

CENTER FOR HEALTH INFORMATION AND ANALYSIS

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# ENROLLMENT TRENDS

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FEBRUARY 2018 EDITION

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## About this Report

Enrollment Trends monitors health insurance coverage in the Commonwealth of Massachusetts, where coverage is defined by unique Massachusetts residents in primary, medical membership within the top 13 commercial payers, MassHealth (Medicaid), and Medicare. Membership counts are sourced from the Massachusetts All-Payer Claims Database (MA APCD) using payer-verified logic and supplemented, where necessary, with data provided directly by commercial payers and state or federal agencies. A list of included payers is on page ii. Current counts represent the most accurate data available. More information on the methods and data sources used in this report can be found in the [technical appendix](#).

Enrollment Trends should not be used to calculate a Massachusetts uninsured rate. Counts exclude smaller payers, third party administrators, and certain public programs, as well as those with primary, medical coverage through Veterans Affairs or TRICARE. Counts may also not be completely unique across commercial and/or public payers. CHIA's population-based [Massachusetts Health Insurance Survey](#) found a 96.3% insurance rate among residents in 2017.

Enrollment Trends is a recurring report released every six months. This edition includes enrollment data from September 2015 through September 2017. This report is accompanied by a [databook](#), [technical appendix](#), and [MA APCD Programming Code](#). The databook contains additional dates and population breakouts not included in the main report.

For questions on Enrollment Trends, please contact Lauren Almquist, Manager of Analytics, at (617) 701-8264 or at [lauren.almquist@state.ma.us](mailto:lauren.almquist@state.ma.us).

## Payers Included in Enrollment Trends

Commercial Payer	Data Sources by Lines of Business			
	Private Commercial	MassHealth MCO	Medicare Advantage	SCO, One Care
Aetna	MA APCD, Supp.	N/A	MA APCD	N/A
Anthem <sup>1</sup>	MA APCD, Supp.	N/A	CMS	N/A
Blue Cross Blue Shield of Massachusetts (BCBSMA)	MA APCD, Supp.	N/A	MA APCD	N/A
Boston Medical Center HealthNet Plan (BMCHP)	MA APCD	MA APCD	N/A	MA APCD
CeltiCare Health (CeltiCare)	MA APCD	MA APCD	N/A	N/A
Cigna	MA APCD, Supp.	N/A	N/A	N/A
Fallon Health (Fallon) <sup>2</sup>	MA APCD, Supp.	MA APCD	MA APCD	MA APCD
Harvard Pilgrim Health Care (HPHC) <sup>3</sup>	MA APCD, Supp.	N/A	MA APCD	N/A
Health New England (HNE)	MA APCD	MA APCD	MA APCD	N/A
Minuteman Health (Minuteman)	MA APCD	N/A	N/A	N/A
Neighborhood Health Plan (NHP)	MA APCD	MA APCD	N/A	N/A
Tufts Health Plan (Tufts) <sup>4</sup>	MA APCD, Supp.	MA APCD	MA APCD	MA APCD
United Healthcare (United)	MA APCD, Supp.	N/A	MA APCD	MA APCD

Public Payer	Data Sources
MassHealth <sup>5</sup>	MA APCD
Medicare Fee-for-Service (Parts A and B)	CMS

**Source:** Massachusetts All-Payer Claims Database (MA APCD), Supplemental Payer Data (Supp.), Centers for Medicare and Medicaid Services (CMS), Not Applicable (N/A)

**Notes:** The Massachusetts Health Connector provided additional payer-level enrollment data on coverage purchased through the exchange.

<sup>1</sup> Anthem data includes UniCare.

<sup>2</sup> Private commercial membership for Fallon was sourced from supplemental payer data in most cases due to data quality concerns; page 8 of this report includes data from Fallon's MA APCD submissions.

<sup>3</sup> HPHC data includes Health Plans, Inc.

<sup>4</sup> Tufts data includes Tufts Health Public Plans (previously Network Health).

<sup>5</sup> MassHealth enrollment includes FFS, PCC Plan, MCO, SCO, PACE, and One Care and is sourced from MassHealth's enhanced eligibility submission to the MA APCD.

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# OVERALL MARKET

## Total Massachusetts Enrollment

September 2015 - September 2017

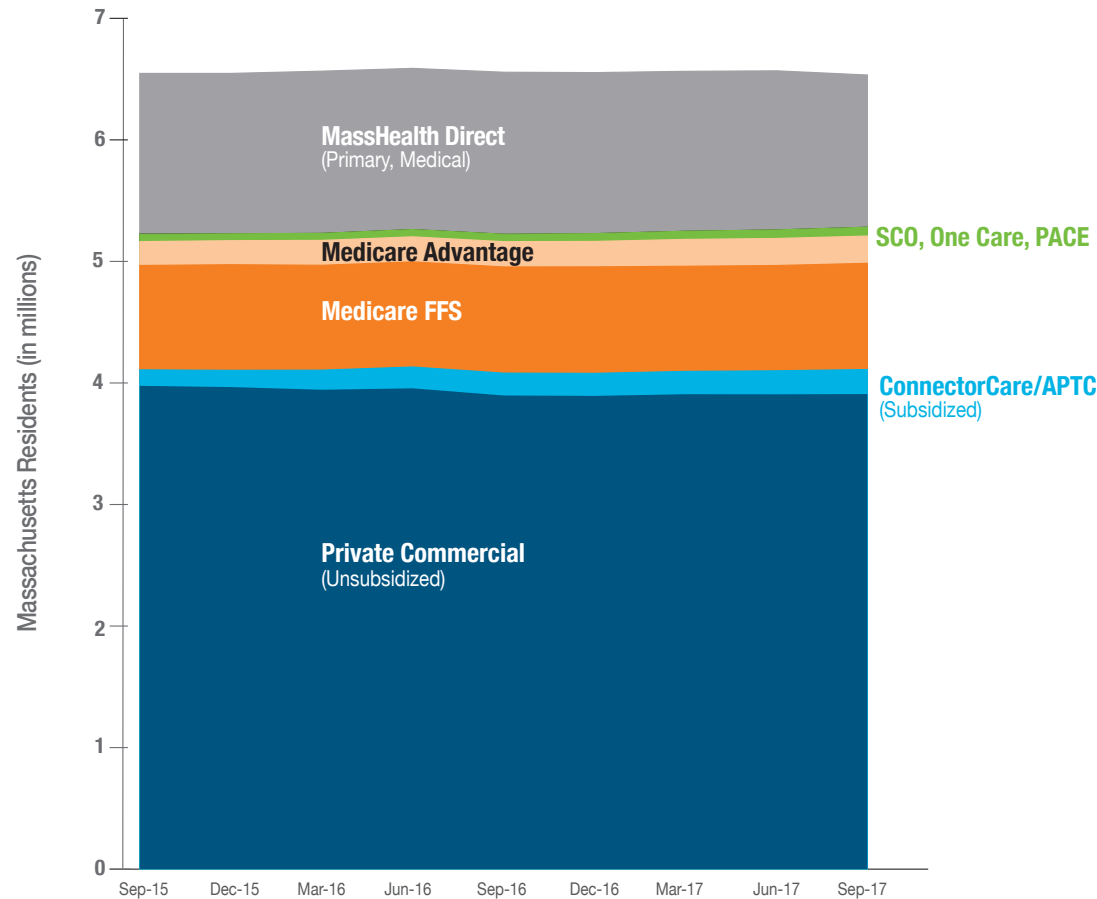
Between September 2015 and September 2017, overall health insurance coverage in Massachusetts remained steady.

Enrollment in private commercial insurance remained largely flat during this period (+2,841 members), covering approximately 4.1 million Massachusetts residents. Subsidized plans sold through the Massachusetts Health Connector grew by 53.8% over the two year period. Enrollment in the larger, unsubsidized private commercial market rebounded slightly in 2017 (+11,410 members) from its modest decline in 2016 but still experienced an overall decrease of 1.7% during the two year period.

In September 2017, approximately 2.4 million Massachusetts residents had primary, medical coverage under Medicare and/or MassHealth (Medicaid). A small but growing population was enrolled in SCO, One Care, or PACE programs, which experienced 20.3% growth over the two year period.

**MassHealth Direct:** Primary, medical coverage provided by MassHealth, where members have no other primary insurance coverage and are not receiving premium assistance. This category excludes non-comprehensive coverage such as MassHealth Limited, which only covers emergency services.

**Senior Care Options (SCO), One Care, Program of All-inclusive Care for the Elderly (PACE):** Specialized managed care programs primarily for individuals with both MassHealth and Medicare coverage.



Source: MA APCD, supplemental payer data, Massachusetts Health Connector, CMS

Notes: Enrollment Trends counts exclude members of smaller payers, third party administrators, and certain public programs, as well as those with primary coverage through Veterans Affairs or TRICARE. This report should not be used to calculate a statewide uninsurance rate. Medicare Advantage counts exclude enrollment in SCO, One Care, and PACE, which are reported separately. Individuals who are dually eligible for MassHealth and Medicare are classified under "Medicare" unless they are enrolled in SCO, One Care, or PACE. See [technical appendix](#) for more information on the treatment of dually eligible members in this report.

The logic used to classify the MassHealth population has changed since the July 2016 Enrollment Trends report. Numbers in this report should not be compared to prior Enrollment Trends reports. See [technical appendix](#) for more information.

# OVERALL MARKET

## Commercial (Private & Public) Enrollment by Payer

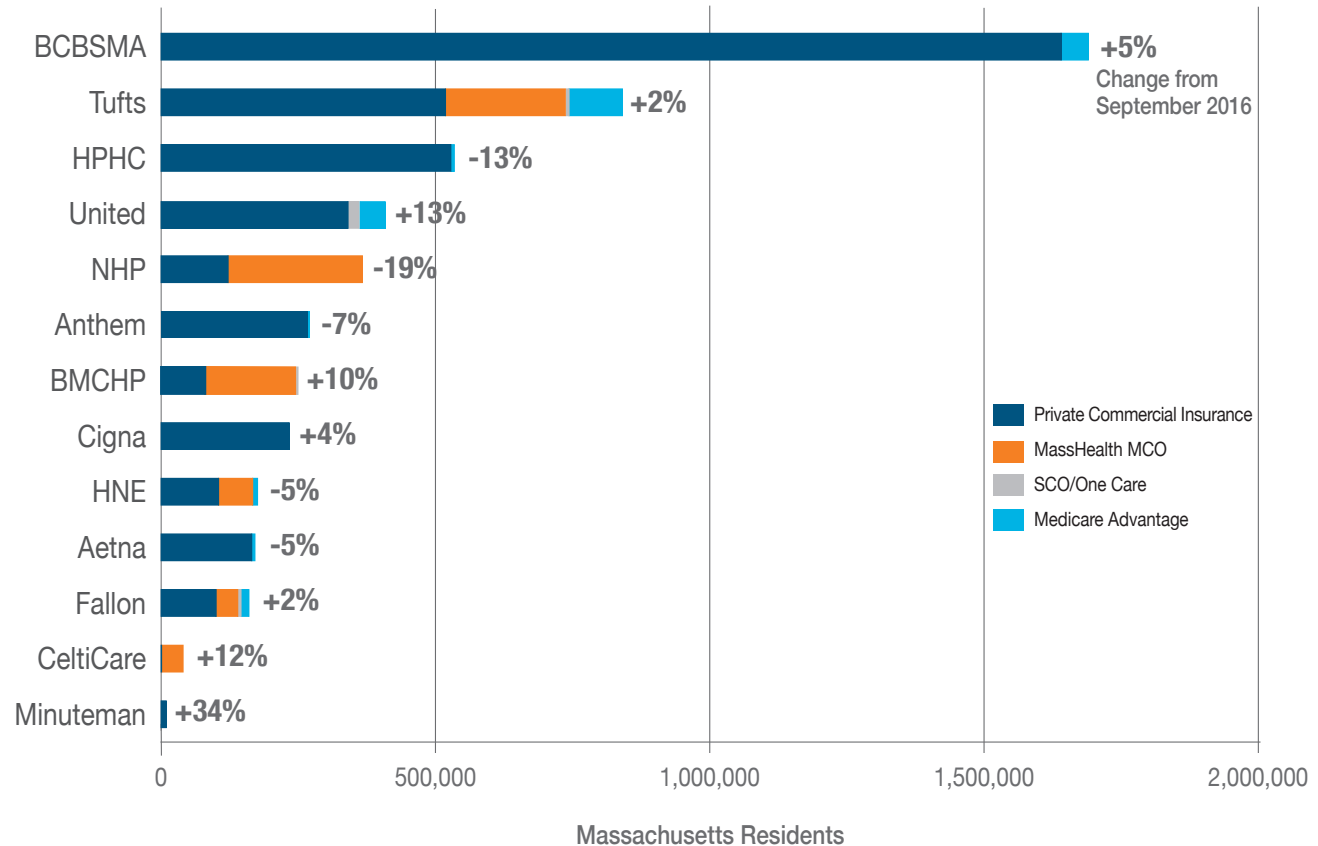
September 2017

In September 2017, over three million Massachusetts residents were enrolled with BCBSMA, HPHC, or Tufts.

Among these three payers, BCBSMA experienced the largest one year member growth (+72,500 members, +4.5%), due to membership growth in private commercial and Medicare Advantage plans. HPHC private commercial enrollment fell by 13.3% in this timeframe (-81,000 members).

Among all commercial payers, Minuteman, with enrollment of 9,200, experienced the largest percentage enrollment growth between September 2016 and September 2017 (+2,300 members, +33.6%).

Note: Minuteman announced that it will not be offering insurance effective January 1, 2018.



Source: MA APCD, supplemental payer data, CMS

Notes: Membership for Health Plans Inc. is included under its parent company, Harvard Pilgrim Health Care. Membership for Tufts Health Public Plans (formerly Network Health) is included under its parent company, Tufts Health Plan. MassHealth MCO, SCO and One Care plan enrollment figures by plan are sourced from MassHealth's enhanced eligibility submission to the MA APCD. Medicare Advantage counts exclude enrollment in SCO, One Care, and PACE. See [technical appendix](#) for more information on the treatment of dually eligible members in this report.

Private commercial data includes enrollment in subsidized health plans offered through the Massachusetts Health Connector (ConnectorCare and Advance Premium Tax Credits).



# PRIVATE COMMERCIAL

## Private Commercial Enrollment

September 2017

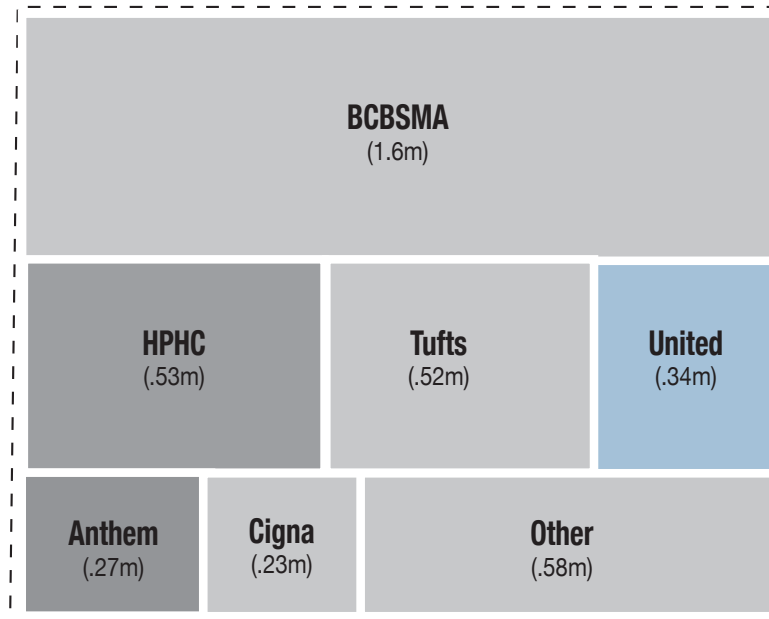
4.1 Million Primary, Medical Members (+0.7% Since September 2016)

BCBSMA, HPHC, and Tufts retained their positions as the three largest private commercial payers in September 2017, accounting for slightly less than two-thirds of the private market membership.

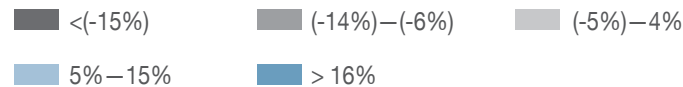
The fully-insured portion of the private commercial market grew by 2.2% from September 2016 to September 2017, while the self-insured portion decreased by 0.4% over the same time period. Subsidized plan membership increased by 10% during this period.

Approximately four in 10 Massachusetts private commercial members were enrolled in HMO plans in September 2017, while over a third had PPO plans. Membership in Indemnity plans, which account for 3.6% of membership, decreased by 14.8% from September 2016 to September 2017.

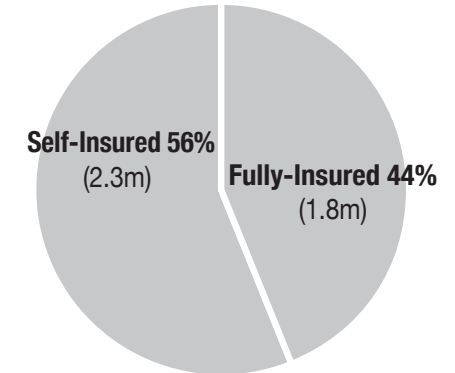
### By Payer



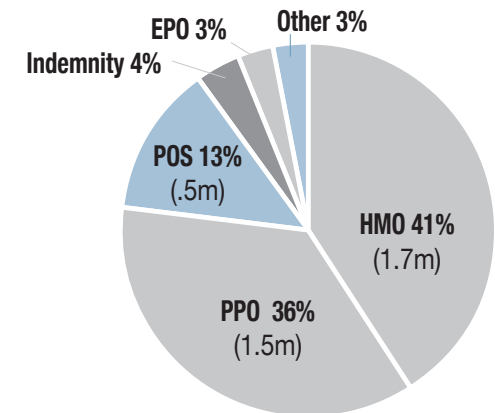
#### Change Over Past Year



### By Funding Type



### By Product Type



Source: MA APCD, supplemental payer data

Notes: Data for Health Plans Inc. is included under its parent company, Harvard Pilgrim Health Care. Data for Network Health is included under its parent company, Tufts Health Plan. "Other" includes Aetna, Boston Medical Center Healthnet Plan (BMCHP), CeliCare, Fallon, Health New England (HNE), Minuteman, and Neighborhood Health Plan (NHP).

Private commercial data includes enrollment in subsidized health plans offered through the Massachusetts Health Connector (ConnectorCare and Advance Premium Tax Credits).

# PRIVATE COMMERCIAL

## Private Commercial Enrollment by Payer and Funding Type

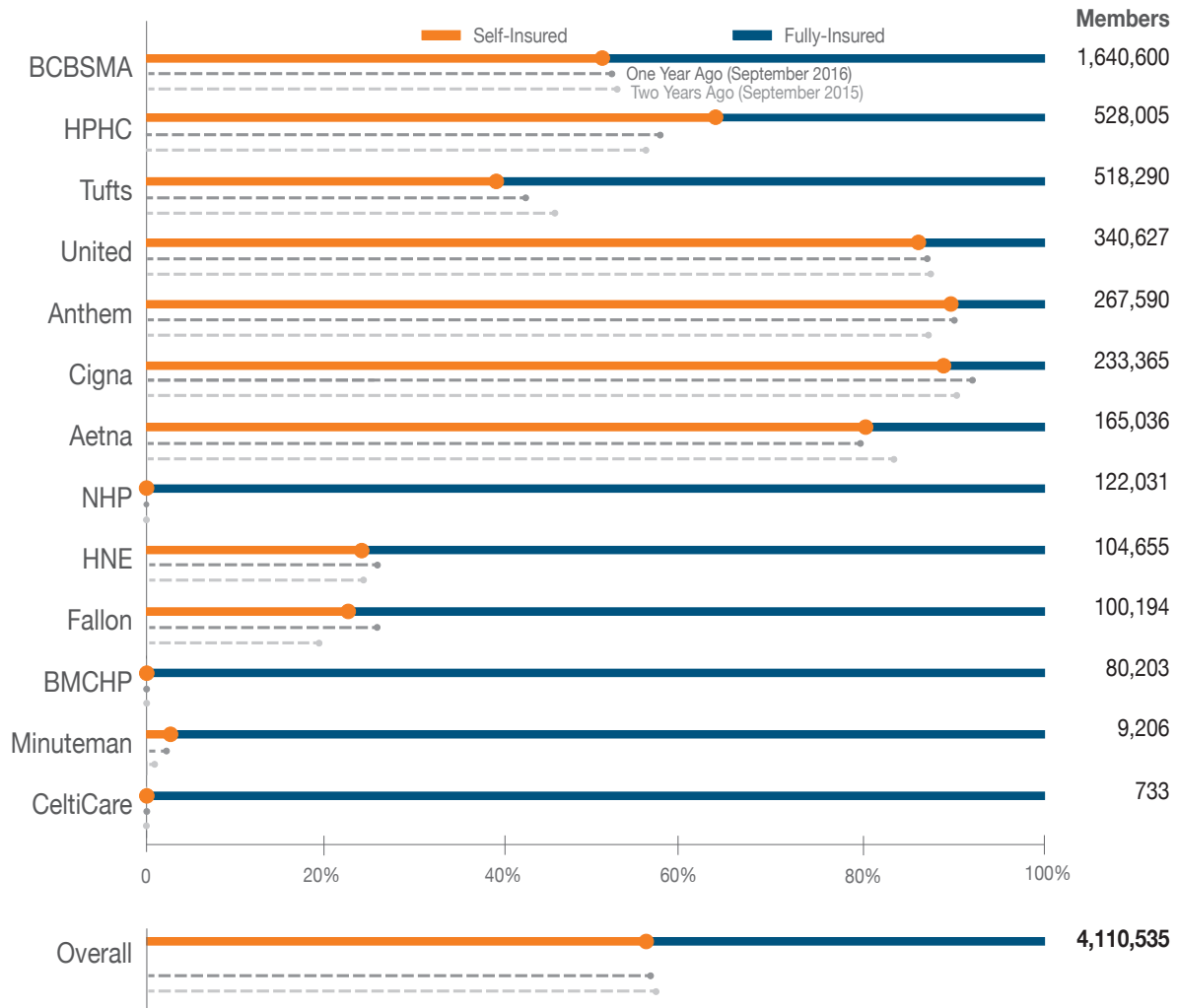
September 2017

In September 2017, 55.6% of Massachusetts residents with private commercial insurance were covered under a self-insured arrangement. This proportion decreased by one percentage point compared to September 2015.

### Funding Types

**Fully-Insured:** A fully-insured employer contracts with a payer to cover pre-specified medical costs for its employees and employee-dependents.

**Self-Insured:** A self-insured employer takes on the financial responsibility and risk for its employees and employee-dependents' medical costs, paying payers or third party administrators to administer their claims.



Source: MA APCD, supplemental payer data

Notes: Membership for Health Plans Inc. is included under its parent company, Harvard Pilgrim Health Care. Membership for Tufts Health Public Plans (formerly Network Health) is included under its parent company, Tufts Health Plan.

Private commercial data includes enrollment in subsidized health plans offered through the Massachusetts Health Connector (ConnectorCare and Advance Premium Tax Credits).

# PRIVATE COMMERCIAL

## Private Commercial Enrollment by Employer Size and Funding Type

September 2017

As reported in previous Enrollment Trends publications, over 80% of members in employer groups with more than 500 employees are under self-insured arrangements. Self-insured adoption by smaller employers, however, remained low. Nearly all small group plan plans were fully-insured arrangements.

### Market Sectors

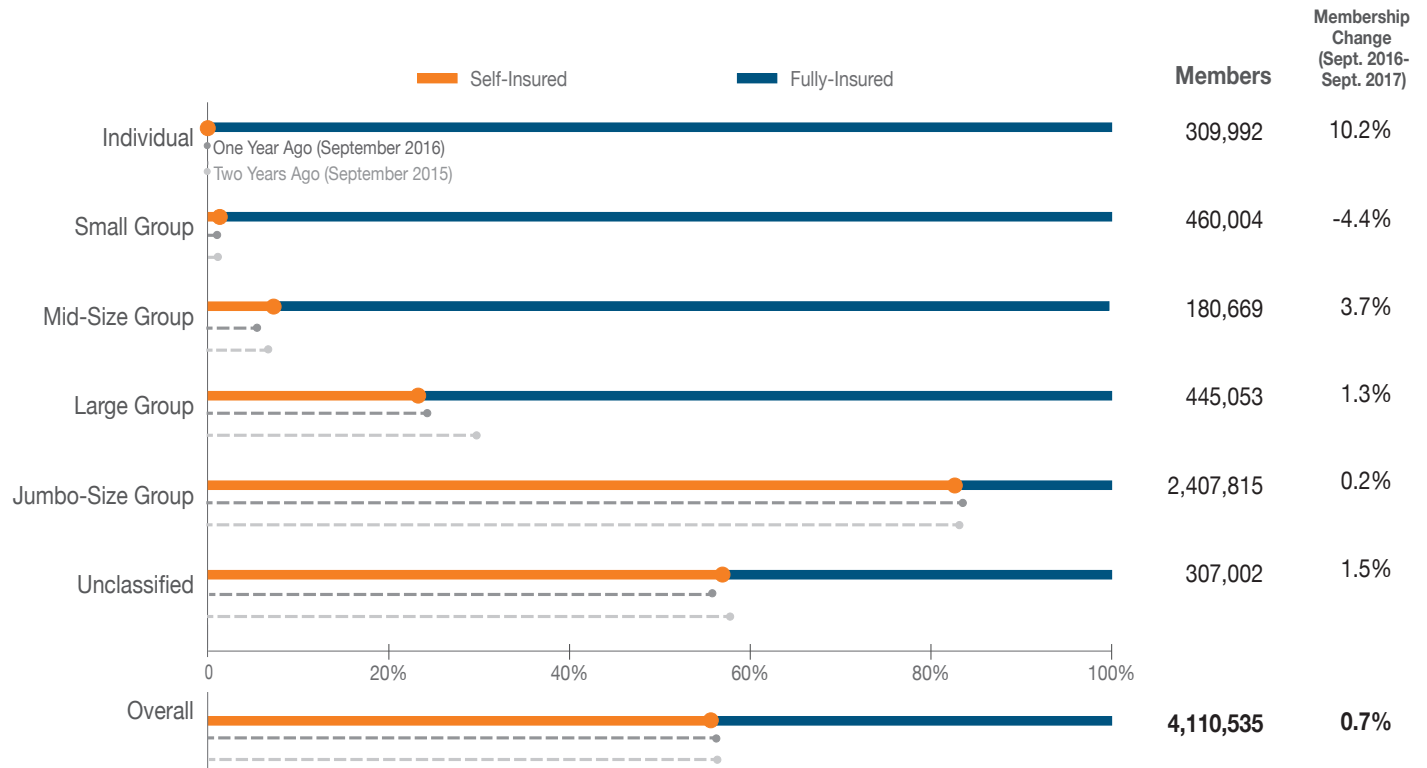
**Individual:** Individual contract with payer; includes individual purchases through the Massachusetts Health Connector

**Small Group:** Employer groups with 1-50 eligible employees

**Mid-Size Group:** Employer groups with 51-100 employees

**Large Group:** Employer groups with 101-500 employees

**Jumbo Group:** Employer groups with more than 500 employees



Source: MA APCD, supplemental payer

Notes: "Unclassified" includes members whose market sector was not differentiated in the data. Most of these members are federal employees or "host members" with contracts issued in other states. Employers offering multi-state plans are likely large or jumbo group employers. See [technical appendix](#) for details.

Private commercial data includes enrollment in subsidized health plans offered through the Massachusetts Health Connector (ConnectorCare and Advance Premium Tax Credits).

# PRIVATE COMMERCIAL

## Private Commercial Enrollment by Product Type and Funding Type

September 2017

Only 25.5% of HMO members in September 2017 were covered under self-insured plans compared to 73.6% of PPO members; this was consistent with prior years.

Indemnity plans experienced a one-year decline of 14.8% while PPO, POS, EPO, and Other plans grew modestly from 2016. HMO plans declined slightly (-0.8%) from September 2016.

### Product Types

#### Health Maintenance Organization (HMO):

Plans with a closed network of providers, outside of which non-emergency coverage is not provided; generally require members to coordinate care through a PCP.

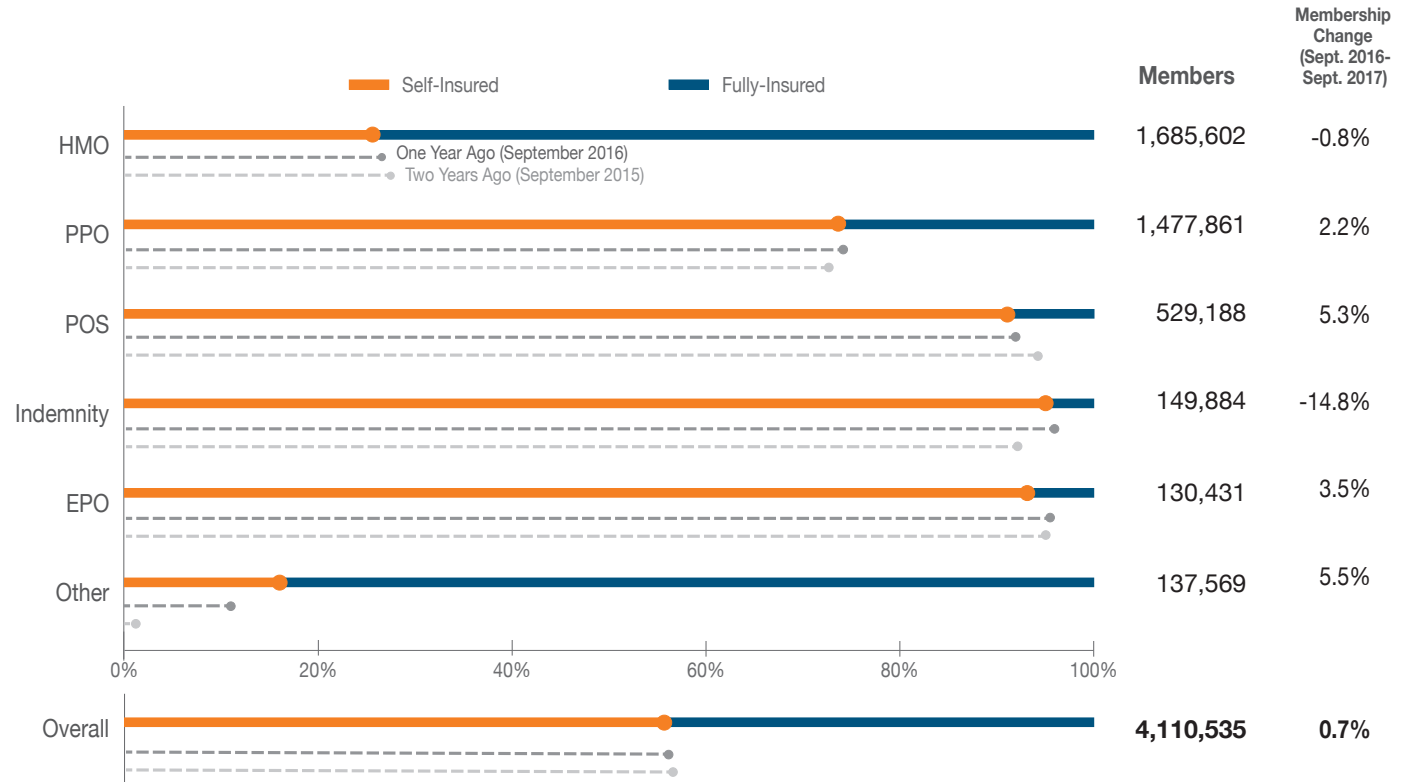
**Preferred Provider Organization (PPO):** Plans with a network of “preferred providers,” although members may obtain coverage outside the network at higher levels of cost-sharing; generally do not require members to select a PCP.

**Point of Service (POS):** Plans that require members to coordinate care through a PCP and use in-network providers for the lowest cost-sharing. Out-of-network providers are covered at a higher cost to the member.

**Indemnity:** Plans that offer access to any licensed medical provider.

#### Exclusive Provider Organization (EPO):

Plans with a closed network of providers.



Source: MA APCD, supplemental payer data

Notes: “Other” includes plans that were not identified by one of the product types shown here.

Private commercial data includes enrollment in subsidized health plans offered through the Massachusetts Health Connector (ConnectorCare and Advance Premium Tax Credits).

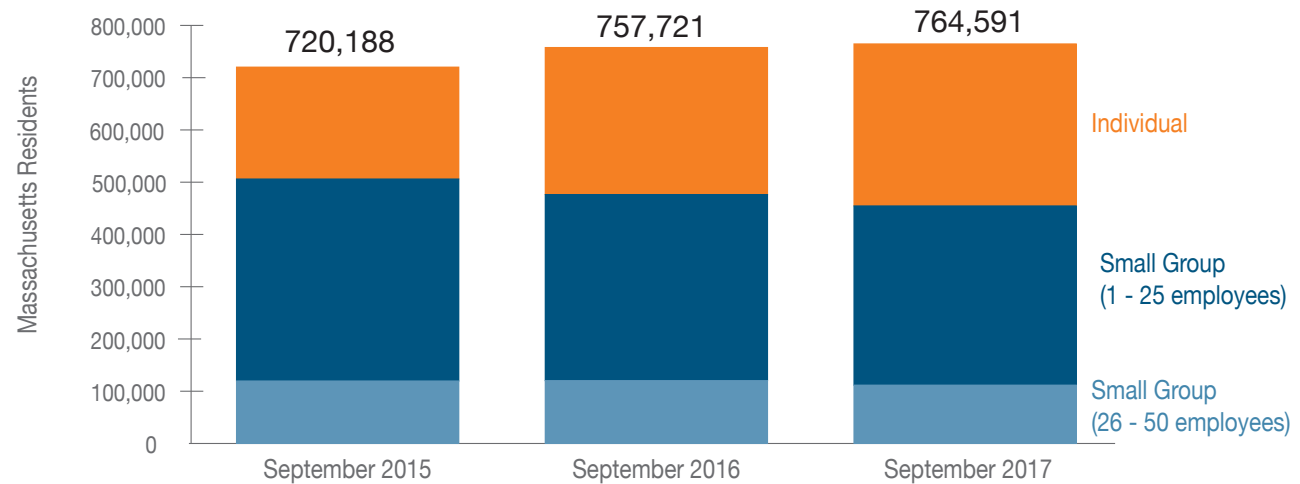
# PRIVATE COMMERCIAL

## Merged Market Enrollment by Employer Size

September 2015 - September 2017

The Massachusetts merged market includes private commercial insurance sold to individuals or small groups (50 or fewer eligible employees) under fully-insured plans.<sup>1</sup>

Between September 2015 and September 2017, the merged market grew by 6.2% (+44,400 members). This increase was driven by the continued growth of individual purchasers (10.2% enrollment growth from September 2016 to September 2017 and 31.4% growth in the previous year). Gains in individual insurance purchases were offset by continued decreases in Massachusetts's small group enrollment (-4.6% from September 2016 to September 2017 and -5.9% during the year prior).



Purchaser	Members		One-Year Change	
	Sept. 2016	Sept. 2017	Absolute	Percentage
Individual	281,390	309,992	28,602	10%
Small Group (1-25 Eligible Employees)	355,988	342,951	-13,037	-4%
Small Group (26-50 Eligible Employees)	120,343	111,648	-8,695	-7%
<b>Total</b>	<b>757,721</b>	<b>764,591</b>	<b>6,870</b>	<b>1%</b>

<sup>1</sup> Self-insured plans are not included in the merged market.

**Source:** MA APCD, supplemental payer data

**Notes:** This data includes all fully-insured individual and small group enrollment, a small portion of which (e.g., group conversion plans, grandfathered plans) may not be considered part of the Massachusetts merged market.

Private commercial data includes enrollment in subsidized health plans offered through the Massachusetts Health Connector (ConnectorCare and Advance Premium Tax Credits).

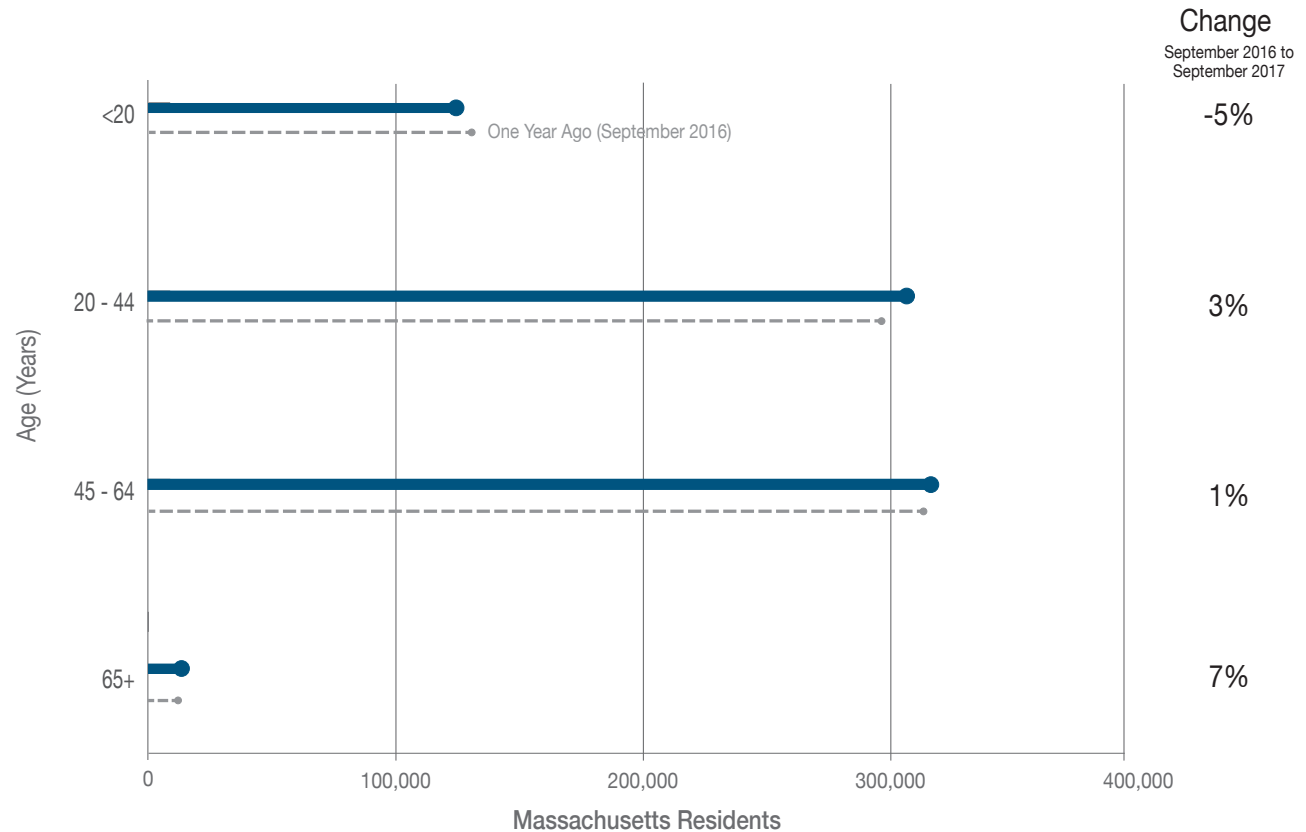
# PRIVATE COMMERCIAL

## Merged Market Enrollment by Age

September 2017

A large majority of merged market enrollees (81.9%) were between 20 and 64 years of age in September 2017. Enrollment for those under 20 years of age declined by 6,600 from September 2016, while all other age categories experienced enrollment gains.

Enrollment for Massachusetts merged market members age 65 and up remains at under two percent of the total market, but is increasing at a faster rate than other age categories.



Source: MA APCD

**Notes:** This data includes fully-insured individual and small group enrollment, a small portion of which (e.g., group conversion plans, grandfathered plans) may not be considered part of the Massachusetts merged market. Demographic data was unavailable for Anthem; membership for this payer was excluded from the graphic and represents <1% of all fully-insured individual and small group enrollment. Data sourcing differs slightly from other pages in the report, including the previous slide which also documents Merged Market enrollment; see [technical appendix](#).

Private commercial data includes enrollment in subsidized health plans offered through the Massachusetts Health Connector (ConnectorCare and Advance Premium Tax Credits).

# PRIVATE COMMERCIAL

## Massachusetts Health Connector QHP Enrollment

September 2015 - September 2017

The number of individuals purchasing coverage through the Massachusetts Health Connector increased by almost 50% between September 2015 and September 2017, from over 174,000 to over 257,000 members. Most Health Connector purchasers are individuals, and as of September 2017, three out of four of these purchasers qualified for and enrolled in ConnectorCare plans with reduced premiums and cost-sharing subsidies.

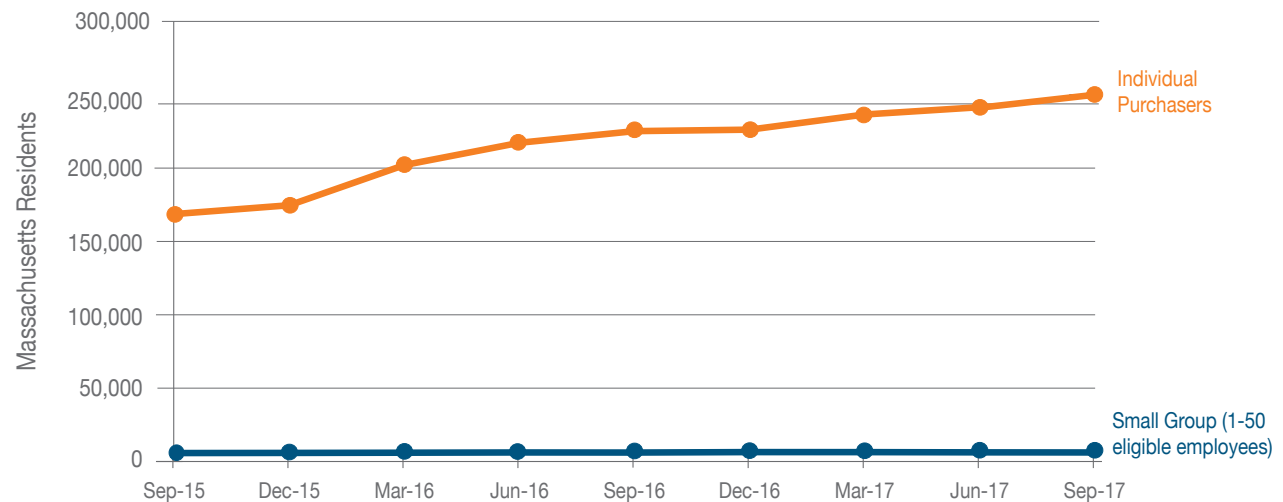
Unsubsidized QHPs experienced the largest percentage growth from September 2016 to September 2017, increasing 18.6% (+7,700 members). Enrollment in subsidized QHPs also experienced growth during this period.

The Health Connector's 6,200 small group members comprised only 2.4% of its overall membership in September 2017.

**Qualified Health Plan (QHP):** A health plan certified by the Massachusetts Health Connector to meet benefit and cost-sharing standards.

**Advance Premium Tax Credits (APTC):** Federal tax credits which may be paid in advance to reduce monthly premiums for QHP members who qualify.

**ConnectorCare:** A set of QHPs offering lower monthly premiums and lower out-of-pocket costs, which are partially funded by the Commonwealth.



Purchaser and Plan Description	Members				One-Year Change	
	Sept. 2016		Sept. 2017		Absolute	Percentage
<b>Individual Purchasers Total</b>	<b>225,198</b>	<i>100%</i>	<b>251,190</b>	<i>100%</i>	<b>25,992</b>	<b>12%</b>
ConnectorCare (0 - 300% FPL)	175,675	78% <sup>1</sup>	192,693	77%	17,018	10%
QHP with APTC (≤400% FPL)	8,175	4%	9,454	4%	1,279	16%
Unsubsidized QHP (>400% FPL)	41,348	18%	49,043	20%	7,695	19%
<b>Small Group Total</b>	<b>6,104</b>		<b>6,163</b>		<b>59</b>	<b>1%</b>
<b>Massachusetts Health Connector Total</b>	<b>231,302</b>		<b>257,353</b>		<b>26,051</b>	<b>11%</b>

Source: Massachusetts Health Connector

Notes: Member counts are as of the first business day of the corresponding month and exclude prospective membership.

Private commercial data includes enrollment in subsidized health plans offered through the Massachusetts Health Connector (ConnectorCare and Advance Premium Tax Credits).

<sup>1</sup> Percentage of Health Connector individual purchasers.

## Massachusetts Health Connector Individual QHP Enrollment by Payer

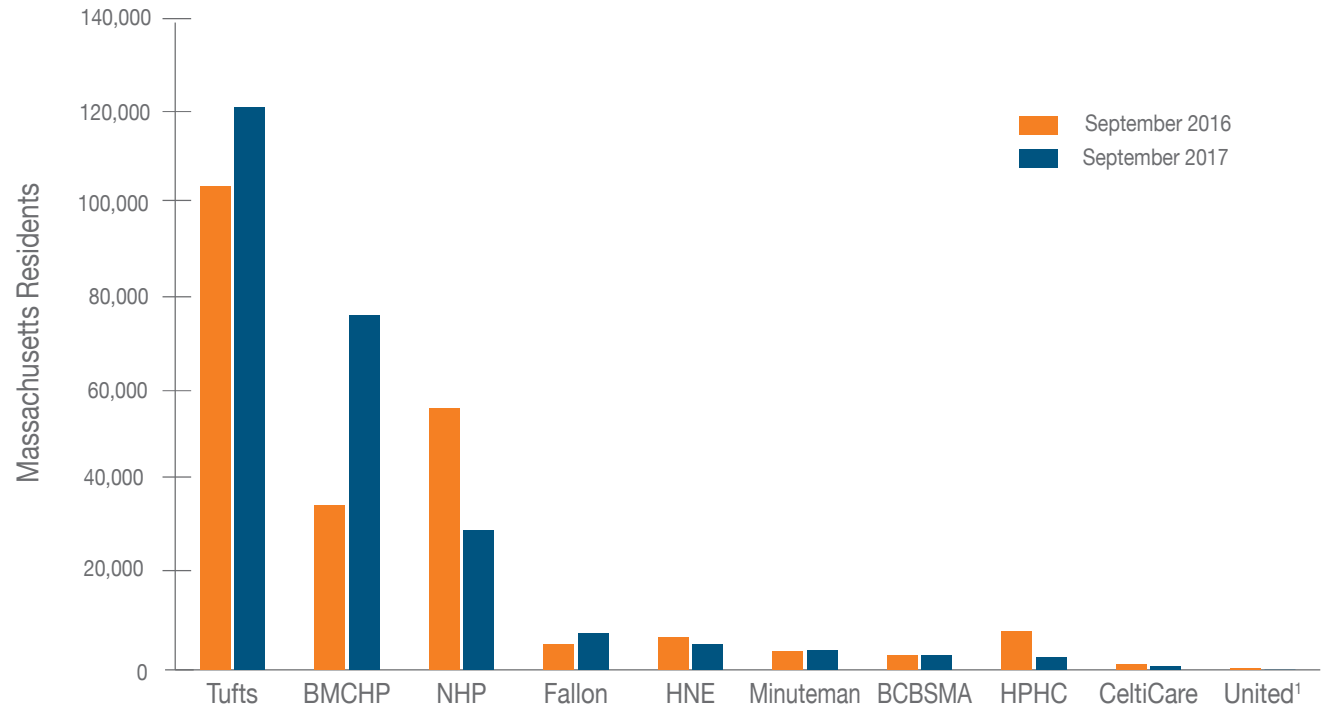
September 2016 - September 2017

Nine Massachusetts payers offered QHPs through the Health Connector in September 2017. Overall membership for individual QHPs increased by 11.5% (+26,000 members) since September 2016, led by increasing enrollments in BMCHP, Tufts, and Fallon.

Tufts continued to have the largest individual QHP membership (+121,000 members) in September 2017, but its rate of growth was slower than that of BMCHP, which more than doubled its QHP membership since last year to 76,000 members in 2017. Fallon's membership increased by 42.4% during the same period to almost 8,000 members.

Increases were offset by membership declines in other payers, most notably NHP, which declined by 46.5% (-26,000 members) since September 2016. The majority of these enrollment changes occurred between the December 2016 and March 2017 snapshot dates. Effective January 1, 2017, NHP's premiums for its subsidized Health Connector plans increased while BMCHP premiums decreased for many ConnectorCare members.

HPHC, CeltiCare, and HNE, collectively representing 3.5% of the total individual QHP membership, also experienced membership declines (-68.5%, -40.9%, and -21.8%, respectively) between September 2016 and September 2017.



Source: Massachusetts Health Connector

Notes: Does not include Health Connector small group enrollment. Membership for Tufts Health Public Plans (formerly Network Health) is included under its parent company, Tufts Health Plan.

Private commercial data includes enrollment in subsidized health plans offered through the Massachusetts Health Connector (ConnectorCare and Advance Premium Tax Credits).

¹ United had a small Health Connector membership in 2016 and withdrew its plans from the Connector as of January 2017.



## Total MassHealth Members by Delivery System

September 2015 - September 2017

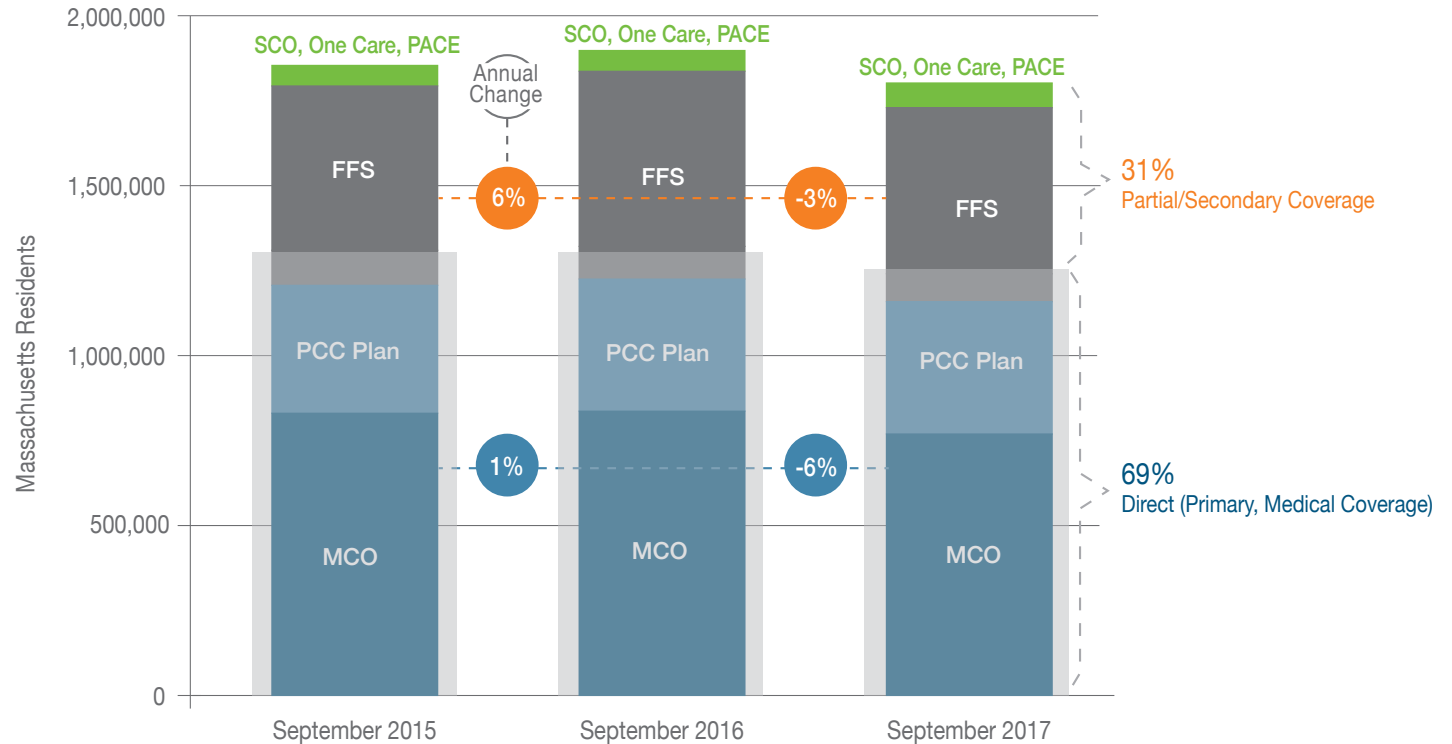
In September 2017, approximately 1.2 million Massachusetts residents relied on MassHealth for their primary, medical coverage. This represents a drop of 6.1% (-81,000) enrollees receiving primary coverage from MassHealth since September 2016. Another 561,000 residents received partial or secondary coverage from MassHealth, a drop of 2.6% (-15,000 members) since September 2016. The overall MassHealth population fell by 5.0% during this timeframe.<sup>1</sup>

The majority of MassHealth members in the fee-for-service (FFS) delivery system have other forms of insurance. MassHealth may provide significant services to eligible members when medically necessary services are not covered by the primary insurance.

<sup>1</sup> MassHealth indicates that this number reflects the net effect of enrollment growth, offset by ~200,000 MassHealth members who were disenrolled during the year due to significant eligibility program integrity initiatives undertaken by MassHealth

**Direct Coverage:** Primary, medical coverage provided by MassHealth, where members have no other primary insurance coverage and are not receiving premium assistance.

**Partial/Secondary Coverage:** Coverage provided by MassHealth to eligible members who receive primary coverage from other insurance (e.g., Medicare, other commercial insurance), in some cases through premium assistance. This category also includes non-comprehensive coverage, such as MassHealth Limited, which covers only emergency services.



Source: MA APCD

**Notes:** MassHealth "Direct" includes only members with primary, medical coverage through MassHealth. Members in SCO, One Care, and PACE are shown under Partial/Secondary because the vast majority have Medicare as the primary insurer. In September 2017, approximately 92% of SCO members and 93% of PACE members also had Medicare. All data was sourced from MassHealth submissions to the MA APCD.

For more information on MassHealth, see CHIA's [MassHealth Baseline Statistics from the MA APCD](#).

The logic used to classify the MassHealth population has changed since the July 2016 Enrollment Trends report. Numbers in this report should not be compared to prior Enrollment Trends reports. See [technical appendix](#) for more information.

# MEDICARE

## Medicare Enrollment by Delivery System

September 2015 - September 2017

1.1 Million Primary, Medical Members (+1.5% Since September 2016)

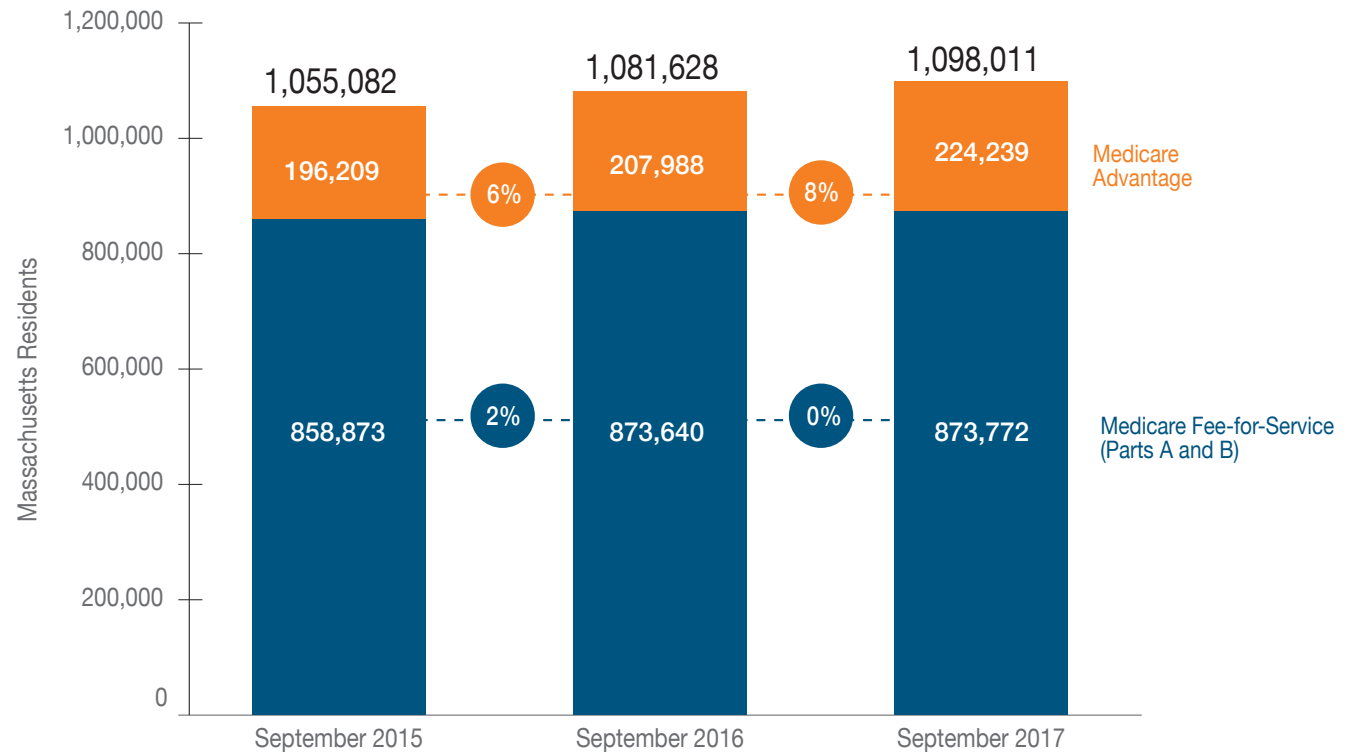
The number of Massachusetts residents receiving primary, medical insurance coverage from Medicare continued to grow steadily, nearing almost 1.1 million in September 2017.

More than three out of four Massachusetts Medicare beneficiaries (79.6%, excluding SCO, One Care, and PACE) were enrolled in traditional Medicare Fee-For-Service (FFS) in September 2017. Medicare Advantage membership continued to grow at a comparatively faster rate (+7.8%) from the prior year compared to Medicare FFS membership, which remained flat for the same time period.

### Medicare Fee-For-Service (FFS):

Sometimes called traditional Medicare, FFS allows beneficiaries to seek care from any provider that accepts Medicare. Medicare FFS is comprised of Part A (inpatient coverage) and Part B (outpatient coverage).

**Medicare Advantage:** A Medicare managed care plan offered by commercial payers to provide beneficiaries with all Part A and Part B benefits, sometimes including prescription drug benefits (Part D) and/or vision, hearing, or dental benefits.



Source: MA APCD, supplemental payer data, CMS

Notes: Medicare Advantage excludes enrollment in SCO, One Care, and PACE, which are reported separately. Medicare FFS includes only beneficiaries with both Part A and Part B coverage. Medicare FFS enrollment includes members who are dually eligible for MassHealth and receiving services through the MassHealth FFS delivery system.

# MEDICARE

## Medicare Advantage Enrollment by Payer

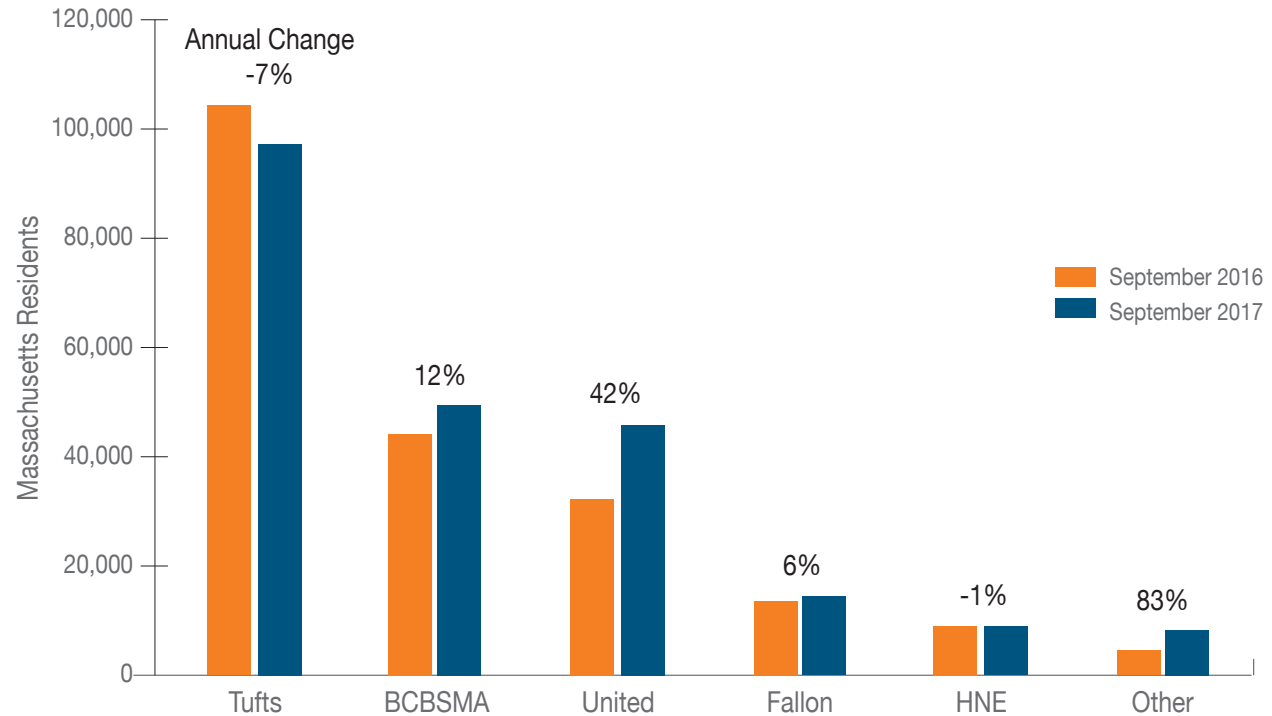
September 2016 - September 2017

224,000 Primary, Medical Members (+7.8% Since September 2016)

Massachusetts Medicare Advantage enrollment grew by over 16,000 members (+7.8%) between September 2016 and September 2017. Tufts remains the plan with the highest Massachusetts Medicare Advantage market share, but its enrollment declined by 6.8% while other payers' market share grew during this time period, particularly BCBSMA and United.

United grew by 41.9% (+13,500 members) during this timeframe. Its September 2017 enrollment of 46,000 approached that of BCBSMA (49,500), which itself increased by 12.1% (+5,300 members).

The growth in "Other" Medicare Advantage plans continued to be driven largely by HPHC, which more than doubled its Medicare Advantage enrollment since September 2016, surpassing 5,000 members by September 2017.



Source: MA APCD, CMS

Notes: Medicare Advantage excludes enrollment in SCO, One Care, and PACE. "Other" includes Aetna, Anthem, Harvard Pilgrim Health Care (HPHC), Blue Cross Blue Shield Rhode Island (BCBSRI), Blue Cross Blue Shield Michigan (BCBSMI), Blue Cross Blue Shield Michigan Mutual Insurance (BCBSMI-Ins), Highmark Health, Horizon Healthcare Services, and Humana.

# SCO, ONE CARE, PACE

## SCO, One Care, and PACE Enrollment

September 2015 - September 2017

Massachusetts residents eligible for both MassHealth and Medicare may qualify for and choose to enroll in one of several managed care programs to receive MassHealth and Medicare covered services. These programs include SCO, One Care, and PACE.

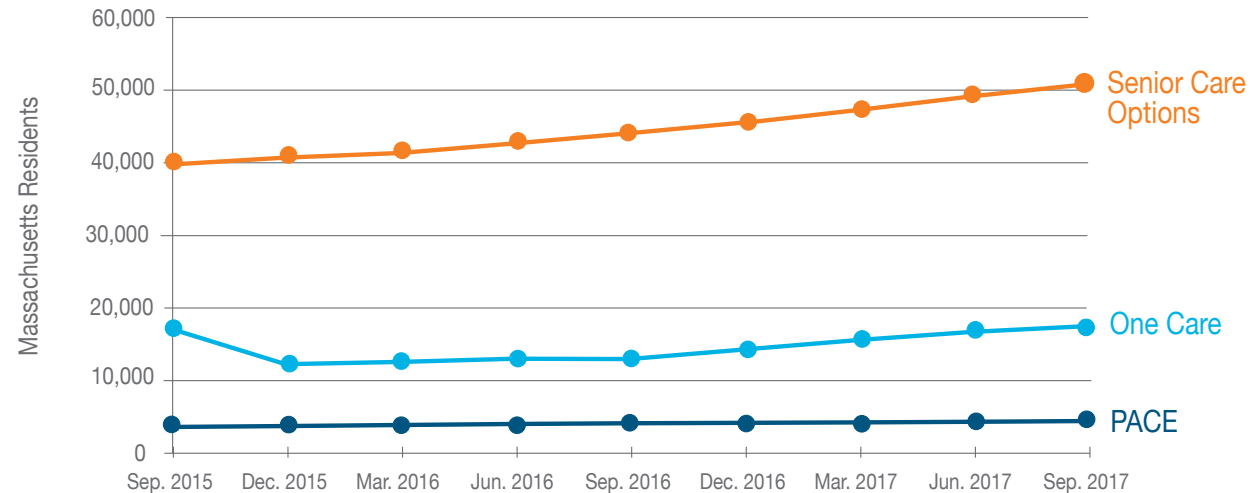
SCO enrollment continued its double-digit annual percentage growth; in September 2017, SCO membership had surpassed 50,000, a 15.4% increase from the previous year. PACE enrollment also continued to rise (+7.4% compared to September 2016).

One Care enrollment increased by 35.0% from the previous year to 17,500 members. Enrollment had fallen after Fallon closed its One Care business (Fallon Total Care) at the end of September 2015. Commonwealth Care Alliance (CCA) and Tufts Health Unify continue to offer One Care coverage and overall One Care enrollment in September 2017 is back to the level it was prior to Fallon's exit.

**Senior Care Options (SCO):** A fully capitated Medicare and Medicaid managed care program for those 65 and older.

**One Care:** A fully capitated program for individuals with disabilities between the ages of 21 and 64 who are eligible for both Medicare and Medicaid. One Care began on October 1, 2013.

**Program of All-inclusive Care for the Elderly (PACE):** A fully capitated Medicare and Medicaid managed care program for those 55 and older.



Program	Members		One-Year Change	
	Sept. 2016	Sept. 2017	Absolute	Percentage
Senior Care Options (SCO)	44,066	50,832	6,766	15%
One Care	12,969	17,506	4,537	35%
Program of All-inclusive Care for the Elderly (PACE)	4,130	4,437	307	7%
<b>Total</b>	<b>61,165</b>	<b>72,775</b>	<b>11,610</b>	<b>19%</b>

Source: MA APCD

**Notes:** Fallon Total Care ended its participation in One Care as of September 30, 2015; it served members in Hampden, Hampshire, and Worcester counties. The following One Care auto-assignment rounds occurred within the time period shown: Round 5 - 1/1/2016, Round 6 - 5/1/2016, Round 7 - 10/1/2016, Round 8 - 1/1/2017, Round 9 - 4/1/2017 and Round 10 - 7/1/2017. Rounds 5 and 6 consisted only of auto-assignments to Tufts Health Unify. Round 7 consisted only of auto-assignments to CCA. CCA accepted limited enrollments for January 1 and May 1 in 2016, and in May 2016 fully reopened to new enrollments for June 1, 2016 and later dates. As of September 2017, 92% of SCO members and 93% of PACE members also had Medicare.

The logic used to classify the MassHealth population has changed since the July 2016 Enrollment Trends report. Numbers in this report should not be compared to prior Enrollment Trends reports. See [technical appendix](#) for more information.

# Glossary of Terms

## Private Commercial Insurance Terminology

**Advance Premium Tax Credits (APTC):** Federal tax credits which may be paid in advance to reduce monthly premiums for Qualified Health Plan members who qualify.

**ConnectorCare:** A set of Qualified Health Plans offering lower monthly premiums and lower out-of-pocket costs, which are partially funded by the Commonwealth.

**Funding Types:** The segmentation of health plans into two types—fully-insured and self-insured—based on how they are funded.

- **Fully-Insured:** A fully-insured employer contracts with a payer to cover pre-specified medical costs for its employees and employee-dependents.
- **Self-Insured:** A self-insured employer takes on the financial responsibility and risk for its employees' and employee-dependents' medical costs, paying payers or third party administrators to administer their claims.

### Market Sectors (Employer Size):

- **Individual:** Individual contract with payer; includes individual purchases through the Massachusetts Health Connector
- **Small Group:** Employer groups with 1-50 eligible employees
- **Mid-Size Group:** Employer groups with 51-100 employees
- **Large Group:** Employer groups with 101-500 employees
- **Jumbo Group:** Employer groups with more than 500 employees

**Merged Market:** The combined health insurance market through which both individual (or non-group) and small group plans are purchased.

**Qualified Health Plan (QHP):** A health plan certified by the Massachusetts Health Connector to meet ACA benefit and cost-sharing standards.

**Product Types:** The segmentation of health plans along the lines of provider networks.

- **Exclusive Provider Organization (EPO):** Plans with a closed network of providers; may not require members to coordinate care through a PCP.
- **Health Maintenance Organization (HMO):** Plans with a closed network of providers, outside of which non-emergency coverage is not provided; generally require members to coordinate care through a PCP.
- **Indemnity:** Plans that offer access to any licensed medical provider.
- **Point of Service (POS):** Plans that require members to coordinate care through a PCP and use in-network providers for the lowest cost-sharing. As with PPO plans, out-of-network providers are covered at a higher cost to the member.
- **Preferred Provider Organization (PPO):** Plans with a network of “preferred providers,” although members may obtain coverage outside the network at higher levels of cost-sharing; generally do not require members to select a PCP.

# Glossary of Terms (Continued)

## Public Program Terminology

**Commonwealth Care (CommCare):** A state program that provided coverage to low- and moderate-income Massachusetts residents; ended in early 2015.

**MassHealth Delivery Systems:** For the purposes of reporting enrollment, a delivery system reflects the primary method by which a member's benefits are delivered—either fee-for-service or under a managed care arrangement.

- **Fee-for-Service (FFS):** A delivery system that includes members who receive services through MassHealth on a fee-for-service basis and are not enrolled in a MassHealth managed care option.
- **Managed Care Organizations (MCO):** A system of primary care and other services that are provided and coordinated by MassHealth managed care plans and their networks of qualified providers. Members may receive benefits not covered by the MCO on a fee-for-service basis.
- **Primary Care Clinician (PCC) Plan:** A managed care option administered by MassHealth through which enrolled members receive primary care and other medical services.

**MassHealth Direct Coverage:** Primary, medical coverage provided by MassHealth.

**MassHealth Partial/Secondary Coverage:** Coverage provided by MassHealth to eligible members who receive primary coverage from other insurance, in some cases through premium assistance to support the obtainment of primary coverage from an alternate source. MassHealth may provide significant services to eligible members when medically necessary services are not covered by the primary insurance. This category also includes non-comprehensive coverage, such as MassHealth Limited, which covers only emergency services.

**MassHealth Temporary:** Between January 2014 and February 2015, MassHealth provided temporary coverage to individuals awaiting eligibility determination of subsidized coverage from the Health Connector.

**Medical Security Program (MSP):** A state program that provided coverage to Massachusetts residents receiving uninsurance benefits; ended in early 2015.

**Medicare Advantage:** A Medicare managed care plan offered by commercial payers to provide beneficiaries with all Part A and Part B benefits, sometimes including prescription drug benefits (Part D) and/or vision, hearing or dental benefits.

**Medicare Fee-For-Service (FFS):** Sometimes called traditional Medicare, FFS allows beneficiaries to seek care from any provider that accepts Medicare. Medicare FFS is comprised of Part A (inpatient coverage) and Part B (outpatient coverage). Enrollment Trends counts only beneficiaries enrolled in both Parts A and B (see [technical appendix](#) for more detail).

**One Care:** A fully capitated program for individuals with disabilities between the ages of 21 and 64 who are eligible for both Medicare and Medicaid. Members are provided all Medicare and MassHealth benefits as well as a care coordinator, dental benefits, and additional behavioral health and support services. One Care began on October 1, 2013.

**Program of All-inclusive Care for the Elderly (PACE):** A fully capitated Medicare and Medicaid managed care program for those 55 and older and managed jointly by the Centers for Medicare and Medicaid Services (CMS) and MassHealth.

**Senior Care Options (SCO):** A fully capitated Medicare and Medicaid managed care program for those 65 and older and managed jointly by the Centers for Medicare and Medicaid Services (CMS) and MassHealth.





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