How Is the Virtual Gateway Working
For Community-Based Enrollment?

A Survey of Community-Oriented Organizations in Massachusetts that Help Residents Access Health Care Coverage

COMPILATION OF RESPONSES

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METHODOLOGY

On November 10, 2005, Community Partners sent out an email to 973 people involved in our statewide network. The email invited individuals to participate in an on-line survey to gather their observations about the impact of the Commonwealth's new Virtual Gateway system on enrollment into publicly-funded health care, predominantly MassHealth and Free Care. On November 15, another round of similar emails was sent out to remind them of the survey deadline.

A total of 61 respondents (6.2% response rate) participated in the survey. 52 of these respondents work directly assisting uninsured residents with the enrollment process. Data from these 52 individuals was compiled between November 18 and December 7, 2005 by staff at Community Partners, Inc. using standard spreadsheet software. The results have been documented in this report.

The results are not intended to be scientific. The purpose of the process has been, rather, to gather the important and unique perspectives and expertise from professionals who work the closest with low- and moderate-income residents of Massachusetts who are now being enrolled via the Virtual Gateway.

RESPONDENT INFORMATION

A total of 61 **individuals** from across the Commonwealth responded. As noted above, 52 of these respondents directly assist uninsured residents with the enrollment process.

These individuals represented 40 separate direct service organizations involved with providing or promoting access to health care for low- and moderate-income residents of Massachusetts.

- These organizations include community hospitals, community health centers, anti-poverty organizations, ethnic group support organizations, legal assistance agencies, visiting nurse associations, among others. Among them are:
    - 38% hospitals
    - 31% community health centers
    - 21% community organizations
    - 10% local/other health care providers

- These organizations are located in 27 towns and cities of the Commonwealth including Boston, Worcester, Springfield, Pittsfield, Truro, Tisbury, Orange, Northampton, Lawrence, Lowell, Lyn, Fitchburg and Quincy.

Virtual Gateway Usage by Respondents

Are you currently using the Virtual Gateway to enroll your clients?

Yes- 50 (96%)

No- 2 (4%)

What percentage of MBRs are you now doing via the Virtual Gateway?

0-25%	26-50%	51-75%	76-100%
3	0	5	40
6%	0%	10%	83%

Training of Respondents on Virtual Gateway

Who primarily trained you to use the Virtual Gateway?

MassHealth	Organizational staff who were trained	Figured it out by yourself	Other (please specify)
36	10	0	2
75%	21%	0%	4%

GLOSSARY OF PERTINENT TERMS

CPU or Central Processing Unit- located in Boston. Initial processing site for all new MassHealth and Free Care applications.

MEC- MassHealth Enrollment Center. There are four in the state located in Taunton, Tewksbury, Charlestown and Springfield. These provide regional and follow-up services and serve as a primary point of contact for people providing enrollment assistance at the community level.

MBR- Medical Benefit Request. The name of the common application form for MassHealth, Free Care and other programs provided by Executive Office of Health and Human Services such as Children's Medical Security Plan.

ERV or Eligibility Review Form. Form sent to existing MassHealth members to re-determine their eligibility status for MassHealth. Normally sent out on annual basis unless other factors prompt computer to generate request earlier.

REVS or Recipient Eligibility Verification System. The computerized billing information database with MassHealth claims data. Available via the world wide web, telephone or Point of Service device.

PSI or Permission to Share. A required form that allows someone providing enrollment assistance to speak with MassHealth staff about a case on behalf of the applicant. Required by HIPAA.

QUESTION 1: In what ways has the Virtual Gateway made your job easier or more difficult?

Quick, easy to complete, more comprehensive than doing both a paper application for Free Care and for MassHealth. It is also easier to verify the date that the application was received by the MEC.
It is faster. Information is saved and can be reviewed at any time.
People are enrolled faster enabling case to be complete in less time.
No more paper applications.
It's a lot faster.
Virtual Gateway has sped up the application process and allowed me and my benefits staff more time for other duties.
While the process of filing an MBR electronically has made the process easier and has shortened the decision turnaround time, at times the process seems more complicated because it is new and has many steps.
Easier to enroll, but information not always received correctly. I spend more time with follow-ups.
The Virtual Gateway has made my job easier in getting clients up on insurance with a fast turn around.
While it is not 'easier' to enter the applications ourselves, it does save tremendous time we spent calling the MEC's and searching for 'lost apps'. It is also somewhat more difficult to enroll people, as they must come to us to enroll online. Many want paper applications, but we try to discourage this as of the tremendous back log in the mail at the MEC.
Getting the application done, and receiving a good turn around on the approval or pending application.
Using Virtual Gateway to process applications has made things quicker for eligibility, but my problems come with dealing with the MassHealth regulations for Free Care clients. I find myself spending more time on the phone with the MEC as it seems that more and more people are coming up ineligible for Free Care before their year end is up. More reviews are being sent out before their one year is up; more job update forms, more returned mail. Clients are reading letters being received from MassHealth that state 'your MassHealth benefits will be stopped if this form not returned'. Clients read that and think they don't have MassHealth so they don't need to return it. Thus more people getting terminated and more calls to the MEC.
It has made it much easier to enroll patients quickly and efficiently and it also enables me to get them coverage for their critical treatments within a week.
More expedient response to applications which reduces amount of follow-up work required. Decreased the amount of paperwork and confusion, thus probability of error in our office.
Easier -- less paperwork for submitting initial application (signature page, PSI) and more comfortable for our patients who are applying. More difficult -- even though income verifications get faxed to CPU the same day application is entered in Virtual Gateway, 99.9% of the applications end up being referred to the MEC. The MECs take minimum 3 to 6 weeks longer to process eligibility. Additionally, the correspondence sent to applicants requesting verifications is ambiguous and daunting.
When we call the CPU having an application number helps track where the application status is at, and we don't have to be calling different places. Data entry is better than having to do paper application.
Quicker turn-around of applications, eligibility for our clients (7-9 days, versus 12 weeks for the paper MBR). However, I am concerned that when we have the Virtual Gateway for over 65, that it will be much more difficult for those people to fully enroll with Free Care when the application requires so much more verification than before (3 months of bank statements, value of life insurance policies, etc.). We have heard that other sites are having difficulty with seniors being willing to share so much personal information in order to qualify for free care.

QUESTION 2: In what ways has the Virtual Gateway made your job easier or more difficult?

Can confirm that an application has been received almost immediately. Easier access to the status of an application.
Easier because the process of getting them enrolled is faster and you could do more than one application at the time.
Takes the pressure off the staff about approving status and collecting the required information; they say 'the State requires that we collect this information'. Patients have responded well and are much more compliant. The difficulty has been tracking these applications on a weekly basis so we can get our reimbursement and keep our database up to date.
Reduced time in eligibility. We assist chronically ill patients and coverage is necessary for quality of life. Time and treatment is vital to cancer patients.
Patients seem to bring in documentation sooner. I seem to deal with people much more on a one to one basis.
Quicker turn-around time in determination. No change from old Free Care application process in the amount of time to interview patient using bedside tool, collecting documentation and then entering into Virtual Gateway.
Better follow-through with determination. Clear instructions regarding documentation requirements.
Virtual Gateway is much faster than the old application. I'm able to enter the information into the system in far less time than it takes a patient to fill out the form. The results are much timelier also.
Application process is quicker. Patients get their approval or denial quicker. Waiting to do over 65 applications on Virtual Gateway. Sometimes we do not get the letters from MassHealth although the PSI was sent.
This application seems quicker but the paperwork following and the copying and faxing can become overwhelming when we are busy. We have had to change printers due to the excessive amount of printing now done. We chose a printer using less expensive ink and, along with the excessive amount of paper, processing costs have increased. On the positive side, to be able to check REVS so quickly has been wonderful.
It's more efficient than using a paper application.
Quicker application process, quicker approvals have made it easier. It is still difficult because you are limited to certain answers on the Virtual Gateway that may not apply in the person's situation. Also, having to fax the income and then send the signature page & PSI makes things more tedious or difficult.
One application for many different programs is fantastic. Turn-around time for an application has been consistently about 10 days. I used to average three different applications for one client. I love looking in the REVS to see where people stand with enrollment in MassHealth and Uncompensated Care Pool. I no longer have to prove Massachusetts residency. This used to hold up many applications. People do come back with the needed documentation for income much more frequently than they did with paper applications. I discourage paper applications. Many clients did not mail them or do follow-ups when necessary. Clients appreciate that someone else fills in the information; especially someone that they feel knows what they are doing. I think that the Virtual Gateway is great.
It is an excellent tool and easy to understand.
I can close out cases sooner and it is more beneficial to patient's eligibility.
Saves time, less writing, efficiency.
Quicker turn around.

QUESTION 3: What has been the most significant change, if any, for your clients when you enroll them via the Virtual Gateway instead of through paper applications?

Quicker turn-around on applications and the reduced need for proof of residency for Free Care applications.
Immediacy in the response.
The clients get a decision much quicker than if they had done the paper MBR application.
People are deemed eligible quicker. Less time waiting.
Turn-around time for determination is much faster with the Virtual Gateway.
Much faster response, no more handwriting issues.
Faster approval.
Clients seem to appreciate not having to fill out the paper MBR'S.
A dramatic reduction in the amount of time it takes for MassHealth to render a decision on eligibility.
Quicker response.
No more same day approvals for Free Care although the processing time for a MassHealth determination is much faster.
The turn-around period. Also being able to refer to other public agency that clients may qualify for.
There is generally a shorter turn-around time for decisions.
Less complicated doing the Virtual Gateway.
Just faster eligibility results.
Patients are much happier answering questions and not having to fill out a lot of paperwork.
Quicker response time and less reluctance to apply given the on-line system.
For those with no income and/or other verifications needed there is a quick turn-around with eligibility when only CPU is involved in process.
Determination for the patients is much faster.
Statewide recognition of status allowing them to move around within the healthcare system. We were initially finding more patients approved for MassHealth. In the past they would have been covered by Free Care only and not able to move as freely within the system.
Everything! Transmission, record number, showing date of application which is important with eligibility date for coverage, tracking for duplication enrollment. Everything!!
They get results much faster.
No change. Virtual Gateway application moves very slow from screen to screen and calculating income from often several different sources with seasonal variations is time-consuming and subject to inaccuracies if sitting with patient. Much faster to use bedside tool with patient, do calculations without distraction then transfer information at a later time.
Changing behavior regarding 'how it used to be done.'
Clients are more relaxed having to answer oral questions than to labor over the written ones.
Faster approval or denial.
Being able to tell clients that they should know the determination within 10 days.
Instant submission makes enrollment faster and the number of 'lost' applications has decreased substantially.

Faster enrollment determination.
Quicker approvals.
Turn-around time is 10 days. Clients want someone else to fill in the boxes for them. They worry that they may not do it correctly. One application for the Uncompensated Care Pool instead of multiple applications pleases them.
Quicker response time.
The determination process is quicker, 5 to 8 days.
Quicker, cleaner.
Processing time can be faster. The date that they apply is the date of the application.

QUESTION 4: What is working particularly well on the VIRTUAL GATEWAY? Specific suggestions as to how it might be improved

One concern: For a few weeks the Virtual Gateway was losing the verifications, or still sending notices requesting them, even when we'd sent them in the 3 day time period. We would send verifications to both the MEC and the Virtual Gateway, and we'd still continue to get notices about missing verifications.

It is a great tool, even when a correction is needed. Now we'll be doing the over 65 population, that's awesome....will we be able to verify them thru REVS too?

Will over 65 applications start to show on web REVS once they are done through the Virtual Gateway?

The application process goes fairly smoothly and it is great to see that the application has been received. Sorting and faxing and mailing after the application is submitted are a pain and often we end up re-faxing things. Can the process be stream-lined? Why not accept faxed or electronic signatures? Medicare is accepting electronic signatures for Part D plans. Our costs for mailing and printing have gone way up, never mind the cost to acquire and maintain the DSL and computer equipment. Before all you really needed is a pen, calculator and a copier.

The CPU needs to do a better job of making sure verifications do not get separated from the applications.

Keeping the question format the same or similar to paper application reduces mistakes; ability to suspend application is very useful. If we could access a copy of the application for reference, renewal or submission to other programs it would reduce time spent in caring for people.

I suggest they put all the income questions together instead of sequencing them (question then continue, then question then continue). If we can answer all income or insurance questions in one screen that would be much more efficient.

It would be nice to have a window of time to deactivate a submitted application, say 24 hrs. We have found that a patient will apply with us right after applying elsewhere.

The over 65 app process on Virtual Gateway is going great, I think mainly because the MECs are prepared for this form of community intake.

It would be nice if we could do the renewal application online instead of paper application.

Better reporting. Another identifier on the list, so we can check REVS without going into each individual file.

I have been satisfied, but I did email two times asking if we could have *artery* put in the street location place on the Virtual Gateway application since we have several street names in Quincy with that designation.

Suggestion: Combine the insurance questions onto one screen.

I think the Virtual Gateway has truly moved us in the right direction. I would like to see better reporting functionality.

Not so much about Virtual Gateway itself but a comment about the notification letter patients receive. They read that they are denied MassHealth but fail to read on to see that they do qualify for 'uncompensated care' (Free Care). Most people have no clue what that means. I think the letter should be revised so that people understand what it means.

It needs to have a box for seasonal employment option. We have many clients in that situation.

I appreciate that Social Security Number and Application Number is printed in the summary, but it will be even better if it is comes printed in all the pages, especially the signature pages and PSI. Also it would be a good idea for when we answer yes or no, about sending documentation, that the Virtual Gateway could generate the appropriate fax cover sheets.

Adding the adult disability supplement form might be a good idea instead of mailing it to the applicant later.

Please get the disability piece built into the application as all of the families I work with have a child with a disability.

I would like to have more than 3 days to submit the paperwork.

QUESTION 5: In what situations do you still use paper applications?

When people can not come into our office for a face-to-face meeting.
For Katrina Evacuees. For individuals who do not want to give absent parent information--but rarely.
ERV's (eligibility review forms)
Over 65 applications; eligibility reviews; applications received via mail.
Eligibility review forms or for over 65 (years of age) applications but we are going to training next week for over 65.
Eligibility reviews; applicants over 65 years of age, bed-side situations where applicant is homebound or hospitalized.
Returning clients.
We are still using them for the over 65 applicants and for the patients that cannot or will not come into the office.
Only if a patient or member requests an application to be sent. We explain to them that it is a lot faster if they were to come in, and/or to contact another hospital or community health center that has the Virtual Gateway.
When (eligibility) reviews are needed. Wish we could do (eligibility) reviews through the Virtual Gateway.
Only if our laptop is not working at a particular site.
ERV (eligibility review) or if person is unwilling/unable to meet for a Virtual Gateway application which then requires the completion of a paper application and (subsequent) transcription of information into the Virtual Gateway.
Rare situations - non patient inquiries and/or family member doing application for another family member of another household.
Patients that are over 65, Medical Hardship applications, and confidential patients.
Over 65 applications.
Disability applications which we need to do for every patient 64 and under. 65 and over for nursing home transition.
I do not use paper MBRs. I do use Bedside Tool 100% of the time. When I get requests to mail applications to patients, I send the Bedside Tool so I can get PSI and Signature Page.
Domestic violence cases or when strict confidentiality is needed due to dangerousness of situation.
Patients who come in off the street and ask for an application to mail in themselves.
Over 65 applications.
Senior applicants; hurricane transients; Disability applications.
Over 65 MassHealth (we can not use this feature of Virtual Gateway until we get trained, and we are waiting to get trained). Also for ERVs (eligibility reviews).
For over 65 applications.
Renewals or for those over 65 years of age.
School referrals that ask to have the application mailed to them. This is usually single parents that would find it hard to see me in person between 9 and 5. If I go to a high school to help a student, I must use paper applications so that the students can bring the applications home for the parents to sign and fill in any missing information. Parents do not usually want their teenagers to see their pay stubs.
If a person needs to be determined disabled there is nothing on the Virtual Gateway application form. You have to submit the application, then wait to be contacted by the MassHealth folks who then send a disability determination form that needs to be filled out and returned to MassHealth. There is nothing in the Virtual Gateway format that explains that to people filling out the form.

For 65+ and ERV.
Only use paper application when don't have access to the Internet.
For applicants over 65 and when patients bring applications from home all filled out for us to review.

QUESTION 6: If you routinely have problems when you use the Virtual Gateway, please describe them below.

Not so much now. In the beginning there were, but the supervisor always handled it, and most of the time we were told it was an interface problem.
Every now and then there is a system glitch, most of the time in the afternoon. Slow response or you get timed out because of the slow response.
No problems as of yet.
Verifications (particularly HIV diagnosis letters) are not always making it from the CPU to the MEC. I routinely have to ask doctors to rewrite diagnosis letters and mail them directly to the MEC after I've mailed them to the CPU on the day the application was submitted. This adds significantly to the processing time.
Most of the time it is very smooth and goes quickly. Occasional it is slow on sign-in or continuing to the next page.
Sometimes the patient's information does not fit into the categories stated.
Very few problems.
Occasional problems with Internet access. Once in a while the gateway is slow or down. Sometimes a person's situation doesn't fit exactly into the questions especially with the absent parent page so you keep getting kicked back.

QUESTION 7: If you've needed help using the Virtual Gateway, where have you gone for that help? Was it effective? If not, what would be the best way to help you better?

We've called the Virtual Gateway Help Desk and I feel their customer service has been excellent. They have been helpful, friendly, responsive and patient.
I've gone to co-workers and the Help Desk which has returned my calls and gotten back to me rather hastily.
Help Desk; Steve has been great.
Either a supervisor or called the Virtual Gateway Help Desk.
Called the Help Desk. Great Response.
Have never needed help after my initial training.
In-house staff.
Virtual Gateway Help Desk; very effective.
I call the Help Desk if I have any problems.
At this time I have not needed any assistance with Virtual Gateway.
The Virtual Gateway Help Desk has always been helpful.
Help Desk staff are wonderful!!!!
The Help Desk and it is very effective.
Co-workers.
Virtual Gateway Help Desk - they're great! Thank you Sharon & Steve.
I would call the Virtual Gateway Help Desk. They are very efficient in helping us.
Support has been excellent through the Help Line. All of the staff we have worked with in set-up, training and support of the Virtual Gateway has been excellent.
Help Desk is great and we are blessed and better representatives because of them. Thank you so much to all of them.
The Virtual Gateway reference sheets were very helpful.
Virtual Gateway Help Desk is very effective, prompt and helpful.
From MassHealth Operations staff. They are very helpful.
The Virtual Gateway hotline (800 number). I've always been treated courteously and in a timely manner - always have had my questions answered.
The Virtual Gateway staff has been very helpful and quick to respond.
We have called the Virtual Gateway Help Line and received assistance.
We use the Virtual Gateway Help Desk and they have been extremely helpful, knowledgeable and prompt.
Help Desk. Steve goes over and above in regards to service.
The Help Desk is very helpful and the calls get picked up very quickly and friendly.
We have called the Virtual Gateway Help Desk. Sometimes helpful, sometimes not.
We call the Virtual Gateway Help Desk.

QUESTION 9: What questions about the Virtual Gateway do you want to ask MassHealth directly?

Will other options be added later on to allow for Eligibility Reviews to be processed online? Will the Virtual Gateway system continue to grow so as to interface with other assistance programs around the state?
Why can't we submit an electronic signature or income documents that are scanned and sent?
How can the process be tweaked to further involve CPU and have less MEC involvement?
Letters sent to the patients are confusing. More clarity is needed.
Why do patients eligible for Free Care secondary to Medicare not consistently show up in REVS - including the six-month retroactive coverage?
Can they put the approval dates on REVS? This is very vital to our program
What other programs are going to be added? If I help someone by checking off the box for Food Stamps or WIC, can I be sure that those agencies will contact my clients?
When you complete an application that includes WIC, is the information sent to the local WIC office? What happens to that info? What happens to the verifications that are faxed in? Frequently a letter gets sent out that asks for verifications that have already been faxed in the same day of the application. What is the best way to report income for a married couple who are both self-employed and working at the same business? List half of the income for each person?