



American Rescue Plan Implementation Update

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Board of Directors Meeting
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American Rescue Plan & the Health Connector

Health Connector staff have been working to rapidly and effectively implement the American Rescue Plan's health coverage and affordability provisions.

- The American Rescue Plan (ARP) was signed into law by President Biden on March 11, 2021.
- Massachusetts was the first state in the nation to implement the newly expanded ARP premium tax credits, successfully effectuating connectivity with the IRS's new Advance Premium Tax Credit calculator on March 26.
- The ARP provisions in the Health Connector's implementation purview are able to lower premiums for hundreds of thousands of Massachusetts residents and leverage hundreds of millions of new dollars of federal investment in lowering residents' health care premiums.
- Technical implementation of APTC expansion has continued to proceed on schedule for existing and new enrollees. Staff are now primarily focused on maximizing public awareness and uptake of the new benefits.

Refresher on ARP Health Coverage Changes

Before ARP

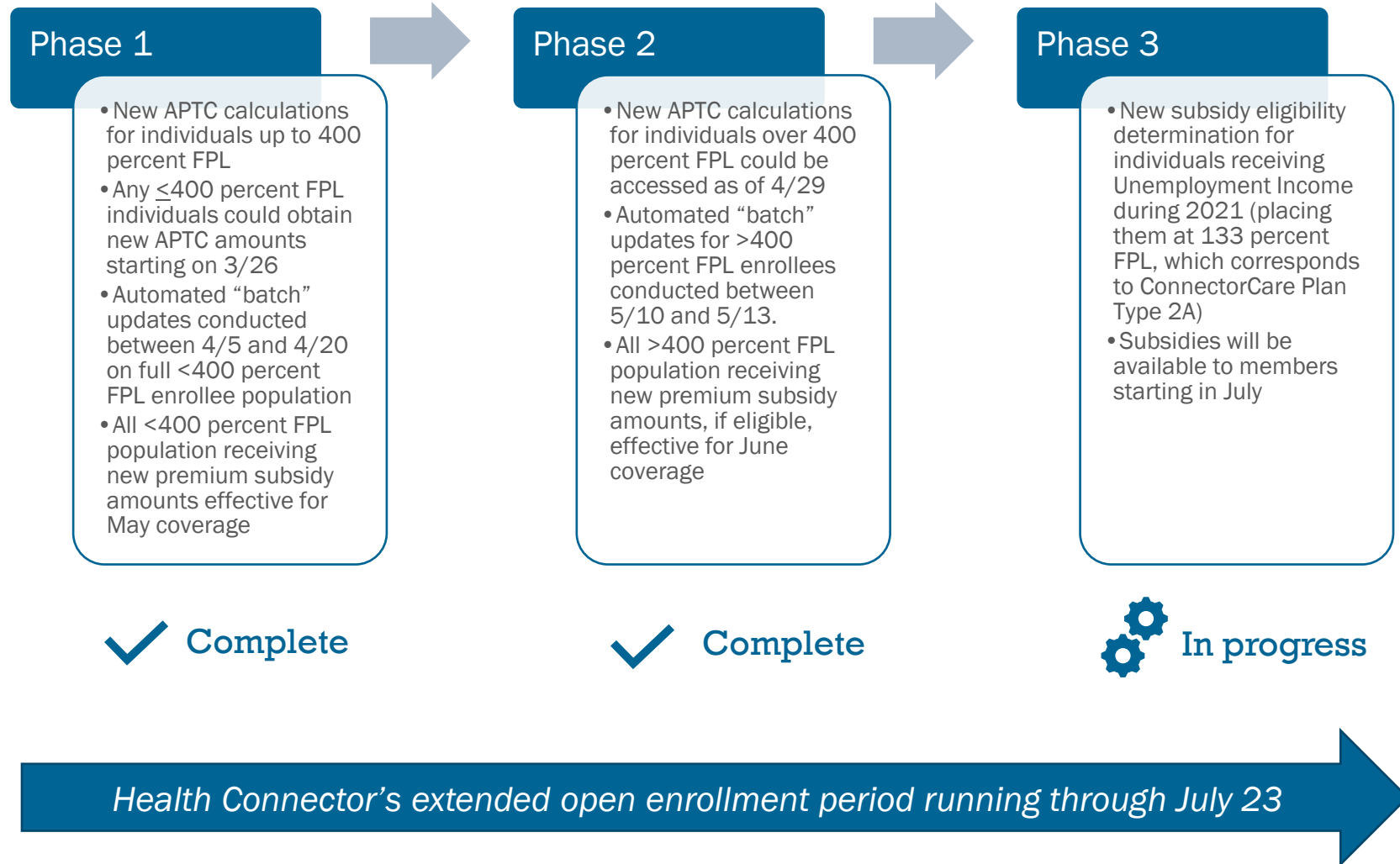
- People up to 400 percent can qualify for federal premium tax credits
- No premium assistance available to anyone over 400 percent FPL (\$51K/year for an individual)
- No special health coverage supports for people on unemployment income
- COBRA is an option for some unemployed people but no help available to pay for it



After ARP

- Premium tax credits for people up to 400 percent FPL become more generous
- People over 400 percent FPL can now qualify for premium tax credits
- People receiving unemployment income are eligible for free coverage option through Exchanges
- People eligible for COBRA can receive 100 percent federal subsidy for COBRA coverage through 9/30

ARP System Implementation & Extended Open Enrollment Timeline





American Rescue Plan Implementation Impacts

Early ARP Premium Impacts for Already-Enrolled Health Connector Members

Subsidized Health Connector members experienced, on average, a 31 percent reduction in their required premium contribution starting in May, a savings of roughly \$25 per month.

- These savings vary widely across different income groups, as ConnectorCare state premium wrap funds had previously defrayed most of the cost for lower-income ConnectorCare members
- Expanded federal premium tax credits via ARP are offsetting roughly \$81M net/year of ConnectorCare state premium wrap costs.

	ConnectorCare Program Type (0-300% FPL)					300-400% FPL ("APTC Only")	
	Plan Type 1	Plan Type 2A	Plan Type 2B	Plan Type 3A	Plan Type 3B	APTC-only in April	\$0 APTC in April – newly eligible in May
Number of April enrollees	15,100	32,400	59,900	51,800	35,000	17,800	3,600
April enrollee contribution	\$2.68	\$7.44	\$57.47	\$105.65	\$152.22	\$263.71	\$341.76
May enrollee contribution	\$2.48	\$5.79	\$25.71	\$74.75	\$133.77	\$198.51	\$257.19
\$ savings	\$0.19	\$1.66	\$31.76	\$30.90	\$18.44	\$65.20	\$84.57
Percent savings	-7 percent	-22 percent	-55 percent	-29 percent	-12 percent	-25 percent	-25 percent

New Help for Members: In Their Own Words

68 percent of members polled reported that the premium impacts of ARP were very or extremely helpful.

"I worked in restaurants for the past decade, but lost my job due to COVID--the bartending position I held no longer exists (...). Through the Health Connector, I was able to keep my coverage and pay less, and am now enrolled in graduate school and working at a hospital - a huge life transition that was made possible in part by the reduction in financial hardship provided by the ARP."



"I own a small business and last year I was really impacted financially by the pandemic. (...) I've seen a decline in business and am taking in less income. The decrease in my premium through this plan is welcomed by me (..) I'm sure with people's routines starting to return to 'normal' I will weather this blip. Knowing I have reduced premiums for a while is an appreciated gesture."



"I was overwhelmed with relief...Cutting my payments by more than half. This is a blessing for sure.. I lost my job at hospital and my income changed drastically. Which is soooooo the story for so many of us through this pandemic. I had COVID and it wasn't pretty. So this relieved me in ways I can't express. I usually don't say things online but this really helped relieve my worry about my health insurance (...). I didn't know what I was going to do and my bill came in the mail and the payment was less than 1/2 of what I was paying. I almost cried."



"My payment lowered a bit -- it wasn't a lot but when you're a single mother ever penny counts and it helped add more food to our weekly shopping trip that I've had to be more strict on."



"I am saving a little over 10 dollars a month. It may not appear to be a lot to some, but to me during these difficult times every penny counts! Costs of food and other things have gone up so even if it's just \$10 saved, it's \$10 I can allocate to other things that I also need."





What's Next?

New Savings for the Newly Subsidy Eligible

Health Connector now turns to ensuring that people not already enrolled with the Health Connector are aware of new savings opportunities.



Daniel is a 40-year-old in Springfield earning \$45,000/year

Lowest cost Silver plan after tax credits of \$6/mo. was \$358/mo. (9.5 percent of income)



ARP reduces this cost to \$264/month (7 percent of income)



Maria is a 55-year-old in Medford earning \$52,000/year

Lowest cost Silver plan was \$513/month (12 percent of income)



ARP reduces this cost to \$353/month (8 percent of income)



Carlos is a 30-year-old in Nantucket earning \$60,000/year

Lowest cost Silver plan was \$526/month (10.5 percent of income)



ARP reduces this cost to \$397/month (8 percent of income)



The Health Connector's new online "cost calculator" launching in late May will help people estimate if they are likely to qualify for new subsidies without first having to complete an application.

Special ARP Benefit for People Receiving Unemployment Income

- The Health Connector is standing up functionality to allow individuals on unemployment income (UI) during 2021 to access a free health coverage plan via ConnectorCare, per the ARP.
- Individuals on UI already enrolled in Health Connector coverage will receive notices in early June about their July coverage, and current UI recipients newly applying for this benefit will be able to do so for July coverage.
- The Health Connector is working with the Department of Unemployment Assistance (DUA) to ensure that individuals on UI are aware of the new benefit.

Good news:

You can enroll in a \$0 or low-monthly cost ConnectorCare health plan



You now qualify to enroll in a ConnectorCare health plan because of special rules for people who were on unemployment in 2021.

What to do next

1. Take a look at your ConnectorCare plan choices, even if you've enrolled in another health plan

If you haven't enrolled in a ConnectorCare health plan yet, please sign in at MAhealthconnector.org to look at your options. If you don't have an online account, you can call us at 1-877-623-6765 (TTY: 1-877-623-7773). Call Monday to Friday, 8:00 a.m. to 6:00 p.m.

2. Choose a plan and enroll

Enroll in a ConnectorCare plan by the 23rd of the month to start your new insurance coverage the following month.

3. Pay your new monthly premium, if you have one


If your new ConnectorCare plan has a monthly premium cost, you'll need to make your first payment by the 23rd of the month. You can make a payment online, by phone, or by mail. If your new plan has a \$0 premium, you can skip this step—you won't get a bill if your monthly cost is \$0.


What are ConnectorCare plans?


ConnectorCare plans have **no- or low monthly premium costs**. They also have **low out-of-pocket costs** for services like doctor visits, and **no deductibles**.

Depending on where you live, you may be able to choose from a few ConnectorCare plans offered by different insurance companies. Each company has a different provider network. Providers include doctors, hospitals and health centers. When you enroll, you can use our online tools to find a plan that includes the providers you want.

If you need help choosing or changing plans

 Visit our website at MAhealthconnector.org

 Call us at 1-877-MA ENROLL (1-877-623-6765) or TTY: 1-877-623-7773

 Make an appointment with a certified Enrollment Assister: www.MAhealthconnector.org/here-to-help



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Equity & Population Focus

Opportunity via ARP to Address Health Coverage Inequities by Race and Ethnicity

Massachusetts continues to face disparities in health coverage rates by race and ethnic groups. ARP presents a new opportunity to re-double the Commonwealth’s efforts to address these coverage inequities.

	African-American/Black Residents	Hispanic/Latinx Residents	Asian/Asian-American Residents
Coverage Gap	<ul style="list-style-type: none"> Approximately 23,900 (4.9 percent) of African-American/Black residents were uninsured in 2019. 	<ul style="list-style-type: none"> Approximately 46,200 (5.5 percent) of Hispanic/Latinx residents were uninsured in 2019. 	<ul style="list-style-type: none"> Approximately 13,300 (2.8 percent) of Asian/Asian-American residents were uninsured in 2019.
How Can ARP Help?	<ul style="list-style-type: none"> Appx. 3,600 of uninsured African American/Black residents are over 400% FPL and may be NEWLY eligible for Marketplace subsidies as a result of ARP. 20,200 of uninsured African American/Black residents are under 400% and now likely eligible for enhanced premium subsidies. 	<ul style="list-style-type: none"> Appx. 6,800 of uninsured Hispanic/Latinx residents earning over 400% FPL may be NEWLY eligible for Marketplace subsidies as a result of ARP. 39,400 uninsured Hispanic/Latinx residents are under 400% and now likely eligible for enhanced premium subsidies. 	<ul style="list-style-type: none"> Appx. 2,300 of uninsured Asian American residents are over 400% FPL and may be NEWLY eligible for Marketplace subsidies as a result of ARP. 11,000 uninsured Asian-American residents are under 400% FPL and now likely eligible for enhanced premium subsidies.
Targeted Outreach Strategy	<ul style="list-style-type: none"> Population specific fact-sheets for community partners & elected officials Population-focused media strategy (e.g., In-person neighborhood events, print advertising via Bay State Banner (Boston), AF-AP Point of View (Springfield), radio advertising via WBQT (Boston), WJMN (Boston), and more) 	<ul style="list-style-type: none"> Population specific fact-sheets for community partners & elected officials Population-focused media strategy (e.g., Spanish-language television ads on Telemundo & Univision, Spanish-language television “Linea de Ayuda” help line events; print advertising in El Planeta, El Mundo, La Voz Hispana) and more) 	<ul style="list-style-type: none"> Population specific fact-sheets for community partners & elected officials Population-focused media strategy (e.g., Khmer Post in Lowell and Lynn, radio advertising and independent producers in Vietnamese, targeted signage in local businesses and more)

Focus on Older Residents in Individual Market

Older adults in the individual market (pre-Medicare eligibility) face significant affordability challenges. ARP presents new opportunities for addressing these issues.

- Before the ARP, older adults not eligible for subsidies paid the full commercial premium of a health plan, which could be two times higher than for younger adults.
- On average, unsubsidized 55-64-year-olds spend \$724 in monthly premiums on-Exchange compared \$353 for unsubsidized 26–34-year-olds. Older non-group enrollees in Massachusetts also report struggling to pay medical bills.
- Unaffordable health insurance premiums and out-of-pocket costs may lead to poor health outcomes due to deferred or forgone care.

Illustrative Examples: ARP Impacts for Older Adults in Individual Market Making Appx. \$52,000/yr.

	55-year-old in Chelsea	64-year-old in Pittsfield	55-year-old in Hyannis	64-year-old on Martha’s Vineyard
Monthly Costs Before ARP	\$513/mo. (12 percent of income)	\$639/mo. (15 percent of income)	\$541/mo. (13 percent of income)	\$966/mo. (22 percent of income)
Monthly Costs After ARP	\$351 (8 percent of income)	\$277 (6 percent of income)	\$338/mo. (8 percent of income)	\$315 (7 percent of income)
Annual ARP Savings	\$1,944	\$4,344	\$2,436	\$7,812

Source: Health Connector Non-Group Enrollee Contribution Data as of March 2021.

AARP Public Policy Institute. (2021). Massachusetts’s Health Coverage Affordability Gap. <https://www.aarp.org/content/dam/aarp/ppi/2021/affordability-state-fact-sheet/massachusetts.pdf>. Accessed April 9, 2021.

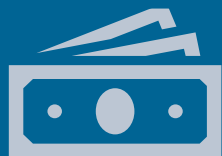
KNG Health Reform Model 2019 (a microsimulation model developed by KNG Health Consulting, LLC) and American Community Survey (ACS).



Market and Public Outreach

Carrier Collaboration for Successful ARP Implementation

Health Connector staff have worked closely with carriers to ensure the new ARP benefits are as accessible and widely understood as possible.



Full-market commitment to honoring accruals towards deductibles and maximum out-of-pocket limits

Individuals moving from a carrier's off-Exchange coverage to on-Exchange coverage mid-year will not have accumulators reset.



Communications to off-Exchange individual market enrollees

Carriers are communicating to the 61K individuals enrolled in off-Exchange individual market coverage to raise awareness of new subsidies on-Exchange



Communications to individuals disenrolled from commercial market coverage in last 12 months

Carriers are communicating to the over 131K individuals in Massachusetts that have disenrolled from commercial coverage over the last 12 months*

Direct Engagement and Community-Based Opportunities

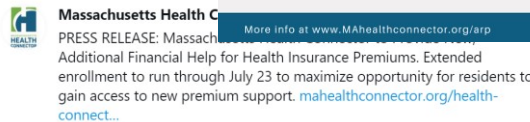
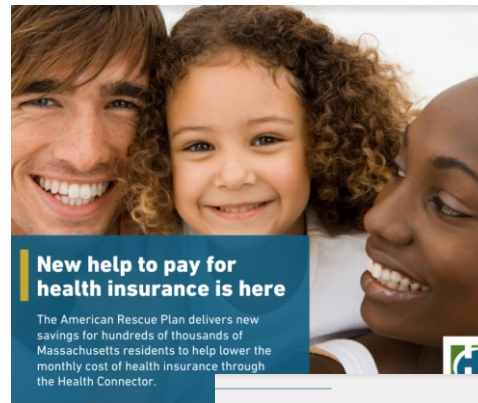
Outreach and messaging will target three key groups: (1) those newly eligible for subsidies/greater subsidies, (2) the uninsured, and (3) the unemployed.

- Direct outreach to current members through mail, inserts and email
- Carrier-directed outreach to non-exchange members
- Messaging to residents on unemployment through Dept. of Unemployment Assistance (DUA)
- Direct outreach to uninsured state residents through the Dept. of Revenue (DOR)
- Re-engagement with Card to Culture
- Staff have also forged ties with community-based groups such as Project Bread, Greater Boston Food Bank, City of Boston Office of Immigrant Advancement, MA Immigrant Collaborative, Chinese Progressive Association, MA Association for Community Action (MassCap) and many others.



Social Media and Web-Based Outreach

- The Health Connector has developed a social media toolkit with public awareness messaging content on ARP, as well as a new webpage on ARP
- Sister agencies, elected officials, & health care organizations have helped us share content
- Health Connector staff are hosting monthly public webinars about ARP and how to enroll



Sign up for our FREE webinar: Need health insurance? New savings are here through the Health Connector



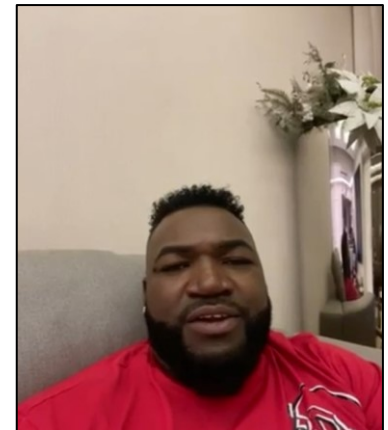
On May 11, 2021 at 2:00 p.m., learn how the American Rescue Plan provides new savings on monthly premiums when enrolling in health insurance through the Health Connector. **SAVE YOUR SPOT**

American Rescue Plan Outreach Messaging & Paid Marketing

“Things are looking up” highlights both the upward trend in subsidies and the overall mood moving out of the pandemic. An expanded plan opens doors to new ways to energize engagement.



- Adding cable TV ads
- Creating a new presence on Boston.com and regional news websites
- Reaching a new audience – particularly young men – through Twitch
- New TV partnerships on Celtics broadcasts
- Red Sox in-game opportunities on radio network
- Increased spend across existing channels: ethnic TV and radio, digital and streaming, out-of-home, print
- Influencer engagement encouraging enrollment



ASG Work Order for Paid Marketing and Public Education Activities

To support the Health Connector in its marketing and public education activities, including in order to fulfill some of the paid marketing initiatives described on the previous slide, the Health Connector proposes entering into a work order with existing contractor ASG (formerly Archipelago Strategy Group) with a not-to-exceed amount of \$1.7 million to perform the below activities. This work is targeted for May to July 2021.

- ASG creative/content development: \$253,425
- Community outreach activities: \$350,000
- Special venue activities: \$250,000
- Media buys:
 - Search/paid social: \$110,000
 - TV (Hulu, Comcast cable, Spanish-language): \$350,000
 - Pandora: \$10,000
 - Ethnic print: \$56,000
 - Regional news websites: \$49,000
 - Broadcast radio: \$100,000
 - Ethnic radio and independent producers: \$120,000
 - Out-of-home (e.g., signage on the T, etc.): \$50,000

Vote

Health Connector staff recommend that the Board authorize the Executive Director to execute a work order with ASG with a not-to-exceed amount of \$1.7 million to perform the paid outreach and communications activities described in this presentation.