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MEMORANDUM

February 06, 2015

To: Valerie Davidson, Commissioner, Alaska Department of Health and Social Services

Re: Projected Population, Enrollment, Service Costs and Demographics of Medicaid Expansion Beginning in FY2016

This memorandum presents preliminary results of Evergreen Economics' analysis of enrollment and spending impacts of expanding Medicaid in Alaska under the Affordable Care Act (ACA). It is our understanding that Governor Walker has directed the Department to prepare for expansion, which is to commence July 2015—the first month of State Fiscal Year 2016 (FY2016). The expansion population is comprised of adults, ages 19 to 64, who are currently not otherwise eligible for Medicaid or Medicare.

In this memorandum, we describe the data sources we relied upon and the analysis we conducted to develop a six-year projection of the newly eligible adults in Alaska, the number of this population we believe will actually enroll in the Medicaid program, total spending on Medicaid services for these new enrollees, and the state and federal portions of this spending. Table 1 summarizes the findings of our analysis.

Table 1: Projected Spending on Medicaid Expansion Services by Fiscal Year

Spending	2016	2017	2018	2019	2020	2021
Newly Eligible Adults	41,910	41,980	42,050	42,120	42,190	42,260
Newly Eligible Persons that Enroll in Medicaid*	20,066	23,273	26,492	26,535	26,580	26,623
----------Costs in Thousands of Dollars----------						
Spending on Services	**$145,435**	**$174,438**	**$205,368**	**$212,747**	**$220,433**	**$224,514**
Federal Spending	$145,435	$170,633	$195,514	$200,683	$204,087	$204,928
State Spending	$0	$3,804	$9,854	$12,064	$16,346	$19,587

Source: Analysis by Evergreen Economics of data from various sources
* Represents the unduplicated count of newly eligible enrollees in that fiscal year; annual counts are not cumulative

We present our analysis in the following three sections:

A. Our projection of the expansion population for FY2016 through FY2021
B. Our estimates of the per-enrollee cost of providing Medicaid services for the expansion population for FY2016 through FY2021
C. Our estimates of total spending on services for the Medicaid expansion and the state's share of this spending

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A. The Expansion Population

We are aware of only two other analyses that estimate the number of persons in the expansion population. These are:

1. ***An Analysis of the Impact of Medicaid Expansion in Alaska***, prepared for DHSS by The Lewin Group, completed in April 2013 and released to the public in November 2013
2. ***Medicaid in Alaska under the ACA***, prepared by The Urban Institute, February 2013

Table 2 shows the counts from the two studies. The Lewin study includes counts of newly eligible adults as well as counts of those predicted to actually enroll in Medicaid. The study from the Urban Institute includes only estimates of the number of newly eligible persons that actually enroll. Both studies assume that Alaska would initiate expansion on January 1, 2014.[1] The two studies differ in their estimates of Medicaid enrollment of newly eligible persons in each year through 2020, with the Lewin study projecting 5,000 to 8,000 more enrollees than the Urban Institute projects.

Between 2014 and 2020, the Lewin Group projects that the average annual growth rate of the newly eligible population will be about 1.4 percent, far greater than the growth rate projected by the Alaska Department of Labor and Workforce Development (ADLWD) for the 19 to 64 population over that same period (0.04%).[2]

Table 2: Lewin Group and Urban Institute Projections of Newly Eligible Population, Calendar Year Estimates Based on the Assumption of January 2014 Medicaid Expansion

Report	Population	2014	2015	2016	2017	2018	2019	2020
Lewin Group	Newly Eligible	63,986	64,713	65,619	66,571	67,496	68,560	69,684
	Enrollment*	30,806	35,944	41,286	41,853	42,401	43,029	43,687
Urban Institute	Newly Eligible	----------Not Reported----------						
	Enrollment	18,200	27,400	33,100	36,700	37,100	37,300	37,500

Sources: *An Analysis of the Impact of Medicaid Expansion in Alaska*, Lewin Group, April 2013, Figure B-3; *Medicaid in Alaska under the ACA*, prepared by The Urban Institute, February 2013, Figure 3

* Lewin enrollment estimates based on assumption of 63 percent take-up rate and enrollment lag-rate rates of 76 percent in first year, 88 percent in second year, and 100 percent each subsequent year.

In the Lewin study, the authors utilized the Health Benefits Simulation Model (HBSM) and data from the Current Population Survey (CPS) for the years 2008-2010 to estimate the number of people who would become newly eligible for Medicaid through Medicaid expansion in Alaska.

[1] In fact, the Lewin Group study also includes estimates of enrollment by newly eligible adults under the assumption of expansion beginning in January 2015 and in January 2016.

[2] It is not possible to determine the estimated growth rate in the expansion population assumed in the Urban Institute analysis, however, based on their estimates of enrollment by the newly eligible adults, it appears that the study assumes a lower population growth rate than does the Lewin study.

To develop estimates of enrollment by newly eligible persons, the Urban Institute relied on demographics and health care coverage data from the American Community Survey (ACS) for 2008, 2009, and 2010. Because the ACS lacks the information necessary to develop estimates of the newly eligible population, the authors imputed unavailable characteristics such as Medicaid eligibility, employer offers of coverage, and immigration status.

Evergreen Estimates of the Expansion Population

While data do exist on particular aspects of the expansion population (e.g., estimates of the number of Alaskans by age and gender), neither federal nor state agencies collect data on the expansion population *per se*. Instead, we relied on two Alaska data sources and a small number of assumptions to estimate the size of the expansion population.

To estimate the number of persons newly eligible for Medicaid expansion, we relied on information collected by the Division of Public Health through the Behavioral Risk Factor Surveillance System (BRFSS) survey for 2012 and 2013 and population estimates and projections reported by the ADLWD. The BRFSS survey is a statewide household survey that collects detailed demographic, household, and health-related information on Alaskans. In this survey, adult respondents are asked their age, the number of other adults living in the home, the presence and ages of any dependent children living in the home, and household income.

The primary enrollees of Medicaid expansion are working-age adults 21–64 years of age who are not caring for dependent children, are not disabled or pregnant, and are at or below 138 percent of Federal Poverty Level (FPL).[3] This group is currently not eligible for Medicaid in Alaska. In addition, Medicaid expansion affects a small number of other adults, 19–64 years of age, that do not meet current income limits for Medicaid eligibility.[4]

Based on our analysis of the BRFSS data for 2012 and 2013, our midpoint estimate of the number of persons in the Medicaid expansion population is 41,910 for FY2016. Our lower and upper bound estimates of the expansion population are 34,833 and 48,988.

Table 3 shows ADLWD projection of the adult population (ages 19-64), the Medicaid Budget Group's draft projection of (currently eligible) Medicaid enrollees 19–64 years of age, and our projection of the newly eligible population (also 19-64 years of age). For each year through 2021, our projection of the newly eligible population is lower than the counts reported in the Lewin study and increases at a slower rate.[5]

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[3] The income eligibility threshold is 133% FPL with a 5% income disregard, making the threshold effectively 138% of FPL.

[4] Specifically, expansion also affects the following adults:

- Non-disabled, ages 19-20, between 123% and 138% of FPL
- Disabled, ages 18-64, between 102% and 138% of FPL who do not receive Medicare

We estimate that these groups will represent less than 3 percent of the expansion population.

[5] In comparison to the Lewin study, which relies on aggregated data from the CPS, various data imputations, and Lewin's national simulation model, we developed our estimate of the newly eligible population from the direct responses of Alaskan households from the BRFSS and population projections from ADLWD.

Table 3: Projected Population of Alaskan Adults from ADLWD, Projected Medicaid Enrollment of Currently Eligible, and Projected Number of Newly Eligible Adults by Fiscal Year

Report	2016	2017	2018	2019	2020	2021
Population ages 19-64*	471,668	472,394	472,483	471,937	471,391	470,845
Growth Rate	0.15%	0.15%	0.02%	-0.12%	-0.12%	-0.12%
Current Medicaid Enrollees 19-64**	60,767	61,201	61,419	61,618	61,798	61,961
Count of Newly Eligible 19-64	**41,910**	**41,980**	**42,050**	**42,120**	**42,190**	**42,260**
Below 100% FPL	23,344	23,383	23,422	23,461	23,500	23,539
100% to 138% FPL	18,566	18,597	18,628	18,659	18,690	18,721

Source: Analysis by Evergreen Economics of data from 2012 - 2013 BRFSS surveys, Alaska Department of Health and Social Services, Division of Public Health

*Analysis by Evergreen Economics of data from *Alaska Population Projections 2012 to 2042*, Alaska Department of Labor and Workforce Development, http://laborstats.alaska.gov/pop/popproj.htm

**Projected unduplicated count of Medicaid enrollees from *Long-Term Medicaid Forecast 2014-2034*, currently in draft and being reviewed.

Table 4 shows our projection of the newly eligible population by region. We estimate that just over half of all newly eligible persons live in the Anchorage Mat-Su region, which is currently home to about 54 percent of Alaskans.

Table 4: Projected Newly Eligible Population by Region and Fiscal Year

Region*	2016	2017	2018	2019	2020	2021
Anchorage-Mat-Su	21,124	21,161	21,197	21,231	21,266	21,302
Gulf Coast	5,830	5,839	5,849	5,859	5,869	5,878
Interior	5,787	5,796	5,806	5,816	5,825	5,835
Northern	1,347	1,349	1,351	1,353	1,356	1,358
Southeast	5,184	5,193	5,201	5,210	5,219	5,227
Southwest	2,638	2,642	2,646	2,651	2,655	2,660
Total Count of Newly Eligible	**41,910**	**41,980**	**42,050**	**42,120**	**42,190**	**42,260**

Source: Analysis by Evergreen Economics of data from 2012 - 2013 BRFSS surveys, Alaska Department of Health and Social Services, Division of Public Health

* Regional designations used by Alaska Division of Public Health and Alaska Department of Labor and Workforce Development

Table 5 shows the distribution of the expansion population with respect to existing health insurance coverage.[6] As the table shows, approximately 43 percent of newly eligible adults do not have health insurance. Of those with health insurance, the most common forms of coverage are employer

[6] The 2012 BRFSS questionnaire only asked whether the respondent had any type of health insurance, not what type they had. Therefore, this table only provides responses for those individuals that completed the 2013 BRFSS questionnaire and were identified as newly eligible.

sponsored (19.6%) and partial coverage (29.3%).[7] Another 3.4 percent did not know or refused to disclose if they had insurance. It is important to note that anyone with Medicare is not eligible for Medicaid through the expansion.

Table 5: Health Insurance Status of the Expansion Population, Survey Year 2013

Health Coverage	Percent of Responses
None	43.3%
Employer	19.6%
Purchased	4.3%
Partial Coverage*	29.3%
Not Sure, Don't Know, Refused	3.4%

Source: Analysis by Evergreen Economics of data from the BRFSS survey

*Partial coverage includes health insurance coverage through TRICARE and the U.S. Military, as well as healthcare services provided by tribal health facilities, and possibly other sources.

Table 6 shows the employment status of the expansion population in 2012 and 2013. The majority of newly eligible adults were in the labor force, with nearly 44 percent of this group employed and 30 percent unemployed. Unemployed persons include those not working, but currently looking for work, as well as those not working due to seasonal employment. Another 21 percent were not in the labor force, which could be due to retirement, enrollment in school, family obligations, frustration with job search and no longer looking for employment, or simply by choice. Just under 6 percent of the expansion group stated they were unable to work.

Table 6: Employment Status of the Expansion Population, Survey Years 2012-2013

Employment Status	Percent of Responses
Employed	43.8%
Unemployed*	29.8%
Not in Labor Force**	21.0%
Unable to Work	5.5%

Source: Analysis by Evergreen Economics of data from the BRFSS survey

* Unemployed consists of individuals who are not currently working, but are looking for work, as well as seasonal employees, not currently working.

** Persons not in the workforce include those who have no job and are not looking for a job (often because they are in school, retired, or have family responsibilities) and persons in institutions.

Our assumption of growth in the expansion population through 2020 is consistent with but slightly faster than ADLWD's most recent projection for the 19–64 population.[8]

[7] Those covered by employer-sponsored insurance may be covered by their own employer or by the employer of another person. Partial coverage includes health insurance coverage through TRICARE and the U.S. Military, as well as healthcare services provided by tribal health facilities, and possibly other sources.

B. Per-Enrollee Spending on Medicaid Services for Newly Eligible Adults

Because Alaska's Medicaid program does not currently serve the expansion population, we do not know with certainty how much expansion to the newly eligible enrollees will cost. There are, however, working-age adults enrolled in the Medicaid program who are a good proxy for the expansion population. The majority of these enrollees are enrolled through the Family Medicaid eligibility category, which is comprised of non-disabled adults who are eligible for Medicaid services due to being low income with dependent children.[9] With the exception of having dependent children, we believe these enrollees are a good proxy for the expansion population.[10]

Based on our analysis of data from the Department's Medicaid Budget Group, between FY2009 and FY2013, average spending per enrollee for adults in Family Medicaid grew on an average annual basis by just 1.0 percent to $6,560 in FY2013 (see Table 7). Over this same period, average spending per enrollee was little changed for all working-age adults (growing from $12,282 to $12,374). The substantial difference in average spending per enrollee is due to the fact that the overall working-age population includes individuals who are disabled or pregnant.

Table 7: Historical Average Per-Enroll Cost of Services

Fiscal Year	Adults in Family Medicaid *	All Working-Age Adults
2009	$6,359	$12,282
2010	$6,708	$13,079
2011	$6,934	$13,301
2012	$6,593	$12,684
2013	$6,560	$12,374
Annual % Growth	***1.0%***	***0.2%***

Source: Analysis by Evergreen Economics of data from Alaska DHSS, Medicaid Budget Group
* Based on Family Medicaid eligibility, ages 19–64

Our estimated annual cost of Medicaid services for the expansion population varies by gender and age (see Figure 1). For men, cost of service rises substantially from about $3,500 per enrollees for those under 35 to just under $7,200 for those between 55 and 64. For women, costs do not vary

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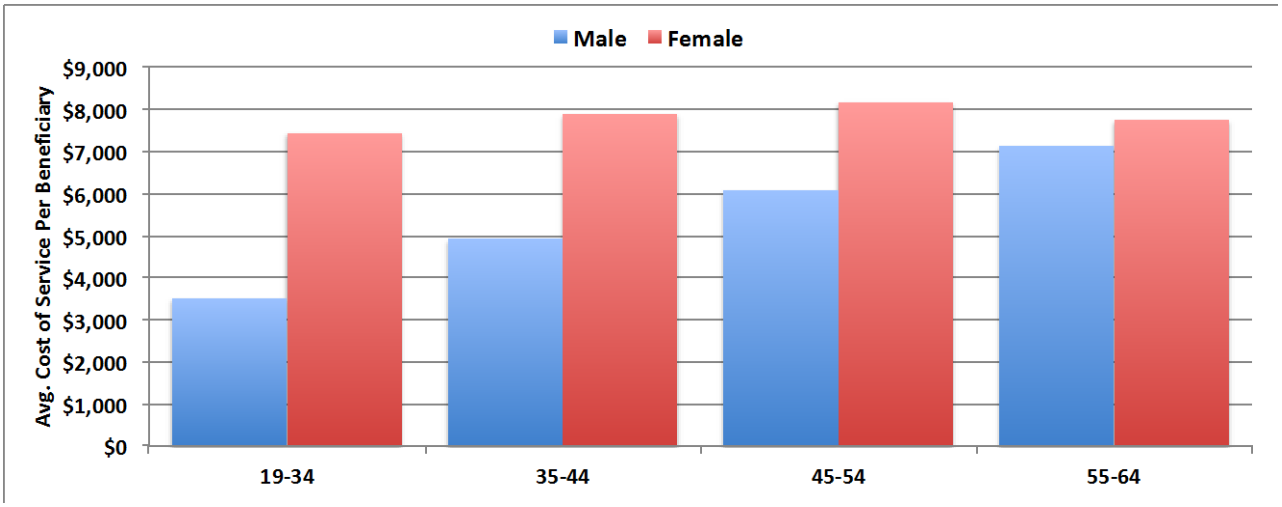
[8] ADLWD uses a cohort component technique to "age" over time sub-populations based on gender and age. The demographers then add in projected births and in-migrants and subtract out projected deaths and out-migrants. ADLWD expects the working-age population to grow by 14 percent between 2012 and 2042, slower than the children and elderly populations.

[9] There are also a small number of disabled adults in the expansion population. We relied on data for Medicaid enrollees 19–64 years of age, enrolled through the SSI/APA, Medicare, and Other Disabled eligibility categories in developing estimates of Medicaid costs for the expansion population.

[10] We base this conclusion on our comparative analysis of data from the 2012 and 2013 BRFSS surveys on the health status of the expansion population and the current Medicaid-eligible population. Please see the tables in the appendix of this memo to see the comparison in health status between the expansion population, current Medicaid enrollees, and Alaskan adults not in Medicaid and not in the expansion population.

substantially by age, ranging from about $7,500 for women under 35 to just under $8,200 for women between 45 and 54.

Figure 1: Average Annual Cost of Medicaid Services Per Enrollee, Working-age Family Medicaid Eligibility Only, FY2012-13



Source: Analysis by Evergreen Economics of data from Alaska DHSS, Medicaid Budget Group

Distribution of the Expansion Population by Gender and Age

Table 8 shows our estimated distribution of newly eligible adults in the expansion group by age and gender. We believe this group will be mostly male (54%) and that about 21 percent of this group will be males between the ages of 19 and 34. This is important because, as Figure 1 shows, this demographic group has significantly lower per-enrollee spending than all other gender-age cohorts.

Table 8: Estimated Distribution of Expansion Group With Respect to Gender and Age

Gender	Ages 19-34	Ages 35-44	Ages 45-54	Ages 55-64	All Ages
Male	20.1%	5.2%	13.6%	14.4%	**54%**
Female	12.6%	5.8%	13.8%	14.5%	**46%**
Total	**32.7%**	**11.0%**	**27.4%**	**28.9%**	**100%**

Source: Analysis by Evergreen Economics of data from BRFSS surveys, ADHSS, Division of Public Health

Estimated Spending Per Enrollee Weighted by Gender and Age

Table 9 shows our projected annual per-enrollee costs for the expansion population. We estimate that the average cost of services per newly eligible Medicaid enrollee for FY2016 will be about $7,250, growing to $8,400 by FY2021. Over this same period, we project that the per-person cost for currently eligible, non-disabled adult Medicaid enrollees will be several hundred dollars less each year. The difference in costs is due to the expansion population likely containing a relatively small number of persons with disabilities.

Table 9: Projected Cost of Service Per Newly Eligible Medicaid Enrollee by Fiscal Year, Weighted by Expected Gender and Age Distribution of the Expansion Population

Parameter	2016	2017	2018	2019	2020	2021
Per Enrollee Cost	$7,248	$7,495	$7,752	$8,018	$8,293	$8,433

Source: Analysis by Evergreen Economics of data from Alaska DHSS, Medicaid Budget Group

C. Estimated Costs of Medicaid Expansion

Table 10 shows estimated costs of Medicaid services and the state share of spending for fiscal years 2016 through 2020. Row 1 shows our estimate of the newly eligible population. Rows 2 shows the factor (the "take-up rate") we used to convert the count of newly eligible adults to our estimate of the new Medicaid enrollees (which are shown in row 3). The take-up rate represents the proportion of the newly eligible population that will enroll through the Medicaid expansion that year.[11] The take-up rate assumptions shown in Table 10 are from the 2014 study conducted by the Lewin Group for the State of Alaska.[12] The Lewin assumption of the take-up rate is consistent with the few studies we are aware of that were conducted prior to the CY2014 expansion.

According to a study conducted in 2012 by the Kaiser Family Foundation, Medicaid participation rates in the HIPSM (health insurance policy simulation model) average 60.5 percent among newly eligible people.[13] Similarly, in 2012 Sommers et al estimated that Medicaid participation averaged 62.6 percent among eligible adults without private insurance, with state-level estimates ranging from 43 percent to 83 percent.[14] Another study by Kenny et al. in 2012 found that the average participation rate for Medicaid-eligible adults was 67.4 percent.[15]

Row 4 shows our estimates of the per-enrollee cost of service, which is a weighted average based on cost data for current Medicaid enrollees and our expectations of the distribution of the expansion population with respect to gender, age, and disability status.[16] Row 5 shows our estimated total cost of service, which is calculated by multiplying the count of new enrollees by the average estimated spending per enrollee.

Row 6 shows our estimate of the percent of spending by the newly eligible Medicaid enrollees that would qualify for 100 percent federal match under either the ACA or IHS FMAP.[17] When an IHS

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[11] For example, our estimate of newly eligible adults for FY2016 is 41,910 and the estimated take-up rate for FY2016 is 47.9%; thus, we estimate 41,910 × 47.9% = 20,066 newly eligible adults will enroll in Medicaid in FY2016.
[12] The take-up rate used in our analysis is the product of the take-up rate and lag-rate show in Table B-3 of the Lewin report.
[13] http://kaiserfamilyfoundation.files.wordpress.com/2013/01/8384.pdf
The HIPSM does not make assumptions about participation; instead it uses data and literature about Medicaid participation based on factors such as income, race, education, and previous sources of health coverage to determine the likelihood of participation.
[14] http://content.healthaffairs.org/content/31/5/909.abstract
[15] http://www.nhchc.org/wp-content/uploads/2011/09/Kenney-MedicaidEligibilityEnroll-2012.pdf
[16] We estimate that about 1.5% of the expansion population is disabled.
[17] The Federal Medical Assistance Percentage (FMAP) rates for the ACA expansion are as follows: CY2015 – CY2020 are as follows: 100%, 100%, 95%, 94%, 93%, 90%. For our analysis, we modified these rates from calendar year to state fiscal

beneficiary, who qualifies for Medicaid, receives care at a tribal health facility, the federal match is 100%. This is important because after FY2016, the FMAP under the ACA expansion begins to decrease each year until FY2021, when it will remain at 90 percent. The IHS FMAP continues at 100 percent. We estimate that about 13 percent of spending by the newly eligible enrollees will continue to receive the 100 percent match rate from the federal government through the IHS FMAP.

Rows 7 and 8 show our estimates of federal and state spending on Medicaid services for the newly eligible population.

Table 10: Projected Spending on Medicaid Expansion Services by Fiscal Year

Row	Spending	2016	2017	2018	2019	2020	2021
1	**Newly Eligible Adults**	41,910	41,980	42,050	42,120	42,190	42,260
2	**Take-up Rate***	47.9%	55.4%	63%	63%	63%	63%
3	**New Enrollees**	20,066	23,273	26,492	26,535	26,580	26,623
4	**Spending Per Enrollee**	$7,248	$7,495	$7,752	$8,018	$8,293	$8,433
	----------Costs in Thousands of Dollars----------						
5	**Total Spending on Expansion Services**	**$145,435**	**$174,438**	**$205,368**	**$212,747**	**$220,433**	**$224,514**
6	*Federal Participation***	100%	97.8%	95.2%	94.3%	92.6%	91.3%
7	**Federal Spending**	**$145,435**	**$170,633**	**$195,514**	**$200,683**	**$204,087**	**$204,928**
8	**State Spending**	**$0**	**$3,804**	**$9,854**	**$12,064**	**$16,346**	**$19,587**

Source: Analysis by Evergreen Economics of data from various sources

* From *An Analysis of the Impact of Medicaid Expansion in Alaska*, Prepared by The Lewin Group, April 12, 2013. The Take-up Rate shown Table 10 is the product of the *take-up rate* and the *lag rate* shown in Figure B-3 of the Lewin report; it represents the estimated percent of newly eligible adults that will enroll in Medicaid in that year.

** The federal participation rates shown in Table 10 incorporate the following two adjustments:

1. Federal financial participation rates for Medicaid expansion are based on calendar year. Because we conducted our analysis based on the state fiscal year, which begins on July 1 and ends on June 30, we averaged the calendar rates to approximate the fiscal year FMAP rates.
2. We estimate that 29% of newly eligible Medicaid enrollees will be either Alaska Native or American Indian. Based on recent historical data from the Medicaid Budget Group, 44% of Medicaid expenses incurred by Alaska Natives and American Indians are provided by a tribal health facility and, therefore are eligible for the 100% federal match under the IHS FMAP (Percent IHS Qualify = 29% * 44% ≈ 12.8%). As the federal match rate under Medicaid expansion decreases between FY2014 and FY2020, an increasing amount of Medicaid spending (by Alaska Natives and American Indians at tribal health facilities) will shift to the 100% tribal FMAP rate.

year. In addition, we factored in a tribal FMAP adjustment to account for Medicaid services provided to Alaska Natives and American Indians at tribal health facilities.

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Appendix Tables: Health Status Comparison Between Expansion Population, Current Medicaid Enrollees, and All Other Alaskan Adults

The following tables are based on analysis of the 2012 and 2013 BRFSS survey years and are intended to show the extent to which the newly eligible population differs from the currently Medicaid-eligible adult population and other Alaskan adults (those neither newly eligible for Medicaid under the expansion, nor currently eligible for Medicaid). It is important to note that individuals we identified as "Currently Eligible" within the BRFSS data are not necessarily enrolled in Medicaid. Rather, they are identified as eligible for Medicaid, but may or may not be actually enrolled. For each of the following tables, the three comparison groups are defined as:

- **Newly Eligible:** Alaskans 19 to 64 years of age who are eligible for Medicaid through the expansion.
- **Currently Eligible:** Alaskans 19 to 64 years of age who are currently eligible for Medicaid but may or may not be enrolled in Medicaid
- **Other Adults**: Alaskans 19 to 64 years of age who are not Newly Eligible or Currently Eligible

Table 11: Gender Distribution of Newly Eligible, Currently Eligible, and Other Adults

Gender	Newly Eligible	Currently Eligible	Other Adults
Male	53.3%	45.2%	54.6%
Female	46.7%	54.8%	45.4%

Source: Analysis by Evergreen Economics of data from BRFSS surveys, ADHSS, Division of Public Health

Table 12: Age Distribution of Newly Eligible, Currently Eligible, and Other Adults

Gender	Newly Eligible	Currently Eligible	Other Adults
19-34	32.6%	44.0%	30.8%
35-44	11.1%	27.8%	21.1%
45-54	27.4%	18.3%	24.8%
55-64	28.9%	9.9%	23.2%

Source: Analysis by Evergreen Economics of data from BRFSS surveys, ADHSS, Division of Public Health

Table 13: Labor Force Participation by Newly Eligible, Currently Eligible, and Other Adults

Employment Status	Newly Eligible	Currently Eligible	Other Adults
Employed	43.8%	51.1%	76.0%
Unemployed	29.8%	13.7%	5.4%
Not in work force	21.0%	20.5%	16.4%
Unable to work	5.5%	14.7%	2.3%

Source: Analysis by Evergreen Economics of data from BRFSS surveys, ADHSS, Division of Public Health

Table 14: Proportion Alaska Native of Newly Eligible, Currently Eligible, and Other Adults

Designation	Newly Eligible	Currently Eligible	Other Adults
Alaska Native or American Indian	28.7%	30.2%	12.4%

Source: Analysis by Evergreen Economics of data from BRFSS surveys, ADHSS, Division of Public Health

Table 15: Self-Reported Health Status by Newly Eligible, Currently Eligible, and Other Adults

General Health	Newly Eligible	Currently Eligible	Other Adults
Excellent	17.3%	16.2%	21.9%
Very Good	19.8%	25.6%	38.7%
Good	35.0%	36.7%	30.2%
Fair	20.3%	13.5%	7.3%
Poor	7.7%	8.2%	1.8%

Source: Analysis by Evergreen Economics of data from BRFSS surveys, ADHSS, Division of Public Health

Table 16: Self-Reported Physical Health Status by Newly Eligible, Currently Eligible, and Other Adults

Days Last Month Physical Health Was Not Good	Newly Eligible	Currently Eligible	Other Adults
Average Number of Days	5.7	5.6	2.5
Reported 0 days	56.9%	56.5%	68.6%
Reported 1-7 days	23.2%	22.4%	22.9%
Reported 8-14 days	3.5%	5.0%	2.6%
Reported >14 days	16.4%	16.1%	5.9%

Source: Analysis by Evergreen Economics of data from BRFSS surveys, ADHSS, Division of Public Health

Table 17: Self-Reported Mental Health Status by Newly Eligible, Currently Eligible, and Other Adults

Days Last Month Mental Health Was Not Good	Newly Eligible	Currently Eligible	Other Adults
Average Number of Days	4.8	5.0	2.5
Reported 0 days	59.0%	56.9%	69.5%
Reported 1-7 days	21.7%	21.4%	20.6%
Reported 8-14 days	4.3%	6.6%	3.4%
Reported >14 days	15.1%	15.1%	6.4%

Source: Analysis by Evergreen Economics of data from BRFSS surveys, ADHSS, Division of Public Health