

Covering the Uninsured in Tennessee

Nashville Community Health Forum

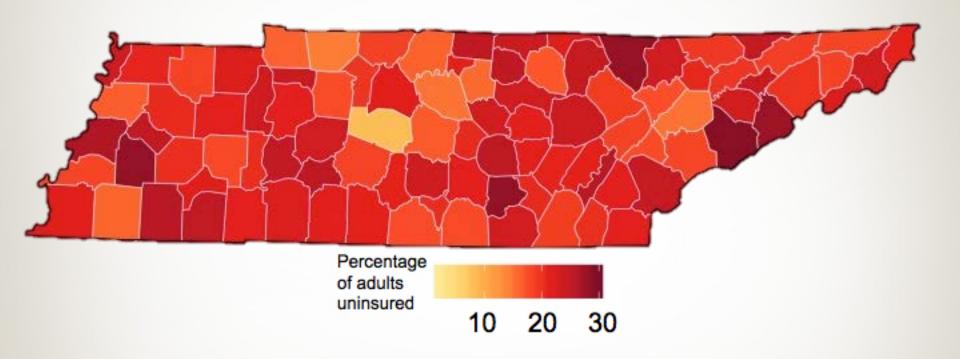
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Melinda B. Buntin, Ph.D.

Professor and Chair, Department of Health Policy

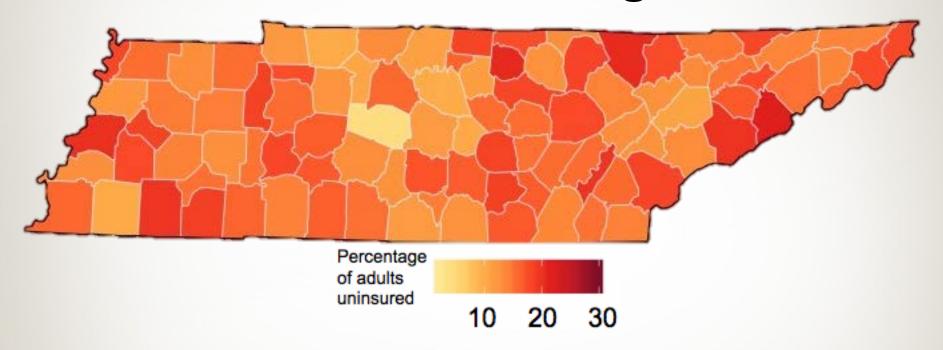
Analyses prepared by Melinda Buntin, Carrie Fry, Robert Goodrich, John Graves, and Pranita Mishra. The authors have no conflicts of interest and received no external funding to prepare this presentation.

Pre-ACA uninsured rate, by county



Percent uninsured in TN, estimated 2008-12

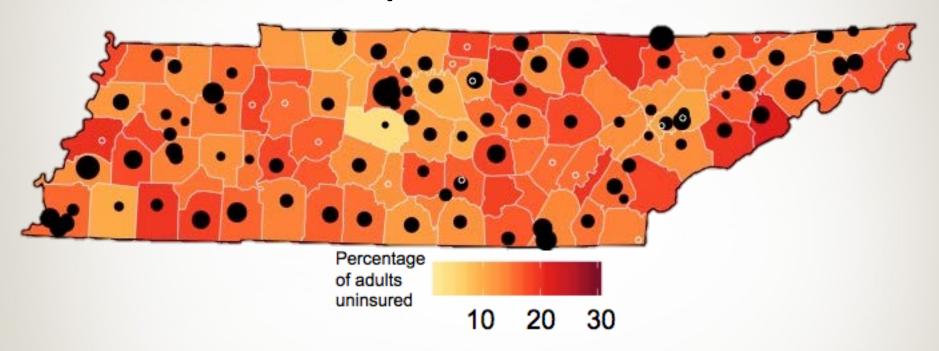
Uninsured rate reduced in 2014 with Health Insurance Exchanges in effect



Percent uninsured in TN, estimated 2014

Data on the uninsured from the 2008-2012 American Community Survey (ACS), percent of adults age 18-64 reporting no source of insurance coverage. About 57% of those with Exchange coverage were assumed to be uninsured prior to purchasing their current plan. Data on coverage through Health Insurance Exchanges from the Office of the Assistant Secretary for Planning and Evaluation (ASPE) Plan Selection by Zipcode in the Health Insurance Marketplace file; zip data converted to county-level data using a crosswalk from the U.S. Department of Housing and Urban Development. Zips with fewer than 50 people suppressed by ASPE to protect the identify of individuals.

2014 uninsured rate, dots represent current uncompensated care burdens

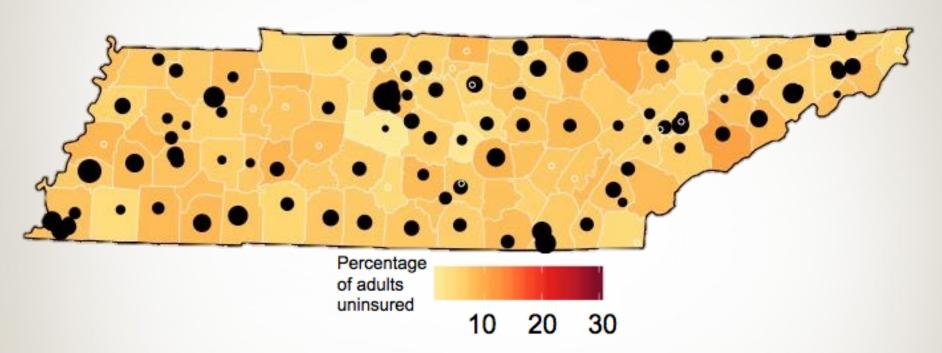


Percent uninsured in TN, estimated 2014, dots represent current uncompensated care burdens at hospitals

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Insure TN would further increase insurance coverage

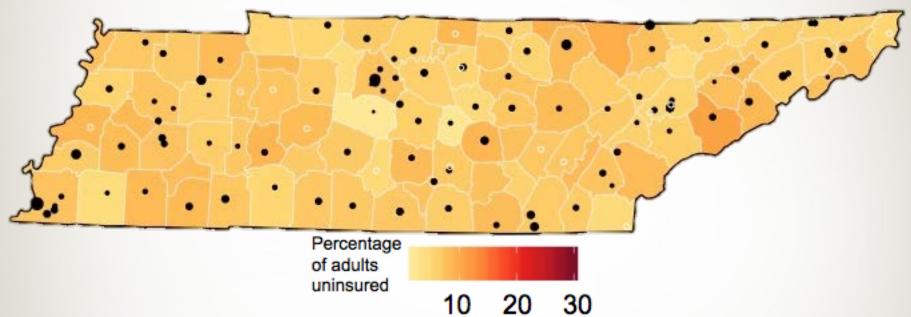


Percent uninsured in TN, estimated 2015/16, dots represent current uncompensated care burdens at hospitals

Data on the uninsured from the 2008-2012 American Community Survey (ACS), percent of adults age 18-64 reporting no source of insurance coverage. About 57% of those with Exchange coverage were assumed to be uninsured prior to purchasing their current plan. InsureTN take-up among the uninsured population with incomes less than 138% of the Federal Poverty Level assumed to be 85%. Data on coverage through Health Insurance Exchanges from the Office of the Assistant Secretary for Planning and Evaluation (ASPE) Plan Selection by Zipcode in the Health Insurance Marketplace; zip data converted to county-level data using a crosswalk from the U.S. Department of Housing and Urban Development. Zips with fewer than 50 people suppressed by ASPE to protect the identity of individuals. Data on hospitals' uncompensated care burden is based on their Disproportionate Share Hospital (DSH) percentage as reported in the Impact File for the Inpatient Prospective Payment System released by the Centers for Medicare and Medicaid Services (CMS). Empty white circles represent hospitals with missing DSH data.



Insure TN also projected to decrease uncompensated care burden



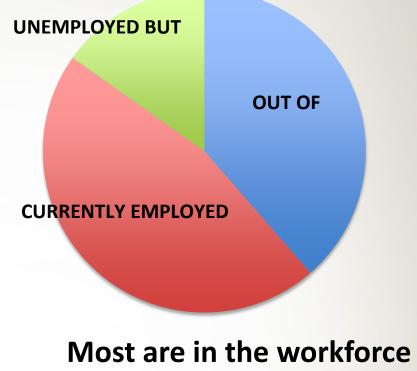
Percent uninsured in TN, estimated 2015/16, dots represent uncompensated care burden post-expansion

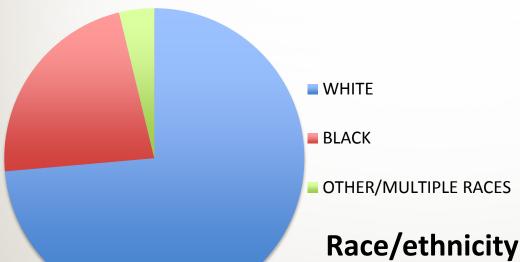
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Who is eligible for Insure TN?

- Over 400,000 Tennesseans
- Primarily adults, ages 21-64
- Not pregnant women or adults otherwise eligible for Medicaid
- Annual income <138% FPL \$16,104 for a single person \$32,913 for a family of 4

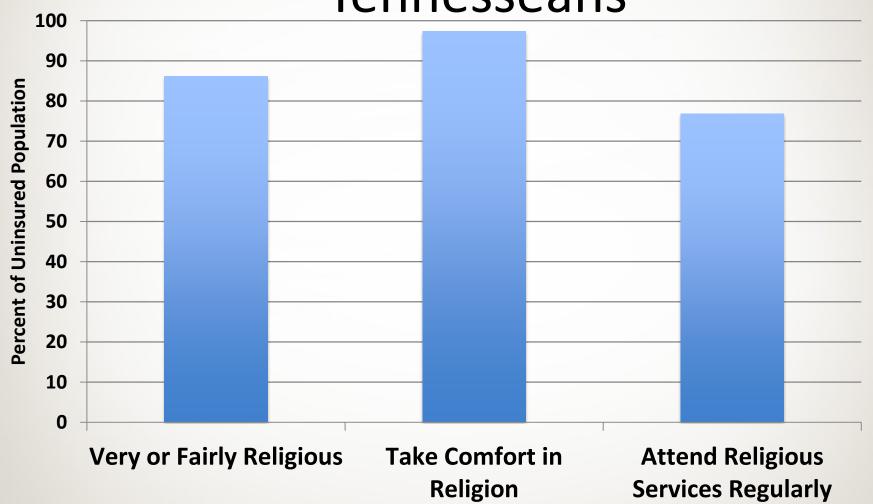




Source: Fox, W., Harris, M., Murray, M. (January 2015) Who Benefits Under Insure Tennessee? UT Center for Business & Economic Research



Degree of religiosity of uninsured Tennesseans



Source: Southern Community Cohort Study;

Data represents the uninsured population living in Tennessee



Estimated Economic Impact of Medicaid Expansions



UT Center for Business and Economic Research Estimates

- Insure Tennessee could bring an estimated \$1.14 billion to the state.
- It could create approximately 15,000 jobs

PROPORTION OF RESPONDENTS EVER DIAGNOSED WITH CANCER

TennCare Eligible: 9.8%
Insure Tennessee Eligible: 9.1%

Ineligible: 7.1%

PROPORTION OF RESPONDENTS EVER DIAGNOSED WITH COPD

TennCare Eligible: **15.7%**Insure Tennessee Eligible: **10.9%**

Ineligible: 2.9%

PROPORTION OF RESPONDENTS EVER DIAGNOSED WITH DEPRESSION

TennCare Eligible: 34.8%

Insure Tennessee Eligible: 24.2%

Ineligible: 13.5%



RAND study of economic benefits of Medicaid expansion in PA

- Medicaid expansion would result in \$2.5 billion more in federal funds to Pennsylvania in 2016.
- This increase in annual federal spending is estimated to lead to a \$3 billion increase in state GDP and would support more than 35,000 jobs in Pennsylvania.
- From 2014-2020, the cumulative inflow of federal dollars will be \$16.5 billion higher if the state expands Medicaid.



Economic benefits of Medicaid expansion in Kentucky

- From FY 2014-2021, KY's expansion is projected to create a \$15.6 billion economic impact and a \$802.4 million positive state budget impact.¹
- During FY 2014, KY's expansion created 3,000 new jobs in core healthcare services and nearly 8,000 new jobs in administrative and support services.²
- Since expansion adult preventive services increased 36.7%; breast cancer screenings increased 20.6 percent, and colorectal cancer screenings increased 16 percent.³

^{1. &}lt;a href="http://governor.ky.gov/healthierky/documents/medicaidexpansionwhitepaper.pdf">http://governor.ky.gov/healthierky/documents/medicaidexpansionwhitepaper.pdf

^{2.} http://www.modernhealthcare.com/article/20141029/MAGAZINE/310289962

^{3.} http://wfpl.org/kentuckys-medicaid-expansion-nearly-complete/

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