



Part II Rate Justification

Rocky Mountain HMO, Inc.

Issuer HIOS ID 97879

Colorado Individual Health Insurance 2024 Premium Rate Filing

August 16, 2023

Developed by:
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Part II: Written Description Justifying the Rate Increase

The following memorandum describes the key drivers of the rate changes of individual rates for Rocky Mountain HMO, Inc. (“RMHP”). RMHP policies are individual medical plans offered in Colorado and are fully compliant with the Patient Protection and Affordable Care Act.

Scope and Range of the Rate Increase

RMHP is filing 2024 rates for individual products as well as introducing new plans. The proposed rate change is 7.0% and will affect 30,767 individuals. The rate changes vary between -7.1% decrease to a +17.7% increase. The variation between rate change is due primary to benefit changes, plan mapping, Colorado Option plan specific discounts, and induced utilization on silver plans.

Financial Experience of the Product

The premium collected in plan year 2022 was \$127,337,072. Incurred claims net of reinsurance during this period were \$96,720,242 and RMHP is estimated to pay \$18,803,174 into the risk adjustment program. The loss ratio, or portion of premium required to pay medical claims, for plan year 2022 is 90.7%.

Changes in Medical Service Costs

There are many different healthcare cost trends that contribute to increases in the overall U.S. healthcare spending each year. These trend factors affect health insurance premiums, which can mean a premium rate increase to cover costs. Some of the key healthcare cost trends that have affected this year’s rate actions include:

- Increasing cost of medical services: Annual increases in reimbursement rates to healthcare providers, such as hospitals, doctors, and pharmaceutical companies
- Increased utilization: The number of office visits and other services continues to grow. In addition, total healthcare spending will vary by the intensity of care and use of different types of health services. The price of care can be affected using expensive procedures such as surgery versus simply monitoring or providing medications.
- Higher costs from deductible leveraging: Healthcare costs continue to rise every year. If deductibles and copayments remain the same, a higher percentage of healthcare costs need to be covered by health insurance premiums each year.
- Cost shifting from the public to the private sector: Reimbursement from the Centers for Medicare and Medicaid Services (“CMS”) to hospitals do not generally cover the costs of providing care to these patients. Hospitals typically make up this reimbursement shortfall by charging private health plans more.
- Impact of new technology: Improvements to medical technology and clinical practice often

result in the use of more expensive services, leading to increased healthcare spending and utilization.

Changes in Benefits

Changes in covered benefits or benefit plan designs impact costs and therefore affect premium changes. Benefit plans are typically changed for one of three reasons: to comply with the requirements of the Affordable Care Act, to respond to consumer feedback, or to address a particular medical cost issue to provide for greater long-term affordability of the product.

The Affordable Care Act implemented requirements for the “value” that must be offered by plan designs in the Individual and Small Group markets. These are called “metal levels”. For a benefit plan to remain classified within a particular metal level from year to year, adjustments to deductibles, copayments or coinsurance are sometimes required. These adjustments impact the cost and therefore the premium increases for the plan.

Administrative Costs and Anticipated Margins

RMHP works to directly control administrative expenses by adopting better processes and technology and developing programs and innovations that make healthcare more affordable. We have led the marketplace by introducing key innovations that make healthcare services more accessible and affordable for customers, improve the quality and coordination of healthcare services, and help individuals and their physicians make more informed healthcare decisions.

Taxes and fees imposed by the State and Federal government are significant factors that impact healthcare spending and have to be included in the administrative costs associated with the plans. These fees include Affordable Care Act taxes and fees which impact health insurance costs and need to be reflected in premium. Another component of premium is margin, which is set to address expected volatility and risk in the market.

The requested rate change is anticipated to be sufficient to cover the projected benefit and administrative costs for the 2024 plan year. There are no material changes to Administrative Expense, Commissions nor Taxes and Fees since the prior filing. There is no change in anticipated margins.

Sincerely,



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