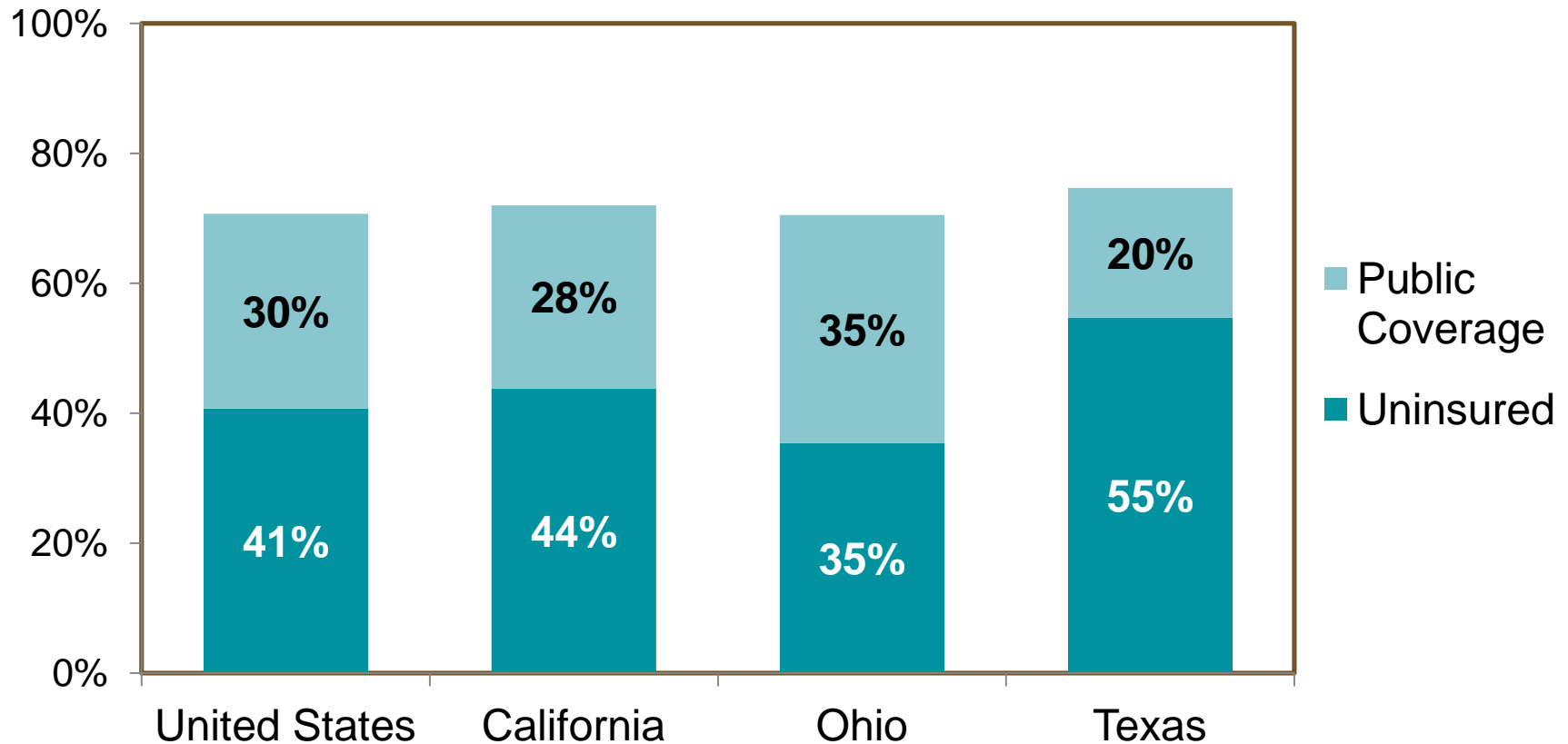
- 1 Tables provide detailed health insurance coverage estimates for the nation and any selected states. Results are output in table format.
- 2 Charts provide summary trend information for the nation

# Produce Detailed Tables in 3 Easy Steps

1. Choose data source, geography, year, and optional filters.
2. Choose what tables to run.
3. View results and export to Excel or PDF.

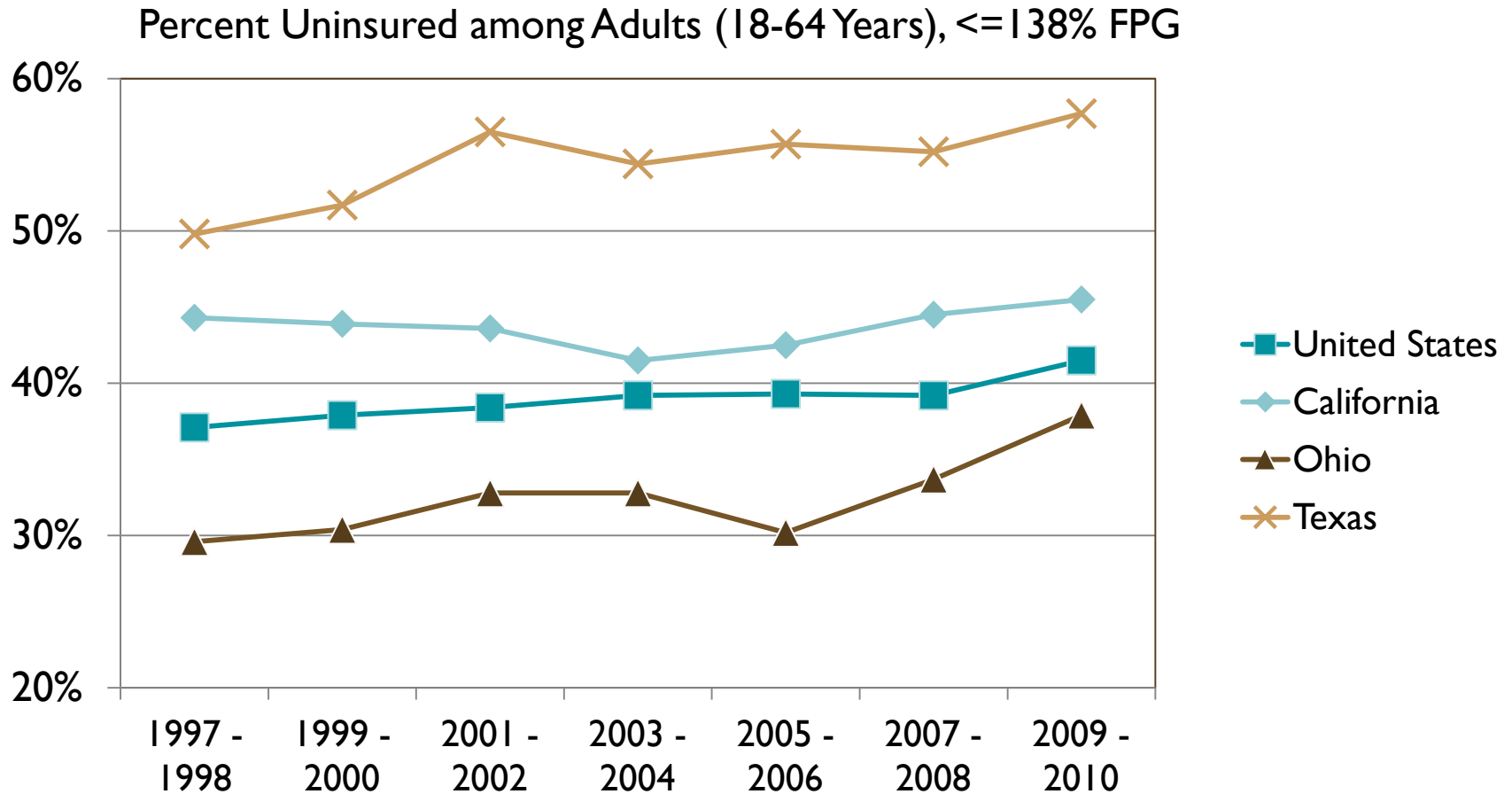
# Example – American Community Survey

Health Insurance Coverage Estimates for Adults (18-64 Years),  $\leq$  138% FPG



Source: 2010 American Community Survey from the SHADAC Data Center

# Example 2 CPS-Enhanced



Source: Current Population Survey Annual Social and Economic Supplement, 1998-2011 from the SHADAC Data Center



# Example 3 – CPS

## Characteristics of Uninsured Adults (18-64 Years), ≤138% FPG

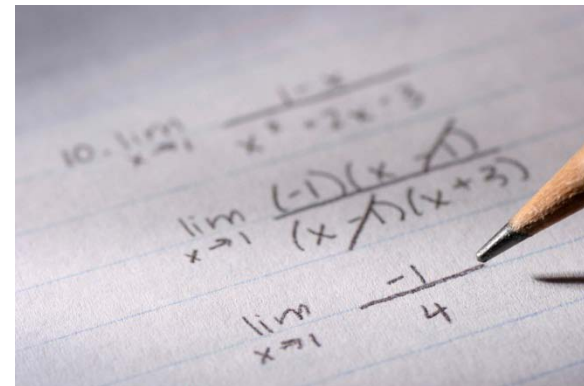
	United States		California		Ohio		Texas	
	%	Count	%	Count	%	Count	%	Count
<b>Sex</b>								
Male	45.5	10,879	50.4	1,709	43	367	60.2	1,281
Female	36.7	9,775	40.2	1,432	30.8	307	55	1,336
<b>Education</b>								
< High school	48.8	6,208	54.1	1,224	40.7	158	66.3	1,064
High school	45.4	7,877	48.7	926	42.4	304	60.1	886
Some college	31.8	4,991	33.7	703	29	174	46	536
College or more	32.7	1,577	40.5	289	26.6	37	41	131
<b>Health Status</b>								
Good/Very Good/Excellent	43.2	17,440	47.5	2,716	38.9	551	60.1	2,171
Fair/Poor	31.6	3,214	34.4	425	28.4	123	47.3	446
<b>Total</b>	<b>40.9</b>	<b>20,653</b>	<b>45.2</b>	<b>3,141</b>	<b>36.4</b>	<b>674</b>	<b>57.4</b>	<b>2,617</b>

Counts are in thousands; data reflect averages for calendar years 2008-2010

Source: Current Population Survey Annual Social and Economic Supplement, 2009-2011 from the SHADAC Data Center

## 2. Microsimulation Models

- Tool for estimating potential behavioral and economic effects of public policies
- ACA Simulation Models
  - Congressional Budget Office
  - GMSIM (Dr. Gruber, MIT)
  - COMPARE (RAND)
  - HIPSM (Urban Institute)
  - HBSM (Lewin Group)



# Uses of Microsimulation Models

- Can produce multiple types of projections:
  - Coverage (*by type of coverage, transitions in type of coverage over time*)
  - Costs (*Individual, employer, government*)
- Projections can help businesses and governments plan for full ACA implementation



# How are Policies Simulated?

Establish baseline scenario to reflect 'status quo' regarding premiums and coverage distribution.



Model the behavioral responses of individuals and employers to a policy change(s) to arrive at new scenario.



Using coverage status information from new scenario, update premiums and other information to estimate output for subsequent years.

# Example: Microsimulation Estimates of Insurance Coverage After Implementation of the ACA

	COMPARE Model (RAND)	HPSIM (Urban Institute)
<b>Approach</b>	Estimate status quo as of 2016 and then apply reform provisions	Simulate provisions as though implemented in 2011
<b>Outcome</b>	Reduction in uninsured from 52 million to 18 million – 34 million gain coverage	Reduction in uninsured from 50.9 million to 23.3 million – 27.6 million gain coverage

*Hey, wait a minute! These two models predict different results . . .*

# Interpreting Microsimulation Models

- Be aware of inputs and assumptions
  - What a model projects depends on the data sources it uses, what its assumptions are, and how the analyst modeled the question
- Be an informed consumer
  - Consider if the population you are interested in is different than the population examined by the model
    - E.g., demographics, health system capacity, provider shortages
  - Keep the unknowns in mind
    - E.g., policy assumptions might not be reasonable (questionable constitutionality, unreleased regulations, state variety)

## 4. Estimating Churn and Transitions

- Measuring churn in and out of Medicaid has always been a challenge
- After the ACA is fully implemented, it gets even harder:
  - More people are eligible for Medicaid (<138% FPL)
  - Addition of premium subsidies administered as tax benefits
  - New dynamic of churn—from Medicaid into premium subsidies and back
  - No minimum enrollment period

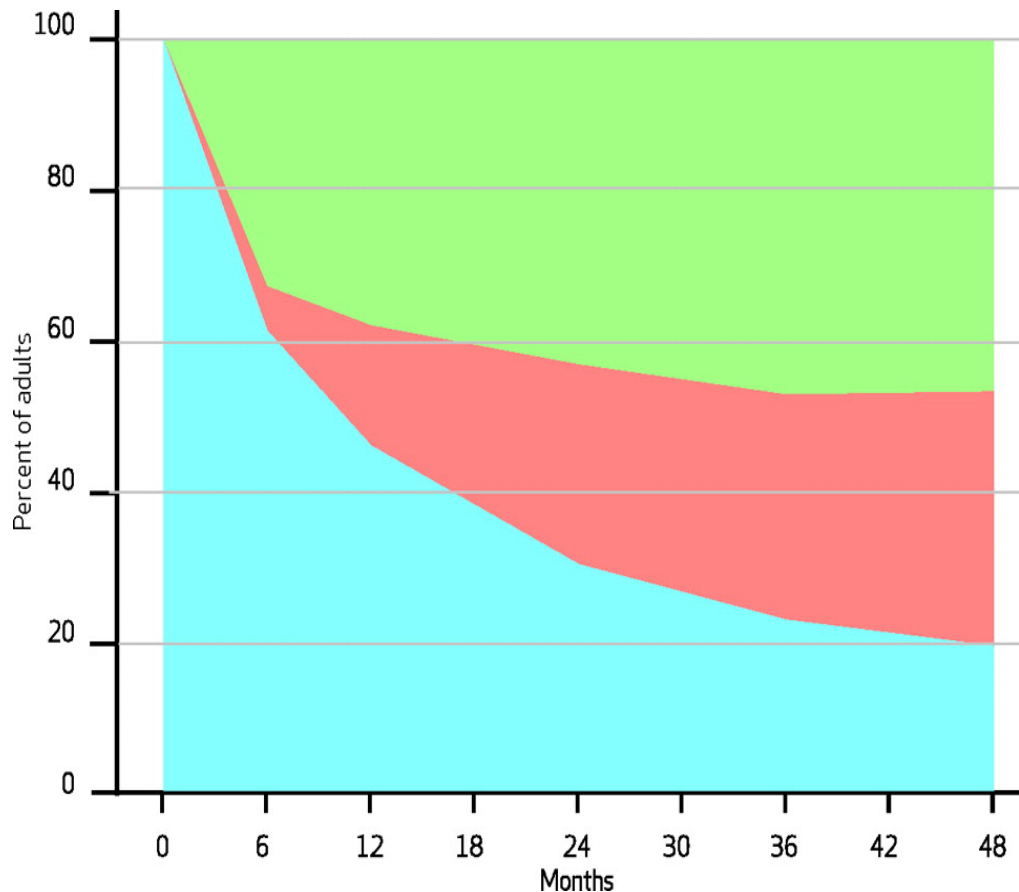


# Why Churn Matters

- Reflects change in individuals' financial situations
- Frequently represents an interruption in health services or a change in insurance plan
  - Disrupted insurance (including a change in insurance plans) is associated with higher cost and reduced access to care
- Knowing about churn may help health plans ease transition for those whose coverage is changing and conduct outreach to the newly eligible

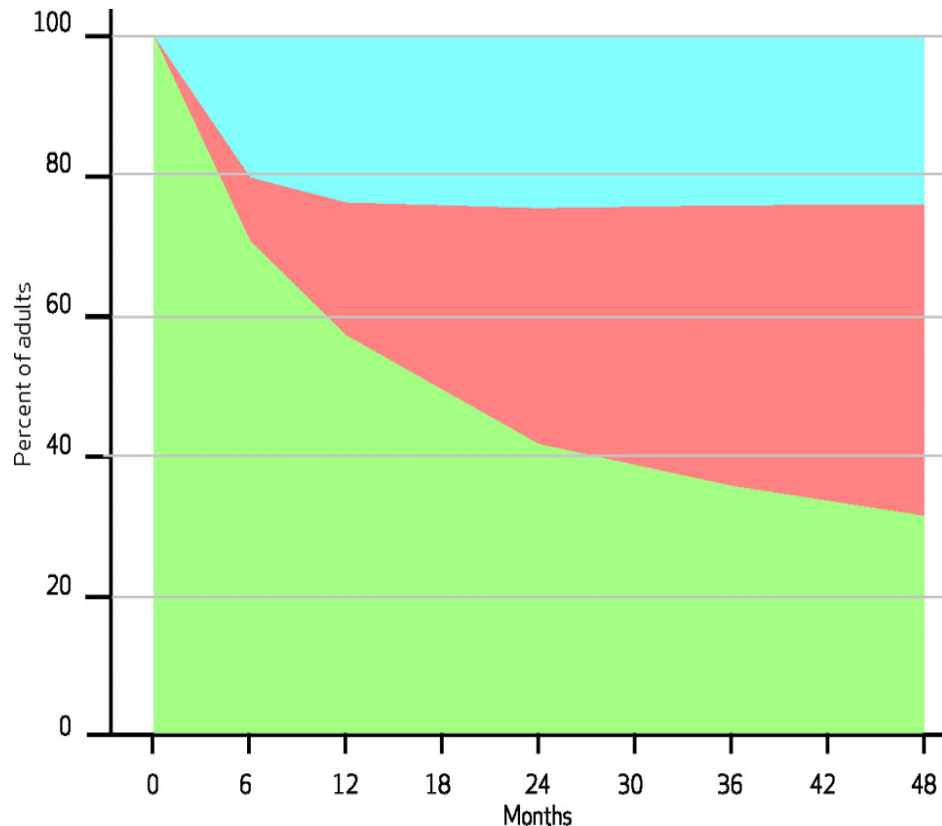


# Predicting Churn: Income Changes Over Time Among Adults (<133%FPL)



- Always below 133%
- Temporarily above 133%, then below again
- Above 133%
- Blue = no churn
- Pink = churned out and then back in to Medicaid
- Green = churned out of Medicaid and potentially into eligibility for premium subsidies

# Predicting Churn: Income Changes Over Time Among Adults (133% FPL to 200% FPL)



- Always above 133%
- Temporarily below 133%, then above again
- Below 133%

- Blue = income dropped - churn into Medicaid
- Pink = income temporarily dropped churned in and then out of Medicaid
- Green = always remained above Medicaid threshold

# Strategies for Managing Churn

- Reduce likelihood of frequent eligibility changes
  - e.g., *by establishing a guaranteed eligibility period*
- Provide support services for transitions
- Align coverage and benefits between Medicaid and Exchange plans
- Align markets and provider networks between Medicaid and Exchange plans
- Monitor accessibility and quality of care

Source: Benjamin D. Sommers & Sara Rosenbaum, *Issues in Health Reform: How Changes in Eligibility May Move Millions Back and Forth Between Medicaid and the Insurance Exchange*, 30 HEALTH AFFAIRS 228 (2011).

# Concluding Thoughts

- Lots of information and data are publically available
- Estimating behavior both for individuals and employers is not a science – lots of assumptions
- Other resources for estimating health status of newly eligible by state
  - BRFSS, CPS (health status only), IHIS for some states

## 5. Resources

SHADAC Data Center

<http://www.shadac.org/datacenter>

SHADAC Policy Brief, *Predicting the Effects of the Affordable Care Act: A Comparative Analysis of Health Policy Microsimulation Models*

<http://bit.ly/shadac12>

Sign up for SHADAC newsletter

<http://www.shadac.org/content/stay-updated>

Churning Source: Benjamin D. Sommers & Sara Rosenbaum, *Issues in Health Reform: How Changes in Eligibility May Move Millions Back and Forth Between Medicaid and the Insurance Exchange*, 30 HEALTH AFFAIRS 228 (2011).

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