

MassHealth: It's Good for Business

**Ten Facts the Employer Community Should Know
About the Massachusetts Medicaid Program**

EXECUTIVE SUMMARY

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A Report from the Massachusetts Medicaid Policy Institute

Massachusetts Medicaid Policy Institute

The Massachusetts Medicaid Policy Institute (MMPI) is an independent and nonpartisan source for information and analysis about the Massachusetts Medicaid program (often referred to as “MassHealth”). MMPI seeks to promote broader understanding of the MassHealth program and a more rigorous and thoughtful public discussion of the program’s successes and the challenges ahead.

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What is MassHealth?

MassHealth is the Massachusetts Medicaid program. Medicaid is a joint federal-state program, created by Congress in 1965 as Title 19 of the Social Security Act. In 1997, the State Children's Health Insurance Program (SCHIP), another funding stream for MassHealth, was added to the Social Security Act as Title 21. Medicaid is a means-tested entitlement program, funded by state and federal governments. States administer the program and set rules for eligibility, benefits and provider payments within broad federal guidelines. As a result, there are wide variations in Medicaid programs across states.

MassHealth provides health care coverage to low-income children and families, pregnant women, long-term unemployed adults, seniors and persons with disabilities. Eligibility for coverage is different for each of these categories and is determined by a variety of factors, including income, age, immigrant status, and assets (for some categories of eligibility). In general, children in families with incomes up to twice the federal poverty line (FPL; see chart below) qualify for some form of coverage. Parents of these children are eligible with incomes up to 133 percent of the FPL. The eligibility limit is 200 percent of FPL for pregnant women, disabled adults, people with HIV, and employees

of certain employers (for whom MassHealth subsidizes premiums for private coverage). Some of these members pay sliding scale premiums. Higher income children and adults with disabilities may enroll in MassHealth by paying a sliding-scale premium based on income. People over age 65 generally must have incomes at or below the federal poverty level and minimal assets, although they may qualify at higher incomes or assets if they have sufficiently large medical expenses.

The federal government mandates a set of services that all state Medicaid programs must cover with no more than minimal cost sharing (such as copayments) required of beneficiaries. These services include hospital care, physicians, skilled nursing facilities, home health care, and several other categories. In addition to the mandatory services, states may provide coverage for 30 other services for which they may receive federal matching funds. The most commonly offered optional services are prescription drugs, intermediate care facilities for individuals with mental retardation (ICF/MR), personal care, and targeted case management. Massachusetts covers 25 of the 30 optional services.

2005 Federal Poverty Level (FPL) Guidelines for Selected Household Sizes

Size of Family Unit	100%	133%	200%
1	\$9,570	\$12,728	\$19,140
2	\$12,830	\$17,064	\$25,660
3	\$16,090	\$21,400	\$32,180
4	\$19,350	\$25,736	\$38,700

Source: Federal Register, Vol. 70, No. 33, pp. 8373-8375, February 18, 2005.

Executive Summary

MassHealth, the Massachusetts Medicaid program, is an important program for Massachusetts businesses. To many who associate MassHealth with poverty and the unemployed, this is a surprising fact. In reality, employers are a major beneficiary of the MassHealth program and, in particular, of the state's successful efforts to expand the program and reduce the number of uninsured people in the Commonwealth.

This report clarifies the role that MassHealth plays in the Massachusetts health care system, especially for low-wage workers, and presents 10 facts about how the program affects employers. The goal of the report is to encourage employers to develop a fuller understanding of the value of MassHealth to the business community and, equipped with the 10 facts, to become more involved in shaping MassHealth policy. Because, in fact, a well-designed and adequately funded MassHealth program benefits all of Massachusetts, including employers.

#1: MassHealth Plays a Vital Role in Addressing Gaps in Employer Coverage for Low-Wage Workers and Their Families

Many low-wage working families do not have health coverage through a family member's employer, because they do not have access to such coverage or cannot afford the premium. For these families, MassHealth provides vital support, covering over 400,000 workers and their families. Most of these workers are self-employed or work for small businesses, but many work for large employers or the government, where coverage may be more available but still unattainable for low-income families. For these families, MassHealth is at least as important as a source of health coverage as employers. This is particularly true for children in these families; they are more likely to be covered by MassHealth than by employer-based health plans. MassHealth is also important to adults who work part-time; even in low-wage families with a full-time worker, one in four adults has MassHealth coverage.

Table 1:
MassHealth Members in Working Families: Number of Non-Elderly
MassHealth Members Who Live in Families with At Least One Worker, 2002-2003

	Total	Adults (>18)	Children
At least one worker	437,000	195,000	242,000
• Full-time worker	278,000 (64%)	115,000 (59%)	163,000 (67%)
• Part-time worker	159,000 (36%)	80,000 (41%)	79,000 (31%)

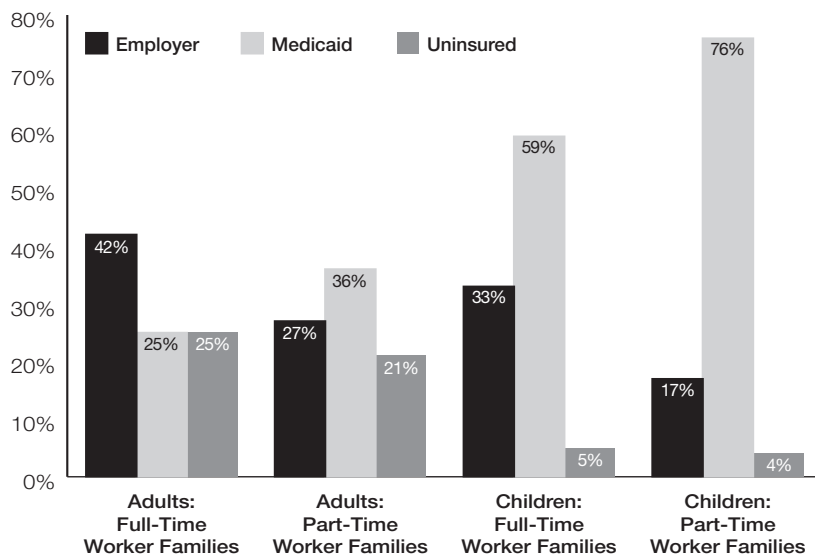
Source: 2005 Urban Institute analysis using merged Current Population Survey data for 2002 and 2003, with adjustment for Medicaid undercounting

Table 2:
Distribution of MassHealth Members in Working Families by Employer Size, 2002
(Members Who Live in Families with At Least One Worker)

Number of Employees	Total	Adults (>19)	Children
Self-employed	18%	23%	14%
1-49	34%	33%	34%
50-99	10%	7%	11%
100-999	23%	22%	24%
1000 +	3%	4%	3%
Government	13%	11%	13%

Source: National Survey of America's Families, Urban Institute, 2002. Preliminary, unpublished data.

Figure 1:
Source of Health Coverage: Adults and Children in Low-Wage Families With at Least One Worker
(Income <200% FPL), 2002-2003



Note: 200% FPL in 2005 = ~\$19,000 for individual; \$39,000 for family of four

Source: 2005 Urban Institute analysis using merged Current Population Survey data for 2002 and 2003, with adjustment for Medicaid undercounting
 source: Division of Health Care Finance and Policy

#2: MassHealth Complements and Supports Employer Coverage

MassHealth supports participation in employer-sponsored insurance for eligible low-wage workers and their families by providing public assistance to cover the out-of-pocket costs of the premium contribution, deductibles and copayments, and by providing financial assistance to small employers who provide health coverage to low-wage workers. About 33,000 MassHealth members have employer-sponsored, commercial health insurance. This is an attractive strategy because it reduces public spending on health coverage, mitigates the stigma often associated with public programs, allows parents and children to have the same source of coverage, and helps employers to continue offering coverage to their employees.

#3: MassHealth is a Major Reason Why Massachusetts Has a Relatively Low Percentage of People Without Health Coverage

From 1997 to 2002, more than 300,000 people were added to MassHealth. As a result, by 2002 Massachusetts had a significantly lower rate of people without health insurance than the US overall. The number of uninsured has risen since 2002, but the percent is still well below the national average. The better overall rate of insurance coverage in Massachusetts is due both to higher MassHealth coverage and to higher rates of employer coverage. For low wage adults and children, however, the lower percentage of people without insurance is due to much higher rates of Medicaid coverage.

#4: By Ensuring Health Coverage, MassHealth Helps Maintain a Healthy Workforce, Healthy Families and Healthier Communities

It is well documented that lack of health coverage has profound consequences for the health of individuals, families and communities. A recent study by the Urban Institute for the Blue Cross Blue Shield of Massachusetts Foundation estimates that the value to society of the improved health of people with insurance is \$1,600 to \$3,200 per person per year. By increasing the number of Massachusetts residents with health coverage, particularly low-wage workers and their families, the MassHealth program improves the health of workers in the state. Workers without health coverage are in poorer health, experience higher absenteeism and deliver lower productivity, leading to higher costs for employers. Healthier and more productive workers also have higher wages and pay more taxes, which benefits the state's economy.

#5: MassHealth Funds Vital Services that Support Workforce Participation for Many People with Disabilities and Their Families

While many people with disabilities have other forms of insurance, those plans usually exclude or limit many of the benefits that are essential for people with disabilities to live and work in the community. Access to Medicaid, with its broad range of community-based supports, is important for people with disabilities. MassHealth's CommonHealth program provides benefits that make it possible for people with disabilities to remain in the workforce. CommonHealth members are thus able to contribute to the cost of their care both through premiums and as taxpayers.

#6: MassHealth Helps Support the State's Economy by Bringing Billions of Dollars of Federal Revenue to Massachusetts

Health care is one of the most important employment sectors in the Massachusetts economy. Employment and spending in the health care sector have ripple effects on the rest of the state's economy, creating other jobs and spending — as much as \$2.21 in additional economic activity for every dollar spent in the Medicaid program. Also, because of the joint federal-state financing of the Medicaid program, each state dollar spent on the MassHealth program is matched by at least another dollar of federal revenue. The program is the largest generator of federal funds in the state's budget, bringing more than \$4 billion in revenue to Massachusetts in 2004.

#7: By Helping to Lower the Number of People Without Insurance, MassHealth Reduces the Level of Uncompensated Care and Mitigates a Cost that is Borne in Part by the Business Community

In Massachusetts, a major mechanism for financing care delivered to people without health insurance is the Uncompensated Care Pool (UCP). The UCP is funded by a combination of sources, including employers that offer health insurance, through a surcharge on insurer payments to hospitals and ambulatory surgical centers. Most observers believe that employers also contribute to the Pool indirectly, through an assessment on hospitals and through higher premiums that may result from a shortfall in Pool funding. UCP costs declined in the early years of MassHealth expansion, though they have increased recently. Nevertheless, to the extent that MassHealth expansions have helped to reduce significantly the number of people without insurance, demand on the UCP is less than it otherwise would be and, so too, is the need for private sector funding for the Pool.

#8: A Strong and Adequately Funded MassHealth Program Reduces the Pressure on Providers to Shift Costs to Private Health Insurers and to Employers

Healthcare providers such as hospitals and physicians receive payments from a variety of sources. When certain payers pay less than it costs a provider to deliver care, the provider needs to fill this revenue gap and will try to negotiate prices with other payers that compensate for the shortfall. This is the phenomenon of cost shifting, and it is an important link between Medicaid and employer-sponsored health insurance. Using a range of reasonable assumptions, the potential magnitude of Medicaid underpayments to hospitals and physicians in 2003 was between \$167 million and \$376 million. These providers in turn pass some of this shortfall along to private insurers, who build this extra cost into the premiums they charge employers. Based on these estimates, cost shifting due to a MassHealth payment shortfall increases private premiums by 1 to 3 percent. The burden of the cost shift is unevenly distributed because of variations in the importance of Medicaid as a payer to different providers, in the extent to which Medicaid payments fall short of covering costs, and in the relative negotiating strengths of providers (hospitals and physicians) and insurers in local markets. Nevertheless, it is clear that employers' health benefit costs are inextricably linked with how MassHealth pays providers.

#9: Erosion of the Employer-Sponsored Health Insurance Market Contributes to MassHealth's Financial Challenges

The trends in the employer health insurance market are of keen interest and importance to MassHealth. As eligibility for MassHealth has expanded, the state increasingly assists individuals who are employed but do not have access to or cannot afford employer-based coverage. Recent national data show a sharp decline in the level of employer-based coverage, especially for low-income workers. Though Massachusetts data do not yet mirror these trends, there are reasons for concern that more and more low-income employees will find coverage out of reach. MassHealth will fill some of these gaps. A rising level of uninsurance, especially among the low-income population, represents additional costs to the uncompensated care pool, additional challenges to MassHealth, and a growing problem for the health care community.

#10: The Business Community Has a Vital Stake in a Strong MassHealth Program

Medicaid has long been an important source of health care coverage for the poor. The business community has been a major beneficiary of expansions in the MassHealth program. Employers have a strong interest in the strategies and policies adopted by MassHealth and in ensuring adequate funding for the MassHealth program, in order to maintain coverage options for low income workers and workers with disabilities, reduce the cost of free care, and minimize cost shifting to employers that provide health coverage.

MassHealth Member Profile: Ann

Even before divorce left her a single working mother, Ann never had much time for herself. “I had four girls in six years,” she says. “And my kids are my life. I was always busy, so it was easy to ignore my own problems.”

Her own problems — health problems, that is — began when she was just 16. Though her mother told the pediatrician about the pain that was persistently shooting down Ann’s leg, the doctor couldn’t find any cause for the trouble, and chalked it up to growing pains. Ann went on with her life, tuning out the pain even when it intensified during her first and second pregnancies. “I just assumed that there was nothing really wrong,” she says, “because that’s what they said when I was 16. I thought maybe it was because of the weight I gained with the babies.”

By the time her third baby came along, however, Ann could no longer sweep away the issue. “That was when the doctors realized it was my hip,” she says. “I had deteriorating arthritis. When they X-rayed, they found that my hip was 85 percent gone. It was just bone on bone.”

At 25, Ann had her first hip replacement — which was complicated when doctors accidentally broke her femur during the operation. “It was awful,” she remembers. “Very hard, especially with three little ones.”

But once she healed, the procedure did help to keep her going. “I did nursing and housekeeping,” she says. “But eventually I had to stop. I just couldn’t do it anymore.” She’d begun to have problems bending down to pick things up, and gradually lost the strength required to keep such physically demanding jobs. She now knows the difficulties stemmed from rheumatoid arthritis and osteoarthritis; and though she sees a doctor for those conditions and for asthma that causes periodic shortness of breath, she refuses to give in and seek help for the depression and anxiety that have nagged her for years.

“I should be going,” she says of counseling. “But I won’t go. I’d rather deal with it in my own way.

Especially with all the other things I have to contend with.”

Shortly after her second hip replacement three years ago, Ann applied for disability. “But they said I wasn’t bad enough,” she recalls, “and that I could work part-time.” She got a less taxing job at a huge national discount store, where she has stayed for two and a half years, “working the floor” doing pricing, handling customer assistance, and stocking the shelves. “It’s just as well,” she says stoically, “because I’m not a person who likes to sit still by any means. And I want to be a good role model for my kids.”

Unfortunately, health insurance is a luxury in much of the service industry. “It’s about \$240 every other week,” Ann says, “which would eat up most of my paycheck. Even the cheapest plans they offer are too expensive, plus they don’t cover anything. And I don’t get food stamps or any other help.”

MassHealth is the only public assistance she receives, and without it, she says, “I don’t know what I’d do.” It not only covers doctor visits, hospital stays, and prescriptions, but also allows one of her daughters to receive treatment for depression and anxiety, and provides another with the security of knowing her health coverage is taken care of while she attends college at Holyoke Community.

Ann worries that the girls and she could get dropped from the program, even as her health continues to worsen. “Getting cut could happen to anybody,” she says, “and if I was one of the unlucky ones, I’d just get sicker and sicker. I’m one of those people who wouldn’t go to the doctor — not that I could afford it.” She adds that she has no doubt her depression would flare up as her physical condition deteriorated, leaving her unable to maintain even the minimal level of activity that keeps her from dwelling on the negative.

“MassHealth has been a godsend,” she concludes. “I need to stay busy, and keep up with four teenage girls. It helps me to do what I need to do to get through every day.”

Employer Profile: **Big Value Outlet**

Back in the mid-1950s, when Matthew Tatelbaum opened an innovative discount department store called Mars Bargainland in Boston's South Shore area, health care was not something a small-business owner really had to think too much about. There was one main carrier — the nonprofit Blue Cross and Blue Shield — and most employers paid their workers' premiums, period. Ninety-four percent of those premiums returned to employees in the form of benefits.

The world of health care is a lot more complex now, though. Matthew's grandson, Evan Tatelbaum — who helps his father, David, run Big Value Outlet, a subsidiary of the now-defunct Mars — has had to navigate a perplexing tangle of competing health care plans while trying to do his best for his three dozen or so full-time employees and also keep costs down. Which is why he was so enthusiastic when he heard about the MassHealth Insurance Partnership. "The Partnership is the best way to reward employees," he says, "the people who need it most. I want to offer something they can benefit from that's consistent with the way we do our business, which is very people-oriented. It gives life to something that's ordinarily just a monetary exchange."

In a field known for its low retention rate, many of Tatelbaum's employees have stayed with the company for eight, ten, 15, even 17 years. Several who worked for his grandfather in the 1980s have returned in recent years, and Tatelbaum credits the company's family atmosphere. "We have people say they love working at Big Value," he maintains, "because they meet people, it's a relaxed atmosphere, and they can come to my father any time about anything. Whatever he's doing he'll pardon himself and address the issue."

Still, retail has never been a high-paying field, and some workers at the five Big Value stores start at just around \$20,000 a year. Even with the boss paying up to 77 percent of their healthcare premiums, it's tough for many of them to get by. But add the Insurance Partnership's sliding-scale stipend to the mix, and employees who might have been pay-

ing \$10 a week for the security of broad coverage are now paying only \$6.95. It may not seem like much, but for many families it can make all the difference.

"If they're staring at a nickel or dime at the end of the week," Tatelbaum says, "a few dollars can mean a lot." He cites one worker who previously refused coverage but recently signed up under the Insurance Partnership program, and another who buys her insulin with the \$12 a month she saves. "I don't want to embellish," Tatelbaum adds. "She could buy it before and would buy it anyway, but at some point that \$12 will pay for something else her family needs; maybe new mittens for her son or a bit toward a necessary car repair."

Tatelbaum prides himself on understanding his employee's difficulties and trying to help address them, and the Insurance Partnership provides a concrete way for him to do that.

"I can't walk up to a head cashier who needs a ride to work and offer her transportation or a raise," he says. "I can't bring my pay stub to them and say I know what it's like to be you. But I can offer them some acknowledgement. People in general are happier when they feel understood, appreciated, like you've been in their shoes. This gives the best possible access to that, because you know what? We're all getting hit with higher costs, so on some level I do understand what they're going through."

Tatelbaum mentions the reciprocity inherent in the kind of relationships he tries to engender. "When the employees know they're valued," he says, "we get the best employees — honest, loyal, faithful, invigorated." And that's a big value indeed.

Employer Profile: **Green River Lumber**

The Berkshire Mountains have been romanticized by generations of writers, artists, and musicians from Nathaniel Hawthorne to James Taylor, and for years have drawn increasing numbers of wealthy vacationers and summer residents to their verdant beauty and exceptional cultural offerings. But for those trying to eke out a living in western Massachusetts year-round, life isn't always so romantic.

"This is an increasingly affluent area," says Jill Johnson, general manager of Green River Lumber. "So the fact that we're a local industry that's not service-based is unusual. Our employees come from working-class backgrounds in local mill towns that are currently at the trailing end of a transitional economy. Real estate prices are going up, and it's becoming more and more difficult for lower- to middle-income families to live in this area. As an employer I need to find ways to retain those people, and the MassHealth Insurance Partnership is helping me do that."

For a hands-on business like Green River, founded by Johnson's brothers Will and Peter Barrett in 1974, experience makes all the difference. "We move our employees up through the ranks," she says. "To go from working in the mill to sales, warehouse manager, or supervisor doesn't require a college degree, but it does require savvy." Today's \$20,000-a-year starting-level mill worker may become one of 2030's highly paid "key leaders" who "think on their feet and make an enormous contribution to our business by suggesting ways we can become more efficient."

But that day is hard to envision when the head of the family — all of Green River's 32 blue-collar employees are men — makes only \$20,000 a year and budgeting for health care can seem an almost insurmountable challenge. "I don't want to sound dramatic by saying our workers' lives are saner because of the Program," Johnson says, "but the truth is, they are. It's giving them a level of security and support they'd otherwise be lacking. We need to keep labor costs down in order for them to keep

their jobs, and this is helping us do that. These families still have their struggles, but you can just see the difference in the way the men talk about their lives."

She mentions two families she knows of in which the employee's spouse has been able to go from a working to a stay-at-home mom because of the extra few dollars MassHealth is providing them, and a divorced millworker in his mid-50s who "wasn't looking after himself" and had let his health coverage slide. Currently on disability for a severe shoulder injury, he'll be back at work soon and "have a second shot at keeping himself going" thanks to the surgery and physical therapy he has been able to afford since signing on to the Insurance Partnership. Without it, she suggests, this still-vibrant laborer may have been forced to live out his remaining years on public assistance.

But these are not isolated incidents. "The Insurance Partnership has been a big boost for everybody," Johnson maintains. "It has contributed to our employees' thinking, 'Wow, this company is looking after us. We're getting concrete support here.' It has helped morale and productivity, which makes our people feel better about being here and better about what they're doing. Life is just not as marginal for them. There's less stress."

And in a classic goes-around-comes-around scenario, Johnson believes this will not only help Green River, but will also allow her to fulfill a personal dream. "Everyone in our office has their list of things they want to get to," she says. "One of mine is to get the company more involved in the community. I wear so many hats that I don't have time quite yet, but one of my goals is to be in the Rotary, sponsor a softball team, give something back. When we get bigger and more efficient and I can stop wearing so many hats, that's the first thing on my agenda."

MassHealth Member Profile: **Rachael**

Though today she's a highly motivated printing-shop employee who lives for the little boy she's raising, when Rachael found herself pregnant at 16, she was a little nervous about what the future might hold. For one thing, the father-to-be — a young man she had been dating for about six months — shocked her by saying he wanted nothing more to do with her or the child she was carrying. Finishing her education would be a challenge, she knew, and so would being a working single mom. But it didn't take long for her to put her worries behind her in the excitement of bringing a new life into the world.

"The only thing I ever wanted to do was become a wife and mother," she says, adding wryly, "the wife part never came."

Her family helped out where they could. Her mother scoured the local second-hand stores for clean clothes and intact toys. Her sister would babysit occasionally, and her aunt dropped Baily off at pre-school for a while, until the early hours began to take their toll. Rachael's father, a machinist, pitched in with expenses as she worked toward her GED, and encouraged her to apply for financial aid so she could enroll in the early childhood development classes offered by the local community college.

"I stayed with that a year and a half," she says. "School was never really my thing."

Over the years there have been a couple of other false starts, from a brief stint as a nanny at \$5 an hour to a grueling job as a certified housekeeper for the elderly. There have also been a few major setbacks, including a short time Rachael spent back with Baily's abusive, alcoholic father; a while on unemployment; and a car accident that gave her whiplash. But Rachael persevered, and has finally nailed her dream job.

"I've been at it almost seven months now," she says. "I started as a printer's assistant, and have already moved up to training to be a printer. It's a great job. I love it. It's the people that really make it so much fun."

Unfortunately, sometimes even your dream job doesn't pay enough for life's necessities.

"I only make \$240 a week, take-home," Rachael says of her full-time job, "and that's not always enough to put food on the table, much less pay for health insurance." When Rachael heard the rate for her company's family plan — \$199 a week, "plus like \$30 copays" — she applied for MassHealth. "Thank God I got it," she says. "Thank God."

Because even though she and Baily have never been seriously ill — knock wood — the family plan she is on provides her with a "wonderful sense of security" as her baby grows up.

"He's a very active kid," she says. "Extremely. Everything in God's creation, he likes to do. He goes once a week to acrobatics, and he's a professional couch jumper. He climbs the apple trees at my sister's. He loves the trampoline at my mother's friend's house. It makes me mental, because he jumps high, high, high! But he loves to do it."

"You've got to let kids loose," she continues, "let them do their thing. But if he falls, I know I won't have to worry about the medical bills. Or even if he just gets sick. He's had the croup three times, and scarlet fever. And I didn't have to worry about finding the money for a copay."

Which leaves her more time to spend with her son. "He's such a good boy," she says with pride. "He's got the brightest eyes and the biggest smile." And she knows her choices are paying off when Baily sees other little boys with their fathers and tells her what he wants to be when he grows up. "He always says to me, 'I'm going to be a good daddy just like you, Mommy!'"

MassHealth Member Profile: Ray

In 1968, Ray was a guy who had everything: a sociology degree from Harvard, a promising job at a startup research company, a beautiful young wife, robust health, and a brand new forest green English Ford Cortina he'd named Cedric. Until one winter day when he was driving that Cortina from Boston to visit his gravely ill grandmother in Ohio. "There was a blinding snowstorm," he recounts. "These two idiots in front of me had a minor fender-bender, and decided to back up to the turnpike exit to report it. So I come out of the snow and suddenly see white lights coming at me. I couldn't go around them because somebody was passing me."

Though he was going slow at the time, his car was totaled, and the impact was enough to fracture his wife's vertebra and Ray's skull. "When I opened my eyes," he says, "there was a broken tooth on my lap. I'd hit my chin on the steering wheel, and all my front teeth had come through my lower lip. So I said okay, I can live with that."

What he didn't know was that all the talking he was doing to the police who had arrived at the accident scene was causing a jagged edge of his skull to scrape against an artery in his brain, eventually severing it. He walked into the hospital's emergency room and collapsed, waking after a month in a coma to find himself paralyzed on his left side. He spent seven more months in Mass. General's rehab unit, and was released in a wheelchair to enter a world of barriers.

"The doctor said he had never seen such physically devastating brain injuries with no cognitive consequences," Ray says. "I said, 'You didn't know me before.'"

Kidding aside, IQ tests have shown Ray to be at full mental capacity — which he proved by returning to work part-time the week after he was discharged from the hospital. He would eventually become his firm's longest tenured full-time associate; and in 1999 he earned a social policy Ph.D. from Brandeis. Still, the intervening years have been rough, with bouts of severe depression, divorce, and even a couple of suicide attempts. With the

small settlement he got from a lawsuit over the crash, Ray paid off his remaining hospital bills — having exhausted three insurance policies and finding himself 6,000 1970-dollars in debt — and put a down payment on a small house in Belmont.

Since 1970 he has had at least two personal care assistants at all times. Because employer health plans do not cover the help he needs to get out of bed and off to work each morning, he paid for the PCAs out of pocket until CommonHealth came along. "I was barely making it," he says, "even with a full-time job and my wife working." With CommonHealth as supplemental insurance coverage, Ray receives the paid in-home assistance he needs, and he credits it with allowing him to return to graduate school after a long hiatus and earn his doctorate. Since his wife divorced him four years ago, Ray finds his Medicaid coverage especially crucial. "Without CommonHealth," he says, "I'd be sunk. I'd be in a nursing home."

As it stands, he is the proud father of two sons, a dedicated member of the workforce, a Massachusetts taxpayer, and a leader in his community. "Your job defines who you are," he says, "and it's partly a social thing as well. My church activities are also very important to me, and I wouldn't have those if I couldn't live independently. I'm on a couple of town committees, and am chair of Belmont's Disability Access Commission."

He pauses, contemplating a future without these things. "If I were in a nursing home," he concludes, "I'd probably become suicidal again."

