



Coordinated Statewide Advocacy
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Introduction

Rising health care costs are stretching the budgets of Wisconsin's middle and working class families. A growing number of working families and employed single adults, who are lucky enough to be eligible for employer-sponsored health care, face unreasonably high deductibles and co-payments. Consequently, so-called family coverage becomes "catastrophic coverage," with large premiums and few incentives to meet primary care needs and promote wellness. Competing, but legitimate interests, such as cost containment, high quality comprehensive health care and choice of provider, have collided and created the stew we call our health care "system".

Families Need Help.

The complex financing and coverage schemes of today's health plans and programs often leave people to twist in the wind. They must "self navigate" bureaucratic hurdles and follow torturous routes through thickets of red tape in seeking health care and coverage for themselves or a loved one. The absence of a coordinated system of individual advocacy for health care consumers under age sixty is a fundamental problem in our current system. Many families may already be coping with a loved one with a serious illness or disability and cannot contend with the pile of bills, denials, and other emotional and financial burdens. Still others are eligible for programs that they cannot hope to access due to a lack of timely information and individual advocacy assistance. Although some policy makers recognize an "advocacy gap," many current health reform proposals to expand coverage look past the needs of people navigating perplexing coverage programs and fail to include a program of individual advocacy assistance for consumers under age sixty. In response to this bleak state of affairs, people are joining together to demand change and to demand a real system of health care that meets the needs of all.

Partnering for Change

Meaningful health care reform must include education and advocacy to ensure Wisconsin residents are linked to the health care coverage and services they need. Policy initiatives, such as BadgerCare Plus and proposals like the Senate Democrats' Healthy Wisconsin Bill, demonstrate that the state government is listening and ready to instigate substantial health care reform. However, although increased access to



health coverage through new laws and programs is laudable; such reform is merely window dressing *if* people in Wisconsin are not linked to the independent community based advocacy and the educational support they need to access, navigate and receive health care services. Independent advocacy can be the key to unlocking the door to the care and coverage people need and, in our country of bounty, they have long deserved.

We can look to the conversations we shared with advocates for our elders for instruction, for they have walked this path before. In 1977, advocates for seniors voiced a demand for advocacy that ultimately led to the successful creation of a supportive statewide network of Benefits Specialists for people over age sixty. Now, as we learn from the past and look to the future, we must join forces across the age and disability spectrum to call for coordinated advocacy outreach and enrollment in health care coverage programs for all.

Our Proposal

ABC for Health proposes to the members of HealthWatch Wisconsin that we support the development of an Office of Health Care Advocacy and Outreach (the “Office”) to assist Wisconsin residents under age sixty in effectively navigating the health care system. A strong senior advocacy network currently exists, funded by the government at about \$3.15 million per year. Wisconsin also funds a support network for people with disabilities at about \$3.22 million per year.¹ No comprehensive advocacy and support network exists, however, for Wisconsin families and single people under age sixty. We point out this gap not to take from those that have worked long and hard to develop a system of advocacy, but rather to reach across the age and disability spectrum, to parents, grandparents brothers and sisters, to form intergenerational partnerships to promote the development of coordinated statewide individual advocacy for all in Wisconsin.

¹ Bridging the Justice Gap: Wisconsin’s Unmet Legal Needs. State Bar of Wisconsin March 2007. Appendix 5.





The Office of Health Care Advocacy and Outreach

An Office of Health Care Advocacy and Outreach (the Office) would help all Wisconsin families and single residents under age sixty find alternative coverage and instruct on ways to prevent or manage rising medical debt. A centralized office would combine the various efforts of local non profit, county, and state services to help people navigate and advocate within the existing health care structure. Simplifying the advocacy and outreach process would ultimately reduce duplicative efforts, prevent consumers from getting lost and misdirected in the application process, and ease general frustrations with the system. A precedent exists for such an office in Connecticut, namely the “Office of the HealthCare Advocate”.²

In general, the Office would coordinate, support, and fund the delivery of comprehensive education and advocacy resources for approximately 500,000 residents of Wisconsin annually that either have no insurance or only have insurance part of the year,³ as they navigate our health care system. It would counsel individuals in need of both help accessing health care coverage or services and those seeking to effectively use their current health insurance. Staff would include independent advocates working on behalf of enrollees in the resolution of health coverage disputes. The Office would also engage in outreach and education efforts to inform people in Wisconsin about available services, and inform them of their general rights and responsibilities in obtaining services. Additionally, the agency would collect data, and organize, analyze, and make available information for consumers to select the appropriate health plan.

² <http://www.ct.gov/oha/site/default.asp> The Office of the Healthcare Advocate is dedicated to serving Connecticut's health insurance consumer. Our efforts take a multifaceted approach: direct consumer advocacy and education, interagency coordination, and a voice in the legislative process. This site contains useful information designed to assist consumers with health plan selection, accessing contracted benefits, and guidance and support through the appeals process. In addition, information concerning legislative efforts at healthcare reform and links to useful external sites concerning consumer healthcare rights are available for your convenience. It is our hope that the information provided on this site will empower Connecticut consumers to become effective self-advocates through a better understanding of their rights and responsibilities.

³ Wisconsin Health Insurance Coverage, 2005. Executive Summary. <http://dhfs.wisconsin.gov/stats/pdf/fhs05insExecSum.pdf>





The Structure of the Office

The Office would be developed as a 501(c)3 non-profit organization to provide independent advocacy, detached from existing government departments in order to ensure nonpartisanship. The Office would be solicited through an RFP process. It would consist of four branches: Health Benefits Counselors, Health Care Navigators supervised by licensed medical professionals, Legal Services, and Outreach.

Health Benefits Counseling

Health Benefit Counselors would provide health counseling and assistance to Wisconsin residents who are dissatisfied by their current coverage or lack thereof. The Health Benefits Counselors would function as an initial contact to redirect callers to health care professionals and organizations as needed and would specialize in helping residents navigate the system of coverage available in the state. Specifically, the Health Benefits Counselors would:

- Determine the caller's concerns and direct him/her to the appropriate resource
- Discuss available health care options and determine the appropriate coverage plan for the individual or family, and assist in the application process as needed
- Provide counseling and assistance to callers dissatisfied with their treatment by health insurance providers and serve as an independent advocate on behalf of enrollees in the resolution of health coverage disputes
- Monitor and enforce compliance with contracts and regulations at both an individual case level and a systemic level
- Create a comprehensive website for the dissemination of collected information, including links to each health plan licensed to provide services under the contract.

Health Care Navigators

Health Care Navigators could be coordinated and supported by local public health departments. These staff would assist callers in determining the type of care needed. For example, Navigators would be involved when clients require information about the appropriate services required, the timing of the care, and which type of medical practitioner can best provide such care. Navigators would seek to get clients in touch with public health officials and practitioners who can help determine the appropriate course of action. In particular, Health Care Navigators would:





- Serve as client's liaison to local medical practitioners and public health workers to determine the appropriate course of action.
- Help clients access health services, dental services, pharmaceutical resources, and social services.

Legal Support

Health Benefits Counselors would work with and refer clients to a contracted Legal Services branch at the Office. Legal Services are essential for a successful Office of Health Care Advocacy and Outreach because the law can serve as an effective equalizer between large insurers and individual consumers. Attorneys understand the legal context and vocabulary necessary for the discussions, negotiations and appeals, in order to adequately represent people's interest. Legal support and training from attorneys would also give Health Benefits Counselors increased leverage and credibility when negotiating with recalcitrant third party payers. Moreover, since the issues surrounding eligibility for government programs and the interpretation of insurance contracts are ultimately legal in nature, the capacity of Health Benefits Counselors to obtain legal review and intervention is essential. Overwhelming statistical evidence supports the need for legal services for people to navigate the health care system. Five percent of those sampled under 200% FPL experienced legal problems with their charges for healthcare, prescription drugs, or medical equipment or supplies. Four percent experienced legal problems with claim payments for health care, prescription drugs, or medical equipment or supplies. Six percent of the total sample experienced legal problems related to insurance coverage for health care, prescription drugs, or medical equipment or supplies. Notably, 22% of respondents age 18-54 reported legal problems related to benefits in general.⁴ Many people in our state require increased access to information and legal services in order to receive adequate health coverage.⁵ Attorneys have an intricate understanding of the procedural rights and intervention points that can provide legal protections for consumers. Specifically, the Legal Services branch would:

⁴ ⁴ "Wisconsin Civil Legal Needs Final Report" Bridging the Justice Gap: Wisconsin's Unmet Legal Needs. Access to Justice Study Committee, State Bar of Wisconsin, May 2006 p 29, 30, 46.

⁵ ⁵ "Wisconsin Civil Legal Needs Final Report" Bridging the Justice Gap: Wisconsin's Unmet Legal Needs. Access to Justice Study Committee, State Bar of Wisconsin, May 2006 p 29, 30, 46.





- Review private health insurance disputes and denials of coverage based on preexisting condition clauses, medical necessity, and usual and customary costs in Medicaid, state, and federal Medicaid buy-in
- Challenge denials of service from contracted health plans by providing consultation and advice by telephone or in person (fact-finding and gathering financial, medical or insurance information or documents)
- Review health insurance marketing
- File complaints with the respective health plans or the Office and monitor responses to ensure proper redress for clients
- Provide representation at administrative due process hearings or in state and federal court

The Office would coordinate outreach activities through Outreach Coordinators to educate the general public and health care service providers about available service. A primary goal would be to inform people about individual advocacy assistance and get them in touch with Health Benefits Counselors. The Outreach Coordinator branch would:

- Disseminate information and offer counseling regarding state laws relevant to health care as well as the procedures and practices of specific health plans operating the region.
- Collect information from health plans and their consumers, and release publications about their findings that would be available to the public, agencies and legislators.
- Conduct outreach to shelters, religious organizations, colleges, community centers, etc to get information to the public about health care options and the importance of wellness and healthy lifestyles.
- Connect people with Health Care Counselors, who can help with advocacy issues.

Financing the Office

A rough budget estimate for the Office of Health Advocacy and Outreach is \$5,000,000 annually, with \$2,500,000 going to the statewide office and approximately \$500,000 going to each of the five regional offices. Health plans and enrollees would finance the Office's annual budget.





The enrollees' contribution would fund 50% of the Office. There were 1,647,295 HMO enrollees in Wisconsin for 2006.⁶ A \$0.12 increase in the monthly capitation rate for all Wisconsin enrollees in health plans would pay for 40% of the Office's budget. A sliding fee scale would be put in place for enrollees over 300% FPL using Health Care Counselors, Legal Services, and Health Care Navigators. This fee would comprise the remaining 10% of the enrollees' contribution to the annual budget.

Health plan contributions would finance the remaining 50% of the Office's budget. HMO contributions covering 25% of the cost would be calculated based on the number of enrollees each had in the previous year. The final 25% would come from fines and penalties levied against health plans for violations of Wisconsin regulations concerning their conduct.

Conclusion

The benefits of the Office of Health Advocacy and Outreach would be manifold: Consumers would have improved access to information about the health care system; providers would see a decrease in customer complaints and confusion; and state government could reign in private insurance companies that seek to transfer financial liability for payment to the Wisconsin Medicaid program.

If a new system of health care coverage does not include a system of family support and individual advocacy, our current predicament will continue: hundreds of thousands of Wisconsinites will continue to go without necessary coverage or care, and those most in need will remain marginalized and isolated. We cannot build a successful health care system for our state without also building a support system that will link people to quality coverage and care. Our marvelously advanced health care system offers very little if it allows jargon, complexity and bureaucratic inflexibility to block access to the very care it provides. The creation of an Office of Health Care Advocacy offers an effective way to ensure all people in Wisconsin are linked to the coverage and care they need and deserve.

⁶ "Health Insurance Coverage in Wisconsin" Office of the Commissioner of Insurance. 2007. p 16. http://oci.wi.gov/pub_list/pi-094.pdf.

