

2016 Call for Proposals

Proposal Deadline: February 19, 2016 (3 p.m. ET)



Robert Wood Johnson Foundation

POLICY-RELEVANT INSURANCE STUDIES

The Robert Wood Johnson Foundation (RWJF) is working to support opportunities to pursue the best health possible across a number of broad areas, including expanding access to affordable, high-quality health coverage for all Americans. This solicitation seeks to fund quantitative studies that evaluate or predict the effects of policies or policy changes related to health insurance coverage using appropriate empirical methods.

PURPOSE

The Affordable Care Act (ACA) expanded public and private coverage options, created online Marketplaces to foster competition among health insurance plans, and stimulated payment and delivery system reform efforts in an attempt to make health care more affordable, more accessible and of higher quality. The online Marketplaces provide an opportunity for consumers to shop for health insurance and potentially receive a tax credit. Yet, despite a significant reduction in the uninsured rate, millions of eligible individuals remain uninsured, many with important concerns about affordability. At the same time, a number of carriers are experiencing financial difficulties in these new marketplaces, while impending mergers among large carriers create concerns about the price effects of further consolidation in health care.

This call for proposals (CFP) will focus on empirical and policy-relevant analyses that address the issue of affordability of health insurance. We will prioritize proposals for research that will directly inform the policy process.¹

Specific proposals could focus on questions such as the following:

1. Take-up among the eligible uninsured
 - Are there alternative plan designs, subsidy schedules, other financial inducements, or changes in coverage that could promote greater affordability of Marketplace plans, particularly for the remaining eligible uninsured?
 - Are there changes that could potentially be addressed with 1332 waivers that could significantly impact enrollment among the eligible uninsured?

¹ Despite the priority placed on the focus area of affordability, investigators should feel free to submit proposals that address other health insurance issues, yet they should also be empirical and policy-focused.

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- What might be the effect of changing the individual shared responsibility fee on enrollment?
2. The future of the Small Group market
- Given the potential for the small group market to migrate to self-insured plans or potentially multiple employer welfare arrangements (MEWAs), etc., what are the best policy options to keep the small group market in ACA-compliant plans?
 - What can states do to monitor or require limits on what insurers can offer as re-insurance options for small employers?
 - For small employers, the trend to self-insure has been stable over the past 5 years. What factors may cause this trend to change and what are the implications of an increasing trend toward self-insurance? How have or will private exchanges work to mitigate this trend and to what effect?
 - Given minimal enrollment in the Small Business Health Options Program (SHOP) and the availability of non-ACA compliant plans, what are some alternatives? What are some projected scenarios under alternative assumptions?
 - What are the potential effects of a migration of small group employees to the nongroup marketplaces or merging small group and individual risk pools?
3. Marketplace Sustainability
- Why has the risk pool in the Marketplaces evolved in such a way that some insurers are choosing not to aggressively participate in these new markets?
 - What factors influence Marketplace sustainability going forward? Is this different for state-based Marketplaces and federally-facilitated Marketplaces?
 - What is the level and impact of churn? What would the impact be of changing special enrollment periods in the Marketplaces?
 - When at Marketplace steady state or saturation, what portion of Marketplace enrollment is “transitional” (i.e., likely to be in Marketplace for the short term until employer-sponsored insurance or other coverage such as Medicaid becomes their source of coverage) vs. “long-term” (i.e., Marketplace coverage is their source of coverage for the long term)?
4. Competition and Consolidation
- How have market forces and the ACA influenced competition and/or consolidation in provider (e.g., physicians, hospitals, post-acute care), pharmacy, and insurance markets? With what effects?
 - In markets experiencing greater consolidation, what is the effect of a more consolidated provider and/or insurer market on consumer treatment-seeking patterns and access? What is the effect on provider behavior?

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- In the post-ACA environment, how have the competitive dynamics between providers and insurers changed? How has the movement to alternative payment models (both public and private) influenced this trend?
- How effective are various strategies to promote competition in health care? What are the merits of alternatives to competition, such as price regulation?

5. Health Insurance Trends

- Health insurance trends in plans both on and off the Marketplaces have important implications for affordability. What is the effect of trends, like the increased use of telehealth, narrow/tiered networks, and/or value-based benefit design, on affordability?

TOTAL AWARDS

- Up to \$1 million will be available under this CFP.
- Project funding will range from \$50,000 to \$150,000 to accommodate studies lasting six–12 months. Preference will be given to rapid-turnaround projects that can be completed within six months. Projects lasting longer than six months must provide strong justification for the grant period.
- Five to six studies will be funded.

ELIGIBILITY CRITERIA

Researchers, as well as practitioners and public and private policymakers working with researchers, are eligible to submit proposals through their organizations. Projects may be generated from disciplines including health services research, economics, sociology, program evaluation, political science, public policy, public health, public administration, law, business administration, or other related fields.

The Foundation may give preference to applicants that are either public entities or nonprofit organizations that are tax-exempt under Section 501(c)(3) of the Internal Revenue Code and are not private foundations or Type III supporting organizations. The Foundation may require additional documentation. Applicant organizations must be based in the United States or its territories.

DIVERSITY STATEMENT

Consistent with RWJF values, this program embraces diversity and inclusion across multiple dimensions, such as race, ethnicity, gender, disability, age and socioeconomic status. We strongly encourage applications in support of individual candidates who will help us expand the perspectives and experiences we bring to our work. We believe that the more we include diverse perspectives and experiences in our

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work, the more successful we will be as we strive together to build a Culture of Health, enabling all in our diverse society to lead healthier lives, now, and for generations to come.

SELECTION CRITERIA

- Importance and policy relevance of the question to be addressed.
- Strength of the proposed methodology and incorporation of reasonable and relevant empirical methods.
- Appropriateness and availability of proposed data sources.
- Qualifications and expertise of the applicant.
- Ability to inform decision-makers and create timely deliverables for wide dissemination, based on preliminary findings and throughout the life of the grant, in addition to papers suitable for peer-reviewed publication.
- Appropriateness of the timeline and budget.

MONITORING

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

APPLICANT SURVEY PROCESS

To help us measure the effectiveness of RWJF grantmaking and improve the grant application experience, we will survey the Principal Investigator (PI) listed in proposals submitted under this CFP. Shortly after the application deadline, the PI will be contacted by Princeton Survey Research Associates International (PSRAI), an independent research firm, and asked to complete a brief, online survey about the application process and applicant characteristics. This voluntary questionnaire will take no more than 15 minutes to complete. Responses provided to PSRAI will not impact the funding decision for the proposals in any way.

PSRAI will protect the confidentiality of the responses. RWJF will not receive any data that links a name with the survey responses. If you have any questions about the survey or the use of the data, feel free to email applicantfeedback@rwjf.org.

USE OF GRANT FUNDS

Grant funds may be used for project staff salaries, consultant fees, data collection and analysis, meetings, supplies, project-related travel, and other direct project expenses, including a limited amount of equipment essential to the project. In keeping with RWJF policy, grant funds may *not* be used to

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subsidize individuals for the costs of their health care, to support clinical trials of unapproved drugs or devices, to construct or renovate facilities, for lobbying, for political activities, or as a substitute for funds currently being used to support similar activities.

HOW TO APPLY

Proposals for this solicitation must be submitted electronically. Visit <http://www.rwjf.org/cfp/pris2> and use the *Apply Online* link for this solicitation. If you have not already done so, you will be required to register at <http://my.rwjf.org> before you begin the application process.

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

Please direct inquiries to polstudies@rwjf.org. Be sure to include your phone number. We will make every effort to respond to all inquiries within 24 hours.

Applicants will submit a fully developed proposal, which should be no more than 10 pages and should contain the following information about the proposed project:

- Research question and policy relevance/significance to the field
- Data sources and data acquisition plan
- Methodology
- Background and experience of the applicant
- Deliverables and plan for dissemination
- Budget and budget narrative

PROGRAM DIRECTION

Responsible staff members at the Robert Wood Johnson Foundation are:

- Katherine Hempstead, PhD, *program officer*
- Maddalena Moreira, *program financial analyst*

Responsible staff members at AcademyHealth are:

- Bonnie Austin, JD, MPH, *vice president*

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- Megan Collado, MPH, *senior manager*

KEY DATES AND DEADLINES

February 19, 2016 (3 p.m. ET)

Deadline for receipt of full proposals.

May 26, 2016

Notification of finalists.

September 1, 2016

Grants start.

ABOUT THE ROBERT WOOD JOHNSON FOUNDATION

For more than 40 years the Robert Wood Johnson Foundation has worked to improve health and health care. We are striving to build a national Culture of Health that will enable all to live longer, healthier lives now and for generations to come. For more information, visit www.rwjf.org. Follow the Foundation on Twitter at www.rwjf.org/twitter or on Facebook at www.rwjf.org/facebook.

Sign up to receive email alerts on upcoming calls for proposals at www.rwjf.org/funding.

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