MILLIMAN RESEARCH REPORT

Medicare Advantage organizations: Financial results for 2020

February 2022

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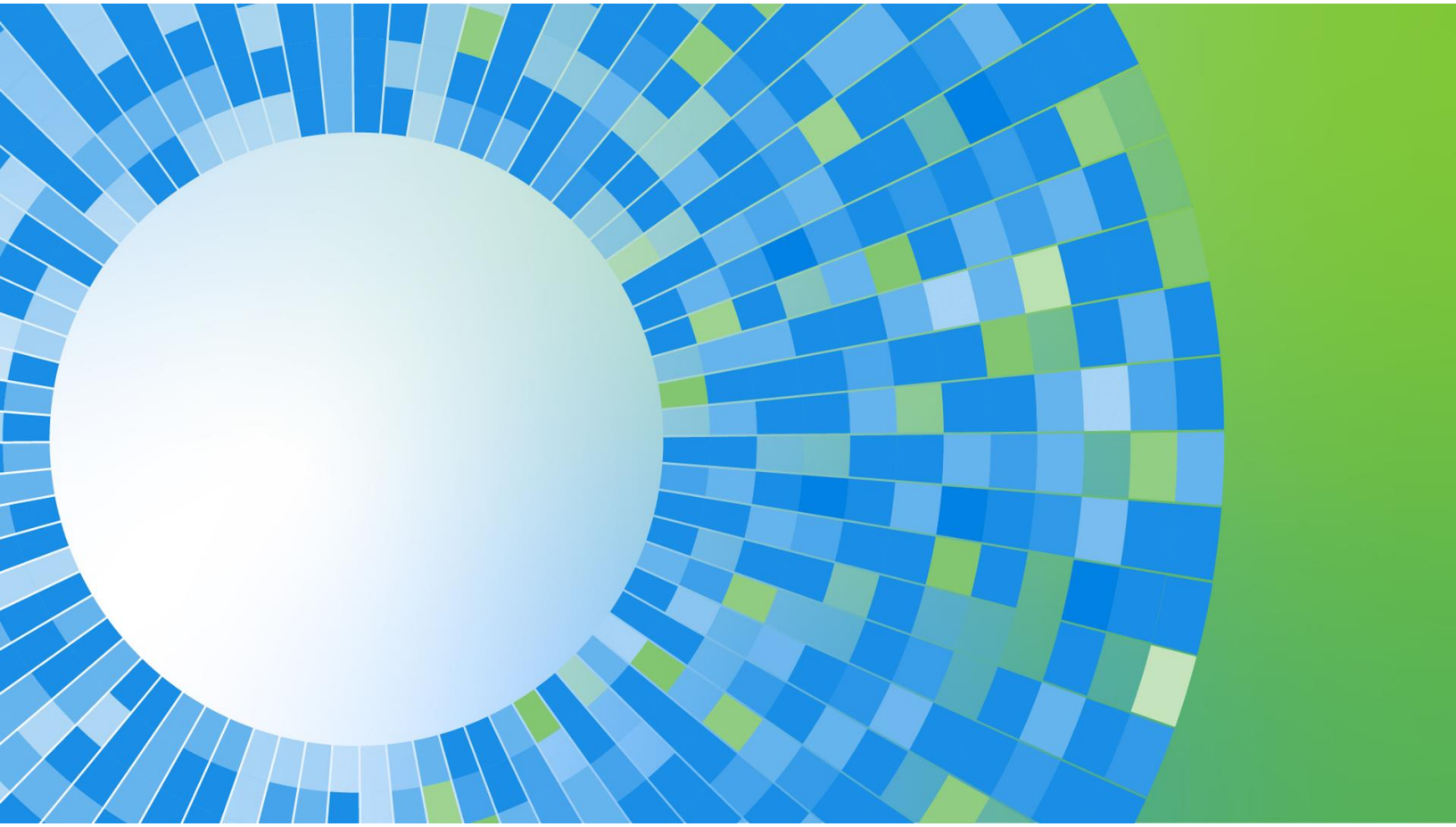

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Table of Contents

INTRODUCTION 1
SUMMARY OF CY 2020 FINANCIAL RESULTS 3
ADMINISTRATIVE COST ANALYSIS 6
CONCLUSION 9
LIMITATIONS AND DATA RELIANCE 9
QUALIFICATIONS 9
APPENDIX 1: FINANCIAL METRICS AND MAO CHARACTERISTICS 10
APPENDIX 2: DEFINITION OF FINANCIAL METRICS 13
ABOUT THE AUTHORS 17
ACKNOWLEDGMENTS 17

Introduction

Medicare Advantage (MA) is a government-sponsored program that offers an alternative to traditional fee-for-service (FFS) Medicare, where private health plans, otherwise known as Medicare Advantage organizations (MAOs), provide benefits to Medicare beneficiaries. MAOs offer several different network-based plan designs in their defined service areas, with differing additional benefits, levels of member cost sharing, Part D coverage, and member premiums.

MA has grown in popularity since its inception in 1997 as Medicare+Choice, expanding significantly in the last 10 years, from 26% of Medicare-eligible members in 2012 to 42% in 2021.[1] MAOs contract with the Centers for Medicare and Medicaid Services (CMS) to deliver and manage the healthcare benefits under the Medicare program as well as their administrative costs and profit in exchange for predetermined capitation revenue. The federal government largely funds the cost of the program, with the revenue received by private plans based on laws, regulations, and an underlying bidding process established, regulated, and overseen by CMS.[2] Members may also pay a monthly premium depending on the plan design and the capitation revenue.

Most benefit plans offer coverage for additional benefits not covered by traditional FFS Medicare. Services like eyeglasses or contacts, hearing aids, dental, transportation, over-the-counter (OTC) drugs, and gym memberships are a few of the more common additional benefits provided by MAOs. Plans can also customize their benefit packages to offer certain benefits to a subset of chronically ill enrollees.

In addition to offering additional benefits, MAOs can offer Medicare-covered services at cost sharing below traditional FFS Medicare. Traditional FFS Medicare includes a Part A inpatient hospital deductible and daily coinsurance (for more than 60 days) while MAOs may require the member to pay a copay upon hospital admittance or for the first few days of the stay. Traditional FFS Medicare also includes a Part B deductible and 20% coinsurance that applies to hospital outpatient and physician services while MAOs may require fixed copays that may vary by type and place of service. MA also includes prescription drug coverage through Part D (MAPD). Most MAO benefit plans include Part D as part of the benefit plan. Part D is funded by member premiums and also by the federal government through subsidies by CMS. There are certain programs within Part D where the MAO is not at risk, such as Low-Income Cost Sharing (LICS), the Coverage Gap Discount Program (CGDP), and federal reinsurance. MAOs receive prospective payments for these programs that are trued up at the end of the year.

Standard Part D coverage includes a deductible, 25% coinsurance up to the Initial Coverage Limit (ICL), 25% above the ICL with prescription drug manufacturers paying 70% of the brand-name drug costs, and catastrophic coverage. MAOs can differentiate their Part D coverage through their formularies and member cost sharing, generally below the ICL.

MAOs are licensed health insurance entities and are required to file a statutory annual statement with the state insurance regulator. The statutory annual statement is a standard reporting structure developed and maintained by the National Association of Insurance Commissioners (NAIC), with prescribed definitions allowing comparisons among various reporting entities.

This is the second annual iteration of the Medicare report, reflecting financial information for calendar-year (CY) 2020 and analysis related to administrative costs reported by the MAOs. The first iteration addressed CY 2019 experience and can be obtained from the Milliman website. The methodology used to generate this year's report is substantially consistent with the prior year's report.

[1] Kaiser Family Foundation. Medicare Advantage in 2021: Enrollment Update and Key Trends, Figure 1. Kaiser Family Foundation. Retrieved February 9, 2022, from https://www.kff.org/medicare/issue-brief/medicare-advantage-in-2021-enrollment-update-and-key-trends/#Figure1.

[2] Friedman, J.M., Swanson, B.L., Yeh, M., & Cates, J. (February 2020). State of the 2020 Medicare Advantage Industry: As Strong as Ever. Milliman Research Report. Retrieved February 9, 2022, from https://us.milliman.com/en/insight/state-of-the-2020--medicare-advantage-industry-as-strong-as-ever.

This report summarizes the CY 2020 experience for selected financial metrics of organizations reporting Medicare Advantage experience under the Title XVIII Medicare line of business on the NAIC annual statement. We compiled this information from the reported annual statements.[3] Individual reporting entities may be excluded from this report for the following reasons:

- Did not submit a health annual statement
- Reported less than $10 million in annual Medicare (Title XVIII) revenue
- Otherwise omitted from the NAIC database of health annual statements utilized for this report

The primary purpose of this report is to provide reference and benchmarking information for certain key financial metrics used in the day-to-day analysis of MAO financial performance. This report summarizes the financial results on a composite basis for all reporting MAOs.

- Appendix 1 provides additional detail and stratifications of the financial metrics presented in this report.
- Appendix 2 provides the methodology and assumptions utilized in developing the metrics presented in this report.

[3] National Association of Insurance Commissioners. Annual Statement Database, as delivered by S&P Global, Inc, all rights reserved.

Summary of CY 2020 financial results

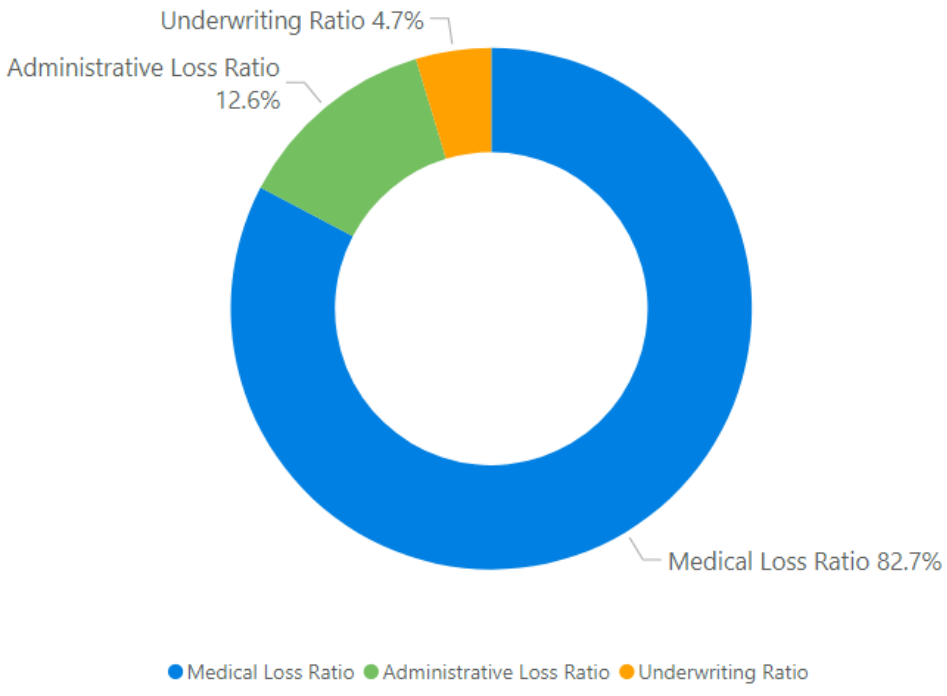
The CY 2020 financial information analyzed for this report comprises information for 374 reporting entities across 43 states compared to 333 entities across 42 states in 2019. Information from Alaska, Delaware, Montana, North Dakota, South Dakota, Vermont, and Wyoming was not represented, primarily because the reporting entities in these states were excluded based on the filtering criteria used for this report (described in the following paragraph). The COVID-19 pandemic had an impact on the financial results of MAOs in 2020 due to the decreased utilization of healthcare services observed starting in March 2020. This can be observed in the improved underwriting ratios for MAOs in 2020 compared to 2019. We retrieved the annual statements from an online database. In addition to the limiting criteria used to select companies in this report, certain MAOs may be omitted from this report because of their exclusions from the online database.

The MAO financials included in this report comprise information from MA only and MAPD plans. We compiled the financial data for the MAOs to produce outcomes of key financial metrics for various company groupings. We summarized the distribution of results to allow for user reference and benchmarking purposes. Unless otherwise stated, only companies with at least $10 million in MA revenue were used in this analysis.

The primary financial metrics we analyzed for this report include the medical loss ratio (MLR), administrative loss ratio (ALR), underwriting (UW) ratio, and risk-based capital (RBC) ratio. The selected metrics focus primarily on the income statement values of the financial statement, except for the RBC ratio, which is a capital (or solvency) measure. Appendix 2 of this report documents the methodology and formulas behind these metrics.

Figure 1 summarizes the composite CY 2020 financial results for the 374 companies meeting the criteria selected for this study. The total MA revenue base represents approximately $247 billion with achieved underwriting gains of 4.7%. The positive UW ratio of 4.7% represents a composite across identified MAOs, with considerable variances by individual MAOs.

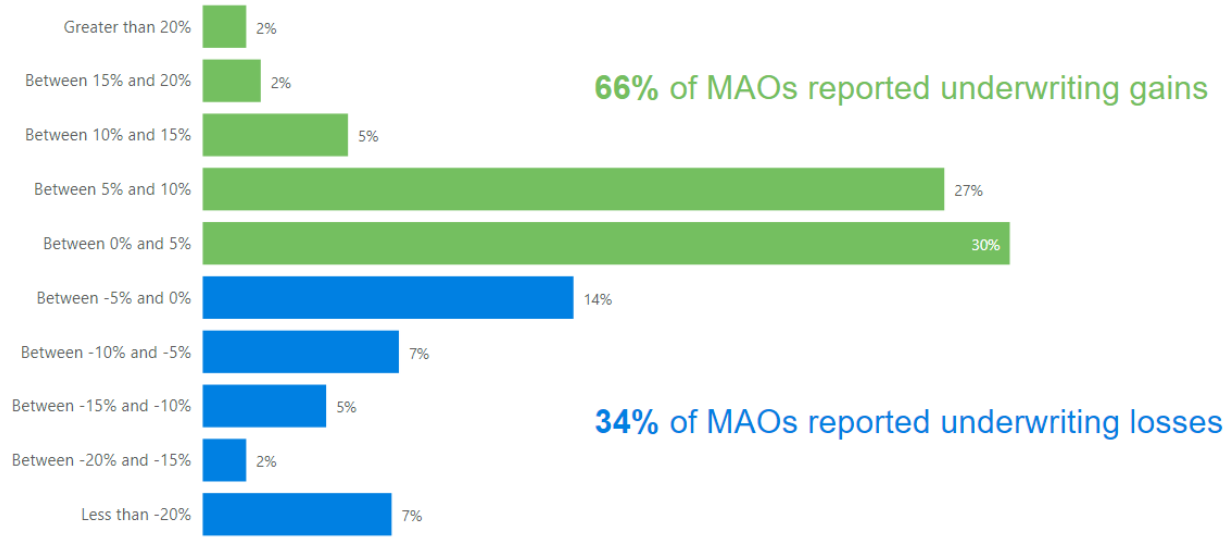
FIGURE 1: COMPOSITE CY 2020 FINANCIAL RESULTS



Notes: Values have been rounded.

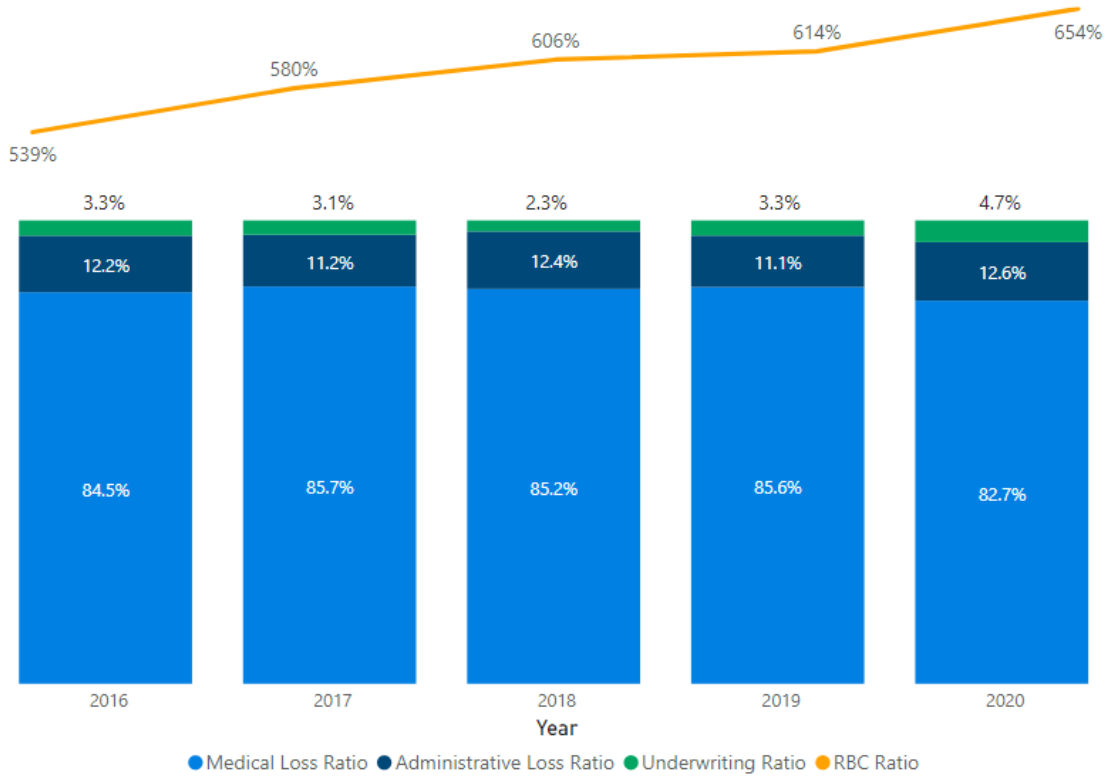
Figure 2 shows the distribution of MAOs within ranges of UW ratios specific to CY 2020, indicating slightly more than 66% (247 MAOs) of the MAOs reported gains, with the remaining MAOs reporting underwriting losses. Forty-four percent of the MAOs reported an underwriting margin within a range of plus or minus 5%. Despite an increase in UW ratio from 3.3% overall in 2019 to 4.7% overall in 2020, the distribution looks quite similar between the two years.

FIGURE 2: CY 2020 UNDERWRITING RATIO DISTRIBUTION



Over the past five years, the growth in aggregate MA revenue reflects a 62% increase. The main drivers of the revenue growth include the year-to-year increase in CMS benchmark revenue coupled with the enrollment growth in the MA market. Enrollment included in the report increased by 37% over the same five-year period, with the largest year-over-year increase of over 9% growth in the years 2018 and 2020. Figure 3 summarizes the composite financial results for the most recent five-year period. The companies in each year are not the same; however, the criteria used to select the companies are consistent from year to year.

FIGURE 3: FIVE-YEAR HISTORICAL FINANCIAL RESULTS



Several observations on the MA market can be made over the most recent five years:

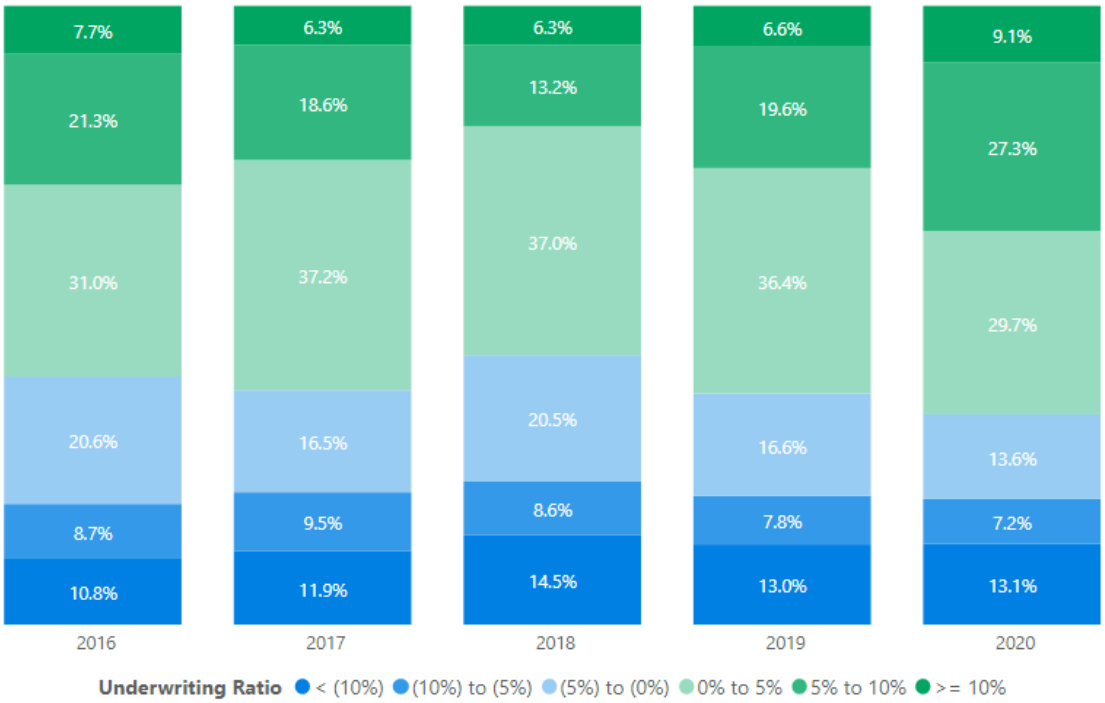
- Since CY 2016, the composite UW ratio has been greater than 3.0% in four of the last five years.
- The aggregate ALR fluctuated between 11.1% and 12.6% from CY 2016 through CY 2020. As expected, the two lowest ALR years in this period were in CY 2017 (when there was a moratorium on the Health Insurance Providers Fee [HIPF]) and in CY 2019 when the HIPF was suspended until CY 2020. The HIPF has ultimately been suspended going forward.[4]
- Risk-based capital ratios increased from 539% in CY 2016 to 654% in CY 2020.
- The MLR was stable and between 84.5% and 85.7% from CY 2016 to CY 2019 but dropped to a new low of 82.7% in CY 2020 due to the decrease in utilization of services as a result of the COVID-19 pandemic.

Please note the MLR calculated throughout this report is the MLR formula as defined in Appendix 2 and not the CMS MLR formula used for MLR rebates. It is consistent with how it's reported on statutory annual statements and does not make the adjustments that CMS allows for credibility, quality, and taxes and fees.

While Figure 3 illustrates the overall changes in the underwriting results over the last five years, it is also important to understand how the underwriting results have varied across MAOs. Figure 4 illustrates the distribution of underwriting results in the MA market for each calendar year from the MAOs included in our analysis.

[4] See the Consolidated Appropriations Act, 2016, available at https://www.congress.gov/bill/114th-congress/house-bill/2029/text.

FIGURE 4: DISTRIBUTION OF UNDERWRITING RESULTS BY YEAR



The composite UW ratio increased over the five-year historical period from 3.3% in CY 2016 to 4.7% in CY 2020. The percentage of MAOs reporting gains increased, while the percentage of MAOs reporting losses decreased over time. The composite UW ratio reported by the MAOs in CY 2020 represents an aggregate underwriting gain of approximately $11.5 billion in relation to the $247 billion of revenue.

Administrative cost analysis

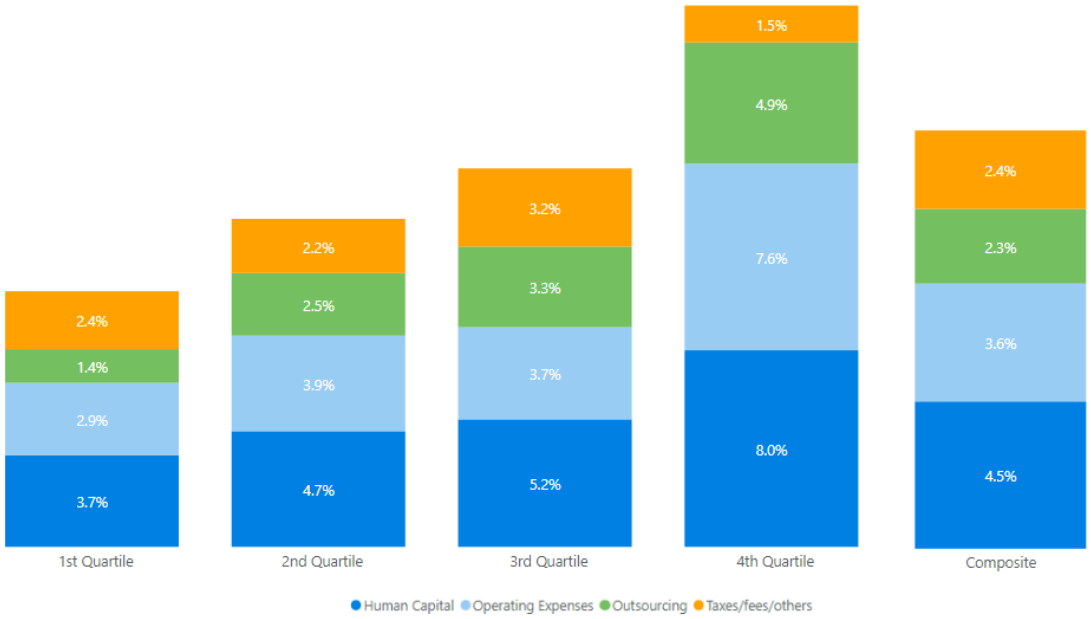
MEDICARE ADVANTAGE-FOCUSED MAOS

The previous section of this report contains analyses of key financial metrics for 374 MAOs that reported operations in the Medicare Title XVIII line of business, based on page 7 of the NAIC annual statement (Analysis of Operations by Line of Business). This section examines the administrative expenses reported by the MAOs on the Underwriting and Investment Exhibit Part 3 Analysis of Expenses page. This information is only reported at an aggregate MAO level and detailed administrative expense information is not stratified by line of business (e.g., Medicare). Therefore, the results presented in this section of the report are limited to the 195 MAOs that are defined as MA-focused in the database used for this summary. The ALRs reported by the MA-focused MAOs were relatively consistent with the remaining 179 MAOs, which were defined as non-MA-focused. The 195 MA-focused MAOs account for approximately 69% of the MA revenue summarized for purposes of this report, with an average 12.7% ALR. The remainder of this section summarizes the reported administrative costs for only the MA-focused MAOs.

SUMMARY OF RESULTS

The primary expense categories used in the Analysis of Operations by Line of Business page include the claim adjustment expenses (CAE) and general administrative expenses (GAE). The CAE and GAE categories are further stratified by additional subcategories of expenses in the Underwriting and Investment Exhibit Part 3 Analysis of Expenses page, which is the basis of the administrative expense categories illustrated in this administrative cost analysis. Figure 5 summarizes the CY 2020 administrative expenses by quartile of ALR performance for the 195 companies with an MA focus. The administrative expenses are stratified by administrative cost categories summarized from the Underwriting and Investment Exhibit Part 3 Analysis of Expenses page.

FIGURE 5: ADMINISTRATIVE LOSS RATIO BY QUARTILE OF ALR PERFORMANCE



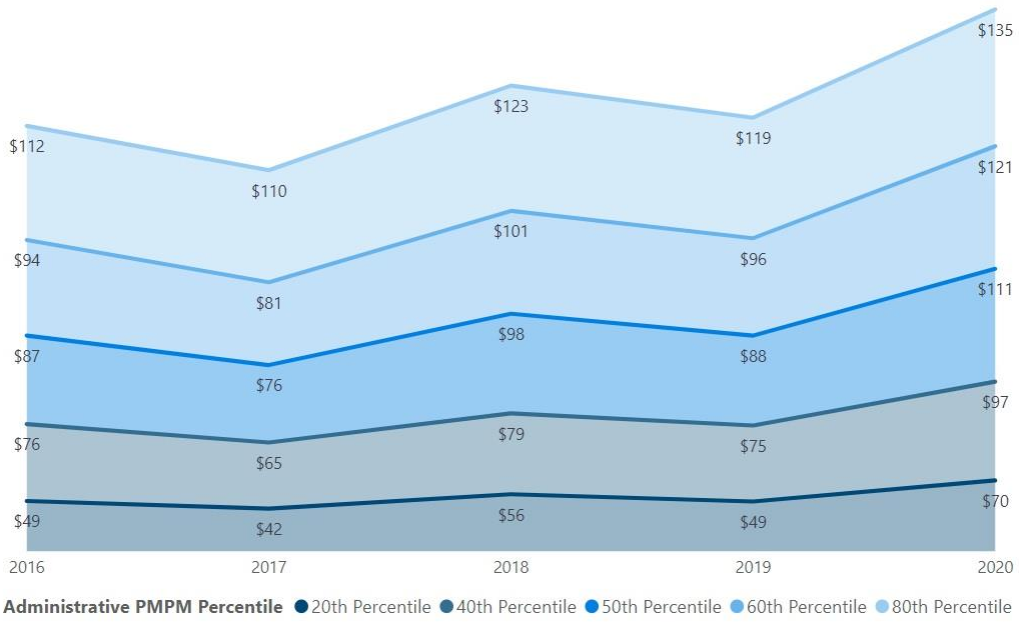
Note: Values have been rounded.

In composite, MAOs grouped in the fourth quartile have higher administrative loss ratios across all expense types compared to MAOs grouped in the first, second, and third quartiles.[5] Between the third and fourth quartiles, human capital (costs related to salaries, wages, and other items specific to in-house staffing resources) and operating expenses account for most of the increase in administrative costs, although other expense types also increase steadily from quartile to quartile.

Figure 6 summarizes the administrative cost per member per month (PMPM) for the most recent five-year period for all companies matching the inclusion criteria indicated in this report.

[5] A quartile is a cut point dividing the number of data points in a data set into four parts, or quarters, of roughly equal size.

FIGURE 6: ADMINISTRATIVE COST PMPM BY YEAR



Note: Values have been rounded.

Figure 6 illustrates an overall increase in the reported administrative cost on a PMPM basis from CY 2016 to CY 2020. There was a significant increase in the administrative cost PMPM from CY 2017 to CY 2018 and from CY 2019 to CY 2020. The average annualized increase in the median is approximately 6.4% from CY 2016 to CY 2020. The percentiles illustrated are less sensitive to outliers and changes in reported administrative expense for the largest health plans.

The PMPM increase from CY 2016 to CY 2020 is likely attributable to general inflationary trends as well as changes in the membership covered by the MAOs in this study, such as the increase in the number of beneficiaries in special needs plans (SNPs), which have higher claim and administrative costs. The range of administrative cost PMPMs over the years is likely attributable to a combination of drivers such as more start-ups entering the market with higher fixed administrative costs in the initial years; increased prevalence of SNPs, which require more intensive member care coordination; and/or other enrollment changes that can affect the PMPMs. As expected, the two lowest ALR years in this period were in CY 2017 (when there was a moratorium on the HIPF) and in CY 2019 when the HIPF was suspended until CY 2020.

Conclusion

More than 40% of people age 65 and older in the United States enroll in MA.[6] With Baby Boomers aging into Medicare, combined with new additional benefits, benefit flexibility allowed by CMS, and lower premiums each year, the MA market will continue to grow and play an even bigger role in the Medicare market. The Congressional Budget Office (CBO) predicts MA penetration will increase to 51% of the Medicare market over the next decade.[6] The results in this analysis show the majority of MAOs were profitable in 2020. MAOs are an integral part of the delivery system for Medicare-eligible enrollees, and their financial results will help us understand the viability and the continued sustainability of private health insurers in the MA market.

The results in this report provide reference and benchmarking information for certain key financial metrics used in the day-to-day analysis of MAO financial performance. It is likely that the COVID-19 public health emergency will significantly impact the financial results in CY 2021 and possibly beyond.

Limitations and data reliance

We compiled the results contained in this report using data and information obtained from the statutory annual statements for MAOs filed with the respective state insurance regulators. We retrieved the annual statements from an online database on August 11, 2021. In addition to the limiting criteria used to select companies in this report, certain MAOs may be omitted from this report because of the timing of annual statement submissions or their exclusions from the online database.

Milliman has developed certain models to estimate the values included in this correspondence. The intent of the models was to estimate the MAO financial results presented in this report. We have reviewed the models, including their inputs, calculations, and outputs, for consistency, reasonableness, and appropriateness to the intended purpose and in compliance with generally accepted actuarial practice and relevant actuarial standards of practice (ASOP). The models rely on data and information as input to the models. We have relied upon certain data and information for this purpose and accepted it without audit. To the extent that the data and information provided is not accurate, or is not complete, the values provided in this report may likewise be inaccurate or incomplete. Milliman's data and information reliance includes the NAIC annual statement database. The models, including all input, calculations, and output, may not be appropriate for any other purpose

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The views expressed in this research paper are made by the authors and do not represent the opinions of Milliman, Inc. Other Milliman consultants may hold alternative views and reach different conclusions from those shown.

Qualifications

Guidelines issued by the American Academy of Actuaries require actuaries to include their professional qualifications in all actuarial communications. Shyam Kolli and Greg Sgrosso are members of the American Academy of Actuaries and meet the qualification standards for performing the analyses in this report.

[6] Kaiser Family Foundation, op cit.

Appendix 1: Financial metrics and MAO characteristics

In addition to the figures illustrated in the body of this report, we analyzed the financial metrics stratified by certain MAO characteristics to understand the potential impact that these characteristics have on the reported financial results. The figures in Appendix 1 illustrate the following financial metrics and MAO characteristics:

FINANCIAL METRICS

- Medical loss ratio
- Underwriting ratio
- Risk-based capital ratio
- Administrative loss ratio

MAO CHARACTERISTICS

- Annual Medicare revenue
- Annual Medicare revenue PMPM
- MAO type (Medicare-focused versus all other MAOs)
- Underwriting gain/loss

FIGURE 7: MEDICAL LOSS RATIO: CY 2020 RESULTS

GROUPING	CATEGORY	N	REVENUE (IN $ BILLIONS)	PERCENTILE MEAN	10TH	25TH	50TH	75TH	90TH
COMPOSITE	COMPOSITE	374	246.77	83%	76%	80%	83%	88%	94%
ANNUAL	$10 MILLION TO $100 MILLION	147	5.82	86%	73%	78%	83%	93%	104%
REVENUE	$100 MILLION TO $500 MILLION	122	30.85	84%	76%	80%	84%	88%	91%
	$500 MILLION TO $1 BILLION	47	36.04	83%	78%	81%	83%	86%	87%
	MORE THAN $1 BILLION	58	174.06	82%	78%	81%	83%	85%	89%
REVENUE	LESS THAN $900	85	17.80	84%	78%	82%	86%	92%	108%
PMPM	$900 to $1000	68	64.66	83%	78%	80%	83%	87%	91%
	$1000 to $1200	95	98.48	82%	77%	80%	83%	86%	93%
	MORE THAN $1200	126	65.82	83%	73%	78%	82%	87%	95%
BUSINESS	MEDICARE FOCUSED	195	170.46	82%	78%	81%	83%	88%	96%
FOCUS	ALL OTHERS	179	76.31	84%	74%	79%	83%	88%	94%
GAIN/(LOSS)	REPORTED A GAIN	247	224.11	82%	75%	79%	82%	84%	87%
POSITION	REPORTED A LOSS	127	22.66	91%	80%	86%	90%	95%	108%

FIGURE 8: UNDERWRITING RATIO: CY 2020 RESULTS

GROUPING	CATEGORY	N	REVENUE (IN $ BILLIONS)	PERCENTILE MEAN	10TH	25TH	50TH	75TH	90TH
COMPOSITE	COMPOSITE	374	246.77	5%	-14%	-3%	3%	7%	9%
ANNUAL	$10 MILLION TO $100 MILLION	147	5.82	-4%	-31%	-11%	-1%	6%	11%
REVENUE	$100 MILLION TO $500 MILLION	122	30.85	2%	-7%	-2%	3%	6%	9%
	$500 MILLION TO $1 BILLION	47	36.04	4%	-2%	2%	5%	7%	8%
	MORE THAN $1 BILLION	58	174.06	6%	1%	2%	4%	7%	9%
REVENUE	LESS THAN $900	85	17.80	1%	-42%	-13%	-1%	4%	8%
PMPM	$900 to $1000	68	64.66	4%	-5%	-1%	4%	6%	8%
	$1000 to $1200	95	98.48	6%	-7%	0%	4%	7%	9%
	MORE THAN $1200	126	65.82	5%	-10%	-2%	4%	8%	11%
BUSINESS	MEDICARE FOCUSED	195	170.46	5%	-14%	-4%	3%	5%	8%
FOCUS	ALL OTHERS	179	76.31	3%	-11%	-1%	4%	8%	12%
GAIN/(LOSS)	REPORTED A GAIN	247	224.11	6%	1%	3%	5%	8%	11%
POSITION	REPORTED A LOSS	127	22.66	-6%	-38%	-15%	-8%	-3%	-1%

FIGURE 9: RISK-BASED CAPITAL RATIO: CY 2020 RESULTS

GROUPING	CATEGORY	N	REVENUE (IN $ BILLIONS)	PERCENTILE MEAN	10TH	25TH	50TH	75TH	90TH
COMPOSITE	COMPOSITE	374	246.77	653.7%	311.0%	375.9%	492.4%	673.9%	1105.6%
ANNUAL	$10 MILLION TO $100 MILLION	147	5.82	651.8%	293.8%	372.6%	513.1%	739.5%	1375.7%
REVENUE	$100 MILLION TO $500 MILLION	122	30.85	618.2%	333.2%	386.9%	513.0%	682.4%	938.4%
	$500 MILLION TO $1 BILLION	47	36.04	686.6%	322.7%	400.4%	523.3%	660.9%	1014.7%
	MORE THAN $1 BILLION	58	174.06	664.0%	255.1%	371.9%	440.2%	610.6%	780.6%
REVENUE	LESS THAN $900	85	17.80	813.5%	361.8%	425.7%	561.3%	758.5%	1390.2%
PMPM	$900 to $1000	68	64.66	679.4%	357.6%	409.3%	597.6%	715.9%	1229.6%
	$1000 to $1200	95	98.48	563.6%	331.5%	391.4%	526.6%	647.7%	1019.5%
	MORE THAN $1200	126	65.82	646.2%	257.1%	331.3%	425.6%	567.4%	814.5%
BUSINESS	MEDICARE FOCUSED	195	170.46	495.7%	265.8%	351.9%	451.1%	604.4%	826.5%
FOCUS	ALL OTHERS	179	76.31	710.0%	342.4%	405.4%	562.4%	762.7%	1220.1%
GAIN/(LOSS)	REPORTED A GAIN	247	224.11	569.5%	342.1%	404.3%	546.4%	691.7%	1102.0%
POSITION	REPORTED A LOSS	127	22.66	873.5%	225.5%	324.3%	430.9%	642.8%	1078.4%

FIGURE 10: ADMINISTRATIVE LOSS RATIO: CY 2020 RESULTS

GROUPING	CATEGORY	N	REVENUE (IN $ BILLIONS)	PERCENTILE MEAN	10TH	25TH	50TH	75TH	90TH
COMPOSITE	COMPOSITE	374	246.77	13%	9%	12%	14%	17%	25%
ANNUAL	$10 MILLION TO $100 MILLION	147	5.82	18%	9%	13%	15%	25%	35%
REVENUE	$100 MILLION TO $500 MILLION	122	30.85	13%	9%	11%	14%	17%	19%
	$500 MILLION TO $1 BILLION	47	36.04	13%	9%	11%	13%	15%	17%
	MORE THAN $1 BILLION	58	174.06	12%	9%	11%	13%	14%	15%
REVENUE	LESS THAN $900	85	17.80	15%	10%	12%	17%	25%	37%
PMPM	$900 to $1000	68	64.66	14%	10%	12%	14%	16%	18%
	$1000 to $1200	95	98.48	12%	8%	11%	13%	15%	17%
	MORE THAN $1200	126	65.82	12%	9%	11%	13%	16%	24%
BUSINESS	MEDICARE FOCUSED	195	170.46	13%	10%	12%	14%	17%	28%
FOCUS	ALL OTHERS	179	76.31	13%	8%	11%	13%	16%	24%
GAIN/(LOSS)	REPORTED A GAIN	247	224.11	12%	9%	10%	13%	15%	16%
POSITION	REPORTED A LOSS	127	22.66	16%	12%	14%	17%	25%	37%

Appendix 2: Definition of financial metrics

The financial metrics calculated for purposes of this report include medical loss ratio (MLR), administrative loss ratio (ALR), underwriting ratio (UW ratio), risk-based capital (RBC) ratio, and administrative cost PMPM. These selected metrics focus primarily on the income statement values of the financial statement except for the RBC ratio, which is a capital (or solvency) measure.

The financial metrics selected encompass five of the primary measures used by MAOs, regulators, and other stakeholders to evaluate the financial performance of an MAO. The metrics are defined in greater detail below.

MEDICAL LOSS RATIO (MLR)

MLR is a common financial metric used to report and benchmark the financial performance of an MAO. The MLR represents the proportion of revenue used by the MAO to fund claim expenses. The MLR is stated as a percentage, with claim expense in the numerator and revenue in the denominator.

In terms of the statutory annual statement, the MLR was defined as follows:

MLR =	(TOTAL HOSPITAL AND MEDICAL EXPENSES + INCREASE IN RESERVES FOR A&H CONTRACTS) ÷ TOTAL REVENUE
WHERE:	TOTAL HOSPITAL AND MEDICAL EXPENSES: TITLE XVIII–MEDICARE (P.7, L.17, C.7) INCREASE IN RESERVES FOR ACCIDENT AND HEALTH (A&H) CONTRACTS: TITLE XVIII–MEDICARE (P.7, L.21, C.7) TOTAL REVENUE: TITLE XVIII–MEDICARE (P.7, L.7, C.7)

As noted previously, the MA Part D program includes prospective payments for LICS, CGDP, and federal reinsurance. MAOs are not at risk for these programs. Neither the prospective payments nor the annual true-ups should be reported as revenue. The Part D program also includes a risk corridor program where the MAOs and CMS share in favorable or unfavorable prescription drug experience relative to a bid target. The risk corridor payments or receivables should be included in revenue.

Actuaries and financial analysts use the MLR as a measure of premium adequacy and often compare the resulting programs. The target loss ratios (the claim cost included in the premium or capitation rate) vary by state and populations enrolled. Additionally, there may be reporting differences among MAOs as to what is classified as medical expense versus administrative expense.

As previously noted, the definition of MLR for purposes of this report may not be consistent with other definitions.

UNDERWRITING RATIO

The UW ratio is the sum of the MLR and the ALR (defined below) subtracted from 100%. A positive UW ratio indicates a financial gain, while a negative UW ratio indicates a loss. This financial metric is used to report and benchmark the financial performance of an MAO in consideration of both medical and administrative expenses. The UW ratio represents the funding after medical and administrative expenses. The UW ratio is stated as a percentage, with total underwriting gain or loss in the numerator and revenue in the denominator.

In terms of the statutory annual statement, the UW ratio was defined as follows:

UW RATIO =	NET UNDERWRITING GAIN OR (LOSS) ÷ TOTAL REVENUE
WHERE:	NET UNDERWRITING GAIN OR (LOSS): TITLE XVIII–MEDICARE (P.7, L.24, C.7) TOTAL REVENUE: TITLE XVIII–MEDICARE (P.7, L.7, C.7)

The UW ratio is focused on the income from operations and excludes consideration of investment income and income taxes. The UW ratio requires interpretation and considerations similar in nature to the MLR and ALR metrics.

RISK-BASED CAPITAL (RBC) RATIO

The RBC ratio is a financial metric used by many insurance regulators to monitor the financial health or solvency of the MAOs. The RBC ratio represents the proportion of the required minimum capital that is held by the MAO as of a specific date (the end of the financial reporting period). The RBC ratio is stated as a percentage or a ratio, with total adjusted capital (TAC) in the numerator and authorized control level (ACL) in the denominator.

The NAIC prescribes a specific formula to develop both the TAC and the ACL. Further, the MAO is subjected to various action levels based on the resulting RBC ratio, as follows:

- Company action level (TAC is between 150% and 200% of the ACL RBC)
- Regulatory action level (TAC is between 100% and 150% of the ACL RBC)
- Authorized control level (TAC is between 70% and 100% of the ACL RBC)
- Mandatory control level (TAC is less than 70% of the ACL RBC)

In terms of the statutory annual statement, the RBC ratio was defined as follows:

RBC RATIO =	TOTAL ADJUSTED CAPITAL ÷ AUTHORIZED CONTROL LEVEL
WHERE:	TOTAL ADJUSTED CAPITAL: TOTAL ADJUSTED CAPITAL–CURRENT YEAR (P.28, L.14, C.1) AUTHORIZED CONTROL LEVEL: AUTHORIZED CONTROL LEVEL–CURRENT YEAR (P.28, L.15, C.1)

Note: The RBC ratio is not unique to the MA line of business as it is calculated at the company level. Therefore, companies reporting non-Medicare business will reflect composite RBC ratios for all lines of business within the reported legal entity.

ADMINISTRATIVE LOSS RATIO (ALR)

ALR is also a common financial metric used to report and benchmark the financial performance of an MAO. The ALR represents the proportion of revenue that was used by the MAO to fund administrative expenses. The ALR is stated as a percentage, with administrative expense in the numerator and revenue in the denominator.

In terms of the statutory annual statement, the ALR was defined as follows:

ALR =	(CLAIM ADJUSTMENT EXPENSES + GENERAL ADMINISTRATIVE EXPENSES) ÷ TOTAL REVENUE
WHERE:	CLAIM ADJUSTMENT EXPENSES: TITLE XVIII–MEDICARE (P.7, L.19, C.7) GENERAL ADMINISTRATIVE EXPENSES: TITLE XVIII–MEDICARE (P.7, L.20, C.7) TOTAL REVENUE: TITLE XVIII–MEDICARE (P.7, L.7, C.7)

The ALR requires interpretation and considerations similar in nature to the MLR metric outlined above, most notably impacted by the state and federal taxes levied on MAOs across the different states.

ADMINISTRATIVE COST PMPM

The administrative cost PMPM is the second metric for analyzing administrative expenses because of the fixed cost nature of certain components of the administrative expense. The administrative cost PMPM was defined as follows:

ADMIN PMPM =	(CLAIM ADJUSTMENT EXPENSES + GENERAL ADMINISTRATIVE EXPENSES) ÷ CURRENT YEAR MEMBER MONTHS
WHERE:	CLAIM ADJUSTMENT EXPENSES: TITLE XVIII–MEDICARE (P.7, L.19, C.7) GENERAL ADMINISTRATIVE EXPENSES: TITLE XVIII–MEDICARE (P.7, L.20, C.7) CURRENT YEAR MEMBER MONTHS: TITLE XVIII-MEDICARE (P.30 GT, L.6, C.8)

ADMINISTRATIVE EXPENSE CATEGORIES

The administrative expenses reported on the Underwriting and Investment Exhibit Part 3 Analysis of Expenses page are broken out into 25 specific line items. We grouped these line items into five administrative expense categories to better illustrate the components of administrative cost incurred by the MAOs. The subcategories were selected to be intuitive groupings as well as meaningful with respect to their relative magnitudes. The following descriptions outline each administrative expense category:

- Human capital: Administrative costs associated with the employment of MAO staff.
- Outsourcing: Administrative costs associated with functions outsourced to a third party.
- Operating expenses: Administrative costs associated with the day-to-day costs of running the MAO.
- Taxes and fees: Administrative costs associated with taxes and fees incurred by the MAO. We assigned payroll taxes to the human capital category. We assigned real estate taxes to the operating expenses category.
- Other expenses: Administrative costs for aggregate write-ins.

FIGURE 11: ADMINISTRATIVE CATEGORY DEFINITION

ADMINISTRATIVE EXPENSE BREAKDOWN		U&I EXHIBIT PART 3 EXPENSES (COLUMNS 3-4)
HUMAN CAPITAL	SALARIES, WAGES, AND OTHER BENEFITS	LINE 2
	BOARDS, BUREAUS, AND ASSOCIATION FEES	LINE 15
	INSURANCE, EXCEPT ON REAL ESTATE	LINE 16
	PAYROLL TAXES	LINE 23 .4
OUTSOURCING	AUDITING, ACTUARIAL, AND OTHER CONSULTING SERVICES	LINE 6
	OUTSOURCED SERVICES INCLUDING EDP, CLAIMS, AND OTHER SERVICES	LINE 14
OPERATING EXPENSES	RENT	LINE 1
	COMMISSIONS	LINE 3
	LEGAL FEES AND EXPENSES	LINE 4
	CERTIFICATIONS AND ACCREDIDATION FEES	LINE 5
	TRAVELING EXPENSES	LINE 7
	MARKETING AND ADVERTISING	LINE 8
	POSTAGE, EXPRESS, AND TELEPHONE	LINE 9
	PRINTING AND OFFICE SUPPLIES	LINE 10
	OCCUPANCY, DEPRECIATION, AND AMORTIZATION	LINE 11
	EQUIPMENT	LINE 12
	COST OR DEPRECIATION OF EDP EQUIPMENT AND SOFTWARE	LINE 13
	COLLECTION AND BANK SERVICE CHARGES	LINE 17
	GROUP SERVICE AND ADMINISTRATION FEES	LINE 18
	REAL ESTATE EXPENSES	LINE 21
	REAL ESTATE TAXES	LINE 22
	INVESTMENT EXPENSES NOT INCLUDED ELSEWHERE	LINE 24
TAXES AND FEES	STATE AND LOCAL INSURANCE TAXES	LINE 23 .1
	STATE PREMIUM TAXES	LINE 23 .2
	REGULATORY AUTHORITY LICENSES AND FEES	LINE 23 .3
	OTHER (EXCLUDING FEDERAL INCOME AND REAL ESTATE TAXES)	LINE 23 .5
OTHER	AGGREGATE WRITE-INS FOR EXPENSES	LINE 25
EXCLUDED	REIMBURSEMENTS BY UNINSURED PLANS	LINE 19
	REIMBURSEMENTS FROM FISCAL INTERMEDIARIES	LINE 20

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Acknowledgments

The authors further acknowledge Chris Pettit, FSA, MAAA, principal and consulting actuary, and Brad Piper, FSA, MAAA, principal and consulting actuary, at Milliman, for their peer review and comments during the writing of this report.

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