

# Access to Coverage: Results from a Follow-Up Study

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

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August 2018



## Introduction

In April and May 2018, at the Foundation's request, the six major grantees supported by the Access to Coverage initiative were contacted in an attempt to determine which, if any, of the organizational changes documented during the four years of Foundation support had been sustained. We asked the organizations to share basic data about any continued navigation services, other client services, staffing and funding. We followed up with wide-ranging interviews with agency executives or lead staff about the availability of health care enrollment services and about enduring organizational effects.

All grantees continue to offer outreach and enrollment services to clients. Questions about health insurance status are a regular part of intake in all departments, and all staff have been trained to refer clients to the MNsure-certified navigators on staff. For two of the organizations with a long focus on public health insurance, these services, as well as engagement in MNsure policy, have continued and expanded. In the Community Action Program (CAP) agencies, which were new to enrollment services during Access to Coverage, enrollment in health insurance has become a core element of their services to low-income clients.

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### Snapshot: One Year Later

- All grantee organizations continue to provide outreach and health care programs enrollment services.
- Enrollment services are an element of strategic plans or strategic initiatives in each organization.
- Collectively, 47 MNsure-certified navigators are on staff to provide enrollment services.
- All organizations still provide post-enrollment support, including renewals.
- Clients continue to be referred to ancillary services in all participating agencies.
- More than half of the formal partnerships launched as a required element of Access to Coverage persist, and new partnerships and relationships have been developed.
- Grantees continue to be seen by clients and partners alike as the “go-to” organizations for information, services and enrollment.

# Health Care Programs Enrollment Remains Part of the Core Work of Access to Coverage Grantees

All Access to Coverage grantees continue to provide health care programs outreach, enrollment, renewal and other follow-up support to their clients. The agencies report that public health insurance enrollment remains a core function and is an essential service to clients. One of the grantees leads a consortium of CAP agencies serving the southwest, west-central and northwest parts of Minnesota. This chart records how agency executives or the lead staff member described their continuing health care access services.

## Access to Coverage Grantees: Continued Enrollment Services to Low-Income Clients\*

	GRANTEE ONE	GRANTEE TWO	GRANTEE THREE	GRANTEE FOUR	GRANTEE FIVE	GRANTEE SIX
<b>Health care enrollment is a continuing function</b>	✓	✓	✓	✓	✓	✓
<b>Health care enrollment is a part of agency's strategic plan</b>	✓	✓		✓	✓	✓
<b>Health insurance status is a component of intake in all departments</b>	✓	✓	✓	✓	✓	✓
<b>Health care enrollment is a component of training for all new staff</b>	✓		✓	✓	✓	✓
<b>Agency provides post-enrollment support</b>	✓	✓	✓	✓	✓	✓
<b>Enrollment tracking continues</b>	✓	✓	✓	✓	✓	✓
<b>Enrollment services now supported by grant funds (MNsure and/or others)</b>	✓	✓	✓	✓	✓	✓
<b>Enrollment services now supported by internal funds</b>	✓		✓	✓	✓	

\*Organizations were promised confidentiality in reporting organizational and budgetary data so agencies are not identified in this chart.

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**GRANTEE ONE — a new partnership of five CAPs.** “Year to date, from July 1st to March, we have screened and assisted 125,970 individuals. We’ve conducted 2,382 outreach activities. We have reached 102,064 individuals through those outreach activities. We have a pretty wide swath of the state and we are really getting some effective messaging out. . . . It is cool to have that much of the state covered, to know that a consumer can come into one office or can call into an office and get referred to where they need to go, from Moorhead all the way down to Jackson and all that’s in between.”

THIRTEEN NAVIGATORS IN THE PARTNERSHIP

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**GRANTEE TWO — more proactive response to clients.** “We’re here to help patients, so whatever we can do to lessen that burden for the patient in getting health care is important. Helping them find insurance so that they can feel more at ease getting health care services is very important, and it will continue to be a part of our mission to try and help these folks . . . I am taking a more active role with the enrollment assisters right now, and, like I say, I’m changing their job to be more proactive instead of reactive.”

FOUR NAVIGATORS IN THE PARTNERSHIP

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**GRANTEE THREE — a significant part of our work.** “Health care enrollment is a significant part of the work that we do. It’s still a priority for our organization. It certainly results in a number of staff. I think our health care unit is probably our biggest single unit . . . As far as the number of people or the number of FTEs, I think this is probably still the biggest. I don’t know how you would measure, but probably by whatever token you would use to measure it would rank up there as highly significant.”

NINE NAVIGATORS IN THE PARTNERSHIP

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**GRANTEE FOUR — continued and more-responsive services.** “We are continuing to support this as our core mission and strategic direction. We’ve made a number of changes internally to be more client-responsive. . . . So that is a change that’s been really effective, and it’s allowed our initial screeners, who are also the schedulers, to really work with the client to figure out: Is this a ‘Yep, I need help with renewal, and I’ve got a month,’ or is this a ‘I have a doctor’s appointment tomorrow and I don’t have coverage,’ and then appropriately get them the support that they need right away.”

SIXTEEN NAVIGATORS IN THE PARTNERSHIP

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**GRANTEE FIVE — health care access is critical to client self-sufficiency.** “Our mission is to help low-income people become self-sufficient, so clearly having health insurance coverage is critical to any level of self-sufficiency. We think beyond having coverage, having access to primary care and preventative care also fits in with our mission. Then our organizational values — it’s community minded, client focused and resourceful, so this work fits in both being client focused and resourceful in trying to figure out how can we tap into the resources that are already out there and help our clients access what’s available to them to help them on a path to self-sufficiency.”

THREE NAVIGATORS IN THE PARTNERSHIP

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**GRANTEE SIX — health care access as a strategic priority.** “It’s just such a fundamental service for folks. . . . As a community action agency we deal with low-income people, we deal with issues of poverty and we recognize that one of the primary reasons people can move into an impoverished state is the lack of health insurance and what a medical issue can do to your finances. Attending to issues of health care access is part of one of our strategic initiatives.”

TWO NAVIGATORS IN THE PARTNERSHIP

## Access to Coverage Grantees Have Systematized and Upgraded Enrollment Services

Not only have the Access to Coverage grantees continued to provide health care enrollment services, but they also have systematized and professionalized the way they do so. Agency executives credit this to the cross-training of staff and expanded focus on health insurance status during client intake, to well-trained and effective navigators, and to systematic efforts to improve response times and appointment scheduling. As a result, they report that clients are seen faster and served more efficiently.

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**“It kicked us up a level of professionalism, of capacity, of coordination — both among staff internally as well as with other navigators and social services in the area. In general, it took things we were already really good at and helped us kick them up a level.”**

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**More proactive.** “What I’m hoping to do is identify these patients when they’re calling in for appointments if they are uninsured or need help with access to health coverage so that we’re getting them signed up with these enrollment assisters before they actually even go in and see the provider. That’s part of trying to be more proactive in our approach to health care — versus reactive, as we’ve been historically.”

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**Get the support they need right away.** “We’ve seen an increase in the sort of urgency from many of our clients. We’d had a model where, if you called, you were triaged directly to a navigator. But if that navigator wasn’t at their desk, you would leave a message, and then they would call you back and it could be, in some cases, a couple of days before you connected. That wasn’t serving our clients. It also wasn’t serving our staff. So that is a change that’s been really effective.”

## Continuing Services Provide Benefits for Clients

Clients continue to benefit from the access to public health insurance, as well as from the ancillary services provided by these six organizations. Access to health insurance has a demonstrable and significant effect on clients’ well-being and economic self-sufficiency. During the Access to Coverage grant period clients often described their newfound access to health insurance as life changing. Clients of these organizations are also afforded access to other services, including programming that supports health literacy.

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**Reduced the proportion of clients who are uninsured.** “These enrollment assisters have done a phenomenal job at being able to get people who didn’t know or didn’t think that they could qualify for any sort of help, getting help, so we have seen a continual decrease in the number of uninsured over the last several years from having these enrollment assisters.”

## Continuing Services Encompass a Broader Focus on Health, Including Health Literacy

While this is not new, both the CAPs and the more specialized organizations are also providing clients with health literacy and other services. At least one of the CAPs is considering reorganizing to include a department with a specific focus on health.

**Health services department.** “We’re trying to figure out if we want to develop a health services department that’s broader than our family-planning services, because I think it’s good to focus on.”

**Health as a larger part of mission.** “Thinking about health — not so much enrollment in health insurance, but thinking about health, which is what we’re getting to with enrollment — is increasingly something we see across the board, whether we’re talking with someone about budgeting and looking at what they’re spending on cigarettes, trying to help them see that and how it’s impacting their budget. Or with the opioid crisis now and trying to figure out how to help people navigate that. I do think that health is an increasingly large part of our mission.”

**Health literacy education.** “Anytime we’re engaging one-on-one with the client, we’re engaging them in health navigation and health literacy education. It’s great that we get them health care coverage, but if they don’t know how to use it, then that really hasn’t done much for anybody.”

“There are a lot of people who have had a much-improved experience in getting health insurance and have been able to get health insurance when they couldn’t before and when they couldn’t get through the system. So for all of those folks, and the impact that that’s made on their lives, that’s a legacy too. I think boards sometimes struggle to see that, to see the benefit on individuals, but there are thousands of individuals who’ve benefited from this investment and I think that’s a legacy.”

## Clients Are Also Referred to Ancillary Services

In a continuing pattern of service to low-income persons, clients are often referred to energy assistance, housing support, Head Start and other services available in the CAPs or available in the region.

**Something beyond just MNsure.** “A large number of MNsure consumers are coming to us for help with MNsure and that’s about it, but we always make sure that they are fully aware of the full range of services that we can provide for them: SNAP eligibility or energy assistance or kids that are young enough to enroll in Head Start or tax clinic help. Our navigators are all trained and able to recognize when a person or household might need something beyond just MNsure.”

## Previous Partnerships Largely Persist and New Partnerships Have Been Created

During Access to Coverage, grantee organizations were required to develop memoranda of understanding to partner with other organizations in their service areas. Of the 28 original formal partnerships, 13 (46 percent) are continuing. In some cases, formal relationships haven't persisted, but referral relationships continue. The Access to Coverage grantees also report that they have continued to build new relationships with both public and private organizations as sources of referral or, in some cases, co-location of navigators. Agency executives expressed appreciation for the Foundation's mandate for collaboration, suggesting, as the highlighted quote indicates, that it resulted in deeper relationships.

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**“It more than strengthened partnerships. It forced formalization of ongoing relations and deeper collaboratives and partnerships. You start getting those almost legal connections with folks, and that’s when some really good things can happen.”**

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**Creating new partnerships.** “One thing this has led to is pharmacies, clinics, and treatment facilities send people over to us if they don’t have health insurance. They send their folks over to us to have us help try to figure it out for them. In a way, it’s creating those partnerships with those entities as well and that’s something we would not have done without the grant.”

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**Other communities calling.** “And then there are other communities that are calling and just saying, ‘Hey, we have so-and-so plant closing. Can you come and help these people?’ We do that.”

## Organizations Are Sought Out for Services, Training and Policy Leadership

During the four years of Access to Coverage, we reported that grantees had been recognized as early leaders in health care programs enrollment, in training and in helping advance policy around public health care. That has continued and, in some cases, expanded.

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**“I think we ended up being, down the road, a serious stakeholder in the larger conversation as well as the primary service source for consumers, and consumers know this and partner agencies know this.”**

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**Much better positioned to weigh in.** “Our idea going into this, [was] that by being a part of this process we would learn important things that we needed to know to see how this whole process was being developed and was it being developed in a



way that was beneficial for our clients. Where were the weaknesses, things that we saw as being detrimental to the client community? We could, hopefully, try to influence some of those things at an earlier stage. I think that has borne out to be true in a significant way . . . what we thought would happen, in fact, has happened. We are much better positioned to weigh in on these things.”

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**Using our expertise.** “For example, we recently did a training for social workers at [name of organization] around the sorts of options available should they have patients come in that are not insured. That’s been wonderful for us as far as moving our mission forward and using our expertise to filter through the community, and that was not something we were doing before.”

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**New relationships and more regional services.** After this grant went away last year, we were able to procure a grant from the federal government to have enrollment assisters . . . provide the services to mainly Hispanic people and children, but it has enabled us to serve the greater population out there. And we have had lots of these manufacturing companies call us when they’ve closed their doors to say, ‘Hey, can you send your enrollment folks down here to help all these people that are losing their jobs?’”

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**The go-to agencies.** “I think consumers have grown to either expect or associate our agency with MNsure and assistance from MNsure. A whole lot of that comes from referral by counties, but I think a noticeable amount also comes from referral by word of mouth, by some outreach efforts, by area brokers that refer consumers to us. . . . I would say that people know to come to us or people know to refer consumers to us in need of help.”

## Continuing Challenges: Funding

Agencies reported that funding poses a continuing challenge to their ability to continue providing enrollment services. Funding from traditional or expected sources has been, as several agency executives put it, surprisingly difficult. While some agencies are utilizing internal funds to help support the work, all are relying heavily on grant support, including MNsure grants. Most lament that MNsure funds are inadequate to cover the costs and time needed for enrollment assistance.

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**Ongoing battle.** “That grant we had was a two-year grant and it’s going to end in June, so I’m not exactly sure what I’m going to do going forward at this point in time. It’s an ongoing battle for funding.”

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**“It has been surprising to me how hard it can be to find funding for this issue of helping people get enrolled. . . . We get rejected often because it’s outside of scope. This idea that we are going to help people enroll in health insurance for many funders does not feel like it falls under their area of focus.”**

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**Limited undesignated funds.** “Most of the money that we have that comes into this agency is dedicated to specific targets. It’s not like we have this huge amount of undesignated funds. We have really a small percent of undesignated funds where we can say health care is not being addressed fully, we’re going to take this hundred-thousand dollars and put it toward that. We just don’t have that. Grant funds are essential.”

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**MNsure funding.** “It’s helpful, of course, but if I were to say that I’m reliant on those funds to supply my funding for my enrollment assisters, I wouldn’t even be able to afford one.”

## Continuing Challenges: Harder-to-Serve Clients

Agency executives noted that the clients served during the four years of Access to Coverage were, relatively speaking, easy to serve. They’re finding that the clients seeking help now have more barriers and issues and require a different level of service. For example, during the grant cycle navigators often hosted group enrollment sessions to work with multiple clients simultaneously; that delivery approach is no longer feasible. Others noted that outreach efforts have had to change, particularly to reach those who remain uninsured for various reasons.

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**“What we are seeing now is that the folks that continue to need help, particularly those that continue to be uninsured, the support that they need is pretty significant.”**

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**People need more help.** “During the period of Access to Coverage, we were finding that the needs of the clients, in many cases, were simpler. They were trying to get coverage and, particularly with the Medicaid expansion, they were pretty easy cases. What we’re seeing now is that the folks that continue to need help, particularly those that continue to be uninsured, the support they need is pretty significant.”

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**One-on-one help.** “One of the things we’re looking at right now is how do we look at the whole idea of outreach differently. I would refer to it as the low-hanging fruit. There was a lot of low-hanging fruit in the beginning that just needed a little bit of a push at the community fair — ‘Hey, do you have health insurance? Are you aware there’s MNsure?’ Really pretty easy stuff. That’s not the case anymore. Now we’re finding that we need to be more targeted in where we are going and what our messaging is.”

## Continuing Challenges: Technology Issues Hamper Enrollment Assisters

Technology and communication issues continue to slow the process of client enrollment and reenrollment in public health care coverage programs. The Access to Coverage grantees have long advocated for better access to existing technology to support enrollment and client retention. These technology-related enrollment issues have not yet been fully addressed.

One of several examples is navigator access to the Minnesota Department of Human Services (DHS) MN-ITS system, which allows clinics and hospitals to quickly see if a patient is covered by Medical Assistance (MA) or MinnesotaCare. While staff in these facilities can access client information, certified MNsure navigators cannot. As a consequence, navigators must rely on phone calls to MNsure through the Assister Resource Center (ARC). ARC wait times are consistently very long, and the amount of information on clients that can be released at one time is minimal; these are hurdles which make the enrollment process time-consuming and inefficient.

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**Access to MN-ITS.** “I’ve been pushing for a number of years now, unsuccessfully, to let navigators just have access to MN-ITS, to the IT system. If you’re at a clinic and you have a client and you want to be able to see a patient, see if they’re covered, you just log right into MN-ITS and it will tell you yep, they have their MA, and it was active on this date. We don’t have the ability to do that, and it would really streamline the workflow.”

In another example, Access grantees and other enrollment assisters were initially told the MNsure system would allow immediate access to information about consumer eligibility, case status and data needed to maintain clients’ eligibility. For example, navigators can’t upload client verification documents into the system. Despite the creation of an Assister portal, the necessary improvements haven’t been made or built into the technology upgrade schedule.

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**Access to systems.** “One of the things that is very challenging for us as a navigator organization is we don’t have access to the same systems that MNsure has and the counties have and DHS has, so, for example, if I help with an enrollment and I send it in, I don’t have any ability to go online and check the status of it. Instead, I’m calling the ARC, and sometimes I’m calling DHS, and then sometimes I might be calling the county, and there’s so much opportunity in that sort of a model for there to be miscommunication.”

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**“From the inception of MNsure, grantees have dealt with a technology system that frustrates their ability to adequately serve the community. We have suggested improvements, and voiced our concerns to MNsure and DHS staff at every level. Despite these consistent efforts, upgrades and fixes that could greatly improve our functionality have not been prioritized. . . . The result is that we spend more staff time than should be required to find out basic information or to provide routine information.”**

## Final Thoughts: Working with the Blue Cross and Blue Shield of Minnesota Foundation

In summing up Access to Coverage, both lead staff members and agency executives credited what they called the uniquely helpful role of the Blue Cross and Blue Shield of Minnesota Foundation for the success of the initiative. They continue to recognize and value the Foundation's support and encouragement. Here are some messages interviewees wanted shared with the Foundation.

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"The Foundation has stayed really involved in this in a way that speaks very highly of them; that their interest and their investment — while it may have changed a little over time — has stayed consistent in trying to see that this is developed in as positive way as possible."

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"I have nothing but positive things to say about them as a foundation. They're supportive in all the ways you like them to be supportive."

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"One thing I think has been really valuable over the last five years, and just generally, their support, more than just funding, one of the things about working with the Blue Cross and Blue Shield of Minnesota Foundation is that it doesn't feel that they're just giving us money. It feels that they're partnering with us, and that's really wonderful."

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"I think Blue Cross as an organization has really embraced the idea of health literacy and the importance of health literacy, and that is just so important from what we see with our clients."

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"You can extend my thanks to the Blue Cross Blue Shield [Foundation] for Access to Coverage. It was something that was a great partnership."

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"Thank you for being a good community partner, not just with us but with communities across the state. I think the Foundation is seen as an entity that is in it for the long term in so many ways — health care disparities and just all kinds of ways. I feel like the Foundation is leading in a way that makes us all proud, so keep up the good work."

# Access to Coverage Grantees

Grantee/Agency	Region of Coverage
Arrowhead Economic Opportunity Agency	<b>Northeast Minnesota:</b> Seven-county area that includes Aitkin, Carlton, Cook, Itasca, Koochiching, Lake and Saint Louis Counties
Mahube-Otwa Community Action Partnership	<b>Northwest Minnesota:</b> 17-county area that includes Becker, Beltrami, Clay, Clearwater, Hubbard, Kittson, Lake of the Woods, Mahnommen, Marshall, Norman, Otter Tail, Pennington, Polk, Red Lake, Roseau, Wadena and Wilkin Counties
Mid-Minnesota Legal Aid	<b>Central Minnesota:</b> 14-county area that includes Benton, Cass, Chisago, Crow Wing, Isanti, Kanabec, Mille Lacs, Morrison, Pine, Sherburne, Stearns, Todd, Wadena and Wright Counties
Portico Healthnet	<b>Twin Cities metropolitan area and statewide:</b> 92 percent of clients are in Twin Cities metro area, including Anoka, Carver, Dakota, Hennepin, Ramsey, Scott and Washington Counties
(Western Community Action Agency) United Community Action Partnership	<b>Southwest Minnesota:</b> 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
Open Door Health Center	<b>Southeast Minnesota:</b> 13-county area that includes Blue Earth, Brown, Dakota, Faribault, Goodhue, Le Sueur, Martin, Mower, Nicollet, Rice, Steele, Waseca and Watonwan Counties

