



Robert Wood Johnson Foundation

# **State Health Access Reform Evaluation**

Evidence-Based Reform



**2012 Call for Proposals**

**Proposal Deadline**

February 22, 2012

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## Program Overview

(For complete details, refer to specific pages/sections noted below.)

### Purpose (see The Program)

*State Health Access Reform Evaluation* (SHARE) is a national program of the Robert Wood Johnson Foundation (RWJF) that supports rigorous research on health reform issues by investigators representing diverse disciplines and backgrounds. 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 State Health Access Data Assistance Center (SHADAC) at the University of Minnesota will provide technical support for this program.

### Total Awards

- Up to \$1.5 million will be available under this call for proposals (CFP).
- There is no predetermined dollar amount for individual grants. Project funding will range from \$50,000 to \$200,000 to accommodate both quick-turnaround policy analyses of six to 12 months and in-depth research/evaluation studies of 12 to 24 months.

### Eligibility Criteria (page 9)

- Eligible applicants include state agencies and other institutions engaging or employing independent or academic researchers or policy-makers working with researchers.
- We especially encourage proposals that enlist junior researchers to work in collaboration with senior research advisers.
- Projects may be generated from disciplines including health services research, economics, sociology, program evaluation, political science, public policy, public health, public administration, law, and business administration.
- Preference may be given to applicant entities that plan to utilize interdisciplinary teams.

### Selection Criteria (page 10)

Complete selection criteria can be found on page 10.

### Key Dates and Deadlines

- **February 7, 2012 (3 p.m. ET)**—Deadline for questions.
- **February 22, 2012 (3 p.m. ET)**—Deadline for receipt of proposals.
- **April 2–6, 2012**—Applicants notified if invited to revise and resubmit proposals.
- **April 20, 2012 (3 p.m. ET)**—Deadline for receipt of revised proposals.
- **May 4, 2012**—Notification of awards.
- **June 15, 2012**—Start of grants.

### How to Apply (page 12)

See complete instructions on how to apply starting on page 12.

[www.shadac.org/share](http://www.shadac.org/share)

## Background

On March 23, 2010, President Obama signed into law the Affordable Care Act (ACA), ushering in an era of health system reform on a scale not seen since the start of Medicare and Medicaid in 1965. States have primary responsibility for designing and implementing many of the most significant elements of the legislation, including the expansion of Medicaid and the creation of health insurance exchanges, and important reforms are already underway in the states.

State approaches to the ACA and to health reform in general vary considerably, depending, for example, on political and legal environments, the economy, and baseline coverage levels. Studies funded by *State Health Access Reform Evaluation* (SHARE) seek to address health reform issues surrounding coverage and access that are specific to the state level, drawing out broader lessons that can help guide states as they plan and implement various health reform strategies. Previously funded SHARE projects have studied, for example, the ACA's new income definition, the expansion of dependent coverage to young adults, and the use of auto-enrollment into Medicaid. The next round of SHARE funding will continue to support research that will guide ACA implementation and health reform, in general, in states.

The strategic objective of the Robert Wood Johnson Foundation (RWJF) in the area of coverage is to achieve stable and affordable health care coverage for 95 percent of all Americans by 2020. To achieve that objective, RWJF is focusing on the states' role in health reform and supporting their efforts to plan and implement policies designed to achieve coverage expansions based on shared responsibilities among individuals and the public and private sectors. RWJF believes that these policies should lead to health insurance coverage that is affordable; includes necessary, appropriate and effective services; is continuous and portable; and promotes high-quality, cost-effective care. SHARE represents a key component of RWJF's strategy to assist states in their efforts to plan and implement coverage policies based on effective research and policy analysis.

## The Program

SHARE is an RWJF national program that supports rigorous research on health reform issues, especially as they relate to the states' role in implementing the ACA, by investigators representing diverse disciplines and backgrounds. SHARE is located at and staffed by the State Health Access Data Assistance Center (SHADAC), an RWJF-funded research center in the Division of Health Policy and Management, School of Public Health, University of Minnesota.

The goals of SHARE are to:

- Support rigorous, well-designed research on health reform implementation issues that are relevant to states.
- Fund the work of investigators representing diverse disciplines and backgrounds with a preference toward junior researchers partnering with senior advisers.
- Continue to develop and support a research community devoted to studying state-level reform issues—whether the reforms are initiated at the state or national level.
- Connect researchers and state analysts to encourage productive research partnerships, mutually beneficial data-sharing and real-world use of research findings.
- Disseminate policy-relevant results in a timely manner, so that findings are useful to state and national policy-makers, state agencies, and researchers alike.

Grantees will have access to technical assistance and support from SHADAC. As part of the technical assistance offered, SHADAC could:

- Assist with study design.
- Provide expertise regarding the analysis and interpretation of national surveys of health coverage and how the data can be applied to specific states.
- Connect researchers, state analysts and national health data experts to address needs relating to access, usability and interpretation of data.
- Provide technical assistance to researchers using state survey data.

- Review survey sampling plans (this program will not support larger-scale data collection, but will support the expansions of existing data collection efforts, such as purchasing additional samples of an existing survey).
- Provide guidance on reporting to RWJF.
- Provide support for dissemination efforts.

### **Key Policy Areas**

SHARE will fund state-related health reform studies in the following areas: (1) Medicaid; (2) Health Insurance Exchanges; (3) Benefit Design Challenges to Coverage Expansion; (4) Data and Methods; and (5) Vulnerable Populations.

#### *Policy Area 1: Medicaid*

State Medicaid programs are under increasing resource constraints, while at the same time, they are being challenged to prepare for the expansion in eligibility that will accompany the implementation of the ACA. SHARE is interested in research that addresses the effect of state-level Medicaid reforms, including eligibility and enrollment expansions, as well as cost-containment strategies and access.

Possible topics include:

- comprehensive waivers
- managed care
- expanding eligibility and enrollment
- special populations—e.g., low-income childless adults, children, dual-eligibles
- cost-containment activities, including payment reform.

#### *Policy Area 2: Health Insurance Exchanges*

A major task for each state under the ACA is to decide: (a) whether to create an exchange, and (b) how the exchange should be organized if the state opts to create one. SHARE is interested in projects that analyze the effect of exchange-related issues surrounding

governance, structure, and eligibility on questions of coverage and access. Possible topics include:

- eligibility “churning” and seamless transitions between coverage types
- “no wrong door” enrollment procedures
- exchange governance
- adverse selection
- interaction between small business and the exchange.

### *Policy Area 3: Benefit Design Challenges to Coverage Expansion*

There are many important changes occurring in the area of benefit design, from the growth of consumer-driven health plans (CDHP) to the potential for new, state-created “basic health plans.” SHARE is interested in 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. Possible topics include:

- variation in essential benefits and consumer welfare
- interaction between essential benefits and individual state mandates
- basic health plans
- essential benefits requirements and employer coverage offers
- changes in benefit design for state employees.

### *Policy Area 4: Data and Methods*

In order to measure the impact of reform on coverage and access, and to predict future needs, states must gather baseline data about coverage, utilization, costs, quality, outcomes and health system capacity. SHARE is interested in funding studies that make innovative use of existing or new data sources to evaluate key policy questions surrounding health reform. Possible topics include:

- all payer claims databases as a way to control costs
- health care workforce and health system capacity
- use of eligibility and enrollment data systems to assess progress in health reform
- approaches to measuring insurance coverage
- methods for maximizing the usefulness of data from exchanges.

*Policy Area 5: Vulnerable Populations*

Vulnerable populations are particularly challenging to serve due to special needs stemming from a variety of conditions, including homelessness, mental illness and substance abuse. SHARE is interested in assessing the impact of the ACA on coverage and access for these groups. Possible topics include:

- effective outreach to vulnerable populations
- impact of ACA on the safety net system
- impact of ACA’s Medicaid eligibility expansions on health care utilization for specific populations
- coordinated care for dual-eligibles in a post-reform environment
- health system capacity required to serve vulnerable populations under reform.

**Proposal Guidelines**

SHARE will fund complex, in-depth projects with highly developed methodological approaches, as well as short-turnaround, higher-level policy analyses that have immediate policy applications. Proposals should focus on timely issues related to state-level health reform or implementation of ACA with a focus on coverage and access issues. Applicants should make a strong case for any ACA provision they propose to study, justifying the timeliness and topical significance of the proposed investigation for informing policy. There should also be a clear demonstration of how the research findings and deliverables can be used to inform state and national policy-makers.

Analyses may be quantitative, qualitative, or both, depending on the balance needed for the specific project, although preference will be given to empirical, data-driven studies over thought pieces or simulations. Proposals should demonstrate the reason for the proposed methodology in the context of the ACA provision or state-level reform under investigation, the research question, and available data. The appropriateness of the proposed analysis will be determined on a case-by-case basis.

Studies should rely mainly on secondary data analyses, and applicants must demonstrate a thorough understanding of the process and timing of data acquisition. Larger-scale health access surveys will not be funded, although limited data collection efforts will be considered. Overall, the data collection component of proposed projects must be limited in scope or build on existing larger-scale state-level data collection activities. Proposals should justify the need for additional data collection.

If proposing a state-specific study, applicants are strongly encouraged to indicate through a letter of support that they have made contacts in the relevant state(s). We are especially interested in a strong commitment of support if state data will be used: In this case, applicants are required to submit a letter of support from the relevant state agency verifying the feasibility of data acquisition. Applicants are also encouraged to discuss how researchers will communicate with state stakeholders throughout the project period.

Studies addressing the ACA should examine provisions that have already been implemented or for which implementation will begin by June 1, 2012. If final rules are pending on the provision under investigation, the anticipated release of the final rules must be on or before June 1, 2012. Studies may address major or minor provisions of the ACA as long as the potential implications of the provision addressed are broadly applicable across states.

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## Eligibility Criteria

- Eligible applicants include state agencies and other institutions engaging or employing independent or academic researchers or policy-makers working with researchers.
- Projects may be generated from disciplines including health services research, economics, sociology, program evaluation, political science, public policy, public health, public administration, law, and business administration.
- Institutions that plan to utilize interdisciplinary teams are especially encouraged to apply.
- Preference may be given to applicants that may be either public entities or nonprofit applicant organizations that are tax-exempt under Section 501(c)(3) of the Internal Revenue Code.
- Preference will be given to organizations that are not private foundations under Section 509(a).

Consistent with RWJF values, this program embraces diversity and inclusion across multiple dimensions, such as race, ethnicity, gender, age, and disadvantaged socioeconomic status. We strongly encourage applications from candidates who will help us expand the perspectives and experiences we bring to our work. We believe that the more we include diverse perspectives and experiences in our work, the better we are able to help Americans live healthier lives and get the care they need.

## Selection Criteria

Proposals will be assessed using the following criteria:

- Qualifications and expertise of the team to perform the various operations and analytic tasks of the proposed project. This includes the adequacy of the proposed time commitment of key project staff.
- Evidence of the researchers' knowledge and experience with any state(s) included in the investigation. Evidence that identified state contacts are supportive of the project (through recommended letter of support).
- Strength of the proposed methodology, including clearly stated research questions.
- Quality and availability of proposed data sources. A clear understanding of the data acquisition process and timeframe. If state data will be used, evidence that the data acquisition plan and timeline are feasible (via letter of support).
- Policy relevance of the proposed research and deliverables to state and national policy-makers.
- Timeliness of the evaluation as it relates to state implementation of the ACA (if applicable).

Additional Considerations:

- Preference may be given to proposals that include junior researchers working in collaboration with senior research advisers.
- Preference will be given to teams that secure matched funding, particularly from state-based foundations.

Other criteria, specific to individual proposals, may be considered at the discretion of reviewers.

SHADAC will provide or arrange for technical assistance to aid researchers whose proposals are found to be of merit, but lack the resources to develop an appropriate research team. In addition, during the proposal development, SHADAC can assist research teams in finding appropriate state contacts.

## Monitoring

RWJF monitors the grantees' efforts and careful stewardship of grant funds to assure accountability. Grantees will be required to submit periodic narrative and financial reports.

## Use of Grant Funds

Awards totaling up to \$1,500,000 will be made. There is no predetermined dollar amount for individual grants. Project funding will range from \$50,000 to \$200,000 to accommodate quick turnaround policy analyses of six to 12 months and in-depth research/evaluation studies of 12 to 24 months.

RWJF grant funds may be used for project staff salaries, consultant fees, data collection and analysis, dataset procurement, meetings, supplies, project-related travel, and other direct expenses, including a limited amount of equipment essential to the project. Additional in-kind or external funding is welcome and should be described in the proposal.

In keeping with RWJF policy, grant funds may *not* be used to subsidize individuals for the costs of their health care, to support clinical trials of unapproved drugs or devices, to construct or renovate facilities, for lobbying, for political activities, or as a substitute for funds currently being used to support similar activities. Principal investigators are expected to participate in an annual grantee meeting. Funds for up to two individuals to attend one grantee meeting in each year of funding should be included in the proposed budget. Budgets also should include travel to attend an additional grantee meeting at the close of the grant, so that principal investigators can provide a written report on the project and its findings suitable for wide dissemination.

### *Post-Award Requirements of Grantees*

As a condition of accepting RWJF funds, grantees will be required to:

- Participate in dissemination activities outlined in the proposal, which may include the development of

issue briefs, participation in webinars and inclusion in panel proposals for research conferences.

- Comply with RWJF requirements for the submission of narrative and financial reports.
- Submit periodic information needed for overall project performance monitoring and management.
- Prepare and submit a Research Summary Report at the conclusion of the grant that includes elements identified by the national program office.
- Attend annual grantee meeting.

SHADAC and RWJF staff will work with investigators to communicate the results of the funded projects to scientific audiences, media, policy-makers, public health advocates, the general public and other audiences, as appropriate.

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## How to Apply

Proposals for this solicitation must be submitted via the RWJF online system no later than 3 p.m. ET on February 22, 2012. Visit [www.rwjf.org/cfp/sre](http://www.rwjf.org/cfp/sre) and use the Apply Online link for this solicitation. If you have not already done so, you will be required to register at <http://my.rwjf.org> before you begin the application process.

Please direct inquiries regarding the online application process to:

Carrie Au-Yeung, *research fellow*

Phone: (612) 625-2492

Email: [butle180@umn.edu](mailto:butle180@umn.edu)

Website: [www.shadac.org/share](http://www.shadac.org/share)

All applicants should log in to the system and familiarize themselves with online submission requirements well before the final submission deadline. Staff may not be able to assist all applicants in the final 24 hours before the submission deadline. In fairness to all applicants, the program will not accept late submissions.

*Applicants will be asked to provide the following detailed information:*

- contextual factors relevant to the health reform initiative, including a justification for why the topic is timely and relevant
- description of methodology and approach to the analysis
- description of any datasets that will be used in the evaluation
- description of the process and timing of data acquisition for the study
- highly detailed data acquisition plan (if state data will be used) and timeline along with a letter of support from the relevant state agency indicating: (1) that the data acquisition plan is feasible, and (2) that the timeline is appropriate
- description of how this research will help the state and national policy-makers as they work to implement the ACA
- schedule of deliverables and description of how the content will be packaged in a way that is policy relevant
- description of existing knowledge of the state (if a particular state is targeted for study) and plan for maintaining/developing relationships with key contacts with the state (letter of support is strongly encouraged)
- perceived limitations, challenges, and barriers to the analysis, along with approaches to address these issues
- description of any known required involvement from SHADAC staff

We will respond to all questions received before February 7, 2012. Questions received after that time may or may not be addressed. Questions and answers will be posted as FAQs on our website: [www.shadac.org/share](http://www.shadac.org/share).

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## Program Direction

Direction and technical assistance for SHARE is provided by SHADAC, an RWJF-funded research center in the Division of Health Policy and Management, University of Minnesota School of Public Health:

SHADAC

2221 University Avenue SE, Suite 345

Minneapolis, MN 55414

Phone: (612) 624-4802

Fax: (612) 624-1493

Email: [shadac@umn.edu](mailto:shadac@umn.edu)

Website: [www.shadac.org/share](http://www.shadac.org/share)

Responsible staff members at SHADAC are:

- Lynn A. Blewett, PhD, *program director*
- Donna Spencer, PhD, *senior research associate*
- Carrie Au-Yeung, MPH, *research fellow*

Faculty advisers include:

- Kathleen Thiede Call, PhD, *professor*, University of Minnesota School of Public Health
- Jon B. Christianson, PhD, *professor*, University of Minnesota School of Public Health
- Jean Abraham, PhD, *assistant professor*, University of Minnesota School of Public Health

Responsible staff members at the Robert Wood Johnson Foundation are:

- Kathy Hempstead, PhD, *program officer*
- John Lumpkin, MD, MPH, *senior vice president and team director*
- James Mendez, *grants administrator*

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## Timetable

### ■ February 7, 2012 (3 p.m. ET)

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### ■ February 22, 2012 (3 p.m. ET)

Deadline for receipt of proposals.\*

### ■ April 2-6, 2012

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Notification of awards.

### ■ June 15, 2012

Start of grants.

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## About the Robert Wood Johnson Foundation

The Robert Wood Johnson Foundation focuses on the pressing health and health care issues facing our country. As the nation's largest philanthropy devoted exclusively to improving the health and health care of all Americans, the Foundation works with a diverse group of organizations and individuals to identify solutions and achieve comprehensive, measurable and timely change.

For 40 years, the Foundation has brought experience, commitment and a rigorous, balanced approach to the problems that affect the health and health care of those it serves. When it comes to helping Americans lead healthy lives and get the care they need, the Foundation expects to make a difference in your lifetime.

For more information, visit [www.rwjf.org](http://www.rwjf.org).

Sign up to receive email alerts on upcoming calls for proposals at: <http://my.rwjf.org>.



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Foundation

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January 2012