



HARNESSING THE DATA

Elizabeth Lukanen, MPH

State Health Access Data Assistance Center (SHADAC)

State Health Reform Assistance Network
State Health Leaders Small Group Convening
January 7-8, 2016
San Francisco, CA

Questions Persist...

- Are employers dropping coverage?
- How many people are at an affordability cliff and are churning between coverage types?
- What is happening in the off-exchange market?
- What are the characteristics and utilization trends among the various coverage types (QHP, newly Medicaid eligible)?
- How accurate were our enrollment and utilization projections?
- What is the financial impact of the shift to a 90% match?
- How can we demonstrate success?
- What data are needed to support a SPA, 1115, or 1332 Waiver?

Data to Support Internal Operations and Public Reporting

Operations

- Improving ongoing forecasting (e.g. projections for reduction in federal matching rate)
- Targeting outreach and enrollment and support “in reach”
- Monitoring trends in utilization
- Assessing benefit design
- Federal reporting
- Grant management (e.g. assisters)
- Performance metrics and contract negotiation

Public Reporting

- Promote success and tell your “story”
 - Coverage gains and effects on insurance rates
 - Reductions in uncompensated care
 - Enhanced use of preventive care - case for Medicaid expansion
- Ensure accurate reporting by others

FEDERAL SURVEY DATA

CENSUS BUREAU MEASURES OBAMACARE

OBAMACARE'S
NEW YARDSTICK
of SUCCESS

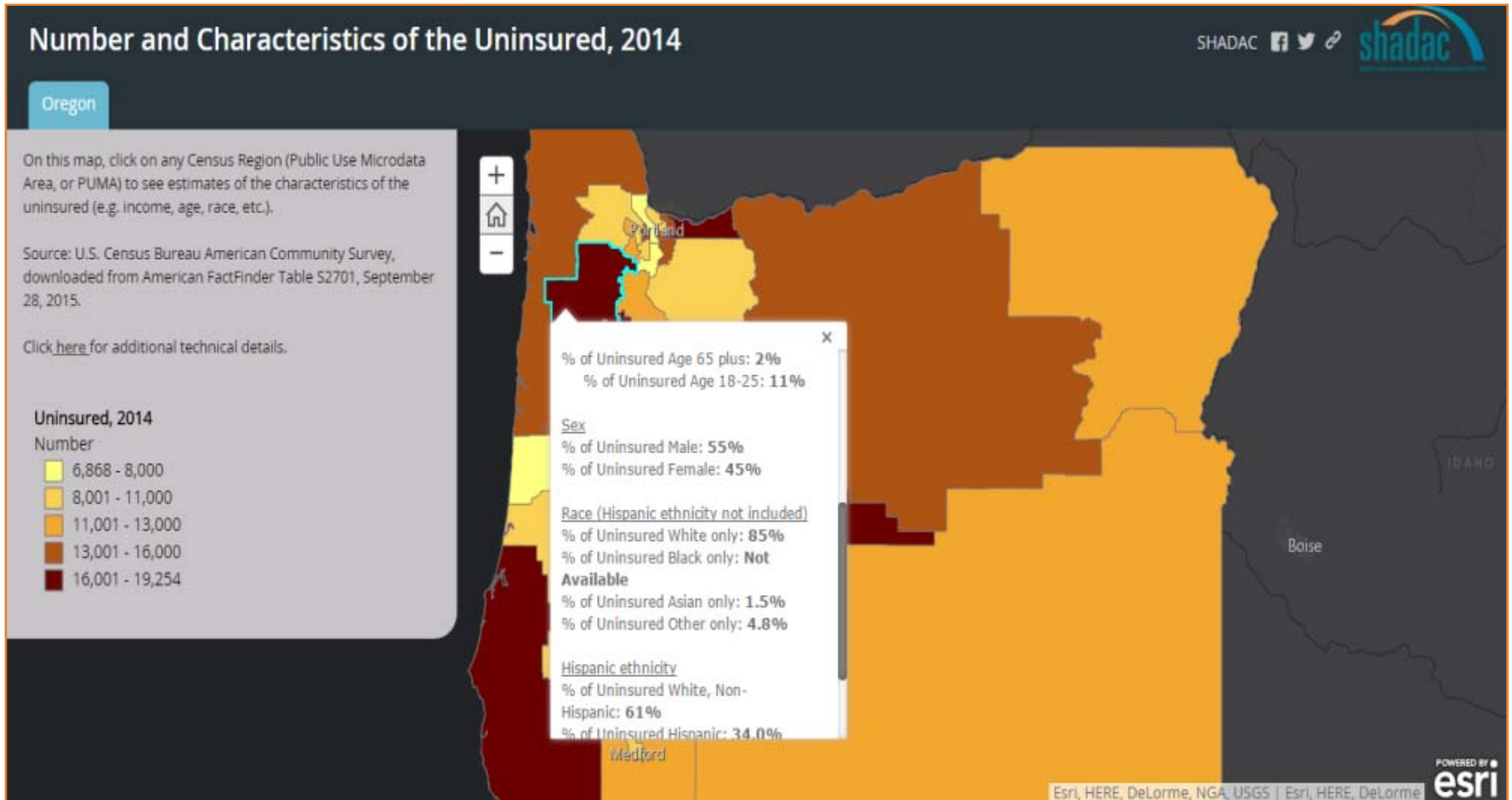


ERICALLIE
CIVILIZATION
TWO, THREE

ACS: American Community Survey

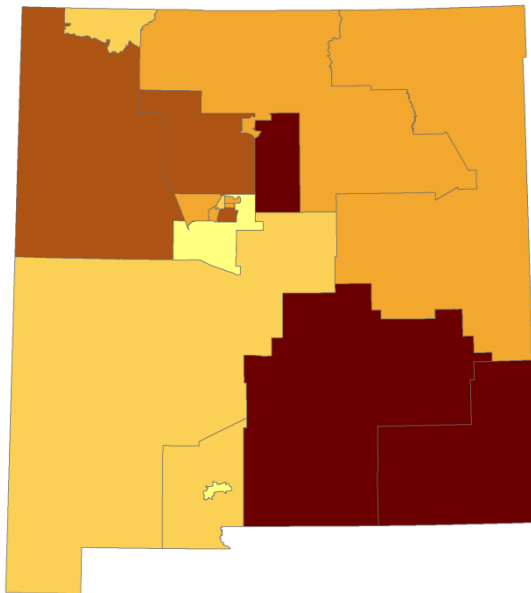
- National, State and Sub-state level rates of uninsurance
- Released every Fall (~2 year lag)
- Provides rich detail on individual characteristics
 - Income, race/ethnicity, age, work status, nativity, language, education
- Uses: Targeted outreach, estimates of baseline population (for use in projections), can be used with enrollment data to produce analysis of remaining eligible

Targeted Outreach: Characteristic of Uninsured

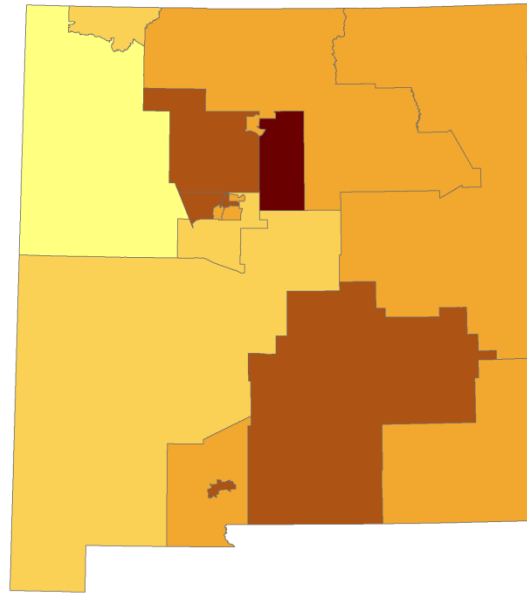


Targeted Outreach: Analysis of Remaining QHP Eligible

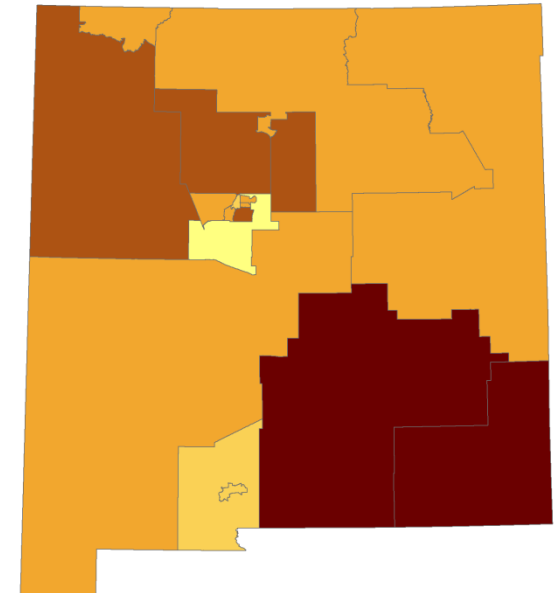
Potentially
QHP Eligible



Enrolled as
of OEP2



Remaining
Eligible



Remaining eligible analysis combines ACS data on the potential eligible population with enrollment data from the marketplace.

Other Federal Surveys

NHIS: National Health Interview Survey

- Produces quarterly uninsured estimates for large state, by various age groups
- Always the most current state-level estimates produced by a large scale survey

CPS: Current Population Survey

- National and State level rates of uninsurance
- Released every Fall
- Releases a prior year February-April uninsured estimates for ALL states in the fall
- Changes to the survey limit trend analysis to 2014 and later

Uses: Media and legislative reporting, grant and report writing

Uninsured Rate, February – April 2015, Current Population Survey

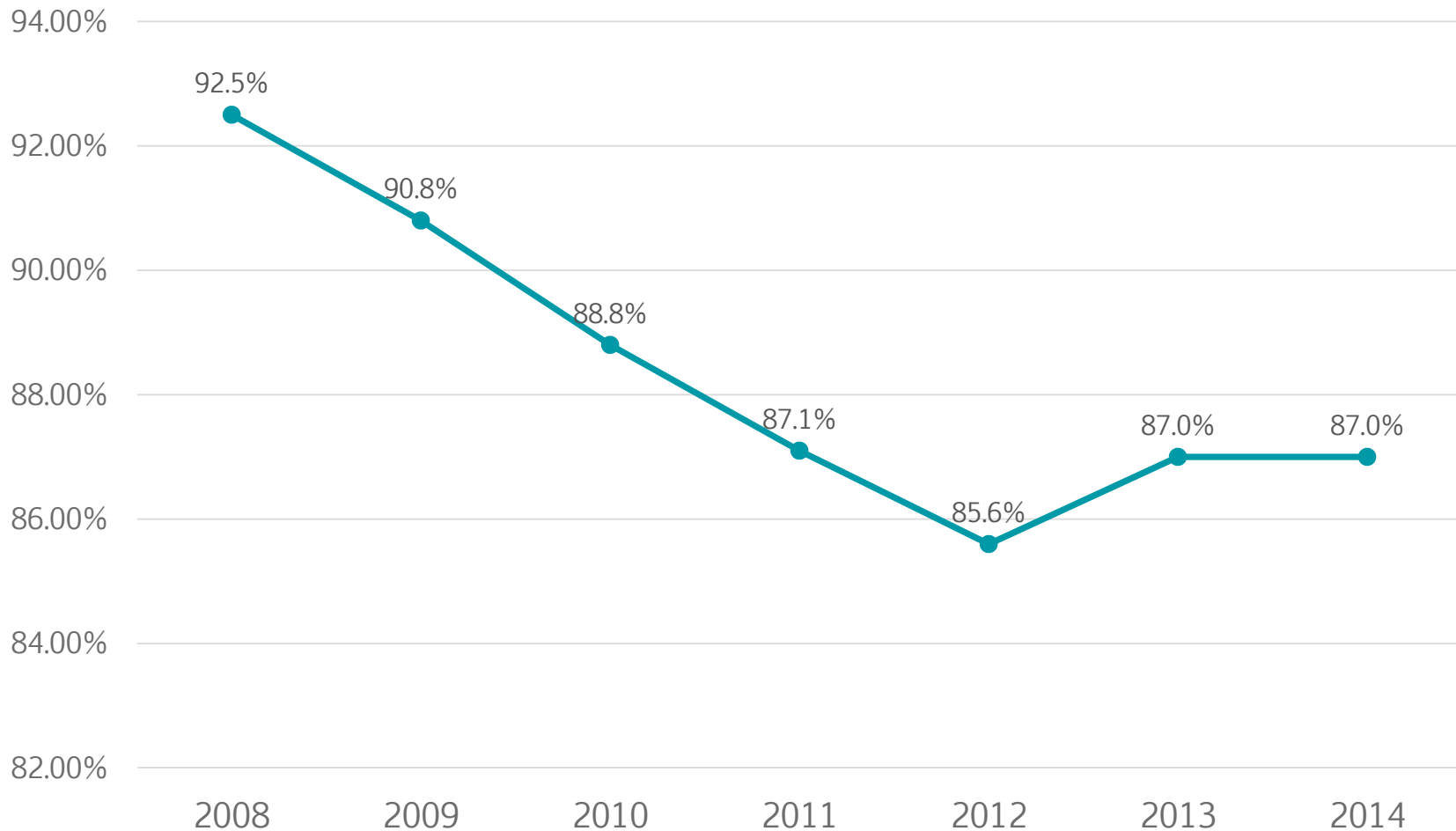
State	%	Count
Alabama	11%	524,038
Arkansas	9.9%	286,125
California	9.5%	3,692,066
Colorado	12.6%	677,484
Connecticut	6.9%	248,241
Hawaii	6.0%	81,288
Illinois	8.9%	1,138,640
Kentucky	7.0%	303,840
Maryland	5.5%	325,684
Michigan	8.6%	851,653
Minnesota	7.1%	385,603
New Mexico	12.4%	252,887
New York	7.8%	1,541,994
Oregon	8.5%	335,069
Rhode Island	5.7%	60,153
Washington	9.4%	663,980

Source: U.S. Census Bureau. Current Population Survey. February – April 2015.

MEPS- IC: Medical Expenditure Panel Insurance Component

- National survey of private and public employers about ESI offers, eligibility, enrollment, cost, plan characteristics (premium and employee/employer share)
- Variables available by firm size
 - Policy relevant firm sizes on the SHADAC website: <50 employees, 50 to 99 employees, 100 to 249 employees, employees
- Uses: Monitoring trends in the ESI market, baseline data to inform SHOP outreach/marketing

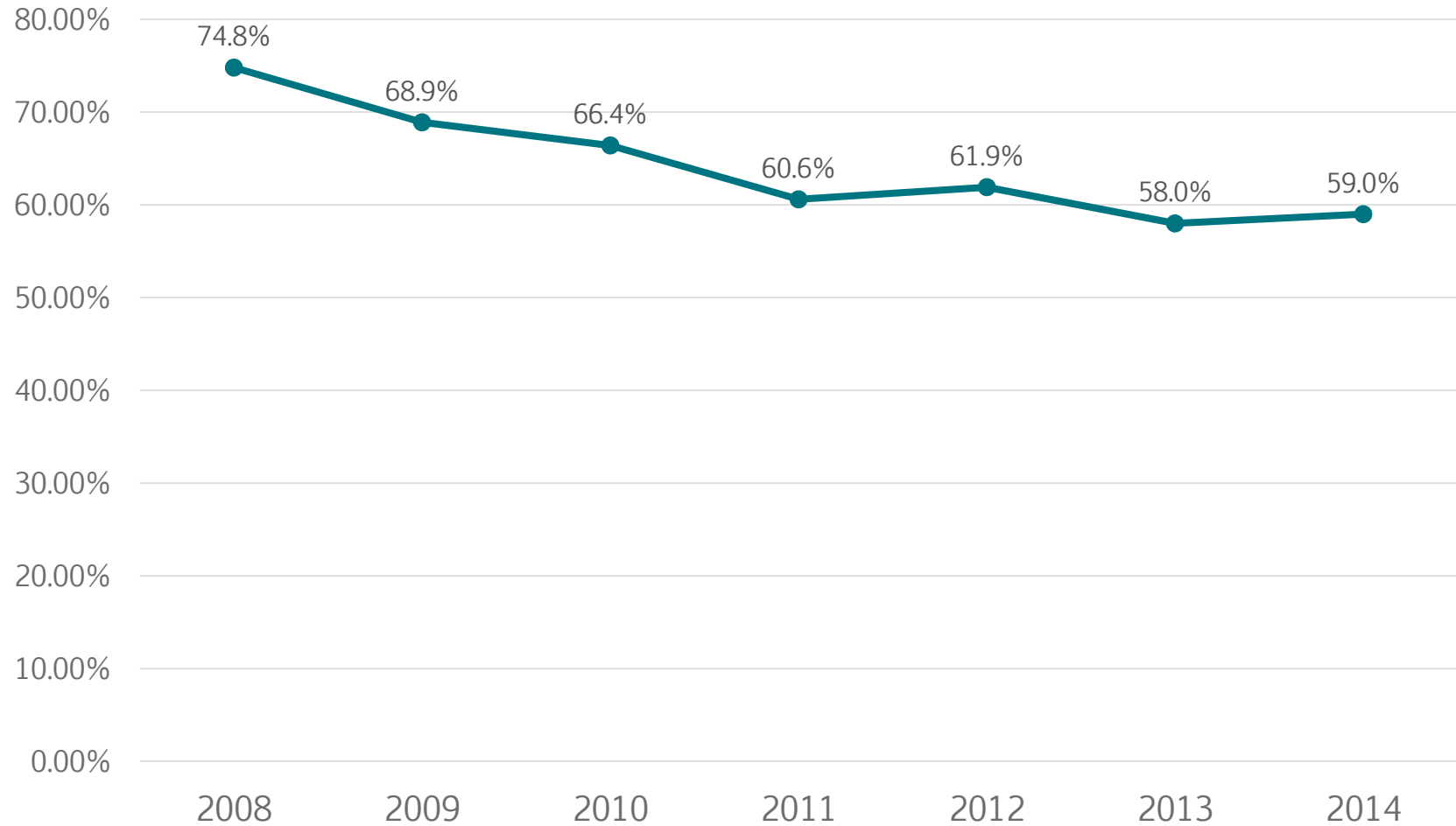
Connecticut: Employer Offer, *All Firms*



Source: SHADAC MEPS – IC Tables: Employer Coverage Estimates by Firm Size.

Accessed: <http://www.shadac.org/publications/meps-ic-tables-employer-coverage-estimates-firm-size>

Connecticut: Employer Offer, *Small Firms*

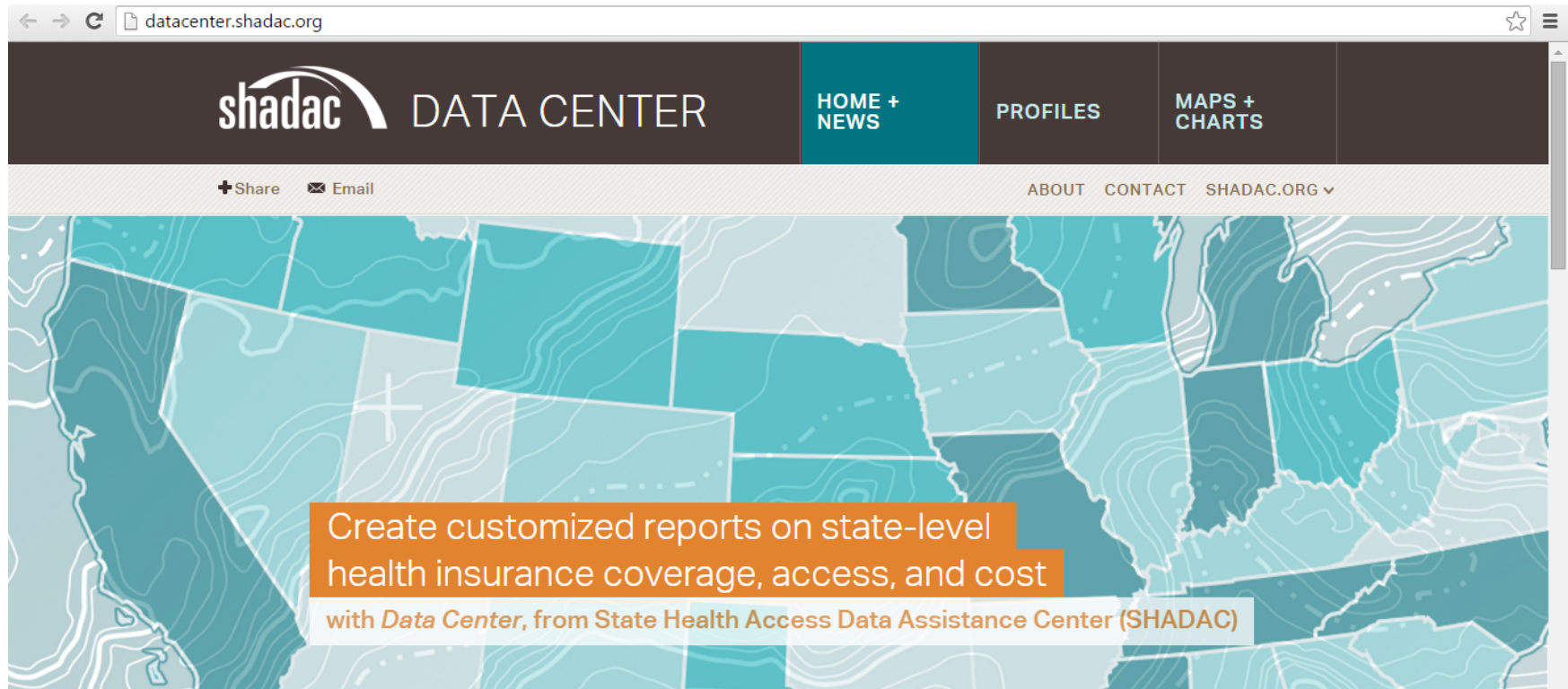


Source: SHADAC MEPS – IC Tables: Employer Coverage Estimates by Firm Size.

Accessed: <http://www.shadac.org/publications/meps-ic-tables-employer-coverage-estimates-firm-size>

Note: small firms are defined as < 50 employees

Source for Federal Data



- [SHADAC Data Center](#)
- [MEPS-IC Tables: Employer Coverage Estimates by Firm Size](#)
- [Trends in Employer Sponsored Coverage](#)
- [Trends in Children's Coverage](#)

DATA FROM OTHER AGENCIES



Potential Sources and Data of Interest

- Department of Insurance
 - Information on insurance market as a whole
 - Non group enrollment on/off exchange enrollment
- Department of health
 - Provider surveys or licensure data
 - State health indicator data
- Data from other public programs
 - Heating and nutrition support programs
 - Uncompensated care pool
- All Payer Claims Database
 - Compare trends between market segments (e.g. on/off marketplace non-group)
 - Measure differences in access and quality
- Labor
 - Information on # and employers by size, industry, etc.

Oregon: Enrollment Across Market Segments

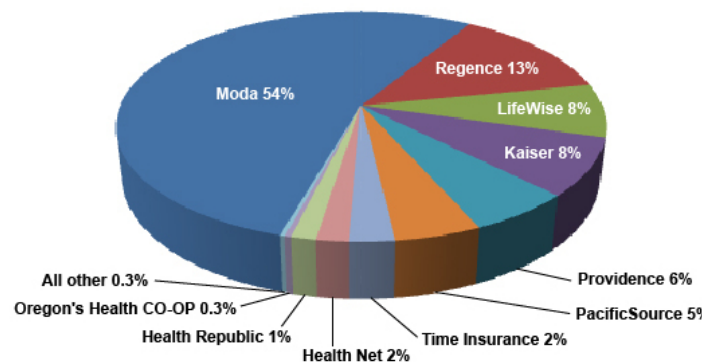
Individual market

- Summary
- Historical timeline
- ⊕ Oregon health insurance regulation
- ⊖ Health insurance enrollment
 - Enrollment overview
 - Total enrollment
 - Commercial market enrollment
 - ▶ Individual market
 - Small group market
 - Large group market
 - Associations and trusts
- ⊕ Premium ranking by states
- ⊕ Financial data

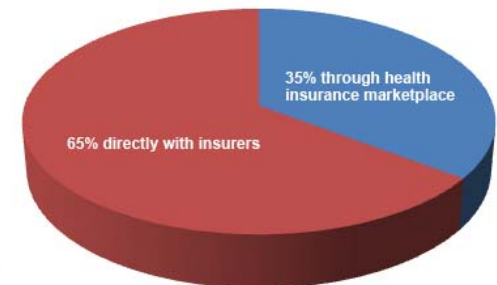
Individual market

The individual market includes individuals and families who do not have access to employer-sponsored group coverage, approximately 217,000 Oregonians, or 5.5 percent of the population. In the individual market, Moda held 54 percent of enrollments in 2014. Health Republic and Oregon's Health CO-OP are two new consumer operated and oriented programs (CO-OPs) created by the Affordable Care Act. They began offering plans in the individual and small group markets in 2014.

Market share by enrollment, individual market in 2014



Oregon Health Insurance Enrollment, where people bought in 2014



Source: Department of Consumer and Business Services. Oregon Insurance Division. Individual market. Data from: quarterly enrollment reports that health insurers submitted to the Insurance Division as of September 30, 2014.

LEVERAGING DATA FROM PARTNERS AND STAKEHOLDERS



Collecting Data from Assisters/Partners

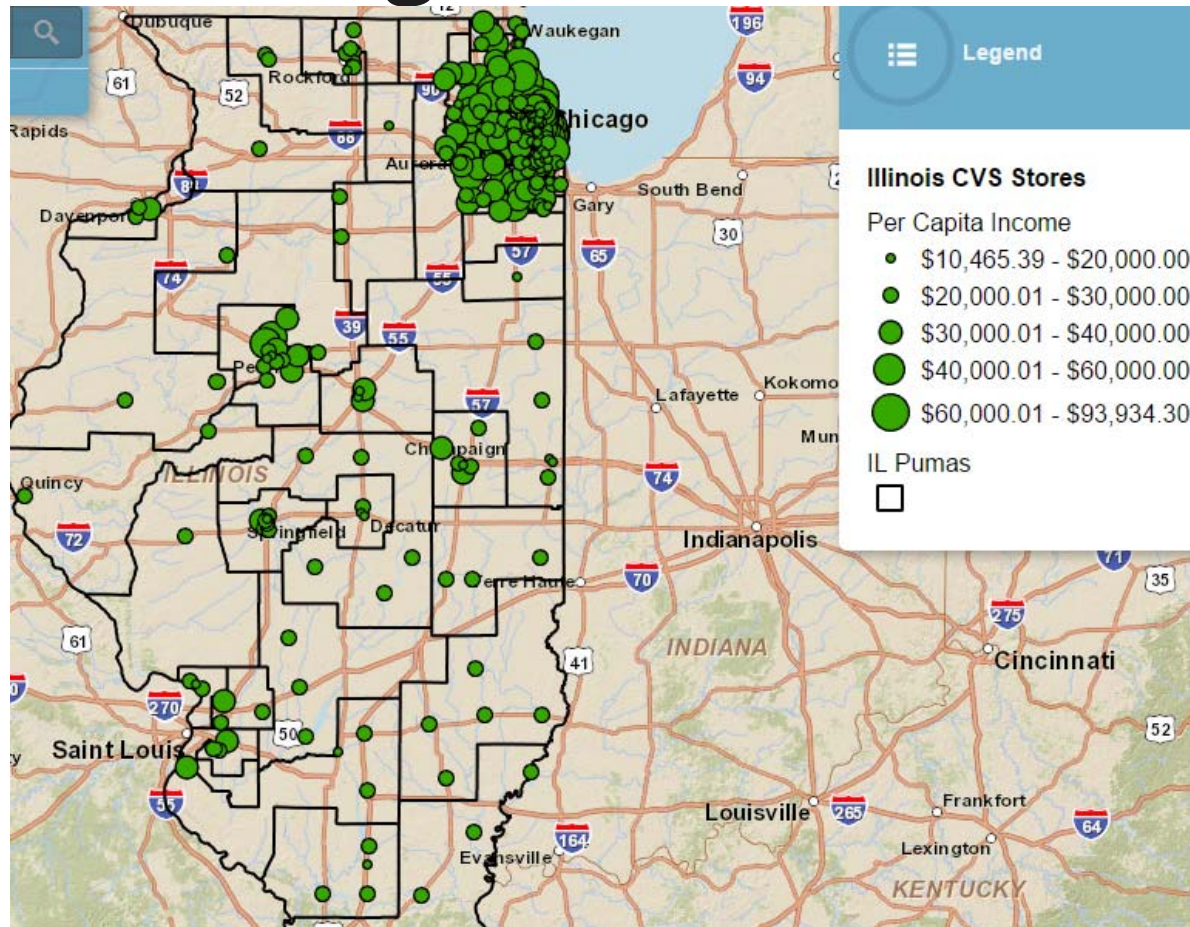
- States vary greatly in the amount, frequency, and level of reporting complexity
 - Number of measures: 0 to 30+
 - Frequency: daily to monthly
- Common Measures Being collected/Reported
 - # applications
 - # enrollments
 - # appointments/encounters
 - # events/meetings
- Need to balance information needs with burden as you risk getting poor quality data
- Can act as an early warning system

KY: Robust Data Collection Among Kynectors

kynect collects data in assisters in 6 areas monthly:

1. **Coverage Mode:** number of applications started, number of applications completed (Medicaid-eligible), number of applications in-progress, number of Medicaid renewals, total drive time, number of locations that require driving
2. **Focus:** number of unique population segments targeted, hours spent on enrollment assistance, number of referrals sent, and type of referral
3. **Outreach and Enrollment:** number of community events attended, number of office hours held, number of appointments with consumers
4. **Operations:** number of reported privacy and security breaches
5. **Talent Management:** number of assisters trained, average consumer satisfaction rating for the assister
6. **Cost Effectiveness:** funds used on enrollment activities versus outreach activities

Illinois: Leveraged Data from CVS



- Requested data from CVS on clientele at each store
 - Race, age, income, population density
- Used to make decisions about outreach resource allocation and where to cluster enrollment events

California: Collecting Claims Data

California's Obamacare exchange to collect insurance data on patients



"To understand the quality of care being provided, you need everybody in," Lee said. "Without the data, we are only delivering on half the promise of the Affordable Care Act. We have to get beyond measuring access by anecdote."

-Peter Lee, Executive Director Covered California

RWJF HIX Compare

- State level data set that includes information on all plans offered in the health insurance marketplaces
- 2015-2016 data available for bronze, silver and gold plans
- Rich data on plan characteristics include: premiums, deductibles and out-of-pocket maximums, cost-sharing requirements for primary care and specialist visits, prescription drugs, emergency room services, and inpatient and outpatient visits
- Uses: state-to-state comparison of plan offerings, plan selection analysis (when paired with enrollment provided by the marketplace)

Kentucky: Cost Profile and Comparison to Neighboring States

Kentucky Silver Plan Cost Profiles (2015)

		Individual (Age 27)	Couple (Age 30) with 2 Children
Kentucky's Lowest Cost Silver Plan	Monthly Premium	\$137	\$462
	In-Network Deductible	\$3,500	\$7,000
Kentucky's Highest Cost Silver Plan	Monthly Premium	\$268	\$907
	In-Network Deductible	\$2500	\$5,000

Average Premiums by Plan - 30-Year-Old Couple with Two Children Comparison, 2016

State	Bronze	Silver
KY	\$ 472	\$ 577
IL	\$ 511	\$ 616
IN	\$ 539	\$ 627
MO	\$ 582	\$ 688
OH	\$ 534	\$ 655
TN	\$ 494	\$ 647
VA	\$ 513	\$ 607
WV	\$ 567	\$ 700
AR	\$ 549	\$ 651

COLLECTING DATA FROM ENROLLEES



"You're insecure because your data is unsecured."

Collecting Data from Enrollees

- Surveys
 - Satisfaction survey (with application process, product, assister)
 - Disenrollee survey
 - Survey of those eligible but not enrolled
 - Targeted policy survey (potentially BHP eligible)
- Keep it targeted: population and content
- Keep it short: 5-7 minutes; 10-20 questions
- Keep it simple: survey via email and use an established service that includes analytic functions
- To the extent possible, link it back to admin data
- Focus groups are expensive, but a great way to follow-up on survey results or meet a very specific information need

TELLING THE STORY



Using Data to Tell the Story of Success

- Consistent reporting of key measures
- Focus on a limited set of data points
- Consider moving beyond bar charts and tables
 - Leverage free or low cost infographic services
 - Develop static and interactive maps
- As interest in enrollment data and related statistics declines, consider highlighting:
 - Coverage data on specific populations (e.g. kids)
 - Increased utilization for preventive and primary care, dental services, mental health services
 - Reductions in uncompensated care
 - Increase in payments to providers

Maryland: Data to Inform Outreach

This map shows where Maryland's uninsured eligible residents live

Oct 21, 2015, 7:50am EDT

INDUSTRIES & TAGS Media & Marketing, Health Care Reform

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Sarah Gantz

Reporter
Baltimore Business
Journal



The Maryland Health Benefit Exchange is relying on ultra-specific U.S. Census Bureau data to help it track down residents who are still uninsured.

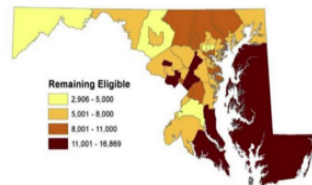
Now in its third year, the exchange must work harder to find residents who are uninsured and who would qualify for the private health plans sold through its online marketplace, the Maryland Health Connection. Blanket advertising and targeting entire counties known to have high uninsurance rates won't cut it anymore.

BIZSPACE SPOTLIGHT



Property Spotlight:
Executive Park West

See All Bizspace Properties



Source: SHADAC analysis of the 2013 American Community Survey and data from the Maryland Health Benefit Exchange. *16,889 total in state



This map shows Maryland residents who are uninsured and eligible for coverage through... more

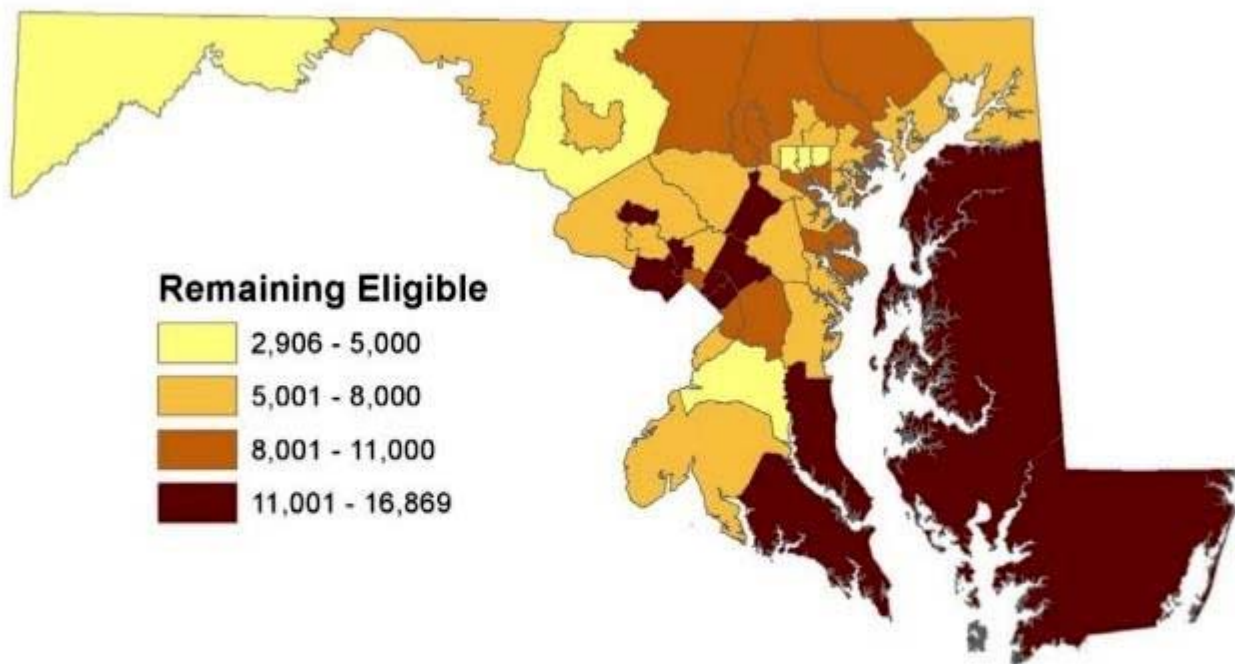
SHADAC ANALYSIS OF THE 2013 AMERICAN COMMUNITY SURVEY AND DATA FROM THE MARYLAND HEALTH BENEFIT EXCHANGE

- Maryland Health Benefit Exchange produced analysis of the remaining QHP eligible using ACS and enrollment data
- They used the analysis internally to support targeted marketing, but also shared the results (and maps) with the press

CAMPAIGN PARAMETERS

- Campaign Goals
 - Increase enrollment among the remaining eligible populations
- Timing
 - Flight 1: Early November - December 15
 - Flight 2: January 4 - January 31
- Target Audiences
 - QHP, 138%-400% FPL
 - Young Invincibles (18-34)
 - Hispanics
 - African Americans
- Budget: \$1 million (includes paid partnerships)

QHP REMAINING ELIGIBLE



Source: SHADAC analysis of the 2013 American Community Survey and data from the Maryland Health Benefit Exchange. Error! Bookmark not defined.

REMAINING ELIGIBLE TARGETED GEOGRAPHIES

First Tier Targets

PUMA	Jurisdiction	Remaining Eligible	TV DMA
1101	Prince George's County (Northwest) - College Park City, Langley Park	16,869	DC
1005	Montgomery County (East Central) - Wheaton, Aspen Hill, Glenmont	14,209	DC
1002	Montgomery County (West Central) - Germantown, Montgomery Village	13,060	DC
902	Howard County East - Columbia East, Ellicott City (Southeast), ELKRIDGE	12,888	Baltimore
1004	Montgomery County South - Bethesda, Potomac and North Bethesda	12,262	DC
			Baltimore (Dorchester - Salisbury)
1300	Queen Anne's Talbot, Caroline, Dorchester, Kent Counties	12,238	
1102	Prince George's North Laurel, Greenbelt (North & East), Beltsville	12,013	DC
1103	Prince George's Northwest - New Carrollton, Hyattsville, Southeast	11,842	DC
1500	St. Mary's & Calvert Counties	11,969	DC
1400	Wicomico, Worcester, Somerset Counties & Salisbury	11,928	Salisbury
1105	Prince George's (East) - BOWIE, Kettering, Largo, Mitchellville, Lanham	10,441	DC

Second Tier Targets

PUMA	Jurisdiction	Remaining Eligible	TV DMA
804	Baltimore City – Inner Harbor, Canton & Bayview	8,483	Baltimore
805	Baltimore City – Irvington, Ten Hills & Cherry Hill	8,075	Baltimore
400	Carroll County	10,737	Baltimore
501	Baltimore County Outer	8,079	Baltimore
601	Harford County North and West, Bel Air Town, Fallston & Jarrettsville	8,650	Baltimore
502	Baltimore County Randallstown East, Owings Mills, Milford Mil & Reisterstown	8,090	Baltimore
1007	Montgomery County Southeast Takoma Park City and Silver Spring	9,129	DC
1104	Prince George's County Central - Seat Pleasant City, Capitol Heights Town & Landover	8,989	DC
1201	Anne Arundel County NW - Severn, Odenton, Crofton, Maryland City & Fort Meade	7,877	Baltimore
1203	Anne Arundel County Central, Severna Park, Arnold & Lake Shore	8,673	Baltimore

MEDIA PLAN

Digital Media: Drive traffic to and enrollment in MHC

1. Display Partners
2. Search
3. Facebook

Traditional Media: Awareness of enrollment for health insurance

1. Television
 - Geographically targeted Cable based on Tier One and Two PUMA's
 - Broadcast in Baltimore and Salisbury where appropriate
2. Radio
 - African American Radio – Potential Partnerships with identified key stations
 - Hispanic Radio - Potential Partnerships with identified key stations
 - General Market radio for broad coverage along with Rural radio to cover harder to reach geographies -- Western
3. Print
 - African American Publications
 - Business Trade Publications

OUTREACH PLAN

AFRICAN AMERICAN OUTREACH

- ✕ Churches, HBCUs, Urban League, Black Sororities, Digital Influencers
- ✕ Super Health Sunday
- ✕ HBCU Student Exits
- ✕ Sororities and professional groups
- ✕ Radio DJ influencers
- ✕ Social media influencers

CORPORATE OUTREACH

- ✕ Civic, Community and Business Organizations
- ✕ Explore Strategic Partnerships with Walmart, CVS, tax preparers

HISPANIC POTENTIAL PARTNERSHIPS

- ✕ Education based Latino outreach
- ✕ Casa de Maryland
- ✕ Centro de Ayuda
- ✕ Maryland Hispanic Chamber of Commerce

- ✦ 280,000 email subscribers
- ✦ Create a “deadline series” using social share graphics and coded buttons to amplify key messages across the social networks of email subscribers

The screenshot displays the Maryland Health Connection website interface. At the top left is the logo for "maryland health connection" with a green leaf icon. To the right is a green button labeled "Shop or Enroll >". Below the logo is the text "Maryland's Official Health Insurance Marketplace". A green navigation bar contains "Sign Up for SMS Updates" and a "Menu" icon. The main content area is titled "Sign up for SMS updates:" and includes the following text: "Text the keyword 'MHC Updates' to GOV311", "You will receive occasional updates from Maryland Health Connection. Message and data rates may apply.", "Text 'MHC HELP' for help or 'MHC STOP' to cancel.", and "You can also visit <http://bit.ly/1fgFgNw> or call 800-439-1420 to cancel your SMS subscription." Below this is a link to "View our Privacy Policy". A yellow section at the bottom contains "Enrollment Help and Events" with a "Learn more >>" link, and a list of services: "Get help enrolling >>", "Enroll Online >>", "Call 855-642-8572 (TTY: 8573)", and "Sign up for email updates >>". The footer includes links for "About Us", "News", "Download Center", "Enrollment Events", and "Register to Vote", along with social media icons for Facebook, Twitter, and YouTube, and a copyright notice for 2015 Maryland Health Connection.

ENROLLMENT ESTIMATES



- The Hilltop Institute prepared projections for the planning of the Maryland health exchange.
- MHBE is in the process of establishing a consistent, sustainable model to provide enrollment projections annually.
- In lieu of that, for 2016, we reached out to the State Health Access Data Assistance Center (SHADAC) at the University of Minnesota, supported by the Robert Wood Johnson Foundation, to analyze our data and provide its projection for our 2016 enrollment.
- MHBE provided enrollment data from OE2 and re-enrollment data after OE1. Maryland Insurance Administration also provided data for the analysis of 2013 individual market enrollment prior to the ACA exchange and 2014 off-exchange enrollment.

OE3 ENROLLMENT ESTIMATE

- SHADAC estimates that 406,000 Marylanders are potentially eligible for QHP insurance through the Marketplace.
- Based on enrollment at the end of OE2 (115,000 effectuated), roughly 28% of those likely eligible are currently enrolled.
- **SHADAC Estimate for OE3 QHP Enrollment: 150,000 individuals enrolled**

METHODOLOGY

SHADAC:

- Assumes growth in OEP 3 is consistent with actual recent growth.
- Assumes growth is consistent with actual recent growth of QHP enrollment among Medicaid expansion states.
- Estimates take-up rates using percent retention, on and off exchange enrollment and estimates of potentially eligible.
- Assumes take-up rates consistent with Medicaid take-up rates in Maryland.
- Uses national growth projections from Congressional Budget Office

↑ Increase in individual mandate penalty

↓ Premium increases

↓ Less motivated, harder to reach

↕ Shifts in Maryland economic outlook/job growth; may make coverage more affordable for some families; Employers may drop coverage due to cost

↓ Reduction in media/outreach spending

↓ Decision to implement active enrollment

↕ Retention rate (Maryland has slightly lower retention than national average)

Washington: Annual Enrollment Report

WASHINGTON HEALTH BENEFIT EXCHANGE
wahealthplanfinder.org

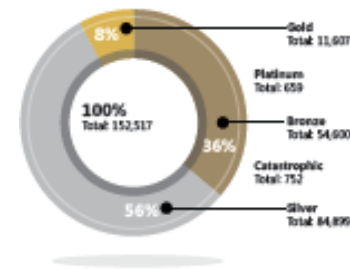
HEALTH COVERAGE ENROLLMENT REPORT

September 2015

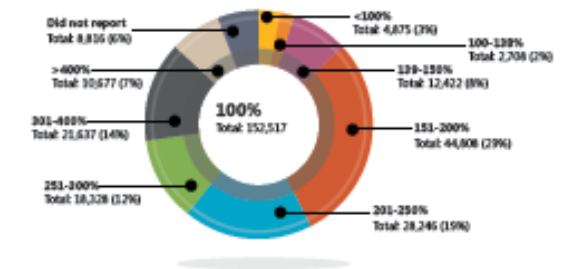
Distribution of QHP Enrollees

Washington Health Benefit Exchange
Enrollment Report
September 2015

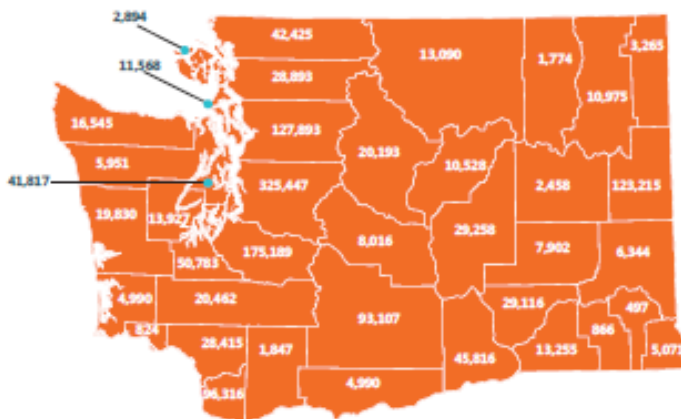
By Metal Level



By Federal Poverty Level (FPL)



MAGI Medicaid Enrollees by County



*1,134 Medicaid enrollees listed "Other" under county, while 408 enrollees listed "Border" under county

Top 10

KING	325,447
PIERCE	175,189
SNOHOMISH	127,893
SPOKANE	123,215
CLARK	96,316
YAKIMA	93,107
THURSTON	50,783
BENTON	45,816
WHATCOM	42,425
KITSAP	41,817

Assisted Enrollees

Total 2015 assisted QHP enrollees through Sept. 2015



Broker
Total: 29,165



Navigator
Total: 15,737

Total 2015 assisted Medicaid enrollees through Sept. 2015



Broker
Total: 23,108



Navigator
Total: 278,008

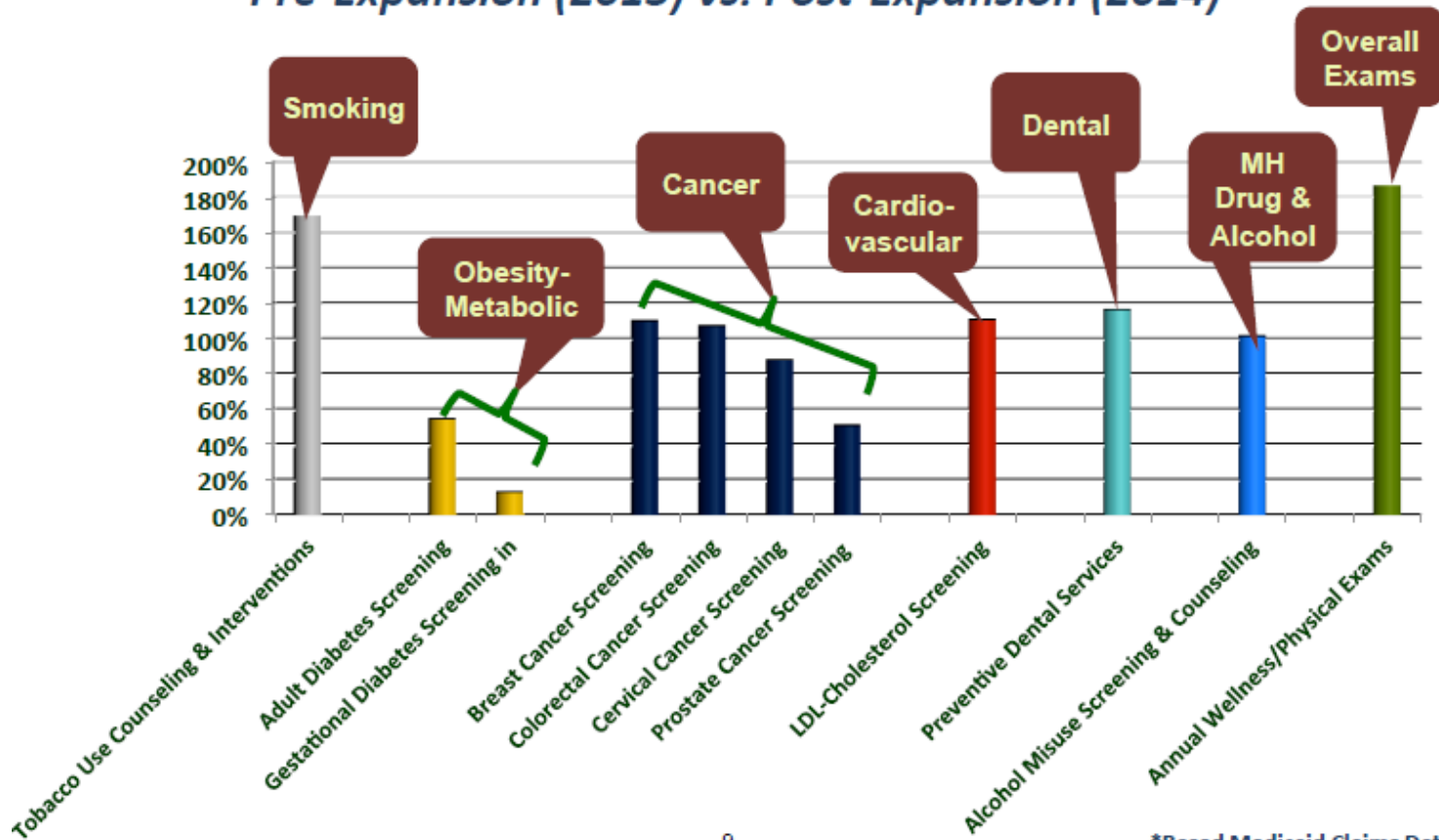
Source: SHADAC Washington: State Marketplace Enrollment Reports. Accessed from <http://shadac.org/insurance-marketplace-enrollment-reports>. Data from Washington Health Benefit Exchange. Health coverage enrollment report. September, 2015.

Kentucky: Focus on Appropriate Utilization

Overview of Selected Preventive Services



Relative *Increases* in number of Medicaid screenings
Pre-Expansion (2013) vs. Post-Expansion (2014)

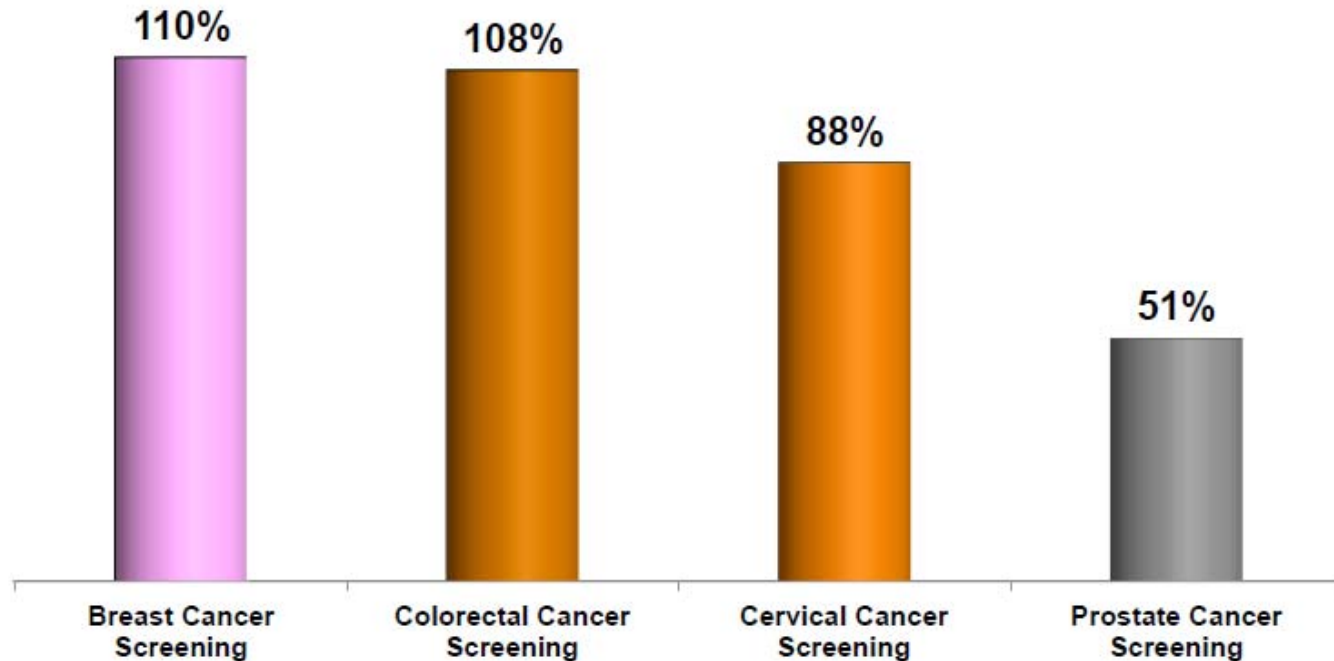


Kentucky: Focus on Appropriate Utilization

Cancer Screening



Relative *Increases* in number of Medicaid screenings of selected Cancers
Pre-Expansion (2013) vs. Post-Expansion (2014)



10

*Based Medicaid Claims Data

Source: Lisa Lee. "Medicaid Expansion: Staking New Ground and Corraling Cost Savings." NASPH Annual Conference, October 20, 2015.



Michigan: Weekly Progress Reports

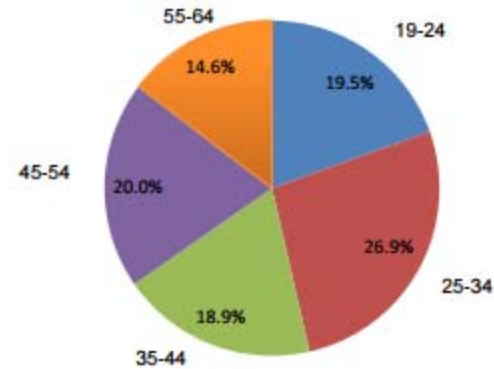


Healthy Michigan Plan Progress Report Monday, January 04, 2016

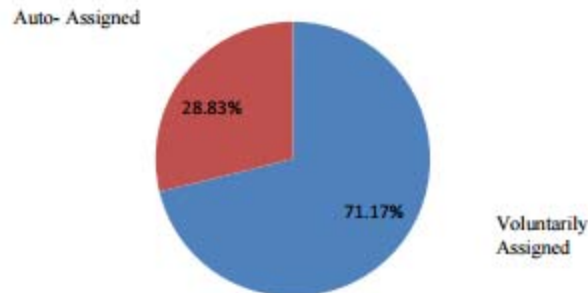


Total Healthy Michigan Plan Beneficiaries			
	Number of Females	Number of Males	Number Eligible
Age 19-24	59,321	53,456	112,777
Age 25-34	78,203	77,336	155,539
Age 35-44	53,355	56,120	109,475
Age 45-54	59,008	56,829	115,837
Age 55-64	45,681	39,016	84,697
Total	295,568	282,757	578,325
Percentage	51.11%	48.89%	

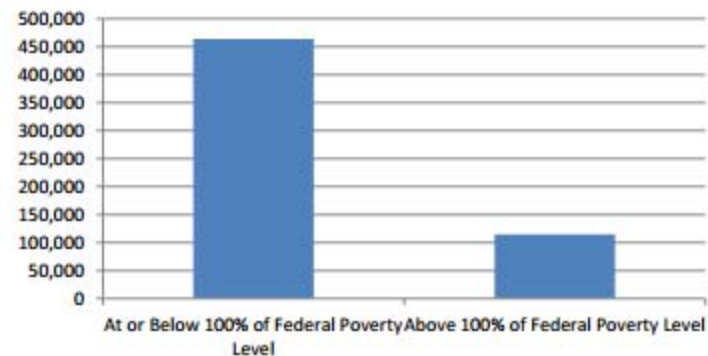
Enrollees in Healthy Michigan Plan by Age



January Healthy Michigan Enrollment by Plan Assignment



Eligibility by Federal Poverty Level



Source: Michigan Department of Health and Human Services. Health Michigan Plan Information. Accessed: http://www.michigan.gov/mdhhs/0,5885,7-339-71547_2943_66797---,00.html



AGENCY COORDINATION



"Our left hand doesn't know what our right hand is doing, so we're only interviewing ambidextrous candidates."

Value of Coordinating Data Efforts Relate

- Have an official place of record for key statistics (e.g. total enrollment, rate of uninsurance)
- Present a clear picture of the impact of cross-agency policy initiatives
- Avoid confusion and miscommunication (e.g. avoid analytic errors caused by data discrepancies)
- Avoid duplication of effort
- Help analysts respond to rapidly shifting policy environment and data requests quickly
- Facilitate sharing of information/data among agencies (e.g. data integration across different markets, payers, enrollment groups, etc.)

Federal Data Resources

- [SHADAC Data Center](#)
- [MEPS-IC Tables: Employer Coverage Estimates by Firm Size](#)
- [NHIS quarterly uninsured estimates for large states](#)
- [Trends in Employer Sponsored Coverage](#)
- [Trends in Children's Coverage](#)
- [State and County Insurance Coverage Estimates](#)
- [Comparing Estimates of the Uninsured Across Surveys: Federal and State Numbers](#)

Other Data Resources

- [RWJF HIX Compare](#)
- [Sample survey questions for Marketplace survey \(The Marketplace Enrollee Survey Item Matrix \(MESIM\)\)](#)
- [Links to state marketplace enrollment reports](#)

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