

State: Pennsylvania **Filing Company:** Geisinger Quality Options
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO
Product Name: PPO
Project Name/Number: Small Group PPO-2016 Exchange Rate Filing/

Filing at a Glance

Company: Geisinger Quality Options
Product Name: PPO
State: Pennsylvania
TOI: H16G Group Health - Major Medical
Sub-TOI: H16G.003A Small Group Only - PPO
Filing Type: Rate - Other (Not M.U. or G.I. Product)
Date Submitted: 05/15/2015
SERFF Tr Num: GSHP-130072619
SERFF Status: Assigned
State Tr Num: GSHP-130072619
State Status: Received Review in Progress
Co Tr Num: SMALL GROUP PPO

Implementation: 01/01/2016
Date Requested:
Author(s): Vicki Bardsley, Diana Ginitz, Rahmaire Brooks
Reviewer(s): Jim Laverty (AH) (primary)
Disposition Date:
Disposition Status:
Implementation Date:

State Filing Description:
Proposed 9.88% increase on 2016 off-exchange-only small group PPO rates.
Binder ID#: GSHP-PA16-125046934

State: Pennsylvania **Filing Company:** Geisinger Quality Options
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO
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General Information

Project Name: Small Group PPO-2016 Exchange Rate Filing	Status of Filing in Domicile: Not Filed
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Small
Group Market Type: Employer	Overall Rate Impact: 9.88%
Filing Status Changed: 05/15/2015	
State Status Changed: 05/15/2015	Deemer Date:
Created By: Vicki Bardsley	Submitted By: Vicki Bardsley
Corresponding Filing Tracking Number: GSHP-130074020,GSHP-130073966	
PPACA: Non-Grandfathered Immed Mkt Reforms	
PPACA Notes: null	
Exchange Intentions:	It is GHP's intention to only offer these benefit plans on our private Exchange, i.e. they will NOT be offered on the public Exchange.

Filing Description:
Small Group PPO-2016 Exchange Rate Filing

Company and Contact

Filing Contact Information

Vicki Bardsley, Manager Actuarial Services vbardsley@thehealthplan.com
 100 North Academy Ave. 570-271-7842 [Phone]
 Danville, PA 17822-3225 570-271-5474 [FAX]

Filing Company Information

Geisinger Quality Options	CoCode:	State of Domicile:
100 North Academy Avenue	Group Code:	Pennsylvania
Danville, PA 17822	Group Name:	Company Type:
(570) 271-7842 ext. [Phone]	FEIN Number: 20-4275139	State ID Number:

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:

State: Pennsylvania **Filing Company:** Geisinger Quality Options
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO
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Supporting Document Schedules

Satisfied - Item:	Actuarial Memorandum and Explanatory Information (A&H)
Comments:	
Attachment(s):	Small Group PPO 2016 Filing-Cover Letter.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Redacted Actuarial Memorandum
Comments:	
Attachment(s):	Redacted_ActuarialMemorandum_2016 Filings_SGPP0_05132015.pdf
Item Status:	
Status Date:	



May 15, 2015

Mr. Peter Camacci
HMO/PPO Review Division
Bureau of Accident and Health Insurance
Office of Rate Policy and Regulation
Commonwealth of Pennsylvania
Department of Insurance
1311 Strawberry Square
Harrisburg, PA 17120

**re: Geisinger Choice-NAIC #12743
Small Group PPO Rate Filing-for Non-Grandfathered Groups with fewer than 51
Employees
Effective January 1, 2016**

Dear Mr. Camacci:

Enclosed for your review and approval is a copy of Geisinger Choice's proposed employer group rate filing for all non-grandfathered PPO groups with fewer than 51 average employees (where "average" means average over the experience period). The proposed effective date is **January 1, 2016**.

The main purpose of this filing is to:

- Establish the required revenue for our small group PPO non-grandfathered single risk pool based on all applicable market reforms of the Affordable Care Act (ACA). This filing is expected to impact approximately 12,439 non-grandfathered members.
- Request a 9.88 percent average increase for 2016 Small Group PPO based on the federally prescribed rating formula

Please refer to the "Actuarial Memorandum & Attestation" uploaded in SERFF under the "Supporting Documentation" tab for a detailed explanation of our rate development.



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100 North Academy Avenue • Danville, PA 17822-3220
Tel. 800-447-4000 • Fax 570-271-5475 • TTY/TDD 711



Thank you for your consideration. Please contact me if you have any additional questions.

Sincerely,

A handwritten signature in blue ink that reads "Kurt J. Wrobel".

Kurt J. Wrobel, FSA, MAAA
Chief Actuary
Geisinger Health Plan

cc. Sarah MacDerment, FSA, MAAA, Manager, Actuarial Services
Victoria Bardsley, Manager Product & Pricing, FAHM
Everard Riley, Actuarial Consultant II

*Geisinger Choice is offered through Geisinger Quality Options, Inc., an affiliate of Geisinger Health Plan (GHP).

HPACT02

C:/My Documents/Group PPO Filing for All NonGrandfathered Groups with under 51 Employees-eff Jan 2016-Cover Letter.doc

Dev: 5/15/15



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Tel. 800-447-4000 • Fax 570-271-5475 • TTY/TDD 711

Actuarial Memorandum—Small Group PPO

General Information

Company Identifying Information

Company Legal Name: Geisinger Quality Options

State: Pennsylvania

HIOS Issuer ID: 75729

Market: Small Group

Effective Date: 1/1/2016

Company Contact Information

Primary Contact Name: Sarah MacDerment

Primary Contact Phone: 570-214-2348

Primary Contact email address: smmacderment@thehealthplan.com

Proposed Rate Increase

Reason for Rate Increase

The proposed overall rate increase is **9.88%**. The components of this rate increase are:

- Single Risk Pool experience which is more adverse than assumed in current rates (morbidity);
- Cost trend;
- Utilization trend;
- Changes in administrative expenses;
- Changes in ACA fees (including Transitional Reinsurance Program);
- Changes in population demographic.

Each of these components is discussed in detail under the “Projection Factors” section of this document.

Experience Period Premium and Claims

Paid Through Date

The Experience Period data provided in the URRT Worksheet 1, Section I is incurred in calendar year 2014 and paid through 2/20/2015.

Premiums (net of MLR Rebate) in Experience Period

Premiums include earned premiums for calendar year 2014 for the small group Single Risk Pool.

Premiums are not reduced by taxes and/or assessments.

MLR rebates are not expected to be paid for this block of business. Initial estimates of rebates have been completed utilizing the methodology required for the CY 2014 rebate filing. Estimates suggest that the small group market MLR will be above the minimum MLR target of 80%.

Allowed and Incurred Claims Incurred During the Experience Period

The Experience Period Claims are based on small group non-grandfathered business incurred and paid claims with IBNR added for the tail of claims incurred but not paid. For both paid and allowed claims the same IBNR factors were used. The IBNR factors were based on legal-entity level claims completion tables which include individual and group commercial experience. This method is appropriate in order to

assure proper credibility and because timing of claims payment to providers does not vary by market or product.

Benefit Categories

<u>Benefit Category</u>	<u>Description</u>
Inpatient Hospital	Determined by place of service (Hospital—IP)
Outpatient Hospital	Determined by place of service (Hospital—OP)
Professional	Determined by place of service (Physician’s office)
Other Medical	Determined by place of service (any provider not Hospital or Physician’s office)
Capitation	Claims per Financial Department
Prescription Drug	Claims per contracted PBM

Projection Factors

To best estimate the Projected Allowed Experience Claims for this Single Risk Pool the population was segmented into different cohorts that have different population demographics, experience and morbidity.

Credibility Manual Rate Development

Source and Appropriateness of Experience Data Used

The Credibility Manual Rate is developed using the small group 2-50 employee non-grandfathered business combined with the small group 51-100 employee non-grandfathered business. Experience data for each segment of this population are incurred and paid in calendar year 2014 and paid through 2/20/15 with IBNR added for the remaining tail of claims incurred but not paid. IBNR is determined as described above in the Experience Period Premium and Claims section. This population is appropriate because each segment of this population is anticipated to make up a portion of the Projection Period based on renewals and transitioning to the ACA market.

Adjustments Made to the Data

The following adjustments are included in the development of the Credibility Manual Rate and adjusted to represent the expected experience in the projection period.

Changes in Benefits

Additional benefits due to Essential Health Benefits requirements are included in both of the non-ACA Compliant Experience segments:

- + Autism benefit (aka “Habilitative” Services): 1.7% of claims
- + Pediatric/Adult Eye Exam: \$1.09 PMPM
- + Pediatric Eyewear: \$2.54 PMPM
- + 100% coverage of adult physicals: 0.75% of claims
- + Chiropractic Coverage: \$1.85 PMPM
- + Extraction of Wisdom Teeth: \$0.80 PMPM

Trend Factors

Trend factors are projected for unit cost and utilization components:

- Unit cost trend factors are based on recorded anticipated increases in facility and professional fees from the Experience to Projection Period. These increases are composited across all facilities and provider groups.
- Utilization trend projections are based on least-square regression modeling, taking into account historical claims patterns, anticipated economic activity and changes in care patterns.
- Seasonality adjustments are made to the claims to account for changes in work days.
- Prescription drug trends are adjusted to account for expired patents for the blockbuster drugs as well as adjustments for other less significant changes in brand and generic utilization.
- Further adjustments have been made to the trends to reflect expected changes due to new medical management initiatives that are expected to yield savings in the projection period.

Inclusion of Capitation Payments

All of the benefits provided under a capitated arrangement that are in the Projection Period are represented in the Experience Period.

Credibility of Experience

The existing non-grandfathered business shown in the Experience Period section does not reflect the anticipated risk and composition of the Projection Period. The Credibility Manual Rate is developed using population segments that are in the Experience Period blended with population segments that are not in the Experience Period. In order to avoid double counting the Experience Period and avoid complicated adjustments to reflect the expected distribution of enrollment in each segment, the credibility of the Experience Period is set to 0.0%. This approach is consistent with the Actuarial Standard of Practice #25.

The Credibility Manual Rate is developed based on the expected enrollment in each of these segments. Each segment's allowed claims are weighted on projected member months to determine a Projected Allowed Experience Claims PMPM.

Paid to Allowed Ratio

The Paid to Allowed Average Factor is determined for the Projection Period based on the member weighted average AV Metal Value for each metallic level and the member months in each metallic level for January and February 2015 enrollment. There are variations between the AV Pricing Values and the AV Calculator values because of different cost structures and management approaches than what is reflected in the national average data used in the AV Calculator.

Risk Adjustment and Reinsurance

Experience Period Risk Adjustment and Reinsurance Adjustments PMPM

There is not enough market information available for this Single Risk Pool to confidently estimate the Risk Adjustment transfer payment. We will receive notice of payment transfer amounts at the end of

June 2015. Until that time we have made an assumption regarding the risk adjustment transfer payment.

The Reinsurance program will only make payments in the individual market. The Reinsurance Fee is \$5.25 PMPM; this is reflected as a negative amount when net Reinsurance PMPM is entered in the URRT.

Projected Risk Adjustments PMPM

There is not enough market information available for this Single Risk Pool to confidently estimate the Risk Adjustment transfer payment. We will receive notice of payment transfer amounts at the end of June 2015. Until that time we have made an assumption regarding the risk adjustment transfer payment. The Risk Adjustment PMPM amount used to adjust the Index Rate to the Market Adjusted Index Rate is determined by dividing by the Paid to Allowed Average Factor in the Projection Period. This converts the PMPM estimate from a paid to an allowed basis.

Projected ACA Reinsurance Recoveries Net of Reinsurance Premium

The Reinsurance program will only make payments in the individual market. The Reinsurance Fee is \$2.25 PMPM; this is reflected as a negative amount when net Reinsurance PMPM is entered in the URRT. The Reinsurance PMPM amount used to adjust the Index Rate to the Market Adjusted Index Rate is determined by dividing by the Paid to Allowed Average Factor in the Projection Period. This converts the PMPM estimate from a paid to an allowed basis.

Non-Benefit Expenses and Profit & Risk

Administration Expense Load

Administration expenses are based on activity-based allocation by product for calendar year 2016. This methodology applies for all variable costs and all fixed costs.

Profit & Risk Margin

Profit and Risk Margin is 5% of premium.

Taxes, Fees, and Subsidies

The following taxes, fees, and subsidies are added to the rates:

<u>Tax/Fee</u>	<u>Unit</u>	<u>Amount</u>
Annual Fee on Health Insurance Providers	% of Premium	3.00%
Federally Facilitated Exchange User Fee	% of Premium	N/A
Patient-Centered Outcomes Research Fee	PMPM	\$0.20
State Premium taxes	% of Premium	3.30%
Federal Income Taxes	% of Premium	2.69%

These plans will only be offered off of the Federally Facilitated Exchange (FFE) therefore there is no user fee.

Projected Loss Ratio

The anticipated loss ratio is **89.0%** in aggregate.

Single Risk Pool

The Single Risk Pool has been established in accordance with the requirements in 45 CFR 156.80(d) as was discussed previously in the Experience Period Premium and Claims section. The Experience Period includes transitional policies and the Projection Period includes transitional policies only to the extent that we anticipate members will transition into the ACA Compliant products.

Index Rate

The Experience Period Index Rate for this Single Risk Pool is the Allowed Claims PMPM. This represents the total combined EHB allowed claims for the Single Risk Pool divided by all covered lives in the Single Risk Pool. There are no benefits covered in addition to Essential Health benefits in the policies being offered.

The Projected Index Rate for this Single Risk Pool is the Projected Allowed Experience Claims PMPM with applied credibility. This represents the Projection Period's total combined EHB allowed claims for the Single Risk Pool divided by all covered lives in the Single Risk Pool. There are no benefits covered in addition to Essential Health benefits in the policies being offered. Employer groups renew throughout the year and the Index Rate is an average of each quarter's trended Index Rate.

Market Adjusted Index Rate

The Market Adjusted Index Rate is developed by adjusting the Index Rate for allowable market-wide modifiers. This includes the Federal Reinsurance Program, the Risk Adjustment Program and the Exchange User Fees. The Reinsurance and Risk Adjustment payments are determined on a PMPM basis and as described above under the Risk Adjustment and Reinsurance section these amounts are converted to an allowed basis. The Exchange User Fee is not applicable to this filing since the plans will not be offered on the Federally Facilitated Marketplace.

Plan Adjusted Index Rates

The Plan Adjusted Index Rates are developed by adjusting the Market Adjusted Index Rate by the allowable plan level modifiers. The following adjustments were applied in the development of these rates:

Plan Adjusted Index Rate = ((Market Adjusted Index Rate X Tobacco Adjustment X Actuarial Pricing Value) + Administrative Expenses + PCORI PMPM) / (1 - Risk Load - Taxes and Fees)

Per the Instructions, these rates have **not** been calibrated for either age or area. These will be discussed in the Calibration section.

Experience Period Plan Adjusted Index Rates

The Experience Period Plan Adjusted Index Rates were not calculated or filed during the 2014 rate filing. In order to enter this figure in the current URRT we reviewed the 2014 URRT and performed the following calculations. The Projected Allowed Experience Claims PMPM is the Projected Index Rate. The Market Adjusted Index Rate is adjusted for allowable market-wide modifiers.

The Plan Adjusted Index Rates are then calculated as follows.

Plan Adjusted Index Rate = ((Market Adjusted Index Rate X Tobacco Adjustment X Actuarial Pricing Value) + Administrative Expenses + PCORI PMPM) / (1 - Risk Load - Taxes and Fees)

Calibration

Age Curve Calibration

The federal age curve is used to determine a normalization factor to account for the age mix of business used in generating the Index Rate (as demonstrated in the supporting file “Calibration for Age”). The approximate weighted average age in the projection period is 45 years. The Plan Adjusted Index Rates are then divided by the overall normalization factor in order to preserve revenue-neutrality when applying the age-specific factors to the Plan Adjusted Index Rate.

Geographic Factor Calibration

The geographic rating area factors used to determine premium rates were generated from a credibility-weighted average of base claim experience by region and relative provider contract factors and reflect delivery cost differences and not differences in population morbidity. The normalization factor is determined using these factors weighted using membership by area. Since the overall factor is not equal to 1.0, the Plan Adjusted Index Rates are then divided by the normalization factor.

The calibration adjustments are applied uniformly to all benefit plans.

Consumer Adjusted Premium Rates

The Consumer Adjusted Premium Rates are developed by applying the following allowable rating factors to the ***calibrated*** Plan Adjusted Index Rates:

1. Age – reflecting the HHS defined age curve
2. Geographic – as displayed on the previous page
3. Tobacco status – as discussed below.

The final Premium rates for ***all*** filed benefit plans are displayed in the QHP Rating Template.

The Consumer Adjusted Premium Rates in the small group market increase each quarter with trend.

Tobacco Factor

A standard load is applied for applicants who indicate tobacco usage by affirmatively answering the question—“Have you used tobacco at least four times a week for the past six months?” This load assumption was validated using the study “*Impact of height, weight, and smoking on medical claims costs*”, a research report done by Milliman to update their Medical Underwriting Guidelines in April 2009.

The base rate is adjusted to account for the load on tobacco users. We utilized the 2014 ACA compliant population in the experience period to determine the percentage of members that admit to the use of tobacco and pay the increased premium for their entire contract in 2014.

AV Metal Values

The actuarial values generated from the AV Calculator are shown in the table below.

Plan ID	Per AV Calculator
75729PA0050050	91.95%
75729PA0050051	90.57%
75729PA0050052	81.64%
75729PA0050053	79.55%
75729PA0050054	79.50%
75729PA0050055	71.31%
75729PA0050056	70.70%
75729PA0050057	71.55%
75729PA0050058	71.02%
75729PA0050059	70.55%
75729PA0050060	71.95%
75729PA0050061	61.85%
75729PA0050062	61.13%
75729PA0050063	71.70%
75729PA0050064	70.79%
75729PA0050065	71.50%

AV Pricing Values

The AV Pricing Values used to develop the Plan Adjust Index Rates include the following allowable modifiers described in 45 CFR 156.80(d)(2).

Actuarial Value and Cost-Sharing design of the plan

An internal pricing model was used to develop the Pricing AV based on the cost-sharing design of the plan.

Membership Projections

Membership projections are based on expectations of sales and renewals for each segment of the projected Single Risk Pool.

Terminated Plans and Products

No products are to be terminated in 2016.

Plan Type

All plan offerings meet the plan type definitions available in the URRT Worksheet 2, Section I.

Warning Alerts

The following Warning Alerts are noted in Worksheet 2 are described below.

- **Plan Adjusted Index Rate row 54:** The Plan Adjusted Index Rate in the Experience Period for ACA Compliant plans would have been \$407.71 if it were required to be calculated in the 2014 rate filing. This does not reflect the premiums collected in the Experience Period due to non-ACA Compliant experience and does not represent differences in the distribution of ages, geography and benefits from when the rates were developing versus what actually emerged.
- **Total Premium row 56:** The total premium calculated here does not represent the Experience Period data since non-ACA Compliant experience does not have a Plan Adjusted Index Rate in row 54 and the ACA Compliant Plan Adjusted Index Rate does not represent differences in the distribution of ages, geography and benefits from when the rates were developing versus what actually emerged.
- **Plan Adjusted Index Rate row 80:** The Plan Adjusted Index Rate in the Projection Period for ACA Compliant plans is the weighted average rate of the quarterly effective dates and does not represent the average premium displayed in Worksheet 1.
- **Total Premium row 82:** The Total Premium in the Projection Period for ACA Compliant plans is the weighted average rates of the quarterly effective dates and does not represent the total premium displayed in Worksheet 1.



Actuarial Certification

I certify that:

1. I am a member of the American Academy of Actuaries.
2. The projected Index Rate is:
 - a. In compliance with all applicable state and Federal regulations including 45 CFR 156.80(d)(1)
 - b. Developed in compliance with the applicable Actuarial Standards of Practice,
 - c. Is reasonable in relation to the benefits provided and the population anticipated to be covered,
 - d. Is neither excessive nor deficient based on available information.
3. The Index Rate is used to develop the plan level rates using only the allowable modifiers in accordance with 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2).
4. The essential health benefits are determined in accordance with 45 CFR Part 156 and that the percentage of total premium (in Worksheet 2, Sections III and IV of the URRT) that represents the essential health benefits is calculated in accordance with actuarial standards of practice.
5. The geographic rating factors reflect only differences in the costs of delivery and do not include differences for population morbidity by geographic area.
6. The Federal AV Calculator was utilized, with an acceptable alternative methodology when appropriate, to determine the AV Metal Values shown above and in Worksheet 2, Section I of the URRT.

I confirm that the rates submitted comply with the ACA rating requirements and with the Single Risk Pool per market requirement. The URRT does not demonstrate the process used to develop the rates.

Rather it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of Qualified Health Plans for Federally-facilitated Marketplaces, and for certification that the Index Rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

I certify that rating factors are limited to:

- (i) Age (ratio of highest age rate to lowest age rate does not exceed 3:1, and federally approved age rating curve).
- (ii) Tobacco (ratio does not exceed 1.5:1).
- (iii) Family size (will limit charge to first three dependent children under 19 and cost-sharing requirements for families will be equal to two-times the individual cost-sharing requirements, per federal law).
- (iv) Geography (with federally approved regions).



Sarah MacDerment
FSA, MAAA
Attesting Actuary

June 24, 2015

Vicki Bardsley, Manager Actuarial Services
Geisinger Quality Options
100 North Academy Ave.
Danville, PA 17822-3225

RE: Proposed 9.88% increase for 2016 off exchange small group PPO rates;
Pennsylvania Insurance Department ID #: GSHP-130072619

Dear Ms. Bardsley:

The Pennsylvania Insurance Department has received and conducted a 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 14 days of the date of this letter. If you have any questions or difficulties in providing the information within this time frame, please call me.

1. Please be advised that any time the URRT is changed in SERFF, the URRT in HIOS must also be updated. Please acknowledge your understanding of this requirement.
2. What is your current definition of small group? What will your definition of small group be on January 1, 2016?
3. Page 2 of the actuarial memorandum describes the credibility manual rate development. Please confirm that the benefit categorization used to develop the credibility manual rate is materially consistent with the category definitions provided in the CMS Unified Rate Review Template instructions.
4. Page 2 of the actuarial memorandum indicates that the credibility manual rate is developed using experience from both small group 2-50 employee non-grandfathered and 51-100 employee group non-grandfathered experience.

Using this data, please show the development of the “utilization per 1000” and “average cost/service” figures, as shown in URRT Worksheet 1, Section II, by the six prescribed benefit categories. The requested development should follow the methodology of the URRT. What was the total number of member months for this experience period?

5. What is the basis for the trend selection of 7.1%? Please provide support.
6. Page 4 of the actuarial memorandum mentions that new medical management initiatives are expected to yield savings in the projection period. Please discuss these initiatives.
7. Please comment on the drop in expected membership from the experience period (412,673 member months) to the projection period (149,262 member months). How was the 149,262 projection derived?

8. Worksheet 2 of the URRT seems to indicate that the rate change is a consistent 9.88% over all plans offered. The Rate/Rule Schedule tab in SERFF indicates that the rate change varies from positive 11.6% to negative 7.8%. Please explain.

9. Worksheet 1 of the URRT shows a projected membership of 12,439 (i.e. 149,262/12). The Rate/Rule Schedule tab shows the number of policyholders as 7,227. Does this imply an average group size of 1.72 (i.e. 12,439/7,227) members?

10. The proposed overall rate increase is 9.88%. Page 1 of your actuarial memo lists the following factors contributing to this rate change:

- (a) Single Risk Pool experience which is more adverse than assumed in current rates (morbidity);
- (b) Cost trend;
- (c) Utilization trend;
- (d) Changes in administrative expenses;
- (e) Changes in ACA fees (including Transitional Reinsurance Program);
- (f) Changes in population demographics.

Please show the proportion that each factor contributes to the 9.88% rate change.

11. Please certify that you are in compliance with 2016 Unified Rate Review Instructions (Rate Filing Justification: Parts I, II, and III version 2/21/15).

12. In order to verify that only allowed adjustments were made to the index rate we need you to translate your process into the one described in the 2016 URRT Instructions. Each element should be as accurate as possible without any element being a balancing adjustment. If a balancing adjustment is needed please show it as a separate item. Please provide the development (in Excel, with formulas) of the age 21 non-tobacco rate in the SERFF Rates Table Template for all plans, starting with the index rate on the URRT Worksheet 1 and reflecting all applicable factors, including the following (as appropriate):

- a. Risk Adjustment;
- b. Reinsurance;
- c. Exchange User Fee;
- d. AV and cost sharing;
- e. Utilization changes due to benefit richness;
- f. Adjustment for tobacco load;
- g. Provider network adjustment;
- h. Benefits in addition to EHBs;
- i. Non-benefit expenses including administrative costs, margin, taxes and fees;
- j. Adjustment for eligibility for catastrophic plans (on catastrophic plans only);
- k. Age calibration; and
- l. Geographic calibration.

Please be advised that there may be additional questions based on the responses to the above. Should you have any questions regarding this correspondence, please contact me at jlaverty@pa.gov or by telephone at (717) 787-2117.

Sincerely,

James Lavery ASA, MAAA
Actuarial Review Division
Bureau of Accident & Health Insurance

The following is in response to your 6/24/15 request for additional information:

1. We understand that any time the URRT is changed in SERFF, the URRT in HIOS must also be updated.
2. Our definition of "small group" is consistent with the State's current definition, i.e. "1-50 employees". We understand that this definition will change for 2016 to include "1-100 employees" and have made that assumption in our 2016 small Group Exchange filings.
3. As noted, page 2 of our actuarial memorandum describes the credibility manual rate development. We are in confirmation that the benefit categorization used to develop the credibility manual rate is consistent with the category definitions provided in the HHS Unified Rate Review Template instructions.
4. Page 2 of the actuarial memorandum indicates that the credibility manual rate is developed using experience from both grandfathered and non-grandfathered individual experience. Using this data, an Excel file ("URRT Development") has been uploaded to the SERFF "Supporting Documentation" tab showing the development of the "utilization per 1000" and "average cost/service" figures, as shown in URRT Worksheet 1, Section II, by the six prescribed benefit categories. All adjustments from the experience period to the projection period are explained. The total number of member months for this experience period is 412,673.
5. The cost and utilization components of the 7.1% annual trend (shown on page 3 of the actuarial memo) used to develop the 2016 rates is shown on the "Medical Trends Narrative" file (uploaded in SERFF).
6. Page 4 of the actuarial memorandum mentions that new medical management initiatives are expected to yield savings in the projection period. These initiatives are discussed in the "Medical Management Initiatives" document uploaded in SERFF.
7. The Projected Member Months shown in the URRT (i.e. 12,439) were developed by the GHP actuarial team, in conjunction with our Sales team. We estimated the number of members (~20%) from both our transitional "1-50" block and our "51-100" block which we expect to move to the Exchange in 2016, along with the existing Exchange members. These projected members will thus differ from the

experience period enrollment (i.e. 412,673 member months) since the projected figure only includes ~20% of the member months from our current transitional block, but also includes ~20% of the member months from our current "51-100" block (the latter was excluded from our experience period per the URRT Instructions).

8. Worksheet 2 of the URRT shows the OVERALL rate increase (i.e. 9.88%) for each of the benefit plans offered since the CMS-developed macros supporting the URRT automatically populate each cell following the percentage input for the initial plan. The Rate/Rule Schedule tab in SERFF shows the actual range of rate increases (i.e. minimum -7.8% to a maximum 11.6%).

9. Worksheet 1 of the URRT shows the average projected members to be 12,439 (i.e. 149,262/12). The Rate/Rule Schedule tab shows the number of policyholders (or subscribers) as 7,227. The difference in these figures is accounted for by the fact that we have rolled up all members from the same family unit in our 7,227 policyholder figure.

10. Based on our original submitted filing, the proposed overall rate increase is 9.88% (but we are still reviewing our final 2016 rate filing position). Page 1 of our actuarial memo lists all of the factors contributing to this rate change. The proportions that each factor contributes to the 7.2% rate change are shown on the uploaded Excel file "Proj Rate Increase Allocation".

11. We are certifying that our submitted URRT is in compliance with the 2016 Unified Rate Review Instructions (Rate Filing Justification: Parts I, II, and III version 2/21/15).

12. In order to demonstrate that only allowed adjustments were made to our index rate, we have uploaded an Excel file ("Rate Calculation Examples") demonstrating the process used to develop our rates (consistent with the 2016 URRT Instructions). This file shows the development for an age 21 non-tobacco rate in the SERFF Rates Table Template for all plans, starting with the index rate on the URRT Worksheet 1 and reflecting all applicable factors.