New York State Department of Financial Services
Premium Rate Approval – Decision Summary

Insurer:	**North Shore–LIJ CareConnect Insurance Company, Inc.**
Line of Business:	Individual EPO
Filing Type:	3231(e)(1) prior approval
Effective Date:	1/1/2015
Affected Members:	8,136 (as of 5/31/14)
On/Off NY State of Health:	On and Off
Annual Premium:	$46.5 Million
SERFF Tracking Numbers:	NSCC-129585847 NSCC-129574144

Summary:

Requested	Approved	Reduction
-1.24%	-3.22%	-1.98%

The analysis included the following "requested" versus "approved" assumptions for the various parts of the application:

		Requested	Approved
1.	Annual Claim Trend Rate	2.00%	2.00%
2.	Administrative Expense Ratio	17.19%	17.19%
3.	Profit Objective (% of premium, pre-tax)	0.00%	0.00%
4.	Medical Loss Ratio (MLR)	82.81%	82.81%

Analysis:

Under the Affordable Care Act (ACA), all policies in the individual market, both on and off the New York State of Health (NYSOH), must be rated as a single risk pool, which was required in the Department of Financial Services (DFS) rate application. DFS reviewed the material that CareConnect submitted with the rate application, which included the projected trend assumptions, administrative expense assumptions, projected premiums and claims, profit objectives, and the development of the needed rate change, as well as comparisons to similar historical data in each of these areas. DFS considered the insurer's overall solvency and the ability of the insurer to meet its obligations after DFS's decisions. In addition, DFS took into account comments on the rate application received from consumers, consumer groups and policyholders.

2014 is the first year that many of the reforms of the ACA have been in place and the first year that the NYSOH Individual and Small Group Marketplaces have been operational. These reforms have brought significant changes to the health insurance market in New York and have increased enrollment dramatically. There is, however, limited claims data and information regarding enrollee health status. Consequently, many insurers and industry experts have pointed out the difficulty of

and uncertainty in developing accurate premium rates for 2015 (see, e.g., American Academy of Actuaries Issue Brief, "Drivers of 2015 Health Insurance Premium Changes," June 2014, page 2). This was reflected in the rate applications submitted to DFS for 2015 premium rates. There were wide differences in insurers' assumptions and projections about future claims costs. Because of this wide variation, as well as the recognized uncertainty in accurately projecting 2015 medical costs, DFS has given attention to insurers' average overall assumptions, with consideration for regional differences in New York.

Claims Trend:

The claims trend assumptions of insurers submitting rate adjustment applications to DFS varied widely. As noted above, there was very little claims and enrollment data for insurers to base their projections on.

CareConnect assumed a claims trend of 2.00%. Based on information submitted in the rate application, the average requested trend assumptions of all insurers in the same geographic region, and external studies on medical cost projections, DFS finds that CareConnect's claims trend assumption is reasonable

Morbidity / Federal Risk Adjustment:

Under the ACA, the Centers for Medicare and Medicaid Services (CMS) must develop a risk adjustment program that will establish a risk adjustment pool that insurers will have to either pay into if their members have lower than average morbidity or receive money from if their members have higher than average morbidity. Insurers were required to include in their 2015 rate applications any adjustments that reflected federal risk adjustment payments or receipts. To assist insurers, DFS conducted a risk adjustment simulation. DFS reviewed insurers' assumptions regarding risk adjustments in conjunction with the insurers' assumptions as to morbidity since risk adjustment and morbidity assumptions are related.

CareConnect assumed a factor of 1.000 for risk adjustment and morbidity (combined). Based on information contained in the rate application, DFS finds that a factor of 1.000 is reasonable, a finding that has no impact on the requested premium rate.

Federal Transitional Reinsurance Program:

Under the ACA, CMS established a three year transitional reinsurance program that provides reinsurance for high cost claims in the individual market. CMS indicated that the attachment point for the program would be decreased from $70,000 to $45,000 for 2015.

CareConnect had assumed in its rate application that the attachment point would be $70,000. DFS modified the rate based on the $45,000 attachment point, which resulted in a -1.98% impact on CareConnect's requested premium rates.

Administrative Expense Ratio:

CareConnect assumed an administrative expense ratio of 17.19%. Based on information in the rate application, DFS finds that this assumption is reasonable.

Profit Objective:

CareConnect assumed a profit ratio of 0.00%. Based on information contained in the rate application and the financial condition of the company, DFS finds that this assumption is reasonable.

Medical Loss Ratio (MLR):

With an administrative expense ratio of 17.19% and a profit ratio of 0.00%, CareConnect's projected loss ratio will be 82.81%.

Decision:

Based on the review and analysis described above, DFS finds that the requested increase is not reasonable and modifies the increase as shown in the summary chart above.