

Community Partners Survey – October 2008

How do outreach workers view Massachusetts health care reform
after two years of implementation?

TABLE OF CONTENTS

Executive summary	2
About the survey	4
Questions and unedited responses, arranged by theme:	
<i>Section I: About your clients</i>	
Question 1 : How do your clients get their information about Health Care Reform and its programs?	5
Question 2 : When your clients first come to you, how well do they understand the choices they need to make about health coverage?....	5
Question 3 : What are the three biggest barriers your clients experience in getting and keeping health insurance?	6
Question 4 : Once your clients have health insurance, what are the biggest barriers they experience when it comes to seeing a doctor?	10
Question 5 : What groups (for example: the working poor, young adults, the middle class, businesses, immigrants) are being helped the most by Health Care Reform? Why?	13
<i>Section II: Your opinion, please</i>	
Question 6 : What groups are not being helped by Health Care Reform, and why?	17
Question 7 : What about Health Care Reform has most pleased you? ...	21
Question 8 : What about Health Care Reform has most disappointed you?	24
Question 9 : What suggestions do you have for improving Health Care Reform in Massachusetts?	27

Community Partners Survey – October 2008

How do outreach workers view Massachusetts Health Care Reform after two years of implementation?

EXECUTIVE SUMMARY

Purpose: Massachusetts is fortunate to have a cadre of experienced health access workers in hospitals, community health centers and human service agencies in communities around the state who find people who are eligible for publicly funded programs, help them enroll, and follow them to make sure they maintain their coverage and connect with the services they need. Because they have thorough knowledge of both the coverage programs and of their clients' experiences trying to use them, these workers have a unique perspective to offer to the national dialogue about the effectiveness of Massachusetts' two-year old health care reform initiative.

Method: In early October 2008, Community Partners emailed an online survey to our statewide Health Access Network of 1,200. We limited the survey to only those who work directly with people needing coverage (700-800). During the week of October 8–16, 54 responses were collected from all over the state

Conclusions: After two years of implementation, most outreach workers in our network agree that:

- **Massachusetts Health Care Reform has been good for most clients**
- **The biggest barrier to actually achieving and maintaining newly expanded coverage is the complexity of the programs and the eligibility/renewal processes**

Key findings:

- 1. People learn from people they know.** Before visiting an access program, respondents' clients had received most of their information about Health Care Reform from people they know, rather than from advertising; the information they gathered was not adequate to give them a good understanding of their choices.
- 2. Confusion and cost remain barriers.** The confusion clients face in understanding their coverage and responding to state mailings – and affording the coverage – are the biggest barriers clients experience in getting and keeping health insurance.
- 3. Getting insurance isn't enough.** Once clients have health insurance, their biggest barriers to actually getting care include finding a doctor who is taking new patients, finding a doctor who accepts their health insurance, the wait time necessary to get an appointment, and transportation to get to that appointment.

4. **Many of the most vulnerable people are being helped.** The groups health access workers feel are being helped the most by Health Care Reform are low-wage earning citizens, small business employees/employees without employer-sponsored insurance, and documented immigrants. Respondents also commented on the role of the mandate and other factors in bringing about positive results.
5. **Some people are still left out.** The groups health access workers feel are not being helped are those who still can't afford available options (see below), immigrants (especially those without documents), and students, who are eligible for a special state program with limited benefits and thus barred from eligibility for health care reform programs.

Those who still can't afford available options include people whose incomes are just over the 300% FPL guidelines and don't have employer-sponsored insurance, and those who do have employer-sponsored insurance (which makes them ineligible for health care reform programs), but it is inadequate or unaffordable.

6. **The best thing is increased access to coverage.** Respondents are most pleased with Health Care Reform because more people have access to health insurance, coverage is more affordable for many, and access to non-emergency services has been expanded.
7. **Directions for further improvement efforts.** Respondents are most disappointed because state systems are still difficult to navigate, many people are left out of state programs and unable to pay privately, and there is a lack of access and continuity in primary care.
8. **Outreach workers as policy advisors.** We asked health access workers for suggestions for improving Health Care Reform. Their responses ranged from the fundamental ("Make it simple; cover everyone") to the more specific ("Have one agency provide eligibility and enrollment functions.") A majority favored an expansion of some form of subsidized coverage/care.

While expanding eligibility for public programs and access to private insurance are essential, an expansion alone doesn't guarantee access to care, an insurance card that works, or a doctor when you need one. Health access workers in communities, who firmly connect people with programs that will help them, are crucial to successful reform and better health for everyone.

Community Partners thanks the busy health access workers in communities across the state for their contributions to the success of Massachusetts Health Care Reform and for their generosity in sharing their observations and concerns. The complete survey appears below. For more information about Community Partners' work for access to health care, visit www.compartners.org

2-10-09

ABOUT THE SURVEY

Purpose: Massachusetts is fortunate to have a cadre of health access workers in hospitals, community health centers and human service agencies in communities around the state who find people eligible for publicly funded programs, help them enroll, and follow them to make sure they maintain their coverage and connect with the services they need. Because they have thorough knowledge of both the coverage programs and of their clients' experiences trying to use them, these workers have a unique perspective to offer to the national dialogue about the effectiveness of Massachusetts' two-year old health care reform initiative.

Method: Many of these workers are members of Community Partners' Health Access Network (www.compartners.org), which coordinates regional in-person meetings and an active online community. Community Partners emailed an online survey to our statewide network of 1200 at the beginning of October 2008. We limited the survey to only those who work directly with people needing coverage (approximately 700-800). During the week of October 8 – 16, 54 detailed responses were collected from all over the state.

With the exception of questions 1 and 2, which are quantitative, responses were tallied, percentilized and aggregated into thematic categories by Community Partners. The questions, percentages, and thematic categories of the responses appear below. The unedited comments of the respondents appear below each thematic category.

QUESTIONS AND UNEDITED RESPONSES

Arranged by theme

SECTION I: ABOUT YOUR CLIENTS

Question 1

How do your clients get their information about Health Care Reform and its programs? (Check as many as apply.)

Answer (multiple choice)	Number of responses
Outreach worker/Financial counselor	36
Health Care Provider	29
General word of mouth	27
Newspapers/magazines	14
TV/Radio	11
Employer	10
Billboards, bus posters, and other displays	8
Websites	7
Snail mail	3
Group forums	2
Friends or family members	2
<u>Other ways:</u>	
Tax preparers	1
Building managers	1

Question 2

When your clients first come to you, how well do they understand the choices they need to make about health coverage?

Answer (multiple choice)	Number of responses
Completely confused	20
Vaguely	17
Adequately	3
Very well	3

Question 3

**What are the three biggest barriers your clients experience in getting and keeping health insurance?
(40 people responded; some answers overlap categories)**

Summary of responses

Theme	Comments that include this theme
General confusion about paperwork	31 = 77.5%
General confusion about systems and programs	20 = 50%
Affordability	15 = 37.5%
Changes in their situation – change of address, age, etc.	9 = 22.5%
Language barriers	8 = 20%
Employment/Gap between employer coverage and	5 = 12.5%
Immigration status	4 = 10%
Communication with agencies on client behalf	3 = 7.5%
Confusion between MassHealth and Commonwealth Care	3 = 7.5%
Gaps between public programs	2 = 5%
Lack of doctors	1 = 2.5%

Full text of comments, grouped by theme

General confusion about paperwork: (31 = 77.5%)

Mailings and what to do with them

1. understanding mailings
2. The paperwork, for many people the questions that come confuse them, or their life is in the midst of some kind of change and therefore they are unsure how to answer the question.
3. Paper applications are overwhelming to them.
4. Renewals & ltrs that are hard to understand, especially when they get more than one ltr telling them different things
5. Understanding the mailings and responding to them.
6. CONFUSING MAIL
7. Confusion about determinations/how to respond
8. They don't understand the notices they get.
9. failure to respond to notices received in the mail
10. Following up on correspondences
11. understanding paperwork
12. Understanding that they need to answer any mail they received from MassHealth.
13. The third is the multitude of notices they receive from MA Health--usually all contradicting the last notice.
14. too many mailings

Difficulty completing verifications

1. Verifications, either they forget to send them in or are not sure what the information is needed for
2. additional verifications in a timely manner
3. Not having the required documentation.
4. getting the needed paperwork
5. They often don't have a photo ID and birth certificate, and if they were born in another state, it is impossible to get their birth certificate without a government photo ID, and you can't get a Mass photo ID without a birth certificate.
6. VERIFICATIONS
7. The greatest barrier to getting and keeping coverage is providing and re-providing verification of circumstances (e.g. financial, citizenship, disability status).
8. ALWAYS HAVING TO SUBMIT MORE PAPERWORK THAT THEY SAY THEY HAVE ALREADY SUBMITTED.
9. the mandate to prove citizenship
10. Confused about income documentation

Responding to re-determinations/annual review

1. responding to requests for reevaluations
2. responding to recertification
3. Not completing the review form out and returning it to Mass Health Office
4. confusion around ERVs
5. They often fail to open and read the mail they receive, so may not complete review form.
6. Keeping up with the Eligibility Review Forms
7. Eligibility review forms not being received, ERV forms not being completed timely

General confusion about systems and programs:

(20 = 50%)

How health coverage systems work

1. There is confusion in the language of the actual coverage – cancellation policies, review forms etc. can be very confusing to someone who has never dealt with them before.
2. Understanding of process
3. The cumbersome and often varied application processes loaded with confusing language and different timelines and contact people, combined with widespread misinformation about programs and eligibility criteria, often lead to delays in coverage or people giving up/opting out.
4. The multiple tiers they have to work through
5. confusion about the health system
6. They don't know how to apply to MassHealth
7. Do not know what to do, for example: To enroll with a health plan not sure what their primary care doctor's name is.
8. Pt not understand about health insurance
9. Understanding what is being asked of them and how the coverage works
10. The rules are too confusing and change too often.

Available programs/general need for info

1. Confusion in general about programs and what it means for them
2. They do not know the right questions to ask when seeking out their options.
3. They don't know all the benefits that they can get through MassHealth
4. lack of information
5. Many individuals still do not know what's available to them or they assume that they do not eligible for such programs

6. There are still a lot of people that dont know about Comm Care that could be eligible. The majority of the advertising was for the Choice products and the premiums are way different from the Care program.
7. just they are confused about the whole system and do not realize it can help them. They also may be paranoid about applying for anything state related.
8. not understanding what is available - not being able to advocate for their health care
9. resources information
10. Pt not understand how is the health work

Affordability

(15 = 37.5%)

1. Often they can't afford their insurance when they do finally get covered.
2. Cost to mouch money to get insurance through employer.
3. Cost
4. #1 cost
5. Cost.
6. Cost
7. Now that CommCare Plan II has a premium, many of our patients with this kind of CommCare can't afford the premium and I have not had much success getting premium waivers.
8. affordability continues to be an issue
9. Monthly Premiums
10. paying the premiums for CommCare
11. Not being able to afford health insurance
12. Not paying their premium on time.
13. not making their premium payments.
14. Many people did not understand the Premium changes and how it affected them. In the Northeast, our lowest priced plan became the highest priced plan the next year. A little consistency would be nice.
15. high cost of premium

Changes in their situation – change of address, age, etc.

(9 = 22.5%)

1. permanent address
2. Any changes in their situation (income, address, additions to family etc.)
3. not notifying MassHealth re address change or not receiving ERVS & notices etc.
4. "Aging out" of benefits
5. Homeless people often do not receive their mail. If for some reason the homeless indicator is not checked in their MassHealth file, they lose coverage and we may not see them to get their coverage reinstated for a long time.
6. status changes
7. They don't notify MassHealth when they move.
8. change of income or status
9. Constantly moving since they are homeless - Mail be returned if living in shelter

Language barriers

(8 = 20%)

1. Language barrier (Khmer or Cambodian)
2. Pt not understanding English.
3. The second is a language barrier--multi cultural area.
4. Language
5. Language
6. LANGUAGE
7. Bi-lingual clients do not always understand what is being asked.
8. languages barriers

Employment/Gap between employer coverage and public programs (5 = 12.5%)

1. "exceptions" letters, working for employers who offer inadequate or expensive insurance
2. Change in employment circumstances
3. Work
4. income is over the FPL guidelines for subsidized health insurance, or they miss the enrollment period to sign up for employer health insurance
5. The Exceptions Letter and Appeal Process causing disenrollments for people never offered employer-sponsored health insurance.

Immigration status (4 = 10%)

1. immigration status makes them only eligible for Health Safety Net, which is not insurance
2. For the Spanish community, they don't do the process because they think to apply to MassHealth is going to interrupt the process to get their Work Permit, Green Card, Citizenship or even to be deported because they have to give their personal information(this apply for people that don't have papers)
3. immigration status
4. people are afraid to apply due to their immigration status

Communication with agencies on client behalf (3 = 7.5%)

1. Getting help with the process and then getting the agencies to speak with that person on their behalf.
2. Poor business structure of Long Term Care Offices. They don't answer the phone, return telephone calls, fax is always busy. The entire process is confusing for everyone.
3. Trying to reach someone at Masshealth or Medicare.

Confusion between MassHealth and Commonwealth Care (3 = 7.5%)

1. Client confusion between eligibility determination by MassHealth and enrollment by CommCare and communication difficulties between the two.
2. people don't understand all the MassHealth notices and many ignore them because they are NOT ON MassHealth.
3. MassHealth Call Center/Commonwealth Care Call center give conflicting information

Gaps between public programs (2 = 5%)

1. Seasonally-employed people who collect unemployment during the off-season required to switch between CommCare and Medical Security Plan and back again.
2. lack of retroactive coverage

Lack of doctors (1 = 2.5%)

1. no primary doctors and no choice of doctors

Question 4

**Once your clients have health insurance, what are the biggest barriers they experience when it comes to seeing a doctor?
(40 people responded; some answers overlap categories)**

Summary of responses

Theme	Comments that include this theme
Finding a provider who takes the plan & takes new patients	24 = 60%
Waiting for an appointment	7 = 17.5%
Transportation	7 = 17.5%
Inexperience in accessing health care/trouble accessing preventative care	5 = 12.5%
Co-payments	4 = 10%
Barriers of language and racism	3 = 7.5%
Maintaining health insurance	3 = 7.5%
Keeping appointments	2 = 5%
Everything's hunky dory	2 = 5%
Lack of coordination	1 = 2.5%
Other health factors	1 = 2.5%

Full text of comments, grouped by theme

Finding a provider who takes the plan & takes new patients (24 = 60%)

1. many doctors' offices are closed to new patients.
2. Finding a primary doctor who is taking new patients & accepts their insurance
3. finding a pcp in their area
4. Finding a PCP, and one that would take that Insurance
5. Availability of physicians within their network--several doctors are so overwhelmed that they have had to close their availability at least temporarily.
6. no primary doctors and no choice of doctors
7. Getting into the practice of a primary care physician if that relationship isn't already established.
8. clinics aren't accepting new patients
9. unable to find providers who accept the plan
10. PROVIDERS THAT ACCEPT WHAT THEY HAVE BEEN APPROVED FOR.
11. It's almost impossible to find a primary care doctor, unless it's 4 months down the line and if they accept the health plan that the individual has enrolled in.
12. Finding a dr that takes the most affordable plan in CommCare is not always easy. And finding a MassHealth Dr is also a challenge. Dentists!!!
13. Here in Massachusetts it is hard for clients to find a PCP in their area or one that is taking new patients. Also Lack of Dentists taking new clients or their ins.
14. Finding a doctor that accepts the specific insurance. I work in the primary care provider's office so we are already seeing the patient, but specialty care is a problem. Because we

are primary care only for HIV, many patients without HIV call who have difficulty finding a primary care provider who is accepting new patients.

15. finding a doctor who is taking new patients
16. Trying to link an affordable plan option with a participant's physician preference is at times difficult. Coordinating network selection for participants with chronic conditions is even more difficult. In a number of cases, participants have been forced to choose between maintaining a relationship with a PCP, specialist or hospital provider because of network differences. The trend thus far has been for providers to contract with only one or possibly two of the CommCare network choices. Overall, health care providers (other than hospitals and CHCs) have not as yet been rolled into the shared responsibility of HCR. On the surface, there's been little dialogue with, or feedback from the medical community about perceptions of HCR.
17. FINDING A DOCTOR TAKING NEW PATIENTS
18. We are able to accommodate new patients, but I hear from other people outside the hilltowns with problems w/ no docs available
19. Locating a doctor they like near them
20. Finding a Doc who takes the insurance
21. Finding a PCP that accepts the insurance they have chosen
22. Most of doctors in their community are not taking new patients
23. don't know if the doctor acceptance the insurance
24. Availability for new patients

Waiting for an appointment

(7 = 17.5%)

1. The fact that it can take several months for an appointment
2. Limited PCPs enrolled in the health plans mean long waits for appointments, and/or great travel distance
3. lack of available appointments at our Health Center/ no evening or weekend hours so people are hesitant to miss work
4. appointments are too long of a wait
5. getting an appointment in a reasonable timeframe. Most doctors are booked months out.
6. Long waits for physical exam
7. getting a timely appointment with a PCP.

Transportation

(7 = 17.5%)

1. transportation
2. Transportation
3. transportation to pcp and other appointments
4. lack of transportation
5. Reliable and appropriate transportation to get there.
6. TRANSPORTATION
7. money for travel

Inexperience in accessing health care/trouble accessing preventative care

(5 = 12.5%)

1. understanding how to use a PCP
2. being proactive with preventative care
3. lack of education re: preventative health maintenance
4. I work in an Emergency Room and they keep wanting to come here because it is quicker than making an appointment with the doctor. Unfortunately they use the ER in place of a physician.
5. inexperience in using health care

Co-payments (4 = 10%)

1. the co-payment is a big issue
2. cost
3. co-payment
4. Understanding co-pays

Barriers of language and racism (3 = 7.5%)

1. The biggest barriers experiences that I have after clients already have insurance are when they get bills and letters from MassHealth because most clients that I see they do not know how to read or write English
2. The language, Some times the color of their skin or people that just they have the benefits of Health Safety Net, are consider no welcomes in some Hospitals or Health community Centers
3. need help for medical interpretation

Maintaining health insurance (3 = 7.5%)

1. redeterminations sent to the wrong place
2. When they got health insurance once, they never check again. Some time they have a card but their coverage is ended.
3. lack of retroactive coverage

Keeping appointments (2 = 5%)

1. Making sure the client keep the appointment that were schedule for them, by remaining them with a phone call.
2. Remembering medical appts.

Everything's hunky dory (2 = 5%)

1. Our patients are fortunate because we have plenty of primary care providers who can see them, and they have continuity with their provider.
2. no barriers reported

Lack of coordination (1 = 2.5%)

1. Many times to complete basic screening services & routine visits they could be seen at 4 different locations.

Other health factors (1 = 2.5%)

1. Living on the streets & daily intoxication

Question 5

What groups (for example: the working poor, young adults, the middle class, businesses, immigrants) are being helped the most by Health Care Reform? Why?

(36 people responded; some answers overlap categories)

Summary of responses

Theme	Comments that include this theme
Working people previously unable to access or afford insurance	19 = 52.8%
Low-income workers or the "working poor"	17 (47%)
Middle class/lower middle-class workers and families	6 (16.7%)
Immigrants	9 = 25%
Young adults	7 = 22%
Low-income people	5 = 13.8%
Everyone	3 = 8.3%
None	2 = 5.5%

Additional themes found within comments that also fit into any of the above categories	Comments that include this theme
Employees without ESI & small business employees	3 = 8.3%
Self-employed people	3
Children	2 = 5.6%
Pregnant women	1 = 2.8%
Seasonal workers	1
Small business	1
Unemployed people	1
Previously uninsured people	1

Full text of comments, grouped by theme

Working people previously unable to access or afford insurance:

(19 = 52.8%)

Low-income workers or the "working poor"

1. From our line of clients I would have to state that it is most likely the working poor, those who have some type of employment; however' they do not have the option for health insurance through their employer.
2. Working poor (because they are more aware about eligibility for low income folks), immigrants (because they are more aware about individual mandate in the State - they seeking for help getting low income cost Health insurance).
3. The working poor and immigrants. If all they have is a part time job they can actually get insurance coverage.

4. Working poor and the middle class definitely benefit with the availability of affordable insurances as opposed to the enormous monthly payments expected from private insurance.
5. working poor, young adults, and immigrants, because historically they have not had insurance.
6. In my opinion the working poor, young adults, immigrants are being helped whereas before Health Reform many of them fell thru the cracks.
7. Working poor - Most of the clients in this group are uninsured not because it is their choice, but because of the affordability of the product. Under HCR they have the opportunity to purchase a full compliment of health insurance at no cost or within a reasonable rate based on their income level.
8. working poor, lower middle class, self-employed, immigrants. Now people between 200-300% FPL are eligible for Commonwealth Care for a very reasonable price. Also, the "law" has caused many people who are actually eligible to come forward and apply. Many of these people had not gone for health care services for years and didn't know they were eligible.
9. working poor can finally get affordable insurance option
10. The working poor and self-employed. This is the population that only had Free Care for an option. Being able to see a dr should be a luxury all our citizens can enjoy!
11. The working poor and young adults seem to have better access through the Health Care Reform, but my experience is limited because I only deal with patients with HIV.
12. working poor, primarily those who had no access to coverage; there are now programs to cover them
13. working poor, middle class families, small business, seasonal workers.
14. WORKING POOR AND MIDDLE CLASS. THEY ARE THE ONES WHO ALWAYS TEETER ON THE CRACK OF QUALIFYING OR NOT. THERE ARE STILL MANY WHO, ACCORDING TO THE GUIDELINES ARE OVER INCOME, BUT THEY CANNOT AFFORD INSURANCE ON OWN OR THROUGH COMMCHOICE.
15. Individuals who are chronically unemployed; individuals who had no insurance previous; recently unemployed; low wage earning citizens.
16. HCR has been a benefit to the single working adults who do not have access to affordable health insurance through their employers and who prior to HCR would ONLY be Free Care eligible.
17. single working adults who were ONLY eligible for Free Care and now may be able to access CommCare. Small business employees who do not have access to affordable health insurance or any health insurance can now purchase health insurance through CommChoice.

Middle class/lower middle-class workers and families

1. Probably the middle class & self employed. It seems they have fewer barriers. Typically, they are educated & have the transportation. They also seem to be more prone to advocate for themselves and can navigate a bit better than the other groups listed.
2. Working poor and the middle class definitely benefit with the availability of affordable insurances as opposed to the enormous monthly payments expected from private insurance.
3. working poor, lower middle class, self-employed, immigrants. Now people between 200-300% FPL are eligible for Commonwealth Care for a very reasonable price. Also, the "law" has caused many people who are actually eligible to come forward and apply. Many of these people had not gone for health care services for years and didn't know they were eligible.
4. Really all groups. But mostly young adults, they really don't think about health insurance until they need it. Also middle class because they do not always have

access to health insurance, and immigrants because they have no other way to get health insurance.

5. working poor, middle class families, small business, seasonal workers.
6. WORKING POOR AND MIDDLE CLASS. THEY ARE THE ONES WHO ALWAYS TEETER ON THE CRACK OF QUALIFYING OR NOT. THERE ARE STILL MANY WHO, ACCORDING TO THE GUIDELINES ARE OVER INCOME, BUT THEY CANNOT AFFORD INSURANCE ON OWN OR THROUGH COMMCHOICE.

Immigrants

(9 = 25%)

1. working poor, young adults, and immigrants, because historically they have not had insurance.
2. In my opinion the working poor, young adults, immigrants are being helped whereas before Health Reform many of them fell thru the cracks.
3. working poor, lower middle class, self-employed, immigrants. Now people between 200-300% FPL are eligible for Commonwealth Care for a very reasonable price. Also, the "law" has caused many people who are actually eligible to come forward and apply. Many of these people had not gone for health care services for years and didn't know they were eligible.
4. People of low income, specially immigrants that could not get Masshealth because they were not eligible, the only benefits that they could get was just Free Care and now they can get Commonwealth Care.
5. The working poor and immigrants. If all they have is a part time job they can actually get insurance coverage.
6. Young adults because sometimes they don't feel comfortable w/ parents, so they try to do things on their own, and immigrants because they don't have any documentation at all but still can get some treatment
7. Really all groups. But mostly young adults, they really don't think about health insurance until they need it. Also middle class because they do not always have access to health insurance, and immigrants because they have no other way to get health insurance.
8. Working poor, young adults, children, lower middle class, immigrants are having new health insurance opportunities. MassHealth for children was extended to a higher income bracket. The Commonwealth Care plan allows for adults to have affordable health insurance that couldn't before. People who are working and don't have access to subsidized insurance and people who don't have income. The Young Adult Plans created a cheaper form of private health insurance for young adults through 26. The Commonwealth Choice created a new way of shopping for private health insurance that makes it easier to compare plan types and prices for individuals and families.
9. Working poor (because they are more aware about eligibility for low income folks), immigrants (because they are more aware about individual mandate in the State - they seeking for help getting low income cost Health insurance).

Young adults

(7 = 22%)

1. Young adults because sometimes they don't feel comfortable w/ parents, so they try to do things on their own, and immigrants because they don't have any documentation at all but still can get some treatment.
2. working poor, young adults, and immigrants, because historically they have not had insurance.
3. In my opinion the working poor, young adults, immigrants are being helped whereas before Health Reform many of them fell thru the cracks.
4. I guess young adults and people working but who don't have insurance through their employer. These are the people who didn't have any real options before.

5. The working poor and young adults seem to have better access through the Health Care Reform, but my experience is limited because I only deal with patients with HIV.
6. Really all groups. But mostly young adults, they really don't think about health insurance until they need it. Also middle class because they do not always have access to health insurance, and immigrants because they have no other way to get health insurance.
7. Working poor, young adults, children, lower middle class, immigrants are having new health insurance opportunities. MassHealth for children was extended to a higher income bracket. The Commonwealth Care plan allows for adults to have affordable health insurance that couldn't before. People who are working and don't have access to subsidized insurance and people who don't have income. The Young Adult Plans created a cheaper form of private health insurance for young adults through 26. The Commonwealth Choice created a new way of shopping for private health insurance that makes it easier to compare plan types and prices for individuals and families.

Low-income people

(5 = 13.8%)

1. poor
2. low income persons are eligible for the most support, although this is not always adequate to meet needs
3. People of low income, specially immigrants that could not get Masshealth because they were not eligible, the only benefits that they could get was just Free Care and now they can get Commonwealth Care.
4. Those in non-premium paying plans. It's accessible to them.
5. Our lowest income patients have benefitted enormously from the cap being lifted for MassHealth Essential and the establishment of CommCare Plan I, which has no premiums.

Everyone/nearly everyone

(2 = 5.5%)

1. EVERYONE! In my opinion it is a very generous program with rich benefits. I am proud to live in a state where everyone can get health insurance.
2. All of these groups are helped

None

(2 = 5.5%)

1. none!
2. None that I have seen

Additional comments not grouped by theme above

1. All of the above except businesses. Those that are helped are finally able to afford health insurance and have access to medical care. Businesses who offer ESI: premiums are often unaffordable. Businesses with 11+ employees who do not offer ESI: The \$295 'penalty' is far less expensive than paying 33% of an annual premium. They are not contributing a fair share to the cost of HCR.
2. adults who didn't qualify for MassHealth
3. young children, pregnant women
4. I help all type of groups from the working poor, young adult, middle class, senior, immigrant, and refugee. Because working poor they can not afford health insurance. Young adult sometimes they do not know what to do when come to health insurance. Senior do not know how to enroll with Medicare part D or to choose a pcp. Immigrants or refugees do not know how to read or write English.
5. For my opinion, most of them they want it for free.

SECTION II: YOUR OPINION, PLEASE

Question 6

What groups are not being helped by Health Care Reform, and why? (37 people responded; some answers overlap categories)

Summary of responses

Theme	Comments that include this theme
People who still cannot afford the options available to them	25 = 67.6%
Those with bad/unaffordable ESI (various incomes)	11 (29.7%)
Middle class	8 (21.6%)
Those just outside of income guidelines for CommCare	5 (13.5%)
Those in premium-paying plans	1 (2.7%)
Immigrants	6 = 16.2%
Elders/over age 65	5 = 13.5%
None	3 = 8.1%
Homeless people & citizens without documentation	2 = 5.4%

Additional themes found within comments that also fit into any of the above categories	Comments that include this theme
Students eligible for QSHIP	5 = 13.5%
Self-employed people	2 = 5.4%
Business	2
Everyone	2
Seasonal workers	1 = 2.7%
Fishermen	1
Unemployed people	1
Disabled adults	1
Those without dental coverage	1

Full text of comments, grouped by theme

People who still cannot afford the options available to them: (19 = 52.8%)

Those with bad/unaffordable employer-sponsored insurance (ESI)

1. There are always those who are just outside the income guidelines and whose employer doesn't cover them.
2. The working poor can't afford it, or transportation is a problem & missing work time. The young adults are paying for school and as students are forced to take the QSHIP program which is not very comprehensive and is not always an affordable option; businesses have their own issues depending on their cash flow and size of their business and health of their employees, and immigrants have problems with

documentation, language barriers, cultural barriers and typically can't be offered comprehensive plans or diagnostic services.

3. 1) Employees who cannot afford their EIS, or whose policy provides inadequate coverage with large deductibles. They are left with HSN without RX coverage, specialists, etc. 2) Fishermen required to take the Fishermen's Partnership that is at least twice as expensive as CommCare. They are left with HSN without RX coverage, specialists, etc. 3) Students who cannot afford student insurance and/or whose policy does not cover certain services or prescription drugs.
4. Self employed people for one, people over the 400% that still cannot afford it or to pay for their employer plan.
5. There are still immigrants who can only get HSN, which means especially that they have no medication coverage. and because they often have no SS# they can't get medications through drug company patient assistance either (we have no 340B pharmacy anywhere in our area) 2. People who are offered inadequate or expensive insurance at work often are not eligible. 3. Many people still do not have DENTAL coverage.
6. Certain people who are working but cannot afford premiums and whose incomes are too high for CommCare Plan I. They continue uninsured. Also, people born out of state who have no official photo IDs cannot get MassHealth or CommCare, although they are covered by HSN.
7. There are still gaps for those that are offered employer-sponsored insurance and can't afford it. Free Care is not sufficient coverage for total health care.
8. low wage workers with employers who offer insurance; students; people receiving unemployment benefits
9. Young adults (there is a dire need for QSHIP reform), employees of large service industry employees (restaurants/retail) with relatively low wages and lower quality/higher priced employer-sponsored health insurance offerings.
10. people who work for employers that offer scant coverage for high premiums
11. There are a couple of gaps that need to be worked on. People who are self-employed are not supposed to be eligible for Commonwealth Care, which is more affordable than the Insurance Partnership. People who are between 300% and 400% of the FPL still have problems affording private health insurance and extending the subsidy would greatly help them. People who are working and their employer pays in just the 33% or 20% into their plans which makes them ineligible for Commonwealth Care. These people still cannot afford their work insurance option.

Middle class

1. Young adults in college with college insurance that only has POOR coverage! Middle Class are not helped as insurance premiums in rural areas remain totally unaffordable!
2. Middle class - Most of the clients in this group seem to own their own business and their income levels are above the Commonwealth Care threshold. Although there are many choices offered to them under Commonwealth Choice and the premiums are within reason, the deductibles/copays are too high. Many of them end up frustrated and discouraged.
3. The middle class, they seem to be able to get insurance through their employer but can not afford to accept it at this time.
4. middle class, immigrants
5. middle income individuals and families who pay costly premiums and do not qualify for supplemental assistance based on the income guidelines
6. I think the middle class because they work and they get more pay and they get health insurance from work.
7. those who are not MassHealth eligible - elderly (marginal) middle class
8. Working middle class with health insurance should be able to get coverage for co - payments and prescription expensive

Those just outside of income guidelines for CommCare

1. People that they are making more than 300% of the poverty level. MassHealth consider that they can buy a private health insurance. There are a lot of people that they can't afford it because those health insurances are too expensive.
2. THOSE JUST ABOVE THE 300% POVERTY LEVEL.

Those in premium-paying plans

1. Those in premium paying plans. The premiums are not "affordable" given income priorities for most individuals.

Immigrants (particularly undocumented)

(6 = 16.2%)

1. Immigrants, because a lot of them don't have visas or working permits to work in USA.
2. Illegal immigrants. They are afraid.
3. the over-65 people or disabled adults because they are usually over income for MassHealth and can not get Commonwealth care because they have Medicare. When in fact Medicare only covers 80% of medical & hospital services. The people who file taxes but are not here legally.
4. There are still immigrants who can only get HSN, which means especially that they have no medication coverage. and because they often have no SS# they can't get medications through drug company patient assistance either (we have no 340B pharmacy anywhere in our area) 2. People who are offered inadequate or expensive insurance at work often are not eligible. 3. Many people still do not have DENTAL coverage.
5. middle class, immigrants
6. The working poor can't afford it, or transportation is a problem & missing work time. The young adults are paying for school and as students are forced to take the QSHIP program which is not very comprehensive and is not always an affordable option; businesses have their own issues depending on their cash flow and size of their business and health of their employees, and immigrants have problems with documentation, language barriers, cultural barriers and typically can't be offered comprehensive plans or diagnostic services.

Elderly/over age 65

(5 = 13.5%)

1. I guess the elderly population. Things have just gotten more confusing for them. Not user friendly.
2. The over-65 population continues to suffer due to the very low MassHealth income guidelines and asset requirements.
3. I believe they all are being helped in one way or the other if they take the time to apply.
4. I work with the elderly, the system is poor for them
5. those who are not MassHealth eligible - elderly (marginal) middle class

Nobody

(3 = 8.1%)

1. don't think that there is someone left behind by the Health Care Reform, but those that can afford to have insurance, they are all set.
2. None that I know of.
3. all of the groups are faring worse because of plan model, lack of doctors, clinics that do not accept their plan, and very poor communication and handling by MassHealth and the Connector

Homeless & citizens without documentation

(2 = 5.4%)

1. HOMELESS - FEW SERVICES
2. Just undocumented citizens

Additional comments not grouped by theme above

1. Businesses appear to be very reluctant to participate in the insurances available for their clients--whether due to expense or for whatever reason.
2. Confusion abounds across all groups. The systems are so complex. People are cancelling private insurance because the notification that MassHealth or CommonHealth will pay premiums is buried on page 3. Notification with the number to call to enroll in Commonwealth Care is also buried on page 2 or 3. There is so much verbiage that is unclear in the notices from MassHealth that no one understands what to do without assistance from a case manager.

Question 7

**What about Health Care Reform has most pleased you?
(33 people responded; some answers overlap categories)**

Summary of responses

Theme	Comments that include this theme
Expanded access to health insurance	20 = 60.6%
Expanded access to non-emergency-based care	8 = 24.2%
Made health coverage more affordable	8 = 24.2%
Specific system improvements	3 = 9%

Full text of comments, grouped by theme

Expanded access to health insurance (20 = 60.6%)

1. Having so many people able to receive the basic health care that has been well documented to be cost efficient, and most importantly leads to longevity and well-being
2. The amount of people who are now eligible for coverage has definitely increased enough so that we can see the amount of care that individuals needed previously.
3. Everyone 18+ needs to get health insurance.
4. Providing good insurance to the 'working poor' and middle class who have not had health insurance and are seeking access to care.
5. That all small businesses have to offer their employees insurance
6. That more people qualify for CommCare and are getting their needs met
7. So many people (including myself!) can now get reasonably priced good insurance. Hopefully employers will take their responsibility more seriously, although I wonder if they would rather just pay the fine? People who didn't know they were eligible have been "inspired" by the Health Care reform to come forward and apply and get needed services which they have been putting off for years.
8. The availability for all to have insurance of some type, no matter who you are or what you do for a living.
9. Some clients were given more options for health insurance.
10. The expanded coverage for the poorest people (both working and unemployed who were not eligible for MassHealth)
11. Expanded coverage for people who weren't eligible before
12. WITH THE CREATION OF COMMCARE, WE HAVE BEEN ABLE TO INSURE THOUSANDS OF PEOPLE WHO BEFORE COULD ONLY GET HSN
13. The fact that we are trying to do something about the high volume of individuals who were identified as out of coverage and in most cases out-of-care. We may not have the process/solution completely right, but we are on the right road by just making it a priority initiative.
14. Able to get better care for more people
15. What has pleased me most is that there is more opportunity for more citizens of Massachusetts to be insured.

16. PEOPLE CAN NOW SEE A DOCTOR AND GET PREVENTITIVE CARE WHICH KEEPS COSTS DOWN.
17. More people are getting insurance even by MassHealth/Commonwealth Care or employers.
18. How many new people have been able to get affordable health insurance. I am amazed when I hear people's stories of how long they have gone without coverage and/or what health conditions they have had to ignore. People have been able to get care making for a healthier state.
19. Availability of coverage; no caps
20. Critically engaging the access deficits and making room for public health improvements means that at some point in the future we'll be able to work on quality, efficiency and diversity of health care options. One day we'll be talking about basic benefits being included to cover alternative and wellness programs improving nutrition, mental health and social care.
21. Working at a health care facility -- it has helped the organizations in their receivables.

Expanded access to non-emergency-based care (8 = 24.2%)

1. The ability to be offer our patients and clients options. No longer is someone's only option to go to the ER or a community health center. As a frontline outreach worker, I educate them on the plans out there, help to apply and enroll and hook up with a PCP. Healthy People make for a better workforce and world for all of us.
2. Having so many people able to receive the basic health care that has been well documented to be cost efficient, and most importantly leads to longevity and well-being
3. It has given people access to their health care needs and they are now able to receive this care, but also working at a health care facility -- it has helped the organizations in their receivables.
4. People getting the medical care prior to a crisis
5. Able to get better care for more people
6. PEOPLE CAN NOW SEE A DOCTOR AND GET PREVENTATIVE CARE WHICH KEEPS COSTS DOWN.
7. How many new people have been able to get affordable health insurance. I am amazed when I hear people's stories of how long they have gone without coverage and/or what health conditions they have had to ignore. People have been able to get care making for a healthier state.
8. Critically engaging the access deficits and making room for public health improvements means that at some point in the future we'll be able to work on quality, efficiency and diversity of health care options. One day we'll be talking about basic benefits being included to cover alternative and wellness programs improving nutrition, mental health and social care.

Made health coverage more affordable (8 = 24.2%)

1. People who can be helped, and it's affordable to them who haven't been able to receive care previously because buying insurance privately was too costly. Most of the people I see who have benefited are self-employed people who have small businesses.
2. So many people (including myself!) can now get reasonably priced good insurance
3. To help a lot of people of low income.
4. That my daughter now has coverage she can afford.
5. Everyone should be able to afford for health insurance without big co -payments or premium
6. The availability for all to have insurance of some type, no matter who you are or what you do for a living.
7. How many new people have been able to get affordable health insurance
8. Some clients were given more options for heath insurance.

Specific system improvements**(3 = 9%)**

1. Being able to fill out one application to have a person evaluated for all of the programs
2. The way they always try to work things around to fit those that are left behind
3. Dental coverage for low tiered plans, otherwise nothing has pleased me

General comments

1. It has been an attempt to make a change. I only wish they would openly listen to the problems such as payments to out of state and address them rather than think of us as naysayers. Let's work together to make it really really good Health Care For ALL
2. Acknowledging that something major needs to be done--but the current law is the wrong way to do it
3. Nothing, the system is bad

Question 8

**What about Health Care Reform has most disappointed you?
(34 people responded; some answers overlap categories)**

Summary of responses

Theme	Comments that include this theme
State systems are difficult to navigate	12 = 35.3%
Many are still left out of state programs, but unable to pay for private coverage	12 = 35.3%
Lack of access and continuity in primary care	5 = 14.7%
Poor marketing/communication	3 = 8.8%
High costs	3 = 8.8%

Full text of comments, grouped by theme

State systems are difficult to navigate (12 = 35.3%)

1. I also am frustrated when trying to explain that although you may be using the exact same MBR MassHealth is not the same as Commonwealth Care and should not have been set up that way. It's EXTREMELY confusing to my patients. It was a product of poor planning and poor marketing. Very disorganized.
2. The complexity of keeping patients enrolled and communicating with two different bureaucracies. Rate changes of CommCare plans with vast differences in premiums causes patients to change health plans losing continuity of care.
3. Yes, it disappointed me because the laws now they been changed alot.
4. Secondly, the lack of transparency and commitment by cabinet level officials to really work towards eliminating the root causes of program mistakes leading to wrongful disenrollments and eligibility determinations.
5. The red tape that we have gone through.
6. Difficulty in getting access to information. For instance calling MassHealth from a client's home and being told there is no one available to help us. They can only take a message and have someone call the client back later when I will not be there to help. There are too many different kinds of plans. Too many confusing kinds of coverage. Companies taking advantage of elderly and disabled – strong-arming them into signing up for things they don't understand.
7. The degree of churn for patients who move from MassHealth to CommCare to HSN and back again, repeatedly.
8. The complexity of the various coverages. It is still not widely understood that the application starts with MassHealth and what the income limits are to qualify.
9. It has put an incredible burden on providers. I work at a hospital, and we are small in comparison to the Boston Hospitals. Health Safety Care billing/claims adjudication is a nightmare.
10. Lack of smooth coordination between all different programs including the Medical Security Plan resulting in coverage gaps

11. It's way too confusing, too many insurances to deal with. State workers do not understand the process. Co-pays do not make sense.
12. So complicated

Many are still left out of state programs, but unable to pay for private coverage (12 = 35.3%)

1. Not everyone is eligible for the same services and needs them just the same
2. The fact that it has left such a large population out, those that cannot afford the insurance that is being offered to them.
3. Those on the cusp of 300% find CommCare is an incentive to 'stay poor' to keep income below 300%, instead of looking for a better job or taking a second job to pay for gas to go to work.
4. The "gaps" discussed above. There are still no low cost solutions for people over 300% FPL or for dental coverage for people on Commonwealth care in the higher tiers. Although I am very proud of the idea of it and the way it has been working, I still feel that there is a fundamental flaw in the health insurance world. But I hope Mass' idea catches on federally!
5. There are a lot of people that are not eligible for Dental Care. Employees are not eligible for MassHealth and also they can't afford the health insurance through their jobs because it is too expensive.
6. They don't have a real health insurance for those that don't have any documentation at all
7. \$\$\$
8. INCOME GUIDELINES--PEOPLE EARNING 300% FPL STILL ISN'T ENOUGH TO GET OWN INS. ALSO, THE AFFORDABILITY SCHEDULE. IF SOMEONE CANNOT AFFORD PREMIUM THEY ARE OFFERED, THEN THEY ARE NOT PENALIZED. HOWEVER, IT STILL LEAVES THEM WITHOUT INSURANCE.
9. Those people who can't afford the plans that are offered through employers and are still stuck
10. Dealing with chronic medical issues for undocumented citizens
11. Over-65 people or disabled adults with Medicare were not given better options.
12. The individual mandate and the lack of employer mandate or meaningful penalties for employers that do not provide adequate and affordable insurance for their employees.

Lack of access and continuity in primary care (5 = 14.7%)

1. A lot. I find it difficult to explain why the premiums here are more expensive and why there is a tax penalty even though people in many areas couldn't see a doc with an open panel or one that is even contracted w/ CommCare anyway. The MCO's aren't even offered to everyone in the state, how is that choice? You're burdened w/ whatever is offered in your area. If your doc doesn't take it, oh well. I know it has increased my workload greatly although my pay does not reflect that.
2. Rate changes of CommCare plans with vast differences in premiums causes patients to change health plans losing continuity of care.
3. Costs are still going up, changing plans because of costs not being able to keep the same Drs
4. Lack of concern about the patients themselves. Inability to get appointments, and inability to get doctors and unpredictable handling by MassHealth
5. Shortage of primary care physicians. Physicians who won't accept Commonwealth Care insurance.

Poor marketing/communication (3 = 8.8%)

1. Companies taking advantage of elderly and disabled – strong-arming them into signing up for things they don't understand.

2. The emphasis on cheerleading milestones and minimizing continuing deficits. The tone of the corporate outreach talking about fines and mandates rather than lead many to make rash decisions based on fear. By the numbers, support remains strong for HCR. I believe the growing support is more tied to the sustained need for improvement rather than a reflection of how the major campaign was waged. I know there is a general sense of resentment due to the methodology employed. Secondly, the lack of transparency and commitment by cabinet level officials to really work towards eliminating the root causes of program mistakes leading to wrongful disenrollments and eligibility determinations. The foundation of the reform movement has been sustained by consumers and advocates
3. Lack of listening to outreach workers and the problems that are being encountered. We are all in this together, let's admit to what works and what needs to be improved rather than a "gag order" on those who choose to point out ambiguities in the system.

High costs

(3 = 8.8%)

1. High price tag to the state
2. \$\$\$
3. The high deductibles under Commonwealth Choice

General comments

1. Nothing
2. As with any new process, there is room for improvement in several areas, but you all seem to be working very hard at making it work, so who can ask for more than that?
3. The continuation of enforced poverty, just like MassHealth is
4. Those on the cusp of 300% find CommCare is an incentive to 'stay poor' to keep income below 300%, instead of looking for a better job or taking a second job to pay for gas to go to work.
5. Although I am very proud of the idea of it and the way it has been working, I still feel that there is a fundamental flaw in the health insurance world. But I hope Mass' idea catches on federally!
6. I really can't think of anything that has disappointed me, other than people feeling pressured to get health insurance because they will get a huge penalty. I think some people just apply so they won't get a penalty.
7. This survey should be sent to a sample of beneficiaries - same groups as listed in the last question.

Question 9

What suggestions do you have for improving Health Care Reform in Massachusetts?

(31 people responded; some answers overlap categories)

Summary of responses

Theme	Comments that include this theme
Expand eligibility for subsidized care	8 = 25.8%
Scrap it/enact real universal health care	7 = 22.5%
The state should improve communications with consumers and develop a collegial relationship with outreach workers	6 = 19.4%
Improve access to affordable employer-sponsored insurance	6 = 19.4%

Full text of comments, grouped by theme

Expand eligibility for subsidized care (8 = 25.8%)

1. Include those who are not able to afford the coverage through their employer.
2. Expanding income limits for subsidies on a sliding scale from 200-500%.
3. More plans available for over 65 or people with Medicare. And some type of plan for people who are here working but do not have an immigration status.
4. Work something out for those immigrants that are here, trying to have a better life but who cannot afford to have a decent health insurance.
5. *INSURE MORE PEOPLE
6. Extending Commonwealth Care to 400% of the FPL. Allowing self-employed people to forgo the six month gap when going from the Insurance Partnership to the Commonwealth Care plan. Rethinking the 20% and 33% crowd-out clause to allow for people who are income eligible and have unaffordable insurance through their employer to get on Commonwealth Care/
7. Expand it somehow to cover undocumented citizens who have chronic illnesses, i.e. cancer, AIDS, Dialysis. total blindness
8. Reduce premiums for those above 300% of poverty as our current rates are not affordable for anyone. Let's stop giving money to for-profit insurance companies and give premium assistance to individuals and demand that they acquire coverage!

Scrap it/enact real universal health care (7 = 22.5%)

1. Make it simple. Cover everyone.
2. I am a supporter of universal care. That is the only way we will be able to ensure everyone has the care they need. Everyone should be able to live a healthy life. It is cost effective and will lead to longer productivity and general satisfaction
3. Enacting the Massachusetts Health Care Trust bill to use streamlined financing to provide affordable comprehensive coverage for everyone. Healthcare for all, cradle to grave, Period.

4. Scrap it entirely and go back to the older free care model. Otherwise a national health plan on the British or Canadian level should be pursued.
5. Universal Health care
6. Use less (or no) insurance companies and have stricter standards for the ones used. Abandon the entire system all together. End SCO plans.
7. One health coverage insurance for all people

The state should improve communications with consumers and develop a collegial relationship with outreach workers (6 = 19.4%)

1. Hmm where to begin...better outreach and marketing. They provide the concept; once again we're educating, marketing, and processing applications for them while fielding questions and trying to make this mess work for the people we serve. Change how the process is currently run.
2. Provide notification from MassHealth with highlighted important points that make it clear what the coverage is or isn't and what the individual responsibilities are such as "Do not cancel your private insurance. We will assist you with your premiums. Call this number to enroll in a health plan." I would also like to see some way to instruct people on how to best access the programs and then access health care providers. People need to be helped through the process and understand that once they have insurance, they need to see a primary care provider even if they are not ill and emergency room visits should be for emergency issues not treatment for colds, etc. We need to do better through public service announcements and phone access that doesn't require being on hold for 10 minutes or having menus that no one understands.
3. It still feels like outreach workers are the enemy to MassHealth. We are doing the enrollment and all the front line work for them. Is it so much to ask that we NOT have to wait 45 minutes on hold? Or have the person on the phone be pleasant and or patient?
4. Making the information about a lot clearer to people who are 'completely confused' with the whole system. When I approach a patient who needs health insurance, many of them tell me that they look online and try to apply themselves and there is just 'too much' info out there. So, maybe just to make it 'shorter and sweeter'.
5. *MORE OPTIONS. PEOPLE OFTEN COMPLAIN "IT'S THE LAW THAT I HAVE TO BE INSURED, BUT THEY DON'T HELP ME TO BECOME INSURED."
6. Open and honest dialog with enrollment specialists and the Connector Board. Keep the system (including payments) within the State.

Improve access to affordable employer-sponsored insurance (ESI) (6 = 19.4%)

1. Assist employers to lower the premiums for their employees.
2. Hold business as accountable as the individual.
3. In terms of Family Assistance/Insurance Partnership - renegotiate language of SCHIP/1115 Waiver/MassHealth to distinguish between actual "crowd out" and offering premium assistance to individuals/families enrolled in ESI on the date of application (currently barred).
4. Keep fighting for adequate funding and meaningful penalties for businesses that don't provide healthcare.
5. Stand up to big business and make the penalties for employers tougher than those for individuals.
6. *PERHAPS A PLAN THAT OFFERES PREMIUM ASST TO THOSE WHO ARE OFFERED INS THRU WORK BUT CANNOT FULLY PAY THE PREMIUM.

Specific suggestions for improvement

10. Have Health Benefits Coordinator to assist client at the provider office.
11. Have one agency provide eligibility and enrollment functions. Have one health plan instead of the existing complexity of many programs with their individual exclusions forcing some to bounce back and forth (CommCare/MSP for example). The economy of scale would save the Commonwealth millions and reduce the overlay of multiple agencies!
12. Too many people are kicked off CommCare for unjust reasons and they cannot be re-enrolled for another month. This often leaves them without medication coverage etc. there should be a way to enroll retroactively, if they were eligible all along.
13. A high-level consumer advocacy panel led by advocates that works across public programs
14. Creating a ombudsperson with real power to deal with issues arising out of wrongful determinations and terminations.
15. "Exceptions" letters seem to be generated even when they application clearly states that they are not offered insurance at work. This causes a great delay in the process.
16. End QSHIP program and replace with two options. Provide current subsidies to colleges that have already have in place health centers for students to continue that model. Allow students to choose between traditional QSHIP plans, Young Adult Plans and CommCare. Provide subsidies to income eligible students.
17. *CONSIDER CHILD SUPPORT PAID OUT TO BE DEDUCTED FROM TOTAL GROSS INCOME
18. The state of Massachusetts needs to be aggressive and diligent towards bringing PCP's to our state. We can insure 90% of the population, but it isn't going to be worth anything if the citizens can't receive care.

General comments

1. I know what I would want to see for improvements, however I am not sure how financially the state could afford them.
2. Simplify it. I don't believe anyone should be forced to pay a penalty when the choices that are offered to them are crap. QSHIP, Fisherman's Partnership, plans w/o prescription coverage, or huge deductibles, no dental... give me a break. Provide something comprehensive people, providers, and businesses want to be a part of.
3. Keep the costs of medicine, tests at a reasonable price that everyone could afford in a good health plan for all
4. Work more in disparity.
5. Just keep perfecting the process and making availability/affordability one of the major issues
6. Try to make it more affordable.
7. Out of state and out of country visitors with some medical insurance

###