

State Health Facts and Federal Data

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Kaiser Commission on Medicaid and the Uninsured

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The Kaiser Family Foundation

- Established in 1948 by Henry J. Kaiser
- Non-profit and non-partisan, private operating foundation dedicated to providing information and analysis on health care issues to policymakers, the media, the health care community, and the general public
- Producer of policy analysis and research
- Clearinghouse of news and information for the health policy community
- Not associated with Kaiser Permanente or Kaiser Industries

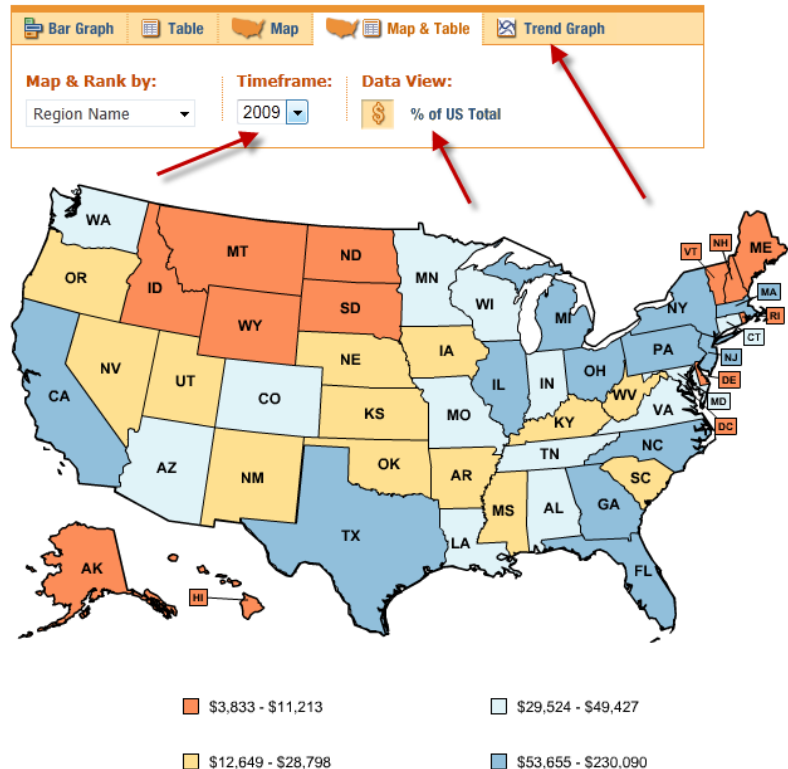
Statehealthfacts.org

- Over 800 topics in 12 categories
- 50 States + DC, US, and territories
- Updated continuously
- Categories range from “Demographics & the Economy” to “Health Reform”
- Data pulled from government and non-government national data sources, contracted data sources, and KFF reports
- Top government agencies: Census Bureau, CDC, AHRQ, CMS, BLS



Statehealthfacts.org, continued

Health Care Expenditures by State of Residence (in millions), 2009



Note: You can also click on a column header to rank by that column. Click again to reverse the order.

	Total Health Spending
United States	\$2,089,862
Alabama	\$29,524

- Download data into Excel by topic
- Download and print maps
- Trend data over time, where available
- View data by state or across states
- Compare two states or a state to the US
- Sort and rank states
- Mobile site

Federal Sources of Data

- Current Population Survey (Census Bureau)
 - About 80 topics, mainly on health insurance coverage
 - Cuts by age, gender, employment status, race/ethnicity, and income
- MEPS (AHRQ)
 - Firms offering coverage and premium contributions
- BRFSS (CDC)
 - Health status and healthy behavior topics
- Medicaid Data(CMS)
 - CMS-64 and MSIS
 - Medicaid enrollment and spending
- Medicare Data (CMS)
 - Statistical Supplement, MA Landscape Source File
 - Medicare enrollment, service use, and spending
- Other Federal
 - Births, deaths, disease prevalence
 - National health expenditures
 - Food stamps
 - Unemployment
 - Health care workforce

Most Viewed Topics Since 2009

- Total Medicare beneficiaries
- Total Medicaid Spending
- Population by Race/Ethnicity
- Poverty Rate by Race/Ethnicity
- Health Insurance Coverage of the Total Population
- Health Insurance Exchange Monitor
- Deaths due to injury by firearms
- Teen birthrate

Users of State Health Facts

- Students and academics
- Consumers
- State officials
- Federal officials
- Stakeholders
- Private Sector



Health Reform and State Health Facts

- Data analysis corresponds to current health policy
 - Example: Health insurance coverage by income
 - Health Insurance Units
 - Hierarchy of coverage
- Category on Health Reform
- Grants
- Rate Review, MLR Rebates, Part D

Health Coverage & Uninsured

Health Insurance Status

Total Population

Nonelderly (0-64)

Children (0-18)

Adults (19-64)

Nonelderly Adults with Dependents

Nonelderly Adults without Dependents

Health Insurance Status by FPL

Nonelderly up to 139% FPL

Nonelderly up to 200% FPL

Poor Children

Low Income Children

Children under 139% FPL

Children 139-250% FPL

Children 251-399% FPL

Children 400% FPL and above

Poor Adults

Low Income Adults

Adults under 139% FPL

Adults 139-250% FPL

Adults 251-399% FPL

Adults 400% FPL and above

Limitations of Data

- Survey data
- Sample size issues
- Different results for similar questions (ACS v. CPS)
- Ability to trend over time
- Not all states are available
- Timing of surveys

U.S. Department of Commerce

United States[™]
Census
Bureau

People and Households

[Census.gov](#) › [People and Households](#) › [Health Insurance Main](#) › Health Insurance Methodology

Health Insurance

Main About Health Insurance Data **Methodology** Publications Related Sites

Health Insurance Methodology

- [CPS Health Insurance Definitions](#): types of health insurance coverage and other definitions
- [ACS Health Insurance Definitions](#): types of health insurance coverage and other definitions
- [SIPP Health Insurance Definitions](#): types of health insurance coverage and other definitions
- [Help for CPS ASEC Users](#)
- [Help for ACS Users](#)
- [Help for SIPP Users](#)

Looking forward

- Redesign of KFF and statehealthfacts.org
 - User friendly
 - Search and topic integration
 - Sub-state data
 - Create tables and reports
 - Infographics and interactive tools
- Wish lists for federal data
 - Timely data
 - Sub-state data that includes both insurance coverage and other indicators
 - The ability to trend

Analysis at KFF

THE UNINSURED
A PRIMER

Key Facts About Americans Without Health Insurance

OCTOBER 2011

THE KAISSER FAMILY FOUNDATION

kaiser commission on
KEY FACTS

medicaid
AND THE U.S.

Overview of Health Coverage for Individuals with Limited English Proficiency in the Nonelderly Population

As of 2009, approximately 21% of nonelderly people in the United States speak a language other than English at home and nearly 9% were identified as having limited English proficiency (LEP), meaning that they reported being unable to speak English "very well" (Figure 1). The Civil Rights Act and other federal and state laws have reinforced the responsibility that health agencies have in offering assistance to individuals with LEP to ensure meaningful access to benefits, but data show that individuals with LEP face significant barriers to accessing health coverage and care compared to those who report speaking English very well.¹ This brief provides an overview of the LEP population and their access to health coverage and care.

OVERVIEW OF INDIVIDUALS WITH LEP

In 2009, there were 21.1 million nonelderly individuals with LEP in the United States, accounting for nearly 9% of the nonelderly population. In addition, 8.5 million children under age 18 lived in a household with at least one LEP parent.² Individuals with LEP reside throughout the United States, but, in 18 states, they account for at least 10% of the population (Figure 2). In California, which has the highest LEP rate in the country, 20% of residents report speaking English less than very well.

The majority of individuals with LEP are Hispanic, Spanish-speaking adults (Figure 3). Nearly 9 in 10 individuals with LEP are adults, and adults are twice as likely as children to report difficulty speaking English—10% of nonelderly adults report having LEP, compared to 5% of children.³ Approximately 45% of individuals with LEP are of Mexican origin, 2% are Puerto Rican, and 2% are of Cuban origin. Hispanics account for two-thirds (66%) of the LEP population. An additional

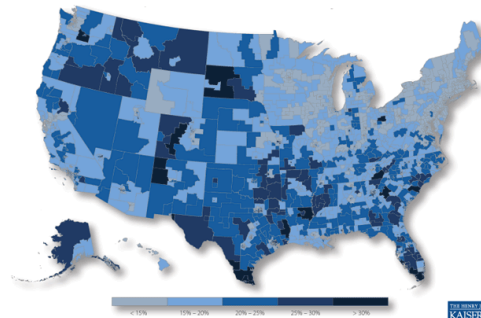
1189 © KFF, WASH., D.C. 20009
28.001.282.242.5379 FAX: 202.242.2174
WWW.KFF.ORG/LEP

Mapping the Effects of the ACA's Health Insurance Coverage Expansions

The Affordable Care Act includes several provisions that allow many individuals across the U.S. to be eligible for Medicaid or for federal tax credits to subsidize the cost of insurance. The analysis below and zip code tool estimate the share of the population in geographic areas across the U.S. who had family income up to four times the poverty level in 2010 and were either uninsured or buying coverage on their own.

Who Benefits from the Affordable Care Act Coverage Expansions?

Percentage of the Nonelderly Population With Income Up to Four Times the Poverty Level Who Were Uninsured or Purchasing Individual Coverage, 2010



Source: Kaiser Family Foundation Analysis of the IPUMS American Community Survey, 2010.

See How Many Could Benefit in Your Area

Starting in 2014, most people who are uninsured or buying individual insurance with incomes up to four times the poverty level (\$92,200 for a family of four and \$44,680 for a single person in 2012) will be eligible for expanded coverage through Medicaid or tax credits to subsidize the cost of private insurance. See what share of the population might be helped in this way

THE KAISSER FAMILY FOUNDATION

Medicare Policy

DATA SPOTLIGHT

MEDICARE ADVANTAGE 2012 DATA SPOTLIGHT: ENROLLMENT MARKET UPDATE

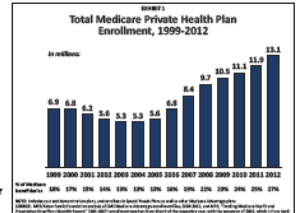
Prepared by Marsha Gold,¹ and Gretchen Jacobson, Anthony Damico, and Tricia Neuman²

Medicare Advantage enrollment grew by 10 percent in 2012, exceeding 13 million enrollees nationwide, or 27 percent of the total Medicare population. The average premium paid by Medicare Advantage enrollees in 2012, \$33 per month, was \$4 lower than in 2011 (\$39).¹ The majority of Medicare Advantage enrollees are in health maintenance organizations (HMOs) in 2012, as in the past, although enrollment in local PPOs appears to be on the rise. The Medicare Advantage population is mostly comprised of beneficiaries who enrolled as individuals, but almost a fifth (18%) enrolled through group plans (mainly employer-sponsored plans). The rise in enrollment and decline in average premiums occurred even as the reductions in Medicare payments to plans were beginning to phase in, as required by the 2010 health reform law, with reductions partially offset by new quality-based bonus payments for plans.²

This Data Spotlight provides an overview of Medicare Advantage enrollment patterns in March 2012, including variations by plan type, state, and firm. It also analyzes trends in premiums paid by beneficiaries enrolled in Medicare Advantage plans, including variations by plan type, and describes the out-of-pocket limits and prescription drug coverage in the Part D "doughnut hole" provided by the plans selected by beneficiaries.

FINDINGS

Enrollment Nationwide. Over 13 million beneficiaries—27 percent of the Medicare population—was enrolled in a Medicare Advantage plan in 2012 (Exhibit 1; Table A1).³ Total Medicare Advantage enrollment has more than doubled since 2003, a period of time concurrent with the introduction of Part D in 2006 and implementation of many other changes to Medicare Advantage authorized by the Medicare Prescription Drug, Improvement and Modernization Act (MMA) of 2003. Between 2011 and 2012, enrollment increased by 10 percent. The substantial growth in enrollment has occurred even though the average number of plans available to enrollees declined from a high of 48 in 2009 to 22 in 2012.⁴



Author affiliations: ¹ Mathematica Policy Research; ² Kaiser Family Foundation

Other KFF Resources

- Medicare Health and Prescription Drug Plan Tracker
- Medicaid Benefits Database
- Kaiser Slides
- Kaiser EDU
- Health Reform Source
- Global Health Facts

The screenshot shows the website interface for the Medicare Health and Prescription Drug Plan Tracker. At the top, there is a navigation bar with the Kaiser Family Foundation logo and the URL www.kff.org. Below this, the main heading reads "Medicare Health and Prescription Drug Plan Tracker". A secondary navigation bar includes links for "HOME", "DATA BY GEOGRAPHY", "DATA BY TOPIC", and "ABOUT THE DATA".

On the left side, there is a "Spotlight" section with a "SHARE" button and a brief introduction to the resource, including a link to "Learn more about the data". Below this, there are links for "Prescription Drug Plans: by state", "Medicare Advantage Contracts: by state", and "Enrollment in Medicare Private Plans, March 2012".

The main content area is divided into two columns. The left column, titled "Start with a Topic", offers options to "View all topics in Prescription Drug Plans" and "View all topics in Medicare Advantage Plans". The right column, titled "Start with a Geographic Area", includes "Step 1: Show me data for..." with dropdown menus for "State", "County", "MSA", "MA Region", and "PDP Region". It also features "Step 2: Select a state." with a map of the United States and a list of options: "United States*", "All urban counties*", "All rural counties*", and "All metro areas*". A note at the bottom indicates "*National Data".

Questions?

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