

# Minnesota Comprehensive Health Association

## 2024 First Quarter Report Results for The Minnesota Premium Security Plan

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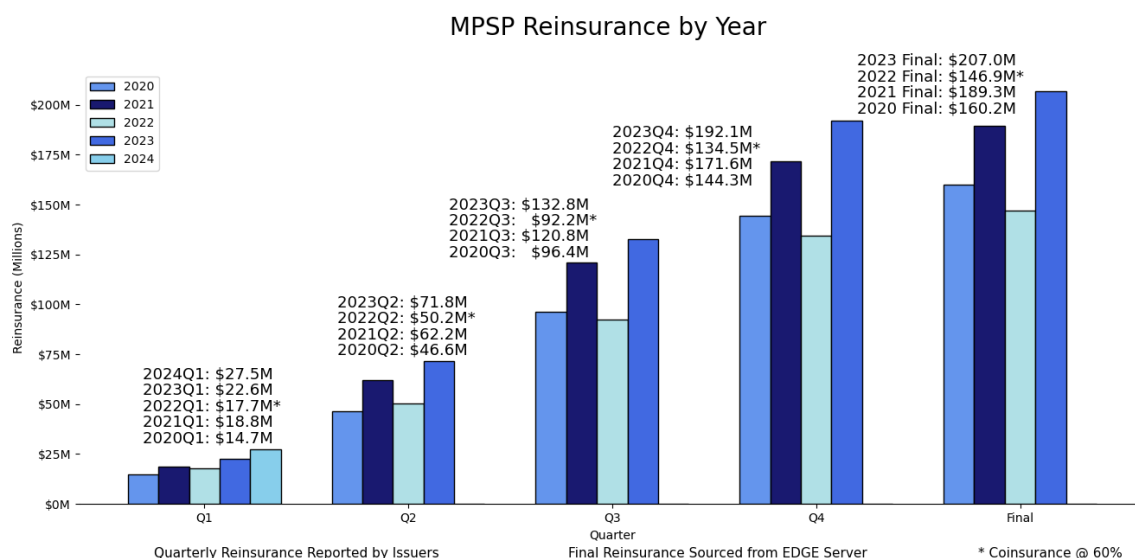
## Introduction

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 2024 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 March 2024 total approximately \$27.5 million for 776 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 2020 through 2024 quarterly and final reports.



The total year-to-date reinsurance amount in the 2024Q1 quarterly report is approximately 21.3% higher than the reinsurance in the 2023Q1 quarterly report. This increase is driven by a combination of overall market growth as a result of Medicaid redetermination and regular reinsurance claim trend. The final 2024 reinsurance amounts and enrollee counts will increase significantly from the 2024Q1 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 first quarterly reports between 2018 and 2024. The overall number of reinsurance eligible enrollees and the total reinsurance

amount increased between 2023Q1 and 2024Q1. The line labeled *Statewide 2022Q1 @ 80%* gives the reinsurance that would have been reported in 2022 if the coinsurance was 80% instead of 60%. In the table below, the percent change column is measured from the previous year except for the line labeled *Statewide 2023Q1* which is measured from the row labeled *2022Q1 @ 80%*.

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

	Distinct RI Enrollees	RI Enrollee % Change	Reported Reinsurance	Reinsurance % Change
Statewide 2024Q1	776	28.5%	\$27,470,626	21.3%
Statewide 2023Q1	604	-1.8%	\$22,648,993	-4.1%
<i>Statewide 2022Q1 @ 80%</i>	<i>615</i>	<i>10.6%</i>	<i>\$23,619,008</i>	<i>25.3%</i>
Statewide 2022Q1 @ 60%	615	10.6%	\$17,714,256	-6.0%
Statewide 2021Q1	556	24.1%	\$18,842,799	27.8%
Statewide 2020Q1	448	14.0%	\$14,744,769	13.6%
Statewide 2019Q1	393	7.1%	\$12,984,218	10.0%
Statewide 2018Q1	367	-	\$11,808,390	-

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 March 2024 claim experience with paid dates through April 2024 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 <sup>[1]</sup>	Liability	
\$0	Plan Pays: 100%	
\$50,000	Plan Pays: 20% MPSP Pays: 80%	
\$50,001		
\$250,000	Plan Pays <sup>[2]</sup> : 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. The 2020 through 2023 final distributions are shown next to the 2024Q1 distribution for reference.

### 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	2024Q1 Reinsurance	2024Q1 Dist'n	2023 Dist'n	2022 Dist'n	2021 Dist'n	2020 Dist'n
Rating Area 1	\$4,156,815	15%	10%	10%	11%	11%
Rating Area 2	\$1,527,776	6%	4%	5%	6%	6%
Rating Area 3	\$2,522,157	9%	7%	6%	7%	7%
Rating Area 4	\$439,768	2%	3%	3%	3%	2%
Rating Area 5	\$1,154,503	4%	4%	5%	5%	4%
Rating Area 6	\$498,180	2%	4%	4%	4%	5%
Rating Area 7	\$2,159,537	8%	8%	8%	9%	7%
Rating Area 8	\$14,814,192	54%	58%	58%	56%	57%
Rating Area 9	\$197,698	1%	1%	1%	1%	1%
<b>Statewide</b>	<b>\$27,470,626</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

### 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 2024 completes.

**Table 3: Reinsurance Amount by Metal Tier**

Metal Tier	2024Q1 Reinsurance	2024Q1 Dist'n	2023 Dist'n	2022 Dist'n	2021 Dist'n	2020 Dist'n
Catastrophic	\$808,629	3%	1%	1%	0%	1%
Bronze	\$9,761,914	36%	40%	44%	48%	45%
Silver	\$8,286,132	30%	28%	28%	26%	29%
Gold	\$8,397,442	31%	30%	26%	25%	25%
Platinum	\$216,509	1%	0%	0%	0%	1%
<b>Total</b>	<b>\$27,470,626</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 enrollee purchased coverage through Minnesota's Exchange, MNSure, or directly through the issuer.

**Table 4: Reinsurance Amount by Exchange Status**

Exchange Status	2024Q1 Reinsurance	2024Q1 Dist'n	2023 Dist'n	2022 Dist'n	2021 Dist'n	2020 Dist'n
On-Exchange	\$19,584,616	71%	69%	69%	67%	69%
Off-Exchange	\$7,886,010	29%	31%	31%	33%	31%
<b>Total</b>	<b>\$27,470,626</b>	<b>100%</b>	<b>100%</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. 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	2024Q1 Reinsurance	2024Q1 Dist'n	2023 Dist'n	2022 Dist'n	2021 Dist'n	2020 Dist'n
Standard	\$25,690,164	94%	93%	93%	92%	90%
Zero CS	\$3,082	0%	0%	0%	0%	0%
Limited CS	\$138,795	1%	0%	0%	0%	0%
73% CSR	\$1,638,585	6%	6%	7%	7%	9%
94% CSR	\$0	0%	0%	0%	1%	0%
<b>Total</b>	<b>\$27,470,626</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 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 2024 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 2024Q1 report are not directly comparable to the values in reports prior to 2019Q2.

## Market Changes

Starting January 1<sup>st</sup>, 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.

As of January 1<sup>st</sup>, 2024, PreferredOne no longer offers products in the individual market.

## 2024 Considerations

This section discusses changes occurring during 2023 and 2024 that impact reinsurance and trends.

- Medicaid Redetermination** - Starting April 2023, Minnesota resumed the regular renewal process for Medicaid eligibility which had been suspended due to the public health emergency. As a result of losing eligibility under Medicaid, some Minnesotans transitioned to purchasing coverage in the Individual market. All else equal, this will increase reinsurance in 2024 relative to 2023. This is especially pronounced in the first quarter since these enrollees were still enrolled in Medicaid during 2023Q1. These individuals will also have an entire year of enrollment in 2024. During 2023, these enrollees had a partial year of experience which dampened this cohort's reinsurance amounts.
- Change Healthcare Data Breach** - The Change Healthcare data breach temporarily slowed down claim processing during 2024Q1 for issuers nationwide. While the slow down of claim processing should not impact the total amount of reinsurance for benefit year 2024, it may impact when reinsurance is reported throughout the year as the back log of claims is processed.

## 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 2024.

## 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 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.** Wakely provides actuarial services to a variety of clients throughout the health industry. Wakely's clients include commercial, Medicare, and Medicaid health plans, the federal government and state governments, medical providers, and other entities that operate in the domestic and international health insurance markets. Wakely has implemented various internal practices to reduce or eliminate conflict of interest risk in serving Wakely's clients. 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 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 and supersedes any previous communications provided to MCHA for Benefit Year 2024.

**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

### 2024Q1 Reinsurance Amount by Claim Spend Level

Two Rows 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				\$52,385
\$52,508	\$58,498	108	\$55,154	\$4,123	\$445,337
\$58,498	\$119,795	448	\$80,694	\$24,555	\$11,000,652
\$119,795	\$200,000	108	\$150,140	\$80,112	\$8,652,119
\$200,000	\$9,999,999				\$7,320,133
<b>Total</b>		<b>776</b>	<b>\$100,758</b>	<b>\$35,400</b>	<b>27,470,626</b>

### 2023 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	226	\$51,213	\$970	\$219,250
\$52,508	\$58,498	464	\$55,385	\$4,308	\$1,998,995
\$58,498	\$119,795	2,232	\$81,337	\$25,070	\$55,955,519
\$119,795	\$200,000	690	\$152,757	\$82,205	\$56,721,698
\$200,000	\$9,999,999	600	\$377,200	\$153,456	\$92,073,769
<b>Total</b>		<b>4,212</b>	<b>\$130,707</b>	<b>\$49,138</b>	<b>\$206,969,230</b>

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

### 2022 Final Reinsurance Amount by Claim Spend Level (60% Coinsurance)

Incurred Claims		Enrollee Count	Average Incurred Claims Per Enrollee	Average Reinsurance Per Enrollee	Aggregate Reinsurance
Low Range	High Range				
\$50,000	\$52,508	208	\$51,236	\$741	\$154,216
\$52,508	\$58,498	417	\$55,510	\$3,306	\$1,378,641
\$58,498	\$119,795	2,030	\$81,153	\$18,692	\$37,944,165
\$119,795	\$200,000	697	\$151,927	\$61,156	\$42,625,681
\$200,000	\$9,999,999	567	\$371,412	\$114,278	\$64,795,526
<b>Total</b>		<b>3,919</b>	<b>\$131,418</b>	<b>\$37,484</b>	<b>\$146,898,229</b>

#### Notes:

1. Average Reinsurance Per Enrollee =  $\min\{(\text{Average Incurred Claims} - \$50,000) \times 60\%, \$120,000\}$ .
2. The claim intervals originate from the 1332 Waiver Application.

## 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
<b>Total</b>		<b>3,762</b>	<b>\$131,490</b>	<b>\$50,463</b>	<b>\$189,842,585</b>

### 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
<b>Total</b>		<b>3,279</b>	<b>\$126,091</b>	<b>\$48,860</b>	<b>\$160,210,351</b>

#### 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
<b>Total</b>		<b>3,183</b>	<b>\$126,132</b>	<b>\$47,019</b>	<b>\$149,660,234</b>

### 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
<b>Total</b>		<b>2,925</b>	<b>\$122,901</b>	<b>\$46,538</b>	<b>\$136,124,512</b>

#### 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	2024Q1		2023Q1	
			Enrollee Count <sup>1</sup>	% of Reinsurance Eligible Enrollees	Enrollee Count <sup>1</sup>	% of Reinsurance Eligible Enrollees
1	HCC008	Metastatic Cancer	164	21%	<100	-
2	G01	Diabetes	149	19%	<100	-
3	HCC130	Heart Failure	102	13%	<100	-
4	HCC142	Specified Heart Arrhythmias	102	13%	<100	-

1. An enrollee may have multiple HCCs and could be double counted if combining enrollee counts between HCCs.
2. No HCCs had more than 100 enrollees in the 2023Q1 report.

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

Carrier	Product ID	Product Name	Exchange Status	Claimants	Reinsurance
Blue Plus	57129MN054	Blue Plus Minnesota Value HSA	On-Exchange	112	\$2,666,461
Blue Plus	57129MN053	Blue Plus Minnesota Value HSA	Off-Exchange	<100	\$1,655,963
Blue Plus	57129MN015	Blue Plus Southeast MN	On-Exchange	<100	\$1,015,607
Blue Plus	57129MN008	Blue Plus Metro MN	Off-Exchange	<100	\$714,198
Blue Plus	57129MN009	Blue Plus Metro MN	On-Exchange	<100	\$544,249
Blue Plus	57129MN014	Blue Plus Southeast MN	Off-Exchange	<100	\$369,903
HealthPartners	79888MN031	Individual Product 3 - NG	Off-Exchange	<100	\$3,190,569
HealthPartners	79888MN030	Individual Product 2 - NG	On-Exchange	<100	\$2,541,812
HealthPartners	79888MN032	Individual Product 4 - NG - Reformized	Off-Exchange	<100	\$17,631
Medica	31616MN044	Engage by Medica	On-Exchange	<100	\$2,543,168
Medica	31616MN044	Engage by Medica	Off-Exchange	<100	\$914,245
Medica	31616MN042	Medica Applause	On-Exchange	<100	\$722,368
Medica	31616MN042	Medica Applause	Off-Exchange	<100	\$573,422
Medica	31616MN047	Bold by M Health Fairview and Medica	On-Exchange	<100	\$323,617
Medica	31616MN021	Medica Value	Off-Exchange	<100	\$245,658
Medica	31616MN046	Ridgeview Distinct by Medica	On-Exchange	<100	\$238,765
Medica	31616MN049	Essentia Choice Care with Medica	On-Exchange	<100	\$184,994
Medica	31616MN043	North Memorial Acclaim by Medica	On-Exchange	<100	\$128,577
Medica	31616MN049	Essentia Choice Care with Medica	Off-Exchange	<100	\$125,734
Medica	31616MN047	Bold by M Health Fairview and Medica	Off-Exchange	<100	\$78,688
Medica	31616MN045	Altru Prime by Medica	On-Exchange	<100	\$3,342

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.

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

Carrier	Product ID	Product Name	Exchange Status	Claimants <sup>2</sup>	Reinsurance
Quartz	70373MN004	Individual HMO	On-Exchange	<100	\$224,412
UCare	85736MN023	UCare Individual and Family Plans	On-Exchange	226	\$8,447,244
<b>Total (All Carriers)</b>				<b>777</b>	<b>\$27,470,626</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.



## Appendix D - Minnesota Rating Regions

