



Commonwealth of Massachusetts
Executive Office of Health and Human Services



Leveraging The Existing Virtual Gateway Portal For State Health Care Reform Implementation

August 31st, 2010



Agenda



- Background
 - EOHHS
 - Virtual Gateway
 - Health Care Reform (HCR) in Massachusetts
- How the Virtual Gateway had to adapt to support HCR
- How the Virtual Gateway integrates/interacts with the Insurance Exchange
- How the Virtual Gateway helped enable the Commonwealth to support the increased workload of HCR
- Summary
- Questions and Answers



Background



Executive Office of Health and Human Services



- Department of Children and Families
- Department of Developmental Services
- Department of Elder Affairs
- Department of Mental Health
- Department of Public Health
- Department of Transitional Assistance
- Department of Veterans' Services
- Department of Youth Services
- Division of Health Care Finance & Policy
- Massachusetts Commission for the Blind
- Massachusetts Commission for the Deaf and Hard of Hearing
- Massachusetts Rehabilitation Commission
- MassHealth
- Office for Refugees and Immigrants
- Soldiers' Home in Chelsea
- Soldiers' Home in Holyoke





Virtual Gateway



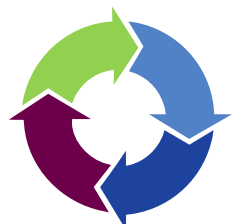
Streamlined Common Application Intake



Improve Access



Decrease Inaccuracies In Determination



Decrease Cycle Time In Determination



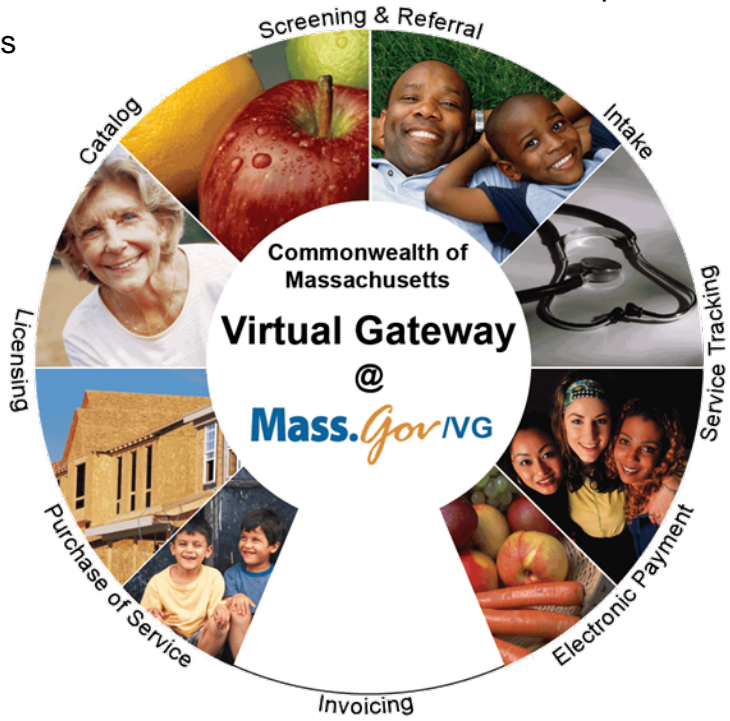
Migrate from Paper to Electronic



Improve Back Office Processes



Minimize Administrative Impact of Health Care Reform Process Migration to MassHealth



Right Services Right Financials

121554 Users
2477 Providers
26 Business Services



Health Care Reform in Massachusetts



**Individuals
& Families**



Young Adults



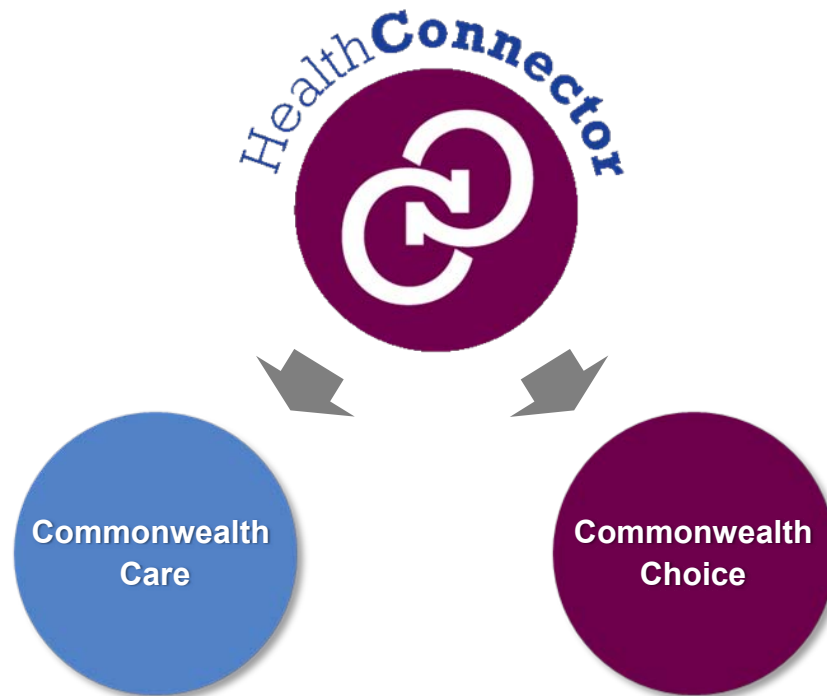
Employees



Employers



Brokers



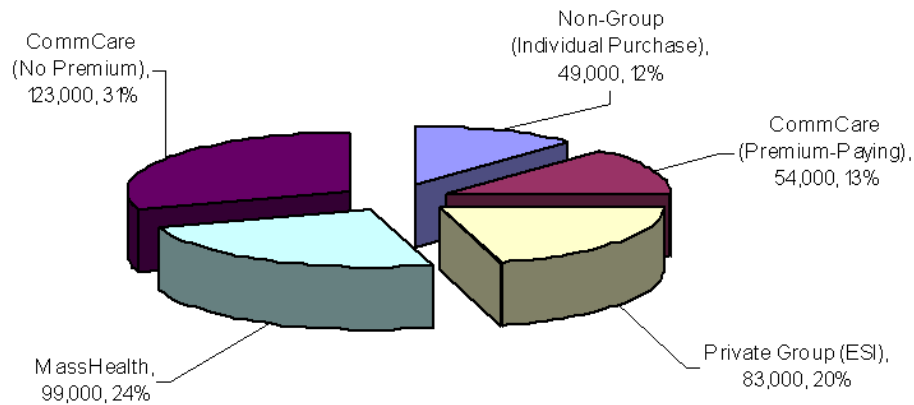


Health Care Reform in Massachusetts — Results

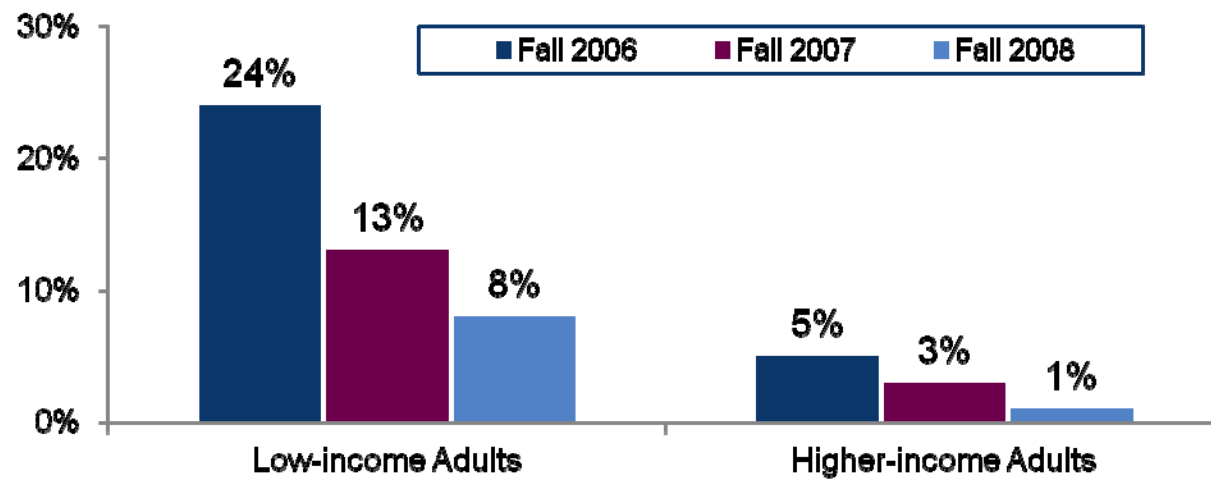


408,000 Newly Insured

June 2006 - June 2009



Drop in uninsurance significant across income strata



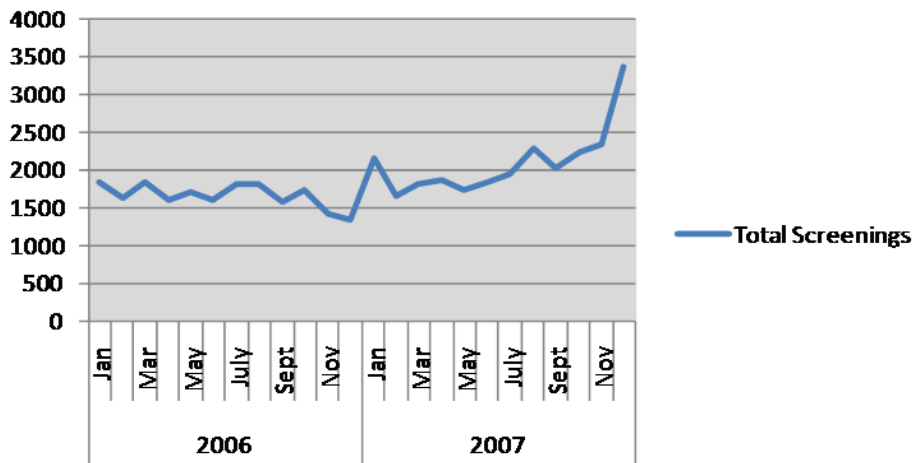
Source: Urban Institute, September 2009



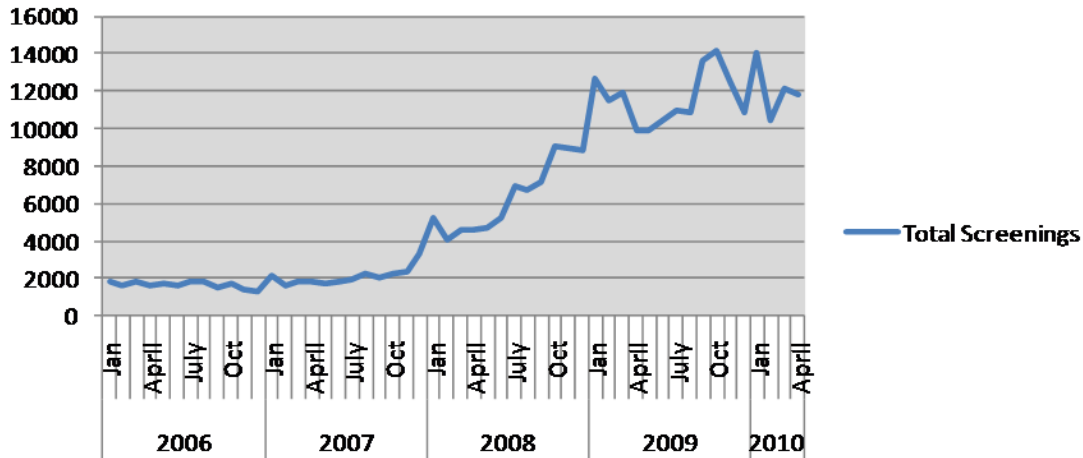
How the Virtual Gateway Adapted



Total Screenings - 2006 to 2007



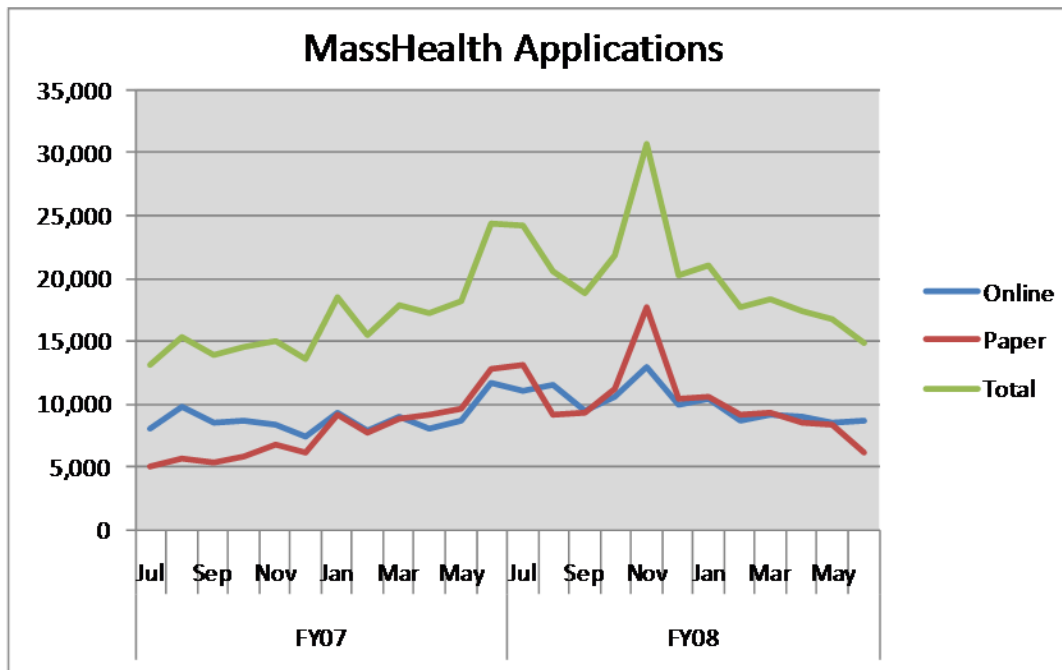
Total Screenings - 2006 to 2010





Common Intake

- Utilized the existing Masshealth application which was available online through Common Intake
- Common Intake was expanded to include additional questions based off the new eligibility rules
- This was minimal work since most data fields such as name, address, and income already existed for other programs



My Account Page (MAP)

- Was piloted in the summer of 2007 and rolled out to over 300 providers by the end of the year
- Additional functionality such as Change Reporting and Renewals has been added since



Advantages

- Quickly adapted to the new environment by utilizing a mature online portal
- Leverage the flexible nature of the Internet to handle an even more complex back end process
- Continue to provide citizens and providers a streamlined single front door (and not confuse them with too many new places to go)

Challenges

- There is a mix of additional stakeholders involved in the Virtual Gateway and the Common Intake application
- A lot of disruption due to the speed at which the changes needed to occur
- Back end processing changes could not occur as quickly as the front end

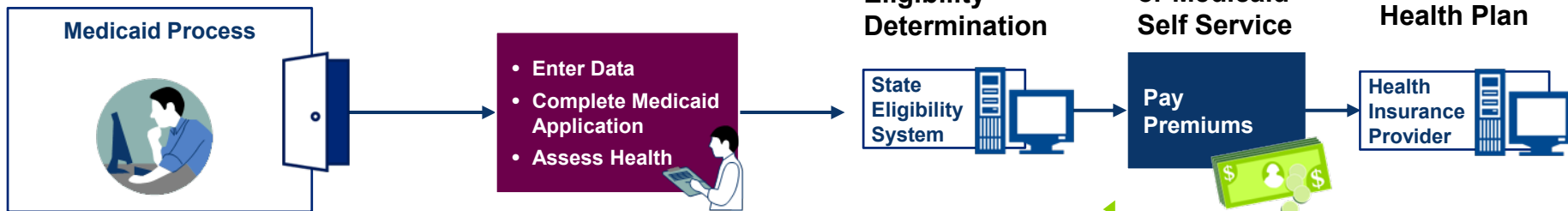


How the Virtual Gateway interacts with the Insurance Exchange



Two-Path Process

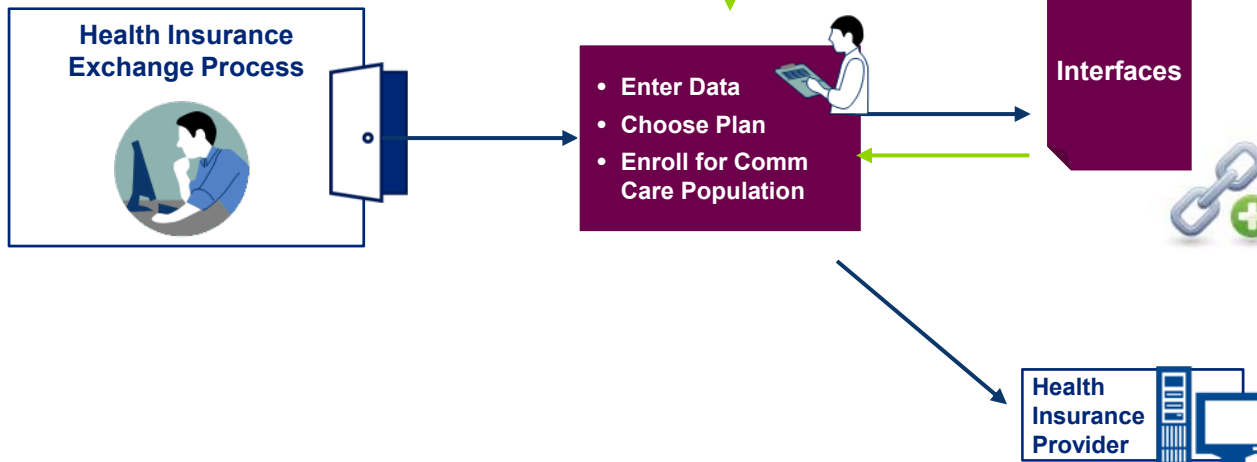
MassHealth — Virtual Gateway



Eligibility Application or Medicaid Self Service

Health Plan

Connector Authority — Health Connector





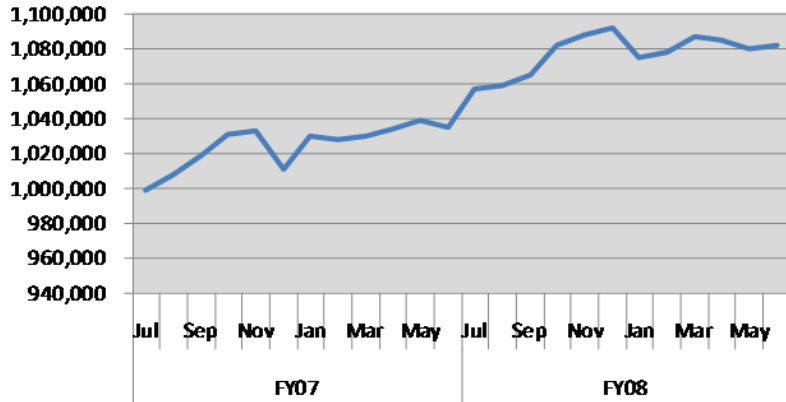
How the Virtual Gateway helped enable
the Commonwealth to support the
increased workload of HCR



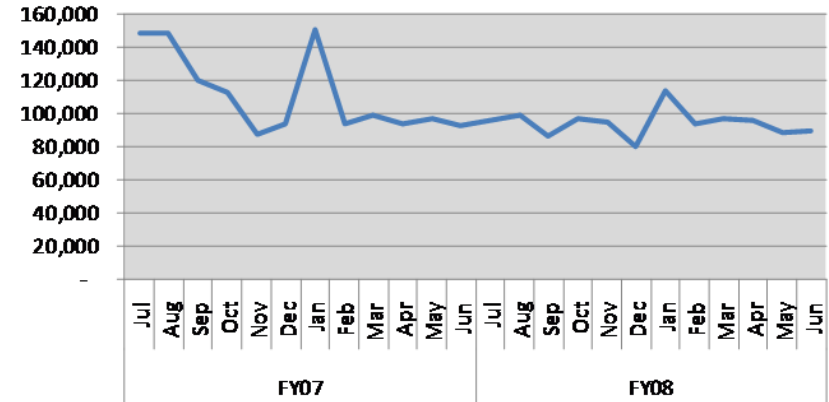
Increased Workload



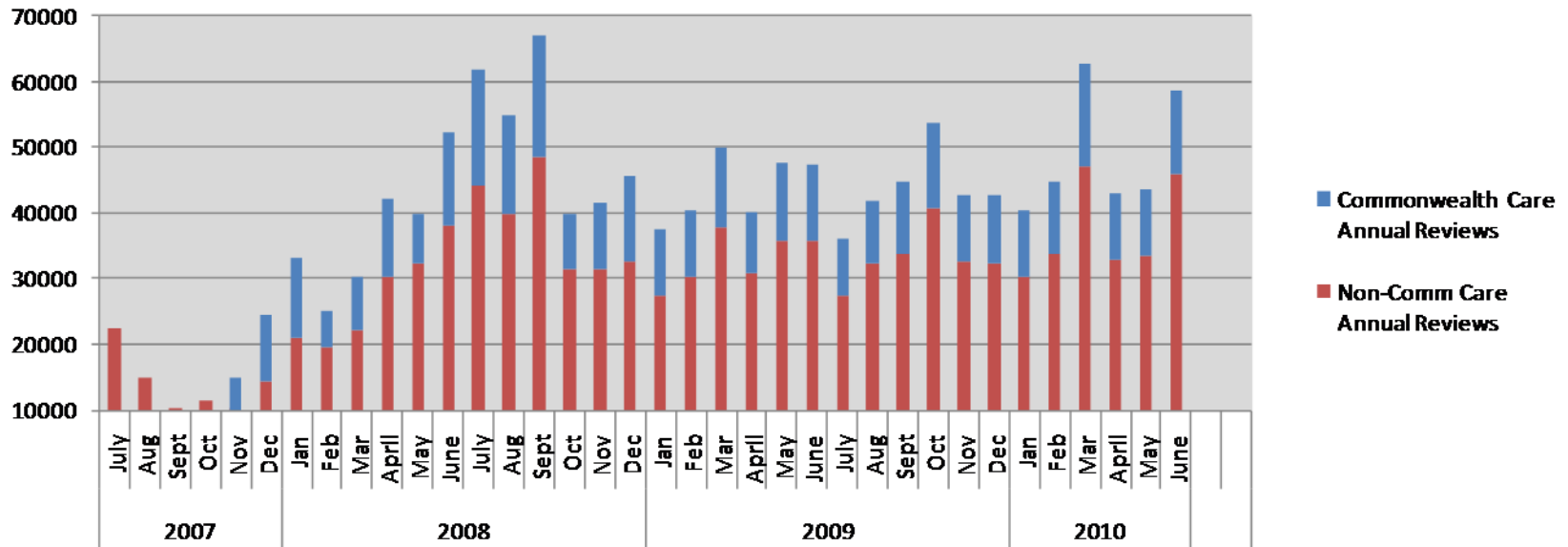
Total Caseload



Received Calls



Total Annual Reviews

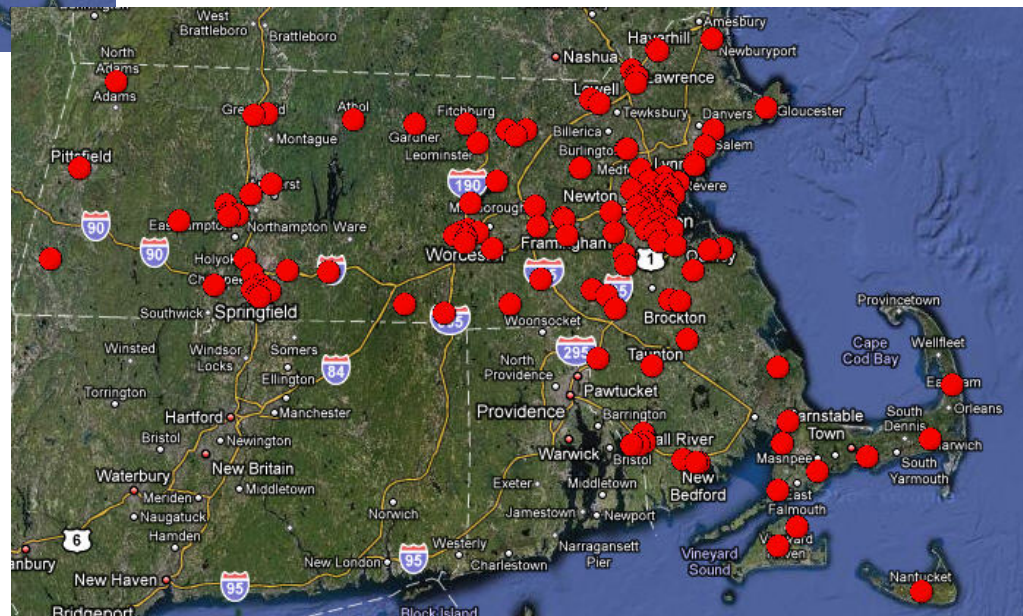
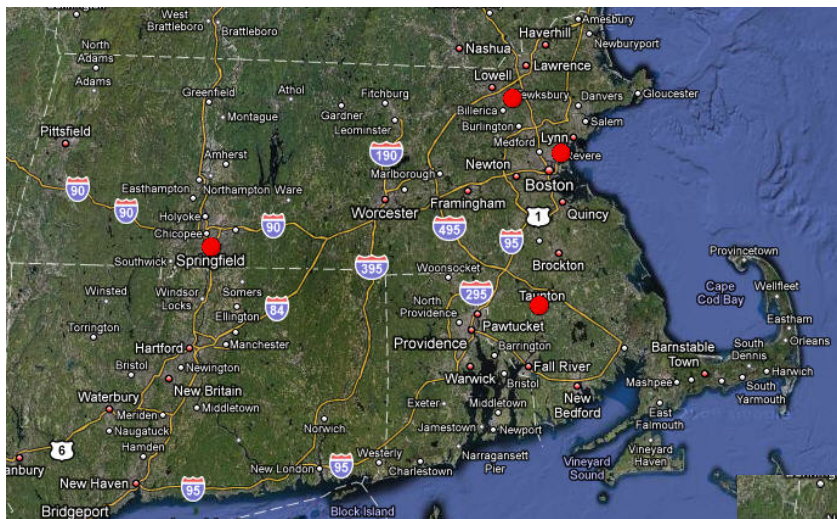




My Account Page (MAP) — Provider Locations



Expansion of Customer Service through the MassHealth Provider Network





Summary



- Massachusetts had a mature web portal in place at the time of HCR implementation which provided a continuous single front door while the organization back end grew more complex
- The portal supports a more dynamic information presentation and collection mechanism to handle a proliferation of “options”
- Provides the worker and user efficiencies needed to survive an influx of new work in a time of shrinking staff and budget
- Lessons learned:
 - Utilize existing portal and fight the desire to have this generate multiple new non-integrated web sites
 - Try to mature the channel now in advance of the influx of workload



Questions and Answers