

CENTER FOR HEALTH INFORMATION AND ANALYSIS

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# ENROLLMENT TRENDS

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AUGUST 2017 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 in primary, medical membership within the top 13 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 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 96.4% insurance rate among residents in mid-2015.

Enrollment Trends is a recurring report released every six months. This edition includes enrollment data from March 2015 through March 2017. 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	Medicare Advantage	SCO, One Care
Aetna	MA APCD, Supp.	N/A	MA APCD	N/A
Anthem <sup>1</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	MA APCD	N/A	N/A
Cigna	MA APCD, Supp.	N/A	N/A	N/A
Fallon Health (Fallon) <sup>2</sup>	MA APCD, Supp.	MA APCD	MA APCD	MA APCD
Harvard Pilgrim Health Care (HPHC) <sup>3</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)	MA APCD	MA APCD	N/A	N/A
Tufts Health Plan (Tufts) <sup>4</sup>	MA APCD, Supp.	MA APCD	MA APCD	MA APCD
United Healthcare (United)	MA APCD, Supp.	N/A	MA APCD	MA APCD

Public Payer	Data Sources
MassHealth <sup>5</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> Anthem data includes UniCare.

<sup>2</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>3</sup> HPHC data includes Health Plans, Inc.

<sup>4</sup> Tufts data includes Tufts Health Public Plans (previously Network Health).

<sup>5</sup> MassHealth enrollment includes FFS, PCC Plan, MCO, SCO, PACE, and One Care and is sourced from MassHealth's enhanced eligibility file submission to the MA APCD.

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# OVERALL MARKET

## Total Massachusetts Enrollment

March 2015 - March 2017

Between March 2015 and March 2017, overall health insurance coverage in Massachusetts remained steady.

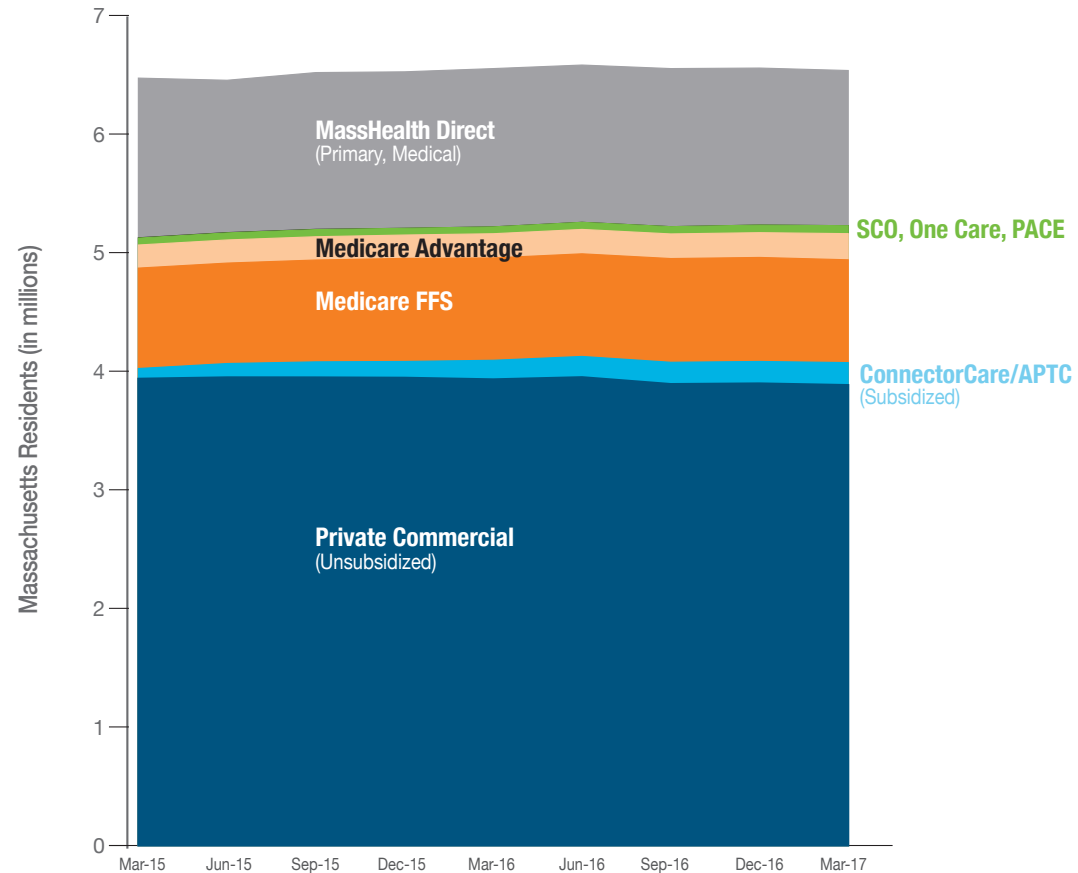
Enrollment in private commercial insurance grew by 1.2% (+50,000 members) to cover approximately 4.1 million Massachusetts residents. This growth was largely driven by enrollment in subsidized plans sold through the Massachusetts Health Connector, which more than doubled over the two year period. Enrollment in the larger, unsubsidized private commercial market, decreased slightly (-1.4%) during that time.

In March 2017, nearly 2.5 million Massachusetts residents had primary, medical coverage under Medicare and/or MassHealth (Medicaid). A small but growing population was enrolled in SCO, One Care, or PACE programs, which experienced 14.9% growth over the two year period.

Several public programs reported in previous Enrollment Trends publications (Commonwealth Care, Medical Security Program, and MassHealth Temporary) closed in early 2015 and are not reflected in this report's trends.

**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

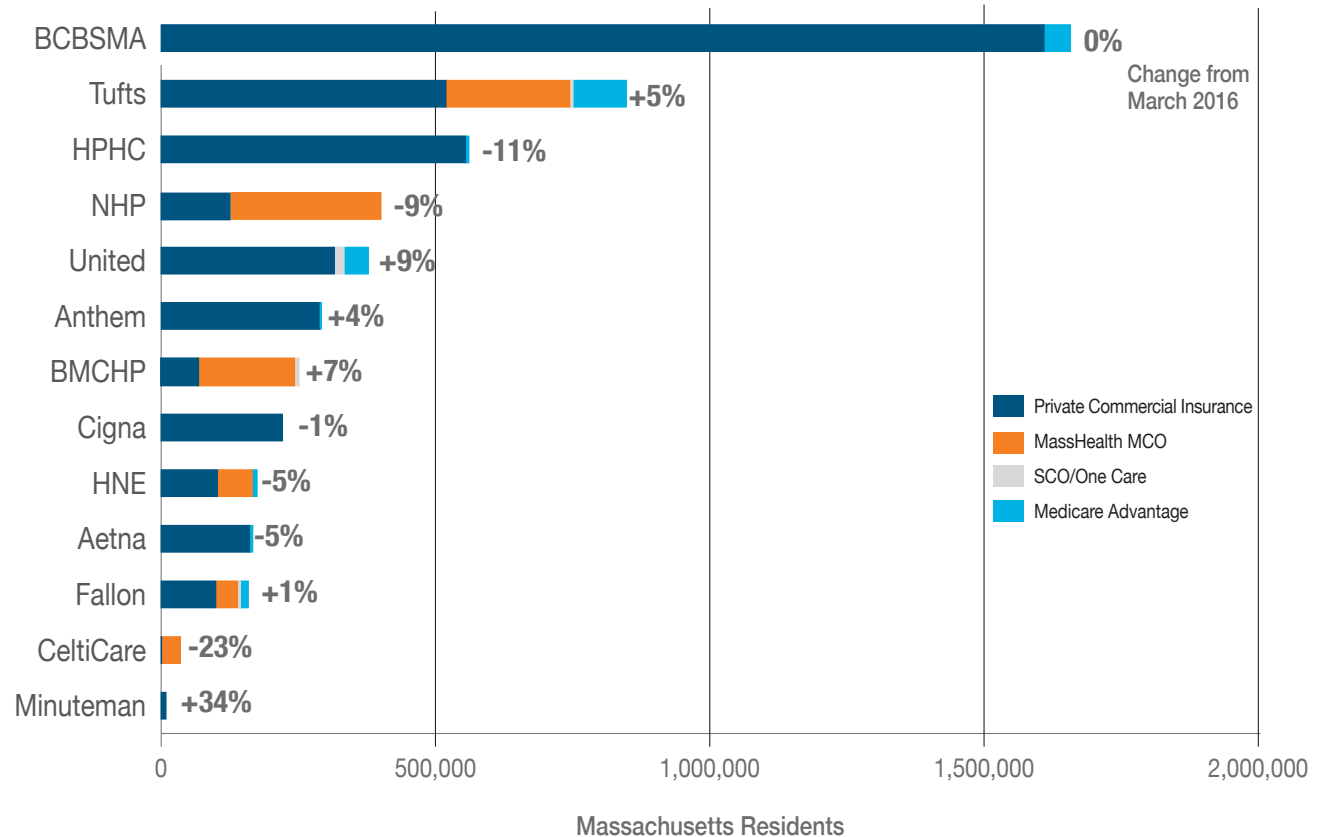
## Commercial (Private & Public) Enrollment by Payer

March 2017

In March 2017, more than half of Massachusetts residents (over three million members) were enrolled with BCBSMA, HPHC, or Tufts.

Among these three payers, Tufts experienced the largest one year member growth (+40,000 members, +5.0%), due to membership growth in private commercial and MassHealth Managed Care Organization (MCO) plans offered by its Tufts Health Public Plans division. HPHC private commercial enrollment fell by 11.5% in this timeframe (-72,000 members).

Among all commercial payers, Minuteman, with enrollment of 8,800, experienced the largest percentage enrollment growth between March 2016 and March 2017 (+2,200 members, +33.8%).



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 (formerly Network Health) is included under its parent company, Tufts Health Plan. MassHealth MCO, SCO, and One Care plan enrollment figures by plan are 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 data includes enrollment in subsidized health plans offered through the Massachusetts Health Connector (ConnectorCare and Advance Premium Tax Credits).



# PRIVATE COMMERCIAL

## Private Commercial Enrollment

March 2017

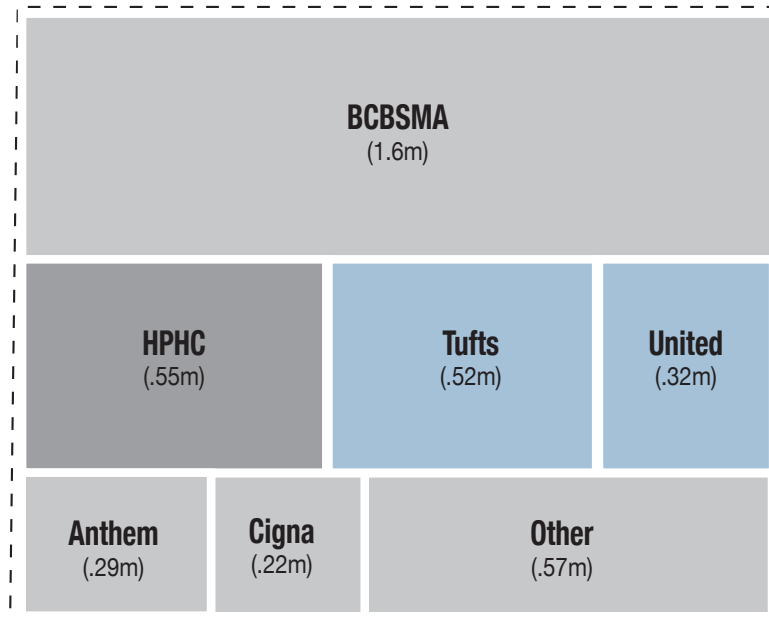
4.1 Million Primary, Medical Members (-0.5% Since March 2016)

BCBSMA, HPHC, and Tufts retained their positions as the three largest private commercial payers in March 2017, accounting for two-thirds of the private market membership.

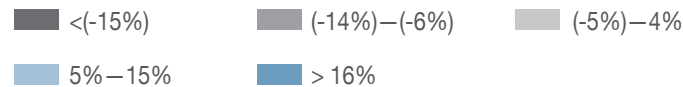
The fully-insured portion of the private commercial market grew by 1.1% from March 2016 to March 2017, while the self-insured portion decreased by 1.7% over the same time period. Subsidized plan membership increased by 17.7% during this period.

Approximately four in ten Massachusetts private commercial members were enrolled in HMO plans in March 2017, while a third had PPO plans. Membership in POS plans, which account for 12.6% of membership, decreased by 18.4% from March 2016 to March 2017.

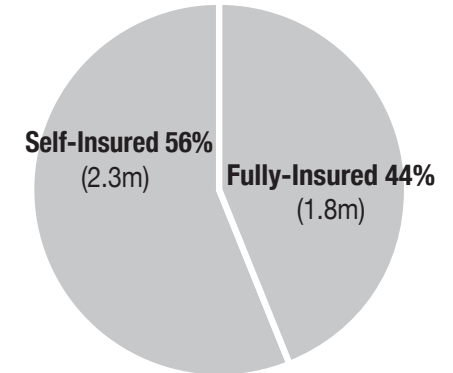
### By Payer



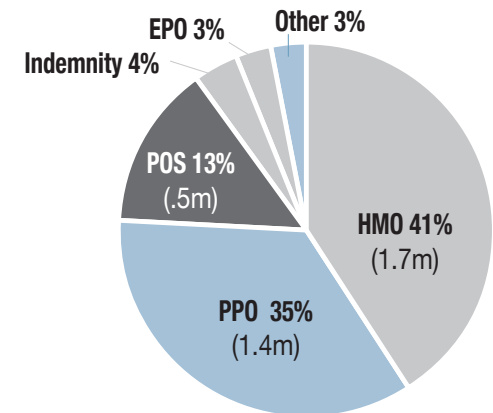
Change Over Past Year



### By Funding Type



### By Product Type



Source: MA APCD, supplemental payer

Notes: Data for Health Plans Inc. is included under its parent company, Harvard Pilgrim Health Care. Data for Network Health is included under its parent company, Tufts Health Plan. "Other" includes Aetna, Boston Medical Center Healthnet Plan (BMCHP), Celticare, Fallon, Health New England (HNE), Minuteman, and Neighborhood Health Plan (NHP).

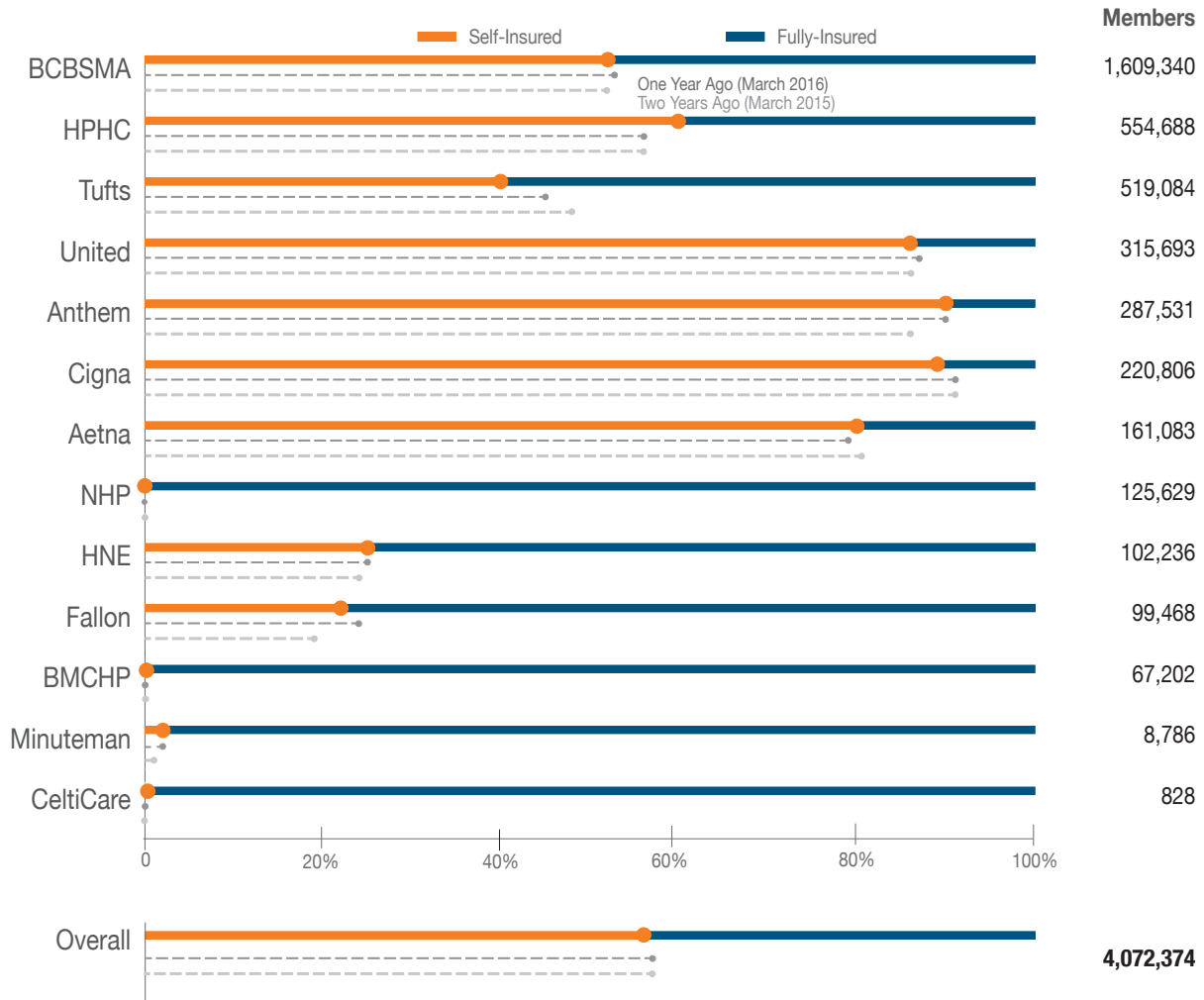
Private commercial data includes enrollment in subsidized health plans offered through the Massachusetts Health Connector (ConnectorCare and Advance Premium Tax Credits).

# PRIVATE COMMERCIAL

## Private Commercial Enrollment by Payer and Funding Type

March 2017

In March 2017, 56.0% of Massachusetts residents with private commercial insurance were covered under a self-insured arrangement. This proportion decreased by one percentage point compared to the preceding two years.



### 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 (formerly Network Health) is included under its parent company, Tufts Health Plan.

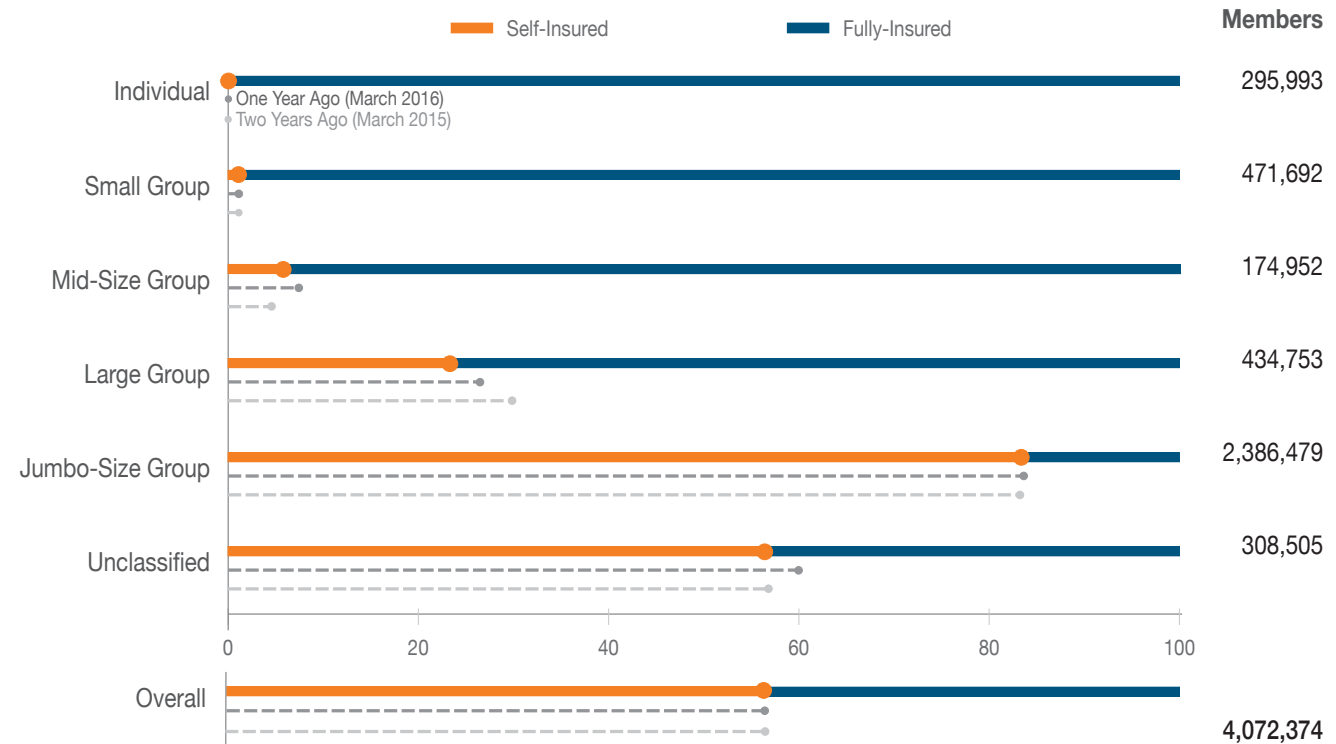
Private commercial data includes enrollment in subsidized health plans offered through the Massachusetts Health Connector (ConnectorCare and Advance Premium Tax Credits).

# PRIVATE COMMERCIAL

## Private Commercial Enrollment by Employer Size and Funding Type

March 2017

In March 2017, employers with more than 500 employees covered 83.3% of their employees under a self-insured arrangement. Self-insured adoption by smaller employers, however, remained low. Nearly all members in the Massachusetts merged market (individual and small group sectors) were enrolled in fully-insured plans.



### 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

March 2017

Only 25.9% of HMO members in March 2017 were covered under self-insured plans compared to 74.5% of PPO members.

Fully-insured HMO membership increased by two percentage points since March 2015, as new Qualified Health Plan (QHP) enrollees, largely enrolled in HMO plans, continued to enter the market.

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

### Product Types

#### Health Maintenance Organization (HMO):

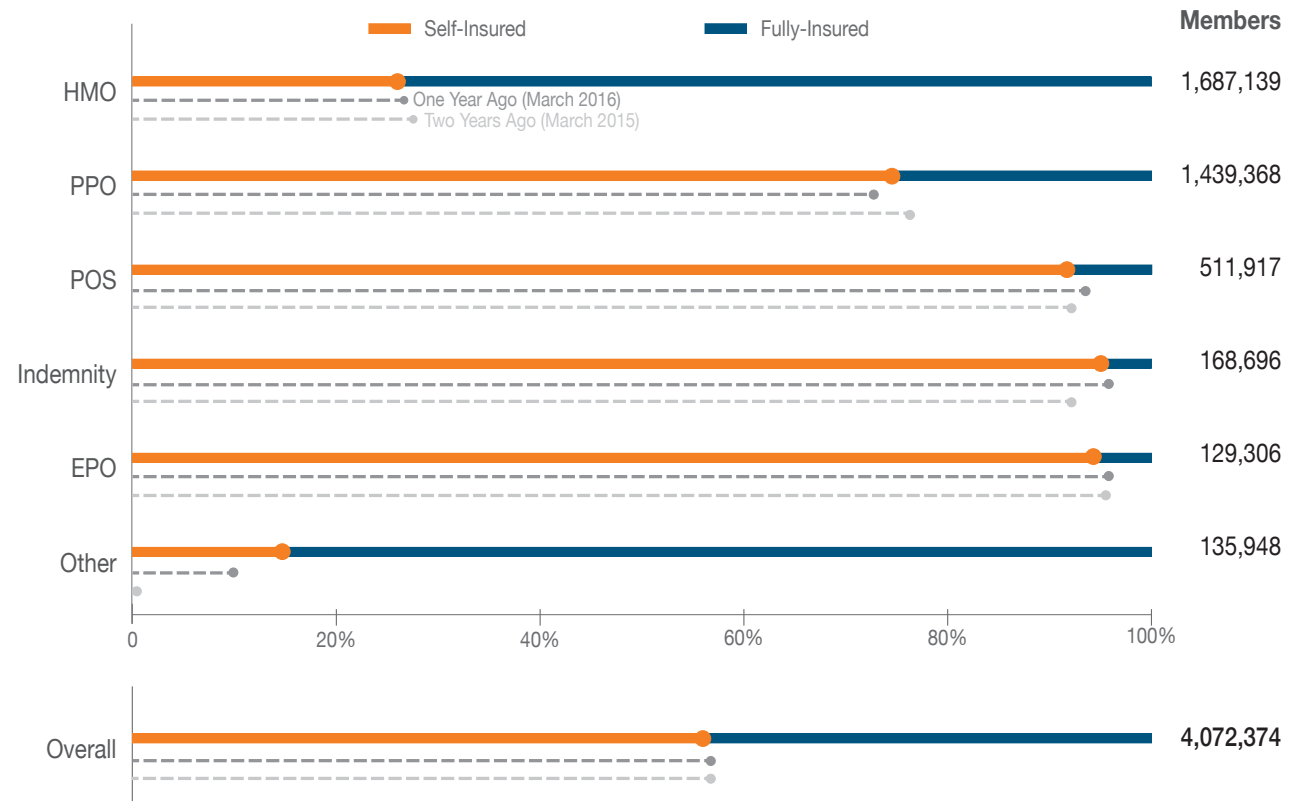
Plans with a closed network of providers, outside of which non-emergency coverage is not provided; generally require members to coordinate care through a PCP.

**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

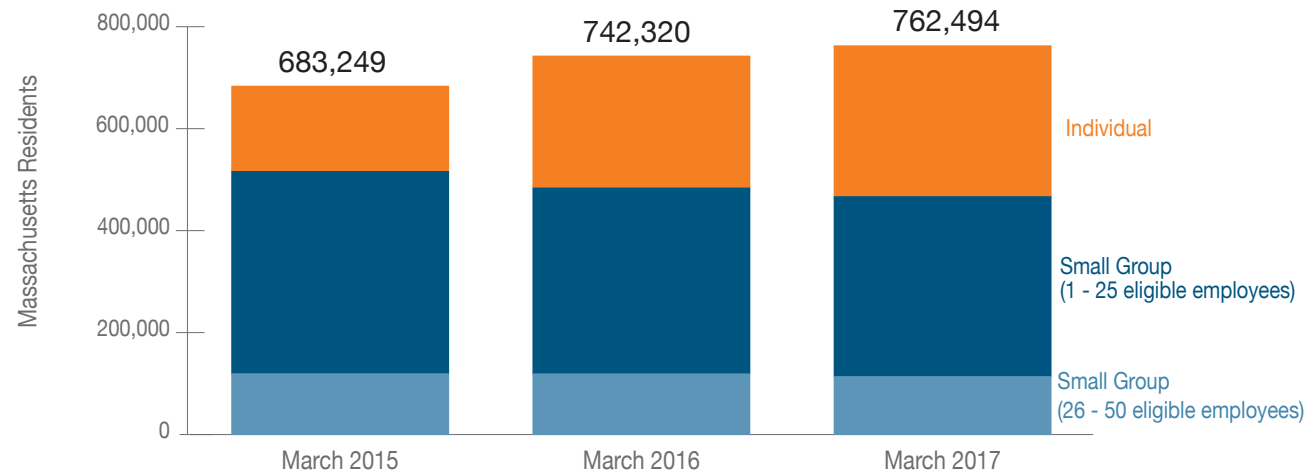
Notes: “Other” includes plans that were not identified by another product type shown here.

Private commercial data includes enrollment in subsidized health plans offered through the Massachusetts Health Connector (ConnectorCare and Advance Premium Tax Credits).

## Merged Market Enrollment by Employer Size

March 2015 - March 2017

The Massachusetts merged market includes private commercial insurance sold to individuals or small groups (50 or fewer eligible employees). Between March 2015 and March 2017, the merged market grew by 80,000 members due to the continued increase of individual purchasers (14.4% enrollment growth from March 2016 to March 2017 and 54.3% growth in the previous year). During this time, Massachusetts's small group enrollment continued to decrease (-3.5% from March 2016 to March 2017).



Purchaser	Members		One-Year Change	
	Mar. 2016	Mar. 2017	Absolute	Percentage
Individual	258,841	295,993	37,152	14%
Small Group (1-25 Eligible Employees)	364,489	352,839	-11,650	-3%
Small Group (26-50 Eligible Employees)	118,990	113,662	-5,328	-4%
<b>Total</b>	<b>742,320</b>	<b>762,494</b>	<b>20,174</b>	<b>3%</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.

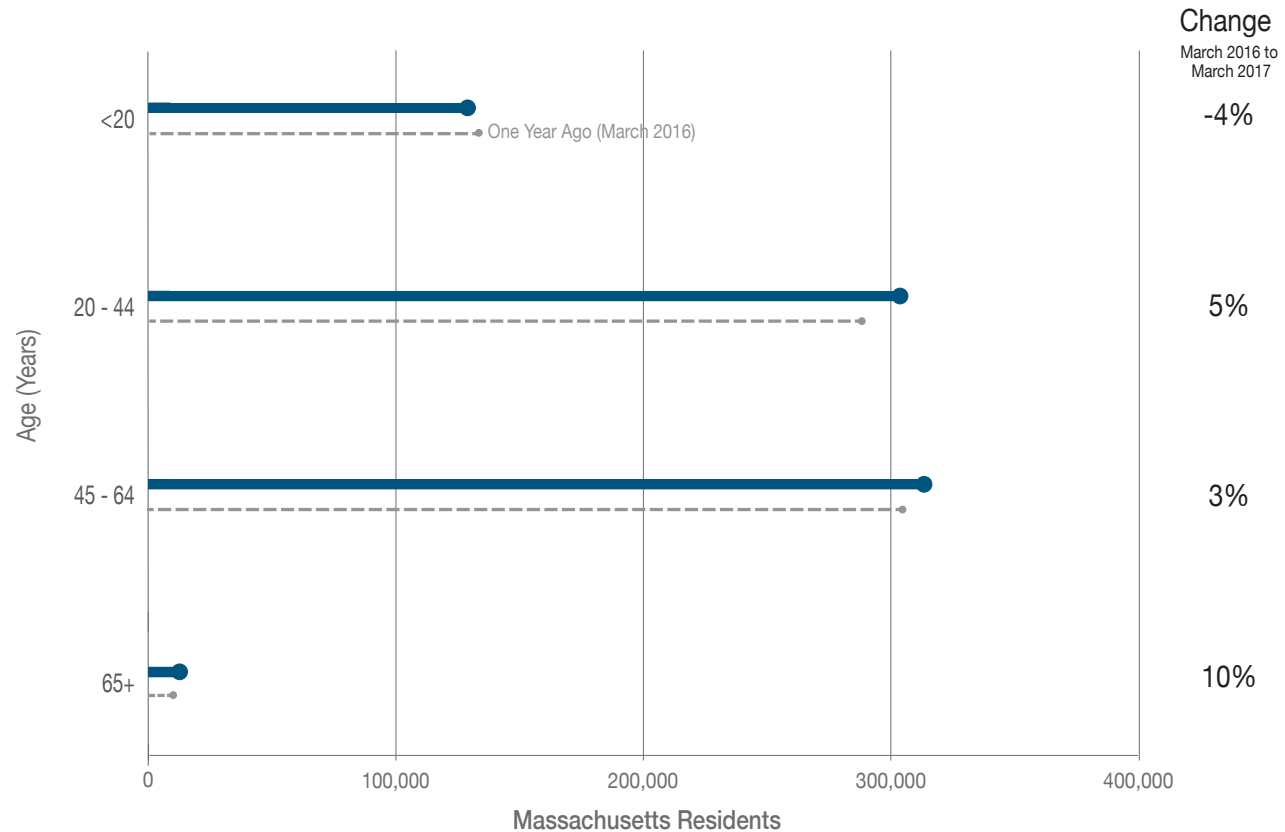
Private commercial data includes enrollment in subsidized health plans offered through the Massachusetts Health Connector (ConnectorCare and Advance Premium Tax Credits).

## Merged Market Enrollment by Age

March 2017

The age distribution of members in the Massachusetts merged market showed few changes between March 2016 and March 2017. Approximately four out of five merged market enrollees (81.3%) were between 20 and 64 years of age in March 2017.

Enrollment increases were concentrated among members 20 years and older, while enrollment for Massachusetts merged market members under age 20 continued to decline.



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 Cigna and Anthem; membership for these payers was excluded from the graphic and represents <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 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

March 2015 - March 2017

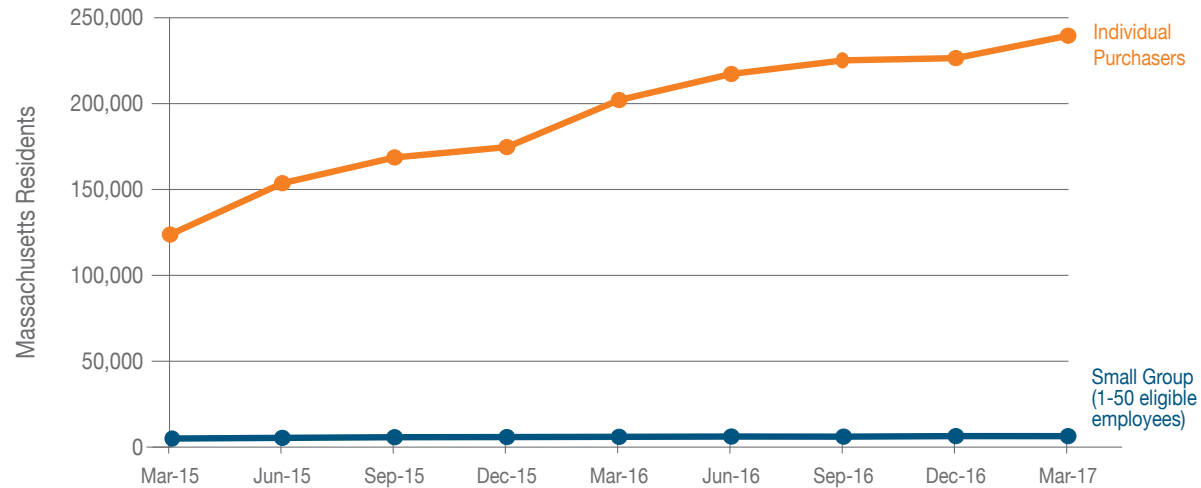
The number of individuals purchasing coverage through the Massachusetts Health Connector nearly doubled between March 2015 and March 2017, from 124,000 to almost 240,000 members. Individuals make up the great majority of Health Connector purchasers and, as of March 2017, 79.1% of these purchasers qualified for and enrolled in ConnectorCare plans with reduced premiums and cost-sharing subsidies.

Growth in plans offered by small employers was more modest; although membership increased by 27.9% in the past two years, the Health Connector's 6,000 small group members comprised only 2.6% of its overall membership in March 2017.

**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	
	Mar. 2016	Mar. 2017	Absolute	Percentage
<b>Individual Purchasers Total</b>	<b>202,074</b>	<b>239,553</b>	<b>37,479</b>	<b>19%</b>
ConnectorCare (0 - 300% FPL)	153,337	180,354	27,017	18%
QHP with APTC (≤400% FPL)	7,671	9,214	1,543	20%
Unsubsidized QHP (>400% FPL)	41,066	49,985	8,919	22%
<b>Small Group Total</b>	<b>5,994</b>	<b>6,389</b>	<b>395</b>	<b>7%</b>
<b>Massachusetts Health Connector Total</b>	<b>208,068</b>	<b>245,942</b>	<b>37,874</b>	<b>18%</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

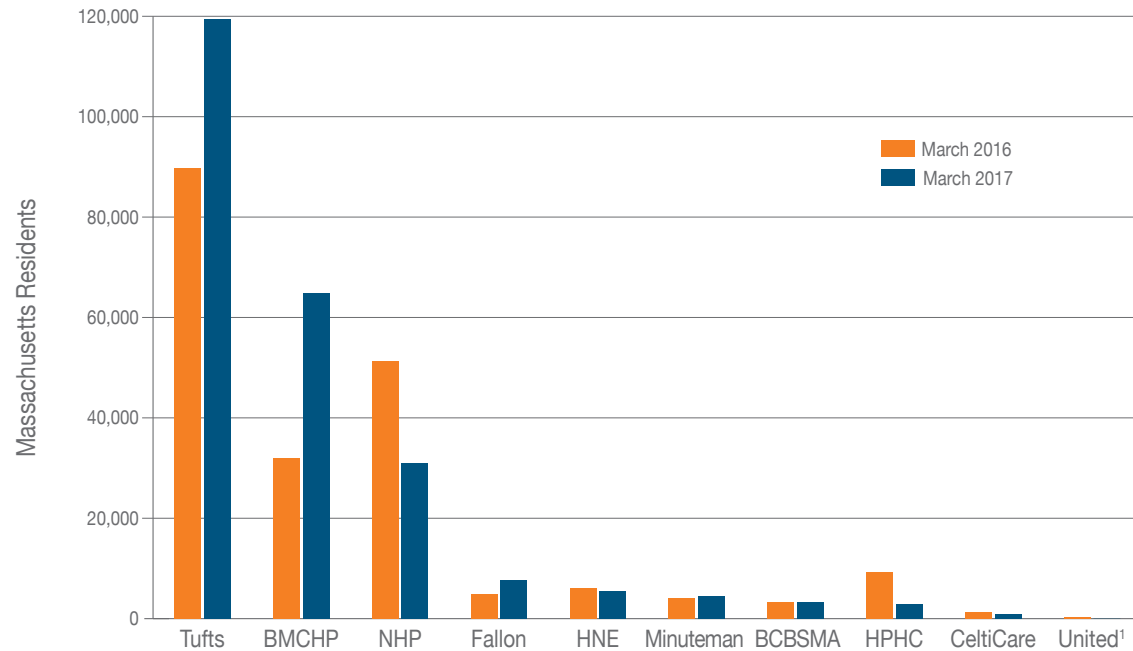
March 2016 - March 2017

Nine Massachusetts payers offered QHPs through the Health Connector in March 2017. Overall membership for individual QHPs increased by 18.5% (37,000 members) since March 2016.

Tufts continued to have the largest individual QHP membership (119,000 members) in March 2017, but its rate of growth was slower than that of BMCHP, which more than doubled QHP membership since last year. Tufts' enrollment is still nearly double that of BMCHP, the next largest Connector plan (65,000 members) in March 2017. Fallon's membership increased by 57.2% during the same period to almost 8,000 members.

Meanwhile, NHP's individual QHP membership declined by 39.6% (-20,000 members) since March 2016, switching places with BMCHP to become the third largest plan as of March 2017 with 31,000 members. The bulk of these enrollment changes occurred between the December 2016 and March 2017 snapshot dates. Effective January 1, 2017, NHP increased premiums for its subsidized Health Connector plans while BMCHP premiums decreased for its subsidized Silver Tier ConnectorCare plan.

HPHC and Celticare also experienced membership declines (-69.2% and -37.5%, respectively) between March 2016 and March 2017, although on a much smaller scale.



**Source:** Massachusetts Health Connector

**Notes:** Does not include Health Connector small group enrollment. Membership for 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).

<sup>1</sup> United had a small Health Connector membership in 2016 and withdrew its plans from the Connector prior to March 2017.



## Total MassHealth Members by Delivery System

March 2015 - March 2017

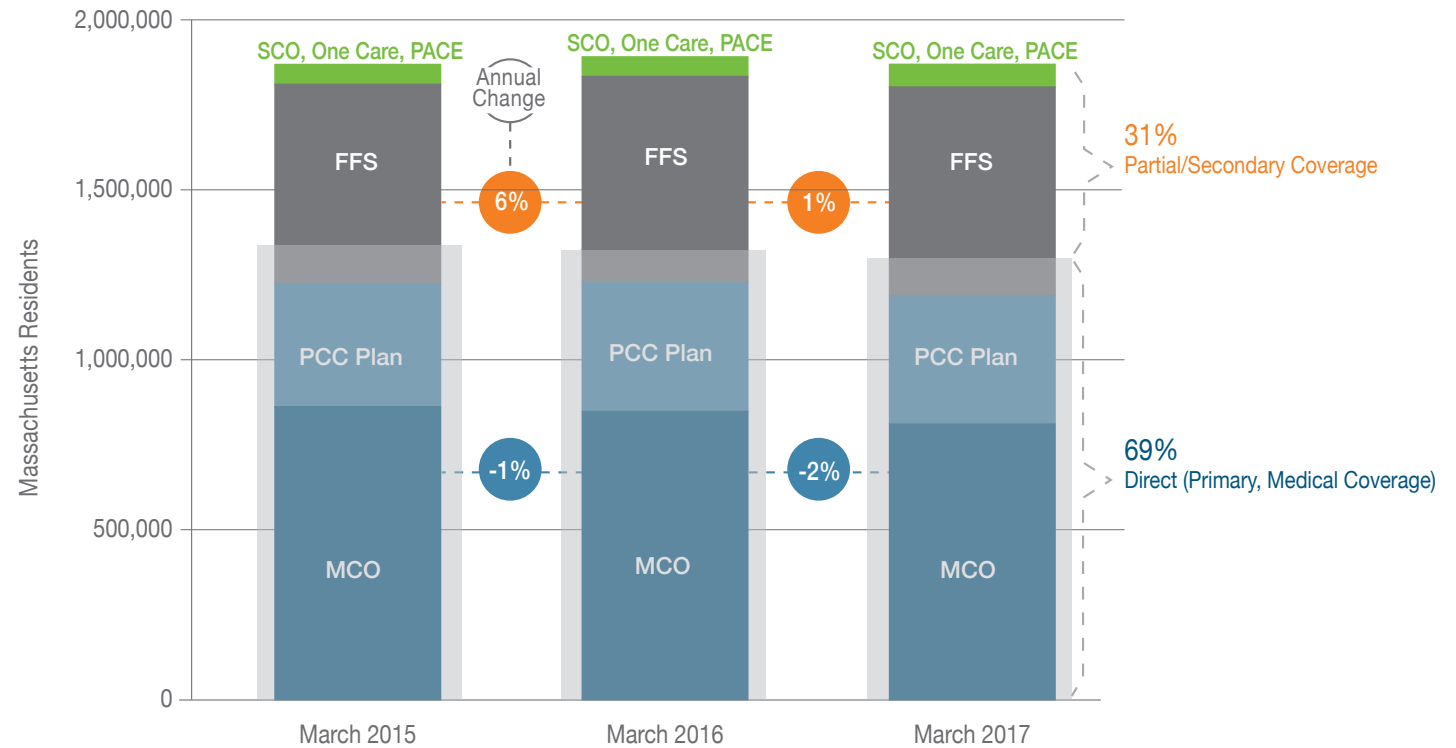
In March 2017, approximately 1.3 million Massachusetts residents relied on MassHealth for their primary, medical coverage, similar to March 2016.<sup>1</sup> Another 572,000 residents received partial or secondary coverage from MassHealth, growing by 0.7% (+4,100 members) since March 2016. The overall MassHealth population fell by 1.2% during this timeframe.

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.

<sup>1</sup> MassHealth indicates that this number reflects the net effect of enrollment growth, offset by ~200,000 MassHealth members who were disenrolled during the year due to significant eligibility program integrity initiatives undertaken by MassHealth.

**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 March 2017, approximately 92% of SCO members and 93% of PACE members also had Medicare. 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](#).

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

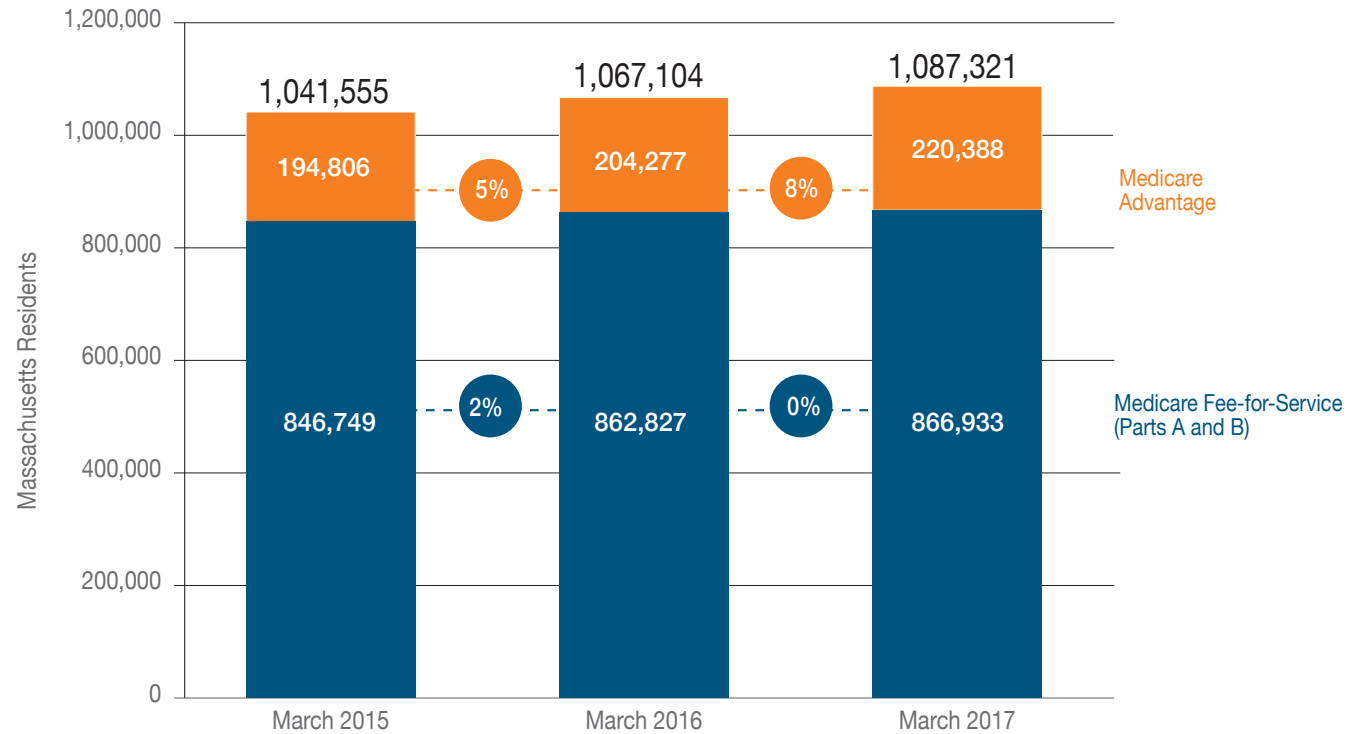
## Medicare Enrollment by Delivery System

March 2015 - March 2017

1.1 Million Primary, Medical Members (+1.9% Since March 2016)

The number of Massachusetts residents receiving primary, medical insurance coverage from Medicare continued to grow steadily, nearing almost 1.1 million in March 2017.

A vast majority (79.7%) of Massachusetts Medicare beneficiaries (excluding SCO, One Care, and PACE) were enrolled in traditional Medicare Fee-For-Service (FFS) in March 2017, but Medicare Advantage membership grew at a comparatively faster rate (+7.9% vs.+0.5%) from 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, supplemental payer data, 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.

# MEDICARE

## Medicare Advantage Enrollment by Payer

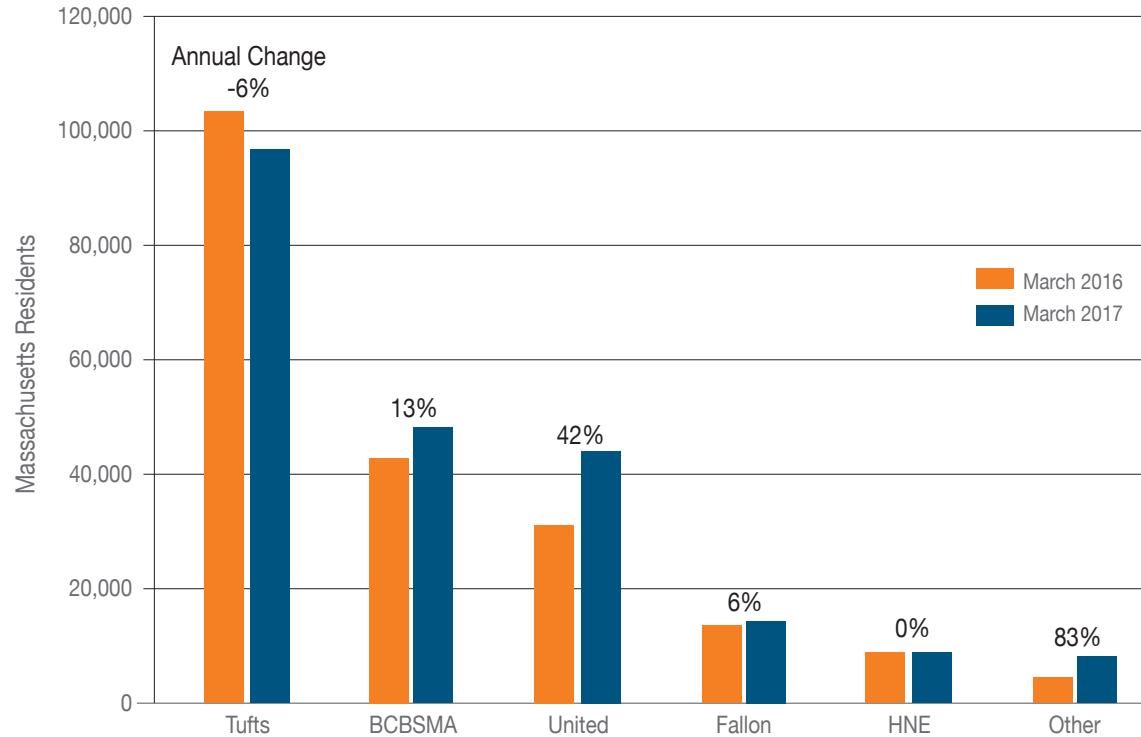
March 2016 - March 2017

220,000 Primary, Medical Members (+7.9% Since March 2016)

Massachusetts Medicare Advantage enrollment grew by over 16,000 members (+7.9%) between March 2016 and March 2017. Tufts remains the plan with the highest Massachusetts Medicare Advantage market share, but its enrollment dropped to 43.9% of the state's beneficiaries in March 2017, due in part to growth in other plans.

United grew by 41.6% (+13,000 members) during this timeframe, nearing enrollment levels of BCBSMA, which increased by 12.5% (+5,000 members).

The growth in "Other" Medicare Advantage plans was driven largely by HPHC, which nearly quadrupled its Medicare Advantage enrollment since March 2016, growing to almost 5,000 members in March 2017.



Source: MA APCD, CMS

Notes: Medicare Advantage excludes enrollment in SCO, One Care, and PACE. "Other" includes Aetna, Anthem, Harvard Pilgrim Health Care (HPHC), Blue Cross Blue Shield Rhode Island (BCBSRI), Blue Cross Blue Shield Michigan (BCBSMI), Blue Cross Blue Shield Michigan Mutual Insurance (BCBSMI-Ins), Highmark Health, Horizon Healthcare Services, and Humana.

# SCO, ONE CARE, PACE

## SCO, One Care, and PACE Enrollment

March 2015 - March 2017

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.

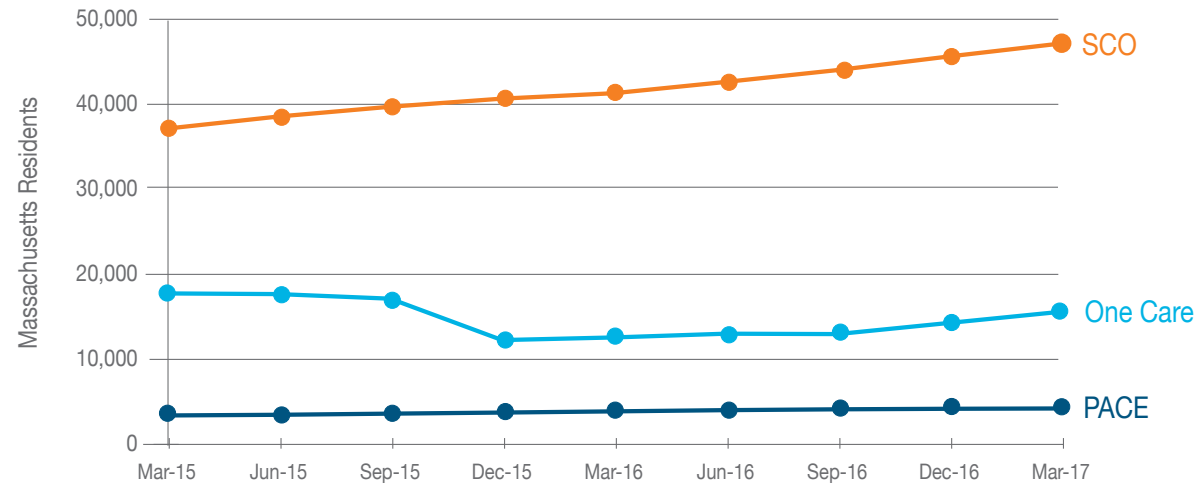
SCO enrollment continued its double-digit annual percentage growth; in March 2017, SCO membership was approximately 47,000, a 14.2% increase from the previous year. PACE enrollment also continued to rise, surpassing 4,000 members (+8.8% compared to March 2016).

One Care enrollment increased by 24.0% from the previous year to 15,600 members. Fallon closed its One Care business (Fallon Total Care) at the end of September 2015 while Commonwealth Care Alliance and Tufts Health Unify continue to offer One Care coverage.

**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	
	Mar. 2016	Mar. 2017	Absolute	Percentage
Senior Care Options (SCO)	41,307	47,154	5,847	14%
One Care	12,581	15,601	3,020	24%
Program of All-inclusive Care for the Elderly (PACE)	3,886	4,228	342	9%
<b>Total</b>	<b>53,888</b>	<b>62,755</b>	<b>8,867</b>	<b>16%</b>

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, 10/1/2016, and 1/1/2017. Rounds 4, 5 and 6 consisted only of auto-assignments to Tufts Health Unify. Round 7 consisted only of auto-assignments to CCA. CCA accepted limited enrollments for January 1 and May 1 in 2016, and in May 2016 fully reopened to new enrollments for June 1, 2016 and later dates. As of March 2017, 92% of SCO members and 93% 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

**Commonwealth Care (CommCare):** A state program that provided coverage to low- and moderate-income Massachusetts residents; ended in early 2015.

**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 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.



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