



Promoting Access to Health Care Through Patient Advocacy in Wisconsin

Introduction

ABC for Health, Inc.¹ (ABC) is pleased to contribute concrete recommendations and solutions on access to care issues in Wisconsin. We understand and appreciate the charge to the Legislative Council Special Committee on Health Care Access to study potential solutions to the shortage of health care providers, particularly in rural areas and inner cities, and the adequacy of funding for public health. In addition, the committee will study possible state assistance to underserved areas and an expansion of Wisconsin's capacity for training family practice physicians and nurses, and additional funding sources for public health.

ABC for Health based our recommendations from the experience of over 16 years of assisting Wisconsin families as they access care and coverage for their families. ABC is a Wisconsin-based, statewide nonprofit, public interest law firm dedicated to representing individuals and families, particularly those with special health care needs.² ABC's mission is to provide consumers and providers with information, advocacy tools, legal services, and expert support they need to secure both public and private health care coverage and services.

¹ About ABC for Health, Inc.

Since 1994, ABC has provided cutting edge, high quality, comprehensive, and efficient service to help clients obtain, maintain, and finance health care coverage and services. ABC is a strong proponent of Family Health Benefits Counseling, a model of advocacy that began in Wisconsin over eighteen years ago as a public health-based, family-by-family service to help under/uninsured families access health care. In 2005, ABC developed and marketed the HealthWatch Wisconsin project as an outreach and education vehicle that has emerged as a statewide leader in promoting access to appropriate health care and coverage. To date, HealthWatch has increased the capacity and competency of over 5,000 public health workforce members through membership activities, conferences, workshops, web casts and more, to serve the needs of Wisconsin consumers. Health benefits counseling and legal services, developed over a twenty year period, are at the core of ABC's success in giving a voice to Wisconsin's health care consumers. Since October 2005, ABC has worked in close partnership with St. Mary's Hospital in Madison, WI, providing health benefits counseling services for patients. We engaged in face-to-face advocacy on behalf of patients to ensure their access to Medicaid and appropriate insurance benefits. The hospital offers this as a service to patients, but more than recoups the expense through third party reimbursements, leaving the hospital charity care program open to those patients who truly have no other health care financing options. The relationship has yielded a 25:1 return on investment in benefit screening. The service generated \$15,538,530.92 in reimbursement for the hospital over the last five years. Since 1994, ABC has helped over 32,500 household members resolve their legal issues and questions. ABC's case work provides the critical "ground level" view to translate family experiences into strategies for change.

In 2010, Wisconsin's Commissioner of Insurance submitted a "Consumer Assistance Grant" to the US Department of Health and Human Services to facilitate access to coverage issues for Wisconsin families and individuals. In partnership with ABC for Health, the project, anticipated to begin October 2010, will connect consumers to private and public insurance programs. This type of grant, while only one year long in duration, lays a necessary foundation for statewide patient advocacy in Wisconsin. Yet, more work needs to be done. Through the recommendations herein, ABC urges the Access to Health Care Study Committee to adopt a market-ready approach to increasing the ability of Wisconsin consumers to pay (and for Wisconsin providers to get paid) for health care.

² Available online at <http://www.safetyweb.org>.



Abstract

Access to Coverage and to Care

While system capacity, appropriate infrastructure, and a competent and sufficient workforce are key components of “access to care,” they are not all inclusive. Access to meaningful, appropriate health coverage must also be part of the equation to best address problems Wisconsin individuals and families are experiencing. Policy makers and the public have frequently misunderstood the term “access to care.” Indeed, for many years, access to care issues, amplified by narrow perspectives, have failed to fully reflect the complete dimensions of the issue. Access to care for most providers of health care relates to infrastructure and system capacity: are there enough doctors; are there enough primary health clinics; are there enough dentists; are there enough mental health providers? Certainly, system capacity issues compose a significant element of the access to care problem. Yet, another equally vexing and important issue is consumer access to health care coverage. Most individuals lack appropriate access to health care when they lack help obtaining and understanding available and appropriate health care coverage. For example:

John Smith is 58 years old, has diabetes, hypertension, is overweight, is limited in his ability to work and is uninsured. He lacks the appropriate prescription medications to control his diabetes and blood pressure and is a frequent user of the emergency room. John has access to health care, but it is inappropriate and expensive emergency room care. Instead, John needs comprehensive evaluation and assessment for appropriate health care coverage programs that address his acute and ongoing needs. John should be evaluated for BadgerCare Plus Basic Plan, disability programs, the state and federal health insurance risk-sharing plans, or even certain charity care programs that could redirect his emergency room visits to more appropriate primary health care services.

Another example is Sally Jones.

Sally is 38 and lives in rural northern Wisconsin. Sally is covered by Wisconsin BadgerCare Plus, and has a child with significant health care needs. The child has medical, dental, and mental health needs. Sally lives in a rural community that is fifty miles away from the nearest clinic that provides specialty services. There are no dentists in the region that will accept new patients. In the winter, when temperatures fall well below zero, Sally has to rely on a 1972 Chevy Impala with 185,000 miles on it. The car is very unreliable, and Sally is concerned about driving long distances. Sally has access to coverage but has no appropriate access to the immediate specialty care or dental services she needs for her child.

Policy Considerations and Recommendations

ABC recommends that the committee carefully evaluate the multiple dimensions to “access to care” to fully develop appropriate public policy strategies and interventions. Access to care cannot solely mean access to medical services and personnel. Medical infrastructure and capacity are only one element inherent in a myriad of “access” issues. Sound public policy development requires an analysis of both access to appropriate health care coverage and health care services. Enhancing the medical infrastructure will be less effective if the public does not have access to the coverage they need to help pay for necessary care. This paper recommends strategies of how to support access to health care coverage for people in Wisconsin.



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Access to quality, affordable health care begins with access to efficient information and education for patients and consumers about the health care system and health coverage systems of Wisconsin. Health care reform has increased health care coverage for certain Wisconsin residents; yet a myriad of barriers separates families and single individuals under sixty from securing essential, affordable coverage.

The Special Committee has reviewed materials on system capacity and infrastructure issues. Therefore, the focus of this policy brief is on developing systems and strategies to link people to all available health care coverage options. This paper offers specific solutions for the legislature to address ineffective access to care in Wisconsin. In response to the need to ensure access to health care coverage, ABC for Health recommends the development a new patient advocacy structure in Wisconsin.³ A new patient advocacy network would:

- Target families and single individuals under the age of sixty, which comprises 500,000 residents of Wisconsin annually who either have no insurance or insurance only part of the year.
- Consist of four essential services: Health Benefits Counselors, Health Care Navigators, Legal Services and Outreach Educators.
- Be funded by HMOs, enrollees' contributions, and a fee for enrollees over 300% FPL who use Health Care Counselors, Legal Services and Health Care Navigators.
- Benefit all people in the Wisconsin health care system by improving access to valuable information and curtailing customer complaints and confusion for providers, as well as preventing the duplication of efforts that result in productivity and efficiency losses.

Recommendations

Rising health care costs are stretching Wisconsin middle and working class families too thin. Parents struggle with impossible choices when trying to keep sons and daughters healthy without insurmountable financial barriers. A growing number of working Wisconsin families and single adult workers are eligible for employer sponsored health care, but face unreasonably high deductibles and co-payments that effectively reduce their insurance to mere catastrophic coverage.

Health care reform in Wisconsin presents both opportunities and threats to families. New and emerging systems and rules are confusing and complex. Families cannot quickly access the health coverage they need in the face of bureaucracy and ever-changing insurance rules and

³ In preparation for a changing health care landscape, ABC for Health partnered with the Department of Health Services and the Office of The Commissioner of Insurance as well as lead sponsors Senator Miller and Representative Donna Seidel to develop AB 878, the "Family Health Benefits Bill" available at <http://www.legis.state.wi.us/2009/data/AB-878.pdf>, to lay the foundation to support a statewide network of Health Benefits Counselors in Wisconsin. The Bill passed the Assembly but a procedural motion on the last day of the Senate Floor Session halted its progress.



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regulations. In response to this bleak state of affairs, Wisconsin's health care consumers are joining together to demand improvement.⁴

The absence of a system of coordinated patient advocacy for people under age sixty contributes and exacerbates existing barriers to health care and coverage. With an ever increasing level of complexity in both health care coverage and specialized services—people must have the help they need to cut through the red tape and bureaucratic hurdles to effectively access appropriate and comprehensive health care coverage. Although some policy makers recognize an “advocacy gap,” newly enacted proposals to expand coverage still perpetuate a significant and unacceptable gap in individual advocacy assistance for consumer under age sixty seeking help.

Legislative leadership addressed a similar issue in the late 1970's. In 1977, the elderly voiced a demand for benefits advocacy services that ultimately led to the successful creation of a supportive statewide network of Senior Benefits Specialists in Wisconsin. This network includes the essential elements of outreach, education, patient advocacy and legal services. Accordingly, the passage of health reform beacons Wisconsin to develop coordinated advocacy outreach and enrollment in health care coverage programs to ensure Wisconsin residents under age 60 obtain the health care coverage and services. Expanding programs or improving infrastructure will remain ineffective if Wisconsinites cannot effectively and timely access the appropriate health coverage. An independent advocacy presence is critical for people to navigate the changing systems of coverage and to receive timely and comprehensive health care.

Therefore, ABC recommends development of a comprehensive patient advocacy and support network for Wisconsin families and single people under age sixty. Health coverage like Medicaid, private individual health and employer plans are highly complex. Moreover, the shocking gaps in coverage and high deductibles and co-payments can easily plunge a family into a financial crisis that affects all aspects of their lives. A statewide network of patient advocates would be a safety line to information and advocacy support to keep families connected to available health care and avoid tumbling into medical debt.

Coordinated statewide patient advocacy could combine the efforts of local nonprofit, 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 against consumers “getting lost” and misdirected in the application process, provide an outlet for constituent requests to legislative staff, and ease everyone's frustration with the system. There is precedent nationally for such an approach. In fact, an office of the HealthCare Advocate exists in the state of Connecticut.⁵

⁴ HealthWatch Wisconsin, a member organization that communicated to over 1000 interested members of the public health workforce twice a month has advocated for a new system of patient advocacy for the last three years at annual conferences and meetings.

⁵ A new patient advocacy structure of the Healthcare Advocate is dedicated to serving Connecticut's health insurance consumer. <http://www.ct.gov/oha/site/default.asp>. “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



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A new patient advocacy structure would coordinate, support and fund the delivery of comprehensive education and advocacy resources for residents of Wisconsin navigating our health care system, and also provide the following services to help families access care and coverage:

- Counsel individuals who need help accessing health care coverage or services and those who seek to effectively use their current health insurance.
- Include independent advocates on staff to work on behalf of enrollees in the resolution of health coverage disputes.
- Engage in outreach and education efforts to inform people in Wisconsin about available services, as well as to inform them of their general rights and responsibilities in obtaining services.
- Collect data, and organize, analyze, and make available information for consumers to select the appropriate health plan.
- Target assistance toward the approximately 500,000 residents of Wisconsin annually who either have no insurance or only have insurance part of the year.⁶

Developing the Network

A new patient advocacy structure would be developed as a non-profit organization to provide independent advocacy, detached from existing government departments. A new patient advocacy structure 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 Educators. A central location for the Health Care Counselors and Health Care Navigators would be established. Most staff would work primarily on the phone with clients. 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. 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.

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.”

⁶ Wisconsin Health Insurance Coverage, 2005. Executive Summary. <http://dhfs.wisconsin.gov/stats/pdf/fhs05insExecSum.pdf>



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Health Care Navigators would be coordinated and supported by local public health departments. These staff would assist callers navigate 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. Health Care Navigators would:

- Serve as clients' 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.

The medical practitioners, located throughout the state, would work on contract (reimbursed either hourly or on a per patient basis) to advise Health Care Navigators about their clients. They would generally not have official offices with the department, though they would participate in weekly check-in meetings for staff.

As with the Senior Benefits Specialist Network, Legal Services are essential for a successful network as the law serves as an effective equalizer between large bureaucracies and insurers and families seeking help. 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 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. In a survey of individuals under 200% of the federal poverty level, 22% of respondents age 18-54 reported legal problems related to health benefits. This is a significant portion of the population that requires increased access to information and legal services in order to receive adequate health coverage.⁷ Attorneys have an intricate understanding of the procedural rights and intervention points that can provide legal protections for consumers. Legal Services would:

- 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;
- Refer appropriate case to the Insurance Commissioner or Independent Review process available under state and federal law;
- 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);
- File complaints with the respective health plans or A new patient advocacy structure and monitor responses to ensure proper redress for clients;

⁷ "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, available online at: http://www.wisbar.org/am/template.cfm?section=bridging_the_justice_gap.



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- Provide low income families representation at administrative due process hearings or in state and federal court.

A new patient advocacy structure would coordinate outreach activities 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. Outreach would include:

- 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 a New Patient Advocacy Structure

A rough budget estimate for a new patient advocacy structure is \$5,000,000 annually, with \$2,500,000 going to the central office and approximately \$500,000 going to the five regional offices. HMO and individual enrollees would cover the annual budget. Federal Health reform could fund part of the new program. In addition, Enrollees' contribution could fund 50% of a new patient advocacy structure. There were over 1.5 million HMO enrollees in Wisconsin for 2009.⁸ A \$0.12 increase in the monthly capitation rate for all Wisconsin enrollees in health plans would pay for 40% of a new patient advocacy structure's budget. A sliding fee scale would be put in place for enrollees using Health Care Counselors, Legal Services, and Health Care Navigators who are over 300% FPL. This fee would comprise the remaining 10%. Health plan contributions would provide the remaining 50% of a new patient advocacy structure'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% could come from fines and penalties levied against health plans for violations of Wisconsin insurance regulations.

Conclusion

A new patient advocacy structure establishing qualified professionals to serve advocacy and outreach purposes would benefit all people in the Wisconsin health care system. Consumers would have easy access to information about the health care system. As a result, providers would see a decrease in customer complaints and confusion. It would prevent duplicative efforts and resulting loss of productivity and efficiency. This innovative department would help move Wisconsin forward as the nation's health systems change and expand to cover more people.

⁸ "Wisconsin: Total HMO Enrollment, July 2009," Kaiser Foundation State Health Facts, available at: <http://www.statehealthfacts.org/profileind.jsp?ind=348&cat=7&rgn=51>.