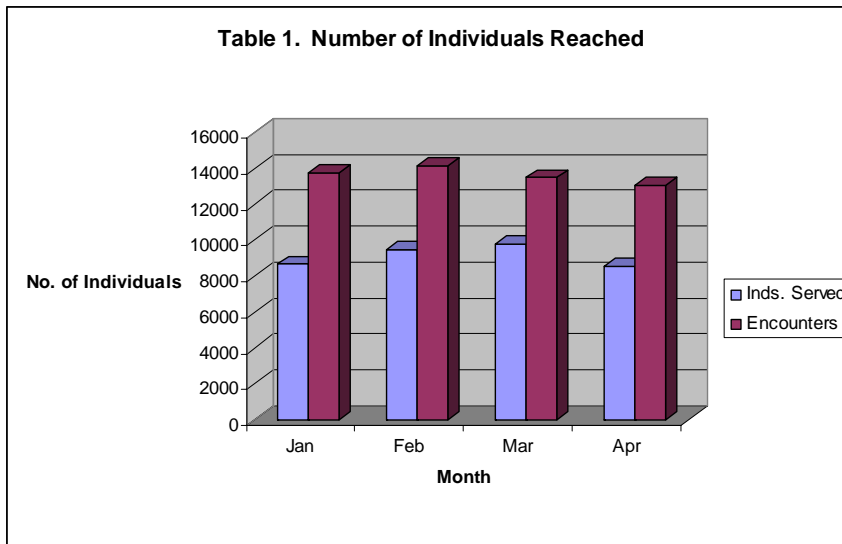


Connecting Consumers with Care/ Outreach and Enrollment Grants
Monthly Reporting: April 2010

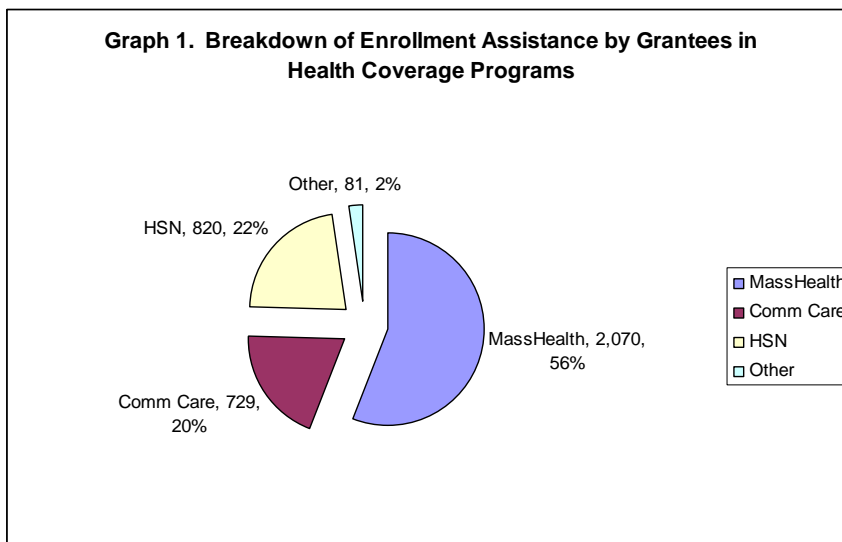
Overall Figures

- In April, a total of **8,556 individuals** were served by 23 funded organizations, 1,241 fewer than in March. Grantees also had **13,041 encounters** (see Table 1), 444 less than in the previous month.



Enrollment Figures

- Of the 8,556 individuals served, **1,657 were assisted with applying** for public health insurance. The Virtual Gateway served as the predominant vehicle by which 1,568 clients were assisted with enrollment, with the remaining applications submitted through RealBenefits and paper applications. Seventy-nine percent of individuals assisted were between the ages of 19 and 64.
- MassHealth remains the most common program for which individuals qualify, with **2,070 individuals deemed eligible for coverage**, which was 322 more than in March. Seven hundred twenty-nine individuals were deemed eligible for Commonwealth Care, 820 for the Health Safety Net (HSN), and 81 for other programs, which include Prescription Advantage and Medicare D (see Graph 1). Eighty-two 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 April, the Medical Security Program had the most referrals with 266 individuals assisted. Grantees also made referrals to Commonwealth Choice (88 individuals), QSHIP (55 individuals), the Insurance Partnership (7 individuals), the Fisherman's Partnership (4 individuals), and TRICARE (1 individual). The numbers of referrals made in April were noticeably less than those reported in the previous month.

Maintenance & Retention of Health Coverage

- Grantees **assisted 1,506 clients to complete annual redeterminations**, the majority of which were completed via paper ERV forms.
- A total of 49 individuals were deemed eligible for Commonwealth Care but for whatever reason, did not enroll.
- A total of **1,444 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 **949 individuals were referred to a primary care provider**, 268 less than in the previous month.
- A total of **1,592 individuals were given information on minimum creditable coverage**, 117 less than in March.

Effective Outreach Strategies & Positive Experiences with Clients

- Grantees implemented a number of door-to-door outreach strategies this past month. For example, in response to increased violence in the Greater Boston neighborhoods, the Mayor's Health Line participated in a violence prevention program. In the course of going to homes to disseminate information, they encountered 13 uninsured families. In New Bedford, People Acting in Community Endeavors' Street Outreach Worker is also doubling as a census intake worker, which has allowed him to connect with more community members and assist them with health insurance.
- Latin American Health Institute and Stanley Street Treatment and Resources have collaborated with local food pantries, which are trusted resources in the community, and are likely to have inroads with populations who can benefit from social services.
- The Vineyard Health Care Access Program saw an increase in the number of individuals with questions about the individual mandate, as April marked the deadline to submit state income taxes. They were able to address questions and concerns and establish a connection for future years.
- Career centers remain a strategic place to connect with individuals eligible for coverage. Manet Community Health Center assisted numerous Cantonese-speaking individuals who were recently laid off from a hotel on the South Shore. They were able to help all of the individuals sign up for the Medical Security Program.

Positive Experiences with State Agency or Partner Organization

- A number of the MassHealth Enrollment Centers (MECs) were highlighted this month as being helpful with the complex needs of clients. In particular, the Revere MEC was praised, as were the supervisors at the Springfield and Taunton MECs.
- One grantee highlighted the Mass Health Care Training Forum for being informative on the federal health care reform legislation and how Massachusetts can anticipate changes in its health care system.
- Finally, the Medical Security Program was highlighted as being very responsive to the needs of a client who had been denied coverage although he met all of the eligibility criteria. The representative not only addressed the issue, but helped make the client's coverage retroactive.

Challenges and Resources Needed

- Continuing with recent trends, a number of grantees reported difficulty getting through to the MECs because of high call volumes. One grantee shared that calls to the Tewksbury MEC can take as long as one hour, and often end by being transferred to a voicemail system or disconnected altogether. In addition, sending paperwork for processing continues to pose challenges for grantees and their clients. One grantee remarked that after submitting documentation stapled and attached to applications, clients still receive notices requesting the same paperwork. Another grantee relayed being told that the fax machine at the MEC wasn't working.
- There remains confusion between eligibility for Commonwealth Care versus the Medical Security Program. One grantee was assisting a number of clients who had recently lost health insurance coverage through their employer,

without any advance notice, and had been receiving unemployment checks through a work share program. When they went to apply for MSP, they were denied because their involvement with the work share program was not seen as unemployment. Simultaneously, the checks they received from the unemployment agency were a deterrent from getting Commonwealth Care because it was seen as unemployment benefits. These clients will likely not have their cases corrected until July. The grantee suggested that MassHealth electronically verify when someone is ineligible for MSP so as to streamline this process and ensure that clients are informed of their options.

- One grantee is experiencing confusion when assisting legal permanent residents. On their immigrant status cards, many display the date on which their status was determined, not when they actually arrived in the country. This discrepancy could impact their eligibility for coverage so more guidance for grantees assisting such clients would be very helpful.
- Finally, one grantee shared their continued reliance on the listserv established by Community Partners for its Health Access Network. Although Community Partners shut down at the end of 2009 due to a lack of sustainable funding, it still maintains its listserv which allows members to contact colleagues for support and resources. The grantee called for more resources like this listserv to help grantees troubleshoot and more effectively conduct their work.

Monthly Health Access Environment Highlights

Policy/Administration

- In April, the Division of Health Care Finance and Policy, the Connector, and administrators of higher education institutions announced significant improvements to student health insurance options. Under these changes, Blue Cross Blue Shield of Massachusetts will now provide a much broader provider network and comprehensive services to nearly 11,000 students in the state.
- MassHealth announced a simplified redetermination process for members in nursing facilities. These efforts are in large part due to the office's work funded by the Robert Wood Johnson Foundation.
- Also this past month, the House of Representatives released its proposed state budget for fiscal year 2011. It included \$2.5 million for outreach and enrollment grants, similar to the Governor's proposed budget. It also provided \$60 million in funding for the Commonwealth Care Bridge program.

Research

- The Massachusetts Medicaid Policy Institute issued *Enrollment and Disenrollment in Massachusetts and Commonwealth Care*, authored by Bob Seifert at the UMass Center for Law and Economics. The report explores barriers that prevent individuals from maintaining coverage despite being eligible. The "churning" effect which results when individuals go on and off coverage not only has a negative impact on an individual's health, but increases costs in the system.
- The Department of Public Health released *Health of Massachusetts*, a report which provides a comprehensive overview of the state's population and health coverage services. A major finding was the significant number of individuals who live in an area that experiences a shortage of dental services.