

shadac NEWSLETTER

STATE HEALTH ACCESS DATA ASSISTANCE CENTER

July 2019

SHADAC Announcements

New SHADAC Brief Provides 2017 National and State Estimates of Mental Health and Substance Use Disorder Parity Gains under the ACA



A [new brief](#) from SHADAC, supported by the California Health Care Foundation (CHCF), examines equitable coverage gains for mental health and substance use disorder (MH/SUD) treatment for over 39 million people in the individual and small-group markets as well as those covered under Medicaid expansion after the passage of the Affordable Care Act (ACA). National and state-level estimates of parity gains for both types of treatment are provided within the brief and [findings](#) are broken down for the individual market, the small-group market, and the Medicaid expansion population.

SHADAC in Journal of Health Services Research: Cross-checking Health Insurance Survey Estimates with Enrollment Data



Researchers from SHADAC, the University of Minnesota, and the U.S. Census Bureau recently published an [article](#) in *Health Services Research* on the accuracy of responses to health insurance questions in surveys such as the Current Population Survey (CPS). The authors used private sector enrollment records to perform a reverse record check of data gathered from the 2015 CPS in order to determine accuracy in reported source/type of health insurance coverage. Correct reporting of general source of coverage ranged from 77.8% to 98.3% across coverage type.

New Data for State Health Compare: Unaffordable Rents by Metropolitan Status

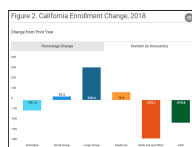


SHADAC recently expanded State Health Compare's [Unaffordable Rents](#) measure to include breakdowns by households' metropolitan status. A new [SHADAC blog](#) explores how renters' experiences with housing affordability varies across metropolitan status as well as by state and highlights areas and states that experience major disparities in affordability.

Related Research: SHADAC previously produced [infographics](#) on housing affordability by state as part of our "Measures That Matter" product series, which analyzed [unaffordable rents](#) and [other measures](#) related to social determinants of health.

Data, Analysis, and Trends from the States

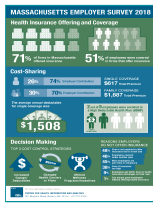
California Releases 2018 Health Insurance Enrollment Data



New data released by the California [Department of Managed Health Care](#) (DMHC) and the [California Department of Insurance](#) (CDI), show shifting health insurance enrollment by coverage type with a drop of approximately 269,000 between 2017 and 2018 with no public or private coverage. There were gains in large- and small-group coverage (3.3% and 1.5%) as well as in Medicare (3.1%), but these increases were not enough to make up for decreases in public coverage (-3.5%), self-insured (-3.8%), and the individual market (-4.6%).

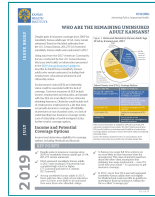
2018 Massachusetts Employer Survey: Summary of Results

The Center for Health Information and Analysis (CHIA) released a [summary report](#) on data from their 2018 biennial Massachusetts Employer Survey (MES). Key findings highlighted Massachusetts firms offering health insurance at a higher rate than the national offer rate (71% vs. 57%), but only 67% of



employees choosing to enroll, as opposed to the national rate of 76%. The report also provides details on employee and employer cost-sharing and employer decision-making on health plans offered broken down by firm size.

Estimating the Uninsured Adult Kansans in 2017



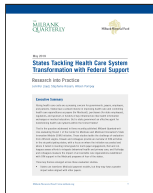
Though the state of Kansas has documented steady gains in coverage statewide since 2009, a new [issue brief](#) from the Kansas Health Institute uses data from the American Community Survey to provide an overview of the estimated 200,000 remaining uninsured adults (a statewide uninsurance rate of 11.9%). The brief also offers breakdowns of uninsured adult Kansans by age, education level, employment, income level, and citizenship.

Payment and Delivery System Advancement in the States Examining the Impact of Integrated Medicaid Managed Care on Practice-level Integration of Physical and Behavioral Health



A new Center for Health Care Strategies (CHC) [brief](#), produced with support from Blue Shield of California Foundation and the California Health Care Foundation, describes how integrated financing influences the coordination of physical and behavioral health services. Utilizing case studies from three states that recently transitioned to integrated managed care—Arizona, New York, and Washington—the brief highlights recommendations for states seeking to improve health outcomes within three key areas: data and quality measures, payment and business practices, and integrated clinical service delivery.

States Tackling Health Care System Transformation with Federal Support



A new [article](#) in *The Milbank Quarterly* catalogues the efforts of six states—Arkansas, Maine, Massachusetts, Minnesota, Oregon, and Vermont—to seek multipayer alignment around value-based payment models using funding from the Center for Medicare and Medicaid Innovation (CMMI) under the State Innovation Models (SIM) initiative Round 1 Model test. The [article](#) provides an overview of the SIM activity in each state and details both the successes and challenges in meeting their goals.

Other Data News & SHADAC Resources

Medical Expenditure Panel Survey (MEPS) 2018 Insurance Component Released

The Agency for Healthcare Research and Quality (AHRQ) released the 2018 Medical Expenditure Panel Survey Insurance Component (MEPS-IC) Health Insurance Tables, which provide [national estimates](#) and [state estimates](#) on the characteristics of U.S. employer-based health insurance. Estimate breakdowns include employer size, industry type, number of health plans offered as well as employee eligibility, enrollment, and take-up.

Fall Data Release Dates set for the Current Population Survey Annual Social and Economic Supplement (CPS ASEC) and the American Community Survey (ACS)

The U.S. Census Bureau [announced](#) the schedule for the release of the 2018 Current Population Survey Annual Social and Economic Supplement (CPS ASEC) and the American Community Survey (ACS) data on income, poverty, and health insurance coverage. The CPS ASEC will be available on Tuesday, September 10, and the ACS will be available on Thursday, September 26. SHADAC will hold its annual webinar with the Census Bureau discussing the data release on Tuesday, October 1st.

Centers for Disease Prevention and Control (CDC) Released State Tobacco Activity Data

The Centers for Disease Prevention and Control (CDC) released legislative data through the [State Tobacco Activities Tracking and Evaluation](#) (STATE) system for the second quarter of 2019 on a variety of health topics including: e-cigarettes, fire safety, licensure, preemption, smoke free campuses, smoke free indoor air, cigarette taxes, and youth access to cigarettes, some of which are available for tracking on SHADAC's [State Health Compare](#).

Additional Resources

State Health & Value Strategies (SHVS) Webinar Series: Health Equity through Managed Care

On July 9, [State Health & Value Strategies](#) hosted the second webinar in their ongoing, four-part series on addressing health equity through managed care organizations. This “Health Equity and Medicaid Managed Care: Data Collection and Measurement” featured speakers from the Bailit Health organization and from Michigan and Minnesota state departments, who explored how states can use data collection and measurement to support their efforts to advance health equity in Medicaid managed care. The [webinar recording](#) and PDFs of the [webinar slides](#) are now available for download.



National Association of State Budget Officers' (NASBO) Spring 2019 Fiscal Survey of States Results



The [National Association of State Budget Officers](#) (NASBO) has released the results from their [Spring 2019 Fiscal Survey of States](#), detailing governors' proposed budgets for all 50 states for 2020. The survey reports stable overall fiscal conditions for most states, but finds states facing long-term budget challenges in the form of rising costs related to pension contributions and health care. A number of states reported increasing provider payments, expanding Medicaid benefits and enhancing access to behavioral health, while fewer states reported restricting payments or benefits.

Recommended Reading

[Numbers Suggest Progress on Opioid Fight](#)

Mark Zdechlik, MPR News

[No Clear Strategy to Fund Ballooning Need for Senior Care](#)

Peter Cox, MPR News

[260,000 Floridians would enroll in expanded Medicaid program, economists say](#)

Tampa Bay Times

[Growth of Public Coverage among Working Families in the Private Sector](#)

HealthAffairs

[GetInsured Retires More Than \\$1 Million of Consumer Medical Debt in Minnesota After Survey Sheds Light on Statewide Issue](#)

PRNewswire

[Association between the Implementation of a Population-Based Primary Care Payment System and Achievement on Quality Measures in Hawaii](#)

JAMA

[Health Insurance Index Report for the 2019 Open Enrollment Period](#)

eHealth

[If the ACA is Repealed Under Texas v. Azar, Millions Will Lose Health Insurance Coverage](#)

Emily Gee and Charles Gaba, Center for American Progress

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