

CENTER FOR HEALTH INFORMATION AND ANALYSIS

ENROLLMENT TRENDS

FEBRUARY 2016 EDITION



Summary

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), 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 2. Shown counts represent the most current and 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 and third party administrators, those with primary medical coverage through the VA or TRICARE, and those receiving coverage through other, smaller programs. Counts may also not be completely unique across commercial and/or public payers. CHIA's population-based [Massachusetts Health Insurance Survey](#) found a 96.4% insurance rate among residents in mid-2014.

Enrollment Trends is a recurring report released every six months. This edition includes enrollment data from March 2014 through September 2015. This report is accompanied by a [databook](#), [technical appendix](#), and [MA APCD programming code](#). The databook includes additional population breakouts—including gender, age group, and county—not included in the report.

For questions on Enrollment Trends, please contact Ashley Storms, Senior Health System Policy Analyst, at (617) 701-8269 or at ashley.storms@state.ma.us.

*Two payer entities that were previously reported separately are now combined with their parent companies for Enrollment Trends. Data for Health Plans, Inc. are reported within Harvard Pilgrim Health Care, and data for Network Health are reported within Tufts Health Plan.

Payers Included in Enrollment Trends

Commercial Payer	Data Sources
Aetna ¹	Supplemental payer data, Centers for Medicare and Medicaid Services (CMS)
Anthem ²	MA APCD, CMS
Blue Cross Blue Shield of Massachusetts (BCBSMA)	MA APCD, Supplemental payer data
Boston Medical Center HealthNet Plan (BMCHP)	MA APCD
CeltiCare Health Plan of Massachusetts (CeltiCare)	MA APCD, Supplemental payer data
Cigna	MA APCD
ConnectiCare	Supplemental payer data
Fallon Health (Fallon)	MA APCD, Supplemental payer data
Harvard Pilgrim Health Care ³ (HPHC)	MA APCD, Supplemental payer data, CMS
Health New England (HNE)	MA APCD
Minuteman Health (Minuteman)	MA APCD
Neighborhood Health Plan (NHP)	MA APCD
Tufts Health Plan ⁴ (Tufts)	MA APCD
United Healthcare (United)	MA APCD, Supplemental payer data, CMS
Public Payer	Data Sources
MassHealth	MA APCD, MassHealth (Direct Reporting)
Medicare	CMS (Direct Reporting)

Note: Where non-MA APCD data used, breakouts may not be available. The Massachusetts Health Connector provided additional payer-level enrollment data on coverage purchased through the exchange.

¹ Aetna market sector and demographic data remain unconfirmed. See [technical appendix](#) for more information.

² Anthem data include UniCare.

³ HPHC data include Health Plans, Inc.

⁴ Tufts data include Network Health.

Enrollment Trends (February 2016 Edition)

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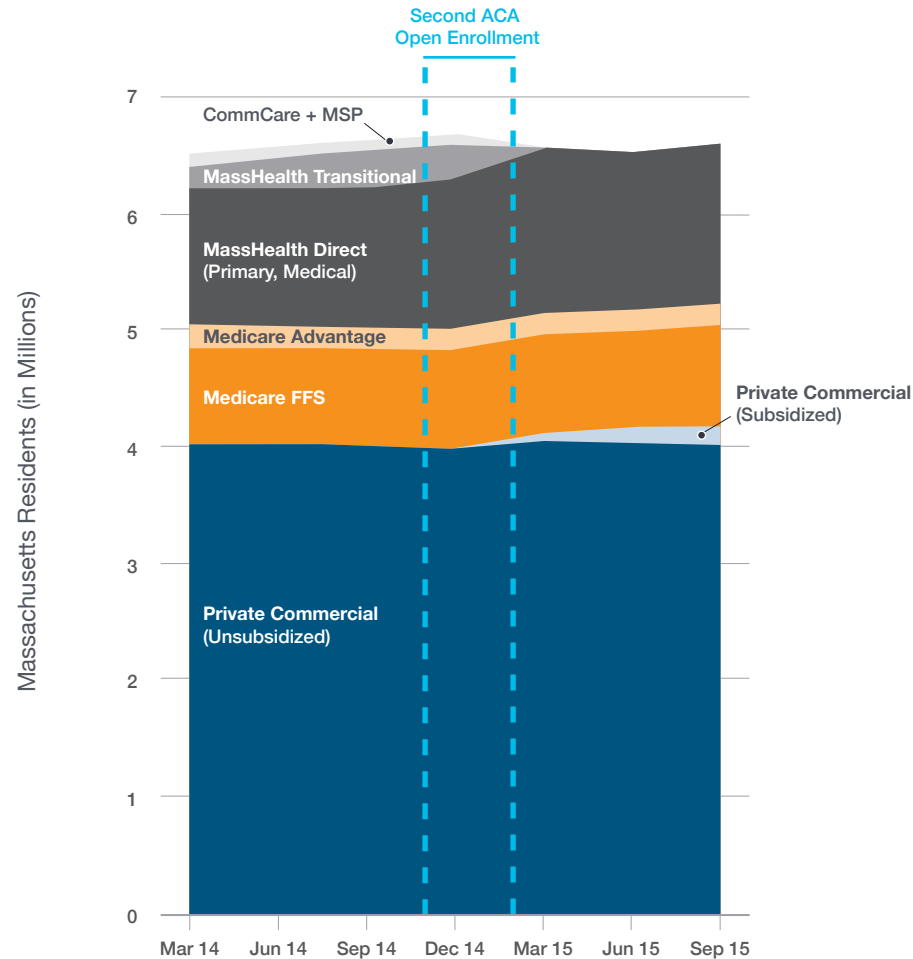
OVERALL MARKET

Four million Massachusetts residents received their primary, medical health insurance coverage through private commercial insurance from March 2014 to September 2015. This included enrollees receiving coverage through an employer, purchasing it directly from a payer, or purchasing it through the Massachusetts Health Connector. Medicare and MassHealth (Medicaid) each provided primary, medical coverage for more than a million Massachusetts residents.

This report will review enrollment trends in each of these areas separately.

Total Massachusetts Enrollment

March 2014 — September 2015



Enrollment Trends should not be used to calculate a Massachusetts uninsurance rate. For information on uninsurance in the Commonwealth, see CHIA's [2015 Massachusetts Health Insurance Survey](#).

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

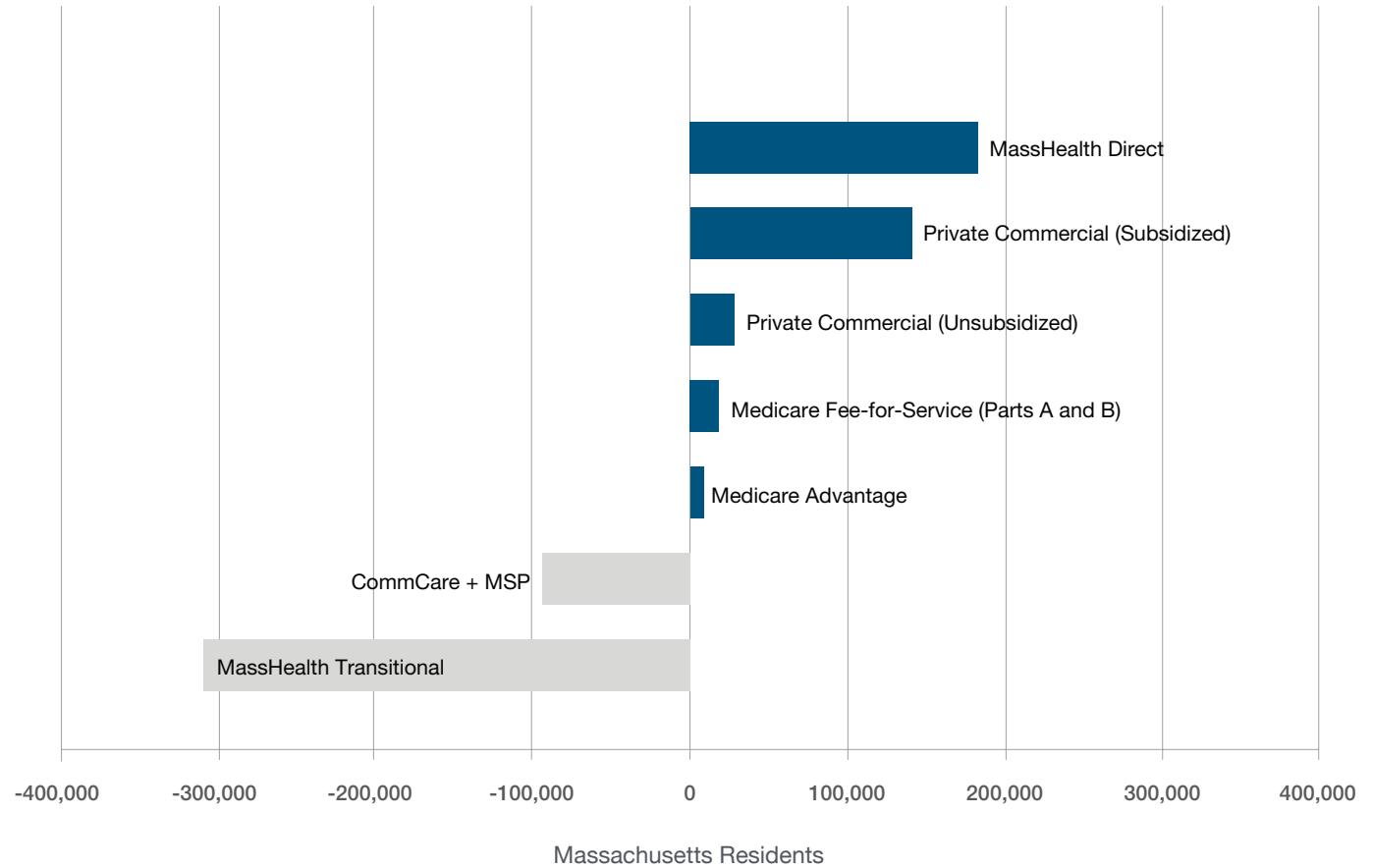
Graphic Notes: Enrollment Trends counts are not exhaustive for the Massachusetts market, potentially excluding members of smaller payers and third-party administrators, Veterans Affairs, TRICARE, and other minor coverage sources. Counts may also not be completely unique across commercial and/or public payers. "CommCare + MSP" refers to Commonwealth Care and the Medical Security Program. Medicare Advantage counts exclude enrollment in Senior Care Options, One Care, and the Program of All-Inclusive Care for the Elderly (PACE), which are included under MassHealth counts here; Medicare Fee-For-Service dual-eligibles remain in Medicare counts. See [technical appendix](#) for more information on the treatment of dual-eligibles in this report.

OVERALL MARKET

Total Massachusetts Enrollment Changes

September 2014 — September 2015

Beginning in January 2014, the implementation of the Affordable Care Act (ACA) in Massachusetts expanded eligibility for MassHealth coverage and shifted membership between public and private categories. Between September 2014 and September 2015, three Massachusetts public programs closed (MassHealth Transitional, Commonwealth Care, and the Medical Security Program). Enrollment increased in alternative sources of coverage at MassHealth, in “private” subsidized Qualified Health Plan offerings at the Massachusetts Health Connector, and in unsubsidized private commercial coverage.



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

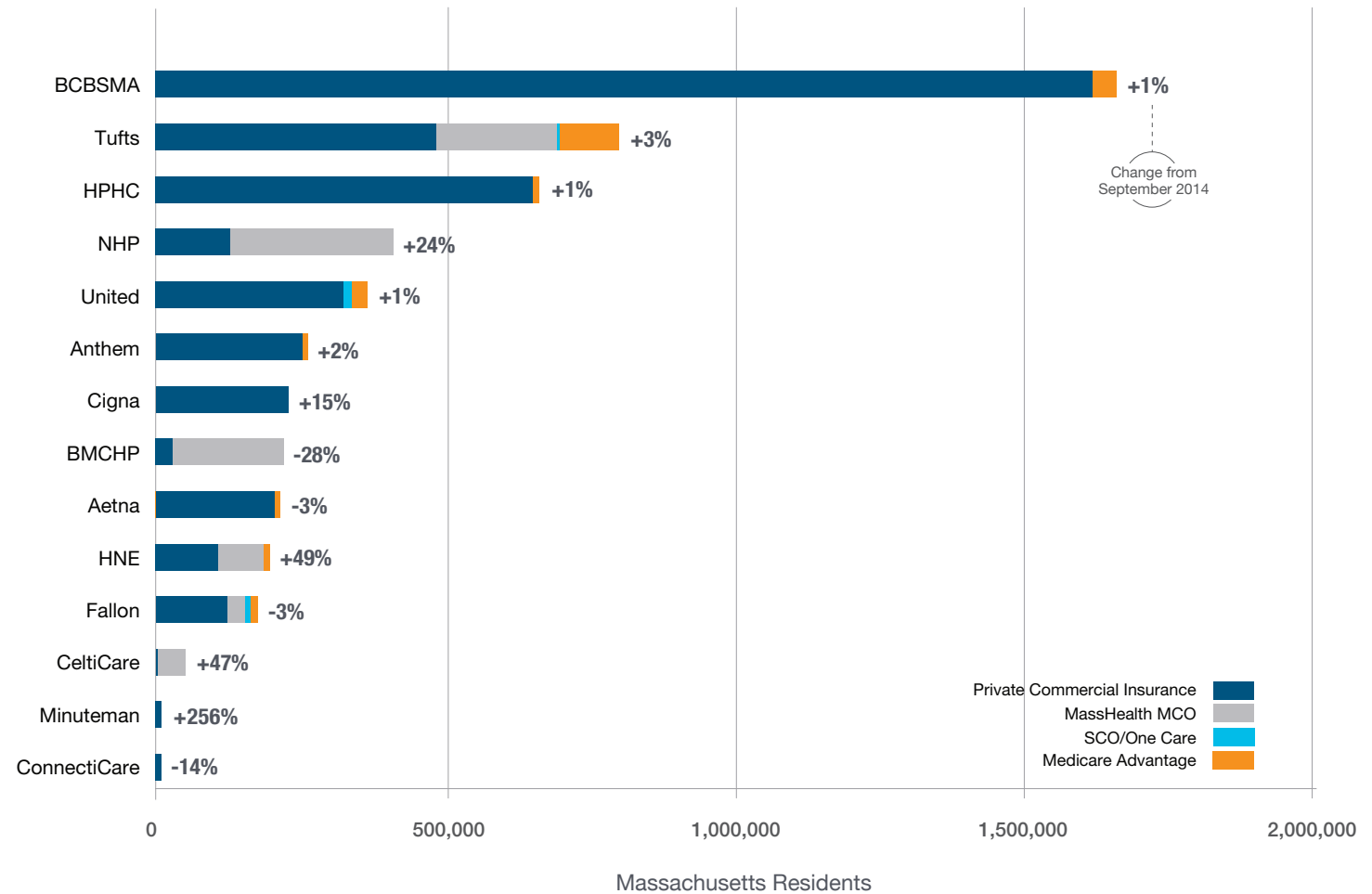
Graphic Notes: “CommCare + MSP” refers to Commonwealth Care and the Medical Security Program. Medicare Advantage counts exclude enrollment in Senior Care Options, One Care, and the Program of All-Inclusive Care for the Elderly (PACE), which are included in MassHealth counts here; Medicare Fee-For-Service dual-eligibles are included in Medicare counts. See [technical appendix](#) for more information on the treatment of dual-eligibles in this report. Enrollment Trends counts are not exhaustive for the Massachusetts market, potentially excluding members of smaller payers and third-party administrators, Veterans Affairs, TRICARE, and other minor coverage sources. Counts may also not be completely unique across commercial and/or public programs.

OVERALL MARKET

Approximately 45% of Massachusetts public coverage was administered by commercial payers in September 2015. BCBSMA administered coverage for one in four Massachusetts residents in September 2015, more than any other public (MassHealth, Medicare) or private payer. Partners-owned NHP, which was Massachusetts's fastest growing commercial payer during the preceding year, ended September 2015 as the Commonwealth's fourth-largest commercial payer. NHP had significant membership gains across both its commercial and MassHealth Managed Care Organization (MCO) lines of business.

Commercial (Private & Public) Enrollment by Payer

September 2015



Source: MA APCD, supplemental payer data, CMS

Graphic Notes: Data for Health Plans Inc. are included under its parent company, Harvard Pilgrim Health Care. Data for Network Health are included under its parent company, Tufts Health Plan. Medicare Advantage counts exclude enrollment in Senior Care Options, One Care, and the Program of All-Inclusive Care for the Elderly (PACE). See [technical appendix](#) for more information on the treatment of dual-eligibles in this report. Enrollment Trends counts are not exhaustive for the Massachusetts market, potentially excluding members of smaller payers and third-party administrators, Veterans Affairs, TRICARE, and other minor coverage sources.

PRIVATE COMMERCIAL

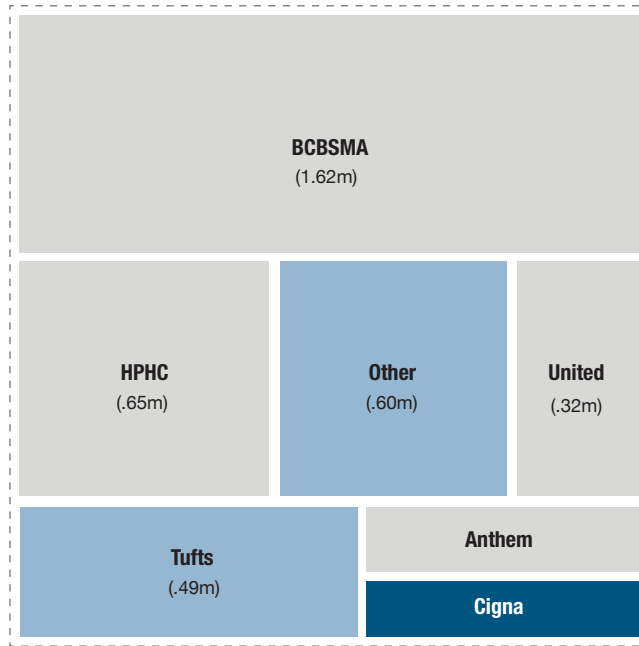
Private Commercial Enrollment

September 2014 — September 2015

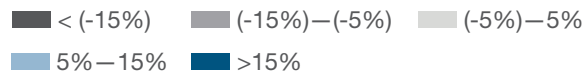
4.16 Million Primary, Medical Members (+4% Since September 2014)

In September 2015, two-thirds of Massachusetts private commercial members were enrolled in either BCBSMA, HPHC, or Tufts plans. While a majority of Massachusetts members remained covered by self-insured plans, the percentage of fully-insured members increased from September 2014 to September 2015 due to increases in fully-insured Qualified Health Plan enrollment. More than 4 in 10 Massachusetts private commercial members continued to be enrolled in an HMO product in September 2015. Approximately 73% of HMO members were covered under fully-insured plans compared to just 26% of PPO members (see [databook](#)).

By Payer



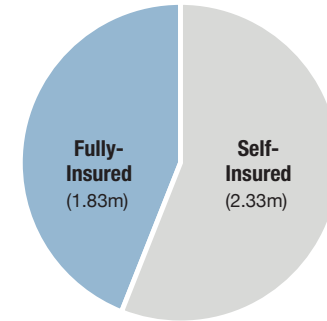
Key (Change Over Past Year)



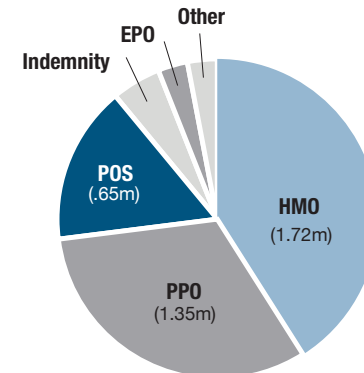
Source: MA APCD, supplemental payer data

Graphic Notes: Data for Health Plans Inc. are included under its parent company, Harvard Pilgrim Health Care. Data for Network Health are included under its parent company Tufts Health Plan.

By Funding Type



By Product Type



PRIVATE COMMERCIAL

Private Commercial Enrollment Change by Product Type

September 2014 — September 2015

From September 2014 to September 2015, Massachusetts POS membership increased by 33%. The Group Insurance Commission (GIC) contributed to this increase as it converted two large PPO plans to POS plans in July 2015.¹ The GIC expects to save \$18 million by introducing POS-plan primary care provider (PCP) requirements.² HMO membership increased 5% over the same period, driven by increased Qualified Health Plan enrollment (mainly HMO products).

Product Types³ (See healthcare.gov)

Health Maintenance Organization (HMO):

Managed care plans with a closed network of providers; generally require members to coordinate care through a PCP.

Preferred Provider Organization (PPO):

Plans with a network of preferred providers, although members may obtain care outside the preferred network at higher levels of cost-sharing; generally do not require members to select a PCP.

Exclusive Provider Organization (EPO):

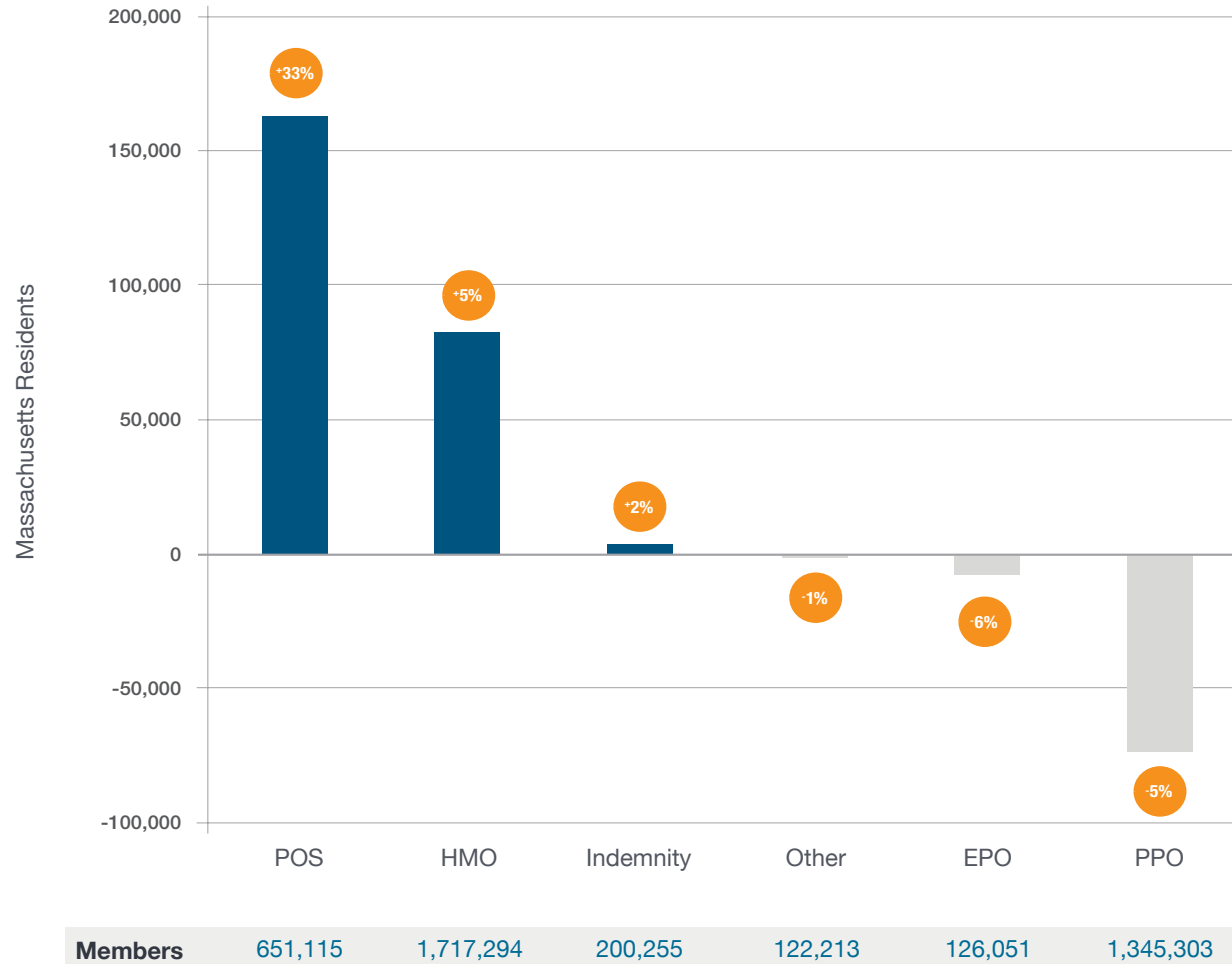
Managed care plans with a closed network of providers; unlike an HMO, may not require care to be coordinated through a PCP.

Point of Service (POS):

Plans in which members pay less if they use in-network doctors, hospitals, and other health care providers. POS plans also require referrals from PCPs in order to see specialists.

Indemnity:

Plans that offer broad access to licensed medical providers and provide reimbursements to patients and/or providers as expenses are incurred.



¹ <http://www.mass.gov/anf/employee-insurance-and-retirement-benefits/oversight-agencies/gic/harvard-independence-and-tufts-navigator-become-pos-plans.html>

² Mitchell, Dolores. "Group Insurance Commission Municipal Forum." Jan. 30, 2015. Presentation.

³ Payers select members' product type as part of MA APCD submissions.

Source: MA APCD, supplemental payer data

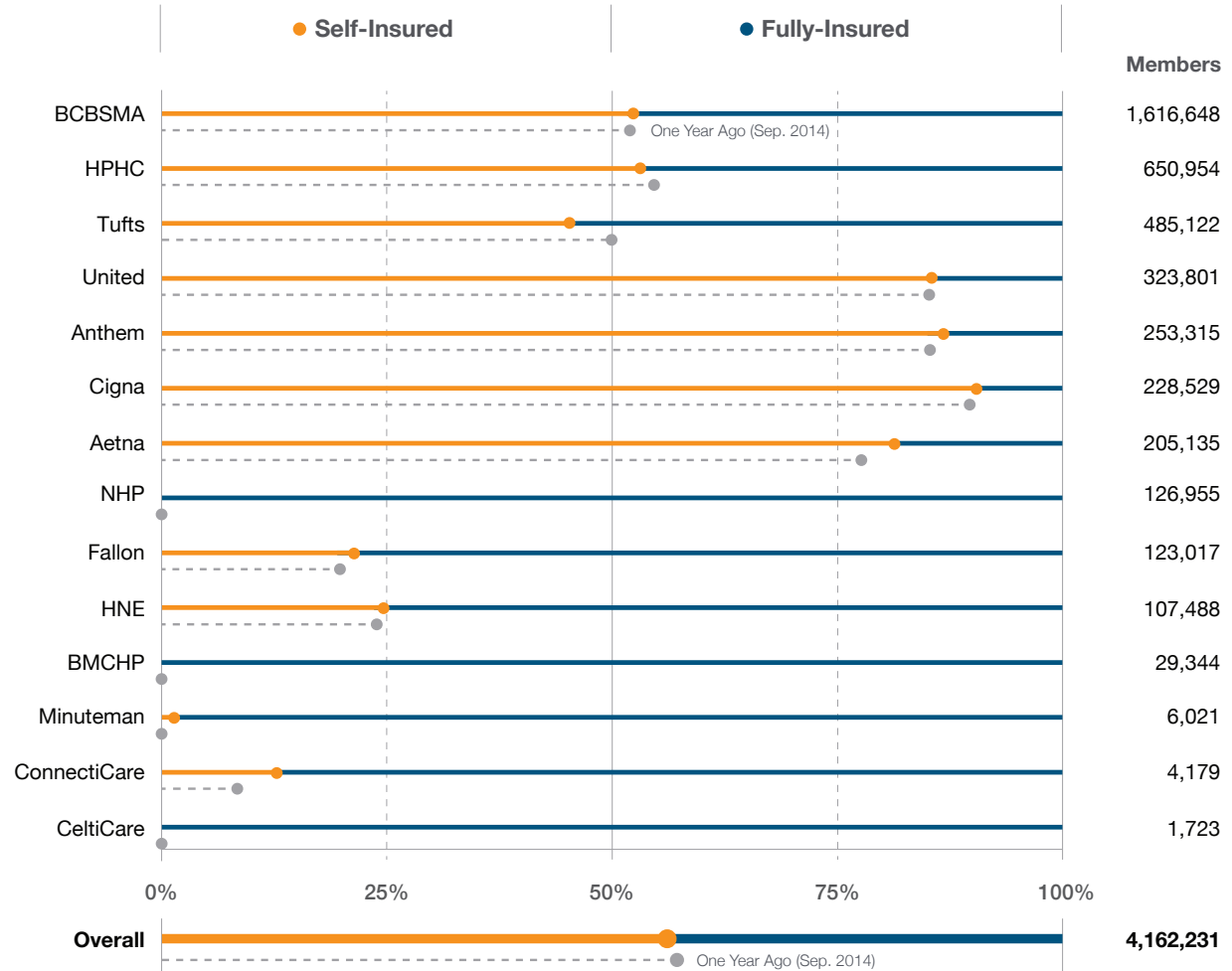
Graphic Notes: "Other" includes plans that were not identified by another product type shown.

PRIVATE COMMERCIAL

Private Commercial Enrollment by Payer and Funding Type

September 2015

Fifty-six percent of Massachusetts's private commercial enrollees were self-insured in September 2015, down one percentage point from the previous year. This increase may reflect the influx of new fully-insured Qualified Health Plan enrollees to the market through the Massachusetts Health Connector.



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 is financially responsible for its employees and employee-dependents' medical costs, contracting with payers or third party administrators to administer their claims.

Source: MA APCD, supplemental payer data

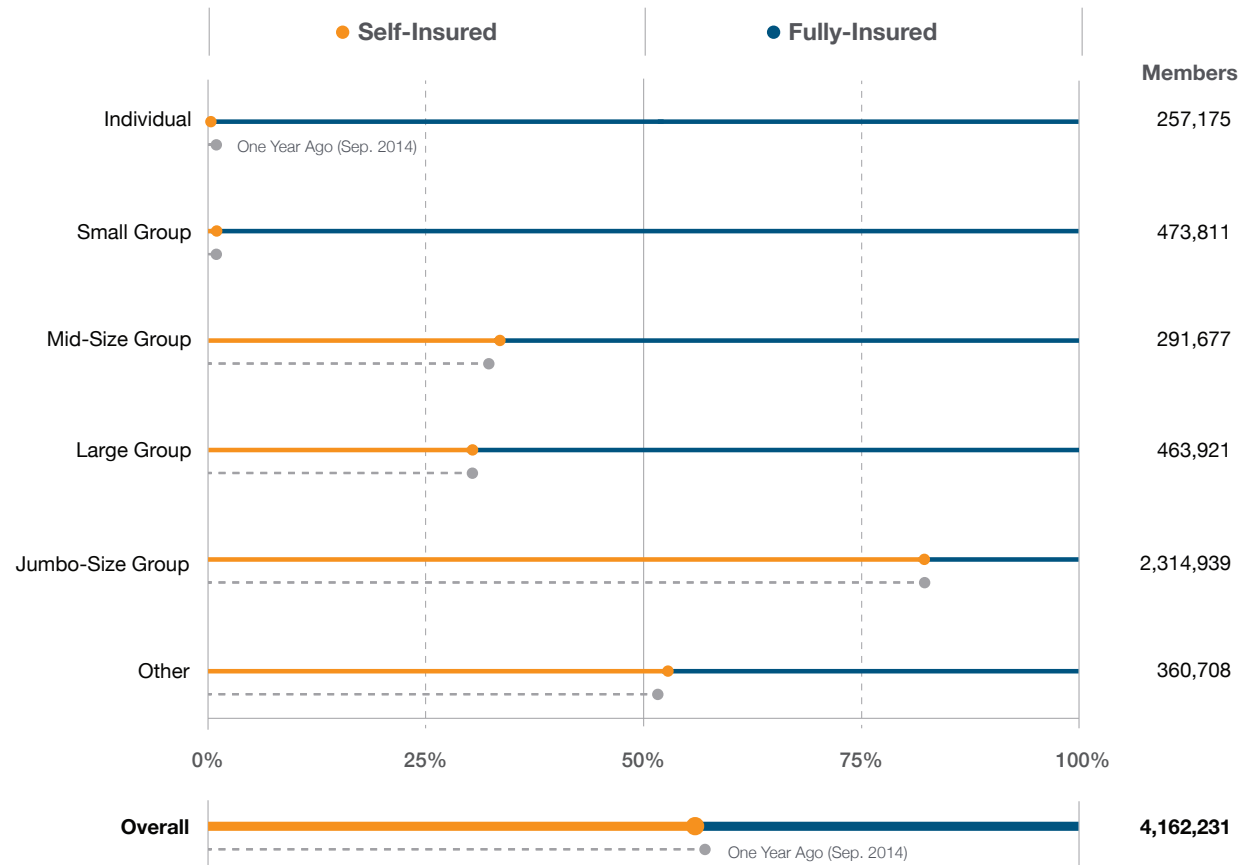
Graphic Notes: Data for Health Plans Inc. are included under its parent company, Harvard Pilgrim Health Care. Data for Network Health are included under its parent company, Tufts Health Plan.

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Private Commercial Enrollment by Market Sector and Funding Type

September 2015

In general, the larger the employer, the more likely it is to self-insure. In September 2015, 8 in 10 members receiving coverage through an employer with more than 500 employees were covered under a self-insured arrangement. However, nearly all members in the Massachusetts merged market (individual and small group sectors) were enrolled in fully-insured plans.



Market Sectors (Employer or Group Size)

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

Small Group: Employer groups with 1-50 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

Graphic Notes: "Other" includes members whose market sector was not differentiated in the data. Many of these members are federal employees (fully-insured) or "host members" with contracts issued in other states. Employers offering multi-state plans are likely large or jumbo group employers. MA APCD submissions do not track individual market sector changes over time. See [technical appendix](#) for details.

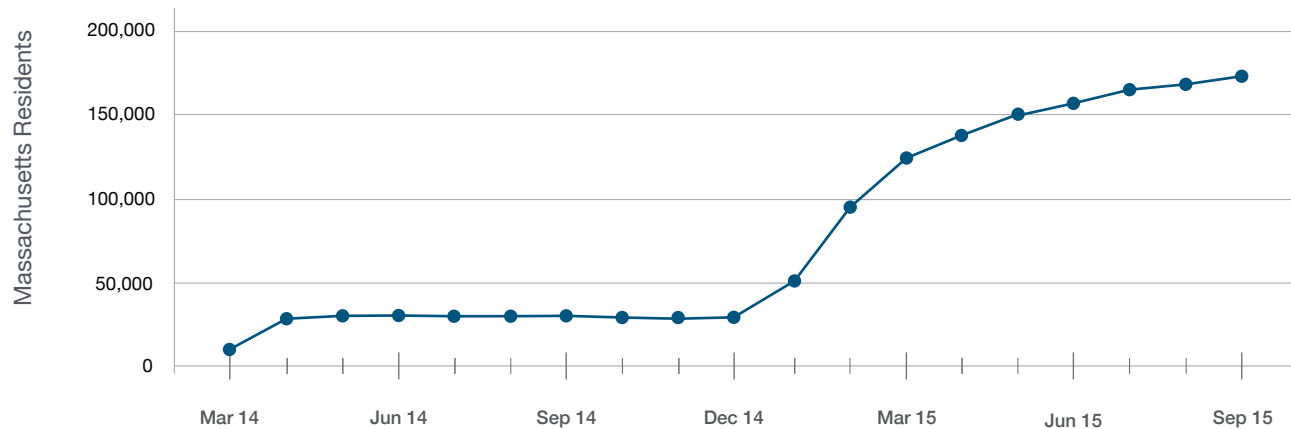
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Massachusetts Health Connector Individual QHP Enrollment

March 2014 — September 2015

Following functional limitations of the Commonwealth's Health Insurance Exchange to process applications in 2014, individual Health Connector Qualified Health Plan enrollment increased to more than 173,000 members by September 2015. Three-quarters of these members were enrolled in subsidized ConnectorCare plans, which combine premium tax credits and cost-sharing subsidies to make private commercial insurance more affordable for low- and moderate-income Massachusetts residents.

The Health Connector also enrolled approximately 5,760 members in small group coverage by September 2015 (not shown).



Description	Plan Type / Income Level	Members	
		Sep. 2014	Sep. 2015
ConnectorCare	1 (0 - 100% FPL)	84	14,234
	2 (100.1 - 200% FPL)	147	61,759
	3 (200.1 - 300% FPL)	264	53,040
QHP with APTC	4 (≤ 400% FPL)	38	11,629
Unsubsidized QHP	5 (> 400% FPL)	29,042	32,774
American Indian/ Alaska Native	6 (Income not reported)	0	20
Total		29,575	173,459

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

ConnectorCare: A set of subsidized QHPs offering members reduced monthly premiums and cost-sharing, based on income eligibility.

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

Source: Massachusetts Health Connector

Graphic Notes: Does not include Health Connector small group enrollment, which ranged from 4,400 to 6,700 over the March 2014 to September 2015 period. Individuals who are American Indian or Alaska Native may qualify for additional cost-sharing reductions; more information is available from the Massachusetts Health Connector. Plan type information was unavailable for three members in September 2015; these members remain in shown totals.

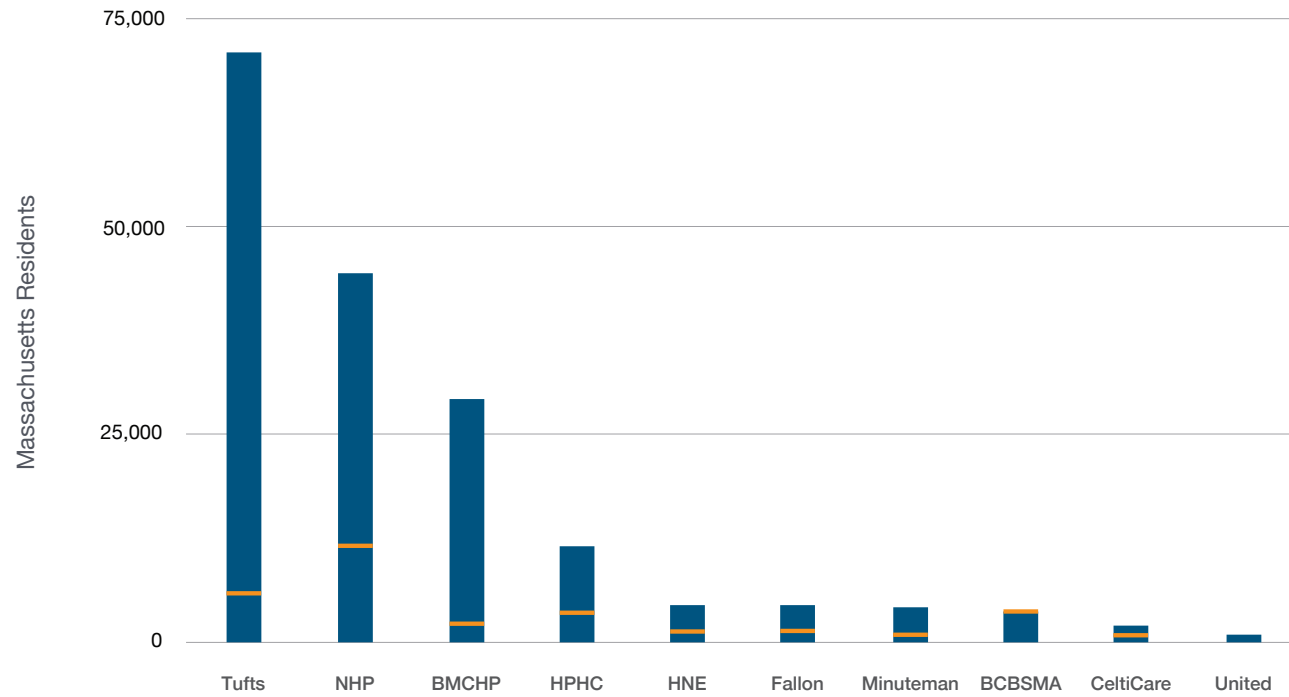
PRIVATE COMMERCIAL

Massachusetts Health Connector Individual QHP Enrollment by Payer

September 2015

Ten Massachusetts payers offered Qualified Health Plans (QHPs) through the Health Connector in 2015. Tufts (Network Health), NHP, BMCHP, and HPHC had the largest individual QHP enrollment gains from September 2014 to September 2015. Tufts (Network Health) had Massachusetts's largest individual QHP enrollment in September 2015.

The Health Connector also enrolled approximately 5,760 members in small group coverage by September 2015.



Key
 Sep. 2014 — Orange line
 Sep. 2015 — Blue bar

Source: Massachusetts Health Connector

Graphic Notes: Network Health is included under its parent company, Tufts Health Plan. Does not include Health Connector small group enrollment, which ranged from 4,400 to 6,700 over the March 2014 to September 2015 period.

MASSHEALTH + MA PUBLIC PROGRAMS

Massachusetts's second ACA Open Enrollment period (December 2014 - February 2015) coincided with the closure of several public coverage programs: the temporary MassHealth Transitional program, Commonwealth Care (CommCare), and the Medical Security Program (MSP). As these programs ended, membership increased in other coverage programs within MassHealth (particularly its MCO CarePlus program) and in subsidized private insurance, as available through the Massachusetts Health Connector. Overall MassHealth and other Massachusetts public program enrollment declined (-14%) from September 2014 to September 2015 as these transitions occurred.

Commonwealth Care (CommCare): A state program that provided coverage to low- and moderate-income Massachusetts residents.

Medical Security Program (MSP): A state program that provided coverage to Massachusetts residents receiving unemployment benefits.

MassHealth Delivery Systems

Fee-for-Service (FFS): MassHealth members who receive services through MassHealth on a fee-for-service basis.

Managed Care Organization (MCO): A commercial health plan that contracts with MassHealth to manage the care of MassHealth members.

Primary Care Clinician (PCC) Plan: A MassHealth-administered managed care option with services coordinated through a primary care clinician.

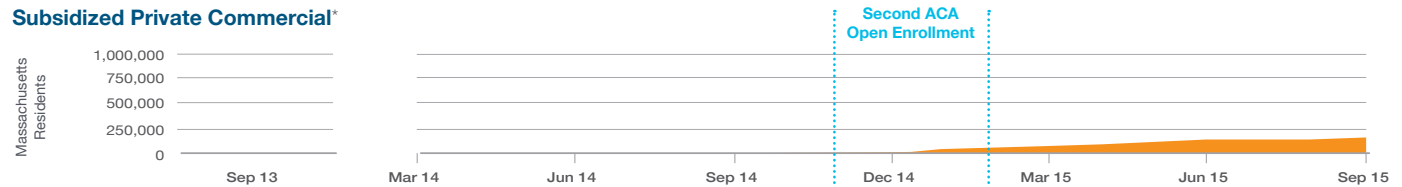
See [MassHealth's website](#) for more detailed definitions.

MassHealth and Other Massachusetts Public Program Enrollment

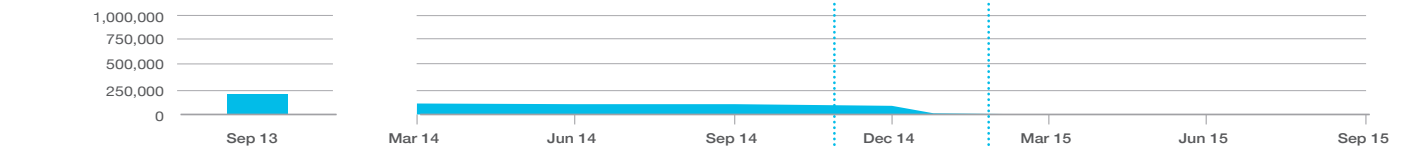
September 2013 — September 2015

1.33 Million Primary, Medical Members (-14% since September 2014)

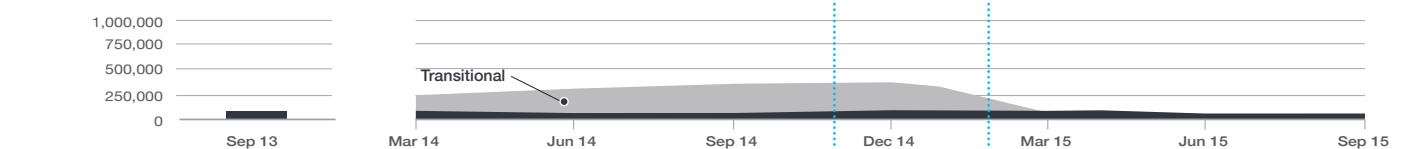
Subsidized Private Commercial*



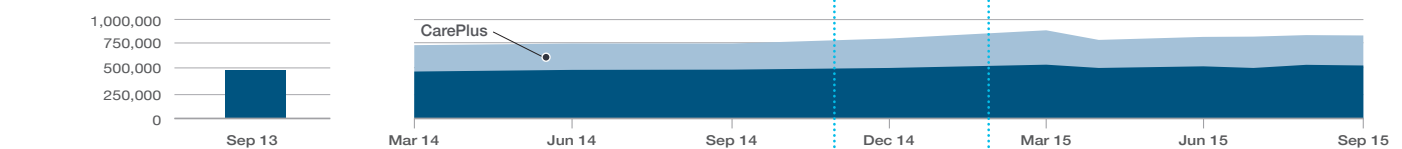
Commonwealth Care & Medical Security Program



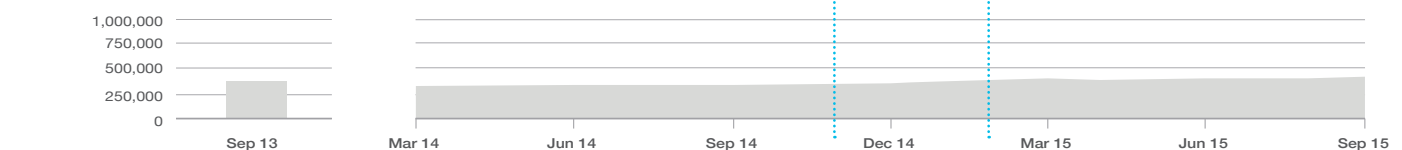
MassHealth Fee-for-Service (FFS)



MassHealth Managed Care Organization (MCO) Plan



MassHealth Primary Care Clinician (PCC) Plan



*Not included in shown 1.33 million total

Source: MA APCD, Massachusetts Health Connector, MassHealth

Graphic Notes: Enrollment shown only for members with primary coverage. The majority of members in the FFS population have other forms of insurance and are not included. Members in Senior Care Options, One Care, and PACE are not included. Subsidized private commercial coverage, while not classified as a public program, is partially supported by public funds. CommCare and MSP enrollment was sourced from the Massachusetts Health Connector for 2013 and from the MA APCD for 2014-2015.

MASSHEALTH + MA PUBLIC PROGRAMS

MassHealth Enrollment by Delivery System

September 2015

In September 2015, approximately 1.3 million Massachusetts residents relied on MassHealth for their primary, medical coverage. MassHealth provided support to another 500,000 residents to obtain coverage through other sources (Partial/Secondary). CHIA will release additional information on MassHealth later this year.

Direct Coverage: Primary, medical coverage provided by MassHealth.

Partial/Secondary Coverage: Coverage provided by MassHealth for a limited range of "wrap" services or to support the obtainment of primary, medical coverage from an alternate source.

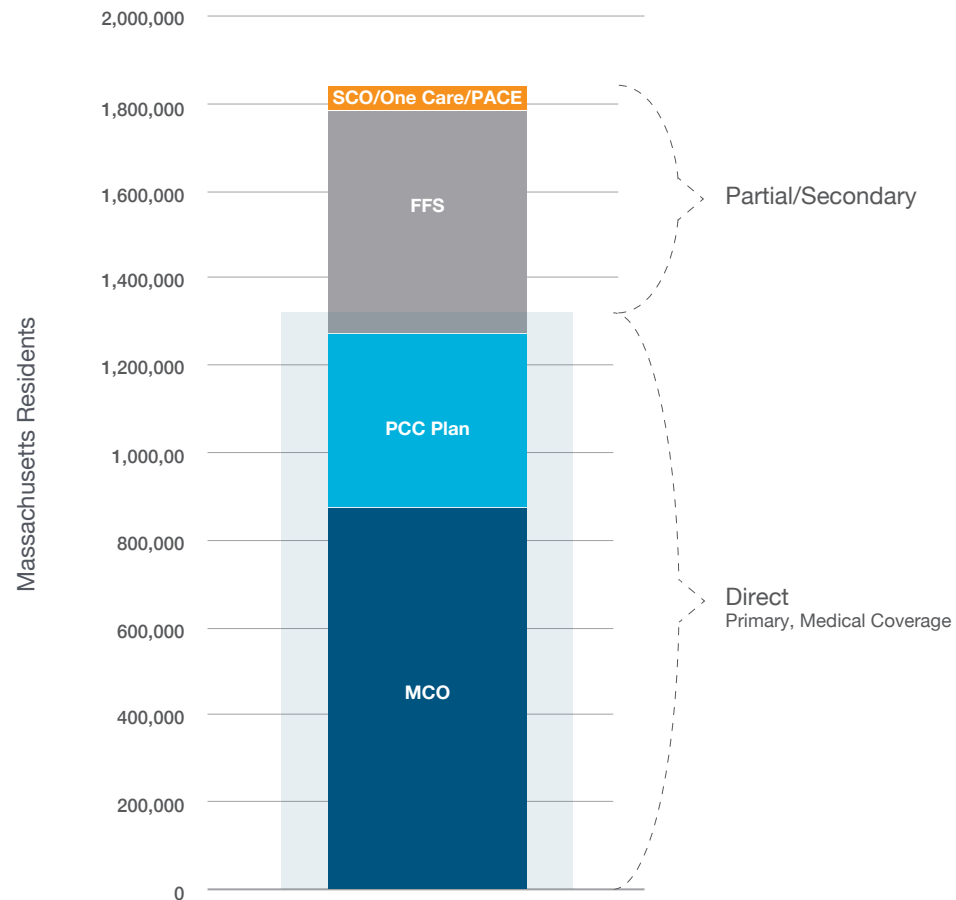
MassHealth Delivery Systems

Fee-for-Service (FFS): MassHealth members who receive services through MassHealth on a fee-for-service basis.

Managed Care Organization (MCO): A commercial health plan that contracts with MassHealth to manage the care of MassHealth members.

Primary Care Clinician (PCC) Plan: A MassHealth-administered managed care option with services coordinated through a primary care clinician.

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



Source: MA APCD, MassHealth, CMS

Graphic Notes: MassHealth "Direct" includes only members with primary, medical coverage through MassHealth. Members in SeniorCare Options, One Care, and PACE are shown under Partial / Secondary. The majority of members in the FFS populations have other forms of insurance.

MEDICARE

Medicare Enrollment

September 2014 — September 2015

1.06 Million Primary, Medical Members (+3% since September 2014)

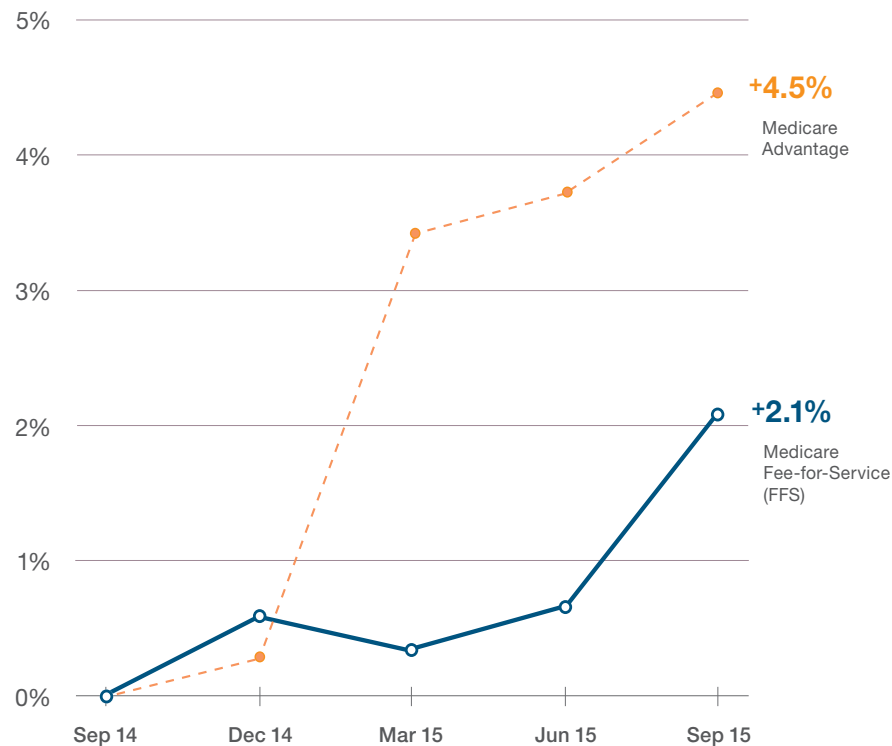
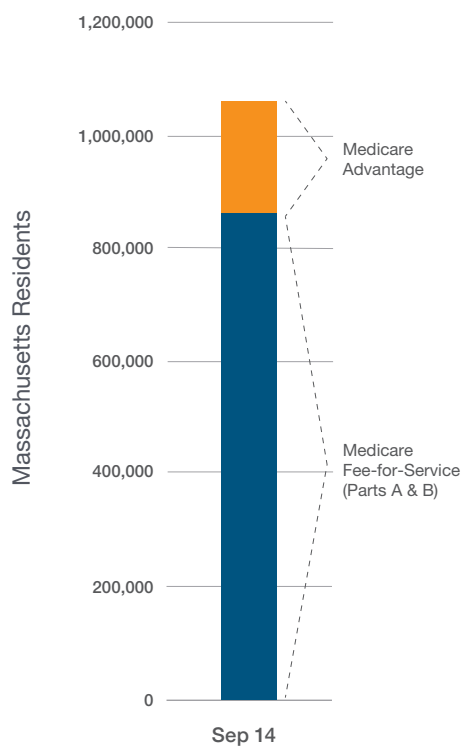
More than a million Massachusetts residents received their primary, medical insurance coverage from Medicare in 2015. Approximately 81% of Massachusetts Medicare beneficiaries (see Graphic Notes) were enrolled in traditional Medicare Fee-for-Service (FFS) in September 2015; the remainder were enrolled in Medicare Advantage, a managed care option administered by commercial payers. Medicare Advantage membership grew by 4.5% from September 2014 to September 2015; Medicare FFS membership grew by 2.1%.

Medicare Delivery Systems

Medicare Fee-for-Service (FFS): Sometimes called traditional or original Medicare, FFS allows beneficiaries to obtain care from providers that accept Medicare coverage. Medicare FFS counts, as shown here, are comprised of enrollees with both Part A (inpatient coverage) and Part B (outpatient coverage) coverage. (See [technical appendix](#) for more detail.)

Medicare Advantage: Sometimes called Medicare Part C, Medicare Advantage is a managed care plan offered by commercial payers to provide beneficiaries with Part A and Part B benefits, sometimes including prescription drug benefits (Part D). Most Medicare services are covered through the plan and are not paid for under Medicare FFS.

See [CMS's website](#) for more detailed definitions.



Source: MA APCD, CMS

Graphic Notes: Medicare Advantage counts do not include Senior Care Options, OneCare, and PACE members. These counts are shown in [databook](#). Medicare Fee-for-Service includes only beneficiaries with both Part A and Part B coverage.

Glossary of Terms

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

Commonwealth Care (CommCare): A state program that provided coverage to low- and moderate-income Massachusetts residents.

ConnectorCare: A set of subsidized qualified health plans offering members reduced monthly premiums and cost-sharing, based on income eligibility.

Exclusive Provider Organization (EPO): Managed care plans with a closed network of providers; unlike a health maintenance organization, may not require care to be coordinated through a PCP.

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

Health Maintenance Organization (HMO) Plan: Managed care plans with a closed network of providers; generally require members to coordinate care through a PCP.

Indemnity Plan: Plans that offer broad access to licensed medical providers and provide reimbursements to patients and/or providers as expenses are incurred.

Market Sectors: Employer or group size

- **Individual:** Individual contract with payer; includes individual purchases through the Massachusetts Health Connector
- **Small Group:** Employer groups with 1-50 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

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

MassHealth Fee-For-Service (FFS): MassHealth members who receive services through MassHealth on a fee-for-service basis.

MassHealth Managed Care Organization (MCO): A commercial health plan that contracts with MassHealth to manage the care of MassHealth members.

MassHealth Partial/Secondary Coverage: Coverage provided by MassHealth for a limited range of services or as a secondary payer.

MassHealth Primary Care Clinician (PCC) Plan: A MassHealth-administered managed care option with services coordinated through a primary care clinician.

Medical Security Program (MSP): A state program that provided coverage to Massachusetts residents receiving unemployment benefits.

Medicare Advantage: Sometimes called Medicare Part C, Medicare Advantage is a managed care plan offered by commercial payers to provide beneficiaries with Part A and Part B benefits, sometimes including prescription drug benefits (Part D). Most Medicare services are covered through the plan and are not paid for under Medicare FFS.

Medicare Fee-For-Service (FFS): Sometimes called traditional or original Medicare, FFS allows beneficiaries to obtain care from providers that accept Medicare coverage. Medicare FFS counts are comprised of enrollees with both Part A (inpatient coverage) and Part B (outpatient coverage) coverage.

Point of Service (POS) Plan: Plans in which members pay less if they use in-network doctors, hospitals, and other health care providers. POS plans also require referrals from PCPs in order to see specialists.

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

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

Self-Insured: A self-insured employer is financially responsible for its employees and employee dependents' medical costs, contracting with payers or third party administrators to administer their claims.

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



For more information, please contact:

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