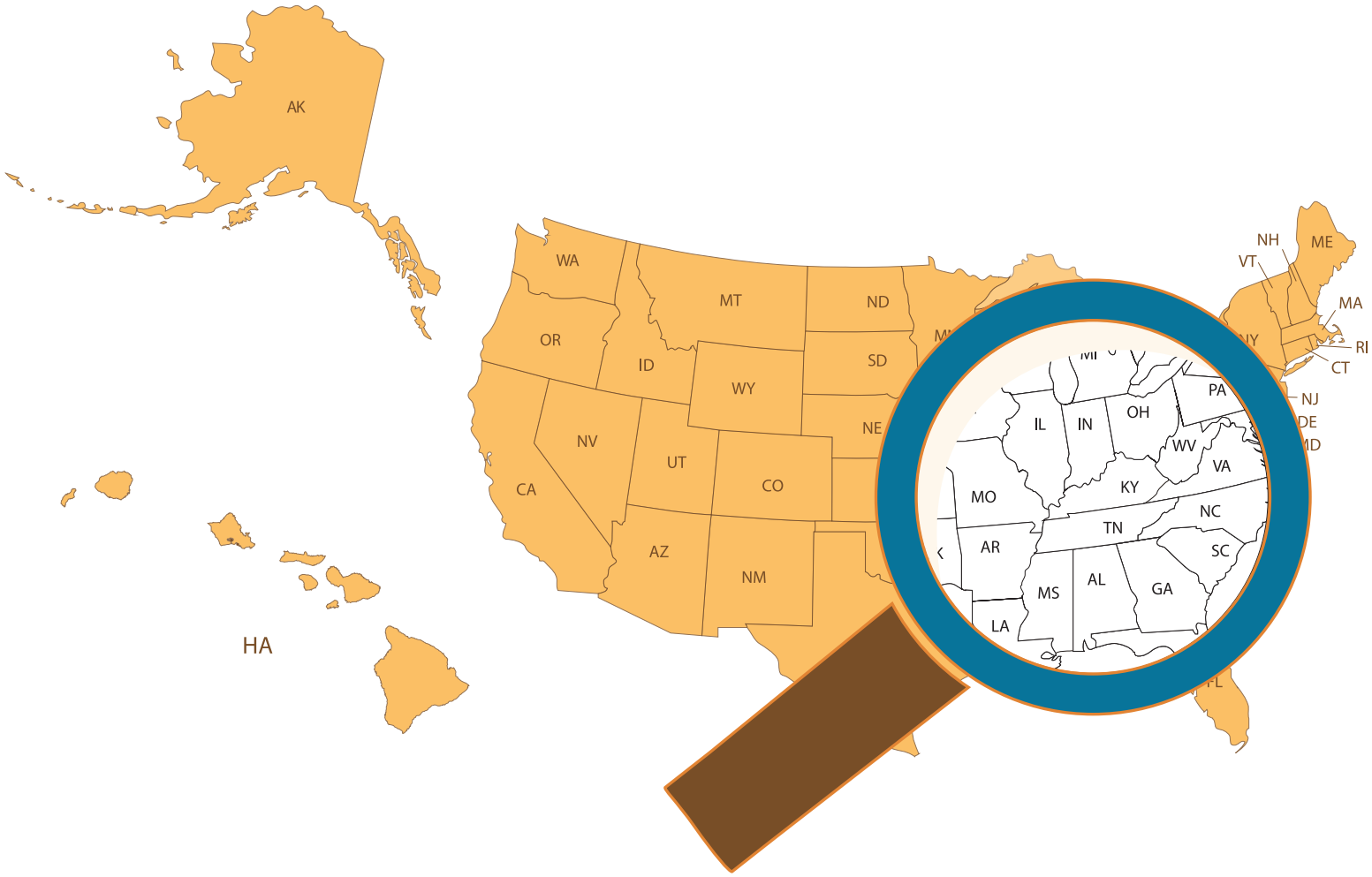
share
State Health Access Reform Evaluation

Program Report

DECEMBER 2013 | www.shadac.org/share



Robert Wood Johnson Foundation

shadac
State Health Access Data Assistance Center

Table of Contents

Robert Wood Johnson Foundation

shadac
STATE HEALTH ACCESS DATA ASSISTANCE CENTER

The University of Minnesota's State Health Access Data Assistance Center (SHADAC) is funded by the Robert Wood Johnson Foundation to collect and analyze data to inform state health policy decisions relating to health insurance coverage and access to care. For more information, please contact us at shadac@umn.edu, or call 612-624-4802.

State Health Access Reform Evaluation (SHARE): Who We Are.

The State Health Access Reform Evaluation (SHARE) is a National Program of the Robert Wood Johnson Foundation (RWJF) created in 2006 to support the evaluation of health policy reform at the state level and develop an evidence-based resource to inform health reform efforts in the future. Key goals of the grant program are to develop a coordinated approach to the study of health reform issues – particularly as they relate to the state implementation of national reform – and to produce and disseminate informative, user-friendly findings for state and federal policymakers and agencies, as well as leading researchers.

SHARE operates out of 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. Lynn Blewett, Ph.D., SHADAC's Principal Investigator and Professor in the Division of Health Policy and Management, leads the implementation and management of the program.

Program Staff

Robert Wood Johnson Foundation

Robert Wood Johnson Foundation (RWJF)

Support for SHARE is provided by a grant from the Robert Wood Johnson Foundation (RWJF). Kathy Hempstead, PhD, MA, leads SHARE at the Foundation, where she is a Senior Program Officer in the Research and Evaluation unit.

State Health Access Data Assistance Center (SHADAC)

Lynn Blewett, *PhD, Director*

Dr. Blewett is Principal Investigator and Director of SHADAC, SHARE Principal Investigator, and Professor in the Division of Health Policy and Management at the University of Minnesota School of Public Health. Dr. Blewett conducts research on factors affecting health insurance coverage, access to care, and utilization of care from a state policy perspective, and has been successful in translating research results into policy action. Her health policy experience includes legislative work for the U.S. Senate and state policy work as Director of the Health Economics Program for the Minnesota Department of Health.

Donna Spencer, *PhD, Deputy Director*

Dr. Spencer is a Senior Research Associate at SHADAC and has over 15 years of experience in applied social, public health, and health services research. In addition to managing SHARE, Dr. Spencer oversees various SHADAC research projects on health care reform and state health policy.

Caroline Au-Yeung, *MPH, Research Fellow*

Ms. Au-Yeung is a Research Fellow at SHADAC, where she administers the day-to-day operations of SHARE, manages communications and promotions for both SHARE and SHADAC, and is the lead technical writer and editor on staff.

Kelsey Avery, *BS, Research Assistant*

Ms. Kelsey Avery is currently pursuing a Master of Public Health in Administration and Policy at the University of Minnesota. Her research interests include access to care by minority groups and the translation of research into evidence-based policy. Kelsey holds bachelor's degrees in Physiology and Molecular and Cellular Biology from the University of Arizona.

SHARE: Program History

Awards

Since 2008, SHARE has awarded a total of $7.7 million in research grants, supporting 33 research projects.

The majority of institutions that have been awarded SHARE funding are college and universities and their affiliated research centers. Private research organizations (e.g., Mathematica Policy Research) and state agencies (e.g., New Mexico Human Services Department) have also received SHARE funding (Exhibit 1).

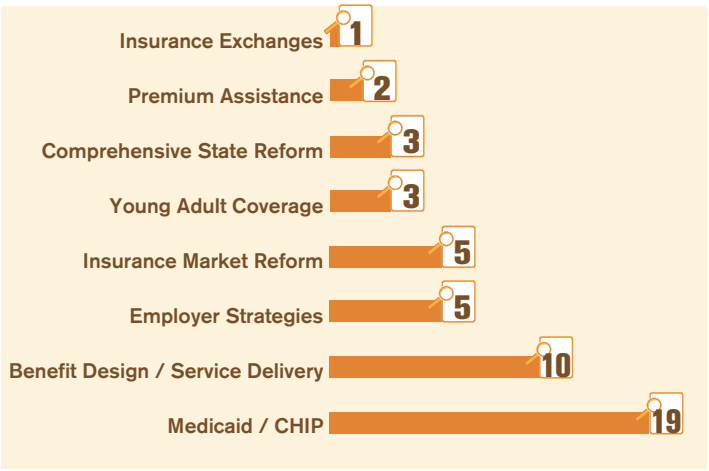
EXHIBIT 1. GRANTEE INSTITUTIONS

SHARE-funded projects have been both quick-turnaround (as short as three months) and longer-term (as long as 30 months), with individual awards ranging from $50,000 to $600,000. The demand for SHARE grants has remained consistent even as available SHARE funding has declined, reflecting the need for quicker-turnaround research that is responsive to the rapidly-changing health policy environment under the ACA: SHARE received the same number of proposals (62) in 2012, when $1.5 million in funding was available, as was received in 2008, when $5.1 million in funding was available (Exhibit 2).

Research Focus

SHARE grants have funded research focusing on a wide range of policies and programs. A dominant focus of SHARE research has been Medicaid and CHIP, with 19 studies investigating these programs. With the passage of the ACA, SHARE research has included topics that are specific to state implementation of ACA provisions, including insurance market reforms specified in the law and issues surrounding insurance exchanges/marketplaces (Exhibit 3).

EXHIBIT 3. POLICIES & PROGRAMS STUDIED



Grant total exceeds 33 because some projects have examined more than one policy or program.

Research Products

SHARE-funded research has generated approximately 170 products as of December 2013, including reports, presentations, briefs, and peer-reviewed publications. SHARE also sponsored three special-issue volumes of the peer-reviewed journal Health Services Research focused on state policy research with a fourth volume currently underway (see Appendix 1). Grantees have given 72 professional presentations at various research conferences including the annual meetings of AcademyHealth, the Association for Public Policy Analysis and Management (APPAM), and the American Economics Association (AEA). Grantees have also presented on 13 SHARE-hosted webinars with an average of over 140 attendees each (Exhibit 4). SHARE products have consistently attracted a significant amount of interest online beyond their initial delivery, as shown in Appendix II.

EXHIBIT 2. PROGRAM OVERVIEW (TOTAL AWARDS = 33)

	Round 1 (2008)	Round 2 (2010)	Round 3 (2012)	Total
Proposals Submitted	62	---	62	124
Proposals Accepted	16	---	9	25
Proposals Solicited	---	8	---	8
Total Funding Awarded	$514,3000	$1,103,000	$1,500,000	$7,746,000
Average Award Amount	$321,000	$138,000	$167,000	$223,000
Award Range	$173K to $600K	$50K to 250K	$97K to $200K	$50K to $600K
Average Award Period	21.3 months	14.3 months	18 months	18.7 months
Award Period Range	17 - 24 months	3 – 30 months	12 - 24 months	3 - 30 months

EXHIBIT 4. SHARE PRODUCTS TO DATE

	2008	2009	2010	2011	2012	2013*	Total
Reports and Technical Papers	1	2	4	1	2	7	17
Presentations	---	32	7	15	7	15	72
Briefs	---	9	12	8	8	1	38
Journal Articles	---	1	2	13	5	3	24
Webinars	---	---	6	3	1	3	13
Special Issues	1	---	---	1	---	---	2
Total	2	44	31	41	21	29	170

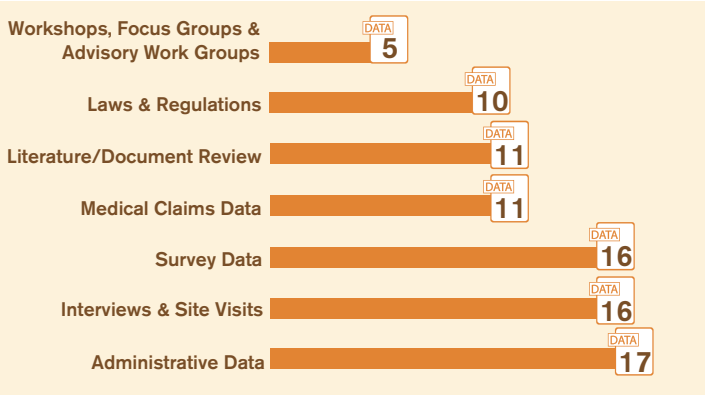
*As of December 2013

Data Used for SHARE Research

Types of Data

SHARE-funded research projects have relied on a wide range of data types, with the most common being administrative data (i.e., eligibility and enrollment data); data from interviews and site visits; and survey data. Quantitative data and qualitative data have been used with approximately the same frequency (44 times vs. 42 times), although use of qualitative data was more common during the first round of SHARE-funded research, when a qualitative component was required, than during subsequent rounds (Exhibit 5).

EXHIBIT 5. TYPES OF DATA USED

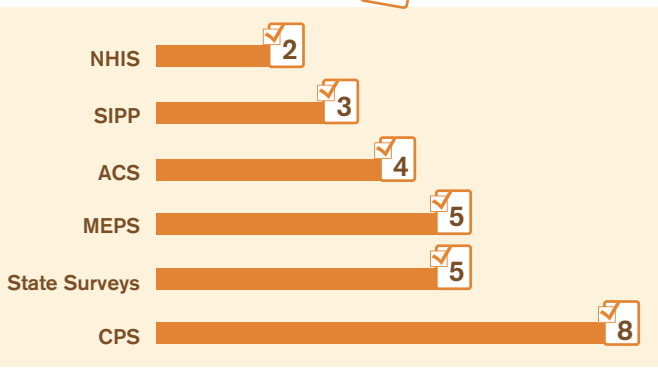


This graph shows the number of grants that use each data source. Grants may be assigned to more than one data type. Administrative data includes eligibility and enrollment data.

Survey Data

Among the SHARE projects that have relied on survey data (SHADAC's particular area of expertise), five federal surveys and five state surveys have been used. The federal surveys include the Current Population Survey (CPS), the Medical Expenditure Panel Survey (MEPS), the American Community survey (ACS), the Survey of Income and Program Participation (SIPP), and the National Health Interview Survey (NHIS). The CPS has been the most frequently used federal survey. Most studies that have used survey data have relied on some combination of surveys, whether federal and state or two or more federal surveys (Exhibit 6).

EXHIBIT 6. SURVEYS USED



Individual grants may use more than one survey.

Health Services Research *(HSR)* Special & Theme Issues

SHARE is currently sponsoring an *HSR* Theme Issue on State Health Policy Research to be released in December 2014. This SHARE-sponsored issue will include papers on the implementation and outcome of state efforts to expand health insurance coverage and access to health care services under the ACA, with the overarching goal of informing state health policy and advancing the field of health services research. Papers may cover a wide range of topics, including but not limited to: the impact of the ACA Medicaid expansion in improving coverage rates; the effectiveness of outreach and enrollment activities; persistent barriers in access to care; implementation and use of state-based and federally-facilitated health insurance exchanges; payment and delivery system reform specifically linked to access and coverage; employer responses to new coverage options; and research on provider supply, as well as the impact of the ACA on the safety net.

SHARE Grant Impacts

Federal health reform through the Affordable Care Act (ACA) will substantially expand health insurance coverage beginning in 2014. Findings from SHARE-funded evaluations of federal and state efforts to expand coverage and access provide both a preview of what we might anticipate with the full implementation of federal health reform and a series of lessons for states as implementation moves forward. SHARE research is well-positioned to provide this insight, as SHARE-funded projects have been both national and state-specific in focus, examining state-level reforms in 31 individual states as well as the state-level implications of national reform efforts. SHARE research has been vetted through the publication of 24 peer-reviewed academic papers and has been distributed widely through an ongoing webinar series (13 webinars to date), 38 issue briefs, and more than 70 conference presentations.

Early impacts of SHARE-funded research can be seen at both the federal and state level, with SHARE findings consulted and/or cited by the following organizations, among others:

National Associations

National Governors Association
American Hospital Association
National Conference of State Legislators
National Association of State Budget Officers
National Committee for Quality Assurance
National Association of Medicaid Directors

Federal Government

Department of Health & Human Services
National Center for Health Statistics
Census Bureau
Agency for Healthcare Research & Quality
Health Resources and Services Administration
Government Accountability Office
Assistant Secretary for Planning & Evaluation
Substance Abuse and Mental Health Services Administration
Veterans Affairs Office of the Actuary
Centers for Medicare & Medicaid Services
National Institutes of Health
The White House
Congressional Budget Office
Senate Finance Committee

Research Organizations / Think Tanks

Center on Budget & Policy Priorities
National Institute for Health Care Management Foundation
Blue Cross Blue Shield of Massachusetts Foundation
State Coverage Initiatives
State Refor(u)m
Kansas Health Institute
Urban Institute
The Pew Charitable Trusts
Center for Health Care Strategies
Hilltop Institute
National Association for State Health Policymakers
Mathematica Policy Research

State Agencies

Alaska Department of Public Health
California Health Benefit Exchange
California Legislative Analyst's Office
Idaho Department of Health & Welfare
Illinois Health Insurance Marketplace
Indiana Legislative Services Agency
Iowa Department of Human Services
Louisiana Department of Health & Hospitals
Maryland Department of Health & Mental Hygiene
Massachusetts Health Connector
Michigan Department of Community Health
Minnesota Department of Human Services
Montana Public Health & Human Services
Nevada Department of Health & Human Services
New Jersey Department of Human Services
New Mexico Human Services Department
New Mexico Legislative Finance Committee
New York State Department of Health
Ohio Department of Medicaid
Oklahoma Health Care Authority
Oregon Health Authority
Rhode Island Office of Health & Human Services
Tennessee Div. of Health Care Finance & Administration
Texas Health & Human Services Commission
Utah Office of the Legislative Fiscal Analyst
Vermont Health Connect
Washington State Health Care Authority
Washington Office of Financial Management
West Virginia Department of Health & Human Resources
Wisconsin Department of Health Services
Wisconsin Legislative Fiscal Bureau
Virginia Department of Medical Assistance Services

What follows is a summary of the lessons learned from select SHARE-funded research to date, along with information about the national, state, and local impacts of these projects. We also discuss the implications of SHARE findings for the implementation and impact of the ACA and identify relevant grant publications.

I. Expanding Young Adult Dependent Coverage

Effectiveness Increasing under ACA

Under a 2008 SHARE grant, **Joel Cantor** and **Alan Monheit** at Rutgers University Center for State Health Policy began assessing the impact of young-adult dependent coverage expansions in 19 states using data from the Current Population Survey (CPS). They found that, while expanding eligibility for young-adult dependent coverage had been a popular state-level policy strategy, it was not an effective one, as young adults tended to drop their own health insurance coverage in favor of coverage under their parents' policies, resulting in no net change in overall young adult coverage levels (Monheit, Cantor, DeLia, & Beloff, 2011). A subsequent SHARE-funded analysis of the ACA's dependent coverage provision found that young adult dependent coverage increased under the ACA without this substitution effect.

Grant Impact

- The **U.S. Department of Health & Human Services (HHS)** cites results of this study in the rules regarding potential challenges of implementation of the new dependent coverage provisions in the ACA (45 CFR Parts 144, 146, and 147, RIN 0991-AB66).
- The **National Center for Health Statistics (NCHS)**, after consultation with Dr. Cantor, added questionnaire items to the 2011 National Health Interview Survey (NHIS) to help identify insured young adults who were still on their parents' plan, particularly young adults not currently living with their parents. The NHIS is now being used as a tool to evaluate the coverage impact of the ACA's young adult dependent provision (SHADAC 2013; Sommers 2012).
- **HealthCare.gov** cites Dr. Monheit's 2011 *Health Services Research* article in a fact sheet on young adult coverage expansion under the ACA (http://www.healthcare.gov/news/factsheets/2012/06/young-adults06192012a.html#_ednref4).
- The **U.S. Census Bureau** cites findings from Drs. Cantor and Monheit's research in a 2012 American Community Survey (ACS) brief on young adult health insurance coverage (http://www.census.gov/prod/2012pubs/acsbr11-11.pdf).
- The **Agency for Healthcare Research and Quality (AHRQ)** lists Drs. Cantor and Monheit's 2011 *Health Services Research* and 2012 *Journal of Health Politics, Policy and Law* publications as "Articles of Interest" on its website (http://www.ahrq.gov/news/newsroom/articles-of-interest/021811.html; http://www.ahrq.gov/news/newsroom/articles-of-interest/031612.html).
- The **National Governor's Association (NGA)** cites results from Drs. Cantor and Monheit on its "State Health Policy Options" virtual resource center for state policymakers (http://statepolicyoptions.nga.org/policy_article/expanding-dependent-coverage-young-adults-lessons-state-initiatives).

ACA Implications

- Drs. Cantor and Monheit found that, after the ACA's dependent coverage provision went into effect in September 2010, young adult dependent coverage increased under the ACA without substitution for own-name coverage, with an average 4.5 percentage point reduction in uninsurance, indicating that the federal provision was effective in increasing coverage for young adults.
- During initial ACA implementation, this coverage impact was amplified in states that already had dependent coverage laws in place, although this effect is no longer evident.
- Drs. Cantor and Monheit's results show no evidence of adverse selection into dependent coverage under the ACA and thus no "red flags" for risk selection into Medicaid or State-Based Marketplaces in 2014.

GRANT PUBLICATIONS

Monheit, A., Cantor, J., DeLia, D., & Belloff, D. 2011. "How Have State Policies to Expand Dependent Coverage Affected the Health Insurance Status of Young Adults?" *Health Services Research 46*(1): 251-267.

Cantor, J., Belloff, D., Monheit, A.C., DeLia, D., & Koller, M. 2012. "Expanding Dependent Coverage for Young Adults: Lessons from State Initiatives." *Journal of Health Politics, Policy and Law 37*(1): 99-128.

Cantor, J., Monheit, A.C., DeLia, D., & Lloyd, K. 2012. "Early Impact of the Affordable Care Act on Health Insurance Coverage of Young Adults." *Health Services Research 47(*5): 1773-1790.

Cantor, J., Monheit, A.C., Belloff, D., DeLia, D., & Koller, M. January 2010. "Dependent Coverage Expansion: Estimating the impact of Current State Policies." SHARE Issue Brief. State Health Access Reform Evaluation, Minneapolis, MN. Available at http://www.shadac.org/publications/DependentCoverageExpansions.

Cantor, J., Monheit, A.C., Belloff, D., DeLia, D., & Koller, M. April 2010. "The Impact of State Dependent Coverage Expansions on Young Adults Insurance Status: Further Analysis." SHARE Issue Brief. State Health Access Reform Evaluation, Minneapolis, MN. Available at http://www.shadac.org/publications/impact-state-dependent-coverage-expansions-young-adult-insurance-status-further-analysis.

II. Data-Driven Eligibility Determination and Interagency Data-Sharing

Using and Sharing Available Data Facilitates Enrollment

Stan Dorn, of the Urban Institute, and **David Idala**, of The Hilltop Institute, used SHARE grant funds to research ways to make public program outreach and enrollment efforts more efficient and effective. Mr. Dorn analyzed Massachusetts' successful efforts to enroll eligible, low-income uninsured people into public health coverage after adopting health reform legislation in 2006, and his analysis points to the critical role of data-driven eligibility determination procedures and the use of an integrated eligibility system serving multiple programs. He recommends that state and federal reform efforts learn from Massachusetts' success and include provisions requiring both the use of available data—like that on tax returns—to determine eligibility for coverage and the use of a common application for all programs (Dorn, Hill, & Hogan, 2009).

Mr. Dorn also evaluated Louisiana's pioneering use of Express Lane Eligibility (ELE) to streamline and automate enrollment in CHIP by qualifying children for coverage based on findings of the state's SNAP eligibility records. The evaluation found that the state, which began using ELE in 2009, saw significant administrative savings and improvement in enrollment and retention of eligible children by 2011. These findings lend further support to Mr. Dorn's recommendations about data-matching (Dorn, Hill, & Adams, 2012).

Mr. Idala, who studied Maryland's efforts to target Medicaid/CHIP outreach through the use of income tax information, has highlighted the importance of facilitating interagency data-sharing to improve the effectiveness of this strategy. In his issue brief on this topic, he outlines the data-sharing agreement established between Maryland's Comptroller and the Maryland Department of Health and Mental Hygiene and discusses the 2010 Kids First Express Lane Eligibility Act that authorized the agreement (Idala et al., 2011).

Grant Impact

- The **U.S. Senate Finance Committee** consulted Stan Dorn's evaluation of CommCare enrollment as they drafted health reform legislation in 2009, and the Committee incorporated several of his recommendations into their proposal. These recommendations were ultimately included in the final language of the ACA (§1411, §1413).
- The **Indiana Legislative Services Agency** cites Mr. Dorn's CommCare findings in a 2011 report regarding the Healthy Indiana Plan, a health insurance program for uninsured adults (http://www.in.gov/legislative/publications/Healthy_Indiana_Plan.pdf).
- The **U.S. Government Accountability Office (GAO)** cites Mr. Dorn's findings from Louisiana extensively in a December 2012 report to Senate Finance Committee Chairman Max Baucus on the use of ELE in Medicaid and CHIP (U.S. GAO 2012).
- The **National Governor's Association (NGA)** cites Mr. Dorn's research on Louisiana's use of ELE in Louisiana in an ELE case study report (http://statepolicyoptions.nga.org/sites/default/files/casestudy/pdf/Louisiana%20-%20Express%20Lane%20Eligibility.pdf).
- The **U.S. Office of the Assistant Secretary for Planning and Evaluation (ASPE)** cites Mr. Dorn's Louisiana ELE research in a CHIPRA-mandated evaluation of this enrollment strategy (http://aspe.hhs.gov/health/reports/2013/CHIPRAExpressLaneYear1/rpt.cfm).
- The **Agency for Healthcare Research and Quality (AHRQ)** cites Mr. Dorn's ELE work in a "Policy Innovation Profile" report (http://www.innovations.ahrq.gov/content.aspx?id=3753).
- The **Maryland Department of Health and Mental Hygiene (MDHMH)** consulted David Idala's research team during the drafting of the interagency data-sharing component of the 2010 Kids First legislation.
- **MDHMH** also consulted with Mr. Idala's team on revisions to the dependent coverage questions on Maryland's income tax form in tax years 2008, 2009, 2010, and 2011, based on findings from Mr. Idala's SHARE-funded evaluation.
- **MDHMH** used findings from Mr. Idala's evaluation to help satisfy the requirements for Maryland to receive CHIPRA performance bonus funds, of which Maryland received $11.4 million in FY 2010 and $28.3 million in FY 2011.
- **ASPE** cites Mr. Idala's SHARE-funded research in the same CHIPRA-mandated ELE evaluation that cited Mr. Dorn's work (http://aspe.hhs.gov/health/reports/2013/CHIPRAExpressLaneYear1/rpt.cfm).

ACA Implications

- Mr. Dorn's data-sharing recommendations were included in the final eligibility and enrollment language of the ACA (§1411, §1413) which specifies that the insurance exchange (also known as "State-Based Marketplaces," or SBMs), Medicaid, and CHIP must participate in data-matching efforts and use existing available federal data to determine and update eligibility whenever possible. The ACA also mandates the use of a single, streamlined application form for exchange-based premium credits, Medicaid, and CHIP, as recommended by Mr. Dorn's research team (Dorn, Hill, & Hogan, 2009). Mr. Dorn's findings from both Massachusetts and Louisiana point to the likely effectiveness of these eligibility and enrollment strategies in improving coverage and administrative efficiency.
- Mr. Idala's interagency data-sharing recommendations for Maryland support the ACA provisions (§1413) making federal tax return information available for use in state Medicaid/CHIP outreach (Idala et al., 2011).

GRANT PUBLICATIONS

Dorn, S., Hill, I., & Adams, F. 2012. "Louisiana Breaks New Ground: The Nation's First Use of Automatic Enrollment through Express Lane Eligibility." SHARE Issue Brief. State Health Access Reform Evaluation, Minneapolis, MN. Available at http://www.shadac.org/files/shadac/publications/LouisianaCaseStudy_Brief.pdf.

Dorn, S., Hill, I., & Hogan, S. 2009. "The Secrets of Massachusetts' Success: Why 97 Percent of State Residents Have Health Coverage." SHARE Report. State Health Access Reform Evaluation, Minneapolis, MN. Available at http://www.shadac.org/files/shadac/publications/SecretsOfMassSuccessLongPaper.pdf.

Dorn, S., Hill, I., & Hogan, S. 2009. "The Secrets of Massachusetts' Success: Why 97 Percent of State Residents Have Health Coverage." SHARE Issue Brief. State Health Access Reform Evaluation, Minneapolis, MN. Available at http://www.shadac.org/files/shadac/publications/SecretsOfMassSuccessBrief.pdf.

Spicer, D., Idala, D., John, J., & Roddy, T. 2012. "Lessons from the Implementation of the Maryland Kids First Act." Issue Brief The Hilltop Institute, Baltimore, MD, and State Health Access Reform Evaluation, Minneapolis, MN. Available at http://www.shadac.org/files/shadac/publications/LessonsFromImplementation-KidsFirst-October2012.pdf.

Idala, D., Somerville, M., Spicer, L., Boddie-Willis, C., John, J., & Roddy, T. 2011. "Overcoming Interagency Data-Sharing Barriers: Lessons from the Maryland Kids First Act." Issue Brief. The Hilltop Institute, Baltimore, MD, and State Health Access Reform Evaluation, Minneapolis, MN. Available at http://www.shadac.org/files/shadac/publications/MarylandDataSharingBrief_1.pdf.

Idala, D., Roddy, T., Milligan, C., Sommers, A., Boddie-Willis, C., Clark, A., & Dorn, S. 2009. "Using Information from Income Tax Forms to Target Medicaid and CHIP Outreach: Preliminary Results of the Maryland Kids First Act." SHARE Issue Brief. State Health Access Reform Evaluation, Minneapolis, MN. Available at http://www.shadac.org/files/shadac/publications/MarylandKidsFirstTaxForms.pdf.

III. Comprehensive Reforms Versus Incremental Reforms

Comprehensive Reforms More Effective at Increasing Coverage, Improving Access

Among all states, Massachusetts is the closest in implementing comprehensive reform that mirrors the approach that will be deployed in the ACA. **Sharon Long** and her colleagues at the Urban Institute highlighted the benefit of comprehensive reform in their SHARE-funded study, which evaluated and compared changes in coverage and access in Massachusetts and New York since their reform efforts in 2006 and 2000, respectively. Both states implemented health reforms, but New York targeted only lower-income adults, while Massachusetts made a comprehensive push toward coverage for all income groups. The study found substantially greater coverage and access gains over time in Massachusetts compared to New York. These findings provided additional evidence of the gains achieved in Massachusetts, helping to maintain support for reform in the state and reinforcing support for the elements of reform drawn from Massachusetts as part of the ACA.

Grant Impact

- The **Massachusetts Health Connector** cites Sharon Long's paper about the effects of Massachusetts' young adult provisions in its Annual Report to the Massachusetts Legislature for Fiscal Year 2010 (https://www.mahealthconnector.org/portal/binary/com.epicentric.contentmanagement.servlet.ContentDeliveryServlet/Health%2520Care%2520Reform/How%2520Insurance%2520Works/ConnectorAnnualReport2010.pdf).
- A **White House** fact sheet about the ACA and healthcare cost trends cites Dr. Long's 2009 *American Economic Review* article on the impact of health reform in Massachusetts (http://www.whitehouse.gov/sites/default/files/docs/fact_sheet_implementing_the_affordable_care_act_from_the_erp_2013_final1.pdf).
- The **National Institute for Health Care Management (NIHCM) Foundation** cites Dr. Long's research characterizing the remaining uninsured adults in Massachusetts on its resource page on adolescent and young adult health in the post-reform era (http://www.nihcm.org/component/content/article/336).
- The **American Hospital Association** cites Dr. Long's research on Massachusetts' remaining uninsured adults in its resource center archives (http://www.aha.org/research/rc/bibliography/access-and-coverage-archive-2011-2010.shtml).
- The **Blue Cross Blue Shield of Massachusetts Foundation (BCBSMAF)** cites Dr. Long's report on Massachusetts' young adult provisions in its resource guide on health disparities (http://bluecrossmafoundation.org/health-disparities-women-children-minorities-and-persons-disabilities).
- **BCBSMAF** cites Dr. Long's paper comparing reforms in New York and Massachusetts and her research on Massachusetts remaining uninsured in its resource guide on coverage, access, and affordability (http://bluecrossmafoundation.org/resource-guide/research-findings-2006-laws-impact-individuals-and-businesses).
- Dr. Long's *American Economic Review* paper that disentangles the effects of the young adult provisions in Massachusetts was used as background to support the young adult provisions in the ACA (Long, Yemane, & Stockley, 2010).

ACA Implications

- The ACA is sometimes criticized for its size and scale, but Dr. Long's finding that Massachusetts (with its comprehensive reforms) saw greater gains in coverage and access than were seen in New York (with its more narrowly-focused reforms) lends support to the comprehensive approach used by federal policymakers in the federal reform law (Long & Stockley, 2011).
- Dr. Long's 2010 analysis of coverage gains among young adults in Massachusetts presaged the effectiveness of the ACA's dependent coverage expansion, and the effectiveness of this targeted initiative within the federal law has already been evidenced by coverage gains among young adults in the first two years following the ACA's passage.

GRANT PUBLICATIONS

Long, S., & Stockley, K. 2011. "The Impacts of State Health Reform Initiatives on Adults in New York and Massachusetts." *Health Services Research 46*(1): 365-387.

Long, S., Stockley, K., & Dahlen, H. 2011. "National Reform: What Can We Learn from Evaluations of Massachusetts?" SHARE Issue Brief. State Health Access Reform Evaluation, Minneapolis, MN. Available at http://www.shadac.org/files/shadac/publications/MassachusettsNationalLessonsBrief.pdf.

Long, S., Yemane, A., & Stockley, K. 2010. "Disentangling the Effects of Health Reform in Massachusetts: How Important Are the Special Provisions for Young Adults?" *American Economic Review 100*(2): 297-302.

Long, S., Phadera, L., & Lynch, V. 2010. "Massachusetts Health Reform in 2008: Who Are the Remaining Uninsured Adults?" SHARE Issue Brief. State Health Access Reform Evaluation, Minneapolis, MN. Available at http://www.shadac.org/files/shadac/publications/MassReform2008UninsuredBrief.pdf.

Long, S., Yemane, A., & Stockley, K. 2010. "The Importance of Young Adult Provisions in Massachusetts' Health Reform." SHARE Issue Brief. State Health Access Reform Evaluation, Minneapolis, MN. Available at http://www.shadac.org/files/shadac/publications/MassReform2008YoungAdultsBrief.pdf.

Long, S., Stockley, K., & Yemane, A. 2009. "Another Look at the Impact of Health Reform in Massachusetts: Evidence Using New Data and a Stronger Model." *American Economic Review 99*(2): 508-511.

IV. Tax-Free Individual Coverage In The Small-Group Market

Section 125 Plans Have Little Impact on Coverage, May Have More Impact under ACA

Mark Hall of Wake Forest University was funded by a SHARE grant to study the use of section 125 plans in Massachusetts, Missouri, and Indiana to allow tax-free premiums for individuals to purchase insurance who work for small employers. While Mr. Hall found negligible impacts from this coverage expansion strategy since their adoption in 2007 and 2008, he points out that the market conditions and rules under which state laws governing section 125 plans currently operate will change under federal health reform, and these plans might function differently in a reformed market.

Grant Impact

- The **Agency for Healthcare Research and Quality (AHRQ)** lists Mr. Hall's 2011 *Health Services Research* publication as an "Article of Interest" on its website (http://www.ahrq.gov/news/newsroom/articles-of-interest/021811.html).
- The **International Foundation of Employee Benefit Plans (IFEBP)** cites Mr. Hall's 2010 *Inquiry* article as a resource on its website (http://www.ifebp.org/inforequest/0159421.pdf).

ACA Implications

- Mr. Hall and his research team observed that without a mandate to offer coverage, few employers in three case study states were strongly motivated to offer section 125 plans as an employment incentive, and employers were hesitant to drop group coverage altogether and force employees into the medically underwritten market. The ACA ban on medical underwriting raises the possibility that employers might increasingly drop out of the group market and offer section 125 plans; however, this has not occurred in Massachusetts, where medical underwriting is prohibited by state law, and Mr. Hall and his team do not expect it to be a significant concern under the ACA (Hall, Hager, & Orentlicher, 2011).

GRANT PUBLICATIONS

Hall, M., Hager, C., & Orentlicher, D. 2011. "Using Payroll Deduction to Shelter Individual Health Insurance from Income Tax." *Health Services Research 46*(1): 348-364.

Hall, M., & Monahan, A. 2010. "Paying for Individual Health Insurance Through Tax-Sheltered Cafeteria Plans." *Inquiry 47*(3): 252-261.

Monahan, A., & Hall, M. 2009. "Section 125 Plans for Individual Insurance and HIPAA's Group Insurance Provisions." SHARE Issue Brief. State Health Access Reform Evaluation, Minneapolis, MN. Available at http://www.shadac.org/publications/section-125-plans-individual-insurance-and-hipaas-group-insurance-provisions.

V. Promoting Small Employer Coverage

Premium Subsidies Play Critical Role

Federal health reform under the ACA includes financial incentives for small employers to provide insurance and premium subsidies to low-income persons to purchase insurance through the exchange. **Anna Sommers** and her colleagues at The Hilltop Institute (University of Maryland, Baltimore County) were funded by SHARE to evaluate a small employer subsidized coverage initiative in New Mexico (the "State Coverage Insurance" (SCI) program), examining employer and employee experiences during the program's initial implementation from June 2007 to August 2008. The researchers found that small employers who inquired about SCI but who decided not to participate were significantly more likely to report affordability concerns than were participating employers (Sommers, Abraham, Spicer, Mikow, & Spaulding-Bynon, 2011).

Through another SHARE grant, **Edward Miller** and his colleagues at Brown University evaluated the first year of Rhode Island's Healthpact program – another program designed to encourage small employer coverage. Beginning in October 2007, Healthpact provided a high deductible plan with premiums capped at 10 percent of the average wage in the state but did not include a public subsidy. Take-up for both plans was very low, with only 500 individuals enrolling between October 2007 and January 2009. Dr. Miller and his colleagues suggest that the low take-up had to do in part with a lack of subsidies, and that premium subsidies will be key to the effectiveness of national efforts to reform the small-group market (Miller, Trivedi, Kuo, & Mor, 2011).

Grant Impact

- In its September 2009 application for a Medicaid Non-Pregnant Childless Adult Section 1115 Waiver (necessitated by Section 112 of the Children's Health Insurance Program Reauthorization Act, or CHIPRA), the **New Mexico Human Services Department (HSD)** proposed modifications to the SCI program based on the findings from Dr. Sommers' SHARE-funded SCI evaluation. For example, the cost-sharing findings were used to justify changing the program's cost-sharing structure for employees and to justify maintaining the cost-sharing structure for small employers (http://www.hsd.state.nm.us/mad/pdf_files/CHIPRA-Waiver-CI-signature(9-30-09).pdf).
- The **Indiana Legislative Services Agency** cites findings from the SHARE-funded evaluation of SCI in a report prepared for the **Indiana Health Finance Committee**. The report examines the Healthy Indiana Plan (HIP) in the context of other state efforts to provide coverage to childless adults (http://www.in.gov/legislative/publications/Healthy_Indiana_Plan.pdf).
- In a report prepared for the **Idaho Department of Health and Welfare** on the demographics of Idaho's newly-eligible Medicaid population, Leavitt Partners cite findings from Dr. Sommers' SCI work when providing contextual information from other states (http://healthandwelfare.idaho.gov/Portals/0/Medical/MedicaidCHIP/0918%20Idaho%20Medicaid%20Leavitt%20Report.pdf).
- The **National Conference of State Legislatures (NCSL)** cites Dr. Sommers' SCI small employer findings as a resource on its page about state roles in employer-sponsored health insurance (http://www.ncsl.org/issues-research/health/small-business-health-insurance.aspx).
- The **Washington State Health Care Authority (HCA)** cited Dr. Miller's Healthpact findings to justify key policy decisions related to Washington State's Health Insurance Partnership (HIP), a small business initiative (http://www.hca.wa.gov/documents/legreports/Report-SHB2052HealthInsurancePartnership-Draft.pdf).
- The **U.S. Substance Abuse & Mental Health Services Administration (SAMHSA)** cites Dr. Miller's analysis of Healthpact on its website (http://162.99.3.205/post/Small-Group-Health-Insurance-Reform-in-Rhode-Island-Promises-and-Pitfalls-of-the-HEALTHpact-Plan.aspx).
- The **U.K. National Health Service (NHS)** library cites Dr. Miller's Healthpact analysis on its website (http://www.library.nhs.uk/booksandjournals/details.aspx?t=Insurance%2c+Health&stfo=True&sc=bnj.ebs.cinahl,bnj.pub.MED,bnj.ovi.psyh&p=47&sf=srt.unspecified&sfld=fld.title&sr=bnj.pub&did=21054375&pc=211.id=2302).

ACA Implications

- The findings from Dr. Sommers' and Dr. Miller's research indicate that the size of employer subsidies will impact whether the ACA's small employer tax credits will be sufficient to encourage small employers to offer coverage. If small employers are less responsive to the tax credits than anticipated, the adequacy of these tax credits will need to be reconsidered.

GRANT PUBLICATIONS

Miller, E. 2013. *Block Granting Medicaid: A Model for 21st Century Health Reform?* New York, NY: Routledge.

Miller, E., Samuel, D., Allen, S., Trivedi, A., & Mor, V. 2013. "Medicaid Block Grants: Lessons from Rhode Island's Global Waiver." SHARE Issue Brief. State Health Access Reform Evaluation, Minneapolis, MN. Available at http://www.shadac.org/publications/medicaid-block-grants-lessons-rhode-islands-global-waiver.

Miller, E. June 2011. "Affordability of Health Insurance to Small Business: Implications of the Patient Protection and Affordable Care Act." *Journal of Health Politics, Policy and Law 36*(3): 539-546.

Miller, E., Trivedi, A., Kuo, S., & Mor, V. 2011. "Implementing Small Group Health Insurance Reform: The HealthPACT Plan of Rhode Island." *Medical Care Research and Review 68*(6): 712-724.

Miller, E., Trivedi, A., Kuo, S., & Mor, V. 2011. "Small Group Health Insurance Reform in Rhode Island: Promises and Pitfalls of the HEALTHpact Plan." *Health Services Research 46*(1): 285-297.

Miller, E., Trivedi, A., Kuo, S., & Mor, V. 2010. "Rhode Island's HEALTHpact Plan: Lessons for Small-Group Reform." SHARE Issue Brief. State Health Access Reform Evaluation, Minneapolis, MN. Available at http://www.shadac.org/files/shadac/publications/HEALTHpactBrief.pdf.

Sommers, A., Abraham, J., Spicer L., Mikow, A., & Spaulding-Bynon, M. 2011. "Small Group Employer Participation in New Mexico's State Coverage Insurance Program: Lessons for Federal Reform." *Health Services Research 46*(1): 268-284.

Sommers, A., Spicer, L., Mikow, A., Abraham, J., Milligan, C., & Spaulding-Bynon, M. 2010. "Small Business Participation in the New Mexico State Coverage Insurance Program: Evaluation Results." Issue Brief. The Hilltop Institute, Baltimore, MD, and State Health Access Reform Evaluation, Minneapolis, MN. Available at http://www.shadac.org/files/shadac/publications/NewMexicoSmallBusinessSCI.pdf.

Spicer, L., Sommers, A., Boddie-Willis, C., Mikow, A., Abraham, J., Milligan, C., & Spaulding-Bynon, M. 2010. "Participation in the New Mexico State Coverage Insurance (SCI) Program: Lessons from Enrollees." SHARE Issue Brief. State Health Access Reform Evaluation, Minneapolis, MN. Available at http://www.shadac.org/files/shadac/publications/SCIEnrolleeBrief.pdf.

VI. Reducing Compensation For Uncompensated Care Under ACA

Hospitals in States Forgoing Medicaid Expansion Likely to Face Significant Burden

The ACA, as passed in 2010, called for the expansion of Medicaid income eligibility to 138 percent of poverty in all states. With this provision, the ACA anticipated a substantial decrease nationwide in the uncompensated care provided by hospitals and therefore established a series of payment reductions under the Medicare and Medicaid Disproportionate Share Hospital (DSH) program. The 2012 Supreme Court decision that made the Medicaid expansion optional for states means that non-expansion states might not see the decreases in uncompensated care that were envisioned when the scheduled DSH reductions were established. This could result in a substantial financial shortfall for hospitals in these states when the DSH reductions go into effect.

Through a SHARE grant awarded in 2012, Vanderbilt University's **John Graves** simulated the ACA's scheduled DSH reductions for each state to estimate the impact on the amount of uncompensated care provided by hospitals. Because the scale of the reductions is dependent on a state's uninsured numbers (so that states with more uninsured residents will see more tempered DSH reductions), Dr. Graves simulated the reductions for each state under both a full Medicaid expansion scenario (i.e., lower uninsured numbers) and a non-expansion scenario (i.e., higher uninsured numbers). The simulation results showed "non-trivial" reductions in DSH funding between 2014 and 2020 in nearly every state even under the non-expansion scenario (i.e., with lighter DSH reductions), indicating that states forgoing Medicaid expansion are likely to face a significant uncompensated care burden (Graves, 2012).

Grant Impact

- **The National Conference of State Legislators (NCSL)** invited Dr. Graves to present his DSH simulation work to policymakers at a presentation on August 30, 2012, at the NCSL 2012 Fiscal Summit.
- The **U.S. Substance Abuse & Mental Health Services Administration (SAMHSA)** cites Dr. Graves' *New England Journal of Medicine* publication as a resource on its website (http://www.samhsa.gov/healthreform/docs/Financing-Focus-011713.pdf).
- The findings from Dr. Graves's DSH simulation have been widely distributed since their release in December 2012 to hospital executives and expansion advocates and have been cited in the debate over Medicaid expansion in states across the country, including **California, the District of Columbia, Mississippi, Ohio, South Carolina, Tennessee, Texas, and West Virginia** among others (for example, see Boettner and Frazier 2013; Carter 2013; Catholic Health Association of the United States 2013; Health Foundation of Greater Cincinnati 2013; Jacob 2013).

ACA Implications

- Dr. Graves' findings highlight the important role that DSH plays in hospital financing and the potential impact of DSH reductions in states that are choosing not to expand Medicaid. The DSH provisions provide some leverage on the side of expansion, and they have motivated hospitals to advocate for expansion. The concern expressed by hospitals about DSH reductions may have played a part in the recent **Centers for Medicare and Medicaid Services (CMS)** proposed rule (https://www.federalregister.gov/articles/2013/05/15/2013-11550/medicaid-program-state-disproportionate-share-hospital-allotment-reductions) that would delay the timeline of the DSH reductions (Galewitz 2013).

GRANT PUBLICATIONS

Graves, J., & Swartz, K. 2013. "Understanding State Variation In Health Insurance Dynamics Can Help Tailor Enrollment Strategies For ACA Expansion." *HealthAffairs 32*(10): 1823-1840.

Graves, J. September 25, 2013. "Plano, Texas Vs. Revere, Massachusetts: Sorting Through The Differing Causes and Durations of Uninsurance." *HealthAffairs Blog*. Available at http://healthaffairs.org/blog/author/graves/.

Graves, J. 2012. "Medicaid Expansion Opt-Outs and Uncompensated Care." *New England Journal of Medicine 367*:2365-236.

VII. Determining Eligibility For Assistance Under The ACA: Monthly Vs. Annual Income

Discrepancies in Eligibility Determination for Medicaid and Exchange-Based Assistance Likely to Create Coverage Disruptions, Financial Hardship

John Czajka and **Cheryl Camillo** at Mathematica Policy Research were funded by SHARE in 2010 to evaluate the likely sub-annual movement of low-income adults between Medicaid and the exchange in order to assess the consequences of using a monthly income definition to determine Medicaid eligibility and an annual income definition to determine eligibility for cost-sharing reductions and tax credits in the exchange. Using data from the 2011 Current Population Survey (CPS), the researchers found that more than one-fifth of nonelderly adults with family incomes between 50 and 138 percent of poverty were likely to experience significant swings in monthly family income due to employment patterns.

Under a separate SHARE grant, **Lara Shore-Sheppard** of Williams College evaluated the income dynamics and characteristics of families with incomes up to 400 percent of poverty using the Survey of Income and Program Participation (SIPP) data from 1996 to 2005. Dr. Shore-Sheppard observed that the question of monthly versus annual income creates problems for individuals with sub-annual income decreases even if they do not move out of the exchange altogether, since exchange subsidies will not adjust to these income declines and could become unaffordable from one month to the next (SHARE 2012).

Grant Impact

- The **National Association of State Budget Officers (NASBO)** cites the first brief from Dr. Czajka's study (about issues faced by state Medicaid and CHIP programs as they implement eligibility changes under the ACA) as a resource on its website (http://www.nasbo.org/node/2251).
- The **Veterans Affairs Office of the Actuary** consulted Dr. Czajka's income volatility analysis during its efforts to simulate the impacts of the ACA on veterans' coverage.

ACA Implications

- The analysis by Dr. Czajka and Ms. Camillo indicates that monthly income instability among low-income adults will result in significant numbers of people gaining and then losing eligibility for Medicaid within the course of a given year while not being able to take full advantage of Exchange-based cost-sharing reductions and tax credits because of lower-than-required annual income. Dr. Czajka points to the need to address this problem through the ACA implementing regulations and other mechanisms (Czajka, 2013).
- Dr. Shore-Sheppard's observation about potential premium affordability issues for individuals who remain within the annual exchange income guidelines while experiencing sub-annual income changes provides further evidence of the need to address the issue of sub-annual income volatility. Leaving this discrepancy unresolved could undermine the ACA's goal of expanding affordable and continuous coverage by creating coverage disruptions and financial hardship for the very populations most directly targeted by the affordability and coverage components of the law.

GRANT PUBLICATIONS

Czajka, J. 2013. "Income Eligibility for Assistance under the ACA: The Question of Monthly vs. Annual Income." State Health Access Reform Evaluation, Minneapolis, MN. Available at http://www.shadac.org/share/grant/Eligibility-MAGI.

Czajka, J. 2013. "Translating Modified Adjusted Gross Income (MAGI) to Current Monthly Income." "SHARE Issue Brief." State Health Access Reform Evaluation, Minneapolis, MN. Available at http://www.shadac.org/files/shadac/publications/TranslatingMAGItoCurrenlyMonthlyIncome.pdf.

Camillo, C. July 2012. "Implementing Eligibility Changes under the Affordable Care Act: Issues Facing State Medicaid and CHIP Programs." "SHARE Issue Brief." State Health Access Reform Evaluation, Minneapolis, MN. Available at http://www.shadac.org/files/shadac/publications/EligibilityChangesStateIssues_Brief1.pdf.

Au-Yeung, C., & Czajka, J. July 2011. "Modified Adjusted Gross Income: Implications for Medicaid Eligibility Systems under the ACA." "SHARE Issue Brief." State Health Access Reform Evaluation, Minneapolis, MN. Available at http://www.shadac.org/files/shadac/publications/ACA%20Note_MAGI_FMAP.pdf.

VIII. Implementing The ACA In Rural America

Network Adequacy Standards Should be Tailored to Ensure Rural Access

Andrew Coburn and his colleagues at the University of Southern Maine were awarded SHARE funding to evaluate the implementation and impacts of the ACA in rural areas of the United States, looking at several important topics for rural areas. Key among these issues is the question of network adequacy standards for Qualified Health Plans (QHPs) in rural areas—i.e., how to craft standards that are strong enough to provide "real protections" for beneficiaries while incorporating a degree of flexibility that is sufficient to accommodate rural delivery system constraints and ensure the willingness of QHPs to serve rural areas. Based on their analysis, the authors suggest several strategies for achieving this flexibility, including: establishing more lenient standards to account for the degree of rurality in a given area and for rural utilization norms; allowing midlevel clinicians (e.g., physician assistants and nurse practitioners) to be counted toward fulfillment of patient-provider ratios; and incorporating delivery system innovations such as telehealth (Talbot, Coburn, Croll, & Ziller, 2013).

Grant Impact

- The **Rural Assistance Center**, a product of the U.S. Department of Health and Human Services' Rural Initiative, lists Dr. Coburn's brief on geographic rating among the resources in its online library (http://www.raconline.org/publications/documents/8501/).

ACA Implications

- Dr. Coburn's findings point to the need to tailor network adequacy standards for Qualified Health Plans according to the circumstances of rural areas so that the ACA's goal of network adequacy does not undermine access to coverage by dissuading QHPs from serving rural areas.

GRANT PUBLICATIONS

Talbot, J., Coburn, A., Croll, Z., & Ziller, E. 2013. "Rural Considerations in Establishing Network Adequacy Standards for Qualified Health Plans in State and Regional Health Insurance Exchanges." *The Journal of Rural Health 00*: 1-9. doi: 10.1111/jrh.12012.

Coburn, A., Ziller, E., Croll, Z., & Kilbreth, E. May 2012. "The Rural Implications of Geographic Rating of Health Insurance Premiums." SHARE Issue Brief. State Health Access Reform Evaluation, Minneapolis, MN. Available at http://www.shadac.org/files/shadac/publications/RuralImplicationsofGeographicRating.pdf.

Coburn, A., Talbot, J., Ziller, E., & Gage-Croll, Z. June 2011. "CO-OP Health Plans: Can They Help Fix Rural America's Health Insurance Markets?" SHARE Issue Brief. State Health Access Reform Evaluation, Minneapolis, MN. Available at http://www.shadac.org/files/shadac/publications/CO-OPsInRuralMarkets.pdf.

IX. Mitigating Adverse Risk Selection Through Basic Health Programs

Massachusetts' Commonwealth Care Program Indicates that Basic Health Plans (BHPs) Could Buffer Exchanges from Adverse Selection

Risk selection is a major concern for states as they plan exchanges and decide whether to develop a Basic Health Plan under the ACA. A Basic Health Plan could help buffer the exchange from adverse risk selection by separately pooling and financing the medical risk of low-income adults. To learn more about this possibility, **Deborah Chollet** and her research team at Mathematica Policy Research were funded by SHARE to evaluate the risk experience of Massachusetts' Commonwealth Care Program ("CommCare") from November 2006 to November 2008. CommCare is a separate health plan in the state serving low-income adults ineligible for Medicaid, much like a Basic Health Plan under the ACA.

The researchers found that by enrolling many low-income individuals in relatively poor health into CommCare's separate risk pool, Massachusetts appears to have helped cushion the commercial insurance market from some effects of the state's health care reforms. Moreover, while CommCare initially experienced adverse selection, risk selection improved over time as Massachusetts implemented its individual mandate and increased the level of income at which adults qualified for full subsidies.

Grant Impact

- The **National Governors Association (NGA)** cites results from this study on its "State Health Policy Options" virtual resource center for state policymakers (http://statepolicyoptions.nga.org/policy_article/selection-massachusetts-commonwealth-care-program-lessons-state-basic-health-plans).
- **State Coverage Initiatives** cites Dr. Chollet's research on risk selection and BHPs on its Federal Reform Resources page (http://www.statecoverage.org/node/3934).

ACA Implications

- The results from Dr. Chollet's research indicate that other states should consider whether low-income individuals newly entering the commercial market might present much higher medical risk than individuals who are currently insured in the commercial market or who are otherwise likely to enroll under the ACA's individual mandate. States may want to consider pooling and financing the medical risk of low-income adults separately, as Massachusetts did and Minnesota is doing with its MinnesotaCare program ("MinnesotaCare," 2013), by establishing a Basic Health Plan (Chollet, Barrett, & Lischko, 2012).

GRANT PUBLICATIONS

Chollet, D., Barret, A., & Lischko, A. 2012. "Selection in Massachusetts' Commonwealth Care Program: Lessons for State Basic Health Plans." SHARE Issue Brief. State Health Access Reform Evaluation, Minneapolis, MN. Available at http://www.shadac.org/files/shadac/publications/RiskSelectionCommCareBHP_Brief.pdf.

X. Anticipating The Health Needs Of The Newly-Insured

Health Needs Assessments Have Predictive Value; States Should Consider Their Primary Care Capacity

With millions of new enrollees projected to enter Medicaid starting in 2014 and little utilization history available for many of them, the ability to effectively design benefits that will accommodate the needs of this population is limited. **Lindsey Leininger** at the University of Illinois at Chicago is using a SHARE grant to evaluate Wisconsin's incorporation of a health needs assessment (HNA) into its Medicaid application to determine if the HNA is an effective mechanism for informing program design. Dr. Leininger's initial findings from her analysis of 2009 to 2010 administrative and claims data indicate that a simple, self-reported health screen embedded in a Medicaid application provides sufficient predictive power to be used as a tool to prospectively classify "as risk" individuals for the purposes of informing the design of benefits.

For another SHARE project, **Tom DeLeire** and his reseatrch team at the University of Wisconsin-Madison, together with officials from the Wisconsin Department of Health Services (DHS), are also using Wisconsin's experience as a case study. Dr. DeLeire's team is evaluating the particular utilization and cost patterns of low-income, uninsured childless adults who became newly eligible for Medicaid in 2009 under the state's waiver, with the goal of helping other states anticipate likely areas of increased demand and pressure on health system capacity as Medicaid coverage is expanded to this population more broadly under the ACA. Preliminary analyses of 2009 to 2010 administrative claims data point to an increased need for access to primary care to avoid a post-expansion jump in emergency department utilization, which grew 46 percent in the 12 months following Wisconsin's childless adult expansion.

Grant Impact

- Dr. Leininger has already spoken with policymakers from Oregon about preliminary results from her SHARE-funded study and how the results can inform efforts in Oregon. A pending analysis incorporating national data from the Medical Expenditure Panel Survey (MEPS) will further enhance the relevance of this research to other states by moving the analysis beyond an evaluation of Wisconsin's HNA screening tool in particular to an analysis of how future similar efforts could be improved.
- Dr. DeLeire's preliminary findings on utilization have been shared with stakeholders and leaders in Wisconsin with an interest in ACA-related Medicaid expansion opportunities. These stakeholders and leaders—state executive and elected officials, along with individuals from the private sector—have come from the **Wisconsin DHS**, the **Wisconsin Legislative Fiscal Bureau**, the Wisconsin Hospital Association, and the **Milwaukee Health Care Partnership** (an alliance of CEOs of Mil waukee's major hospital systems and FQHCs).

ACA Implications

- Preliminary findings from Dr. Leininger's analysis of the predictive value of the HNA indicate that it is meaningfully predictive of the health care needs for a sample of new childless adult enrollees. As states plan for the health care needs of an expanded Medicaid population under the ACA, they may consider the use of an HNA to inform targeted care delivery innovations for high-needs enrollees. The second phase of Dr. Leininger's analysis will incorporate national data so that the analysis can better inform the use of HNAs in states beyond Wisconsin.
- Early findings from Dr. DeLeire's analysis of utilization patterns among newly-insured childless adults in Wisconsin indicate the importance of ensuring sufficient primary care access for the ACA's Medicaid expansion population. The ACA does include mechanisms to support primary care access for this group, such as temporarily enhanced provider reimbursement for Medicaid patients, but concerns remain about the capacity of the health care delivery system to handle the influx of primary care demand from the newly-insured.

XI. Encouraging Behavior Change Through Benefit Design

Reduced Cost-Sharing Increases Use of High-Value Services

Federal health reform under the ACA attempts to increase the use of preventive care services. Under a 2008 SHARE grant, **Genevieve Kenney** and her research team at the Urban Institute examined the impact of several reform strategies, adopted between 2005 and 2008 in Kentucky and in 2006 and 2007 in Idaho, on the receipt of preventive care. Policy changes included increasing Medicaid reimbursement rates, introducing premium forgiveness, and implementing delivery system changes. The most substantial increases in preventive care use and timely receipt of such care were associated with Idaho's premium forgiveness program. Paying providers more for preventive services also had a small positive association with receipt of well-child care in Idaho.

Under another SHARE grant, **Richard Hirth** at the University of Michigan is collaborating with the State of Connecticut to evaluate trends in utilization and expenditures made by enrollees in Connecticut's Health Enhancement Program (HEP), which uses principles of value-based insurance design in an attempt to reduce spending on healthcare for Connecticut's active and retired state employees. Preliminary findings derived from 2011 to 2012 claims data indicate that rewarding the use of high-value healthcare services through premium reductions, deductible elimination, and reduction or elimination of copayments may be effective in increasing the use of evidence-based care, promoting favorable utilization changes, and slowing increases in health spending.

Grant Impact

- Findings from Dr. Kenney's research on Medicaid in Idaho and Kentucky were published in 2012 in *Medicare and Medicaid Research Review*, a publication of the **Centers for Medicare and Medicaid Services (CMS)**, Center for Strategic Planning (Marton et al., 2012).
- The **U.S. Substance Abuse & Mental Health Services Administration (SAMHSA)** highlights Dr. Kenney's Health Services Research publication on its website (http://162.99.3.205/post/The-Effects-of-Medicaid-and-CHIP-Policy-Changes-on-Receipt-of-Preventive-Care-among-Children.aspx).
- **State Refor(u)m** highlights early results from Dr. Hirth's SHARE-funded research on its blog (http://www.statereforum.org/weekly-insight/value-based-insurance-design-and-health-reform. The blog authors recommend that, based on Dr. Hirth's findings, states take advantage of the flexibility offered in a CMS proposed rule allowing states to strategically impose cost-sharing on Medicaid enrollees based on the clinical value of care.
- In Connecticut, based on early indicators of program success, stakeholders are already seeking to evolve and expand HEP by, for example, extending HEP to municipal-level employees and their dependents (O'Leary 2012).

ACA Implications

- Dr. Kenney's findings from Idaho suggest that eliminating cost-sharing for preventive services under the ACA will prove effective in encouraging the receipt of preventive care.
- The ACA will require states to pay Medicaid primary care physicians at Medicare rates beginning in 2013 for a period of two years, and Dr. Kenney's results indicate that this higher provider payment may prove successful in increasing preventive care use for Medicaid patients (Kenney, Marton, Klein, Pelletier, & Talbert, 2011).
- The early success of HEP in Connecticut indicates that states should consider taking advantage of opportunities within the ACA to promote the principles of value-based insurance design as a component of health reform implementation—for example, through rules for qualified health plans, Medicaid expansion guidelines, and the State Innovation Model (SIM) initiative (Fendrick & Buxbuam 2013).

GRANT PUBLICATIONS

Hirth, R. 2013. "V-BID in Action: A Profile of Connecticut's Health Enhancement Program." V-BID Center, Ann Arbor, MI. Available at http://www.shadac.org/files/shadac/publications/V-BID%20brief_CT%20HEP%20final.pdf.

Marton, J., Kenney, G., Pelletier, J., Talbert, J., & Klein, A. 2012. "The Effects of Medicaid Policy Changes on Adults' Service Use Patterns in Kentucky and Idaho." *Medicare & Medicaid Research Review 2*(4), E1-E21.

Kenney, G., Marton, J., Klein, A., Pelletier, J., & Talbert, J. 2011. "The Effects of Medicaid and CHIP Policy Changes on Receipt of Preventive Care among Children." *Health Services Research 46*(1): 298-318.

Kenney, G., & Pelletier, J. 2010. "Medicaid Policy Changes in Idaho under the Deficit Reduction Act of 2005: Implementation Issues and Remaining Challenges." SHARE Issue Brief. State Health Access Reform Evaluation, Minneapolis, MN. Available at http://www.shadac.org/files/shadac/publications/IdahoMedicaidDRACaseStudy.pdf.

Kenney, G., Pelletier, J., & Costich, J. 2010. "Medicaid Policy Changes in Kentucky under the Deficit Reduction Act of 2005: Implementation Issues and Remaining Challenges." SHARE Issue Brief. State Health Access Reform Evaluation, Minneapolis, MN. Available at http://www.shadac.org/files/shadac/publications/KentuckyMedicaidDRACaseStudy.pdf.

XII. Increasing Enrollment Through Outreach Campaigns

Multi-Pronged Outreach Campaigns Yield Greatest Enrollment Increases

Federal health reform also attempts to streamline the administrative burden of obtaining health insurance coverage. **Michael Cousineau** and his colleagues at the USC Keck School of Medicine used SHARE funding to evaluate enrollment initiatives implemented from 2001 to mid-2008 for the three main public health insurance programs for children in California –Medi-Cal (Medicaid), Healthy Families (CHIP) and Healthy Kids – looking at the effect of eight different outreach strategies on enrollment. They found that both technology-based strategies and non-technology-based strategies led to increased rates of enrollment in all three programs, with the simultaneous deployment of seven to eight strategies leading to the largest increases.

In this same vein, **Ron Deprez** and his research team at the University of New England were awarded a SHARE grant to evaluate Vermont's comprehensive reforms, which involved outreach and marketing campaigns for public programs. Analysis of state survey data from 2005 to 2009 found that these campaigns were effective in encouraging take-up of coverage through public programs, particularly among those who were eligible but not enrolled.

Grant Impact

- The **Cover California** California's health insurance marketplace, cites Dr. Cousineau's analysis of outreach and enrollment among its online background materials (www.healthexchange.ca.gov/boardmeetings/documents/cchi background materials -measuring impact of outreach for public insurance report.pdf).
- **Vermont Health Connect**, Vermont's health insurance exchange, lists Dr. Deprez's SHARE-funded evaluation as a planning resource on its website (http://healthconnect.vermont.gov/sites/hcexchange/files/Planning_Research_Documents/hbe-churn-final-report-8-11-11.pdf).

ACA Implications

- Dr. Cousineau's outreach analysis indicates the importance of using a widespread outreach campaign incorporating a variety of strategies in order to encourage enrollment in Medicaid and the exchange and ensure that the coverage expansion goals of the ACA are achieved. (Cousineau, Stevens, & Farias, 2011).
- Dr. Deprez's analysis indicates a potentially large take up under the ACA for adults and children nationwide who are already eligible for Medicaid/CHIP but have not enrolled in coverage (Deprez et al., 2011; Kenney, Lynch, Cook, & Phong, 2010; Holahan, Cook, & Dubay, 2007). Because of this "welcome mat" effect, even states that opt not to expand Medicaid are expected to see increased Medicaid enrollment and therefore increased demands on the capacity of their health care systems.

GRANT PUBLICATIONS

Cousineau, M., Stevens, G., & Farias, A. 2011. "Measuring the Impact of Outreach and Enrollment Strategies for Public Health Insurance in California." *Health Services Research 46*(1): 319-335.

Cousineau, M., Stevens, G., & Farias, A. 2009. "Use of Outreach and Enrollment Strategies in California." "SHARE Issue Brief." State Health Access Reform Evaluation, Minneapolis, MN. Available at http://www.shadac.org/files/shadac/publications/IssueBrief_Cousineau_2009Jan.pdf.

Cousineau, M., Stevens, G., & Farias, A. 2009. "Trends in Child Enrollment in California's Public Health Insurance Programs." "SHARE Issue Brief." State Health Access Reform Evaluation, Minneapolis, MN. Available at http://www.shadac.org/files/shadac/publications/TrendsInChildEnrollmentInCA.pdf.

Deprez, R., Glied, S., Kappel, S., Rodriguez, K., Perry, B., Robertson, B., Schwabe, N., & Tilipman, N. 2011. "Achieving Universal Coverage through Comprehensive Health Reform: The Vermont Experience – Evaluation Results." SHARE Issue Brief. State Health Access Reform Evaluation, Minneapolis, MN. Available at http://www.shadac.org/files/shadac/publications/VermontIssueBriefFinalReport.pdf.

XIII. Stimulating Enrollment Through Enrollment System Changes

Expanding and Streamlining Eligibility Increase Enrollment and Retention

Tom Oliver and his colleagues at the University of Wisconsin-Madison conducted a SHARE project analyzing state survey data from 2007 and 2008, and observed that expanding eligibility, employing auto-enrollment mechanisms, and simplifying program administration led to increased enrollment and retention in Wisconsin's Medicaid/CHIP program, BadgerCare Plus.

Grant Impact

- The **Congressional Budget Office (CBO)** cits results from the research team's ACCESS Internet Portal evaluation in a 2012 report about eligibility determination for the Supplemental Nutrition Assistance Program (http://www.cbo.gov/sites/default/files/cbofiles/attachments/04-19-SNAP.pdf).
- The **U.S. Substance Abuse & Mental Health Services Administration (SAMHSA)** cites Dr. Oliver's findings as a resource on its website (http://162.99.3.205/post/The-Target-Efficiency-of-Online-MedicaidCHIP-Enrollment-An-Evaluation-of-Wisconsine28099s-ACCESS-Internet-Portal.aspx).
- The **Indiana Legislative Services Agency** cites Dr. Oliver's BadgerCare Plus findings in a 2011 report regarding the Healthy Indiana Plan, a health insurance program for uninsured adults (http://www.in.gov/legislative/publications/Healthy_Indiana_Plan.pdf).

ACA Implications

- Dr. Oliver's findings about the success of simplified enrollment mechanisms in Wisconsin point to the validity of the ACA's "no wrong door" policy, through which Medicaid and exchange enrollment will be seamlessly integrated.
- Dr. Oliver's research team cautions that the sorting of low-income populations into Medicaid or the health insurance exchange as required by the ACA based on the income cut point of 138 percent of poverty might undermine efforts in Wisconsin and other states that have created integrated programs of coverage on their own that go beyond the current federal requirements for Medicaid and CHIP. Currently, adults and children are covered seamlessly within the same program in Wisconsin, and Wisconsin is having to decide—as are a number of other states—whether and how to transfer childless adults below 138 percent of poverty from its state program and into traditional Medicaid (Leininger et al., 2011).

GRANT PUBLICATIONS

Friedsam, D., Leininger, L., Bergum, A., Mok, S., Aksamitauskas, M. Oliver, T., & DeLeire, T. 2009. "Wisconsin's BadgerCare Plus Coverage Expansion and Simplification: Early Data on Program Impact." SHARE Issue Brief. State Health Access Reform Evaluation, Minneapolis, MN. Available at http://www.shadac.org/files/shadac/publications/WiscBCPlus.pdf.

Leininger, L., Friedsam, D., Voskuil, K., & DeLeire, T. 2011. "The Target Efficiency of Online Medicaid/CHIP Enrollment: An Evaluation of Wisconsin's ACCESS Internet Portal." SHARE Issue Brief. State Health Access Reform Evaluation, Minneapolis, MN. Available at http://www.shadac.org/files/shadac/publications/WI_ACCESS_Issue_Brief.pdf.

Leininger, L., Friedsam, D., Dague, L., Mok, S., Hynes, E., Bergum, A., Aksamitauskas, M., Oliver, T., & DeLeire, T. 2011. "Wisconsin's BadgerCare Plus Reform: Impact on Low-Income Families' Enrollment and Retention in Public Coverage." *Health Services Research 46*(1): 336-347.

References

Visit http://www.shadac.org/SHAREProgramReport

Appendix I

Health Services Research - Theme Issue: State Health Policy Research

Print Publication Date - December 2014

Guest Editors: Lynn A. Blewett and Michael Chernew

Health Services Research (HSR) and the State Health Access Reform Evaluation (SHARE) initiative are partnering to publish a Theme Issue on State Health Policy Research. Papers will focus on the implementation and outcome of state efforts to expand health insurance coverage and access to health care services under health reform.

Health Services Research: Volume 46, Number 1, February 2011

"Using State-Level Evidence to Inform National Policy: Research from the State Health Access Reform Evaluation (SHARE) Program"

Guest Editors: Lynn A. Blewett and Andrew Bindman

Blewett, L., & Bindman, A. 2011. "Harvesting the Lessons of State Health Policy." *Health Services Research 46*(1): 246-250.

Cousineau, M., Stevens, G., & Farias, A. 2011. "Measuring the Impact of Outreach and Enrollment Strategies for Public Health Insurance in California." H*ealth Services Research 46*(1): 319-335.

Hall, M., Hager, C., & Orentlicher, D. 2011. "Using Payroll Deduction to Shelter Individual Health Insurance from Income Tax." *Health Services Research 46*(1): 348-364.

Kenney, G., Marton, J., Klein, A., Pelletier, J., & Talbert, J. 2011. "The Effects of Medicaid and CHIP Policy Changes on Receipt of Preventive Care among Children." *Health Services Research 46*(1): 298-318.

Leininger, L., Friedsam, D., Dague, L., Mok, S., Hynes, E., Bergum, A., Aksamitauskas, M., Oliver,T., & DeLeire, T. 2011. "Wisconsin's BadgerCare Plus Reform: Impact on Low-Income Families' Enrollment and Retention in Public Coverage." *Health Services Research 46*(1): 336-347.

Long, S., & Stockley, K. 2011. "The Impacts of State Health Reform Initiatives on Adults in New York and Massachusetts." *Health Services Research 46*(1): 365-387.

Miller, E., Trivedi, A., Kuo, S., & Mor, V. 2011. "Small Group Health Insurance Reform in Rhode Island: Promises and Pitfalls of the HEALTHpact Plan." *Health Services Research 46*(1): 285-297.

Monheit, A., Cantor, J., DeLia, D., & Belloff, D. 2011. "How Have State Policies to Expand Dependent Coverage Affected the Health Insurance Status of Young Adults?" *Health Services Research 46*(1): 251-267.

Quinn, B., 2011 "State-Level Health Policy Research: Looking Back, Looking Ahead." *Health Services Research 46*(1): 243-245.

Sommers, A., Abraham, J., Spicer L., Mikow, A., & Spaulding-Bynon, M. 2011. "Small Group Employer Participation in New Mexico's State Coverage Insurance Program: Lessons for Federal Reform." *Health Services Research 46*(1): 268-284.

Appendix I *(continued)*

Health Services Research: Volume 43, Number 1, February 2008

"Volume 2: Evidence of Impace in State Initiatives to Improve Medicaid/SCHIP"

Guest Editors: Lynn A. Blewett and Romana Hasnain-Wynia

Quinn, B. 2008 "The Need for Research and Evaluation of State Health Reforms." *Health Services Research 43*(1): 341-343.

Kemper, P., Weaver, F., Farley Short, P., Shea, D., & Kang, H. 2008. "Meeting the Need for Personal Care among the Elderly: Does Medicaid Home Care Spending Matter?" *Health Services Research 43*(1): 344-362.

Adams, E., & Herring, B. 2008. "Medicaid HMO Penetration and Its Mix: Did Increased Penetration Affect Physician Participation in Urban Markets?" *Health Services Research 43*(1): 363-383.

Duncan, R., Lemak, C., Vogel, W., Johnson, C., Hall, A., & Porter C. 2008 "Evaluating Florida's Medicaid Provider Services Network Demonstration." *Health Services Research 43*(1): 384-400.

DeVoe, J., Krois, L, Edlund, T., Smith, J., & Carlson, N. 2008. "Uninsurance among Children Whose Parents Are Losing Medicaid Coverage: Results from a Statewide Survey of Oregon Families." *Health Services Research 43*(1): 401-418.

Shone, L., Lantz, P., Dick, A., Chernew, M., & Szilagyi. 2008. "Crowd-Out in the State Children's Health Insurance Program (SCHIP): Incidence, Enrollee Characteristics and Experiences, and Potential Impact on New York's SCHIP." *Health Services Research 43*(1): 419-434.

Siracuse, M. & Vuchetich, P. 2008. "Impact of Medicaid Prior Authorization Requirement for COX-2 Inhibitor Drugs in Nebraska." *Health Services Research 43*(1): 435-450.

Health Services Research: Volume 42, Number 6, December 2007

"Volume 1: Using State-Level Evidence to Inform Policy"

Guest Editors: Lynn A. Blewett and Romana Hasnain-Wynia

Blewett, L. 2007. "Note from the Guest Editor of HSR: State Health Research and Policy." *Health Services Research 42*(6): 2327-2331.

Long, S., Graves, J., & Zuckerman, S. 2007. "Assessing the Value of the NHIS for Studying Changes in State Coverage Policies: The Case of New York." *Health Services Research 42*(6): 2332-2353.

Kenney, G., Marton, J., McFeeters, J., & Costich, J. 2007. "Assessing Potential Enrollment and Budgetary Effects of SCHIP Premiums: Findings from Arizona and Kentucky." *Health Services Research 42*(6): 2354-2372.

McAlpine, D., Beebe, T., Davern, M., & Call, K. 2007. "Agreement between Self-Reported and Administrative Race and Ethnicity Data among Medicaid Enrollees in Minnesota." *Health Services Research 42*(6): 2373-2388.

Mendez-Luck, C., Yu, H., Men, Y., Jhawar, M., & Wallace, S. 2007. "Estimating Health Conditions for Small Areas: Asthma Symptom Prevalence for State Legislative Districts." *Health Services Research 42*(6): 2389-2409.

Ketsche, P., Adams, E., Snyder, A., Zhou, M., Minyard, K., & Kellenberg, R. 2007. "Discontinuity of Coverage for Medicaid and S-CHIP children at a Transitional Birthday." *Health Services Research 42*(6): 2410-2423.

Goidel, R., Procopio, S., Schwalm, D., & Terrell, D., 2007. "Implications of the Medicaid Undercount in a High-Penetration Medicaid States." *Health Services Research 42*(6): 2424-2441.

Spencer, D., Richardson, S., & Kolb McCormick, M. 2007. "Inpatient Hospital Utilization among the Uninsured Near Elderly: Data and Policy Implications for West Virginia." *Health Services Research 42*(6): 2442-2457.

Appendix II

Dissemination Activities: *Recent Products*

sorted by release date

Release Date	Product Type	Title	1st Author	Total Page-views*
Oct 2013	Webinar	"Prospective Benefit Design for the Medicaid Expansion Population: The Predictive Capability of Self Reported Health Measures"	Lindsey Leininger	171
Jun 2013	Webinar	"Geographic Variation in ACA Coverage Expansion Populations and the Healthcare Workforce"	John Graves	183
May 2013	Brief	"Translating Modified Adjusted Gross Income (MAGI) to Current Monthly Income"	John Czajka	172
May 2013	Brief	"Income Eligibility for Assistance under the ACA: The Question of Monthly vs. Annual Income"	John Czajka	150
April 2013	Webinar	"State & Federal Young Adult Coverage Expansion Policies: Further Analyses & New Questions"	Joel Cantor	299
Nov 2012	Webinar	"Income Dynamics and Coverage Transitions of Health Reform Expansion Populations"	Lara Shore-Sheppard	603
Oct 2012	Brief	"Lessons from the Implementation of the Maryland Kids First Act"	David Idala	38
Aug 2012	Brief	"Implications and Options for State-Funded Programs under Health Reform"	Theresa Sachs	102
Aug 2012	In-Depth Report	"Implications and Options for State-Funded Programs under Health Reform"	Theresa Sachs	106
Aug 2012	Brief	"Louisiana Breaks New Ground: The Nation's First Use of Automatic Enrollment through Express Lane Eligibility"	Stan Dorn	40
Jul 2012	Brief	"Implementing Eligibility Changes under the Affordable Care Act: Issues Facing State Medicaid and CHIP Programs"	Cheryl Camillo	172
May 2012	Brief	"The Rural Implications of Geographic Rating of Health Insurance Premiums"	Andy Coburn	111
Apr 2012	In-Depth Report	"Louisiana Breaks New Ground: The Nation's First Use of Automatic Enrollment through Express Lane Eligibility"	Stan Dorn	431
Feb 2012	Brief	"Selection in Massachusetts' Commonwealth Care Program: Lessons for State Basic Health Plans"	Deborah Chollet	267
Oct 2011	Webinar	"CO-OP Health Plans: Can They Help Fix Rural America's Health Insurance Markets?"	Andy Coburn	572
Sep 2011	Brief	"The Next Generation of Data Linkage Projects: Priority Areas for SNACC under the ACA"	Mike O'Grady	46
Sep 2011	Brief	"Strategies for Leveraging SNACC Data for Policy and Evaluation: Barriers and Challenges to Linked Data Sets"	Mike O'Grady	31
Sep 2011	Brief	"Strategies for Leveraging SNACC Data for Policy and Evaluation: Sustainability of Data Linkage Projects and Coalitions of Interest"	Mike O'Grady	43
July 2011	Memo	"Modified Adjusted Gross Income: Implications for Medicaid Eligibility Systems under the ACA"	John Czajka	1234

***As of December 2013**

Appendix III

Dissemination Activities: *Webinar Analytics*

sorted by release date

Date	Title	Grantee	Registration	Attendance*	Archive Page-views*
Oct 2013	"Prospective Benefit Design for the Medicaid Expansion Population: The Predictive Capability of Self Reported Health Measures"	Lindsey Leininger	131	82	171
Jun 2013	"Geographic Variation in ACA Coverage Expansion Populations and the Healthcare Workforce"	John Graves	260	122	183
Apr 2013	"State & Federal Young Adult Coverage Expansion Policies: Further Analysis and New Questions"	Joel Cantor	123	71	299
Nov 2012	"Income Dynamics and Coverage Transitions of Health Reform Expansion Populations"	Lara Shore-Sheppard	257	149	603
Oct 2011	"CO-OP Health Plans: Can They Help Fix Rural America's Health Insurance Markets?"	Andy Coburn	223	126	559
Apr 2011	"Medicaid Eligibility Determination under the ACA – Challenges for States"	John Czajka	395	236	1847
Mar 2011	"The Influence of Benefit Design on Coverage Expansion Initiatives: Impact on Coverage Take-Up and Care Utilization"	Jenny Kenney & Eddie Miller	257	153	64
Dec 2010	"Evaluation of 12-Month Continuous Eligibility in Medicaid"	Shana Lavarreda & Michael Cousineau	199	115	36
Oct 2010	"Wisconsin's Eligibility and Enrollment System"	NA (SHARE Hosting State Speakers)	259	165	161
Sep 2010	"Using the NHIS to Evaluate State Health Reform – Findings from New York and Massachusetts"	Sharon K. Long	192	125	51
Jun 2010	"Wisconsin's BadgerCare Plus: How Streamlined Eligibility and an Innovative Web-Based Application Tool Have Impacted Enrollment"	NA (SHARE Hosting State Speakers)	348	229	77
Apr 2010	"The Impact of Extending Dependent Insurance Coverage to Young Adults"	Joel Cantor	153	86	32
Feb 2010	"Using Income Tax Information to Target Medicaid and CHIP Outreach	David Idala	193	121	58

*As of December 2013

Sign up to receive our newsletter and updates at **www.shadac.org**

Bridging the gap between research and policy @ **www.shadac.org**

shadac
STATE HEALTH ACCESS DATA ASSISTANCE CENTER

Robert Wood Johnson Foundation
Funded by a grant from The Robert Wood Johnson Foundation

12162013