June 2019

SHADAC Announcements

SHADAC featured in High Deductible Health Plans (HDHP) Article from Forbes

*Forbes* recently published an article highlighting SHADAC’s analysis of Medical Expenditure Panel Survey (MEPS) data to present experiences of private-sector workers with employer-sponsored insurance (ESI) at the national level and in the states. Featuring an interview with SHADAC Deputy Director Elizabeth Lukanen, the article discussed the alarming trend of increasing employee enrollment in high deductible health plans (HDHP) and the financial risks of expanded cost-shifting.

National and State Trends in Opioid-Related Overdose Deaths from 2000 to 2017

SHADAC recently released two related briefs on opioid-related overdose deaths in the United States from 2000 to 2017; one focused on trends at the national level, and the other looked at state-level data. In response to recent evidence that the epidemic may be spreading beyond opioids to other illicit drugs, the annually published briefs have been updated to include information about cocaine and psychostimulants—two types of drugs most commonly involved in opioid overdoses.

Four Methods for Calculating Income as a Percent of the Federal Poverty Guidelines (FPG) in the Behavioral Risk Factor Surveillance System (BRFSS)

A new brief from SHADAC evaluates four common methods for using categorical income measures, such as the one in the BRFSS, to calculate income as a percent of the federal poverty guidelines (FPG). The brief used data from the 2017 BRFSS to show the distribution of income as a percent of FPG produced by different methods and evaluated their accuracy using data from the 2018 Current Population Survey Annual Social and Economic Supplement (CPS ASEC).

Validation of Two Federal Health Survey Modules After ACA Implementation

In a new paper for the *Journal of Official Statistics*, SHADAC researchers examine two federal surveys—the American Community Survey (ACS) and the Current Population Survey (CPS)—to test and compare their accuracy of coverage type and uninsured estimates produced by the health insurance modules after implementation of the Affordable Care Act.

Data, Analysis, and Trends from the States

What is the Actual Cost of MassHealth in 2019?

A new report from the Blue Cross Blue Shield Foundation of Massachusetts provides 2019 cost projections for the state’s Medicaid and Children’s Health Insurance Program (CHIP), MassHealth. MassHealth is currently utilized by 50% of children and 25% percent of adults in the commonwealth, and will account for 36% percent of total state spending in fiscal year 2019. However, over half of that amount is projected to be reimbursed by the federal government. See the full brief for more details.

Low-Income Californians and Health Care: Summary Report

The *Kaiser Family Foundation* (KFF) and the *California Health Care Foundation* (CHCF) recently conducted a joint health care survey of California’s “low-income” population (self-reported an income below 200% of the federal poverty level). Key findings from the summary report showed that low-income residents were almost twice as likely to report having trouble paying medical bills compared to those with...
higher incomes (29% compared to 15%), and over half of low-income Californians (55%) reported delaying care due to cost.

**Administrative Costs at Minnesota Health Plans in 2017**

The Minnesota Department of Health issued a report on administrative costs of all health plans offered in the state in 2017. Findings showed that while total costs have grown over the past decade from $1.34 billion (2008) to $1.82 billion (2017)—rising from an average of $276 to $348 per Minnesotan—administrative spending as percentage of total cost has dropped from 8.0% to 7.3%.

**Payment and Delivery System Advancement in the States**

**June 24th Webinar - Supporting Payment and Delivery System Reform through Multipayer Quality Measure Alignment: Lessons from State Innovation Models**

On Monday, June 24, SHADAC held a webinar on a recent analysis of efforts by State Innovation Model (SIM) states to align quality measures across private and public payers. Additional presentations from the Center for Medicare & Medicaid Innovation (CMMI) on SIM program evaluation processes and from Washington State on their experiences with multipayer quality measure alignment were also featured.

**How States Can Use Measurement as a Foundation for Tackling Health Disparities in Medicaid Managed Care**

A new issue brief authored by Bailit Health outlines a five-step process for states to advance health equity in Medicaid managed care through the use of quality measures. The brief summarizes action to be taken in each step, and provides examples from states currently undertaking work to identify, evaluate, and reduce health disparities within their Medicaid managed care programs.

**Other Data News & SHADAC Resources**

**National Center for Health Statistics: NHIS Data Release for 2018**

The 2018 National Health Interview Survey (NHIS) public use data files were recently released by the National Center for Health Statistics (NCHS). 2018 is the last year that the survey was organized by family, household, person, sample adult, and sample child modules. A redesigned version of the NHIS launched in January 2019 and will consist of four components—the annual core, rotating core, sustaining supplements, and periodic supplements.

**Critical Access Hospital Measurement and Performance Assessment System (CAHMPAS) 2017 Updated Data**

The Critical Access Hospital Measurement and Performance Assessment System (CAHMPAS) has been updated to include quality and community data for 2017. Users can view singular or multiple measures at the national, state, and county level, as well as comparisons between states for one or all measures. Updated quality measure data includes critical access hospital (CAH) survey and response rates, participatory measures, discharge information, quality measure reporting rates, and patient care reporting.

**Measuring Access to Care in National Surveys: Implications for Rural Health**

A new policy brief from the University of Minnesota Rural Health Research Center analyzed eight national surveys currently collecting health care access data and found that only a few include detailed, publicly available measures of rurality, and none include access measures that are specific to rural settings. The brief outlines recommendations on rural-specific measures that could be included in national surveys in order to combat larger concerns about barriers faced in accessing care by those in rural communities.

**New SHADAC Resource Pages: Opioids and Long-Term Services and Supports**

Two resource pages are now available on the SHADAC website; the first encompasses all SHADAC research, products, interactive maps, and blog regarding the opioid epidemic, and the second features all work related to and stemming from the Minnesota LTSS Projection Model, built collaboratively but SHADAC and the Minnesota Department of Human Services, to project the use and cost of Medicaid spending on long-term supports and services (LTSS) for all elderly Minnesotans.

**Additional Resources**

**MN Community Measurement 2019 Annual Seminar**
The MN Community Measurement (MNCM) will be holding their annual seminar on Thursday, September 12, 2019. Focus areas for the seminar will address health care quality and affordability through advancing equity and reducing disparities, as well as leveraging performance data to target interventions to improve both focus areas.

**Network for Regional Healthcare Improvement (NRHI) Third Annual National Affordability Summit**

On October 16, 2019, the Network for Regional Healthcare Improvement (NRHI) will hold its Third Annual National Affordability Summit in Minneapolis, MN, at the University of Minnesota. Topics for the meeting focus around large-scale implementation of community level cost reduction and waste elimination practices to better improve population health and the healthcare system. Register [here](#) to attend the summit.

**Recommended Reading**

- [2018 NHIS Full-Year Early Release: Insurance Coverage Held Steady Overall, with Some Subgroup Changes](#) SHADAC
- [Measuring Health Care Affordability with State Health Compare: Trouble Paying Medical Bills](#) SHADAC
- [MACPAC June 2019 Report to Congress on Medicaid and CHIP](#) MACPAC
- [Is it Time for Medicare for All?](#) Lynn Blewett; Metro Doctors
- [Sustaining Universal Coverage: Lessons From California’s Integrated Delivery System](#) HealthAffairs