

**Actuarial Memorandum  
AllWays Health Partners  
Massachusetts Merged Market Rate Filing  
CMS Part III Actuarial Memorandum and Certification**

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## **Section 1: Scope and Purpose**

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This Part III Actuarial Memorandum is prepared on behalf of AllWays Health Partners for merged market rates effective Q1, 2022, as required by CMS in order to comply with 45 CFR § 154.215. This memorandum is being submitted along with the corresponding Part I Unified Rate Review Template (URRT), referenced throughout the memorandum. This information may not be appropriate for other purposes.

## **Section 2: General Information**

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### **Company Identifying Information**

Company Legal Name: AllWays Health Partners

State: Massachusetts

HIOS Issuer ID: 41304

Market: Merged Market

Effective Date: January 1, 2022

### **Company Contact Information**

Primary Contact Name: Poly Barman

Primary Contact Email Address: PBarman@AllWaysHealth.org

## **Section 3: Proposed Rate Increase(s)**

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The average base rate increase proposed in this filing, effective January 1, 2022 is 2.35% for AllWays Health Partners. The proposed increase is attributable to:

- An 7.9% utilization and unit cost annualized trend
- An assumed 9% risk transfer receivable

The variation in rate increase by benefit plan is attributable to cost share changes made on each plan.

## **Section 4: Experience Period Premium and Claims**

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The following is a discussion of the information used to develop the best estimate of premiums and claims for the single risk pool during the experience period reported in the Unified Rate Review Template Worksheet 1, Section I:

### **Experience Period**

The experience reported on Worksheet 1, Section I of the URRT shows AllWays Health Partners' earned premium and incurred and paid claims for the period of January 1, 2020 through December 31, 2020, with claims paid through May 31, 2021. AllWays Health Partners uses the most recent available year of experience, with several months of runout, as the basis for projecting rates. In this way we minimize the projection period and improve accuracy in setting rates, compared to using the most recent calendar year experience. This method has been

standard practice for Massachusetts carriers. Completion factors and a claims suppression factor was applied to project the ultimate claim liability for the experience period.

### **Premiums (net of MLR Rebate) in Experience Period**

To develop the amount of premium earned during the experience period, premium information for Massachusetts individuals and groups in the single risk pool was extracted from AllWays Health Partners data warehouse for the experience period. The premiums do not reflect any rebates for calendar year 2020 as AllWays Health Partners does not expect to pay out any rebates for the experience period.

### **Allowed and Incurred Claims Incurred During the Experience Period**

AllWays Health Partners leveraged the claims data from AllWays Health Partners' data warehouse in developing the starting claims costs for the merged market single risk pool. Worksheet 1 Section 1 outlines the best estimates of claims incurred during the 12-month experience period for commercial members. The estimate includes:

- Claims processed through AllWays Health Partners' claims system, summarized from AllWays Health Partners' detailed claim level historical data
- Claims processed outside of the claims system
- Best estimate of IBNR

The IBNR is estimated using incurred claims from plan inception through the valuation date less claims paid through the valuation date on those claims.

### **Estimated IBNR**

IBNR analysis is conducted separately for inpatient and outpatient claims. Pharmacy claims are considered complete as paid. AllWays Health Partners uses a combination of a claim lag methodology and projection methodology. Using the claim lag methodology, the incurred claims are estimated using "claim run-out" methods, which analyze the average lag in payment from the incurred month to the paid month. This historical lag pattern is then used to estimate monthly incurred claims. The lag patterns are derived from the claims data provided, which is the same data that comprises the experience period used in the rate projection.

For any recent months in the experience period where the claims experience may be too recent to be considered credible, AllWays Health Partners uses a projection methodology. AllWays Health Partners projects the estimate of incurred claims per enrollee per month, derived using the claim lag methodology described above, to the more recent incurred months using an estimated trend factor. The trend factor is selected to reflect anticipated changes in per unit volume of services, mix of services and provider reimbursement levels, and seasonality.

The results of both methods are blended to calculate the final incurred claims estimate. The final IBNR is estimated as incurred claims less paid claims through the valuation date.

## **Adjustment for Covid-19**

### **Covid-19 Impacts**

The impact of COVID-19 continues to be evolving with new variant of COVID-19 and whether current vaccine would be sufficient to prevent or end the pandemic. Considerations include the impact of emergency measures and social distancing on utilization in the experience period, the cost of treatment, costs associated with new regulation, as well as the cost of testing and vaccination.

### **Utilization impact**

Massachusetts declared a state of emergency due to COVID-19 which lead to a significant reduction in medical claims utilization beginning in March 2020 until February 2021. Because our experience period includes ten months of emergency, we needed to adjust the experience for the impact of the emergency measures and social distancing on the experience period as we expect that utilization will return to pre-COVID patterns during the projection period.

A review of claims by month showed that Behavioral Health and Rx trends were not significantly impacted by the emergency. Medical claims, however, were significantly suppressed in the experience period, particularly in the months of March through June. We estimated the changes in overall claims per member per month for period from March 2020 through December 2020.

Claim data from 2018 through 2020 for existing commercial, non-CSR members (including large group) was used to analyzed impact of depressed utilization/mix during March 2020 to December 2020 . To eliminate the impact of population changes, we limited the analysis to members who were continuously enrolled for the 36-months from January 1, 2018 to December 31, 2020. Termed and new members can have an impact on monthly claim volume that does not relate to the impact from COVID, which is why claims from termed and new members were removed from this analysis.

To eliminate the impact of seasonality, we looked at March-December experience for the three time periods. Allowed amount trends were calculated for medical claims for March 2018-December 2018 versus March 2019-December 2019, and March 2019-December 2019 versus March 2020-December 2020.

Impact of contractual unit cost changes were removed from the trend analysis to measure the depression in utilization/mix during March 2020 to December 2020 compared to prior period.

The year over year change in trend for utilization/mix amounted to a 10.3% decrease during the 10 months of the emergency in 2020, which was then annualized to 8.6% decrease. After spreading this out over all claim (not just IP and OP) the increment to offset COVID impact is equal to +6.9% in the experience period we are using for Q4 2021 and Q1 2022 rates.

### Treatment costs

Expected costs of treatment need be evaluated against the expected utilization reductions of elective medical services. Given the uncertainty of total treatment costs for the projection period, based on severity of an outbreak as well as the cost of therapies, and the potential for offsetting utilization reductions, we did not include an explicit adjustment for COVID-19 treatment.

### Regulation

A range of regulatory measures associated with COVID-19 have been implemented during the emergency including waiving of cost-sharing and some authorization requirements. Rates were not adjusted for these changes.

### Testing

Rates were not adjusted for the cost of testing.

### Vaccination

Based on recent reports, about 61% of Massachusetts' population are fully vaccinated against COVID. However, the percentage fully vaccinated is significantly lower for the under age 65 population. As vaccines become available for younger children, FDA grants approval (on a non-emergency basis), and schools and workplaces implement vaccination requirements, we expect continued costs associated with vaccination. Additionally, various new reports have suggested that booster shots may be needed within a year of the initial vaccinations, due to waning immunity or new variants. As the base period does not include vaccine costs, we are building in approximately 0.7% into our rates for the cost of COVID vaccines.

## Section 5: Benefit Categories

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AllWays Health Partners assigned the claims data utilization and cost information to benefit categories as shown in Worksheet 1, Section II of the Part 1 URRT based on place and type of service using a detailed claims mapping algorithm summarized as follows:

- **Inpatient Hospital:** Includes non-capitated facility services for medical, surgical, maternity, mental health and substance abuse, skilled nursing, and other services provided in an inpatient facility setting and billed by the facility.
- **Outpatient Hospital:** Includes non-capitated facility services for surgery, emergency room, lab, radiology, therapy, observation and other services provided in an outpatient facility setting and billed by the facility.
- **Professional:** Includes non-capitated primary care, specialist, therapy, the professional component of laboratory and radiology, and other professional services, other than hospital-based professionals whose payments are included in facility fees.
- **Other Medical:** Includes non-capitated ambulance, home health care, durable medical equipment (DME), prosthetics, supplies, vision exams, dental services and other

services, in addition to any services provided on a capitated basis. The measurement units for utilization used in this category are a mix of visits, cases, procedures, etc.

- **Capitation:** Includes payments to providers under a capitation arrangement. The average PMPM for members with primary care providers under a capitation arrangement is the average cost per service, while utilization is defined as the number of member months in the experience period attributed to these members. Also includes sub-capitation for behavioral health services.
- **Prescription Drugs:** Includes drugs dispensed by a pharmacy.

## Section 6: Projection Factors

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A description of each factor used to project the experience period allowed claims to the projection period, and supporting information related to the development of these factors, is provided below.

- **Trend (Cost & Utilization):** AllWays Health Partners projected experience forward (after adjustments for experience data discussed above) to the rating period based on utilization and cost trend assumptions. Pharmacy trends are developed with input from our pharmacy benefit manager and reflect detailed cost and utilization by therapeutic class.
  - **Utilization:** AllWays Health Partners developed the utilization and changes in mix of services and new technology trends at the broad service category level: inpatient facility, outpatient facility, professional, other, and prescription drugs. Utilization trends reflect historical utilization patterns adjusted for anticipated changes.
  - **Unit Cost & Mix:** Unit cost trends reflect a combination of projected contractual increases.

Utilization and unit costs were trended to the projection period using the following first-dollar or “allowed” trend assumptions:

Service category	Weight	Q1 2022 Total Allowed Annualized Trend Assumption before Savings Initiatives			Total Allowed Annualized Trend Assumption after Savings Initiatives	
		Utilization trend	Unit cost / Mix trend	Total Trend	Initiatives	Total Trend*
Professional (nonBH)	28%	2.1%	5.1%	7.3%		6.9%
Facility OP (nonBH)	30%	1.2%	4.7%	5.9%		5.6%
Facility IP (nonBH)	15%	2.2%	4.8%	7.1%		6.8%
BH	3%	13.8%	6.3%	21.0%		21.0%
Other	2%	8.4%	0.4%	8.8%		8.5%
Prescription Drugs	23%	3.2%	8.0%	11.5%		11.2%
<b>Total</b>	<b>100%</b>	<b>2.6%</b>	<b>5.5%</b>	<b>8.2%</b>	<b>-0.6%</b>	<b>7.9%</b>

### **Morbidity Adjustment**

For the purposes of this filing, AllWays Health Partners has assumed the morbidity in the projection period will be the same as the experience period's individual and small group. Accordingly, the factor in the "Morbidity Adjustment" box on URRT Worksheet 1, Section II is set to 1.00.

### **Demographic Shift**

The demographic change reflects the impact in differences in claims costs between historical and projection periods relating to the mix of ConnectorCare/commercial membership. Accordingly, the factor in the "Demographic Shift" box on URRT Worksheet 1, Section II is set to 0.983.

### **Plan Design Changes**

The impact of benefit change can be found in the 'Plan Design Changes' adjustment section in URRT Worksheet 1, Section II.

All the benefits provided in AllWays Health Partners' current commercial merged market products would be considered essential health benefits for 2022. AllWays Health Partners reflected anticipated changes in the average utilization of services due to differences in average cost sharing requirements during the experience period and average cost sharing requirements in the projection period. The resulting allowed and net claims costs for each plan reflect differences due to cost sharing and the impact of plan behavior change only, and not due to health status. AllWays Health Partners applied plan behavior change factors which were developed from AllWays Health Partners' claims experience. Prior to using the factors AllWays Health Partners re-normalized them to the average plan mix of the experience data. Relativities between plans are based on differences in utilization for varying levels of cost sharing and do not reflect differences due to health status.

### **Other Adjustments**

Worksheet 1, Section II contains additional adjustments from those described above. This "Other" adjustment has been made to recognize the additional anticipated changes in claims experience between the base period and the projected period and include the following items:

- Changes in contractual arrangements associated with ConnectorCare members in the Select Network product.
- Adjustment for Cost Sharing Reduction Plans for ConnectorCare members, reflecting the induced demand differential between the Silver plan, and the benefits that the member experiences after federal cost sharing reductions. This factor was developed spreading the additional expected induced demand for ConnectorCare members over all members.
- Child Behavioral Health Service expansion.
- Adjustment to account for non-billable member months.

- Expected impact of COVID-19.

## **Section 7: Manual Rate Development and Credibility of Experience**

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Given the credible experience base (averaging about 67,859 members for AllWays Health Partners single risk pool), no credibility manual rate was used in the single risk pool gross premium average rate development.

## **Section 8: Projected Risk Adjustments PMPM**

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Risk adjustment transfer amounts are dependent on risk and plan mix relative to the entire market. Therefore, data on changes in market risk are critical to accurately estimated risk transfer amounts. Health plans who participate in the Massachusetts merged market voluntarily submit data to Wakely Consulting Group. Wakely Consulting Group then projects risk transfer amounts for each plan, as well as providing supporting analytics. Our assumption in the rate filing is derived from risk adjustment simulations for January to December 2020 provided by the Wakely Consulting Group. The risk adjustment program revenue/cost assumption used in this rate filing is \$60.03 PMPM which derived from Wakely's January to December 2020 risk transfer PMPM with 2022 coefficient.

Please note that the estimated net cost pmpm of the national high cost risk pooling for 2020 is not be included in the amounts from Wakely. An estimated net pmpm cost of \$1.07 is included in Other Non-Fee-for-Service and Non-Capitation Payments PMPM in the base experience of Q1 2022 rates.

## **Section 9: Non-Benefit Expenses and Profit & Risk**

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### **Administrative Expense Load**

The administrative expense category includes costs related to general administration, claims operations, marketing and sales, distribution, network operations, capital cost and depreciation, quality improvement expenses, etc. The administrative expenses included in the 4th Quarter 2021 rate represent 9.2% of the AllWays Health Partners premium rate. These differences are in accordance with the allocation process described above.

<b>Category</b>	<b>% of Premium</b>
Administrative Expense	7.8%
Commissions	1.4%

AllWays Health Partners has significant increases in expenses related to regulatory requirements, including required system modifications and the Affordable Care Act. To the extent that our products generate margin, this margin is used to pay for these initiatives. To the extent that the products do not generate margin, these expenses are paid for by accumulated surplus.

### **Contribution to Surplus and Risk Margin**

The premium rates proposed for the First Quarter 2022 do not include any risk margin and the assumed contribution to surplus is 1.9%.

### **Taxes and Fees**

Several types of taxes and fees were included in the 2022 Q1 premium rates, as follows:



Type of Tax	% of Premium
Premium Tax	0.2%
CHIA Assessment	0.0%
Risk Adjustment Fee	0.0%
Health Insurer Provider Fee	0.0%
Exchange Fee	0.6%
<b>Total</b>	<b>0.8%</b>

The Exchange user fee was calculated with the assumption that the Massachusetts Health Connector will continue to charge 2.5% of premium on all non-group and small group QHP business sold through this channel. An average PMPM for this fee was then calculated based on the proportion of exchange and non-exchange members in AllWays Health Partners merged market.

## **Section 10: Projected Loss Ratio**

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The projected loss ratio based on the NAIC definition is 89.7%.

## **Section 11: Index Rate**

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### **Single Risk Pool**

The single risk pool for AllWays Health Partners Merged Market book of business was established according to the requirements in 45 CFR 156.80(d). This single risk pool includes all covered lives by AllWays Health Partners in the Massachusetts Merged Market.

### **Projected Index Rate**

The index rate for the experience period is a measurement of the average allowed claims PMPM for EHB benefits. The experience period index rate reflects the actual mixture of area factors, age, and the actual mixture of risk morbidity that AllWays Health Partners received in the Single Risk Pool during the experience period. The experience Index Rate has not been adjusted for payments and charges under the risk adjustment and reinsurance programs, or for Exchange user fees. The claims shown in Worksheet 1, Section I of the Unified Rate Review Template is based on actual claims experience for non-grandfathered plans for essential health benefits only.

The index rate for the projection period is a measurement of the average allowed claims PMPM for EHB benefits in Q1 2022. The projected index rate reflects the projected 2022 mixtures of area factors, age, and the actual mixture of risk morbidity that AllWays Health Partners expects to receive in the Single Risk Pool. The projection period index rate is the projected allowed claims PMPM for essential health benefits, as shown in Section III of Worksheet 1 of the Unified

Rate Review Template. The projected Index Rate has not been adjusted for payments projected under the risk adjustment program or for Exchange user fees.

### **Market Adjusted Index Rate**

As of March 18, 2019, the Market Adjusted Index Rate is included in Part I of the Unified Rate Review Template. Please refer to this section for any questions regarding the development of this value.

### **Plan Adjusted Index Rate**

The Market Adjusted Index Rate is adjusted to compute the Plan Adjusted Index Rate using the following allowable adjustments:

- Actuarial value and cost sharing adjustment:
  - The CMS Actuarial Value Calculator was used to determine the AV metal value for each plan.
  - The cost sharing adjustment was developed utilizing Milliman's HCGs. The adjustment for plan cost sharing includes expected differences in utilization due to differences in cost sharing. Adjustments in utilization due to differences in cost sharing were based on the HHS plan behavior change factors and adjusted to better align with AllWays Health Partners' experience.
- Provider network, delivery system and utilization management adjustment: AllWays Health Partners has multiple product offerings, including HMO and PPO plans. As provider contracting differs by network, so too does unit cost.
- Adjustment for benefits in addition to the EHBs: AllWays Health Partners must cover state mandated benefits that are beyond EHBs, including cleft palate, pediatric hearing aids, and oral cancer therapy.
- Adjustment for distribution and administrative costs: AllWays Health Partners adjusts the net claims cost to account for expected non-benefit expenses. The adjustment varies by plan.

The development of these factors did not include any assumptions related to the morbidity of anticipated plan members. The average Plan Adjusted Index Rate across all benefit plans is shown in the URRT.

## **Section 12: Calibration**

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### **Age Curve**

A weighted average age factor of 1.538 was calculated by using the Massachusetts default standard age curve and the number of member months in the single risk pool during the experience period in each age range. The Plan Adjusted Index Rates were divided by 1.538. The same factor was used for all benefit plans. The weighted average age for AllWays Health Partners single risk pool is 46.

### **Geographic Region Factor**

As of March 18, 2019, the geographic region factors are now included in Part III of the Unified Rate Review Template. Please refer to this section for any questions regarding these values.

The average geographic factor has been calculated as 0.982 by using AllWays Health Partners geographic region factors and the number of member months in the single risk pool during the experience period in each geographic region. The Plan Adjusted Index Rates are divided by 0.982. The same factor was used for all benefit plans. AllWays Health Partners is filing in all seven rating regions of Massachusetts

### **Tobacco Factor**

Tobacco factors are not used.

### **Transitional State Rating Factor**

The Center for Medicare and Medicaid Services (CMS) has permitted Massachusetts to retain a portion of its existing rating factors over a transition period. Therefore, health plans can continue to use the following allowable rating factor in developing premium rates:

- Group Purchasing Cooperative

Group Purchasing Cooperative factors were adjusted first quarter 2020 in accordance with CMS and DOI guidance.

AllWays Health Partners continues group purchasing cooperative in the merged market rating and these rating adjustments are reflected in the calibration process. An average group purchasing cooperative factor were calculated by using AllWays Health Partners specific factors and AllWays Health Partners merged market member months during the experience period. In the calibration process, the same average group purchasing cooperative factor were used for all benefit plans.

Reciprocal of group purchasing cooperative factor is provided in the “Tobacco Factor” box on URRT Worksheet 2, Section III.

## **Section 13: Consumer Adjusted Premium Rate Development**

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Once the Plan Adjusted Index Rates have been calibrated to a rating factor of 1.00 (also called base rate), the Consumer Adjusted Premium Rate can be calculated. The Consumer Adjusted Premium Rate is developed at the member level by multiplying the calibrated Plan Adjusted Index Rate by the age factor, region factor, group size factor and group purchasing cooperative factor that apply to each member. The premium for the employer group is equal to the sum of the Consumer Adjusted Premium Rates for all ratable members.

## **Section 14: AV Metal Values**

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The 2022 AV Calculator was used to determine the AV Metal Values shown in URRT Worksheet 2 for all plans except those specified in the attached actuarial certification. The attached actuarial certification required by 45 CFR Part 156, § 156.135 is included since an alternate methodology was used to calculate the AV Metal Value for at least one plan offered. This

certification describes the rationale for using an alternate methodology, details the alternate methodology that was used for each applicable plan, and summarizes the process that was used to develop the AV metal value. It confirms that the resulting values were in accordance with generally accepted actuarial principles and methodologies and is signed by a member of the American Academy of Actuaries.

## **Section 15: AV Pricing Values**

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The AV pricing values were calculated so that, when applied to the Market Adjusted Index Rate, they produce the appropriate Plan Adjusted Index Rate. These AV pricing values are, in effect, plan factors, which were developed considering the following items:

- The level of member cost sharing for the given plan design, including associated utilization differences
- The benefits provided under the plan that are in addition to the essential health benefits
- The provider network, delivery system characteristics, and utilization management practices of the health plan

## **Section 16: Membership Projections**

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The membership distribution is based on current membership distribution by benefit plan and renewal month. Membership in terminated benefit plans are mapped to the benefit plans indicated below, in terminated products.

### **Terminated Products**

Following plan designs were terminated.

HIOS ID 2021 (SG)	HIOS ID 2021 (Ind)	Marketing Name 2021
41304MA0041572	41304MA0021571	Complete HMO 750
41304MA0071616	41304MA0051615	Complete PPO Plus 750
41304MA0091660	41304MA0081659	Choice Easy Tier HMO 1500 10%/30%
41304MA0111676	41304MA0101675	Choice Easy Tier PPO Plus 1500 10%/30%

## **Section 17: Plan Type**

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All offered plan types are described by the drop-down box in URRT Worksheet 2, Section I.

## **Section 18: Warning Alerts**

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Except for rounding differences, warning alert results indicated no discrepancies between the sum of the plan level projections in URRT Worksheet 2 and the total projected amounts in URRT Worksheet 1.

## Section 19: Actuarial Certification

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I, Poly Barman, am an employee of AllWays Health Partners. I am a member of the American Academy of Actuaries and meet its qualification standards for actuaries issuing statements of actuarial opinion in the United States.

I have reviewed the premium rate development and certify, to the best of my knowledge,

1. I, Poly Barman, am a member of the American Academy of Actuaries in good standing
2. The projected base rate, which can be readily translated to an index rate, is:
  - a. In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80 and 147.102),
  - b. Developed in compliance with the applicable Actuarial Standards of Practice
  - c. Reasonable in relation to the benefits provided and the population anticipated to be covered
  - d. Neither excessive nor deficient when considering the TAHMO and TICO plans in aggregate
3. The base rate and only the allowed modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates
4. The percent of total premium that represents essential health benefits included in URRT Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice
5. The AV Calculator was used to determine the AV Metal Values shown in URRT Worksheet 2 for all plans except those specified in the attached actuarial certification. The actuarial certification required by 45 CFR Part 156, § 156.135 is included, since an alternate methodology (Approach 1) was used to calculate the AV Metal Value for at least one plan offered. This certification describes the reason an alternate methodology was used, the alternate methodology that was chosen for each applicable plan, and the process that was used to develop the AV metal value. It indicates that the values were in accordance with generally accepted actuarial principles and methodologies and is signed by a member of the American Academy of Actuaries.
6. The proposed rates and trend factors were developed using sound actuarial assumptions and methodologies
7. The geographic rating factors reflect differences in the costs of delivery and not differences in population morbidity by geographic area

Please note that the Part I Unified Rate Review Template does not demonstrate the process used by AllWays Health Partners to develop rates. Rather, it represents information required by Federal regulation to be provided in support of the review of rate increases. The development of our base rate, which can be readily converted to an index rate, as described herein, is consistent with Federal regulation and used consistently and only adjusted by the allowable modifiers.

*Poly Barman*

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Poly Barman, A.S.A., M.A.A.A.  
Manager, Actuarial Pricing  
AllWays Health Partners