

May 2022

SHADAC Announcements

New SHADAC Issue Brief Explores the Impacts of State and Federal Relief Programs on Health Care Affordability for Californians in 2020



In a <u>new SHADAC brief</u> for the California Health Care Foundation, Colin Planalp analyzes the role of COVID-19 relief programs in keeping health care affordable for many California families in 2020. The <u>brief</u> leverages data from the 2020 California Health Insurance Survey (CHIS) – data that shows that fewer Californians reported difficulty affording medical bills (down from 13.3% in 2019 to 11.1% in 2020). While there were improvements in some areas of health care & insurance affordability, disparities persisted.

SHADAC Analyzes Coverage Rates in 2021 National Health Interview Survey (NHIS) Full-Year Health Insurance Estimates Early Release

The National Center for Health Statistics (NCHS) recently released health insurance coverage
estimates
for 2021 from the NHIS as part of their early release program, and SHADAC covered the new estimates in a blog-post. Rates of private/public coverage and those without insurance remained mostly stable from 2020 to 2021; rates of public coverage for White individuals increased from 19.9% in 2020 to 21.6% in 2021. Additionally, a notable shift is visible in uninsured rates for Asian individuals – decreasing from 7.7% in 2020 to 5.2% in 2021.

SHADAC Updates Blog Resource – Federal Poverty Guideline (FPG) vs. Federal Poverty Level (FPL): What's the Difference?



The <u>FPG vs. FPL resource page</u> on the SHADAC website was recently updated to reflect current poverty thresholds and to include additional background on both terms. There are important functional differences between FPG and FPL, with each serving unique purposes for a variety of federal programs. FPG is used by the Department of Health and Human Services to determine financial eligibility for public programs and has

one threshold for the 48 contiguous states and the District of Columbia (D.C.), with Alaska and Hawaii each having their own thresholds. FPL is the income measure to determine poverty and is the same across all 50 states and D.C.

Data, Analysis, and Trends from the States

California: Medi-Cal COVID-19 Public Health Emergency (PHE) Unwinding Plan: New Release from the Department of Health Care Services (DHCS)

A <u>new plan</u> released by DHCS outlines tactics to unwind flexibilities introduced by the PHE during the COVID-19 pandemic. Since the declaration of the PHE, DHCS has implemented over 100 programmatic flexibilities to help minimize burdens on the Medi-Cal program. With the PHE set to expire in July 2022,

this <u>newly released plan</u> describes DHCS' approach to rolling back some of those flexibilities while making others permanent. It also covers DCHS' strategies for resuming pre-PHE Medi-Cal eligibility operations.

New Hampshire: New Report Shows New Hampshire with Lowest ACA Benchmark Premiums in the U.S.



The Office of the New Hampshire Governor circulated a <u>press release</u> this month that highlights a <u>new study</u> conducted by the Urban Institute and the Robert Wood Johnson Foundation. The study found that out of all U.S. states, New Hampshire had the lowest Affordable Care Act (ACA) benchmark premium rates at \$309 per month. This is the second year in a row that benchmark premiums have decreased in the state, down 8.2% overall from 2019 to 2022. Comparatively, the national average experienced a 2.2%

decrease over that same time period, settling at \$438 per month in 2022.

Payment and Delivery System Reform

Ongoing Series Examines Value of Alternative Payment Models for Dually Eligible Populations

In the <u>latest edition</u> of an ongoing series sponsored by <u>Arnold Ventures</u>, Heath Affairs explores the value of innovative payment and care delivery models for dually eligible Medicare enrollees. Due to evidence that dually enrolled Medicare beneficiaries have decidedly worse health outcomes than their nondual counterparts, improving access to care through alternative payment models is one strategy for reducing disparities. For a deeper dive on the dually eligible population, revisit this <u>SHADAC report</u> focused on assessing data sources used to inform integrated care for dual eligibles.

Additional Data News and Resources

MACPAC Issue Brief Looks at State Strategies to Address the Social Determinants of Health (SDOH) in Medicaid



MACPAC issued <u>a new brief</u> that examines the effects of SDOH on the health of Medicaid beneficiaries. SDOH refers to the conditions in the places where people live, work, and exist. Whether its access to housing, food, or employment, these risk factors can negatively impact an individual's overall health. However, as discussed <u>in the brief</u>, state Medicaid programs can implement and finance SDOH interventions in the form of state plan benefits, contracts with managed care plans, or waivers and grants.

New Brief from Center for Health Care Strategies (CHCS) Discusses Lessons from MassHealth to Inform Integrated Care Planning for Medicaid Members

Ensuring member-centric care within Medicaid requires an interdisciplinary approach that integrates care teams across providers and health systems. This CHCS <u>brief</u> outlines tactics for this type of integrated care planning based on lessons learned from the CHCS' <u>MassHealth Care Planning Learning</u> Collaborative. The <u>brief</u> emphasizes the importance of effective communication, relationship building, and shared planning processes to achieve high-quality care that addresses a Medicaid member's complex needs.

Recommendations for our Readers

Improving Medicaid Data To Advance Racial And Ethnic Health Equity In The United States

Brittany Brown-Podgorski, Erica Roberts, William Schpero; Health Affairs

More COVID-19 Fallout: Social Isolation Associated with Poor Health and Emotional Distress Celli Horstman, Corinne Lewis; Commonwealth Fund

Current Causes of Death in Children and Adolescents in the United States

Jason E. Goldstick, Ph.D.; Rebecca M. Cunningham, M.D.; Patrick M. Carter, M.D.; The New England Journal of Medicine

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