

Minnesota Comprehensive Health Association

2022 Second Quarter Report
Results for The Minnesota Premium Security Plan

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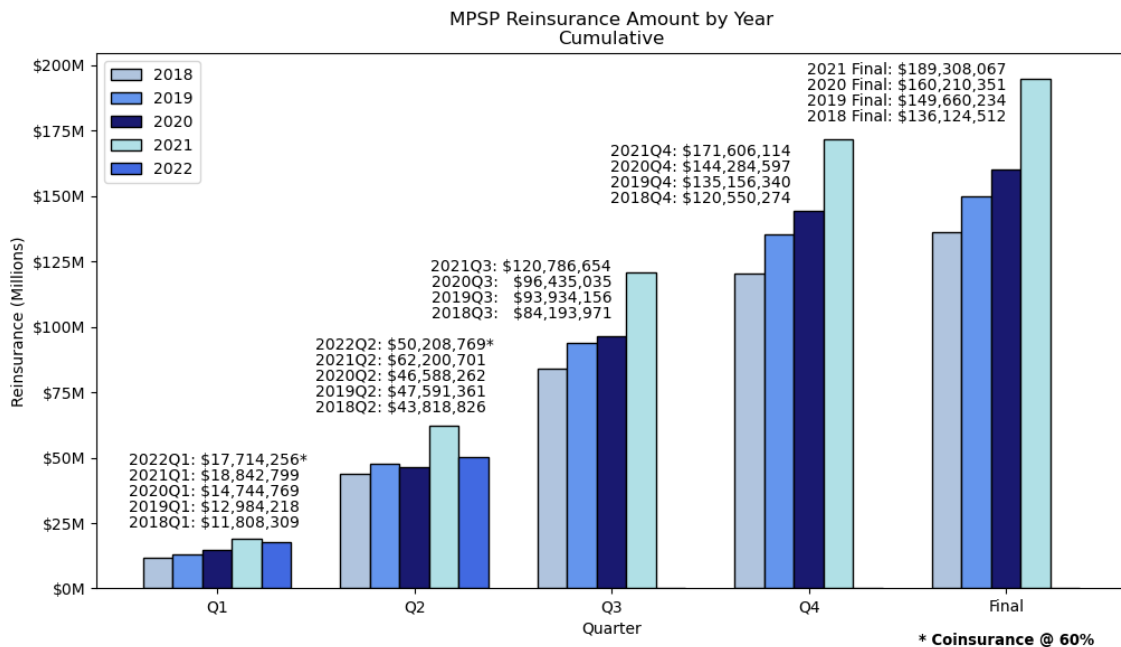
Introduction

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 2022 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 reported by issuers between January and June 2022 total approximately \$50.2 million for 1,494 distinct enrollees. The data underlying this analysis was provided by Minnesota carriers eligible for reinsurance under MPSP. The figure below shows the reinsurance included in the 2018 through 2022 quarterly reports.



The total year-to-date reinsurance amount in the 2022Q2 quarterly report is approximately 19.3% lower than the reinsurance in the 2021Q2 quarterly report. The year-over-year decrease is caused by the change in the coinsurance parameter from 80% in 2021 to 60% in 2022. Without the coinsurance change, the 2022Q2 reinsurance amount would have equaled \$66,945,025 which represents a 7.6% increase over the 2021Q2 reinsurance amount. For additional information, please see the [Coinsurance](#)

Change section on page 8 of this report.

The final 2022 reinsurance amounts and enrollee counts will increase significantly from the 2022Q2 values shown in this report. The final reinsurance will be calculated in compliance with Minnesota Statutes §62E.23 and will be based on an entire year of claim experience.

Table 1 provides enrollment and reinsurance information underlying the second quarterly reports between 2018 and 2022. The overall number of reinsurance eligible enrollees increased between 2021Q2 and 2022Q2 while the total reinsurance amount decreased. The decrease is largely caused by the change in the coinsurance rate from 80% in 2021 to 60% in 2022 that was part of the omnibus health and human services bill approved by Governor Walz on June 28th, 2021.¹ The line labeled @ 80% gives the reinsurance that would have been reported if the coinsurance did not change.

Table 1: Reinsurance Amounts and Enrollee Counts

	Distinct RI Enrollees	RI Enrollee % Change	Reported Reinsurance	Reinsurance % Change
Statewide 2022Q2 @ 60%	1,494	4.5%	\$50,208,769	-19.3%
Statewide 2022Q2 @ 80%	1,494	4.5%	\$66,945,025	7.6%
Statewide 2021Q2	1,429	25.5%	\$62,200,701	33.5%
Statewide 2020Q2	1,139	-0.5%	\$46,588,262	-2.1%
Statewide 2019Q2	1,145	5.2%	\$47,591,361	8.6%
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 2022 claim experience with paid dates through July 2022 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 to the left. Wakely validated this amount against the carrier provided calculations.

Reinsurance Parameters

Claim Range ^[1]	Liability
\$0	Plan Pays: 100%
\$50,000	
\$50,001	Plan Pays: 40% MPSP Pays: 60%
\$250,000	
\$250,001	Plan Pays ^[2] : 100%

[1] - Claim Range Excludes Member Cost Sharing

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

¹See Article 15, Section 2 of HF 33

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. The 2018 through 2021 distributions are shown next to the 2022Q2 distribution 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 2022. For example, if an individual is in the 2022Q2 data template but not the 2022Q1 data template, then he or she is included in the 2022Q2 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 that first appeared in prior quarters incurring additional claims.

Table 2: Reinsurance Amount by Enrollee’s First 2022 Report

Cohort	Enrollees	Reinsurance by Quarter		
		2022Q1	2022Q2	2022 YTD
2022Q1	623	\$17,714,256	\$13,969,444	\$31,683,699
2022Q2	871	n/a	\$18,525,070	\$18,525,070
Total	1,494	\$17,714,256	\$32,494,513	\$50,208,769

1. Reinsurance amounts increased by approximately \$32.5 million between the 2022Q1 and 2022Q2 reports. The increase between the 2021Q1 and 2021Q2 reports was approximately \$43.4 million. After adjusting for the coinsurance change, the increase between 2021Q1 and 2021Q2 is \$32.6 million ($\approx \$43.4 \times \frac{60\%}{80\%}$).
2. There were a total of 871 new reinsurance eligible enrollees in the 2022Q2 report with approximately \$18.5 million in reinsurance. During the 2021Q2 report, these values were 873 and \$26.2 million. Using an equivalent 60% coinsurance, the \$26.2 million becomes \$19.7 million ($\approx 26.2 \times \frac{60\%}{80\%}$).

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 2: Reinsurance Amount by Area

Rate Region	2022Q2 Reinsurance	2022Q2 Dist'n	2021 Dist'n	2020 Dist'n	2019 Dist'n	2018 Dist'n
Rating Area 1	\$5,336,872	11%	11%	11%	12%	10%
Rating Area 2	\$2,587,337	5%	6%	6%	6%	6%
Rating Area 3	\$3,005,103	6%	7%	7%	7%	6%
Rating Area 4	\$1,567,710	3%	3%	2%	3%	3%
Rating Area 5	\$2,178,916	4%	5%	4%	4%	5%
Rating Area 6	\$2,145,804	4%	4%	5%	4%	4%
Rating Area 7	\$4,268,613	9%	9%	7%	9%	7%
Rating Area 8	\$28,242,017	56%	56%	57%	54%	55%
Rating Area 9	\$876,397	2%	1%	1%	1%	2%
Statewide	\$50,208,769	100%	100%	100%	100%	100%

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 2022 completes.

Table 3: Reinsurance Amount by Metal Tier

Metal Tier	2022Q2 Reinsurance	2022Q2 Dist'n	2021 Dist'n	2020 Dist'n	2019 Dist'n	2018 Dist'n
Catastrophic	\$621,930	1%	0%	1%	0%	0%
Bronze	\$23,311,954	46%	48%	45%	44%	48%
Silver	\$13,257,547	26%	26%	29%	29%	29%
Gold	\$12,812,582	26%	25%	25%	26%	22%
Platinum	\$204,756	0%	0%	1%	1%	1%
Total	\$50,208,769	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. There has been a significant shift in the amount of reinsurance On-Exchange between 2021 and 2022 which was caused by an increase in enrollment on the On-Exchange market relative to the Off-Exchange. For more information, please see the [2022 Considerations](#) section.

Table 4: Reinsurance Amount by Exchange Status

Exchange Status	2022Q2 Reinsurance	2022Q2 Dist'n	2021 Dist'n	2020 Dist'n	2019 Dist'n	2018 Dist'n
On-Exchange	\$36,526,697	73%	67%	69%	69%	68%
Off-Exchange	\$13,682,072	27%	33%	31%	31%	32%
Total	\$50,208,769	100%	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. There are CSR plans available at the 87% and 94% level as well. CSR plans are only available on the Exchange. Finally, there are limited cost-sharing and zero cost-sharing plans for American Indians and Alaska Natives.

Table 5: Reinsurance Amount by Plan Type

Plan Type	2022Q2 Reinsurance	2022Q2 Dist'n	2021 Dist'n	2020 Dist'n	2019 Dist'n	2018 Dist'n
Standard	\$46,445,619	93%	92%	90%	90%	91%
Zero CS	\$29,608	0%	0%	0%	0%	0%
Limited CS	\$355,639	1%	0%	0%	0%	0%
73% CSR	\$3,377,904	7%	7%	9%	9%	9%
94% CSR	\$0	0%	1%	0%	0%	0%
Total	\$50,208,769	100%	100%	100%	100%	100%

Reinsurance by Claim Spend

Please see [Appendix A](#) for reinsurance by claim spend level.

Distribution of HCC Count

Previous reports 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 six months of enrollment. The HCC distribution for 2022 benefit year reinsurance will be provided in future reports similar to previous 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 values shown in [Appendix C](#) for the 2022Q2 report are not directly comparable to the values in reports prior to 2019Q2.

New Market Entrant

Starting January 1st, 2021, Quartz entered the individual market in five southeastern counties. [Appendix C](#) of this report includes Quartz; however, the 2018 through 2020 reports do not.

2022 Considerations

This section discusses changes occurring during 2021 and 2022 that impact reinsurance and trends.

1. **Coinsurance Parameter** - The coinsurance rate decreased from 80% in 2021 to 60% in 2022. All else being equal, this decreases the reinsurance payments by 25% ($= \frac{60\%}{80\%} - 1$). Without the change, the reinsurance reported in Table 1 would be \$66,945,025 ($= \$50,208,769 \times \frac{80\%}{60\%}$) and the reinsurance 2021Q2 to 2022Q2 change would be approximately 7.6% ($= \frac{\$66,945,025}{\$62,200,701} - 1$).
2. **Premium Subsidies** - Ongoing additional premium subsidies as a result of the American Rescue Plan likely increased enrollment in 2022 relative to 2021. Issuers reported an overall increase in the market, which is consistent with public reports by MNSure.²
3. **Unemployment Premium Subsidies** - Beginning July 1, 2021, individuals who received unemployment compensation during 2021 received premium and CSR subsidies. These subsidies expired at the end of 2021. As a result, the reinsurance amount reported in the 94% CSR plans will likely decrease during 2022.

Coinsurance Change

The total amount of reinsurance paid by MCHA depends on the coinsurance rate, and between 2021 and 2022, the coinsurance rate decreased from 80% to 60%. All else being equal for an enrollee, this decreased the total amount of reinsurance paid by 25%. The table below provides an illustrative example of the decrease for a hypothetical member with \$100,000 paid claims using an attachment point of \$50,000.

Table 6: Coinsurance Change Example

Coinsurance	Paid Claims	Formula	Reinsurance Amt
80% Coinsurance	\$100,000	$(\$100,000 - \$50,000) \times 80\%$	\$40,000
60% Coinsurance	\$100,000	$(\$100,000 - \$50,000) \times 60\%$	\$30,000

Note that the total number reinsurance eligible enrollees is not impacted by the coinsurance change because eligibility for reinsurance depends only on the attachment point. The next table restates Table 1 to be on a per reinsurance eligible enrollee format. The *Reported Reinsurance* column in this table equals the *Reported Reinsurance* in Table 1 divided by the *Distinct RI Enrollees* column.

Table 7: Reinsurance Amounts per Enrollee and Enrollee Counts

	Distinct RI Enrollees	RI Enrollee % Change	Reported Reinsurance	Reinsurance % Change
Statewide 2022Q2	1,494	4.5%	\$33,495	-25.0%
<i>Statewide 2022Q2 @ 80%</i>	<i>1,494</i>	<i>4.5%</i>	<i>\$44,660</i>	<i>2.6%</i>
Statewide 2021Q2	1,429	25.5%	\$43,527	6.4%
Statewide 2020Q2	1,139	-0.5%	\$40,903	-1.6%
Statewide 2019Q2	1,145	5.2%	\$41,565	3.2%
Statewide 2018Q2	1,088	-	\$40,275	-

The reinsurance per eligible enrollee decreased 25.0% between 2021Q2 and 2022Q2 from \$43,527 to \$33,495. This matches the expected decrease caused by the the coinsurance change.

²See [Expanded Cost Savings Fuel Record Health Insurance Sign-Ups Through MNSure](#)

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 8: 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 11.0% ($= \frac{\$4,440}{\$4,000} - 1$). This is shown in the next table.

Table 9: 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.

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. In the comparison, the actual portion of enrollees with claims above the attachment point was lower than the 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 April and December 2022.

State Mandated Benefits

Wakely did not adjust the reinsurance calculation methodology for state mandated benefits at the direction of MCHA. Wakely’s understanding is that issuers and Minnesota Department of Commerce (DoC) will make the appropriate adjustments when issuers submit data to DoC for reimbursement.

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 when 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 and other externalities such as the on-going COVID pandemic 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
- ASOP No. 56, Modeling

Signed,



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Appendix A - Reinsurance Amount by Claim Spend Level

2022Q2 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	86	\$51,287	\$772	\$66,433
\$52,508	\$58,498	162	\$55,355	\$3,213	\$520,489
\$58,498	\$119,795	814	\$81,594	\$18,956	\$15,430,451
\$119,795	\$200,000	278	\$150,053	\$60,032	\$16,688,840
\$200,000	\$9,999,999	154	\$367,565	\$113,653	\$17,502,556
Total		1,494	\$119,220	\$33,607	\$50,208,769

Notes:

1. Average Reinsurance Per Enrollee = $\min\{(\text{Average Incurred Claims} - \$50,000) \times 60\%, \$160,000\}$.
2. The claim intervals originate from the 1332 Waiver Application.
3. This distribution is expected to change as 2022 completes.

Appendix A (Cont.) - Reinsurance Amount by Claim Spend Level

2021 Final 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	214	\$51,224	\$979	\$209,496
\$52,508	\$58,498	412	\$55,285	\$4,228	\$1,741,935
\$58,498	\$119,795	1,898	\$80,942	\$24,754	\$46,982,433
\$119,795	\$200,000	677	\$152,573	\$82,058	\$55,553,530
\$200,000	\$9,999,999	561	\$363,647	\$152,148	\$85,355,191
Total		3,762	\$131,490	\$50,463	\$189,842,585

2020 Final 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	155	\$51,198	\$958	\$148,534
\$52,508	\$58,498	354	\$55,457	\$4,365	\$1,545,383
\$58,498	\$119,795	1,761	\$80,824	\$24,659	\$43,424,822
\$119,795	\$200,000	557	\$153,704	\$82,963	\$46,210,511
\$200,000	\$9,999,999	452	\$349,424	\$152,392	\$68,881,102
Total		3,279	\$126,091	\$48,860	\$160,210,351

Notes:

1. Average Reinsurance Per Enrollee = $\min\{(\text{Average Incurred Claims} - \$50,000) \times 80\%, \$160,000\}$.
2. The claim intervals originate from the 1332 Waiver Application.

Appendix A (Cont.) - Reinsurance Amount by Claim Spend Level

2019 Final 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	177	\$51,219	\$975	\$172,613
\$52,508	\$58,498	389	\$55,448	\$4,358	\$1,695,271
\$58,498	\$119,795	1,678	\$80,984	\$24,787	\$41,592,460
\$119,795	\$200,000	527	\$152,994	\$82,395	\$43,422,371
\$200,000	\$9,999,999	412	\$374,574	\$152,373	\$62,777,520
Total		3,183	\$126,132	\$47,019	\$149,660,234

2018 Final 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	173	\$51,263	\$1,010	\$174,801
\$52,508	\$58,498	359	\$55,413	\$4,330	\$1,554,606
\$58,498	\$119,795	1,513	\$81,257	\$25,005	\$37,833,247
\$119,795	\$200,000	522	\$150,761	\$80,609	\$42,077,922
\$200,000	\$9,999,999	358	\$360,572	\$152,190	\$54,483,936
Total		2,925	\$122,901	\$46,538	\$136,124,512

Notes:

1. Average Reinsurance Per Enrollee = $\min\{(\text{Average Incurred Claims} - \$50,000) \times 80\%, \$160,000\}$.
2. The claim intervals originate from the 1332 Waiver Application.

Appendix B - Enrollee Count by HCC
Limited to HCCs with at least 100 Enrollees

Rank	HCC	HCC Description	2022Q2		2021Q2	
			Enrollee Count ¹	% of Reinsurance Eligible Enrollees	Enrollee Count ¹	% of Reinsurance Eligible Enrollees
1	HCC008	Metastatic Cancer	286	19%	227	16%
2	G01	Diabetes	278	19%	244	17%
3	HCC142	Specified Heart Arrhythmias	202	14%	183	13%
4	HCC130	Heart Failure	176	12%	167	12%
5	HCC002	Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock	155	10%	128	9%
6	G13	Respiratory Arrest; Cardio-Respiratory Failure and Shock, Including Respiratory Distress Syndromes	147	10%	142	10%
7	HCC023	Protein-Calorie Malnutrition	142	10%	144	10%
8	HCC075	Coagulation Defects and Other Specified Hematological Disorders	116	8%	< 100	-
9	G08	Disorders of the Immune Mechanism	108	7%	< 100	-
10	HCC156	Pulmonary Embolism and Deep Vein Thrombosis	106	7%	< 100	-
11	HCC009	Lung, Brain, and Other Severe Cancers, Including Pediatric Acute Lymphoid Leukemia	105	7%	< 100	-

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
Blue Plus	57129MN054	Blue Plus Minnesota Value	On-Exchange	136	\$4,012,838
Blue Plus	57129MN015	Blue Plus Southeast	On-Exchange	<100	\$1,443,415
Blue Plus	57129MN053	Blue Plus Minnesota Value	Off-Exchange	<100	\$2,607,657
Blue Plus	57129MN008	Blue Plus Metro	Off-Exchange	<100	\$1,368,115
Blue Plus	57129MN014	Blue Plus Southeast	Off-Exchange	<100	\$372,784
Blue Plus	57129MN009	Blue Plus Metro	On-Exchange	<100	\$1,177,218
HealthPartners	34102MN007	GHI AM Off Exchange	Off-Exchange	168	\$5,537,477
HealthPartners	34102MN001	GHI On Exchange	On-Exchange	162	\$5,920,696
HealthPartners	34102MN008	GHI NAM Off Exchange - HP Ind	Off-Exchange	<100	\$99,425
Medica	31616MN044	Engage by Medica	On-Exchange	<100	\$3,324,275
Medica	31616MN042	Medica Applause	On-Exchange	119	\$4,512,412
Medica	31616MN045	Altru Prime by Medica	On-Exchange	<100	\$226,327
Medica	31616MN043	North Memorial Acclaim by Medica	On-Exchange	<100	\$469,592
Medica	31616MN042	Medica Applause	Off-Exchange	<100	\$1,619,741
Medica	31616MN044	Engage by Medica	Off-Exchange	<100	\$1,017,700
Medica	31616MN021	Medica Value	Off-Exchange	<100	\$210,346
Medica	31616MN020	Medica HSA	Off-Exchange	<100	\$74,491
Medica	31616MN043	North Memorial Acclaim by Medica	Off-Exchange	<100	\$128,331
Medica	31616MN046	Ridgeview Distinct by Medica	Off-Exchange	<100	\$71,346
Medica	31616MN047	Bold by M Health Fairview	On-Exchange	<100	\$230,268
Medica	31616MN047	Bold by M Health Fairview	Off-Exchange	<100	\$106,478

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.
3. The coinsurance for BY2022 is 60%. For BY2018 through BY2021, the coinsurance was 80%. As a result, this table is not directly comparable to previous reports without adjustment.

Appendix C (Cont.) - Estimated Reinsurance Amount and Claimants by Product

Carrier	Product ID	Product Name	Exchange Status	Claimants ²	Reinsurance
PreferredOne	88102MN021	Summit/Savers/Ultimate	Off-Exchange	<100	\$256,568
PreferredOne	88102MN001	PreferredHealth	Off-Exchange	<100	\$209,979
UCare	85736MN023	UCare Individual and Family Plans	On-Exchange	425	\$14,999,641
Quartz	70373MN004	Individual HMO	On-Exchange	<100	\$210,015
Quartz	70373MN004	Individual HMO	Off-Exchange	<100	\$1,634
Total (All Carriers)				1,494	\$50,208,769

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.
3. The coinsurance for BY2022 is 60%. For BY2018 through BY2021, the coinsurance was 80%. As a result, this table is not directly comparable to previous reports without adjustment.

Appendix D - Minnesota Rating Regions

