

CENTER FOR HEALTH INFORMATION AND ANALYSIS

ENROLLMENT TRENDS

TECHNICAL APPENDIX

MARCH 2020 EDITION



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Enrollment Trends – March 2020 Edition

TECHNICAL APPENDIX

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Introduction

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 14 commercial payers,¹ MassHealth (Medicaid), and Medicare.²

Enrollment Trends membership counts are not exhaustive for Massachusetts. Excluded populations may include commercial payers and third party administrators with a small Massachusetts presence; the Federal Employees Health Benefits Program (FEHBP);³ TRICARE; Veterans Affairs Healthcare; the Indian Health Service; other federal programs; and prisons. Membership may also not be unique across commercial and/or public payers, potentially resulting in an overstatement of insured Massachusetts residents if summed. Enrollment Trends should not be used to calculate a statewide insurance rate. CHIA's population-based [Massachusetts Health Insurance Survey](#) found a 96.3% insurance rate among respondents in mid-2017. Medicare Advantage counts exclude enrollment in Senior Care Options (SCO), One Care, and Program of All-inclusive Care for the Elderly (PACE) plans, 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 plans.

Current counts represent the most accurate data available. Enrollment data is subject to change due to retroactivity or continued specification refinement.⁴ Reported data was derived using payer-verified logic on Massachusetts All-Payer Claims Database (MA APCD) file submissions or was submitted directly by payers. Payers review enrollment counts for accuracy. Medicare Fee-for-Service (FFS) and a small portion of Medicare Advantage data were obtained from the Centers for Medicare and Medicaid Services (CMS).

Beginning with the March 2017 edition of Enrollment Trends, private commercial, MassHealth, and Medicare Advantage enrollment is reported for the 15th day of the last month of each quarter. In reports published prior to 2017, enrollment was reported for the last day of each quarter.

Enrollment Data Sources

Payers Included in Enrollment Trends

Commercial Payer	Data Sources by Lines of Business			
	Private Commercial	MassHealth MCO/ACO ¹	Medicare Advantage	SCO, One Care
Aetna	MA APCD, Supp.	N/A	MA APCD	N/A
Anthem ²	MA APCD, Supp.	N/A	MA APCD	N/A
Blue Cross Blue Shield of Massachusetts (BCBSMA)	MA APCD, Supp.	N/A	MA APCD	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) ³	MA APCD, Supp.	MA APCD	MA APCD	MA APCD
Harvard Pilgrim Health Care (HPHC) ⁴	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
AllWays (AllWays Healthcare Partners, formerly NHP) ⁵	MA APCD	MA APCD	N/A	N/A
Tufts Health Plan (Tufts)	MA APCD, Supp.	N/A	MA APCD	MA APCD
Tufts Health Public Plans (THPP) ⁶	MA APCD	MA APCD	N/A	MA APCD
United Healthcare (United)	MA APCD, Supp.	N/A	MA APCD	MA APCD

Public Payer	Data Sources
MassHealth ⁷	MA APCD
Medicare Fee-for-Service (Parts A and B)	CMS

Notes: The Massachusetts Health Connector provided additional payer-level enrollment data on coverage purchased through the exchange.

¹ 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 THPP began offering ACO-A plans to MassHealth members, in addition to their existing MCO plans, while Fallon, HNE and AllWays (formerly NHP) discontinued their MassHealth MCO plans and began offering ACO-A plans. See dashboards: *Commercial Enrollment by Payer (Private & Public)* and *MassHealth Plans by Delivery System* for ACO-B plan enrollment.

² Anthem data includes UniCare.

³ Private commercial membership for Fallon was sourced from supplemental payer data in most cases due to data quality concerns; Merged market data, however, is sourced from Fallon's MA APCD submissions.

⁴ HPHC data includes Health Plans, Inc.

⁵ As of January 1, 2019, Neighborhood Health Plan (NHP) rebranded to AllWays Health Partners. This report, which contains data through March 2019, refers to this payer as AllWays.

⁶ Tufts Health Public Plans (previously Network Health) is included in this report as a separate entity from Tufts Health Plan.

⁷ MassHealth enrollment includes FFS, PCC Plan, MCO, ACO, SCO, PACE, and One Care products and is sourced from MassHealth's enhanced eligibility file submission to the MA APCD. Enrollment for certain SCO and/or One Care programs such as Commonwealth Care Alliance (CCA), Senior Whole Health (SWH) is also reported from this source.

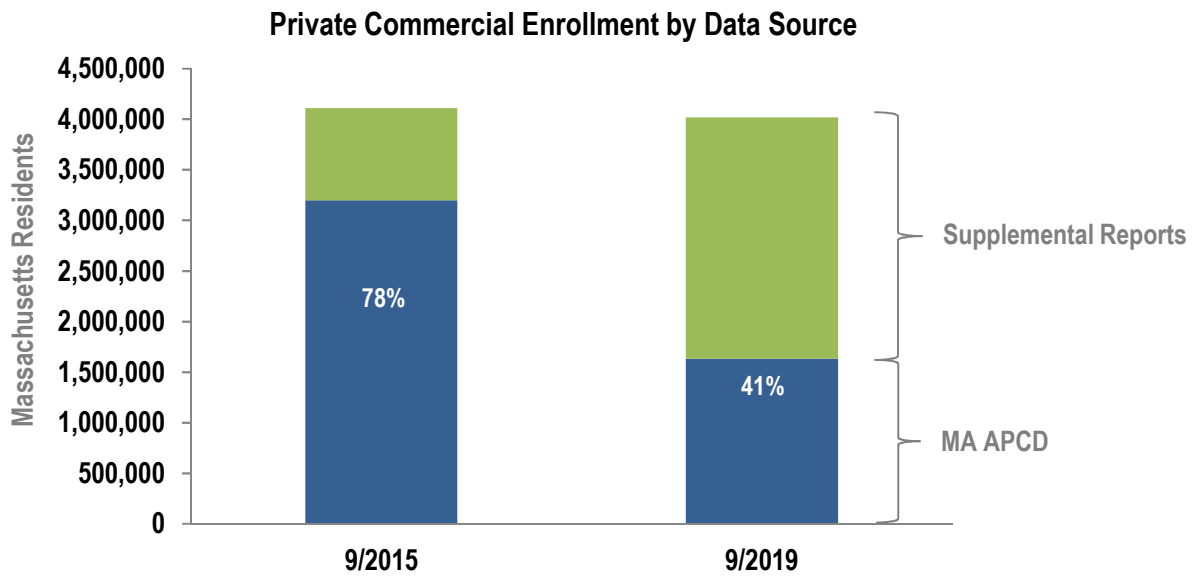
Private Commercial Enrollment

Enrollment Trends' private commercial data originates from the MA APCD and/or payer-submitted Supplemental Reports. All data was collected using a consistent specification: unique Massachusetts residents enrolled in primary, medical health insurance on the 15th day of the last month 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 unsubsidized and subsidized Qualified Health Plans (procured inside and outside the Massachusetts Health Connector), Group Insurance Commission plans, and Student Health Insurance Plans. Counts include payers' host membership: membership contracted out-of-state but residing in Massachusetts. Membership in joint ventures was reported to CHIA by the primary administrator only.

In the report, Health Plans Inc. (a subsidiary of Harvard Pilgrim Health Care) is reported under its parent organization. Tufts Health Public Plans (a subsidiary of Tufts Health Plan; formerly known as Network Health) has been reported independently from its parent organization since the February 2019 Enrollment Trends publication. In the databook, Tufts Health Public Plans has been reported separately from Tufts Health Plan since the August 2018 publication. Neighborhood Health Plan re-branded as AllWays Health Partners on Jan. 1, 2019 and this report reflects that change.

Beginning in 2014, CHIA worked closely with payers to transition from direct, monthly payer enrollment reporting to sourcing enrollment estimates from MA APCD data. For payers where that transition could not immediately occur, a more robust, direct "Supplemental Report" was requested until a transition could be made; payers with membership not accounted for within the MA APCD were also asked to fulfill Supplemental Reporting for this membership.

Following the 2016 *Gobeille v. Liberty Mutual Insurance Co.* Supreme Court ruling, payers and Third Party Administrators are no longer required to submit self-insured account data to the MA APCD. Changes in data availability required CHIA to revise its Enrollment Trends data sourcing strategy on a payer-by-payer basis. Prior to the 2016 ruling, 22% of private commercial membership was sourced from Supplemental Reports, compared to 59% of private commercial membership in the current report. The last available snapshot of data before the Gobeille decision took effect was in September, 2015.



Where the most recent MA APCD submission (September 2019) lacked complete market data, CHIA sourced additional membership from earlier data submissions (March 2019, December 2017, September 2017) where possible and requested supplemental data from payers to fill in any remaining gaps. The following table presents detailed information on individual payer data sources for private commercial enrollment.

Commercial Payer										
	9/2017	12/2017	3/2018	6/2018	9/2018	12/2018	3/2019	6/2019	9/2019	
Aetna	MA APCD (3/2019) and Supp.	MA APCD (9/2019) and Supplemental Reports (Supp.)								
Anthem	MA APCD (3/2019) and Supp.	MA APCD (9/2019) and Supp.								
AllWays Health Partners (formerly NHP)	MA APCD (3/2019)	MA APCD (9/2019) and Supp.								
Blue Cross Blue Shield of Massachusetts	MA APCD (3/2019) and Supp.	MA APCD (9/2019) and Supp.								
Boston Medical Center HealthNet Plan	MA APCD (3/2019)	MA APCD (9/2019)								
CeliCare Health	MA APCD (9/2017)	MA APCD (12/2017)	N/A							
Cigna	MA APCD (3/2019) and Supp.	MA APCD (9/2019) and Supp.								
Fallon Health	Supplemental Reports (Supp.)									
Harvard Pilgrim Health Care	MA APCD (3/2019) and Supp.	MA APCD (9/2019) and Supp.								
Health New England	MA APCD (3/2019)	MA APCD (9/2019)								
Minuteman Health	MA APCD (9/2017)	MA APCD (12/2017)	N/A							
Tufts Health Plan	MA APCD (3/2019) and Supp.	MA APCD (9/2019) and Supp.								
Tufts Health Public Plans	MA APCD (3/2019)	MA APCD (9/2019)								
United Healthcare	MA APCD (3/2019) and Supp.	MA APCD (9/2019) and Supp.								

Note: Health Plans Inc. (a subsidiary of Harvard Pilgrim Health Care) is reported under its parent organization.

More information on the MA APCD may be found on CHIA's [website](#).

Merged Market

The merged market 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.

Data sourcing for this market segment differs slightly from the rest of the report. For the majority of the report, private commercial membership for Fallon was sourced from supplemental payer data in most cases due to data quality concerns. However, demographic data was sourced from the MA APCD for the merged market portion of Fallon's private commercial membership.

MassHealth (Medicaid) Enrollment

All MassHealth membership counts were sourced from the MassHealth Enhanced Eligibility (MHEE) file, a supplemental file submitted to the MA APCD that captures MassHealth-specific eligibility and enrollment data. Delivery system enrollment was based on the MHEE field cde_bh_enroll.5

The logic used to classify the MassHealth population has changed since the July 2016 Enrollment Trends report to align more closely with other MassHealth population reporting sourced from the MA APCD.

Enrollment Trends reports published in 2015 and earlier sourced MassHealth enrollment data from the individual Managed Care Organization (MCO) Member Eligibility (ME) submissions to the MA APCD and from MassHealth Caseload Snapshot reports provided by MassHealth. CHIA has transitioned all MassHealth-related information to be sourced from the MA APCD MHEE submission which provides more detailed and robust enrollment data.

MassHealth enrollment counts in this report should not be compared to numbers in previously published Enrollment Trends reports; trends should be calculated within reports rather than across different editions.

MassHealth “Direct” coverage refers to primary, medical coverage provided by MassHealth. MassHealth Partial/Secondary coverage refers to 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. This category also includes non-comprehensive coverage, such as MassHealth Limited, which covers only emergency services. For total MassHealth members by Delivery System, showing both Primary (“Direct”) and Partial/Secondary coverage please see the MassHealth Overview dashboard in the Tableau workbook.

Medicare Enrollment

Medicare Fee-for-Service (FFS) data is reported by the Centers for Medicare and Medicaid Services (CMS). Per CMS these monthly enrollment counts represent the number of Medicare beneficiaries enrolled in the reported month. Enrollment Trends reports only beneficiaries with both Part A (inpatient) and Part B (outpatient) coverage in Medicare FFS counts. This specification reduces the risk of double-counting individuals with simultaneous Medicare Part A and private commercial insurance coverage.

Medicare Advantage enrollment was sourced from the MA APCD where possible, after verifying counts with commercial payers. Medicare Advantage enrollment was excluded from payers’ private commercial counts. Members in SCO, One Care, and PACE were reported separately, as described below. Medicare enrollment includes members who are dually eligible for MassHealth and receiving services through the MassHealth FFS delivery system, as Medicare is considered the primary payer.

SCO, One Care, and PACE Enrollment

Massachusetts residents eligible for both MassHealth and Medicare coverage may qualify for and choose to enroll in specialized managed care programs to receive MassHealth and Medicare covered services. These programs include: Senior Care Options (SCO), One Care, and the Program of All-inclusive Care for the Elderly (PACE). SCO and PACE are fully capitated Medicare and Medicaid managed care programs managed jointly by CMS and MassHealth; SCO serves members 65 and older, and PACE serves members age 55 and older.⁶ One Care is a fully capitated program for individuals with disabilities between the ages of 21 and 64 who are eligible for both Medicare and Medicaid. SCO, One Care and PACE enrollment counts were sourced from the MA APCD MHEE file, using the field `cde_bh_enroll`. In this report, SCO, One Care and PACE are classified under Partial/Secondary MassHealth coverage since Medicare is considered the primary payer when an enrollee is dually eligible. Most but not all SCO and PACE enrollees have Medicare coverage in addition to MassHealth; as of September 2019, approximately 92%

of SCO members and 94% of PACE members had Medicare coverage. Enrollment for these programs was excluded from payers' private commercial counts and Medicare Advantage counts.

Dually eligible members who choose not to enroll in a specialized managed care program receive their Medicare and MassHealth services primarily through Medicare FFS and the MassHealth FFS delivery system. Except where otherwise noted, these members are counted under Medicare, as Medicare is considered the primary payer. Dually eligible members in the MassHealth FFS delivery system are therefore not included in MassHealth Primary ("Direct") figures.

Massachusetts Health Connector Enrollment

The Massachusetts Health Connector provided CHIA with unsubsidized Qualified Health Plan (QHP), Advanced Premium Tax Credit-only (APTC), and ConnectorCare membership counts by market sector, subsidy level, and payer. Private commercial enrollment sourced from the MA APCD and from payer-reported supplemental data includes membership – subsidized and unsubsidized – procured through the Health Connector. For private commercial unsubsidized breakouts only, members with ConnectorCare and APTC-only plans were subtracted from overall payer-provided private commercial counts. While Health Connector enrollment is reported as of the first day of each month, payer-reported private commercial enrollment was collected for the 15th day of the last month of each quarter. To the extent that Health Connector enrollment varies throughout the month, this difference may introduce a small margin of error into CHIA's estimates of subsidized and unsubsidized coverage on a given date.

Enrollment Data Source Summary

Data Type	9/2017	12/2017	3/2018	6/2018	9/2018	12/2018	3/2019	6/2019	9/2019
Private Commercial - Overall	MAAPCD [commercial payer-submitted] and Supplemental Reports								
Private Commercial - MA Health Connector QHPs (Subsidized and Unsubsidized)	MA Health Connector								
MassHealth - Overall (including FFS, PCC Plan)	MAAPCD [MassHealth-submitted]								
MassHealth - Managed Care Organizations (MCO), Accountable Care Organizations (ACO-A, ACO-B)	MAAPCD [MassHealth-submitted]								
Senior Care Options, One Care, PACE	MAAPCD [MassHealth-submitted]								
Medicare Fee-for-Service (Parts A and B)	CMS								
Medicare Advantage	MAAPCD [commercial payer-submitted]								

Enrollment Categories

Product Type

To each MA APCD Member Eligibility file record, payers assigned an Insurance Type Code/Product (ME003), as described in the [MA APCD Member Eligibility File Data Submission Guide](#). Within this report, payer-assigned product codes were aggregated into six product types: Health Maintenance Organization (HMO) plans; Preferred Provider Organization (PPO) plans; Exclusive Provider Organization (EPO) plans; Point of Service (POS) plans; Indemnity plans; and Other plans. The "Other" product type designation included membership coded by payers as any other product type as well as members for whom product type information was unavailable.

Funding Type

To each MA APCD Member Eligibility file record, payers assigned a Coverage Type (ME029), as described in the [MA APCD Member Eligibility File Data Submission Guide](#). Within this report, payer-assigned codes were aggregated into two main funding types: Fully-Insured and Self-Insured.

Employer Size (Market Sector)

To each MA APCD Member Eligibility file record, payers assigned an employer size/Market Category Code (ME030), as described in the [MA APCD Member Eligibility File Data Submission Guide](#). Within this report, payer-assigned market category codes were aggregated into six employer sizes: Individual (non-group enrollment, including individual purchases through the Massachusetts Health Connector); Small Group (employer groups with 1 to 50 eligible employees as well as “Qualified Associations”); Mid-Size Group (employer groups with 51 to 100 enrolled employees); Large Group (employer groups with 101 to 500 enrolled employees); Jumbo Group (employer groups with more than 500 enrolled employees); and Unclassified. The “Unclassified” category includes members for whom employer group size could not be determined and may include Host Membership or members of Qualified Associations.

Employer size designations are based on group size at the time of MA APCD data file submission and may not capture individual employer changes in market category over time.

Age

To each MA APCD Member Eligibility file record, payers assigned Member Date of Birth (ME014), as described in the [MA APCD Member Eligibility File Data Submission Guide](#). As of mid-2017, Member Date of Birth is encrypted before it arrives in the APCD. A new field, Member Date of Birth Year Month, contains only the month and year of a member’s birth and is derived from each record’s unencrypted Member Date of Birth.

Beginning with the February 2018 report, CHIA uses Member Date of Birth Year Month to calculate each member’s age in years on the reported snapshot date. Members with invalid or missing birth dates were grouped under “Unknown.” Age data is only available for populations sourced from the MA APCD.

Glossary of Terms

Private Commercial Insurance Terminology

Advance 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
- **Unclassified:** Includes members for whom employer group size could not be determined and may include Host Membership or members of Qualified Associations.

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; 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.
- **Other:** Plans or membership not identified by one of the above product types as well as members for whom product type information was unavailable.

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 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.

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.

For questions on Enrollment Trends, please contact Lauren Almquist, Manager of Analytics, at (617) 701-8264 or at lauren.almquist@state.ma.us.

¹ Top 14 payers are defined by enrollment levels. Celticare and Minuteman Health stopped offering health insurance in Massachusetts as of 2018. Enrollments for these carriers are included in the report for earlier dates. Enrollment for certain smaller SCO and/or One Care programs such as Commonwealth Care Alliance (CCA) and Senior Whole Health (SWH) is reported from the MassHealth enhanced eligibility file submitted to the MA APCD.

² Enrollment Trends evaluates enrollment for Massachusetts residents only, while CHIA's Annual Report evaluates enrollment for lines of business contracted in Massachusetts. Enrollment numbers are not directly comparable between the two publications, as members included in the Annual Report population may have resided inside or outside of Massachusetts.

³ Blue Cross Blue Shield of Massachusetts (BCBSMA) provided aggregate totals of its FEHBP membership; these federal employees are included in Enrollment Trends private commercial membership counts.

⁴ For example, in late 2015, CHIA identified potential overlap between Blue Cross Blue Shield of Massachusetts's (BCBSMA) host members and Anthem members with contracts issued outside Massachusetts. After conversations with both payers, BCBSMA resubmitted its host membership counts to exclude any members also belonging to Anthem. This change decreased BCBSMA's reported membership by approximately 125,000 members between the July 2015 and February 2016 reports. Refinements like this will continue.

⁵ In the report published July 2016, only enrollment in SCO, One Care and PACE was categorized using the MHEE field `cde_bh_enroll`; enrollment in Fee-for-Service (FFS), Primary Care Clinician (PCC) Plan and MCO delivery systems was based on MassHealth budget group codes (MHEE field `cde_budget_group`), which mirror the categorizations in MassHealth's Caseload Snapshot reports.

⁶ In September 2019, 92% of SCO members and 94% of PACE members also had Medicare.