

SERFF Tracking #:

GSHP-130558380

State Tracking #:

GSHP-130558380

Company Tracking #:

SGPPO

State:

Pennsylvania

Filing Company:

Geisinger Quality Options

TOI/Sub-TOI:

H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only

Product Name:

PPO

Project Name/Number:

SG PPO 2017 ACA Filing/SGPPO

Correspondence Summary

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Additional Information Needed	Rashmi Mathur	07/13/2016	07/13/2016
Data Request Sent	Rashmi Mathur	06/15/2016	06/15/2016
Additional Information Needed	Rashmi Mathur	07/21/2016	07/21/2016

Response Letters

Responded By	Created On	Date Submitted
Everard Riley	07/14/2016	07/14/2016
Everard Riley	06/23/2016	06/23/2016
Vicki Bardsley	07/27/2016	07/27/2016

State: Pennsylvania **Filing Company:** Geisinger Quality Options
TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only
Product Name: PPO
Project Name/Number: SG PPO 2017 ACA Filing/SGPPO

Objection Letter

Objection Letter Status	Additional Information Needed
Objection Letter Date	07/13/2016
Submitted Date	07/13/2016
Respond By Date	07/19/2016

Dear Vicki Bardsley,

Introduction:

Please see the attachment that has additional questions on induced Utilization and AV of the plans. Please respond to these questions by close of business on Tuesday, July 19, 2016.

Thank you.

Conclusion:

Sincerely,
Rashmi Mathur

1. Induced Utilization

- a. Please complete the table below for all plans, and confirm that the ratio in column (8) represents the AV and Cost Sharing for each plan in your filing.¹

Plan ID (1)	Metal Level (2)	Projected Membership (3)	Projected Allowed Claims (4)	Projected Paid Claims (5)	Company Determined AV Factor (6)	Induced Utilization ² (7)	AV & Cost Sharing (6)*(7) (8)
xxxxxx							
xxxxxx							
xxxxxx							
Total							

- b. Please show quantitatively, including an Excel spreadsheet with formulas, the derivation of each, the AV and the cost sharing factors for each plan. Also, provide narrative that explains the derivation.
- c. Please provide justification for relative induced utilization assumptions in the Company's pricing that exceed the federal factors used in the risk adjustment model proving that morbidity is not reflected.³
- d. Please confirm that each plan's induced utilization factor was normalized by an aggregate factor, and that the resulting sumproduct (against projected membership) produces a factor of 1.000. Please show the steps that demonstrate this.
2. Please show quantitatively that plan premiums are in proportion to the plan AV Pricing Values.

¹ If a tobacco factor is used in the AV and Cost Sharing please add a column for that amount and modify the formula.

² The Induced Demand is the amount used by the company to reflect increased demand. This may be called by another name in the filing

³ The federal factors relative to the Bronze factors are Silver 1.03, Gold 1.08 and Platinum 1.15.

State: Pennsylvania Filing Company: Geisinger Quality Options
 TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only
 Product Name: PPO
 Project Name/Number: SG PPO 2017 ACA Filing/SGPPO

Objection Letter

Objection Letter Status	Data Request Sent
Objection Letter Date	06/15/2016
Submitted Date	06/15/2016
Respond By Date	06/23/2016

Dear Vicki Bardsley,

Introduction:

The Pennsylvania Insurance Department has received and conducted a preliminary review of the above captioned filing. In order to complete the review, we are requesting the following information. To facilitate a timely review, we request this information be provided within 7 days of the date of this letter. If you have any questions or difficulties in providing the data within this time frame, please call me.

1. Please explain why a manual rate was used considering over 279,000 experience period member months is typically considered fully credible.
2. Please provide a quantitative development of the manual rate resulting in the projected allowed claims of \$492.21 PMPM. This should include any adjustments made to the manual data to bring it in line with GQO's projected population and should include at least the adjustments on Worksheet 1 of the URRT. In addition, please explain how you adjusted for morbidity differences between the data used for the manual rate and the projected population since the projected population will not include Geisinger Quality Options members.
3. Page 4 of the Actuarial Memorandum described Pediatric Dental as additional EHB benefits. Please explain where the adjustment for this benefit is included on the URRT. Note Table 5 shows an "Other" Adjustment of 0.3%.
4. Please explain why there is no demographic adjustment for the population being 2 years older than the base period.
5. Please explain what adjustments were made to the large group data in the development of trends for the individual versus small group market and HMO versus PPO product.
6. Please provide the January 1, 2016 through April 30, 2016 emerging experience in an Excel worksheet formatted similar to Table 2.
7. In Tables 2 and 4, does the premium include HHS cost sharing, estimated risk adjustment or revenue generated from transitional business? If so, please provide the dollar amount of HHS cost sharing and estimated risk adjustment and the number of transitional members.
8. Were changes in provider contracting considered in the development of cost trends?
9. Please provide the quantitative development of the projected paid-to-allowed ratio of 91.1%. (Include excel worksheet with formulas to support the calculation). Please explain why this ratio differs so significantly from the weighted average AV from WS2 of the URRT of 73.7%.
10. Please show quantitatively, including an Excel spreadsheet with formulas, the derivation of the -\$24.16 'Projected Risk adjustments PMPM' found in Section III, Worksheet 1 of the URRT. Please provide a detailed narrative that describes the development of the estimated risk adjustment transfer payment. In demonstrating the development of the transfer payment, please show all risk transfer formula components, the estimated market-wide average risk assumptions as well as support for those assumptions. When responding to this data call, you may redact this response as it will contain proprietary information.
11. Please provide your current estimate of the risk adjustment for 2015.
12. Please provide the development of the 1.59% of QI expenses as shown on page 5 of the Actuarial Memorandum.
13. Please explain why the weighted average in Table 10 of the Benefit Richness in Column L is not 1.000.
14. The Provider Network factors as shown in PA Table 10 should normalize to a factor of 1.000. Please correct.
15. Please provide the quantitative development of the age and area calibration factors.
16. Please provide AV screenshots and Unique Plan Design Justification (if applicable) for all plans being offered.
17. Please provide the actual and projected (according to the approved rate filing) general administrative expense, claims expense, agent/broker fees and commissions, and Quality Improvement Initiatives for calendar years 2014 and 2015 and the year to date 2016. If aggregate numbers were provided and approved in prior year filings, show the allocated amount of each.
18. Please show quantitatively with an Excel spreadsheet with formulas that the Table 11 Consumer Adjusted Premium Rates match the rates shown in the Rates Table template.
19. Please indicate if the Company included an adjustment to account for the regulation that prohibits charging for more than three

State: Pennsylvania **Filing Company:** Geisinger Quality Options
TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only
Product Name: PPO
Project Name/Number: SG PPO 2017 ACA Filing/SGPPO

children per family, and, if applicable, demonstrate how the adjustment was derived and where it is included in the filing.

20.Regarding broker commissions:

a.Under what circumstances and in what geographic locations will commissions be paid?

b.Are commissions paid for Special Enrollment Periods?

c.Provide a copy of the broker agreement – current and 2017.

d.Show the calculation of the average commission – current and 2017.

(When responding to this question, you may provide a redacted version of the response as it contains proprietary information).

21.Please be advised that each time the URRT is changed in SERFF, the URRT in HIOS must also be updated. Please acknowledge your understanding and certify that you are in compliance.

Conclusion:

Upon receipt of your responses to the above requested data, the Department will continue to review your filing. Please note that there may be additional questions as the Department conducts a more in-depth review.

Should you have any questions regarding this correspondence, please contact me at (717) 783-0675 or e-mail at rmathur@pa.gov.

Sincerely,

Rashmi Mathur, ASA, MAAA

Actuary

Bureau of Life, Accident & Health Insurance

Office of Insurance Product Regulation & Administration

Sincerely,

Rashmi Mathur

SERFF Tracking #:

GSHP-130558380

State Tracking #:

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State: Pennsylvania
TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only
Product Name: PPO
Project Name/Number: SG PPO 2017 ACA Filing/SGPPO

Filing Company: Geisinger Quality Options

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/27/2016
Submitted Date	07/27/2016

Dear Rashmi Mathur,

Introduction:

The following is in response to the Department's 7/21/16 request:

Response 1

Comments:

The first 2 years of the ACA risk adjustment program have shown a wide variation in risk adjustment transfer payments. Unfortunately, little confidence was gained with the second data point. Our projected risk adjustment transfer payment for 2015 was, in general, very close to our estimated transfer payment used in our originally proposed rates. Replacing our originally estimate risk adjustment transfer payment with the actual risk adjustment transfer payment would actually increase our proposed rates very slightly (1% for PPO and 2% for HMO). Given this minimal difference, we remain comfortable with our originally proposed increases.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	7/27/16 Response to PID question
Comments:	
Attachment(s):	GQO SG Risk Adjustment 20160722.xlsx

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Please let us know if you have any questions regarding this response. Thank you!

Vicki Bardsley
 Sincerely,
 Vicki Bardsley

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 TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only
 Product Name: PPO
 Project Name/Number: SG PPO 2017 ACA Filing/SGPPO

Response Letter

Response Letter Status Submitted to State
 Response Letter Date 07/14/2016
 Submitted Date 07/14/2016

Dear Rashmi Mathur,

Introduction:

Geisinger Health Plans has received and reviewed the questions from the PID regarding the small group PPO rate filing.

Response 1

Comments:

1. Induced Utilization

- a. The table requested is provided in the attached file: GQO SG Responses 20160714.xlsx. I have added column (8) and modified the formula in column (9) to show the tobacco normalization factor as requested. We did not project allowed and paid claims at the plan level because it is not credible or meaningful based on benefit design changes and plan mapping.
 - b. A confidential internal pricing model is used to determine the AV and cost sharing factors based on the member cost sharing for each plan.
 - c. The induced utilization factors were determined from an analysis of our market position by metallic level. The federal factors used in the risk adjustment model were not reflective of the differential in metallic premium rates in the market in Pennsylvania. Morbidity was not considered in determining the premium differential between metallic levels.
 - d. The weighted average induced utilization factor is 1.000 as demonstrated in cell G48 of the attached file referenced in 1a above.
2. The plan premiums are calculated from the 2017 Calibrated Plan Adjusted Index Rate PMPM shown in the PA Act Memo Exhibits Table 10. The plan premiums vary by rating area, age, tobacco and quarter and will retain the same proportional relationship for each unique member as the 2017 Calibrated Plan Adjusted Index Rate PMPM. The AV Pricing Values include all plan specific factors allowed by 45 CFR 156.80(d)(2). The AV Pricing Values and 2017 Calibrated Plan Adjusted Index Rate PMPM are shown in the file referenced in 1a above in columns (10) and (11). Columns (12) and (13) then show the proportion of each of these to the first plan to demonstrate that the plan premiums are in proportion to the plan AV Pricing Values. The plan AV Pricing Values displayed on the URRT and the attached file are calculated from the PA Act Memo Exhibits Table 10 2017 Calibrated Plan Adjusted Index Rate PMPM removing the calibration and dividing by the Market Adjusted Index Rate. These are rounded to 3 decimal places to be displayed in the URRT and cause some differences in the comparison because of this rounding.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	7/14/16 Responses to PID questions
Comments:	
Attachment(s):	GQO SG Response 20160714.xlsx

SERFF Tracking #:

GSHP-130558380

State Tracking #:

GSHP-130558380

Company Tracking #:

SGPPO

State:

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H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only

Product Name:

PPO

Project Name/Number:

SG PPO 2017 ACA Filing/SGPPO

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Please feel free to contract either Everard Riley at 570-214-8849 or Vicki Bardsley at 570-271-7842.

Sincerely,

Vicki Bardsley

SERFF Tracking #:

GSHP-130558380

State Tracking #:

GSHP-130558380

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Product Name: PPO

Project Name/Number: SG PPO 2017 ACA Filing/SGPPO

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/23/2016
Submitted Date	06/23/2016

Dear Rashmi Mathur,

Introduction:

Geisinger Health Plans has received and reviewed the questions from the PID regarding the small group PPO rate filing.

Response 1

Comments:

Geisinger Health Plans has provided the responses in the Supporting Documentation section outlined below. The file titled "GQO SG Responses.pdf" provides each question and response. Due to the character limitation in place in this section of SERFF we are unable to provide the responses in this comment section.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	6/23/2016 Response to PID questions
Comments:	
Attachment(s):	GQO SG Area Calibration.xlsx GQO SG Emerging Experience Table 2.xlsx GQO SG Rate Calculation.xlsx Age Calibration 2017 ACA Filings.xlsx GQO SG Manual Rate Development.xlsx Projected Paid to Allowed Ratio - 2017 ACA Filings.xlsx GQO SG Responses.pdf

SERFF Tracking #:

GSHP-130558380

State Tracking #:

GSHP-130558380

Company Tracking #:

SGPPO

State: Pennsylvania

Filing Company:

Geisinger Quality Options

TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only

Product Name: PPO

Project Name/Number: SG PPO 2017 ACA Filing/SGPPO

Supporting Document Schedule Item Changes	
Satisfied - Item:	6/23/2016 Response to PID questions
Comments:	
Attachment(s):	GQO SG Area Calibration.xlsx GQO SG Emerging Experience Table 2.xlsx GQO SG Rate Calculation.xlsx Age Calibration 2017 ACA Filings.xlsx GQO SG Manual Rate Development.xlsx Projected Paid to Allowed Ratio - 2017 ACA Filings.xlsx GQO SG Responses.pdf
Satisfied - Item:	CONFIDENTIAL 6/23/2016 Responses to PID questions
Comments:	Confidential responses not for public release.
Attachment(s):	GQO SG Risk Adjustment.xlsx GQO SG Admin Expense.xlsx

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Please feel free to contract either Everard Riley at 570-214-8849 or Vicki Bardsley at 570-271-7842.

Sincerely,

Everard Riley

State: Pennsylvania Filing Company: Geisinger Quality Options
 TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only
 Product Name: PPO
 Project Name/Number: SG PPO 2017 ACA Filing/SGPPO

Supporting Document Schedules

Satisfied - Item:	6/23/2016 Response to PID questions
Comments:	
Attachment(s):	GQO SG Area Calibration.xlsx GQO SG Emerging Experience Table 2.xlsx GQO SG Rate Calculation.xlsx Age Calibration 2017 ACA Filings.xlsx GQO SG Manual Rate Development.xlsx Projected Paid to Allowed Ratio - 2017 ACA Filings.xlsx GQO SG Responses.pdf
Item Status:	
Status Date:	

SERFF Tracking #:

GSHP-130558380

State Tracking #:

GSHP-130558380

Company Tracking #:

SGPPO

State:

Pennsylvania

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SG PPO 2017 ACA Filing/SGPPO

Attachment GQO SG Area Calibration.xlsx is not a PDF document and cannot be reproduced here.

Attachment GQO SG Emerging Experience Table 2.xlsx is not a PDF document and cannot be reproduced here.

Attachment GQO SG Rate Calculation.xlsx is not a PDF document and cannot be reproduced here.

Attachment Age Calibration 2017 ACA Filings.xlsx is not a PDF document and cannot be reproduced here.

Attachment GQO SG Manual Rate Development.xlsx is not a PDF document and cannot be reproduced here.

Attachment Projected Paid to Allowed Ratio - 2017 ACA Filings.xlsx is not a PDF document and cannot be reproduced here.

1. Please explain why a manual rate was used considering over 279,000 experience period member months is typically considered fully credible.

The 2017 Unified Rate Review Instructions, section 1.5 on page 7 states under Single Risk Pool:

“The single risk pool, as specified in 45 CFR 456.80(a-c), must include ALL (non-grandfathered) covered persons (lives) an issuer has in a state, within a market (individual, small group, or combined).”

It is our interpretation that an issuer should use all available information to estimate the total small group market projected allowed PMPM in the state. Page 3-4 of the Actuarial Memorandum describes that we believe that combining the experience of Geisinger Health Plan and Geisinger Quality Options is a better representation of the Single Risk Pool. Our intention is to accurately project the Single Risk Pool experience based on all available information for that Single Risk Pool and we believe that combining the experience of HMO, POS and PPO products will accomplish that.

2. Please provide a quantitative development of the manual rate resulting in the projected allowed claims of \$492.21 PMPM. This should include any adjustments made to the manual data to bring it in line with GQO’s projected population and should include at least the adjustments on Worksheet 1 of the URRT. In addition, please explain how you adjusted for morbidity differences between the data used for the manual rate and the projected population since the projected population will not include Geisinger Quality Options members.

Attachment “GQO SG Manual Rate Development.xlsx” provides a quantitative development of the projected allowed claims PMPM of \$492.21. Page 4 of the Actuarial Memorandum states: “The morbidity of the base period is expected to continue into the projection period.” We are not adjusting the morbidity because the Single Risk Pool projected experience includes all available information we have on this population. All of the Geisinger Health Plan and Geisinger Quality Options experience used in the manual rate represent our expected projection of the ACA compliant experience in the Pennsylvania Individual Single Risk Pool. We do not believe the morbidity of one product line will differ greatly from the other.

3. Page 4 of the Actuarial Memorandum described Pediatric Dental as additional EHB benefits. Please explain where the adjustment for this benefit is included on the URRT. Note Table 5 shows an “Other” Adjustment of 0.3%.

The URRT does not show the development of the Credibility Manual PMPM and therefore additional EHB benefits included in the Credibility Manual PMPM are not shown on the URRT. Table 5 shows the Single Risk Pool Adjustment Factors applied to our Unadjusted Projected Allowed EHB Claims PMPM, which is the Credibility Manual PMPM before allowable adjustments. The additional EHB described on page 4 of the Actuarial Memorandum is included in the “Change in Benefits” category on Table 5. The Adjusted Projected Allowed EHB Claims PMPM on Table 5 equals the Credibility Manual Total PMPM on the URRT for 1st quarter 2017.

4. Please explain why there is no demographic adjustment for the population being 2 years older than the base period.

There is no demographic adjustment to the population based on our assumption that newborns and new enrollment will replace deaths and lapsing enrollment to maintain an overall average age in the projection period that is similar to the experience period.

5. Please explain what adjustments were made to the large group data in the development of trends for the individual versus small group market and HMO versus PPO product.

Due to the volatile nature of our individual and small group markets (both ACA & transitional), we have decided to utilize our credible, stable large group block to develop pricing trends for all of our commercial markets. The same applies to our HMO & PPO products where we have seen significant movement between products as pricing strategies change over time. Since our provider contracts do not differentiate between our various commercial markets or products, the unit cost projections generated from our large group block can be appropriately applied to both our individual and small group markets (for both HMO & PPO products). Likewise, our medical management process does not differentiate between products or markets so we would expect similar results in utilization trends.

6. Please provide the January 1, 2016 through April 30, 2016 emerging experience in an Excel worksheet formatted similar to Table 2.

Attachment "GQO SG Emerging Experience Table 2.xlsx" has the January 1, 2016 through April 30, 2016 information in Table 2.

7. In Tables 2 and 4, does the premium include HHS cost sharing, estimated risk adjustment or revenue generated from transitional business? If so, please provide the dollar amount of HHS cost sharing and estimated risk adjustment and the number of transitional members.

The premium in Tables 2 and 4 of the PA Actuarial Memorandum Exhibits do not include the HHS cost sharing or the estimated risk adjustment. The HHS cost sharing does not apply to the small group market. The estimated risk adjustment is included in Estimated Risk Adjustment. Page 6 of the Final 2017 ACA-Compliant Health Insurance Rate Filing Guidance dated March 11, 2016 states that Table 2 is to include transitional business, so we have included transitional business in Tables 2 and 4.

- The Geisinger Quality Options risk adjustment estimate for CY 2015 is -\$1,048,622 (payment into program).
- The Geisinger Quality Options small group market non-grandfathered non-ACA member months included in Table 2 are 210,132 for CY 2015. These same member months are included in Table 4.
- The Geisinger Quality Options small group market non-grandfathered non-ACA member months included in Table 4 are 356,882 for CY 2014.
- All of the CY 2013 experience in Table 4 is Geisinger Quality Options small group market non-grandfathered non-ACA membership, 493,073 member months.

The premium in Table 2b also does not include HHS cost sharing or estimated risk adjustment. The estimated Risk Adjustment is shown in Table 2b and is -\$1,515,672 (payment into program).

Table 4b is large group experience used to develop trends and does not include any ACA market or transitional experience.

8. Were changes in provider contracting considered in the development of cost trends?

Page 4 of the Actuarial Memorandum states that unit cost trend factors are based on anticipated increases in facility and professional fees. This includes detailed analysis of provider contracts to determine the anticipated increases in fees.

9. Please provide the quantitative development of the projected paid-to-allowed ratio of 91.1%. (Include excel worksheet with formulas to support the calculation). Please explain why this ratio differs so significantly from the weighted average AV from WS2 of the URRT of 73.7%.

A file showing the development of the “Projected Paid to Allowed Ratio” of 91.1% has been uploaded in SERFF (see “Projected Paid to Allowed Ratio – 2017 ACA Filings.xlsx”).

We are unable to replicate the weighted average AV (URRT WS2) of 73.7% referenced above. Would it be possible to explain to us how this percentage was calculated so we can address this portion of the question?

10. Please show quantitatively, including an Excel spreadsheet with formulas, the derivation of the - \$24.16 ‘Projected Risk adjustments PMPM’ found in Section III, Worksheet 1 of the URRT. Please provide a detailed narrative that describes the development of the estimated risk adjustment transfer payment. In demonstrating the development of the transfer payment, please show all risk transfer formula components, the estimated market-wide average risk assumptions as well as support for those assumptions. When responding to this data call, you may redact this response as it will contain proprietary information.

Attachment “GQO SG Risk Adjustment.xlsx” contains this information.

11. Please provide your current estimate of the risk adjustment for 2015.

Table 2 in the PA Actuarial Memorandum Exhibits shows our estimated 2015 Risk Adjustment transfer payment of -\$1,048,622 (payment into program) for Geisinger Quality Options. Table 2b in the PA Actuarial Memorandum Exhibits shows our estimated 2015 Risk Adjustment transfer payment - \$1,515,672 (payment into program) for Geisinger Health Plan and Geisinger Quality Options combined.

12. Please provide the development of the 1.59% of QI expenses as shown on page 5 of the Actuarial Memorandum.

The QI Expense amount (i.e. 1.59%) used in the calculation of the MLR (on page 5 of our Actuarial Memo) is taken directly from our 2015 SHCE financial statement. QI Expenses are incurred related with activities to improve health outcomes, prevent hospital readmission, improve patient safety and reduce medical errors, wellness and health promotion activities, and Health Information Technology expenses related to health improvement.

13. Please explain why the weighted average in Table 10 of the Benefit Richness in Column L is not 1.000.

Table 10 of the PA Actuarial Memorandum Exhibits shows totals that are based on member weighted average enrollment in each plan. The membership weights used are February 2016 enrollment. We do not believe that February 2016 enrollment accurately reflects our projection period, therefore the Benefit Richness weighted average does not equal 1.000. The Benefit Richness factors

were normalized to our projected population and if Table 10 were based on the projection population the weighted average would be 1.000.

14. The Provider Network factors as shown in PA Table 10 should normalize to a factor of 1.000. Please correct.

Table 10 of the PA Actuarial Memorandum Exhibits shows totals that are based on member weighted average enrollment in each plan. The membership weights used are February 2016 enrollment. We do not believe that February 2016 enrollment accurately reflects our projection period, therefore the Provider Network weighted average does not equal 1.000. The Provider Network factors were normalized to our projected population and if Table 10 were based on the projection population the weighted average would be 1.000.

15. Please provide the quantitative development of the age and area calibration factors.

The supporting files have been uploaded into SERFF (see “Age Calibration 2017 ACA Filings.xlsx” & “GQO SG Area Calibration.xlsx”).

16. Please provide AV screenshots and Unique Plan Design Justification (if applicable) for all plans being offered.

Please refer to the corresponding Binder filing (GSHP-PA17-125063553) under the “Supporting Documentation” tab for this file.

17. Please provide the actual and projected (according to the approved rate filing) general administrative expense, claims expense, agent/broker fees and commissions, and Quality Improvement Initiatives for calendar years 2014 and 2015 and the year to date 2016. If aggregate numbers were provided and approved in prior year filings, show the allocated amount of each.

Actual and projected admin expenses are included in the attachment “GQO SG Admin Expense.xlsx”.

18. Please show quantitatively with an Excel spreadsheet with formulas that the Table 11 Consumer Adjusted Premium Rates match the rates shown in the Rates Table template.

Attached file “GQO SG Rate Calculation.xlsx” includes the rate calculation details. Due to IT system constraints there are four specific places where we need to round figures to be entered into our premium system. The four factors that need to be rounded and their respective decimal places are listed below and detailed in the Excel file.

1. Calibrated Plan Adjusted Index Rate – 3 decimal places
2. Rating Area Factor – 3 decimal places
3. Age Factor and Tobacco Factor multiplied together – 3 decimal places
4. Age, Rating Area and Tobacco specific Premium rate – 2 decimal places

19. Please indicate if the Company included an adjustment to account for the regulation that prohibits charging for more than three children per family, and, if applicable, demonstrate how the adjustment was derived and where it is included in the filing.

As referenced on page 7 of the Actuarial Memorandum, we did account for this regulation in the development of our average age factor, i.e. a factor of "0" was used for all "non-billable" members (e.g. all dependent children beyond the third child on a family contract). This calculation is illustrated in the "Age Calibration 2017 ACA Filings.xlsx" file (referenced in Q#15).

20. Regarding broker commissions:

a. Under what circumstances and in what geographic locations will commissions be paid?

We pay commission on all new and renewing ACA business across all Geisinger rating regions.

b. Are commissions paid for Special Enrollment Periods?

There are no SEP's for Small Group, so this does not apply.

c. Provide a copy of the broker agreement – current and 2017.

Proprietary document.

d. Show the calculation of the average commission – current and 2017.

Proprietary information.

(When responding to this question, you may provide a redacted version of the response as it contains proprietary information).

21. Please be advised that each time the URRT is changed in SERFF, the URRT in HIOS must also be updated. Please acknowledge your understanding and certify that you are in compliance.

We acknowledge that the URRT uploaded in SERFF must also be uploaded in HIOS (i.e. URRTs should be consistent between SERFF & HIOS).