

## Massachusetts Health Reform Evaluation and Monitoring Projects

On January 19<sup>th</sup>, 2007, the Blue Cross Blue Shield of Massachusetts Foundation convened a meeting of researchers and key stakeholders to discuss efforts underway to evaluate Massachusetts' new health care reform law. Attached is a summary of those projects organized according to the following broad categories:

- (1) **Consumers** – projects which evaluate/measure the impact of health reform on consumers in terms of access to care, access to coverage, quality of care, and/or medical debt
- (2) **Employers** – projects which evaluate/measure the responses by employers to the new environment created by the health care reform law (e.g., the new employer responsibilities, the new distribution channels for purchase of health insurance)
- (3) **Financing** – projects which examine the impact of the health reform law on the financing of health care in general and uncompensated care in particular
- (4) **Implementation Support** – projects which are geared towards providing information to help inform specific policy decisions and/or implementation activities
- (5) **Other** – projects which cannot easily be classified into the other categories and which cover multiple categories

While there was not sufficient time during the meeting to fully brainstorm on research topics not yet being studied, the following ideas were generated either during the meeting, or provided to Foundation staff after the meeting.

- Evaluation of the outreach and marketing efforts conducted by the Connector and MassHealth
- Evaluation of the role of MassHealth in implementing and operating new programs under health reform
- Qualitative analysis of barriers to coverage gleaned from in-person interviews of hospital in-take staff, staff from community based organization, and uninsured individuals
- Performance evaluation for Commonwealth Care/MassHealth Managed Care Organizations examining areas such as:
  - Access to care (e.g., primary care, specialty care, behavioral health)
  - Cultural competence of MMCO staff and contracted providers
  - Financial stability
- How does the change in insurance status impact health disparities?
- How does the change in insurance status impact ones ability to have a medical home? And what impact does increased connection to a “medical home” have? How does having a medical home impact health disparities?
- How are health disparities impacted by access to safety net providers?

### Next Steps

The Blue Cross Blue Shield of Massachusetts Foundation will maintain and update the attached project summary as well as the list of research topics not yet being studied and make them available on the Foundation's web site at [www.bcbsmafoundation.org](http://www.bcbsmafoundation.org). If you have information on other research projects underway or research topics not yet being studied which you believe should be considered, please contact:

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Name of Project	Principle Investigator(s)	Key Research Questions	Key Data Sources	Health Reform Goals and Measures Studied	Timeline for Deliverables
<b>Consumer Focused Projects</b>					
<p>Massachusetts Health Care Reform Survey</p> <p>(Supported with Funding from the Commonwealth Fund, the Robert Wood Johnson Foundation and the Blue Cross Blue Shield of Massachusetts Foundation)</p>	<p>Sharon Long, Urban Institute</p> <p><a href="mailto:slong@ui.urban.org">slong@ui.urban.org</a></p>	<p>What are the impacts of health reform on types of insurance coverage, access to and use of care, out-of-pocket costs, and quality of care?</p> <p>What are the circumstances of the overall population in MA and key population subgroups prior to health reform?</p>	<p>Random-digit-dial telephone survey of working age adults (18-64 years)</p> <p>Baseline survey – fall 2006</p> <p>Follow-up surveys proposed – 2007 and 2008</p> <p>Over-sample for:</p> <ul style="list-style-type: none"> <li>• uninsured adults</li> <li>• incomes &lt;100% FPL</li> <li>• incomes 100-300% FPL</li> <li>• incomes 300-500% FPL</li> </ul>	<p>Insurance coverage options</p> <ul style="list-style-type: none"> <li>○ Availability of employer sponsored insurance, affordability of non-group, eligibility for public coverage</li> <li>○ Availability of family coverage</li> <li>○ For uninsured, reasons why not covered</li> </ul> <p>Characteristics of insurance</p> <ul style="list-style-type: none"> <li>○ Benefits, co-pays, deductibles, premiums/help paying premiums, ease of obtaining care, choice of doctors, and quality of care</li> </ul> <p>Access to and use of care</p> <ul style="list-style-type: none"> <li>○ Usual source of care, doctor/specialists visits, hospital use, ER use, hospital and ER use for ambulatory care sensitive condition, dental care, Rx, unmet need due to costs/other reasons</li> </ul> <p>Out of pocket health care costs, problems paying medical bills, medical debt</p> <p>Health and disability status</p>	<p>Baseline report due June 2007</p>

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<p>Tracking Changes in Coverage</p> <p>(Supported with Funding from the Blue Cross Blue Shield of Massachusetts Foundation)</p>	<p>John Holahan, Urban Institute</p> <p><a href="mailto:jholahan@ui.urban.org">jholahan@ui.urban.org</a></p>	<p>What was the impact of MA health reform on private and public health insurance coverage and the number of uninsured?</p>	<p>Current Population Survey</p>	<p>Universal coverage</p> <p>Characteristics of the uninsured</p> <ul style="list-style-type: none"> <li>• age</li> <li>• gender</li> <li>• income (&lt;300% FPL and &gt;300% FPL)</li> <li>• household type (number of persons in household)</li> <li>• race/ethnicity</li> <li>• citizenship</li> <li>• health status</li> <li>• education</li> <li>• work status</li> <li>• business size</li> <li>• occupation/industry</li> </ul>	<p>Chartbook on CPS results from 2006 – 2009 – fall/winter each year</p> <p>First “post” year will be available in 2009 based on 2008 CPS data</p> <p>Report estimating impact of reforms using comparable states with no coverage expansions as comparison – fall/winter 2010/2011</p>

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Health Insurance Status of Massachusetts Residents	Amy Lischko, Division of Health Care Finance and Policy <a href="mailto:Amy.lischko@state.ma.us">Amy.lischko@state.ma.us</a>	Who are the uninsured?  How has the number and characteristics of uninsured changed when compared to previous surveys? ( <i>note: DHCFP has conducted this survey bi-annually since 1998 and it will be conducted annually from 2007 forward</i> )  What is the level of understanding of Commonwealth care and other components of health reform?	Telephone survey of ~4000 households	Characteristics of the uninsured <ul style="list-style-type: none"> <li>• age</li> <li>• gender</li> <li>• marital status</li> <li>• race/ethnicity</li> <li>• income (&lt;100%, 101-300%, &gt;300% FPL)</li> <li>• geographic region (Boston, Northeast, Southeast, West, Worcester) and oversamples in 5 cities</li> <li>• work status</li> <li>• size of firm</li> <li>• length of employment</li> <li>• use of health care services</li> </ul>	Detailed report Published ~December each year  Initial results published via press release August each year  Public use data file will be made available
MassConect (MA Community Networks to Eliminate Cancer Disparities through Education, Research and Training)  (Supported with funding from the National Cancer Institute)	Howard Koh, MD, MPH, Harvard School of Public Health  Contact person: Christine Judge <a href="mailto:cjudge@hsph.harvard.edu">cjudge@hsph.harvard.edu</a>	<ul style="list-style-type: none"> <li>• What is the impact of MA health reform law on the use of cancer prevention and screening services among MassHealth and Commonwealth Care enrollees living in the three MassConect target communities (Lawrence, Worcester, and Boston)?</li> </ul>	Claims and encounter data from MassHealth PCC Plan and MassHealth contracted Managed Care organizations	Access to Care  Tobacco cessation treatment services  Cancer screening services (mammography, pap smear, colon cancer screening)	Summer 2008

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Consumer Medical Debt Under MA Health Reform	Mark Rukavina, The Access Project <a href="mailto:Rukavina@accessproject.org">Rukavina@accessproject.org</a>	<ul style="list-style-type: none"> <li>• What is the experience of consumers who have medical debt?</li> <li>• What are the insurance coverage, administrative, billing and collections issues that created medical debt?</li> <li>• What is the impact of medical debt on access to care?</li> <li>• Are there particular elements of insurance which leave consumers particularly vulnerable to medical debt?</li> </ul>	<p>Individual one-on-one sessions with consumers experiencing medical debt</p> <p>Referral sources will include: Health Care For All Helpline, Health Law Advocates, SEIU 1199, Unite HERE, Neighbor to Neighbor, Greater Boston Interfaith Organization, and other sources, such as local universities and colleges</p>	<p>Access to care</p> <p>Adequacy of insurance coverage</p> <p>Affordability of coverage</p>	Report January 2008
Benefit Generosity for Commonwealth Care Eligibles: Comparison of Pre- and Post Reform Out-of-Pocket Liability (Supported with Funding from the BCBSMA Foundation)	Linda Blumberg, Urban Institute <a href="mailto:lblumber@ui.urban.org">lblumber@ui.urban.org</a>	<p>What will be the financial impact of enrollment in Commonwealth Care on eligible individuals/families?</p> <p>How will out-of-pocket liabilities change for individuals of different types? (by health insurance status; by income; by health status; by level and type of health spending)</p>	MEPS '02-'04	<p>To identify the types of eligibles that will be made financially better off by Commonwealth Care</p> <p>To assess the extent to which eligibles of particular types might still face financial barriers to access</p>	Report with data tables March 2007

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<b>Employer Focused Projects</b>					
<p>How did MA employers respond to individual mandate and other reforms?</p> <p>(Supported with Funding from the Robert Wood Johnson Foundation)</p>	<p>Jon Gabel, National Organization for Research</p> <p><a href="mailto:Gabel-Jon@NORC.org">Gabel-Jon@NORC.org</a></p>	<ul style="list-style-type: none"> <li>• How did Massachusetts employers respond to the health care reform legislation?</li> <li>• What were the unintended consequences of the legislation?</li> <li>• Is there evidence of crowd-out or evidence of positive competitive responses to the legislation?</li> <li>• How did firms respond to the Connector and what was their experience with the Connector?</li> <li>• What were the views of Massachusetts employers about the health care reform initiative?</li> <li>• How did benefits change in Massachusetts compared to the rest of the country?</li> </ul>	<ul style="list-style-type: none"> <li>• Survey of 1,000 Massachusetts employers with more than 3 employees (Winter-Spring 2007; Winter-Spring, 2008)</li> <li>• Survey of 2,000 national employers as comparison group (Winter-Spring 2007; Winter-Spring 2008)</li> <li>• Surveys will include firms offering and not offering coverage</li> </ul>	<p>Universal coverage</p> <ul style="list-style-type: none"> <li>▪ % of employers offering coverage</li> <li>▪ % of workers covered by their firm's plan <ul style="list-style-type: none"> <li>– % of workers eligible for coverage</li> <li>– % of workers taking up coverage</li> </ul> </li> </ul> <p>Affordability</p> <ul style="list-style-type: none"> <li>▪ Changes in monthly premiums</li> <li>▪ Average cost of coverage to firms</li> <li>▪ Average cost to employees <ul style="list-style-type: none"> <li>– Small firms</li> <li>– Firms with many low-income workers</li> </ul> </li> <li>▪ Changes in benefit design</li> </ul> <p>Employer Satisfaction</p> <ul style="list-style-type: none"> <li>▪ With health care reform</li> <li>▪ With health plan</li> <li>▪ With Connector</li> </ul>	<p>Baseline Survey - January - May 2007</p> <p>Chart book on employer health benefits in MA - Autumn 2007</p> <p>2<sup>nd</sup> Survey – January - May 2008</p> <p>Submit <i>Health Affairs</i> paper – October 2008</p> <p>Submit <i>Inquiry</i> paper – November 2008</p> <p>Complete Chart book – December 2008</p>

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Massachusetts Employer Health Insurance Survey	Amy Lischko, Division of Health Care Finance and Policy  <a href="mailto:Amy.lischko@state.ma.us">Amy.lischko@state.ma.us</a>	What types of employers offer subsidized health insurance to which employees and with what level of contribution? <i>(note: DHCFP has conducted this survey bi-annually since 2001)</i>	2 survey samples:  Longitudinal mail survey of 500 small (2-50) private-sector employers (self-employed, municipal and other public employers excluded) and  Survey of 1000 employers (with more than one employee, with oversample for small employers)	<ul style="list-style-type: none"> <li>• Type of coverage</li> <li>• Who is offered coverage</li> <li>• Other benefits offered</li> <li>• Premium and employer/employee contribution (for individual/family plans)</li> <li>• Benefit packages</li> <li>• Awareness of health care reform obligations and programs</li> <li>• Copayment amounts</li> <li>• Take up and enrollment</li> <li>• Characteristics of employers that don't offer</li> </ul>	August 2007
Site Visits  (Supported with funding from the Robert Wood Johnson Foundation)	Debra Draper, Center for Studying Health Systems Change  <a href="mailto:Ddraper@hschange.org">Ddraper@hschange.org</a>	<ul style="list-style-type: none"> <li>• How has health reform impacted employers, purchasers, and health plans?</li> <li>• How has insurance product development been impacted by health reform?</li> </ul>	<ul style="list-style-type: none"> <li>• Interviews with brokers, business leaders, Connector staff, health plans, etc...</li> </ul>	Impact on employers and others	Reports summarizing findings due April 2007 and April 2008

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<b>Financing Related Projects</b>					
<p>First-year Trends in Uncompensated Care</p> <p>(Supported with funding from the Blue Cross Blue Shield of Massachusetts Foundation)</p>	<p>Jean Sullivan, Center for Health Law and Economics, University of MA Medical School</p> <p><a href="mailto:Jean.sullivan@umassmed.edu">Jean.sullivan@umassmed.edu</a></p>	<p>How will Chapter 58 change the existing system of care and financing?</p> <p>What policy issues and continuing challenges are raised given this State's historic approach to uncompensated care and the key features of Chapter 58 health reform?</p> <p>Were there discernible changes in uncompensated care pool utilization or in health providers' experience with uninsured patients during the first year of Massachusetts Health Reform efforts?</p> <p>If so, what were those changes by patient service, volume, medical diagnosis or condition(s), income level, citizenship status, region, or other demographic indicator documented in data sources?</p>	<p>DHCFP claims and cost or charge data submitted by hospitals and CHCs to DHCFP</p> <p>Data compiled by other state offices; e.g., MassHealth, the Connector, DOI, DPH, DMH, OIG, etc.</p> <p>Interviews with staff from EOHHS, MassHealth, DHCFP, and Connector; Legislative Leaders and Committee staff; trade assn staff; key community health centers and safety net hospitals; advocate organizations, and insurers</p>	<p>This project will measure two goals of health reform:</p> <ul style="list-style-type: none"> <li>• Reduce the volume and costs of uncompensated care for uninsured residents and increase the number of individuals covered by insurance; and</li> <li>• Shift funding previously allocated to the uncompensated care pool to the Commonwealth Care Trust Fund to cover costs of insuring these residents via one of the coverage options offered through the Connector</li> </ul> <p>Project will also document the continued use of the Uncompensated Care Pool by individuals who are left out of health reform efforts</p>	<p>April 2007</p> <p>November 2007</p>

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Uncompensated Care Pool (UCP) Reports	Amy Lischko, Division of Health Care Finance and Policy  <a href="mailto:Amy.lischko@state.ma.us">Amy.lischko@state.ma.us</a>	Who is seeking uncompensated care and for what health conditions?  How have uncompensated care use patterns changed over time?	Submissions of claims, cost and charge data by hospitals and community health centers	UCP utilization statistics  UCP user demographics  Services billed to UCP  Sources and uses of UCP funds	Annual report  Utilization report (published annual)  Quarterly report
<b>Implementation Support Projects</b>					
Setting a Standard of Affordability  (Supported with Funding from the Blue Cross Blue Shield of Massachusetts Foundation)	Linda Blumberg, Jack Hadley, and John Holahan, Urban Institute  <a href="mailto:lblumber@ui.urban.org">lblumber@ui.urban.org</a>	What are reasonable amounts to expect persons at different income levels to pay for health insurance?  Study recommended using median spending by higher income people as a percent of income as the basis for capping premiums and out of pocket expenses; these percents are considerably below amounts now being spent by lower income people with insurance	Medical Expenditures Panel Survey (MEPS) to estimate amounts paid for non-group and employer sponsored coverage by individuals at different income levels	Affordability – examining both premiums and other out-of-pocket expenses	Report published on BCBSMA Foundation website

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Public Opinion and Perception  (Supported with funding from the Kaiser Family Foundation and the Blue Cross Blue Shield of Massachusetts Foundation)	Robert Blendon and Tami Buhr, Harvard School of Public Health  <a href="mailto:rblendon@hsph.harvard.edu">rblendon@hsph.harvard.edu</a>  <a href="mailto:tbuhr@hsph.harvard.edu">tbuhr@hsph.harvard.edu</a>	<ul style="list-style-type: none"> <li>• What is public opinion about the individual mandate and other aspects of health care reform?</li> <li>• What has been consumer experience with enrollment in new programs?</li> </ul>	Random digit dial survey	Level of public support for health reform implementation  Feedback from consumers who were previously uninsured on process and level of information available during Commonwealth Care and Commonwealth Choice enrollment processes.	Reports to be produced Fall 2007 and Winter 2008  Also, report on Fall 2006 poll is currently available on BCBSMA Foundation web site
Massachusetts Medicaid Disparities Policy Roundtable  (Supported with funding from the Massachusetts Medicaid Policy Institute)	Robin Weinick, MGH Disparities Solution Center  <a href="mailto:rweinick@partners.org">rweinick@partners.org</a>	How should the reduction in racial and ethnic disparities in health care be measured as part of the Medicaid hospital rate increases?	Roundtable sessions with experts in the areas of racial/ethnic disparities measurement, quality measurement, and pay-for-performance target setting	Reducing health disparities  Improving quality of care	Measures to be finalized summer/fall 2007

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<b>Other Projects (spanning multiple areas)</b>					
1115 Waiver Evaluation	<p>Michael Tutty, Center for Health Policy and Evaluation, University of MA Medical School <a href="mailto:Michael.tutty@umassmed.edu">Michael.tutty@umassmed.edu</a></p> <p>Robin Callahan, Office of Medicaid, Executive Office of Health and Human Services <a href="mailto:Robin.callahan@state.ma.us">Robin.callahan@state.ma.us</a></p>	<p>What impact does the waiver have on access to care and coverage for low-income residents and lowering the number of uninsured?</p> <p>Are MassHealth's eligibility determination processes efficient?</p> <p>Does the Insurance Partnership program provide incentives for small employers to provide health insurance to their low-income employees?</p> <p>Does managed care improve quality of care for MassHealth members?</p>	<p>MassHealth and Commonwealth Care enrollment data, claims data, MCO encounter data</p> <p>Program monitoring reports: Essential Care Management, HIV Utilization Analysis, Employment and Disability Survey, Insurance Partnership study; Member satisfaction surveys; HEDIS results</p> <p>CommonHealth work requirement statistics</p> <p>Safety Net Care Pool expenditure and utilization data DHCFP surveys</p>	<p>Access to health coverage for low-income residents</p> <p>Lowering number of uninsured</p> <p>Maintaining efficiency of MassHealth eligibility determination process</p> <p>Maximizing employer-sponsored health insurance for low-income residents</p> <p>Quality improvement through managed care</p>	Report due to CMS March 2008