



2009 Year-End Report of *Connecting Consumers with Care* Grantees

Background

Connecting Consumers with Care (*Connecting Consumers or CCC*) was created in 2001 and is one of the Blue Cross Blue Shield of Massachusetts Foundation's longest-running grant areas. It has provided an investment of over \$3.4 million in community health centers, community-based organizations, and hospital programs to maximize enrollment of the state's residents in public health coverage programs.

Connecting Consumers grantees utilize three main strategies:

- ✚ Outreach to the community and specific populations;
- ✚ Assistance in enrollment into one of the state's numerous public health coverage programs; and
- ✚ Maintenance and retention in coverage.

The CCC grant area has evolved over the years in response to policy and economic environments. After health care reform passed in 2006, the Foundation increased funding levels to enhance grantees' capacity during this critical time when many residents were signing up for coverage. More recently, as the number of uninsured has shrunk, the grant area's attention has shifted from enrollment to maintenance of coverage. Following the economic crisis in 2008-09, grantees assisted many newly uninsured individuals and families.

In December 2008, the Foundation awarded \$485,000 to 22 organizations throughout the state, with grants ranging from \$20,000-25,000 for calendar year 2009. This brief analyzes the work of these grantees in *Connecting Consumers*, and their impact on the health care system for this year.

Enrollment Assistance

A major focus of *Connecting Consumers* grantees is signing individuals up for health insurance. Grantees undertake a number of steps on behalf of the individuals they serve: determining if an individual is eligible; whether they can afford the available coverage; completing a lengthy application; obtaining copies of documents that verify eligibility, such as pay stubs and birth certificates; and navigating computer-based systems such as the Virtual Gateway, which are used to process these applications.

In 2009, the 22 CCC grantees enrolled a total of 39,621 individuals, averaging 3,300 individuals per month. Individuals were enrolled in public health coverage programs including MassHealth, Commonwealth Care, the Health Safety Net, Prescription Advantage, and Medicare Part D based on a number of eligibility criteria including age, income level, immigrant status, and other types of special status.

Tables 1 through 4 depict the enrollment trends for each of these programs throughout 2009. The category "Other" includes enrollments into Prescription Advantage and Medicare Part D. Following these tables is another that compares enrollment in 2009 versus 2008 for each of these programs.

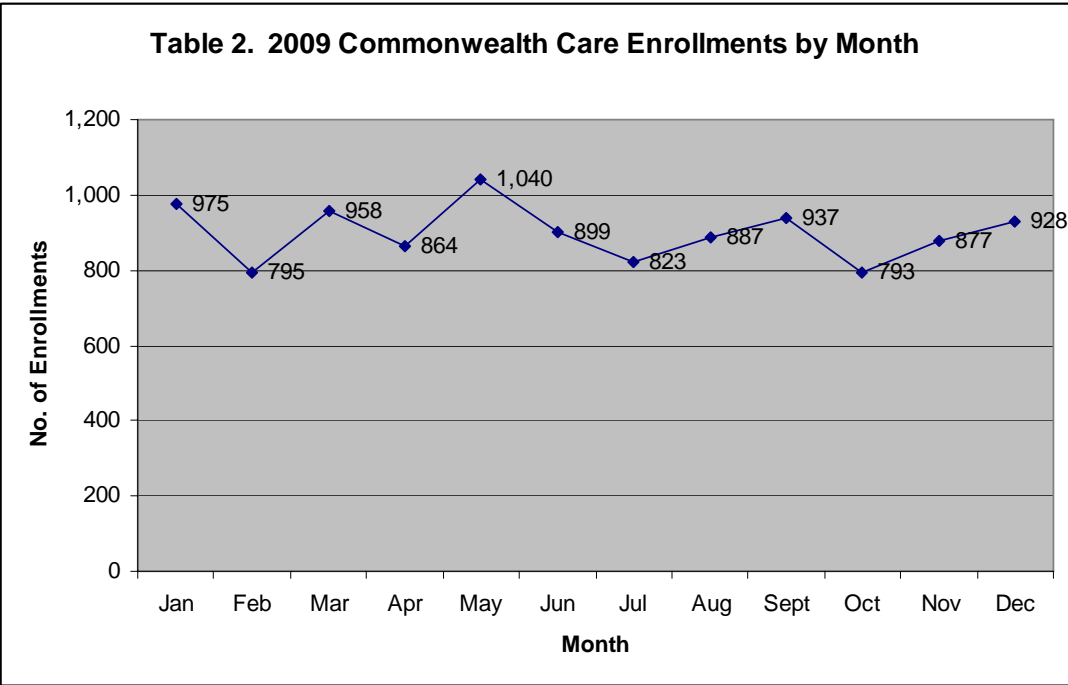
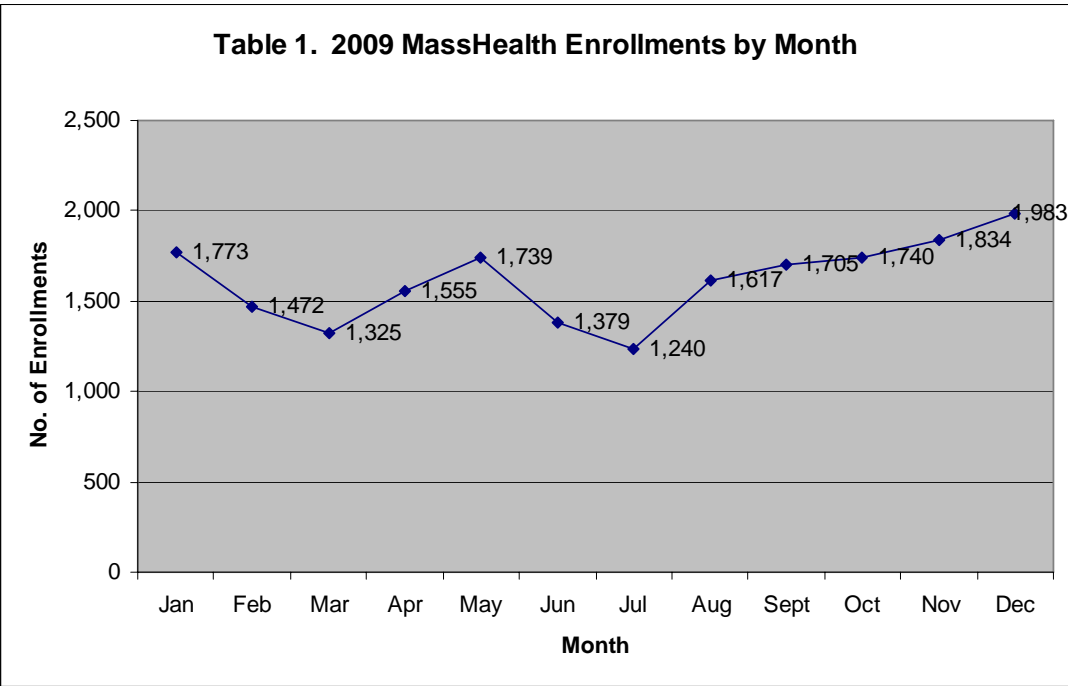


Table 3. 2009 Health Safety Net Enrollments by Month

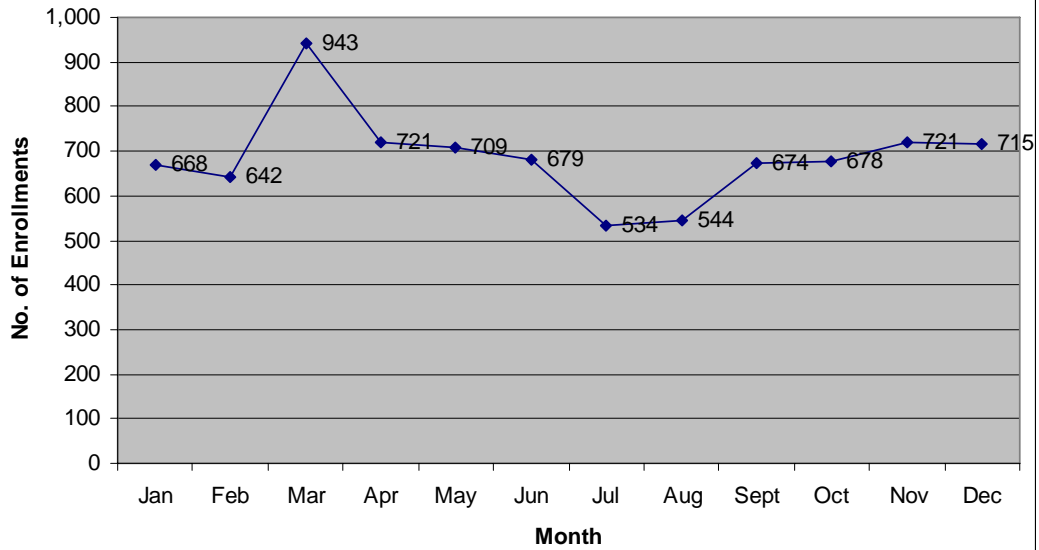


Table 4. 2009 Other Enrollments by Month (Includes Prescription Advantage and Medicare D)

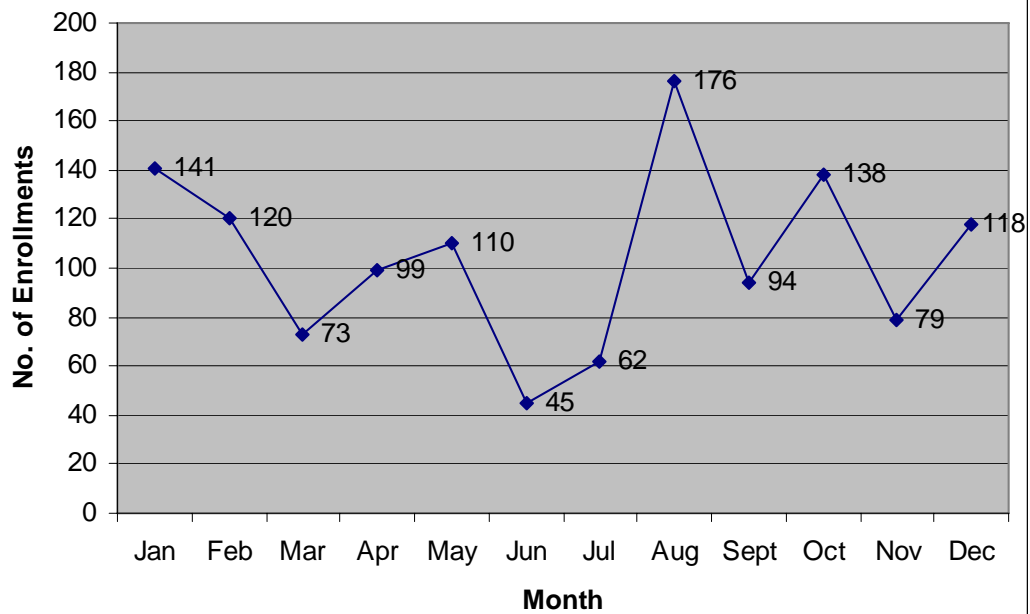


Table 5. Comparison of Enrollments in 2008 vs. 2009

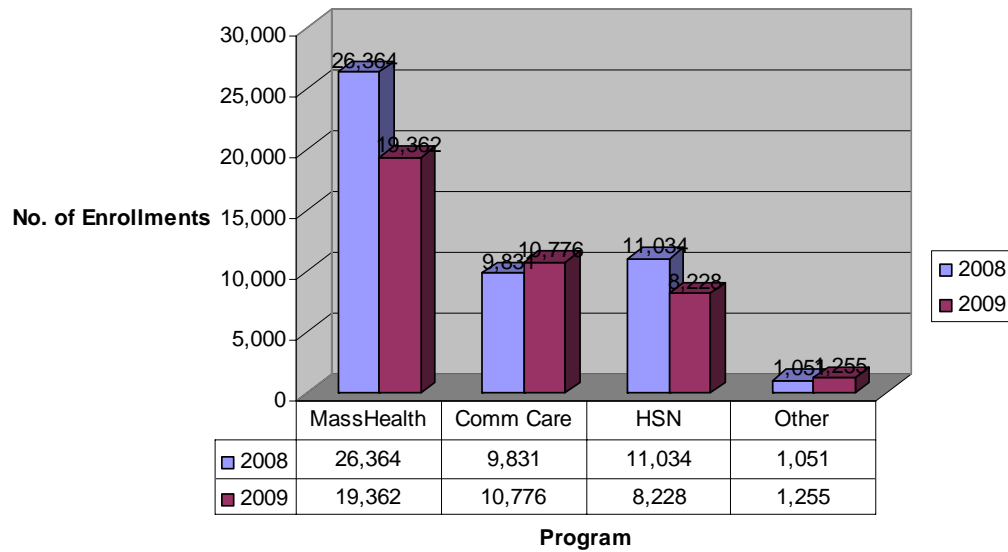
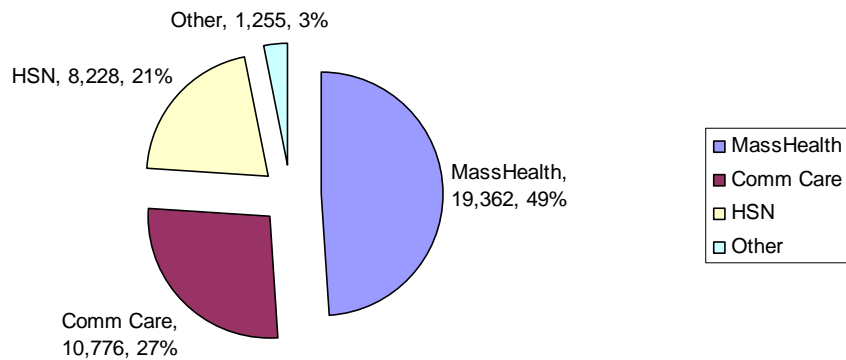


Chart 1 depicts the breakdown of the total number of enrollments by program type as percentages of all enrollments.

Chart 1. Breakdown of Enrollments by Program, 2009



In 2009, CCC grantees assisted in 39,621 enrollments into a health coverage program. When added to enrollments done by the Foundation’s grantees in previous years, it represents roughly 31.2% of the total enrollments made in Massachusetts since 2006.

Furthermore, of the 99,000 enrollments in MassHealth since 2006, CCC grantees have assisted with 63,892, which roughly represents 64.5% of the program’s total enrollments during this period. And of

the 177,000 enrollments in Commonwealth Care since it was first created in 2006, CCC grantees have assisted with 29,669, or 16.8% of the total enrollments.

Grantees also referred many clients to a number of programs that are not tied into the Virtual Gateway system. A total of 3,557 individuals were referred to the Medical Security Program, which provides direct coverage or help with premiums for state residents who are receiving unemployment benefits. Another 1,193 individuals were referred to the Commonwealth Choice Program, which is offered by the Connector Authority and provides private health insurance options for individuals, families and employers who do not qualify for subsidized coverage.

Based on narrative from monthly reports, many grantees experienced difficulty reaching the MassHealth Enrollment Centers by phone. The increased number of individuals with MassHealth or Commonwealth Care coverage has placed a heavy burden on these call centers, which themselves dealt with limited capacity due to state budget constraints. This has created barriers that affect the ability to conduct this work efficiently.

Care Beyond Coverage

After signing up for health coverage, there are a number of steps to take in order to access services. As many people who sign up may not have engaged in the system before, some of these steps may require more effort. The process includes:

- ✚ If necessary, determining which Managed Care Organization is most appropriate (Commonwealth Care, for example, is offered through Boston Medical Center HealthNet Plan, Fallon Community Health Plan, Neighborhood Health Plan, Network Health, or CeltiCare Health Plan);
- ✚ Obtaining information that explains how the health plan works, including which providers are available and the cost of the plan with premiums, deductibles and copays; and
- ✚ Finding and selecting a provider, and scheduling an appointment for needed services.

In 2009, CCC grantees helped 14,606 individuals, or 13.7% of the total number of individuals served, with choosing a primary care provider. A total of 6,834 appointments were made with the help of grantees.

Finally, grantees educate and raise awareness about how the system works. Grantees reported sharing information on a number of topics:

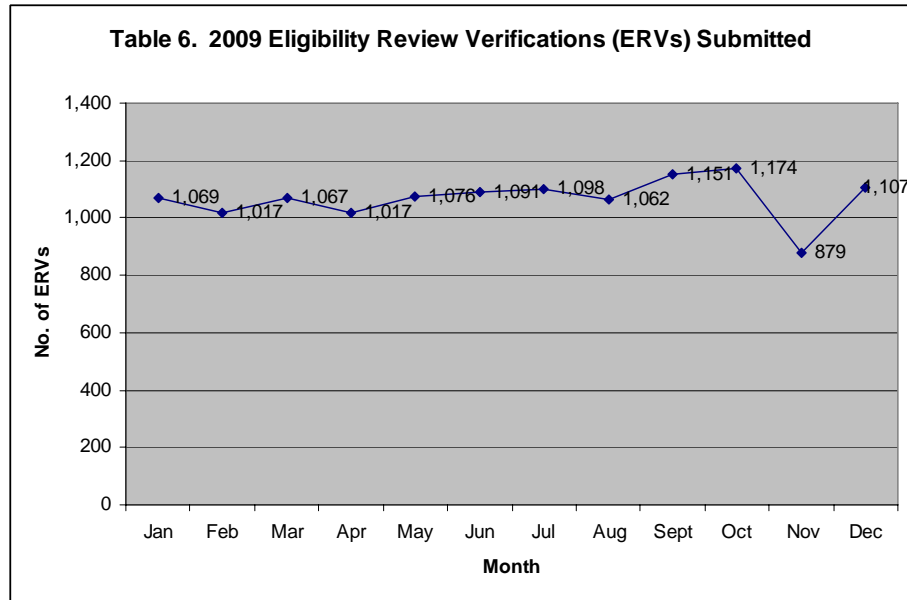
- ✚ 19,806 individuals were given information on the Affordability Schedule to determine if affordable health insurance was available to them;
- ✚ 118,874 individuals were given information on prevention and wellness; and
- ✚ 29,289 individuals were given information on minimum creditable coverage.

Maintaining Coverage

Individuals who have health insurance through a public program need to have their eligibility redetermined each year in order to maintain coverage. Redetermination factors include income changes, immigrant status or whether coverage is available through some other source (e.g. their employer).

In the past year, grantees helped 12,808 individuals to complete and submit Eligibility Review Forms, the paperwork required for the redetermination process. This was a 10.6% increase from the previous year,

when 11,580 redeterminations were submitted. Table 6 details the number of forms that were submitted each month.



After conducting the ERV process, members receive informational letters or notices regarding the state’s rule. In general, members require support to understand these notices, whether English is their first language or not. For instance, notices first list all the programs for which coverage is denied and end with a statement listing the coverage for which the applicant is actually eligible for.

Change in Coverage Programs

In the summer of 2009, the Governor signed into law the state budget for Fiscal Year 2010. Because of severe budget constraints, legal immigrants classified as Aliens with Special Status (AWSS) were terminated from Commonwealth Care coverage. Members of the AWSS population, while legal immigrants, are not eligible for federally-funded benefits because they have resided in the United States less than five years, or are considered Persons Residing Under the Color of Law. CeltiCare Health Plan, a new Commonwealth Care health plan, was selected through a bidding process to cover this population’s health needs with only \$40 million. The administration and CeltiCare created the Commonwealth Care Bridge program in a very short amount of time for almost 30,000 AWSS individuals. Grantees quickly responded to the structural changes, explaining these changes in health coverage to a population that was fearful it was tied to imminent deportation. The grantees continued to provide assistance as their AWSS clients:

- ✚ Were notified that their plans had changed, and many were unaware until they received a new membership card in the mail;
- ✚ Had to change providers with whom they had relationships with or who had the linguistic capacity to serve them; and
- ✚ Had to deal with increased costs, such as a higher pharmacy copays for some medications.

While grantees have attempted to ease the process for this population, the reality is that the future of coverage for this population is unknown at this point, and could change yet again before the end of 2010.

Maximizing Opportunities for Enrollment: Key Strategies

In 2009, grantees put into practice some common strategies that were effective in helping clients:

Grantees collaborated with **tax preparation sites** in the first four months of the year. For the second year in a row, Massachusetts residents filing their state income taxes were required to provide proof of health insurance in order to comply with the individual mandate. Grantees informed the organizations running these sites of their services, and set up referral systems whereby anyone who didn't have insurance could be directed to receive assistance.

In 2009, the **H1N1 flu** had a significant impact on the public's health and garnered enormous attention. A number of grantees took advantage by connecting with the community on this health issue and then assessed whether residents had health insurance. Grantees also positioned themselves as referral hotlines for their cities and regions, providing access for many people needing but not accessing assistance.

As in past years, grantees lauded the **importance of convening on a regular basis to exchange information and network**. These included the Mass Health Care Training Forum, as well as a number of the organizations funded by EOHHS as network grantees, such as Action for Boston Community Development, Community Partners, Health Care For All and the Southeast Outreach Network. Many grantees expressed dismay at the end of 2009, when Community Partners announced its closure due to a lack of a sustainable funding model.

The BCBSMA Foundation collaborated with EOHHS to host the **third Annual Outreach Summit** in June 2009. All organizations that were funded by one or both of the entities were invited for a day that focused on outreach and enrollment from the perspectives of the past, present and future. The planning of the Summit involved many of the grantees themselves, providing the opportunity to showcase funded organizations and to share best practices.

The productive **relationships between our grantees and state agencies** continue to be critical in advancing this work. Over the past year, grantees often praised and credited specific agencies or departments that were helpful to their work, such as the MassHealth Enrollment Centers and the Central Processing Unit. The Foundation has made concerted efforts to highlight such feedback in its monthly reports, as well as those focused on areas of improvement, in hopes that these substantial relationships will continue over time.

The Road Ahead

As we look to 2010 and beyond, there are a number of factors that will undoubtedly have an impact on the work of our grantees in *Connecting Consumers*. First, the lessons that we have learned through our state's reform are instructional as the implementation of national health care reform takes place over the next few years. CCC grantees have already been successful in educating and assisting hundreds of thousands of residents in accessing health insurance coverage and care, many for the first time. Over the past three years especially, grantees have developed an understanding of the populations that remain uninsured, and the reasons why it is so difficult to get them to participate in coverage. This experience will continue to inform the state's successes as well as the nation's.

The outlook for state funding of this work is unclear at this time, given the state's economic position. As the Foundation has continued to provide parallel funding for outreach and enrollment, and our collaborations with the Executive Office and Health and Human Services have strengthened the support

of this work, the grantees have largely benefited from coordinating efforts. We acknowledge that this work is not something that can be adequately supported by our funding alone and stress the importance of support from other sources.

The work of the *Connecting Consumers* grantees has contributed to the significant increases in the number of individuals with health coverage in Massachusetts. The grantees' ability to help individuals obtain and maintain coverage and access to care in a very complex system is grounded in their strong knowledge of available programs and their connection to the community. As the point of access to government programs, they are often the first to spot barriers to access and gaps in coverage and they can be a resource for improving the system. They will continue to be a central element in the ability to expand access to coverage in Massachusetts, and can provide invaluable lessons to the state and country in years to come.