CHIA Enrollment Trends: Health Plan Member Atlas (July 2016 Edition) Technical Appendix

Enrollment Trends monitors health insurance coverage in the Commonwealth of Massachusetts, where coverage is defined by unique Massachusetts residents with primary, medical membership. The Enrollment Trends Health Plan Member Atlas highlights private commercial enrollment data submitted to the Massachusetts All-Payer Claims Database (MA APCD) by 13 of the Commonwealth's top 14 commercial payers.

Health Plan Member Atlas data differs from that used in the full July 2016 Enrollment Trends report. It does not include supplemental enrollment data or enrollment in public insurance, including commercial public plans such as MassHealth Managed Care Organizations or Medicare Advantage plans. (MA APCD membership included in the Health Plan Member Atlas represented approximately 85% of Massachusetts private commercial insurance membership in December 2015.) Other populations not accounted for in this report include members of the Federal Employees Health Benefits Program, Veterans Affairs, TRICARE, Indian Health Services, and incarcerated populations.

I. Enrollment Data Sources

All Health Plan Member Atlas data was sourced from the MA APCD using a consistent specification: unique Massachusetts residents covered by primary, medical health insurance as of the last day of each quarter. Payer counts include membership from all affiliated carriers, Health Maintenance Organizations, and Third Party Administrators for all fully- and self-insured products, including subsidized and unsubsidized Qualified Health Plans (procured inside and outside the Massachusetts Health Connector), Commonwealth Choice plans, Group Insurance Commission plans, and Student Health Insurance Plans, except where otherwise noted. Membership in joint-ventures is reported by the primary administrator only. Tufts Health Public Plans (formerly Network Health) is reported under its parent organization, Tufts Health Plan.

Because the MA APCD Member Eligibility file includes 24 months of data (i.e. the December 2015 file spans from January 1, 2014 to December 31, 2015), enrollment data for the Health Plan Member Atlas was sourced from two separate file submission dates. Enrollment as of December 31, 2013 was sourced from payers' September 2015 MA APCD submissions, and enrollment as of December 31, 2015 was sourced from payers' December 2015 MA APCD submissions. In some cases, file sourcing differs from that used in the full July 2016 Enrollment Trends report; the following table provides more information on data included in the Health Plan Member Atlas:

	Data Sources for Private Commercial Enrollment	
Commercial Payer	12/2013	12/2015
Aetna ¹	Not Included	Not Included
Anthem	MA APCD (9/2015)	MA APCD (12/2015)
Blue Cross Blue Shield of Massachusetts ²	MA APCD (9/2015)	MA APCD (12/2015)
Boston Medical Center HealthNet Plan	MA APCD (9/2015)	MA APCD (12/2015)
CeltiCare Health	MA APCD (9/2015)	MA APCD (12/2015)
Cigna	MA APCD (9/2015)	MA APCD (12/2015)
ConnectiCare	MA APCD (9/2015)	MA APCD (12/2015)
Fallon Health	MA APCD (9/2015)	MA APCD (12/2015)
Harvard Pilgrim Health Care ³	MA APCD (9/2015)	MA APCD (12/2015)
Health New England	MA APCD (9/2015)	MA APCD (12/2015)
Minuteman Health	MA APCD (9/2015)	MA APCD (12/2015)
Neighborhood Health Plan	MA APCD (9/2015)	MA APCD (12/2015)
Tufts Health Plan ⁴	MA APCD (9/2015)	MA APCD (12/2015)
United Healthcare ⁵	MA APCD (9/2015)	MA APCD (12/2015)

1: Data for Aetna could not be sourced from the MA APCD.

2: Blue Cross Blue Shield of Massachusetts reported additional membership in supplemental data submissions (predominantly host members or federal employees); county-level data for these members was unavailable and they are not included in the report.

3: Health Plans Inc., a subsidiary of Harvard Pilgrim Health Care, could not be sourced from the MA APCD; these members are not included in the report.

4: Membership for Tufts Health Public Plans (Network Health) is reported under its parent company, Tufts Health Plan. 5: United reported additional membership in supplemental data submissions; these members are not included in the report.

More information on the MA APCD may be found on CHIA's <u>website</u>. For information on CHIA's Enrollment Trends data specifications or programming code, please contact Cathy Ho, Supervising Health System Informatics Analyst, at (617) 701-8192 or at <u>Cathy.Ho@state.ma.us</u>.

II. Categorizing Enrollment by County

To each MA APCD Member Eligibility file record, payers assigned Member ZIP Code (ME017), as described in the <u>MA APCD Member Eligibility File Data Submission Guide</u>. CHIA used this information to assign each member record to a Massachusetts county. County data is only available for payers that have been transitioned to MA APCD reporting.

The Health Plan Member Atlas reports only the top five counties for each payer (based on December 2015 private commercial enrollment), with remaining enrollment aggregated into "Other Counties."

III. A Note Regarding County Populations

The geographic distribution of commercial payers' membership is influenced by the broader statewide population distribution. Middlesex and Suffolk are Massachusetts' most populous counties, and Dukes and Nantucket are the least populous counties. The <u>U.S. Census Bureau</u> offers more information on the population of each Massachusetts county.

For general questions on Enrollment Trends, please contact Ashley Storms, Associate Analytic Reporting Manager, at (617) 701-8269 or at <u>ashley.storms@state.ma.us</u>.