



**Commonwealth  
Care &  
Commonwealth  
Choice**

**MTF Presentations  
July 2012**

# Agenda

- Commonwealth Care
  - Member Survey
  - Eligibility Review for those previously enrolled in Bridge
- Commonwealth Choice
  - Non-Group Open Enrollment

# Commonwealth Care Member Survey



- The **first** Commonwealth Care Member Satisfaction Survey conducted during last fiscal year showed **very positive results** for the program
- It was important to repeat the survey within a reasonable timeframe to track **program performance** against the baseline set by the first survey
- As we introduced significant program changes for FY12 in an effort to achieve aggressive fiscal goals; member experience and satisfaction are key indicators of program success in FY12 and therefore must be measured

# Member Survey Methodology

## Year 2 Survey Methodology:

- All of last year's questions were repeated
- The same data collection and stratification methodology was used
- The overall sample size went up from 600 to 750 with 3 areas of oversampling:
  - New Plan Type I members with limited health plan choice
  - Members who changed their health plan during Open Enrollment
  - Members who were enrolled in Network Health prior to the open enrollment period
- Added a series of new questions that focused on:
  - Member experience during Open Enrollment and their decision-making process
  - Experience of members who made provider changes

# Member Survey Key Takeaways

- Commonwealth Care continues to have high member satisfaction (77% extremely satisfied or satisfied), although there was a slight decline in **year two** results compared with **year one** (year one 84% satisfaction rate)
- This year's results suggest that access to care remains robust for all members (81% access satisfaction vs. 82% last year)
- Members also continue to report that premiums and copayments are affordable (similar to last year, 80% are able to pay their medical bills)

# Key Takeaways (cont'd)

- Commonwealth Care members are informed consumers, and the open enrollment process works well
  - Open enrollment communications and benefit materials are very important, **useful tools** in helping members make decisions
  - When making changes, **the cost** of enrollee premiums is an important factor
  - Most members who changed plans did so because of **provider network changes** (e.g. Network Health members)



## Key Takeaways (cont'd)

- **Plan Type I members** with limited choice had high satisfaction (81%) and their member experience was strong
  - Oversight program will continue to monitor overall utilization and access to care
- Members enrolled in **Network Health prior to Open Enrollment** (regardless of whether they made a change) collectively showed a similar overall program experience relative to all members, reporting very high satisfaction (80%)
  - 89% of these members rated their overall quality of care as excellent, very good or good
- Elements of the Commonwealth Care program with lower relative levels of satisfaction for this year include member education and communication and customer service
  - Most likely attributable to more complex, new program rules for certain PT1 members and changes made by MCOs



# Eligibility Review



## **Eligibility Review for Commonwealth Care members previously enrolled in the Bridge program.**

### **Background:**

- In order to maintain health insurance coverage, all Commonwealth Care members are subject to an annual eligibility review. Members previously enrolled in the Bridge program were held in a protected status that excluded them from this annual review. This protection went into effect in September of 2009.
- In an effort to update each members household information, Commonwealth Care / MassHealth began sending reviews **on a weekly basis**.
- This started during **the week of on June 25<sup>th</sup>** and will continue through **the week of July 23<sup>rd</sup>**. Approximately 8,000 households will receive notices.
- This review process for the former Bridge members will be the same as the standard review process.

## **Eligibility Review for Commonwealth Care members previously enrolled in the Bridge program.**

### **Process:**

- Member receives an eligibility review form (ERV) in the mail.
- Member must complete and return form within 45 days from the sent date.
- Anyone indicated as an ERD or PSI will also notified via mail and online through MAP.

### **Impact:**

- It is important that members complete this review and send all requested information in a timely manner to maintain coverage. Members who do not comply will lose their health insurance coverage. This could happen as early as Sept 1., depending on when the review is sent.

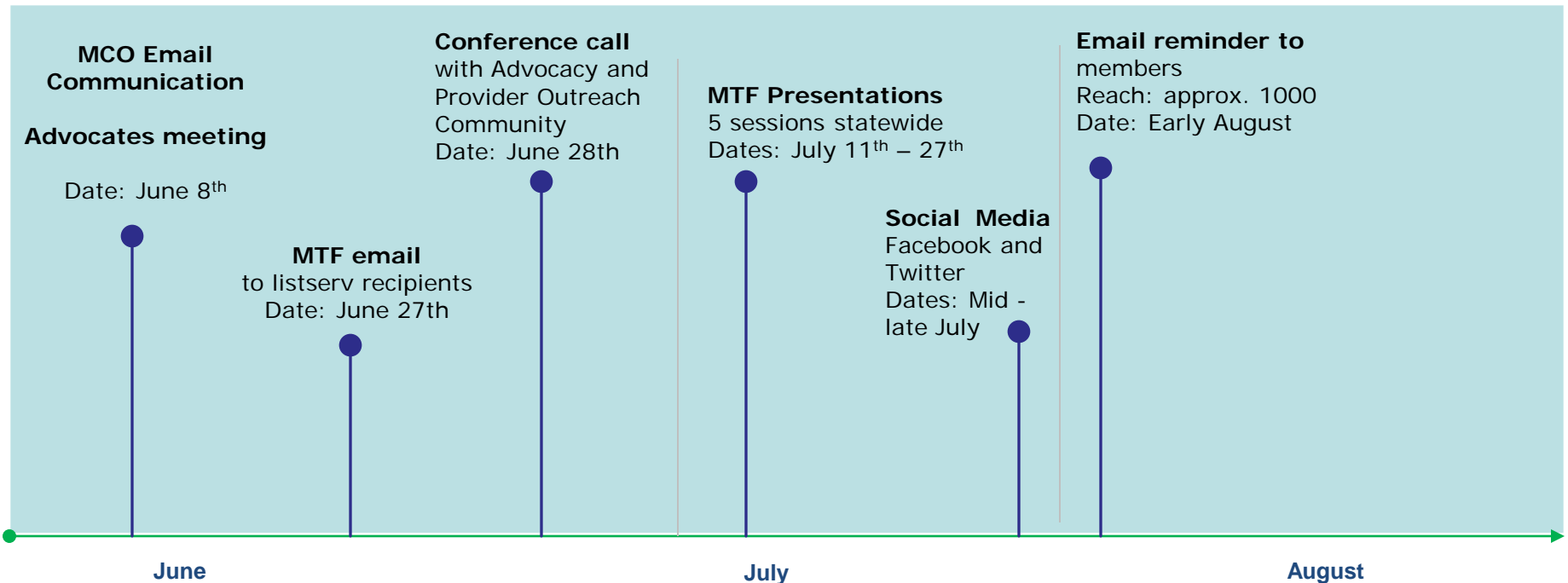
### **Outreach:**

- The timeline on the following page outlines the plans to communicate to advocates, outreach and enrollment staff at hospitals, health centers and community based organizations.

## Eligibility Review: Outreach and Communications

### Purpose:

- Inform **stakeholders, outreach and enrollment staff** at Massachusetts hospitals, health centers and community-based organizations and **members** about the eligibility review process.



State approved, multilingual materials for outreach and enrollment workers to assist members of the Commonwealth Care and MassHealth programs **retain their health insurance coverage.**

Available for download  
**Outreachgrants.org**

## Annual Eligibility Review



Federal and state laws require MassHealth to complete a review every year of your continuing eligibility for MassHealth, the Children's Medical Security Plan (CMSP), Healthy Start, Commonwealth Care, or the Health Safety Net (HSN). This review is done at least once a year and, in some cases, as often as every six months. When you get an eligibility review form, it is important that you fill it out and return it to MassHealth by the due date, or your MassHealth, CMSP, Healthy Start, Commonwealth Care, or HSN benefits may end.

### Must-do's

- Answer all questions, and sign and date the review form.
- Fill out the Eligibility Representative Designation or Permission to Share Information form if it applies to you.
- Fill out and return the form to MassHealth by the due date or earlier, if possible.
- Check your mail for an eligibility review form (about 12 months from your eligibility approval date).

### Send the following items with the review form.

- income information (not social security or SSI income)
- citizenship and/or identity if it has not yet been verified

**If MassHealth needs more information to complete the review process, they may send you a letter.**

If you need help filling out your eligibility review form, visit

Place your organization's label here!





# Commonwealth Choice Open Enrollment

## Commonwealth Choice: Open Enrollment

Purchasing insurance for Individuals and Families

- The “Open Enrollment” period for the purchase of commercial individual and family (non-group) plans is from **July 1<sup>st</sup> - August 15<sup>th</sup>**
  - **Applies** to plans purchased through the Health Connector or directly through an insurer.
  - **Does not apply** to people enrolling in employer-sponsored health benefits or seeking government-subsidized coverage.

# Commonwealth Choice: Invoice Inserts for Existing Membership



**Now is the time to *review*  
your health insurance plan options**



State law allows individuals and families to renew or change plans during this year's  
**Open Enrollment from July 1- August 15, 2012.**

Open Enrollment is the only time you can make *any* changes to your plan for *any* reason.

**To keep your current plan**, simply continue to send your payments on time.

**To change** your plan, apply online and pay by:

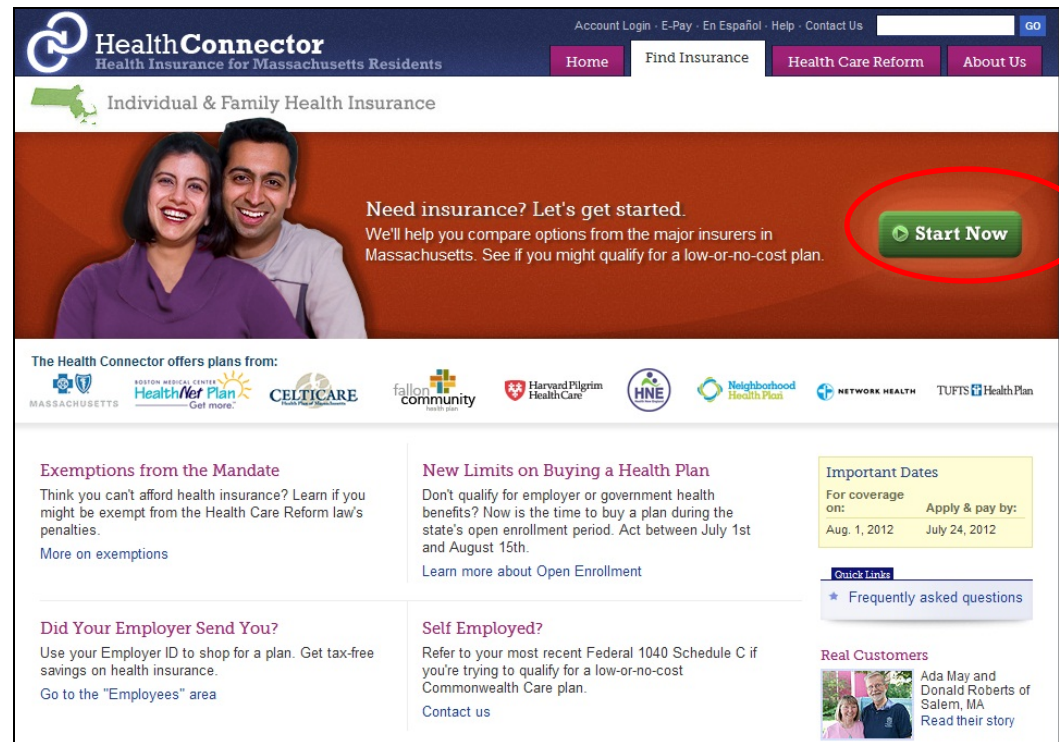
- **July 24<sup>th</sup>** for your changes to take effect on August 1, 2012.
- **August 15<sup>th</sup>** for your changes to take effect on September 1, 2012.

Thank you for your membership in Commonwealth Choice offered by the Health Connector.  
We are pleased to be your **connection** to good health. [MAhealthconnector.org](http://MAhealthconnector.org)

# Commonwealth Choice: Shopping at Mahealthconnector.org

## Five simple steps:

1. Go to the Individuals and Families page and click "Start Now"
2. Enter basic information about yourself and your family
3. Browse and compare plans available to you and your family
4. Choose a plan
5. Submit your first month's premium payment



The screenshot shows the HealthConnector website interface. At the top, there is a navigation bar with the HealthConnector logo and the text "Health Insurance for Massachusetts Residents". To the right of the logo are links for "Account Login", "E-Pay", "En Español", "Help", and "Contact Us". Below the navigation bar are buttons for "Home", "Find Insurance", "Health Care Reform", and "About Us". The main heading is "Individual & Family Health Insurance". Below this is a large banner featuring a smiling couple and the text: "Need insurance? Let's get started. We'll help you compare options from the major insurers in Massachusetts. See if you might qualify for a low-or-no-cost plan." A green "Start Now" button with a play icon is circled in red. Below the banner, there is a section titled "The Health Connector offers plans from:" followed by logos for various insurers: MASSACHUSETTS, HealthNet Plan, CELTICARE, fallon community, Harvard Pilgrim Health Care, HNE, Neighborhood Health Plan, NETWORK HEALTH, and TUFTS Health Plan. The page is divided into several informational sections: "Exemptions from the Mandate", "New Limits on Buying a Health Plan", "Important Dates", "Did Your Employer Send You?", "Self Employed?", and "Real Customers". The "Important Dates" section shows coverage start on Aug. 1, 2012, and apply/pay by July 24, 2012. There are also "Quick Links" for "Frequently asked questions".



# Commonwealth Choice: Payment

- To complete your enrollment, we must receive your first month's premium **no later than five (5) business days** before your requested effective date.
- **Choose between** two effective dates (Aug 1<sup>st</sup> or Sept 1<sup>st</sup>).
- **Two** Payment Options:
  - E-pay
  - Mail Check or Money Order made out to Commonwealth Choice.



# Contact Information

## Contact Info: Commonwealth Care

### **Commonwealth Care Member Service Center**

Monday - Friday from 8:00 a.m. to 5:00 p.m. at  
1-877-MA-ENROLL (1-877-623-6765).

Fax: 1-877-623-2155

TTY: 1-877-623-7773 for people with partial or total hearing  
loss

or visit us online [MAhealthconnector.org](https://MAhealthconnector.org)

## Contact Info: CommChoice

### **Commonwealth Choice Member Service Center**

Monday - Friday from 8:30 a.m. to 5:00 p.m. at

Phone: 1-866-636-4654

Fax: 508-770-0167

TTY: 1-888-213-8163 for people with partial or total hearing loss

or visit us online [www.MAhealthconnector.org](http://www.MAhealthconnector.org)