



Planning for Expansion Populations – Demographic Data Sources

Lynn A. Blewett, Ph.D.

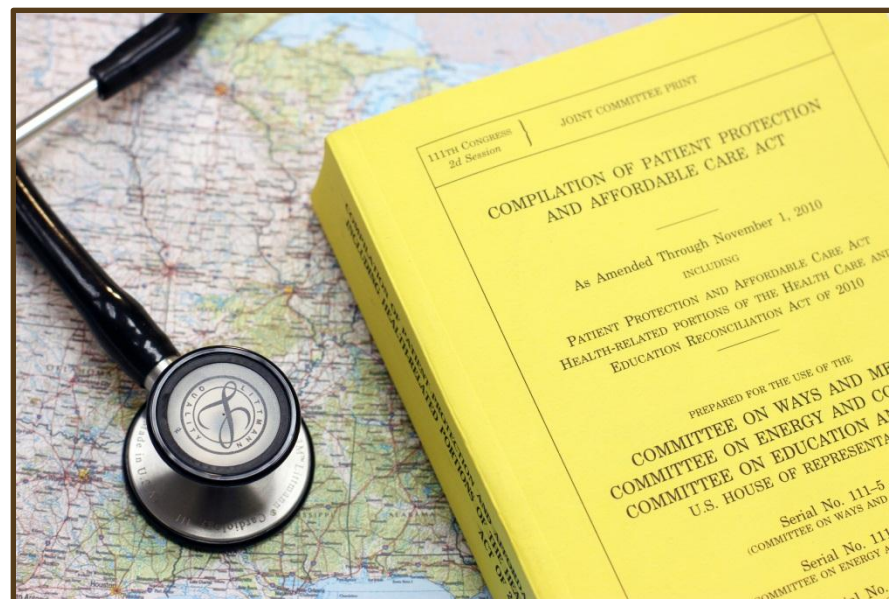
**Professor, Division of Health Policy and
Management, University of Minnesota School of
Public Health**

**Director, State Health Access Data Assistance
Center**

April 17, 2012

Overview

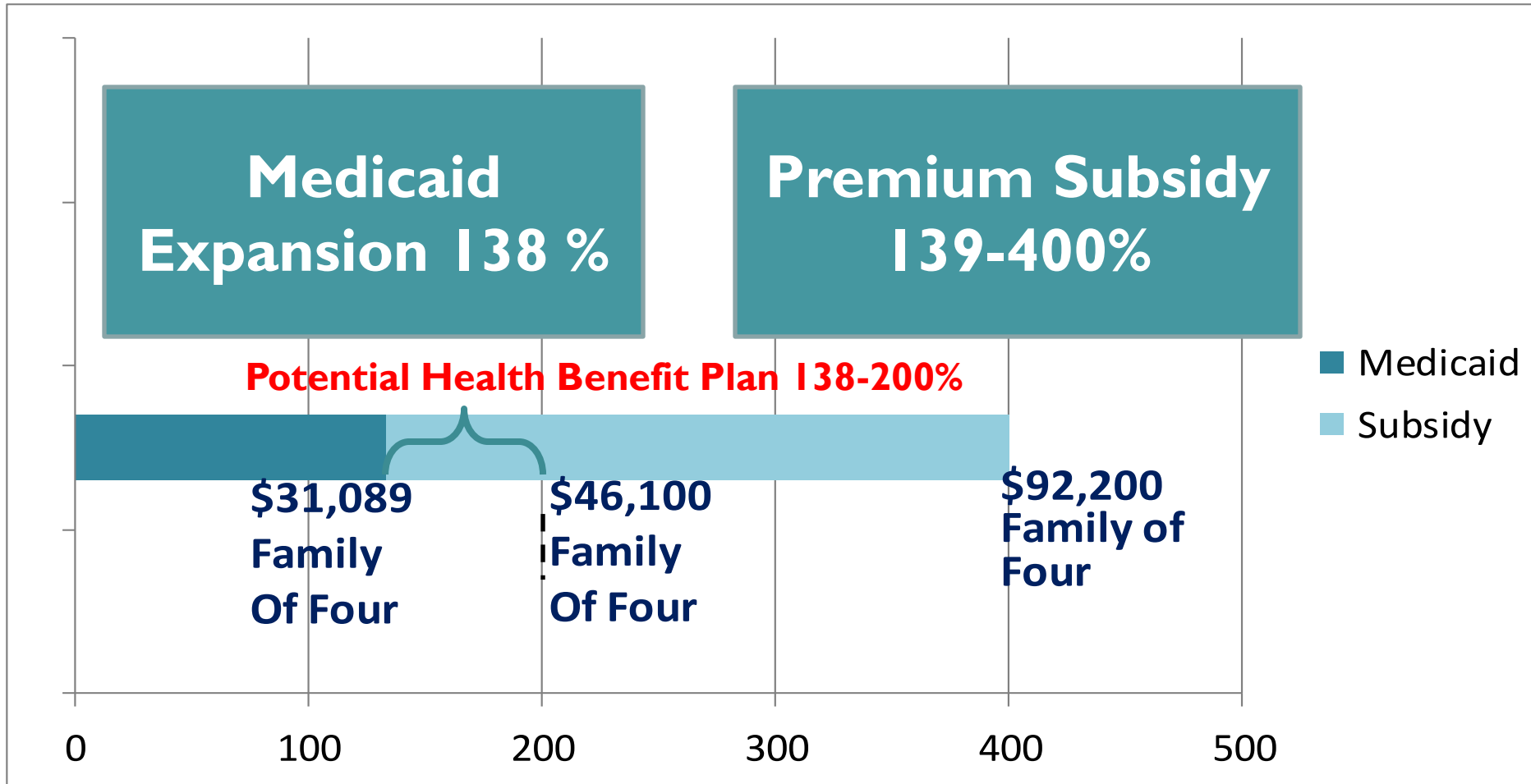
- Who is newly eligible under the ACA
- Characteristics of those eligible
- Variation across states
- Sources of federal data
- Microsimulation Models
- Other resources



Thanks to Brett Fried at SHADAC for ACA Analysis!



Coverage Expansion Categories

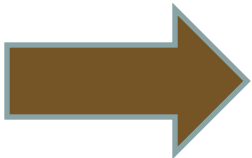


2012 Federal Poverty Guideline for a family of four = \$23,050*

*Refers to the 48 contiguous states and the District of Columbia. The poverty guideline for Alaska is \$28,820 for a family of four, and for Hawaii the guideline is \$26,510.

New Medicaid Expansion Income Eligibility

- Eligibility based on income only, no asset test or categorical requirements (e.g., *pregnant, parent or disabled*)
- Income based on Modified Adjusted Gross Income (MAGI) (*excluding SSI, LTC,*)
- Includes income adjustment of 5 percentage points



133% of FPL becomes an effective level of 138%

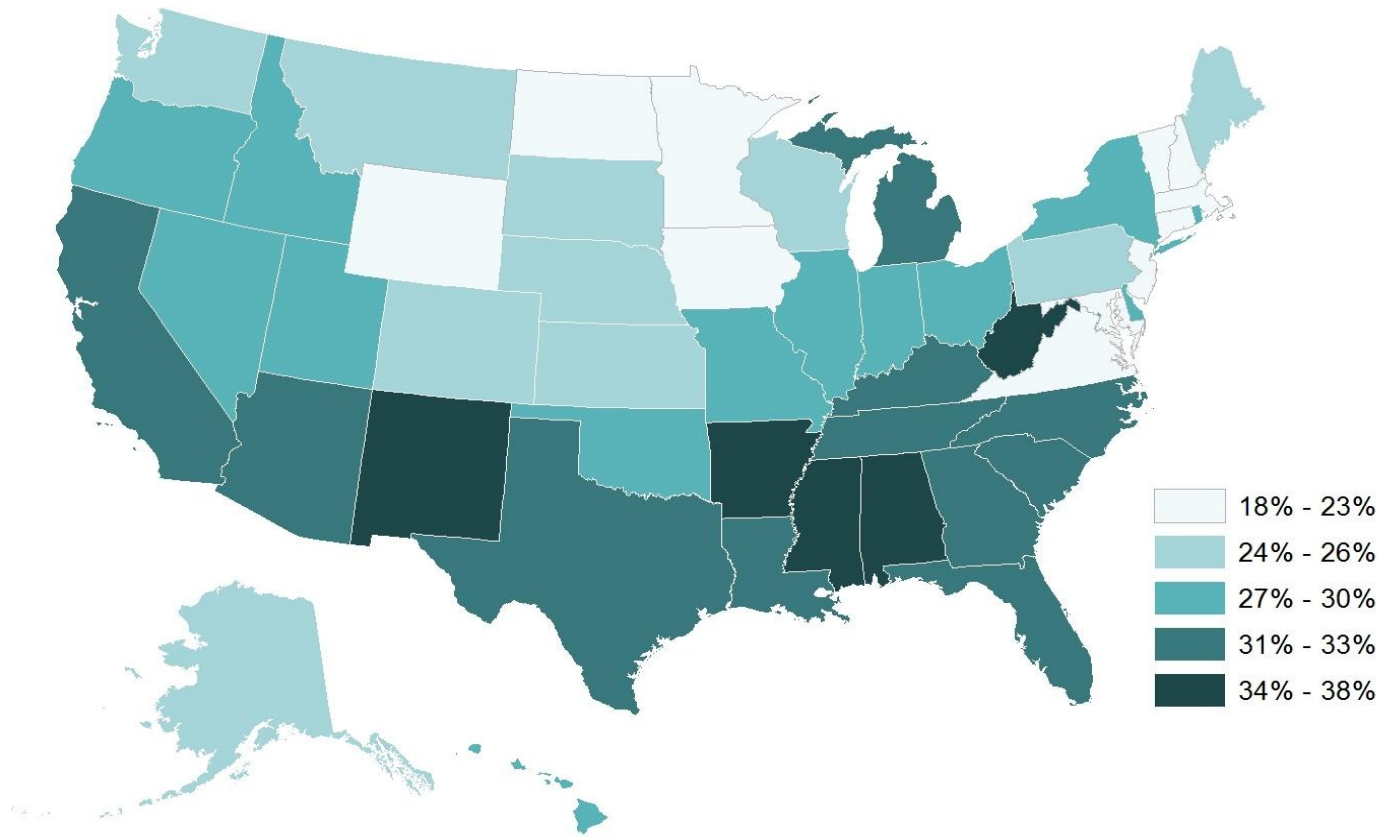
Exemptions to the Individual Mandate

- Financial hardship
- Religious objections
- American Indians and Alaska Natives
- Incarcerated individuals
- Those for whom the lowest cost plan option exceeds 8% of income, and
- Those whose income is below the tax filing threshold

And the Undocumented

Variation Across States

Percent of nonelderly adults eligible* for the 2014 Medicaid expansion



• Eligibility based only on health insurance unit income at or below 138% of poverty.
Source: American Community Survey (ACS), 2010

Federal Poverty Guidelines

- Federal Poverty Guidelines - Used as eligibility criteria for a number of federal and state programs.
- 2012 Poverty Guidelines for contiguous 48 states
 - \$11,170 (1 person in family)
 - \$15,130 (2 persons in family)
 - \$19,090 (3 persons in family)
 - \$23,050 (4 persons in family)
 -
- Health Insurance Unit – Used this instead of “family size”

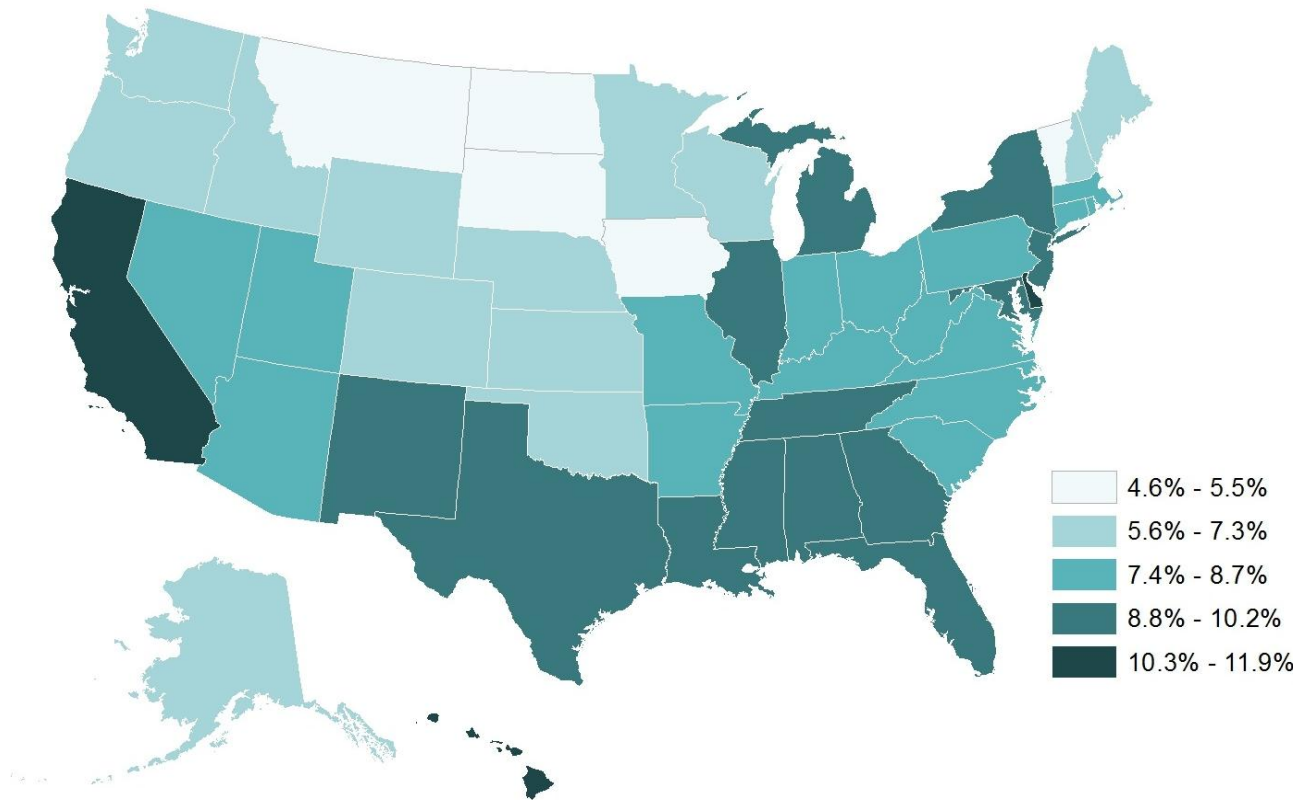


The Health Insurance Unit

- **Definitions**
 - The Health Insurance Unit (HIU) consists of individuals grouped together because of likely eligibility for private or public coverage
 - Family unit consists of related members of a household
 - Household unit consists of individuals residing within a household
- **Advantages of HIU**
 - Closer to tax unit used for calculating Medicaid expansion eligibility
 - Closer to eligibility standards used by states
 - Easily modifiable code that can be tailored to each state
- **Disadvantage of HIU**
 - Family and household level measures are more familiar to policy makers and analysts

Does it Matter?

Percent increase in the number of nonelderly adults who are eligible for the Medicaid expansion using the health insurance unit as compared to the family unit, ACS 2010



What Are The Demographic Characteristics Of Individuals Eligible* For The Medicaid Expansion?

	All non-elderly adults	All low-income non-elderly adults
Total	187.5 Million	53.8 Million
Female	50.9%	53.4%
Age		
19 to 25	16.0%	34.3%
26 to 34	19.1%	20.3%
35 to 44	21.7%	17.3%
45 to 54	23.7%	15.7%
55 to 64	19.4%	12.3%
Race/Ethnicity		
Hispanic	15.6%	23.3%
White non-Hispanic	64.7%	50.6%
Black Alone non-Hispanic	12.0%	17.8%
Asian Alone non-Hispanic	5.2%	4.9%
Multiple/other non-Hispanic	2.5%	3.3%

Source: American Community Survey, 2010

*0-138% of Federal Poverty Guidelines using Health Insurance Unit income

What are the Socioeconomic Characteristics Of Individuals Eligible For The Medicaid Expansion?

	All non-elderly adults	All low-income nonelderly adults
Work Status		
Not Working	22.1%	45.2%
Part-time	17.3%	28.7%
Full-time	60.6%	26.1%
Educational Attainment		
<High School	12.2%	23.9%
High School	27.1%	32.6%
Some College	33.1%	33.3%
College of More	27.6%	10.2%

Source: American Community Survey, 2010

*0-138% of FPG using HIU income

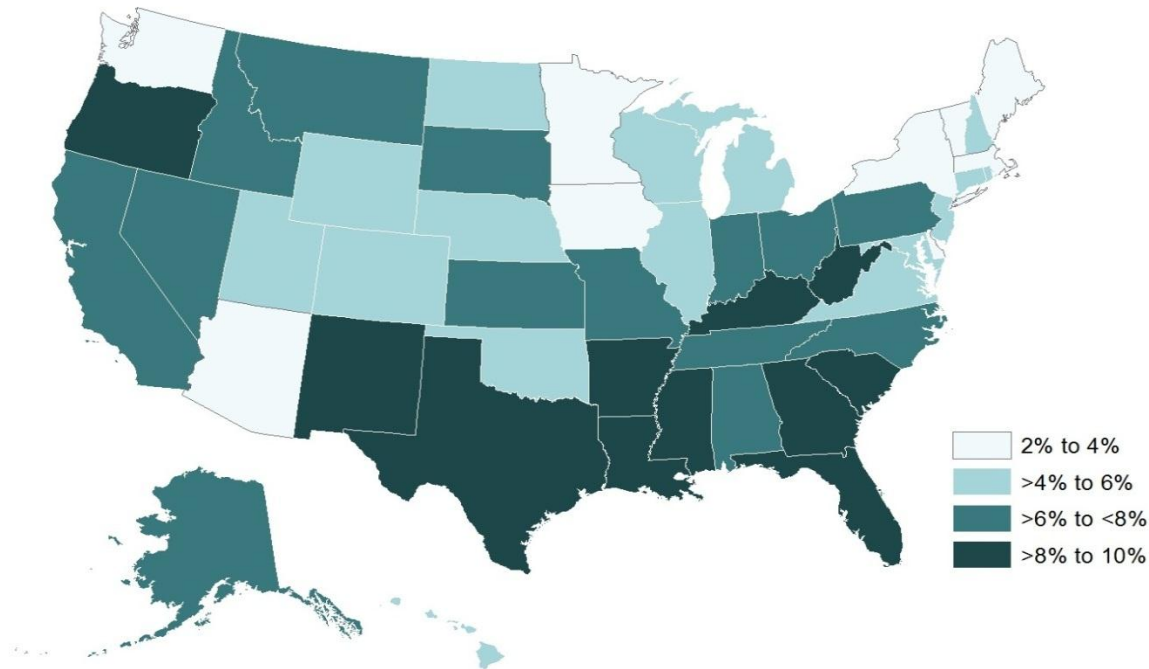
Enrollment in the Medicaid Expansion will Vary By State

The following are differences across states that will affect enrollment:

- Current Medicaid enrollment and eligibility
- Current Levels of Private Coverage
- Levels of outreach and enrollment activities
- Attitudes toward government programs

Variation Across States

Percent increase in the number of non-elderly enrolled in Medicaid as a result of the Medicaid expansion



Source: Buettgens, M., J. Holahan & C. Carroll. Health Reform Across the States: Increased Insurance Coverage and Federal Spending on the Exchanges and Medicaid. Robert Wood Johnson Foundation. March 2011. <http://www.rwjf.org/pr/product.jsp?id=71952>

Key Federal Surveys

- General household survey
 - **ACS**: American Community Survey
- Employment/Income surveys
 - **CPS**: Current Population Survey
 - **SIPP**: Survey of Income and Program Participation
- Health surveys
 - **NHIS**: National Health Interview Survey
 - **MEPS-HC**: Medical Expenditure Panel Survey-Household Component
 - **BRFSS**: Behavioral Risk Factor Surveillance System

Feasibility of State-Level Estimates from Federal Surveys

	ACS	SIPP	CPS	NHIS	MEPS HC	BRFSS
State-level estimates possible?						
All states	✓		✓*			✓
Some states		~20		~20	~35	
State identifiers available on public use files?	✓	✓	✓			✓
Sample size by state						
High	353K	9K	20K	13K	5K	20K
Median	44K	1K	3K	1K	400	7K
Low	6K	160	2K	110	<100	2K

* Two-year averages recommended.

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"

The screenshot shows the SHADAC website interface. At the top, there is a navigation bar with links for "About SHADAC", "Blog", "News & Events", and "Stay Updated". The SHADAC logo is prominently displayed, along with the tagline "Bridging the gap between research and policy". Below the logo, there are two boxes: "SHARE" and "SHAP". The "SHARE" box describes supporting research on Affordable Care Act implementation, while the "SHAP" box describes providing technical assistance to State Health Access Program grantees.

The main navigation menu includes "Data Center", "Publications", "State Profiles", "Survey Resources", and a search bar. The "Data Center" link is highlighted with a red arrow pointing from the callout box. Below the navigation menu, the "Data Center" page is displayed. It features a sidebar with a "Data Center" menu containing links for "Tables", "Charts", "Profile Information", "Revision History", and "Suggested Citation". The main content area has a "Home" link and a "Data Center" heading with "View" and "Edit" buttons. A welcome message describes the Data Center as a web-based table generator tool. Below this, there are two preview boxes: "Tables" showing a data table and "Charts" showing a line graph. A "Helpful Hints" section on the right provides instructions on how to use the tool.

Data Center

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

[Home](#) >

Data Center

[View](#) [Edit](#)

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

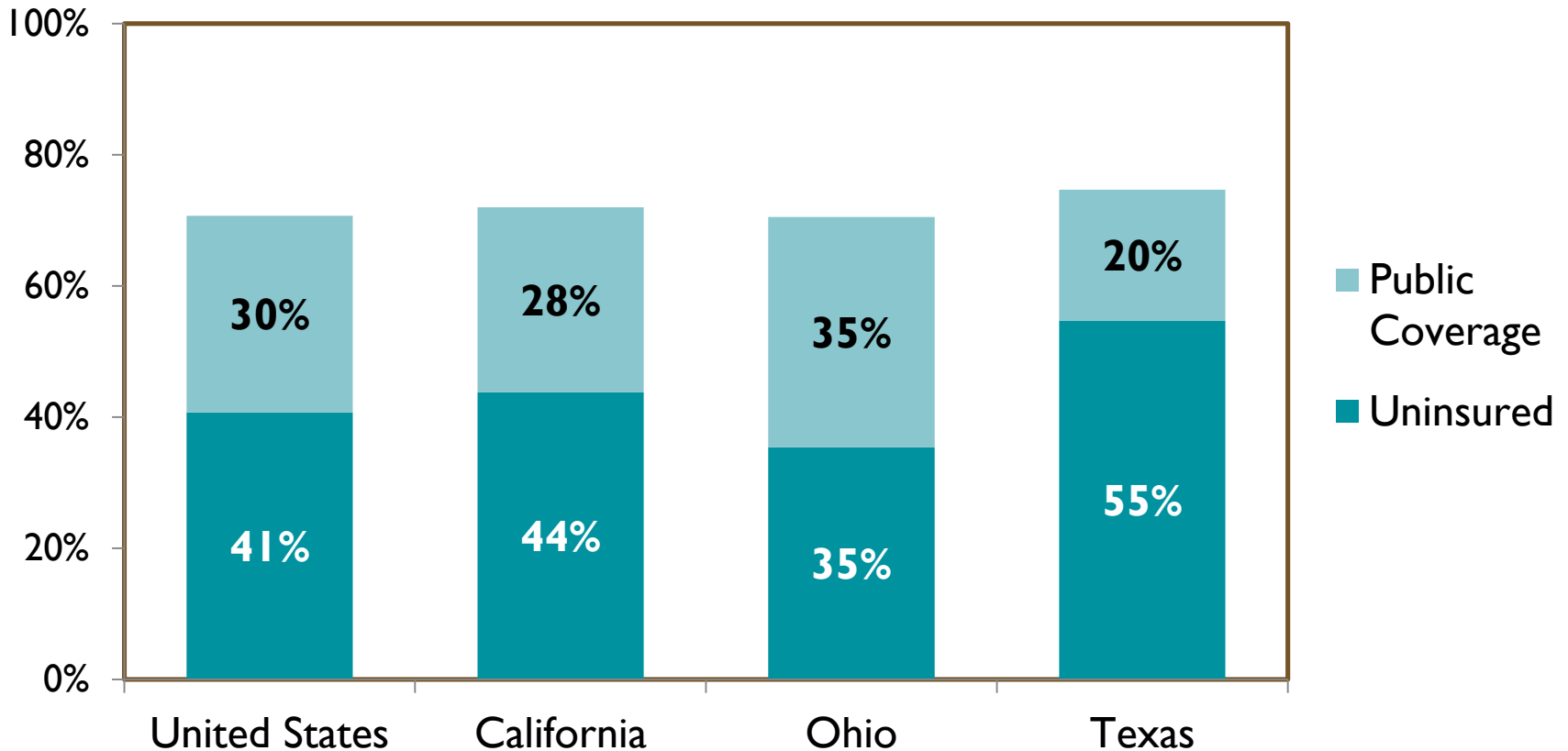
Charts

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

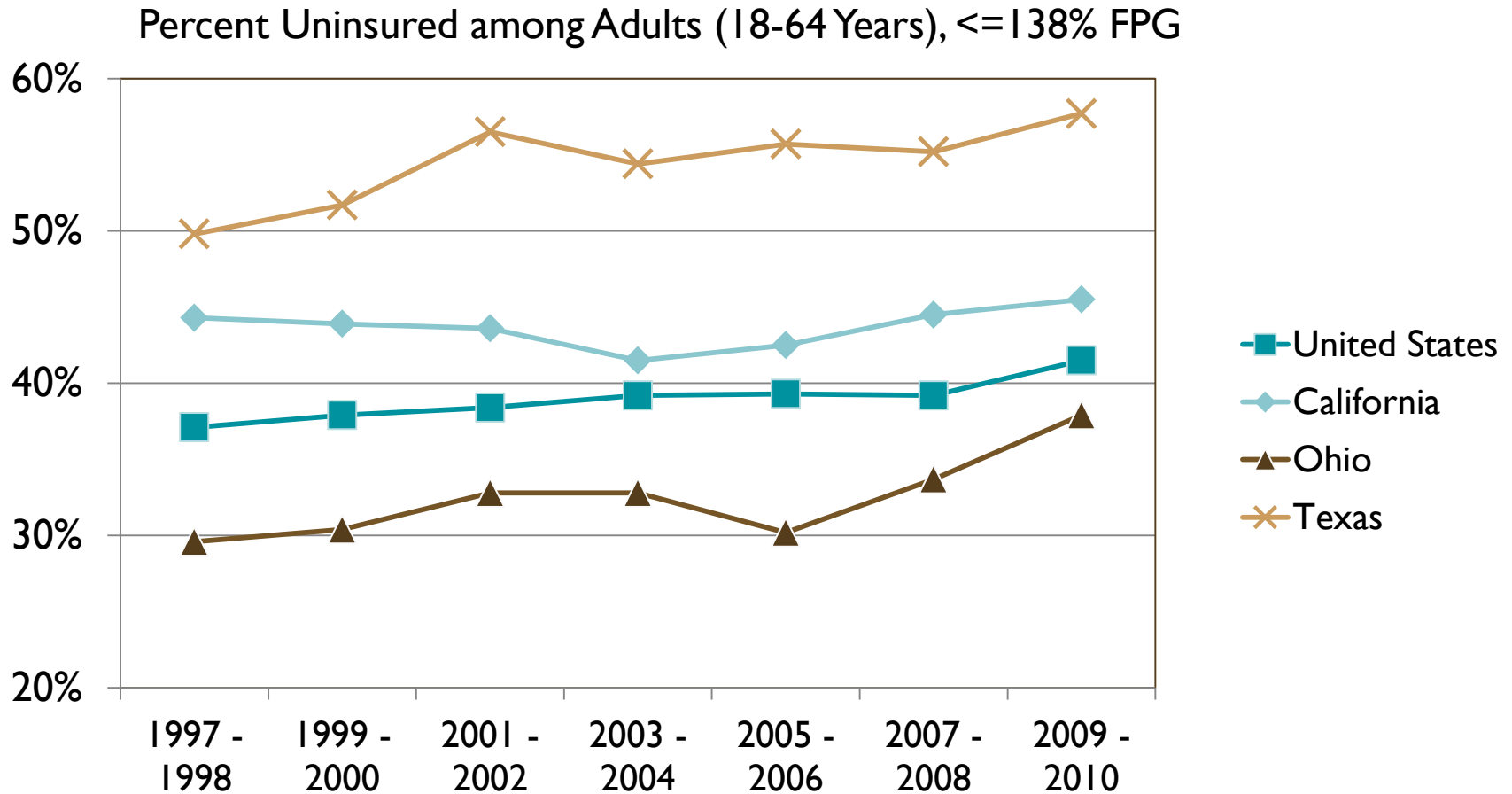
Example – American Community Survey

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



Source: 2010 American Community Survey from the SHADAC Data Center

Example - CPS-Enhanced



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

Example – CPS

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

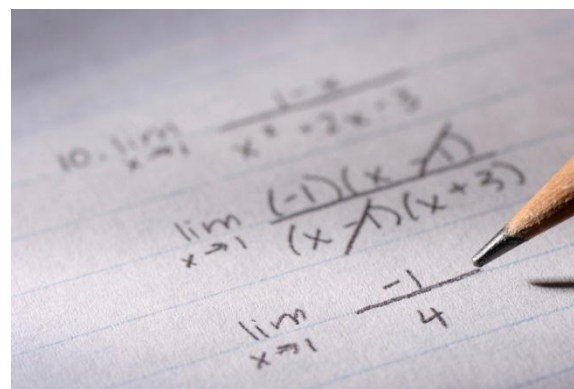
	United States		California		Ohio		Texas	
	%	Count	%	Count	%	Count	%	Count
Sex								
Male	45.5	10,879	50.4	1,709	43	367	60.2	1,281
Female	36.7	9,775	40.2	1,432	30.8	307	55	1,336
Education								
< High school	48.8	6,208	54.1	1,224	40.7	158	66.3	1,064
High school	45.4	7,877	48.7	926	42.4	304	60.1	886
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
Health Status								
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
Total	40.9	20,653	45.2	3,141	36.4	674	57.4	2,617

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

Microsimulation Models

- Tool for estimating potential behavioral and economic effects of public policies – uses Demographic data as key input
- 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.

Model Comparison: Population and Employment Data

	CBO	GMSIM (Gruber)	RAND COMPARE	HBSM (LEWIN)	HIPSM (URBAN)
Population Survey Data	2002 SIPP	2005 Feb/March CPS	2008 SIPP	2002-2005 MEPS	2009/2010 CPS
Employment Data	BLS National Compensation Survey	BLS National Compensation Survey	KFF Employer Survey; Statistics of U.S. Businesses	KFF Employer Survey & 1997 RWJF Employer Survey	Statistics of U.S. Businesses
Calibration	Re-weighted to reflect U.S. population projections 2008-2017	Re-weighted to 2008 March CPS	Re-weighted to reflect 2010 and beyond age-sex-race distribution	Re-weighted to 2009 March CPS on population attributes and coverage	Re-weighted and adjusted to align with coverage, income, expenditures, and firm distribution as of 2009

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

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>
- State Health Access Data Assistance Center. 2012. “Defining “Family” for Studies of Health Insurance Coverage.” Issue Brief #27. Minneapolis, MN: University of Minnesota. <http://www.shadac.org/publications/defining-family-studies-health-insurance-coverage>

Additional Resources

- Buettgens, M., J. Holahan & C. Carroll. “Health Reform Across the States: Increased Insurance Coverage and Federal Spending on the Exchanges and Medicaid.” *Robert Wood Johnson Foundation*. March 2011.
<http://www.rwjf.org/pr/product.jsp?id=71952>
- Congressional Budget Office. “Updated Estimates for the Insurance Coverage Provisions of the Affordable Care Act.” March 2012.
<http://www.cbo.gov/sites/default/files/cbofiles/attachments/03-13-Coverage%20Estimates.pdf>
- Holahan, J., & I. Headen. “Medicaid Coverage and Spending in Health Reform: National and State-by State Results for Adults at or Below 133% FPL.” May 2010. <http://www.kff.org/healthreform/8076.cfm>

Contact Information

Lynn A. Blewett, PhD

Professor and Director

blewe001@umn.edu

Brett Fried, MS

Research Fellow

bfried@umn.edu

State Health Access Data Assistance Center

University of Minnesota, Minneapolis, MN

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