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2018 BENEFIT YEAR (BY) HIGH-COST RISK POOL (HCRP) AUDIT SUMMARY

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Section 1343 of the Patient Protection and Affordable Care Act (ACA)¹ established the permanent Risk Adjustment (RA) program, one of three premium stabilization programs, to provide payments to health insurance issuers that cover higher-cost and higher-risk populations to more evenly spread the financial risk borne by issuers and help stabilize premiums. Consistent with section 1321(c) of the ACA, on behalf of the Department of Health and Human Services (HHS), the Centers for Medicare & Medicaid Services (CMS) operates the RA program in any state that does not elect to operate an RA program. CMS operated the RA program in all 50 states and the District of Columbia for Benefit Year (BY) 2018.

CMS established the High-Cost Risk Pool (HCRP) as part of the Federally certified RA methodology beginning with BY 2018.² Inclusion of the HCRP in the Federally certified RA methodology helps to ensure that RA state transfers better reflect average actuarial risk, while also stabilizing premiums and reimbursing issuers for a portion of costs for high-cost enrollees. The HCRP calculations are made for two national market risk pools: one for the individual market (including catastrophic and non-catastrophic plans, and merged market³ plans) and another for the small group market.^{4,5} Issuers of RA covered plans⁶ with HCRP-eligible enrollees receive payments for a percentage of covered claims above the attachment point. For BY 2018 HCRP payments, the attachment point was \$1,000,000 and the coinsurance rate was 60 percent.⁷ HCRP payments are funded by a percent of premium charge on issuers of RA covered plans within the respective national market risk pool.

Program Integrity Framework

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

¹ The ACA (Pub. L. 111–148) was enacted on March 23, 2010. The Health Care and Education Reconciliation Act of 2010 (Pub. L. 111–152), which amended and revised several provisions of the ACA, was enacted on March 30, 2010. In this report, we refer to the two statutes collectively as the “Patient Protection and Affordable Care Act” or “ACA”.

² See the Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2018; Final Rule, 81 FR 94058 at 94080 – 94083 (December 22, 2016).

³ For the 2018 benefit year, Vermont and Massachusetts were the only states considered to have merged markets for purposes of the HHS-operated risk adjustment program. See the “Merged Markets for Risk Adjustment Purposes Only” Memo released on March 1, 2018, at: https://www.hhs.gov/guidance/sites/default/files/hhs-guidance-documents/RA_GuidanceMergedMarkets2017_030118_5CR_030118.pdf.

⁴ 81 FR 94058 at 94080-94082.

⁵ Aggregation of catastrophic and merged market data as individual market occurs outside of EDGE and, therefore, EDGE HCRP reports provided to issuers do not show merged market small group plans as individual for purposes of the HCRP.

⁶ See 45 C.F.R. § 153.20 for a definition of “risk adjustment covered plan”.

⁷ See 81 FR 94058 at 94081.

program integrity framework includes the following elements:

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

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

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

¹⁰ As part of the attestation, the issuer acknowledges that the data submitted to the EDGE server and made available for the RA program established under section 1343 of the ACA, upon which RA transfers (including HCRP payments and charges may be subject to the False Claims Act. See EDGE Attestation and Discrepancy Reporting Process Overview for the 2018 Benefit Year webinar presentation slides (May 2 and 7, 2019), slide 40, available at:

https://regtap.cms.gov/reg_library_openfile.php?id=2875&type=1.

¹¹ See 45 C.F.R. §§ 153.610 and 153.740(a)-(b). Also see CMS Memo *Evaluation of EDGE Data Submissions for the 2018 Benefit Year* (November 15, 2018), available at: <https://www.cms.gov/ccijo/resources/regulations-and-guidance/downloads/edge-2018.pdf>. This process was codified in 45 C.F.R. § 153.710(f) in the 2017 Payment Notice and was redesignated to its current location at § 153.710(g) in the 2022 Payment Notice. See 81 FR 12203 at 12234-12235 and the Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2022 and Pharmacy Benefit Standards; Updates to State Innovation Waiver (Section 1332 Waiver) Implementing Regulations; Final Rule, 86 FR 24140 at 24194-24195 (May 5, 2021) (2022 Payment Notice).

¹² See supra notes 9 and 10. For BY 2018, the attestation and discrepancy reporting window was open from May 3, 2019 through May 20, 2019. See EDGE Attestation and Discrepancy Reporting Process Overview for the 2018 Benefit Year webinar presentation slides (May 2 and 7, 2019), available at: https://regtap.cms.gov/reg_library_openfile.php?id=2875&type=1.

¹³ See EDGE Attestation and Discrepancy Reporting Process Overview for the 2018 Benefit Year webinar presentation slides (May 2 and 7, 2019), slides 14-16, available at: https://regtap.cms.gov/reg_library_openfile.php?id=2875&type=1.

¹⁴ See 45 C.F.R. §§ 153.310(e) and 156.1220(a). Requests for reconsideration must be filed within 30 days after notification by HHS of the risk adjustment and HCRP payments and charges. For BY 2018, reconsideration requests were required to be filed by July 31, 2019. See 2018 Benefit Year Administrative Appeals Process for Risk Adjustment Transfers webinar presentation slides (June 27, 2019), available at: https://regtap.cms.gov/reg_library_openfile.php?id=2938&type=1.

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

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

HCRP Audit Program

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

BY 2018 HCRP Audit Scope and Methodology

CMS conducted audits to assess compliance by issuers of RA covered plans with the applicable federal requirements related to the HHS-operated RA program, including the HCRP, for BY 2018. Through the audit procedures, CMS evaluated the accuracy and integrity of the data included in the BY 2018 (January 1, 2018, through December 31, 2018) enrollee (including premium) and claim-level data included in the High-Cost Risk Pool Detailed Enrollee (HCRPDE) Report. The BY 2018 HCRPDE Report represents data submitted by an issuer to its EDGE server as of April 30, 2019, the final BY 2018 EDGE data submission deadline,²⁰ and is the data CMS used to calculate the issuer's BY 2018 HCRP payments. In addition to the BY 2018 HCRPDE Report, the auditors collected documentation from issuers necessary to conduct the audit, including claims and premium data extracts from the issuer's source system(s), the BY 2018 EDGE Enrollment File, and policies and procedures.

Of the issuers who received BY 2018 HCRP payments, 63 were selected for audit. The auditor performed audit procedures on 100 percent of on-Exchange and off-Exchange enrollees for whom the issuers received BY2018 HCRP payments. The auditor reviewed issuer-submitted documentation and used the following audit procedures to assess compliance with applicable federal requirements related to the HCRP that is part

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

¹⁶ See 86 FR at 24194 - 24195.

¹⁷ See 86 FR at 24196.

¹⁸ Ibid.

¹⁹ See 45 C.F.R. § 153.620(c). In the 2022 Payment Notice, CMS amended 45 C.F.R. §153.620(c) and the amended regulation applies to audits commenced on or after July 6, 2021. See 86 FR at 24187.

²⁰ See 45 C.F.R. § 153.730.

of the HHS-operated RA program:

Unreconciled Claims Review: Compare the unique claim IDs included in the issuer's BY 2018 HCRPDE Report to the unique claim IDs included in the issuer's claims data extract to determine existence.

RA Covered Plan²¹ Review: Compare the issuer's claims in the claims data extract to those in the BY 2018 HCRPDE Report to validate whether the claim was paid by an RA covered plan and matches the plan ID reported in the issuer's BY 2018 HCRPDE Report.

Claim Coverage Period Validation: Compare the issuer's claims in the claims data extract to the coverage period in the BY 2018 EDGE Enrollment File to determine whether the claim start date is within the enrollee's coverage period.

Paid Claim Amount Validation: Review the issuer's claims in the claims data extract to validate the paid claim amount matches the paid claim amount in the issuer's BY 2018 HCRPDE Report.

BY 2018 Cross Year Claim Validation: Review the issuer's claims end dates in the claims data extract to validate whether cross year claims fell within BY 2018 and were not from the prior or subsequent BYs.

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

Enrollee Validation: Compare the unique enrollees and related claims included in the issuer's BY 2018 HCRPDE Report to the unique enrollee IDs and related claims included in the issuer's claims data extract to determine the accuracy of enrollees submitted to the EDGE server.

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

Premium Amount Validation: Compare the premium information in the issuer's premium data extract to premium information in the issuer's BY 2018 EDGE Enrollment File to validate the accuracy of the premium data reported to the EDGE server for all months of enrollment.

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

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

- A *finding* resulted from cases of confirmed non-compliance or discovery of evidence suggesting non-compliance with applicable federal requirements related to HCRP, which requires a recoupment of HCRP payments, while
- an *observation* resulted from the identification of areas for improvement when there may be no evidence of actual non-compliance with applicable federal requirements related to the HCRP; or when evidence of non-compliance with applicable federal requirements, which does not require recoupment of HCRP payments.

BY 2018 HCRP Audit Results

CMS completed audits of all 63 issuers selected for BY 2018 HCRP Audits.

Of the claim-level procedures where findings or observations were identified, by unique issuers, the greatest

²¹ See supra note 5.

financial impact resulted from incorrect paid claim amounts identified through the Paid Claim Amount Validation (22 percent of total claim-level issues identified) and unreconciled claims identified through the Unreconciled Claims Review (6 percent of total claim-level issues identified). The remaining claim-level procedure with financial impact, by unique issuers, was from the BY 2018 Cross Year Claim Validation, which made up approximately 2 percent of the claim-level procedures.

For the non-claim level procedures, observations were identified under the Issuer Policies and Procedures Review (44 issuers), the Premium Amount Validation (15 issuers), and the Premium Effectuation Validation (six (6) issuers).

Table 1 identifies summary information about the BY 2018 HCRP Audit results by audit procedure.

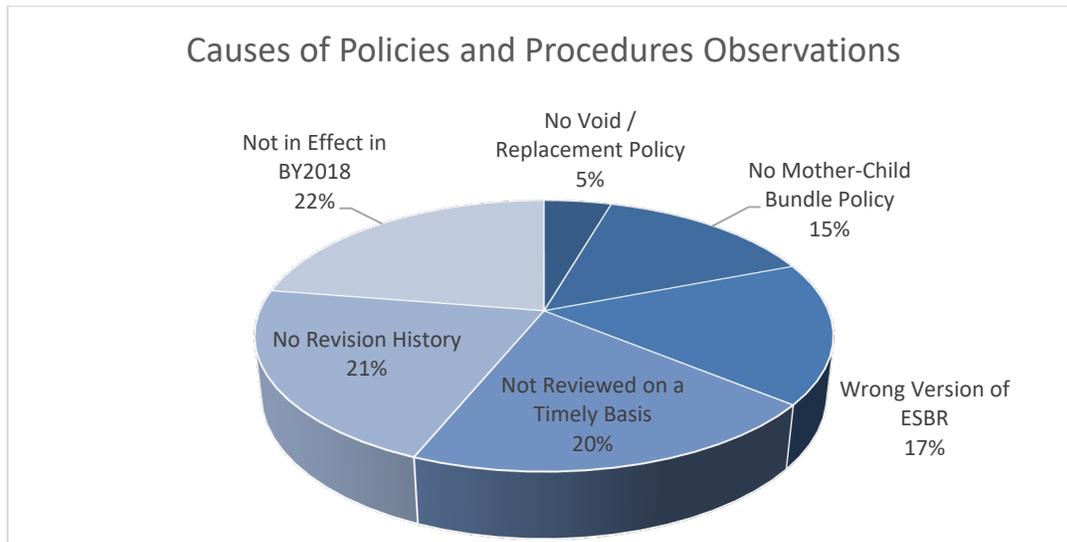
Table 1 – BY 2018 HCRP Audit – Issuer Summary Results by Procedure

Procedure	Issuers with Finding*	Issuers with Observation	% of Issuers with Findings & Observations by Procedure**
Unreconciled Claims Review	4	0	6.3%
RA Covered Plan Review	0	1	1.6%
Claim Coverage Period Validation	0	0	0.0%
Paid Claim Amount Validation	10	4	22.2%
BY 2018 Cross Year Claim Validation	1	0	1.6%
Duplicate Claim Validation	0	0	0.0%
Enrollee Validation	0	0	0.0%
Premium Effectuation Validation	N/A	6	9.5%
Premium Amount Validation	N/A	15	23.8%
Issuer Policies and Procedures Review	N/A	44	69.8%

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

** Issuers that received both findings and observations are counted separately in each category.

Approximately 70 percent of audited issuers (44 out of 63) received observations under the Issuer Policies and Procedures Review. **Figure 2** provides the most common root causes and frequency of these observations. Many issuers were not able to provide evidence they had controls in place to ensure the policies and procedures submitted for the audit were timely and applicable to the BY 2018 data submission (e.g., wrong version of the EDGE Server Business Rules (ESBR) cited, no revision history, not reviewed on a timely basis). In addition, many issuers’ policies and procedures did not include critical policies that explain how data was submitted to their EDGE server (e.g., lacked mother-child bundle policy, lacked void/replacement policy).

Figure 2 – Issuer Policies and Procedures Review Observation – Common Root Causes and Frequency

Twelve issuers received findings that resulted in financial impact, 39 issuers received observations that resulted in no financial impact, and 12 issuers received no findings or observations²² associated with the policies and procedures review. To determine the financial impact of the findings, CMS first determined paid claim amount differences for enrollees associated with a BY 2018 HCRP payment. The claim-level differences were then aggregated at the enrollee and national market risk pool level for final recalculation of issuers' BY 2018 HCRP payments to determine total financial impact. The final aggregated financial impact of the findings for all 12 issuers that had findings that resulted in financial impact identified overpayments to those issuers totaling \$719,957, representing 0.22 percent of the total BY 2018 HCRP payments for all 63 issuers audited.²³ Of this total, the financial impact attributed to the small group market national risk pool was \$682,168 and the financial impact attributed to the individual market national risk pool was \$37,789.

Table 2 lists summary information regarding the BY 2018 HCRP Audits.²⁴

Table 2: BY 2018 HCRP Audit – Summary Data

SUMMARY DATA ELEMENT	Individual Market National Risk Pool*	Small Group Market National Risk Pool	TOTALS**
Total Number of Issuers in HCRP (and paying charges)	264	473	552***
Number of Issuers Receiving HCRP Payments	128	142	217
Dollar Value of BY 2018 HCRP Payment Requests	\$178.4 million	\$193.2 million	\$371.6 million
Number of Issuers Audited for the BY 2018 HCRP Audits	47	48	63

²² Issuers that received both findings and observations are counted separately in each category.

²³ Financial impact derived from the BY 2018 HCRP Audit only includes findings where funds are subject to recoupment by HHS. Additional HCRP payments are not provided for underpayments identified as a result of these audits.

²⁴ For more information on the BY 2018 HCRP program, please see the *Summary Report on Permanent Risk Adjustment Transfers for the 2018 Benefit Year* (June 28, 2019), available at: <https://www.cms.gov/CCIIO/Programs-and-Initiatives/Premium-Stabilization-Programs/Downloads/Summary-Report-Risk-Adjustment-2018.pdf>.

SUMMARY DATA ELEMENT	Individual Market National Risk Pool*	Small Group Market National Risk Pool	TOTALS**
Number of Issuers Audited for the BY 2018 HCRP Audits with At Least One Finding or Observation	36	38	51
Number of Issuers Audited for the BY 2018 HCRP Audits with No Findings or Observations	11	10	12
Number of Issuers Audited for the BY 2018 HCRP Audits with Financial Impact	6	7	12
Number of Issuers Audited for the BY 2018 HCRP Audits with No financial Impact	38	41	51
Dollar Value of BY 2018 HCRP Payments for Audited Issuers	\$152,168,831	\$176,717,791	\$328,886,622
Total Financial Impact for All BY 2018 HCRP Audits	\$ 37,789	\$682,168	\$719,957
BY 2018 HCRP Payment Recoupment Percentage for All Audited Issuers	0.02 percent	0.39 percent	0.22 percent

* The individual market national risk pool includes catastrophic and non-catastrophic plans, and merged market plans.

** Where applicable, issuer counts in the Totals column are unique and will therefore not reflect the addition of the Individual Market National Risk Pool and Small Group Market National Risk Pool columns.

*** Total unique issuers in the HCRP across both markets is 552 issuers rather than the total 572 issuers participating in the BY 2018 HHS-operated RA program because no BY 2018 default RA charge issuers were assessed an HCRP charge, nor did they receive an HCRP payment.

Consistent with policy established in the 2023 Payment Notice, the HCRP funds recouped from an issuer in an applicable national market risk pool as a result of audits are used to reduce HCRP charges beginning with the current benefit year, if the HCRP calculations have not already been completed for the current benefit year.²⁵

Table 3 lists all issuers selected for audit for BY 2018, each issuer's original BY 2018 HCRP payment, and the financial impact identified through the audit for each issuer, where applicable. The reports detailing findings and observations from each of these issuer audits are available on the [CCIIO web page](#).²⁶

Table 3: BY 2018 HCRP Audit – Recoupment Amount by Issuer

HIOS ID	Issuer Name	State	BY 2018 HCRP Payment	BY 2018 HCRP Financial Impact	BY 2018 HCRP Financial Impact Percentage
83761	Alliant Health Plans	GA	\$2,505,299.71	\$974.74	0.04%
91762	AmeriHealth Ins Company of New Jersey	NJ	\$1,544,200.95	\$0.00	0.00%
86545	Anthem Health Plans Inc (Anthem BCBS)	CT	\$2,594,243.72	\$0.00	0.00%
16064	Anthem Health Plans of VA (Anthem BCBS)	VA	\$4,057,517.38	\$0.00	0.00%
17575	Anthem Ins Companies Inc (Anthem BCBS)	IN	\$2,452,160.40	\$0.00	0.00%

²⁵ See Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2023; Final Rule, 87 FR 27208 at 27253 (May 6, 2022).

²⁶ See https://www.cms.gov/CCIIO/Resources/Forms-Reports-and-Other-Resources/Exams_Audits_Reviews_Issuer_Resources-.

2018 Benefit Year (BY) High-Cost Risk Pool (HCRP) Audit Summary

HIOS ID	Issuer Name	State	BY 2018 HCRP Payment	BY 2018 HCRP Financial Impact	BY 2018 HCRP Financial Impact Percentage
49316	BCBSMN INC	MN	\$1,892,272.85	\$0.00	0.00%
15287	Blue Cross & Blue Shield of Rhode Island	RI	\$1,346,240.00	\$3.73	0.00%*
46944	Blue Cross and Blue Shield of Alabama	AL	\$3,274,322.31	\$0.00	0.00%
49046	Blue Cross and Blue Shield of GA, Inc	GA	\$2,200,463.57	\$0.00	0.00%
42690	Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.	MA	\$2,888,267.85	\$0.00	0.00%
26065	Blue Cross and Blue Shield of South Carolina	SC	\$1,725,278.75	\$0.00	0.00%
16842	Blue Cross Blue Shield of FL Inc.	FL	\$6,227,551.66	\$0.00	0.00%
36096	Blue Cross Blue Shield of Illinois	IL	\$6,377,484.74	\$0.00	0.00%
15560	Blue Cross Blue Shield of Michigan Mutual Insurance Company	MI	\$2,953,029.69	\$0.00	0.00%
11512	Blue Cross Blue Shield of North Carolina	NC	\$11,946,320.45	\$0.00	0.00%
87571	Blue Cross Blue Shield of Oklahoma	OK	\$3,411,109.39	\$0.00	0.00%
33602	Blue Cross Blue Shield of Texas	TX	\$25,169,554.30	\$0.00	0.00%
27603	Blue Cross of California (Anthem BC)	CA	\$17,255,492.69	\$0.00	0.00%
14002	BlueCross BlueShield of Tennessee	TN	\$1,498,693.24	\$0.00	0.00%
70285	CA Physician's Service dba Blue Shield of CA	CA	\$67,876,898.90	\$155,577.63	0.23%
77552	CareSource	OH	\$2,952,303.38	\$14,656.68	0.50%
21663	Celtic Insurance Company	FL	\$3,111,407.14	\$158.88	0.01%
99723	Celtic Insurance Company	MO	\$1,562,048.77	\$0.00	0.00%
49375	Cigna Health and Life Insurance Company	CO	\$1,362,639.56	\$0.00	0.00%
87416	Common Ground Healthcare Cooperative	WI	\$1,650,877.55	\$999.72	0.06%
44113	Empire Health Choice Assurance, Inc.	NY	\$1,848,231.85	\$0.00	0.00%
78124	Excellus Health Plan, Inc.	NY	\$5,671,074.14	\$172.12	0.00%*
99110	Health Net Life Insurance Company	CA	\$7,954,060.00	\$0.00	0.00%
67138	Health Net of California, Inc.	CA	\$814,192.66	\$0.00	0.00%
30252	Health Options, Inc.	FL	\$2,876,505.23	\$0.00	0.00%
95865	Health Plan of Nevada, Inc.	NV	\$1,591,823.51	\$0.00	0.00%
79888	HealthPartners, Inc	MN	\$3,067,932.22	\$0.00	0.00%
33709	Highmark Inc.	PA	\$1,934,781.32	\$0.00	0.00%
76680	HMO Colorado Inc (Anthem BCBS)	CO	\$5,493,800.87	\$0.00	0.00%
91661	Horizon Healthcare Services, Inc.	NJ	\$5,040,183.11	\$0.00	0.00%
93332	Humana Employers Health Plan of Georgia, Inc.	GA	\$2,454,127.22	\$546,981.53	22.29%
31609	Independence Blue Cross (QCC Ins Co.)	PA	\$1,336,145.02	\$0.00	0.00%
21032	Kaiser Foundation Health Plan of Colorado	CO	\$3,501,261.01	\$0.00	0.00%
89942	Kaiser Foundation Health Plan of Georgia, Inc.	GA	\$3,014,492.00	\$0.00	0.00%
95185	Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.	VA	\$2,788,459.30	\$0.00	0.00%

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HIOS ID	Issuer Name	State	BY 2018 HCRP Payment	BY 2018 HCRP Financial Impact	BY 2018 HCRP Financial Impact Percentage
80473	Kaiser Foundation Health Plan of Washington	WA	\$2,883,338.13	\$0.00	0.00%
40513	Kaiser Foundation Health Plan, Inc.	CA	\$32,381,301.35	\$0.00	0.00%
33871	Keystone Health Plan East	PA	\$2,122,924.48	\$186.63	0.01%
97176	Louisiana Health Service & Indemnity Company	LA	\$2,603,732.99	\$0.00	0.00%
20305	Medica Insurance Company	NE	\$4,852,870.66	\$0.00	0.00%
39424	Moda Health Plan Inc	OR	\$1,714,604.86	\$0.00	0.00%
20507	Optima Health	VA	\$2,173,969.13	\$0.00	0.00%
20069	Oscar Insurance Company of Texas	TX	\$245,309.69	\$6.63	0.00%*
85629	Oxford Health Insurance, Inc.	NY	\$14,488,743.79	\$0.00	0.00%
38344	Premera Blue Cross	AK	\$5,586,156.74	\$0.00	0.00%
49831	Premera Blue Cross	WA	\$2,097,932.36	\$0.00	0.00%
56707	Providence Health Plan	OR	\$1,022,762.19	\$188.46	0.02%
77969	Regence BlueCross BlueShield of Oregon	OR	\$1,415,386.60	\$0.00	0.00%
33670	Rocky Mountain Hos&Med Svc (Anthem BCBS)	NV	\$4,272,673.17	\$0.00	0.00%
64210	Sutter Health Plan	CA	\$1,545,021.23	\$50.36	0.00%*
85736	UCare Minnesota	MN	\$1,523,558.19	\$0.00	0.00%
49116	UHC of California	CA	\$1,913,688.08	\$0.00	0.00%
23489	UnitedHealthcare Insurance Company	PA	\$1,418,328.85	\$0.00	0.00%
67879	UnitedHealthcare Insurance Company	CO	\$3,045,447.15	\$0.00	0.00%
82011	UnitedHealthcare Insurance Company	AZ	\$1,955,393.08	\$0.00	0.00%
95677	UnitedHealthcare Insurance Company	CA	\$3,491,146.75	\$0.00	0.00%
16322	UPMC Health Options	PA	\$4,624,936.19	\$0.00	0.00%
93689	Western Health Advantage	CA	\$2,284,648.17	\$0.00	0.00%

*The BY 2018 HCRP Audit Financial Impact divided by the issuer's BY 2018 HCRP Payment does not round to at least one hundredth of one percent.