



# State Health Access Reform Evaluation

## An RWJF national program

### INTRODUCTION

The *State Health Access Reform Evaluation* (SHARE) is a \$10.5 million program of the Robert Wood Johnson Foundation (RWJF). It began in November 2006 and runs until mid-January 2014. It supports rigorous research on health reform initiatives and evaluation of health reform issues.

From 2006 through mid-2010, the focus was on state policy. Starting in September 2010, the program shifted to concentrate on health reform issues as they relate to state implementation of the Affordable Care Act (ACA). Among the nine grants awarded in July and September 2012, were four new evaluation projects that are specific to certain states: Massachusetts, Oregon, Pennsylvania and Connecticut. The other five were on national topics such as the needs of rural populations, the quality of care for children, an geographic variation in coverage expansion.

### Initial Context and Design

At the time the program began, many states had taken the lead in developing and implementing policies designed to expand health insurance coverage for Americans, the most notable of which was Massachusetts. Program staff at RWJF believed that many of these reforms represented innovative approaches to expanding coverage. They thought it was critically important for other state- and federal-level policy-makers who were considering reforms to understand which of these coverage strategies were most effective.

Key initial objectives of the program included:

- Coordinating state evaluation efforts so that they provide evidence to state policy-makers about the mechanisms required for successful state reform
- Identifying and filling gaps in needed research on state reform activities from a state policy perspective
- Disseminating findings in a coordinated and user-friendly way

## Focus on State-Level Reform

Funded projects fit into one of three policy dimensions.

### ***Policy Dimension 1: Affordability***

Affordability is one of the major barriers to accessing health insurance coverage. The program was interested in how state reforms define affordability, the mechanisms used to achieve affordability and how the reform components affect payers and consumers. The following were key questions:

- How does the state reform initiative define affordability of coverage, health care, or both?
- How is affordability measured?
- What data do states use to determine the affordability of a health insurance product?
- Does the initiative include provisions that limit out-of-pocket spending or relate affordability to individual or household income?
- Is the definition of affordability specific to the consumer or payer of health care?
- What specific provisions target affordable access to providers (e.g., expansion of community health centers)?
- How is affordability achieved across different segments of the population (e.g., young adults, working families, chronically ill) or stakeholders (e.g., employers, consumers, public programs)?
- What are successful mechanisms that have reduced the cost of coverage and/or the cost of care for consumers and for other payers?
- Which cost-containment strategies have been most effective and what factors have contributed to their success?

### ***Policy Dimension 2: Sustainability***

To be successful, state health initiatives must be sustainable politically and financially. In addition, there must be administrative structures in place to ensure both implementation and sustainability over time. The following were key questions:

- Are there successful strategies to secure ongoing public and private sources of revenue to support program initiatives over time?
- How have reform initiatives been effectively integrated with Medicaid and the State Children's Health Insurance Program (CHIP) in terms of financing, coverage levels, and leverage of state match?

- How is financing divided among government (federal, state and local), employers, and consumers? Are these relative shares sustainable over time?
- To what extent are the reforms integrated into the existing health care system?
- To what extent have state reform efforts had an impact on the relationship between employers and health plans? Are there more or fewer options?
- How do the reforms affect the safety net? What are the implicit tradeoffs between funding health insurance coverage versus funding the safety net?
- Are eligibility rules (if applicable) realistic and sustainable over time?
- What elements garner broad support from key stakeholders including employers, policy-makers, health plans, providers, consumers, labor, physicians, hospitals?

### ***Policy Dimension 3: Administrative Efficiency***

States often utilize similar policy interventions to expand health insurance coverage but have varying levels of success in increasing or expanding participation. This is related in part to how programs are administered and implemented. The following were key questions:

- Are there key elements of effective and efficient program administration of reform initiatives?
- How are specific strategies or resources employed to reduce the complexity of eligibility, enrollment, and re-enrollment (e.g., staff, technology, administrative steps)?
- How do dynamics between mandatory versus voluntary coverage requirements affect implementation?
- What key elements contribute to the successful interaction of new initiatives with existing programs, in terms of funding source(s), eligibility, and administration?
- To what extent are incentives and enforcement strategies for participation cost-effective?
- Have past incremental reforms helped, hindered, and/or complicated the opportunity for major reform?

### **Program Management**

The national program office is at the State Health Access Data Assistance Center (SHADAC) at the University of Minnesota School of Public Health. In addition to managing the grant solicitation and approval process, SHADAC is responsible for providing technical assistance to evaluators, connecting evaluation teams with state policy-makers, and leading the program's dissemination efforts. An advisory group

comprised of policy-makers and researchers, as well as other RWJF grantees focused on coverage provides input.

## Projects

As of January 2013, the *State Health Access Reform Evaluation* has funded 26 state evaluation proposals from investigators and scholars representing diverse disciplines and backgrounds, including independent and academic researchers, state agencies, and policy-makers working with researchers. There are 14 small-scale (funded at up to \$200,000 for up to 18 months) and 11 large-scale (funded at \$200,000 to \$600,000 for up to 24 months) projects.

Small-scale projects included:

- Evaluating the impact of outreach and enrollment strategies in California
- Assessing the first use of auto-enrollment for a state coverage expansion
- Sheltering employee premium contributions from tax using Section 125 plans
- Evaluating small-group employee participation in New Mexico State Coverage Insurance
- Analyzing a health care intervention to provide policy-makers with information on mechanisms for improving disease management

Large-scale projects included:

- Evaluation of reforms to cover all children in the states of Illinois, Pennsylvania, and Washington
- Evaluation of risk selection in market-based state programs
- Studying the effects of Medicaid reform on access to care, program sustainability, and administrative efficiency in Kentucky and Idaho
- Assessing the impact of premium requirements and participant cost-sharing on access to care in Massachusetts, Maine, and Vermont

## The Effect of the ACA

Starting in September 2010, the program began to focus on research and evaluation of implementation of the ACA at the state level. The program funded six projects that examined the implementation of federal health reform at the state level, such as its impact on coverage programs for low-income adults, or the impact of extended dependent coverage to age 26. They include:

- Developing a comprehensive plan for measuring health reform’s progress and impact across the United States
- Examining the characteristics of adults eligible for Medicaid and subsidized coverage under health reform
- Assessing challenges and opportunities for implementing health reform in rural America

In October 2011, the RWJF Board of Trustees approved a reauthorization of the program with this new focus. The goal is to develop an evidence-based resource for policy-makers seeking to learn about the successes and challenges of the implementation process. A call for proposals was issued in March 2012.

It states: “The program seeks to identify and fill gaps in research on health reform issues, especially related to state-level implementation of the Affordable Care Act (ACA), with a focus on provisions that are designed to increase access and coverage. SHARE-sponsored research will provide timely guidance on implementation issues as states consider their unique responsibilities in executing the ACA, and will contribute to the evidence base for future state and national health reform efforts.”

The reauthorized program funds state-related health reform studies in the following areas:

- **Medicaid:** research that addresses the effect of state-level Medicaid reforms, including eligibility and enrollment expansions, as well as cost-containment strategies and access
- **Health Insurance Exchanges:** projects that analyze the effect of exchange-related issues surrounding governance, structure, and eligibility on questions of coverage and access
- **Benefit Design Challenges to Coverage Expansion:** research that addresses the coverage and access implications of state decisions regarding benefit design. These decisions include, among others, the formulation of an essential benefits package and the decision to create a basic health plan.
- **Data and Methods:** studies that make innovative use of existing or new data sources to evaluate key policy questions surrounding health reform
- **Vulnerable Populations:** studies assessing the impact of the ACA on coverage and access for these groups.

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Grant ID # SRE

Program area: [Health Insurance Coverage](#)

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## PROJECT LIST

This listing provides links to completed Program Results. It will be updated on an ongoing basis.

- **Can Expanding Dependent Coverage to Young Adults Reduce the Number of Uninsured?** (Grant ID# 64320, February 2012)
- **Determining Eligibility for Insurance Affordability Programs** (Grant ID# 68232, February 2013)
- **Evaluating Health Reform at the State Level** (Grant ID# 68845, July 2012)
- **How Well Did Maryland Do in Reaching Out to Families With Uninsured Children?** (Grant ID# 65635, March 2013)
- **How Will Health Reform Impact Rural Communities?** (Grant ID# 68077, February 2013)
- **Studying Expansion of Coverage and Access to Care in Three States** (Grant ID# 64315, July 2012)
- **What Was the Impact of States Expanding Eligibility to CHIP?** (Grant ID# 64211, February 2012)