



Massachusetts Health Care Reform 2009 Progress Report



A Message from the Chairman of the Board and Executive Director

With the implementation of the Commonwealth's landmark health care reform law, the state has dramatically reduced its uninsured rate below 3%. This is by far the lowest in the nation. The national average exceeds 15% and ranges from 8% to 25% in the individual states.

Over 400,000 residents are newly enrolled in health insurance, the result of "shared responsibility" among individuals, government, employers, providers and insurers. The real success of the law lives in the experiences of individuals who have benefitted from it. This report tells some of their stories and illustrates the significance that health care reform can make to the health and well-being of the community.



Much has been written about the cost of health care reform in Massachusetts, and a commonly repeated myth is that it has been proven to be unaffordable. However, working with the state's Medicaid Managed Care Organizations, the Health Connector has been able to keep the average annual premium increase for the Commonwealth Care program below 5% from FY 2007 through FY 2010. That's half the increase that the private market is experiencing. And, after a surge in enrollment in Commonwealth Care in 2007 and 2008, the program came in almost \$70 million under budget in fiscal year 2009. The Massachusetts Taxpayers Association, a well-respected and independent watchdog organization, said in a recent report that the financial model for Massachusetts health care reform is "working well" with "only a marginal impact on state spending."

Additionally, the merger of the small and non-group market, along with the impact of the individual mandate to have coverage and easy online shopping, have resulted in substantial premium savings for individual purchasers. Between 2006 and 2008, non-group or individual premiums for comparable health benefits actually declined by an average of 20%.

Nevertheless, relative to other states in the nation, health coverage was expensive in Massachusetts prior to reform, and it remains so after reform. Now that the state has been able to increase coverage to a near-universal level, the focus in Massachusetts has turned to cost containment.

The state has already enacted legislation aimed at containing costs, expanding the supply of primary care clinicians and adopting electronic medical records statewide. And under the leadership of Governor Deval Patrick, Senate President Therese Murray and House Speaker Robert DeLeo, serious consideration is being given to a new set of provider payment reforms to reward more cost-effective, coordinated care.

As Washington considers health care reform, Massachusetts offers a compelling model.

This year, with the passing of U.S. Senator Edward M. Kennedy, Massachusetts and the nation lost a great and committed leader in the battle for health care reform. It was the cause of his life. Senator Kennedy helped broker enactment of the Massachusetts law and fully supported its implementation, even touting its successes during interviews at Red Sox games. We dedicate this progress report in his memory with thanks for his innumerable contributions to the success of our health care reform law.

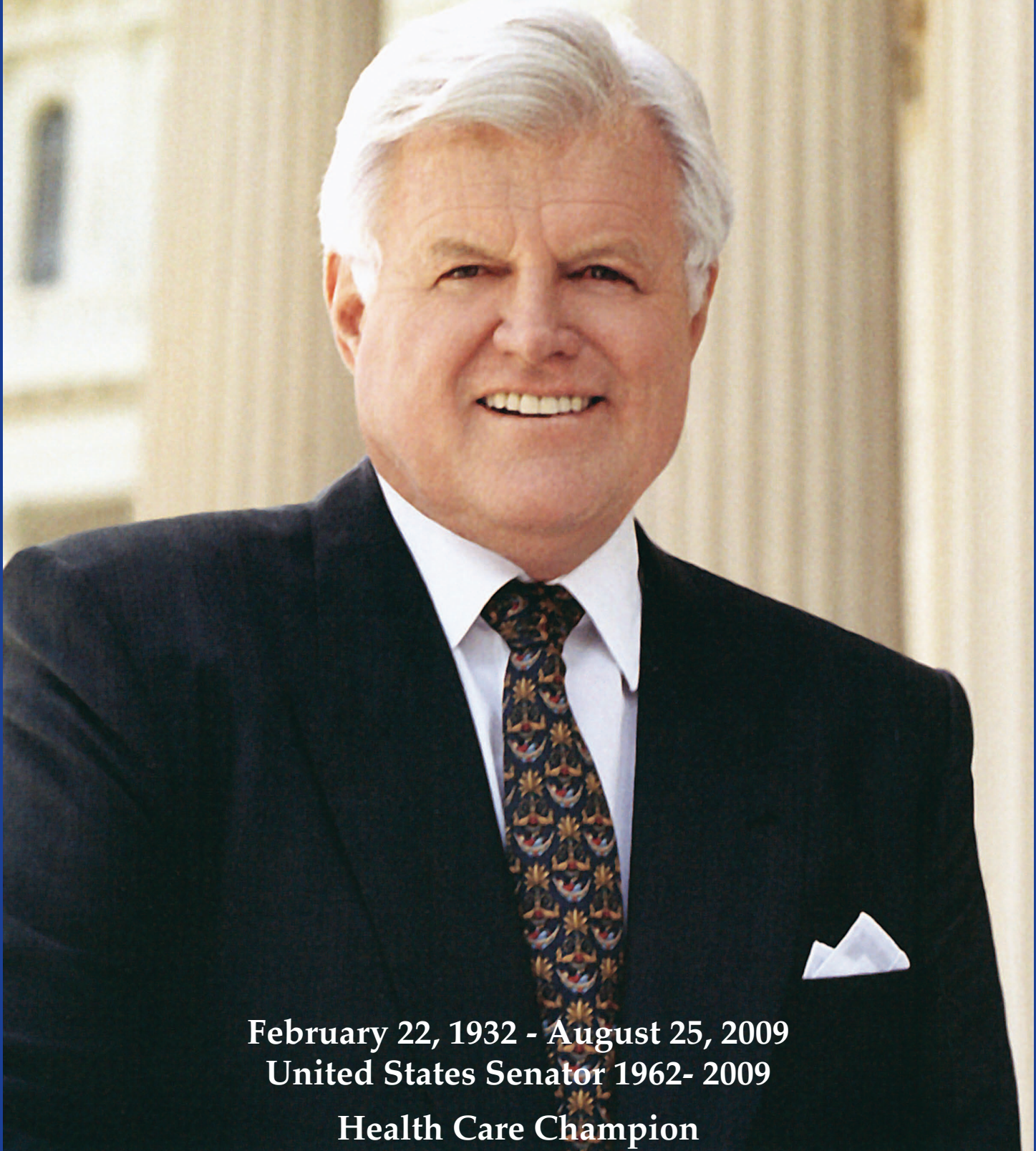


The Commonwealth Health Insurance Connector Authority is an independent state agency that helps Massachusetts residents find health insurance coverage and avoid tax penalties.

Leslie Kirwan, Chair
Secretary for Administration and Finance

Jon Kingsdale, Ph.D.
Executive Director,
Commonwealth Health Insurance Connector Authority

*Dedicated in memory of U.S. Senator
Edward M. Kennedy*



February 22, 1932 - August 25, 2009

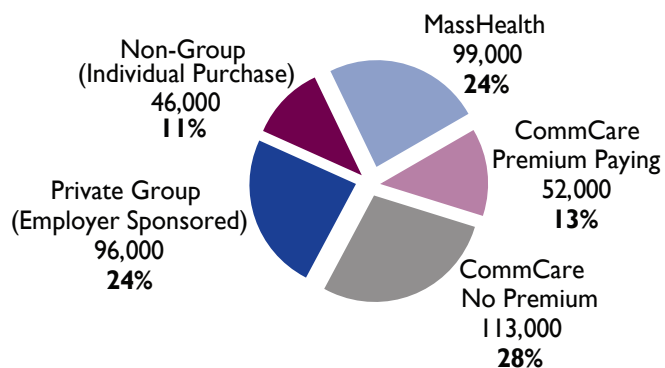
United States Senator 1962- 2009

Health Care Champion

Massachusetts Now Has the Highest Rate of Insured Residents in the Country

Three years have passed since Massachusetts enacted its landmark Health Care Reform law and the implementation process continues. Based on the concept of shared responsibility, the individual mandate to have health insurance - if one is deemed able to afford it - is fully in effect and it has worked remarkably well. More than 400,000 individuals are newly insured. The mandate spurred enrollment across the board in employer-sponsored, government-subsidized and individually-purchased health insurance.

406,000 Newly Insured June 2006 - March 31, 2009



The Health Connector's Commonwealth Care and Commonwealth Choice programs – one offering subsidized health plans and the other offering private, commercial plans - have been up and running for more than two years. In 2009, the Health Connector launched a pilot program especially for small employers that enables them to offer their employees a choice of health plans, unique in the small group market. The pilot is under evaluation. The state's Medicaid program has been expanded and market reforms prescribed in the law are in place.

What has this meant for Massachusetts? The state now has the lowest rate of uninsured residents in the country. The most recent formal study, conducted in the spring of 2009 by the Urban Institute for the state Division of Health Care Finance and Policy, puts the state's uninsured rate at 2.7%. Uninsured rates in the 49 other states range from 8 to 25%, with the average at 15%.

When Massachusetts launched its grand health care reform experiment, a number of concerns were voiced. Would public support for the new law hold? Would tax filers comply with the law that mandates coverage and imposes a tax penalty on those deemed able to afford insurance? Would the existence of the subsidized Commonwealth Care program cause "crowd out" or a shift in coverage from the private sector to the public sector? Would Health Safety Net use and spending decline as hoped? How much would it all cost? Would patients be able to find primary care physicians?

Interesting questions with interesting answers.

Public Support

Popular support for Massachusetts Health Care Reform has been measured in studies by the Urban Institute, Harvard School of Public Health, Blue Cross Blue Shield of Massachusetts Foundation and Boston Globe. These surveys have found that support has remained strong. It began at 61% in the fall of 2006 and was measured at 59% in the summer of 2009. The official state survey by the Division of Health Care Finance and Policy put support at 75% in the summer of 2008 and 73% in the spring/summer of 2009.

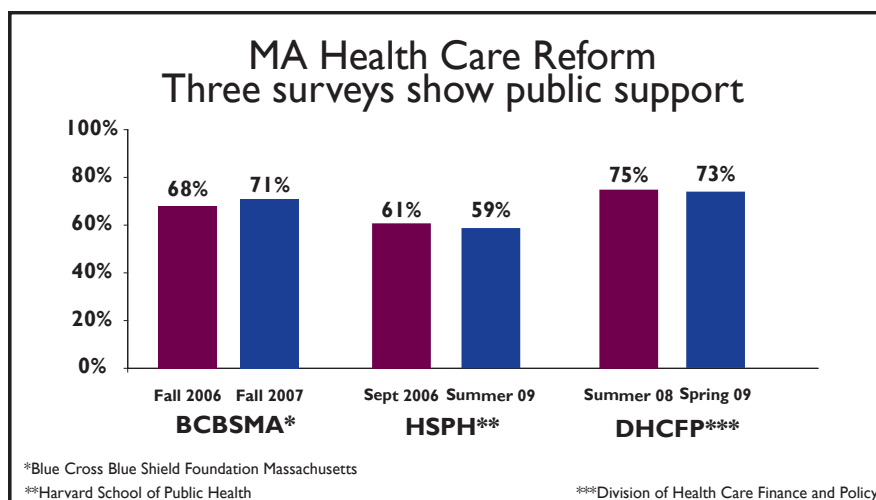
Physician Support

A poll published in the New England Journal of Medicine in October of 2009 shows that 70% of Massachusetts' practicing physicians support the state health reform law. Only 7% of physicians surveyed believe the law should be repealed. The study was funded by the Blue Cross Blue Shield Foundation and the Robert Wood Johnson Foundation.

5 Facts

Massachusetts Health Care Reform

1. 2.7% uninsured ... best in nation
2. 35% of newly insured are private pay
3. Commonwealth Care
average rate trend = 4.7% thru FY2010
4. 98% compliance rate (taxpayer filings)
5. Popular approval rating high (59-75%)





Facing challenges with confidence

Chances are that you've never heard of Wegener's Granulomatosis. Charli Henley of Cambridge has.

"I owe my life to Commonwealth Care," said the 29-year-old Syracuse University graduate. "That may sound like an overly patriotic exaggeration, but I mean it quite literally. Without Commonwealth Care and the medical care it has allowed me to access, this disease might have killed me."

Wegener's Granulomatosis is a disorder that causes life-threatening organ damage. It is rare, deadly and difficult to diagnose. In Charli's case, it has affected her heart, kidneys, lungs, sinuses, nose, muscles and joints. She soon found herself exhausted, weak, confused, and finally out of work because of all the time her symptoms caused her to miss.

"My first thoughts were not 'How will I pay for the rent?' or 'How will I afford food?' My first thoughts were 'How will I get better? How will I get medicine? How will I pay for the doctors?'"

Commonwealth Care was the answer. It was there for Charli when her kidneys began to fail. It was there for her when she was properly diagnosed and it was there for her biopsies, ultrasounds, MRIs and CAT scans, as well as her visits to a pulmonologist, an otolaryngologist, a nephrologist, a rheumatologist and a neurologist.

"I now take 17 prescription medicines every day," said Charli. "I have two to seven medical appointments every week. Without Commonwealth Care, this intensive medical treatment would be impossible."

Charli refuses to let this insidious disease get the best of her. Her treatment has allowed her to resume graduate studies at Lesley University where she plans to receive a dual master's in expressive arts therapies and clinical mental health counseling in December.

"Numerous challenges lie ahead, including surgeries and treatments, medications and their side effects, and the ever present possibility of disease progression," Charli acknowledges. "But I will face these challenges as I have faced the ones that came before them – with courage, perseverance, laughter and hope. And I can face them with the confidence that comes with knowing that I have health insurance. Because of that insurance, I will have access to some of the best healthcare in the nation. With that, I will keep my disease at bay. I will live fearlessly. I will be thankful."

Compliance with the Mandate

The Massachusetts law requires individuals deemed to be able to afford health insurance to purchase it or risk a penalty on their tax returns. In its very first year of implementation, 98% of tax filers submitted the appropriate documentation with their tax forms. And, despite the fact that the penalty and appeals process was brand new for tax year 2007 and involved different state agencies with no legal precedent, those processes went remarkably well. Department of Revenue statistics for tax year 2007 and 2008 showed that the compliance rate is holding steady with less than 2% of taxpayers filing incorrectly. And despite increasing tax penalties, the number of finalized appeals is consistent at less than 2,500 out of 3.88 million tax filers.

No Signs of 'Crowd Out'

Much attention was given to the potential of a shift in coverage from the private to the public sector as Massachusetts began implementation of its law. However, to date there have been no signs of this kind of shift or "crowd out." Instead, more employers are offering health insurance and more employees are taking up their employer's offer of coverage. While nationally, the number of employers offering health insurance to employees dropped from 68 to 60% between 2001 and 2007, in Massachusetts the rate increased slightly from 69 to 72% for the same period. The law's modest assessment on non-contributing employers, combined with the flexible requirement for individual coverage, has boosted enrollment by some 100,000 in employer-sponsored plans alone, while generating broad business support, measured at 75% in one survey.

More people are getting covered at work

- ✓ No signs of "Crowd-Out"
- ✓ More employers are offering health insurance
- ✓ More employees are taking up employer's offer

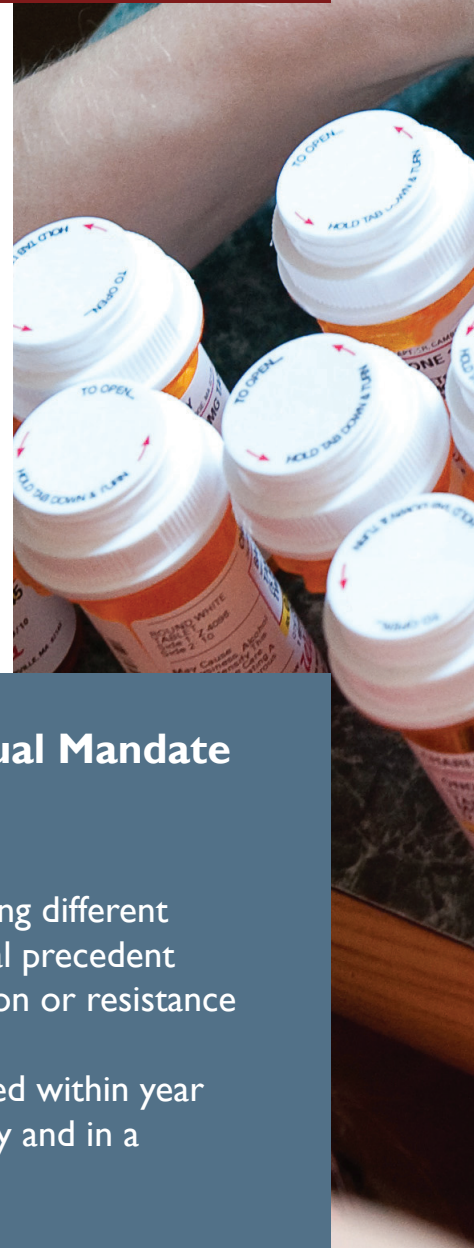
Breakdown of Public/Private Coverage

Some 35% of the new enrollment in Massachusetts is in private, commercial insurance; that is, employees taking up their employer's offer of insurance or individuals purchasing for themselves. And importantly, more than 41% of those enrolled in the state's subsidized program, Commonwealth Care, contribute to their insurance costs through monthly premiums.

Appeals to the Individual Mandate

A hidden success

- ❑ Brand-new process involving different state agencies with no legal precedent
- ❑ Modest consumer confusion or resistance
- ❑ Excellent compliance
- ❑ Virtually all appeals resolved within year
- ❑ Hearings operate smoothly and in a user-friendly manner



‘They can get their screenings, their mammograms and wellness visits. It’s not episodic and we can catch problems before they become emergencies.’



Reform allows doctor to focus on her mission and her patients are reaping the rewards

Dr. Myechi Minter-Jordan likes to connect with her patients and give them comprehensive care.

As chief medical officer at the Dimock Center in Roxbury, she gets to practice the kind of medicine that is her calling. She strives to learn the stresses, worries and concerns of her patients, and anything else that may affect their wellbeing. The expansion of health coverage under Health Care Reform has made it easier to practice her kind of medicine.

“I don’t have to call a specialist to see if he might waive the fees for my patients. I don’t have to look for free prescription drugs. I can focus on delivering primary care,” she says.

It’s made life better for her patients, too.

“They can get their screenings, their mammograms and wellness visits. It’s not episodic and we can catch problems before they become emergencies.”

The African American and Latino communities that are a large part of the patient population at the Dimock Center have higher rates of diabetes. Diabetic patients who are insured can better manage their disease.

“We have a diabetic patient who had an underlying condition, a heart problem,” she said. “This patient was uninsured and would end up in the ER with dehydration, blurred vision, urinary tract infections and sometimes chest pains.

“This patient is now insured, making regular visits for primary care and is working with a nutritionist and taking medication. The symptoms are under control and the patient has lost weight and managed her sugar levels.”

Dr. Minter-Jordan smiles as she tells this story. She thinks it’s a classic “win-win” – for the patient and the health care system.

“Patients knew what they needed, but without insurance, some of them didn’t dare ask for it. Now they come in and say, ‘I want my physical, I want a mammogram.’ They have an insurance card. It’s very gratifying.

“I know that there’s a concern that the release of this pent-up demand will cause some costs to rise. But in the long run, preventative care will save money by catching problems early and avoiding later, more expensive interventions,” she predicts.

As she looks into the future, Dr. Minter-Jordan also hopes that Health Care Reform will create incentives for more doctors to enter primary care. “It’s made primary care a more palatable choice, reducing the worries and increasing patient access to follow up care or referrals.”



Key Elements of Massachusetts Health Care Reform

- Adults must purchase health insurance if they can afford it.
- To avoid a tax penalty, an individual's insurance must meet minimum creditable coverage standards.
- Subsidized coverage is available for individuals earning up to 300% of the federal poverty level if they are not offered employer-sponsored insurance or eligible for other government-subsidized insurance.
- Merger of the non-group and small-group markets and development of a new purchasing alternative through the Health Connector made insurance less expensive for people who purchase on their own.
- Businesses with 11 or more full-time equivalent employees have the option of offering health insurance or paying a \$295 per worker per year assessment.





Highly trained customer service reps handle nearly 50,000 calls to the Health Connector each month



The Commonwealth's groundbreaking effort to insure nearly all its residents won national acclaim when the Health Connector was chosen as a winner of the 2009 Innovations in American Government Award by the John F. Kennedy School of Government at Harvard University.

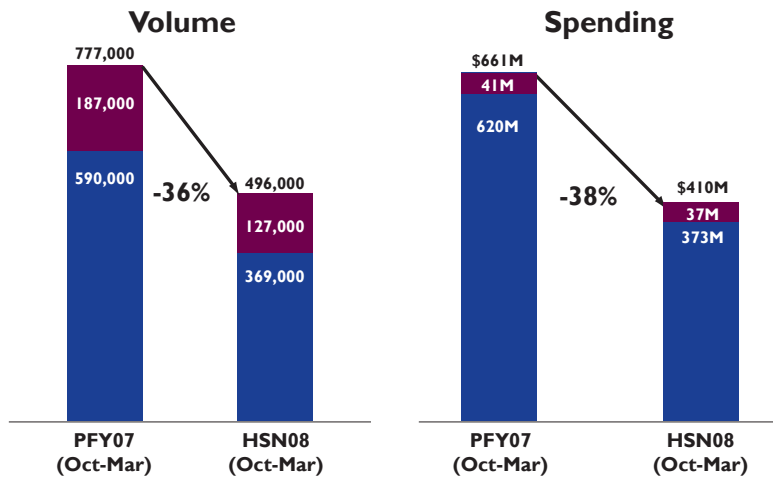
The Ash Institute for Democratic Governance and Innovation noted that the Health Connector's role in expanding access is a key focus of the current national debate. Massachusetts has the lowest percentage of uninsured residents in the country.

The Connector's winning entry was selected from a field of more than 600 applicants.

"As a public-private entity, the Massachusetts Health Connector, along with its board and staff, are committed to reform, but willing to experiment, to learn and to make mid-course corrections," said Health Connector Executive Director Jon Kingsdale. "I am proud of the progress we have made, but prouder still of this team's willingness to take risks."

UCP and HSN* Volume and Payments for Hospitals and Community Health Centers

■ Hospitals Inpatient and Outpatient ■ Community Health Centers



*Uncompensated Care Pool and Health Safety Net

Health Safety Net (HSN) volume for hospitals and community health centers declined by 36% in the first six months of HSN08 compared to the same period in the prior year of the Uncompensated Care Pool (UCP). Payments declined by 38% when comparing the entire 12 months of PFY07 and HSN08.

Health Safety Net Use and Spending

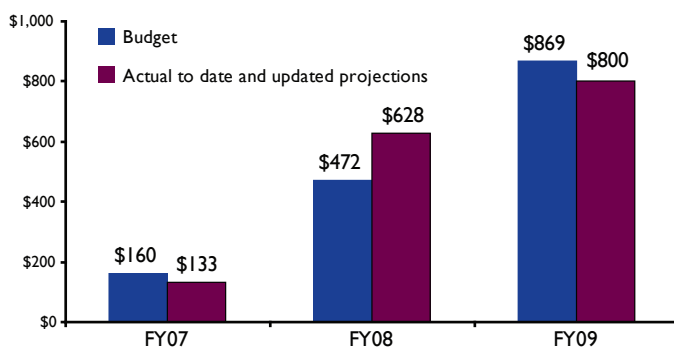
A goal of the Health Care Reform law was to reduce Health Safety Net use and provide more coordinated, comprehensive care in the place of episodic care delivered in expensive emergency rooms. In the first six months of Health Safety Net '08, use declined 36% compared to the previous year and payments were down 38% for HSN '08. Ongoing education will be needed to continue to change behavior and enhance patient appreciation for a more comprehensive approach to health care.

Cost of the Massachusetts Law

Much has been written about health care costs in Massachusetts since the reform law was enacted. Unfortunately some of this is in error.

The Commonwealth Care program was expected to grow over its first three years. Due to an aggressive public education campaign that drove enrollment quickly, spending on the program in FY 2008 was higher than projected, coming in at \$628 million compared to a budgeted \$472 million. However, in FY 09, spending was lower than expected, coming in at \$800 million, less than the \$869 million that was budgeted.

Commonwealth Care Spending (\$ in millions)



Very importantly, the average annual premium trend for the program for the time period between FY 2007 through FY 2010 is under 5% - about half the average premium

Medical history was no barrier to coverage, and she saw her premiums cut nearly in half



When Abbie von Schlegell moved from Maryland to the Berkshires in 2007 she wasn't very optimistic about getting health insurance. She had tried getting it before leaving Maryland, but was denied because of her medical history – deep vein thrombosis and asthma.

“The Maryland insurance agent said, ‘You’ll never get insurance, so don’t waste your time,’” she remembers.

When she bought a house last year and registered to vote here, she thought she’d give it another try.

“I wasn’t optimistic,” she said.

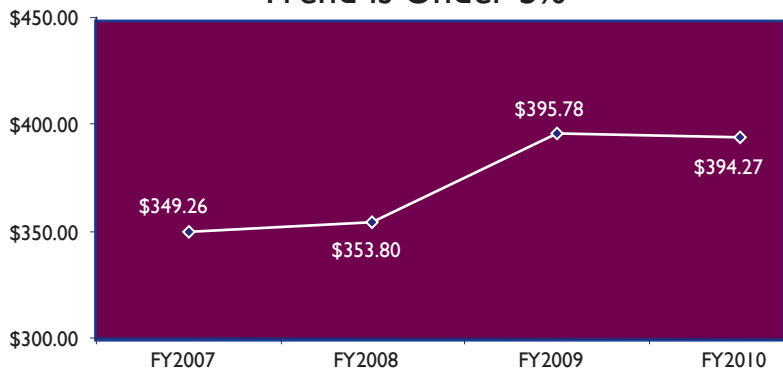
Fortunately, she spoke with Chip Joffe-Halpern, executive director of Ecu-Health Care in North Adams and an original member of the Health Connector’s board of directors.

“He told me about the website,” said Abbie. “I figured I would go through the same process and be turned down again. But I wasn’t. I did the whole thing online and got a very good plan. I was just thrilled!”

Abbie added that the Commonwealth Choice plan she chose was about one-half the price of other options she was exploring.

“And I think my plan has some things in it that are even better,” she says.

CommCare: Average Annual Premium Trend is Under 5%



increase in the broader market. This was accomplished as a result of competitive negotiations with the Medicaid Managed Care Organizations which serve the program.

The merger of the non-group and small group markets and creation of the Health Connector insurance exchange have reduced premiums substantially for Massachusetts residents who buy insurance individually through the non-group market. Their premiums for comparable coverage dropped on average about 20% in 2007. The value and security of non-group coverage is now comparable to group insurance, and only one year after reform, group enrollment had more than doubled.

Massachusetts Taxpayers Foundation Weighs In

An analysis by the independent Massachusetts Taxpayers Foundation in the spring of 2009 found that the cost of the Massachusetts law has been relatively “modest” and well within early projections of how much the state would have to spend to implement reform. Based

on actual and projected spending data from the first four years of health care reform, the Foundation concludes that government spending on health reform has grown by only \$707 million, half of which is federally reimbursed. The challenge of keeping up with rising health care costs pre-dates reform and continues to be a major policy focus of the Commonwealth.

Cost Containment

Having made a moral commitment to near universal insurance, Massachusetts is now taking the lead in cost containment initiatives. In 2008, a law containing measures to increase primary care capacity, speed adoption of electronic medical records and create uniform reporting was enacted. The law also established a special commission on payment reform that has issued a number of sweeping recommendations, including establishment of a global payment system intended to encourage efficient care and eliminate wasteful procedures. Massachusetts is pursuing cost containment in an aggressive way.

The Need for Primary Care Physicians

The shortage of primary care physicians is a national problem. Massachusetts has more physicians per capita than any other state in the nation. While waiting times on Cape Cod and in the Berkshires are greater than in other parts of the state, overall access in Massachusetts is better than in other areas of the country. A survey by the University of New Hampshire Survey Center

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Body armor is good protection for Eric, but his insurance gives added coverage

Eric Gray of Somerville likes the idea that driving his motorcycle to work every day lowers his impact on the environment and saves money on gas. He also knows it comes with risks, which is why he wears a helmet, armored suit, gloves and boots on every trip.

But even with that extra insurance last March, he found out how valuable his other insurance is. That's Commonwealth Choice.

Eric was cycling to work as an independent contractor with the Department of Elementary and Secondary Education when sand launched him 10 feet over the handlebars, smashing him into the street and curb.

An ambulance ride later, he was having a titanium plate screwed into his wrist, followed by three weeks in a cast, another three weeks in a brace and many physical therapy sessions.

"This was a learning experience," Eric recalled. "You never know what's going to happen. If not for my health insurance, I would have faced costs of \$20,000 to \$30,000. The payments you make every month are worth it regardless if you use the insurance because you have that security."

Having just finished his physical therapy, Eric is biking again.

"I look forward to a long, prosperous and hopefully accident-free riding career from here on out," he said.

But just in case, he still wears the body armor and has health insurance through the Connector.



The ease of enrolling in Commonwealth Choice lets Ada May concentrate on family business

As a small business owner, Ada May Roberts often found getting insurance to be daunting. There was the paperwork involved in validating that she operated a viable business. There were associations to join in order to get a lower group rate. And there was the time she was told she couldn't renew as an individual because her husband Donald was now on Medicare.

"I worried every year that they were going to drop me," Ada May said. "For so many of us sole proprietors, escalating premiums were reaching wrenching figures, not to mention co-pays and out-of-pocket expenses. I never mind paying, but at what price?"

That all changed in the summer of 2007 when the owner and operator of the Amelia Payson House Bed & Breakfast in Salem heard of Commonwealth Choice and checked out the website. After she completed her research, it took her five minutes to enroll in a plan her doctor accepted. And it was \$300 a month less than what she would have paid with her old plan.

"Three years later, I can't find a flaw," Ada May said. "It's truly creditable, affordable coverage that focuses on primary preventive care and early detection with hospitalization coverage should you need it. Who could ask for more?"

As an innkeeper for 25 years, Ada says that healthcare has always been a global talking point among her international guests. Since 2007, she notes, there has been a lot of talk at the inn about the Massachusetts landmark reform.


"For me and so many others living and doing business in this state, this is a happily-ever-after ending to previous practices. The weight of uncertainty has been lifted. Massachusetts got it right."



Choose the type of plans that will meet your needs.

Young Adult

- Only for 18-26 year-olds
- Lowest monthly costs
- Higher costs when you receive medical services




[Who chooses Young Adult plans?](#)

[See Young Adult Plans](#)

Bronze

- Lower monthly cost
- Higher costs when you receive medical services




[Who chooses Bronze plans?](#)

[See Bronze Plans](#)

Silver

- Monthly costs can run higher than Bronze
- Lower costs when you receive medical services compared to Bronze




[Who chooses Silver plans?](#)

[See Silver Plans](#)

Gold

- Highest monthly cost
- Lowest costs when you receive medical services



[Who chooses Gold plans?](#)

[See Gold Plans](#)

for the Blue Cross Blue Shield of Massachusetts Foundation and the Boston Globe found that 92% of individuals in Massachusetts reported having a primary care provider and only 5% said there was a time in the past year that they needed medical care, tests or treatment that they did not get. That's not a perfect record, but it is better than national data. In 2007, about 20% of the U.S. population reported not getting or delaying needed medical care at some point in the previous 12 months.

Creative approaches are being taken to improve access to clinicians in Massachusetts. As mentioned earlier, legislation passed in 2008 seeks to expand primary care. Additionally, a public/private partnership between Bank of America, Partners HealthCare, the League of Community Health Centers and the state established a loan repayment program for medical and nursing students who make a two- to three-year commitment to practice in

Massachusetts after graduation. The launch by CVS of Minute Clinics in Massachusetts is also helping to increase access to primary care services.

The Power of Choice and Clarity

One of the most important benefits that a connector or exchange can bring to the market is credible choice of health plans. The Health Connector offers plans that carry the state's Seal of Approval for quality and value and have brought peace of mind to the newly insured. Additionally, Massachusetts has found that simplicity and transparency are valued by consumers. Modern website tools for comparison shopping have proven surprisingly effective. On the Connector's website, shoppers need only about 20 to 30 minutes to compare plans and enroll and 80% of them enroll on-line.



Jaclyn makes her pitch at Fenway Park and strikes a chord across America

Jaclyn Michalos was only 27 years old when her doctor uttered the word no one wants to hear: cancer.

“I panicked and cried,” Jaclyn painfully recalls. “I can still remember the look on my mother’s face when she looked at the pictures and listened to the doctor. I couldn’t stop crying.”

Two years later, the cancer-free Commonwealth Care member’s exuberant smile is the face of Massachusetts healthcare reform and her voice is being heard around the entire country with a much brighter one-word message: hope.

“If I didn’t have health insurance, I would never have made an appointment with my doctor because of the cost. The cancer would have spread and I would not be alive today to tell my story.”

Jaclyn’s story is not just being told from Stockbridge to Boston, but from Fenway Park to the Golden Gate Bridge.

Before every Boston Red Sox home game this season, she and all-star knuckleball pitcher Tim Wakefield welcomed the Fenway faithful from the centerfield jumbotron as both underscore the value of health insurance. She’s been featured locally by the *Boston Globe* and *Channel 5*. On a national scale, she has been written about in the *Washington Post* and *Consumer Reports*. Her journey to good health was broadcast to America on NBC. And when House Speaker Nancy Pelosi sought to portray the benefits of having health insurance to the nation, she called Jaclyn to Washington D.C.

“My family and friends think I’m a celebrity rock star,” she laughs. “They think it’s wonderful and hope that somehow I can make a difference just like Massachusetts healthcare reform made a difference in my life.”

When her public service announcement with Wakefield was unveiled April 8, Jaclyn wasn’t merely a spectator. She was on the mound to toss out the ceremonial first pitch.

“When I stood on the mound and Tim Wakefield was behind home plate, I had to pinch myself a few times to make sure this was really happening. After I threw the ball to him, he came running up to me, handed me the ball and congratulated me. Then he tapped me with his glove. I thought I might die. It was the most memorable thing I’ve ever done.”

It was several months later that she received the call to go to Washington and take part in a press conference with Pelosi.

“When I got the phone call I actually cried,” Jaclyn said. “I cried tears of joy and tears of humbleness. I was thinking, gosh, little me from the small town of Norwood is going to Washington to share my story. I honestly couldn’t believe it.”

In the U.S. Capitol standing in front of the national media, Jaclyn related her bout with cancer and the successful treatment she received as a member of Commonwealth Care. It reminded her of another woman who was featured with her in the August issue of *Consumer Reports*, Catherine Howard.

“Catherine also went through breast cancer, but because she was from California her health coverage was not as affordable or generous as mine and now she is \$40,000 in debt. I feel so bad for her.”

Jaclyn estimates that her own surgeries and follow-up tests and treatments would have cost her family about \$125,000 without insurance.

“I’m so grateful that I live in Massachusetts and got the coverage I needed.”

As Fiscal Year 2010 began, the Health Connector bid farewell to three valued board members. Secretary of Administration and Finance Leslie Kirwan, who served as chairman of the Board beginning in 2007, along with Commissioner of Insurance Nonnie Burnes and Medicaid Director Thomas Dehner, all moved on to other pursuits outside of state government.

It is due in no small part to their extraordinary efforts and commitment that more than 400,000 individuals are newly insured in Massachusetts. Their contributions have changed lives and shown the nation that health care reform is achievable. We thank them for their leadership, their service and their friendship.

Health Reform has been implemented as a cooperative effort of numerous state agencies, all of whom share in its success.

We want to thank and acknowledge them.

Executive Office for Administration and Finance
Department of Revenue

Executive Office of Health and Human Services
MassHealth

Division of Health Care Finance and Policy
Department of Public Health

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Back Cover: Jaclyn Michalos at Fenway Park on Health Connector Night
Cover: Holly Oh, MD, and her young patient at Dimock Medical Center in Roxbury

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