

Report to the Massachusetts Legislature:

Activities and Accomplishments of the
Massachusetts Health Insurance Marketplace
Fiscal Year 2019

Massachusetts Health Connector

January 2020



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Preface

Massachusetts has a long history of health care reform efforts aimed at expanding health insurance coverage to its residents. The Massachusetts Health Connector is proud to be a key part of the legacy created when the Commonwealth's landmark health reform law, Chapter 58 of the Acts of 2006, was passed and included a state-based Exchange: a place where individuals, families, and small businesses can find, compare, and get help to afford health insurance coverage. As a result of that legacy, Massachusetts has the highest rate of insurance in the country, with over 97 percent of residents insured.

The work of the Health Connector and the sustained success of health reform in Massachusetts has benefited from the support and assistance of the Legislature and many state agencies. The Health Connector would like to thank the Office of the Governor, the General Court, the Executive Office of Health and Human Services, MassHealth, the Executive Office for Administration and Finance, the Division of Insurance, the Group Insurance Commission, the Department of Revenue, the Executive Office of Technology Services and Security, the Center for Health Information and Analysis, the Department of Public Health, the Division of Unemployment Assistance, the Massachusetts Board of Higher Education, the Health Policy Commission, the Office of the Attorney General, and the Massachusetts Office of Business Development for our collaborative efforts towards Massachusetts health reform.

The Health Connector is governed by a Board of Directors consisting of 11 members. The staff of the Health Connector wishes to extend its deepest gratitude to all past and current Directors for their commitment to health reform. Directors who served in Fiscal Year 2019 (FY19) include:

- Secretary of the Executive Office of Health and Human Services Marylou Sudders, Chair of the Board;
- Secretary of the Executive Office for Administration and Finance Michael Heffernan
- Gary Anderson, Commissioner of the Division of Insurance
- Roberta Herman, M.D., Executive Director of the Group Insurance Commission;
- Michael Chernew, Ph.D., Leonard D. Schaeffer Professor of Health Care Policy at Harvard Medical School;
- FayeRuth Fisher, Political Director of 1199 SEIU MA
- Mark S. Gaunya, GBA, LIA, Co-owner and Chief Information Officer, Borislow Insurance;
- Louis F. Malzone, Executive Director of the Massachusetts Coalition of Taft-Hartley Funds;
- Dimitry Petion, President and CEO of Mulberry Systems, Inc.;
- Nancy Turnbull, Senior Lecturer on Health Policy and Associate Dean at Harvard School of Public Health; and
- Rina Vertes, President of Marjos Business Consulting.

Executive Summary

During Fiscal Year 2019, which spanned portions of the 2018 and 2019 plan years, the Health Connector saw record enrollment levels in both its individual and small-group products. Despite a challenging and dynamic federal policy landscape, the Health Connector has continued to find ways to support state residents in enrolling in health and dental coverage. The Health Connector ended FY19 with 287,000 non-group medical plan enrollees and 6,600 small-group medical enrollees. These enrollments represent a 13 percent increase in non-group and a 17 percent increase in small-group membership compared to the end of Fiscal Year 2018.

Enrollment growth is the result of the strong “culture of coverage” in Massachusetts as well as strategic approaches the Health Connector takes to its work:

- The ConnectorCare program provides subsidies to qualified low- and moderate-income Massachusetts residents, ensuring that health insurance is not prohibitively expensive. Premiums increase gradually with income with plans as low as \$0 a month for those with incomes up to 150 percent of the Federal Poverty Level (FPL) and \$126 a month for those at 300 percent FPL.
- In part a result of the ConnectorCare program’s design, unsubsidized premiums available to individuals and small groups, who consistently report struggling with affordability, in Massachusetts through the Health Connector are competitive and consistently among the lowest in the nation.
- The Health Connector’s small-group platform, Health Connector for Business, supports the businesses who need it most, offering flexible benefit options as well as premium rebates for small employers participating in a wellness program.
- Using a decade of knowledge about the uninsured, the Health Connector cultivates a strong, tailored outreach strategy that includes free, in-person help for applicants and members.
- The Health Connector employs a proactive approach to keeping insurance markets healthy, including continued administration of the state-level requirement that individuals carry health insurance.

The Health Connector’s commitment to continually improving the member experience was underscored by the launch of the Customer Experience Procurement Project (CXPP) in FY19, which solicited vendors to provide enrollment, billing, and customer service functions to Health Connector applicants and members. In FY19, the Health Connector balanced facilitating needed improvements to the customer experience with maintaining stability for members in the current state. New vendors will come online in Fiscal Year 2020, bringing enhancements members have consistently asked for.

The Health Connector will continue to build on its legacy of providing residents of Massachusetts with access to high-quality health insurance, responding to consumer needs and an ever-evolving policy and market landscape. The Health Connector looks forward to working with other stakeholders to help Massachusetts remain a national leader in health reform.

1.0: Introduction

1.1: History of the Health Connector

In Massachusetts, Chapter 58 of the Acts of 2006, our state’s health reform law, and the Health Connector were built on the understanding that access to affordable and comprehensive coverage is a fundamental need of all Commonwealth residents. For over a decade, the Health Connector has maintained an essential role in the Massachusetts merged non-group and small group market, including through the state’s transition to the federal Patient Protection and Affordable Care Act (ACA), which became law in 2010 and was largely implemented in 2014.

Through that transition, including adjusting state policies and regulations to conform to the ACA and the new availability of federal premium tax credits and cost-sharing reductions to subsidize individuals purchasing coverage from health insurance Exchanges like the Health Connector, Massachusetts continued its commitment to keeping insurance affordable for low-income individuals and created the ConnectorCare program to supplement federal subsidies. ConnectorCare provides additional support to members to reduce both premiums and out-of-pocket costs at the point of service, like co-pays. The program serves Health Connector members with income under 300 percent of the Federal Poverty Level, which is around \$36,420 a year for an individual, or \$75,300 for a family of four. ConnectorCare has been critical to preserving coverage gains made in Massachusetts prior to the ACA and driving competition that helps keep premiums stable and low in the merged market.

In the next chapter of the Health Connector’s history, the Exchange will work to examine the merged market, employ outreach strategies to reach 100 percent coverage across the Commonwealth, and continue to improve the member experience for non-group enrollees while creating opportunities to meet the needs of the small-group market in Massachusetts. Though the external policy landscape of the Exchange has changed since its inception, the mission and results remain consistent, as hundreds of thousands of people rely on the Health Connector for affordable health insurance. Key milestones in Massachusetts’s commercial market are highlighted in Table 1.

Table 1: Milestones in Massachusetts Market Reform

1992 – 1996
Massachusetts introduced consumer protections to the non-group and small-group market, including guaranteed issue and a state version of adjusted community rating rules.
2006 – 2008
Massachusetts enacted Chapter 58 of the Laws of 2006 (Chapter 58), comprehensive reforms that aimed to achieve near-universal health coverage. Key components of Chapter 58 included: <ul style="list-style-type: none">• The creation of the Health Connector, an independent agency that serves as an "exchange" marketplace to assist individuals and small employers in accessing health insurance, as well as subsidies to promote affordable coverage for residents with incomes up to 300 percent FPL through the Commonwealth Care program.• State shared responsibility requirements for individuals and employers.• The merger of the non-group and small group markets into a single risk pool.
2010 – 2014

Massachusetts prepared to implement the ACA, opting to retain its state-based marketplace and merged market structure. Additionally, the Commonwealth enacted comprehensive cost-containment legislation.

2014 – 2019

Massachusetts retained its state-based marketplace, the Health Connector, and transitioned Commonwealth Care enrollees to ConnectorCare, a new program within the Exchange for residents with income up to 300 percent FPL that includes federal Advance Premium Tax Credits (APTCs) and Cost Sharing Reductions (CSRs) and maintains a “state wrap” to meet a state affordability schedule that sets lower enrollee contributions than the federal affordability schedule. Residents between 300-400 percent FPL are also eligible for premium tax credits.

As of July 2019, the Health Connector had nearly 287,000 enrollees, including over 216,000 ConnectorCare enrollees under 300 percent FPL and approximately 17,000 APTC-only enrollees with incomes between 300-400 percent FPL.

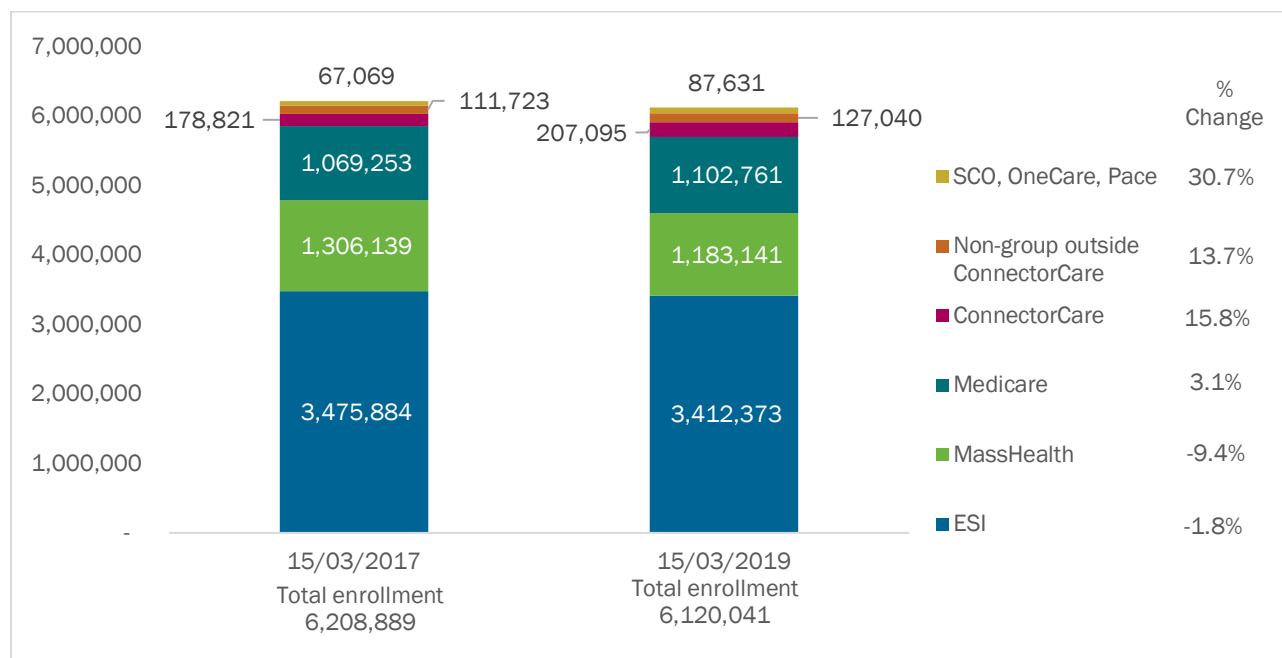
2.0: Non-group Membership

At the end of FY19, the Health Connector provided coverage to nearly 287,000 individuals, an increase of 13 percent when compared to enrollment at the end of FY18. These Massachusetts residents received high-quality coverage through Qualified Health Plans (QHPs) certified by the Health Connector. Plans are organized into four metallic tiers that represent the richness of the benefits provided: Platinum, Gold, Silver, and Bronze. Platinum plans provide low out-of-pocket costs for services, but have higher premiums, while Bronze plans have higher out-of-pocket costs for services, but lower monthly premiums. Additionally, the Health Connector offers “Catastrophic” plans with higher cost-sharing for individuals under age 30 or who have a financial hardship that makes purchasing more robust coverage unaffordable.

Individuals (non-group members only) under 400 percent of the Federal Poverty Level (FPL) may qualify for federal tax credits to reduce their premiums, and individuals under 250 percent may qualify for cost-sharing reductions (CSRs) to reduce their out-of-pocket costs. The ACA allows for the premium tax credits to be taken during the tax year or claimed when filing after the tax year closes. When used during the tax year, they are known as advance premium tax credits (APTCs). In addition to federal subsidies, Massachusetts provides enrollees with incomes under 300 percent FPL with supplemental state subsidies via the ConnectorCare program.

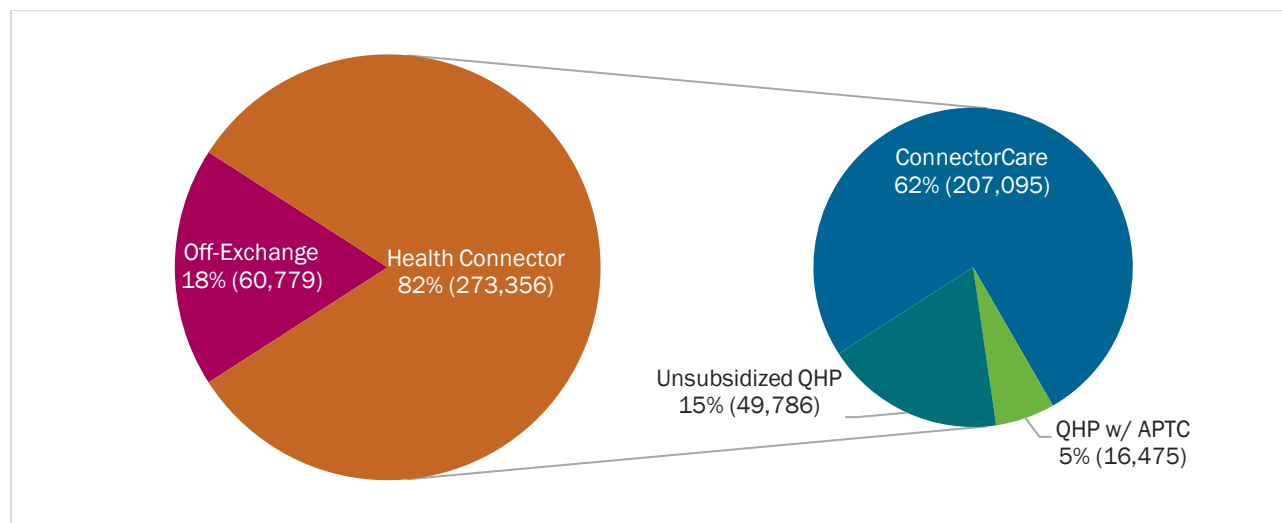
All non-group coverage in the Commonwealth has grown over the last two years, while employer-sponsored insurance (ESI) and MassHealth enrollment have decreased, according to CHIA statistics (see Figure 1). The Health Connector covers 82 percent of the state’s non-group market, with 18 percent of Massachusetts’s individual purchasers obtaining coverage outside of the Exchange by purchasing coverage from a carrier directly (see Figure 2). Approximately 50,000 members were enrolled in Exchange coverage without subsidies, representing 15 percent of non-group on-exchange enrollment and 45 percent of unsubsidized members in the overall unsubsidized market segment.

Figure 1: Massachusetts Health Coverage Enrollment by Insurance Type, 2017-2019



Source: CHIA Enrollment Trends August 2019 Databook. Data from March 2019. <http://www.chiamass.gov/enrollment-in-health-insurance/>. Note: This analysis does not include the unclassified sub-category of private commercial insurance which grew by 11,000 between March 2017 and March 2019.

Figure 2: Massachusetts Non-Group Membership On- and Off-Exchange as of March 2019



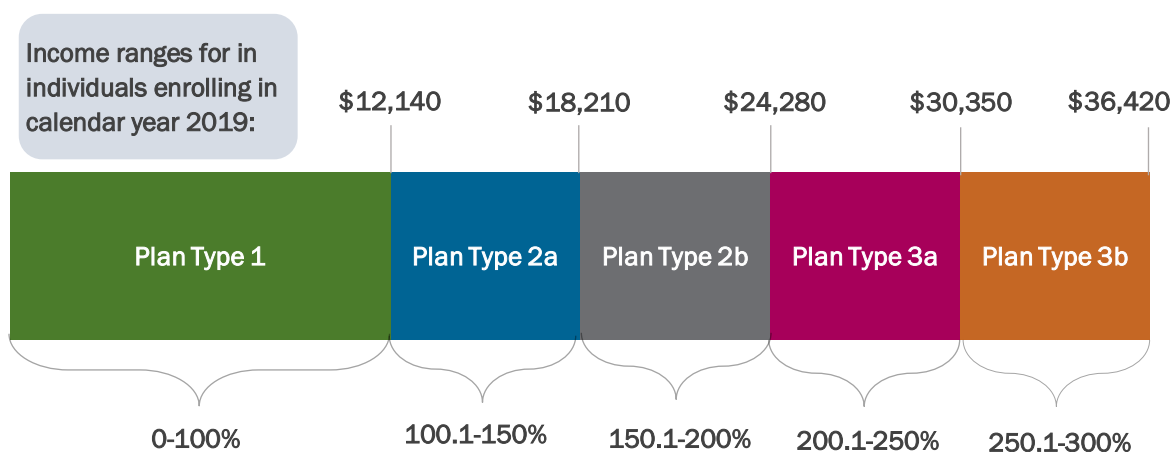
Source: CHIA Enrollment Trends August 2019 Databook. Data from March 2019. <http://www.chiamass.gov/enrollment-in-health-insurance/>.

2.1: ConnectorCare Membership

The ConnectorCare program provides comprehensive, affordable health insurance to Massachusetts residents with incomes below 300 percent FPL. Because federal premium tax credits and cost-sharing subsidies are supplemented with state funds in this program, ConnectorCare coverage is more generous than the federal standard. There are five ConnectorCare Plan Types that depend on an individual's income (see Figure 3). Enrollees make small premium payments on a sliding scale, in

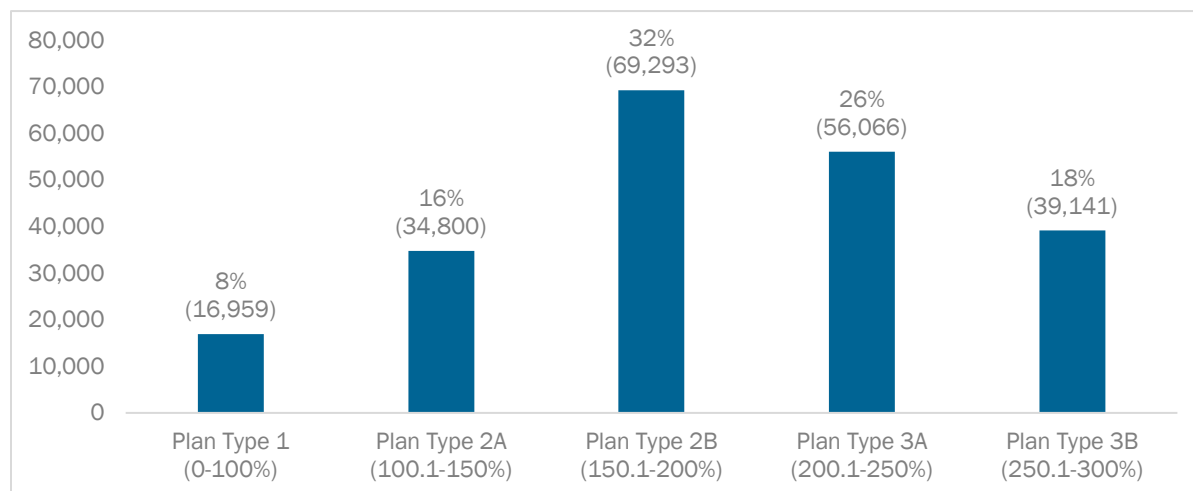
monthly minimum amounts ranging from \$0 to \$126 monthly but receive the same benefits regardless of premium and plan type. Enrollees who do not choose the lowest cost carrier may pay more than the minimum premium. ConnectorCare plans have low co-pays for covered services and never include coinsurance or deductibles. In FY19, five carriers participated in the ConnectorCare program, but ConnectorCare enrollees were able to select plans from up to four different carriers, depending on their region. The Health Connector continues to assess the risk of “bare counties” in Franklin (region A4) and the Islands (region G2), which currently have only one ConnectorCare option.

Figure 3: ConnectorCare Plan Types by Income



The ConnectorCare program had 216,259 active members at the end of FY19, with the highest volume of members enrolled in Plan Type 2b (32 percent). These enrollees had income between 150.1 and 200 percent FPL or \$18,210 to \$24,280 for an individual. Depending on their region and carrier selection, individuals in this income bracket had access to monthly premiums that ranged from \$44 to \$323 in 2019.

Figure 4: ConnectorCare Enrollment by Plan Type

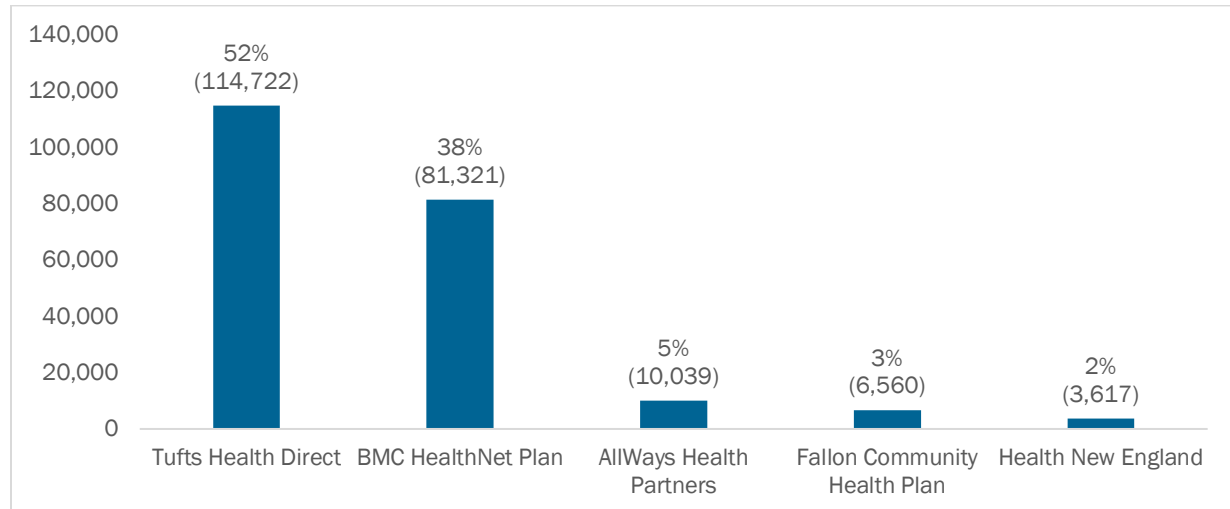


Source: Health Connector Board Summary Report – July 2019. https://www.mahealthconnector.org/wp-content/uploads/board_meetings/2019/07-11-19/Summary-Report-July2019.pdf

Approximately 90 percent of ConnectorCare enrollees chose Tufts Health Direct or Boston Medical Center (BMC) HealthNet Plan. Tufts Health Direct was the lowest-cost ConnectorCare plan option

available in 2019 in eight of the 14 ConnectorCare regions across the state, while BMC HealthNet Plan was the lowest-cost ConnectorCare plan option available in two ConnectorCare regions.

Figure 5: ConnectorCare Enrollment by Carrier

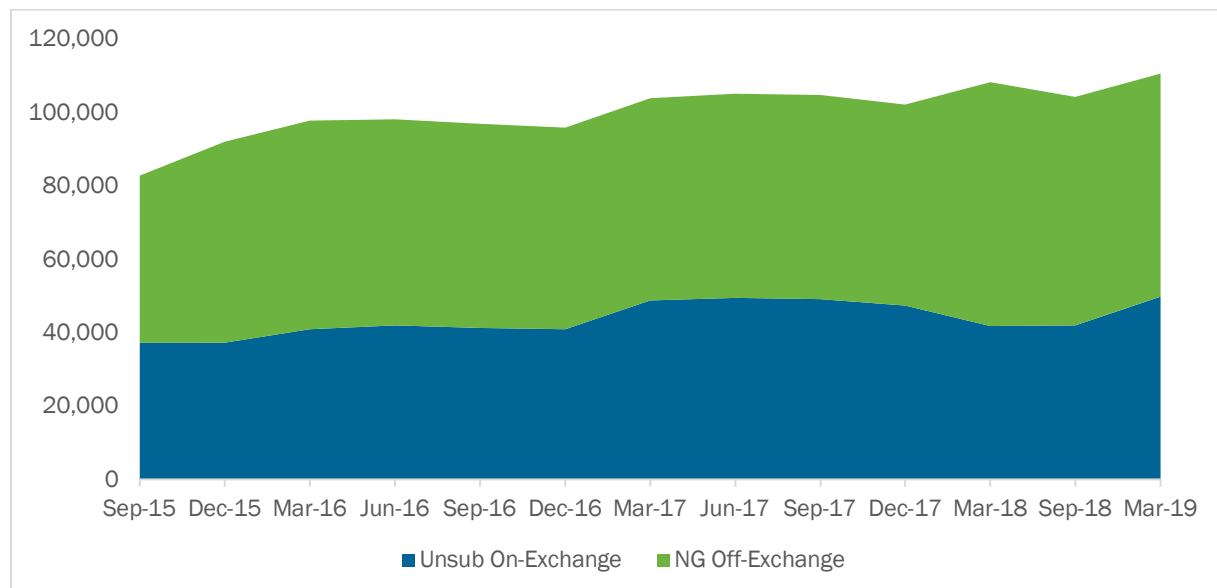


Source: Health Connector Board Summary Report – July 2019. https://www.mahealthconnector.org/wp-content/uploads/board_meetings/2019/07-11-19/Summary-Report-July2019.pdf

2.2: Non-group Membership Outside ConnectorCare

On average, the Health Connector enrolls between 40-50 percent of the unsubsidized market segment who receive no financial assistance to pay for coverage. More unsubsidized consumers purchase health insurance off-Exchange, directly from carriers or through other intermediaries. In March 2019, the Health Connector enrolled 45 percent of the unsubsidized market in Massachusetts, a 6.4 percentage point increase from March 2018.

Figure 6: On-Exchange Unsubsidized vs. Off-Exchange Non-Group Enrollment (2015-2019)



Source: CHIA Enrollment Trends August 2019 Databook. Data from March 2019. <http://www.chiamass.gov/enrollment-in-health-insurance/>.

At the end of FY19, 61,593 individuals were enrolled in Qualified Health Plans with either no subsidies or only federal APTCs (i.e., households with income between 300 and 400 percent FPL). Approximately 45 percent of non-group, non-ConnectorCare members enrolled in plans on the Silver tier. Tufts Health Direct was the most popular carrier among these non-ConnectorCare members, with 43 percent of non-ConnectorCare enrollment, followed by Boston Medical Center HealthNet Plan and AllWays Health Partners, with 19 percent and 13 percent enrollment, respectively.

The affordability of premiums in the non-group market has been identified as a growing problem in the non-group space. On average, APTC-only families spend approximately \$447 on monthly premiums (with an average family size of two) while unsubsidized families spend \$601 (with an average family size of one). The figures below present monthly premiums among APTC-only and unsubsidized subscribers by age band. APTC-only members are more likely to have children enrolled in Health Connector plans (as opposed to unsubsidized members who are more likely to be in individual households) which is why the 35-44-year-old age band has the highest family premiums.

Figure 7: Average APTC-Only Family Level Premiums by Subscriber Age Band in 2019

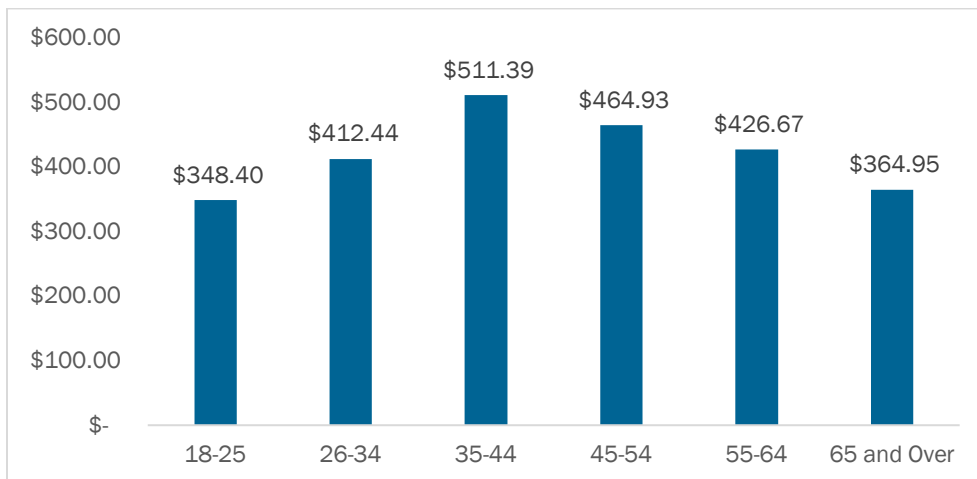


Figure 8: Average Unsubsidized Family Level Premiums by Subscriber Age Band in 2019

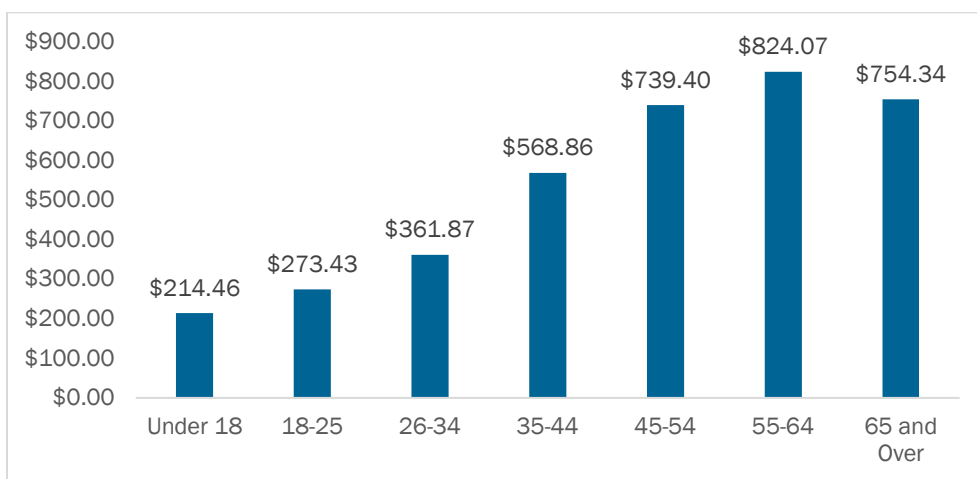
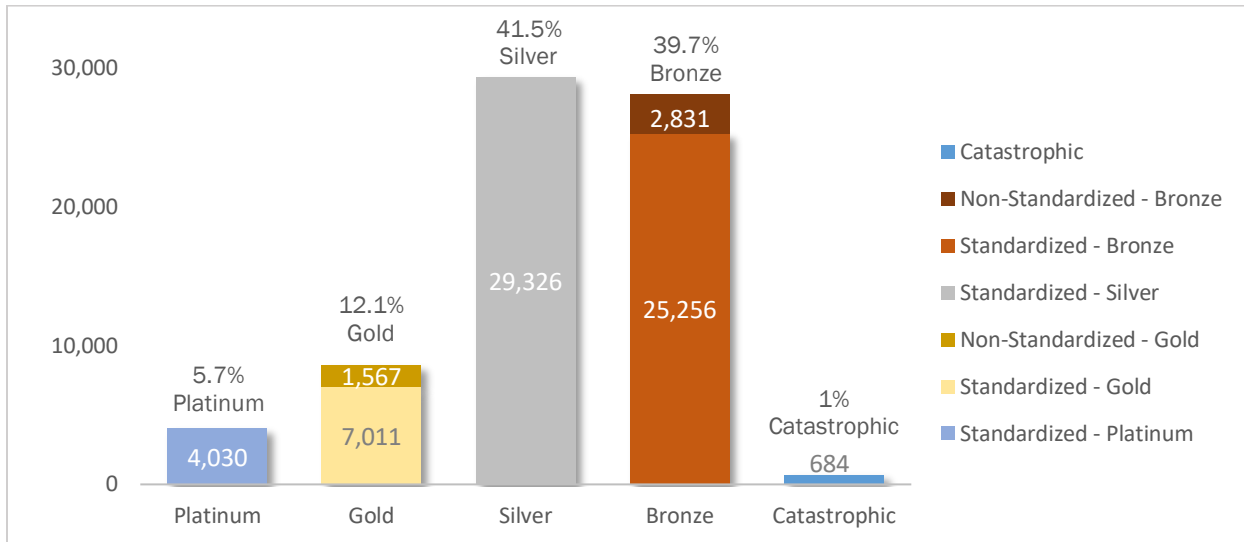


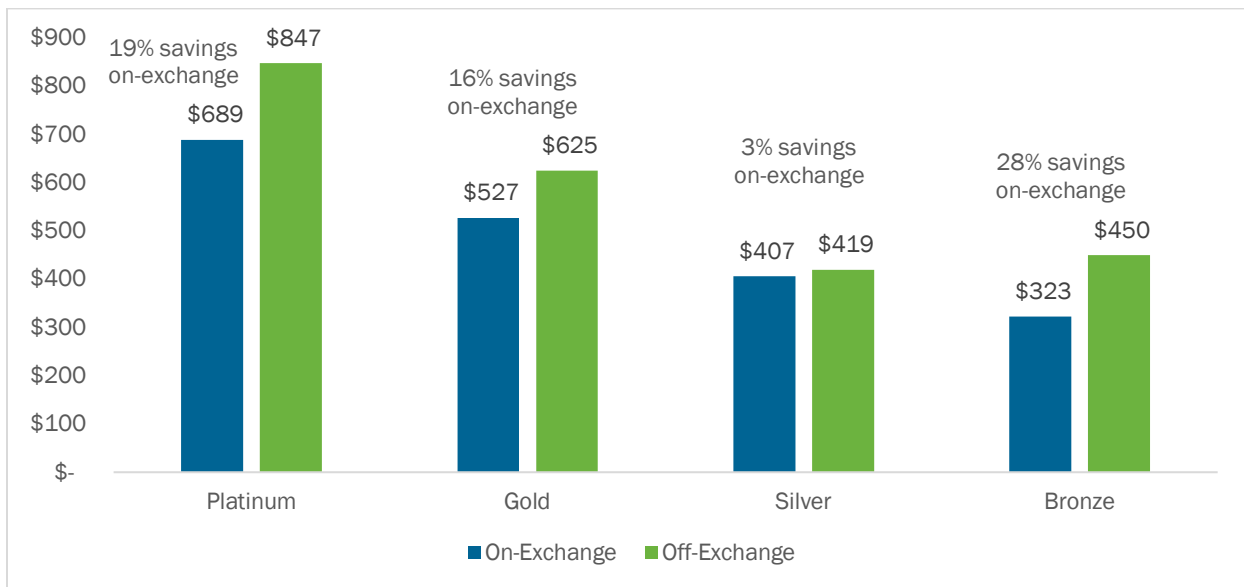
Figure 9: Non-ConnectorCare Enrollment by Metallic Tier



Source: Health Connector Board Summary Report – July 2019. https://www.mahealthconnector.org/wp-content/uploads/board_meetings/2019/07-11-19/Summary-Report-July2019.pdf

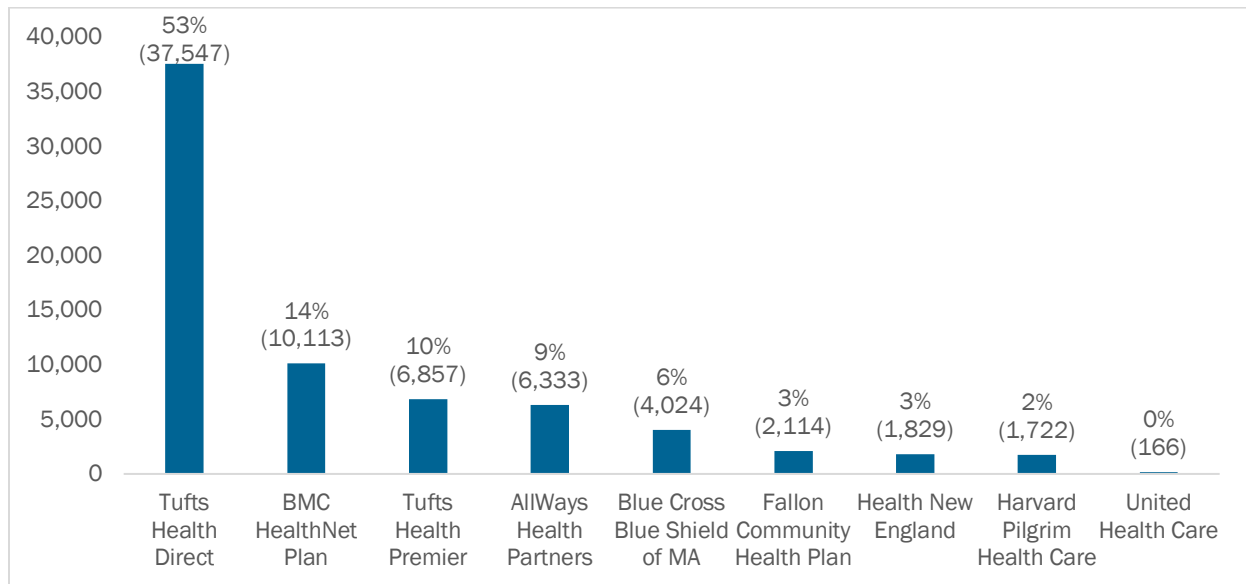
Across all metallic tiers, people who shop through the Health Connector tend to select lower cost health plans than their counterparts off-exchange. Although plans have the same premium rating on- and off-Exchange, shoppers using the Health Connector tend to choose lower cost plans, particularly on the Bronze metallic tier. Platinum, Gold, and Silver shoppers still reap savings by shopping on Exchange, though in relatively smaller magnitudes.

Figure 10: Average 2019 Rates for On- and Off-Exchange Products by Metal Tier



Note: Analysis for illustrative, comparative purposes only. Rates are for a non-group 42 year old in Boston, representing a simple average of the 2019 rates for products offered on-exchange by each carrier within a metallic tier. The analysis represents enrollment of unsubsidized individuals.

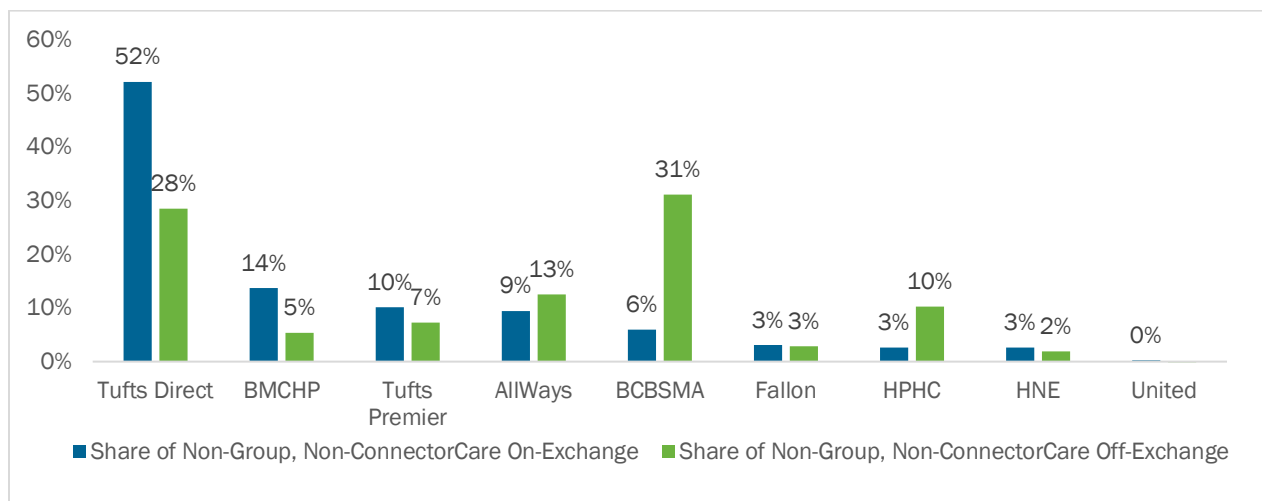
Figure 11: Non-ConnectorCare Enrollment by Carrier



Source: Health Connector Board Summary Report – July 2019. https://www.mahealthconnector.org/wp-content/uploads/board_meetings/2019/07-11-19/Summary-Report-July2019.pdf

The health insurance carriers selected by the Health Connector’s non-group, non-ConnectorCare enrollees (on-exchange) differ substantially from those chosen by non-group shoppers outside the Health Connector (off-exchange). Although non-group, non-ConnectorCare enrollees are divided nearly equally between Health Connector and off-exchange plans, a comparison of membership by carrier (see Figure 12) shows notable and persistent differences in enrollment patterns. Consumers are more likely to “shop around” and engage in the comparison-shopping experience offered by the Health Connector. Health Connector shoppers tend to choose lower-cost carriers that often have narrower provider networks, while off-Exchange shoppers tend to choose higher-cost carriers that have broader networks.

Figure 12: 2019 Non-ConnectorCare Non-Group Enrollment On- and Off-Exchange by Carrier



Source: CHIA Enrollment Trends August 2019 Databook. Data from March 2019. <http://www.chiamass.gov/enrollment-in-health-insurance/>. Enrollment totals for On-Exchange Non-Group enrollment do not include ConnectorCare enrollment. Excludes carriers with negligible enrollment.

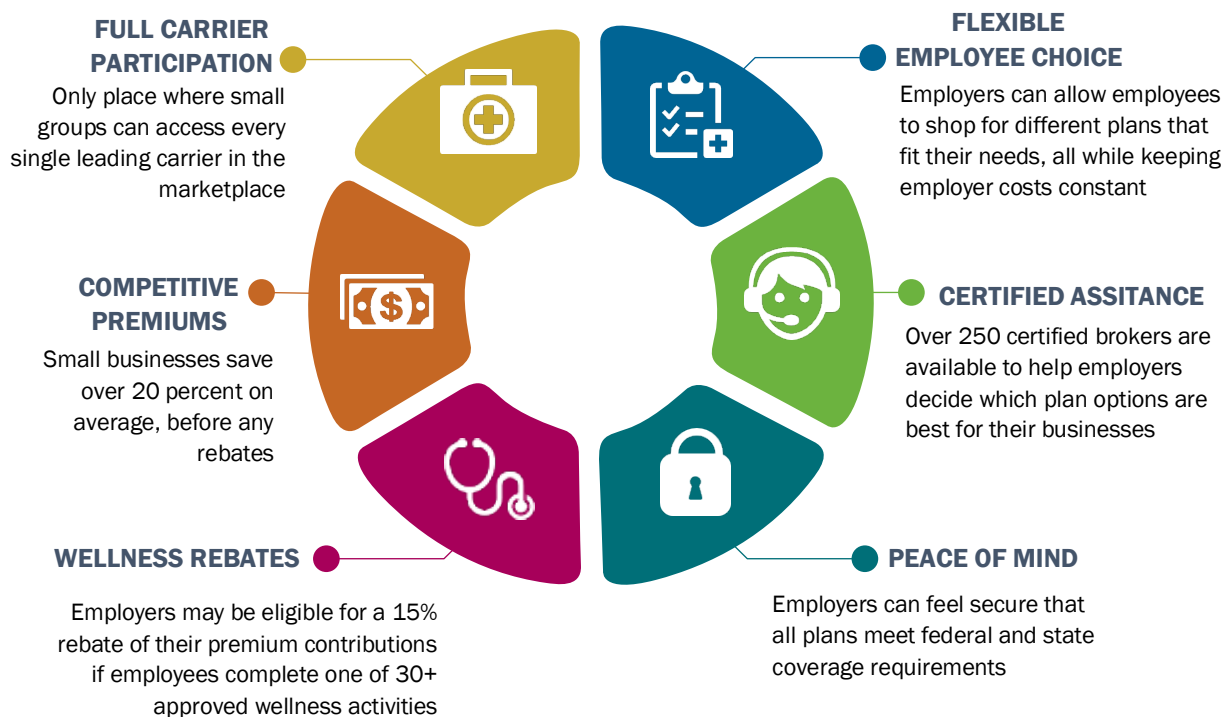
3.0: Health Connector for Business Small-Group Membership

Health Connector for Business was designed to bring the Health Connector’s non-group competitive Exchange model to small employers by connecting employer groups to the full Massachusetts carrier marketplace. Health Connector for Business serves employers with 50 or fewer employees, aiming to maximize access and affordability by offering small employers in Massachusetts unprecedented flexibility, choice, and savings opportunities.

Both Chapter 58 of the Acts of 2006 and the Affordable Care Act require that the Health Connector offer small-group coverage in order to address the challenges faced by small businesses in health care markets in Massachusetts and nationwide. In 2017, the Health Connector entered a cooperative agreement with the District of Columbia Health Benefit Exchange (DCHBX), utilizing their service model and platform to implement an ACA-compliant Small Business Health Options Program based on federal and state law. This included the implementation of Employee Choice to address administrative burdens on employers (see Figure 19). Health Connector for Business was implemented to serve the small-group market in a sustainable and meaningful way, reflecting the Commonwealth’s commitment to ensuring that the stability of the diverse and competitive health insurance market of Massachusetts is available to all small employers, regardless of size.

The Commonwealth benefits from a healthy and robust group insurance market, and Health Connector for Business can help to draw new employer groups into the merged market, a mechanism that may enhance its stability and connect employees of small businesses to comprehensive coverage. In employer surveys conducted in FY19, forty-six percent of new employer groups report that they did not offer coverage before signing up with the Health Connector.

Figure 13: Purpose of Health Connector for Business



Source: Health Connector for Business: Update and Strategic Goals. Board of Directors Meeting, September 12, 2019.

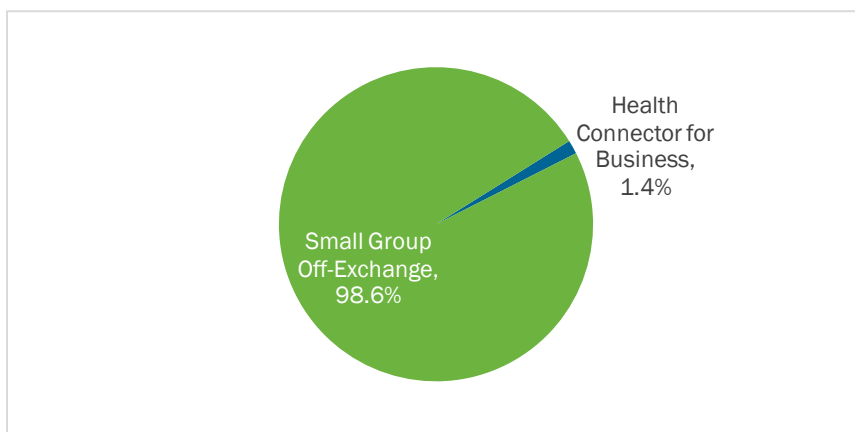
https://www.mahealthconnector.org/wp-content/uploads/board_meetings/2019/09-12-19/Health-Connector-for-Business-Update-and-Strategic-Goals-091219.pdf

In the future, Health Connector for Business will continue to make it simpler for small employer groups to shop from the full Massachusetts carrier market without barriers to entry by providing more robust plan options and implementing enhanced tools and support for employers. Additionally, the Health Connector for Business will grow awareness and utilization of “choice model” shopping options that expand choice and flexibility for both employers and employees.

3.1: Small-Group Enrollment

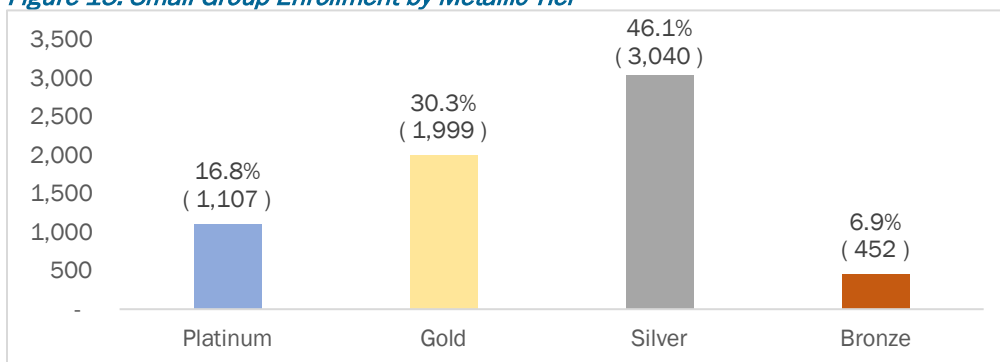
Health Connector for Business serves approximately 1.4 percent of the small-group market in Massachusetts and has retained the same portion of the market since March 2016. By the end of FY19, Health Connector for Business had 6,598 small-group members among 1,358 groups, representing a 17 percent increase in members and 8 percent increase in groups when compared to the end of FY18. As with non-group enrollees, Silver tier plans are the most popular within small-group members. Tufts Health Direct, AllWays Health Partners, and Harvard Pilgrim Health Plan enrolled most members (76 percent of all Health Connector for Business members).

Figure 14: Small Group Enrollment by Exchange Use, March 2019



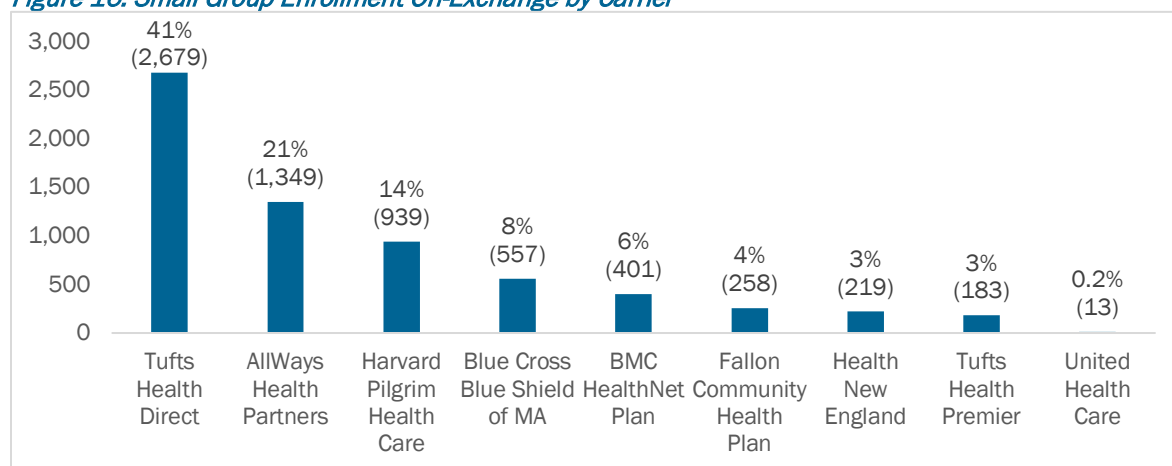
Source: CHIA Enrollment Trends August 2019 Databook. Data from March 2019. <http://www.chiamass.gov/enrollment-in-health-insurance/>.

Figure 15: Small Group Enrollment by Metallic Tier



Source: Health Connector Board Summary Report – July 2019. https://www.mahealthconnector.org/wp-content/uploads/board_meetings/2019/07-11-19/Summary-Report-July2019.pdf

Figure 16: Small Group Enrollment On-Exchange by Carrier

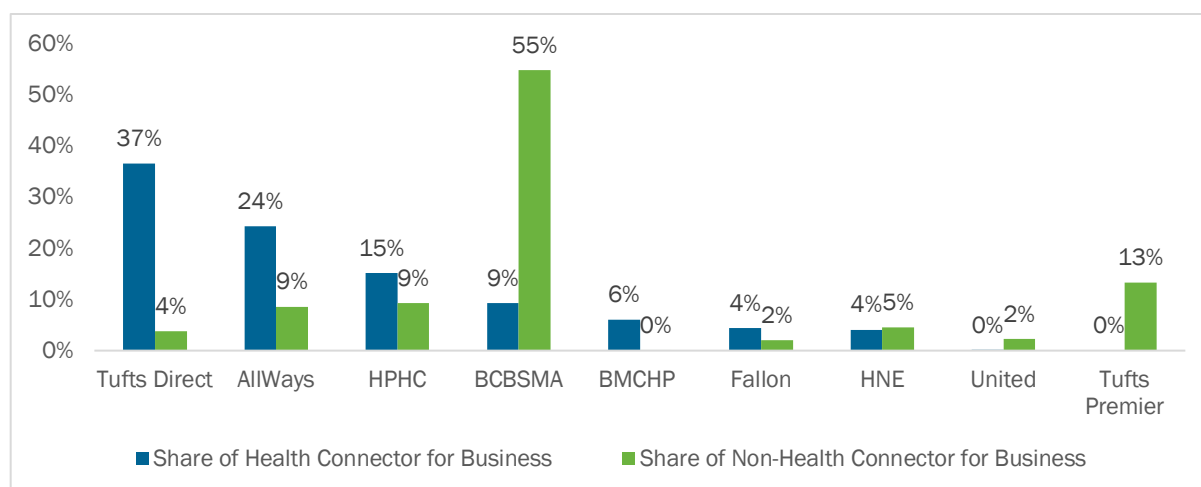


Source: Health Connector Board Summary Report – July 2019. https://www.mahealthconnector.org/wp-content/uploads/board_meetings/2019/07-11-19/Summary-Report-July2019.pdf

Like trends seen in the non-group market, on-Exchange small-group enrollees’ plan selections differ substantially from those chosen by off-Exchange shoppers, indicating that the Health Connector’s comparison-shopping experience increases competition among carriers.

- Tufts Direct and AllWays Health Partners are the most popular small group options on-Exchange (36.5 percent and 24.3 percent, respectively).
- BCBSMA is the most popular small-group option off-Exchange (55 percent).
- BMCHP almost exclusively sells small-group coverage on-Exchange.
- On-Exchange shoppers are more likely to select a Tufts Direct plan than off-Exchange shoppers.

Figure 17: 2019 Small-Group Enrollment On- and Off-Exchange by Carrier

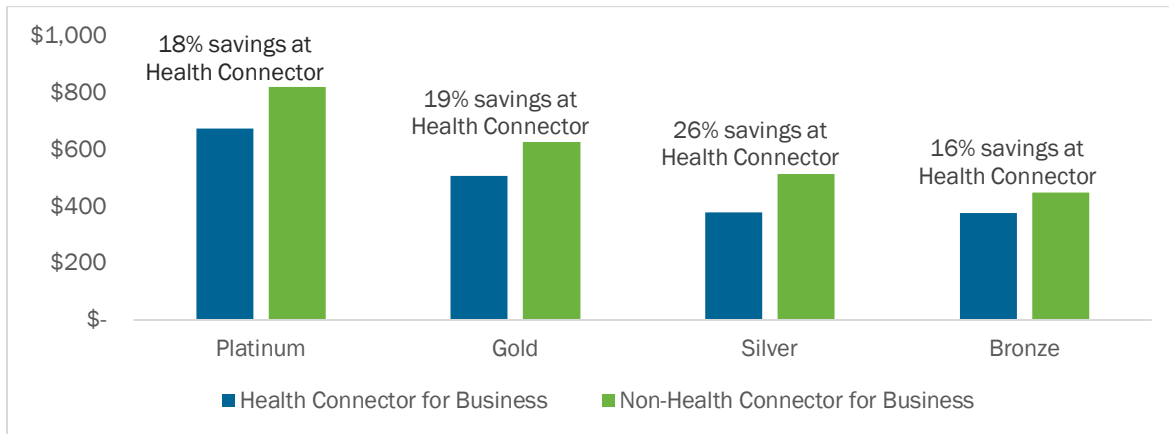


Note: HCB data does not include Tufts Premier for this time period, as it is from March 2019, prior to their onboarding in April 2019. Source: CHIA Enrollment Trends August 2019 Databook. Data from March 2019.

<http://www.chiamass.gov/enrollment-in-health-insurance/>. Excludes carriers with negligible enrollment.

Small businesses save over 20 percent on average by comparison shopping through Health Connector for Business, before any rebates. In aggregate, these competitive dynamics result in small employers and their employees in Massachusetts collectively saving nearly \$9 million per year on health insurance premiums by shopping through the Health Connector for Business compared to similar groups off-Exchange.

Figure 18: Average Premiums for Small Groups On- and Off-Exchange



In FY19, Health Connector for Business grew and experienced significant market interest among a wide variety of market segments, industries, and regions. New sales through July 2019 exceeded 2018 sales by 883 members and 101 groups. Among new sales, most employer groups selected “choice models,” where an employer offers a reference plan but provides employees with the option to shop from other carriers, or other benefit levels from the same carrier.

Figure 19: Health Connector for Business Choice Models

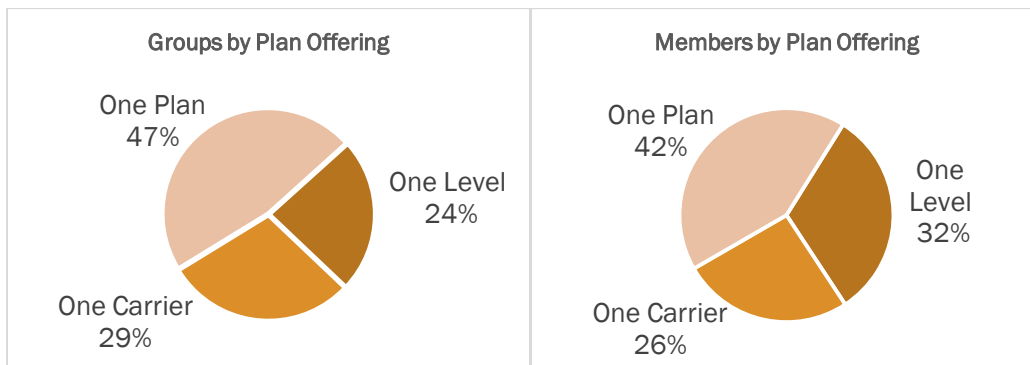
One Plan	CARRIER	CARRIER	CARRIER
PLATINUM			
GOLD			One plan for all employees
SILVER			
BRONZE			

One Carrier	CARRIER	CARRIER	CARRIER
PLATINUM		Employees choose a plan at any level from same carrier	
GOLD			
SILVER			

One Level	CARRIER	CARRIER	CARRIER
GOLD	Employees choose a plan at the same level from any carrier		
SILVER			

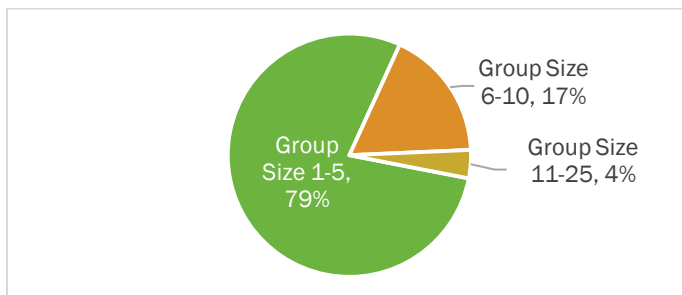
Approximately 58 percent of members elected either “One Level” or “One Carrier” options.

Figure 20: Health Connector for Business New Groups and Members by Plan Offering



Most new Health Connector for Business sales in CY19 were from “microgroups” or employer groups with between 1-5 employees. This segment of the small group market is least likely to offer coverage to employees and are most frequently underserved among all small businesses in the state. The Health Connector offers specialized support to microgroups, connecting them to high-quality and affordable coverage with their unique needs and preferences in mind.

Figure 21: Health Connector for Business New Groups by Employer Size



3.2: Health Connector for Business Wellness Program, ConnectWell

In FY19, Health Connector for Business revised and streamlined its wellness program, aiming to increase participation amongst small groups enrolled with Health Connector for Business. The program, called ConnectWell, is designed to promote health and wellness by encouraging and rewarding eligible employers and employees for completing wellness activities. Employees can earn \$100 gift cards and employers can receive a 15 percent rebate on their health plan contributions.

The Health Connector is statutorily required to:¹

- Administer a program that provides subsidies and technical assistance to small employer groups to implement a wellness program;
- Provide an annual subsidy of up to 15 percent of employer health care costs for up to no more than three years total;
- Document that 33 percent of employees meet participation requirements in order to provide the employer their subsidy;
- Make the program available to only groups with up to 25 enrolled full-time employees;

- Uniformly apply a standard for determining who is eligible for the rebate as well as a mechanism for providing the rebate; and
- Develop the evidence-based wellness program in consultation with the Department of Public Health.

ConnectWell replaced the former Health Connector for Business Wellness Track program. In working with employers, the Health Connector identified barriers to participation in the Wellness Track program and responded to that feedback with ConnectWell. In developing the new program, the Health Connector for Business team prioritized the following tenets:

- **Retain current regulatory framework:** utilize the existing regulatory requirements around wellness programs to leverage program design flexibility.
- **Create more choice and flexibility for employee incentive:** provide employees with a greater variety of wellness activities to choose from and create a simple web form to submit wellness activity information to receive an incentive.
- **Employer engagement:** provide employers with progress reports summarizing employee participation as a mechanism for employers to promote the program.

ConnectWell is managed in-house by Health Connector for Business, allowing eligible employers to participate without having to sign-up with a third party. Upon enrollment into health insurance, eligible employers and their employees receive emailed communications from Health Connector for Business about the program and how to participate.

Employers are considered eligible for ConnectWell if they have 1-25 employees & 33 percent of the employees are participating in wellness activities. Employees can choose from a range of activities to earn the incentive gift card.

Figure 22: Redesigned Wellness Program



Source: Update on Health Connector for Business. Board of Directors Meeting, November 8, 2018.
https://www.mahealthconnector.org/wp-content/uploads/board_meetings/2018/11-08-18/HCB-Update-110818.pdf

Employees can choose from a range of activities to earn the incentive gift card. At minimum, employees must choose one activity in one of three categories: mind, body, or money. At the end of

the plan year, employers will receive a 15 percent rebate based on what they contributed to their employees' insurance.

Figure 23: ConnectWell Activities



Source: Update on Health Connector for Business. Board of Directors Meeting, November 8, 2018. https://www.mahealthconnector.org/wp-content/uploads/board_meetings/2018/11-08-18/HCB-Update-110818.pdf

Preliminary ConnectWell results are promising. Of the 134 wellness rebate eligible Health Connector for Business employer groups in January 2019:

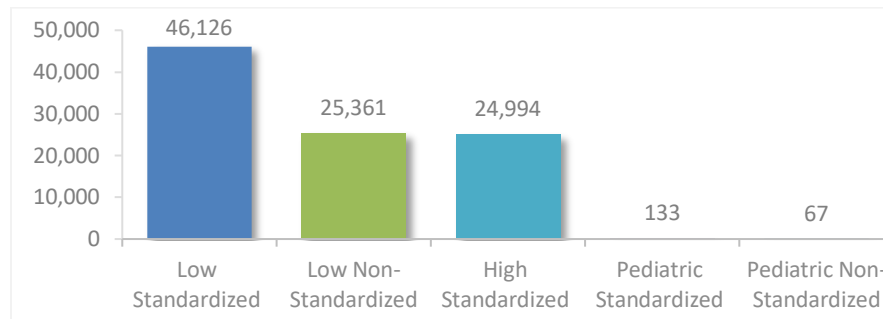
- 37 employers received rebate checks (January – September 2019)
- 294 employees received \$100 Visa ecard
- 477 employee activity forms were submitted (which may be submitted more than once)

By comparison, in Plan Year 2017 (paid out in Calendar Year 2018), 29 employers received rebates. Because data from the previous Wellness Track program does not facilitate an apples-to-apples comparison to the ConnectWell program, Calendar Year 2019 will serve as a baseline for the ConnectWell program to compare year over year results in the future.

4.0: Dental Membership

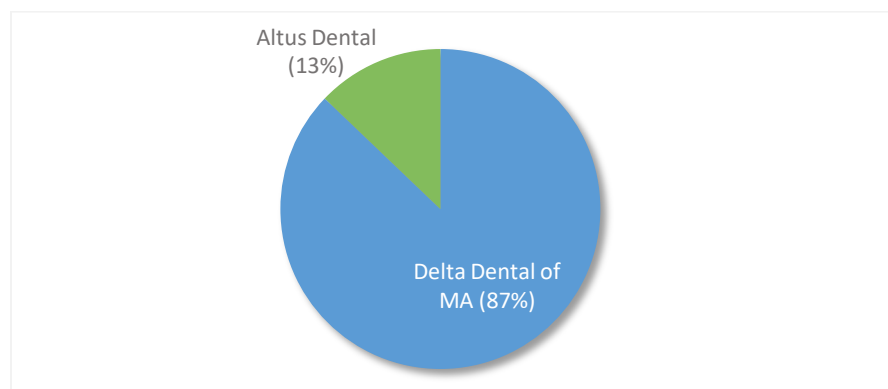
The Health Connector first began to offer dental coverage to individuals and small groups in January 2014. Between FY18 and FY19, enrollment in non-group dental coverage increased by 21 percent with 96,681 individuals enrolled at the end of FY19. Most members chose to enroll in Delta Dental (87 percent).

Figure 24: Non-group Dental Enrollment by Benefit Type



Source: Health Connector Board Summary Report – July 2019. https://www.mahealthconnector.org/wp-content/uploads/board_meetings/2019/07-11-19/Summary-Report-July2019.pdf

Figure 25: Non-group Dental Enrollment by Carrier



Source: Health Connector Board Summary Report – July 2019. https://www.mahealthconnector.org/wp-content/uploads/board_meetings/2019/07-11-19/Summary-Report-July2019.pdf

Delta Dental has the majority of small-group membership, as well. At the end of FY19, there were 254 small groups and 1,300 members enrolled in dental coverage with 86 percent enrolled in Delta Dental and the remaining 14 percent enrolled in Altus Dental.

5.0: Administration and Operations

Chapter 58 created the Commonwealth Care Trust Fund (CCTF) to provide support for subsidized coverage through the Health Connector and Health Safety Net. Funding streams dedicated to the CCTF are state individual mandate penalties, dedicated tax revenue available through a surcharge on the state cigarette tax, and receipts from the employer medical assistance contribution.² Additionally, Federal Financial Participation (FFP) available via MassHealth’s 1115 waiver matches a portion of the state’s spending on premium and cost sharing subsidies for the ConnectorCare program. Beyond premium supports for individuals, the Health Connector also administers wellness subsidies for employers as noted above and facilitates payments to carriers for certain state mandated benefits that must be paid for by the state under the ACA. Separately from the program budget, the Health Connector receives a small percentage of enrollee premiums to support administrative costs.

5.1: ConnectorCare Budget

The ConnectorCare budget in Table 1 shows expected and actual spending for FY19. The federal government provides matching FFP payments only for citizens and certain immigrants. While the immigrants who do not qualify for FFP are legally entitled to Health Connector coverage, the Commonwealth provides a larger portion of their subsidies. However, the total amount to cover those members is substantially lower than the costs for members who do qualify for FFP because non-qualified members comprise less than 20 percent of total enrollment.

The FY19 ConnectorCare program budget was updated in January 2019 for the Governor’s Budget. Health Connector programs were estimated at \$207.2 million net of FFP and the actual costs came in at \$206.5 million, a favorable variance of \$0.7 million.³

Table 2: FY19 ConnectorCare Budget

FY19 Net Costs	FY19 Actuals as of November 2019	FY19 Budget as of January 2019
	Total	Total
ConnectorCare (Total)	\$164,631,000	\$164,657,000
Enrollees who do not qualify for FFP	\$31,093,000	\$31,103,000
State Premium Wrap	\$18,045,000	\$17,980,000
State CSR	\$13,048,000	\$13,123,000
Enrollees who do qualify for FFP	\$124,537,000	\$123,467,000
State Premium Wrap	\$66,611,000	\$65,510,000
State CSR	\$57,926,000	\$57,876,000
Cost Sharing Reconciliation (CY17)	\$9,001,000	\$10,106,000
Cost Sharing Reconciliation for Federal AP Replacement	-\$1,835,000	-\$1,163,000
State Mandated Benefits ⁴	\$206,000	\$207,000
2017 Medical Loss Ratio Rebate ⁵	-\$1,458,000	-\$1,458,000
CCTF Draw	\$45,000,000	\$45,000,000
Total Program Cost (Net of FFP)	\$206,544,000	\$207,243,000

5.2: Customer Experience Procurement Project

The Health Connector engages vendors to provide customer service and business operations support to its members. Currently, NTT Data provides member support for non-group members. NTT provides shoppers and members with information by phone and in person and is able to provide assistance in a variety of different languages.⁶ The full Health Connector member experience is tightly integrated across multiple systems and platforms.

Figure 26: Health Connector Member Experience



Source: Customer Experience Procurement Project Enrollment and Premium Billing Procurement Recommendation (VOTE) and Implementation Planning. Board of Directors Meeting, April 11, 2019. https://www.mahealthconnector.org/wp-content/uploads/board_meetings/2019/04-11-19/CXPP-and-EPB-Procurement-VOTE.pdf

Enrollment and premium billing services are a critical component of how the Health Connector interfaces with its membership. Using this service function, the Health Connector effectuates an individual's enrollment, bills and collects payment, to keep them enrolled in coverage. The current NTT contract expires on June 30, 2020. For this reason, the Health Connector launched a Customer Experience Procurement Project team to create a strategy and path for procurement. The key goals for this project include:

- Maintenance of operational stability in key areas of Enrollment, Premium Billing and Contact Center;
- Improvement of the customer experience to meet members expectations; and
- Modification of cost structure to realize economies of scale as membership grows.

In the initial phase of the procurement, a series of Requests for Information (RFIs) were issued to test the market for best practices, operational and technical capabilities, and sustainable cost. Additionally, the Customer Experience Project (CXP) team held interviews with other State-Based Exchanges to understand their experience with different vendors, lessons learned, best practices, and strategies. System demonstration sessions were held with multiple vendors to better understand capabilities, pricing strategies and where core competencies can be combined.

Members feedback, from call center data as well as surveys, provided foundational principles for the procurement, which was designed to deliver on member expectations:

- An easy-to-use, intuitive website for shopping, enrollment, and payment;
- A mobile-compatible website to review benefits, submit documents, make payments, and check balances;
- The ability to go "green" and receive and view documents electronically;
- Additional payment options, such as credit and debit cards; and
- The ability of a customer service representative to see all history and interactions during a call, regardless of channel (Omni-channel).

Learnings from the information gathering phase of the procurement informed the Health Connector's decision to proceed with two Requests for Responses (RFRs) including Enrollment and Premium Billing and Contact Center Operations Services.

In FY19, the Health Connector's Board of Directors voted unanimously to enter into an Agreement with Softheon, Inc. for services including enrollment and premium billing business operation services, notice generation and mailing, and member portal implementation, expected to go live on May 31, 2020. The service term began on April 12, 2019, and will end on June 30, 2024 with two, two-year renewal options. The Contact Center Operations Services RFR was finalized in FY20.

5.3: Other Member Support Initiatives

The Health Connector strives to achieve the highest levels of customer satisfaction and enhance the customer experience by better understanding current member experiences. By soliciting feedback through survey research, the Health Connector has established baseline measures of customer satisfaction and perceptions.

In a survey conducted in early FY20 reviewing the member experience in 2019, 69 percent of enrollees and recent dis-enrollees reported being satisfied with their Health Connector coverage. While overall satisfaction in 2019 remained flat from 2018, satisfaction among former members was significantly lower at 43 percent representing a 13 percentage-point drop from 2018. This information was gathered in a consumer survey completed by approximately 560 enrolled or recently dis-enrolled members.

Survey results indicate that affordability concerns combined with website and customer service frustrations are driving decreases in satisfaction. Health care costs seem to be a growing barrier to care for all members regardless of program type:

- The proportion of Health Connector members who report having problems paying or being unable to pay their medical bills doubled between 2015 and 2019 (11.7 percent to 22.6 percent).
- Between 2015 and 2019 the proportion of Health connector members reporting delaying or forgoing care due to its cost increased by nearly 16 percentage points (10.7 percent to 26.3 percent).
- In 2019, over half of APTC-only members report delaying or forgoing care due to its cost.
- Unsubsidized members report paying significantly more in out-of-pocket expenses compared to other program types, in addition to paying higher premiums.

The Health Connector relies on member survey findings to target and strategize around key areas of operational and policy enhancement that will improve the member experience.

Call Center and Walk-in Centers

The Health Connector call center offered a strong and stable customer service experience during the 2019 Open Enrollment Period. There was a slight (6 percent) reduction in the number of calls received between November and January compared to Open Enrollment 2018, which can be attributed to fewer members impacted by premium increases as well as interactive voice response improvements to allow self-service. Enrollment related calls were the top call driver, followed by calls related to applications/eligibility and billing/payment. The Health Connector walk-in centers saw a slight increase in activities during Open Enrollment for 2019, with payment (42 percent) and document drop-off (16 percent) being the two highest volume drivers. The Boston (23 percent) and Brockton (28 percent) walk-in centers saw the highest year-over-year increase in volume.

In 2019, overall customer satisfaction with the call center remained comparable to last year's open enrollment period. Open Enrollment 2019 ended with an overall customer satisfaction score of 71 percent in January 2019. The Health Connector continues to work with NTT's customer satisfaction team to improve drivers of dissatisfaction by offering additional training to call center representatives, making process improvements, and by reducing the number of dropped calls while attempting to make call transfers.

5.4: Appeals and Waivers

The ConnectorCare program offers premium waivers to members who demonstrate extreme financial hardship according to criteria outlined in Health Connector regulations. Hardships include homelessness, eviction, or foreclosure; shut-off of an essential utility; a sudden, significant increase in expenses due to domestic violence; death of a family member who was a primary child care

provider; a family illness requiring full-time care; natural or manmade disaster; and bankruptcy. A breakdown of premium waiver requests in FY19 by their disposition is available in Table 2 below. Reasons for dismissal of waiver applications include missing documents, submission by non-members, or other administrative reasons. In FY19, no applications were dismissed.

Under the ACA, all individual eligibility decisions are appealable; prior to 2014, eligibility appeals were limited to Commonwealth Care. In FY19, the Health Connector received a total of 3,446 appeal requests from individuals (see Table 3). Among the 3,189 dismissed appeals, 358 were resolved without the need for a hearing. Fifty-eight percent of the 865 hearings scheduled were dismissed for failure to appear. The remainder were approved or denied at hearing, as noted in the table below.

Table 3: FY19 Premium Waiver Requests

Approved	324
Denied	104
Dismissed	0
Pending	0
Total	428

Table 4: FY19 Appeal Requests

Approved	12
Denied	188
Dismissed	3,189
Pending	256
Total	3,446

6.0: Outreach, Assistance and Education

6.1: Non-group Assistance and Outreach

Navigator Program

The Health Connector selects and provides grant funds to a set of community organizations to serve as Navigators, providing community-based assistance to Health Connector members and potential members for the purposes of helping individuals obtain coverage and remain covered. The goals of the Navigator program are three-fold. Navigators are tasked with utilizing evidence-based strategies to reach the uninsured and those at risk of uninsurance, using culturally and linguistically appropriate methods to generate awareness, and assisting with eligibility questions, renewals, application updates, shopping for plans, and payment. The Navigator program is required by the ACA and supported by state funds.

At the start of FY17, the Health Connector streamlined the Navigator organization selection process by extending the program to a two-year cycle. There are currently 16 Navigator organizations employing a total of 94 certified Navigators across the Commonwealth.

Table 5: FY19 Navigator Organizations

Navigator Organization	Location(s)
Boston Public Health Commission	Boston

Cambridge Economic Opportunity Commission	Cambridge
Caring Health Center	Springfield
Community Health Center of Franklin County	Greenfield
Community Action Committee of Cape Cod & Islands	Hyannis
Ecu-Health Care	North Adams
Edward M. Kennedy Community Health Center	Framingham and Worcester
Family Health Center of Worcester	Worcester
Fishing Partnership Support Services	North and South Shores, Cape Cod and South Coast
Greater Lawrence Community Action Council	Lawrence
HealthFirst Family Care Center	Fall River
Hilltown Community Health Center	Huntington
Joint Committee for Children's Health Care	Everett
Manet Community Health Center	Quincy
PACE (People Acting in Community Endeavors)	New Bedford
Vineyard Health Care Access	Vineyard Haven

The 2018-2019 Navigator organizations performed a wide variety of outreach activities in multiple languages and effectively reached both the uninsured and Health Connector members in need of support. During Open Enrollment 2019, these 16 organizations collectively:

- Submitted 6,210 applications for 10,384 people (a 29 percent and 47 percent increase from Open Enrollment 2018, respectively);
- Enrolled 6,173 new members in coverage (a 35 percent increase from Open Enrollment 2018);
- Supported 30,873 ongoing members (a 10 percent increase from Open Enrollment 2018);
- Hosted 13 community enrollment opportunities;
- Attended nearly 405 community events to increase awareness about Open Enrollment.

Notably, Navigators not only assist members during Open Enrollment but continue to support members with post-enrollment needs, providing outreach and enrollment assistance year-round. Using culturally and linguistically appropriate methods, Navigators help to grow awareness around the availability of low-cost coverage through the Health Connector and the individual mandate. The Health Connector's Navigator grantees offer assistance in 21 languages.

Open Enrollment 2019 Outreach, Education, and Marketing

In FY19, the Health Connector's commitment to creative outreach and marketing based on a data-driven strategy resulted in strong enrollment gains during Open Enrollment 2019. There was a higher volume of outreach during Open Enrollment 2019 than during previous years' Open Enrollment periods, featuring tailored outreach to populations and localities with barriers to insurance coverage. Additionally, the introduction of creative and high visibility outreach activities may have garnered more attention for Open Enrollment than in prior years.

The Health Connector relied on data from the Massachusetts Health Insurance Survey (MHIS) fielded by the Center for Health Information and Analysis (CHIA) to create a data-driven outreach strategy. Based on this data, the Health Connector selected target populations for outreach including “young invincibles” aged 18-34, men, childless single adults, minorities, and low-income individuals – each of which face distinct barriers to obtaining coverage, and therefore need targeted outreach approaches. The Health Connector also selected 21 geographic target communities for enhanced outreach during Open Enrollment 2019, based on their higher uninsured rates including: Boston, Brockton, Cape Cod, Chelsea, Chicopee, Everett, Fall River, Fitchburg, Framingham, Holyoke, Lawrence, Lowell, Lynn, New Bedford, Quincy, Revere, Salem, Somerville, Springfield, Waltham, and Worcester.

Open Enrollment 2019 was the Health Connector’s third year of collaboration with Archipelago Strategies Group, a marketing and communications firm, whose long-term partnership on maximizing community-based outreach has helped to create a “culture of coverage” in underinsured communities.

Table 6: Community engagement activities, paid media, earned media, OE18 vs. OE19

Type of Outreach	OE18	OE19	% Change
Pre-OE tour events	9	14	56%
Total earned media placements and interviews	116	154	33%
Paid radio spots	2,096	3,549	69%
Paid TV spots	723	1,164	61%

Source: Archipelago Strategies Group

The Health Connector worked with Archipelago Strategies Group on media outreach to populations and communities at higher-risk for uninsurance, running television, radio, newspaper and online spots in English, Spanish, and Portuguese. Health Connector advertising and messaging was also available via Haitian, Chinese, Polish, Khmer, and Cape Verdean media outlets. Archipelago’s outreach activities to target communities included pre-Open Enrollment Tour stops in target communities at local restaurants, farm stands, federally qualified health centers, television and radio stations, and newspapers, including English, Spanish, and Portuguese-language media. The tour also included enrollment assister helplines on Facebook Live, and live radio question-and-answer sessions.

Open Enrollment 2019 outreach also included two Days of Coverage, each of which involved outreach events designed to increase visibility and create compelling social-media content in multiple towns throughout the day. The Day of Coverage event on December 18 included events in five locations, including a flash mob in Cambridge and drumming in Springfield. The Day of Coverage event on January 17 included events in six locations, including photos with a Red Sox World Series trophy at a Boston T station, a hot dog happy hour in Worcester, and a healthy food shopping spree in Lawrence.

Figure 27: Health Connector Day of Coverage Cambridgeside Galleria Mall Flash Mob



Year-Round Outreach, Education, and Marketing

In FY19, the Health Connector featured a new push for year-round outreach, adding, for the first time, paid outreach during closed enrollment. Because many of the Commonwealth's uninsured residents are new to Massachusetts or newly uninsured, and eligible for ConnectorCare coverage at any point during the year, the Health Connector's closed enrollment campaign focused on ConnectorCare-eligible residents, encouraging coverage at a point in time when it is most needed. The closed enrollment outreach effort also resulted in more consistent year-long messaging in terms of frequency and intensity.

Outreach efforts included more than 25 community and media events, such as statewide Little League team sponsorship, Latino club nights in partnership with El Mundo, appearances at eight cultural festivals, and TV interviews discussing closed enrollment. Television, digital, and print marketing targeted to young Latino men reached over 455,000 people, while advertisements on Facebook, YouTube, and Pandora were seen over 1.2 million times. The Health Connector reached approximately 3,150 people during five club nights, and approximately 23,900 people at festivals. The total number of enrolled members rose steadily throughout closed enrollment 2018 and remained higher from start to finish than during the previous two years' closed enrollment period.

6.2: Small Group Assistance and Outreach

Employer Engagement

While Navigators predominantly focus on individual members and shoppers, the Health Connector has sought other channels to help educate employers about available health insurance options. The Health Connector presented at and sponsored many events across the state in FY19 in an effort to increase awareness among small business owners and their brokers about Health Connector for Business. Additionally, Health Connector for Business engaged in a series of outreach events hosted in partnership with local Chambers of Commerce, employer associations and groups, and governmental agencies (e.g., Small Business Administration and Mass Office of Business Development) that support small business across the state.

The Health Connector has continued to engage an Employer Advisory Council to establish regular communication and dialogue with the business community. Established in FY14, the Council and the Health Connector discuss key policy and programmatic changes taking place in the reform

landscape that may affect businesses and employees alike. Further, the Council is an opportunity for the Health Connector to answer questions and hear feedback from the employer community that can be used to improve and enhance its policies and operations in a manner that will help employers and employees better navigate the health insurance landscape in Massachusetts. The Council includes representatives from the Associated Industries of Massachusetts (AIM), the Retailers Association of Massachusetts (RAM), the National Federation of Independent Business (NFIB), the Massachusetts Restaurant Association (MRA), the Massachusetts Food Association (MFA), the Massachusetts Nonprofit Network (MNN), the Greater Boston Chamber of Commerce, the Massachusetts Business Roundtable, and the Massachusetts Taxpayers Foundation.

The Health Connector has also worked closely with Massachusetts brokers, educating them about the ACA and the Health Connector so that they can better serve individuals and small businesses throughout the Commonwealth. As of FY19, 325 brokers have attended online or in-person trainings and an additional 43 have registered. In addition to educating brokers, the Health Connector learns from them as well. A Broker Advisory Council convenes to discuss topics important to small businesses, solicit feedback from brokers in the field, and raise awareness of challenges facing small businesses in Massachusetts. Spring and fall broker appreciation breakfasts were also held to gather general feedback about the broker experience with Health Connector for Business.

Small-Group Outreach, Education, and Marketing

The Health Connector continues to highlight the features of Health Connector for Business that empowers small businesses to provide affordable access to health care to employees, using paid media, a pilot regional program, and event participation around the Commonwealth to increase visibility.

The Health Connector adjusted and expanded its paid media programming in order to increase visibility for Health Connector for Business to a wider audience of small-business owners and brokers who service small business. Activities included:

- A continuation of digital display and video spots on broad-based platforms
- New radio spots that focused airplay on stations with broad listenership in Eastern and Central Massachusetts
- A new paid content and online program with the Boston Business Journal
- A new series of billboards in high-traffic locations in and near Boston and Worcester

In the first half of Fiscal Year 2019, the Health Connector created and effectuated a campaign targeting small businesses in Middlesex. The program included direct, in-person interaction, region-specific paid media, and other activities designed to increase visibility of Health Connector for Business in a region with a high number of small businesses. The program specifically targeted businesses in health care, construction and human services industries.

The Health Connector continued to work closely with the broker community, providing direct access for brokers to Health Connector for Business staff to help brokers effectively manage clients. The Health Connector also held a series of trainings and policy update sessions for brokers. Partnering with brokers was another initiative that the Health Connector focused on in FY19. By conducting presentations alongside brokers, this allowed customers to acknowledge the importance of working with both brokers and the Health Connector for Business.

Leveraging social media, particularly Facebook, Twitter and LinkedIn, the Health Connector delivers messaging directly to small-business owners and brokers. This effort included a video series of “Small Business Spotlights,” featuring small-business owners providing testimonials about their experiences using Health Connector for Business.

The Health Connector continues to engage with small-business owners and brokers directly, through participation in presentations and visibility opportunities. Activities included:

- Participation in annual meetings or high-profile events with a wide range of organizations, including the New England Business Association, MassAHU, the Massachusetts Non-profit Network, the Sustainable Business Network, Black Economic Council of MA, and other organizations.
- Expanding presence in the startup space by hosting presentations and events with coworking spaces such as CIC, SPACES, Greentown Labs, and others.
- A new partnership with the MA LGBT Chamber of Commerce that is set to start on 1/1/2020
- The Health Connector also participated in events and activities with Chambers of Commerce, including the Greater Boston Chamber of Commerce, Merrimack Valley Chamber of Commerce, Cape Ann Chamber of Commerce, and others.

6.3: The Remaining Uninsured

Although Massachusetts has the highest health insurance coverage rate in the nation, there continues to be a small but persistent number individuals who lack coverage. The Health Connector is committed to reaching the remaining uninsured, particularly those groups who are more likely to be uninsured or experience gaps in health coverage. To address these disparities, the Health Connector analyzes state and federal data on the Commonwealth’s remaining uninsured population to inform a targeted population approach to outreach and enrollment.

Informed by relevant data and research, the Health Connector identified characteristics of Massachusetts residents that disproportionately comprise the uninsured including: chronically uninsured individuals who have been uninsured for multiple years, newly uninsured individuals who may be experiencing a short-term gap in coverage; young people between the ages of 19 and 34 years old; low income people with incomes below 400 percent FPL who may be eligible for free or subsidized coverage; and men. The Health Connector’s FY19 outreach efforts tailored interventions and messages specifically targeted at these groups. The Health Connector also deployed direct member communications such as Open Enrollment e-mail reminders to the eligible but unenrolled population.

In addition, the Health Connector partnered with researchers at the National Bureau of Economic Research (NBER) and the Massachusetts Institute of Technology Abdul Latif Jameel Poverty Action Lab (JPAL) to conduct a randomized evaluation of the effect of mailer interventions in encouraging enrollment in ConnectorCare during the closed enrollment period. Enrollment results from the study are still being processed. The Health Connector will use findings to efficiently and effectively outreach individuals who are newly eligible for ConnectorCare.

Figure 28: ConnectorCare Eligible but Unenrolled Study Simplified Enrollment Letter

Choose your plan now to enroll in insurance coverage for [Month] 1

Dear [Name]:
Congratulations! You qualify for **free or low-cost** ConnectorCare health coverage through the Massachusetts Health Connector. Here are your next steps for enrolling in your new ConnectorCare plan.

- 1. Compare your plan choices**
All ConnectorCare plans have the same low out-of-pocket costs. The plans have different monthly premiums (costs). ConnectorCare plans may also have different providers in their networks. Providers include doctors, hospitals and health centers. Plans may also cover different prescription medications. To see providers and medicines in the plans, go to [PlanFinder.MAhealthconnector.org](#).
- 2. Use the "Choose a plan" form to tell us the plan you want**
Look at the **back** of this letter to see your ConnectorCare plan choices and monthly premiums. Put an X next to the plan you want. Sign the bottom of the form. Please read the Terms and Conditions for Enrolling in a ConnectorCare plan before you sign.
- 3. Enroll with the "Choose a plan" form or online, by phone or in person**
 - The list on the **back** of this letter shows your ConnectorCare plan choices.
 - Send us your "Choose a plan" form in the pre-paid envelope we sent with this letter. To start your plan in [Month], you will need to mail the form by **[Month] [DD]**.
 - To enroll online, register or log into your account at [MAhealthconnector.org](#).
 - If you need help or want to enroll by phone, call the Massachusetts Health Connector at **1-877-623-6765** (TTY: 1-877-623-7773). Monday to Friday, 8:00 a.m. to 6:00 p.m.
 - If you want to enroll in person, you can find a Navigator or Certified Application Counselor in your area at [www.mahealthconnector.org/terms-to-help](#).
- 4. Make your first premium payment**
 - If you choose a plan with a monthly premium of \$0, skip this step. Your enrollment will start and you can begin to use your coverage in [Month].
 - If your plan has a monthly premium cost, you will need to pay your first premium before your coverage can start. You can send us a check or money order for the amount of your new premium in the envelope with your form. Or you will get an enrollment bill in the mail. To have coverage that starts in [Month], you need to pay your premium by **[Month] [DD]**.

Thank you,
Massachusetts Health Connector

Choose a plan

1. Completely fill in one of the boxes in the "Enroll" column below with an "X," like this:
2. Sign your name at the bottom.
3. Use the pre-paid envelope to send this letter back to the Health Connector.

Insurer	Monthly premium	Enroll (Choose one)
(Insurer name)	\$0	<input type="checkbox"/>
(Insurer name)	\$30	<input type="checkbox"/>
(Insurer name)	\$45	<input type="checkbox"/>
(Insurer name)	\$60	<input type="checkbox"/>

▶ By signing below, you agree that you have read and agree with the above Terms and Conditions of Enrollment, and that you are choosing to enroll in the Plan you have selected.

Signature: _____ Date: _____

Mail this completed form in the pre-paid envelope to the address below.
You may want to make a copy for your records.

The Health Connector
133 Portland Street, FL 1
Boston, MA 02114-9908

[Member Name]
(Address line 1)
(Address line 2)
(City, (State) ZIP code)

DOB (Month) [DD], [YYYY]
RatID: [XXXXXXXXXX]

The Health Connector also coordinates with the Department of Revenue to target potential members through a direct mailing to Massachusetts tax filers who reported on their tax filings that they did not have health insurance during the tax year. Prior to the 2018 mailing, the Health Connector collaborated with CommunicateHealth, a health care communications firm, to update the letter informed by interviews with uninsured Massachusetts residents. The interviews revealed that uninsured individuals wanted to be able to more easily look up what their monthly premiums may be based on yearly income. The Health Connector responded to this request by creating a simplified chart in the latest version of the letter, enabling recipients to more easily estimate their monthly premiums based on income and household size. In November 2018, the letter was sent to approximately 145,000 full year and part year uninsured individuals. The Health Connector's monthly new member survey indicates that 1-2 percent of new members each month sought coverage through the Health Connector due to the letter.

Figure 29: Health Connector-Department of Revenue Letter to the Uninsured

Did you know that you can get **affordable, high-quality health insurance** through Massachusetts Health Connector? The Health Connector is a state agency and health insurance marketplace. **Most people can get a plan for a low monthly cost, and some people even qualify for a \$0 monthly payment.** To check out your options, visit [www.MAhealthconnector.org/apply](#) or call 1-877-MA-ENROLL (877-623-6765).

Why do I need health insurance?

- **It protects you and your loved ones.** If you get sick or have an accident, health insurance helps protect you and your family from expensive medical bills.
- **It's the law.** Massachusetts requires everyone to have health insurance because this helps keep health insurance affordable. All Health Connector plans meet the state health insurance requirement, so you avoid paying a penalty for being uninsured.

How much do Health Connector plans cost?
Most people can get a low cost ConnectorCare plan. All ConnectorCare plans have:

- **\$0 or low monthly cost**
- **No deductible** (the amount you pay for covered services before insurance starts to pay)
- **Low out-of-pocket costs** for things like doctor visits or prescription drugs

Even if your income is too high for a ConnectorCare plan, you may still be able to get help paying for health insurance. There are tax credits that can help lower the cost of your plan.

What do Health Connector plans cover?
All Health Connector plans cover services like **doctor visits, emergency care, physical therapy, and prescription drugs.** And all plans cover preventive care, like shots and screening tests, at no cost to you. To see which plans include your doctors and prescriptions, visit [PlanFinder.MAhealthconnector.org](#).

You can also buy **dental plans** that help cover services like cleanings, x-rays, fillings, and extractions (pulling teeth).

How do I learn more and apply?
Learn more and sign up today. If you qualify for ConnectorCare or MassHealth, you may be able to sign up at any time, but other plans are only available during Open Enrollment. This year, Open Enrollment is November 1, 2019 to January 23, 2020.

- **Apply online** at [www.MAhealthconnector.org/apply](#). You'll find out what you qualify for right away.
- **Call 1-877-MA-ENROLL (877-623-6765)** or TTY: 1-877-623-7773.
- **Get in-person help.** Help is available in many different languages. To find help, go to [www.MAhealthconnector.org/here-to-help](#) or call 1-877-MA-ENROLL (877-623-6765).

How much will I pay for a ConnectorCare plan?
Use the charts on this page to see how much you would pay each month for a ConnectorCare plan. All ConnectorCare plans have **no deductible and low out-of-pocket costs.**

What is my household size?
Your household typically includes the people who are on your tax return. This might be different than the number of people you live with.

What if my household size or income isn't in these charts?
We can help you apply and see what you qualify for. Even if your income is too high for ConnectorCare, you may still be able to get help paying for health insurance.

Household size: 1	If your yearly household income is...	Lowest monthly cost
	Less than \$18,735	\$0
	\$18,736 to \$24,980	\$45
	\$24,981 to \$31,225	\$87
	\$31,226 to \$37,470	\$130
Household size: 2	If your yearly household income is...	Lowest monthly cost
	Less than \$25,365	\$0 a person
	\$25,366 to \$33,820	\$45 a person
	\$33,821 to \$42,275	\$87 a person
	\$42,276 to \$50,730	\$130 a person
Household size: 3	If your yearly household income is...	Lowest monthly cost
	Less than \$31,995	\$0 a person
	\$31,996 to \$42,660	\$45 a person
	\$42,661 to \$53,325	\$87 a person
	\$53,326 to \$63,990	\$130 a person
Household size: 4	If your yearly household income is...	Lowest monthly cost
	Less than \$38,625	\$0 a person
	\$38,626 to \$51,500	\$45 a person
	\$51,501 to \$64,375	\$87 a person
	\$64,376 to \$77,250	\$130 a person

Need help?
You can get free, in-person help applying and enrolling at these places:

Boston	Brockton	Springfield	Worcester
133 Portland St.	63 Main St.	88 Industry Ave.	146 Main St.

Help is available in all languages. For a full list of places where you can get free help:

- Visit [www.MAhealthconnector.org/here-to-help](#)
- Call 1-877-MA-ENROLL (877-623-6765) or TTY: 1-877-623-7773

7.0: Policy and Regulatory Responsibilities

7.1: Plan Certification

The Seal of Approval (SOA), as specified in Massachusetts General Laws Chapter 176Q, is a health plan designation awarded by the Health Connector, indicating that a health benefit plan meets certain standards regarding quality and value. Through the SOA process, the Health Connector can designate a set of high-value plan designs and request proposals from the state’s leading health insurers to offer them on the Health Connector’s shelf. Some plan designs are standardized across carriers, while others are unique designs submitted for consideration by individual carriers. The result is a set of plans that encourages market competition while focusing on keeping choices simple for consumers.

Table 7: 2019 SOA Strategy

ConnectorCare	Unsub and APTC-only	Small Group
Maintain existing ConnectorCare program design with no member facing changes.	Expand Standard plan offerings to support unsubsidized individuals seeking alternatives to high-premium “CSR-loaded” Silver plans	Offer small group enrollees the full suite of non-group plans, as well as expanded plan offerings to support the unique needs of small groups and their employees
Offer a non-group Silver tier that is better equipped to offer a sustainable ConnectorCare program	<ul style="list-style-type: none"> Require a Low Gold offering Require a Standard High Bronze offering (no waivers permitted) 	<ul style="list-style-type: none"> Require a Standard Low Silver HSA-compatible offering Require a PPO offering

Source: Final Award of 2019 Seal of Approval (VOTE). Board of Directors Meeting, September 13, 2018. https://www.mahealthconnector.org/wp-content/uploads/board_meetings/2018/09-13-18/Final-Award-of-2019-Seal-of-Approval-VOTE-091318.pdf

In FY19, the Health Connector certified 57 non-group and 70 small group Qualified Health Plans from nine medical carriers for calendar year 2019 coverage. On the non-group shelf, this represents a net increase of five plans than certified in FY18 and one new medical carrier. This increase reflects expanded low Gold and Bronze plan offerings as an alternative to Silver plans that were impacted by federal CSR withdrawal. This increase also features expanded carrier choice, with United rejoining the Health Connector product shelf. On the small group side, there were 21 more plans in 2019 than sold in 2018, reflecting six new Preferred Provider Organization (PPO) and Point of Service (POS) plans and 12 new HSA-compatible options in response to small group feedback. As noted with non-group, this increase also features expanded carrier choice, with Tufts Premier and United rejoining the small group shelf. The SOA also certified 12 Qualified Dental Plans from two dental carriers for consumers to choose from. These plans were sold beginning on January 1, 2019.

7.2: Student Health Insurance Program

Chapter 224 of the Acts of 2012 (Chapter 224) shifted regulatory responsibility for Student Health Insurance Plans (SHIPs) to the Health Connector. Effective January 1, 2014, the SHIP regulations were amended to allow students enrolled in MassHealth or subsidized health plans through the Health Connector to waive their college or university SHIPs.⁷ This allows students access to

affordable insurance while attending institutions of higher education. The Health Connector also assists the public colleges and universities with premium renewal negotiations while ensuring SHIP program compliance with federal and state rules.

After the implementation of the ACA in 2014, fewer students were enrolling in SHIPs, a trend most likely attributable to the increased availability of insurance options through MassHealth and the Health Connector. In FY17, the Health Connector partnered with MassHealth to launch the MassHealth SHIP Premium Assistance (SHIP PA) program with the public colleges and universities in the Commonwealth. Under the SHIP PA program, Massachusetts students are able to maintain their Medicaid benefits while enrolling in their schools' SHIPs, with the SHIP becoming the primary payer of services and MassHealth being secondary. In the program's first year (Academic Year 2016-2017), approximately 5,000 public college and university students opted to enroll in coverage.

Public college and university SHIP enrollment in Academic Year (AY) 2017-2018 and 2018-2019 increased significantly due to the program becoming mandatory for MassHealth-eligible students at participating schools. Total public college and university SHIP enrollment in AY 2018-2019 was approximately 34,000, with about 72 percent of those students enrolled in the MassHealth SHIP PA program. Additionally, the program included about 50 private schools in AY 2018-2019, further adding to enrollment in SHIPs statewide.

7.3: The State Individual Mandate

The Health Connector is responsible for defining several policies related to the Commonwealth's requirement that adult individuals carry insurance if they have access to an affordable plan that meets certain coverage standards, known as the individual mandate. Massachusetts maintains this policy independent of a similar federal policy helping to keep Massachusetts the national leader in health coverage among residents as well as ensure that the coverage they have is high quality.⁸ Specifically, the Health Connector defines what is deemed "affordable" and the benefits that constitute Minimum Creditable Coverage (MCC). Compliance with the individual mandate reporting requirements, as well as with the requirement to maintain coverage, remains high. Data from the Department of Revenue show that 99 percent of state residents required to report coverage on their state income tax return do so. Individuals who did not have coverage may have to pay a penalty, unless they qualify for an exemption.

Affordability

Individuals are required to purchase coverage if it is considered affordable. To that end, the Health Connector Board is required on an annual basis to develop an "affordability schedule" that defines the amount an individual could be expected to contribute towards the purchase of an MCC-compliant health insurance plan.⁹ An adult is considered able to purchase affordable health insurance if his or her monthly contribution to subsidized insurance or the lowest cost insurance plan available through the Health Connector does not exceed the corresponding maximum monthly premium for his or her income bracket.

Table 8. Affordability Schedule in Context

The affordability schedule does...	The affordability schedule does not...
<ul style="list-style-type: none"> Support consumers in making choices about coverage and their household budgets by 	<ul style="list-style-type: none"> Require employers, issuers or other coverage providers to offer plans deemed affordable by the schedule

determining whether they would pay a penalty for not enrolling in coverage <ul style="list-style-type: none"> Align with the ConnectorCare program's lowest cost premium in each plan type, though this alignment is not technically required 	<ul style="list-style-type: none"> Penalize employers or issuers if individuals fail to enroll in the affordable coverage they offered Impact the federal individual mandate in any way
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Source: *Affordability Schedule for Calendar Year 2019 (VOTE)*. Board of Directors Meeting, May 10, 2018.
https://www.mahealthconnector.org/wp-content/uploads/board_meetings/2018/05-10-18/Affordability-Schedule-for-CY2019-VOTE-051018.pdf

For Calendar Year 2019, the contribution amount considered affordable federally was 8.3 percent of household income.¹⁰ In the past, the Health Connector worked to link the Massachusetts and federal affordability schedules by matching the state affordability standard to the indexed federal standard of affordability to facilitate administrative ease for consumers. However, because the federal individual mandate did not apply in 2019, the Health Connector opted to use the affordability standard of 8 percent included in the ACA to increase stability and consistency for residents.

Table 9. CY2019 Affordability Schedule for Individuals

CY 2019 Affordability Schedule: INDIVIDUALS					
Income Bracket				Affordable Monthly Premium Ranges	
Percent of FPL	Bottom	Top	Affordability Standard	Low	High
0 - 150 percent	\$0	\$18,210	0 percent		
150.1 - 200 percent	\$18,211	\$24,280	2.90 percent	\$44	\$59
200.1 - 250 percent	\$24,281	\$30,350	4.20 percent	\$85	\$106
250.1 - 300 percent	\$30,351	\$36,420	5.00 percent	\$126	\$152
300.1 - 350 percent	\$36,421	\$42,490	7.45 percent	\$226	\$264
350.1 - 400 percent	\$42,491	\$48,560	7.60 percent	\$269	\$308
Above 400 percent	\$48,561		8.00 percent	\$324	

Table 10. CY2019 Affordability Schedule for Couples

CY 2019 Affordability Schedule: COUPLES					
Income Bracket				Affordable Monthly Premium Ranges	
Percent of FPL	Bottom	Top	Affordability Standard	Low	High
0 - 150 percent	\$0	\$24,690	0 percent		
150.1 - 200 percent	\$24,691	\$32,920	4.30 percent	\$88	\$118
200.1 - 250 percent	\$32,921	\$41,150	6.20 percent	\$170	\$213
250.1 - 300 percent	\$41,151	\$49,380	7.35 percent	\$252	\$302
300.1 - 350 percent	\$49,381	\$57,610	7.45 percent	\$307	\$358
350.1 - 400 percent	\$57,611	\$65,840	7.60 percent	\$365	\$417
Above 400 percent	\$65,841		8.00 percent	\$439	

Table 11. CY2019 Affordability Schedule for Families

CY 2019 Affordability Schedule: FAMILIES					
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Income Bracket			Affordable Monthly Premium Ranges		
Percent of FPL	Bottom	Top	Affordability Standard	Low	High
0 - 150 percent	\$0	\$31,170	0 percent		
150.1 - 200 percent	\$31,171	\$41,560	3.40 percent	\$88	\$118
200.1 - 250 percent	\$41,561	\$51,950	4.90 percent	\$170	\$212
250.1 - 300 percent	\$51,951	\$62,340	5.85 percent	\$253	\$304
300.1 - 350 percent	\$62,341	\$72,730	7.45 percent	\$387	\$452
350.1 - 400 percent	\$72,731	\$83,120	7.60 percent	\$461	\$526
Above 400 percent	\$83,121		8.00 percent	\$554	

Minimum Creditable Coverage

As a part of Massachusetts's health reform effort, the Health Connector's Board of Directors created a "floor" of covered benefits that adult tax-filers must have in order to be considered insured and avoid tax penalties in Massachusetts. The level of coverage required is called Minimum Creditable Coverage (MCC). The benefits required in an MCC-compliant include:

- Ambulatory services, including outpatient, day surgery and related anesthesia
- Diagnostic imaging and screening procedures, including x-rays
- Emergency services
- Hospitalization
- Maternity and newborn care, including pre- and post-natal care
- Medical/surgical care, including preventive and primary care
- Mental health and substance abuse services
- Prescription drugs
- Radiation therapy and chemotherapy

Additionally, MCC standards prohibit lifetime and annual benefit limits on core services and set bounds for out of pocket spending. MCC-compliant plans must cap deductibles at \$2,000 for individual coverage and \$4,000 for family coverage, with separate prescription drug deductibles capped at \$250 for individual coverage and \$500 for family coverage.¹¹ Sponsors of plans that do not meet specific MCC requirements, but that offer, on the whole, robust coverage, may ask the Health Connector to grant the plan MCC certification.

In FY2019, 2,024 plans were sent to the Health Connector for consideration as MCC-compliant. Of those, 1,929 were granted certification, 82 were denied, and 13 were withdrawn from consideration. The high rate of MCC-certification approval is likely attributable to the fact that non-compliant plans are not submitting applications. The Health Connector has engaged in education of plan sponsors to explain the Health Connector's authority in the certification process, which has led to self-selection among applicants toward those that are most likely to be deemed compliant. Generally, most state residents required to maintain insurance under the individual mandate are enrolled in MCC-compliant plans, ensuring that they have access to comprehensive coverage.

Tax Penalties

Individuals who are deemed able to afford health insurance but fail to comply are subject to a tax penalty on their state income tax return. Statute sets the penalty for non-compliance at no more than half of the lowest cost insurance premium for coverage available through the Health Connector. For those with incomes below 300 percent FPL, the penalty schedule is based on the lowest cost

premium contributions for a ConnectorCare plan. Since individuals with income at or below 150 percent FPL are not required to make a premium contribution, there is no penalty for individuals in this income cohort. For those with income above 300 percent FPL, the schedule is based on half of the premium of the lowest cost Bronze plan in CY2019, or half of the premium of the lowest cost catastrophic plan for adults up to age 30. The penalties for CY2019, among other years, are shown in Table 7.¹² The lower cost of catastrophic plans relative to young adult plans accounts for the reduction in the monthly penalty amount for young adults who earn more than 300 percent FPL.

Table 12. Penalty Schedule for Failure to Comply with the Individual Mandate, 2013-2019

Percent FPL	2013		2014		2015		2016		2017		2018		2019	
	per month	per year*	per month	per year*	per month	per year*	per month	per year*	per month	per year*	per month	per year*	per month	per year*
150.1-200	\$20	\$240	\$20	\$240	\$20	\$240	\$21	\$252	\$21	\$252	\$22	\$264	\$22	\$264
200.1-250	\$39	\$468	\$39	\$468	\$39	\$468	\$41	\$492	\$41	\$492	\$42	\$504	\$42	\$504
250.1-300	\$59	\$708	\$59	\$708	\$59	\$708	\$61	\$732	\$62	\$744	\$63	\$756	\$63	\$756
Above 300 Young Adult**	\$84	\$1,008	\$58	\$696	\$60	\$720	\$71	\$852	\$74	\$888	\$119	\$1,428	\$127	\$1,524
Above 300 Older Adult**	\$106	\$1,272	\$92	\$1,104	\$91	\$1,092	\$97	\$1,164	\$96	\$1,152				
*If the individual is without insurance for all twelve months of the year.														
**Prior to 2014, Young Adult is defined as up to age 26, and Older Adult is defined as 27+. Starting in 2014, Young Adult is defined as up to age 30, and Older Adult is defined as 31+														

Compliance with the Individual Mandate

Compliance with the state’s individual mandate to obtain coverage remains high, demonstrating that standards like MCC and the affordability schedule are working as intended. In 2015, nearly all taxfilers complied with the insurance reporting requirement, and 96 percent were insured at some point during the year. This rate has remained flat since the first analysis of individual mandate compliance conducted in 2008. Ninety-three percent of Massachusetts residents were insured for the full year with a policy that met the state’s MCC requirements.

The ACA implemented a federal individual mandate that took effect in 2014; however, the penalties associated with the federal requirement were set to zero as of January 1, 2019. The Health Connector’s Board of Directors opted to maintain the state individual mandate alongside the federal policy. This decision was driven by an interest in preserving the specific coverage standards that had worked well for Massachusetts’s market in the preceding years. The Health Connector worked closely with other agencies, namely the Department of Revenue and the Executive Office for Administration and Finance, as well as other stakeholders, to address the policy differences between the state and federal mandates. The Interagency Individual Mandate Workgroup, comprising the Health Connector, Department of Revenue, Division of Insurance, Group Insurance Commission and Executive Offices for Administration and Finance as well as Health and Human Services, aims to continue to support the success of the state’s individual mandate while reducing confusion and administrative burden on individuals.

8.0: Concluding Comments

The Commonwealth has the highest rate of health insurance coverage in the nation and provides a competitive market for individuals and small businesses to make apples-to-apples comparisons before selecting a plan. Beyond an unwavering commitment to providing members and prospective members with a seamless eligibility and enrollment process, the Health Connector utilizes data and research to better understand the needs and preferences of Massachusetts residents to deliver strategic improvements, provide operational stability and increase member satisfaction.

Over the next several years, the Health Connector will seek to enhance its focus on providing members with high-quality health coverage that they can afford, helping Massachusetts remain a national leader in health reform efforts. As other states begin innovating in earnest to enhance coverage levels, Massachusetts can both provide lessons learned as well as be inspired by its peers.

The Health Connector has established a strategic plan for 2020-2022 based on its commitment to delivering health care to all residents of the Commonwealth, as it has since its inception, by focusing on current market challenges and providing a platform for individuals and small businesses to engage with the market. While system and market stability continue to be the foundation of the Health Connector's program and policy decision making, the strategic plan will ensure a clear and measurable pathway to improvements and forward-movement for all Massachusetts residents.

Continued success will continue to depend on and benefit from the Health Connector's collaborative relationship with other state, federal, and private sector partners all focused on the same goal of improving health care. The Health Connector looks forward to exploring innovative ways of ensuring Massachusetts' residents continue to have access to affordable and comprehensive health care coverage and can make the health insurance market work better for consumers.

Appendix

Abbreviations

ACA	Patient Protection and Affordable Care Act
AY	Academic Year
CY	Calendar Year
FPL	Federal Poverty Level
FY	Fiscal Year
Health Connector	Commonwealth Health Insurance Connector Authority
HCB	Health Connector for Business
MCC	Minimum Creditable Coverage
OE.....	Open Enrollment
SHIP.....	Student Health Insurance Program
SOA	Seal of Approval
TY	Tax Year

Endnotes

¹ M.G.L. 176Q §7a

² The non-supplemental version of the Employer Medical Assistance Contribution (EMAC) is used to help fund health insurance programs in the Commonwealth. EMAC supports state subsidies for unemployed workers and other workers who are not covered by employer-sponsored coverage who are on state-funded coverage programs. <https://www.mass.gov/service-details/learn-about-the-employer-medical-assistance-contribution-emac>

³ State expenses for the ConnectorCare program are independent of both FFP and federal ACA subsidies. The overall 'value' of the program is considerably higher when APTC and enrollee contributions are included.

⁴ The ACA requires states to defray the cost of benefits required by state law in excess of essential health benefits for individuals enrolled in any plan offered through an Exchange. 42 U.S.C. §18031D.

⁵ The Medical Loss Ratio (MLR) Rebate represents the state share of MLR rebates paid out through carriers.

⁶ In preparation for the end of NTT's contract in June 2020, the Health Connector has begun planning for re-procurement for the following services: enrollment and billing, notices, technical services, and contact center and back office support. Support for small group customers is provided by staff at the Washington, D.C., State-based Exchange (DCHBX).

⁷ 956 CMR 8.00

⁸ 26 U.S.C. §5000A.

⁹ M.G.L. 176Q §3

¹⁰ The ACA set the federal affordability standard at 8 percent for 2014 and calls for annual indexing of the standard to reflect growth in health care spending and growth in the overall economy. For 2019, the individual mandate penalty was set to \$0, removing alignment with the federal penalty as a reason to adjust the cap of the state's affordability schedule. For consumer clarity, the cap was set at 8% as in the text of the ACA.

¹¹ Massachusetts Health Connector. (2018). The Massachusetts Individual Mandate: Design, Administration, and Results. <https://www.mahealthconnector.org/wp-content/uploads/Individual-Mandate-Report-Nov2017.pdf>

¹² Massachusetts Department of Revenue. (2018). Technical Information Release 18-2: Individual Mandate Penalties for Tax Year 2018. Available at, <https://www.mass.gov/technical-information-release/tir-18-2-individual-mandate-penalties-for-tax-year-2018>