

CENTER FOR HEALTH INFORMATION AND ANALYSIS

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# ENROLLMENT TRENDS

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AUGUST 2018 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 membership in the top 13 commercial payers, MassHealth (Medicaid), or 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 96.3% insurance rate among residents in 2017.

Enrollment Trends is a recurring report released every six months. This edition includes enrollment data from March 2016 through March 2018, and is the first to include enrollment data for MassHealth Accountable Care Organizations (ACOs). 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/ACO <sup>1</sup>	Medicare Advantage	SCO, One Care
Aetna	MA APCD, Supp.	N/A	MA APCD	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	MA APCD	N/A	N/A
Cigna	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 (HPHC) <sup>4</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>5</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>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:** The Massachusetts Health Connector provided additional payer-level enrollment data on coverage purchased through the exchange.

<sup>1</sup> As of March 2018, MassHealth introduced Accountable Care Organization (ACO) plans: Accountable Care Partnership Plans (ACO-A) and Primary Care ACOs (ACO-B). At this time, BMCHP and Tufts Health Public Plans began offering ACO-A plans to MassHealth members, in addition to their existing MCO plans, while Fallon, HNE, and NHP discontinued their MassHealth MCO plans and began offering ACO-A plans. See pages 2 and 11 for ACO-B enrollment.

<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 8 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 (previously Network Health).

<sup>6</sup> MassHealth enrollment includes FFS, PCC Plan, MCO, ACO, 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 2016-March 2018

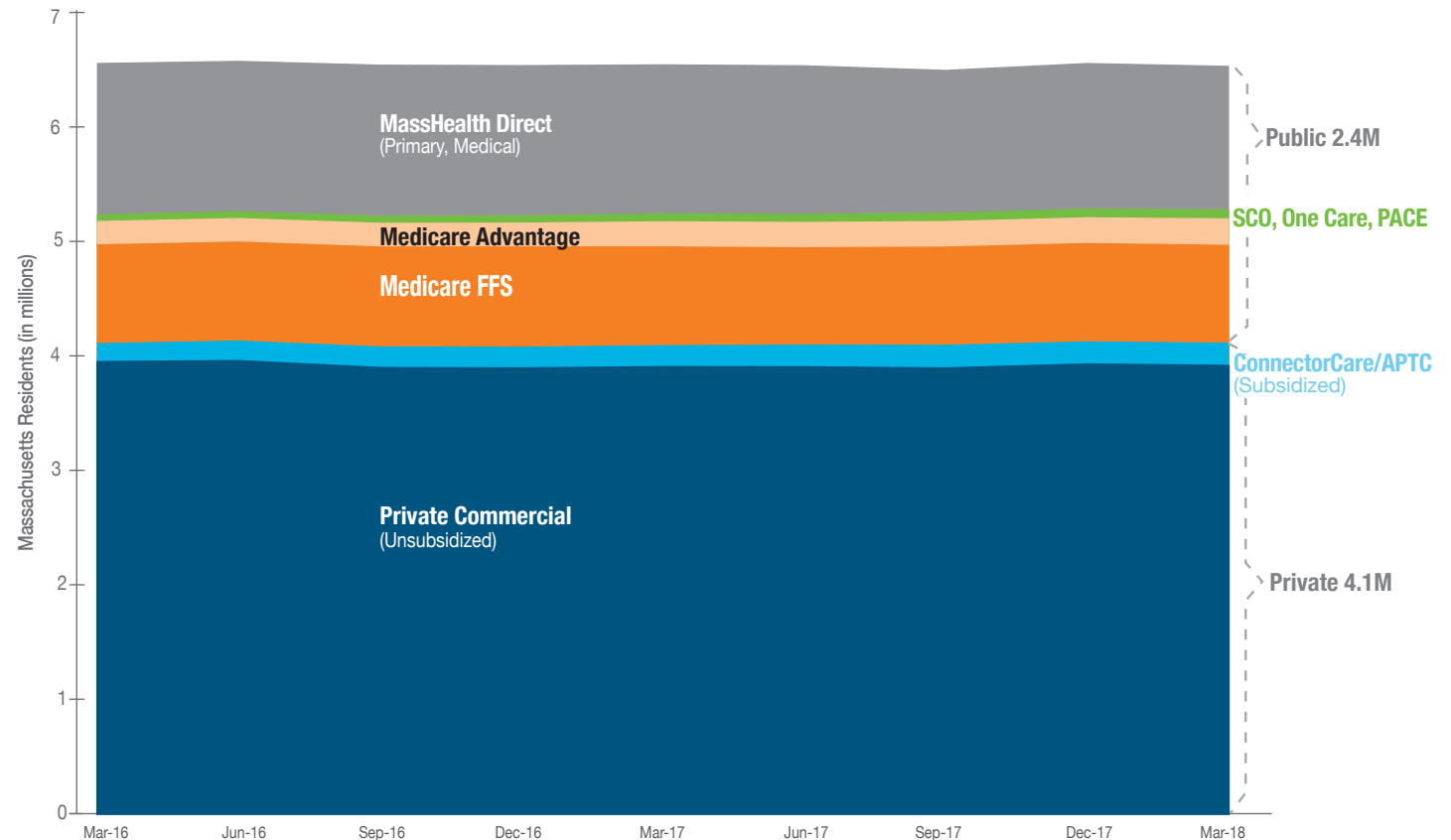
Between March 2016 and March 2018, overall health insurance coverage in Massachusetts remained steady.

Enrollment in private commercial insurance remained largely flat during this period (+0.1%), covering approximately 4.1 million Massachusetts residents. Subsidized plans sold through the Massachusetts Health Connector grew by 23.0% over the two-year period. Enrollment in the larger, unsubsidized private commercial market rebounded slightly (+0.3%) in 2017 from its modest decline in 2016 but still experienced an overall decrease (-0.9%) during the two-year period.

In March 2018, approximately 2.4 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 34.3% growth over the two-year period.

**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 2018

In March 2018, 3.1 million Massachusetts residents were enrolled with BCBSMA, HPHC, or Tufts.

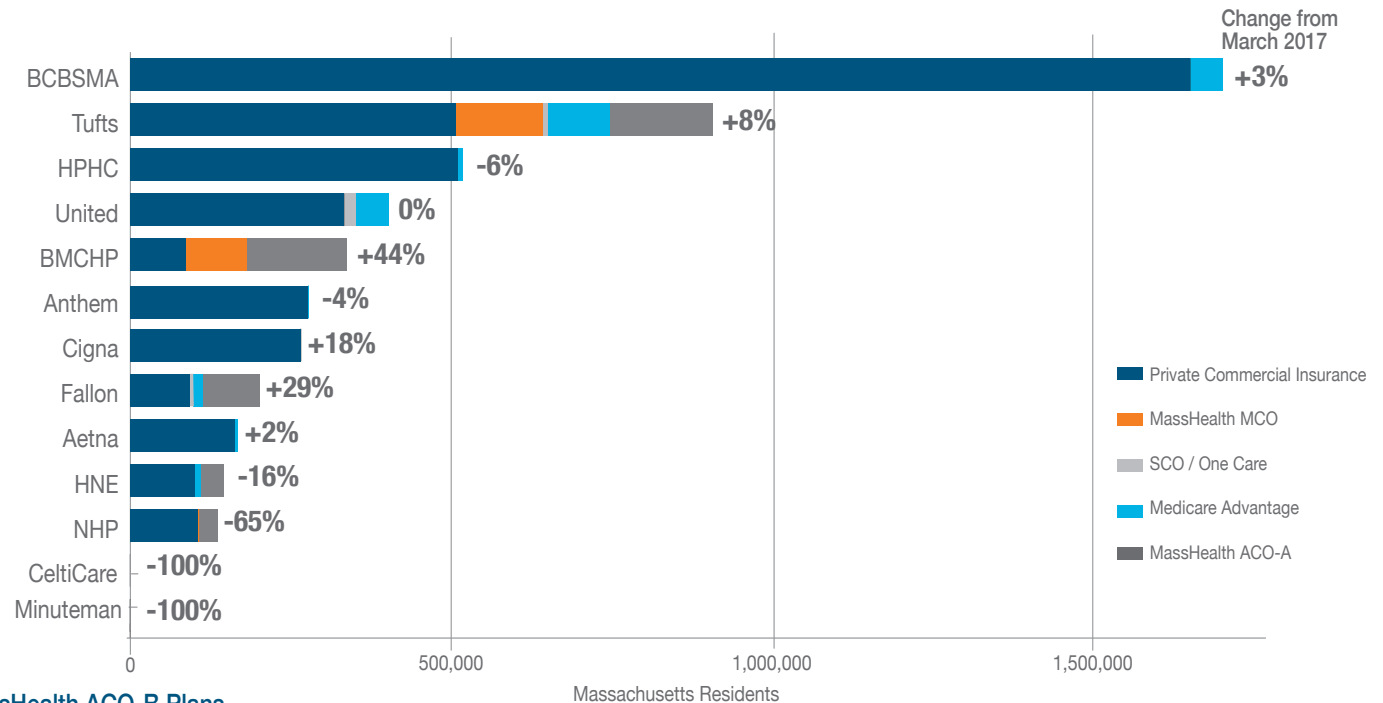
Among these three payers, Tufts experienced the largest one-year member growth (+64,200 members, +7.6%), largely due to its presence in MassHealth's new Accountable Care Organization (ACO) options. Tufts membership also increased in their SCO and Medicare Advantage plans. Blue Cross Blue Shield's enrollment grew by 3.2% (+53,000 members) while HPHC private commercial enrollment fell by 6.5% in this timeframe (-35,600 members).

In March 2018, MassHealth introduced Accountable Care Organization (ACO) plans for members: Accountable Care Partnership Plans (ACO-A) and Primary Care ACOs (ACO-B).

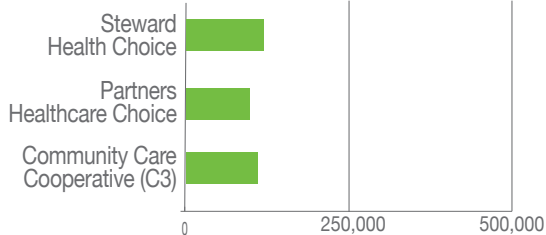
Four out of the six MassHealth commercial MCO plans were discontinued as of March 2018; three of those payers opened Accountable Care Partnership Plans (Fallon, HNE, NHP), while one (Celticare) is no longer offering insurance in Massachusetts. Tufts and BMCHP continue to offer MassHealth MCO plans, while also offering new Accountable Care Partnership Plans.

The three ACO-B plans contract directly with MassHealth to provide primary care and coordinate the full range of services for its enrollees.

Minuteman Health Insurance stopped offering health insurance entirely at the end of 2017.



### MassHealth ACO-B Plans



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, ACO, SCO and One Care plan enrollment figures by plan are sourced from MassHealth's enhanced eligibility submission to the MA APCD. ACO-A refers to Accountable Care Partnership Plans, and ACO-B refers to Primary Care ACOs; these are different models of ACOs offered to MassHealth members via multiple plans. 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 2018

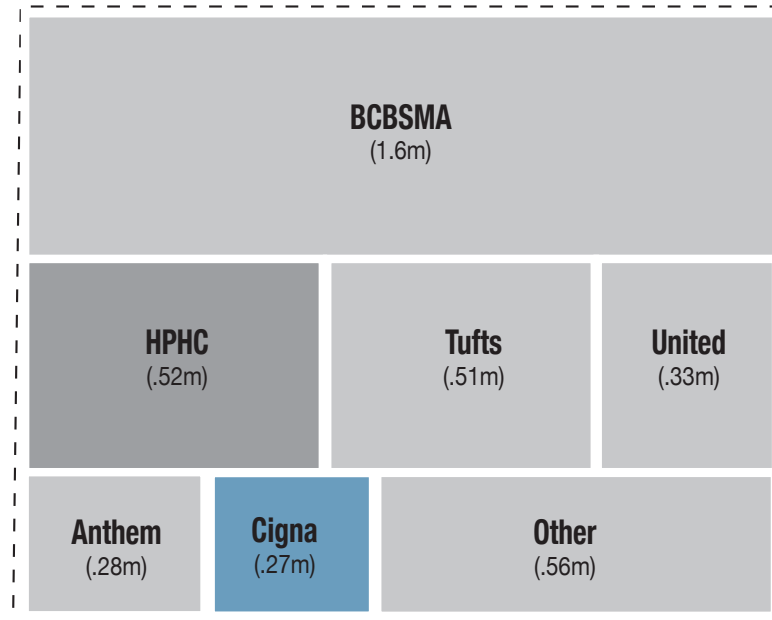
4.1 Million Primary, Medical Members (+0.5% Since March 2017)

BCBSMA, HPHC, and Tufts retained their positions as the three largest private commercial payers in March 2018, accounting for 65.1% of the private market membership.

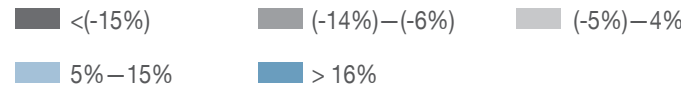
The fully-insured portion of the private commercial market grew by 1.7% from March 2017 to March 2018, while the self-insured portion decreased by 0.4% over the same time period. Subsidized plan membership increased by 5.6% during this period.

Approximately four in 10 Massachusetts private commercial members were enrolled in HMO plans in March 2018, while over a third had PPO plans. Membership in PPOs increased by 5.5% (+78,700 members) between March 2017 and March 2018. Indemnity plans, which account for 3.5% of private commercial enrollment, decreased by 17.6% (-30,300 members) over the same time period.

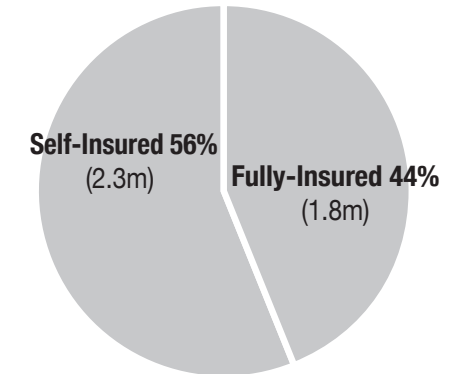
### By Payer



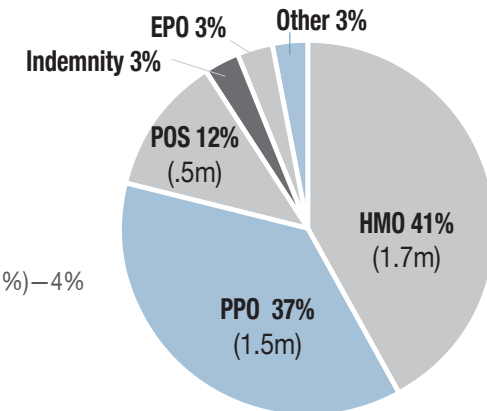
Change Over Past Year



### 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 2018

In March 2018, 55.9% of Massachusetts residents with private commercial insurance were covered under a self-insured arrangement. This proportion decreased by one percentage point compared to March 2016.

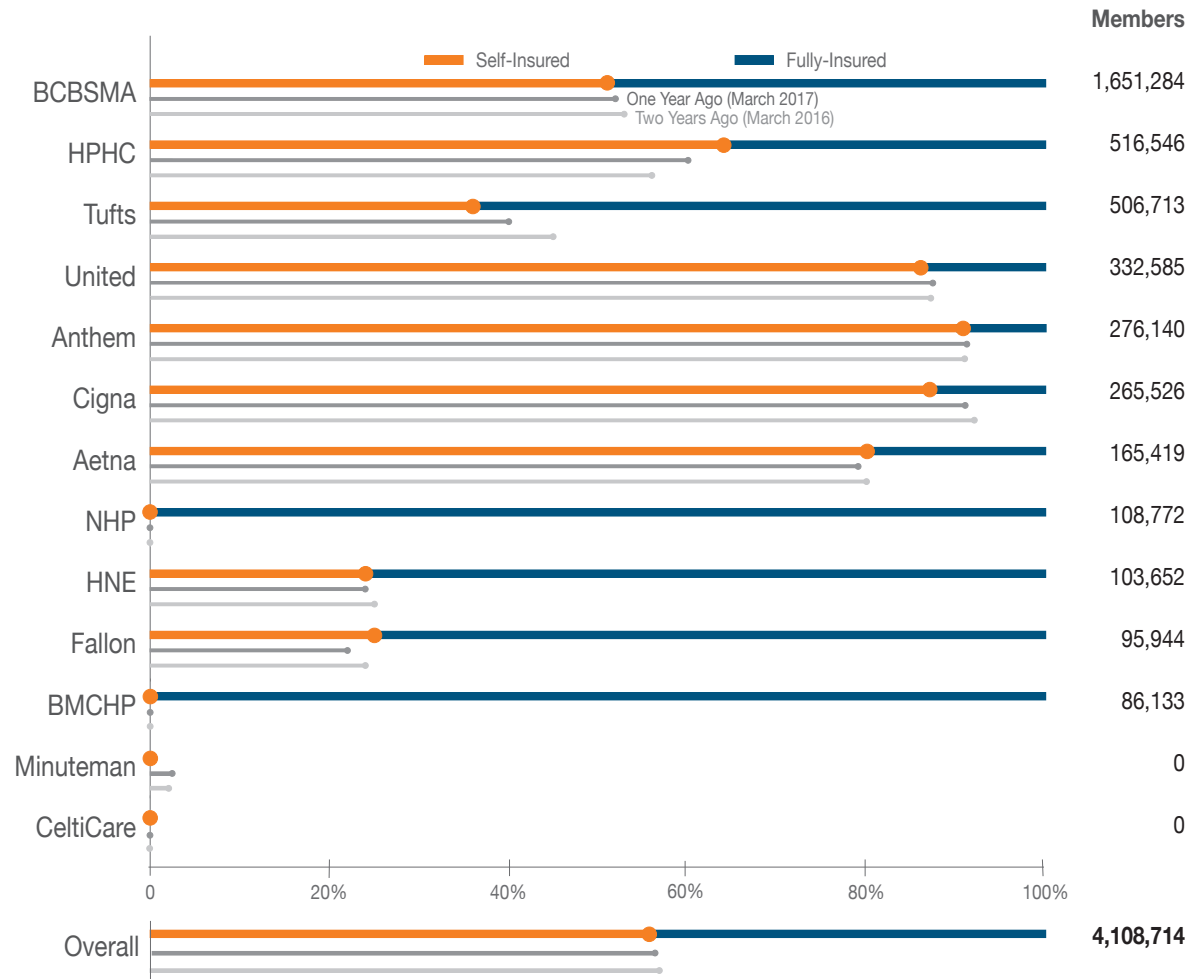
Minuteman, which exited the market at the end of 2017, had a small percentage (2.4%) of their 8,400 members in self-insured products as of March 2017.

Celticare exited the Massachusetts market around the same time, and consisted of fully-insured business only.

### 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 2018

As reported in previous Enrollment Trends publications, over 80% of members in employer groups with more than 500 employees are under self-insured arrangements. Self-insured adoption by smaller employers, however, remained low. Nearly all small group plans were fully-insured arrangements.

### Market Sectors

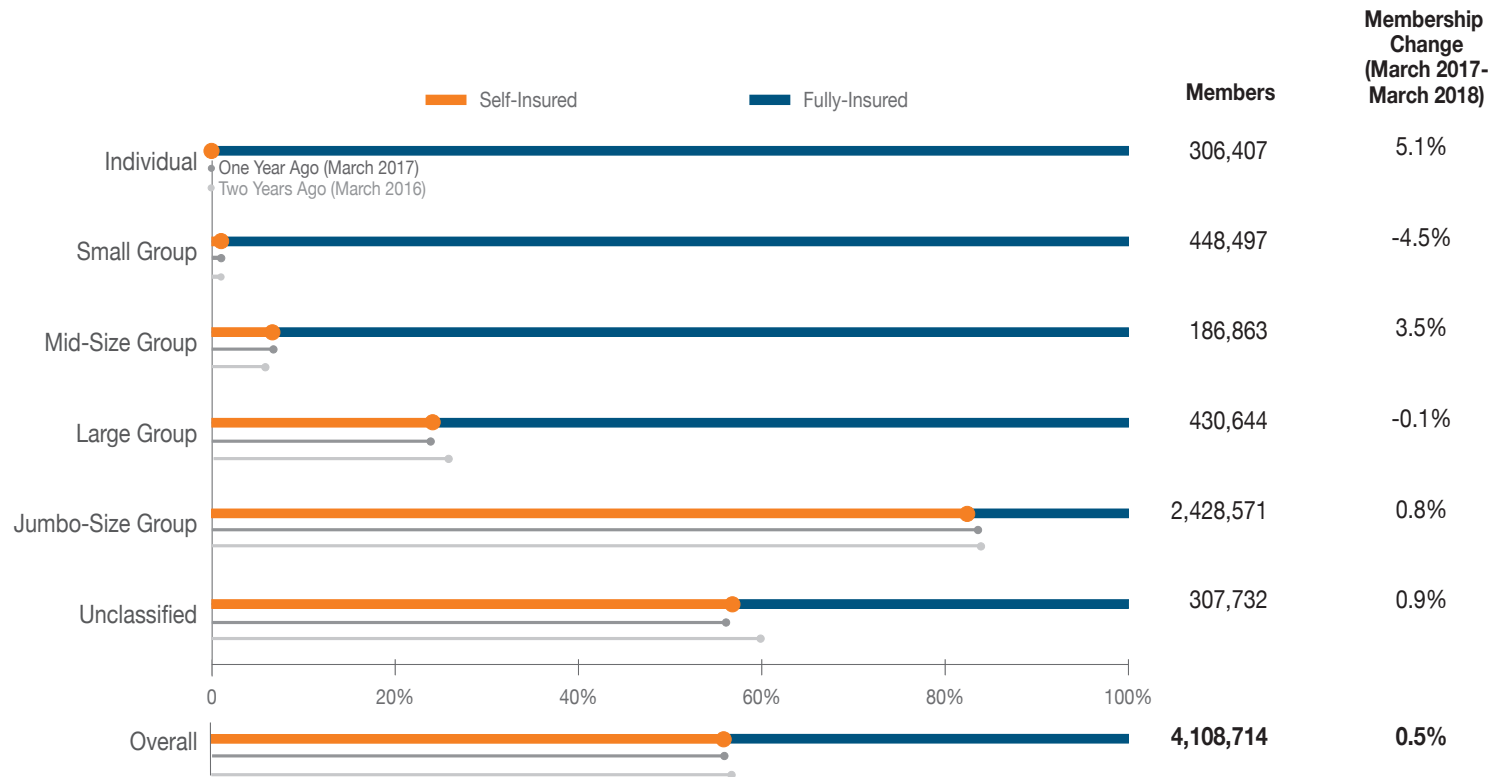
**Individual:** Individual contract with payer; includes individual purchases through the Massachusetts Health Connector.

**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 2018

Consistent with prior years, only 26.4% of HMO members in March 2018 were covered under self-insured plans compared to 73.4% of PPO members.

### 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):

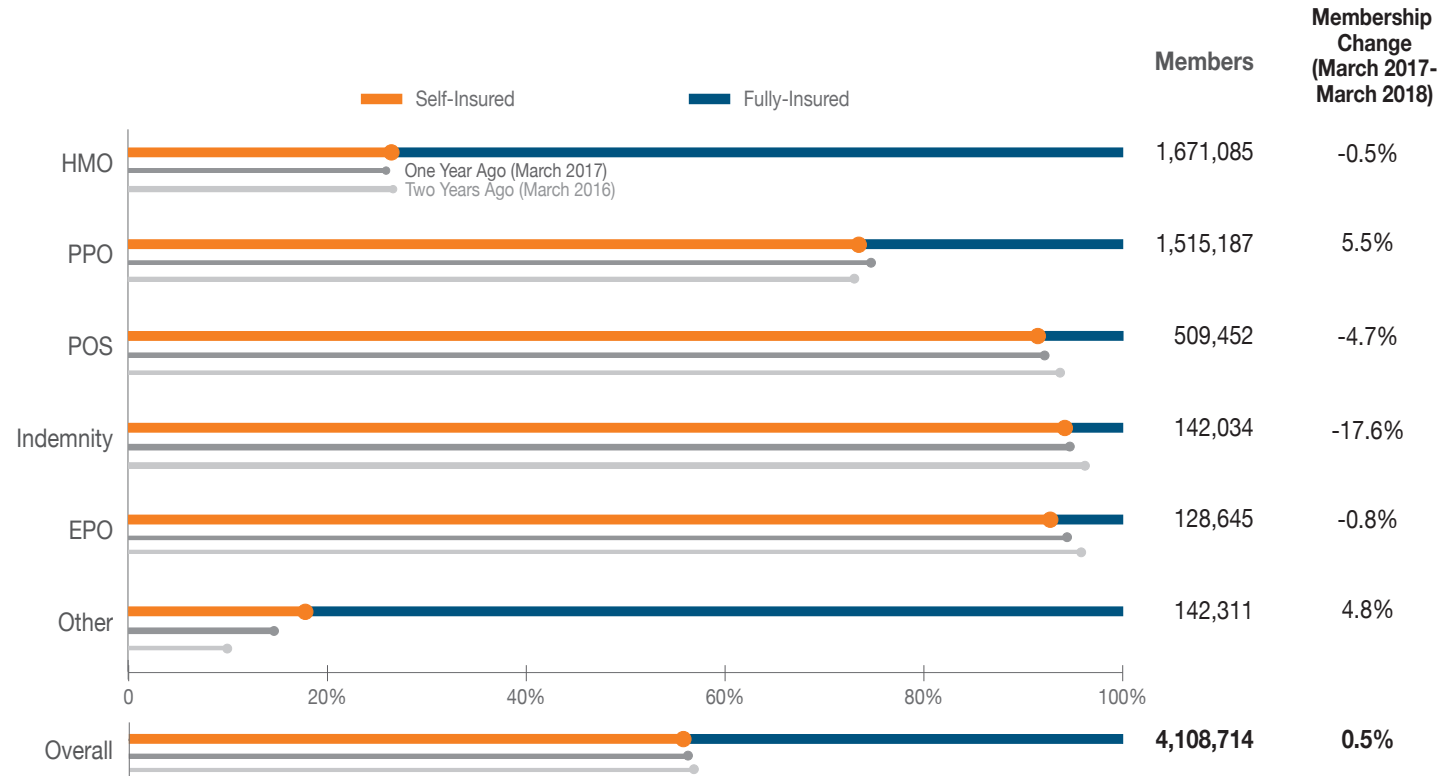
Plans that require members to coordinate care through a PCP and use in-network providers for the lowest cost-sharing. Out-of-network providers are covered at a higher cost to the member.

#### 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).

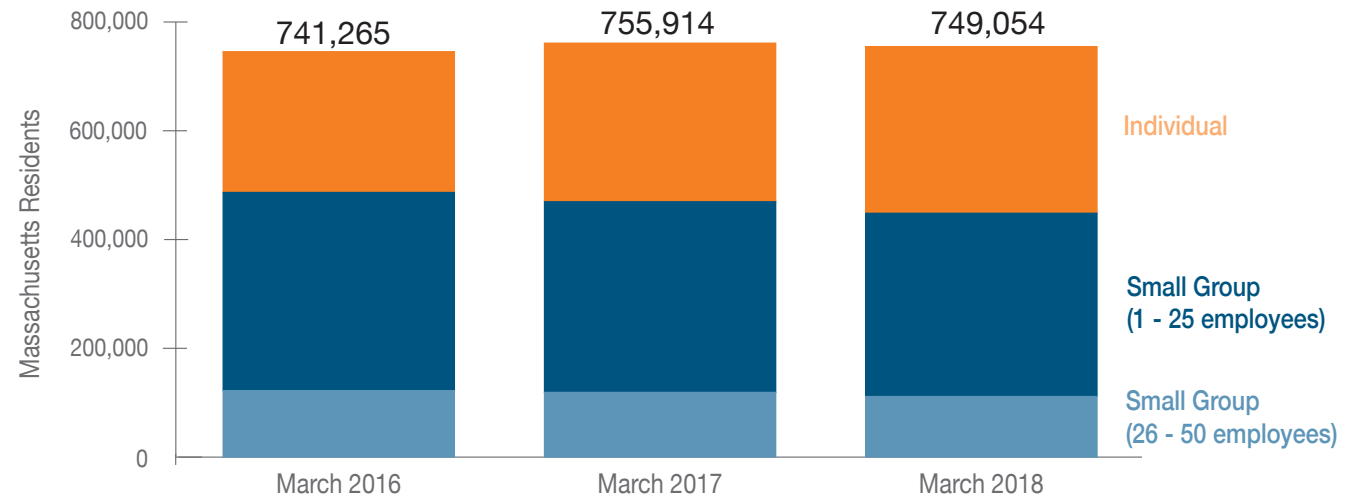
# PRIVATE COMMERCIAL

## Merged Market Enrollment by Employer Size

March 2016-March 2018

The Massachusetts merged market includes private commercial insurance sold to individuals or small groups (50 or fewer eligible employees) under fully-insured plans.<sup>1</sup>

Between March 2016 and March 2018, the merged market grew by 1.1% (+7,800 members). This increase was driven by the continued growth of individual purchasers (5.1% enrollment growth from March 2017 to March 2018 and 12.6% growth in the previous year). Gains in individual insurance purchases were offset by continued decreases in Massachusetts's small group enrollment (-4.7% from March 2017 to March 2018 and -3.7% during the year prior).



Purchaser	Members		One-Year Change	
	Mar. 2017	Mar. 2018	Absolute	Percentage
Individual	291,581	306,407	14,826	5.1%
Small Group (1-25 Eligible Employees)	349,396	335,559	-13,837	-4.0%
Small Group (26-50 Eligible Employees)	114,937	107,088	-7,849	-6.8%
<b>Total</b>	<b>755,914</b>	<b>749,054</b>	<b>-6,860</b>	<b>-0.9%</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).

<sup>1</sup> Self-insured plans are not included in the merged market.

# PRIVATE COMMERCIAL

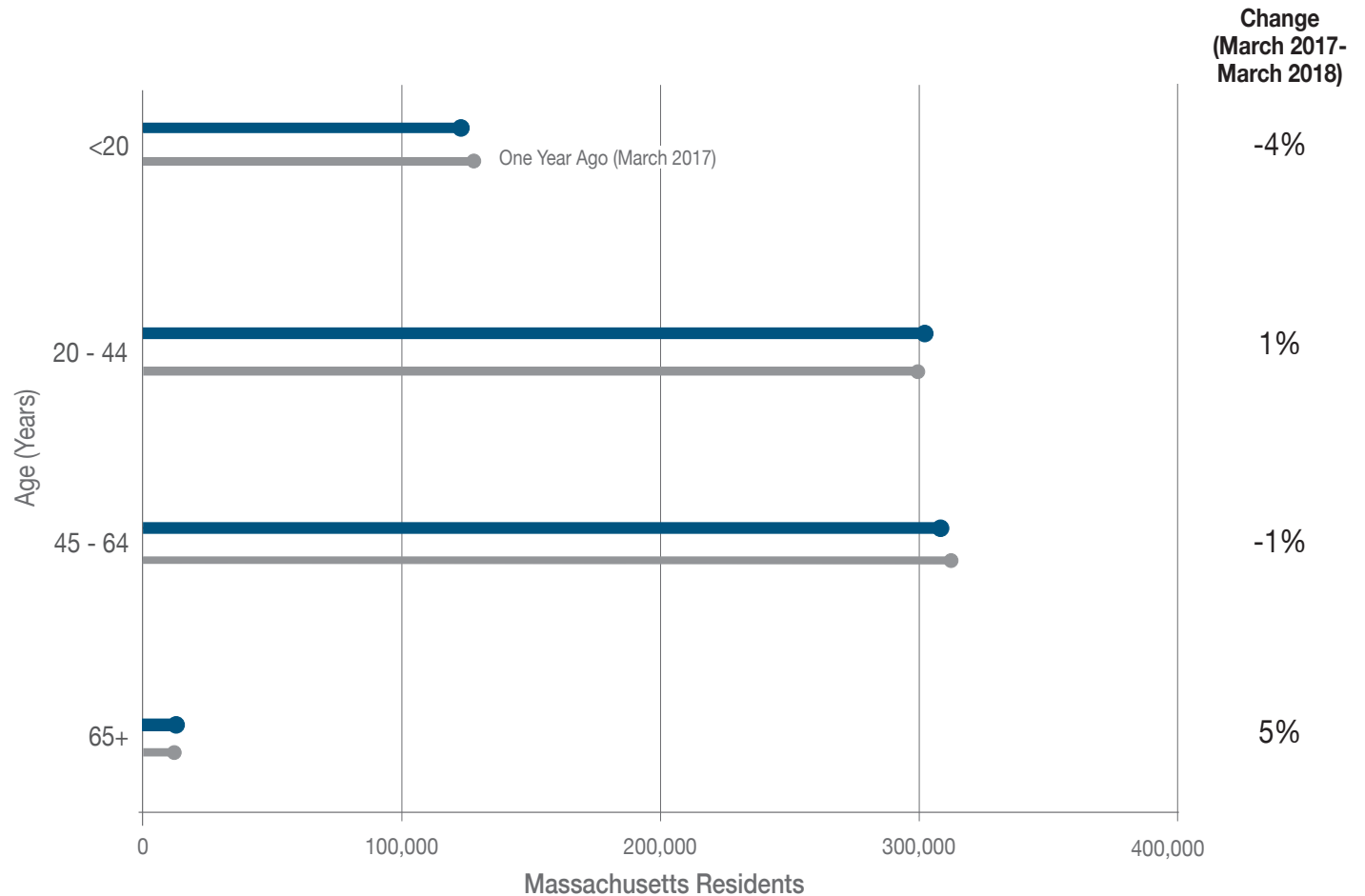
## Merged Market Enrollment by Age

March 2018

A large majority of merged market enrollees (81.8%) were between 20 and 64 years of age in March 2018. Enrollment for those under 20 years of age continued to decline; decreasing by 4.0% (-5,200 members) from March 2017, after a similar decline from the prior year. Merged market enrollees age 45 to 64 also decreased slightly by 4,300 members.

Enrollment for Massachusetts merged market members age 65 and older remains at under two percent of the total market, but increased at a faster rate than other age categories.

Underlying these trends, the small group portion of the merged market declined by 4.6% (-21,200 members) from March 2017 to March 2018, with all age groups declining except for age 65 and over, which increased by 3.3% (+300 members). The non-group portion of the merged market increased by 5.1% (+14,900 members) within this timeframe, with increases across all age groups



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 Anthem; membership for this payer 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, including the previous slide which also documents Merged Market enrollment; 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 2016-March 2018

Overall, there was a modest increase (+1%) in the number of individuals purchasing coverage through the Massachusetts Health Connector between March 2017 and March 2018. However, individual purchaser enrollment began to decline in December 2017 and again in March 2018.

The cessation of federal cost-sharing reductions in 2018 resulted in higher premiums, impacting individuals as of January 1, 2018. Enrollment in Unsubsidized QHP experienced a decrease of 14.4% (-7,000 members) from March 2017 to March 2018. The Health Connector notes that a portion of these members are included in the Subsidized QHPs growth of 55.0% (+5,000 members) during the same period.<sup>1</sup>

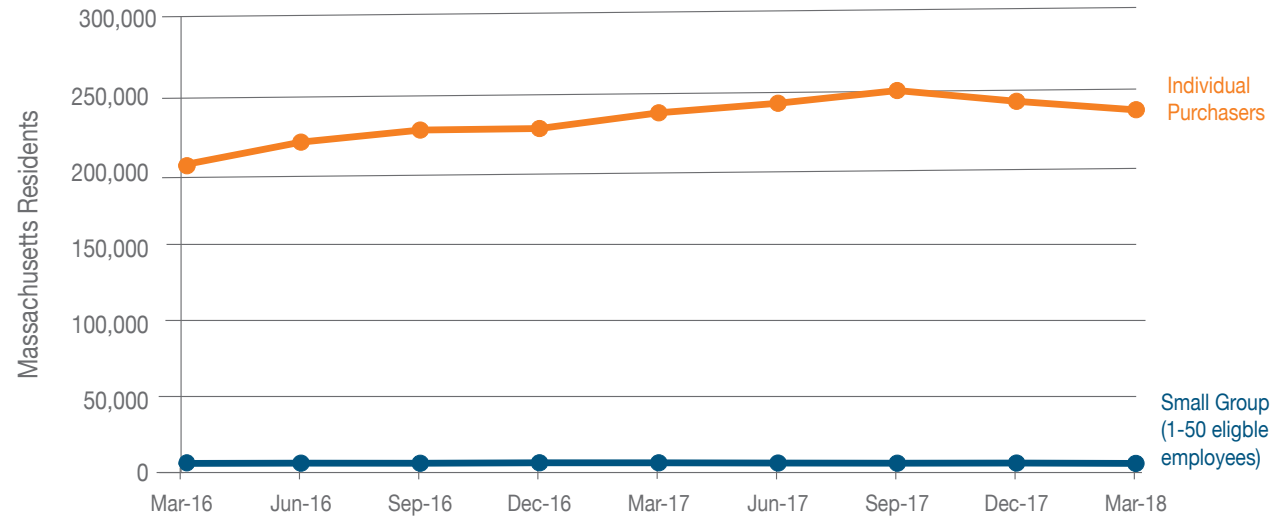
The Health Connector's small group membership declined by 6.2% (-400 members) from the previous year, but remains a small percentage (2.4%) of its overall membership in March 2018.

<sup>1</sup> See [link](#) for more information.

**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. 2017		Mar. 2018		Absolute	Percentage
<b>Individual Purchasers Total</b>	<b>236,551</b>	<b>100%</b>	<b>239,966</b>	<b>100%</b>	<b>3,415</b>	<b>1%</b>
ConnectorCare (0 - 300% FPL)	178,643	76% <sup>1</sup>	184,098	77%	5,455	3%
QHP with APTC (≤400% FPL)	9,091	4%	14,092	6%	5,001	55%
Unsubsidized QHP (>400% FPL)	48,817	21%	41,776	17%	-7,041	-14%
<b>Small Group Total</b>	<b>6,386</b>		<b>5,991</b>		<b>-395</b>	<b>-6%</b>
<b>Massachusetts Health Connector Total</b>	<b>242,937</b>		<b>245,957</b>		<b>3,020</b>	<b>1%</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 2017-March 2018

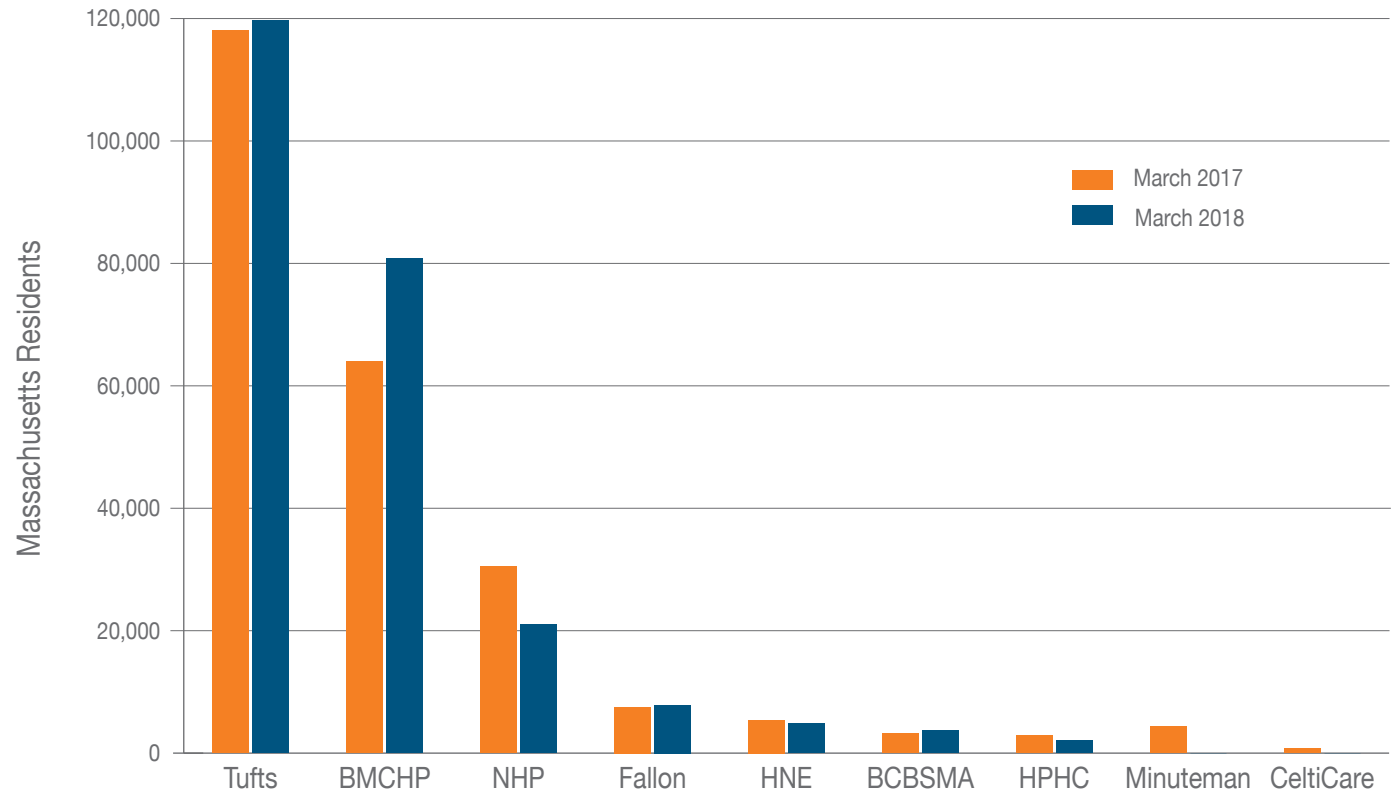
Seven Massachusetts payers offered QHPs through the Health Connector in March 2018, as Minuteman and Celticare left the market at the end of 2017.<sup>1</sup> Overall membership for individual QHPs increased slightly (+1.4%, +3,400 members) since March 2017, led by BMCHP's increased enrollments of 16,900 members (+26.4%).

Tufts continued to have the largest individual QHP membership (119,600 members) in March 2018, with modest growth from the prior year.

NHP membership continued to decline, decreasing by 31.2% (-9,500 members) since March 2017, following a decline of 40.5% (-20,700 members) from the prior year.

HPHC and HNE also experienced declines in membership (26.9% and 10.6%, respectively), although they make up only 2.9% of total individual QHP membership.

<sup>1</sup> The Connector has eight plans as of March 2018, as Tufts Health Public Plans and Tufts Health Plans are counted separately. Please see [databook](#) for a breakout of Tufts membership by plan type.



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, TuftsHealth Plan.

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

Minuteman and Celticare had small Health Connector enrollments in 2017; both plans ended as of December 31, 2017.



## Total MassHealth Members by Delivery System

March 2016-March 2018

In March 2018, approximately 1.3 million Massachusetts residents relied on MassHealth for their primary, medical coverage. This represents a 3.8% decline in primary coverage from MassHealth in March 2017.<sup>1</sup> Another 596,000 residents received partial or secondary coverage from MassHealth, an increase of 3.9% (+22,600 members) since March 2017. The overall MassHealth population fell by 1.4% during this timeframe.

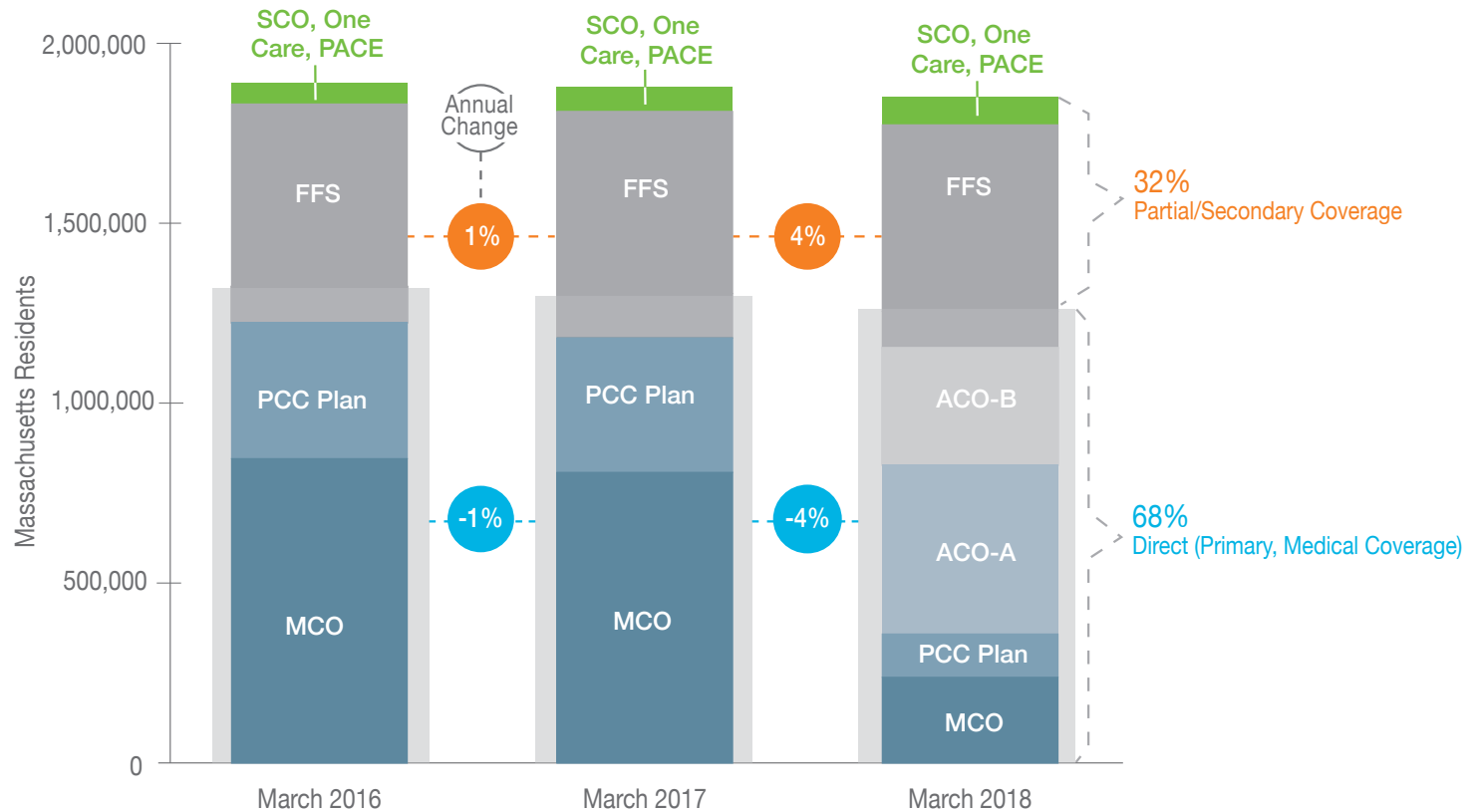
In March 2018, MassHealth shifted more than 60% of its members with primary, medical coverage to Accountable Care Organizations (ACOs). MassHealth ACOs consist of 17 different plans within two types: Accountable Care Partnership Plans (Model A) or Primary Care ACOs (Model B).

As of March 2018, there were 470,200 and 324,600 members in ACO-A and ACO-B plans, respectively, while overall membership in MCOs and the PCC Plan decreased.

<sup>1</sup> MassHealth indicates that 2018 enrollment in direct MassHealth products decreased in part due to expansion of MassHealth's Student Health Insurance Program (SHIP), which requires full-time students enrolled in MassHealth to also enroll in a student health plan. In these cases, a student health plan becomes the member's primary payer, and the member then receives Partial/Secondary coverage from MassHealth. MassHealth had approximately 32,000 SHIP enrollees in 2018.

**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 2018, approximately 91% of SCO members and 93% of PACE members also had Medicare. ACO-A refers to Accountable Care Partnership Plans, and ACO-B refers to Primary Care ACOs; these are different models of ACOs offered to MassHealth members via multiple plans. The majority of MassHealth members in the fee-for-service (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 this report, CHIA uses snapshot data based on the 15th of the month; enrollment data will vary depending on the day of the month used for snapshots.

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 2016-March 2018

1.1 Million Primary, Medical Members (+0.4% Since March 2017)

The number of Massachusetts residents receiving primary, medical insurance coverage from Medicare continued to grow incrementally, with 1.1 million in March 2018.

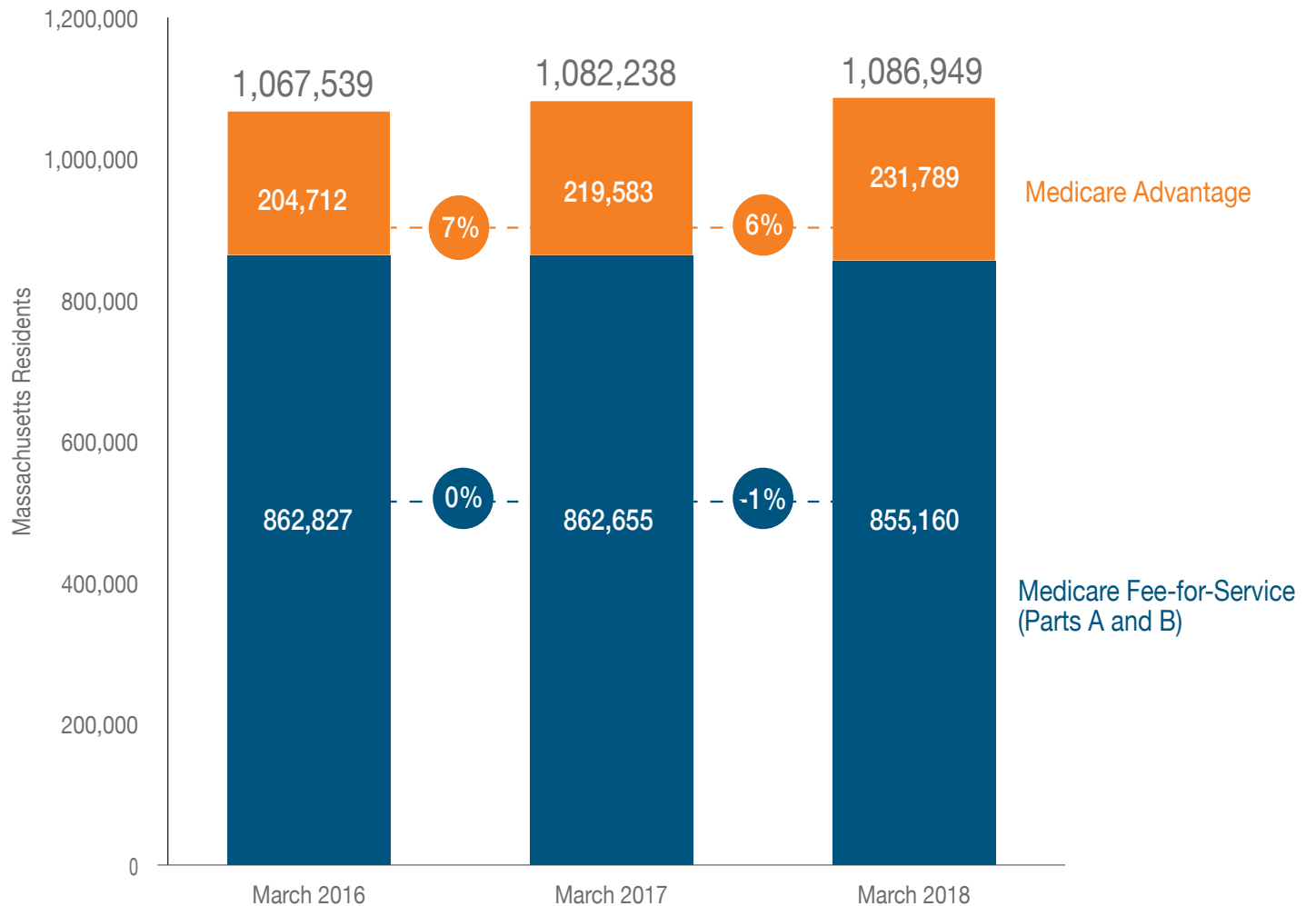
The modest overall growth was driven by Medicare Advantage enrollment, which is 21.3% of all Massachusetts Medicare beneficiaries (excluding SCO, One Care, and PACE) in March 2018. Medicare Advantage membership continued to grow (+5.6%) from the prior year while traditional Medicare Fee-For-Service (FFS) membership decreased 0.9% over the same time period.

Since March 2016, Medicare Advantage enrollment has grown 13.2% (+27,000 members) while Medicare FFS membership declined by 0.9% (-7,700 members).

### 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

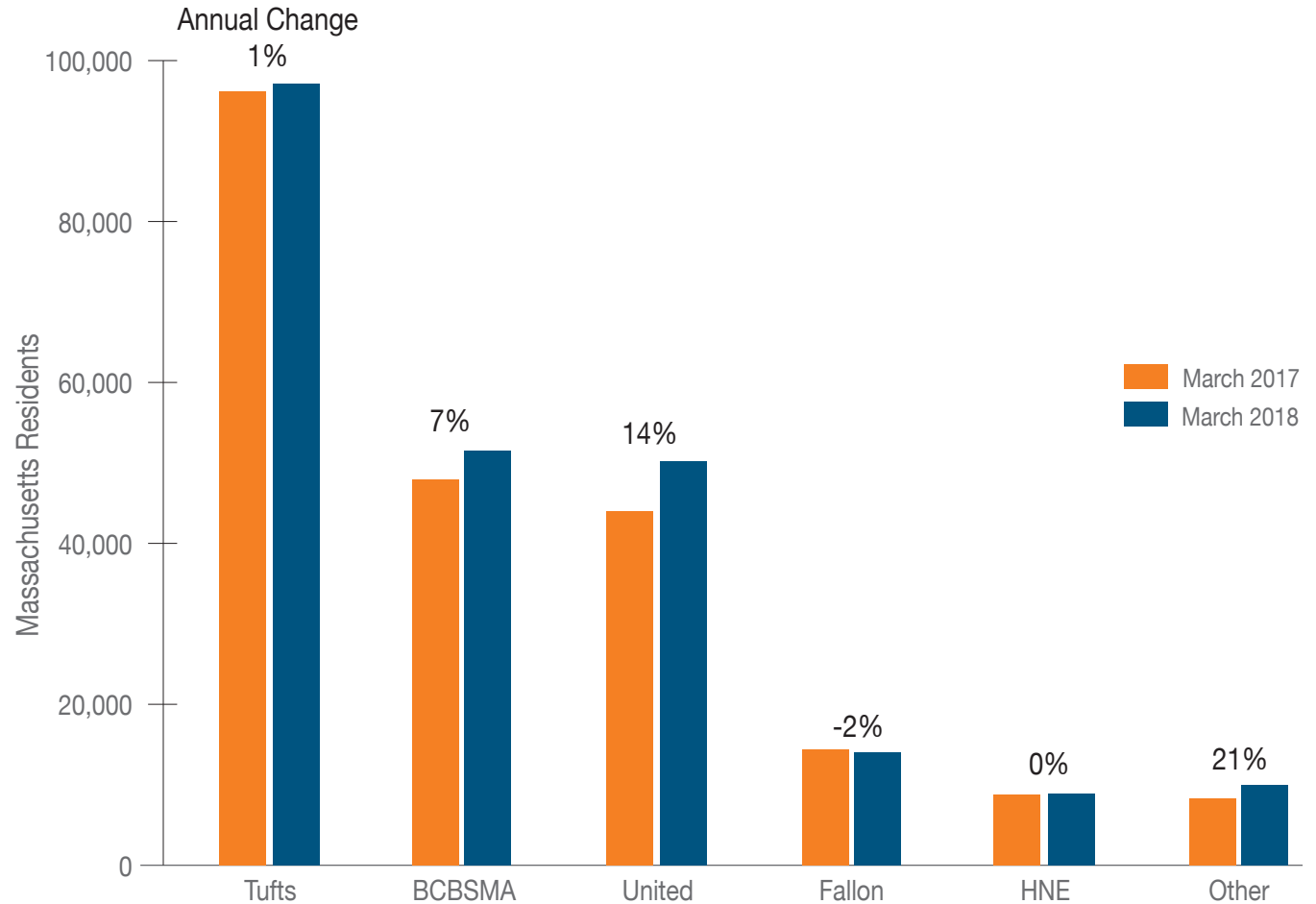
## Medicare Advantage Enrollment by Payer

March 2017-March 2018

232,000 Primary, Medical Members (+5.6% Since March 2017)

Massachusetts Medicare Advantage enrollment grew by over 12,200 members (+5.6%) between March 2017 and March 2018. Tufts remains the plan with the highest Massachusetts Medicare Advantage market share at 41.9%, but that market share declined as BCBSMA and United enrollments rose by 7.4% and 14.1%, respectively. United added the most enrollees (6,200) during this time. As of March 2018, it had 50,200 Massachusetts Medicare Advantage enrollees, compared to BCBSMA's 51,500.

Other smaller Medicare Advantage plans, including Aetna and Harvard Pilgrim Health Care, have also shown steadily increasing Medicare Advantage enrollments. Aetna's enrollment rose by 80.6%, to 3,500, between March 2017 and March 2018. Harvard Pilgrim's enrollment rose 10%, to nearly 5,500, during that time.



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), Healthcare Service Corporation, Highmark Health, Horizon Healthcare Services, Humana, and Lifetime Healthcare Services Inc.

# SCO, ONE CARE, PACE

## SCO, One Care, and PACE Enrollment

March 2016-March 2018

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 2018, SCO membership reached 54,200, a 14.8% increase from the previous year. PACE enrollment also continued to rise (+7.3% compared to March 2017).

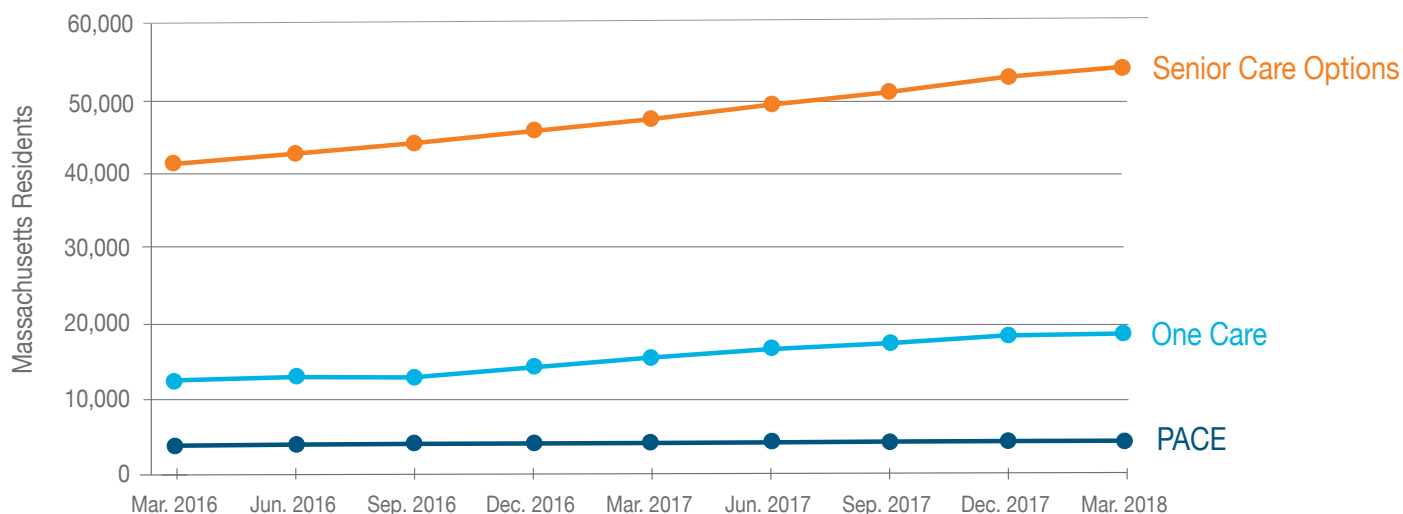
One Care enrollment increased by 20.6% from the previous year to 18,800 members.

Enrollment had fallen after Fallon closed its One Care business (Fallon Total Care) at the end of September 2015. Commonwealth Care Alliance (CCA) and Tufts Health Unify continue to offer One Care coverage. Overall One Care enrollment in March 2018 now exceeds the level it was prior to Fallon's exit, primarily due to growth in CCA's SCO plan.

**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. 2017	Mar. 2018	Absolute	Percentage
Senior Care Options (SCO)	47,243	54,240	6,997	15%
One Care	15,580	18,797	3,217	21%
Program of All-inclusive Care for the Elderly (PACE)	4,247	4,557	310	7%
<b>Total</b>	<b>67,070</b>	<b>77,594</b>	<b>10,524</b>	<b>16%</b>

Source: MA APCD

Notes: As of March 2018, 91% 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

**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.

- **Accountable Care Organization (ACO) - A:** Also known as Accountable Care Partnership Plans for MassHealth members. Managed care organizations and a group of primary care providers (PCPs) create a full health care network that includes PCPs, specialists, behavioral health providers and hospitals. Members must use the plan's network.
- **Accountable Care Organization (ACO) - B:** Also known as Primary Care ACOs. A group of PCPs form an ACO that contracts directly with MassHealth to provide primary care and other services to MassHealth members.
- **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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