DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201

# SUMMARY REPORT ON TRANSITIONAL REINSURANCE PAYMENTS AND PERMANENT RISK ADJUSTMENT TRANSFERS FOR THE 2016 BENEFIT YEAR

**Released: June 30, 2017**

## I. Highlights of the Summary Report on Transitional Reinsurance Payments and Permanent Risk Adjustment Transfers for the 2016 Benefit Year

**The transitional reinsurance and permanent risk adjustment programs functioned smoothly for the 2016 benefit year, as the Patient Protection and Affordable Care Act-compliant market continued to grow.**

- The reinsurance program provides payments to issuers of non-grandfathered, individual market plans subject to the federal market reforms established under the Patient Protection and Affordable Care Act.

- The risk adjustment program applies to any health insurance issuer offering plans in the individual or small group market, with the exception of grandfathered health plans, group health insurance coverage described in 45 C.F.R. § 146.145(c), 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 767 issuers participated in the reinsurance and risk adjustment programs for the 2016 benefit year, of which 726 established EDGE servers.

- Of 496 issuers participating in the reinsurance program, all issuers successfully submitted the EDGE server data necessary to calculate reinsurance payments.

- Of 751 issuers participating in the risk adjustment program, 710 submitted EDGE server data to calculate risk adjustment transfers. The default risk adjustment charge was assessed to 1 of these issuers for failure to provide HHS with access to the required data and to an additional 41 issuers that did not submit EDGE server data.

**The transitional reinsurance program continues to provide significant protection to individual market issuers with exceptionally high-cost enrollees.**

- The initial, estimated reinsurance coinsurance rate for the 2016 benefit year is 52.9 percent.[1]

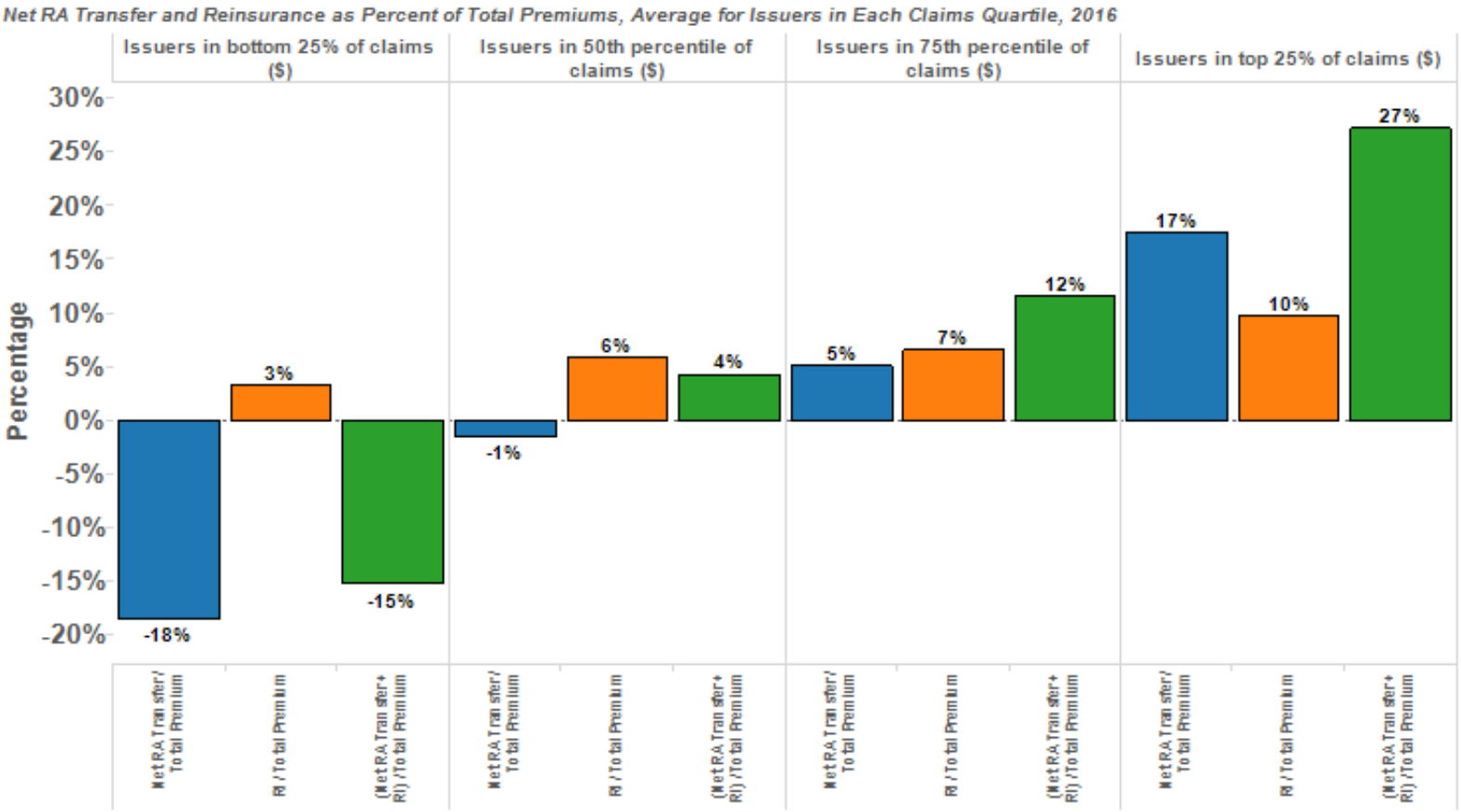
- For the 2016 benefit year, as of the date of this report, an estimated $4 billion in reinsurance payments will be made to 496 issuers nationwide.

**Both the transitional reinsurance program and the permanent risk adjustment program are working as intended in compensating plans that enrolled higher-risk individuals, thereby protecting issuers against adverse selection within a market within a state and supporting them in offering products that serve all types of consumers.**

[1] As stated in 45 C.F.R. § 153.230(d), "if HHS determines that all reinsurance payments requested…for a benefit year will not be equal to the amount of contributions collected, HHS will determine a uniform pro rata adjustment." As such, CMS can update the coinsurance rate after HHS determines the total amount of reinsurance payments requested. The initial, estimated reinsurance coinsurance rate for the 2016 benefit year is subject to change -- and may increase or decrease – in light of differences between projected and actual reinsurance contribution collections, discrepancies and appeals.

- For example, we have found that:
    - **For the 2016 benefit year, risk adjustment transfers as a percent of premiums were similar to the 2014 and 2015 benefit years.** In the 2014 and 2015 benefit years, the absolute value of risk adjustment transfers averaged 10 percent of premiums in the individual market and 6 percent of premiums in the small group market. In the 2016 benefit year, the absolute value of risk adjustment transfers as a percent of premium increased to 11 percent of premiums in the individual market and stayed consistent in the small group at 6 percent of premiums. This occurred primarily because of a shift in healthy enrollees from platinum and gold plans to silver and bronze plans in the individual market.

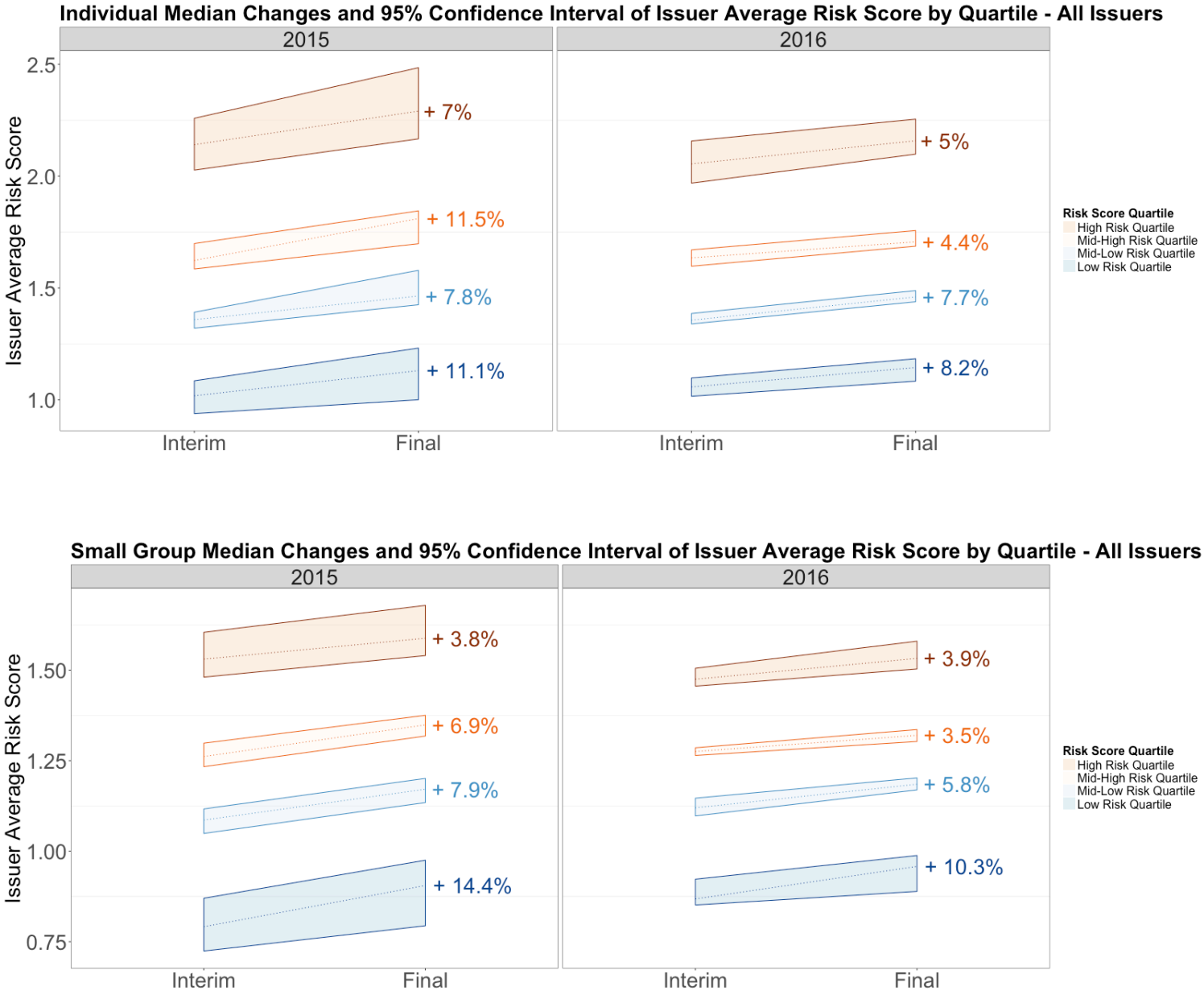
**Figure 1**




- **Amount of paid claims is strongly correlated with both risk adjustment and reinsurance transfers**. (See Figure 1.) Risk adjustment is intended to transfer funds from issuers with low actuarial risk to plans with high actuarial risk. Risk adjustment, when combined with the transitional reinsurance program, compensated issuers for high-cost enrollees. Issuers with relatively high paid claims amounts were more likely to be compensated by risk adjustment payments, while issuers with relatively low paid claims amounts were more likely to be assessed charges. For example, in the individual market, issuers in the lowest quartile of claims costs, on average, were

assessed a risk adjustment charge of approximately 18 percent of total collected premiums. Conversely, issuers in the highest quartile of claims costs received a risk adjustment payment of about 27 percent of their total premiums. These correlations confirm that risk adjustment is working as intended to transfer funds from issuers with low actuarial risk to plans with high actuarial risk. Likewise, issuers with higher claims costs also received larger reinsurance payments.

**Figures 2 & 3**




- **Predictability between interim and final risk scores was noticeably**

**improved in the 2016 benefit year (Figures 2 & 3).** For the 2015 benefit year, the initial year CMS provided interim risk scores, 20 states plus the District of Columbia received interim risk adjustment results. For the 2016 benefit year, 48 states plus the District of Columbia received interim results, marking a significant improvement in the quality and quantity of issuer data submissions. In addition to the significant increase in the number of issuers and states eligible for interim risk scores for the 2016 benefit year, there was also marked improvement in predictability of transfers by risk score quartile as compared with 2015 in both markets. This increased predictability associated with interim risk scores reflects higher quality data earlier in the data submission process and provides more reliable estimates prior to final data submission for issuers' rate setting and financial forecasts.

- **Risk scores were stable in the individual market and decreased in the small group market.** There were a number of reasons to believe that risk scores would be higher for the 2016 benefit year relative to the 2014 benefit year. The average enrollee was enrolled for more months in 2016 relative to 2014. Total claims volume is higher when individuals are enrolled for longer periods of time, leading to increased numbers of reported diagnoses, higher risk scores, and greater paid claims amounts per member, even when the risk profile of the membership is held constant. Further, in the third year of operation, issuers would have more experience submitting claims to the EDGE server and properly capturing diagnoses for purposes of risk adjustment. All of these factors would cause an increase in average risk score (the measure of actuarial risk) without representing an increase in the actuarial risk of the membership. Despite these factors, risk scores were stable in the individual market and decreased by 4 percent in the small group market.

## II. Background

The Patient Protection and Affordable Care Act established a transitional reinsurance program (in section 1341) and a permanent risk adjustment program (in section 1343), two of three premium stabilization programs, to provide payments to health insurance issuers that cover higher-cost and higher-risk populations to more evenly spread the financial risk borne by issuers and help stabilize premiums. This report reflects the final estimated results of the risk adjustment and reinsurance programs for the 2016 benefit year, the third year those programs have operated and the final year for the transitional reinsurance program.

The reinsurance program is designed to provide issuers with greater payment stability, for coverage both through, and outside of, Exchanges as the insurance market reforms are implemented and the Exchanges facilitate increased enrollment. The reinsurance program has helped reduce the uncertainty of insurance risk in the individual market by partially offsetting issuers' claims associated with high-cost enrollees. For the 2016 benefit year, HHS operated the reinsurance program for all 50 states and the District of Columbia.[2]

[2] See, https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Transitional-Reinsurance-Program-%E2%80%93-CMS-to-Begin-Operating-on-behalf-of-the-State-of-Connecticut.pdf.

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

As described in the HHS Notice of Benefit and Payment Parameters for 2014 Final Rule (78 Fed. Reg. 15,409), the risk adjustment methodology developed by the Department of Health and Human Services (HHS) is based on the premise that premiums should reflect the differences in plan benefits, quality, and efficiency – not the health status of the enrolled population. The HHS-operated risk adjustment methodology determines each plan's risk adjustment transfer amount based on the actuarial risk of enrollees, the actuarial value of coverage, utilization and the cost of doing business in local rating areas, and the effect of different cost-sharing levels on utilization. This methodology, which HHS applied in 49 states and the District of Columbia for the 2016 benefit year,[3] transfers funds from plans with low risk enrollees to plans with high risk enrollees.

Pursuant to 45 C.F.R. § 153.240(b)(1)(i), HHS is making a report available today to each issuer of a reinsurance-eligible plan that includes the issuer's initial, estimated reinsurance payment for the 2016 benefit year, calculated based on the reinsurance contributions HHS has already collected and the contributions that are scheduled to be collected by November 15, 2017, and reflecting the initial, estimated 2016 coinsurance rate of 52.9 percent. [4] Pursuant to 45 C.F.R. § 153.310(e), HHS also made a report available on June 16, 2017, to each issuer of a risk adjustment covered plan that includes the issuer's risk adjustment payment or charge for the 2016 benefit year.[5]

In addition to the reports for issuers described above, HHS is publishing this report, which makes publicly available certain summary data and issuer-specific data on the reinsurance and HHS risk adjustment programs for the 2016 benefit year.

We note that data included in this report reflect amounts calculated based on the 2016 benefit year reinsurance payment parameters and risk adjustment methodology outlined in regulation (78 Fed. Reg. 15409 (Mar. 11, 2013), 79 Fed. Reg. 13743 (Mar. 11, 2014), 80 Fed. Reg. 10749 (Feb. 27, 2015), 81 Fed. Reg. 12203 (Mar. 8, 2016) and 45 C.F.R. Part 153) and is provided for informational purposes. These amounts do not constitute specific obligations of Federal funds to any particular issuer or plan.

## III. Transitional Reinsurance Program Summary Data

Section 1341(b)(2)(B) of the Patient Protection and Affordable Care Act directs the Secretary, in establishing the Federal standards for the transitional reinsurance program, to include a formula for determining the amount of reinsurance payments to be made to

[3] Massachusetts operated its own risk adjustment program for the 2016 benefit year.
[4] This report will reflect an issuer's initial, estimated reinsurance payment for the 2016 benefit year and these amounts are subject to change – and may increase or decrease – due to differences between projected and actual reinsurance contribution collections, discrepancies and appeals.
[5] HHS notified issuers through an announcement from https://www.regtap.info/ when the reports were available for download through the EDGE server management console.

individual market issuers for high-cost individuals that provides for the equitable allocation of funds. In the Premium Stabilization Rule Final Rule (77 Fed. Reg. 17219 at 17228) (Mar. 23, 2012), we provided that reinsurance payments to eligible issuers will be made for a portion of an enrollee's claims costs paid by the issuer (the coinsurance rate, meant to reimburse a proportion of claims while giving issuers an incentive to contain costs) that exceeds an attachment point (when reinsurance would begin), subject to a reinsurance cap (when the reinsurance program stops paying claims for a high-cost individual). The coinsurance rate, attachment point, and reinsurance cap together constitute the uniform reinsurance payment parameters. For the 2016 benefit year, HHS established a $90,000 attachment point and $250,000 reinsurance cap (80 Fed. Reg. 10749 at 10777(Feb. 27, 2015)). Below we set forth the initial, estimated, and projected coinsurance rate for the 2016 benefit year.

**Table 1: Reinsurance Summary Data**

| SUMMARY DATA ELEMENT | TOTALS |
|---|---|
| Number of Issuers with 2016 Benefit Year Reinsurance-Eligible Individual Market Plans, Nationwide | 496 |
| Number of Issuers Receiving 2016 Benefit Year Reinsurance Payments, Nationwide[6] | 445 |
| Current Total Dollar Value of 2016 Benefit Year Reinsurance Payment Requests[7] | $7.5 billion |
| Estimated Total Amount of 1st Reinsurance Payments – Using Total 2016 Benefit Year Reinsurance Contributions Available for Reinsurance Payments as of April 30, 2017[8] | $3.3 billion |
| Initial, Estimated Coinsurance Rate for 2016 Benefit Year 1st Reinsurance Payments – Based on Contributions Available for Reinsurance Payments as of April 30, 2017[9] | 83 percent of the 52.9 percent initial, estimated coinsurance rate |
| Projected Coinsurance Rate for 2016 Benefit Year Based on Total Contribution Collections Available for Reinsurance Payments – Collected and Projected for 2016 Benefit Year[10] | 52.9 percent coinsurance rate |

[6] Reinsurance-eligible issuers with enrollee(s) whose paid claims exceeded the $90,000 attachment point threshold for reinsurance payments for the 2016 benefit year.
[7] As noted above, this total amount of reinsurance payments requested may change due to discrepancies and appeals.
[8] CMS will remit another reinsurance payment once the November 15, 2017 contributions are collected.
[9] In the HHS Notice of Benefit and Payment Parameters for 2016 Final Rule, published on February 27, 2015 (80 Fed. Reg. 10,749 at 10,777FR, 10750, 10777) the 2016 benefit year coinsurance rate was set at 50 percent. Consistent with 45 C.F.R. § 153.230(d) and the HHS Notice of Benefit and Payment Parameters for 2017 Final Rule, published on March 8, 2016 (81 Fed. Reg. 12, 203 at 12,231), this has been increased to an initial, estimated coinsurance rate of 52.9 percent. This amount may change due to differences between projected and actual reinsurance contribution collections, discrepancies and appeals.
[10] This report will reflect issuers' payment amounts using the initial, estimated coinsurance rate for the 2016 benefit year. We note that these amounts are subject to change – and may increase or decrease – due to differences between projected and actual reinsurance contribution collections, discrepancies and appeals.

## IV. HHS Risk Adjustment Program Summary Data[11]

Table 2 sets forth HHS risk adjustment program summary data, including the number of issuers participating in HHS risk adjustment transfers.

**Table 2: HHS Risk Adjustment Program Summary Data**[12]

| HHS RISK ADJUSTMENT TRANSFER CATEGORY | NUMBER OF ISSUERS WITH RISK ADJUSTMENT COVERED PLANS IN HHS RISK ADJUSTMENT[13] |
|---|---|
| Total Number of Issuers Participating in HHS Risk Adjustment Transfers | 709 |
| Number of Issuers with Individual Non-Catastrophic Plans | 469 |
| Number of Issuers with Individual Catastrophic Plans | 247 |
| Number of Issuers with Small Group Plans | 552 |
| Number of Issuers in a Merged Market (Individual and Small Group) | 2 |

Table 3 illustrates the national average enrollment weighted monthly premium by risk pool and the total percent of dollars that is expected to be transferred within each state market by using the absolute value of net transfers for each issuer operating within the market risk pool. The percentages are calculated based on summation of the absolute value of net transfers for each issuer in a specific market risk pool. This means that for net charges (otherwise reported as negative) we included the absolute value in the equation, net payments are already positive. This amount is then divided by the total premium for the market risk pool, which is calculated as the sum of the products of plan average premium and the billable member months.

[11] All data summarized in this report was calculated using 2016 benefit year EDGE Data. For the 2016 benefit year, Massachusetts was the only state electing to operate a risk adjustment program. Data displayed for risk adjustment does not include Massachusetts.

[12] The total of the three market risk pool groups on this table will not sum to the total issuers with risk adjustment transfer calculations because some issuers provided plans in multiple markets.

[13] Counts for issuers with a default charge are not included in counts for the market in which they are being assessed this charge. Issuers that participated in Massachusetts's risk adjustment program are also not represented here.

**Table 3: National Average Enrollment Weighted Monthly Premium by Risk Pool[14] and HHS Risk Adjustment Absolute Value of Transfer Amounts as a Percent of Premium by Risk Pool**

| RISK POOL | NATIONAL AVERAGE ENROLLMENT WEIGHTED MONTHLY PREMIUM | ABSOLUTE VALUE OF TRANSFER AMOUNTS AS A PERCENT OF PREMIUM[15] |
|---|---|---|
| Individual | $391.86 | 11 percent |
| Small Group | $455.46 | 6 percent |
| Catastrophic | $158.73 | 15 percent |
| Merged | $496.97 | 0.13 percent |
| National Average | $414.54 | 8 percent |

## V. HHS Risk Adjustment Program State-Specific Data

In Appendix A[16] we set forth the risk adjustment state averages with billable member months for the 2016 benefit year. Appendix A includes the state average monthly premiums by state and risk pool (catastrophic, individual and small group), the state average plan liability risk score by state and risk pool, state average allowable rating factor by state and risk pool, state average actuarial value by state and risk pool, and state billable member months. We also include in Appendix A the risk score by metal level and the national distribution of enrollment in each metal level, that is the percentage of enrollment in each metal level. We note that some data elements in Appendix A may not match the state risk pool averages found on issuers' reports in state risk pools that had a material discrepancy resulting in payment adjustments after the calculation of risk adjustment transfers.

Below we set forth a description of the calculations for state average premium, state average plan liability risk score, state average allowable rating factor, state average actuarial value and billable member months.

| DATA ELEMENT | DESCRIPTION |
|---|---|
| **State Average Premium** | The state average premium for state market risk pool is the weighted average monthly premium for the state market risk pool, weighted by plan share of statewide enrollment in the state market risk pool. |
| **State Average Plan Liability Risk Score (PLRS)** | The state average PLRS is calculated as the summed products of PLRS and billable member months for all plans within the state market risk pool divided by total billable months for all plans within the state market risk pool. |

[14] Data includes only those issuers that successfully submitted data to the EDGE server as part of the HHS risk adjustment program. Premiums represent the average per member per month amount. They do not include any reduction in premiums due to advance payments of the premium tax credit.

[15] Absolute value of net transfer charge or payment calculated at issuer level and rounded to the nearest percentage point unless otherwise specified.

[16] For the 2016 benefit year, Massachusetts was the only state electing to operate a risk adjustment program. Therefore, Massachusetts is not reflected in Appendix A.

| DATA ELEMENT | DESCRIPTION |
|---|---|
| **State Average Allowable Rating Factor (ARF)** | The state average ARF is calculated as the summed products of ARF and billable member months for the plans within the state market risk pool divided by total billable member months for all plans in the state market risk pool. |
| **State Average Actuarial Value (AV)** | The state average AV is calculated as the summed products of AV and billable member months for the plans within the state market risk pool divided by the total billable member months within the state market risk pool. AV corresponds with metal and catastrophic tiers as follows:<br>*Catastrophic: 0.57<br>*Bronze: 0.60<br>*Silver: 0.70<br>*Gold: 0.80<br>*Platinum: 0.90 |
| **Billable Member Months** | Billable member months are the member months of an individual or family policy that are included when setting the policy's premium rate. |

## VI. 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 CFR 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. The GCF is simply 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 for all silver 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.[17]

The GCF including billable member months by state and rating area are set forth in Appendix B.

[17] 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.

## VII. Risk Adjustment and Reinsurance Program Issuer-Specific Data

Below we set forth the 2016 benefit year initial, estimated reinsurance payment amounts and the risk adjustment transfer amounts by issuer.

**Not Eligible or "$-" or $0 reinsurance payment*: Some issuers are not considered in the risk adjustment calculations because they have no 2016 benefit year enrollment in individual or small group market health insurance plans or because they have no enrollment in risk adjustment covered plans.[18] Similarly, those issuers that had no 2016 benefit year enrollment in individual market plans, did not have claims cost that exceeded the attachment point, or are small group only issuers are not eligible or have zero ($0.00) for reinsurance payments.

**For the 2016 benefit year, Massachusetts was the only state electing to operate its own risk adjustment program. Therefore, in Table 4 below, we do not list any Massachusetts issuers' risk adjustment transfer amounts. These issuers' risk adjustment transfer amounts will be listed as "N/A – MA Issuer."

**Table 4: Issuer-Specific Information**[19]

| HIOS ID | HIOS INPUTTED INSURANCE COMPANY NAME | STATE | REINSURANCE PAYMENT AMOUNT (OR NOT ELIGIBLE) | HHS RISK ADJUSTMENT TRANSFER AMOUNT (INDIVIDUAL MARKET, INCLUDING CATASTROPHIC) | HHS RISK ADJUSTMENT TRANSFERS AMOUNT (SMALL GROUP MARKET) |
|---|---|---|---|---|---|
| 11082 | Aetna Life Insurance Company | AK | Not Eligible | $- | ($1,188,058.34) |
| 38344 | Premera Blue Cross | AK | $5,758,679.10 | $11,418,310.79 | $4,017,476.01 |
| 73836 | Moda Health Plan Inc | AK | $8,987,021.64 | ($11,418,310.77) | ($2,026,261.96) |
| 80049 | UnitedHealthcare Insurance Company | AK | Not Eligible | $- | ($803,155.69) |
| 44580 | Humana Insurance Company | AL | $2,298,478.10 | ($13,518,890.18) | $- |
| 44902 | Federated Mutual Insurance Company | AL | Not Eligible | $- | ($32,889.86) |
| 46944 | Blue Cross and Blue Shield of Alabama | AL | $48,065,429.70 | $24,939,398.79 | $2,294,842.22 |
| 59809 | UnitedHealthcare Life Insurance Company | AL | $111,220.27 | ($959,823.85) | $- |

[18] A risk adjustment covered plan is defined under 45 C.F.R. § 153.20 as any health insurance coverage offered in the individual or small group market with the exception of grandfathered health plans, group health insurance coverage described in 45 C.F.R. § 146.145(c), 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.

[19] Table 5 provides the issuer specific information for Vermont issuers.

| HIOS ID | HIOS INPUTTED INSURANCE COMPANY NAME | STATE | REINSURANCE PAYMENT AMOUNT (OR NOT ELIGIBLE) | HHS RISK ADJUSTMENT TRANSFER AMOUNT (INDIVIDUAL MARKET, INCLUDING CATASTROPHIC) | HHS RISK ADJUSTMENT TRANSFERS AMOUNT (SMALL GROUP MARKET) |
|---|---|---|---|---|---|
| 68259 | UnitedHealthcare of Alabama, Inc. | AL | $8,739,396.74 | ($10,457,177.89) | ($1,064,013.58) |
| 69461 | UnitedHealthcare Insurance Company | AL | Not Eligible | $- | ($51,436.04) |
| 93018 | Viva Health, Inc. | AL | Not Eligible | $- | ($1,146,502.70) |
| 93122 | Freedom Life Insurance Company of America | AL | $0.00 | ($3,506.92) | $- |
| 13262 | USAble Mutual Insurance Company | AR | Not Eligible | $- | ($32,736.62) |
| 22732 | UnitedHealthcare Insurance Company of the River Valley | AR | Not Eligible | $- | $56,688.96 |
| 37903 | Qualchoice Life and Health Insurance Company, INC | AR | $5,901,467.15 | $6,169,439.47 | ($135,289.79) |
| 53135 | UnitedHealthcare Life Insurance Company | AR | $314,611.24 | ($189,796.85) | $- |
| 60079 | Coventry Health and Life | AR | $0.00 | ($12,964.94) | ($17,774.27) |
| 61273 | Freedom Life Insurance Company of America | AR | $0.00 | $8,241.41 | $- |
| 62141 | Celtic Insurance Company | AR | $4,667,143.01 | ($3,996,497.96) | $- |
| 65817 | UnitedHealthcare of Arkansas, Inc. | AR | $878,465.85 | ($3,066,401.15) | ($602,953.44) |
| 70525 | QCA Health Plan INC | AR | $5,970,119.58 | $2,856,187.95 | ($59,363.91) |
| 75293 | USAble Mutual Insurance Company | AR | $37,164,216.31 | ($1,661,548.73) | $1,799,059.63 |
| 81392 | UnitedHealthcare Insurance Company | AR | Not Eligible | $- | ($633,751.37) |
| 89365 | Federated Mutual Insurance Company | AR | Not Eligible | $- | ($373,879.22) |
| 99685 | Humana Insurance Company | AR | $0.00 | ($106,659.16) | $- |
| 23307 | Humana Health Plan, Inc. | AZ | $2,289,096.26 | $6,251,937.97 | ($6,031,056.26) |
| 40702 | UnitedHealthcare of Arizona, Inc. | AZ | Not Eligible | $- | ($1,413,358.56) |
| 51485 | Health Net Life Insurance Company | AZ | $2,433,371.07 | $5,075,983.13 | $6,396,214.81 |
| 53901 | Blue Cross Blue Shield of Arizona | AZ | $27,506,938.31 | $29,716,531.05 | ($1,968,495.77) |

| HIOS ID | HIOS INPUTTED INSURANCE COMPANY NAME | STATE | REINSURANCE PAYMENT AMOUNT (OR NOT ELIGIBLE) | HHS RISK ADJUSTMENT TRANSFER AMOUNT (INDIVIDUAL MARKET, INCLUDING CATASTROPHIC) | HHS RISK ADJUSTMENT TRANSFERS AMOUNT (SMALL GROUP MARKET) |
|---|---|---|---|---|---|
| 65441 | Phoenix Health Plans, Inc. | AZ | $1,783,346.46 | ($32,866,201.10) | $- |
| 66105 | Humana Insurance Company | AZ | $2,656,508.48 | ($1,311,469.26) | ($1,065,223.04) |
| 70239 | Health Choice Insurance Co | AZ | $3,438,514.98 | ($9,159,037.15) | $- |
| 70904 | WMI Mutual Insurance Company | AZ | Not Eligible | $- | ($59,130.69) |
| 75849 | Freedom Life Insurance Company of America | AZ | $0.00 | ($175.68) | $- |
| 78611 | Aetna Health Inc. (a PA corp.) | AZ | $1,544,043.36 | ($8,516,682.29) | ($7,293.51) |
| 82011 | UnitedHealthcare Insurance Company | AZ | Not Eligible | $- | $5,204,264.49 |
| 84251 | Aetna Life Insurance Company | AZ | $0.00 | $41,466.11 | $1,799,959.40 |
| 86830 | Cigna Health and Life Insurance Company | AZ | $576,234.39 | $1,169,118.87 | $28,617.42 |
| 90169 | UnitedHealthcare Life Insurance Company | AZ | $822,635.08 | ($819,920.79) | $- |
| 91450 | Health Net of Arizona, Inc. | AZ | $4,433,397.90 | $9,901,556.20 | ($2,809,420.30) |
| 97667 | Cigna HealthCare of Arizona, Inc | AZ | $1,135,299.23 | ($1,946,342.41) | ($107,879.38) |
| 98971 | All Savers Insurance Company | AZ | $13,230,750.73 | $2,463,235.36 | $32,801.56 |
| 10544 | Oscar Health Plan of California | CA | $270,244.26 | ($4,894,494.13) | $- |
| 18126 | Molina Healthcare of California | CA | $3,087,612.70 | ($106,521,339.27) | $- |
| 20523 | Aetna Health of California Inc. | CA | Not Eligible | $- | ($30,584,653.01) |
| 27330 | Kaiser Permanente Insurance Company | CA | Not Eligible | $- | ($331,349.12) |
| 27603 | Blue Cross of California(Anthem BC) | CA | $210,252,593.47 | $49,496,966.88 | $216,503,893.64 |
| 37873 | UnitedHealthcare Benefits Plan of California | CA | $790,860.23 | $425,818.57 | $- |
| 40025 | Cigna Health and Life Insurance Company | CA | $7,651,494.69 | $6,391,520.32 | $- |

| HIOS ID | HIOS INPUTTED INSURANCE COMPANY NAME | STATE | REINSURANCE PAYMENT AMOUNT (OR NOT ELIGIBLE) | HHS RISK ADJUSTMENT TRANSFER AMOUNT (INDIVIDUAL MARKET, INCLUDING CATASTROPHIC) | HHS RISK ADJUSTMENT TRANSFERS AMOUNT (SMALL GROUP MARKET) |
|---|---|---|---|---|---|
| 40513 | Kaiser Foundation Health Plan, Inc. | CA | $99,483,995.87 | ($182,807,948.20) | ($254,946,663.78) |
| 40733 | Aetna Life Insurance Company | CA | Not Eligible | $- | $22,400,144.48 |
| 47579 | Chinese Community Health Plan | CA | $2,031,826.13 | ($24,844,080.41) | ($2,248,025.07) |
| 49116 | UHC of California | CA | Not Eligible | $- | ($15,840,917.19) |
| 56887 | Ventura County Health Care Plan | CA | Not Eligible | $- | $274,684.29 |
| 64210 | Sutter Health Plan | CA | $404,789.48 | $52,744.83 | ($12,698,603.21) |
| 64618 | National Health Insurance Company | CA | Not Eligible | $- | $270,905.91 |
| 67138 | Health Net of California, Inc. | CA | $24,670,172.12 | ($53,862,013.99) | ($41,807,057.69) |
| 70285 | CA Physician's Service dba Blue Shield of CA | CA | $200,597,192.85 | $265,442,825.10 | $105,943,814.59 |
| 84014 | Valley Health Plan | CA | $315,872.69 | ($2,983,496.65) | $- |
| 92499 | Sharp Health Plan | CA | $6,648,728.33 | $5,351,707.64 | ($9,546,508.28) |
| 92815 | Local Initiative Health Authority for Los Angeles County | CA | $24,557.63 | ($12,354,890.24) | $- |
| 93689 | Western Health Advantage | CA | $3,454,688.21 | ($4,446,832.83) | $2,191,329.00 |
| 95677 | UnitedHealthcare Insurance Company | CA | Not Eligible | $- | ($6,770,926.79) |
| 99110 | Health Net Life Insurance Company | CA | $23,086,888.56 | $65,553,512.41 | $27,189,932.09 |
| 21032 | Kaiser Foundation Health Plan of Colorado | CO | $16,419,013.45 | ($59,023,683.88) | ($3,316,114.09) |
| 28700 | Freedom Life Insurance Company of America | CO | $189,050.16 | $530,940.43 | $- |
| 35944 | Kaiser Permanente Insurance Company | CO | Not Eligible | $- | ($169,078.93) |
| 39041 | Aetna Life Insurance Company | CO | Not Eligible | $- | ($394,940.49) |
| 41341 | Golden Rule Insurance Company | CO | $798,771.78 | ($2,721,557.27) | $- |
| 49375 | Cigna Health and Life Insurance Company | CO | $6,707,081.89 | $1,238,103.55 | $- |
| 59036 | UnitedHealthcare of Colorado, Inc. | CO | $1,537,280.69 | $6,746,077.39 | ($8,152,391.81) |

| HIOS ID | HIOS INPUTTED INSURANCE COMPANY NAME | STATE | REINSURANCE PAYMENT AMOUNT (OR NOT ELIGIBLE) | HHS RISK ADJUSTMENT TRANSFER AMOUNT (INDIVIDUAL MARKET, INCLUDING CATASTROPHIC) | HHS RISK ADJUSTMENT TRANSFERS AMOUNT (SMALL GROUP MARKET) |
|---|---|---|---|---|---|
| 63312 | Colorado Choice Health Plans | CO | $3,886,517.25 | ($2,794,252.54) | $28,711.53 |
| 66699 | Denver Health Medical Plan, Inc. | CO | $297,354.64 | $2,810,015.23 | $- |
| 67879 | UnitedHealthcare Insurance Company | CO | Not Eligible | $- | $18,066,220.34 |
| 74320 | Humana Health Plan | CO | $4,384,982.12 | $19,133,063.67 | ($1,635,879.75) |
| 76680 | HMO Colorado Inc(Anthem BCBS) | CO | $6,296,226.19 | ($22,957,774.05) | ($5,766,680.60) |
| 79509 | Humana Insurance Company | CO | $164,260.09 | $719,860.70 | $621,087.18 |
| 80208 | Rocky Mountain HealthCare Options Inc | CO | Not Eligible | $- | $2,715,286.61 |
| 87269 | Rocky Mountain Hos&Med Svc(Anthem BCBS) | CO | $27,109,001.49 | $43,292,191.96 | $947,344.48 |
| 92137 | All Savers Insurance Company | CO | $129,784.97 | $939,139.28 | $- |
| 92291 | UnitedHealthcare Life Insurance Company | CO | $1,059,369.38 | $1,604,316.11 | $- |
| 97879 | Rocky Mountain Health Maintenance Organization Inc | CO | $8,180,224.47 | $10,483,559.33 | ($2,943,564.31) |
| 29462 | Oxford Health Insurance, Inc. | CT | Not Eligible | $- | $6,196,764.55 |
| 39159 | Aetna Life Insurance Company | CT | $1,447,448.75 | $789,659.17 | $5,293,151.42 |
| 40591 | Golden Rule Insurance Company | CT | $721,248.97 | ($418,099.60) | $- |
| 49650 | UnitedHealthcare Insurance Company | CT | $1,599,327.73 | $2,483,964.33 | ($125,543.67) |
| 71179 | Oxford Health Plans (CT), Inc. | CT | Not Eligible | $- | ($59,675.40) |
| 75091 | ConnectiCare, Inc. | CT | $49,691.37 | ($1,145,321.71) | ($266,957.78) |
| 76962 | ConnectiCare Benefits, Inc. | CT | $14,049,522.77 | ($1,673,116.38) | $- |
| 85732 | UnitedHealthcare Life Insurance Company | CT | $518,105.55 | $810,976.08 | $- |
| 86545 | Anthem Health Plans Inc(Anthem BCBS) | CT | $20,499,214.04 | $24,193,391.03 | $14,278,900.63 |

| HIOS ID | HIOS INPUTTED INSURANCE COMPANY NAME | STATE | REINSURANCE PAYMENT AMOUNT (OR NOT ELIGIBLE) | HHS RISK ADJUSTMENT TRANSFER AMOUNT (INDIVIDUAL MARKET, INCLUDING CATASTROPHIC) | HHS RISK ADJUSTMENT TRANSFERS AMOUNT (SMALL GROUP MARKET) |
|---|---|---|---|---|---|
| 87354 | Cigna Health and Life Insurance Company | CT | $535,710.84 | $1,027,304.78 | $- |
| 89130 | HPHC Insurance Company, Inc. | CT | Not Eligible | $- | ($14,809,373.05) |
| 91069 | HealthyCT, Inc. | CT | $6,340,096.71 | ($745,863.30) | ($7,270,795.39) |
| 94815 | ConnectiCare Insurance Company, Inc. | CT | $11,523,325.35 | ($25,322,894.30) | ($3,713,490.75) |
| 95882 | Harvard Pilgrim Health Care of Connecticut, Inc. | CT | Not Eligible | $- | $477,019.49 |
| 21066 | UnitedHealthcare of the Mid-Atlantic, Inc. | DC | Not Eligible | $- | ($208,559.67) |
| 41842 | UnitedHealthcare Insurance Company | DC | Not Eligible | $- | ($2,167,698.98) |
| 73987 | Aetna Health Inc. (a PA corp.) | DC | Not Eligible | $- | ($521,995.34) |
| 75753 | Optimum Choice, Inc. | DC | Not Eligible | $- | $308,133.57 |
| 77422 | Aetna Life Insurance Company | DC | Not Eligible | $- | ($278,383.82) |
| 78079 | Group Hospitalization and Medical Services | DC | $2,918,352.18 | $9,810,171.94 | $16,753,749.82 |
| 86052 | CareFirst BlueChoice | DC | $1,167,287.99 | ($7,984,910.32) | ($12,225,393.95) |
| 94506 | Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. | DC | $152,397.44 | ($1,825,261.64) | ($1,659,851.69) |
| 29497 | Aetna Life Insurance Company | DE | $1,002,995.37 | ($617,987.08) | ($609,891.66) |
| 61021 | UnitedHealthcare Insurance Company | DE | Not Eligible | $- | ($235,174.40) |
| 67190 | Aetna Health Inc. (a PA corp.) | DE | $343,162.44 | ($1,048,438.16) | $89,309.00 |
| 76168 | Highmark BCBSD Inc. | DE | $11,767,372.01 | $1,665,503.00 | $768,074.20 |
| 81914 | Coventry Health Care of Delaware, Inc. | DE | $0.00 | $- | $31,586.04 |
| 89587 | Golden Rule Insurance Company | DE | $42,201.07 | $922.26 | $- |
| 97569 | Optimum Choice, Inc. | DE | Not Eligible | $- | ($43,903.22) |
| 16842 | Blue Cross Blue Shield of FL Inc. | FL | $126,761,966.46 | $464,434,259.85 | $24,467,625.00 |
| 17341 | UnitedHealthcare Life Insurance Company | FL | $6,190,397.67 | $3,944,039.65 | $- |

| HIOS ID | HIOS INPUTTED INSURANCE COMPANY NAME | STATE | REINSURANCE PAYMENT AMOUNT (OR NOT ELIGIBLE) | HHS RISK ADJUSTMENT TRANSFER AMOUNT (INDIVIDUAL MARKET, INCLUDING CATASTROPHIC) | HHS RISK ADJUSTMENT TRANSFERS AMOUNT (SMALL GROUP MARKET) |
|---|---|---|---|---|---|
| 18628 | Aetna Health Inc. (a FL corp.) | FL | $6,467,391.19 | ($19,679,828.24) | $6,118,081.67 |
| 19898 | AvMed, Inc | FL | $4,504,028.34 | ($5,705,014.67) | ($7,819,786.24) |
| 21663 | Celtic Insurance Company | FL | $7,217,586.61 | ($160,888,837.15) | $- |
| 23841 | Aetna Life Insurance Company | FL | $184,616.94 | ($1,657,914.80) | $2,505,152.50 |
| 27357 | Health First Health Plans | FL | $3,159,908.04 | $1,792,502.93 | ($1,024,411.33) |
| 30252 | Health Options, Inc. | FL | $38,308,523.89 | ($6,728,057.44) | ($14,039,797.34) |
| 35783 | Humana Medical Plan, Inc. | FL | $73,556,881.87 | ($1,588,085.51) | ($8,475,356.54) |
| 40442 | Freedom Life Insurance Company of America | FL | $92,026.59 | $173,446.74 | $- |
| 42204 | All Savers Insurance Company | FL | Not Eligible | $- | ($130,253.39) |
| 43839 | UnitedHealthcare Insurance Company | FL | Not Eligible | $- | $5,443,321.07 |
| 48121 | Cigna Health and Life Insurance Company | FL | $4,687,309.64 | $11,336,832.52 | $- |
| 54172 | Molina Healthcare of Florida, Inc. | FL | $25,476,629.62 | ($252,569,063.08) | $- |
| 56503 | Florida Health Care Plan, Inc | FL | $3,533,832.47 | ($11,167,504.61) | ($790,753.33) |
| 57451 | Coventry Health Care of Florida, Inc. | FL | $28,788,522.60 | ($112,203,006.16) | ($13,019.42) |
| 66966 | Capital Health Plan | FL | Not Eligible | $- | $1,417,443.48 |
| 68398 | UnitedHealthcare of Florida, Inc. | FL | $35,522,703.08 | $93,698,886.73 | ($6,990,459.62) |
| 77150 | Health First Insurance | FL | $0.00 | $- | ($315,764.28) |
| 80779 | Neighborhood Health Partnership, Inc. | FL | Not Eligible | $- | ($241,201.26) |
| 83883 | Florida Health Solution HMO Company | FL | $0.00 | ($247,811.02) | $- |
| 99308 | Humana Health Insurance Co of FL, Inc. | FL | $380,796.07 | ($2,944,845.74) | ($110,820.97) |
| 12442 | Nippon Life Insurance Company of America | GA | Not Eligible | $- | $63,937.58 |
| 13535 | UnitedHealthcare Insurance Company | GA | Not Eligible | $- | $2,215,054.29 |
| 24775 | Celtic Insurance Company | GA | $0.00 | ($1,334.54) | $- |

| HIOS ID | HIOS INPUTTED INSURANCE COMPANY NAME | STATE | REINSURANCE PAYMENT AMOUNT (OR NOT ELIGIBLE) | HHS RISK ADJUSTMENT TRANSFER AMOUNT (INDIVIDUAL MARKET, INCLUDING CATASTROPHIC) | HHS RISK ADJUSTMENT TRANSFERS AMOUNT (SMALL GROUP MARKET) |
|---|---|---|---|---|---|
| 30552 | UnitedHealthcare Insurance Company of the River Valley | GA | Not Eligible | $- | ($5,376,525.71) |
| 37001 | Humana Insurance Company | GA | $0.00 | ($131,960.47) | $644,608.47 |
| 38835 | Federated Mutual Insurance Company | GA | Not Eligible | $- | $717,318.50 |
| 43802 | UnitedHealthcare of Georgia, Inc. | GA | $10,095,250.90 | $26,478,561.73 | ($378,394.27) |
| 49046 | Blue Cross and Blue Shield of GA, Inc | GA | $31,779,370.22 | ($26,403,372.35) | $1,830,323.65 |
| 50491 | Cigna Health and Life Insurance Company | GA | $1,923,749.48 | ($770,019.98) | $- |
| 63411 | BCBS Healthcare Plan of Georgia, Inc. | GA | Not Eligible | $- | $2,429,075.84 |
| 65890 | Coventry Health and Life | GA | Not Eligible | $- | ($33,628.54) |
| 70893 | Ambetter of Peach State | GA | $3,618,457.84 | ($76,682,881.13) | $- |
| 72796 | Freedom Life Insurance Company of America | GA | $0.00 | ($5,238.21) | $- |
| 74189 | UnitedHealthcare Life Insurance Company | GA | $380,604.01 | $368,431.18 | $- |
| 82302 | Kaiser Permanente Insurance Company | GA | Not Eligible | $- | ($12,680.30) |
| 82824 | Aetna Health Inc. (a GA corp.) | GA | $12,594,972.21 | ($49,061,684.16) | ($5,012,021.19) |
| 83761 | Alliant Health Plans | GA | $4,838,655.10 | $6,096,822.55 | ($246,485.61) |
| 83978 | Aetna Life Insurance Company | GA | $7,209,783.66 | ($7,286,899.98) | $11,869,948.22 |
| 89942 | Kaiser Foundation Health Plan of Georgia, Inc. | GA | $6,557,804.67 | ($16,261,579.31) | ($2,129,295.27) |
| 93332 | Humana Employers Health Plan of Georgia, Inc. | GA | $91,484,441.32 | $143,941,804.74 | ($6,580,193.74) |
| 95852 | Harken Health Insurance Company | GA | $3,731,952.84 | ($280,650.18) | ($1,041.78) |
| 14479 | Family Health Hawaii mbs | HI | Not Eligible | $- | ($939,110.78) |
| 18350 | Hawaii Medical Service Association | HI | $10,348,585.13 | $16,511,893.78 | $11,809,305.09 |

| HIOS ID | HIOS INPUTTED INSURANCE COMPANY NAME | STATE | REINSURANCE PAYMENT AMOUNT (OR NOT ELIGIBLE) | HHS RISK ADJUSTMENT TRANSFER AMOUNT (INDIVIDUAL MARKET, INCLUDING CATASTROPHIC) | HHS RISK ADJUSTMENT TRANSFERS AMOUNT (SMALL GROUP MARKET) |
|---|---|---|---|---|---|
| 54179 | UnitedHealthcare Insurance Company | HI | Not Eligible | $- | $11,551.76 |
| 56682 | Hawaii Medical Assurance Association | HI | Not Eligible | $- | $65,520.51 |
| 60612 | Kaiser Foundation Health Plan, Inc. | HI | $2,908,866.08 | ($16,511,893.77) | ($7,404,335.42) |
| 95366 | University Health Alliance | HI | Not Eligible | $- | ($3,542,931.19) |
| 18973 | Aetna Health Inc. (a IA corp.) | IA | $8,633,362.73 | ($10,630,845.15) | ($547,628.54) |
| 25896 | Wellmark Health Plan of Iowa, Inc | IA | $809,644.81 | ($5,781,185.31) | ($3,821,568.70) |
| 27651 | Gundersen Health Plan, Inc. | IA | $129,669.29 | $365,003.85 | ($143,577.92) |
| 41397 | Federated Mutual Insurance Company | IA | Not Eligible | $- | $296,594.53 |
| 50735 | Medical Associates Health Plans | IA | Not Eligible | $- | $197,922.92 |
| 51474 | Pekin Life Insurance Company | IA | Not Eligible | $- | ($235,836.64) |
| 51820 | Coventry Health and Life | IA | Not Eligible | $- | ($1,783.49) |
| 51902 | UnitedHealthcare of the Midlands, Inc. | IA | $2,982,254.78 | ($2,226,287.05) | $- |
| 56610 | UnitedHealthcare Plan of the River Valley, Inc. | IA | Not Eligible | $- | $697,193.19 |
| 72160 | Wellmark, Inc | IA | $10,380,245.12 | $18,333,352.61 | $4,987,083.29 |
| 74980 | Avera Health Plans, Inc. | IA | $68,679.80 | $248,195.33 | ($83,219.11) |
| 77638 | Health Alliance Midwest, Inc. | IA | Not Eligible | $- | ($31,283.34) |
| 81839 | UnitedHealthcare Life Insurance Company | IA | $119,924.56 | ($248,705.20) | $- |
| 85930 | Sanford Health Plan | IA | $0.00 | $- | ($48,830.67) |
| 88678 | UnitedHealthcare Insurance Company | IA | Not Eligible | $- | ($1,265,065.53) |
| 93078 | Medica Insurance Company | IA | $559,351.02 | ($59,528.99) | $- |
| 26002 | SelectHealth | ID | $12,396,300.65 | $2,728,291.54 | ($1,742,435.08) |
| 38128 | Montana Health Cooperative | ID | $2,870,073.66 | ($8,100,585.26) | ($189,468.28) |
| 43541 | National Health Insurance Company | ID | Not Eligible | $- | ($211,403.47) |

| HIOS ID | HIOS INPUTTED INSURANCE COMPANY NAME | STATE | REINSURANCE PAYMENT AMOUNT (OR NOT ELIGIBLE) | HHS RISK ADJUSTMENT TRANSFER AMOUNT (INDIVIDUAL MARKET, INCLUDING CATASTROPHIC) | HHS RISK ADJUSTMENT TRANSFERS AMOUNT (SMALL GROUP MARKET) |
|---|---|---|---|---|---|
| 44648 | Regence Blue Shield of Idaho | ID | $764,325.42 | ($319,665.28) | ($1,115,977.31) |
| 50118 | UnitedHealthcare Insurance Company | ID | Not Eligible | $- | $139,603.64 |
| 59765 | BridgeSpan Health Company (ID) | ID | $1,020,878.60 | ($6,574,515.53) | $- |
| 60597 | PacificSource Health Plans | ID | $38,751.09 | $303,111.16 | ($116,759.35) |
| 61175 | Altius Health Plans Inc. | ID | Not Eligible | $- | $110,858.26 |
| 61589 | Blue Cross of Idaho | ID | $14,007,899.33 | $11,963,363.34 | $3,125,581.67 |
| 16724 | UnitedHealthcare of the Midwest, Inc. | IL | $2,237,882.20 | ($2,438,597.21) | $- |
| 18389 | Pekin Life Insurance Company | IL | Not Eligible | $- | ($303,027.88) |
| 20129 | Health Alliance Medical Plans, Inc. | IL | $10,389,731.85 | $1,925,800.26 | $572,733.12 |
| 24301 | Medical Associates Health Plans | IL | Not Eligible | $- | ($171,931.50) |
| 27833 | Celtic Insurance Company | IL | $378,771.57 | ($61,352,776.51) | $- |
| 34446 | UnitedHealthcare Insurance Company of the River Valley | IL | Not Eligible | $- | $632,447.67 |
| 35670 | Coventry Health and Life | IL | $2,361,904.97 | $2,420,350.88 | $359,296.65 |
| 36096 | Blue Cross Blue Shield of Illinois | IL | $108,205,116.56 | $36,348,043.52 | $6,244,224.14 |
| 42529 | UnitedHealthcare of Illinois, Inc. | IL | Not Eligible | $- | ($547,051.46) |
| 53586 | Nippon Life Insurance Company of America | IL | Not Eligible | $- | ($182.34) |
| 58239 | UnitedHealthcare Plan of the River Valley, Inc. | IL | Not Eligible | $- | ($646,169.48) |
| 58288 | Humana Health Plan, Inc. | IL | $889,216.13 | $1,493,121.70 | ($2,268,324.01) |
| 66143 | Federated Mutual Insurance Company | IL | Not Eligible | $- | ($343,024.90) |
| 66303 | UnitedHealthcare Life Insurance Company | IL | $660,431.60 | $904,689.42 | $- |
| 68303 | Humana Insurance Company | IL | $0.00 | $- | $2,376,088.32 |

| HIOS ID | HIOS INPUTTED INSURANCE COMPANY NAME | STATE | REINSURANCE PAYMENT AMOUNT (OR NOT ELIGIBLE) | HHS RISK ADJUSTMENT TRANSFER AMOUNT (INDIVIDUAL MARKET, INCLUDING CATASTROPHIC) | HHS RISK ADJUSTMENT TRANSFERS AMOUNT (SMALL GROUP MARKET) |
|---|---|---|---|---|---|
| 72547 | Aetna Life Insurance Company | IL | $2,158,123.97 | ($7,044,744.34) | $1,102,953.11 |
| 78463 | Harken Health Insurance Company | IL | $12,226,130.79 | $19,685,102.97 | ($13,530.38) |
| 79763 | Land of Lincoln Mutual Health Insurance Company | IL | $9,157,710.03 | ($11,963,347.32) | ($9,752,011.63) |
| 82506 | Freedom Life Insurance Company of America | IL | $0.00 | $48,327.14 | $- |
| 92476 | UnitedHealthcare Insurance Company of Illinois | IL | Not Eligible | $- | $2,021,972.27 |
| 96601 | Coventry Health Care of Illinois, Inc. | IL | $14,270,273.67 | $35,950,670.67 | $728,924.09 |
| 99129 | Aetna Health Inc. (a PA corp.) | IL | $1,221,767.25 | ($15,976,640.99) | $6,614.37 |
| 11104 | Federated Mutual Insurance Company | IN | Not Eligible | $- | $505,888.05 |
| 17575 | Anthem Ins Companies Inc(Anthem BCBS) | IN | $24,145,897.47 | $23,453,648.50 | $11,000,596.02 |
| 20855 | Advantage Health Solutions, Inc. | IN | Not Eligible | $- | ($146,514.00) |
| 32378 | Aetna Life Insurance Company | IN | Not Eligible | $- | ($325,097.82) |
| 33380 | Indiana University Health Plans, Inc | IN | $3,082,188.68 | ($38,452,436.14) | ($375,536.06) |
| 36373 | All Savers Insurance Company | IN | $11,167,169.27 | $33,816,665.08 | $5,460.99 |
| 43070 | UnitedHealthcare Life Insurance Company | IN | $10,046,546.69 | ($3,573,506.68) | $- |
| 43442 | Humana Health Plan | IN | Not Eligible | $- | $63,336.28 |
| 50816 | Physicians Health Plan of Northern Indiana, Inc. | IN | $2,286,473.37 | ($2,126,520.47) | ($124,000.57) |
| 54192 | CareSource Indiana, Inc | IN | $3,002,557.32 | ($15,288,511.46) | $- |
| 62033 | MDwise Marketplace Inc. | IN | $6,092,060.35 | ($457,849.10) | $- |
| 67920 | Southeastern Indiana Health Organization | IN | $40,069.71 | ($583,807.56) | ($633,214.19) |
| 72850 | UnitedHealthcare Insurance Company | IN | Not Eligible | $- | ($10,746,407.83) |

| HIOS ID | HIOS INPUTTED INSURANCE COMPANY NAME | STATE | REINSURANCE PAYMENT AMOUNT (OR NOT ELIGIBLE) | HHS RISK ADJUSTMENT TRANSFER AMOUNT (INDIVIDUAL MARKET, INCLUDING CATASTROPHIC) | HHS RISK ADJUSTMENT TRANSFERS AMOUNT (SMALL GROUP MARKET) |
|---|---|---|---|---|---|
| 76179 | Celtic Insurance Company | IN | $2,148,267.03 | $3,089,884.00 | $- |
| 79828 | Pekin Life Insurance Company | IN | Not Eligible | $- | ($285,888.78) |
| 98761 | Nippon Life Insurance Company of America | IN | Not Eligible | $- | ($107,606.64) |
| 99791 | Humana Insurance Company | IN | $6,361.47 | $122,433.72 | $1,168,984.38 |
| 18558 | Blue Cross and Blue Shield of Kansas, Inc | KS | $11,808,950.32 | $31,581,487.09 | ($649,337.25) |
| 19968 | Humana Insurance Company | KS | $0.00 | $1,652.45 | $2,126,319.62 |
| 27811 | Blue Cross and Blue Shield of Kansas, Inc | KS | $9,049,900.15 | ($25,030,909.74) | ($1,212,849.04) |
| 34368 | Celtic Insurance Company | KS | $0.00 | $9,128.22 | $- |
| 41446 | UnitedHealthcare Life Insurance Company | KS | $92,547.10 | ($134,489.36) | $- |
| 49857 | Humana Health Plan, Inc. | KS | Not Eligible | $- | ($32,854.53) |
| 50274 | UnitedHealthcare of the Midwest, Inc. | KS | $2,190,404.93 | ($6,918,671.85) | $- |
| 54822 | Freedom Life Insurance Company of America | KS | $0.00 | ($334.95) | $- |
| 57850 | Aetna Health Inc. (a PA corp.) | KS | Not Eligible | $- | ($738,798.19) |
| 61430 | Coventry Health and Life | KS | $3,045,695.42 | ($11,830,329.41) | ($14,621.47) |
| 65598 | Coventry Health Care | KS | $525,206.15 | ($2,303,279.85) | ($618,249.46) |
| 84600 | Aetna Life Insurance Company | KS | Not Eligible | $- | $190,344.76 |
| 94248 | Blue Cross and Blue Shield of Kansas City | KS | $10,536,962.27 | $14,625,747.47 | $1,720,681.91 |
| 94968 | UnitedHealthcare Insurance Company | KS | Not Eligible | $- | ($164,494.80) |
| 96352 | Federated Mutual Insurance Company | KS | Not Eligible | $- | ($606,141.63) |
| 15411 | Humana Health Plan, Inc. | KY | $3,650,974.52 | $4,158,571.20 | ($2,971,979.56) |
| 23671 | UnitedHealthcare of Kentucky, Ltd. | KY | $925,945.86 | $3,445,308.96 | ($2,631,108.88) |

| HIOS ID | HIOS INPUTTED INSURANCE COMPANY NAME | STATE | REINSURANCE PAYMENT AMOUNT (OR NOT ELIGIBLE) | HHS RISK ADJUSTMENT TRANSFER AMOUNT (INDIVIDUAL MARKET, INCLUDING CATASTROPHIC) | HHS RISK ADJUSTMENT TRANSFERS AMOUNT (SMALL GROUP MARKET) |
|---|---|---|---|---|---|
| 28773 | UnitedHealthcare Insurance Company | KY | Not Eligible | $- | ($222,329.46) |
| 34822 | Aetna Health Inc. (a PA corp.) | KY | $1,881.63 | ($1,109,860.03) | $- |
| 36239 | Anthem Health Plans of KY(Anthem BCBS) | KY | $18,494,891.83 | $6,598,201.98 | $7,952,464.11 |
| 40586 | Bluegrass Family Health | KY | $945,747.27 | ($9,882,852.36) | ($1,696,866.11) |
| 45636 | CareSource Kentucky Co. | KY | $954,253.69 | ($6,276,507.50) | $- |
| 45920 | UnitedHealthcare of Ohio, Inc. | KY | Not Eligible | $- | ($430,179.98) |
| 47949 | Golden Rule Insurance Company | KY | $125,485.16 | ($458,879.82) | $- |
| 56744 | UnitedHealthcare Life Insurance Company | KY | $783,885.23 | $3,947,860.40 | $- |
| 72001 | WELLCARE HEALTH PLANS OF KENTUCKY, INC | KY | $81,208.69 | ($421,842.76) | $- |
| 14030 | Aetna Life Insurance Company | LA | Not Eligible | $- | $123,351.62 |
| 19636 | HMO Louisiana, Inc. | LA | $11,110,876.79 | ($46,288,576.05) | ($1,630,163.09) |
| 19913 | Freedom Life Insurance Company of America | LA | $84,736.66 | $107,216.79 | $- |
| 22381 | Coventry Health and Life | LA | Not Eligible | $- | ($113,751.90) |
| 38499 | UnitedHealthcare of Louisiana, Inc. | LA | $9,458,361.87 | ($6,169,146.20) | $847,159.64 |
| 44965 | Humana Health Benefit Plan of Louisiana, Inc. | LA | $4,491,146.79 | ($32,450,558.97) | ($6,832,225.23) |
| 53946 | UnitedHealthcare Insurance Company of the River Va | LA | Not Eligible | $- | ($94,119.45) |
| 66593 | UnitedHealthcare Life Insurance Company | LA | $105,487.33 | ($1,690,229.40) | $- |
| 67243 | Vantage Health Plan | LA | $3,635,462.07 | ($9,974,637.20) | $206,362.72 |
| 69842 | UnitedHealthcare Insurance Company | LA | Not Eligible | $- | ($1,019,726.31) |
| 81941 | Aetna Health Inc. (a LA corp.) | LA | $664,684.81 | ($6,121,430.71) | ($644,489.03) |
| 93653 | All Savers Insurance Company | LA | Not Eligible | $- | ($1,098.79) |

| HIOS ID | HIOS INPUTTED INSURANCE COMPANY NAME | STATE | REINSURANCE PAYMENT AMOUNT (OR NOT ELIGIBLE) | HHS RISK ADJUSTMENT TRANSFER AMOUNT (INDIVIDUAL MARKET, INCLUDING CATASTROPHIC) | HHS RISK ADJUSTMENT TRANSFERS AMOUNT (SMALL GROUP MARKET) |
|---|---|---|---|---|---|
| 97176 | Louisiana Health Service & Indemnity Company | LA | $27,115,074.86 | $102,587,361.66 | $9,158,699.82 |
| 24675 | Blue Cross and Blue Shield of Massachusetts, Inc. | MA | $82,290.16 | N/A – MA Issuer | N/A – MA Issuer |
| 29125 | Tufts Associated Health Maintenance Organization Inc. | MA | $5,199,875.77 | N/A – MA Issuer | N/A – MA Issuer |
| 31234 | CeltiCare Health Plan of Massachusetts | MA | $1,877.17 | N/A – MA Issuer | N/A – MA Issuer |
| 31779 | UnitedHealthcare Insurance Company | MA | $284,246.24 | N/A – MA Issuer | N/A – MA Issuer |
| 34484 | Health New England | MA | $1,201,283.84 | N/A – MA Issuer | N/A – MA Issuer |
| 36046 | Harvard Pilgrim Health Care Inc. | MA | $4,809,705.87 | N/A – MA Issuer | N/A – MA Issuer |
| 38712 | Tufts Associated Health Maintenance Organization Inc. | MA | $421,450.61 | N/A – MA Issuer | N/A – MA Issuer |
| 41304 | Neighborhood Health Plan, Inc | MA | $16,412,212.24 | N/A – MA Issuer | N/A – MA Issuer |
| 42690 | Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc. | MA | $17,178,148.51 | N/A – MA Issuer | N/A – MA Issuer |
| 52710 | Fallon Life and Health Assurance Co | MA | $62,239.08 | N/A – MA Issuer | N/A – MA Issuer |
| 59763 | Tufts Health Public Plans, Inc. | MA | $4,141,413.43 | N/A – MA Issuer | N/A – MA Issuer |
| 73331 | Minuteman Health, Inc. | MA | $368,156.26 | N/A – MA Issuer | N/A – MA Issuer |
| 82569 | Boston Medical Center Health Plan, Inc. | MA | $1,568,492.99 | N/A – MA Issuer | N/A – MA Issuer |
| 88806 | Fallon Community Health Plan | MA | $915,565.55 | N/A – MA Issuer | N/A – MA Issuer |
| 88950 | ConnectiCare of Massachusetts Inc. | MA | $0.00 | N/A – MA Issuer | N/A – MA Issuer |
| 95878 | HPHC Insurance Company Inc. | MA | $2,766,034.85 | N/A – MA Issuer | N/A – MA Issuer |
| 14468 | Coventry Health Care of Delaware, Inc. | MD | Not Eligible | $- | ($454,038.82) |
| 23620 | UnitedHealthcare Insurance Company | MD | Not Eligible | $- | ($1,895,792.87) |
| 28137 | CareFirst BlueChoice | MD | $30,916,285.31 | ($9,848,840.41) | ($6,824,378.98) |

| HIOS ID | HIOS INPUTTED INSURANCE COMPANY NAME | STATE | REINSURANCE PAYMENT AMOUNT (OR NOT ELIGIBLE) | HHS RISK ADJUSTMENT TRANSFER AMOUNT (INDIVIDUAL MARKET, INCLUDING CATASTROPHIC) | HHS RISK ADJUSTMENT TRANSFERS AMOUNT (SMALL GROUP MARKET) |
|---|---|---|---|---|---|
| 31112 | UnitedHealthcare of the Mid-Atlantic, Inc. | MD | $1,196,462.13 | ($4,726,063.80) | ($2,228,250.33) |
| 32812 | Cigna Health and Life Insurance Company | MD | $456,704.97 | $1,770,732.37 | $- |
| 36677 | All Savers Insurance Company | MD | $576,817.20 | $1,316,533.03 | $- |
| 45532 | CareFirst of Maryland | MD | $9,220,852.27 | $21,010,173.45 | $9,161,612.58 |
| 65635 | MAMSI Life and Health Insurance Company | MD | Not Eligible | $- | ($2,805,605.00) |
| 66516 | Aetna Health Inc. (a PA corp.) | MD | Not Eligible | $- | ($1,109,601.09) |
| 68541 | Coventry Health and Life | MD | Not Eligible | $- | ($540,405.53) |
| 70767 | Aetna Life Insurance Company | MD | Not Eligible | $- | ($904,266.78) |
| 72375 | Optimum Choice, Inc. | MD | Not Eligible | $- | ($2,947,755.59) |
| 72564 | Evergreen Health | MD | $2,540,644.79 | $1,224,227.52 | ($10,613,469.40) |
| 90296 | Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. | MD | $3,816,924.66 | ($29,417,473.49) | $2,554,219.07 |
| 94084 | Group Hospitalization and Medical Services | MD | $7,161,965.94 | $18,670,711.32 | $18,607,732.84 |
| 11593 | HPHC Insurance Company Inc. | ME | $353,431.61 | $617,069.84 | $2,126,973.99 |
| 33653 | Maine Community Health Options | ME | $17,217,074.37 | $5,309,414.63 | ($1,592,009.09) |
| 48396 | Anthem Health Plans of ME(Anthem BCBS) | ME | $3,475,090.31 | ($5,023,772.82) | $1,897,677.07 |
| 53357 | Aetna Life Insurance Company | ME | Not Eligible | $- | $713,025.50 |
| 73250 | Aetna Health Inc. (a ME corp.) | ME | $92,757.12 | ($370,234.08) | ($154,409.60) |
| 90214 | UnitedHealthcare Insurance Company | ME | Not Eligible | $- | $21,880.11 |
| 96667 | Harvard Pilgrim Health Care Inc. | ME | $2,922,966.87 | ($532,477.48) | ($3,013,138.00) |
| 13667 | HealthPlus Insurance Company | MI | $19,784.98 | ($1,118,038.80) | ($113,837.62) |
| 15560 | Blue Cross Blue Shield of Michigan Mutual Insurance Company | MI | $45,860,204.98 | $117,279,775.33 | $27,642,465.18 |
| 20393 | McLaren Health Plan | MI | Not Eligible | $- | ($305,892.99) |

| HIOS ID | HIOS INPUTTED INSURANCE COMPANY NAME | STATE | REINSURANCE PAYMENT AMOUNT (OR NOT ELIGIBLE) | HHS RISK ADJUSTMENT TRANSFER AMOUNT (INDIVIDUAL MARKET, INCLUDING CATASTROPHIC) | HHS RISK ADJUSTMENT TRANSFERS AMOUNT (SMALL GROUP MARKET) |
|---|---|---|---|---|---|
| 20662 | PHP Insurance Company | MI | Not Eligible | $- | $511,519.60 |
| 29241 | Priority Health | MI | $3,777,289.50 | $5,900,733.25 | $1,298,105.46 |
| 29698 | Priority Health | MI | $14,623,284.20 | ($34,476,293.74) | ($2,495,450.95) |
| 34620 | Harbor Health Plan, Inc. | MI | $97,137.52 | ($2,957,260.83) | $- |
| 37651 | Health Alliance Plan of Michigan | MI | $1,323,374.09 | ($3,617,941.82) | ($1,055,785.01) |
| 40047 | Molina Healthcare of Michigan, Inc. | MI | $103,321.22 | ($1,474,611.65) | $- |
| 45002 | UnitedHealthcare Life Insurance Company | MI | $402,490.39 | ($1,058,410.43) | ($1,115.68) |
| 46275 | Humana Medical Plan of Michigan, Inc. | MI | $3,265,248.40 | ($19,477,061.31) | $- |
| 52670 | All Savers Insurance Company | MI | Not Eligible | $- | ($73,743.09) |
| 58594 | Meridian Health Plan of Michigan, Inc. | MI | $0.00 | ($4,071,093.14) | $- |
| 59140 | Nippon Life Insurance Company of America | MI | Not Eligible | $- | ($39,510.72) |
| 60829 | Physicians Health Plan | MI | $188,284.13 | ($3,011,163.79) | ($1,332,750.39) |
| 62294 | Humana Insurance Company | MI | $597,264.23 | $282,976.78 | ($442,791.40) |
| 63631 | UnitedHealthcare Insurance Company | MI | Not Eligible | $- | ($1,938,501.49) |
| 67183 | Total Health Care | MI | $473,367.52 | $2,404,013.29 | $911,860.92 |
| 67577 | Alliance Health & Life Insurance Co | MI | $3,461,031.71 | $2,973,919.75 | ($1,080,248.95) |
| 71667 | UnitedHealthcare Community Plan, Inc. | MI | $352,525.33 | $167,256.82 | $- |
| 74917 | McLaren Health Plan | MI | $397,952.91 | $1,946,788.76 | ($788,901.32) |
| 81068 | Aetna Life Insurance Company | MI | $526,251.20 | ($1,407,174.88) | $- |
| 82649 | Federated Mutual Insurance Company | MI | Not Eligible | $- | ($1,167,684.94) |
| 95233 | Paramount Insurance Company | MI | Not Eligible | $- | $375,049.38 |
| 98185 | Blue Care Network of Michigan | MI | $19,430,303.42 | ($58,286,413.44) | ($19,902,786.04) |
| 31616 | Medica Insurance Company | MN | $1,837,669.52 | ($5,073,958.40) | $9,613,665.25 |
| 34102 | Group Health Plan Inc | MN | $3,025,814.22 | ($17,682,308.21) | $- |

| HIOS ID | HIOS INPUTTED INSURANCE COMPANY NAME | STATE | REINSURANCE PAYMENT AMOUNT (OR NOT ELIGIBLE) | HHS RISK ADJUSTMENT TRANSFER AMOUNT (INDIVIDUAL MARKET, INCLUDING CATASTROPHIC) | HHS RISK ADJUSTMENT TRANSFERS AMOUNT (SMALL GROUP MARKET) |
|---|---|---|---|---|---|
| 49316 | BCBSMN INC | MN | $53,825,959.36 | $109,756,214.54 | $18,652,345.56 |
| 52346 | Sanford Health Plan of Minnesota | MN | Not Eligible | $- | ($55,346.10) |
| 57129 | HMO Minnesota | MN | $2,455,375.64 | ($6,343,423.56) | ($453,720.09) |
| 60769 | Federated Mutual Insurance Company | MN | Not Eligible | $- | ($5,042,388.92) |
| 65847 | Medica Health Plans of Wisconsin | MN | $10,897,237.25 | ($13,675,777.86) | $- |
| 70373 | Gundersen Health Plan Minnesota, Inc. | MN | Not Eligible | $- | ($58,727.84) |
| 79888 | HealthPartners, Inc | MN | Not Eligible | $- | ($13,565,960.64) |
| 85654 | HealthPartners Insurance Company | MN | $6,932,266.01 | ($55,107,410.50) | ($2,487,209.58) |
| 85736 | UCare Minnesota | MN | $1,552,756.08 | ($16,539,135.00) | $- |
| 88102 | PreferredOne Insurance Company | MN | $1,189,854.34 | $4,665,798.89 | ($5,741,279.42) |
| 97624 | PreferredOne Community Health Plan | MN | Not Eligible | $- | ($861,378.17) |
| 14162 | UnitedHealthcare Life Insurance Company | MO | $1,399,839.02 | ($4,769,647.33) | $- |
| 16049 | All Savers Insurance Company | MO | $9,988,746.15 | $4,425,402.77 | $- |
| 30613 | Humana Insurance Company | MO | $2,133,913.47 | ($10,432,560.76) | ($6,322,781.87) |
| 32753 | Healthy Alliance Life Co(Anthem BCBS) | MO | $13,135,205.16 | ($2,324,559.37) | $2,366,744.33 |
| 32898 | Aetna Health Inc. (a PA corp.) | MO | Not Eligible | $- | ($7,048.39) |
| 34762 | Blue Cross and Blue Shield of Kansas City | MO | $15,688,168.11 | $16,722,536.07 | $1,407,580.23 |
| 44240 | Coventry Health and Life | MO | $12,224,324.59 | ($4,108,462.62) | ($25,221.44) |
| 44527 | Coventry Health and Life | MO | $12,858,595.97 | $24,671,526.20 | $472,459.61 |
| 48161 | Aetna Life Insurance Company | MO | $0.00 | $- | ($208,051.89) |
| 64701 | Federated Mutual Insurance Company | MO | Not Eligible | $- | ($2,615,175.44) |
| 74483 | Cigna Health and Life Insurance Company | MO | $2,891,127.82 | ($20,562,221.68) | $- |
| 95426 | UnitedHealthcare Insurance Company | MO | Not Eligible | $- | $6,325,614.34 |
| 96384 | Cox HealthPlans | MO | $1,399,376.40 | ($3,684,258.43) | ($1,394,119.54) |

| HIOS ID | HIOS INPUTTED INSURANCE COMPANY NAME | STATE | REINSURANCE PAYMENT AMOUNT (OR NOT ELIGIBLE) | HHS RISK ADJUSTMENT TRANSFER AMOUNT (INDIVIDUAL MARKET, INCLUDING CATASTROPHIC) | HHS RISK ADJUSTMENT TRANSFERS AMOUNT (SMALL GROUP MARKET) |
|---|---|---|---|---|---|
| 99723 | Celtic Insurance Company | MO | $22,536.76 | $62,245.22 | $- |
| 11721 | Blue Cross Blue Shield of Mississippi | MS | $4,413,878.60 | ($14,760.32) | ($241,806.75) |
| 26781 | All Savers Insurance Company | MS | Not Eligible | $- | ($134,468.89) |
| 38420 | Federated Mutual Insurance Company | MS | Not Eligible | $- | $351,118.53 |
| 48963 | Humana Insurance Company | MS | $6,980,708.93 | $9,062,010.42 | ($202,527.52) |
| 61794 | UnitedHealthcare Life Insurance Company | MS | $433,070.62 | ($943,059.23) | ($98,160.48) |
| 83808 | Coventry Health and Life | MS | Not Eligible | $- | ($47,174.80) |
| 90714 | Ambetter of Magnolia | MS | $5,387,101.04 | ($15,087,320.89) | $- |
| 96734 | Freedom Life Insurance Company of America | MS | $4,738.44 | $261.36 | $- |
| 97560 | UnitedHealthcare of Mississippi, Inc. | MS | $4,885,097.12 | $6,982,868.71 | ($171,305.95) |
| 98805 | UnitedHealthcare Insurance Company | MS | Not Eligible | $- | $544,325.88 |
| 23603 | PacificSource Health Plans | MT | $3,495,987.92 | $4,481,331.95 | $30,184.01 |
| 30751 | Blue Cross and Blue Shield of Montana | MT | $17,130,961.48 | ($5,337,903.73) | $157,176.77 |
| 32225 | Montana Health Cooperative | MT | $4,262,930.36 | $856,571.75 | ($369,600.60) |
| 46621 | UnitedHealthcare Insurance Company | MT | Not Eligible | $- | $182,239.73 |
| 11512 | Blue Cross Blue Shield of North Carolina | NC | $94,120,592.05 | $150,165,052.87 | $20,320,343.90 |
| 24588 | Federated Mutual Insurance Company | NC | Not Eligible | $- | ($850,145.02) |
| 32237 | Humana Insurance Company | NC | $454,507.19 | ($1,766,155.71) | $- |
| 40411 | Cigna Health and Life Insurance Company | NC | $574,641.37 | ($717,206.52) | $- |
| 42754 | UnitedHealthcare Life Insurance Company | NC | $891,856.39 | ($3,588,674.30) | $- |
| 43283 | FirstCarolinaCare Insurance Company | NC | Not Eligible | $- | $369,444.19 |

| HIOS ID | HIOS INPUTTED INSURANCE COMPANY NAME | STATE | REINSURANCE PAYMENT AMOUNT (OR NOT ELIGIBLE) | HHS RISK ADJUSTMENT TRANSFER AMOUNT (INDIVIDUAL MARKET, INCLUDING CATASTROPHIC) | HHS RISK ADJUSTMENT TRANSFERS AMOUNT (SMALL GROUP MARKET) |
|---|---|---|---|---|---|
| 44007 | Celtic Insurance Company | NC | $0.00 | $8,490.39 | $- |
| 54332 | UnitedHealthcare of North Carolina, Inc. | NC | $29,590,096.56 | ($54,829,193.06) | ($7,434,771.42) |
| 56346 | Coventry Health Care of the Carolinas, Inc. | NC | $34,304.97 | $464,269.47 | ($5,608,555.46) |
| 58658 | UnitedHealthcare Insurance Company of the River Valley | NC | Not Eligible | $- | ($2,599,069.46) |
| 61644 | Aetna Life Insurance Company | NC | Not Eligible | $- | ($943,358.48) |
| 61671 | Aetna Health Inc. (a PA corp.) | NC | $21,487,642.81 | ($89,736,583.12) | ($93,039.81) |
| 69347 | UnitedHealthcare Insurance Company | NC | Not Eligible | $- | ($2,779,689.38) |
| 72487 | All Savers Insurance Company | NC | Not Eligible | $- | ($55,136.27) |
| 94459 | Coventry Health and Life | NC | Not Eligible | $- | ($326,022.64) |
| 37160 | Blue Cross Blue Shield of North Dakota | ND | $7,183,989.12 | $5,450,054.61 | $788,699.06 |
| 39364 | Medica Insurance Company | ND | Not Eligible | $- | $634,824.54 |
| 73751 | Medica Health Plans | ND | $1,374,734.61 | ($1,809,702.29) | $129,354.14 |
| 89364 | Sanford Health Plan | ND | $824,355.88 | ($3,640,352.33) | ($1,552,877.70) |
| 15438 | Coventry Health Care of Nebraska Inc. | NE | $10,568,365.68 | ($14,085,301.00) | ($511,279.04) |
| 20305 | Medica Insurance Company | NE | $2,937,716.48 | $11,059,909.41 | $- |
| 29678 | Blue Cross and Blue Shield of Nebraska | NE | $18,276,356.34 | $13,703,605.42 | ($3,814,395.91) |
| 44751 | UnitedHealthcare of the Midlands, Inc. | NE | $3,192,423.23 | ($8,997,296.89) | $- |
| 47340 | Federated Mutual Insurance Company | NE | Not Eligible | $- | ($733,269.63) |
| 68389 | UnitedHealthcare Life Insurance Company | NE | $1,343,802.98 | ($1,689,164.64) | $- |
| 73102 | UnitedHealthcare Insurance Company | NE | Not Eligible | $- | $4,767,583.27 |
| 77931 | Health Alliance Midwest Inc. | NE | $0.00 | $8,247.75 | ($8,402.32) |
| 79636 | Coventry Health and Life | NE | Not Eligible | $- | $299,763.65 |

| HIOS ID | HIOS INPUTTED INSURANCE COMPANY NAME | STATE | REINSURANCE PAYMENT AMOUNT (OR NOT ELIGIBLE) | HHS RISK ADJUSTMENT TRANSFER AMOUNT (INDIVIDUAL MARKET, INCLUDING CATASTROPHIC) | HHS RISK ADJUSTMENT TRANSFERS AMOUNT (SMALL GROUP MARKET) |
|---|---|---|---|---|---|
| 19304 | Maine Community Health Options | NH | $3,738,551.04 | $8,228,830.00 | ($2,828,659.52) |
| 51889 | UnitedHealthcare Insurance Company | NH | Not Eligible | $- | ($178,154.70) |
| 57601 | Anthem Health Plans of NH(Anthem BCBS) | NH | Not Eligible | $- | $1,894,646.99 |
| 59025 | Harvard Pilgrim Health Care of NE | NH | $4,267,598.46 | $367,444.85 | ($2,597,413.63) |
| 61163 | Minuteman Health, Inc. | NH | $2,678,709.62 | ($25,420,942.91) | ($24,124.42) |
| 71616 | HPHC Insurance Company, Inc | NH | Not Eligible | $- | $1,864,931.25 |
| 75841 | Celtic Insurance Company | NH | $1,952,213.02 | $17,279,612.16 | $- |
| 86365 | Tufts Health Freedom Insurance Company | NH | Not Eligible | $- | ($527,864.53) |
| 96751 | Matthew Thornton Hlth Plan(Anthem BCBS) | NH | $6,413,731.87 | ($454,944.09) | $2,396,638.59 |
| 10191 | Freelancers CO-OP of New Jersey | NJ | $15,360,457.20 | $13,846,054.57 | ($7,147,951.36) |
| 13953 | Horizon Healthcare of New Jersey, Inc. | NJ | $0.00 | ($4,840.86) | $3,260,175.89 |
| 23458 | Cigna Health and Life Insurance Company | NJ | Not Eligible | $- | $57,146.87 |
| 41014 | Cigna HealthCare of New Jersey, Inc. | NJ | $742,489.29 | $2,555,962.42 | $523.26 |
| 48834 | Oxford Health Plans (NJ), Inc. | NJ | $3,302,998.95 | $3,394,240.38 | ($189,101.21) |
| 50221 | Oscar Insurance Corporation of New Jersey | NJ | $4,150,648.26 | ($27,121,632.72) | $- |
| 77263 | Oxford Health Insurance, Inc. | NJ | $9,589,590.25 | $53,596,343.52 | $7,713,849.61 |
| 77606 | AmeriHealth HMO | NJ | $4,743,483.65 | ($4,722,553.93) | ($13,205,635.95) |
| 82884 | Aetna Health Inc. (a NJ corp.) | NJ | Not Eligible | $- | ($9,662,880.03) |
| 89217 | Aetna Life Insurance Company | NJ | $1,890,405.94 | $6,356,361.63 | ($5,730,100.37) |
| 91661 | Horizon Healthcare Services, Inc. | NJ | $50,155,766.06 | ($84,325,185.20) | $26,681,850.74 |
| 91762 | AmeriHealth Ins Company of New Jersey | NJ | $41,759,162.30 | $36,425,250.15 | ($1,777,877.29) |

| HIOS ID | HIOS INPUTTED INSURANCE COMPANY NAME | STATE | REINSURANCE PAYMENT AMOUNT (OR NOT ELIGIBLE) | HHS RISK ADJUSTMENT TRANSFER AMOUNT (INDIVIDUAL MARKET, INCLUDING CATASTROPHIC) | HHS RISK ADJUSTMENT TRANSFERS AMOUNT (SMALL GROUP MARKET) |
|---|---|---|---|---|---|
| 19722 | Molina Healthcare of New Mexico, Inc. | NM | $1,237,375.41 | $4,371,278.82 | $- |
| 28163 | Celtic Insurance Company | NM | $0.00 | ($12,382.28) | $- |
| 52744 | Presbyterian Insurance Company | NM | Not Eligible | $- | ($3,330,860.38) |
| 57173 | Presbyterian Health Plan | NM | $6,321,646.56 | $3,104,066.63 | ($786,361.40) |
| 72034 | CHRISTUS Health Plan | NM | $22,380.16 | ($3,546,966.80) | $- |
| 75605 | Blue Cross Blue Shield of New Mexico | NM | $515,666.69 | ($136,719.12) | $8,888,567.76 |
| 90762 | UnitedHealthcare Insurance Company | NM | Not Eligible | $- | $313,275.66 |
| 93091 | New Mexico Health Connections | NM | $3,009,737.98 | ($3,779,277.30) | ($5,084,621.64) |
| 16698 | Prominence HealthFirst | NV | $2,283,593.67 | ($1,517,979.46) | ($2,389,813.59) |
| 17255 | Golden Rule Insurance Company | NV | $204,415.47 | ($1,071,172.33) | $- |
| 19298 | Aetna Health Inc. (a PA corp.) | NV | $0.00 | ($835,974.11) | $224,843.43 |
| 20895 | Humana Insurance Company | NV | Not Eligible | $- | $534,684.37 |
| 27990 | Aetna Life Insurance Company | NV | $1,381,959.06 | ($4,923,899.31) | $2,003,327.80 |
| 33670 | Rocky Mountain Hos&Med Svc(Anthem BCBS) | NV | $9,683,664.86 | $9,941,477.55 | $4,529,549.04 |
| 41094 | Hometown Health Plan Inc | NV | $0.00 | ($528,674.34) | ($761,267.17) |
| 42313 | WMI Mutual Insurance Company | NV | Not Eligible | $- | ($37,586.32) |
| 49021 | Coventry Health and Life | NV | Not Eligible | $- | ($462.04) |
| 60156 | HMO Colorado Inc(Anthem BCBS) | NV | $2,165,656.09 | ($491,903.28) | ($178,229.69) |
| 65693 | Freedom Life Insurance Company of America | NV | $0.00 | ($3,364.41) | $- |
| 65779 | Altius Health Plans Inc. | NV | Not Eligible | $- | ($1,074.53) |
| 68307 | Celtic Insurance Company | NV | $0.00 | ($8,892.08) | $- |
| 68524 | Prominence Preferred Health Insurance Company, Inc. | NV | Not Eligible | $- | ($61,193.17) |

| HIOS ID | HIOS INPUTTED INSURANCE COMPANY NAME | STATE | REINSURANCE PAYMENT AMOUNT (OR NOT ELIGIBLE) | HHS RISK ADJUSTMENT TRANSFER AMOUNT (INDIVIDUAL MARKET, INCLUDING CATASTROPHIC) | HHS RISK ADJUSTMENT TRANSFERS AMOUNT (SMALL GROUP MARKET) |
|---|---|---|---|---|---|
| 74222 | UnitedHealthcare Insurance Company | NV | Not Eligible | $- | $538,856.08 |
| 83198 | Sierra Health and Life Insurance Company, Inc. | NV | $8,209,939.49 | $13,434,434.68 | $266,851.71 |
| 85266 | Hometown Health Providers Insurance Company, Inc | NV | $57,350.90 | ($674,631.16) | ($1,995,391.69) |
| 93696 | Humana Health Plan Inc. | NV | Not Eligible | $- | ($236,913.35) |
| 95865 | Health Plan of Nevada, Inc. | NV | $5,618,554.15 | ($13,319,421.75) | ($2,436,180.93) |
| 11177 | Metro Plus Health Plan | NY | $1,351,405.68 | ($30,691,628.34) | ($4,170,812.16) |
| 17210 | Aetna Life Insurance Company | NY | $68,477.14 | ($52,359.96) | ($70,076,905.13) |
| 18029 | Independent Health Benefits Corporation | NY | $1,614,058.33 | $9,237,924.35 | $5,830,441.45 |
| 25303 | New York State Catholic Health Plan, Inc. | NY | $7,460,063.12 | ($72,347,372.76) | $- |
| 26420 | Oxford Health Plans (NY), Inc. | NY | $19,094,756.11 | $79,007,342.63 | ($9,938,585.16) |
| 36346 | BlueShield of Northeastern New York | NY | $778,269.59 | $2,140,828.25 | ($5,132,269.24) |
| 39595 | WellCare of New York | NY | $0.00 | ($2,270,393.89) | $- |
| 40064 | HealthNow New York | NY | $0.00 | ($1,918.83) | $36,631.06 |
| 43477 | Crystal Run Health Plan LLC | NY | Not Eligible | $- | ($2,731,788.31) |
| 44113 | Empire HealthChoice Assurance, Inc. | NY | Not Eligible | $- | ($2,065,584.77) |
| 49526 | BlueCross BlueShield of Western New York | NY | $2,313,906.72 | $8,451,718.41 | $15,271,458.56 |
| 54235 | UnitedHealthcare of New York, Inc | NY | $3,719,122.63 | $5,932,308.11 | $- |
| 54297 | UnitedHealthcare Insurance Company of New York | NY | $0.00 | $- | $154,548.48 |
| 56184 | MVP Health Care Inc. | NY | $6,428,619.97 | $8,841,541.49 | ($2,074,437.38) |
| 57165 | Affinity Health Plan, Inc. | NY | $1,183,456.71 | ($9,261,635.02) | $- |

| HIOS ID | HIOS INPUTTED INSURANCE COMPANY NAME | STATE | REINSURANCE PAYMENT AMOUNT (OR NOT ELIGIBLE) | HHS RISK ADJUSTMENT TRANSFER AMOUNT (INDIVIDUAL MARKET, INCLUDING CATASTROPHIC) | HHS RISK ADJUSTMENT TRANSFERS AMOUNT (SMALL GROUP MARKET) |
|---|---|---|---|---|---|
| 70552 | Independent Health Association | NY | Not Eligible | $- | ($665,338.12) |
| 73886 | Crystal Run Health Insurance Company Inc. | NY | $86,803.52 | $256,671.44 | ($3,327,386.24) |
| 74289 | Oscar Insurance Corporation | NY | $19,687,058.53 | ($44,218,095.76) | $- |
| 78124 | Excellus Health Plan, Inc. | NY | $6,810,910.87 | $27,204,905.43 | ($28,032,786.96) |
| 80519 | Empire HealthChoice HMO, Inc. | NY | $25,247,614.68 | $36,682,245.97 | $659,191.77 |
| 82483 | North Shore-LIJ Insurance Company Inc | NY | $6,258,273.72 | ($19,781,114.37) | ($111,975,778.70) |
| 83744 | HealthFirst Health Plan, Inc. | NY | Not Eligible | $- | ($86,123.38) |
| 85629 | Oxford Health Insurance, Inc. | NY | Not Eligible | $- | $254,933,460.93 |
| 88000 | Group Health Incorporated | NY | $341,226.29 | $1,232,207.56 | ($5,912.85) |
| 88582 | Health Insurance Plan of Greater New York | NY | $4,243,862.71 | $8,036,080.89 | ($35,246,057.62) |
| 89846 | MVP Health Care Inc. | NY | Not Eligible | $- | ($6,686,816.31) |
| 91237 | Healthfirst PHSP Inc. | NY | $2,161,266.62 | ($15,553,342.32) | $- |
| 92551 | CDPHP, Universal Benefits Inc. | NY | Not Eligible | $- | $7,187,495.44 |
| 94788 | Capital District Physicians' Health Plan, Inc. | NY | $2,063,700.29 | $7,154,086.73 | ($1,856,645.22) |
| 16204 | Coordinated Health Mutual | OH | $7,441,726.47 | ($2,492,656.84) | ($11,674,650.02) |
| 20126 | HealthSpan Integrated Care | OH | $1,402,007.29 | $431,007.37 | ($4,189,027.32) |
| 23340 | Consumers Life Insurance Company | OH | $10,111.86 | ($1,964,185.40) | $- |
| 26734 | Premier Health Plan | OH | $1,287,548.66 | ($3,009,733.85) | $- |
| 28162 | AultCare Insurance Company | OH | $1,136,982.67 | ($1,545,137.86) | $79,069.87 |
| 29276 | Community Insurance Company(Anthem BCBS) | OH | $16,021,049.52 | $23,234,667.90 | $18,149,090.71 |

| HIOS ID | HIOS INPUTTED INSURANCE COMPANY NAME | STATE | REINSURANCE PAYMENT AMOUNT (OR NOT ELIGIBLE) | HHS RISK ADJUSTMENT TRANSFER AMOUNT (INDIVIDUAL MARKET, INCLUDING CATASTROPHIC) | HHS RISK ADJUSTMENT TRANSFERS AMOUNT (SMALL GROUP MARKET) |
|---|---|---|---|---|---|
| 33232 | UnitedHealthcare Insurance Company of the River Valley | OH | Not Eligible | $- | ($1,650,809.72) |
| 33931 | UnitedHealthcare of Ohio, Inc. | OH | $4,045,119.45 | $1,045,021.61 | $- |
| 41047 | Buckeye Community Health Plan | OH | $1,056,417.74 | ($9,939,903.66) | $- |
| 52664 | Summa Insurance Company, Inc. | OH | $2,018,197.77 | $241,239.17 | $1,457,619.05 |
| 56073 | Nippon Life Insurance Company of America | OH | Not Eligible | $- | $11,898.16 |
| 56726 | UnitedHealthcare Insurance Company | OH | Not Eligible | $- | $926,423.44 |
| 61724 | UnitedHealthcare Life Insurance Company | OH | $1,737,137.87 | $4,086,573.63 | ($6,324,051.22) |
| 62352 | Celtic Insurance Company | OH | $0.00 | ($10,129.47) | $- |
| 64353 | Molina Healthcare of Ohio, Inc. | OH | $1,263,877.19 | ($576,660.23) | $- |
| 66083 | Humana Health Plan of Ohio, Inc. | OH | $1,676,810.60 | ($415,576.63) | ($3,325,716.01) |
| 67129 | Aetna Life Insurance Company | OH | $3,316,193.33 | ($13,600,470.61) | ($468,332.98) |
| 74313 | Paramount Insurance Company | OH | $885,793.20 | ($2,330,312.51) | $1,133,285.63 |
| 77552 | CareSource | OH | $8,031,608.79 | ($34,109,342.06) | $- |
| 78726 | All Savers Insurance Company | OH | $1,319,057.07 | $4,214,131.36 | $- |
| 80627 | Medical Mutual of Ohio | OH | $18,051,088.44 | $7,611,488.99 | $9,611,713.69 |
| 83396 | The Health Plan of the Upper Ohio Valley | OH | $0.00 | ($181,137.46) | ($59,141.79) |
| 84867 | Aetna Health Inc. (a PA corp.) | OH | Not Eligible | $- | ($3,900,742.74) |
| 92036 | HealthSpan Incorporated | OH | $950,538.26 | $1,093,298.18 | ($971,964.91) |
| 96800 | Federated Mutual Insurance Company | OH | Not Eligible | $- | $863,960.13 |
| 97596 | Humana Insurance Company | OH | Not Eligible | $- | ($384,160.46) |
| 98810 | THP Insurance Company | OH | Not Eligible | $- | $90,449.77 |
| 98894 | Coventry Health and Life | OH | $0.00 | $- | $592,553.34 |
| 99969 | Medical Mutual of Ohio | OH | $19,747,201.84 | $28,217,818.37 | $32,533.18 |

| HIOS ID | HIOS INPUTTED INSURANCE COMPANY NAME | STATE | REINSURANCE PAYMENT AMOUNT (OR NOT ELIGIBLE) | HHS RISK ADJUSTMENT TRANSFER AMOUNT (INDIVIDUAL MARKET, INCLUDING CATASTROPHIC) | HHS RISK ADJUSTMENT TRANSFERS AMOUNT (SMALL GROUP MARKET) |
|---|---|---|---|---|---|
| 23468 | Humana Insurance Company | OK | $0.00 | ($20,589.96) | ($15,629.24) |
| 27243 | Federated Mutual Insurance Company | OK | Not Eligible | $- | ($367,576.39) |
| 45480 | UnitedHealthcare of Oklahoma, Inc. | OK | $2,459,539.83 | $5,010,932.12 | ($179,056.70) |
| 53524 | Coventry Health and Life | OK | Not Eligible | $- | ($53,793.64) |
| 62505 | Celtic Insurance Company | OK | $0.00 | ($6,490.76) | $- |
| 66946 | Aetna Life Insurance Company | OK | Not Eligible | $- | $341,655.17 |
| 76275 | Aetna Health Inc. (a PA corp.) | OK | Not Eligible | $- | ($160,873.47) |
| 82209 | Freedom Life Insurance Company of America | OK | $0.00 | ($2,498.84) | $- |
| 85757 | UnitedHealthcare Insurance Company | OK | Not Eligible | $- | ($331,381.33) |
| 87571 | Blue Cross Blue Shield of Oklahoma | OK | $34,729,150.38 | ($3,948,818.13) | $9,258,058.89 |
| 87698 | CommunityCare Life & Health Insurance Co | OK | $0.00 | ($7,206.53) | ($1,556,478.29) |
| 98704 | UnitedHealthcare Life Insurance Company | OK | $515,261.49 | ($666,540.06) | $- |
| 98905 | CommunityCare HMO Inc. | OK | $442,540.07 | ($358,787.81) | ($6,934,924.82) |
| 10091 | PacificSource Health Plans | OR | $2,561,569.74 | $9,211,343.15 | $2,650,866.63 |
| 10940 | Health Net Plan of Oregon, Inc. | OR | $550,910.97 | $2,480,143.20 | $2,264,459.82 |
| 30969 | Zoom Health Plan, Inc. | OR | $25,265.62 | ($1,946,142.20) | ($177,059.44) |
| 32536 | ATRIO Health Plans | OR | $565,037.28 | ($2,249,966.76) | ($86,927.73) |
| 33375 | Samaritan Health Plans | OR | Not Eligible | $- | $92,877.74 |
| 39424 | Moda Health Plan Inc | OR | $21,536,686.44 | $33,462,328.92 | ($972,379.63) |
| 56707 | Providence Health Plan | OR | $20,220,108.78 | ($36,194,842.92) | ($5,563,412.11) |
| 63474 | BridgeSpan Health Company (OR) | OR | $170,709.72 | ($597,610.71) | $- |
| 71287 | Kaiser Foundation Health Plan of the Northwest | OR | $3,740,430.21 | $3,959,354.51 | $1,489,329.65 |
| 77969 | Regence BlueCross BlueShield of Oregon | OR | $4,627,308.73 | $1,694,890.09 | $4,558,873.15 |

| HIOS ID | HIOS INPUTTED INSURANCE COMPANY NAME | STATE | REINSURANCE PAYMENT AMOUNT (OR NOT ELIGIBLE) | HHS RISK ADJUSTMENT TRANSFER AMOUNT (INDIVIDUAL MARKET, INCLUDING CATASTROPHIC) | HHS RISK ADJUSTMENT TRANSFERS AMOUNT (SMALL GROUP MARKET) |
|---|---|---|---|---|---|
| 85804 | Lifewise Health Plan of Oregon | OR | $4,373,110.76 | ($7,611,069.39) | ($756,294.72) |
| 90175 | UnitedHealthcare Insurance Company | OR | Not Eligible | $- | $34,142.28 |
| 95417 | TRILLIUM COMMUNITY HEALTH PLAN | OR | $0.00 | $163,520.87 | ($18,616.21) |
| 99389 | Community Care of Oregon, Inc. | OR | $1,426,141.65 | ($2,371,948.67) | ($3,515,859.40) |
| 16072 | Coventry Health and Life | PA | Not Eligible | $- | ($104,427.04) |
| 16322 | UPMC Health Options | PA | $18,516,908.47 | ($5,211,297.35) | $12,239,314.33 |
| 18939 | Aetna HealthAssurance Pennsylvania, Inc. | PA | Not Eligible | $- | ($4,892,978.32) |
| 22444 | Geisinger Health Plan | PA | $5,014,140.76 | $2,695,562.98 | ($2,263,959.52) |
| 23489 | UnitedHealthcare Insurance Company | PA | Not Eligible | $- | ($6,368,539.30) |
| 24872 | UnitedHealthcare of Pennsylvania, Inc. | PA | $3,711,025.59 | ($14,547,161.39) | $- |
| 31609 | Independence Blue Cross (QCC Ins Co.) | PA | $23,746,836.95 | $74,118,152.98 | $32,747,625.97 |
| 33709 | Highmark Inc. | PA | $8,120,535.88 | ($3,929,579.78) | ($2,657,961.99) |
| 33871 | Keystone Health Plan East | PA | $23,860,951.77 | ($53,397,058.27) | ($10,258,625.79) |
| 33906 | Aetna Life Insurance Company | PA | $0.00 | ($64.10) | ($835,761.71) |
| 36247 | Highmark Select Resources Inc. | PA | $5,266,380.98 | $3,930,303.89 | $- |
| 38949 | Keystone Health Plan West | PA | $0.00 | $232,540.31 | ($18,946.25) |
| 45127 | Capital Advantage Assurance Company | PA | $13,180,606.35 | $13,226,705.35 | ($6,125,098.38) |
| 45404 | UnitedHealthcare Life Insurance Company | PA | $264,047.29 | ($300,893.24) | $- |
| 48788 | AmeriHealth Administrators | PA | Not Eligible | $- | ($455,847.71) |
| 53789 | Keystone Health Plan Central | PA | $5,430,422.97 | ($35,510,815.31) | ($946,154.73) |
| 55957 | First Priority Life Insurance Company | PA | $10,257,016.46 | ($6,653,749.71) | $3,259,788.02 |
| 62560 | UPMC Health Coverage | PA | Not Eligible | $- | ($1,157,499.00) |

| HIOS ID | HIOS INPUTTED INSURANCE COMPANY NAME | STATE | REINSURANCE PAYMENT AMOUNT (OR NOT ELIGIBLE) | HHS RISK ADJUSTMENT TRANSFER AMOUNT (INDIVIDUAL MARKET, INCLUDING CATASTROPHIC) | HHS RISK ADJUSTMENT TRANSFERS AMOUNT (SMALL GROUP MARKET) |
|---|---|---|---|---|---|
| 64844 | Aetna Health Inc. (a PA corp.) | PA | $12,886,104.30 | ($31,760,032.80) | ($5,577,917.84) |
| 70194 | Highmark Health Insurance Company | PA | $19,268,231.33 | $49,750,020.05 | ($437,219.75) |
| 75729 | Geisinger Quality Options | PA | $2,364,122.23 | $7,409,434.09 | ($584,164.12) |
| 79279 | Highmark Coverage Advantage Inc. | PA | Not Eligible | $- | $165,130.65 |
| 79962 | Highmark Benefits Group Inc. | PA | Not Eligible | $- | $989,556.68 |
| 80148 | Federated Mutual Insurance Company | PA | Not Eligible | $- | ($2,016,940.67) |
| 82795 | Capital Advantage Insurance Company CAIC | PA | $0.00 | ($52,067.55) | ($140,667.23) |
| 93838 | HealthAssurance PA, Inc | PA | Not Eligible | $- | ($4,558,706.29) |
| 15287 | Blue Cross & Blue Shield of Rhode Island | RI | $5,862,148.72 | $6,027,710.92 | $7,448,774.01 |
| 26322 | Tufts Associated Health Maintenance Organization Inc. | RI | Not Eligible | $- | $631,334.81 |
| 77514 | Neighborhood Health Plan of Rhode Island | RI | $305,755.06 | ($5,606,340.68) | ($745,071.90) |
| 79881 | UnitedHealthcare of New England, Inc. | RI | $254,775.09 | ($421,370.22) | ($3,847,407.20) |
| 90010 | Tufts Associated Health Maintenance Organization Inc. | RI | Not Eligible | $- | ($1,612,343.09) |
| 90117 | UnitedHealthcare Insurance Company | RI | Not Eligible | $- | ($1,875,286.65) |
| 14820 | Nippon Life Insurance Company of America | SC | Not Eligible | $- | ($85,992.93) |
| 17808 | Humana Insurance Company | SC | $0.00 | ($7,953.72) | $- |
| 22369 | Aetna Life Insurance Company | SC | Not Eligible | $- | $60,604.68 |
| 26065 | Blue Cross and Blue Shield of South Carolina | SC | $23,566,473.38 | ($13,226,650.55) | $5,890,942.63 |
| 33609 | Federated Mutual Insurance Company | SC | Not Eligible | $- | ($547,629.18) |

| HIOS ID | HIOS INPUTTED INSURANCE COMPANY NAME | STATE | REINSURANCE PAYMENT AMOUNT (OR NOT ELIGIBLE) | HHS RISK ADJUSTMENT TRANSFER AMOUNT (INDIVIDUAL MARKET, INCLUDING CATASTROPHIC) | HHS RISK ADJUSTMENT TRANSFERS AMOUNT (SMALL GROUP MARKET) |
|---|---|---|---|---|---|
| 38408 | Aetna Health Inc. (a PA corp.) | SC | $3,570,997.22 | $6,317,313.74 | $198,929.47 |
| 39481 | UnitedHealthcare Life Insurance Company | SC | $1,189,967.63 | $1,009,347.25 | $- |
| 41614 | Coventry Health Care of the Carolinas, Inc. | SC | $0.00 | $34,289.95 | ($1,171,114.15) |
| 49532 | BlueChoice HealthPlan of South Carolina, Inc. | SC | $23,997,367.97 | $4,289,951.73 | ($5,221,980.60) |
| 54362 | Cigna Health and Life Insurance Company | SC | $309,175.63 | $1,025,644.49 | $- |
| 56262 | Coventry Health and Life | SC | Not Eligible | $- | ($80,436.49) |
| 57860 | UnitedHealthcare Insurance Company | SC | $306,752.92 | $565,945.16 | $181,519.45 |
| 60067 | Celtic Insurance Company | SC | $0.00 | ($7,367.49) | $- |
| 64146 | UnitedHealthcare Insurance Company of the River Valley | SC | Not Eligible | $- | $775,157.13 |
| 80431 | Freedom Life Insurance Company of America | SC | $0.00 | ($520.68) | $- |
| 31195 | Sanford Health Plan | SD | $2,965,610.59 | ($4,227,905.42) | $820,064.68 |
| 50305 | Wellmark of South Dakota, Inc | SD | $3,917,071.73 | $8,404,038.14 | ($351,961.40) |
| 60536 | Avera Health Plans, Inc. | SD | $5,852,231.13 | ($4,206,700.98) | $791,931.37 |
| 62210 | South Dakota State Medical Holding Company, Inc. | SD | $258,116.34 | $30,568.28 | ($1,768,952.72) |
| 64255 | Federated Mutual Insurance Company | SD | Not Eligible | $- | $518,907.85 |
| 96594 | Medica Insurance Company | SD | Not Eligible | $- | ($9,989.81) |
| 10958 | UnitedHealthcare Insurance Company of the River Valley | TN | Not Eligible | $- | ($5,545,932.81) |
| 14002 | BlueCross BlueShield of Tennessee | TN | $67,460,123.57 | $40,053,163.35 | $6,915,643.83 |
| 16348 | TRH Health Insurance Company | TN | $591,067.72 | ($4,607,851.23) | $- |
| 17032 | Nippon Life Insurance Company of America | TN | Not Eligible | $- | ($28,425.82) |

| HIOS ID | HIOS INPUTTED INSURANCE COMPANY NAME | STATE | REINSURANCE PAYMENT AMOUNT (OR NOT ELIGIBLE) | HHS RISK ADJUSTMENT TRANSFER AMOUNT (INDIVIDUAL MARKET, INCLUDING CATASTROPHIC) | HHS RISK ADJUSTMENT TRANSFERS AMOUNT (SMALL GROUP MARKET) |
|---|---|---|---|---|---|
| 31552 | Aetna Life Insurance Company | TN | $21,837.26 | ($130,203.17) | ($113,561.26) |
| 48069 | UnitedHealthcare Life Insurance Company | TN | $50,470.53 | ($301,887.10) | $- |
| 69443 | UnitedHealthcare Insurance Company | TN | $6,404,602.34 | ($11,876,109.92) | $14,454.67 |
| 82120 | Humana Insurance Company | TN | $6,589,586.31 | $1,781,992.58 | $307,106.48 |
| 83463 | Federated Mutual Insurance Company | TN | Not Eligible | $- | ($967,358.16) |
| 93222 | Humana Health Plan. Inc. | TN | Not Eligible | $- | ($581,926.73) |
| 99248 | Cigna Health and Life Insurance Company | TN | $2,323,303.71 | ($24,919,104.44) | $- |
| 19046 | Federated Mutual Insurance Company | TX | Not Eligible | $- | ($1,267,391.46) |
| 20069 | Oscar Insurance Company of Texas | TX | $5,631,247.02 | ($27,966,031.41) | $- |
| 26539 | SHA, LLC | TX | $5,445,263.34 | $9,379,089.11 | ($1,417,544.26) |
| 27248 | Community Health Choice, Inc. | TX | $9,655,687.10 | ($64,443,832.93) | $- |
| 29418 | Celtic Insurance Company | TX | $3,672,358.87 | ($38,502,143.79) | $- |
| 30609 | Memorial Hermann Health Insurance Company | TX | $1,800,624.38 | ($704,433.24) | ($6,534,006.97) |
| 32673 | Humana Health Plan of Texas, Inc. | TX | $14,209,617.01 | $23,973,511.28 | ($10,567,282.01) |
| 33602 | Blue Cross Blue Shield of Texas | TX | $135,693,228.92 | $59,463,978.57 | $40,787,445.10 |
| 37392 | Prominence HealthFirst of Texas, Inc. | TX | $720,093.17 | $598,698.13 | ($25,501.41) |
| 37755 | Insurance Company of Scott & White | TX | $21,420,802.07 | $34,870,822.70 | ($564,083.43) |
| 40220 | UnitedHealthcare of Texas, Inc. | TX | Not Eligible | $- | ($4,918,469.44) |
| 40788 | Scott and White Health Plan | TX | $3,121,959.08 | $4,400,630.58 | ($14,473,480.33) |
| 41541 | Memorial Hermann Health Plan | TX | $394,936.55 | ($1,608,171.62) | ($1,463,958.09) |

| HIOS ID | HIOS INPUTTED INSURANCE COMPANY NAME | STATE | REINSURANCE PAYMENT AMOUNT (OR NOT ELIGIBLE) | HHS RISK ADJUSTMENT TRANSFER AMOUNT (INDIVIDUAL MARKET, INCLUDING CATASTROPHIC) | HHS RISK ADJUSTMENT TRANSFERS AMOUNT (SMALL GROUP MARKET) |
|---|---|---|---|---|---|
| 41549 | Southwest Life and Health | TX | Not Eligible | $- | $371,800.01 |
| 45125 | Nippon Life Insurance Company of America | TX | Not Eligible | $- | $12,367.39 |
| 45786 | Molina Healthcare of Texas, Inc. | TX | $4,075,833.89 | ($125,970,565.26) | $- |
| 46224 | Community First Health Plans | TX | $895,127.51 | $2,895,968.79 | $- |
| 53799 | Freedom Life Insurance Company of America | TX | $230,293.45 | $306,657.04 | $- |
| 55409 | Cigna Health and Life Insurance Company | TX | $11,089,728.05 | $30,080,696.33 | $- |
| 58840 | Aetna Health Inc.(a TX corp.) | TX | Not Eligible | $- | ($210,204.68) |
| 63141 | Humana Insurance Company | TX | $40,825,576.65 | $75,959,121.33 | ($1,009,234.40) |
| 63509 | Allegian Insurance Company | TX | $3,690,911.19 | $212,479.07 | ($244,378.85) |
| 66252 | CHRISTUS Health Plan | TX | $1,195,743.02 | ($3,411,685.14) | $- |
| 70619 | UnitedHealthcare Life Insurance Company | TX | $11,720,137.04 | $7,301,644.58 | $- |
| 71837 | Sendero Health Plans, Inc. | TX | $1,208,911.99 | ($30,547,269.78) | $- |
| 76589 | Cigna HealthCare of Texas, Inc. | TX | $3,142,869.57 | $5,195,337.43 | $- |
| 81795 | USAble Mutual Insurance Company | TX | Not Eligible | $- | ($329,726.42) |
| 85947 | All Savers Insurance Company | TX | $35,653,296.37 | $36,327,886.59 | ($51,719.18) |
| 91716 | Aetna Life Insurance Company | TX | $22,268,041.61 | $2,187,611.73 | $7,021,712.97 |
| 92224 | National Health Insurance Company | TX | Not Eligible | $- | ($44,578.74) |
| 98809 | UnitedHealthcare Insurance Company | TX | Not Eligible | $- | ($5,071,765.69) |
| 18167 | Molina Healthcare of Utah, Inc. | UT | $4,248,954.73 | ($31,798,539.87) | $- |
| 21400 | National Foundation Life Insurance Company | UT | $0.00 | $2,785.91 | $- |
| 22013 | Regence BlueCross BlueShield of Utah | UT | $2,005,943.85 | $2,957,250.22 | $5,097,980.75 |

| HIOS ID | HIOS INPUTTED INSURANCE COMPANY NAME | STATE | REINSURANCE PAYMENT AMOUNT (OR NOT ELIGIBLE) | HHS RISK ADJUSTMENT TRANSFER AMOUNT (INDIVIDUAL MARKET, INCLUDING CATASTROPHIC) | HHS RISK ADJUSTMENT TRANSFERS AMOUNT (SMALL GROUP MARKET) |
|---|---|---|---|---|---|
| 29031 | National Health Insurance Company | UT | Not Eligible | $- | ($571,381.98) |
| 34541 | BridgeSpan Health Company (UT) | UT | $84,736.66 | $90,156.55 | $- |
| 38927 | Altius Health Plans Inc. | UT | $633,404.46 | ($2,076,263.76) | ($1,421,968.44) |
| 42261 | University of Utah Health Insurance Plans | UT | $1,125,715.23 | $11,236,007.43 | $- |
| 43129 | UnitedHealthcare Life Insurance Company | UT | $171,226.54 | $316,788.43 | $- |
| 46958 | Humana Insurance Company | UT | $602,352.46 | $1,967,946.16 | ($513,885.76) |
| 48588 | Aetna Life Insurance Company | UT | Not Eligible | $- | ($115,661.76) |
| 56764 | Humana Medical Plan of Utah, Inc. | UT | $521,649.44 | ($5,105,680.26) | $- |
| 66413 | UnitedHealthcare of Utah, Inc. | UT | Not Eligible | $- | ($599,027.37) |
| 68781 | SelectHealth | UT | $32,012,506.70 | $22,409,549.17 | ($995,925.57) |
| 80043 | WMI Mutual Insurance Company | UT | Not Eligible | $- | $224,428.95 |
| 97462 | UnitedHealthcare Insurance Company | UT | Not Eligible | $- | ($1,104,558.88) |
| 10207 | CareFirst BlueChoice | VA | $3,834,092.16 | ($2,023,576.08) | ($4,478,166.05) |
| 12028 | Innovation Health Insurance Company | VA | $9,072,744.96 | ($39,102,743.29) | ($3,471,411.72) |
| 13433 | Federated Mutual Insurance Company | VA | Not Eligible | $- | $602,837.69 |
| 15668 | Piedmont Community Health Plan | VA | $1,135,083.82 | ($213,248.62) | $522,159.06 |
| 16064 | Anthem Health Plans of VA(Anthem BCBS) | VA | Not Eligible | $- | $27,940,259.33 |
| 20507 | Optima Health | VA | $10,066,985.84 | $48,470,286.14 | $7,394,826.90 |
| 24251 | Optimum Choice, Inc. | VA | Not Eligible | $- | ($1,774,401.86) |
| 25978 | UnitedHealthcare Insurance Company | VA | Not Eligible | $- | ($11,826,669.96) |
| 37204 | Piedmont Community HealthCare HMO, Inc. | VA | $956,194.70 | ($1,362.57) | ($15,028.23) |
| 38234 | Aetna Life Insurance Company | VA | $3,368,946.19 | $6,921,051.63 | ($5,705,192.92) |
| 38599 | UnitedHealthcare of the Mid-Atlantic Inc | VA | $2,221,844.66 | ($3,803,967.28) | ($185,983.78) |

| HIOS ID | HIOS INPUTTED INSURANCE COMPANY NAME | STATE | REINSURANCE PAYMENT AMOUNT (OR NOT ELIGIBLE) | HHS RISK ADJUSTMENT TRANSFER AMOUNT (INDIVIDUAL MARKET, INCLUDING CATASTROPHIC) | HHS RISK ADJUSTMENT TRANSFERS AMOUNT (SMALL GROUP MARKET) |
|---|---|---|---|---|---|
| 40308 | Group Hospitalization and Medical Services | VA | $4,801,170.38 | $14,829,547.64 | $8,480,490.49 |
| 41892 | Golden Rule Insurance Company | VA | $20,405.87 | $43,730.30 | $- |
| 50727 | Humana Insurance Company | VA | $686,239.96 | ($329,364.82) | $- |
| 66663 | UnitedHealthcare Life Insurance Company | VA | $2,207,260.90 | $4,297,345.90 | $- |
| 86443 | Innovation Health Plan, Inc. | VA | Not Eligible | $- | ($6,490,772.52) |
| 88380 | HealthKeepers, Inc(Anthem BCBS) | VA | $49,181,314.31 | $22,279,438.04 | $765,174.64 |
| 89242 | Optima Health | VA | $0.00 | $- | $1,834,465.38 |
| 89498 | UnitedHealthcare Plan of the River Valley, Inc. | VA | Not Eligible | $- | $166,643.30 |
| 93187 | Aetna Health Inc. (a PA corp.) | VA | Not Eligible | $- | ($9,438,645.84) |
| 93848 | Coventry Health and Life | VA | Not Eligible | $- | ($100,748.72) |
| 95185 | Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. | VA | $6,499,213.85 | ($48,146,445.67) | ($3,171,646.65) |
| 99663 | Coventry Health Care of Virginia, Inc | VA | $8,254,650.15 | ($3,220,691.27) | ($1,048,188.41) |
| 18581 | Community Health Plan of Washington | WA | $181,597.37 | $570,276.74 | $- |
| 18699 | UnitedHealthcare Insurance Company | WA | Not Eligible | $- | ($611,615.77) |
| 23371 | Kaiser Foundation Health Plan of the Northwest | WA | $1,194,007.04 | ($5,128,307.73) | $773,316.38 |
| 25768 | Group Health Options, Inc. | WA | $3,338,075.15 | $2,005.97 | ($5,031,843.29) |
| 34673 | Aetna Life Insurance Company | WA | Not Eligible | $- | ($202,254.30) |
| 36026 | Health Net Plan of Oregon, Inc. | WA | Not Eligible | $- | ($784,680.45) |
| 38229 | Health Alliance Northwest Health Plan Inc. | WA | $0.00 | ($17,276.58) | $- |
| 38498 | Lifewise Health Plan of Washington | WA | $7,633,787.69 | ($11,353,357.47) | $- |

| HIOS ID | HIOS INPUTTED INSURANCE COMPANY NAME | STATE | REINSURANCE PAYMENT AMOUNT (OR NOT ELIGIBLE) | HHS RISK ADJUSTMENT TRANSFER AMOUNT (INDIVIDUAL MARKET, INCLUDING CATASTROPHIC) | HHS RISK ADJUSTMENT TRANSFERS AMOUNT (SMALL GROUP MARKET) |
|---|---|---|---|---|---|
| 43861 | UnitedHealthcare of Washington, Inc. | WA | $1,629,247.66 | $4,943,888.94 | ($654,964.49) |
| 49831 | Premera Blue Cross | WA | $32,382,313.37 | $48,645,541.56 | ($3,250,387.15) |
| 53732 | BridgeSpan Health Company (WA) | WA | $2,003,386.23 | $5,119,648.78 | $- |
| 61836 | Coordinated Care Corporation | WA | $3,500,298.88 | ($29,664,686.35) | $- |
| 65907 | Moda Health Plan Inc | WA | Not Eligible | $- | ($149,736.07) |
| 69364 | Asuris Northwest Health | WA | $673,612.99 | ($208,979.24) | $2,625,859.50 |
| 71281 | Regence BlueCross BlueShield Of Oregon(Clark County) | WA | $996,467.25 | $1,808,456.10 | $326,963.22 |
| 80473 | Group Health Cooperative | WA | $9,278,483.81 | ($30,666,000.99) | ($5,999,091.94) |
| 84481 | Molina Healthcare of Washington, Inc. | WA | $2,469,062.93 | ($8,236,558.77) | $- |
| 87718 | Regence BlueShield | WA | $15,120,899.16 | $24,185,349.06 | $12,958,434.18 |
| 16245 | Group Health Cooperative of Eau Claire | WI | Not Eligible | $- | ($1,418,065.92) |
| 20173 | HealthPartners Insurance Company | WI | Not Eligible | $- | ($49,142.54) |
| 32754 | Managed Health Services Insurance Corporation | WI | $916,473.84 | $3,858,801.53 | $- |
| 35334 | MercyCare Insurance Co | WI | Not Eligible | $- | ($164,416.24) |
| 37833 | Unity Health Plans Insurance Corporation | WI | $4,616,486.19 | $12,470,418.63 | $839,649.69 |
| 38166 | Security Health Plan of Wisconsin, Inc. | WI | $12,567,946.68 | ($8,972,947.64) | ($1,845,484.62) |
| 38345 | Dean Health Plan | WI | $11,101,008.51 | ($20,166,088.59) | ($1,180,317.53) |
| 38752 | Aetna Life Insurance Company | WI | Not Eligible | $- | ($2,305,487.20) |
| 39924 | All Savers Insurance Company | WI | $10,093,574.12 | $37,956,637.00 | ($431,970.58) |
| 47342 | Health Tradition Health Plan | WI | $4,888,872.45 | ($12,163,004.94) | ($2,172,128.98) |
| 52697 | Molina Healthcare of Wisconsin, Inc. | WI | $14,529,909.42 | ($20,854,745.86) | $- |
| 55103 | Humana Wisconsin Health Org. Ins. Copr | WI | Not Eligible | $- | ($408,112.82) |

| HIOS ID | HIOS INPUTTED INSURANCE COMPANY NAME | STATE | REINSURANCE PAYMENT AMOUNT (OR NOT ELIGIBLE) | HHS RISK ADJUSTMENT TRANSFER AMOUNT (INDIVIDUAL MARKET, INCLUDING CATASTROPHIC) | HHS RISK ADJUSTMENT TRANSFERS AMOUNT (SMALL GROUP MARKET) |
|---|---|---|---|---|---|
| 57637 | Medica Insurance Company | WI | Not Eligible | $- | ($1,998,867.88) |
| 57845 | Medica Health Plans of Wisconsin | WI | $2,876,225.47 | ($4,884,013.82) | $- |
| 58326 | MercyCare HMO, Inc. | WI | $216,322.43 | ($14,819.28) | $405,777.06 |
| 58564 | Physicians Plus | WI | $86,662.36 | $66,070.22 | $109,919.09 |
| 59158 | UnitedHealthcare Insurance Company | WI | Not Eligible | $- | $12,017,109.32 |
| 64772 | Medical Associates Health Plans | WI | Not Eligible | $- | ($255,930.58) |
| 69424 | Pekin Life Insurance Company | WI | Not Eligible | $- | ($15,301.61) |
| 79475 | Compcare Health Serv Ins Co(Anthem BCBS) | WI | $3,715,370.52 | $2,548,765.78 | $2,150,353.12 |
| 80180 | UnitedHealthcare of Wisconsin, Inc. | WI | Not Eligible | $- | ($307,479.88) |
| 81413 | Network Health Plan | WI | $1,548,847.30 | $1,897,726.68 | ($3,546.19) |
| 81974 | Wisconsin Physicians Svc Insurance Corp - WI | WI | $2,664,058.34 | $4,335,937.83 | $3,586,360.55 |
| 84670 | WPS Health Plan, Inc. - WI | WI | $6,591,187.23 | $1,171,732.92 | ($1,644,601.65) |
| 87416 | Common Ground Healthcare Cooperative | WI | $10,480,129.86 | ($1,715,699.95) | ($1,961,917.58) |
| 89106 | UnitedHealthcare Life Insurance Company | WI | $1,593,125.58 | ($1,255,163.33) | $- |
| 90028 | BCBS of Wisconsin(Anthem BCBS) | WI | Not Eligible | $- | $198,402.12 |
| 91058 | Gundersen Health Plan, Inc. | WI | $2,265,146.81 | $1,397,440.88 | ($4,956,513.34) |
| 91604 | Humana Insurance Company | WI | $3,018,929.45 | $3,575,498.87 | $779,525.60 |
| 92708 | Federated Mutual Insurance Company | WI | Not Eligible | $- | ($346,329.03) |
| 94529 | Group Health Cooperative of South Central Wisconsin | WI | $268,039.83 | $747,453.25 | $1,378,517.48 |
| 14414 | Federated Mutual Insurance Company | WV | Not Eligible | $- | $474,905.74 |

| HIOS ID | HIOS INPUTTED INSURANCE COMPANY NAME | STATE | REINSURANCE PAYMENT AMOUNT (OR NOT ELIGIBLE) | HHS RISK ADJUSTMENT TRANSFER AMOUNT (INDIVIDUAL MARKET, INCLUDING CATASTROPHIC) | HHS RISK ADJUSTMENT TRANSFERS AMOUNT (SMALL GROUP MARKET) |
|---|---|---|---|---|---|
| 31274 | Highmark Blue Cross Blue Shield West Virginia | WV | $18,730,898.51 | $2,324,973.19 | ($1,377,750.65) |
| 44434 | Aetna Health Inc. (a PA corp.) | WV | $84,736.66 | ($127,253.89) | $96,737.21 |
| 50318 | Aetna Life Insurance Company | WV | Not Eligible | $- | $916,317.90 |
| 50328 | CareSource West Virginia Co. | WV | $357,970.72 | ($2,281,060.60) | $- |
| 59772 | THP Insurance Company | WV | Not Eligible | $- | $328,797.79 |
| 72982 | The Health Plan of the Upper Ohio Valley | WV | $2,363.85 | $83,341.33 | $105,296.48 |
| 77060 | UnitedHealthcare Insurance Company | WV | Not Eligible | $- | ($532,150.18) |
| 95628 | Optimum Choice, Inc. | WV | Not Eligible | $- | ($12,154.26) |
| 11269 | Blue Cross Blue Shield of Wyoming | WY | $13,798,004.70 | $8,489.31 | ($1,220,295.56) |
| 49290 | Celtic Insurance Company | WY | $0.00 | ($8,489.27) | $- |
| 49714 | UnitedHealthcare Insurance Company | WY | Not Eligible | $- | $1,358,091.43 |
| 79022 | Altius Health Plans Inc. | WY | Not Eligible | $- | ($137,795.84) |

**Table 5: Issuer-Specific Information for Vermont Issuers**

| HIOS ID | HIOS-INPUTTED INSURANCE COMPANY NAME | STATE | REINSURANCE PAYMENT AMOUNT (OR NOT ELIGIBLE) | HHS RISK ADJUSTMENT TRANSFER AMOUNT MERGED MARKET (INDIVIDUAL AND SMALL GROUP | HHS RISK ADJUSTMENT TRANSFERS AMOUNT NON-MERGED CATASTROPHIC MARKET |
|---|---|---|---|---|---|
| 13627 | Blue Cross Blue Shield of Vermont | VT | $8,887,262.77 | $275,537.34 | $24,615.78 |
| 77566 | MVP Health Care Inc. | VT | $802,283.72 | ($275,537.36) | ($24,615.78) |

## VIII. HHS Default Risk Adjustment Charge

Pursuant to 45 C.F.R. § 153.740(b), HHS will assess a default risk adjustment charge if an issuer of a risk adjustment covered plan fails to establish a dedicated distributed data environment (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 payment transfer amount for the risk adjustment covered plan in a timely fashion.

The total default risk adjustment charge for a risk adjustment covered plan equals a per-member per-month (PMPM) amount multiplied by the plan's enrollment – either provided by the issuer or sought from other reliable sources. The PMPM charge for a plan is equal to the product of the statewide average premium (expressed as a PMPM amount) for a risk pool and the 90$^{th}$ 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 and is calculated based on the absolute value of plan risk transfer amounts. The determined PMPM amount is then multiplied by a noncompliant plan's enrollment, to establish the plan's total default risk adjustment charge.

The 2016 benefit year is the first year small issuers – that is, issuers with 500 or fewer billable member months statewide – may elect a lower, separate default risk adjustment charge, which is 14 percent of the applicable statewide average premium in lieu of setting up an EDGE server and submitting data.

All compliant risk adjustment covered plans in the risk pool, in the market, in the state of at least one noncompliant issuer will receive a portion of the default charges collected from the noncompliant issuer(s).[20] We allocate default charges collected from noncompliant plans in the risk pool/market/state among the compliant plans in the risk pool/market/state proportional to each compliant plan's relative revenue requirement as calculated under the transfer formula relative to the market average of these products.[21]

**Table 6: HHS Default Risk Adjustment Charge Summary Data**

| SUMMARY DATA ELEMENT | TOTALS |
|---|---|
| Number of Issuers with Greater Than 500 Billable Member Months Receiving a Default Risk Adjustment Charge | 13 |
| Number of Issuers with 500 Billable Member Months or Fewer Electing to Receive a Default Risk Adjustment Charge | 29 |

[20] Because the 2016 benefit year was the first year small issuers could elect to receive a lower, separate default risk adjustment charge, some default charge amounts are so small that a small number of issuers in some State risk pools do not receive any funds from the allocation.

[21] For issuers owed a default charge allocation payment amount that is less than $200, CMS will hold payment until after the release of sequestration funds in October or November 2017, so that issuers can receive the full amount (pending collections).

| | |
|---|---|
| Percent of All Issuers of Risk Adjustment Covered Plans that Received a Default Risk Adjustment Charge | 5.6% |

**Table 7: Default Risk Adjustment Charge by Risk Pool**

| RISK POOL | NATIONAL PERCENT OF PREMIUM |
|---|---|
| Individual – Non Catastrophic | 49% |
| Catastrophic | 48% |
| Small Group | 30% |
| Issuers with 500 or Fewer Billable Member Months | 14% |

**Table 8: Default Risk Adjustment Charge**

| STATE | RISK POOL | HIOS ID | INSURANCE COMPANY NAME RECEIVING DEFAULT RISK ADJUSTMENT CHARGE | DEFAULT RISK ADJUSTMENT CHARGE AMOUNT |
|---|---|---|---|---|
| AL | Small Group | 13939 | Assurant Health - Time Insurance Life | ($6,179.43) |
| AL | Small Group | 49771 | Assurant Health - John Alden Life Insurance | ($3,638.35) |
| AZ | Small Group | 73893 | Assurant Health - John Alden Life Insurance | ($112,528.64) |
| AZ | Small Group | 80863 | Assurant Health - Time Insurance Life | ($77,790.55) |
| CA | Individual | 71408 | Moda Health Plan, Inc. | ($440.44) |
| FL | Small Group | 62662 | Assurant Health - Time Insurance Life | ($26,823.34) |
| GA | Individual | 47783 | Aetna, Inc. | ($12,819.43) |
| IA | Small Group | 67580 | Assurant Health - John Alden Life Insurance | ($20,814.69) |
| IA | Small Group | 68184 | Assurant Health - Time Insurance Life | ($6,830.66) |
| ID | Small Group | 45059 | Aetna, Inc. | ($308.90) |
| ID | Small Group | 52156 | Assurant Health - John Alden Life Insurance | ($772.24) |
| IL | Small Group | 35296 | National Health Insurance Co | ($17,127.02) |
| IL | Small Group | 57020 | Assurant Health - John Alden Life Insurance | ($6,454.59) |
| IL | Small Group | 67807 | Assurant Health - Time Insurance Life | ($7,221.47) |
| IN | Small Group | 35755 | US Health & Life Insurance Co | ($28,070.12) |
| IN | Small Group | 91842 | Assurant Health - John Alden Life Insurance | ($80,193.33) |
| IN | Small Group | 95074 | Assurant Health - John Alden Life Insurance | ($20,438.15) |
| LA | Small Group | 89219 | Assurant Health - John Alden Life Insurance | ($699.08) |
| MI | Small Group | 36622 | Grand Valley Health Plan | ($98,604.11) |
| MI | Small Group | 44279 | Assurity Life Insurance | ($1,793.03) |
| MI | Small Group | 58996 | US Health & Life Insurance Co | ($1,344.77) |
| MI | Small Group | 90602 | Assurant Health - Time Insurance Life | ($9,245.31) |
| MN | Small Group | 27439 | Assurant Health - Time Insurance Life | ($2,459.42) |
| MN | Small Group | 56971 | Assurant Health - John Alden Life Insurance | ($2,962.48) |

| STATE | RISK POOL | HIOS ID | INSURANCE COMPANY NAME RECEIVING DEFAULT RISK ADJUSTMENT CHARGE | DEFAULT RISK ADJUSTMENT CHARGE AMOUNT |
|---|---|---|---|---|
| MO | Small Group | 77660 | Aetna, Inc. - Coventry Health Care | ($246.36) |
| MT | Small Group | 24867 | Assurant Health - Time Insurance Life | ($62,301.13) |
| MT | Small Group | 64206 | Assurant Health - John Alden Life Insurance | ($117,793.40) |
| ND | Small Group | 55105 | Assurant Health - Time Insurance Life | ($10,112.42) |
| ND | Small Group | 99806 | National Health Insurance Co | ($4,531.25) |
| NE | Small Group | 19524 | Assurant Health - Time Insurance Life | ($20,334.67) |
| NE | Small Group | 80698 | Assurant Health - John Alden Life Insurance | ($392.13) |
| OK | Small Group | 29176 | Assurant Health - Time Insurance Life | ($16,773.46) |
| OK | Small Group | 67088 | Assurant Health - John Alden Life Insurance | ($10,419.01) |
| OK | Small Group | 85408 | GlobalHealth Inc. | ($91,153.85) |
| TX | Small Group | 28020 | Assurant Health - Time Insurance Life | ($235,901.17) |
| TX | Small Group | 58483 | Assurant Health - John Alden Life Insurance | ($113,462.57) |
| UT | Small Group | 27619 | Arches Health | ($168,229.72) |
| UT | Small Group | 79395 | HSA Health Insurance | ($732,626.08) |
| WI | Small Group | 22554 | US Health & Life Insurance Co | ($1,569.36) |
| WY | Small Group | 29941 | Assurant Health - Time Insurance Life | ($224,706.85) |
| WY | Small Group | 44325 | Aetna, Inc. | ($2,388.90) |
| WY | Small Group | 72208 | Assurant Health - John Alden Life Insurance | ($128,178.96) |

**Table 9: Default Charge Allocation**

| STATE | RISK POOL | HIOS ID | INSURANCE COMPANY NAME RECEIVING PAYMENT FROM DEFAULT RISK ADJUSTMENT CHARGE | DEFAULT RISK ADJUSTMENT ALLOCATION AMOUNT |
|---|---|---|---|---|
| AL | Small Group | 44902 | Federated Mutual Insurance Company | $0.14 |
| AL | Small Group | 46944 | Blue Cross and Blue Shield of Alabama | $9,615.29 |
| AL | Small Group | 68259 | UnitedHealthcare of Alabama, Inc. | $30.84 |
| AL | Small Group | 69461 | UnitedHealthcare Insurance Company | $84.03 |
| AL | Small Group | 93018 | VIVA Health | $87.46 |
| AZ | Small Group | 23307 | Humana Health Plan, Inc. | $10,612.14 |
| AZ | Small Group | 40702 | UnitedHealthcare of Arizona, Inc. | $1,615.27 |
| AZ | Small Group | 51485 | Health Net Life Insurance Company | $40,504.68 |
| AZ | Small Group | 53901 | Blue Cross and Blue Shield of Arizona, Inc. | $51,181.22 |
| AZ | Small Group | 66105 | Humana Insurance Company | $2,922.22 |
| AZ | Small Group | 70904 | WMI Mutual Insurance Company | $9.03 |
| AZ | Small Group | 78611 | Aetna Health Inc. (a PA corp.) | $415.58 |
| AZ | Small Group | 82011 | UnitedHealthcare Insurance Company | $43,154.36 |
| AZ | Small Group | 84251 | Aetna Life Insurance Company | $33,636.13 |
| AZ | Small Group | 86830 | Cigna Health and Life Insurance Company | $26.29 |
| AZ | Small Group | 91450 | Health Net of Arizona, Inc. | $5,968.17 |

| STATE | RISK POOL | HIOS ID | INSURANCE COMPANY NAME RECEIVING PAYMENT FROM DEFAULT RISK ADJUSTMENT CHARGE | DEFAULT RISK ADJUSTMENT ALLOCATION AMOUNT |
|---|---|---|---|---|
| AZ | Small Group | 97667 | Cigna HealthCare of Arizona, Inc | $22.85 |
| AZ | Small Group | 98971 | All Savers Insurance Company | $251.47 |
| CA | Individual | 10544 | Oscar Health Plan of California | $0.45 |
| CA | Individual | 18126 | Molina Healthcare of California | $8.70 |
| CA | Individual | 27603 | Blue Cross of California(Anthem BC) | $118.59 |
| CA | Individual | 37873 | UnitedHealthcare Benefits Plan of California | $0.28 |
| CA | Individual | 40025 | Cigna Health and Life Insurance Company | $3.29 |
| CA | Individual | 40513 | Kaiser Foundation Health Plan, Inc. | $102.09 |
| CA | Individual | 47579 | Chinese Community Health Plan | $2.50 |
| CA | Individual | 64210 | Sutter Health Plan, Inc. | $0.20 |
| CA | Individual | 67138 | Health Net of California, Inc | $33.51 |
| CA | Individual | 70285 | CA Physician's Service dba Blue Shield of CA | $152.07 |
| CA | Individual | 84014 | County of Santa Clara | $0.68 |
| CA | Individual | 92499 | Sharp Health Plan | $5.96 |
| CA | Individual | 92815 | Local Initiative Health Authority for Los Angeles County | $1.08 |
| CA | Individual | 93689 | Western Health Advantage | $2.27 |
| CA | Individual | 99110 | Health Net Life Insurance Company | $8.60 |
| FL | Small Group | 16842 | Blue Cross and Blue Shield of Florida | $6,384.40 |
| FL | Small Group | 18628 | Aetna Health Inc. (a FL corp.) | $2,708.75 |
| FL | Small Group | 19898 | AvMed, Inc. | $3,562.22 |
| FL | Small Group | 23841 | Aetna Life Insurance Company | $438.26 |
| FL | Small Group | 27357 | Health First Health Plans, Inc. | $456.35 |
| FL | Small Group | 30252 | Health Options, Inc. | $2,453.13 |
| FL | Small Group | 35783 | Humana Medical Plan, Inc. | $3,495.29 |
| FL | Small Group | 42204 | All Savers Insurance Company | $3.34 |
| FL | Small Group | 43839 | UnitedHealthcare Insurance Company | $2,570.80 |
| FL | Small Group | 56503 | Florida Health Care Plan, Inc. | $146.17 |
| FL | Small Group | 57451 | Coventry Health Care of Florida, Inc. | $9.51 |
| FL | Small Group | 66966 | Capital Health Plan | $1,362.49 |
| FL | Small Group | 68398 | UnitedHealthcare of Florida, Inc. | $2,342.87 |
| FL | Small Group | 77150 | Health First Insurance, Inc. | $35.69 |
| FL | Small Group | 80779 | Neighborhood Health Partnership, Inc. | $811.84 |
| FL | Small Group | 99308 | Humana Health Insurance Co of FL, Inc. | $42.09 |
| GA | Individual | 37001 | Humana Insurance Company | $1.29 |
| GA | Individual | 43802 | UnitedHealthcare of Georgia, Inc. | $645.97 |
| GA | Individual | 49046 | Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. | $2,549.63 |
| GA | Individual | 50491 | Cigna Health and Life Insurance Company | $103.11 |
| GA | Individual | 70893 | Ambetter of Peach State Inc. | $1,341.15 |
| GA | Individual | 74189 | UnitedHealthcare Life Insurance Company | $19.34 |
| GA | Individual | 82824 | Aetna Health Inc. (a GA corp.) | $1,640.49 |

| STATE | RISK POOL | HIOS ID | INSURANCE COMPANY NAME RECEIVING PAYMENT FROM DEFAULT RISK ADJUSTMENT CHARGE | DEFAULT RISK ADJUSTMENT ALLOCATION AMOUNT |
|---|---|---|---|---|
| GA | Individual | 83761 | Alliant Health Plans | $306.67 |
| GA | Individual | 83978 | Aetna Life Insurance Company | $464.79 |
| GA | Individual | 89942 | Kaiser Foundation Health Plan of Georgia | $593.13 |
| GA | Individual | 93332 | Humana Employers Health Plan of Georgia, Inc. | $4,964.87 |
| GA | Individual | 95852 | Harken Health Insurance Company | $188.77 |
| IA | Small Group | 18973 | Aetna Health of Iowa Inc. | $154.61 |
| IA | Small Group | 25896 | Wellmark Health Plan of Iowa | $3,352.52 |
| IA | Small Group | 27651 | Gundersen Health Plan, Inc. | $29.27 |
| IA | Small Group | 41397 | Federated Mutual Insurance Company | $290.58 |
| IA | Small Group | 50735 | Medical Associates Health Plans | $177.29 |
| IA | Small Group | 51474 | Pekin Life Insurance Company | $28.16 |
| IA | Small Group | 51820 | Coventry Health and Life Insurance Co. | $0.04 |
| IA | Small Group | 56610 | UnitedHealthcare Plan of the River Valley, Inc. | $1,035.08 |
| IA | Small Group | 72160 | Wellmark Inc. | $20,840.20 |
| IA | Small Group | 74980 | Avera Health Plans, Inc. | $16.12 |
| IA | Small Group | 77638 | Health Alliance Midwest, Inc. | $1.19 |
| IA | Small Group | 85930 | Sanford Health Plan | $26.55 |
| IA | Small Group | 88678 | UnitedHealthcare Insurance Company | $1,693.88 |
| ID | Small Group | 26002 | SelectHealth | $323.41 |
| ID | Small Group | 38128 | Montana Health Cooperative | $3.72 |
| ID | Small Group | 43541 | National Health Insurance Company | $3.83 |
| ID | Small Group | 44648 | Regence Blue Shield of Idaho | $316.37 |
| ID | Small Group | 50118 | UnitedHealthcare Insurance Company | $2.19 |
| ID | Small Group | 60597 | PacificSource Health Plans | $3.26 |
| ID | Small Group | 61175 | Aetna Health of Utah Inc. | $2.55 |
| ID | Small Group | 61589 | Blue Cross of Idaho Health Service, Inc. | $425.90 |
| IL | Small Group | 18389 | Pekin Life Insurance Company | $23.20 |
| IL | Small Group | 20129 | Health Alliance Medical Plans, Inc. | $326.16 |
| IL | Small Group | 24301 | Medical Associates Health Plans | $18.39 |
| IL | Small Group | 34446 | UnitedHealthcare Ins Co of River Valley | $1,137.29 |
| IL | Small Group | 35670 | Coventry Health & Life Co. | $108.81 |
| IL | Small Group | 36096 | Blue Cross Blue Shield of Illinois | $24,606.01 |
| IL | Small Group | 42529 | UnitedHealthcare of Illinois, Inc. | $108.43 |
| IL | Small Group | 53586 | Nippon Life Insurance Company of America | $1.40 |
| IL | Small Group | 58239 | UnitedHealthcare Plan of the River Valley, Inc. | $90.53 |
| IL | Small Group | 58288 | Humana Health Plan, Inc. | $121.15 |
| IL | Small Group | 66143 | Federated Mutual Insurance Company | $218.62 |
| IL | Small Group | 68303 | Humana Insurance Company | $555.98 |
| IL | Small Group | 72547 | Aetna Life Insurance Company | $351.04 |
| IL | Small Group | 78463 | Harken Health Insurance Company | $19.26 |
| IL | Small Group | 79763 | Land of Lincoln Mutual Health Insurance Company | $573.27 |

| STATE | RISK POOL | HIOS ID | INSURANCE COMPANY NAME RECEIVING PAYMENT FROM DEFAULT RISK ADJUSTMENT CHARGE | DEFAULT RISK ADJUSTMENT ALLOCATION AMOUNT |
|---|---|---|---|---|
| IL | Small Group | 92476 | UnitedHealthcare Ins Co of Illinois | $2,446.41 |
| IL | Small Group | 96601 | Coventry Health Care of Illinois, Inc. | $82.39 |
| IL | Small Group | 99129 | Aetna Health Inc. (a PA corp.) | $14.81 |
| IN | Small Group | 11104 | Federated Mutual Insurance Company | $7,163.75 |
| IN | Small Group | 17575 | Anthem Ins Companies Inc. (Anthem BCBS) | $35,101.58 |
| IN | Small Group | 20855 | Advantage Health Solutions, Inc. | $549.93 |
| IN | Small Group | 32378 | Aetna Life Insurance Company | $487.10 |
| IN | Small Group | 33380 | Indiana University Health Plans, Inc. | $253.98 |
| IN | Small Group | 36373 | All Savers Insurance Company | $130.07 |
| IN | Small Group | 43442 | Humana Health Plan | $123.32 |
| IN | Small Group | 50816 | Physicians Health Plan of Northern Indiana, Inc. | $8,068.65 |
| IN | Small Group | 67920 | Southeastern Indiana Health Organization | $577.62 |
| IN | Small Group | 72850 | UnitedHealthcare Insurance Company | $66,560.58 |
| IN | Small Group | 79828 | Pekin Life Insurance Company | $253.98 |
| IN | Small Group | 98761 | Nippon Life Insurance Company of America | $21.31 |
| IN | Small Group | 99791 | Humana Insurance Company | $9,409.82 |
| LA | Small Group | 14030 | Aetna Life Insurance Company | $1.10 |
| LA | Small Group | 19636 | HMO Louisiana, Inc. | $177.59 |
| LA | Small Group | 22381 | Coventry Health and Life | $0.13 |
| LA | Small Group | 38499 | UnitedHealthcare of Louisiana, Inc. | $12.34 |
| LA | Small Group | 44965 | Humana Health Benefit Plan of Louisiana, Inc. | $103.69 |
| LA | Small Group | 53946 | UnitedHealthcare Insurance Company of the River Va | $0.11 |
| LA | Small Group | 67243 | Vantage Health Plan, Inc. | $4.27 |
| LA | Small Group | 69842 | UnitedHealthcare Insurance Company | $15.49 |
| LA | Small Group | 81941 | Aetna Health Inc. (a LA corp.) | $7.43 |
| LA | Small Group | 97176 | Louisiana Health Service & Indemnity Company | $376.73 |
| MI | Small Group | 13667 | HealthPlus of Michigan | $47.86 |
| MI | Small Group | 15560 | Blue Cross Blue Shield of Michigan Mutual Insurance Company | $60,528.83 |
| MI | Small Group | 20393 | McLaren Health Plan | $377.28 |
| MI | Small Group | 20662 | PHP Insurance Company | $382.11 |
| MI | Small Group | 29241 | Priority Health Insurance Company (PHIC) | $1,821.48 |
| MI | Small Group | 29698 | Priority Health | $8,409.90 |
| MI | Small Group | 37651 | Health Alliance Plan (HAP) | $1,462.81 |
| MI | Small Group | 45002 | UnitedHealthcare Life Insurance Company | $0.05 |
| MI | Small Group | 52670 | All Savers Insurance Company | $8.81 |
| MI | Small Group | 59140 | Nippon Life Insurance Company of America | $3.24 |
| MI | Small Group | 60829 | Physicians Health Plan | $1,044.53 |
| MI | Small Group | 62294 | Humana Insurance Company | $235.03 |
| MI | Small Group | 63631 | UnitedHealthcare Insurance Company | $5,171.75 |
| MI | Small Group | 67183 | Total Health Care USA, Inc. | $2,429.67 |

| STATE | RISK POOL | HIOS ID | INSURANCE COMPANY NAME RECEIVING PAYMENT FROM DEFAULT RISK ADJUSTMENT CHARGE | DEFAULT RISK ADJUSTMENT ALLOCATION AMOUNT |
|---|---|---|---|---|
| MI | Small Group | 67577 | Alliance Health and Life Insurance Company | $2,485.13 |
| MI | Small Group | 74917 | McLaren Health Plan Community | $344.06 |
| MI | Small Group | 82649 | Federated Mutual Insurance Company | $2,061.74 |
| MI | Small Group | 95233 | Paramount Insurance Company | $296.57 |
| MI | Small Group | 98185 | Blue Care Network of Michigan | $23,876.40 |
| MN | Small Group | 31616 | Medica Insurance Company | $334.91 |
| MN | Small Group | 49316 | BCBSM, INC. | $2,320.24 |
| MN | Small Group | 52346 | Sanford Health Plan of Minnesota | $0.38 |
| MN | Small Group | 57129 | HMO Minnesota | $16.53 |
| MN | Small Group | 60769 | Federated Mutual Insurance Company | $143.97 |
| MN | Small Group | 70373 | Gundersen Health Plan Minnesota, Inc. | $5.95 |
| MN | Small Group | 79888 | HealthPartners, Inc. | $2,030.77 |
| MN | Small Group | 85654 | HealthPartners Insurance Company | $248.19 |
| MN | Small Group | 88102 | PreferredOne Insurance Company | $275.10 |
| MN | Small Group | 97624 | PreferredOne Community Health Plan | $45.86 |
| MO | Small Group | 30613 | Humana Insurance Company | $19.74 |
| MO | Small Group | 32753 | Healthy Alliance Life Co(Anthem BCBS) | $61.90 |
| MO | Small Group | 34762 | Blue Cross and Blue Shield of Kansas City | $19.52 |
| MO | Small Group | 44240 | Coventry Health and Life | $0.02 |
| MO | Small Group | 44527 | Coventry Health & Life Insurance Co. | $6.10 |
| MO | Small Group | 48161 | Aetna Life Insurance Company | $9.41 |
| MO | Small Group | 64701 | Federated Mutual Insurance Company | $10.89 |
| MO | Small Group | 95426 | UnitedHealthcare Insurance Company | $112.89 |
| MO | Small Group | 96384 | Cox Health Systems Insurance Company | $5.40 |
| MT | Small Group | 23603 | PacificSource Health Plans | $26,639.16 |
| MT | Small Group | 30751 | Blue Cross and Blue Shield of Montana | $150,191.45 |
| MT | Small Group | 32225 | Montana Health Cooperative | $2,681.14 |
| MT | Small Group | 46621 | UnitedHealthcare Insurance Company | $582.77 |
| ND | Small Group | 37160 | Blue Cross Blue Shield of North Dakota | $11,673.02 |
| ND | Small Group | 39364 | Medica Insurance Company | $1,928.00 |
| ND | Small Group | 73751 | Medica Health Plans | $105.59 |
| ND | Small Group | 89364 | Sanford Health Plan | $937.04 |
| NE | Small Group | 15438 | Coventry Health Care of Nebraska Inc. | $159.12 |
| NE | Small Group | 29678 | Blue Cross and Blue Shield of Nebraska | $8,600.68 |
| NE | Small Group | 47340 | Federated Mutual Insurance Company | $907.48 |
| NE | Small Group | 73102 | UnitedHealthcare Insurance Company | $10,753.20 |
| NE | Small Group | 77931 | Health Alliance Midwest Inc. | $0.33 |
| NE | Small Group | 79636 | Coventry Health and Life Insurance Co. | $305.91 |
| OK | Small Group | 23468 | Humana Insurance Company | $2.06 |
| OK | Small Group | 27243 | Federated Mutual Insurance Company | $469.30 |
| OK | Small Group | 45480 | UnitedHealthcare of Oklahoma, Inc. | $806.49 |
| OK | Small Group | 53524 | Coventry Health and Life | $5.84 |

| STATE | RISK POOL | HIOS ID | INSURANCE COMPANY NAME RECEIVING PAYMENT FROM DEFAULT RISK ADJUSTMENT CHARGE | DEFAULT RISK ADJUSTMENT ALLOCATION AMOUNT |
|---|---|---|---|---|
| OK | Small Group | 66946 | Aetna Life Insurance Company | $1,537.83 |
| OK | Small Group | 76275 | Aetna Health Inc. (a PA corp.) | $59.25 |
| OK | Small Group | 85757 | UnitedHealthcare Insurance Company | $8,907.51 |
| OK | Small Group | 87571 | Blue Cross Blue Shield of Oklahoma | $95,237.39 |
| OK | Small Group | 87698 | CommunityCare Life & Health Insurance Co | $2,224.26 |
| OK | Small Group | 98905 | CommunityCare HMO Inc. | $9,096.25 |
| TX | Small Group | 19046 | Federated Mutual Insurance Company | $2,030.80 |
| TX | Small Group | 26539 | SHA, LLC DBA FirstCare Health Plans | $2,091.51 |
| TX | Small Group | 30609 | Memorial Hermann Health Insurance Company, Inc. | $4,564.21 |
| TX | Small Group | 32673 | Humana Health Plan of Texas, Inc. | $24,572.39 |
| TX | Small Group | 33602 | Blue Cross Blue Shield of Texas | $247,260.91 |
| TX | Small Group | 37392 | Prominence HealthFirst of Texas, Inc. | $3.42 |
| TX | Small Group | 37755 | Insurance Company of Scott & White | $287.89 |
| TX | Small Group | 40220 | UnitedHealthcare of Texas, Inc. | $1,809.01 |
| TX | Small Group | 40788 | Scott and White Health Plan | $6,896.00 |
| TX | Small Group | 41541 | Memorial Hermann Health Plan, Inc | $106.21 |
| TX | Small Group | 41549 | Southwest Life and Health Ins Comp | $148.28 |
| TX | Small Group | 45125 | Nippon Life Insurance Company of America | $10.74 |
| TX | Small Group | 58840 | Aetna Health Inc. (a TX corp.) | $39.11 |
| TX | Small Group | 63141 | Humana Insurance Company | $3,884.49 |
| TX | Small Group | 63509 | Allegian Insurance Company | $72.33 |
| TX | Small Group | 81795 | USAble Mutual Insurance Company | $192.27 |
| TX | Small Group | 85947 | All Savers Insurance Company | $6.46 |
| TX | Small Group | 91716 | Aetna Life Insurance Company | $7,419.72 |
| TX | Small Group | 92224 | National Health Insurance Company | $16.06 |
| TX | Small Group | 98809 | UnitedHealthcare Insurance Company | $47,952.17 |
| UT | Small Group | 22013 | Regence BlueCross BlueShield of Utah | $160,231.05 |
| UT | Small Group | 29031 | National Health Insurance Company | $7,207.79 |
| UT | Small Group | 38927 | Aetna Health of Utah Inc. | $14,809.67 |
| UT | Small Group | 46958 | Humana Insurance Company | $9,852.83 |
| UT | Small Group | 48588 | Aetna Life Insurance Company | $875.06 |
| UT | Small Group | 66413 | UnitedHealthcare of Utah, Inc. | $5,251.95 |
| UT | Small Group | 68781 | SelectHealth | $678,756.70 |
| UT | Small Group | 80043 | WMI Mutual Insurance Company | $882.87 |
| UT | Small Group | 97462 | UnitedHealthcare Insurance Company | $22,987.78 |
| WI | Small Group | 16245 | Group Health Cooperative of Eau Claire | $10.34 |
| WI | Small Group | 20173 | HealthPartners Insurance Company | $4.45 |
| WI | Small Group | 35334 | MercyCare Insurance Company | $3.08 |
| WI | Small Group | 37833 | Unity Health Plans Insurance Corporation | $54.97 |
| WI | Small Group | 38166 | Security Health Plan of Wisconsin, Inc. | $69.06 |
| WI | Small Group | 38345 | Dean Health Plan | $77.98 |

| STATE | RISK POOL | HIOS ID | INSURANCE COMPANY NAME RECEIVING PAYMENT FROM DEFAULT RISK ADJUSTMENT CHARGE | DEFAULT RISK ADJUSTMENT ALLOCATION AMOUNT |
|---|---|---|---|---|
| WI | Small Group | 38752 | Aetna Life Insurance Company | $126.86 |
| WI | Small Group | 39924 | All Savers Insurance Company | $2.40 |
| WI | Small Group | 47342 | Health Tradition Health Plan | $34.65 |
| WI | Small Group | 55103 | Humana Wisconsin Health Org. Ins. Copr | $50.99 |
| WI | Small Group | 57637 | Medica Insurance Company | $69.13 |
| WI | Small Group | 58326 | MercyCare HMO, Inc. | $19.33 |
| WI | Small Group | 58564 | Physicians Plus Insurance Corporation | $32.66 |
| WI | Small Group | 59158 | UnitedHealthcare Insurance Company | $402.20 |
| WI | Small Group | 64772 | Medical Associates Health Plans | $7.81 |
| WI | Small Group | 69424 | Pekin Life Insurance Company | $0.15 |
| WI | Small Group | 79475 | Compcare Health Serv Ins Co(Anthem BCBS) | $140.95 |
| WI | Small Group | 80180 | UnitedHealthcare of Wisconsin, Inc. | $74.92 |
| WI | Small Group | 81413 | Network Health Plan | $0.57 |
| WI | Small Group | 81974 | Wisconsin Physicians Svc Insurance Corp | $77.44 |
| WI | Small Group | 84670 | WPS Health Plan, Inc. | $11.35 |
| WI | Small Group | 87416 | Common Ground Healthcare Cooperative | $29.31 |
| WI | Small Group | 90028 | BCBS of Wisconsin(Anthem BCBS) | $5.82 |
| WI | Small Group | 91058 | Gundersen Health Plan, Inc. | $67.86 |
| WI | Small Group | 91604 | Humana Insurance Company | $159.71 |
| WI | Small Group | 92708 | Federated Mutual Insurance Company | $8.12 |
| WI | Small Group | 94529 | Group Health Cooperative of South Central Wisconsin | $26.63 |
| WY | Small Group | 11269 | Blue Cross Blue Shield of Wyoming | $230,534.24 |
| WY | Small Group | 49714 | UnitedHealthcare Insurance Company | $116,861.90 |
| WY | Small Group | 79022 | Aetna Health of Utah Inc. | $7,878.56 |