

ENROLLMENT VOLATILITY IN MASSHEALTH: A PROGRESS REPORT

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*Prepared for the
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EXECUTIVE SUMMARY

This report provides a brief update on a 2010 study, *Enrollment and Disenrollment in MassHealth and Commonwealth Care*, which described the consequences of enrollment volatility, quantified its extent in Massachusetts programs, and compared that experience with the experience of other states. It also reported that at the time, Massachusetts was assessing its administrative processes and undertaking activities to improve program retention, data use, and customer service.

Since 2010, MassHealth has developed and implemented a number of procedural and technological improvements to address enrollment volatility. For example, MassHealth has sought to improve enrollment stability by:

- Reducing churn-inducing paperwork for members whose circumstances are unlikely to change significantly, through “Administrative Review”;
- Using data from other public programs rather than repeatedly requiring documentation from a member or applicant, through “Express Lane” renewal and automated verification of income and citizenship; and
- Using technology and workflow improvements for more efficient processing and communication, through MassHealth’s Electronic Document Management system.

According to individuals and organizations that assist MassHealth and Commonwealth Care members in navigating the enrollment system—some of whom provided information for this progress report—MassHealth’s changes have significantly improved the eligibility and enrollment process. However, a variety of issues continue to affect enrollment stability, including:

- **Ease of contacting MassHealth.** Although the average call-waiting time to reach MassHealth Enrollment Center (MEC) staff decreased in the last year, the phone wait times continue to be long.
- **Timeliness of processing.** While MassHealth’s backlog of cases was reduced in the last year and a half, the amount of time it takes to process applications, renewals, and updates is often still a problem.
- **Coordination with other agencies.** Coordination with the Department of Unemployment Assistance for the Medical Security Program and with the Department of Transitional Assistance is challenging.
- **Language barriers.** Notices are written at a high reading level and can be confusing, especially to individuals who do not read English or Spanish.
- **Inconsistencies and mistakes.** At times, MassHealth staff provide inconsistent advice, apply inconsistent standards, or make data entry errors, any of which can cause delays or denials.

In addition to these remaining challenges, the new eligibility and enrollment requirements of the Affordable Care Act (ACA) will significantly affect MassHealth resources, processes, and systems.

Massachusetts expects nearly 200,000 new individuals to enroll in MassHealth or transition from another program as a result of the ACA, which will strain the current outreach and enrollment resources of MassHealth, community-based providers and service organizations, and advocates.

MassHealth has a number of ACA implementation initiatives under way that affect eligibility and enrollment, including the upgrade and redesign of MassHealth's applications and eligibility verification processes into a single, streamlined application process with the Health Connector. This coordination with the Health Connector includes extending MassHealth coverage until the end of the month to eliminate gaps in coverage. Other changes planned include adding new MassHealth Enrollment Center (MEC) staff positions to relieve the current and anticipated heavy work volume due to the ACA, conducting additional data matches to simplify eligibility renewals, and utilizing funding from the Health Connector for outreach activities that could benefit the MassHealth program as well. MassHealth is also in the process of redesigning its notices. If executed as planned, the improvements MassHealth intends—especially the design changes to the application and information exchange—could serve to mitigate many of the challenges identified in this report.

MassHealth has made significant strides in recent years with policy and operational changes that reduce the likelihood of enrollment volatility while still protecting the integrity of the program. The imminent transition to ACA-compliant eligibility systems and programs provides an opportunity for the state to continue to address many of the remaining challenges to reducing volatility. To further MassHealth's efforts, the following specific recommendation areas also address the challenges:

- **Operations.** MassHealth should continue to make improvements in its eligibility and enrollment operations, including seeking funding to hire adequate numbers of staff for the MECs. MassHealth should also consider designating contact persons in the MECs whom outreach workers can contact directly.
- **Policy.** MassHealth should leverage its experience from the streamlined eligibility processes it instituted—Administrative Review and Express Lane renewals—to extend to as many of its members as is feasible the ACA requirements for data matches and renewals using available information.
- **Communication.** MassHealth should continue to refine its notices to ensure that each notice's terminology and reading level, as well as the way the notice appears on paper or a computer screen, is appropriate for all members.
- **Funding.** Massachusetts should consider utilizing available funding for community-based providers and other organizations to assist with outreach support, at least in the early years of ACA implementation.

I. INTRODUCTION

MassHealth provides health insurance coverage to nearly 1.4 million people; Commonwealth Care covers approximately 200,000 more. These programs' eligibility and enrollment processes are made complex by the variety of applicants and members, by the need to ensure that benefits go only to those who are eligible, and by the sheer volume of people entering, leaving, or renewing eligibility for the programs each month. Federal and state administrative requirements for members to renew their eligibility and for applicants to provide documentation sometimes result in gaps in coverage. When someone otherwise eligible loses coverage because an administrative requirement is not completed in time—a phenomenon commonly known as “churn”—barriers to access and detrimental health effects may result. Churn is an issue for most Medicaid and human service programs across the country.

A 2010 study described the consequences of enrollment volatility, quantified its extent in Massachusetts programs, and compared that experience with the experience of other states.¹ It also reported that at the time, Massachusetts was assessing its administrative processes and undertaking activities to improve program retention, data use, and customer service.

This report presents a brief update on the topic of enrollment volatility in the MassHealth and Commonwealth Care programs in Massachusetts. It describes the steps the state has taken to address the issue since the 2010 report and the effectiveness of these measures, as reported by selected individuals and organizations that assist MassHealth and Commonwealth Care members in navigating the enrollment system. The report goes on to identify remaining challenges, which this year include implementing provisions of the Affordable Care Act (ACA). The report concludes with recommendations.

II. METHODOLOGY

The Blue Cross Blue Shield of Massachusetts Foundation (Foundation) funds 13 community organizations through its *Connecting Consumers with Care (Connecting Consumers)* grantmaking program area. A primary goal of *Connecting Consumers* is to help individuals enroll in and maintain access to publicly subsidized health coverage and other assistance—including MassHealth, Commonwealth Care, and the Health Safety Net—using culturally competent outreach and enrollment activities. *Connecting Consumers* grantees submit monthly reports to the Foundation describing their activities, including experiences with their outreach strategies and with state agencies. Grantees also submitted a year-end report in preparation for the second year of their grants. These reports, plus an online survey completed by 12 of the 13 grantees, are the main data sources for this report.

1 Robert Seifert, Garrett Kirk, and Margaret Oakes. “Enrollment and Disenrollment in MassHealth and Commonwealth Care.” Massachusetts Medicaid Policy Institute, April 2010.

The authors supplemented the grantees' reports with structured interviews, to probe more deeply into some of the issues that emerged in the reports. We interviewed representatives from two of the grantee organizations and from two statewide organizations that provide outreach and enrollment assistance. We also interviewed three representatives from MassHealth. A list of the *Connecting Consumers* grantees and the interviewees for this report are listed in the Appendix. We organized and synthesized this material into the report that follows. It is a qualitative account of the state of enrollment volatility in Massachusetts today, from the perspective of a select but well-informed set of individuals.

III. MASSHEALTH IMPROVEMENTS

Improving enrollment processes and program retention has been one of MassHealth's operational priorities for several years. Since 2010, MassHealth has been able to develop and implement a number of procedural and technological improvements to address enrollment volatility, in part supported by a "Maximizing Enrollment" grant from the Robert Wood Johnson Foundation.² MassHealth addressed volatility by reducing churn-inducing paperwork for members whose circumstances are unlikely to change significantly, by using data from other public programs rather than repeatedly requiring documentation from a member or applicant, and by using technology for more efficient processing and communication.

Administrative Review. A major cause of churn is loss of benefits resulting from incomplete or unreturned renewal paperwork. Members who lose benefits in this way often return to programs quickly because their financial, family, and functional circumstances continue to make them otherwise eligible. For a subgroup of MassHealth members with stable circumstances, the requirement to actively renew their eligibility is unlikely to reveal any changes from one year to the next. Therefore, in 2010 MassHealth instituted Administrative Review for about 13,500 elders in nursing facilities. With Administrative Review, members receive a letter from MassHealth stating that their benefits have automatically been renewed and that they are not required to respond to MassHealth unless their circumstances have changed. MassHealth includes an abbreviated eligibility review form with the letter so that members may easily report any changes if necessary. Members meet the criteria for Administrative Review if they have Social Security as their sole source of income and also have Medicare coverage. In 2011, MassHealth extended Administrative Review to approximately 66,000 additional members, including elders living in the community, adults with disabilities, and children with severe disabilities enrolled in the Kaileigh Mulligan program.

Express Lane Renewal. In 2012, Massachusetts implemented an Express Lane renewal process for families enrolled in both MassHealth and the Supplemental Nutrition Assistance Program (SNAP), formerly called Food Stamps, to streamline eligibility renewal. Express Lane renewal is authorized for children by the Children's Health Insurance Program Reauthorization Act of 2009. Massachusetts extended this process to parents and caretaker relatives as part of the research

² <http://www.maxenroll.org/>

and demonstration waiver³ under which most of MassHealth operates. Through a data match with SNAP, MassHealth can automatically renew eligibility for approximately 140,000 members, eliminating the need for these families to complete and return a paper form unless they have changes to report.

Citizenship Verification. Beginning in 2006, federal law required MassHealth applicants and members who stated on their applications that they were U.S. citizens to document their citizenship. Initially, this meant providing paper proof in the form of a birth certificate, passport, or other document. As of 2011, MassHealth conducts a data match with the Social Security Administration to verify citizenship.

Electronic Document Management. MassHealth now receives all applicant and member documents through a centralized Electronic Document Management (EDM) system that is accessible by all eligibility workers across MassHealth. Applicants and members submit their documents through a central fax number or to a designated mailing address, and MassHealth scans and indexes the documents into the EDM. Cases are assigned to MassHealth's eligibility workers as the cases come in, regardless of location. This workflow solution can help to alleviate work backlogs that may occur in individual enrollment centers. MassHealth reports that its overall backlog of cases was reduced by 60 percent over the past year and a half.

With EDM, documents are easier to locate and retrieve for processing and customer service. Importantly, entry of a document into the EDM system “stops the clock” for an applicant or member to meet a request for forms or verification; the clock doesn't start again until that document has been fully processed. This policy neutralizes the impact of delayed processing that previously resulted in churn. And MassHealth posts the dates it has received and processed documents on the “My Account Page” (MAP) of the Virtual Gateway, so that applicants, members, and outreach and enrollment workers can easily confirm that MassHealth received a document and see whether it has been processed.

MassHealth also improved its phone routing system so that callers reach the first available eligibility worker at any of the MassHealth Enrollment Centers (MECs). MassHealth reports that the EDM system has enabled the MECs to handle 40 percent more phone calls, and that the average call waiting time has been reduced 50 percent in the past year. In December 2012,

- The average time on hold before a call was answered by MEC staff was 20 minutes;
- 33 percent of all calls were abandoned by the caller, down from 49 percent in July 2012; and
- 8.7 percent of callers received a message to call back later, down from 24 percent in July 2012.⁴

The MassHealth telephone system also allows callers in certain circumstances to request expedited treatment through the Customer Service Center without having to wait to get through to the MEC.

³ This waiver is sometimes referred to as the “Section 1115 Waiver.”

⁴ A MassHealth representative provided this data at a January 11, 2013, advocates' meeting. Reported by Vicky Pulos, Massachusetts Law Reform Institute.

Job Update Form. In September 2010, MassHealth discontinued sending its job update form to a member every time a data match with the Department of Revenue (DOR) showed a change in income. This practice had been the cause of a great deal of administrative churn, as many members who lost coverage as a result of incomplete or unreturned job update forms were quickly reinstated. In the interest of program integrity, MassHealth resumed using the form in late 2012, but only for members for whom the DOR match signifies a likely change in circumstances that may affect the member's eligibility.

IV. RESULTS OF SURVEY, REPORTS, AND INTERVIEWS

Overall, the *Connecting Consumers* grantees and other interviewees (hereafter referred to as “respondents”) indicated that the MassHealth changes described in Section II have significantly improved the eligibility and enrollment process and may have had some impact on churn. A variety of issues remain, however. Ease of contacting MassHealth, the timeliness and consistency of action and information, coordination with other agencies, language barriers, inconsistencies and mistakes, and overall system complexity continue to affect enrollment stability. This section summarizes respondents' views on improvements and remaining challenges.

Administrative Review and Other Simplification / Streamlining. Several respondents indicated that the Administrative Review process has been beneficial in eliminating the need for certain members to complete and submit review forms, thereby reducing churn. In addition, some respondents recognized the following MassHealth improvements related to simplification or streamlining:

- The Express Lane renewal option through the data match with SNAP;
- Data matches for citizenship verification, including the elimination of the requirement to submit a birth certificate if the applicant was born in Massachusetts; and
- The elimination of the job update form for certain members.

Electronic Document Management. Before MassHealth fully implemented its Electronic Document Management (EDM) system, most respondents indicated difficulty with submitting documents to the MECs; since EDM was implemented, fewer respondents reported this problem. In fact, several respondents indicated that the centralized faxing system and the scanning of documents into the EDM was a valuable improvement to ensure receipt and processing of documents by the MECs. One respondent stated, “It seems that the scanning of mail / faxes to the MECs is helping the accuracy of the data and assistance with phone call queries.” Some respondents pointed out that it is helpful that MassHealth will now accept signed documents by fax rather than requiring the original.

Contacting MassHealth. Respondents provided a mix of observations about the wait times for reaching MEC staff by phone to resolve questions for individual members. Some respondents reported that they now find it easier to reach the MECs and the phone wait time is shorter. However, other respondents indicated that they continue to encounter lengthy wait times. Despite

the difficulties in reaching the MECs by phone, many respondents indicated that once contacted, MassHealth staff were often very helpful in providing guidance or resolving problems with one or more individual cases. Although respondents reported that at times, MEC staff members gave inconsistent advice or needed to refer a problem to a supervisor (which might cause a delay), respondents provided numerous anecdotal accounts of members obtaining coverage and getting access to care with the help of MEC or Central Processing Unit (CPU) staff.

Processing Delays. While some respondents reported quicker MassHealth processing of applications, renewals, and updates, other respondents indicated that delays in processing are still a problem.⁵ Members are now better protected from termination of benefits caused by processing delays because a member's submission of documents through the EDM "stops the clock" with regard to the required time frames. In addition, several respondents indicated that for expedited or priority reviews requested by a grantee, MassHealth staff response time is very good.

Some respondents reported that MassHealth continued to request information or supporting documents that were not relevant to the member or were already submitted, causing unnecessary delays. The types of requested information included income or asset verification, the assignment of third party recovery form, and the "Absent Parent" form.

Virtual Gateway and My Account Page. Most respondents found the improved functionality of the Virtual Gateway (Gateway) and My Account Page (MAP) to be valuable. Respondents indicated that the Gateway and MAP provide an easier and faster method for applying online and checking the status of a member's application, renewal, and supporting documents submitted to MassHealth. Several respondents indicated that the improved Gateway and MAP functionality eliminates the need to call MassHealth as frequently. Two respondents indicated that members are likewise impressed with the Gateway and MAP, with one stating, "Members are always amazed that the process is so easy and painless using the Gateway and other computer-based programs, as they have tried to navigate the paperwork themselves."

In contrast, other respondents reported that at times, important information in a member's MAP, such as the status of a member's application or renewal, was not current. Also, several respondents reported being unable to access a member's MAP even though the member had submitted the "Permission to Share Information" form to MassHealth.

Coordination with Other Agencies and Programs. Several grantees reported that they experienced difficulties with coordinating assistance for a member's application if the application had originally been submitted through the Department of Transitional Assistance (DTA). Some respondents reported that this lack of coordination between agencies particularly affected refugees who were eligible for MassHealth through DTA.

Numerous respondents reported difficulties and continued churn related to the Department of Unemployment Assistance's (DUA) Medical Security Program (MSP) for unemployment insurance recipients. Respondents indicated that unemployed applicants often lacked information about the MSP and needed assistance to understand the eligibility requirements and process for MSP or

⁵ As of March 15, 2013, the auto-attendant on the MassHealth telephone system reported that the average processing time for a new application was 25 calendar days from receipt and the average processing time for a review form or other verification for existing members was 38 calendar days. Reported by Vicky Pulos, Massachusetts Law Reform Institute.

for transitioning between Commonwealth Care and MSP. Although the Governor's FY14 proposed budget calls for the end of MSP in late 2013 in anticipation of the implementation of the ACA, there may be challenges for DUA and MassHealth to coordinate and share member information while MSP still exists.

Notices and Language Barriers. Many respondents indicated continuing problems with the content and format of MassHealth notices, including that the notices were confusing, the reading level was too high, and the notices included too many technical terms. Another common observation was that important information, such as enrollment instructions or premium information, was often "buried" in the middle of a lengthy document and, as a result, was not communicated effectively. Other respondents indicated that many members faced a language barrier to understanding the notices if they did not read English or Spanish.

In addition to the language barriers associated with MassHealth notices, multiple respondents reported other language barriers in the eligibility and enrollment process, including the need for better access to interpreter services and the need for interpretation during phone calls for primary-care provider selection and health plan selection. Although MassHealth makes available a phone interpreter service for members who do not speak English or Spanish, some respondents indicated difficulties with utilizing this service when needed.

Inconsistencies and Errors. Some respondents reported inconsistency in MassHealth's guidance or the standards it applied, which could cause delays or denials. Respondents cited specific instances of inconsistency in areas such as documentation requirements and whether it was necessary for individual applicants to complete particular forms or parts of the application.

Multiple respondents reported problems with MassHealth data entry errors in processing a member's application or renewal, including mistakes in entering information in the MAP and in calculating a member's income. Correcting errors requires considerable time and effort and in some cases may even require members to file an appeal.

System Complexity. While several respondents commented on improved eligibility rules under which more children and immigrants were eligible for benefits, other respondents reported difficulty with meeting documentation requirements for certain types of members, including persons who are homeless.

Navigation Assistance. Several respondents indicated that providing assistance to members and applicants in navigating the enrollment system is essential, that this task is falling more and more to Community Health Centers (CHCs), community-based organizations, and advocacy organizations, and that the capacity to fulfill this navigation function is limited by funding.

V. FUTURE CHALLENGES DUE TO IMPLEMENTATION OF THE AFFORDABLE CARE ACT

The Affordable Care Act (ACA) will have a significant impact on MassHealth eligibility and enrollment resources, processes, and systems. A number of ACA provisions are aimed at promoting enrollment stability and smooth transitions between programs. Massachusetts expects nearly 200,000 new individuals to enroll in MassHealth as a result of the ACA, many of whom will transition from Commonwealth Care, the Health Safety Net, or the Medical Security Program. The new enrollments will strain the current outreach and enrollment resources of MassHealth, community-based providers and service organizations, and advocates. To address the ACA requirements and anticipated changes that will result from the ACA, MassHealth has a number of initiatives under way that affect eligibility and enrollment.

ACA Requirements. The ACA requires Massachusetts to make certain changes to its Medicaid eligibility and enrollment systems by January 1, 2014, including changes to the eligibility categories and to financial eligibility determinations that will use a Modified Adjusted Gross Income (MAGI) methodology. Some of the specific requirements related to the application, enrollment, and renewal process include:

- A single streamlined application across programs;
- The use of electronic data matches to the maximum extent possible, and the acceptance of self-attestation for certain Medicaid eligibility criteria;
- A renewal process based on information available to MassHealth or the use of renewal forms that are pre-populated with information available to MassHealth;
- A reconsideration process for renewals that were submitted within a reasonable period after coverage terminated; and
- Coordination of eligibility determination and enrollment between MassHealth and the Health Connector.

The state's implementation of these new ACA requirements will oblige MassHealth staff, providers, advocates, and consumers to learn and adapt to a variety of changes in the eligibility and enrollment processes and systems. Several respondents anticipate a high level of confusion during the initial period of implementing the new requirements, with one noting that the ACA will bring "so many changes to a system that is already burdened." To mitigate the confusion and burden on providers, advocates, and consumers, several respondents recommended that the state provide funding for additional outreach and enrollment staff and provide additional training, especially in the new financial eligibility rules. Many respondents indicated that quarterly MassHealth Training Forums are helpful venues for transmitting information and updates.

MassHealth Plans to Implement the ACA. MassHealth is in the process of implementing steps to meet various ACA requirements, including redesign of the applications and information exchange, coverage changes, coordination of processes with the Health Connector, redesign of

notices, new staff positions, training, and navigation assistance. If executed as planned, the improvements MassHealth intends to make—especially the design changes to the application and information exchange—could serve to mitigate many of the churn-related issues that respondents cited in Section III of this report.

- **Application and Exchange Design.** Massachusetts is upgrading its eligibility and enrollment system (the Health Insurance Exchange / Integrated Eligibility System, or HIX-IES) in concert with its implementation of the ACA requirements for MassHealth and the Health Connector. These improvements will result in one “front door”—an integrated Web-based portal for automatically determining an applicant’s eligibility for MassHealth and the subsidized plans offered through the Health Connector. The new system will be linked to federal and state databases so that many applicants’ information can be verified in real time. Renewals and certain notices will also be handled through the HIX-IES. As a new option, people who desire to apply online will be able to do so directly, without the assistance of Virtual Gateway providers.
- **Coverage Changes.** The Governor’s FY14 proposed budget includes an extension of MassHealth coverage to the end of the month in which termination occurs for members transitioning to coverage through the Health Connector, to eliminate gaps in coverage that occur because Health Connector coverage always begins on the first of the month.
- **Application, Eligibility, and Renewal Processes.** MassHealth and the Health Connector are coordinating their application and verification processes to align as much as possible, and the programs plan to engage in outreach efforts to ensure that individuals enroll in a timely manner when transitioning between MassHealth and Health Connector plans.
- **Notice Redesign.** MassHealth is working to revise its notices to make them easier to understand, using simpler language and highlighting important instructions.
- **New Staff Positions.** The Governor’s FY14 proposed budget would increase by \$1.4 million the funds available to hire additional Benefit and Eligibility Review Social Workers for MassHealth’s staff, to accommodate the new enrollees expected pursuant to the ACA and to continue to improve the eligibility determination process, reduce delays, and strengthen program integrity efforts.
- **Training.** MassHealth and the Health Connector continue to offer an ACA and Exchange Learning Series through updates at the quarterly MassHealth Training Forum and will add in-person training opportunities and online meetings on these topics. The Health Connector, in partnership with MassHealth, is planning to provide ACA education to community agencies through the hiring of Health Reform Ambassadors.
- **Navigators and Assistance.** The Health Connector is implementing a Navigator program to conduct outreach and education and to help individuals enroll in coverage under the ACA. Because of the continuity between MassHealth’s and the Health Connector’s coverage programs, including the common application process, these Navigator roles may in effect provide support for the MassHealth program as well.

VI. RECOMMENDATIONS AND CONCLUSION

One of our interviewees praised MassHealth for making “leaps and bounds” in improving eligibility processes and for listening to and acting on feedback from the field. From this individual’s perspective, though, there continues to be a bottleneck in the system that overshadows the recent improvements. Other comments and the grantees’ reports, which detail the challenges described above, largely reflect this view. The following recommendations address those challenges.

Operations. At the most basic level, individual respondents had a number of specific suggestions for improving the process of eligibility determination and redetermination, down to the level of eliminating or modifying a particular form. More general suggestions for operational improvements include:

- Seeking funding to hire additional staff in MECs, to reduce processing delays and phone wait times; and
- Designating contact persons in the MECs whom outreach workers can contact directly.

Policy. The streamlined eligibility processes that MassHealth has instituted—Administrative Review and Express Lane renewals, for example—are popular among respondents and seem effective at reducing both churn and administrative backlogs. Some respondents urged extending these processes to additional groups of MassHealth members, such as the long-term unemployed. Since the ACA requires states to use available data before requesting information from the member, MassHealth should seek to leverage its experience implementing current policies to extend streamlined eligibility processes to additional populations whenever it is feasible.

Communication. Clear communication between MassHealth and its members is essential, particularly entering a period when eligibility rules will be changing significantly and individuals and families may be shifting among different programs. Communication recommendations include some of the operational suggestions described above but also extend to member notices. Improving the clarity of notices—including the terminology and reading level, as well as the way a notice appears on paper or a computer screen—is critical.

Funding. The imminent transition to ACA-compliant eligibility systems and programs will create uncertainty and confusion. Outreach workers anticipate more of their clients asking questions and needing assistance with eligibility processes. Funding for additional staffing of this function in community-based provider and other organizations, at least in the early years of ACA implementation, would be welcome and well used.

MassHealth has made significant strides in recent years with policy and operational changes that reduce the likelihood of enrollment volatility while still protecting the integrity of the program. ACA implementation provides the state with the opportunity to go much further and take advantage of the federal resources and the law’s imperative for streamlining to address many of the remaining challenges.

APPENDIX: *CONNECTING CONSUMERS* GRANTEES AND THE INTERVIEWEES FOR THIS REPORT

BLUE CROSS BLUE SHIELD OF MASSACHUSETTS FOUNDATION'S 2011-13 *CONNECTING CONSUMERS WITH CARE* GRANTEES:

Boston Public Health Commission (Boston)
Brockton Neighborhood Health Center (Brockton)
Caring Health Center (Springfield)
Community Action Committee of Cape Cod & Islands (Hyannis)
Community Health Center of Franklin County (Turners Falls)
Community Health Connections (Fitchburg)
County of Dukes County / Vineyard Health Care Access Program (West Tisbury)
Ecu-Health Care (North Adams)
Family Health Center of Worcester (Worcester)
Hilltown Community Health Centers (Worthington)
Joint Committee for Children's Health Care in Everett (Everett)
Lynn Community Health Center (Lynn)
Whittier Street Health Center (Roxbury)

INTERVIEWEES:

Zakaria Ahmed Gas, Caring Health Center
Kate Bicego, Health Care for All
Amanda Cassel Kraft, MassHealth
Neil Cronin, Massachusetts Law Reform Institute
Judy Fleisher, University of Massachusetts Medical School
Corbin Petro, MassHealth
Vicky Pulos, Massachusetts Law Reform Institute
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