

Massachusetts Health Insurance Coverage of its Residents

Prepared for the California Assembly Health Committee
December 11, 2017

Paul A. Hattis MD, JD, MPH
Tufts University Medical School

Key Features of MA Efforts to Move Towards More Universal Entitlement

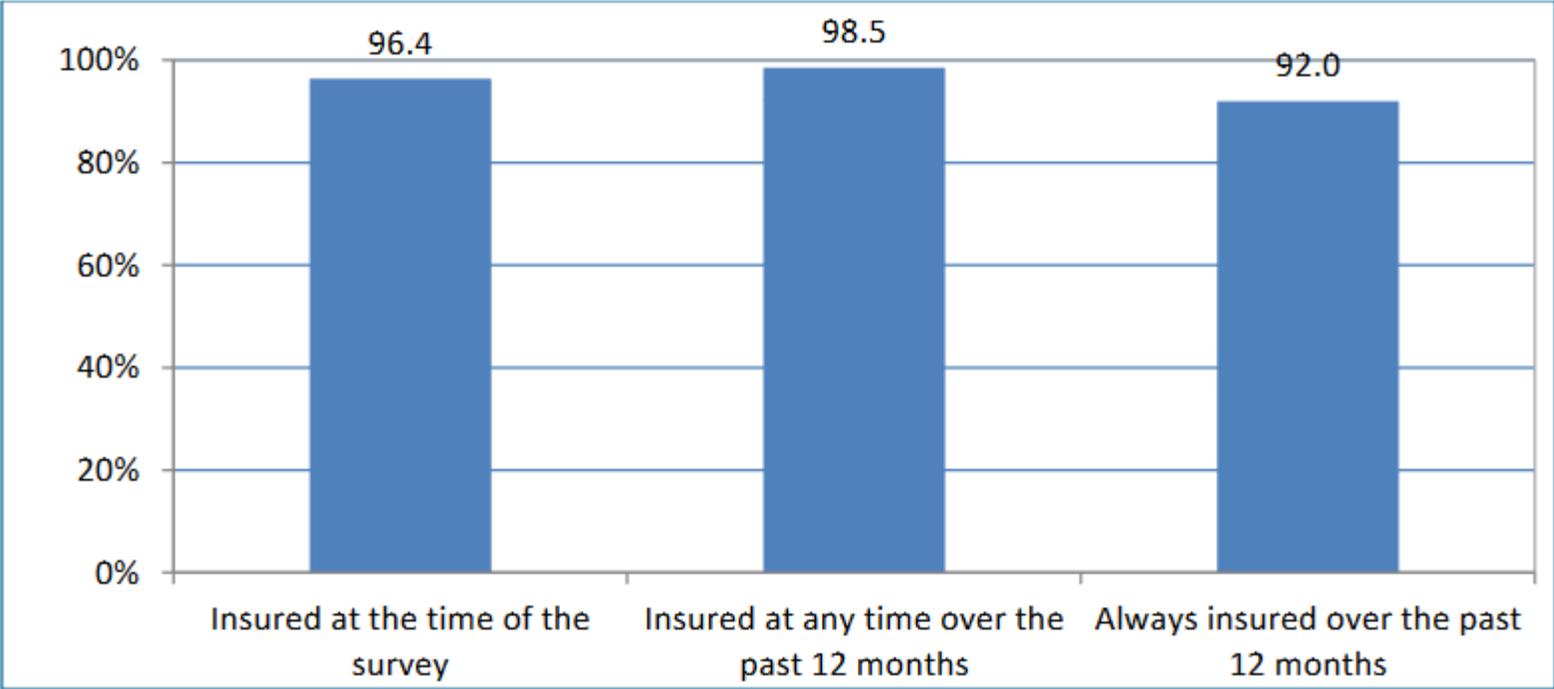
- 1992-96--Massachusetts introduced consumer protections to the individual and small group market, including guaranteed issue and a state version of adjusted community rating rules. But not without some consequences in terms of losing healthier people from the insurance pool as premiums rose.
- 2006: Massachusetts enacted Chapter 58 of the Laws of 2006 (Chapter 58—“Romneycare”), comprehensive reforms that aimed to achieve near-universal health coverage. Key components of Chapter 58 and subsequent amendments included:
 - The creation of the Health Connector, an independent agency that serves as an "exchange" marketplace to assist individuals and small employers in accessing health insurance, as well as subsidies to promote affordable coverage for residents with incomes up to 300% FPL through the Commonwealth Care program.
 - State shared responsibility requirements for individuals and employers—including both an *individual mandate* and modest employer payments if they did not provide coverage.
 - The merger of the individual and small group markets into a single risk pool.

Key Features of MA Efforts to Move Towards More Universal Entitlement since ACA

- 2014: Maintaining its own state exchange, MA created a new program for residents with income up to 300% FPL. That program included a federally-matched “state wrap” via a Medicaid Section 1115 waiver to meet a state affordability schedule that exceeds the federal affordability schedule. Of course, this was accompanied by ACA premium support and cost sharing subsidies.
- Residents between 300-400% FPL are also eligible for premium supports.
- As of July 2017, the Health Connector has over 250,000 enrollees, including nearly 190,000 ConnectorCare enrollees under 300% FPL and nearly 10,000 premium tax credit-only enrollees with incomes between 300-400% FPL.

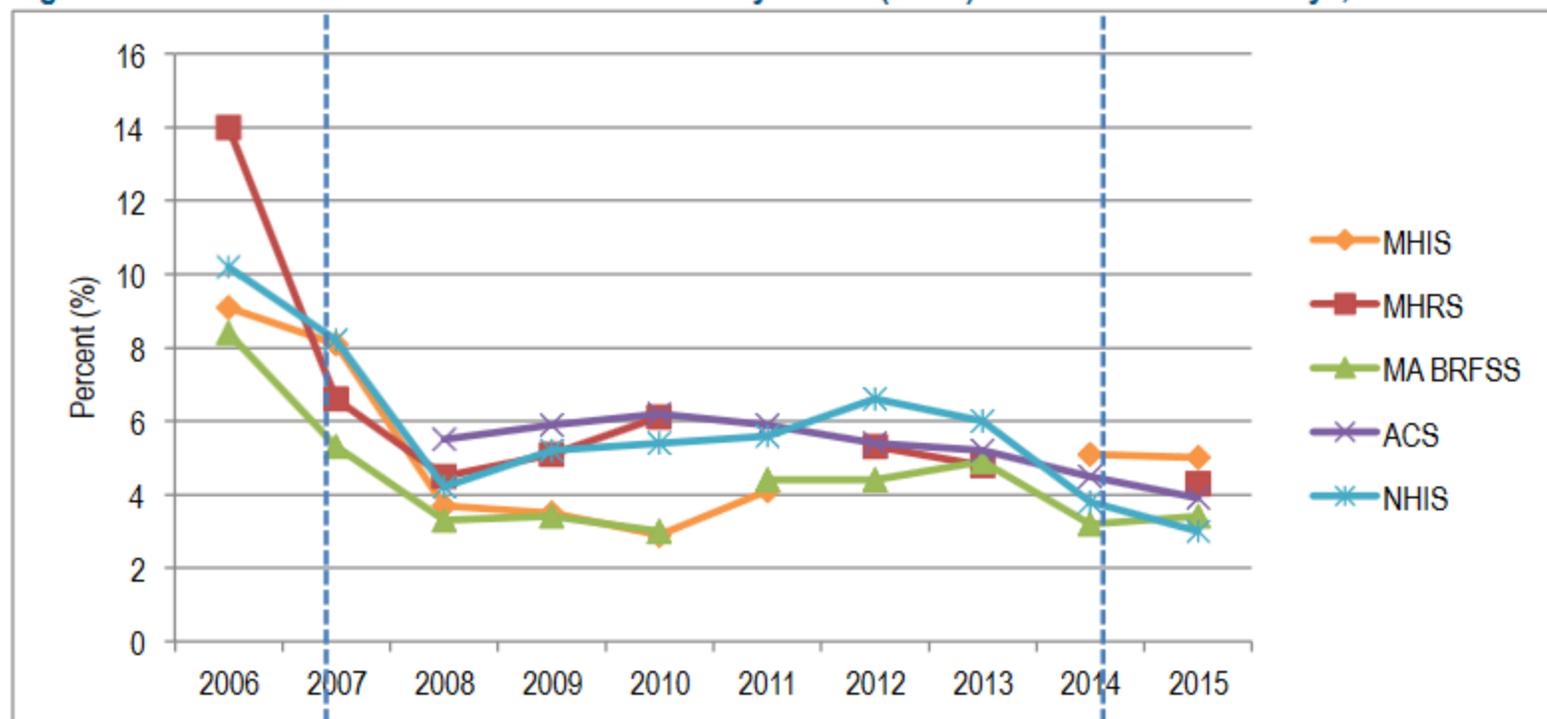
Data from the Massachusetts
Center for Health Information
and Analysis (CHIA)

Figure 2. Health Coverage Status in Massachusetts



Source: CHIA, 2015 Massachusetts Health Insurance Survey

Figure 3: Trend in Uninsurance Rates for Non-Elderly Adults (18-64) Across Selected Surveys, 2006-2015

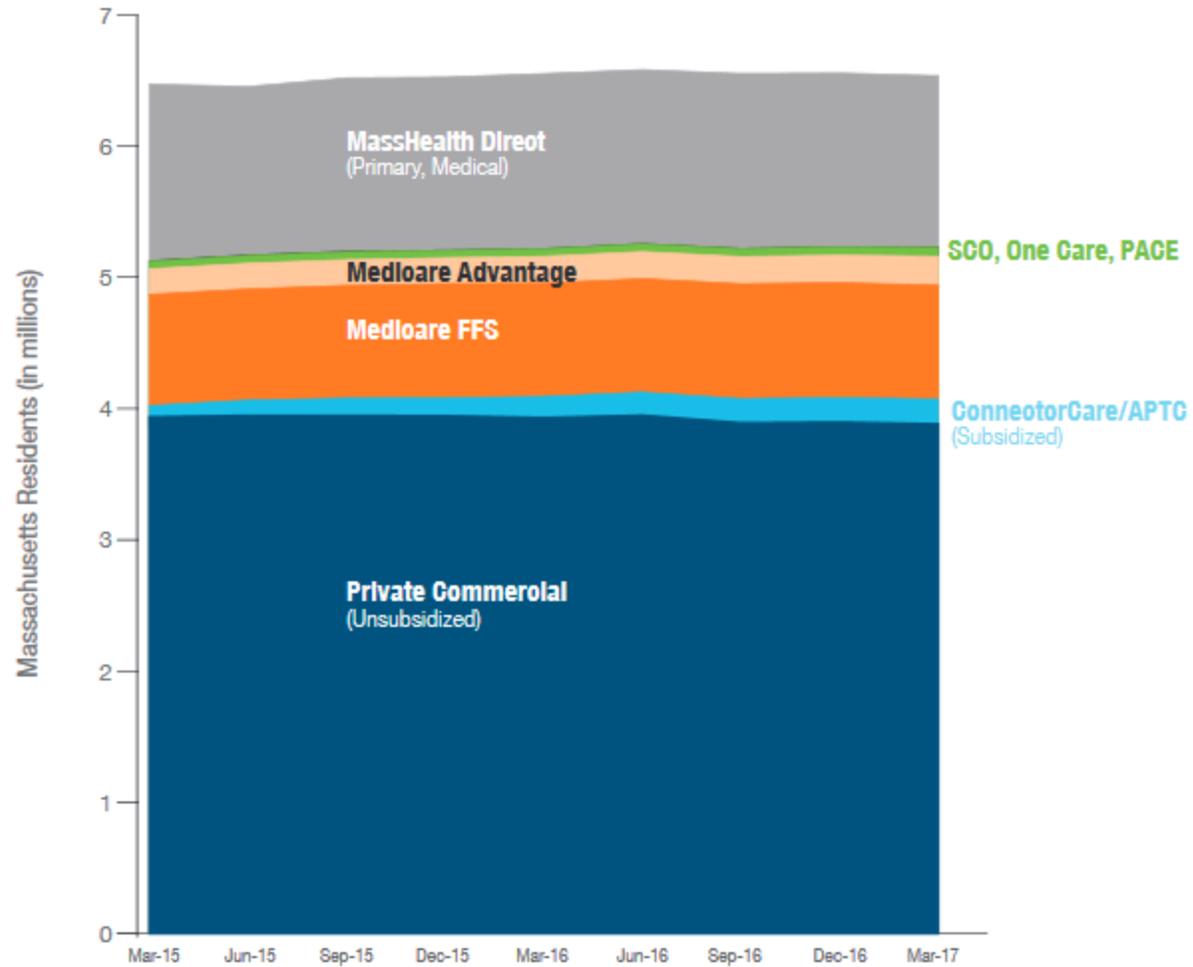


Note: Dashed blue lines highlight periods of health care reform. The 2007 line represents the implementation of Massachusetts health care reform and the 2014 line represents the implementation of national health care reform (ACA). ACS provides annual national and subnational estimates of health insurance coverage back to 2008. Uninsurance estimates for MHIS and MHRs are for the non-elderly adult population ages 19-64 years.

For the 96% of People in
Massachusetts with some sort
of insurance card—their
coverage type

Total Massachusetts Enrollment

March 2015 - March 2017



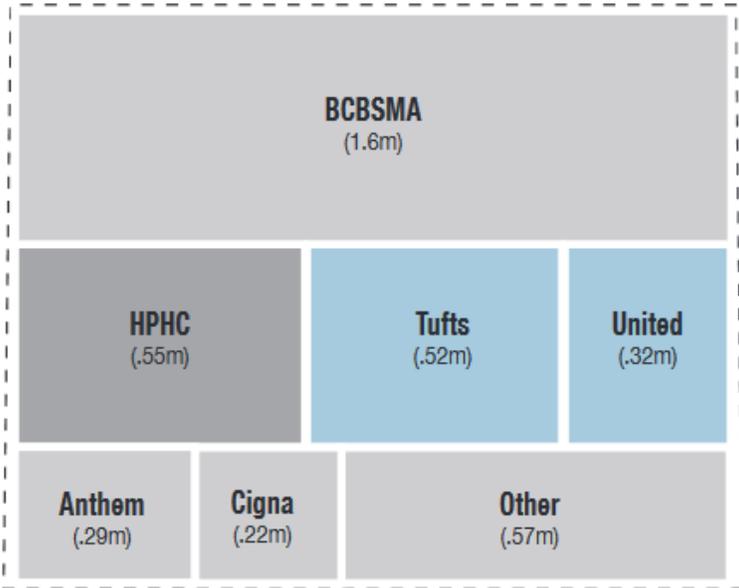
Source: MA APCD, supplemental payer data, Massachusetts Health Connector, CMS

Private Commercial Enrollment

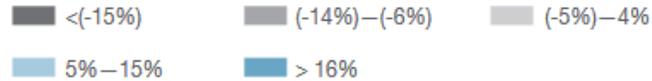
March 2017

4.1 Million Primary, Medical Members (-0.5% Since March 2016)

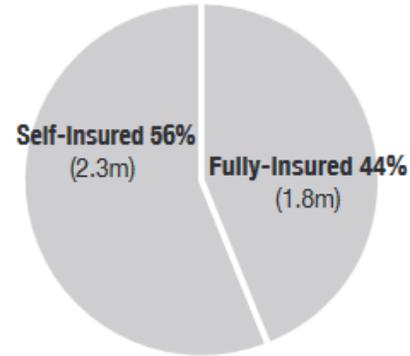
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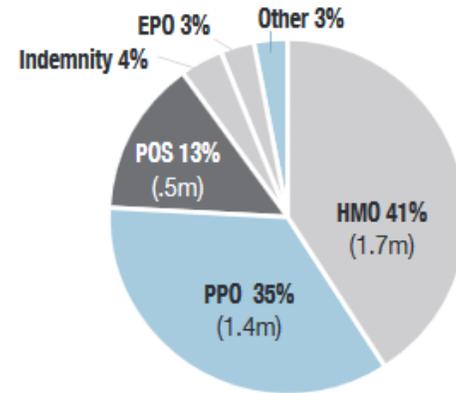
Change Over Past Year



By Funding Type



By Product Type



Source: MA APCD, supplemental payer

Notes: Data for Health Plans Inc. is included under its parent company, Harvard Pilgrim Health Care. Data for Network Health is included under its parent company, Tufts Health Plan. "Other" includes Aetna, Boston Medical Center Healthnet Plan (BMCHP), Celticare, Fallon, Health New England (HNE), Minuteman, and Neighborhood Health Plan (NHP).

Private commercial data includes enrollment in subsidized health plans offered through the Massachusetts Health Connector (ConnectorCare and Advance Premium Tax Credits).

Private Commercial Enrollment by Product Type and Funding Type

March 2017



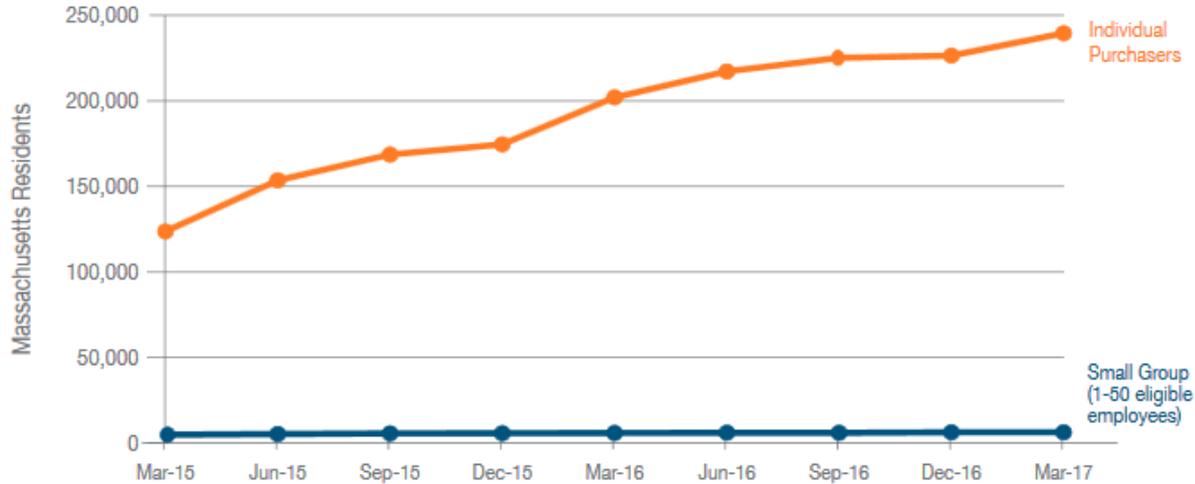
Source: MA APCD, supplemental payer data

Notes: "Other" includes plans that were not identified by another product type shown here.

Private commercial data includes enrollment in subsidized health plans offered through the Massachusetts Health Connector (ConnectorCare and Advance Premium Tax Credits).

Massachusetts Health Connector QHP Enrollment

March 2015 - March 2017



Purohaser and Plan Description	Members		One-Year Change	
	Mar. 2016	Mar. 2017	Absolute	Percentage
Individual Purchasers Total	202,074	239,553	37,479	19%
ConnectorCare (0 - 300% FPL)	153,337	180,354	27,017	18%
QHP with APTC (\leq 400% FPL)	7,671	9,214	1,543	20%
Unsubsidized QHP ($>$ 400% FPL)	41,066	49,985	8,919	22%
Small Group Total	5,994	6,389	395	7%
Massachusetts Health Connector Total	208,068	245,942	37,874	18%

Source: Massachusetts Health Connector

Notes: Member counts are as of the first business day of the corresponding month and exclude prospective membership.

Private commercial data includes enrollment in subsidized health plans offered through the Massachusetts Health Connector (ConnectorCare and Advance Premium Tax Credits).

¹ Percentage of Health Connector individual purchasers.

Figure 3. Massachusetts Health Connector Affordability Schedule for Individuals, CY 2018

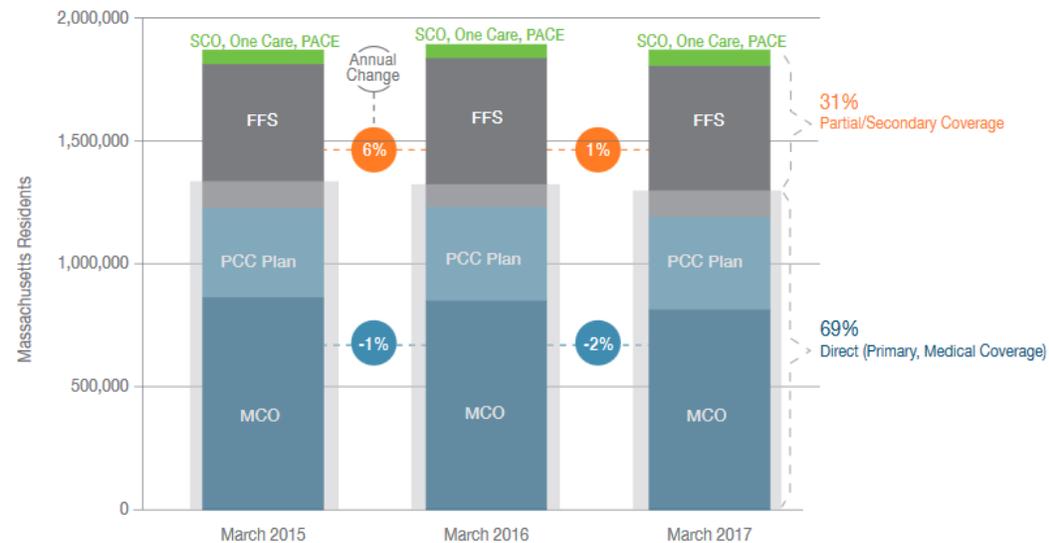
Income Bracket			Monthly Affordability Standard	Monthly Dollar Amount	
% of FPL	Bottom	Top		Bottom	Top
0 - 150%	\$0	\$18,090	0%		
150.1 - 200%	\$18,091	\$24,120	2.90%	\$44	\$58
200.1 - 250%	\$24,121	\$30,150	4.20%	\$84	\$106
250.1 - 300%	\$30,151	\$36,180	5.00%	\$126	\$151
300.1 - 350%	\$36,181	\$42,210	7.45%	\$225	\$262
350.1 - 400%	\$42,211	\$48,240	7.60%	\$267	\$306
Above 400%	\$48,241		8.05%	\$324	

Source: Health Connector Board of Directors, April 2017 (note that similar schedules are set for couples and families)

About 1.9 Million in MassHealth—of which 1.3 Million in Direct and 575,000 get partial/secondary coverage

Total MassHealth Members by Delivery System

March 2015 - March 2017



Source: MA APCD

Notes: MassHealth "Direct" includes only members with primary, medical coverage through MassHealth. Members in SCO, One Care, and PACE are shown under Partial/Secondary because the vast majority have Medicare as the primary insurer. In March 2017, approximately 92% of SCO members and 93% of PACE members also had Medicare. All data was sourced from MassHealth submissions to the MA APCD.

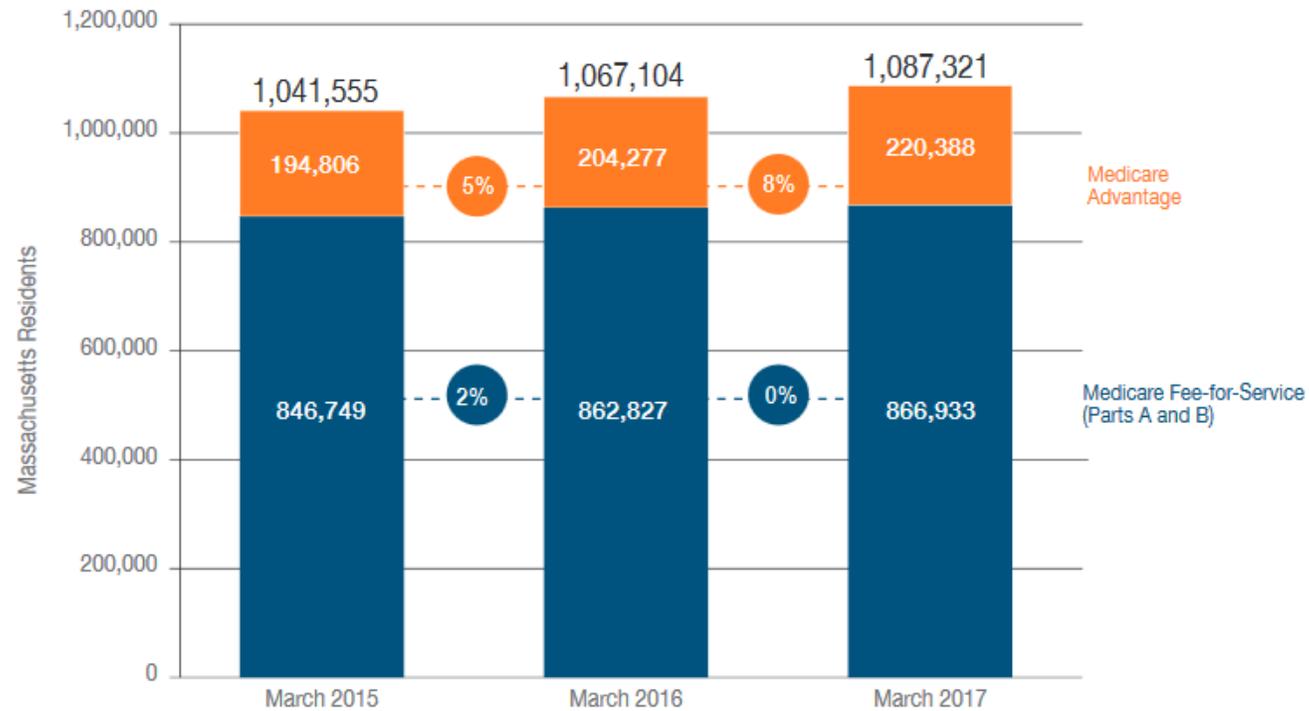
For more information on MassHealth, see CHIA's [MassHealth Baseline Statistics from the MA APCD](#).

The logic used to classify the MassHealth population has changed since the July 2016 Enrollment Trends report. Numbers in this report should not be compared to prior Enrollment Trends reports. See [technical appendix](#) for more information.

Medicare Enrollment by Delivery System

March 2015 - March 2017

1.1 Million Primary, Medical Members (+1.9% Since March 2016)

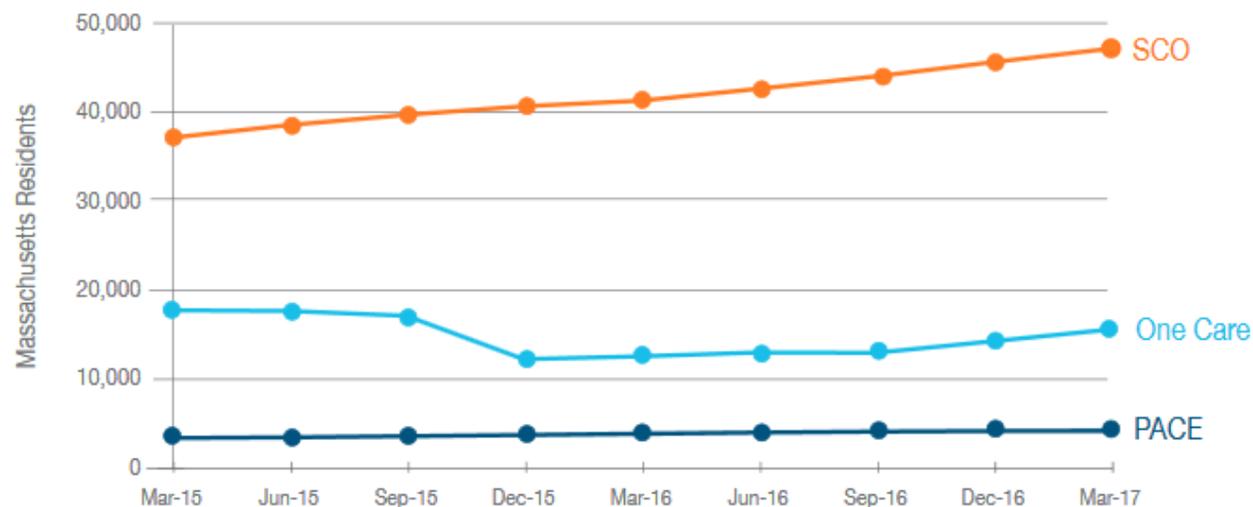


Source: MA APCD, supplemental payer data, CMS

Notes: Medicare Advantage excludes enrollment in SCO, One Care, and PACE, which are reported separately. Medicare FFS includes only beneficiaries with both Part A and Part B coverage. Medicare FFS enrollment includes members who are dually eligible for MassHealth and receiving services through the MassHealth FFS delivery system.

SCO, One Care, and PACE Enrollment

March 2015 - March 2017



Program	Members		One-Year Change	
	Mar. 2016	Mar. 2017	Absolute	Percentage
Senior Care Options (SCO)	41,307	47,154	5,847	14%
One Care	12,581	15,601	3,020	24%
Program of All-inclusive Care for the Elderly (PACE)	3,886	4,228	342	9%
Total	53,888	62,755	8,867	16%

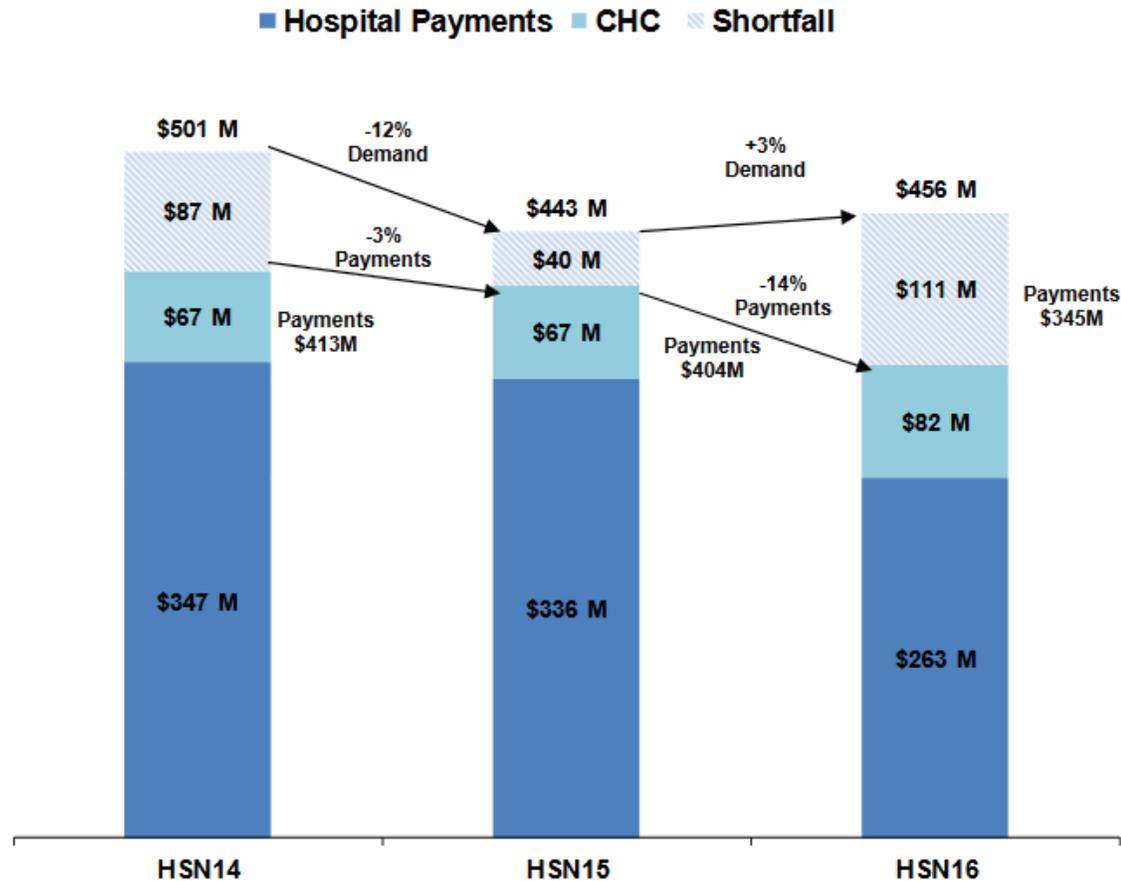
Source: MA APCD

Notes: Fallon Total Care ended its participation in One Care as of September 30, 2016; it served members in Hampden, Hampshire, and Worcester counties. One Care auto-assignments occurred on 1/1/2014, 4/1/2014, 7/1/2014, 11/1/2014, 1/1/2016, 5/1/2016, 10/1/2016, and 1/1/2017. Rounds 4, 5 and 6 consisted only of auto-assignments to Tufts Health Unify. Round 7 consisted only of auto-assignments to CCA. CCA accepted limited enrollments for January 1 and May 1 in 2016, and in May 2016 fully reopened to new enrollments for June 1, 2016 and later dates. As of March 2017, 92% of SCO members and 93% of PACE members also had Medicare.

Health Safety Net Trust Fund (formerly Free Care Pool) for MA Residents

- The Health Safety Net (HSN) is available to uninsured and underinsured Massachusetts residents whose family income is under a certain percentage of the Federal Poverty Level (FPL):
 - Massachusetts residents with income between 0-150% of the FPL may be eligible for the Health Safety Net.
 - Massachusetts residents with income above 150% and equal to, or less than 300% FPL may be eligible for the Health Safety Net with a deductible.
- The HSN can act as a secondary payer for eligible individuals enrolled in:
 - private insurance,
 - student health insurance,
 - Medicare,
 - certain MassHealth programs,
 - Qualified Health Plan, or
 - ConnectorCare (for the first 90 days)
- Care is obtained either at hospitals or at community health centers.
- One-fifth of beneficiaries are elderly, many of whom have Medicare but cannot afford to pay the deductibles or co-pays. *Other beneficiaries are immigrants who are ineligible for coverage, because they are undocumented or are waiting for asylum or other legal status.* Some are family members of workers whose employer offers insurance, but for whom the cost of a family policy is prohibitive.
- Baker Administration claim 170,000 people whose care was paid for by the Health Safety Net are eligible for ConnectorCare, but 100,000 of them have not enrolled, and wants them to do so. Also, Baker administration is trying to broaden the group who must pay a deductible when they use the HSN for care.

HSN Total Demand and Payment Trends



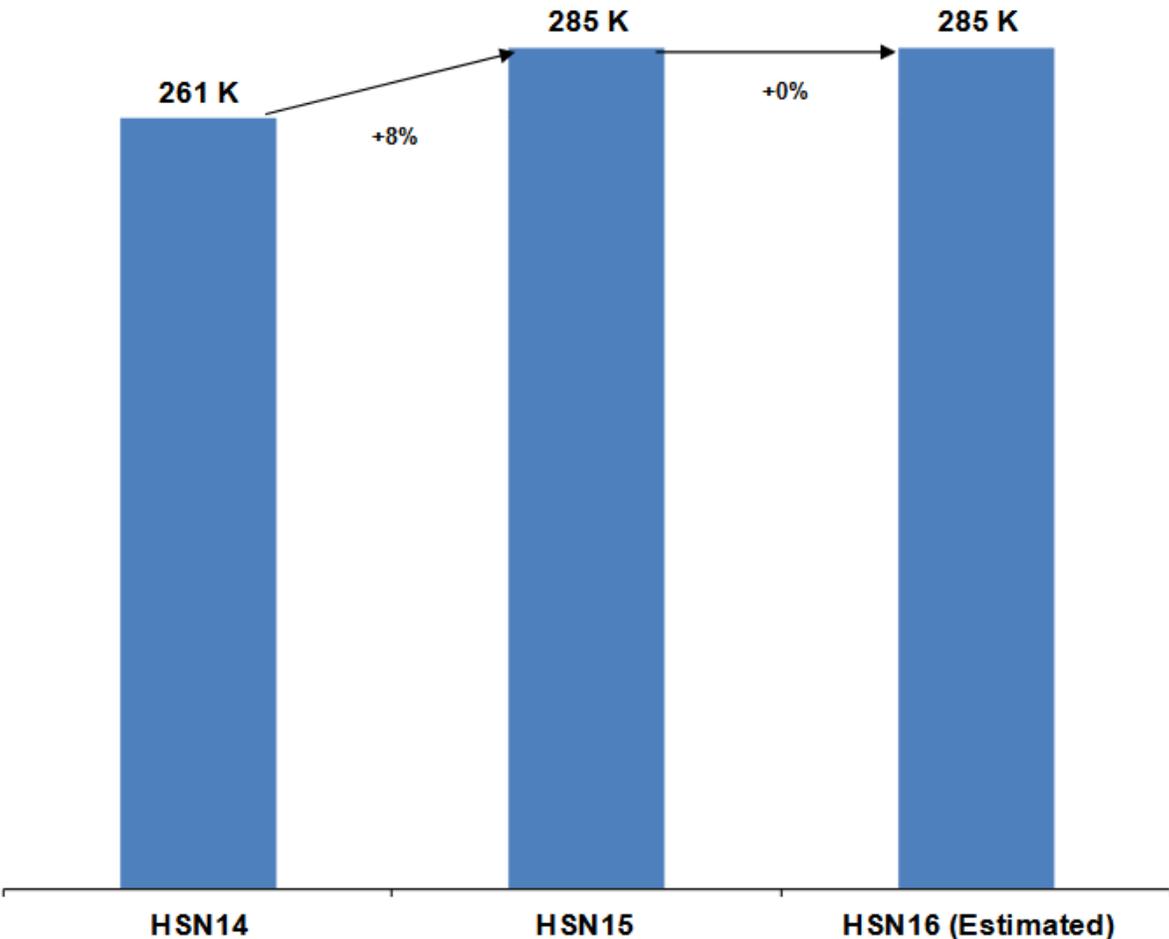
Demand represents the amount that providers would have been paid in the absence of a funding shortfall.

Health Safety Net fiscal year 2016 (HSN16) demand exceeded HSN16 funding. Hospital providers experienced a \$111 million shortfall during HSN16.

Notes: The Health Safety Net fiscal year runs from October 1 through September 30 of the following year. Hospital and community health center payments are reported in the month in which payment was made. The shortfall amount is based on spending assumptions in place during the fiscal year and may differ from year-end shortfall estimates reported elsewhere. Data reflect payment and projected demand levels as of the end of each fiscal year and exclude adjustments made after the end of the fiscal year. Numbers are rounded to the nearest million and may not sum due to rounding; percent changes are calculated prior to rounding.
 Source: Health Safety Net Payment Calculation as of 10/26/16.



HSN Total User Trends



The Health Safety Net (HSN) estimates it will have made payments for medical and dental services provided to 285,000 individuals in HSN16.

The total number of HSN16 patients is estimated based on current claims data and historical claims experience.

A portion of claims for HSN16 dates of service have not yet been submitted. These claims may represent unique patients that are not included in these figures.

Notes: The Health Safety Net fiscal year runs from October 1 through September 30 of the following year. Users who receive a service in more than one setting (hospital, community health center) or from more than one payment type (low income patient, emergency bad debt) are counted only once. Due to claim lag there may be unique users not yet accounted for. Users are reported on claims for which payments were made to hospital and community health center providers based on date of service. Numbers are rounded to the nearest thousand; percent changes are calculated prior to rounding. Source: Health Safety Net Data Warehouse as of 11/3/2016.

