**CCA Board Report Metrics**

**Total Non-Group Medical Enrollment: Current Rolling Quarter**

- **Adds** is defined as the total number of members who begin coverage for that month and were not enrolled in coverage during the prior month as of the report date. Movement between program types is not considered an “Add”.
- **Terms** is defined as the total number of members who are no longer covered for that month and were enrolled in coverage during the prior month as of the report date. Movement between program types is not considered a “Term”.
- The enrollment lines show the total number of members who have coverage for that month.
  - “Enrollment as of Report Date” (blue line) is defined as the total number of members with coverage in that month as of the current report date and reflects retroactive adds and terms in the coverage month they take effect. These enrollment counts are dynamic.
  - “Enrollment as of Initial Report Date” (gray line) is defined as the total number of members who were enrolled in coverage as originally reported in the CCA Board Report Metrics published for that month, excluding retroactivity. These enrollment counts remain static month to month to visualize the effect of retroactivity.

**Total Non-Group Medical Enrollment: Year-to-Date**

- **Closed Enrollment**
- **Open Enrollment**

This report was reformatted in August 2016 with an updated methodology that tracks changes in enrollment (i.e., adds and terms) based on the member’s benefit start date. Previous reports tracked changes in enrollment as of the coverage month they took effect. For example, if an unsubsidized member began coverage in January and then failed to pay her premium for February and March coverage, in April she will be retroactively terminated as of February 1 and she will be reported as a term in the month of February; previously, she would have been reported as a term in April.
### Non-Group Medical Enrollment – Unsubsidized QHP and APTC

**Enrolled Members by Metallic Tier and Standardization**

- **Platinum**
  - Standardized - Platinum: 20
  - Non-Standardized - Platinum: 4,425
- **Gold**
  - Standardized - Gold: 4,551
  - Non-Standardized - Gold: 23,426
- **Silver**
  - Standardized - Silver: 1,326
  - Non-Standardized - Silver: 4,265
- **Bronze**
  - Standardized - Bronze: 408
  - Non-Standardized - Bronze: 7,688
- **Catastrophic**
  - Standardized - Catastrophic: 2,000
  - Non-Standardized - Catastrophic: 375

**Enrolled Members by Carrier**

- **Blue Cross Blue Shield of MA (5%)**
- **BMC HealthNet Plan (15%)**
- **CeltiCare (0%)**
- **Fallon Community Health Plan (3%)**
- **Health New England (3%)**
- **Harvard Pilgrim Health Care (6%)**
- **Minuteman Health (4%)**
- **Neighborhood Health Plan (22%)**
- **Tufts Health Direct (37%)**
- **Tufts Health Premier (5%)**

### Non-Group Medical Enrollment – ConnectorCare

**Enrolled Members by Plan Type**

- **Plan Type 1**: 17%
- **Plan Type 2a**: 8%
- **Plan Type 2b**: 16%
- **Plan Type 3a**: 25%
- **Plan Type 3b**: 17%
- **Plan Type 3c**: 25%
- **Plan Type 3d**: 34%

**Enrolled Members by Carrier**

- **BMC HealthNet Plan (26%)**
- **CeltiCare (0%)**
- **Fallon Community Health Plan (3%)**
- **Health New England (2%)**
- **Minuteman Health (1%)**
- **Neighborhood Health Plan (14%)**
- **Tufts Health Direct (54%)**

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**70,232 individuals are enrolled in non-group medical Unsubsidized QHP (60,033) or QHP with APTC (10,199) plans.**

**18,214 December ConnectorCare members lost ConnectorCare eligibility in 2017 and are now enrolled in January Unsubsidized QHP or APTC coverage. Conversely, 1,937 December Unsubsidized/APTC members are now ConnectorCare eligible and enrolled in January ConnectorCare coverage.**

**74% of members are enrolled in either Neighborhood Health Plan (22%), Tufts Health Direct (37%), or BMC HealthNet Plan (15%), with all other carriers each representing less than 10% of the enrolled population.**

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**167,975 individuals are enrolled in non-group medical ConnectorCare plans.**

**18,214 December ConnectorCare members lost ConnectorCare eligibility in 2017 and are now enrolled in January Unsubsidized QHP or APTC coverage. Conversely, 1,937 December Unsubsidized/APTC members are now ConnectorCare eligible and enrolled in January ConnectorCare coverage.**

**94% of members are enrolled in one of three carriers: Tufts Health Direct (54%), Neighborhood Health Plan (14%) and BMC HealthNet Plan (26%), with all other carriers each representing less than 5% of the enrolled population.**
CCA Board Report Metrics

*Reporting period through January 2, 2017
Source: Dell Financial Management System (FMS) All Spans Extract – January 3, 2017

Non-Group Dental Enrollment

- 68,646 individuals are enrolled in non-group dental plans.
- 51% of enrolled dental members have selected Low Standardized plans.
- 86% of dental members are enrolled in Delta Dental of Massachusetts plans, with Altus Dental representing the remaining enrolled population.

Enrollment by Benefit Configuration

- Low Standardized: 34,684
- Low Non-Standardized: 14,774
- High Standardized: 18,793
- Pediatric Standardized: 217
- Pediatric Non-Standardized: 170

Enrolled Members by Carrier

- Delta Dental of MA (86%)
- Altus Dental (14%)

January 5, 2017

*Source: CCA Board Report Metrics*
Small Group Medical Enrollment**

Enrolled Groups by Metallic Tier

- Platinum: 363
- Gold: 419
- Silver: 492
- Bronze: 105

Enrolled Groups by Carrier

- Blue Cross Blue Shield of MA (5%)
- BMC HealthNet Plan (5%)
- CeltiCare (0%)
- Fallon Community Health Plan (4%)
- Harvard Pilgrim Health Care (23%)
- Health New England (4%)
- Minuteman Health (4%)
- Neighborhood Health Plan (33%)
- Tufts Health Direct (11%)
- Tufts Health Premier (11%)

Small Group Dental Enrollment**

Enrolled Groups by Metallic Tier

- High: 73%
- Low: 26%
- Pediatric-only: 1%

Enrolled Groups by Carrier

- Delta Dental of MA (67%)
- MetLife (13%)
- Altus Dental (12%)
- Blue Cross Blue Shield of MA (5%)
- Guardian (3%)

** January counts do not include BCBS membership and reference a subset of data resulting in preliminary enrollment counts

** Group adds and terms represent a point-in-time snapshot of small group membership and may not include membership retroactivity
CCA Board Report Metrics

Customer Experience

Call Volume 2015 v. 2016

Abandonment Rate 2015 v. 2016


Questions

--How satisfied are you with how our customer service representative resolved your issue today?
--How friendly and courteous our customer service representative was today?
--How satisfied are you with the knowledge of the customer service representative you spoke with today?
--How satisfied are you with the overall service provided to you by the Health Connector today?

Very dissatisfied Disatisfied Neither dissatisfied or satisfied
Satisfied Completely satisfied

January 1, 2017*

*Reporting period through December 31, 2016
Source: NTT Data

Source: NTT Data
**Customer Experience**

**Number of Urgent Services Cases Received (Monthly)**

![Graph showing urgent services cases over months from January 2015 to December 2016.](image)

**Number of Ombudsman Cases Received (Monthly)**

*Program launched in September 28, 2015*

![Graph showing ombudsman cases over months from January 2015 to December 2016.](image)

**Inventory Ageing**

*Total Open Cases as of 12/31/2016: 96*

![Graph showing inventory age distribution for urgent services and ombudsman cases from July to December 2016.](image)