



May 2019

SHADAC Announcements

SHADAC Analysis Examines Children's Health Insurance Coverage Nationwide and in 50 States from 2016 to 2017



A [new SHADAC report](#) analyzes the most recent national and state-level data on health insurance coverage among children from the American Community Survey (ACS). At the national level, uninsurance among children increased for the first time in eight years, growing from 4.7% (about 3.6 million children) in 2016 to 5.0% (about 3.9 million children) in 2017. State changes mirrored the national picture, with four states seeing uninsurance increases and none seeing decreases. Disparities in children's 2017 uninsured rates were substantial within and across states both among children as a whole and by demographic groups. The analysis includes [individual state profiles and 50-state comparison tables](#).

In case you missed it: SHADAC and [State Health & Value Strategies](#) (SHVS) hosted a webinar on May 2nd discussing these findings and highlighting promising state-level policies that could help expand children's coverage. [View the webinar recording and access the presentation slides](#).

50-State Analysis of the Evolving Opioid Crisis (Infographics)

Much of the attention paid to the opioid crisis in recent years has focused on the national toll, but a [new analysis](#) from SHADAC reveals that the dynamics of the crisis vary widely across states, both in the prevalence of opioid overdose deaths and the types of opioids associated with those deaths. SHADAC has produced [two-page infographics](#) for each state and the U.S., highlighting the overdose rates for each state both in comparison to the national level and broken down by five different drug types.



State Innovation Model (SIM) Issue Briefs: Aligning Quality Measures and Implementing Small-Scale, Targeted Payment and Delivery System Reforms



A [new analysis](#) from SHADAC examines the efforts of five State Innovation Model (SIM) states to develop common measure sets that [align quality measures across private and public payers](#). The brief highlights the strategies of the states in choosing alignment adoption techniques, developing the measure sets, and setting goals for sustainability while also outlining a framework for other states to undertake quality measure alignment projects in the future.

A [second brief](#), written collaboratively by SHADAC and the [Center for Health Care Strategies, Inc.](#) (CHCS), highlights the efforts of three SIM states—Massachusetts, Ohio, and Tennessee—to implement highly focused, small-scale payment and delivery reform initiatives for high-need Medicaid populations. The brief discusses the focus of the initiative in each state, the design and implementation processes, and provides a guide for other states looking to improve a particular aspect of their health systems.

SHADAC in *INQUIRY*: Estimated National and State-level Costs of a Reinsurance Program to Stabilize the Individual Health Insurance Market

In a [new article](#) for the journal *INQUIRY*, SHADAC researchers estimate the costs of setting up reinsurance programs to stabilize the individual markets in four large states (whose size provides a useful cost-projection base for other state policymakers considering reinsurance program). The authors also

project the cost of reinstating a federal reinsurance program, for which multiple proposals are currently being considered by Congress.



Related Resource: [State-Based Reinsurance Programs via 1332 State Innovation Waivers](#) is a SHADAC resource that tracks the use of these waivers among states to establish state-based reinsurance programs, 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.

Data, Analysis, and Trends from the States

2017 Louisiana Health Insurance Survey: Summary Report



The Louisiana Department of Health recently released a [report](#) containing insurance coverage findings from the 2017 [Louisiana Health Insurance Survey](#) (LHIS)—the first year of estimates since the state voted to expand Medicaid for adults up to 138% of the federal poverty level (FPL). The report details the low uninsurance rates for children across the state in 2017 (holding steady at 2.4%), as well as the drop in uninsurance rates for non-elderly adults (age 18-64) from 22.7% in 2015 to 11.4% in 2017.

Medicaid Expansion in Kansas: Updated Estimates of Enrollment and Costs

A [new report](#) from the Kansas Health Institute (KHI) examines the recently [proposed bill](#) from Governor Laura Kelly and the State Legislature to expand Medicaid in the state. The report estimates that nearly 130,000 people would be newly enrolled in the proposed program, costing the state \$1.2 billion (gross) over 10 years.

Cover Michigan Report: Access to Health Care in Michigan



The Center for Health and Research Transformation (CHRT) has released a new [Cover Michigan Report](#) detailing results on access to care from the 2018 Cover Michigan Survey. The results show variation of access to care by insurance coverage type, with those who had Medicaid and individually purchased plans more likely to report difficulty accessing care in comparison to those with Medicare or employer-sponsored insurance plans.

Related Resource: SHADAC's [State Health Compare](#) includes a [measure](#) on the percent of adults who have foregone needed medical care due to cost, with national and state estimates available for 2011-2017 that can be broken down by education level and race/ethnicity. Data for these estimates come from SHADAC's analysis of the Behavioral Risk Factor Surveillance System (BRFSS) public use files. [Explore the data.](#)

2018 Vermont Household Health Insurance Survey Result: Comprehensive Report

Results from the [2018 Vermont Household Health Insurance Survey](#) (VHHIS) indicate a large drop in the state's uninsurance rate for the year, with only 3% of the state's residents indicating that they were uninsured in 2018 compared to 8% in 2017. A majority (53%) of the remaining 97% have private health insurance, followed by those with Medicaid (22%) and Medicare (19%).

Wisconsin Family Health Survey, 2017: Key Findings on Health Insurance and Health Care



Results from the [2017 Wisconsin Family Health Survey](#) (FHS) show that 92% of Wisconsin residents had health insurance for the entire year in 2017. Only 5% reported that they had coverage for at least some of the year and just 2% reported no insurance coverage at all for the past 12 months. According to key findings from the survey, adults age 18-44 were least likely to have insurance (7% reported as uninsured).

Other Data News & SHADAC Resources

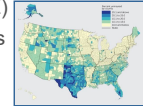
National Center for Health Statistics: Early Release NHIS Health Insurance Coverage Estimates for 2018



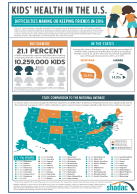
The National Center for Health Statistics (NCHS) recently issued [full-year early release estimates for 2018](#) from the National Health Interview Survey (NHIS). The new NHIS estimates show an increase in uninsurance for non-elderly adults (age 18-64) who are above the 400% federal poverty limit, from 4.2% in 2017 to 4.8% in 2018 (+0.6 pp), as well as an increase in uninsurance for all adults age 45-64, from 9.3% in 2017 to 10.3% in 2018 (+1.0 pp).

U.S. Census Bureau: 2017 County Health Insurance Estimates Available

The U.S. Census Bureau has released [Small Area Health Insurance Estimates](#) (SAHIE) for 2017. The SAHIE provides information on health insurance coverage for all counties and states, and is the only source of single-year health insurance coverage for every county in the U.S. The new estimates show that nationwide, county uninsured rates for the nonelderly population (under age 65) ranged from 2.3% to 33.7% in 2017, with a median county uninsured rate of 10.6%. The Census Bureau also offers an [interactive data tool](#) that allows users to track coverage data for their individual county.



National Survey of Children's Health 2016-2017 Combined Years Available



Combined data sets from the [National Survey of Children's Health](#) (NSCH) have been released for years 2016-2017 by the Data Resource Center (DRC) in collaboration with the Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB). The increased sample size allows for more precise estimates to be produced at both the national and state levels, as well as easier comparisons of data across states.

Related Resource: Utilizing the 2016 NSCH data, SHADAC has produced a series of "[Kids' Health Data Highlight](#)" infographics featuring findings on state-specific measures that illustrate where states are closer to achieving a culture of health and where improvements can be made.

State Health Compare Measure Updates: Potentially Preventable Hospitalizations

Three related measures on SHADAC's [State Health Compare](#) have been updated with data from 2015: [Costs of Potentially Preventable Hospitalizations](#), [Adult Potentially Preventable Hospitalizations](#), and [Child Potentially Preventable Hospitalizations](#).



Potentially preventable hospitalizations are hospital visits that research suggests could have been avoided with better access to high-quality outpatient care. Data for each measure comes from the [Healthcare Cost and Utilization Project](#) (HCUP) family of databases managed by the Agency for Healthcare Research and Quality (AHRQ).

Additional Resources

Urban Institute: Medicaid and CHIP Participation Down for Children in 2017



A new [Urban Institute report](#) examines uninsurance and Medicaid/CHIP participation rates among children and parents from 2013 to 2017. Using data from the American Community Survey (ACS), the authors found an increase in uninsurance among children in 2017 (matching results from [SHADAC's new analysis](#)), with parents' coverage unchanged from 2017. Notably, the Medicaid/CHIP participation rate for children fell in 2017 after rising from 2013 to 2016, with 2.0 million children estimated to be eligible but not enrolled in 2017.

Webinar: Leveraging Multi-Payer Claims Databases for Value

State Health & Value Strategies and the Peterson Center on Healthcare recently held a [webinar](#) on the ways in which several states are utilizing their multi-payer claims databases in order to enhance the value of care. Presenters from Vermont, Rhode Island, and Washington detailed how leveraging data from these resources allows states to better understand health care system operations, leading to data-driven decision-making when looking to improve health care system performance. Click here to find the [slides](#) and watch a [recording](#) of the webinar.



Recommended Reading

[Number of Children Without Health Insurance Increasing Across U.S.](#)

University of Minnesota, School of Public Health

[Talking opioid crisis trends with SHADAC's Colin Planalp](#)

University of Minnesota

[SHADAC Research in AJPH: Addressing Opioid Addiction through Cross-Sector Collaboration](#)

Lynn Blewett, Carrie Au-Yeung, and Kathy Lange

[A State-level Measure of Drug Affordability on State Health Compare: Made Changes to Medical Drugs Because of Cost](#)

SHADAC

[A Measurement Framework for a Healthier Minnesota](#)

MN Department of Health

[Oregon's Accountable Health Model Addresses Health Equity and Health-Related Needs: Four Lessons from CCO 2.0](#)

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