

## SHARE Grantee Newsletter - February 8, 2010

### News from Grantees

#### Upcoming SHARE Webinar Will Feature Research by David Idala on Maryland's Use of Income Tax Information to Target Medicaid and CHIP Outreach

For SHARE's first webinar on February 24th, David Idala, Director of Medicaid Policy Studies at The Hilltop Institute (University of Maryland, Baltimore County), will present findings from his SHARE-sponsored evaluation of efforts to target Medicaid and CHIP outreach in Maryland through the collection of state tax data, as authorized by Maryland's Kids First Act. This strategy has been tried in only three states to date, and these are the first available findings on the implementation and impact of such initiatives.

David's presentation will be followed by a discussion of Iowa's experience with this strategy to target outreach for its CHIP coverage. Brenda Freshour-Johnston, Outreach Coordinator at the Iowa Department of Human Services, will lead the discussion about Iowa's experience. SHARE Director Lynn Blewett will moderate the webinar, and ample time will be provided for participants to ask questions.

The webinar will be held on February 24, from 12:00 - 1:00 P.M. EST. The event is open to the public, but registration is required.

[Click here to register for the webinar.](#)

#### Anna Sommers' New Brief Examines Employer Participation in New Mexico's SCI Program

SHARE grantee Anna Sommers has released a new issue brief presenting findings about employer participation in New Mexico's State Coverage Insurance (SCI) program. Dr. Sommers' SHARE-sponsored research is the first formal evaluation of SCI and was conducted in partnership with the New Mexico Human Services Department. The new issue brief is titled, "[Small Business Participation in the New Mexico State Coverage Insurance Program: Evaluation Results.](#)"

Dr. Sommers reports that SCI has seen strong take-up in general, but employer sponsorship remains low relative to the large number of small businesses in New Mexico, and the majority of enrollees have joined the program without employer sponsorship. Both participating employers and those who inquired about the program but chose not to participate cite cost and administrative concerns; however administrative concerns were far more prevalent than cost concerns for both groups. Dr. Sommers and her research team point to a reliance on CHIP

funding as the source of many of the administrative issues identified and note that there is a significant tradeoff between accepting federal funds in order to achieve significant coverage expansions and designing an easily navigable program.

[Link to a PDF of Dr. Sommers' new issue brief.](#)

## **Stan Dorn: Eligibility, Enrollment, and Retention Policies in the House and Senate Health Reform Bills**

The Urban Institute has released a new issue brief with findings from RWJF's SHARE grantee Stan Dorn titled, "[Reconciling House and Senate Health Reform Proposals: Eligibility, Enrollment, and Retention Policies that Will Maximize Health Coverage among the Low-Income Uninsured.](#)" The brief, featured in a recent Congressional Quarterly article, provides recommendations about how to reconcile the current Senate and House health reform bills in order to facilitate the effective identification, enrollment, and retention of individuals who become newly-eligible for Medicaid, CHIP, and exchange subsidies under federal reform.

In order to prevent people "falling through the cracks" as they try to negotiate their way among multiple programs, Mr. Dorn recommends that the final version health reform legislation:

- Require a single application form and a common eligibility system for Medicaid, CHIP and exchange subsidies;
- Apply the same streamlined eligibility and enrollment procedures to Medicaid and CHIP that are planned for the exchange;
- Base eligibility for all three programs on existing government data whenever possible;
- Apply 12-month eligibility periods to all programs, with exceptions for mid-year adjustments when necessary.

[Link to a PDF of Mr. Dorn's new issue brief from the Urban Institute.](#)

[Read the Congressional Quarterly article, "Mind the Details, or Medicaid Coverage Expansion Will Falter, Say Bingaman, Dorn."](#)

## **Joel Cantor: Dependent Coverage Expansions Have No Net Impact on Likelihood of Being Insured**

SHARE grantee Joel Cantor has released a new issue brief titled, "[Dependent Coverage Expansions: Estimating the Impact of Current State Policies,](#)" in which Dr. Cantor and his research team write about state efforts to reduce the number of uninsured young adults by increasing the age of eligibility for dependent coverage under private group insurance. These initiatives have wide political appeal because they have little--if any--impact on state budgets but hold the potential to expand insurance coverage for young adults, who are particularly vulnerable to uninsurance as they transition from childhood to adulthood.

The authors studied 20 states that have implemented dependent coverage expansions, observing that there was small increase in young adult dependent coverage across multiple states with such expansions in place from

2001 to 2008. However, this increase was offset by a decline in other sources of coverage, with no impact evident on the overall likelihood of being insured.

These findings, while preliminary, raise questions about the effectiveness of a strategy for expanding coverage that is very popular--indeed, the strategy has garnered attention at the federal level, with dependent coverage expansions included in both the House and Senate health reform bills. The authors note that dependent coverage expansions could play out differently on a national level but urge federal policymakers to consider state experiences when developing the national legislation.

[Link to a PDF of Dr. Cantor's new brief.](#)

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## SHARE and SHADAC News

### Lynn Blewett Warns Against Eliminating Minnesota's GAMC Program

In an opinion piece featured in the December 2009 issue of *Minnesota Physician*, SHADAC Director Lynn Blewett warns about the negative effects of eliminating Minnesota's General Assistance Medical Care (GAMC) program, pointing out that the costs of treating the GAMC population will simply be inefficiently shifted elsewhere.

GAMC is a state-funded coverage program for very low-income Minnesota residents who are not currently eligible for other public insurance, such as Medical Assistance (Medicaid) or MinnesotaCare (Medicaid/CHIP). Right now, GAMC is scheduled to end in April 2010, and the state plans to shift many GAMC enrollees onto MinnesotaCare. Dr. Blewett argues that MinnesotaCare is not an appropriate program for the GAMC population, with its commercial insurance structure, complex enrollment requirements, cost-sharing provisions, and annual spending limits. Much of the GAMC population will not enroll, using the emergency room for care and delaying treatment so that more expensive care is ultimately required, thus driving up uncompensated care costs for safety-net providers. Those who do enroll in MinnesotaCare, being a less healthy group than current MinnesotaCare enrollees, will drive up MinnesotaCare's costs and crowd out the population of low-wage workers and their families for whom MinnesotaCare was intended.

Dr. Blewett proposes that GAMC be reinstated with reforms that require increased case management for the GAMC population under an accountable care organization, with the goal of providing more coordinated care for enrollees so that GAMC funds are used more efficiently.

[Link to a PDF of Dr. Blewett's opinion piece.](#)

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## State Reform News

### Oregon Opens Lottery for State-Subsidized Insurance to More Low-Income Adults

The state of Oregon has begun expanding the pool from which names of low-income adults are randomly drawn

for enrollment in state-subsidized insurance coverage through the Oregon Health Plan (OHP), for which they are eligible through a 1115 Medicaid expansion waiver. The drawings, which began on February 1st, will be held each month until OHP enrollment increases by 35,000.

Oregon's 2009 Legislature approved a new 1 percent tax on hospital revenues in order to fund this OHP coverage expansion. The hospital tax is expected to raise approximately \$307 million, which will leverage an additional \$550 million in federal funds.

It is estimated that there are 140,000 low-income adult Oregonians without health insurance whose incomes qualify for OHP. Without sufficient funding to cover everyone eligible, the state decided in 2008 to use a lottery system to determine who gets to enroll. Oregon is currently the only state that uses such a system.

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## Federal Reform News

### Urban Institute Report Predicts Less Uncompensated Care and Reduced Costs for Small Employers under House Bill

The Urban Institute has released a report comparing the current distribution of health care spending to estimated spending under the House version of federal reform. The report's models predict that the bill will reduce the number of uninsured by 34 million, thereby reducing annual government spending on uncompensated care by as much as \$27 billion. Additionally, while employer spending on healthcare will increase by 2.9% on average, this increase will be felt more by larger firms, while small employers will actually see their healthcare expenses decrease. To learn more about these and other findings, [view the full report](#).

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## Other News

### State Coverage Initiatives Releases 2010 State of the States

State Coverage Initiatives (SCI) has released the 2010 edition of its flagship annual publication, *State of the States*. This year's report, titled, "The State We're In," describes the health reform accomplishments of states during 2009 and examines state health policy trends in the areas of Medicaid and CHIP, insurance market reform, and delivery system and payment reform. The authors note that a number of states moved forward with reforms during 2009 despite facing difficult fiscal circumstances and the uncertain implications of potential federal health reform.

The 2010 *State of the States* is available online at [www.statecoverage.org/stateofthestates2010](http://www.statecoverage.org/stateofthestates2010).

### State Health Research and Policy Interest Group Meeting, February 9th

The State Health Research and Policy Interest Group is hosting a breakfast meeting at the AcademyHealth National Health Policy Conference in Washington, D.C. Panelists will explore state and federal roles in outreach and enrollment when expanding coverage programs to new populations. The meeting is scheduled for 7:00 a.m. to 8:45 a.m. on Tuesday, February 9th. There is no fee to attend, but registration is required. E-mail [SHRP@academyhealth.org](mailto:SHRP@academyhealth.org) to register, or check with the registration desk when you arrive at the conference to see if space is still available.

## Urban Institute Researcher Challenges Data and Analyses of Cato Institute Report on Massachusetts' Reforms

In a new commentary piece from the Urban Institute, Senior Fellow Sharon Long takes issue with the data and analysis cited by the Cato Institute in a recent critique of Massachusetts' health reforms. The Cato Institute report, "The Massachusetts Health Plan: Much Pain, Little Gain," argues, among other things, that an increase in nonresponse to CPS questions about insurance coverage has led to an underestimate of uninsurance in the state and that crowd-out of private coverage has occurred among the state's lowest-income families. Dr. Long counters that there is no evidence of an increase in nonresponse to CPS health insurance questions and points out that the real area of concern for crowd-out would be with respect to employer-sponsored coverage among higher-income families, where no crowd-out has been seen.

[Click here to read Dr. Long's full response to the Cato Institute report.](#)

## State Coverage Initiatives Hosts Conference on Health Reform in Massachusetts

State Coverage Initiatives (SCI) hosted a national conference on the Massachusetts' health reform experience on January 21st and 22nd in Boston. Topics covered at the meeting included (among others): organizing insurance exchanges, managing eligibility determination in subsidized coverage programs, establishing and delivering subsidies, implementing insurance market reforms, and conducting outreach and education.

Massachusetts' insurance exchange—the Commonwealth Connector—is one of the best-known aspects of the state's reforms, and the conference placed particular focus on the operation of state-level exchanges. [Click here to link to SCI's newest brief, "Preparing for Health Reform: The Role of the Health Insurance Exchange,"](#) which was released in anticipation of the conference.

## First SHAP Meeting Held in Arlington, VA

The State Health Access Program (SHAP), a HRSA-funded grant initiative to support state coverage expansions, held its first all-grantee meeting on January 13th and 14th in Arlington, VA. The meeting highlighted states' ongoing commitment to lead the way on coverage expansions. SHADAC is contracted by HRSA to provide technical assistance to SHAP grantees on data and evaluation, and NASHP is providing technical assistance on policy issues.

SHADAC Director Lynn Blewett presented to attendees about SHADAC's expertise in data analysis, survey methodology, policy implementation and design, and evaluation strategies. Dr. Blewett also introduced SHADAC's new TA web page targeted toward SHAP grantees. [Click here to link to SHADAC's new SHAP page.](#)

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## Send Us Your News!

If you have news items that you would like SHARE to highlight, please send them to Carrie Au-Yeung at [butle180@umn.edu](mailto:butle180@umn.edu).

**SHARE** is a National Program Office funded by the Robert Wood Johnson Foundation to fund, synthesize and disseminate evaluations of state health reform. Periodically, SHARE will send a newsletter outlining upcoming events, grantee activities and updates on our funded projects. For more information, visit SHARE's web site, [www.statereformevaluation.org](http://www.statereformevaluation.org).

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