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SUMMARY REPORT ON PERMANENT RISK ADJUSTMENT TRANSFERS FOR THE 2021 BENEFIT YEAR

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I. Highlights of the Summary Report on Permanent Risk Adjustment Transfers Including High-Cost Risk Pool for the 2021 Benefit Year

The risk adjustment program operated smoothly for the 2021 benefit year.¹

- Participants in the risk adjustment program include health insurance issuers offering plans in the individual or small group market, with the exception of: grandfathered health plans, group health insurance coverage described in 45 C.F.R. § 146.145(b), individual health insurance coverage described in 45 C.F.R. § 148.220, and any plan determined not to be a risk adjustment covered plan in the applicable Federally certified risk adjustment methodology.
- A total of 572 issuers participated in the risk adjustment program for the 2021 benefit year, of which 571 received a risk adjustment state transfer (excluding the high-cost risk pool), and 3 received a default risk adjustment charge, in at least one risk pool. For the 2020 benefit year, a total of 576 issuers participated in the risk adjustment program.
- Nationwide, the absolute value of risk adjustment state transfers across all state market risk pools (excluding the high-cost risk pool) was about 8.7 percent of total premiums, as compared to the absolute value of 2020 benefit year transfers, which was 7.4 percent of total premiums.

The risk adjustment program is working as intended by more evenly spreading the financial risk carried by issuers that enrolled higher-risk individuals in a particular state market risk pool, thereby protecting issuers against adverse selection and supporting them in offering products that serve all types of consumers. Excluding results from the high-cost risk pool², we found that for the 2021 benefit year:

- **Risk adjustment state transfers as a percent of premiums increased compared to the 2020 benefit year.** In the 2020 benefit year, the absolute value of risk adjustment state transfers as a percent of premiums averaged 9.9 percent of premiums in the individual non-catastrophic risk pool, and 4.0 percent of premiums in the small group risk pool. In the 2021 benefit year, the absolute value of risk adjustment state transfers increased to 11.7 percent of premiums in the individual non-catastrophic risk pool and 4.4 percent of premiums in the small group risk pool.³ A portion of this increase resulted from changes to the HHS risk adjustment models, including the introduction of a new version of the diagnosis code to hierarchical condition category (HCC) classification⁴ finalized in the 2021 Payment Notice,

¹ HHS operated the risk adjustment program in all 50 states and the District of Columbia for the 2021 benefit year.

² Merged market states are also excluded from the trends analysis in results.

³ For the 2021 benefit year, statewide average premiums are reduced (i.e., adjusted) by 14 percent in the state payment transfer formula to account for the proportion of administrative costs that do not vary with claims. To facilitate comparison with benefit years before this adjustment applied (i.e., 2014 – 2017), premiums shown or used in calculations of transfer percentages in this report are not reduced by 14 percent. Therefore, premiums throughout this document represent the total (unadjusted) premium amounts, and not amounts reduced by 14 percent for administrative costs, unless indicated otherwise. Additionally, total small group transfers reflect the approved Alabama state flexibility request to reduce their small group transfers by 50% for the 2021 benefit year.

⁴ The HCC reclassification that adopted the Version 7 (V07) classifications beginning with the 2021 benefit year risk adjustment models included a net change of adding 16 HCCs to the adult risk adjustment models (along with the removal of the medium severity illness indicator), a net change of adding 11 HCCs to the child risk adjustment models (including adding a priori constraints of the child transplant HCCs) and a net change of adding seven (7) HCCs to the infant risk adjustment models (including revising the severity level assignment of some HCCs and reconfigure code assignments to newborns). See HHS Notice of Benefit and Payment Parameters for 2021; Final Rule, 85 Fed. Reg. 29164 at 29175 – 29188 (May 14, 2020) (2021 Payment Notice).

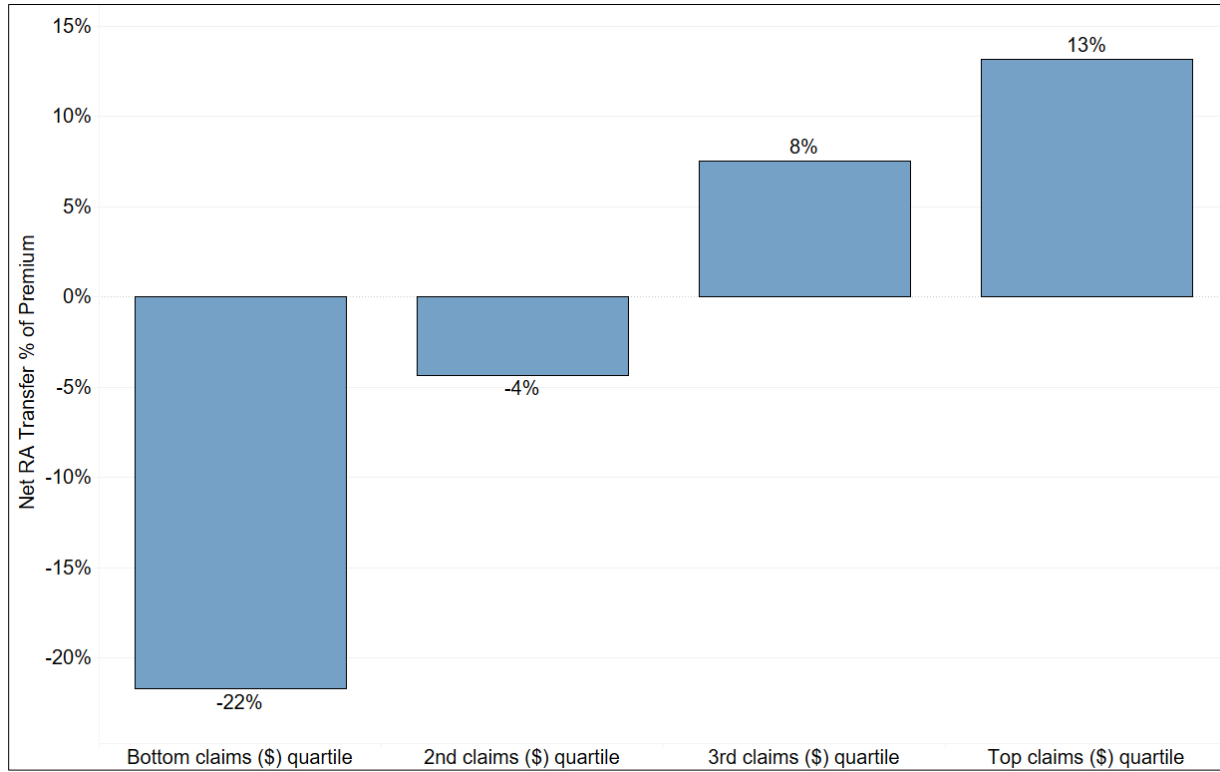
and was anticipated as reflected in the results of a simulation of the 2021 risk adjustment model using 2020 benefit year data that CMS released in December 2021.⁵ The additional increase in the absolute value of risk adjustment state transfers as a percent of premium likely resulted from changes within the risk pools, including shifts in enrollment, risk segmentation by metal level, market share, and actuarial risk, which were unusually pronounced in 2021. Some driving factors behind these changes within the risk pools could be issuer expansion into new areas; new issuers participating in a risk pool market; the 2021 COVID-19 special enrollment period (SEP), which provided Exchange-eligible consumers the ability to update enrollment or newly enroll; and the increased subsidies available to Exchange enrollees as part of the American Rescue Plan Act of 2021 (ARP).

Compared to the 2020 benefit year, on-Exchange individual non-catastrophic risk pool enrollment in the 2021 benefit year increased significantly in bronze, silver, and gold metal level plans and remained relatively constant in platinum metal level plans.

- **The amount of paid claims remains strongly correlated with risk adjustment state payments and charges (Figure 1).** Risk adjustment transfers funds within a state market risk pool from issuers with lower-than-average actuarial risk to issuers with higher-than-average actuarial risk. Issuers with paid claims amounts in the top quartile were more likely to receive risk adjustment payments, while issuers with paid claims amounts in the bottom quartile were more likely to be assessed charges. For example, in the individual non-catastrophic risk pool, issuers in the lowest quartile of claims costs, on average, were assessed a risk adjustment charge of approximately 22 percent of total collected premiums, an increase from approximately 14 percent in 2020. Conversely, on average, issuers in the highest quartile of claims costs received a risk adjustment payment of approximately 13 percent of their total collected premiums, a decrease from 15 percent of total premiums in 2020. These correlations between claims quartiles and average risk adjustment state transfer amounts as a percent of premium provide evidence that risk adjustment is working as intended, by transferring funds from issuers with lower-than-average actuarial risk to issuers with higher-than-average actuarial risk.

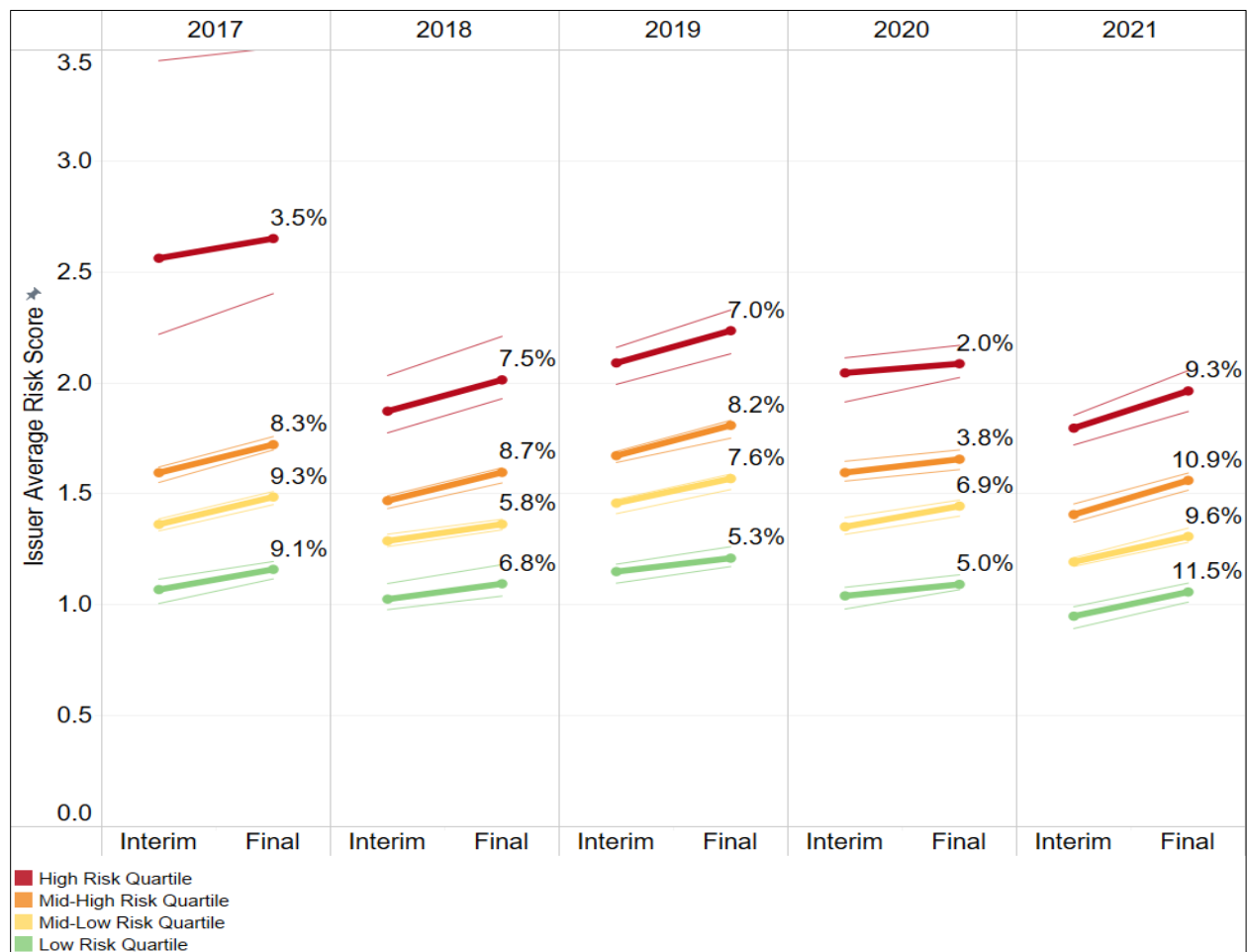
⁵ See the HHS-Operated Risk Adjustment Technical Paper on Possible Model Changes: Summary Results for Transfer Simulations (December 28, 2021) at <https://www.cms.gov/files/document/report-summary-results-transfer-simulations.pdf>

Figure 1: Net RA Transfer as a Percent of Total Premiums, Average by Claims Quartile
(Individual Non-Catastrophic Risk Pool Shown Only)



- Predictability between interim and final risk scores⁶ remained stable between the 2020 and 2021 benefit years for the individual non-catastrophic and small group risk pools (Figures 2 and 3).** For the 2017, 2018, 2019, 2020, and 2021 benefit years, all 50 states plus the District of Columbia received interim results. Predictability between interim and final risk scores is similar for the individual non-catastrophic risk pool in 2021 when compared to 2020. Figures 2 and 3 show the median percent change to the right of each risk score quartile and the 95% confidence intervals of each risk score quartile, shown as lighter lines, at final as compared to interim in the individual non-catastrophic and small group market risk pools, respectively.

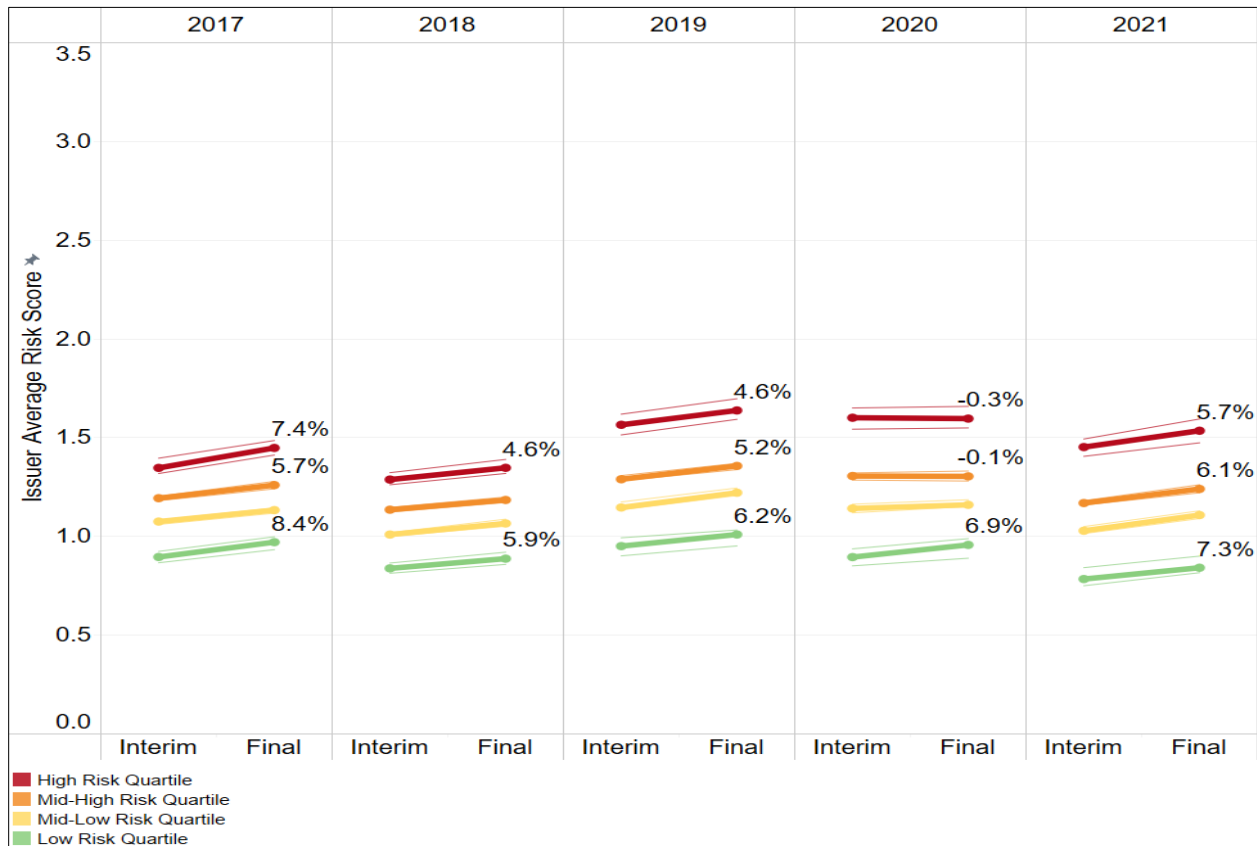
Figure 2: Issuer Average Risk Score Median Changes and 95% Confidence Interval by Risk Quartile, 2017-21 (Individual Non-Catastrophic Risk Pool Shown Only)⁷



⁶ All report references to risk scores do not account for risk score adjustments after the application of HHS-RADV error rates.

⁷ Values for prior years may not match previously published figures due to adjustments made for issuer-reported discrepancies.

Figure 3: Issuer Average Risk Score Median Changes and 95% Confidence Interval by Risk Quartile, 2017-21 (Small Group Risk Pool Shown Only)⁸



- Risk scores increased between 2020 and 2021.** In the 2021 benefit year, risk scores increased nationally by approximately 4.5 percent in the individual non-catastrophic risk pool and increased by approximately 4.4 percent in the small group risk pool when compared to the 2020 benefit year risk scores. All metal levels both on- and off-Exchange, as well as a majority of states saw increases in the state average risk score in the individual non-catastrophic risk pool from 2020 to 2021.

Risk score changes year over year are affected by changes in the applicable risk adjustment modeling methodology, plan enrollment (metal or cost-sharing reduction variations), population health, and coding practices. Therefore, risk score changes do not necessarily reflect changes in population health risk over time, independent of other factors.

The changes to the HHS risk adjustment modeling methodology for the 2021 benefit year include updates to data used for recalibration⁹ and the introduction of a new version of the diagnosis code to HCC classification. The 2021 benefit year risk adjustment models use the V07 classifications, whereas the 2020 benefit year risk adjustment models used Version 5

⁸ Values for prior years may not match previously published figures due to adjustments made for issuer-reported discrepancies.

⁹ A blend of separately solved coefficients from the 2016, 2017, and 2018 EDGE data were used for the 2021 benefit year recalibration, whereas 2016 and 2017 EDGE data blended with 2015 MarketScan[®] data were used for the 2020 benefit year recalibration. See the 2021 Payment Notice, 85 Fed. Reg. 29164 at 29713-29715. Also see the HHS Notice of Benefit and Payment Parameters for 2020; Final Rule, 84 Fed. Reg. 17454 at 17463 – 17466 (April 18, 2019) (2020 Payment Notice).

(V05) classifications.¹⁰ We estimate that the risk adjustment model updates between 2020 and 2021 resulted in a decrease in calculated risk scores of approximately 1.4 percent in the individual non-catastrophic risk pool and 1.0 percent in the small group risk pool. Therefore, if the risk adjustment models had not changed for the 2021 benefit year, we estimate that 2021 benefit year risk scores in the individual non-catastrophic and small group risk pools would have increased by 6.0 percent and 5.5 percent, respectively.

We reviewed the percent of enrollees with HCCs across all benefit years beginning in 2017¹¹ in the individual non-catastrophic risk pool to evaluate changes in population health risk over time. The percent of enrollees with one or more HCCs and the percent of enrollees with multiple HCCs increased in 2021 (Figure 4). We do not include prescription drug categories (RXC) in the count of enrollees with HCCs for 2018 through 2021.¹² This increase in the percent of enrollees with HCCs is consistent with all prior benefit years except 2020, which saw a slight decrease, possibly due to a decline in elective health care utilization during the early months of the pandemic. Similarly, the increase in enrollees with HCCs aligns with trends in 2021 benefit year utilization, including increases in claims per member per month (PMPM) across all metal levels and Exchange types compared to 2020, and may be related to pent-up demand for care delayed in 2020.

Figure 4: Percent of Enrollees with HCCs, 2017-21
(Individual Non-Catastrophic Risk Pool Shown Only)

BENEFIT YEAR	ENROLLEES WITH 1 HCC	ENROLLEES WITH 2 HCCS	ENROLLEES WITH 3+ HCCS	ENROLLEES WITH 1+ HCCS
2017	13.0 percent	4.6 percent	3.2 percent	20.8 percent
2018	13.3 percent	4.9 percent	3.5 percent	21.7 percent
2019	13.9 percent	5.2 percent	3.8 percent	22.9 percent
2020	13.6 percent	5.2 percent	3.8 percent	22.7 percent
2021	13.7 percent	5.4 percent	5.0 percent	24.1 percent

- **Average premiums in the individual non-catastrophic risk pool decreased slightly in 2021 (Figure 5).** Prior to a decline in 2020, the overall average premium PMPM in the individual non-catastrophic risk pool experienced slight to moderate increases from year to year, as shown in Figure 5. In 2021, the average premium PMPM decreased again by 0.5 percent compared with 2020.

¹⁰ See supra note 4. Also see Potential Updates to HHS–HCCs for the HHS-operated Risk Adjustment Program (June 17, 2019) available at: <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Potential-Updates-to-HHS-HCCs-HHS-operated-Risk-Adjustment-Program.pdf>.

¹¹ 2016 analyses exclude Massachusetts which operated its own State-operated risk adjustment program for the 2016 benefit year.

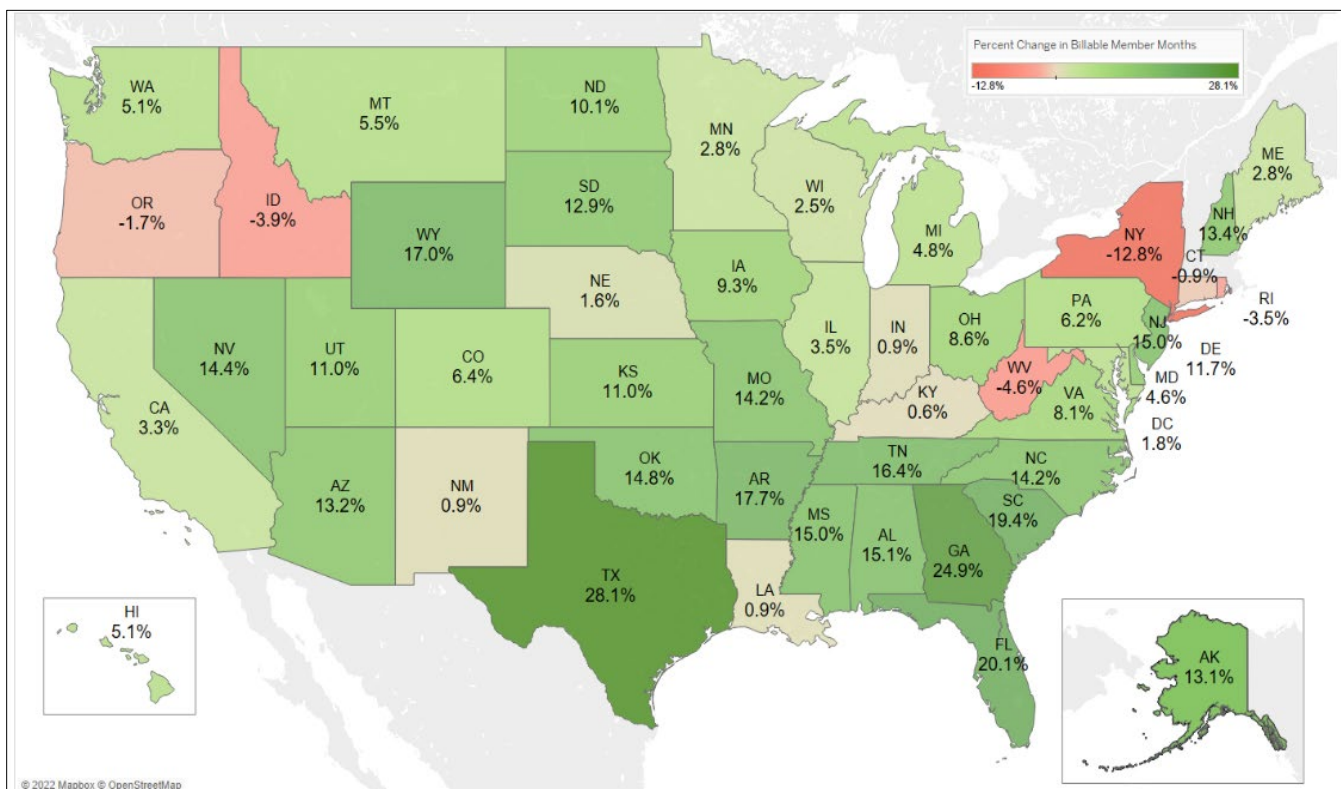
¹² RXCs were added to the adult models beginning with the 2018 benefit year. We removed them for purposes of this analysis to facilitate comparison with the prior benefit years, which did not include RXCs.

Figure 5: Change in Average Premium PMPM, 2017-21
(Individual Non-Catastrophic Risk Pool Shown Only)

BENEFIT YEAR	CHANGE IN STATE AVERAGE PREMIUMS PMPM
2017	21.0 percent
2018	26.0 percent
2019	1.2 percent
2020	-3.0 percent
2021	-0.5 percent

While average premium PMPM decreased from 2020 to 2021, enrollment, as measured in billable member months, increased in the individual non-catastrophic risk pool in the majority of states. The magnitude of enrollment changes varied largely by state with some seeing increases in excess of 20 percent. A smaller proportion of states recorded enrollment decreases (Figure 6).

Figure 6: Change in State Billable Member Months, 2020-21
(Individual Non-Catastrophic Risk Pool Shown Only)



- Risk scores and premiums varied by on-Exchange and off-Exchange enrollment in the individual non-catastrophic risk pool (Figures 7 and 8).** Average risk scores in the individual non-catastrophic risk pool were higher on-Exchange than off-Exchange in the platinum and silver metal levels, but not bronze or gold metal levels in 2021, which is likely due to on-Exchange CSR variant plans and silver-loading, and is consistent with trends observed in 2020. Average premium PMPM in the individual non-catastrophic risk pool in 2021 was about the same for on-Exchange and off-Exchange plans for the bronze metal level, but higher on-Exchange compared to off-Exchange in all other metal levels.

Figure 7: Average PLRS by Metal Level and Exchange Type
(Individual Non-Catastrophic Risk Pool Shown Only)

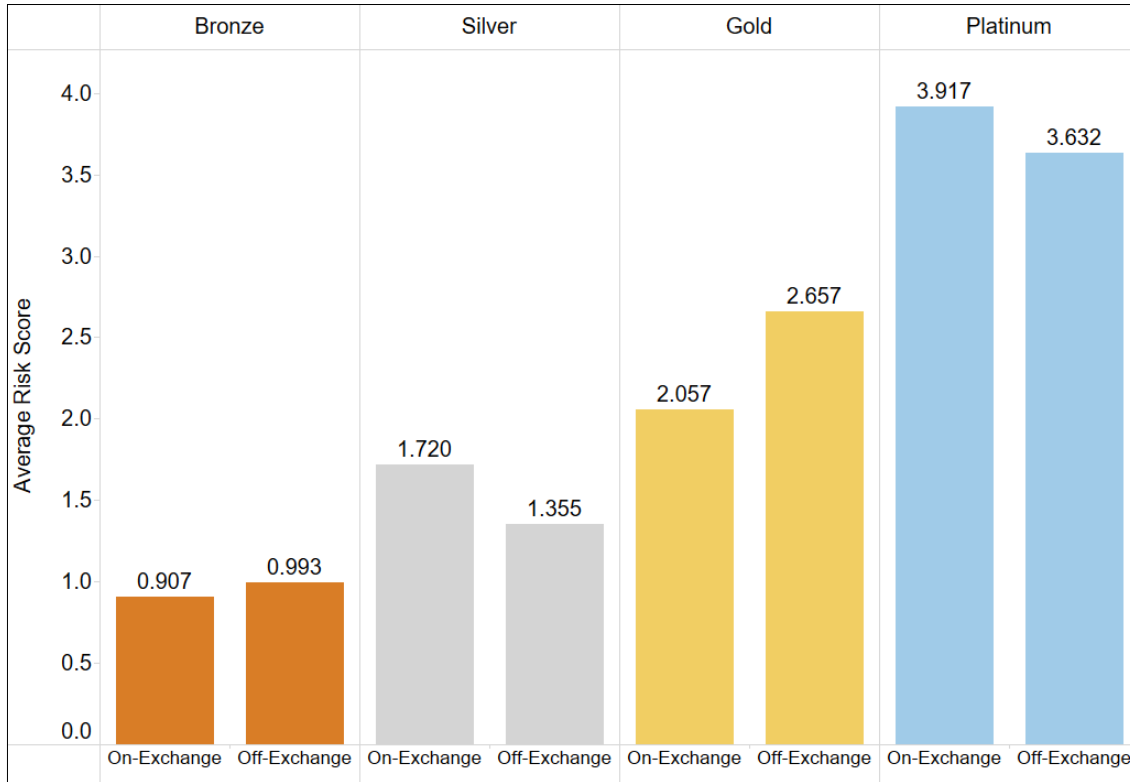
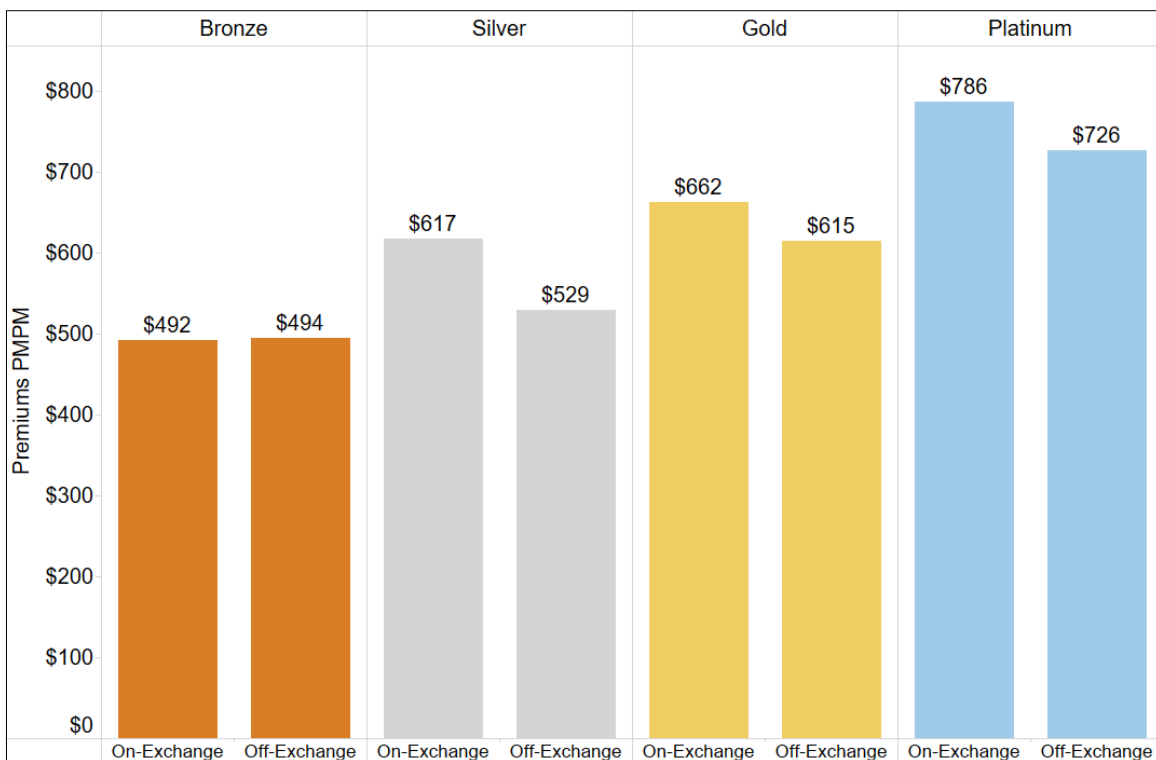


Figure 8: Premiums PMPM by Metal Level and Exchange Type
(Individual Non-Catastrophic Risk Pool Shown Only)



The high-cost risk pool helped ensure that risk adjustment models and state transfers better reflect the average actuarial risk, while also providing protection to issuers with exceptionally high-cost enrollees.

- The 2021 benefit year is the fourth year that the HHS-operated risk adjustment methodology included the high-cost risk pool, which helps mitigate any residual incentive for risk selection to avoid high-cost enrollees, and to ensure that the average actuarial risk of a plan with high-cost enrollees is better reflected in total state transfers.¹³ For the 2021 benefit year, the high-cost risk pool reimburses issuers for 60 percent of an enrollee's aggregated paid claims costs exceeding \$1 million.¹⁴ To fund these payments, the high-cost risk pool collects a charge from issuers of risk adjustment covered plans that is a small percent of an issuer's total premiums.
- A total of 167 issuers in the individual market¹⁵ and 150 issuers in the small group market will receive a high-cost risk pool payment for the 2021 benefit year. The high-cost risk pool charge was 0.31 percent of premium for the individual market¹⁶ and 0.49 percent of premium for the small group market, nationally.¹⁷

II. Background

The Patient Protection and Affordable Care Act established a permanent risk adjustment program (in section 1343), one of three premium stabilization programs, to provide payments to health insurance issuers that cover higher-cost and higher-risk populations to more evenly spread the financial risk borne by issuers and help stabilize premiums. This report reflects the estimated results of the risk adjustment program for the 2021 benefit year, the eighth year this program has operated.

The risk adjustment program provides payments to health insurance issuers that have high-risk enrollees, such as those with chronic conditions, reduces the incentives for issuers to avoid those enrollees, and lessens the potential influence of risk selection on the premiums that plans charge. The risk adjustment program is therefore designed to support issuers offering a wide range of benefit designs that are available to consumers at an affordable premium.

As described in the HHS Notice of Benefit and Payment Parameters for 2014 Final Rule (78 Fed. Reg. 15409), the risk adjustment methodology developed by HHS is based on the premise that premiums should reflect the differences in plan benefits, quality, and efficiency—not the health status of the enrolled population. The HHS-operated risk adjustment methodology determines each plan's risk adjustment transfer amount based on the actuarial risk of enrollees, the actuarial value of coverage, utilization and the cost of doing business in local rating areas, and the effect of different cost-sharing levels on utilization. This methodology, which HHS applied in all 50 states and the District of Columbia for the 2021 benefit year, transfers funds from plans with lower-than-average risk enrollees to plans with higher-than-average risk enrollees.

Several notable aspects of the program that began in the 2018 benefit year continued in the 2021 benefit year. Beginning with the 2018 benefit year, the HHS-operated risk adjustment program accounts for

¹³ See the HHS Notice of Benefit and Payment Parameters for 2018; Final Rule, 81 Fed. Reg. 94058 at 94080 (December 22, 2016) (2018 Payment Notice). Also, see the HHS Notice of Benefit and Payment Parameters for 2019; Final Rule, 83 Fed. Reg. 16930 at 16960 (April 17, 2018) (2019 Payment Notice).

¹⁴ See the 2021 Payment Notice, 85 Fed. Reg. at 29192.

¹⁵ Includes catastrophic, non-catastrophic, and merged market plans.

¹⁶ *Ibid.*

¹⁷ In contrast to the state payment transfer formula, which calculates transfers at the state market risk pool level, the high-cost risk pool transfers are calculated at the national market level.

certain prescription drug classes in adult enrollees' risk scores.¹⁸ The 2018 benefit year was also the first year that a 14 percent administrative cost reduction was applied to the calculation of statewide average premium in the state transfer formula, which has the effect of reducing risk adjustment state transfers by 14 percent.¹⁹

Additionally, beginning with the 2018 benefit year, the HHS-operated risk adjustment methodology included the high-cost risk pool, which helps ensure that risk adjustment transfers better reflect average actuarial risk, while also stabilizing premiums and reimbursing issuers for a portion of costs for exceptionally high-cost enrollees.²⁰ High-cost risk pool payments are funded by a percent of premium charge on all risk adjustment covered plans within the respective national high-cost risk pool (one for the individual market, including catastrophic and non-catastrophic plans, and merged market plans, and another for the small group market), nationally. All high-cost risk pool payments and charges are shown below separately from risk adjustment state transfers for informational purposes. Because the high-cost risk pool is a part of the HHS-operated risk adjustment methodology, it applies to issuers of risk adjustment covered plans²¹ in the individual market (including catastrophic, non-catastrophic and merged market plans) or small group market, both on and off-Exchange.

The 2021 benefit year was the first year in which three years of EDGE data were used in model recalibration to calculate the blended model coefficients without any MarketScan[®] data.²² The 2021 HHS risk adjustment models also include updates to the diagnosis code to the V07 classification to incorporate ICD-10 diagnosis codes and better reflect clinical severity and costs.²³

In addition to model changes, the ongoing pandemic and associated laws and policies (like ARP and the COVID-19 SEP) contributed to unique market dynamics for the 2021 benefit year. ARP increased subsidies for eligible enrollees, and this increase in affordability and the accompanying COVID-19 SEP resulted in a significant increase in new enrollees joining the Exchanges.²⁴ Health care utilization was also impacted by the pandemic, with pent-up demand likely contributing to an increase in claims and HCCs, and therefore, a plan's actuarial risk. However, due to state-specific conditions, the impact of these market dynamics varies by state.

We note that data included in this report reflect amounts calculated based on the 2021 benefit year risk adjustment methodology established through notice with comment rulemaking²⁵ and are provided for informational purposes. These amounts do not constitute specific obligations of Federal funds to any particular issuer or plan.

¹⁸ See the 2018 Payment Notice, 81 Fed. Reg. at 94074. Also, see the 2019 Payment Notice, 83 Fed. Reg. at 16941; the 2020 Payment Notice, 84 Fed. Reg. at 17463 – 17466; and the 2021 Payment Notice, 85 Fed. Reg. at 29173.

¹⁹ See the 2018 Payment Notice, 81 Fed. Reg. at 94099 - 94100. Also, see the 2019 Payment Notice, 83 Fed. Reg. at 16955; the 2020 Payment Notice, 84 Fed. Reg. at 17485 - 17486; and the 2021 Payment Notice, 85 Fed. Reg. at 29192.

²⁰ See *supra* notes 13 and 14.

²¹ See 45 C.F.R. § 153.20 for the definition of “risk adjustment covered plan.”

²² See *supra* note 9.

²³ See *supra* note 4.

²⁴ See the 2021 Final Marketplace Special Enrollment Period Report (September 15, 2022) available at <https://www.hhs.gov/sites/default/files/2021-sep-final-enrollment-report.pdf>

²⁵ See the 2021 Payment Notice, 85 Fed. Reg. at 29192.

III. HHS-Operated 2021 Benefit Year Risk Adjustment Program Summary Data

Table 1 provides HHS-operated risk adjustment program summary data for the 2021 benefit year.

Table 1: HHS-Operated 2021 Risk Adjustment Program Summary Data²⁶

HHS RISK ADJUSTMENT TRANSFER CATEGORY	NUMBER OF ISSUERS WITH RISK ADJUSTMENT COVERED PLANS IN HHS RISK ADJUSTMENT
Total Number of Issuers Participating in HHS Risk Adjustment Program	572
Issuers with Individual Non-Catastrophic Plans	295
Issuers with Individual Catastrophic Plans	168
Issuers with Small Group Plans	455
Issuers in a Merged Market ²⁷	15

Table 2 provides the national average enrollment weighted monthly premium by risk pool and the total amounts expected to be transferred under the state payment transfer formula for the 2021 benefit year, expressed both as a dollar amount and as a percent of premiums, within each state market risk pool by using the absolute value of net transfers for each issuer operating within the state market risk pool. CMS calculates percentages based on summation of the absolute value of net transfers for each issuer in a specific state market risk pool. Thus, for net charges (otherwise reported as negative) we included the absolute value in the equation, as net payments are already positive. This amount is divided by the total premium for the state market risk pool, which is calculated as the sum of the products of plan average premium and the billable member months. Total state risk adjustment transfers for the 2021 benefit year—that is, the absolute value of risk adjustment charges and payments at the issuer level—were approximately \$14.07 billion, with \$7.038 billion in payments and \$7.038 billion in charges.

²⁶ The total of the market risk pool groups on this table will not sum to the total issuers with risk adjustment transfer calculations because some issuers provided plans in multiple market risk pools.

²⁷ Massachusetts and Vermont are both treated as having have a merged market for purposes of the HHS-operated risk adjustment program for the 2017 through 2021 benefit years. Consistent with the State of Vermont’s decision to unmerge its markets, only Massachusetts will be treated as having a merged market for purposes of the HHS-operated risk adjustment beginning with the 2022 benefit year. See https://www.regtap.info/uploads/library/RA_GuidanceMergedMarkets2017_030118_5CR_030118.pdf.

Table 2: National Average Enrollment Weighted Monthly Premium by Risk Pool²⁸ and HHS Risk Adjustment Absolute Value of 2021 Benefit Year State Transfer Amounts and as a Percent of Premium by Risk Pool

RISK POOL	NATIONAL AVERAGE ENROLLMENT WEIGHTED MONTHLY PREMIUM	ABSOLUTE VALUE OF TRANSFER AMOUNTS AS A PERCENT OF PREMIUM ²⁹	ABSOLUTE VALUE OF TRANSFER AMOUNTS (\$ Billions)
Individual Non-Catastrophic	\$575	12 percent	\$10.91
Small Group	\$554	4 percent	\$2.77
Individual Catastrophic	\$204	15 percent	\$0.04
Merged	\$546	7 percent	\$0.35
All Risk Pools	\$564	9 percent	\$14.07

Table 3 provides the 2021 high-cost risk pool summary data. For the 2021 benefit year, HHS established a \$1 million threshold and 60 percent coinsurance rate for the high-cost risk pool payments under the risk adjustment program.³⁰ High-cost risk pool payments are funded by a percent of premium charge on risk adjustment covered plans within the respective high-cost risk pool (one for the individual market which includes catastrophic and non-catastrophic plans, and merged market plans, and another for the small group market), nationally.

Table 3: HHS-Operated 2021 Risk Adjustment High-Cost Risk Pool Summary Data

	Individual Market, Nationwide*	Small Group Market, Nationwide
Number of Issuers in High-Cost Risk Pool**	315	453
Number of Issuers Receiving High-Cost Risk Pool Payments	167	150
Total High-Cost Risk Pool Payment Amount	\$306.7 million	\$307.1 million
High-Cost Risk Pool Charge Percent of Premium***	0.31 percent	0.49 percent

*Includes individual market catastrophic, non-catastrophic plans, and merged market plans

**Total unique issuers in the high-cost risk pool across both national markets is 571 issuers because default risk adjustment charge issuers are not assessed a high-cost risk pool charge nor do they receive a high-cost risk pool payment.

***Percent of premium is the percent of issuers' collected premiums, unadjusted for the administrative cost reduction used in the calculation of state transfers.

²⁸ Data includes only those issuers that successfully submitted data to the EDGE server as part of the HHS risk adjustment program (<https://www.cms.gov/files/document/by2021-edge-qq-guidance.pdf>). For the 2021 benefit year, all participating issuers successfully submitted data to the EDGE server. Premiums represent the average PMPM amount and do not include any reduction in premiums due to advance payments of the premium tax credit.

²⁹ Absolute value of net state transfer charge or payment calculated at issuer level and rounded to the nearest percentage point unless otherwise specified. This amount reflects the 14 percent administrative cost adjustment to the statewide average premium.

³⁰ See supra note 14.

IV. HHS-Operated Risk Adjustment Program State-Specific Data

In *Appendix A*, we set forth the risk adjustment state averages with billable member months for the 2021 benefit year. *Appendix A* includes the state average monthly premiums by state market risk pool (catastrophic, individual non-catastrophic, small group, and merged), the state average plan liability risk score by state market risk pool, state average allowable rating factor by state market risk pool, state average actuarial value by state market risk pool, state average induced demand factor by state market risk pool, and billable member months. We note that some data elements in *Appendix A* may not match the state risk pool averages found in issuers' system generated reports or transfers in state risk pools that had a material discrepancy resulting in adjustments after the calculation of risk adjustment transfers.

We also provide a description below of the calculations for state average premium, state average plan liability risk score, state average allowable rating factor, state average actuarial value, state average induced demand factor, and billable member months.

DATA ELEMENT	DESCRIPTION
State Average Monthly Premium	The state average premium for state market risk pool is the weighted average monthly premium for the state market risk pool, weighted by plan share of statewide enrollment in the state market risk pool. Beginning in the 2018 benefit year, a 14 percent administrative cost adjustment is applied to the state average monthly premium. This adjusted value is used in the state payment transfer formula calculations for risk adjustment payments and charges.
State Average Monthly Premium Before Adjustment	The state average premium for state market risk pool is the weighted average monthly premium for the state market risk pool, weighted by plan share of statewide enrollment in the state market risk pool before the 14 percent administrative cost adjustment is applied. This value is for informational purposes only and not used in the calculation of risk adjustment payments and charges.
State Average Plan Liability Risk Score (PLRS)	The state average PLRS is calculated as the summed products of PLRS and billable member months for all plans within the state market risk pool divided by total billable months for all plans within the state market risk pool.
State Average Allowable Rating Factor (ARF)	The state average ARF is calculated as the summed products of ARF and billable member months for the plans within the state market risk pool divided by total billable member months for all plans in the state market risk pool.
State Average Actuarial Value (AV)	The state average AV is calculated as the summed products of AV and billable member months for the plans within the state market risk pool divided by the total billable member months within the state market risk pool. AV corresponds with metal and catastrophic tiers as follows: * Catastrophic: 0.57 * Bronze: 0.60 * Silver: 0.70 * Gold: 0.80 * Platinum: 0.90
State Average Induced Demand Factor (IDF)	The state average IDF is calculated as the summed products of IDF and billable member months for the plans within the state market risk pool divided by the total billable member months within the state market risk pool. IDF corresponds with metal and catastrophic tiers as follows: *Catastrophic: 1.00 *Bronze: 1.00 *Silver: 1.03 *Gold: 1.08 *Platinum: 1.15

DATA ELEMENT	DESCRIPTION
Billable Member Months	Billable member months are the member months of an individual or family policy that are included when setting the policy's premium rate.

V. HHS Risk Adjustment Geographic Cost Factor (GCF)

In *Appendix B*, we set forth the geographic cost factor (GCF) including billable member months by state and rating area. The purpose of the GCF adjustment is to remove differences in premium due to allowable geographic rating variation. GCFs are calculated for each rating area established by the state under 45 C.F.R. § 147.102(b).

The GCFs are calculated based on the observed average silver plan premium for the metal-level risk pool (calculated separately for individual and small group if the state does not have a merged market) or catastrophic plan premium for the catastrophic risk pool, in a geographic area relative to the statewide average silver or catastrophic plan premium. Calculation of the GCF involves three steps. First, the average premium is computed for each silver or catastrophic plan, as applicable, in each rating area (using the same formula that is used to compute plan premiums in the statewide average premium calculation). The second step is to generate a set of plan average premiums that standardizes the premiums for age rating. Plan premiums are standardized for age by dividing the average plan premium by the plan rating factor (calculated at the rating area level), the enrollment-weighted rating factor applied to all billable members. Lastly, a GCF is computed for each rating area. For all silver plans, therefore, the GCF is the ratio of the enrollment-weighted average age-standardized premium revenue for a rating area to the overall statewide enrollment-weighted average age-standardized premium revenue (a separate ratio is calculated for catastrophic plans). The enrollment-weighted statewide average of plan GCF values will equal 1.0, so the GCF can be interpreted as the percentage by which any geographic area's costs deviate from the state average.³¹

³¹ A GCF of zero indicates no silver plans in the rating area. In final risk adjustment calculations, a GCF of zero will have an imputed value of one.

VI. Risk Adjustment Issuer-Specific Data*

Below we set forth the 2021 benefit year risk adjustment transfer amounts by issuer.

For the 2021 benefit year, HHS approved Alabama’s request to reduce risk adjustment transfers for the Alabama small group market by 50 percent.³² The amounts shown for the Alabama small group market reflect this reduction.³³

* “-” or “\$0.00” risk adjustment state payment transfer amount or high-cost risk pool payment: We signify “-” in a state market risk pool for which an issuer does not have enrollment, and thus, does not have a risk adjustment transfer. We signify “\$0.00” in the state market risk pool for which an issuer is the only issuer in the risk pool.³⁴ We signify “\$0.00” for high-cost risk pool payments if the issuer did not have any enrollees with claims costs exceeding the high-cost risk pool threshold of \$1 million.

Table 4: Issuer-specific Information for Non-Merged Market Issuers (Appendix C)

HIOS ID	HIOS ISSUER NAME	STATE	HIGH-COST RISK POOL PAYMENT AMOUNT		RISK ADJUSTMENT STATE PAYMENT TRANSFER AMOUNT BY RISK POOL MARKET		
			INDIVIDUAL MARKET (Non-Catastrophic/ Catastrophic Plans and Merged Market)	SMALL GROUP MARKET	INDIVIDUAL (Non-Catastrophic)	CATASTROPHIC	SMALL GROUP
11082	Aetna Life Insurance Company	AK	-	\$0.00	-	-	(\$536,863.16)
38344	Premera Blue Cross Blue Shield of Alaska	AK	\$3,747,060.50	\$1,245,334.77	\$3,576,520.91	-	\$2,350,177.65
73836	Moda Health Plan, Inc.	AK	-	\$0.00	-	-	(\$1,630,983.33)
77963	Moda Assurance Company	AK	\$0.00	-	(\$3,576,520.93)	-	-
80049	UnitedHealthcare Insurance Company	AK	-	\$0.00	-	-	(\$182,331.08)
46944	Blue Cross and Blue Shield of Alabama	AL	\$3,140,094.80	\$1,058,381.27	\$8,054,780.09	(\$45,094.84)	\$1,448,098.15
68259	UnitedHealthcare of Alabama, Inc.	AL	-	\$0.00	-	-	(\$547,742.44)
69461	UnitedHealthcare Insurance Company	AL	-	\$0.00	-	-	(\$404,372.94)
73301	Bright Health Insurance Company of Alabama, Inc.	AL	\$0.00	-	(\$8,054,780.04)	\$45,094.85	-
93018	VIVA Health	AL	-	\$0.00	-	-	(\$495,982.74)
13262	HMO Partners, Inc.	AR	\$0.00	\$0.00	(\$11,974,649.34)	-	\$1,492,427.72
22732	UnitedHealthcare Ins Co of River Valley	AR	-	\$0.00	-	-	(\$831,175.30)

³² See the 2021 Payment Notice, 85 Fed Reg. at 29193-29194.

³³ The reduction was inadvertently not reflected in the Alabama small group market transfers in the Summary Report of Permanent Risk Adjustment Transfers for the 2021 Benefit Year published on June 30, 2022 (<https://www.cms.gov/CCIIO/Programs-and-Initiatives/Premium-Stabilization-Programs/Downloads/RA-Report-BY2021.pdf>).

³⁴ There are no risk adjustment transfers under the state payment transfer formula when there is only one issuer in a state market risk pool. See the 2019 Payment Notice, 83 Fed. Reg. at 16967.

HIOS ID	HIOS ISSUER NAME	STATE	HIGH-COST RISK POOL PAYMENT AMOUNT		RISK ADJUSTMENT STATE PAYMENT TRANSFER AMOUNT BY RISK POOL MARKET		
			INDIVIDUAL MARKET (Non-Catastrophic/ Catastrophic Plans and Merged Market)	SMALL GROUP MARKET	INDIVIDUAL (Non-Catastrophic)	CATASTROPHIC	SMALL GROUP
37903	QualChoice Life & Health Insurance Company, Inc.	AR	\$0.00	\$99,706.77	\$15,904,177.80	-	(\$817,170.82)
62141	Celtic Insurance Company	AR	\$20,491.96	-	\$33,551,440.84	-	-
65817	UnitedHealthcare of Arkansas, Inc.	AR	-	\$0.00	-	-	(\$1,542,005.70)
70525	QCA Health Plan, Inc.	AR	\$430.49	\$0.00	\$18,678,609.24	-	(\$359,455.91)
75293	USAbile Mutual Insurance Company	AR	\$65,690.98	\$1,244,098.48	(\$56,159,578.57)	-	\$1,453,260.73
81392	UnitedHealthcare Insurance Company	AR	-	\$0.00	-	-	\$604,119.29
13877	Oscar Health Plan, Inc.	AZ	\$0.00	-	(\$27,350,100.28)	\$118,993.02	-
23307	Humana Health Plan, Inc.	AZ	-	\$630,035.61	-	-	\$7,770.26
23435	Banner Health and Aetna Health Plan Inc.	AZ	-	\$0.00	-	-	\$11,030.40
40702	UnitedHealthcare of Arizona, Inc.	AZ	\$0.00	\$0.00	(\$1,227,736.14)	-	(\$9,449,242.63)
53901	Blue Cross and Blue Shield of Arizona, Inc.	AZ	\$0.00	\$559,752.93	(\$47,144,769.80)	(\$55,419.11)	(\$2,278,639.51)
66105	Humana Insurance Company	AZ	-	\$0.00	-	-	\$75,802.45
77349	Banner Health and Aetna Health Insurance Company	AZ	-	\$0.00	-	-	\$2,604,864.15
78611	Aetna Health Inc. (a PA corp.)	AZ	-	\$0.00	-	-	\$11,873.31
82011	UnitedHealthcare Insurance Company	AZ	-	\$1,413,592.28	-	-	\$9,465,531.96
84251	Aetna Life Insurance Company	AZ	-	\$0.00	-	-	\$86,269.53
86830	Cigna Health and Life Insurance Company	AZ	-	\$0.00	-	-	(\$535,259.96)
87247	Bright Health Company of Arizona	AZ	\$0.00	-	(\$2,338,459.45)	(\$63,573.91)	-
91450	Health Net of Arizona, Inc.	AZ	\$1,905,986.18	-	\$75,829,976.60	-	-
97667	Cigna HealthCare of Arizona, Inc	AZ	\$0.00	-	\$2,231,089.09	-	-
10544	Oscar Health Plan of California	CA	\$1,738,264.61	\$0.00	(\$129,037,296.89)	(\$1,005,565.16)	(\$2,581,044.52)
18126	MOLINA HEALTHCARE OF CALIFORNIA	CA	\$344,868.04	-	(\$101,926,176.10)	(\$9,299.91)	-
20523	Aetna Health of California Inc.	CA	-	\$0.00	-	-	(\$13,023,957.36)
27330	Kaiser Permanente Insurance Company	CA	-	\$0.00	-	-	(\$1,045,534.92)
27603	Blue Cross of California(Anthem BC)	CA	\$2,266,604.06	\$30,208,065.73	(\$112,765,737.57)	(\$3,479,480.32)	\$241,745,465.15
37873	UnitedHealthcare Benefits Plan of California	CA	-	\$3,939,825.43	-	-	(\$2,926,053.19)
40025	Cigna Health and Life Insurance Company	CA	-	\$0.00	-	-	(\$896,373.77)
40513	Kaiser Foundation Health Plan, Inc.	CA	\$34,031,704.32	\$35,647,291.81	(\$488,527,506.01)	\$1,167,735.08	(\$379,139,440.66)
40733	Aetna Life Insurance Company	CA	-	\$2,118,663.04	-	-	\$15,813,094.01
47579	Chinese Community Health Plan	CA	\$148,060.19	\$0.00	(\$14,452,056.12)	(\$10,326.73)	(\$2,590,300.38)
49116	UHC of California	CA	-	\$562,063.10	-	-	(\$33,934,899.34)
56887	County of Ventura, dba Ventura County Health Care Plan	CA	-	\$0.00	-	-	\$83,453.83

HIOS ID	HIOS ISSUER NAME	STATE	HIGH-COST RISK POOL PAYMENT AMOUNT		RISK ADJUSTMENT STATE PAYMENT TRANSFER AMOUNT BY RISK POOL MARKET		
			INDIVIDUAL MARKET (Non-Catastrophic/ Catastrophic Plans and Merged Market)	SMALL GROUP MARKET	INDIVIDUAL (Non-Catastrophic)	CATASTROPHIC	SMALL GROUP
64210	Sutter Health Plan	CA	\$0.00	\$1,418,512.31	\$1,826,629.15	-	(\$4,365,740.12)
64618	National Health Insurance Company	CA	-	\$0.00	-	-	\$201,123.70
67138	Health Net of California, Inc	CA	\$2,533,130.11	\$402,367.32	(\$43,591,722.82)	(\$399,210.72)	(\$13,432,848.53)
70285	CA Physician's Service dba Blue Shield of CA	CA	\$49,429,556.81	\$48,399,313.58	\$1,032,496,397.09	\$2,184,578.04	\$167,502,088.56
84014	County of Santa Clara	CA	\$0.00	-	(\$55,997,755.73)	(\$540,890.01)	-
89506	Community Care Health Plan, Inc.	CA	-	\$0.00	-	-	(\$313,475.02)
92499	Sharp Health Plan	CA	\$140,819.34	\$34.87	\$12,588,625.02	(\$112,569.45)	(\$948,682.77)
92815	Local Initiative Health Authority for Los Angeles County	CA	\$929,837.75	-	(\$142,849,067.75)	(\$55,053.03)	-
93689	Western Health Advantage	CA	\$0.00	\$136,842.07	(\$10,646,954.56)	\$165,934.26	(\$327,752.91)
95677	UnitedHealthcare Insurance Company	CA	-	\$0.00	-	-	(\$765,896.20)
99110	Health Net Life Insurance Company	CA	\$4,668,966.28	\$3,537,902.99	\$52,882,622.32	\$2,094,147.94	\$30,946,774.30
21032	Kaiser Foundation Health Plan of Colo.	CO	\$1,104,909.17	\$1,460,398.42	(\$9,072,704.98)	\$10,748.60	(\$24,140,359.00)
31070	Bright Health Insurance Company	CO	\$439,831.15	\$0.00	(\$57,256,069.75)	(\$1,002,847.12)	(\$218,980.08)
35944	KAISER PERMANENTE INSURANCE COMPANY	CO	-	\$0.00	-	-	(\$520,053.32)
39041	Aetna Life Insurance Company	CO	-	\$0.00	-	-	(\$10,692.61)
44559	Oscar Insurance Company	CO	\$0.00	-	(\$2,648,230.31)	\$23,711.12	-
49375	Cigna Health and Life Insurance Company	CO	\$813,328.97	-	\$14,102,009.64	-	-
59036	UnitedHealthcare of Colorado, Inc.	CO	-	\$1,136,496.34	-	-	(\$22,182,890.83)
63312	Friday Health Plans of Colorado, Inc.	CO	\$128,715.08	\$0.00	(\$7,176,076.86)	(\$584,721.55)	(\$2,552,651.63)
66699	Denver Health Medical Plan, Inc	CO	\$6,284.00	-	\$22,981,744.23	-	-
67879	UnitedHealthcare Insurance Company	CO	-	\$3,601,540.16	-	-	\$24,564,852.67
74320	Humana Health Plan	CO	-	\$0.00	-	-	\$2,612,241.08
76680	HMO Colorado, Inc., dba HMO Nevada	CO	\$4,703,501.46	\$0.00	\$47,733,202.62	\$1,166,877.31	(\$3,401,870.04)
79509	Humana Insurance Company	CO	-	\$0.00	-	-	\$380,165.73
87269	Rocky Mountain Hospital and Medical Service, Inc., dba Anthem Blue Cross and Blue Shield	CO	\$0.00	\$504,852.25	-	\$386,231.67	\$26,753,865.60
97879	Rocky Mountain HMO	CO	\$0.00	\$0.00	(\$8,663,874.68)	-	(\$1,283,627.43)
29462	Oxford Health Insurance, Inc.	CT	-	\$509,367.73	-	-	(\$14,879,931.76)
37800	Harvard Pilgrim Health Care, Inc.	CT	-	\$0.00	-	-	(\$1,754,771.83)
39159	Aetna Life Insurance Company	CT	-	\$0.00	-	-	\$726,065.62
49650	UnitedHealthcare Insurance Company	CT	-	\$0.00	-	-	(\$1,990,979.42)
71179	Oxford Health Plans (CT), Inc.	CT	-	\$20,669.92	-	-	(\$4,153,817.66)

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75091	ConnectiCare, Inc.	CT	\$0.00	\$0.00	\$3,305,114.98	-	(\$1,034,487.80)
76962	ConnectiCare Benefits, Inc.	CT	\$722,457.68	\$0.00	(\$29,688,334.86)	(\$245,437.74)	(\$4,062,990.30)
86545	Anthem Health Plans Inc(Anthem BCBS)	CT	\$1,648,197.26	\$696,680.65	\$18,006,307.86	\$245,437.77	\$31,630,285.23
87354	Cigna Health and Life Insurance Company	CT	-	\$0.00	-	-	(\$2,954,864.86)
89130	HPHC Insurance Company, Inc.	CT	-	\$22,901.30	-	-	\$846,130.22
94815	ConnectiCare Insurance Company, Inc.	CT	\$0.00	\$531,673.34	\$8,376,911.99	-	(\$2,370,637.45)
21066	UnitedHealthcare of the Mid-Atlantic Inc	DC	-	\$0.00	-	-	(\$1,358,665.15)
41842	UnitedHealthcare Insurance Company	DC	-	\$218,004.35	-	-	(\$922,575.07)
73987	Aetna Health Inc. (a PA corp.)	DC	-	\$0.00	-	-	\$132,681.95
75753	Optimum Choice, Inc.	DC	-	\$0.00	-	-	(\$163,861.89)
77422	Aetna Life Insurance Company	DC	-	\$0.00	-	-	\$249,896.43
78079	GHMSI	DC	\$337,109.37	\$539,256.30	\$9,116,619.54	-	\$15,742,108.74
86052	CareFirst BlueChoice, Inc.	DC	\$0.00	\$355,766.66	(\$5,795,501.42)	(\$28,294.45)	(\$9,599,245.74)
94506	Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.	DC	\$20,464.69	\$0.00	(\$3,321,118.13)	\$28,294.45	(\$4,080,339.30)
29497	Aetna Life Insurance Company	DE	-	\$0.00	-	-	(\$274,974.38)
61021	UnitedHealthcare Insurance Company	DE	-	\$0.00	-	-	\$13,169.92
67190	Aetna Health Inc. (a PA corp.)	DE	-	\$0.00	-	-	(\$36,818.50)
76168	Highmark BCBS Inc.	DE	\$1,595,799.93	\$621,431.81	\$0.00	\$0.00	(\$153,556.41)
97569	Optimum Choice, Inc.	DE	-	\$0.00	-	-	\$452,179.39
12379	Bright Health Insurance Company of Florida	FL	\$2,936,501.42	-	(\$688,321,903.99)	(\$125,402.53)	-
16842	Blue Cross and Blue Shield of Florida	FL	\$15,932,110.50	\$614,125.02	\$1,141,376,775.57	-	\$30,498,315.15
18628	Aetna Health Inc. (a FL corp.)	FL	-	\$0.00	-	-	\$3,544,146.53
19898	AvMed, Inc.	FL	\$1,751,327.86	\$522,946.85	(\$30,395,900.27)	(\$35,719.80)	(\$730,596.28)
21663	Celtic Insurance Company	FL	\$3,837,067.12	-	\$53,943,076.58	-	-
23841	Aetna Life Insurance Company	FL	-	\$0.00	-	-	\$1,065,695.10
30252	Health Options, Inc.	FL	\$6,262,695.64	\$1,321,588.25	\$83,386,940.37	-	(\$22,609,581.72)
33993	BeHealthy Florida, Inc.	FL	-	\$0.00	-	-	(\$169,992.22)
35783	Humana Medical Plan, Inc.	FL	-	\$1,023,093.45	-	-	\$1,952,149.95
36194	Health First Commercial Plans, Inc.	FL	\$471,762.49	\$83,604.79	\$13,282,483.24	\$525,269.63	\$1,217,976.40
40572	Oscar Insurance Company of Florida	FL	\$658,981.66	-	(\$425,922,268.57)	(\$154,104.19)	-
42204	All Savers Insurance Company	FL	-	\$0.00	-	-	(\$76,123.99)
43839	UnitedHealthcare Insurance Company	FL	-	\$2,377,967.41	-	-	\$7,339,129.75

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			INDIVIDUAL MARKET (Non-Catastrophic/ Catastrophic Plans and Merged Market)	SMALL GROUP MARKET	INDIVIDUAL (Non-Catastrophic)	CATASTROPHIC	SMALL GROUP
48121	Cigna Health and Life Insurance Company	FL	\$231,519.65	-	(\$65,814,685.95)	-	-
54172	Molina Healthcare of Florida, Inc	FL	\$208,984.64	-	(\$107,566,975.11)	-	-
56503	Florida Health Care Plan, Inc.	FL	\$3,470,064.04	\$0.00	\$26,032,458.13	(\$210,043.10)	(\$2,024,317.11)
66966	Capital Health Plan	FL	-	\$0.00	-	-	(\$5,054,388.85)
68398	UnitedHealthcare of Florida, Inc.	FL	-	\$1,648,547.98	-	-	\$2,603,766.79
80779	Neighborhood Health Partnership, Inc.	FL	-	\$252,336.92	-	-	(\$18,966,604.45)
99308	Humana Health Insurance Co of FL, Inc.	FL	-	\$0.00	-	-	\$1,410,424.76
13535	UnitedHealthcare Insurance Company	GA	-	\$0.00	-	-	(\$2,707,960.83)
30552	UnitedHealthcare Ins Co of River Valley	GA	-	\$313,309.37	-	-	(\$10,586,959.41)
37001	Humana Insurance Company	GA	-	\$0.00	-	-	\$952,536.98
43802	UnitedHealthcare of Georgia, Inc.	GA	-	\$0.00	-	-	(\$4,318,975.75)
49046	Anthem Blue Cross and Blue Shield	GA	\$1,710,122.22	\$537,546.23	(\$24,135,058.65)	(\$284,949.70)	\$14,985,966.14
50491	Cigna Health and Life Insurance Company	GA	-	\$0.00	-	-	(\$2,124,263.82)
58081	Oscar Health Plan of Georgia	GA	\$0.00	-	(\$1,315,573.85)	\$702.87	-
60224	CareSource Georgia Co.	GA	\$0.00	-	(\$71,476,175.70)	-	-
70893	Ambetter of Peach State Inc.	GA	\$9,604,418.53	-	\$124,281,964.16	-	-
82302	KAISER PERMANENTE INSURANCE COMPANY	GA	-	\$0.00	-	-	(\$282,352.69)
82824	Aetna Health Inc. (a GA corp.)	GA	-	\$0.00	-	-	\$470,701.56
83761	Alliant Health Plans	GA	\$992,164.60	\$0.00	(\$2,039,163.21)	-	(\$1,386,112.98)
83978	Aetna Life Insurance Company	GA	-	\$0.00	-	-	\$736,615.65
89942	Kaiser Foundation Health Plan of Georgia	GA	\$4,771,824.89	\$0.00	(\$25,315,992.77)	\$284,246.83	(\$11,490,309.87)
93332	Humana Employers Health Plan of Georgia, Inc.	GA	-	\$852,476.93	-	-	\$15,751,114.98
18350	Hawaii Medical Service Association	HI	\$3,151,599.12	\$590,961.44	\$12,300,081.34	\$0.00	\$14,260,416.78
54179	UnitedHealthcare Insurance Company	HI	-	\$0.00	-	-	(\$115,423.49)
56682	Hawaii Medical Assurance Association	HI	-	\$0.00	-	-	(\$181,410.33)
60612	Kaiser Foundation Health Plan, Inc.	HI	\$288,471.52	\$0.00	(\$12,300,081.32)	-	(\$12,481,953.24)
95366	University Health Alliance (UHA)	HI	-	\$0.00	-	-	(\$1,481,629.72)
18973	Aetna Health of Iowa Inc.	IA	-	\$0.00	-	-	(\$35,128.86)
25896	Wellmark Health Plan of Iowa, Inc.	IA	\$372,806.87	\$0.00	(\$20,610,761.38)	-	(\$14,477,829.37)
27651	Quartz Health Plan Corporation	IA	-	\$0.00	-	-	\$115,965.85
45819	Oscar Insurance Company	IA	\$0.00	-	(\$621,337.43)	(\$9,698.52)	-
50735	Medical Associates Health Plans	IA	-	\$0.00	-	-	(\$450,495.02)

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56610	UnitedHealthcare Plan of the River Valley, Inc.	IA	-	\$0.00	-	-	(\$2,411,966.75)
72160	Wellmark Inc.	IA	-	\$742,507.21	-	-	\$17,165,763.97
74406	Wellmark Value Health Plan, Inc.	IA	-	\$0.00	-	-	(\$167,829.07)
74980	Avera Health Plans, Inc.	IA	-	\$0.00	-	-	(\$111,982.56)
77638	Health Alliance Midwest, Inc.	IA	-	\$0.00	-	-	\$35,010.58
78252	Aetna Life Insurance Company	IA	-	\$0.00	-	-	(\$63,310.04)
85930	Sanford Health Plan	IA	-	\$0.00	-	-	(\$98,145.10)
88678	UnitedHealthcare Insurance Company	IA	-	\$96,130.64	-	-	\$271,247.50
93078	Medica Insurance Company	IA	\$1,132,073.91	\$0.00	\$21,232,098.83	\$9,698.49	\$228,698.95
26002	SelectHealth	ID	\$92,358.13	\$0.00	\$1,693,910.78	(\$58,387.51)	(\$2,241,561.75)
38128	Montana Health Cooperative	ID	\$1,155,617.92	\$0.00	\$7,744,333.90	\$32,983.09	(\$457,568.64)
43541	National Health Insurance Company	ID	-	\$0.00	-	-	(\$54,630.60)
44648	Regence Blue Shield of Idaho	ID	\$0.00	\$0.00	\$364,667.90	-	\$2,772,298.40
50118	UnitedHealthcare Insurance Company	ID	-	\$0.00	-	-	(\$797,088.51)
60597	PacificSource Health Plans	ID	\$0.00	\$401,509.38	\$1,737,031.49	(\$12,857.43)	(\$774,415.90)
61589	Blue Cross of Idaho Health Service, Inc.	ID	\$0.00	\$91,540.09	(\$11,539,944.20)	\$38,261.86	\$1,552,966.78
20129	Health Alliance Medical Plans, Inc.	IL	\$608,267.31	\$0.00	(\$5,014,258.23)	(\$76,699.89)	\$389,959.65
21925	Quartz Health Insurance Corporation	IL	-	\$0.00	-	-	(\$3,768.97)
24301	Medical Associates Health Plans	IL	-	\$0.00	-	-	(\$617,753.09)
27833	Celtic Insurance Company	IL	\$393,522.40	-	(\$105,098,863.50)	-	-
34446	UnitedHealthcare Ins Co of River Valley	IL	-	\$280,191.02	-	-	\$2,079,652.10
36096	Blue Cross Blue Shield of Illinois	IL	\$6,315,697.43	\$4,484,732.81	\$158,041,480.75	\$271,629.52	\$10,683,322.57
42529	UnitedHealthcare of Illinois, Inc.	IL	-	\$0.00	-	-	(\$3,801,202.82)
44522	Bright Health Insurance Company of Illinois	IL	\$0.00	-	(\$33,863,817.48)	(\$176,068.98)	-
53882	Cigna HealthCare of Illinois, Inc.	IL	\$64,223.64	-	(\$6,506,363.28)	-	-
54322	MercyCare HMO, Inc.	IL	\$0.00	\$0.00	(\$3,358,866.78)	-	(\$414,793.16)
58239	UnitedHealthcare Plan of the River Valley, Inc.	IL	-	\$0.00	-	-	(\$321,361.31)
58288	Humana Health Plan, Inc.	IL	-	\$0.00	-	-	(\$118,997.02)
65280	SSM Health Plan	IL	\$0.00	-	(\$1,827,250.72)	(\$30,162.54)	-
68303	Humana Insurance Company	IL	-	\$0.00	-	-	(\$350,017.00)
72547	Aetna Life Insurance Company	IL	-	\$0.00	-	-	\$109,934.82
85773	Quartz Health Benefit Plans Corporation	IL	\$0.00	\$0.00	(\$2,372,060.80)	\$11,301.89	(\$696,732.00)
92476	UnitedHealthcare Ins Co of Illinois	IL	-	\$969,015.14	-	-	(\$6,930,801.91)

HIOS ID	HIOS ISSUER NAME	STATE	HIGH-COST RISK POOL PAYMENT AMOUNT		RISK ADJUSTMENT STATE PAYMENT TRANSFER AMOUNT BY RISK POOL MARKET		
			INDIVIDUAL MARKET (Non-Catastrophic/ Catastrophic Plans and Merged Market)	SMALL GROUP MARKET	INDIVIDUAL (Non-Catastrophic)	CATASTROPHIC	SMALL GROUP
99129	Aetna Health Inc. (a PA corp.)	IL	-	\$0.00	-	-	(\$7,441.86)
17575	Anthem Ins Companies Inc(Anthem BCBS)	IN	\$0.00	\$2,028,672.23	(\$32,389.99)	-	\$12,131,854.14
33380	Indiana University Health Plans, Inc.	IN	-	\$0.00	-	-	(\$875,271.70)
36373	All Savers Insurance Company	IN	-	\$0.00	-	-	\$315,558.55
43442	Humana Health Plan	IN	-	\$0.00	-	-	(\$383,437.83)
50816	Physicians Health Plan of Northern Indiana, Inc.	IN	-	\$0.00	-	-	(\$2,588,240.47)
54192	CareSource Indiana, Inc.	IN	\$449,952.07	-	(\$58,035,047.96)	-	-
67920	Southeastern Indiana Health Organization	IN	-	\$0.00	-	-	(\$1,302,337.10)
69529	UnitedHealthcare of Kentucky, Ltd.	IN	-	\$0.00	-	-	\$105,478.02
72850	UnitedHealthcare Insurance Company	IN	-	\$49,885.25	-	-	(\$8,067,154.48)
76179	Celtic Insurance Company	IN	\$547,068.00	-	\$58,067,437.80	-	-
99791	Humana Insurance Company	IN	-	\$0.00	-	-	\$663,550.91
18558	Blue Cross and Blue Shield of Kansas, Inc.	KS	\$1,156,321.10	\$1,569,734.81	(\$8,463,641.07)	-	(\$16,725,864.17)
19968	Humana Insurance Company	KS	-	\$0.00	-	-	\$4,802,620.12
39520	Medica Insurance Company	KS	\$0.00	-	(\$6,435,232.96)	\$42,008.64	-
43490	Oscar Insurance Company	KS	\$0.00	-	(\$1,863,530.51)	(\$42,008.64)	-
49857	Humana Health Plan, Inc.	KS	-	\$0.00	-	-	(\$161,729.40)
57850	Aetna Health Inc. (a PA corp.)	KS	-	\$0.00	-	-	(\$22,208.85)
76763	Cigna Health and Life Insurance Company	KS	\$79,397.11	-	(\$1,782,395.44)	-	-
80065	Sunflower State Health Plan, Inc	KS	\$152,888.63	-	\$21,290,347.01	-	-
84600	Aetna Life Insurance Company	KS	-	\$0.00	-	-	(\$39,401.02)
94248	Blue Cross and Blue Shield of Kansas City	KS	\$0.00	\$0.00	(\$2,745,547.07)	-	\$6,594,250.31
94968	UnitedHealthcare Insurance Company	KS	-	\$0.00	-	-	\$5,552,333.00
15411	Humana Health Plan, Inc.	KY	-	\$547,010.86	-	-	\$1,078,810.57
23671	UnitedHealthcare of Kentucky, Ltd.	KY	-	\$0.00	-	-	(\$5,788,791.43)
28773	UnitedHealthcare Insurance Company	KY	-	\$0.00	-	-	(\$472,717.92)
34822	Aetna Health Inc. (a PA corp.)	KY	-	\$0.00	-	-	(\$13,078.01)
36239	Anthem Health Plans of KY (Anthem BCBS)	KY	\$627,988.85	\$176,397.81	\$1,399,557.20	(\$102,639.73)	\$4,031,070.06
45636	CareSource Kentucky Co.	KY	\$421,992.32	-	(\$1,399,557.23)	\$102,639.74	-
45920	UnitedHealthcare of Ohio, Inc.	KY	-	\$0.00	-	-	\$1,164,706.80
19636	HMO Louisiana, Inc.	LA	\$652,490.68	\$0.00	(\$76,787,111.87)	-	(\$11,373,233.27)
44965	Humana Health Benefit Plan of Louisiana, Inc.	LA	-	\$0.00	-	-	\$229,301.52
53946	UnitedHealthcare Insurance Company of the River Va	LA	-	\$0.00	-	-	\$132,616.68

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			INDIVIDUAL MARKET (Non-Catastrophic/ Catastrophic Plans and Merged Market)	SMALL GROUP MARKET	INDIVIDUAL (Non-Catastrophic)	CATASTROPHIC	SMALL GROUP
67243	Vantage Health Plan, Inc.	LA	\$0.00	\$0.00	(\$13,044,582.42)	-	(\$473,138.19)
69842	UnitedHealthcare Insurance Company	LA	-	\$0.00	-	-	\$187,084.55
97176	Louisiana Health Service & Indemnity Company	LA	\$1,306,100.34	\$2,846,900.38	\$96,237,306.47	-	\$11,297,368.67
98780	CHRISTUS Health Plan Louisiana	LA	\$0.00	-	(\$6,405,612.17)	-	-
23620	UnitedHealthcare Insurance Company	MD	-	\$63,593.15	-	-	(\$2,918,293.28)
28137	CareFirst BlueChoice, Inc.	MD	\$519,385.87	\$1,781,010.08	(\$19,792,568.13)	(\$257,060.73)	(\$1,033,753.87)
31112	UnitedHealthcare of the Mid-Atlantic Inc	MD	-	\$0.00	-	-	(\$5,314,729.83)
45532	CareFirst of Maryland, Inc.	MD	\$7,810,877.28	\$0.00	\$43,343,062.83	-	\$6,576,903.24
65635	MAMSI Life and Health Insurance Company	MD	-	\$0.00	-	-	\$921,409.31
66516	Aetna Health Inc. (a PA corp.)	MD	-	\$0.00	-	-	(\$108,257.03)
70767	Aetna Life Insurance Company	MD	-	\$0.00	-	-	\$420,280.40
72375	Optimum Choice, Inc.	MD	\$142,301.98	\$0.00	(\$4,024,251.68)	-	(\$5,983,960.46)
90296	Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.	MD	\$124,516.12	\$0.00	(\$51,338,014.59)	\$257,060.74	(\$6,312,170.11)
94084	GHMSI	MD	\$480,614.79	\$592,915.83	\$31,811,771.55	-	\$13,752,571.67
11593	HPHC Insurance Company Inc.	ME	-	\$0.00	-	-	\$3,751,758.00
33653	Maine Community Health Options	ME	\$483,588.88	\$0.00	\$11,818,413.44	\$280,851.29	(\$4,108,171.74)
48396	Anthem Health Plans of ME(Anthem BCBS)	ME	\$0.00	\$84,877.53	(\$15,546,776.57)	(\$356,397.15)	\$4,168,994.62
53357	Aetna Life Insurance Company	ME	-	\$0.00	-	-	\$598,755.40
73250	Aetna Health Inc. (a ME corp.)	ME	-	\$0.00	-	-	(\$15,131.03)
90214	UnitedHealthcare Insurance Company	ME	-	\$0.00	-	-	(\$3,655,460.19)
96667	Harvard Pilgrim Health Care Inc.	ME	\$736,568.50	\$211,941.07	\$3,728,363.16	\$75,545.85	(\$740,745.03)
15560	Blue Cross Blue Shield of Michigan Mutual Insurance Company	MI	\$3,122,378.94	\$2,986,042.22	\$92,797,410.84	\$674,688.46	\$15,570,859.49
20662	PHP Insurance Company	MI	-	\$0.00	-	-	\$719,623.71
23592	Paramount Care of Michigan	MI	-	\$0.00	-	-	(\$99,626.01)
29241	Priority Health Insurance Company (PHIC)	MI	-	\$97,935.73	-	-	\$538,207.23
29698	Priority Health	MI	\$20,950.30	\$0.00	(\$54,047,787.55)	-	(\$2,957,972.72)
37651	Health Alliance Plan (HAP)	MI	\$0.00	\$0.00	(\$1,305,405.29)	(\$295,402.88)	(\$2,493,345.37)
40047	Molina Healthcare of Michigan, Inc.	MI	\$0.00	-	(\$8,020,557.46)	-	-
58594	Meridian Health Plan of Michigan, Inc.	MI	\$0.00	-	(\$4,293,885.94)	-	-
60829	Physicians Health Plan	MI	\$0.00	\$0.00	(\$4,161,817.08)	\$192,434.51	\$361,189.98
62294	Humana Insurance Company	MI	-	\$0.00	-	-	\$9,866.71
63631	UnitedHealthcare Insurance Company	MI	-	\$0.00	-	-	(\$2,525,970.16)

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			INDIVIDUAL MARKET (Non-Catastrophic/ Catastrophic Plans and Merged Market)	SMALL GROUP MARKET	INDIVIDUAL (Non-Catastrophic)	CATASTROPHIC	SMALL GROUP
67183	Total Health Care USA, Inc.	MI	\$0.00	\$0.00	(\$2,925,196.34)	-	\$1,190,059.07
67577	Alliance Health and Life Insurance Company	MI	\$0.00	\$0.00	(\$508,992.77)	(\$121,545.21)	(\$504,392.80)
71667	UnitedHealthcare Community Plan, Inc.	MI	-	\$0.00	-	-	(\$1,124,129.94)
74917	McLaren Health Plan Community	MI	\$0.00	\$0.00	\$641,953.23	(\$9,727.12)	\$36,659.47
77739	Oscar Insurance Company	MI	\$0.00	-	(\$1,869,138.77)	\$16,666.75	-
95233	Paramount Insurance Company	MI	-	\$0.00	-	-	(\$39,502.62)
98185	Blue Care Network of Michigan	MI	\$0.00	\$8,552.23	(\$16,306,582.92)	(\$457,114.54)	(\$8,681,525.90)
25198	UnitedHealthcare Insurance Company	MN	-	\$0.00	-	-	(\$1,336,977.60)
31616	Medica Insurance Company	MN	\$2,845,409.61	\$339,356.04	\$21,811,747.02	(\$310,572.39)	\$11,510,029.09
34102	Group Health Plan, Inc.	MN	\$577,670.27	-	(\$15,670,611.89)	(\$57,943.01)	-
49316	BCBSMN, Inc., dba Blue Cross and Blue Shield of Minnesota	MN	-	\$1,316,409.02	-	-	\$19,272,145.34
52346	Sanford Health Plan of Minnesota	MN	-	\$0.00	-	-	(\$17,861.37)
57129	HMO Minnesota dba Blue Plus	MN	\$128,497.44	\$0.00	\$19,651,569.84	-	(\$6,741,866.03)
70373	Quartz Health Plan MN Corporation	MN	\$0.00	\$0.00	(\$2,901,627.36)	(\$22,318.45)	(\$613,662.45)
79888	HealthPartners, Inc.	MN	-	\$409,234.91	-	-	(\$17,176,158.47)
85654	HealthPartners Insurance Company	MN	-	\$0.00	-	-	\$2,189,764.16
85736	UCare Minnesota	MN	\$273,293.61	-	(\$20,088,492.71)	\$390,833.87	-
88102	PreferredOne Insurance Company	MN	\$0.00	\$30,725.14	(\$2,802,584.96)	-	(\$6,808,120.09)
96859	UnitedHealthcare of Illinois Inc	MN	-	\$0.00	-	-	(\$254,526.83)
97624	PreferredOne Community Health Plan	MN	-	\$0.00	-	-	(\$22,765.74)
30613	Humana Insurance Company	MO	-	\$0.00	-	-	(\$408,009.56)
32753	Healthy Alliance Life Co(Anthem BCBS)	MO	\$665,310.96	\$0.00	(\$8,336,526.70)	\$27,042.01	\$3,730,058.44
32898	Aetna Health Inc. (a PA corp.)	MO	-	\$0.00	-	-	\$50,439.87
34762	Blue Cross and Blue Shield of Kansas City	MO	\$295,404.51	\$2,017,271.36	\$1,252,090.31	-	(\$3,301,451.50)
47840	SSM Health Insurance Company	MO	\$329,305.28	-	(\$11,990,906.13)	(\$120,931.62)	-
48161	Aetna Life Insurance Company	MO	-	\$0.00	-	-	\$268,485.39
53461	Medica Insurance Company	MO	\$85,399.34	-	(\$41,878,362.69)	\$123,271.37	-
69512	Oscar Insurance Company	MO	\$0.00	-	\$936,577.81	(\$29,381.76)	-
74483	Cigna Health and Life Insurance Company	MO	\$300,987.71	-	\$10,591,519.92	-	-
95426	UnitedHealthcare Insurance Company	MO	-	\$198,486.62	-	-	(\$369,758.66)
96384	Cox Health Systems Insurance Company	MO	\$0.00	\$0.00	\$2,151,340.79	-	\$30,235.86
99723	Celtic Insurance Company	MO	\$1,959,710.91	-	\$47,274,266.72	-	-

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			INDIVIDUAL MARKET (Non-Catastrophic/ Catastrophic Plans and Merged Market)	SMALL GROUP MARKET	INDIVIDUAL (Non-Catastrophic)	CATASTROPHIC	SMALL GROUP
11721	Blue Cross & Blue Shield of Mississippi	MS	\$0.00	\$0.00	(\$2,597,868.92)	-	\$1,019,326.03
26781	All Savers Insurance Company	MS	-	\$0.00	-	-	\$112,955.58
48963	Humana Insurance Company	MS	-	\$0.00	-	-	(\$82,037.24)
61794	UnitedHealthcare Life Insurance Company	MS	-	\$0.00	-	-	(\$607,404.29)
79975	Molina Healthcare of Mississippi, Inc	MS	\$0.00	-	(\$32,162,228.26)	-	-
90714	Ambetter of Magnolia Inc.	MS	\$598,676.24	-	\$34,760,097.18	-	-
97560	UnitedHealthcare of Mississippi, Inc.	MS	-	\$0.00	-	-	\$73,580.49
98805	UnitedHealthcare Insurance Company	MS	-	\$0.00	-	-	(\$516,420.50)
23603	PacificSource Health Plans	MT	\$319,867.69	\$100,857.69	(\$8,323,810.36)	-	(\$2,475,428.15)
30751	Blue Cross and Blue Shield of Montana	MT	\$301,995.76	\$1,943,272.90	\$17,434,988.15	(\$7,443.29)	\$4,266,457.66
32225	Montana Health Cooperative	MT	\$0.00	\$0.00	(\$9,111,177.82)	\$7,443.29	(\$2,140,379.57)
46621	UnitedHealthcare Insurance Company	MT	-	\$0.00	-	-	\$349,349.98
11512	Blue Cross and Blue Shield of NC	NC	\$2,525,299.67	\$5,493,229.99	\$146,102,450.72	\$1,007,430.16	\$24,072,760.22
19958	UnitedHealthcare of Wisconsin, Inc.	NC	\$0.00	-	(\$5,424,045.56)	-	-
37900	Bright Health Company of North Carolina	NC	\$0.00	-	(\$146,238,118.86)	(\$1,003,163.53)	-
43283	FirstCarolinaCare Insurance Company	NC	-	\$0.00	-	-	\$319,643.98
54332	UnitedHealthcare of North Carolina, Inc	NC	-	\$711,442.76	-	-	(\$15,001,429.62)
58658	UnitedHealthcare Ins Co of River Valley	NC	-	\$0.00	-	-	(\$7,463,054.44)
61644	Aetna Life Insurance Company	NC	-	\$0.00	-	-	\$18,916.16
61671	Aetna Health Inc. (a PA corp.)	NC	-	\$0.00	-	-	(\$60,018.82)
69347	UnitedHealthcare Insurance Company	NC	-	\$759,392.60	-	-	(\$1,886,817.71)
69803	Oscar Health Plan of North Carolina, Inc	NC	\$0.00	-	(\$2,108,616.42)	(\$4,266.64)	-
73943	Cigna HealthCare of North Carolina, Inc.	NC	\$0.00	-	(\$11,543,266.92)	-	-
77264	Ambetter of North Carolina Inc.	NC	\$0.00	-	\$19,211,597.10	-	-
37160	Blue Cross Blue Shield of North Dakota	ND	\$784,100.58	\$0.00	\$8,235,783.62	\$165,599.45	(\$873,443.92)
39364	Medica Insurance Company	ND	-	\$5,559.91	-	-	\$1,380,223.16
73751	Medica Health Plans	ND	\$0.00	-	\$959,919.30	\$20,693.62	-
76311	UnitedHealthcare Insurance Company	ND	-	\$0.00	-	-	(\$349,287.19)
89364	Sanford Health Plan	ND	\$0.00	\$76,539.92	(\$9,195,702.94)	(\$186,293.07)	(\$157,492.06)
20305	Medica Insurance Company	NE	\$3,188,466.15	\$0.00	\$24,606,187.77	\$68,780.15	(\$90,073.96)
29678	Blue Cross and Blue Shield of Nebraska	NE	-	\$88,114.69	-	-	(\$5,445,430.51)
44751	UnitedHealthcare of the Midlands, Inc.	NE	-	\$0.00	-	-	(\$564,764.91)
59699	Aetna Life Insurance Company	NE	-	\$0.00	-	-	\$144,513.87

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73102	UnitedHealthcare Insurance Company	NE	-	\$24,178.89	-	-	\$5,955,755.48
83653	Bright Health Insurance Company	NE	\$0.00	-	(\$24,606,187.78)	(\$68,780.16)	-
51889	UnitedHealthcare Insurance Company	NH	-	\$0.00	-	-	(\$894,230.55)
57601	Anthem Health Plans of NH(Anthem BCBS)	NH	-	\$0.00	-	-	\$869,205.95
59025	Harvard Pilgrim Health Care of NE	NH	\$24,274.83	\$114,599.78	\$10,793,365.31	\$26,924.40	(\$3,431,282.34)
71616	HPHC Insurance Company, Inc	NH	-	\$126,202.32	-	-	\$2,908,339.36
75841	Celtic Insurance Company	NH	\$0.00	-	(\$77,053.92)	-	-
86365	Tufts Health Freedom Insurance Company	NH	-	\$53,862.91	-	-	(\$1,937,099.81)
96751	Matthew Thornton Hlth Plan(Anthem BCBS)	NH	\$0.00	\$78,080.98	(\$10,716,311.38)	(\$26,924.40)	\$2,485,067.41
13953	Horizon Healthcare of New Jersey, Inc.	NJ	\$0.00	\$0.00	\$23,531.03	-	(\$187,964.75)
23818	Oscar Garden State Insurance Corporation	NJ	\$0.00	\$0.00	\$3,313,569.90	(\$709,716.85)	(\$2,083,948.14)
48834	Oxford Health Plans (NJ), Inc.	NJ	-	\$0.00	-	-	(\$312,990.54)
77263	Oxford Health Insurance, Inc.	NJ	\$0.00	\$2,064,502.69	\$11,376,028.58	-	\$14,314,310.90
77606	AmeriHealth HMO, Inc.	NJ	\$0.00	\$174,326.08	(\$10,011,579.46)	-	(\$5,763,444.71)
91661	Horizon Healthcare Services, Inc.	NJ	\$5,820,837.92	\$7,551,201.03	\$111,987,354.87	\$712,409.41	(\$7,772,457.15)
91762	AmeriHealth Ins Company of New Jersey	NJ	\$608,514.54	\$288,097.23	(\$116,688,904.92)	(\$2,692.56)	\$1,806,494.27
19722	Molina Healthcare of New Mexico, Inc.	NM	\$186,836.10	-	(\$5,518,992.97)	-	-
39006	Western Sky Community Care, Inc.	NM	\$0.00	-	\$49,020.83	-	-
42776	True Health New Mexico, Inc.	NM	\$0.00	\$0.00	(\$771,561.94)	-	(\$6,648,943.57)
52744	Presbyterian Insurance Company, Inc.	NM	-	\$0.00	-	-	\$4,265,039.26
57173	Presbyterian Health Plan, Inc.	NM	\$0.00	\$0.00	\$2,926,644.17	-	(\$7,803,138.52)
75605	Blue Cross Blue Shield of New Mexico	NM	\$0.00	\$228,271.89	\$8,370,239.20	\$52,000.40	\$9,881,667.64
75787	Friday Health Plans of Colorado, Inc.	NM	\$0.00	\$0.00	(\$5,055,349.28)	(\$52,000.41)	(\$53,164.20)
90762	UnitedHealthcare Insurance Company	NM	-	\$220,164.11	-	-	\$358,539.38
16698	Prominence HealthFirst	NV	-	\$0.00	-	-	(\$1,174,987.45)
19298	Aetna Health Inc. (a PA corp.)	NV	-	\$0.00	-	-	\$195,452.03
27990	Aetna Life Insurance Company	NV	-	\$0.00	-	-	\$108,304.02
33670	Rocky Mountain Hospital and Medical Service, Inc., dba Anthem Blue Cross and Blue Shield	NV	\$0.00	\$5,188,356.67	-	\$40,544.27	\$10,554,902.73
41094	HOMETOWN HEALTH PLAN, INC	NV	\$0.00	\$0.00	(\$4,600,447.56)	\$104,191.89	\$47,865.39
45142	SilverSummit Healthplan, Inc.	NV	\$0.00	-	\$23,350,913.28	-	-
60156	HMO Colorado, Inc., dba HMO Nevada	NV	\$210,383.05	\$0.00	(\$11,075,405.81)	\$115,513.04	(\$2,700,750.54)
68524	Prominence Preferred Health Insurance Company, Inc.	NV	-	\$0.00	-	-	\$1,052,229.63

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74222	UnitedHealthcare Insurance Company	NV	-	\$0.00	-	-	(\$6,923,264.21)
82461	Friday Health Plans of Nevada, Inc.	NV	\$0.00	\$0.00	(\$12,808,603.45)	(\$214,235.10)	(\$3,718.99)
83198	Sierra Health and Life Ins Company, Inc.	NV	\$0.00	\$3,590,696.51	\$2,544,507.96	\$13,602.77	\$767,105.31
84445	SelectHealth, Inc.	NV	\$0.00	\$0.00	\$8,292,905.52	-	(\$73,352.36)
85266	HOMETOWN HEALTH PROVIDERS INS. CO. INC.	NV	\$0.00	\$0.00	\$2,957,864.66	(\$49,849.43)	(\$2,819,473.97)
95865	Health Plan of Nevada, Inc.	NV	\$412,804.67	\$534,834.02	(\$8,661,734.60)	(\$9,767.45)	\$969,688.36
11177	MetroPlus Health Plan	NY	\$0.00	\$0.00	\$6,318,173.55	(\$5,337.37)	(\$1,076,158.76)
17210	Aetna Life Insurance Company	NY	\$0.00	\$2,676,983.32	(\$201,876.02)	-	\$790,771.07
18029	Independent Health Benefits Corporation	NY	\$0.00	\$0.00	\$2,958,497.29	(\$23,431.00)	\$6,224,473.63
20984	HIP Insurance Company of New York	NY	-	\$0.00	-	-	\$1,005,652.98
25303	New York Quality Healthcare Corporation	NY	\$739,742.32	-	(\$66,424,760.17)	\$1,318,424.38	-
36346	BlueShield of Northeastern New York	NY	\$0.00	\$548,296.34	(\$871,158.64)	-	\$1,635,188.22
41046	HealthPlus HP, LLC,	NY	\$0.00	-	\$24,172,276.14	\$60,402.43	-
44113	Empire HealthChoice Assurance, Inc.	NY	-	\$656,186.92	-	-	(\$8,949,987.28)
49526	BlueCross BlueShield of Western New York	NY	\$550,656.92	\$3,249,840.97	\$5,915,607.33	-	\$25,285,718.17
54235	UnitedHealthcare of New York, Inc.	NY	\$605,113.57	-	\$18,700,000.37	\$31,299.43	-
54297	UnitedHealthcare Ins Co of New York	NY	\$0.00	\$0.00	\$330,724.64	-	(\$906,303.58)
56184	MVP Health Plan, Inc.	NY	\$1,613,297.12	\$0.00	(\$232,905.05)	(\$46,105.91)	(\$5,883,266.50)
61405	Healthfirst Insurance Company, Inc.	NY	\$0.00	\$0.00	\$1,293,059.78	-	(\$42,831,969.24)
68485	Aetna Health Insurance Company	NY	-	\$0.00	-	-	(\$6,298.04)
74289	Oscar Insurance Corporation	NY	\$0.00	\$0.00	(\$22,935,273.20)	(\$1,910,449.08)	(\$20,228,727.84)
78124	Excellus Health Plan, Inc.	NY	\$97,326.63	\$7,616,619.85	\$14,991,406.75	\$350,362.13	(\$88,689,727.01)
85629	Oxford Health Insurance, Inc.	NY	-	\$12,611,684.90	-	-	\$139,934,288.81
88582	Health Insurance Plan of Greater New York	NY	\$114,536.36	\$443,645.98	\$18,760,339.86	\$73,565.16	(\$10,244,057.76)
89846	MVP Health Services Corp.	NY	-	\$1,786,036.33	-	-	\$19,677,467.40
91237	Healthfirst PHSP, Inc.	NY	\$235,664.69	-	(\$4,351,088.53)	\$178,814.50	-
92551	CDPHP Universal Benefits Inc.	NY	-	\$713,399.76	-	-	(\$1,214,320.06)
94788	CDPHP	NY	\$756,156.88	\$0.00	\$1,576,975.77	(\$27,544.67)	(\$14,522,744.25)
28162	AultCare Insurance Company	OH	\$422,727.13	\$0.00	(\$550,757.17)	\$24,359.37	\$1,231,400.23
29276	Community Insurance Company(Anthem BCBS)	OH	\$56,048.55	\$2,170,181.23	(\$5,345,205.92)	\$158,135.73	\$3,712,111.69
29341	Oscar Buckeye State Insurance Corp.	OH	\$0.00	-	(\$9,525,870.20)	(\$36,840.62)	-
33232	UnitedHealthcare Ins Co of River Valley	OH	-	\$0.00	-	-	(\$538,845.46)

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			INDIVIDUAL MARKET (Non-Catastrophic/ Catastrophic Plans and Merged Market)	SMALL GROUP MARKET	INDIVIDUAL (Non-Catastrophic)	CATASTROPHIC	SMALL GROUP
33931	UnitedHealthcare of Ohio, Inc.	OH	-	\$0.00	-	-	(\$325,863.96)
41047	Buckeye Community Health Plan	OH	\$0.00	-	(\$18,508,829.82)	-	-
45845	Oscar Insurance Corporation of Ohio	OH	\$146,844.79	-	\$22,326,280.45	\$269,656.46	-
52664	Summa Insurance Company, Inc.	OH	\$0.00	\$0.00	\$1,302,567.99	(\$32,100.47)	\$1,063,181.30
56726	UnitedHealthcare Insurance Company	OH	-	\$448,040.84	-	-	(\$546,694.19)
61724	UnitedHealthcare Life Insurance Company	OH	-	\$828,338.12	-	-	(\$10,838,772.87)
64353	Molina Healthcare of Ohio, Inc.	OH	\$104,347.75	-	\$4,238,616.18	-	-
66083	Humana Health Plan of Ohio, Inc.	OH	-	\$500,596.06	-	-	\$634,887.11
67129	Aetna Life Insurance Company	OH	-	\$0.00	-	-	\$657,988.35
74313	Paramount Insurance Company	OH	\$0.00	\$0.00	\$595,855.13	-	\$893,229.98
77552	CareSource Ohio, Inc.	OH	\$2,414,451.41	-	\$20,105,335.44	-	-
80627	Medical Mutual of Ohio	OH	-	\$0.00	-	-	\$4,027,515.03
83396	The Health Plan of West Virginia, Inc.	OH	\$0.00	\$0.00	(\$52,640.58)	-	\$708,105.65
84867	Aetna Health Inc. (a PA corp.)	OH	-	\$0.00	-	-	(\$215,667.16)
97596	Humana Insurance Company	OH	-	\$0.00	-	-	(\$471,842.59)
98810	THP Insurance Company	OH	-	\$0.00	-	-	\$9,266.91
99969	Medical Health Insuring Corp. of Ohio	OH	\$711,362.93	-	(\$14,585,351.49)	(\$383,210.47)	-
21333	Medica Insurance Company	OK	\$0.00	-	(\$26,355,938.41)	(\$43,264.40)	-
28292	UnitedHealthcare of Wisconsin, Inc.	OK	\$0.00	-	(\$3,996,215.68)	-	-
40463	Bright Health Insurance Company	OK	\$84,380.19	-	(\$21,729,714.05)	(\$60,980.39)	-
45480	UnitedHealthcare of Oklahoma, Inc.	OK	-	\$0.00	-	-	(\$1,049,424.03)
66946	Aetna Life Insurance Company	OK	-	\$0.00	-	-	\$107,125.33
76275	Aetna Health Inc. (a PA corp.)	OK	-	\$0.00	-	-	(\$10,630.57)
85757	UnitedHealthcare Insurance Company	OK	-	\$0.00	-	-	\$2,228,668.54
87571	Blue Cross Blue Shield of Oklahoma	OK	\$2,258,591.15	\$1,006,768.78	\$58,411,192.37	\$186,593.09	(\$1,431,760.74)
87698	CommunityCare Life & Health Insurance Co	OK	-	\$0.00	-	-	\$1,474,461.51
91908	Oscar Insurance Company	OK	\$0.00	-	(\$1,867,838.36)	(\$7,257.55)	-
98905	CommunityCare HMO Inc.	OK	\$0.00	\$0.00	(\$4,461,485.91)	(\$75,090.78)	(\$1,318,440.04)
10091	PacificSource Health Plans	OR	\$386,474.60	\$93,365.16	(\$6,016,410.68)	\$0.00	\$6,045,417.35
10940	Health Net Health Plan of Oregon, Inc.	OR	-	\$0.00	-	-	\$1,025,051.21
33375	Samaritan Health Plans, Inc	OR	-	\$0.00	-	-	(\$526,542.76)
39424	Moda Health Plan, Inc.	OR	\$1,679,679.41	\$0.00	\$16,886,703.78	-	\$2,611,896.49
56707	Providence Health Plan	OR	\$528,717.12	\$288,788.32	\$30,490,195.67	-	(\$1,993,452.58)

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			INDIVIDUAL MARKET (Non-Catastrophic/ Catastrophic Plans and Merged Market)	SMALL GROUP MARKET	INDIVIDUAL (Non-Catastrophic)	CATASTROPHIC	SMALL GROUP
63474	BridgeSpan Health Company	OR	\$0.00	-	\$2,114,652.28	-	-
71287	Kaiser Foundation Healthplan of the NW	OR	\$196,876.01	\$4,116,490.70	(\$33,562,507.58)	-	(\$8,026,215.92)
77969	Regence BlueCross BlueShield of Oregon	OR	\$3,280,681.23	\$1,193,658.32	(\$9,912,633.55)	-	(\$1,177,976.60)
90175	UnitedHealthcare Insurance Company	OR	-	\$41,004.43	-	-	\$2,041,822.68
16322	UPMC Health Options, Inc.	PA	\$3,025,045.28	\$2,353,590.52	(\$19,556,418.26)	(\$92,661.04)	(\$10,698,304.72)
22444	Geisinger Health Plan	PA	\$183,849.49	\$0.00	\$9,902,490.98	\$117,334.34	\$1,337,644.37
23489	UnitedHealthcare Insurance Company	PA	-	\$908,860.61	-	-	(\$12,260,194.80)
24872	UnitedHealthcare of Pennsylvania, Inc.	PA	-	\$0.00	-	-	(\$2,340,541.45)
31609	Independence Blue Cross (QCC Ins. Co.)	PA	\$1,554,166.59	\$2,266,984.27	\$26,352,305.55	(\$134,490.35)	\$21,315,200.75
33709	Highmark Inc.	PA	\$2,151,323.54	\$164,405.48	(\$5,683,419.36)	\$449,754.62	\$1,262,448.11
33871	Keystone Health Plan East, Inc	PA	\$251,571.64	\$1,520,050.24	(\$7,298,535.72)	-	(\$17,963,485.97)
33906	Aetna Life Insurance Company	PA	-	\$0.00	-	-	\$37,796.46
45127	Capital Advantage Assurance Company	PA	\$163,576.93	\$256,805.30	\$10,483,514.61	\$176,854.89	\$6,661,472.92
53789	Keystone Health Plan Central	PA	\$0.00	\$0.00	(\$922,642.15)	(\$41,451.83)	(\$167,690.04)
55957	First Priority Life Insurance Company, Inc.	PA	-	\$0.00	-	-	\$3,049,044.39
62560	UPMC Health Coverage, Inc.	PA	\$0.00	\$0.00	(\$1,420,271.72)	\$11,460.32	(\$289,549.00)
64844	Aetna Health Inc. (a PA corp.)	PA	-	\$0.00	-	-	\$386,489.51
67430	UPMC Health Benefits, Inc.	PA	-	\$0.00	-	-	(\$8,241,315.74)
70194	Highmark Health Insurance Company	PA	\$0.00	\$0.00	-	(\$9,808.84)	\$409,069.39
75729	Geisinger Quality Options	PA	\$0.00	\$571,933.03	\$2,124,799.42	-	\$9,211,765.91
79279	Highmark Coverage Advantage Inc.	PA	\$430,809.82	\$0.00	(\$2,239,372.24)	(\$150,624.32)	\$2,193,102.05
79962	Highmark Benefits Group Inc.	PA	\$87,410.11	\$0.00	\$1,448,343.88	(\$42,119.25)	\$6,097,669.93
82795	Capital Advantage Insurance Company CAIC	PA	\$0.00	\$0.00	-	\$85,087.96	(\$622.14)
83731	First Priority Health	PA	\$0.00	-	\$22,408.58	-	-
86199	Pennsylvania Health & Wellness, Inc.	PA	\$0.00	-	(\$6,441,718.55)	-	-
98517	Oscar Health Plan of Pennsylvania, Inc.	PA	\$0.00	-	(\$6,771,485.12)	(\$369,336.49)	-
15287	Blue Cross & Blue Shield of Rhode Island	RI	\$0.00	\$0.00	\$9,423,171.31	-	\$1,871,434.16
26322	Tufts Insurance Company	RI	-	\$0.00	-	-	\$390,788.73
77514	Neighborhood Health Plan of Rhode Island	RI	\$0.00	\$0.00	(\$9,423,171.32)	-	(\$1,246,253.18)
79881	UnitedHealthcare of New England, Inc.	RI	-	\$0.00	-	-	\$218,470.73
90010	Tufts Associated Health Maintenance Org	RI	-	\$0.00	-	-	(\$321,412.85)
90117	UnitedHealthcare Insurance Company	RI	-	\$0.00	-	-	(\$913,027.51)
16985	Bright Health Company of South Carolina	SC	\$0.00	-	(\$4,197,439.73)	\$96,841.90	-

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			INDIVIDUAL MARKET (Non-Catastrophic/ Catastrophic Plans and Merged Market)	SMALL GROUP MARKET	INDIVIDUAL (Non-Catastrophic)	CATASTROPHIC	SMALL GROUP
22369	Aetna Life Insurance Company	SC	-	\$0.00	-	-	(\$1,317.66)
26065	Blue Cross and Blue Shield of South Carolina	SC	\$3,294,373.57	\$455,331.97	\$60,510,866.32	(\$256,536.40)	\$4,070,891.34
33764	UnitedHealthcare of South Carolina, Inc.	SC	-	\$0.00	-	-	(\$541,000.16)
38408	Aetna Health Inc. (a PA corp.)	SC	-	\$0.00	-	-	(\$22,533.85)
42326	MOLINA HEALTHCARE OF SOUTH CAROLINA, INC	SC	\$0.00	-	(\$41,408,295.61)	-	-
49532	BlueChoice HealthPlan of South Carolina, Inc.	SC	\$65,745.50	\$0.00	(\$9,136,394.78)	\$159,694.49	(\$170,128.00)
57860	UnitedHealthcare Insurance Company	SC	-	\$1,358,559.40	-	-	(\$1,673,128.26)
64146	UnitedHealthcare Ins Co of River Valley	SC	-	\$0.00	-	-	(\$1,662,783.45)
79222	Absolute Total Care, Inc	SC	\$228,239.50	-	(\$5,768,736.12)	-	-
31195	Sanford Health Plan	SD	\$129,867.19	\$0.00	(\$9,785,087.53)	(\$103,172.16)	\$1,622,170.38
50305	Wellmark of South Dakota	SD	-	\$279,513.45	-	-	\$981,312.53
60536	Avera Health Plans, Inc.	SD	\$817,217.18	\$0.00	\$9,785,087.55	\$103,172.15	(\$3,790,512.54)
76458	UnitedHealthcare Insurance Company	SD	-	\$0.00	-	-	\$1,193,700.24
96594	Medica Insurance Company	SD	-	\$0.00	-	-	(\$6,670.63)
10958	UnitedHealthcare Ins Co of River Valley	TN	-	\$582,444.65	-	-	(\$8,224,377.02)
14002	BlueCross BlueShield of Tennessee	TN	\$2,034,392.18	\$1,073,383.14	\$6,929,711.73	-	\$10,261,033.01
23552	Oscar Insurance Company	TN	\$0.00	-	(\$929,096.25)	\$106,646.42	-
31552	Aetna Life Insurance Company	TN	-	\$0.00	-	-	\$127,726.70
69443	UnitedHealthcare Insurance Company	TN	\$0.00	\$0.00	(\$3,674,464.35)	-	(\$3,200,126.37)
70111	Celtic Insurance Company	TN	\$352,144.31	-	(\$8,789,759.08)	-	-
82120	Humana Insurance Company	TN	-	\$0.00	-	-	\$1,910,044.47
97906	Bright Health Insurance Company of Tennessee	TN	\$416,342.84	\$0.00	(\$37,827,531.73)	(\$106,646.42)	(\$196,958.99)
99248	Cigna Health and Life Insurance Company	TN	\$0.00	\$0.00	\$44,291,139.69	-	(\$677,341.74)
20069	Oscar Insurance Company	TX	\$2,938,776.96	-	(\$116,416,878.78)	(\$1,461,784.23)	-
26539	SHA, LLC DBA FirstCare Health Plans	TX	\$302,766.89	\$0.00	\$17,765,045.74	-	\$355,295.76
27248	Community Health Choice, Inc.	TX	\$3,147,719.84	-	\$184,628,959.33	-	-
29418	Celtic Insurance Company	TX	\$7,082,939.98	-	\$126,586,109.02	-	-
30609	Memorial Hermann Health Insurance Company, Inc.	TX	-	\$0.00	-	-	\$579,898.10
32673	Humana Health Plan of Texas, Inc.	TX	-	\$378,312.79	-	-	\$5,120,331.84
33602	Blue Cross Blue Shield of Texas	TX	\$11,488,232.61	\$24,174,486.62	\$497,939,219.60	\$2,131,040.91	\$19,933,786.20
37755	Insurance Company of Scott & White	TX	\$0.00	\$0.00	\$1,268,146.81	-	(\$3,232,066.51)
40220	UnitedHealthcare of Texas, Inc.	TX	-	\$15,393.67	-	-	(\$12,698,780.18)

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40788	Scott and White Health Plan	TX	\$165,831.88	\$59,069.57	(\$31,173,149.27)	-	(\$3,763,162.66)
41549	Southwest Life and Health Ins Comp	TX	-	\$0.00	-	-	\$46,552.56
45786	Molina Healthcare of Texas, Inc.	TX	\$804,838.34	-	(\$566,190,159.90)	-	-
54837	Friday Health Insurance Company Inc	TX	\$1,687,191.07	\$0.00	(\$138,162,416.29)	(\$1,319,061.72)	(\$59,448.77)
63141	Humana Insurance Company	TX	-	\$0.00	-	-	\$1,826,144.84
66252	CHRISTUS Health Plan	TX	\$25,822.78	-	(\$8,840,618.09)	\$649,805.01	-
71837	Sendero Health Plans, Inc.	TX	\$0.00	-	\$32,595,741.77	-	-
75394	Texas Health + Aetna Health Insurance Company	TX	-	\$0.00	-	-	\$3,318.83
75655	Memorial Hermann Commercial Health Plan	TX	-	\$0.00	-	-	\$5,563.33
91716	Aetna Life Insurance Company	TX	-	\$0.00	-	-	\$1,424,324.14
98809	UnitedHealthcare Insurance Company	TX	-	\$1,838,156.95	-	-	(\$9,541,757.57)
18167	Molina Healthcare of Utah	UT	\$0.00	-	(\$18,287,910.00)	-	-
22013	Regence BlueCross BlueShield of Utah	UT	\$0.00	\$41,354.18	\$9,285,054.07	-	\$4,507,852.41
29031	National Health Insurance Company	UT	-	\$0.00	-	-	(\$15,851.63)
34541	BridgeSpan Health Company	UT	\$0.00	-	\$13,632.11	-	-
42261	University of Utah Health Insurance Plans	UT	\$573,875.66	-	\$20,628,367.35	-	-
46958	Humana Insurance Company	UT	-	\$0.00	-	-	(\$202,294.13)
66413	UnitedHealthcare of Utah, Inc.	UT	-	\$0.00	-	-	(\$545,147.80)
68781	SelectHealth	UT	\$1,647,673.64	\$500,769.94	(\$9,924,339.05)	\$0.00	\$528,345.01
81808	Cigna Health and Life Insurance Company	UT	\$0.00	-	(\$1,714,804.46)	-	-
97462	UnitedHealthcare Insurance Company	UT	-	\$17,927.66	-	-	(\$4,272,903.79)
10207	CareFirst BlueChoice, Inc.	VA	\$0.00	\$261,594.88	\$16,620,139.59	(\$573,244.61)	(\$25,252,563.58)
12028	Innovation Health Insurance Company	VA	-	\$0.00	-	-	(\$3,613.37)
16064	Anthem Health Plans of Virginia, Inc.	VA	-	\$6,480,901.81	-	-	\$43,090,912.61
20507	Optima Health Plan	VA	\$532,829.56	\$0.00	\$43,954,491.23	\$749,728.11	\$5,855,834.19
24251	Optimum Choice, Inc.	VA	\$0.00	\$0.00	(\$5,308,399.64)	-	(\$1,922,542.43)
25922	Oscar Insurance Company	VA	\$0.00	-	(\$608,478.66)	(\$5,393.37)	-
25978	UnitedHealthcare Insurance Company	VA	-	\$1,368,763.21	-	-	(\$17,017,898.63)
37204	Piedmont Community HealthCare HMO, Inc.	VA	\$0.00	\$12,225.62	\$3,823,393.98	-	\$165,315.05
38234	Aetna Life Insurance Company	VA	-	\$0.00	-	-	(\$207,555.71)
38599	UnitedHealthcare of the Mid-Atlantic Inc	VA	-	\$0.00	-	-	(\$3,391,942.70)
40308	Group Hospitalization and Medical Services Inc.	VA	\$215,041.80	\$0.00	\$20,487,147.88	-	\$6,859,933.20
41921	Cigna Health and Life Insurance Company	VA	\$0.00	-	(\$65,707,384.22)	-	-

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86443	Innovation Health Plan, Inc.	VA	-	\$0.00	-	-	(\$3,228.83)
88380	HealthKeepers, Inc.	VA	\$1,013,680.80	\$1,347,273.74	\$3,255,890.03	(\$451,142.25)	\$9,405,023.67
89242	Optima Health Insurance Company	VA	-	\$0.00	-	-	\$1,966,260.34
89498	UnitedHealthcare Plan of the River Valley, Inc.	VA	-	\$0.00	-	-	(\$439,386.07)
93187	Aetna Health Inc. (a PA corp.)	VA	-	\$0.00	-	-	\$55,725.80
95185	Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.	VA	\$1,444,433.17	\$0.00	(\$16,516,800.19)	\$280,052.11	(\$19,160,273.46)
14057	PacificSource Health Plans	WA	\$0.00	\$0.00	\$2,494,935.51	(\$212,948.95)	(\$217,002.32)
18699	UnitedHealthcare Insurance Company	WA	-	\$234,352.29	-	-	(\$2,900,444.43)
23371	Kaiser Foundation Healthplan of the NW	WA	\$0.00	\$53,264.54	(\$7,645,141.71)	-	(\$2,730,920.93)
25768	Kaiser Foundation Health Plan of Washington Options, Inc.	WA	-	\$2,030,705.83	-	-	(\$1,374,995.07)
34673	Aetna Life Insurance Company	WA	-	\$0.00	-	-	\$412,784.89
38229	Health Alliance Northwest Health Plan	WA	\$0.00	\$0.00	(\$37,700.87)	-	(\$94,701.52)
38498	LifeWise Health Plan of WA	WA	\$0.00	-	(\$9,562,592.98)	-	-
43369	Community Health Network of Washington	WA	\$0.00	-	\$39,015.59	-	-
43861	UnitedHealthcare of Washington, Inc.	WA	-	\$0.00	-	-	(\$4,707.28)
45834	Providence Health Plan	WA	\$0.00	-	\$2,189,369.21	-	-
49831	Premera Blue Cross	WA	\$1,102,861.77	\$1,282,690.07	\$32,287,999.86	-	\$631,074.55
53732	BridgeSpan Health Company	WA	\$0.00	-	\$123,770.73	-	-
61836	Coordinated Care Corporation	WA	\$0.00	-	\$12,819,247.05	-	-
62650	UnitedHealthcare of Oregon, Inc.	WA	\$0.00	-	(\$126,205.93)	-	-
69364	Asuris Northwest Health	WA	\$0.00	\$494,310.11	\$1,523,968.87	-	\$1,241,706.53
71281	Regence BlueCross BlueShield Of Oregon	WA	\$0.00	\$240,044.42	\$1,553,125.19	-	\$845,005.20
80473	Kaiser Foundation Health Plan of Washington	WA	\$1,488,354.31	\$650,158.24	(\$30,713,039.56)	\$212,948.97	(\$14,681,124.43)
84481	Molina Healthcare of Washington, Inc.	WA	\$71,655.73	-	(\$8,286,250.04)	-	-
87718	Regence BlueShield	WA	\$163,497.33	\$1,831,942.05	\$3,339,499.21	-	\$18,873,324.98
14630	Children's Community Health Plan	WI	\$196,856.32	-	\$14,501,334.64	\$204,738.42	-
16245	Group Health Cooperative of Eau Claire	WI	-	\$0.00	-	-	\$258,795.36
20173	HealthPartners Insurance Company	WI	\$0.00	\$0.00	(\$5,157,947.17)	(\$31,142.26)	(\$914,915.79)
37833	Quartz Health Benefit Plans Corporation	WI	\$426,716.53	\$0.00	\$5,706,598.57	\$52,470.75	(\$14,287,976.25)
38166	Security Health Plan of Wisconsin, Inc.	WI	\$9,458.78	\$0.00	\$342,281.89	\$138,398.42	\$1,128,115.45
38345	Dean Health Plan	WI	\$360,731.96	\$2,206,873.97	(\$17,330,637.36)	(\$36,101.55)	(\$5,398,160.35)
39924	All Savers Insurance Company	WI	-	\$0.00	-	-	(\$53,159.86)

HIOS ID	HIOS ISSUER NAME	STATE	HIGH-COST RISK POOL PAYMENT AMOUNT		RISK ADJUSTMENT STATE PAYMENT TRANSFER AMOUNT BY RISK POOL MARKET		
			INDIVIDUAL MARKET (Non-Catastrophic/ Catastrophic Plans and Merged Market)	SMALL GROUP MARKET	INDIVIDUAL (Non-Catastrophic)	CATASTROPHIC	SMALL GROUP
47342	Health Tradition Health Plan	WI	-	\$0.00	-	-	(\$402,290.70)
52697	Molina Healthcare of Wisconsin, Inc.	WI	\$0.00	-	(\$4,717,830.77)	-	-
55103	Humana Wisconsin Health Org. Ins. Corp.	WI	-	\$0.00	-	-	\$610,225.73
57637	Medica Insurance Company	WI	-	\$0.00	-	-	(\$717,807.71)
57845	Medica Community Health Plan	WI	\$15,165.28	-	\$2,686,837.93	\$24,998.85	-
58326	MercyCare HMO, Inc.	WI	\$0.00	\$0.00	(\$3,858,483.98)	-	\$786,495.39
59158	UnitedHealthcare Insurance Company	WI	-	\$698,279.39	-	-	\$7,152,168.60
64772	Medical Associates Health Plans	WI	-	\$0.00	-	-	(\$630,021.34)
79475	CompCare Health Serv Ins Co(Anthem BCBS)	WI	\$61,423.86	\$145,949.65	(\$7,152,072.80)	-	\$11,440,532.39
80180	UnitedHealthcare of Wisconsin, Inc.	WI	-	\$208,772.11	-	-	\$2,400,576.19
81413	Network Health Plan	WI	\$114,500.21	-	\$11,578,576.30	-	-
81974	Wisconsin Physicians Svc Insurance Corp	WI	\$0.00	\$49,723.37	\$1,273,678.57	(\$1,166.98)	\$2,878,012.27
84670	WPS Health Plan, Inc.	WI	\$777,789.11	\$0.00	\$5,627,496.79	(\$34,043.67)	\$144,105.07
86584	Aspirus Health Plan, Inc.	WI	\$1,163,667.37	\$0.00	(\$2,152,712.80)	(\$6,138.90)	(\$1,690,270.74)
87416	Common Ground Healthcare Cooperative	WI	\$1,626,038.88	\$0.00	(\$1,076,434.87)	(\$209,107.83)	(\$604,672.37)
90028	BCBS of Wisconsin(Anthem BCBS)	WI	-	\$0.00	-	-	(\$140,793.25)
91604	Humana Insurance Company	WI	-	\$0.00	-	-	(\$758,900.03)
94529	Group Health Cooperative of South Central Wisconsin	WI	\$0.00	\$0.00	(\$270,684.99)	(\$102,905.25)	(\$1,200,057.91)
31274	Highmark Blue Cross Blue Shield West Virginia	WV	\$132,127.30	\$0.00	\$15,597,257.73	\$0.00	\$2,218,974.32
50328	CareSource West Virginia Co.	WV	\$0.00	-	(\$16,335,848.57)	-	-
59772	THP Insurance Company	WV	-	\$0.00	-	-	(\$67,878.97)
72982	The Health Plan of West Virginia, Inc.	WV	\$0.00	\$0.00	\$738,590.79	-	(\$144,158.39)
77060	UnitedHealthcare Insurance Company	WV	-	\$0.00	-	-	(\$1,773,415.20)
95628	Optimum Choice, Inc.	WV	-	\$0.00	-	-	(\$233,521.77)
11269	Blue Cross Blue Shield of Wyoming	WY	\$310,855.10	\$870,708.10	\$1,101,997.44	-	(\$228,622.57)
38576	Montana Health Cooperative	WY	\$0.00	\$0.00	(\$1,101,997.42)	-	(\$388,435.21)
49714	UnitedHealthcare Insurance Company	WY	-	\$0.00	-	-	\$617,057.78

Table 5: Issuer-specific Information for Merged Market Issuers (Appendix D)

HIOS ID	HIOS INSURANCE COMPANY NAME	STATE	HIGH-COST RISK POOL PAYMENT AMOUNT	RISK ADJUSTMENT STATE PAYMENT TRANSFER AMOUNT	
			MERGED MARKET (Individual Market and Small Group Market)	MERGED MARKET Catastrophic Risk Pool	MERGED MARKET Individual Non-Catastrophic Plans and Small Group Market
29125	Tufts Associated Health Maintenance Org	MA	\$82,319.47	-	\$17,819,002.24
31779	UnitedHealthcare Insurance Company	MA	\$0.00	-	(\$17,684,605.22)
34484	Health New England, Inc.	MA	\$43,263.72	\$5,437.36	(\$11,314,579.13)
36046	Harvard Pilgrim Health Care Inc.	MA	\$3,925,752.96	-	\$21,737,970.50
38712	Tufts Insurance Company	MA	\$0.00	-	\$734,357.01
41304	AllWays Health Partners, Inc	MA	\$797,685.94	-	\$54,521,873.45
42690	Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.	MA	\$1,051,720.04	\$87,706.85	\$41,009,165.37
52710	Fallon Health & Life Assurance Company	MA	\$0.00	-	(\$24,147.79)
59763	Tufts Health Public Plans Inc.	MA	\$491,532.21	\$6,450.56	(\$85,225,179.43)
82569	Boston Medical Center Health Plan, Inc.	MA	\$0.00	-	(\$37,549,876.87)
88806	Fallon Community Health Plan, Inc.	MA	\$0.00	(\$99,594.77)	\$16,079,116.68
88950	ConnectiCare of Massachusetts, Inc.	MA	\$0.00	-	(\$60,674.55)
95878	HPHC Insurance Company Inc.	MA	\$0.00	-	(\$42,422.30)
13627	Blue Cross Blue Shield of Vermont	VT	\$1,095,306.63	\$3,508.08	\$21,568,547.46
77566	MVP Health Plan, Inc.	VT	\$1,661,460.74	(\$3,508.08)	(\$21,568,547.48)

VII. Default Risk Adjustment Charge

HHS assesses a default risk adjustment charge if an issuer of a risk adjustment covered plan fails to establish a dedicated distributed data environment (an EDGE server) or fails to provide HHS with access to sufficient data such that HHS cannot apply the applicable federally certified risk adjustment methodology to calculate the risk adjustment transfer amount for the risk adjustment covered plan in a timely fashion.³⁵

The total default risk adjustment charge for a risk adjustment covered plan equals a PMPM amount multiplied by the plan's enrollment—either as provided by the issuer or from other reliable sources. The PMPM charge for a plan is equal to the product of the statewide average premium PMPM for a risk pool and the 90th percentile plan risk transfer amount, expressed as a percentage of the respective statewide average PMPM premiums for the risk pool. The nationwide percentile reflects only plans in states where HHS is operating the risk adjustment program, which was all 50 states and the District of Columbia for the 2021 benefit year, and is calculated based on the absolute value of plan risk transfer amounts under the state payment transfer formula. The determined PMPM amount is then multiplied by a noncompliant plan's enrollment, to establish the plan's total default risk adjustment charge.

Small issuers—that is, issuers with 500 or fewer billable member months statewide—may elect a lower, separate default risk adjustment charge, which is 14 percent of the applicable statewide average premium, in lieu of setting up an EDGE server and submitting data.

All compliant risk adjustment covered plans in a state market risk pool with at least one noncompliant issuer will receive a portion of the default risk adjustment charges collected from the noncompliant issuer(s).³⁶ We allocate default risk adjustment charges collected from noncompliant plans in the state market risk pool among the compliant plans in the state market risk pool proportional to each compliant plan's relative revenue requirement as calculated under the state payment transfer formula relative to the market average of these products. Below we set forth information on the 2021 benefit year default risk adjustment charges.

Table 6: HHS Default Risk Adjustment Charge Summary Data

SUMMARY DATA ELEMENT	TOTALS
Number of Issuers with Greater Than 500 Billable Member Months Statewide Receiving a Default Risk Adjustment Charge	3
Number of Issuers with 500 Billable Member Months or Fewer Statewide Electing to Receive a Default Risk Adjustment Charge	0
Percent of All Issuers of Risk Adjustment Covered Plans that Received a Default Risk Adjustment Charge	0.5 percent

³⁵ 45 C.F.R. § 153.740(b).

³⁶ Because small issuers can elect to receive a lower, separate default risk adjustment charge, some default charge amounts are so small that a small number of issuers in some state market risk pools do not receive any funds from the allocation.

Table 7: Default Risk Adjustment Charge by Risk Pool

RISK POOL	NATIONAL PERCENT OF PREMIUM
Individual – Non-Catastrophic	48 percent
Catastrophic	50 percent
Small Group	32 percent
Merged	44 percent
Issuers with 500 or Fewer Billable Member Months Statewide	14 percent

Table 8: Default Risk Adjustment Charge (Appendix E)

HIOS ID	HIOS INSURANCE COMPANY NAME	STATE	RISK POOL	DEFAULT RISK ADJUSTMENT CHARGE AMOUNT
97667	Cigna HealthCare of Arizona, Inc	AZ	Small Group	(\$30,837.25)
76763	Cigna Health and Life Insurance Company	KS	Small Group	(\$70,897.50)
32665	Angle Insurance Company of Utah	UT	Small Group	(\$136,236.23)

Table 9: Default Risk Adjustment Charge Allocation (Appendix F)

HIOS ID	HIOS ISSUER NAME RECEIVING DEFAULT RISK CHARGE ALLOCATION	STATE	RISK POOL	DEFAULT RISK ADJUSTMENT CHARGE ALLOCATION AMOUNT
23307	Humana Health Plan, Inc.	AZ	Small Group	\$1,404.39
23435	Banner Health and Aetna Health Plan Inc.	AZ	Small Group	\$4.21
40702	UnitedHealthcare of Arizona, Inc.	AZ	Small Group	\$1,135.36
53901	Blue Cross and Blue Shield of Arizona, Inc.	AZ	Small Group	\$10,492.16
66105	Humana Insurance Company	AZ	Small Group	\$159.72
77349	Banner Health and Aetna Health Insurance Company	AZ	Small Group	\$3,727.62
78611	Aetna Health Inc. (a PA corp.)	AZ	Small Group	\$7.87
82011	UnitedHealthcare Insurance Company	AZ	Small Group	\$13,731.49
84251	Aetna Life Insurance Company	AZ	Small Group	\$149.87
86830	Cigna Health and Life Insurance Company	AZ	Small Group	\$24.61
18558	Blue Cross and Blue Shield of Kansas, Inc.	KS	Small Group	\$43,466.50
19968	Humana Insurance Company	KS	Small Group	\$9,529.22
49857	Humana Health Plan, Inc.	KS	Small Group	\$119.93
57850	Aetna Health Inc. (a PA corp.)	KS	Small Group	\$5.42
84600	Aetna Life Insurance Company	KS	Small Group	\$70.80
94248	Blue Cross and Blue Shield of Kansas City	KS	Small Group	\$10,139.86
94968	UnitedHealthcare Insurance Company	KS	Small Group	\$7,565.75
22013	Regence BlueCross BlueShield of Utah	UT	Small Group	\$30,416.17
29031	National Health Insurance Company	UT	Small Group	\$253.43
46958	Humana Insurance Company	UT	Small Group	\$148.72
66413	UnitedHealthcare of Utah, Inc.	UT	Small Group	\$435.28
68781	SelectHealth	UT	Small Group	\$98,428.97
97462	UnitedHealthcare Insurance Company	UT	Small Group	\$6,553.64