

MASSHEALTH AND CONNECTORCARE ENROLLMENT TRACKER

MARCH 2021

KEY FINDINGS:

- **MassHealth enrollment increased by 13.2% between March 31, 2020 and January 31, 2021. This increase was especially notable in the non-disabled adult population.**
- **ConnectorCare enrollment increased by 7,750 people, or 4.2%, between January 2, 2021 and February 2, 2021.¹ Overall, enrollment has decreased by 12.6% since March 2020 when the COVID-19 state of emergency began.**

In this issue brief we highlight the most recent monthly enrollment data available for MassHealth and ConnectorCare—Massachusetts’ two most prominent sources of publicly financed health insurance. (See sidebar for more information on these programs.) We compiled these data, and are highlighting trends to help policymakers, health care stakeholders, and others track how enrollment in these programs has changed since COVID-19 began affecting public health and the economy of the Commonwealth. We update this publication regularly with the latest enrollment data as it becomes available.

Two different forces may affect enrollment in MassHealth and ConnectorCare in the wake of the COVID-19 pandemic:

The economic downturn:

MassHealth and ConnectorCare are designed in part to act as safety nets—providing coverage to people who lose their jobs and their employer-sponsored insurance. Given the current increase in unemployment caused by the COVID-19 pandemic,² many analysts have predicted that MassHealth and ConnectorCare caseloads will increase.³

Policy changes to promote coverage and continuity of care:

In response to the COVID-19 pandemic, MassHealth and the Health Connector have also enacted temporary policy changes to promote coverage and continuity of care. These policy changes would likely cause higher caseloads in both programs even if there weren’t an increase in the number of applications for the programs. For example, MassHealth has paused its redeterminations; this means MassHealth members enrolled as of March 18, 2020 or later will not lose coverage or experience a decrease in benefits for any reason other than moving out of state or voluntarily withdrawing from the program. Similarly, between March 15, 2020 and August 2020 the Health Connector did not terminate or downgrade anyone for failure to respond to a Request for Information, and it delayed April terminations of past-due accounts. For more information on temporary policy changes enacted to help people in the Commonwealth enroll in and maintain MassHealth, ConnectorCare, and other sources of publicly financed coverage, please see *Promoting Access to Health Care and Coverage During a Public Health Crisis: COVID-19–Related Changes in Massachusetts Affecting MassHealth, Health Connector programs, and the Health Safety Net*.

WHAT ARE MASSHEALTH AND CONNECTORCARE?

MassHealth: MassHealth is Massachusetts’ Medicaid and Children’s Health Insurance (CHIP) programs. MassHealth provides coverage for over 1.8 million members—more than a quarter of the state’s residents. MassHealth covers low-income families for whom employer-sponsored insurance is unavailable or unaffordable, people who are affected by economic downturns, and people with physical, behavioral, and intellectual disabilities, among others. MassHealth is jointly financed by the state and the federal government.

ConnectorCare: ConnectorCare is subsidized health insurance offered through the Health Connector to low- and moderate-income families who do not qualify for MassHealth or other public coverage, and who do not have affordable offers of employer-sponsored insurance. Over 200,000 residents of the Commonwealth are covered by ConnectorCare. ConnectorCare is funded in part by federal subsidies offered through the Affordable Care Act; the state also contributes wrap-around subsidies to make the plans even more affordable to consumers.

1 The increase in ConnectorCare enrollment reflected in the February 2021 data may be due in part to the annual redetermination process. ConnectorCare members for whom the Connector wasn’t able to confirm continued eligibility for subsidies were shifted to unsubsidized coverage in January 2021; typically, some of these members confirm their continued eligibility for subsidies after they are shifted to unsubsidized coverage, and are reenrolled in subsidized coverage. In addition, the Connector recently extended the Open Enrollment period.

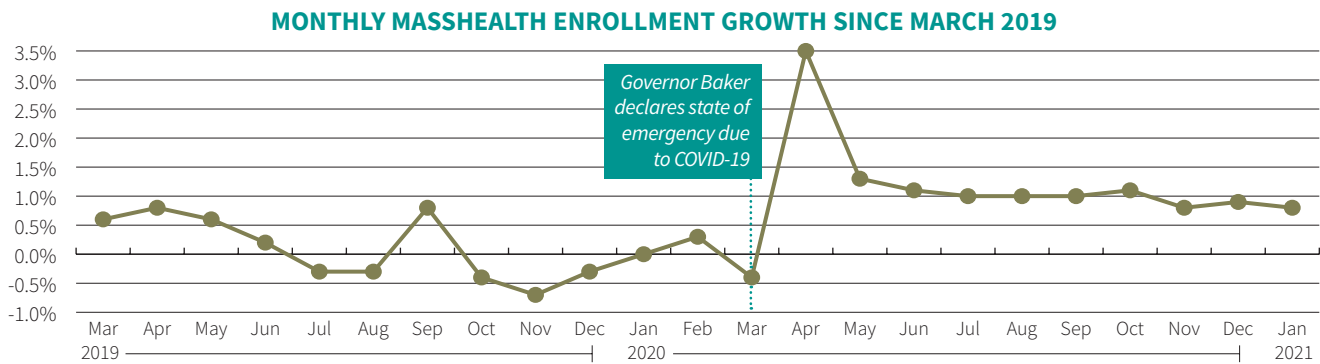
2 WBUR News & Wire Services, “38,000 New Unemployment Claims Were Filed In Mass. Last Week,” May 21, 2020. Available at: <https://www.wbur.org/bostonmix/2020/05/21/unemployment-figures-may-16-massachusetts-coronavirus>.

3 Simmoneau, Ben. WCVB 5 Boston, “Massachusetts bracing for surge of new health connector applicants amid coronavirus layoffs,” May 14, 2020. Available at: <https://www.wcvb.com/article/massachusetts-bracing-for-surge-of-new-health-connector-applicants-amid-coronavirus-layoffs/32480250#>.

The analysis below is intended to help readers spot trends in enrollment in these programs. It is not intended to establish which of the forces described above, or what other factors, might be driving any changes in enrollment.

MASSHEALTH

MassHealth enrollment increased by 13.2% between March 31, 2020 and January 31, 2021. This increase was especially notable in the non-disabled adult population.



MASSHEALTH: 1-MONTH ENROLLMENT CHANGE, BY ELIGIBILITY GROUP

MASSHEALTH ELIGIBILITY GROUPS	DECEMBER 2020–JANUARY 2021 1-MONTH ENROLLMENT CHANGE
Non-disabled children (age 0–20)	0.5%
Non-disabled adults (age 21–64)	1.3%
Disabled children (age 0–20)	-2.7%
Disabled adults (age 21–64)	0.0%
Seniors	0.3%
Other ⁴	-1.6%
TOTAL	0.8%

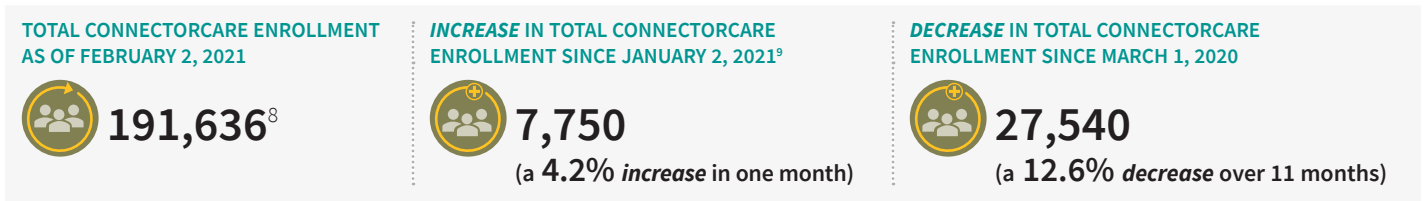
MASSHEALTH: CUMULATIVE ENROLLMENT CHANGE SINCE COVID-19 AND FOR A PRE-COVID-19 COMPARISON PERIOD, BY ELIGIBILITY GROUPS

MASSHEALTH ELIGIBILITY GROUPS	MARCH 2019–JANUARY 2020 CUMULATIVE CHANGE FOR COMPARISON PRE-COVID-19 (CHANGE OVER 10 MONTHS)	MARCH 2020–JANUARY 2021 CUMULATIVE CHANGE SINCE COVID-19 (CHANGE OVER 10 MONTHS)	VARIANCE
Non-disabled children (age 0–20)	0.0%	7.9%	7.9%
Non-disabled adults (age 21–64)	-0.3%	25.0%	25.2%
Disabled children (age 0–20)	1.2%	-1.4%	-2.6%
Disabled adults (age 21–64)	-0.3%	2.6%	2.9%
Seniors	4.5%	6.0%	1.5%
Other ⁴	23.0%	50.1%	27.1%
TOTAL	0.4%	13.2%	12.9%

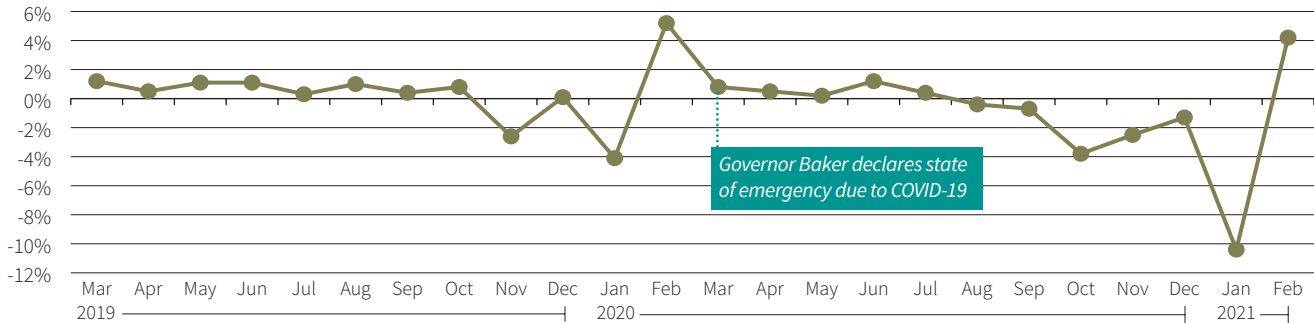
⁴ This group is very small (3,000–6,000 per month), comprised mostly of members in correctional facilities.

CONNECTORCARE

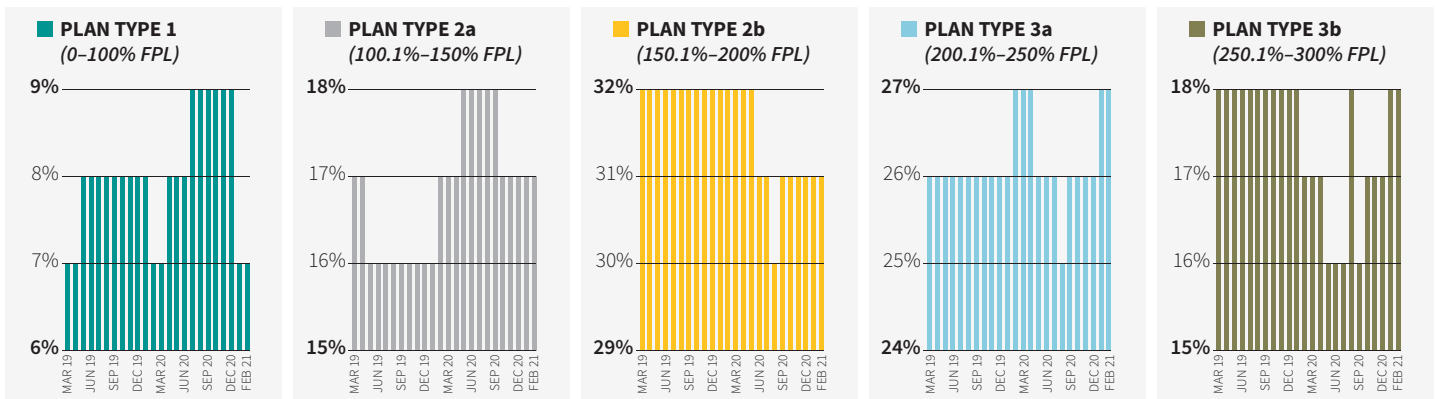
ConnectorCare enrollment increased by 7,750 people, or 4.2%, between January 2, 2021 and February 2, 2021.^{5,6} Overall, enrollment has decreased by 12.6% since March 2020 when the COVID-19 state of emergency began.⁷



MONTHLY CONNECTORCARE ENROLLMENT GROWTH SINCE MARCH 2019



MONTHLY CONNECTORCARE PLAN TYPE DISTRIBUTION SINCE MARCH 2019¹⁰



5 Enrollment as of February 2, 2021, retrieved from "Health Connector Board Report Metrics" dated February 2, 2021. Enrollment from previous months are retrieved from the Health Connector Summary Report from those months, available on the Health Connector website: <https://www.mahealthconnector.org/about/board-meetings>.

6 The increase in ConnectorCare enrollment reflected in the February 2021 data may be due in part to the annual redetermination process. ConnectorCare members for whom the Connector wasn't able to confirm continued eligibility for subsidies were shifted to unsubsidized coverage in January 2021; typically, some of these members confirm their continued eligibility for subsidies after they are shifted to unsubsidized coverage, and are reenrolled in subsidized coverage. In addition, the Connector recently extended the Open Enrollment period.

7 The data used for this report does not allow tracking of membership across MassHealth and ConnectorCare. It is possible that there are members with coverage moving from ConnectorCare to MassHealth, as a result of declining income, just as there are shifts within ConnectorCare enrollment to plan types associated with lower income.

8 Enrollment as of February 2, 2021, retrieved from "Health Connector Board Report Metrics" dated February 2, 2021.

9 Enrollment data drawn from monthly Health Connector Summary Reports. These reports include two different sets of enrollment figures: (1) Enrollment as of Report Date, defined as the total number of members with coverage in that month as of the current report date and reflecting retroactive adds and terminations in the coverage month they take effect. These enrollment counts are dynamic. (2) Enrollment as of Initial Report Date, defined as the total number of members who were enrolled in coverage as originally reported in the Health Connector Board Report Metrics published for that month, excluding retroactivity. These enrollment counts remain static month to month. In order to ensure an apples-to-apples comparison with the current month's enrollment figures (which don't yet reflect retroactive adds and terminations), we use Enrollment as of Initial Report Date for each historical month.

10 The cost of ConnectorCare plans to their members differ depending on the plan type. The plan type that a person qualifies for is based on their income; people with lower incomes are expected to contribute less towards the costs of their coverage. Plan Type 1 is available to those with incomes between 0 and 100% of the federal poverty level (FPL), Plan Type 2A is available to those with incomes between 100.1 and 150% FPL, Plan Type 2B is available to those with incomes between 150.1 and 200% FPL, Plan Type 3A is available to those with incomes between 200.1 and 250% FPL, and Plan Type 3B is available to those with incomes between 250.1 and 300% FPL.