

# CONNECTING CONSUMERS TO COVERAGE:

## *Foundations Learn from the Past and Look to the Future*

Foundations at the national, state, and local levels have played a pivotal role in improving the health of generations of Americans through thoughtful investments designed to ensure access to affordable health insurance coverage. With the passage of the Patient Protection and Affordable Care Act (ACA) in March 2010, the landscape for foundation investment has shifted dramatically. This is particularly true of investments targeted at streamlining eligibility and enrollment processes for publicly supported health insurance programs. The ACA and implementing regulations mandate potentially transformative eligibility and enrollment improvements and provide substantial funding to implement these new rules. Yet the need for foundation support has not abated. While new coverage options and streamlining rules take effect on January 1, 2014, the vision outlined in the ACA for a seamless continuum of coverage across all insurance affordability programs (IAPs)—Medicaid, the Children’s Health Insurance Program (CHIP), Advanced Premium Tax Credits (APTCs), and Cost Sharing Reductions (CSRs)—will not be a reality in most states on day one. Indeed, whether this vision is ever fully realized will depend in part upon the resources provided to help ensure that the ACA’s sweeping coverage changes become a reality on the ground. The purpose of this report is to inform foundations of the opportunity presented by federal health reform to improve participation in comprehensive, affordable health insurance coverage; reduce the number of uninsured; and, ultimately, improve the health and financial security of millions of uninsured Americans.

### LESSONS LEARNED FROM PAST FOUNDATION INVESTMENT

Foundations have invested over \$200 million over the past

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15 years in efforts to streamline eligibility and enrollment processes and to elevate the importance of health insurance coverage as a national priority. These investments offer lessons for the future.

- **People matter.** Foundations have helped develop a small community of individuals with highly specialized knowledge who collectively have had an enormous impact on state and federal eligibility and enrollment rules and systems, and, ultimately, on coverage.
- **Federal legislation serves as a catalyst for innovation.** The passage of federal legislation, such as the creation of CHIP, can create momentum even beyond the specific legislative mandates, enabling significant leaps forward in reforming public coverage policies and systems and providing symbiotic opportunities for foundation investment.
- **Investments in states drive change.** Because so much policy is determined and implemented at the state level for Medicaid, CHIP, and soon for many Marketplaces, foundation investments in states are critical in driving policy change and supporting implementation.
- **Implementation is where the real action is.** Legislative and regulatory victories at either the state or federal level are not enough. Establishing an effective eligibility and

### LOOKING BACK, LOOKING FORWARD

This report examines:

- **Looking Back.** What has catalyzed progress with respect to improvement of eligibility and enrollment processes in the past and where have obstacles arisen? When speaking of eligibility and enrollment processes, not only are the policies that govern eligibility and enrollment (statute, regulations, and sub-regulatory guidance) included, but also the systems and staffing deployed to determine eligibility for and effectuate enrollment into coverage. What has been the role of foundations in this progress and what has contributed to the success or failure of those efforts? How does this inform future investment?
- **Looking Forward.** How has the policy environment changed with respect to efforts to expand coverage for low-income populations and improve eligibility and enrollment processes for public health insurance programs in light of the requirements and associated funding of the ACA? What are the strategic opportunities or leverage points where limited foundation resources might be effectively invested to ensure that the eligibility and enrollment processes for existing and new health insurance coverage options under the ACA facilitate coverage of eligible individuals and, ultimately, increase coverage?

enrollment process is first and foremost about implementation—the practical and often tedious work of translating policy and law into action.

- **External factors slow, but do not necessarily prevent, progress.** Change is possible even in environments with significant external barriers, including political opposition.

## POTENTIAL FOUNDATION INVESTMENT PRIORITIES FOR 2014 AND 2015

These lessons suggest several potential investment priorities for foundations, all of which could advance a continuum of coverage across Medicaid, CHIP, APTCs/CSRs, and, where applicable, the Basic Health Program, enabling eligible individuals to obtain and keep coverage.

- **Medicaid Expansion** – About half the states, including those with the highest percentages of uninsured residents, are not implementing the Medicaid expansion under the ACA, leaving nearly 10 million low-income Americans without coverage. Foundation investment could be brought to bear in these states to document the impact of expansion choices, to support state-based organizations positioned to translate data into policy change, and through initiatives aimed at increasing the take-up of subsidized coverage in the Marketplace to reinforce the value of coverage made available under the ACA.
- **Enrollment Policies Facilitating Access to Coverage** – The ACA provides a host of policy changes designed to improve the eligibility and enrollment process. Foundation investment in research and thought leadership could help advance implementation of these ACA policies and develop new streamlining policies to simplify eligibility and enrollment further.
- **Outreach, Education, and Mobilization** – The ACA's delayed implementation and continued political divisiveness have created widespread confusion, and government funding for outreach and education will vary drastically among states. Foundation investment could complement government spending, strategically targeting particular states, communities, and/or strategies to supplement state and federal efforts. Specific strategies could include education and training targeted to state legislators, local officials, and state and local eligibility workers; grassroots mobilization efforts for education and enrollment; and efforts to “rebrand” Medicaid.
- **Technical Assistance (TA) to States** – Even the most committed and sophisticated state officials are overwhelmed by the scale of change required to implement the ACA. TA to states could come in the form of funded staff extenders, as well as specialized expertise from organizations and consultants working across multiple states. Effective TA providers engage committed state leaders, address problems that are

meaningful from states' perspectives, and connect federal and state officials to inform both state work and federal thinking.

- **Feedback Loop** – An ACA feedback loop bringing together state officials and advocates working “on the ground” in key states could help track ACA implementation, identify obstacles and possible solutions, and organize and transmit the information to key federal and state officials. The goal would be to convene knowledgeable individuals and organizations, issue-spot quickly, and collaborate with federal and state officials to address issues in a timely manner.
- **Information Technology (IT) Infrastructure** – After decades without significant investments, states are funding long-overdue improvements to their Medicaid information systems. Foundations could complement federal and state investments in IT infrastructure by documenting and disseminating best practices in IT systems and tools, seeding experts to identify areas to improve usability, and driving market competition among IT vendors by performing competitive analyses and convening industry leaders to innovate and recruit new talent.
- **“Second Wave” Eligibility and Enrollment Simplification** – Eligibility and enrollment processes remain enormously complex and require continued investment to further streamline the consumer experience. Foundations could convene state and federal officials, consumer advocates, and policy experts to identify the technical differences between IAPs and opportunities for simplification. With ACA implementation consuming current government resources, foundation support is critical to keep the momentum for continued streamlining alive.

## CONCLUSION

Foundations, especially those with a long track record of investment in health care coverage and access, are well-positioned to advance ACA implementation. While the ACA rollout faces significant challenges, it also provides an opportunity to expand coverage and propel forward streamlined eligibility and enrollment processes. Building on lessons learned from past investments, foundations are poised to help realize a vision of seamless, continuous, and affordable health coverage for millions of low-income Americans.

*Connecting Consumers to Coverage: Foundations Learn from the Past and Look to the Future* was written by Deborah Bachrach and Melinda Dutton of Mannatt Health Solutions. The California HealthCare Foundation provided support for the publication.

The full report is available at [www.gih.org](http://www.gih.org).