CHCS Center for Health Care Strategies, Inc.

The Evolution of Charity Care Programs to Support Enrollment in Health Coverage

By Maia Crawford, Center for Health Care Strategies

IN BRIEF

In response to the Affordable Care Act's coverage expansions, community-based charity care organizations shifted much of their focus *away* from helping the uninsured access free or low-cost health services and *toward* helping individuals enroll in health insurance. This brief, made possible by Kaiser Permanente Community Benefit and the Robert Wood Johnson Foundation, explores this transition through the experiences of six representative programs. Common themes across programs include: (1) hiring more enrollment assistance staff; (2) educating low-income individuals about how to use health insurance; (3) increasing community outreach activities; and (4) taking advantage of new resources, programs, and partnerships. These findings may be useful to state policymakers, health care foundations, and community-based organizations as they grapple with how best to connect low-income individuals to affordable health care.

Passage of the Affordable Care Act (ACA) in 2010 and the launch of health insurance marketplaces and state Medicaid expansions in 2014 did not eliminate the need for community-based charity care programs (CCPs), as tens of millions of U.S. residents remain uninsured.[1] However, the ACA did lead to: (1) substantial changes in the numbers and characteristics of individuals qualifying for charitable coverage; and (2) new opportunities for CCPs to address the health care and coverage needs of low-income residents. The ACA's coverage expansions, in particular, motivated many CCPs to alter their business models and day-to-day operations to devote more time to helping eligible consumers enroll in new coverage options and enhance their health insurance literacy (i.e., how to choose and appropriately use health insurance).

This brief explores the evolution of many CCPs into enrollment-focused organizations, highlighting the major changes that these programs have undergone to adapt to the post-ACA health care environment and to help connect individuals to Medicaid and marketplace coverage. The Center for Health Care Strategies (CHCS) interviewed staff from six CCPs to inform this brief (see page 4 for programs interviewed). All of these organizations continue to provide charity care services, but have enhanced their role as *enrollment assisters*, a general term that includes navigators, certified application counselors, and insurance brokers, as well as staff who enroll individuals in health coverage but do not have an official certification (see Table 1 for types of enrollment assisters). Each of these organizations participated in CHCS' *Charity Care Affinity Group*.[2]

Background

Community-based charity care programs have historically existed as a safety net to ensure that people without health coverage are able to receive affordable care. They have provided — or facilitated provision of — free or reduced-cost health services to low-income individuals who lack access to affordable public or private health insurance. Implementation of the ACA's coverage expansions resulted in new insurance options for many individuals who previously relied on charity care services, leading to significant changes in CCPs' composition and the numbers of people who used their services (whom we refer to as "members"). All programs interviewed for this brief experienced some loss of members post-ACA — an unsurprising trend given that approximately 20 million previously uninsured individuals enrolled in health

coverage between 2014 and early 2016.[3] At the same time, all of the CCPs interviewed indicated that their communities still had large enough uninsured populations to warrant the continued provision of some charitable health services.

CCPs' current member demographics now depend largely on whether the program is located in a state that expanded Medicaid. In the 32 states (including Washington DC) that chose to expand Medicaid, uninsured adults between 0 and 138 percent of the Federal Poverty Level (FPL) gained access to Medicaid coverage, while those with incomes between 138 and 400 percent FPL became eligible for subsidized marketplace coverage.[4] In these states, many CCP members transitioned to Medicaid and marketplace plans, leaving CCPs with a much higher percentage of immigrants not eligible for ACA insurance products.

In non-Medicaid expansion states, individuals over 100 percent FPL gained eligibility for marketplace subsidies, while most adults living below 100 percent FPL remained ineligible for Medicaid. CCPs in these states saw some of their higher-income members enroll in marketplace plans, although even with subsidies, those with incomes below 150 or 200 percent FPL still often found coverage unaffordable and remained uninsured. As a result, CCPs in these states continue to serve many low-income members who: (1) fall in the "coverage gap" and do not qualify for Medicaid or marketplace subsidies; (2) are in the "affordability gap," whereby they qualify for subsidized marketplace plans but cannot afford them; or (3) are undocumented immigrants.

TABLE 1: Differences across Enrollment Assistance Providers			
	Navigators	**Certified Application Counselors**	**Agents or Brokers**
Funding	Marketplace	Non-marketplace *(can use other sources including federal, state, and/or private)*	Health insurers or consumers, consistent with state law
Eligibility and enrollment activities	Required	Required	Required
Referral activities	Required	Required	Not required
Outreach activities	Required	Not required	Not required
Act in consumers' best interest	Required	Required	Not required
Conflict of interest protections	Prohibited from having conflicts of interest	Can assist consumers if they disclose relevant conflicts	Not required

SOURCES: Georgians for a Healthy Future. "Certified Application Counselors: How are they different from Navigators?" Available at http://healthyfuturega.org/2013/10/13/certified-application-counselors-how-are-they-different-from-navigators/ and *Health Affairs*. "Health Policy Briefs: Navigators and Assisters." 31 October 2013. Available at http://www.healthaffairs.org/healthpolicybriefs/brief.php?brief_id=101

Charity Care Organizations as Enrollment Assistance Providers

The six CCPs interviewed are all focusing greater attention and resources on enrolling people in health insurance and promoting health insurance literacy than they were before the ACA's passage. The primary rationale CCPs cited for taking on new enrollment assistance responsibilities was to help connect as many low-income people as possible with the best health coverage and care available. CCPs saw themselves as uniquely positioned to help local low-income residents — whom they have been interacting with for years — sign up for more comprehensive coverage, and were generally enthusiastic about taking on this role.

Multiple programs noted that their first priority following the ACA's rollout was to conduct "in-reach" to determine which charity care members would be eligible for Medicaid or marketplace subsidies and to help facilitate that transition. Many CCPs were then able to accept new individuals from their waitlist and/or begin helping other low-income community members apply for health insurance. This transition to more enrollment-focused work not only supported CCPs' underlying missions, but it also offered a potential new line of work for CCPs that had seen significant post-ACA membership declines. Offering these new services was viewed as an opportunity to promote organizations' future sustainability by adapting to meet their community's changing needs.

All six of the CCPs interviewed (see Table 2) have begun enrolling eligible individuals into qualified health plans through their state-based marketplace (the Minnesota and Nevada programs) or the federal marketplace via Healthcare.gov (the Michigan, North Carolina, and Texas programs). Some programs, such as Portico Healthnet, also enroll individuals directly into Medicaid and help them file appeals if denied eligibility. Others, like CareLink, Seton Healthcare Family, and Access to HealthCare Network, can screen individuals for Medicaid eligibility and assist them with completing Medicaid/CHIP applications, but are not able to directly enroll them into the program. CCPs may also assist members in filling out ACA coverage exemption applications. Ingham Health Plan, for example, will help individuals file an affordability exemption application if all available marketplace plans appear unaffordable.[†] The Ingham enrollment staffer will then enroll the individual directly into its charity care program.

CCPs receive funding for enrollment assistance — and their work more generally — from a variety of sources, including: federal and state grants; local taxes; affiliated hospitals or health systems; foundations; and health insurance companies (in the case of one unique CCP that trained its staff to become licensed health insurance brokers). Portico Healthnet operates as a state-designated navigator organization, so has benefitted from the federal money that supports state marketplaces and navigator programs. The federal government issued its last round of grants to state-based marketplaces in December 2014; Portico, however, has continued to receive state-funded navigator organization grants from MNsure, Minnesota's marketplace.

[†] Individuals can quality for an "affordability exemption" if the lowest-priced plan available on the marketplace costs more than 8.13 percent of household income. More information is available at https://www.healthcare.gov/exemptions-tool/#/results/2016/details/marketplace-affordability

TABLE 2: Charity Care Programs - Overview of Enrollment Assistance Work		
Organization	**Enrollment Assistance Providers**	**Program Notes**
Access to Healthcare Network *Nevada (statewide)*	15 licensed health insurance brokers	▪ Trained care coordinators to become health insurance brokers and uses insurance company commissions to provide free care coordination and navigation ▪ Provides all new members with an in-person orientation and welcome call to educate them about using insurance
CareLink, University Health System *Bexar County, TX*	30 enrollment assisters (no formal classification)	▪ Uses custom software package to screen patients for different health insurance programs ▪ Participates in community events to talk with local residents about coverage options ▪ Hosts workshops about how to enroll in and use health insurance
Ingham Health Plan *Ingham County, MI*	1 enrollment staffer, trained and certified as a Certified Application Counselor (CAC)	▪ Bilingual staffer conducts enrollment for charity care program, Medicaid, and marketplace ▪ Contracts with neighborhood-based agencies for outreach services, including door-to-door canvassing and direct mailing
Portico Healthnet *Statewide with focus on seven-county Twin Cities metro area, MN*	13 state-funded navigators	▪ Has offered enrollment assistance for public programs for more than 20 years ▪ Educates and trains other navigators across Minnesota ▪ Engages consumers at 20 different community sites
Project Access, Western Carolina Medical Society *Buncombe County, NC*	6 Health Access Counselors, trained and certified as CACs	▪ Health Access Counselors assist with enrollment into charity care program and marketplace ▪ Funded by foundations and part of a consortium of enrollment assisters ▪ Focuses on engaging hard-to-reach groups like rural populations and minority groups
Seton Healthcare Family of Hospitals *Austin, TX*	Partnered with its local federally qualified health center (FQHC) to provide enrollment assistance during Open Enrollment	▪ Hospital system employs staff and contracts with a vendor to screen and enroll hospital patients in charity care/Medicaid and CHIP ▪ A CAC from a local FQHC visits patients eligible for the marketplace ▪ Runs three charity clinics

Themes across Charity Care Programs

Each CCP interviewed is establishing or enhancing enrollment assistance services to best meet its local population's needs. A number of common themes emerged across programs. These include: (1) hiring more enrollment assistance staff; (2) educating low-income individuals about health insurance; (3) increasing community outreach activities; and (4) taking advantage of new resources, programs, and partnerships.

1. Hiring more enrollment assistance staff

Four of the six programs interviewed hired additional staff members to meet increased demand for enrollment assistance services. This includes the programs in Michigan, Minnesota and Nevada — all Medicaid expansion states — as well as in North Carolina, a non-expansion state. The two Texas programs did not hire additional enrollment staffers post-ACA.

- Prior to Michigan's Medicaid expansion, Ingham Health Plan contracted with the local health department and community sites to do outreach and enrollment work. Post-ACA, it decided to begin enrolling members directly into different coverage programs — a decision based on having more internal capacity and a desire to have more control over the enrollment process. The organization hired a bilingual outreach and enrollment staff person who works to enroll individuals in the charity care program, marketplace plans, and Medicaid.

- Minnesota's Portico Healthnet almost doubled its enrollment staff post-ACA, from seven staffers to 13. These individuals work as navigators to connect community members to insurance options and Portico's charity coverage program.

- Nevada's Access to Health Care Network established a unique enrollment assistance model in which both new and existing staff received training to become licensed health insurance brokers. It now employs 15 staff to do enrollment assistance, with 11 individuals working as full-time brokers during Open Enrollment Periods and the remaining staff filling in as needed.

- North Carolina's Project Access program hired three additional Health Access Counselors following the ACA's 2014 marketplace rollout, all of whom received training to become certified application counselors.

2. Educating low-income individuals about health insurance

CCPs increasingly understand that helping eligible low-income individuals enroll in Medicaid or marketplace plans does not guarantee that these individuals will understand how their insurance plans work or how to effectively engage with the health care system. As a result, many CCPs are not only assuming the role of health insurance enrollment assister, but also of health insurance educator.

- In partnership with a local financial counseling organization, Project Access developed a health insurance literacy curriculum in 2015 to teach consumers how to budget for new health care expenses. The organization also uses CMS' From Coverage to Care booklets to educate consumers about how to appropriately choose and use marketplace plans and access health services.[5]

- CareLink established a monthly "Health Insurance 101" workshop to help newly insured individuals better understand health insurance terms and how to use their new coverage.

- Access to Health Care Network created a member manual at a third-grade reading level to give to all newly enrolled members; it also provides an onsite health insurance orientation during enrollment sessions, then follows up with a "welcome call" to walk through any additional questions with new enrollees.[6]

3. Increasing community outreach activities

In addition to offering onsite enrollment assistance services, a number of CCPs are investing resources in community outreach activities, such as participating in health fairs and conducting enrollment and educational sessions at community sites, such as schools and libraries.

- Ingham Health Plan's outreach and enrollment staffer regularly spends time in the community to schedule enrollment appointments, including at a workforce development site and local health fairs. The organization has also contracted with a neighborhood health center to do more intensive, community-based outreach to educate hard-to-reach populations about their coverage options, including by sending mailers and doing door-to-door canvassing.

- Project Access has placed some of its Health Access Counselors in clinical and community settings; one counselor, for example, is stationed at a new FQHC and participates in clinical team meetings. These community-based counselors help individuals apply for health insurance and make referrals to Community Service Navigators, who can connect low-income residents to community services like housing support, transportation, food assistance, child care, and other services.

- CareLink has set up tables at community events — including health fairs, parent meetings at local schools, and community wellness activities — to answer questions about health coverage options.

- Portico Healthnet's enrollment workers are increasingly conducting enrollment sessions in various community settings, which enables them to better assist individuals in filling out online applications (as opposed to its previous model of assisting people over the phone). Portico's enrollment staffers now use smartphones and laptops to help members — including through group enrollment sessions — at 20 off-site locations, such as schools and food pantries. Under another noteworthy initiative, Portico staffers have begun visiting local jails to help inmates who are nearing release to complete and submit insurance applications.

4. Taking advantage of new resources, programs, and partnerships

Many CCPs have taken advantage of new federal and local funding and training opportunities and partnered with other community-based organizations to best meet low-income residents' multiple needs.

- Project Access joined a regional consortium of in-person assisters that works collaboratively to develop plans to target hard-to-reach populations and address the region's unmet health needs. Through this partnership, Project Access has shared lessons with the broader enrollment community about how to assist Spanish-speaking, minority, and LGBT communities sign up for health coverage. Two Project Access staff members also received SAMHSA-sponsored *SSI/SSDI Outreach, Access, and Recovery (SOAR)* training to complete and submit an SSI/SSDI application for adults with certain health needs who are experiencing or at risk of homelessness.

- The CareLink program is using grant funding from the federal *Partnerships to Increase Coverage in Communities* initiative to educate minority populations about the health insurance marketplace and assist them with enrollment. CareLink has also partnered with a local utility company to screen low-income individuals for a financial assistance program that offers reduced monthly electric bills.

- Seton Healthcare Family partnered with FQHCs to provide enrollment support to its patients. During the first two Open Enrollment Periods, FQHC-based assisters met with uninsured patients in their hospital rooms, either providing direct, in-person assistance, or scheduling follow-up appointments to complete an application at the health center. Seton Healthcare Family also funded its local Volunteer Income Tax Assistance site to offer walk-in and scheduled marketplace enrollment appointments.

- In 2015, Portico Healthnet began offering structured training sessions to navigators across the state under a contract with Minnesota's state marketplace. Portico also created an online forum for Minnesota enrollment assisters to share information, track problems, and ask questions.

Conclusion

The ACA's new coverage options for low-income individuals created many opportunities and challenges for community-based charity care programs. First, CCPs had to adjust their business models in anticipation of the massive reduction in "uninsurance" among low-income Americans — which was obviously welcomed news, but disruptive to CCP operations. Then, they had to determine where they could best apply their "finger on the pulse" knowledge of their communities — and the populations with which they had always interacted — to help enroll eligible individuals in coverage and continue to serve the uninsured. CCPs adapted to these new conditions by hiring more enrollment assistance staff, taking on new responsibilities as educators, conducting more community outreach, and embracing new partnerships and funding opportunities. As attention to eligibility and enrollment issues declines in the coming months and years (along with federal and local funding for enrollment assistance), it is doubly important for CCPs to remain strong in order to meet the needs of the remaining 33 million uninsured people across the nation.[7]

ABOUT THE CENTER FOR HEALTH CARE STRATEGIES

The Center for Health Care Strategies (CHCS) is a nonprofit policy center dedicated to improving the health of low-income Americans. It works with state and federal agencies, health plans, providers, and consumer groups to develop innovative programs that better serve people with complex and high-cost health care needs. For more information, visit www.chcs.org.

ENDNOTES

[1] U.S. Census Bureau (2015). "2014 Current Population Survey Report."
Available at https://www.census.gov/data/tables/time-series/demo/income-poverty/cps-hi.html.

[2] Center for Health Care Strategies. "Affinity Group for U.S. Charity Care Programs."
Available at http://www.chcs.org/project/affinity-group-for-u-s-charity-care-programs/.

[3] N. Oberoi, K. Finegold and Emily Gee. *Health Insurance Coverage and the Affordable Care Act, 2010-2016.* Department of Health and Human Services Office of Assistant Secretary for Planning and Evaluation. March 3, 2016.
Available at https://aspe.hhs.gov/sites/default/files/pdf/187551/ACA2010-2016.pdf.

[4] The Henry J. Kaiser Family Foundation. "Status of State Action on the Medicaid Expansion Decision (Timeframe: as of March 14, 2016)." Available at http://kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/.

[5] Centers for Medicare & Medicaid Services. "From Coverage to Care."
Available at https://www.cms.gov/About-CMS/Agency-Information/OMH/OMH-Coverage2Care.html#resources.

[6] Access to HealthCare Network. *Medical Discount Program Member Manual*. May 2014. Available at:
http://www.accesstohealthcare.org/sites/default/files/updated%20no%20abs%20denStatewide%20Member%20Manual%20-%20Final%20-%20English%20-%204.15.pdf.

[7] U.S. Census Bureau, op.cit.