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Projections of Health Coverage Changes for AI/ANs Under the ACA

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Overview

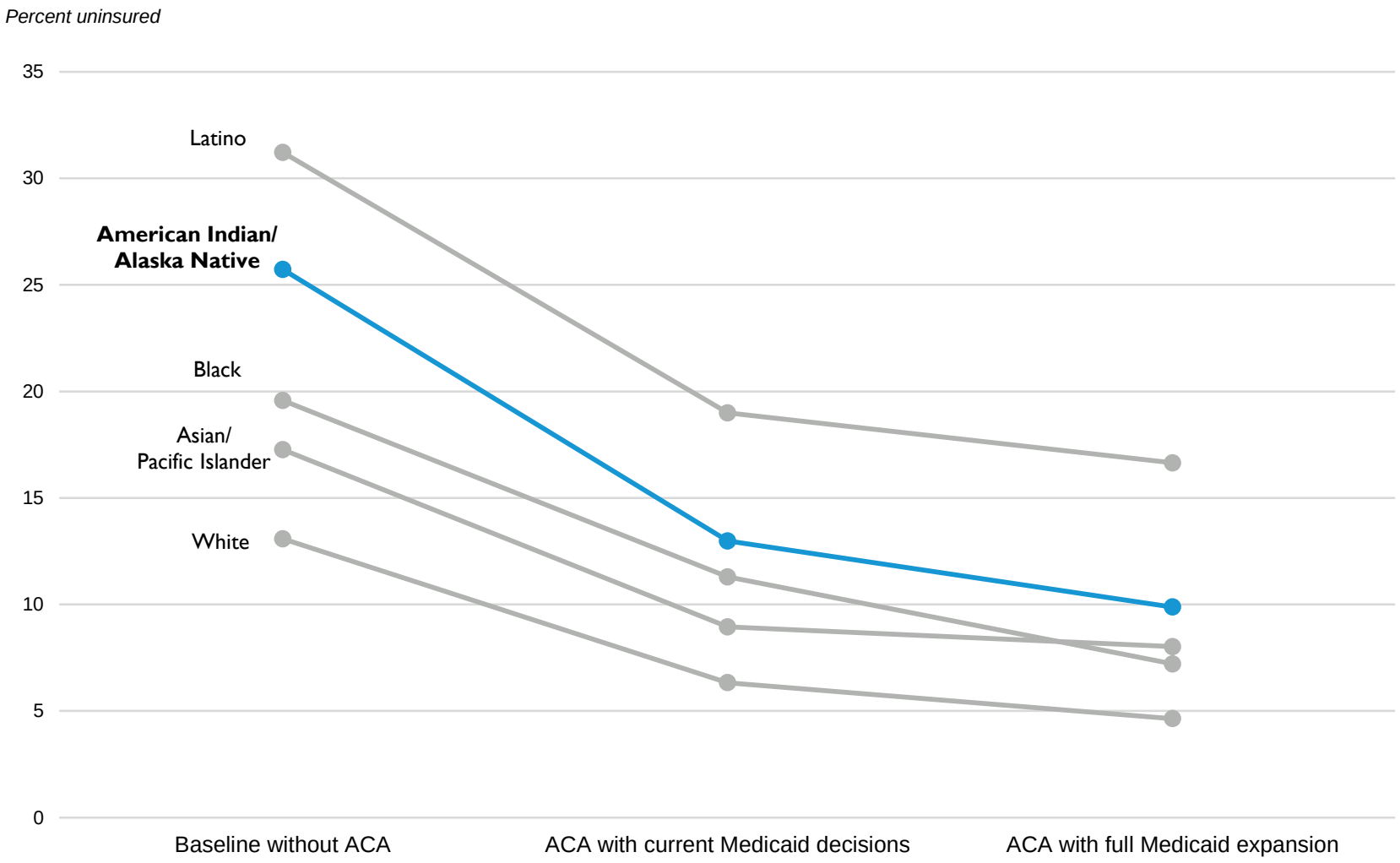
1. Estimates of how health coverage for AI/ANs could change under the ACA
2. How ACA Medicaid expansion affects AI/ANs.
3. Putting these estimates in the context of evaluating actual AI/AN enrollment.

Estimates of AI/AN Health Coverage Under the ACA

Methodology

- 2009-2011 American Community Survey data pooled together, reweighted to 2011, and then aged to 2016 using Census estimates and projections.
- Eligibility for Medicaid, CHIP and Marketplace subsidies determined according to final ACA regulations.
- Changes in coverage under the ACA were projected by the Health Insurance Policy Simulation Model (HIPSM), taking into account factors such as family income, premiums, and out-of-pocket health costs as well as findings from the literature, such as price elasticity estimates and the impact of prior Medicaid expansions.
- Part of a larger report focused on several racial and ethnic groups. We counted self-reported AI/ANs, rather than just those who reported IHS coverage.

Percent Uninsured in 2016: Three Scenarios



Coverage Gains under the ACA

Without ACA:

- **1.3 million** AI/AN (**26 percent** of all AI/AN) would be uninsured

ACA with current Medicaid expansion decisions:

- **633,000** AI/AN would gain coverage, a **50 percent** reduction in the number of uninsured AI/AN
- **645,000** AI/AN (**13 percent** of all AI/AN) would remain uninsured
- **251,000** AI/AN living in nonexpansion states would fall into the eligibility gap
  - They would be eligible for Medicaid if their state expanded Medicaid, but they are ineligible for any assistance without expansion

Coverage Gains under the ACA – All States Expanding Medicaid

Without ACA:

- **1.3 million** AI/AN (**26 percent** of all AI/AN) would be uninsured

ACA with all states expanding Medicaid:

- **787,000** AI/AN would gain coverage, a **62 percent** reduction in the number of uninsured AI/AN
- **491,000** AI/AN (**10 percent** of all AI/AN) would remain uninsured

Uninsured Rates by Tribe: Three Scenarios

American Indian/ Alaska Natives by Tribe	Total nonelderly (thousands)	Without ACA (%)	ACA withCurrent Medicaid Expansion Decisions(%)	ACA with Full Medicaid Expansion (%)
Navajo	347.2	34.2	11.8	10.8
Cherokee	283.4	24.7	14.0	8.7
Sioux	141.4	31.3	18.3	10.2
Chippewa	130.6	24.4	10.6	9.5
Choctaw	89.1	27.9	15.0	9.9
Apache	76.9	30.5	13.1	10.7
Lumbee	76.4	26.5	17.5	9.0
Pueblo	68.0	32.1	11.9	11.7
Eskimo	66.8	33.0	16.3	9.0
All other AI/AN	3,688.5	24.4	12.7	9.9
All AI/AN	4,968.2	25.7	13.0	9.9

Medicaid Expansion and Health Care for AI/ANs

AI/ANs Who Would Gain Eligibility Under Medicaid Expansion

- Across all states that have not expanded Medicaid, **251,000** AI/ANs would gain Medicaid eligibility if their states were to expand.
- This represents **2.5 percent** of all people who would gain Medicaid eligibility if their states were to expand.
- We excluded those enrolled in employer-sponsored coverage.

States With the Highest Shares of AI/ANs Who Would Gain Eligibility Under Medicaid Expansion

State	Of those gaining Medicaid, the share that would be AI/ANs
Alaska	36%
South Dakota	28%
Oklahoma	19%
Montana	15%
Wyoming	7%

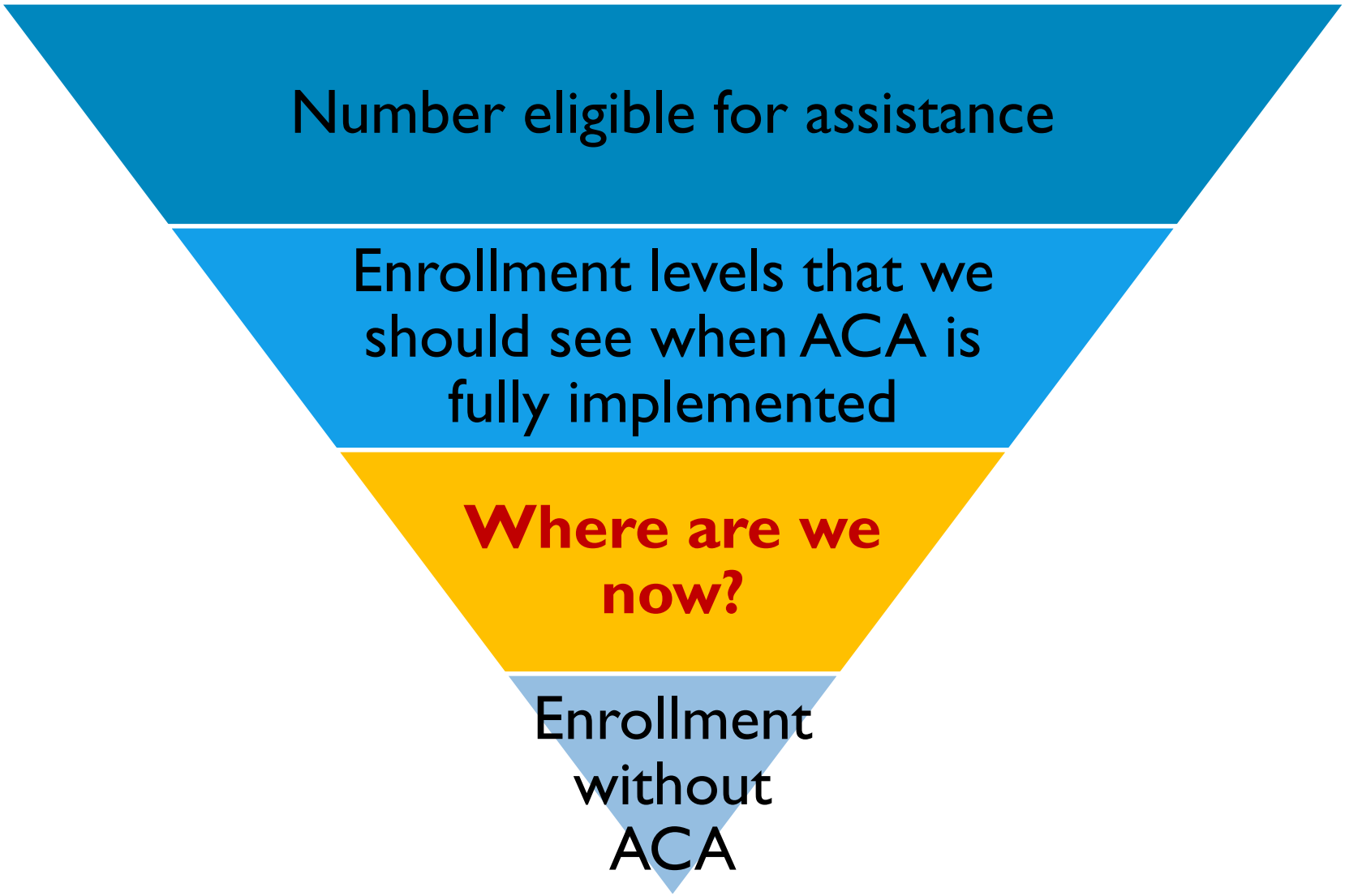
States With the Largest Numbers of AI/ANs Who Would Gain Eligibility Under Medicaid Expansion

State	Number of AI/ANs Gaining Eligibility
Oklahoma	56,000
Texas	26,000
North Carolina	24,000
South Dakota	16,000
Florida	16,000
Alaska	14,000

These Estimates in the Context of Evaluating AI/AN Enrollment Under the ACA

Slides in this section are preliminary.

ACA Coverage Impacts



Estimates of Health Coverage

- Numbers of enrolled or uninsured without the ACA and eligibility for assistance under the ACA can be computed from survey data. We and others have produced such estimates. ACS is *highly* recommended.
- The ACA coverage estimates we published should be considered a guide for where enrollment *should* be under a reasonably successful implementation of the law.
- Enrollment data from 2014 and 2015 can be compared with these projections to evaluate progress and identify groups for which enrollment may be problematic.

Comparing 2014 and 2015 Enrollment with 2016 Projections

- Based on past experience, it will take several years for enrollment in a new program to reach its long-term level.
  - Likely 2-3 years for Medicaid.
  - Possibly longer for the Marketplace, particularly in states with notable 2014 problems.
- Identifying barriers to enrollment
  - Compare AI/AN enrollment to projections versus other racial and ethnic groups.
  - Comparisons of AI/AN subgroups, such as urban Indians.
  - Comparisons by state.

AI/AN Health Care Costs and Needs

- It would be useful to have a large, representative population of AI/ANs that also included AI/AN-specific patterns in health care needs and chronic conditions.
- This would enable estimates for special AI/AN groups based on chronic conditions or other factors, allowing more detailed evaluation of the impact of the ACA.
- The MEPS-HC, our standard source of health care costs, has too low a sample of AI/ANs to fully capture disparities.
- Idea for future research: Draw on a number of data sources to impute health care costs and conditions on the ACS data. Would need to draw from multiple data sources, including MEPS-HC, BRFSS, and the results of specific studies focused on AI/ANs.

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