

Survey of Massachusetts Outreach and Enrollment Workers Regarding 2008 Commonwealth Care Co-pays

Developed and compiled by Community Partners

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****SUMMARY OF RESPONSES****

February 26, 2008

Background

Community Partners conducted a survey of Massachusetts outreach and enrollment workers throughout the Commonwealth to gauge the impact of proposed changes to the Commonwealth Care co-payment schedule for 2008. The survey was conducted online between February 22 and February 26, 2008.

A total of 48 people responded to the survey. Respondents offering contact information represented 26 organizations in 14 towns/cities in the Commonwealth. These respondents live and work in communities from Boston to Pittsfield, in cities and rural areas. The vast majority of those who identified their role are professionals who provide enrollment assistance: they represent hospitals, community health centers, and a variety of community-based organizations. Others are members of Commonwealth Care or medical providers for Commonwealth Care patients.

Key Findings

The key finding of this targeted survey is that the proposed 2008 co-payment schedule for Commonwealth Care is perceived to be a barrier to health care for those enrolled in the program. Three specific themes emerged from the responses.

1. Respondents indicated that an increase in co-payments for Commonwealth Care would be unaffordable for members, resulting in a negative impact on members' access to care.

Concerns about what a Commonwealth Care plan will cost are usually the first or second questions from new applicants. Increases of any amounts for those living at \$10-30K/year income levels will likely result in postponing or avoiding routine care, prescription medication or worse, an ER visit. (p. 5)

They will go to the emergency rooms of hospitals when they are so sick they cannot stand it anymore but will not come to have their day to day needs met at the clinic. (p. 5)

These are people who are trying to make ends meet. If they need to choose between the co-pay or a heating bill or food bill they will do without the co-pay and the service that is medically needed. (p. 7)

Pharmacy co-payments have a disproportionate adverse effect on low income chronically ill people. They both impose a financial strain and make it more likely that a person will not comply with their pharmacy regime, which is what is keeping them from getting sicker. (p. 7)

2. Respondents suggested that changes to co-pays were too soon.

Cost increases in a year or two may be appropriate and necessary, and may not affect some enrollees. However, I fear that there is a population within those who have just enrolled in Commonwealth Care plans who will despair and drop their coverage when they see costs rising so soon after enrollment. (p. 9)

3. Respondents expressed concern that the combination of co-pay increases and expected premium increases would have the effect of making health care coverage costs too great for some Commonwealth Care members to afford.

If a Commonwealth Care member can scrape together enough money for a hike in their Commonwealth Care premium, they surely won't have additional money in their already strapped budget to pay for higher co-pays . . . Serious medical conditions will go untreated and unmedicated because the chronically ill will not be able to pay for their inflated co-pays. (p. 11)

The patients won't pay their co-pay/premiums and they will be taken off CommCare thinking they will be eligible for the Health Safety Net again and [that] this will count as insurance. (p. 11)

Organizations Responding to Survey *(when identified; 36 of 48 responding)*

Artists Foundation	Boston
Baystate Medical Center	Springfield
Beverly Hospital	Beverly
Beth Israel-Deaconess Needham Hospital	Needham
BMC HealthNet Plan	---
Boston ABCD	Boston
Brigham and Women's Hospital	Boston
Caring Health Center	Springfield
Community Health Center of Franklin County	Turners Falls
Duffy Health Center	Hyannis
Elder Services of Berkshire County	Pittsfield
Gateway Health Access Program (GHAP)	Gardner
Great Brook Valley Health Center	Worcester
Hampshire HealthConnect	Northampton
Health Care for All	Boston
Health Law Advocates	Boston
Health Quarters	Beverly
Healthy Connections	Orange
Lazarus House, Inc.	Lawrence
Manet Community Health Center	Quincy
Mass General Hospital	Boston
Neighbor to Neighbor MA	Boston
Outer Cape Health Service	Orleans, Truro
People Acting in Community Endeavors (PACE)	New Bedford
Sidney Borum, Jr. Health Center	Boston
Stanley Street Treatment & Resources	Fall River

Role of Respondent *(when identified; 46 of 48 responding)*

I help people enroll in Commonwealth Care	83.3%
I am a member of Commonwealth Care	8.3%
I am a medical provider who has patients on Commonwealth Care	8.3%

RESPONSES

“What impact do you expect the co-payments for Commonwealth Care proposed by the Connector to have on you/your clients/your patients?”

CO-PAYMENTS NOT AFFORDABLE

When we help a new member choose their plan, we also explain to the member the benefits and co-payments specific to that plan choice they've made. Even with the current prescription co-payment structure, I shudder each time I say out loud the co-payment figure for "non preferred" or "Tier 3" medications. As it stands now, these co-payments are \$30 and \$40 for plan types II-IV. I myself am not dependent on medications so it's hard for me to imagine what it must be like for someone that pays \$30-200/month in just pharmacy co-pays on top of \$70-105/month for their plan premium. It is, in my opinion, unthinkable to even consider raising co-payment amounts or out-of-pocket maximums.

Before Commonwealth Care, many of the rural people I work with were [Free Care] Pool members and received necessary "non preferred" medications either by paying a small co-payment to their Community Health Center pharmacy or for free through a Patient Assistance Program (PAP). Now that Pool members have been converted and enrolled in Commonwealth Care, they are no longer eligible to participate in PAPs, because they now have health insurance with Rx coverage. Convincing many Pool members to sign up with CommCare was easy, because we could say with enthusiasm that they'd now have stable, affordable drug coverage. People bought into this program because we helped them to believe that finally their day had come. Finally, their Commonwealth was concerned with providing an affordable lasting alternative.

Health Care Reform was intended to drive down costs for both consumers and government. The proposed increase in co-payments looks more like cost shifting than cost sharing. There are many other more logical tools at the disposal of legislature and the Connector to leverage financing for this program.

Any time costs increase, it adversely affects our clients. Given the state of the economy now (i.e., housing crisis, high gas costs, etc.), increasing mandated health costs is burdensome.

Patients that are chronically ill have been complaining that for the amount of appointments they have, they can not afford to pay co-pays at every visit, plus co-pays for every prescription, plus their monthly premium, plus payments at dental department because they do not have full coverage under the Health Safety Net. I have a few patients that are refusing to pay co-pays because of the simple reason that they do not have enough money for all these co-pays. Increasing the co-pays or premiums will just make these chronically ill patients not seek further medical and dental care and can interfere with the medical provider plan of care.

If the co-payment goes up the clients will not be able to afford the Commonwealth Care plan.

Concerns about what a Commonwealth Care plan will cost are usually the first or second questions from new applicants. Increases of any amounts for those living at \$10-30K/year income levels will likely result in postponing or avoiding routine care, prescription medication or worse, an ER visit.

I think the proposed increase may push some individuals to drop off the program in which they are enrolled.

Higher co-payments mean that my employees will not get health care they need. They'll put off doctor visits until they are emergencies, which is a terrible way to deliver health care.

Patients won't be able to pay and will result in cost shifting to providers.

I believe that they should be responsible for co-pays at any cost as many people have much higher premiums and co-pays and they are responsible for them so why shouldn't Commonwealth Care [members] not share in the responsibility for their health care.

Increased co-pays will stop many clients from accessing necessary medication and office visits, which leads to increased medical complications and costs.

Clients and patients are going to have a hard time with this decision -- many of them cannot afford current co-payments and now we are talking about raising them? I anticipate a very large uproar over this and I also think that some people will rethink their decisions about Commonwealth Care. The sad thing is, that no matter what the co-payments change to, the outcome is still far less expensive than the alternative of private insurance. We need to work on stressing that fact to these people while we are proposing higher co-pays.

A lot of our patients cannot even afford the \$5.00 office co-pays now.

I think that the impact will depend on how much the co-pay will increase. If it goes up to say \$10.00 per visit, it should be fine.

It will be devastating. The patient's that I serve who do work only make a minimum of \$250.00 a week. The jobs on Cape Cod are seasonal and the fishermen are getting squeezed to the limit. While on paper this sounds super, it is not. Again, patients will not have their health care needs met. They will go to the emergency rooms of hospitals when they are so sick they cannot stand it anymore but will not come to have their day to day needs met at the clinic. I especially see patients who are diabetic. Unable to obtain their insulin because they do not have the money go into comas or just about make it to the emergency rooms of hospitals. Please reconsider what you are doing to the neediest in Massachusetts.

Very negative impact on our community. Many artists, like others under 400 percent of the FPL, don't have a rainy day fund to cover these increases.

... requiring higher co-pays will put a burden on the patient, as well as the provider. The patient is already under a hardship and to be expected to pay a higher co-pay will just add to the burden. As a provider, this will increase our bad debt which is already climbing.

If people are in medical need they will utilize services, this will also reduce routine visits to ER's.

Devastating effect. These people that I have signed up would not be able to afford the increased co-pays. I know that for a fact, because I have asked them myself, personally. Furthermore, many of them are sick and need a lot of medicine and medical help and they don't speak much English. A lot of them smoke, and they need anti-smoking stuff. How can they pay for their cigarettes and the patches, too? One woman, Rashonda, told me that if these increases happen, then she will probably die because she can't afford them now, never mind after they go into affect. And her 5 children are all sick and in special ed. ... So, I hope you don't raise the co-pays, but rather either lower or better yet eliminate them all together. Remember, "together we can save ... Rashonda and her innocent, lovely children."

I don't think people will like them, but I think that they are necessary. This program is built on a very fragile compact and I think it's important that we do everything we can to stabilize it financially while keeping care affordable.

Patients on the state assisted programs such as HSN Partial often do not pay their portion of responsibility and the hospitals end up shouldering the cost. I believe this will make it more difficult for patients and may discourage them from seeking care, however, if they do seek care, it is likely they will not pay the co-pays and the hospitals will be left with the bad debt.

I work with individuals who have medical debt that they owe to medical providers such as hospitals, ambulance companies, and doctors' groups. Even a modest increase in out-of-pocket medical costs can result in medical debt, particularly for low-income or chronically ill patients. Although the increases in co-payments may seem trivial, research shows that even small amounts of debt can lead to financial and health access problems. A 2005 Access Project survey of low and moderate income people at Tax Assistance sites found that 12 percent of those with less than \$500 in debt reported housing problems due to medical costs. 1 in 6 who owed less than \$500 said that the medical debt had harmed their credit.

More than 10% of the people in our medical debt counseling program owed less than \$500 the time they sought help from us. Despite these seemingly negligible debts, one man couldn't come up with \$345 for a root canal that he needed to save his teeth. Another woman owed a mere \$90 to her university health center, which she was unable to pay. Barred from enrolling in classes for the next semester, she was forced to borrow the money from a friend. A third person had been black-listed at his primary care provider due to a \$240 bill. It is clear that even small bills can have serious consequences.

If a patient can not afford the co-payments they will do without the service. These are people who are trying to make ends meet. If they need to choose between the co-pay or a heating bill or food bill they will do without the co-pay and the service that is medically needed.

“Affordable” is not the same for everyone who has the same income, particularly for folks with a high debt load, and/or out of pocket expenses, dependent care, etc. I am a person with several chronic diseases and a family income far above 301% of poverty. I can tell you that helping three children pay for college (as well as still paying loans for my Master's degree) and trying to keep up with rising prices (fuel, food, heat, etc) on a static or declining human service worker pay scale, many people will not be able to pay increased co-pays. I have had a lot of recovery of my chronic diseases, but for many years I had doctor/medical appointments several times every month. Current co-pays may already be keeping folks from getting the medical/mental health services they need. We all know that maintaining health is a whole lot cheaper than measures taken when condition rises to a crisis level (compare costs of current, very expensive hepatitis c treatment vs. liver transplant and lifelong follow up, prescriptions and side effects).

The co-payments will make some members choose not to treat. Other members will return to using the ER as a PCP.

Pharmacy co-payments have a disproportionate adverse effect on low income chronically ill people. They both impose a financial strain and make it more likely that a person will not comply with their pharmacy regime, which is what is keeping them from getting sicker. In addition, although 20 years ago co-payments were adopted by insurers to manage pharmacy utilization and expense, the MCOs now employ pharmacy management services, and stress generic drugs and comprehensive care/drug management, so there is no longer this rationale for co-payments. Leaving one with the conclusion that they are simply a way of making the poor pay more money for less service!

Several of our clients are already having a difficult time paying for co-pays. We anticipate that many will delay care because the co-pays are prohibitive. There are also clients who will be significantly impacted by the lack of out of pocket limit for Rx. I have one specific client who was taxed while waiting for his Rx co-pay reimbursement due to the existing cap- he will be unable to pay for all of these drugs and will choose between them. We anticipate filing more hardship waiver applications and co-pay waiver applications for our clients.

I can not afford another dime. My family and I were burnt out in a fire in Lowell last month. We are living in a motel. I can't find a job because it's cold. I cut grass for people. Please don't raise the money I've got to pay; wait until summer when I'm working.

The Commonwealth Care insurance that I have does not cover dental as well as other important treatments. With increased co-payments, will the services be better?

I think it will be difficult for our patients to pay the increased co-pays. I worry that they won't come in for care. I also worry that they will come in for care and won't be able to pay their co-pay. We will see them but that will place us in a very difficult financial position. We are a non-profit healthcare provider and consequently our margins are thin. I am concerned that if co-pays increase we will see an increase in bad debt.

Very large. The pharmacy will not allow people to pick up meds if they can't come up with the co-pay. This happens now and will get much worse in the future.

Patients who cannot pay the co-pays will just not pay the providers who will most likely swallow the costs. Our patients will likely be unable to afford any co-pay. We would try to find a source to make up the difference. We are rarely able to collect co-pays from our poorest patients, but we are committed to providing the care nonetheless.

Patients are having enough trouble trying to get medical/dental care and prescriptions filled because of lack of income. This would definitely make a tremendous negative impact in receiving care.

INCREASE IN CO-PAYS ...TOO SOON

Since I listen every day to clients who have enrolled in Commonwealth Care I believe that right now, most are overwhelmed with the whole process, but very happy with the result once they are in the system. I recommend that no increase be given at this time. People have to get used to paying these premiums. So many now report to me that they are having a hard time with the current payments that I feel they would drop the coverage if an increase is given. A lot of our clients are seasonal workers, and in the winter they have a very hard time financially. With the high price of gas and heat at the present time, I feel our clients would not be able to accept an increase in a health premium also.

People are just getting used to the Health Care Reform law and making adjustments and income budgets to help with their premiums and co-pays. To change the costs now would be upsetting to people and may even cause this insurance to be unaffordable to them. Also, they may be more inclined to not go to the doctor for check ups or if they do not feel well because they cannot afford the co-pay. This happens all too often with folks that they do not get preventative care due to high ins costs and end up getting sicker, which in turn costs the state more money.

While the overall cost-sharing structure of Commonwealth Care is appropriate and acceptable to most people I have enrolled, I fear that raising costs to individuals so soon after so many people have enrolled will discourage Commonwealth Care members from paying their premiums. Additionally, word of mouth and rumors surrounding "cost hikes" in Commonwealth Care may dissuade those currently unenrolled from signing up for plans. Cost increases in a year or two may be appropriate and necessary, and may not affect some enrollees. However, I fear that there is a population within those who have just enrolled in Commonwealth Care plans who will despair and drop their coverage when they see costs rising so soon after enrollment.

CO-PAYS COMBINED WITH PREMIUMS ARE UNAFFORDABLE

Many of my clients feel that they cannot comfortably afford an increase in their health related costs. This could discourage consumers from using their insurance and will impact the ability for the consumers to be able to pay their premiums.

Overwhelmingly, when individuals choose not to enroll in Commonwealth Care it is because they cannot afford it. The individuals we assist often have many other expenses (i.e. childcare expenses, education expenses, unsubsidized housing expenses, transportation expenses, increasing cost of living) and sometimes debt that are not factored in to the eligibility determination but that make Commonwealth Care premiums and co-payments difficult, and in some cases unmanageable. If the board's proposed changes take effect, more individuals will be unable to either enroll in Commonwealth Care plans or to access health services.

Make it less likely for people to stay enrolled. Why participate when the cost of premiums plus co-pays, etc., is likely to be more expensive than paying fine plus cost of doctor's visits? (That price comparison will become more realistic each time individuals' "responsibilities"--in other words, bills--are increased, as will probably happen regularly once the precedent is established.)

Just paying premiums is a new concept to many of this population. While 35.00 per mo is certainly a low premium, when you make 18000.00 a year, you are bringing home 300.00 a week. \$35 for a premium you never had before is a big enough bite of your money. Doubling the co-pays for this population does not seem reasonable. We have many clients that STILL do not want to enroll because they consider themselves healthy and do not go to the doctors. They would rather have the 35.00 for other expenses. Also, the hospital is going to be the one left holding the bag. Patients will present and not have the co pay. We will bill but realistically, I doubt many people will pay. This is a population that previously had free care. They have never had to pay a hospital bill.

For many of the patients who come into our hospital for frequent visits and are already pushing their financial limits to pay a monthly premium there will be definite concerns. We will also see an increase in missed appointments and an increase in the number of waiver applications that are being filed.

No doubt they will drop the coverage. It is hard enough to find the uninsured and convince them that "Affordable" CommCare is for them, but, once they find out how much they will have to pay it will only scare them away. The existing CommCare clients will probably drop it as their income is not increasing to accommodate the premium and co-pay increases. We have heard complaints recently that no dental coverage is available for CommCare clients (BMC) and they are requesting to go back on MassHealth for the dental coverage.

Patients will not be able to afford the co-pays and may not come in for care when they need it. Also, as a FQHC, we have limited funding. This could add an additional \$25,000 in potential losses for the Health Center.

As an advocate I have now worked with many people who for the first time have a primary care physician, and prescription coverage thanks to the Commonwealth Care program. Previously I managed a Prescription Assistance Program, and obtained 90 day medications directly from manufacturers for people on Free Care. With the introduction of Commonwealth Care, the need for that position has almost been eliminated. I know first hand, that Commonwealth Care works! My clients are delighted and very appreciative that the State is offering these programs.

Most clients are telling me that they will just about be able to afford the premiums as they are now. A large number of my clients are on fuel assistance, and many also receive food stamps. Today at the local the gas stations the price for regular gas was anywhere from \$3.13 to \$3.19 a gallon. I work in a seasonal community and right now a lot of clients are not working. I have even had clients tell me that since they did not vote on a ballot for this healthcare bill, they should not be fined because they did not enroll. Due to these reasons, I do not think that this is the right time for an increase.

If premiums are raised, people will not be able to afford to continue their Commonwealth Care coverage. The average Commonwealth Care member has no idea that they can request a premium hardship waiver, or once they receive the waiver, that the stringent guidelines may be loosened for them depending on their situation. The average Commonwealth Care member will go back to being uninsured as they had been before the program came into being.

If a Commonwealth Care member can scrape together enough money for a hike in their Commonwealth Care premium, they surely won't have additional money in their already strapped budget to pay for higher co-pays. Commonwealth Care members will refuse to seek care because they just don't have money floating around to pay the co-pays for doctor's visits. Serious medical conditions will go untreated and unmedicated because the chronically ill will not be able to pay for their inflated co-pays. Co-pays are a serious expenditure for these folks and it is unfair to require these low and medium income people to spend even more money for the medical care that they desperately need.

The patients won't pay their co-pay/premiums and they will be taken off CommCare thinking they will be eligible for the Health Safety Net again and this will count as insurance.

I expect that there will be a significant number of people who will not be able to afford these co-pays and therefore will not seek care. Attaching co-pays to premiums seems to be counterproductive, if the aim of having health insurance is to encourage people to utilize their doctor on a regular basis, thereby reducing the cost of health care. Preventative care is once more compromised. Someone else, presumably insurance companies, is deciding how much people can afford, without taking into account the costs of fuel, food, house, car etc. We are in a rural area, so none of these are luxury items. If the goal is to provide health care, co-pays will defeat the purpose. Next, staffing our facilities with primary care doctors must be looked at. Then, and only then, will preventative health care approach being the norm. Of course, this leaves out the role pharmaceutical companies play in all this...

It will be further hardship on most CommCare clients to have an increase in payments/co-

payments. We see many young, low-income clients who struggle to make payments for this forced insurance plan.

I have had the Connector/Network Health since August and will be switching over to Neighborhood Health Plan on March 1st. While on Network Health, I was not working regularly but I made it a priority to pay the \$35.00 monthly fee. It was harder to do the co-pays to see doctors at MA General and MA Eye and Ear in Cambridge. To someone with a two-week paycheck of only be \$400 or less, to have to pay \$50.00 to see a doctor and \$35.00 for prescriptions is very expensive! I would have to decide between eating and getting better! I don't believe that the co-pays could potentially be going up! How do you expect the working poor like me, (and I have a BA in Education and many years of teaching experience) to get ahead? Most of the people on Network Health have much less education than myself and are working to support families.

We, who have been trying to do the right thing by signing up for the Connector, do not need another kick in the stomach to our self esteem or to our budgets. I am now a family case manager for the Native American Head Start in Jamaica Plain but when I first signed up for The Commonwealth Connector, I was working two jobs and still found it difficult just to live a normal life. I was very grateful to the Southern Jamaica Plain Health Center for helping me apply for the health insurance, as I found the website mind boggling and in fact, I had to apply and send my paperwork in three times before the insurance came thru. What bliss it was to not be treated like a pariah by health practitioners because I did not have insurance. Please do not raise the premiums or the co-pays any higher. Perhaps it would help if you really tried to 'walk the walk and talk the talk' of people like me and of those without degrees. How do you expect us to pay more? Do you want us to pick up a third or fourth job?

What comes to mind is Jimmy Stewart from that popular Christmas movie where he is talking to old man Potter. Mr. Potter tells him that the working poor don't need nice houses, they don't need to have these things and that they can just wait until they retire to get them. Jimmy Stewart says to Potter, "This rabble that you are talking about, these people do deserve these things... for they are the ones who do the living and dying in this town and is it too much to ask to give them four walls and a roof over their heads!" We, the working poor, are the rabble and you are acting like Mr. Potter.

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