



## SHARE Grantee Newsletter - November 12, 2009

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### News from Grantees

#### Stan Dorn Points to Massachusetts' Innovative Enrollment Strategies as Reason for Coverage Success

Stan Dorn has released a [full report](#) and an [issue brief](#) presenting preliminary findings from his SHARE-sponsored evaluation of auto-enrollment procedures in Massachusetts. The documents, both titled, "The Secrets of Massachusetts' Success: Why 97 Percent of State Residents Have Health Coverage," highlight the various factors that have contributed to the state's high enrollment levels following the implementation of statewide health reform in 2006.

Stan and his research team at the Urban Institute conducted interviews with policymakers, stakeholders, advocates, and others, along with a review of published reports, to assess Massachusetts' enrollment outcomes. They identified the following factors as particularly important in encouraging the enrollment of eligible, low-income uninsured:

- Within 15 months of implementation, roughly one out of four newly insured state residents received subsidized coverage based on state data about household income, without any need to file traditional application forms.
- A single application form and a single system of eligibility determination served multiple subsidy programs, making enrollment simple and seamless for consumers.
- More than half of all successful applications for subsidized coverage were completed for consumers by community-based organizations and health care providers.

Stan and his team suggest that it will be important to incorporate lessons from Massachusetts' enrollment efforts into the design of any future coverage expansions at the national or state level if reformers hope to achieve the basic objective of enrolling the low-income uninsured into health insurance.

[Read the full report.](#)

[Read the issue brief based on the full report.](#)

## SHARE Grantees Present Findings at APPAM

SHARE grantees were out in force at the 31st Annual APPAM Research Conference last week in Washington, D.C. Grantee findings were highlighted at two sessions. The first panel, "Using State Evidence to Inform State and National Health Policy," was chaired by SHARE Deputy Director Elizabeth Lukanen and featured SHARE study findings from Jenny Kenney, Carol Gresenz, Ron Deprez, and Lindsey Leininger. SHARE Program Officer Brian Quinn led the second panel, titled "State Health Policy: Massachusetts and More." This panel included presentations on SHARE-supported research by grantees Sharon Long, Ian Hill, and Laura Spicer.

[Link to the slide presentations from these panels.](#)

## Michael Cousineau Reveals Evidence of Effective Outreach Strategies in California

SHARE grantee Michael Cousineau has released a new issue brief based on his evaluation of outreach and enrollment strategies used to target uninsured children in California who are eligible for--but not enrolled in--public programs. The brief, "[Trends in Child Enrollment in California's Public Health Insurance Programs](#)," is the second in a series of three briefs based on Mike's SHARE-sponsored research.

In this brief, Mike and his research team examine child enrollment trends in California's three main public insurance programs: Medi-Cal, Healthy Families, and Healthy Kids. The researchers report an overall increase in total enrollment in public insurance programs in California from 2001 through 2007, along with an overall increase in new enrollments (enrollments of children who have not been enrolled in a given program in the prior 12 months), with some variation within programs and over time.

Based on enrollment trends, it appears that outreach efforts may contribute to the cyclical spikes in new Medi-Cal and Healthy Families enrollments and to the number of children enrolled in the Healthy Kids program. Mike's third and final issue brief will examine whether the strategies used-and variations in their deployment-do indeed affect enrollment trends.

[Read Mike's issue brief.](#)

## Researchers at University of Wisconsin Find Multiple Reasons for Success of BadgerCare Plus

The SHARE-sponsored research team led by grantees Tom Oliver and Tom DeLeire has released a new issue brief. The brief, "[Wisconsin's BadgerCare Plus Coverage Expansion and Simplification: Early Data on Program Impact](#)," examines the success of Wisconsin's BadgerCare Plus, a health care reform initiative enacted in 2008.

The new brief presents preliminary data indicating that the percentage of Wisconsin children enrolled in the state's health program increased 12% relative to the number of children enrolled at the baseline. For caretaker adults, there was an 18% increase in enrollment. More importantly, due to program simplification, there appears to be a leveling-off in program exits and a modest decrease in six-month churning. The success of this program is attributed to the

following:

- Concerted branding message ("all kids eligible")
- Whole family coverage through expanded eligibility for lower-income parents and caretakers
- Targeted auto-enrollment
- Expansion of income eligibility limits, with various coverage opportunities as income and employment fluctuates
- Relaxing of anti-crowd-out provisions for lower income applicants
- Relieving applicants of employer insurance verification requirements
- Aggressive outreach and enrollment strategies carried out in collaboration with community partners

[Read the Wisconsin issue brief.](#)

### **Ron Depez Evaluates Vermont's Comprehensive Reform**

Ron Depez has released an issue brief titled, "[Achieving Universal Coverage through Comprehensive Health Reform: The Vermont Experience](#)," detailing early findings from his SHARE-sponsored evaluation of health reform outcomes in Vermont.

Building on strong history of thoughtful health reform, Vermont passed health reform legislation in 2006. Among other things, the legislation created the Catamount Health and Employer Sponsored Insurance (ESI) Premium Assistance Programs, streamlined insurance application/enrollment processes, and enhanced outreach to the uninsured. Ron's findings show that the percentage of Vermont residents aged 0 to 64 with some type of insurance coverage increased by 2.4% between 2005 and 2008. Data also suggest that increased outreach to populations already eligible for public insurance may have led to an increase in enrollment into existing programs.

[Read Ron's issue brief.](#)

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## **SHARE and SHADAC News**

### **SHADAC Launches New Data Center**

SHADAC researchers have developed and launched a new web-based tool—the SHADAC Data Center—that allows quick and easy access to health insurance coverage estimates and trends. Through the Data Center, users can:

- Access U.S. Census Bureau data quickly and easily;
- Utilize coverage trend data from 1987 to present, available for the first time using SHADAC's exclusive enhanced estimates;

- Translate data into customized tables and graphs that can be easily downloaded; and
- Export data for use quickly, without the hassle of downloading new software.

To introduce this new tool, SHADAC will hold a webinar at 1 p.m. EDT, on Tuesday, November 17. The webinar will give researchers and interested stakeholders a chance to learn more about how to use the Data Center and how to access SHADAC's enhanced data.

[Explore the Data Center.](#)

[Register for the Webinar.](#)

### **SHARE Deputy Director Elizabeth Lukanen Speaks about Health Reform and the Safety Net**

SHARE Deputy Director Elizabeth Lukanen spoke at the fourth annual "Many Faces of Community Health" conference, held October 22nd and 23rd in Minneapolis, MN. The event was jointly hosted by the Minnesota Department of Health, the Minnesota Association of Community Health Centers, and the Neighborhood Health Care Network. This year's meeting, titled "Riding the Wave of Health Care Reform," focused on both national and state reforms and their impact on the delivery of health care to medically-underserved populations.

Elizabeth was invited to discuss the current status of federal health reform and its probable implications for community health centers (CHCs), which are likely to see both benefits and challenges from reform. To illustrate how CHCs might be affected, Elizabeth pointed to the recent experiences of CHCs in post-reform Massachusetts. The Massachusetts experience illustrates in particular the importance of considering the capacity of safety net providers (like CHCs) when creating reform policy, as the demand for their services increased significantly after Massachusetts' reform. Policy-makers at the federal level have taken steps to shore up the capacity of CHCs, as all three major proposals include provisions to increase funding for CHCs generally and for the primary care that comprises the majority of CHC services.

[View the slides from Elizabeth's presentation.](#)

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## **Grantee Action Items**

### **HSR Manuscripts Due December 15th**

Don't forget! If you have received an invitation to submit a manuscript for the SHARE HSR Special Issue Journal, your manuscript is due to SHARE by Tuesday, December 15th. For answers to stylistic or formatting questions, please refer to HSR's Instructions for Authors. These instructions are available online at <http://hsr.org/hsr/information/authors/instruauthors.jsp>. When you are prepared to submit your manuscript, please do so electronically via our online submission site, Manuscript Central, at <http://mc.manuscriptcentral.com/hsr>. Once submitted, manuscripts will be reviewed internally and, upon internal approval, will be sent out for external peer

review.

Please contact Carrie Au-Yeung ([butle180@umn.edu](mailto:butle180@umn.edu)) if you have any questions about manuscript guidelines or submission procedures.

### **SHARE Events at AcademyHealth's 2010 Annual Research Meeting: June 27-29, 2010**

The Call for Abstracts for AcademyHealth's 2010 Annual Research Meeting (ARM) is now open, and SHARE plans to coordinate a panel presentation for the conference. Abstracts need to be submitted by January 14, 2010, so please contact Carrie Au-Yeung ([butle180@umn.edu](mailto:butle180@umn.edu)) by December 7, 2009 if you want to be considered for a SHARE panel. After you send your abstract to Carrie, SHARE will take care of the AcademyHealth abstract submission process and administrative details on your behalf.

As you plan for the ARM, please also keep in mind that SHARE plans to hold another grantee breakfast – more details to follow.

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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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