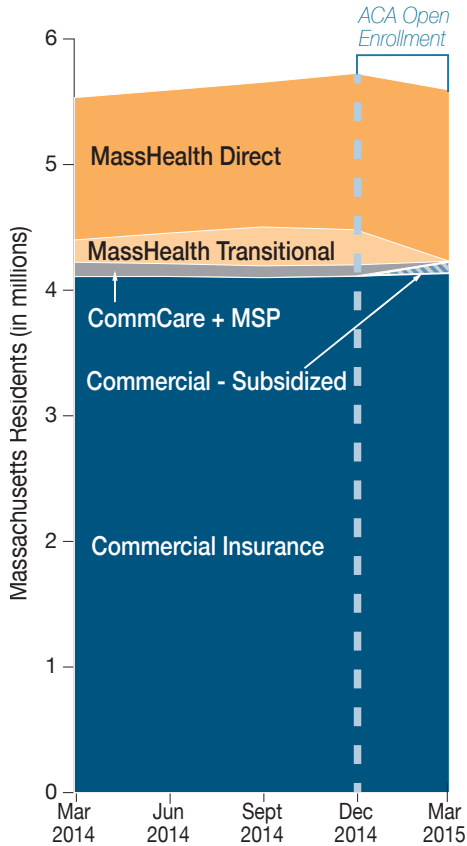


MASSACHUSETTS HEALTH CARE COVERAGE: ENROLLMENT TRENDS

(JULY 2015 EDITION)

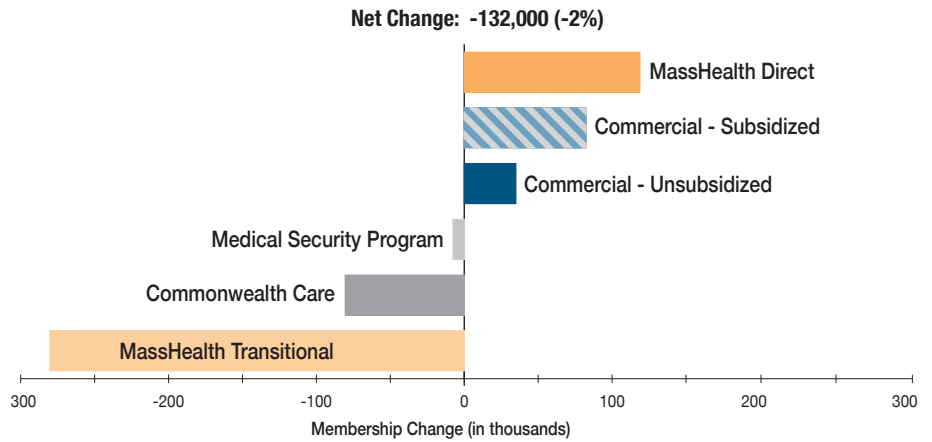
TOTAL NON-MEDICARE ENROLLMENT (March 2014 - March 2015)



Total non-Medicare market membership remained steady (+1%) between March 2014 and March 2015, although it declined slightly (-2%) during Open Enrollment after temporarily peaking in December 2014.¹

Massachusetts' second ACA Open Enrollment period (December 2014 – March 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 shifted to other coverage sources. MassHealth Direct, MassHealth programs providing primary, medical coverage², added +119,000 enrollees. Commercial plans added +117,000 enrollees, most of whom (72%) obtained subsidized health insurance³ through the Health Connector.

QUARTERLY ENROLLMENT CHANGE (December 2014 - March 2015)



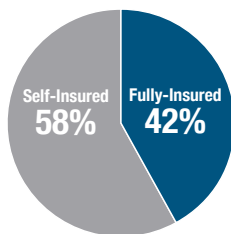
COMMERCIAL MARKET

From December 2014 to March 2015, Massachusetts commercial market membership increased by +117,000 enrollees (+3%) to 4.2 million members; this included the new subsidized population which was likely previously enrolled in “public” programs such as CommCare. Self-insured membership continued to comprise 58% of the market,⁴ and remained almost exclusively within employers with more than 100 employees.⁵ Preferred Provider Organization (PPO) membership grew slightly to 38% of the market over the year ending March 2015, continuing a longer-term shift — particularly by larger employers⁶ — to plans with more flexible provider networks.

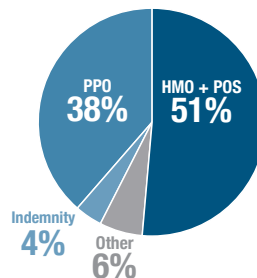
The Individual segment of the Merged Market doubled its share of commercial membership to 5% during Massachusetts' second Open Enrollment period, driven by membership gains in subsidized and unsubsidized Qualified Health Plans (QHPs) purchased through the Health Connector (+93,000). This growth in QHPs, which are predominantly Health Maintenance Organization (HMO) products, resulted in an HMO membership increase during the period, reversing several quarters of decline.

MASSACHUSETTS COMMERCIAL MEMBERSHIP (March 2015)

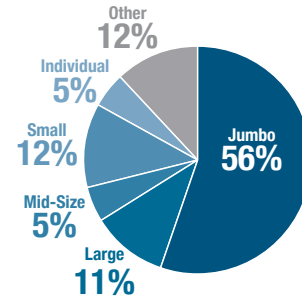
Funding Type



Product Type



Market Sector⁷



MASSACHUSETTS PUBLIC PROGRAMS

MassHealth Direct membership increased by +119,000 enrollees (+10%) during Massachusetts' second ACA Open Enrollment period, December 2014 to March 2015. 73% of new enrollees were enrolled in a MassHealth Managed Care Organization (MCO).⁸ By March 2015, approximately 64% of MassHealth Direct membership (873,000) was enrolled in one of the six MassHealth MCOs: BMC HealthNet, CeltiCare, Fallon Health, Health New England, Tufts Health Plan-Network Health, Neighborhood Health Plan (NHP).

Several MassHealth MCOs reported notable membership changes during Open Enrollment across their commercial and public lines of business:

- Partners-owned NHP added net membership (+40,140), concluding a strong enrollment year for the payer, as gains in its MCO and commercial membership (+30,694 and +21,415, respectively) exceeded its membership losses from CommCare (-11,969).
- BMC HealthNet net membership declined (-10,538), as membership increases in its MCO and commercial businesses (+8,260 and +16,839, respectively) did not offset its membership losses from CommCare (-35,637).
- Tufts Health Plan-Network Health added net membership (+27,754), as its MCO and commercial enrollment gains (+15,281 and +46,212, respectively) exceeded its CommCare and MSP declines (-33,739).

Enrollment Trends is produced using the Massachusetts All-Payer Claims Database (MA APCD). All data have been verified or provided directly by payers. For more information on the MA APCD, visit CHIA's [website](#).

This brief has been released with an [Infographic](#), a [DataBook](#), and [Technical Notes](#). If you have questions, contact Ashley Storms, Health System Policy Analyst, at (617) 701-8269 or at Ashley.Storms@state.ma.us.

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- 1 Enrollment Trends should not be used to calculate a statewide insurance rate, as it excludes Medicare and several other coverage sources. Please see the [Massachusetts Health Insurance Survey](#) which found a 96.3% insurance rate among respondents in 2014.
 - 2 Excludes members dually eligible for Medicare.
 - 3 Subsidized insurance includes both ConnectorCare and Advance Premium Tax Credits (APTCs). [ConnectorCare](#) is a set of reduced-cost health plans available to qualified individuals through the [Massachusetts Health Connector](#). [APTCs](#) allow qualified individuals to reduce their premiums by applying tax credits, in advance, to the cost of a given plan. Alternatively, individuals may wait to claim their APTC credit when filing their tax returns. Significant overlap likely exists between the current ConnectorCare and previous CommCare enrollment. While product design and member contributions between these programs are very similar, ConnectorCare members are subject to commercial risk-adjustment.
 - 4 In self-insured arrangements, the employer assumes the financial responsibility and risk for covering the medical costs of its employees and their dependents. In exchange, the employer may benefit financially (e.g. profiting from lower than expected medical costs and reserve control), is exempt from many individual state regulations and taxes (e.g. mandated benefits, premium taxes), and has greater flexibility to design health plans tailored to the needs of its workforce.
 - 5 86% of self-insured enrollees were employed by a firm with more than 100 employees; 14% were reported in an unassigned, "other" size-group, though were likely employed by larger multi-state employers.
 - 6 62% of year-over-year increase came from employers with over 500 employees.
 - 7 Market sectors: Individual, Small Group (1-50 enrollees), Mid-Size Group (51-100 employees), Large Group (101-500 employees), and Jumbo Group (501+ employees).
 - 8 MCOs are private insurance companies that contract with MassHealth to provide coverage for MassHealth enrollees; enrollees utilize the private company's provider network.