



## Rate Review: Holding Health Plans Accountable for Your Premium Dollars



### Introduction

This year, insurers across the country have been requesting huge premium increases. They argue that these increases are necessary because of rising medical costs, and because the people who are now buying health insurance are sicker than applicants were a few years ago. But government officials and advocates have pointed out that insurer profits and surpluses have also grown over the last year:

“Recent economic data show that profits for the ten largest insurance companies increased 250 percent between 2000 and 2009, ten times faster than inflation.<sup>1,2</sup> Last year, as working families struggled with rising health care costs and a recession, the five largest health insurance companies—WellPoint,

UnitedHealth Group, Cigna, Aetna, and Humana—took in combined profits of \$12.2 billion, up 56 percent over 2008.<sup>3</sup> These health insurance companies’ profits grew even as nominal GDP decreased by 1 percent over this same time period.<sup>4</sup> WellPoint accumulated more than \$2.7 billion in profits in the most recent quarter alone.<sup>5</sup>

“And recent data show that the CEOs of America’s five largest insurers were each compensated up to \$24 million in 2008.<sup>6</sup>”

How do we know if an insurer’s proposed premium increase is justified? Regulators use a process known as rate review to assess whether such increases are reasonable. At the moment, rate review is the job of state insurance departments. However, those departments vary tremendously in their powers to exercise any oversight: Some have extensive authority to obtain information and approve or disapprove rate hikes before they go into effect, but many have virtually no authority to review rate hikes at all. Below we describe several problems with the rate review process in the states.

- In some states, insurance departments do not have the authority to review proposed premium increases and the reasons for them or to approve or disapprove them before they go into effect.
- Many states lack adequate standards for determining if rates are reasonable or not. For example, in most states, insurers are allowed to keep large portions of premium dollars for administration and profits. And, while states do have standards to make sure insurers have enough money in reserve to cover claims, states lack standards regarding how much surplus insurers are allowed to build beyond those reserves or how much they can raise premiums in order to increase their profits.
- In many states, the rate review process is not public. When regulators hear only the insurers' side of the story and do not hear from the public, the scales of justice are not evenly balanced.
- In many states, there is no process for obtaining consumer input in the rate review process. Consumers and/or consumer advocates should play a meaningful role in state rate review. Without such input, regulators may not be aware that proposed rates are unaffordable.
- In some states, insurance departments do not have the capacity to adequately review rate filings and to independently review a health plan's financial documents to determine if proposed rate increases are justified. For example, they lack actuarial staff or the ability to contract with independent economists and actuaries.

***National health reform will address these problems.*** The newly passed Patient Protection and Affordable Care Act (H.R. 3590) provides for annual review of premium increases, requires that this process be public, and establishes national minimum standards regarding the proportion of premium dollars that must be spent on medical care (as opposed to administration, marketing, and profits).\*

This issue brief discusses each of the above problems and draws lessons from existing state rate review procedures (or the lack thereof). It then explains how national health reform will help strengthen rate review.

\* See Sections 1003, 1001, and 10101.

## Lessons from State Rate Review Procedures

### Lesson 1:

#### States Need the Authority to Approve Proposed Rate Hikes before They Go into Effect

As of 2008, 28 state insurance departments said they had some authority to review and approve some or all proposed rate hikes for individual insurance before they went into effect, and 20 state insurance departments said they had some authority to review and approve some or all proposed rate hikes for small group insurance before they went into effect.<sup>7</sup> Even among these states, however, this authority varied tremendously. For example, some states could review rates only for HMOs or for long-term care policies, and many states lacked tools for a thorough review.

Having such “prior approval” authority is a good first step. States with this authority are able to cite numerous examples of proposed rate increases that they negotiated down significantly or denied. For example:

- **Colorado:** Legislation was enacted in 2008 that required insurers to justify proposed rate increases through actual and verifiable data, and it gave the insurance department the authority to review those rates. “The prior approval legislation is another tool for the Division of Insurance. It is also a valuable resource to assist consumers who are under stress and concerned about their insurance coverage,” Marcy Morrison, Colorado Commissioner of Insurance, said. “It is truly important that the data that is received from the insurers is as complete and accurate as possible. As a commissioner, I know the public is reaching out for solutions and changes that will make it possible to find affordable coverage.”<sup>8</sup> According to the

Colorado Consumer Health Initiative (an advocacy group), as a result of the rate reviews that were conducted during the six months after the law was passed (from July 2008 to January 2009), nearly half of insurers’ proposed rate increases were denied or withdrawn because they were not justifiable.<sup>9</sup>

- **Washington** passed a law in 2008 at Insurance Commissioner Kreidler’s request that restored some authority to the agency to review proposed rates and determine if they are reasonable. Without this authority, the agency could not look at proposed rates or whether an insurer’s projections of costs were correct; the agency had to accept proposed rates as they were filed. After being granted the authority to review proposed rate hikes, rate increases have declined slightly. However, Mr. Kreidler believes that, if he had the authority to also examine insurance company surpluses, he could further protect consumers from high premiums.<sup>10</sup>

In contrast, insurance department officials that lack rate review authority feel powerless to stop these increases. For example:

- **Montana** Commissioner of Securities and Insurance Monica Lindeen hopes to see some type of rate review authority granted to her office. “I want what is in the best interest of consumers. Under Montana’s current law, as Commissioner of Insurance, I do not have the authority to approve health insurance premium increases. Therefore, I am unable to regulate unreasonable increases.”<sup>11</sup>

### How Will Health Reform Help?

States will have more support to review premium increases and take action to reduce unreasonable rates. The new health reform law requires the Secretary of Health and Human Services, together with the states, to establish a process for annual review of “unreasonable increases in premiums.” (It is not yet clear what threshold the Secretary will use to decide whether a proposed increase warrants review, but state experience suggests that reviewers should consider a combination of factors, including how much premiums have increased over the past several years, how an increase will affect enrollees, the value enrollees receive for their premium dollar, and changes in the insurance company’s finances. See Lesson 2 below.) Health insurers will have to submit a justification for their proposed increases to both the Secretary and to the states where they are licensed to sell policies. This information will also be available to the public.

In addition, health insurers with a pattern of charging excessive premiums will be blocked from marketing their policies in the new health insurance exchanges.

## Lesson 2:

### States Need Clear Standards to Determine if Rates Are Reasonable

A thorough rate review should examine a number of factors, including the following:

- What value are policyholders getting for their premium dollars? Is a reasonable portion of premium dollars being spent on actual medical care? (See our companion brief, *Medical Loss Ratios: Making Sure Premium Dollars Go to Health Care—Not Profits*, available online at <http://www.familiesusa.org/summit-watch/medical-loss-ratios.pdf>.)
- Are the insurer’s administrative costs and profits reasonable?<sup>12</sup>
- Is the insurer accurately and transparently accounting for its current costs?
- Do state laws and regulations require rate increases to be examined for affordability?<sup>13</sup> Are insurers required to implement effective cost containment programs before seeking rate increases?
- Is the insurer using good assumptions to project future costs?<sup>14</sup> Are projected costs justifiable in terms of the company’s mission and public policy? For example, if an insurer is a nonprofit company with a charitable mission, is executive compensation out of line?<sup>15</sup>
- Does the insurer have enough funds in reserve to pay claims and meet state solvency standards?<sup>16</sup>
- Is the insurer accumulating an excessive amount of surplus? Have regulators adopted a standard to determine when surpluses are excessive?<sup>17</sup>
- Looking back over the past several years, how are premiums, expenses, and surpluses or profits changing for the company? Are the changes appropriate?

For example, when consumers are going through tough economic times, should a company that is thriving forgo some profits to keep premiums affordable?<sup>18</sup>

- What are the insurer's premiums and expenses for its various products, and should the company be asked to keep premiums lower for some policyholders due to community needs? For example, some insurance departments have determined that insurers should take a loss on policies that are sold primarily to an unhealthy population, since insurers can generally make up these losses through profits from their other business.<sup>19</sup> Policies sold to less healthy populations include those that are guaranteed to be available for people leaving job-based plans under

the Health Insurance Portability and Accountability Act (HIPAA) and policies that must be renewed for current enrollees when a plan closes a block of business.

- What amount of premium dollars, if any, is going to an affiliate company in another state or to the insurer's "nonadmitted assets" (assets that are not reported to state authorities)?<sup>20</sup>

Some states have set minimum standards about the proportion of premium dollars that should go to medical care, called minimum medical loss ratios (see our companion paper, *Medical Loss Ratios: Making Sure Premium Dollars Go to Health Care—Not Profits*). States are just beginning to consider standards about surpluses and profits.<sup>21</sup>

### How Will Health Reform Help?

**Health reform will set national standards regarding what rates are considered reasonable, and states will be allowed to establish higher standards if they wish.**

For example, under the new law, insurers must spend at least 85 percent of premium dollars for large group policies on clinical care and quality improvement; and they must spend at least 80 percent of premium dollars for individual and small group policies on clinical care and quality improvement. The Secretary of HHS can provide an exception if the individual policy requirement would destabilize the market in a state. If they spend less than those required amounts, they must refund the difference to enrollees. To get certain tax breaks, nonprofit Blue Cross plans must also spend at least 85 percent of their premium dollars on clinical care and quality improvement.

Establishing a national standard (a federal minimum medical loss ratio) sets a floor for state rate review. States will still be allowed to set higher standards, and they should continue to look at additional factors in determining whether rates are reasonable.

### Lesson 3: Rate Filings Can't Be "Trade Secrets"

In order to evaluate whether an insurer's claim that it must raise its premiums is reasonable, the public needs to know how the insurance company came up with the new rates, including the company's projections of expenses and trends in the coming years. However, companies often withhold this information from the public, arguing that it is proprietary and that disclosure would allow competitors to duplicate their pricing methodology. As advocates and insurance regulators have pointed out, this type of

price competition would benefit consumers by giving them the information they need to weigh in at a rate hearing.<sup>22</sup> In the last year, Maine and Oregon have joined states such as Michigan, Minnesota, and Rhode Island in requiring that rate filings be public and transparent.<sup>23</sup> Under Maine's law, for example, all filings in the individual and small group markets are public records except for "protected health information" and "contract reimbursement terms" between the insurer and providers.<sup>24</sup>

#### How Will Health Reform Help?

**Rate filings will be public, and plans will provide a uniform accounting of their expenditures.** Under the new law, insurers will report to the HHS Secretary annually on how they spend their premium dollars, including expenditures for clinical care and medical claims; the change in their reserves; quality improvement expenditures; and the amount they devote to other items, such as administrative costs and profits, and an explanation of those other expenditures.

### Lesson 4: The Public Must Have a Strong Voice in Rate Review

Consumers in some states have told their insurance departments that proposed rates are unaffordable, and this information has helped to prompt stricter scrutiny of rate hikes.<sup>25</sup> If they are to play a meaningful role, consumers must be informed when rate increases are proposed and given an opportunity to comment and participate in hearings. It is also useful to have an attorney general, state health

advocate or ombudsman, or other expert representative involved in the hearings on behalf of consumers. Such experts are usually better equipped than an individual consumer to point out why a proposed rate increase is not justified economically or under state law. Some states allow consumers and their expert representatives to intervene in rate hearings as an interested party on behalf of consumers.

As an example of the important role that attorneys general and advocates can play, last year, the Connecticut Attorney General and State Healthcare Advocate intervened in a rate hearing, which resulted in a reduction of Anthem's proposed rate increase. Now, they are supporting state legislation (SB 1954) that will do the following:

- Require public hearings for all insurer-proposed rate increase requests;
- Compel insurers to notify all policyholders of rate hike applications and dates of public hearings;
- Require the Insurance Department to approve, deny, or modify every application for a rate increase (under current law, rate increases may go into effect without departmental action);
- Presume that all information that is submitted at a rate proceeding is public, with the burden of proof on the insurer to show why it should not be disclosed; and
- Empower the Attorney General's Office and the Healthcare Advocate to intervene as parties in all rate cases, and appeal rate decisions to the Superior Court, if necessary.<sup>26</sup>

### How Will Health Reform Help?

**Though the new health reform law does not detail the public processes that states or HHS will use in their rate review, it does require that the public be provided with better information, which will help the public comment on proposed rate increases.** A process for gathering public input may be defined later in regulations or left to state discretion. However, the law does equip consumers with information they need to comment on proposed rate increases: justifications for proposed rate increases will be public, as will insurers' accounting of how they spend their health care dollars. Furthermore, states will report to the HHS Secretary on trends they are seeing in premium pricing—making it possible to compile national data.

## Lesson 5:

### States Need Resources to Carry out Meaningful Rate Review

To determine whether rate increases are justified, health actuaries and experienced health economists need to examine financial documents. However, some state insurance departments have very small actuarial staffs

and no funds to contract for this type of independent analysis.<sup>27</sup> Some states have required the insurance company that is filing for a rate increase to pay for the state's review expenses, or they have included such review

expenses in their overall insurance department budgets. Unfortunately, too many states have simply punted on the issue of rate reviews and other financial examinations, letting companies raise their rates for many years without much oversight.

### How Will Health Reform Help?

**States will have increased resources to carry out rate reviews.** Under the new law, for the next five years, states can receive grants of \$1-5 million per year to review proposed premium increases.

## Conclusion

Federal policy makers have taken these lessons from states to heart in crafting the health reform law, which is designed to rein in abusive premium increases. Federal health reform will make major strides in protecting consumers from unfair rate hikes, providing needed oversight of health insurance premium prices throughout the country.

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## Endnotes

<sup>1</sup> Company 10-k filings with the Securities & Exchange Commission, selected financial data tables, as cited in Department of Health and Human Services, *Insurance Companies Prosper, Families Suffer: Our Broken Health Care System* (Washington: HHS, February 18, 2010), available online at [www.healthreform.gov](http://www.healthreform.gov).

<sup>2</sup> Bureau of Labor Statistics, *Consumer Price Index: Historical Data*, available online at <http://www.bls.gov/cpi/>, as cited in Department of Health and Human Services, op. cit.

<sup>3</sup> Company financial reports for 2009 filed with the Securities and Exchange Commission, as cited in Department of Health and Human Services, op. cit.

<sup>4</sup> Bureau of Economic Analysis, *National Economic Accounts*, available online at <http://www.bea.gov/national/xls/gdplev.xls>, as cited in Department of Health and Human Services, op. cit.

<sup>5</sup> Company financial reports for 2009 filed with the Securities and Exchange Commission, as cited in Department of Health and Human Services, op. cit.

<sup>6</sup> Aetna (2009). CEO: Ronald Williams: \$24.3m, available online at <http://people.forbes.com/profile/ronald-a-williams/1960>, as cited in Department of Health and Human Services, op. cit.

<sup>7</sup> Families USA, *The Facts about Prior Approval of Health Insurance Premium Rates* (Washington: Families USA, June 2008), available online at <http://www.familiesusa.org/assets/pdfs/prior-approval.pdf>.

<sup>8</sup> Personal communication between Marcy Morrison, Colorado Commissioner of Insurance, and Cheryl Fish-Parcham, Families USA, February 23, 2010.

<sup>9</sup> Of the 155 requested rate increases during that period, 80 were approved, 62 were disapproved, and 13 were withdrawn. Presentation by Kelly Shanahan, Colorado Consumer Health Initiative, "Insurance Watchdog Measures: The Colorado Experience," at Families USA Health Action 2009 conference in Washington D.C., January 30, 2009.

<sup>10</sup> Personal communication between Stephanie Marquis, Washington State Office of the Insurance Commissioner, and Cheryl Fish-Parcham, Families USA, February 22, 2010.

<sup>11</sup> Personal communication between Monica Lindeen, Montana Commissioner of Securities and Insurance, and Cheryl Fish-Parcham, Families USA, February 23, 2010.

<sup>12</sup> The Maine Bureau of Insurance issues an annual report on insurers' "underwriting gain" or profits. See, for example, *2008 Financial Results for Health Insurance Companies in Maine*, available online at [http://www.maine.gov/pfr/insurance/consumer/financial\\_results\\_health\\_insurers.htm](http://www.maine.gov/pfr/insurance/consumer/financial_results_health_insurers.htm).

<sup>13</sup> Rhode Island has considered affordability in rate reviews. See, for example, Christopher F. Koller, *Order and Decision In Re: Blue Cross and Blue Shield of Rhode Island's Subscription Rates for Class DIR* (Providence: Rhode Island Office of Health Insurance Commissioner, February 8, 2010), available online at [http://www.ohic.ri.gov/documents/Press/PressReleases/2010directpaydecision/2\\_2010%20Direct%20Pay%20Order%20and%20Decision.pdf](http://www.ohic.ri.gov/documents/Press/PressReleases/2010directpaydecision/2_2010%20Direct%20Pay%20Order%20and%20Decision.pdf).

<sup>14</sup> Ken Ross, Commissioner, Michigan Office of Financial and Insurance Regulation, *Final Decision in the Matter of Attorney General Mike Cox and Office of Financial and Insurance Regulation Staff v. Blue Cross Blue Shield of Michigan, Case No 09-746-BC* (Lansing: Michigan Department of Labor, Energy and Economic Growth, December 7, 2009), available online at [http://www.michigan.gov/documents/dleg/December\\_7\\_2009\\_09-746-BC\\_303570\\_7.pdf](http://www.michigan.gov/documents/dleg/December_7_2009_09-746-BC_303570_7.pdf). This decision took cost predictions into account.

<sup>15</sup> Pennsylvania Insurance Department, *Insurance Department Releases Report on Executive Compensation at State's Largest Blues' Plans*, July 30, 2009. This report found that executive compensation was reasonable in two Blues plans, but it demonstrates that the state had authority to review such compensation.

<sup>16</sup> The National Association of Insurance Commissioners has model legislation and guidance on this.

<sup>17</sup> DC Appleseed Center for Law and Justice, *Pre-Hearing Report to the Department of Insurance Securities and Banking, Excess Surplus Review Hearing of Group Hospital and Medical Services Inc* (Washington: DC Appleseed Center for Law and Justice, August 31, 2009). Also see DC Appleseed's *Hearing Testimony*, September 10, 2009, and *Rebuttal Statement*, November 2, 2009. All are available online at <http://www.disb.dc.gov/disr/cwp/view,a,1299,q,644199.asp>.

<sup>18</sup> Mila Kofman, Maine Superintendent of Insurance, *Decision and Order in Anthem 2009 Individual Rate Filing, Docket No. INS-09-1000* (Augusta, ME: Maine Bureau of Insurance, May 18, 2009), available online at [http://www.maine.gov/pfr/insurance/hearing\\_decisions/09-1000.htm](http://www.maine.gov/pfr/insurance/hearing_decisions/09-1000.htm). Among other factors, this decision discusses Anthem's profits over time and the hardship that the proposed rate increase would impose on consumers.

<sup>19</sup> For a discussion of rates for closed and small blocks of business, see Oregon Insurance Division's *Rate Filing Decision Summary, Thrivent Financial Services for Lutherans, Individual Health Plans* (Salem, OR: Oregon Department of Consumer and Business Services, Insurance Division, September 11, 2009), and *Rate Filing Decision Summary, Continental General Insurance, Individual Health Plans* (Salem,

OR: Oregon Department of Consumer and Business Services, Insurance Division, December 21, 2009). Both of these decisions disapproved rate increases. For a discussion of insurers' responsibility to enrollees who need portability policies under HIPAA, see Oregon Insurance Division's *Rate Filing Decision Summary, Connecticut General Life Insurance Portability Policy* (Salem, OR: Oregon Department of Consumer and Business Services, Insurance Division, June 4, 2009), which denied an increase, and their *Rate Filing Decision Summary, Clear One Health Plans, Portability Policy* (Salem, OR: Oregon Department of Consumer and Business Services, Insurance Division, November 19, 2009), which approved an increase. These Oregon rate decisions are available online at <http://www4.cbs.state.or.us/ex/ins/filing/>. Also see the discussion of Pennsylvania's decision to reduce a proposed rate increase for Blues plan guaranteed issue products in Joel Ario, Insurance Commissioner, *Testimony before the Pennsylvania House Appropriations Committee*, February 24, 2010, available online at [http://www.portal.state.pa.us/portal/server.pt/gateway/PTARGS\\_0\\_768382\\_0\\_0\\_18/HOUSE\\_APPROPRIATIONS\\_022410.pdf](http://www.portal.state.pa.us/portal/server.pt/gateway/PTARGS_0_768382_0_0_18/HOUSE_APPROPRIATIONS_022410.pdf).

<sup>20</sup> Colorado Department of Regulatory Agencies and Kaiser Permanente, *Commissioner of Insurance and Kaiser Permanente Enter Agreement to Provide \$155 Million for Colorado Consumers* (Denver: Colorado Department of Regulatory Agencies and Kaiser Permanente, June 24, 2008), available online at <http://www.dora.state.co.us/insurance/pr/2008Mediareleases/newsKaiserAgreement062408.pdf>. Pursuant to the agreement, Kaiser will "reduce the balance held by its California affiliate." The agreement stemmed in part from the Insurance Commissioner's concerns about Kaiser's increasing net worth.

<sup>21</sup> Some states have conducted surplus reviews of Blue Cross plans, including Pennsylvania under 40 Pa CSA Sections 5124, 6329; Maryland under Insurance Article Title 14 Subtitle 1; DC under the Medical Insurance Empowerment Amendment Act of 2008 (DC Code 31-3506); and Michigan under Comp. Laws 550.1204. See also Lewin Group, *Policy Options Regarding Surplus Accumulation in the Washington Health Insurance Market* (Olympia, WA: Lewin Group for the State of Washington Insurance Commissioner, 2006). Contribution to surplus was a reason Rhode Island decided to reduce a proposed rate increase for Medicare supplemental insurance. See Christopher F. Koller, *Order and Decision (OHIC 2007-10) on Filing by Blue Cross and Blue Shield of Rhode Island for Non-Group Subscription Rates for Plan 65 Medigap Plans A, B, and C, New Non-Group Subscription Rates for Plan 65 Select Plans B, C, and L*, filed August 10, 2007 (Providence: Rhode Island Office of the Health Insurance Commissioner, October 15, 2007), available online at [http://www.ohic.ri.gov/documents/Insurers/Orders%20Decisions/04\\_2007%20Medigap%20Order%20and%20Final%20Decision.pdf](http://www.ohic.ri.gov/documents/Insurers/Orders%20Decisions/04_2007%20Medigap%20Order%20and%20Final%20Decision.pdf).

<sup>22</sup> Larry Kirsch, *Memorandum for the Oregon Division of Insurance Re: Trade Secret Exemptions and Filings* (Portland, OR: IMR Health Economics, September 23, 2009), available online at [http://insurance.oregon.gov/committees/hb2009\\_advisory-committee/comments/092209-comments-kirsch-imr.pdf](http://insurance.oregon.gov/committees/hb2009_advisory-committee/comments/092209-comments-kirsch-imr.pdf).

<sup>23</sup> *Ibid.* Also see Maine Public Law 2009, Ch. 439, available online at <http://www.mainelegislature.org/ros/LOM/LOM124th/124R1/pdf/PUBLIC439.pdf>.

<sup>24</sup> Maine Public Law 2009, Ch. 439, and personal communication between Joe Ditte, Executive Director, Consumers for Affordable Health Care, Maine, and Cheryl Fish-Parcham, Families USA, February 19, 2010.

<sup>25</sup> Christopher F. Koller, *Order and Decision In Re: Blue Cross and Blue Shield of Rhode Island's Subscription Rates for Class DIR*, op. cit., for example, mentions the role of public testimony in the proceeding and decision.

<sup>26</sup> Kevin Lembo, "Statement of State Healthcare Advocate Kevin Lembo in "Response to Today's Release of *Insurance Companies Prosper, Families Suffer: Our Broken Health Insurance System* by the U.S. Department of Health and Human Service" (Hartford, CT: Office of the Healthcare Advocate, February 18, 2010); Connecticut Senate Bill 194, 2010, available online at <http://www.healthreform.gov/reports/insuranceprospers/index.html>.

<sup>27</sup> Daniel Lee, "Indiana Panel Aims to Bolster Review of Health Insurance Rate Increases," *Indystar.com*, February 19, 2010, available online at <http://www.indystar.com/article/20100219/BUSINESS03/2190363/Indiana-panel-aims-to-bolster-review-of-health-insurance-rate-increases>.

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