

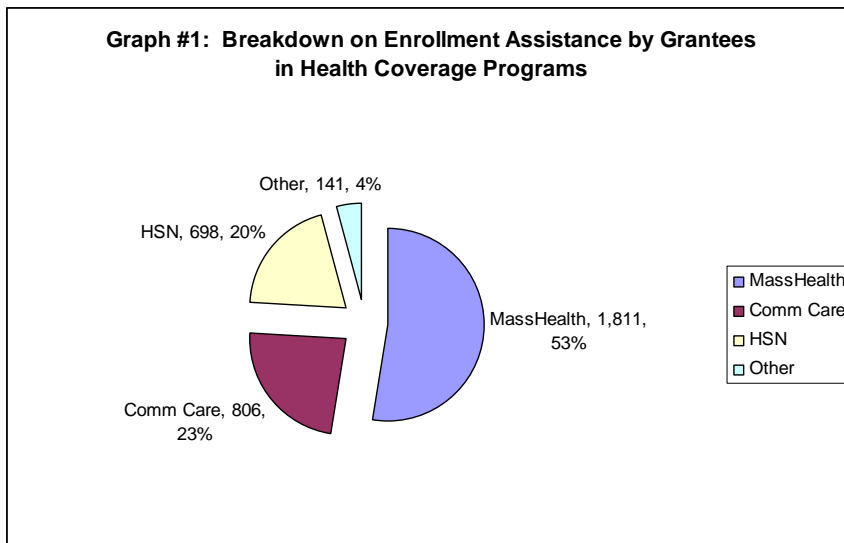
Connecting Consumers with Care/ Outreach and Enrollment Grants  
Monthly Reporting: *January 2010*

**Overall Figures**

- In January, a total of **8,661 individuals were served** by 23 funded organizations. Grantees also had **13,748** encounters in the past month.

**Enrollment Figures**

- Of the 8,661 individuals served, a total of **1,588 were assisted with applying** for public health insurance. The Virtual Gateway served as the predominant vehicle by which 1,456 clients were assisted with enrollment, with the remaining applications submitted through RealBenefits and paper applications. A total of 79% of individuals assisted were between the ages of 19-64.
- MassHealth remains the most common program for which individuals qualify, with **1,811 individuals deemed eligible for coverage**. 806 individuals were deemed eligible for Commonwealth Care, 698 for the Health Safety Net, and 141 for other programs, which include Prescription Advantage and Medicare D (see Graph 1). Seventy-five percent of all individuals approved for coverage were between the ages of 19 and 64.



- Grantees assist clients with referrals to numerous other state programs. In January, the program with the most number of referrals was the Medical Security Program, with 524 individuals assisted. Other programs grantees made referrals to include Commonwealth Choice (151 individuals), QSHIP (110 individuals), the Fisherman’s Partnership (12 individuals), and the Insurance Partnership (6 individuals).

**Maintenance & Retention of Health Coverage**

- Assistance completing annual redeterminations is a significant type of service provided by grantees, **with 1,252 individuals assisted in January**, the majority of which were completed via the paper ERV form.
- A total of 29 individuals were deemed eligible for Commonwealth Care, but for whatever reason, did not enroll.
- **A total of 1,235 people were assisted with reviewing the affordability schedule** to determine whether they would be subject to a waiver under the individual mandate.

### ***Ensuring Health Care Access***

- A total of **1,208 individuals were referred to a primary care provider.**
- A total of **2,065 individuals were given information on minimum creditable coverage.**

### ***Effective Outreach Strategies & Positive Experiences with Clients***

- A number of our grantees are gearing up for tax season, and many are involved in collaborative efforts with the City of Boston's Earned Income Tax Credit (EITC) Campaign, which provides assistance with the tax filing process for low-income residents. The African Community Health Initiative has staff members present at specific campaign sites where they help enroll individuals into health insurance while they wait. The Boston Public Health Commission (BPHC) extended its hours on some evenings and weekends to accommodate its collaboration with all 26 EITC's sites. Site coordinators have been trained to refer uninsured clients to the BPHC Health Line. Finally, Latino Health Institute has been collaborating with the Lowell EITC site.
- Two of our grantees have collaborated with local corrections offices by educating and assisting inmates with enrolling in health insurance. Inmates greatly benefit from these collaborations as they transition back into the community with social services that provide basic needs.
- A new Street Outreach Worker at People Acting in Community Endeavors in New Bedford contacted a number of local day care facilities as part of the organization's outreach efforts. He learned that one of the day care centers was dropping its health insurance for employees because of decreased enrollments in the program and the cost burden it had on the employees. The Outreach Worker then began helping employees complete applications for public health insurance coverage.

### ***Positive Experiences with State Agency or Network Organization***

- This month, grantees highlighted different venues which they relied upon for informational updates. The recent round of MassHealth Training Forums was very helpful, particularly in explaining the programmatic and regulatory changes for the Medical Security Program that occurred as of January 1, 2010. Also, another grantee highlighted the Health Access Network's listserv, which continues despite Community Partners shutting down its operations, as providing increased access to other colleagues when seeking help in addressing issues.
- A few of our grantees praised the work of the MassHealth Enrollment Centers (MECs). Representatives from the Springfield and Revere MECs were featured as being very helpful in working with our grantees on complex cases.
- In addition to MassHealth, a number of other state agencies or programs were also highlighted as being extremely responsive to our grantees. The Division of Health Care Finance and Policy's Health Safety Net Helpline, the Medical Security Program, and the Connector were all commended this month.

### ***Challenges and Resources Needed***

- A multitude of grantees articulated challenges that they are encountering with the Medical Security Program (MSP). Some clients have still not been connected with an official from the Division of Unemployment Assistance. Another grantee highlighted that the wait times for application processing have increased to four to six weeks, as more applicants are applying for direct coverage through the Access to Care component of the program. Grantees once again noted gaps in their clients' coverage when they go back and forth between MSP and Commonwealth Care. One grantee noted that MSP notices don't clearly state the requirement that clients need to submit proof of termination by Commonwealth Care in order to be approved for MSP. As a result, many clients who might be eligible for MSP because they are not covered under Commonwealth Care delay or suspend their health care because they are under the impression that they do not qualify for either program. It was noted that some clients have even withdrawn from methadone treatments or obtaining psychiatric medications. A

suggestion was that MSP work to identify members who experience an extended unemployment period and automatically re-activate their coverage so as to avoid gaps in services.

- A number of grantees highlighted increasing delays when contacting the Central Processing Unit (CPU). Two grantees mentioned that client documentation they submit has either been lost or suffers inordinately long delays before being entered into the system. One grantee suggested a checkbox on the My Account Page that confirms whether the CPU has received verifications. Another suggestion was that PDF files of documents be allowed to be uploaded directly into the Virtual Gateway, which would save time and address the problems of lost documentation.
- Grantees also mentioned clients who experienced challenges with the MassHealth premium reimbursement program. It is often unclear for clients that the reimbursement check they receive does not apply to the prior month, but rather it is for the upcoming month. In the instances where a family loses their employer-sponsored insurance, they may spend the reimbursement check in the belief that it applies to the past month. If the state requests the money back from the client, it is often not available. Our grantee suggested that the materials accompanying the reimbursement checks include language explaining which month the money applies to and reminders to update the state about any changes in health insurance status, so as to minimize disruptions in coverage.

### ***Monthly Health Access Environment Highlights***

#### **Policy/Administration**

- The Medical Security Program underwent a number of programmatic and regulatory changes at the beginning of 2010. Members experienced changes to the copay and benefit structure. Furthermore, hospitals and primary care groups were re-organized into tiers based on quality measures and cost effectiveness. Members can receive coverage with the lowest co-pay rates and little to no deductibles by selecting institutions and providers with the highest ratings according to this new structure.
- Governor Patrick released his proposed budget for fiscal year 2011. Notable aspects include a proposed restructuring of MassHealth and Commonwealth Care dental coverage to include only preventive and emergency services, and the exclusion of restorative services. The Governor also proposed increased funding to \$75 million for the AWSS population through the Commonwealth Care Bridge program.

#### **Research/Findings**

- The Department of Public Health (DPH) issued *Community Health Workers in Massachusetts: Improving Health Care and Public Health*. This report was mandated by Chapter 58 and resulted from the multi-year work by a Community Health Worker Advisory Council convened by DPH. The report documents the impact that this profession has in helping individuals and families to obtain a myriad of social services, and makes recommendations as to the training of and financing for the field.