FINAL EVALUATION REPORT:

The Portable Electronic Enrollment Program (PEEP)

Submitted to Community Partners, Inc., Amherst MA
By Summit Collaborative

December, 2007

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EXECUTIVE SUMMARY

Introduction

In 2004, with funding from the US Department of Commerce's Technology Opportunities Program and the Jessie B. Cox Charitable Trust (2006), Community Partners launched the Portable Electronic Enrollment Project (PEEP), a three-year pilot program in rural western Massachusetts that provided health care outreach workers with mobile technology tools. The program's primary aims were to reduce the lag time between application for healthcare coverage and receipt of care for low-income residents in western Massachusetts, and to improve efficiency and effectiveness in work patterns at the seven pilot sites through the innovative use of mobile technology tools, including laptop computers, wireless Internet connectivity, the Community Partners web site and online enrollment tools.

Health care outreach workers participated in the three-year program from December, 2004 to December, 2007.

- Fairview Hospital/Advocacy for Access, Great Barrington
- Cooley-Dickinson Hospital/Hampshire HealthConnect, Northampton
- Hilltown Community Health Centers, Huntington and Worthington
- Community Health Center of Franklin County, Turners Falls
- CHP Community Health Center, Great Barrington
- Community Action/Healthy Connections, Orange
- Ecu-Health Care, North Adams

Evaluation Methodology

In December, 2004, Community Partners engaged Summit Collaborative as the outside evaluator to follow the project throughout the three-year pilot period. The evaluation focused on gathering data that would help provide insights related to the program's key challenge: integrating technology into existing systems. The emphasis was therefore placed on measuring change in work flow. The evaluation was designed [1] to collect information to answer these key questions:

- Are the outcomes being met or not? Why?
- How can the PEEP project be improved to better meet outcomes?

This final report presents the data collected from each of seven sites during the entire three-year span of the Portable Electronic Enrollment Project (PEEP Project). Year 3 data is analyzed and compared with data collected during Years 1 and 2 and with data gathered during the baseline period prior to implementation of the Virtual Gateway (the State of Massachusetts' new online screening and enrollment tool) and the use of laptops, Internet and wireless technology provided by the PEEP Project**.**

[1] See Page 9 for a detailed description of the methodology

KEY FINDINGS

Less Time to Wait for Notification and Coverage
With the introduction and seamless integration of the tools provided by the PEEP project – a laptop, online enrollment capacity, wireless internet and other mobile hardware – the project has helped reduce the waiting time from application submission to receipt of notification from MassHealth. The results have been nothing less than extraordinary: a reduction from 27 days of waiting time during the baseline period to 9 days in Year 3. As a result, successful MassHealth applicants can receive coverage and needed health care much more quickly.

Impact on Outreach Worker Workflow
A key success has been that the goal of embedding mobile technology tools into health outreach workers' work flows has been achieved. Outreach workers report that their institutions now consider these tools and the mobility they provide to be an essential component of their outreach programs

There has also been a dramatic impact on the way outreach workers do their jobs. The tools have helped make their administrative tasks more efficient as well as enabling them to deliver a greater depth of service to clients. The technology tools have facilitated a decrease in the number of steps and the amount of time required to complete those steps by almost half, from a maximum of 54 steps and as long as 16 hours during the baseline period to less than 7 hours and 24 steps to complete during Year 3 Implementation. Fewer steps, less complexity, and less time reduces frustration and increases the sense of a job well done.

The value of this saved time translates to $200 for an MBR processed outside the office and $100 for an MBR processed in the office. Based on an estimated total of 5,000 MBRs processed by the seven sites in a given year, the total amount of saved time could translate into $700,000 or more per year.

The strategic deployment of technology and mobility tools resulted in significant improvements in outreach worker workflow and quality of services to clients. The success of the PEEP project demonstrates that the dedicated efforts of these health care outreach workers – expanded and enhanced by the use of the technology tools – can serve as a vital bridge between health care policy and the people who benefit from it. Outreach workers equipped with the technology tools and access to information are able to connect health care services with the people who need it in the quickest, most efficient, and most comprehensive way.

Observed Changes in Efficiency and Effectiveness

- There's been a transformation in how outreach workers conduct their work in the last three years – from frustrating and inefficient paper-based systems and an extended wait to get health care coverage to a more efficient and effective electronic system that allows **outreach workers to both serve more clients and to provide them with a greater depth of services**. Outreach workers have been able to spend less time faxing and copying paper work and are putting that time into the delivery of new programs.

- **The tools have liberated outreach workers from their desktops and permitted them to work anywhere** and any time to help more people find healthcare and coverage. Whether they are setting up their laptop on a client's kitchen table or sitting by the patient's hospital bedside, they have clearly been able to make the task of obtaining healthcare coverage and other needed services more convenient to the client.

- Over the past three years, outreach workers made the shift from manual systems to online applications. Some initially felt the online process was slower, and in some cases their clients mistrusted the process. But by the final year of the project, outreach workers said **they can't get their work done without having access to the Internet and their laptops.** Outreach workers shared many stories about how they integrated the use of the web – whether it be getting a program update on Community Partners' web site or Googling the doctor's office number – into their work. PEEP project participants have become innovative mobile outreach workers and as a result have identified many best practices for using these tools.

- The program's impact has extended farther than outreach worker's offices and created noticeable changes within the host organizations. While it is difficult to prove direct cause and effect, outreach workers pointed to dozens of examples of how the **PEEP tools and information have improved internal collaboration and communication**. A huge side benefit is that reimbursable income has been brought into the organization in a more timely manner, something that has not gone unnoticed by some senior managers. In addition, employee time and other resources have been saved because the time spent on resolving patient billing issues has been reduced or prevented.

- Host organizations' communities have felt PEEP's impact as well. Outreach workers' **institutions** – whether hospitals or community health centers – **have enhanced their reputations** as the "go-to" places in the community. There's been an increase in word-of-mouth referrals.

- Creative **PEEP outreach workers with laptops have opened up places in the community that used to be inaccessible to traditional outreach efforts.** Whether at a school, workplace, community center, day labor office, or beauty parlor in the neighborhood, the technology and use of online information has brought the possibility of a quick and accurate connection to appropriate health resources to people who otherwise might not be served.

- The Community Partners Web site and email newsletters have become a valuable and important resource in the outreach worker's mobile toolkit. The content provided by Community Partners helps outreach workers stay up to date with program changes while in the field. Most outreach workers reference the site many times a day every day, so often they keep a link on their browser tool bar.

- It has become clear by the end of the project that the effective use of the technology tools and information have become an embedded part of both the individual's practice and their organization's program delivery goals.

- A few challenges to productivity have surfaced during the course of the project – a mixed electronic-plus-paper MassHealth application; new federal documentation requirements; occasional lapses in Internet connection or difficulty finding a wireless signal – but outreach workers have not found them insurmountable. Some of their creative work-around solutions and tips are part of the full evaluation report.

The two major impacts of the PEEP project have been to demonstrate that dedicated outreach workers using PEEP technology tools can substantially improve the process of connecting health care programs with the people who need them most, and that workflow changes introduced by the use of the tools make internal process simpler and more effective, saving time, money, and frustration in the process.

FULL EVALUATION REPORT

Introduction

In 2004, with funding from the US Department of Commerce's Technology Opportunities Program and the Jessie B. Cox Charitable Trust (2006), Community Partners launched the Portable Electronic Enrollment Project (PEEP), a three-year pilot program in rural western Massachusetts that provided health care outreach workers with mobile technology tools. The program's primary aims were to reduce the lag time between application for healthcare coverage and receipt of care for low-income residents in western Massachusetts, and to improve efficiency and effectiveness in work patterns at the seven pilot sites through the innovative use of mobile technology tools, including laptop computers, wireless Internet connectivity, the Community Partners web site and online enrollment tools.

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Evaluation Methodology

Working with Community Partners and project participants, Summit Collaborative completed the following evaluation milestones to generate this final report:

- Defined project outcomes and measurable indicators
- Finalized an evaluation design including a detailed methodology for the baseline and implementation periods
- Collected baseline data about Medical Benefit Request (MBR) processing time on 307 cases in 2004
- Conducted depth interviews with PEEP project participants from the 7 sites to gather baseline information about their work flow process, use of information and use of technology tools prior to PEEP implementation
- Collected implementation data about MBR processing time on 99 cases from June, 2005-September, 2005 (Implementation data collection started in June, 2005 when the Virtual Gateway opened, making it possible to submit applications electronically.)
- Collected implementation data about MBR processing time on 405 cases for Year 2 data
- Collected implementation data about MBR processing time on 404 cases for Year 3 data

- Conducted annual depth interviews with PEEP Project participants from the 7 sites about how the use of PEEP technology tools has changed their work flow process and use of information in 2005, 2006, and 2007.
- Collected data on the process steps used by PEEP Project participants for the baseline and Years 1 & 2. In Year 3, PEEP participants reviewed the final composite work flows.
- Reviewed findings from a statewide Community Partners survey of a broad sample of health access outreach workers in Massachusetts about the impact of the Virtual Gateway
- Compared and analyzed data from baseline and implementation periods
- Presented findings of evaluation report at Peep Advisory Group meetings in 2005, 2006, and 2007.

What follows is a summary of the three project outcomes, evaluation questions, and methodology. A detailed description of the evaluation design and methodology is included in the Addendum of this report.

Outcomes	Evaluation Questions	Methodology
Outcome #1 Uninsured rural western Massachusetts residents will be able to obtain eligibility determination for MassHealth more quickly.	Has the average number of days between the MBR submission and the first response/date of eligibility from Mass Health decreased when compared to the baseline? If not, what needs to be changed in the PEEP program, or are there other factors beyond the project's control?	Collection of date data for MBRs completed in 2004 (baseline) and ongoing throughout the project using an Excel spreadsheet. Comparison of the average number of days of baseline with implementation period.
Outcome #2: Outreach workers will be more efficient in working with their uninsured clients in rural Western Massachusetts to get them enrolled in MassHealth.	Has the use of the technology tools, wireless Internet access, and CP Web site resulted in fewer steps, less redundant steps, and/or in less time spent? Why? If not, what needs to be improved in the PEEP program, or are there other factors beyond the project's control?	Comparison of baseline and implementation narrative vignettes based on data collected from the Task Analysis form and qualitative interviews. Stakeholder reflection on the findings at regular intervals throughout the project.
Outcome #3: Outreach workers' capacity to help their uninsured clients to enroll in MassHealth will be improved.	How are OWs using the CP Web site to improve their capacity to do their work? Did OWs perceptions, attitudes, and comfort levels with using technology tools change during implementation? Why? If not, what needs to be changed in the PEEP program, or are there other factors beyond the project's control?	Comparison of baseline and implementation narrative vignettes based on qualitative interviews. Review CP web site log files. Stakeholder reflection on the findings at regular intervals throughout the project.

DETAILED FINDINGS

OUTCOME #1

Outcome #1. Uninsured rural western Massachusetts residents will be able to obtain eligibility determination for MassHealth more quickly.

Indicator: Number of days it takes for residents (and outreach workers) to receive a first response from MassHealth once the MBR (Medical Benefit Request) application is submitted will decrease.

Methodology

After an outreach worker submits a Medical Benefit Request (MBR) form on behalf of an uninsured client, they must await confirmation of receipt from the Medicaid agency (MassHealth). The first response letter informs the client (and outreach worker) whether the client is eligible for the MassHealth program, denied, or if further verifications are needed to determine eligibility. Receiving this letter from MassHealth is the first critical step toward the client's eventual receipt of medical insurance coverage. For outcome #1, the project collected data from a random sample of MBRs from all sites to measure the number of days between MBR submission and the first response during the baseline and implementation periods.

As a result of using the combination of technology tools available through the PEEP Project – a portable PC laptop with wireless Internet connection, access to an online screening and enrollment tool via the Virtual Gateway, and information via the CP Web sit – **the average processing time during the implementation period has been reduced by more than half compared to the baseline.** The percentage of total cases processed taking ten days or less has also dramatically increased, demonstrating an important return on investment in the tools.

Because the PEEP implementation period was coordinated to coincide with the opening of the Virtual Gateway, the reduction in turnaround time was dramatic. The shift from a paper to an online application offered by the Virtual Gateway added an important new dimension to the PEEP tools' potential to shorten turnaround time.

Summary of Findings

- **The average number of days** between MBR submission and the receipt of a first response letter from MassHealth for Year 3 of the project was **9 days**. This is compared to a baseline period average of **27 days** for outreach workers (and their clients) to receive a first response letter from MassHealth.

- ***Every site*** participating in the PEEP project **experienced a *reduction* in the number of days** for receipt of a first response letter from MassHealth. The reduction in the number of days for Year 3 ranged from 11 to 23 days.

- Consistent with the baseline results, each site reported a range in the number of days it took to receive a first response letter from MassHealth during all three implementations years. The lowest number of days to receive a first response during baseline was 4 days compared with 1 day during the implementation years. The highest number of days during the baseline was 61 compared to 59 for year 1, 67 for year 2, and 76 for year 3. The cases that take far longer than average to process often involve complicated applications or instances where the client is unable to provide some verification documents in a timely manner. In some cases, the longer processing times were attributed to applications getting "lost in the system" due to a system that combines an online application system with paper submission of verification documents by fax or regular mail.

- While a small percentage of cases took longer than average to process, the **technology tools are helping to reduce the waiting time** to hear back from MassHealth for *a larger percentage of cases*. **In approximately 28% of cases** analyzed in the baseline sample, it took **more than 30 days** before the outreach workers or clients received the first notification letter from MassHealth, compared with **1% of cases** during the Year 3. The percentage of cases taking 10 days or less to process increased dramatically from the baseline for Year 1, from **4% to over 70% during all three implementation years.**

OUTCOME #2

Outcome #2: Outreach workers will be more efficient in working with their uninsured clients in rural Western Massachusetts to get them enrolled in MassHealth.

Indicator A: The process steps required to collect the client data and submit support Documents to apply for MassHealth eligibility will be streamlined.

Indicator B: The process steps required for follow-up with MassHealth eligibility will Be streamlined.

Methodology

To measure this outcome, outreach workers' tasks related to submitting the MBR were examined both during the baseline period (before the technology was in place) and during the implementation period.

To help establish our baseline, the following questions were asked:

- What are the detailed steps that outreach workers take to submit an MBR application, do follow-up work with clients, and research alternative sources of coverage and care?

- What steps are inefficient, frustrating, and redundant, and invite the use of PEEP technology tools to boost outreach workers productivity?

In order to make comparisons, these questions were asked after the technology had been put in place.

- Has the use of the technology tools, wireless Internet access, and CP Web site resulted in fewer steps, less redundant steps, and/or in less time spent? Why? If not, does the PEEP program need to be improved, or are there other factors beyond the project's control?

Outreach workers completed a detailed task analysis of their work tasks both before and after the introduction of the technology tools provided by the PEEP project. In addition, in-depth interviews were conducted about how the technology tools did or didn't change their personal and organizational productivity.

It is important to note that outreach workers do not do their work in exactly the same way, and that outreach workers filled out the forms in varying degrees of detail. By adding the information from the depth interviews, composite profiles of their work flow after the technology could be created. The composites illustrate these four common situations:

1.) Outreach worker works with client in their home

2.) Outreach worker works with client who comes into their office or clinic site.

3.) Outreach worker works with client in the hospital at the hospital bedside or in the emergency room.

4.) Outreach worker works with client in a community location as part of outreach.

In Year 3, outreach workers reviewed the composite profile and asked to make any necessary adjustments to the tasks or amount of allotted to the tasks. All agreed that the workflow was an accurate composite representation of how they do their work.

Table 1. Task Flow Analysis: Summary of Findings

Profile	**Baseline**		**Implementation**	
	Steps	**Time**	**Steps**	**Time**
Composite 1 Home visits	54	16h 30m	24	6h 10m
Composite 2 Office	44	8h 20m	25	2h 50m
Composite 3 Hospital Bedside	N/A	N/A	27	2h 30m
Composite 4 Community outreach setting	N/A	N/A	28	2h 10m

Program Findings

1. Summary of Findings

- **The use of technology tools has helped cut the number of steps and the length of time by almost half**. The ***baseline*** composite task analysis for an outreach worker who works with a patient outside the office showed that it could take as many **54 steps and as long as 16 hours** to complete the tasks involved in submitting an application, conducting follow-up work, and researching alternative sources of care and coverage. The ***implementation*** composite task analysis for an outreach worker who works with a patient outside the office for a home visit showed that it takes on average **6 hours and 10 minutes and 24 steps** to complete during Year 3 Implementation. This is consistent with the findings from Year 1 and Year 2 Implementation.

- The ***baseline*** composite task analysis for an outreach worker who meets with clients in his/her office found that it could take as many as **44 steps and as long as 8 hours** to complete the process. The ***implementation*** composite task analysis for an outreach worker who works with a patient in their office indicates that it takes **25 steps** and

approximately **2 hours and 50 minutes** to complete. This more streamlined process is typical for most patients where the MBR application is straightforward and the patient is able to bring copies of their verification documents to the appointment.

- **The value of this saved time translates to $200 for an MBR processed outside the office and $100 for an MBR processed in the office**. [$20 per hour x 10 hours net saved for outside the office and $20 per hour[2] x 5 hours for office]. If we estimate that 40% (162 MBRs) of the 407 cases in our sample for Year 3 were processed outside the office, and the remaining 60% (245 MBRs) were handled inside the office, the total saved time translates to: $24,500 and $32,400 or a total of $56,900. The average value of the saved time per MBR is $140; since the total number of MBRs processed in a given year is closer to 5,000[3] per year, **the total amount of saved time could translate into $700,000 or more per year.**

2. Key Findings

A. Efficiency – changes from the baseline

The following list of observations was drawn from the annual in-depth interviews with outreach workers who have participated in the project from the very beginning. As one outreach worker noted, *"The fact is that we grew along with the Virtual Gateway. Today, we couldn't do the work without the online infrastructure – despite whatever flaws it has. Clearly, the gain in efficiency over what we had three years ago is nothing short of amazing."*

► Submitting the application and verification documents

- *Less time copying and faxing; the paperwork feels less overwhelming*
- *Reduced clerical errors means fewer delays*
- *Fewer applications getting lost*
- *Quicker response/confirmation of application receipt*
- *No longer have to handwrite redundant information on additional forms(although you still need to write social security and application number on everything)*
- *Reduced or eliminated back-and-forth travel time between office and patient's house or bedside*
- *Ability to access internal information systems, REVS (MassHealth Recipient Eligibility Verification System), or CP (Community Partners) Web site to do research interactively while patient is present*
- *Time saved because you don't have to do all the research before you meet with the patient in their hospital room*
- *Being able to check REVS in the patient's room to see if there an application versus making a phone call to MassHealth which could take more than 30 minutes*

[2] This is based on the average hourly rate reported by outreach workers, as well as the cost of benefits.
[3] Estimate of total number of MBRs processed in a year by the 7 sites.

► **Follow-up steps working with eligible MassHealth clients**

- *Follow-up work with client is more proactive*
- *Follow-up work with Mass Health is more efficient because you can reference a VG (Virtual Gateway) application number*
- *Faster response time helps with resolving delays in dealing with denials*
- *Ability to track client's progress through the system is more efficient and the outreach worker feels more in control*
- *Faster closure on cases*
- *Reduced communication/coordination time related to resolving billing issues on patient's behalf*
- *Easier to book physician appointment in advance*
- *Applications can be completed in one visit, reducing the follow-up time*
- *Ability to easily apply for other programs if patient is in VG system*
- *Timely access to specific, reliable information that can be printed for the client on the spot*
- *Ability to simultaneously pull up someone's record in the system while talking to them on the phone or in person*
- *Easier, faster, and more straightforward to confirm whether or not someone is eligible by checking the system versus a snail mail letter or paper files*

► **Helping client not eligible for MassHealth find alternative source of coverage or care**

- *We can provide instant information and answers to the patient.*
- *While working outside the office, having the ability to verify client status in any state program saves a trip, time, and delay in coverage.*
- *Assisting with finding alternative sources of coverage or care can be done simultaneously with submitting an application.*
- *We can provide a printout for the client for doctor appointments and can also take along prescription forms. It eliminates a phone call and follow-up visit.*
- *We can make a doctor's appointment or research other services while doing the application.*

B. Getting things done: personal productivity

Outreach workers interviewed for this report said that the key benefit was that *"Our clients are getting health care and other services faster."*

The technology tools offer one more significant psychological advantage for both the outreach worker and the client: peace of mind that the application has been received once they hit the submit button. Outreach workers said they had less anxiety about not knowing if a client has been approved for coverage and care, or whether the application might have been lost.

Outreach workers report that the tools allow them complete their work in one session with a client. This eliminates many "pending" cases, or wasted time playing phone tag to schedule follow-up visits.

Outreach workers also appreciate the ease of tracking their clients electronically in the system and report that it is far more streamlined than handling paper. Looking up a client case electronically in the system saves wasted time on a phone with the MEC (MassHealth Enrollment Center) to learn the client's status. Easy access to a client's history or case details makes outreach workers more productive. For example, an outreach worker can answer a client's questions while the client is still on the phone. This all leads to a greater sense of satisfaction in getting things done.

Having pervasive Internet access while working with a client also boosts productivity. For example, outreach workers can use Google to look up a doctor's phone number, search the RxAssist web site and fill out an application for prescription coverage, or provide a referral for additional services such as Food Stamps or fuel assistance. In addition, being able to print out the application or reference resource information for the client provides an added level of service and, in some cases, may reduce the number of questions from the client and the need for follow-up phone calls and questions.

One component of the application process that has not changed as result of the technology is client education. The amount of face-to-face time needed to explain to a client what services are available from MassHealth has not decreased, in part because it is not dependent on using the technology. However, some outreach workers report that the shorter MassHealth wait time between application submission and notification has decreased the need for more than one meeting with the patient to refresh their memories about the various services provided by MassHealth. During the baseline period, with a longer wait between application submission and notification, the client would not remember key details and would often require a second face-to-face meeting with the outreach worker to review their case.

C. Increased confidence using the tools

As the project draws to a close, outreach workers have seamlessly integrated the tools into their daily work routines. They no longer have to think about it. They have become fluent users. As one outreach worker noted, *"Using the Internet and laptop feels as natural as picking up the phone."* In many cases, clients have also grown accustomed to the outreach worker using a laptop. As one outreach worker said, *"I've gotten calls from places in our community asking that I come on-site with my laptop to do screenings and enrollment."*

During the early states of implementation in Year 1, some outreach workers expressed discomfort or awkwardness typing an application and paging through screens versus filling out an application on paper. *"I initially had some trepidation about using the computer to complete an application, but now it is second nature. Now I never do them by hand."* As another outreach worker notes, *"It was a matter of getting the pattern down and not having to think about it. I used to think I was fast with the paper application, but the Virtual Gateway is easier and faster. I am a convert. There is a feeling of security when you hit the submit button."*

During Year 1 implementation, some outreach workers perceived that doing an application online felt "slower." This perception has now changed as outreach workers have become more

adept at using the Virtual Gateway to screen and enroll clients. *"Filling out the application is faster than doing it by hand. This is a shift from my initial experience, when I felt that typing the application was slower. But now it is getting to be really fast. I can do an application in ten minutes now online."*

In both Year 2 and Year 3, all outreach workers interviewed for this report commented that they often ask themselves, *"How could we ever do our work without these tools?"* Frustration only occurs when the outreach worker does not have access to the Internet and has to "*resort to doing my work the old way or not at all*." As one outreach worker noted, "*If you're cut off from Internet access, you can't do your work!*

Every outreach worker interviewed mentioned that these technology tools have become indispensable, or "like having a second set of hands." This perception is also shared by managers and leaders from their institutions and organizations.

D. Emerging challenges to productivity

According to outreach workers interviewed, a recent federal government requirement that proof of citizenship and identity be included in the verifications documents with applications for federal programs has put an additional burden on the client. Now, as part of the application process the client must obtain copies of their birth certificate and provide a driver's license or other document. This regulation has increased the number of days before the patient can get a response from MassHealth because many clients may not have these documents on hand, and in some cases they may be difficult to obtain. This explains the decrease in the percentage of total cases hearing back from Mass Health in less than five days in Year 3 compared to Years 1 and 2.

Outreach workers report that for individuals born in Massachusetts it is less of a challenge to obtain documents because there is linkage of electronic records to the Massachusetts Registry of Motor Vehicles and Vital Statistics. *"When applications are held up it is very frustrating, because we don't know how long it will take them to get the information into the system. We're monitoring these cases on a daily basis so we can see when they get coverage."*

The requirement has made the work flow less efficient. Notes one outreach worker: "*We can't fax a copy of some documents like passports or diver's licenses because they are not legible. We must take extra care so that the driver's license or passport photocopy is legible. We have to enlarge the copies we make on the Xerox machine and to adjust them, lighten and darken settings. You can't do it fast."*

There is also the continuing problem of a hybrid system for the VG. While the application can be submitted electronically, the citizenship verification documents need to be mailed or faxed. Sometimes they get lost. According to outreach workers, the MEC staff doesn't communicate clearly with them about applications that have been matched successfully with the verification documents.

Some outreach workers have discovered a creative workaround to avoid the problem of lost verification documents and shorten the client's waiting time to get coverage.

> *"If a client is missing some of the documents and it isn't an emergency situation, we suspend the application and give them a week to get their documentation. We discovered that if we said that if submit the application and then are not able to submit the verifications within the three-business-day limit, the application might get delayed or lost and we have to redo it. So we are taking two approaches:*
>
> *1.) If the patient has an emergency or immediate need, we submit the application has incomplete so they can have retroactive coverage.*
> *2.) If the patient does not have an emergency, we submit it as incomplete and suspend it until the documents are gathered and give it a deadline of two weeks."*

OUTCOME #3

Outcome #3 Outreach workers' capacity to help their uninsured clients to enroll in MassHealth will be improved.

Indicator: Outreach workers will indicate that they feel more prepared with information to work with their clients.

Indicator: Outreach workers will indicate that they are more comfortable using technology tools in their work with clients.

Methodology

In-depth interviews were conducted with outreach workers to answer the following questions:

- How are outreach workers using information and the technology tools to improve their capacity to do their work?
- Did outreach workers' perceptions, attitudes, and comfort levels with using technology tools change during implementation?
- If attitudes, perceptions, and comfort levels changed, why did they change? If they didn't change, does the PEEP project need to be changed, or are there other factors beyond the project's control?

Program Findings

1. Summary of Findings

The program's impact has extended farther than outreach worker's offices and created noticeable changes within the host organizations. While it is difficult to prove direct cause and effect, outreach workers pointed to dozens of examples of how the **PEEP tools and information have improved internal collaboration and communication**. A huge side benefit is that reimbursable income has been brought into the organization in a more timely manner, something that has not gone unnoticed by some senior managers. In addition, employee time and other resources have been saved because the time spent on resolving patient billing issues has been reduced or prevented.

- Creative **PEEP outreach workers with laptops have opened up places in the community that used to be inaccessible to traditional outreach efforts.** Whether at a school, workplace, community center, day labor office, or beauty parlor in the neighborhood, the technology and use of online information has brought the possibility of

a quick and accurate connection to appropriate health resources to people who otherwise might not be served.

- **The Community Partners web site and email newsletters have become a valuable and important resource in the outreach worker's mobile toolkit.**
  The content provided by Community Partners helps outreach workers stay up to date with program changes while in the field. Most outreach workers reference the site many times a day every day, so often they keep a link on their browser tool bar.

2. Key Findings

A. The mobile outreach worker

► Making enrollment and screening more convenient

As observed during Year 2 of the project, mobility has made a dramatic impact in the way these health care outreach workers do their jobs. With a laptop, wifi, and the Virtual Gateway, they now have the ability to meet with clients anywhere: at the library, a food pantry, a local human services agency, in the workplace, the client's kitchen table, in the emergency room or by the client's bedside. Mobility has not only been a time saver for the health care outreach worker, it has also made it far more convenient for the clients to obtain services.

Sometimes healthcare outreach workers need to meet with other professionals or clients' family members to get information necessary to complete the MBR. This has created logistical nightmares in the past, particularly with clients who were very ill or not mobile. Because they have the ability to move around with the laptop and with wireless access to the Internet, health care outreach workers have the flexibility to meet at the convenience of all parties involved.

The technology tools allow health care outreach workers to easily schedule after- hours appointments for clients who are working and would lose money if they took time off during business hours.

► Providing on-the-spot services in the field

Outreach workers can troubleshoot client problems while they are working in the community and do not have to wait until they get back to the office. This immediacy has an added psychological benefit for both the outreach worker and the client.

> *"We've been working regularly in a small rural town once a month at the town hall. People know the building. We had a patient who knew that we were coming because we've built up a regular presence. The community expects us at that particular day and time. The nurse screened her. I helped arrange an appointment at the Health Center. The patient had had the health problem for a few months, but we got them into the health center the next day and I worked on the insurance. With my laptop, I checked REVS and*

found that she was eligible and they were able to activate benefits with a phone call. I made call from the town hall with my cell phone."

"I met a client at café near his rooming house. The café has wireless, so I was able to complete his application for him on the spot. The café was in the center of town. It was convenient for him."

"I can go to the client, power up my laptop, and do applications on the spot."

"Having accurate, up-to-date information while you are in the field is so valuable. If you have accurate information about who qualifies, you can answer the clients question and they are more likely to fill out an application and follow through. Most clients are worried about today – Where's the food? How do I see the doctor? Accurate information on the spot is an essential part of my work – I have to memorize it or use a laptop. My laptop is more efficient than my memory sometimes."

► Offering a menu of services and care

The ability to do a home visit while having access to the Web and hospital/health center internal information systems gives health care outreach workers the capacity to offer a greater range of services and support to the client. In addition to submitting health care applications, health care outreach workers are providing referrals or filling out applications for other vital services and public benefits from fuel assistance to Food Stamps. From the client's kitchen table, they can schedule doctors' appointments, search the Internet for prescription assistance programs, and obtain referrals for specialists' services. All this can be accomplished within the context of a single visit, and in some cases a single mouse click to export the data from the Virtual Gateway into another application.

"When I go on a home visit, I do not think solely in terms of health insurance. I can assist them with getting fuel assistance or Food Stamps – services that we can find out about via the Internet. People are amazed that we can do a quick application over the Internet."

► The mobile health care outreach worker's new office

The health care outreach workers interviewed for this report who are working with clients outside their offices shared anecdotes about how they work in different community settings. Almost all say that the clients they reach would not typically travel to their office for an appointment. In addition, they can educate many more clients about what healthcare services are available to them, as well as refer them to other agencies, services, or information. Using the laptop is a far more effective tool than a brochure because often "education and awareness" can be integrated with actual act of submitting an application online.

As we uncovered during interviews during Year 2, outreach workers are successfully doing work in a variety of community settings. This may include outreach to special populations, in

government buildings, community agencies, local food pantries, schools, work places and other locations.

► Hospital setting: less time wasted running up and down stairs

For health care outreach workers who do most of their work in a hospital setting, the mobility to work at the patient's bedside, Emergency Room or anywhere in the hospital has provided major gains in personal productivity. Health care outreach workers report that they no longer waste valuable time that could be spent with clients by running up and down the stairs or walking from their offices to the hospital building. This time is now put to use working with the client to find health care coverage as well as additional services that might be required for discharge, such as prescription coverage.

> *"The key benefit is mobility. It saves me a lot of frustration because I have all my information at my fingertips. I can tap into our local shared drive when I'm on the hospital floor with a patient. A case manager might catch me and want me to talk to another patient. I can immediately help them without having to go back to my office. I can submit an application. I can even grab the doctor and get them to sign it. I can get everything done in one shot."*

Health care outreach workers also report that having access to internal hospital records via their laptop, the Virtual Gateway, and web sites gives them all the information at their fingertips. This can save time when a patient is too ill or elderly to precisely remember some of their personal details, such as social security number or prior MassHealth application reference numbers. It also helps the health care outreach worker to figure out whether the patient is already in the system, has bills pending, or other background information that is critical to submitting an application.

Working on the hospital floor also gives the outreach worker another efficiency benefit: the ability to easily connect with the attending physician for needed signatures on prescriptions and other paperwork. With the capacity to plug into any networked printer on the hospital floor, the health care outreach worker can easily and quickly print out applications to put in the patient's chart for the doctor or leave at the nurse's station for a family member.

► Emergency Room

When clients are in the Emergency Room, they are typically there for only a few hours. The mobility afforded by the laptop, wireless internet connection, and access to information allows the health care outreach workers to work with clients while they are in the ER to get them coverage. Once they leave the hospital, it might take months to follow up and complete the paperwork. This not only saves the outreach worker an enormous amount of time, but also avoids the added stress and cost of billing hassles.

More importantly, health care outreach workers can also assist clients who might need prescription coverage so they can leave the Emergency Room with medications in hand and do not have to endure a lapse of treatment due to inability to pay.

"The ER called and a patient was there who has had frequent visits to the ER with uncontrolled vomiting. He had insurance, but it didn't cover meds. I grabbed the laptop computer and ran over the ER. I found out what medicine he needed, looked it up online, and found a program where he could get the medicine covered and get it within a day. I called the program and read them the info over the phone. They activated a coupon for the form we submitted. The patient took it to the pharmacy and got his meds right then and there. We won't be seeing the patient so often now that he has the medicine."

B. Use of Shifted Time

Consistent with Implementation Years 1 and 2, every health care outreach worker reported a gain in productivity over the baseline year. They report using this shifted time to both serve more clients with a greater depth of service or spending time to work on other programs. The latter has resulted in unanticipated benefits: an enhanced reputation in the community which, in turn, has fueled community demand for services.

► Volume increases

While this evaluation did not specifically track number of clients as a measurable indicator of the outcomes, health care outreach workers in year 3 continue to report anecdotally being able to serve an increased number of clients by comparing their case volume during the baseline period with third year volume. Outreach workers report that case volume has increased. It is difficult to determine precisely how much of this increase can be credited directly to the use of technology as opposed to other external factors, such as hiring of additional staff, recent healthcare reform efforts by the state, and the implementation of Medicare Part D.

"I'm seeing more clients. I served 1,000 people last year before the tools were introduced. I'm only halfway through the year, and I've served 800 people. The increased volume is certainly related to the technology tools. It would have been difficult for me to keep up with the work. It doesn't take me very long to do a Gateway application, maybe 10 minutes as opposed to 30 minutes with paper."

"The volume has gone up and with the tools we can serve more people."

► Serving more walk-ins

"A client came into our office. A friend had given her a ride. We completed the application fairly quickly. Then the client said to me, 'Oh, the woman who came with me needs some help too.' I was able to help them both."

► A greater depth of service

"We have a referral system with the hospital. Anyone who comes into the hospital who does not have insurance, we get an email. We contact the clients, introduce ourselves,

and offer assistance. If they have MassHealth, and they let us know it is about to terminate, an email can be sent to them to intervene. We can help them to troubleshoot and resolve the problem. In the past, the hospital would call, but not until after coverage was terminated. This allows us to be more proactive."

"I can explore other programs and get a fuller understanding of other them so I can refer patients to resources. I can also uncover other issues beyond medical needs".

C. Increased word-of-mouth referrals with the expectation of laptop use

Consistent with Year 2, outreach workers point to increased positive word-of-mouth marketing which has, in turn, has contributed to an increase in client volume and referrals. What is different in year 3 is that clients are now requesting that outreach workers bring the laptops into the community. The community has an increased awareness and expectation for mobile health care workers.

Outreach workers mention that because clients live in multiple family houses or housing complexes, the word has gotten out about free health care, the ease of the application process, and reduced waiting times. For example, outreach workers say their clients often mention that they heard about a particular program from a friend or neighbor. Home visits and community outreach efforts, as well as regular office appointments where health care applications are submitted easily and quickly, are all contributing to this positive word of mouth, which in turn is increasing the number of people interested in their services. In addition, other local human service agencies and hospital billing offices are referring more of their clients to health care access services

"I just got a call from a client to come with my laptop and sign up their employees. Word has spread. It is given now that outreach workers will have laptops as part of their tool box. People in the community know this and expect it. This has happened in three years."

"Word of mouth is an effective way for people to share information in a rural community. When you get the testimony of someone who's been helped and says how quickly the application was approved, word spreads fast."

► Regular presence in community locations = positive word of mouth

"I have been going to a community site for a few months and talking informally to people. Three or four weeks ago, someone I had talked to casually – it turned out that he had a problem. He knew that I was there on Wednesdays, and he waited for 20-30 minutes to ask me to help him solve the problem. This is based on going to a given location, on a given day, at a given time. It's like having regular office hours; people can count on you."

► Going into workplaces

Outreach workers are in demand by local employers. Some report receiving calls from local businesses requesting that they go on-site and assist with healthcare enrollment.

> *"I've been going into to the employees' workplaces and I help enroll employees on site. Right next to the workplace was a community organization, and they let me use their office space. The factory sent over a few people at a time. The employees missed only 15-20 minutes."*

► Requests from other community agencies

More and more community agencies are recognizing that health care outreach workers can complete mobile applications, and they are requesting this service for their clients.

> *"Word is getting out that we can do home visits. Agencies are starting to recognize us as being able to do mobile applications. We're getting a lot more referrals from different programs – community agencies, homecare corporations, First Call for Help, etc. This is happening via word of mouth – not advertising. For the most part, people will call up and say that they need a home visit. The number of referrals has picked up for home visits – we're getting twice as many referrals for home visits."*

> *"We've been busier because of the Virtual Gateway. The word on the street is that there is a short time between the application and approval. Clients want to do it on the computer. Patients are more aware that it takes longer on paper than computer. A lot of clients live in multi-housing and in close-knit neighborhoods; word travels. Also, the billing office refers clients to our organization. We explain that it helps with the billing."*

D. Use of Information

We asked health care outreach workers to describe specifically how the use of the Virtual Gateway application has enhanced their capacity to do their work. Consistent with Year 2 of implementation, we observed benefits both to internal organizational coordination and to referrals to other and from other community service agencies.

► Improved internal organizational coordination and communication

Organizational effectiveness has been improved because different departments can share information on the patient's insurance status and avoid billing errors. In the past, bills were often sent before insurance approvals were received; a great deal of the outreach worker's time went to straightening out billing problems. With the electronic system, both the health care outreach worker and the finance department can work proactively towards reimbursements.

Some outreach workers report that physicians are now seeking them out to help find coverage for specialist services. This is a change since the baseline period. The use of the technology tools and Virtual Gateway appear to have enhanced the reputation of outreach workers as the "go to people" in the hospital for finding coverage and care.

In Year 3, some outreach workers report an improved capacity to share the case load with other staff more easily because of the Virtual Gateway and having easy access to information.

TIPS AND EVOLVING BEST PRACTICES

Outreach workers offered these tips on using the PEEP technology tools:

Using the tools

- Make friends with your organization's IT staff and work with them as a team. You'll need to make sure that you can add programs to the desktop.
- Make sure people are trained properly on all the equipment like the scanners and cell cards. If you aren't using these on a daily basis, you will forget, so it is a good idea to have some written cheat sheets for reference.
- If you have equipment or Internet problems, don't panic, and have a backup.
- Make sure you have your passwords bookmarked or saved in your browser. Also, bookmark all the opening pages.
- The laptop is set up with the same shortcuts as are on the desktop, bookmarks, etc. Make your laptop mirror your desktop – all the same set up – time saving.
- Always keep the laptop plugged in so the battery is charged and ready to go. We keep both laptops plugged in and swap out.
- Have the Community Partners Web Site in your browser tool bar. You can do this using Firefox. That way it is one-click access.
- Use RSS to read new content on the CP Site
- Have someone in the IT department who knows what your equipment needs to have and helps you keep it working.
- Have one-page cheat sheets for tools that you are not using every day.

Application submission

- Use the Virtual Gateway Help Desk.
- Cultivate a contact at MassHealth and call them to help you fix things quickly.
- To avoid problems with the verification documents matching up with the application, suspend the application until the client brings in the documentation.
- Take your time and check yourself at each screen while doing an online application.
- Use the scanner to enlarge verification documents that are in really small fonts.
- Visit the CP Web site whenever you get online to stay up-to-date with healthcare developments. Set it up as your home page start page.
- Recycle mail and fax coversheets with whiteout rather than creating separate cover sheets.
- Have an understanding of what the flow at MassHealth is – when the application is out of your hands, what's going where and why. Helps with follow-up. I have learned by asking questions. MassHealth Training forums help with learning that.
- Virtual Gateway submission is a good weekly reminder. I refer back to it, and use to a tickler list to follow up.
- If you are in a place where there are a lot of people, you don't have to verbalize the questions, you can have the client read the screen – and answer yes/no – helps with privacy.
- Once we master the application process – familiar with the fields and the different questions and sections – our enrollments are much faster because we know which

questions apply. There are a lot of questions that we can answer because the person explained it at the beginning of the process. The enrollments are much faster.

- Before you do the application, have a conversation with the client and get background information to help you fill out the application.
- It is much faster to have the other state programs embedded in the application process. It makes our service much deeper and more efficient.
- At the initial contact, try to get some basic information and help them be prepared. Explain what information they need to bring to the meeting.
- If clients don't have all their documents together, it is better to use "suspend" rather than "submit" if the application isn't urgent, and give the client two weeks to gather up documents. The application is less likely to get lost in the system.
- If an email address is required for a program, go online and set one up for them on Yahoo or other free service. They won't need it to communicate with the Mass Health, but email address is a required field.
- Show them the screen as a visual aid during the application process – most clients are visual. Also important to print out information they need.

Follow-up work with client, tracking, verification documents, and education

- Review submitted cases at the end of each day.
- Track patients' progress through the system using the VG's tracking features.
- Use the printer to give the client a hard copy and use the screen to explain the benefits, etc.
- Work with financial coordinator to scan in any information that has been downloaded or is on paper. Document scanning systems make for less paper and the ability to share the documents more easily between different departments in the hospital. This saves a lot of time.
- Set up an online bank account for the client to easily get bank account information if you need it.
- If client has email, use it to communicate.
- Google to get the doctor's office number when your client doesn't know it.
- We track all our patients and their status. We regularly use this tracking system to follow up.
- While you are out in a particular area, look at the follow-up list of clients and see if there is anyone who is nearby that you can call to follow up while you're in the neighborhood. Their contact info is on the VG. This can be helpful to get verification documents.
- Call the client before the actual visit so you can help them be prepared. There will be less follow-up.
- Use the CP web site map for referrals to other outreach workers when you get clients outside of your area.

Mobile

- Map the wireless signals in your area, and if you know that a patient's home is located in a weak wireless area, try to meet in an alternative location.
- Create a customized version of the wifi in your area using Google maps.

- Scanner and printer are necessities to cut down on travel time.
- If you are meeting a client at their house, try moving around the house to see which room gets the best wireless signal.
- Always bring the bedside application tool with you just in case you can't get online.
- Get yourself set up as much as possible before the meeting with the client. Have the laptop up and running and have background information and other records source-cued and ready to roll.
- Keep your battery charged. Have an additional battery if possible.
- Get a second antennae to use which has a lot of wire attached. It allows me to stay seated in the preferred spot in a client's house and move the antenna to the window.
- The antenna extension that plugs into the cell phone card – get the one with the extra wire so you can be near window but don't have hunch over and be uncomfortable..
- Get near a window and you'll get a better signal.
- Have more than one internet or cell phone provider
- We have established venues so we know where there is a signal. Sometimes even if there isn't a signal, we still go. Before an outreach event, try to identify where the strongest signal is in the room..
- Check out location in advance for community events – make sure there is an electrical outlet if you plan to be there awhile. Pack an extension cord.
- If you have several options for Internet – cell phone card and/or wireless or several providers, know which one works where the best.
- Use the wi-fi sniffer to find the strongest signal.
- Check to see if the client has a computer and Internet, or the site where you're meeting them, and use theirs to submit the application if your wifi or cell phone card fails.
- If you can't get a signal, it might be better to drive the patient back to your center and do the application online because it is faster than paper submissions.
- Have all the contact information for clients accessible. That way if you're working in the community, you can "block book" visits to follow up. It saves you a lot of time.
- Have your office files on wheels – keep it organize and neat so you can find what you need. Be ready to roll.
- Schedule the appointment in a location where there is a copy machine accessible so you don't have to reschedule if you need copies or bring your scanner and printer along

Hospital floor, bedside, or ER

- If working on a hospital floor, let the nursing station know when you will arrive.
- Ask nurses when family members tend to visit and plan your visit around that time if you need their signatures or other information.
- Ask about nap, medication, and meal times and avoid those times to do an application.
- When working in the hospital or by a patient's bedside, do everything you need to do to process the application, except for the doctor's part. Then put the forms in the chart and leave for the doctor to sign.
- If client has limited ability to communicate, pull up all history and get the client to verify the information rather than provide it.

- Keep your battery charged or make notes of where the plugs are on the floor. If appropriate, ask to use the conference room or physician's office, which usually have plugs.
- You need to know what information you need to get from the client for what type of application. There are different requirements for people over 65 and under 65.

Community outreach

- For community outreach, appearing consistently in a location is a good way for people to get to know and trust you.
- You have to cater to your audience. You might act differently at a Salvation Army site than at an employment agency.
- Observe the social setting and match it. You have integrate yourself into the setting and cultural norms. Is it okay to approach people, or is it better to wait for them to approach you?
- Listening skills are really important. It is good to ask open-ended questions in a non-threatening way to do an assessment of their needs.
- People are afraid of medical care and doctors. They are afraid they will get slapped with a bill. So you have to explain how MassHealth works.
- Build trust. Some people are defensive or suspicious. They suspect some dude with an expensive computer coming into their space. "You're not one of us, you have a computer."
- Building trust is about providing clear answers to their questions. When you give them information, give them what they're looking for. It bolsters your credibility.
- Use the laptop as a conversation starter. Tell them about how easy it is to apply for benefits online.
- Have a regular place to visit, and have a regular presence versus a one-time event. Make sure you have the cooperation of the community site or agency that is your host. Build a rapport with your host. Being there on a regular basis helps the clients trust you.
- If you provide referral information for people – for example, the American Cancer Society – give them a number and a name to call. Write things down for them or use your printer to print a hard copy.
- Offer verification of the status of their MassHealth. Verify in REVS if they are still current. That will take a load off a person's mind.
- Access and print information for employers of the clients helped.
- Get permission in advance if you can access a location's wifi or network for Internet access.
- We are sales people – we are selling the services. We have to demonstrate to people that they need to learn about preventive care.
- Bring bilingual materials, talk to leaders of the community, be willing to go different places – you have to demonstrate the convenience.
- A regular presence is important, but sometimes I have to hide. I can't go out for Sunday morning breakfast without getting barraged with health care questions.
- Know the community – not just demographics. Know where the target populations live and establish priorities and get people who are known by the community, so people feel

comfortable talking to you. It takes about a year before people feel comfortable with you and set up a pattern of consistent activities.

ADDITIONAL FINDINGS

Community Partners website as integral source of information

Over the past three years of the PEEP Project, the Community Partners Web site and email newsletters have become valuable and important resources in the outreach worker's mobile office (and health center or hospital office). The content helps outreach workers stay up to date with program changes while in the field. They find this valuable because they do not have the time to do the research themselves.

Outreach workers say they appreciate having a one-stop web site where they can easily find information that helps them do a better job. Most outreach workers reference the site many times a day every day, so often they keep a link on their browser tool bar. We also heard many anecdotal reports from outreach workers who refer their clients, colleagues on staff, and others to the CP Web Site. Outreach workers say they can trust the accuracy and quality of the information provided by the Community Partner's web site.

"The CP Web site helps us stay up to date with program changes. I have it saved on my browser because it is essential reference tool when I'm doing applications."

"I refer it to other employees."

"I use CP web site many times a day every day. I go to the web site to find other resources that I can refer clients to. What I like about the site is that I am able to find what I need quickly. The alerts are also very useful to stay up to date without having to visit the web site to be able to stay on top of things. It is an essential tool for my work"

"We check the CP web site whenever we hear about something. It is one place to check where I trust the information, and I pass it to our clients as soon as possible"

"I love the site and emails – it's all there and I have to only look in one place. I've used it for forms, new federal poverty level and for various programs."

"The health care environment changes so quickly. New rulings or regulations come down and we hear about it the same day from the CP emails."

"When clients get denied, they give up easily, but armed with information from the CP web site, I can be a better advocate on the client's behalf and ultimately get them coverage."

"The CP Web site is a very important resource for community health. It helps us stay up to date with breaking developments in health care policy and nuts-and-bolts information that helps us do our jobs. We are blessed to have this web site. It is a valuable support tool for our work."

"We don't have time to do our own research and that is a great value."

Community Partners as lead agency

Healthcare outreach workers applauded Community Partners staff for their leadership and support of this project. They said that Community Partners has been responsive and quick to listen to their suggestions and concerns. Outreach workers would like to see a more streamlined evaluation form for collecting data for this report.

Challenges

► Technology Glitches

Consistent with years 1 and 2, almost all health care outreach workers report *only minor or infrequent technology problems or glitches*. It appears to be only occasionally that a technical problem prevents them from completing their work. As one health care outreach worker who shares their laptop with another staff member noted, *"Our biggest technology glitch is that we're fighting over the one laptop!"*

The most commonly cited technical problem is wireless Internet access, either through a wireless network or cell phone card. While the wi-fi sniffers provided by PEEP have been useful tools, there are geographic locations where a strong enough signal cannot be reached or no coverage exists. However, by Year 3 of the project, most outreach workers have successfully "mapped" the wi-fi signal or cell card coverage in their geographic area and are able to schedule meetings with clients in places where there is a signal. There were also several minor hardware issues that have been quickly resolved through under-warranty repairs.

► Non-Technical Issues

Consistent with Years 1 and 2, outreach workers report some non-technical problems that reduced their efficiency or effectiveness. These included the Virtual Gateway system design itself, lack of integration or automation with other organizational document or record-keeping systems, and organizational capacity (lack of staffing). One unintended consequence is that for those few clients who do choose to submit the application on paper, the verification process is taking significantly longer. Some outreach workers are anticipating that new requirements from the federal government for proof of citizenship will also increase processing time because it places the burden on the client.

Especially in smaller sites without an automated document scanning and filing system, the excessive amount of paper generated by every application to MassHealth overwhelms the ability to keep up with clerical work. An email or electronic notification system would reduce the paper. Some outreach workers say that a lack of integration with hospital billing systems is exacerbating the paper problem.

► Organizational capacity

The barrier facing many of the sites interviewed is capacity. Outreach workers say they would like to do more mobile outreach, but simply lack the staffing or time. As one outreach worker noted, "*We have two people who work part-time. Demand is greater than our current capacity.*"

APPENDIX

ADDENDUM 1: Quotes from Transcripts of In-depth Interviews with Outreach Workers

Personal Productivity

"I am able to access accurate information in a timely manner, on the spot with difficult- to-reach patients, and patients that are in need of immediate information. The technology helps me resolve their problems as quickly as possible."

"The ability to suspend the application and give the patient additional time to gather documentation helps with sharing the workload with other outreach workers. It also saves time in not having to resubmit the application or having it get lost."

"The less paper we have to touch the better! The PEEP Project helped us reduce paperwork. I can look at applications that my colleagues have submitted, and that helps with collaboration and sharing of the workload."

"There is less traveling back and forth. I can check up on client submissions – tracking is very easy. I can close out cases much faster. These are some ways that the technology has improved my productivity."

Technology Familiarity/Fluency

"It was a matter of getting the pattern down. Now I have it memorized and I don't have to think about it. It feels easier."

"When you lose your Internet connection or have difficulty getting it – that's when I get frustrated. Most of my work is dependent on having Internet access. If the Internet is down, work grinds to a halt. About a month ago, we changed Internet providers and it was supposed to take an afternoon. We lost three days. We used the PEEP laptop and wireless connection to do the applications online, and it only worked on the desk near the door."

"I used to think I was fast with the paper application. But the Virtual Gateway is easier and faster. I am a convert. There is a feeling of security when you hit the submit button."

Mobility

"We can troubleshoot in the field and not have to wait until we get back to the office. All the services are provided where the patient is located. We've been working regularly in a small rural town once a month at the town hall. People know the building. We had a patient who knew that we were coming because we've built up a regular presence. The community expects us at that particular day and time. The nurse screened her. I helped arrange an appointment at

the Health Center. The patient had the health problem for a few months, but we got her into the health center the next day and I worked on the insurance. With my laptop, I checked REVS and found that she was eligible, and they were able to activate benefits with a phone call. I made call from the town hall with my cell phone."

"I met a client at café near his rooming house. The café has wireless, so I was able to complete his application for him. The café was in the center of town. It was convenient for him."

"The laptop is our mobile office. It allows us to do to do home visits. We like to use it during home visits so we can look up information for people. We take it to community events at different locations. We set up so we can do applications on the spot. We get there ahead of time and check out the site to figure out where to put the laptop to get the strongest signal."

Use of Shifted Time

► More depth of service

"I can explore other programs and get a fuller understanding of other them so I can refer patients to resources. I can also uncover other issues beyond medical needs".

► Serve more clients

"The volume has gone up, and with the tools we can serve more people."

"The ability to see more clients than we could before."

► Take on other projects

"If the clients get benefits faster, we get reimbursed faster."

"We've had time to get training to take on other projects."

► More proactive assistance

"We have a referral system with the hospital. Anyone who comes into the hospital who does not have insurance, we get an email. We contact the clients, introduce ourselves, and offer assistance. If they have MassHealth, and they let us know it is about to terminate, an email can be sent to them to intervene. We can help them to troubleshoot and resolve the problem. In the past, the hospital would call, but after coverage was terminated. This allows us to be more proactive."

Use of the Tools Improves Capacity

"The small scanner has saved so much time. And, with gasoline prices so high, it saves money. I need all the time I can get, and the laptop saves me time. I don't have the take the documents back and forth. Plus it is all in the computer at that point."

"The wireless works really well. We have one case manager in Amherst and she has to use the cell card. The new cell card works."

"When I first got the equipment, it seemed like a lot to drag around. But it ended up being a tiny office in a case."

Use of Information

Internal organizational communication and coordination is smoother

► Able to share the case load with other staff more easily

"One of the biggest benefits of the Virtual Gateway system is that we can share the workload more easily."

External relationships

► On-the-spot information wherever you are working with clients

"The Virtual Gateway allows me to talk to more people about a wider variety of issues and provide solutions, whether it be the Children's Medical Security Plan or food stamps. This way I can encourage clients to submit an application in one sitting."

"Having accurate, up-to-date information while you are in the field is so valuable. If you have accurate information about who qualifies, you can answer the clients' questions and they are more likely to fill out an application and follow through. Most clients are worried about today – Where's the food? How do I see the doctor? Accurate information on the spot is an essential part of my work – I have to memorize it or use a laptop. My laptop is more efficient than my memory sometimes."

► Information at your fingertips

"We have to make referrals to other community organizations. Our efficiency within our agency has improved and in turn has improved our working relationships with other agencies."

"I find having the Internet access incredibly valuable because I can look up information for seniors – Medicare, doctor information, etc. I can also ask on-the-spot questions that make it easy to schedule specialist appointments or whatever."

"The best thing is that you work directly with the client while you are there. It's great knowing that this information is there and having access at your finger tips."

► **Going into workplaces**

"I've been going into to the employee's workplaces and I help enroll employees on site. Right next to the workplace was a community organization, and they let me use their office space. The factory sent over a few people at a time. The employees missed only 15-20 minutes."

CP Website Integral for Information

"The CP Web site helps us stay up to date with program changes. I have it saved on my browser because it is an essential reference tool when I'm doing applications."

"I refer it to other employees."

"I use the CP web site many times a day every day. I go to the web site to find other resources that I can refer to clients. What I like about the site is that I am able to find what I need quickly. The alerts are also very useful for staying up-to-date without having to visit the web site and I'm able to stay on top of things."

"We check the CP web site whenever we hear about something. It is one place to check where I trust the information, and I pass it to our clients as soon as possible"

"I love the site and emails – it's all there and I have to only look in one place. I've used it for forms, new federal poverty level and for various programs."

"The health care environment changes so quickly. New rulings or regulations come down and we hear about it the same day from the CP emails."

"CP web site information and emails help you because if you're working with a client you can go online and get the information you need very quickly."

"When clients get denied, they give up easily; but armed with information from the CP web site, I can be a better advocate on the client's behalf and ultimately get them coverage."

"I use the CP web site all the time. I search it if I have a specific question or reference the email alerts. It is an essential tool for my work."

"I have used the map with different locations for other outreach workers as a referral tool which is really useful."

"The CP web site is a very important resource for community health. It helps us stay up to date with breaking developments in health care policy and nuts and bolts information that helps us do our jobs. We are blessed to have this web site. It is a valuable support tool for our work."

"We don't have time to do our own research, so the CP web site is a great value."

Emerging Challenges to Ongoing Productivity

► Proof of citizenship requirement

"When applications are held up it is very frustrating because we don't know how long it will take them to get the information into system. We're monitoring these cases on a daily basis so we can see when they get coverage."

"We can't fax the copy of some documents, like passports or driver's licenses, because they are not legible. We have to put in extra care to make sure the driver's license or passport photocopy is legible. We have enlarge the copies we make on the Xerox machine and adjust them, lighten and darken settings. You can't do it fast."

"If a client is missing some of the documents and it isn't an emergency situation, we suspend the application and give them a week to get their documentation. We discovered that if we submit the application and are not able to submit the verifications within the three-business-day limit, the application might get delayed or lost and we have to redo. So, we are taking two approaches:

1.) If the patient has an emergency or immediate need, we submit the application as incomplete so they have the retroactive coverage.

2.) If the patient does not have an emergency, we submit as incomplete and suspend until the documents are gathered and give it a deadline of two weeks."

"I have to write the Social Security and application number on everything in an effort to prevent it from getting lost. That's a pain and takes extra time."

"The documentation gets held up. We hear back that they can't read something or the birth certificate is tattered. . .. The documents are hard to fax or copy. If the MEC (MassHealth Enrollment Center) can't read something, they shred it. This makes it more time-consuming for us."

"What's most inefficient is getting a copy of the documents so we can fax them. We discovered that we had to enlarge the photo for passports or driver's licenses about 200%. If the MEC can't read the documents, you have to fax them again. That's time- consuming."

"I'm estimating that it is one out of every five clients who encounter this issue. The linkage to the Registry of Motor Vehicles has helped reduce the problem."

"The problem is that they don't communicate – the MEC doesn't communicate who they match and who they don't. I know that the documents have been submitted, but MassHealth says they don't receive them. There is less of that now than in the past, but it still happens and it gets in the way of being efficient."

"There are a lot of people out there who don't have a birth certificate on hand – and they might be born in Texas and that creates a problem to obtain those documents. It is a small percentage that becomes a problem in the submission, but it causes delays."

► Hybrid system

"The technology has vastly improved our efficiency. It would be ideal if we didn't have to fax documents. It would be ideal if we could send via an email attachment, and just scan in the IDs and other papers. We still have to deal with paper."

"It is a major hassle to fax and mail documents. They frequently get lost. Email attachments would be so much more efficient."

► Privacy issues

"When I'm doing work in community locations, sometimes the acoustics are not good for privacy. Sometimes that inhibits the discussion with the patient, and that can decrease your productivity."

Technical Glitches

► Hardware issues

"We had a few problems with the laptop and had to send it to replace the motherboard and cooling fan, but it was covered under the warranty. Once it was picked up, I got it back in three days."

"I don't like lugging the printer around. It's a desktop printer and I carry it in the box. The cartridges dry up if you don't use it all the time."

"Printer malfunctions when there is high humidity – change the paper often."

► Internet access

"The only real issue is that sometimes in the very rural areas you can't always get connected to the Internet – even with the cell phone card. Sometimes it is only one bar, but you really need two bars to do an application."

"The wifi has been getting better – granted, I still have places where I can't get a signal."

"In Southern Berkshire County some towns don't have wireless or even cell phone towers. What we do, our computer has a different account than our cell phone. So we have more than one option."

Non-Technical Glitches

► IT department

"Our IT person locked us out of the laptop. We're not administrators. We can't install programs on it. We wanted to have a printer driver installed. We couldn't install it. Then it required the IT guy in the other office to arrange time to install it. We had to wait."

► Organizational capacity

"We have plenty of patients coming into the office, so with limits on staffing, it is less likely we will do more outreach. You have so many people coming already and it is hard to keep up."

"Time is an issue. We're really busy."

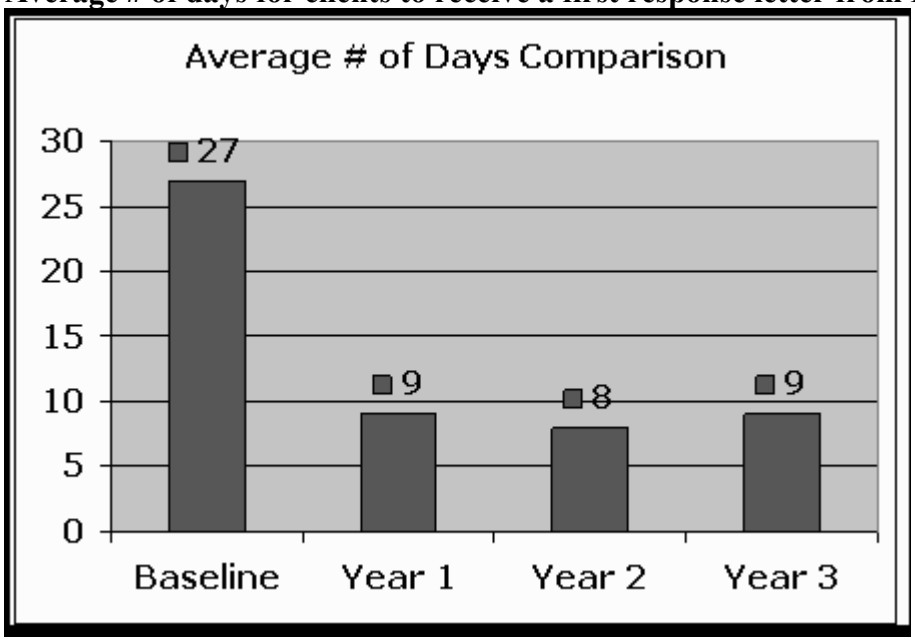
► Paperwork

"We get the letters of determination in triplicate; it creates more filing work. I'm not sure why it happens. Every time someone at the MEC goes into the case, it generates a letter. They can suppress the letters."

ADDENDUM 2: Data for Outcome #1

Table 1. Comparison of baseline and implementation years for all sites[4]

Average # of days for clients to receive a first response letter from MassHealth



	BASELINE	Year 1	Year 2	Year 3
Average # of days for clients to receive a first response letter from MassHealth	**27**	**9**	**8**	**9**
Percentage of cases taking 10 days or less	**4%**	**78%**	**79%**	**72%**
Percentage of cases taking more than 30 days	**28%**	**3%**	**3%**	**1%**
Lowest number of days to receive a first response letter	**4**	**1**	**1**	**2**
Highest number of days to receive a first response letter	**61**	**59**	**67[5]**	**76[6]**

[4] The baseline sample was approximately 307 clients or approximately 18% of the participating organizations' total estimated number of MBRs submitted for 2004. Six of the seven sites collected data (one site did not process MBRs in 2004.) Year 1 Implementation is based on a sample of approximately 99 clients collected from June-September, 2005 and represents 18% of the participating organizations' total number of estimated MBRs for that period in 2004. Year 2 Implementation is based on a sample of 405. Year 3 Implementation is based on a sample size of 407 completed MBRs.

Table 2. Comparison of average number of days for first response in baseline and implementation data across sites

Sites	Baseline	Year 1	Year 2	Year 3
CHC of Franklin County	23	6	8	12
Hilltown Community Health Center	36	12	9	10
Hampshire HealthConnect	29	6	6	7
Ecu-Health Care	24	7	8	11
Healthy Connections	27	15	8	9
Fairview Hospital	22	9	9	9
CHC of the Berkshires	n/a[7]	6	5	5

Sites	Baseline	Implementation Year 1	Change
CHC of Franklin County	23	6	-19 days
Hilltown Community Health Center	36	12	-24 days
Hampshire HealthConnect	29	6	-23 days
Ecu-Health Care	24	7	-17 days
Healthy Connections	27	15	-12 days
Fairview Hospital	22	9	-13 days
CHC of the Berkshires	n/a[8]	6	n/a

Sites	Baseline	Implementation Year 2	Change
CHC of Franklin County	23	8	-15 days
Hilltown Community Health Center	36	9	-27 days
Hampshire HealthConnect	29	6	-23 days
Ecu-Health Care	24	8	-16 days
Healthy Connections	27	8	-19 days
Fairview Hospital	22	9	-13 days
CHC of the Berkshires	n/a[9]	5	n/a
Sites	**Baseline**	**Year 3**	**Change**
CHC of Franklin County	23	12	-11 days
Hilltown Community Health Center	36	10	-26 days
Hampshire HealthConnect	29	7	-23 days
Ecu-Health Care	24	11	-22 days
Healthy Connections	27	9	-18 days
Fairview Hospital	22	9	-13 days
CHC of the Berkshires	n/a[10]	5	n/a

[5] See narrative on page 6 for discussion about the slight increase
[6] See narrative on page 6 for discussion about the slight increase
[7] This site was not processing MBRs during the baseline period.
[8] This site was not processing MBRs during the baseline period.
[9] This site was not processing MBRs during the baseline period.
[10] This site was not processing MBRs during the baseline period.

Sites	Year 1	Year 2	Year 3	Change
CHC of Franklin County	6	8	12	+4
Hilltown Community Health Center	12	9	10	+1
Hampshire HealthConnect	6	6	7	+1
Ecu-Health Care	7	8	11	+3
Healthy Connections	15	8	9	+1
Fairview Hospital	9	9	9	0
CHC of the Berkshires	6	5	5	0

Table 3. Comparison of highest and lowest number of days for a first response in baseline and implementation data across sites.

	Baseline		Year 1		Year 2		Year 3	
Sites	Lowest	Highest	Lowest	Highest	Lowest	Highest	Lowest	Highest
1 CHC of Franklin County	12	48	1	17	2	52	3	41
2 Hilltown Community Health Centers	11	54	7	20	3	21	6	25
3 Hampshire HealthConnect	4	61	1	21	1	27	2	17
4 Ecu-Health Care	13	61	3	46	1	46	2	67
5 Healthy Connections	6	56	1	59	1	67	1	32
6 Fairview Hospital	8	44	2	13	6	20	5	15
7. CHC of the Berkshires	n/a	n/a	1	17	1	23	3	17

Table 4. Percentage of total cases by ranges of number of days: all sites

Number of Days	Baseline	Year 1	Year 2	Year 3
Less than 5 days	1%	32%	41%	24%
6-10 days	3%	46%	38%	48%
11-15 days	14%	12%	12%	18%
16-20 days	23%	4%	4%	6%
21-25 days	18%	2%	2%	2%
26-30 days	13%	0%	1%	1%
Over 30 days	28%	3%	3%	1%

ADDENDUM 3: Task Analysis

Composite Profile #1: working with clients outside the office

It can take up to **24 steps and as long as 6 hours and 10 minutes** to complete the tasks involved with submitting an application, conducting follow-up work, and researching alternative sources of care and coverage.

Steps	Description	#minutes/hours or days (include travel/waiting time)
TASK A: Intake screening		
1.	Get message asking for information	2 minutes
2.	Phone call to assess needs, give info, and schedule visit	15 minutes
3.	Determine if patient's location has wireless signal and identify alternative meeting place if needed.	5-10 minutes
TASK B: Get information about changes in Mass Health guidelines/procedures that might relate to this case		
4.	Review recent emails and announcements	10 minutes
5.	Find information on web site	5-15 minutes
6.	Read and comprehend changes	10-30 minutes
TASK C: Filling out MBR application and submitting to Mass Health		
7.	Assess whether client needs to complete an MBR	5-10 minutes
8.	Check REVS to see if client is active with MassHealth	5 minutes
9.	Travel to chosen location	15-40 minutes
10.	Complete appropriate application and submit, if verifications are available	10-40 minutes
11.	Print out summaries, signature, PSI and get signatures while on-site	15-20 minutes
TASK D: Client education		
12.	Explain the various programs as application is being filled out	10-20 minutes
13.	Print out application for client, along with other information	10-20 minutes
TASK E: Gathering verification documents and submitting to MassHealth		
14.	Describe the verification documents required	3 minutes
15.	If client does not have required documents it could require a return trip	20 minutes or more
16.	Fill out online bank account, if needed	15 minutes
17.	Scan documents while on site and return to	15 minutes

	client	
18.	Fax supporting documents when back at the office	15-40 minutes
TASK F: Follow-up tasks – checking application status, responding to MassHealth requests, revisions, correcting MassHealth errors, tracking down and submitting new information, etc.		
19.	Check REVS	5 minutes
TASK G: Research alternative care options for people not eligible for public insurance programs		
20.	Find out what medications have been prescribed and other services that might be needed	5-10 minutes
21.	Use the laptop/Internet to find a program that provides these medications or services	15-30 minutes
22.	Use the laptop to fill out the application and print a copy for patient	15 minutes
	TASK H: Additional follow-up communication/education with client	
23.	Inquiries about decisions or problems	15-45 minutes
24.	Schedule tasks to follow-up w/client or program	10 minutes

Composite Profile #2: working with client who comes to the office

It can take up to **25 steps and approximately 2 hours and 50 minutes** to complete the tasks involved with submitting an application, conducting follow-up work, and researching alternative sources of care and coverage.

TASK A: Intake screening

1.	Phone referral from Social Worker	5 min
2.	Introduce myself and what I hope to accomplish to client	3 min
3.	Develop rapport and trust with mentally ill patient	5 min
4.	Inform client of application process ahead of time	5 min
5.	Patient screening	10 min
6.	Begin disability eligibility process	2 min
7.	Verification of eligibility	5 min

TASK B: Get information about changes in MassHealth guidelines/procedures that might relate to this case

8.	Check REVS to see if any coverage already exists	2 min

TASK C: Filling out MBR application and submitting to MassHealth

9.	Complete MBR using Virtual Gateway	10 min
10.	Print forms for signatures	2 min
11.	Obtain signatures	1 min
12.	Submit application to MH Central Processing	1 min
13.	Print confirmation of submission for client	2 min

TASK D: Client education

14	Advise client of necessary follow-up	3min
15.	Advise hospital Social Worker of tips to shorten the time in obtaining coverage	3 min

TASK E: Gathering verification documents and submitting to MassHealth

16.	Advise client which documents are required by MH	5 min
17.	Advise Social Worker of documents that could be sent with application to shorten time before coverage	5 min

TASK F: Health requests, revisions, correcting MassHealth errors, tracking down and submitting new information, etc.

18.	Educating Social Worker on how to track status in VG	5 min
19.	Advise client to call for further follow-up	5 min

TASK G: Research alternative care options for people not eligible for public insurance programs

20.	RX Assistance for medications from the pharmaceutical Company	30 min

TASK H: Additional follow-up communication/education with client

21.	Follow-up for application status	5 min
22.	Follow-up with client to review Disability application for accuracy and completeness	20 min
23.	More education of client regarding time frame of	10 min

	MH eligibility process	
24.	More education of client and Social Worker as to the requirement of MH disability. Ex. deductible and ability to work 40 hrs a month and what the difference it could mean.	10 min

Composite Profile #3: Working with client at their hospital bedside

It can take up to **27 steps and approximately 2 hours and 30 minutes** to complete the tasks involved with submitting an application, conducting follow-up work, and researching alternative sources of care and coverage.

TASK A: Intake screening

1.	Introductions and explain role	5 min
2.	Initial screening interview for eligibility for Mass Health and Free Care	10 min

TASK B: Get information about changes in Mass Health guidelines/procedures that might relate to this case

3.	Go to the Virtual Gateway web site to see if there have been any changes	1 min
4.	Check REVS to see if the client is already in the Mass health system	3 min

TASK C: Filling out MBR application and submitting to Mass Health

5.	Log in to lap top computer & establish internet connection and log into gateway web site	2 min
6.	Answer all VG questions	15
7.	Print signature pages to printer at nurse's station and retrieve forms.	3
8.	Review forms with patient	3
9.	Answer any questions	3
10.	Have client sign forms	1
11.	Submit VG application	1
12.	Explain next steps and what verifications are required. Give client SASE to send pay stubs to me when he gets home.	3
13.	Mail signature pages	3

TASK D: Client education

14	Review Mass Health booklet with client and answer questions	5
15	Explain I expect he will qualify for Partial Free Care only and why. Give an estimate of the expected deductible for FC. Explain I don't think he meets any of the categories for Mass Health at this time.	25
	Explain the 2-page letter and how to interpret it. Give him a sample copy of the letter. Explain the time frame for the decision / approval and when to expect the letter. Tell him to call me if he doesn't understand the letter when it arrives	
	Describe what services Free Care covers and which services aren't covered. Give educational handouts on Community Health Centers and CDH Outpatient Behavioral Health services.	

	Describe the time frame for submitting verifications and needed next steps (i.e. sending me 2 consecutive pay stubs using the SASE I have given him)	
	Educate about prescription assistance programs and give informational handouts. Encouraged him to call me when/if he needs prescription assistance in the future.	

TASK E: Gathering verification documents and submitting to MassHealth

16	Give the client a SASE to use to send me 2 consecutive pay stubs	1
17.	Explain the importance of follow through on this step. (i.e. Free care will not be approved without submitting these verifications)	1
18.	Once I received the pay stubs in the mail, I check to see that they are consecutive and have all the necessary info (i.e. gross pay, # hours, pay period)	2
19.	Fax income verifications to MEC	3

TASK F: Follow-up tasks – checking application status, responding to MassHealth requests, revisions, correcting MassHealth errors, tracking down and submitting new information, etc.

20.	Received and read VC-1 letter from Mass Health stating they need income verification. (I had already faxed the pay stubs to MEC)	1
21	Checked REVS after 2 weeks to see if they have made a decision yet on the application (they had not)	3
22	Called MEC to ask if there was a problem b/c REVS still is saying "not found". I was told they have received all info but to give them another week to process due to high volume.	25
23	Checked REVS one week later, it now shows Mass Health denial (expected) and approval for Partial Free Care (expected)	3

TASK G: Research alternative care options for people not eligible for public insurance programs

24.	Research Community Health Centers local to patient for primary care and dental care.	3
25.	Research prescription assistance programs available.	10

TASK H: Additional follow-up communication/education with client

26.	Phone call to client to explain he was approved for Partial Free Care, inform him of deductible amount, and explain how he can make payment arrangements for the deductible amount with the hospital's Free Care Coordinator. Also reminded him to update me and/or MEC with any income changes as it could affect the amount of his deductible.	15

Composite Profile #4: Working with a client in a community location

It can take up to **28 steps and approximately 2 hours and 10 minutes** to complete the tasks involved with submitting an application, conducting follow-up work, and researching alternative sources of care and coverage with a client in a community setting.

TASK A: Intake screening

1.	Find location to speak to someone	2
2.	Understand situation, persons involved	15
3.	Offer suggestions	4

TASK B: Get information about changes in MassHealth guidelines/procedures that might relate to this case

4.	Email updates	10
5.	Check details to confirm details on site	10

TASK C: Filling out MBR application and submitting to MassHealth

6.	**ARRANGE PLACE TO FILL OUT APPLICATION CHECK REVS FOR**	***5 -10***
7.	**PRE-EXISTING APPLICATION**	**5**
8.	**INPUT DATA FOR APPLICATION**	***15-20***
9.	**PRINT AND READ OVER APPLICATION INFO AND SIGNATURE PAGE**	***5-7***
10.	**SUBMIT APPLICATION**	***2***
11.	***GIVE "NEXT STEP" INSTRUCTIONS***	***5***

TASK D: Client education

12.	What the application is used for	3
13.	List of other programs available via VG	3-8
14.	Any eligibility, program requirements, changes etc.	2-10
15.	Contact information in case of changes	2-5

TASK E: Gathering verification documents and submitting to MassHealth

16.	Decide whether applicant can provide documents within time frame necessary	3
17.	Reminder to contact applicant to get documents needed for submission	3
18.	Contact applicant	3-5

TASK F: Follow-up tasks – checking application status, responding to Mass Health requests, revisions, correcting Mass Health errors, tracking down and submitting new information, etc.

19.	Access VG list of suspended applications	5-15
20.	Find contact info for applicant	2-5
21.	Check status of person in REVS	2-5
22.	Provide contact phone for MEC	2

TASK G: Research alternative care options for people not eligible for public insurance programs

23.	Identify needs	3-10
24.	Verify shortcomings of any existing resources	5
25.	Find alternative resources	3-15
26.	Produce application	2
27.	Complete application	3-10

TASK H: Additional follow-up communication/education with client

28.	Client confusion with mail sent after acceptance/denial from program	2-10
29.	Questions about what program might cover	2-10

ADDENDUM 4: Year 3 Specific Data Comparisons

Outcome 1:

There is smaller percentage of total cases taking less than 5 days in year 3, compared to years 1 and 2. This may be related to the increased demand for health care services and the resulting volume of applications being processed at MassHealth. It may be related to a new requirement for federal programs to provide documentation of citizenship and identity with the application and the additional time required for the client to gather the documents. In addition, outreach workers have increasingly used the "suspension" feature for non-urgent applications when a client's verification documentation was not available at the time of submission. Outreach workers reported that this prevented the client's application getting lost in the system and taking even longer to process.

Outcome 2:

Profile	**Baseline**		**Implementation**	
	Steps	**Time**	**Steps**	**Time**
Composite 1 Home visits	**54**	**16h 30m**	**24**	**6h 10m**
Composite 2 Office	**44**	**8h 20m**	**25**	**2h 50m**
Composite 3 Hospital bedside	**N/A**	**N/A**	**27**	**2h 30m**
Composite 4 Community outreach setting	**N/A**	**N/A**	**28**	**2h 10m**

- **The use of technology tools has helped cut the number of steps and the length of time by almost half**. The ***baseline*** composite task analysis for an outreach worker who works with a patient outside the office showed that it could take as many **54 steps and as long as 16 hours** to complete the tasks involved in submitting an application, conducting follow-up work, and researching alternative sources of care and coverage. The ***implementation*** composite task analysis for an outreach worker who works with a patient outside the office for a home visit showed that it takes on average **6 hours and 10 minutes and 24 steps** to complete during Year 3 Implementation. This is consistent with the findings from Year 1 and Year 2 Implementation.

- The ***baseline*** composite task analysis for an outreach worker who meets with clients in his/her office found that it could take as many as **44 steps and as long as 8 hours** to complete the process. The ***implementation*** composite task analysis for an outreach worker who works with a patient in their office indicates that it takes **25 steps** and approximately **2 hours and 50 minutes** to complete. This more streamlined process is typical for most patients where the MBR application is straightforward and the patient is able to bring copies of their verification documents to the appointment.

Outcome 3:

A few challenges to productivity surfaced in the final year of the project. Most notable is the requirement of proof of citizenship and identity for federal programs and the need to obtain additional documentation. This appears to be increasing the number of days it takes to submit an application and receive the first notification from MassHealth. Not all clients have these documents on hand, nor are they easily and quickly acquired from government agencies, particularly if the agencies are out of state.

Consistent with the first two years of the project, a few minor technical glitches also surfaced as equipment is aging. There are occasional instances when the Internet was down or wireless signal was not available in the field, but these have not been insurmountable, as evidenced by the tips suggested by outreach workers. Most have discovered clever approaches to ensure their clients get the healthcare coverage and services they need.