

HEALTH INSURANCE COVERAGE AND HEALTH CARE ACCESS, USE, AND AFFORDABILITY IN MASSACHUSETTS: AN UPDATE AS OF FALL 2012

SUMMARY OF KEY FINDINGS

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EXECUTIVE SUMMARY

In April 2006, Massachusetts passed a comprehensive health care reform bill entitled “An Act Providing Access To Affordable, Quality, Accountable Health Care” (Chapter 58 of the Acts of 2006). In order to track the impacts of Chapter 58, the Blue Cross Blue Shield of Massachusetts Foundation began funding an annual survey of nonelderly adults in the Commonwealth in the fall of 2006, just prior to the implementation of key elements of the law. That survey, called the Massachusetts Health Reform Survey (MHRS), has been fielded almost every fall in the subsequent years. The Foundation has continued to fund the survey in anticipation of the new round of changes to the health care system under the national Affordable Care Act (ACA), which encompasses many of the elements of Chapter 58, and other changes to be introduced by the state’s new cost-containment legislation, “An Act Improving the Quality of Health Care and Reducing Costs Through Increased Transparency, Efficiency and Innovation” (Chapter 224 of the Acts of 2012).

This report provides an update on insurance coverage, health care access and use, and health care costs and affordability for working-age adults 19 to 64 in Massachusetts as of 2012, as the state prepares to implement the ACA and begins implementing changes under Chapter 224.

The 2012 round of the MHRS was jointly funded by the Blue Cross Blue Shield of Massachusetts Foundation and the Robert Wood Johnson Foundation (RWJF). RWJF and the Commonwealth Fund also provided support for survey years 2006, 2007, and 2008.

We find that health insurance coverage remains strong in Massachusetts in 2012, with employer-sponsored coverage continuing to be the foundation of insurance coverage in the state. Insurance coverage overall and employer-sponsored coverage in Massachusetts both continued well above that of the nation in 2012. When gains in insurance coverage were made, access to health care improved. Access to care is better overall in 2012 than in 2006 in the state, and better than in the nation as a whole. There is also evidence that health care costs are a continuing issue for many Massachusetts families, creating financial burdens and influencing people’s decisions about seeking needed care. This is especially true for lower- and middle-income residents, but concerns about affordability and health care costs are apparent across the income distribution and for those with and without insurance coverage. Health insurance coverage does not guarantee access to affordable care. As a result, more than half of nonelderly adults in 2012 worried about their ability to pay their medical bills if they got sick or had an accident.

The changes to be implemented under Chapter 224, combined with the broad changes to the state’s health care system being introduced under the ACA and earlier legislation, make 2012 an important new baseline as the state works to transform the health care system to deliver quality care more efficiently. More efficient care delivery is essential if the sustained gains in insurance coverage in Massachusetts are to translate into sustained gains in access to and use of needed health care for the state’s residents.

DATA AND METHODS

This study uses data from the 2006–2012 Massachusetts Health Reform Survey (MHRS). The MHRS relies on telephone interviews (landline and cell phone) with a stratified random sample of nonelderly working-age adults in Massachusetts, with oversamples of lower-income adults and, for 2006 to 2010, uninsured adults. This study uses data from the 2006–2012 MHRS, providing data for 10,185 nonelderly adults in Massachusetts, including 1,128 uninsured nonelderly adults.

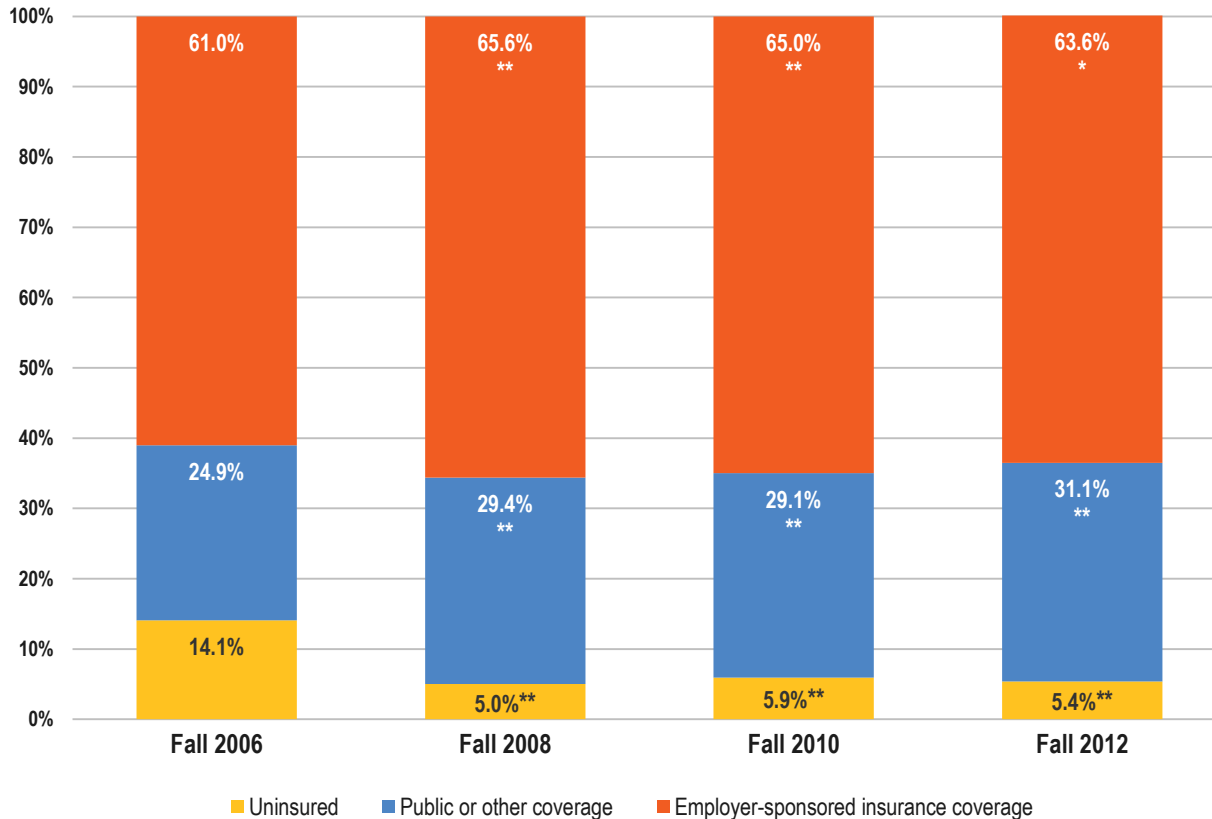
The analysis focuses on 2012 and changes over time since 2006, comparing outcomes for cross-sectional samples of adults in periods following the implementation of health reform with the outcomes for a similar cross-sectional sample of adults just prior to the implementation of health reform (2006). Any differences between the baseline time period and the follow-up time periods will reflect the impacts of Chapter 58 as well as other factors beyond health reform that changed during the time period.

In examining trends over time, we report estimates based on multivariate regression models that control for the characteristics of the individual and his or her family and for the region of the state in which he or she lives. For ease of comparison across models, we estimated linear probability models. All of the analyses were weighted and controlled for the complex design of the sample using the survey estimation procedures (svy) in Stata.

In presenting the estimates of trends over time, we report on the outcomes for adults in the state as of 2012 and give regression-adjusted estimates of how those adults would have fared in Massachusetts in earlier years. To calculate the latter, we use the parameter estimates from the regression models to predict the outcomes that the adults in the 2012 sample would have had if they had been observed in each of the preceding study years. This approach controls for changes in the characteristics of the sample of adults over time.

HEALTH INSURANCE COVERAGE FOR ADULTS 19 TO 64 IN MASSACHUSETTS, 2006 TO 2012

PERCENT REPORTING INSURANCE COVERAGE



- In 2012, 94.6 percent of nonelderly adults in Massachusetts were insured, a level well above the 85.9 percent who were insured in 2006, and above the 79.7 percent insured in the nation as a whole (based on the National Health Interview Survey [NHIS]).
- Employer-sponsored insurance (ESI) coverage has remained the foundation for insurance coverage in the Bay State. In 2012, 63.6 percent of nonelderly adults reported ESI coverage, up from 61.0 percent in 2006. The average for the nation based on the NHIS was 61.5 percent in 2012.

SOURCE: 2006-2012 Massachusetts Health Reform Survey (MHRs).

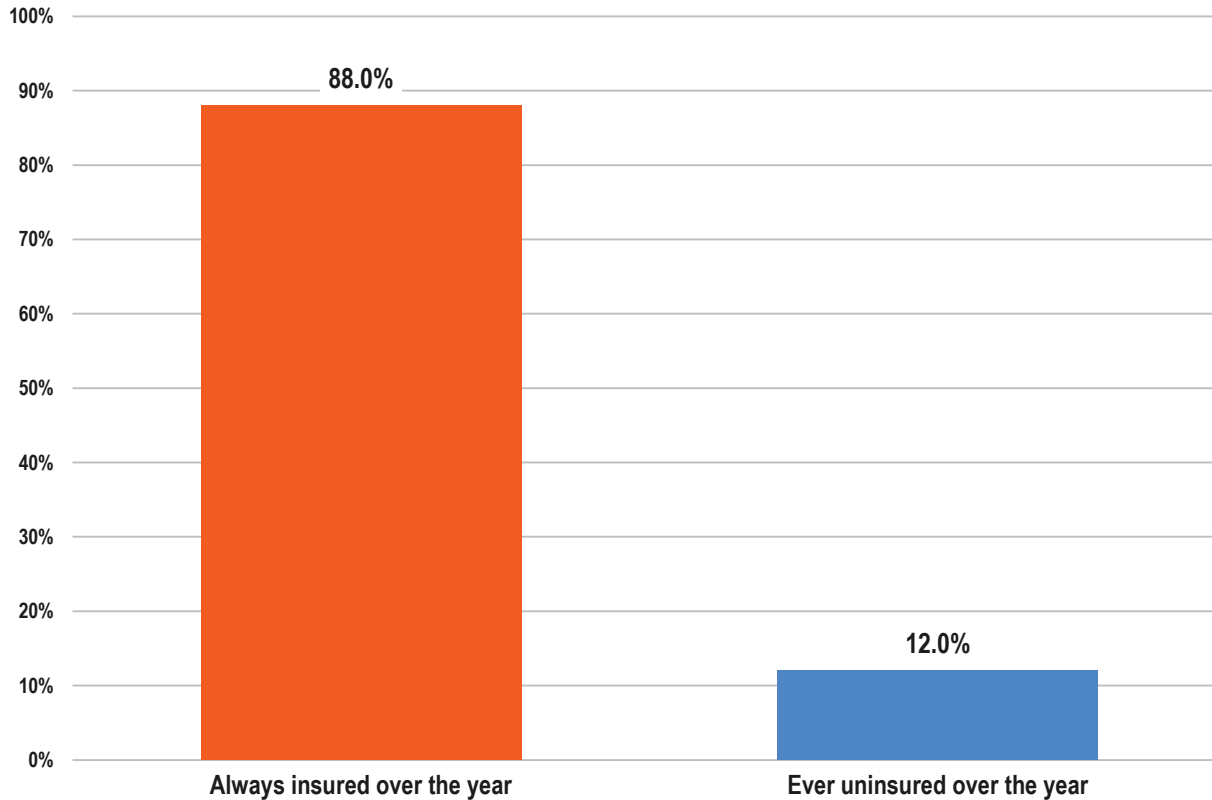
NOTES: These are regression-adjusted estimates. Estimates may not sum to 100 percent due to rounding.

* (**) Significantly different from the value in 2006 at the .05 (.01) level, two-tailed test.

^(^^) In 2010 and 2012, significantly different from the value two years prior at the .05 (.01) level, two-tailed test.

HEALTH INSURANCE COVERAGE OVER THE PAST 12 MONTHS FOR ADULTS 19 TO 64 IN MASSACHUSETTS, 2012

PERCENT REPORTING INSURANCE COVERAGE



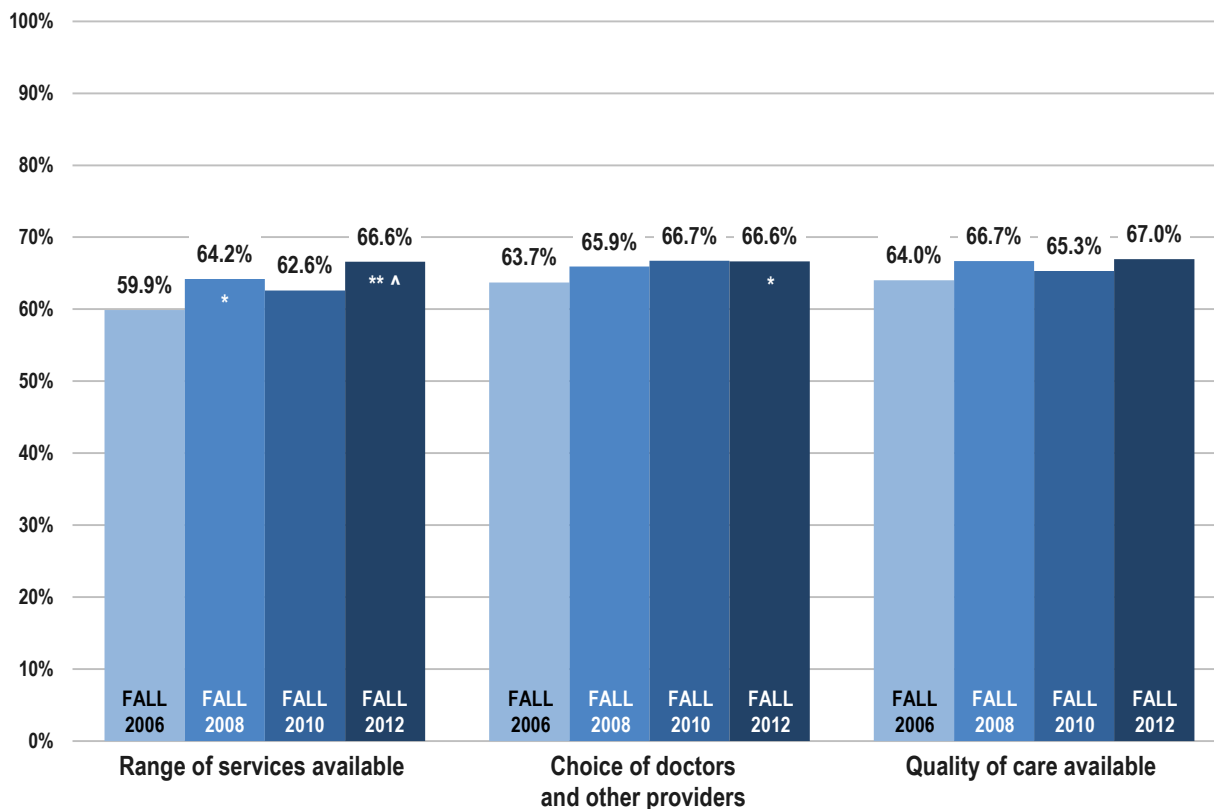
- Increased insurance coverage in Massachusetts at a point in time has translated into a higher share of nonelderly adults with continuous coverage. In 2012, 88.0 percent reported continuous coverage over the past 12 months.

SOURCE: 2012 Massachusetts Health Reform Survey (MHRS).

NOTE: These are simple (unadjusted) estimates.

HEALTH PLAN RATED AS VERY GOOD OR EXCELLENT BY ADULTS 19 TO 64 IN MASSACHUSETTS, 2006 TO 2012

PERCENT RATING PLAN VERY GOOD OR EXCELLENT



- In 2012, roughly two-thirds of nonelderly adults in Massachusetts rated their health plan as very good or excellent in terms of the range of services available, the choice of doctors and other providers, and the quality of care. There were some gains in the share of adults rating their health plan as very good or excellent since 2006.

SOURCE: 2006-2012 Massachusetts Health Reform Survey (MHRS).

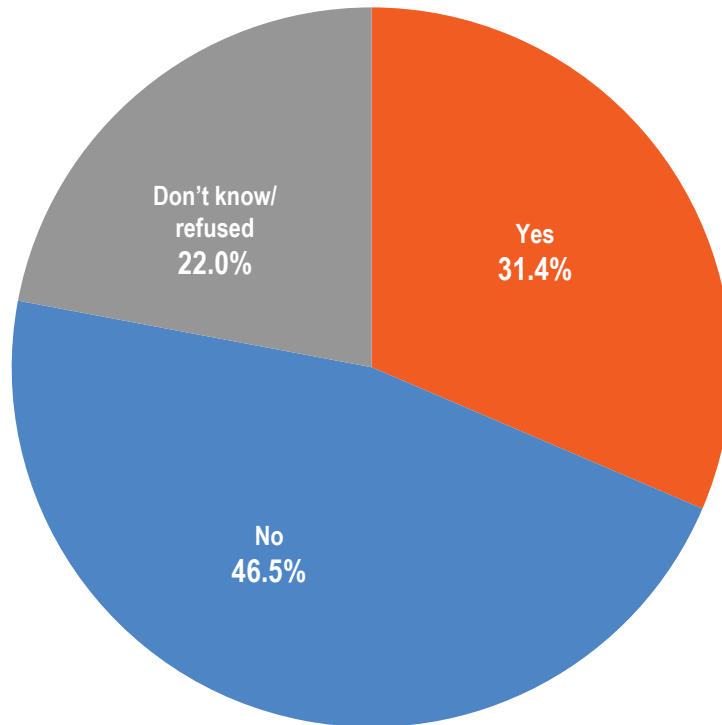
NOTES: These are regression-adjusted estimates.

* (**) Significantly different from the value in 2006 at the .05 (.01) level, two-tailed test.

^ (^^) In 2010 and 2012, significantly different from the value two years prior at the .05 (.01) level, two-tailed test.

AVAILABILITY OF TIERED NETWORKS FOR ADULTS 19 TO 64 IN MASSACHUSETTS, 2012

OF THOSE REPORTING THEIR HEALTH PLAN HAS A NETWORK,
PERCENT REPORTING AVAILABILITY OF TIERED NETWORKS



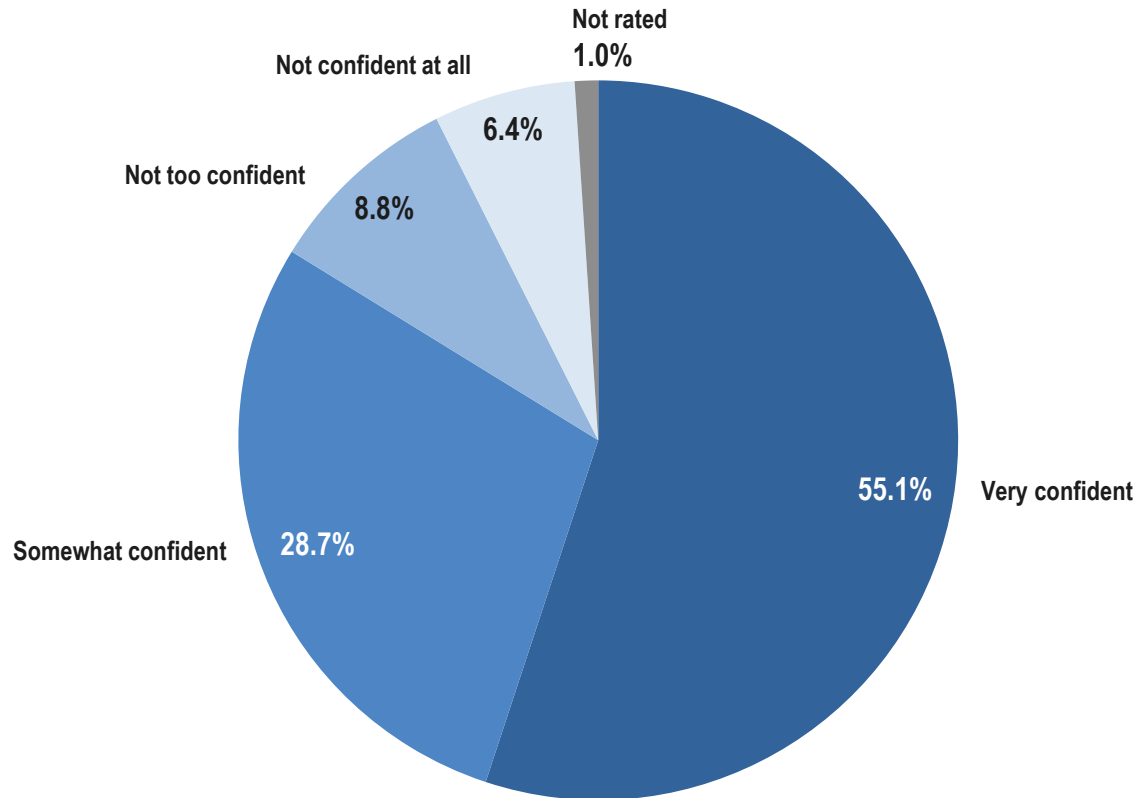
- Since 2011, Massachusetts has required insurers to offer tiered networks, in which plan members are encouraged to use more cost-effective, high-quality providers through lower levels of cost sharing. In 2012, 68.0 percent of nonelderly adults were enrolled in a plan that encourages using a network of providers (data not shown), with roughly a third of those adults (31.4 percent) reporting that their health plan offered a tiered network.

SOURCE: 2012 Massachusetts Health Reform Survey (MHRS).

NOTE: These are simple (unadjusted) estimates.

CONFIDENCE IN ABILITY TO KEEP HEALTH INSURANCE COVERAGE IN THE FUTURE FOR INSURED ADULTS 19 TO 64 IN MASSACHUSETTS, 2012

PERCENT REPORTING CONFIDENCE IN ABILITY TO KEEP COVERAGE



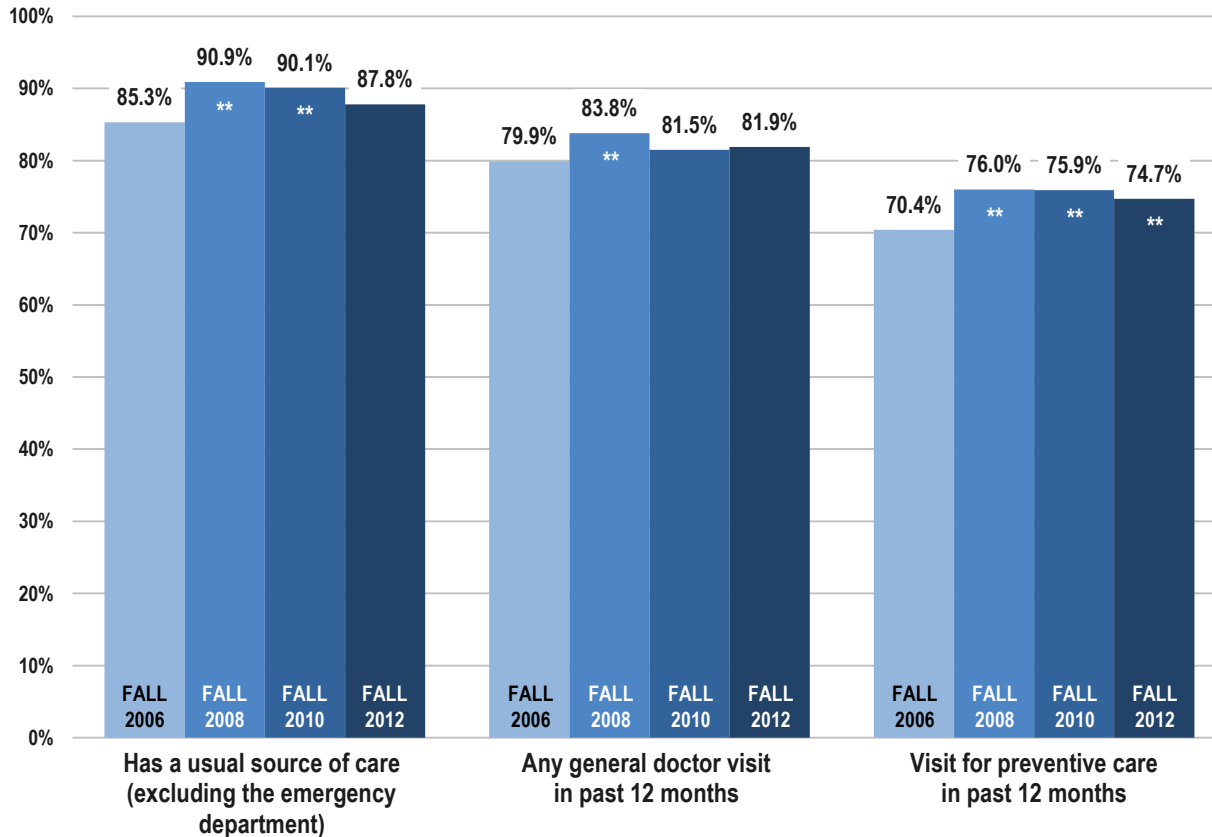
- Looking to the future, most of the nonelderly adults in Massachusetts (83.8 percent) who were insured at the time of the survey in 2012 reported that they were “very confident” or “somewhat confident” of their ability to retain their insurance coverage in the coming year.

SOURCE: 2012 Massachusetts Health Reform Survey (MHRS).

NOTE: These are simple (unadjusted) estimates.

ACCESS TO HEALTH CARE IN THE PAST 12 MONTHS FOR ADULTS 19 TO 64 IN MASSACHUSETTS, 2006 TO 2012

PERCENT REPORTING OUTCOME



- Access to care remained strong in Massachusetts in 2012. Most nonelderly adults (87.8 percent) reported having a place they usually go when they are sick or need advice about their health, and most (81.9 percent) reported a doctor visit in the past 12 months, including a preventive care visit (74.7 percent). This compares with 80.9 percent with a usual source of care and 62.9 percent with a doctor visit in the National Health Interview Survey.
- However, by 2012, the shares of adults reporting that they had a usual source of care and a general doctor visit were no longer significantly larger than in 2006.

SOURCE: 2006-2012 Massachusetts Health Reform Survey (MHRs).

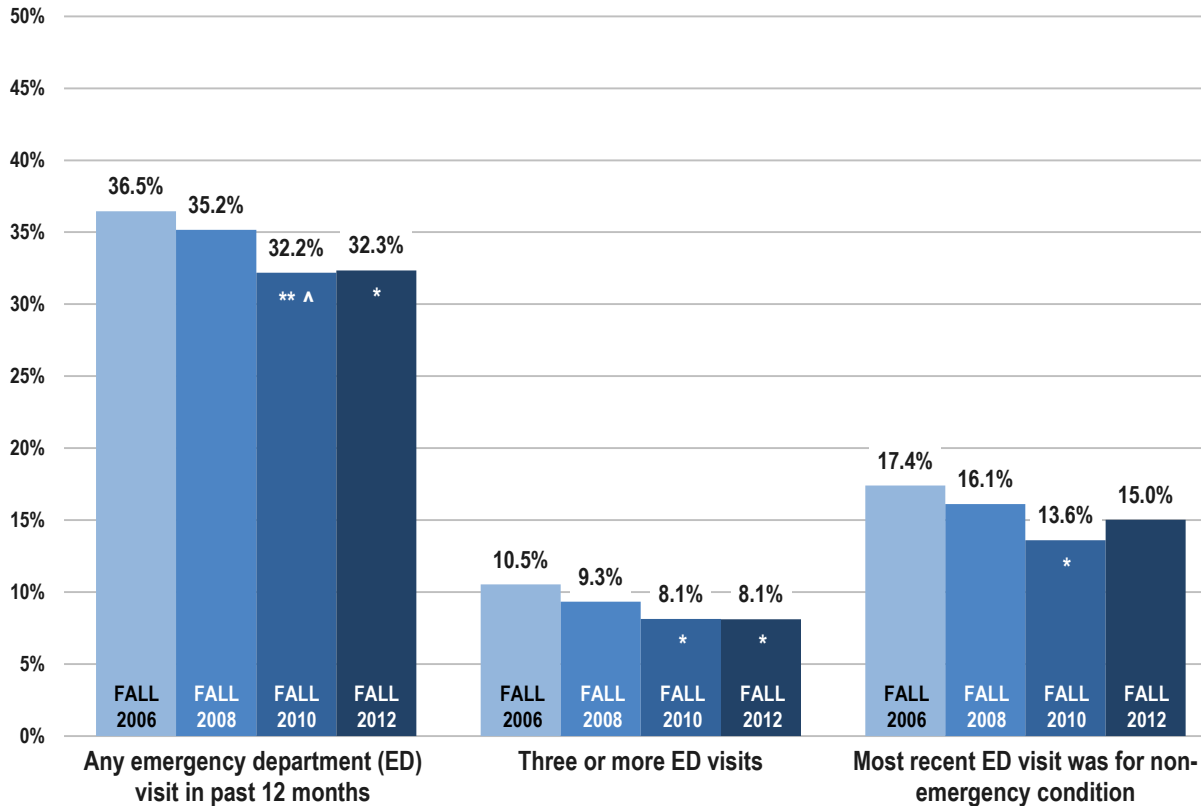
NOTES: These are regression-adjusted estimates.

* (**) Significantly different from the value in 2006 at the .05 (.01) level, two-tailed test.

^(^^) In 2010 and 2012, significantly different from the value two years prior at the .05 (.01) level, two-tailed test.

EMERGENCY DEPARTMENT USE IN THE PAST 12 MONTHS BY ADULTS 19 TO 64 IN MASSACHUSETTS, 2006 TO 2012

PERCENT REPORTING OUTCOME



- The shares of nonelderly adults in Massachusetts reporting any emergency department (ED) visit, multiple ED visits, and ED visits for non-emergency conditions in the past 12 months were all lower in 2012 than they were in 2006, although the decline in non-emergency ED visits was not statistically significant.

SOURCE: 2006-2012 Massachusetts Health Reform Survey (MHRS).

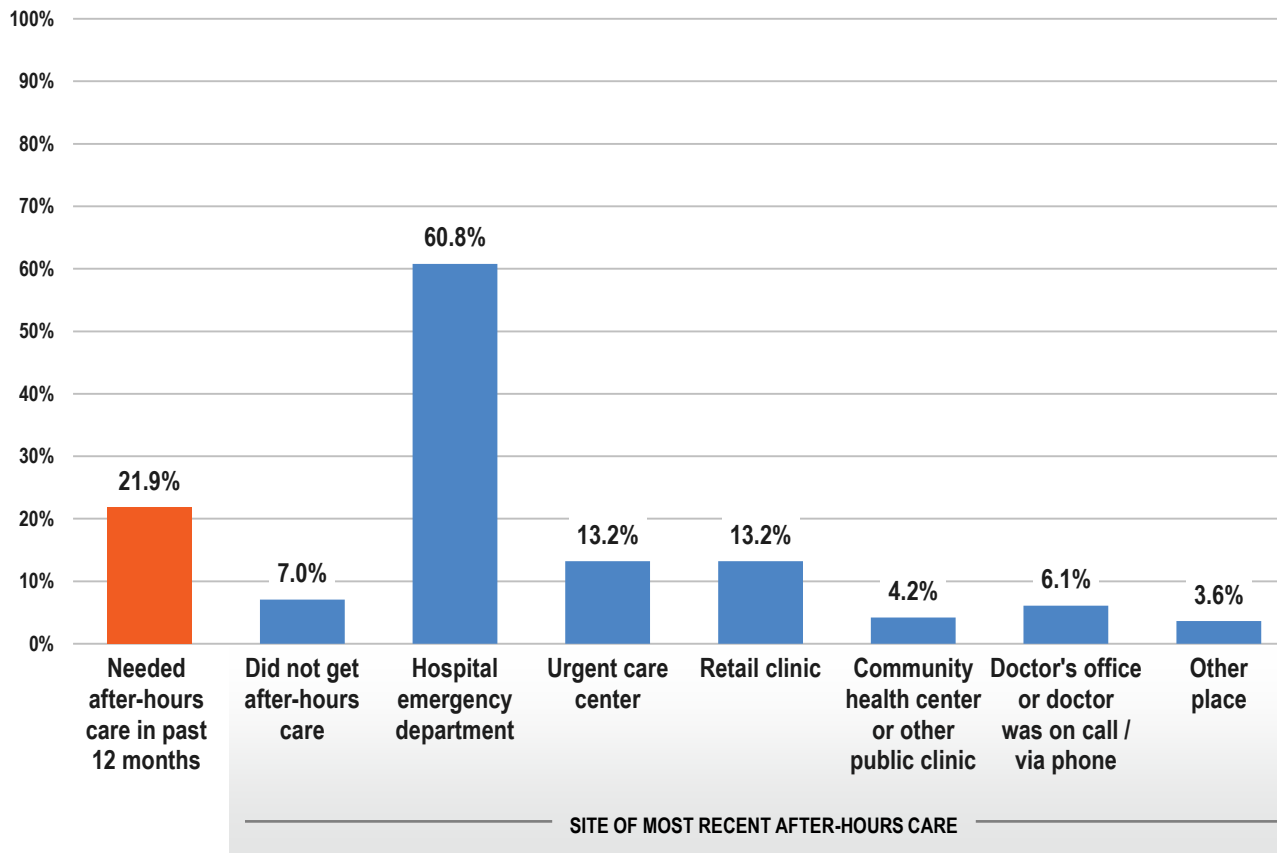
NOTES: These are regression-adjusted estimates. Non-emergency ED visits are those that the respondent thought could have been treated by a regular doctor if one had been available.

* (**) Significantly different from the value in 2006 at the .05 (.01) level, two-tailed test.

^(^^) In 2010 and 2012, significantly different from the value two years prior at the .05 (.01) level, two-tailed test.

NEED FOR AFTER-HOURS CARE IN PAST 12 MONTHS AMONG ADULTS 19 TO 64 IN MASSACHUSETTS, 2012

PERCENT REPORTING AFTER-HOURS CARE



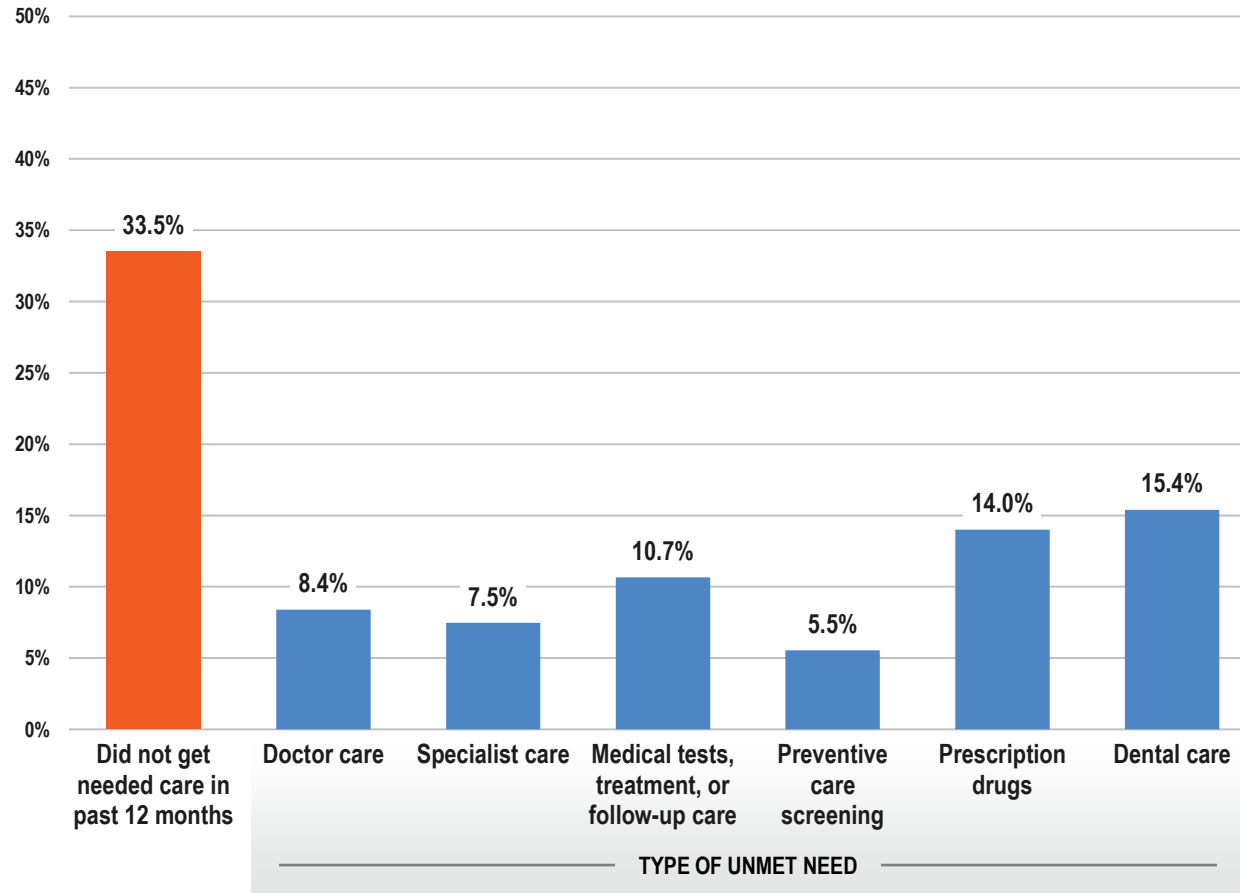
- After-hours care was needed by about one in five (21.9 percent) nonelderly adults in Massachusetts over the past 12 months. Most adults reported relying on the hospital emergency department for that care (60.8 percent). However, the use of urgent care centers for after-hours care has increased over time, with 13.2 percent relying on urgent care centers for after-hours care in 2012, up from 8.4 percent in 2010 (data not shown).

SOURCE: 2012 Massachusetts Health Reform Survey (MHRS).

NOTE: These are simple (unadjusted) estimates.

UNMET NEED FOR HEALTH CARE AMONG ADULTS 19 TO 64 IN MASSACHUSETTS, 2012

PERCENT REPORTING UNMET NEED



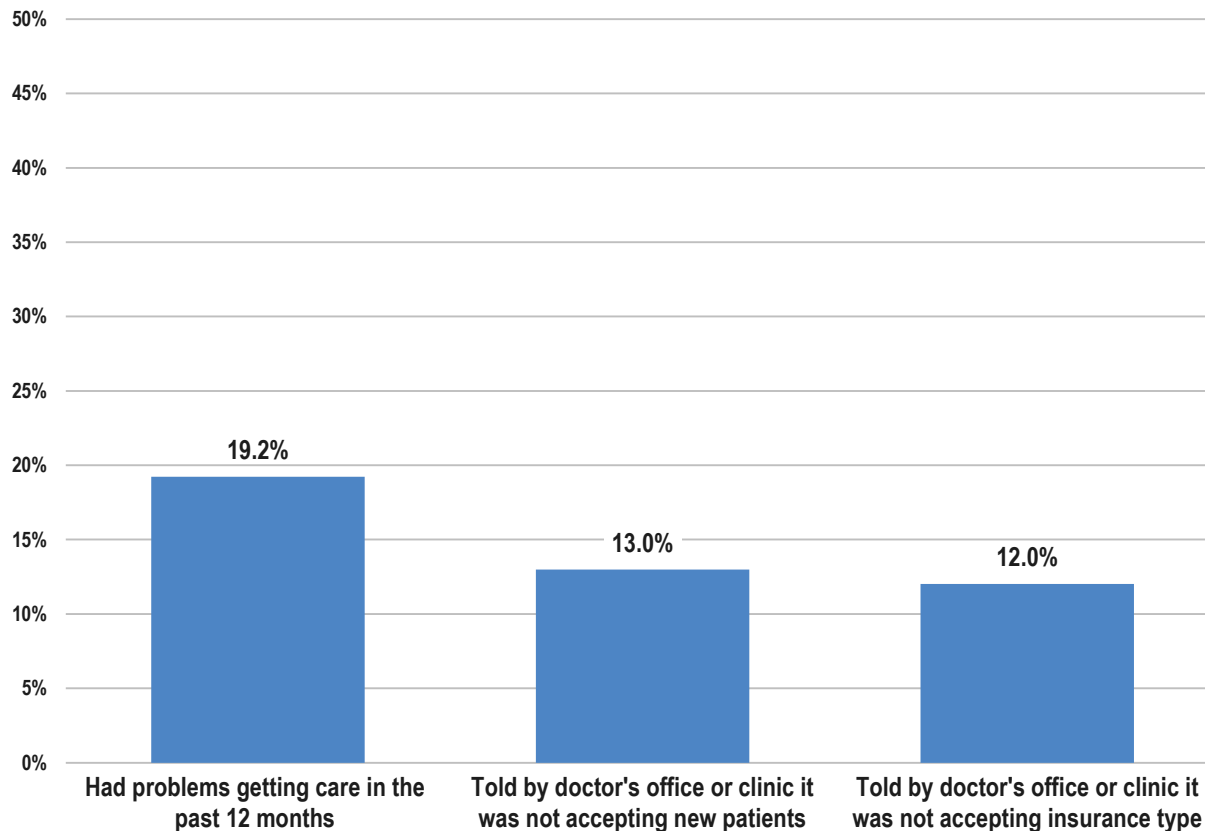
- While the majority of nonelderly adults in Massachusetts were able to obtain the health care that they needed in 2012, one-third (33.5 percent) reported going without needed care in the past 12 months, with unmet need highest for dental care (15.4 percent), prescription drugs (14.0 percent), and medical tests, treatment, or follow-up care (10.7 percent). The most common reason for unmet need was the cost of care, cited by 49.3 percent of those who went without needed care (data not shown).

SOURCE: 2012 Massachusetts Health Reform Survey (MHRS).

NOTE: These are simple (unadjusted) estimates.

PROBLEMS OBTAINING CARE AMONG ADULTS 19 TO 64 IN MASSACHUSETTS, 2012

PERCENT REPORTING PROBLEMS OBTAINING CARE



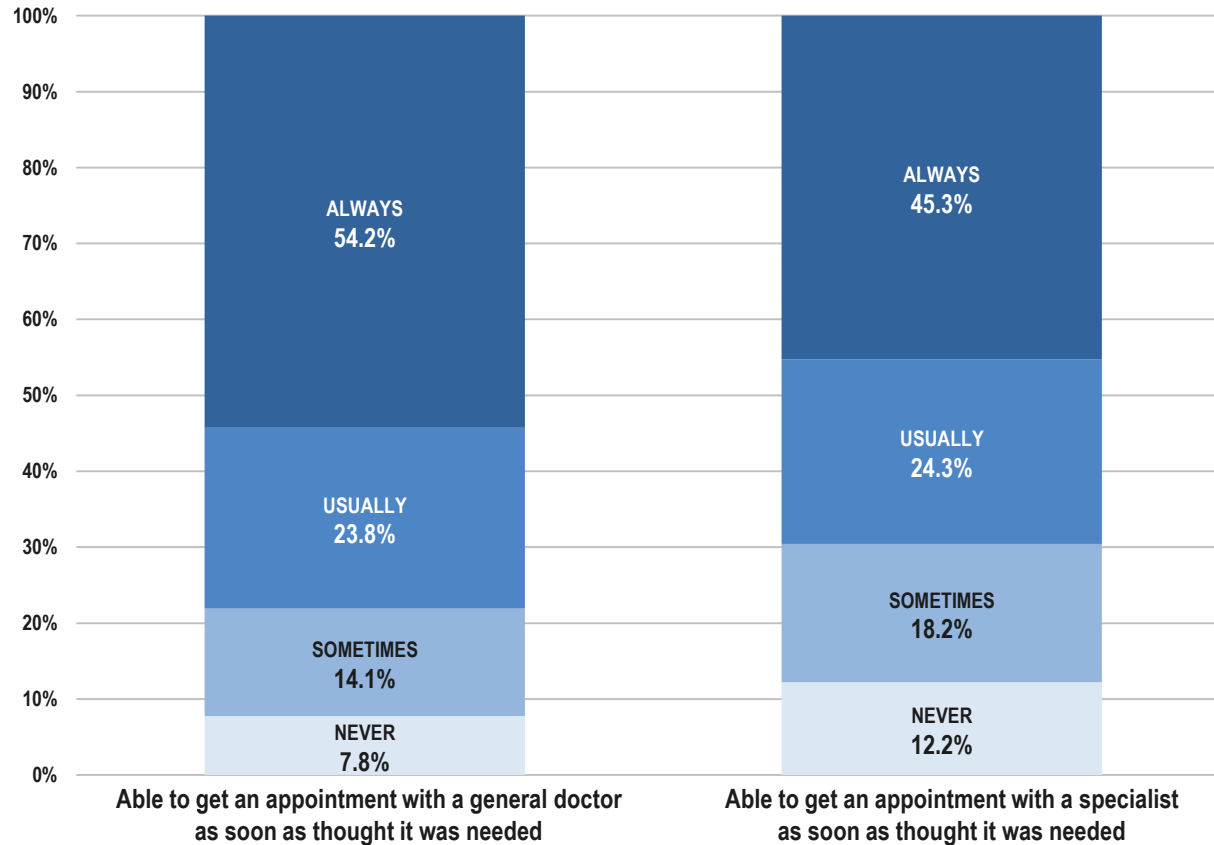
- More than one in 10 nonelderly adults in Massachusetts (13.0 percent) reported being told by a doctor's office or clinic that it was not accepting new patients. A similar share (12.0 percent) reported being told that the office or clinic was not accepting the patient's insurance type.

SOURCE: 2012 Massachusetts Health Reform Survey (MHRS).

NOTE: These are simple (unadjusted) estimates.

ASSESSMENT OF ABILITY TO GET AN APPOINTMENT WITH A GENERAL DOCTOR OR SPECIALIST AS SOON AS NEEDED IN PAST 12 MONTHS BY ADULTS 19 TO 64 IN MASSACHUSETTS, 2012

PERCENT REPORTING



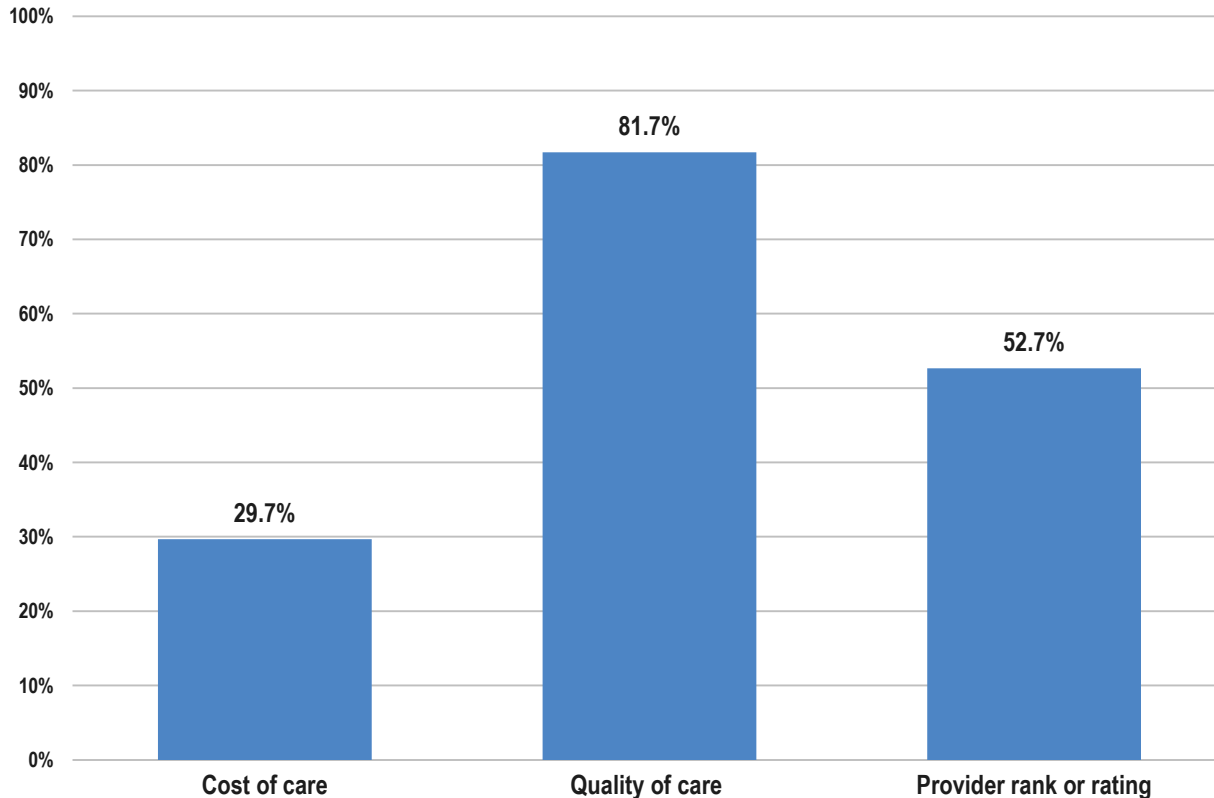
- In 2012, fewer than one in 10 (7.8 percent) nonelderly adults in Massachusetts reported that they were never able to get an appointment for primary care in the past 12 months, while more than one in 10 (12.2 percent) reported never being able to get an appointment for specialty care.

SOURCE: 2012 Massachusetts Health Reform Survey (MHRS).

NOTE: These are simple (unadjusted) estimates. These estimates exclude respondents who did not make or try to make an appointment and a small share of respondents who did not respond to the question.

COST, QUALITY, AND PROVIDER RANKING AS MAJOR FACTORS WHEN CHOOSING A DOCTOR OR HOSPITAL FOR ADULTS 19 TO 64 IN MASSACHUSETTS, 2012

PERCENT REPORTING A MAJOR FACTOR



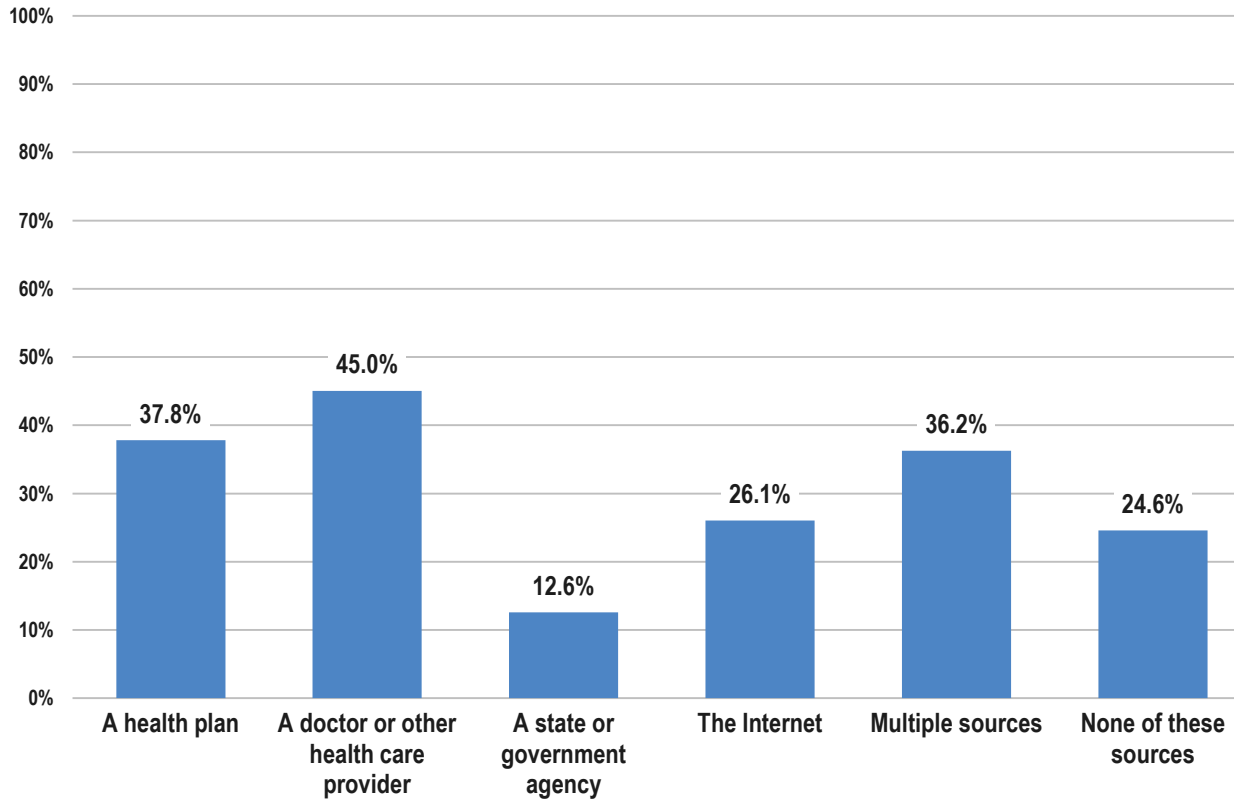
- About three in 10 (29.7 percent) nonelderly adults in Massachusetts reported the cost of care to be a major factor in choosing a doctor or hospital, as compared with 81.7 percent who considered quality of care a major factor.

SOURCE: 2012 Massachusetts Health Reform Survey (MHRS).

NOTE: These are simple (unadjusted) estimates.

SOURCES OF INFORMATION WHEN CHOOSING PROVIDERS FOR ADULTS 19 TO 64 IN MASSACHUSETTS, 2012

PERCENT REPORTING SOURCE OF INFORMATION



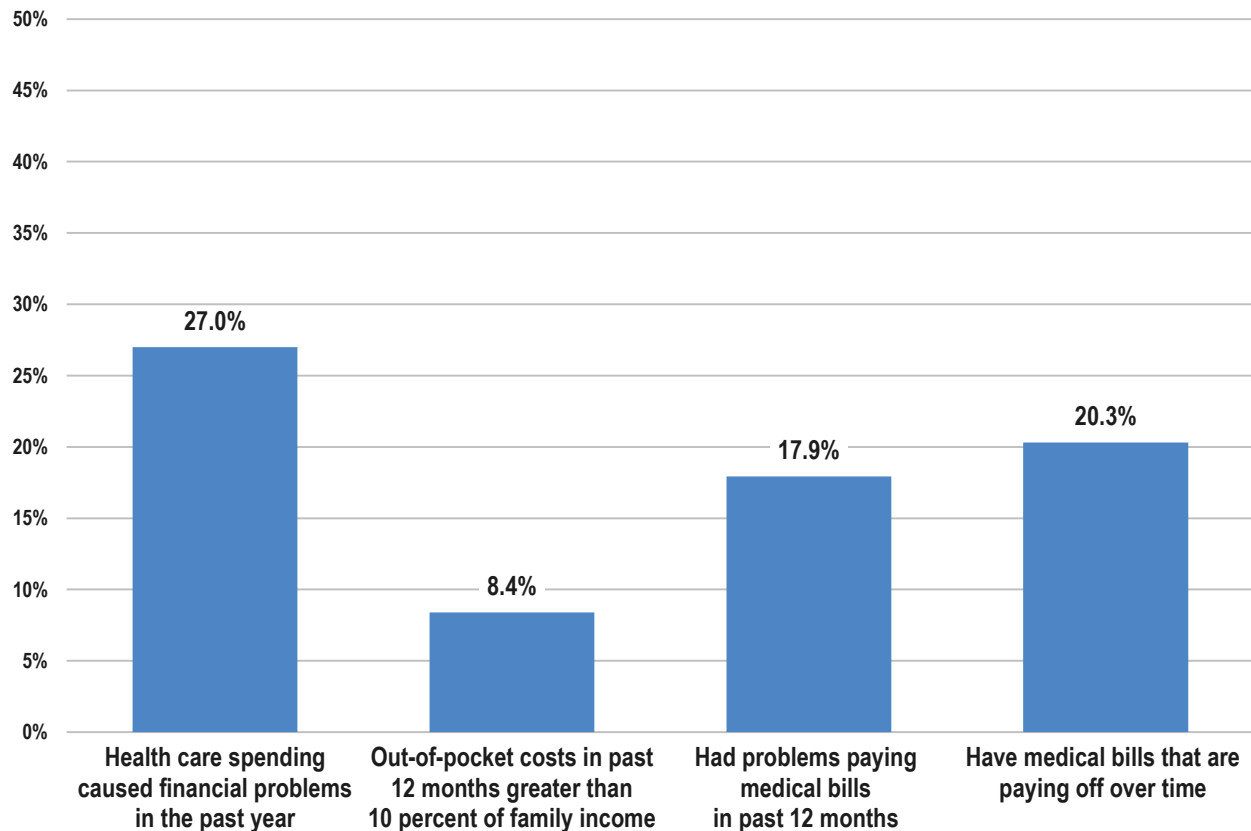
- Nonelderly adults relied on many sources of information when choosing a provider. More than one in 10 of the adults (12.6 percent) reported relying on information from state or government agencies.

SOURCE: 2012 Massachusetts Health Reform Survey (MHRS).

NOTE: These are simple (unadjusted) estimates.

FINANCIAL PROBLEMS CAUSED BY HEALTH CARE SPENDING AMONG ADULTS 19 TO 64 IN MASSACHUSETTS, 2012

PERCENT REPORTING FINANCIAL PROBLEMS



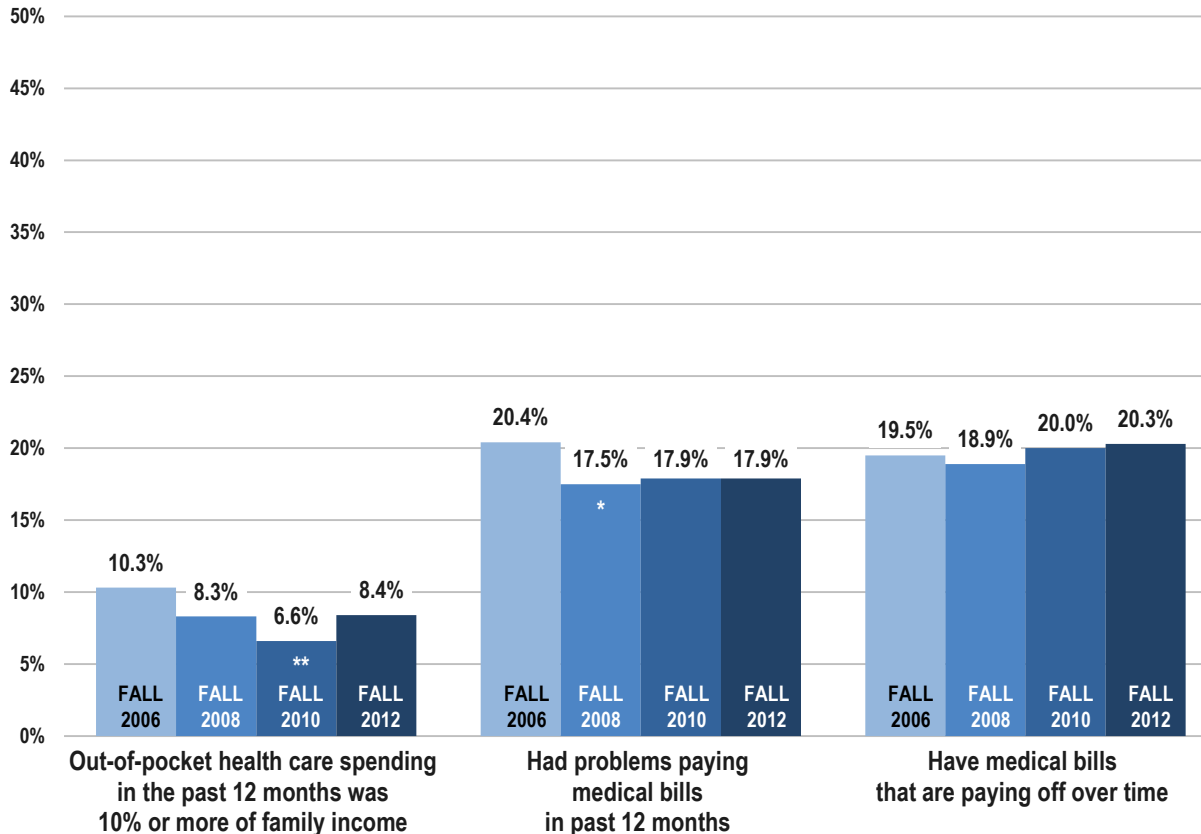
- In 2012, more than one-quarter (27.0 percent) of nonelderly adults in Massachusetts reported that health care spending had caused financial problems for their family in the past year.
- Nearly one in 10 (8.4 percent) reported out-of-pocket health care costs greater than 10 percent of family income, almost one in five (17.9 percent) reported problems paying medical bills over the past 12 months, and one in five (20.3 percent) reported outstanding medical bills that they were paying off over time.

SOURCE: 2012 Massachusetts Health Reform Survey (MHRS).

NOTE: These are simple (unadjusted) estimates.

PROBLEMS WITH HEALTH CARE AFFORDABILITY FOR ADULTS 19 TO 64 IN MASSACHUSETTS, 2006 TO 2012

PERCENT REPORTING HEALTH CARE AFFORDABILITY PROBLEMS



- Health care costs continue to impact many adults, with little change in health care affordability under health reform. Nonelderly adults were as likely in 2012 as in 2006 to have high out-of-pocket spending for health care, to report problems paying medical bills, and to report having medical bills that are being paid off over time.

SOURCE: 2006-2012 Massachusetts Health Reform Survey (MHRs).

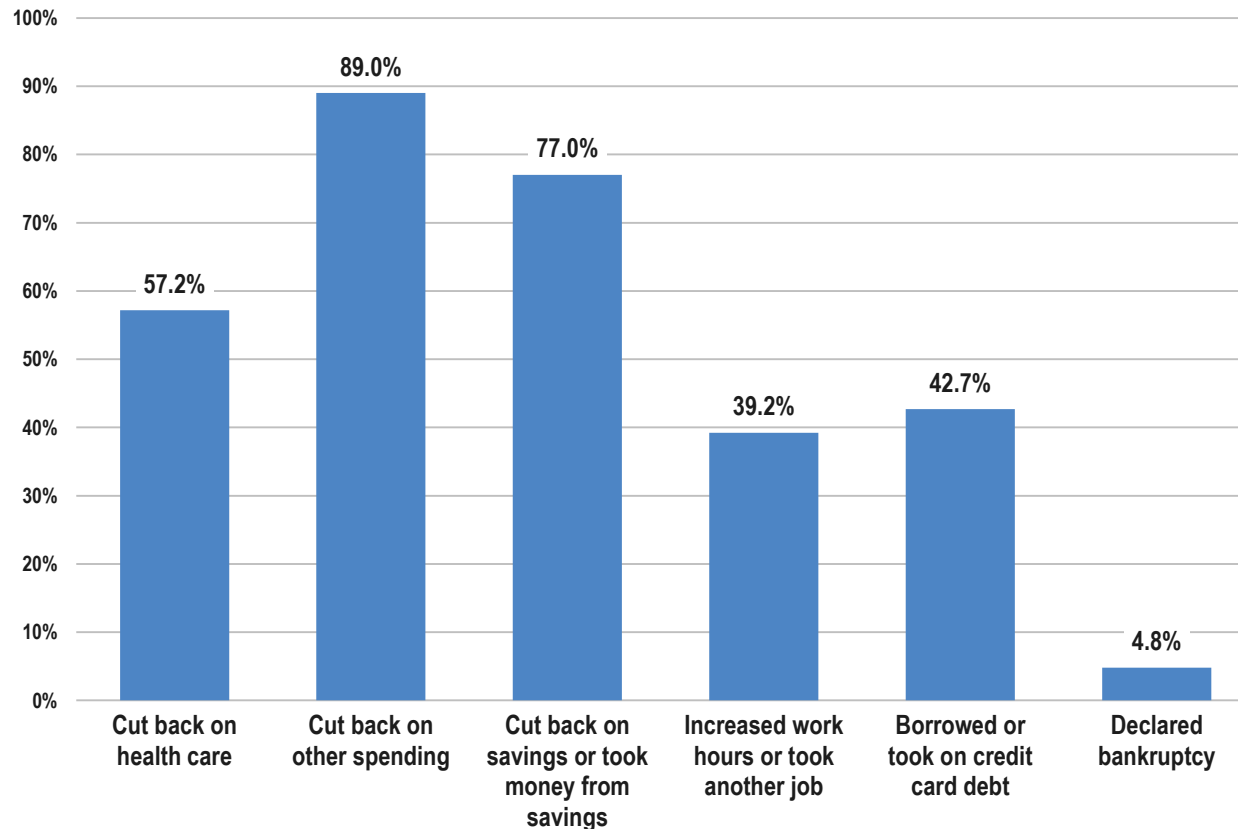
NOTES: These are regression-adjusted estimates.

* (**) Significantly different from the value in 2006 at the .05 (.01) level, two-tailed test.

^(^^) In 2010 and 2012, value for year is significantly different from the value two years prior at the .05 (.01) level, two-tailed test.

REPORTED RESPONSE TO FINANCIAL PROBLEMS CAUSED BY HEALTH CARE SPENDING FOR ADULTS 19 TO 64 IN MASSACHUSETTS, 2012

AMONG ADULTS FACING FINANCIAL PROBLEMS DUE TO HEALTH CARE SPENDING, PERCENT REPORTING STRATEGIES



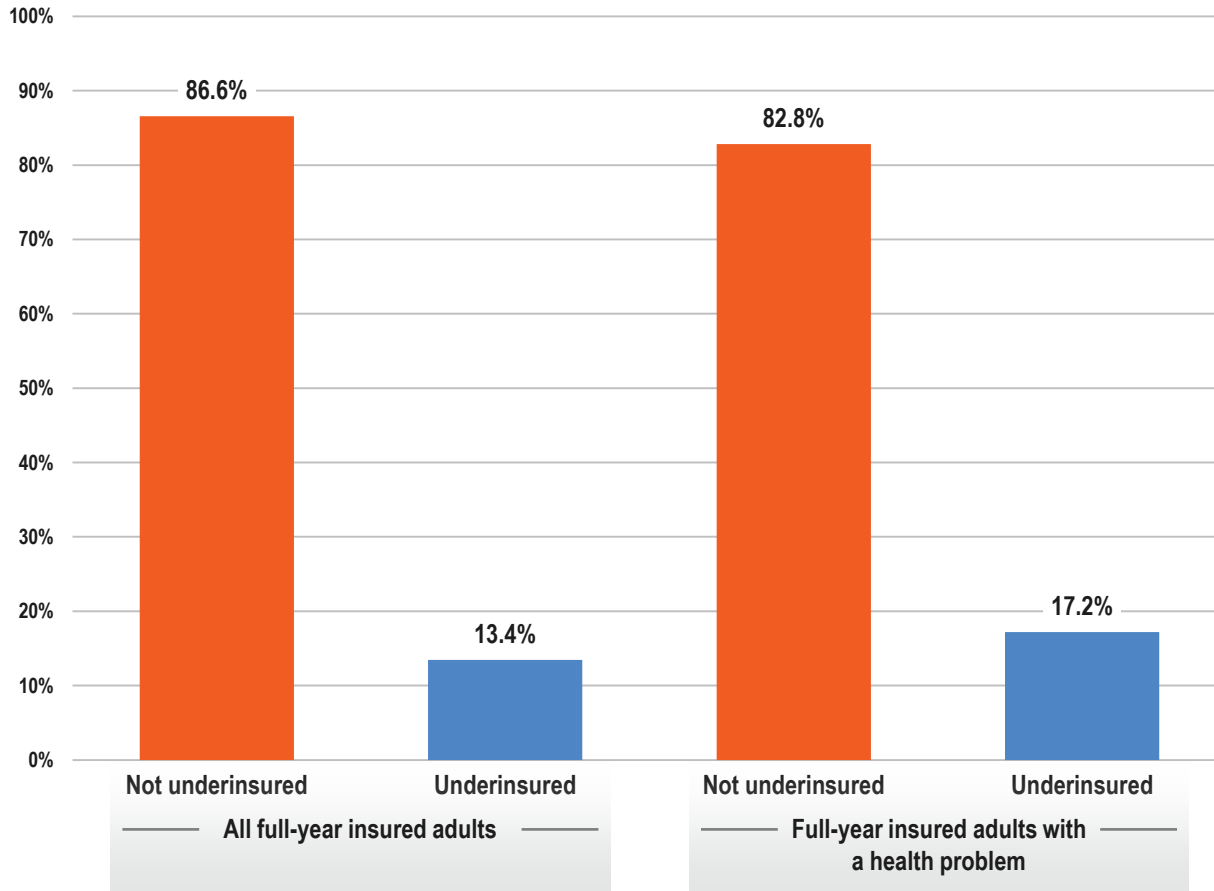
- Nonelderly adults who reported financial problems because of health care costs employed a range of strategies to address those problems, including cutting back on non-health-related spending (89.0 percent) and cutting back on savings or taking money from savings (77.0 percent). A small share of the adults (4.8 percent) reported that they had declared bankruptcy as a result of financial problems caused by health care spending.

SOURCE: 2012 Massachusetts Health Reform Survey (MHRS).

NOTE: These are simple (unadjusted) estimates.

UNDERINSURANCE AMONG FULL-YEAR INSURED ADULTS 19 TO 64 IN MASSACHUSETTS, 2012

PERCENT REPORTING UNDERINSURANCE STATUS



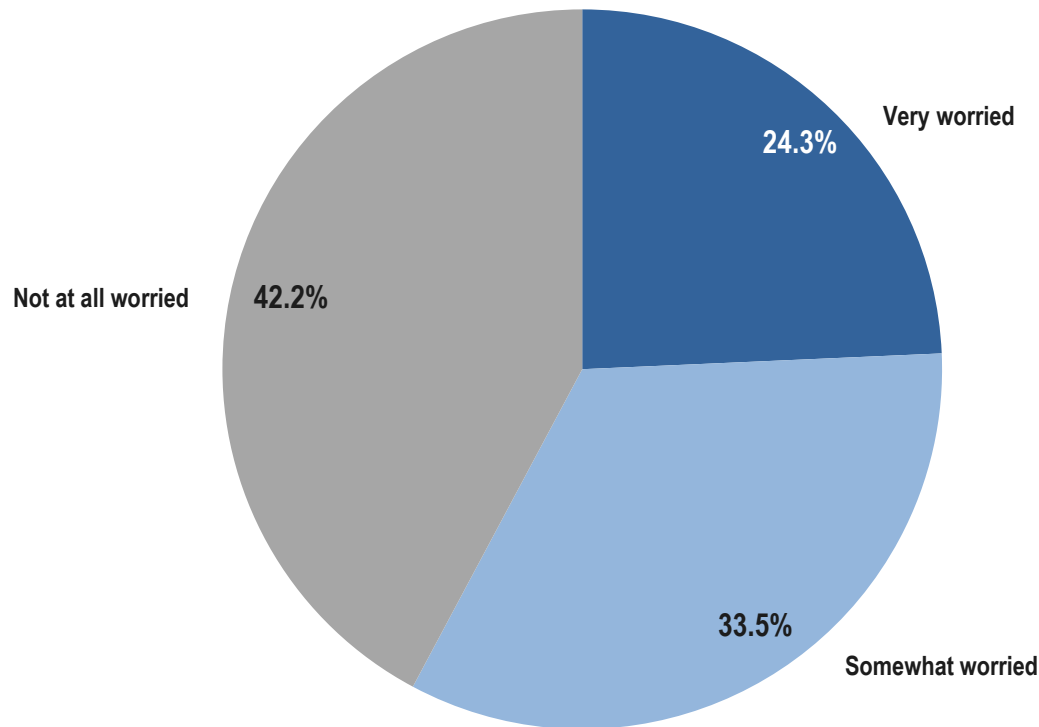
- More than one in 10 (13.4 percent) nonelderly adults in Massachusetts who were insured for the full year were underinsured in 2012, with underinsurance higher for adults with health problems.

SOURCE: 2012 Massachusetts Health Reform Survey (MHRS).

NOTE: These are simple (unadjusted) estimates. Underinsurance is defined as high out-of-pocket health care spending for individuals who had health insurance coverage all year.

WORRY ABOUT ABILITY TO AFFORD HEALTH CARE IN FUTURE AMONG ADULTS 19 TO 64 IN MASSACHUSETTS, 2012

PERCENT REPORTING LEVEL OF WORRY



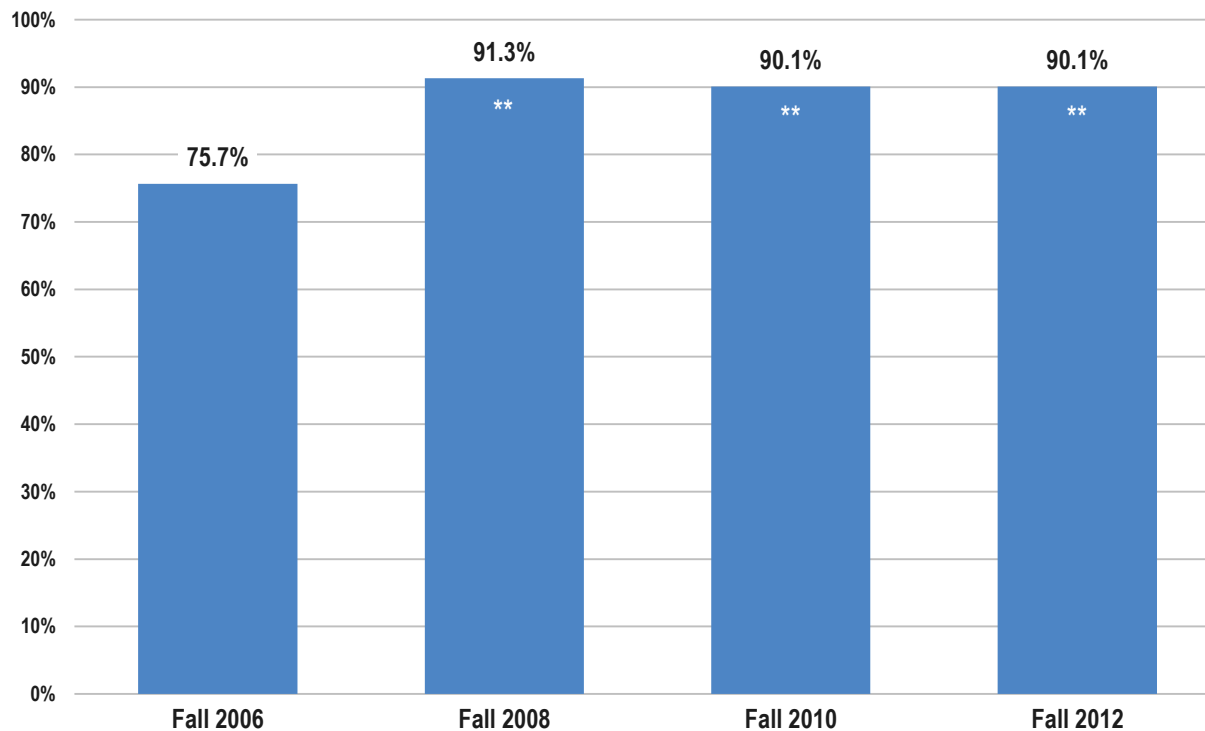
- In 2012, more than half (57.8 percent) of nonelderly adults in Massachusetts reported that they were “very worried” or “somewhat worried” about their ability to pay future medical bills if they got sick or had an accident.

SOURCE: 2012 Massachusetts Health Reform Survey (MHRS).

NOTE: These are simple (unadjusted) estimates. These estimates exclude a small share of respondents who did not respond to the question.

HEALTH INSURANCE COVERAGE FOR LOWER-INCOME ADULTS 19 TO 64 IN MASSACHUSETTS, 2006 TO 2012

PERCENT REPORTING INSURANCE COVERAGE



- In 2012, 90.1 percent of lower-income nonelderly adults in Massachusetts reported insurance coverage, a share well above the 75.7 percent with coverage in 2006.

SOURCE: 2006-2012 Massachusetts Health Reform Survey (MHRS).

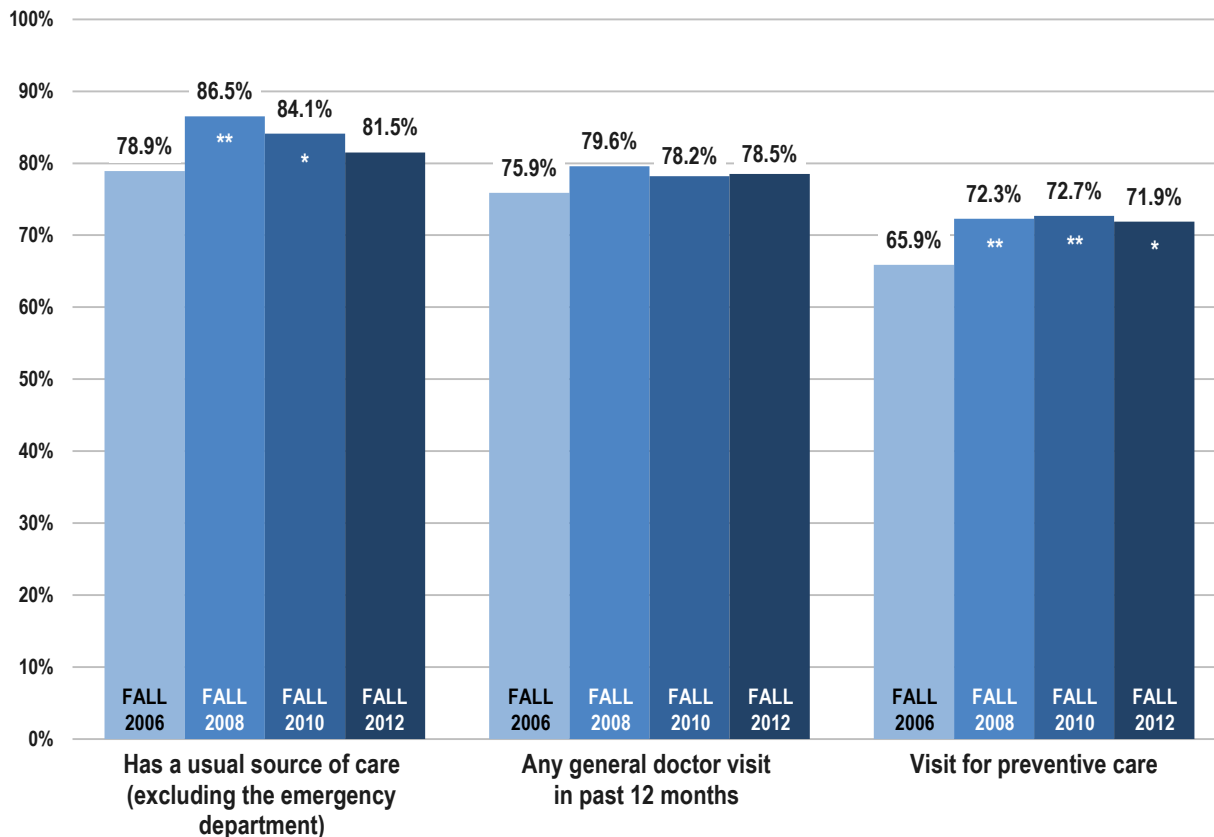
NOTES: These are regression-adjusted estimates. Lower-income is defined as a family income less than or equal to 300 percent of the federal poverty level.

* (**) Significantly different from the value in 2006 at the .05 (.01) level, two-tailed test.

^(^^) In 2010 and 2012, significantly different from the value two years prior at the .05 (.01) level, two-tailed test.

ACCESS TO HEALTH CARE IN THE PAST 12 MONTHS FOR LOWER-INCOME ADULTS 19 TO 64 IN MASSACHUSETTS, 2006 TO 2012

PERCENT REPORTING OUTCOME



- Access to care remained strong for lower-income nonelderly adults in Massachusetts in 2012, with most reporting they had a place they usually go when they are sick or need advice about their health, and most reporting a doctor visit in the past 12 months, including a preventive care visit.
- However, by 2012, there was no longer a statistically significant increase in the share of lower-income adults reporting that they had a usual source of care relative to 2006.

SOURCE: 2006-2012 Massachusetts Health Reform Survey (MHRs).

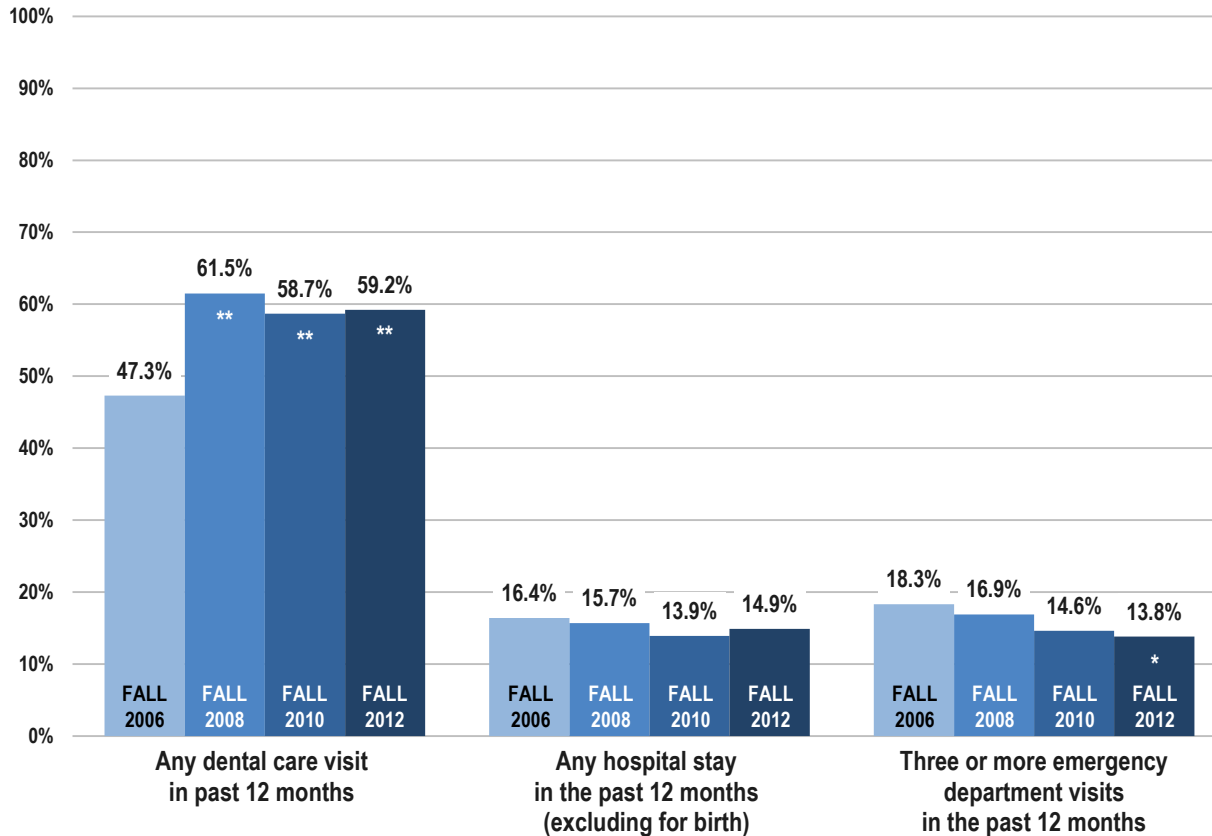
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ACCESS TO HEALTH CARE FOR LOWER-INCOME ADULTS 19 TO 64 IN MASSACHUSETTS, 2006 TO 2012

PERCENT REPORTING OUTCOME



- In 2012, lower-income adults were more likely to have had a dental visit and less likely to have had multiple emergency department visits over the past 12 months than in 2006.

SOURCE: 2006-2012 Massachusetts Health Reform Survey (MHRIS).

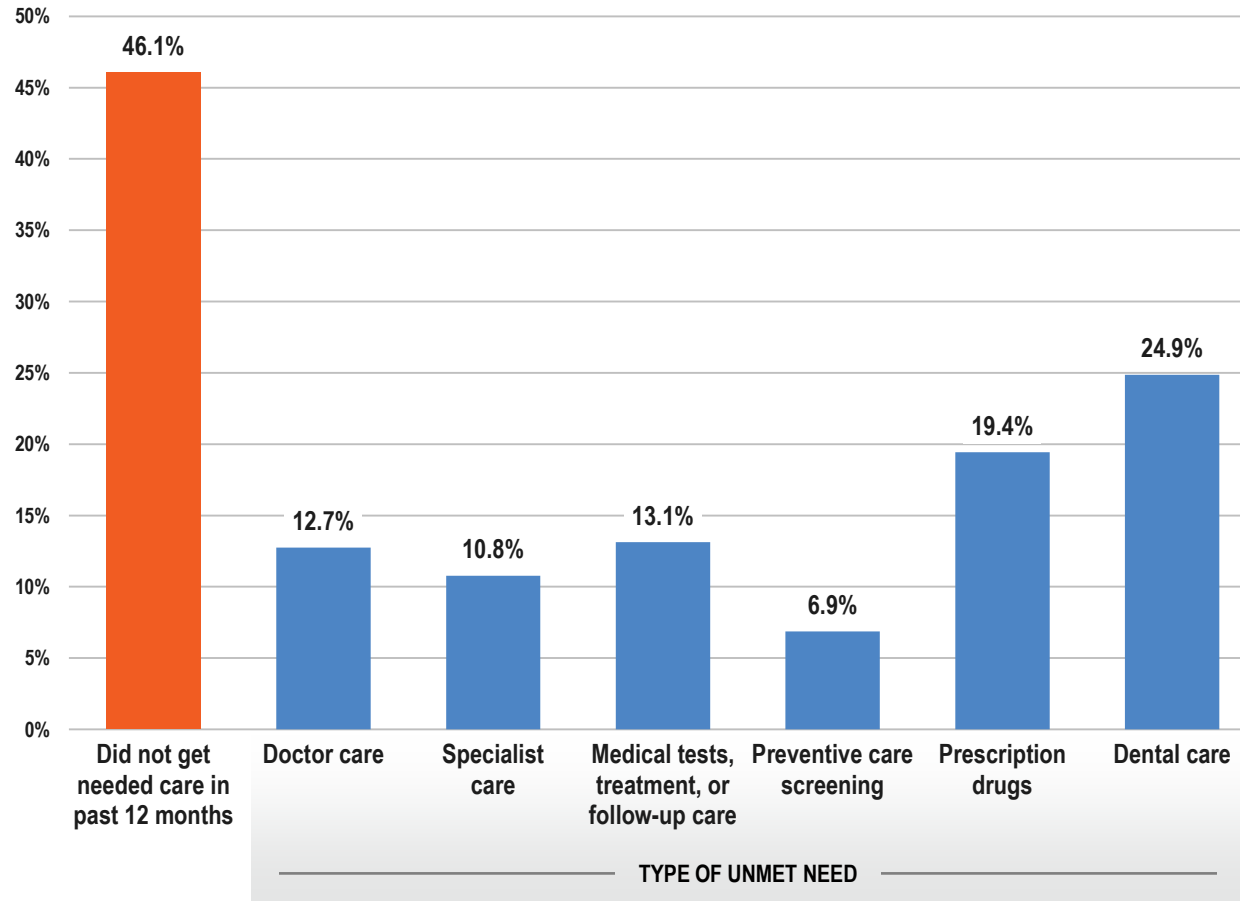
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UNMET NEED FOR HEALTH CARE AMONG LOWER-INCOME ADULTS 19 TO 64 IN MASSACHUSETTS, 2012

PERCENT REPORTING UNMET NEED



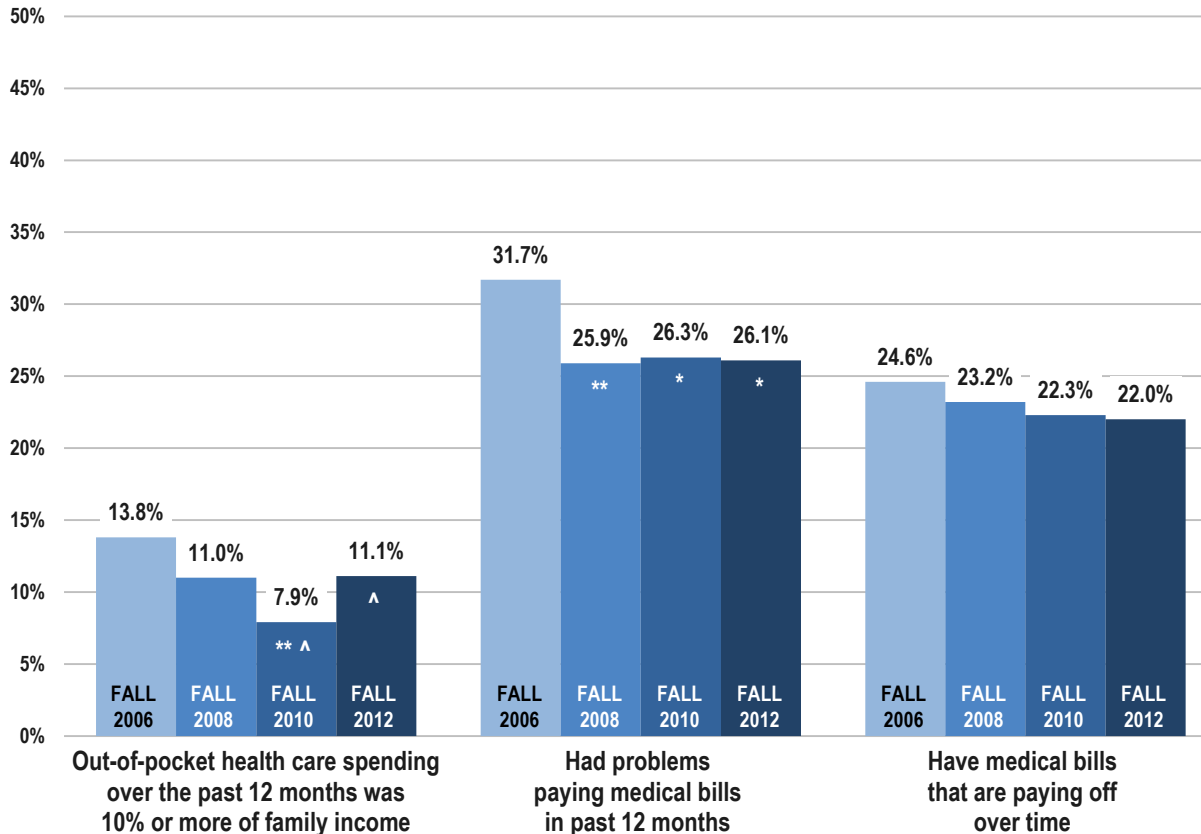
- In 2012, almost half of lower-income nonelderly adults in Massachusetts (46.1 percent) reported unmet need for health care over the past 12 months. Unmet need was most common for dental care (24.9 percent) and prescription drugs (19.4 percent), and was often related to the cost of care (data not shown).

SOURCE: 2012 Massachusetts Health Reform Survey (MHRS).

NOTE: These are simple (unadjusted) estimates. Lower-income is defined as a family income less than or equal to 300 percent of the federal poverty level.

PROBLEMS WITH HEALTH CARE AFFORDABILITY FOR LOWER-INCOME ADULTS 19 TO 64 IN MASSACHUSETTS, 2006 TO 2012

PERCENT REPORTING HEALTH CARE AFFORDABILITY PROBLEMS



- Lower-income nonelderly adults in Massachusetts were less likely to have problems paying medical bills in 2012 than in 2006 (26.1 percent versus 31.7 percent).

SOURCE: 2006-2012 Massachusetts Health Reform Survey (MHRS).

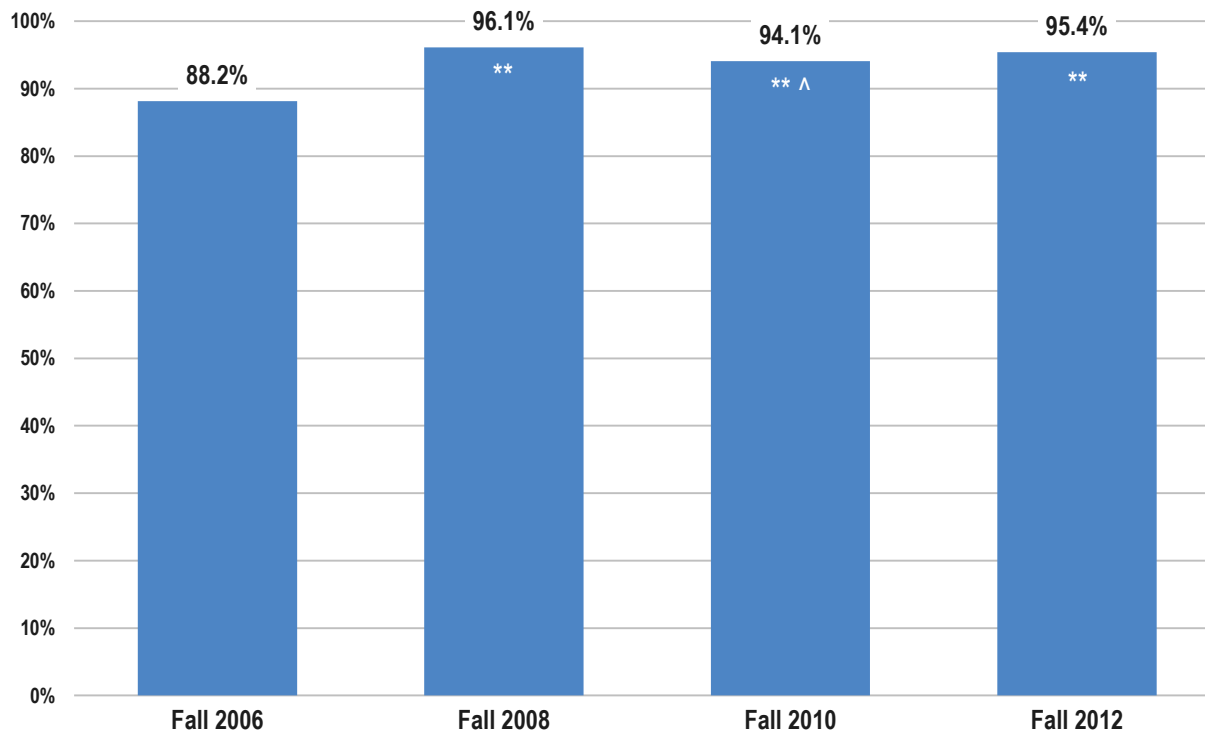
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^(^^) In 2010 and 2012, significantly different from the value two years prior at the .05 (.01) level, two-tailed test.

HEALTH INSURANCE COVERAGE FOR ADULTS 19 TO 64 IN MASSACHUSETTS WITH A CHRONIC HEALTH CONDITION, 2006 TO 2012

PERCENT REPORTING INSURANCE COVERAGE



- In 2012, nearly all nonelderly adults in Massachusetts with a chronic health condition (95.4 percent) reported insurance coverage, above the 88.2 percent with coverage in 2006.

SOURCE: 2006-2012 Massachusetts Health Reform Survey (MHRS).

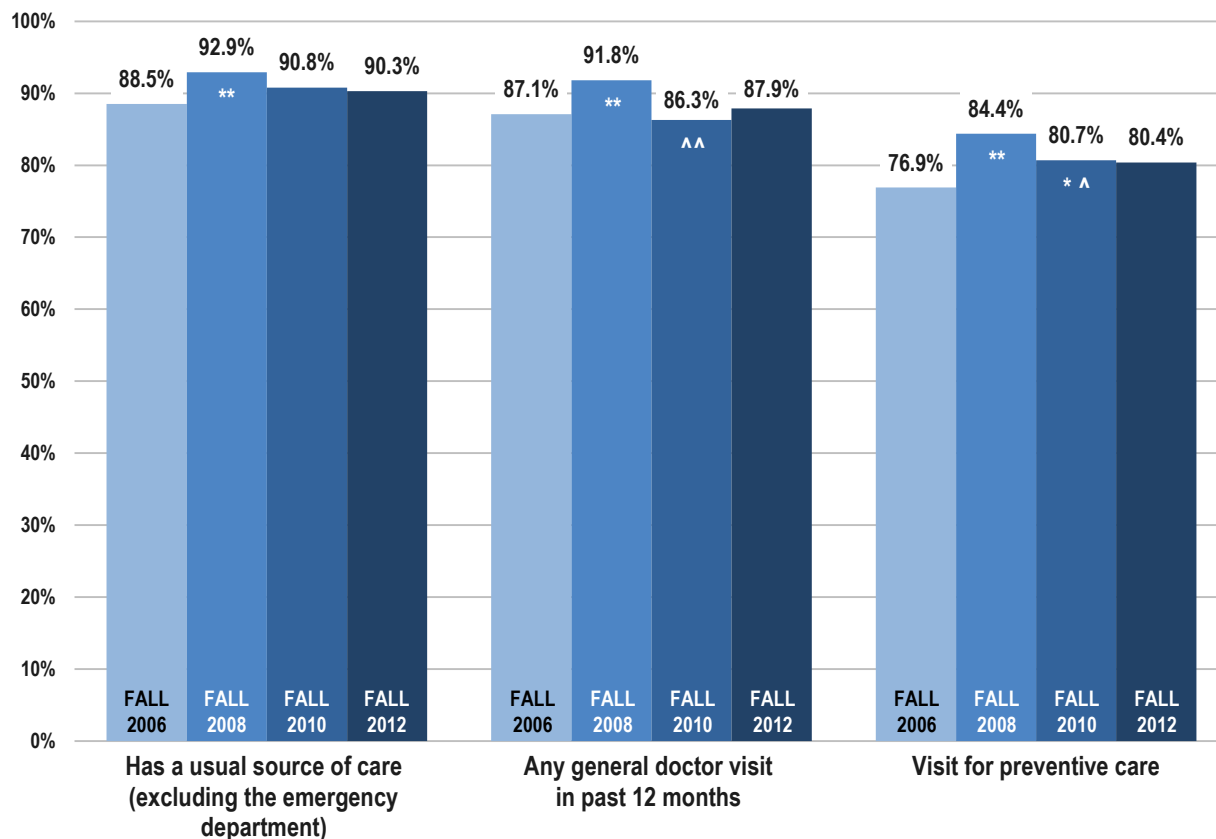
NOTES: These are regression adjusted estimates. A chronic health condition is defined as at least one of the following: hypertension or high blood pressure; heart disease or congestive heart failure; diabetes; asthma; or any other chronic or long-term health condition or health problem.

* (**) Significantly different from the value in 2006 at the .05 (.01) level, two-tailed test.

^(^^) In 2010 and 2012, significantly different from the value two years prior at the .05 (.01) level, two-tailed test.

ACCESS TO HEALTH CARE IN THE PAST 12 MONTHS FOR ADULTS 19 TO 64 IN MASSACHUSETTS WITH A CHRONIC HEALTH CONDITION, 2006 TO 2012

PERCENT REPORTING OUTCOME



- Access to care remained strong in 2012 for nonelderly adults in Massachusetts with a chronic condition. Most reported they had a place they usually go when they are sick or need advice about their health, and most reported a doctor visit in the past 12 months, including a preventive care visit.
- However, by 2012, there were no longer statistically significant increases relative to 2006 in the shares reporting that they had a usual source of care, a general doctor visit, or a preventive care visit.

SOURCE: 2006-2012 Massachusetts Health Reform Survey (MHRS).

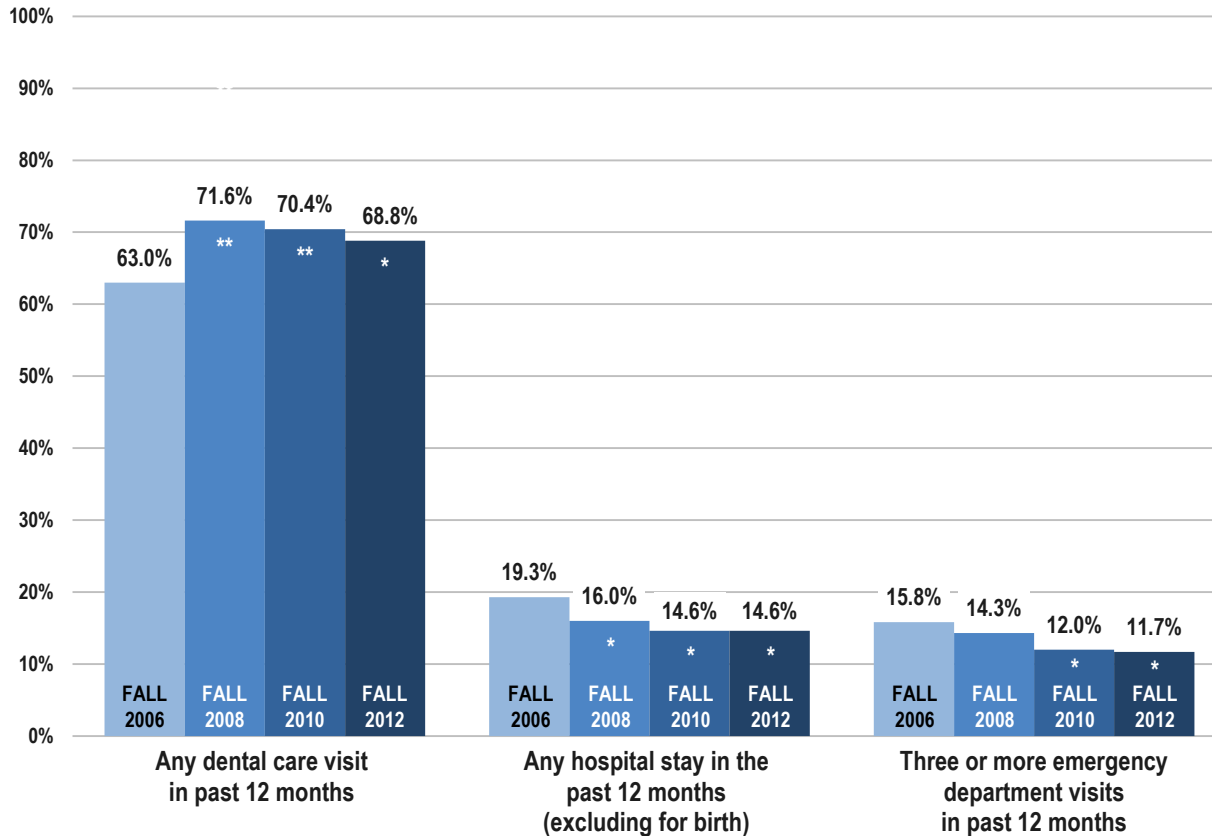
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ACCESS TO HEALTH CARE FOR ADULTS 19 TO 64 IN MASSACHUSETTS WITH A CHRONIC HEALTH CONDITION, 2006 TO 2012

PERCENT REPORTING OUTCOME



- Adults with a chronic condition were more likely in 2012 than 2006 to have had a dental care visit and less likely to have had a hospital stay or multiple emergency department visits.

SOURCE: 2006-2012 Massachusetts Health Reform Survey (MHRS).

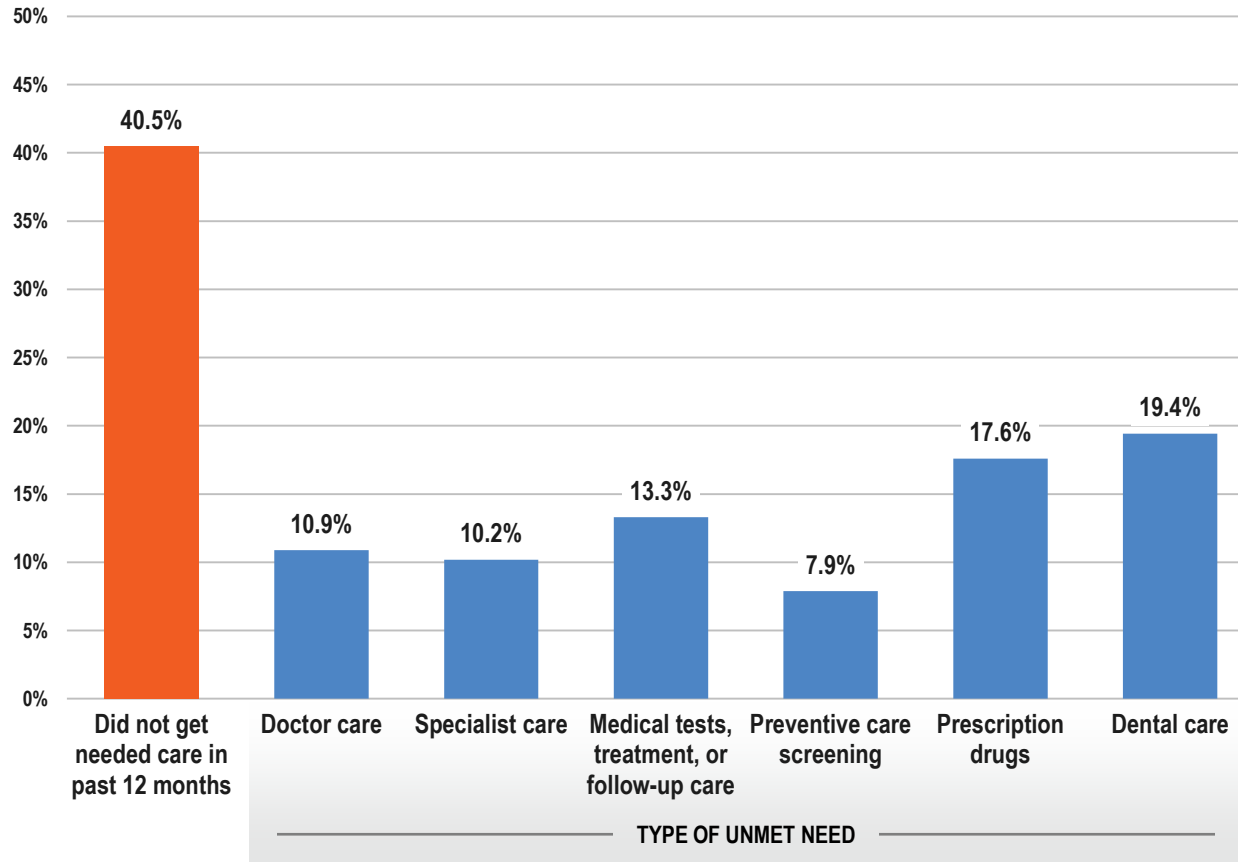
NOTES: These are regression-adjusted estimates. A chronic health condition is defined as at least one of the following: hypertension or high blood pressure; heart disease or congestive heart failure; diabetes; asthma; or any other chronic or long-term health condition or health problem.

* (**) Significantly different from the value in 2006 at the .05 (.01) level, two-tailed test.

^(^^) In 2010 and 2012, significantly different from the value two years prior at the .05 (.01) level, two-tailed test.

UNMET NEED FOR HEALTH CARE AMONG ADULTS 19 TO 64 IN MASSACHUSETTS WITH A CHRONIC HEALTH CONDITION, 2012

PERCENT REPORTING UNMET NEED



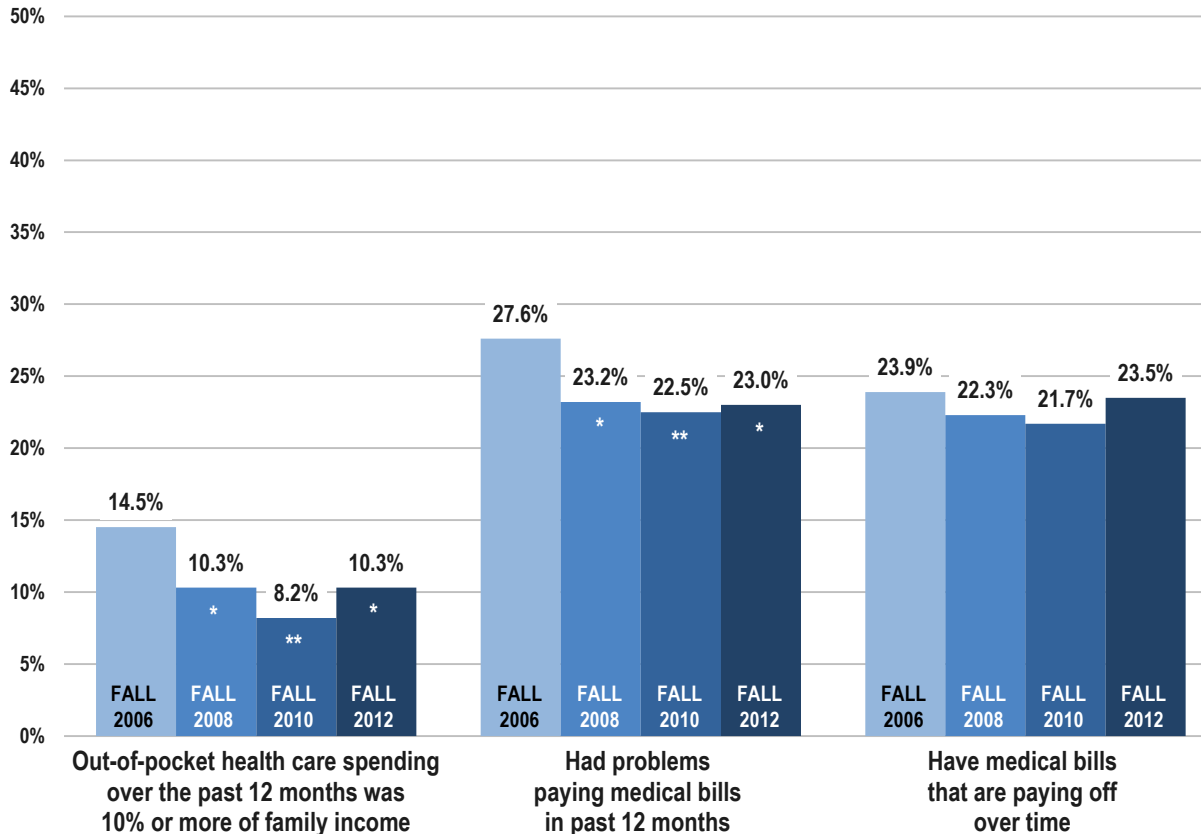
- Almost half (40.5 percent) of nonelderly adults in Massachusetts with a chronic health condition reported unmet need for care in 2012. Unmet need was most common for dental care (19.4 percent) and prescription drugs (17.6 percent), and was often related to the cost of care (data not shown).

SOURCE: 2012 Massachusetts Health Reform Survey (MHRS).

NOTES: These are simple (unadjusted) estimates. A chronic health condition is defined as at least one of the following: hypertension or high blood pressure; heart disease or congestive heart failure; diabetes; asthma; any other chronic or long-term health condition or health problem.

PROBLEMS WITH HEALTH CARE AFFORDABILITY FOR ADULTS 19 TO 64 IN MASSACHUSETTS WITH A CHRONIC HEALTH CONDITION, 2006 TO 2012

PERCENT REPORTING HEALTH CARE AFFORDABILITY PROBLEMS



- While health care costs continue to be a factor for many adults with a chronic health condition, some of the gains in health care affordability under health reform for these adults have persisted. In particular, adults with a chronic condition were less likely in 2012 to have high out-of-pocket spending for health care than was the case in 2006 (10.3 percent versus 14.5 percent), and were less likely to report problems paying medical bills (23.0 percent versus 27.6 percent).

SOURCE: 2006-2012 Massachusetts Health Reform Survey (MHRS).

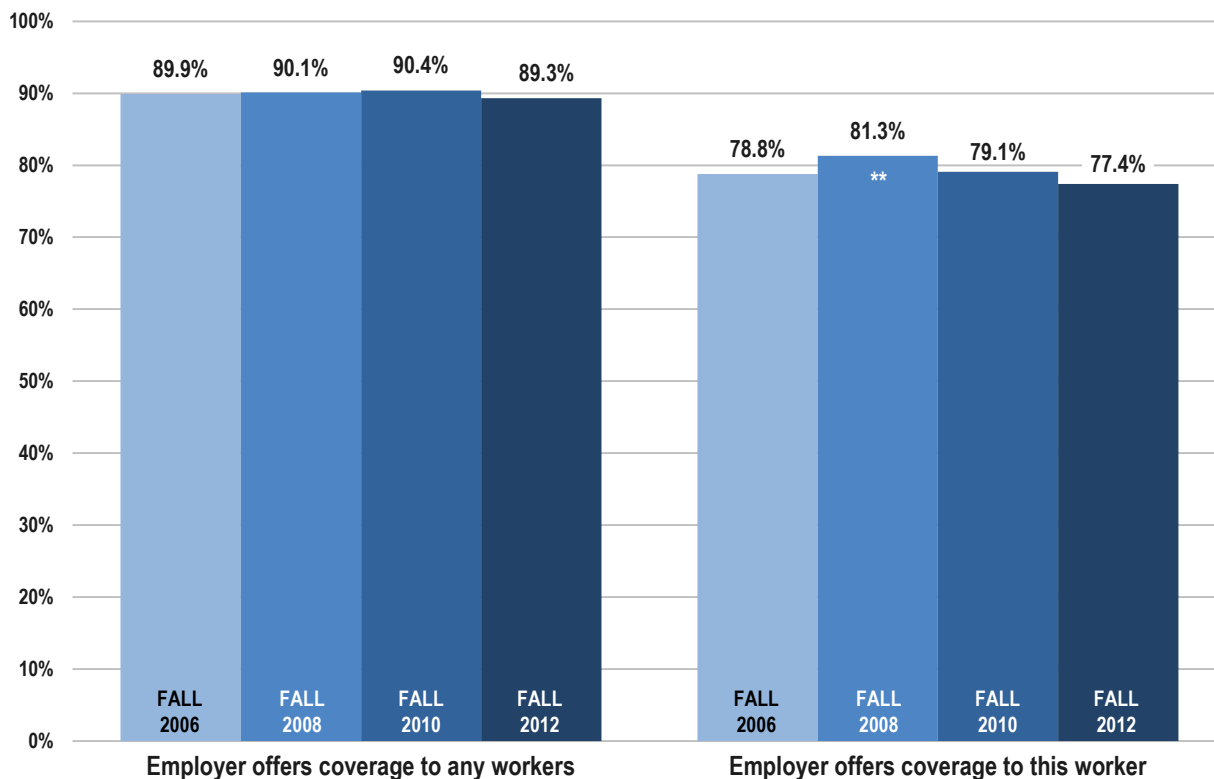
NOTES: These are regression adjusted estimates. A health condition is defined as at least one of the following: hypertension or high blood pressure; heart disease or congestive heart failure; diabetes; asthma; any other chronic or long-term health condition or health problem.

* (**) Significantly different from the value in 2006 at the .05 (.01) level, two-tailed test.

^(^^) In 2010 and 2012, significantly different from the value two years prior at the .05 (.01) level, two-tailed test.

OFFERS OF EMPLOYER-SPONSORED INSURANCE FOR WORKERS 19 TO 64 IN MASSACHUSETTS, 2006 TO 2012

PERCENT REPORTING INSURANCE OFFERS



- In 2012, 89.3 percent of Massachusetts workers were employed by firms that offered coverage to any workers at the firm and 77.4 percent were employed by firms that offered coverage to them specifically. These are comparable to the levels in 2006.

SOURCE: 2006-2012 Massachusetts Health Reform Survey (MHRS).

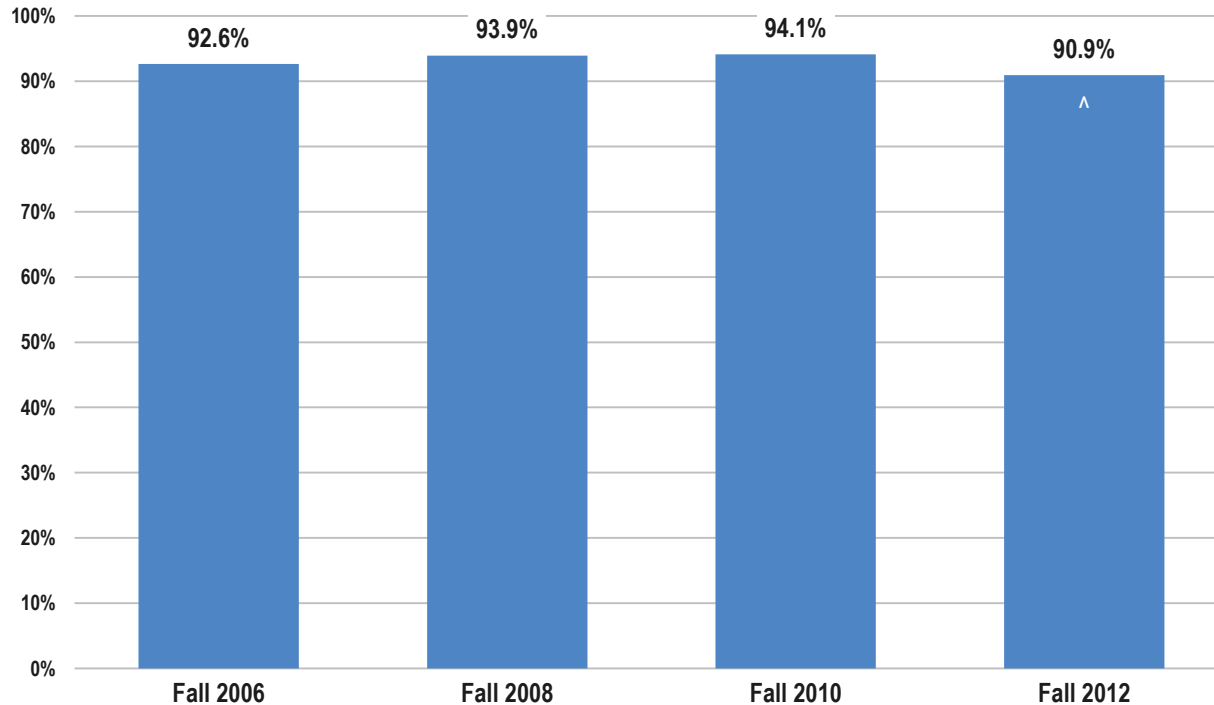
NOTES: These are regression-adjusted estimates.

* (**) Significantly different from the value in 2006 at the .05 (.01) level, two-tailed test.

^(^^) In 2010 and 2012, value for year is significantly different from the value two years prior at the .05 (.01) level, two-tailed test.

TAKE-UP OF EMPLOYER-SPONSORED INSURANCE AMONG WORKERS 19 TO 64 IN MASSACHUSETTS, 2006 TO 2012

PERCENT WITH ESI COVERAGE



- In 2012, the great majority (90.9 percent) of workers in Massachusetts with an offer of employer-sponsored insurance (ESI) coverage reported coverage through an employer. The take-up rate for ESI coverage in 2012 has changed little relative to 2006.

SOURCE: 2006-2012 Massachusetts Health Reform Survey (MHRs).

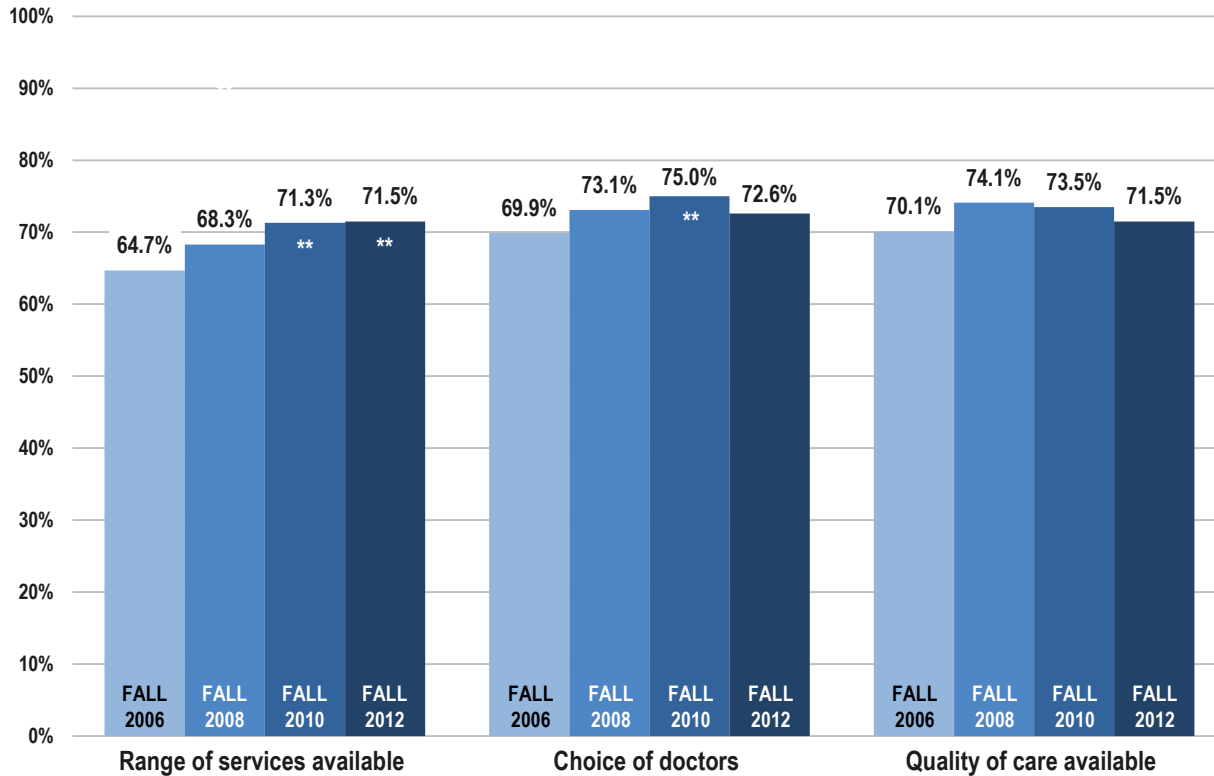
NOTES: These are regression-adjusted estimates.

* (**) Significantly different from the value in 2006 at the .05 (.01) level, two-tailed test.

^(^^) In 2010 and 2012, value for year is significantly different from the value two years prior at the .05 (.01) level, two-tailed test.

HEALTH PLAN RATINGS BY WORKERS 19 TO 64 IN MASSACHUSETTS WITH EMPLOYER-SPONSORED INSURANCE, 2006 TO 2012

PERCENT RATING HEALTH PLAN AS VERY GOOD OR EXCELLENT



- In 2012, the majority of workers with employer-sponsored insurance coverage in Massachusetts (more than 70 percent) rated their health plans as very good or excellent in terms of the range of services offered, the choice of doctors and other providers, and the overall quality of care available under the plan. The levels of satisfaction reported in 2012 were as good as or better than those reported in 2006.

SOURCE: 2006-2012 Massachusetts Health Reform Survey (MHRs).

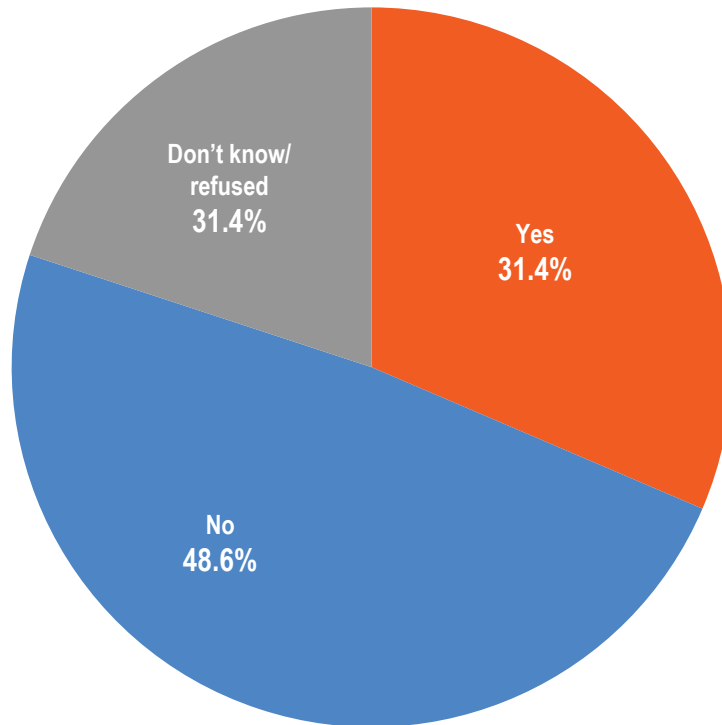
NOTES: These are regression-adjusted estimates.

* (**) Significantly different from the value in 2006 at the .05 (.01) level, two-tailed test.

^(^^) In 2010 and 2012, significantly different from the value two years prior at the .05 (.01) level, two-tailed test.

AVAILABILITY OF TIERED NETWORKS FOR WORKERS 19 TO 64 IN MASSACHUSETTS WITH EMPLOYER-SPONSORED INSURANCE, 2012

PERCENT REPORTING ACCESS TO A TIERED NETWORK



- Since 2011, Massachusetts has required insurers to offer tiered networks, in which plan members are encouraged to use more cost-effective, high-quality providers through lower levels of cost sharing. In 2012, 76.8 percent of nonelderly workers were enrolled in a plan that encourages using a network of providers (data not shown), with 31.4 percent reporting they had access to a tiered network.

SOURCE: 2012 Massachusetts Health Reform Survey (MHRS).

NOTE: These are simple (unadjusted) estimates.