



## 2008 Year-End Report of *Connecting Consumers with Care* Grantees

### **Background**

*Connecting Consumers with Care (Connecting Consumers)*, one of the Blue Cross Blue Shield of Massachusetts Foundation's longest-running grant areas, has invested a total of \$3.312 million in community health centers, community-based organizations, and hospital programs since 2001. Most recently, in December 2008, the Foundation awarded \$485,000 to 22 organizations throughout the state, with grants ranging from \$20,000-25,000 for programs that will be in operation during calendar year 2009.

Since the passage of health reform in 2006, the pursuit of near universal coverage was boosted with the expansion of MassHealth coverage and the creation of Commonwealth Care and Commonwealth Choice by the Connector Authority, creating coverage options for select populations where there previously hadn't been. This grant area is designed to fund organizations in three main areas:

- ✚ Outreach to the community and the specific populations they serve, by using unique strategies and establishing trusting relationships;
- ✚ Enrollment assistance into public health coverage programs; and
- ✚ Maintenance and retention in coverage.

The focus of the grant area has shifted from seeking to enroll as many individuals as possible, to maintaining the coverage that over 428,000 people have obtained.<sup>1</sup>

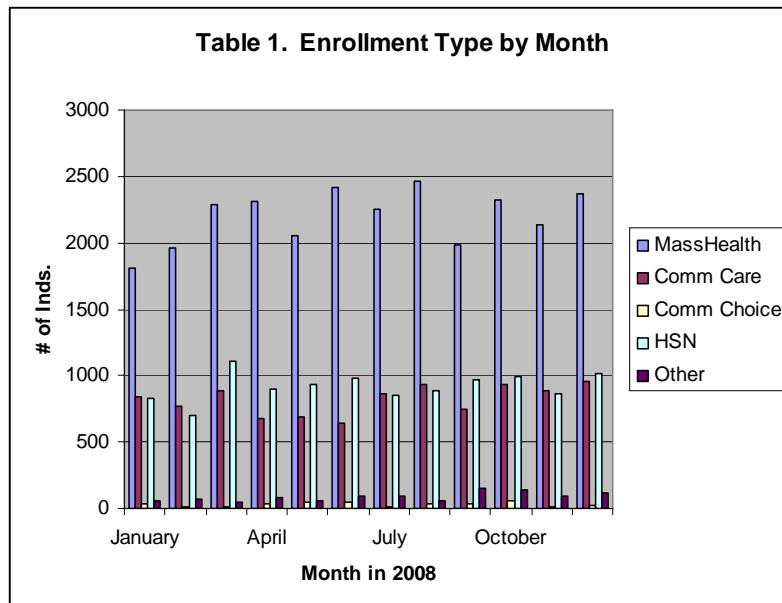
This brief analyzes the work of our 23 grantees in *Connecting Consumers with Care (CCC)* and the work that they did over the course of 2008.

### **Enrollment Assistance**

A major goal of the health reform legislation was to enroll as many individuals into health coverage as possible. CCC grantees conduct enrollment assistance and help their clients navigate a complicated application process. Included in the enrollment assistance process is determining whether individuals can afford a certain type of coverage, and processing (the sometimes voluminous) paperwork and documentation.

In 2008, a total of 48,667 enrollments were assisted by CCC grantees. The individuals were enrolled into a variety of coverage programs, including MassHealth, Commonwealth Care, Commonwealth Choice, Health Safety Net, Prescription Advantage, and Medicare D programs. Table 1 depicts a detailed breakdown of the number of enrollments for each of the programs per month. The category "Other" includes enrollments into Prescription Advantage and Medicare Part D. Beneath this table is another tabular depiction of the specific enrollment gains assisted by CCC grantees on a monthly basis in 2008, as well as comparisons to 2007. Chart 1 depicts the breakdown of the total number of enrollments by program type as percentages.

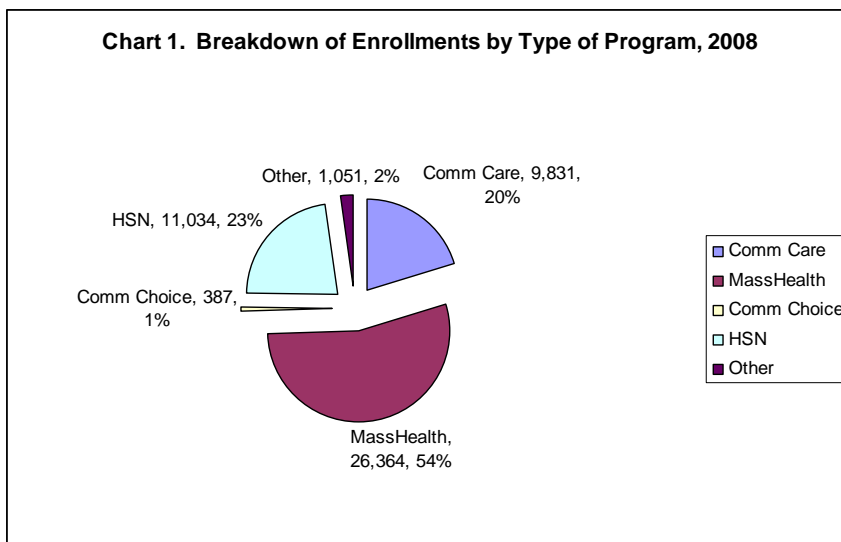
1 Division of Health Care Finance and Policy. *Health Care in Massachusetts: Key Indicators*. May 2009.



**Enrollment Gains, 2007 to 2008**

|                    | Jan   | Feb   | Mar   | Apr   | May   | Jun   | Jul   | Aug   | Sept  | Oct   | Nov   | Dec   | Tot 2008 | Tot 2007 | % Δ  | Tot Enr |
|--------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|----------|------|---------|
| <b>MassHealth</b>  | 1,812 | 1,957 | 2,289 | 2,312 | 2,055 | 2,417 | 2,252 | 2,466 | 1,982 | 2,321 | 2,137 | 2,364 | 26,364   | 18,166   | +31  | 44,530  |
| <b>Comm Care</b>   | 843   | 770   | 889   | 673   | 690   | 647   | 865   | 934   | 744   | 932   | 882   | 960   | 9,831    | 9,062    | +7.8 | 18,893  |
| <b>Comm Choice</b> | 39    | 10    | 15    | 39    | 52    | 48    | 17    | 40    | 30    | 57    | 16    | 24    | 387      | *        | *    | 387     |
| <b>HSN</b>         | 826   | 705   | 1,111 | 903   | 937   | 978   | 852   | 886   | 973   | 988   | 859   | 1,016 | 11,034   | 9,846    | +11  | 20,880  |
| <b>Other</b>       | 54    | 75    | 43    | 78    | 57    | 95    | 88    | 58    | 147   | 145   | 99    | 112   | 1,051    | 1,749    | -66  | 2,800   |

\* Data for this category was not collected in monthly reporting.



CCC grantees have enrolled 87,490 people, or 20.4% of the 428,000 individuals who have received health insurance since health reform was enacted in 2006 (38,823 enrollments in 2007 and 48,667 in 2008). Specifically in 2008, CCC grantees enrolled:

- + 9,831 individuals into Commonwealth Care, which when added to 2007 totals, represents 8.63% of the total enrollments in this program since its inception, and
- + 26,364 individuals into MassHealth, which when added to 2007 totals, represents 58.6% of the total enrollments in this program since the passage of health reform.

### **Accessing Care Beyond Coverage**

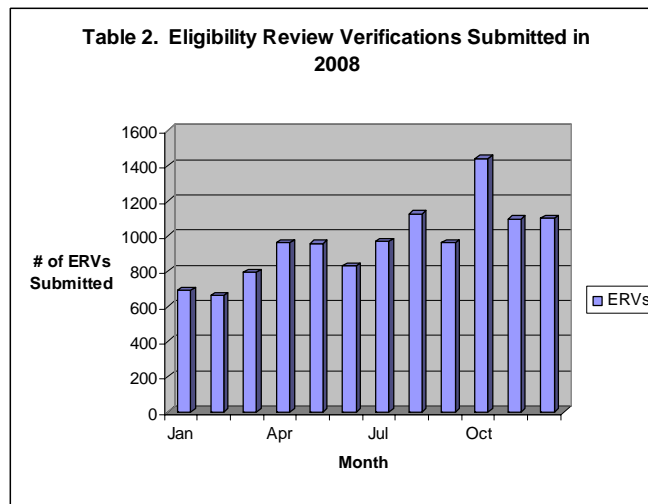
Once an individual has been approved and enrolled in a health coverage plan, grantees assist their clients to ensure they can access the care they need. Newly enrolled members, many of whom may not have been previously engaged in the health care system, need information to understand how a health plan operates. If the clients are eligible for a MassHealth or Commonwealth Care program that requires the selection of a Managed Care Organization, they will need assistance in selecting the most appropriate health plan. Determining which health plan is the best match for their needs requires knowing which primary care and specialist physicians participate in each health plan's provider networks, and the cost of each plan, including premiums and out-of-pocket costs such as co-pays. CCC grantees assist clients in accessing and understanding this information and then help them enroll in the plan, sign up with a provider, and establish payment assistance plans.

In 2008, CCC grantees assisted 9,458 individuals with selecting a health plan, 28,883 with finding a provider, and 7,818 individuals with establishing a payment system. Assisting clients with finding a provider has grown increasingly difficult over the past few years, due to the shortage of primary care providers. This shortage has increased in severity due to the significant increase in insured individuals in the state. CCC grantees have had to assist clients in establishing payment systems for their health coverage, suggesting that affordability remains a key determining factor in obtaining health insurance.

Furthermore, outreach and enrollment efforts have included a focus on prevention and wellness, which was also a stated goal of the health care reform legislation. Ideally, helping clients with information that keeps them healthy will reduce future health conditions that contribute to higher costs. In the past year, CCC grantees have disseminated such information to 53,344 individuals.

### **Maintenance to Ensure Continuity of Coverage**

Annual redeterminations, the process by which individuals enrolled in subsidized health coverage maintain their eligibility, took place at an increasing rate in 2008. The growth in demand for assistance with redeterminations was predictable as Commonwealth Care enrollees reached or surpassed their one-year anniversary of coverage. The numbers reflect the increased amount of work that grantees have had to do in helping their clients with Eligibility Review (ERV) forms, which are used to maintain MassHealth or Commonwealth Care coverage. In 2008, 11,580 such forms were submitted, a drastic jump from the 4,335 that were submitted in 2007 (see Table #2 for a monthly charting of the number of ERV forms submitted). Additional types of required documentation have arisen in the past year, including an exceptions letter which asks members to verify whether they had access to employer-sponsored insurance or risk termination from coverage.



CCC grantees play a critical access role by explaining the system and its various components. Particularly for clients facing denials or termination of coverage for not complying with documentation, this is a much needed type of assistance. The grantees’ efforts help prevent increased levels of churn – when members are needlessly dropped from coverage only to return a short time later – which add to the administrative and financial costs of the health care system.

**Qualitative Information**

Beyond the quantitative data that we have obtained from monthly reports, the anecdotal evidence that our grantees share with us illustrates an even more vivid picture of how they benefit the Massachusetts health care system and the communities that most need health access.

CCC grantees are extremely effective liaisons who are adept at building trust and communicating with difficult-to-reach members of their community. They use their in-depth knowledge to navigate the public health coverage systems which continue to become more complex. They are often the first to spot barriers to health access and gaps in coverage. As the unofficial eyes and ears of government programs, they can be a resource for improving the system by informing policymakers and administrators of the barriers they encounter.

The grantees’ experience has been critical to identifying systemic issues that need to be addressed. For example, it was the regular reporting by CCC grantees of paperwork backlogs and delays by the MassHealth Enrollment Centers in 2007 that led to a feature story in the Boston Globe and actions by the Office of MassHealth that greatly reduced the number of backlogged applications.

**Conclusion & Implications**

There are undoubtedly numerous challenges ahead for Massachusetts as we work to maintain the success of health reform, contain costs in the health care system, and weather the broader economic climate impacting the entire nation. As our state and country continue in a period of financial uncertainty, the critical services of the funded organizations are now more needed than ever. Increased layoffs and rates of unemployment put individuals and families at risk of losing their health insurance coverage. Additionally, as our local and state budgets continue to be reduced, services offered by health programs need to be monitored to ensure that all those who qualify can benefit.

Our health access system will continue to evolve in the coming year, increasing the complexity consumers face as they enroll and maintain health care coverage. For instance, with the addition of a

new Managed Care Organization in the Commonwealth Care program, the number of plan choices that members must understand and navigate will increase significantly. Simultaneously, explanations of minimum creditable coverage standards which will be phased in during 2009 most likely will complicate the messages consumers receive about their health coverage options. Vulnerable populations will need timely assistance and accurate information from trusted sources in order to comply with these new standards. Our grantees are seeing health plans offer coverage that does not meet the standards, making it difficult for those who will need to seek new coverage. In some cases these plans have provided very late notice to their members, therefore narrowing the opportunity individuals have to make the necessary switch without experiencing a gap in coverage. Finally, affordability levels face projected increases in 2009 and 2010 as the programs seek to balance costs. Such increases, however, may impact the ability of members to maintain their coverage. The role of these organizations and their staff is now more critical than ever as we continue our health coverage expansion effort in Massachusetts.

The Foundation cannot fully meet the demand for these services with its funding. It is evident that CCC grantees make a significant impact on the ability to enroll individuals into health coverage, and maintain coverage over time. We have witnessed the value of CCC grantees and recognize the pivotal role they will continue to play in maintaining the success of health reform.