



Ensuring the Success of Massachusetts Health Care Reform: *What is needed for front line staff*

In April 2006, the Massachusetts legislature passed and Governor Romney enacted the Massachusetts Health Care Reform bill (Chapter 58 of the Acts of 2006). The new law aims to provide health coverage to almost all residents of Massachusetts through a combination of Medicaid expansions, subsidized private insurance programs, and insurance market reforms. While enactment of the law represents a tremendous step towards expanding coverage of the uninsured, the success of the law will be dependent on its implementation.

As with all health coverage expansions, front line staff who interact with and advocate for the recipients of coverage will be central to achieving the goal of expanded coverage. These individuals work in a variety of organizations – hospitals, community health centers, and other community-based organizations – directly helping low and moderate income Massachusetts residents obtain health care coverage through a range of publicly funded programs. For example, these front line staff help individuals complete MassHealth and Uncompensated Care Pool applications, often using the Virtual Gateway, and explain benefits available through these programs. These staff will serve a crucial role in educating and assisting residents and employers about the upcoming changes resulting from Health Care Reform.

Building on its efforts to advance health care reform provided through its Roadmap to Coverage initiative, the Blue Cross Blue Shield of Massachusetts (BCBSMA) Foundation aims to play a key role in supporting the successful implementation of the law, including supporting front line staff from community-based health care organizations in the critical role they will play in its implementation. To this end, the BCBSMA Foundation held a technical assistance session on June 21, 2006 for grantees of its Health Access Programs. Over 90 individuals from community-based health care organizations which help facilitate access to health coverage for low-income populations across the state participated in the event. The technical assistance session included presentations from representatives from the Office of Medicaid and the new Connector Board on the implementation efforts underway. Afterwards, grantees convened in topic groups where they discussed the impacts of reform on their clients, programs, and organizations and brainstormed ideas to help make implementation a success.

To help inform the development of the technical assistance session, as well as to provide information for other health reform implementation support efforts, Community Partners developed and disseminated a web-based survey to assess the understanding among community organizations of the new law and identify effective ways to provide training and education. Community Partners is a small non-profit organization based in Amherst, Massachusetts that convenes community-oriented health access programs across the state, helping to share timely and accurate information to enhance education about and implementation of health care programs.

This document summarizes the results of Community Partners' survey and ideas generated during the BCBSMA Foundation technical assistance session. Both the survey results and the feedback from the technical assistance session highlight that front-line workers are eager for more information on the details of the law and have concrete suggestions to help facilitate their important role in its implementation. It is hoped that readers will use the information provided here to help inform efforts to support successful implementation of Chapter 58.

KEY SURVEY FINDINGS

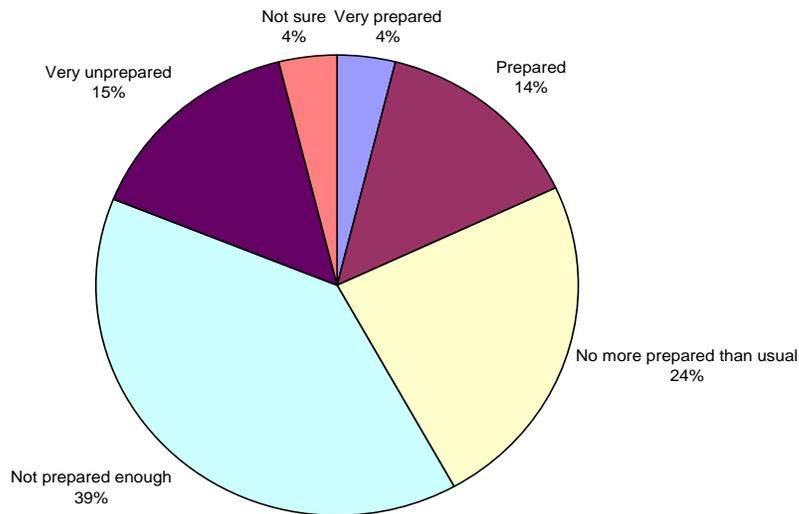
On June 12th and 16th, 2006, Community Partners distributed a survey via email to almost 1,000 people involved in its statewide network. A total of 106 people from community health centers, hospitals, anti-poverty organizations, ethnic group support organizations, legal assistance agencies, visiting nurse associations, and other community-based outreach programs responded to the survey. Respondents were from across the state from 37 towns and cities.

Preparedness for July 1st Changes

As of July 1st, a number of changes to MassHealth will be implemented (e.g., converting children enrolled in the Children's Medical Security Plan with household incomes below 300% FPL to MassHealth; raising the MassHealth HIV, MassHealth Essential¹, and CommonHealth enrollment caps; instituting systems for documenting citizenship upon enrollment or re-determination; instituting tougher regulations for long-term care; and expanding benefits to adults). Fewer than 20% of survey respondents reported that they feel "prepared" or "very prepared" for these changes and over 50% report feeling "not prepared enough" or "very unprepared."

¹ Implementation of the increased enrollment cap for MassHealth Essential will occur after July 1st, as final federal approval being negotiated with the Centers for Medicare/Medicaid Services is not anticipated until mid-July.

Readiness for July 1st Changes

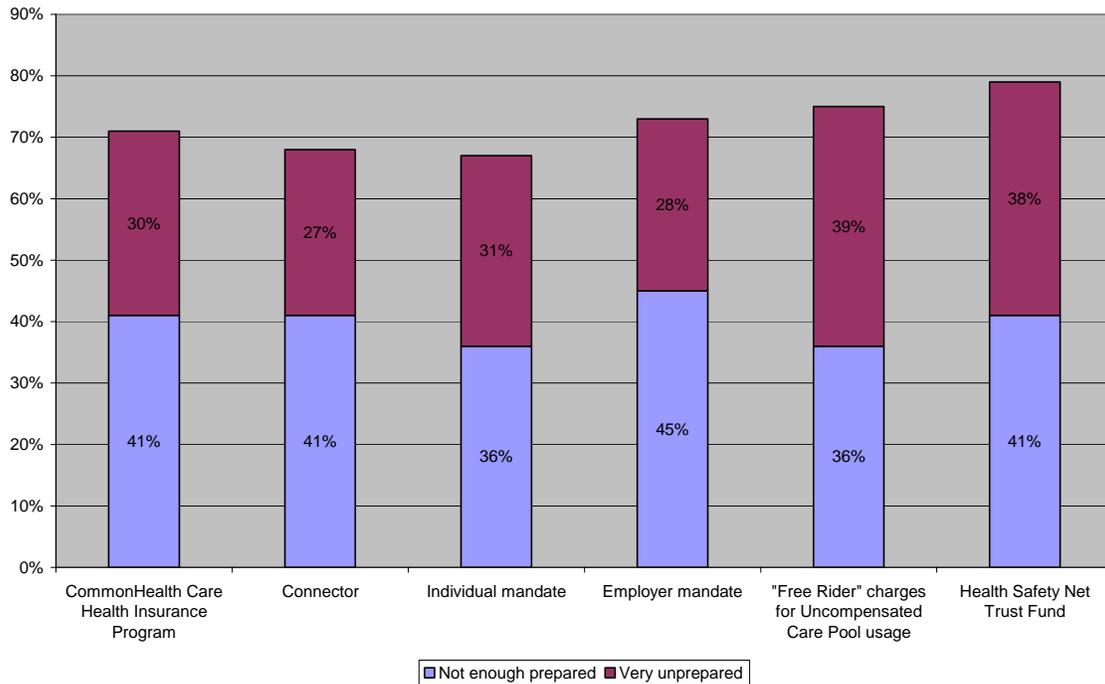


Preparedness for Subsequent Health Reform

As to be expected, the survey showed even more need for information and training on other aspects of health care reform. The new law is expansive in scope and leaves many details still to be worked out by the Connector and other administrative agencies over the coming months during implementation.

When asked how prepared respondent felt for the health reform changes that will take effect on or after October 1st, 2006, more than 65% reported feeling “not prepared enough” or “very unprepared” in each of the areas surveyed (i.e., Commonwealth Care, role of the Connector, individual mandate, employer responsibilities, “free rider” surcharge, and Health Safety Net Trust Fund).

Readiness for Subsequent Reform



Effective Methods for Receiving Information and Training

In order to help inform training and other education efforts, the survey asked respondents to rank the effectiveness of the following ways of getting information: regional meetings, informational emails, web conferences/conference calls, statewide conferences/in-person trainings, postal mailings of informational materials, web postings and peer-to-peer training. Three highest rated approaches were:

- Informational emails
- Regional meetings
- Statewide conferences

Web conferences/conference calls and peer-to-peer training were ranked the lowest.

TECHNICAL ASSISTANCE SESSION RESULTS

The Foundation's technical assistance session included an opportunity for participants to hear presentations from and ask questions of Stephanie Anthony, Deputy Director from the Office of Medicaid, and Chip Joffe-Halpern, member of the Board of the Commonwealth Health Insurance Connector, on health reform implementation efforts.

Participants then broke out into smaller groups to brainstorm on ways to help facilitate their role in health reform implementation. Participants see health reform as an important opportunity for them to help their clients obtain access to health care and want make

implementation as successful as possible. The five breakout groups focused their discussions on the following questions:

- What training and tools are needed for frontline staff to assist with health reform implementation?
- How can we help immigrants and those with incomes too high to benefit from the new health reform programs?
- What public education and enrollment functions will be necessary during the implementation process?
- What will be the impact of the Deficit Reduction Act (DRA)? And how can the state help front-line workers with implemented the changes in documentation requirements?
- How do we document the issues and problems encountered during implementation in order to make them available for the Administration in its efforts to achieve successful implementation?

Common themes emerged from these discussions as well as many concrete suggestions for tools and trainings to help front-line workers in implementing reform. In addition, included below are questions that were raised during the presentation and break out portions of the session to be addressed at future sessions or through other means (e.g., email updates) when answers become available.

Overarching Needs

- **Need for Additional Staffing Resources at MassHealth Enrollment Centers:** Participants were concerned about the amount of staffing and resources that will be required to effectively implement the new programs. In particular, additional staffing is needed at the MassHealth Enrollment Centers, to ensure that telephone lines are open during all business hours and not closed off at 3:00 PM as is the case today.
- **Need for Additional Provider Capacity:** Participants expressed concern about provider capacity, particularly dentists now that additional MassHealth populations are eligible for dental services.
- **Need for Coordinated Education Efforts and Effective Dissemination of Materials:** Developing clear and concise information on health reform and disseminating it effectively will be critical. Coordination will be needed to reduce duplication of efforts and to ensure effective use of scarce resources.
- **Ongoing Need for the Uncompensated Care Pool:** The Uncompensated Care Pool will remain critical for undocumented immigrants and people with incomes between 300-400% FPL for whom subsidized coverage will not be available under health care reform. Without the Uncompensated Care Pool, even after health reform expansions, many individuals would experience increased personal

medical debt and hospitals and community health centers would experience increased bad debt.

- **Need for Assistance in Meeting New Documentation Requirements under the federal DRA:** Providing documentation of citizenship and immigration status will be difficult for many populations. This will especially be a problem for the homeless and will also be confusing for families with mixed immigrant statuses.

Ideas for Tools, Training and Other Information to Facilitate Implementation

The breakout sessions generated many concrete ideas on how to help front-line workers be better equipped to address the needs of their clients. The suggestions below are organized into two sections: General Suggestions and Suggestions Related to MassHealth.

General Suggestions

- **Conferences and Technical Assistance Sessions:** In-person conferences and technical assistance sessions are preferred, but there was also interest in the possibility of web-based conferences, since these can reduce time out of the office.
- **Web Site:** An informational website, with a searchable Frequently Asked Question (FAQ) list and an ability for front line workers to email questions and receive an answer within a set period of time
- **Eligibility Flow Chart:** An updated eligibility flow chart (e.g. Massachusetts Medicaid Policy Institute/University of Massachusetts Medical School's "Pathways to Coverage")
- **Help Lines:** Health access help-lines for consumers (e.g., the Health Care for All Helpline, Boston Mayor's Helpline)
- **Central Clearinghouse:** A central clearinghouse with outreach materials that are clearly written and translated into multiple languages
- **Outreach Routes:** Expanded outreach methods including faith-based organizations, public school, and employer-groups
- **Information Tailored to Special Populations:** Information organized or presented in a way that is targeted for organizations that serve subsets of the general population (e.g., immigrants, self-employed, homeless, college students). Also, organizations that serve special/sub populations could provide trainings or participate in conference calls to help inform others on the eligibility and programs available for those unique populations.

- **Outreach to Immigrants:** Outreach specific to immigrant populations is important. Also, it is important to create and publicize an official letter that tells immigrants their application information will not be shared with INS to appease any fear.
- **Connector Information:** It will be important to have ongoing communication with the Connector where front-line workers can communicate glitches, concerns, and successes directly.

MassHealth Related Suggestions

- **Suggestions Regarding Implementation of the DRA:** A number of suggestions were made related to the new documentation requirements under the DRA:
 - There needs to be clarity on acceptable identification documents for eligibility.
 - Instructions on how to obtain a birth certificate are needed. Additionally, a suggestion was made that there be created a national birth certificate request form accepted in all states.
 - If possible, there should be a process whereby special populations (e.g., homeless) can request a waiver of documentation requirements.
- **MassHealth Enrollment Center Staffing:** There needs to be additional funding to increase staffing to help ensure successful enrollment. This is especially important for the MassHealth Enrollment Centers. Also, it would be helpful if there could be a designated phone line or contact for front line staff to call the MassHealth Enrollment Centers that is available during all normal business hours (and not just during limited hours as is the case today).
- **Virtual Gateway:** It would be helpful to have universal access to the VG via the Web for self-administration of applications and available to all organizations which assist with eligibility.
- **MassHealth Member Handbook:** The MassHealth member handbook needs to be updated with information on the new MassHealth programs/eligibility rules and translated into commonly spoken languages.
- **Information on New MassHealth Benefits:** Clear information on new MassHealth benefits including which services require prior authorization
- **MassHealth Provider Lists:** Lists of providers accepting MassHealth, particularly for the services newly covered for adults are needed. (Note: MassHealth has recently updated its listing of dentists accepting MassHealth and made this available on its web site.)

Specific Questions

There were a number of questions that were asked during the session related to: the new documentation requirements under the DRA, Commonwealth Care, undocumented immigrants, the Individual Mandate, and other aspects of Health Care Reform. These questions related to areas of implementation not yet finalized, but it will be important to answer and disseminated timely responses when they become available.

Questions Related to Eligibility and New DRA Documentation Requirements

- How will Virtual Gateway change as of July 1st to accommodate the new documentation verifications?
- Can the REVS system give the reason why someone is not eligible?
- What are the acceptable verification documents that MA will accept?
- How long will a person have to produce documentation before his application is defunct? If a person is unable to produce the necessary documentation will he/she be eligible for Uncompensated Care? Or will he/she be determined ineligible for Uncompensated Care as well as MassHealth?

Questions Related to Commonwealth Care

- How will eligibility for Commonwealth Care be determined? How will an applicant find out the outcome of eligibility determination for Commonwealth Care?
- What residency documents will MA accept for Commonwealth Care? What about populations who cannot document their residency? For example, it will be extremely difficult for homeless people to provide residency documentation.
- When will the subsidy levels be finalized and made public so front line staff can help educate potential applicants?
- Are college students eligible for Commonwealth Care?
- What benefits will be included in Commonwealth Care?

Questions Related to Undocumented Immigrants

- How will the individual mandate affect undocumented immigrants?
- How will the individual mandate be enforced for undocumented immigrants?
- How will the 6-month residency requirement for Commonwealth Care affect undocumented immigrants?
- Are undocumented immigrants eligible to purchase insurance through the Connector?

Questions Related to the Individual Mandate

- What age is one considered an adult for the individual mandate? On his/her 18th or 19th birthday?
- Will the definition of “affordability” be tailored to individual circumstances, such as accounting for medical debt, student loans, etc...?

Questions Related to Other Aspects of Health Reform

- A component of the bill is to reward providers for quality. How will this work in areas of the state where there is limited provider capacity (e.g. western part of the state)? Will a provider be eliminated from participation in MassHealth if it does not meet quality standards but is the only provider in a geographic area?

CONCLUSION

The BCBSMA Foundation is committed to supporting expansion of health care access in Massachusetts and will continue its efforts to generate and disseminate information that support both decision makers and front line workers.