FACES OF MASSHEALTH: PORTRAIT OF A DIVERSE POPULATION

MAY 2019









ABOUT THIS PROJECT

The Blue Cross Blue Shield of Massachusetts Foundation (Foundation), in partnership with Manatt Health (Manatt) and Health Care For All (HCFA), developed this project with the goal of providing a deeper understanding of the diverse population served by MassHealth.

For this project, MassHealth members were profiled through analyzing the numbers that summarize the demographics of people enrolled in MassHealth, as well as documenting the personal experiences that brought them to MassHealth.



- The **quantitative results** of our project, summarized in this chart pack, use data provided by MassHealth and analyzed by Manatt to profile the demographic and socioeconomic characteristics of individuals enrolled in MassHealth as of June 2018.
- The **qualitative results** of our project, summarized in this chart pack and covered in more detail in a <u>separate report</u>, are based on personal interviews HCFA had with enrollees to document the role that MassHealth has played in their lives.

BACKGROUND

This chart pack aims to go beyond the standard MassHealth statistics to share new data on the more than 1.8 million Massachusetts residents who rely upon the programs that make up MassHealth: Medicaid and the Children's Health Insurance Program.

MassHealth provides health insurance to more than 1 in 4 Massachusetts residents, including:

- More than half of the population with disabilities;
- More than 40% of all children; and
- 3 out of 5 people in low-income families.

MassHealth provides coverage to the Commonwealth's most vulnerable residents, regardless of their race, ethnicity, background, or age.

MassHealth serves people across their life spans—from birth (4 in 10 newborns) to old age (nearly 60% of nursing facility residents)—through a wide array of programs and coverage types.

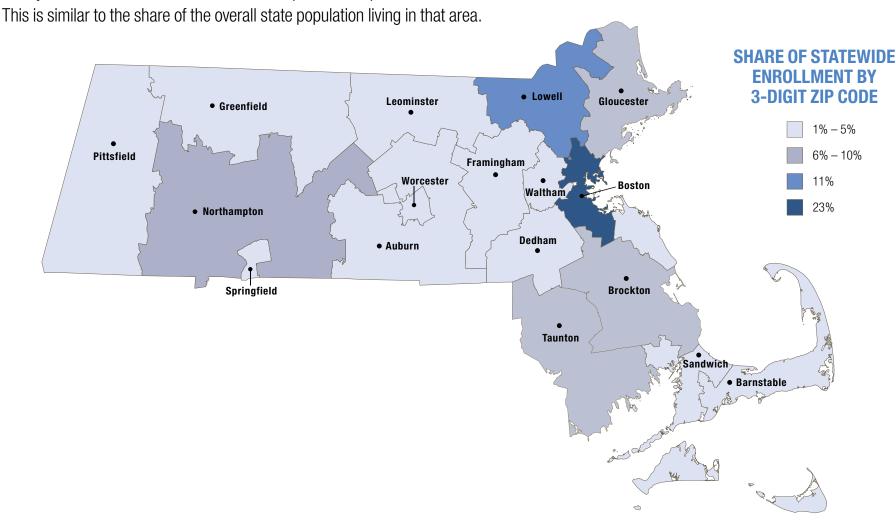
KEY FINDINGS

In this report, we share new views of the diverse MassHealth population, showing how:

- The **geographic distribution** of MassHealth members generally mirrors that of the Commonwealth's population.
- The vast majority of MassHealth enrollees have **very low incomes**, well below the federal poverty level, or FPL (\$20,780 for a family of 3).
- Children, seniors, and people with disabilities make up 60% of the MassHealth population.
- MassHealth plays an essential role in providing access to health care services for residents of all ages in the Commonwealth.
- Women account for more than half of all adults and nearly two-thirds of seniors with MassHealth coverage.
- The MassHealth population is racially and ethnically diverse, but more than 6 in 10 enrollees self-identify as white.
- While most MassHealth enrollees speak English as their primary language, a substantial minority do not.
- Unstable housing is a problem for more than 1 in 10 MassHealth enrollees.

THE DISTRIBUTION OF MASSHEALTH ENROLLEES GENERALLY MIRRORS THAT OF THE COMMONWEALTH'S POPULATION

Nearly 1 in 4 MassHealth enrollees, for example, live in zip codes in the Boston area.



NOTE: Reflects individuals enrolled in MassHealth as of June 30, 2018. Massachusetts zip codes can be aggregated into 17 groups based on their first 3 digits, ranging from "010" to "027." Cities placed for orientation purposes only.

SOURCE: Faces of MassHealth Databook, March 2019, https://bluecrossmafoundation.org/sites/default/files/download/publication/Faces%20of%20MassHealth%20Tables Databook March2019.xlsx.

JESSICA OLIVEIRA'S STORY



Jessica Oliveira (28) is a resident of greater Boston. After she aged out of coverage through her parents' employer-sponsored plan, she relied on MassHealth coverage until she could enroll in her own employersponsored insurance through her new employer. as a result of my MassHealth coverage meant being able to live without having to worry about my health on a daily basis.

Until recently, Jessica worked as a medical interpreter for Portuguese-speaking patients at a Boston-area hospital, while also pursuing a fiction writing fellowship. As a per diem employee of the hospital, she was ineligible for employer-sponsored insurance of her own, but she was eligible for MassHealth coverage on account of her low income.

When she was diagnosed with polycystic ovarian syndrome—which caused fluctuating weight and other alarming symptoms—Jessica was able to manage the condition with an oral contraceptive covered by MassHealth. MassHealth enabled Jessica to continue to focus on building her career without having to worry about her health.

This spring, Jessica was able to drop her MassHealth coverage when she transitioned to a job that offers health insurance. She enrolled in coverage through her new employer, a non-profit organization working to end gender violence and exploitation.

MOST MASSHEALTH ENROLLEES HAVE VERY LOW INCOMES

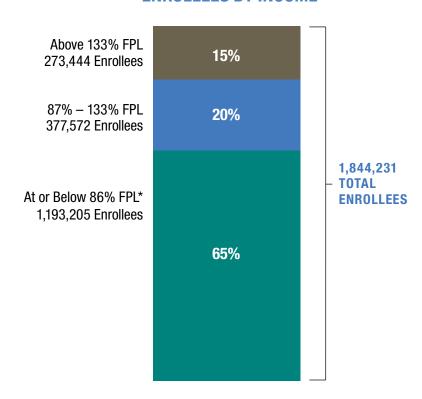
In 2018, two-thirds of enrollees (1.2 million) had incomes at or below 86% FPL, which corresponds to an annual income of:

- \$10,440 for an individual;
- \$14,156 for a family of 2; and
- \$17,871 for a family of 3.

Another 20% of enrollees (378,000) had incomes between 87% and 133% FPL. 133% FPL corresponds to:

- \$16,146 for an individual;
- \$21,892 for a family of 2; and
- \$27,637 for a family of 3.

DISTRIBUTION OF MASSHEALTH ENROLLEES BY INCOME



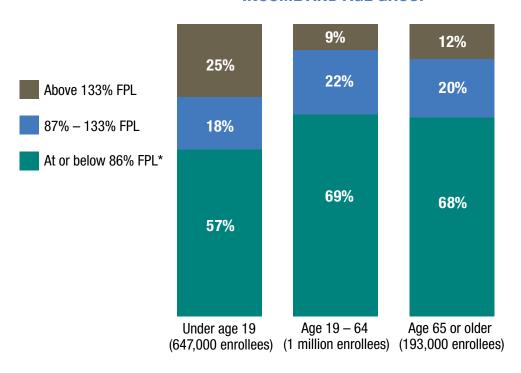
^{* 86%} FPL reflects an income eligibility limit that applied to certain MassHealth eligibility categories prior to expansions that have occurred over time. Most enrollees continue to have incomes below this level.

NOTE: Reflects individuals enrolled in MassHealth as of June 30, 2018. In 2017, Massachusetts median income for a one-person household was \$33,847, and for a three-person household it was \$104,069. **SOURCES:** Faces of MassHealth Databook, March 2019, https://bluecrossmafoundation.org/sites/default/files/download/publication/Faces%20of%20MassHealth%20Tables_Databook_March2019.xlsx; U.S. Census Bureau, 2017 American Community Survey 1-Year Estimates, Table B19019, https://factfinder.census.gov/bkmk/table/1.0/en/ACS/17_1YR/B19019/0400000US25.

ADULTS ENROLLED IN MASSHEALTH HAVE PARTICULARLY LOW INCOMES

- MassHealth eligibility for most adults is limited to those with incomes at or below 133% FPL.
- Because children's eligibility extends farther up the income scale, a larger share of children on MassHealth live in families with incomes above the federal poverty level.

DISTRIBUTION OF MASSHEALTH ENROLLEES BY INCOME AND AGE GROUP



^{* 86%} FPL reflects an income eligibility limit that applied to certain MassHealth eligibility categories prior to expansions that have occurred over time. Most enrollees continue to have incomes below this level.

NOTE: Reflects individuals enrolled in MassHealth as of June 30, 2018. For a family of three, 86% FPL is \$17,871 and 133% FPL is \$27,637.

SOURCE: Faces of MassHealth Databook, March 2019, https://bluecrossmafoundation.org/sites/default/files/download/publication/Faces%20of%20MassHealth%20Tables_Databook_March2019.xlsx.

ANNE JOHANSEN'S STORY



Anne Johansen (66) of Hanover has Charcot-Marie-Tooth disease, a slowly progressive degenerative disease of the peripheral nerves that control muscles. MassHealth provides Anne the support she needs to live independently at home.

Care Attendants], says Anne, I couldn't live alone. They are everything.

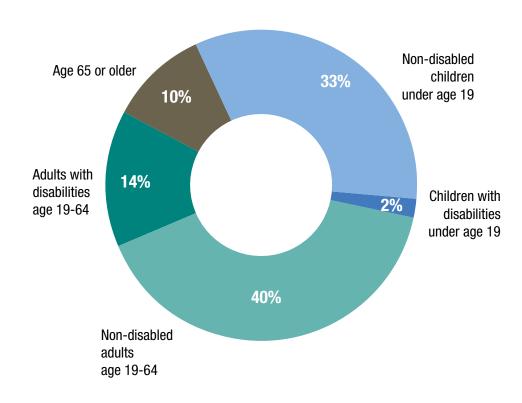
Anne's Charcot-Marie-Tooth disease symptoms first became pronounced in the early 1970s, but she was able to continue working for some years, first as a secretary in Boston and then as a medical assistant in Denver. Eventually, her condition worsened, confining her to a power wheelchair and forcing her to leave her job. Anne moved with her daughter back to Massachusetts and ultimately enrolled in MassHealth.

Through her MassHealth coverage, she was able to live for seven years in several nursing facilities. Anne then was able to secure her own apartment through Section 8; since then she has relied on personal care attendants (PCAs) covered by MassHealth to help her with numerous activities of daily living. Anne's health has recently deteriorated, but access to PCAs through MassHealth has allowed her to continue to live independently.

CHILDREN, SENIORS, AND PEOPLE WITH DISABILITIES ACCOUNT FOR THE MAJORITY OF THE MASSHEALTH POPULATION

- More than 1 in 3 MassHealth enrollees (35%) are children.
 - MassHealth covers more than 4 in 10 children in Massachusetts.
- More than 1 in 3 adults enrolled in MassHealth are seniors or eligible on the basis of a disability.
 - MassHealth payments represent 51%
 of nursing home care revenues and
 43% of other long-term services and
 supports (e.g., home health and other
 community-based supports) revenues
 in the Commonwealth.

DISTRIBUTION OF MASSHEALTH ENROLLEES BY AGE GROUP AND DISABILITY STATUS



NOTE: Reflects individuals enrolled in MassHealth as of June 30, 2018. Percentages may not total 100 due to rounding.

SOURCES: Faces of MassHealth Databook, March 2019, https://bluecrossmafoundation.org/sites/default/files/download/publication/Faces%20of%20MassHealth%20Tables_Databook_March2019.xlsx; BCBSMA Foundation, "MassHealth: The Basics," Sep. 2017, https://bluecrossmafoundation.org/publication/updated-masshealth-basics-september-2017.

MASSHEALTH PLAYS AN ESSENTIAL ROLE FOR ALL RESIDENTS OF THE COMMONWEALTH—FROM THE YOUNGEST TO THE OLDEST

- Although the number of infants is small relative to overall MassHealth enrollment, the program covers nearly 40% of births in Massachusetts.
- For many low-income people nearing retirement age,
 MassHealth is an important source of coverage before
 Medicare becomes available at age 65.
- For low-income seniors, as well as some younger people with disabilities, MassHealth pays for out-of-pocket Medicare costs.
 - For example, Part B* premiums totaled \$1,600 in 2018, and additional deductible and co-insurance costs can be thousands of dollars.
 - Approximately 25% of Massachusetts Medicare enrollees are also covered by MassHealth.
- MassHealth is also an important supplement to other types of coverage, such as an employer-sponsored plan that does not cover long-term services and supports or other types of care that individuals may require (e.g., 21% of MassHealth children with disabilities have a primary coverage source other than Medicare or MassHealth).

DISTRIBUTION OF MASSHEALTH ENROLLEES BY AGE GROUP

AGE GROUP	NUMBER	SHARE OF TOTAL
TOTAL	1,844,000	100%
<1	32,000	2%
1-5	170,000	9%
6-12	248,000	13%
13-18	196,000	11%
19-20	56,000	3%
21-25	114,000	6%
26-29	113,000	6%
30-34	127,000	7%
35-39	114,000	6%
40-44	93,000	5%
45-49	93,000	5%
50-54	98,000	5%
55-59	102,000	6%
60-64	94,000	5%
65-69	57,000	3%
70-74	44,000	2%
75-79	33,000	2%
80-84	25,000	1%
85-89	18,000	1%
90+	16,000	1%

NOTE: Reflects individuals enrolled in MassHealth as of June 30, 2018.

SOURCES: Faces of MassHealth Databook, March 2019, https://bluecrossmafoundation.org/sites/default/files/download/publication/Faces%20of%20MassHealth%20Tables_Databook_March2019.xlsx; BCBSMA Foundation, "MassHealth: The Basics," Sep. 2017, https://bluecrossmafoundation.org/publication/updated-masshealth-basics-september-2017.

^{*}Medicare Part B covers medically necessary outpatient services for members.

MASSIMO REVELIOTTY'S STORY



Massimo Reveliotty (12) was born prematurely and as a result has substantial ongoing health care needs. Massimo's family has relied on MassHealth to supplement private coverage.

We were able to stay laser-focused on taking care of our child, evaluating options, and not worrying about how we were going to pay for [the care he needed]."

Born prematurely, Massimo suffered cardiac arrest and consequent brain damage after leaving the neonatal intensive care unit. Doctors feared that Massimo would be technology dependent for his entire life. When Massimo was an infant, his family relied on the MassHealth Kaileigh Mulligan Program* to supplement their private insurance and provide for coverage of Massimo's nursing home care.

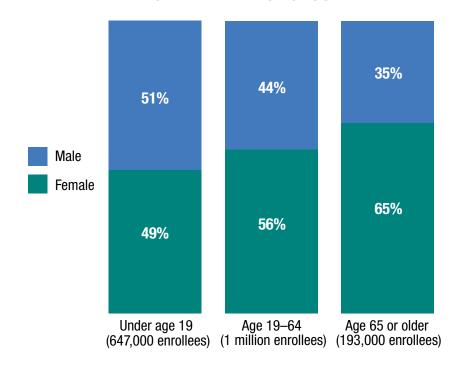
When Massimo's mother lost her job and the accompanying insurance coverage, the family began purchasing coverage on the private market with the help of MassHealth premium assistance. Massimo's first years were defined by daily appointments, countless therapies, and multiple inpatient hospitalizations, but he continues to improve. Today, Massimo walks, talks, and eats on his own and will soon complete the fifth grade in a public school classroom.

^{*} The Kaileigh Mulligan Program provides MassHealth services and benefits to certain children with severe special needs who are over the income limit for MassHealth eligibility and require the same level of ongoing nursing and medical care as a child living in a pediatric nursing home or hospital.

WOMEN ACCOUNT FOR MORE THAN HALF OF ALL ADULTS AND NEARLY TWO-THIRDS OF SENIORS WITH MASSHEALTH COVERAGE

- Among children enrolled in MassHealth, the population splits evenly by gender.
- Women account for more than half of non-elderly adults enrolled in MassHealth. Their pregnancy-related eligibility, overall lower income levels, and higher demand for health care services and coverage may all play roles.
- Among seniors, an even larger share are women, partly reflecting their longer life expectancies.

DISTRIBUTION OF MASSHEALTH ENROLLEES BY GENDER AND AGE GROUP

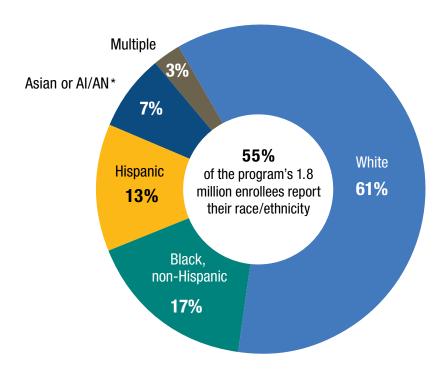


NOTE: Reflects individuals enrolled in MassHealth as of June 30, 2018.

WHILE THE MASSHEALTH POPULATION IS RACIALLY AND ETHNICALLY DIVERSE, MORE THAN 6 IN 10 ENROLLEES SELF-IDENTIFY AS WHITE

- Among MassHealth enrollees for whom information is available, 4 in 10 self-report a race/ethnicity other than white.
- Non-Hispanic black individuals make up 17% of the MassHealth population, while people of Hispanic origin account for 13%.
- Smaller numbers reported their race/ethnicity as Asian, American Indian/Alaska Native, or more than one category.

DISTRIBUTION OF MASSHEALTH ENROLLEES BY SELF-REPORTED RACE/ETHNICITY



^{*} American Indian or Alaska Native.

NOTE: Reflects individuals enrolled in MassHealth as of June 30, 2018. Sum of categories exceeds 100% due to rounding.

SOURCE: Faces of MassHealth Databook, March 2019, https://bluecrossmafoundation.org/sites/default/files/download/publication/Faces%20of%20MassHealth%20Tables_Databook_March2019.xlsx.

THE GURGONE FAMILY'S STORY



The Gurgone family—Sal (38), Kristal (38), Ethan (4), and Cooper (6 weeks)—have not had access to employer-sponsored insurance since Kristal was laid off from her job, but are able to rely on MassHealth for comprehensive coverage.

''If something happens—you break your leg, you hurt yourself, you go to the hospital—you don't have to worry about going or trying to find money to pay whatever it may cost. "?"

The Gurgone family lives in Worcester, where Sal works as a welder at his father's small welding company. The Gurgones previously received employer-sponsored insurance through Kristal's job as a teacher but lost this coverage when she was laid off in 2014.

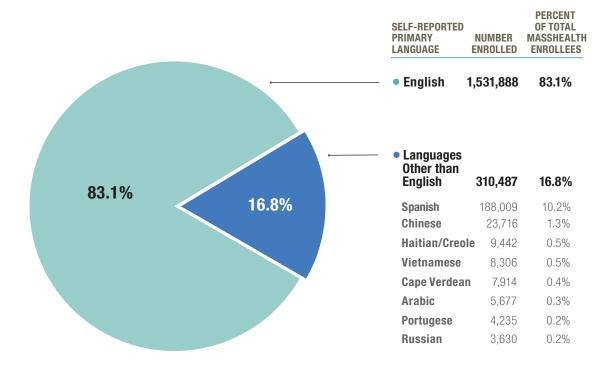
The Gurgones went without health insurance while Kristal was pregnant with their first child, Ethan, but were encouraged by a hospital counselor to enroll in MassHealth, qualifying for coverage on the basis of their low income.

Since 2014, Sal and Kristal have been covered at different times by MassHealth and subsidized Health Connector plans, depending upon their circumstances. The Gurgones describe their family's health care needs, including primary, maternity, and pediatric care, as "routine," but they are grateful for the security that MassHealth provides—allowing them to focus on creating the best life for their children.

WHILE MOST MASSHEALTH ENROLLEES SPEAK ENGLISH AS THEIR PRIMARY LANGUAGE, A SUBSTANTIAL MINORITY DO NOT

- After English, the most common primary language reported by MassHealth enrollees is Spanish.
- More than 30 languages are reported as primary by MassHealth enrollees.
- These figures suggest a need for culturally and linguistically appropriate delivery of care.

DISTRIBUTION OF MASSHEALTH ENROLLEES BY SELF-REPORTED PRIMARY LANGUAGE



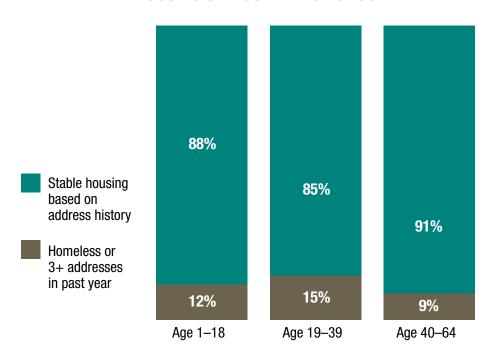
NOTE: Reflects individuals enrolled in MassHealth as of June 30, 2018.

SOURCE: Faces of MassHealth Databook, March 2019, https://bluecrossmafoundation.org/sites/default/files/download/publication/Faces%20of%20MassHealth%20Tables_Databook_March2019.xlsx.

MORE THAN 1 IN 10 MASSHEALTH ENROLLEES HAS FACED HOMELESSNESS OR UNSTABLE HOUSING IN THE PAST YEAR

- Among non-elderly enrollees for whom information is available, housing instability is highest among children and younger adults.
- Unstable housing is associated with poorer health outcomes and higher health care costs. This is also true of other social determinants of health such as income.
 While MassHealth cannot generally pay for housing, it does take into account unstable housing and other social determinants of health* when making payments to the organizations responsible for managing care for these members.

DISTRIBUTION OF MASSHEALTH NON-ELDERLY ENROLLEES* BY HOUSING STATUS AND AGE GROUP



^{*} Limited to MassHealth members with Managed Care Organization (MCO) or Primary Care Clinician (PCC) Plan coverage. As a result, seniors and people with disabilities, many of whom are dually eligible for Medicare and MassHealth, and therefore have fee-for-service MassHealth coverage, are underrepresented in these figures.

NOTE: Reflects individuals enrolled in MassHealth as of June 30, 2018.

SOURCE: Faces of MassHealth Databook, March 2019, https://bluecrossmafoundation.org/sites/default/files/download/publication/Faces%20of%20MassHealth%20Tables_Databook_March2019.xlsx.

^{*}These factors may put someone at greater risk of poorer health outcomes or higher need for health care services. As a result, MassHealth adjusts its capitation payments to Accountable Care Organizations (ACOs) and Managed Care Organizations (MCOs) for individuals who have these underlying risks to account for their potentially higher costs or greater utilization of services.

AMY KATUSKA'S STORY



Amy Katuska (28) suffers from co-occurring mental health and substance use disorders and relies on MassHealth as secondary coverage to the insurance she receives through her parents' plan.

Without MassHealth, I'd be left without a lot of the care that I get. >>

Amy Katuska has always had a passion for learning about foreign countries and cultures. In college, she founded and operated an international pen pal program for children and teenagers in the United States and Iran, providing young people with the opportunity to bridge cultural divides. Amy had to place the program on hold, however, when behavioral health issues she'd been wrestling with for much of her life forced her to return home.

Amy's first psychiatric hospitalization occurred when she was 14. Her mental health and substance use disorder challenges have since led her in and out of inpatient psychiatric units, partial hospitalization programs, and rehabilitation facilities.

Amy relies upon MassHealth as secondary coverage to supplement the private insurance she receives through her parents, qualifying as a disabled adult child with Supplemental Security Income. Amy credits her MassHealth coverage with making it possible for her to access the multifaceted care that has helped her to address her health care needs and reestablish a life focused on helping others.

SUMMARY

- MassHealth provides health insurance to more than 1 in 4 Massachusetts residents—1.8 million people—including half of those with disabilities, more than 40% of children, and 3 in 5 individuals in low-income families.
- Looking beyond top-line statistics, however, provides a deeper understanding of the people who rely upon MassHealth to be independent and productive members of our community.

Understanding the MassHealth population—who they are and what role MassHealth plays in their lives—is critical to framing and informing policy and program development.











METHODS & ADDITIONAL RESOURCES

DETAILS ON THE QUANTITATIVE ANALYSIS



- This chart pack highlights key findings from an accompanying Faces of MassHealth Databook, which includes
 additional tables and technical notes and can be found at: https://bluecrossmafoundation.org/sites/default/files/
 download/publication/Faces%20of%20MassHealth%20Tables_Databook_March2019.xlsx.
- All figures reflect individuals enrolled in MassHealth as of June 30, 2018.
- The analysis includes all individuals with MassHealth coverage, for whom benefit packages vary (e.g., some individuals receive comprehensive health coverage while others receive a more limited set of services).
- Data files used in the analysis were provided by MassHealth, reflecting de-identified person-level information extracted from the MassHealth Data Warehouse as of August 2018.
- As part of the data extract, MassHealth shared selected information on social factors potentially impacting members' health, some of which are reflected in this report (e.g., unstable housing indicator).

DETAILS ON THE QUALITATIVE ANALYSIS



The qualitative portion of the Faces of MassHealth project focused on the creation of one-page profiles of current MassHealth members in an effort to illustrate their experiences with MassHealth as well as other aspects of their lives. These profiles share the stories of real people – in different life circumstances – whose lives are touched in different and important ways by MassHealth. The profiling process included:

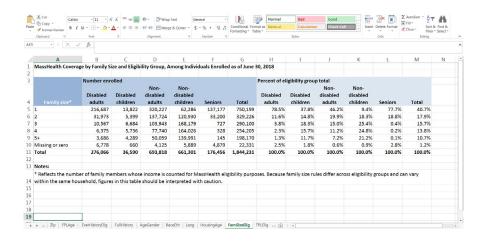
- Developing a list of the demographic characteristics of MassHealth members and families to be profiled.
- Reaching out to over 100 key partners, including community-based groups, direct-service agencies, and advocacy
 organizations, to assist in identifying current MassHealth members willing to participate. Outreach included phone
 calls, emails sent via list-servs, personal and professional networks, utilization of social media platforms, postings
 on Craigslist, and posting of hard copy fliers in relevant locations.
- Screening over 60 individuals and families to determine MassHealth coverage status, demographic characteristics, aspects of their personal stories, and willingness to be interviewed and photographed.
- Scheduling and conducting in-depth interviews and photo shoots with 5 individuals/families.
- Drafting of journalistic profiles based on each of the 5 interviews.

To read about MassHealth members' personal stories and how the program has affected their lives, please see the full Faces of MassHealth profiles report, <u>Faces of MassHealth</u>: <u>Portrait of a Diverse Population</u>, developed by Health Care For All.

RESOURCES

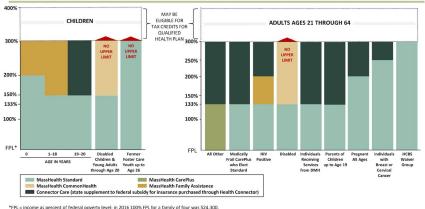
For more detail on the findings presented in this chart pack and additional data breakouts, please see the related **Faces of MassHealth Databook**:

https://bluecrossmafoundation.org/sites/default/files/download/publication/Faces%20of%20MassHealth%20 Tables_Databook_March2019.xlsx.



For more information about the MassHealth program and its members, please see **MassHealth: The Basics**, a publication of the Foundation's Massachusetts Medicaid Policy Institute: https://bluecrossmafoundation.org/publication/updated-masshealth-basics-september-2017.

MASSHEALTH ELIGIBILITY UNDER ACA



notes Massivelath Limited, not shown in chart, provides emergency health services to people who, under federal law, have an immigration status that keeps them from getting more services, inconeligibility for this population is equivalent to Massivelath Standard: 200% FPL for pregnant women and children up to age 1, 150% FPL for children ages 1–20 years; 133% FPL for adults 21–64. In general, the eligibility level for seniors age 65 and older is 100% FPL and assets of up to \$2,000 for an individual or \$3,000 for a couple. More generous eligibility rules apply for seniors residing in nursing facilities or enrolled in special walver programs.

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MASSACHUSETTS MEDICAID POLICY INSTITUTE 7

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