

Western Massachusetts

Health Access Network Notes



COMMUNITY PARTNERS, INC.

September 7, 2007
Jones Library – Amherst, MA

ISSUES & OBSERVATIONS:

A summary of new program information, observations, upcoming events, job & training opportunities shared by HAN members

Health Care Reform

Challenges

- The lack of primary care providers (PCPs) in many areas has become even more apparent since more people have health insurance through health care reform. People in the North Berkshires have to look for a doctor in Pittsfield, 45 miles away. It's hitting people of all income levels, with all kinds of coverage. The lists of PCPs health plans put in their information packets are often outdated. More press/public attention to this issue could be helpful.
 - One cause is the difference in income potential for PCPs versus medical specialists, which is significant. The University of Massachusetts has a loan forgiveness program for PCPs who work in underserved areas. (For information about other loan and scholarship programs for PCPs, click here.)
<http://www.massleague.org/ClinicalCorner/CareerOpportunities-Pgms.htm>
- Some members of the public evidently feel that if employers move from offering a private insurance plan like Blue Cross Blue Shield to a plan purchased through the Connector, they're downgrading their employees' insurance. One outreach worker had an employer cancel a scheduled presentation on health care options because his employees were upset by the possibility.

New Manager of Grassroots Outreach for Commonwealth Care/Commonwealth Choice

Reuben Kantor comes from a grassroots organizing background and is interested in learning from people on the ground. He is working with Health Care For All, the Greater Boston Interfaith Organization, Neighbor to Neighbor to plan enrollment events in each Senate district. He encourages outreach workers to use him as a resource and an ear. He can be reached at 617-933-3097, Reuben.Kantor@state.ma.us.

Commonwealth Care

Outreach workers mentioned that a growing number of clients are having their Commonwealth Care applications denied because the State's information indicates that they could have access to insurance through their employer. As a result:

- Some who do have access to insurance through their employer or their spouse's employer are being nudged by the denial to purchase that coverage.
- Some are actually eligible for Commonwealth Care, but are being denied because the State is using outdated information. They must prove they're no longer eligible before they can get on Commonwealth Care; this can create a barrier to care for their clients. MassHealth has been helpful in getting the information corrected through the Third Party Liability office, but it's a very time-consuming process.
- To get action on this and other system glitches, email Russ Kulp, Director of MassHealth Operations at Russ.Kulp@state.ma.us (*Chip Joffe-Halpern, Ecu-Health Care and Jennifer Chow, Health Care For All*)

Program Issues

MassHealth

- Some new MEC workers are making very basic eligibility mistakes – for example, insisting that a disability determination by Social Security would not be accepted as a disability determination for MassHealth.
- Information that is being entered into the Gateway is not being recorded at the MEC.
- PSI forms entered through the Virtual Gateway are not being entered into the system.
- When calls are transferred to Boston, the only person from the local outreach organization who is allowed to speak is the individual whose name is on the Permission to Share Information (PSI) form. Because of local staff turnover, this is a problem.
- MassHealth and Commonwealth Care don't interpret the PSI the same way. Commonwealth Care requires a separate PSI for each spouse. Spouses are not allowed to give information for each other.
- MassHealth members are still getting notices in duplicate and triplicate, mailed the same day, sometimes with conflicting information.
- Suggestion: that MassHealth give outreach workers who sign a client's PSI the option of NOT receiving copies of all notices sent to their client. Outreach workers are being swamped by mail they don't have time to open. (*Danna Boughton, Healthy Connections*)

Members of the group were encouraged by the fact that Russ Kulp, MassHealth Operations Director, wants to be informed by email of problems in MassHealth operations that are interfering with outreach workers' ability to help their clients, and expressed their appreciation. *Michael DeChiara* of Community Partners reminded the group that it will continue to be important to identify and discuss these issues to see trends, communicate them, and work to have them addressed systematically.

Medicare

- Confusion exists about review forms sent this summer to Medicare members on the QI-1 buy-in program in which their premiums are subsidized by MassHealth.
 - *Margie Ware* of Berkshire SHINE was told that the mailing was a mistake, and that those terminated for not returning the form should call their MEC for reinstatement.
 - *Chip Joffe-Halpern* of Ecu-Health Care was given different information by a MassHealth official.
 - *Lorraine York-Edberg* of Franklin/Hampshire SHINE was informed that QI-1 beneficiaries are being reviewed so they can be put in the new MassHealth system. There are problems with information being transferred and PSI's being lost. SHINE is working with the Medicare Advocacy Project to write a letter to MassHealth. These problems can cause seniors to lose eligibility for other programs too.
 - *Michael DeChiara* asked that Lorraine and SHINE follow up with Community Partners when they have more information.
- *Lorraine York-Edberg*: The Social Security Administration has mailed out 500,000 review forms to Part D beneficiaries receiving the Low-Income Subsidy (LIS). The forms must be filled out and returned within 30 days or the beneficiaries will lose their benefits. This is a change from last year when the forms didn't have to be returned if the information hadn't changed.
 - If someone fears they've lost their review form, they can update their information by calling 1-800-772-1213. They will get a machine; keep asking for an agent. If you have any questions, you can call the SHINE program (413-773-5555 for Franklin/Hampshire), 413-499-0524 for Berkshire) or the regional Social Security office at the number above.
- Two new resources are available: a list of new Medicare rules and regulations for private fee-for-service plans and a CMS/SSA timeline explaining what noticed are being prepared, what they mean, and when they'll be mailed to beneficiaries.
(Click here: <http://www.compartners.org/node/798> for more information about the LIS review, plus forms and resources for downloading from the Community Partners web site.)

Insurance Partnership

Simon Muil of the IP reported that people can easily go from Commonwealth Care to the Insurance Partnership, but that, practically speaking, going from the IP to Commonwealth Care can take at least two months and people will go without insurance for a period of time. A case-by-case determination is better when deciding between the Insurance Partnership and Commonwealth Care.