

CENTER FOR HEALTH INFORMATION AND ANALYSIS

ENROLLMENT TRENDS

TECHNICAL APPENDIX

MARCH 2017



Enrollment Trends – March 2017 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 13 commercial payers,¹ MassHealth (Medicaid), and Medicare.

Enrollment Trends membership counts are not exhaustive for Massachusetts; excluded populations may include those within: commercial payers and Third Party Administrators with a small Massachusetts presence; the Federal Employees Health Benefits Program (FEHBP);² CHAMPUS/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 96.4% insurance rate among respondents in mid-2015.

Current counts represent the most accurate data available. Enrollment data is subject to change due to retroactivity or continued specification refinement.³ Reported data was derived using payer-verified logic on Massachusetts All-Payer Claims Database (MA APCD) file submissions or was submitted directly by payers. Enrollment counts were reviewed by payers for accuracy.

Beginning with the March 2017 edition of Enrollment Trends, enrollment is reported for the 15th day of the last month of each quarter. In prior reports, enrollment was reported for the last day of each quarter.

Enrollment Data Sources

Private Commercial Enrollment

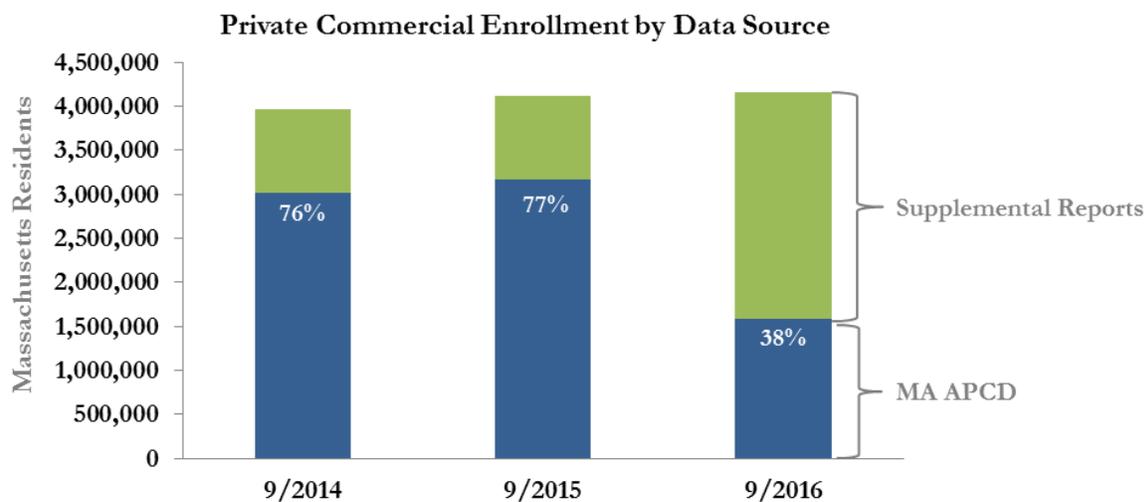
Enrollment Trends' private commercial data originated from the MA APCD and/or payer-submitted Supplemental Reports. All data was collected using a consistent specification: unique Massachusetts residents enrolled in primary, medical health insurance on the 15th day of the last month of each quarter. 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), Commonwealth Choice plans, 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. Health Plans Inc. (a subsidiary of Harvard Pilgrim Health Care) and Tufts Health Public Plans (a subsidiary of Tufts Health Plan; formerly known as Network Health) are reported under their respective parent organizations.

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.

Per recent judicial rulings, 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. Where the most recent MA APCD submission (September 2016) lacked complete market data, CHIA sourced additional membership from earlier data submissions (March 2016 and December 2015) where possible and requested supplemental data from payers to fill in any remaining gaps. These changes greatly increased the proportion of members sourced from Supplemental Reports (62% of private commercial members in September 2016 compared to just 33% one year earlier). Please see the following table for additional information on individual payer data sources for private commercial enrollment.

Commercial Payer	Data Sources for Private Commercial Enrollment										
	12/2013	3/2014	6/2014	9/2014	12/2014	3/2015	6/2015	9/2015	12/2015	3/2016	6/2016
Aetna	Supplemental Reports (Supp.)										
Anthem	MA APCD (9/2015)		MA APCD (12/2015)						Supp.		
Blue Cross Blue Shield of Massachusetts	MA APCD (9/2015) and Supp.		MA APCD (12/2015, 3/2016) and Supp.		MA APCD (12/2015, 9/2016) and Supp.				MA APCD (9/2016) and Supp.		
Boston Medical Center HealthNet Plan	MA APCD (9/2015)		MA APCD (3/2016)		MA APCD (9/2016)						
CeltiCare Health	MA APCD (9/2015)		MA APCD (3/2016)		MA APCD (9/2016)						
Cigna	MA APCD (9/2015)		MA APCD (12/2015)						MA APCD (3/2016) and Supp.	MA APCD (9/2016) and Supp.	
Fallon Health	Supplemental Reports (Supp.)										
Harvard Pilgrim Health Care	MA APCD (9/2015) and Supp.		MA APCD (3/2016) and Supp.		MA APCD (3/2016, 9/2016) and Supp.						
Health New England	MA APCD (9/2015)		MA APCD (3/2016)		MA APCD (9/2016)						
Minuteman Health	MA APCD (9/2015)		MA APCD (3/2016)		MA APCD (9/2016)						
Neighborhood Health Plan	MA APCD (9/2015)		MA APCD (3/2016)		MA APCD (9/2016)						
Tufts Health Plan	MA APCD (9/2015) and Supp.		MA APCD (3/2016) and Supp.		MA APCD (9/2016) and Supp.						
United Healthcare	MA APCD (9/2015) and Supp.		MA APCD (12/2015, 3/2016) and Supp.		MA APCD (12/2015, 9/2016) and Supp.				MA APCD (9/2016) and Supp.		

Note: Health Plans Inc. (a subsidiary of Harvard Pilgrim Health Care) and Tufts Health Public Plans (formerly Network Health, a subsidiary of Tufts Health Plan) are reported under their respective parent organizations.



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

MassHealth (Medicaid) Enrollment

MassHealth membership counts by delivery system 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.

The logic used to classify the MassHealth population has changed from previous Enrollment Trends reports 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) submissions to the MA APCD and from MassHealth Caseload Snapshot reports provided by MassHealth. CHIA has been working to transition all MassHealth-related information to be sourced from the MA APCD MHEE submission which provides more granular 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 reports. Since the logic for classifying MassHealth delivery system, coverage type and other insurance status changed from the previous Enrollment Trends report, enrollment figures were updated for all historical data and trend figures, including within the databook.

In this report, MassHealth membership was sourced from the MHEE file (December 2013 through September 2016) except where otherwise noted. Delivery system enrollment was based on the MHEE field `cde_bh_enroll`.⁴

On Slide 3 of this report, MassHealth MCO enrollment figures by plan were sourced from commercial payers' MA APCD Member Eligibility submissions;⁵ these plan-level totals differ slightly from the MassHealth MCO enrollment total sourced from the MHEE file. MassHealth MCO membership totals, as derived from commercial payers' MA APCD submissions, were confirmed by commercial payers.

MassHealth "Direct" coverage refers to primary, medical coverage provided by MassHealth. Only MassHealth members for whom MassHealth was a primary source of comprehensive health insurance ("Direct") are counted within the "MassHealth Enrollment" total on Slide 12. For total MassHealth members by Delivery System, showing both Primary ("Direct") and Partial/Secondary coverage, please see Slide 13.

The MassHealth Temporary population was also included in MassHealth enrollment totals. Between January 2014 and February 2015, MassHealth provided Temporary coverage to individuals awaiting eligibility determination for subsidized insurance through the Massachusetts Health Connector. Temporary coverage enrollment ended in February 2015; subsequent enrollment counts reported in March 2015 and onward from the MHEE file are likely data issues that may be resolved retroactively.

Commonwealth Care and Medical Security Program Enrollment

The Massachusetts Health Connector previously provided Commonwealth Care and Medical Security Program (MSP) enrollment data to CHIA. CHIA has since been able to source these counts using the MA APCD; counts were verified by payers. Although Commonwealth Care and MSP stopped accepting new members at the end of 2013, these programs continued to host enrollees through January 31, 2015. Most enrollees were expected to transition to MassHealth or to subsidized or unsubsidized private commercial insurance through the Massachusetts Health Connector.

Medicare Enrollment

Medicare Fee-for-Service (FFS) data was reported by the Centers for Medicare and Medicaid Services (CMS). 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 and publicly-available CMS data. Where payer MA APCD data was unable to be used, publicly available Medicare Advantage data from CMS was substituted. 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 the 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 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`. 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 – both 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 was 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	12/2013	3/2014	6/2014	9/2014	12/2014	3/2015	6/2015	9/2015	12/2015	3/2016	6/2016	9/2016
Private Commercial - Overall	MA APCD [commercial payer-submitted] and Supplemental Reports											
Private Commercial - MA Health Connector QHPs (Subsidized and Unsubsidized)	N/A	MA Health Connector										
Commonwealth Care and Medical Security Plan	MA APCD [commercial payer-submitted]						N/A					
MassHealth - Overall	MA APCD [MassHealth-submitted]											
MassHealth - Temporary	MA APCD [MassHealth-submitted]											
MassHealth - Managed Care Organizations (MCO)	MA APCD [MassHealth-submitted] or MA APCD [commercial payer-submitted] and Supplemental Reports											
Senior Care Options, One Care, PACE	MA APCD [MassHealth-submitted]											
Medicare Fee-for-Service (Parts A and B)	CMS											
Medicare Advantage	MA APCD [commercial payer-submitted] and CMS											

Note: Aggregate MassHealth MCO enrollment was sourced from the MassHealth Enhanced Eligibility (MHÉE) submission to the MA APCD. However, on page 3 of the February 2017 Enrollment Trends report, plan-level MassHealth MCO enrollment was sourced from commercial payers' data submissions (MA APCD or Supplemental Reports).

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. A small number of members (fewer than .01%) were classified as “Other”; in report visuals, these members were included in shown totals.

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 included members for whom employer group size could not be determined.

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. Aetna was unable to provide market sector data for this report; CHIA estimated market sector distribution based on data previously submitted by this payer.

Gender

To each MA APCD Member Eligibility file record, payers assigned Member Gender (ME029), as described in the [MA APCD Member Eligibility File Data Submission Guide](#). Reported values were “Male,” “Female,” or “Unknown.” Gender data is only available populations sourced from the MA APCD.

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](#). Using this field, CHIA calculated 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.

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

¹ ConnectiCare was removed from reporting based on low Massachusetts enrollment.

² 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.

³ 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 their 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.

⁴ In the previous 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.

⁵ CeliCare MCO enrollment was sourced from payer-submitted supplemental data.

⁶ In September 2016, 92% of SCO members and 93% of PACE members also had Medicare.



For more information, please contact:

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