

background

Since 2001, the Blue Cross Blue Shield of Massachusetts Foundation has invested nearly \$2.5 million to help build a system of outreach and enrollment through its *Connecting Consumers with Care* grant area. The Foundation recognizes the complexities of the health care system, and the assistance that is necessary to navigate services. With the landmark passage of health care reform in 2006, the state recommitted to funding outreach and enrollment work as an essential part of the health care system's infrastructure. Since 2006 a combined total of more than six million dollars of state and Foundation funding has been invested in enrolling and maintaining health coverage among the most vulnerable populations in Massachusetts. There is now more demand than ever for assistance, with 152 types of public insurance programs available, and an individual mandate requiring Massachusetts residents to have health insurance coverage if affordable coverage is available. As this brief outlines, the work of so-called outreach and enrollment workers goes well beyond outreach and enrollment.

To eliminate such essential funding would disproportionately impact people who already face disparities in health access. Those at risk of being harmed by the lack of readily available assistance include the low-income, users of the health care system with complex health conditions and frequent visitors to the emergency room, the homeless, mentally ill, and those with linguistic or cultural barriers. Based on the work of our Connecting Consumers to Care grantees, this brief is an overview of the range of critical services they perform under health reform.

essential roles in health reform

Organizations funded for outreach and enrollment work must undertake numerous steps in order to assist someone in obtaining coverage, and maintaining it over time. Along the way, many challenges may surface that require the support of these front-line workers to advocate for low-income individuals as they navigate the process.

Identify uninsured individuals. Grantees connect with their clients from diverse backgrounds in a manner that is culturally and linguistically compatible, in order to build a relationship and inform them of their options for health coverage. A recent Urban Institute survey jointly funded by the Blue Cross Blue Shield of Massachusetts Foundation, the Robert Wood Johnson Foundation, and the Commonwealth Fund indicates that those who remain uninsured disproportionately include young adult males who are in very good or excellent health. Grantees must find unique ways of connecting with this population and engaging them to sign up for coverage.

Establish affordability. Grantees assist clients with determining whether they can afford the type of coverage available to them, and where necessary, establish payment plans or help apply for waivers.

Assist in Enrollment. Grantees then assist in enrolling their clients into any one of the numerous public health insurance programs in Massachusetts. A significant challenge in this process is handling significant amounts of paperwork, including citizenship, identity and income verifications. *Connecting Consumers with Care* grantees accounted for a total of 31,043 enrollments in 2008 into a public health insurance program. Adding the 21,571 individuals enrolled in 2007, this represents 12% of the total 439,000 individuals covered by health insurance since the passage of health reform. Furthermore, 11,091 individuals were enrolled in Commonwealth Care, or 6.5% of the 169,000, and 27,053 individuals were enrolled in MassHealth, or 37.6% of the total growth in this program. Significant times of the year for this process include open enrollment periods, where members can re-assess their coverage.

Access to Care and Services. Once a consumer has been approved for coverage, grantees help their clients select a health plan, often through a Managed Care Organization, identify primary care providers and specialists, book appointments and obtain transportation to keep their appointments. For many clients this may be the first time they have interacted with the health care system. In essence, grantees help their clients obtain care and use the system appropriately, and can play a role in helping to prevent episodic care based in emergency rooms, and ensuring the use of preventive and primary care. Ultimately, these measures can contain costs in the system and are a vital infrastructure to future cost, quality, and wellness initiatives. Since 2007, our grantees have been responsible for assisting 9,941 individuals with selecting a health plan in either Commonwealth Care or Commonwealth Choice. Once they selected a plan, 7,076 individuals required further assistance with figuring out a payment system, indicating that not all the plans were necessarily affordable, despite being subsidized. Also during this period, 26,934 were assisted with seeking a provider, which has grown increasingly difficult given the lack of available primary care. Finally, in 2008, 29,477 individuals obtained information on a prevention or wellness plan.

Comply with the Individual Mandate. In filing state income taxes for 2007, Massachusetts residents faced the first phase of the requirement to prove they had health insurance on the last day of the year. Grantees also documented a spike in encounters during the months of March and April, with a total of 19,000 encounters between grantees and their clients, likely reflecting the rush by residents to acquire assistance in completing their Schedule HC forms. In 2008, the individual mandate compliance process will only become more complicated with increased penalties, assessed for each month of uninsurance (with a complicated 63-day lapse exemption), followed by the onset of minimum creditable coverage standards.

Ensure Continuity of Coverage. Grantees play a more important role than ever in assuring continuity of coverage and care. For example, grantees interact with customer service representatives at both the MassHealth Enrollment Centers and the Connector's Call Center. Grantees mitigate a lot of confusion experienced by clients, especially if they are wrongfully terminated or denied, or bounced between different programs in the system. The various steps that grantees take in managing these steps ultimately seeks to prevent churn, or the constant influx of individuals on and off of a program, which places a huge cost on the system and on individuals. The documentation involved in obtaining and maintaining coverage is often daunting, not only in language complexity, but sheer volume. Often, multiple letters can be sent to clients with conflicting messages. Members of the three public programs must also verify annually their eligibility for the particular coverage that they have. Grantees assisted in submitting 9,171 eligibility review forms in 2007 and 2008 to complete the redetermination process for clients. Without this support, many more individuals would fall through the cracks and lose coverage, potentially leading to higher expenses of later re-enrollment.

conclusion

As detailed above, the work of the outreach and enrollment grantees is necessary to mediate between individuals and the complex health care system. The Blue Cross Blue Shield of Massachusetts Foundation funding currently accounts for only 12% of the total state and Foundation investment in this work. The Foundation's financial commitment does not provide sufficient resources for these efforts, which were purposefully established through a collaborative effort between the state and Foundation. The work performed under the statewide system of outreach and enrollment embodies a proven strategy for access. It is a core component of the infrastructure of health reform and merits sustained support by the administration.

This brief will be followed by a fuller report on the experience of the Blue Cross Blue Shield of Massachusetts Foundation's Connecting Consumers to Care grantees.

About the Blue Cross Blue Shield of Massachusetts Foundation

The mission of the Blue Cross Blue Shield of Massachusetts Foundation is to expand access to health care. Through grants and policy initiatives, the Foundation works with public and private organizations to broaden health coverage and reduce barriers to care. It focuses on developing measurable and sustainable solutions that benefit uninsured, vulnerable and low-income individuals and families in the Commonwealth, and served as a catalyst for the pioneering Massachusetts health care reform law passed in 2006. The Foundation was founded in 2001 with an initial endowment of \$55 million from Blue Cross Blue Shield of Massachusetts; the endowment has since grown to \$108 million. The Foundation operates separately from the company and is governed by its own 18-member Board of Directors. It is one of the largest private health philanthropies in New England and in 2007 was awarded the Paul Ylvisaker Award for Public Policy Engagement by the Council on Foundations.