

State: Pennsylvania **Filing Company:** Geisinger Health Plan
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only
- HMO
Product Name: GHP Transitional Small Group
Project Name/Number: GHP Transitional SG Base Rate Modification/201906

Filing at a Glance

Company: Geisinger Health Plan
Product Name: GHP Transitional Small Group
State: Pennsylvania
TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)
Sub-TOI: HOrg02G.004F Small Group Only - HMO
Filing Type: Rate - Small Group Base Rate Modification
Date Submitted: 12/06/2018
SERFF Tr Num: GSHP-131745058
SERFF Status: Assigned
State Tr Num: GSHP-131745058
State Status: Received Review in Progress
Co Tr Num: ACTUARIAL GHP SG TRANSITIONAL

Implementation: 06/01/2019
Date Requested:
Author(s): Everard Riley, Sarah MacDerment, Devon Dietrich
Reviewer(s): Rashmi Mathur (primary)
Disposition Date:
Disposition Status:
Implementation Date:

State Filing Description:

State: Pennsylvania Filing Company: Geisinger Health Plan
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO
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General Information

Project Name: GHP Transitional SG Base Rate Modification Status of Filing in Domicile:
Project Number: 201906 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:
Filing Status Changed: 12/18/2018 Deemer Date:
State Status Changed: 12/18/2018 Submitted By: Everard Riley
Created By: Everard Riley
Corresponding Filing Tracking Number: GSHP-130918604 State Sub-TOI: HOrg02G.004F Small Group Only - HMO
State TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)
PPACA: Non-Grandfathered Immed Mkt Reforms
PPACA Notes: null
Include Exchange Intentions: No

Filing Description:
GHP Transitional Small Group Base Rate Modification for effective dates in and after June 2019.

Company and Contact

Filing Contact Information

Everard Riley, Associate Actuary ecriley@thehealthplan.com
100 N. Academy Ave. 570-214-8849 [Phone]
Danville, PA 17822

Filing Company Information

Geisinger Health Plan CoCode: 95923 State of Domicile:
100 North Academy Ave. Group Code: 1143 Pennsylvania
Danville, PA 17822 Group Name: Company Type: Health
(570) 271-5555 ext. [Phone] FEIN Number: 23-2311553 Insurance
State ID Number:

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

SERFF Tracking #:

GSHP-131745058

State Tracking #:

GSHP-131745058

Company Tracking #:

ACTUARIAL GHP SG TRANSITIONAL

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Rate Information

Rate data applies to filing.

Filing Method:
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 17.000%
Effective Date of Last Rate Revision: 06/01/2018
Filing Method of Last Filing:
SERFF Tracking Number of Last Filing: GSHP-131285824

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Geisinger Health Plan	Neutral	0.000%	0.000%	\$0	1,855	\$21,216,874	0.000%	0.000%

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Rate Review Detail

COMPANY:

Company Name: Geisinger Health Plan
 HHS Issuer Id: 22444

PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
GHP Transitional Small Group			2885

Trend Factors: Historical annual PMPM claim expense trends of 9% Medical and 8% Pharmacy shown on Experience worksheets of attached Excel file.

FORMS:

New Policy Forms:
 Affected Forms: M-150-013-F Rev. 4/10, M-150-841-F Rev. 4/10, M-150-325-F Rev. 4/10, M-151-369-F Rev. 4/10
 Other Affected Forms:

REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual
 Member Months: 34,620
 Benefit Change: None
 Percent Change Requested: Min: 0.0 Max: 0.0 Avg: 0.0

PRIOR RATE:

Total Earned Premium: 21,216,874.00
 Total Incurred Claims: 15,704,868.00
 Annual \$: Min: 4,905.84 Max: 8,225.76 Avg: 7,354.20

REQUESTED RATE:

Projected Earned Premium: 21,216,874.00
 Projected Incurred Claims: 17,056,936.00
 Annual \$: Min: 4,905.84 Max: 8,225.76 Avg: 7,354.20

SERFF Tracking #:

GSHP-131745058

State Tracking #:

GSHP-131745058

Company Tracking #:

ACTUARIAL GHP SG TRANSITIONAL

State:

Pennsylvania

Filing Company:

Geisinger Health Plan

TOI/Sub-TOI:

HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO

Product Name:

GHP Transitional Small Group

Project Name/Number:

GHP Transitional SG Base Rate Modification/201906

Supporting Document Schedules

Satisfied - Item:	Actuarial Memorandum and Explanatory Information (A&H)
Comments:	
Attachment(s):	SG HMO Transitional Eff 2019 Cover Letter.pdf
Item Status:	
Status Date:	

Actuarial Services
100 N. Academy Ave.
Danville, PA 17822-5002
Tel. • 570•214•8849 TTY 711
GeisingerHealthPlan.com



Cover Letter
Small Group HMO Non-Grandfathered
Effective Dates June to October 2019

December 5, 2018

Ms. Tracie Gray – Director
Bureau of Life, Accident and Health Insurance
Pennsylvania Insurance Department
1311 Strawberry Square
Harrisburg, PA 17120

Dear Ms. Gray,

This filing is being submitted to the Department as a result of the Department's April 11, 2018 announcement that Pennsylvania insurers may allow people with transitional market health insurance policies to keep their current plans for another year. Here is a brief summary of Geisinger's Small Group Base Rate Modification for HMO Non-Grandfathered members renewing June to October 2019, with all policies ending on December 31, 2019.

1. Company Name & NAIC#: Geisinger Health Plan – NAIC# 95923
2. Market: Small Group Transitional Market
3. Effective date of coverage: June 1, 2019
4. Average base rate change: 0.0%
5. Range of base rate change requested: 0.0% to 0.0%
6. Total additional annual revenue generated from the proposed rate change: \$0
7. Product: HMO, POS
8. Membership as of July 2018: 2,885 covered lives and 1,855 policyholders
9. Contract form SERFF #: GSHP-130918604
10. HIOS issuer ID: 22444

The attached file named "SG HMO Transitional Eff 2019 Historical Exhibits 20181205.xlsx" shows the historical experience for members active in transitional market HMO and POS plans as of July 2018. This experience shows that the current base rates are adequate to cover future claims expense.

If additional documentation is required, please contact me at (570) 214-8849. Thank you for your attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Ed Riley".

Everard Riley, ASA, MAAA
Associate Actuary
Geisinger Health Plan

cc. Sarah MacDerment, FSA, MAAA, Actuarial Director

Geisinger Health Plan may refer collectively to Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted.

Discrimination is against the law

Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company (the "Health Plan") comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. The Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation.

The Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call the Health Plan at 800-447-4000 or TTY: 711.

If you believe that the Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation, you can file a grievance with:

Civil Rights Grievance Coordinator
Geisinger Health Plan Appeals Department
100 North Academy Avenue, Danville, PA 17822-3220
Phone: 866-577-7733, TTY: 711
Fax: 570-271-7225
GHPCivilRights@thehealthplan.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Grievance Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocrportal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW., Room 509F
HHH Building, Washington, DC 20201
Phone: 800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>.

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 800-447-4000 or TTY: 711.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-447-4000 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-447-4000 (TTY: 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-447-4000 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-447-4000 (телетайп: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-447-4000 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-447-4000 (TTY: 711) 번으로 전화해 주십시오.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-447-4000 (TTY: 711).

ملحوظة: إذا كنت تتحدث انكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-447-4000 (رقم هاتف الصم والبكم: 711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-447-4000 (ATS: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-447-4000 (TTY: 711).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 800-447-4000 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-447-4000 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 800-447-4000 (TTY: 711).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយភ្នែកភាសា ដោយមិនគិតលុយ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 800-447-4000 (TTY: 711)។

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-447-4000 (TTY: 711).