

Health Coverage for Legal Immigrants who lost Commonwealth Care Benefits on August 31 2009

Questions and Answers for Stakeholder meeting on August 31, 2009

Why was CeltiCare chosen?

In the critically short amount of time we had to gather input on solutions for the legal immigrants who lost their Commonwealth Care benefits, CeltiCare stepped forward with the only alternative that offered **comprehensive coverage** to the **entire affected population of 31,000 within the \$40m budget** allotted by the Legislature. We applaud CeltiCare for stepping up to the plate.

The Patrick Administration's highest priority was maintaining our commitment to the promise of health care reform for all legal Massachusetts residents—including these 31,000 legal immigrants who would be disenrolled from CommCare on August 31, 2009.

How much money did the Administration allocate to this plan?

The full \$40m appropriation will go to this coverage.

Who will the CeltiCare plan cover?

All 31,000 legal immigrants who were disenrolled from Commonwealth Care on August 31, 2009 will be covered.

When will members get enrolled?

The program will be available in three phases: Greater Boston on October 1st; the northern and southern parts of the state on November 1st; and the central and western parts of the state on December 1st.

Do people need to enroll in the program or will that happen automatically?

Enrollment will happen automatically. Members will receive notification prior to enrollment with specific details regarding the plan.

How will providers know if a person is enrolled in the new plan?

Systems messages to providers will work the same as they do now for CommCare enrollees.

What should people do for coverage while they are waiting to be enrolled?

Between September 1 and their enrollment date in the new CeltiCare program (ranging from October 1 – December 1), all affected legal immigrants will have access to the Health Safety Net (HSN) or MassHealth Limited. Affected members have already been notified about access to these programs.

What should people do if they have life-threatening medical needs that must be addressed prior to their enrollment in CeltiCare and those services are not covered by the HSN or MassHealth Limited?

Customer Service staff from the Connector, MassHealth and Health Safety Net will be instructed to identify callers who have a severe and imminent health risk that cannot be addressed in the Health Safety Net. We are working on a process to ensure that adequate gap coverage is provided in these cases. Throughout the transition period, we are committed to working with individuals with life-threatening medical needs on a case-by-case basis as needed. We are asking for advocates and providers to help these members access to all available care during this transition.

What about legal immigrants who are not eligible for federal benefits who are newly applying for benefits?

Unfortunately, the \$40m allocated by the Legislature is insufficient to allow additional people into the new plan. We will automatically enroll the 31,000 who were disenrolled from CommCare, but new special status immigrant adults will be directed to the MassHealth Limited and the Health Safety Net.

What provider network will members have access to in the new CeltiCare plan?

The plan uses CeltiCare's existing Massachusetts provider network, including the hospitals and physicians of its largest hospital network, Caritas Christi. Approximately 95% of the affected population resides in CeltiCare's existing service areas. CeltiCare will move quickly to develop additional provider networks. We encourage the provider community to join our collective efforts to ensure comprehensive coverage across the state for this population.

Who will administer this program?

This is not a Commonwealth Care program, but it will be administered by the Health Connector in a similar manner to current CommCare products.

What benefits are covered in the new plan?

The plan covers many of the benefits that people received under Commonwealth Care, including PCP and specialty visits, inpatient and outpatient hospital care, and prescription drugs. A detailed benefit list will be made available soon.

What benefits are not covered in the new plan?

Dental, vision, hospice and skilled nursing care are not covered in the new plan.

What are the co-pays?

We will provide you a detailed list soon, but here is some information that you might be most interested in:

- Office and CHC visits: \$0 for PCP/ \$25 for specialty
- Prescription drugs (1 month supply): \$0 for generic/ \$50 other
- Wellness and family planning: \$0
- Home health care: \$0
- Inpatient care: \$250

Maximum annual out-of-pocket (excluding pharmacy): \$1,000

No pharmacy out-of-pocket limit

What is the outreach strategy?

This week, Secretary Bigby will send a letter to the entire group of 31,000 affected legal immigrants as a follow up to her previous letter. The letter will inform them that we have succeeded in making arrangements with CeltiCare for their ongoing coverage. The letter will indicate that enrollment will occur between October and December and remind people that they can access HSN or MassHealth Limited benefits until they are enrolled in the CeltiCare plan. People will be notified as they are enrolled in CeltiCare and will receive specific information about the plan and its benefits.

Advocates and providers can assist us during this transition by helping people understand that we have found a way to provide them with a significant benefit package that will ensure access to care. We hope that you will help us encourage people to be patient while we finalize the details and ramp up the enrollment activity. If possible, we recommend that people wait to receive additional information from the Connector/CeltiCare unless they have a serious medical need. Information will be sent out as soon as it is available.

The Connector and MassHealth will use existing advocate, outreach, and provider communication channels to get and keep information flowing. Both Connector and MassHealth staffs are committed to working closing with you to ensure a smooth transition for the affected population.

Is this just a temporary solution?

We consider this a foundation for a long-term solution to maintaining critical health services to all legal residents, including legal immigrants. Of course, options will be reevaluated in the preparation of the Fiscal Year 2011 budget.