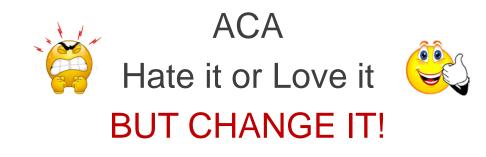
PEFOR USA, NM, NMHC

Joint Interim Legislative Health Committee September 24, 2015 Martin Hickey, M.D. CEO, New Mexico Health Connections.

CONTEXT

- Never has there been more uncertainty in health insurance AND health care itself
- But never has there been more creativity and impact of market forces





RISK STABILIZATION THE 3 Rs

- Re-insurance
- Individual Risk Adjustment
- Risk Corridors
- Now Risk "Destabilization"
 - Gaming formulas
 - Toxic to new entrants



RATIONALE FOR RISK ADJUSTMENT IN ACA

"The aim of ACA risk adjustment is to foster the development of markets where health plans compete on quality, efficiency, and value, not on risk selection."



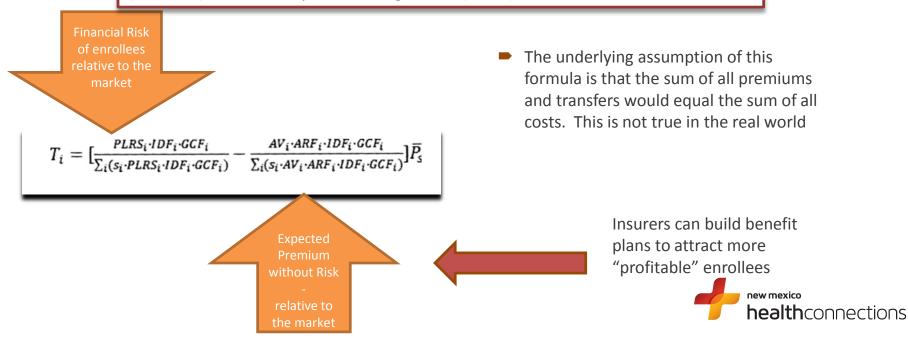
Medicare & Medicaid Research Review 2014 Volume 4. Number 3

"Risk adjustment – if it functions as intended – allows a plan enrolling a higher proportion of high risks to charge the same average premium, other things being equal, as a plan enrolling a higher proportion of low risks." new mexico **health**connections

Medicare & Medicaid Research Review 2014 Volume 4. Number

RISK FORMULA EXPLAINED

The intent of the transfer formula is to move funds from plans with lower risk (healthier) members to plans with higher risk (sicker) members



2014 RISK ADJUSTMENT TRANSFER SUMMARY -LARGE INSURANCE COMPANIES ONLY

Large Insurance Companies Only	2014 Total Risk Adjustment Transfer	# Public Exchange Members
	Amount	
Aetna Health Inc.	-\$337,376,144	607,276
All Other Blue Cross Blue Shield Plans	\$608,189,697	1,359,848
Anthem Health Plans Inc.	-\$169,113,876	1,073,178
Cigna Health and Life Insurance Company	\$108,653,552	75,000
Health Care Service Corporation* **	-\$751,193	198,015
Humana Health Plan	-\$123,890,505	601,400
United Healthcare**	\$236,651,691	N/A
Grand Total	\$322,363,222	3,914,717

* HCSC includes Blue Cross Blue Shield plans in Illinois, Texas, New Mexico, Oklahoma and Montana

** Membership not available for BCBSTX or United Healthcare

COMPLETELY NEW INSURES TO THE EXCHANGE – 24 COOPs and 11 others new plans -\$180,834,609 482,234 members



PMPM PAYMENT TRANSFERS

The risk adjustment program is affecting a large share of the individual and small group market business. An analysis conducted by Chicago-based health-care management consulting company HealthScape Advisors found that "15 percent of all plans appeared to pay more than 10 percent of premiums that they collected," managing partner John Steele told Bloomberg BNA. Medicaid plans and co-ops made "significant payments," the report said, while "non-publicly traded Blue plans received the highest payments." The Blue Cross and Blue Shield Association didn't respond to Bloomberg BNA's request for comment.



REINSURANCE – RISK ADJUSTMENT

Reinsurance - Risk Adjustment Payments From CMS

			Individual Risk	S	mall Group Risk	Total Risk		
Company		Reinsurance	Adjustmemt		Adjustment	Adjustment	Risk Corridor	MLR
Blue Cross Blue Shield of NM	\$	17,360,787.26	\$ 6,258,751.86	\$	1,212,948.58	\$ 7,471,700.44	?	?
Lovelace Health System, Inc.	\$	106,022.49	\$ 113,433.56	\$	336,586.34	\$ 450,019.90	?	?
Molina Health Care of NM	\$	325,293.64	\$ 658,619.88	\$	-	\$ 658,619.88	?	?
New Mexico Health Connections	\$	3,178,238.43	\$ (4,834,621.72)	\$	(1,832,176.28)	\$ (6,666,798.00)	?	?
Presbyterian Health Plan*	\$	6,125,158.70	\$ (2,442,724.87)	\$	960,391.75	\$ (1,482,333.12)	?	?
Time Insurance Company	\$	205,000.00	\$ 219,514.22	\$	-	\$ 219,514.22	?	?
United Healthcare Insurance Company	No	t Eligible	\$ -	\$	(677,750.41)	\$ (677,750.41)	?	?
TOTAL	\$	27,300,500.52	\$ (27,027.07)	\$	(0.02)	\$ (27,027.09)	?	?

* Includes Presbyterian Health Plan, Inc and Presbyterian Insurance Company, Inc.



HEALTH COOPERATIVES FIND THE GOING TOUGH – REED ABELSON

"We're seeing what people in the industry could have said many times all along: It's hard to start a new insurance company that is competitive," said Mark A. Hall, a health policy professor at Wake Forest University.

These new carriers may have been hobbled from the beginning, some policy experts say, because the federal law that allowed them to sprout may not have first made the field level. For example, the federal loans granted to co-ops to get established are typically far below the capital needed to weather the uncertainty of the first years and be able to attract enough members to be successful.

On top of that, the federal loans are accompanied by a tangle of regulations that make it hard to attract outside money that would ensure a strong footing as they expand.

"You normally don't get a lot of start-up activity in the health insurance market because of the incredible barriers to entry," said Mark E. Rust, a lawyer in Chicago with Barnes & Thornburg.

Federal officials insist the rules are fair. All insurers have benefited from the government's program to help pay for the most costly patients, said Kevin J. Counihan, the chief executive of the federal marketplace. "The program is not biased against small issuers," he said.

But even for-profit companies trying to join the health insurance business under the federal law are finding it a daunting environment.



HOW IS NMHC DOING FOR A NEW START-UP?

- "You normally don't get a lot of start-up activity in the health insurance market because of the incredible barriers to entry." *The New York Times*
- As a start-up, NMHC will loose money during its first two years of operation
 - But will be generating earnings in 2016
 - Has its original \$64 million in cash solvency loans
 - Has added an additional \$13 million to solvency recently for a total of \$77 million
 - Current RBC (Resource Based Capitol) is over 1000%
 - Lower limit is 250- 300% in New Mexico



KEY TO OUR BUSINESS SUCCESS MEDICAL MANAGEMENT

- Identify risk
- Maintain medication
 - No co-pays
 - Reminders
- Focus on behavioral health
- Medical Loss Ratio (MLR) 2014 76.04% / 80%





KEY TO OUR BUSINESS SUCCESS

see maps

Network

- 7,757 Providers individually contracted
- 13,010 locations New Mexico and Texas

Medical Cost

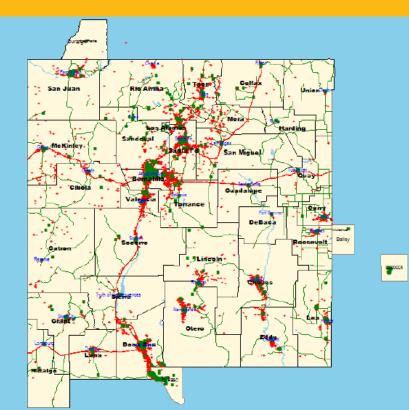
- Pent up demand
- MLR 2014 = 76.04% see graphs

Membership

- Individual On Exchange: 16,000
- Individual Off Exchange: 6,000
- Small Group On & Off Exchange: 10,000
- Large Group: 2,000
- Total: 34,000

healthconnections

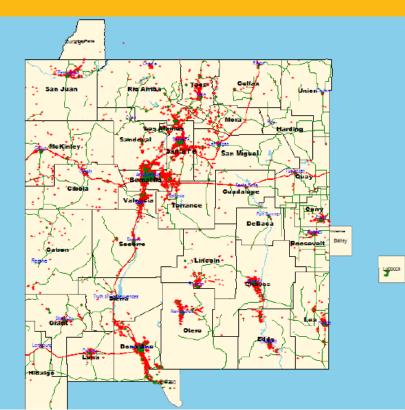
ALL PROVIDERS TO MEMBER



April 2015 All NMHC Members 33,876 employee locations All Employees April 2015 All NMHC Providers 7,250 providers at 1,395 locations All providers Service Areas NMHC Provider Network 1 in = 64.84 miles



PCP TO MEMBERS



April 2015 All NMHC Members 33,876 employee locations All Employees

April 2015 All NMHC Primary Care Provider

- 1,858 providers at 420 locations
 - All providers

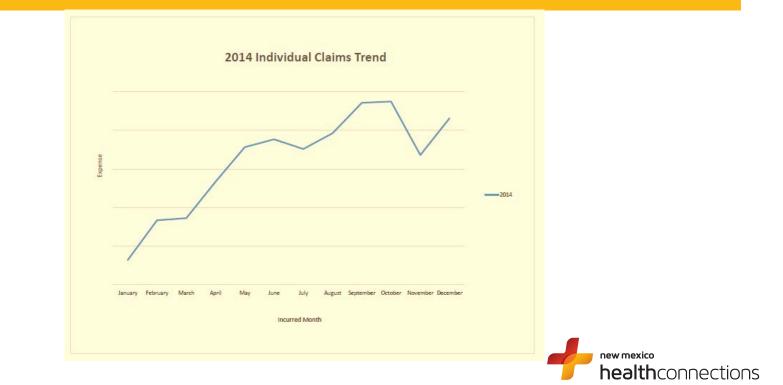
Service Areas

NMHC Provider Network

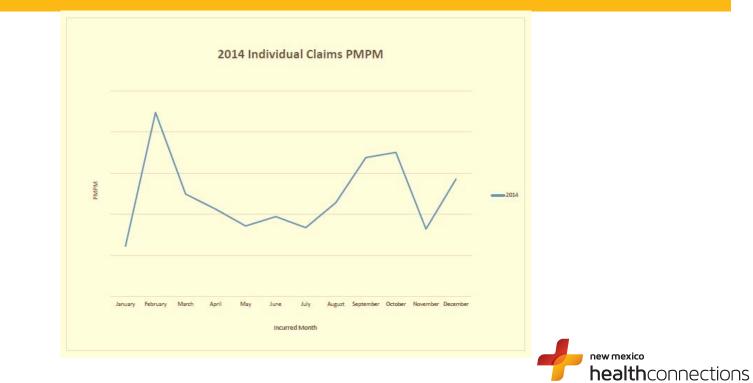
1 in = 64.84 miles



CLAIMS TREND



CLAIMS

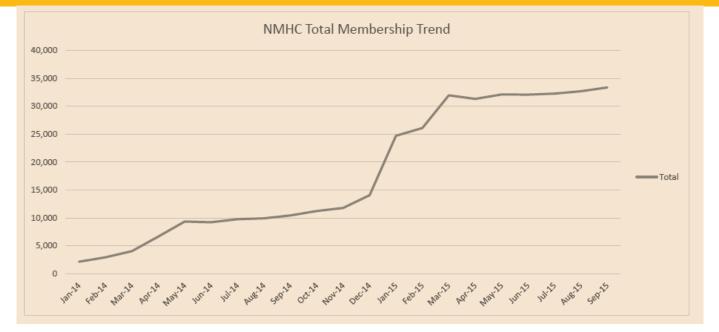


INDIVIDUAL MEMBERSHIP TREND





TOTAL MEMBERSHIP TREND





ROBIN HOOD TAKE FROM THE HOSPITALS

- Admission per 1,000 members in one year
 - Well managed benchmark = 56
 - New Mexico = mid 60's
 - NMHC = 44!
- 10% average premium reduction in 2015!
- Future: return "profit" to Members, Primary Care Providers, <u>and</u> Behavioral Health Providers





SUMMARY

- Competition and transparency work
- Medical management partnership
- Better health
- Aim for LOWER COSTS
- State based Exchange Risk Adjustor (or Fixed Federal)
- Major growth see lowest rate comparison
- True Not-For-Profit affordable care
- Value of HMOs and Start-Ups



INDIVIDUAL – ALBUQUERQUE

	2016 Least Expensive HMO Plans								
Bronze	CH	IRISTUS	NMHC		PRES		BEBSE	N N	IOLINA
21	\$	197.64	\$119.12	\$	155.44	\$`	168.88	\$	118.96
40	\$	252.58	\$152.24	\$	198.65	\$	215.82	\$	152.03
60	\$	536.39	\$323.29	\$	421.86	\$	458,33	\$	322.86
Silver	CH	IRISTUS	NMHC		PRES		BCBS	N N	IOLINA
21	\$	228.38	\$142.13	\$	188.64	\$*	202.35	\$	141.48
40	\$	291.87	\$181.64	\$	241.09	\$	258.60	\$	180.81
60	\$	619.82	\$385.74	\$	511.98	\$	549.18	\$	383.96
Gold	CH	IRISTUS	NMHC		PRES		BCRSd	N	IOLINA
21	\$	273.62	\$177.35	\$	237.86	\$R	237.80	\$	166.35
40	\$	349.69	\$226.65	\$	303.99	\$	303.91	\$	212.60
60	\$	742.62	\$481.33	\$	645.56	\$	645.38	\$	451.48
Platinum	CH	IRISTUS	NMHC		PRES		BCBS	N	IOLINA
21				\$	284.53				
40				\$	363.64				
60				\$	772.23				

	Least Expensive NMHC HMO Plan	Least Expensive BCBS PPO Plan	Variance
Bronze	NMHC	BCBS-MSP	
21	\$119.12	\$ ^{Rej} 275.04	\$ 155.92
40	\$152.24	\$ 351.50	\$ 199.26
60	\$323.29	\$ 746.46	\$ 423.17
Silver	NMHC	BC88-MSP	
21	\$142.13	\$ ^{Rej} 318.22	\$ 176.09
40	\$181.64	\$ 406.68	\$ 225.04
60	\$385.74	\$ 863.64	\$ 477.90
Gold	NMHC	BGBS-MSP	
21	\$177.35	\$ ^{Rel} 377.89	\$ 200.54
40	\$226.65	\$ 482.94	\$ 256.29
60	\$481.33	\$ 1,025.58	\$ 544.25



INDIVIDUAL – FARMINGTON

	2016 Least Expensive HMO Plans						
Bronze	CHRISTUS	NMHC	PRES	BCBSO	MOLINA		
21	\$ 197.64	\$160.34	\$ 178.75	\$ ^{Re1} 222.33	\$ 145.24		
40	\$ 252.58	\$204.91	\$ 228.45	\$ 284.14	\$ 185.62		
60	\$ 536.39	\$435.15	\$ 485.13	\$ 603.42	\$ 394.19		
Silver	CHRISTUS	NMHC	PRES	BCBSO	MOLINA		
21	\$ 228.38	\$191.31	\$ 216.94	\$ ^{Re1} 266.40	\$ 172.73		
40	\$ 291.87	\$244.49	\$ 277.25	\$ 340.47	\$ 220.75		
60	\$ 619.82	\$519.21	\$ 588.78	\$ 723.02	\$ 468.79		
Gold	CHRISTUS	NMHC	PRES	BCBS	MOLINA		
21	\$ 273.62	\$238.71	\$ 273.54	\$Ref 313.07	\$ 203.10		
40	\$ 349.69	\$305.08	\$ 349.59	\$ 400.11	\$ 259.57		
60	\$ 742.62	\$647.87	\$ 742.40	\$ 849.68	\$ 551.22		
Platinum	CHRISTUS	NMHC	PRES	BCBS	MOLINA		
21			\$ 327.21				
40			\$ 418.18				
60			\$ 888.06				

	Least Expensive NMHC HMO Plan	Least Expensive BCBS PPO Plan	Variance
Bronze	NMHC	BCB84MSP	
21	\$160.34	\$ 818.19	\$ 157.85
40	\$204.91	\$ 406.65	\$ 201.74
60	\$435.15	\$ 863.58	\$ 428.43
Silver	NMHC	BCBSMSP	
21	\$191.31	\$ Ref 368.15	\$ 176.84
40	\$244.49	\$ 470.49	\$ 226.00
60	\$519.21	\$ 999.15	\$ 479.94
Gold	NMHC	BCBSeMSP	
21	\$238.71	\$ Ref 437.18	\$ 198.47
40	\$305.08	\$ 558.71	\$ 253.63
60	\$647.87	\$ 1,186.50	\$ 538.63



INDIVIDUAL – LAS CRUCES

	2016 Least Expensive HMO Plans								
Bronze	CH	IRISTUS	NMHC		PRES		Bebso	MOLINA	
21	\$	197.64	\$132.10	\$	178.75	\$90	218.58	\$	134.18
40	\$	252.58	\$168.83	\$	228.45	\$	279.34	\$	171.48
60	\$	536.39	\$358.53	\$	485.13	\$	593.22	\$	364.15
Silver	CH	IRISTUS	NMHC		PRES		Bees	N	10LINA
21	\$	228.38	\$157.62	\$	216.94	\$°	261.90	\$	159.57
40	\$	291.87	\$201.43	\$	277.25	\$	334.71	\$	203.93
60	\$	619.82	\$427.78	\$	588.78	\$	710.80	\$	433.08
Gold	CH	IRISTUS	NMHC		PRES		BGBS	N	10LINA
21	\$	273.62	\$196.68	\$	273.54	₿e	307.78	\$	187.63
40	\$	349.69	\$251.36	\$	349.59	\$	393.35	\$	239.79
60	\$	742.62	\$533.79	\$	742.40	\$	835.32	\$	509.22
Platinum	CH	IRISTUS	NMHC		PRES		BCBS	N	10LINA
21				\$	327.21				
40				\$	418.18				
60				\$	888.06				

	Least Expensive NMHC HMO Plan	Least Expensive BCBS PPO Plan	Variance
Bronze	NMHC	BCBS	
21	\$132.10	\$ Reject 303.61	\$ 171.51
40	\$168.83	\$ 388.01	\$ 219.18
60	\$358.53	\$ 823.99	\$ 465.46
Silver	NMHC	BGBS-MSP	
21	\$157.62	\$ ^{Ref} 351.27	\$ 193.65
40	\$201.43	\$ 448.92	\$ 247.49
60	\$427.78	\$ 953.35	\$ 525.57
Gold	NMHC	BEBS-MSP	
21	\$196.68	\$Ref 417.14	\$ 220.46
40	\$251.36	\$ 533.10	\$ 281.74
60	\$533.79	\$ 1,132.11	\$ 598.32



INDIVIDUAL – SANTA FE

	2016 Least Expensive HMO Plans						
Bronze	CHRISTUS	NMHC	PRES	BCBSO	MOLINA		
21	\$ 138.89	\$141.04	\$ 170.98	\$ ^{Re1} 195.78	\$ 159.07		
40	\$ 177.50	\$180.25	\$ 218.51	\$ 250.21	\$ 203.30		
60	\$ 376.95	\$382.78	\$ 464.04	\$ 531.35	\$ 431.73		
Silver	CHRISTUS	NMHC	PRES	BCBSO	MOLINA		
21	\$ 156.93	\$168.28	\$ 207.51	\$ ^{Re1} 234.59	\$ 189.18		
40	\$ 200.56	\$215.06	\$ 265.20	\$ 299.80	\$ 241.77		
60	\$ 425.91	\$456.71	\$ 563.18	\$ 636.67	\$ 513.44		
Gold	CHRISTUS	NMHC	PRES	BCBSO	MOLINA		
21	\$ 194.49	\$209.98	\$ 261.65	\$Re1275.68	\$ 222.45		
40	\$ 248.56	\$268.36	\$ 334.39	\$ 352.32	\$ 284.29		
60	\$ 527.85	\$569.89	\$ 710.12	\$ 748.20	\$ 603.72		
Platinum	CHRISTUS	NMHC	PRES	BCBS	MOLINA		
21			\$ 312.99				
40			\$ 400.00				
60			\$ 849.45				

	Least Expensive NMHC HMO Plan	Least Expensive BCBS PPO Plan	Variance
Bronze	NMHC	BCBSAMSP	
21	\$141.04	\$ Reject 286.59	\$ 145.55
40	\$180.25	\$ 366.26	\$ 186.01
60	\$382.78	\$ 777.80	\$ 395.02
Silver	NMHC	BCBS-MSP	
21	\$168.28	\$ ^{Ref} 331.58	\$ 163.30
40	\$215.06	\$ 423.76	\$ 208.70
60	\$456.71	\$ 899.91	\$ 443.20
Gold	NMHC	BGBS-MSP	
21	\$209.98	\$Ref 393.75	\$ 183.77
40	\$268.36	\$ 503.22	\$ 234.86
60	\$569.89	\$ 1,068.65	\$ 498.76



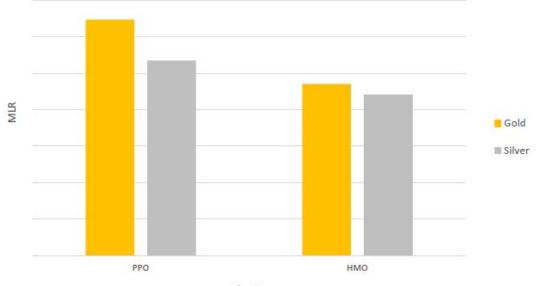
INDIVIDUAL – NON-MSA

	2016 Least Expensive HMO Plans								
Bronze	CH	IRISTUS	NMHC		PRES		BCBS		10LINA
21	\$	197.64	\$159.62	\$	186.52	ş	232.98	\$	165.99
40	\$	252.58	\$204.00	\$	238.38	\$	297.75	\$	212.14
60	\$	536.39	\$433.21	\$	506.23	\$	632.32	\$	450.50
Silver	CH	IRISTUS	NMHC		PRES		BCBS	N	10LINA
21	\$	228.38	\$190.45	\$	226.37	\$e	279.16	\$	197.41
40	\$	291.87	\$243.39	\$	289.30	\$	356.77	\$	252.29
60	\$	619.82	\$516.88	\$	614.37	\$	757.64	\$	535.76
Gold	CH	IRISTUS	NMHC		PRES		BGBS	N	10LINA
21	\$	273.62	\$237.65	\$	285.44	\$e	328.06	\$	232.12
40	\$	349.69	\$303.72	\$	364.79	\$	419.26	\$	296.65
60	\$	742.62	\$644.98	\$	774.67	\$	890.36	\$	629.97
Platinum	CH	IRISTUS	NMHC		PRES		BCBS	N	10LINA
21				\$	341.44				
40				\$	436.36				
60				\$	926.67				

	Least Expensive NMHC HMO Plan	Least Expensive BCBS PPO Plan	Variance
Bronze	NMHC	BCBS MSP	
21	\$159.62	\$ Rejec 333.39	\$ 173.77
40	\$204.00	\$ 426.07	\$ 222.07
60	\$433.21	\$ 904.82	\$ 471.61
Silver	NMHC	BCBSMSP	
21	\$190.45	\$ ^{Ref} 385.73	\$ 195.28
40	\$243.39	\$ 492.96	\$ 249.57
60	\$516.88	\$ 1,046.87	\$ 529.99
Gold	NMHC	BCBSCMSP	
21	\$237.65	\$Ref 458.06	\$ 220.41
40	\$303.72	\$ 585.40	\$ 281.68
60	\$644.98	\$ 1,243.16	\$ 598.18



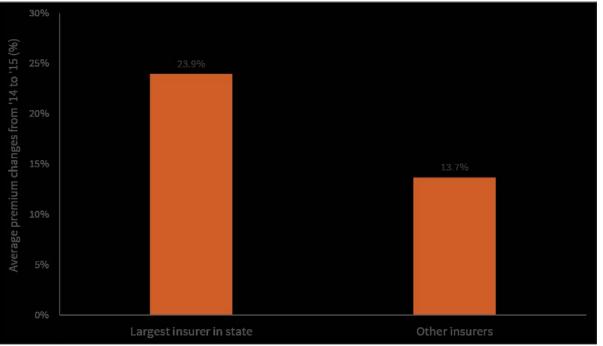
2014 INDIVIDUAL MEDICAL LOSS RATIO



Plan Type



LARGER ISSUERS, LARGER PREMIUM INCREASES: HEALTH INSURANCE ISSUER COMPETITION POST-ACA



Average premium increase from '14 to '15 by insurance company size in states

Highlights

• Health insurance plans on 34 state exchanges are studied for pricing changes from 2014 to 2015

• The largest insurance company in each state on average increased their rates 75% more than smaller insurers in the same state

• The largest insurance companies do not appear to be paying for higher medical costs per premium dollar versus smaller insurers

Wang E, Gee G. Larger Issuers, Larger Premium Increases: Health insurance issuer competition post-ACA. Technology Science. 2015081104. August 11, 2015. http://techscience.org/a/2015081104 1

