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2019 BENEFIT YEAR (BY) HIGH-COST RISK POOL (HCRP) AUDIT SUMMARY

Released: March 10, 2025

Section 1343 of the Patient Protection and Affordable Care Act (ACA)[1] established the permanent Risk Adjustment (RA) program, 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. Consistent with section 1321(c) of the ACA, on behalf of the Department of Health and Human Services (HHS), the Centers for Medicare & Medicaid Services (CMS) operates the RA program in any state that does not elect to operate an RA program. CMS operated the RA program in all 50 states and the District of Columbia for Benefit Year (BY) 2019.

CMS established the High-Cost Risk Pool (HCRP) as part of the Federally certified RA methodology, applicable in states where CMS operates the RA program beginning with BY 2018.[2] Inclusion of the HCRP in the Federally certified RA methodology helps to ensure that RA state transfers better reflect average actuarial risk, while also stabilizing premiums and reimbursing issuers for a portion of costs for high-cost enrollees. The HCRP calculations are made for two national market risk pools: one for the individual market (including catastrophic and non-catastrophic plans, and merged market[3] plans) and another for the small group market.[4,5] Issuers of RA covered plans[6] with HCRP-eligible enrollees receive payments for a percentage of covered claims above the attachment point. For BY 2019 HCRP payments, the attachment point was $1,000,000 and the coinsurance rate was 60 percent.[7] HCRP payments are funded by a percent of premium charge on issuers of RA covered plans within the respective national market risk pool.

Program Integrity Framework

CMS takes the stewardship of taxpayer dollars and its program integrity responsibilities seriously. CMS's program integrity framework for the HHS-operated RA program includes multiple layers of review to validate the accuracy of the data used to calculate RA payments and charges (including the HCRP). This

[1] The ACA (Pub. L. 111–148) was enacted on March 23, 2010. The Health Care and Education Reconciliation Act of 2010 (Pub. L. 111–152), which amended and revised several provisions of the ACA, was enacted on March 30, 2010. In this report, we refer to the two statutes collectively as the "Patient Protection and Affordable Care Act" or "ACA".
[2] *See* the Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2018; Final Rule, 81 FR 94058 at 94080 – 94083 (December 22, 2016).
[3] For the 2019 benefit year, Vermont and Massachusetts were the only states considered to have merged markets for purposes of the HHS-operated risk adjustment program. See the "Risk Adjustment Merged Markets Beginning with the 2017 Benefit Year" Memo released on March 1, 2018, at: https://regtap.cms.gov/reg_library_openfile.php?id=2443&type=l.
[4] *See* the Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2019; Final Rule, 83 FR 16930 at 16943-16944 (April 17, 2018).
[5] Aggregation of catastrophic and merged market data as individual market occurs outside of EDGE and, therefore, EDGE HCRP reports provided to issuers do not show merged market small group plans as individual for purposes of the HCRP.
[6] *See* 45 C.F.R. § 153.20 for a definition of "risk adjustment covered plan".
[7] *See* 83 FR 16930 at 16944.

program integrity framework includes the following elements:

- *Process controls*[8]*:* These controls include multiple levels of CMS review and requirements for issuers of RA covered plans to attest to the accuracy of their data.[9,10]
    - *External Data Gathering Environment (EDGE) Quantity & Quality Evaluations:* CMS closely monitors the submission of issuer data to their respective EDGE servers throughout the applicable data submission window to ensure issuers' data submissions meet minimum quantity and quality threshold requirements. An issuer not meeting these thresholds will be assessed a default RA charge and may forgo HCRP payments it may otherwise have been eligible to receive.[11]
    - *Attestation and Discrepancy Reporting:* Issuers of RA covered plans are required to attest to the accuracy of their EDGE data submission for the applicable BY or report any identified discrepancies.[12] CMS conducts a discrepancy resolution process, and actionable discrepancies are either addressed and observed as part of the final reports or, if not resolved before the final report publication, in future calculation estimate reports.[13]
    - *Reconsideration process:* Issuers of RA covered plans can file a reconsideration request to contest a processing error by HHS, HHS's incorrect application of the relevant methodology, or HHS's mathematical error with respect to the amount of a risk adjustment (including the HCRP) payment or charge for a BY.[14]
    - *Prior Benefit Year Discrepancy Reporting:* If an issuer of an RA covered plan

[8] These process controls are documented in CMS's annual Cycle Memo and reviewed through CMS's annual Office of Management and Budget (OMB) Circular A-123 review. These reviews concluded controls were operating effectively.

[9] The issuer must confirm with HHS that the information in the final report accurately reflects the data to which the issuer has provided access to HHS through its distributed data gathering environment (i.e., the issuer's EDGE server). *See* 45 C.F.R. § 153.710(d), which was redesignated from § 153.710(e) in the 2017 Payment Notice. Also *see* the Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2017; Final Rule, 81 FR 12203 at 12223 (March 8, 2016).

[10] As part of the attestation, the issuer acknowledges that the data submitted to the EDGE server and made available for the RA program established under section 1343 of the ACA, upon which RA transfers (including HCRP payments and charges) may be subject to the False Claims Act. *See* EDGE Attestation and Discrepancy Reporting Process Overview for the 2019 Benefit Year webinar presentation slides (May 19, 2020), slide 32, available at: https://regtap.cms.gov/reg_library_openfile.php?id=3305&type=l.

[11] See 45 C.F.R. §§ 153.610 and 153.740(a)-(b). Also *see* CMS Memo *Evaluation of EDGE Data Submissions for the 2019 Benefit Year* (November 7, 2019), available at: https://www.cms.gov/files/document/edge-2019-qq-guidance.pdf. This process was codified in 45 C.F.R. § 153.710(f) in the 2017 Payment Notice and was redesignated to its current location at § 153.710(g) in the 2022 Payment Notice. *See* 81 FR 12203 at 12234-12235 and the Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2022 and Pharmacy Benefit Standards; Updates to State Innovation Waiver (Section 1332 Waiver) Implementing Regulations; Final Rule, 86 FR 24140 at 24194-24195 (May 5, 2021) (2022 Payment Notice).

[12] *See* supra notes 9 and 10. For BY 2019, the attestation and discrepancy reporting window was open from May 20, 2020, through June 4, 2020. *See* EDGE Attestation and Discrepancy Reporting Process Overview for the 2019 Benefit Year webinar presentation slides (May 19, 2020), available at: https://regtap.cms.gov/reg_library_openfile.php?id=3305&type=l.

[13] *See* EDGE Attestation and Discrepancy Reporting Process Overview for the 2019 Benefit Year webinar presentation slides (May 19, 2020), slides 1-11, available at: https://regtap.cms.gov/reg_library_openfile.php?id=3305&type=l.

[14] *See* 45 C.F.R. §§ 153.310(e) and 156.1220(a). Requests for reconsideration must be filed within 30 days after notification by HHS of the risk adjustment and HCRP payments and charges. For BY 2019, reconsideration requests were required to be filed by August 18, 2020. *See* 2019 Benefit Year Administrative Appeals Process for Risk Adjustment Transfers webinar presentation slides (July 14, 2020), available at: https://regtap.cms.gov/reg_librarye.php?i=3330.

identifies a previously unreported discrepancy for a prior BY, they must report the identified data discrepancy to CMS.[15] CMS evaluates reported discrepancies and generally takes action only on discrepancies that harm other issuers.[16]

- *Risk Adjustment Data Validation (HHS-RADV)*: Under 45 C.F.R. §§ 153.350 and 153.630, on behalf of HHS, CMS conducts HHS-RADV in any state where CMS operates RA on a state's behalf.[17] HHS-RADV ensures the integrity of the HHS-operated RA program by ensuring issuers are providing accurate and complete data to CMS for RA and that RA transfers calculated under the state payment transfer formula reflect verifiable actuarial risk differences among issuers.[18]
- *HCRP Program Audits*: Consistent with 45 C.F.R. §153.620(c), CMS developed and operates an audit process to validate the accuracy of the data submitted by issuers of RA covered plans to their respective EDGE servers that were used to calculate HCRP payments, which includes verification of premiums, enrollment, and claims data for 100 percent of HCRP payment enrollees in RA covered plans for whom issuers received HCRP payments.

HCRP Audit Program

CMS established an audit program to confirm the accuracy of payments and the successful implementation of, and adherence to, CMS rules and regulations governing the HCRP, including record retention requirements. These audits involve coordination with issuers to resolve data discrepancies, identify process improvements, and, if applicable, recoup HCRP payments.[19]

BY 2019 HCRP Audit Scope and Methodology

CMS conducted audits to assess compliance by issuers of RA covered plans with the applicable federal requirements related to the HHS-operated RA program, including the HCRP, for BY 2019. Through the audit procedures, CMS evaluated the accuracy and integrity of the data included in the BY 2019 (January 1, 2019, through December 31, 2019) enrollee (including premium) and claim-level data included in the High-Cost Risk Pool Detailed Enrollee (HCRPDE) Report. The BY 2019 HCRPDE Report represents data submitted by an issuer to its EDGE server as of May 14, 2020, the final BY 2019 EDGE data submission deadline,[20] and is the data CMS used to calculate the issuer's BY 2019 HCRP payments. In addition to the BY 2019 HCRPDE Report, the auditors collected documentation from issuers necessary to conduct the audit, including claims and premium data extracts from the issuer's source system(s), the BY 2019 EDGE Enrollment File, and policies and procedures.

Of the 228 issuers who received BY 2019 HCRP payments, 61 were selected for audit. The auditor performed audit procedures on 100 percent of on-Exchange and off-Exchange enrollees for whom the issuers received BY 2019 HCRP payments. The auditor reviewed issuer-submitted documentation and used the following audit procedures to assess compliance with applicable federal requirements related to the

[15] *See* 86 FR at 24195. Also *see* Distributed Data Collection (DDC) for Risk Adjustment (RA) Including High Cost Risk Pool (HCRP): EDGE Server Announcements webinar presentation slides from August 18, 2020 on "EDGE/RA Discrepancy Reporting: Prior Benefit Year Discrepancy Web Form," available at: https://regtap.cms.gov/reg_librarye.php?prog=3&page=1&i=3357.

[16] *See* 86 FR 24140 at 24194-24195.

[17] *See* 86 FR 24140 at 24196.

[18] Ibid.

[19] *See* 45 C.F.R. § 153.620(c). In the 2022 Payment Notice, CMS amended 45 C.F.R. §153.620(c) and the amended regulation applies to audits commenced on or after July 6, 2021. See 86 FR 24140 at 24189.

[20] See 45 C.F.R. § 153.730. See BY 2019 Data Submission Extension memo (03/25/2020), available at https://regtap.cms.gov/reg_library_openfile.php?id=3663&type=l.

HCRP that is part of the HHS-operated RA program:

(1) **Unreconciled Claims Review**: Compare the unique claim IDs included in the issuer's BY 2019 HCRPDE Report to the unique claim IDs included in the issuer's claims data extract to determine existence.

(2) **RA Covered Plan[21] Review**: Compare the issuer's claims in the claims data extract to those in the BY 2019 HCRPDE Report to validate whether the claim was paid by an RA covered plan and matches the plan ID reported in the issuer's BY 2019 HCRPDE Report.

(3) **Claim Coverage Period Validation**: Compare the issuer's claims in the claims data extract to the coverage period in the BY 2019 EDGE Enrollment File to determine whether the claim start date is within the enrollee's coverage period.

(4) **Paid Claim Amount Validation**: Review the issuer's claims in the claims data extract to validate the paid claim amount matches the paid claim amount in the issuer's BY 2019 HCRPDE Report.

(5) **BY 2019 Cross Year Claim Validation**: Review the issuer's claims end dates in the claims data extract to validate whether cross year claims ended in BY 2019 and not the prior or subsequent BY.

(6) **Duplicate Claim Validation**: Review the issuer's claims in the claims data extract and determine if duplicate claims were reported to the EDGE server.

(7) **Enrollee Validation**: Compare the unique enrollees and related claims included in the issuer's BY 2019 HCRPDE Report to the unique enrollee IDs and related claims included in the issuer's claims data extract to determine the accuracy of enrollees submitted to the EDGE server.

(8) **Premium Effectuation Validation**: Compare the issuer's initial premium payment documentation to the issuer's premium data extract to validate the accuracy of binder payment amount and appropriate effectuation.

(9) **Premium Amount Validation**: Compare the premium information in the issuer's premium data extract to premium information in the issuer's BY 2019 EDGE Enrollment File to validate the accuracy of the premium data reported to the EDGE server for all months of enrollment.

(10) **Issuer Policies and Procedures Review**: Determine whether the issuer's policies and procedures comply with applicable CMS rules, regulations, and policies related to HCRP.

(11) **Issuer HCRP Attestation Review:** Review the issuer's HCRP Attestation to validate that the issuer provided a completed attestation signed by the Chief Executive Officer (CEO), Chief Financial Officer (CFO) or other authorized official who has reviewed the documentation submitted for this audit.

(12) **Issuer Compliance with CMS HCRP Audit Requirements:** Review of the issuer's compliance with the applicable CMS audit requirements, including an assessment of the completeness of audit documentation, for the BY 2019 HCRP audit.

Upon application of CMS's audit protocols, the auditor identified findings and observations.

- A *finding* resulted from cases of confirmed non-compliance or discovery of evidence suggesting non-compliance with applicable federal requirements related to HCRP payments that requires a recoupment of HCRP payments.

[21] *See* supra note 5.

- An *observation* resulted from the identification of areas for improvement where there is no evidence of actual non-compliance with applicable federal requirements related to HCRP payments; or when there may be evidence of non-compliance with applicable federal requirements related to HCRP payments that does not require recoupment of HCRP payments.

BY 2019 HCRP Audit Results

CMS completed audits for the 61 issuers selected for BY 2019 HCRP Audits. Nineteen issuers received findings that resulted in a financial impact, 29 issuers received only observations that resulted in no financial

impact, and 13 issuers received no findings or observations.[22] ***Appendix A*** lists all issuers selected for audit for BY 2019, each issuer's original BY 2019 HCRP payment, and the financial impact identified through the audit for each issuer, where applicable. The audit reports detailing findings and observations from each of these issuer audits are available on the CCIIO web page.[23]

To determine the financial impact of the findings, CMS first determined paid claim amount differences for enrollees associated with a BY 2019 HCRP payment. The claim-level differences were then aggregated at the enrollee and national market risk pool level for final recalculation of issuers' BY 2019 HCRP payments to determine total financial impact. The final aggregated financial impact of the findings for the 19 issuers that had findings that resulted in financial impact identified overpayments totaling $386,654, representing 0.11 percent of the total BY 2019 HCRP payments for all 61 issuers audited.[24] Of this total, the financial impact attributed to the small group market national risk pool was $259,656 and the financial impact attributed to the individual market national risk pool was $126,998.

Consistent with policy established in the 2023 Payment Notice, the HCRP payments recouped from HCRP audits of an issuer in an applicable national market risk pool are used to reduce HCRP charges for all issuers in the applicable national market risk pool beginning with the current benefit year, if the HCRP calculations have not already been completed for the current benefit year.[25] As such, BY 2019 HCRP audit payment recoupments for each applicable national market risk pool were used to reduce BY 2023 HCRP charges in the applicable national market risk pool.

Table 1 lists summary information regarding the BY 2019 HCRP Audits.[26]

Table 1: BY 2019 HCRP Audit – Summary Data

SUMMARY DATA ELEMENT	Individual Market National Risk Pool*	Small Group Market National Risk Pool	Totals**
Total Number of Issuers in HCRP (and paying charges)[27]	273	462	554***
Number of Issuers Receiving HCRP Payments[28]	139	144	228
Total BY 2019 HCRP Payment Amounts[29]	$208.5 million	$227.6 million	$436.1 million
Number of Issuers Audited for the BY 2019 HCRP Audits	48	44	61
Number of Issuers Audited for the BY 2019 HCRP Audits with At Least One Finding or Observation	36	35	48
Number of Issuers Audited for the BY	12	9	13

[22] Issuers that received both findings and observations are counted separately in each category.
[23] *See* High-Cost Risk Pool (HCRP) Audits at https://www.cms.gov/center-consumer-information-insurance-oversight.
[24] Financial impact derived from the BY 2019 HCRP Audit only includes findings where funds are subject to recoupment by HHS. Additional HCRP payments are not provided for underpayments identified during these audits.
[25] *See* Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2023; Final Rule, 87 FR 27208 at 27253 (May 6, 2022).
[26] For more information on the BY 2019 HCRP program, please see the *Summary Report on Permanent Risk Adjustment Transfers for the 2019 Benefit Year* (July 17, 2020), available at: https://www.cms.gov/files/document/ra-report-by2019.pdf.
[27] See the *Summary Report on Permanent Risk Adjustment Transfers for the 2019 Benefit Year* (July 17, 2020), available at: https://www.cms.gov/files/document/ra-report-by2019.pdf.
[28] Ibid.
[29] Ibid.

SUMMARY DATA ELEMENT	Individual Market National Risk Pool*	Small Group Market National Risk Pool	Totals**
2019 HCRP Audits with No Findings or Observations			
Number of Issuers Audited for the BY 2019 HCRP Audits with Financial Impact	11	10	19
Number of Issuers Audited for the BY 2019 HCRP Audits with No Financial Impact	33	33	42
Total BY 2019 HCRP Payment Amounts for Audited Issuers	$169,295,665	$181,717,913	$351,013,578
Total Financial Impact for All BY 2019 HCRP Audits	$126,998	$259,656	$386,654
BY 2019 HCRP Payment Recoupment Percentage for All Audited Issuers	0.08 percent	0.14 percent	0.11 percent

* The individual market national risk pool includes catastrophic and non-catastrophic plans, and merged market plans.
** Where applicable, issuer counts in the Totals column are unique and will therefore not reflect the addition of the Individual Market National Risk Pool and Small Group Market National Risk Pool columns.
*** Total unique issuers in the HCRP across both markets is 554 issuers rather than the total 561 issuers participating in the BY 2019 HHS-operated RA program because no BY 2019 default RA charge issuers were assessed an HCRP charge, nor did they receive an HCRP payment.

Of the claim-level procedures where findings or observations were identified, by unique issuers, the greatest financial impact resulted from incorrect paid claim amounts identified through the Paid Claim Amount Validation (36 percent of issuers had claim-level paid claim amount issues) and unreconciled claims identified through the Unreconciled Claims Review (8 percent of issuers had total claim-level issues). The remaining claim-level procedure with financial impact, by unique issuers, was from the Duplicate Claim Validation, which made up 2 percent of issuers.

For the non-claim level procedures, observations were identified under the Issuer Policies and Procedures Review (38 issuers), the Premium Amount Validation (12 issuers), and the Premium Effectuation Validation (3 issuers).

Table 2 identifies summary information about the BY 2019 HCRP Audit results by audit procedure.

Table 2 – BY 2019 HCRP Audit – Issuer Summary Results by Procedure

Procedure	Issuers with Finding*	Issuers with Observation**	% of Issuers with Findings & Observations by Procedure***
Unreconciled Claims Review	5	N/A	8.2%
RA Covered Plan Review	0	0	0.0%
Claim Coverage Period Validation	0	N/A	0.0%
Paid Claim Amount Validation	14	16	36.1%

Procedure	Issuers with Finding*	Issuers with Observation**	% of Issuers with Findings & Observations by Procedure***
BY 2019 Cross Year Claim Validation	0	N/A	0.0%
Duplicate Claim Validation	1	N/A	1.6%
Enrollee Validation	0	N/A	0.0%
Premium Effectuation Validation	N/A	3	4.9%
Premium Amount Validation	N/A	12	19.7%
Issuer Policies and Procedures Review	N/A	38	62.3%
Issuer Compliance with Audit Requirements	N/A	0	0.0%

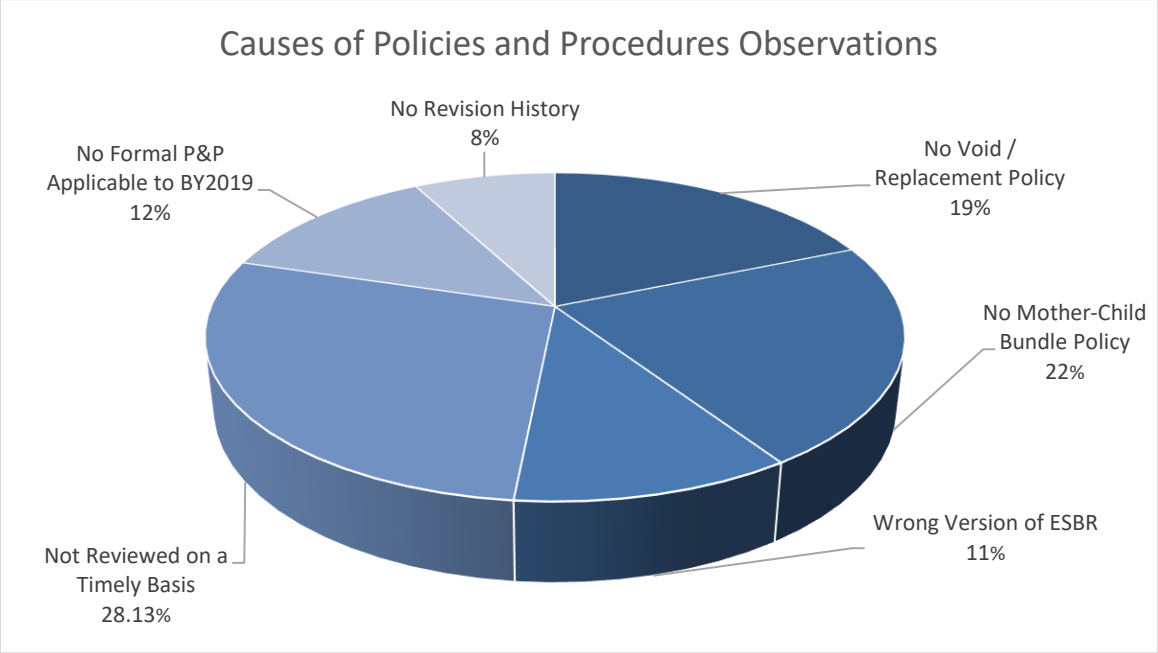
* Not applicable ("N/A") is indicated in the Issuers with Finding column for the following procedures because issues identified under these procedures can only result in an observation: Premium Effectuation Validation, Premium Amount Validation, Issuer Policies and Procedures Review, and Issuer Compliance with Audit Requirements.

** Not applicable ("N/A") is indicated in the "Issuers with Observation" column for the following audit procedures because issues identified under these procedures only result in a finding: Unreconciled Claims Review, Claim Coverage Period Validation, BY 2019 Cross Year Claim Validation, Duplicate Claim Validation, and Enrollee Validation.

*** Issuers that received both findings and observations are uniquely counted in each category but are only counted once to calculate the % of Issuers with Findings & Observations by Procedure column.

Approximately 62 percent of audited issuers (38 out of 61) received observations under the Issuer Policies and Procedures Review. ***Figure 1*** provides the most common root causes and frequency of these observations. Many issuers were not able to provide evidence they had controls in place to ensure the policies and procedures submitted for the audit were timely and applicable to the BY 2019 data submission (e.g., wrong version of the EDGE Server Business Rules (ESBR) cited, no revision history, not reviewed on a timely basis). In addition, many issuers' policies and procedures did not include critical policies that explain how data was submitted to their EDGE server (e.g., lacked mother-child bundle policy, lacked void/replacement policy).

Figure 1 – Issuer Policies and Procedures Review Observation – Common Root Causes and Frequency



Appendix A: BY 2019 HCRP Audit – Recoupment Amount by Issuer

HIOS ID	Issuer Name	State	BY 2019 HCRP Payment	BY 2019 HCRP Financial Impact	BY 2019 HCRP Financial Impact Percentage*
70893	Ambetter of Peach State	GA	$1,518,780.05	$2,580.79	0.17%
91762	AmeriHealth Ins Company of New Jersey	NJ	$1,664,034.64	$0.00	0.00%
86545	Anthem Health Plans Inc (Anthem BCBS)	CT	$3,269,264.14	$0.00	0.00%
16064	Anthem Health Plans of VA (Anthem BCBS)	VA	$5,990,029.26	$0.00	0.00%
17575	Anthem Ins Companies Inc (Anthem BCBS)	IN	$2,417,640.92	$0.00	0.00%
19898	AvMed, Inc	FL	$1,782,501.39	$0.00	0.00%
33602	Blue Cross Blue Shield of Texas	TX	$27,176,095.88	$0.00	0.00%
49316	BCBSMN Inc.	MN	$3,234,583.94	$0.00	0.00%
46944	Blue Cross and Blue Shield of Alabama	AL	$8,819,279.06	$0.00	0.00%
49046	Blue Cross and Blue Shield of GA, Inc	GA	$3,107,243.15	$0.00	0.00%
42690	Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.	MA	$1,864,299.42	$86.87	0.00%*
26065	Blue Cross and Blue Shield of South Carolina	SC	$2,718,160.56	$0.00	0.00%
16842	Blue Cross Blue Shield of FL Inc.	FL	$6,415,727.44	$0.00	0.00%
36096	Blue Cross Blue Shield of Illinois	IL	$5,592,680.67	$0.00	0.00%

HIOS ID	Issuer Name	State	BY 2019 HCRP Payment	BY 2019 HCRP Financial Impact	BY 2019 HCRP Financial Impact Percentage*
15560	Blue Cross Blue Shield of Michigan Mutual Insurance Company	MI	$3,494,140.89	$14,352.97	0.41%
11512	Blue Cross Blue Shield of North Carolina	NC	$8,524,557.56	$0.00	0.00%
87571	Blue Cross Blue Shield of Oklahoma	OK	$1,892,931.21	$0.00	0.00%
27603	Blue Cross of California (Anthem BC)	CA	$31,540,370.62	$0.00	0.00%
14002	BlueCross BlueShield of Tennessee	TN	$3,834,802.07	$0.00	0.00%
70285	CA Physician's Service dba Blue Shield of CA	CA	$51,313,955.85	$232,044.30	0.45%
45127	Capital Advantage Assurance Company	PA	$2,803,347.18	$69.14	0.00%*
45532	CareFirst of Maryland	MD	$2,068,431.86	$0.00	0.00%
77552	CareSource	OH	$602,735.06	$14,129.22	2.34%
29418	Celtic Insurance Company	TX	$2,796,751.45	$21.01	0.00%*
76179	Celtic Insurance Company	IN	$2,365,096.25	$368.93	0.02%
99723	Celtic Insurance Company	MO	$2,865,479.49	$0.00	0.00%
87416	Common Ground Healthcare Cooperative	WI	$562,013.63	$0.00	0.00%
27248	Community Health Choice, Inc.	TX	$3,814,511.55	$219.41	0.01%
44113	Empire HealthChoice Assurance, Inc.	NY	$2,168,430.14	$0.00	0.00%
34102	Group Health Plan Inc	MN	$2,123,857.07	$0.00	0.00%
36046	Harvard Pilgrim Health Care Inc.	MA	$2,844,477.57	$150.22	0.01%
18350	Hawaii Medical Service Association	HI	$3,925,866.20	$0.00	0.00%
36194	Health First Commercial Plans, Inc.	FL	$2,577,201.14	$55,447.64	2.15%
99110	Health Net Life Insurance Company	CA	$8,544,039.38	$41,693.99	0.49%
67138	Health Net of California, Inc.	CA	$3,109,328.30	$10,005.61	0.32%
30252	Health Options, Inc.	FL	$3,389,942.71	$0.00	0.00%
76680	HMO Colorado Inc (Anthem BCBS)	CO	$6,489,994.39	$0.00	0.00%
91661	Horizon Healthcare Services, Inc.	NJ	$8,215,603.49	$0.00	0.00%
93332	Humana Employers Health Plan of Georgia, Inc.	GA	$1,226,906.94	$8,315.06	0.68%
32673	Humana Health Plan of Texas, Inc.	TX	$1,655,378.35	$459.05	0.03%
80473	Kaiser Foundation Health Plan of Washington	WA	$3,074,987.85	$0.00	0.00%
40513	Kaiser Foundation Health Plan, Inc.	CA	$42,076,417.03	$0.00	0.00%
97176	Louisiana Health Service & Indemnity Company	LA	$3,458,504.76	$0.00	0.00%
20305	Medica Insurance Company	NE	$3,422,010.56	$0.00	0.00%
39424	Moda Health Plan Inc	OR	$1,726,191.15	$0.00	0.00%
45786	Molina Healthcare of Texas, Inc.	TX	$2,346,056.51	$0.00	0.00%
20069	Oscar Insurance Company of Texas	TX	$4,036,756.38	$29.29	0.00%*

HIOS ID	Issuer Name	State	BY 2019 HCRP Payment	BY 2019 HCRP Financial Impact	BY 2019 HCRP Financial Impact Percentage*
77263	Oxford Health Insurance, Inc.	NJ	$2,272,142.99	$0.00	0.00%
85629	Oxford Health Insurance, Inc.	NY	$12,462,248.76	$0.00	0.00%
38344	Premera Blue Cross	AK	$3,252,484.55	$0.00	0.00%
49831	Premera Blue Cross	WA	$1,953,191.72	$0.00	0.00%
56707	Providence Health Plan	OR	$1,519,916.94	$3,695.42	0.24%
77969	Regence BlueCross BlueShield of Oregon	OR	$2,840,854.98	$0.00	0.00%
33670	Rocky Mountain Hos&Med Svc (Anthem BCBS)	NV	$4,280,907.24	$0.00	0.00%
68781	SelectHealth	UT	$2,242,366.21	$0.00	0.00%
49116	UHC of California	CA	$1,720,030.49	$0.00	0.00%
59158	UnitedHealthcare Insurance Company	WI	1,889,424.60	$5.96	0.00%*
95677	UnitedHealthcare Insurance Company	CA	$7,693,894.22	$0.00	0.00%
98809	UnitedHealthcare Insurance Company	TX	$1,613,190.81	$0.00	0.00%
16322	UPMC Health Options	PA	$3,059,445.60	$0.00	0.00%
93689	Western Health Advantage	CA	$3,752,084.27	$2,979.38	0.08%

* BY 2019 HCRP Financial Impact Percentage (i.e., the BY 2019 HCRP Financial Impact divided by the issuer's BY 2019 HCRP Payment) does not round to at least one hundredth of one percent.