BREAKING DOWN THE RANKINGS: IMPROVING ACCESS TO HEALTH CARE

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GO TO WEBINAR ATTENDEE INTERFACE

1. Viewer Window
2. Control Panel
OUTLINE

County Health Rankings & Roadmaps Overview
Exploring the Data: Access to Health Care Measures
Digging Deeper: How the Affordable Care Act will Affect Access to Health Care
Q & A
CLINICAL CARE

<table>
<thead>
<tr>
<th>FOCUS AREA</th>
<th>MEASURE</th>
<th>DATA SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACCESS TO CARE</td>
<td>Uninsured(%)</td>
<td>Small Area Health Insurance Indexes</td>
</tr>
<tr>
<td></td>
<td>Primary Care Physicians(%)</td>
<td>Health Resources &amp; Services Administration</td>
</tr>
<tr>
<td></td>
<td>Dentists(%)</td>
<td>Health Resources &amp; Services Administration</td>
</tr>
</tbody>
</table>

Breaking Down the Rankings
Model: Improving Access to Health Care

County Health Rankings and Roadmaps
Judith Solomon
November 14, 2013
Topics

- Health Insurance Makes a Difference
- Current Status of Medicaid Expansion and Implementation of State Marketplaces
- Premium Tax Credits: The Basics

Health Insurance Matters: Access to Care by Health Insurance Status, 2011

<table>
<thead>
<tr>
<th>No Usual Source of Care</th>
<th>Postponed Seeking Care Due to Cost</th>
<th>Most Without Needed Care Due to Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employer/Other Private</td>
<td>2%</td>
<td>3%</td>
</tr>
<tr>
<td>Medicaid/Other Public</td>
<td>20%</td>
<td>11%</td>
</tr>
<tr>
<td>Uninsured</td>
<td>58%</td>
<td>42%</td>
</tr>
<tr>
<td>Nonelderly Adults</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employer/Other Private</td>
<td>2%</td>
<td>3%</td>
</tr>
<tr>
<td>Medicaid/Other Public</td>
<td>12%</td>
<td>10%</td>
</tr>
<tr>
<td>Uninsured</td>
<td>38%</td>
<td>62%</td>
</tr>
</tbody>
</table>

NOTES: In past 12 months. Respondents who said usual source of care was the emergency room were included among those not having a usual source of care. All differences between the uninsured and the two insurance groups are statistically significant (p<0.05).

SOURCE: KCMU analysis of 2011 NHIS data.

Health Insurance Matters: Women’s Access to Care by Insurance Coverage, 2010

<table>
<thead>
<tr>
<th>Use of Preventive Services</th>
<th>Cost Barriers to Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use of mammography within past two years (Age 40 - 64)</td>
<td>Did not fill prescription (Age 19 - 64)</td>
</tr>
<tr>
<td>Insured</td>
<td>74%</td>
</tr>
<tr>
<td>Uninsured</td>
<td>36%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Use of Pap test within past three years (Age 18 - 64)</th>
<th>Did not get care despite medical problem (Age 19 - 64)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insured</td>
<td>62%</td>
</tr>
<tr>
<td>Uninsured</td>
<td>29%</td>
</tr>
</tbody>
</table>

Coverage Landscape in 2014

Medicaid and CHIP coverage, based on 2012 eligibility levels in a typical state
Source: Kaiser Commission on Medicaid and the Uninsured

Estimated Health Insurance Coverage in 2017

Total Nonelderly Population = 279 million

Medicaid Expansion Status for 2014

NOTE: This assumes that all states choose to expand Medicaid eligibility up to 138% FPL January 2014. SOURCE: Congressional Budget Office, February 2013. Total may not equal 100% due to rounding
Premium Tax Credits

- Available to individuals and families with incomes between 100 and 400% of the poverty line
  - Must not be eligible for other “minimum essential coverage” (MEC)
  - Must be US citizens or lawfully present in the US
    - Special rule for lawfully residing immigrants with incomes below the poverty line who are not eligible for Medicaid because of their immigration status
How Are Income and Household Size Measured?

- **Income:** Modified Adjusted Gross Income (MAGI)
  
  **Adjusted Gross Income (1040, line 37)**
  + Foreign income
  + Tax exempt interest
  + Non-taxable Social Security benefits
  
  **MAGI**

- **Household size:** Household unit equals tax unit
  - "Household" may or may not be the same as who is in the insurance plan

How Is the Amount of the Tax Credit Determined?

Credit amount affected by:
- Individual or family’s expected contribution based on their income
- Premium cost for benchmark plan

Credit amount:

\[
\text{Credit amount} = \text{Cost of benchmark plan} - \text{Expected premium contribution}
\]

Example: Single Individual

**John:**
- 24 years old
- Income of 22,980 (200% FPL)
- Expected contribution: 6.3% or $1,448

**3 Lowest Cost Silver Plans Covering John:**
- Plan A: $2,800
- Plan B: $3,018
- Plan C: $3,200

**Premium Credit:**

\[
$3,018 - $1,448 = $1,570
\]
What Kind of Coverage Can People Buy with the Premium Credits?

<table>
<thead>
<tr>
<th>Plan Tier</th>
<th>Actuarial Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Platinum</td>
<td>90%</td>
</tr>
<tr>
<td>Gold</td>
<td>80%</td>
</tr>
<tr>
<td>Silver</td>
<td>70%</td>
</tr>
<tr>
<td>Bronze</td>
<td>60%</td>
</tr>
</tbody>
</table>

Higher premiums/Lower cost-sharing

Benchmark

Lower premiums/Higher cost-sharing
## How Do People Get Premium Credits?

- Submit application to the Marketplace for advance payment of credits
  - Marketplace estimates amount of advance payment based on projected income
  - Credit is sent directly to insurer, individual pays insurer balance of premium
- Can also wait until tax filing and claim on return
  - Only available for months enrolled in a Marketplace health plan

## What Happens When Estimated Income for the Year is Different from Actual Income?

- Final amount of credit based on **actual** income
- At tax filing time, advance payments received are reconciled with actual credit amount
  - If income increases, may have to repay
  - If income decreases, may get more credit at tax time
- To avoid repayment, can reduce the amount of advance payment received during the year