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Minnesota Comprehensive Health Association

Final 2019 Benefit Year Report

Results for the Minnesota Premium Security Plan

June 29th, 2020

Prepared by:
Wakely Consulting Group

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Consulting Actuary

Contents

Introduction

The Minnesota Comprehensive Health Association (MCHA) retained Wakely Consulting Group, LLC (Wakely) to collect data related to the Minnesota state-based reinsurance program referred to as the Minnesota Premium Security Plan (MPSP), review the data for reasonability, calculate the reinsurance payments to the issuers participating in the program, and provide summary reports for MCHA to distribute, as appropriate, to stakeholders.

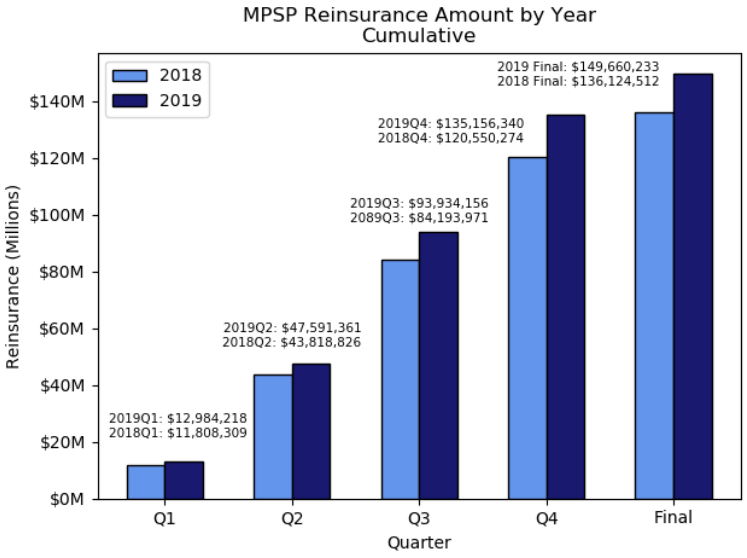
This document has been prepared for the use of MCHA and its Board of Directors. Wakely understands that this report will be made public and distributed to stakeholders beyond MCHA and its Board of Directors due to Minnesota Statute §62E.24. Wakely does not intend to benefit third parties and assumes no duty or liability to other parties who receive this work. This report should be reviewed in its entirety. This document contains the data, assumptions, and methods used in these analyses and satisfies the Actuarial Standard of Practice (ASOP) 41 reporting requirements.

This is the final 2019 benefit year report for MPSP. Figures and tables in this report supersede figures and values previously communicated in 2019 MPSP quarterly reporting.

Executive Summary

The reinsurance amount for 2019 benefit year under MPSP is $149,660,234. The data that was used to calculate reinsurance is based on enrollment and claim data Minnesota issuers submitted to the CMS External Data Gathering Environment (EDGE) Server through May 14th, 2020 and processed by CMS with an outbound date of May 15th, 2020. To calculate reinsurance, Wakely used the High-Cost Risk Pool Detail Extract (HCRPDE) files generated by CMS to identify claims and enrollees eligible for reinsurance.

For each quarter of the 2019 benefit year, Minnesota issuers submitted data to Wakely that allowed MCHA to report on the MPSP program throughout the year. The figure to the right shows the reinsurance amount underlying each quarterly report for 2018 and 2019. Note that each quarter within a year is cumulative. That is, the $13.0 million in the 2019Q1 report is included in the $135.2 million in the 2019Q4 report. The increases between fourth quarter and the final reinsurance amounts are the result of claim runout.



In February 2020, Wakely estimated 2019 benefit year reinsurance. The $156.6 million estimate was approximately 4.7% ($\approx \frac{\$156.6M}{\$149.7M}$ -1) higher than the actual reinsurance amount. The difference was caused by both the number of reinsurance eligible enrollees (3,283 estimated vs 3,183 actual) and the average reinsurance cost per eligible enrollee ($47,775 estimated vs $47,019 actual). The combined impact led to an approximate $6.9 million dollar difference between the final 2019 reinsurance amount

and Wakely's estimate (= $156.6M - $149.7M).

Table 1 below displays final 2019 enrollment and reinsurance under MPSP for both 2018 and 2019.

Table 1: Reinsurance and Enrollee Count

	Distinct Enrollees	Reinsurance Amount
2018 Statewide	2,925	$136,124,512
2019 Statewide	3,183	$149,660,234

The final 2019 reinsurance amount of $149,660,234 is less than the maximum permitted under Minnesota Law 2017, Chapter 13, Article 1, section 15(d).

The remainder of this report provides a description of the data used, methodology, additional breakout of reinsurance for reporting, associated caveats, and disclosures.

EDGE Data Description

This section describes the data that was used to calculate 2019 benefit year reinsurance. From a high-level, the EDGE server is a data warehouse that processes data for CMS to administer the risk adjustment program in the individual and small group markets. Files that issuers submit to the EDGE server are referred to as *inbound* files. The EDGE server processes inbound files and returns another set of data files back to the issuers. These files are referred to as *outbound* files.

Minnesota issuers provided both the 2019 inbound and the 2019 outbound files for Wakely to use to calculate final 2019 reinsurance. Wakely reviewed the underlying data for reasonability but did not audit the EDGE server data. The Data Review section of this memorandum outlines Wakely's review of the issuers' EDGE data.

EDGE Server Inbound Files

All Minnesota issuers participating in the individual market are required to submit claim and enrollment data to the EDGE server. CMS uses this data to administer the permanent risk adjustment program, which includes the high-cost risk pool program. Historically, this data was also used to calculate reinsurance under the Federal Transitional Reinsurance Program which ended in benefit year 2016. CMS has extensive business rules that determine if a claim or enrollment span is eligible under the risk adjustment or high-cost risk pool programs. For example, if an issuer submits an inpatient claim for an enrollee that overlaps with an existing inpatient claim for that enrollee, then the EDGE server will reject the new claim. Issuers are permitted to fix issues with ineligible claims and then resubmit them to the EDGE server until the final submission date of the benefit year. For benefit year 2019, the final submission date was May 14th, 2020.

EDGE Server Outbound Files

After the submission deadline, the submitted inbound files are processed by the EDGE server to generate the outbound files. Issuers then receive the processed and summarized versions of the outbound files. There is an attestation and discrepancy reporting period where an issuer may report to CMS any calculation issues identified by the issuer. For benefit year 2020, the discrepancy reporting period for CMS ended on June 4th, 2020.

In addition, the issuers must respond to any final items flagged by CMS in the quantity and quality data evaluation process. The quantity assessment aims to ensure completeness of submitted data. The quality assessment measures the integrity and accuracy of the data. Both of these assessments are repeated throughout the submission process. Three issuers were identified by CMS during benefit year 2019 as being an outlier in one or more metrics. These issuers were required to submit a justification or correct the data quality issues. In all instances, the issuers reported that their justification sent to CMS was accepted or the data issue was resolved prior to the submission deadline.

Among others, the EDGE server returns a file referred to as the *High Cost Risk Pool Detail Extract* (HCRPDE) which is limited to the claims and enrollment spans eligible for payments under the 2019 benefit year federal high-cost risk pool program. Wakely relied on this table to identify claims and enrollees eligible for reinsurance for MPSP.

CMS Attestation

CMS requires that an employee with the authority to legally and financially bind the issuer attest to the accuracy of the issuer's EDGE data submission. CMS has the authority to impose default risk adjustment transfers for issuers that fail to submit sufficient EDGE data. CMS can also impose civil monetary penalties if issuers violate other federal requirements. This includes falsifying or misrepresenting data either intentionally or recklessly.

MPSP Attestation

Officers at each organization signed an attestation regarding the accuracy, truthfulness, and completeness of the EDGE data that they submitted to Wakely. Issuers attested that if there is an error found in the EDGE server data that impacts reinsurance payments, then the issuer will promptly notify and work with MCHA and Wakely to resolve any discrepancies in reinsurance calculations.

Methodology

2019 Reinsurance Timeline

Table 2 on the next page provides the EDGE server timeline and key dates for calculating 2019 benefit year reinsurance. In January 2020, Wakely hosted a call with the eligible issuers to outline the spring timeline and the structure of the data request. Issuers provided EDGE server data to Wakely twice during the spring of 2020. The first data request, labeled *preliminary*, was used to work through data transfer issues and to develop the model that was used to calculate final reinsurance. The preliminary EDGE server data was not used in the final calculation of 2019 benefit year reinsurance. The final EDGE server data request was used to calculate reinsurance.

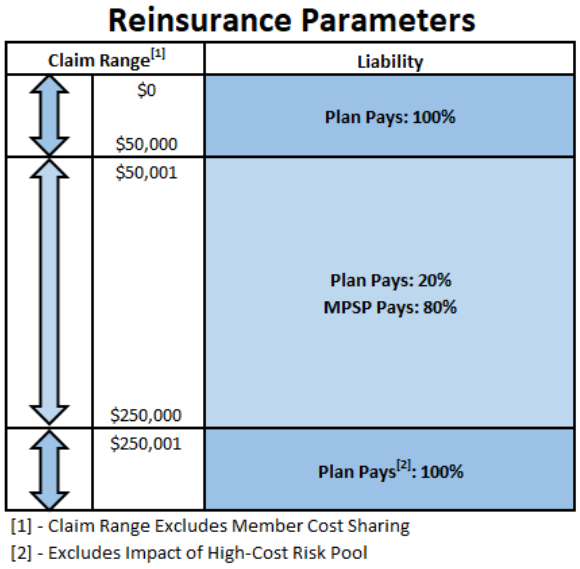
After Wakely calculated reinsurance, each issuer received a file that contained the claims for each reinsurance eligible enrollee for both the preliminary and final data requests. The file permitted issuers to review Wakely's calculation and report any discrepancies before the deadline of June 19th, 2020.

Table 2: 2019 Benefit Year Calculation Timeline

Description	Date
All Issuer EDGE Server Data Call	1/21/2020
Preliminary EDGE Server Data Requested by Wakely	2/21/2020
Preliminary EDGE Server Data Due to Wakely	3/6/2020
Preliminary EDGE Server Results Sent to Issuers	3/27/2020
Final EDGE Server Data Requested by Wakely	5/5/2020
Final EDGE Server Data Due to Wakely	5/22/2020
Final EDGE Server Results Sent to Issuers	6/5/2020
End of MPSP Discrepancy Reporting	6/19/2020

Methodology Description

Wakely used 2019 EDGE Server data with an inbound date of May 14th, 2020 and outbound date of May 15th, 2020 to calculate final 2019 benefit year reinsurance. The data included both enrollment and claim-level detail that issuers submitted to the EDGE server and the data returned by the EDGE server to the issuers. Wakely used the HCRPDE outbound file to identify eligible enrollees and claims. For each issuer, Wakely aggregated claims to the enrollee-level and applied the 2019 MPSP reinsurance parameters to calculate reinsurance for each enrollee. The 2019 reinsurance parameters are illustrated in the figure below.



Wakely aggregated the calculated reinsurance for each issuer to report at the statewide level. For this report, Wakely allocated reinsurance amounts for enrollees transferring between health plan identifiers based on incurred claims within that time period. For example, under certain circumstances, an enrollee might have been enrolled in both a silver and a gold plan for a portion of 2019. If 75% of an enrollee's claims occurred in the silver plan and 25% occurred in the gold plan, then Wakely allocated 75% of the reinsurance to the silver plan and 25% to the gold plan. Transferring health plan identifiers does not impact results when reporting at an issuer level; however, when reporting at a more granular level (e.g. metal), reported results may change if another allocation method is used.

Analysis

In compliance with Minnesota Statutes 62E.24 subdivision 2, this section provides additional detail for the reinsurance amount shown in Table One. The distribution total in the following tables may

not add to 100% due to rounding.

Reinsurance by Eligible Health Carrier

The total reinsurance payments to each eligible health carrier along with the associated carrier's HIOS identifier is provided in Table 3.

Table 3: Reinsurance Amount Carrier

Health Carrier	HIOS ID	2019 Reinsurance
HMO Minnesota (Blue Plus)	57129	$36,256,345
Group Health Plan, Inc (HealthPartners)	34102	$34,336,862
Medica Insurance Company	31616	$51,462,812
Preferred One Insurance Company	88102	$895,651
UCare Minnesota	85736	$26,708,564
Total Statewide	**-**	**$149,660,234**

Reinsurance by Area

Table 4 shows the amount of reinsurance for each of Minnesota's rating regions. A list of counties in each rating area can be found in Appendix D, the Minnesota Department of Commerce website, or the CMS website.

Table 4: Reinsurance Amount by Area

Rate Region	2019 Reinsurance	2019 Dist'n	2018 Dist'n
Rating Area 1	$17,527,822	12%	10%
Rating Area 2	$9,024,610	6%	6%
Rating Area 3	$10,922,014	7%	6%
Rating Area 4	$4,694,861	3%	3%
Rating Area 5	$5,729,755	4%	5%
Rating Area 6	$5,555,840	4%	4%
Rating Area 7	$13,134,152	9%	7%
Rating Area 8	$80,906,677	54%	55%
Rating Area 9	$2,164,502	1%	2%
Statewide	**$149,660,234**	**100%**	**100%**

Reinsurance by Metal Level

Table 5 provides the reinsurance amount and distribution by metal tier. There are four different metal tiers in the individual market which reflect different levels of cost sharing an enrollee is expected to pay. The leanest is the bronze plan where an enrollee can expect to pay for about 40% of his or her total medical costs out of pocket in the form of cost sharing such as deductibles, coinsurance, and copays. The richest plan type is the platinum tier where an enrollee can expect to pay approximately 10% of total costs out of pocket. There is a fifth tier called catastrophic. Enrollment in catastrophic plans is limited to individuals who are eligible for hardship exemption or are under the age of 30.

Table 5: Reinsurance Amount by Metal Tier

Metal Tier	2019 Reinsurance	2019 Dist'n	2018 Dist'n
Catastrophic	$709,810	0%	0%
Bronze	$66,379,411	44%	48%
Silver	$42,861,813	29%	29%
Gold	$38,369,433	26%	22%
Platinum	$1,339,766	1%	1%
Total	**$149,660,234**	**100%**	**100%**

Reinsurance by Exchange Status

This section provides the reinsurance based on whether the enrollee purchased coverage through Minnesota's exchange, MNSure, or directly through the issuer. Multiple issuers updated the on- and off-exchange mapping in the data they provided to Wakely between the 2019Q2 and 2019Q3 reports. As a result, the 2019 distribution is not directly comparable to previously published quarterly reports. Since the 2018 distribution is based on EDGE data, the 2019 distribution is comparable to the 2018 distribution.

Table 6: Reinsurance Amount by Exchange Status

Exchange Status	2019 Reinsurance	2019 Dist'n	2018 Dist'n
On-Exchange	$102,952,814	69%	68%
Off-Exchange	$46,707,420	31%	32%
Total	**$149,660,234**	**100%**	**100%**

Reinsurance by Plan Type

This section provides reinsurance amounts by plan type. In the Affordable Care Act, some individuals and families qualify for cost-sharing reduction subsidies (CSR) which lower out-of-pocket costs. There are several different levels of CSRs. The first is 73% which reduces the individual's out-of-pocket cost to approximately 27% (= 1 - 73%) of total medical costs. CSR plans are only available on the exchange. There are other levels of CSR which are not prevalent in Minnesota's market due to Minnesota's Basic Health Plan, MNCare. Finally, there are limited cost-sharing and zero cost-sharing plans for American Indians and Alaska Natives.

Table 7: Reinsurance Amount by Plan Type

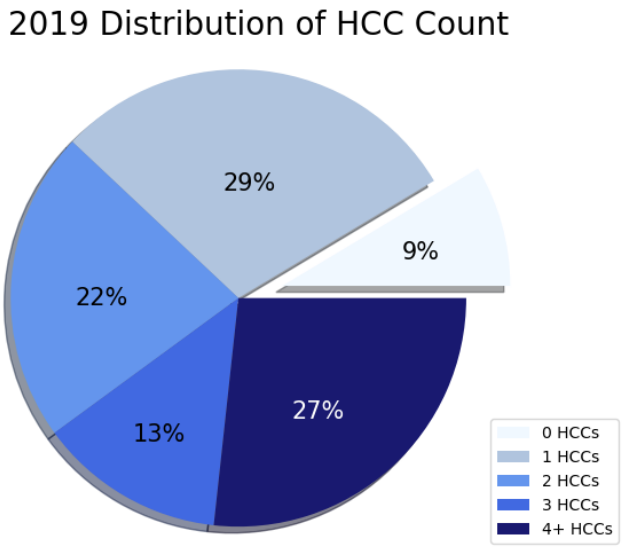
Plan Type	2019 Reinsurance	2019 Dist'n	2018 Dist'n
Standard	$135,151,285	90%	91%
Zero Cost Sharing	$673,488	0%	0%
Limited Cost Sharing	$230,624	0%	0%
73% CSR	$13,604,836	9%	9%
Total	**$149,660,234**	**100%**	**100%**

Reinsurance by Claim Spend

Please see Appendix A for reinsurance by claim spend level.

Distribution of HCC Count

The chart below provides the hierarchical condition category (HCC) distribution for the reinsurance eligible population. HCCs are used by CMS as part of the risk adjustment process that transfers money in the individual market from issuers that enrolled a healthier population to issuers that enrolled a sicker population. An enrollee is assigned to a HCC based on his or her medical diagnostic history. For example, if an enrollee fractures his or her hip in an accident, the doctor may code the medical claim with a hip fracture diagnosis code. That diagnosis code then identifies that enrollee in the *Hip Fractures and Pathological Vertebral or Humerus Fractures* condition category (HCC226). On the other hand, there are diagnosis codes that do not map to a payment HCC. As a result, even though an enrollee may have a claim, he or she may not be assigned to a HCC. Enrollees can have more than one HCC in a year. Typically, the more HCCs an enrollee has, the sicker and more costly he or she is. As a general rule of thumb, approximately 20% of the individual commercial population are assigned to at least one HCC in any given year. In other words, 80% of the general individual commercial population is not assigned to a HCC. In comparison, only 9% of enrollees eligible for reinsurance payments do not have a HCC. These enrollees may have experienced a traumatic accident with a diagnosis code that is not used in the HCC model, may have a rare condition that is not represented in the HCC model, or may have diagnosis codes that were not coded correctly.



The HCC model is hierarchical and similar conditions are grouped together. For example, diabetes has three HCCs: Diabetes with Acute Complications (HCC019), Diabetes with Chronic Complications (HCC020), and Diabetes without Complication (HCC021). An enrollee with a diagnosis code in both HCC019 and HCC021 would only be classified as HCC019 to avoid double counting. Finally, all diabetic HCCs are grouped together in the Diabetic Group (G01). Similar hierarchies and groupings exist for other conditions. Appendix B gives the list of the most prevalent HCCs and groupings during benefit year 2019 for enrollees eligible for reinsurance.

This analysis excludes RxHCCs. RxHCCs are similar to HCCs except RxHCCs are identified using National Drug Codes (NDCs) for prescriptions that a member fills. RxHCCs do not necessarily indicate the existence of a particular condition since a drug mapped to an RxHCC may be used for off-label purposes.

To see the 2018 HCC distribution, please see page 8 of the final MPSP 2018 report.[1]

[1] Final 2018 Benefit Year Reinsurance under Minnesota's Premium Security Plan

Reinsurance by Product

Appendix C gives the amount of reinsurance and number of claimants that exceeded $50,000 in claims by product and exchange status. To define product, Wakely used the first ten digits of the HIOS plan identifier and requested that issuers provide a product name associated with the product identifier. For the column labeled *Claimants*, an enrollee may be double counted if he or she transferred between products during the experience period. As a result, the claimant count in Appendix C does not match the enrollee count in Table 1. The column labeled *Claimants* shows "*<100*" for product and exchange-status combinations with less than 100 claimants for protected health information (PHI) reasons. Multiple issuers updated the on- and off-exchange mapping in the data they provided to Wakely between the 2019Q2 and 2019Q3 reports. As a result, the results shown in Appendix C for the final 2019 report are not directly comparable to the table shown in the 2019Q2 report. Appendix C is comparable to the 2019Q3 and 2019Q4 reports.

Data Review

Inbound Files versus High Cost Risk Pool Comparison

Wakely compared the claims in the inbound EDGE server files with an accepted flag against the list of claims underlying the HCRPDE table.[2] This analysis included a check to ensure that the plan paid amount on both the HCRPDE and the inbound EDGE server files were consistent.

1332 Waiver Application Comparison

Wakely compared the portion of enrollees with claims above the attachment point against the claim continuance table located in the actuarial report in Minnesota's 1332 Waiver. The table is based on the 2015 individual market which is significantly different than the 2019 individual market. In total, approximately 2% of the population was expected to exceed the $50,000 attachment point based on the 1332 Waiver Application, which was close to the proportion of enrollees exceeding the attachment point in this report.

2019Q4 MPSP Report Comparison

Wakely compared the list of enrollees contained in the 2019Q4 quarterly report against the list of enrollees in the final EDGE server data. The data used for the quarterly reports was provided by issuers and included only enrollees with claims that exceeded the reinsurance attachment point. In general, if an enrollee was included in the 2019Q4 report, then he or she should also be eligible for reinsurance in the final calculation. A small portion of enrollees appeared in the 2019Q4 requests but were not eligible for reinsurance in the final 2019 calculation. This is explained by either enrollees changing enrollee identifiers between the quarterly reports and final EDGE server submission, an enrollee having a claim retroactively adjusted which caused him or her to drop below the reinsurance attachment point, or claims failing to be accepted to the EDGE server because of business rules.

[2]Besides being accepted by the EDGE server, a claim must also meet other requirements to be included in the HCRPDE. For example, a claim must occur during a valid enrollment span. Wakely used the EDGE Server Business Rules 15.0 as a reference for reviewing the submitted EDGE encounter data. For additional information, please see https://www.regtap.info/

Risk Score Comparison

Wakely used the issuers' inbound claim files to independently calculate risk scores and compared the results against risk scores that CMS calculated for the federal risk transfer payment program. As described above, risk scores are calculated using diagnosis codes, pharmacy codes, demographic, and enrollment information submitted to the EDGE server. Significant differences between Wakely's calculated risk score and the CMS calculated risk score could imply that Wakely was missing diagnosis or pharmacy codes, and as a result, the claims associated with the missing codes. There were no differences between CMS and Wakely's risk score assignments.

Cost Sharing Reductions

Between 2014 and 2017, CMS reduced a carrier's reinsurance in the Federal Transitional Reinsurance Program to account for the fact that cost-sharing reduction subsidies were included in plan paid amounts used to calculate reinsurance but were reimbursed by the federal government under a separate program. Issuers received advanced payment from the federal government for CSR plans until October 2017 when the program ended. There is a pending court case which could require the federal government to reimburse issuers for 2019 benefit year CSR subsidies. Since CSR subsidies are not currently being paid by the federal government, Wakely did not make an adjustment to 2019 benefit year reinsurance for CSR subsidies.

Disclosures and Limitations

Responsible Actuary. I, Tyson Reed, am responsible for this communication. I am a member of the American Academy of Actuaries and a Fellow of the Society of Actuaries. I meet the Qualification Standards of the American Academy of Actuaries to issue this report.

Intended Users. This information has been prepared for the sole use of the management of MCHA. Wakely understands that the report will be made public. Distribution should be made in its entirety and should be evaluated only by qualified users. The parties receiving and reading this report should retain their own actuarial experts in interpreting results.

Risks and Uncertainties. The assumptions and resulting calculated reinsurance included in this report are inherently uncertain and could change depending on pending court cases and EDGE server review. Users of the results should be qualified to use it and understand the results and the inherent uncertainty. Actual results may vary, potentially materially, from Wakely's calculation. Wakely does not warrant or guarantee that Minnesota issuers will attain the calculated values included in the report. It is the responsibility of those receiving this report to review the assumptions carefully and notify Wakely of any potential concerns.

Conflict of Interest. I am financially independent and free from conflict concerning all matters related to performing the actuarial services underlying these analyses. In addition, Wakely is organizationally and financially independent of MCHA.

Data and Reliance. I have relied on others for data and assumptions used in the assignment. I have reviewed the data for reasonableness, but I have not performed an independent audit or otherwise verified the accuracy of the data / information. If the underlying information is incomplete or inaccurate, my estimates and calculations may be impacted, potentially significantly. The information

included in the other sections identifies the key data and assumptions.

Subsequent Events. Material changes in state or federal laws regarding health benefit plans may have a material impact on the results included in this report. I am not aware of any events that would impact the results of this analysis that have not otherwise been discussed above.

Contents of Actuarial Report. This document constitutes the entirety of the actuarial report and supersedes any previous communications provided to MCHA for Benefit Year 2019.

Deviations from ASOPs. Wakely completed the analyses using sound actuarial practice. To the best of my knowledge, the report and methods used in the analyses are in compliance with the appropriate ASOPs with no known deviations. A summary of ASOP compliance is listed below:

- ASOP No. 1, Introductory Actuarial Standard of Practice
- ASOP No. 23, Data Quality
- ASOP No. 41, Actuarial Communication

Sincerely,

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Appendix A - 2019 Benefit Year Reported Reinsurance Amount by Claim Spend Level

Incurred Claims		Enrollee Count	Average Incurred Claims Per Enrollee	Average Reinsurance Per Enrollee	Aggregate Reinsurance
Low Range	**High Range**				
$50,000	$52,508	177	$51,219	$975	$172,613
$52,508	$58,498	389	$55,448	$4,358	$1,695,271
$58,498	$119,795	1,678	$80,984	$24,787	$41,592,460
$119,795	$200,000	527	$152,994	$82,395	$43,422,371
$200,000	$9,999,999	412	$374,574	$152,373	$62,777,520
Total		**3,183**	**$126,132**	**$47,019**	**$149,660,234**

Notes:

1. Average Reinsurance Per Enrollee = min{(Average Incurred Claims - $50,000) × 80%, $160,000}.
2. The claim intervals originate from the 1332 Waiver Application which have been combined to ensure each cohort has at least 100 enrollees.

Appendix B - 2019 Benefit Year Enrollee Count by HCC

Limited to HCCs with at least 100 Enrollees

Rank	HCC	HCC Description	Enrollee Count[1]	% of Reinsurance Eligible Enrollees
1	G01	Diabetes	612	19%
2	G15	Asthma; Chronic Obstructive Pulmonary Disease, Including Bronchiectasis	514	16%
3	HCC056	Rheumatoid Arthritis and Specified Autoimmune Disorders	434	14%
4	HCC008	Metastatic Cancer	428	13%
5	HCC142	Specified Heart Arrhythmias	421	13%
6	HCC130	Congestive Heart Failure	417	13%
7	G13	Respiratory Arrest; Cardio-Respiratory Failure and Shock, Including Respiratory Distress Syndromes	333	10%
8	HCC002	Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock	312	10%
9	HCC023	Protein-Calorie Malnutrition	230	7%
10	HCC048	Inflammatory Bowel Disease	228	7%
11	HCC075	Coagulation Defects and Other Specified Hematological Disorders	224	7%
12	HCC156	Pulmonary Embolism and Deep Vein Thrombosis	214	7%
13	HCC012	Breast (Age 50+) and Prostate Cancer, Benign/Uncertain Brain Tumors, and Other Cancers and Tumors	203	6%
14	G02A	Mucopolysaccharidosis; Metabolic Disorders; Endocrine Disorders	186	6%
15	HCC088	Major Depressive and Bipolar Disorders	175	5%
16	HCC131	Acute Myocardial Infarction	164	5%
17	HCC253	Artificial Openings for Feeding or Elimination	162	5%
18	HCC120	Seizure Disorders and Convulsions	158	5%
19	G08	Disorders of the Immune Mechanism	151	5%
20	HCC118	Multiple Sclerosis	151	5%

Appendix B - 2019 Benefit Year Enrollee Count by HCC

Limited to HCCs with at least 100 Enrollees

Continued...

Rank	HCC	HCC Description	Enrollee Count[1]	% of Reinsurance Eligible Enrollees
21	HCC047	Acute Pancreatitis/Other Pancreatic Disorders and Intestinal Malabsorption	136	4%
22	HCC115	Myasthenia Gravis/Myoneural Disorders and Guillain-Barre Syndrome/Inflammatory and Toxic Neuropathy	134	4%
23	HCC009	Lung, Brain, and Other Severe Cancers, Including Pediatric Acute Lymphoid Leukemia	130	4%
24	HCC045	Intestinal Obstruction	128	4%
25	G09	Drug Psychosis; Drug Dependence	120	4%
26	HCC122	Non-Traumatic Coma, Brain Compression/Anoxic Damage	119	4%
27	HCC163	Aspiration and Specified Bacterial Pneumonias and Other Severe Lung Infections	116	4%
28	G03	Necrotizing Fasciitis; Bone/Joint/Muscle Infections/Necrosis	105	3%

1. An enrollee may have multiple HCCs and could be double counted if combining enrollee counts between HCCs.

Appendix C - 2019 Benefit Year Reinsurance Amount and Enrollees by Product

Carrier	Product ID	Product Name	Exchange Status	Enrollee Count[1,2]	Reinsurance
UCare	85736MN023	UCare Individual and Family Plans	On-Exchange	533	$26,708,564
Medica	31616MN042	Medica Applause	On-Exchange	505	$22,851,244
HealthPartners	34102MN007	GHI AM Off Exchange	Off-Exchange	404	$17,416,514
HealthPartners	34102MN001	GHI On Exchange	On-Exchange	389	$15,963,036
Medica	31616MN044	Engage by Medica	On-Exchange	251	$14,083,130
BP	57129MN008	Blue Plus Metro	Off-Exchange	199	$8,412,442
BP	57129MN009	Blue Plus Metro	On-Exchange	179	$8,313,162
Medica	31616MN042	Medica Applause	Off-Exchange	136	$7,918,112
BP	57129MN007	Blue Plus Western	On-Exchange	137	$5,010,794
BP	57129MN015	Blue Plus Southeast	On-Exchange	<100	$3,880,818
BP	57129MN006	Blue Plus Western	Off-Exchange	<100	$3,112,472
Medica	31616MN044	Engage by Medica	Off-Exchange	<100	$2,087,836
BP	57129MN017	Blue Plus Northeast	On-Exchange	<100	$1,937,312
BP	57129MN014	Blue Plus Southeast	Off-Exchange	<100	$1,936,007
BP	57129MN052	Blue Plus Strive	On-Exchange	<100	$1,782,140
Medica	31616MN043	North Memorial Acclaim by Medica	On-Exchange	<100	$1,312,717
BP	57129MN016	Blue Plus Northeast	Off-Exchange	<100	$971,223
BP	57129MN051	Blue Plus Strive	Off-Exchange	<100	$899,975
Medica	31616MN045	Altru Prime by Medica	On-Exchange	<100	$798,798
HealthPartners	34102MN008	GHI NAM Off Exchange - HP Ind	Off-Exchange	<100	$737,013
Medica	31616MN021	Medica Value	Off-Exchange	<100	$693,021
PreferredOne	88102MN021	Ultimate Choice	Off-Exchange	<100	$687,550
Medica	31616MN020	Medica HSA	Off-Exchange	<100	$625,124
Medica	31616MN018	Medica Solo	Off-Exchange	<100	$359,082

Appendix C - 2019 Benefit Year Reinsurance Amount and Enrollees by Product

Continued...

Carrier	Product ID	Product Name	Exchange Status	Enrollee Count[1,2]	Reinsurance
HealthPartners	34102MN009	GHI NAM Off Exchange - HP Ind Ded	Off-Exchange	<100	$220,299
PreferredOne	88102MN001	PreferredHealth View	Off-Exchange	<100	$208,101
Medica	31616MN043	North Memorial Acclaim by Medica	Off-Exchange	<100	$207,285
Medica	31616MN045	Altru Prime by Medica	Off-Exchange	<100	$200,766
Medica	31616MN040	Engage by Medica	On-Exchange	<100	$153,898
Medica	31616MN038	North Memorial Acclaim by Medica	On-Exchange	<100	$99,741
Medica	31616MN037	Medica Applause	On-Exchange	<100	$57,461
Medica	31616MN040	Engage by Medica	Off-Exchange	<100	$14,189
Medica	31616MN037	Medica Applause	Off-Exchange	<100	$409
			Total	**3,202**	**$149,660,234**

Notes:

1. Products with less than 100 enrollees are labeled as < 100 for protected health information (PHI) reasons.
2. The *Enrollees* column counts enrollees that transfer between products more than once. As a result, the total enrollees in this section differs from the enrollee count shown previous portions of this report.

Appendix D - Minnesota Rating Regions