

Western Massachusetts

Health Access Network Notes



COMMUNITY PARTNERS, INC.

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Jones Library – Amherst, MA

GUEST PRESENTATION

What Is the Role of the BCBSMA Foundation in the New Health Access Landscape?

Jarrett Barrios, President,
Blue Cross Blue Shield of Massachusetts Foundation

Jarrett Barrios gave a brief overview of the Foundation's mission. Though the Blue Cross Blue Shield of Massachusetts (BCBSMA) Foundation is endowed by the BCBSMA company, it operates separately, with over \$100 million in assets and an \$8 million-a-year budget. The Foundation makes grants and engages in policy work for health access; it was involved in developing the theory behind Chapter 58. Now it is also formalizing its role in capacity-building.

BCBSMA Foundation is reflecting on how to best use these three program areas – grants, policy, and capacity-building – to expand access to care. This is broader than access to insurance; it includes health disparities, culturally competent care delivery, and how to engage in policy beyond the regulations of Chapter 58 to make access more meaningful to the general public.

The Foundation has been working with Brandeis University to collect and analyze data from Foundation grantees about the status of health access in Massachusetts after 1 ½ years of Health Care Reform. The report addresses the question: *who in Massachusetts is still unable or uninterested in getting insurance?* Preliminary findings may be released soon.

Exchange with HAN

What follows is a summary of topics that emerged in discussion, with comments from the group:

Advocacy for continued support of outreach is key to Health Care Reform success

- Many people have a false impression that health care reform means everybody has health insurance. In reality, many outreach and enrollment workers are doing dual work: (1) enrolling people who are eligible and (2) collaborating with providers to help those who are ineligible. It would be helpful to have more public education about the continued need.
- The state legislature is not adequately supporting the on-the-ground infrastructure necessary to reach the uninsured. Health Care Reform has meant engaging in new outreach efforts while simultaneously managing increasing enrollment. The Foundation has been encouraged to continue spotlighting the need to support both ongoing outreach infrastructure *and* new outreach needs.

Health access for immigrants

- Some residents who hope to become citizens are concerned that Commonwealth Care will be taken into account under “public charge” provisions of immigration law, and unfavorably influence their citizenship applications. There is a need for public clarity around this issue.
- Citizenship and Immigration Services (CIS) officers have been asking citizenship applicants questions about the services they have received from MassHealth and Free Care. Health services are supposed to be exempted from “public charge” regulations. There is a need not only to educate the general public, but also to train immigration officials.
- There remains a dire need to reach out to immigrants – including in those regions of Western Massachusetts where they are less visible. There are undocumented people in Western Massachusetts who are working under the table and need health services. Health Care Reform has not, for example, addressed the high rate of Latino men who are uninsured.
- Until recently, undocumented workers were able to write letters attesting to income they earned that was not reported to the IRS by their employer. New Health Safety Net regulations mention a Department of Revenue interception; this puts people who write these letters at risk of being tracked and caught. One resource mentioned for exploration is the possible use of [Individual Tax Identification Numbers](#) (ITINs) that enable people without Social Security numbers to report their income.
- There are more Portuguese speakers in Massachusetts than Spanish speakers; when we talk about people who speak primary languages other than English, we certainly should consider Spanish-speaking people, but we also need to look beyond that.
- The [Center for New Americans](#) was mentioned as a great organization that has helped health access outreach workers find opportunities to reach immigrants locally.

Lack of access to primary care – medical and dental

- Outreach workers in rural areas have to refer low-income people long distances to see a doctor. This travel is difficult for people who have no car or an unreliable car, and who may be pregnant or ill. Residents of North Adams, for example, are referred to Pittsfield.
- BCBSMA Foundation is working with Partners Health Care and Bank of America to start a loan forgiveness program for recent medical school graduates who will work in community health centers.
- As Health Care Reform has increased the number of public-payer patients, doctors are providing fewer reduced or free services on their own. Some practices have ceased accepting new Commonwealth Care patients.
- Dental care is facing a similar crisis. MassHealth recipients in Orange must travel to Worcester to get braces. This is true for both existing and new MassHealth and Medicaid enrollees. The new arrangement with Doral Dental has not affected the situation much; dentists joined the plans without agreeing to accept patients.

At next month's meeting on November 2, Carly Burton of the [Massachusetts Immigrant and Refugee Advocacy Coalition](#) will address issues regarding immigrants & health care reform in more depth.