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Announcements

Minnesota's Uninsured Rate Falls Nearly 41% during First ACA Open Enrollment



A new SHADAC [report](#) finds that between September 30, 2013, and May 1, 2014, the number of uninsured Minnesotans fell by 180,500, or 40.6%, from 445,000 (8.2% of the population) to an estimated 264,500 (4.9% of the population). SHADAC produced the report at the request of Minnesota's State-Based Health Insurance Marketplace, [MNSure](#). Authors Julie Sonier, Elizabeth Lukanen, and Lynn Blewett compiled data from a variety of sources to analyze, at an aggregate level, the shifts in health insurance coverage that have taken place in Minnesota since the fall of 2013.

Revisions to Federal Surveys to Measure ACA Effects

A new SHADAC [brief](#) discusses recent revisions to several federal surveys that could be used to measure the impact of key provisions of the Affordable Care Act (ACA), with a particular focus on how the surveys could be used to examine the impact within and among states. The brief provides an overview of changes to the surveys and how these changes relate to the ACA; summaries of the surveys, including content, design, and sample sizes; and information on obtaining estimates and data.

State Estimates of Limited English Proficiency by Coverage Status

State-level estimates of people with limited English proficiency (LEP) by health insurance status are available in a new SHADAC [brief](#). The analysis uses data from the American Community Survey (ACS) and finds that one-third of the 24.5 million people with LEP in the United States (i.e., 9.5 million people) were uninsured in 2012. People with LEP comprised one out of five (21.7%) uninsured persons in 2012. At 37 percent, California had the highest percentage of LEP persons among its uninsured population. The higher rate of uninsurance among people with LEP points to the importance of addressing issues of LEP in coverage outreach efforts.

Medicaid Misreporting and Direct Coverage Estimates in the ACS

In a new [brief](#), SHADAC researchers explore whether the relatively high estimates of direct purchase coverage in the American Community Survey (ACS) are caused by people misreporting their Medicaid coverage. The researchers used a dataset from the Census Bureau that linked ACS data with Medicaid enrollment data, and they found that a relatively small number of respondents who reported direct purchase in the ACS were enrolled in Medicaid. The authors conclude that misclassification of Medicaid coverage is not the main driver of high direct purchase estimates in the ACS.

SHARE Briefs: Welfare Impact of the Individual Mandate, Issues with the Current Measure for Patient Centered Medical Homes for Children

The Robert Wood Johnson Foundation (RWJF) State Health Access Reform Evaluation (SHARE) grant program released two new briefs from its funded research projects.

- ["Did the Massachusetts Individual Mandate Mitigate Adverse Selection?"](#) from the research team led by Amanda Kowalski of Yale University and Jonathan Kolstad of the University of Pennsylvania, examines whether adverse selection was present in the Massachusetts individual market before the state's 2006 reforms and estimates the welfare impact of the individual mandate. The authors found that in the Massachusetts post-reform individual market, average annual premiums decreased by \$1,358 per person (23.3 percent of the pre-reform base of \$5,871) relative to national trends and that the individual mandate did work to mitigate adverse selection in the individual market.
- ["Issues with the Survey-based Measure for Patient Center Medical Homes for Children,"](#) by the Urban Institute's Victoria Lynch and Lisa Clemans-Cope, considers the current standard measure used to study the patient centered medical home (PCMH) for children—a composite measure based on a series of five questions in the National Survey of Children's Health (NSCH) and the National Survey of Children with Special Health Care Needs (NS-CSHCN). The researchers found that, using this accepted measure, children with special health care needs are less likely to be identified as having a medical home compared to children without such needs because of the treatment of missing information in the NSCH and NS-CSHCN. The authors call for a revision

to the current measure, which actually measures whether the medical care a child received conformed to the PCMH model as far as it could be measured given the range of care received.

Monitoring Health Insurance in California: ACA 411



The [California Health Care Foundation \(CHCF\)](#) recently launched a new interactive tool, "[ACA 411](#)," that provides baseline and trend data for selected measures to monitor changes in health insurance in California under the ACA. Among the data included are rates of the uninsured, private and public coverage levels, insurance status, and Covered California enrollment. The measures that are currently available represent the first round of baseline reporting; measures will continue to be updated and added over time as new data become available. The measures and data included in ACA 411 were based on the recommendations from a SHADAC report prepared for CHCF: "[A Framework for Tracking the Impacts of the Affordable Care Act in California](#)."

SHADAC at the 2014 AcademyHealth Annual Research Meeting



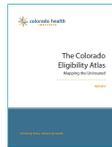
A number of SHADAC staff and SHARE grantees presented at the 2014 AcademyHealth Annual Research Meeting (ARM) in San Diego, and at several interest group and adjunct meetings preceding the ARM. Presentation materials, including slide decks and posters, are available [here](#).

News from the States

California: CalSIM Statewide Data Book

The [UCLA Center for Health Policy Research](#) published, "[CalSIM Version 1.91 Statewide Data Book, 2015-2019](#)," containing the latest data from the [California Simulation of Insurance Markets \(CalSIM\)](#), a microsimulation model that can be used to estimate the impact of various components of the ACA on employer decisions to offer coverage and individual decisions to obtain coverage in California. CalSIM uses data from a wide range of official sources, including the [California Health Interview Survey \(CHIS\)](#), to examine enrollment trends, enrollee characteristics, the remaining uninsured, and more. Among other findings, CalSIM estimates that there will be 2.73 million remaining uninsured Californians in 2019 under the ACA, compared with an estimated 6.46 million remaining uninsured were the ACA not in place.

Colorado: Mapping the Uninsured



[Colorado Health Institute](#) released, "[The Colorado Eligibility Atlas: Mapping the Uninsured](#)," a report that provides a detailed picture of Colorado's uninsured population through a series of 17 maps. The report uses data from the American Community Survey, the Colorado Department of Health Care Policy and Financing, and the Colorado Health Access Survey, and focuses on uninsured Coloradans who are eligible for public insurance programs or for health insurance tax credits through the state's marketplace.

Mississippi: 2012 Coverage Chart Book



The [Center for Mississippi Health Policy](#) published a [chart book](#) profiling health coverage for nonelderly adults in Mississippi in 2012. The profile is based on data from the 2013 American Community Survey (compiled using the [IPUMS-ACS](#)) along with the 2002-2012 Medical Expenditure Panel Survey – Insurance Component (MEPS-IC). Mississippians in 2012 had significantly lower rates of private health insurance coverage than adults nationwide (51% vs. 58%) and significantly higher rates of both public insurance (13% vs. 10%) and uninsurance (25% vs. 21%).

New Jersey: Uninsurance Drops 38% among Non-Elderly Adults



A Robert Wood Johnson Foundation [report](#) uses new data from the New Jersey supplement of the nationally-representative [Health Reform Monitoring Survey \(HRMS\)](#) to examine coverage changes in the state during the first ACA open enrollment period. The authors found that the proportion of nonelderly adults in New Jersey who reported being uninsured decreased from 21.2 percent in September 2013 to 13.2 percent in March 2014, suggesting that more than 430,000 people gained coverage during this time. Nine percent of respondents reported coverage obtained through the Health Insurance Marketplace, with two thirds of these reporting Medicaid coverage and the remainder reporting coverage through a marketplace plan.

Resources

ACS Content Review: Data User Feedback Requested

The U.S. Census Bureau is conducting a content review of all of the questions on the American Community Survey (ACS) and is asking for feedback from individuals and organizations about how the ACS is used. We encourage ACS data users studying health insurance coverage to respond so the Census Bureau knows that the health insurance coverage questions are important and should remain on the survey. Feedback will be accepted until Friday, July 18, 2014. [Access the ACS Data User Feedback Form](#).

HRMS Data Indicate Rapid Coverage Increases under ACA

A new [brief](#) from researchers at the [Urban Institute Health Policy Center](#) uses the March 2014 [Health Reform Monitoring Survey \(HRMS\)](#) to examine changes in health insurance coverage in early March 2014 relative to coverage over the prior year. The authors report that the number of uninsured nonelderly adults (ages 18 to 64) fell by an estimated 5.4 million between September 2013 and early March 2014.



The largest declines in uninsurance were seen among states that implemented the ACA Medicaid expansion, driven by gains in coverage among the low-income adults targeted by the expansion.

HHS State Fact Sheets

The U.S. Department of Health and Human Services (HHS) added data on Health Insurance Marketplace and Medicaid enrollment to its online ["State by State"](#) tool that chronicles the impact of the Affordable Care Act in each state. For each state, the site now details Marketplace enrollment by gender, age, and metal plan, and provides overall Medicaid enrollment numbers.

MEPS Briefs: Coverage Transitions and Spells of Uninsurance

The Agency for Healthcare Research and Quality (AHRQ) released three new statistical briefs addressing health insurance coverage in the Medical Expenditure Panel Survey – Household Component (MEPS-HC):

- ["Transitions in Health Insurance Coverage Over Time, 2009-2013 \(Selected Intervals\): Estimates for the U.S. Civilian Noninstitutionalized Adult Population,"](#) finds that, of the 26.0 percent of the nonelderly population that was uninsured during the first part of 2012: 75.4 percent remained uninsured in the first part of 2013, 16.7 percent obtained private coverage, and 7.9 percent acquired public coverage.
- ["Spells of Uninsurance: Estimates for the U.S. Civilian Noninstitutionalized Population under Age 65, 2012,"](#) finds that 15.7 percent (42.1 million people) were uninsured for the entire year; 26.6 percent (71.4 million) were uninsured for one month or more; 5.7 percent (15.4 million) were uninsured for one to four months; and 20.9 percent (56.0 million) were uninsured for five to twelve months.
- ["Health Insurance Status of Young Adults Ages 19-25, 2012"](#) finds that 42.7 percent of young adults were uninsured at some point in 2012, and 24.6 percent were uninsured for the entire year. This is down from 47.9 percent and 27.5 percent, respectively, on these measures in 2009.

Early Release of Selected 2013 NHIS Estimates



The National Center for Health Statistics (NCHS) released [early estimates from the 2013 National Health Interview Survey \(NHIS\)](#), including estimates of lack of health insurance coverage and type of coverage. A new NCHS [brief](#) examines these estimates, providing, among other details, coverage estimates by state Medicaid expansion status and Health Insurance Marketplace type. Children under age 18 and nonelderly adults (ages 18 to 64) in expansion states were less likely to be uninsured than their counterparts in non-expansion states, and children and nonelderly adults in states with a federally facilitated Marketplace were more likely to be uninsured than those in states with a state-based or partnership Marketplace.

HIX Compare Dataset: Data on Marketplace Plans from Every State

The Robert Wood Johnson Foundation (RWJF) and [Breakaway Policy Strategies](#) collaborated to produce the [Health Insurance Exchange \(HIX\) Compare Dataset](#), which provides information on health plans offered in all 50 states and the District of Columbia, including data on premiums, network composition, deductibles, out-of-pocket limits, and copayment and coinsurance amounts. The data were updated May 1, 2014, and were collected from state and federal government-sponsored exchange websites. The dataset is open source and publicly available.

Medicaid/CHIP Enrollment under the ACA: Actual vs. Projected



A new [brief](#) from researchers at the [Urban Institute](#) assesses how reported changes in enrollment in Medicaid and CHIP during the first ACA open enrollment period compare with the Medicaid/CHIP enrollment changes projected by the Urban Institute's [Health Insurance Policy Simulation Model \(HIPSM\)](#). Among key findings: As of April 2014, Medicaid/CHIP programs had reached 47 percent of the Medicaid/CHIP enrollment increases that HIPSM projected to be obtained by the end of 2016. States that expanded Medicaid reached 63 percent of the 2016 projected enrollment increases by April 2014 compared with 29 percent for non-expansion states.

SHADAC Staff News

Gilbert Gonzales Wins Research Award at AcademyHealth



SHADAC Research Assistant and HPM doctoral student, Gilbert Gonzales was awarded the Carol Weisman & Gary Chase Gender-Based Research Award at the 2014 AcademyHealth Annual Research Meeting for his work titled, ["The Impact of Same-Sex Marriage on Health Insurance Coverage: Evidence from Five States."](#)

Alexis Russell to Intern with Minnesota Governor's Office



PHAP master's student and SHADAC research assistant Alexis Russell was selected to be a summer [intern in Legislative and Cabinet Affairs](#) at the Office of the Governor of Minnesota. Alexis will be working on issues surrounding Health and Human Services; the health insurance marketplace; and housing.

Amy Pothoff Anderson Inducted into Delta Omega Honor Society



SHADAC Coordinator Amy Pothoff Anderson was [inducted into the Pi Chapter of the Delta Omega Honor Society](#) on May 15, 2014, based on a consideration of her outstanding performance and devotion to the field of public health. Amy will complete her master's of science in health services research, policy, and administration, this fall.

Recommended Reading

[Survey of Non-Group Health Insurance Enrollees](#)

Kaiser Family Foundation Brief, June 19, 2014

[Disproportionate Share Hospital Payment Reductions May Threaten the Financial Stability of Safety-Net Hospitals](#)

HealthAffairs Article, June 2014

[Connecting Consumers to Coverage: Mobilizing for Enrollment](#)

Community Catalyst Report, June 2014

[The Affordable Care Act and Insurance Coverage in Rural Areas](#)

Kaiser Family Foundation Brief, May 29, 2014

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