



Smoothing Access to Therapies

MMIT State Profile Sample

The health plan industry is notoriously complicated and nuanced. The market research required to deeply understand health plan enrollment, relationships and benefit trends often requires a team that is exquisitely focused on the payer space.

AIS Health, a Division of MMIT, will now offer State Profiles, which are in-depth analyses of health plan financials, relationships, trends and enrollment data across all U.S. geographies and lines of business. These reports range in depth from 11 pages to 40 pages and content is categorized into the following areas:

- Executive Summary
- State Overview with Key Personnel
- Demographics & Regulations
- Medical vs Pharmacy Benefit Overview
- Key Payers in State with Briefs
- Key Market Events
- (Line of Business) Analysis Summary & Key Takeaways
- Formulary Names and Lives by Line of Business

In this exclusive preview of State Profiles, we wanted to share a collection of different reports, narratives and findings compiled from 5 separate profiles to give your clients a better sense of what's included.

Learn how to access the full profile and those of other top 50 payers, top 20 PBMs and all 50 states [here](#).



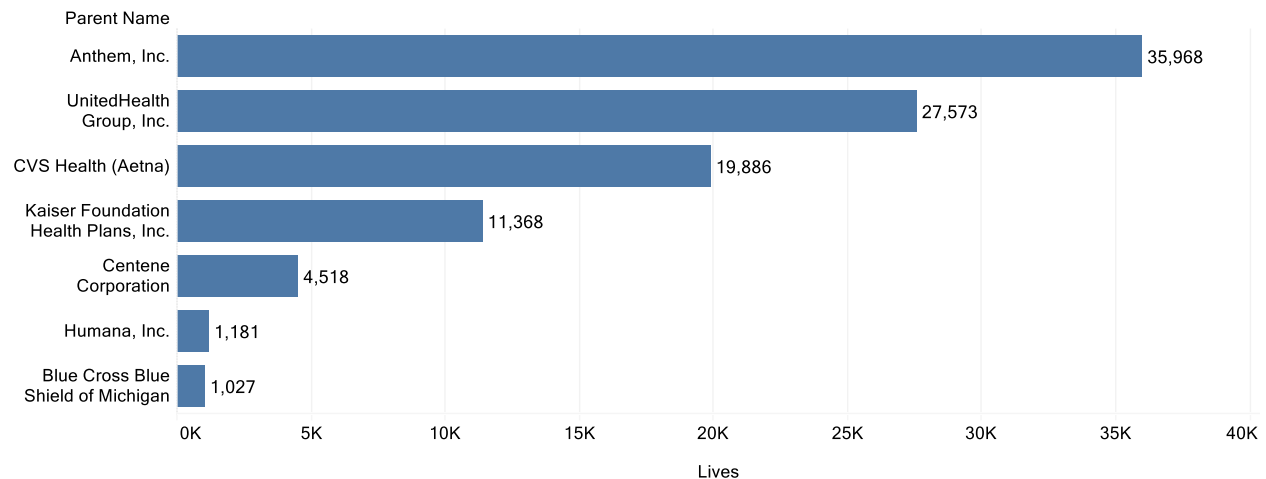


Medicare Advantage/Part D Market

Key Trends

- About 41% out of 7 million Medicare-eligible individuals in the state are enrolled in Medicare Advantage.
- Not everyone has access to Medicare Advantage plans. Of 58 counties in California, there are 18 counties in northern and central California where original Medicare is the only option. In the 40 counties that do offer Medicare Advantage plans, availability varies from just one to 70 plan options.
- In 2018, more than 4.9 million Californians had Part D prescription drug coverage. About 2.3 million California Medicare beneficiaries were enrolled in Medicare Part D stand-alone Prescription Drug Plans. There were 30 plans to choose from in 2019.
- There are lots of choices for Medicare Supplemental plans in the state: More than 500,000 people have plans from the 28 insurers that offer them. Medicare Supplemental insurers are required to offer coverage to people under 65 unless they have end-stage renal disease.
- In January 2020, startup insurer Bright Health announced plans to expand to California with its planned acquisition of Brand New Day, which sells Medicare Advantage plans. Terms of the deal were not disclosed.

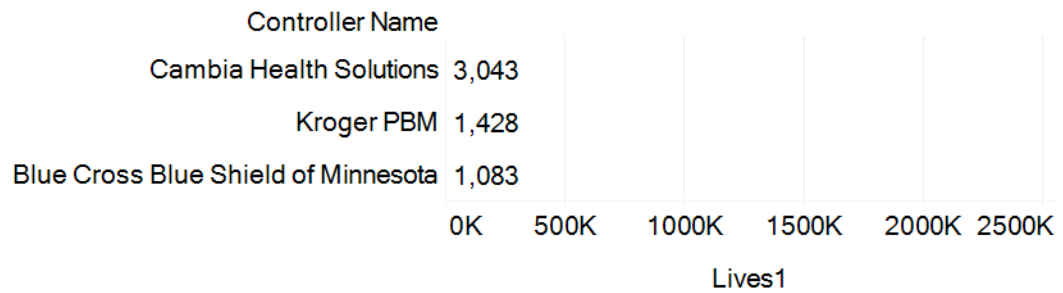
Medicare Advantage MA-Only Medical Lives by Payer



Sum of Lives for each Parent Name. The context is filtered on Channel, Plan Type and State. The Channel filter keeps Medicare. The Plan Type filter keeps MA. The State filter keeps CA. The view is filtered on sum of Lives, which includes values greater than or equal to 1,000.



Commercial Pharmacy Lives by Payer



Sum of Lives1 for each Controller Name. The context is filtered on Channel, which keeps Commercial. The data is filtered on State1, which keeps PA. The view is filtered on sum of Lives1, which includes values greater than or equal to 1,000.

Commercial Formularies by Payer, Pharmacy Lives

Controller Name	Formulary Name	
CVS Health (Aetna)	CVS Caremark Performance Standard Control w/ Advanced Specialty Control	597,484
	CVS Caremark Performance Standard Control	318,911
	CVS Caremark Performance Standard Opt Out	305,749
	PA Employees Benefit Trust Fund	208,510
	CVS Caremark Advanced Control Formulary	168,568
	CVS Caremark Value	113,769
	Aetna Standard	64,470
	Aetna Value and Value Plus	50,969
	CVS Caremark Performance Standard Opt Out w/ Advanced Specialty Control	20,008
	Aetna Premier Plus 5 Tier	9,224
	United Mine Workers of America Health & Retirement Funds	5,901
	Aetna Advanced Control Plan FEHBP	4,449
	IBM	4,134
	Pfizer Prescription Drug Program	3,071
	Aetna Advanced Control Plan	2,796
	Aetna High Value Plan	2,626
	Aetna Standard Opt Out Plan	2,626
	Aetna Standard Opt Out Plans - Aetna	2,626
	Aetna Premier 5 Tier	2,616
Express Scripts PBM	Express Scripts National Preferred with Advantage Plus	464,132
	Express Scripts National Preferred with Unlimited	291,594
	Express Scripts National Preferred with Advantage	166,981
	Express Scripts Basic with Advantage Plus	30,393
	Express Scripts National Preferred with Limited	28,350
	Express Scripts Basic with Unlimited	22,795



Key Payers in Texas

Health Care Service Corp.

Key Facts

- Chicago-based Health Care Services Corp. (HCSC), which operates in the state as Blue Cross and Blue Shield of Texas (BCBSTX), is the country's largest customer-owned health insurer and fifth-largest health insurer overall, reporting \$38.6 billion in total statutory revenue for 2019 across five states.
- It is the largest insurer in the state, with 5.16 million enrollees, and leads both the commercial market (4.76 million lives) and the exchange market (346,500 lives).
- About 96% of claims are paid to 137,600 in-network physicians and other providers and 4,900 network facilities in the state.
- BCBSTX is taking the lead in an HCSC campaign — called “Be Covered” — that will provide civic associations, schools, places of worship and community leaders with educational materials and other resources to help uninsured and underinsured people navigate the enrollment process. The insurer is also holding events aimed at educating the public about health insurance and preventive care, and offering wellness screenings, family activities and healthy food giveaways.

Key Personnel

- Maurice Smith, President and CEO
- Monica Berner, M.D., Clinical Officer, HCSC
- Dan McCoy, M.D., President, BCBSTX

Aetna, Inc. (CVS Health Corp.)

Key Facts

- In North Texas, Aetna sells self-insured commercial coverage through a joint venture with Texas Health; the combined health plan is Texas Health Aetna. The clinical side of the integrated network is the 4,000-bed Texas Health Resources, one of the largest faith-based nonprofit health systems in the country.
- Aetna Better Health of Texas serves approximately 77,000 Medicaid members across the state through STAR, Children's Health Insurance Program and STAR Kids program. The CVS Health subsidiary in May won a bid to expand its STAR Kids contract, which serves children and young adults (ages 20 and younger) who have disabilities, across the entire Dallas-Fort Worth metropolitan area.

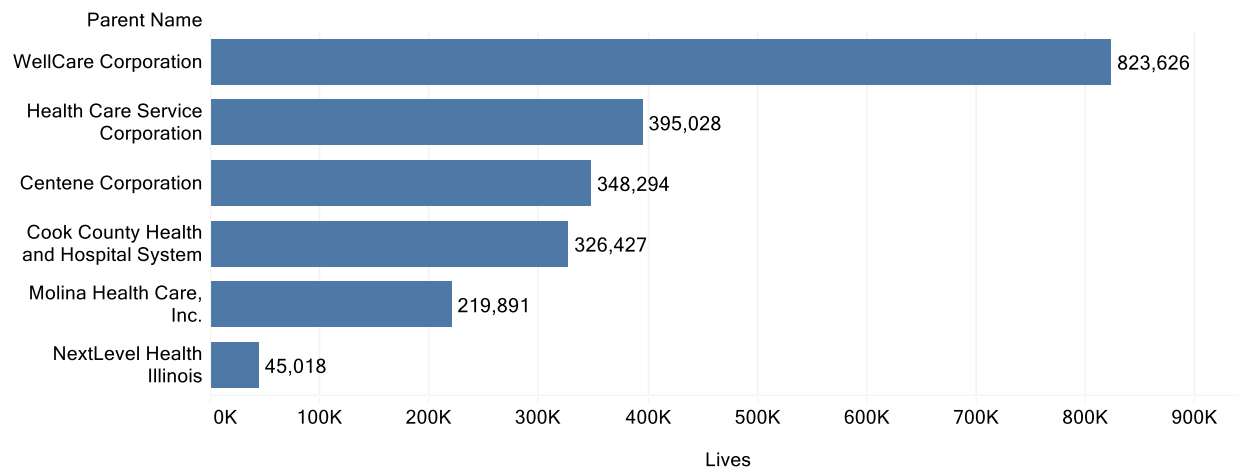


Managed Medicaid Market

Key Trends

- Illinois operates a managed Medicaid program, HealthChoice Illinois, which went statewide in 2018.
- Enrollment in HealthChoice Illinois is mandatory for most Medicaid-eligible residents, including seniors and physically disabled persons who are dual-eligible, reside in a nursing home or receive home and community-based services and are not enrolled in the state's Medicare-Medicaid Alignment Initiative.
- A law passed in 2019 seeks to address a backlog of applications and renewals and address provider concerns about slow payments and high rates of claim denials from the MCOs.

Managed Medicaid Medical Lives by Payer



Sum of Lives for each Parent Name. The context is filtered on Channel and State. The Channel filter keeps Managed Medicaid. The State filter keeps IL. The view is filtered on sum of Lives, which includes values greater than or equal to 1,000.

Managed Medicaid Formularies by Payer, Medical Lives

Parent Name	Formulary Name	
WellCare Corporation	Meridian Health Plan of Illinois	823,626
Health Care Service Corporation	Blue Cross Community Health Plans	395,028
Centene Corporation	IlliniCare Health Plan	348,294
Cook County Health and Hospital System	CountyCare Health Plan	326,427
Molina Health Care, Inc.	Molina Healthcare of Illinois	219,891
NextLevel Health Illinois	NextLevel Health Medicaid	45,018

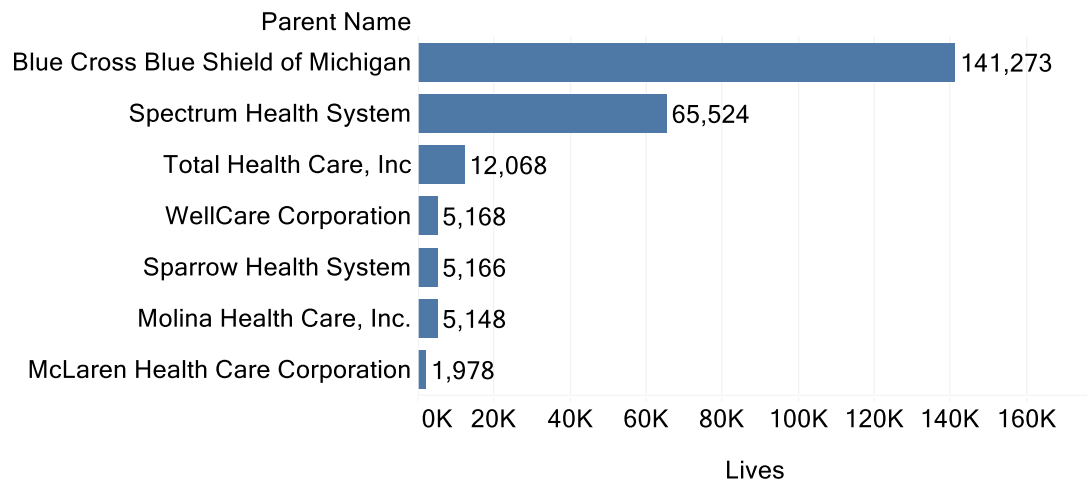


Exchange Market

Key Trends

- Michigan has a state-federal partnership exchange; the state oversees plan management and consumers use HealthCare.gov to enroll.
- Insurers cover about 236,500 exchange plan enrollees. The overall market leader is also the largest in this category: BCBSM covers about 141,000 lives and its closest competitor, Spectrum Health System, covers about 65,500.
- Eight insurers sell plans on the exchange. Oscar Insurance joined as the eighth insurer to offer exchange coverage this year but has seen minimal enrollment.

Exchange Medical Lives by Payer



Sum of Lives for each Parent Name. The context is filtered on Channel and State. The Channel filter keeps Health Exchange. The State filter keeps MI. The view is filtered on sum of Lives, which includes values greater than or equal to 1,000.

Exchange Formularies by Payer, Medical Lives

Parent Name	Formulary Name	
Blue Cross Blue Shield of Michigan	BCBS Michigan Custom Select 5 Tier HIX	124,376
	BCN MI Custom Select 6T HIX	16,059
Spectrum Health System	MyPriority MI 5 Tier HIX	65,524
Total Health Care, Inc	Total Health Care MI HIX	12,068
WellCare Corporation	Meridian Choice HIX MI	5,168
Sparrow Health System	Physicians Health Plan of Michigan HIX	5,166
Molina Health Care, Inc.	Molina Healthcare of Michigan HIX	5,148
McLaren Health Care Corporation	McLaren Health Plan HIX MI	1,978

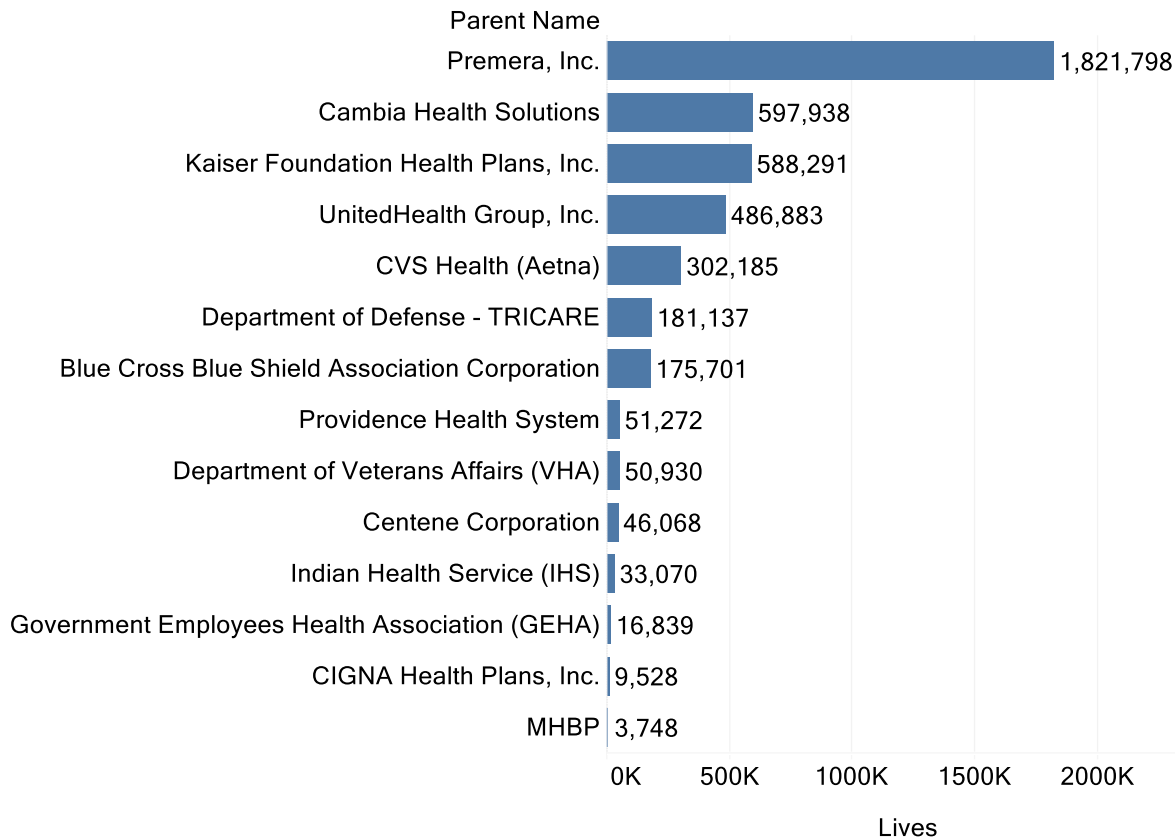


Commercial Market

Key Trends

- More than 4.36 million Washington residents are covered by commercial plans. Premera has the largest piece of the market, covering 1.82 million lives. Cambia Health Solutions and Kaiser round out the top three, with 598,000 and 588,000 commercial lives, respectively.
- As the state prepares to launch its public option plan, which pays lower rates than commercial insurers, industry experts suggest some insurers could gain more bargaining power with hospitals and physicians to lower their own reimbursement rates.

Commercial Medical Lives by Payer



Sum of Lives for each Parent Name. The context is filtered on Channel and State. The Channel filter keeps Commercial. The State filter keeps WA. The view is filtered on sum of Lives, which includes values greater than or equal to 1,000.