Filing at a Glance

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State: Pennsylvania
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Implementation Date: 01/01/2016
Author(s): Kevin Luu, Mark Schlemmer, Frank Haver, Aaron Syster, Craig Cooper, Gregory Amspacher, Jonathan Wood, Patrick Foster
Reviewer(s): Jim Laverty (AH) (primary)

State Filing Description:
Proposed new ACA compliant individual PPO rates for 2016 available on & off exchange in Central PA.

Binder ID#: HGHM-PA16-125046491
General Information

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Project Number: 1A-DP-15-HSR  
Requested Filing Mode: Review & Approval

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Overall Rate Impact:
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Submitted By: Gregory Amspacher

Corresponding Filing Tracking Number: HGHM-130062772, HGHM-130062775, HGHM-130062790, HGHM-130062784

PPACA: Non-Grandfathered Immed Mkt Reforms

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Filing Company Information
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Pittsburgh, PA 15222 Group Name:  
(717) 302-3971 ext. [Phone] FEIN Number: 20-2353206  
State of Domicile:  
Pennsylvania  
Company Type: Life/Health  
State ID Number:

Filing Fees
Fee Required? No  
Retaliatory? No  
Fee Explanation:
**Supporting Document Schedules**

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Part III Actuarial Memorandum

Highmark Select Resources Inc.

Individual Rate Filing

Effective January 1, 2016
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I. General Information

Document Overview

This document contains the Part III Actuarial Memorandum for Highmark Select Resources Inc.’s (“HSR” or “Highmark” or “Company”) individual block of business rate filing (“Filing”), for products with an effective date of January 1, 2016. This actuarial memorandum is submitted in conjunction with the Part I Unified Rate Review Template.

The purpose of the actuarial memorandum is to provide certain information related to the submission, including support for the values entered into the Part I Unified Rate Review Template, which supports compliance with the market rating rules and reasonableness of applicable rate increases. This information may not be appropriate for other purposes.

This information is intended for use by the State of Pennsylvania Department of Insurance, the Center for Consumer Information and Insurance Oversight (CCIIO), and their subcontractors to assist in the review of HSR’s Filing. However, we recognize that this certification may become a public document. HSR makes no representations or warranties regarding the contents of this letter to third parties. Likewise, third parties are instructed that they are to place no reliance upon this actuarial memorandum that would result in the creation of any duty or liability under any theory of law by HSR.

The results are actuarial projections. Actual experience is likely to differ for a number of reasons, including population changes, claims experience, and random deviations from assumptions.

I.1 Company Identifying Information:

- Company Legal Name: Highmark Select Resources Inc.
- State: The State of Pennsylvania has regulatory authority over these policies.
- HIOS Issuer ID: 36247
- Market: Individual
- Effective Date: January 1, 2016

I.2 Company Contact Information:

- Primary Contact Name: Frank Haver, F.S.A., M.A.A.A.
- Primary Contact Telephone Number: 717-302-3077
- Primary Contact Email Address: Frank.Haver@highmark.com
II. Proposed Rate Increase(s)

All individual market plans being offered by HSR effective January 1, 2016 will be new plans. HSR did not offer commercially available individual market plans on or off the exchange in 2014 or 2015. Therefore, this document describes the calculation of new rates, rather than rate increases to existing plans. No rate increases are entered in the URRT.

Please note that the rate development in this filing is contingent upon the continued availability of federal subsidies under the ACA in 2016. If federal subsidies in their current form are not available to eligible residents of Pennsylvania, substantial changes to this filing may be required.

III. Experience Period Premium and Claims

III.1 Paid through Date:

HSR did not offer commercially available individual market plans in 2014; so no relevant experience is available for Worksheet 1. The rates were developed using 100% manual rates, as described below in the Credibility Manual Rate Development section.

III.2 Premiums (net of MLR Rebate) in Experience Period:

Not Applicable. No experience to report.

III.3 Allowed and Paid Claims Incurred During the Experience Period:

Not Applicable. No experience to report.

IV. Benefit Categories

Historical cost and utilization data was summarized at the defined benefit categories included in Worksheet 1, Section II of the URRT. This data was used to allocate the HSR total claims into its components on the URRT.

V. Projection Factors

Please see the Credibility Manual Rate Development section, just below, for a discussion of the projection factors.

VI. Credibility Manual Rate Development

VI.1 Source and Appropriateness of Experience Data Used

Since HSR did not offer commercially available individual market plans in 2014, the experience period manual claims for this filing are based on claims from HSR’s parent company, Highmark Inc. d/b/a Highmark Blue Shield. The experience period for the manual claims is January 1, 2014 and December 31, 2014, paid through January 2015. While this
experience is a reasonable representation of the expected HSR population, adjustments are needed to reflect changes in the insured population expected in 2016.

VI.2 Changes in the Morbidity of the Population Insured

We applied an adjustment to reflect the anticipated changes in the average morbidity of the covered population (beyond allowable rating factors).

VI.3 Changes in Benefits

We made the following adjustments to reflect the material expected differences in benefits between the experience period and projection period:

- We reflected adjustments for the following EHBs: Mental Health/Substance Abuse, Autism, Habilitative Services, and Pediatric Vision.
- We reflected the following newly mandated benefits required under state law, which are not reflected in the experience period claims: None.
- We reflected adjustments for the following non-EHBs: Adult Vision
- We made an adjustment to reflect the removal of benefits covered in the experience period claims that will not be covered in the projection period: None.

VI.4 Changes in Demographics

We applied an adjustment for change in rating factor (age, tobacco load and area combined).

VI.5 Trend Factors (cost/utilization)

The development of the CY2016 rates reflects an assumption for trend.

VII. Credibility of Experience

HSR did not offer commercially available individual market plans in 2014; so no relevant experience is available for Worksheet 1. Our results are based 100% on the manual rate as described in section VI above. The experience section of Worksheet 1 has been populated with 1’s and 0’s to allow for finalization. This causes a validation warning indicating that “Market Experience Total PMPM (Cell H30) is not equal to Allowed Claims (Cell G16)”. This warning was ignored.

VIII. Paid to Allowed Ratio

The paid to allowed ratio is a weighted average of the 2016 plan level paid to allowed ratios. Plan level paid to allowed factors were developed using an internal model.
IX.  Risk Adjustment and Reinsurance

IX.1 Projected Risk Adjustments PMPM:

Using HSR’s parent company, Highmark Inc. d/b/a Highmark Blue Shield’s 2014 claim diagnoses, we are able to project the average risk score and combined rating factors to estimate the risk adjustment impact. The actual calculation of the risk transfer followed the risk transfer methodology as prescribed.

IX.2 Projected ACA Reinsurance Recoveries Net of Reinsurance:

HSR applied the prescribed 2016 reinsurance parameters of a $90,000 attachment point and 50% coinsurance on claims capped at $250,000 to estimate the recoverable claims through the reinsurance program.

X.  Non-Benefit Expenses and Profit & Risk

X.1 Administrative Expense Load:

The proposed rates reflect internal administrative costs. This cost was developed based on standard expense allocation methods.

X.2 Profit (or Contribution to Surplus) & Risk Margin:

The proposed rates include the risk/contribution to surplus margin.

X.3 Taxes and Fees:

The following fees were added: Patient Centered Outcomes Research Fee, the Health Insurance Provider Fee, the Exchange Fee, and the PA Premium Tax.

XI.  Projected Loss Ratio

The anticipated medical loss ratio is calculated consistently with the federally prescribed MLR methodology.

XII.  Single Risk Pool

HSR did not offer commercially available individual market plans in 2014 and thus has no experience to report for the single risk pool. The projected membership and their corresponding premiums and claims are representative of the 2016 projected single risk pool.

XIII.  Index Rate

The index rates as shown on Worksheet 1 of the URRT are simply the average allowed claims for the Essential Health Benefits for the experience and projected populations, respectively.
XIV. **Market Adjusted Index Rate**

The Market Adjusted Index Rate is the Index Rate further adjusted for risk adjustment, reinsurance, and the exchange fee.

XV. **Plan Adjusted Index Rates**

A Plan Adjusted Index Rate is developed by taking the Market Adjusted Index Rate and adding a plan’s actuarial value, relative benefit richness, relative network, any non EHB benefits, and retention.

XVI. **Calibration**

**XVI.1 Age Curve Calibration:**

An age calibration is calculated using HSR’s average age factor of the projected population. Since no member will pay the rates at this age factor, we calibrated the average age factor by dividing by the closest age factor on the HHS age curve which also represents the nearest age for the age calibration.

**XVI.2 Geographic Factor Calibration:**

A geographic calibration is also calculated by dividing the HSR geographic factor of the projected population into 1.

XVII. **Consumer Adjusted Premium Rate Development**

The plan adjusted index rate represents the rate for a non-smoker average age and average geographic member. The consumer adjusted premium rate is obtained by multiplying by the combined age and geographic calibration factors for the calibrated age/non-smoker found in a 1.0 geographical area. The standard HHS Age Curve along with the filed tobacco factors and geography factors can be used to calculate any rate found in the QHP rate template.

XVIII. **AV Metal Values**

The AV Metal Values included in Worksheet 2 of the Part I Unified Rate Review Template were based entirely on the Federal AV Calculator. No adjustments were needed for any benefits from those values produced by the AV calculator.

XIX. **AV Pricing Values**

The AV pricing value is comprised of the allowable modifiers such as 1) provider network/utilization management, 2) actuarial value and cost-sharing design of the plan, 3) the addition of non-EHB, 4) administrative cost, excluding Exchange user fees, and 5) the expected impact of the catastrophic plans. The utilization due to differences in cost sharing is based on the factors adopted by the risk adjustment methodology. No differences due to health status are in these adjustments.
XX. Membership Projections

Membership projections are from HSR’s current forecast for 2016. These projections reflect expected changes in market share due to an expected increase in market competition.

For the Silver level plans, the projected membership by cost sharing subsidy levels is based on the observed distribution of ACA members that were eligible under the federal poverty levels as determined by the federal health insurance exchange.

XXI. Terminated Products

Not Applicable. HSR did not offer individual market plans in 2014.

XXII. Plan Type

The Plan types listed in Worksheet 2, Section I of the Part I Unified Rate Review Template describe HSR’s plans adequately. No differences are needed.

XXIII. Warning Alerts

The following validation warnings occurred when finalizing the URRT workbook:

Wksh 1 - Market Experience Total PMPM (Cell H30) is not equal to Allowed Claims (Cell G16): Please see the explanation given in section VII above.

XXIV. Actuarial Certification

I, Kevin Q. Luu, am a member of the American Academy of Actuaries and meet its qualification standards for actuaries issuing statements of actuarial opinions in the United States. This filing is prepared to accompany HSR’s rate filing for the individual combined market on and off the Pennsylvania Exchange.

I hereby certify that the projected index rate is, to the best of my knowledge and understanding:

- In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1)),
- Developed in compliance with the applicable Actuarial Standards of Practice
- Reasonable in relation to the benefits provided and the population anticipated to be covered
- Neither excessive nor deficient.
I certify that the index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates. The allowable modifiers used to generate plan-level rates were:

- The actuarial value and cost-sharing design of the plan.
- The plan’s provider network, delivery system characteristics, and utilization management practices.
- The benefits provided under the plan that are in addition to the essential health benefits. These estimated benefits were pooled with similar benefits within the single risk pool and the claims experience from those benefits was utilized to determine rate variations.
- Administrative costs, excluding Exchange user fees.
- With respect to catastrophic plans, the expected impact of the specific eligibility categories for those plans.

I certify that the percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice.

I certify that the benefits included in HSR’s plans are substantially equivalent to the Essential Health Benefits (EHBs) in the State of Pennsylvania’s benchmark plans. I certify that any benefit substitutions are:

- Actuarially equivalent to the benefits being replaced,
- Are made within only the same essential health benefit category,
- Are based on a standardized plan population,
- Are determined regardless of cost-sharing,
- Are not prescription drug benefits, and
- Are based on an analysis performed in accordance with generally accepted actuarial principles and methodologies.

I certify that the AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans. The AV Metal Values included in Worksheet 2 of the Part I Unified Rate Review Template were based on the Federal AV Calculator.

I certify that the geographic rating factors reflect only differences in the cost of delivery (which can include unit cost and provider practice pattern differences) and do not include difference for population morbidity by geographic area.
The Part I Unified Rate Review Template does not demonstrate the process used by HSR 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 exchanges and for certification that the index rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

Signed: [Signature]
Title: Actuarial Manager, Individual Markets
Date: May 14, 2015
ACTUARIAL MEMORANDUM

Highmark Select Resources

Individual Rate Filing- January 1, 2016

I, John P. Burke, am a member of the American Academy of Actuaries and meet its qualification standards for preparing individual rate filings. As a consulting actuary, I was requested by Highmark Select Resources (“HSR”) to review the development of the market-wide base rate for the individual combined market on and off the Pennsylvania Exchange. The confidential material presented in this filing was prepared for the specific purpose of submitting the rating formula for the Pennsylvania Insurance Department and may not be appropriate for other purposes. This filing represents premium rates for individuals sold or renewed effective January 1, 2016. The rates are guaranteed until December 31, 2016.

To the best of my knowledge and judgment, the following are true with respect to this filing:

1. Premium rates are established in accordance with generally accepted actuarial principles and the applicable Actuarial Standards of Practice. They are not excessive, inadequate, or unfairly discriminatory. Rates are reasonable in relationship to the benefits provided. However, it is certain that actual experience will not conform exactly to the assumptions used in this analysis. To the extent that actual experience is different from the assumptions used in developing the rates, the actual results will also deviate from the projected amounts.

2. In compliance with all applicable Pennsylvania and Federal Statutes and Regulations (45 CFR 156.80(d)(1)).

3. The rating factors and rating methodology are reasonable and consistent with HSR’s business plan at the time of the filing.

John P. Burke
Fellow, Society of Actuaries
Member, American Academy of Actuaries
May 14, 2015
May 14, 2015

Mr. Peter Camacci, Director
Bureau of Life, Accident & Health Insurance
Office of Insurance Product Regulation and Market Enforcement
Commonwealth of Pennsylvania
Insurance Department
1311 Strawberry Square
Harrisburg, PA 17120

Re: Highmark Select Resources Inc. Filing # 1A-DP-15-HSR
    2016 Individual Market Rates

This constitutes Notice pursuant to Section 707 of the Pennsylvania Right-to-Know Law that the attached Highmark Select Resources Inc. (HSR) 2016 Individual Market Rates contains Trade Secret and Confidential Proprietary Information. Therefore, HSR must, prior to the release of any portion of this Filing, be notified of any request by a third party for access to this Filing, and the Trade Secret and/or Confidential Proprietary Information identified by HSR should be redacted before release.

Dear Mr. Camacci:

This Filing includes the Highmark Select Resources Inc. (“HSR”) Individual Market rates and the supporting rate development for policies with effective dates on or after January 2016.

Request for Confidentiality

Please note that the rates and the supporting rate development contained in this Filing are competitively sensitive, are not in the public domain, and constitute business confidential proprietary/trade secret information that would cause harm to the competitive position of HSR if disclosed to the public.

Public disclosure of any information contained in this Filing would allow HSR competitors to better understand or discover its confidential and proprietary rating, pricing and/or marketing practices, would undermine competition in the Individual market and could have negative consequences for the operation of HSR’s business. Therefore, HSR asserts that this Filing, in its entirety, constitutes Trade Secret and Confidential Proprietary Information and should not be disclosed.
It is our understanding that the Department does not intend to publish the confidential & proprietary information contained in this Filing or to otherwise permit this Filing and its information, other than final approved rates, to be disclosed or released.

Furthermore and pursuant to the Pennsylvania Right-to-Know Law (“RTKL”), HSR must be notified prior to release of information contained in this Filing and be given the opportunity to respond to requests for such information. Should the Department receive such request or require the release of information contained in this Filing for its own purposes, HSR asserts its right to release a redacted version of the Filing. In accordance with the RTKL, please contact the HSR RTKL representative identified below prior to release of any information contained in this Filing:

    Lisa Martinelli, Esq.
    HSR RTKL Representative
    Chief Privacy Officer
    Highmark Health
    120 Fifth Avenue, Suite 1814
    Pittsburgh, PA  15222

Furthermore, it should be noted that HSR is equally concerned that even if this information is released in aggregate form, it still may be easy to identify the carrier that submitted it.

Please note that the rate development in this filing is contingent upon the continued availability of federal subsidies under the ACA in 2016. If federal subsidies in their current form are not available to eligible residents of Pennsylvania, substantial changes to this filing may be required.

Should you have any questions regarding the attached Filing, please feel free to contact me at (717) 302-2143 or via e-mail at: jeffrey.scheib@highmark.com.

Sincerely,

Jeffrey Scheib, ASA, MAAA
Vice President, Actuarial Services
Highmark Inc.

cc:  William Sarniak
     Frank Haver
     Greg Devine, Esq.
     Tija Hilton-Phillips, Esq.