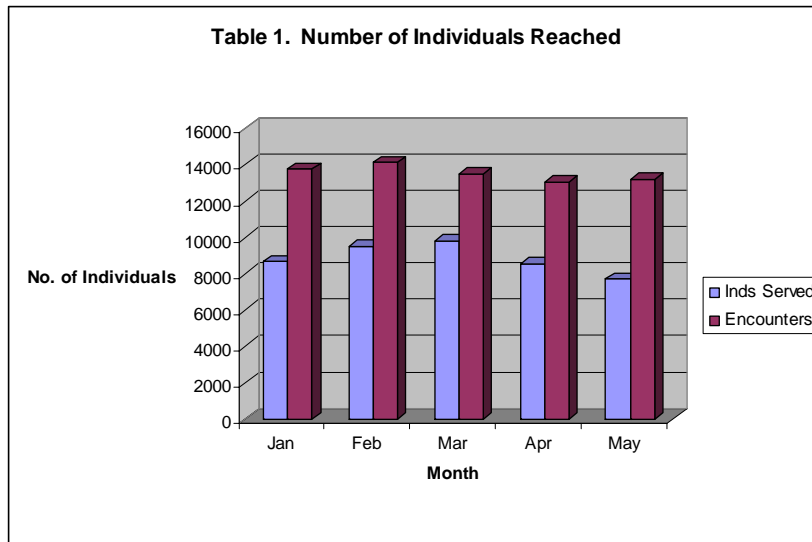


**Connecting Consumers with Care/ Outreach and Enrollment Grants**  
**Monthly Reporting: May 2010**

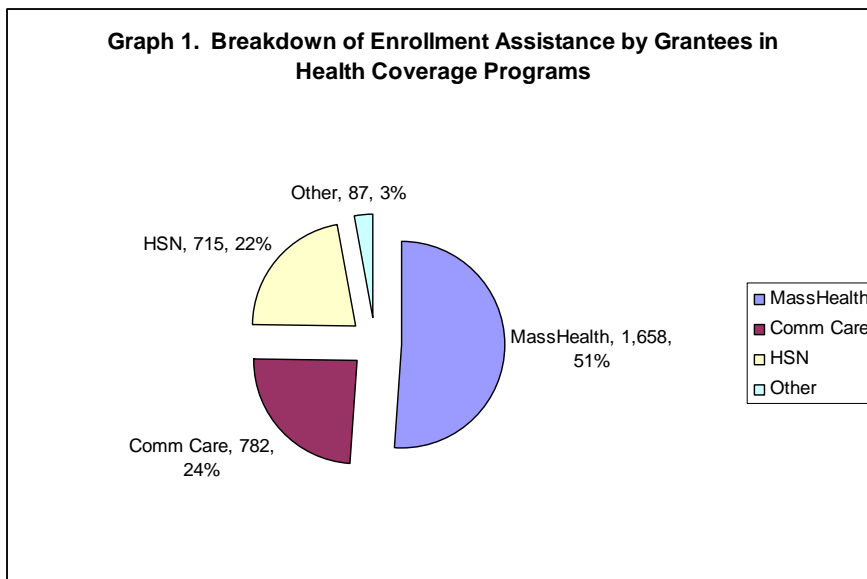
**Overall Figures**

- In May, a total of **7,708 individuals** were served by 23 funded organizations, 848 fewer than in April. Grantees also had **13,202 encounters** (see Table 1).



**Enrollment Figures**

- Of the 7,708 individuals served, **1,593 were assisted with applying** for public health insurance. The Virtual Gateway served as the predominant vehicle by which 1,493 clients were assisted, with the remaining applications submitted through RealBenefits and paper applications. Seventy-six percent of individuals assisted were between the ages of 19 and 64.
- MassHealth remains the most common program for which individuals qualify, with **1,658 individuals deemed eligible for coverage**, which was 412 fewer than in April. Seven hundred eighty-two individuals were deemed eligible for Commonwealth Care, 715 for the Health Safety Net (HSN), and 87 for other programs, which include Prescription Advantage and Medicare D (see Graph 1). Eighty-four 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 May, the Medical Security Program had the most referrals with 316 individuals assisted. Grantees also made referrals to Commonwealth Choice (99 individuals), QSHIP (54 individuals), the Fisherman's Partnership (3 individuals), TRICARE (2 individuals), and the Insurance Partnership (1 individual).

#### *Maintenance & Retention of Health Coverage*

- Grantees assisted **1,474 clients to complete annual redeterminations**, the majority of which were completed via paper ERV forms.
- A total of 38 individuals were deemed eligible for Commonwealth Care but for whatever reason, did not enroll.
- A total of **1,686 people were assisted with reviewing the affordability schedule** to determine whether they would be subject to a waiver under the individual mandate, which was 242 more than in the past month.

#### *Ensuring Health Care Access*

- A total of **889 individuals were referred to a primary care provider**.
- A total of **1,666 individuals were given information on minimum creditable coverage**.

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

- Grantees continue to maintain a constant presence in their communities as a way to connect with individuals and families. This month our grantees attended the 10<sup>th</sup> Annual Haitian-American Unity Parade (by Boston Public Health Commission), Family Fun Day (by Community Action of Franklin, Hampshire and North Quabbin Regions), and a Health Safety Fair (by Community Health Programs). Grantees also collaborated with a number of local establishments including a local church in Boston, malls, nursing homes, barbershops, and an elementary school. According to Tapestry Health, community events are effective venues to reach people, as they don't feel intruded upon and are open to learning about health insurance without the stigma that is typically associated with public coverage.
- Our grantees continue to develop effective resources for their clients. Manet Community Health Center created a worksheet that summarizes services offered by all of the Commonwealth Care MCOs. This will enable members to quickly learn about their options and select a plan that best meets their health needs once they have been approved for Commonwealth Care.
- Latino Health Institute assisted a client who had exhausted many of his resources trying to complete and submit an application for his family after recently losing his job and health insurance. The client had contacted a number of state agencies, as well as a health center, which was unable to serve him because he was not a patient. After finally seeking help from LHI, he reported being educated about MassHealth for the first time and was able to submit an application.

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

- Grantees become knowledgeable on a host of health issues in the course of their work. Brockton Neighborhood Health Center recently established a collaboration with FEMA Voluntary Liaisons (VALS), which provides training on dealing with crises. They praised the information that they've obtained from this training as being very useful in their line of work. Furthermore, the health center participated in a Department of Public Health training, "Keep Moving," which was informative on setting up walking clubs in the community. Their staff person also focuses on chronic disease management, which greatly ties into this topic.
- The Boston Public Health Commission participated in an event hosted by the Greater Boston Catholic Charities, which over 200 people attended. Secretary JudyAnn Bigby spoke at the event, and this partnership greatly re-enforced our grantee's connection with the Executive Office of Health and Human Services.
- Two of our grantees have reported noticeable improvements in the wait times for processing of their applications. Community Action for Cape Cod & Islands had previously reported that calls made to the MEC had been transferred to a different number that did not connect with a representative. They've found that this issue has been resolved. Community Action of the Franklin, Hampshire, and North Quabbin Regions shared that despite the Central Processing Unit being backlogged, representatives have been responsive in providing updates for members and assistance with complex cases. Faxes also seem to be processing at a faster rate.
- Both the Revere and Springfield MECs were praised by our grantees for being helpful with complex cases.

### *Challenges and Resources Needed*

- Renewed attention to immigration issues resulting from policy changes in Arizona has had a significant impact on the immigrant population in Massachusetts. The Brockton Neighborhood Health Center has found that many of their clients are fearful of receiving services or providing information to a government agency as a result of what is happening in Arizona. This has made it difficult to assist them in getting health coverage and services.
- Clients of the Child Care Resource Center are concerned about what will happen when federal assistance for COBRA premiums ends, and the added cost burden they may have to face for health coverage. Additionally, they are concerned as to whether they can then qualify for MassHealth or Commonwealth Care.
- One grantee assisted a client who was medically dependent on oxygen to apply for health insurance coverage. She was approved for Commonwealth Care after submitting an application and an exceptions form. After being approved, however, she received a letter denying the coverage because the MassHealth system reflected her having health insurance 15 years ago through the employer for which she still works today. She needed to submit a verification letter from the employer in order to get re-approved. While she was able to do this, the entire process delayed her coverage until July, leaving many of the June services she had uncovered. Our grantee is working with the state to see if her coverage can retroactively cover the month of June given the delays in the processing of the application.
- Cooley Dickinson Hospital discovered that clients who have dual coverage through MassHealth Limited and MassHealth Essential are listed as having MassHealth Basic in the new MMIS system. This poses a problem, as certain offices within their hospital system will not accept Basic, thus preventing many clients from getting services they need.
- One grantee worked with a number of clients this past month who were denied for Commonwealth Care because their spouses were Medicare-eligible and receiving unemployment. Those clients were required to take additional steps towards clarifying their eligibility because their spouses were receiving unemployment, even though the spouses were categorically ineligible for the Medical Security Program because of their Medicare eligibility. The Exceptions Department at Commonwealth Care required the clients to apply for MSP first, then send a copy of the denial letter to the Exceptions Department after which they could process their approval for Commonwealth Care. This process can take over two months, which significantly delays access to coverage and care for the client. The grantee suggested that the requirement for clients to submit an MSP denial letter be removed as eligibility rules already define that someone who is eligible for Medicare is ineligible for MSP, even if they are receiving unemployment benefits.
- One grantee was informed over the course of a two-week period that a total of fourteen clients did not have redetermination forms on file even though they had been submitted through the Virtual Gateway. Calls to the Central Processing Unit and the Springfield MEC have not yet resolved this issue.

### *Monthly Health Access Environment Highlights*

#### **Policy/Administration**

- The Senate Ways & Means Committee released its proposed budget for fiscal year 2011, which closely mirrored the House's budget passed a few weeks prior. The budget reflected the continued difficult economic times our state is facing. The line item for outreach and enrollment funding at \$2.5 million was included, however adult dental benefits were cut. The Commonwealth Care Bridge program was funded at \$60 million, which is \$15 million less than current funding levels. Twelve-month continuous eligibility for children was also omitted from the Senate's budget.