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

The number of uninsured Minnesotans has been significantly reduced since 2013, led by large increases in the proportion of people enrolled in public health care programs. Collectively, the Access to Coverage grantees have played a significant role in the expansion of health coverage to low-income persons. Access grantees have reached more than 85,000 persons and have reported enrollments to date of more than 40,000 persons in public health care programs. Grantee agencies have played a leadership role in training navigators statewide and informing public policy. Organizational changes in staffing, practice, client services and agency focus are positive secondary outcomes.

Diane L. Morehouse
QED | March 2017

Contents

"In our job you realize how what you are doing is really affecting people's lives. It's not uncommon that when you tell someone, 'you've been approved, now you have health care,' that people will cry because they have a health concern that's so great and causing so much emotional distress. They feel a huge sense of relief that now they can go see a doctor. They feel like their lives are about to be enriched. It's really gratifying to know that what you are doing is actually life altering."

— Access to Coverage Navigator

Introduction

In April 2013, the Blue Cross Blue Shield of Minnesota Foundation launched its Access to Coverage Initiative (Access). The Access program is focused exclusively on enrolling low-income Minnesotans in the state's public health care coverage programs: Medical Assistance (MA) and MinnesotaCare (MNCare). Access began six months ahead of the implementation of the state's insurance exchange, MNsure, which is part of the Affordable Care Act. Access has just completed its fourth, and final, year of Foundation support. Nine lead organizations, together with a number of partners, provided outreach, screening, and application assistance to help uninsured, low-income Minnesotans enroll in public health insurance programs. Grantees also assist with renewals and some with post-enrollment client support.

The Access to Coverage program has also included robust technical assistance and support to grantees, as well as a comprehensive evaluation. The evaluation has documented the work of the grantees and the program's progress in enrolling persons in public health care over the past four years. Cumulative data indicate that Access has helped significantly in enhancing access to public health insurance. Collectively, the grantee organizations have, to date, served 85,624 persons; 40,239 (47 percent) of whom are now insured.

Access to Coverage has served more than 85,000 persons and enrolled 40,239 in public health care programs.

The grantees are:

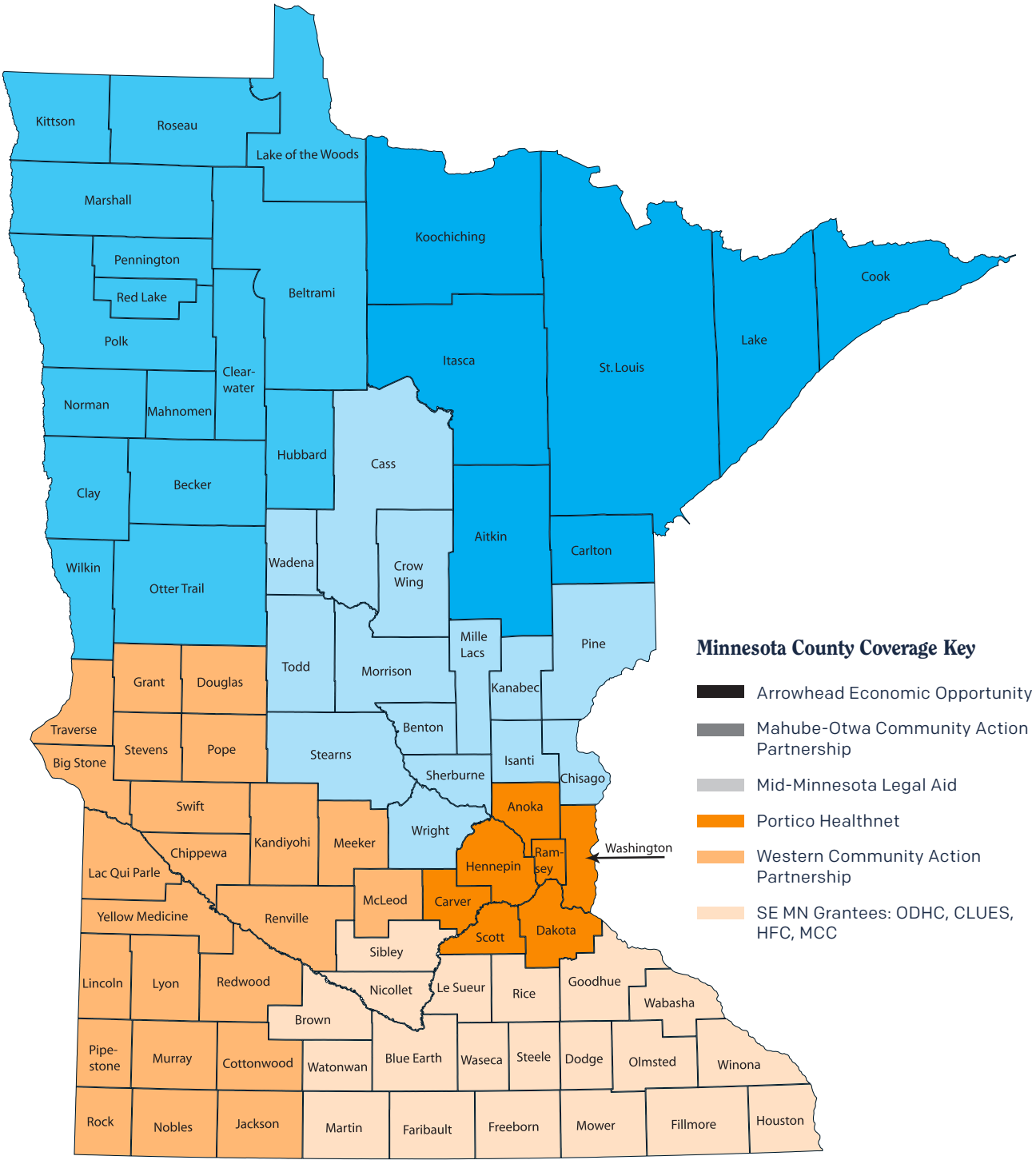
- Arrowhead Economic Opportunity Agency (AEOA)
- Mahube-Otwa Community Action Partnership (Mahube)
- Mid-Minnesota Legal Aid (MMLA)
- Portico Healthnet (Portico)
- Western Community Action Agency (Western) (now United Community Action Partnership)
- Open Door Health Center (ODHC)
- HealthFinders Collaborative, Inc. (HFC)
- Minnesota Council of Churches: Mankato Refugee Services (MCC)
- Comunidades Latinos Unidas en Servicio (CLUES) (Years 2 and 3 only)

The following pages include a table describing the lead grantees, their partner organizations, and the coverage areas and a map showing the service areas served by the grantees.

Access to Coverage Grantees

Grantee/Agency	Region of Coverage	Partners
Arrowhead Economic Opportunity Agency (AEOA)	**Northeast Minnesota:** Seven-county area that includes Aitkin, Carlton, Cook, Itasca, Koochiching, Lake and Saint Louis Counties	KOOTASCA Community Action Lakes and Pines Community Action Council Community Action Duluth (Years 1 and 2) Generations Health Care Initiative (Years 1 and 2)
Mahube-Otwa Community Action Partnership (Mahube)	**Northwest Minnesota:** 11-county area that includes Becker, Clay, Hubbard, Kittson, Lake of the Woods, Mahnomen, Marshall, Otter Tail, Roseau, Wadena and Wilkin Counties	Lakes & Prairies Community Action Partnership Northwest Community Action, Inc. Bi-County Community Action (Years 1 and 2) Inter-County Community Council (Years 1 and 2) Tri-Valley Opportunity Council (Years 1 and 2)
Mid-Minnesota Legal Aid (MMLA)	**Central Minnesota:** 12-county area that includes Benton, Cass, Chisago, Crow Wing, Isanti, Mille Lacs, Morrison, Sherburne, Stearns, Todd, Wadena and Wright.	CentraCare Family Medicine Center Isanti County Courts Lakewood Health Center Pearl Crisis Center Women's Center, SCSU And others
Portico Healthnet	**Minnesota's Twin Cities metropolitan area and statewide:** 92 percent of clients are in Twin Cities metro area, which includes Hennepin, Ramsey, Anoka, Washington, Dakota, Scott and Carver Counties	Children's Defense Fund Division of Indian Works American Indian Family Center WIC Clinics, Minneapolis and Saint Paul Brooklyn Center Health Resource Center, Brooklyn Center High School Ramsey County Correctional Facility And others
(Western Community Action Agency) United Community Action Partnership	**Southwest Minnesota:** 23-county area that includes Big Stone, Chippewa, Cottonwood, Douglas, Grant, Jackson, Kandiyohi, Lac qui Parle, Lincoln, Lyon, McLeod, Meeker, Murray, Nobles, Pipestone, Pope, Redwood, Renville, Rock, Stevens, Swift, Traverse and Yellow Medicine Counties	Heartland Community Action Prairie Five Community Action Council West Central Minnesota Communities Action
Southeast Minnesota Access to Coverage Collaborative: Open Door Health Center	**Southeast Minnesota:** Blue Earth, Brown, Dakota, Faribault, Goodhue, Le Sueur, Martin, Mower, Nicollet, Rice, Steele, Waseca and Watonwan Counties	HealthFinders Collaborative, Inc. Minnesota Council of Churches: Mankato Refugee Services CLUES: Comunidades Latinos Unidadas en Servicio (Years 2 and 3)

State Areas / Clients Served by Access to Coverage Grantees



The Story of Access to Coverage
Supporting Grantee Capacity

High Rates of Uninsurance and Health Disparities

The Access to Coverage program was implemented in April 2013, six months before the launch of Minnesota's health insurance exchange, MNsure. At that time, the uninsurance rate in Minnesota was 8.2 percent overall, with 445,000 lacking health insurance.[1] Data indicated that well over half of those uninsured persons (60 percent) were potentially eligible for public program coverage.[2] Of particular concern were wide disparities in coverage. While 6 percent of white Minnesotans lacked health insurance, 14.7 percent of African American, 18 percent of American Indian and 34.8 percent of Hispanic/Latino Minnesotans were uninsured.[3]

Grants to Support Outreach and Application Assistance

In response to this significant need, the Blue Cross and Blue Shield of Minnesota Foundation launched its Access to Coverage initiative, providing funding and support to five nonprofit organizations across the state. The five original grantees were tasked with outreach, screening and application assistance to help uninsured persons enroll in the two public health care programs: MA and MNCare. Each grantee was asked to identify partners to assist in carrying out the work of the grant.

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.

Grantees with a Range of Experience and Expertise

Three of the original five grantees are Community Action Programs (CAPs): Arrowhead Economic Opportunity Agency, Mahube-Otwa Community Action Partnership and Western Community Action Agency (now United Community Action Partnership). These organizations have a significant track record in serving low-income Minnesotans in a comprehensive way — through Head Start, housing and energy assistance, and other family-support programs. While these organizations had limited previous experience in health care enrollment, none had been systemically engaged in providing health care access. The Foundation also partnered with two organizations with a longer track record and considerable experience in enrolling persons in public health care: Portico Healthnet and Mid-Minnesota Legal Aid (MMLA). Portico has a singular focus on health care access, and MMLA had long been involved in public support programs, health care advocacy and appeals of service denials.

1. Minnesota Department of Health, Minnesota Health Access Surveys (MNHA), 2015.
2. Minnesota Department of Health, 2011 Minnesota Health Access Survey Fact Sheet. Survey conducted by the Minnesota Department of Health and the University of Minnesota School of Public Health.
3. Ibid.

Continuing financial support.

Each grantee was awarded a grant of $125,000 for 2013. In 2014, the Foundation provided an additional $300,000 across the five grantee organizations to support their ongoing efforts to find and enroll persons of color and other underserved populations. Continuation grants were awarded in 2014 and 2015, based on performance. In 2016 the Blue Cross and Blue Shield of Minnesota Board elected to provide a fourth year of "wind-down" funding.

New project serving southeast Minnesota.

In early 2014, the Foundation provided funding for four additional organizations, all located in or providing service in southeast Minnesota, to insure statewide coverage. The southeast grantees are: Open Door Health Center, the Minnesota Council of Churches Mankato Area Refugee Services, HealthFinders, and CLUES.

Technical assistance to the grantees.

Recognizing the importance and the complexity of the work, the Foundation also provided ongoing technical assistance to the grantee organizations. The technical team included the Children's Defense Fund, Grassroots Solutions, Loveland Communications, the Minnesota Council of Nonprofits and QED. The Children's Defense Fund provided training and technical assistance in utilizing the screening tool Bridge to Benefits. Grassroots Solutions provided ongoing technical assistance, including needs assessments, periodic convenings, and both group and individualized assistance. Loveland Communications supported the communications efforts of the grantees with press releases, outreach materials in multiple languages, and other communications strategies. The Minnesota Council of Nonprofits assisted with grantee training. QED was charged with evaluating the program's progress in achieving its ambitious goals, with emphasis on tracking enrollments in public health care coverage.

Progress toward health care access.

During the first full year of Blue Cross and Blue Shield of Minnesota Foundation funding (April 2013 to March 2014) 14,017 persons were served by the original five grantees. Of those, 3,327 persons were approved for public health care coverage. During the second year, more than 18,000 additional persons were served, and 9,392 more persons enrolled in public health care, bringing the total Access program enrollment to 12,719. More than 40 percent of those served were persons of color or Latinos.

By 2015, the statewide uninsurance rate was halved, to 4.3 percent. Although disparities remain, similar declines in the rate of uninsurance were evidenced among persons of color, and significantly among Hispanics/Latinos. Researchers and health-policy experts credited the launch of the MNsure health exchange and the expansion of MA for the increases in insurance coverage. A majority of those newly insured were covered in the state's public programs, Medicaid (MA) and MNCare, and in Medicare. The proportion of persons enrolled in these programs grew from 31.1 percent to 33.6 percent.[4]

4. Minnesota Department of Health, Health Insurance Coverage in Minnesota: Results from the 2015 Minnesota Health Access Survey, 2016.

Large Numbers of People Insured

Enrolled significant numbers (40,239) of Minnesotans in public health care.

- 60 percent of clients had no income or income at or below 100 percent of the federal poverty level (FPL).

Organizational Change

Increased staffing, enhanced knowledge and skill, structural changes, and enhanced capacity of grantee organizations.

- All of the grantee organizations will continue to provide enrollment and post-approval assistance to clients.

Access to Coverage Outcomes and Clients Served

As noted, a total of 85,624 persons have been served by the initiative to date. The known number of approvals is 40,239 (47 percent). In addition to enrollment support, nearly all the grantees provide support in addition to enrollment, including re-enrollment or renewal, follow-up contact with counties and with MNsure, and sometimes direct support to clients as they obtain health care. Grantees also assist persons who are not eligible for public health care to apply for a qualified health plan or advanced premium tax credits through the state insurance exchange or through an approved broker.

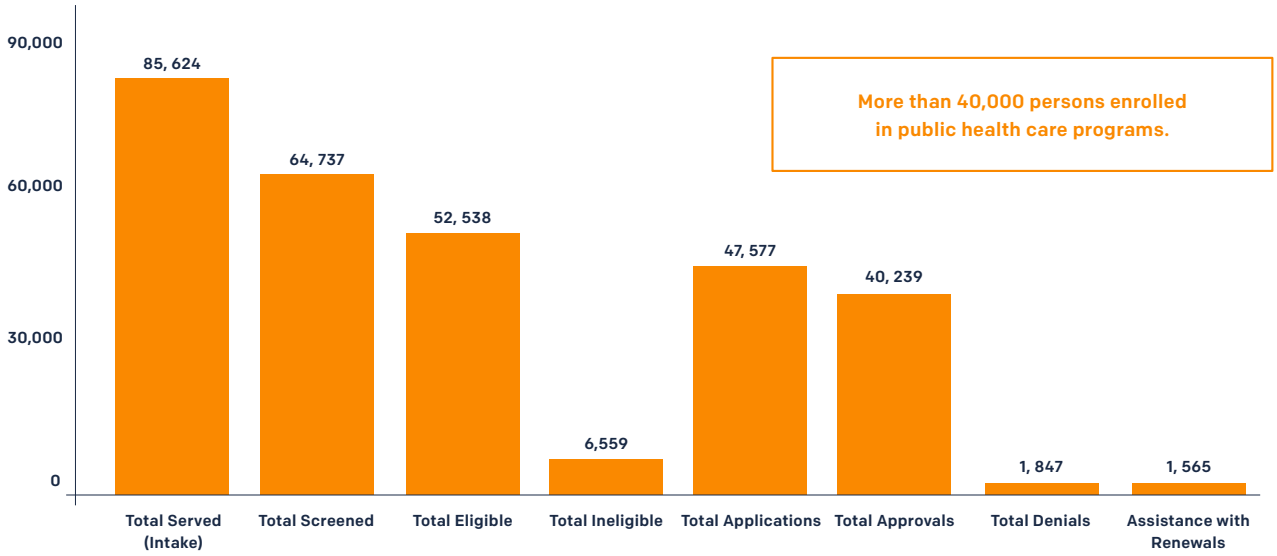
Reporting of Approvals

Reporting of approved or enrolled applicants varies among grantees. Some report approvals when a client's application reaches a screen in the MNsure system showing it was approved for a program. While this does not guarantee approval, grantees are severely limited in their ability to verify enrollments. Six of the grantees record enrollments based on MNsure website notification. Two of the grantees, MMLA and Portico, do not record persons as approved or enrolled without verification. HealthFinders Collaborative (HFC) has also been following up with clients. However, enrollment numbers are not always current pending follow-up and may either under- or over-represent actual enrollment.

Steps in the Enrollment Process	Cumulative Totals
Total people served (intake)*	85,624
Screened	64,737
Eligible**	52,538
Ineligible**	6,559
Applications	47,577
Denials**	1,847
Total Approvals***	40,239
Assistance with Renewal****	1,565

*Includes CLUES (not funded in 2016).
**Indicates missing data from Portico.
***Includes updates from HFC, MMLA and Portico.
****Not reported by all grantees.

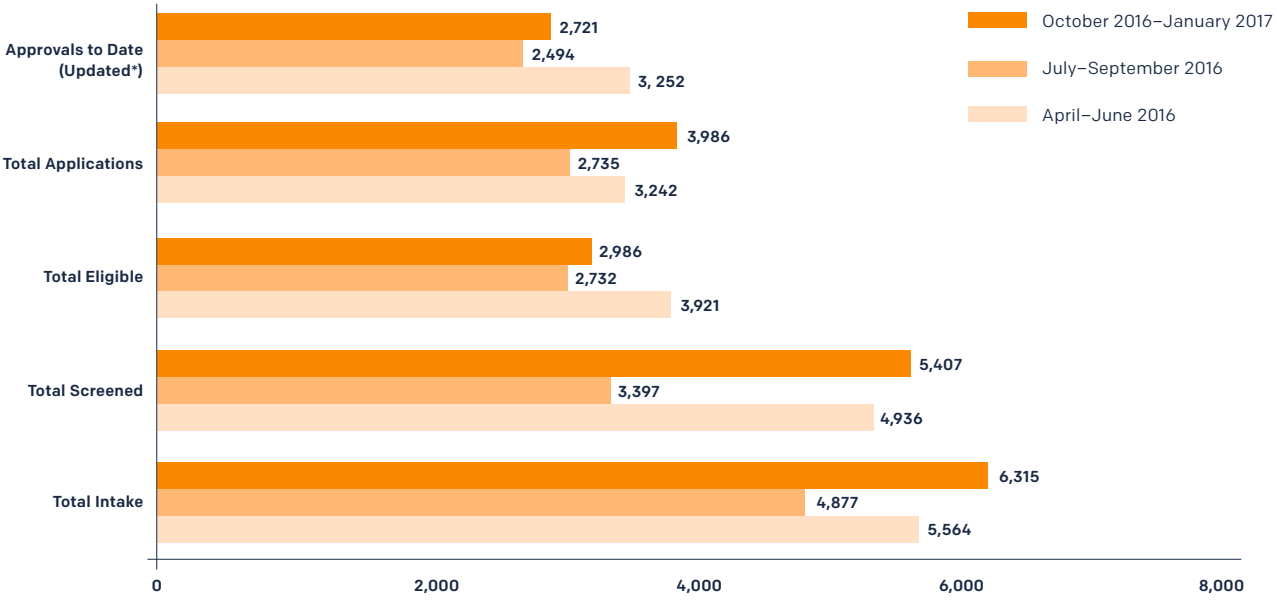
85,624 Clients Served — April 2013–January 2017



More than 16,000 Persons Served in Year 4

During the fourth and final year of Access to Coverage, a total of 16,756 persons were served and 8,467 approved for public health care. The chart below shows the outcomes for the year, and for the most recent quarter (October 2016 to December 2016/January 2017). Data for the quarter have not been previously reported. A total of 6,315 persons were served in the last quarter of 2016, which incorporated an open-enrollment cycle. Of those, 2,271 (43 percent) were enrolled in MA or MNCare.

Persons Served in Year 4 — 16,756 Persons Served



*Year 4 as reported includes just three quarters; the last formal required report was due January 15, 2017. Grants were awarded from April 2016 to March 2017.

Steps in the Access to Coverage Enrollment Process

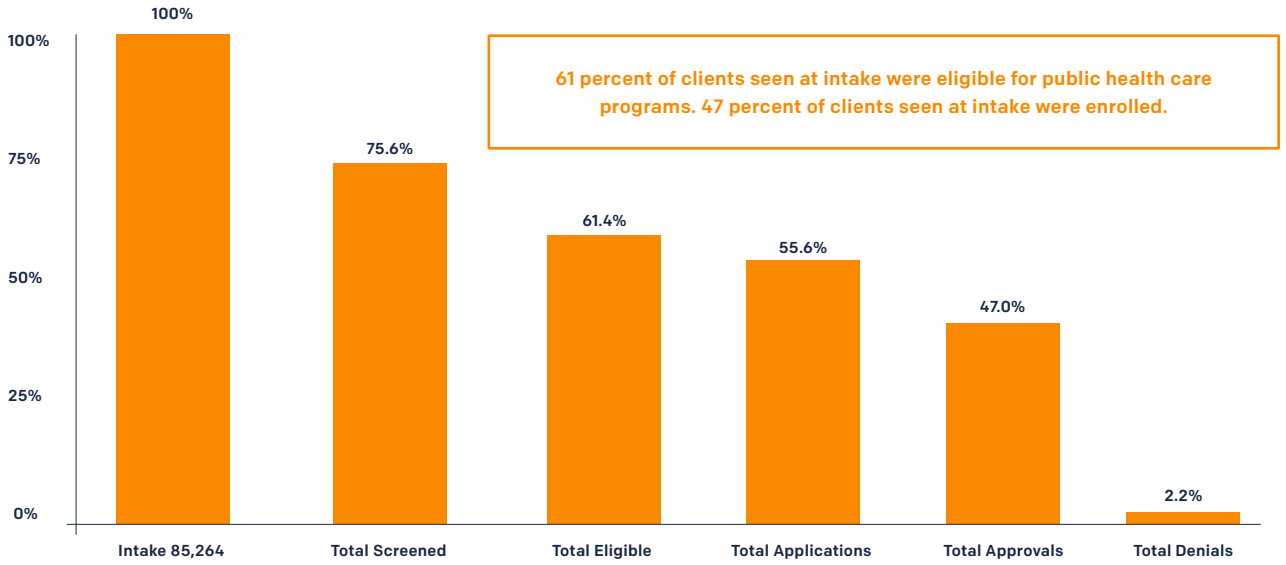
The Access to Coverage evaluation has tracked the steps in the application and enrollment process from initial client contact to application approval, recognizing that not all persons initially contacted will actually be enrolled in health coverage. The steps in the process are:

- **Referral or intake:** Staff member has initial contact with a person
- **Screening:** Person is screened for eligibility
- **Eligibility:** Person is determined to be eligible or ineligible for public program
- **Application:** An application is completed and submitted for a public program
- **Approval or denial:** The person's application is approved or denied via MNsure

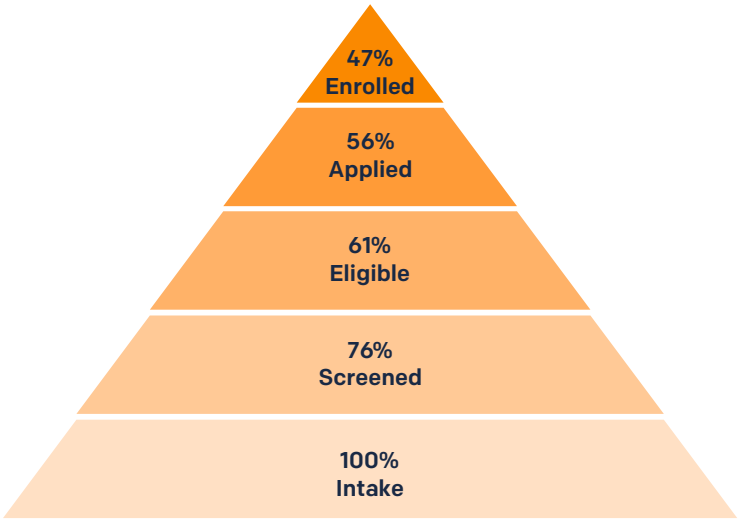
In the chart below these data are shown as ratios, expressed as percentages of persons at initial contact or intake (total served).

Cumulatively, more than 61 percent of clients initially seen by grantee organizations were judged by staff as eligible for public health care programs. Slightly less than half (47 percent) of those seen at intake were subsequently approved for MA or MNCare. Denials by counties or MNsure are very low (2 percent).

Steps in the Enrollment Process: Overall Ratios as a Percentage of Total Clients



Steps in the Public Health Care Enrollment Process: Ratios as a Percentage of Total Access to Coverage Clients



This graphic represents these ratios as a pyramid, indicating that not all clients initially seen by grantees were either interested in, or eligible for, public health care, and not all applied or were approved.

Applications and Approvals

Between 2013 and January 2017, Access to Coverage grantees submitted 47,577 applications for public health care coverage. The majority of those applications were for MA. Slightly more than half of those seen at intake submitted applications (55.6 percent). Slightly less than half of Access to Coverage clients have been approved for public health insurance.

Considering only those clients for whom applications were submitted, the approval rate is 84 percent. This demonstrates the effectiveness of grantee outreach and screening efforts.

47% of Clients Approved for Public Health Care

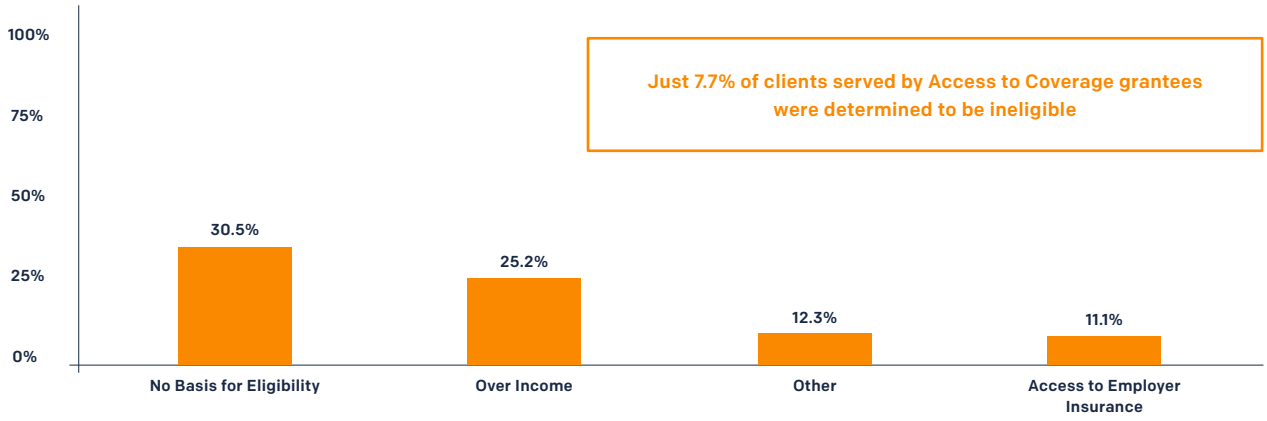
40,239 persons were newly enrolled in MA or MNCare

We cannot report accurately the number of applications for MA or MNCare because some grantees routinely filed applications for both programs, and because some of the grantees did not include that information in their reporting systems.

Eligibility and Denials
Grantee Screening Processes Effective

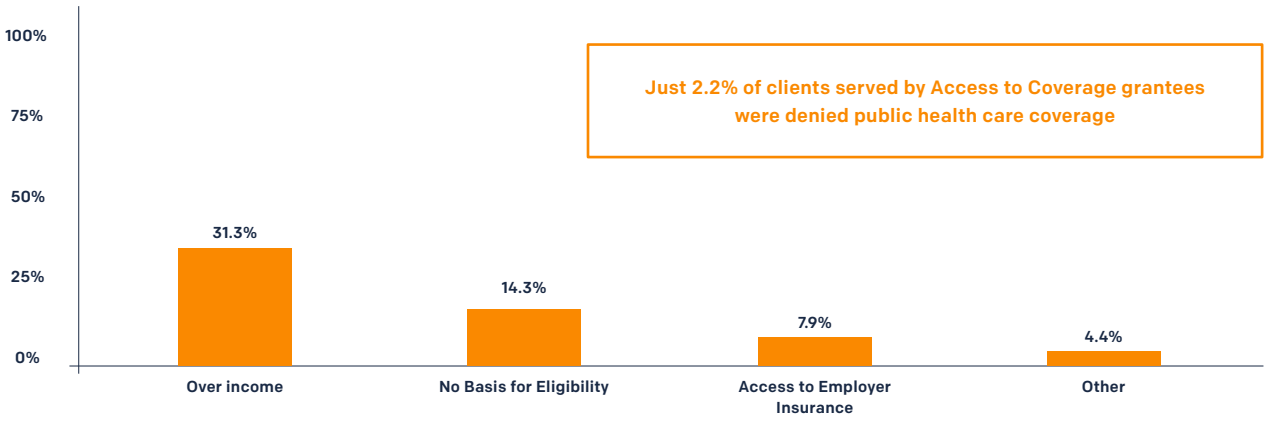
Slightly less than 8 percent of clients seen at intake were determined by staff to be ineligible for public health care. Available data indicates that, of those, 30 percent had no basis for eligibility (meaning they were nonresidents or noncitizens), 25 percent were over the income threshold for public coverage and were assisted in filing an application for a Qualified Health Plan (with or without a tax credit), and 11 percent were eligible for health insurance through an employer. About 12 percent were ineligible for other reasons, including some who were already enrolled in public coverage.

Reasons for Ineligibility for Public Health Coverage as a Percentage of Those Determined Ineligible (6,559)



A very small percentage (2.2 percent) of clients seen by Access grantees were denied coverage. Of those, 31 percent were over income, 14 percent had no basis for eligibility and 8 percent could access employer insurance.

Reasons for Denial of Public Health Care Coverage as a Percentage of Those Denied (1,847)



Observations and Judgments About Access to Coverage Enrollment Data

Over the past several months, wrap-up interviews were conducted with navigators and key field staff, with the lead staff person in each organization, and with agency executive directors. All concluded that they have been able to reach a significant number of clients, particularly persons of color; and in many cases, they're reaching clients they would otherwise not be serving. Enrollment numbers are considered an important and significant outcome.

Access to Coverage Assisted and Enrolled a Significant Number of People

- Increased coverage. "We went from closer to 70+ percent of our patients being uninsured to now we are hovering closer to 40 percent of our patients being uninsured. This program did make a substantial improvement in that we were able to get patients enrolled in insurance." (Agency Executive)

- In every county of the state. "The geography this whole project has . . . where those large numbers of people are . . . . It's essentially proof that the regionalizing approach to navigation works and that we are able to serve the entire state. That was one of the things that was really impressive to me every quarter when you would send out the updated reports. Consistently, people were served in every single county of the state, regardless of whether or not we actually had a physical presence in every county." (Lead Grantee)

"It's just crazy to me, the amount of people that this collaboration has been able to serve. It still blows my mind every month when I look at the numbers, because you think they're going to start to trickle off after a while, but it really hasn't. We're still hitting it pretty hard and enrolling a significant amount of people. The numbers and the consumers we've been able to serve has been a success in my eyes."

— Lead Grantee

- Outreach to families of color. "There was additional money from the Blue Cross [Foundation] that was to support families of color getting notice and outreach to enroll. That was a huge, great emphasis and a big benefit to our agency and our work. We used that additional money to hire temporary workers. We called them health promoters, and they were folks of color. It . . . really helped to ramp up folks' exposure, knowledge and information about health insurance and where to get support to get covered. It was really good. I feel like it was great that the Blue Cross [Foundation] recognized and invested in disparities work and the need to increase outreach to communities of color. It has ripple effects." (Partner Agency Executive)

Providing Health Care Access Allowed Organizations to Provide Holistic Services to Low-Income Families

In interviews with executive directors, lead staff and navigators, the ability to provide more holistic services to clients was mentioned repeatedly as an important outcome of the work. This is particularly true in the CAP agencies, but also in the other organizations where staff suggested that the program's positive outcomes for clients moved them to implement more and more comprehensive services for families.

- Addressing systemic problems. "When we decided to be engaged in this, it was because we were seeing the effects of the system as it was, the large medical debt that our clients were carrying, the impact that was having on so many aspects of their lives, the difficulty they were having navigating the enrollment system, getting coverage, staying covered, all of those things. We felt like being involved in helping them up front was a good use of our resources, but it was really a departure for us . . . . So I think that's been a big change for us, and it's been a really positive change, and it's caused us to think. Because the results from our perspective have been so positive for our clients, it has caused us to think more about other ways that we can and should be taking a more up-front role on some of the systemic problems that our clients face." (Lead Grantee)

- To make things a little easier for those families. "Some of the clients were hungry, they had poor housing, they had some language barriers. They had multiple issues that faced them and their families. I think the biggest positive to the outreach is to get them connected, and not only help them with getting coverage, but also connecting them with maybe the food shelf or maybe transportation or some education or just interpreters that could talk to them. It became a whole goulash of things that work together to make things a little easier for all those families." (Agency Executive)

- All of those things. "Last week we had a couple in, and through the conversations we were having about the application, found they were actually homeless and we were able to find them the application for the rental assistance program in their county, secure them with some food, get a SNAP application started, all of those things." (Navigator)

"I think it really rounds out and complements our work. It's been of benefit because as we have continued to evolve, we've continued to think about our work in a more holistic, coordinated-approach kind of a way for families and for us to be able to work on people's employment and their finances."

— Access Grantee Partner Executive

Access to Coverage Clients
(N=85,264)
Demographic Characteristics

FEMALE

54%

PERSONS OF COLOR AND/OR LATINO

51%

NO INCOME OR INCOME AT OR BELOW 100% OF FPL

60%

ONE- OR TWO-PERSON HOUSEHOLD

57%

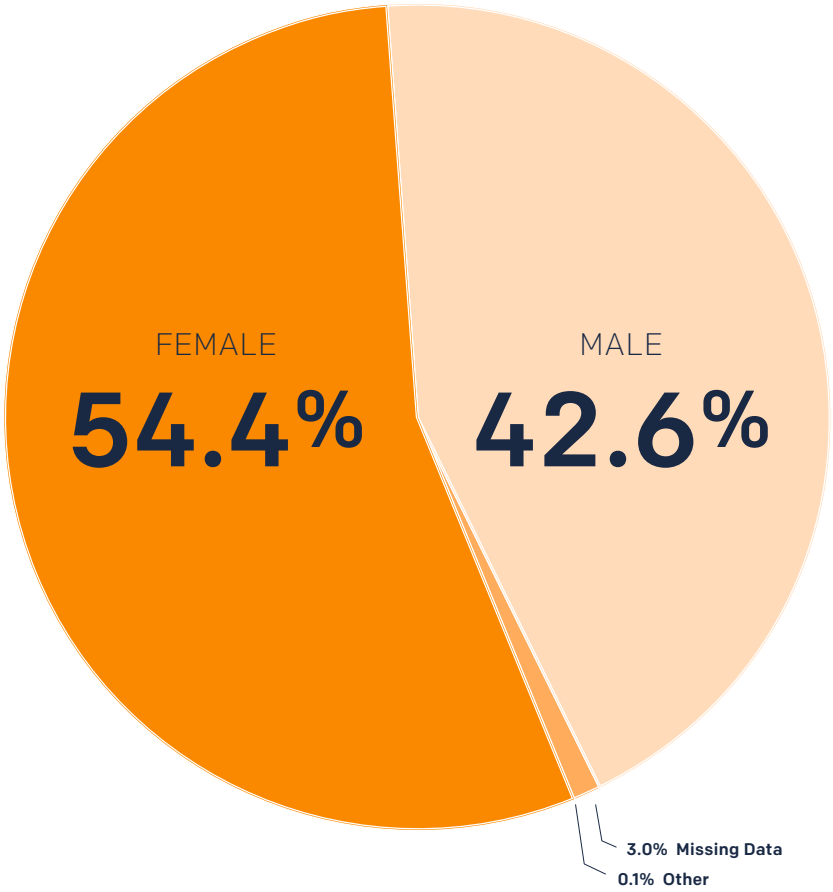
BORN IN THE UNITED STATES

52%

Access to Coverage Client Characteristics

In quarterly reports, Access to Coverage grantees reported on the gender, age, family size, income, race/ethnicity and birth location of clients. On both the previous and the following pages these characteristics are defined. The majority of clients are female, more than half are age 34 or younger, live in one- or two-person households, and are extremely low income. The majority were born in the Unites States.

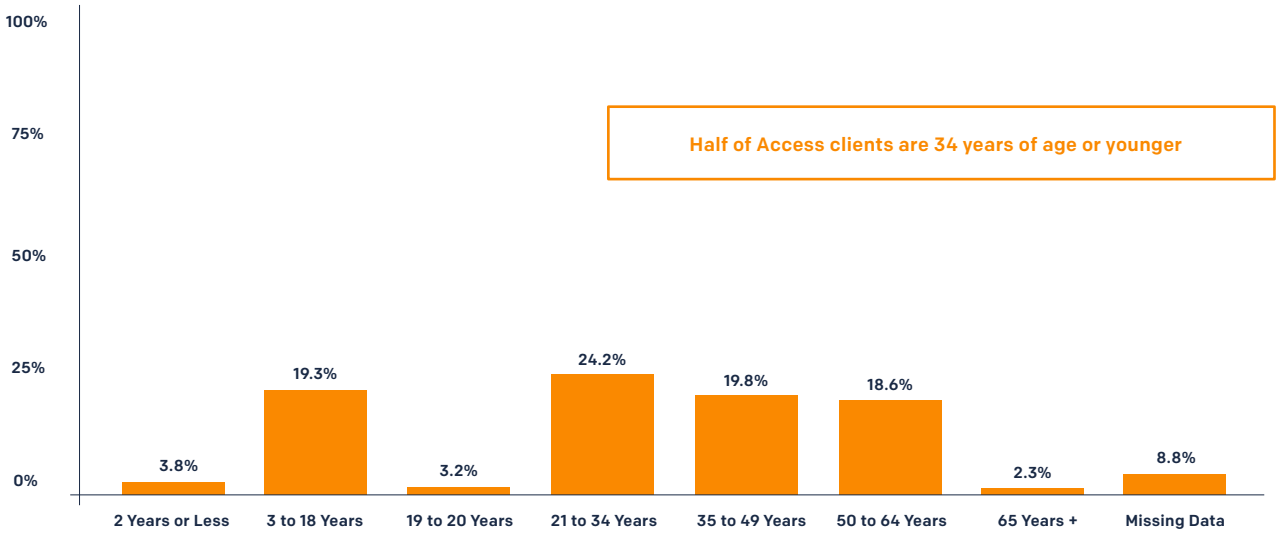
Gender of Access to Coverage Clients



Slightly more than half of Access clients are female

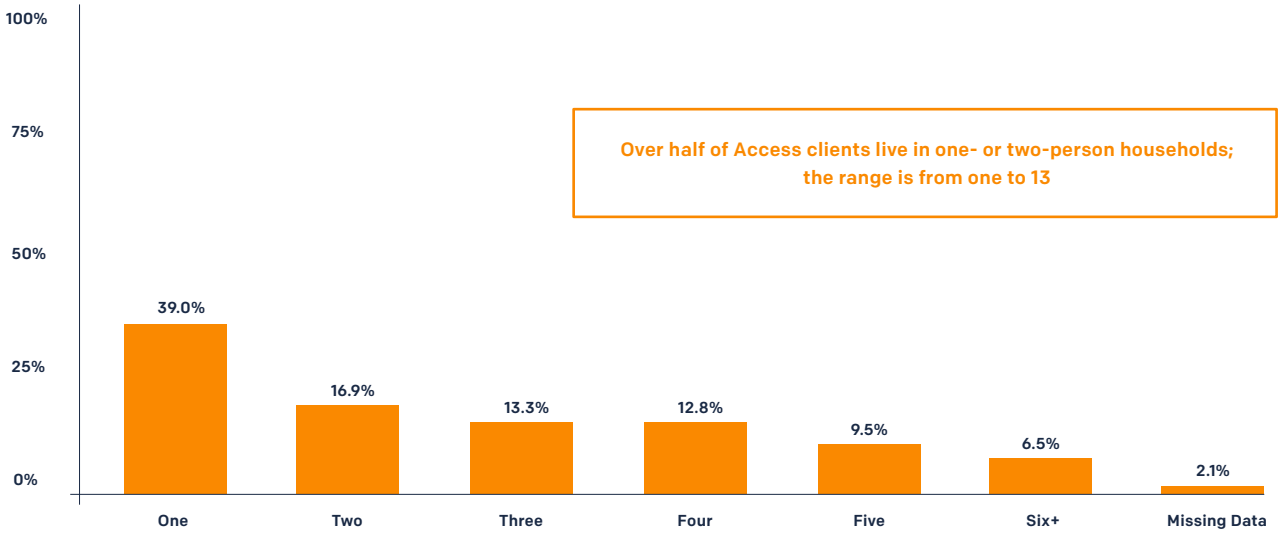
Access clients are relatively young; half are 34 years of age or younger.

Age of Access to Coverage Clients



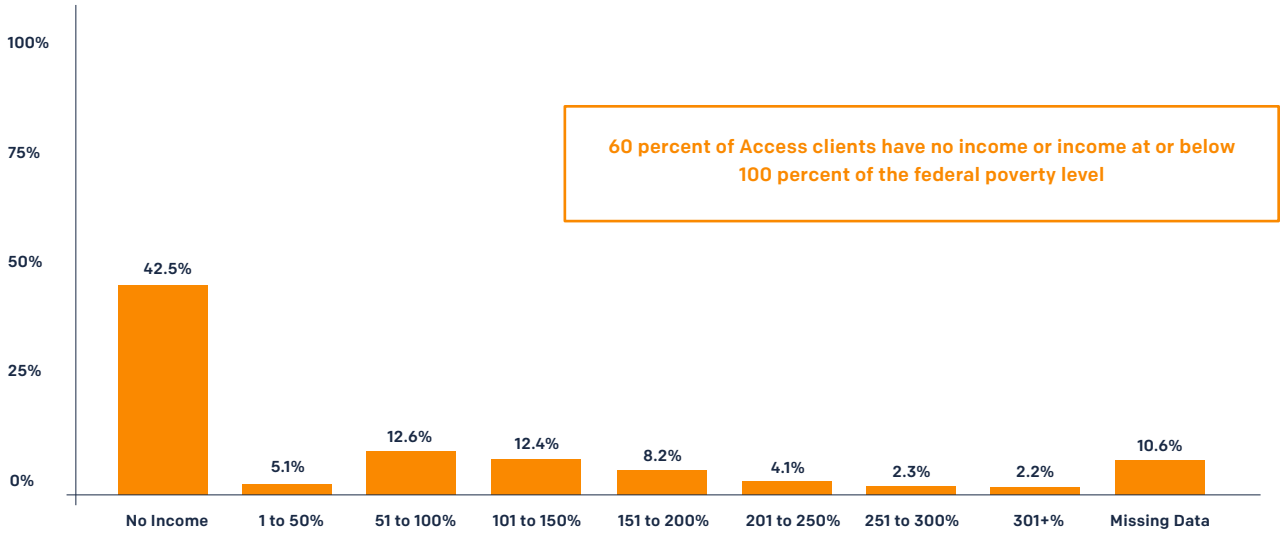
The majority of Access to Coverage clients reside in one-person (39 percent) or two-person (nearly 17 percent) households.

Household/Family Size of Access to Coverage Clients



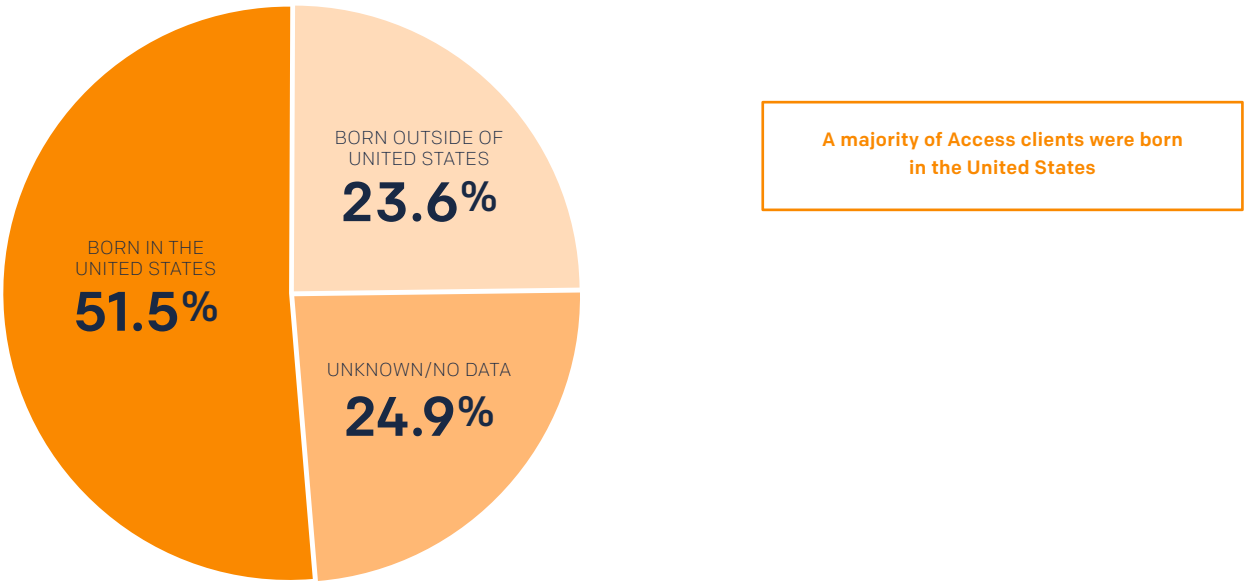
Access to Coverage has clearly been successful in reaching extremely low-income clients. The majority have no income or incomes at or below 100 percent of the federal poverty level. Eligibility for MA varies by family size but is set at 138 percent of FPL.

Percentage of Access to Coverage Clients at or Below Federal Poverty Level



While there is a considerable amount of missing data, largely due to a refusal to respond to the question, existing information indicates that a majority (52 percent) of Access to Coverage clients were born in the United States.

Birth Location of Access to Coverage Clients



Access to Coverage Outcomes
Sustained Organizational Changes

Sustained organizational change. A secondary, though significant, goal of Access to Coverage was to enhance the grantees' capacity to provide enrollment support, and to make this work an integral, and hopefully sustaining, component of service delivery. In addition to the findings about enrollment numbers and enhanced levels of client service, data confirm that the Access grantee organizations have integrated health care access into their ongoing work by 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. These data were obtained over the four years through regular conversations with lead grantees, and in a series of wrap-up interviews with navigators and key staff, with the lead grantees from all of the grantees, and with Executive Directors (see methods section).

Impacts of Access to Coverage

- Enrollment supports continue in all grantee organizations.
- Staff added and agencies reorganized to integrate health care support into regular and ongoing operations.
- Shared knowledge and experience internally and statewide.
- Enhanced visibility, credibility and leadership.
- Significant impacts on statewide navigator capacity.
- Influencing public policy.

Enrollment services will continue. Interview findings confirm that the grantee organizations have changed materially. Staff have been added and staff capacity to provide enrollment support has been enhanced. All of the grantee organizations will continue to offer this support to clients, despite the ongoing challenges of adequate funding.

Credibility and enhanced reputation. In addition, executive directors and lead grantee staff confirm that they are regularly asked to provide information to other organizations, policymakers and community leaders; they report that their experience and level of expertise makes them the "go-to" organizations on public health care coverage and programs. As a result, they see gains in their perceived credibility and in the level of awareness in the community about their work.

Informing policy changes. Finally and significantly, the training of navigators statewide has been expanded and improved by the Access grantees. With the support of the Foundation, Portico has provided statewide training as well as ongoing navigator assistance. Grantees have also contributed materially to improving MNsure operations, fixing system issues and enhancing understanding of the critical role of the navigator.

Ongoing Health Care Enrollment and Support

Most staff suggest that Access to Coverage has led to permanent organizational growth and change. While challenging financially, each of the grantee organizations will sustain this work, and each has expanded staffing, structures and services to continue enrollment and expand ancillary services to new clients.

- Helped us evolve. "It's been a very positive thing for our organization. It helped us to evolve and to add staff in our enrollment department so we could start taking care of a lot of those patients that were uninsured that were coming to see us . . . [and] we could attempt to get them enrolled in some sort of insurance. Both our staff and our patients have found this to be a very positive thing." (Agency Executive)

- Expansion of work into health care. "It's not the same type of work that we've historically been doing. So it was a shift, but especially at this point, it's our second largest program." (Agency Executive)

"I would in many ways feel comfortable having Access take credit for us moving firmly into the health realm. The work that we did previously was very much ad hoc and not tracked. It wasn't until Access to Coverage that we said, yes, we really want to move into this arena and do it in a meaningful way."

— Agency Executive

- Expanded staffing and services. "We expanded the service. We hired more navigators and we were able to partner with more people, able to reach out to more employers, able to reach out to more agencies, able to look more creatively at how we work in partnership, and size matters." (Agency Executive)

- A permanent fixture. "Moving forward now, my department, which prior to our merger was just me and the navigators, is now a permanent fixture and has become our health care enrollment program. There are some other initiatives that are going to also fall into this department. So really it's been a catalyst for, at least in our community action agency, being more in the front of health insurance-type work, health care work, moving into that community as more of a player than an ancillary partner." (Lead Grantee)

- Partnerships are integrated. "Our partnerships were all existing relationships, but it did expand them. And those partnerships became completely integrated in what we do. It isn't an add-on; it's part now of what we do." (Agency Executive)

Sustainability

Agency executive directors uniformly assert that these expanded services and the inclusion of health care access work into ongoing operations will be continued, despite the recognition that funding remains challenging.

- Project won't go away. "I don't think we'd ever have the project go away again because we see the impact on clients." (Agency Executive)

- An integrated part of what we do. "I'm confident it's going to continue. I'm confident that we can continue to provide the service. I truly feel it's an integrated part of what we do now. I'm feeling very hopeful. Four years ago I wasn't, but I am feeling very hopeful now." (Agency Executive)

- We have found the way to integrate it. "We're going to continue to seek specific funding. Of course we'll do that, but we have found the way to integrate it that I never thought would happen initially. I just thought, 'Oh my god, one more thing for us to do and we'll never be able to do it effectively.' Because of your money giving us a consistent way to provide services and figure out what is working, what isn't working, how do we need to change things, we have developed a system that will be sustainable." (Agency Executive)

- Raised the bar for us with families. "I will tell you that the past four years has definitely stepped up our conversations with clients and that will now stay with us. Asking all of our clients about health insurance needs. MNsure and the Blue Cross and Blue Shield [Foundation] grants have raised that bar for us. We talked health insurance and things before, but never to these levels. The grants definitely raised that bar for us with these families." (Agency Executive)

Enhanced Organizational Leadership

Access grantees are known for their experience and knowledge, and they are frequently called on to share that knowledge. Executives believe that this level of leadership has enhanced their organizations' reputations and positioning in their communities.

- A go-to agency. "Now we are pretty well known in our communities as the go-to agency to apply for Medical Assistance and MNCare." (Access Lead)

- Deep knowledge of the system. "We get calls from the legislature, from advocates at the legislature saying, 'This is what's being talked about. How is that going to play out in day-to-day operation?' They're calling [name] about that because she has such a deep knowledge of the system. So as we're looking at redesign again now because of the elections, she is the person that is often called to say, 'What is this proposal going to do for the process? What is this proposal going to do for coverage, and how is that going to impact poor people?' That is, I think, a direct result of all the opportunities that this funding has provided." (Agency Executive)

- Inviting us to the table. "We have larger organizations that are approaching us (because of this reputation) to say can we refer patients to you, can we look at partnering with you . . . . That reputation I think is allowing us to be able to come to a table and say, 'We're here to help, we're here to fill the gaps. What are those gaps? Let's work together to figure it out.' And they are inviting us to the table." (Agency Executive)

"Four years ago our visibility was low. The people who knew us knew us, but many had never heard of us. Four years later we are helping more clients, we have established relationships with our network partners through A2C [Access], and our MNsure network. Our visibility has increased, especially among policymakers. The support from BCBS has allowed us to help other grantees and navigators statewide prepare for all that is involved in doing this work."

— Agency Executive

- Credibility. "We've always focused on the public policy and advocacy role that we have as a community action agency, but the health care work has upped our game and added to the issues that we care about and have credibility to talk on." (Agency Executive)

- The go-to for navigator training. "Our navigator training program, which started as a result of A2C and the support of BCBS, is strong and growing, and has helped position [our organization] as the go-to organization for navigator training." (Agency Executive)

Acknowledging the Foundation's Central Role

Grantees credit the Blue Cross and Blue Shield of Minnesota Foundation with much of the success of Access to Coverage. Both lead staff members and agency executives credit what they called the uniquely helpful role of the Blue Cross and Blue Shield of Minnesota Foundation for the success of Access to Coverage. Long-term funding and support, promoting partnerships, flexibility, adaptation combined with realistic expectations, and support from technical advisors and evaluators were singled out as practices that facilitated success.

- Lessons for other funders. "I don't mean to sound pandering, but there has been so much positive about the way this grant has been run and administered. To share and encourage other funders to commit to a project for the length of time that Blue Cross and Blue Shield [Foundation] remained committed and focused on this work, to put money into creating connections between agencies, to provide support and resources, to trust us to do the work in a way that worked in our communities. All of those things are special about this grant. If some of that could adopted by other funders that would be amazing." (Lead Grantee)

- Partners with each other. "The foundation not only brought in all the supports, but you made us partners with each other, in a way that is, in my experience, unique for grant work. That's been a really positive thing." (Lead Grantee)

- A kind of a trust level. "The foundation has given the responsibility to these agencies to run their regions and then stepped back and said, 'How you do that is up to you. Everyone is going to have a different approach.' That kind of a trust level has just been so wonderful, and if other funders can learn from that, that would be a priceless thing." (Agency Executive)

"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

- Partners in telling the story. "One of the other unique things that other funders could really learn, that I've never seen anywhere outside of this grant, is the fact that [evaluators] are partnering with us and the foundation to tell this story. It furthers that message that, 'You guys do the work; we'll figure out how to tell the story.' So we can spend more of the grant dollars actually doing the work and less of the grant dollars in me sitting in front of a spreadsheet trying to analyze our data." (Lead Grantee)

Evaluation Methods

Data Collection System

Over four years we implemented a data collection system that asked grantees to track individual-level (client-level) data about who they serve (demographic data), as well as both the steps and the outcomes of the health care enrollment process. Data elements in an Excel spreadsheet included client demographics (income, family size and county of residence), date of screening, eligibility, ineligibility, application, application for, and outcomes (approval or denial). It also included data about methods of application submission, renewals, referrals to other services, and elements suggested by the grantees. The data system was designed to be flexible for grantees with data systems and to minimize reporting burden. All grantees adapted the format to meet their own needs. In one case we developed a one-page portable form used by staff without computer access. For the paper forms, data entry was done by the evaluators.

Quarterly Reporting

Grantees provided data to the evaluation team quarterly. Each quarter an aggregate summary report was produced, and each grantee received a summary report of their own output. Spreadsheets, analysis frameworks and reporting templates are available to the grantees if they wish to continue data collection.

Grantee Groups

Nearly every month the lead grantees participated with the evaluators in an hour-long phone conversation to discuss progress to date, issues and concerns, outcomes, recommendations, and any issues with evaluation. Interviews were recorded and transcribed.

In Year 2 focus groups with navigators and key field staff were conducted.

Interviews During Year 4

For this final report, interview were conducted with:

- Grantee agency executive directors (6)
- Navigators (10)
- Lead grantee staff (5)

Diane L. Morehouse, President
QED
diane@qedeval.com

Blue Cross and Blue Shield of Minnesota Foundation
1750 Yankee Doodle Road, N159 | Eagan, MN 55121
bcbsmnfoundation.org | foundation@bluecrossmn.com