

CENTER FOR HEALTH INFORMATION AND ANALYSIS

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# ENROLLMENT TRENDS

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JULY 2016 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 health insurance within 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 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 public programs, and 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 96.4% insurance rate among residents in mid-2015.

Enrollment Trends is a recurring report released every six months. This edition includes enrollment data from December 2013 through March 2016. This report is accompanied by a [databook](#), [technical appendix](#), [Health Plan Member Atlas](#), and [MA APCD programming code](#). The databook contains additional information and population breakouts not included in the main report.

*For questions on Enrollment Trends, please contact Ashley Storms, Associate Analytic Reporting Manager, at (617) 701-8269 or at [ashley.storms@state.ma.us](mailto:ashley.storms@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 <sup>1</sup>	Supp.	N/A	CMS	N/A
Anthem <sup>2</sup>	MA APCD, Supp.	N/A	CMS	N/A
Blue Cross Blue Shield of Massachusetts (BCBSMA)	MA APCD, Supp.	N/A	MA APCD, Supp.	N/A
Boston Medical Center HealthNet Plan (BMCHP)	MA APCD	MA APCD	N/A	MA APCD
CeltiCare Health (CeltiCare)	MA APCD	Supp.	N/A	N/A
Cigna	MA APCD, Supp.	N/A	N/A	N/A
ConnectiCare	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 <sup>4</sup> (HPHC)	MA APCD	N/A	CMS	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 <sup>5</sup> (Tufts)	MA APCD, Supp.	MA APCD	MA APCD	MA APCD
United Healthcare (United)	MA APCD, Supp.	N/A	CMS	MA APCD

Public Payer	Data Sources
MassHealth <sup>6</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:** All Commonwealth Care and Medical Security Program membership for BMCHP, CeltiCare, Fallon, NHP, and Tufts was sourced from the MA APCD. The Massachusetts Health Connector provided additional payer-level enrollment data on coverage purchased through the exchange.

- <sup>1</sup> Some Aetna data remains unconfirmed by payer. See [technical appendix](#) for more information.
- <sup>2</sup> Anthem data includes UniCare.
- <sup>3</sup> Private commercial membership for Fallon was sourced from supplemental payer data in most cases due to data quality concerns; page 9 of this report includes data from Fallon's MA APCD submissions.
- <sup>4</sup> HPHC data includes Health Plans, Inc.
- <sup>5</sup> Tufts data includes Tufts Health Public Plans (Network Health). A portion of private commercial membership for Tufts was sourced from supplemental payer data; however, all individual and small group membership for Tufts was sourced from the MA APCD on page 9 of this report.
- <sup>6</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, unless otherwise noted. See [technical appendix](#).

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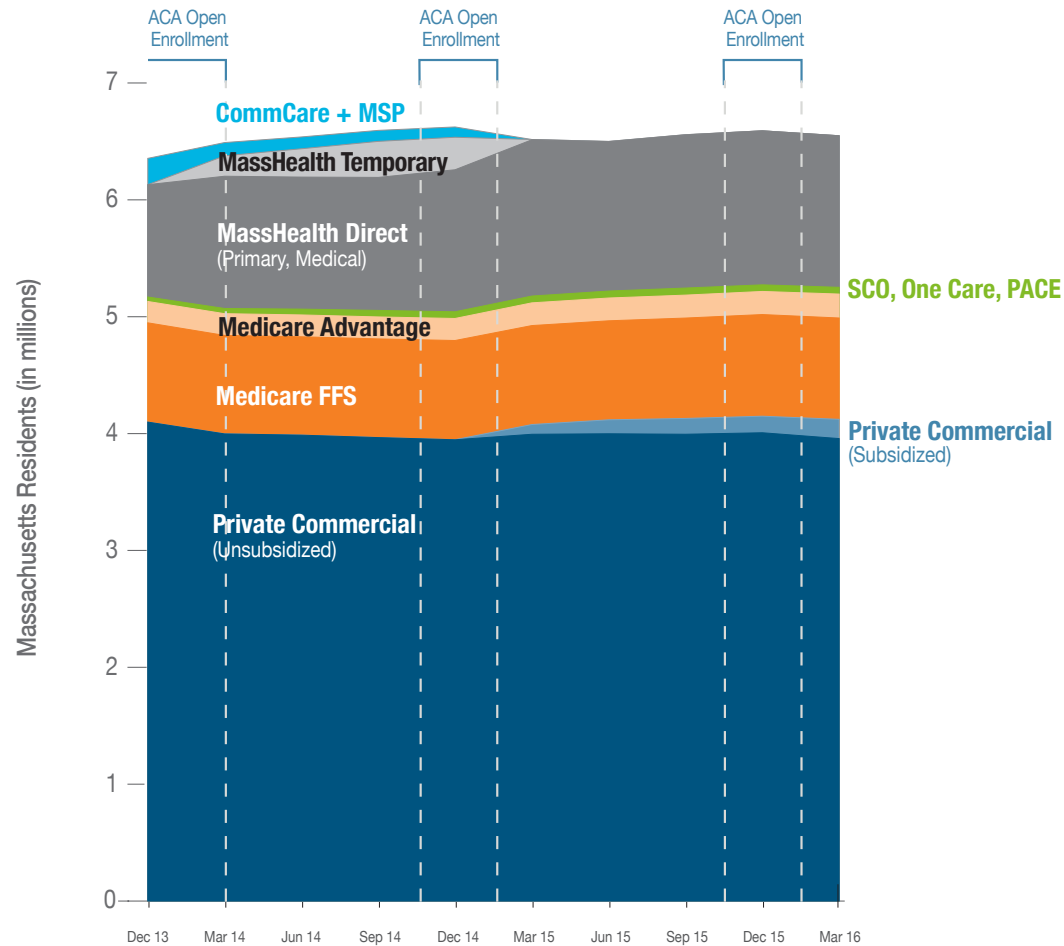


# OVERALL MARKET

## Total Massachusetts Enrollment

December 2013 - March 2016

Approximately four million Massachusetts residents received their primary, medical health insurance coverage through private commercial insurance from December 2013 to March 2016; this included enrollees receiving coverage through an employer and those purchasing it directly from a payer or through the Massachusetts Health Connector. Over 160,000 of these members received subsidies for that coverage by March 2016. Medicare and MassHealth (Medicaid) each provided primary, medical coverage for more than a million Massachusetts residents.



**MassHealth Temporary:** Temporary coverage for individuals awaiting eligibility determination of subsidized coverage from the Health Connector.  
**MassHealth Direct:** Primary, medical coverage provided by MassHealth.

**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

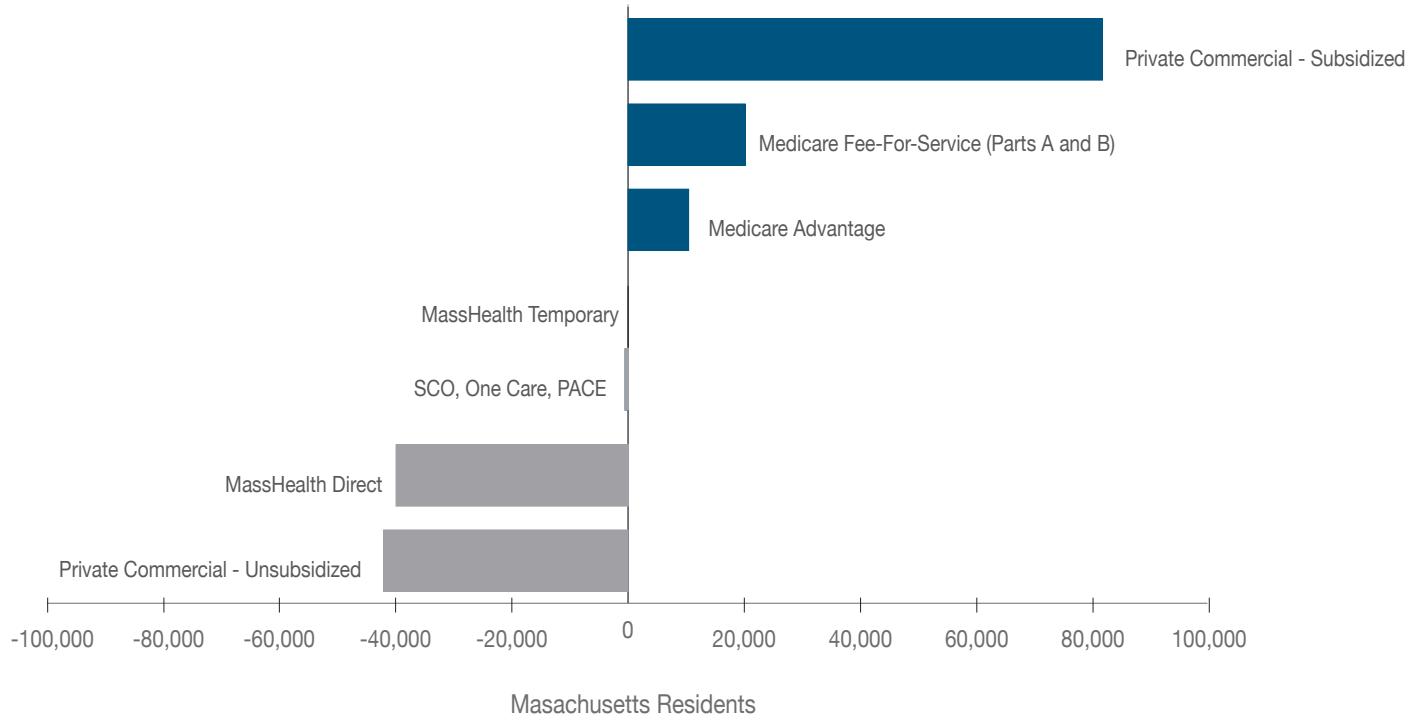
**Notes:** Enrollment Trends counts are not exhaustive for the Massachusetts market, potentially excluding members of smaller payers, third-party administrators, and public programs, and those with primary coverage through Veterans Affairs or TRICARE. This report should not be used to calculate a statewide uninsurance rate. "CommCare + MSP" refers to Commonwealth Care and the Medical Security Program. 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.

# OVERALL MARKET

## Total Massachusetts Enrollment Changes

March 2015 - March 2016

From March 2015 to March 2016, enrollment in subsidized private commercial insurance (via ConnectorCare plans or Advanced Premium Tax Credits) doubled (+82,000 members) as Massachusetts residents increasingly purchased coverage through the Massachusetts Health Connector. MassHealth Direct enrollment fell by 3% (-40,000 members) from its peak in March 2015 as annual renewals resumed in early 2015.<sup>1</sup>



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

**Notes:** Enrollment Trends counts are not exhaustive for the Massachusetts market, potentially excluding members of smaller payers, third-party administrators, and public programs, and 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.

<sup>1</sup> CMS requires that states review members' eligibility every 12 months to determine who remains eligible for Medicaid coverage. MassHealth renewals were suspended in October 2013 as MassHealth transitioned to the Modified Adjusted Gross Income (MAGI) methodology under the ACA. MassHealth resumed annual renewals for the MAGI population in January 2015.

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

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



# OVERALL MARKET

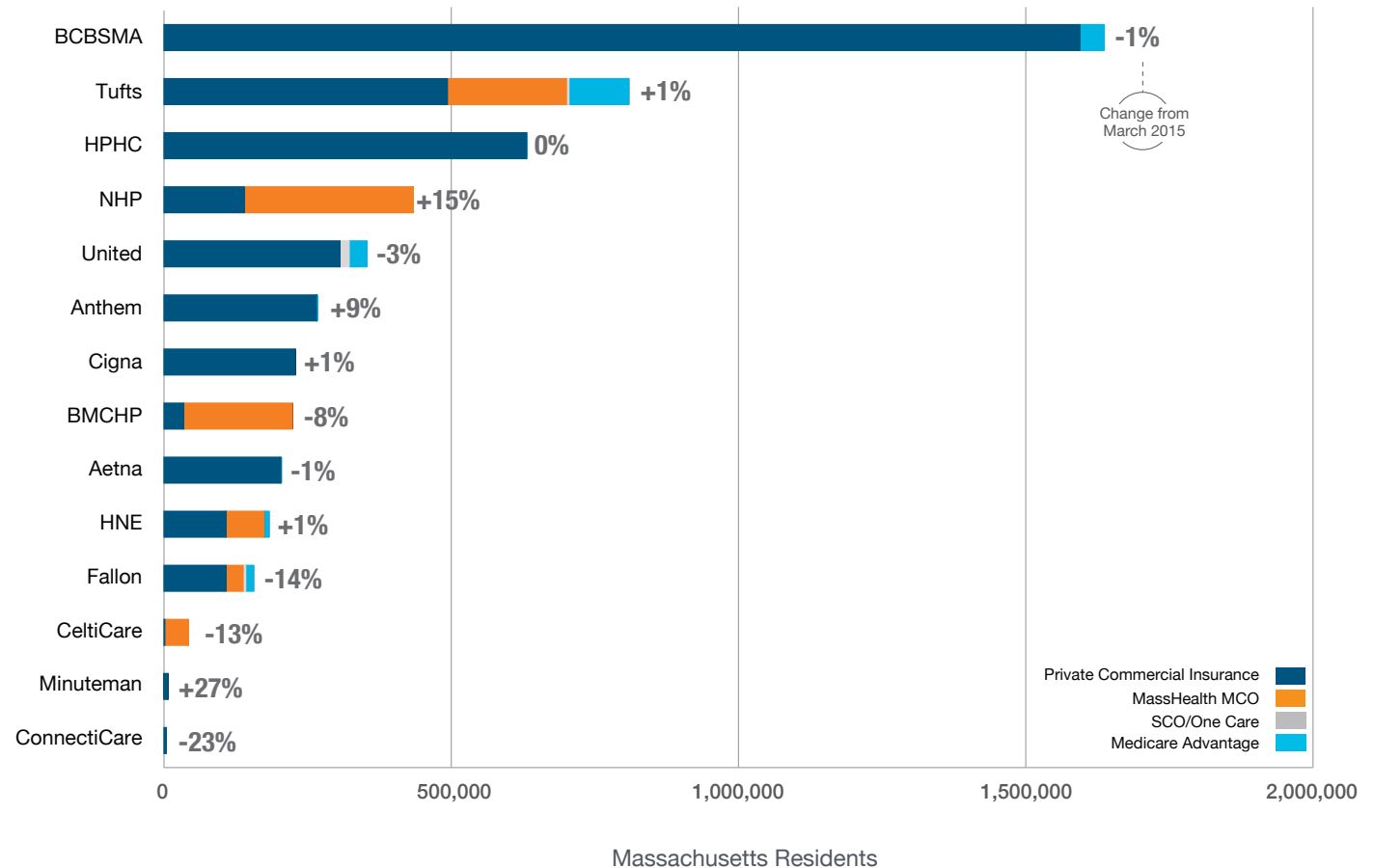
## Commercial (Private & Public) Enrollment by Payer

March 2016

Massachusetts commercial insurance membership continued to be highly concentrated in March 2016, with BCBSMA administering private or public coverage for one quarter of Massachusetts residents.

Partners HealthCare-owned NHP experienced the fastest growth of any commercial payer during the preceding year, registering significant membership gains across both its private commercial and MassHealth Managed Care Organization (MCO) lines of business. NHP is now Massachusetts's fourth-largest commercial payer. Meanwhile, Fallon's overall enrollment declined 14% with losses in its private commercial and MassHealth MCO membership; Fallon also exited from Massachusetts's One Care demonstration program.

Approximately 45% of Massachusetts "public" coverage (MassHealth, Medicare) was administered by commercial payers in March 2016.



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 (Network Health) is included under its parent company, Tufts Health Plan. MassHealth MCO enrollment figures by plan are sourced from commercial payers' MA APCD submissions; these plan-level totals differ slightly from the MassHealth MCO enrollment total 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

## Private Commercial Enrollment

March 2016

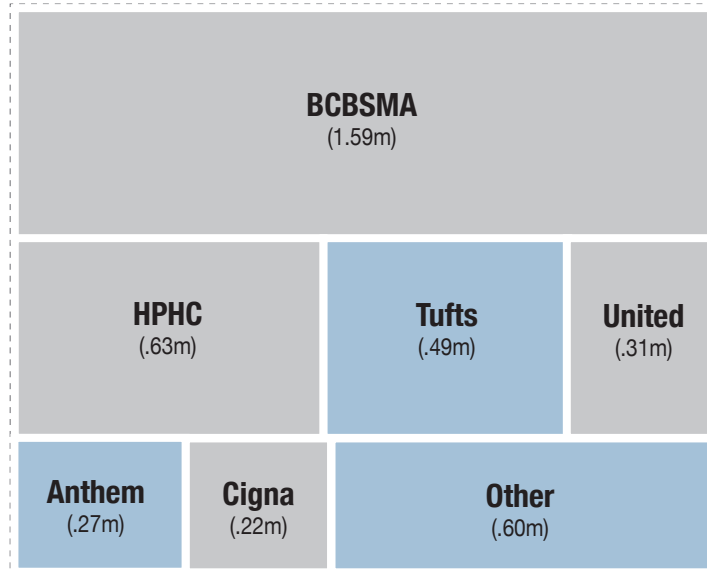
4.12 Million Primary, Medical Members (+1% Since March 2015)

BCBSMA, HPHC, and Tufts remained the three largest private commercial payers in the Commonwealth, accounting for two-thirds of the private market membership in March 2016.

Anthem covered 266,000 private commercial members in March 2016, a 9% increase over the previous year.

Point of Service (POS) plan membership increased during this period, likely driven by the Group Insurance Commission's decision to convert two large Preferred Provider Organization (PPO) plans to POS plans in July 2015.<sup>1</sup>

### By Payer



### Change Over Past Year

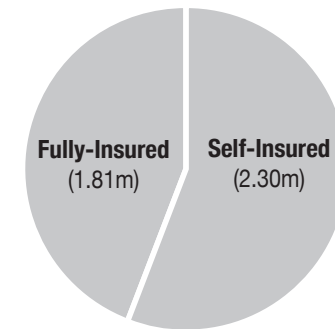


Source: MA APCD, supplemental payer data

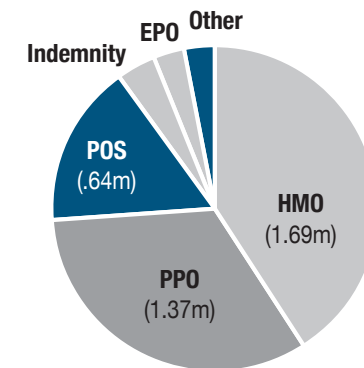
Notes: Membership for Health Plans Inc. is included under its parent company, Harvard Pilgrim Health Care. Membership for Tufts Health Public Plans (Network Health) is included under its parent company, Tufts Health Plan.

<sup>1</sup>The GIC expected to save \$18 million by introducing POS-plan primary care provider requirements, according to a presentation by then-Executive Director Dolores Mitchell at the "Group Insurance Commission Municipal Forum" on January 30, 2015. For more information on the plan type transition, see <http://www.mass.gov/anf/employee-insurance-and-retirement-benefits/oversight-agencies/gic/harvard-independence-and-tufts-navigator-become-pos-plans.html>.

### By Funding Type



### By Product Type

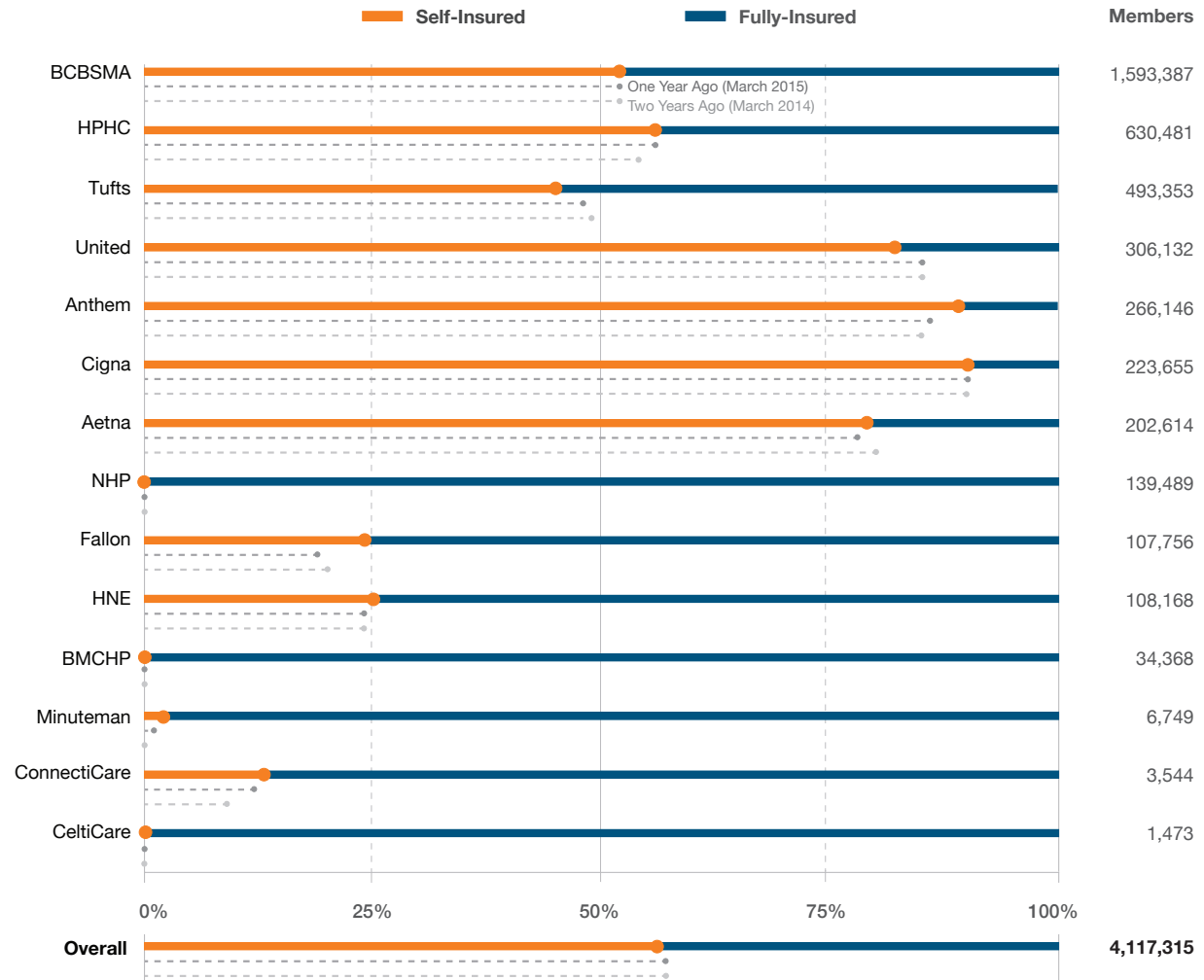


# PRIVATE COMMERCIAL

## Private Commercial Enrollment by Payer and Funding Type

March 2016

Self-insured enrollment remained steady at approximately 2.3 million members from March 2015 to March 2016, while fully-insured enrollment grew 3% to 1.8 million members as new QHP enrollees entered the market.



### 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

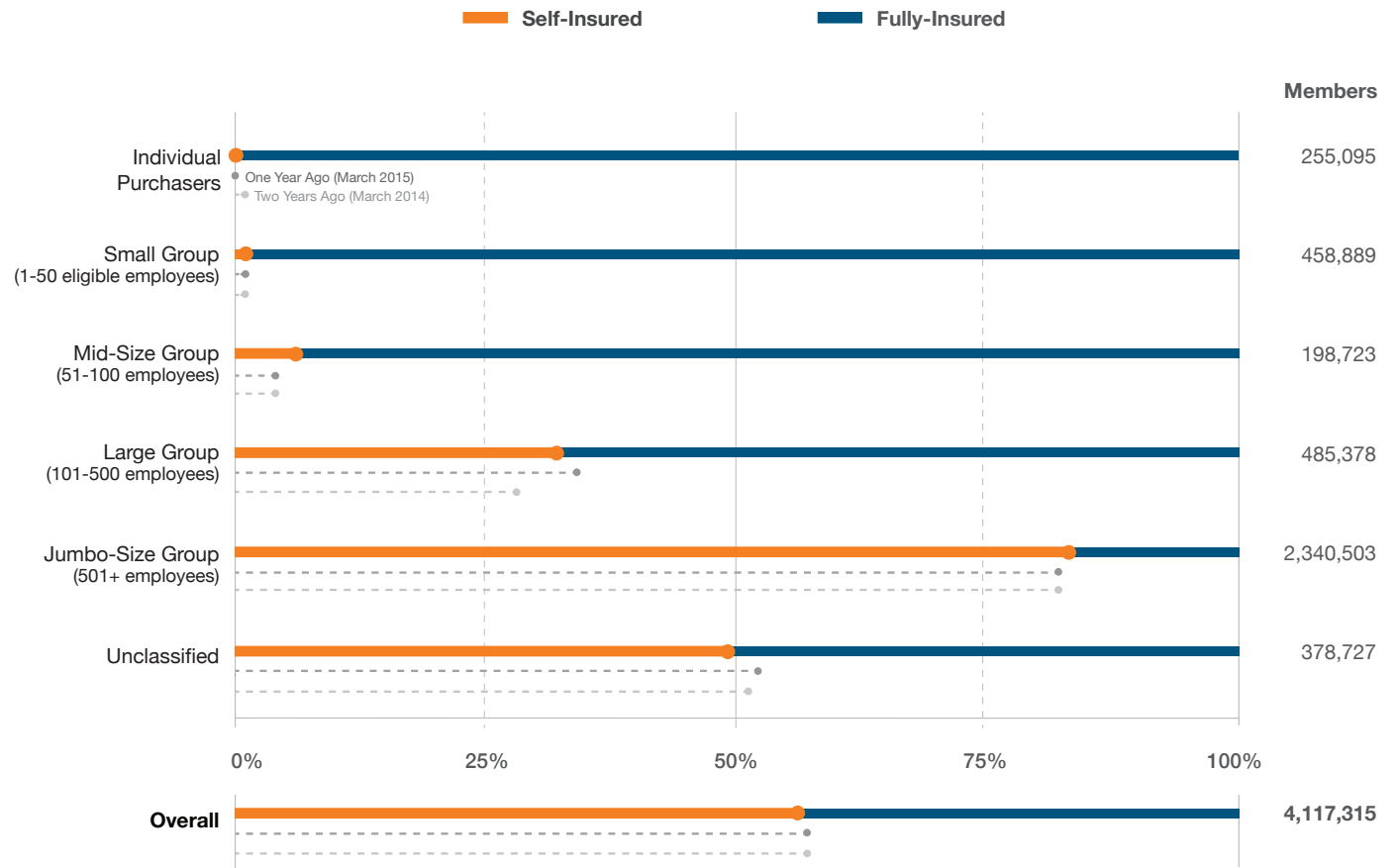
Notes: Membership for Health Plans Inc. is included under its parent company, Harvard Pilgrim Health Care. Membership for Tufts Health Public Plans (Network Health) is included under its parent company, Tufts Health Plan. CeltiCare's private commercial enrollment may be slightly overstated in more recent quarters due to retroactive changes. Such adjustments may be more pronounced for plans with high subsidized QHP membership, as federally-required grace periods for unpaid premiums are followed by retroactive disenrollments.

# PRIVATE COMMERCIAL

## Private Commercial Enrollment by Employer Size and Funding Type

March 2016

In March 2016, 83% of Massachusetts residents receiving primary, medical coverage through an employer with more than 500 employees were covered under a self-insured arrangement. Self-insured adoption by smaller employers remained low.



Source: MA APCD, supplemental payer data

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

# PRIVATE COMMERCIAL

## Private Commercial Enrollment by Product Type and Funding Type

March 2016

Approximately 73% of HMO members in March 2016 were covered under fully-insured plans compared to just 26% of PPO members. Fully-insured HMO membership increased by three percentage points since March 2014, as the number of Health Connector QHP enrollees, largely in HMO plans, increased.

### Product Types

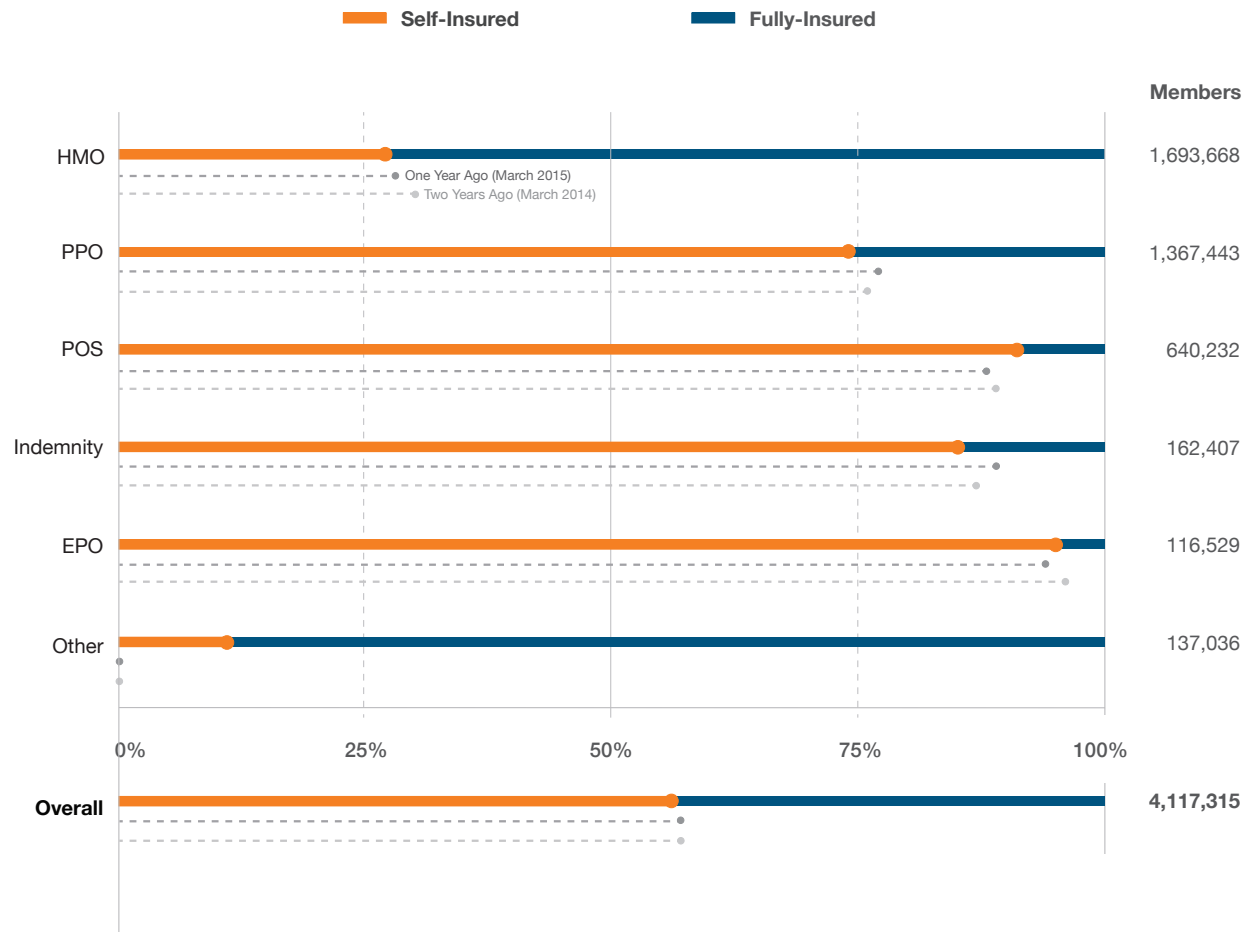
**Health Maintenance Organization (HMO):** Plans with a closed network of providers, outside of which non-emergency coverage is not provided; generally require members to coordinate care through a PCP.

**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. As with PPO plans, 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; may not require members to coordinate care through a PCP.



Source: MA APCD, supplemental payer data

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

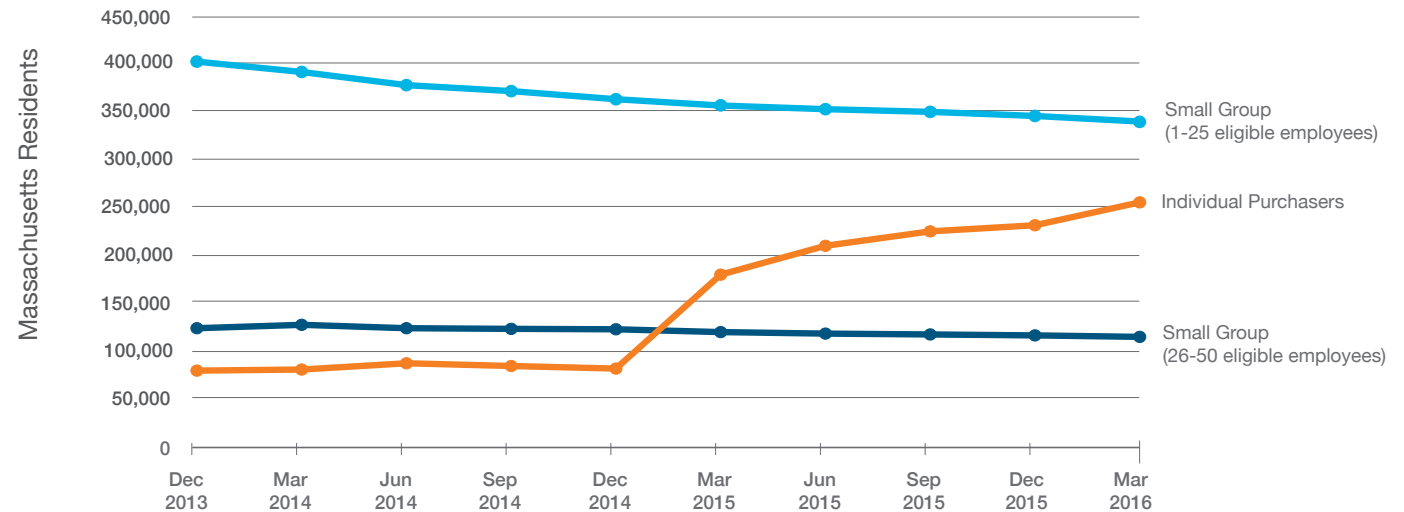
# PRIVATE COMMERCIAL

## Merged Market Enrollment by Employer Size

December 2013 - March 2016

The Massachusetts Merged Market includes private commercial insurance sold to individuals or small groups (50 or fewer eligible employees). From December 2013 to March 2016, individual purchaser membership more than tripled, as ACA provisions were implemented and the Massachusetts Health Connector began enrolling members into subsidized and unsubsidized health plans.

During the same period, however, small group enrollment in Massachusetts decreased by 14% with members of the smallest employer groups (those with fewer than 26 eligible employees) experiencing the steepest enrollment declines (-16%).



Purchaser	Members		One-Year Change	
	Mar. 2015	Mar. 2016	Absolute	Percentage
Individual	179,900	255,095	75,195	42%
Small Group (1-25 Eligible Employees)	355,849	339,216	-16,633	-5%
Small Group (26-50 Eligible Employees)	120,126	115,261	-4,865	-4%
<b>Total</b>	<b>655,875</b>	<b>709,572</b>	<b>53,697</b>	<b>8%</b>

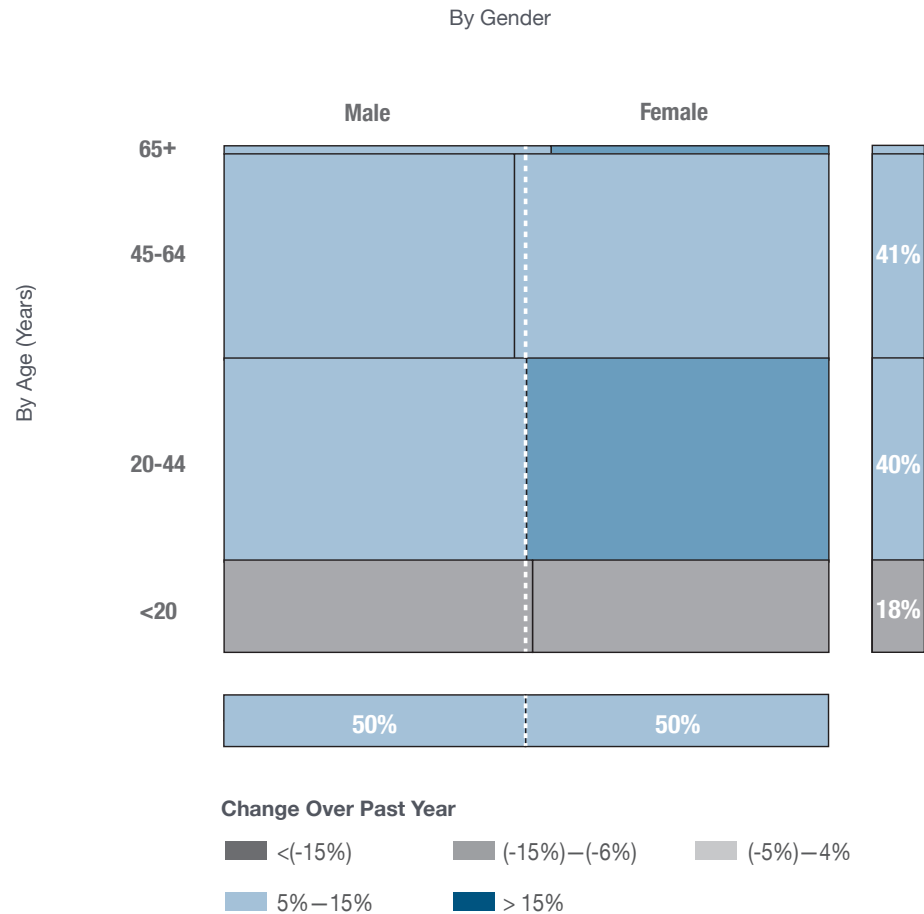
Source: MA APCD, supplemental payer data

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.

## Merged Market Enrollment by Age and Gender

March 2016

By March 2016, approximately four out of five Massachusetts Merged Market enrollees (81%) were between the ages of 20 and 64 years. Massachusetts Health Connector membership—approximately 214,000 in March 2016—represented an increasing share of individual purchasers (82% by March 2016), while small group purchasing remained mostly outside the Health Connector.



Source: MA APCD

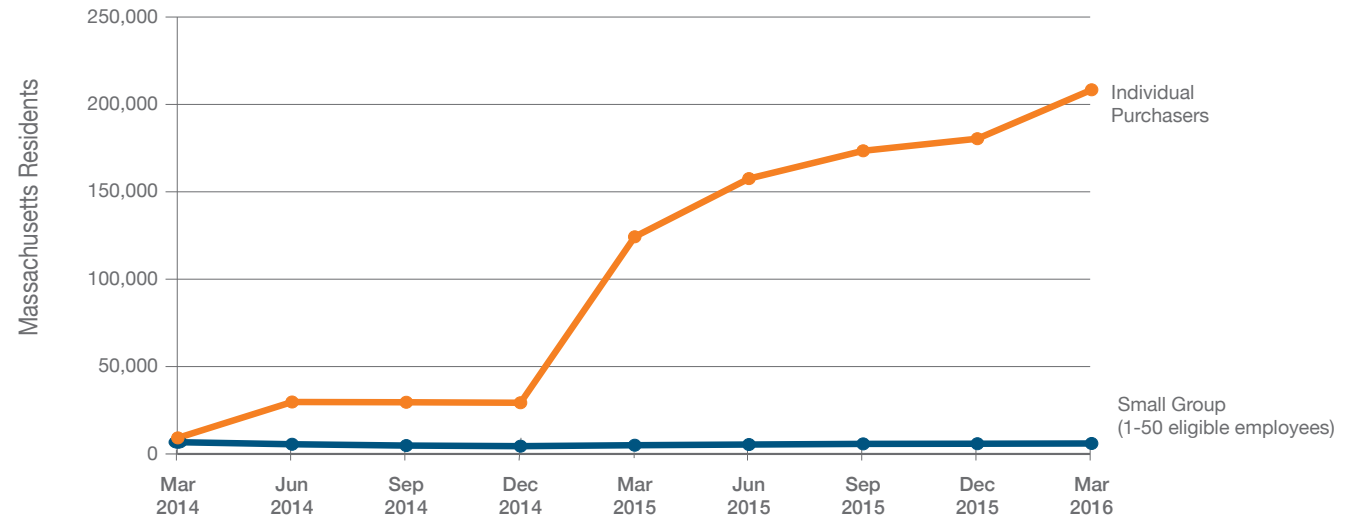
Notes: This data includes fully-insured individual and small group enrollment, a small portion of which (e.g. group conversion plans, grandfathered plans) may not be considered part of the Massachusetts merged market. Demographic data was unavailable for Aetna, Anthem, and Cigna; membership for these payers was excluded from the graphic and represents less than 1% of all fully-insured individual and small group enrollment. Data sourcing differs slightly from other pages in the report; see [technical appendix](#).

# PRIVATE COMMERCIAL

## Massachusetts Health Connector QHP Enrollment

March 2014 - March 2016

Following the third ACA Open Enrollment period in early 2016, enrollment in individual Qualified Health Plans (QHPs) through the Massachusetts Health Connector surpassed 208,000 members; this was the highest level since the redesigned health insurance exchange opened in 2014. This growing segment of fully-insured, HMO enrollees has influenced overall Massachusetts market trends.



Purchaser and Plan Description	Members		One-Year Change	
	Mar. 2015	Mar. 2016	Absolute	Percentage
Individual Purchasers Total	124,256	208,374	84,118	68%
ConnectorCare (0 - 300% FPL)	79,810	156,679	76,869	96%
QHP with APTC ( $\leq$ 400% FPL)	3,494	8,252	4,758	136%
Unsubsidized QHP ( $>$ 400% FPL)	40,952	43,443	2,491	6%
Small Group Total	4,994	5,994	1,000	20%
<b>Massachusetts Health Connector Total</b>	<b>129,250</b>	<b>214,368</b>	<b>85,118</b>	<b>66%</b>

**Advanced 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.

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

**Source:** Massachusetts Health Connector

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



# PRIVATE COMMERCIAL

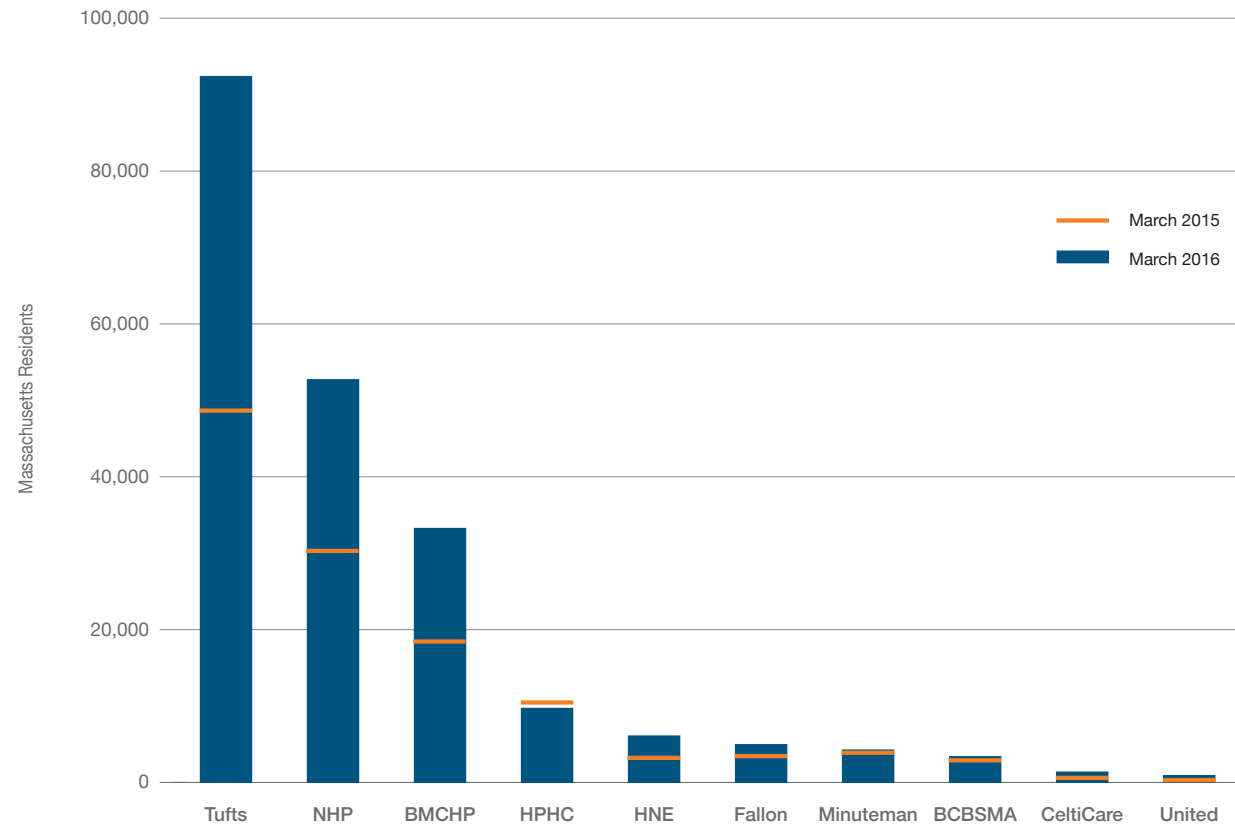
## Massachusetts Health Connector Individual QHP Enrollment by Payer

March 2015 - March 2016

Ten Massachusetts payers offered Qualified Health Plans (QHPs) through the Health Connector in March 2016.

Tufts, largely through its Tufts Health Public Plans subsidiary (formerly Network Health), continued to have the largest and fastest growing individual QHP enrollment. Tufts had more than 90,000 members in March 2016. NHP and BMCHP also had large individual QHP enrollment gains from March 2015 to March 2016.

In March 2016, these three payers accounted for 86% of all Massachusetts Health Connector individual QHP enrollment, including 92% of all subsidized enrollees.



Source: Massachusetts Health Connector

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

## MassHealth (Direct) and Other Massachusetts Public Program Enrollment

December 2013 - March 2016

1.30 Million Primary, Medical Members (-3% Since March 2015)

Overall MassHealth Direct enrollment declined by approximately 40,000 members (-3%) between March 2015 and March 2016 as MassHealth resumed annual renewals. Within MassHealth, membership declined in its MCO delivery system (-35,000, -4%) and increased in its PCC Plan delivery system (+10,300, +2.7%) between March 2015 and March 2016. Starting in October 2015, members eligible for CarePlus coverage had the option to enroll in the PCC Plan; CarePlus was previously delivered primarily through MCOs.

**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.

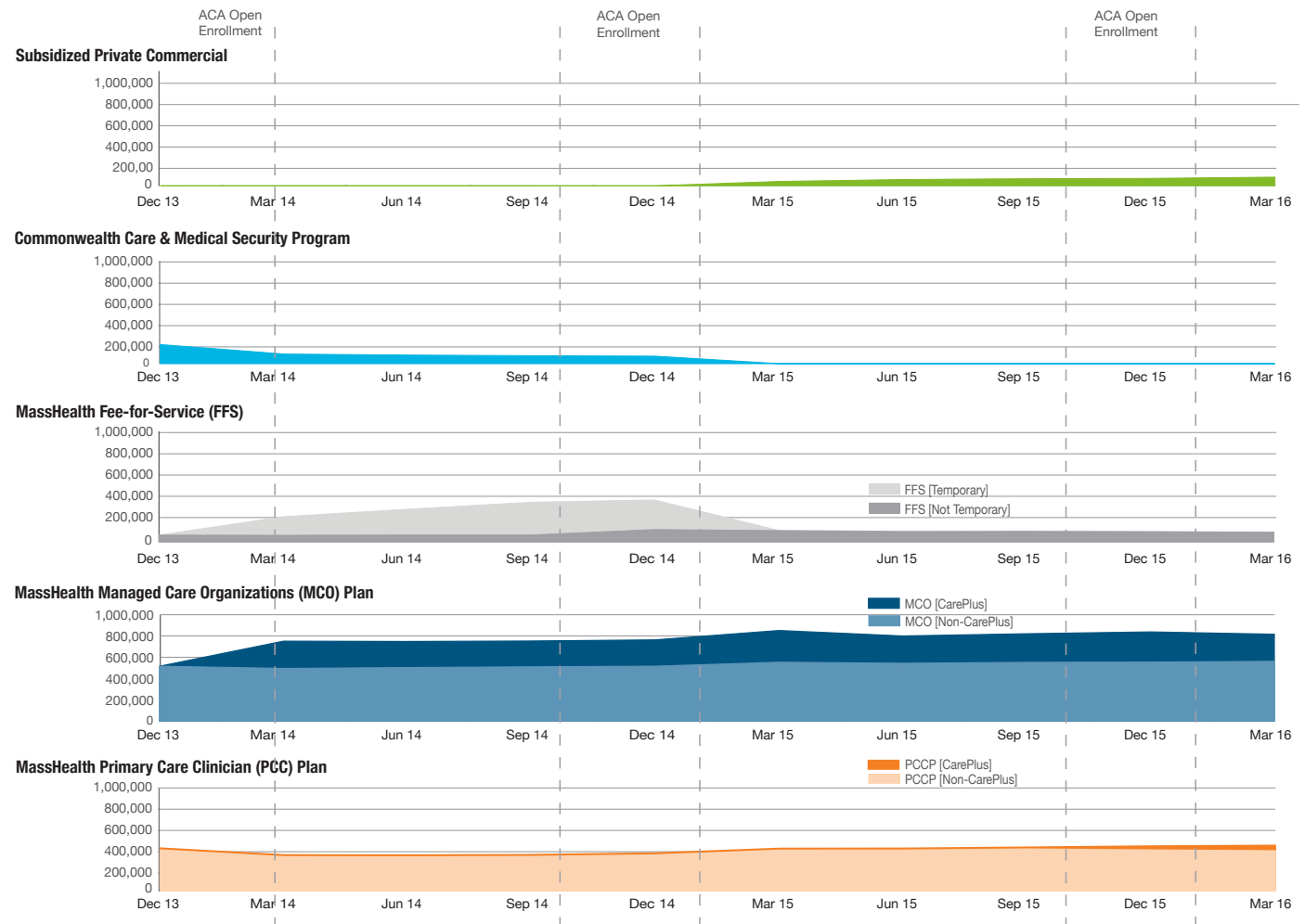
### MassHealth Delivery Systems

**Fee-for-Service (FFS):** 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.

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



Source: MA APCD, Massachusetts Health Connector

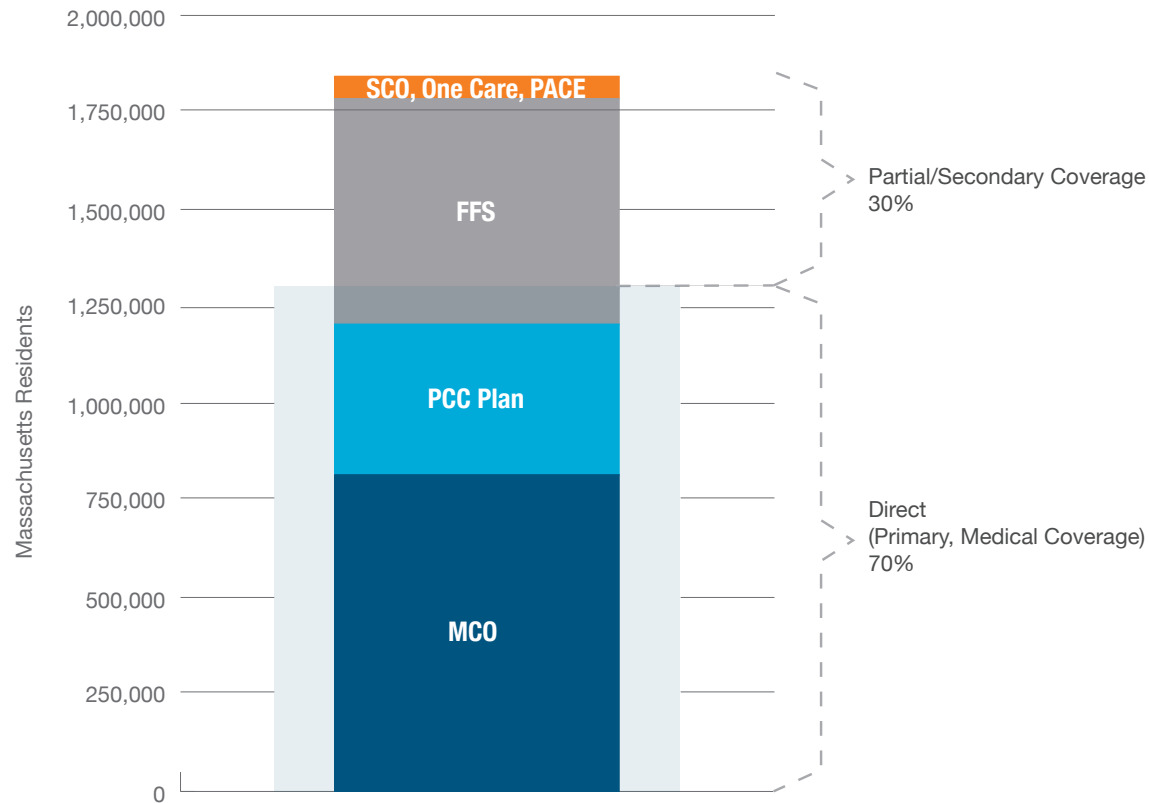
**Notes:** Enrollment shown only for members with primary coverage. Between January 2014 and February 2015, MassHealth provided temporary coverage to individuals awaiting eligibility determination for subsidized coverage from the Health Connector. CarePlus is a new MassHealth coverage type introduced as part of the ACA Medicaid expansion on January 1, 2014. The majority of members in the FFS population have other forms of insurance and are not included. Members in SCO, One Care, and PACE are also not included. Subsidized private commercial coverage, while not classified as a public program, is partially supported by public funds. Enrollment in MassHealth FFS, PCC Plan, and MCO delivery systems in this report differs slightly from MassHealth enrollment reported in other CHIA publications; see [technical appendix](#).

# MASSHEALTH + MASSACHUSETTS PUBLIC PROGRAMS

## Total MassHealth Members by Delivery System

March 2016

In March 2016, approximately 1.3 million Massachusetts residents relied on MassHealth for their primary, medical coverage. Another 546,000 residents received partial or secondary coverage from MassHealth.



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

**Partial/Secondary Coverage:** Coverage provided by MassHealth to eligible members who receive primary coverage from other insurance, in some cases through premium assistance. This category also includes non-comprehensive coverage, such as MassHealth Limited, which covers only 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. See Glossary for further detail.

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 March 2016, approximately 92% of SCO members and 93% of PACE members also had Medicare. The majority of members in the 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 more information on MassHealth, see CHIA's [MassHealth Baseline Statistics from the MA APCD](#).

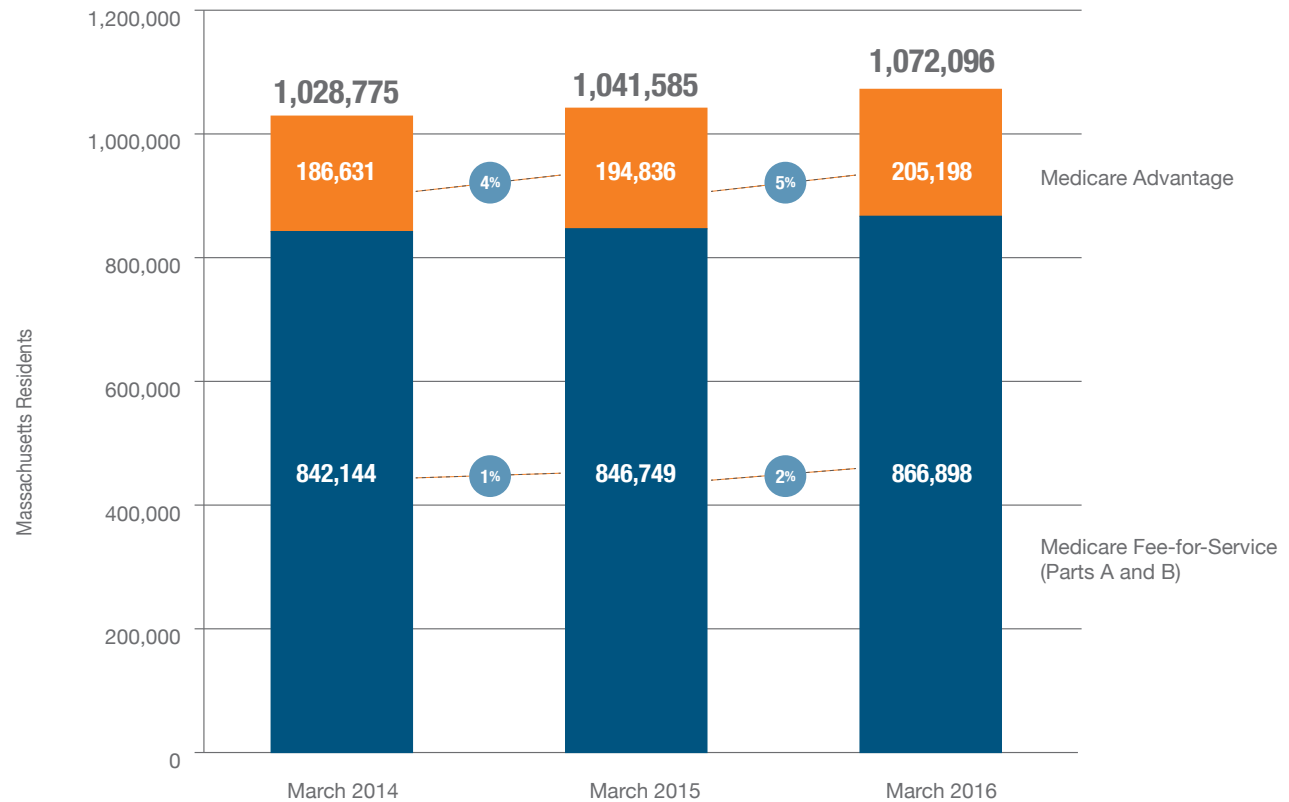
# MEDICARE

## Medicare Enrollment by Delivery System

March 2014 - March 2016

1.07 Million Primary, Medical Members (+3% Since March 2015)

More than a million Massachusetts residents received their primary, medical insurance coverage from Medicare in 2016. Although a majority (81%) of Massachusetts Medicare beneficiaries were enrolled in traditional Medicare Fee-For-Service (FFS) in March 2016, Medicare Advantage membership continued to grow at a faster rate (5% vs. 2%) over the prior year.



**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. Medicare Fee-for-Service includes only beneficiaries with both Part A and Part B coverage. Medicare enrollment includes members who are dually eligible for MassHealth and receiving services through the MassHealth Fee-for-Service delivery system.

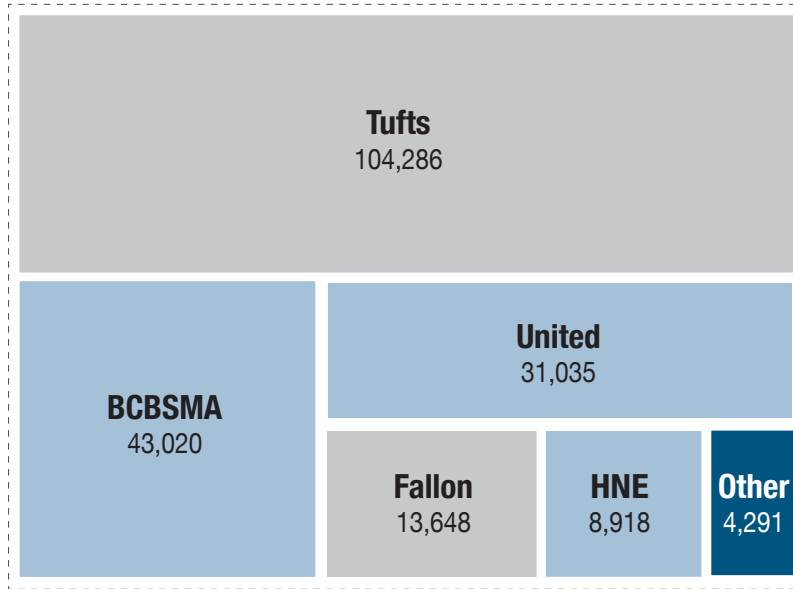
# MEDICARE

## Medicare Advantage Enrollment by Payer

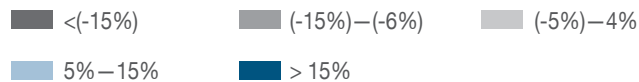
March 2016

205,000 Primary, Medical Members (+5% Since March 2015)

Massachusetts Medicare Advantage enrollment grew by over 10,000 members (+5%) between March 2015 and March 2016. More than half of beneficiaries (51%) were enrolled through Tufts, though BCBSMA and United also had notable—and growing—Medicare Advantage memberships (21% and 15% market shares, respectively).



### Change Over Past Year



Source: MA APCD, CMS

Notes: Medicare Advantage excludes enrollment in SCO, One Care, and PACE.

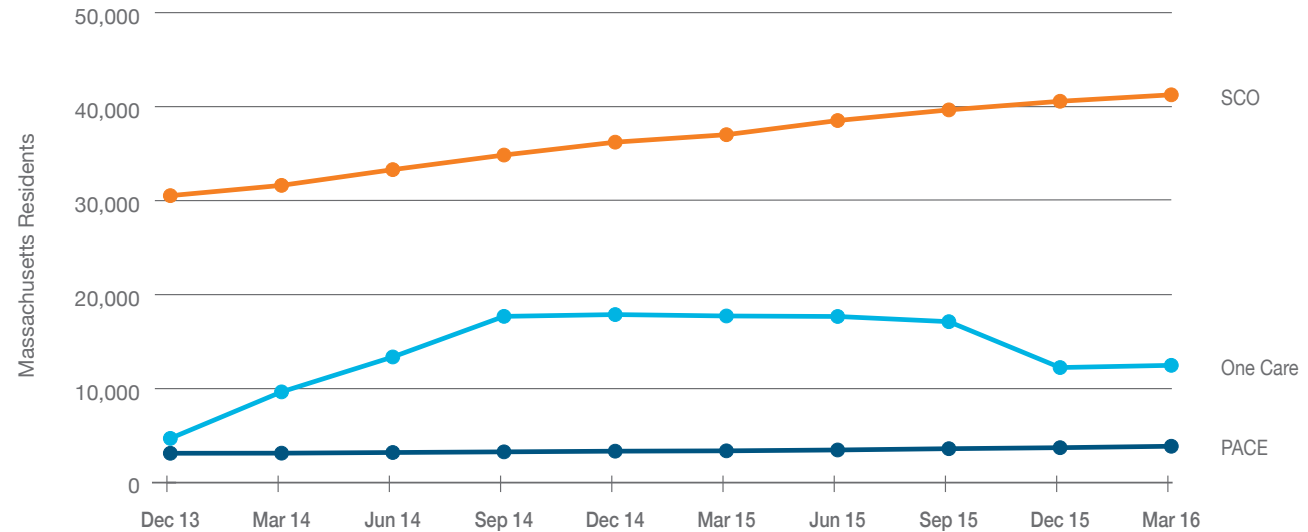
# SCO, ONE CARE, PACE

## SCO, One Care, and PACE Enrollment

December 2013 - March 2016

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

In March 2016, SCO membership was approximately 41,000, an 11% increase from the previous year. PACE enrollment also increased to 3,800 members (+14%). One Care declined by 5,200 members (-30%) during this time, following Fallon's closure of its One Care business (Fallon Total Care) in September 2015.



Program	Members		One-Year Change	
	Mar. 2015	Mar. 2016	Absolute	Percentage
Senior Care Options (SCO)	37,014	41,257	4,243	11%
One Care	17,727	12,477	-5,250	-30%
Program of All-inclusive Care for the Elderly (PACE)	3,380	3,868	488	14%
<b>Total</b>	<b>58,121</b>	<b>57,602</b>	<b>-519</b>	<b>-1%</b>

**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.

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. One Care auto-assignments occurred on 1/1/2014, 4/1/2014, 7/1/2014, 11/1/2014, 1/1/2016, 5/1/2016. Rounds 4, 5 and 6 consisted only of auto-assignments to Tufts Health Unify. As of March 2016, 92% of SCO members and 93% of PACE members also had Medicare.

# 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 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; do 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.

**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.

**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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