Part II: Written Justification of Rate Increase

Absolute Total Care
Individual Rate Filing

Effective: January 1, 2022

Forms: 79222SC001, 79222SC002, 79222SC005
Absolute Total Care (ATC) is filing rates for the individual block of business, effective January 1, 2022. This document is submitted in conjunction with the Part I Unified Rate Review Template and the Part III Actuarial Memorandum.

This information is intended for use by the South Carolina Department of Insurance, the Center for Consumer Information and Insurance Oversight (CCIIO), and health insurance consumers in South Carolina to assist in the review of ATC’s individual rate filing.

The results are actuarial projections. Actual experience will differ for a number of reasons, including population changes, claims experience, and random deviations from assumptions.

In 2020, earned premium was $643.81 per member per month (PMPM). Earned premium was $574.06 PMPM net of minimum loss ratio rebates. Incurred claims in 2020 were $366.81, or 57.0% of premium. Netting risk adjustment from the claims results in an estimated loss ratio (incurred claims net of estimated risk adjustment transfers, divided by earned premiums) of 50.4%. We expect unit costs to increase for 2022. Further, we have updated underlying experience for the single risk pool, expected administrative expense, assumptions for federal risk adjustment, and impacts of the COVID-19 pandemic. These factors, as well as changes to the assumed morbidity of the single risk pool and medical trend, each contribute to the premium rate change.

Medical trend, or the increase in health care costs over time, is composed of two components: the increase in the unit cost of services and the increase in the utilization of those services. Unit cost increases occur as care providers and their suppliers raise their prices. Utilization increases can occur as people seek more services than before. Additionally, simple services can be replaced with more complex services over time, which is known as service intensity trend. An example of service intensity trend would be the replacement of an X-ray with an MRI scan. Replacing the service with a more intense service causes the total cost of medical services to increase. Both 2021 and 2022 rate levels assume that there will be no funding of cost-sharing reduction subsidies.

The proposed rate change of -7.5% applies to approximately 8,970 individuals and reflects updated expectations regarding the direct and indirect costs associated with the COVID-19 pandemic in the rating period.

ATC’s projected administrative expenses for 2022 are $74.54 PMPM, or 11.8% of premium. Administrative expense does not include $18.04 for taxes and fees. The historical administrative expenses for 2020 were $68.50 PMPM, which excludes taxes and fees. The projected loss ratio is 83.8%, which satisfies the federal minimum loss ratio requirement of 80.0%.