

2013–2017

Access to Coverage: Results from Four Years of Grant-Making

A Program Designed and Supported by the Blue Cross and Blue Shield of Minnesota Foundation

Introduction

In April 2013, 8.2 percent of Minnesotans (445,000) had no health insurance. Rates of uninsurance were significantly higher among Minnesotans of color. Research showed that a majority of those lacking health care coverage were likely eligible for one of the two public health care programs: Medical Assistance (MA) or MinnesotaCare (MNCare). Since that time, the number of uninsured persons has been cut nearly in half, in large measure due to the enrollment of persons in public health care programs.* The Access to Coverage grantees have played a significant role in the expanding health care coverage to low-income persons. Grantees have served more than 85,000 persons statewide and have reported enrollments to date of 40,239 persons. Additionally, the grantees have played leadership roles in training navigators statewide, and in informing public policy and necessary improvements in the MNsure system. Importantly, each of the grantee organizations has expanded its staffing and reorganized services to make health care enrollment a fully integrated, continuing part of service delivery.

Two-pronged success. The program's goals were to increase the number of low-income Minnesotans enrolled in public health care coverage and build sustainable organizational structures to continue enrollment after the formal end of the grant. Access to Coverage has succeeded in achieving both goals.

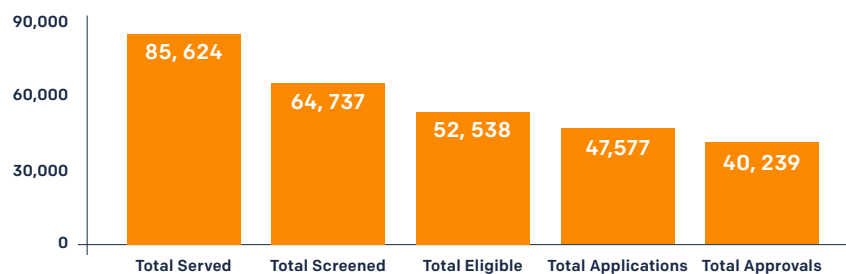
Access to Coverage

- Four-year, sustained program support.
- Technical assistance to grantee organizations and navigator groups statewide.
- Nine nonprofit grantee organizations; 23 partnering organizations.
- Statewide reach (all 87 counties).

Goals:

- Increase the number of low-income Minnesotans enrolled in public health care coverage.
- Increase the capacity of organizations to build health care access into their mission and ongoing services.

Access to Coverage 2013–2017 | Total Clients Served and Enrolled



* State Health Access Data Assistance Center (SHADAC). *Early Impacts of the Affordable Care Act on Health Insurance Coverage in Minnesota*, June 2014.

More than 40,000 enrolled. Over four years the Access grantees have directly served 85,624 persons and enrolled 40,239 (47 percent) of those clients in public health care programs. The nine grantee organizations served clients in all of Minnesota’s 87 counties. The majority of clients were persons of color, women, 34 years of age or younger, born in the United States, and extremely low income; 60 percent have no income or an income at or below 100 percent of the federal poverty level (FPL).

Organizational change. Data confirm that the Access grantee organizations have integrated health care access into their ongoing work — adding staff and reorganizing services, incorporating questions about health insurance with all clients, and enhancing the training and support provided to outreach and navigation staff.

Observations from the Evaluator

All of our data sources suggest that the Access to Coverage initiative has achieved considerable success. Grantees have been successful in finding ways to reach Minnesotans, navigating the MNsure system with them, and enrolling more than 40,000 persons statewide in public health care coverage. In addition to health care, Access to Coverage grantees have also connected people to a variety of other family and social supports.

Grant-making model. In a number of ways Access to Coverage is an effective grant-making model. Built on a significant community need, the Foundation implemented an ambitious set of goals; identified organizations with the reach and capacity to do the work; provided them with ongoing support and technical assistance over a long time frame; and encouraged the grantees to build partnerships with (and learn from) each other and within their respective regions. Importantly, the Foundation supported a robust evaluation that not only held grantees accountable, but also supported them in learning. The results are equally robust.

Significant client outcomes. A significant number of persons have been enrolled in health care coverage. Those served are those most in need of services: people with extremely low incomes, the majority from communities of color. Access to Coverage grantees believe this initiative has made a measurable difference in the lives of their clients, many of whom have not previously had access to health care.

Sustained organizational capacity. In addition to the obvious positive outcomes for clients, the grantee organizations have also been changed by the Access to Coverage process. Each made organizational changes to build health care access and enrollment into ongoing operations, and built the staff capacity to do so. Organizational leaders suggest that this has enhanced their status as “go-to” organizations for health care access.

“I would say you were visionary. You guys [sic] saw a need and you put your money where it was needed. You were very open and willing to invest, to try and help our patients, who are the most vulnerable. I think you made significant strides to help a very vulnerable patient population that didn’t really have a place to turn. By being visionary in that and funding programs such as this, to be able to go there and help these people, I think is just an awesome thing that we were very humbled and very fortunate to be part of.”

— Agency Executive