

# Western Massachusetts Community Health Access



COMMUNITY PARTNERS, INC.

**November 7, 2003**

**Jones Library - Amherst**

**Meeting Notes**

## Attendance:

- Jeanine Abaro, Community Partners, (413) 253-4283
- Anne Awad, Health and Human Services - City of Springfield, (413) 549-1345
- Johanna Bates, Community Partners, (413) 253-4283
- Karen Baumbach, Ecu-Health Care, Inc., (413) 664-5418
- Catherine Benoit, Partners for a Healthier Community, (413) 794-7741
- John Bergeron, Hilltown Community Health Center, (413) 238-5511
- Danna Boughton, Healthy Connections - No Quabbin, (978) 249-5634
- Sonia Bouvier, Cooley Dickinson Hospital, (413) 582-2848
- Lois Brown, Stavros C.I.L, (413) 256-0473
- Michael DeChiara, Community Partners, Inc., (413) 253-4283
- Maribel DelRio, Holyoke Community Health Center, (413) 420-2151
- Judy Grant, Healthy Connections - No Quabbin, (978) 249-5634
- Giselle Lanausse, Stavros C.I.L, (413) 256-0473
- Molly Maginnis, Executive Office of Elder Affairs, (617) 222-7516
- Joane McNabb, Baystate Health System, (413) 794-9124
- Simon Muil, Insurance Partnership/Employee Benefits Resources, (800) 399-8285
- Vicki Premerlani, Advocacy for Access , (413) 445-9480
- Anne Rosen, Community Partners, Inc., (413) 253-4283
- Karen Rubin, Hampshire Health Access, (413) 582-4230
- Gina Stec, Hilltown Community Health Center, (413) 238-5511
- Stacey Taylor Auger, Health Care For All, (617) 275-2935
- Kerry Togneri, Franklin Medical Center, (413) 773-2655
- Nancy White, Baystate Medical Center, (413) 794-8406
- Mara Yerow, Division of Employment and Training, (617) 626-3616
- Lorraine York-Edberg, Franklin County Home Care, (413) 773-5555

## Welcome and Introductions *Michael DeChiara*

*Michael DeChiara* of Community Partners welcomed everyone and reviewed the meeting agenda. He announced that Community Partners has received funding from a variety of sources, and is now in a

position to sustain these meetings on a long-term basis. He also announced that Community Partners is in the process of creating an internet-based health access hub, which will provide timely information on health access programs and policies to their statewide constituency. Michael mentioned that Community Partners would be reaching out for participant input during the next few months to make sure that the final product will be as helpful and easy to use as possible.

*Jeanine Abaro* discussed the news articles and announcements in the meeting packet.

*Michael* asked everyone to review the Western Massachusetts Community Health Access meeting mission and group agreements on the back of the agenda. He requested feedback.

*Simon Muil* of the Insurance Partnership suggested that the first group agreement should read “appreciate our successes.”

### **Community Updates**

*Lois Brown* from the STAVROS Center for Independent Living announced that many people cannot afford the new CommonHealth premiums. She stated that people are getting letters about the premium, without any opportunity for discussion. Lois declared that the premiums are an assault on the most vulnerable, and she distributed a flyer publicizing a rally to protest the premiums. The rally will be held at the Springfield Governor’s Office on November 19<sup>th</sup>.

*Anne Awad* explained that the City of Springfield Department of Health and Human Services was re-funded for a second year of programming under the federal CAP grant. Anne will be managing the CAP grant, which will be used to serve the health care needs of the uninsured in Springfield, Holyoke, and Chicopee, particularly in the areas of oral and behavioral health and primary care. In addition, the Department of Health and Human Services offers a Health Access Helpline (413-886-5070), which receives calls from all over and provides information and follow-up to callers.

*Catherine Benoit* shared that Springfield’s Partners for a Healthier Community is busy with a number of new health access initiatives. These include oral health for children, and stepping up outreach efforts for the Covering Kids program. The Covering Kids Helpline (1-800-886-5070) can provide answers to questions about MassHealth enrollment, as well as connect people in Springfield, Chicopee, and Holyoke with local services.

*Maribel DelRio* of Holyoke Health Center reported that she was previously working on the Men’s Health Program and Managed Care but is now doing just Managed Care. Maribel also explained that the Chicopee site is growing. It is now open Mondays, Tuesdays, and Thursdays, but will open 5 days a week in December. The Holyoke site is still open, and clients must choose to come to one site or the other. Dental offices take up the entire fourth floor of the Holyoke Health Center, and people can come from anywhere for dental services including cleanings and fillings. Maribel explained that the Holyoke and Chicopee Health Centers do their own free care.

*Judy Grant* of Healthy Connections asked if Holyoke Health Center did oral surgery.

*Maribel* responded that they do minor oral surgery, and refer out for other procedures including extractions. Maribel also mentioned that Holyoke Health Center compiled a list of patients who lost their MassHealth Basic coverage. They are in the process of getting these clients off Free Care and onto MassHealth Essential.

*Michael* asked if there’s been a lot of confusion or frustration with that process.

*Maribel* responded that most people are just happy to be getting coverage again.

*John Bergeron* of the Hilltown Community Health Centers reported that while some people are happy to be getting coverage again through Essential, others are frustrated because the benefits are different from those covered under Basic. John asked *Maribel* what the waiting period is to get dental services.

*Maribel* answered that the dental offices are pretty busy, but they make room in cases of emergency. In addition, they can still take walk-ins.

*Karen Baumbach* announced that Ecu-Health Care will be hiring for a part-time position. She also shared that a new referral system within North Adams regional hospital has been successfully implemented. The referral system will help connect Ecu-Health Care with any new admissions that could benefit from their services – not just the uninsured.

*Sonia Bouvier* announced that Hampshire HealthConnect has hired a new bilingual case manager who will be able to serve clients in both Spanish and English. *Sonia* also mentioned that the Hampshire HealthConnect program has served nearly 2,000 people since the program started in March 2002.

*John Bergeron* announced that he's been busy helping people enroll onto MassHealth Essential, as well as MassHealth Basic through EAEDC. Enrollment through EAEDC also includes a monetary stipend and eligibility for food stamps. John reported that the turnaround for MassHealth Essential enrollment is slow – between 4 and 6 weeks.

*Sonia* commented that if a person has already been on MassHealth, they could be enrolled into the Essential program very quickly by calling the MassHealth Enrollment Center (MEC) (1-800-332-5545). If they haven't been on MassHealth previously, the turnaround appears to be much slower.

*Gina Stec* of the Hilltown Community Health Center shared that in the midst of budget cuts, she was happy to report that she foresees continued grants for the Hilltown Community Health Center. *Gina* reported that they submitted a School-Based Health Center application and hope to hear results in December. They also received a grant from Neighborhood Health Plan to purchase colposcopy equipment, which is a specialized test for women who have abnormal pap results.

*Nancy White* explained that she is a financial counselor in the Emergency Room of Baystate Medical Center. She commented that she is seeing many uninsured people – including people who are working more than one job. *Nancy* commented that the MassHealth Essential turnaround has been tough. She reports that people are coming in very sick, and are using the ER like a primary care facility. Because the volume of people passing through the ER is so high, it's hard for people to get information. *Nancy* estimates that Baystate's ER gets approximately 500 people per day. The uninsured are often sent to clinics, where some get financial counseling.

*Joane McNabb* of Baystate Medical Center also explained that Baystate is in the process of expanding its ER due to the major volume of patients. *Joane* shared that the financial counselors at Baystate received a listing of patients who were previously on MassHealth Basic. The financial counselors contacted as many of these people as possible, and helped them apply for disability and Essential. *Joane* estimates that they may have reached 50% of the people – due to address changes and other factors. In addition, *Joane* announced that as of November, financial counselors work on the weekends. This is a part of Baystate's efforts to reach more patients and to get them started on disability, Essential, and Basic applications. *Joane* notes that the financial counseling department has expanded its mentality

to include an emphasis on getting their uninsured medical insurance so that they can visit their primary health care providers.

*Vicki Premerlani* announced that the Advocacy for Access program is busy, particularly with disability applications and assisting people with MassHealth Essential. Vicki reported that they are doing community outreach to provide some general education on MassHealth, and are trying to reach providers. In addition, Advocacy for Access is working to expedite the (Permission to Share Information) PSI process, encouraging clients to fill out the forms at their doctors' offices. Vicki also shared that Berkshire Community College has been calling Advocacy for Access to ask if they can help get their students immunized. She commented that full-time students' health insurance often only covers services in school.

*Sonia* suggested that coverage might depend on the school. She commented that both Holyoke Community College and Greenfield Community College have had problems with their students' health insurance.

*Vicki* noted that she was glad to hear about Holyoke Health Center's dental services, and said she knew of a lot of people in need of dental care. She explained that she has referred people to the South Berkshire Community Health Center, which has no dental capacity, but has helped a number of people in other areas.

*Maribel* told Vicki that the Holyoke Health Center also does immunizations. She encouraged Vicki to have students check with their own insurance first, and then to refer them to HHC if necessary, bringing their proof of residency.

*Judy Grant* mentioned that she has information on MegaLife, which is the insurance used at Mt. Wachusett Community College, if anyone is interested. Judy also asked for a contact at the Massachusetts Immigrant and Refugee Advocacy Coalition (MIRA).

*Stacey Taylor-Auger* of Health Care for all offered to get her Molly Goggin's phone number.

*Judy* shared that Healthy Connections also received funding through the HCAP grant (along with Community Partners, Ecu-Health Care, Baystate Medical Center, Montague Department of Public Health, Franklin Medical Center, Franklin County Community Health Center, Athol Memorial Hospital, and the North Quabbin Community Coalition).

*Judy* announced that Healthy Connections received a grant to work with teens on health care access. She further noted that there is a problem with people being discharged from hospitals with no pre-discharge planning. She described a situation in which a woman with two broken legs was discharged from the hospital with \$1000 worth of prescriptions she couldn't pick up from her pharmacy because she had no prescription coverage. According to Judy, similar situations have arisen with people being released from psychiatric units.

*Lorraine York-Edberg* mentioned that there are 27 local Area Agencies on Aging that will help guide seniors and care-givers through the large array of senior services in the community. People can call 1-800-AGE-INFO to get the number of their local Agency on Aging.

Judy replied that, unfortunately, her case involved a 40-year-old woman.

*Danna Boughton* of Healthy Connections in Athol stated that she would like more information on CommonHealth premiums. She said that clients really need to be able to calculate the size of the premiums based on their income.

*Danna* also reported that people are going to the pharmacy to pick up their prescriptions and are finding that their meds are no longer covered under MassHealth or now require preauthorization. If a person has refills for the prescription, the medication will be covered until the refills end. She asked, however, why people aren't being notified of the changes in coverage.

*Danna* explained that when people are told they need prior authorization, they contact their doctor, and may try another medication that is covered by MassHealth – or they go right to the paperwork. If there is a generic for the medication, the generic is automatically substituted at the pharmacy. With drugs that have no generics, another drug in the same class gets substituted for the generic. *Danna* emphasized that people need to be informed of these changes in a more specific way. She also explained that MassHealth can and does change the drug formulary every two weeks. So even though people understand that generics must be used, they don't necessarily know that the medication they take is similar to something else that is generic. Because they haven't had trouble filling their prescriptions before, they figure they are all set...until they get to the pharmacy.

She pointed out that some health plans do send out information to their members when they make a change in coverage for a specific drug or drug class. *Danna* found that Network Health notified a client of such a change, and stressed that the PCC plan should, too. She explained that people need to see the actual names of the drugs so they can better determine how the changes affect them.

*Stacey Taylor-Auger* of Health Care for All said Health Law Advocates once explained that there is no law requiring such notification.

*Michael* asked if this problem could be addressed as part of the intake process. Could outreach workers ask about their client's meds and give them a heads up about this systems glitch?

*Kerry Togneri* of Franklin Medical Center shared that she is starting to see people who were terminated from MassHealth Basic. They're coming back and are willing to apply for Essential. She said that an additional 200 people were put into the Free Care Pool this past month. She has talked to doctors' offices about distributing information on CanadaRx. One client who uses Canada Rx saves \$700/month.

*Lorraine* suggested that Kerry talk to Isaac Ben Ezra from the Massachusetts Senior Action Council about CanadaRx.

*Simon Muil* of the Insurance Partnership announced that they have finished their mailing campaign. They are reminding people not to let their coverage under the Insurance Partnership program lapse, otherwise they will face a waiting list. Simon reported that he has experienced a disconnect between the information he is getting from the Central Processing Unit (CPU) and the MEC on what qualifies as proof of income. He encouraged people to speak with more than one person if a client is denied coverage, and to try again.

Lou Saltus and Maryellen Sullivan were recommended as good contacts at the Springfield MEC.

*Michael* announced that Bob Guerino of the MassHealth Enrollment Team was unable to attend this month's meeting because the Member Education division has been short-staffed.

*Anne Rosen and Stacey Taylor-Auger* provided a few brief updates on MassHealth and DPH programs:

## **Program Information**

### **MassHealth**

- MassHealth Essential Enrollment is at 11,000. The cap for the program is 36,000 members.
- New MassHealth premiums went into effect on November 1<sup>st</sup>. Hardship Waivers are available. (See page 9 for contact information)

### **DPH**

#### **Re-organization**

The Health Access Unit staff can now be reached at the Revere MEC (1-800-531-2229).

#### **Healthy Start applications**

As of October 15, only an MBR is required to apply for Healthy Start. Old Healthy Start applications won't be valid after October 15<sup>th</sup>.

#### **CMSP**

The waiting period for CMSP is currently 72 days. The first premiums went into effect on November 1<sup>st</sup>. Hardship Waivers are not available

#### **Funding For School-Based Health Centers and Adolescent Health Programs**

The RPF process is almost complete. Many agencies applied and fewer funds are available.

### **Medical Security Plan**, *Mara Yerow of Division of Employment and Training*

Mara Yerow has been with the Division of Employment and Training (DET) for almost 2 years. She is the first full-time director of the Medical Security Plan since DET began managing the program in 1996. She explained that there are two-and-a-half full-time DET staff in the MSP unit.

Mara distributed MSP applications and emphasized that any of these materials can be copied and submitted to apply for MSP. Mara also thanked Michael for inviting her to the meeting and acknowledged that advocacy groups in Western Massachusetts have been extremely active in helping their clients apply for the MSP.

Mara further explained that the Medical Security Plan has had to implement changes to keep the program operational and financially solvent. The program is funded by a payroll tax that every employer with 6 or more employees pays into. The money from the tax is put into a Trust Fund. In good years a reserve was created, however in years of high unemployment, the amount of money has been severely depleted.

Mara explained that last year the Legislature diverted \$35 million from the Trust Fund to the Medicaid program. Over the last few years, \$195 million has been diverted to the Medical program. Mara noted that while MSP is a small program compared with Medicaid, it is very visible.

According to Mara, DET contracts with Blue Cross and Blue Shield of Massachusetts to administer the program. Claims are paid directly from a state account, and DET staff monitor payments on a daily basis to see how much money is being expended.

Mara stated that spending exceeded estimates in September and October, and reported that DET is hoping to finish the year with slightly more than \$100,000. She also shared that while DET staff would have preferred not to implement the changes in premiums in August and September, the program could not have continued without them.

### **Medical Security Plan Cost-Sharing Changes**

#### **Premium Assistance: Effective 8/1/2003**

- Family Plan: MSP covers 75% of the premium up to \$523
- Individual Plan: MSP covers 75% of the premium up to \$217

\* Prior to August 1, 2003 MSP covered 80% of the premium - with caps of \$598 and \$250

#### **Premiums for Direct Coverage: Effective 9/1/2003**

The new premiums for Direct Coverage are:

- \$20/week for an individual
- \$30/week for a family

The premiums for Direct Coverage are automatically deducted from unemployment insurance payments. Mara reports less than 5% of people participating in the MSP voluntarily terminated due to the initiation of premiums.

*Danna Boughton* observed that many people cannot afford COBRA, and commented that the fee changes appear to unfairly impact those on Direct Coverage.

*Mara* replied that what people on Direct Coverage pay is equitable compared to what people on Premium Assistance are paying. She also noted that MSP has a presumptive hardship program. If a person's total gross family income is at or under 200 % of the current FPL, he/she could be eligible for a Direct Coverage hardship waiver.

*Joane McNabb* inquired about the MSP application process. She reports that some her clients thought the process happened automatically if they lost their job.

*Mara* responded that MSP is not an entitlement program. People must apply, and should include the following with their application:

- a COBRA letter, stating the date their COBRA begins
- Information on their insurance plan
  - name of plan
  - amount of coverage
  - type of plan – family or individual
- Proof of income and spouse's income (DET has access to Department of Revenue records, so accurate information must be included)
- Full-time students need verification of student status
- Copy of Benefit Determination Form from DET

*Sonia* explained that she worked with someone under 200% of the FPL who wanted to enroll in the Direct Coverage program, but had the COBRA option. This person was denied coverage because DET said a copy of the COBRA letter was missing. *Sonia* asked about this policy.

*Mara* explained that MSP requires people to take the COBRA option, except in cases of financial hardship. Because COBRA provides coverage for up to 18 months it is viewed as the better option – MSP coverage expires when an individual stops collecting unemployment insurance. In cases of financial hardship, applicants need to check off “Direct Coverage” and “Hardship Waiver” on their applications. If their income is less than 200% of the FPL guidelines, they will automatically be approved for Direct Coverage. If their income exceeds the guidelines, detailed expenses submitted by the applicant will be reviewed. If expenses exceed the income, the hardship waiver will be approved.

*Sonia* reiterated that the application does not indicate that people applying for the Direct Coverage Program need to submit a COBRA letter. She asked again whether they need to include this letter.

*Mara* responded that to avoid all questions and possible delays, a COBRA letter should be included. She added that MSP coverage is effective on the date the application is received – even if it takes three or four weeks for the application process to be completed. Also, if an individual has a COBRA option and would like to apply for Direct Coverage - and they do not file or qualify for the Hardship Waiver - they must wait until their COBRA option lapses, which is 60 days.

### **Health Access Issues**

#### **SHINE Program - *Serving Health Information Needs of Elders* - Lorraine York-Edberg**

Lorraine reported that 9 new SHINE counselors in Hampden, Hampshire, and Franklin counties have been trained to provide information, counseling, and assistance to Medicare beneficiaries.

She also explained that seniors on HMOs (i.e. BlueCare 65) are getting letters on coverage changes and changes to their premiums. Please refer people with questions to the SHINE Regional Office at 1-800-498-4232 or (413) 773-5555.

#### **QI-1 Program**

Congress has approved a bill extending the Qualifying Individual (QI-1) program through March 31, 2004. Benefits for this program were supposed to expire on 9/30/2003. This Medicare buy-in program is federally funded and helps qualifying individuals pay their Part B Medicare premium. People should continue applying for the program. There is a single page application and no income verification is necessary. The program ultimately allows seniors to save \$700 per year in income.

#### **Medicare Premiums**

The Medicare Premium is expected to increase from \$58.70 to \$66.60 a month next year.

#### **Prescription Advantage - *Molly Maginnis* of Prescription Advantage**

##### **Open Enrollment**

Molly announced that the Prescription Advantage program received 12,000 applications during their Open Enrollment period in August. As of October, there were 8,000-9,000 new members, and there are now 86,000 people enrolled in the program. There may be an Open Enrollment period in January 2004; this will be known for sure after December 1<sup>st</sup>.

### **Membership Renewal**

The membership renewal process has begun. Renewal notices were mailed out on November 3<sup>rd</sup>. Molly estimated that about 7,000 members will receive renewal applications, and encouraged people to contact the SHINE program if they need assistance with the process. She emphasized the importance of returning the renewal forms on time so people don't lose their coverage.

### **Ongoing Enrollment**

The is ongoing enrollment for people under 65, disabled, and under 188% of the FPL. The income guidelines are \$16,883 for a single individual and \$20,205 for a couple.

### **Enrollment is currently closed to persons over 65 unless they meet one of the following criteria:**

- They have just moved to Massachusetts
- They are between the ages of 65 and 66
- They have lost their prescription drug insurance (not by disenrolling)
- They have lost their MassHealth benefit

Applications are available by calling Prescription Advantage 1-800-243-4636.

### **The Medical Security Plan (MSP) Short-Term Deficit, Stacey Taylor-Auger of Health Care For All**

The MSP fund needs approximately \$4 million to get through this fiscal year. Income comes in during the Spring, after which the fund should be able to operate in balance. Because of this short-term deficit, the Administration raised premiums, which will lead to decreased participation and a rise in the number of uninsured.

Senators Pacheo and Tolman have introduced an amendment to the Economic Stimulus Bill to assist MSP with its temporary funding problem. The amendment would

- 1) Clarify that premiums are not permitted in the Direct Coverage program for those with incomes below 200% FPL (\$36,800/family of four), and restore the premium assistance amount paid for by the program.
- 2) Permit the MSP program to temporarily borrow funds from the tobacco settlement trust fund if there is a shortfall

### **MassHealth Hardship Waivers and Premium Reductions**

As of November 1, 2003, the Division of Medical Assistance will charge premiums to MassHealth members enrolled in MassHealth Standard, CommonHealth and Family Assistance. DMA may chose to waive or reduce a member's premium in cases of extraordinary financial hardship. Waivers or premium reductions may be granted for periods up to six months. Members may apply for a new waiver or premium reduction after an existing waiver or premium reduction has ended.

MassHealth members can request a waiver by contacting the Member Premium Billing Office as follows:

- by telephone at 1-888-426-9901
- by e-mail at [premiumbilling@nt.dma.state.ma.us](mailto:premiumbilling@nt.dma.state.ma.us)
- by fax at 617-210-5753; or

- by written request to:  
Division of Medical Assistance  
Attn: Member Premium Billing Office  
600 Washington Street  
Boston, MA 02111-1712

### **Facts on MassHealth Caps**

The Romney administration recently announced that it would be capping enrollment in certain MassHealth programs, including HIV, CommonHealth, and Family Assistance. When enrollment reaches the cap, eligible people will be placed on a waiting list. In order to implement caps, the Administration must first get federal approval. They have not yet received approval.

The caps effect the following categories of people:

- low-income adults who are HIV-positive
- low-income working adults in the Family Assistance program
- working and non-working people with disabilities on the CommonHealth program

There is sufficient funding in these line items to support enrollment growth. The legislature must make their intent clear through formal legislation or informal clarification.

### **The Status of Children's Health Care in Massachusetts**

In 1996 Massachusetts expanded its health care programs and made a promise that all children under the age of 19 would have access to health care coverage. Yet:

- The Children's Medical Security Plan (CMSP), which was created to provide coverage for any child who does not have insurance coverage through a parent's employer or the state's Medicaid program, has a waitlist of over 6,000 children.
- As of November 1, 2003, children enrolled in CMSP face steep new premiums – many will have their existing monthly premiums rise from \$10.50 to \$45.32 per month.
- On November 1, 2003 new premiums began for thousands of low-income children enrolled in MassHealth.
- Families who are unable to afford their CMSP and MassHealth premiums will be dropped from the program and will be without coverage.

*The meeting was adjourned at 12:10 p.m.*

<p><b>Next meeting:</b> <b>Date:</b> December 5, 2003 <b>Time:</b> 10 a.m. to 12-noon <b>Location:</b> Jones Library, Amherst</p>
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