Getting to 100:

What we know about the remaining uninsured in Massachusetts

Massachusetts Health Connector

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Key Takeaways

In 2019, less than 3 percent of Massachusetts residents, or roughly 200,000 people, lacked health insurance coverage. The Commonwealth's highest-in-the-nation rate of coverage can be attributed to innovative state and federal reforms. While together these reforms expanded coverage to nearly half a million Massachusetts residents, in recent years the state's insured rate has flattened, despite year-round outreach, an enduring state level individual mandate, and state subsidized ConnectorCare plans.

Because being uninsured can be harmful to overall health and undermine economic security, the Health Connector is reinforcing its focus on enrolling the remaining uninsured residents of the Commonwealth. Through a comprehensive review of state and national insurance data, this report highlights what we know about the uninsured in Massachusetts and why they lack coverage:

- Compared to the general population, uninsured Massachusetts residents are more likely to be non-elderly adults (ages 19 to 64), male, Hispanic or Black, and live in the Greater Boston area and the Cape and Islands, regions that include communities with the highest rates and concentrations of people lacking coverage.
- The uninsured disproportionately have family income below 300 percent of the Federal Poverty Level[1] and may be eligible for free or low-cost coverage through MassHealth (Massachusetts's Medicaid program) or ConnectorCare plans.
- State tax filing data shows that approximately half of the uninsured are chronically uninsured for multiple sequential years while the remaining half are newly uninsured in any given year and experiencing a temporary lapse in coverage.

The Commonwealth's remaining uninsured residents continue to face numerous challenges to enrolling in coverage:

- High coverage costs are the most often cited reason for being uninsured. The increasing costs of coverage (including both premiums and cost sharing) in Massachusetts have outpaced wage growth and inflation, leaving individuals and families to make difficult decisions in prioritizing spending to meet daily needs.
- Frequent transitions between MassHealth and ConnectorCare or loss of eligibility are common among low-to-moderate-income people, who experience more fluctuations in income or other criteria relevant to eligibility.
- Language and cultural barriers, limited health literacy and numeracy, administrative burden,and low risk aversion may also lead to uninsurance.
- Federal policy making in recent years may have introduced new obstacles to getting enrolled, particularly for immigrant populations seeking legal permanent status in the United States, who may decide to forgo public coverage altogether.

To increase coverage rates, the Health Connector proposes to introduce mechanisms intended to maintain, evaluate, and enhance existing outreach and policy strategies:

[1] 300 percent of the Federal Poverty Level is roughly $38,000 per year for an individual or $79,000 per year for a family of four in 2020.

Maintain	▪ Subsidy levels in existing coverage programs ▪ State individual mandate requirements ▪ Targeted outreach and marketing
Evaluate	▪ Areas for structural improvements such as gaps in coverage due to churn ▪ Opportunities to improve affordability and increase availability of plan options, particularly in ConnectorCare ▪ Impact of existing outreach and marketing strategies
Enhance	▪ Use of administrative tax data to proactively outreach/enroll the uninsured ▪ Partnerships with other agencies who interact with the uninsured to further streamline eligibility/enrollment ▪ Partnerships with community-based and Navigator organizations to offer assistance in areas of high need

Beyond providing non-group and small group coverage, the Health Connector acts as an outreach and policy hub focused on ensuring that all state residents are enrolled in comprehensive and affordable health coverage. As a part of its 2020-2022 strategic plan, the Health Connector will pursue these approaches to facilitate enrolling all state residents in coverage. Reaching 100 percent coverage will not only increase health care access for state residents but will also strengthen the broader Massachusetts insurance market.

About the Health Connector

Since 2006, the Health Connector has worked to expand access to high-quality health care by serving as a marketplace (Exchange) for Massachusetts residents and small businesses to easily find, compare, enroll in, and maintain affordable health coverage. As the country's pioneering state-based Exchange, the Health Connector was created in 2006 to provide high-value health insurance options to individuals, families, and small businesses in Massachusetts. Over a decade later, the Health Connector continues to implement and advance policies and programs designed to expand and improve coverage in Massachusetts through its policy setting and public education efforts.

Currently, the Health Connector has close to 300,000 non-group members, representing roughly 80 percent of the individual insurance market in Massachusetts.

Introduction

The Commonwealth's success in creating an expansive foundation of coverage for its residents is evidenced in state and national data: according to the Center for Health Information and Analysis (CHIA), only 2.9 percent of Massachusetts residents were without health coverage in 2019, the lowest state uninsured rate in the nation. Though the state experienced significant decreases in the uninsured rate due to expansions put forth by Chapter 58 of the Acts of 2006 (Chapter 58), Massachusetts's groundbreaking health reform law, and the federal Patient Protection and Affordable Care Act (ACA), more recently, coverage gains have leveled, consistently leaving between 200,000 and 250,000 Massachusetts residents uninsured each year.

Multiple data sources confirm that sub-populations most likely to go without coverage are those between 18-34 years-old, men, low income individuals, and people of color. Analysis of state tax filers' data indicates that the remaining uninsured include those who are chronically uninsured and people who are newly uninsured and experiencing a temporary lapse in coverage. State data also demonstrate that a majority of the remaining uninsured are in low-income families that may be eligible for free or low-cost coverage through MassHealth, Massachusetts's Medicaid program, or the Health Connector's unique state subsidized ConnectorCare plans.

The uninsured in Massachusetts still face many challenges in obtaining coverage. Persistent cost barriers make it difficult for low income families to afford coverage, especially as the financial burden of health care in the state grows. The economic fallout from the recent national COVID-19 (coronavirus) public health emergency has left many state residents without a job and consequently, without job-based coverage. These newly uninsured Massachusetts residents may need to make difficult trade-offs to meet basic financial needs, such as prioritizing rent over monthly health insurance premiums. New obstacles to maintaining and further expanding coverage across the Commonwealth continue to emerge. Policies such as the federal "public charge" rule, which penalizes lawfully present immigrants for utilizing certain public health benefits, like Medicaid, may discourage immigrant uptake of insurance. In addition to reducing uninsurance, outreach and policies in Massachusetts will need to prioritize maintaining the coverage levels achieved to date.

By compiling and synthesizing the most up-to-date state data from a variety of resources, this report seeks to offer a renewed understanding of the remaining uninsured in Massachusetts and the challenges they face in obtaining coverage. This examination of overall state health insurance trends, key characteristics of the uninsured, and barriers to coverage will not only allow for the development of improved targeted outreach campaigns but will also set forth actionable strategies for making the policy adjustments required to enroll the remaining uninsured in the Commonwealth.

Uninsurance trends in Massachusetts

Today, over 97 percent of the Commonwealth's 6.9 million residents carry health insurance.[i] Massachusetts's near-universal coverage rate can be directly attributed to the state's long history of health reform, which enacted long lasting changes to the health insurance market and served as a blueprint for the federal reforms. This section will examine the direct insurance coverage impact of reforms put forth by Chapter 58 and the ACA to further contextualize the state's low but static uninsured rate.

Impact of health care reforms

In 2006, Chapter 58 of the Acts of 2006 was signed into law, promulgating key innovations to increase access to affordable health insurance options for all Massachusetts residents. Not only did the statute expand MassHealth, Massachusetts's Medicaid program, it also created a subsidized private health insurance option offered through the Health Connector called Commonwealth Care for low- and moderate-income residents who were ineligible for MassHealth.[ii]

A hallmark of Chapter 58 was a first-in-the-nation, state-level individual mandate, requiring all Massachusetts adults to carry health insurance except in the absence of an affordable coverage option. Additionally, the law introduced Minimum Creditable Coverage (MCC) benefit standards (set by the Health Connector) to define key benefits an individual must have in their health insurance plan

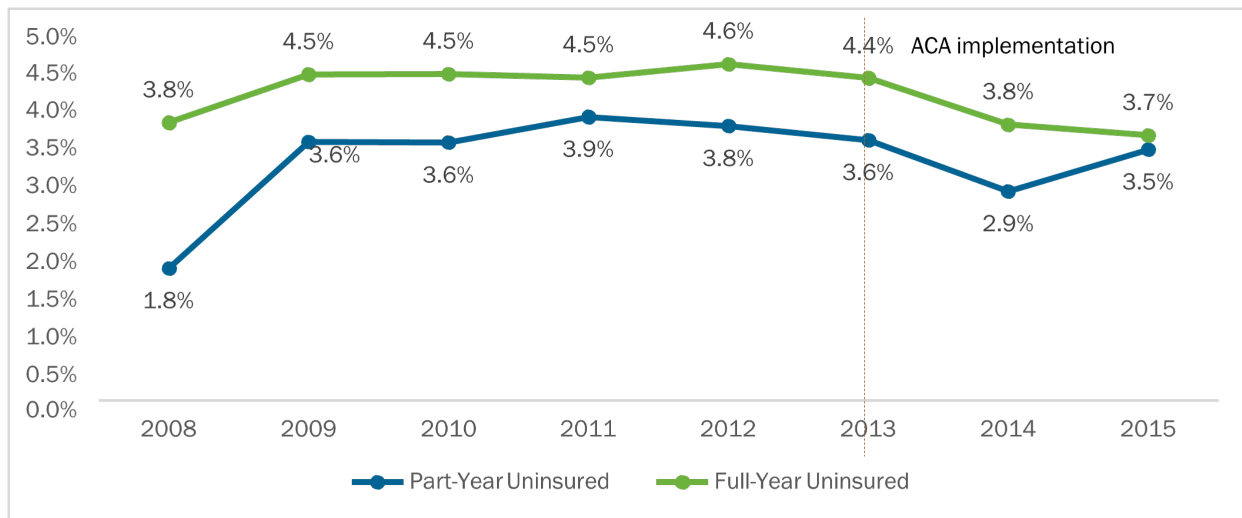
to satisfy individual mandate requirements. Over the last fourteen years, the state individual mandate has served as a crucial mechanism in directing state residents to obtain and maintain adequate health insurance.

Together, the myriad reforms of Chapter 58 made great strides in reducing the rate of uninsurance across the Commonwealth. According to data from the Massachusetts Health Reform Survey, in the two years after the reforms were implemented, health insurance coverage among non-elderly adults rapidly increased from 86 percent to 95.5 percent.[iii] The increase was even more substantial among groups with comparatively lower levels of coverage prior to reform, including low income adults: Massachusetts residents with income below 300 percent of the Federal Poverty Level (FPL) saw a 16.1 percentage point increase in coverage rates, rising from 75.9 percent to 92 percent. Overall, an estimated 400,000 Massachusetts residents gained coverage due to the law, with more than half enrolled through the Health Connector.

The Commonwealth continued as a health coverage leader when impacts of Massachusetts's 2006 health reform informed key components of the national effort to transform the U.S. health care system via the ACA. While several elements of the ACA mirrored Chapter 58, others further expanded subsidized coverage, bringing Massachusetts even closer to universal coverage. In 2014, Massachusetts transitioned its existing subsidized coverage programs to implement Medicaid expansion, Qualified Health Plans (QHPs), and federal advance premium tax credits (APTCs) and cost-sharing reductions (CSRs). Additionally, to maintain affordability levels for pre-ACA Commonwealth Care enrollees, the Commonwealth designed a program to supplement federal APTCs and CSRs for residents earning income up to 300 percent FPL, known as ConnectorCare. Though the ACA established a federal individual mandate, Massachusetts preserved its state mandate given its interest in preserving the elements of the mandate that had worked successfully in the Commonwealth (e.g., the Minimum Creditable Coverage standards, access to state data on individual mandate compliance, etc.)

To better understand the impact of the ACA on coverage levels in Massachusetts, the Health Connector analyzed state tax filing data containing individual mandate compliance information (see Figure 1). Between 2013 and 2014, after the implementation of the ACA in Massachusetts, the full-year uninsured rate decreased from 4.4 percent to 3.8 percent (or approximately 27,000 people). iv The part-year uninsured rate also dropped 0.7 percentage points (a decrease of approximately 30,000 people).

Figure 1: Uninsured Tax Filers in Massachusetts, 2008-2015

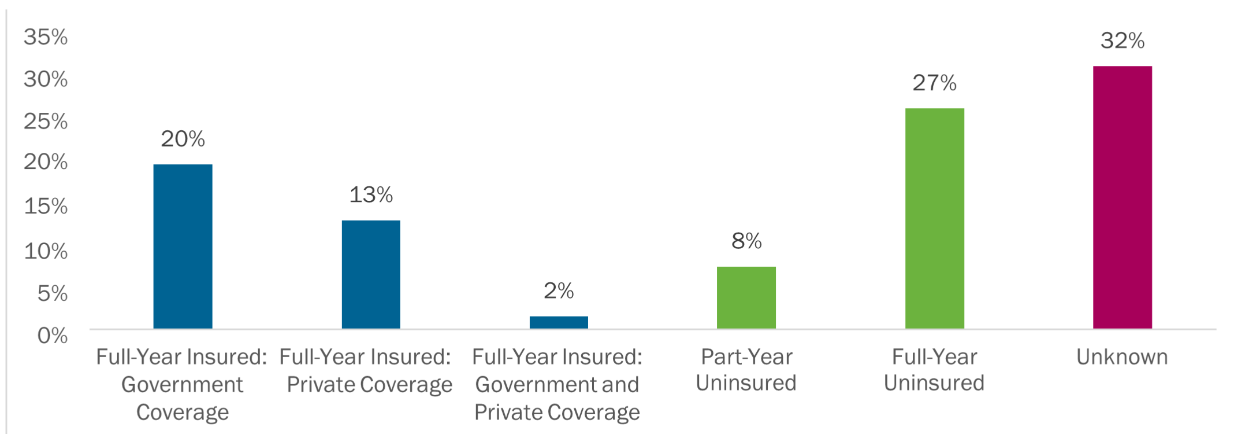


Source: Health Connector analysis of Department of Revenue tax filers data https://www.mahealthconnector.org/wp-content/uploads/Individual-Mandate-Report-2013-2015.pdf

Of the 193,000 who indicated being full-year uninsured according to their 2013 tax filing, 34 percent (or approximately 66,000 people) reported having full-year coverage through an MCC-compliant plan in 2014 (see Figure 2). Of those who newly gained coverage in 2014 after being uninsured in 2013, 58 percent or 38,000 reported having public or government coverage. Twenty-seven percent of uninsured tax filers in 2013 continued to be uninsured in 2014. Furthermore, of the 193,000 full- year uninsured in 2013, 61 percent (118,000) had annual income below 150 percent FPL and 44 percent (or 85,000) earned 100 percent FPL or less. Among the full-year uninsured below 150 percent FPL in 2013, 54 percent or 45,000 gained full-year coverage 2014. Half of those who gained coverage were enrolled in MassHealth while 37 percent enrolled in private coverage.

While the declining rate of uninsurance among Massachusetts residents between 2013 and 2014 itself demonstrates the positive impact of ACA implementation on coverage across the state, coverage trends for those under 150 percent FPL underscore how the ACA expanded coverage for additional populations, increasing coverage among the lowest-income Massachusetts residents.

Figure 2: 2014 Coverage Status of Full-Year Uninsured Tax Filers in 2013

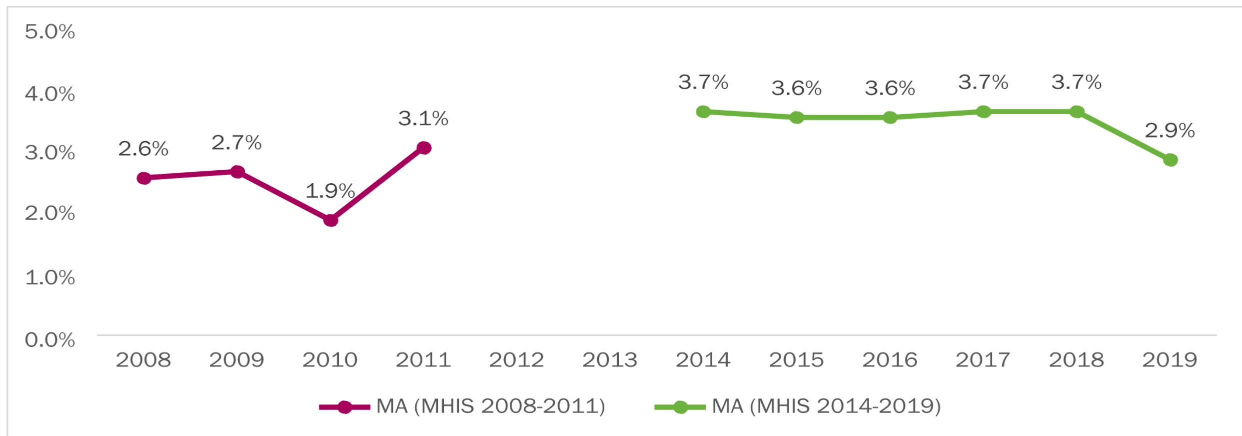


Source: Health Connector analysis of Department of Revenue tax filers data. Note: Unknown represent residents who no longer appear in state tax filing data. These residents may have moved out of the state.

Current Rate of Uninsurance

Based on recent data from CHIA's Massachusetts Health Insurance Survey (MHIS), in 2019 Massachusetts's uninsured rate remained lower than any other state with 2.9 percent or approximately 200,000 uninsured residents across the Commonwealth, 6.5 percentage points lower than the national rate of 9.2 percent (according to the 2019 American Community Survey).[vvi]

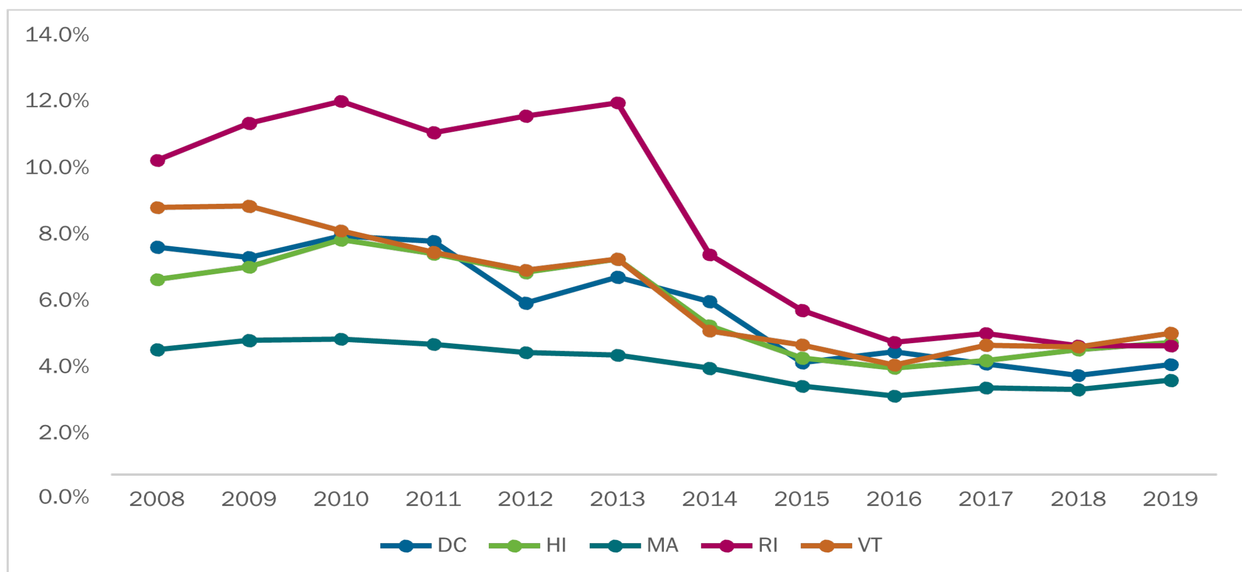
Figure 3: Uninsurance at the Time of the Survey for Massachusetts, 2008-2019



Adapted from CHIA's 2019 MHIS: https://www.chiamass.gov/assets/docs/r/survey/mhis- 2019/2019-MHIS-Report.pdf

In 2019, for the second year in a row since the implementation of the ACA, the national uninsured rate experienced a statistically significant increase from 8.9 percent to 9.2 percent. During the same time, the uninsured rate in Massachusetts continued to be the lowest in the nation at 3.0 percent (according to the US Census Bureau American Community Survey).[vii] Four of the five states with the lowest uninsured rates in 2019 were State-Based Marketplace states and also Medicaid expansion states. Massachusetts's lowest-in-the-nation 2019 uninsured rate was followed by DC (3.5 percent), Rhode Island (4.1 percent), Hawaii (4.2 percent) and Vermont (4.5 percent).

Figure 4: Uninsurance in States with the Five Lowest Uninsured Rates, 2008-2019



Source: SHADAC analysis of the American Community Survey (ACS) Public Use Microdata Sample (PUMS) files, State Health Compare, SHADAC, University of Minnesota, statehealthcompare.shadac.org and U.S. Census Bureau, 2019 American Community Survey (ACS).

Though the uninsured rate in Massachusetts decreased by 0.8 percentage points from 3.7 to 2.9 between 2017 and 2019, this change was not statistically significant.[viii] Overall, uninsurance in the Commonwealth has remained unchanged, in the aggregate, for the last six years. Still, analysis of microtrends illustrate substantial variability in coverage patterns of subpopulations of the uninsured that warrant a combination of outreach and policy adjustments beyond the reforms implemented through Chapter 58 and the ACA.

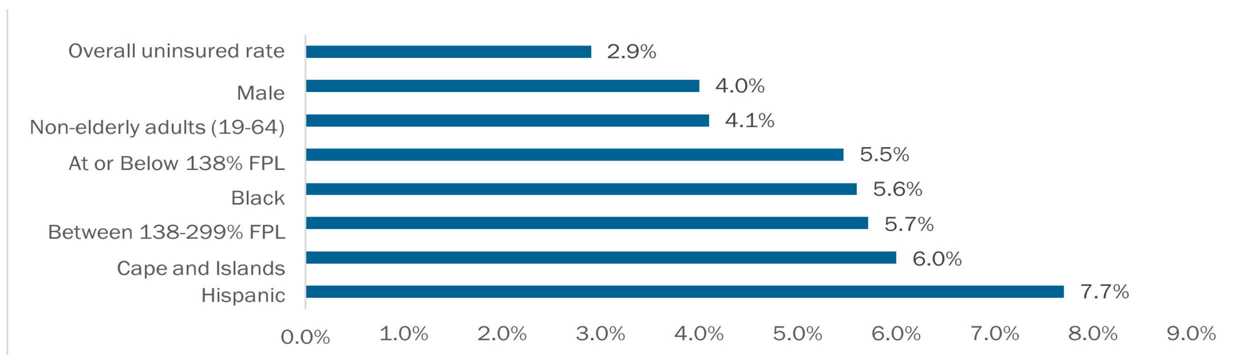
Key Characteristics of the Remaining Uninsured

Broadly, years of state and national level research on the uninsured has found that those most likely to go without coverage are known to be young, Hispanic, low income, and male. While these key characteristics are axiomatic in Massachusetts, year over year trends in both survey data and tax data show disparities in health coverage widening, disproportionately impacting more vulnerable state residents. Geographic trends in uninsurance have helped to identify Massachusetts communities with the highest rate and concentration of uninsured residents, while regional uninsured rates suggest underlying structural affordability challenges. Other data newly demonstrate that roughly half of those without coverage have been uninsured for consecutive years, while the other half are experiencing temporary gaps in coverage due to a change in life circumstances, such as losing a job or being new to the state. This section of the report will offer a renewed understanding of Massachusetts residents who need the most help in accessing and maintaining health insurance.

Demographics

The most up-to-date state survey data on health coverage in Massachusetts indicate that sub-populations with higher proportions of uninsured residents continue to be men, non-elderly adults, low income, and people of color (see Figure 4).

Figure 5: Prevalence of high uninsurance among Massachusetts residents by select demographic characteristics, 2019

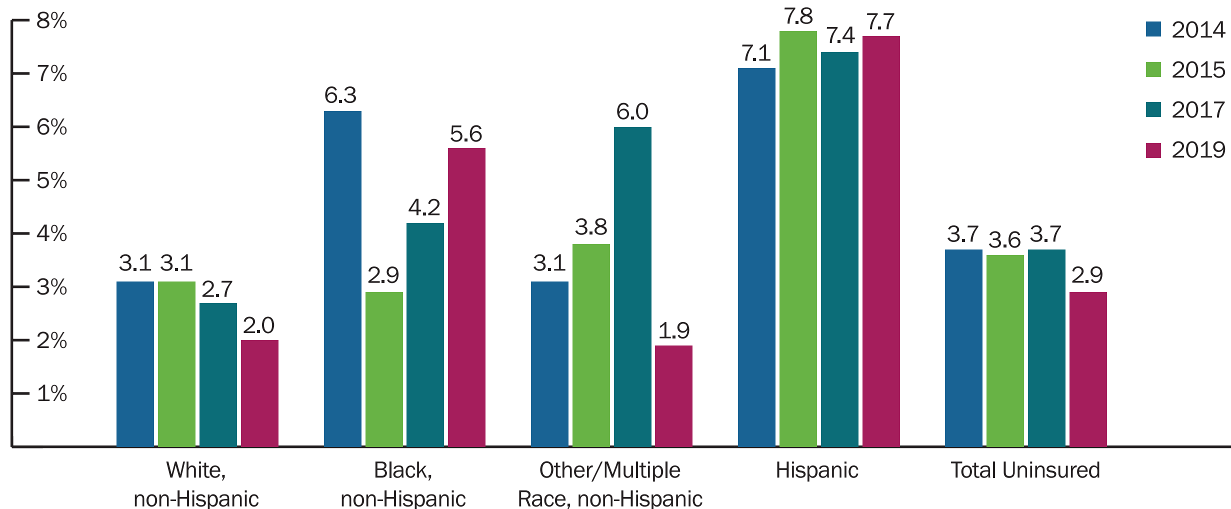


Health Connector analysis of CHIA's 2019 MHIS:
https://www.chiamass.gov/assets/docs/r/survey/mhis-2019/2019-MHIS-Report.pdf

The uninsured disproportionately have family income below 300 percent FPL, with over 75 percent of the uninsured earning under 300 percent compared to only 38 percent of the overall population. This suggests that a large majority of the uninsured may be eligible for public health insurance through MassHealth or subsidized coverage through the Health Connector but may need additional support in obtaining coverage.

Historically, Hispanic residents of Massachusetts have had a higher rate of uninsurance compared to other races. In 2019, the gap between the uninsured rate of Hispanic individuals and Black, non- Hispanic individuals shrank considerably, with 5.6 percent of Black residents uninsured compared to 7.7 percent of Hispanic residents (see Figure 5). Post-ACA implementation, Black residents of Massachusetts saw a 3.4 percentage point decrease in uninsurance. However, since 2015, the uninsured rate increased by 2.7 percentage points to 5.6 percent (or roughly 25,000 residents) in 2019.

Figure 6: Uninsurance by Race in Massachusetts, 2014-2019



Health Connector analysis of CHIA's 2019 MHIS: https://www.chiamass.gov/assets/docs/r/survey/mhis-2019/2019-MHIS-Report.pdf

As awareness of systematic inequality in the US health care system grows and federal policies such as the public charge rule are implemented, the increasing uninsured rate among Hispanic and Black residents in Massachusetts is particularly alarming in light of strong evidence that disparities in coverage by race impede adequate access to health services.[ix x]

Geography

Prioritizing outreach, marketing, and assistance by zip codes is a valuable mechanism for targeting communities with the most uninsured individuals. Regional differences in uninsurance demonstrates underlying structural issues in health insurance availability and the common community traits underlying uninsurance trends. Dispersion of uninsurance across the state is also important to consider in terms of allocating outreach resources effectively.

In a recent geographic analysis of the uninsured in Massachusetts, the Blue Cross Blue Shield of Massachusetts Foundation found that between 2013 and 2017, the majority of residents without coverage were located in 31 zip codes across the state.[xi] Of the 31 communities with the greatest concentration of uninsured residents, 15 were in the Boston region. Boston also had the largest number of uninsured individuals in the state (approximately 25,703 between 2013 and 2017).

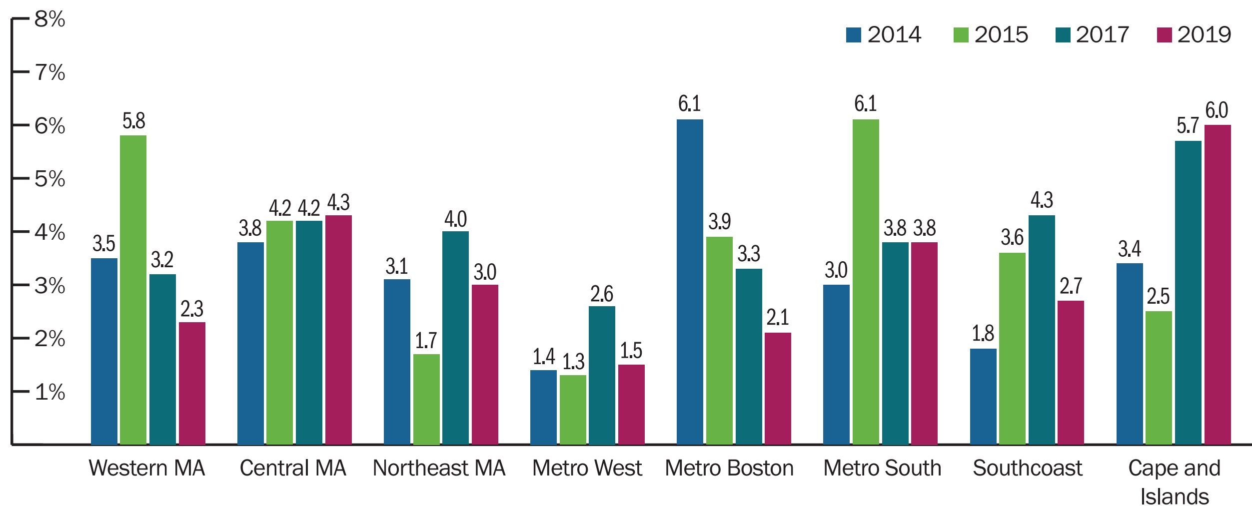
Additionally, uninsured residents living in these communities were likely to face socioeconomic disadvantages with:

- 24.5 percent of residents earning annual income below the federal poverty threshold (compared to 8 percent in other communities)

- 26.9 percent of households receiving SNAP benefits (compared to 7.5 percent in other communities)
- 50.9 percent paying more than 30 percent of their income toward housing costs (compared to 30.6 percent in other communities).

A regional analysis of uninsurance from CHIA's 2019 survey illustrates a growing problem on the Cape and Islands, an area of Massachusetts which continues to have the highest uninsured rate in the Commonwealth at 6 percent. Cape Cod was also the only region to experience an increase in uninsurance between 2017 and 2019, while uninsurance in the other six regions of the Commonwealth remained flat or decreased.

Figure 7: Uninsurance by Region in Massachusetts, 2014-2019



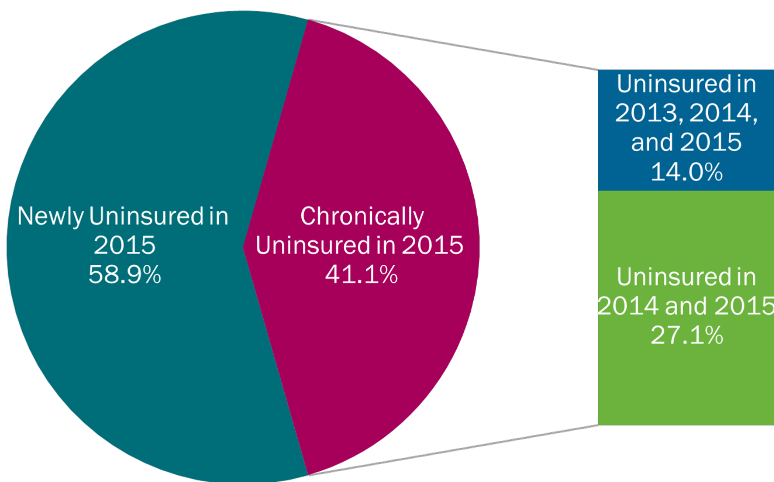
Health Connector analysis of CHIA's 2019 MHIS:
https://www.chiamass.gov/assets/docs/r/survey/mhis-2019/2019-MHIS-Report.pdf

Understanding where the uninsured are located is essential for both outreach and policy development when working towards enrolling all state residents. In outreach, zip code-level uninsurance data helps select and direct community-based resources (including Navigators) to areas with the highest need. Additionally, understanding the socioeconomic make-up of these communities allows for collaboration among a variety of agencies that the uninsured may interact with. From a policy development perspective, regional uninsurance trends, such as the increasing uninsured rate on the Cape and Islands, may suggest other systemic barriers to coverage, including increasing premiums and limited availability of coverage options. Lack of choice may make it increasingly difficult for residents to find coverage that meets their needs and preferences.

Chronic Uninsurance

The Health Connector analyzed de-identified state tax return data related to health coverage from 2013 to 2015 and found that the full-year uninsured population in Massachusetts in 2015 included roughly 41 percent persistently uninsured individuals who were full-year uninsured in at least 2014 and 2015.

Figure 8: Chronically Uninsured Among the Full-Year Uninsured in 2015



Source: Health Connector analysis of Department of Revenue tax filers data https://www.mahealthconnector.org/wp-content/uploads/Individual-Mandate-Report-2013- 2015.pdf

Additionally, approximately 14 percent reported being uninsured in 2013, 2014, and 2015, and 27 percent of individuals were uninsured in 2014 and 2015. These data suggest that each year, roughly 2 out of every 5 uninsured Massachusetts residents have gone without coverage for multiple years in row whereas nearly 60 percent are newly uninsured.[xii] Outreach and policy strategies employed to further reduce uninsurance will need to be uniquely tailored to reach each group.

Barriers to Obtaining and Maintaining Health Insurance

Though the Commonwealth has sustained high rates of coverage compared to the rest of the country, uninsured residents still face several barriers to obtaining and subsequently maintaining health insurance coverage.

The most urgent and frequently cited barrier to coverage is affordability. In 2019, four in five uninsured state residents reported being uninsured due to the high cost of coverage, an increase of 20 percentage points compared to 2017 (61 percent).[xiii] The reforms implemented through Chapter 58 and the ACA aimed to increase coverage rates by making health insurance more affordable.

Expanding Medicaid eligibility levels, creating state-subsidized plans, and offering APTCs and CSRs did lead the Commonwealth to have the lowest average individual premium when compared to other states ($403 in 2020); however, the rising cost of health care in the state has far outpaced the impact of these reforms.[xiv] For example, according to a report by the Health Policy Commission, between 2000 and 2018, the Massachusetts consumer price index grew by 50 percent while the average cost for a family premium nearly tripled from $7,341 to $21,801.[xv] Because over three-quarters of the uninsured in Massachusetts fall below 300 percent FPL and may be eligible for free or subsidized health insurance plans, reasons for going without coverage may include a lack of awareness of the MassHealth and ConnectorCare plans available to them. These uninsured residents may benefit from enhanced outreach, assistance, and education resources.

Other common reasons for being uninsured included losing eligibility for MassHealth (47 percent).[xvi] Frequent transitions between insurance programs are known to lead to temporary gaps in coverage. Many low-income Massachusetts residents have fluctuating eligibility, causing them to shift between

MassHealth and Health Connector programs, with approximately 30 percent of terminated members ending Health Connector coverage to move to MassHealth and 30 percent of newly added members enrolling in Health Connector coverage from MassHealth each month. This commonly occurring "churn" between subsidized health programs may lead to inadvertent lapses in coverage and leave members unclear about their status with each program. The Health Connector plans to explore programmatic churn and its role in uninsurance as part of the 2020-2022 strategic plan.

Application and enrollment process complexities and emerging policy obstacles may also present significant barriers preventing sub-populations of the uninsured from enrolling in health insurance. For example, the ACA contains a glitch that blocks some middle-income United States and Massachusetts families from premium subsidies when one family member has an affordable employer offer of individual coverage (as opposed to affordable employer family policies).[xvii] National estimates from 2016 suggest that approximately 6 million people were affected by the family glitch. Fixing it would lower premiums from an average 12 percent of income to 6.3 percent.[xviii]

Beyond the family glitch, non-citizen Massachusetts residents must satisfy a variety of eligibility criteria to qualify for MassHealth benefits or subsidized coverage through the Health Connector. In order to purchase a Qualified Health Plan through the Health Connector, non-citizens must have a "lawfully present" immigration status. Undocumented non-citizens are unable to enroll through the Health Connector and are only eligible for safety net programs with limited benefits including MassHealth Limited, Health Safety Net and/or the Children's Medical Security Plan.[xix] Navigating complex eligibility rules and exclusions may discourage non-citizens from enrolling in coverage.

Furthermore, in February 2020, the public charge rule finalized a recent change to federal immigration policy, making it more difficult for individuals who rely on public services such as Medicaid to receive permanent legal status in the US.[xx] Although legal challenges have stopped or delayed the rule's implementation at times, this rule is expected to affect immigrants living in Massachusetts who may decide to forgo the receipt of public benefits that may potentially jeopardize their own or a family member's status. Immigrants who are already wary of interacting with government programs may be more likely avoid even applying for subsidized health insurance programs.[xxi] Consistent, culturally sensitive outreach and education will be required to mitigate concerns.

Table 1 details other potential barriers to obtaining coverage that sub-populations of the uninsured may face that warrant consideration when developing outreach, policy, and system strategies to increase coverage rates in the Commonwealth.

Table 1: Potential barriers to coverage among uninsured sub-populations

Uninsured sub-population (not mutually exclusive)	Potential barriers to obtaining coverage
Non-elderly adults	▪ Administrative complexities and burden of enrolling in and maintaining coverage ▪ Life transitions that disrupt access to health insurance (losing ESI) ▪ High cost of coverage
Men	▪ Low risk aversion ▪ May place low priority on their own health

Uninsured sub-population (not mutually exclusive)	Potential barriers to obtaining coverage
People of color (Hispanic and Black residents)	▪ New residents of MA (international migrants) ▪ Wariness of engaging with government programs ▪ Language or cultural barriers
Low income residents (below 300% FPL)	▪ Fluctuating eligibility ▪ Prioritizing other spending needs (housing, food, childcare, transport, etc.) ▪ High cost of coverage
Cape and Islands	▪ Seasonality of workers ▪ Limited availability of coverage options
Communities with greater concentrations of uninsured residents	▪ Burden of other socioeconomic disadvantages ▪ Limited in-person assistance
Chronically uninsured	▪ Wariness of engaging with government programs ▪ No awareness of subsidized coverage options
Newly uninsured	▪ No awareness of subsidized coverage options ▪ Low risk aversion for temporary coverage gap

Getting to 100% Coverage in Massachusetts

Comprehensive and up-to-date data on uninsurance and barriers to obtaining coverage are critical to developing policies that positively impact the greatest number of people. Despite having clear insight into who the uninsured are, as detailed in this report, there has been little movement in further reducing the rate of uninsurance in Massachusetts in the last six years. The Commonwealth will need to maintain, evaluate, and enhance current outreach and policy strategies to effectively eliminate these persistent barriers faced by the uninsured when trying to enroll in health insurance.

Figure 9: Strategic Priorities to Enroll the Remaining Uninsured

Maintain	▪ Subsidy levels in existing coverage programs ▪ State individual mandate requirements ▪ Targeted outreach and marketing
Evaluate	▪ Areas for structural improvements such as gaps in coverage due to churn ▪ Opportunities to improve affordability and increase availability of plan options, particularly in ConnectorCare ▪ Impact of existing outreach and marketing strategies
Enhance	▪ Use of administrative tax data to proactively outreach/enroll the uninsured ▪ Partnerships with other agencies who interact with the uninsured to further streamline eligibility/enrollment ▪ Partnerships with community-based and Navigator organizations to offer assistance in areas of high need

The Health Connector proposes the following enhanced existing strategies and new strategies to enroll the remaining uninsured in the state and maintain coverage for currently enrolled residents:

Table 2: Outreach and Policy Strategies to Enroll the Remaining Uninsured

Strategy	Description
Improve primary research on the uninsured	▪ Conduct focus groups (which have not been completed in recent years) to understand new uninsurance dynamics and perceived barriers to obtaining coverage.
Target sub-populations and geographies for outreach	▪ Tailor marketing and outreach strategies toward the key sub-populations of the uninsured and in communities with higher concentrations of uninsured residents.
Address churn through structural adjustments	▪ Identify areas for improvement within the integrated eligibility system to minimize or eliminate temporary gaps in coverage that occur due to eligibility fluctuations and churn between the Health Connector and MassHealth
Offer automatic enrollment options	▪ Utilize tax filing process to provide enrollment opportunity to those who indicate being uninsured in the prior tax year
Collaborate with other state agencies	▪ Partner with state agencies to connect the uninsured to affordable coverage as they interact with other state programs to further streamline eligibility and enrollment across the state.
Leverage community-based (Navigator) partnerships	▪ Leverage community-based partnerships to appropriately outreach uninsured individuals in areas of high need.
Improve affordability and availability of subsidized coverage	▪ Evaluate the ConnectorCare program to identify opportunities to improve both the affordability and availability of free or low-cost plans.

While Massachusetts has led the nation in insuring its population, the data is clear that there is still work to do. Many of the disparities in insurance coverage noted in this brief have persisted for many years, despite state and federal reforms aimed at eliminating them. The uninsured population in Massachusetts continues to include vulnerable and historically marginalized populations, including people of color and those who are low income and face the burden of other socioeconomic disadvantages. Furthermore, analysis of individual mandate compliance data (available through state tax filing information) reveals that nearly half of the uninsured population in the Commonwealth has been chronically uninsured for at least two sequential years.

In the coming months, the Health Connector plans to refresh its primary research on the uninsured to understand new trends that may be emerging in reasons for uninsurance, especially in light of the recent economic downturn and public health crisis. As the Commonwealth's hub for quality health insurance, the Health Connector hopes to intensify strategies that have worked in increasing coverage in the past, including targeted outreach and leveraging community partnerships, while introducing dynamic structural approaches to help Massachusetts reach 100 percent coverage.

Endnotes

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v. Center for Health Information and Analysis. 2019 Massachusetts Health Insurance Survey. https://www.chiamass.gov/massachusetts-health-insurance-survey

vi. United States Census Bureau data released in September 2020 indicate a 3.0 percent uninsured rate for Massachusetts in 2019. While many sources of uninsured data are available, the Health Connector relies on CHIA's metric because it is the most tailored to the state population. https://www.census.gov/library/publications/2020/demo/p60-271.html

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