2014 Annual Report

Message From the President & Chairman

Dear Friends and Community Partners,

It is with great pleasure that we share with you highlights from our work in 2014. Last year we undertook a strategic planning process that reaffirmed our core mission of expanding access to health care for low-income and vulnerable people and expanded our focus areas to include access to behavioral health services and efforts to better understand the effect of social and societal factors on health outcomes. As we reflected on what we had learned, our priorities and strategies evolved, allowing us to respond to the significant health policy challenges facing our community in the most meaningful way. This new strategic plan will serve as a blueprint for our work over the next several years as we seek to make a difference and to create an impact. Here are just a few examples:

We launched a new grant program called Fostering Effective Integration of Behavioral Health and Primary Care. This major investment is supporting 10 organizations that are implementing collaborative, co-located, or integrated service models for patients with a range of medical and behavioral health needs. The cohort represents a variety of provider types – community health centers, community-based behavioral health centers, and hospital-based programs – located throughout the state. We are documenting the grantees' successes and challenges with the intent of making a longer-term investment in promising, replicable models in the future.

We continued our role as a convener of impartial and thoughtful public discussion. As a new governor and members of the state legislature were incoming, we commissioned a report on key priorities for MassHealth, the state's Medicaid program. Based on over 40 interviews with stakeholders and policy experts, the report provided a critical discussion around the key issues, opportunities, and policy options for MassHealth, a nearly \$14 billion program that covers 1.7 million residents. We released the report at an event attended by over 200 people to wide media acclaim.

We made social equity and health a priority area. Studies suggest that medical care accounts for only 20 percent of health outcomes, and there is general agreement in the public health arena that social, environmental, and behavioral factors account for 60 percent, with the other 20 percent being genetics. Yet as a nation, we continue to spend more on health care than on social services. With this as context, we commissioned nationally renowned authors/researchers Betsy Bradley and Lauren Taylor to help us create a solid evidence base linking improved health outcomes with access to non-medical supports. We also held the first in a series of Social Equity & Health events where stakeholders came together to have an informed and open dialogue about how best to serve our most at-risk neighbors.

We are as committed as ever to ensuring that people can get and afford the care they need and are excited to be complementing that work with our new focus areas of behavioral health access and social equity and health. Together, we've accomplished much, but there is still work to be done. We hope that you'll find the attached 2014 year-in-review infographic informative, and we look forward to working with you in 2015!

Audrey Shelto

Philip W. Johnston

Ashim Phy w. John

President





Health reform will not be complete until we make high-quality care affordable as well as accessible. For the past 14 years, we have been working toward meaningful change in the face of dynamic and sometimes challenging policy landscapes. But our ultimate goal is clear: to see improved access, better health outcomes, and lower costs for our most vulnerable residents. Here are some recent highlights.

→ 2014-2016 AREAS OF FOCUS **COVERAGE & CARE**

Coverage does not always equal care.

We are committed to supporting programs that help low-income consumers obtain, keep, and use their insurance to access high-quality, affordable care. We conduct research and develop strategies to increase coverage for those most in need.

BEHAVIORAL HEALTH

and consumers often have difficulty getting the right combination of care when they need it. We are exploring methods for expanding access and eliminating barriers to integrating behavioral and physical health care.

Access to behavioral health is uneven,

EXPAND ACCESS TO HEALTH CARE

FOR LOW-INCOME & VULNERABLE POPULATIONS

Although the Commonwealth leads the nation in health insurance

AFFORDABILITY

coverage, consumers still struggle with the cost of health care. We continue to document that impact to help ensure that our most vulnerable residents can get and afford the care they need. **SOCIAL EQUITY**

Social, environmental, and behavioral factors account for 60 percent of

health outcomes, yet we continue to spend more on medical care than on social services. Through research and grantmaking, we are examining the impact that spending on social services can have on health outcomes.

We organize our funding priorities into defined programs that are closely tied to our mission and areas of focus.

GRANTMAKING

FOSTERING EFFECTIVE INTEGRATION

SCALING AND

REPLICATION

STRENGTHENING THE **VOICE FOR ACCESS**

CONNECTING CONSUMERS **WITH CARE**

SPECIAL INITIATIVES

We fund programs and projects that promote sustainable improvements

in health care access for low-income and vulnerable people. Through

to scale best practices and lessons learned. Current funding priorities

grantmaking, we also identify trends to inform our policy work and bring

GRANTS

POLICY AND RESEARCH

MPAC I

include integrating behavioral health care with primary care, connecting low-income patients with coverage and care, strengthening advocacy for health access, and building the capacity of community-based organizations. POLICY & RESEARCH +

research and analysis.

The focus of our policy and research projects is the development

of effective policy solutions through impartial and timely

COMPARISON OF THE GOVERNOR'S THE FY 2015 HOUSE FY 2015 BUDGET 2012 THE HOUSE PROPOSAL FOR **MASSACHUSETTS** AND SENATE BUDGET **FY 2015** MASSHEALTH **PROPOSALS FOR HEALTH REFORM** BUDGET **MASSHEALTH AND** (MEDICAID) AND

UPDATED: MASSHEALTH: THE BASICS -**FACTS, TRENDS AND NATIONAL**

HEALTH REFORM

PROGRAMS

CHAPTER 224 TRACKING TOOL

SURVEY

THE FISCAL YEAR 2015 BUDGET FOR **MASSHEALTH AND HEALTH REFORM**

UPDATED: MASSACHUSETTS ONE CARE INITIATIVE FOR NON-ELDERLY

HEALTH REFORM

PROGRAMS

UPDATED: HEALTH REFORM IN MASSACHUSETTS: ASSESSING THE RESULTS

CONTEXT

UNDERSTANDING THE ACTUAL COST OF MASSHEALTH TO THE STATE

PUBLICATIONS

2013 **MASSACHUSETTS HEALTH REFORM SURVEY**

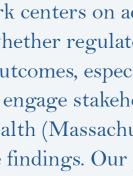
PROGRAMS

THE FUTURE OF **MASSHEALTH: FIVE PRIORITY ISSUES** FOR THE NEW **ADMINISTRATION**

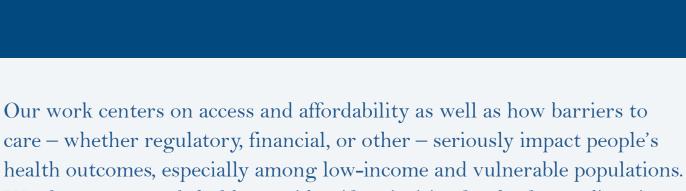
DUAL ELIGIBLES



PAGE VIEWS



We also engage stakeholders to identify priorities for the future direction of MassHealth (Massachusetts' Medicaid program) and have released a report with the findings. Our publications are widely regarded as key resources for policy makers and those interested in Massachusetts health care issues.



The Massachusetts Medicaid Policy Institute (MMPI) is a

PROGRAMS The Foundation runs three programs directly related to our mission of expanding access to health care.

of the Foundation, devoted to

INSTITUTE for COMMUNITY HEALTH, LEADERSHIP

DAY

and access to care.

PROGRAM

EMERGING LEADERS

of the Massachusetts Medicaid program, MassHealth.

through EDUCATIONAL MATERIALS and in-depth

policy papers, and hosting CONVENINGS & WEBINARS

attracting a WIDE RANGE OF STAKEHOLDERS.

SPEAKERS

NEWS

STORIES

HEALTH COVERAGE

MEDICAID POLICY INSTITUTE

and broadening the dialogue about ways to improve its effectiveness. The Massachusetts Institute for Community Health Leadership develops and nurtures emerging health care leaders. The Health Coverage Fellowship expands the capacity of the media to cover issues related to health reform

RESULTING IN

NEXT GENERATION OF COMMUNITY HEALTH LEADERS How do our programs create change? The Massachusetts Medicaid Policy Institute produces independent, nonpartisan research and analysis about MassHealth, expanding understanding of this important coverage program

RESULTING IN THE



We stay connected to the community though

collaborations and convenings.

COMMUNITIES

Foundation-sponsored conferences assemble stakeholders from government, advocacy, academia, and the provider community to discuss health care affordability and access, social equity and health, and the future of the MassHealth program. Our grantees participate in learning communities with peers to share best practices and address common challenges. Two webinars have provided participants with a comprehensive overview of MassHealth, and the Foundation has coordinated an advisory committee on the addiction epidemic and recovery services for the city of Boston.

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Blue Cross Blue Shield of Massachusetts Foundation, Inc. for Expanding Healthcare Access

Statements of Activities and Changes in Net Assets (Dollars in Thousands)

	Ye	Year Ended December 31 2014 2013		
Revenues and other support:				
Contributions	\$	318 \$	461	
Contributions in-kind		1,481	1,099	
Investment income		3,192	1,676	
Net unrealized and realized gains on investments		1,582	13,794	
Total revenues and other support		6,573	17,030	
Expenses:				
Grants		3,473	3,434	
Professional services		2,006	1,778	
Salaries and benefits		1,863	1,508	
Conferences, conventions, and meetings		281	132	
Occupancy and equipment maintenance		170	165	
Federal excise tax expense		97	309	
Other administrative expenses		131	80	
Total expenses		8,021	7,406	
(Deficit) excess of revenues and other support				
over expenses and change in net assets		(1,448)	9,624	
Net assets at the beginning of year		111,391	101,767	
Net assets at the end of year	\$	109,943 \$	111,391	

See accompanying notes.