

Innovation Fund for the Uninsured

Program Overview and Goal

The **Innovation Fund for the Uninsured** will provide a limited number of grants for up to three years in duration to health care delivery organizations in Massachusetts working to improve the organization, continuity and completeness of care for the uninsured. The characteristics and needs of the uninsured in Massachusetts continue to evolve due to factors such as the implementation of health reforms included in Chapter 58 of the Acts of 2006 and the impact of the national economic crisis. The *Innovation Fund for the Uninsured* will support efforts to manage and coordinate the care provided to those who are uninsured or are at risk of losing their coverage. The ultimate goals are to improve access, health outcomes and cost-effective care for the uninsured through outreach, education, preventive care, and medical management.

Context

Massachusetts' efforts to provide health insurance coverage to nearly all its residents have been remarkably effective. More than 435,000 individuals have been enrolled over the past several years. However, despite the new opportunities created through Chapter 58 it is clear that a significant number of Massachusetts residents will continue to lack health insurance or will experience gaps in coverage.

The lack of health insurance will continue to be a barrier to access for many individuals, often causing them to delay needed treatment and forcing them to obtain care episodically with little continuity or coordination among providers. That can result in heightened costs and poorer health outcomes, as care is often delivered in more expensive and less efficient settings.

Caring for those who are uninsured in the current environment will require a concerted effort to assess, design and implement systems of care that are responsive to their needs. The Foundation will support programs across the Commonwealth that demonstrate the greatest promise in organizing effective systems of care for the uninsured.

Key Program Elements

Utilizing tools such as case management or care coordination to improve the continuity of care and access to both preventive and comprehensive services for the uninsured is a significant challenge. It requires effective collaboration among safety net providers, coordination of funding from diverse sources, and implementation of disease prevention and management strategies. There is no single model that is appropriate for every community. However, there are several key elements that are proven success factors and are therefore eligibility requirements for this grant program:

- ❑ Programs that target a significant number of uninsured adults, particularly those who remain likely to be chronically uninsured despite health care reform.
- ❑ Providers in the community that are committed to improving the organization of services for the uninsured.
- ❑ A mechanism for reaching out to uninsured adults and engaging them in coordinated care.
- ❑ A specific strategy for addressing gaps in availability of medically necessary services, for strengthening health education and preventive care, and facilitating the patient's ability to remain engaged in appropriate care.

Eligible Applicants and Selection Criteria

Letters of Inquiry (LOIs) are invited from health care delivery organizations or consortia of organizations with experience providing health care services to uninsured residents.

Please note: Health care delivery organizations that currently receive BCBSMA Foundation funding focused on health disparities, children's mental health or the Catalyst Fund are still eligible to apply for the *Innovation Fund for the Uninsured* program if a substantial number of uninsured Massachusetts residents are served. However, organizations may not receive concurrent funding from more than one Foundation *Access Grant* program. *Access Grant* programs include the **Innovation Fund for the Uninsured, Connecting Consumers with Care** and **Strengthening the Voice for Access**.

Selection criteria include:

- ❑ Clear understanding of the population(s) to be targeted. Applicants should emphasize the size and scope of uninsured population(s) in their service area, including specific access barriers it creates. Proposals that are narrowly focused on particular subgroups within the uninsured population will be accepted. However, this grant program **is not** focused on the underinsured, elderly or children that are eligible for federal and state-funded insurance programs.
- ❑ Demonstrated capacity and specific strategies for providing access to a full range of medical and related services for the uninsured.
- ❑ Demonstrated intent to promote system or organizational change that promotes access to care for uninsured populations.
- ❑ History of collaboration and innovation. Applications that contemplate a significant level of collaboration are encouraged, particularly those collaborations that support outreach and education in a substantial way. Applications including a focus on improved organization of care and cost containment are also encouraged.
- ❑ Evidence of commitment to participate from relevant providers and community partners.
- ❑ Demonstrated capacity for conducting program evaluation, tracking program impact on the community, and reporting.
- ❑ Evidence of planning for sustainability and opportunities for replication.

The following are examples of funding requests that **would not** meet the goals of this program:

- ❑ Programs developed and managed by community-based organizations that do not deliver medical services or that do not directly manage access to primary care for uninsured patients.
- ❑ Programs that focus primarily or specifically on outreach, Medicaid or Commonwealth Care eligibility screening and enrollment and do not include a model for coordinated delivery of care.
- ❑ Care models that are focused solely on treatment of one disease or condition, and do not include access to preventative or primary care services in coordination with other appropriate specialties.
- ❑ Programs geared to public health issues, health education or health prevention campaigns.

Funding

The maximum amount for new coordinated care initiatives or to expand existing successful programs is **\$75,000 per year for up to three years**. The Foundation maintains discretion to make grants for fewer than three years and for amounts lower than the maximum. Organizations currently funded in this program area do not need to reapply to maintain their funding. **Any new applicant must submit a Letter of Inquiry (LOI) by September 1, 2009.**

The Foundation will also provide assistance sessions to support grantees with evaluation, best practice sharing and networking to enrich the program and the field. Representatives from all funded programs will be required to participate in these meetings. The Foundation intends to serve as a resource to grantees regarding developments with health care reform, which is likely to be the focus of some convening activities during this grant period.

Deadlines and Submission Requirements

September 1 *Letter of Inquiry*

For any organization not currently funded in this program area: An original and six copies of a two-page pre-proposal Letter of Inquiry (LOI) briefly describing the planning project to determine suitability for funding are due by 5:00 p.m. **Please use the required LOI Cover Summary Form**, which is available to download at www.bluecrossfoundation.org. LOIs should be submitted by mail. **Please do not submit attachments and support materials with the LOI.**

*The Foundation will acknowledge receipt of the LOI within three business days. Please contact the Foundation **only** if you have not received confirmation after three business days of submission.*

September 17

Organizations being invited to submit a full proposal will be contacted.

October 16 *Proposal*

Only for grantees whose LOIs have been accepted and are invited to apply: Seven collated and stapled sets of the core materials packet and one set of attachments must be **received via mail by 5:00 p.m.**

The Foundation will acknowledge receipt of the proposal packet within three business days. Only complete proposal packets, including all letters of support, will be considered. Unsolicited proposals will not be considered, and will be returned without being evaluated.

December 21

Grant awards announced following Board votes.

Proposal Requirements

New applicants: *Submit seven collated stapled copies of the core materials and one set of attachments, as listed below.*

Core Materials:

- **Proposal Cover Summary Form:** available for download from www.bluecrossfoundation.org
- **Narrative:** (must not exceed 10 pages, 11-12 pt. type on plain paper)
- a) Program Funding Request:**
 - Describe the organization's history and mission.
 - Describe the goals, objectives, and program design and implementation plan.
 - Describe the target population, including the number, profile and geographic area(s) for the persons served.
 - Describe how this request addresses the Key Program Elements described above.
 - Describe why your organization and staff is best qualified to manage the project for which funding is being sought (please do not include staff resumes).
 - Describe your organization's history of providing culturally competent care, and engaging in collaborative problem solving, community outreach and consumer involvement in program development and implementation.
 - Explain how your program includes community-wide strategies for change and improvement in health care access.
- b) Evaluation and Sustainability:** Define your criteria for success with this program and how you will measure it. Describe the tools and strategies for measuring outcomes and effectiveness. If your program has developed a Logic Model, please feel free to include this in the proposal packet. Describe how the organization intends to sustain the program when this funding ends.
- **Project Budget Worksheet:** Utilizing the form available for download from the web site, include an annual budget for each year of funding being requested.
- **Organization Budget:** Board or department-approved budget for the year in which funding is being requested.

- **Letters of Support:** A minimum of three letters of support and confirmation of collaboration that illustrates your organization's capacity for making a measurable impact on the issue to be addressed by this program.

Attachments:

- **Current IRS letter confirming tax exempt status: 501(c) (3), 509 (a).**
- **Most recent independent financial audits or accounts review.**
- **Hospitals are required to submit the most recent Community Benefits Report.**

The Foundation staff is willing to assist applicants by answering questions prior to submission of your complete packet. Please contact us at 617-246-5434 to schedule a technical assistance call prior to the proposal submission deadline. The Foundation will notify all applicants of the funding decisions before December 21, 2009.

Mailing or courier location:

BCBSMA Foundation
401 Park Drive, 4th floor East
Boston, MA 02215

Blue Cross Blue Shield of Massachusetts Foundation; 401 Park Drive, Landmark Center; Boston, MA 02215; 617-246-3744; 617-246-3992 (fax); www.bluecrossfoundation.org