

Saving the Individual Market in Alaska: The Alaska Reinsurance Program



**WSHIP BOARD MEETING
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PRESENTED BY

**DEBBIE MCCORMICK – BENEFIT MANAGEMENT LLC
ELIZABETH LEIF – LEIF ASSOCIATES INC
SHEELA TALLMAN – PREMIER BLUE CROSS**

Agenda

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- **ALASKA'S INDIVIDUAL MARKET**
- **ALASKA'S HIGH RISK POOL**
- **THE ALASKA REINSURANCE PROGRAM**
- **OPERATIONAL DETAILS**
- **CURRENT STATUS**

Alaska's Individual Market History

2014 and
2015

- **Aetna, Assurant, Moda,
Premera, State Farm**

2016

- ~~Aetna, Assurant, Moda,
Premera, State Farm~~

2017

- ~~Aetna, Assurant, Moda,
Premera, State Farm~~

Rising Health Insurance Costs

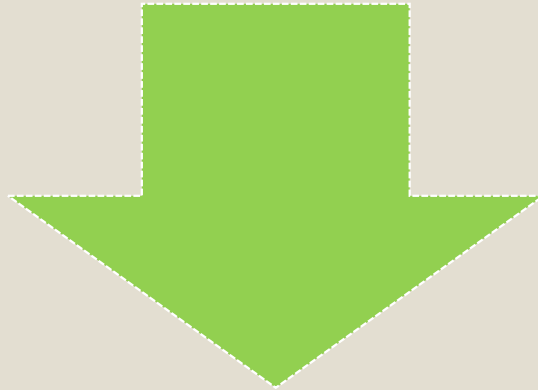
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- Alaska has the highest health care and health insurance costs in the nation
- Alaska's individual market has approximately 22,000 enrollees
 - About 18,000 individuals are enrolled in the Exchange and 90% of them get a subsidy
- Alaska expanded Medicaid, which now covers 165,000 people (26,000 through expansion)
- Average cost in Exchange is \$863 per month in 2016 vs nationwide average of \$396
- Average subsidy in the Exchange is \$750 per month vs a nationwide average of \$291
- Premium costs in 2016 went up by over 38% for the two remaining carriers when the other three dropped out
- Premium costs with one carrier remaining were expected to have gone up by an additional 42% in 2017

Source: www.healthinsurance.org/alaska-state-health-insurance-exchange

The Dilemma

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Premiums need to be lower to prevent healthier lives from leaving the market, leading to death spiral



Premiums need to be higher to prevent exit of the one remaining insurer, leading to market collapse



Alaska Comprehensive Health Insurance Association (ACHIA)

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- High risk pool established in 1993
- Still open, need legislative action to close
- Enrollment reached peak of nearly 500 enrollees in 2012 (total state population = 737,000)
- Current enrollment around 200
- Top diagnosis ESRD, over half of claims
- 40% of enrollees in Medicare plans (Med Supp or carve-out)
- Funded by assessments
- Third-party payment allowed
- Citizenship is not required
- Rates at 150% SRR, no discount program

The Alaska Reinsurance Program (ARP)

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- House Bill 374 introduced by the Governor (I) and passed Republican controlled Legislature in June 2016
- State fiscal environment: AK budget deficit \$3 to \$4 billion
- HB 374:
 - Amends definitions allowing Division of Insurance to establish a reinsurance program for high risk residents
 - Permits DOI to apply for Section 1332 state innovation waiver
- Reinsurance program funding for 2017- 2018 is appropriated by the Legislature from existing 2.7% premium tax on all insurers (not just health insurers) in Alaska (otherwise goes to General Fund)
 - Original bill funding based on high risk pool assessment
- \$64 million was collected in 2015 by this tax
- For 2017, \$55 million has been allocated to the reinsurance fund to cover claims for high cost insureds in the individual market
- Once passed, Premera filed rates and was approved for 7.3% rate increase (down from estimated 42%) attributed to the new reinsurance program

How Will It Work?

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Consumer Perspective

- Individuals will still purchase their coverage through the existing private carrier(s)
- Premiums will be lower than without this program (in 2017, about 24% lower)
- Additional funding matters are all behind the scenes

Carrier Perspective

- Individual carriers can cede all risk for certain policyholders retrospectively to the reinsurance pool
- Carrier will be reimbursed for all the claims of a ceded individual
- All premiums collected for the ceded individual will be forwarded to the reinsurance pool
- Otherwise, the carrier continues traditional administration of the benefit plan

Which Individuals Can Be Ceded?

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- Eligible individuals are identified through the claim process of having one of 33 conditions
- Conditions were identified through a study of 2015 market claims

	Total
Paid Claims	\$238 million
Claims Removed	\$78 million
Remaining Claims	\$160 million
Percent Remaining	67%
Number of Claimants	30,000
Claimants Removed	1,300
Claimants Remaining	28,700
Percent Remaining	96%

Eligible Condition Categories

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- Acquired Hemolytic Anemia, Including Hemolytic Disease of Newborn
- Acute Liver Failure/Disease, Including Neonatal Hepatitis
- Amputation Status, Lower Limb/Amputation Complications
- Amyloidosis, Porphyria, and Other Metabolic Disorders
- Amyotrophic Lateral Sclerosis and Other Anterior Horn Cell Disease
- Anorexia/Bulimia Nervosa
- Cerebral Palsy, Except Quadriplegic
- Chronic Hepatitis
- Chronic Pancreatitis
- Coagulation Defects and Other Specified Hematological Disorders
- Cystic Fibrosis
- End Stage Renal Disease
- End Stage Liver Disease
- Hemophilia
- HIV/AIDS
- Inflammatory Bowel Disease
- Intestinal Obstruction
- Lipidoses and Glycogenosis
- Lung, Brain, and Other Severe Cancers, Including Pediatric Acute Lymphoid Leukemia
- Metastatic Cancer
- Mucopolysaccharidosis
- Multiple Sclerosis
- Myasthenia Gravis/Myoneural Disorders and Guillain-Barre Syndrome/Inflammatory and Toxic Neuropathy
- Non-Hodgkin's Lymphomas and Other Cancers and Tumors
- Paraplegia
- Parkinson's, Huntington's, and Spinocerebellar Disease, and Other Neurodegenerative Disorders
- Premature Newborns, Including Birthweight 2000-2499 Grams
- Quadriplegic Cerebral Palsy
- Rheumatoid Arthritis and Specified Autoimmune Disorders
- Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock
- Sickle Cell Anemia
- Stem Cell, Including Bone Marrow, Transplant Status/Complications
- Thalassemia Major

Operational Details

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- ACHIA will serve as the reinsurance entity
- Detailed plan of operations to address program administration and accounting
- Carriers are required to cede claims of eligible high risk residents to the program
- ACHIA will reimburse carrier quarterly for ceded claims
- Claims and expenses will be paid from premium and then from the \$55 million
- If claims are expected to exceed available funds, a proportional payment will be made to carriers
- There will be an annual true-up of claims and risk adjustment transfers

Annual True-Ups

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Claim True-Up

- Between April 15 and June 15 of each year
- True-ups for:
 - Crediting of premium and non-premium revenue received after the end of the benefit year
 - Retroactive reductions necessary to prevent a deficit for the benefit year
 - Retroactive increases necessary to ensure each claim for reimbursement is reimbursed proportionately (if more than one carrier in the market)

Risk Adjustment True-Up

- Between June 30 and August 15 following any year in which there was more than one carrier in the individual market
- True up will require a recalculation of the federal risk adjustment transfers to account for the impact of removing ceded risks who were not the financial responsibility of the ceding carrier

Current Status

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- Regulations have been written and approved
- A plan of operations has been drafted and is under review by the ACHIA board
- Program was implemented January 1, 2017
- In November 2016, the state requested a Sec 1332 State Innovation Waiver:
 - The reduction in the premium increase from 42% to 7.3% in 2017 is estimated to have saved the federal government \$51.6 million in Advance Premium Tax Credits for 2018
 - Alaska has requested that amount be passed through to the state
 - Waiver would be effective in 2018 for an initial period of 5 years, with an option to renew for an additional five years