

2014 Grant Awards



Technical support for the work of SHARE grantees is provided by the University of Minnesota's State Health Access Data Assistance Center (SHADAC).

SHADAC is a multidisciplinary health policy research center with a focus on state policy. Our faculty and staff have a breadth of expertise ranging from economics, statistics, and evaluation, to sociology and journalism.

We strive to produce analyses that are rigorous and policy-relevant. To that end, we translate complex findings into actionable information that is accessible to a broad audience.

For information about SHADAC, visit www.shadac.org or call 612-624-4802.



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About SHARE

The State Health Access Reform Evaluation (SHARE) grant program was created by the Robert Wood Johnson Foundation (RWJF) in 2006 to support the rigorous evaluation of health reform at the state level, including state implementation of national reform, and develop an evidence-based resource for future health reform efforts. The grant program is administered by the State Health Access Data Assistance Center (SHADAC), housed within the University of Minnesota, School of Public Health. Lynn Blewett, PhD, Principal Investigator of SHADAC and Professor in the Division of Health Policy and Management, leads the program.

SHARE has awarded 43 grants since its inception. Most recently, SHARE awarded ten new grants in 2014. The following document provides an overview of these grants, which range in length from 12 to 18 months and will offer timely insights on health reform issues and the early impacts of the ACA on coverage, health care utilization and affordability.

For more information about SHARE, please visit the SHARE website at www.shadac.org/share or call 612-624-4802.

2014 Study Descriptions

Coverage, Access, and Health Effects of the ACA Medicaid Expansion

Institution: RAND Corporation

Principal Investigator: Michael Dworsky, PhD

This project will inform policy-makers about the costs and benefits of implementing an expansion of the Medicaid program. The researchers will evaluate how a state's decision to expand or not expand Medicaid affects (1) insurance coverage; (2) access to care and patterns of care-seeking behavior; and (3) health status, including mental health. Data sources will include the National Health Interview Survey (NHIS), the Survey of Income and Program Participation (SIPP), and state geocodes.

Early Evidence on Employment Responses to the Affordable Care Act

Institution: Indiana University

Principal Investigator: Anne B. Royalty, PhD

This project will provide policy-makers with evidence about how the ACA is affecting labor markets and how states could make policy changes to improve job-related outcomes. The researchers will use data from the Medical Expenditure Panel Survey-Insurance Component (MEPS-IC) to analyze the impact of various ACA provisions on employment-related outcomes during the first year of full implementation and how these impacts vary with the policies and marketplace structures in place across the states. Using MEPS-IC data for 2010-2014 in combination with state-level data from other sources describing health insurance marketplaces, insurance regulation, and Medicaid expansion, the researchers will model private employers' insurance offerings as a function of state policies and how well a state's marketplace is operating. The researchers will also model employers' full- versus part-time distribution of workers as a function of state policies and other factors.

The Effect of the ACA Medicaid Expansion on Safety Net Hospital Utilization

Institution: Virginia Commonwealth University

Principal Investigator: Peter Cunningham, PhD

This project will help policy-makers understand the extent to which utilization of safety net hospitals has changed in response to the ACA coverage expansion. The researchers will examine the impact of California's early Medicaid expansion on inpatient and emergency department utilization at safety net hospitals using data from the Healthcare Cost and Utilization Project (HCUP). The researchers will use a difference-in-differences analysis to compare changes in safety net hospital utilization in California with changes in utilization in three neighboring states (Arizona, Nevada, and Washington) that did not expand Medicaid prior to 2014. The researchers will also examine differences in the extent of changes in hospital utilization in California by type of safety net hospital; the extent of the eligibility expansion in each county; and changes in the number and percent uninsured in the county between 2010 and 2013.

The Effect of Affordable Care Act Reforms on Specialty Drug Coverage: A State-by-State Comparison

Institution: RAND Corporation

Principal Investigator: Erin Taylor, PhD

This project aims to inform federal and state policy-makers seeking to assure access to affordable care for patients who use specialty drugs. The researchers will use publicly available data from the health insurance marketplaces to compare and contrast specialty drug coverage across the states, and they will analyze the impact of the marketplaces by comparing specialty drug coverage in the marketplaces with what is available through other plans such as those offered by Medicare Part D. Finally, using data from the Medical Expenditure Panel Survey (MEPS), they will model the impacts of coverage characteristics on the affordability of care for marketplace enrollees at risk for high medical spending.

The Effect of Public Health Insurance on the Hospital Industry

Institution: Columbia University

Principal Investigator: Tal Gross, PhD

This project aims to inform policy-makers about strategies for regulating hospitals following health reform

by studying how a reduction in the uninsured affects hospital uncompensated care. The researchers will first complete a descriptive analysis that measures the associations between the size of a state's uninsured population, the share of state residents that are foreign born, the state's unemployment rate, and the uncompensated care provided by the state's hospitals. The researchers will then explore two large Medicaid disenrollments in Tennessee and Missouri—policy changes that were like the ACA's Medicaid expansion in reverse. The researchers will use a difference-in-differences approach to isolate the effect of the Medicaid disenrollments on hospitals' uncompensated care costs in those states. The researchers will quantify the increase in uncompensated care relative to the number of people who lost coverage and compare this number to the descriptive analyses. They will then multiply their estimates by the ACA's predicted change in coverage rates across the country to predict the change in uncompensated care driven by the ACA.

Geographic Variation in ACA-Related Media Messages and Health Insurance Enrollment

Institution: University of Minnesota
Principal Investigator: Sarah Gollust, PhD

This project will inform the evidence base on the effectiveness of outreach and media strategies related to ACA access expansions. In collaboration with the Wesleyan Media Project, the researchers will (1) document geographic variation in the volume and tone of televised media messages about ACA implementation across U.S. media markets from October 2013 to March 2014; (2) test associations between the volume and tone of media messages and the public's Internet search behaviors about health insurance enrollment; and (3) examine relationships between the volume and tone of media messages and changes in insurance enrollment from 2013 to 2014.

Making ACA Coverage a Reality – A National Examination of Provider Network Monitoring Practices by States and Health Plans

Institution: Health Management Associates
Principal Investigator: Karen Brodsky, MHS

This project will improve the ability of states to track and enforce provider network access compliance, as well as the ability of health plans to maintain good network access and to demonstrate their compliance to states. The researchers will develop and conduct two online surveys to examine the strengths and weaknesses of the provider network monitoring activities of state insurance departments, Medicaid agencies, marketplace plans, and Medicaid plans. One survey will inquire about the current measures, standards, and practices that states use to monitor the provider networks of qualified health plans (QHPs) and Medicaid managed care organizations (MMCOs), and about common barriers to collecting and analyzing provider network information. The second survey will inquire about the current measures, standards, and practices used by QHPs and MMCOs in submitting network information to states and about challenges that plans face in completing this work. Following the online surveys, the researchers will develop a follow-up telephone survey for a subset of respondents to obtain additional insights into the barriers and opportunities related to their network monitoring and reporting activities.



Findings from SHARE studies are released primarily in policy-relevant briefs and webinars targeted at state and national officials. These products present findings in a user-friendly manner that highlights their relevance to broader policy debates. Visit our website to view these and other resources such as in-depth reports and peer-reviewed journal articles, or join the SHARE e-mail list at our home page (www.shadac.org/share) in order to be notified when these items are available.

Pent-Up Health Care Demand after the ACA: Does It Exist and Will It Go Away?

Institution: Medica Research Institute

Principal Investigator: Angela Fertig, PhD

This project aims to inform state agencies, insurers, and providers about the long-term costs and health care needs of the newly insured. The researchers will use enrollment and claims data from Medica, a regional health plan in Minnesota with 1.5 million members, to examine health care utilization among newly enrolled members of private individual and family plans in Minnesota's marketplace and in the state's Medicaid program. The analysis will determine whether there is evidence of pent-up demand among new members and, if so, whether the high level of demand subsides or persists over time.

Trends in California Physicians' Participation in Medicaid

Institution: University of California, San Francisco

Principal Investigator: Andrew Bindman, MD

The goal of this project is to inform state and federal policy-makers as they evaluate the impact of the ACA's Medicaid expansion and consider strategies aimed at increasing physician participation in Medicaid. In collaboration with the California Medical Board, the researchers will administer surveys on Medicaid participation to California physicians whose licenses are due for renewal in June and July of 2015. Survey questions will be identical to those included in a previous survey administered by the research team in 2011 and 2013, with the addition of new questions about California Medicaid beneficiaries' access to physicians. The researchers will compare results from the 2015 survey to results from the earlier surveys, analyzing trends across all physicians, as well as among a cohort that completed the survey in all three years.

Understanding Consumer Choice Dynamics in the ACA State Marketplaces

Institution: Harvard University

Principal Investigator: Anna Sinaiko, PhD

The goal of this study is to inform state and federal policy-makers involved in the design and operation of the ACA marketplaces on ways to refine and update the functionality and structure of the marketplace design to help consumers choose high-value plans. The researchers will survey enrollees in individual or family plans purchased through two state-based marketplaces: one that has taken an active purchaser approach to design (Connecticut) and one that is operating as a clearinghouse of all qualified plans (Washington State). This research seeks to understand the decision-making processes and the factors considered in individual and family plan choices, and how health plan choice dynamics and enrollment outcomes are affected by the ACA marketplace design (also referred to as "choice architecture") and enrollee characteristics.



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