

Cabinet for Health and Family Services
Department for Medicaid Services
Weekly Membership Counts



Unduplicated Member Count (as of Run Date)
1,316,087

PlanType/Count	Incarceration	No Suspense	Total All
Aetna	8	205,245	205,253
Anthem	10	128,495	128,505
Humana	20	140,124	140,144
Passport	24	290,705	290,729
WellCare	29	427,332	427,361
FFS	4,679	119,416	124,095
	4,770	1,311,317	1,316,087

Region/Plan Type	Aetna	Anthem	Humana	Passport	WellCare	FFS	Total by Region
01	11,203	7,797	7,110	5,510	26,423	6,546	64,589
02	25,583	11,752	11,742	10,003	42,348	10,817	112,245
31	19,838	20,604	33,211	194,081	29,234	29,499	326,467
04	35,489	21,763	19,465	20,089	63,217	19,340	179,363
05	46,228	32,182	31,269	28,798	74,725	20,458	233,660
06	22,159	10,839	10,246	8,821	30,372	6,766	89,203
07	13,372	7,698	8,513	6,436	43,209	8,664	87,892
08	31,381	15,868	18,588	16,985	117,829	21,970	222,621
00		2		6	4	35	47
Total by Plan Type	205,253	128,505	140,144	290,729	427,361	124,095	1,316,087

**Note: If the Total All Count is different from Total by Plan Type it means a member is being counted in more than one Hold Type.

Note: If the Grand Total By Plan Type is different from the Total Count (as of Run Date), it means that there are overlapping Benefit Plan or PMP segments for those members across either one of the Plan Types.

The data is run from the weekly eligibility snapshot in the DSS at the Run Time listed. The data should very closely reflect what is in the MMIS as of Monday morning.

Members should have Medicaid Eligibility and have a PMP Assignment Plan (for MCO's only) to be counted towards the Plan Type.



Department for Medicaid Services

Weekly Membership Counts - Expansion

Unduplicated Member Count (as of Run Date)

427,212

PlanType/Count	Incarceration	No Suspense	Total All
Aetna	7	53,827	53,834
Anthem	9	62,669	62,678
Humana	16	64,802	64,818
Passport	19	103,497	103,516
WellCare	26	137,556	137,582
FFS	4,057	727	4,784
	4,134	423,078	427,212

Region/Plan Type	Aetna	Anthem	Humana	Passport	WellCare	FFS	Total by Region
01	2,741	3,892	3,223	2,558	8,506	194	21,114
02	6,335	5,213	5,321	4,220	13,476	254	34,819
31	8,578	10,413	14,278	59,474	12,440	2,795	107,978
04	8,835	10,456	9,076	8,904	19,074	346	56,691
05	11,135	15,727	15,033	13,291	22,740	526	78,452
06	5,108	5,175	4,688	3,962	9,963	171	29,067
07	3,286	3,964	4,143	2,989	13,973	148	28,503
08	7,816	7,838	9,056	8,118	37,410	327	70,565
00						23	23
Total By Plan Type	53,834	62,678	64,818	103,516	137,582	4,784	427,212

**Note: If the Total All Count is different from Total by Plan Type it means a member is being counted in more than one Hold Type.

Note The data is run from the weekly eligibility snapshot in the DSS at the Run Time listed. The data should very closely reflect what is in the MMIS as of Monday morning.

If the Grand Total By Plan Type is different from the Total Count (as of Run Date), it means that there are overlapping Benefit Plan or PMP segments for those members across either one of the Plan Types.

Members should have Medicaid Eligibility and have a PMP Assignment Plan (for MCO's only) to be counted towards the Plan Type.