



# Framework for Tracking the Impacts of the ACA in California

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# Project Overview

- SHADAC developed a framework for monitoring ACA under grant from California Health Care Foundation (CHCF)
- Limited scope to 3 topic areas
  - ➔ Health insurance coverage
  - ➔ Affordability and comprehensiveness of coverage
  - ➔ Access to care

# Approach

- What is most important to monitor?
  - ➔ Identify priority measures
- What do we know now?
  - ➔ Identify and compare existing data sources
- Where are the gaps?
  - ➔ Identify priorities for new/modified data collection

# Considerations for Selecting Measures

- Measures that reflect major goals and provisions of the law
- Outcomes rather than implementation process
- Relevant/meaningful to policymakers
- Data availability
  - Existing data vs new data collection
  - Cost of data collection

# Potential Data Sources

## Surveys

- ➔ National and state-specific surveys (households, employers)

## Government programs/agencies

- ➔ State Medicaid/CHIP programs
- ➔ Health insurance exchange
- ➔ Tax information

## Other

- ➔ Health carriers, hospitals, physicians – state databases and other sources

# Considerations for Selecting Data Sources

- Ability to compare over time at a statewide level
- Population coverage – complete population of interest
- Ability to do in-depth analysis within state (e.g., by age, income, race/ethnicity)
- Availability of benchmarks/national comparisons
- Timeliness of estimates
- Accessibility of data
- Flexibility to adapt to changing needs – for example, to change survey content, sample size, or oversample certain populations

# Data Gaps

- Existing data collection infrastructure:
  - Specific measures not collected
  - Data not collected from entire population of interest
- Measures that can't be collected until full ACA implementation in 2014:
  - Health insurance exchange
  - Other ACA provisions that have yet to be implemented – e.g., coverage mandate

# Priority Measures: Coverage

## Distribution of Insurance Coverage

### Uninsured

Point in time

Uninsured for a year or longer

Uninsured at some point in past year

Reasons for uninsurance

Exempt from mandate

Paying penalty

### Public Coverage

Enrollment trend

Participation rate

Churning

### Health Insurance Exchange

Enrollment as Share of Nongroup Market

Employer participation

### Employer Coverage

Employers offering

Employees in firms that offer

% Eligible

% Enrolled

Families with ESI offer

All family members enrolled

Employers paying penalty

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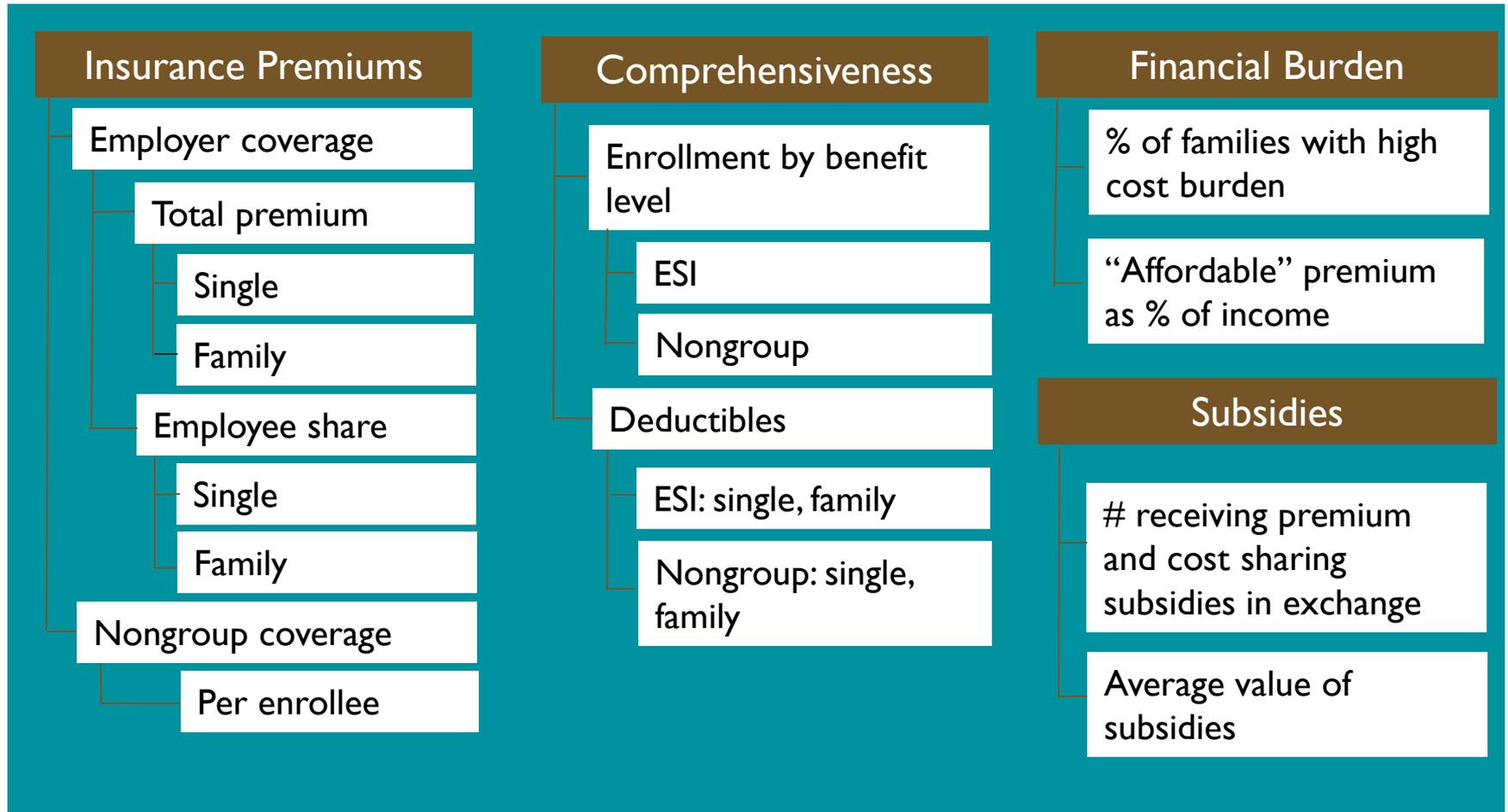
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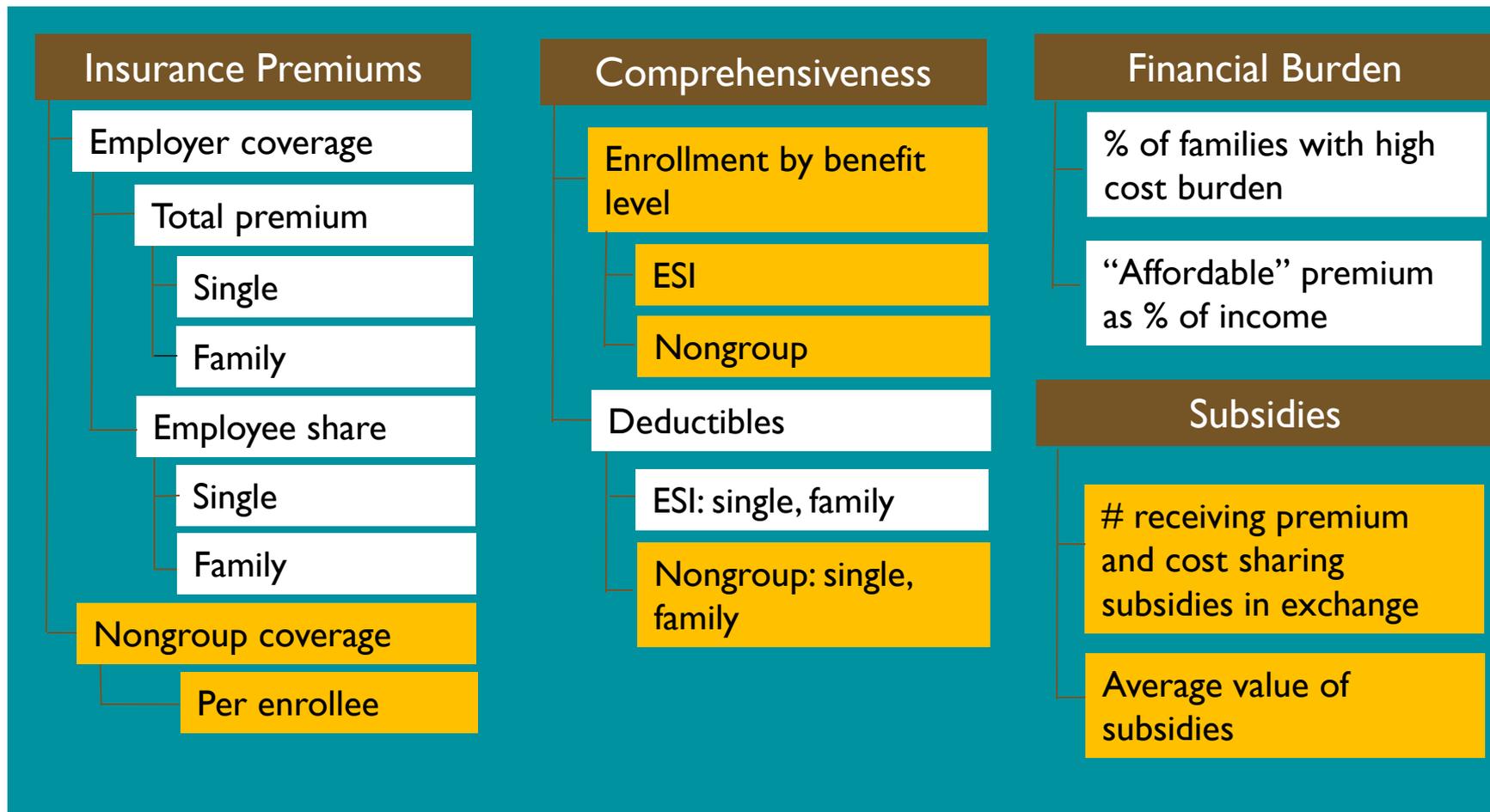
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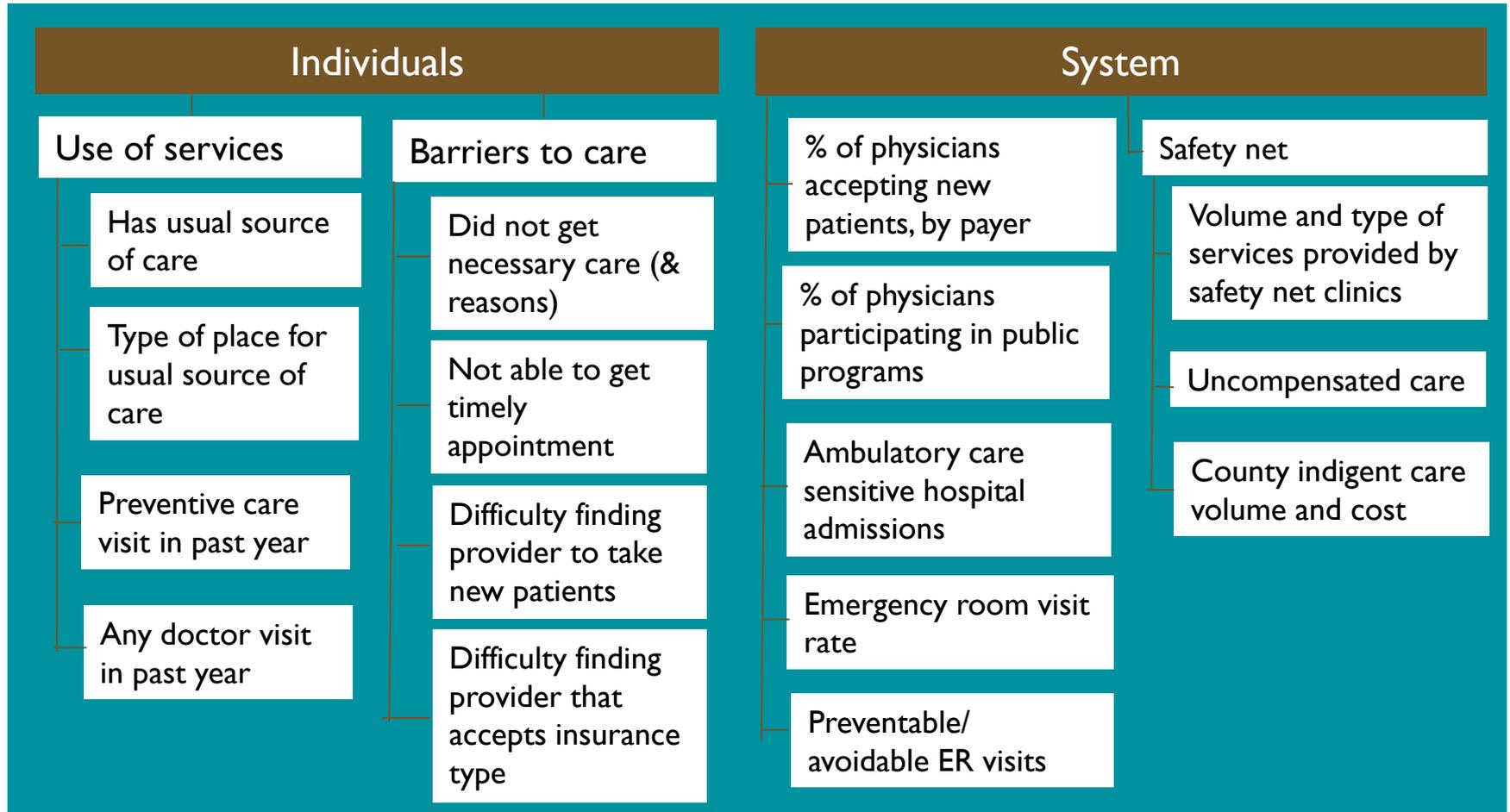
# Priority Measures: Affordability & Comprehensiveness of Coverage



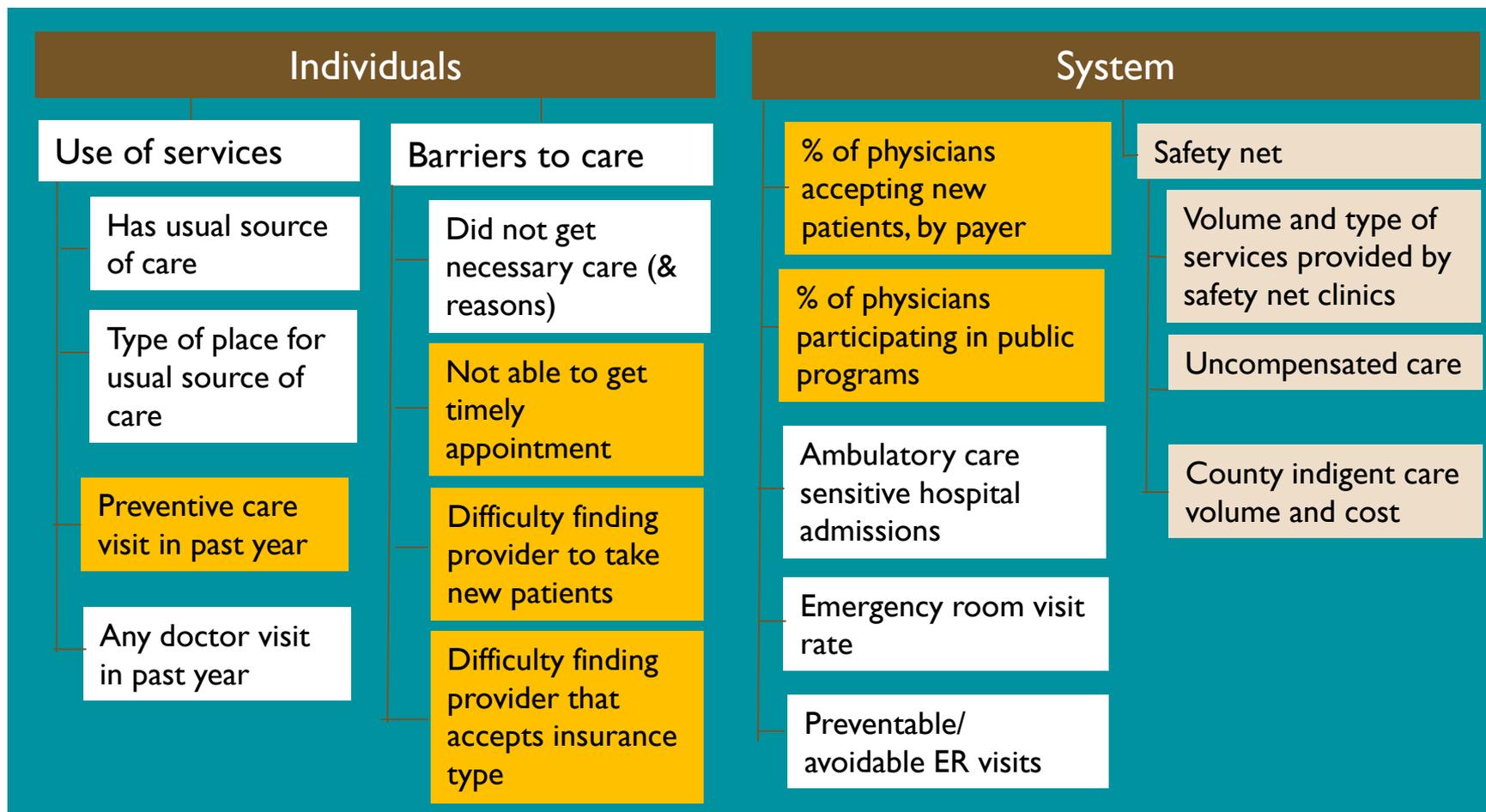
# Data Gaps: Affordability & Comprehensiveness of Coverage



# Priority Measures: Access to Care



# Data Gaps: Access to Care



# Stakeholder Engagement

- **Goals**
  - Inform stakeholders
  - Help CHCF prioritize next steps and resources for filling data gaps
  - Build coalitions and momentum to move process forward
- **Timing, February 2012**
  - After draft framework developed

# Stakeholder, continued

- Approach
  - 6 structured group discussions over 3 days
    - Professional facilitator
- Range of invited participants: advocates, providers, safety net, legislative staff, state and county government, insurers, researchers, foundations
- Tried to keep groups of “like minded” together

# Stakeholder Feedback

- **Key Priorities**
  - Reinforced importance of being able to drill down for specific populations
  - Remaining uninsured, undocumented
- **Highlighted some additional measurement priorities**
  - Behavioral health
  - Medical Debt
  - Expanded concept of “churn”

# Contact Information

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