

Western Massachusetts Community Health Access



COMMUNITY PARTNERS, INC.

November 5, 2004

Jones Library - Amherst, MA

Meeting Notes

Attendance:

Anne Rosen, Community Partners, Inc., (413) 253-4283
Michael DeChiara, Community Partners, Inc., (413) 253-4283
Bob Marra, Health Care For All, (617) 275-2922
Kari Hewitt, Community Partners, Inc., (413) 253-4283
Anne Schlereth, Massachusetts Community Health Worker Network, (413) 536-7385
Brenda Evans, Springfield Dept. of Health and Human Services, (413) 886-5072
Shera Boms, Planned Parenthood, (413) 732-1620
Ed Sayer, Hilltown Community Health Center, (413) 238-5515
Magda Ahmed, Department of Public Health, (413) 586-7525
Isaac Ben Ezra, Massachusetts Senior Action Council, (413) 256-6675
William O'Connell, Massachusetts Department of Public Health, (413) 586-7525
Charles Joffe-Halpern, Ecu-Health Care, Inc., (413) 663-8711
Regina Curtis, Rep. Stephen Kulik's office, (413) 772-2727
Dayanne Leal, Health Care For All, (617) 275-2932
Laura Hutchinson, University of Massachusetts, (413) 230-0157
Jai Ghanekar, UMass Amherst, (413) 549-8999
Fern Selesnick, Community Partners, Inc., (413) 563-8074
John Bergeron, Hilltown Community Health Center, (413) 582-4240
Vicki Premerlani, Berkshire Medical Center, (413) 445-9480
Greatel Cunningham, Springfield Partners for Community Action, (413) 263-6500
Cheryl Thomson, Fairview Hospital, (413) 528-5045
Maribel DelRio, Chicopee Community Health Center, (413) 420-2152
Joane McNabb, Baystate Health System, (413) 794-9124
Simon Muil, Insurance Partnership/Employee Benefits Resources, (413) 896-0080
Sonia Bouvier, Cooley Dickinson Hospital, (413) 582-2848
Karen Rubin, Hampshire Health Access, (413) 582-4230
Jeanine Abarno, Community Partners, Inc.
Giselle Lanausse, Stavros - Center for Independent Living, Inc., (413) 256-0473
Carol Lewis, Community Partners, Inc., (413) 253-4283
Diana Huet de Guerville, Planned Parenthood League of Massachusetts, (413) 732-1620
AJ Juarez, Massachusetts Public Health Association, (413) 750-2060
Betsy Hernandez, BMC HealthNet Plan, (413) 730-4828

Welcome and Introductions *Michael DeChiara, Community Partners*

Michael welcomed everyone and outlined the meeting agenda. Participants introduced themselves.

Anne Rosen of Community Partners reviewed the news articles and announcements in the meeting packet. She highlighted a memo produced by the SHINE program (Serving the Health Information Needs of Elders) of Franklin/Hampshire Counties explaining auto-enrollment into the Medicare Drug Discount Program. *Anne* asked if anyone has had clients who have received a drug discount card in the mail without requesting one.

Chip Joffe-Halpern of EcuHealth Care mentioned that his staff had received one such call from a client.

Cheryl Thomson of Advocacy for Access questioned whether the card was really that effective. Her clients have said that the card wasn't accepted at the pharmacy, or that the discounts were any better than what "CVS" offers.

Anne also highlighted an on-line prescription drug information source called NeedyMeds (www.needymeds.com). NeedyMeds has a directory of pharmaceutical programs that provide free prescription medications to people who have no insurance. *Anne* asked if anyone has used NeedyMeds.

Vicki Premerlani of Advocacy for Access shared that she has had good results with NeedyMeds, obtaining some prescriptions for free. She advised that applications for prescription drugs vary according to the guidelines of each particular drug company.

Anne encouraged people to take posters, flyers, and application forms for the Medicare Drug Discount Card and Transitional Assistance benefit for their Medicare clients. Community Partners is working with the Access to Benefits Coalition, CMS, and 4 sites in Western Massachusetts to help seniors get the best prescription drug benefits possible. More information is available on the Medicare Coalition page at www.compartners.org, and at www.accesstobenefits.org

Upcoming WMCHA Meeting Priorities

Michael asked participants to comment on program specific issues they'd like to hear about in the coming months. He encouraged people to name specific individuals or groups they would like to hear from.

Chip noted that WMCHA meetings are crucial: "Our clients have no one but us." Everyone needs the information and inspiration of this group.

Participants identified the following as future meeting priorities:

- Workshop on creative ways to help people obtain medications
 - Comparison of online Rx resources – where to go first?
 - Collaborations with local pharmacists around prescription drugs issues
- The future of Medicare and Social Security-senior/non-senior partnerships
- Get more frontline workers to meetings like WMCHA, so that they can be engaged in health access issues proactively, rather than reactively
- Track changes in MassHealth and Free Care
- Track people's experience with the Virtual Gateway

- FY06 state budget and other legislative issues
- Health literacy issues: are patients being discharged from the hospital with the education they need to care for themselves?
- Dental care
- Mental health care
- Elder care issues – have a lawyer who is an expert on elder care issues present
- Resources for those not eligible for publicly sponsored coverage
 - Citizens Health
 - Becky Derby, Health Care For All’s expert on non-group coverage
- Massachusetts Law Reform Institute (MLRI)
- Massachusetts Immigrant and Refugee Advocacy Coalition (MIRA) – Ali Noorani – for updates on immigration issues, particularly regarding the new Free Care and MassHealth application.

Cheryl Thomson commented that some immigration issues have changed. For example, it is now understood that providers are not supposed to ask about a patient’s citizenship status when they are seeking care at a hospital. But does this rule apply to people sitting at the front desk?

John Bergeron of the Hilltown Community Health Centers and Hampshire Community Action Commission noted that the MassHealth application (MBR) contains a citizenship question. Now that a single application form will be used for both MassHealth and Free Care, more people will be asked.

Dayanne Leal of Health Care For All expressed concern that now that the MassHealth and Free Care applications will be a single form, it will be easier to track data to see who is undocumented. Also, many immigrants who want to become citizens are worried that if they get MassHealth or Free Care, they will be considered a “Public Charge” by the immigration service – meaning they won’t be able to support themselves financially – and won’t get their citizenship. But use of health care benefits will NOT make you a public charge.

Karen Rubin of Hampshire Health Access observed that there are dueling information services on prescription drug programs for the uninsured. How does something like the RxAssist program compare to MassMedLine? She expressed her desire to get a better handle on the different programs.

Vicki Premerlani of Advocacy for Access suggested that WMCHA hold a workshop to compare various prescription drug resources. This might give people a starting point.

Isaac Ben Ezra of the Massachusetts Senior Action Council recommended that people get a hold of the Families USA video on navigating the new Medicare law. Isaac stressed that people need to know exactly what kind of prescription drug coverage the new Medicare law provides.

Anne asked how many people would stay after a WMCHA meeting for training on prescription drug resources, and many participants raised their hands.

Karen explained that she would also like to have more specific information on asset reclamation and estate recovery. How can a patient’s assets be protected while trying to obtain Medicaid benefits?

John noted that up until now, if a client knew he might going to lose his house if he accepted MassHealth benefits, he could choose not to go on MassHealth. He could rely on Free Care instead.

Maribel DelRio of the Holyoke/Chicopee Community Health Centers asked what it would mean if people had to complete an MBR for MassHealth before knowing if they qualified for Free Care.

Chip Joffe-Halpern of Ecu-Health Care suggested that in cases like these, it's important to contact people who can provide definitive answers. He recommended calling the following DMA administrators: Bob Guerino at (617) 210-5089 and Ralph Ritacco at (617) 210-5356.

Anne Rosen suggested that everyone read the article in the packet called "Unlikely Bedfellows." Published by *HealthCare News*, the article discusses advance financial planning for people who are likely to apply for Medicaid benefits. Asset transfers are mentioned as a method of preserving one's financial resources.

Cheryl recommended that people err on the side of caution when dealing with a client's assets. She reminded everyone that advocates are not lawyers. In dealing with clients whose assets are at stake, Cheryl has partnered with a local lawyer who is also an expert on elder care issues. She recommended people seek the advice of legal professionals.

Bill O'Connell of the Department of Public Health suggested that Cheryl invite this lawyer to this meeting; participants agreed that this person could be a helpful resource.

Chip noted that the necessity and importance of the WMCHA meetings were never clearer than now. The Massachusetts health care expansion of 1996 and 1997 was fueled by federal financing. The outcome of the Presidential election has put this funding in great jeopardy. The world changed the morning after the elections; many of the clients this group serves will be in danger of not getting the health care services they need.

Michael encouraged everyone to get in touch with Community Partners if they have additional ideas for future meetings.

Community Updates

Simon Muil of the Insurance Partnership shared that he has a client who qualifies for the Insurance Partnership program, except the client is not a legal permanent resident. Simon asked if this client would be eligible for MassHealth, given that he only has an Employment Authorization Card.

Dayanne of Health Care For All responded that, theoretically, Simon's client would not be eligible for MassHealth. To qualify, the client would be required to show proof of residency and proof of income, as well as his citizenship status. Because he is not a citizen, he wouldn't meet the last criteria and wouldn't be eligible.

Dayanne encouraged people to use her as a resource on immigration issues. She also urged participants to let Health Care For All know what's happening on the ground. Often HCFA knows what *should* be happening from a policy stand point, but they don't always know if it *is*. Dayanne can be reached at 617-275-2932.

Maribel DelRio of the Holyoke/Chicopee Community Health Centers reported that the health centers have been struggling with Free Care. They are doing applications on-line, and are doing Medical Benefit Requests (MBRs) for renewals and for new clients. They are putting the parents as head of household.

Maribel reports that parents are then coming up in REVS (Recipient Eligibility Verification System-online claims information reporting system), but not the children. She has to call MassHealth; they don't have an explanation. MassHealth is completely overwhelmed. The health centers haven't been getting responses to their applications. Maribel keeps copies of all her applications.

Joane McNabb of Baystate Medical Center responded that her department is in the same boat. At Baystate, they are still relying on their normal Free Care process until they're onto the Gateway. Then there is supposed to be a 60-day "yes" or "no" period during which they can still submit paper versions. She asked Maribel if she can still use the current Free Care process.

Maribel said yes, but that means she is doing twice the work. She has started doing a condensed form of the Free Care application, and putting it in the MBRs. She questions what will happen when the patient doesn't qualify for either MassHealth or Free Care.

Joane reminded Maribel that if someone doesn't qualify for MassHealth or Free Care, some services can still be billed to ER Bad Debt. There are no time limits or residency restrictions, but the services must be emergency care and must be provided to an uninsured individual who is not considered a low-income patient. Then the hospital must follow the required 120-day collection before the bill can be submitted to ERBD.

Michael asked which hospital would be the first to have the Virtual Gateway.

Maribel explained that the Holyoke Health Center should be connected by January.

AJ Juarez of the Massachusetts Public Health Association (MPHA) noted that MPHA has completed a spreadsheet analysis of the losses and gains of Public Health in the budget over the last 5 years. This would serve as a good tool for advocacy. The spreadsheet is available for viewing at www.mphaweb.org. MPHA is supporting two legislative initiatives. The first is a Physical Education Bill, sponsored by the American Heart Association and the American Cancer Society. The second is a Childhood Obesity Prevention Campaign to improve nutrition standards in schools. MPHA is hoping to build momentum on this initiative, and is putting together an organizing kit.

Anne Schlereth of the Massachusetts Association of Community Health Workers (MACHW) asked participants to explain the Virtual Gateway system.

Michael explained that the Executive Office of Health and Human Services designed the Virtual Gateway so people could access health and human service programs electronically through a single entry point on the Internet. This point of entry is the EOHHS web page at www.mass.gov/oeahhs.

Joane added that the Virtual Gateway should be viewed as a "mode of transportation", allowing providers to enter data into one online form on their own personal computer. Through the Internet the application is "electronically mailed" and entered into the MA-21 file.

Chip advised that proof of income and signatures, however, must be sent separately by fax.

Bill O'Connell of the Department of Public Health distributed a 1-page overview of the Virtual Gateway.

Program Update *Bill O'Connell, Massachusetts Department of Public Health*
Magda Ahmed, Massachusetts Department of Public Health

Bill introduced himself as a regional manager at the Department of Public Health. He covers the central and western parts of the state, and is interested in becoming more involved in western Massachusetts. *Bill* encouraged people to contact him at (413) 586-7525 x 1114 with any questions they might have.

Bill acknowledged that the information-sharing that takes place at meetings like WMCHA is invaluable. He noted that Ecu-Health Care in North Adams has served as model for programs in central Massachusetts such as GHAP (Gateway Health Access Program) in Gardner. He hopes to get out to the WMCHA meetings more often.

Chip shared that Ecu-Health Care has also modeled certain practices after the GHAP program.

Bill distributed handouts on the flu and flu vaccine. For information on the DPH immunization program, people should contact the Department of Public Health at (617) 983-6800 or toll-free at (888) 658-2850. Information can also be found on the DPH web site at www.mass.gov/dph/. DPH's web site also has data that might be helpful to people writing grants, as does www.grants.gov

Magda reported that Valley Medical Group already has the flu vaccine. She encouraged people at high risk not to wait for the state, but to use the private sector if they can.

Chip recommended that because of this year's flu-shot shortage, it's even more important that elders get the PPV (pneumococcal vaccine), which is a good backup to help prevent complications of the flu. It protects against pneumonia and other dangerous infections. It can be obtained at physicians' offices and is covered by Medicare and Medicaid.

Bill also distributed information from the Massachusetts Suicide Prevention Resource Center. He noted that the State Office of Rural Health is an excellent resource. He also cited Cindy Rogers (617-624-5424) as a source of good injury-prevention materials.

Magda said that the Refugee and Immigrant Health Program is anticipating the arrival of more small African enclaves in western Massachusetts. She anticipates more Liberians, many of whom are single moms and heads of households. *Magda* added that Cooley Dickinson Hospital has been very good at finding medical interpreters if given about 10 days' advance notice. *Magda* can be reached at 413-586-7525 x 1141.

Post-election Health Access Issues *Bob Marra and Dayanne Leal, Health Care For All*

Bob noted that there were some positive election outcomes in Massachusetts. Many of the newly elected Democratic representatives can be of help in the world of health care access.

AJ added that the new House Speaker, Salvatore DiMasi, has identified health care as a priority.

Bob reported that Massachusetts' federal Medicaid waivers are being renegotiated. He advised that the state will most likely lose federal money for health care because of the federal deficit. This squeeze in federal funding will affect MassHealth and the Free Care Pool. For this reason *Bob* emphasized that

“stories matter.” What is happening to people because of funding shortages and budget cuts is important and should be told. Health care advocates in Massachusetts will have to continue to defend against cuts.

Bob explained that Health Care For All is going to be working for tax restoration. Citing Representative Ellen Story’s comments at the last WMCHA meeting, *Bob* noted that Massachusetts is the third most affluent state in this nation. No matter what happens in terms of federal funding, we will need to have a discussion about raising state tax revenues. Health Care For All would like to initiate and support more advocacy across the state to accomplish major change in tax policy.

Bob introduced Chip Joffe-Halpern as the Chair of Health Care For All’s Board of Directors, and invited Chi to add to his comments.

Chip predicted that the next 6 months will be a crucial time in Massachusetts. He mentioned the Bush administration’s proposal to dismantle the current structure of the Medicaid system. Medicaid is currently funded jointly by the state and federal governments. The Bush administration has plans to block-grant the program. This would give states the flexibility to decrease the funding they now provide, and it would allow the government to give a fixed amount of money to each state. This amount may very well be insufficient. It fails to account for the possibility that a state’s reliance on the Medicaid program increases with need. It also fails to take into consideration increased health care costs due to inflation.

Bob noted that Governor Romney has his own health care plan. Its unveiling has been delayed, probably because it’s not clear what funds will be available.

Chip stressed that our work as advocates is just starting. And our best weapons are the relationships we develop and the information we are able to share with one another.

HCFA’s Massachusetts Campaign for Affordable Coverage for All

Bob announced that Health Care For All is laying the groundwork for comprehensive health reform in Massachusetts. He distributed a flyer outlining the campaign, which aims to expand access to health coverage to every person in Massachusetts, to control and lower health care costs, and to improve public health. Health Care For All projects that it can get 80% to 90% of the state’s uninsured onto MassHealth or other coverage.. One aspect of the campaign is bill for the 2005-2006 legislative session which will be submitted by December 1st. Senator Moore of Worcester is a chief sponsor. The formation of a coalition between community organizations, labor unions, providers, hospitals, health plans, community health centers, public health advocates and consumers is in the works. *Bob* emphasized the importance of getting stories from people who will be positively affected by this legislation, and encouraged people to submit their feedback.

MassHealth Coverage for 3,000 Elderly and Disabled Immigrants

Bob distributed a letter developed by the MassHealth Defense Group to Health and Human Services Secretary Ron Preston. The letter can be used as a template for advocates to request that EOHHS continue to provide MassHealth Essential benefits to 3,000 elderly and disabled special status immigrants. While the Governor vetoed \$2 million that was appropriated for this purpose, there is still \$2 million left for the provision of these benefits. For more information, e-mail the MassHealth Defense Group at masshealth@hcfama.org .

Dayanne explained that MassHealth has not yet sent out a letter to immigrants to inform them that they will lose their health insurance coverage. This is good news because MassHealth has to give members official notice before terminating their benefits.

Dayanne works on immigrant health access issues. She displayed postcards explaining immigrant health care options in Portuguese. Next year she hopes to produce a brochure with information about health care programs available for immigrant families and children, but she wants to be sure which programs are “safe” for immigrants.

Mass Health Essential

The MassHealth Essential program has an enrollment capacity of 36,000 adults. Enrollment is now up to 31,000 adults.

MassHealth Dental Lawsuit

In October, Health Law Advocates, the legal arm of Health Care For All, sued the Division of Medical Assistance/Office of Medicaid over the inadequate administration of MassHealth dental services. The trial took place at the Federal Courthouse in Boston. The judge has decided to review all of the documents presented at the trial. Health Care For All is waiting to hear what will happen next and will keep everyone posted.

Covering Kids and Families (CKF)

As part of the CKF Initiative, HCFA works with state agencies to improve systems. Russ Kulp of the Office of Medicaid has agreed to help in starting in a workgroup around the simplification of notices: for example, improving MassHealth notices so they’re easier to understand, and addressing the problem of people receiving more than one notice on the same day saying two different things.

Michael underscored Chip’s earlier remark on the importance of relationships and information exchange in our struggle to defend health care programs in Massachusetts. He reminded everyone that the next meeting would be held on Friday, December 3rd. It will feature a guest presentation by Nancy Turnbull and Bob Siefert of the Massachusetts Medicaid Policy Institute (MMPI).

The MMPI was created a year ago with seed funding from Blue Cross Blue Shield of Massachusetts. It is an independent research and policy organization operating under the BCBSMA Foundation to study MassHealth and to make policy recommendations to improve its programs. Nancy, the Executive Director, is a professor at the Harvard School of Public Health, and Bob is the Senior Policy Analyst at the Access Project. They want to hear what you think are the important issues they should be focusing on, so be sure and attend.

NEXT MEETING

Date: December 3, 2004

Time: 10:00 a.m. to 12:00 p.m.

Location: Jones Library, Amherst