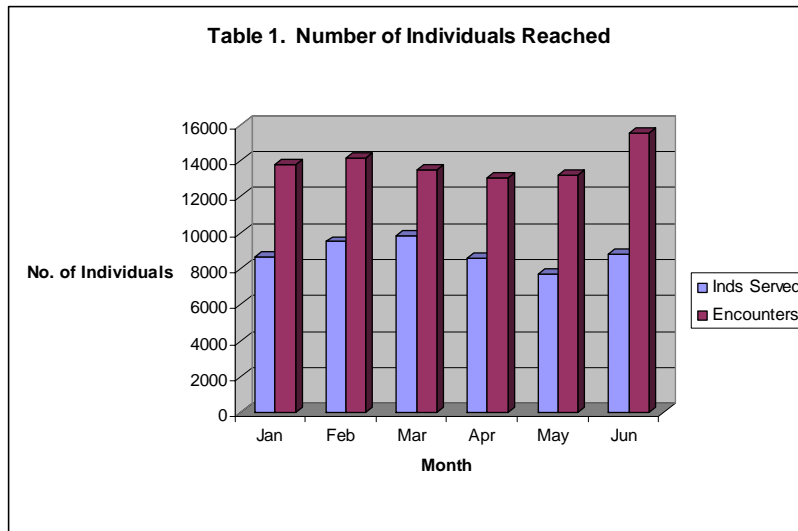


Connecting Consumers with Care/ Outreach and Enrollment Grants
Monthly Reporting: June 2010

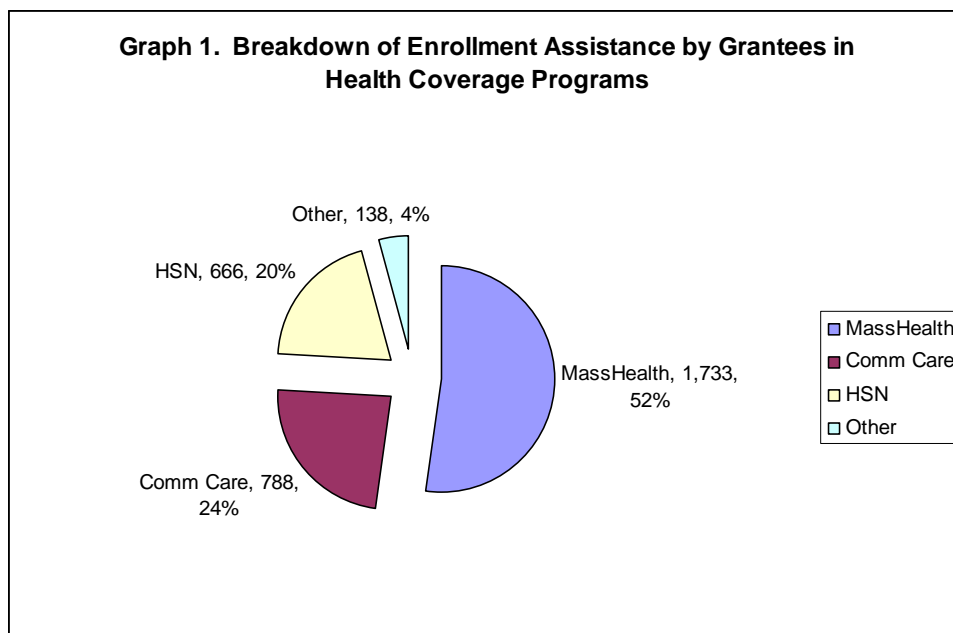
Overall Figures

- In June, a total of **8,814 individuals** were served by 23 funded organizations, which is over 1,100 more than in May. Grantees also had **15,506 encounters** (see Table 1), which is over 2,300 more than in the previous month.



Enrollment Figures

- Of the 8,814 individuals served, **1,827 were assisted with applying** for public health insurance, which is over 230 more than in May. The Virtual Gateway served as the predominant vehicle by which 1,690 clients were assisted, with the remaining applications submitted through RealBenefits and paper applications. Seventy-five percent of individuals assisted were between the ages of 19 and 64.
- MassHealth remains the most common program for which individuals qualify, with **1,733 individuals deemed eligible for coverage**. Seven hundred eighty-eight individuals were deemed eligible for Commonwealth Care, 666 for the Health Safety Net (HSN), and 138 for other programs, which include Prescription Advantage and Medicare D (see Graph 1). Eighty-one percent of all individuals approved for coverage were between the ages of 19 and 64.



- Grantees assisted clients with referrals to numerous other state programs. In June, the Medical Security Program had the most referrals with 283 individuals assisted. Grantees also made referrals to Commonwealth Choice (99 individuals), QSHIP (44 individuals), and the Fisherman's Partnership (6 individuals).

Maintenance & Retention of Health Coverage

- Grantees assisted 1,524 clients to complete annual redeterminations, the majority of which were completed via paper ERV forms.
- A total of 45 individuals were deemed eligible for Commonwealth Care but for whatever reason, did not enroll.
- A total of 1,552 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 1,143 individuals were referred to a primary care provider, which was over 250 more than in the previous month.
- A total of 1,600 individuals were given information on minimum creditable coverage.

Effective Outreach Strategies & Positive Experiences with Clients

- As summer kicked off, a number of grantees participated in outdoor community events as a means of connecting with residents and informing them of their health coverage options. Grantees attended an Independence Day celebration in Everett (by the Joint Committee for Children's Health Care in Everett), a Guatemalan Council Services event in Lawrence (by Latino Health Institute), the "Hull of a Day" event in Hull (by Manet Community Health Center), and local beaches (by African Community Health Initiatives). Of particular note, the Massachusetts Alliance of Portuguese Speakers took advantage of the excitement surrounding the World Cup, and frequented downtown Framingham whenever Brazil won a game, knowing that many Brazilian residents would be out celebrating a victory.
- The Boston Public Health Commission conducted a needs assessment with faith-based organizations, and received feedback that many were interested in working on the issue of health insurance coverage for their congregants. The Commission plans on following up and exploring opportunities to collaborate and share informational resources.
- Community Action of Cape Cod and the Islands presented to a local small business network, Business Network International (BNI), about the services and programs that the organization offers. They were able to help a number of people sign up for coverage.
- The Vineyard Health Care Access Program participated in a panel presentation on the federal health care reform legislation, and reported on their experiences with the Commonwealth Care and Choice programs. This opportunity enabled them to talk about their local experiences in carrying out our state health care reform, and the potential for these programs to inform the federal level implementation.
- Finally, Outer Cape Health Services reported an increased number of questions and inquiries during the Commonwealth Care open enrollment process, which demonstrated increased interest in understanding the process.

Positive Experiences with State Agency or Partner Organization

- Customer service representatives at the Revere, Springfield, and Taunton MECs were highlighted this past month as being very helpful in resolving complex cases. Additionally, the Office of Medicaid was praised for their collaboration in addressing complicated issues for clients.
- The 4th Annual Outreach and Enrollment Summit, co-sponsored by the Foundation and the Executive Office of Health and Human Services, was praised by a number of grantees. This year's summit offered various professional development workshops so that grantees were provided the opportunity to benefit from these kinds of trainings. Additional roundtable sessions allowed grantees to discuss various issues in depth and to share strategies with their colleagues.

Challenges and Resources Needed

- Delays continue in processing various types of documentation with the MECs, including ERVs and exceptions letter forms. Some waits have been anywhere from 4-6 weeks and have resulted in clients putting off coverage or delaying necessary care.
- One grantee shared that many of their clients were opting for CeltiCare Health Plan during Commonwealth Care's recent open enrollment process, as this is the lowest cost plan in their area. However, the plan has a very limited

network of providers, and many clients have had trouble signing up with a primary care provider even though they have coverage. This has caused confusion for the clients and necessitated increased education by the grantees.

- One grantee has been having difficulty demonstrating Massachusetts residency status for their clients. One client had just moved to the state, but was denied coverage because the matching data in the system verified them as still residing out-of-state. The other client is homeless and did not have an actual address to list other than the shelter where they had been staying. The grantee called for more clarification on how their clients should demonstrate their residence so as to process applications quicker.
- Finally, one grantee is seeking more clarity on how the Fisherman's Partnership program interfaces with the exceptions letter process. Their client was denied for the Fisherman's Partnership, but was sent an exceptions letter and told that once it was completed, he would be set to qualify. Once that was submitted, however, he was then told that Commonwealth Care needed a verification letter from the Fisherman's Partnership. The confusion around the actual paperwork requirements significantly delayed the application process for this individual.

Monthly Health Access Environment Highlights

Policy/Administration

- The Office of Medicaid submitted their MassHealth Waiver Renewal Request to the federal government seeking three additional years for their Medicaid Waiver. This waiver process will have significant impact on MassHealth's federal reimbursement, as well as health care reform programs.
- Governor Patrick signed the state budget on the last day of the month. Funds that were contingent upon whether the state would receive FMAP funds were vetoed. The legislature has the following 31 days to override the vetoes. A number of significant changes could affect access for vulnerable populations, including those involving dental benefits, the state's outreach and enrollment grants, 12-months continuous eligibility for children, and the Commonwealth Care Bridge program.

Research

- The Foundation released a number of research reports in June analyzing the impact of health care reform in the state:
 - ***The Impacts of Health Reform for Women in Massachusetts:*** This report analyzes the ways in which women are expected to gain in access to coverage under federal health reform, as well as how they continue to struggle with coverage given structural barriers. A recommendation is made regarding the need for outreach and education to assist newly insured women.
 - ***Health Reform in Massachusetts: An Update as of Fall 2009:*** This fourth annual report analyzes the state's progress in decreasing the number of uninsured residents and in eliminating disparities in access between racial/ethnic minorities and white non-Hispanic adults. Issues around medical debt and affordability continue to exist, especially for the uninsured population.
 - ***Re-Forming Reform: What the Patient Protection and Affordability Care Act Means for Massachusetts:*** This report provides an in-depth analysis of federal health reform legislation and the impact it has on the Massachusetts. Specifically, it reconciles similarities and differences with our state's law.
- The Division of Health Care Finance & Policy also released two reports this past month relevant to the work of our grantee organizations:
 - ***Employers Who Have 50 or More Employees Using Public Assistance:*** This report provides a public record of large-scale employers whose employees receive public health insurance coverage, and the costs associated to the state.
 - ***Hospital Inpatient and Emergency Department Utilization Trends FY04-FY08:*** This report highlights the state's trends around hospital admissions, which have stayed level. On the other hand, the number of emergency department visits increased during this period.