

CENTER FOR HEALTH INFORMATION AND ANALYSIS

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# ENROLLMENT TRENDS

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FEBRUARY 2019 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 with primary, medical membership in the top 14 commercial payers, MassHealth (Medicaid), or 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 2016 through September 2018. 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/ACO <sup>1</sup>	Medicare Advantage	SCO, One Care
Aetna	MA APCD, Supp.	N/A	MA APCD	N/A
Anthem <sup>2</sup>	MA APCD, Supp.	N/A	MA APCD	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>3</sup>	MA APCD, Supp.	MA APCD	MA APCD	MA APCD
Harvard Pilgrim Health Care (HPHC) <sup>4</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) <sup>5</sup>	MA APCD	MA APCD	N/A	N/A
Tufts Health Plan (Tufts)	MA APCD, Supp.	N/A	MA APCD	MA APCD
Tufts Health Public Plans (THPP) <sup>6</sup>	MA APCD	MA APCD	N/A	MA APCD
United Healthcare (United)	MA APCD, Supp.	N/A	MA APCD	MA APCD

Public Payer	Data Sources
MassHealth <sup>7</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> As of March 2018, MassHealth introduced Accountable Care Organization (ACO) plans: Accountable Care Partnership Plans (ACO-A) and Primary Care ACOs (ACO-B). At this time, BMCHP and THPP began offering ACO-A plans to MassHealth members, in addition to their existing MCO plans, while Fallon, HNE, and NHP discontinued their MassHealth MCO plans and began offering ACO-A plans. See pages 2 and 11 for ACO-B enrollment.

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

<sup>3</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>4</sup> HPHC data includes Health Plans, Inc.

<sup>5</sup> As of January 1, 2019, Neighborhood Health Plan (NHP) rebranded as AllWays Health Partners. This report, which contains data through September 2018, refers to this payer as NHP.

<sup>6</sup> Tufts Health Public Plans (previously Network Health) is included in this report as a separate entity from Tufts Health Plan. In previous reports, Tufts Health Public Plans was reported as part of Tufts Health Plan.

<sup>7</sup> MassHealth enrollment includes FFS, PCC Plan, MCO, ACO, SCO, PACE, and One Care products and is sourced from MassHealth's enhanced eligibility file submission to the MA APCD.

# Table of Contents

## Overall Market

Total Massachusetts Enrollment (September 2016-September 2018) .....	1
Commercial (Private & Public) Enrollment by Payer (September 2018) .....	2

## Private Commercial

Private Commercial Enrollment (September 2018) .....	3
Private Commercial Enrollment by Payer and Funding Type (September 2018) .....	4
Private Commercial Enrollment by Employer Size and Funding Type (September 2018) .....	5
Private Commercial Enrollment by Product Type and Funding Type (September 2018) .....	6
Merged Market Enrollment by Employer Size (September 2016-September 2018).....	7
Merged Market Enrollment by Age (September 2018) .....	8
Massachusetts Health Connector QHP Enrollment (September 2016-September 2018) .....	9
Massachusetts Health Connector Individual QHP Enrollment by Payer (September 2017-September 2018) .....	10

## MassHealth

Total MassHealth Members by Delivery System (September 2016-September 2018) .....	11
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## Medicare

Medicare Enrollment by Delivery System (September 2016-September 2018) .....	12
Medicare Advantage Enrollment by Payer (September 2017-September 2018) .....	13

## SCO, One Care, and PACE

SCO, One Care, and PACE Enrollment (September 2017-September 2018).....	14
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## Glossary of Terms

.....	15
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# OVERALL MARKET

## Total Massachusetts Enrollment

September 2016-September 2018

Between September 2016 and September 2018, overall health insurance coverage in Massachusetts was steady; however, there was growth in small subsections of the market.

Enrollment in private commercial insurance remained stable during this period, covering approximately 4.1 million Massachusetts residents.

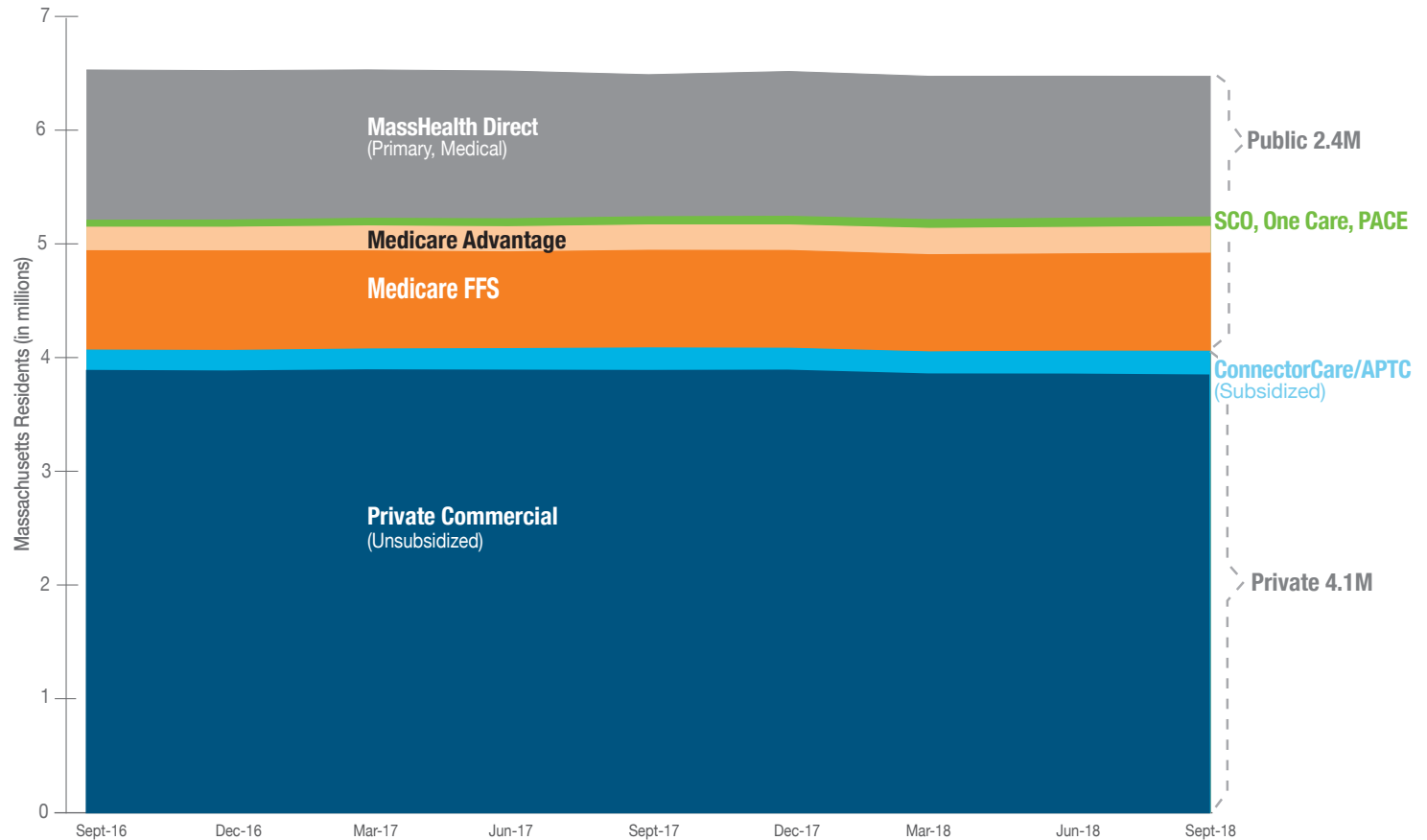
Subsidized private commercial plans sold through the Massachusetts Health Connector grew by 15.8%.

Approximately 2.4 million Massachusetts residents had primary, medical coverage under Medicare and/or MassHealth (Medicaid).

Enrollment in SCO, One Care, or PACE programs continued to increase each year, collectively growing by 35.5% over the past two years.

**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 2018

In September 2018, 3.1 million Massachusetts residents were enrolled with Blue Cross Blue Shield of Massachusetts (BCBSMA), Harvard Pilgrim Health Care (HPHC), Tufts, or Tufts Health Public Plans (THPP).

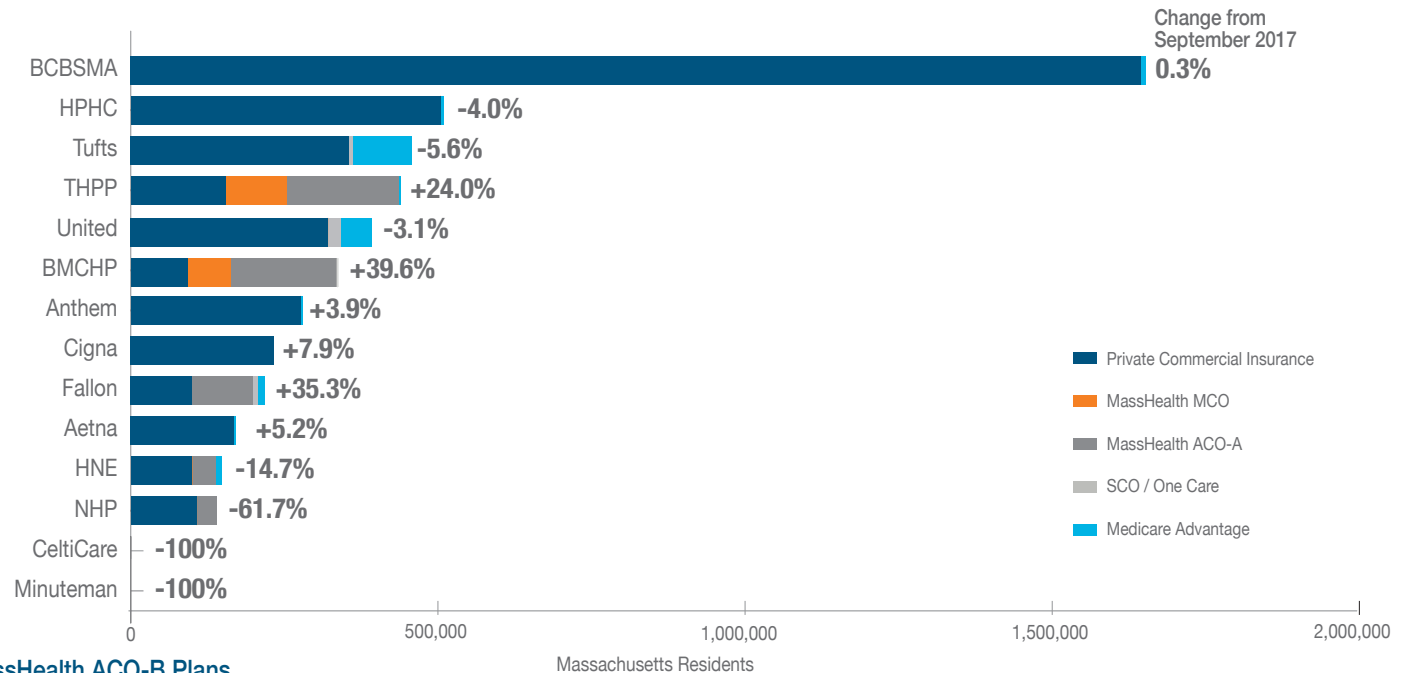
Of these payers, THPP experienced the largest one-year member growth (+85,000 members, +24.0%), driven by continued growth in private commercial QHP business and the shift into MassHealth ACO plans.

BCBSMA private commercial enrollment was flat while HPHC and Tufts private commercial enrollment fell (-4.2% and -7.5%, respectively) since September 2017.

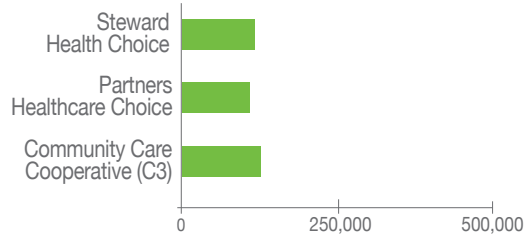
THPP and BMC HealthNet Plan (BMCHP) continue to offer MassHealth MCO plans, while also offering new Accountable Care Partnership (ACO-A) Plans.

MassHealth introduced Accountable Care Organization (ACO) plans for members in March 2018; four of the six MassHealth commercial MCO plans were discontinued at that time.

The three ACO-B plans contract directly with MassHealth to provide primary care and coordinate services for enrollees.



### MassHealth ACO-B Plans



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

**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.

BCBSMA indicated that a small portion of their private commercial members (<1%) were unaccounted for in their reported September 2018 enrollment totals. These members were covered by fully-insured PPO plans. This anomaly does not impact enrollment for dates prior to September 2018 and has been resolved in subsequent data submissions to CHIA.



# PRIVATE COMMERCIAL

## Private Commercial Enrollment

September 2018

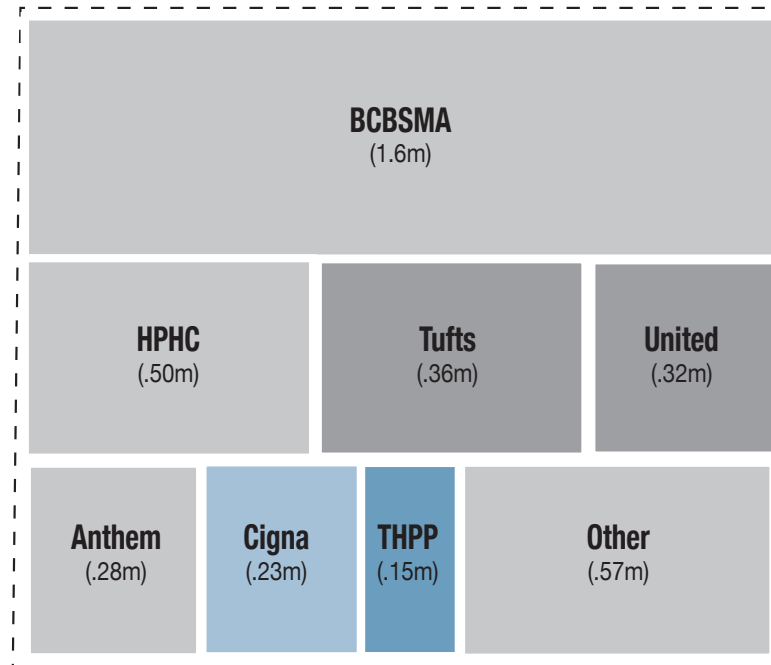
4.1 Million Primary, Medical Members (-0.7% Since September 2017)

BCBSMA, HPHC, and Tufts retained their positions as the three largest private commercial payers in September 2018, accounting for 61.8% of the private market membership.

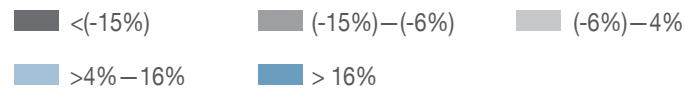
The fully-insured portion of the private commercial market fell by 4.0% from September 2017 to September 2018, while the self-insured portion increased by 1.9% over the same time period.

POS plans, which account for 12% of private commercial enrollment, decreased by 7.0% (37,000 members) between September 2017 and September 2018.

### By Payer



Change Over Past Year

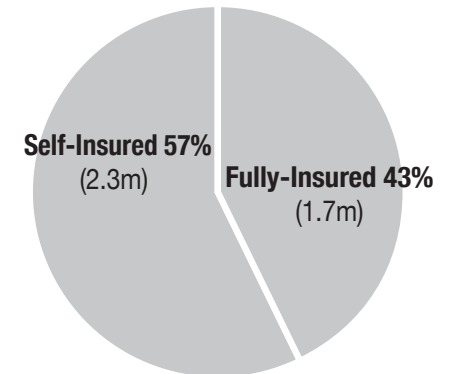


Source: MA APCD, supplemental payer data

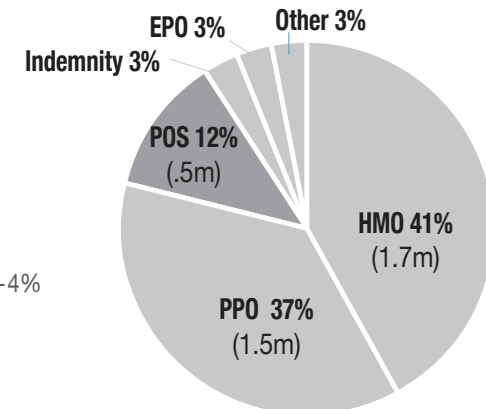
Notes: Data for Health Plans Inc. is included under its parent company, Harvard Pilgrim Health Care. Tufts Health Public Plans (THPP, previously Network Health) is included in this report as a separate entity from Tufts Health Plan. "Other" includes Aetna, Boston Medical Center Healthnet Plan (BMCHP), 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).

### By Funding Type



### By Product Type



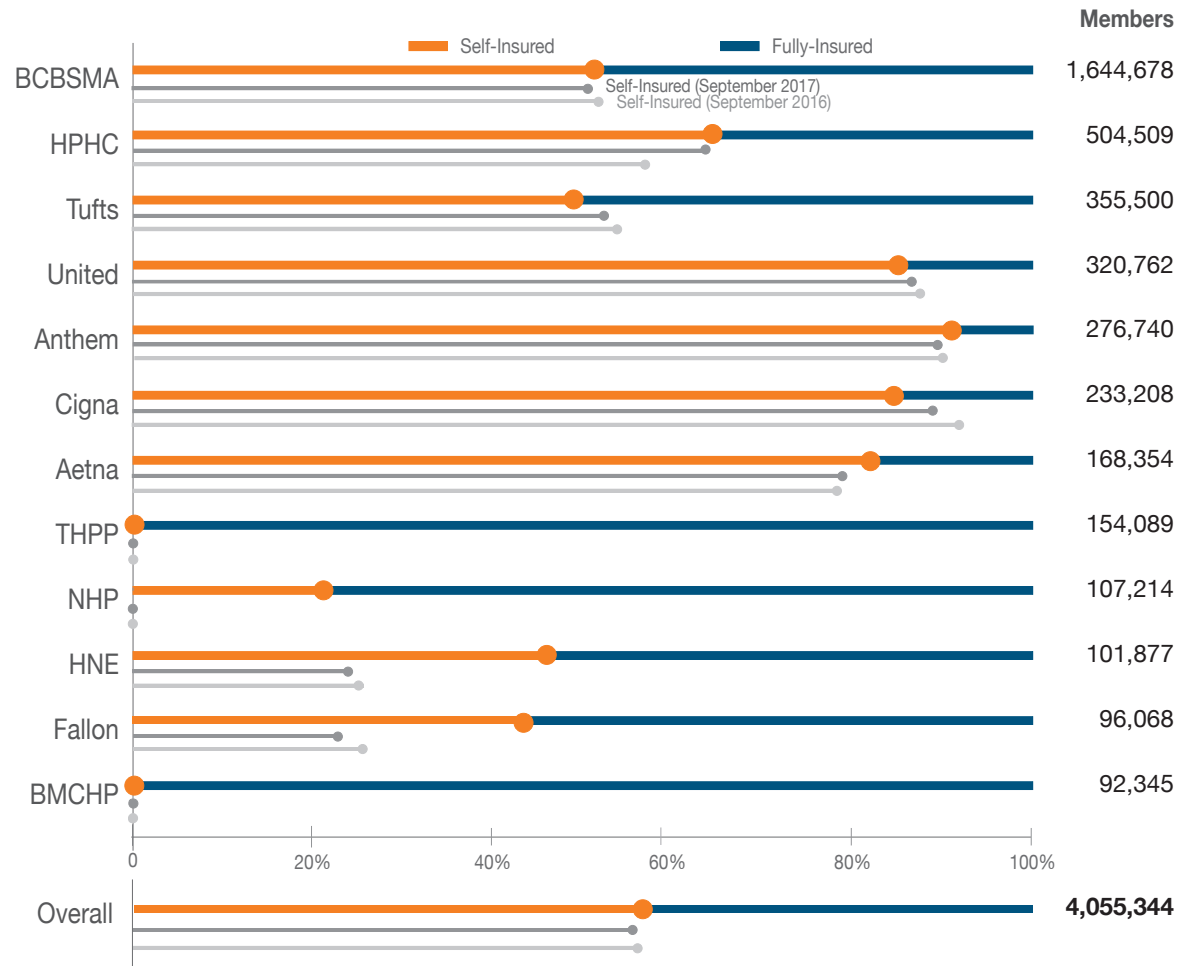
# PRIVATE COMMERCIAL

## Private Commercial Enrollment by Payer and Funding Type

September 2018

In September 2018, 57.0% of Massachusetts residents with private commercial insurance were covered under a self-insured arrangement, a slight (1.5 percentage point) increase, compared to the prior year.

Minuteman and Celticare exited the market at the end of 2017.



### 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. 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). BCBSMA indicated that a small portion of their private commercial members (<1%) were unaccounted for in their reported September 2018 enrollment totals. These members were covered by fully-insured PPO plans. This anomaly does not impact enrollment for dates prior to September 2018 and has been resolved in subsequent data submissions to CHIA.

# PRIVATE COMMERCIAL

## Private Commercial Enrollment by Employer Size and Funding Type

September 2018

As reported in previous Enrollment Trends publications, the vast majority of members in jumbo-size employer groups with more than 500 employees were in self-insured arrangements (85.1% in September 2018).

Fifty-eight percent of members enrolled in private commercial insurance were enrolled through a jumbo-size employer followed by small group (11%) and large group (10%).

There was continued growth in mid-size group enrollment as well as individual enrollment in private commercial insurance.

### Market Sectors

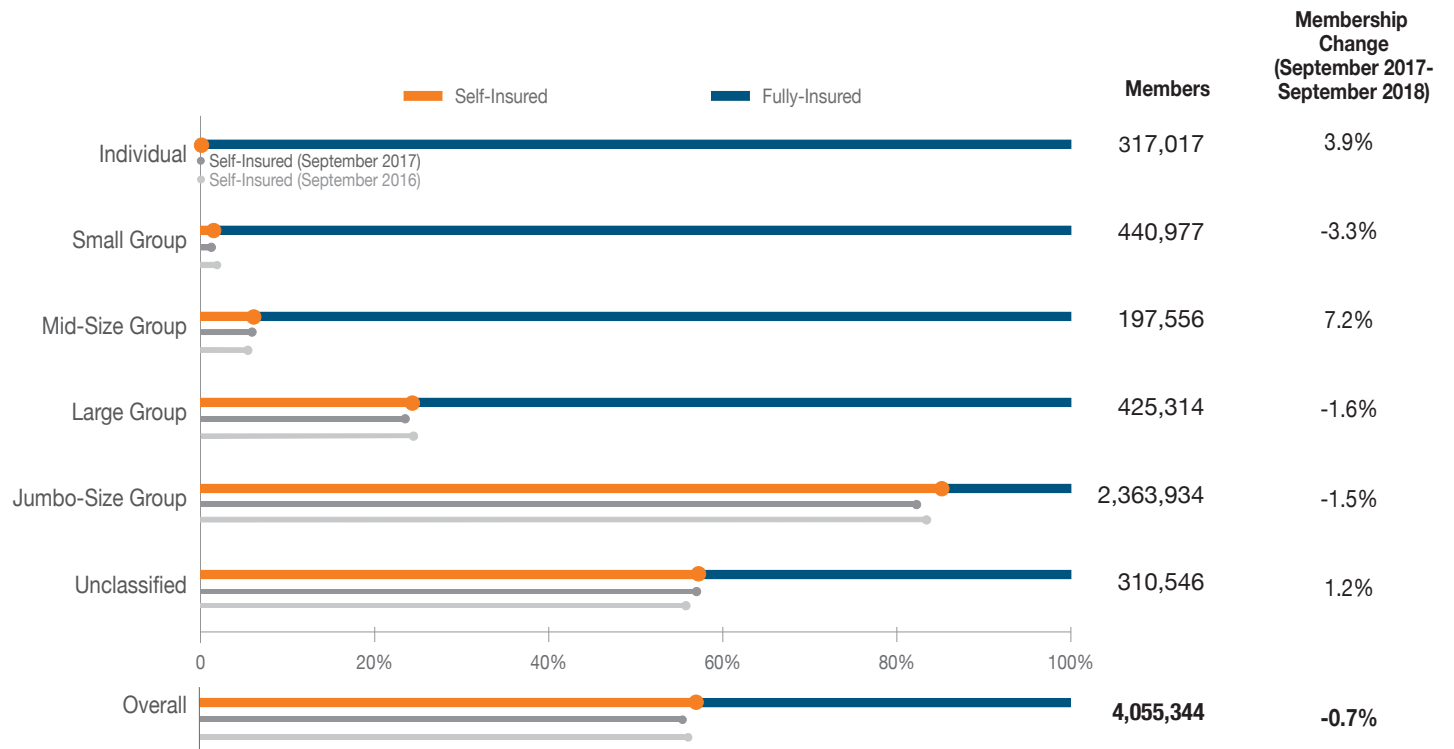
**Individual:** Individual contract with payer; includes individual purchases through the Massachusetts Health Connector.

**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 data

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 2018

Consistent with prior years, far fewer HMO members (29.9%) were covered under self-insured plans compared to most other plan types in September 2018.

### 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):

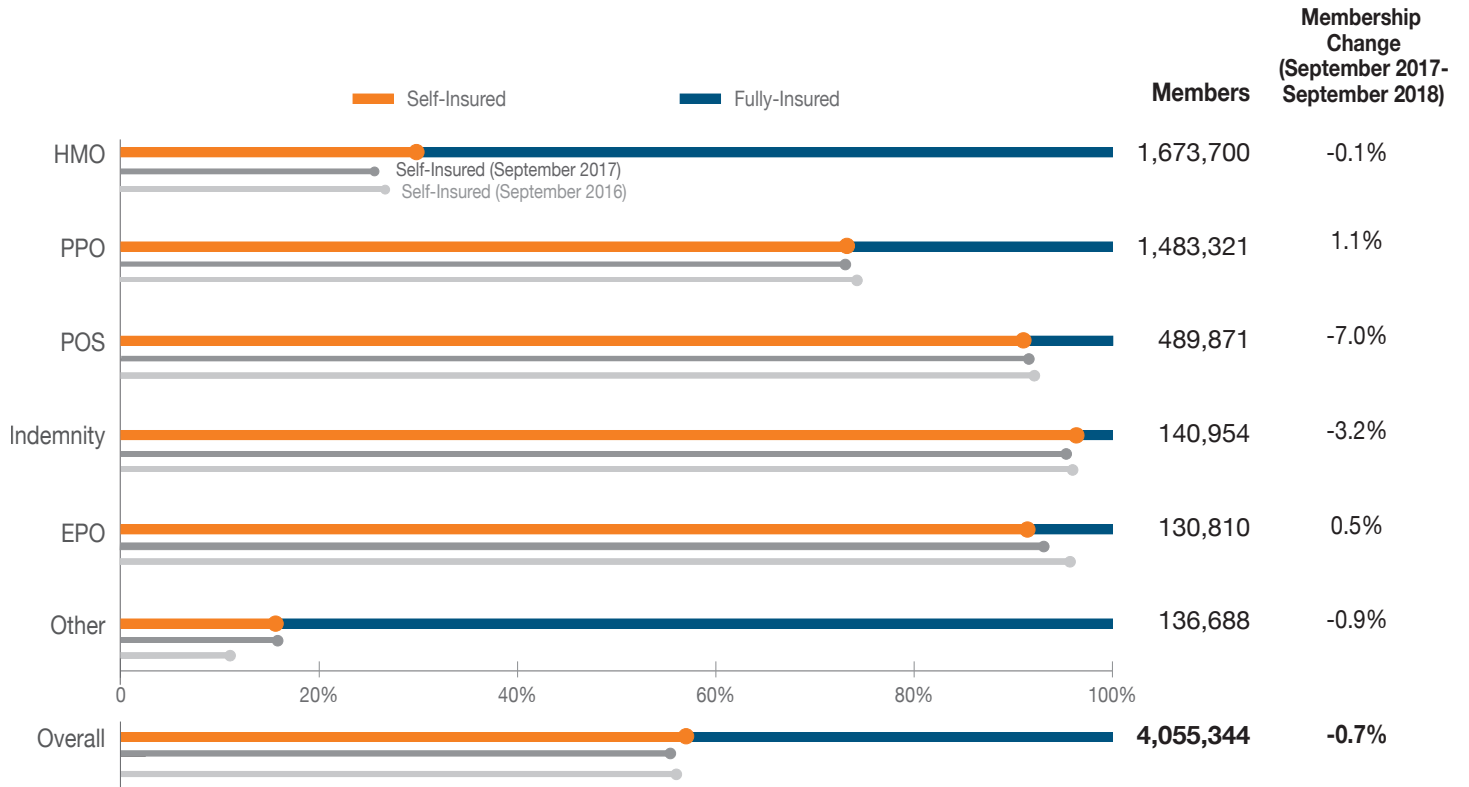
Plans that require members to coordinate care through a PCP and use in-network providers for the lowest cost-sharing. Out-of-network providers are covered at a higher cost to the member.

#### 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).

BCBSMA indicated that a small portion of their private commercial members (<1%) were unaccounted for in their reported September 2018 enrollment totals. These members were covered by fully-insured PPO plans. This anomaly does not impact enrollment for dates prior to September 2018 and has been resolved in subsequent data submissions to CHIA.

# PRIVATE COMMERCIAL

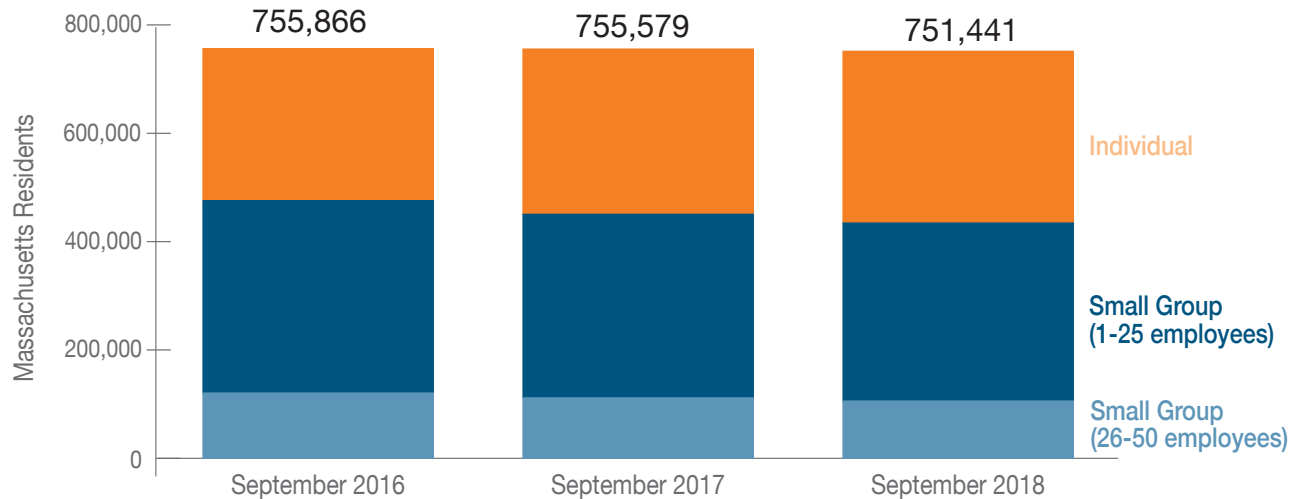
## Merged Market Enrollment by Employer Size

September 2016-September 2018

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 2016 and September 2018, the merged market contracted by 0.5% (-4,100 members), despite the continued growth of individual purchasers (3.9% enrollment growth from September 2017 to September 2018, and 8.6% in the previous year).

Gains in individual insurance purchases were offset by continued decreases in Massachusetts's small group enrollment (-3.6% from September 2017 to September 2018 and -5.2% during the year prior).



Purchaser	Members		One-Year Change	
	Sept. 2017	Sept. 2018	Absolute	Percentage
Individual	305,018	317,017	11,999	3.9%
Small Group (1-25 Eligible Employees)	338,817	328,569	-10,248	-3.0%
Small Group (26-50 Eligible Employees)	111,744	105,855	-5,889	-5.3%
<b>Total</b>	<b>755,579</b>	<b>751,441</b>	<b>-4,138</b>	<b>-0.5%</b>

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).

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

## Merged Market Enrollment by Age

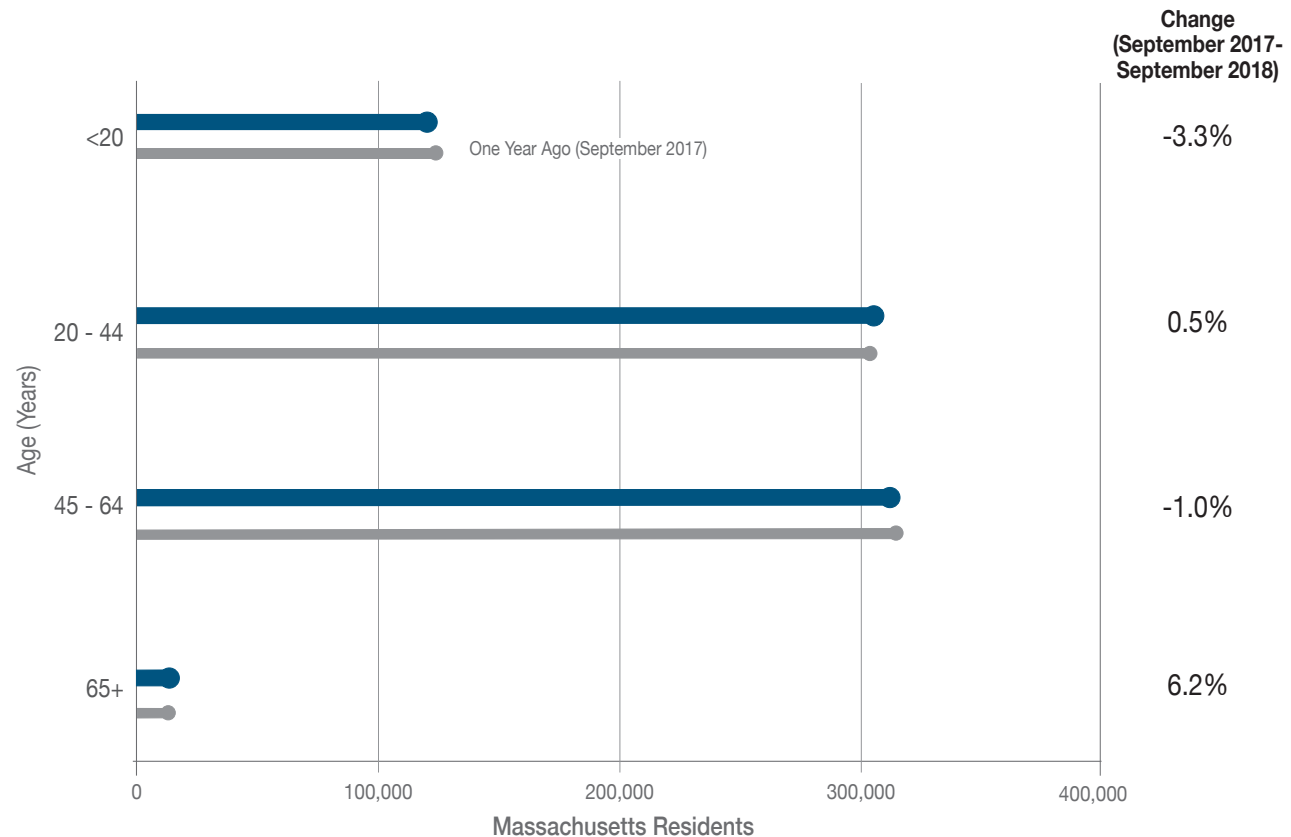
September 2018

Enrollment for those under 20 years of age continued to decline, decreasing by 3.3% (-4,100 members) from the previous year.

The small group portion of the merged market declined by 3.7% (-16,700 members) from September 2017 to September 2018. All age groups in the small group portion of the merged market declined except for ages 65 and over, which increased by 3.7% (+351 members).

The non-group portion of the merged market increased across all age groups, from September 2017 to September 2018.

Twenty-two percent of small group members were under age 20, compared with 7% of individual enrollees. Ninety-one percent of individual enrollees were between the ages of 20 and 64 compared to 76% of small group members.



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. 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 2016-September 2018

There was a modest increase (+1%) in the number of purchasers of individual coverage through the Massachusetts Health Connector between September 2017 and September 2018.

The cessation of federal cost-sharing reductions resulted in higher premiums for some individual purchasers. Individual purchaser enrollment dipped in the first quarter of 2018, but recovered between March and September.

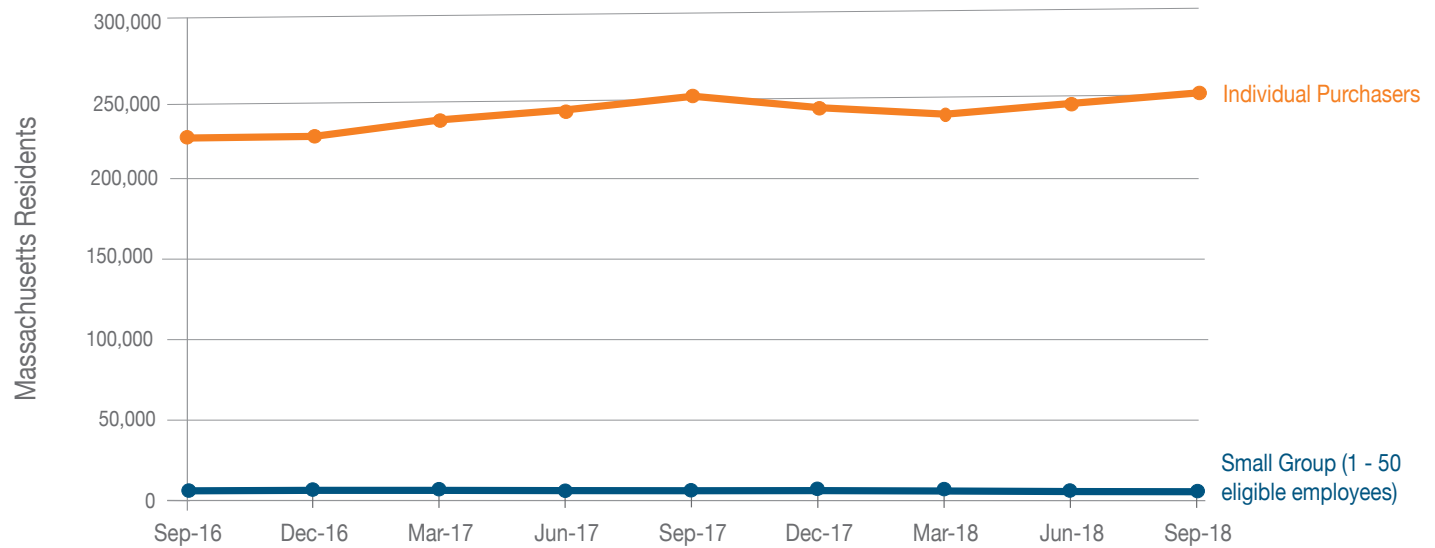
Unsubsidized QHP enrollment decreased by 14.6% (-7,200 members) between September 2017 and September 2018. The Health Connector notes that a portion of these members may have newly qualified for subsidized coverage, contributing to the 56.0% increase (+5,100 members) in QHP enrollees with APTC during that same period.<sup>1</sup>

<sup>1</sup> See [link](#) for more information.

**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. 2017		Sept. 2018		Absolute	Percentage
<b>Individual Purchasers Total</b>	<b>215,157</b>	<b>100%</b>	<b>254,757</b>	<b>100%</b>	<b>3,600</b>	<b>1%</b>
ConnectorCare (0 - 300% FPL)	192,887	77% <sup>1</sup>	198,513	78%	5,626	3%
QHP with APTC (≤400% FPL)	9,201	4%	14,349	6%	5,148	56%
Unsubsidized QHP (>400% FPL)	49,069	20%	41,895	16%	-7,174	-15%
<b>Small Group Total</b>	<b>6,163</b>		<b>5,546</b>		<b>-617</b>	<b>-10%</b>
<b>Massachusetts Health Connector Total</b>	<b>257,320</b>		<b>260,303</b>		<b>2,983</b>	<b>1%</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.

# PRIVATE COMMERCIAL

## Massachusetts Health Connector Individual QHP Enrollment by Payer

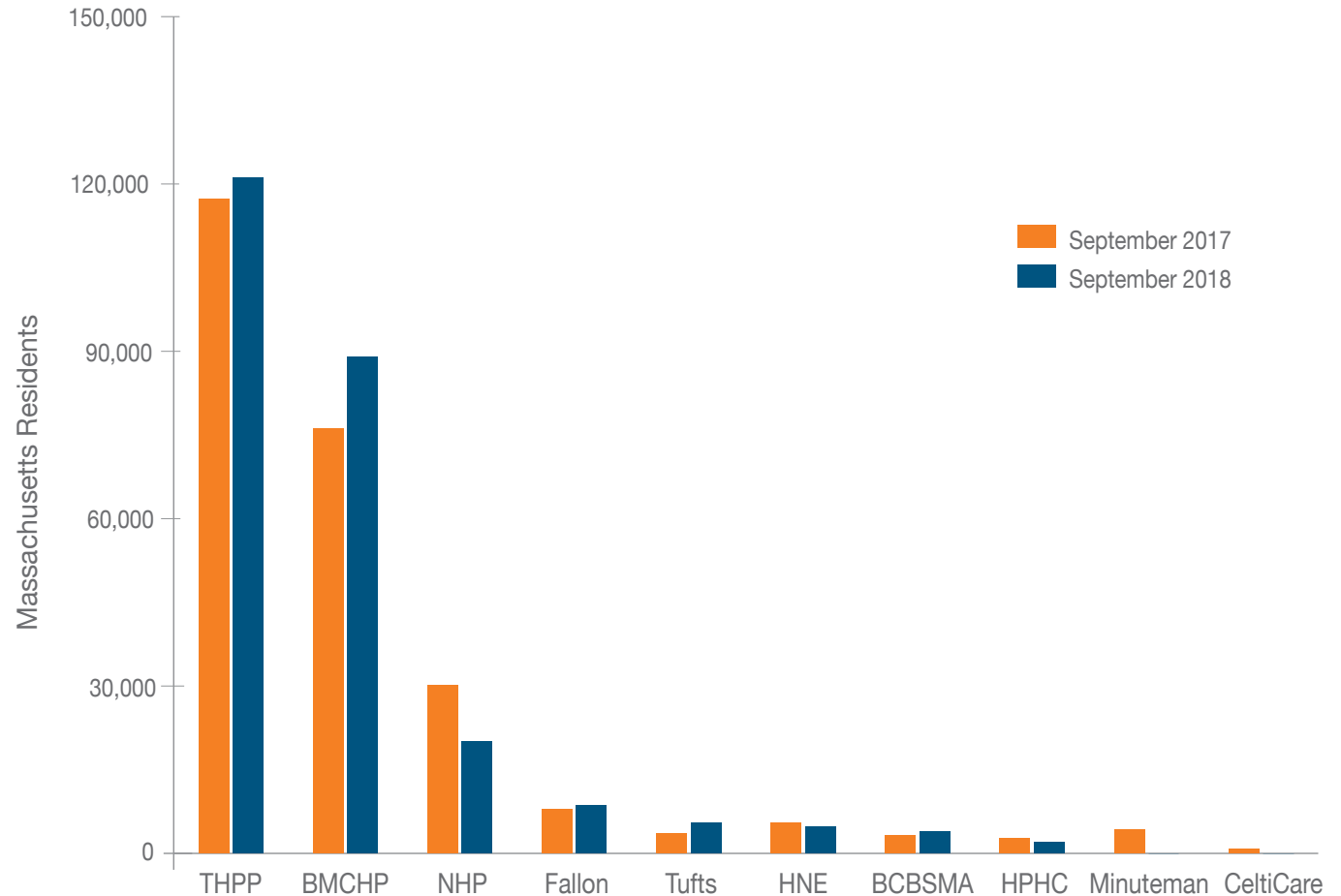
September 2017-September 2018

Eight Massachusetts payers offered QHPs through the Health Connector in September 2018, as Minuteman and Celticare left the market at the end of 2017.

Overall membership for individual QHPs increased slightly (+1.4%, +3,600 members) since September 2017, led by BMCHP's increased enrollments of 12,900 members (+16.9%).

THPP had the largest individual QHP membership (126,500 members) in September 2018, an increase of 4.7% from the prior year.

NHP membership continued to decline, decreasing by 33.4% (-10,100 members) since September 2017, following a decline of 46.5% (-26,200 members) between September 2016 and September 2017.



Source: Massachusetts Health Connector

Notes: Does not include Health Connector small group enrollment. Tufts Health Public Plans (THPP, previously Network Health) is included in this report as a separate entity from Tufts Health Plan. Private commercial data includes enrollment in subsidized health plans offered through the Massachusetts Health Connector (ConnectorCare and Advance Premium Tax Credits).

Minuteman and Celticare had small Health Connector enrollments in 2017; both plans ended as of December 31, 2017.



## Total MassHealth Members by Delivery System

September 2016-September 2018

In September 2018, approximately 1.2 million Massachusetts residents relied on MassHealth for their primary, medical coverage, a 1% decline compared to September 2017.<sup>1</sup>

Another 573,000 residents received partial or secondary coverage from MassHealth, an increase of 1% (+5,000 members) since September 2017.

In March 2018, MassHealth shifted more than 60% of its members with primary, medical coverage to Accountable Care Organizations (ACOs). MassHealth ACOs consist of 17 different plans within two types: Accountable Care Partnership Plans (Model A) or Primary Care ACOs (Model B).<sup>2</sup>

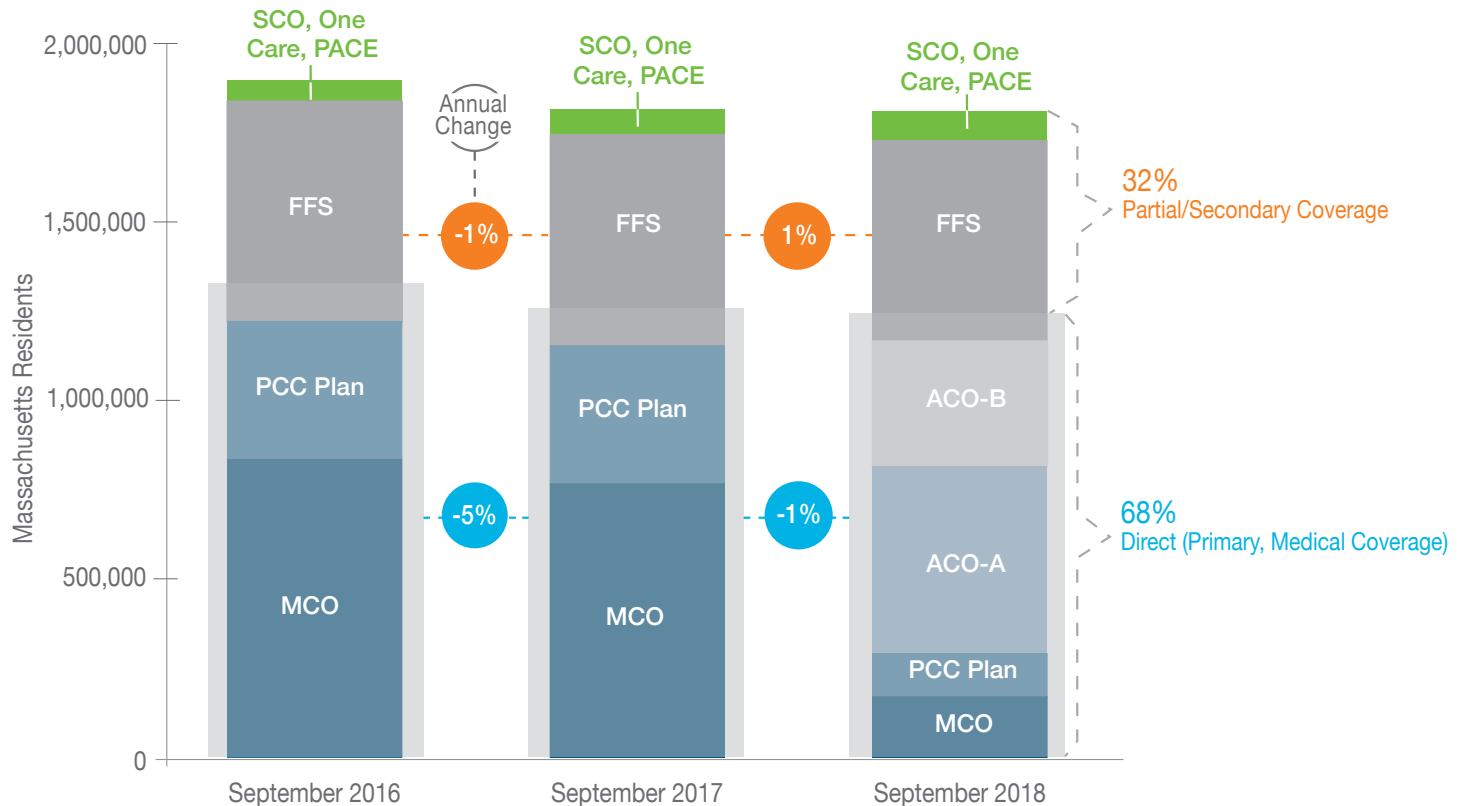
Overall membership in MCOs and the PCC Plan decreased as members shifted into ACOs. As of September 2018, there were 526,000 and 349,000 members in ACO-A and ACO-B plans, respectively.

<sup>1</sup> MassHealth indicates that 2018 enrollment in direct MassHealth products decreased in part due to expansion of MassHealth's Student Health Insurance Program (SHIP), which requires full-time students enrolled in MassHealth to also enroll in a student health plan. In these cases, a student health plan becomes the member's primary payer, and the member then receives Partial/Secondary coverage from MassHealth. MassHealth had approximately 32,000 SHIP enrollees in 2018.

<sup>2</sup> There is a third type of MassHealth ACO (MCO-Administrated ACO) but members are accounted for in the overall MassHealth MCO population.

**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 2018, approximately 91% of SCO members and 94% of PACE members also had Medicare. ACO-A refers to Accountable Care Partnership Plans, and ACO-B refers to Primary Care ACOs; these are different models of ACOs offered to MassHealth members via multiple plans. Many 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. All data was sourced from MassHealth submissions to the MA APCD. For this report, CHIA uses snapshot data based on the 15th of the month; enrollment data will vary depending on the day of the month used for snapshots.

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 2016-September 2018

1.1 Million Primary, Medical Members (+1.5% Since September 2017)

The number of Massachusetts residents receiving primary, medical insurance coverage from Medicare continued to grow incrementally to 1.1 million in September 2018.

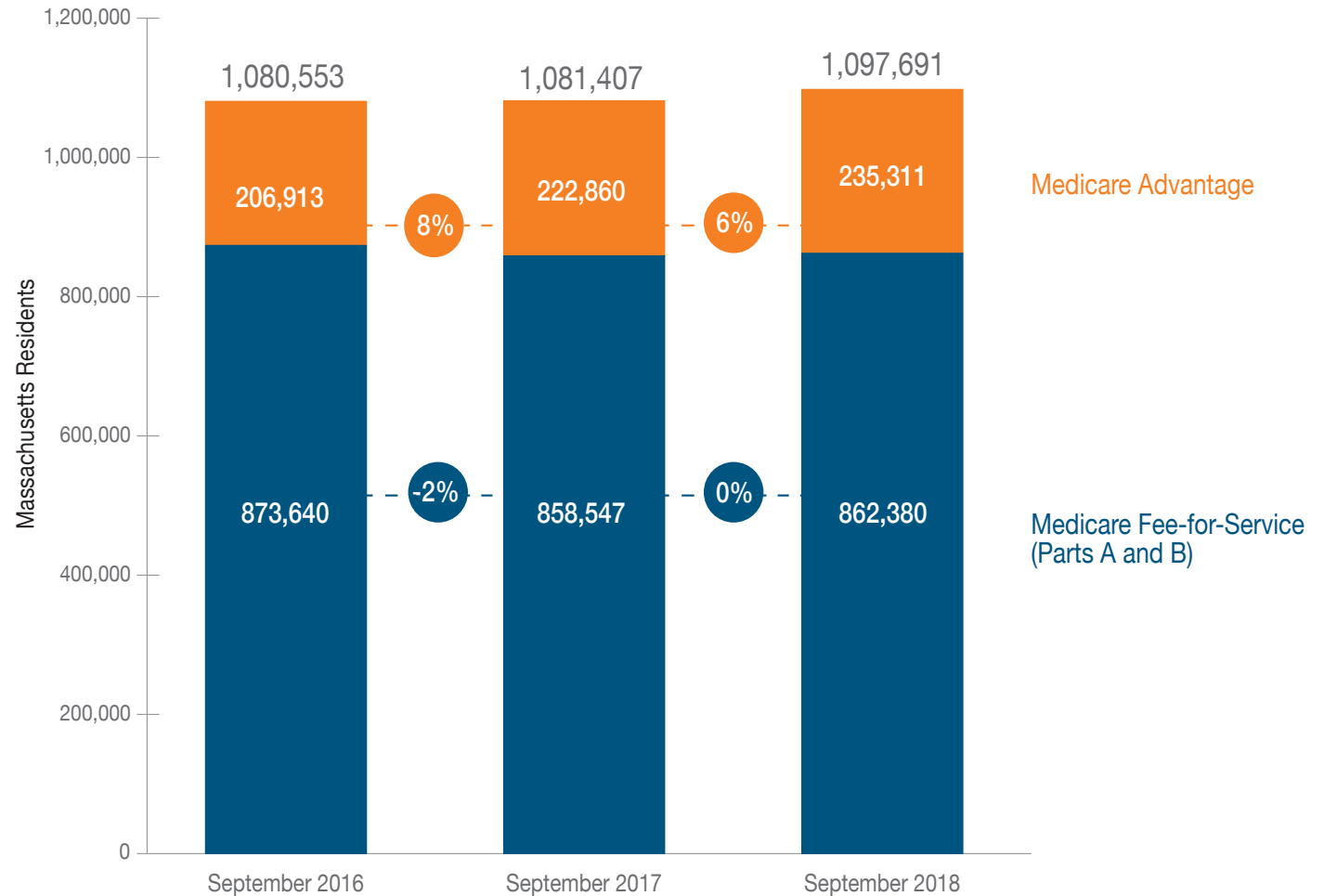
Overall growth was driven by consistent increases in Medicare Advantage enrollment (+5.6% from September 2017). Traditional Medicare Fee-For-Service (FFS) enrollment remained stable (+0.4% from September 2017).

In September 2018, 21.4% of Massachusetts Medicare beneficiaries (excluding SCO, One Care, and PACE) were enrolled in a Medicare Advantage plan, compared to 19.1% in September 2016.

### 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, 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

In 2018, CMS updated the database source for enrollment data and determined that Part B enrollment had been slightly overstated prior to the update. This issue may have contributed to the observed decrease in FFS enrollment between September 2016 and September 2017.

# MEDICARE

## Medicare Advantage Enrollment by Payer

September 2017-September 2018

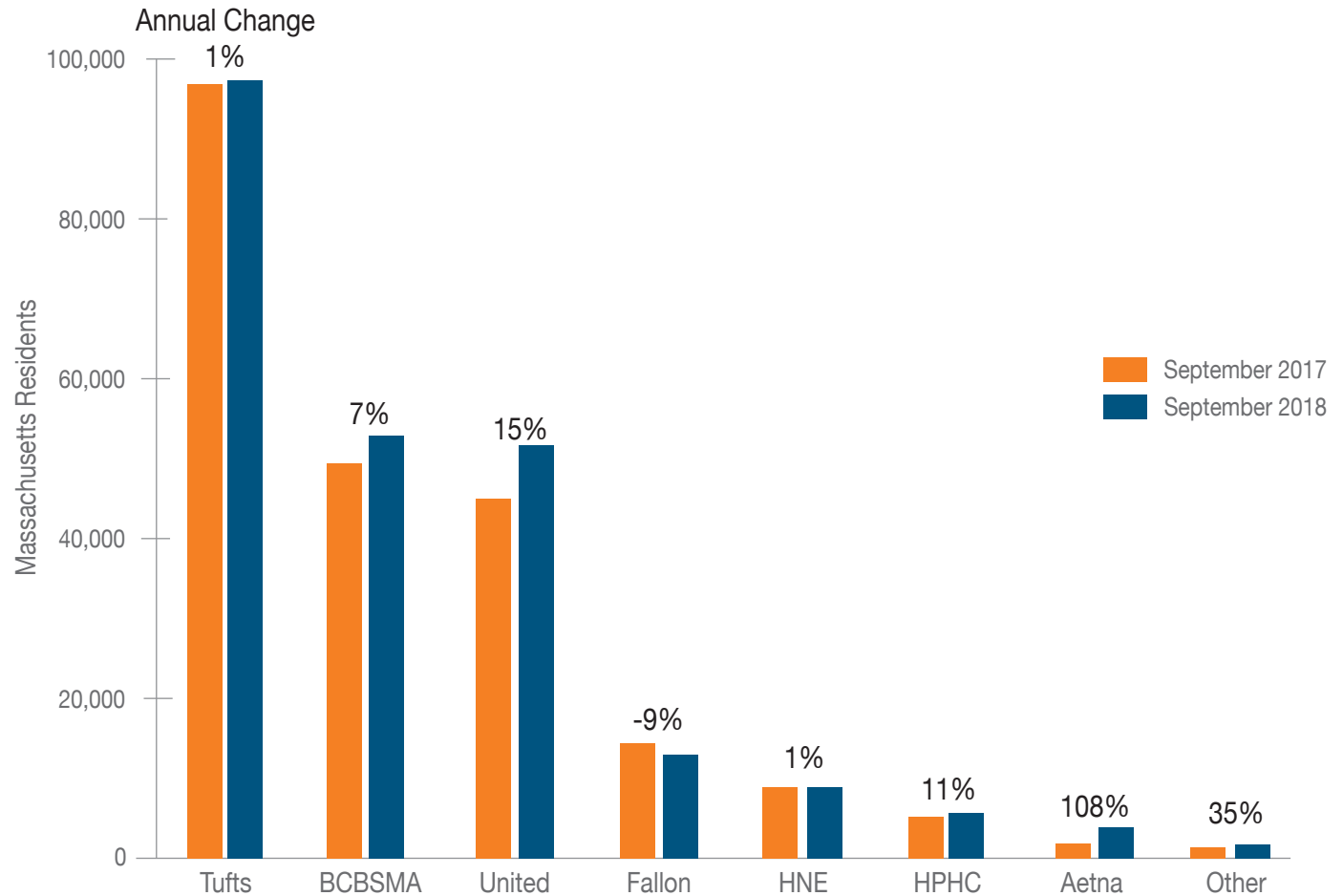
235,000 Primary, Medical Members (+5.6% Since September 2017)

Massachusetts Medicare Advantage enrollment grew by over 12,400 members (+5.6%) between September 2017 and September 2018.

Tufts remains the plan with the highest Massachusetts Medicare Advantage market share at 41.4% in September 2018, but Tufts' market share declined slightly as BCBSMA and United enrollments rose by 6.9% and 15.0%, respectively.

United added the most enrollees (6,800) during this time. As of September 2018, United enrolled over 51,700 Massachusetts Medicare Advantage members, compared to BCBSMA's 52,800.

Aetna and Harvard Pilgrim Health Care have also shown steadily increasing Medicare Advantage enrollments. Aetna's enrollment doubled to 3,900 between September 2017 and September 2018. Harvard Pilgrim's enrollment rose 11.5%, to over 5,700, during that time.



Source: MA APCD, CMS

Notes: Harvard Pilgrim Health Care (HPHC) and Aetna have been included in this display for the first time. Medicare Advantage excludes enrollment in SCO, One Care, and PACE. "Other" includes Anthem, Blue Cross Blue Shield Rhode Island (BCBSRI), Blue Cross Blue Shield Michigan (BCBSMI), Blue Cross Blue Shield Michigan Mutual Insurance (BCBSMI-Ins), Healthcare Service Corporation, Highmark Health, Horizon Healthcare Services, Humana, and Lifetime Healthcare Services Inc.

# SCO, ONE CARE, PACE

## SCO, One Care, and PACE Enrollment

September 2016-September 2018

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 2018, SCO membership reached 57,500, a 13.2% increase from the previous year.

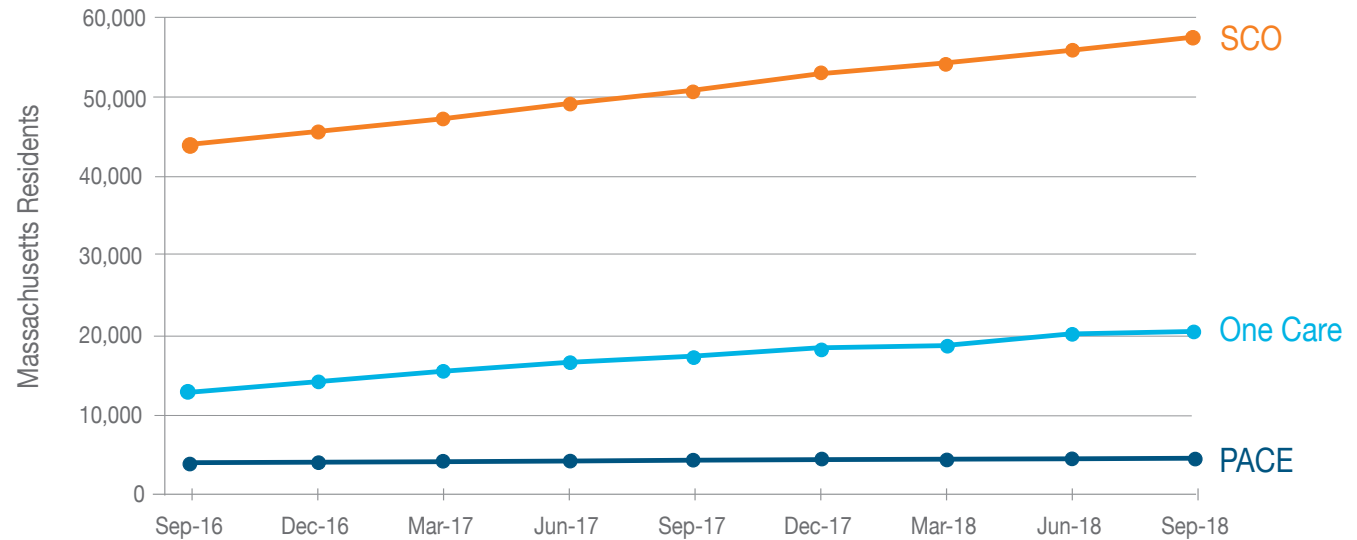
PACE enrollment also continued to rise (+5.5% compared to September 2017).

One Care enrollment increased by 17.8% from the previous year to 20,600 members.

**Senior Care Options (SCO):** A fully capitated Medicare and Medicaid managed care plan 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. 2017	Sept. 2018	Absolute	Percentage
Senior Care Options (SCO)	50,835	57,540	6,705	13%
One Care	17,485	20,594	3,109	18%
Program of All-inclusive Care for the Elderly (PACE)	4,438	4,683	245	6%
<b>Total</b>	<b>72,758</b>	<b>82,817</b>	<b>10,059</b>	<b>14%</b>

Source: MA APCD, CMS

Notes: As of September 2018, approximately 91% of SCO members and 94% 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

**Advanced 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 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

**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.

- **Accountable Care Organization (ACO) - A:** Also known as Accountable Care Partnership Plans for MassHealth members. Managed care organizations and a group of primary care providers (PCPs) create a full health care network that includes PCPs, specialists, behavioral health providers and hospitals. Members must use the plan's network.
- **Accountable Care Organization (ACO) - B:** Also known as Primary Care ACOs. A group of PCPs form an ACO that contracts directly with MassHealth to provide primary care and other services to MassHealth members.
- **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 Organization (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.





*For more information, please contact:*

**CENTER FOR HEALTH INFORMATION AND ANALYSIS**

501 Boylston Street  
Boston, MA 02116

[www.chiamass.gov](http://www.chiamass.gov)  
@Mass\_chia

617.701.8100

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