

Western Massachusetts

Health Access Network Notes



COMMUNITY PARTNERS, INC.

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Jones Library – Amherst, MA

STATE PROGRAM AND POLICY NEWS: *Amy Katzen, Health Care For All*

MassHealth/Commonwealth Care

Open enrollment

Commonwealth Care is conducting open enrollment November 1 to December 15. Normally members may only switch plans for specific reasons; but anyone can switch during the open enrollment period.

Estate recovery

- Anyone applying for MassHealth or Commonwealth Care has to sign the Member Benefit Request (MBR) that says if you are over 55, MassHealth has the right to recover costs from your estate. Currently there are no regulations that would allow Commonwealth Care to recover costs from estates. Health Care For All has spoken with Commonwealth Care staff members who say there is no plan to try and change that; but that doesn't mean they couldn't do it in the future.
- Outreach workers responded that it's very hard for some clients to sign the MBR because of that clause. It would be much easier if they could reassure their clients that Commonwealth Care wouldn't institute estate recovery some day in the future.
- As more detailed questions arose, the group agreed that it would be helpful to invite an elder law specialist to present to HAN in the future.

Birth records delay

At last month's meeting, outreach workers had expressed concern that they were requesting birth records on behalf of their clients but weren't getting them back; they were unsure if the records were being sent directly to MassHealth. According to the Registry of Vital Statistics, forms are sent directly to MassHealth. If a VC-1 notice doesn't come back to the applicant, you can assume that the citizenship/identity match was already made by DPH and MassHealth. One outreach worker mentioned that the RVS told her they had an eight-week backlog. Amy agreed to report that back.

Other glitches

Outreach workers mentioned a number of case-specific problems with the system – for example, receiving bills late, or having to wait a month for coverage even though it was a system error that delayed the enrollment. Community Partners suggests that people email their inquiries to Amy at katzen@hcfama.org, and Amy can refer them to someone who may be able to help fix the problem, or can at least explain it. Amy noted that Commonwealth Care Director Melissa Boudreault is committed to solving system glitches whenever possible.

Individual mandate deadline/penalty

There's been much concern about the fact that the \$219 tax penalty will go into effect if people aren't covered by December 31. But if people don't get their applications until after November 15, many plans' coverage won't actually start until January 1. Advocates and health plans have been urging the Connector to find a mechanism to be more flexible, so people making a good faith effort won't be penalized.

Health Safety Net (HSN)

The HSN is sending letters to current beneficiaries who are eligible for Commonwealth Care telling them they will be terminated from the HSN after 60 days, so they should enroll in Commonwealth Care right away – particularly if they want to avoid the penalty for being uninsured after Dec. 31st.

Medical Hardship Details

Some people who wouldn't ordinarily have access to the Health Safety Net are able to use it in circumstances of medical hardship/medical debt. The following table indicates the relationship between income level and percentage of gross income in medical bills that will give someone access to the HSN. It is an improvement over the past; the percentage of gross income used to be 40% across the board.

<u>Income Level</u>	<u>Percentage of Gross Income</u>
0 – 200% FPL	10%
201 – 300% FPL	15%
301 – 400% FPL	20%
401 – 600% FPL	30%
601% + of FPL	40%

People must go through the hospital billing system to apply for Medical Hardship. The HSN will then go back a full 12 months and pay for eligible services. Some services that can't be paid for by the HSN can still count toward the amount of medical debt (i.e., ambulance bills).

Health Care For All's ongoing priorities

One goal is to simplify the 2008 mandate penalties, which currently will vary by a person's region and age. The Department of Revenue makes this decision with the Connector. The mandate says the penalty can be up to one-half the cost of lowest-price insurance available to you. There are two problems with this: it's unfair (the cost is higher if you're older), and it's really complicated. HCFA is working on trying to make it simpler: for example, one penalty if you're above 300% FPL, and another penalty if you're below. Also, they're looking for a way to phase it in if someone doesn't realize they're subject to the penalty until they do their taxes – so they don't get two years of penalty.