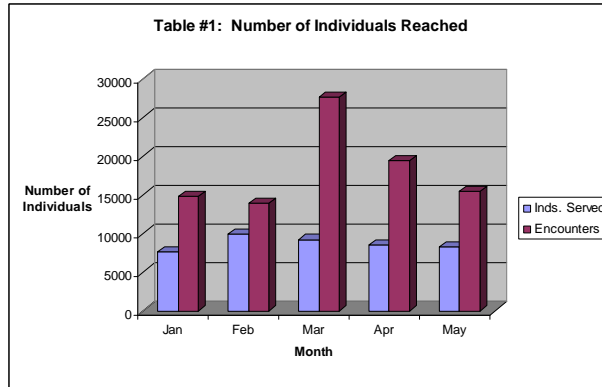


Connecting Consumers with Care/ Outreach and Enrollment Grants
Monthly Reporting: May 2009

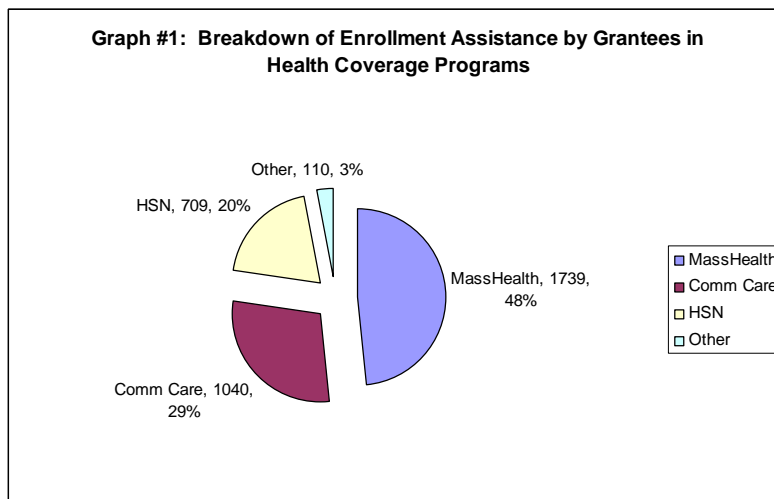
Overall Figures

- In May, a total of **8,278 individuals were served** by funded organizations. Grantees also had **15,494 encounters** in the past month (see Table 1), **which was close to 4,000 less encounters from April.**



Enrollment Figures

- Of the 8,278 individuals served, a total of **1,499 were assisted with applying** for public health insurance. The Virtual Gateway served as the predominant vehicle by which 1,360 clients were assisted with enrollment, with the remaining applications submitted through RealBenefits and paper applications. A total of 77% of individuals assisted were between the ages of 19-64.
- MassHealth remains the most common program for which individuals qualify, with **1,739 individuals deemed eligible for coverage, which is 990 more than last month.** 1,040 individuals were deemed eligible for Commonwealth Care (**585 more individuals than April**), 709 for the Health Safety Net (202 more than February), and 110 for other programs, which include Prescription Advantage and Medicare D (see Graph 1). Seventy-eight 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 May, the program with the most number of referrals to by grantees was the Medical Security Program, with 206 individuals referred to this program. Other programs to which grantees made referrals include Commonwealth Choice (71 individuals), QSHIP (36 individuals), Insurance Partnership (8 individuals), the Fisherman’s Partnership (6 individuals), and TRICARE (2 individuals).

Maintenance & Retention of Health Coverage

- Assistance completing annual redeterminations continues to be a significant type of service provided by grantees, **with 1,076 individuals assisted in May**, the majority of which were completed via the paper ERV form. This figure is over 246 more than the last month.
- In these times of health reform implementation, a significant portion of the work performed by grantees focuses on maintenance and retention of coverage. This often requires grantees to meet multiple times with clients. **In May, 4,230 individuals returned for additional assistance, over 500 more people than in the prior month.**
- A total of 52 individuals were deemed eligible for Commonwealth Care, but for whatever reason, chose not to enroll. For Commonwealth Choice, the total number of individuals in this situation was also 52.
- **A total of 2,035 people were assisted with reviewing the affordability schedule** to determine whether they would be subject to a waiver under the individual mandate. This is **an increase from the last month of over 1,150 people.**

Ensuring Health Care Access

- A total of **689 individuals were assisted with finding and selecting a primary care provider**, a slight decrease of 89 people from the prior month. Sixty-two individuals were assisted with finding and selecting a specialist. A total of 380 appointments were made with the assistance of grantees.
- Preventive information and services remain critical in ensuring health and containing costs. Grantees reported that **1,431 individuals were given MassHealth preventive information**, and **3,293 individuals were given preventive information not designed by MassHealth.**
- A total of **1,911 individuals were given information on minimum creditable coverage.**

Effective Outreach Strategies & Positive Experiences with Clients

- Grantees continue to conduct traditional and innovative outreach strategies to reach members of their community. Some examples include participating in community events and fairs, providing educational presentations, and publicizing on TV or in newspapers about Commonwealth Care open enrollment. One grantee even conducted outreach at a local soccer league to reach many immigrant males who have recently come from Brazil, Vietnam, and Eastern Europe, and who do not have health insurance.
- One grantee lauded the importance of effectively convening organizations and providing a forum to share information that helps colleagues around the state. For example, a recent presentation at the Western Mass Health Access Network by Health Care For All was highlighted. During this monthly meeting, it was shared that applications to the Medical Security Plan for clients who have urgent health care needs stood a better chance of being processed if they contained some type of alert language. The grantee included some language on select applications for clients that indicated their need as more evident than others, and found that within a week, their applications had been processed.

Positive Experiences with State Agency or Network Organization

- The Revere MEC was highlighted for its processing of an application that required immediate attention. A grantee assisted a client who had just had their MassHealth case closed five days prior. On the coversheet of the application, the grantee wrote that the case was urgent, and that the client has broken his finger. MassHealth called back to inquire how long ago the client had broken their finger, and was told 12 days ago. The application was subsequently approved for 20 days prior to his accident, so that the services could be adequately covered.
- Collaboration between the MECs and grantee organizations goes both ways. This past month, a grantee highlighted in their reports that a customer service representative from the Springfield MEC contacted them in need of a referral for a MassHealth member. Utilizing various resources, the grantee was able to direct the representative to other organizations in the member's area. It is rewarding to see that both sides of this relationship can benefit from available information on social services.
- The MSP program was highlighted by a grantee this month. In particular, the grantee greatly appreciated the steps made by the program's director, Wendy Hamlett, in providing her direct contact information for cases that required urgent medical attention. This grantee forwarded a total of six such cases to Wendy, and found that the staff quickly responded to these individuals. This expedited process for emergency cases has been very helpful to individuals who have urgent medical needs.

Challenges and Resources Needed

- Two of our grantees highlighted their continued lack of access to MassHealth computer-based systems, including the Virtual Gateway and MMIS. Without access to these services, the grantees are unable to look up the cases of their clients and make informed follow-up steps. One of these grantees has already reported this issue to MassHealth.
- The upcoming change in Commonwealth Care to a new lowest-cost plan for the program in the Cape Cod region is presenting some barriers for clients. In particular, the change that will take place on July 1st is likely to impact the relationships that have already been established between clients and primary care providers or specialists. Some clients, in an effort to save costs, have had to switch plans under the new structure, and have in essence lost a provider network that they had become accustomed to.
- One grantee reported the difficulty that exists in contacting MassHealth regarding exceptions notices to appeal cases for clients. In one example, a client continued to get an exceptions letter even after completing and submitting it three times, which delayed her eligibility being confirmed. The grantee recommended increased access to customer service representatives working on exceptions cases, or to supervisors of the MEC who could help in clarifying these issues.

Monthly Health Access Environment Highlights

Policy/Administration

- Grantmaking staff members of the Foundation testified before the Joint Committee on Health Care Financing in response to a request from Chairman Moore on *S539, An Act Relative to Health Care Outreach and Enrollment*. The testimony provided by the Foundation included an overview of the *Connecting Consumers with Care* grant area, as well as accomplishments made by the 22

- The Senate Ways & Means Committee proposed its state budget for fiscal year 2010. While the Outreach & Enrollment line item was partially restored to \$2.5 million, other proposals by the Senate were severely alarming for advocates. These included a proposal to eliminate MassHealth dental for adult members, and the elimination of Commonwealth Care coverage for roughly 28,000 special status immigrants.
- Open enrollment for Commonwealth Care began this month, and will run until June 25th. Customized materials were sent out to the over 174,000 members of the program, giving them the option to update their status.
- The Connector Authority held a public hearing on changes to Commonwealth Care's eligibility regulations. Some issues raised by advocates who testified at the hearing included the affordability of premiums, the hardship waiver, and the auto-enrollment process.