

Massachusetts Health Connector 2021 Open Enrollment Period: Final Enrollment Results

Key takeaways

In 2021, the passage of the American Rescue Plan (ARP) and its significant advancement of affordable health care induced the Massachusetts Health Connector to extend its Open Enrollment (OE) period. Typically, OE is from November 1 through January 23, but in 2021 was extended until July 23 to allow uninsured residents ample opportunity to access ARP-enhanced subsidies, including more robust Advance Premium Tax Credits (APTCs) and special benefits for members reporting unemployment income. The Health Connector enrolled 87,000 new members in Exchange coverage over the course of the 2021 OE period.

During the 2021 OE period:

- Fewer members added to or terminated from Health Connector coverage than during previous OEs. Lower additions are primarily attributable to COVID-19 protections that keep members in MassHealth coverage even if underlying eligibility changes. Lower terminations may be related to a pause in terminations for failure to submit verification documents.
- In particular, additions to Health Connector coverage from MassHealth have dramatically dropped since the beginning of the COVID-19 pandemic due to MassHealth protections.
- A smaller proportion of the total members on applications submitted in OE 2021 were determined eligible for Health Connector coverage than in OE 2020, with a greater proportion determined eligible for MassHealth coverage
- Approximately 32,000 state residents enrolled in coverage for January and February and 55,000 new members enrolled for coverage beginning in March through August. Overall new enrollments in OE21 were lower than prior OE periods, driven by fewer ConnectorCare enrollees.
- New enrollments in August 2021 were 4 percent higher than 2020 which may be a result of the Health Connector's broad-based outreach activities featuring ARP messaging that were concentrated in June and July of 2021. New members who enrolled in coverage during the extended OE period were slightly more likely to come from populations at higher risk of uninsurance and received enhanced focus in the Health Connector's outreach strategy.
- As a result of expanded ARP premium subsidies, approximately 77 percent of the net new members who joined coverage between February and August had APTCs reduce their premiums, resulting in an average monthly premium of \$131 for all

new members. Among existing members, those under 400 percent FPL saw a monthly per member per month premium reduction of \$80 after APTC.

This brief distills enrollment data from the 2021 OE period that may be indicative of trends to expect during OE 2022, given the on-going federal public health emergency and associated MassHealth protections. Though the ARP's affordability provisions are temporary, in effect through calendar year 2022, the Health Connector will continue to create opportunities for members and state residents access ARP subsidies and low-cost premiums moving into the 2022 OE period.

Introduction

Each year, the Massachusetts Health Connector implements an Open Enrollment (OE) period allowing uninsured Massachusetts residents who need coverage for any reason to enroll for the coming year. During a typical year, the Health Connector OE period runs from November 1 through January 23. For OE 2021, this timeline was extended through July 23, 2021 in light of the ongoing COVID-19 pandemic and to allow applicants more time to access enhanced benefits implemented by the American Rescue Plan (ARP).

The ARP was signed by President Biden on March 11, 2021, and the Health Connector began implementing the expanded benefits starting in April. These ARP benefits include:

- expansion of APTC eligibility beyond 400 percent of the federal poverty line (FPL), opening APTC access to anyone who would spend more than 8.5 percent of their income on premiums, regardless of FPL;
- more robust advanced premium tax credits (APTCs) at all qualified income levels;
- and automatic qualification for the maximum amount of subsidies for individuals who received unemployment payments in 2021.

The law represents the most material advancement made on healthcare affordability and access in Massachusetts since the Affordable Care Act (ACA) was passed.

This brief details enrollment results from the regular and extended OE period, highlighting transitions among existing members, new member trends, and ARP impacts.

Member transitions

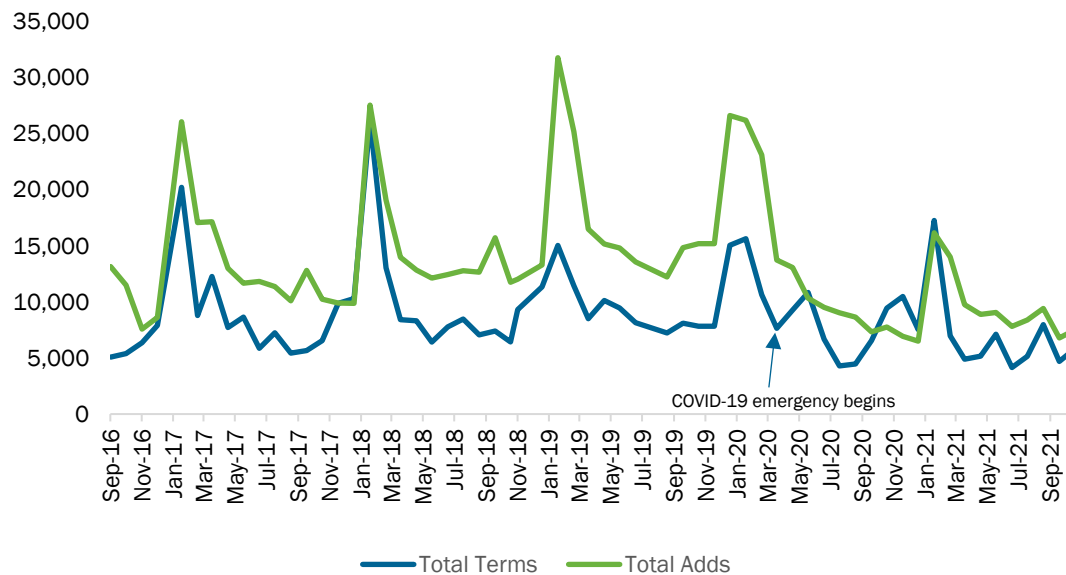
In the course of a year, members will add to or terminate from Health Connector coverage. These additions and terminations typically peak in January and February of a given year, which is attributable to OE. During these months in 2017-2020, additions to Health Connector coverage averaged 24,509 members monthly, while terminations in those months averaged 15,132 members monthly.

However, both additions and terminations of members have been lower in 2021 than in previous years, including during OE months. In January and February 2021, additions averaged 15,085 and terminations averaged 12,121, lower than in previous years by 38 percent and 20 percent respectively. During the full OE period in 2021, spanning November 1 to July 23, there were 87,166 total additions and

88,905 total terminations. This was a 17 percent decrease in terminations from the same months in 2020, when there were 107,055, and a 46 percent decrease from the same months in 2019 when there were 164,698 terminations.

Lower additions to Health Connector coverage are mainly attributable to federally required Medicaid protections enacted because of the COVID-19 public health emergency. Since early in 2020, members in Massachusetts who qualified for MassHealth have been maintained in their MassHealth coverage, even if they experienced an underlying change in their eligibility that would normally have qualified them for Health Connector coverage. Lower terminations may be attributable in part to a pause in terminations for failure to submit verification documents that the Health Connector took in light of the public health emergency and ARP implementation efforts.

Figure 1. Overall Health Connector Member Transitions



Source: Health Connector administrative data

Member movement specifically between the Health Connector and MassHealth, also referred to as churn, has historically occurred relatively frequently. Prior to the COVID-19 public health emergency, roughly one-third of additions to Health Connector coverage each month were from MassHealth. Similarly, roughly one-third of terminations each month were to MassHealth coverage. Typically, member movement between Health Connector coverage and MassHealth coverage peaks during January and February, aligning with OE. This spike in movement is primarily related to income updates found or reported during OE.

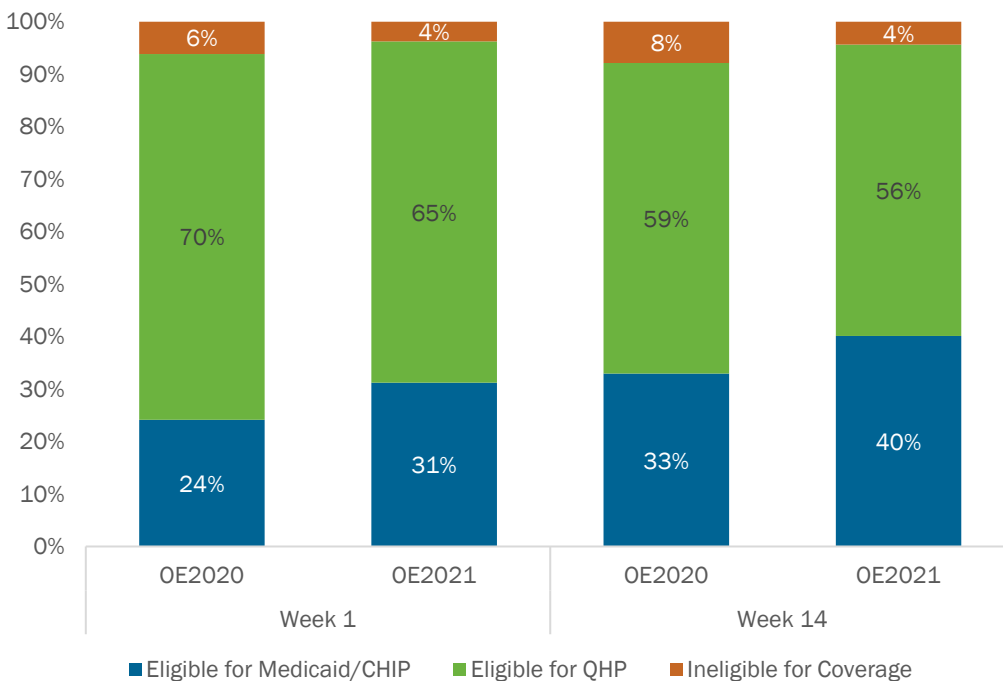
When OE 2021 began in November 2020, the COVID-19 public health emergency had been in place for close to a year, and members who had been found eligible for MassHealth continued to be protected into MassHealth coverage. These protections led to dramatically lower rates of additions to Health Connector coverage from MassHealth. In August 2021 (the final month in which members could newly enroll in Health Connector coverage during OE 2021), only 484 members moved from MassHealth to Health Connector coverage. Additions from MassHealth during the

public health emergency are mainly made up of young adults aging out of MassHealth coverage.

Eligibility trends in OE applications

OE application data indicate that in 2021, a smaller proportion of members were found eligible for qualified health plans (QHPs) through the Health Connector compared to previous years. A greater proportion of members on applications submitted were determined eligible for MassHealth, a trend which increased over the OE period. This shift toward MassHealth was driven mainly by a net reduction in members determined eligible for QHPs, rather than by an increase in members determined eligible for Medicaid or CHIP.

Figure 2. Portion of Applicants Determined Eligible for MassHealth (Medicaid/CHIP) vs. Health Connector (QHP), All OE21 Applications Compared to All OE20 Applications



Source: Health Connector administrative data

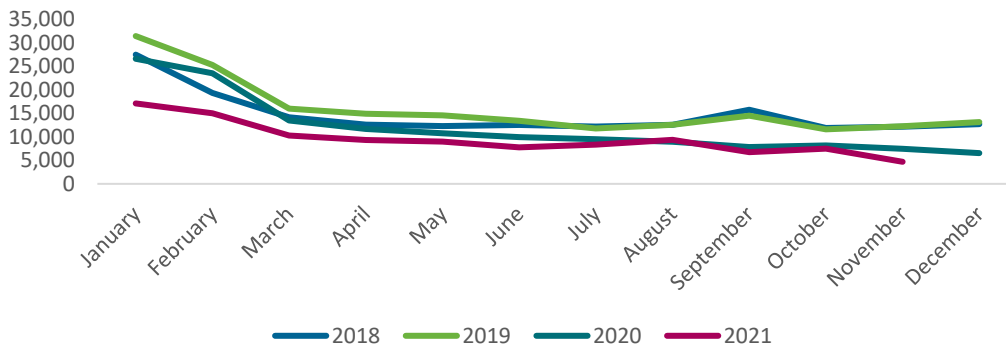
Overall new enrollments

The Health Connector newly enrolled over 87,000 state residents during the full 2021 OE period for coverage beginning January through August 2021. Thirty-seven percent of new enrollees (or 32,000 individuals) enrolled in Health Connector coverage for January and February 2021 during the regular OE period which ended January 23rd. Sixty-three percent (or 55,000 individuals) enrolled in Exchange coverage for March through August.

Overall new enrollments during the 2021 OE period were, on average, 20 percent lower than new enrollments during the same months in 2020 and 37 percent lower

than the same months in 2019. This trend was primarily driven by fewer ConnectorCare enrollees as non-ConnectorCare enrollments held steady or grew. After the end of the 2021 OE period, new enrollments dropped, decreasing after August. This indicates that OE, and specifically the extension of OE in 2021, were likely essential in getting people into coverage for much of the year.

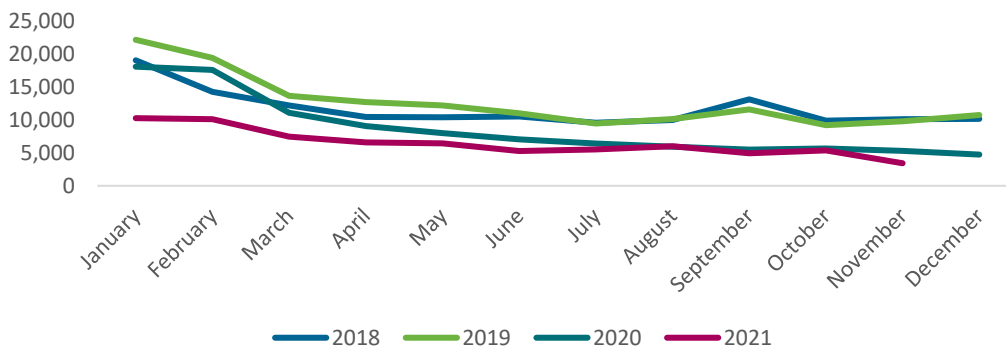
Figure 3. Health Connector Overall New Enrollments, 2018-2021



Source: Health Connector administrative data

ConnectorCare new enrollments were, on average, 25 percent lower than new enrollments during the same months in 2020 and 47 percent lower than the same months in 2019.

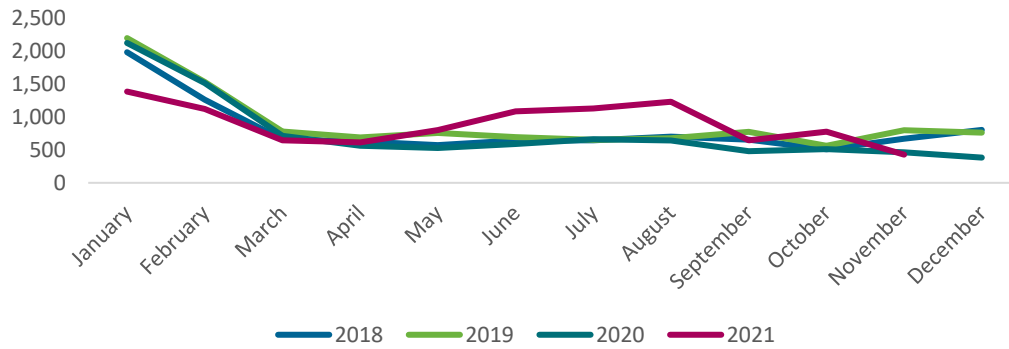
Figure 4. Health Connector ConnectorCare New Enrollments, 2018-2021



Source: Health Connector administrative data

The number of new members enrolling in QHPs with APTCs only was, on average, over 60 percent higher than in 2020 after the implementation of enhanced subsidies through ARP in April 2021.

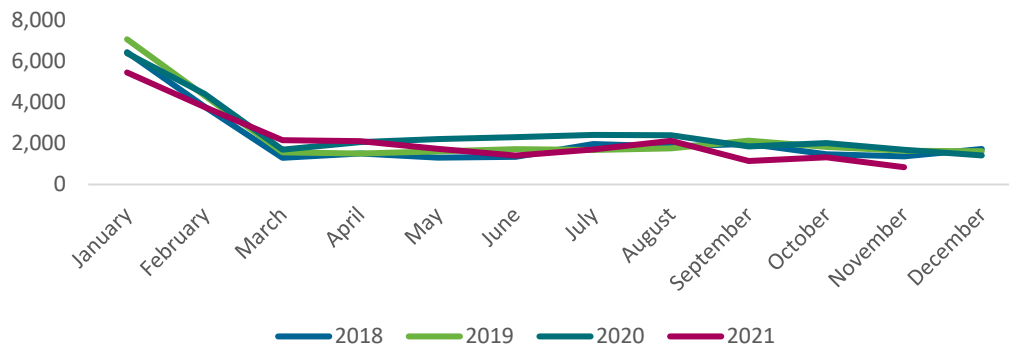
Figure 5. Health Connector APTC-only New Enrollments, 2018-2021



Source: Health Connector administrative data

The number of new members enrolling in QHPs without subsidies was, on average, 13 percent lower than in 2020 but 7 percent higher than in 2019.

Figure 6. Health Connector Unsubsidized New Enrollments, 2018-2021



Source: Health Connector administrative data

Though other extended OE months saw lower new enrollment than prior years, August 2021 adds were 4 percent higher than 2020. This may be due, in part, to intensified outreach activity prior to the end of OE which included local events to amplify messaging around new enhanced benefits and subsidies available because of the ARP.

American Rescue Plan (ARP) Impact

Enhanced subsidies

The ARP significantly expanded premium tax credits for Massachusetts residents covered through the Health Connector. These expanded tax credits reduced 2021 premium costs for nearly a quarter million state residents. As of August 2021, approximately 23 percent of all Health Connector enrollees had a monthly premium of less than \$1 after applying APTCs and state subsidies, compared to 16 percent in February 2021 prior to the passage and implementation of the ARP. Over half of all enrollees had a monthly premium of less than \$100 after subsidies, compared to 39 percent in February 2021 (pre-ARP). The average Health Connector household net monthly premium after applying APTCs and state subsidies decreased by \$30 from

\$219 in February 2021 to \$191 in August 2021. For subsidized members, the average August premium was \$90 and the average APTC applied was \$449.

Among the Health Connector's 44,000 net new members who joined coverage between February and August, approximately 77 percent or 34,000 people had APTCs reduce their monthly premiums, resulting in an average monthly premium of \$131 for all new members. Among new members who received APTCs, approximately two-thirds had a per member per month premium of \$10 or less. Among the Health Connector's 225,492 existing members with a new eligibility determination due to the ARP, those under 400 percent FPL saw a monthly per member per month premium reduction of \$80 after APTC. Individuals above 400 percent FPL who newly qualified for subsidies saw a monthly per member per month premium reduction of \$124 after APTC.

Unemployment Income benefit

The ARP also included provisions that enhanced subsidies for Massachusetts residents receiving unemployment compensation for any week of 2021, making them eligible for a \$0 health plan with low-cost sharing. Roughly 38,000 enrollees accessed the enhanced ARP subsidies based on their receipt of unemployment during 2021 and nearly 90 percent of those chose a \$0 premium Health Connector plan.

Member voices

In a poll conducted by the Health Connector, 68 percent of members reported that ARP subsidies were very or extremely helpful to their household. Many members also shared reflections on what the changes meant in their lives, noting the relief even small premium reductions can provide:

- *"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 sooooo 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."*
- *"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."*

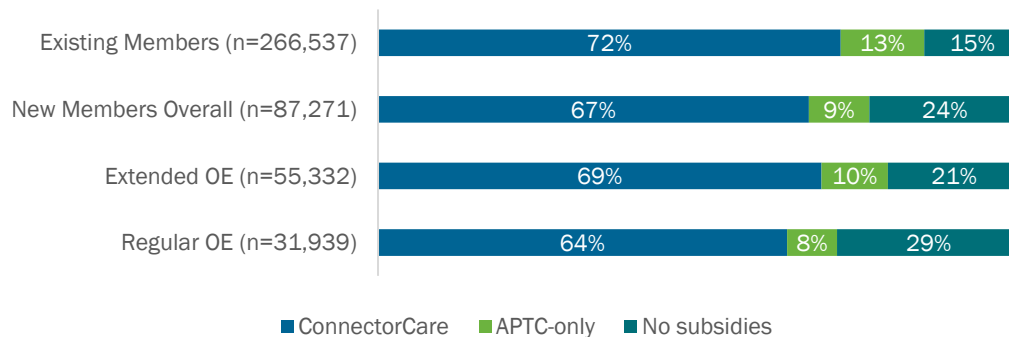
New member demographics

Subsidy level

Of all new enrollees, 67 percent enrolled in ConnectorCare, 9 percent enrolled in a QHP with APTCs, and 24 percent enrolled in a QHP without subsidies. The Health Connector's existing membership distribution includes a higher proportion of ConnectorCare (70 percent) and APTC-only (11 percent) members compared to the

distribution of new enrollees. Extended OE enrollees were more likely to enroll in ConnectorCare or a QHP with APTCs compared to regular OE new members.

Figure 7. Health Connector OE21 New Members by Subsidy Level

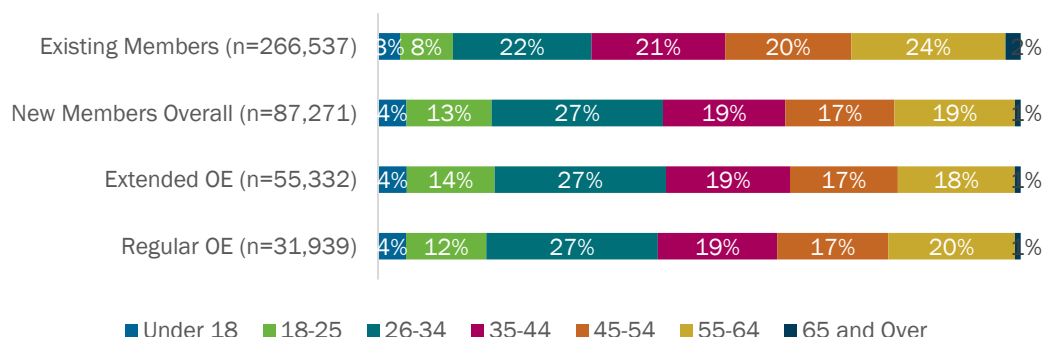


Source: Health Connector administrative data

Age

Extended OE new members were slightly more likely to be younger, between 18 and 24 years old, compared to regular OE enrollees and existing (41 percent vs. 39 percent vs. 30 percent, respectively).

Figure 8. Health Connector OE21 New Members by Age

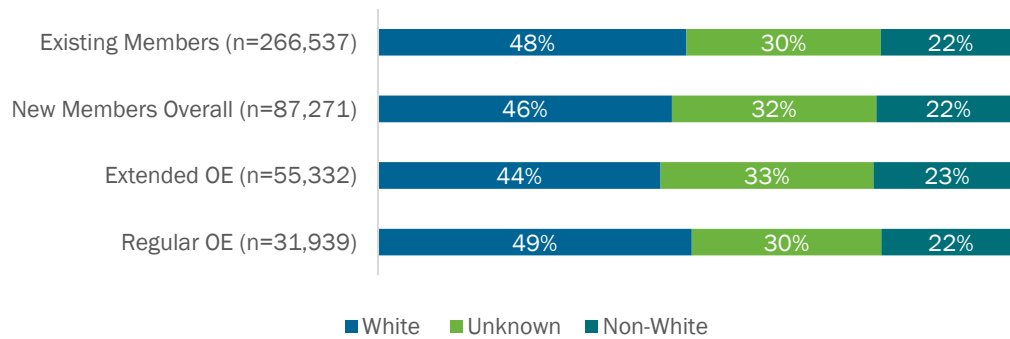


Source: Health Connector administrative data

Race, ethnicity, language

Compared to regular OE new enrollees and existing members, extended OE enrollees were slightly more likely to report a non-White race (22% existing members vs. 22 percent regular OE vs. 23 percent extended OE). Approximately 49 percent of regular OE new members and 45% of existing members reported being White, while 30 percent did not report their race. In contrast, 44 percent of extended OE new members reported being White while 33 percent did not report their race.

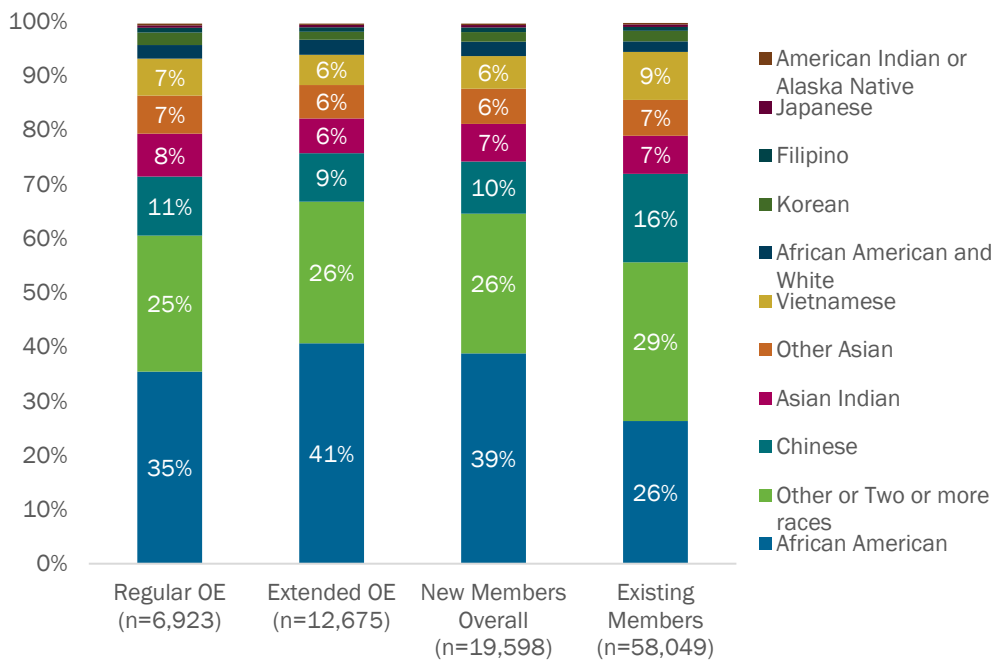
Figure 9. Health Connector OE21 New Members by Race



Source: Health Connector administrative data

The figure below shows the racial distribution of non-White new enrollees, with higher proportions of African American or Black new members enrolling during extended OE (41 percent) compared to regular OE (35 percent) and existing members (26 percent).

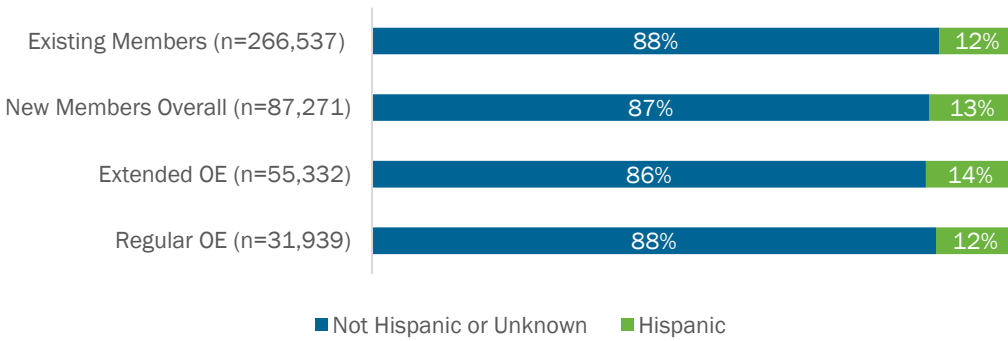
Figure 10. Health Connector OE21 Non-White New Members by Race



Source: Health Connector administrative data. Note: This figure excludes new members who indicated their race as white and those who did not indicate a race.

Extended OE new members were slightly more likely to indicate a Hispanic or Latino/a ethnicity compared to regular OE members and existing members (12 percent regular OE and existing members vs. 14 percent extended OE).

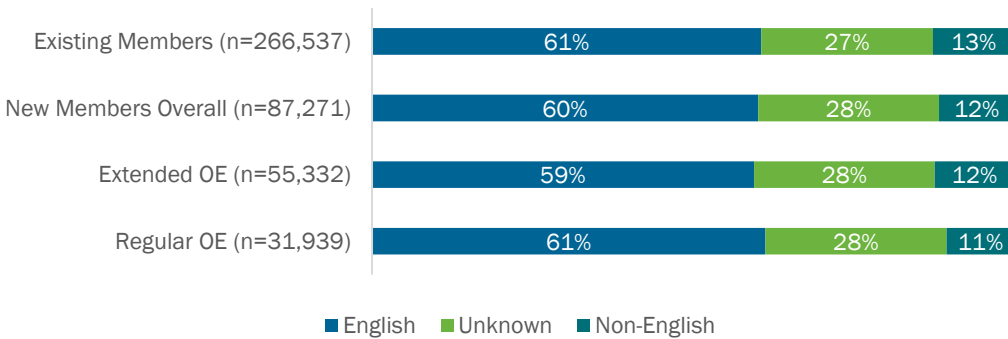
Figure 11. Health Connector OE21 New Members by Ethnicity



Source: Health Connector administrative data.

Compared to regular OE new enrollees, extended OE enrollees were slightly more likely to indicate speaking a language other than English (11 percent regular OE vs. 12 percent extended OE). Existing members were slightly more likely to speak a language other than English (13 percent). Approximately 61 percent of regular OE new members reported preferring to speak English while 28 percent did not report a preferred language. In contrast, 59 percent of extended OE new members reported preferring English while 33 percent did not report a preferred language.

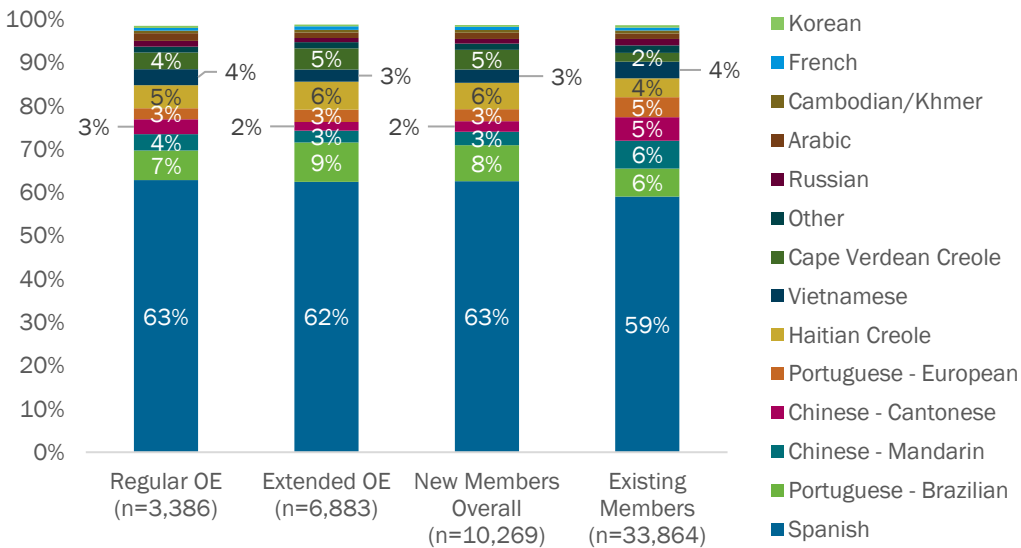
Figure 12. Health Connector OE21 New Members by Language



Source: Health Connector administrative data

The figure below shows the language distribution of non-English speaking new enrollees, with higher proportions of Spanish-speaking new members compared to overall members (63 percent) compared to regular OE (59 percent).

Figure 13. Health Connector OE21 Non-English-Speaking New Members by Language



Source: Health Connector administrative data. Note: This figure excludes new members who indicated their preferred language was English and those who did not indicate a preferred language.

Geographic location

Approximately 41 percent of regular OE new members and 43 percent of extended OE new members live in Massachusetts communities known for their high rates of uninsurance.ⁱ This mirrors the distribution of the Health Connector’s overall membership.

Plan choices

Across all program types, new members were most likely to enroll with Tufts Direct (47 percent). On average, nearly 60 percent of APTC-only and unsubsidized new members enrolled in Bronze plans compared to 50 percent of overall existing enrollees in these programs. Extended OE new enrollees were slightly less likely to enroll in Bronze plans when compared to regular OE new enrollees (62 percent regular OE and 57 percent extended OE). Twenty-four percent of all new enrollees enrolled in Silver plans, compared to 33 percent of existing enrollees.

Looking forward

The ARP brought about the most significant federal coverage and affordability expansion in over a decade, with major implications for over 200,000 Health Connector members and Massachusetts residents more broadly. To assist Massachusetts residents in accessing new benefits available through the ARP, the Health Connector extended its 2021 OE period through July 23, drawing new residents into coverage at the time when affordability supports were being maximized through the ARP.

Through OE 2021, new enrollments were lower than prior years and overall membership remained flat, due in part to MassHealth eligibility protections and pandemic-induced income reductions that qualified state residents for MassHealth rather than Health Connector coverage. Still, membership data suggest that outreach activities concentrated in June and July along with equity-driven messages helped enroll state residents who were at highest risk for uninsurance and who stood to experience the most relief from rising health care costs given the ARP's new affordability provisions, particularly in the extended OE period.

For OE 2022, the Health Connector will continue to support members and state residents through public education, consistent and creative outreach, and personalized application assistance to help them access ARP subsidies and free or low-cost premiums through ConnectorCare. The Health Connector plans to use lessons learned from the extended 2021 Open Enrollment period to inform approaches for OE 2022, as ARP subsidies continue to be available for the 2022 plan year. Furthermore, the Health Connector is working with sister agencies, carriers, Navigators, and other community partners to prepare for the end of the federal public health emergency, in an effort to seamlessly keep Massachusetts residents covered without gaps.

References

The Blue Cross Blue Shield of Massachusetts Foundation. Geography of Uninsurance Report Identifies Priority Hot-Spot Communities.

<https://www.bluecrossmafoundation.org/press/geography-uninsurance-report-identifies-priority-hot-spot-communities>