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GRANT PROPOSAL EXCERPT

Health center’s insurance counseling program

(note: identifying information on the organization has been removed from narrative)

I. Introduction

Health insurance is the single most critical factor for people to receive the health care they need. Massachusetts Health Care Reform’s new insurance program, Commonwealth Care, offers a wonderful new opportunity for many Massachusetts residents without insurance to gain insurance coverage for the first time. At _____ Health Center, our Insurance Counselors work with the 48% of our patients who are uninsured, to determine their eligibility for Commonwealth Care and guide them through the lengthy and complicated enrollment process.

_____ Health Center requests funding of \$_____ to support the salary of a bilingual Insurance Counselor 20 hours a week (.5 FTE), so she can increase patient access to health insurance—and thus health care.

[...]

Patients: Our patients come from underserved populations that have difficulty accessing care due to their being:

- **immigrants** who are not knowledgeable about the American health insurance and health care systems and/or require translation during appointments;
- **ethnic and racial minorities**, who may have experienced previous misunderstanding or bias when seeking services;
- **low-income working families**, many of whom work for small, family-owned businesses or have part time jobs which do not offer health insurance; and
- **uninsured**, which results in people not seeking care in order to avoid incurring medical bills.

III. Community Need

_____ Health Center serves a high-risk population of patients who face health disparities due to their being low-income, immigrants, and minorities, as well as having low levels of education. These populations have difficulty accessing and receiving clinically recommended levels of care. As can be seen in **Tables 3** and **4**, minorities, the poor, those without private health insurance, and those with less than a high school education are less likely to have sought dental care or received appropriate care for diabetes, which includes a hemoglobin A1c test, a retinal eye exam, and a foot exam.

Table 3: Health Disparities in Accessing Dental Care: Children age 2-17 with a dental visit in the past year	
Race/Ethnicity	Percent
White	54%
Asian	41%
Hispanic	37%
Black	37%
Income	Percent
<100% FPL	35%
101-199% FPL	38%
200-399% FPL	53%
400%+ FPL	69%
Insurance	Percent
Private	58%
Public	39%
Uninsured	32%

Source: National Healthcare Disparities Report, 2006

These populations are also more likely to suffer from specific diseases and conditions, as well as complications related to these illnesses, due to lack of appropriate care. For example, immigrants have a higher incidence of tuberculosis than Americans do, Hispanics are more likely to die from a diabetes-related complication than Whites are, and Asians have higher rates of hepatitis B than Whites. Similarly, women with lower levels of education receive less prenatal care, and thus are more likely to bear low birthweight babies. Depression is also more likely to strike low-income women, who have many stressors on their lives, including financial strains and resulting family tensions, and immigrants, who must contend with adjusting to America, the difficulty of finding employment, and conflicts with children who want to follow American cultural mores instead of their parents' traditional values.

The lack of health insurance exacerbates these health disparities—yet these same at-risk populations are also less likely to have health insurance (see **Table 5**). Many of the working poor are not offered health insurance through their employment, while others cannot afford insurance premiums. Immigrants are often unaware of how to access health insurance and get affordable care, and minority groups also have higher numbers of uninsured.

The communities we serve need specialized, targeted services to link them with health insurance—so they can get the medical, dental, and specialty care they need to reduce their health disparities.

IV. Description of Program

Our solution to increase insurance coverage among underserved populations is the Insurance Department. This dedicated department is staffed by Insurance Counselors who are experts in the public health insurance system in Massachusetts, including programs such as MassHealth/Medicaid, Commonwealth Care, Children's Medical Security Plan, and Healthy Start for pregnant women. Insurance Counselors are knowledgeable about eligibility requirements for the different programs, income and other documentation needed for enrollment, and the process of submitting a complete and accurate application through the state's Virtual Gateway online application system. The Insurance Department also follows up with MassHealth when applications are rejected, to learn what additional material is needed for a successful resubmission. Insurance Counselors also attend seminars on regulatory changes related to Health Care Reform.

Insurance Counselors combine knowledge of public health insurance programs with strong

Table 4: Health Disparities in Receiving Diabetic Care: Diabetics 40 years and older who received appropriate care	
Education	Percent
Less than high school	39%
High School graduate	50%
At least some college	53%
Income	Percent
<100% FPL	37%
101-199% FPL	33%
200-399% FPL	48%
400%+ FPL	59%
Preferred Language	Percent
English	49%
Other language	39%
Nationality	Percent
Born in U.S.	50%
Foreign born	39%
Source: National Healthcare Disparities Report, 2006	

Table 5: Health Insurance Coverage Rates	
Race/Ethnicity¹	
White	95%
Asian	92%
Black	86%
Hispanic	77%
Income²	
>200% FPL	96%
<200% FPL	87%
Nativity³	
American-born	87%
Immigrants	67%
¹ Massachusetts Community Health Information Profile (MassCHIP), 2005	
² MA Division of Health Care Finance & Policy, 2006 report	
³ Migration Policy Institute, 2004 report	

customer service skills which enable them to connect with underserved patients. The Insurance Counselors, all of whom are bilingual, work with patients to address and resolve these situations which patients frequently face:

- Lengthy enrollment process for Commonwealth Care: The state enrollment process for Commonwealth Care requires multiple visits with a Insurance Counselor: 1) to discuss patient eligibility for Commonwealth Care 2) to help them select one of the four Commonwealth Care insurance plans and 3) to select their primary care provider. Many patients abandon the enrollment process midway, either from discouragement or because they cannot take additional time off work for another appointment with the Insurance Counselor. The Insurance Department has been contacting these patients to encourage them to come in to complete the application process so they can be enrolled in Commonwealth Care.
- Inconsistent healthcare coverage: Many of our patients are uninsured for periods of time during the course of the year. Some change jobs, and lose their employer-based insurance coverage. Others cannot afford to pay insurance premiums and are terminated due to lapse in payments. Patients also frequently move and are terminated when MassHealth does not have their new address. In addition, women on Healthy Start, which covers pregnant women, sometimes do not enroll in a different insurance program after they have given birth and their Healthy Start coverage ends. Finally, children lose coverage because their parents neglected to renew their insurance or they cannot afford the premiums. Insurance Counselors know how to advise patients in each of these situations and work with them to determine a course of action that is best for each family.

An Insurance Counselor speaks...

Juana* and her three-year-old daughter came to Massachusetts from Rhode Island. Juana wanted to enroll in health insurance, but couldn't because she didn't reside in Massachusetts.

Juana came back a few months later. She had no job, her husband had disappeared, and she had no money. She was currently living with friends. I felt bad for her because she had nowhere to go and had so few resources.

Her daughter had a problem with her eye and needed to see a doctor. I enrolled both of them in MassHealth, since they were now living in-state, and I also arranged for the daughter to be seen that day. Juana had a smile on her face because of how I helped her, and it made me feel good.

*pseudonym to protect patient privacy

Altogether in 2006, the Insurance Department submitted new or renewal applications for over 3,400 families. Insurance Counselors also provided consultations and other assistance over 11,700 times, to educate patients about the public health insurance programs for which they are eligible; to review the enrollment process, including required documentation such as verification of salary; to help patients select a Commonwealth Care insurance plan and provider; to discuss a denied application with the insurer to determine how to resubmit the application so it will be approved; and to answer patient inquiries about their insurance status.

_____ Health Center is requesting \$_____ to fund a .50 FTE bilingual Insurance Counselor to work with patients at our health center, to educate patients about programs for which they are eligible, guide patients through the enrollment process, and resolve insurer requests for information.

V. Measurable Outcomes and Numbers Served

For the 20 hours a week funded by this grant, the bilingual Insurance Counselor will, over the course of the year of funding:

- provide 1,050 counseling sessions to educate patients about their health insurance coverage options; begin the multi-step enrollment process for Commonwealth Care; and provide follow-up with patients regarding their applications, including calling insurers and providing additional information to insurers to complete patients' enrollment applications
- submit new or renewal enrollments for 350 patients for appropriate health insurance programs

The Insurance Counselor's work will be measured by the number of patient encounters for counseling and enrollments/renewals. Insurance encounters are entered into our patient database and reports are run on a monthly basis. Productivity rates are evaluated by the Insurance Counseling Manager and are reviewed with employees as necessary.

[...]

VIII. Conclusion

_____ Health Center has developed a systematic way to meet the needs of our patients, 48% of whom lack insurance and 33% of whom are insured by public health programs such as Commonwealth Care, MassHealth, Healthy Start, and the Children's Medical Security Plan.

Access to health insurance means access to care. With support from the _____ Foundation, our low-income, uninsured, minority, and immigrant patients will receive guidance, support, and enrollment assistance from one of our knowledgeable, skilled, culturally competent and compassionate Insurance Counselors.