October 26, 2011

The Honorable Kathleen Sebelius
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Submitted Via Electronic Mail:
MLRAdjustments@hhs.gov

Re: Florida MLR Adjustment Application and HCAN Request for Public Hearing

Dear Secretary Sebelius:

We are writing to request a public hearing by the Department of Health and Human Services (HHS) on the request by the Florida Insurance Commissioner for an adjustment to the 80% minimum medical loss ratio (MLR) in the individual market in Florida. Health Care for America Now opposes this unjustified, anti-consumer request. If granted, Florida's adjustment would deny $140 million in consumer rebates that are due under the law to the state's families. The request would also take away future savings from consumers by eliminating incentives for insurers to limit premium increases.

Florida's request for an MLR adjustment is without merit. The state does not meet the requirements for an adjustment and the Commissioner fails to provide the necessary evidence to support his claims. Due to the serious defects in the state's request and the significant consumer impact that would result if granted, we are writing to ask that HHS hold a public hearing to ensure that Florida's request receives the rigorous, open review it deserves.

The MLR rule is intended to give consumers a straightforward calculation of how their premium dollars are spent and to set an 80% minimum level of spending on medical benefits and quality improvement activities in the individual and small-group markets. Congress, with the support of the Congressional Budget Office, concluded that an 80% minimum MLR in the non-group market is attainable by efficiently-operated insurers.

The Commissioner asks the Center for Consumer Information and Insurance Oversight (CCIIO) to reduce the minimum medical loss ratio to 68% for calendar year 2011, 72% for 2012, and 76% for 2013. The proposed MLR of 68% for 2011 is lower than the 70% MLR currently required of HMOs by the state. After various expense, premium and credibility adjustments are taken into account, Florida's effective MLR would be less than 60%[1], which would put it below

[1] A FLOIR response (Item 36 - Attachment F: Estimated Rebates – Issuer Clarifications) to HHS stated, "We estimated that the tax and fees adjustment allowed by PPACA worth about 4 to 5% depending on the company and the credibility adjustment by NAIC table worth about 4.5%. Therefore, the final target rebate loss ratio moves down from 80% to 71% & 70.5%."

the current 65% MLR required by Florida law of non-HMO products. This is a step backwards and is not what Congress intended when it passed the Affordable Care Act (ACA).

Adjustments to the MLR may be granted only if "the Secretary determines that the application of such 80% may destabilize the individual market" in a state. PHSA §2718(b)(1)(A)(ii). Florida has failed to make its case. One prominent managed-care industry analyst on Wall Street concluded that the state's justification for this adjustment was "weak" and that none of the six largest plans in the state will exit the market because of the MLR requirement.[2]

Florida's request is largely based on evidence assembled at a public hearing held in September 2010. The federal MLR regulation, 42 C.F.R. § 158.343, permits states to hold public hearings regarding MLR adjustments and states that HHS will consider the evidentiary record of such hearings in evaluating MLR adjustment requests. Florida asserts that the hearing it held on September 24, 2010, presented evidence supporting its request for an adjustment. Indeed, Florida says that "the record supports a remarkable unanimity of all interested parties on" the concern that, absent an MLR adjustment, consumer choice would be diminished in the individual market.

What the adjustment request fails to note is that the September 24, 2010, event was not a public hearing in any sense of the term. It was held with less than one day's notice. There was no "unanimity of all interested parties" since consumers were not even allowed to speak. Four representatives of insurance companies and one representative of agents and brokers testified at the invitation of the Florida Office of Insurance Regulation (FLOIR). No consumers were invited and the record was closed before the consumers who did attend were given the opportunity to speak.

Further, the focus of the "hearing" was on finding problems with the implementation of the ACA rather than producing an impartial and fair analysis of the MLR rule's overall impact. FLOIR made its position clear near the start of the hearing with the following statement: "The focus is on the potential adverse impact of the federal requirements related to medical loss ratio, MLR, on the stability of the Florida health insurance markets, and particularly, the individual health insurance market."[3] In fact, FLOIR prodded the insurance industry witnesses to criticize the ACA.[4] As for the need for an MLR adjustment, the insurers and producers were asked by FLOIR if they would prefer a lower minimum MLR, and, not surprisingly, they said yes.

While Florida's request fails to make the case for an adjustment, it does make clear that consumers will lose millions if its unjustified request is approved. According to FLOIR's submission, if the adjustment is not granted, individuals and businesses in Florida will receive rebates of approximately $76 million in 2011, $51 million in 2012, and $47 million in 2013.[5] If the requested adjustments are granted, consumers will instead receive rebates of $5 million in 2011, $5 million in 2012, and $24 million in 2013. That means the adjustment would rob Florida consumers of $140 million and give that money to insurance companies that fail to meet basic

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[2] McDonald, C. and Naklicki, J. (2011). "Sometimes the Hardest Thing is Knowing which Bridge to Cross and the One to Burn."*Citibank*. Accessed here.
https://ir.citi.com/%2FgP0XTkW03Aafg86NrdCRpvuDF%2FoMGNXCrsxxvfE44I%3D

[3] Transcript of hearing (Item 17), 7:2-6.

[4] One example of this follows. "COMMISSIONER MCCARTY: In your professional opinion, do you believe that failure to implement this over a three-year period would result in reduced competition?" Transcript of hearing (Item 17), 19:7-10

[5] Item 34 : Financial Information by Issuer – Revised

federal standards.[6] The adjustment would also deprive Floridians of future savings by removing powerful incentives for insurers to lower premiums by cutting administrative expenses to achieve lower MLR thresholds.

One health insurance company (identified only as "Insurer H" in Florida's request but shown in supplementary documents to be UnitedHealthGroup subsidiary Golden Rule) will bank $47 million over three years if this adjustment is granted. Golden Rule (and several other companies) apparently requested anonymity under the state's "trade secret" statute in an attempt to keep its customers in the dark about the $33 million in consumer rebates the company is trying to block in 2011 alone, despite a very robust 12% after-tax profit margin.

HHS regulations set out information that states must submit and criteria that HHS must apply in determining whether or not to grant a state an adjustment. 42 C.F.R. § 158.321, 158.330. The Florida adjustment request fails to meet these criteria.

Florida has offered no evidence that any insurers have exited or will exit the state market or cease offering coverage absent an adjustment.

Florida provides zero data to back its argument that any insurers will leave the market if an MLR adjustment is not granted.[7]

Florida has a robust and competitive individual insurance industry. Florida lists 119 companies with individual enrollees and 21 insurers actively competing in the individual insurance market. No single insurer controls more than half the market. In its application, Florida notes that four insurers have recently withdrawn from the individual market in Florida. Only one of those companies, however, stated that it was leaving the market because of health reform. One insurer stated explicitly that its withdrawal had nothing to do with health reform, and the other two were silent on the question. The insurer that allegedly left because of health reform, National Health Insurance Co., had 43 subscribers in Florida[8] and, according to its website, is no longer writing insurance business anywhere in the United States. Seven insurers have entered the Florida health insurance market since 2008. Thus, Florida presents no credible evidence that the 80% minimum MLR is limiting competition or choice in the Florida non-group market.

Under Florida and federal law, an insurer must give 180 days notice before leaving the non-group market. No insurer has given notice of planned withdrawal beyond those that already stopped writing new business, and at this late date, none could give notice and exit for the balance of 2011. Furthermore, if a company withdraws from the state, it may not re-enter the market for five years. This restriction makes it unlikely that any health insurance company with a significant enrollment would withdraw from Florida in 2012 or 2013, given the greatly expanded and federally-subsidized individual market that will be available through the state exchange beginning in 2014.

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[6] If these rebate amounts were provided to consumers, it would benefit the Florida economy by adding on average more than $100 million in economic activity and almost 1,000 additional jobs a year.

[7] No insurance company has provided "notice of exit" if the MLR waiver requested by FLOIR is not granted. (Item 34 : Financial Information by Issuer – Revised)

[8] National Health Insurance Company had 43 Florida policyholders. (Item 2 : MLR Adjustment Request, page 18) This is well below the cut-off for being subject to the MLR, and hence the numerical value of the MLR could not have been a factor in this company leaving the Florida market.

It appears from data submitted by the Insurance Commissioner that a number of insurance companies in the Florida individual market do not currently meet an 80% medical loss ratio. Some have sufficient underwriting gain in the individual market that they could cover the rebates they would owe with an 80% minimum MLR[9], but others do not. There is no explanation as to why those MLRs fall below 80% and why those insurance companies cannot achieve the 80% medical loss ratio. Florida suggests that new entrants will have a hard time reaching the 80% level, but the federal MLR rule makes express allowance for new entrants. 45 C.F.R. § 158.121. Moreover, the federal rule permits new issuers to accumulate contract reserves against later negative experience. 45 C.F.R. § 158.140. It appears that the Florida application has failed to take these factors into account.

Florida has offered no evidence of the number of enrollees covered by insurers that would exit the state if no adjustment is granted.

Because Florida has offered no evidence that any insurer will leave the state in the absence of an adjustment, it has also failed to prove that any enrollee will lose coverage because of insurers leaving the market.

Florida has not demonstrated that access to agents and brokers will be disrupted if an adjustment is not granted.

The Commissioner claims in the state's adjustment request that the MLR rule will "eliminate agent involvement in the individual market,"[10] but clearly this is not true. Agents continue to play a substantial role in the sale of health insurance.

Further, no evidence is provided that producer compensation has been reduced. We enclose data on Florida insurance agent and broker commissions submitted by NAHU to the NAIC. The data indicate that no insurers reduced commissions between 2010 and 2011. Moreover, even if companies had reduced their producers' commissions, granting an adjustment would not guarantee that broker and agent compensation would increase. There is no reason to expect that insurance companies would not simply retain the increased income as profit rather than share any of it with agents and brokers. Wall Street-traded insurance companies are earning record profits.[11] If producers' commissions are constrained, it is by insurance company greed in preserving the share of administrative expenses dedicated to profit.

The federal rule does not guarantee that insurance companies will pay the same broker and agent commissions indefinitely; it provides that consumers must have adequate access to brokers and agents. No evidence is provided that implementation of an 80% MLR will reduce that access.

Alternative coverage is available to Florida insurance consumers if an insurer exits the state.

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[9] For example, Insurer H, which has the largest indicated rebate for 2011 of $33 million, had a net underwriting profit in the individual market of $55 million. (Item 34: Financial Information by Issuer – Revised)
[10] Item 2: MLR Adjustment Request.
[11] HCAN, "Flagging Economy Doesn't Dampen Health Insurers' Excessive Profits," August 11, 2011. Accessed here.

If an insurer does withdraw from Florida, it is likely that the company's individual subscribers will be able to obtain coverage through one of the remaining insurers. FLOIR has provided no evidence that existing insurers could not absorb every individual who loses coverage. Florida law requires individual insurers to offer coverage without pre-existing condition limitations to any individual who has 18 months of credible coverage and who loses coverage because an issuer withdraws from the market. The federal pre-existing condition high-risk pool is also an option for Floridians who might lose coverage if an insurer withdraws from the market.

Florida's families will lose $140 million if this request is granted.

As already noted, Florida consumers will lose more than $70 million in rebates for 2011 alone under this request.[12,13] Families will also lose the positive effect that the rebate requirement would have on driving down premiums for the next three years. There is no evidence that premiums or cost-sharing would increase or benefits would be reduced if the adjustment is not granted.

Granting this request would cause irreparable harm to Florida consumers, set an anti-consumer precedent for the adjudication of similar requests from other states and undermine one of the most important cost-saving consumer protections in the ACA. We request that HHS conduct a public hearing to finally allow testimony from witnesses representing consumers to become part of the record.

We request that HHS reject this unjustified, anti-consumer proposal.

Sincerely,

Ethan Rome
Executive Director

[12] $76 million rebate with an 80% MLR less a $5 rebate with the FLOIR proposal.
[13] Also, as previously mentioned, the granting of the FLOIR request would on average cost the Florida economy and consumers about $100 million in economic benefit and a 1,000 jobs a year.

Florida Insurance Agent and Broker Commissions, 2011

2011					
Carrier	**Group Size**	**Plan Type**	**Annual Premium**	**First Year**	**Renewal**
			(If Available)		
98	Individual	1-11 enrolled aps	4%	4% 1st yr renewal, 3% thereafter	
		12-24 enrolled aps	6%	4% 1st yr renewal, 3% thereafter	
		25-49 enrolled aps	8%	4% 1st yr renewal, 3% thereafter	
		50+ enrolled aps	10%	4% 1st yr renewal, 3% thereafter	
	1-3	Medical	$1.50 PEPM		
	4-50		Premier = $32 PEPM / Standard = $28 PEPM		
	1-3	Medical	$1.50 PEPM		
	4-50		Premier = $38 PEPM / Standard = $32 PEPM		
	*South Florida Includes the following Counties: Brevard, Broward, Dade, Martin, Palm Beach, St. Lucie, and Volusia Counties				
	51+	Medical	$0 - 35,000	3%	
			$35,001 - $200,000	5%	
			$200,001 - 400,000	4%	
			$400,001 - 1,000,000	3%	
			$1,000,000 - 4,000,000	2%	
			$400,001+	1%	
99	1	Individual		15%	10%
	2-9	Product I	10%		
	10+	Product II	$0-8000	10%	
			$8001-20000	$800 + 6% excess	
			$20001-50000	$1520 + 3.5% excess	
			$50000-150000	$2570 + 1.25% of excess	
			$150001-500000	$3820 + .5 of excess	
			$500,001+	$5570 + .25 of excess	
	Broker may also negotiate commission, i.e. 5% flat, or 7% 1st year, 4% flat renewal				
100	Individual	Medical	12%		4%
101	All	All	10% Flat		
102	Individual	Medical	20%		5%

	4-50		8%		
	51-100		7%		
	101-300		6%		
	301-500		5%		
	500+		Negotiated		
103			**Region/Broker Class**	**New Sales**	**Renewal**
	4-50	Various Products	S. Fl Silver**	$34	$30
			Other Silver	$30	$26
	4-50		All FL/All Classifications	$20	$20
	51-74		5%		
	75-99		4%		
	100-300		3%		
	51+		Negotiated		
104	2-50	Medical	5%		
105	Individual	Medical	10%		4%
		Short-Term Medical	15%		
106	51-250	Medical	6%		
107	Individual	Various Products	10% 1st Year	5% yrs 2, 3, & 4	3% yrs 5+
	2-3		Tier I	$2 PEPM	$1 PEPM
	4-10			$32 PEPM	$31 PEPM
	11-25			$28 PEPM	$27 PEPM
	51-99			$20 PEPM	$19 PEPM
	2-3		Tier II	$2 PEPM	$2 PEPM
	4-25			$33 PEPM	$32 PEPM
	26-50			$29 PEPM	$28 PEPM
	51-99			$21 PEPM	$20 PEPM
	2-3		Tier III	$3 PEPM	$3 PEPM
	4-25			$34 PEPM	$33 PEPM
	26-50			$30 PEPM	$29 PEPM
	51-99			$22 PEPM	$21 PEPM
	2-3		Tier I	$3 PEPM	$3 PEPM
	4-10			$38 PEPM	$37 PEPM
	11-25			$36 PEPM	$35 PEPM
	26-50			$32 PEPM	$31 PEPM
	51-99			3.85%	3.65%
	2-3		Tier II	$3.50 PEPM	$3.50 PEPM
	4-10			$39 PEPM	$38 PEPM
	11-25			$37 PEPM	$36 PEPM
	26-50			$33 PEPM	$32 PEPM
	51-99			4.00%	3.85%
	2-3		Tier III	$4 PEPM	$4 PEPM
	4-10			$40 PEPM	$39 PEPM
	11-25			$38 PEPM	$37 PEPM
	26-50			$34 PEPM	$33 PEPM

	51-99			4.25%	4.00%
	100+		Negotiated		
108		Option I	10%		n/a
		Option II	15%		5.00%
109	1-3	Medical	$3.15 Per Covered Employee		
	4-50		$32.00 Per Covered Employee		
	51-99		6%		
	4-19	Medical	South Florida Only	$40 Per Covered Employee	
	20-50		South Florida Only	$37 Per Covered Employee	
	1-2	Products	1%		
	3-4		2%		
	5+		8%		5%
110	Individual	Medical-Under age 60	10%		1% renew yrs 5+
		Medical-Over age 60	5%	3% renew yrs 2-4	1% renew yrs 5+
		Option III	60%	3% renew yrs 2-4	0% renew yrs 5+

Florida Insurance Agent and Broker Commissions, 2010

2010					
Carrier	**Group Size**	**Plan Type**	**Annual Premium**	**First Year**	**Renewal**
			(If Available)		
98	Individual	1-11 enrolled aps	4%	4% 1st yr renewal, 3% thereafter	
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		25-49 enrolled aps	8%	4% 1st yr renewal, 3% thereafter	
		50+ enrolled aps	10%	4% 1st yr renewal, 3% thereafter	
	1-3	Medical	$1.50 PEPM		
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	1-3	Medical	$1.50 PEPM		
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	*South Florida Includes the following Counties: Brevard, Broward, Dade, Martin, Palm Beach, St. Lucie, and Volusia Counties				
	51+	Medical	$0 - 35,000	3%	
			$35,001 - $200,000	5%	
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			$1,000,000 - 4,000,000	2%	
			$400,001+	1%	
99	1	Individual		15%	10%
	2-9	Product I	10%		
	10+	Product II	$0-8000	10%	
			$8001-20000	$800 + 6% excess	
			$20001-50000	$1520 + 3.5% excess	
			$50000-150000	$2570 + 1.25% of excess	
			$150001-500000	$3820 + .5 of excess	
			$500,001+	$5570 + .25 of excess	
	Broker may also negotiate commission, i.e. 5% flat, or 7% 1st year, 4% flat renewal				
100	All	All	See Carrier Commission Grid for levels and percentages		
101	All	All	10% Flat		

102	Individual	Medical	20%		5%
	4-50		8%		
	51-100		7%		
	101-300		6%		
	301-500		5%		
	500+		Negotiated		
103			**Region/Broker Class**	**New Sales**	**Renewal**
	4-50	Medical	S. Fl Silver**	$34	$30
			Other Silver	$30	$26
	4-50		All FL/All Classifications	$20	$20
	51-74	Medical	5%		
	75-99		4%		
	100-300		3%		
	51+	Medical	Negotiated		
104	2-50	Medical	5%		
105	Individual	Medical	10%		4%
		Short-Term Medical	15%		
106	51-250	Medical	6%		
107	Individual	Various Products	10% 1st Year	5% yrs 2, 3, & 4	3% yrs 5+
	2-3		Tier I	$2 PEPM	$1 PEPM
	4-10			$32 PEPM	$31 PEPM
	11-25			$28 PEPM	$27 PEPM
	51-99			$20 PEPM	$19 PEPM
	2-3		Tier II	$2 PEPM	$2 PEPM
	4-25			$33 PEPM	$32 PEPM
	26-50			$29 PEPM	$28 PEPM
	51-99			$21 PEPM	$20 PEPM
	2-3		Tier III	$3 PEPM	$3 PEPM
	4-25			$34 PEPM	$33 PEPM
	26-50			$30 PEPM	$29 PEPM
	51-99			$22 PEPM	$21 PEPM
	2-3		Tier I	$3 PEPM	$3 PEPM
	4-10			$38 PEPM	$37 PEPM
	11-25			$36 PEPM	$35 PEPM
	26-50			$32 PEPM	$31 PEPM
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	4-10			$39 PEPM	$38 PEPM
	11-25			$37 PEPM	$36 PEPM
	26-50			$33 PEPM	$32 PEPM
	51-99			4.00%	3.85%
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	4-10			$40 PEPM	$39 PEPM
	11-25			$38 PEPM	$37 PEPM

	26-50			$34 PEPM	$33 PEPM
	51-99			4.25%	4.00%
	100+		Negotiated		
109	1-3	Medical	$3.15 Per Covered Employee		
	4-50		$32.00 Per Covered Employee		
	51-99		6%		
	4-19	Medical	South Florida Only	$40 Per Covered Employee	
	20-50		South Florida Only	$37 Per Covered Employee	
	1-2	Products	1%		
	3-4		2%		
	5+		8%		5%
110	Individual	Medical-Under age 60	10%		1% renew yrs 5+
		Medical-Over age 60	5%	3% renew yrs 2-4	1% renew yrs 5+
		Enhanced Term Life	60%	3% renew yrs 2-4	0% renew yrs 5+
		Standalone Dental	12%		

Florida Insurance Agent and Broker Commissions, 2009

<table>
<tr><th colspan="6">2009</th></tr>
<tr><th rowspan="2">Carrier</th><th rowspan="2">Group Size</th><th rowspan="2">Plan Type</th><th>Annual Premium</th><th>First Year</th><th>Renewal</th></tr>
<tr><th colspan="3">(If Available)</th></tr>
<tr><td rowspan="5">98</td><td rowspan="3">Individual</td><td rowspan="3">Medical</td><td>Bronze</td><td>15%</td><td>7%</td></tr>
<tr><td>Silver</td><td>18%</td><td>7%</td></tr>
<tr><td>Gold</td><td>20%</td><td>7%</td></tr>
<tr><td>1-3</td><td rowspan="2">Medical</td><td colspan="3">1%</td></tr>
<tr><td>4-50</td><td colspan="3">6%</td></tr>
<tr><td rowspan="9">99</td><td>1</td><td>Individual</td><td></td><td>15%</td><td>10%</td></tr>
<tr><td>2-9</td><td>Product I</td><td colspan="3">10%</td></tr>
<tr><td rowspan="6">10+</td><td rowspan="6">Product II</td><td>$0-8000</td><td colspan="2">10%</td></tr>
<tr><td>$8001-20000</td><td colspan="2">$800 + 6% excess</td></tr>
<tr><td>$20001-50000</td><td colspan="2">$1520 + 3.5% excess</td></tr>
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<tr><td colspan="5">Broker may also negotiate commission, i.e. 5% flat, or 7% 1st year, 4% flat renewal</td></tr>
<tr><td>100</td><td>All</td><td>All</td><td colspan="3">See Carrier Commission Grid for levels and percentages</td></tr>
<tr><td>101</td><td>All</td><td>All</td><td colspan="3">10% Flat</td></tr>
<tr><td rowspan="8">103</td><td></td><td></td><td>Region/Broker Class</td><td>New Sales</td><td>Renewal</td></tr>
<tr><td rowspan="4">4-50</td><td rowspan="11">Various Products</td><td>S. Fl Diamond/Gold</td><td>$40</td><td>$36</td></tr>
<tr><td>S. Fl Silver</td><td>$34</td><td>$30</td></tr>
<tr><td>Other Diamond/Gold</td><td>$34</td><td>$30</td></tr>
<tr><td>Other Silver</td><td>$30</td><td>$26</td></tr>
<tr><td>4-50</td><td>All FL/All Classifications</td><td>$20</td><td>$20</td></tr>
<tr><td>1-3</td><td>All FL/All Classifications</td><td>$20</td><td>$20</td></tr>
<tr><td>51+</td><td colspan="3">4% (Negotiable)</td></tr>
<tr><td rowspan="4">104</td><td>2-25</td><td colspan="2">8%</td><td>3 > in force = 8% or 3 < in force = 5%</td></tr>
<tr><td>26-50</td><td colspan="2">7%</td><td>3 > in force = 7% or 3 < in force = 5%</td></tr>
<tr><td>3-200</td><td colspan="3">20%</td></tr>
<tr><td></td><td colspan="3">10%</td></tr>
<tr><td>106</td><td>51-200</td><td>Medical</td><td colspan="3">6%</td></tr>
</table>

111	2+	Medical	15%	
107	1	Various Products	20%	5.00%
	1-3		S. Florida Counties	$3 per covered employee
	4-10		S. Florida Counties	$41 per covered employee
	11-25		S. Florida Counties	$38 per covered employee
	26-50		S. Florida Counties	$33 per covered employee
	1-3		All Other Counties	$3 per covered employee
	4-19		All Other Counties	$35 per covered employee
	20-50		All Other Counties	$28 per covered employee
	51-99		4%	
	100+		Negotiated	
	1-50		10%	
	1-50		First $10,000	10%
			Next $10,000	7.50%
			Next $10,000	5%
			Next $20,000	2.50%
			Next $50,000	1.50%
			Over $100,000	0.50%
	1-50		10%	
	51+		First $5,000	15%
			Next $20,000	10%
			Next $25,000	7%
			Next $50,000	3%
			Next $100,000	2%
			Over $200,000	1%
	1-50		15%	
	51+		First $15,000	15%
			Next $10,000	10%
			Next $25,000	5%
			Over $50,000	1%
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	4-50	Medical	$32.00 Per Covered Employee	
	4-50	Medical	South Florida Only	$40.00 Per Covered Employee
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	3-4		2%	
	5+		8%	5%