



February 2019

SHADAC Announcements

Webinar Recording Available: Exploring Disparities Using New and Updated Measures on SHADAC's State Health Compare



This recent webinar introduced two new measures of health outcomes and social determinants of health on SHADAC's [State Health Compare](#)—Unhealthy Days and Unaffordable Rents. SHADAC researchers explored these new measures and highlighted how the estimates can be used to explore disparities between states and among sub-populations. The webinar also provided a virtual tour of some of the more than 40 state-level measures currently available on State Health Compare—highlighting recently updated data in particular. [Access the webinar recording and presentation materials.](#)

SHADAC in *American Journal of Public Health*: Addressing the Rural Opioid Addiction and Overdose Crisis through Cross-Sector Collaboration in Little Falls, Minnesota



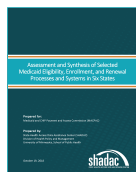
SHADAC researchers authored an [article](#) in the current issue of the *American Journal of Public Health* examining a collaborative, cross-sector effort in Little Falls, Minnesota, to reduce the use and abuse of opioids among patients at the local hospital and clinic and within the broader local rural community. The paper highlights the intervention's innovative components, which include the use of an interdisciplinary Controlled Substance Care Team and a collaborative, community-wide Prescription Drug Task Force. Results from the intervention indicate that the Little Falls model has been effective, and the hospital and clinic have received continued foundation and federal funding to share their expertise and help other rural Minnesota communities replicate the model.

Report: State Use of 1332 State Innovation Waivers to Stabilize Individual Health Insurance Markets

A new [SHADAC analysis](#) prepared for the Robert Wood Johnson Foundation examines the use of 1332 State Innovation Waivers to stabilize individual health insurance markets. SHADAC researchers compared the use of this strategy in Alaska, Minnesota, and Oregon, assessing how these states navigated the 1332 waiver process; lessons learned about this process and about different reinsurance models; and future concerns about the use of reinsurance programs.

Related Content: [1332 State Innovation Waivers for State-Based Reinsurance](#) is a SHADAC resource that tracks the use of these waivers among states, the details of different state reinsurance models, the amount of federal pass-through funding approved each calendar year (through 2019), and a timeline of 1332 waiver reinsurance developments.

Report: Assessment and Synthesis of Selected Medicaid Eligibility, Enrollment, and Renewal Process and Systems in Six States



A SHADAC [report](#) produced for the Medicaid and CHIP Payment and Access Commission (MACPAC) examines Medicaid eligibility, enrollment, and renewal practices in six states in light of the Affordable Care Act goals of making the Medicaid program more efficient; reducing complexity and effort for enrollees and program administrators; and integrating Medicaid with the health insurance exchanges. The report summarizes how MAGI Medicaid populations apply to and are determined eligible for the Medicaid program in the study states, and it describes the study states' approaches to streamlining enrollment and renewal for these populations, common themes among the states, and the states' future plans to further

streamline enrollment and renewal.

Data News from the States

Georgia: Health Care Landscape - The Uninsured in Georgia



A new [issue brief](#) from the Georgia Health Policy Center examines the state's uninsured population, which measured 1.3 million in 2017. Utilizing data from the U.S. Census Bureau's American Community Survey (ACS), the brief explores state trends in employer-sponsored insurance coverage as well as trends in uninsurance. The brief also examines predictors of insurance coverage, looks at coverage patterns by State Insurance Region, and presents hospital uncompensated care costs by insurance region for several health conditions.

Kansas: Annual Insurance Update - Health Insurance in Kansas



The Kansas Health Institute (KHI) recently put out their [Annual Insurance Update](#) for 2019, which provides a comprehensive review of health insurance coverage in Kansas using data from the American Community Survey (ACS) for 2009 through 2017. In the report, the KHI found that most Kansans were insured through their employer in 2017 (56.2 percent), the percentage of the population with direct-purchase coverage decreased from 2016 to 2017 (8.4 percent to 6.2 percent), and the Kansas uninsured rate (8.5 percent) was comparable to the national average (8.7 percent).

Massachusetts: 2018 Massachusetts Health Reform Survey

The Urban Institute recently released [findings](#) from the 2018 Massachusetts Health Reform Survey (MHRS), conducted annually by the Blue Cross Blue Shield Foundation of Massachusetts. Since 2006, the MHRS has tracked changes in the Massachusetts health care system, as well as core measures of access and affordability. For instance, the MHRS [showed](#) that the state insurance coverage rate was at a record high of 96 percent for adults in 2018, but found that over half of those same adults (49.1 percent) reported difficulties in accessing health care during the year, with 38.1 percent forgoing needed care. A [methodology report](#) and [data tables](#) for this report are also available.

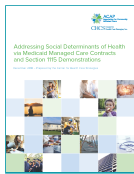
Kentucky: 2018 Kentucky Health Issues Poll - Coverage Results



According to [results](#) from the 2018 Kentucky Health Issues Poll (KHIP), approximately 9 in 10 Kentucky adults age 18-64 reported having health insurance coverage over the past year. Nearly half (48 percent) of those adults received coverage through their employer, up from 39 percent reported the previous year, while roughly 27 percent had coverage through public insurance, and just 11 percent had direct-purchase coverage. The KHIP is sponsored jointly by the Foundation for a Healthy Kentucky and Interact for Health and conducted by the Institute for Policy Research at the University of Cincinnati.

Payment & Delivery System Advancement in the States

Addressing Social Determinants of Health via Medicaid Managed Care Contracts and Section 1115 Demonstrations



A new [report](#) produced by the Center for Health Care Strategies for the Association for Community Affiliated Plans (ACAP) examines 40 Medicaid managed care contracts and 25 approved Section 1115 demonstrations across the country to identify common themes in state approaches to addressing social determinants of health. States are working to align social determinants of health with other reforms (e.g., value-based purchasing, care transformation, and population health partnerships) in order to deliver more efficient care and improve health outcomes. A [webinar recording](#) highlighting the report findings is also available.

Innovation and Opportunities to Address Social Determinants of Health in Medicaid Managed Care

The Institute for Medicaid Innovation recently published a [report](#) on the opportunity of Medicaid managed care organizations (MMCOs) to play an important role in the coordination of health and social determinant of health. The report argues for the need for increased community- and state-based organizational support for MMCOs in order to identify and address risk factors that affect health outcomes and costs of care for Medicaid enrollees.

Other Data News & SHADAC Resources

MACStats: 2018 Medicaid and CHIP Data Book Now Available



The Medicaid and CHIP Payment and Access Commission (MACPAC) recently released the 2018 version of its [Medicaid and CHIP Data Book](#). This data book is a collection of federal and state statistics regarding the Medicaid and CHIP programs that are compiled by MACPAC from multiple data sources on key topic areas including Medicaid and CHIP eligibility, enrollment, and expenditures, as well as beneficiary health, service use, and access to care. The data book draws on a wide variety of data sources including Medicaid administrative data (e.g., CMS-64 data, MSIS data, Medicaid Managed Care enrollment reports, etc.) as well as federal survey data in order to compile policy relevant, but difficult to access, information about the Medicaid and CHIP programs into one comprehensive tool.

Census Bureau Releases 2017 CPS Annual Social and Economic Supplement Research File

The [2017 Current Population Survey Annual Social and Economic Supplement \(CPS ASEC\) Research File](#) is now available. This file uses a redesigned processing system to provide income, poverty, and health insurance estimates based on the 2014 redesigned CPS ASEC income and health insurance coverage questions as well as changes implemented in 2015 that allow spouses and unmarried partners to specifically identify as opposite- or same-sex. Working papers, notes and tables summarizing the differences between the estimates from the 2017 production file and the 2017 research file, as well as a data dictionary, revised file formats and supplemental technical documentation are [also available](#). SHADAC researchers will be analyzing the research file and reporting on the findings.



SHADAC Updated Coverage Estimates for All Counties Using Newly Issued 2013-2017 ACS 5-Year Estimates

The U.S. Census Bureau has released the 5-year American Community Survey (ACS) estimates for 2013-2017. These estimates can be accessed on [American FactFinder](#).

Updated SHADAC tables of uninsurance for all U.S. counties based on these new estimates are [now available](#). With the 5-year pooled data, estimates are available even for counties with a population below 65,000, for which estimates are not available with just a single year of ACS data due to sample size constraints.



HHS Issues 2019 Federal Poverty Guidelines

The U.S. Department of Health and Human Services has issued [Federal Poverty Guidelines \(FPG\) for 2019](#). Federal Poverty Guidelines are used for administrative purposes, such as determining financial eligibility for certain federal programs, and are distinct from Federal Poverty Levels (FPL), which are issued by the U.S. Census Bureau to be used primarily for statistical purposes. Read the SHADAC blog ["FPG vs. FPL: What's the Difference?"](#) to learn more about the distinction between these two measures.

Recommended Reading

[Adult Unhealthy Days: A New Measure on State Health Compare](#)

SHADAC Blog, January 2019

[State Health Compare Updated to Include 2017 Opioid-Related Overdose Data and New Data on Overdose Deaths from Other Drugs](#)

SHADAC Blog, January 2019

[An emergency for Native Minnesotans is hidden inside the state's opioid epidemic](#)

MinnPost, January 2019 (by SHADAC student Madelyn Klabunde)

[The Opioid Epidemic's Prevention Problem](#)

American Journal of Public Health, January 2019

[State Reinsurance Programs Lower Premiums and Stabilize Markets — Oregon and Maryland Show How](#)

NASHP State Health Policy Blog, January 2019

[Employer-Sponsored Insurance Levels Stable Following ACA and Medicaid Expansion](#)

University of Minnesota, School of Public Health Blog, January 2019

[Governors Set the Agenda For Health Care](#)

Health Affairs Blog, January 2019

[Medicaid: What to Watch in 2019 from the Administration, Congress, and the States](#)
[Kaiser Family Foundation, January 2019](#)

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SHADAC, 2221 University Avenue SE, Suite 345, Minneapolis, MN 55414