



Robert Wood Johnson Foundation

State Coverage Initiatives 2007 Coverage Institute

AcademyHealth serves as the National Program Office for the Robert Wood Johnson Foundation's State Coverage Initiatives (SCI) program. State Coverage Initiatives (SCI) seeks to help states develop and implement policies that expand access to health insurance coverage in order to reduce the number of uninsured. The program provides states with technical assistance and financial support to assist them as they develop and refine coverage expansion strategies and implement expansion programs.

Background

National efforts to reduce the number of uninsured Americans have been largely unsuccessful. However, momentum is growing at the state level to take on new efforts to cover the uninsured. Several states have launched ambitious coverage programs to reach all or significant portions of their populations. Among the current round of state reforms are a variety of new approaches to covering the uninsured, including: new mechanisms to subsidize coverage for low-income families; new variations of employer and individual responsibility for insurance coverage; and new strategies to ease the purchase of health insurance for small employers and individuals without access to employer-sponsored insurance. Several state efforts can be characterized as comprehensive because they attempt to reach near-universal coverage and are coupling these efforts with broad system reforms that include delivery system improvement initiatives, and strategies to control the underlying cost of health care.

The Program

SCI will be holding its second annual Coverage Institute in 2007 that will be focusing on substantial and comprehensive care health reform. The goals of the Institute are to:

1. Provide support to states that are seriously considering substantial and comprehensive health reform; and
2. Develop the capacity of state officials to understand the implications of different programmatic decisions and how those may impact the existing system.

Please note the following definitions:

Comprehensive reforms strive to achieve near-universal coverage and include cost-containment and system improvement strategies.

Substantial reforms include strategies to expand public programs as well as private sector reforms (e.g., insurance market reforms, subsidized coverage, purchasing mechanism, etc.). Substantial reforms could include cost-containment and systems improvement strategies.

States considering targeted reforms (e.g., solely Medicaid eligibility increases or limited private sector reforms) would not be eligible for participation in the Coverage Institute.

Award

- The project period for the Coverage Institute will begin late September/early October 2007 and be completed by spring 2009.
- Additional resources will be available for participating states following the Kick-off Meeting of the Coverage Institute to be used towards either: (1) state-specific modeling work; or (2) grant support for activities that a state may pursue to move forward with their reforms (Development Grants). States selected to participate in the Coverage Institute will be notified of the process for awarding these additional resources at a later date.

About the Coverage Institute

The Coverage Institute will bring together states that are working on substantial or comprehensive health reform to work with one another around the development and design of those reforms. Beginning in late September/mid-October 2007, the Coverage Institute will begin with an intensive two-to-three day meeting that will require 7 to 10 member state teams to participate and discuss major issues of health care reform. Each state selected will participate in a highly interactive, team-based process for developing policy and program recommendations. Participant teams will meet with experts (faculty) to assess current challenges, analyze strategic policy options, and revise or refine current state-specific plans. Attendees also will have the opportunity to meet with participating policymakers from other states to network and discuss their own experiences and best practices. The Coverage Institute faculty will share their expertise on various issues including: insurance market reforms, reinsurance, other methods to subsidize coverage, connectors/exchanges, Medicaid waivers and the Deficit Reduction Act, health systems improvement, and strategies for building stakeholder and policymaker support.

Ideal teams will include the governor's health policy advisor, the health and/or health services department secretary (where applicable), the Medicaid director, the state employee health plan administrator (where applicable), state legislators, and the state insurance commissioner. The state may also include decision makers from the major private payers, major purchasers/employers, the advocacy community, and representatives from the medical provider community including hospitals, physicians, and other practitioners.

It should be emphasized that the Coverage Institute meeting will not be a conference, but a customized interactive policy development effort. The Institute will require substantial preparation from state attendees prior to the formal meeting, active team participation throughout the Institute process, and a strong commitment to pursuing implementation of the plans generated from the process. To achieve this goal, the Coverage Institute will be carried out in six stages:

1. **Pre-Institute State Planning Meeting(s).** Prior to the 2007 Coverage Institute Kick-Off Meeting in September/October, staff from SCI will conduct a one-day site visit to each selected state to facilitate discussion and prepare state team members for the Institute. The state planning meetings are anticipated to take place starting in mid-July through August. The meeting will assure that all members of the state team (7 to 10 members) have an opportunity to review and discuss the state's reform goals and strategies in preparation for the Coverage Institute. Between the on-site pre-Institute planning meeting and the formal

Kick-Off Meeting in September/October, state teams may be asked to gather further information and data to bring to the Coverage Institute.

2. Coverage Institute Kick-Off Meeting. The Coverage Institute will be held in late September/early October 2007. State teams will meet for a two-to-three day meeting to develop and discuss their state reform plans, work with national experts, and receive other technical assistance as needed. Attendees also will have the opportunity to interact with participating policymakers from other states and discuss their own experiences and best practices for implementing reforms.
3. Additional funding for modeling or other development activities. *Only states selected for the Coverage Institute are eligible to apply for funds* after the Kick-Off Meeting for the following:
 - o *State-Specific Modeling of Comprehensive State Reform:* SCI's modeling subcontractor will provide technical expertise to model how comprehensive reform strategies might work in each state. States that have come out of the Kick-Off Meeting ready to model their reform strategy can apply to receive consulting work to develop state-specific analysis. Analysis will provide cost estimates and implications of coverage among various populations (e.g., employer-sponsored insurance; direct purchase private insurance; public programs; etc) based on a model that looks at a variety of policy changes (e.g., public program expansion, subsidies; individual mandate; employer requirements; etc) and assess what would be the additive/cumulative effect of each change. The collective analysis of the modeling will allow states to understand the different assumptions and possible outcomes inherent in potential variations in the design of the reform strategy.

Specific criteria will be used to determine which states have the most capacity to benefit from the state-specific modeling work that will be provided by the modeling subcontractor. Key questions to be addressed in the application include the feasibility of the reform plan and the likelihood of the state to pass a major reform within the next two years.

In addition, states working on the modeling with SCI's subcontractor will receive small grants (up to \$25,000 per state) to assist them with continuing activities necessary to move the reform plan forward.

OR

- o *Development Grants for Substantial State Reform:* For those states that at the completion of the Kick-Off Meeting do not have a fully developed plan ready for modeling, grant funds may be available (up to \$200,000) to assist with certain activities. These funds are intended to support project staff salaries, consultant fees, data collection and analysis, meetings, supplies, project-related travel, targeted reform modeling, and other direct project expenses, including a limited amount of equipment essential to the project.

States interested in applying for development grants will be required to describe in detail proposed grant activities, and the current political and policy environment in the state. States will also have to demonstrate that the likelihood of action being taken is high, and the likelihood that grant activities will lead to policy changes that will reduce the number of uninsured.

States interested in applying for the Coverage Institute do not need to apply for the additional modeling or development grants at this time. After the Kick-Off Meeting in the fall of 2007, additional information will be provided to participating states regarding the application process for these additional resources.

4. Post-Kick-Off follow-up and technical assistance. As with all previous grant programs, SCI will provide technical support, as needed. Technical assistance may include background research, on-site consultant visits, telephone consultations, and other effective means of support. Follow-up assistance will occur at no cost to participating states, as SCI resources allow.
5. Mid-point Meeting. The Institute will sponsor a one-day meeting reconvening the state teams. This will be an opportunity for states to share their progress and learn more about the state-specific modeling work and other activities undertaken during the first half of the Institute. It is likely that this meeting would be held adjacent to the SCI Summer Workshop for State Officials in July/August 2008.
6. Final Meeting. The Institute will conclude with a final 1½ day meeting reconvening the state teams. This will be an opportunity for states to share their progress and learn more about the state-specific modeling work and other activities undertaken during the course of the Institute.

Team Composition

- Each state team must include an overall leader who has been designated by the governor to serve in that role. The team leader will serve as the key contact for SCI staff and will be responsible for coordination of state team activities during the Institute process.
- Team members should ideally include executive and legislative policymakers and key program administrators. At the state's option, the team may include other pertinent stakeholders.
- Teams should reflect state goals. Preference will be given to states whose teams include key stakeholders such as the governor's health policy advisor, the health and/or health services department secretary (where applicable), the state health official, the Medicaid director, the state employee health plan administrator (where applicable) and state legislators. Commitment by key state stakeholders will be essential to successful efforts.

Eligibility Criteria

- Applications to participate in the 2007 Coverage Institute *must* be submitted by the Governor's Office within one of the 50 United States or the Mayor of Washington, D.C.
- The state is committed to moving forward with substantial or comprehensive reforms.

Evidence of this commitment can include state actions that signal a high-priority commitment of state resources towards the development of coverage expansion.

Application Procedure

The SCI staff, in consultation with external reviewers, will select qualifying states to participate in the Coverage Institute.

This program will only accept proposals/applications submitted through the RWJF Grantmaking Online system – <http://grantmaking.rwjf.org/shc>.

Beginning June 1, 2007, applicants may access the on-line program and begin to submit proposals. All applicants must submit a full proposal to participate in the Coverage Institute through the RWJF Grantmaking Online system, no later than 3:00 p.m. EDT on June 27, 2007.

To apply for the Institute, states must submit a proposal that includes the following:

- A letter of support from the Governor that designates the team's leader;
- A list of proposed state team members. (Please include each team member's name, title, address, phone and fax numbers, email address, and a brief bio. Additionally, explain the reason for each member's participation, including a description of their ability to assist in implementing state strategies);
- A list of possible dates (at least 3 options) in which all team members could attend a site visit to your state. Site visits will occur between the middle of July 2007 and the end of August 2007 and will last approximately 4 hours. For each date provided, states should indicate their availability for meeting from 9 a.m. – 1 p.m. and/or 12 p.m. – 4 p.m. All team members must agree to be present at the site visit since they are a critical component of a successful experience at the Institute; and
- A narrative (10 page maximum) that explains why the state is seeking selection for the Coverage Institute and how the state expects to benefit from the process, addressing the following:
 - Current Problem and Vision for the Future— Identify the gaps within the existing health care system (include a brief description of the state's existing coverage programs [e.g., Medicaid/SCHIP, high-risk pool]), and outline the current reform plan laid out by the state.
 - High-level commitment— Applicants should describe how the proposed project scope aligns with executive and legislative priorities and objectives. Describe the level of commitment made by the Governor, legislature, and key constituents. What organizational structures are in place to accomplish this objective (e.g., interagency task force, health care commission)?
 - Breadth, depth, and influence of proposed state team— Each state team must include a leader appointed or designated by the Governor. Teams will ideally include

high-level officials having authority over key programs and stakeholders with established relationships with critical decision-makers such as the Governor and state legislators.

** SCI recognizes that information provided in the application may not be publicly available. Information included in the narratives will remain confidential. Additionally, while participation in the Coverage Institute will involve sharing of information among states, SCI will respect the states' interests in keeping the details confidential, as needed. **

Selection Criteria

Successful applicants for participation in the 2007 Coverage Institute will be required to show that:

- The state is committed to moving forward with substantial or comprehensive reforms. Evidence of this commitment can include state actions that signal a high-priority commitment of state resources towards the development of coverage expansion.
- The likelihood of action being taken is high.
- There is evidence of commitment to and interest in health reform by both the executive and legislative branches.
- The state is drafting or has already developed a framework for reform.
- The reform plan includes a sizable coverage objective, such as expanding eligibility to all children or making a significant percentage reduction in the number of uninsured.
- The work conducted under the Institute will be integral to the work of the policymakers who effect change.
- The state work will contribute to the knowledge base for state and federal policymakers.

Only one application will be accepted from each state. SCI staff will select qualifying states in consultation with external reviewers. States with reform initiatives underway are encouraged to apply but must describe how the Institute process will be used to enhance the current initiatives and/or develop new ones. *States currently in the implementation process of comprehensive reforms are not eligible to apply to the Coverage Institute.*

Preference will be given to applications from states that can demonstrate ongoing commitment to implementing the strategies developed during the Institute, including evidence that team members serve in positions to influence policy making or program development. Proposals will be reviewed based on the criteria below:

- **Clearly defined problem.** Applicants must provide a narrative that identifies the existing challenges in the state for system reform as well as a brief description of the existing programs, policy environment, and process in place for moving reform forward. For example, descriptions could include: a listing of the components of the state's health care system that the state finds most challenging; an assessment of the current impact of existing deficiencies; and an evaluation of political/legislative challenges.
- **Vision for addressing current challenges.** Applications should include a detailed description of the state's current plan or vision for health care reform. Proposals should indicate which stakeholders the state hopes to bring to the table, the specific types of assistance that the state

hopes to receive during the Coverage Institute process, and a description of desired outcomes as a result of participation in the Institute.

- **High-level commitment.** Applicants must provide compelling evidence that the state will dedicate the staff time and resources necessary to participate in and benefit from the project. Minimally, this includes a team leader dedicated to the project that reports to the Governor, a letter from the Governor supporting the proposal, and the participation of high level executive and legislative branch staff members. Ideal participants will have a committed interest in health reform programs.
- **Breadth, depth, and influence of proposed state team.** Each state team must include a leader appointed or designated by the Governor. Teams will ideally include high-level officials that have authority over key programs and have established relationships with critical decision-makers, like the Governor and state legislators. Priority will be given to those states that include key stakeholders such as the governor's health policy advisor, the health and/or health services department secretary (where applicable), the Medicaid director, the state employee health plan administrator (where applicable), and state legislators.

Key Dates and Deadlines

- May 16, 2007 (4:00 p.m. EDT) – Informational conference call. To participate in the call please dial: 888.583.1346. When asked for the Meeting number, please enter: *2926731* (including the “*s”).
- June 1, 2007 – Grantmaking Online system will be accessible for states to be submitting proposals.
- June 27, 2007 (3:00 p.m. EDT) – Deadline for receipt of full proposals for the Coverage Institute.
- Mid-July 2007 – Notification of selection to participate in Coverage Institute.
- Mid-July 2007 to August, 2007 – Preparatory site visits to states participating in Coverage Institute.
- Late September/early October 2007 – Coverage Institute Kick-Off Meeting.

Evaluation and Monitoring

An independent research group selected and funded by the RWJF may conduct an evaluation of the program. As a condition of accepting RWJF funds, grantees will be required to participate in the evaluation.

Grantees are expected to meet RWJF requirements for the submission of narrative and financial reports, as well as periodic information needed for overall project performance monitoring and management. We may ask project directors to participate in periodic meetings and give progress reports on their grants. At the close of each grant, (the lead agency) is expected to provide a written report on the project and its findings suitable for wide dissemination.

Covered Expenses for Coverage Institute

Travel and lodging (including breakfast and lunch at meetings) will be covered for up to 8 team members from each state. States will be asked to cover incidental expenses for all participating team members and to cover travel, lodging and per diem expenses for any team members over and above the eight members paid for by SCI.

Additional Information

For more information on the program and application requirements please contact:

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About the Robert Wood Johnson Foundation

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

For more than 30 years the Foundation has brought experience, commitment and a rigorous, balanced approach to the problems that affect the health and health care of those it serves. When it comes to helping Americans lead healthier lives and get the care they need, the Foundation expects to make a difference in your lifetime.

For more information visit www.rwjf.org.