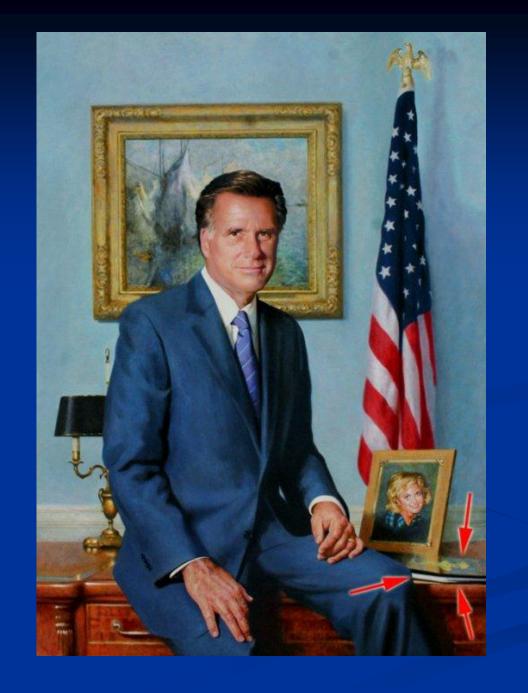
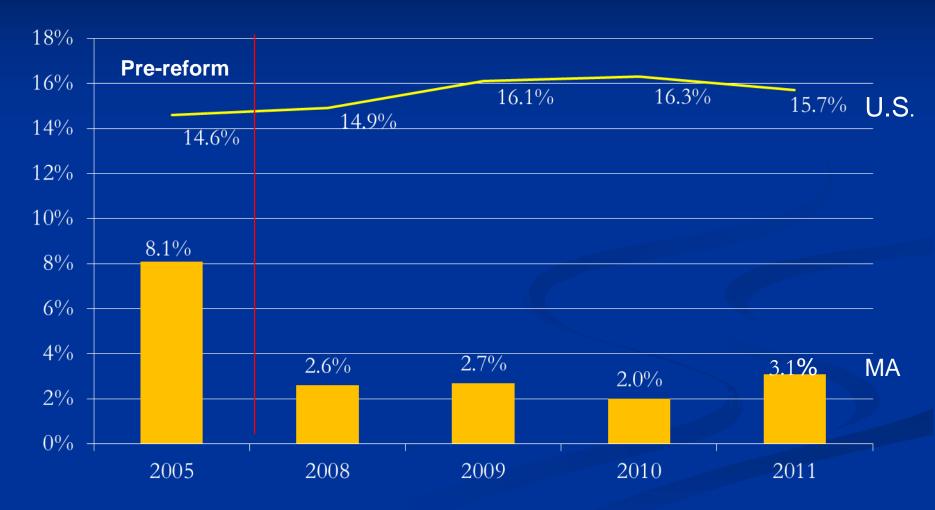
#### Implementing the Affordable Care Act: Some Lessons from Massachusetts



Nancy Turnbull
Harvard School of Public Health
February 2013



### Results of Health Reform in Massachusetts: Lowest Rate of Uninsurance in the Country



Source: Massachusetts Division of Health Care Finance and Policy, 2008-2011 Household Insurance survey; US Census Bureau CPS, Urban Institute 2007 study for BCBSMAF

## Comparison of Massachusetts and US Health Care Reform Laws

	Massachusetts	US
Public Coverage for the Poor		$\sqrt{}$
Subsidized Coverage for moderate income		$\sqrt{}$
Reforms to private insurance market		
Health Insurance Exchange	$\sqrt{}$	
Individuals must buy insurance		
Employers must provide or pay penalties	√	4

### Three major groups of uninsured

- Poot (31% of MA uninsured in 2005 <100% federal poverty)
  - Cannot afford to contribute anything to insurance
  - Most not eligible for existing public programs
  - Some are eligible for public programs but not signed up
- Lower income (50% of MA uninsured 101-300% FPL)
  - Need subsidies to help pay for insurance
  - Most of them are employed but not offered or not eligible for employer coverage so need new lower-cost insurance options
- Higher income (11% of MA uninsured 301-500% FPL; 8%>500% FPL)
  - Coverage may not be affordable because of age or other family circumstances
  - Some are people who choose not to purchase health insurance

# Massachusetts approaches for the three major groups of uninsured

- Poor
  - Expand Medicaid coverage
- **■** Lower income
  - New program of subsidized coverage: Commonwealth Care
- Higher income
  - Insurance market reforms
  - Health insurance exchange: The Connector
  - New unsubsidized products: Commonwealth Choice

**INDIVIDUAL MANDATE for all** 

### One Stop Shopping at www.mahealthconnector.org



The Health Connector is an independent state agency that helps Massachusetts residents find health care coverage. Read more about us.

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# Massachusetts Connector: A Health Insurance Exchange

Subsidized: Commonwealth Care

Unsubsidized
Commonwealth Choice:
(Individuals)

Unsubsidized
Commonwealth Choice
(Small Employers)





















# Subsidized Insurance: Commonwealth Care



- Adults only
- Household income <300% federal poverty level\*
- No employer coverage available
- Sliding scale premium
- Choice of up to 5 private health insurers
- Benefits comparable to employer plans
- Sliding scale copayments

Individual Income	Individual Premium Per Month
<\$16,755	<b>\$0</b>
\$16,756-22,340	\$40
\$22,341-27,925	\$78
\$27,926-33,510	\$118

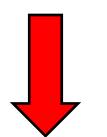


### **Shopping Experience for CommChoice: Individuals**

#### **Step 1: Select Family Size**

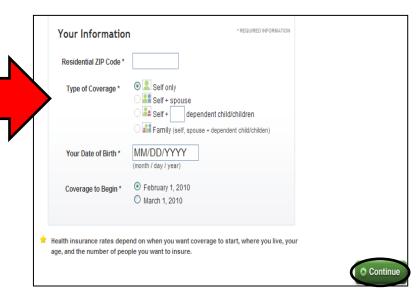


Step 3: Provide demographic info and select coverage start date\*







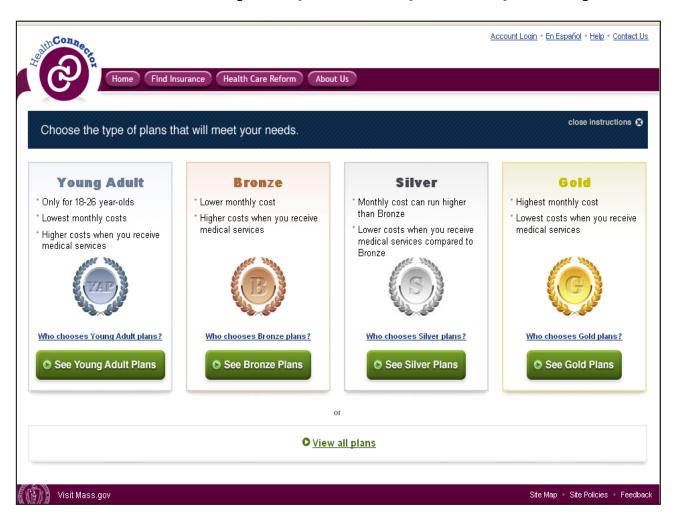


\*If shopping during the State's closed enrollment period, consumers will be directed to the Special Conditions tool to determine if they are eligible to purchase non-group coverage.



### Shopping Experience: Individuals (cont.)

#### **Step 4**: Select Product Tier (YAP, Bronze, Silver, Gold)

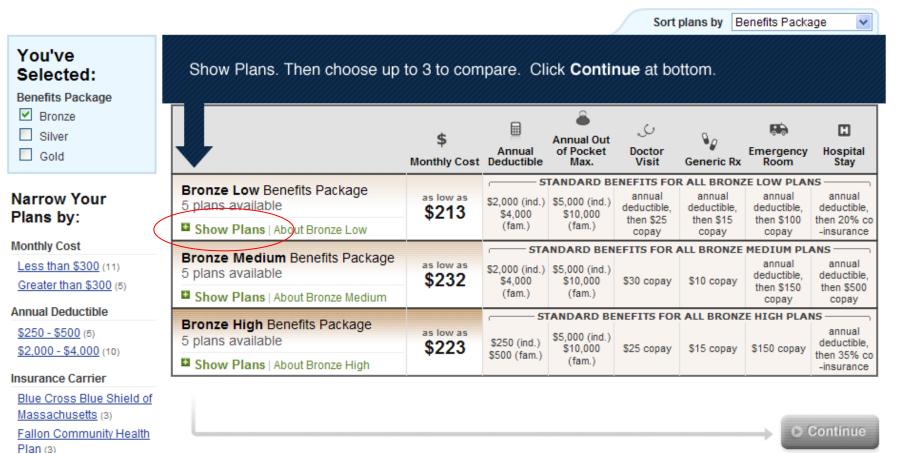




# **Shopping Experience: Individuals (cont.)**

#### **Step 5**: Choose from Low, Medium or High

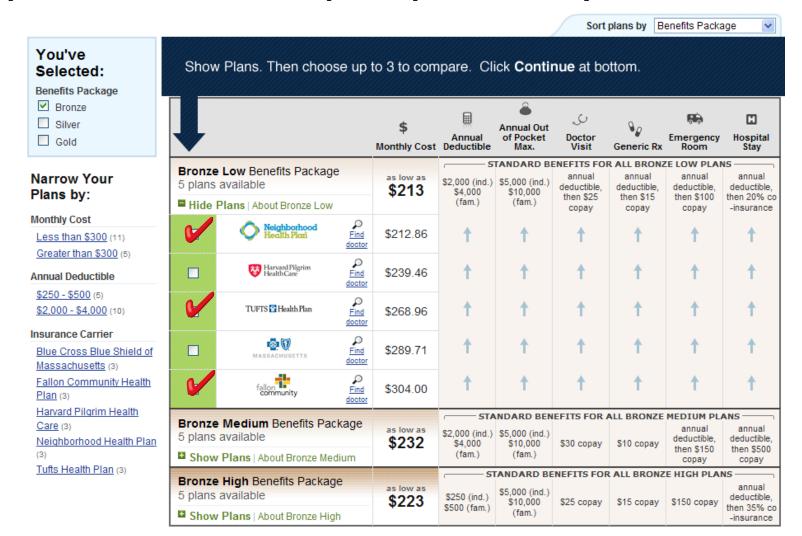
BROWSE PLANS: 3 benefits packages (What's a benefits package?) ? [15 plans]





## **Shopping Experience: Individuals (cont.)**

#### Step 6: Select Plan or compare up to 3 side-by side



#### Individual Mandate in Massachusetts

#### **Four Components**

Minimum Creditable Coverage

Affordability Schedule

■ Tax Penalties

Waiver and exceptions

### Affordability Schedule 2012: Individuals

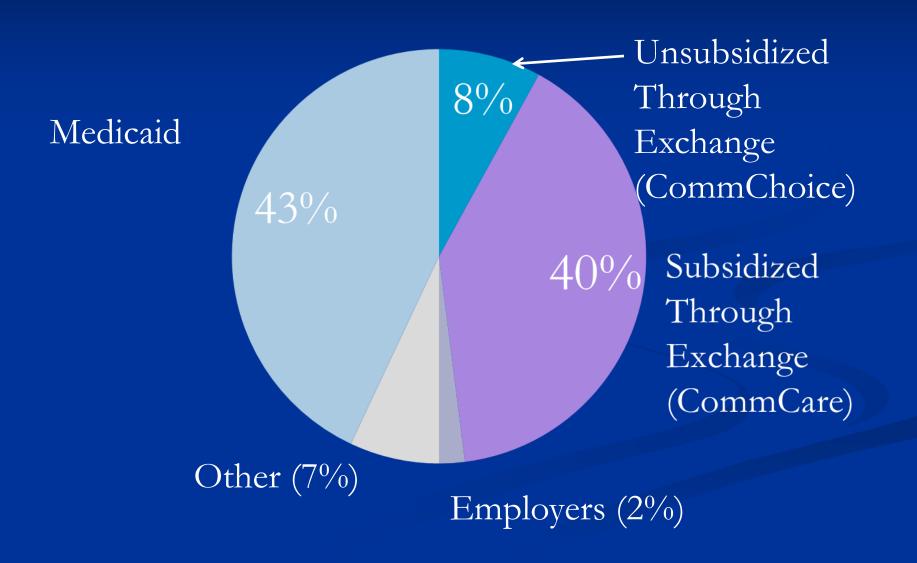
	Income Bracket (2012)		Affordability Standard (Maximum
% of FPL	Bottom	Тор	Monthly Premium)
0 - 100%	\$0	\$11,170	\$0
100.1 - 150%	\$11,171	\$16,755	\$0
150.1 - 200%	\$16,756	\$22,340	\$40
200.1 - 250%	\$22,341	\$27,925	\$78
250.1 - 300%	\$27,926	\$33,510	\$118
300.1 - 360%	\$33,511	\$40,195	\$178
360.1 - 408%	\$40,196	\$45,554	\$239
408.1 - 504%	\$45,555	\$56,273	\$359
Above 504%	\$56.274	ψου,275	Affordable

Applies only to adults

# Individual Mandate Tax Penalties

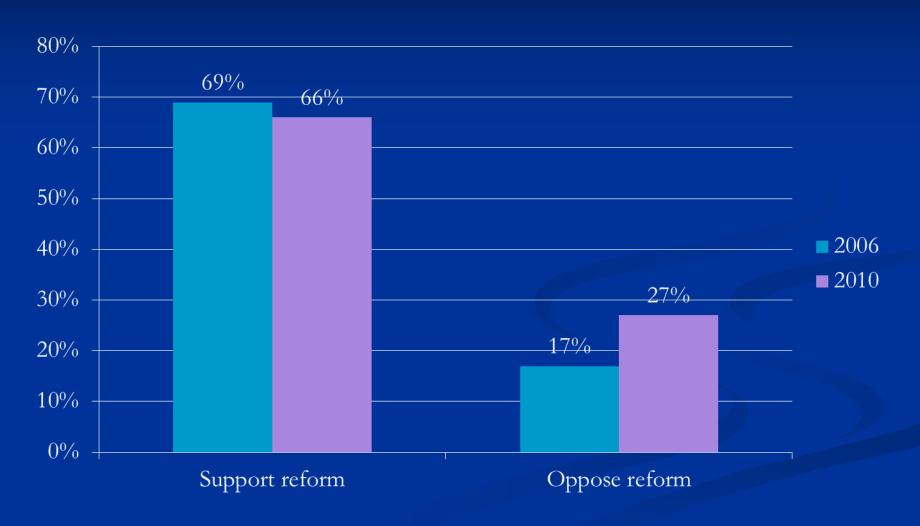
Income FPL	Mass-2012
<150% FPL	\$ 0
150-200%	\$228
200-250%	\$456
250-300%	\$696-996
300+%	\$1,260

### Nearly Half of Newly Insured In Massachusetts Obtain Coverage Through the Exchange: 2011



### Ten Lessons from Health Reform in Massachusetts

## #1: When health reform is actually implemented, most people like it



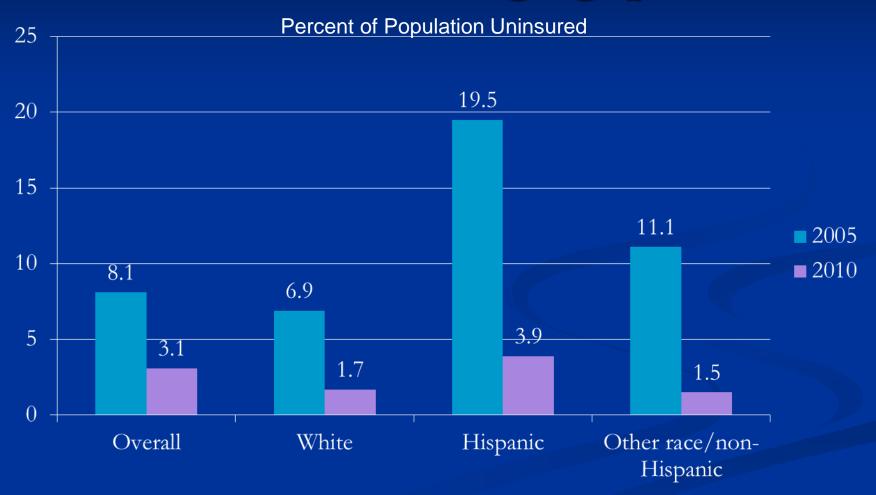
Urban Institute, Mass Health Reform Survey, 2006 and 2010

#### #2: It works!

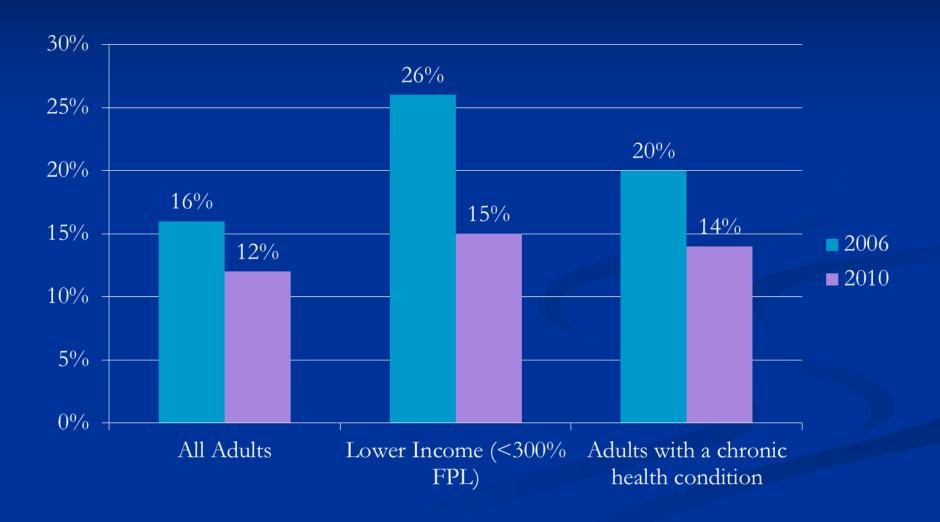
### Expanding coverage has improved many measures of affordability, access, use of services, and disparity

- Low- and moderate-income adults are less likely to report high out-of-pocket health expenses.
- All adults, and lower-income adults in particular, experienced a significant decline in unmet health care needs due to cost.
- Access to care increased for all adults
  - Significant increases in the use of doctors, preventive care, and dental services
  - Percent of adults with a usual source of care increased significantly.
- Unmet need for care decreased across middle and low-income, minority race/ethnicity, and chronically ill population groups.
- Racial and ethnic disparities in access to and use of care have decreased significantly.

# Significant reductions in the racial coverage gap



### FEWER UNMET HEALTH CARE NEEDS DUE TO COST



Urban Institute, Mass Health Reform Survey, 2006 and 2010

# #3: Enrolling people is an on-going campaign...and takes a community

#### Greater Boston Interfaith Organization

- Educational workshops following weekend services
- Went door to door

#### Associated Industries of Massachusetts

 Partnered with key business associations to co-sponsor 16, three-hour sessions across the state

#### CVS

Signage in windows, inserts in bags

#### Supermarkets

 Messaging in circulars, messages on store receipts

#### ■ Department of Revenue

Postcards to tax filers (3.1 million), letters to employers (193,000) and uninsured

#### Medicaid and Connector

Outreach and Enrollment Grants

#### Registry of Motor Vehicles

 Notices to new Mass. residents via new license process

#### Division of Unemployment Assistance

Inserts in resident mailings

#### MBTA

 Advertising on subway cars and buses

### #4: Young Men Can Be a Tough Sell





# The Ultimate Endorsement





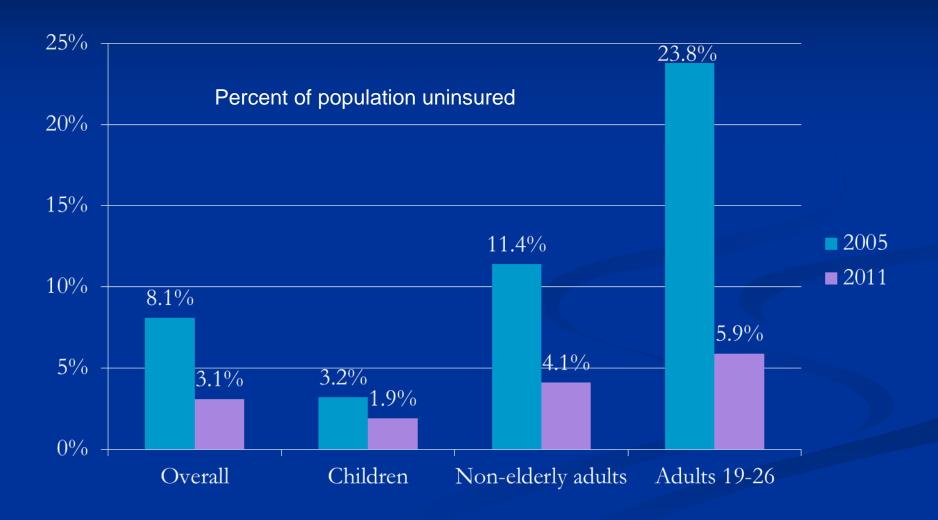
Information booth at Fenway Park for all home games

Live NESN interviews with Health Care Reform proponents – Senator Kennedy, Governor Patrick, State Sec. HHS Judy Ann Bigby, Connector Executive Director

Public Service Announcements

Connect to Health Day at Fenway

# The biggest gains in coverage have been among young adults



Urban Institute 2005 estimates; CHIA January 2013 report (2005=adults 19-25)

### #5: If You Build It, They Won't All Come

#### Details of Uninsured from Mass State Tax Filings: 2010

	Uninsured Full Year (n=170,000)
Paid penalty	14%
Nothing affordable	16%
Income <150% FPL: no penalty	63%
Appealed penalty	3%
Religious/other exemption	4%

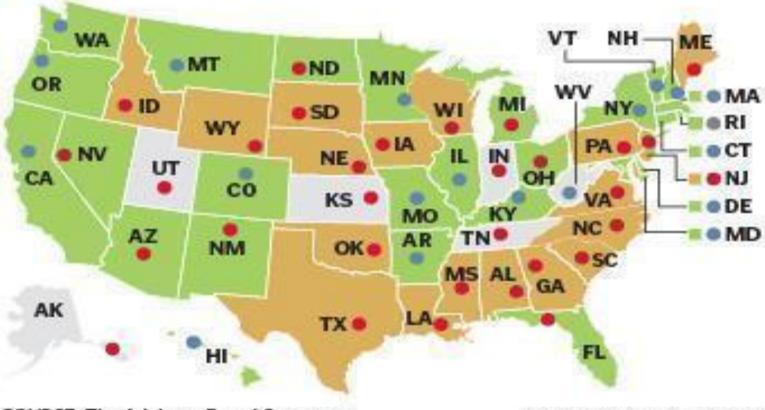
### Problem Could be Bigger Under ACA than in MA: Premiums are larger ....and initial penalties are lower

		MA Affordalability
		Affordability
	US Reform Max	Schedule
Annual Income	Monthly Premium	(2012)
Up to \$11,000	\$0	<b>\$</b> 0
100-133% FPL	<b>\$</b> 0	\$0
133.1-150%	\$36-54	\$0
150.1-200%	\$55-114	\$40
200.1-250%	\$115-183	\$78
250.1-300%	\$184-259	\$118
300.1-360%	\$260-295	\$178
360.1-408%	\$295-364	\$239
408.1-504%	\$365-412	\$359
504.1% and above	8% of income	Affordable

#### AFFORDABLE CARE ACT'S MEDICAID EXPANSION

What each state is considering in regard to the optional Medicaid expansion:

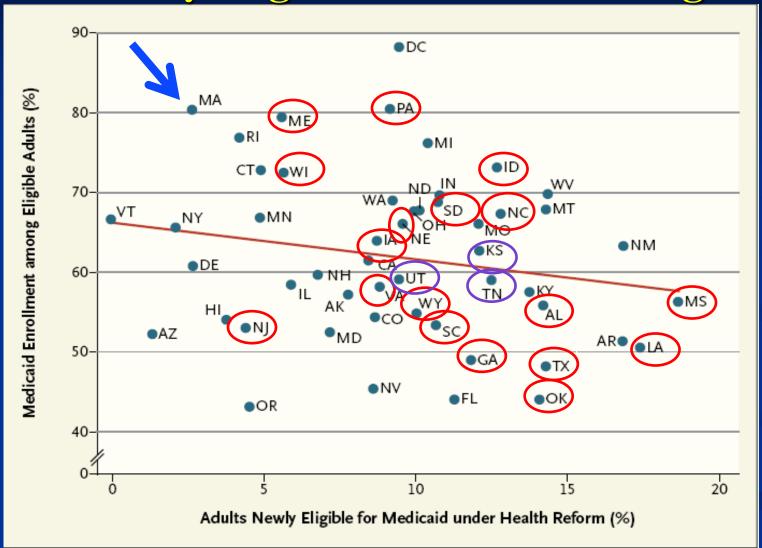
- Participating or leaning toward Undecided/No comment
- Not participating or leaning against
- State governors Democratic
  Republican
  Independent



SOURCE: The Advisory Board Company

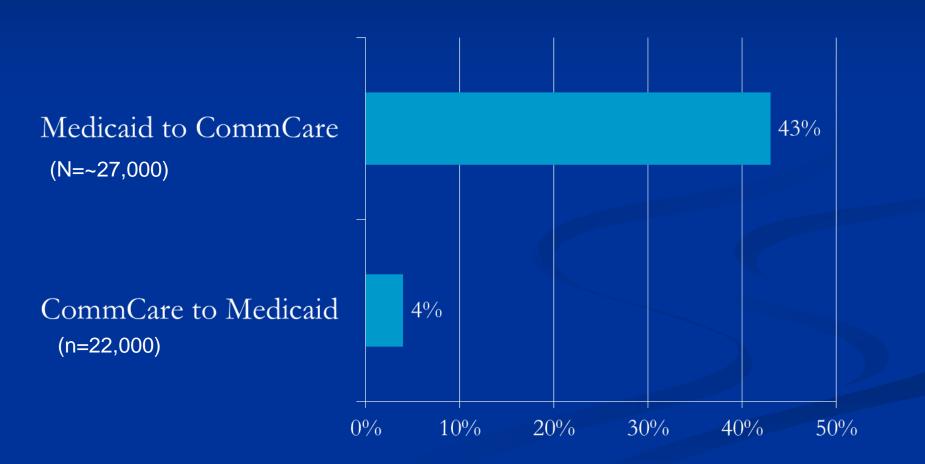
PATRICK GARVIN/GLOBE STAFF

### States Vary Widely in Success at Enrolling People Currently Eligible for Public Coverage



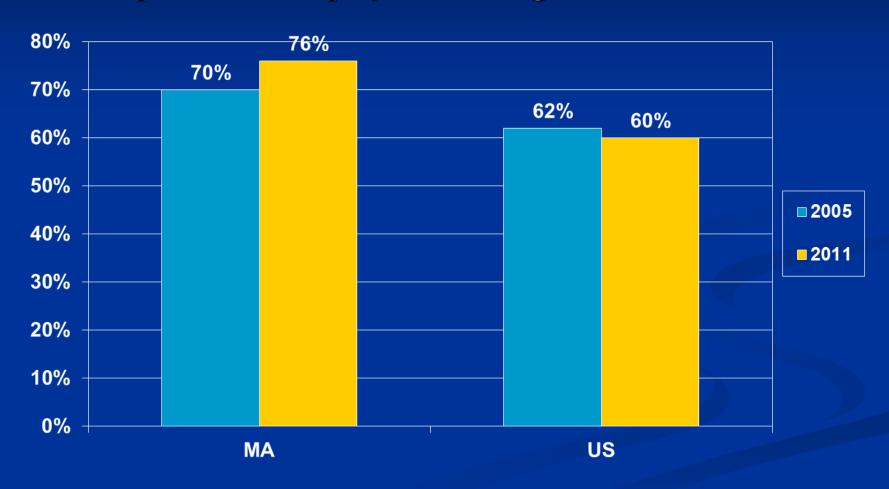
## #6: "Churn" is a big problem when people move between Medicaid and the exchange

Percent of Eligible People Shifting Between Programs who are unenrolled at 90 Days



#### #7: Crowd-In, Not Crowd-Out

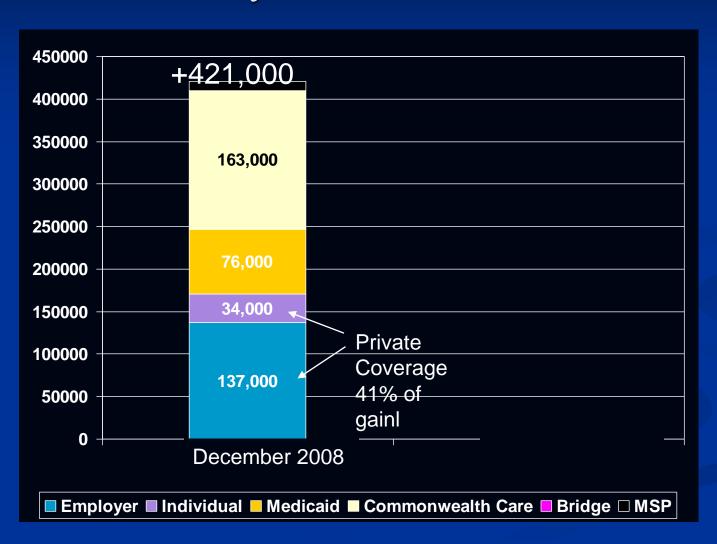
#### Proportion of Employers Offering Health Insurance



Source: KFF/HNET and Mass DHCFP

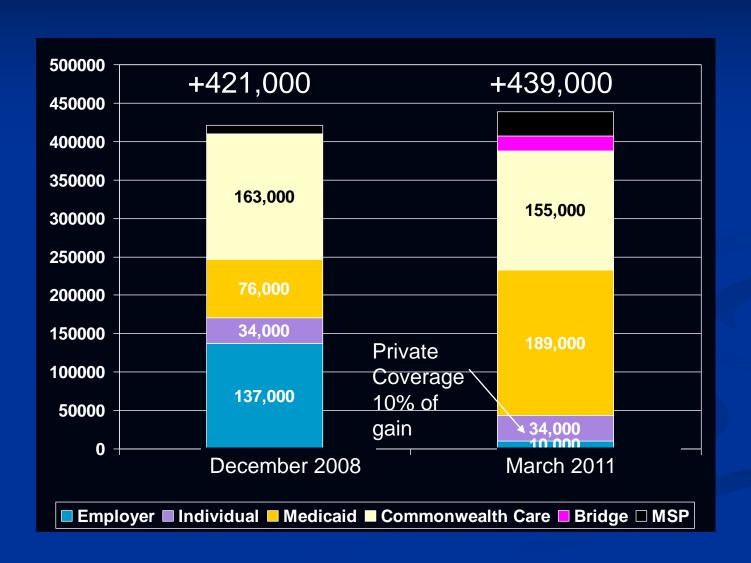
#### What a Difference A Recession Makes:

Change in Number of Newly Insured Since Health Reform: June 2006 to December 2008

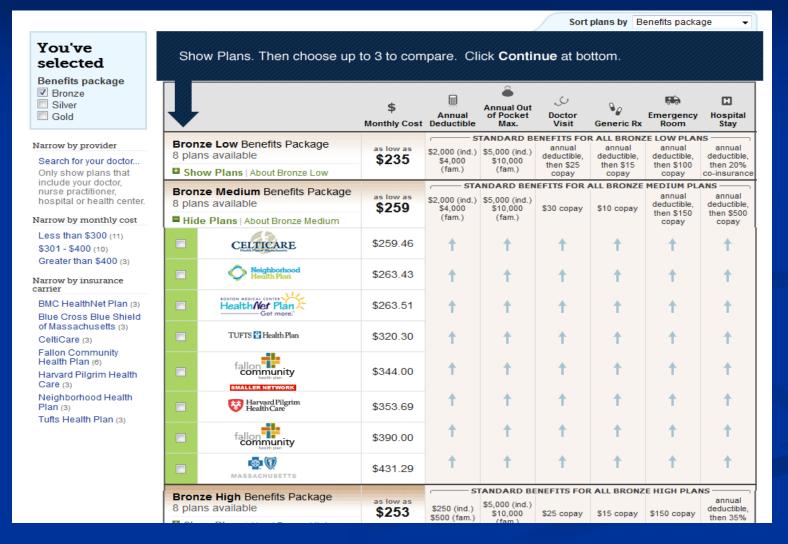


### What A Difference a Recession Makes

#### Change in Number of Newly Insured Since Health Reform:

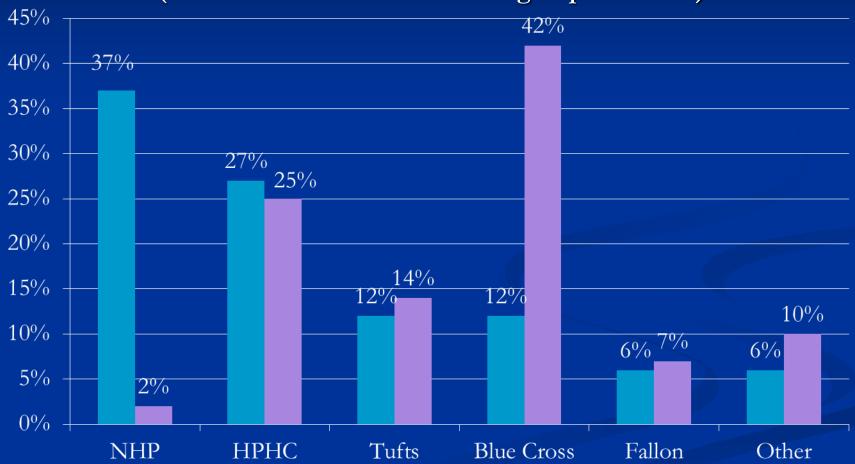


# #8: Exchange has made premiums differences among insurers much more transparent



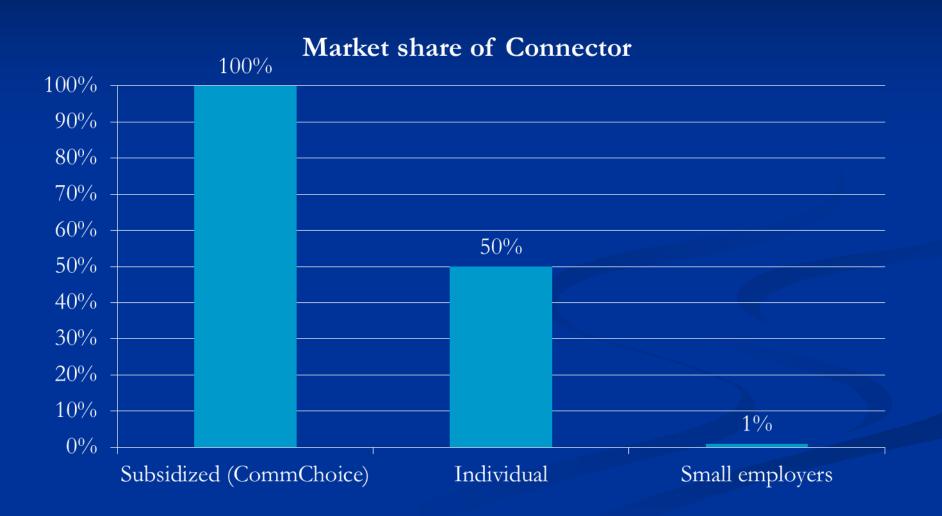
### And Consumer Buying Decisions Have Changed

Market Share of Insurers Inside and Outside the Exchange (% of total individual and small group members)

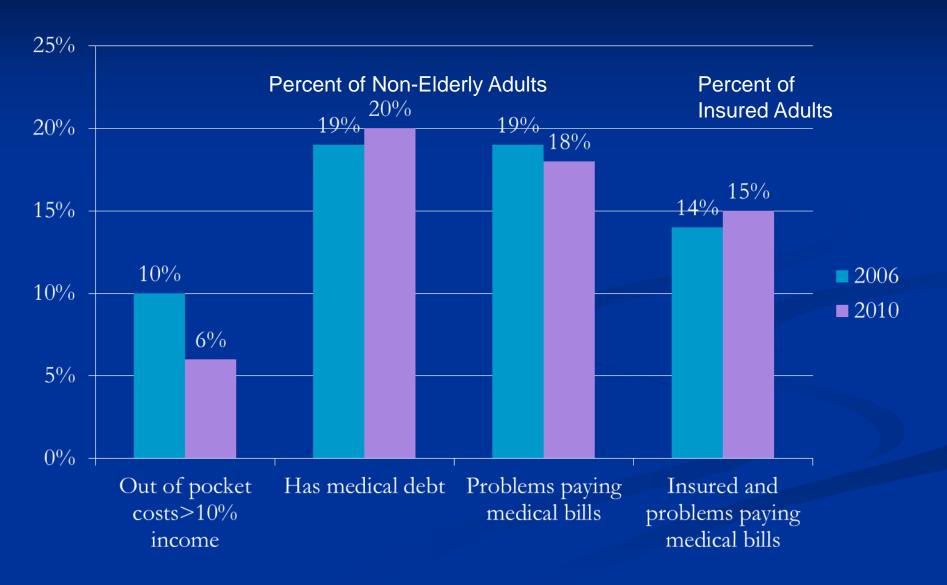


Connector data as of November 2012

### #9: Health Insurance Exchange not attractive to small employers...so far

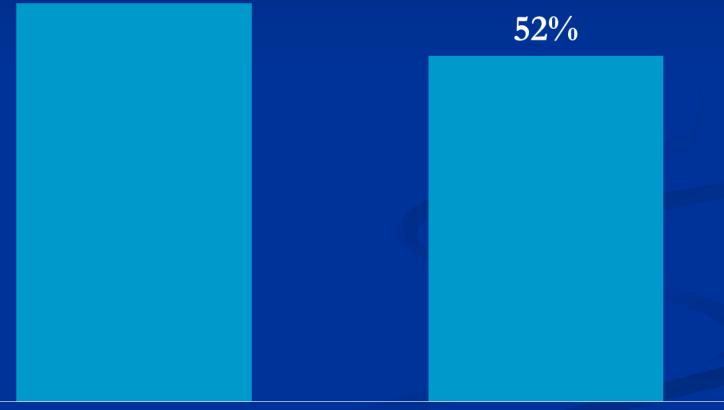


### #10: Costs Remain a Major Problem for Many



### Affordability of coverage remains a big barrier for the uninsured

Percent of non-elderly uninsured reporting a cost barrier to obtaining coverage



% of uninsured with access to ESI who did not take up because of cost

Percent of uninsured who tried to buy individual coverage but it was too costly

### Massachusetts Health Reform 2.0

- New cost control law in August
- Annual growth targets for total health care spending in state
  - Linked to gross state product
- New independent state authority with broad powers to monitor and enforce
- New authority for market behavior studies and action against providers for unfair business practices or anticompetitive behavior
- All state-funded health care programs must transition away from fee-for-service to alternative provider payment
- And lots more!

# Is Massachusetts On Track to "Crack the Code" for Health Care Cost Control?



# Is Massachusetts On Track to "Crack the Code" for Health Care Cost Control?



