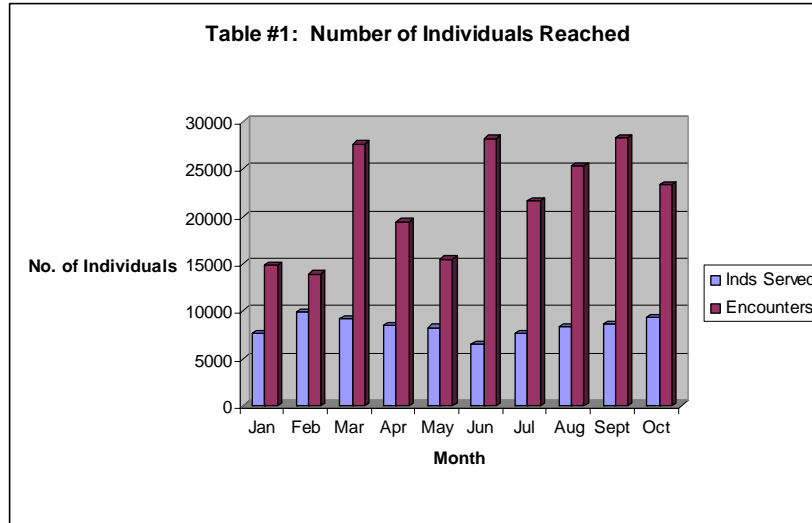


Connecting Consumers with Care/ Outreach and Enrollment Grants
Monthly Reporting: October 2009

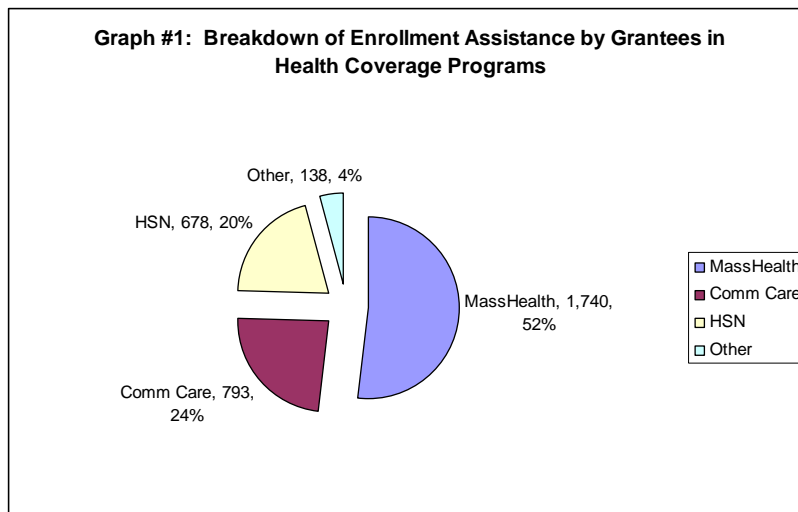
Overall Figures

- In October, a total of **9,353 individuals** were served by funded organizations, which is **676 more than in September**. Grantees also had **23,341 encounters** in the past month (see Table 1), which was **4,947 less encounters than in September**.



Enrollment Figures

- Of the 9,353 individuals served, a total of **1,306** were assisted with applying for public health insurance. The Virtual Gateway served as the predominant vehicle by which 1,205 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 **1,740 individuals deemed eligible for coverage, which is 35 more than last month**. 937 individuals were deemed eligible for Commonwealth Care (144 less than last month), 678 for the Health Safety Net, and 138 for other programs (44 more than last month), which include Prescription Advantage and Medicare D (see Graph 1). Seventy-six 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 October, the program with the most number of referrals was the Medical Security Program, with 423 individuals (28 more than in September). Other programs grantees made referrals to include Commonwealth Choice (176 individuals, 82 more than last month), QSHIP (96 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 1,174 individuals assisted in October**, the majority of which were completed via the paper ERV form.
- As health reform implementation continues, 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 August, 5,501 individuals returned for additional assistance**, 1,967 more people than in the prior month.
- A total of 60 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 68.
- **A total of 1,445 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 **1,386 individuals were assisted with finding and selecting a primary care provider**. Five hundred seventy-three individuals were assisted with finding and selecting a specialist. A total of 1,173 appointments were made with the assistance of grantees, 371 more than in the previous month.
- Preventive information and services remain critical in ensuring health and containing costs. Grantees reported that **2,183 individuals were given MassHealth preventive information**, and **4,769 individuals were given preventive information not designed by MassHealth, 1,236 more than in the previous month**.
- A total of **2,527 individuals were given information on minimum creditable coverage**.

Effective Outreach Strategies & Positive Experiences with Clients

- Grantees provided examples this past month of outreach venues they frequented to engage new clients. These included farmers markets, a Women’s Health Fair, career centers, food pantries and networking events where grantees presented information and interacted with individuals in a casual manner to inform them of the services offered. One of the grantees made a formal presentation at a seminar sponsored by the local community development corporation.
- Grantees have also established structured partnerships with local entities to enhance their ability to connect with residents and potential clients. One grantee was designated the Greater Boston regional hotline for the H1N1 and seasonal flu, thereby allowing clients who call for information about those conditions to also be checked for health insurance coverage. Another grantee has partnered with a program out of Northeastern University, Project Health Moves, which has enabled them to reach more individuals around the state. Another grantee conducted outreach to local religious organizations and is establishing a presentation at a weekly Bible session. Other partnerships that were highlighted as critical included local

schools, the Department of Transitional Assistance, the Department of Unemployment Assistance, the Dana Farber Cancer Institute's Community Benefits Office, and local CHNA groups.

- Once again this month, grantees shared anecdotes of situations in which their assistance helped a client to proactively sign up for health coverage, which ultimately helped the client in ensuring their health and well-being. One client had a very high fever, and lacked both employment and health insurance. The grantee helped him to apply for coverage, and he was approved for the Health Safety Net. He ultimately was diagnosed with pneumonia, and expressed gratitude to the grantee for helping him obtain coverage that would allow him to get proper treatment. Another grantee assisted a pregnant woman who recently moved to Massachusetts, and learned of the individual mandate. The grantee was able to sign her up for MassHealth coverage. Yet another grantee worked with a client who recently immigrated from Vietnam, and who still did most of his communication in Vietnamese. Through a local career center, one of our grantees connected with him and learned that he and his wife had recently lost their employment and needed care for their daughter with special needs. Our grantee was able to assist the client in completing an application for the Medical Security Program, for which the client was very grateful. That client also sought assistance beyond health coverage options, such as help with jury duty and even his daughter's homework. Finally, another grantee assisted a young adult who had recently graduated from college, and was looking to start her own business. She had been afraid of the penalties that she would face if she didn't have health insurance and had abstained from pursuing coverage despite significant medical problems. Our grantee assisted her in enrolling in Commonwealth Care.

Positive Experiences with State Agency or Network Organization

- Our grantees complimented a number of entities this month for their collaboration and attention to specific cases. Grantees highlighted the MassHealth Premium Assistance office, the Taunton MEC, BMC HealthNet plan, the Central Processing Unit, and MEC supervisors in general.
- Grantees also praised the effectiveness and importance of convenings that allowed grantees to network and obtain information. Groups that effectively served this purpose included the MassHealth Training Forums, the Southeast Outreach Network, and ABCD's HealthMINT network.
- A few grantees also highlighted the willingness of CeltiCare representatives to maintain lines of communication during these months of transition for many legal immigrants to the Commonwealth Care Bridge program. One grantee reported that a representative would be attending a future meeting to provide updates and information, which would greatly inform their work.

Challenges and Resources Needed

- Grantees reported a number of challenges in assisting clients who were transitioning from Commonwealth Care to the new Commonwealth Care Bridge program. First, many clients have been extremely confused and fearful of what this change in coverage means for their immigrant status. Some worry that there is a link to a possible deportation for themselves and their families. Furthermore, the notices that they have received in the process have only exacerbated their confusion; some clients have reported receiving a new member card from CeltiCare with the name of a new PCP on it, but lacking information on where they can go to

access care. Clients are also encountering difficulty with affording the higher co-pays for prescription drugs, specialist visits, emergencies, and hospital stays. Two grantees in the Boston and Northeast regions also reported difficulty locating providers that accepted CultiCare, as a very limited network seems to be in place for their clients. Some clients have also reported confusing notices about coverage status, reporting that they receive information saying that they are terminated from coverage, only to be notified the next day that they have new coverage.

- Two grantees highlighted challenges with the new pre-populated Eligibility Review Forms. Specifically, they noted that the form's layout was very difficult to comprehend and follow, and as a result, many people omit some questions. One grantee recommended that the form block certain questions together so as to streamline the format.
- Two grantees also reported challenges with helping their clients process ERVs in general. One grantee reported a number of clients who did not receive ERV forms in the mail as a result of incorrect addresses. While the grantee specifically recalled working with their clients in notifying the MECs about their updated addresses, MAPs and MassHealth had the older addresses. As a result, these clients were wrongfully terminated from coverage. Another grantee also reported that the red ERV forms are not included in mailings that clients receive with forms designated as PERV-HCR. In lacking these forms, clients are unsure how best to process their redeterminations, and stand to lose their coverage if this isn't addressed in a timely manner.
- Two grantees acknowledged difficulties in working with the Revere Department of Transitional Assistance office. One highlighted incident involved a request placed by both the grantee and the Hyannis DTA office to transfer a case so that a client's address and primary care provider could be appropriately updated. Over a month lapsed, and the request was still not processed, which prevented the client from being referred to a specialist in a timely manner.

Monthly Health Access Environment Highlights

Policy/Administration

- On October 1, 2009, the first phase of the Commonwealth Care Bridge Program rolled out for the Greater Boston area. Roughly 11,800 legal immigrants were impacted by this transition. Many grantees worked closely with clients to ensure the process was as streamlined as possible.

Research/Findings

- A report issued by the Urban Institute, entitled *Massachusetts Health Reform: Employer Coverage from Employees' Perspective*, showed that employer coverage remained intact following health care reform. Furthermore, the quality of coverage has been maintained, and employees report an even more favorable perspective of coverage through their employers as a result of health reform.
- The Division of Health Care Finance and Policy released results from its *2009 Health Insurance Survey*, which showed that the uninsurance rate in Massachusetts continued to hold at 2.7%, and that roughly 171,000 people remain without health insurance coverage. Latino residents continue to have the highest rates of uninsurance out of any racial group, at 5.1%.
- The Governor announced at the end of the month \$352 million in state budget cuts for fiscal year 2010. While dental benefits were preserved in these cuts, the MassHealth program was facing a \$300 million deficit. The Prescription Advantage program was cut by \$5.6 million, while a total of \$30 million was proposed to be transferred to the Medical Security Program.