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**SUMMARY REPORT ON INDIVIDUAL AND  
SMALL GROUP MARKET RISK  
ADJUSTMENT TRANSFERS  
FOR THE 2024 BENEFIT YEAR  
Released: June 30, 2025**

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## **I. Highlights of the Summary Report on Individual and Small Group Market Risk Adjustment Transfers Including High-Cost Risk Pool for the 2024 Benefit Year**

**The HHS-operated risk adjustment program saw a slight decrease in issuer participation nationally in the 2024 benefit year, compared to the 2023 benefit year.<sup>1</sup>**

- Participants in the risk adjustment program include health insurance issuers offering plans in the individual, small group, or merged 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 592 issuers participated in the HHS-operated risk adjustment program for the 2024 benefit year, of which 589 received a risk adjustment state transfer (excluding the high-cost risk pool), and 5 received a default risk adjustment charge in at least one state market risk pool. For the 2023 benefit year, a total of 605 issuers participated in the HHS-operated risk adjustment program.

**The HHS-operated risk adjustment program is working as intended by more evenly spreading the financial risk carried by health insurance 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 pool,<sup>2</sup> we found that for the 2024 benefit year:**

- **Risk adjustment state transfers as a percent of premiums decreased compared to the 2023 benefit year.** Nationwide, the absolute value of risk adjustment state transfers across all state market risk pools<sup>3</sup> (excluding the high-cost risk pool) was about 8.9 percent of total premiums, as compared to the absolute value of 2023 benefit year state transfers, which was 10.3 percent of total premiums. In the 2023 benefit year, the absolute value of risk adjustment state transfers as a percent of premiums averaged 13.7 percent of premiums in the individual non-catastrophic market risk pool, and 4.2 percent of premiums in the small group market risk pool. In the 2024 benefit year, the absolute value of risk adjustment state transfers decreased to 11.0 percent of premiums in the individual non-catastrophic market risk pool and decreased to 3.9 percent of premiums in the small group market risk pool.<sup>4</sup>

The decrease in the absolute value of risk adjustment state transfers as a percent of premiums may have resulted from changes within the risk pools in 2024, including shifts in enrollment and risk segmentation across metal levels. Some driving factors behind these shifts in 2024 within

<sup>1</sup> HHS operated the risk adjustment program in all 50 states and the District of Columbia for the 2024 benefit year.

<sup>2</sup> Merged market states (i.e., Massachusetts and Maine) are also excluded from the trends analysis in results shared in this report. In the 2024 benefit year, Massachusetts and Maine had merged markets for purposes of the HHS-operated risk adjustment program. See [https://regtap.cms.gov/reg\\_librarye.php?i=4273](https://regtap.cms.gov/reg_librarye.php?i=4273).

<sup>3</sup> Ibid.

<sup>4</sup> Beginning with the 2018 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 the trend analysis in results shared 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 individual and small group market state transfers reflect the approved Alabama state flexibility request to reduce transfers by 50 percent in the individual market (including the catastrophic and non-catastrophic market risk pools) and small group market risk pool for the 2024 benefit year.

the risk pools could be the temporary Special Enrollment Period (SEP)<sup>5</sup> available through HealthCare.gov for qualified individuals who lost Medicaid, Children's Health Insurance Program (CHIP) coverage, or, if applicable, Basic Health Program (BHP) coverage; an amendment to the Exchange re-enrollment hierarchy to automatically enroll eligible enrollees with bronze coverage into silver cost-sharing reduction (CSR) plans;<sup>6</sup> and the continuation of the increased Marketplace Premium Tax Credit (PTC) subsidies first established by the American Rescue Plan Act of 2021 (ARP)<sup>7</sup> and extended through 2025 by the Inflation Reduction Act of 2022 (IRA) for eligible qualified individuals in all Exchanges.<sup>8</sup>

Compared to the 2023 benefit year, 2024 benefit year on-Exchange enrollment in the individual non-catastrophic market risk pool increased across all metal levels except platinum. This finding is similar to the increase in on-Exchange individual non-catastrophic enrollment between the 2022 and 2023 benefit years. Although silver remains the metal level with the largest proportion of on-Exchange individual market enrollment, gold plans saw the greatest increase from the previous year (45.7 percent). Notably, gold and silver individual market on-Exchange plans were the only metal levels to reduce premiums per member per month (PMPM) compared to the 2023 benefit year.

**NOTE:** On June 5, 2025, CMS received a late-filed 2024 benefit year risk adjustment discrepancy for 88 HIOS IDs within a company, which potentially impacts 69 state market risk pools across 43 states and the District of Columbia (**Table 1**).<sup>9</sup> Because this discrepancy was received after the discrepancy window closed, CMS is unable to include the adjustments for impacted issuers in this report and within issuers' transfer reports as of the publication of this report. However, CMS will be able to charge and pay issuers accurately (i.e., accounting for this late-filed discrepancy) and will provide updated issuer-level transfer reports in mid-July to issuers in affected state market risk pools that reflect the discrepant issuer's data and adjusted transfer amounts.

Because CMS only adjusts transfers after the final data submission deadline for the applicable benefit year when non-discrepant issuers are harmed by the discrepant issuer's erroneous data,<sup>10</sup> the revised transfer amounts will not negatively impact other issuers in the same state market risk pool. That is, issuers within a discrepant state market risk pool indicated as receiving a risk adjustment payment may see an increase to their payment, and issuers indicated as paying a risk adjustment charge may see a decrease to their charge. CMS will communicate to issuers in discrepant state market risk pools once their revised transfer reports are available in mid-July.

<sup>5</sup> Consumers in HealthCare.gov states could access the Unwinding SEP between March 31, 2023, and July 31, 2024, extended to November 30, 2024. See <https://www.cms.gov/technical-assistance-resources/temp-sep-unwinding-faq.pdf> and <https://www.medicaid.gov/resources-for-states/downloads/extn-sep-cnsrms-lsg-chip-cvrg-adndm-faq.pdf>.

<sup>6</sup> See HHS Notice of Benefit and Payment Parameters for 2024; 88 Fed. Reg. at 25821-25826 (April 27, 2023), (2024 Payment Notice).

<sup>7</sup> See the American Rescue Plan Act of 2021; Public Law 117-2 (March 11, 2021), available at: <https://www.congress.gov/117/plaws/publ2/PLAW-117publ2.pdf>.

<sup>8</sup> See the Inflation Reduction Act of 2022; Public Law 117-169 (August 16, 2022), available at: <https://www.congress.gov/117/plaws/publ169/PLAW-117publ169.pdf>.

<sup>9</sup> 45 C.F.R. § 153.710(e). See the 2022 Payment Notice, 86 Fed. Reg. at 24194-24195; see also the 2024 Payment Notice, 88 Fed. Reg. at 25798.

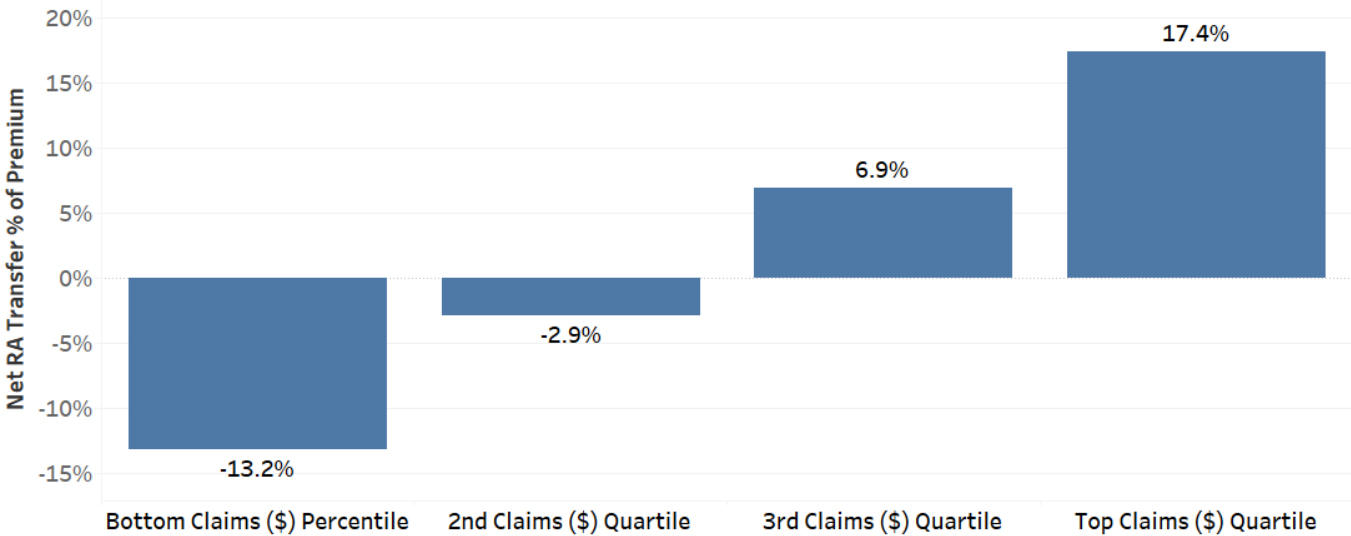
<sup>10</sup> See the Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2019; Final Rule, 83 FR 16930 at 16970-16971 (April 17, 2018). See also EDGE Attestation and Discrepancy Reporting Process Overview for the 2024 Benefit Year webinar presentation slides (April 29, 2025), available at: [https://regtap.cms.gov/reg\\_librarye.php?i=5851](https://regtap.cms.gov/reg_librarye.php?i=5851).

**Table 1: State Market Risk Pools Potentially Impacted by Benefit Year (BY) 2024 Late-Filed Discrepancy, by State**

<i>MARKET RISK POOL</i>	<i>STATE</i>
<i>Individual Non-Catastrophic</i>	<i>AL, AZ, CO, FL, GA, IL, KS, LA, MD, MI, MO, MS, NC, NJ, NM, NV, NY, OH, OK, SC, TN, TX, VA, WA, WI</i>
<i>Small Group</i>	<i>AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, IA, IL, IN, KS, KY, LA, MD, MI, MN, MO, MS, NC, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, TN, TX, UT, VA, WA, WI, WV, WY</i>
<i>Merged</i>	<i>MA, ME</i>

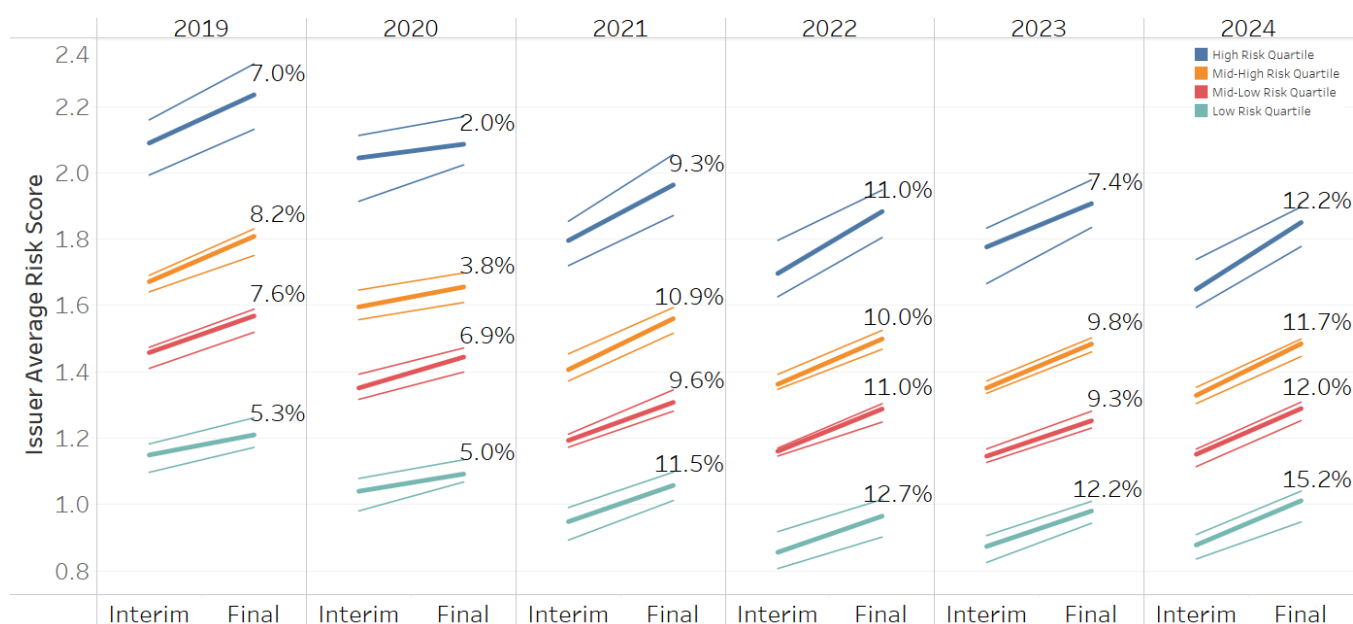
- The amount of paid claims remains strongly correlated with risk adjustment state payments and charges (Figure 1).** The HHS-operated risk adjustment program transfers funds within a state market risk pool from issuers with lower-than-average actuarial risk to issuers with higher-than-average actuarial 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 market risk pool in the 2024 benefit year, issuers in the lowest quartile of claims costs, on average, were assessed an average risk adjustment charge of approximately 13.2 percent of total collected premiums, while issuers in the highest quartile of claims costs received an average risk adjustment payment of approximately 17.4 percent of their total premium. These correlations between claims quartiles and average risk adjustment state transfer amounts as a percent of premium provide evidence that the HHS-operated risk adjustment program is working as intended, stabilizing premiums, and reducing the potential for adverse selection by transferring funds from issuers with lower-than-average actuarial risk to issuers with higher-than-average actuarial risk.

**Figure 1: Net Risk Adjustment Transfer as a Percent of Total Premiums, Average by Claims Quartile, 2024**  
(Individual Non-Catastrophic Market Risk Pool Shown Only)



- Differences between interim and final risk scores<sup>11</sup> in the 2024 benefit year were slightly higher than the 2023 benefit year (Figures 2 and 3).** For the 2018 through 2024 benefit years, with the exception of the 2022 benefit year, all 50 states and the District of Columbia received interim reports.<sup>12</sup> In 2024, percent change in risk scores between interim and final was, on average, slightly higher when compared to 2023, suggesting that 2024 interim data were slightly less correlated with final risk scores than in the 2023 benefit year. This increase in risk scores was more significant in the small group market risk pool, where issuers in the highest and lowest risk quartiles had the most change in risk score. Figures 2 and 3 show the median percent change to the right of each risk score quartile and the 95 percent 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, for benefit years 2019-2024.

**Figure 2: Issuer Average Risk Score Median Changes and 95% Confidence Interval by Risk Quartile, 2019-2024**  
*(Individual Non-Catastrophic Market Risk Pool Shown Only)<sup>13</sup>*



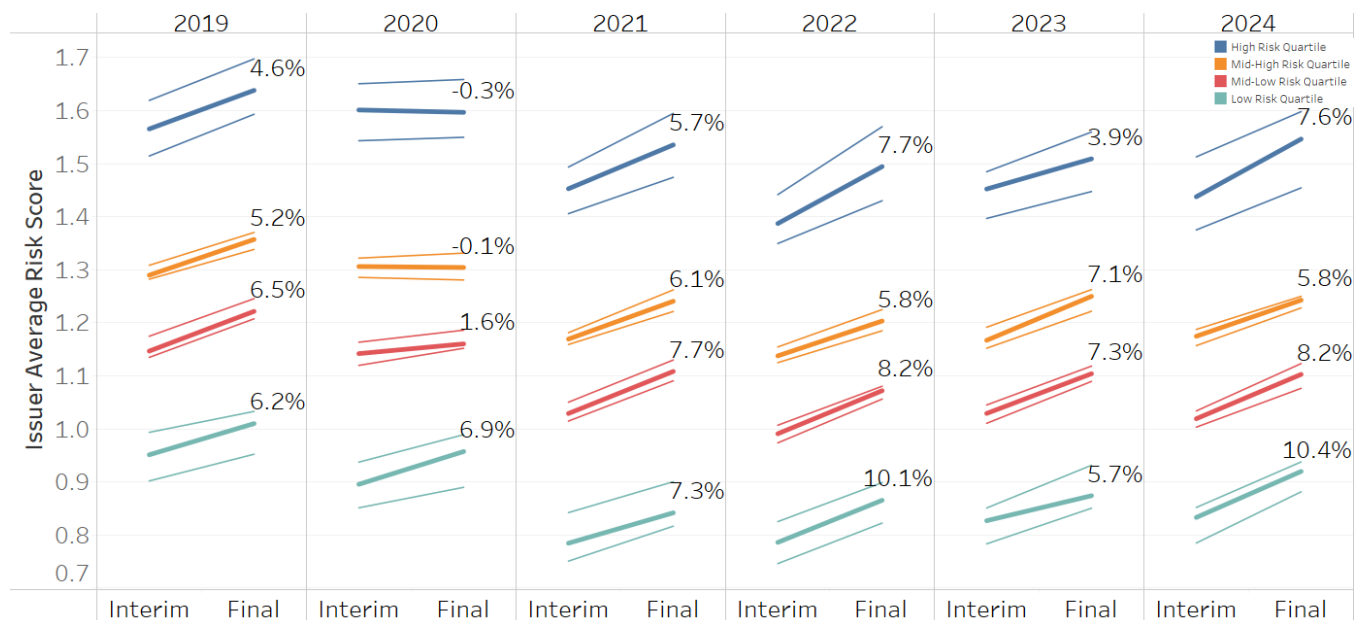
<sup>11</sup> All report references to risk scores do not account for risk score adjustments after the application of HHS-Risk Adjustment Data Validation (RADV) error rates.

<sup>12</sup> For the 2022 benefit year, one or more credible issuers in the District of Columbia, Illinois, Michigan, South Dakota, and Virginia did not meet the applicable thresholds for data quantity or quality evaluations by the applicable deadline. See the *Interim Summary Report on Permanent Risk Adjustment for the 2022 Benefit Year* (March 17, 2023), available at: <https://www.cms.gov/ccio/programs-and-initiatives/premium-stabilization-programs/downloads/interim-ra-report-by2022.pdf>.

<sup>13</sup> Values for prior years may not match previously published figures due to adjustments made for late-filed, issuer-reported discrepancies or appeals.

**Figure 3: Issuer Average Risk Score Median Changes and 95% Confidence Interval by Risk Quartile, 2019-2024**

*(Small Group Market Risk Pool Shown Only)<sup>14</sup>*



- Changes in risk were mixed between the 2023 and 2024 benefit years (Table 2).** In the 2024 benefit year, risk scores decreased nationally by approximately 0.22 percent in the individual non-catastrophic market risk pool and increased by 2.30 percent in the small group market risk pool when compared to the 2023 benefit year risk scores. Both on-Exchange and off-Exchange, individual market risk scores decreased in silver and gold plans, compared to the 2023 benefit year. By contrast, in bronze and platinum individual market plans, risk scores slightly increased both on- and off-Exchange. In the 2024 benefit year, state average risk scores in the individual market increased from 2023 in half of the states and increased in most states and the District of Columbia in the small group market.

Risk score changes year over year can be affected by many things, including changes in the applicable risk adjustment models, the applicable methodology, plan enrollment (including shifts in metal-level 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.

For the 2024 benefit year, the only update to the HHS federally-certified risk adjustment methodology was to update the underlying EDGE data years used for recalibration to the three most recent years of EDGE data (2018, 2019, and 2020 EDGE data, trended for 2024 expenditures).<sup>15</sup>

As part of our analysis of the risk adjustment population's changes in health risk year-over-year, we review the percent of enrollees with hierarchical condition categories (HCCs) across benefit years in the individual non-catastrophic market risk pool. Our analysis found that the percent of enrollees with one or more HCCs slightly increased compared to the 2023 benefit

<sup>14</sup> See supra note 13.

<sup>15</sup> See the 2024 Payment Notice, 88 Fed. Reg. at 25748-25798.

year (Table 2). The increase in enrollees with HCCs in the individual non-catastrophic market risk pool aligns with trends in 2024 benefit year utilization of health care services. We did not include prescription drug categories (RXC) in the count of enrollees with HCCs in this analysis.<sup>16</sup>

**Table 2: Percent of Enrollees with HCCs, 2019-2024**  
(Individual Non-Catastrophic Market Risk Pool Shown Only)

BENEFIT YEAR	ENROLLEES WITH 1 HCC	ENROLLEES WITH 2 HCCS	ENROLLEES WITH 3+ HCCS	ENROLLEES WITH 1+ HCCS
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
2022	13.2 percent	5.3 percent	4.9 percent	23.3 percent
2023	12.0 percent	5.0 percent	4.9 percent	21.8 percent
2024	11.7 percent	5.0 percent	5.2 percent	22.0 percent

- **Average premiums in the individual non-catastrophic market risk pool in 2024 slightly increased (Table 3).** Individual non-catastrophic premiums in 2024 increased by 0.3 percent, reflecting the premium growth trend seen since 2021 levelling off somewhat, due to a continued large increase in enrollment in 2024, including younger enrollees compared to 2023. In contrast, the small group market premiums in 2024 increased by 6.1 percent, reflecting significant premium growth trends across years (Table 3).

**Table 3: Change in Average Premium PMPM, 2019-2024**  
(Individual Non-Catastrophic and Small Group Market Risk Pools Shown)

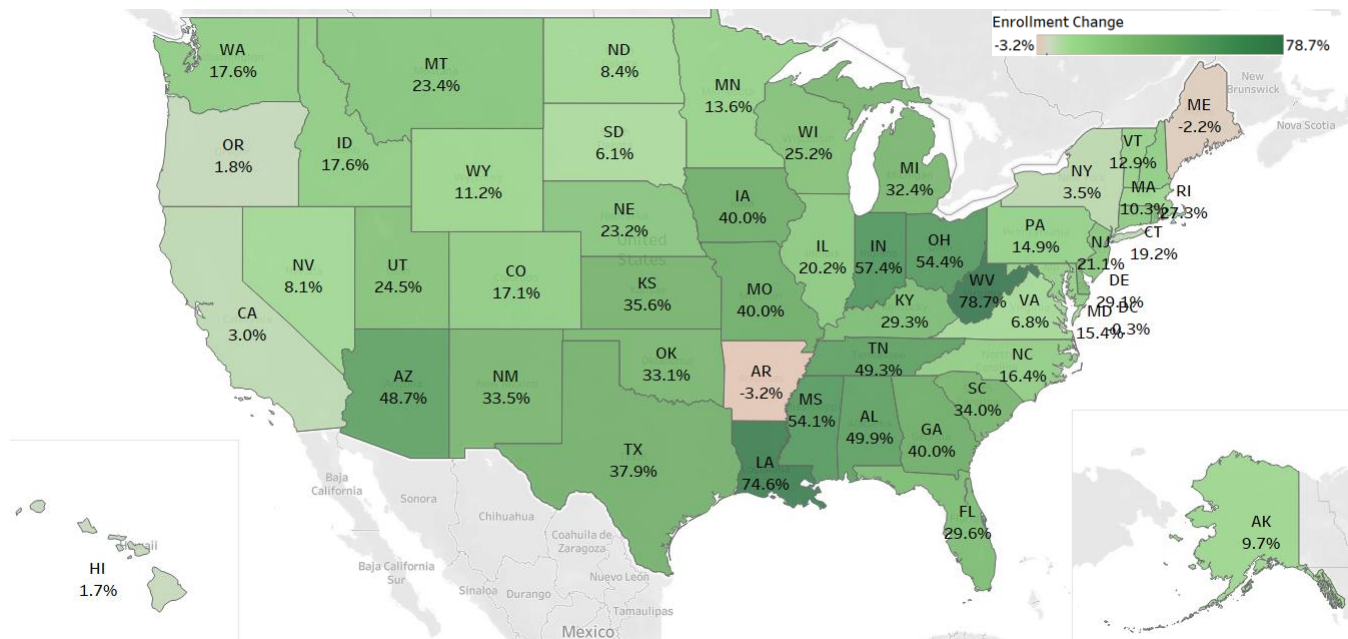
BENEFIT YEAR	INDIVIDUAL NON-CATASTROPHIC	SMALL GROUP
2019	1.2 percent	2.9 percent
2020	-(3.0) percent	3.5 percent
2021	-(0.5) percent	3.8 percent
2022	1.3 percent	4.2 percent
2023	2.5 percent	5.7 percent
2024	0.3 percent	6.1 percent

<sup>16</sup> 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.



Enrollment, as measured in billable member months, increased in the individual non-catastrophic market risk pool in most states. The magnitude of enrollment changes was larger than in the 2023 benefit year and varied largely by state, with some states seeing increases of 50 percent or greater. Only two states recorded enrollment decreases in this market risk pool (Figure 4). Across all issuers in the individual non-catastrophic market risk pool, enrollment increased 26.5 percent from the 2023 to 2024 benefit years, contrasting with the enrollment declines observed in the small group and individual catastrophic market risk pools. While this is consistent with trends observed from 2022 to 2023, the magnitude of the increase is greater from 2023 to 2024 (from 2022 to 2023, enrollment across all issuers in the individual non-catastrophic market risk pool increased by 16.0 percent).

**Figure 4: Change in State Billable Member Months, 2023-2024<sup>17</sup>**  
*(Individual Non-Catastrophic Market Risk Pool Shown Only)*

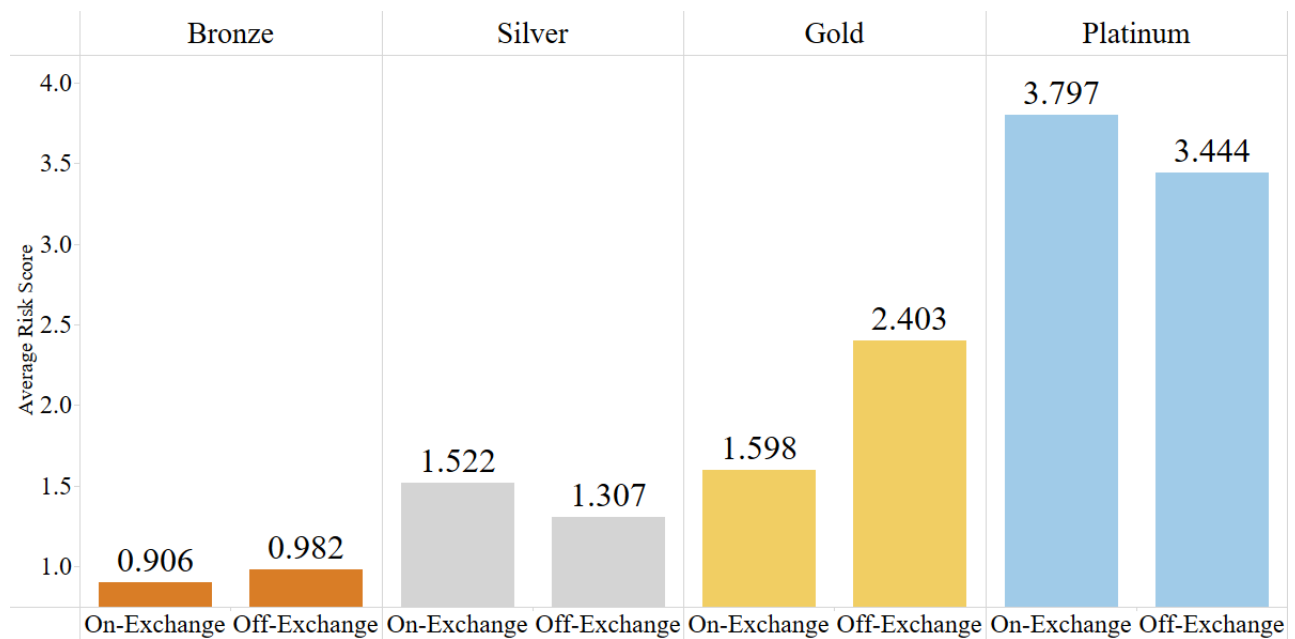


<sup>17</sup> Excludes Massachusetts and Maine as they had merged markets for purposes of the HHS-operated risk adjustment program in the 2024 benefit year.

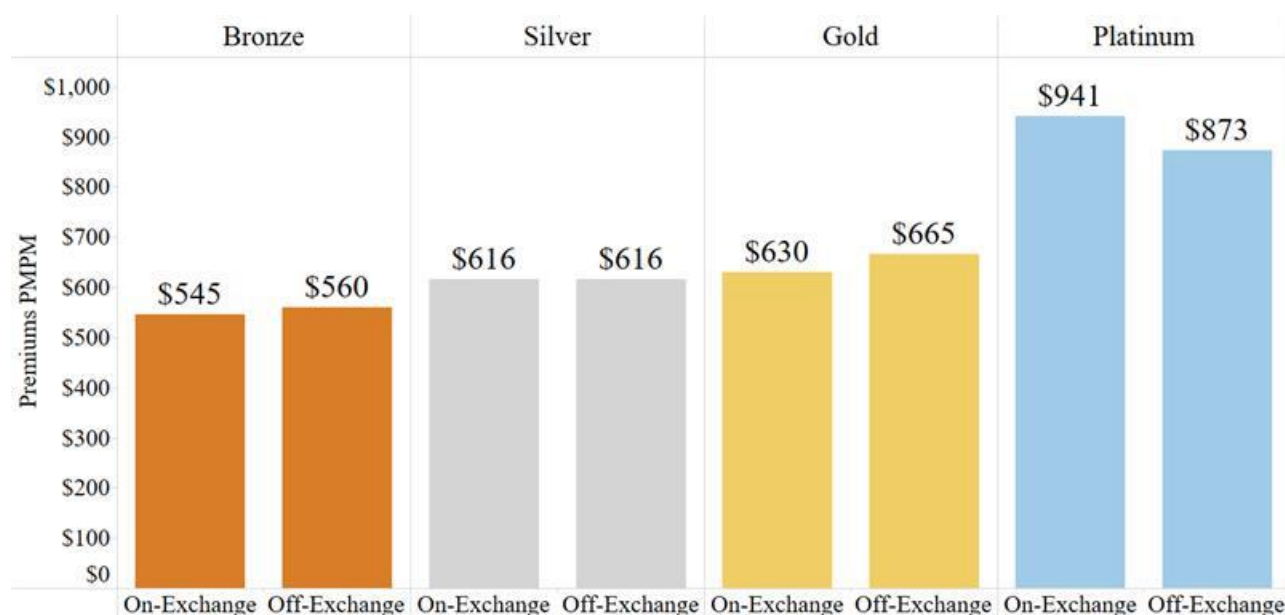
- **Average risk scores and premiums varied by on-Exchange and off-Exchange enrollment in the individual non-catastrophic market risk pool (Figures 5 and 6).** Average risk scores in the individual non-catastrophic market risk pool were higher on-Exchange than off-Exchange in the platinum and silver metal levels, but not bronze or gold metal levels in the 2024 benefit year.

Because unsubsidized off-Exchange consumers face similar premiums for silver and gold metal level plans, enrollees with higher utilization may be ‘buying up’ and enrolling in off-Exchange gold metal level plans to obtain a plan that meets their health care needs, increasing the average risk score in the off-Exchange gold metal tier. This is consistent with trends observed in previous benefit years. Average premium PMPM in the individual non-catastrophic market risk pool in 2024 was higher for on-Exchange plans than off-Exchange plans in the platinum metal level and identical in the silver metal level. Average premium PMPM was lower for on-Exchange plans compared to off-Exchange plans in bronze and gold metal levels.

**Figure 5: Average Risk Score by Metal Level for On- and Off-Exchange Coverage, 2024**  
(Individual Non-Catastrophic Market Risk Pool Shown Only)



**Figure 6: Premiums PMPM by Metal Level for On- and Off-Exchange Coverage, 2024**  
*(Individual Non-Catastrophic Market Risk Pool Shown Only)*



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

- The 2024 benefit year is the seventh year that the HHS federally-certified risk adjustment methodology included the high-cost risk pool, which helps mitigate any residual incentive for risk selection to avoid high-cost enrollees, and ensures that the average actuarial risk of a plan with high-cost enrollees is better reflected in state transfers calculated by HHS.<sup>18</sup> For the 2024 benefit year, the high-cost risk pool reimburses issuers for 60 percent of an enrollee's aggregated paid claims costs exceeding \$1 million.<sup>19</sup> 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 251 issuers in the national individual market<sup>20</sup> and 165 issuers in the national small group market will receive a high-cost risk pool payment for the 2024 benefit year. The high-cost risk pool charge is 0.39 percent of premium for the individual market<sup>21</sup> and 0.58 percent of premium for the small group market, nationally.<sup>22</sup>

<sup>18</sup> 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).

<sup>19</sup> See the 2024 Payment Notice, 88 Fed. Reg. at 25775.

<sup>20</sup> Includes catastrophic, non-catastrophic, and merged market plans.

<sup>21</sup> Ibid.

<sup>22</sup> 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.

## II. Background

The Patient Protection and Affordable Care Act (ACA) established a permanent risk adjustment program 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.<sup>23</sup> This report reflects the estimated results of the HHS-operated risk adjustment program for the 2024 benefit year.<sup>24</sup>

As described in the HHS Notice of Benefit and Payment Parameters for 2014 Final Rule (78 Fed. Reg. 15410), the federally-certified 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 federally-certified risk adjustment methodology determines each plan’s risk adjustment state transfer amount based on the actuarial risk of enrollees, the actuarial value (AV) of coverage, 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 2024 benefit year, transfers funds from plans with lower-than-average risk enrollees to plans with higher-than-average risk enrollees.

In addition to providing payments to health insurance issuers with high-risk enrollees (e.g., those with chronic conditions), the risk adjustment program 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.

Several notable aspects of the HHS-operated risk adjustment program that began in the 2018 benefit year continued in the 2024 benefit year. Beginning with the 2018 benefit year, the HHS-operated risk adjustment program accounts for certain prescription drug classes in adult enrollees’ risk scores.<sup>25</sup> 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 payment transfer formula, which has the effect of reducing risk adjustment state transfers by 14 percent.<sup>26</sup>

Additionally, beginning with the 2018 benefit year, the HHS federally-certified risk adjustment methodology included the high-cost risk pool, which helps ensure that risk adjustment state transfers better reflect average actuarial risk, while also stabilizing premiums and reimbursing issuers for a portion of costs for exceptionally high-cost enrollees.<sup>27</sup> 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). All high-cost risk pool payments and charges are

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<sup>23</sup> See section 1343 of the ACA.

<sup>24</sup> Consistent with section 1321(c) of the ACA, HHS is responsible for operating the risk adjustment program in any state that fails to elect to do so. Since the 2017 benefit year, HHS has operated the program in all 50 states and the District of Columbia. In the 2014 – 2016 benefit years, HHS operated the program in all 50 states and the District of Columbia, except Massachusetts.

<sup>25</sup> 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; the 2021 Payment Notice, 85 Fed. Reg. at 29173; the 2022 Payment Notice, 86 Fed. Reg. at 24151; the 2023 Payment Notice, 87 Fed. Reg. at 27220; and the 2024 Payment Notice, 88 Fed. Reg. at 25748.

<sup>26</sup> 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; the 2021 Payment Notice, 85 Fed. Reg. at 29192; the 2022 Payment Notice, 86 Fed. Reg. at 24184; and the 2023 Payment Notice 87 Fed. Reg. at 27221-27224.

<sup>27</sup> See *supra* note 18.

shown below separately from risk adjustment state transfers for informational purposes. Because the high-cost risk pool is a part of the HHS federally-certified risk adjustment methodology, it applies to issuers of risk adjustment covered plans<sup>28</sup> in the individual market (including catastrophic, non-catastrophic and merged market plans) or small group market, both on- and off-Exchange.

We note that data included in this report reflect amounts calculated based on the 2024 benefit year HHS federally-certified risk adjustment methodology established through notice with comment rulemaking, and are provided for informational purposes. These amounts do not constitute specific obligations of federal funds to any particular issuer or plan.

**III. 2024 Benefit Year HHS-Operated Risk Adjustment Program Summary Data**

As noted above in this report, CMS received a late, material 2024 benefit year discrepancy for 88 HIOS IDs within a company across 69 state market risk pools in 43 states and the District of Columbia that potentially impacts the transfers and state average risk scores included in this report for the state market risk pools listed (above in **Table 1**).

CMS will provide revised issuer transfer reports in mid-July to issuers in the 69 affected state market risk pools.

Table 4 provides HHS-operated risk adjustment program summary data for the 2024 benefit year.

**Table 4: 2024 Benefit Year HHS-Operated Risk Adjustment Program Summary Data<sup>29</sup>**

	NUMBER OF ISSUERS
Issuers Participating in HHS-Operated Risk Adjustment Program	592
Issuers with Individual Non-Catastrophic Plans	353
Issuers with Individual Catastrophic Plans	132
Issuers with Small Group Plans	431
Issuers in a Merged Market <sup>30</sup>	19

Table 5 provides, by state market risk pool, the national average enrollment weighted monthly premium and the total amounts expected to be transferred under the state payment transfer formula for the 2024 benefit year, expressed both as a dollar amount and as a percent of premiums, by using the summation of the absolute value of net transfers for each issuer operating within the applicable market risk pool. To calculate the absolute value of state transfer amounts as a percent of premium, 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 transfers for the 2024 benefit year—that is, the absolute value of risk adjustment charges and payments calculated under the state payment transfer formula at the issuer level—were approximately \$20.8 billion, with \$10.4 billion in payments and \$10.4 billion in charges.

<sup>28</sup> See 45 C.F.R. § 153.20 for the definition of “risk adjustment covered plan.”

<sup>29</sup> The total of the market risk pool groups on this table will not sum to the total issuers with state transfer calculations because some issuers provided plans in multiple state market risk pools and some issuers received a default risk adjustment charge. There was a total of 592 issuers of risk adjustment covered plans in the 2024 benefit year that participated in the HHS-operated risk adjustment program and received a risk adjustment state transfer and/or a default risk adjustment charge.

<sup>30</sup> In the 2024 benefit year, Massachusetts and Maine had merged markets for purposes of the HHS-operated risk adjustment program. See [https://regtap.cms.gov/reg\\_librarye.php?i=4273](https://regtap.cms.gov/reg_librarye.php?i=4273).

**Table 5: National Average Enrollment Weighted Monthly Premium by Market Risk Pool and HHS Risk Adjustment Absolute Value of 2024 Benefit Year State Transfer Amounts and as a Percent of Premium by Market Risk Pool**

<b>RISK POOL</b>	<b>NATIONAL AVERAGE ENROLLMENT WEIGHTED MONTHLY PREMIUM</b>	<b>ABSOLUTE VALUE OF TRANSFER AMOUNTS AS A PERCENT OF PREMIUM<sup>31</sup></b>	<b>ABSOLUTE VALUE OF TRANSFER AMOUNTS (\$ Billions)</b>
Individual Non-Catastrophic	\$599	11 percent	\$17.65
Small Group	\$646	4 percent	\$2.63
Individual Catastrophic	\$230	16 percent	\$0.03
Merged	\$621	8 percent	\$0.51
All Market Risk Pools	\$612	9 percent	\$20.82

Table 6 provides the 2024 high-cost risk pool summary data. For the 2024 benefit year, HHS applied a \$1 million threshold and 60 percent coinsurance rate for the high-cost risk pool payments.<sup>32</sup> High-cost risk pool payments are funded by a percent of premium charge on risk adjustment covered plans within the respective national 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).

**Table 6: 2024 HHS-Operated Risk Adjustment Program High-Cost Risk Pool Summary Data**

	<b>INDIVIDUAL MARKET NATIONWIDE*</b>	<b>SMALL GROUP MARKET, NATIONWIDE</b>
Number of Issuers in High-Cost Risk Pool**	371	427
Number of Issuers Receiving High-Cost Risk Pool Payments	251	165
Total High-Cost Risk Pool Payment Amount	\$651.3 million	\$395.8 million
High-Cost Risk Pool Charge Percent of Premium***	0.39 percent	0.58 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 589 issuers because default risk adjustment charge issuers are not assessed a high-cost risk pool charge nor do they receive high-cost risk pool payments.

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

<sup>31</sup> Absolute value of net state transfer charge or payment calculated at issuer level and rounded to the nearest percentage point unless otherwise specified. Transfer amounts reflect the 14 percent administrative cost adjustment to the statewide average premium.

<sup>32</sup> See supra note 19.

#### 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 2024 benefit year. *Appendix A* includes, by state market risk pool (individual catastrophic, individual non-catastrophic, small group, and merged), the state average monthly premiums, the state average plan liability risk score, state average allowable rating factor, state average actuarial value, state average induced demand factor, and billable member months used to calculate the transfer amounts included in this summary report. We note that *Appendix A* reflects data updates for material, on-time discrepancies, but does not reflect data in state market risk pools that had material, late-filed discrepancy adjustments after the publication of this report.

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
<b>State Average Monthly Premium</b>	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.
<b>State Average Monthly Premium Before Adjustment</b>	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.
<b>State Average Plan Liability Risk Score (PLRS)</b>	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.
<b>State Average Allowable Rating Factor (ARF)</b>	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.
<b>State Average Actuarial Value (AV)</b>	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: <ul style="list-style-type: none"> <li>* Catastrophic: 0.57</li> <li>* Bronze: 0.60</li> <li>* Silver: 0.70</li> <li>* Gold: 0.80</li> <li>* Platinum: 0.90</li> </ul>
<b>State Average Induced Demand Factor (IDF)</b>	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: <ul style="list-style-type: none"> <li>* Catastrophic: 1.00</li> <li>* Bronze: 1.00</li> <li>* Silver: 1.03</li> <li>* Gold: 1.08</li> <li>* Platinum: 1.15</li> </ul>

DATA ELEMENT	DESCRIPTION
<b>Billable Member Months</b>	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.<sup>33</sup>

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<sup>33</sup> 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 2024 benefit year risk adjustment transfer amounts by issuer.<sup>34</sup>

For the 2024 benefit year, HHS approved Alabama’s request to reduce risk adjustment transfers by 50 percent in the individual non-catastrophic and catastrophic market risk pools and the small group market risk pool.<sup>35</sup> The amounts shown for all Alabama market risk pools reflect this reduction.

\* “-” 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 state payment transfer. We signify “\$0.00” in the state market risk pool if an issuer is the only issuer in the state market risk pool.<sup>36</sup> We signify “\$0.00” for high-cost risk pool payment amount if the issuer did not have any enrollees with claims costs exceeding the high-cost risk pool threshold of \$1 million.

**Table 7: Issuer-specific Information for Non-Merged Market Issuers (Appendix C)**

HIOS ID	HIOS ISSUER NAME	STATE	HIGH-COST RISK POOL PAYMENT AMOUNT BY MARKET		RISK ADJUSTMENT STATE PAYMENT TRANSFER AMOUNT BY MARKET RISK POOL		
			INDIVIDUAL (Non-Catastrophic/ Catastrophic Plans and Merged Market)	SMALL GROUP	INDIVIDUAL (Non-Catastrophic)	CATASTROPHIC	SMALL GROUP
11082	Aetna Life Insurance Company	AK	-	\$0.00	-	-	(\$187,879.53)
38344	Premera Blue Cross Blue Shield of Alaska	AK	\$1,486,902.48	\$864,530.36	\$12,565,700.96	-	(\$902,103.29)
73836	Moda Health Plan, Inc.	AK	\$799,473.85	\$20,303.21	(\$12,565,700.95)	-	\$675,304.30
80049	United Healthcare Insurance Company	AK	-	\$0.00	-	-	\$414,678.49
46944	Blue Cross and Blue Shield of Alabama	AL	\$6,573,242.50	\$7,902,440.24	\$142,352,976.66	\$0.00	\$40,556.62
53932	Celtic Insurance Company	AL	\$298,466.43	-	(\$36,848,683.13)	-	-
68259	UnitedHealthcare of Alabama, Inc.	AL	-	\$0.00	-	-	\$5,461.40
69461	UnitedHealthcare Insurance Company	AL	\$0.00	\$0.00	(\$105,504,293.56)	-	\$324,862.88

<sup>34</sup> As noted above in this report, CMS received a late, material 2024 benefit year discrepancy for 88 HIOS IDs within a company across 69 state market risk pools in 43 states and the District of Columbia that impacts the transfers and state average risk scores included in this report for the state market risk pools listed (above in **Table 1**). CMS will provide revised issuer transfer reports in mid-July to issuers in the 69 affected state market risk pools.

<sup>35</sup> See the 2024 Payment Notice, 88 Fed. Reg. 25778-25781.

<sup>36</sup> 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 BY MARKET		RISK ADJUSTMENT STATE PAYMENT TRANSFER AMOUNT BY MARKET RISK POOL		
			INDIVIDUAL (Non-Catastrophic/ Catastrophic Plans and Merged Market)	SMALL GROUP	INDIVIDUAL (Non-Catastrophic)	CATASTROPHIC	SMALL GROUP
93018	VIVA Health, Inc.	AL	-	\$0.00	-	-	(\$370,880.92)
13262	HMO Partners, Inc. d/b/a Health Advantage	AR	\$741,908.68	\$0.00	(\$10,546,805.28)	-	\$174,159.31
22732	UnitedHealthcare Insurance Company of the River Valley	AR	-	\$744,997.01	-	-	(\$863,433.47)
37903	QualChoice Life and Health Insurance Company, Inc.	AR	\$0.00	\$0.00	\$9,741,180.87	-	(\$2,170,720.97)
48772	USABLE HMO, Inc. d/b/a Octave	AR	\$130,916.84	-	(\$21,082,940.30)	-	-
62141	Celtic Insurance Company	AR	\$754,998.27	-	\$36,546,191.00	-	-
65817	UnitedHealthcare of Arkansas, Inc.	AR	-	\$347,040.17	-	-	\$1,610,776.45
70525	QCA Health Plan, Inc.	AR	\$838,349.79	\$0.00	\$2,409,062.09	-	(\$731,210.51)
75293	USABLE Mutual Insurance Company	AR	\$2,266,631.74	\$197,128.64	(\$17,066,688.33)	-	\$1,867,093.66
81392	UnitedHealthcare Insurance Company	AR	-	\$0.00	-	-	\$113,335.47
13877	Oscar Health Plan, Inc.	AZ	\$0.00	-	(\$6,379,797.04)	\$0.00	-
23307	Humana Health Plan, Inc.	AZ	-	\$0.00	-	-	(\$561,690.39)
23435	Banner Health and Aetna Health Plan, Inc.	AZ	\$339,094.04	\$0.00	\$61,717,702.70	-	(\$10,364.79)
32311	Medica Community Health Plan	AZ	\$914,661.37	-	\$2,067,287.16	-	-
40702	UnitedHealthcare of Arizona, Inc.	AZ	\$1,825,118.84	\$0.00	(\$89,061,674.70)	-	(\$8,395,356.43)
53901	Blue Cross Blue Shield of Arizona, Inc.	AZ	\$952,030.40	\$6,168,198.29	(\$8,159,971.66)	-	(\$10,422,291.15)
66105	Humana Insurance Company	AZ	-	\$0.00	-	-	\$85,686.49
77349	Banner Health and Aetna Health Insurance Company	AZ	-	\$389,201.83	-	-	\$9,590.28
78611	Aetna Health, Inc. (a PA corp.)	AZ	-	\$0.00	-	-	(\$11,297.25)
82011	UnitedHealthcare Insurance Company	AZ	-	\$1,921,028.80	-	-	\$21,227,018.47
84251	Aetna Life Insurance Company	AZ	-	\$0.00	-	-	(\$81,586.42)
85533	Imperial Insurance Companies, Inc.	AZ	\$0.00	-	\$164,071.82	-	-
86830	Cigna Health and Life Insurance Company	AZ	-	\$473,357.98	-	-	(\$1,839,708.74)
91450	Arizona Complete Health	AZ	\$2,501,792.29	-	\$35,487,505.68	-	-

HIOS ID	HIOS ISSUER NAME	STATE	HIGH-COST RISK POOL PAYMENT AMOUNT BY MARKET		RISK ADJUSTMENT STATE PAYMENT TRANSFER AMOUNT BY MARKET RISK POOL		
			INDIVIDUAL (Non-Catastrophic/ Catastrophic Plans and Merged Market)	SMALL GROUP	INDIVIDUAL (Non-Catastrophic)	CATASTROPHIC	SMALL GROUP
97667	Cigna HealthCare of Arizona	AZ	\$62,548.12	-	\$4,164,876.13	-	-
18126	Molina Healthcare of California, Inc.	CA	\$378,961.51	-	(\$75,929,574.38)	\$25,426.60	-
20523	Aetna Health of California, Inc.	CA	\$0.00	\$0.00	(\$35,723,629.04)	(\$43,985.79)	(\$17,880,412.82)
27330	Kaiser Permanente Insurance Company	CA	-	\$0.00	-	-	(\$156,677.32)
27603	Anthem Blue Cross (licensed by DMHC)	CA	\$12,233,298.09	\$50,828,190.25	(\$435,080,342.35)	(\$3,675,109.66)	\$231,604,215.78
37873	UHCBCA	CA	-	\$7,322,515.15	-	-	\$18,958,658.27
40025	Cigna Health and Life Insurance Company	CA	-	\$1,241,834.92	-	-	(\$1,974,335.14)
40513	Kaiser Foundation Health Plan, Inc.	CA	\$37,824,260.43	\$25,040,621.40	(\$306,006,293.42)	(\$667,534.61)	(\$359,491,627.75)
40733	Aetna Life Insurance Company	CA	-	\$806,702.09	-	-	\$22,266,463.75
47579	Chinese Community Health Plan	CA	\$1,910,443.77	\$0.00	(\$7,427,467.59)	(\$4,753.22)	(\$2,076,444.92)
49116	UHC of California	CA	-	\$1,018,163.32	-	-	(\$27,812,094.88)
51396	Inland Empire Health Plan	CA	\$86,781.88	-	(\$25,812,191.69)	(\$31,392.87)	-
64210	Sutter Health Plus	CA	\$602,201.38	\$2,095,742.67	\$5,421,965.97	-	(\$2,162,486.21)
67138	Health Net of California	CA	\$4,638,358.85	\$6,228,396.16	(\$17,300,891.30)	\$1,066,967.33	(\$7,531,077.91)
70285	California Physicians' Service dba Blue Shield of California	CA	\$90,543,752.25	\$43,221,046.10	\$1,330,103,053.51	\$3,070,952.34	\$164,301,060.98
84014	County of Santa Clara dba Valley Health Plan	CA	\$960,678.65	-	(\$71,661,960.56)	(\$391,564.07)	-
89506	Community Care Health Plan	CA	-	\$0.00	-	-	(\$569,168.55)
92499	Sharp Health Plan	CA	\$1,822,668.85	\$1,559,156.92	\$366,477.94	(\$81,535.39)	(\$12,563,775.31)
92815	Local Initiative Health Authority for Los Angeles County, dba L.A. Care Health Plan	CA	\$702,110.66	-	(\$348,471,035.57)	(\$91,883.12)	-
93689	Western Health Advantage	CA	\$324,595.85	\$709,752.02	(\$12,478,111.48)	\$824,412.53	(\$4,475,969.57)
95677	UHIC	CA	-	\$0.00	-	-	(\$436,328.51)
21032	Kaiser Foundation Health Plan of Colorado	CO	\$2,097,222.42	\$1,000,147.38	(\$26,570,243.78)	(\$243,400.81)	(\$24,010,235.59)
35944	Kaiser Permanente Insurance Company	CO	-	\$0.00	-	-	(\$370,208.25)
49375	Cigna Health and Life Insurance Company	CO	\$1,042,134.49	-	\$6,210,139.84	-	-

HIOS ID	HIOS ISSUER NAME	STATE	HIGH-COST RISK POOL PAYMENT AMOUNT BY MARKET		RISK ADJUSTMENT STATE PAYMENT TRANSFER AMOUNT BY MARKET RISK POOL		
			INDIVIDUAL (Non-Catastrophic/ Catastrophic Plans and Merged Market)	SMALL GROUP	INDIVIDUAL (Non-Catastrophic)	CATASTROPHIC	SMALL GROUP
55584	SelectHealth	CO	\$26,871.12	-	\$13,150,630.90	-	-
59036	UnitedHealthcare of Colorado	CO	-	\$0.00	-	-	(\$16,532,844.04)
66699	Denver Health Medical Plan, Inc.	CO	\$559,489.63	-	\$16,825,804.64	-	-
67879	UHIC of CO	CO	-	\$1,758,132.22	-	-	\$23,340,343.35
74320	Humana Health Plan	CO	-	\$0.00	-	-	\$189,537.95
76680	HMO Colorado, Inc.	CO	\$5,586,296.20	\$231,228.52	\$15,483,671.23	\$243,400.80	(\$1,056,068.75)
79509	Humana Insurance Company	CO	-	\$0.00	-	-	\$21,432.20
87269	Rocky Mountain Hospital And Medical Service, Inc., D.B.A. Anthem Blue Cross And Blue Shield	CO	-	\$3,529,641.22	-	-	\$18,418,043.16
97879	Rocky Mountain HMO, Inc.	CO	\$5,788,931.12	-	(\$25,100,002.79)	-	-
29462	Oxford Health Insurance, Inc.	CT	-	\$145,090.09	-	-	(\$2,781,785.43)
39159	Aetna Life Insurance Company	CT	-	\$0.00	-	-	\$700,716.72
49650	UnitedHealthcare Insurance Company	CT	-	\$0.00	-	-	\$186,009.74
71179	Oxford Health Plans (CT), Inc.	CT	-	\$0.00	-	-	(\$2,548,523.75)
75091	ConnectiCare, Inc.	CT	\$0.00	\$0.00	\$1,135,964.75	-	(\$10,078.50)
76962	ConnectiCare Benefits, Inc.	CT	\$718,834.43	\$0.00	(\$17,691,323.89)	\$232,764.61	(\$33,254.00)
86545	Anthem Health Plans, Inc.	CT	\$1,454,529.65	\$1,708,858.76	\$8,901,348.76	(\$232,764.62)	\$16,165,310.09
87354	Cigna Health and Life Insurance Company	CT	-	\$961,288.46	-	-	(\$11,425,173.80)
94815	ConnectiCare Insurance Company, Inc.	CT	\$0.00	\$0.00	\$7,654,010.37	-	(\$253,221.03)
21066	UnitedHealthcare of the Mid-Atlantic, Inc.	DC	-	\$0.00	-	-	(\$519,433.42)
41842	UnitedHealthcare Insurance Company	DC	-	\$0.00	-	-	\$3,067,667.66
73987	Aetna Health, Inc. (a PA corp.)	DC	-	\$0.00	-	-	(\$406,593.17)
75753	Optimum Choice, Inc.	DC	-	\$0.00	-	-	(\$642,417.83)
77422	Aetna Life Insurance Company	DC	-	\$37,195.09	-	-	\$833,549.61
78079	GHMSI, Inc.	DC	\$0.00	\$571,749.02	\$6,397,952.32	-	\$20,659,905.69

HIOS ID	HIOS ISSUER NAME	STATE	HIGH-COST RISK POOL PAYMENT AMOUNT BY MARKET		RISK ADJUSTMENT STATE PAYMENT TRANSFER AMOUNT BY MARKET RISK POOL		
			INDIVIDUAL (Non-Catastrophic/ Catastrophic Plans and Merged Market)	SMALL GROUP	INDIVIDUAL (Non-Catastrophic)	CATASTROPHIC	SMALL GROUP
86052	CareFirst BlueChoice, Inc.	DC	\$0.00	\$500,578.01	(\$3,264,594.74)	\$15,326.64	(\$17,475,286.78)
94506	Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.	DC	\$0.00	\$0.00	(\$3,133,357.60)	(\$15,326.64)	(\$5,517,391.79)
29497	Aetna Life Insurance Company	DE	-	\$0.00	-	-	(\$237,355.18)
61021	UnitedHealthcare Insurance Company	DE	-	\$153,403.81	-	-	(\$2,109,455.70)
64004	Celtic Insurance Company	DE	\$0.00	-	(\$2,634,708.48)	-	-
67190	Aetna Health, Inc. (a PA corp.)	DE	\$247,311.86	\$0.00	\$7,418,657.43	-	(\$41,846.52)
72760	AmeriHealth Caritas VIP Next, Inc.	DE	\$254,172.76	-	(\$12,253,648.77)	-	-
76168	Highmark BCBS, Inc.	DE	\$1,030,829.90	\$860,300.10	\$7,469,699.82	\$0.00	\$2,465,838.53
97569	Optimum Choice, Inc.	DE	-	\$0.00	-	-	(\$77,181.14)
16842	Blue Cross Blue Shield of Florida	FL	\$37,892,886.33	\$3,418,699.56	\$1,488,796,876.52	-	\$23,646,759.65
18628	Aetna Health, Inc. (a FL corp.)	FL	\$10,647,383.09	\$0.00	(\$606,477,296.45)	-	\$2,482,755.32
19898	AvMed, Inc.	FL	\$0.00	\$0.00	\$15,470,138.43	-	\$865,131.65
21663	Celtic Insurance Company	FL	\$12,498,004.76	-	(\$45,896,588.39)	-	-
23841	Aetna Life Insurance Company	FL	-	\$0.00	-	-	\$632,812.62
30252	Health Options, Inc.	FL	\$21,421,900.15	\$1,562,008.90	\$366,211,549.94	-	(\$47,666,941.54)
31550	National Health Insurance Company	FL	-	\$0.00	-	-	(\$19,065.70)
33993	BeHealthy Florida, Inc.	FL	-	\$0.00	-	-	(\$1,761,965.94)
35783	Humana Medical Plan, Inc.	FL	-	\$2,306,888.43	-	-	(\$959,393.83)
36194	Health First Commercial Plans, Inc.	FL	\$748,893.01	-	\$28,120,249.29	(\$273,941.95)	-
40572	Oscar Insurance Company of Florida	FL	\$18,981,050.66	-	(\$898,641,245.58)	\$421,089.11	-
42204	All Savers Insurance Company	FL	-	\$0.00	-	-	(\$42,921.62)
43839	UnitedHealthcare Insurance Company	FL	-	\$5,037,110.48	-	-	\$34,536,509.84
48121	Cigna Health and Life Insurance Company	FL	\$587,662.93	-	(\$5,552,382.60)	-	-
54172	Molina Healthcare of Florida, Inc.	FL	\$1,124,022.82	-	(\$122,707,720.92)	-	-

HIOS ID	HIOS ISSUER NAME	STATE	HIGH-COST RISK POOL PAYMENT AMOUNT BY MARKET		RISK ADJUSTMENT STATE PAYMENT TRANSFER AMOUNT BY MARKET RISK POOL		
			INDIVIDUAL (Non-Catastrophic/ Catastrophic Plans and Merged Market)	SMALL GROUP	INDIVIDUAL (Non-Catastrophic)	CATASTROPHIC	SMALL GROUP
56503	Florida Health Care Plan, Inc.	FL	\$618,106.94	\$0.00	\$58,857,540.32	(\$147,147.14)	(\$3,760,122.22)
66966	Capital Health Plan	FL	\$0.00	\$246,483.27	\$6,026,938.01	-	(\$303,610.40)
67926	AmeriHealth Caritas Florida, Inc.	FL	\$0.00	-	(\$16,450,031.87)	-	-
68398	UnitedHealthcare of Florida, Inc.	FL	\$1,882,472.98	\$475,374.85	(\$200,118,394.92)	-	\$10,462,062.60
80779	Neighborhood Health Partnership, Inc.	FL	-	\$813,681.05	-	-	(\$18,002,167.00)
86382	Sunshine State Health Plan	FL	\$411,093.74	-	(\$67,639,631.86)	-	-
99308	Humana Health Insurance Company of FL, Inc.	FL	-	\$0.00	-	-	(\$109,843.84)
13535	UnitedHealthcare Insurance Company	GA	-	\$768,737.74	-	-	\$691,825.82
15105	Cigna HealthCare of Georgia, Inc.	GA	\$350,925.96	-	(\$1,578,725.00)	-	-
30552	UnitedHealthcare Insurance Company of the River Valley	GA	-	\$56,330.92	-	-	(\$1,200,983.18)
37001	Humana Insurance Company	GA	-	\$0.00	-	-	(\$41,768.67)
43802	UnitedHealthcare of Georgia, Inc.	GA	\$2,062,488.40	\$0.00	\$218,645.89	-	(\$931,094.26)
45334	AMGP Georgia Managed Care Company, Inc.	GA	\$86,244.20	-	(\$38,636,844.57)	-	-
49046	Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.	GA	\$8,981,152.19	\$462,160.03	\$42,176,132.25	\$232,690.33	\$10,599,924.39
50491	Cigna Health and Life Insurance Company	GA	-	\$1,223,897.53	-	-	(\$28,398.31)
58081	Oscar Health Plan of Georgia	GA	\$5,726,306.09	-	(\$376,028,663.09)	(\$126,242.88)	-
60224	CareSource Georgia Co.	GA	\$0.00	-	(\$76,927,954.32)	-	-
70893	Ambetter of Peach State, Inc.	GA	\$29,697,628.15	-	\$537,218,679.57	-	-
82302	Kaiser Permanente Insurance Company	GA	-	\$0.00	-	-	\$1,148,272.64
82824	Aetna Health, Inc. (a GA corp.)	GA	\$3,919,464.88	\$0.00	\$5,241,164.03	-	\$85,501.22
83761	Alliant Health Plans	GA	\$364,598.32	-	(\$6,419,722.69)	\$147,628.13	-
83978	Aetna Life Insurance Company	GA	-	\$0.00	-	-	\$478,646.56
89942	Kaiser Foundation Health Plan of GA	GA	\$4,475,114.45	\$0.00	(\$85,262,711.97)	(\$254,075.59)	(\$7,064,148.77)
93332	Humana Employers Health Plan of GA, Inc.	GA	-	\$0.00	-	-	(\$3,737,777.53)

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			INDIVIDUAL (Non-Catastrophic/ Catastrophic Plans and Merged Market)	SMALL GROUP	INDIVIDUAL (Non-Catastrophic)	CATASTROPHIC	SMALL GROUP
18350	Hawaii Medical Service Association	HI	\$446,507.19	\$305,542.25	\$10,714,899.06	\$0.00	\$14,381,845.71
54179	UnitedHealthcare Insurance Company	HI	-	\$0.00	-	-	\$122,004.48
56682	Hawaii Medical Assurance Association	HI	-	\$0.00	-	-	(\$117,733.99)
60612	Kaiser Foundation Health Plan, Inc. - Hawaii	HI	\$511,771.77	\$162,128.85	(\$10,714,899.06)	-	(\$6,643,075.93)
95366	University Health Alliance	HI	-	\$520,839.56	-	-	(\$7,743,040.25)
25896	Wellmark Health Plan of Iowa, Inc.	IA	\$341,579.51	\$0.00	(\$8,242,570.07)	-	(\$23,563,929.22)
27651	Quartz Health Plan Corporation	IA	-	\$0.00	-	-	\$110,952.58
45720	HealthPartners UnityPoint Health	IA	-	\$0.00	-	-	(\$733,007.09)
45819	Oscar Insurance Company	IA	\$469,260.86	-	(\$6,265,516.58)	\$0.00	-
50735	Medical Associates Health Plan, Inc.	IA	-	\$0.00	-	-	(\$359,930.01)
56610	UnitedHealthcare Plan of the River Valley, Inc.	IA	-	\$0.00	-	-	\$998,287.35
72160	Wellmark, Inc.	IA	-	\$6,771,917.38	-	-	\$20,512,415.34
74980	Avera Health Plans, Inc.	IA	-	\$0.00	-	-	\$196,268.70
77638	Health Alliance Midwest, Inc.	IA	-	\$0.00	-	-	\$12,616.52
78252	Aetna Life Insurance Company	IA	-	\$0.00	-	-	\$396.30
85930	Sanford Health Plan	IA	-	\$0.00	-	-	(\$181,591.78)
88678	UnitedHealthcare Insurance Company	IA	-	\$0.00	-	-	\$2,726,116.94
93078	Medica Insurance Company	IA	\$188,092.33	\$0.00	\$14,508,086.61	-	\$281,404.31
26002	SelectHealth	ID	\$883,150.96	\$190,250.75	\$6,082,026.01	-	\$1,549,532.80
38128	Mountain Health Cooperative	ID	\$191,258.78	\$0.00	\$7,407,271.33	(\$69,415.38)	(\$209,920.26)
44648	Regence BlueShield of Idaho	ID	\$25,185.32	\$12,795.99	(\$9,896,622.25)	-	(\$8,021,235.05)
50118	UnitedHealthcare Insurance Company	ID	-	\$0.00	-	-	(\$180,952.81)
60597	PacificSource Health Plans	ID	\$410,574.52	\$0.00	\$7,869,163.17	-	\$2,485,433.75
61589	Blue Cross of Idaho Health Service, Inc.	ID	\$223,293.34	\$882,705.27	(\$5,915,611.92)	\$69,415.39	\$4,894,015.92
80588	Moda Health Plan, Inc.	ID	\$10,612.45	\$0.00	(\$4,855,648.17)	-	(\$528,399.01)

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			INDIVIDUAL (Non-Catastrophic/ Catastrophic Plans and Merged Market)	SMALL GROUP	INDIVIDUAL (Non-Catastrophic)	CATASTROPHIC	SMALL GROUP
91278	Molina Healthcare of Idaho, Inc.	ID	\$0.00	-	\$1,233,544.81	-	-
92170	St. Luke's Health Plan	ID	\$0.00	\$0.00	(\$1,924,122.96)	-	\$11,524.61
11574	Oscar Health Plan, Inc.	IL	\$0.00	-	(\$17,099,683.76)	(\$80,435.02)	-
20129	Health Alliance Medical Plans, Inc.	IL	\$2,454,031.76	\$54,503.33	\$11,886,098.63	(\$279,306.40)	(\$2,449,078.71)
21925	Quartz Health Insurance Corporation	IL	-	\$0.00	-	-	(\$13,506.31)
24301	Medical Associates Health Plan, Inc.	IL	-	\$0.00	-	-	(\$1,342,931.99)
27833	Celtic Insurance Company	IL	\$327,445.60	-	(\$96,483,163.49)	-	-
32355	Molina Healthcare of Illinois, Inc.	IL	\$0.00	-	(\$13,470,641.86)	-	-
34446	UnitedHealthcare Insurance Company of the River Valley	IL	-	\$0.00	-	-	(\$530,589.89)
36096	Blue Cross Blue Shield of Illinois	IL	\$8,807,857.96	\$11,329,692.33	\$223,194,812.52	\$441,435.11	(\$15,020,537.24)
42529	UnitedHealthcare of Illinois, Inc.	IL	\$0.00	\$305,924.71	(\$36,182,207.54)	-	\$1,390,015.88
52129	Cigna Health and Life Insurance Company	IL	-	\$0.00	-	-	\$25,142.16
53882	Cigna HealthCare of Illinois, Inc.	IL	\$22,079.44	-	(\$270,534.61)	-	-
54322	MercyCare HMO, Inc.	IL	\$0.00	\$0.00	(\$2,053,591.45)	-	(\$285,585.08)
58239	UnitedHealthcare Plan of the River Valley, Inc.	IL	-	\$0.00	-	-	(\$43,426.05)
58288	Humana Health Plan	IL	-	\$0.00	-	-	(\$229,147.46)
65280	Medica Central Health Plan	IL	\$0.00	-	\$575,788.63	(\$23,842.82)	-
68303	Humana Insurance Company	IL	-	\$0.00	-	-	(\$76,792.14)
72547	Aetna Life Insurance Company	IL	\$1,371.46	\$0.00	\$10,049,663.98	-	\$216,575.31
85773	Quartz Health Benefit Plans Corporation	IL	\$117,220.91	\$0.00	(\$3,681,448.65)	(\$57,850.87)	(\$835,891.92)
92476	UnitedHealthcare Insurance Company of Illinois	IL	-	\$3,239,951.08	-	-	\$19,204,757.94
99129	Aetna Health, Inc. (a PA corp.)	IL	\$0.00	\$0.00	(\$76,465,092.45)	-	(\$9,004.27)
17575	Anthem Insurance Companies, Inc.	IN	\$0.00	\$710,101.34	(\$14,097,542.59)	-	\$12,244,437.69
20392	Integon National Insurance Company	IN	-	\$0.00	-	-	(\$382,337.92)



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			INDIVIDUAL (Non-Catastrophic/ Catastrophic Plans and Merged Market)	SMALL GROUP	INDIVIDUAL (Non-Catastrophic)	CATASTROPHIC	SMALL GROUP
33380	Indiana University Health Plans, Inc.	IN	-	\$0.00	-	-	(\$5,944,839.25)
35755	US Health and Life Insurance Company	IN	\$0.00	-	(\$63,452.57)	-	-
36373	All Savers	IN	-	\$0.00	-	-	(\$3,152.77)
43442	Humana Health Plan	IN	-	\$0.00	-	-	(\$294,780.26)
50816	Physicians Health Plan of Northern Indiana, Inc.	IN	-	\$92,789.83	-	-	(\$3,092,479.97)
54192	CareSource Indiana, Inc.	IN	\$2,732.72	-	(\$12,598,511.92)	-	-
67920	Southeastern Indiana Health Organization	IN	-	\$0.00	-	-	(\$1,917,940.87)
69529	UnitedHealthcare of Kentucky	IN	-	\$0.00	-	-	(\$438,887.35)
72850	UnitedHealth Care Insurance Company	IN	-	\$3,259.27	-	-	(\$632,339.57)
76179	Celtic Insurance Company	IN	\$6,232,319.66	-	\$39,329,084.69	-	-
94419	Cigna Health and Life Insurance Company	IN	\$76,597.28	-	(\$9,383,975.11)	-	-
96992	Aetna Health, Inc. (a PA corp.)	IN	\$0.00	-	(\$3,185,602.46)	-	-
99791	Humana Insurance Company	IN	-	\$0.00	-	-	\$462,320.11
18558	Blue Cross and Blue Shield of Kansas, Inc.	KS	\$1,965,820.73	\$786,974.71	\$9,821,817.04	-	(\$13,349,460.15)
19968	Humana Insurance Company	KS	-	\$0.00	-	-	(\$460,182.17)
32542	US Health and Life Insurance Company	KS	\$0.00	-	(\$5,530,790.78)	-	-
34368	Celtic Insurance Company	KS	\$833,225.48	-	\$60,938,770.69	-	-
39520	Medica Insurance Company	KS	\$0.00	-	(\$2,273,122.84)	\$95,251.10	-
43490	Oscar Insurance Company	KS	\$0.00	-	(\$5,608,598.49)	(\$67,835.11)	-
49857	Humana Health Plan, Inc.	KS	-	\$0.00	-	-	(\$1,604.41)
57850	Aetna Health, Inc. (a PA corp.)	KS	-	\$0.00	-	-	(\$5,668.25)
76763	Cigna Health and Life Insurance Company	KS	-	\$0.00	-	-	\$1,652,528.88
84600	Aetna Life Insurance Company	KS	\$182,638.41	\$0.00	(\$15,621,510.17)	-	\$19,555.23
94248	Blue Cross and Blue Shield of Kansas City	KS	\$0.00	\$0.00	\$3,924,281.55	(\$27,415.98)	\$4,711,113.28
94968	UnitedHealthcare Insurance Company	KS	\$0.00	\$580,917.49	(\$45,650,847.00)	-	\$7,433,717.64

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15411	Humana Health Plan	KY	-	\$0.00	-	-	(\$319,425.23)
23671	UnitedHealthcare of Kentucky, Ltd.	KY	-	\$178,522.16	-	-	(\$310,368.76)
28773	UnitedHealthcare Insurance Company	KY	-	\$0.00	-	-	(\$551,863.66)
36239	Anthem Health Plans of Kentucky, Inc.	KY	\$437,041.89	\$400,580.56	(\$7,624,316.79)	\$0.00	\$1,317,390.67
45636	CareSource Kentucky Co.	KY	\$808,844.71	-	\$5,391,853.24	-	-
45920	UnitedHealthcare of Ohio	KY	-	\$0.00	-	-	(\$135,733.00)
72001	WellCare Health Plans of Kentucky, Inc.	KY	\$50,529.19	-	\$1,830,360.93	-	-
73891	Molina Healthcare of Kentucky, Inc.	KY	\$0.00	-	\$402,102.65	-	-
19636	HMO Louisiana, Inc.	LA	\$1,534,049.12	\$473,004.10	\$70,630,990.34	-	(\$11,508,245.76)
44965	Humana Health Benefit Plan of LA, Inc.	LA	-	\$0.00	-	-	(\$11,336.70)
53946	UnitedHealthcare Insurance Company of the River Valley	LA	-	\$493,550.42	-	-	\$242,792.93
67243	Vantage Health Plan, Inc.	LA	-	\$0.00	-	-	(\$605,670.00)
69842	UnitedHealthcare Insurance Company	LA	\$0.00	\$0.00	(\$85,530,989.27)	-	\$2,196,066.02
90787	Ambetter Health of Louisiana, Inc.	LA	\$0.00	-	(\$67,602,139.95)	-	-
97176	Louisiana Health Service & Indemnity Company	LA	\$7,166,460.08	\$3,156,528.88	\$128,862,833.80	-	\$9,686,393.43
98780	CHRISTUS Health Plan Louisiana	LA	\$0.00	-	(\$46,360,694.96)	-	-
23620	UnitedHealthcare Insurance Company	MD	-	\$0.00	-	-	\$2,231,058.99
28137	CareFirst BlueChoice, Inc.	MD	\$1,784,075.63	\$255,447.16	\$19,516,511.10	\$58,459.49	(\$12,609,152.79)
31112	UnitedHealthcare of the Mid-Atlantic, Inc.	MD	-	\$0.00	-	-	(\$1,436,750.41)
45532	CFMI, Inc.	MD	\$4,756,400.75	\$29,746.54	\$47,183,024.88	-	\$8,790,469.17
65635	MAMSI Life and Health Insurance Company	MD	-	\$0.00	-	-	\$639,660.49
66516	Aetna Health, Inc. (a PA corp.)	MD	\$10,899.67	\$0.00	\$1,208,039.39	-	(\$1,989,370.25)
70767	Aetna Life Insurance Company	MD	-	\$0.00	-	-	(\$1,001,863.64)
72375	Optimum Choice, Inc.	MD	\$1,223,346.89	\$0.00	(\$62,056,055.37)	-	(\$1,641,156.21)

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90296	Kaiser Foundation Health Plan of the Mid-Atlantic States	MD	\$991,845.32	\$0.00	(\$44,296,279.08)	(\$58,459.49)	(\$3,852,542.06)
94084	GHMSI, Inc.	MD	\$92,186.37	\$468,898.73	\$38,444,759.11	-	\$10,869,646.71
15560	Blue Cross Blue Shield of Michigan	MI	\$3,707,321.36	\$3,599,383.35	\$102,988,551.15	\$799,779.75	\$26,225,593.37
20662	PHP Insurance Company	MI	-	\$0.00	-	-	(\$1,438.02)
23592	Paramount Care of Michigan	MI	-	\$0.00	-	-	(\$640,962.68)
29241	Priority Health Insurance Company	MI	-	\$0.00	-	-	\$562,760.78
29698	Priority Health	MI	\$2,695,473.80	\$519,703.06	(\$74,080,197.59)	-	(\$7,021,666.77)
37651	Health Alliance Plan of Michigan	MI	\$0.00	\$212,490.15	(\$327,575.88)	(\$101,325.36)	(\$10,479,621.43)
40047	Molina Healthcare of Michigan, Inc.	MI	\$0.00	-	(\$15,636,638.22)	-	-
58594	Meridian Health Plan of Michigan	MI	\$710,774.21	-	\$23,124,198.37	-	-
60829	Physicians Health Plan	MI	\$0.00	\$0.00	(\$6,059,003.93)	(\$22,844.85)	(\$31,059.16)
62294	Humana Insurance Company	MI	-	\$0.00	-	-	(\$3,365.92)
63631	UnitedHealthcare Insurance Company	MI	-	\$0.00	-	-	\$1,588,036.03
67577	Alliance Health and Life Insurance Company	MI	\$0.00	\$484,093.66	\$312,532.53	(\$62,010.73)	\$3,031,756.98
71667	UHC Community Plan, Inc.	MI	\$132,506.92	\$124,369.21	(\$9,571,477.71)	-	\$552,941.64
74917	McLaren Health Plan Community	MI	\$0.00	\$0.00	\$1,749,823.43	\$42,100.80	(\$79,841.35)
77739	Oscar Insurance Company	MI	\$0.00	-	(\$4,443,898.45)	(\$65,786.13)	-
95233	Paramount Insurance Company	MI	-	\$0.00	-	-	\$26,002.74
98185	Blue Care Network of Michigan	MI	\$1,799,377.63	\$805,996.46	(\$18,056,313.82)	(\$589,913.50)	(\$13,729,136.13)
25198	UnitedHealthcare Insurance Company	MN	-	\$0.00	-	-	\$1,418,140.34
31616	Medica Insurance Company	MN	\$2,143,351.63	\$560,413.01	\$12,554,995.22	(\$1,613,208.34)	\$15,267,376.01
49316	BCBSM, Inc.	MN	-	\$1,651,844.75	-	-	(\$5,356,966.89)
52346	Sanford Health Plan	MN	-	\$0.00	-	-	(\$517,524.50)
57129	HMO Minnesota	MN	\$647,450.86	\$0.00	\$7,099,289.88	-	(\$9,232,875.90)

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70373	Quartz Health Plan MN Corporation	MN	\$0.00	\$0.00	(\$4,728,574.25)	(\$14,713.51)	(\$515,467.68)
79888	HealthPartners, Inc.	MN	\$1,049,273.66	\$1,059,101.47	(\$7,145,568.77)	\$3,025,192.78	(\$1,950,773.63)
85654	HealthPartners Insurance Company	MN	-	\$139,801.34	-	-	\$849,866.78
85736	UCare Minnesota	MN	\$2,734,052.07	-	(\$7,780,142.05)	(\$1,397,270.92)	-
96859	UnitedHealthcare of Illinois, Inc.	MN	-	\$130,158.64	-	-	\$38,225.72
30613	Humana Insurance Company	MO	-	\$0.00	-	-	\$93,575.01
32753	Healthy Alliance Life Insurance Company (HALIC)	MO	\$470,185.22	\$0.00	\$6,313,560.19	(\$213,409.52)	\$2,981,040.47
32898	Aetna Health, Inc. (a PA corp.)	MO	-	\$0.00	-	-	\$29,795.34
34762	Blue Cross and Blue Shield of Kansas City	MO	\$1,496,531.39	\$65,936.60	\$9,909,374.21	\$3,259.34	(\$4,186,317.68)
47840	Medica Central Insurance Company	MO	\$0.00	-	\$584,166.25	(\$36,452.37)	-
48161	Aetna Life Insurance Company	MO	\$454,509.58	\$0.00	\$44,679,784.31	-	(\$161,206.39)
53461	Medica Insurance Company	MO	\$3,524,490.79	-	(\$19,867,737.89)	\$41,448.99	-
69512	Oscar Insurance Company of Florida	MO	\$0.00	-	(\$60,504.67)	\$205,153.56	-
74483	Cigna Health and Life Insurance Company	MO	-	\$0.00	-	-	(\$1,015,834.05)
95426	UnitedHealthcare Insurance Company	MO	\$235,411.92	\$1,330,076.97	(\$35,743,456.10)	-	\$3,147,333.77
96384	Cox Health Systems Insurance Company	MO	\$0.00	\$0.00	(\$10,710,054.92)	-	(\$888,386.61)
99723	Celtic Insurance Company	MO	\$3,575,251.66	-	\$4,894,868.63	-	-
11721	Blue Cross & Blue Shield of Mississippi	MS	\$0.00	\$711,691.37	(\$1,396,612.67)	-	(\$1,453,687.66)
14624	Vantage Health Plan of Mississippi, Inc.	MS	\$0.00	-	(\$4,889,272.33)	-	-
26781	All Savers Insurance Company	MS	-	\$0.00	-	-	\$103,064.90
48963	Humana Insurance Company	MS	-	\$0.00	-	-	(\$172,748.16)
56766	Cigna Health and Life Insurance Company	MS	\$0.00	-	(\$19,878,512.53)	-	-
61794	UnitedHealthcare Life Insurance Company	MS	-	\$0.00	-	-	(\$102,133.89)
79975	Molina Healthcare of Mississippi, Inc.	MS	\$0.00	-	(\$46,390,966.43)	-	-
90714	Ambetter of Magnolia, Inc.	MS	\$664,503.86	-	\$80,669,914.39	-	-

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97560	UnitedHealthcare of Mississippi, Inc.	MS	\$0.00	-	(\$8,114,550.50)	-	-
98805	UnitedHealthcare Insurance Company	MS	-	\$0.00	-	-	\$1,625,504.90
23603	PacificSource Health Plans	MT	\$176,475.34	\$17,936.78	\$3,519,221.48	-	(\$3,797,619.29)
30751	Blue Cross Blue Shield of Montana	MT	\$881,616.28	\$95,594.74	\$6,162,407.78	\$43,872.32	\$6,967,657.06
32225	Montana Health Cooperative	MT	\$23,477.72	\$0.00	(\$9,681,629.23)	(\$43,872.32)	(\$3,524,480.68)
46621	UnitedHealthcare Insurance Company	MT	-	\$0.00	-	-	\$354,442.91
11512	Blue Cross Blue Shield of North Carolina	NC	\$7,327,385.87	\$4,009,350.65	\$139,024,413.26	\$617.55	\$7,594,985.49
13591	CareSource North Carolina Co.	NC	\$0.00	-	(\$29,652,745.55)	-	-
17414	AmeriHealth Caritas North Carolina, Inc.	NC	\$0.00	-	(\$44,514,723.52)	-	-
43283	FirstCarolinaCare Insurance Company	NC	-	\$0.00	-	-	(\$316,244.99)
44007	Celtic Insurance Company	NC	\$0.00	-	\$187,716.26	-	-
54332	UnitedHealthcare of North Carolina, Inc.	NC	\$0.00	\$198,369.00	(\$12,313,897.70)	-	(\$5,843,182.45)
58658	UnitedHealthcare Insurance Company of the River Valley	NC	-	\$0.00	-	-	(\$1,429,992.34)
61644	Aetna Life Insurance Company	NC	-	\$0.00	-	-	\$1,801,549.64
61671	Aetna Health, Inc. (a PA corp.)	NC	\$2,256,789.56	\$0.00	(\$58,098,303.48)	-	(\$89,613.13)
69347	UnitedHealthcare Insurance Company	NC	-	\$1,072,537.25	-	-	(\$1,717,502.30)
69803	Oscar Health Plan of North Carolina, Inc.	NC	\$0.00	-	(\$8,011,809.63)	(\$617.53)	-
73943	Cigna Healthcare of North Carolina, Inc.	NC	\$300,690.89	-	\$23,139,292.23	-	-
77264	Ambetter of North Carolina, Inc.	NC	\$613,046.83	-	(\$9,759,941.84)	-	-
37160	Blue Cross Blue Shield of North Dakota	ND	\$649,455.59	\$548,278.69	\$1,604,282.45	\$155,580.99	\$190,789.22
39364	Medica Insurance Company	ND	-	\$0.00	-	-	\$135,749.75
72680	HealthPartners Insurance Company	ND	-	\$0.00	-	-	(\$26,270.67)
73751	Medica Health Plans	ND	\$0.00	-	\$983,519.93	(\$9,249.04)	-
76311	UnitedHealthcare Insurance Company	ND	-	\$0.00	-	-	(\$78,767.98)

HIOS ID	HIOS ISSUER NAME	STATE	HIGH-COST RISK POOL PAYMENT AMOUNT BY MARKET		RISK ADJUSTMENT STATE PAYMENT TRANSFER AMOUNT BY MARKET RISK POOL		
			INDIVIDUAL (Non-Catastrophic/ Catastrophic Plans and Merged Market)	SMALL GROUP	INDIVIDUAL (Non-Catastrophic)	CATASTROPHIC	SMALL GROUP
89364	Sanford Health Plan	ND	\$133,519.20	\$515,114.97	(\$2,587,802.37)	(\$146,331.97)	(\$221,500.26)
20305	Medica Insurance Company	NE	\$2,208,944.72	\$0.00	(\$8,406,582.76)	-	\$752,648.99
26289	Nebraska Total Care, Inc.	NE	\$334,361.12	-	(\$5,914,444.76)	-	-
29678	Blue Cross and Blue Shield of Nebraska	NE	\$745,685.92	\$529,793.41	\$12,133,367.29	-	(\$2,600,507.22)
44751	UnitedHealthcare of the Midlands, Inc.	NE	-	\$0.00	-	-	\$235,478.11
57424	Oscar Insurance Company	NE	\$0.00	-	\$2,187,660.26	\$0.00	-
73102	UnitedHealthcare Insurance Company	NE	-	\$237,685.01	-	-	\$1,612,380.08
51889	UnitedHealthcare Insurance Company	NH	-	\$0.00	-	-	(\$116,542.32)
57601	Anthem Health Plans of New Hampshire	NH	\$151,932.27	\$181,462.14	\$9,957.37	-	\$2,449,990.46
59025	Harvard Pilgrim Healthcare, Inc.	NH	\$191,416.76	\$0.00	\$4,327,079.25	-	(\$6,643,767.65)
71616	HPHC Insurance Co.	NH	-	\$0.00	-	-	\$1,429,716.46
75841	Celtic Insurance Company	NH	\$1,595,345.07	-	\$12,020,357.66	-	-
86365	UnitedHealthcare Freedom Insurance Company	NH	-	\$574,474.90	-	-	(\$494,277.26)
96751	Matthew Thornton Health Plan, Inc.	NH	\$402,528.17	\$1,754,665.81	(\$16,357,394.30)	\$0.00	\$3,374,880.30
17970	WellCare Health Insurance Company of New Jersey, Inc.	NJ	\$0.00	-	(\$7,940,648.57)	-	-
23818	Oscar Garden State Insurance Corporation	NJ	\$339,959.06	\$0.00	\$321,923.62	(\$285,439.90)	(\$1,033,403.97)
37777	UnitedHealthcare Insurance Company	NJ	\$14,081.26	-	(\$16,306,223.65)	-	-
48834	Oxford Health Plans (NJ), Inc.	NJ	-	\$0.00	-	-	(\$78,311.74)
77263	Oxford Health Insurance (NJ), Inc.	NJ	\$68,171.57	\$5,727,934.09	\$8,253,035.83	-	\$14,174,298.90
77606	AmeriHealth HMO, Inc.	NJ	\$0.00	\$0.00	\$878,836.60	-	(\$305,269.02)
89217	Aetna Life Insurance Company	NJ	\$739,562.31	-	(\$127,733,706.95)	-	-
91661	Horizon Healthcare Services, Inc.	NJ	\$12,588,059.37	\$7,596,466.14	\$233,891,531.40	\$298,121.89	(\$16,346,158.37)
91762	AmeriHealth Insurance Company of New Jersey	NJ	\$1,051,969.95	\$590,250.11	(\$91,364,748.26)	(\$12,681.99)	\$3,588,844.25
19722	Molina Healthcare of New Mexico, Inc.	NM	\$0.00	-	(\$1,454,370.37)	-	-

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			INDIVIDUAL (Non-Catastrophic/ Catastrophic Plans and Merged Market)	SMALL GROUP	INDIVIDUAL (Non-Catastrophic)	CATASTROPHIC	SMALL GROUP
39006	Western Sky Community Care, Inc.	NM	\$333,812.81	-	\$870,965.63	-	-
52744	Presbyterian Insurance Company	NM	-	\$0.00	-	-	\$1,630,101.13
57173	Presbyterian Health Plan	NM	\$1,191,706.97	\$0.00	(\$1,796,907.24)	-	(\$6,454,242.98)
65428	UnitedHealthcare of New Mexico, Inc.	NM	\$60,778.68	\$0.00	(\$1,319,681.98)	-	\$450,258.99
75605	Blue Cross Blue Shield of New Mexico	NM	\$305,310.44	\$2,003,794.34	\$3,699,993.96	-	\$3,531,964.54
90762	UnitedHealthcare Insurance Company	NM	-	\$0.00	-	-	\$841,918.37
16698	Prominence Health Plan	NV	-	\$0.00	-	-	(\$1,764,010.34)
19298	Aetna Health, Inc. (a PA corp.)	NV	-	\$0.00	-	-	(\$55,560.32)
27990	Aetna Life Insurance Company	NV	-	\$0.00	-	-	\$78,797.81
33670	Rocky Mountain Hospital and Medical Service, Inc. (PPO)	NV	-	\$2,443,959.89	-	-	\$9,801,585.88
41094	Hometown Health Plan, Inc.	NV	\$169,556.47	\$0.00	\$368,528.77	(\$1,984.87)	(\$450,094.75)
43314	Imperial Insurance Companies, Inc.	NV	\$0.00	-	(\$118,324.03)	-	-
45142	SilverSummit Healthplan, Inc.	NV	\$0.00	-	\$16,786,201.07	-	-
60156	HMO Colorado, Inc., D.B.A. HMO Nevada	NV	\$2,192,067.24	\$1,129,188.67	(\$13,128,071.54)	(\$26,335.32)	(\$2,228,582.90)
65779	Aetna Health of Utah, Inc.	NV	\$947.12	-	(\$6,285,354.65)	-	-
68524	Prominence Preferred Health Insurance Company	NV	-	\$0.00	-	-	(\$494,929.09)
74222	UnitedHealthcare Insurance Company	NV	-	\$0.00	-	-	(\$3,116,019.97)
79363	Molina Healthcare of Nevada, Inc.	NV	\$0.00	-	\$354,107.23	-	-
83198	Sierra Health & Life Insurance Co., Inc.	NV	\$1,692,157.89	\$2,141,885.90	\$2,131,043.74	\$29,462.74	(\$1,411,204.16)
84445	SelectHealth	NV	\$781,769.07	\$0.00	\$9,074,080.47	-	(\$273,964.40)
85266	Hometown Health Providers Insurance Company	NV	\$40,548.85	\$0.00	\$3,068,346.03	-	\$1,056,945.38
95865	Health Plan of Nevada, Inc.	NV	\$666,457.62	\$843,821.96	(\$12,250,557.13)	(\$1,142.56)	(\$1,142,963.14)
11177	MetroPlus	NY	\$0.00	-	(\$9,304,987.84)	-	-
17210	Aetna Life Insurance Company	NY	\$0.00	\$1,524,951.28	\$26,804.10	-	(\$10,039,205.14)

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			INDIVIDUAL (Non-Catastrophic/ Catastrophic Plans and Merged Market)	SMALL GROUP	INDIVIDUAL (Non-Catastrophic)	CATASTROPHIC	SMALL GROUP
18029	Independent Health Benefits Corporation	NY	\$0.00	\$1,270,149.15	\$6,480,088.53	\$5,329.37	(\$14,365,188.16)
20984	EmblemHealth Insurance Company	NY	-	\$0.00	-	-	\$60,407.18
25303	New York Quality Healthcare Corporation	NY	\$316,073.75	-	(\$23,481,890.67)	\$465,053.35	-
36346	BlueShield of Northeastern New York	NY	\$52,929.08	\$235,113.75	\$1,957,133.92	-	\$6,200,330.37
41046	Empire BlueCross BlueShield HealthPlus	NY	\$0.00	-	\$3,677,027.58	(\$49,312.04)	-
44113	Empire HealthChoice Assurance, Inc.	NY	-	\$1,519,074.00	-	-	\$4,421,972.29
49526	Highmark BlueCross BlueShield of Western New York	NY	\$1,426,302.95	\$496,743.31	\$9,068,099.55	-	\$35,223,949.20
54235	UHC	NY	\$1,708,103.30	-	\$21,862,618.02	\$48,700.96	-
54297	UHIC	NY	\$0.00	\$0.00	\$574,693.66	-	(\$2,294,282.31)
56184	MVP Health Plan, Inc.	NY	\$763,095.49	\$188,249.78	\$1,441,349.62	\$56,464.55	(\$5,130,509.37)
61405	Healthfirst Insurance Company, Inc.	NY	\$0.00	\$0.00	\$63,962.25	-	(\$4,629,530.81)
68485	Aetna Health Insurance Company	NY	-	\$0.00	-	-	(\$1,544,999.96)
74289	Oscar Insurance Corporation	NY	\$86,608.19	-	(\$14,422,329.78)	(\$866,510.05)	-
78124	Excellus Health Plan, Inc.	NY	\$1,391,862.65	\$2,780,154.27	\$10,846,917.05	\$177,555.80	(\$130,832,916.19)
85629	Oxford Health Insurance, Inc.	NY	-	\$22,538,376.49	-	-	\$137,650,412.25
88582	Health Insurance Plan of Greater New York	NY	\$872,471.18	\$388,683.95	\$25,226,469.76	\$61,291.50	\$7,916,643.07
89846	MVP Health Services Corp.	NY	-	\$4,371,053.30	-	-	\$21,989,029.05
91237	Healthfirst PHSP, Inc.	NY	\$1,788,459.04	-	(\$34,833,922.26)	(\$1,707.54)	-
92551	CDPHP Universal Benefits, Inc.	NY	-	\$114,362.98	-	-	(\$9,412,741.21)
94788	CDPHP	NY	\$0.00	\$0.00	\$817,966.29	\$103,134.08	(\$35,213,370.65)
28162	AultCare Insurance Company	OH	\$614,417.89	\$0.00	(\$2,390,359.96)	\$565,943.48	\$727,699.04
29276	Community Insurance Company	OH	\$558,481.09	\$1,020,811.15	(\$12,349,319.34)	(\$241,451.21)	\$7,474,406.86
29341	Oscar Buckeye State Insurance Corporation	OH	\$317,857.58	-	(\$56,800,311.89)	(\$39,597.24)	-
33232	UnitedHealthcare Insurance Company of the River Valley	OH	-	\$0.00	-	-	(\$674,198.58)



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			INDIVIDUAL (Non-Catastrophic/ Catastrophic Plans and Merged Market)	SMALL GROUP	INDIVIDUAL (Non-Catastrophic)	CATASTROPHIC	SMALL GROUP
33931	UnitedHealthcare of Ohio, Inc.	OH	\$0.00	\$0.00	(\$15,124,512.23)	-	(\$176,114.79)
41047	Buckeye Community Health Plan	OH	\$1,477,063.87	-	\$98,581,286.67	-	-
45845	Oscar Insurance Corporation of Ohio	OH	\$801,343.12	-	\$49,694,350.20	\$485,073.99	-
52664	Summa Insurance Company	OH	\$0.00	\$0.00	(\$6,219,950.67)	\$15,444.73	\$1,153,868.92
56726	UnitedHealthcare Insurance Company	OH	-	\$0.00	-	-	(\$3,390,417.60)
61724	UnitedHealthcare Life Insurance Company	OH	-	\$17,429.01	-	-	(\$9,826,582.00)
64353	Molina Healthcare of Ohio, Inc.	OH	\$2,056,802.90	-	(\$9,264,295.19)	-	-
66083	Humana Health Plan of OH, Inc.	OH	-	\$0.00	-	-	\$187,646.08
67129	Aetna Life Insurance Company	OH	-	\$0.00	-	-	(\$100,459.93)
74313	Paramount Insurance Company	OH	\$0.00	\$0.00	(\$1,936,709.31)	-	\$1,249,624.63
76262	OhioHealthy Health Insuring Corporation	OH	-	\$0.00	-	-	(\$14,783.15)
77552	CareSource	OH	\$2,383,458.43	-	(\$12,490,640.89)	-	-
80627	Medical Mutual of Ohio	OH	-	\$716,976.14	-	-	\$3,839,577.08
83396	The Health Plan of West Virginia, Inc.	OH	\$0.00	\$0.00	(\$56,346.02)	-	(\$288,522.55)
84867	Aetna Health, Inc. (a PA corp.)	OH	\$590,793.32	\$0.00	\$1,381,778.39	-	\$17,722.06
97596	Humana Insurance Company	OH	-	\$0.00	-	-	(\$136,373.39)
98810	THP Insurance Company	OH	-	\$0.00	-	-	(\$43,092.73)
99969	Medical Health Insuring Corp of Ohio	OH	\$1,227,783.13	-	(\$33,024,969.94)	(\$785,413.74)	-
21333	Medica Insurance Company	OK	\$0.00	-	(\$19,140,751.73)	\$41,535.30	-
45480	UnitedHealthcare of Oklahoma, Inc.	OK	\$0.00	\$0.00	(\$22,358,817.79)	-	(\$76,924.46)
58944	Taro Health	OK	\$0.00	-	(\$12,160.12)	-	-
62505	Celtic Insurance Company	OK	\$0.00	-	(\$84,582,796.34)	-	-
66946	Aetna Life Insurance Company	OK	-	\$0.00	-	-	\$74,820.81
85757	UnitedHealthcare Insurance Company	OK	-	\$12,289.46	-	-	\$1,261,740.38
87571	Blue Cross Blue Shield of Oklahoma	OK	\$7,168,215.62	\$4,595,424.56	\$159,931,654.16	\$74,614.79	(\$1,031,120.55)

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87698	CommunityCare Life and Health Insurance Company	OK	-	\$0.00	-	-	\$430,658.96
91908	Oscar Insurance Company of Florida	OK	\$0.00	-	(\$23,240,234.63)	\$4,266.39	-
98905	CommunityCare HMO, Inc.	OK	\$753,382.05	\$0.00	(\$10,596,893.60)	(\$120,416.49)	(\$659,175.20)
10091	PacificSource Health Plans	OR	\$2,778,138.92	\$0.00	\$12,008,193.28	-	\$4,211,702.00
10940	Health Net Health Plan of Oregon, Inc.	OR	-	\$0.00	-	-	\$352,118.61
39424	Moda Health Plan, Inc.	OR	\$1,136,352.26	\$126,934.75	\$8,798,817.98	-	\$850,492.55
56707	Providence Health Plans	OR	\$725,987.59	\$533,927.15	\$16,880,829.53	-	(\$2,731,562.36)
63474	BridgeSpan Health Company	OR	\$0.00	-	\$497,106.24	-	-
71287	Kaiser Foundation Health Plan of the Northwest	OR	\$5,286,495.17	\$1,318,117.19	(\$19,950,093.29)	-	(\$8,898,569.91)
77969	Regence BlueCross BlueShield of Oregon	OR	\$1,510,820.46	\$1,486,596.29	(\$18,234,853.75)	-	\$4,499,462.46
90175	UnitedHealthcare Insurance Company	OR	-	\$0.00	-	-	\$1,716,356.70
13401	Cigna Health and Life Insurance Company	PA	\$0.00	\$0.00	(\$440,158.06)	-	(\$259,918.49)
16322	UPMC Health Options, Inc.	PA	\$4,332,428.02	\$2,281,050.69	(\$5,028,110.47)	\$46,870.40	(\$13,378,600.72)
18939	Aetna HealthAssurance Pennsylvania, Inc.	PA	-	\$0.00	-	-	(\$6,810.77)
22444	Geisinger Health Plan	PA	\$674,508.65	\$0.00	\$14,140,914.22	\$164,743.28	\$550,699.32
23489	UnitedHealthcare Insurance Company	PA	-	\$0.00	-	-	(\$2,742,535.65)
24872	UnitedHealthcare of Pennsylvania, Inc.	PA	-	\$0.00	-	-	(\$1,445,349.11)
31609	QCC Insurance Company, Inc.	PA	\$1,459,007.24	\$6,278,031.53	\$35,474,555.65	\$80,945.25	\$104,195.05
33709	Highmark, Inc.	PA	\$1,713,209.97	\$0.00	\$60,796,901.70	\$236,621.04	\$301,929.14
33871	Keystone Health Plan East	PA	\$149,750.44	\$1,501,039.66	(\$48,019,088.37)	-	(\$18,785,886.77)
33906	Aetna Life Insurance Company	PA	-	\$0.00	-	-	(\$21,765.98)
44415	Independence Assurance Company	PA	-	\$0.00	-	-	(\$10,619,199.88)
45127	Capital Advantage Assurance Company	PA	\$3,265,455.50	\$893,307.47	(\$18,430,820.77)	(\$400,862.55)	\$9,456,323.93
53789	Keystone Health Plan Central	PA	\$0.00	\$0.00	(\$979,571.38)	(\$37,439.47)	(\$416,555.70)
55957	First Priority Life Insurance Co.	PA	-	\$309,325.46	-	-	\$2,070,140.46

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62560	UPMC Health Coverage, Inc.	PA	\$126,712.06	\$0.00	\$964,660.62	-	\$1,888,354.67
64844	Aetna Health, Inc. (a PA corp.)	PA	-	\$0.00	-	-	\$484,195.62
67430	UPMC Health Benefits, Inc.	PA	-	\$0.00	-	-	(\$72,992.20)
70194	Highmark Health Insurance Co.	PA	-	\$0.00	-	-	(\$828,616.92)
75729	Geisinger Quality Options	PA	\$239,835.91	\$383,572.21	\$6,434,525.69	-	\$8,377,110.52
79279	Highmark Coverage Advantage	PA	\$531,537.01	\$1,179,593.99	(\$11,445,106.67)	(\$23,307.65)	\$2,935,650.41
79962	Highmark Benefits Group	PA	\$1,943,300.67	\$353,838.32	\$16,414,346.04	(\$12,144.52)	\$22,409,632.64
86199	Pennsylvania Health & Wellness, Inc.	PA	\$0.00	-	(\$28,139,757.29)	-	-
93909	Health Partners of Philadelphia, Inc.	PA	\$0.00	-	(\$20,831,433.77)	-	-
98517	Oscar Health Plan of Pennsylvania, Inc.	PA	\$0.00	-	(\$911,857.32)	(\$55,425.76)	-
14382	HPHC Insurance Company	RI	-	\$0.00	-	-	\$514,132.47
15287	Blue Cross & Blue Shield of Rhode Island	RI	\$960,702.31	\$0.00	\$16,801,610.73	-	\$1,482,153.61
77514	Neighborhood Health Plan of Rhode Island	RI	\$83,781.41	\$0.00	(\$16,801,610.75)	-	(\$1,293,617.49)
79881	UnitedHealthcare of New England, Inc.	RI	-	\$0.00	-	-	(\$197,456.00)
90117	UnitedHealthcare Insurance Company	RI	-	\$0.00	-	-	(\$335,807.11)
93581	Harvard Pilgrim Health Care of New England	RI	-	\$0.00	-	-	(\$169,405.53)
22369	Aetna Life Insurance Company	SC	-	\$0.00	-	-	(\$8,012.17)
26065	BlueCross BlueShield of SC	SC	\$3,589,115.58	\$454,224.29	(\$55,902,431.40)	\$162,257.64	\$4,094,481.59
33764	UnitedHealthcare of South Carolina, Inc.	SC	\$0.00	\$0.00	(\$23,436,073.16)	-	(\$548,343.75)
38408	Aetna Health, Inc. (a PA corp.)	SC	-	\$0.00	-	-	(\$12,873.49)
42326	Molina Healthcare of South Carolina, Inc.	SC	\$0.00	-	\$12,048,913.07	-	-
49532	BlueChoice HealthPlan, Inc.	SC	\$93,549.14	\$1,846,529.06	(\$3,028,924.51)	(\$162,257.64)	(\$785,890.74)
57860	UnitedHealthcare Insurance Company	SC	-	\$0.00	-	-	(\$1,232,091.45)
64146	UnitedHealthcare Insurance Company of the River Valley	SC	-	\$0.00	-	-	(\$1,507,269.90)

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73033	Cigna HealthCare of South Carolina, Inc.	SC	\$0.00	-	(\$1,648,848.49)	-	-
73107	Select Health of South Carolina, Inc.	SC	\$0.00	-	(\$4,843,394.36)	-	-
79222	Absolute Total Care	SC	\$1,899,428.28	-	\$76,810,758.44	-	-
26911	HealthPartners Insurance Company	SD	-	\$0.00	-	-	\$135,121.38
31195	Sanford Health Plan	SD	\$719,019.15	\$0.00	\$8,253,926.28	\$85,763.91	\$1,448,330.16
50305	Wellmark of South Dakota	SD	\$204,353.09	\$1,817,077.66	(\$15,689,699.58)	-	\$1,583,637.37
60536	Avera Health Plans, Inc.	SD	\$670,491.46	\$0.00	\$7,435,773.27	(\$85,763.91)	(\$2,914,059.90)
76458	UnitedHealthcare Insurance Company	SD	-	\$0.00	-	-	(\$238,008.46)
96594	Medica Insurance Company	SD	-	\$0.00	-	-	(\$15,020.54)
10958	UnitedHealthcare Insurance Company of the River Valley	TN	-	\$0.00	-	-	(\$357,280.73)
14002	BlueCross BlueShield of Tennessee, Inc.	TN	\$4,198,156.51	\$3,629,374.79	\$76,297,130.47	-	\$407,815.77
23552	Oscar Insurance Company	TN	\$27,937.09	-	(\$28,375,217.33)	\$0.00	-
31552	Aetna Life Insurance Company	TN	-	\$0.00	-	-	(\$237,791.72)
31663	US Health and Life Insurance Company	TN	\$0.00	-	(\$20,871,792.28)	-	-
69443	UnitedHealthcare Insurance Company	TN	\$360,681.53	\$0.00	(\$22,245,893.22)	-	(\$1,037,210.01)
70111	Celtic Insurance Company	TN	\$2,500,660.49	-	(\$114,528,918.12)	-	-
82120	Humana Insurance Company	TN	-	\$0.00	-	-	\$590,987.25
99248	Cigna Health and Life Insurance Company	TN	\$0.00	\$0.00	\$109,724,690.51	-	\$633,479.55
17933	Moda Health Plan, Inc.	TX	\$440,025.90	-	(\$6,573,176.06)	-	-
20069	Oscar Insurance Company	TX	\$780,684.49	-	(\$142,766,027.33)	-	-
27248	Community Health Choice, Inc.	TX	\$3,861,671.81	-	\$271,290,017.19	-	-
29418	Celtic Insurance Company	TX	\$5,616,363.29	-	\$550,018,766.02	-	-
30609	Memorial Hermann Health Insurance Company	TX	-	\$0.00	-	-	(\$302,372.79)
32673	Humana Health Plan of TX, Inc.	TX	-	\$0.00	-	-	(\$338,969.20)

HIOS ID	HIOS ISSUER NAME	STATE	HIGH-COST RISK POOL PAYMENT AMOUNT BY MARKET		RISK ADJUSTMENT STATE PAYMENT TRANSFER AMOUNT BY MARKET RISK POOL		
			INDIVIDUAL (Non-Catastrophic/ Catastrophic Plans and Merged Market)	SMALL GROUP	INDIVIDUAL (Non-Catastrophic)	CATASTROPHIC	SMALL GROUP
33602	Blue Cross Blue Shield of Texas	TX	\$29,278,460.31	\$46,513,530.38	\$661,223,190.54	\$95,638.41	\$18,151,306.27
34826	Imperial Insurance Companies, Inc.	TX	\$0.00	-	(\$403,782.40)	-	-
37755	Baylor Scott & White Insurance Company	TX	\$16,426.34	\$0.00	\$746,134.63	-	(\$3,190,840.04)
40220	UnitedHealthcare of Texas, Inc.	TX	\$3,244,387.39	\$0.00	(\$939,183,350.48)	-	(\$1,945,432.05)
40788	Baylor Scott & White Health Plan	TX	\$4,355,939.64	\$0.00	(\$123,316,690.99)	-	(\$5,961,829.57)
45786	Molina Healthcare of Texas, Inc.	TX	\$4,096,942.58	-	\$100,485,831.29	-	-
57125	US Health and Life Insurance Company	TX	\$0.00	-	(\$27,880,206.20)	-	-
58840	Aetna Health, Inc. (a TX corp.)	TX	\$4,434,524.46	-	\$43,826,507.84	-	-
63141	Humana Insurance Company	TX	-	\$0.00	-	-	(\$180,156.66)
63251	Community First Insurance Plans	TX	\$0.00	-	\$8,035,044.23	-	-
66252	CHRISTUS Health Plan	TX	\$677,482.56	-	(\$9,049,962.35)	(\$95,638.43)	-
71837	Sendero Health Plans, Inc.	TX	\$92,004.89	-	\$51,645,638.03	-	-
75394	Texas Health + Aetna Health Insurance Company	TX	-	\$0.00	-	-	(\$7,414.75)
75655	Memorial Hermann Commercial Health Plan, Inc.	TX	-	\$0.00	-	-	\$17,062.84
76589	Cigna HealthCare of Texas, Inc.	TX	\$256,826.08	-	(\$73,620,825.92)	-	-
87226	Superior Health Plan	TX	\$3,976,805.87	-	(\$364,477,107.87)	-	-
88435	Integon National Insurance Company	TX	-	\$0.00	-	-	(\$288,761.63)
91716	Aetna Life Insurance Company	TX	-	\$0.00	-	-	\$511,258.50
98809	UnitedHealthcare Insurance Company	TX	-	\$3,091,716.44	-	-	(\$6,463,851.04)
18167	Molina Healthcare of Utah, Inc.	UT	\$34,293.00	-	\$1,346,766.00	-	-
22013	Regence BlueCross BlueShield of Utah	UT	\$287,174.32	\$44,095.58	\$30,168,695.93	-	\$476,570.37
34541	BridgeSpan Health Company	UT	\$0.00	-	(\$207,764.76)	-	-
38927	Aetna Health of Utah, Inc.	UT	\$1,449,305.92	-	(\$66,309,693.35)	-	-
42261	University of Utah Health Insurance Plans	UT	\$56,707.13	-	\$23,246,519.47	-	-
66413	UnitedHealthcare of Utah	UT	-	\$0.00	-	-	(\$420,292.30)

HIOS ID	HIOS ISSUER NAME	STATE	HIGH-COST RISK POOL PAYMENT AMOUNT BY MARKET		RISK ADJUSTMENT STATE PAYMENT TRANSFER AMOUNT BY MARKET RISK POOL		
			INDIVIDUAL (Non-Catastrophic/ Catastrophic Plans and Merged Market)	SMALL GROUP	INDIVIDUAL (Non-Catastrophic)	CATASTROPHIC	SMALL GROUP
68781	SelectHealth	UT	\$8,284,694.49	\$1,904,337.24	\$16,172,093.67	-	\$1,642,714.04
81808	Cigna Health and Life Insurance Company	UT	\$0.00	-	(\$4,320,715.79)	-	-
97462	UnitedHealthcare Insurance Company	UT	-	\$0.00	-	-	(\$1,698,992.22)
98113	Imperial Health Plan of the Southwest, Inc.	UT	\$0.00	-	(\$95,901.21)	-	-
10207	CareFirst BlueChoice, Inc.	VA	\$0.00	\$0.00	\$10,388,946.37	(\$352,661.49)	(\$18,317,273.93)
12028	Innovation Health Insurance Company	VA	-	\$93,002.75	-	-	(\$827,357.69)
15668	Piedmont Community HealthCare, Inc.	VA	-	\$0.00	-	-	\$165,358.98
16064	Anthem Health Plans of VA, Inc.	VA	\$0.00	\$3,145,982.34	\$3,028,358.45	-	\$36,406,704.06
20507	Sentara Health Plans	VA	\$2,115,696.69	\$340,887.98	(\$4,798,650.50)	-	(\$2,065,604.67)
24251	Optimum Choice, Inc.	VA	\$1,363,440.67	\$82,753.60	(\$31,249,377.30)	-	(\$2,102,348.58)
25922	Oscar Insurance Company	VA	\$465,259.76	-	\$503,077.81	\$228.12	-
25978	UnitedHealthcare Insurance Company	VA	-	\$145,354.91	-	-	(\$6,843,747.21)
37204	Piedmont Community Healthcare HMO, Inc.	VA	-	\$0.00	-	-	\$104,849.84
38234	Aetna Life Insurance Company	VA	\$0.00	\$0.00	(\$2,571,258.52)	-	(\$110,513.47)
38599	United Healthcare of the MidAtlantic, Inc.	VA	-	\$0.00	-	-	(\$2,056,857.18)
40308	GHMSI, Inc.	VA	\$222,749.42	\$0.00	\$17,402,247.57	-	(\$1,794,883.77)
41921	Cigna Health and Life Insurance Company	VA	\$551,290.17	-	(\$3,768,404.77)	-	-
86443	Innovation Health Plan, Inc.	VA	\$0.00	\$0.00	(\$34,872,065.51)	-	(\$835,400.42)
88380	HealthKeepers, Inc.	VA	\$4,612,487.61	\$3,525,684.65	\$72,382,796.59	\$481,233.09	\$8,236,624.19
89242	Sentara Health Insurance Company	VA	-	\$0.00	-	-	\$1,908,139.00
89498	UnitedHealthcare Plan of the River Valley, Inc.	VA	-	\$0.00	-	-	\$2,546,911.05
93187	Aetna Health, Inc. (a PA corp.)	VA	\$58,875.82	\$0.00	(\$11,629,148.01)	-	\$17,583.61
95185	Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.	VA	\$1,202,805.09	\$203,807.18	(\$14,816,522.15)	(\$128,799.72)	(\$14,432,183.81)
13627	Blue Cross and Blue Shield of Vermont	VT	\$665,664.78	\$761,442.22	\$8,860,552.91	(\$9,809.66)	\$6,462,986.47

HIOS ID	HIOS ISSUER NAME	STATE	HIGH-COST RISK POOL PAYMENT AMOUNT BY MARKET		RISK ADJUSTMENT STATE PAYMENT TRANSFER AMOUNT BY MARKET RISK POOL		
			INDIVIDUAL (Non-Catastrophic/ Catastrophic Plans and Merged Market)	SMALL GROUP	INDIVIDUAL (Non-Catastrophic)	CATASTROPHIC	SMALL GROUP
77566	MVP Health Plan, Inc.	VT	\$0.00	\$297,008.21	(\$8,860,552.92)	\$9,809.66	(\$6,462,986.47)
14057	PacificSource Health Plans	WA	\$109,460.57	\$0.00	\$4,167,717.61	-	\$171,116.44
18581	Community Health Plan of Washington	WA	\$2,287,950.77	-	(\$39,459,407.48)	-	-
18699	UnitedHealthcare Insurance Company	WA	-	\$1,243,921.30	-	-	(\$962,270.55)
19796	Premera Blue Cross HMO	WA	-	\$0.00	-	-	(\$136,315.52)
23371	Kaiser Foundation Health Plan of the Northwest	WA	\$331,542.68	\$405,967.50	(\$1,774,682.77)	-	(\$2,723,293.80)
25768	Kaiser Foundation Health Plan of Washington Options, Inc.	WA	-	\$879,922.80	-	-	\$4,885,485.22
34673	Aetna Life Insurance Company	WA	-	\$0.00	-	-	\$422,921.03
38229	Health Alliance Northwest Health Plan, Inc.	WA	-	\$0.00	-	-	(\$597,866.57)
38498	LifeWise Health Plan of Washington	WA	\$472,067.43	-	(\$14,502,288.40)	-	-
43861	UnitedHealthcare of Washington, Inc.	WA	-	\$0.00	-	-	(\$11,302.25)
45834	Providence Health Plan	WA	\$0.00	-	\$1,182,613.35	-	-
49831	Premera Blue Cross	WA	\$2,693,164.87	\$41,640.79	\$36,471,568.62	-	(\$1,447,882.01)
53732	BridgeSpan Health Company	WA	\$86,776.94	-	\$2,265,878.01	-	-
61836	Coordinated Care Corporation	WA	\$817,290.65	-	(\$81,719,093.76)	-	-
62650	UnitedHealthcare of Oregon, Inc.	WA	\$571,988.18	-	\$842,789.09	-	-
69364	Asuris Northwest Health	WA	\$0.00	\$195,623.16	\$1,071,571.62	-	(\$1,324,705.84)
71281	Regence BlueCross BlueShield of Oregon	WA	\$0.00	\$0.00	(\$3,677,905.53)	-	(\$1,135,756.36)
80473	Kaiser Foundation Health Plan of Washington	WA	\$1,741,079.61	\$945,887.08	\$10,956,502.32	\$0.00	(\$8,602,034.71)
84481	Molina Healthcare of Washington, Inc.	WA	\$0.00	-	\$51,908,884.63	-	-
87718	Regence BlueShield	WA	\$196,294.21	\$1,406,609.86	\$32,265,852.75	-	\$11,461,904.98
14630	Chorus Community Health Plans	WI	\$2,237,266.39	-	\$20,320,308.10	\$5,693.02	-
16245	Group Health Cooperative of Eau Claire	WI	-	\$0.00	-	-	(\$594,856.23)
20173	HealthPartners Insurance Company	WI	\$68,315.98	\$0.00	(\$9,595,306.98)	(\$47,966.40)	\$176,448.49

HIOS ID	HIOS ISSUER NAME	STATE	HIGH-COST RISK POOL PAYMENT AMOUNT BY MARKET		RISK ADJUSTMENT STATE PAYMENT TRANSFER AMOUNT BY MARKET RISK POOL		
			INDIVIDUAL (Non-Catastrophic/ Catastrophic Plans and Merged Market)	SMALL GROUP	INDIVIDUAL (Non-Catastrophic)	CATASTROPHIC	SMALL GROUP
37833	Quartz Health Benefit Plans Corporation	WI	\$521,616.10	\$0.00	\$14,844,128.26	\$107,747.69	(\$14,550,160.16)
38166	Security Health Plan of Wisconsin, Inc.	WI	\$727,229.55	\$0.00	(\$24,371,060.61)	(\$318,202.67)	\$830,204.32
38345	Dean Health Plan	WI	\$352,428.39	\$484,117.75	(\$40,652,741.41)	(\$93,608.20)	(\$2,868,421.20)
52697	Molina Healthcare of Wisconsin, Inc.	WI	\$600,422.06	-	\$5,836,177.65	-	-
55103	Humana Wisconsin Health Organization Insurance Corporation	WI	-	\$0.00	-	-	(\$106,981.48)
57637	Medica Insurance Company	WI	-	\$0.00	-	-	\$403,108.81
57845	Medica Community Health Plan	WI	\$0.00	-	\$7,671,905.73	-	-
58326	MercyCare HMO, Inc.	WI	\$1,200,751.34	\$0.00	\$1,080,763.02	-	(\$1,284,825.53)
59158	UnitedHealthcare Insurance Company	WI	-	\$100,597.25	-	-	\$3,597,219.90
64772	Medical Associates Health Plan, Inc.	WI	-	\$298,014.91	-	-	(\$101,973.14)
79475	Compcare Health Services Insurance Corporation (HMO/POS-in network)	WI	\$1,703,746.75	\$4,291.27	\$41,917,534.32	-	\$12,944,354.76
80180	UnitedHealthcare of Wisconsin, Inc.	WI	\$0.00	\$476,347.02	(\$21,004,817.51)	-	\$6,809,100.71
81413	Network Health	WI	\$81,733.07	\$0.00	\$5,122,287.32	-	\$415,004.36
81974	Wisconsin Physicians Service Insurance Corporation	WI	\$0.00	\$0.00	\$57,672.94	-	\$2,393,028.16
86584	Aspirus Health Plan	WI	\$501,846.89	\$20,182.28	(\$6,152,071.91)	(\$69,955.75)	(\$1,247,214.50)
87416	Common Ground Healthcare Cooperative	WI	\$2,685,328.65	\$0.00	\$1,523,135.92	\$434,887.46	(\$2,175,216.98)
90028	Blue Cross Blue Shield of Wisconsin (PPO and out of network POS)	WI	-	\$0.00	-	-	(\$2,218,106.97)
91604	Humana Insurance Company	WI	-	\$0.00	-	-	(\$67,643.42)
94529	Group Health Cooperative of South Central Wisconsin	WI	\$0.00	\$44,442.41	\$3,402,085.10	(\$18,595.12)	(\$2,353,070.07)
31274	Highmark West Virginia, Inc.	WV	\$1,558,352.17	\$505,513.30	\$53,817,753.05	\$0.00	\$1,323,445.79
50328	CareSource West Virginia Co.	WV	\$158,771.80	-	(\$53,706,135.32)	-	-
59772	THP Insurance Company	WV	-	\$0.00	-	-	(\$135,058.87)
72982	The Health Plan of West Virginia, Inc.	WV	\$0.00	\$73,311.19	(\$111,617.74)	-	(\$451,606.26)
77060	UnitedHealthcare Insurance Company	WV	-	\$0.00	-	-	(\$1,593,259.54)



HIOS ID	HIOS ISSUER NAME	STATE	HIGH-COST RISK POOL PAYMENT AMOUNT BY MARKET		RISK ADJUSTMENT STATE PAYMENT TRANSFER AMOUNT BY MARKET RISK POOL		
			INDIVIDUAL (Non-Catastrophic/ Catastrophic Plans and Merged Market)	SMALL GROUP	INDIVIDUAL (Non-Catastrophic)	CATASTROPHIC	SMALL GROUP
95628	Optimum Choice, Inc.	WV	-	\$0.00	-	-	\$856,478.82
11269	Blue Cross Blue Shield of Wyoming	WY	\$1,702,942.83	\$162,200.95	\$4,690,550.31	-	(\$2,464,838.47)
38576	Mountain Health Cooperative	WY	\$935,828.60	\$0.00	(\$4,690,550.26)	-	\$875,604.64
49714	UnitedHealthcare Insurance Company	WY	-	\$223,345.01	-	-	\$1,589,233.81

**Table 8: Issuer-specific Information for Merged Market Issuers (Appendix D)**

			HIGH-COST RISK POOL PAYMENT AMOUNT	RISK ADJUSTMENT STATE PAYMENT TRANSFER AMOUNT	
HIOS ID	HIOS INSURANCE COMPANY NAME	STATE	MERGED MARKET (Individual Market and Small Group Market)	MERGED MARKET Catastrophic Risk Pool	MERGED MARKET Individual Non-Catastrophic Plans and Small Group Market
31779	UnitedHealthcare Insurance Company	MA	\$546,431.41	-	(\$12,357,434.73)
34484	Health New England	MA	\$153,235.42	-	\$6,115,131.34
36046	Harvard Pilgrim Healthcare, Inc.	MA	\$3,442,150.98	-	\$70,297,025.97
41304	Mass General Brigham Health Plan	MA	\$1,501,158.54	-	\$84,983,102.14
42690	Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.	MA	\$5,006,990.84	\$80,263.35	\$63,139,183.86
59763	Tufts Health Public Plans	MA	\$926,512.80	(\$80,263.36)	(\$139,652,376.81)
82569	WellSense Health Plan	MA	\$0.00	-	(\$85,596,434.65)
88806	Fallon Community Health Plan	MA	\$0.00	-	\$12,958,351.72
88950	ConnectiCare of Massachusetts, Inc.	MA	\$0.00	-	(\$13,632.61)
95878	HPHC Insurance Company, Inc.	MA	\$0.00	-	\$127,083.66
11593	HPHC Insurance Co.	ME	\$0.00	-	\$2,051,138.82
33653	Maine Community Health Options	ME	\$321,965.75	\$136,132.06	(\$4,962,531.66)
48396	Anthem Health Plans of Maine, Inc.	ME	\$1,067,193.11	(\$113,811.40)	(\$9,105,389.84)
53357	Aetna Life Insurance Company	ME	\$0.00	-	\$317,246.64
54879	Taro Health	ME	\$0.00	-	(\$1,068,922.31)
65667	UnitedHealthcare of New England, Inc.	ME	\$0.00	-	(\$55,980.71)
73250	Aetna Health, Inc. (a ME corp.)	ME	\$0.00	-	\$48,994.85
90214	UnitedHealthcare Insurance Company	ME	\$49,513.33	-	\$2,201,293.11
96667	Harvard Pilgrim Healthcare, Inc.	ME	\$273,968.55	(\$22,320.65)	\$10,574,150.95

# 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.<sup>37</sup>

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 90<sup>th</sup> 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 2024 benefit year, and is calculated based on the absolute value of plan risk adjustment 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—are assessed a lower, separate default risk adjustment charge, of 14 percent of the applicable statewide average premium, if they fail to set up an EDGE server, fail to submit sufficient data for HHS to calculate transfers, or opt to accept the default risk adjustment charge in lieu of risk adjustment transfers.

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 charge collected from the noncompliant issuer(s).<sup>38</sup> 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 2024 benefit year default risk adjustment charges.

**Table 9: 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	2
Percent of All Issuers of Risk Adjustment Covered Plans that Received a Default Risk Adjustment Charge	1 percent

<sup>37</sup> 45 C.F.R. § 153.740(b).

<sup>38</sup> 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 10: Default Risk Adjustment Charge by Market Risk Pool**

MARKET RISK POOL	NATIONAL PERCENT OF PREMIUM
Individual – Non-Catastrophic	46 percent
Catastrophic	58 percent
Small Group	32 percent
Merged	42 percent
Issuers with 500 or Fewer Billable Member Months Statewide	14 percent

**Table 11: Default Risk Adjustment Charge (Appendix E)**

HIOS ID	HIOS INSURANCE COMPANY NAME	STATE	MARKET RISK POOL	DEFAULT RISK ADJUSTMENT CHARGE AMOUNT
97667	Cigna HealthCare of Arizona	AZ	Small Group	(\$26,249.49)
74289	Oscar Insurance Corporation	NY	Small Group	(\$4,447,373.82)
31981	Antidote Health Plan of Ohio	OH	Individual, Non-Catastrophic	(\$13,094.01)
33375	Samaritan Health Plan	OR	Small Group	(\$11,195.14)
32665	Angle Insurance Company of Utah	UT	Small Group	(\$190,230.04)

**Table 12: Default Risk Adjustment Charge Allocation (Appendix F)**

HIOS ID	HIOS ISSUER NAME RECEIVING DEFAULT RISK CHARGE ALLOCATION	STATE	MARKET RISK POOL	DEFAULT RISK ADJUSTMENT CHARGE ALLOCATION AMOUNT
23307	Humana Health Plan, Inc.	AZ	Small Group	\$64.84
23435	Banner Health and Aetna Health Plan, Inc.	AZ	Small Group	\$1.17
40702	UnitedHealthcare of Arizona, Inc.	AZ	Small Group	\$678.49
53901	Blue Cross Blue Shield of Arizona, Inc.	AZ	Small Group	\$12,451.23
66105	Humana Insurance Company	AZ	Small Group	\$16.62
77349	Banner Health and Aetna Health Insurance Company	AZ	Small Group	\$2,229.07
78611	Aetna Health, Inc. (a PA corp.)	AZ	Small Group	\$3.99
82011	UnitedHealthcare Insurance Company	AZ	Small Group	\$9,403.96
84251	Aetna Life Insurance Company	AZ	Small Group	\$119.19
86830	Cigna Health and Life Insurance Company	AZ	Small Group	\$1,280.82
17210	Aetna Life Insurance Company	NY	Small Group	\$121,068.64
18029	Independent Health Benefits Corporation	NY	Small Group	\$237,883.53
20984	EmblemHealth Insurance Company	NY	Small Group	\$468.04
36346	BlueShield of Northeastern New York	NY	Small Group	\$42,025.59
44113	Empire HealthChoice Assurance, Inc.	NY	Small Group	\$265,193.73
49526	Highmark BlueCross BlueShield of Western New York	NY	Small Group	\$154,643.94
54297	UHIC	NY	Small Group	\$4,487.51
56184	MVP Health Plan, Inc.	NY	Small Group	\$24,075.48
61405	Healthfirst Insurance Company, Inc.	NY	Small Group	\$9,765.90
68485	Aetna Health Insurance Company	NY	Small Group	\$1,611.26
78124	Excellus Health Plan, Inc.	NY	Small Group	\$592,892.39
85629	Oxford Health Insurance, Inc.	NY	Small Group	\$2,519,660.40

<b>HIOS ID</b>	<b>HIOS ISSUER NAME RECEIVING DEFAULT RISK CHARGE ALLOCATION</b>	<b>STATE</b>	<b>MARKET RISK POOL</b>	<b>DEFAULT RISK ADJUSTMENT CHARGE ALLOCATION AMOUNT</b>
88582	Health Insurance Plan of Greater New York	NY	Small Group	\$57,210.06
89846	MVP Health Services Corp.	NY	Small Group	\$189,245.28
92551	CDPHP Universal Benefits, Inc.	NY	Small Group	\$137,250.56
94788	CDPHP	NY	Small Group	\$89,891.40
28162	AultCare Insurance Company	OH	Individual, Non-Catastrophic	\$183.03
29276	Community Insurance Company	OH	Individual, Non-Catastrophic	\$2,251.39
29341	Oscar Buckeye State Insurance Corporation	OH	Individual, Non-Catastrophic	\$1,288.78
33931	UnitedHealthcare of Ohio, Inc.	OH	Individual, Non-Catastrophic	\$649.25
41047	Buckeye Community Health Plan	OH	Individual, Non-Catastrophic	\$2,715.27
45845	Oscar Insurance Corporation of Ohio	OH	Individual, Non-Catastrophic	\$506.86
52664	Summa Insurance Company	OH	Individual, Non-Catastrophic	\$189.85
64353	Molina Healthcare of Ohio, Inc.	OH	Individual, Non-Catastrophic	\$1,894.59
74313	Paramount Insurance Company	OH	Individual, Non-Catastrophic	\$54.46
77552	CareSource	OH	Individual, Non-Catastrophic	\$1,646.83
83396	The Health Plan of West Virginia, Inc.	OH	Individual, Non-Catastrophic	\$1.34
84867	Aetna Health, Inc. (a PA corp.)	OH	Individual, Non-Catastrophic	\$468.36
99969	Medical Health Insuring Corp of Ohio	OH	Individual, Non-Catastrophic	\$1,243.62
10091	PacificSource Health Plans	OR	Small Group	\$863.54
10940	Health Net Health Plan of Oregon, Inc.	OR	Small Group	\$249.12
39424	Moda Health Plan, Inc.	OR	Small Group	\$648.23
56707	Providence Health Plans	OR	Small Group	\$3,001.02
71287	Kaiser Foundation Health Plan of the Northwest	OR	Small Group	\$1,694.89
77969	Regence BlueCross BlueShield of Oregon	OR	Small Group	\$4,097.68
90175	UnitedHealthcare Insurance Company	OR	Small Group	\$640.63
22013	Regence BlueCross BlueShield of Utah	UT	Small Group	\$37,159.51
66413	UnitedHealthcare of Utah	UT	Small Group	\$390.86
68781	SelectHealth	UT	Small Group	\$144,556.97
97462	UnitedHealthcare Insurance Company	UT	Small Group	\$8,122.68