

Western Massachusetts

Health Access Network



COMMUNITY PARTNERS, INC.

October 7, 2005

Jones Library – Amherst, MA

Meeting Notes

Attendance:

David	Ahearn	Cooley Dickinson Hospital	(413) 582-2848
Magda	Ahmed	Department of Public Health	(413) 586-7525
Anne	Awad	Caring Health Center	(413) 693-1008
Karen	Baumbach	Ecu-Health Care, Inc.	(413) 663-8711
Teresa	Beaudry	Springfield Public Schools	(413) 787-7399
John	Bergeron	Hilltown Community Health Center	(413) 582-2848
Danna	Boughton	Healthy Connections-FCAC	(978) 249-5634
Cameron	Carey	Community Health Center of Franklin County	(413) 772-6157
Martina	Carroll	Stavros - Center for Independent Living, Inc.	(413) 256-0473
Olga	Cecilio	Stavros - Center for Independent Living, Inc.	(413) 256-0473
Regina	Curtis	Office of Rep. Stephen Kulik	(413) 772-2727
Michael	DeChiara	Community Partners, Inc.	(413) 253-4283
Maribel	DelRio	Chicopee Community Health Center	(413) 420-2152
Pat	Duma	Berkshire Medical Center	(413) 445-9480
Tracy	Gaudet	Healthy Connections-FCAC	(978) 249-5634
Betsy	Hernandez	Boston Medical Center	(413) 730-4828
Octavio	Hernandez	Fairview Hospital	(413) 528-5045
Kari	Hewitt	Community Partners, Inc.	(413) 253-4283
Meg	Kroepflin	Community Partners, Inc.	(413) 253-4283
Joane	McNabb	Baystate Health System	(413) 794-9124
Debbie	Phillips	Community Health Center of the Berkshires	(413) 528-8580
Dorothy	Pilkington	Mercy Medical Center	(413) 748-9036
Anne	Rosen	Community Partners, Inc.	(413) 253-4283
Fern	Selesnick	Community Partners, Inc.	(413) 563-8074
Kate	Vaughan	Health Care For All	(617) 350-7279
Lorraine	York-Edberg	Franklin County Home Care	(413) 773-5555

Welcome and Introductions *Michael DeChiara* of Community Partners welcomed everyone, introduced speakers and reviewed the meeting agenda. He noted the presence of a new laptop and new recording device to capture HAN discussions as accurately as possible. At present, recordings are for in-house use only.

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Anne Rosen, Community Partners, briefly reviewed the meeting packet's news articles and announcements. Highlights are at the end of these notes in *Selected Announcements and Resources*.

- Outreach Grants: The state Executive Office of Health and Human Services (EOHHS) has awarded \$500,000 in outreach grants, including funds to Community Partners (CP) and Health Care for All (HCFA). CP and HCFA will funnel most of their funds to community-based organizations for outreach. Many recipients are in western Massachusetts, and are HAN participants. While the funding was a win, one disappointment is that some organizations encouraged to apply independently were not funded.
- Virtual Gateway Feedback: CP communicated HAN's July 1 meeting feedback on the Virtual Gateway to MassHealth and Virtual Gateway officials in Boston. Virtual Gateway indicated a willingness to send a representative to a HAN meeting. *Michael* said HAN will invite someone whose responsibility is to implement Virtual Gateway operations.

Michael noted that today's meeting coincides with a Boston conference reviewing the House version of the Medicaid health care plan and thanked HAN members for their presence at today's western Mass meeting. HAN will provide conference details in the near future.

Community Updates

Michael explained that "Community Updates" provides time for people to touch base and update the network on current issues. This time we are also asking HAN members to identify specific issues they would like next year's meetings to explore.

Martina Carroll, Stavros Center for Independent Living, Inc.

- Medicare Part D: Staff finding it very difficult to decipher, even after ample training. *Martina* has tried phoning for assistance, but she has been unable to get beyond a recording stating that call volume is too high and therefore no connection is possible.
- Grant: Stavros recently received a grant in conjunction with several participating agencies to address domestic violence against people with disabilities. Services will include 1) Cross-training other agencies to recognize differing needs of survivors of domestic violence and 2) increasing access to help for survivors of domestic violence.

Danna Boughton and *Tracy Gaudet*, Healthy Connections/ Franklin Community Action Commission. (HC/FCAC). The Medical Security Plan (MSP), Massachusetts' health insurance program for the unemployed, is changing. Written documentation is not yet available, but it appears the plan will switch from a PPO to an HMO-kind of managed care product. BlueCross/Blue Shield will supply the actual program.

Michael identified this as a change for the better. The new plan will provide a basic benefit package that people will recognize, and participants will qualify for continuity of care. Also, potential enrollees who call will be directly connected to the MSP rather than to Blue Cross/Blue Shield, as has been the case. This switch will eliminate some confusion, since current callers reach Blue Cross when they phone and then assume they are calling for an insurance plan they could not afford. *Mara Yerow*, the MSP director, will discuss the changes at the November HAN meeting.

Karen Baumbach, Ecu-Health Care (EHC). EHC is receiving frantic calls from people feeling pressured by Prescription Advantage to mail in their determination letters. However, Social Security has not yet sent recipients their letters. *Karen* has phoned the local Social Security office but has been

unable to reach a person. On a recent attempt, *Karen* was told she would be on hold for 7 minutes, waited about 11 minutes, heard someone say “hello” and was then disconnected.

Lorraine York-Edburg, Franklin County Home Care (FCHC) suggested phoning the 1-800-772-1213 number for assistance. You may have to hold for awhile, but you will eventually get help.

Dorothy Pilkington, Mercy Health Care for the Homeless (MHCH). MHCH has received one of the state outreach grants in the amount of \$16,000, for which they’re very grateful.

Maribel DelRio, Holyoke and Chicopee Community Health Centers. Both patients and staff find Medicare Part D extremely challenging. *Maribel* has been to 3 trainings and is helping patients and other staff with the process:

- Managed care and billing staff are creating printouts for Medicare and secondary health insurance patients to help them with enrollment. They try to assist incoming patients to complete updates. The Centers also have a staff person dedicated solely to Medicare Part D and helping people acquire prescriptions. The process is particularly stressful for older patients who have no idea what is happening.
- The Centers are also trying to help other organizations with few outreach resources who are inundated with Medicare Part D issues. The Centers are open to all feedback/ideas on how to make things work.

Michael noted that sharing “Best Practices” as we move forward is key. He also reminded all of the upcoming statewide training on Medicare Part D implementation: Friday, October 21, 2005, 10 am to 3pm, sponsored by Community Partners and Blue Cross Blue Shield of Massachusetts (BCBSMA) Foundation, Tower Hill Botanic Garden in Boylston, MA.

Olga Cecilio, the Center for Traumatic Brain Injury Services of Western and Central Massachusetts (CTBIS). Medicare Part D is particularly challenging for patients with limited short-term memory or other brain injury conditions. CTBIS has tried the Medicare website and found it difficult to navigate. It can take up to an hour to extract needed information.

Magda Ahmed, Department of Public Health (DPH).

- *Magda* requested that next year, HAN focus more on refugee health issues. Many legislative changes negatively impact refugees and require tracking. *Examples:*
 - Changes in MassHealth legislation negatively impact senior refugees’ health.
 - Changes in sponsorship regulations say that if immigrants’ sponsors are also refugees, then they also are considered immigrants and cannot access MassHealth.
 - The Springfield school system is again using “rezoning”, a practice that clusters students from various city areas into the same classes, and immigrant children from many countries are “zoned” into the same classes. Resulting placements may be inappropriate and frustrating for students. *Example:* Children from Somalia, Sudan and Liberia may be placed into ESL Spanish classes.
- Franklin County Health Care: Mongolian immigrants are arriving in Franklin County, but no local health care facility does screening or assessments. People must go all the way to Springfield for help. Advocacy is needed to acquire services in Franklin County.

Betsy Hernandez, Baystate Medical Center HealthNet Plan (BSMHNP). Betsy is a new arrival to HAN and to BSMHNP.

Regina Curtis, Representative Stephen Kulik's office. Regina recently attended a Worcester Mass Homecare workshop on Medicare Part D, where Lorraine York-Edberg, (FCHC) was a speaker. Regina praised Lorraine as extremely articulate about Medicare Part D and the most helpful speaker at the workshop. Some other speakers were very difficult to follow. The challenge facing community health care workers helping enroll large numbers of people is tremendous. She suggested Lorraine be named citizen of the year.

Theresa Beaudry, Springfield Early Care and Education Partnership (SECEP). It is a program of the Child Guidance Clinic in Springfield, a part of the Behavioral Health Network. Theresa is new to the program. SECEP is a year-old early intervention program for pre-school children ages 2.9 to 5 years. Presently, all SECEP programs have nurses; however, job details vary widely. Springfield's SECEP team has been invited to be a role model for a larger, New England-wide satellite training to help coordinate the roles of the region's SECEP nurses.

Octavio Hernandez, Fairview Hospital, Advocacy for Access (AFA).

- AFA is overwhelmed by Medicare Part D and Free Care applications. Staff are trying to implement Medicare Part D, but find it very difficult based on training received to date. AFA is unable to do much outreach due to the high volume of service they are providing for these two programs. *Octavio* is also very concerned about the capacity of Free Care to serve all of those in need.
- AFA is also an active site for DPH's Men's Health Partnership. An average of 12-15 men per month participate in Fairview's program. The program can meet initial health care needs for the men, who are referred by word of mouth.

Cameron Carey, Community Health Center of Franklin County (CHCFC).

- CHCFC's new Orange site is due to open in early 2006.
- MassHealth and Free Care Issues: *Cameron* sees many patients whose applications for MassHealth are denied, but who are eligible for Free Care. Many don't understand that they're eligible for Free Care because the determination letter they receive from MassHealth is so confusing. Page 1 denies patients MassHealth while page 2 refers them to the "Uncompensated Care Pool." The letter never explains that the "Uncompensated Care Pool" is what has been commonly known as "Free Care." When patients call MassHealth for clarification, they often receive no information about Free Care coverage, what it covers, how to acquire it, or that they can receive care at a community health care center. *Cameron* finds it helpful to seek patients out to explain the determination letter and clarify the situation. Although Free Care is not a solution to the health care needs of the Center's patients, it's better than nothing.

Deb Phillips, Community Health Center of the Berkshires, commented that while Free Care is better than nothing in some ways – you can see a physician and find out what's wrong – often you can't see the specialist you need or get your prescriptions.

Group Discussion on MassHealth and Free Care Issues

- *Karen Baumbach* supplies and explains sample notification letters to patients who will be denied, so that they will know what to look for when the letter comes.
- *John Bergeron*, Hampshire Health Connect and Hilltown Community Health Center, warns people verbally about the letters during the application process, but patients still are confused and call with questions upon receipt.
- *Maribel DelRio* said that most people read "denial" on the letter, then throw it away. *Maribel* warns people the letter is coming and urges them to 1) keep the letter because they will need it to receive Free Care Benefits and 2) read page 2 for their Free Care eligibility date. She also copies and files patients' letters for future use and recommends that everyone do this.

- *Karen* noted the state requires that applicants be given a MassHealth booklet during their Virtual Gateway application. These patients may not be eligible for MassHealth and may qualify for FreeCare; however, the booklets contain no information about FreeCare.

Michael suggested that Community Partners follow up with a sample one-page explanation document for patients that is readable and easy to follow. (See www.compartners.org/news/2005/10/20/help-clients-recognize-free-care-eligibility/)

- *Maribel* cited the example of a Holyoke Hospital Free Care patient whose bill included emergency room services. Although the patient had 100% Free Care coverage, Free Care only covered 50% of the bill.
- *Joane McNabb*, Baystate Health (BSH), clarified that the level of care needed – an earache versus a fractured leg, for example – determines what is billed to the Free Care Pool. Current regulations stipulate that coverage is only possible for “services of an emergency or urgent nature.”
- *Michael* added that final coverage decisions depend on a hospital’s licensed services; however, hospitals *can* go beyond their licenses if deemed necessary. Also, an order for coverage must come from the hospital’s doctor, not from a patient’s private physician.
- *Magda* had a client on Free Care whose doctor arranged for her to be sent from Cooley Dickinson Hospital to Bay State Medical in an emergency. The patient was then billed for the ambulance trip. She didn’t make the request; she would have gone on her own had she been given an option.
- *John Bergeron* stated that ambulances are not covered by Free Care; but often a hospital has its own protocol, and if the patient is on Free Care, the charges can be “okayed” if an advocate calls about it. It also can depend on the ambulance company.

Michael recommended that HAN’s Free Care discussion continue in the future, perhaps with a Division of Health Care Finance and Policy (DHCFP) representative present.

David Ahearn, Cooley Dickinson Hospital/Hampshire HealthConnect (HHC) and *John Bergeron*, HHC and Hilltown Community Health Center (HCHC). HHC has hired two new case managers and plans to hire two more. Additionally, Hampshire HealthConnect, Berkshire Health Systems and the Community Health Center of the Berkshires have just received HCAP funding for an outreach worker/nurse case manager team to provide direct home visits.

- *David*, a new HHC Case Manager, spends much of his time on Virtual Gateway and on explaining Free Care letters to patients. He writes “THIS IS FREE CARE” beside the booklet’s table of contents listing for “Uncompensated Care Pool.” This seems to clarify confusion.
- *John* is extremely busy combining HHC outreach with 18 hours weekly at the Hilltown Health Centers. The Health Center recently received former Hampshire Community Action Commission funds. They will join a new coalition of service agencies identifying gaps in Hilltown services and collaborating to meet residents’ needs.
 - *John* will present information on Medicare Part D at an October 20 workshop in Worthington.

Regina reported that the Franklin Community Action Corporation was awarded the CAP (Community Action Program) designation for Hampshire County, formerly held by HCAC. This means Hampshire County will again be able to receive federal CAP monies. FCAC, which will be changing its name, has submitted proposals to the federal government to work with the Center for New Americans and the Hilltown CDC. *Regina* noted that FCAC is a solid organization that will do good work for Hampshire County.

Joane McNabb, Baystate Health (BSH) (Formerly Baystate Medical Center)..

- As of Oct 1, the organization will be known as “Baystate Health”.
- *Joane* has attended many Medicare Part D workshops and believes she and her staff now have a good understanding of the program. Hospital financial counselors have been trained by SHINE and Social Security, the hospital has good reference materials, and all necessary phone numbers and connections. They will be monitoring outcomes.
- Hurricane Katrina victims can apply for MassHealth within five 5 days of arrival in Massachusetts and will be quickly approved for services.

Michael asked if other facilities were seeing the same quick turnaround for Katrina victims. *Cameron* and *Maribel* said that their health centers were.

State Program and Policy News: *Kate Vaughan*, Health Care for All

Update: Children’s Medical Security Plan (CMSP)

- CMSP is now being administered by MassHealth instead of the Department of Public Health. Records for about 1200 households were either missing information required by Masshealth or lost in the transfer. MassHealth mailed new MBR’s to these families to resolve the issue. The forms were to be completed within 60 days or children would lose their CMSP coverage. (Families who changed addresses would not receive notification). Rolling termination began in late September for those who did not respond to the update request.
- *10/25 update from Health Care For All: Currently children are not being terminated from CMSP while MassHealth completes telephone outreach to non-responding families who have used CMSP in the last 12 months. For additional information, contact Mandi Janis at HCFA: 617-350-7279, Janis@hcfa.org.*
- The FY06 budget adopted a four-tier CMSP premium structure, rolling back premiums for household in the 150-200% FPL bracket. However, computer systems have not been upgraded to reflect this change. Families under 200% of the FPL are still being charged premiums and are disenrolled if they do not pay. Medicaid’s response is that this takes time.
10/15 update from Mandi Janis of HCFA: premiums bills mailed out in December should reflect this change!

Michael asked if *Kate* and/or *Mandi* wanted advocacy letters about families being impacted by this issue. *Kate* agreed. Also, the Legislative Children’s Caucus has created a letter to the Medicaid Director on both these issues. 40+ people have signed on to date. More signatures and documentations would be helpful.

Anne asked if families disenrolled for non-payment of premiums could be ineligible for Free Care. Under current free care regulations, non-payment of premiums does not disqualify a person from Free Care. *Karen* cited a MassHealth family who had not paid their premiums and were awarded Free Care.

Update: MassHealthEssential

- **Funding:** The Governor signed what some call a *deficiency* budget on September 30. A *supplemental* budget may be passed in October. A positive outcome of the budget is that implementation of August’s more restrictive Free Care Pool regulations was postponed to January 1. However, as of mid September, the program still needed roughly \$25M to be fully funded, and Gov. Romney has delayed releasing \$24M in available funds. As a result, the MassHealth Essential waitlist continues to grow.

- Wait Lists: As of this writing, the MassHealth Essential enrollment limit is 43,000. 7400 people remain on the waiting list. Individuals are moved off the list every few weeks as openings occur. As of mid-September, 446 people were enrolled in MassHealth Essential.

Michael noted *Stacey Auger's* (HCFA) recent statement that even if state funds become available for the Essential program, the Federal government has the final say on allowing more people to enroll in the program. Even if Massachusetts wanted to increase the number of people on MHE by 1,000, we would need a federal waiver.

- HCFA will continue working on the restoration of full health and dental coverage and full coverage for non-documented immigrants.
- Health Care Reform. The Health Care Finance Committee is reviewing current health care reform plans. Four proposals exist, including one from Speaker DiMasi being unveiled at today's Blue Cross Blue Shield summit. Both House and Senate leaders have pledged to have a plan in place before year's end, but how is unclear. A bill is expected on the House floor in late October and in the Senate in November, followed by reconciliation of the bills.
- HCFA's MassACT! (Affordable Care Today) campaign is in the midst of an intense signature initiative to place health care reform on the 2006 ballot. The goal is to push the legislature into action by providing a clear message of public support for health care reform. To date, 40,000 of the required 66,000 signatures have been gathered. MassACT! hopes to gather 100,000 by the end of November. Help is still needed. Contact Kate at: vaughan@hcfama.org or (617) 275-2919.

Oral Health Advocacy Taskforce. A number of policy priorities have been developed to expand access to educational, preventive and treatment services addressing oral health for all Massachusetts residents.

- Fluoridation Campaign Joint Public Hearing. HCFA's Community Fluoridation bill will be heard Thursday, October 27, the State House, Room A-2, 10:00 a.m. Contact *Kate* at vaughan@hcfama.org or *Stacey Auger*, auger@hcfama.org. Both are at (617) 275-2935. HCFA also has a petition to bring community water fluoridation to every city and town in the Commonwealth with 5,000 or more residents served by a public water supply. To sign electronically, go to http://www.ipetitions.com/campaigns/fluoridate_massachusetts/.
- Adult Dental Benefits. HCFA will be fighting to restore these in the upcoming supplemental budget hearings.

Question: When will the legislature extend dental benefits to pregnant women and new mothers?

Kate: In a recent legislative meeting HCFA was told that this would be difficult to do right now.

HCFA's response was that the state either move forward to extend benefits or the matter will go to the press. HCFA will monitor the situation; updates to follow.

- Watch Your Mouth (WYM). WYM is a statewide grassroots campaign to raise public awareness of the connection between children's oral health and overall health and well being.

Goals:

- Helping the public understand how poor oral health in children impacts school work, speech, eating, and future success.
- Switching public perception from blaming parents for poor oral health in children to seeing children's oral health as a community responsibility.
- Creating a safe space for legislators to make major policy changes to improve children's oral health in Massachusetts.

The campaign was successfully piloted in Washington state. Massachusetts' strategies will stress using relevant spokespersons (people who can help create change), and framing the issue to help people make mental connections (“When children’s oral health suffers, so does their progress.”)

HCFA will also use a web site and television and radio ads. Watch Your Mouth is not simply an educational campaign, but a campaign aimed at social change and reaching decision makers. “Framing” research has shown that tools such as give-away toothbrushes create an individual focus, rather than creating a focus on social change that would move legislation forward.

Michael noted this is an exciting campaign, not only because it will help children, but because it uses reframing strategies to raise awareness of social responsibility. He recommended *Kate* as a resource on effective messaging on a range of social issues. *Kate* also offered her assistance.

Kate is available at vaughan@hcfama.org or (617) 275-2919

Latest Medicare Updates: *Lorraine York-Edberg*, Franklin-Hampshire SHINE (Serving the Health Education Needs of Elders). *Lorraine* thanked all for making Medicare Part D work for the many individuals in need of assistance.

- **Overview:** Medicare Part D originated in response to President Bush/s Medicare Modernization Act of 2003. It began last year with Medicare prescription discount drug cards. These are ending and things will change for almost all Medicare beneficiaries.
- **Enrollment:** Enrollment in a prescription drug plan starts on November 15, 2005. Enrollment before December 31, 2005 will result in a plan start date of January 1, 2006. Applications will be accepted until May 2006 and will then be available on an ongoing basis.
- **Plans:** Medicare Prescription Drug Plan information is available through seventeen drug plans offering 47 different variations and premiums. Each company has variations in what they cover. SHINE is researching the categories and plans.
 - For charts of plan offerings, go to http://www.compartners.org/pdf/news/10-03-05_pdp_medadvantage.pdf . The charts identify drug costs, availability, deductibles, etc in standard and non-standard plans. An online comparison tool will also be released in late October to compare medications: www.medicare.gov.
 - **Standard Benefit Plan:** For those ineligible for financial assistance – i.e., they do not qualify for “Extra Help” – the plan has a \$250 deductible. Thereafter, patients pay 25% of drug costs and the state pays 75% until a combined total of \$2250 is reached by the state and patient. Patients must then pay dollar for dollar for their medications until they reach \$5100 in out-of-pocket expenses and “catastrophic” coverage begins. (This is often referred to as “the gap” or “donut hole”.)

Martina Carroll noted that drugs such as barbiturates or benzodiaphinines are not covered, nor are over-the-counter medications.

- **Medicare Advantage Plans.** These are HMOs or insurance plans that manage the cost of Medicare for Parts A, B and D and include a network of doctors and hospitals. Not all provide drug coverage, but if coverage is offered, people must pick the “Part D” that corresponds to their plan. *Lorraine* advises people not to make any plan decisions until they learn more at the end of October.
- **Prescription Advantage and “Extra Help” (Low-Income Subsidy for Part D):** All members paying no premiums must complete a low-income “extra help” application. Social Security is processing these and returning two responses, one when an application is received and one communicating eligibility or non-eligibility. Recipients must forward *both* responses to Prescription Advantage. If they don’t, the outcome could be detrimental to people’s coverage

and *Lorraine* recommends calling Social Security at 800-772-1213 or TTY 800-325-0778, SHINE and Prescription Advantage for help. (*Lorraine does not* recommend calling local Social Security offices due to access problems). Information on payment assistance will soon be released by Prescription Advantage. SHINE and Community Partners will communicate this ASAP.

- **Automatic Enrollment.** A Prescription Advantage mailing will soon tell people they will be automatically enrolled in drug coverage plans. Elders will need help from SHINE and community health workers, since plan assignments may not provide the best matches. Help will be possible through the on-line comparison tool at www.medicare.gov and SHINE. SHINE is training more Part D volunteers and acquiring laptops to help set up future “enrollment centers.”
- **Retiree Plans:** By November 14, letters will inform retirees if they have “creditable coverage” through their current plans. This refers to private insurance plans with coverage equal to or better than Medicare Part D. These retirees will not need Medicare Part D. Veteran Administration plans, GIC, and TriCare are considered creditable coverage. Retirees should not make decisions until hearing about creditable coverage, and should contact their plan administrators if they have not heard by November 14.
- **MassHealth/Dual Eligibles:** As of January 1, 2006, MassHealth will no longer provide prescription drug coverage for people with Medicare, other than benzodiazepines and barbiturates. They will be automatically enrolled into prescription drug plans and be informed in October. Coverage may not be complete and they will need help. *Lorraine* suggests using the on line www.medicare.gov to review plan choices.
- **Appeals:** The Medicare Advocacy Project is an excellent resource for appeals: 800-323-3205

Michael noted more information will soon be available for choosing a plan. Community Partners will make that information available. *Lorraine* will continue to update HAN monthly, whenever possible, and is also available for presentations at hospitals and community organizations. She can be reached at 413-773-5555 or lyork@fchcc.org.

For additional resources, please see *Selected Announcements and Resources at the end*.

The HDAP Program (HIV/Drug Assistance Program) and CHII (Comprehensive Health Insurance Initiative). *Meg Kroeplin*, Community Partners

Michael introduced *Meg*, a new, and welcome, addition to the Community Partners staff. *Meg* previously worked at Boston Medical Center with adolescents and young adults living with HIV and AIDS.

- **Program Basics:** If a person comes to you who is living with HIV, please refer them to your local AIDS Service Organization (ASO). This referral will help clients access appropriate care. The majority of people now being diagnosed as HIV positive are young, often with no health insurance. HDAP and the CHII Program provide comprehensive health insurance for qualified, HIV-positive Massachusetts residents. HDAP also provides financial assistance if patients cannot afford medications. There is no enrollment fee.
- **How the Program Works:** *Example:* A 17-year old MassHealth patient is diagnosed HIV positive and also has gonorrhea. She receives prescriptions for several medications with a \$5 co-pay for each. She cannot afford these. Without help, the likelihood is that this patient will not go on medication. But due to her diagnosis, she is eligible for HDAP and CHII. This is where HDAP steps in. This free program will pay for this person’s medications.
- **Eligibility:** Clients must be Massachusetts residents with medical verification of HIV status, proof of income and residency, and be able to renew their HDAP application every six months. Income guidelines are high. A single person can earn just below \$50K annually. An additional \$3K is

allowed for every dependent. Applicants must also apply for MassHealth and enroll if eligible. If ineligible, they must provide a denial letter. There is a four- to six-week waiting period to learn if applications have been approved. *Example:* A 50-year old single male with HIV needs an annual income of less than \$48,000 and a denial letter from MassHealth to be eligible for HDAP. (The income limit is higher for people with children.) This is where advocacy and access assistance may be needed.

- **Prevention and Treatment:** Meg asked the group whether they asked clients about their HIV status when filling out MassHealth applications. Comfort level in asking this question varied, but most HAN participants do ask. Meg encouraged asking the question, both to identify additional services for people living with HIV, and as an educational tool to promote testing for the virus.
- **Additional Information:** Contact Craig Wells at 617-778-5454, ext. 320. Meg can be reached at 413-253-4283 or mkroepin@comparters.org.

The meeting was adjourned at noon.

Selected Announcements and Resources

Hearings

Fluoridation Campaign Joint Public Hearing. Thursday, October 27, the State House, Room A-2, 10:00 a.m. HCFA's Community Fluoridation bill will be heard before the Joint Committee on Children and Families and the Joint Committee on Public Health. Contact Stacey Auger at (617) 275-2935, or auger@hcfama.org.

Resources

- **Community Partners' Statewide Calendar for Tracking Health Care Access Events.** If you would like Community Partners to post an event on your behalf, please email details to access@comparters.org.
- **The Home Modifications Loan Program.** Low- and no-interest loans to modify the homes of adults and children with disabilities and elders. Sponsored by the Massachusetts Rehabilitation Commission in collaboration with the Community Economic Development Assistance Corporation. Steve Scarano, 617-204-3724, Steven.Scarano@MRC.state.ma.us or visit www.mass.gov/mrc.
- **Medicare Prescription Drug Benefit Information.**
 - **SHINE:** 800-243-4636; press '2'; www.medicareoutreach.org
 - **Prescription Advantage:** 800-243-4636; press '1'; TTY: 800-610-0241; www.800ageinfo.com
 - **Medicare:** 800-633-4227; TTY: 877-486-2048; www.medicare.gov
 - **Social Security:** 800-772-1213; TTY: 800-325-0778; www.socialsecurity.gov
 - **MassHealth:** 800-841-2900; TTY: 800-497-4648; www.mass.gov/masshealth
 - **MassMedLine:** 866-633-1617; www.massmedline.com
 - **Medicare Advocacy Project (Help With Appeals):** 800-323-3205
 - **Charts of Prescription Drug Plans:** http://www.comparters.org/pdf/news/10-03-05_pdp_medadvantage.pdf
 - **Online Medication Comparison Tool:** www.medicare.gov. To be released in late October, 2005.