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Minnesota Comprehensive Health Association

Final 2020 Third Quarter Report

Results for The Minnesota Premium Security Plan

December 5th, 2020

Prepared by:
Wakely Consulting Group

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Consulting Actuary

Contents

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 September 2020 total approximately $96.4 million for 2,103 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 2020Q3 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 2020Q3 quarterly report is approximately 2.7% higher than the reinsurance in the 2019Q3 quarterly report. Only a portion of the experience underlying this report includes COVID-19 since COVID-19 was first diagnosed in Minnesota at the end of 2020Q1. As such, the total impact of COVID-19 is not yet reflected in this report. COVID-19 will continue to have an impact on the 2020Q4 and final 2020 MPSP reports. For additional information, please see the *COVID-19* section of this report.

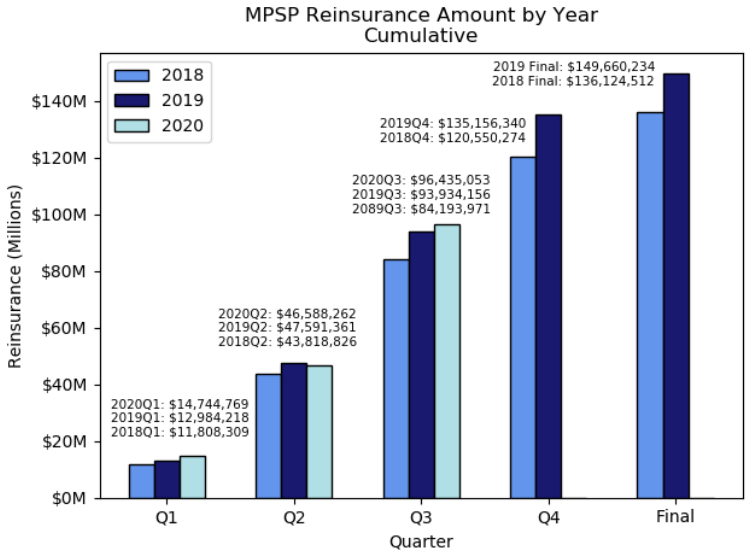


Table 1 on the next page provides enrollment and reinsurance information underlying the 2018Q3, 2019Q3, and 2020Q3 reports.

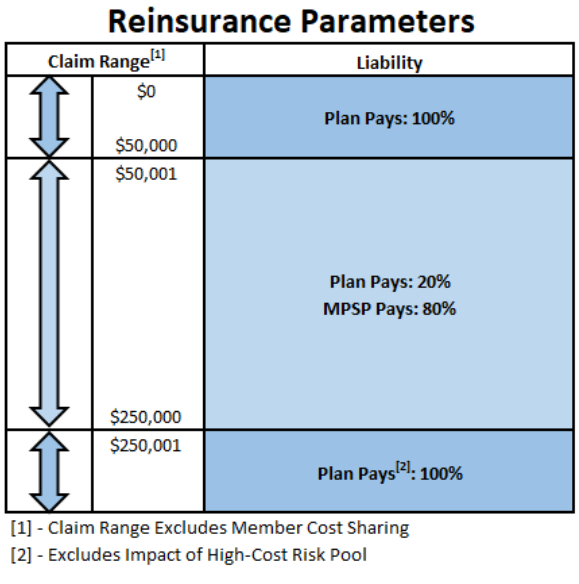
Table 1: Reinsurance Amounts and Enrollee Counts

	Distinct Enrollees	Reported Reinsurance
Statewide 2020Q3	2,103	$96,435,053
Statewide 2019Q3	2,061	$93,934,156
Statewide 2018Q3	1,865	$84,193,971

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 September 2020 claim experience with paid dates through October 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.



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 2020Q3 data template but not the 2020Q2 data template, then he or she is included in the 2020Q3 line. This table illustrates how much of the increase in reinsurance between quarterly reports is attributed to enrollees first exceeding the attachment point and enrollees 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**	**2020Q3**	**2020 YTD**
2020Q1	448	$14,744,769	$12,489,446	$8,989,046	$36,223,262
2020Q2	691	N/A	$19,354,046	$18,328,632	$37,682,678
2020Q3	964	N/A	N/A	$22,529,113	$22,529,113
Total	**2,103**	**$14,744,769**	**$31,843,492**	**$49,846,792**	**$96,435,053**

Notes:

1. Reinsurance amounts increased approximately $49.9 million between the 2020Q2 and 2020Q3 reports.
2. There were 964 new enrollees in the 2020Q3 data with approximately $22.5 million in reinsurance. In the 2019Q3 report, this cohort had 916 enrollees and approximately $21.2 million in reinsurance.[1]
3. Approximately $27.3 million (= $9.0M + $18.3M) of the $49.9 million increase was due to the 1,139 (= 448 + 691) 2020Q1 and 2020Q2 enrollees incurring additional reinsurance. This is compared to the 1,145 enrollees with approximately $25.1M in additional reinsurance in the 2019Q3 report.

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	2020Q3 Reinsurance	2020Q3 Dist'n	2019Q3 Dist'n	2019 Dist'n	2018Q3 Dist'n	2018 Dist'n
Rating Area 1	$10,452,501	11%	13%	12%	11%	10%
Rating Area 2	$5,112,269	5%	6%	6%	5%	6%
Rating Area 3	$6,601,942	7%	8%	7%	6%	6%
Rating Area 4	$2,204,836	2%	3%	3%	3%	3%
Rating Area 5	$3,743,907	4%	4%	4%	4%	5%
Rating Area 6	$4,771,766	5%	4%	4%	4%	4%
Rating Area 7	$7,372,653	8%	9%	9%	8%	7%
Rating Area 8	$55,137,446	57%	52%	54%	58%	55%
Rating Area 9	$1,037,735	1%	2%	1%	2%	2%
Statewide	**$96,435,053**	**100%**	**100%**	**100%**	**100%**	**100%**

[1] Final 2019 Third 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	2020Q3 Reinsurance	2020Q3 Dist'n	2019Q3 Dist'n	2019 Dist'n	2018Q3 Dist'n	2018 Dist'n
Catastrophic	$406,298	0%	0%	0%	0%	0%
Bronze	$43,976,597	46%	46%	44%	47%	48%
Silver	$27,078,713	28%	27%	29%	28%	29%
Gold	$24,389,792	25%	25%	26%	23%	22%
Platinum	$583,653	1%	1%	1%	1%	1%
Total	**$96,435,053**	**100%**	**100%**	**100%**	**100%**	**100%**

Reinsurance by Exchange Status

This section provides the reinsurance based on whether the enrollee 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 2020Q3 distribution is not directly comparable to the 2018Q3 quarterly report.

Table 5: Reinsurance Amount by Exchange Status

Exchange Status	2020Q3 Reinsurance	2020Q3 Dist'n	2019Q3 Dist'n	2019 Dist'n	2018 Dist'n
On-Exchange	$66,296,255	69%	68%	69%	68%
Off-Exchange	$30,138,798	31%	32%	31%	32%
Total	**$96,435,053**	**100%**	**100%**	**100%**	**100%**

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	2020Q3 Reinsurance	2020Q3 Dist'n	2019Q3 Dist'n	2019 Dist'n	2018Q3 Dist'n	2018 Dist'n
Standard	$87,230,405	90%	91%	90%	90%	91%
Zero Cost Sharing	$412,812	0%	0%	0%	0%	0%
Limited Cost Sharing	$262,920	0%	0%	0%	0%	0%
73% CSR	$8,528,916	9%	8%	9%	9%	9%
Total	**$96,435,053**	**100%**	**100%**	**100%**	**100%**	**100%**

Reinsurance by Claim Spend

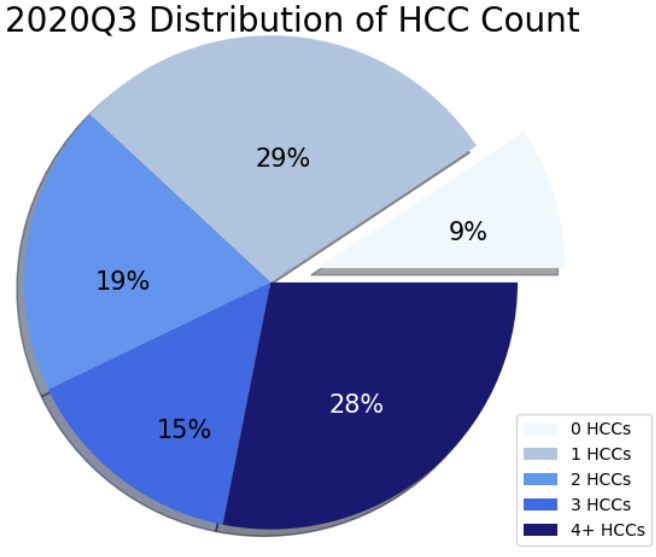
Please see Appendix A for reinsurance by claim spend level.

Distribution of HCC Count

Minnesota carriers provided hierarchical condition categories (HCC) data by individual as part of the data submission to Wakely. HCCs are used by CMS as part of the risk adjustment process that transfers money in the Individual market from carriers that enrolled a healthier population to carriers that enrolled a sicker population. An individual is assigned to an HCC based on his or her medical diagnostic history during the benefit year. For example, if an enrollee fractures his or her hip in an accident, the doctor would code the medical claim with a hip fracture diagnosis code. That diagnosis code then identifies that individual in the *Hip Fractures and Pathological Vertebral or Humerus Fractures* condition category (HCC226).

There are diagnosis codes that do not map to an HCC. As a result, even though an individual may have a claim, he or she may not be assigned to an HCC. Enrollees can have more than one HCC in a year. Typically, the more HCCs an individual has, the sicker and more costly he or she is. As a general rule of thumb, approximately 20% of the Individual market population is assigned to an HCC. In other words, 80% of the general individual population does not have an HCC. In comparison, only 9% of the reinsurance population does not have an HCC and 91% have at least one HCC. These enrollees may have experienced a traumatic accident with a diagnosis code that is not used in the HCC model.

The HCC model is hierarchical and similar conditions are grouped together. For example, diabetes has three HCCs: Diabetes with Acute Complications (HCC019), Diabetes with Chronic Complications (HCC020), and Diabetes without Complication (HCC021). An enrollee with a diagnosis code in both HCC019 and HCC021 would be only classified as HCC019 to avoid double counting. Finally, all diabetic HCCs are grouped together in the Diabetic Group (G01). Similar hierarchies and groupings exist for other conditions.



The chart to the right shows the distribution of HCCs for the statewide reinsurance population. HCC counts and risk scores are dependent on how long an individual is enrolled during the year. An individual with 12 months of enrollment typically has more conditions identified than an individual with 6 months of enrollment. As such, the distribution shown in this report may change in future reports as 2020 completes. Appendix B gives the list of the most prevalent HCCs and groupings during benefit year 2020 for enrollees eligible for reinsurance.

To see the 2019 HCC distribution, please see page 9 of the final 2019 report.

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 2020Q3 report is not directly comparable to the table shown in the 2019Q2 report. Appendix C is comparable to the 2019Q3, 2019Q4, and 2020 quarterly reports.

COVID-19

As a result of COVID-19, the final 2020 benefit year reinsurance amount may be 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 September 2020. Since Minnesota first started experiencing cases of COVID-19 in March 2020, the experience underlying this report does not include the full impact of COVID-19. That is, COVID-19 affects six out of nine months (66.6% of experience period) in this report. In the final report, COVID-19 will affect nine out of twelve months (75% of the experience period). Going forward, key considerations for MPSP include, but are not limited to:

1. **Market Size and Transitions** - The aggregate amount of reinsurance paid by MPSP depends on the size of the market. Between March 23rd and April 21st, issuers enrolled approximately 6,023 new market enrollees through MNSure as a result of the COVID-19 Emergency Special Enrollment Period and an additional 3,459 enrollees enrolled for other special enrollment periods (e.g. loss of income, qualifying events, etc...).[2] These figures exclude enrollees that purchased coverage directly from the issuer. Based on reports from issuers, the Individual market experienced net growth. In other words, the transition into the Individual market exceeded the transition out of the market. Since reinsurance is calculated on a calendar year basis, these new enrollees will only have a partial year of claim experience in the Individual market. As a result, the aggregate reinsurance will likely increase above what it would have been absent the market growth, all else equal. However, the increase will potentially be dampened because the new enrollees do not have an entire calendar year of claim experience.

[2] More than 9,400 Minnesotans Enrolled in Private Health Insurance Coverage During MNsure's COVID-19 Emergency Special Enrollment Period – April 22nd, 2020

2. **Deferred Services** - The Individual market as a whole will likely experience a decrease in utilization during 2020 as a result enrollees avoiding or deferring 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.

3. **COVID-19 Cases** - Some enrollees in the Individual market were likely admitted to the hospital for COVID-19. Whether or not these enrollees exceed the reinsurance attachment point depends the severity of the case (e.g. admitted to intensive care unit).

4. **2020Q4 Impact** - Minnesota is experiencing a significant increase in the number of COVID-19 cases and hospitalizations during 2020Q4 relative to earlier periods during the pandemic.[3] Without data, it is difficult to assess the overall impact to MPSP. Below are key considerations specific to 2020Q4:

   (a) There may be additional shifts in enrollment between health care markets resulting from certain qualifying events such as job loss.

   (b) There may be a deferred care utilization decrease during 2020Q4 as Minnesotans avoid visiting the doctor or hospitals delay elective surgeries to increase capacity for COVID-19 cases. Once again, the change in utilization for reinsurance eligible enrollees may be different than the Individual market due to the nature of their conditions.

   (c) With the increase in COVID-19 cases, it is possible that Minnesotans in the Individual market are admitted to the hospital due to COVID-19 at a higher rate than occurred 2020Q2 and 2020Q3.

   (d) Different regions in Minnesota are experiencing COVID-19 at different rates which could cause the 2020 reinsurance distribution shown earlier in this report to change. The June 25th, 2020 Weekly COVID-19 Report[4] published by the Minnesota Department of Health (MDH) showed approximately 72% of the cumulative COVID-19 cases in Minnesota occurred in Rating Region 8. In the corresponding November 27th, 2020 Weekly COVID-19 Report,[5] approximately 63% of the cumulative COVID-19 cases were in Rating Region 8. It is important to note that these numbers are statewide and not limited to the Individual market. To the extent that the Individual market also experiences a shift, the reinsurance distribution by region may also change.

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.

[3] Minnesota Department of Health - Situation Update for Covid-19 – Date Viewed December 3rd
[4] Minnesota Department of Health - Weekly COVID-19 Report - June 25th
[5] Minnesota Department of Health - Weekly COVID-19 Report - November 27th

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)× 20%	Issuer
Reinsurance	$4,000	($55,000 - $50,000)× 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 × 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)× 20%	Issuer
Reinsurance	$4,440	($55,550 - $50,000)× 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,

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Appendix A - Reinsurance Amount by Claim Spend Level

Incurred Claims		**Enrollee Count**	**Average Incurred Claims Per Enrollee**	**Average Reinsurance Per Enrollee**	**Aggregate Reinsurance**
Low Range	**High Range**				
$50,000	$52,508	129	$51,156	$925	$119,342
$52,508	$58,498	246	$55,461	$4,369	$1,074,777
$58,498	$119,795	1,114	$81,076	$24,861	$27,695,074
$119,795	$200,000	369	$152,778	$82,222	$30,339,937
$200,000	$9,999,999	245	$330,146	$151,861	$37,205,923
Total		**2,103**	**$117,842**	**$45,856**	**$96,435,053**

Notes:

1. Average Reinsurance Per Enrollee = min{(Average Incurred Claims - $50,000) × 80%, $160,000}.
2. The claim intervals originate from the 1332 Waiver Application.
3. This distribution is expected to change as 2020 completes.

Appendix B - Enrollee Count by HCC

Limited to HCCs with at least 100 Enrollees

Rank	HCC	HCC Description	Enrollee Count[1]	% of Reinsurance Eligible Enrollees
1	G01	Diabetes	366	17%
2	HCC008	Metastatic Cancer	338	16%
3	G15	Asthma; Chronic Obstructive Pulmonary Disease, Including Bronchiectasis	281	13%
4	HCC142	Specified Heart Arrhythmias	270	13%
5	HCC130	Congestive Heart Failure	250	12%
6	HCC002	Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock	231	11%
7	G13	Respiratory Arrest; Cardio-Respiratory Failure and Shock, Including Respiratory Distress Syndromes	231	11%
8	HCC056	Rheumatoid Arthritis and Specified Autoimmune Disorders	219	10%
9	HCC023	Protein-Calorie Malnutrition	168	8%
10	HCC009	Lung, Brain, and Other Severe Cancers, Including Pediatric Acute Lymphoid Leukemia	148	7%
11	HCC048	Inflammatory Bowel Disease	147	7%
12	HCC156	Pulmonary Embolism and Deep Vein Thrombosis	142	7%
13	HCC075	Coagulation Defects and Other Specified Hematological Disorders	139	7%
14	G02A	Mucopolysaccharidosis; Metabolic Disorders; Endocrine Disorders	132	6%
15	HCC253	Artificial Openings for Feeding or Elimination	125	6%
16	HCC012	Breast (Age 50+) and Prostate Cancer, Benign/Uncertain Brain Tumors, and Other Cancers and Tumors	112	5%
17	G08	Disorders of the Immune Mechanism	111	5%
18	HCC131	Acute Myocardial Infarction	106	5%

1. An enrollee may have multiple HCCs and could be double counted if combining enrollee counts between HCCs.

Appendix C - Estimated Reinsurance Amount and Claimants by Product

Carrier	**Product ID**	**Product Name**	**Exchange Status**	**Claimants[2]**	**Reinsurance**
UCare	85736MN023	UCare Individual and Family Plans	On-Exchange	415	$22,153,566
Medica	31616MN042	Medica Applause	On-Exchange	273	$11,707,944
HealthPartners	34102MN007	GHI AM Off Exchange	Off-Exchange	259	$11,599,900
HealthPartners	34102MN001	GHI On Exchange	On-Exchange	234	$9,489,100
Medica	31616MN044	Engage by Medica	On-Exchange	143	$7,791,872
Medica	31616MN042	Medica Applause	Off-Exchange	115	$4,736,286
BP	57129MN008	Blue Plus Metro	Off-Exchange	120	$4,443,573
BP	57129MN009	Blue Plus Metro	On-Exchange	110	$4,369,104
BP	57129MN007	Blue Plus Western	On-Exchange	102	$3,707,813
BP	57129MN015	Blue Plus Southeast	On-Exchange	<100	$3,357,556
BP	57129MN014	Blue Plus Southeast	Off-Exchange	<100	$1,944,857
Medica	31616MN044	Engage by Medica	Off-Exchange	<100	$1,570,569
BP	57129MN006	Blue Plus Western	Off-Exchange	<100	$1,567,099
BP	57129MN052	Blue Plus Strive	On-Exchange	<100	$1,476,298
BP	57129MN051	Blue Plus Strive	Off-Exchange	<100	$906,224
BP	57129MN017	Blue Plus Northeast	On-Exchange	<100	$798,613
PreferredOne	88102MN021	Savers	Off-Exchange	<100	$533,062
BP	57129MN054	Blue Plus Minnesota Value	On-Exchange	<100	$525,135
BP	57129MN016	Blue Plus Northeast	Off-Exchange	<100	$519,547
Medica	31616MN043	North Memorial Acclaim by Medica	On-Exchange	<100	$483,673
Medica	31616MN021	Medica Value	Off-Exchange	<100	$445,250
PreferredOne	88102MN001	PreferredHealth	Off-Exchange	<100	$412,049
HealthPartners	34102MN008	GHI NAM Off Exchange - HP Ind	Off-Exchange	<100	$362,917
BP	57129MN053	Blue Plus Minnesota Value	Off-Exchange	<100	$355,778
Medica	31616MN045	Altru Prime by Medica	On-Exchange	<100	$324,996

Appendix C - Estimated Reinsurance Amount and Claimants by Product

Carrier	Product ID	Product Name	Exchange Status	Claimants[2]	Reinsurance
HealthPartners	34102MN009	GHI NAM Off Exchange - HP Ind Ded	Off-Exchange	<100	$216,822
Medica	31616MN043	North Memorial Acclaim by Medica	Off-Exchange	<100	$212,687
Medica	31616MN020	Medica HSA	Off-Exchange	<100	$195,577
Medica	31616MN018	Medica Solo	Off-Exchange	<100	$116,599
Medica	31616MN046	Ridgeview Distinct by Medica	On-Exchange	<100	$110,586
			Total	**2,105**	**$96,435,053**

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 differs from the enrollee count shown in Table 1.

Appendix D - Minnesota Rating Regions