

**CENTER FOR HEALTH
INFORMATION AND ANALYSIS**

**FINDINGS FROM THE 2014 MASSACHUSETTS
HEALTH INSURANCE SURVEY**

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Table of Contents

Executive Summary	4
Health Insurance Coverage and Uninsurance	6
Uninsurance	6
Characteristics of the Remaining Uninsured	7
Reasons for Being Uninsured	7
Types of Health Insurance Coverage	9
Offers of Employer-Sponsored Insurance	10
Transitions in Health Insurance Coverage	10
Health Care Access and Use	14
Usual Source of Care and Health Care Visits	14
Emergency Department Use	16
Difficulties Accessing Health Care	21
Health Care Affordability	24
Out-of-Pocket Spending and Difficulty Paying Medical Bills	24
Unmet Need for Health Care Due to Cost	25
Approaches to Lower Health Care Costs	28
Summary and Conclusions	31
About the MHIS	32
Notes	32

Executive Summary

Introduction

As part of the Center for Health Information and Analysis' (CHIA's) Continuing Program of Study on Insurance Coverage, Underinsurance and Uninsurance, the Massachusetts Health Insurance Survey (MHIS) provides information on health insurance coverage, health care access and use, and perceived health care affordability for Massachusetts residents.¹ The MHIS is a tool used by CHIA, legislators, policymakers, employers, insurers and other stakeholders to track and monitor the experiences of Massachusetts residents in obtaining timely and affordable health care.

In 2014, the MHIS methodology was modified to provide a better understanding of health insurance coverage in the Commonwealth.² Therefore, the 2014 MHIS estimates should be considered a new baseline and should not be used to calculate changes from earlier years of the survey.³ Along with changes in methodology, the 2014 MHIS introduces two new topics: insurance coverage transitions and respondents' strategies to lower their health care costs.

Key Findings

- In 2014, health insurance coverage remained strong in Massachusetts, with the coverage rate, at 96.3 percent, well above that of the nation (87.8 percent based on early release estimates from the National Health Interview Survey (NHIS) for January through June 2014).⁴

- Most Massachusetts respondents reported having a usual source of care and a visit to a general doctor or specialist over the past 12 months. However, emergency department use and difficulties getting an appointment were common, especially for Hispanics, those with family incomes at or below 138 percent of the Federal Poverty Level (FPL), and those in fair or poor health with an activity limitation.⁵ These results suggest some persistent barriers to obtaining care, with more serious challenges for some vulnerable populations.
- Massachusetts respondents experienced cost-related barriers to health care in 2014. More than one in four Massachusetts respondents reported having an unmet health care need due to cost, and almost one in five reported difficulty paying family medical bills over the past 12 months.
- When asked which strategies they used to lower health care costs, approximately one third of Massachusetts respondents reported that they and their families were trying to stay healthier, and more than one in ten reported that someone in the family went without needed care, particularly among the families of the uninsured, respondents in families with lower incomes, and respondents in fair or poor health with an activity limitation.

Health Insurance Coverage and Uninsurance

- Massachusetts continued to have a much lower uninsurance rate than the nation, with only 3.7 percent of Massachusetts respondents uninsured at the time of the survey in 2014. Nationally, the uninsurance rate was 12.2 percent based on early release estimates from the National Health Interview Survey (NHIS) for January through June 2014.⁶
- The remaining uninsured were more likely to be low income, male, single, or Hispanic than the general Massachusetts population. Based on reported family income levels, many of the remaining uninsured may be

Notes

¹ The MHIS includes non-institutionalized residents of the state. Persons living in group quarters, such as dorms, nursing homes, prisons, and shelters, are excluded from this study.

² Specifically, the 2014 MHIS used a dual-frame random digit dialing (RDD) landline and cell phone sample, with the survey completed entirely over the phone. The 2008-2011 surveys used a dual-frame landline RDD and address-based sample, with surveys completed by phone, via the Internet, and in hard copy. In 2014, the MHIS also oversampled landlines in areas with higher concentrations of low income residents and oversampled respondents with prepaid cell

phones not attached to a permanent account. Both oversampling strategies were designed to increase the number of interviews completed with low income and uninsured respondents.

³ Due to the change in methodology, it is not possible to determine whether any changes over time are due to the survey design change or due to underlying changes in health insurance coverage, health care access, and health care affordability in Massachusetts.

eligible for public coverage or a subsidy to purchase health insurance through the Massachusetts Health Connector.

- The primary sources of insurance for respondents were employer-sponsored coverage (almost 60 percent) and public coverage, including Medicare, MassHealth and Commonwealth Care (about 30 percent collectively).
- Almost 80 percent of respondents who are members of families with at least one worker reported an offer of employer-sponsored coverage.
- In 2014, fewer than one in ten respondents reported an uninsured period over the past 12 months, as compared to fewer than one in six nationally based on early release estimates for January through June 2014 from the NHIS.⁷
- Overall, 15 percent of respondents reported transitioning to their current coverage from being uninsured.

Health Care Access and Use

- Most respondents reported good access to and use of health care in 2014, with most reporting a usual source of health care and a visit to a general doctor or specialist over the past 12 months.
- Racial and ethnic minorities and the uninsured tended to have lower rates of health care access and use in 2014. For example, non-Hispanic blacks were less likely to have a usual source of care as compared to non-Hispanic whites. The insured were more than twice as likely as the uninsured to report a usual source of care.
- Nearly one third of Massachusetts respondents visited an emergency room over the past 12 months in 2014. Emergency department use was particularly high among Hispanics, non-Hispanic blacks, respondents in fair or poor health with an activity limitation, and respondents with family incomes at or below 138 percent of the FPL. Among those with an

emergency room visit, nearly four in ten reported seeking care in the emergency department for a non-emergency condition.

- Nearly one in five Massachusetts respondents reported difficulties getting an appointment with a provider as soon as needed over the past 12 months in 2014, and one in eight reported being told that a doctor or other provider was not accepting new patients.
- Respondents with family incomes at or below 138 percent of the FPL were more than twice as likely to report being told that a doctor's office or clinic did not accept their insurance type than respondents with family incomes at or above 400 percent of the FPL.

Health Care Affordability

- Massachusetts respondents reported difficulty affording health care in 2014, with one in five reporting difficulty paying medical bills and more than one in four reporting an unmet need for health care due to costs over the past 12 months.
- More respondents reported forgoing dental care due to cost than for any other type of care over the past 12 months.
- Certain populations were more likely to report that a family member went without needed care, including the uninsured, respondents in families with lower incomes, and respondents in fair or poor health with an activity limitation.
- Among respondents with family incomes at or below 138 percent of the FPL, four in ten reported an unmet need for any health care over the past 12 months due to cost, and nearly a third reported an unmet need for dental care due to cost.
- To lower their health care costs, Massachusetts respondents most often reported that they and their families were trying to stay healthier, switching to a lower-cost insurance plan, or going without needed health care.

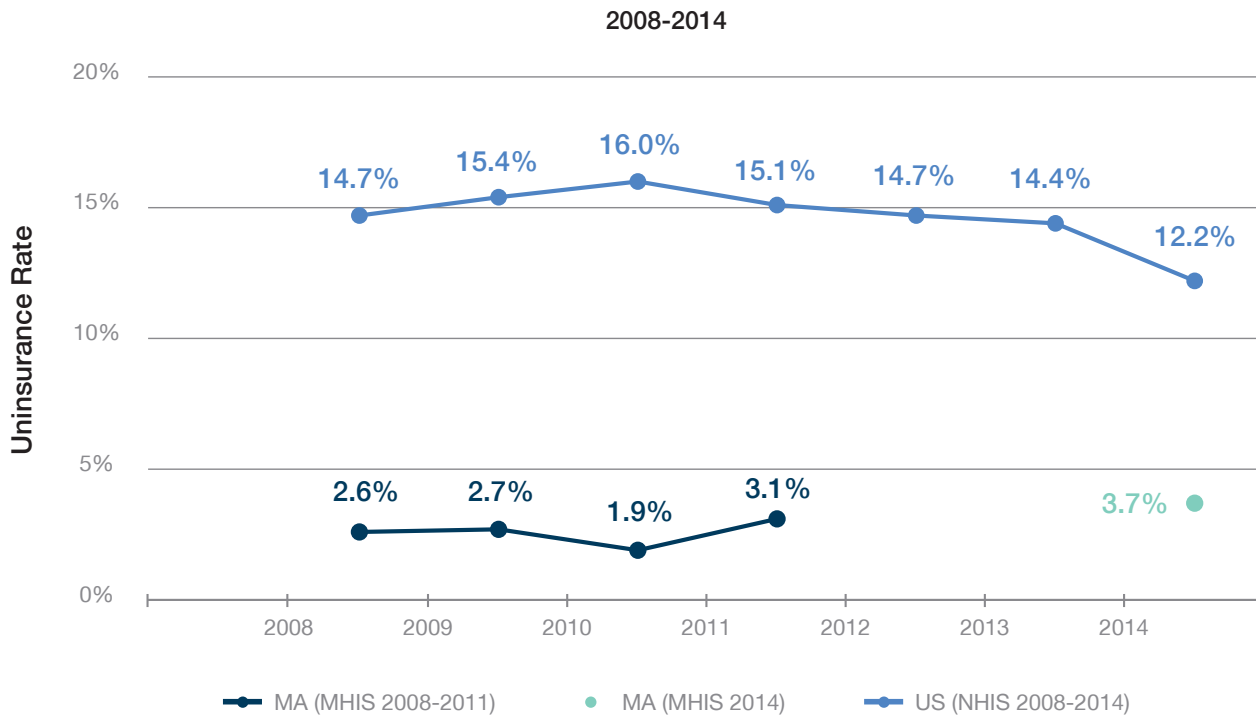
⁴ Cohen, R and Martinez, M. "Health Insurance Coverage: Early Release of Estimates from the National Health Interview Survey, January-June 2014." National Center for Health Statistics. December 2014.

⁵ This group includes respondents who say their health is, in general, "fair" or "poor" and also report that they are limited in their activities because of a "physical, mental, or emotional problem".

⁶ Cohen, R and Martinez, M. "Health Insurance Coverage: Early Release of Estimates from the National Health Interview Survey, January-June 2014." National Center for Health Statistics. December 2014.

⁷ Cohen, R and Martinez, M. "Health Insurance Coverage: Early Release of Estimates from the National Health Interview Survey, January-June 2014." National Center for Health Statistics. December 2014.

1 Uninsurance at the time of the survey for all Massachusetts respondents and the nation as a whole, 2008-2014



Source: 2008-2011, 2014 Massachusetts Health Insurance Survey (MHIS) for Massachusetts estimates. 2008-2014 National Health Interview Survey (NHIS) for national estimates.
 Note: Due to a change in survey design for the MHIS in 2014, Massachusetts estimates for 2014 are not directly comparable to estimates for 2008-2011.
 The 2014 national estimate from the NHIS is for the first two quarters of 2014.

Health Insurance Coverage & Uninsurance

Uninsurance

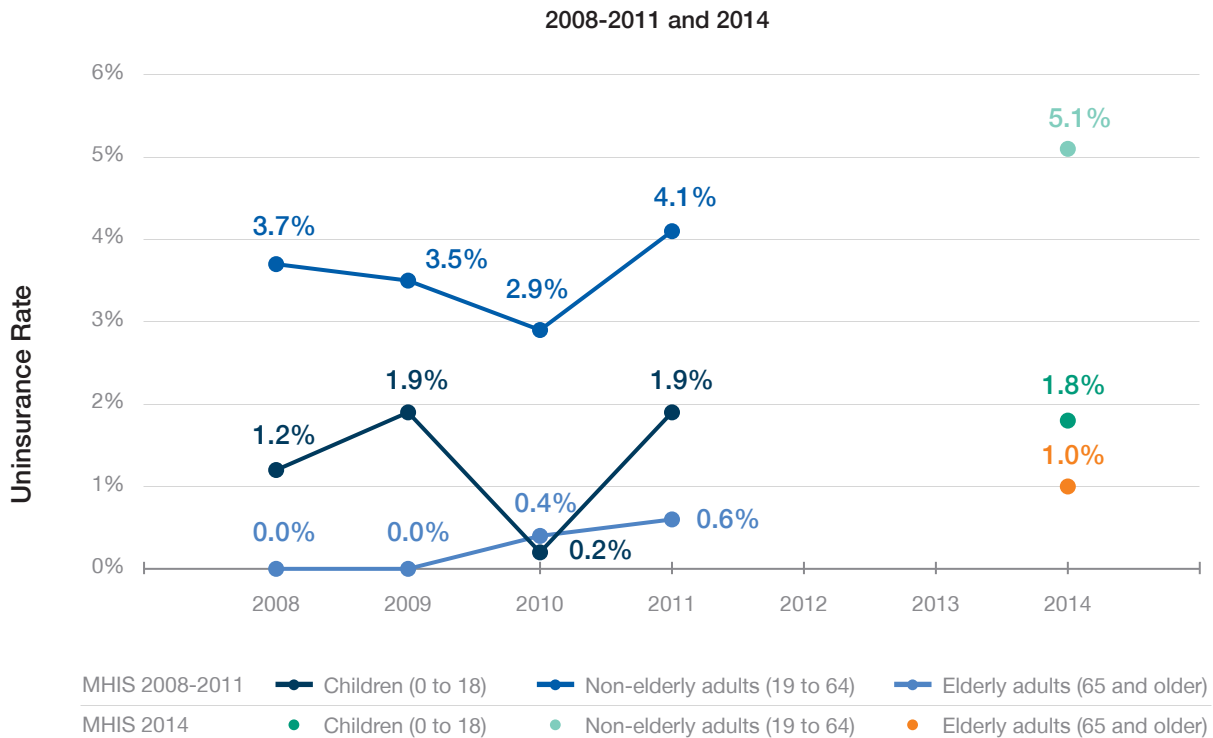
Uninsurance in Massachusetts remains low based on the MHIS, with only 3.7 percent of respondents to the MHIS uninsured at the time of the survey in 2014 (Figure 1).⁸ A change in survey methodology in the 2014 MHIS means the 2014 results are not directly comparable to MHIS estimates from earlier years.

The Massachusetts uninsurance rate remains well below the national rate based on early release estimates for 2014 from the NHIS.⁹ According to the NHIS, the national uninsurance rate was 12.2 percent between January and June of 2014, down from 14.7 percent in

2008.¹⁰ The decline in the uninsurance rate nationally reflects the implementation of key components of the Affordable Care Act, the national reform legislation that builds on the 2006 reforms in Massachusetts.¹¹

The uninsurance rate measured by the 2014 MHIS aligns with the Massachusetts uninsurance rate in major national surveys for 2013. Using a similar measure of uninsurance at the time of the survey, the NHIS found a Massachusetts uninsurance rate of 4.6 percent,¹² and the American Community Survey (ACS) found a Massachusetts uninsurance rate of 3.7 percent.¹³ State estimates for 2014 from the NHIS and ACS are not yet available.

2 Uninsurance at the time of the survey for children, non-elderly adults and elderly adults in Massachusetts, 2008-2011 and 2014



Source: 2008-2011, 2014 Massachusetts Health Insurance Survey

Note: Due to a change in survey design for the MHIS in 2014, estimates for 2014 are not directly comparable to estimates from 2008-2011.

The 2014 uninsurance rates in Massachusetts for children (1.8 percent) and non-elderly adults (5.1 percent) (Figure 2) were below the national uninsurance rates for these age groups (6.1 percent and 17.0 percent, respectively), based on early release estimates from the NHIS for January through June 2014 (NHIS data not shown).¹⁴ The uninsurance rate for elderly adults in Massachusetts was the same as the national rate for elderly adults (1.0 percent), based on the NHIS (NHIS data not shown). The uninsurance rate for young adults aged 19 to 25 in Massachusetts was 6.0 percent according to the MHIS, well below the national rate of 20.1 percent for that age group based on early release estimates from the NHIS for January through June 2014.^{15*}

Characteristics of the Remaining Uninsured

Most of the remaining uninsured in Massachusetts in 2014 were working-age adults (aged 19 to 64), and they were disproportionately male, single, Hispanic, or below 400 percent of the FPL (Table 1). The family incomes of

the uninsured in 2014 suggest that many may be eligible for public health insurance coverage or subsidized coverage through the Massachusetts Health Connector.

Reasons for Being Uninsured

When asked the most important reasons for being uninsured in 2014, three of four uninsured respondents (75.3 percent) reported the cost of coverage as a key factor (Figure 3), although many of these respondents may be eligible for public health insurance coverage or subsidized coverage through the Health Connector. Other factors that were reported by uninsured respondents included lack of knowledge of how to get coverage (46.3 percent), loss of a job or change of employers (43.4 percent), lack of availability of employer-sponsored insurance (40.7 percent), and loss of eligibility for MassHealth or Commonwealth Care (30.4 percent).

*It should be noted that there is a relatively small sample size for young adults in the MHIS (e.g., 301 respondents in 2014) (data not shown).

T1 Characteristics of the remaining uninsured in Massachusetts in 2014

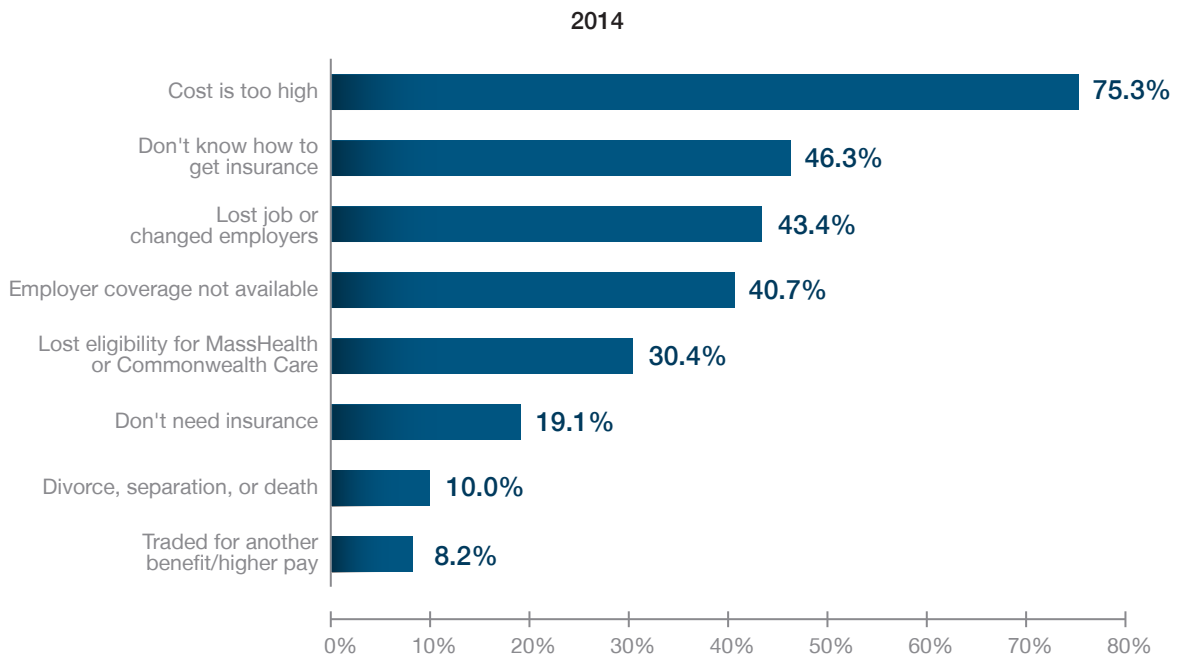
Characteristic	Among the uninsured respondents, percent with the characteristic	Among all respondents, percent with the characteristic
Aged 19-64	84.5%	62.2%
Male	69.3%	48.1%
Single without children	55.1%	35.4%
Hispanic	20.3%	10.6%
Family income below 400% of the FPL	89.2%	58.9%

Source: 2014 Massachusetts Health Insurance Survey

Note: Given the low uninsurance rate in Massachusetts, the sample size for this analysis is small, at 122 individuals.

FPL = Federal Poverty Level

3 Reported reasons for being uninsured in Massachusetts in 2014



Source: 2014 Massachusetts Health Insurance Survey

Note: The categories listed above are not mutually exclusive. Respondents were asked to select all applicable options.

	All respondents	Children (0-18)	Non-elderly adults (19-64)	Elderly adults (65 and older)
Employer-sponsored insurance	58.8%	65.1%	63.6%*	29.5%*
Medicare	16.4%	2.5%	9.5%*	67.0%*
Private non-group coverage, including Commonwealth Choice	7.9%	7.6%	9.4%	2.0%*
MassHealth or Commonwealth Care	15.6%	24.1%	15.7%*	1.2%*
Other coverage or coverage type not reported	1.3%	0.8%	1.8%	0.3%

Source: 2014 Massachusetts Health Insurance Survey

Note: Respondents were assigned a single coverage type based on the following hierarchy: employer-sponsored insurance; Medicare; private non-group coverage including Commonwealth Choice; MassHealth or Commonwealth Care; and other coverage. Medicare coverage estimates include Railroad Retirement board coverage. MassHealth or Commonwealth Care estimates include temporary coverage while the respondent's application for coverage from the Health Connector or MassHealth is being processed. Estimates may not sum to 100% due to rounding.

* Estimate is significantly different at the 5% level from estimate for children.

Almost one in five (19.1 percent) of the remaining uninsured reported that they did not need insurance.

Types of Health Insurance Coverage

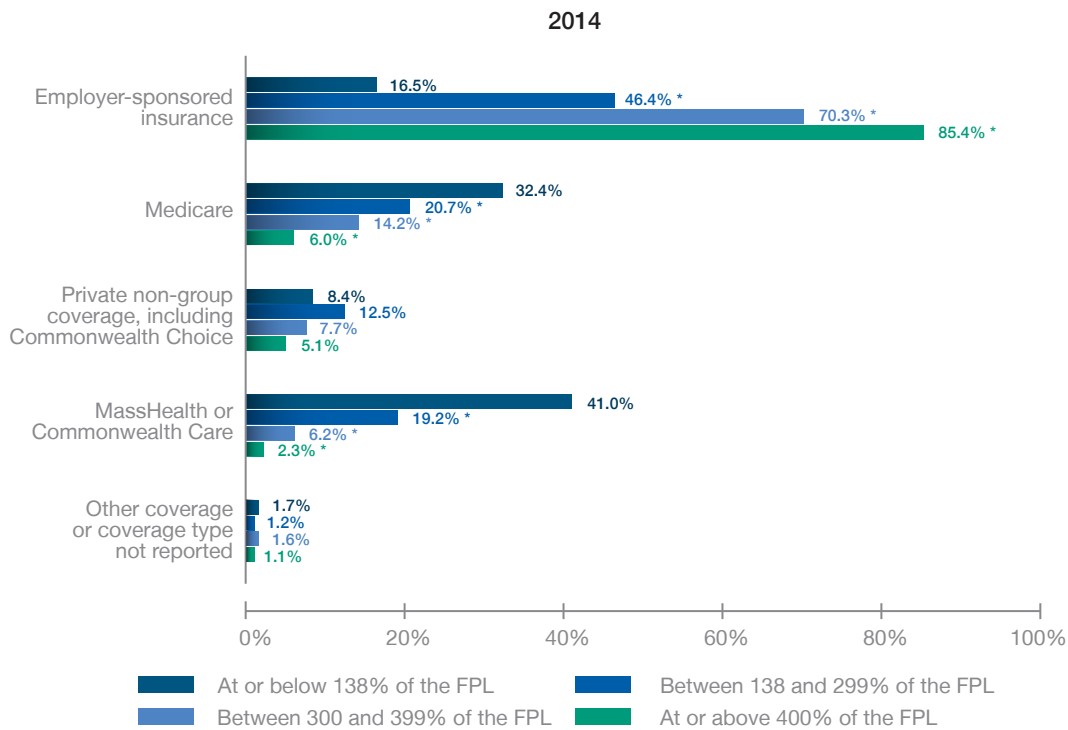
The MHIS allows respondents to report multiple types of health insurance coverage. For example, elderly adults may report receiving insurance both through Medicare and private, non-group “Medigap” coverage. To avoid double-counting and to best assess Massachusetts residents’ primary source of medical coverage, those respondents who reported more than one type of health insurance were assigned to a single coverage type according to the following hierarchy: Employer-sponsored insurance; Medicare; private non-group coverage including Commonwealth Choice; MassHealth or Commonwealth Care; and other coverage. This hierarchy was utilized in the 2014 MHIS. More information on previous years’ coverage type hierarchy may be found in the methodology report.

Health insurance coverage type reporting based on survey data is challenging and subject to error. For example, research has shown that many respondents struggle to correctly report their coverage type¹⁶ and that surveys may result in a significant undercount of public coverage enrollment, particularly for Medicaid coverage.¹⁷ Results should be viewed accordingly.

Employer-sponsored health insurance was the most common type of health insurance for respondents with coverage in Massachusetts in 2014, covering 58.8 percent of insured respondents (Table 2). In addition, 16.4 percent of insured respondents reported coverage through Medicare, and 15.6 percent reported coverage through MassHealth or Commonwealth Care.

As shown in Figure 4, insured respondents with family incomes at or below 138 percent of the FPL were less likely to report employer-sponsored

4 Health insurance coverage among insured respondents in Massachusetts in 2014, by family income



Source: 2014 Massachusetts Health Insurance Survey

Note: Respondents were assigned a single coverage type based on the following hierarchy: employer-sponsored insurance; Medicare; private non-group coverage including Commonwealth Choice; MassHealth or Commonwealth Care; and other coverage. Medicare coverage estimates include Railroad Retirement board coverage. MassHealth or Commonwealth Care estimates include temporary coverage while the respondent's application for coverage from the Health Connector or MassHealth is being processed. Estimates may not sum to 100% due to rounding. FPL = Federal Poverty Level

* Estimate is significantly different at the 5% level from estimate for those "At or below 138% of the FPL."

insurance coverage than all other income groups. By contrast, public coverage was most commonly reported among Massachusetts respondents with family incomes at or below 138 percent of the FPL. Among all income groups, there was no statistically significant difference in the shares reporting private non-group coverage such as Commonwealth Choice.

Offers of Employer-Sponsored Insurance

Massachusetts employers offered health insurance to employees at high rates in 2014. According to the 2014 Massachusetts Employer Survey, 76 percent of employers in Massachusetts offered health insurance in 2014.¹⁸ Among MHIS respondents in families that included at least one worker, 79.5 percent reported an offer of employer-sponsored insurance (ESI) coverage.¹⁹ Not all workers accept an insurance offer from their employer. Some workers will turn

down an offer of employer-sponsored coverage and remain uninsured, while others will obtain other insurance, such as coverage through a parent or spouse, MassHealth, or Commonwealth Care.

The share of Massachusetts respondents in families with access to ESI varied by the size of the firms where the workers in the family are employed. Among the subset of respondents in families in which all the workers are in small firms, 47.5 percent reported an offer of ESI. By contrast, 91.3 percent of respondents in families with at least one worker in a large firm reported an ESI offer (Table 3).

Transitions in Health Insurance Coverage

Transitions in health insurance coverage occur when individuals change health insurance coverage types or have uninsured periods during a year. Transitions

T3 Employer-sponsored insurance offers in families with workers in Massachusetts in 2014, overall and by age group

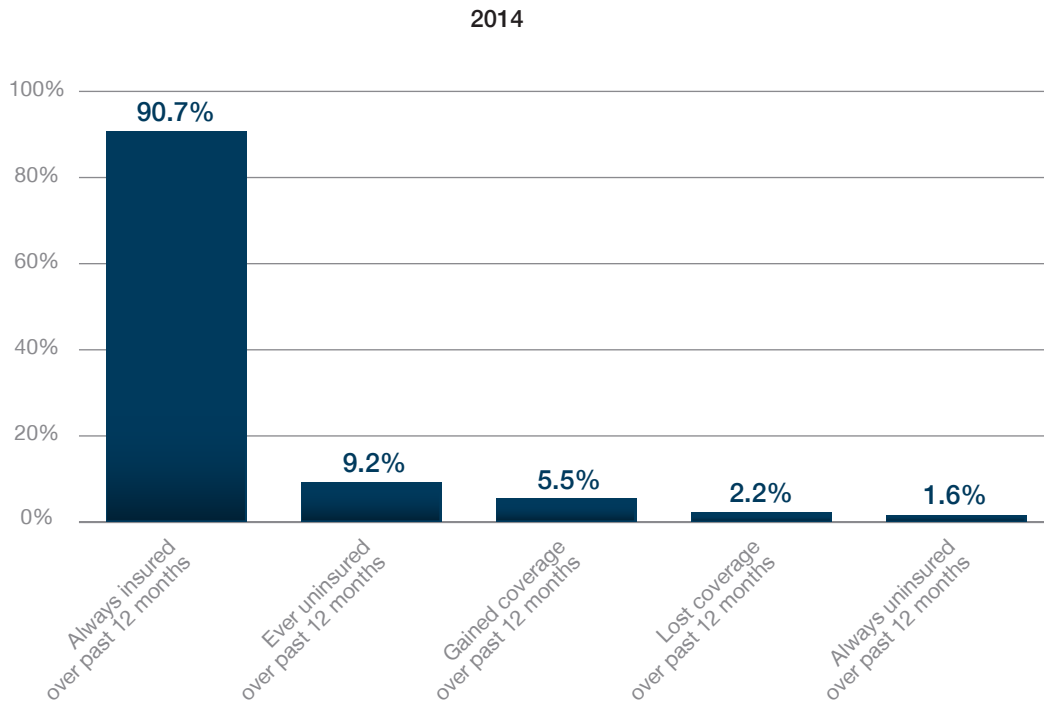
	All respondents	Children (0-18)	Non-elderly adults (19-64)	Elderly adults (65 and older)
Among respondents in families with workers, at least one member of family has ESI offer	79.5%	82.3%	79.2%	67.7%*
— Among respondents in families that only include workers in small firms, at least one member of family has ESI offer	47.5%	47.2%	47.1%	52.9%
— Among respondents in families that include at least one worker in a large firm, at least one member of family has ESI offer	91.3%	93.3%	91.1%	78.9%*

Source: 2014 Massachusetts Health Insurance Survey

Note: These estimates focus on the employment of adults in the family, where a family is defined as a single adult, a married couple, or parents and their unmarried children under the age of 25 living in the same household. A family has at least one worker if the respondent, his/her spouse (if present in household), or his/her parents (if present in household) are employed. Employer offers ESI if at least one family member is personally offered ESI. Small firms have fewer than 50 employees; large firms have 50 or more employees. ESI = Employer sponsored insurance.

* Estimate is significantly different at the 5% level from estimate for children.

5 Transitions in health insurance coverage over the past 12 months for all Massachusetts respondents in 2014

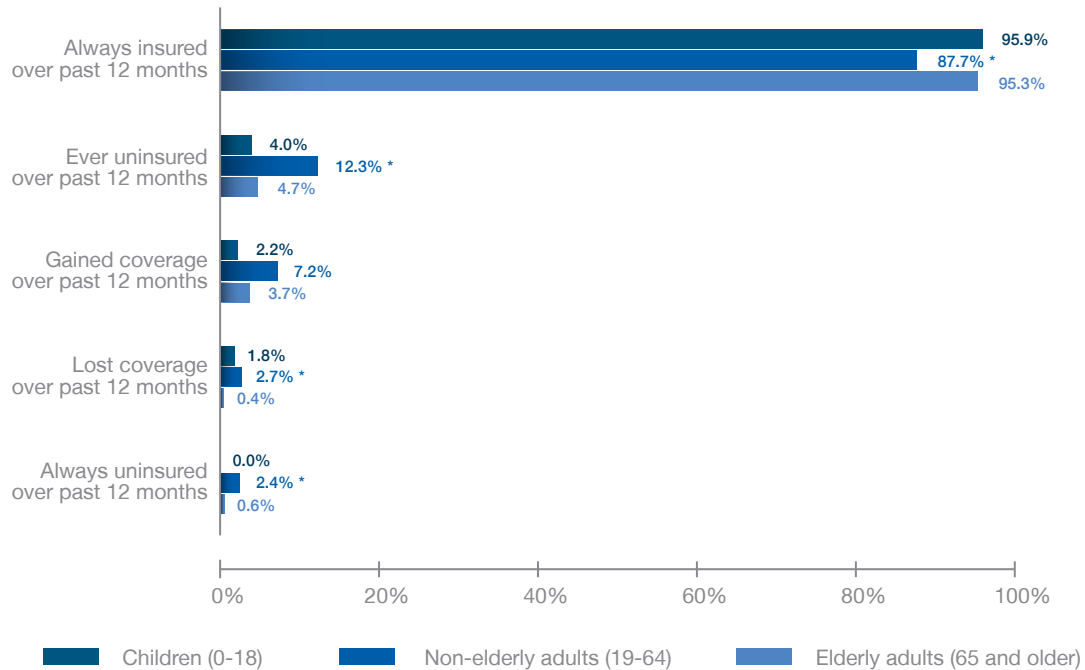


Source: 2014 Massachusetts Health Insurance Survey

Note: The categories listed in this figure are not mutually exclusive. The group “ever uninsured over past 12 months” includes those always uninsured over the past 12 months, gaining coverage over the past 12 months, and losing coverage over the past 12 months. Estimates may not sum to 100% due to rounding.

6 Transitions in health insurance coverage over the past 12 months in Massachusetts in 2014, by age group

2014



Source: 2014 Massachusetts Health Insurance Survey

Note: The categories listed in this figure are not mutually exclusive. The group “ever uninsured over past 12 months” includes those always uninsured over the past 12 months, gaining coverage over the past 12 months, and losing coverage over the past 12 months. Estimates may not sum to 100% due to rounding.

* Estimate is significantly different at the 5% level from estimate for children.

in coverage can be disruptive, requiring respondents to find new doctors or delay or suspend treatments. Therefore, in 2014, the MHIS included a new survey question to better capture transitions in health insurance coverage in Massachusetts. This question asked survey respondents whether they had transitioned to their current form of coverage from another type of insurance coverage or from being uninsured.

Overall, 15.2 percent of Massachusetts respondents reported transitioning to their current form of coverage from being uninsured at some point in the past (data not shown). Non-elderly adults (18.6 percent) and those with incomes at or below 138 percent of the FPL (28.3 percent) were more likely to have transitioned to their current coverage from uninsurance than respondents in other age and income groups (data not shown).

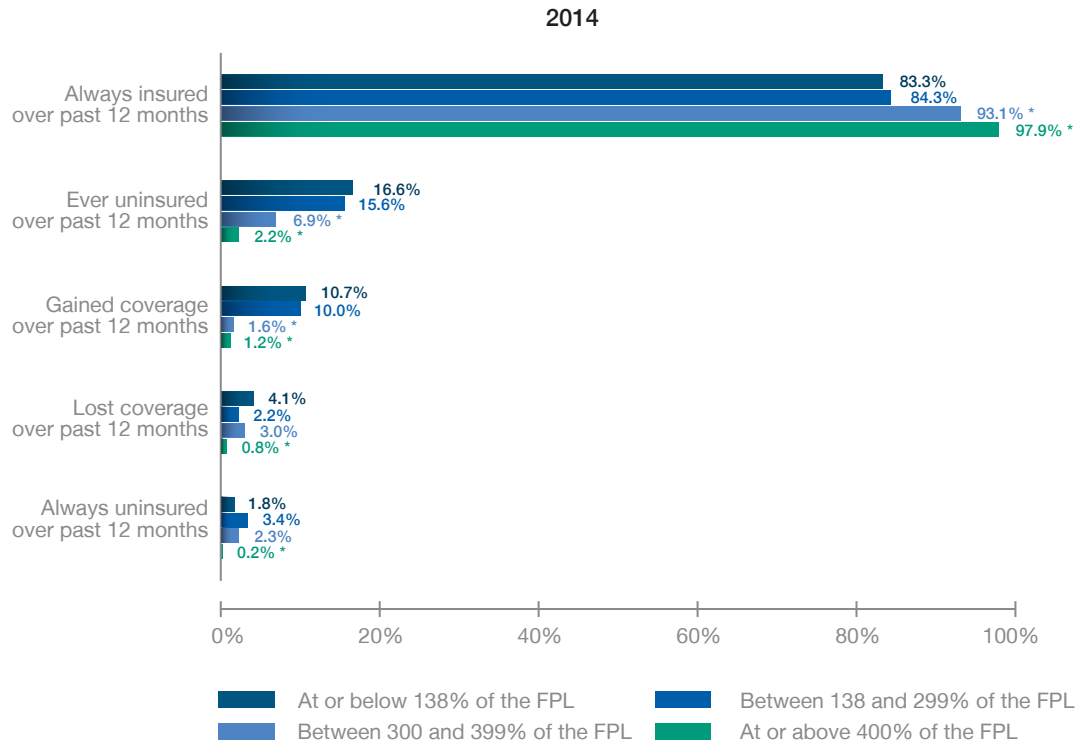
In 2014, consistent with the low uninsurance rate in Massachusetts, relatively few respondents moved

between insured and uninsured status during the prior 12 months. Overall, 9.2 percent of Massachusetts respondents reported ever being uninsured over the past 12 months, compared to 90.7 percent insured for the full year (Figure 5). Nationally, 17.3 percent were ever uninsured over the past 12 months based on data for the first two quarters of 2014.²⁰

Non-elderly adults in Massachusetts were more likely to transition between insured and uninsured status during the past 12 months than were children or elderly adults. For example, 7.2 percent of non-elderly adults reported gaining coverage over the past 12 months, compared to 2.2 percent of children and 3.7 percent of elderly adults (Figure 6). As Figure 6 shows, the vast majority of Massachusetts respondents in all age groups were always insured over the past 12 months.

The share of Massachusetts respondents reporting at least one uninsured period over the past 12 months also

7 Transitions in health insurance coverage over the past 12 months in Massachusetts in 2014, by family income



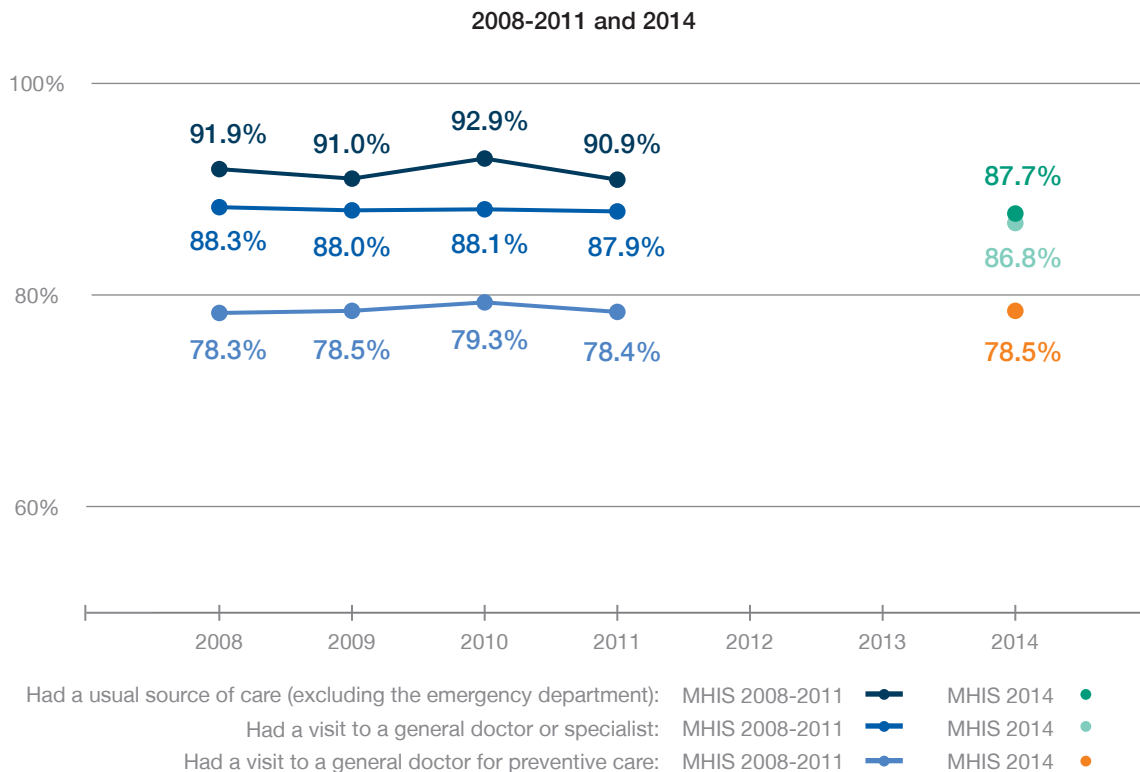
Source: 2014 Massachusetts Health Insurance Survey

Note: The categories listed in this figure are not mutually exclusive. The group “ever uninsured over past 12 months” includes those always uninsured over the past 12 months, gaining coverage over the past 12 months, and losing coverage over the past 12 months. Estimates may not sum to 100% due to rounding. FPL= Federal Poverty Level

* Estimate is significantly different at the 5% level from estimate for those “At or below 138% of the FPL”.

varied by family income. Respondents with family incomes below 400 percent of the FPL were more likely to report an uninsured period than those with higher incomes. Over 15 percent of those with family incomes below 300 percent of the FPL reported being uninsured at some point over the past 12 months (Figure 7). In addition, Hispanics were

more likely than non-Hispanic white respondents to report being uninsured at some point over the past 12 months (17.6 percent and 7.5 percent, respectively), and male respondents were more likely than female respondents to report an uninsured period over the past 12 months (11.7 percent and 7.0 percent, respectively) (data not shown).



Source: 2008-2011, 2014 Massachusetts Health Insurance Survey

Note: Due to a change in survey design for the MHIS in 2014, estimates for 2014 are not directly comparable to estimates from 2008-2011.

Health Care Access and Use

Usual Source of Care and Health Care Visits

Massachusetts respondents reported good access to and use of health care in 2014 (Figure 8). Many Massachusetts respondents reported having a usual source of care other than the emergency department (87.7 percent), a visit to a general doctor or specialist over the past 12 months (86.8 percent), and a visit to a general doctor for preventive care over the past 12 months (78.5 percent). Nationally, 87.6 percent of Americans reported a usual place to go for medical care based on early release estimates for January to June 2014 from the NHIS (data not shown).²¹

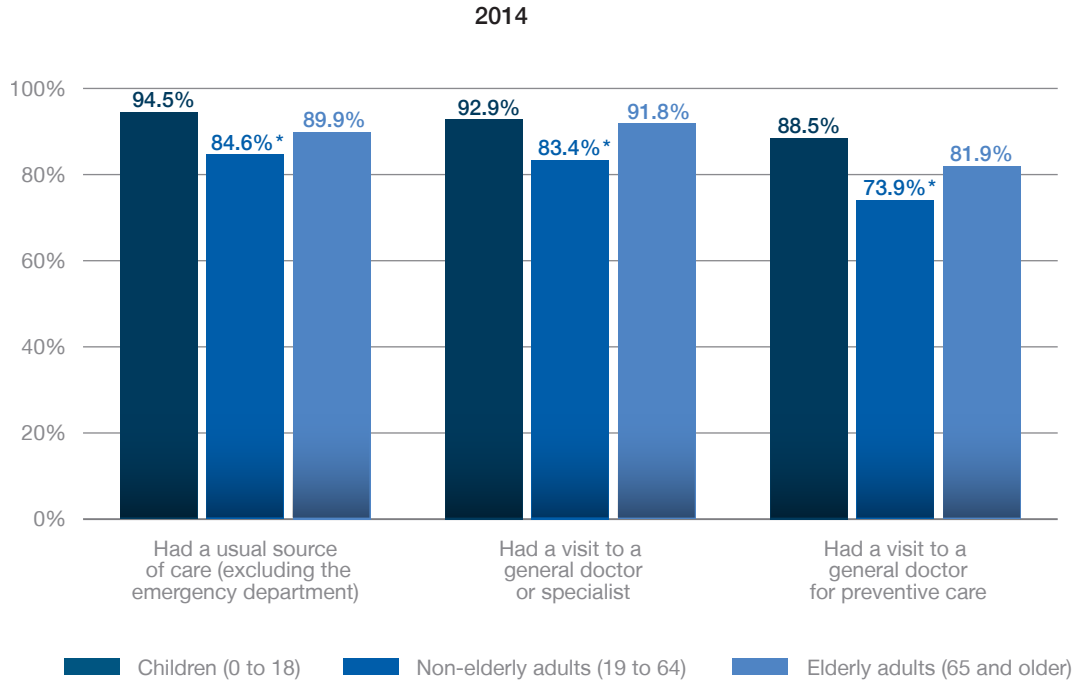
In 2014, access to and use of care tended to be better for children and elderly adults than for non-elderly adults in Massachusetts. For example, 84.6 percent of non-elderly adults reported having a usual source of care other than

the emergency department, compared to 94.5 percent of children and 89.9 percent of elderly adults (Figure 9).

In addition, female respondents reported better access to care than male respondents in Massachusetts in 2014 (Figure 10). Female respondents were more likely to have a usual source of care and a visit to a general doctor or specialist, a visit to a general doctor for preventive care, and a dental care visit over the past 12 months than male respondents.

Racial and ethnic minority respondents and uninsured respondents tended to have lower rates of health care access and use in Massachusetts in 2014. For example, non-Hispanic blacks, Hispanics, and those reporting other or multiple races were less likely than non-Hispanic white respondents to report having a

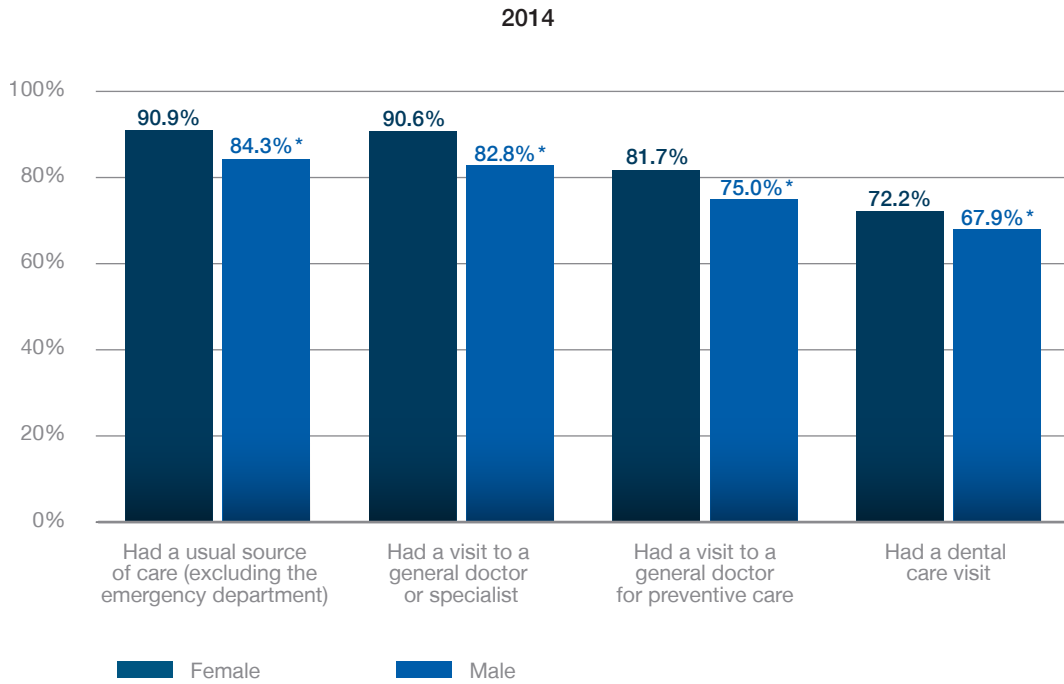
9 Health care access and use over the past 12 months in Massachusetts in 2014, by age group



Source: 2014 Massachusetts Health Insurance Survey

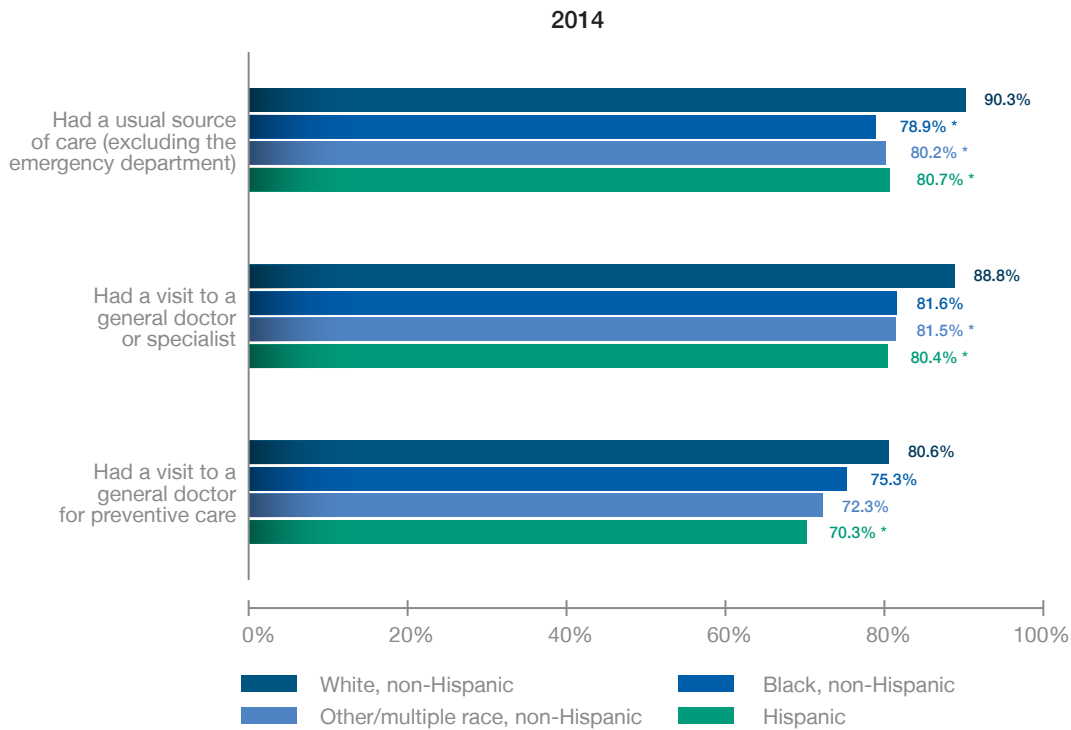
* Estimate is significantly different at the 5% level from estimate for children.

10 Health care access and use over the past 12 months in Massachusetts in 2014, by gender



Source: 2014 Massachusetts Health Insurance Survey

* Estimate is significantly different at the 5% level from estimate for females.



Source: 2014 Massachusetts Health Insurance Survey

* Estimate is significantly different at the 5% level from estimate for “White non-Hispanic” respondents.

usual source of care or a visit to a general doctor for preventive care over the past 12 months (Figure 11).

In addition, Massachusetts respondents without health insurance coverage were significantly less likely to report a usual source of care, a visit to a general doctor or specialist within the past 12 months, or a visit to a general doctor for preventive care over the last 12 months than were those with health insurance (Figure 12).

Finally, Massachusetts respondents with family incomes below 400 percent of the FPL tended to report lower rates of health care access and use in 2014 than those with higher incomes (Figure 13).

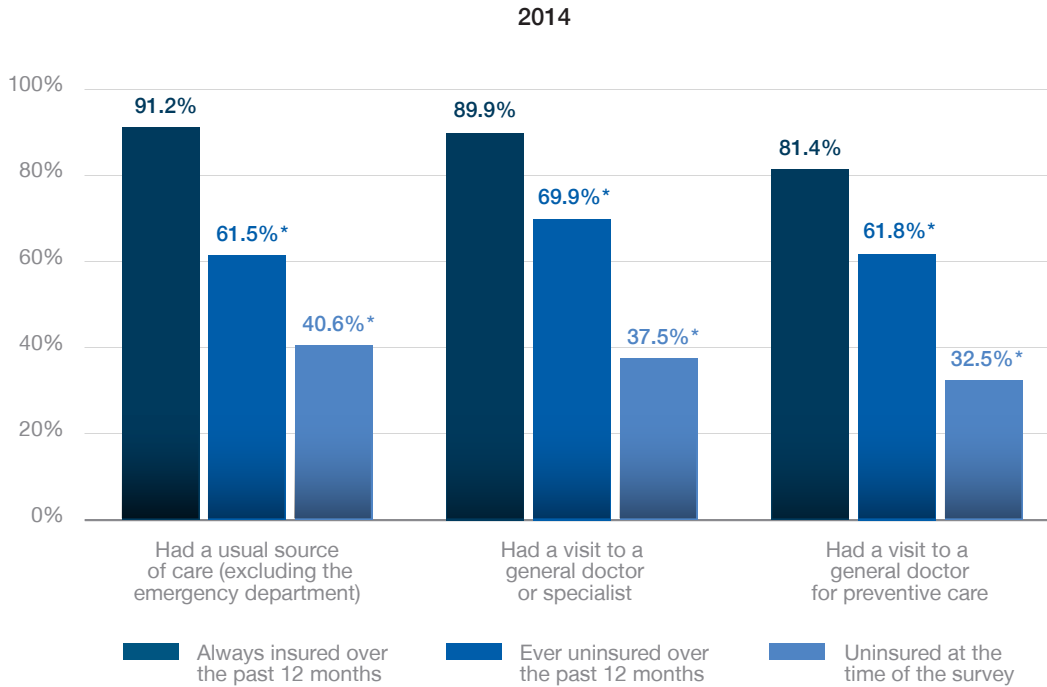
Emergency Department Use

Nearly one third of Massachusetts respondents reported visiting an emergency department over the past 12

months in 2014 (31.2 percent), with 14.7 percent of respondents reporting multiple emergency department visits (Figure 14). The share of respondents reporting an emergency department visit did not vary significantly by age, with 29.2 percent of children, 31.8 percent of non-elderly adults, and 31.5 percent of elderly adults reporting an emergency department visit over the past 12 months (Figure 15). The findings for non-elderly adults are consistent with estimates of emergency department use in the Massachusetts Health Reform Survey, which found that 32.8 percent of non-elderly adults in Massachusetts had an emergency department visit over the past 12 months in 2013 (data not shown), compared to the 31.8 percent of non-elderly adults in the 2014 MHIS as shown above.²²

Emergency department use was particularly high among Hispanics (48.4 percent), non-Hispanic blacks (43.5 percent), respondents in fair or poor health with an activity limitation (59.4 percent), and respondents with family

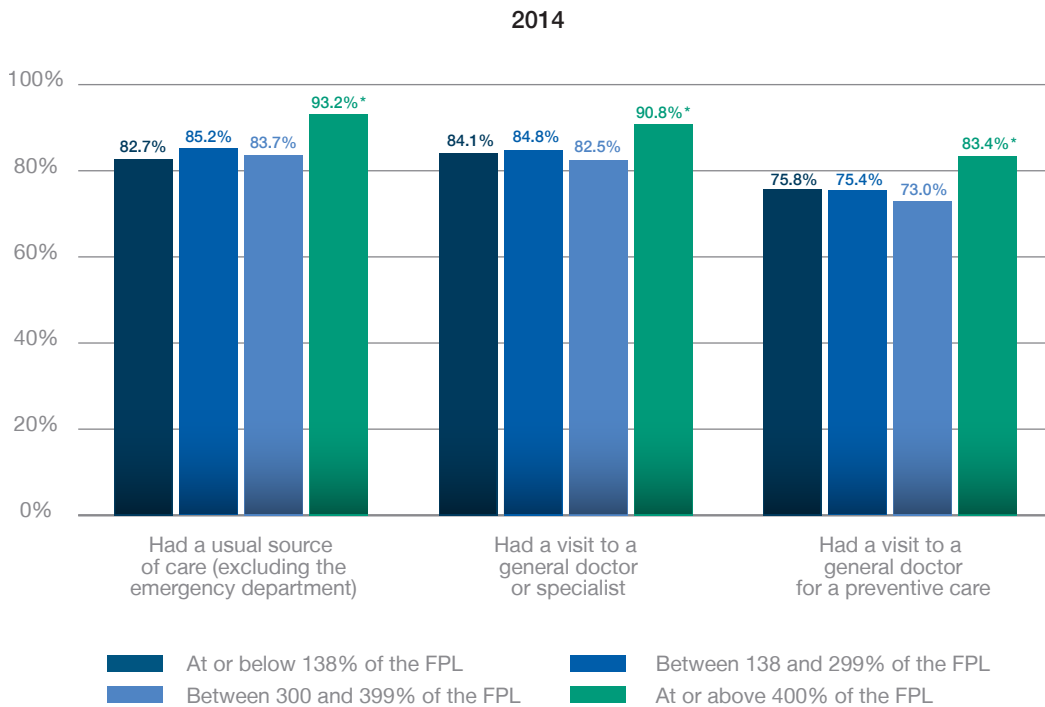
12 Health care access and use over the past 12 months in Massachusetts in 2014, by health insurance status



Source: 2014 Massachusetts Health Insurance Survey

* Estimate is significantly different at the 5% level from estimate for those "Always insured over the past 12 months."

13 Health care access and use over the past 12 months in Massachusetts in 2014, by family income

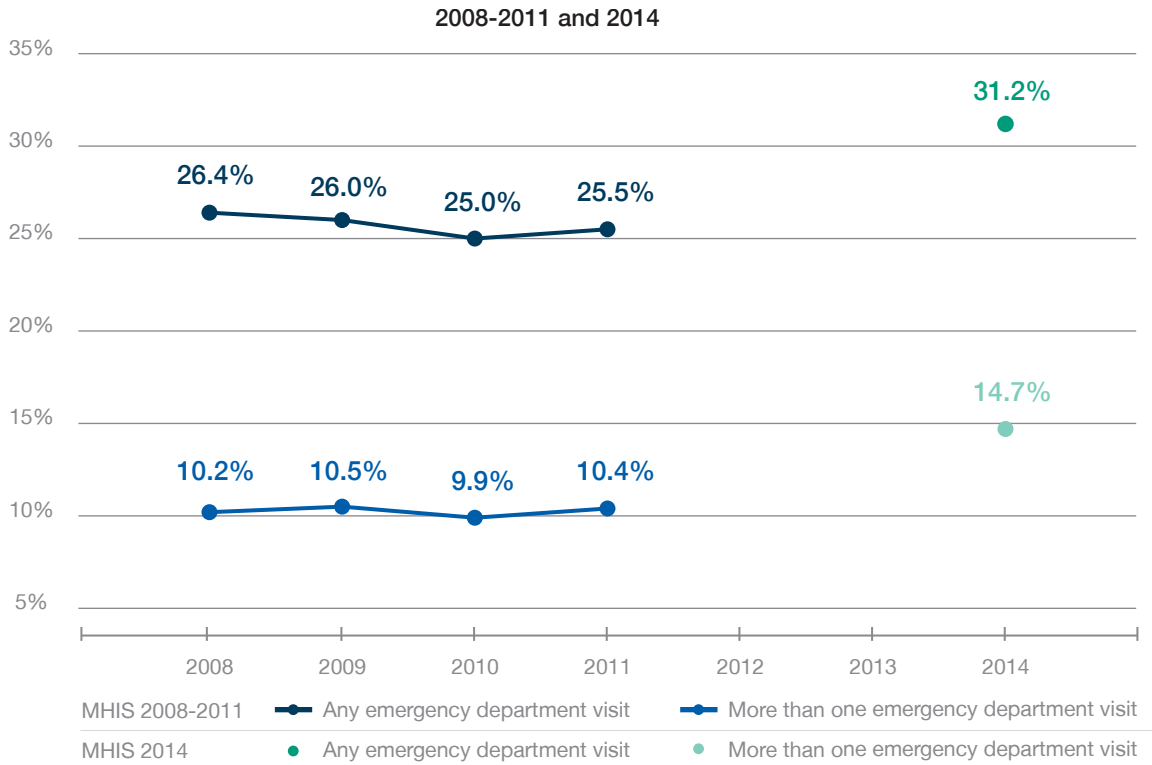


Source: 2014 Massachusetts Health Insurance Survey

Note: FPL = Federal Poverty Level

* Estimate is significantly different at the 5% level from estimate for those "At or below 138% of the FPL".

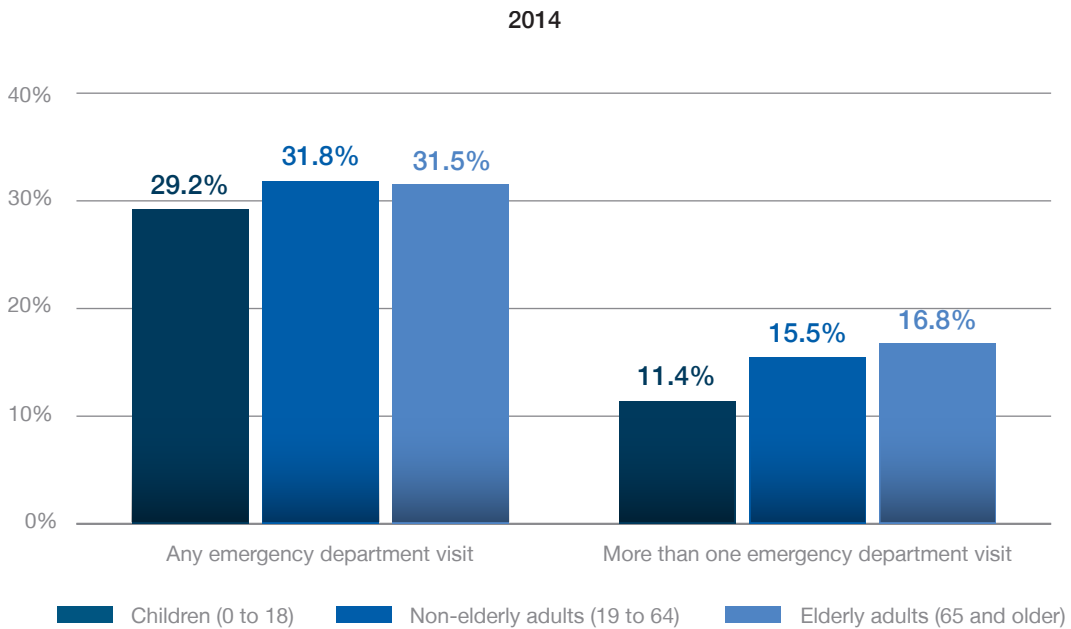
14 Emergency department use over the past 12 months for all Massachusetts respondents, 2008-2011 and 2014



Source: 2008-2011, 2014 Massachusetts Health Insurance Survey

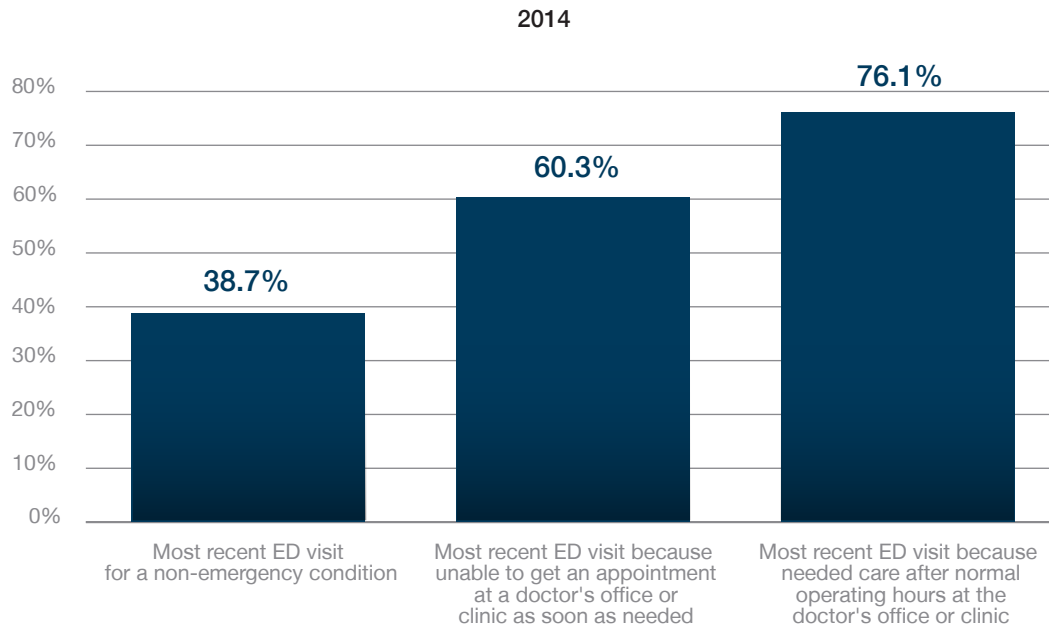
Note: Due to a change in survey design for the MHIS in 2014, estimates for 2014 are not directly comparable to estimates from 2008-2011.

15 Emergency department use over the past 12 months in Massachusetts in 2014, by age group



Source: 2008-2011, 2014 Massachusetts Health Insurance Survey

16 Types of emergency department use over the past 12 months among those with at least one emergency department visit in Massachusetts in 2014



Source: 2014 Massachusetts Health Insurance Survey

Note: A non-emergency condition is one that the respondent thought could have been treated by a regular doctor if one had been available. Categories are not mutually exclusive because respondents were able to select multiple options.

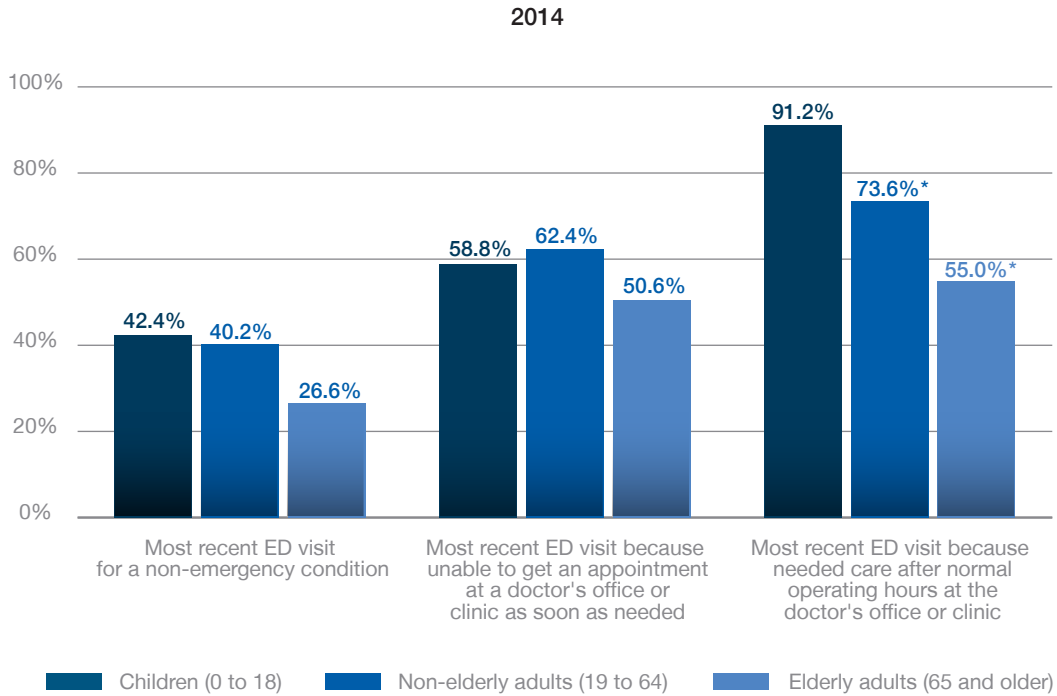
incomes at or below 138 percent of the FPL (45.8 percent) in Massachusetts (data not shown). However, uninsured respondents were not significantly more likely to have an emergency department visit than those with continuous insurance (36.4 percent and 30.7 percent, respectively) (data not shown). Prior research has found that the uninsured tend to use emergency departments less than those with health insurance coverage, particularly than those with Medicaid, due in part to the cost of that care.²³

In 2014, Massachusetts respondents with an emergency department visit over the past year were asked to report on the reasons for their most recent emergency department visit, with multiple reasons for that visit permitted. Among those Massachusetts respondents with any emergency department visit, 38.7 percent reported seeking care in the emergency department for a non-emergency condition²⁴, 60.3 percent reported seeking care in the emergency department because they were unable to get an appointment at a doctor's office

or clinic as soon as needed, and 76.1 percent reported seeking care in the emergency department because they needed care after normal operating hours at the doctor's office or clinic (Figure 16). Children were more likely than other age groups to report an emergency department visit because care was needed after normal operating hours at the doctor's office or clinic. As shown in Figure 17, 91.2 percent of children with an emergency department visit had an emergency department visit because they needed after-hours care, as compared to 73.6 percent for non-elderly adults and 55.0 percent for elderly adults with an emergency department visit.

Massachusetts respondents with family incomes at or below 138 percent of the FPL were more likely to report an emergency department visit over the past 12 months than those with family incomes at or above 400 percent of the FPL (45.8 percent and 22.3 percent, respectively). However, among only those who reported at least one emergency department visit over the past 12 months,

17 Types of emergency department use over the past 12 months among those with at least one emergency department visit in Massachusetts in 2014, by age group

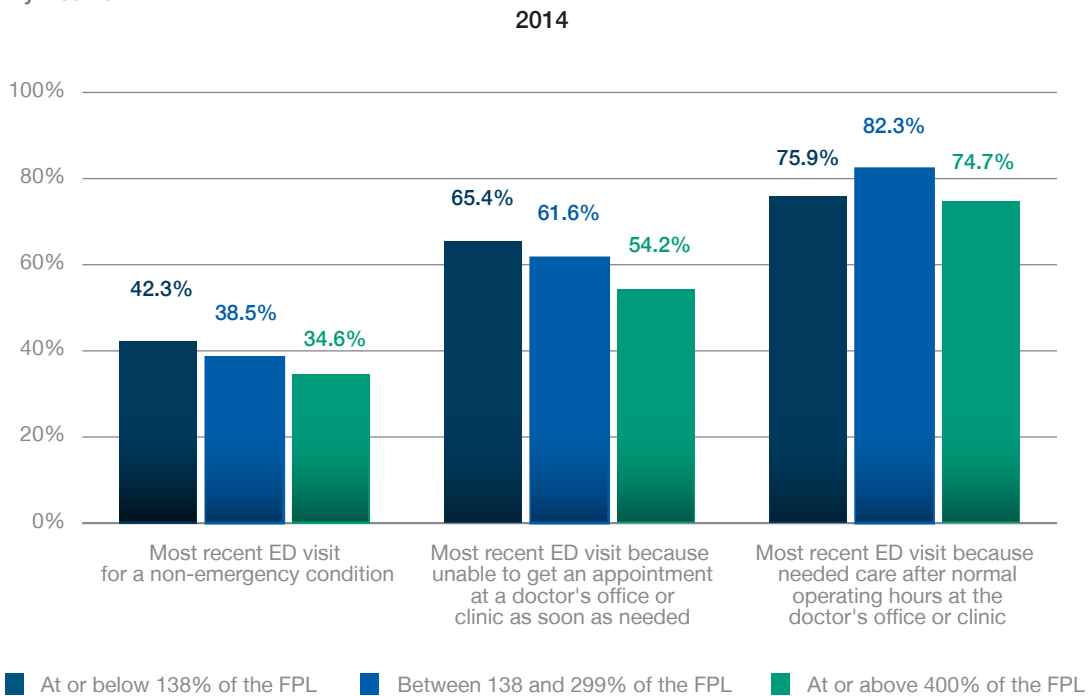


Source: 2014 Massachusetts Health Insurance Survey

A non-emergency condition is one that the respondent thought could have been treated by a regular doctor if one had been available. Categories are not mutually exclusive because respondents were able to select multiple options.

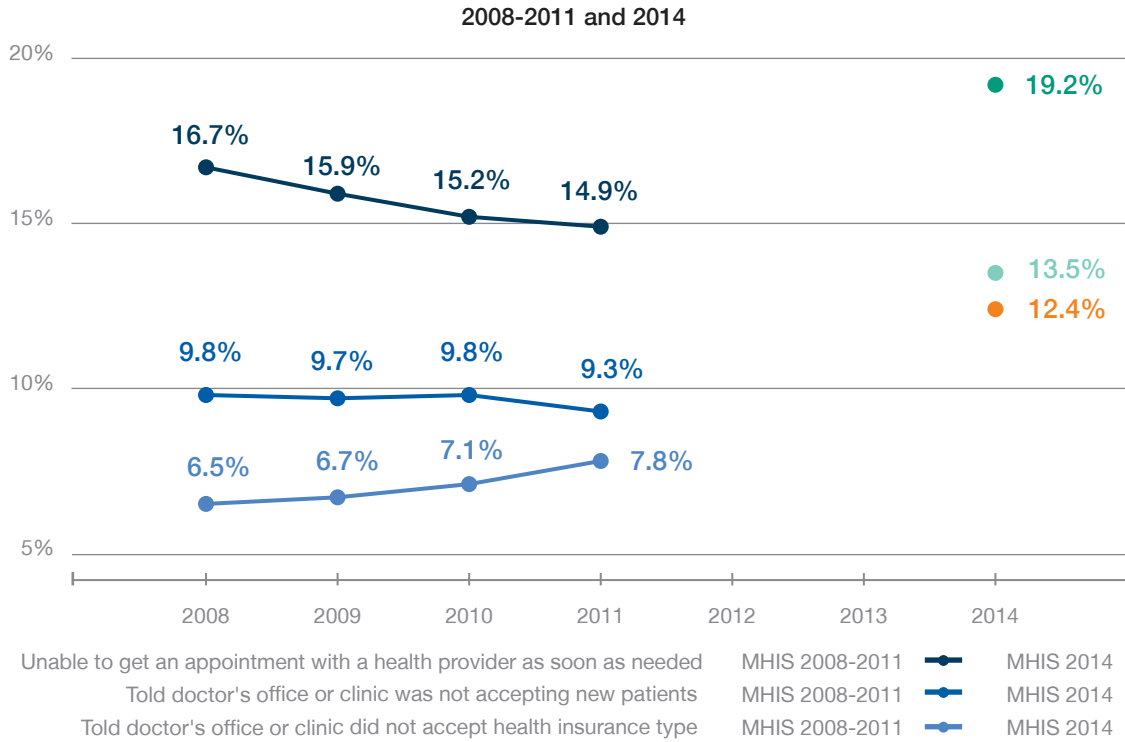
* Estimate is significantly different at the 5% level from estimate for children.

18 Types of emergency department use over the past 12 months among those with at least one emergency department visit in Massachusetts in 2014, by family income



Source: 2014 Massachusetts Health Insurance Survey

Note: For this figure, the 300 to 399 percent of the FPL subgroup was dropped due to low sample size. A non-emergency condition is one that the respondent thought could have been treated by a regular doctor if one had been available. Categories are not mutually exclusive because respondents were able to select multiple options. FPL = Federal Poverty Level



Source: 2008-2011, 2014 Massachusetts Health Insurance Survey

Note: Due to a change in survey design for the MHIS in 2014, estimates for 2014 are not directly comparable to estimates from 2008-2011.

there were not statistically significant differences across family income groups in reported use of the emergency department for non-emergency conditions (Figure 18).

Difficulties Accessing Health Care

While most Massachusetts respondents reported using health care in 2014, some faced difficulties in trying to access care. In 2014, nearly 20 percent of Massachusetts respondents reported being unable to get an appointment with a health care provider as soon as they felt they needed one over the past 12 months (19.2 percent). In addition, 12.4 percent reported being told that a doctor's office or clinic did not accept their insurance type, and 13.5 percent reported being told a doctor's office or clinic was not accepting new patients (Figure 19).

Non-elderly adults were more likely than children or elderly adults to have difficulty getting an appointment with a

health care provider as soon as needed over the past 12 months (Table 4). This group also reported being told that a doctor or clinic was not accepting new patients more frequently than did respondents in the other age groups.

Female respondents, who had better access to and more use of care than male respondents (as shown in Figure 10), were more likely to report difficulties in accessing care than male respondents in Massachusetts in 2014 (Figure 20). In particular, female respondents were more likely to report being unable to get an appointment with a health provider as soon as needed and being told a doctor's office or clinic was not accepting new patients over the past 12 months than male respondents. The greater frequency of barriers to obtaining care by females likely reflects, at least in part, the higher health care use of female respondents.

Massachusetts respondents with family incomes at or below 138 percent of the FPL were more likely than

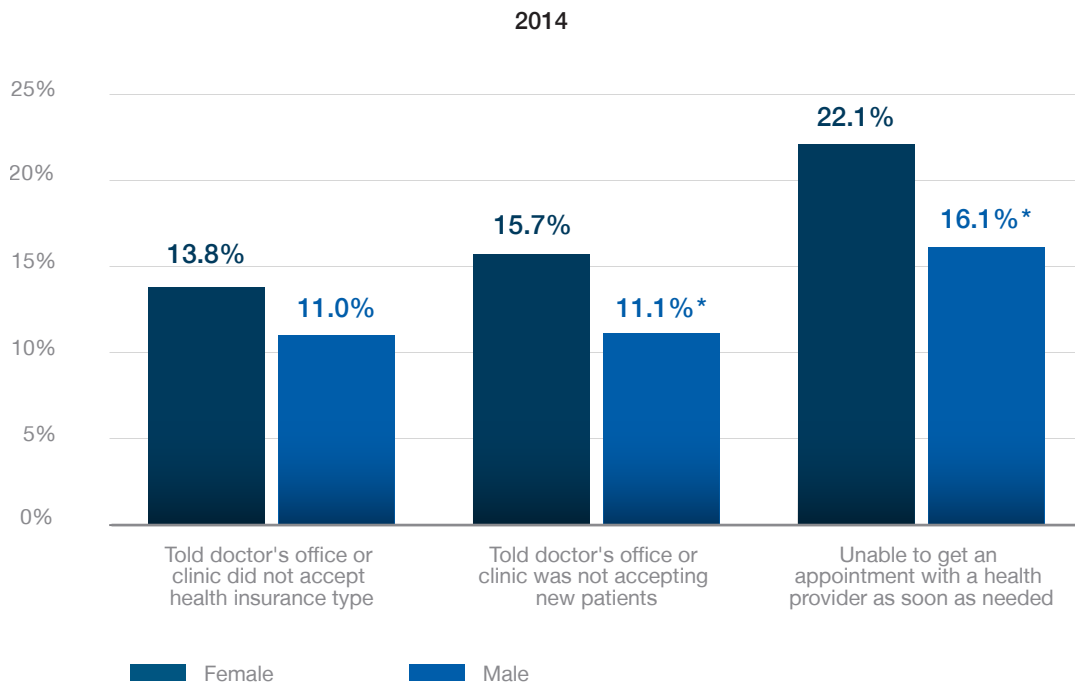
T4 Difficulties getting health care over the past 12 months in Massachusetts in 2014, overall and by age group

	All respondents	Children (0-18)	Non-elderly adults (19-64)	Elderly adults (65 and older)
Told doctor's office or clinic did not accept health insurance type over the past 12 months	12.4%	8.8%	15.6%*	5.0%
Told doctor's office or clinic was not accepting new patients over the past 12 months	13.5%	6.6%	17.6%*	6.8%
Unable to get an appointment with a health provider as soon as needed over the past 12 months	19.2%	13.2%	23.6%*	10.2%

Source: 2014 Massachusetts Health Insurance Survey

* Estimate is significantly different at the 5% level from estimate for children.

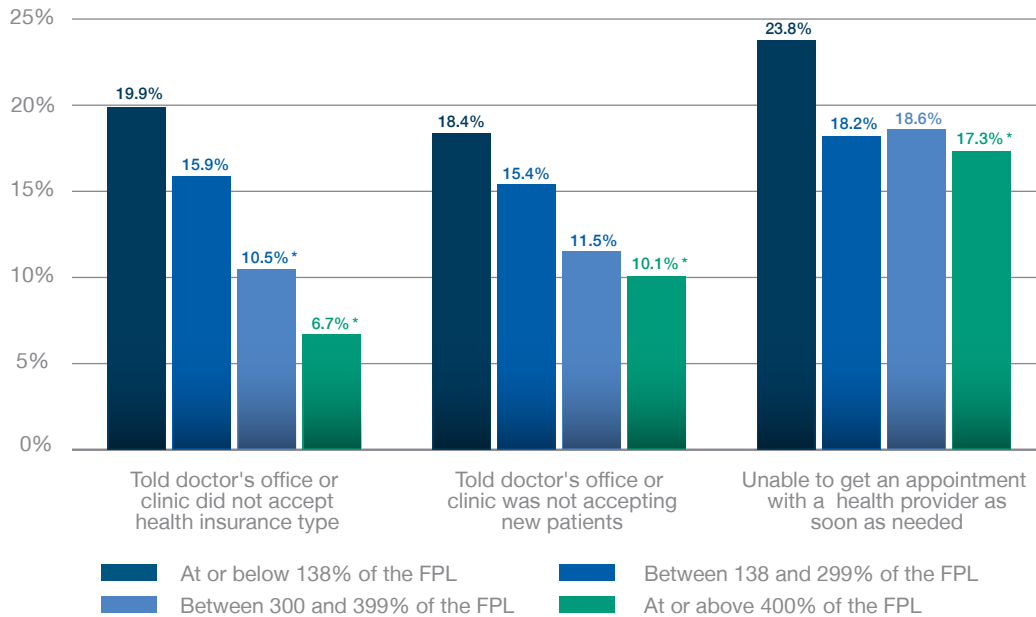
20 Difficulties getting health care over the past 12 months in Massachusetts in 2014, by gender



Source: 2014 Massachusetts Health Insurance Survey

* Estimate is significantly different at the 5% level from estimate for females.

2014

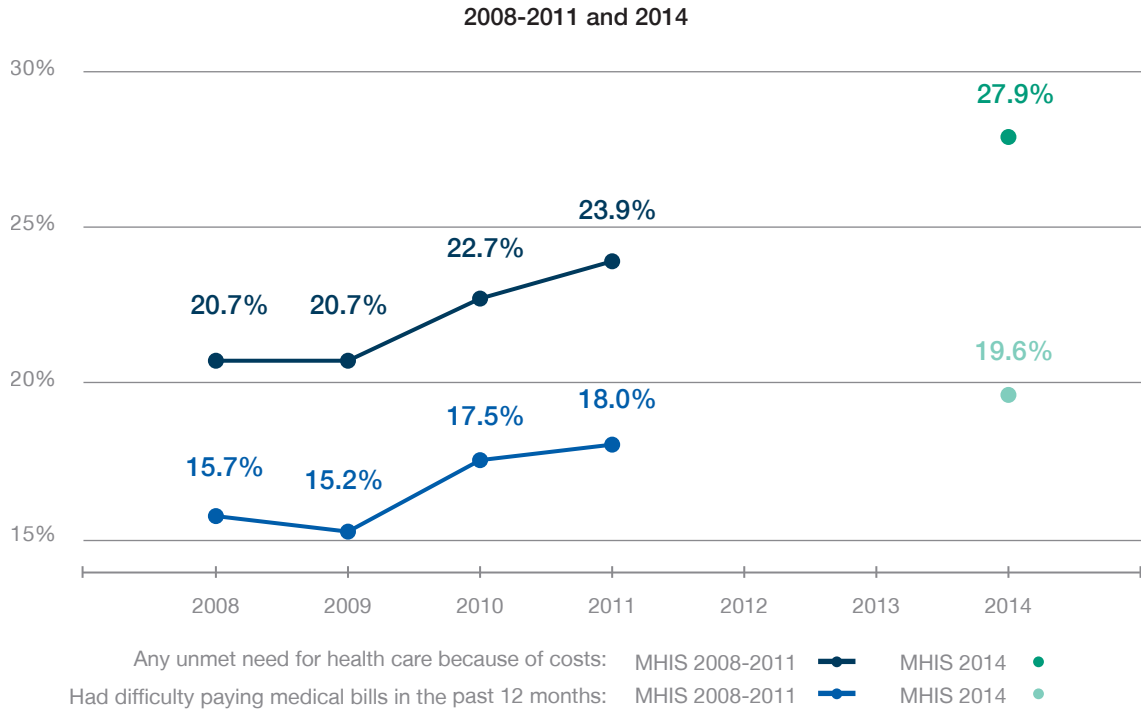


Source: 2014 Massachusetts Health Insurance Survey
 Note: FPL = Federal Poverty Level

* Estimate is significantly different at the 5% level from estimate for those "At or below 138% of the FPL."

those with family incomes at or above 400 percent of the FPL to report difficulty getting an appointment with a health care provider as soon as needed over the past 12 months (Figure 21). The lowest income respondents

were also more likely to report being told a doctor's office or clinic did not accept their health insurance type or that a doctor's office or clinic was not accepting new patients than were higher-income respondents.



Source: 2008-2011, 2014 Massachusetts Health Insurance Survey

Note: Due to a change in survey design for the MHIS in 2014, estimates for 2014 are not directly comparable to estimates from 2008-2011.

Estimates of unmet need for health care due to costs include unmet needs for dental as well as medical care. Medical care includes doctor care, specialist care, and prescription drugs.

Health Care Affordability

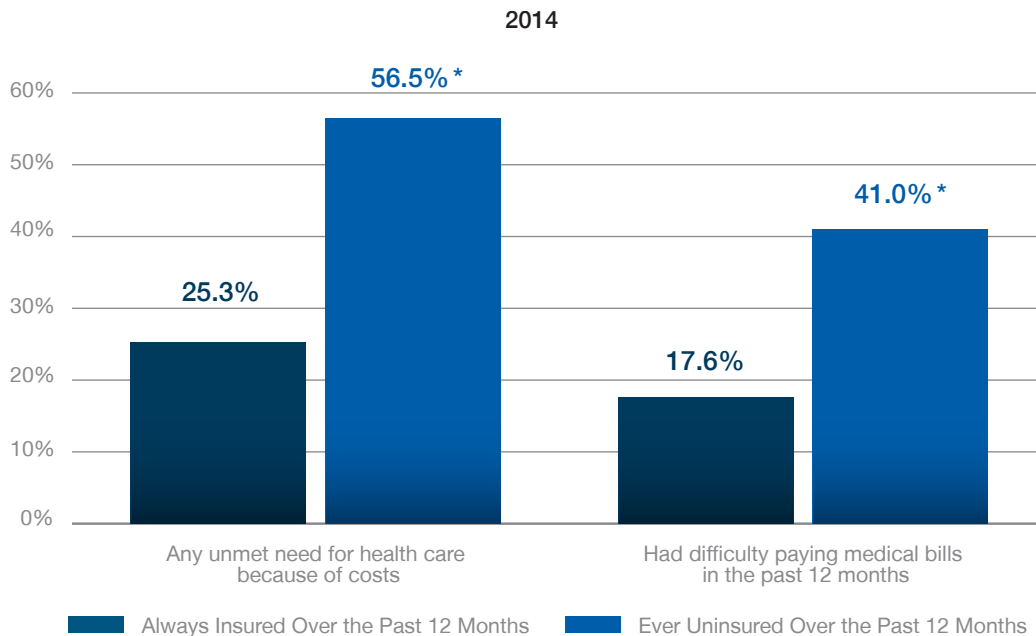
Massachusetts has long had health care costs that far exceed those of the nation as a whole, creating a challenge for residents of the state.²⁵ In 2014, health care affordability was an issue from the perspective of MHIS respondents. For example, over one quarter of respondents reported an unmet need for health care due to cost over the past 12 months in 2014, including both medical care (e.g., doctor care, specialist care, and prescription drugs) and dental care (Figure 22). In addition, nearly one in five respondents reported problems paying medical bills over the past 12 months. This includes doctor or hospital bills, dentist bills, bills for prescription drugs, nursing home bills, or home care bills.

Unmet need due to costs can be an issue for Massachusetts respondents with insurance all year and those who were uninsured at some point over the year, as shown in Figure 23. Insured individuals

may go without needed care because of concerns about co-pays or co-insurance, concerns about their deductible, or because they needed a service that was not covered by their health plan.²⁶ In 2014, nearly one in five (17.6 percent) full-year insured respondents reported problems paying medical bills over the past 12 months, as compared to 41.0 percent of respondents who were uninsured at some time over the year.

Out-of-Pocket Spending and Difficulty Paying Medical Bills

In 2014, nearly one in five Massachusetts respondents reported spending \$3,000 or more out-of-pocket over the past 12 months for health care for their family (19.0 percent), and a similar percentage reported difficulties paying their medical bills (19.6 percent) (Table 5). Out-of-pocket costs include spending on deductibles, copays,



Source: 2014 Massachusetts Health Insurance Survey

* Estimate is significantly different at the 5% level from estimate for those “Always insured over the past 12 months”.

and coinsurance for benefits covered by insurance, and all spending on non-covered medical, dental, and vision services that the respondent pays for directly. Out-of-pocket spending does not include premiums for health insurance. High out-of-pocket spending and difficulty paying medical bills were reported more often for children and non-elderly adults and their families than for elderly adults and their families.

Massachusetts respondents with family incomes at or below 138 percent of the FPL were almost three times as likely to report difficulty paying medical bills over the past 12 months than those with family incomes at or above 400 percent of the FPL (Figure 24). For respondents in lower-income families, even relatively small medical bills may contribute to financial problems given their limited resources. The higher burden of medical bills on lower-income families is consistent with findings in the 2013 Massachusetts Health Reform Survey, which found that 25.1 percent of non-elderly adults in

Massachusetts with family incomes below 300 percent of the FPL had difficulty paying medical bills over the past 12 months in 2013, versus 10.1 percent of those with family incomes at or above 300 percent of the FPL.²⁷

Massachusetts respondents with family incomes below 300 percent of the FPL were less likely to report spending \$1,000 or more out-of-pocket on health care over the past 12 months compared to those in higher-income families (Figure 24). This is likely due to low or no cost-sharing in MassHealth and Commonwealth Care for covered medical services for many of those in the lowest-income families.

Unmet Need for Health Care Due to Cost

In addition to financial problems due to health care costs, some Massachusetts respondents went without needed health care because of the cost of care in 2014. Overall, nearly one third (27.9 percent) of Massachusetts respondents reported an unmet need for health care

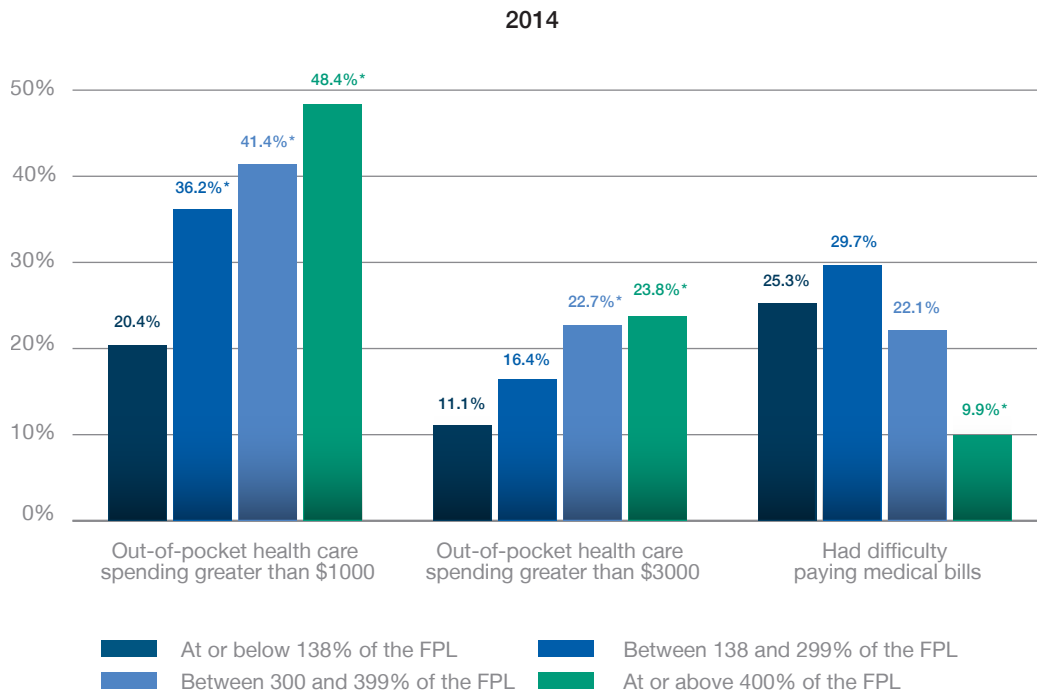
T5 Family health care out-of-pocket spending and difficulty paying family medical bills over the past 12 months in Massachusetts in 2014, overall and by age group

	All respondents	Children (0-18)	Non-elderly adults (19-64)	Elderly adults (65 and older)
Out-of-pocket health care spending greater than \$1000 over past 12 months	38.1%	40.5%	38.8%	31.2%*
Out-of-pocket health care spending greater than \$3000 over past 12 months	19.0%	21.0%	18.7%	16.9%
Had difficulty paying medical bills over the past 12 months	19.6%	17.6%	22.3%	10.9%*

Source: 2014 Massachusetts Health Insurance Survey

* Estimate is significantly different at the 5% level from estimate for children.

24 Health care out-of-pocket spending and difficulty paying medical bills over the past 12 months in Massachusetts in 2014, by family income



Source: 2014 Massachusetts Health Insurance Survey

Note: FPL = Federal Poverty Level

* Estimate is significantly different at the 5% level from estimate for those "At or below 138% of the FPL."

T6 Reported unmet need for health care because of costs over the past 12 months in Massachusetts in 2014, overall and by age group

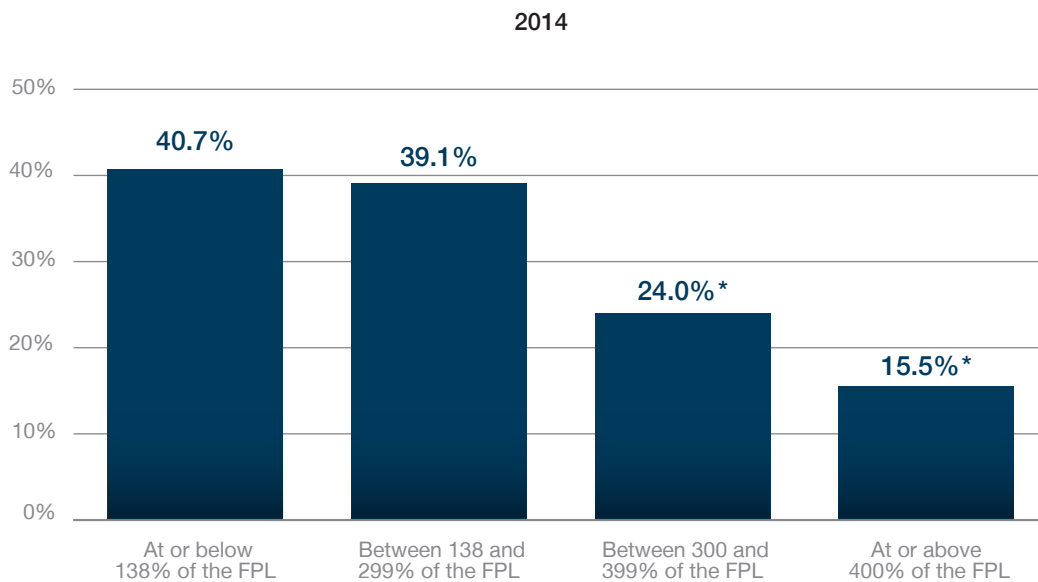
	All respondents	Children (0-18)	Non-elderly adults (19-64)	Elderly adults (65 and older)
Any unmet need for health care over the past 12 months because of cost of care	27.9%	12.3%	35.2%*	22.0%*
— Unmet need for doctor care	8.8%	3.4%	12.1%*	3.9%
— Unmet need for specialist care	9.3%	2.6%	13.1%*	4.0%
— Unmet need for dental care	20.1%	7.5%	25.9%*	15.4%*
— Ever went without prescription drugs	11.2%	4.6%	14.5%*	8.3%

Source: 2014 Massachusetts Health Insurance Survey

Note: Any unmet need for care is defined as reporting one or more of the following unmet needs for care due to cost: unmet need for doctor care, unmet need for specialist care, unmet need for dental care, or ever went without a prescription drug because of costs.

* Estimate is significantly different at the 5% level from estimate for children.

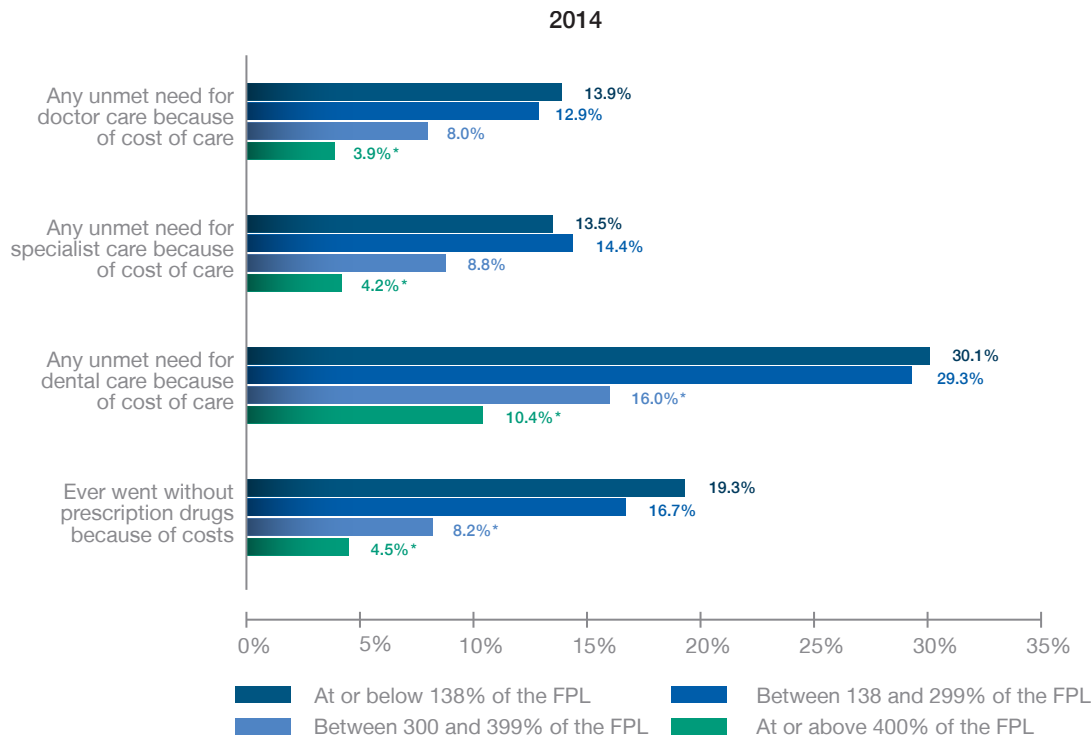
25 Reported unmet need for health care because of costs over the past 12 months in Massachusetts in 2014, by family income



Source: 2014 Massachusetts Health Insurance Survey

Note: Any unmet need for care is defined as reporting one or more of the following unmet needs for care due to cost: unmet need for doctor care, unmet need for specialist care, unmet need for dental care, or ever went without a prescription drug because of costs. FPL = Federal Poverty Level

* Estimate is significantly different at the 5% level from estimate for those "At or below 138% of the FPL."



Source: 2014 Massachusetts Health Insurance Survey

Note: Responses across categories cannot be added together, as respondents may have reported more than one unmet need for care. FPL = Federal Poverty Level

* Estimate is significantly different at the 5% level from estimate for those "At or below 138% of the FPL."

because of the cost of care over the past 12 months (Table 6). Any unmet need for care is defined as reporting one or more of the following unmet needs for care due to cost: unmet need for doctor care, unmet need for specialist care, unmet need for dental care, or ever went without a prescription drug. Unmet needs for health care could reflect a period of being uninsured, costs for services that are not covered, or cost-sharing for covered services.

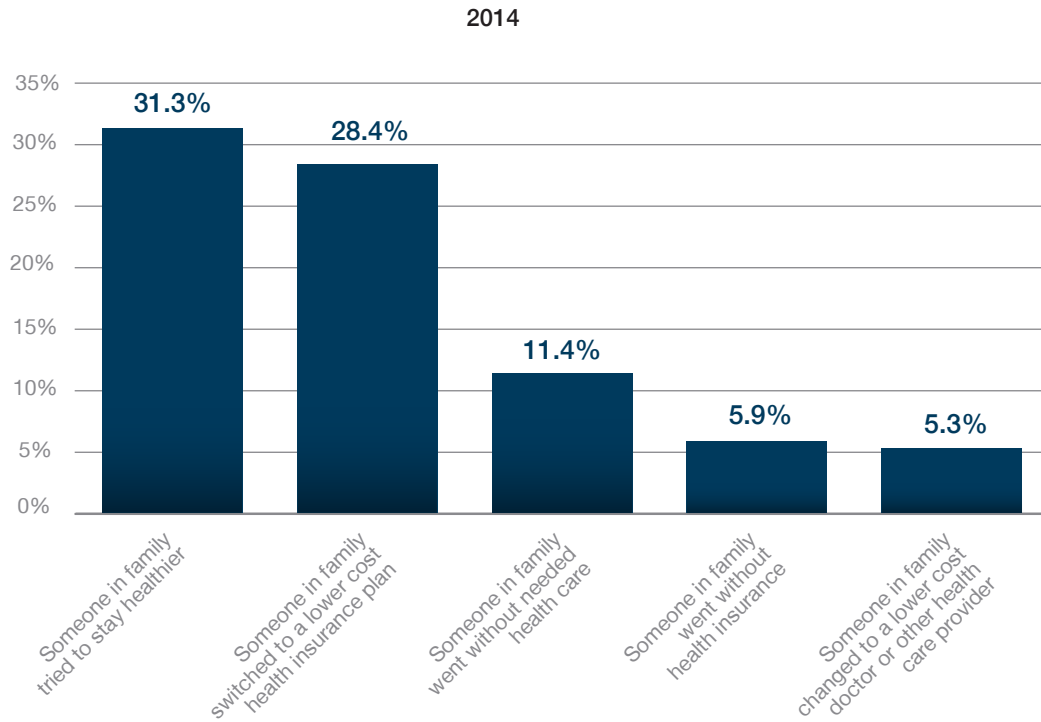
Non-elderly adult respondents were more likely to report unmet needs for health care due to cost than were children or elderly adults. Over one third of non-elderly adults reported some unmet need due to cost over the past 12 months (35.2 percent), with 25.9 percent reporting unmet need for dental care and 14.5 percent reporting going without needed prescription drugs (Table 6). In addition, female respondents were more likely to report unmet need for health care due to cost over the past 12 months (31.1 percent) than male respondents (24.4 percent) (data not shown, difference is statistically significant at the 5% level).

Among those with family incomes at or below 138 percent of the FPL, 40.7 percent reported an unmet need for health care over the past 12 months due to cost (Figure 25). Nearly one third of this income group reported an unmet need for dental care (30.1 percent) and one fifth (19.3 percent) an unmet need for prescription drugs (Figure 26).

Approaches to Lower Health Care Costs

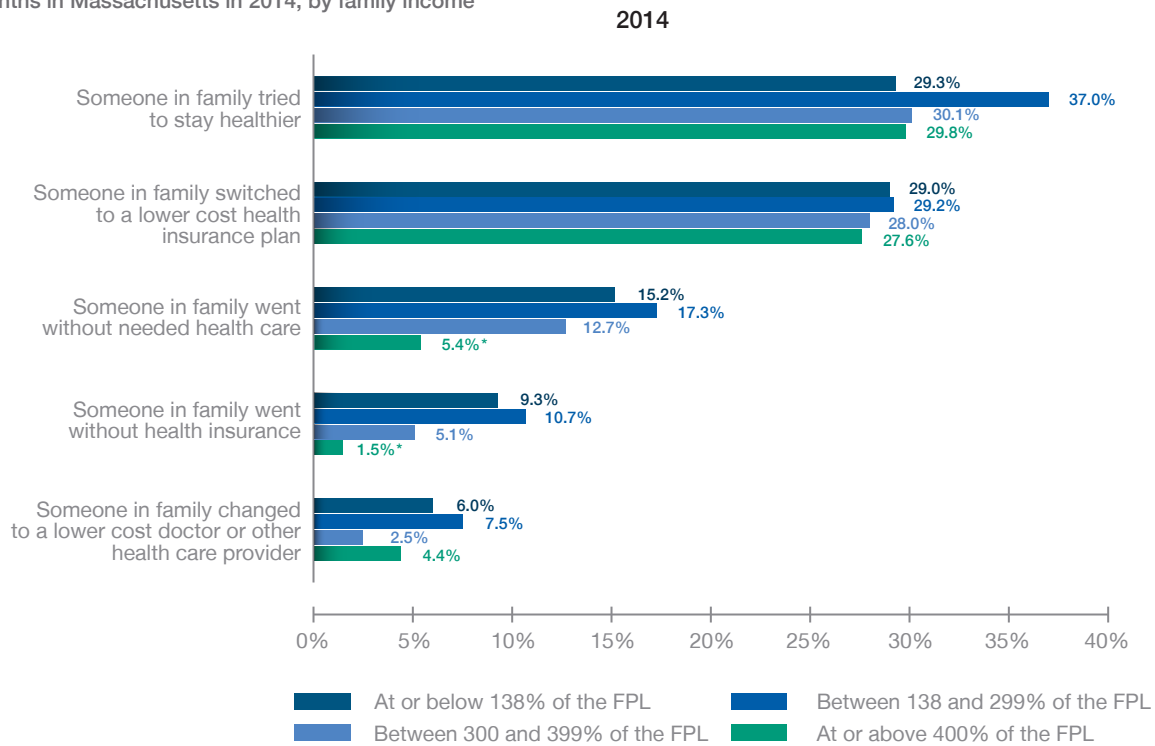
To better understand the ways families try to manage their health care costs, the 2014 MHIS added a new question about the approaches used by respondents to lower their families' health care costs over the prior year. In 2014, Massachusetts respondents reported that their families most often tried to lower their health care costs by staying healthier (31.3 percent) or switching to a lower cost health insurance plan (28.4 percent), though 11.4 percent of respondents reported that someone in their family went without needed health care over the past 12 months to lower costs (Figure 27).

27 Approaches used by families to lower health care costs over the past 12 months for all Massachusetts respondents in 2014



Source: 2014 Massachusetts Health Insurance Survey

28 Approaches used by families to lower health care costs over the past 12 months in Massachusetts in 2014, by family income

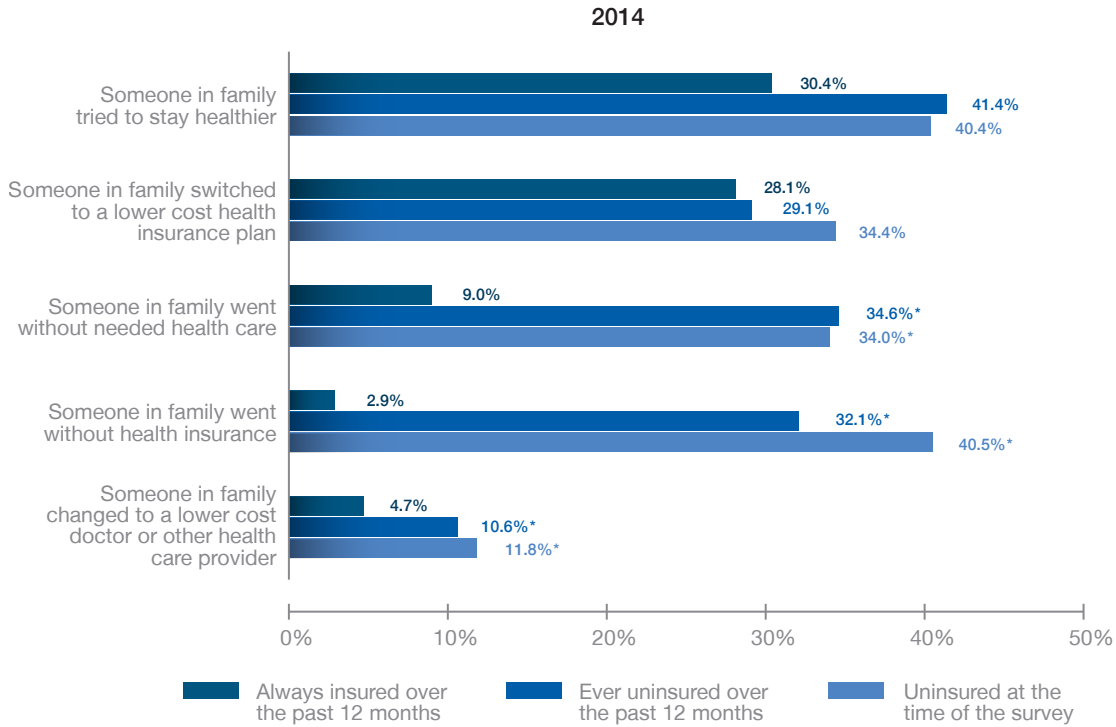


Source: 2014 Massachusetts Health Insurance Survey

Note: FPL = Federal Poverty Level

* Estimate is significantly different at the 5% level from estimate for those "At or below 138% of the FPL."

29 Approaches used by families to lower health care costs over the past 12 months in Massachusetts in 2014, by health insurance status



Source: 2014 Massachusetts Health Insurance Survey

* Estimate is significantly different at the 5% level from estimate for those “Always insured over the past 12 months.”

Massachusetts respondents with family incomes above 400 percent of the FPL were less likely than the lowest-income respondents to report that a family member went without needed health care or went without health insurance over the past 12 months to lower the family’s health care costs (Figure 28).

Finally, uninsured respondents were more likely than respondents who were insured all year to report that someone in the family went without needed health care, went without health insurance, or switched to a lower-cost provider to lower family health care costs over the past 12 months (Figure 29).

Summary and Conclusions

In 2014, 96.3 percent of the MHIS respondents had health insurance coverage at the time of the survey, a rate that was well above the national level. Further, most (90.7 percent) respondents were insured for all of the past 12 months. Fewer than one in twenty Massachusetts respondents were uninsured at the time of the survey in 2014, and even fewer (1.6 percent) were uninsured for all of the past 12 months. Employer-sponsored coverage was the primary source of health insurance in Massachusetts in 2014, covering nearly 60 percent of insured respondents. Public programs, including Medicare, MassHealth, and Commonwealth Care, covered almost one-third of insured respondents, while private non-group coverage (including Commonwealth Choice) covered less than one in ten.

Consistent with the high levels of health insurance coverage in Massachusetts, most respondents reported having a usual source of health care and a visit to a doctor over the past 12 months in 2014. However, some population groups were less likely to have a usual source of care or doctor visit, including respondents who were racial and ethnic minorities, in lower-income families, or uninsured. In addition, some respondents reported difficulty obtaining health care in the community, and, due in part to those difficulties, a greater reliance on the emergency department for non-emergency care. Difficulty obtaining care and use of the emergency department over the past 12 months were particularly high among Hispanics, those in lower-income families, and those in

fair or poor health with an activity limitation. Overall, these results suggest some persistent barriers to obtaining care in the community in Massachusetts in 2014, with more serious challenges for some vulnerable populations.

One significant barrier to care in Massachusetts in 2014 was the cost of care. More than one in four Massachusetts respondents reported an unmet health care need due to cost over the past 12 months. In addition, almost one in five respondents reported difficulty paying family medical bills over the past 12 months. Unmet need for health care and difficulties paying medical bills were more common for adults in lower-income families, the uninsured, and those in fair or poor health with an activity limitation. When asked what approaches they used to lower their family's health care costs in 2014, approximately one third of Massachusetts respondents reported they and their families were trying to stay healthier and over one in four reported that someone in the family had switched to a lower cost health insurance plan. In addition, more than one in ten reported that someone in the family went without needed health care to lower family health care costs. Moving forward, CHIA's Program of Study on Insurance Coverage, Underinsurance and Uninsurance will continue to explore Massachusetts' populations and the obstacles they face when attempting to obtain and maintain health insurance and health care; employer and consumer behavior; and health care access, use, and affordability in Massachusetts.

About the MHIS

The Massachusetts Health Insurance Survey (MHIS) provides information on health insurance coverage, health care access and use and perceived health care affordability for the non-institutionalized population in Massachusetts. The survey is conducted in English and Spanish and its average completion time is 21 minutes. The 2014 MHIS was fielded between May 14 and July 30, 2014. Surveys were completed with 4,024 Massachusetts households, collecting data on 4,024 target persons, including 504 children aged 0 to 18, 2,552 non-elderly adults aged 19 to 64, and 967 elderly adults aged 65 and older.

The overall response rate for the 2014 MHIS was 30.9 percent, combining the response rate of 32.4 percent for the landline telephone sample and the 27.7 percent for the cell phone sample. The 2014 MHIS response rate was calculated by dividing the number of households

in which an interview was completed by the estimated number of eligible households in the sample. Eligible households are those for which eligibility for inclusion in the MHIS was determined and the survey was completed, refused, or interrupted without completion. In addition, a portion of households for which eligibility could not be determined, such as those where the phone was not answered, are also included in the total number of eligible households. Ineligible sample records were not included in the response rate calculations, including business numbers, fax machine numbers, non-working phone numbers, and vacant or second homes.

All estimates based on the survey are prepared using weights that adjust for the complex survey design, for undercoverage, and for survey nonresponse.

Notes

⁸ The MHIS collects detailed information for one randomly selected household member (referred to as the target person). Target adults tend to respond to the survey for themselves, while a proxy, generally a parent, responds for a target child. The data reported here are for the household target person. For simplicity, we refer to the target person as the respondent in discussing survey findings.

⁹ Cohen, R and Martinez, M. "Health Insurance Coverage: Early Release of Estimates from the National Health Interview Survey, January-June 2014." National Center for Health Statistics. December 2014.

¹⁰ Cohen, R and Martinez, M. "Health Insurance Coverage: Early Release of Estimates from the National Health Interview Survey, 2008." National Center for Health Statistics. June 2009.

¹¹ Seifert, RW and Cohen, AP. "Re-Forming Reform: What the Patient Protection and Affordable Care Act Means for Massachusetts." Blue Cross and Blue Shield Foundation of Massachusetts. June 2010. Available at: <http://bluecrossmafoundation.org/sites/default/files/062110NHRReportFINAL.pdf>.

¹² Cohen, R and Martinez, M. "Health Insurance Coverage: Early Release of Estimates from the National Health Interview Survey, 2013." National Center for Health Statistics. June 2014.

¹³ "2013 American Community Survey 1-Year Estimates, Selected Economic Characteristics." Available at: http://factfinder2.census.gov/bkmk/table/1.0/en/ACS/13_1YR/DP03/040000US25.

¹⁴ Cohen, R and Martinez, M. "Health Insurance Coverage: Early Release of Estimates from the National Health Interview Survey, January-June 2014." National Center for Health Statistics. December 2014.

¹⁵ Cohen, R and Martinez, M. "Health Insurance Coverage: Early Release of Estimates from the National Health Interview Survey, January-June 2014." National Center for Health Statistics. December 2014.

¹⁶ Pascale, J. "Measurement Error in Health Insurance Reporting." *Inquiry* 45 (4): 422-37; and Pascale, J. et al. "Preparing to Measure Health Coverage in Federal Surveys Post-Reform: Lessons from Massachusetts." *Inquiry* 50 (2): 106-23.

¹⁷ Call, K. et al. "Comparing Errors in Medicaid Reporting across Surveys: Evidence to Date." *Health Services Research* 48 (2 Pt 1): 652-64.

¹⁸ Center for Health Information and Analysis. "Massachusetts Employer Survey: 2014 Summary of Results." October 2014. Available at: <http://chiamass.gov/assets/docs/r/pubs/14/2014-employer-survey-summary-results.pdf>.

¹⁹ This result is very similar to the 2014 Massachusetts Employer Survey, which found that 77 percent of employees were eligible for employer-sponsored coverage. See, Center for Health Information and Analysis. "Massachusetts Employer Survey: 2014 Summary of Results." October 2014. Available at: <http://chiamass.gov/assets/docs/r/pubs/14/2014-employer-survey-summary-results.pdf>.

²⁰ Cohen, R and Martinez, M. "Health Insurance Coverage: Early Release of Estimates from the National Health Interview Survey, January-June 2014." National Center for Health Statistics. December 2014.

²¹ Schiller, J.S. et al. "Early Release of Selected Estimates from the January-June 2014 National Health Interview Survey." National Center for Health Statistics. December 2014.

²² Long, S.K. and Dimmock, T.H. "Health Insurance Coverage and Health Care Access and Affordability in Massachusetts: Affordability Still a Challenge." Blue Cross and Blue Shield Foundation of Massachusetts. November 2014. Available at: http://bluecrossmafoundation.org/sites/default/files/download/publication/MHRS_2013_Report_FINAL.pdf.

²³ Garcia, T et al. "Emergency Department Visitors and Visits: Who Used the Emergency Room in 2007?" National Center for Health Statistics Data Brief no. 38. May 2010; and Medicaid and CHIP Payment and Access Commission (MACPAC). MACStats Tables 24-27. In Report to the Congress on Medicaid and CHIP. March 2014. Washington, DC: MACPAC.

²⁴ A non-emergency condition is one that the respondent thought could have been treated by a regular doctor if one had been available.

²⁵ Health Policy Commission. "2013 Cost Trends Report." Available at: <http://www.mass.gov/anf/docs/hpc/2013-cost-trends-report-final.pdf>.

²⁶ Collins, S.R., Rasmussen, P.W., Doty, M.M., and Beutel, S. "Too High a Price: Out-of-Pocket Health Care Costs in the United States." *The Commonwealth Fund* pub. 1784, Vol. 29. Available at: http://www.commonwealthfund.org/~media/files/publications/issue-brief/2014/nov/1784_collins_too_high_a_price_out_of_pocket_tb_v2.pdf.

²⁷ Long, S.K. and Dimmock, T.H. "Health Insurance Coverage and Health Care Access and Affordability in Massachusetts: Affordability Still a Challenge." Blue Cross and Blue Shield Foundation of Massachusetts. November 2014. Available at: http://bluecrossmafoundation.org/sites/default/files/download/publication/MHRS_2013_Report_FINAL.pdf



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