
MASSHEALTH: THE BASICS

FACTS AND TRENDS

PREPARED BY
CENTER FOR HEALTH LAW AND ECONOMICS
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL

Webinar: October 2015



**WEBINAR
OVERVIEW**

- MassHealth: The Basics, July 2015 Update
- Eligibility, enrollment and spending in MassHealth

PRESENTERS

- Massachusetts Medicaid Policy Institute
 - Kate Nordahl
- Center for Health Law and Economics, University of Massachusetts Medical School
 - Robert Seifert
 - Carol Gyurina

MASSHEALTH PROVIDES COVERAGE SIMILAR TO COMMERCIAL INSURANCE, PLUS SOME ADDITIONAL BENEFITS

MassHealth

Covers typical commercial benefits, plus:

- Long-term services and supports (facility and community)*
- Diversionary behavioral health services (to avert hospitalization)
- Dental services
- Transportation to medical appointments*



Typical Commercial Insurance Coverage

- Hospital services
- Physician services
- Well child visits
- Ancillary services (lab, radiology, etc.)
- Mental health/substance use treatment
- Prescription drugs
- Vision, hearing, medical equipment

* Services are available to most but not all MassHealth members.

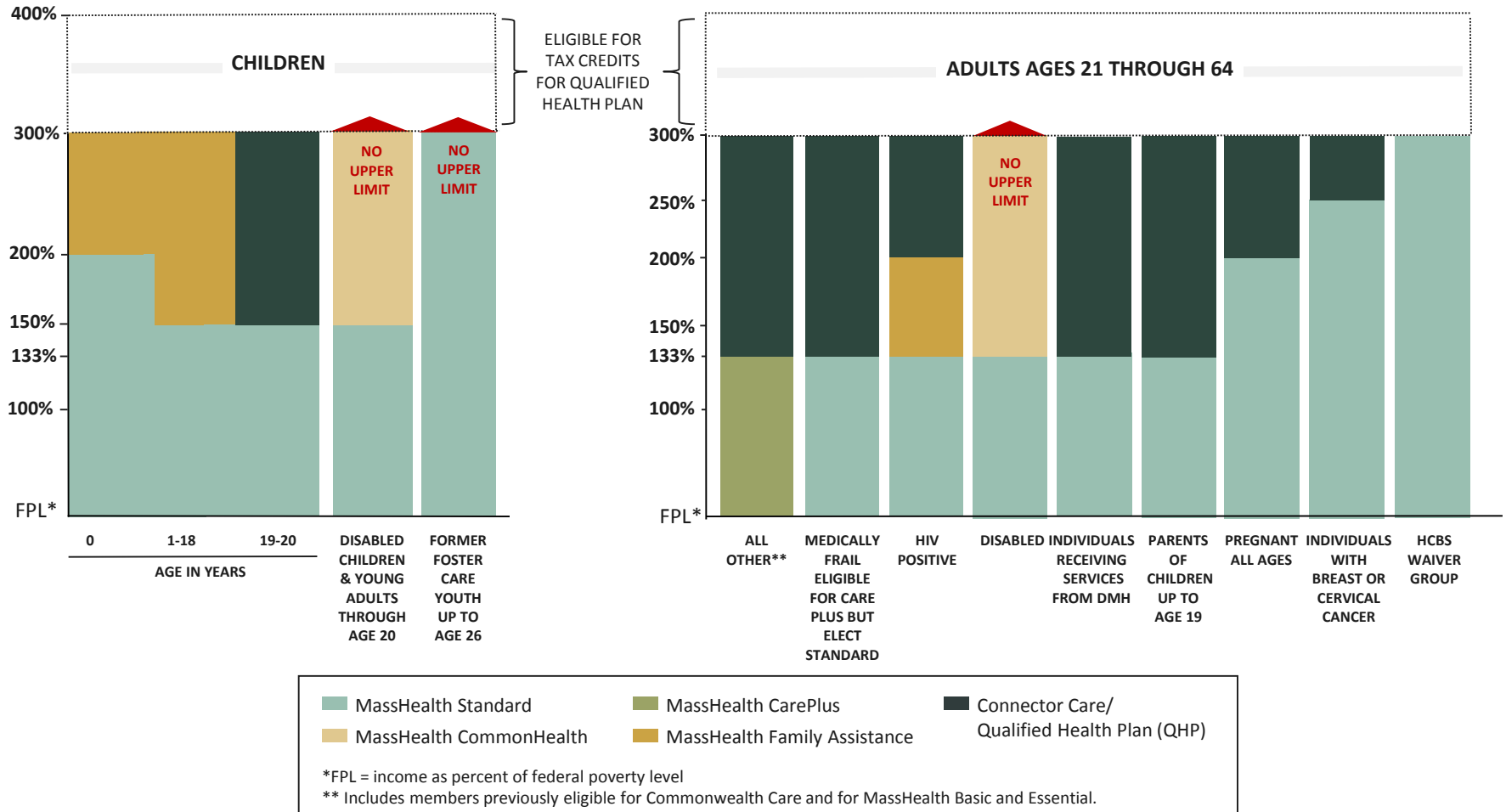
FUNDAMENTALS OF MASSHEALTH

- MassHealth is Medicaid (Title XIX of the Social Security Act) and the State Children's Health Insurance Program (CHIP, Title XXI)
- Federally- and state-funded and state-administered
- Enrollment increased to 1.8 million members under the ACA
- Represents 31% of the state budget and brought in \$8.7 billion in federal revenue in state fiscal year 2015

MASSACHUSETTS WAIVERS

- Two types of waivers: 1115 and 1915c, which allow states to waive certain parts of federal Medicaid Law
- Section 1115 Research and Demonstration Waiver since 1997
 - Vehicle for reform
 - Expanded eligibility to those with higher incomes
 - Programmatic innovations
 - Supplemental financial support for safety net providers
- 1915c Home & Community Based Services Waivers
 - Provide long-term services and supports in a home or community settings to members with disabilities who would otherwise qualify for institutional level of care
 - Multiple waivers covering different groups such as frail elders, adults with intellectual disabilities, children with autism and others

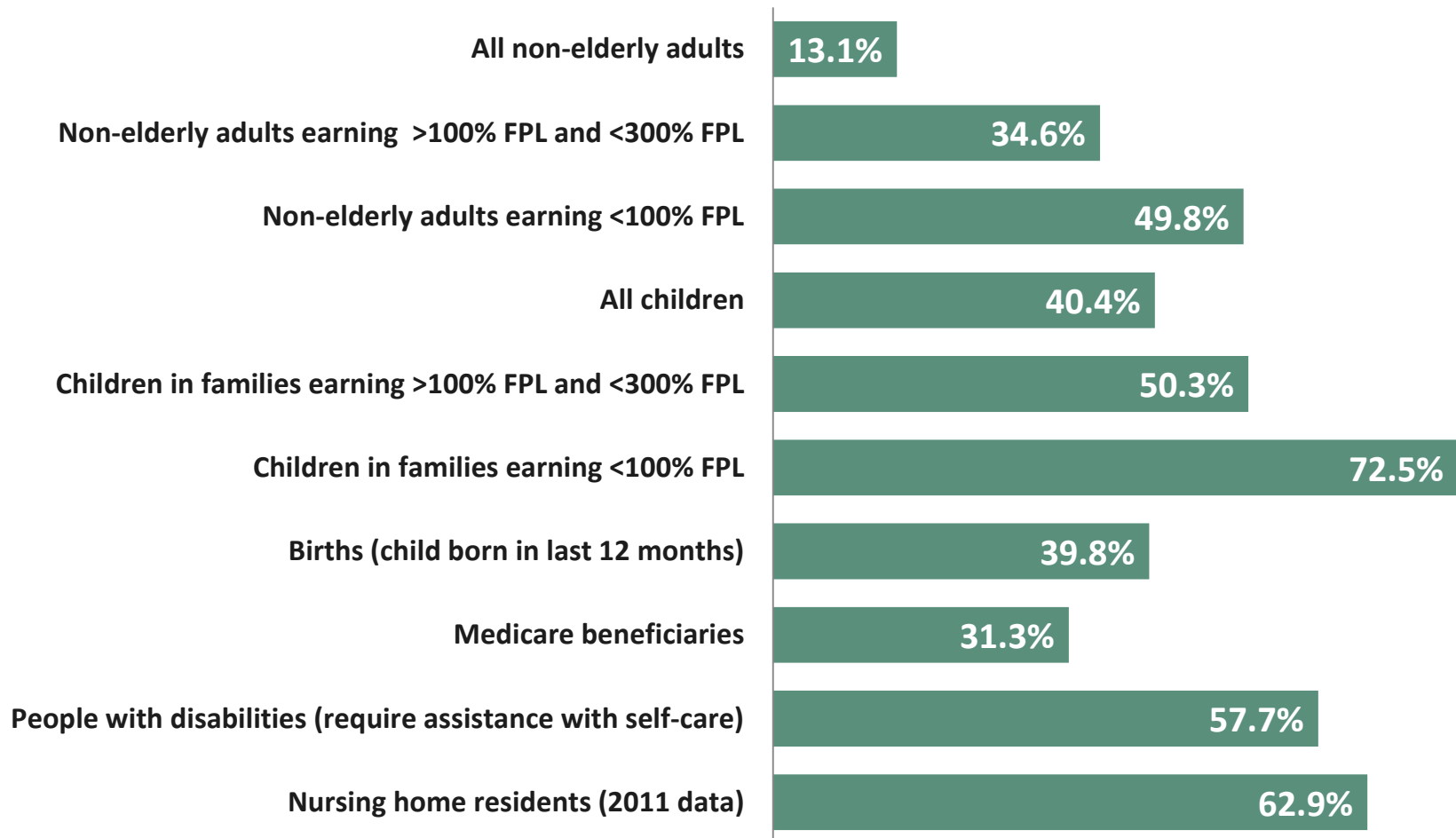
MASSHEALTH ELIGIBILITY UNDER THE ACA



MassHealth eligibility for seniors is more stringent, including an asset test which is not required for those under 65.

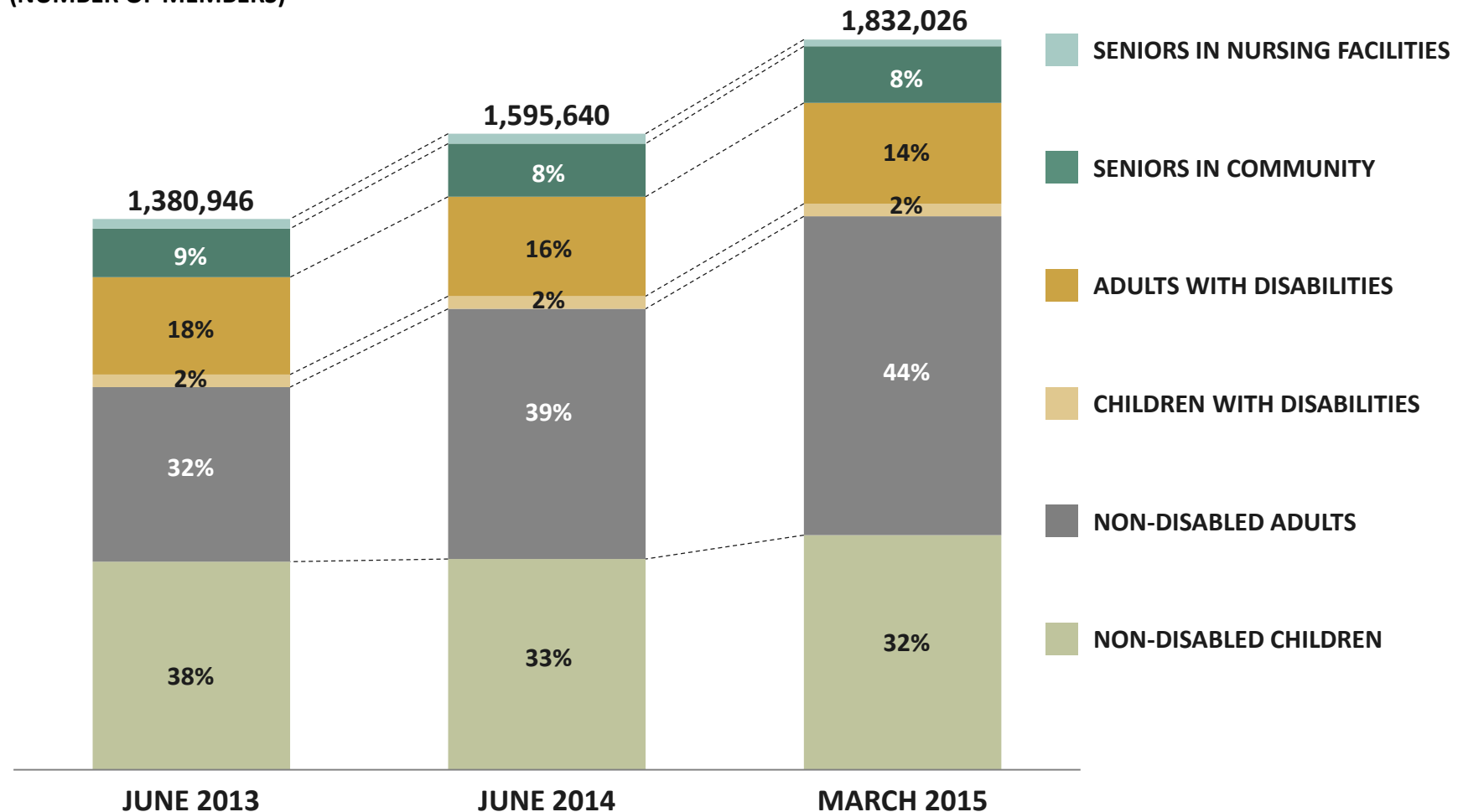
MASSHEALTH IS IMPORTANT TO MANY POPULATION GROUPS

PERCENT OF SELECT MASSACHUSETTS POPULATIONS COVERED BY MASSHEALTH, 2013



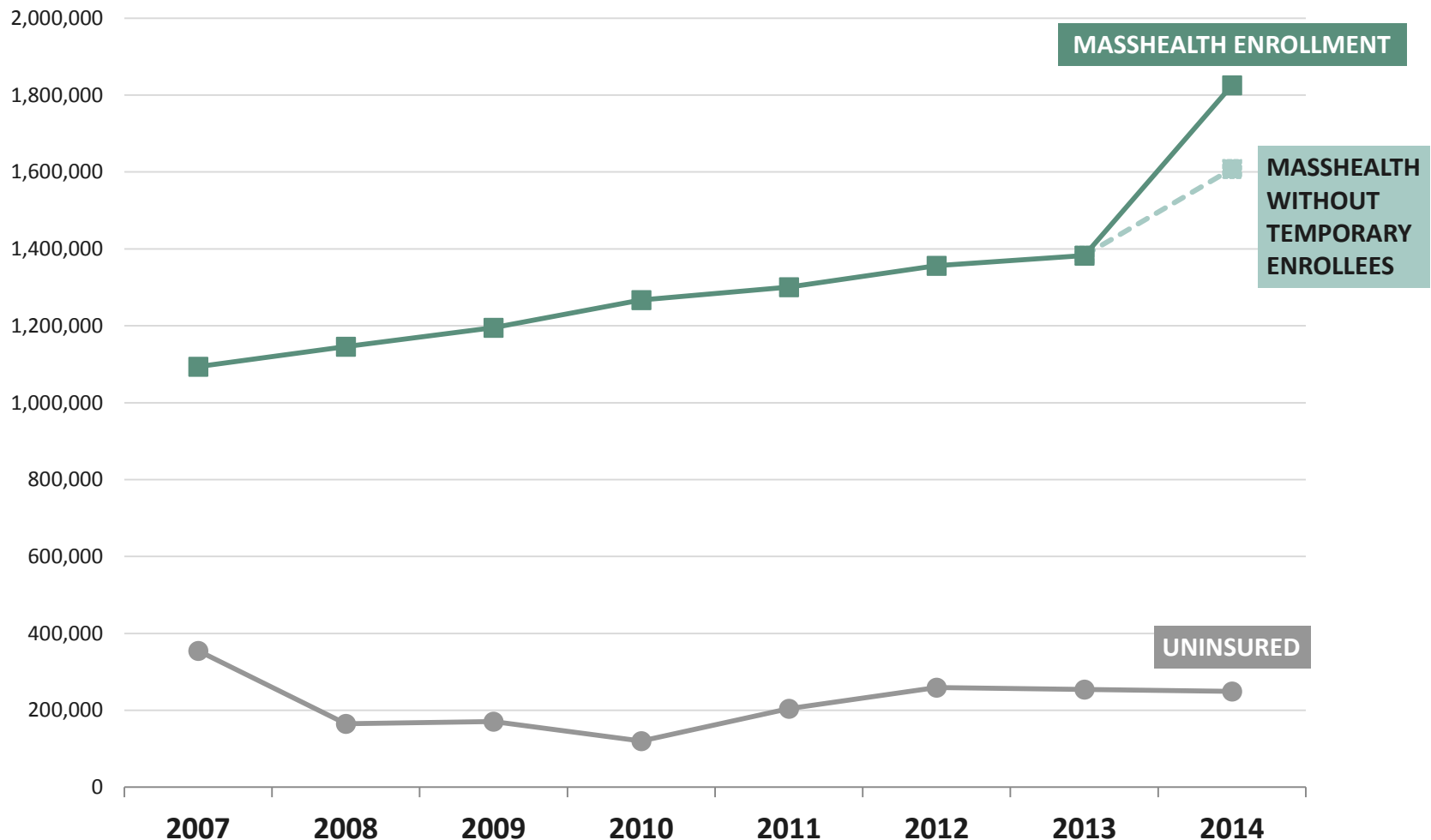
IMPACT OF ACA ON MASSHEALTH ENROLLMENT

DISTRIBUTION OF MASSHEALTH ENROLLMENT, 2013-2015
(NUMBER OF MEMBERS)



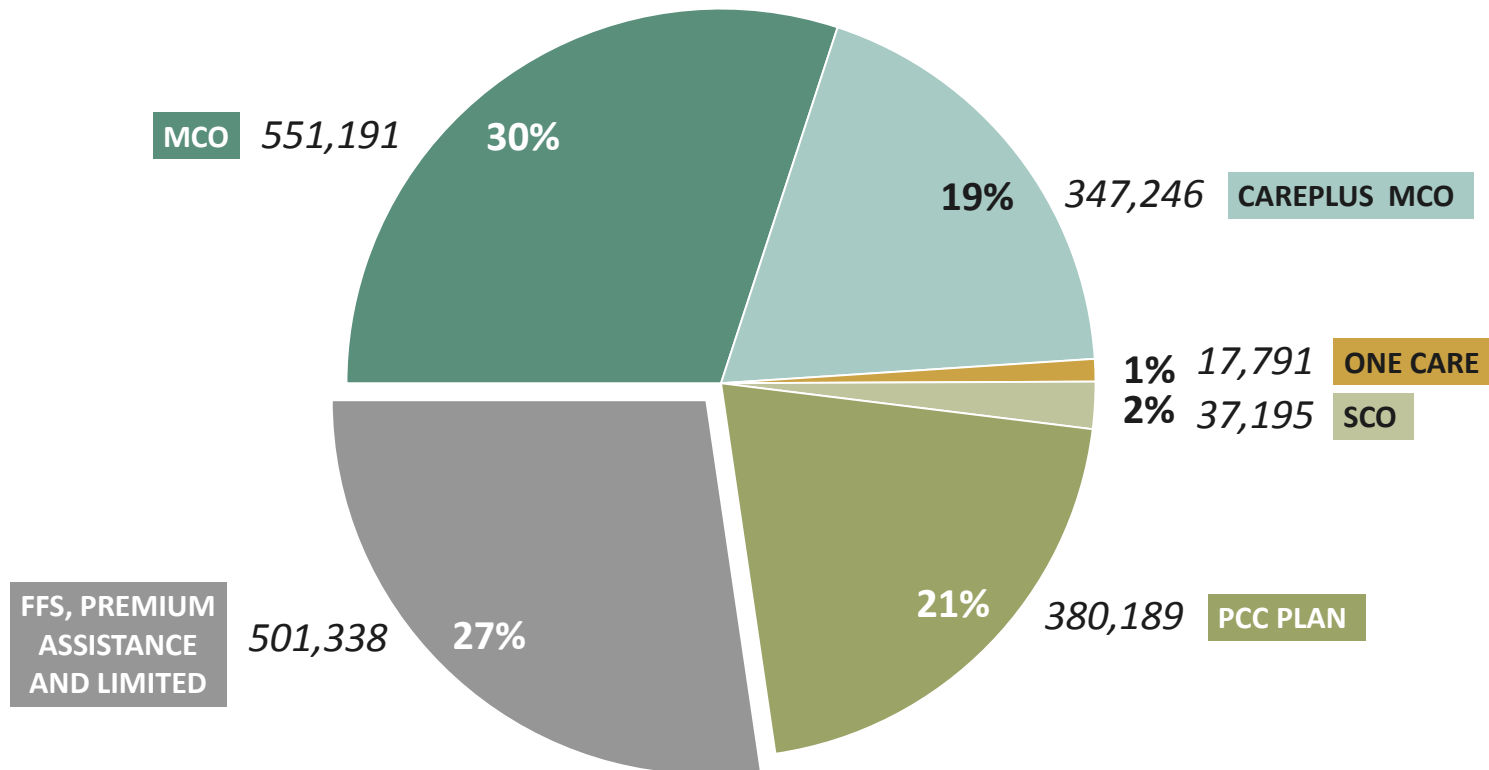
MASSHEALTH ENROLLMENT HAS CONTINUED TO GROW EVEN AS THE NUMBER OF UNINSURED LEVELLED OFF

TRENDS IN MASSHEALTH ENROLLMENT AND UNINSURED, 2007–2014



NEARLY THREE-QUARTERS OF MASSHEALTH MEMBERS ARE ENROLLED IN MANAGED CARE

MASSHEALTH ENROLLMENT BY PAYER TYPE, MARCH 2015

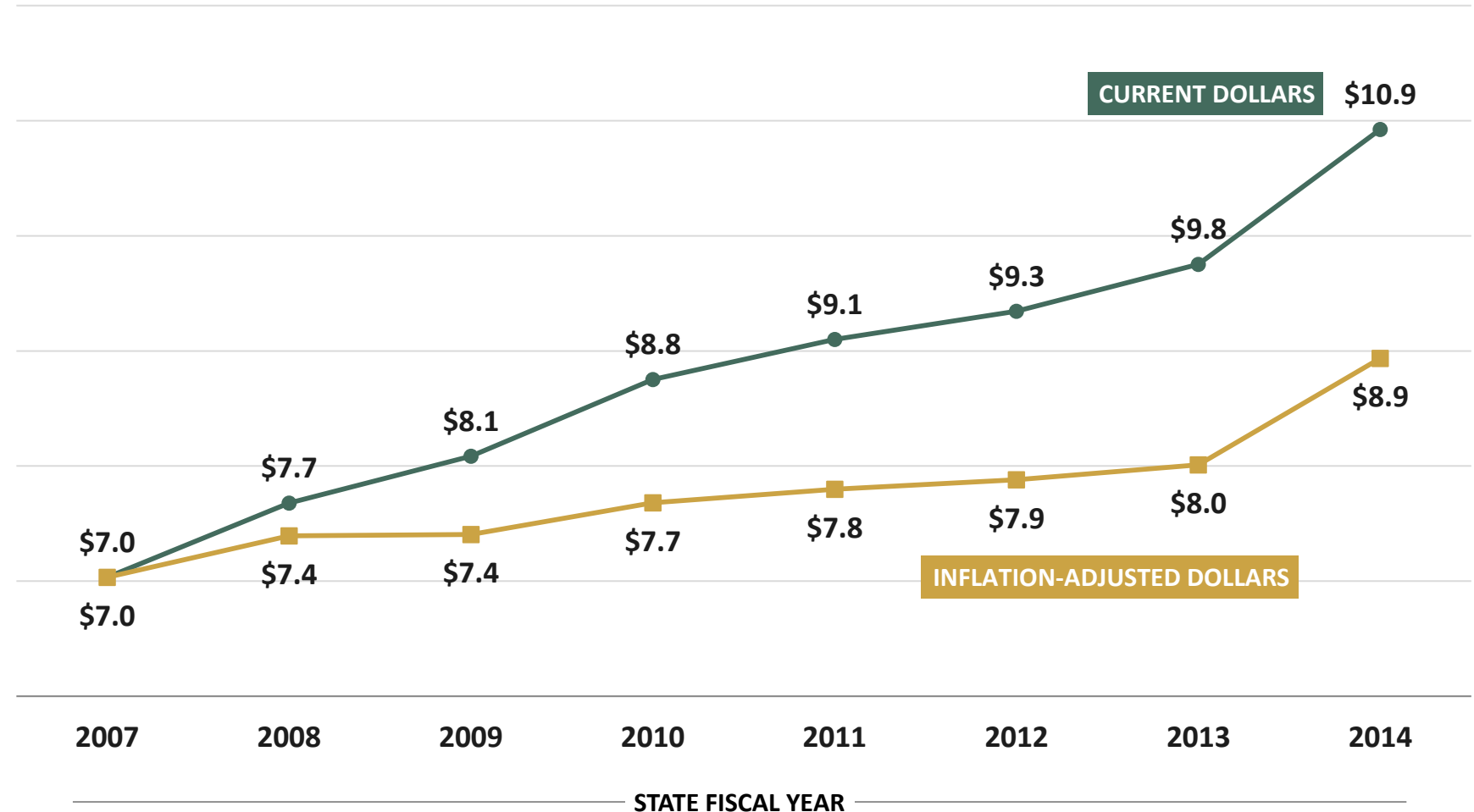


MANAGED CARE: PROGRAM FEATURES

MANAGED CARE PROGRAM	POPULATIONS SERVED	COVERED SERVICES
Managed Care Organizations (MCO)	Children and adults under 65	<p>Medical, behavioral health and pharmacy services covered by a capitated payment to health plans. Long-term services and supports (LTSS) and dental benefits not included in MCO benefit but available through MassHealth Fee-For-Service</p> <ul style="list-style-type: none"> • <i>LTSS benefits are not part of the CarePlus benefit package</i>
Primary Care Clinician (PCC) Plan	Children and adults under 65	<p>Behavioral health services are covered by capitated payment to behavioral health plan. Medical services, which are not capitated, are managed by a primary care clinician. Dental and LTSS benefits are available through MassHealth Fee-for-Service</p> <ul style="list-style-type: none"> • <i>Some primary care clinicians receive capitated payments as part of the Primary Care Payment Reform Initiative</i> • <i>As of 10/23/15 Care Plus members will be able to choose PCC Plan</i>
One Care	Ages 21-64 eligible for MassHealth and Medicare	Full spectrum of services covered by capitated payment to one health plan (includes medical, pharmacy, LTSS, dental and behavioral health)
Senior Care Options (SCO)	65+ most of whom are eligible for MassHealth and Medicare	Full spectrum of services covered by capitated payment to one health plan (includes medical, pharmacy, LTSS, dental and behavioral health)

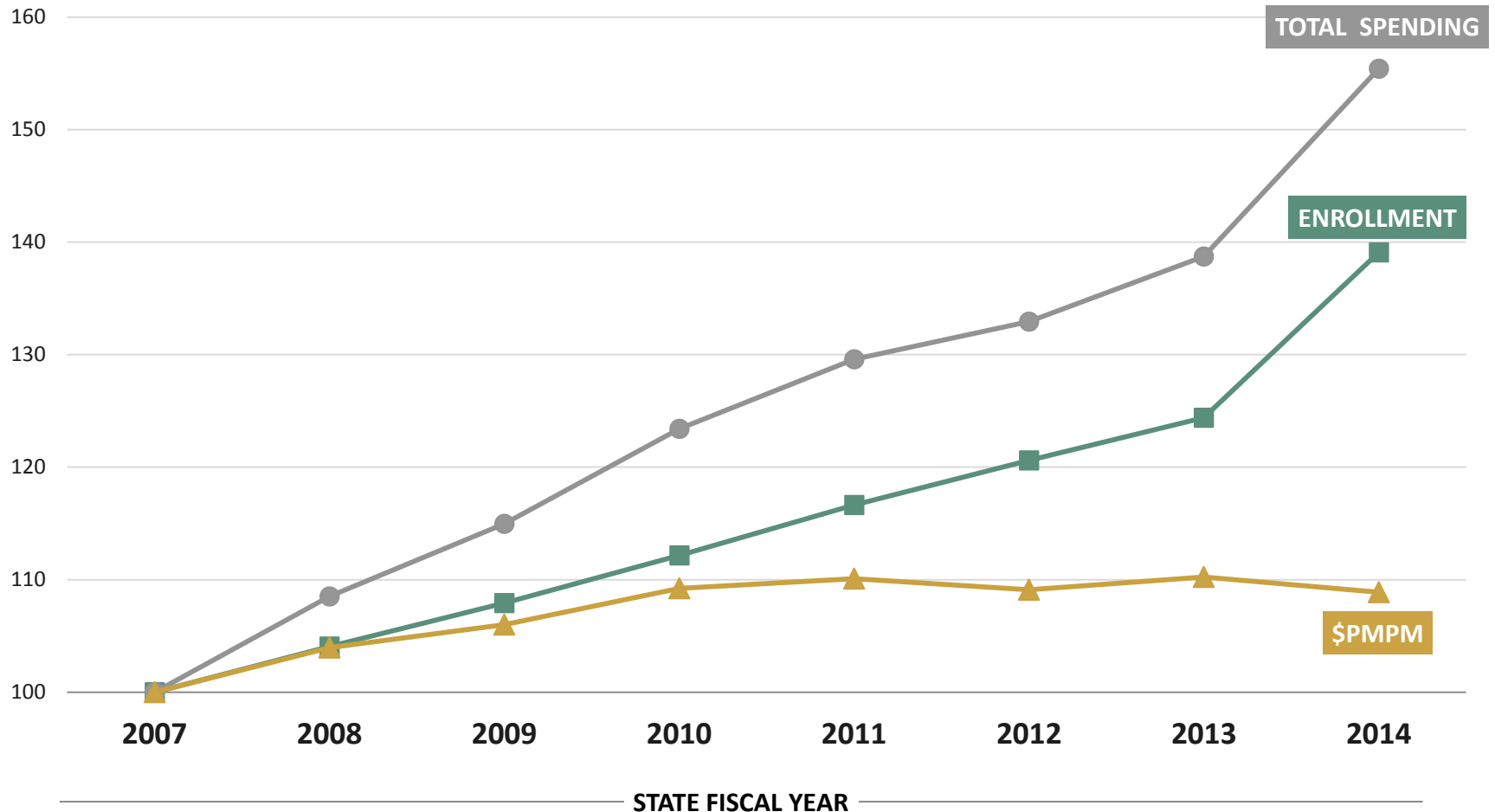
WHEN ADJUSTED FOR INFLATION, MASSHEALTH SPENDING GROWTH WAS GRADUAL UNTIL 2014

MASSHEALTH SPENDING, SFY 2007–2014
(BILLIONS OF DOLLARS)



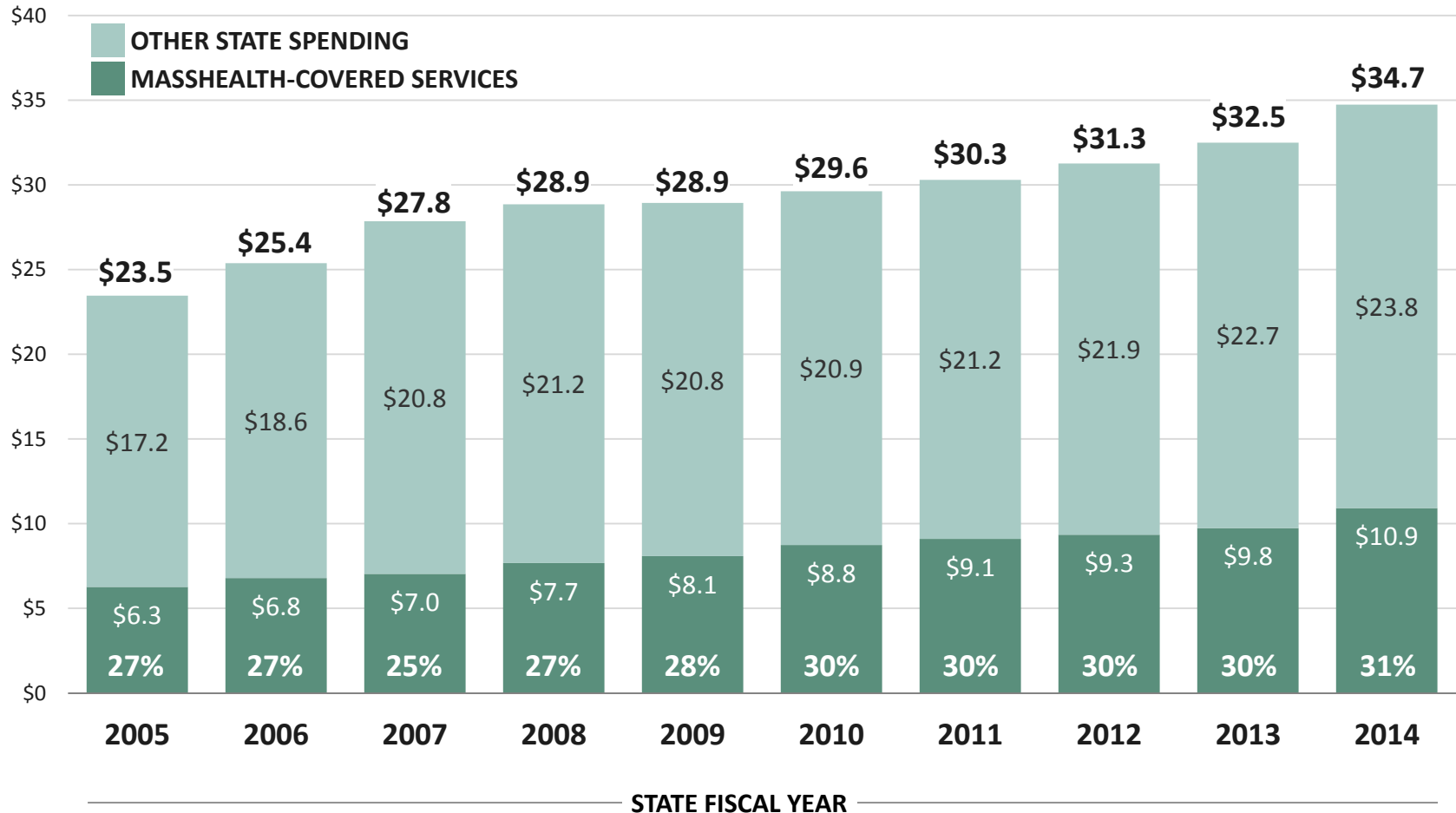
ENROLLMENT HAS DRIVEN GROWTH IN MASSHEALTH SPENDING IN RECENT YEARS

GROWTH IN MASSHEALTH TOTAL SPENDING, ENROLLMENT AND PER MEMBER PER MONTH (PMPM) COSTS (YEAR 2007 = 100)



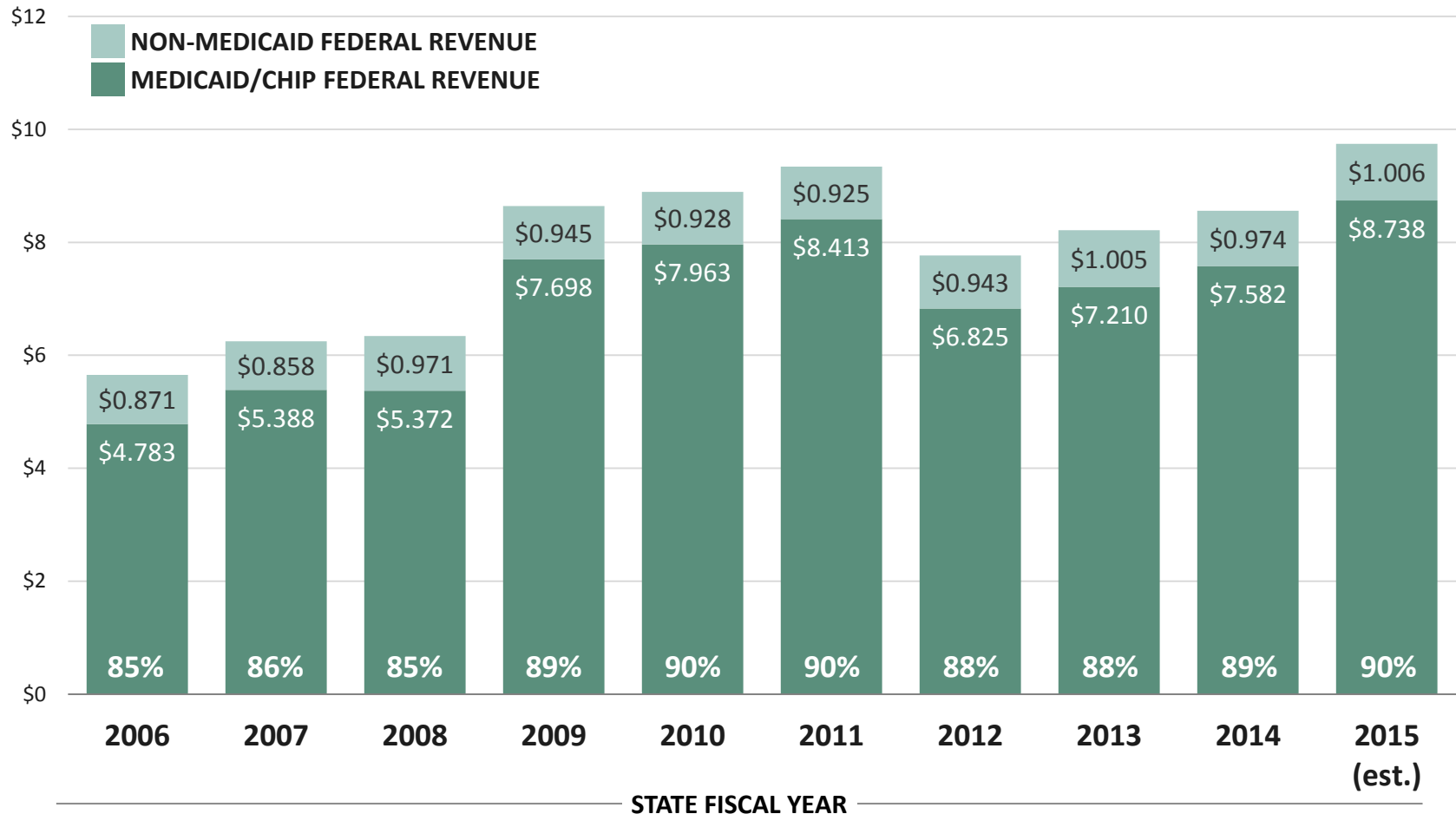
FEDERAL AND STATE SPENDING ON MASSHEALTH REPRESENTS OVER 30 PERCENT OF THE STATE BUDGET

MASSHEALTH AS A PROPORTION OF ALL STATE SPENDING (BILLIONS OF DOLLARS)



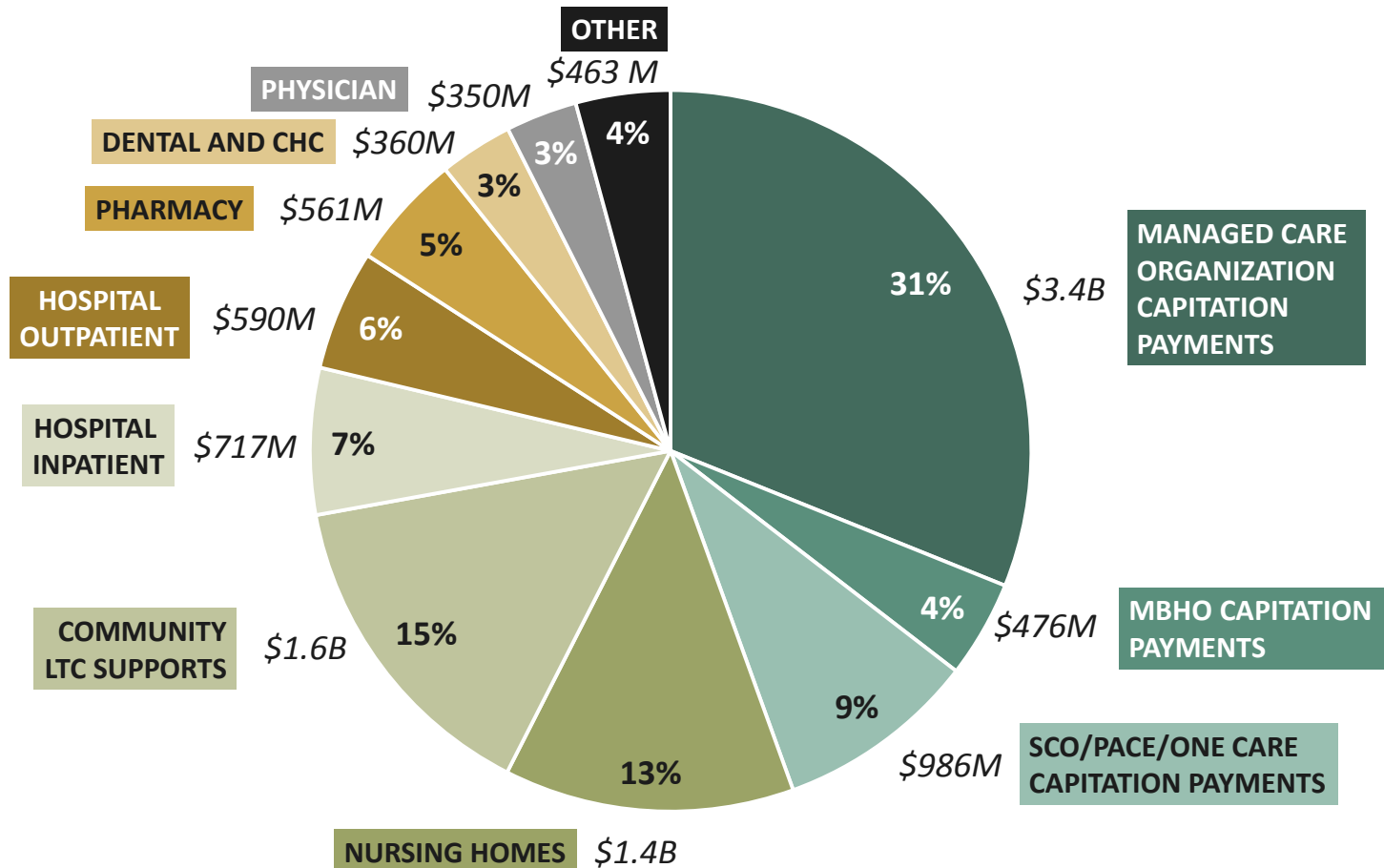
MEDICAID IS THE MAIN SOURCE OF FEDERAL REVENUES TO MASSACHUSETTS

MASHEALTH REIMBURSEMENT AS A PORTION OF ALL FEDERAL REVENUES (BILLIONS OF DOLLARS)



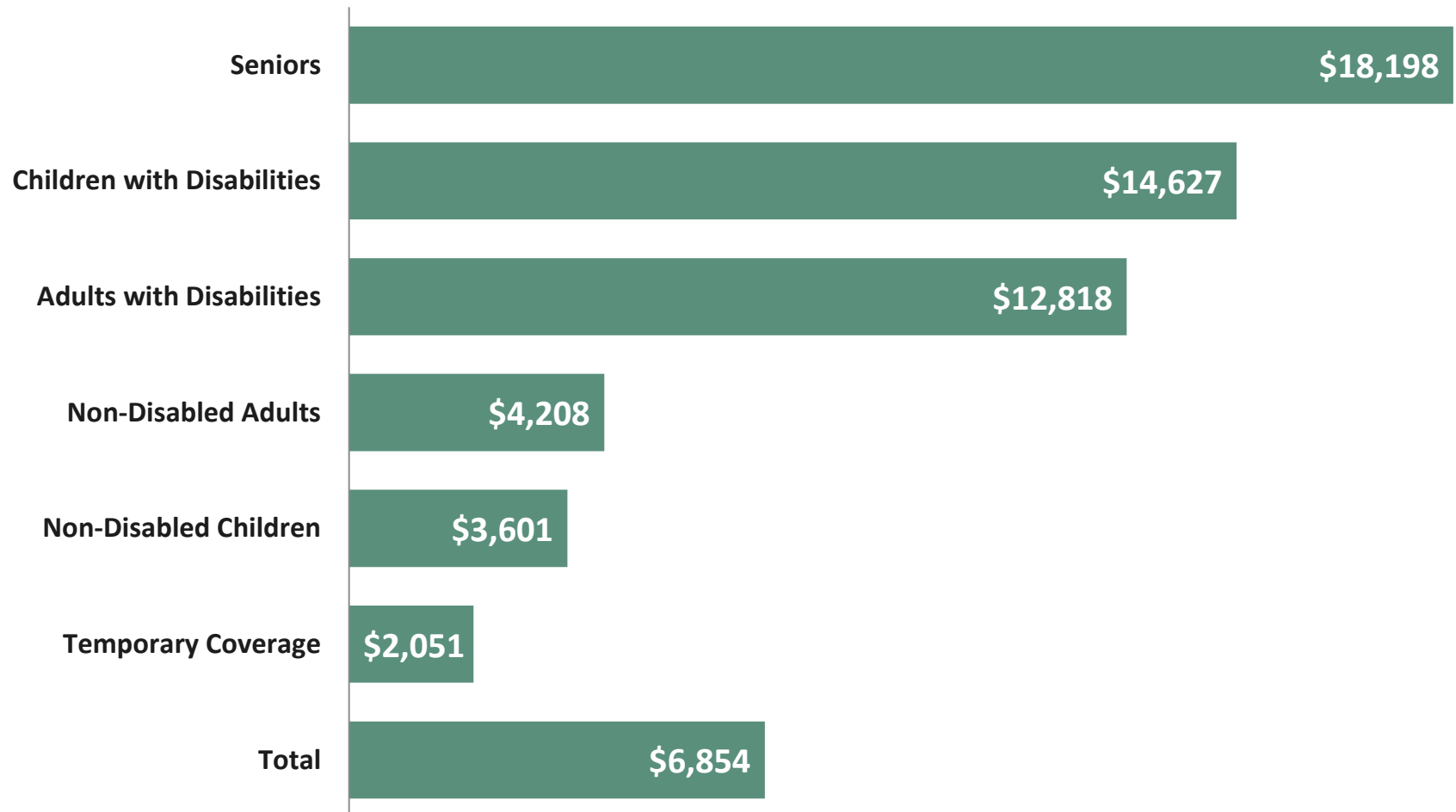
MASSHEALTH SPENDING BY SERVICE TYPE

TOTAL MASSHEALTH SPENDING (STATE FISCAL YEAR 2014) = \$10.9 Billion



MASSHEALTH SPENDING PER ENROLLEE IS FOCUSED ON SERVICES FOR SENIORS AND PEOPLE WITH DISABILITIES

MEDICAID PAYMENTS PER ENROLLEE PER YEAR, SFY 2014



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