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# Minnesota Comprehensive Health Association

Final 2020 Second Quarter Report  
Results for The Minnesota Premium Security Plan

September 2nd, 2020

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Consulting Actuary

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## Introduction

The Minnesota Comprehensive Health Association (MCHA) retained Wakely Consulting Group, LLC (Wakely) to collect data related to the Minnesota state-based reinsurance program (referred to as the Minnesota Premium Security Plan (MPSP)), review the data for reasonability, calculate the reinsurance payments to the carriers participating in the program, and provide summary reports for MCHA to distribute as appropriate to stakeholders. This report is not intended to project final year-end 2020 reinsurance amounts.

This document has been prepared for the use of MCHA and its Board of Directors. Wakely understands that this report will be made public and distributed to stakeholders beyond MCHA and its Board of Directors due to Minnesota Statutes §62E.24. Wakely does not intend to benefit third parties and assumes no duty or liability to other parties who receive this work. The report should be reviewed in its entirety. This document contains the data, assumptions, and methods used in these analyses and satisfies the Actuarial Standard of Practice (ASOP) 41 reporting requirements.

## Executive Summary

MPSP preliminary reinsurance amounts payable to issuers between January and June 2020 total approximately \$46.6 million for 1,139 distinct enrollees. The data underlying this analysis was provided by Minnesota carriers eligible for reinsurance under MPSP. The figure below shows the reinsurance underlying the 2018 through 2020 quarterly reports.

The final 2020 reinsurance amounts and enrollee counts will increase significantly from the 2020Q2 values shown below. The final reinsurance will be calculated in compliance with Minnesota Statutes §62E.23 and will be based on an entire year of claim experience.

The total reinsurance amount in the 2020Q2 quarterly report is approximately 2.1% lower than the reinsurance in the 2019Q2 quarterly report. This is the first report where reinsurance decreased year-over-year and the decrease is likely correlated with decreased utilization caused by COVID-19. Since COVID-19 was first diagnosed in Minnesota at the end of 2020Q1, the overall annual impact of COVID-19 is not reflected in this report and COVID-19 may have a larger impact on future reports. For additional information, please see the *COVID-19* section of this report.

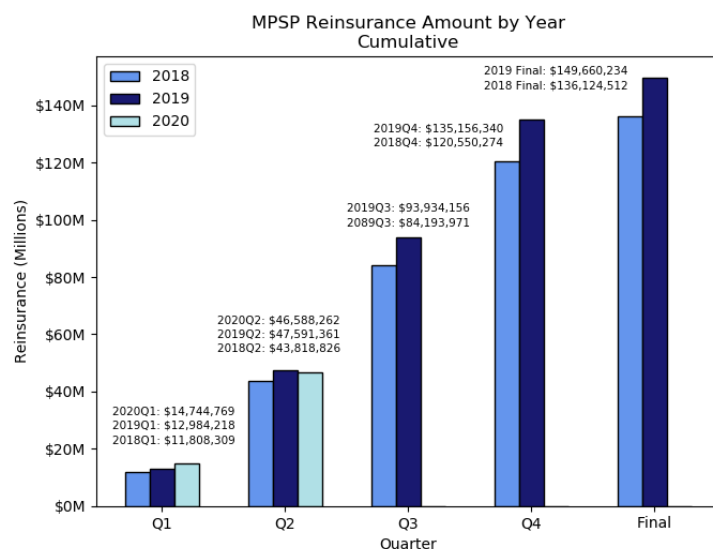


Table 1 on the next page provides enrollment and reinsurance information underlying the 2018Q2, 2019Q2, and 2020Q2 reports.

**Table 1: Reinsurance Amounts and Enrollee Counts**

	Distinct Individuals	Reported Reinsurance
Statewide 2020Q2	1,139	\$46,588,262
Statewide 2019Q2	1,145	\$47,591,361
Statewide 2018Q2	1,088	\$43,818,826

The remainder of this report provides a description of the methodology, additional breakout of reinsurance by region, metal level, and other various reporting variables, along with associated caveats and disclosures.

## Methodology

Carriers participating in Minnesota's Non-Grandfathered Individual Commercial Market provided Wakely with January through June 2020 claim experience with paid dates through July 2020 in a template developed by Wakely. The template included both enrollment and claim experience at the carrier level. The template also included enrollee-level data for Minnesotans enrolled in the individual market that carriers identified with claims above the attachment point of \$50,000. Wakely then aggregated these templates and calculated reinsurance payments using the reinsurance parameters shown in the figure below. Wakely validated this amount against the carrier provided calculations.

Reinsurance Parameters		
Claim Range <sup>[1]</sup>	Liability	
\$0	Plan Pays: 100%	
\$50,000	Plan Pays: 20% MPSP Pays: 80%	
\$50,001		
\$250,000	Plan Pays: 100%	
\$250,001		

[1] - Claim Range Excludes Member Cost Sharing

[2] - Excludes Impact of High-Cost Risk Pool

The enrollee-level data supplied by carriers accounted for movement between HIOS plan identifiers. For example, under certain circumstances, an enrollee might have been enrolled in both a silver and gold plan for a portion of the benefit year. This transferring does not impact results when reporting at a carrier level; however, when reporting at a more granular level (e.g. metal), reported results may change depending on the allocation method. For this report, Wakely allocated reinsurance estimates for enrollees transferring between cohorts based on incurred claims within that time period. For example if 75% of an enrollee's claims occurred in a silver plan and 25% occurred in a gold plan, then 75% of the reinsurance for the individual was allocated to the silver plan and 25% to the gold plan.

## Analysis

This section provides additional detail for the reinsurance amount shown in Table 1. The distribution total in the following tables may not add to 100% due to rounding. In some sections, the 2018 and 2019 distributions are shown next to the 2020 distributions for reference.

## Reinsurance by First Quarter in Report

The table below shows the enrollee count and estimated reinsurance by the quarter an enrollee first became eligible for reinsurance in 2020. For example, if an individual is in the 2020Q2 data template but not the 2020Q1 data template, then he or she is included in the 2020Q2 line. This table illustrates how much of the increase in reinsurance between quarterly reports is attributed to individuals first exceeding the attachment point and individuals already exceeding the attachment point incurring additional claims.

**Table 2: Reinsurance Amount by Enrollee's First 2020 Report**

Cohort	Enrollees	Reinsurance by Quarter		
		2020Q1	2020Q2	2020 YTD
2020Q1	448	\$14,744,769	\$12,489,446	\$27,234,215
2020Q2	691	n/a	\$19,354,046	\$19,354,046
<b>Total</b>	<b>1,139</b>	<b>\$14,744,769</b>	<b>\$31,843,492</b>	<b>\$46,588,262</b>

Note the following:

1. Reinsurance amounts increased approximately \$31.8 million (= \$46.6 million - \$14.7 million) between the 2020Q1 and 2020Q2 reports.
2. \$12.5 million of the \$31.8 million increase was caused by the 448 enrollees in the 2020Q1 report incurring additional reinsurance.
3. There were 691 new enrollees in the 2020Q2 data with approximately \$19.4 million in reinsurance. In the 2019Q2 report, this cohort had 752 enrollees and approximately \$22.4 million in reinsurance.<sup>1</sup>

## Reinsurance by Area

The table in this section shows the amount of reinsurance for each of Minnesota's nine rating regions. A list of counties in each rating area can be found on either the [Minnesota Department of Commerce](#) website or the [CMS](#) website.

**Table 3: Reinsurance Amount by Area**

Rate Region	2020Q2 Reinsurance	2020Q2 Dist'n	2019Q2 Dist'n	2019 Dist'n	2018Q2 Dist'n	2018 Dist'n
Rating Area 1	\$5,226,263	11%	13%	12%	11%	10%
Rating Area 2	\$2,194,807	5%	5%	6%	4%	6%
Rating Area 3	\$3,122,441	7%	8%	7%	7%	6%
Rating Area 4	\$1,245,481	3%	3%	3%	3%	3%
Rating Area 5	\$2,032,867	4%	3%	4%	5%	5%
Rating Area 6	\$2,211,983	5%	3%	4%	4%	4%
Rating Area 7	\$3,761,685	8%	9%	9%	7%	7%
Rating Area 8	\$26,367,287	57%	53%	54%	59%	55%
Rating Area 9	\$425,448	1%	2%	1%	1%	2%
<b>Statewide</b>	<b>\$46,588,262</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

<sup>1</sup>Final 2019 Second Quarter Report - Results for the Minnesota Premium Security Plan

## Reinsurance by Metal Level

The table in this section provides the reinsurance and distribution by metal tier. There are four different metal tiers in the individual market which reflect different levels of cost sharing an enrollee is expected to pay. The leanest is the bronze plan where an enrollee can expect to pay for about 40% of his or her total medical costs out of pocket in the form of cost sharing such as deductibles, coinsurance, and copays. The richest plan type is the platinum tier where an enrollee can expect to pay approximately 10% of total costs out of pocket. There is a fifth tier called Catastrophic with enrollment limited to enrollees who are eligible for a hardship exemption or are under the age of 30.

Due to the cost sharing levels of the different metal types, the distribution may shift between metal levels as 2020 completes.

**Table 4: Reinsurance Amount by Metal Tier**

Metal Tier	2020Q2 Reinsurance	2020Q2 Dist'n	2019Q2 Dist'n	2019 Dist'n	2018Q2 Dist'n	2018 Dist'n
Catastrophic	\$255,669	1%	0%	0%	0%	0%
Bronze	\$21,056,479	45%	46%	44%	48%	48%
Silver	\$12,964,682	28%	28%	29%	28%	29%
Gold	\$11,956,236	26%	25%	26%	22%	22%
Platinum	\$355,195	1%	1%	1%	1%	1%
<b>Total</b>	<b>\$46,588,262</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

## Reinsurance by Exchange Status

This section provides the reinsurance based on whether the member purchased coverage through Minnesota's exchange, MNSure, or directly through the issuer. Multiple issuers updated the on- and off-exchange mapping in the data they provided to Wakely between the 2019Q2 and 2019Q3 reports. As a result, the 2020Q2 distribution is not directly comparable to the 2018Q2 and 2019Q2 quarterly reports.

**Table 5: Reinsurance Amount by Exchange Status**

Exchange Status	2020Q2 Reinsurance	2020Q2 Dist'n	2019 Dist'n	2018 Dist'n
On-Exchange	\$31,419,129	67%	69%	68%
Off-Exchange	\$15,169,133	33%	31%	32%
<b>Total</b>	<b>\$46,588,262</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

## Reinsurance by Plan Type

This section provides reinsurance amounts by plan type. In the Affordable Care Act, some individuals and families qualify for cost-sharing reduction subsidies (CSR) which lower out-of-pocket costs. There are several different levels of CSRs. The first is 73% which reduces the individual's out-of-pocket cost to approximately 27% ( $= 1 - 73\%$ ) of total medical costs. CSR plans are only available on the exchange. There are other levels of CSR which are not prevalent in Minnesota's market due to Minnesota's Basic Health Plan, MNCare. Finally, there are limited cost-sharing and zero cost-sharing plans for American Indians and Alaska Natives.

**Table 6: Reinsurance Amount by Plan Type**

Plan Type	2020Q2 Reinsurance	2020Q2 Dist'n	2019Q2 Dist'n	2019 Dist'n	2018Q2 Dist'n	2018 Dist'n
Standard	\$42,120,787	90%	92%	90%	90%	91%
Zero Cost Sharing	\$274,692	1%	0%	0%	0%	0%
Limited Cost Sharing	\$122,588	0%	0%	0%	0%	0%
73% CSR	\$4,070,194	9%	8%	9%	9%	9%
<b>Total</b>	<b>\$46,588,262</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

## Reinsurance by Claim Spend

Please see Appendix A for reinsurance by claim spend level.

## Distribution of HCC Count

Previous reports in 2018 and 2019 included a hierarchical condition category (HCC) distribution for reinsurance eligible enrollees. Since HCC identification is correlated with the length of time an individual is enrolled during the benefit year, using a partial year of experience may not accurately reflect the final HCC distribution. For example, an enrollee with twelve months of enrollment has more time to visit a physician compared to an enrollee with only three months of enrollment. The HCC distribution for 2020 benefit year reinsurance will be provided in future reports similar to 2018 and 2019 reporting.

## Reinsurance by Product

Appendix C gives the amount of reinsurance and number of claimants that exceeded \$50,000 in claims by product and exchange status. To define product, Wakely used the first ten digits of the HIOS plan identifier and requested that issuers provide a product name associated with the product identifier. For the column labeled *Claimants*, an enrollee may be double counted if he or she transferred between products during the experience period. As a result, the claimant count in Appendix C may not match the enrollee count in Table 1. The column labeled *Claimants* shows "<100" for product and exchange-status combinations with less than 100 claimants for protected health information (PHI) reasons. Multiple issuers updated the on- and off-exchange mapping in the data they provided to Wakely between the 2019Q2 and 2019Q3 reports. As a result, the results shown in Appendix C for the 2020Q2 report is not directly comparable to the table shown in the 2019Q2 report. Appendix C is comparable to the 2019Q3 and 2019Q4 reports.

## COVID-19

As a result of COVID-19, the final 2020 benefit year reinsurance amount may be very different than 2018 and 2019 results. The data underlying this report includes claims with a date of service or a discharge date between January 2020 and June 2020. Since Minnesota first started experiencing cases of COVID-19 in March 2020,<sup>2</sup> the experience underlying this report does not include the full impact of COVID-19. Going forward, key considerations for MPSP include, but are not limited to:

1. **Market Transitions** - Since the aggregate reinsurance amount depends on the size and morbidity level of the market, changes to enrollment will either increase or decrease reinsurance

<sup>2</sup>Minnesota Department of Health - Situation Update for COVID-19

payments made by MPSP. Due to significant job or income loss, membership may transition between health care markets. For example, if a significant number of individuals lose employer sponsored coverage, there will likely be an enrollment shift to either the individual commercial or Medicaid markets. Similarly, enrollees in the individual commercial market may transition to Medicaid. Moreover, the morbidity differences between the transitioning populations may be different than the morbidity level of the previous individual market.

2. **Deferred Services** - The individual commercial market as a whole will likely experience a decrease in utilization for the first half of 2020 as a result individuals avoiding medical care. Since some reinsurance eligible enrollees cannot delay care, it is possible that COVID-19 will impact MPSP differently than the individual market as a whole. It is too early to know if deferred medical care during the the first half of the year will cause future pent up demand.
3. **COVID-19 Cases** - It is likely that some of the Minnesotans admitted to the hospital for COVID-19 were enrolled in the individual commercial market. Whether or not these individuals exceed the reinsurance attachment point depends the severity of the case (e.g. admitted to intensive care unit).

Future reports will include additional discussion related to COVID-19 as necessary.

## Deductible Leveraging

In a reinsurance setting, trends for a reinsurer can be higher than the overall cost trend of the reinsured entity due to deductible leveraging. Deductible leveraging occurs when the underlying claim costs for the insurer increases at a rate higher than the increase in the deductible. In context of MPSP, the words attachment point and deductible are synonymous. The example below shows the calculation of liability for an insurance company that has an enrollee with \$55,000 in total claims using MPSP's \$50,000 attachment point and 20% coinsurance. This example is for illustrative purposes only and does not represent an analysis of the impact of deductible leveraging for MPSP.

**Table 7: Deductible Leveraging Example**

Description	Amount	Formula	Payer
Deductible	\$50,000	$\min\{\$55,000, \$50,000\}$	Issuer
Coinsurance	\$1,000	$(\$55,000 - \$50,000) \times 20\%$	Issuer
Reinsurance	\$4,000	$(\$55,000 - \$50,000) \times 80\%$	Reinsurer

If the claim increases by 1% because of regular cost trends, then the cost of the claim is now \$55,550 ( $= \$55,000 \times 1.01$ ), but the cost to the reinsurer increases by approximately 11% ( $= \frac{\$4,440}{\$4,000} - 1$ ). This is shown in the next table.

**Table 8: Deductible Leveraging Example – Trended**

Description	Amount	Formula	Payer
Deductible	\$50,000	$\min\{\$55,550, \$50,000\}$	Issuer
Coinsurance	\$1,110	$(\$55,550 - \$50,000) \times 20\%$	Issuer
Reinsurance	\$4,440	$(\$55,550 - \$50,000) \times 80\%$	Reinsurer

The impact of deductible leveraging is minimally off-set by a reinsurance cap since the reinsurer is no longer liable for additional costs exceeding the reinsurance cap. Deductible leveraging can impact both the number of enrollees eligible for reinsurance and the average cost of reinsurance per reinsurance eligible enrollee. The overall deductible leveraging trend depends both on the proportion of claims for enrollees exceeding the attachment point and the total change in costs for enrollees exceeding the attachment point.



## Cost Sharing Reductions

The Federal Transitional Reinsurance program utilized a formula to reduce a carrier's paid amount to account for the fact that cost-sharing reductions (CSRs) were reflected in plan paid amount but were already reimbursed by the Federal government. Since the CSR program ended in 2017, Wakely is assuming that CSR subsidies will not be funded by the Federal government in 2020; therefore, Wakely did not adjust calculated reinsurance amounts for CSR using the Federal Transitional Reinsurance program methodology. If CSR payments are reinstated during 2020, Wakely will review this assumption and work with carriers to ensure that reinsurance payments made to carriers do not exceed the total amount paid by the carrier for any eligible claim pursuant to Minnesota Statute 62E.23.

## Data Review

Wakely compared the portion of enrollees with claims above the attachment point underlying the carrier submitted templates against the claim continuance table located in the actuarial report in Minnesota's 1332 Waiver. The table is based on the 2015 individual market. In the comparison, the actual portion of enrollees with claims above the attachment point was lower than the expected portion of enrollees with claims above the attachment point. This is likely caused by the underlying carrier data being based on a partial year of experience with limited claim runout. For example, the enrollee-level dataset excludes enrollees that will exceed the attachment point because of claims that are incurred between July and December 2020.

## Disclosures and Limitations

**Responsible Actuary.** I, Tyson Reed, am responsible for this communication. I am a member of the American Academy of Actuaries and a Fellow of the Society of Actuaries. I meet the Qualification Standards of the American Academy of Actuaries to issue this report.

**Intended Users.** This information has been prepared for the use of the management of MCHA. Wakely understands that the report will be made public and distributed to other stakeholders. Distribution to such parties should be made and evaluated in its entirety. The parties receiving this report should retain their own actuarial experts in interpreting results.

**Risks and Uncertainties.** The assumptions and resulting estimates included in this report and produced by the modeling are inherently uncertain. Users of the results should be qualified to use it and understand the results and the inherent uncertainty. Actual results may vary, potentially materially, from Wakely's estimates. Wakely does not warrant or guarantee that Minnesota carriers will attain the estimated values included in the report. It is the responsibility of those receiving this output to review the assumptions carefully and notify Wakely of any potential concerns.

**Conflict of Interest.** I am financially independent and free from conflict concerning all matters related to performing the actuarial services underlying these analyses. In addition, Wakely is organizationally and financially independent of MCHA.

**Data and Reliance.** I have relied on others for data and assumptions used in the assignment. I have reviewed the data for reasonableness, but I have not performed any independent audit or otherwise verified the accuracy of the data / information. If the underlying information is incomplete or

inaccurate, my estimates and calculations may be impacted, potentially significantly. The information included in the other sections identifies the key data and assumptions.

**Subsequent Events.** Material changes in state or federal laws regarding health benefit plans may have a material impact on the results included in this report. I am not aware of any additional subsequent events that would impact the results of this analysis.

**Contents of Actuarial Report.** This document constitutes the entirety of the actuarial report.

**Deviations from ASOPs.** Wakely completed the analyses using sound actuarial practice. To the best of my knowledge, the report and methods used in the analyses are in compliance with the appropriate ASOPs with no known deviations. A summary of ASOP compliance is listed below:

- ASOP No. 1, Introductory Actuarial Standard of Practice
- ASOP No. 23, Data Quality
- ASOP No. 41, Actuarial Communication

Signed,

A handwritten signature in black ink that reads 'Tyson Reed'.

Tyson Reed, FSA, MAAA  
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## Appendix A - Reinsurance Amount by Claim Spend Level

Reported at Total Levels Due to Limited Enrollment in Each Cohort

Incurred Claims		Enrollee Count	Average Incurred Claims Per Enrollee	Average Reinsurance Per Enrollee	Aggregate Reinsurance
Low Range	High Range				
\$50,000	\$52,508				\$76,784
\$52,508	\$58,498				\$546,615
\$58,498	\$119,795				\$16,368,737
\$119,795	\$200,000				\$16,079,550
\$200,000	\$9,999,999				\$13,516,576
<b>Total</b>		<b>1,139</b>	<b>\$106,745</b>	<b>\$40,903</b>	<b>\$46,588,262</b>

Notes:

1. Enrollee count and average reinsurance per enrollee not included for all ranges due to PHI reasons (e.g. multiple rows have less than 100 enrollees)
2. Average Reinsurance Per Enrollee =  $\min\{(\text{Average Incurred Claims} - \$50,000) \times 80\%, \$160,000\}$ .
3. The claim intervals originate from the 1332 Waiver Application.
4. This distribution is expected to change as 2020 completes.

## Appendix B - Enrollee Count by HCC

This appendix is not included and will be included in future reports. Please see the section labeled *Distribution of HCC Count* for more information.

## Appendix C - Estimated Reinsurance Amount and Claimants by Product

Carrier	Product ID	Product Name	Exchange Status	Claimants <sup>2</sup>	Reinsurance
UCare	85736MN023	UCare Individual and Family Plans	On-Exchange	219	\$9,686,308
HealthPartners	34102MN007	GHI AM Off Exchange	Off-Exchange	131	\$5,892,852
Medica	31616MN042	Medica Applause	On-Exchange	141	\$5,858,510
HealthPartners	34102MN001	GHI On Exchange	On-Exchange	124	\$4,859,000
Medica	31616MN044	Engage by Medica	On-Exchange	<100	\$3,593,141
Medica	31616MN042	Medica Applause	Off-Exchange	<100	\$2,364,540
BP	57129MN007	Blue Plus Western	On-Exchange	<100	\$2,073,676
BP	57129MN015	Blue Plus Southeast	On-Exchange	<100	\$1,981,772
BP	57129MN009	Blue Plus Metro	On-Exchange	<100	\$1,961,792
BP	57129MN008	Blue Plus Metro	Off-Exchange	<100	\$1,866,795
BP	57129MN014	Blue Plus Southeast	Off-Exchange	<100	\$943,268
BP	57129MN006	Blue Plus Western	Off-Exchange	<100	\$749,944
Medica	31616MN044	Engage by Medica	Off-Exchange	<100	\$717,089
BP	57129MN052	Blue Plus Strive	On-Exchange	<100	\$712,900
BP	57129MN051	Blue Plus Strive	Off-Exchange	<100	\$665,221
PreferredOne	88102MN001	PreferredHealth	Off-Exchange	<100	\$337,500
HealthPartners	34102MN008	GHI NAM Off Exchange - HP Ind	Off-Exchange	<100	\$317,757
BP	57129MN017	Blue Plus Northeast	On-Exchange	<100	\$289,898
PreferredOne	88102MN021	Savers	Off-Exchange	<100	\$259,931
BP	57129MN016	Blue Plus Northeast	Off-Exchange	<100	\$253,818
BP	57129MN053	Blue Plus Minnesota Value	Off-Exchange	<100	\$238,686
Medica	31616MN021	Medica Value	Off-Exchange	<100	\$231,014
Medica	31616MN043	North Memorial Acclaim by Medica	On-Exchange	<100	\$193,614
HealthPartners	34102MN009	GHI NAM Off Exchange - HP Ind Ded	Off-Exchange	<100	\$177,167
BP	57129MN054	Blue Plus Minnesota Value	On-Exchange	<100	\$147,927

## Appendix C - Estimated Reinsurance Amount and Claimants by Product

Carrier	Product ID	Product Name	Exchange Status	Claimants <sup>2</sup>	Reinsurance
Medica	31616MN018	Medica Solo	Off-Exchange	<100	\$69,274
Medica	31616MN020	Medica HSA	Off-Exchange	<100	\$62,874
Medica	31616MN045	Altru Prime by Medica	On-Exchange	<100	\$60,591
Medica	31616MN043	North Memorial Acclaim by Medica	Off-Exchange	<100	\$21,404
<b>Total</b>				<b>1,139</b>	<b>\$46,588,262</b>

Notes:

1. Products with less than 100 claimants are labeled as < 100 due to protected health information (PHI) reasons.
2. The *Claimants* column counts enrollees that transfer between products more than once. As a result, the total claimants in this section may differ from the enrollee count shown in Table 1 in future reports.

## Appendix D - Minnesota Rating Regions

