Benefits Data Trust: Partnering with health plans to improve health and reduce costs

June 2021

Helping people access public benefits is proven to advance health & decrease costs

Participation in **the Supplemental Nutrition Assistance Program (SNAP):**

- ✓ Reduces the likelihood of hospitalization by **14%** and nursing home utilization by **23%,** saving over **$2,100/year** in healthcare costs (per each low-income older adult enrolled)
- ✓ Is associated **with reduced pregnancy-related ER visits**
- ✓ Results in **a lower probability of ER visits** for high blood pressure
- ✓ **Decreases medication nonadherence** by 9% among older adults
- ✓ Can save over **$1,400/year** in healthcare costs (per each low-income adult enrolled)

1. *Samuel, Szanton, Cahill, Wolff, Ong, Zielinskie "Does the Supplemental Nutrition Assistance Program Affect Hospital Utilization Among Older Adults? The Case of Maryland." Population Health Management, 2018.*
2. *Arteaga, Heflin, Hodges, "SNAP Benefits and Pregnancy-Related ER Visits." Population Research and Policy Review, 2018.*
3. *Ojiinnaka, Heflin, "SNAP size and timing and hypertension-related emergency department claims among Medicaid enrollees." Journal of the American Society of Hypertension, 2018.*
4. *Srinivasan, Pooler, "Cost-Related Medication Nonadherence for Older Adults Participating in SNAP, 2013-2015." American Journal of Public Health, December 2017.*
5. *Berkowitz, Seligman, Basu, "Impact of Food Insecurity and SNAP Participation on Healthcare Utilization and Expenditures Among Low-Income Adults." Population Health Management, 2017.*

… but **many** eligible people are not accessing them

7 million individuals are eligible but not enrolled in SNAP

58% of eligible seniors are not enrolled in SNAP

30% of the working poor are eligible but not enrolled in SNAP

45% of eligible families are not enrolled in Women, Infants & Children (WIC)

Barriers to Access

Lack of knowledge

Cumbersome applications

Limited mobility

Stigma

Limited technology access

How BDT directly helps people access benefits

Data matching

Leverage government, healthcare and CBO data to identify and engage highly eligible individuals

Targeted Multi-Channel Outreach

Conduct proactive outreach across service channels (mail, phone, text) to maximize access points and meet people where they are

Person-Centered Multi-benefit Enrollment Assistance

Deliver comprehensive, high-quality, personalized, dignified application assistance at scale

Evaluation of Outcomes

Track enrollment outcomes to monitor impact and advance the most effective interventions

BDT's Impact

Since 2005, BDT has submitted more than one million public benefit applications on behalf of individuals, securing over $7.5 billion for households in need.

How does BDT work with health plans and their members?

Conduct targeted outreach to and screening of those likely eligible for **SNAP** and provide **complete enrollment assistance**

Targeted outreach and assistance increases enrollment, promoting greater healthcare savings (average of **$1,400** annually, up to **$4,100**)

Screen and provide enrollment assistance to members/patients who may be eligible for **other programs** within our suite of current benefit assistance offerings (e.g. energy and prescription assistance, property tax and rent rebates)

Multi-benefits approach improves member **economic stability** through more dollars in household; allows care managers to practice at the top of their license while **improving member satisfaction**

Assist health plan members with recertification via text "nudges" and provide direct assistance via phone

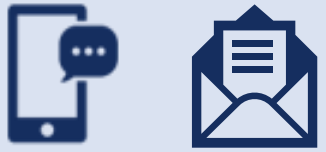
Reduces churn to **ensure continuous coverage** for members, enabling health plans to regain critical member-months

Some of BDT's Current Healthcare Partners

Aetna Better Health of Pennsylvania

BDT provides "nudge" reminders for annual Medicaid recertification process and assists with benefits screening and application support

Blue Cross Blue Shield of North Carolina



BDT sends standard mail outreach to North Carolinians on Medicaid not enrolled in FNS with application assistance for FNS

UPMC Health Plan of Pennsylvania

BDT accepts calls from UPMC For You plan members who are transferred from UPMCFY's Member Services Center to help in multi benefit application support

Appendix

Berkowitz, Seligman, Basu, "Impact of Food Insecurity and SNAP Participation on Healthcare Utilization and Expenditures Among Low-Income Adults." Population Health Management, 2017.

Table 2. Estimated Differences in Annual Total Health Care Expenditure for 2015, Comparing Those Who Did and Did Not Participate in the SNAP Program

Characteristic	Difference (95% CI), $
Age and gender adjusted	34 (−1097 to 1165)
Fully adjusted[a]	−1409 (−2694 to −125)
Subgroups	
Insurance	
Private	−993 (−1902 to −84)
Medicare	−2709 (−5111 to −308)
Other public	−2544 (−5032 to −56)
Race/ethnicity	
Non-Hispanic white	−1853 (−3560 to −146)
Non-Hispanic black	−1255 (−2478 to −33)
Hispanic	−705 (−1336 to −74)
Disability status	
Not disabled	−943 (−1779 to −107)
Disabled	−3958 (−7796 to −119)
Comorbidities	
No hypertension	−689 (−1325 to −53)
Hypertension	−2654 (−5104 to −205)
No coronary heart disease	−860 (−1720 to −76)
Coronary heart disease	−4109 (−7971 to −247)

Abbreviation: SNAP, Supplemental Nutrition Assistance Program.