

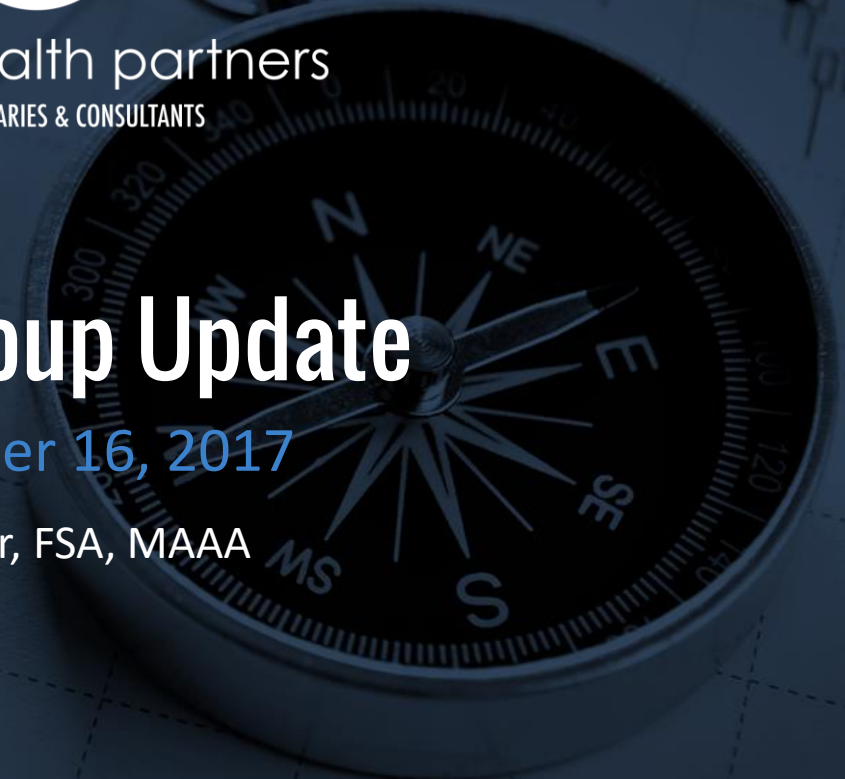


axene health partners
HEALTH ACTUARIES & CONSULTANTS

Large Group Update

November 16, 2017

Joe Slater, FSA, MAAA



Overview

- Large Group Market Update
 - Move to Self-Insured
 - Dependent Coverage
 - Pharmacy Carve-Out
 - Impact of Recent Executive Orders
 - Pricing and Profit Considerations
- Pricing Considerations
 - Importance of Risk Rating
 - Limitations of Rating Manuals
 - Rating Manual Adjustments
- Profit Considerations
 - Target Margins
 - Negotiation Tracking
- Questions and Answers



Large Group Market Update

- Move to Self-Insured
 - 60% of large Groups are self-insured, but growth in number of self-insured large groups has leveled-off (was 59% in 2010)
 - Fully-insured business is four to five times more profitable than self-insured business
 - Most health insurers are trying to hold onto large group fully-insured business since it is approximately four to five times more profitable than ASO on a per-member basis
- Dependent Coverage
 - ACA only mandates coverage for employees and child dependents up to age 26
 - Employers exclude or penalize spouses who have other available coverage
 - Not yet a big impact according to the Kaiser Family Foundation:
 - Close to 100% of large groups offer coverage to spouses and other dependents
 - The percent premiums paid by employee contributions has increased slightly more for family coverage (+2% for single, +3% for family)



Large Group Market Update

- Pharmacy Carve-Out
 - Groups obtain their RX coverage directly from a PBM instead of through an insurer
 - Carve-outs lead to better RX pricing and a larger amount of RX Rebate pass-throughs
 - Carve-ins lead to lower medical costs due to better care coordination
 - Percent of groups using pharmacy carve-outs is fairly flat according to recent surveys from the Pharmacy Benefit Management Institute (the vast majority of groups surveyed were large groups):
 - 2013: 46%
 - 2014: 49%
 - 2015: 45%



Large Group Market Update

- Impact of Recent Executive Orders
 - Elimination of CSR Subsidy Payments to Insurers
 - No direct impact on large groups
 - There is concern that insurers suffering losses in Individual ACA markets could cost-shift from Individual to Group business
 - Expansion of HRAs
 - EO directs the Departments of Treasury, Labor, and HHS to study ways to expand access to HRAs and the ability of employers to offer them to employees
 - The ACA bars employers with 50 or more employees from using HRAs to reimburse employees for purchasing health insurance on their own.
 - The ACA also sets limits on how smaller groups can use HRAs
 - No immediate impact to groups since rule-making takes time



Large Group Market Update

- Impact of Recent Executive Orders
 - Association Health Plans
 - EO directs regulators to expand rules for association health plans (i.e., AHPs) to allow more employers to band together to purchase health care plans
 - Potentially could allow self-employed individuals and smaller groups to join AHPs that function like large self-insured groups.
 - AHPs would be able to avoid state and ACA coverage mandates, premium taxes, risk charges, and purchase insurance across state lines.
 - Potentially, AHPs could contract directly with providers and TPAs, and avoid insurers altogether
 - Detractors think that AHPs would either be useless or cause increased instability in Individual ACA markets



Large Group Market Update

- Pricing and Profitability Considerations
 - Many insurers are increasing their focus on large group to help drive their overall profitability
 - Some insurers have treated large group pricing as principally an underwriting function
 - Recently some insurers have expanded the role of actuaries in their large group pricing functions with the goal of developing more accurate rates to improve profitability
 - The rest of this presentation will focus on large group pricing and profit considerations



Pricing Considerations

- Importance of Risk Rating
 - Large group health insurance pricing is on a spectrum: at one end is community rating and at the other is risk rating
 - Community rating is typically not a regulatory requirement in large group markets
 - Insurers that “community rate” to a larger degree than their competitors will, on the margins, write a larger number of higher risk groups at low or negative profit margins
 - The Insurer’s rates for better than average risks will tend to be higher than competitors
 - Insurer’s rates for worse than average risks will tend be lower than competitors and possibly insufficient to deliver a profit on average
 - Risk rating improvement is an ongoing process that requires:
 - The development and testing many different rating factors and rating adjustments
 - Consistent refinement of insurer’s approach over time to keep improving results
 - Appropriate investment in talent, tools, and information to aid improvement
 - Learning from competitors



Pricing Considerations

- Limitations of Rating Manuals
 - Rating manuals necessarily tend toward the community rating side of the rating spectrum
 - Rating manuals typically reflect the insurer's data only, and rates generated might miss the mark for a specific group, especially new business
 - Manual rates, especially for new business quotes, need to be adjusted to more accurately reflect the true cost of the group
- Rating Manual Adjustments
 - Uniform/global discounts based on feedback from sales
 - Underwriting metrics
 - Consumer information
 - Health information to develop risk adjustment factors
 - Market modeling



Profit Considerations

- Target Margins
 - In theory, each group's rates should have the same level of expected profit (usually % of premium)
 - Target margins should be developed using insurer's claims and financial information
 - One approach: target margin based on two types of margins, risk and contribution to surplus/RBC
 - Risk margins based on percentile ranks of simulations of line of business expected average claims cost over pricing period.
 - Contribution to surplus/RBC developed using prudent man investment hurdle rate, expected return on company investments, and expected premium



Profit Considerations

- Negotiation Tracking
 - In reality, many groups negotiate rates lower than calculated rates
 - Since target margins are baked into calculated rates, rate discounts impact the insurer's profitability
 - Insurers should develop a negotiation budget (i.e., the maximum amount of expected profit they are willing to negotiation away) and negotiation tracking tool to ensure discount/profit strategy adherence



Questions and Answers

