



February 2018

SHADAC Announcements

Minnesota's Uninsured Rate Climbed to 6.3% in 2017

Minnesota saw a significant jump in its 2017 uninsured rate, which climbed to 6.3 percent from 4.3 percent in 2015. In all, about 349,000 Minnesota residents lacked coverage in 2017, which is about 116,000 more than in 2015. These [new estimates](#) come from the biannual Minnesota Health Access Survey (MNHA), which is administered by the [Health Economics Program](#) at the Minnesota Department of Health in conjunction with researchers from SHADAC. Minnesota's overall coverage decrease in 2017 was driven by declines in the share of Minnesotans covered by employer-sponsored insurance, which fell from 55.9% in 2015 to 52.9% in 2017, and by declines in individual market coverage, which fell from 6.2% in 2015 to 4.4% in 2017.

See an [accompanying report](#) to learn more about rates of uninsurance among subpopulations of Minnesotans and characteristics of the uninsured in 2017.

SHADAC Examines Implementation of Section 1115 Medicaid Expansion Waivers



A [SHADAC analysis](#), commissioned by the Medicaid and CHIP Payment and Access Commission (MACPAC), examines key provisions of Section 1115 waivers for Medicaid expansion in Arkansas, Indiana, Iowa, and Michigan. SHADAC analyzed exchange plan premium assistance; enrollee contribution requirements; health savings accounts; healthy behavior incentives; and graduated copayments for emergency department use. The report summarizes the key administrative components that states put into place to implement their waivers and details the specific program challenges they faced.

Final Report: SHADAC's Evaluation of Minnesota's SIM Initiative

SHADAC's [final evaluation report on the State Innovation Models \(SIM\) Initiative in Minnesota](#) presents the final results of the state-level evaluation of Minnesota's activities funded under the [Center for Medicare and Medicaid Innovation SIM program](#). SHADAC conducted the evaluation between January 2015 and September 2017 under a contract with the Minnesota Department of Human Services (DHS) and in collaboration with both DHS and the Minnesota Department of Health (MDH). The report draws on the [first evaluation report](#) and highlights: Minnesota's SIM investments within and outside of state government; key outcomes of SIM-funded activities; potential for sustainability; and future considerations for the state.

New SHADAC Brief Explores Impact of Federal Health Care Reform in Minnesota



A new brief from SHADAC deputy director Elizabeth Lukanen considers Minnesota's health insurance market before and after passage of the Affordable Care Act (ACA) as well as the outlook for the state's market given the current policy environment. The brief, "[The Impact of Health Care Reform in Minnesota](#)," explores insurance coverage, public program generosity, insurance market regulations, and care quality and costs in Minnesota. Ms. Lukanen notes that in the face of federal uncertainty and the potential for coverage losses, many states, including Minnesota, are likely to continue to move forward with state-specific legislation to stabilize their individual markets and provide coverage for their residents.

Related Resource: View this recent [comprehensive SHADAC resource](#) to learn more about the efforts of Minnesota and other states pursuing reinsurance financing through the ACA's 1332 waiver program. To date three states, Alaska, Minnesota and Oregon have received approval from the Centers for Medicare and Medicaid Services for reinsurance waivers.

SHARE Results in *Health Affairs*: Impact of Medicaid Access on Health Spending and Coverage for Near-Poor Adults

An [analysis recently published in *Health Affairs*](#) features results from a [SHARE-funded study](#) estimating the impact of access to Medicaid on out-of-pocket health expenses and health insurance coverage among adults with incomes between 100 and 138% of the federal poverty level (i.e., “near-poor” adults). Using out-of-pocket spending information from the Current Population Survey and coverage information from the American Community Survey, Dr. Fred Blavin (Urban Institute) and his co-authors estimated that Medicaid expansion, relative to Marketplace access, was associated with a 33.9% reduction in average total out-of-pocket spending and a 4.5 percentage-point reduction in the probability of being uninsured for near-poor adults.

Related Resource: Dr. Blavin presented findings from this analysis during a SHARE webinar on December 5, 2017. [Access the recording and presentation materials from this webinar.](#)

Health Data, Results, & Trends from the States

Kansas: Chartbook on Racial and Ethnic Disparities



The Kansas Health Institute released a chartbook, “[Racial and Ethnic Health Disparities in a Changing Kansas](#)” that presents patterns and trends in demographics, social determinants of health, and health outcomes in Kansas since 2005. The chartbook includes a detailed examination of social determinants of health by race and ethnicity in the state, and data are provided for a rural-to-urban continuum, illustrating comparisons of counties with unique behavioral risks and health outcomes.

Massachusetts Health Insurance Survey: Uninsured Rate Held Steady in 2017

Findings from the 2017 Massachusetts Health Insurance Survey (MHIS) are [now available](#) from the Massachusetts’ Center for Health Information and Analysis. The MHIS provides information on health insurance coverage, health care access and use, and health care affordability for Massachusetts’s residents. Results from the survey show that the uninsured rate in Massachusetts was 3.7% in 2017, which was stable from 2015, when the survey was last administered.

Minnesota: State's Individual Insurance Market Stabilized in 2017

The Minnesota Department of Health published a [new issue brief](#) that analyzes enrollment and financial information through 2017 for the health plans offering coverage in Minnesota’s individual health insurance market in order to assess the size and indicators of financial stability in the market. The brief shows that Minnesota’s individual market has become more financially settled in 2017, with premiums generally covering claims. According to the brief, this stability likely resulted from consecutive increases in health insurance premiums, a state-funded subsidy program, and health plan enrollment capacity limits for certain carriers, rather than from lower health care use.

2017 Ohio Health Issues Poll: 8% of Nonelderly Adults Were Uninsured



Interact for Health has released [data highlights and data tables](#) for the annual 2017 Ohio Health Issues Poll (OHIP). The 2017 OHIP found that the percentage of uninsured adults remained steady from 2016 to 2017, with 8% of Ohio adults ages 18–64 lacking health insurance in 2017. The percentage of adults without health insurance dropped significantly in both Ohio and the nation when the Affordable Care Act (ACA) was implemented in 2014.

Payment & Delivery System Advancement in the States

State Health and Value Strategies: Briefs on Alternative Payment Models



Baillet Health launched a new State Health and Value Strategies (SHVS) publication series with two briefs. The [first issue brief](#) provides real-world examples of Alternative Payment Models (APMs) to help states and other interested purchasers develop a common understanding of what types of payment models fit within the newly designed SHVS Learning Action Network (LAN) framework. The [second brief](#) focuses on the ways states may set standard APM definitions to (1) track the progress of Managed Care Organizations (MCOs) toward meeting state APM goals and (2) support comparison of APM implementation within a state and nationally.

Brief: CHRT Examines Public-Private Partnerships in Primary Care in Four States

The Center for Healthcare Research & Transformation (CHRT) at the University of Michigan has released a [new brief](#) that describes the major elements of Patient-Centered Medical Home (PCMH) initiatives and

sustainability efforts in four states: Michigan, Vermont, Colorado, and Arkansas. The brief describes key elements of the PCMH efforts and their impacts, and the authors comment on potential new directions and lessons in sustainability.

Toolkit for States: State Strategies to Develop Value-Based Alternative Payment Methodologies for FQHCs

A [new toolkit](#) from the National Academy for State Health Policy is designed to support state Medicaid policymakers in implementing value-based Alternative Payment Methodologies (APMs) for federally qualified health centers (FQHCs). Based on lessons learned from states during the National Academy for State Health Policy's (NASHP) Value-Based Payment Reform Academy, the toolkit provides background information, considerations, and state strategies that address topics including stakeholder engagement; payment methodologies; measurement and reporting; policy levers; FQHC readiness; and rural health clinics

Federal Data: News & SHADAC Resources

New: IPUMS Medical Expenditure Panel Survey

IPUMS Health Surveys has announced the release of [IPUMS Medical Expenditure Panel Survey](#) (MEPS) data for social, economic, and health research. SHADAC director Lynn Blewett leads IPUMS MEPS, which is a Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD)-funded project designed to make Medical Expenditure Panel Survey (MEPS) Household Component data easier for researchers to use by harmonizing the data and allowing users to create customized data extracts for analysis. The initial, beta release of IPUMS MEPS includes over 1,000 annual summary variables from the 1996-2014 MEPS Full Year Consolidated files.



IPUMS Health Surveys is a project of the [Integrated Public Use Microdata Series](#) (IPUMS) and is housed at the [Minnesota Population Center](#) at the University of Minnesota.

ACS 5-Year Public Use Microdata Sample Files Now Available

The U.S. Census Bureau recently released [5-Year Public Use Microdata Sample \(PUMS\) files and variance replicate estimate tables](#) for the 2012-2016 American Community Survey (ACS). The ACS 5-year PUMS files show the full range of population and housing unit responses collected on individual ACS questionnaires for approximately five percent of the United States population. PUMS files allow data users to conduct custom analyses using statistical software such as R, SPSS, Stata, or SAS. [PUMS data](#) can be accessed via the Census Bureau's [FTP site](#), [American FactFinder](#), or the [DataFerrett tool](#).

Medical Expenditure Panel Survey Releases New Tabular Data

2016 Health Insurance tables from the Medical Expenditure Panel Survey (MEPS) Insurance Component are now available for [civilian estimates](#) and [public-sector estimates](#). The MEPS Insurance Component fields questionnaires to private- and public-sector employers to collect data on the number and types of private health insurance plans offered, benefits associated with these plans, annual premiums, annual contributions by employers and employees, eligibility requirements, and employer characteristics. MEPS Insurance Component estimates are available online in an extensive series of tables. Researchers can also use the interactive query tool, [MEPSnet](#), to access national- and state-level statistics and trends about health insurance.

Recommended Reading

[CMS Sets Pass-Through Funding for 2018 for Minnesota, Alaska, and Oregon](#)

SHADAC Blog, February 20, 2018

[States That Have Aimed to Close the Coverage Gap--What Can We Learn?](#)

Andy Slavitt and Daniel Polsky, *Health Affairs Blog*, February 6, 2018

[Medicaid Accountable Care Organizations Version 2.0 Underway in Minnesota and Colorado](#)

Jim Lloyd, *Center for Health Care Strategies*, January 19, 2018

[State-Based Strategies to Stabilize the Health Insurance Marketplace](#)

Linda J. Sheppard and Hina B. Shah, *Kansas Health Institute: Issue Brief*, December 11, 2017

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