



The Big Picture V:
New York's
Private and Public
Insurance Markets, 2012

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The Big Picture V: New York's Private and Public Insurance Markets, 2012

Prepared by

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Foreword

With New York's health care system in the midst of significant changes in response to market forces and a wave of new initiatives from Washington and Albany, it is my pleasure to present *The Big Picture V: New York's Private and Public Insurance Markets, 2012*. Written by Health Insurance Project Director Peter Newell and independent consultant Allan Baumgarten, this is the fifth in a series of publications that review financial and enrollment data for health plans operating across the state in public and commercial markets. This report includes data from calendar years 2011 and 2012, but previous editions mined health plan data going back as far as 2001.

This year's report and the ones that preceded it are built on a painstaking analysis of the voluminous filings that health plans submit to State and federal regulators. We created this series to help people understand the regulatory framework, major structural shifts, and performance issues in our health insurance market. These issues will be even more important to track as the Affordable Care Act moves ahead, as New York taps major new resources to streamline enrollment and put coverage within reach of the uninsured, and as we grapple with all the system changes and policy challenges attendant to these ambitious State and federal reforms.

JAMES R. TALLON, JR.
President
United Hospital Fund

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background information and clarifying data reports. Finally, United Hospital Fund Senior Vice President for Program David A. Gould has provided unflagging support, insightful comments, and helpful suggestions on all five *Big Picture* reports. This report was supported in part by EmblemHealth and the New York Community Trust.

Introduction

In this fifth edition of our *Big Picture* series on New York’s public and private health insurance markets, we provide updated enrollment and financial data for calendar year 2012, often with reference to results in 2011 and 2010 in order to highlight changes over time. Although the format for this year’s market review is different — more “pictures” and fewer words — the underlying structure is the same: an analysis of detailed health plan data filed with State and federal regulators provides a 2012 snapshot of the market, and informs a discussion of highlights and trends.

Data and findings are first organized according to the four kinds of health insurance licenses or certificates issued by New York State regulators. Nonprofit Insurers and Accident and Health Insurers, governed by articles 43 and 42 of the New York State Insurance Law, respectively, and Health Maintenance Organizations (HMOs), regulated under Article 44 of the Public Health Law, are known as “commercial health plans” since, regardless of their for-profit or nonprofit status, they can participate in both public and commercial markets. The fourth category of licensee, Prepaid Health Services Plans (PHSPs), operates under a special HMO certificate, and — at least in 2012 — only in public programs. Limited data is available for “national insurers,” typically accident and health insurers licensed in other jurisdictions that do business in New York under reciprocal agreements but do not make detailed filings with New York regulators. We use the term “New York Health Plans” to describe State-licensed insurers.

In addition to the four main types of licensees, a second organizational element is the different products and markets in which individuals, employer groups and government entities purchase coverage. The main “lines of business” we highlight are individual, Medicare Supplement, small and large group commercial coverage, and State or joint federal-State public programs such as Medicaid Managed Care (MMC), Family Health Plus (FHP), Healthy NY (HNY), Child Health Plus (CHP), and Medicare Advantage. Since many health plans do business with multiple licenses in holding company structures, we consolidate data at times to give a better sense of a company’s overall performance. And since our focus is on public and private markets, we do not consider traditional Medicare or fee-for-service Medicaid coverage in New York.

The major data sources that inform this report, as in past years, are health plan filings prescribed by the National Association of Insurance Commissioners (NAIC) and New York’s Department of Financial Services and Department of Health. These detailed annual statements cover all aspects of health plans’ operations, and our analysis of these extensive filings is distilled in the ten tables presented in Appendix I, which form the basis for our discussion and the figures that follow. More information on the data sources and methodology we used can be found in Appendix II.

Overview and Highlights

As health plans closed the books on calendar year 2012, New York's release of its Invitation to participate in new individual and small group marketplaces created by the federal Affordable Care Act (ACA) was just a month away. Health plans competed in public and private markets in 2012 during an extraordinary period of activity, meeting extensive new ACA requirements, working with State officials to interpret and implement the new law, and making strategic and business decisions on how to approach the revamped markets. At the same time, New York's Medicaid Redesign Team was producing a parallel track of challenges in the public program arena, including new benefits to administer and new populations to serve with a stated focus on "care management for all." Here are some of the highlights from a watershed year:

- The PHSP sector grew dramatically in 2012 in terms of enrollment, revenue, net income, and overall market share. Because of the premium and enrollment growth and ongoing consolidation in this market segment, individual PHSPs are growing too — three plans reported revenues of over \$2 billion in 2012.
- Operating revenues for New York health plans grew from \$48 billion in 2010 to \$55.7 billion in 2012, about a 16 percent increase over the two years. Much of that increase is attributable to the growth in PHSP revenues spurred by new enrollment and the "carve-in" of the drug benefit for MMC.
- Total premiums for state and national health plans offering coverage in New York grew from \$51.2 billion in 2010 to \$58.6 billion in 2012, a 14 percent increase. In a reshuffling of market share leaders, UnitedHealthcare companies moved to the top spot, and HealthFirst, a holding company with a PHSP and an HMO license (Managed Health Inc., which has significant Medicare Advantage membership), became the state's fifth-largest insurer.
- Fully insured commercial group coverage declined from 2010 to 2012; some of that loss is likely attributable to employer groups switching to self-funded arrangements. UnitedHealthcare companies maintained their leading market share in employer-based coverage, cemented by small group market enrollment that reached 800,000 in 2012, nearly all of it through its two Oxford subsidiaries.
- MMC enrollment grew by 17 percent from 2010 to 2012 as the two largest plans serving the market, PHSPs Fidelis Care and HealthFirst, added over 180,000 and 100,000 members, respectively.
- Profits for commercial health plans declined from \$1.43 billion to \$1.2 billion from 2011 to 2012, but a successful year for PHSPs (\$504.8 million) pushed overall net income for New York health plans to \$1.7 billion in 2012, a roughly \$200 million increase over 2010.
- Large group, Medicare Advantage, and MMC were the most profitable lines of business in 2012, while most plans reported losses on small group and Healthy NY.

Market Highlights

Market highlights are presented in figures compiled from the tables, with selected comparisons to the 2010 results reported in *The Big Picture IV: New York's Private and Public Insurance Markets, 2010, and the Affordable Care Act*.

In a time of great concern with the rising costs of health care, the first group of figures, **Revenue and Spending**, highlighting health plan “top lines,” is a good place to begin. These figures provide high-level snapshots of revenue (mostly premiums), fiscal condition, and expenses, by type of licensee, individual health plans, and major lines of business, and show how the results of 2012 compare to those of prior years.

The second set of figures, **Enrollment**, focuses on the businesses, individuals, and government entities that purchase and sign up for coverage, supplying the revenue for health plans. These figures present membership from a number of perspectives, aggregating enrollment for market segments, individual health plans, important lines of business such as commercial group coverage and Medicaid Managed Care, and regions.

The final group of figures in these highlights, fittingly, focuses on **Financial Results** — health plans’ “bottom lines” — such as net income (or loss) and margins. A third metric, operating gain (or loss), allows us to present results for all major lines of business. Once again, these financial results are also presented by category of licensee, to give an idea of how segments of the market performed.

Looking Ahead

This snapshot — taken a few months before New York’s ACA marketplace (New York State of Health, or NYSOH) opened for business in October 2013 — captures public and private insurance markets on the cusp of significant transformation spurred by the ACA and State reform efforts. It is instructive to view the markets in the context of the changes already prompted by the ACA, and one way to do that is to consider the “rows and columns” that are the main building blocks for this report.

Columns often describe types of enrollment or lines of business, and one column — individuals enrolled in comprehensive coverage — is sure to grow dramatically as more flexible ACA benefit designs are offered and lower-income New Yorkers ineligible for Medicaid access significant subsidies available in the Exchange. New York HMOs reported fewer than 20,000 individual members enrolled in comprehensive coverage in 2012, for example, but as its initial open enrollment period drew to a close at the end of March 2014, NYSOH reported 421,883 individual members purchasing coverage through the Exchange from HMOs or in other network-based products. To be sure, some of that enrollment growth reflects policy decisions New York made in the run-up to the Exchange, such as transitioning individual and sole-proprietor Healthy NY members, as well as some Family Health Plus members, to subsidized Exchange coverage. At the same time that enrollment is growing in the Exchange, the number of individuals purchasing unsubsidized coverage through the normal process off the Exchange should grow significantly as well. The possible implementation of the Basic Health Program in

the future, available to states through the ACA, may add a totally new column of enrollment, as the exclusive option for individuals ineligible for Medicaid and with household income of 200 percent of the federal poverty level or less. Meanwhile, another 486,689 New Yorkers qualified for Medicaid as of April 7, 2014, according to NYSOH reports.¹

The group of health plans enrolling this new membership — itemized in our rows — is changing as well. The number of PHSPs serving the MMC market has shrunk from 15 in 2006 to nine in 2012 (with three of those nine now merged with larger partners), as PHSPs seek the same efficiencies that triggered commercial health plan consolidation. But just as the launch of the Medicare Advantage program attracted new plans to the New York market, the Exchange has as well. “Qualified Health Plans” serving the Exchange market in 2014 included nearly all commercial health plans, but also four prominent PHSPs (subject to Department of Financial Services rate and policy form requirements and many federal requirements, as the distinction between public and private insurance markets continues to blur), and three entirely new licensees: an Article 43 nonprofit insurer organized as a co-operative, and two Article 42 accident and health insurers, one sponsored by a major downstate health system. If New York’s policymakers and stakeholders can maintain their successful early implementation efforts and meet the raft of operational, policy and regulatory challenges that lie ahead, an important goal will come within reach: moving 1.1 million New Yorkers who were uninsured in 2012 into the “covered” column.

¹ Bain G. April 7, 2014. “New York’s Obamacare Enrollment Reaches 908,572. Keeps Growing After Deadline.” *New York Daily News*.

FIGURE 1

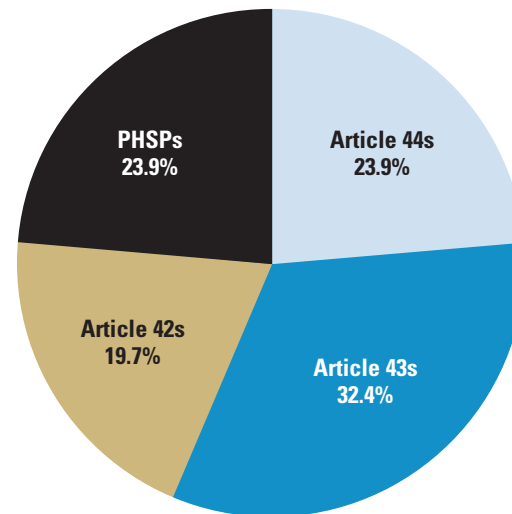
Combined Operating Revenue for Commercial Health Plans and PHSPs, 2010 and 2012



Source: For 2012, Table 1. For 2010, *Big Picture IV*, Table 1.

Operating revenue for New York health plans totaled \$55.8 billion in 2012, a 16 percent increase from 2010, due mainly to the 60 percent jump in PHSP revenue, fueled by increased Medicaid Managed Care enrollment, and the “carve-in” of the drug benefit for the program.

FIGURE 2

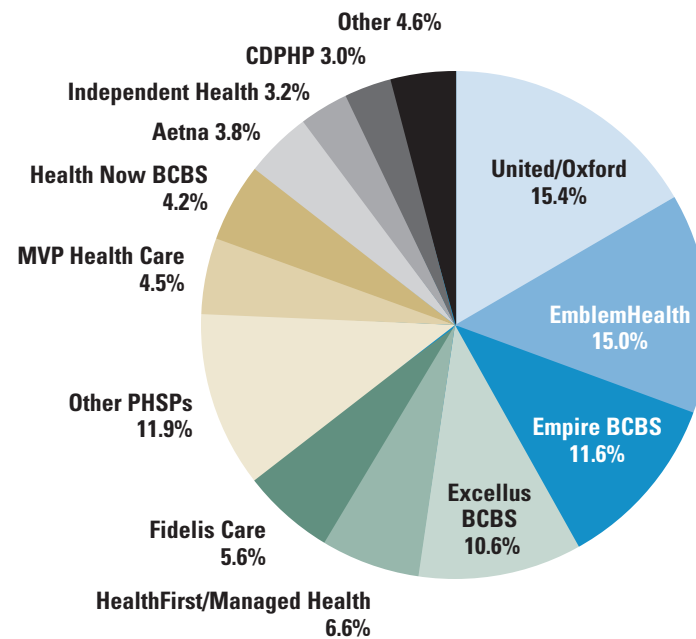
New York Health Plan Share of Revenue by License, 2012

Source: For 2012, Table 1. For 2010 comparison, *Big Picture IV*, Figure 2.

The 2012 revenue share for PHSPs (24 percent) grew by almost seven percentage points from 2010 to 2012. Shares for all other licensees declined during that period, but Article 43 Nonprofit insurers still retained almost a third of overall revenue.

FIGURE 3

New York Health Plan Market Share Based on Premiums, 2012



Note: Based on \$58.557 billion in 2012 New York health premiums for New York licensed health plans and national carriers earning premiums in the state. Results for separately licensed companies operating in New York and controlled by a common parent company are combined.

Source: Authors' analysis of health plan NAIC Annual Statements, Statement of Revenues and Expenses for New York licensed insurers; New York premiums from Schedule T of NAIC statement for national carriers; and Medicaid Managed Care Operating Reports for PHSPs. For 2010 comparison, *Big Picture IV*, Figure 1.

National insurers and New York health plans reported \$58.6 billion in premiums in 2012, a 14 percent increase from 2010, with UnitedHealthcare/Oxford moving to the top spot with a 15.4 percent share. In another sign of PHSP growth, HealthFirst, a holding company that includes PHSP HealthFirst and Managed Health Inc. (an HMO with significant Medicare Advantage business), became the state's fifth largest health plan.

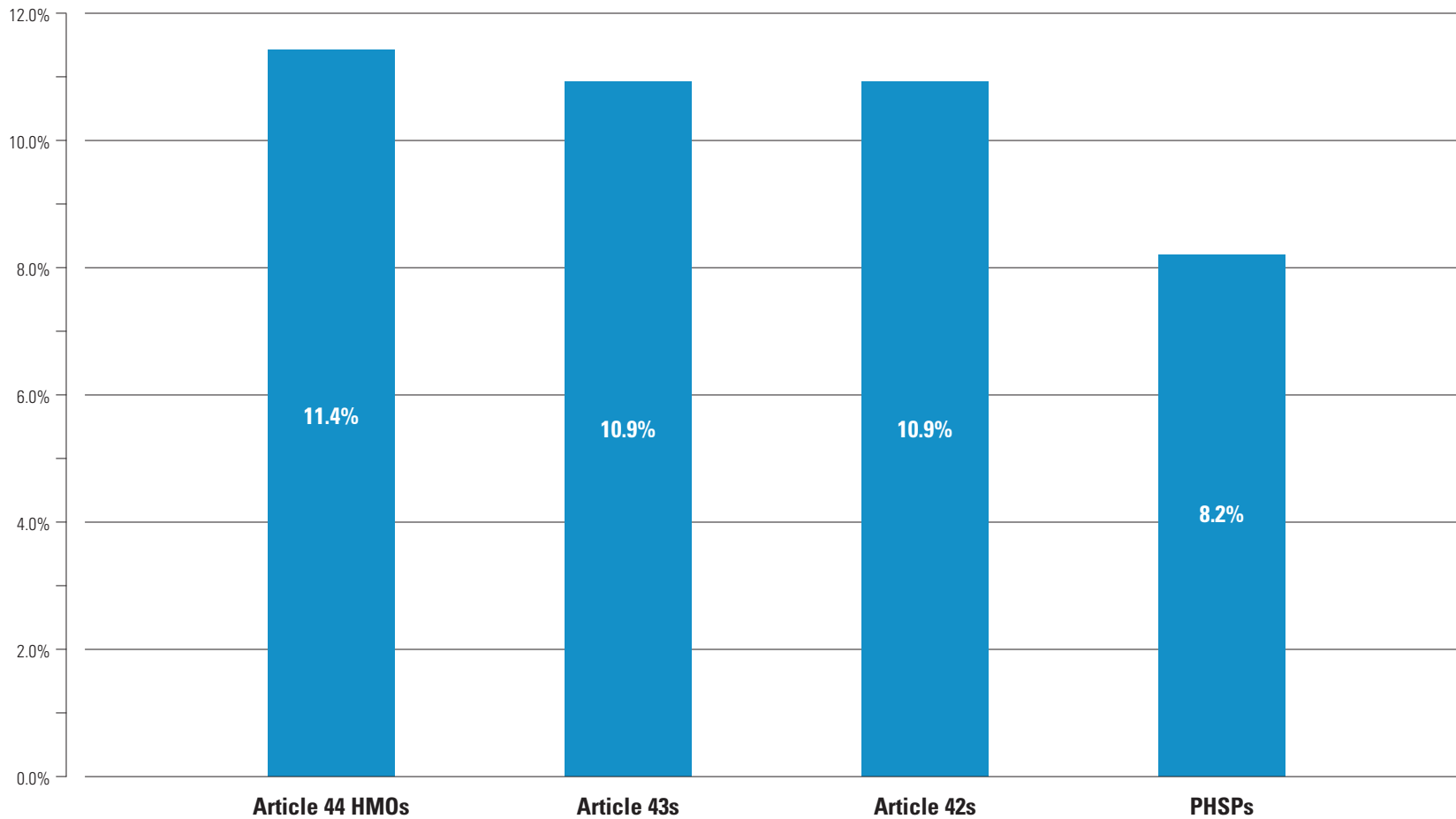
FIGURE 4

Surplus for Commercial Health Plans, 2010 and 2012

Source: For 2012, Table 2. For 2010, *Big Picture IV*, Table 12.

New York commercial plans reported \$9.82 billion in surplus (funds regulators require to be set aside for future claims) in 2012, an 11 percent increase over 2010. Other measures of surplus adequacy used by regulators, however, show a slight decrease in surplus for Article 44 HMOs and Article 43 Nonprofit insurers.

FIGURE 5

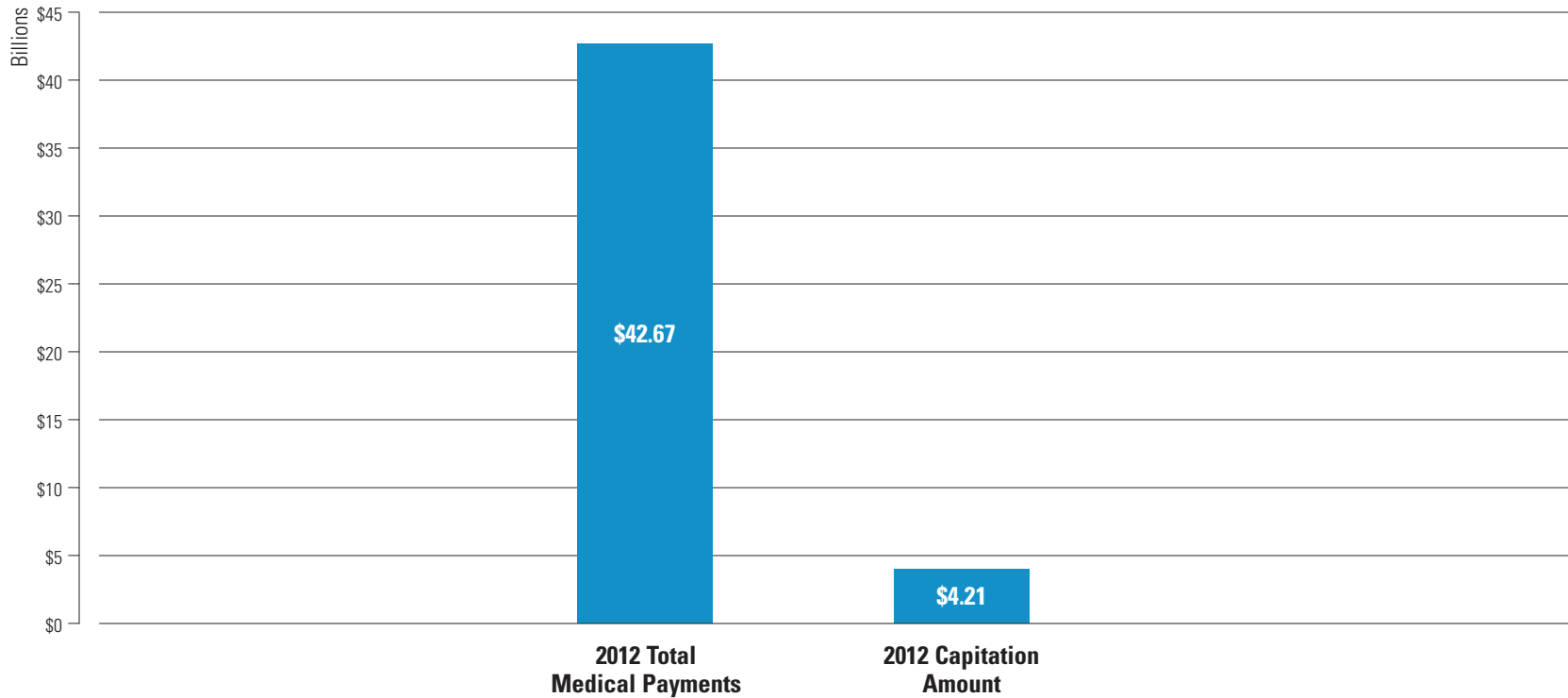
New York Health Plan Administrative Expenses as a Percentage of Revenue, by License, 2012

Source: Table 3.

New York health plans reported \$5.76 billion in administrative expenses in 2012. PHSPs reported the lowest ratio of administrative expenses to revenues, and Article 44 HMOs the highest — likely a reflection of higher Medicare Advantage enrollment through HMO licenses.

FIGURE 6

Commercial Health Plan Capitation and Medical Payments, 2012

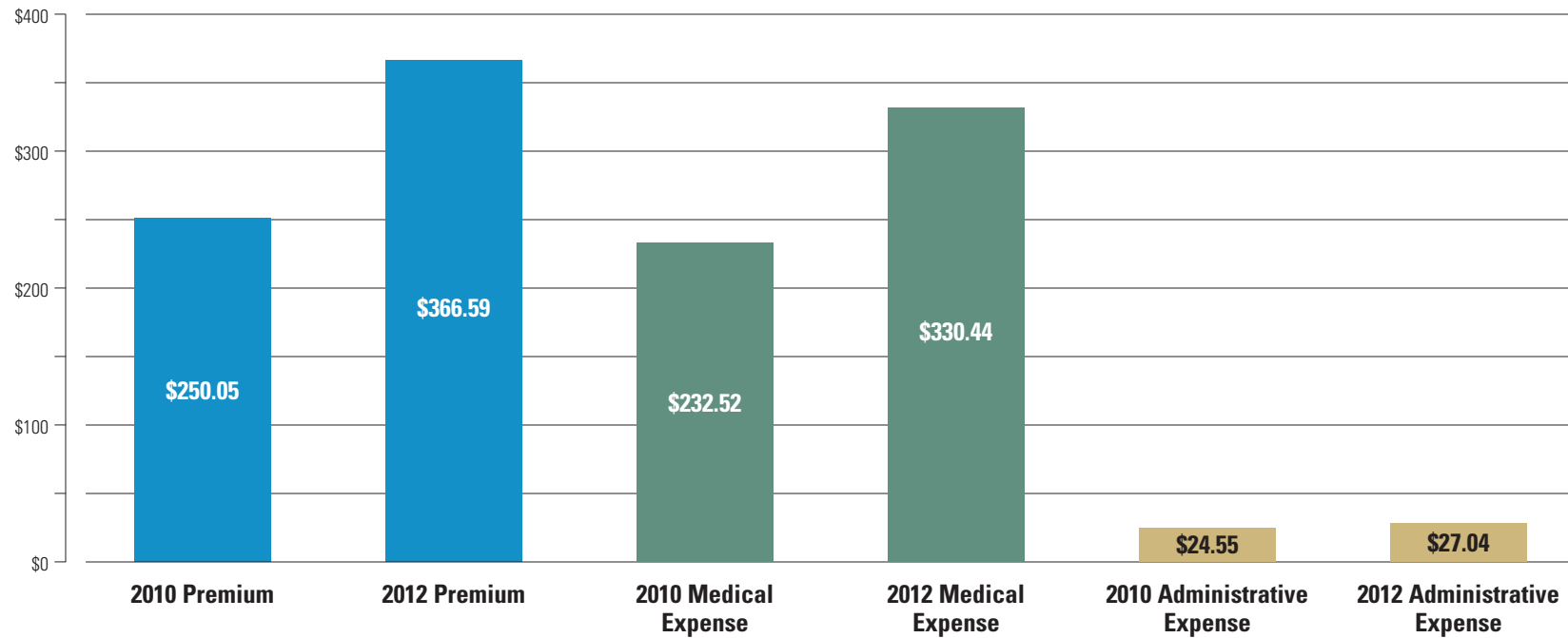


Source: Table 4.

Commercial health plans reported \$42.7 billion in total medical payments in 2012, with just \$4.2 billion through capitation arrangements. With the increased focus on payment reform nationally, enhancements to NAIC reporting requirements on payments to providers would provide a useful guide for gauging whether payment reforms are taking hold.

FIGURE 7

Average Medicaid Managed Care Premiums and Expenses for PHSPs, Per Member Per Month, 2010 and 2012

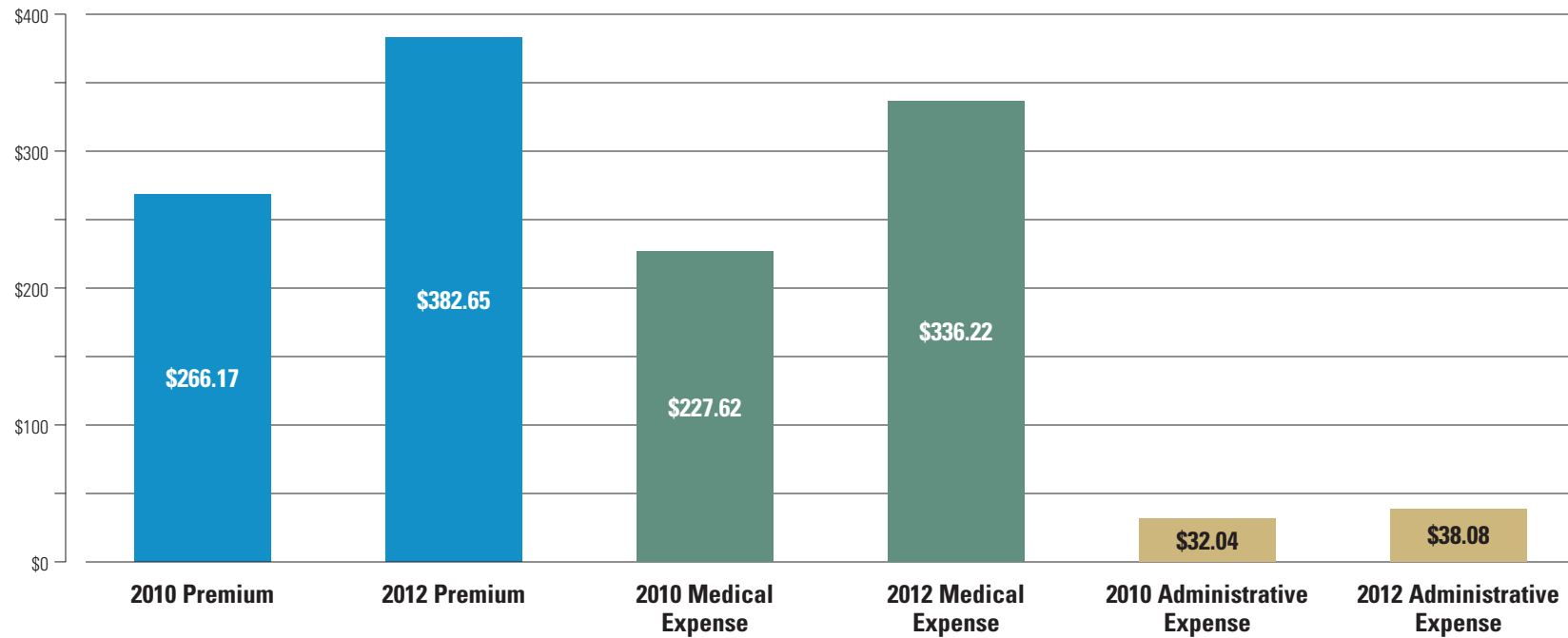


Source: For 2012, Table 5. For 2010, *Big Picture IV*, Table 8.

Per member per month (PMPM) data on Medicaid Managed Care (MMC) premiums and medical expenses shows the impact of the carve-in of drug benefits. From 2010 to 2012, average PHSP premiums rose by 46 percent, and average medical payments rose by 42 percent. The state's largest MMC plan, Fidelis Care, reported \$65.79 PMPM month in pharmacy expenses in 2012 (\$479 million), compared to \$0 PMPM in 2010. [Medicaid Managed Care Operating Reports, New York State Catholic Health Plan (Fidelis Care), 2011 and 2012, New York State Department of Health.]

FIGURE 8

Average Medicaid Managed Care Premiums and Expenses for HMOs, Per Member Per Month, 2010 and 2012

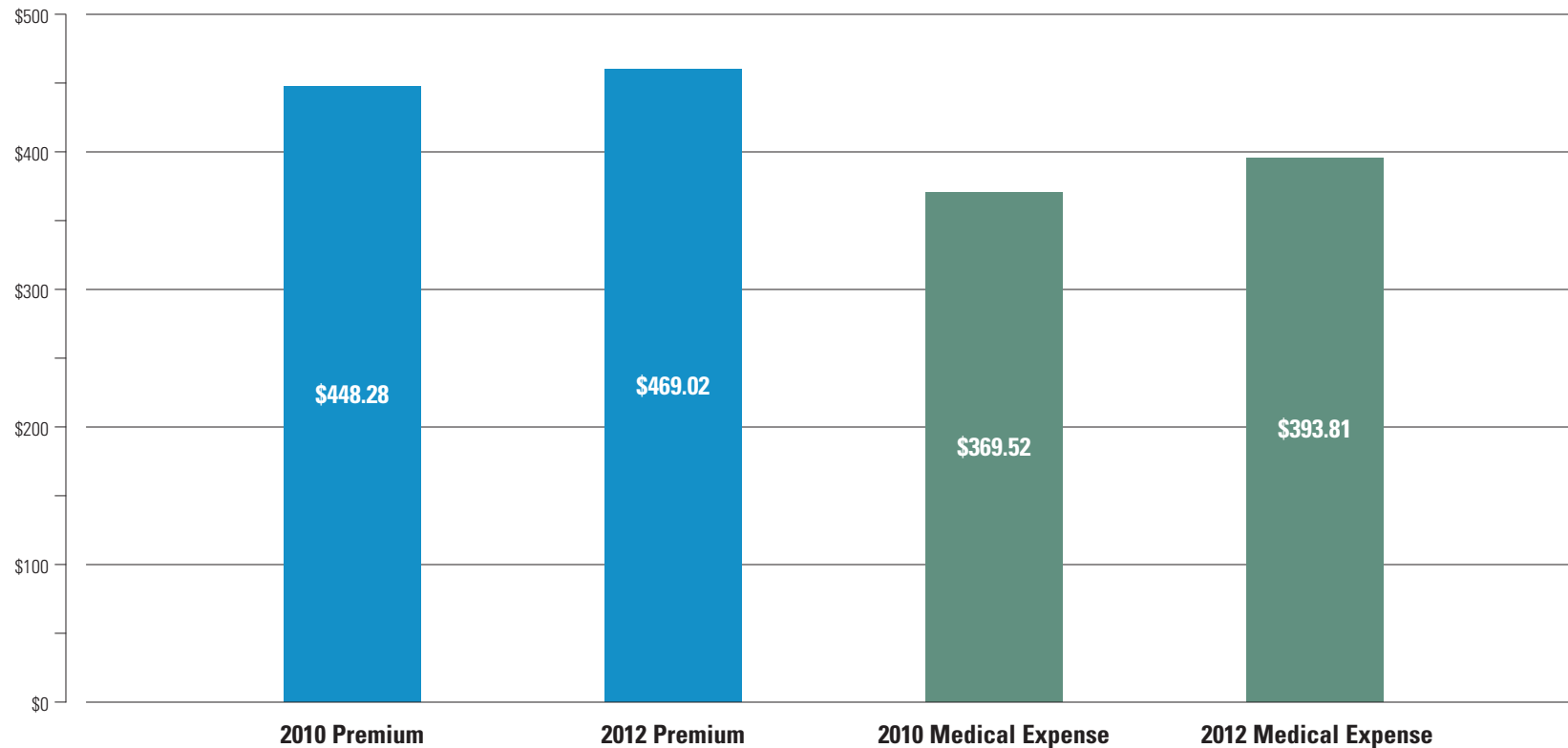


Source: For 2012, Table 5. For 2010, *Big Picture IV*, Table 8.

As was the case with PHSPs, average premiums and expenses for HMOs offering Medicaid Managed Care coverage also show the impact of the new drug benefit. HMOs reported a \$382.65 PMPM premium in 2012 (a 44 percent increase over 2010), and \$336.22 PMPM in medical expenses (a 48 percent increase over 2010).

FIGURE 9

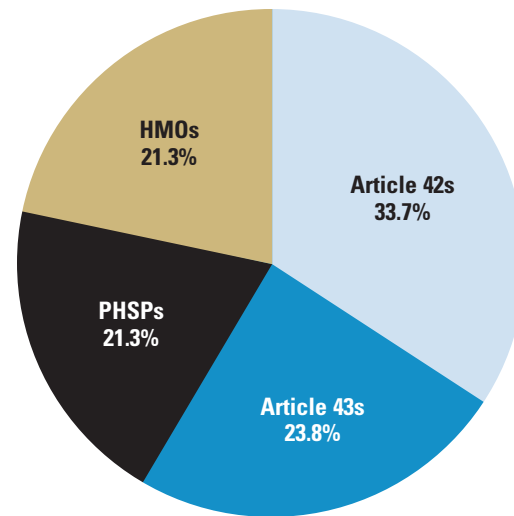
Average Comprehensive Commercial Group Coverage Premiums and Expenses for HMOs, Per Member Per Month, 2010 and 2012



Source: For 2012, Table 6. For 2010, *Big Picture IV*, Table 9.

With no major benefit changes in comprehensive group coverage benefits in 2012, HMOs reported a 4.6 percent increase in average PMPM premiums since 2010, and a PMPM medical expense that grew by an average of 6.5 percent, outpacing the growth in premiums.

FIGURE 10

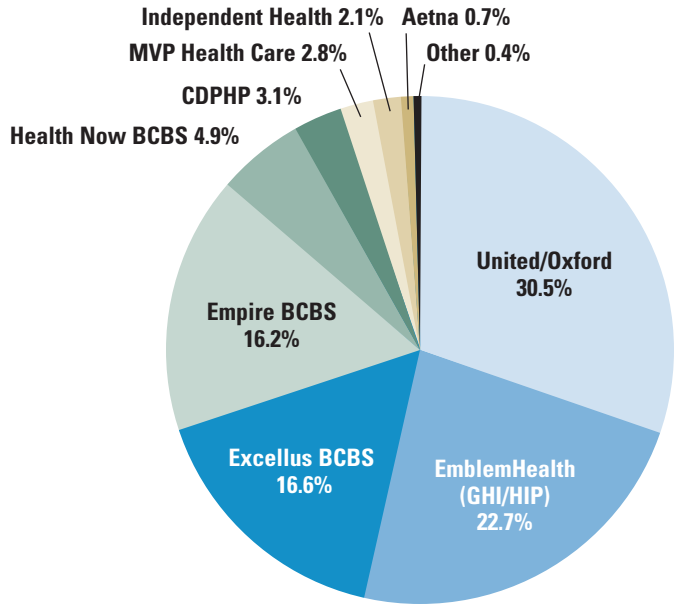
New York Health Plan Share of Enrollment by License, 2012

Source: For 2012, Table 7. For 2010 comparison, *Big Picture IV*, Figure 4.

Of the 14.13 million enrollees reported by New York health plans in 2012, Article 42 insurers (33.6 percent) and PHSPs (21.3 percent) increased their shares from 2010, while shares for HMOs and Article 43 Nonprofit insurers declined modestly.

FIGURE 11

Comprehensive Commercial Group Enrollment, Market Share by Health Plan, 2012



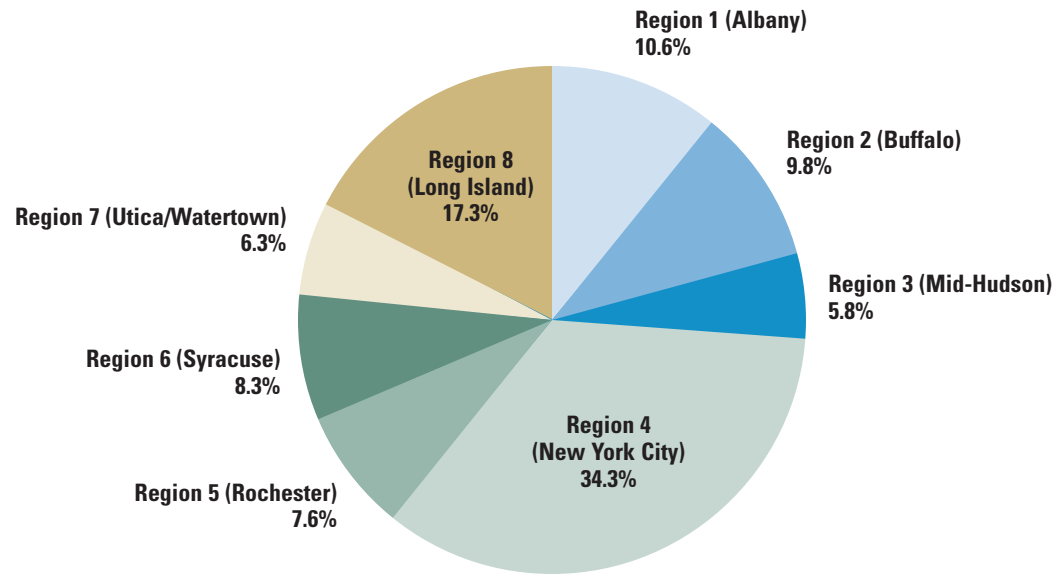
Notes: Limited to enrollment in HMO commercial groups; Article 43 Provider Service Organizations, Participating Provider Organizations, Point of Service, and Indemnity Only; and Article 42 large and small group comprehensive. Total enrollment is 7,936,532, likely including some enrollment in other states and some double-counting due to both health plan reporting methods and the joint delivery of comprehensive benefits to employer groups by more than one health plan. Results for separately licensed subsidiaries operating in New York and controlled by a common parent company are combined.

Source: For 2012, Table 7 and authors' analysis of health plan NAIC Annual Statements and New York State Data Requirements and Supplement, enrollment reports. For 2010 comparison, Big Picture IV, Figure 6.

Commercial health plans reported 7.94 million members enrolled in comprehensive group coverage in 2012, a 4.5 percent decline from 2010. UnitedHealthcare companies cemented their position as the top carrier (30.5 percent), with large growth in small group membership. Some of the overall decline in fully insured coverage is likely due to shifts to self-funded plans; a federal survey estimates that the percent of private sector employees working at firms in New York with self-funded arrangements increased from 44.4 percent in 2010, to 48.6 in 2012. [Agency for Healthcare Research and Quality, Center for Financing, Access and Cost Trends. 2010 and 2012 Medical Expenditure Panel Survey-Insurance Component, Table II.B.2.b(1).]

FIGURE 12

Comprehensive Commercial Group Enrollment by Region, 2012



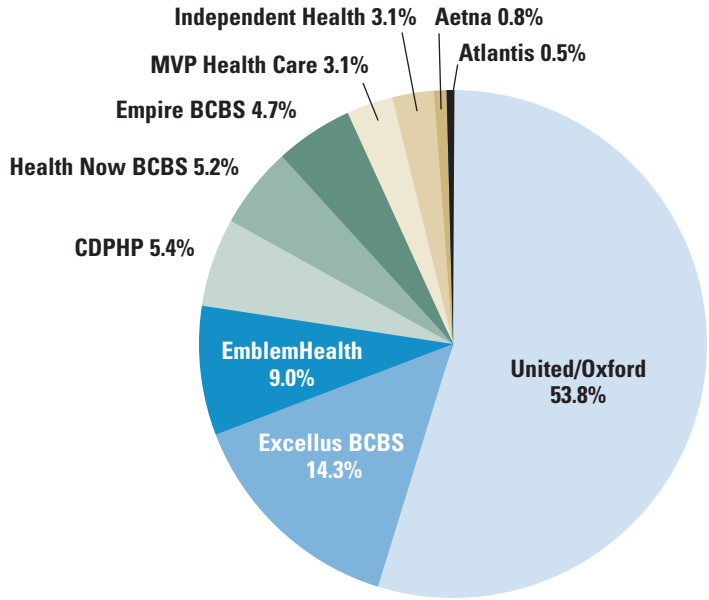
Note: Total of 7,827,206 does not include out-of-state members for Empire BCBS enrolled in NYSHIP Empire Plan.

Source: Table 8. See map at the end of this report for county-level view of regions.

Based on the new rating territories promulgated in 2013 to comply with the Affordable Care Act, the New York City area and Long Island region accounted for slightly more than half of all comprehensive group coverage in New York in 2012.

FIGURE 13

Comprehensive Small Group Coverage, Market Share by Health Plan, 2012



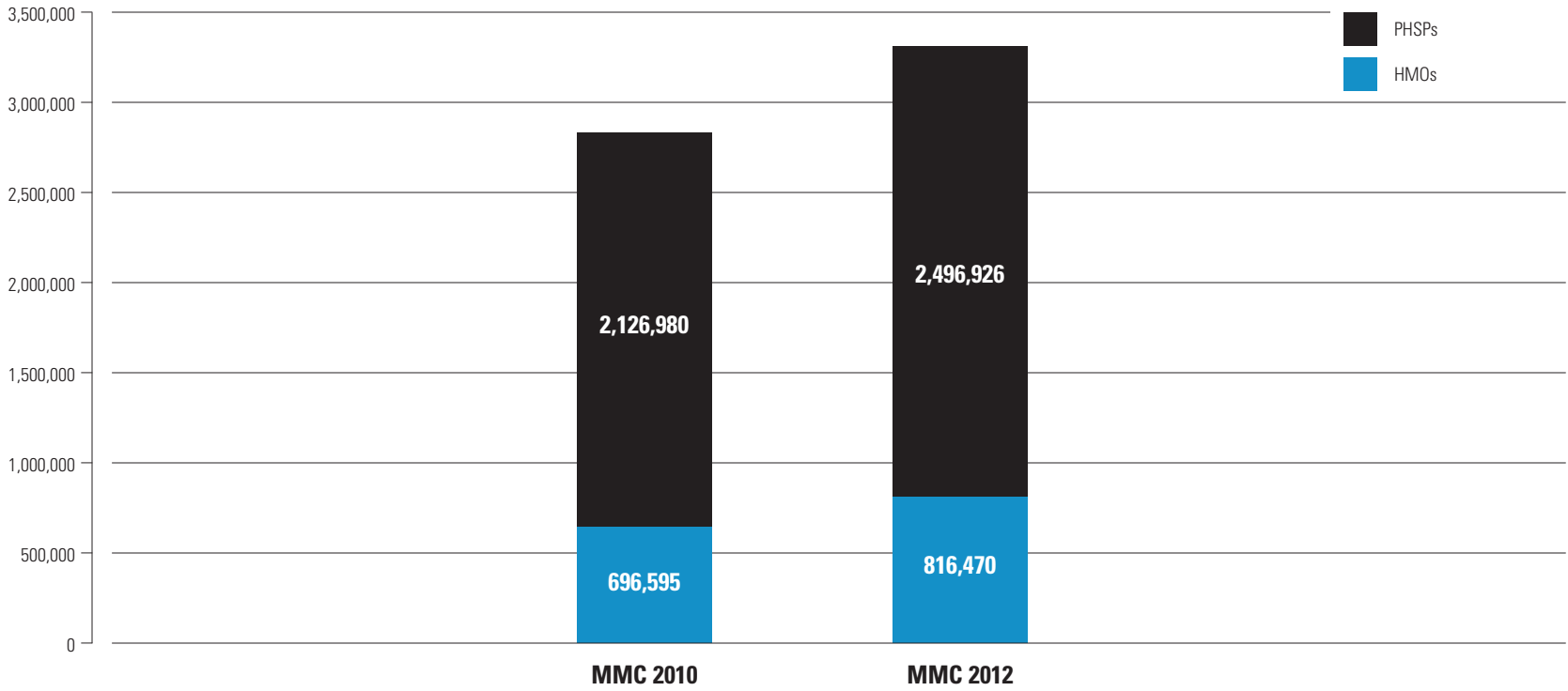
Note: Total of 1,487,219 includes New York health plans with enrollment of more than 5,000 covered lives, and does not include enrollment for Freelancers Insurance Company.

Source: Table 7 and New York State Data Requirements and Supplement, enrollment reports.

With two of its major downstate competitors retreating from the small group market in the face of significant losses, UnitedHealthcare/Oxford reported small employer enrollment of over 800,000 in 2012, well over half the market. Excellus BCBS reported over 200,000 small group members in its large upstate service area.

FIGURE 14

Medicaid Managed Care Enrollment by License, 2010 and 2012

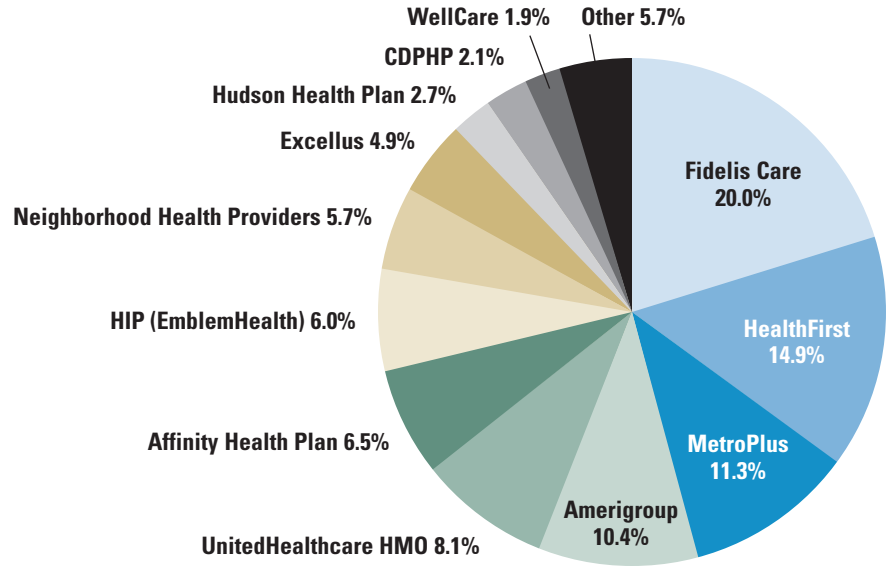


Source: Table 9.

Medicaid Managed Care enrollment grew by 17 percent from 2.8 million in 2010 to 3.3 million in 2012. HMOs and PHSPs shared proportionally in the increased enrollment, and PHSPs still cover 75 percent of total membership.

FIGURE 15

Medicaid Managed Care Enrollment, Market Share by Health Plan, 2012

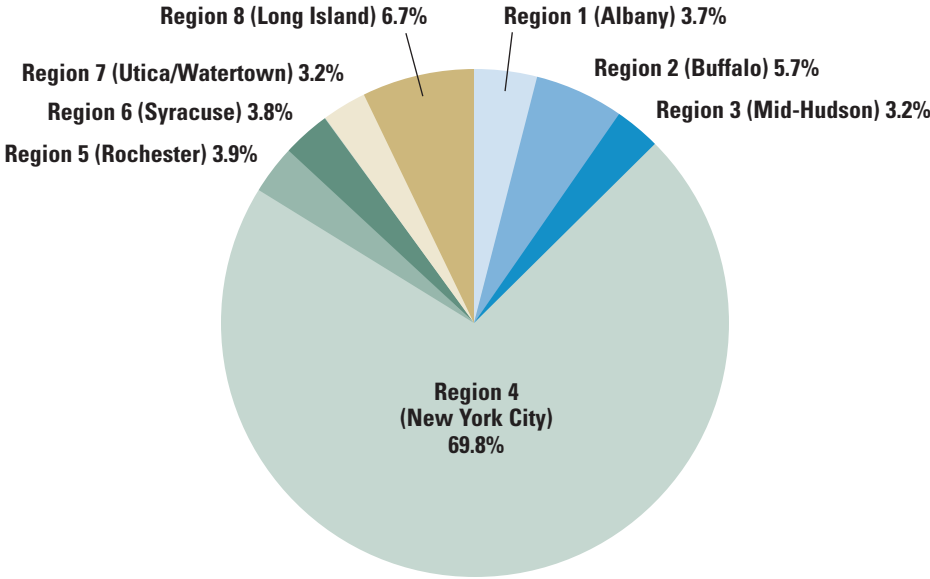


Note: Based on total Medicaid Managed Care enrollment of 3.3 million in 2012.
Source: Table 9.

Statewide PHSP Fidelis Care led all plans in MMC enrollment in 2012 (20 percent), and together with HealthFirst (15 percent, operating only in the New York City area and Long Island regions) covered more than a third of all MMC members. Fidelis Care and HealthFirst reported increased enrollment of over 180,000 and 100,000 members, respectively, in 2012, and HealthFirst’s acquisition of Neighborhood Health Providers (5.7 percent) in early 2013 narrows the enrollment difference between the two plans.

FIGURE 16

Medicaid Managed Care Enrollment by Region, 2012

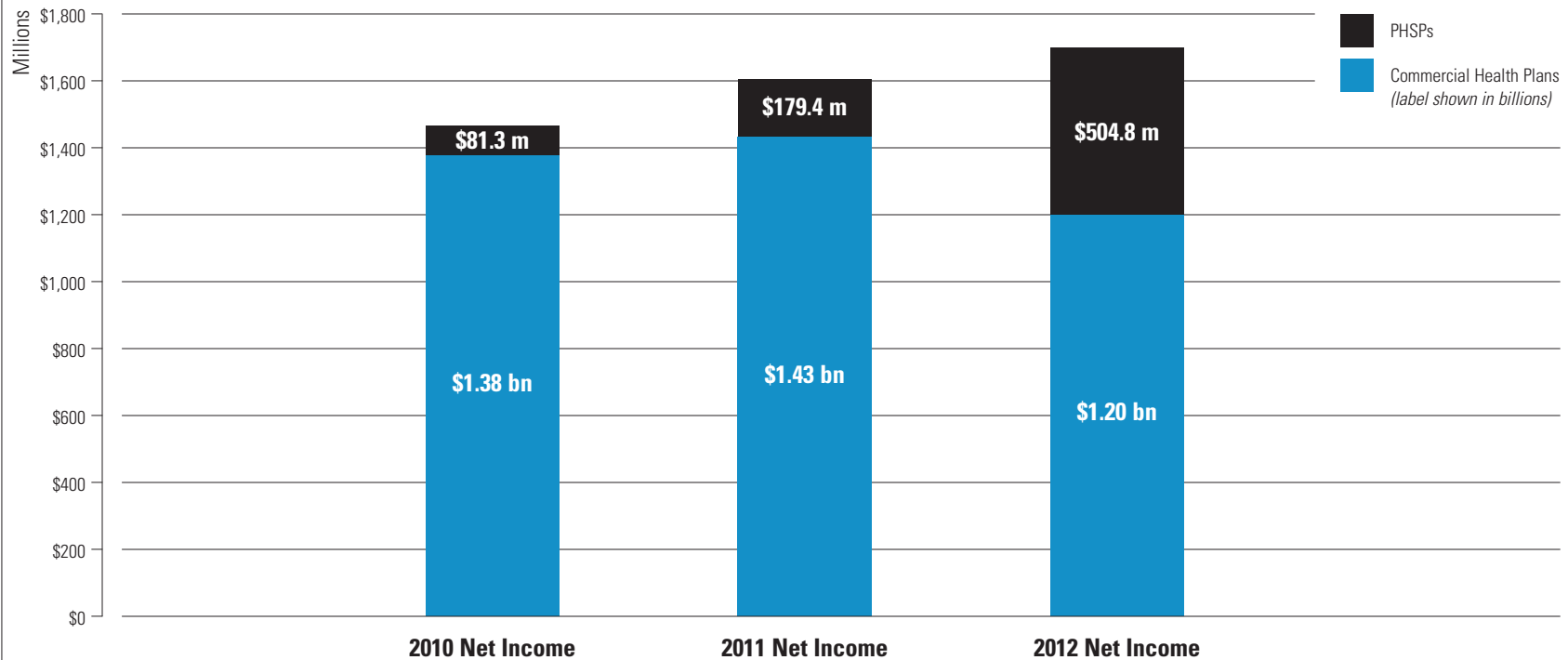


Source: Table 9. See map at the end of this report for county-level view of regions.

In contrast to the distribution of commercial group coverage, the New York City area and Long Island region accounted for 77 percent of MMC enrollment in 2012, based on the same Affordable Care Act rating regions.

FIGURE 17

Commercial Health Plan and PHSP Net Income, 2010-2012

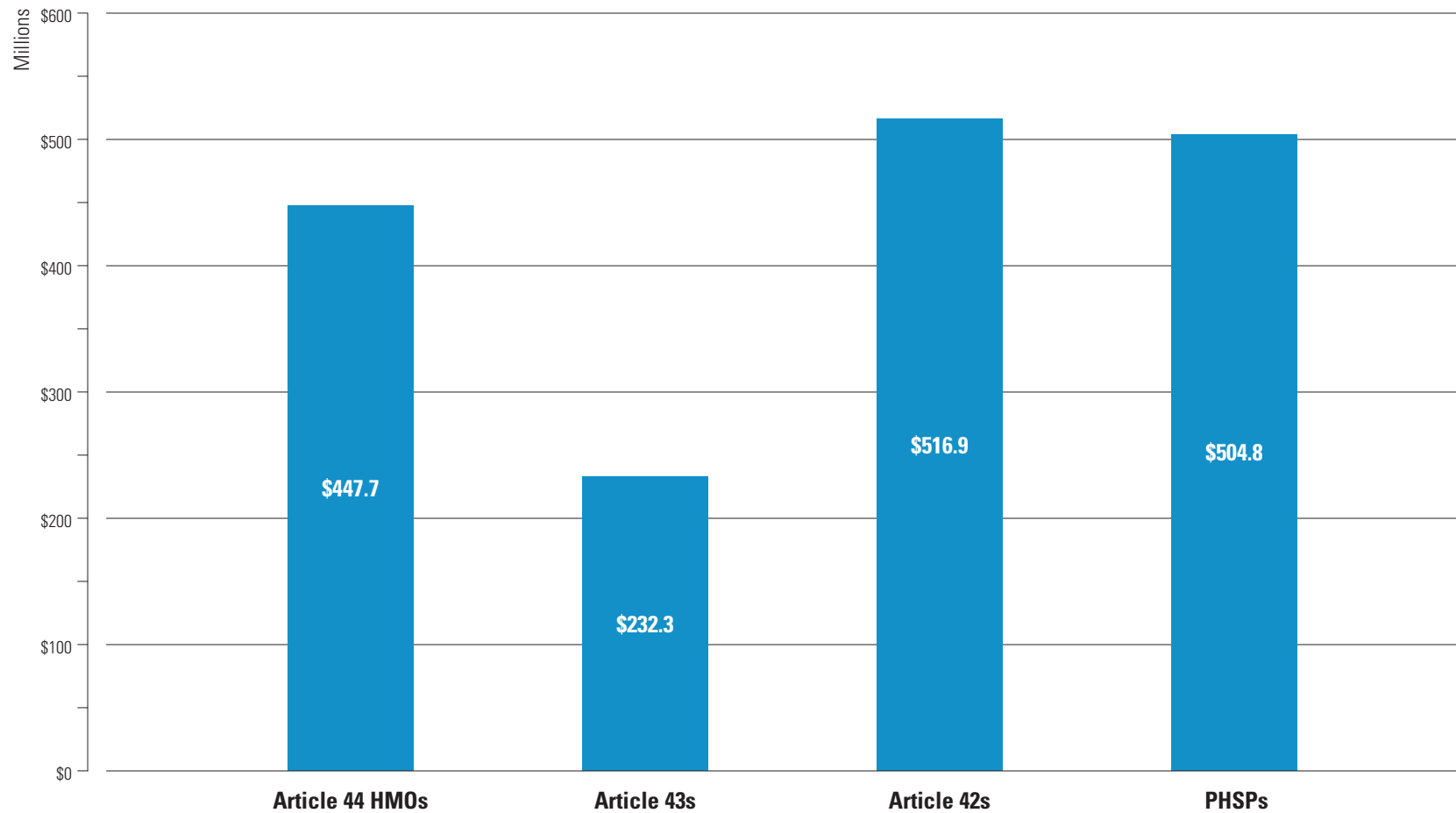


Source: For 2012, Table 1. For 2010, *Big Picture IV*, Table 1.

Commercial health plans reported net income of \$1.2 billion in 2012, a 16 percent drop from 2011, but UnitedHealthcare licensees (\$474 million) and Empire BCBS (\$375 million) reported positive returns. At the same time, net income for PHSPs grew to almost \$505 million in 2012, led by Fidelis Care (\$252.7 million) and MetroPlus (\$107 million). The results for PHSPs brought total net income for New York health plans to \$1.7 billion in 2012, compared to \$1.5 billion in 2010.

FIGURE 18

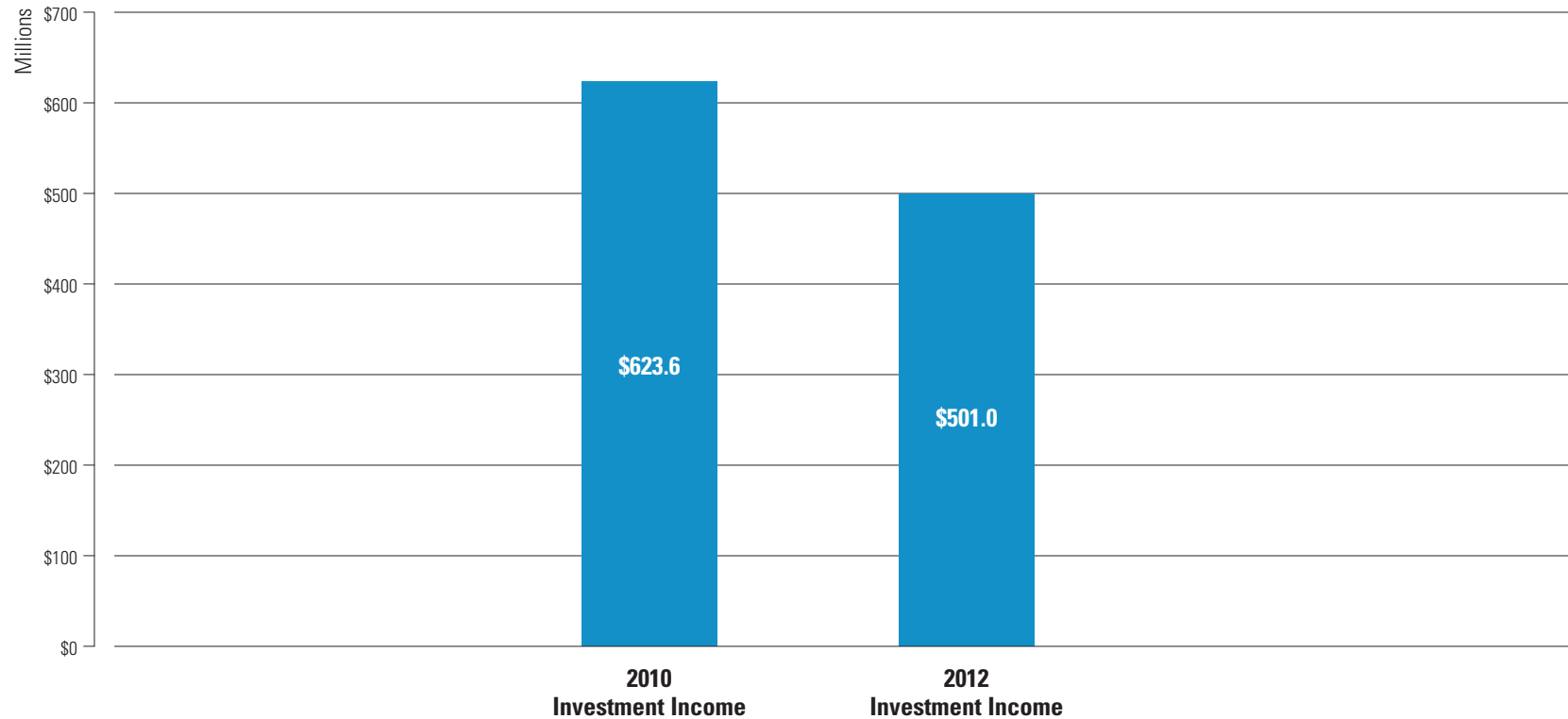
New York Health Plan Net Income by License, 2012



Source: For 2012, Table 1. For 2010, *Big Picture IV*, Table 1.

Article 43 Nonprofit insurers reported the lowest net income total among licensees, and Article 42 insurers the highest, followed closely by PHSPs.

FIGURE 19

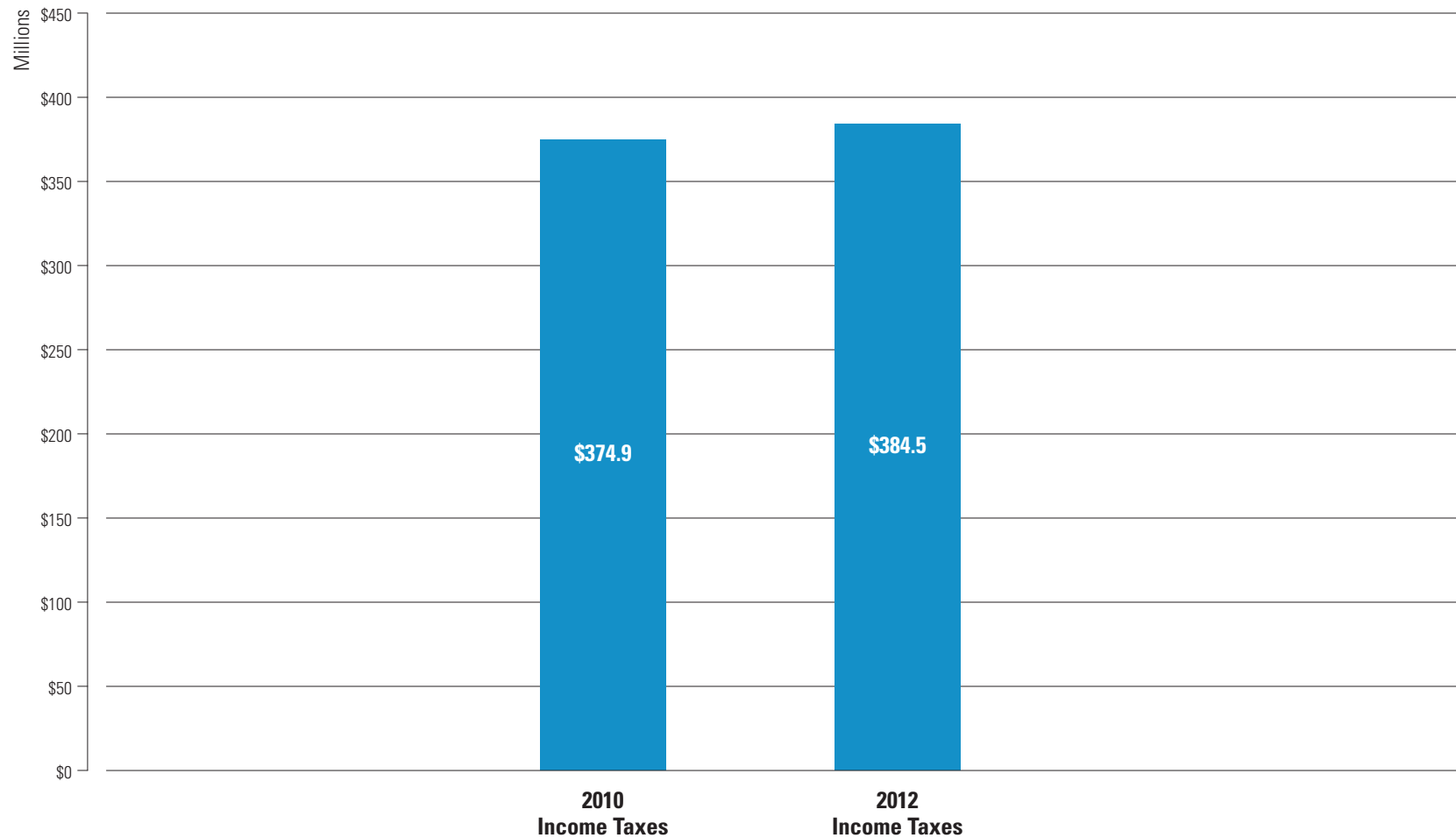
Investment Income for New York Health Plans, 2010 and 2012

Source: For 2012, Table 1. For 2010, *Big Picture IV*, Table 1.

Total investment income for New York health plans, which is included in net income calculations, declined by over \$122 million from 2012 to 2010, a 20 percent drop that is likely reflected in reduced net income.

FIGURE 20

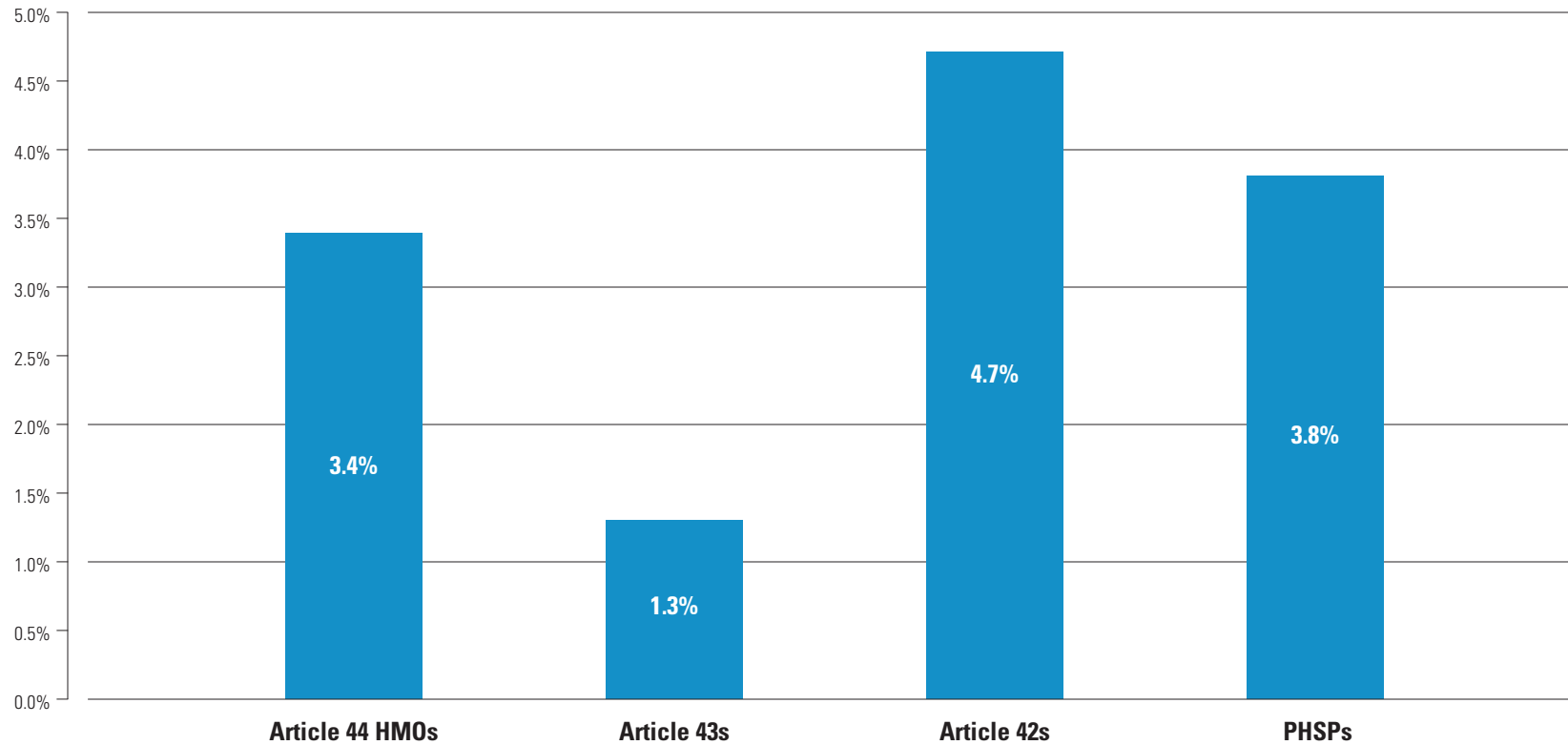
Income Taxes Paid by New York Health Plans, 2010 and 2012



Source: For 2012, Table 1. For 2010, *Big Picture IV*, Table 1.

Income taxes also affected net income in 2012, increasing to \$384.5 million in 2012 from \$375 million in 2010, with Article 44 HMOs (\$172 million) and Article 42 insurers (\$169 million) paying most of the tax bill.

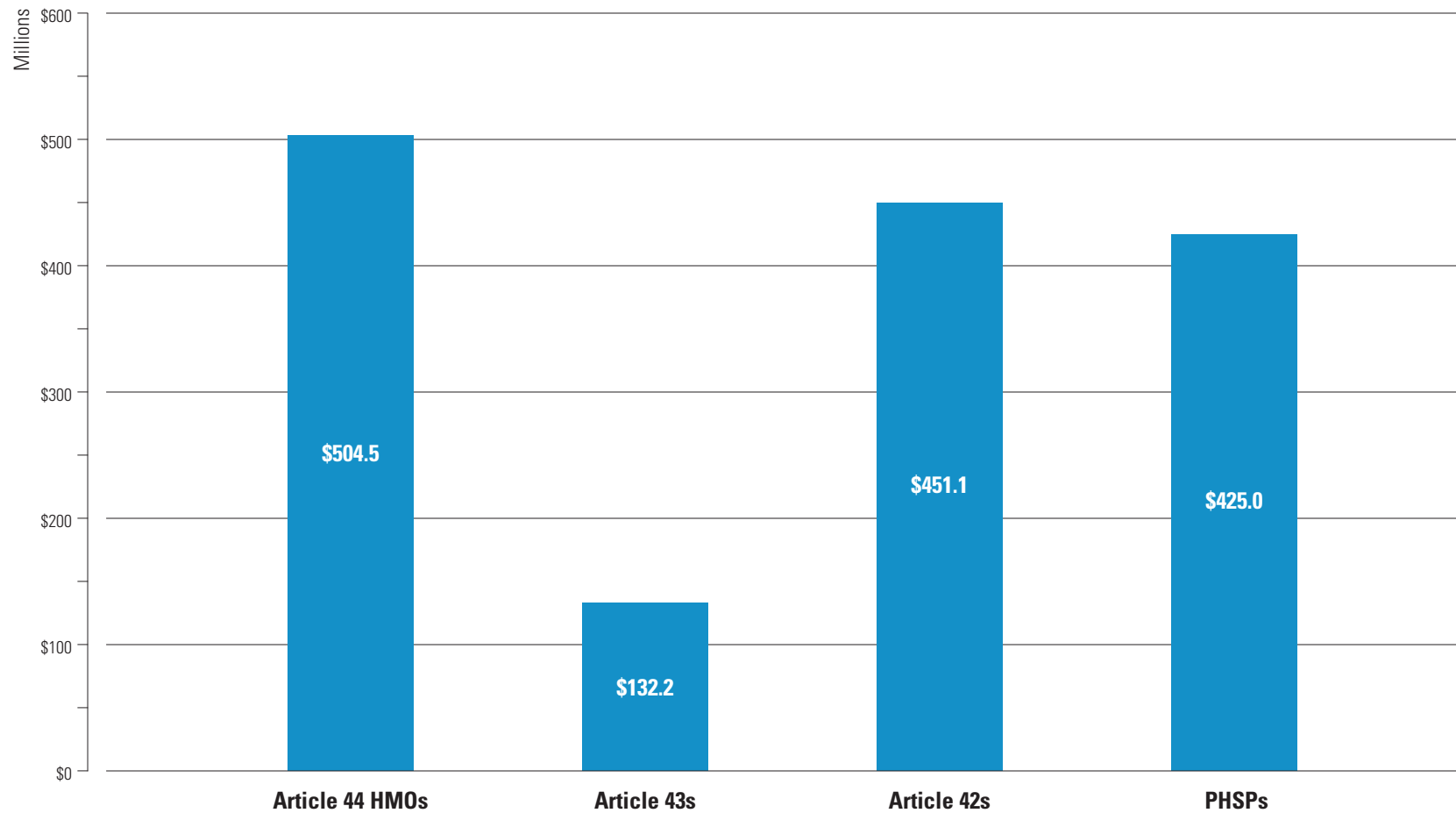
FIGURE 21

Average Margins for New York Health Plans by License, 2012

Source: Table 1.

Article 42 insurers (4.7 percent) posted the highest margins among licensees, with PHSPs (3.8 percent) not far behind. Margin represents net income (or loss) divided by total revenues.

FIGURE 22

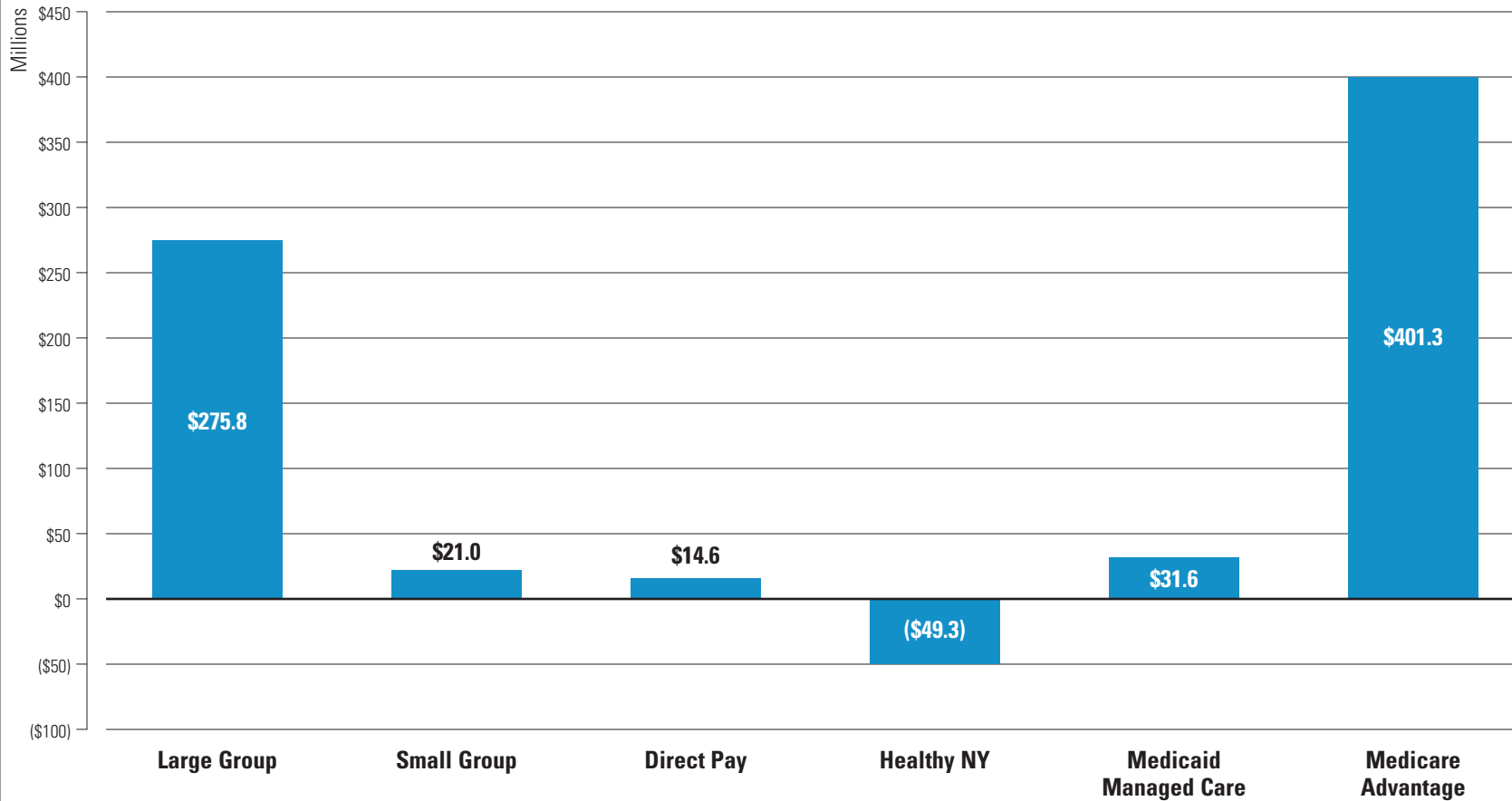
Underwriting/Operating Income for New York Health Plans, by License, 2012

Source: Table 10.

Article 44 HMOs posted the highest operating income in 2012 (\$504.5 million), and Article 43 Nonprofit insurers (\$132.2 million) the lowest.

FIGURE 23

Underwriting Income for Article 44 HMOs by Line of Business, 2012



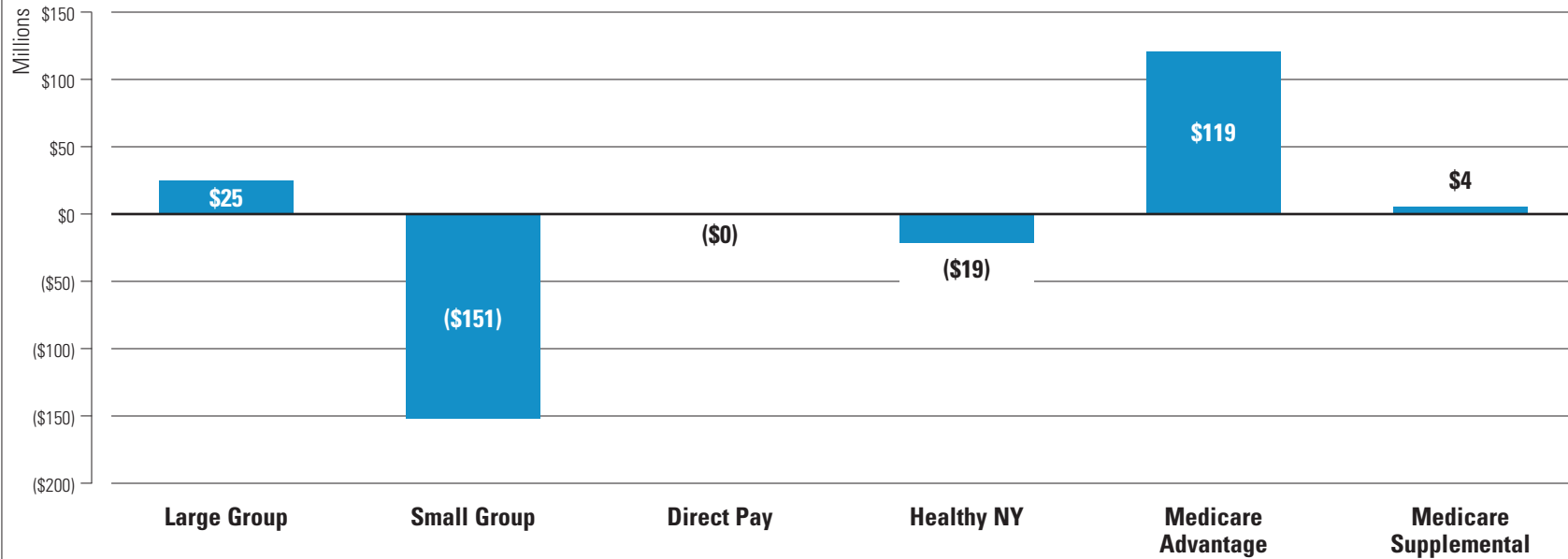
Note: Includes results for Article 43 Insurer Line-of-Business HMO operations. Direct Pay includes individual comprehensive.

Source: Table 10.

Medicare Advantage was the most profitable line of business for Article 44 HMOs, followed by large group business. Most HMOs reported small group losses, and all participating HMOs recorded losses on Healthy NY (-\$49.3 million). UnitedHealthcare HMO and HIP (EmblemHealth) reported significant gains for Medicaid Managed Care, but the remaining HMOs did not.

FIGURE 24

Article 43 Nonprofit Insurer Underwriting Income by Line of Business, 2012



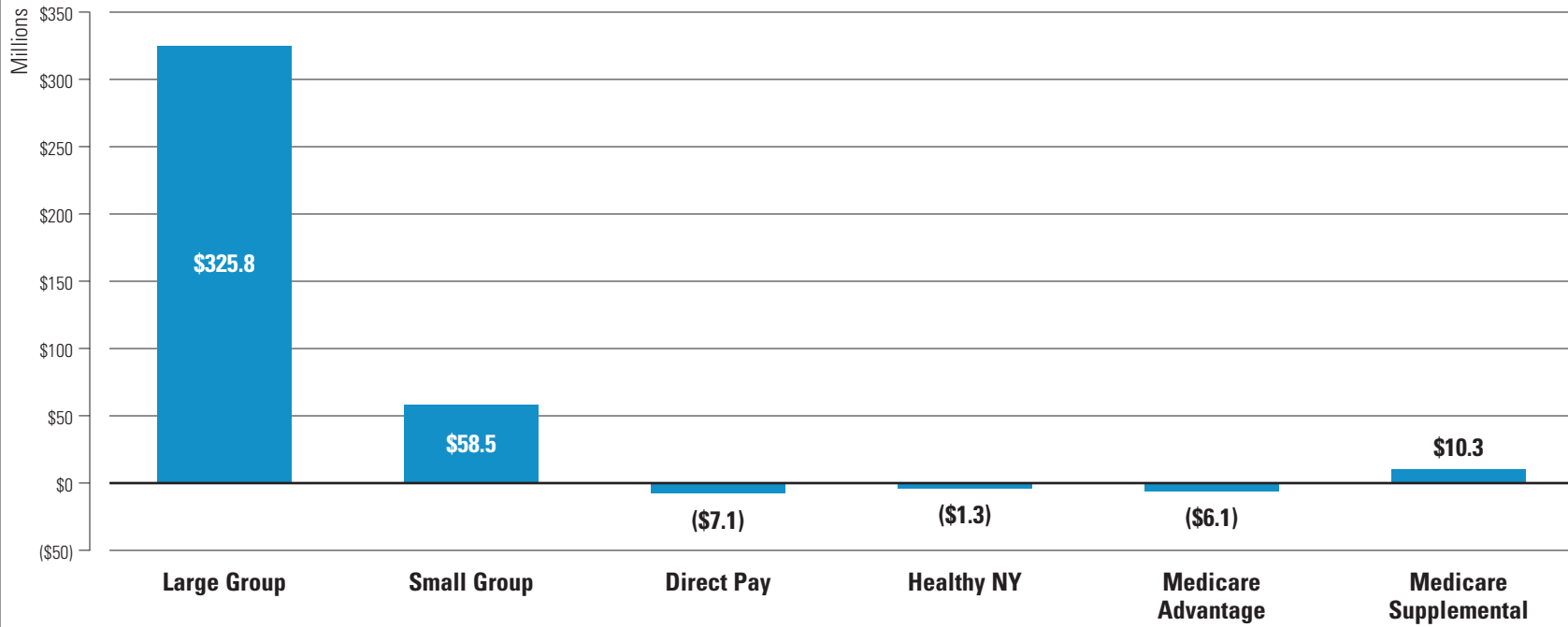
Note: Does not include results from line-of-business HMOs for HIP (EmblemHealth), HealthNow BCBS and Excellus BCBS. Direct Pay includes individual comprehensive.

Source: Table 10.

Although the Medicare Advantage line was a bright spot, Article 43 Nonprofit insurers posted large losses on small group and modest gains on large group business. The picture improves somewhat when results for Article 43 line of business HMOs are included in overall returns for HIP (\$158.4 million) and Excellus (\$23.1 million).

FIGURE 25

Article 42 Insurer Underwriting Income by Line of Business, 2012



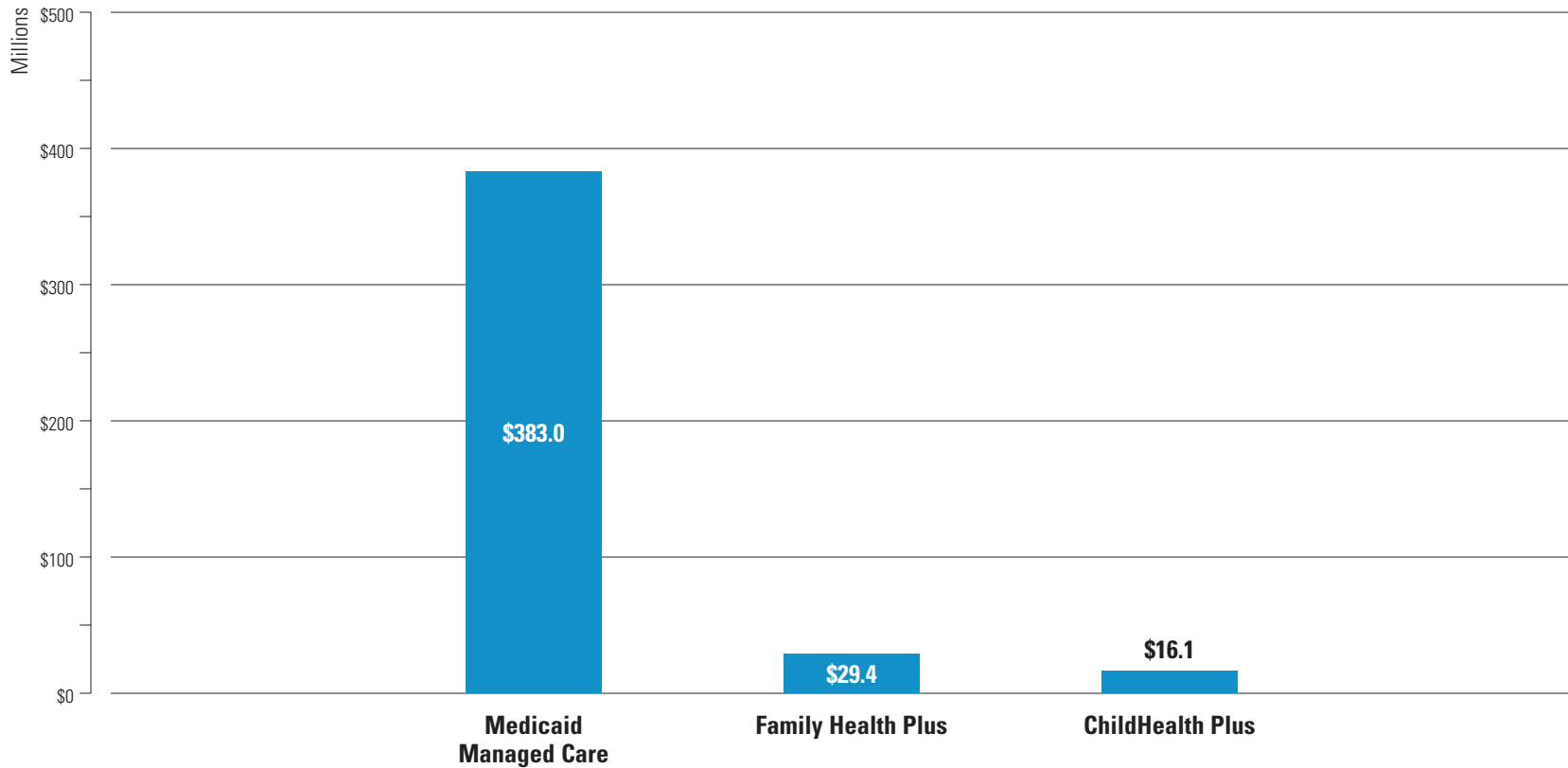
Note: Direct Pay includes individual comprehensive.

Source: Table 10.

Large group business was the most profitable line for Article 42 insurers.

FIGURE 26

PHSP Operating Income by Line of Business, 2012



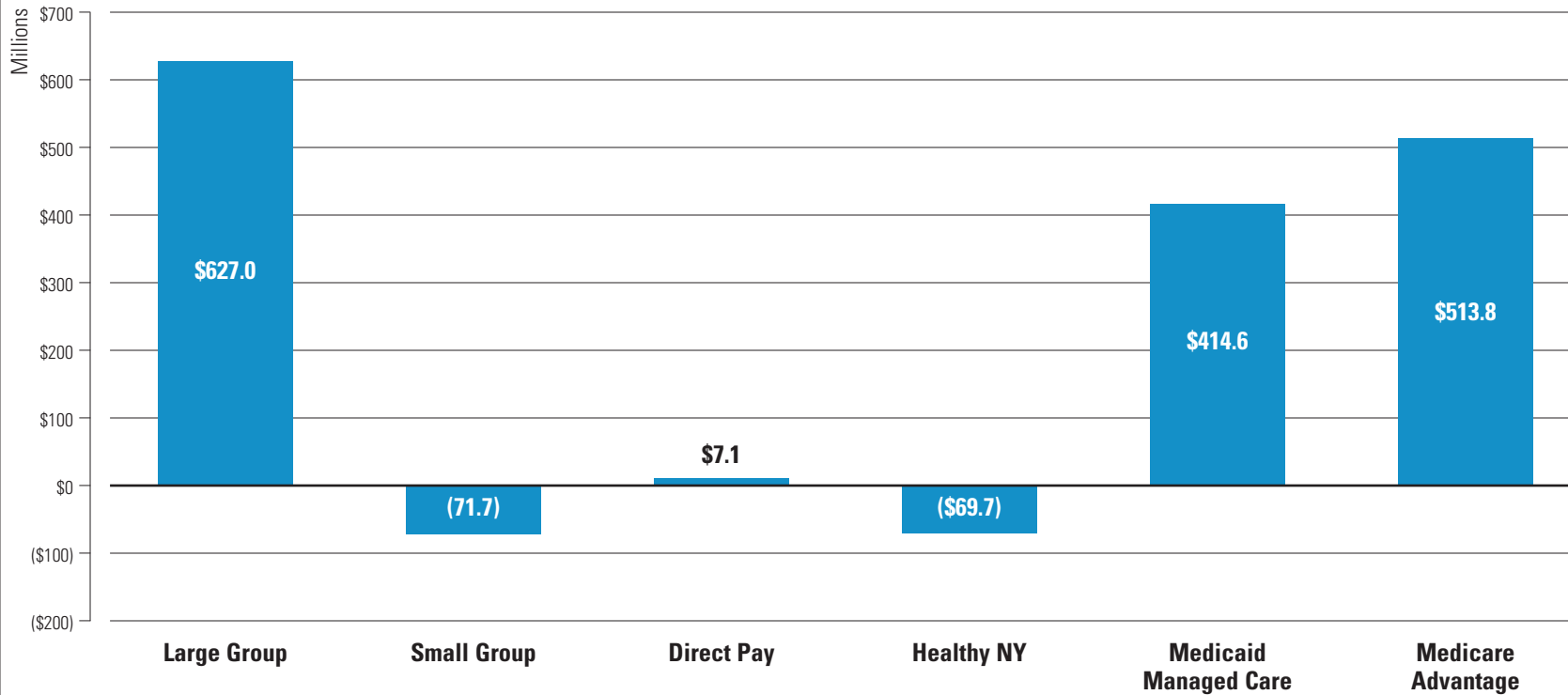
Note: PHSPs reported \$3,470,276 in losses in other lines of business, including, where applicable, Medicaid Advantage/Plus and Medicare Advantage.

Source: Table 10.

Nearly all PHSPs reported operating income in Medicaid Managed Care (\$383 million), which made up the lion's share of overall operating income (\$425 million). Those gains, and positive results in the other two major public programs, FHP and CHP, more than offset net losses in other program areas.

FIGURE 27

Summary of Underwriting/Operating Income for New York Health Plans' Major Lines of Business, 2012



Note: Direct Pay includes individual comprehensive.

Source: Table 10.

New York health plans reported the highest operating income for large group business, followed by Medicare Advantage and Medicaid Managed Care. They reported operating losses in small group and Healthy NY.

T A B L E 1

New York Health Plan Revenue and Net Income, 2012

Article 44 HMOs	Underwriting Revenue	Underwriting Income	Investment Income	Income Taxes	Net Income (Loss)	Net Income (Loss)		2011 Net Income (Loss)
						Margin	Per Member Per Month	
Aetna Health	\$626,808,012	\$86,292,372	\$12,706,552	\$25,413,209	\$73,585,715	11.7%	\$78.69	\$28,967,374
Arcadian Health Plan (Humana)	6,724,437	(3,288,605)	1,152	(128,124)	(3,158,833)	-47.0%	(364.09)	181,438
Atlantis Health Plan	75,492,024	515,734	3,738	NA	870,636	1.2%	4.90	(2,206,065)
CDPHP	1,237,874,224	30,365,375	11,374,447	NA	41,745,822	3.4%	14.97	44,314,737
Catholic Special Needs Plan	37,106,025	164,487	38,650	NA	203,137	0.5%	14.81	3,356,253
Cuatro LLC	19,724,717	(4,303,935)	NA	NA	(4,303,935)	-21.8%	(256.71)	(3,240,305)
ElderPlan	514,694,188	10,829,508	1,140,401	NA	11,969,909	2.3%	46.68	(21,317,230)
Empire BCBS HMO	1,699,470,621	86,064,034	33,830,159	36,753,423	83,798,732	4.9%	29.95	104,568,697
GHI HMO (EmblemHealth)	27,509,300	4,421,534	631,813	NA	4,992,655	18.1%	107.55	1,903,051
Independent Health Association	1,354,900,947	(62,944,675)	11,508,895	422,248	(49,402,818)	-3.7%	(22.95)	28,846,067
Managed Health (HealthFirst)	1,472,363,249	13,121,603	4,098,413	NA	16,666,304	1.1%	13.64	22,861,332
MVP Health Plan	1,959,820,495	50,380,354	12,165,106	(122,712)	61,237,902	3.1%	19.72	75,485,734
Oxford Health Plan (UnitedHealthcare)	2,524,202,591	150,843,982	16,490,211	58,083,263	108,265,395	7.2%	43.40	148,010,333
Quality Health Plans	221,756	(2,837,476)	250,289	NA	(2,587,187)	-1,166.7%	(9,511.72)	7,273
Senior Whole Health	27,557,130	(8,664,336)	955	NA	(8,663,381)	-31.4%	(865.47)	(3,819,174)
Touchstone Health HMO	157,075,488	(1,760,600)	(423,101)	NA	(1,544,376)	-1.0%	(11.04)	5,685,728
UnitedHealthcare HMO	1,607,254,582	156,085,247	9,850,517	54,132,391	111,725,635	7.0%	28.09	80,917,276
Article 44 Subtotals	13,348,595,934	504,487,315	114,578,671	172,339,953	447,706,431	3.4%	20.30	499,509,754
Article 43 Nonprofit Insurers	Underwriting Revenue	Underwriting Income	Investment Income	Income Taxes	Net Income (Loss)	Margin	Net Income (Loss) Per Member Per Month	2011 Net Income (Loss)
CDPHP Universal Benefits	\$537,713,628	(\$27,283,199)	\$1,233,196	\$0	(\$26,050,003)	-4.8%	(\$17.81)	\$11,124,708
Excellus BCBS	6,000,833,394	44,144,556	85,206,426	(1,683,689)	105,742,878	1.8%	5.46	223,287,450
Group Health Inc. (EmblemHealth)	3,571,258,239	(67,595,519)	18,553,770	29,131	(51,880,590)	-1.5%	(2.70)	(32,989,343)
HIP (EmblemHealth)	4,998,965,159	159,982,133	19,311,589	NA	173,891,462	3.5%	20.00	201,099,047
HealthNow BCBS	2,459,696,157	25,597,281	32,977,231	7,736,000	31,482,723	1.3%	5.55	3,942,314
Independent Health Benefits	508,175,142	(2,311,702)	1,558,646	(134,650)	(666,464)	-0.1%	(0.48)	(601,591)
Article 43 Subtotals	18,076,610,501	132,222,010	158,961,618	5,946,394	232,329,625	1.3%	4.17	411,436,909

T A B L E 1 (continued)

New York Health Plan Revenue and Net Income, 2012

Article 42 Accident and Health Insurers	Underwriting Revenue	Underwriting Income	Investment Income	Income Taxes	Net Income (Loss)	Margin	Net Income (Loss) Per Member Per Month	2011 Net Income (Loss)
Aetna Health Insurance Co. of NY	\$3,565,229	\$551,389	\$169,951	\$239,670	\$481,670	13.5%	\$2.44	\$1,237,537
Empire BCBS	5,125,526,198	163,050,323	144,225,101	49,615,805	291,014,718	5.7%	12.49	329,751,199
Freelancers Insurance Co.	105,921,928	9,592,744	603,985	3,662,938	6,535,616	6.2%	22.73	6,125,120
HIP Insurance Co. (EmblemHealth)	169,584,749	(18,298,547)	1,014,014	(4,470,397)	(13,593,022)	-8.0%	(29.33)	(6,957,594)
Humana Insurance Co. of NY	146,739,645	1,882,550	2,746,194	1,535,130	3,093,643	2.1%	3.34	15,666,354
MVP Health Insurance	695,600,116	(27,523,200)	4,779,408	911	(22,744,703)	-3.3%	(11.09)	(46,655,145)
Oxford Health Insurance (UnitedHealthcare)	2,826,108,895	223,366,847	16,677,882	77,004,778	160,702,434	5.7%	13.05	161,718,006
United Healthcare Insurance Co.	1,928,694,188	98,769,883	36,381,083	40,086,529	93,712,422	4.9%	3.60	86,098,763
Article 42 Subtotals	11,004,077,308	451,130,146	206,597,779	169,494,414	516,921,315	4.7%	7.89	516,859,055
Totals (Articles 44, 43, and 42)	42,429,283,743	1,088,885,743	480,138,068	347,780,761	1,196,957,371	2.8%	8.35	1,427,805,718

Prepaid Health Services Plans	Revenue	Operating Income	Investment Income	Income Taxes	Net Income (Loss)	Margin	Net Income (Loss) Per Member Per Month	2011 Net Income (Loss)
Affinity Health Plan	\$1,146,220,108	(\$2,915,123)	\$1,928,135	\$0	(\$11,109,074)	-1.0%	(\$4)	\$1,177,922
Amerigroup*	1,383,473,622	49,005,982	1,090,915	15,456,416	29,093,139	2.1%	7.32	(5,066,206)
HealthFirst	2,434,972,537	(5,037,996)	3,392,261	NA	51,886	0.0%	0.01	(16,592,161)
HealthPlus*	424,695,342	44,848,938	(4,303,116)	NA	47,204,690	11.1%	35.95	14,418,898
Hudson Health Plan	545,189,009	25,394,045	115,435	NA	25,595,457	4.7%	18.29	2,706,948
Liberty Health Advantage	53,193,109	(91,482)	(281,221)	48,622	1,090,002	2.0%	19.49	1,964,660
MetroPlus	2,059,075,346	99,136,302	1,634,460	NA	107,163,548	5.2%	20.57	70,047,829
Neighborhood Health Providers	922,685,597	5,640,206	2,505,659	NA	10,019,214	1.1%	3.89	(21,744,437)
NYS Catholic Health Plan (Fidelis Care)	3,277,474,887	159,529,579	13,118,966	NA	252,697,631	7.7%	26.89	67,998,128
SCHC Total Care	145,264,087	(4,225,987)	161,141	NA	(4,581,192)	-3.2%	(10.73)	(1,006,817)
Univera Community Health	197,698,748	8,092,149	609,604	NA	4,359,189	2.2%	7.37	4,426,332
WellCare	748,613,844	45,641,375	858,668	21,195,006	43,221,680	5.8%	33.62	46,616,734
PHSP Total	13,338,556,236	425,017,988	20,830,907	36,700,044	504,806,170	3.8%	14.03	179,366,728

*Amerigroup acquired HealthPlus as of May 2012. Data here for HealthPlus based on first months of year, plus runoff of claims. Amerigroup was acquired by WellPoint, Inc., in December 2012; the new company is known as HealthPlus Amerigroup.

Note: The following companies are excluded from this table because they had no enrollment in 2012 and were only dealing with the runoff of claims from prior years: CIGNA (net income of \$815,361), HealthNet HMO of NY (UnitedHealthcare, \$459,108), Essence Healthcare (1,0350,650), HealthNet Insurance of NY (UnitedHealthcare, -2,284,494), Preferred Assurance (MVP Healthcare, -\$190,381), and WellCare Health Insurance (\$3,031). However, the data from those companies is included in the Subtotal rows for each category. For PHSPs, net income totals for some health plans may reflect revenue adjustments not included under column headings.

Sources: Authors' analysis of health plan NAIC Annual Statements, Statement of Revenues and Expenses; Medicaid Managed Care Operating Reports.

T A B L E 2

Commercial Health Plan Surplus and Risk-Based Capital Ratios, 2012 and 2011

Article 44 HMOs	2012 Surplus	2011 Surplus	Change	Months of Surplus	Risk-Based Capital Ratio*	
					2012	2011
Aetna Health	\$247,137,990	\$208,648,285	\$38,489,705	5.49	1,433%	1,266%
Arcadian Health Plan (Humana)	5,035,327	2,063,246	2,972,081	6.03	669%	333%
Atlantis Health Plan	593,182	-4,347,288	4,940,470	0.09	21%	-115%
CDPHP	325,009,890	315,987,862	9,022,028	3.23	666%	752%
Catholic Special Needs Plan	7,142,620	6,871,121	271,499	2.32	503%	559%
CIGNA Healthcare	26,549,012	25,609,858	939,154	5,138.19	8,195%	7,390%
Cuatro LLC	20,963	-733,904	754,867	0.01	2%	-80%
ElderPlan	72,462,527	58,894,904	13,567,623	1.73	375%	396%
Empire BCBS HMO	548,842,074	495,712,723	53,129,351	4.08	950%	792%
Essence Healthcare	2,999,450	1,912,829	1,086,621	-34.05	70,081%	158%
GHI HMO (EmblemHealth)	40,955,812	35,947,184	5,008,628	21.29	3,096%	3,067%
Independent Health Association	411,759,888	452,658,874	-40,898,986	3.48	987%	1,435%
Managed Health (HealthFirst)	207,446,884	184,917,375	22,529,509	1.71	422%	400%
MVP Health Plan	345,117,199	298,381,521	46,735,678	2.17	629%	551%
Oxford Health Plan** (UnitedHealthcare)	425,219,771	533,563,533	-108,343,762	2.15	251%	336%
Quality Health Plans	1,491,207	1,532,344	-41,137	5.85	1,734%	768%
Senior Whole Health	103,126	820,540	-717,414	0.03	5%	48%
Touchstone Health HMO	880,876	2,536,179	-1,655,303	0.07	23%	28%
UnitedHealthcare HMO	323,900,387	226,319,829	97,580,558	2.68	661%	621%
Article 44 Totals/Averages	2,992,668,185	2,847,297,015	145,371,170	2.80	574%	589%
Article 43 Nonprofit Insurers	2012 Surplus	2011 Surplus	Change	Months of Surplus	Risk-Based Capital Ratio*	
CDPHP Universal Benefits	\$15,356,808	\$40,912,523	-\$25,555,715	0.33	86%	322%
Excellus BCBS	1,287,725,714	1,267,308,281	20,417,433	2.59	602%	631%
Group Health Inc. (EmblemHealth)	120,246,621	144,949,451	-24,702,830	0.40	93%	114%
HIP (EmblemHealth)	1,496,757,394	1,347,512,858	149,244,536	3.71	753%	752%
HealthNow BCBS	565,254,815	528,908,093	36,346,722	2.79	661%	623%
Independent Health Benefits	100,182,540	101,176,555	-994,015	2.35	485%	531%
Preferred Assurance (MVP Healthcare)	8,569,433	8,641,714	-72,281	366.84	42,206%	290%
Article 43 Totals/Averages	3,594,093,325	3,439,409,475	154,683,850	2.40	540%	549%

T A B L E 2 (continued)

Commercial Health Plan Surplus and Risk-Based Capital Ratios, 2012 and 2011

Article 42 Accident and Health Insurers	2012 Surplus	2011 Surplus	Change	Months of Surplus	Risk-Based Capital Ratio*	
					2012	2011
Aetna Health Insurance Co. of NY	\$10,622,330	\$10,132,370	\$489,960	42.29	1,414%	1,349%
Empire BCBS	1,708,431,742	1,442,300,382	266,131,360	4.13	771%	603%
Freelancers Insurance Co.	22,988,634	17,535,824	5,452,810	2.86	733%	543%
HIP Insurance Co. (EmblemHealth)	39,997,196	12,253,134	27,744,062	2.55	547%	180%
Humana Insurance Co. of NY	64,227,236	71,866,736	-7,639,500	5.32	1,557%	1,208%
MVP Health Insurance	102,900,406	123,102,692	-20,202,286	1.71	436%	480%
Oxford Health Insurance (UnitedHealthcare)	717,521,985	573,727,059	143,794,926	3.31	822%	683%
UnitedHealthcare Insurance Co.	570,997,251	572,674,994	-1,677,743	3.74	10,383%	10,517%
Article 42 Totals/Averages	3,237,686,780	2,823,593,191	414,093,589	3.68	916%	761%

* NAIC guidelines require state regulators to take inspection and enforcement actions when health plans do not maintain a risk-based capital ratio of 200%.

** Oxford Health Plan's surplus reflects elimination of \$721.8 million in 2012 and \$573.7 million in 2011 of investments in subsidiary Oxford Health Insurance.

Note: CIGNA, Health Net of NY (HMO and Insurance Company), Preferred Assurance, and WellCare Health Insurance of NY had no enrollment in 2012 and are not included in this table.

Source: Authors' analysis of health plan NAIC Annual Statements, Five-year Historical Summary.

T A B L E 3

Administrative Expenses for New York Health Plans, 2012 and 2010

Article 44 HMOs	Administrative Expenses	As a % of Revenues	Per Member Per Month	
			2012	2010
Aetna Health	\$59,438,733	9.5%	\$63.56	\$45.37
Arcadian Health Plan (Humana)	2,067,047	30.7%	238.25	165.66
Atlantis Health Plan	18,616,801	24.7%	104.68	78.53
CDPHP	129,867,681	10.5%	46.57	42.38
Catholic Special Needs Plan	11,121,983	30.0%	811.11	640.55
Cuatro LLC	6,030,993	30.6%	359.72	207.27
ElderPlan	83,673,849	16.3%	326.32	202.98
Empire BCBS HMO	145,185,140	8.5%	51.89	43.25
GHI HMO (EmblemHealth)	3,919,646	14.2%	84.44	124.26
Independent Health Association	150,795,802	11.1%	70.06	50.16
Managed Health (HealthFirst)	199,260,480	13.5%	163.12	160.52
MVP Health Plan	157,834,884	8.1%	50.83	48.91
Oxford Health Plan (UnitedHealthcare)	318,687,328	12.6%	72.31	67.22
Quality Health Plans	2,421,742	1,092.1%	8,903.46	2,652.18
Senior Whole Health	8,277,402	30.0%	826.91	562.92
Touchstone Health HMO	22,116,444	14.1%	158.06	167.81
UnitedHealthcare HMO	195,763,277	12.2%	49.22	40.33
Article 44 Subtotals/Averages	1,515,786,680	11.4%	68.73	58.62
Article 43 Nonprofit Insurers	Administrative Expenses	As a % of Revenues	Per Member Per Month	
			2012	2010
CDPHP Universal Benefits	\$76,756,097	14.3%	\$52.47	\$44.76
Excellus BCBS	634,225,850	10.6%	32.74	31.48
Group Health Inc. (EmblemHealth)	412,759,995	11.6%	21.46	20.28
HIP (EmblemHealth)	535,003,232	10.7%	61.54	53.46
HealthNow BCBS	242,297,399	9.9%	42.73	40.68
Independent Health Benefits	66,004,466	13.0%	47.48	37.19
Article 43 Subtotals/Averages	1,967,047,039	10.9%	35.24	32.51

T A B L E 3 (continued)

Administrative Expenses for New York Health Plans, 2012 and 2010

Article 42 Accident and Health Insurers	Administrative Expenses	As a % of Revenues	Per Member Per Month	
			2012	2010
Aetna Health Insurance Co. of NY	\$782,730	22.0%	\$3.96	\$3.81
Empire BCBS	428,227,875	8.4%	18.38	18.83
Freelancers Insurance Co.	19,703,428	18.6%	68.51	58.51
HIP Insurance Co. (EmblemHealth)	23,066,191	13.6%	49.77	21.13
Humana Insurance Co. of NY	20,079,382	13.7%	21.68	25.40
MVP Health Insurance	119,502,564	17.2%	58.27	51.77
Oxford Health Insurance (UnitedHealthcare)	335,020,876	11.9%	27.20	24.83
UnitedHealthcare Insurance Co.	226,599,816	11.7%	8.71	7.94
Article 42 Subtotals/Averages	1,174,528,900	10.7%	17.92	19.07
Article 44, 43, and 42 Totals/Averages	4,657,877,039	10.9%	32.48	28.54
Prepaid Health Services Plans	Administrative Expenses	As a % of Revenues	Per Member Per Month 2012	
Affinity Health Plan	\$95,747,538	8.4%	\$30.40	
Amerigroup*	191,621,608	13.9%	48.21	
HealthFirst	190,694,104	7.8%	28.92	
HealthPlus*	48,112,006	11.3%	36.64	
Hudson Health Plan	39,265,725	7.2%	28.05	
Liberty Health Advantage	7,174,158	13.5%	128.26	
MetroPlus	113,853,447	5.5%	21.85	
Neighborhood Health Providers	64,987,771	7.0%	25.24	
NYS Catholic Health Plan (Fidelis Care)	184,767,404	5.6%	19.66	
SCHC Total Care	11,370,011	7.8%	26.62	
Univera Community Health	21,856,774	11.1%	36.95	
WellCare	136,807,879	18.3%	106.41	
PHSP Subtotals/Averages	1,106,258,425	8.2%	30.53	

*Amerigroup acquired HealthPlus as of May 2012. Data here for HealthPlus based on first months of year, plus runout of claims.

Note: The following companies are excluded from this table because they had no enrollment in 2012: CIGNA, Health Net of NY, HealthNet Insurance of NY, Preferred Assurance and WellCare Health Insurance; Quality Health Plans had only 10 member months in 2012. Article 44, 43, and 42 total, however, includes administrative expenses for these companies.

Sources: Authors' analysis of health plan NAIC Annual Statements, Exhibit of Revenues and Expenses; and Medicaid Managed Care Operating Reports.

T A B L E 4

Capitation and Total Medical Payments by Commercial Health Plans, 2012 and 2010

Article 44 HMOs	Capitation Payments	Total Medical Payments	% Paid in Capitation	
			2012	2010
Aetna Health	\$16,235,547	\$488,105,282	3.3%	3.6%
Arcadian Health Plan (Humana)	105,358	6,707,784	1.6%	3.0%
Atlantis Health Plan	NA	56,359,489	0.0%	0.0%
CDPHP	22,814,588	1,065,126,671	2.1%	1.4%
Catholic Special Needs Plan	1,640,823	26,045,518	6.3%	3.3%
Cuatro LLC	1,743,193	15,765,138	11.1%	0.2%
ElderPlan	16,121,885	427,738,193	3.8%	5.3%
Empire BCBS HMO	20,707,258	1,470,886,018	1.4%	4.9%
Essence Healthcare	19,658	1,264,458	1.6%	10.5%
GHI HMO (EmblemHealth)	50,759	20,181,937	0.3%	0.3%
Independent Health Association	1,015,522,834	1,187,200,026	85.5%	77.3%
Managed Health (HealthFirst)	14,083,938	1,243,368,713	1.1%	1.0%
MVP Health Plan	436,097,309	1,744,917,990	25.0%	37.0%
Oxford Health Plan (UnitedHealthcare)	52,481,237	2,038,314,831	2.6%	5.6%
Quality Health Plans	6,989	123,972	5.6%	7.1%
Senior Whole Health	NA	26,262,121	0.0%	0.0%
Touchstone Health HMO	108,739,587	135,992,366	80.0%	32.7%
UnitedHealthcare HMO	63,451,251	1,251,708,238	5.1%	4.8%
Article 44 Subtotals/Averages	1,769,822,214	11,207,011,931	15.8%	16.8%
Article 43 Nonprofit Insurers	Capitation Payments	Total Medical Payments	% Paid in Capitation	
			2012	2010
CDPHP Universal Benefits	\$7,477,967	\$472,000,070	1.6%	0.9%
Excellus BCBS	799,482,095	5,268,905,012	15.2%	9.5%
Group Health Inc. (EmblemHealth)	1,094,067	3,164,651,757	0.0%	0.0%
HIP (EmblemHealth)	1,448,016,983	4,238,040,125	34.2%	31.2%
HealthNow BCBS	40,820,648	2,221,912,283	1.8%	1.6%
Independent Health Benefits	1,985,595	435,219,085	0.5%	0.0%
Article 43 Subtotals/Averages	2,298,877,327	15,804,619,860	14.5%	12.0%

T A B L E 4 (continued)

Capitation and Total Medical Payments by Commercial Health Plans, 2012 and 2010

Article 42 Accident and Health Insurers	Capitation Payments	Total Medical Payments	% Paid in Capitation
			2012
Empire BCBS	9,136,234	4,564,894,505	0.2%
Freelancers Insurance Co.	627,008	63,345,009	1.0%
HIP Insurance Co. (EmblemHealth)	NA	154,258,182	0.0%
MVP Health Insurance	11,183,807	615,941,937	1.8%
Oxford Health Insurance (UnitedHealthcare)	123,390,933	4,488,948,994	2.7%
UnitedHealthcare Insurance Co.	-1,426,599	5,776,239,812	0.0%
Article 42 Subtotals/Averages	142,911,383	15,663,628,439	0.9%
Total for Article 44, 43, and 42	4,211,610,924	42,675,260,230	9.9%

Note: Subtotals for Article 42 and Article 43 insurers include small sums of medical payments from three health plans without 2012 enrollment: CIGNA, HealthNet of NY, and Preferred Assurance. Health plans report medical payments in different ways to the NAIC, including on an accrual basis, but the totals are very similar to the Summary of Transactions with Providers used here.

Source: Authors' analysis of health plan NAIC Annual Statements, Summary of Transactions with Providers.

T A B L E 5

Medicaid Managed Care Financial Results for PHSPs and HMOs, 2012

Prepaid Health Services Plans	Member Months	Per Member Per Month					Operating Gain (Loss)	Medical Loss Ratio	Operating Margin
		Premiums	Medical Expenses	Spread	Administrative Expenses	Operating Gain (Loss)			
Affinity Health Plan	2,536,954	\$369.84	\$348.50	\$21.34	\$24.83	(\$2.98)	94.2%	-0.8%	
Amerigroup*	3,125,116	338.24	277.45	60.79	45.34	7.74	82.0%	2.3%	
HealthFirst	5,491,671	394.26	370.67	23.59	28.07	0.04	94.0%	0.0%	
HealthPlus*	1,036,082	330.18	308.28	21.90	33.36	40.82	93.4%	12.4%	
Hudson Health Plan	1,034,083	421.75	384.55	37.20	26.26	20.12	91.2%	4.8%	
MetroPlus	4,402,464	361.29	324.14	37.15	19.95	18.18	89.7%	5.0%	
Neighborhood Health Providers	2,193,605	373.52	347.37	26.15	23.90	7.13	93.0%	1.9%	
NYS Catholic Health Plan (Fidelis Care)	7,279,254	356.93	320.51	36.42	19.68	28.68	89.8%	8.0%	
SCHC Total Care	359,544	356.48	343.38	13.10	28.06	(13.29)	96.3%	-3.7%	
Univera Community Health	447,924	360.50	310.24	50.25	36.01	9.30	86.1%	2.6%	
WellCare	733,115	358.14	239.09	119.06	60.27	49.42	66.8%	13.8%	
PHSP Subtotals/Averages	28,639,812	366.59	330.44	36.15	27.04	13.37	90.1%	3.6%	
Per Member Per Month									
Article 44 HMOs	Member Months	Premiums	Medical Expenses	Spread	Administrative Expenses	Operating Gain (Loss)	Medical Loss Ratio	Operating Margin	
CDPHP	788,585	\$373.30	\$358.08	\$15.21	\$33.35	(\$15.10)	95.9%	-4.0%	
Community Blue HMO (HealthNow BCBS)	504,643	392.90	396.00	(3.10)	25.51	(23.32)	100.8%	-5.9%	
Excellus BCBS HMO	1,728,295	357.26	330.37	26.89	29.26	(24.14)	92.5%	-6.8%	
HIP HMO (EmblemHealth)	2,393,589	409.07	358.19	50.88	41.64	19.32	87.6%	4.7%	
Independent Health Association	511,219	395.91	391.74	4.17	40.12	(101.82)	98.9%	-25.7%	
MVP Health Plan	362,069	403.02	369.45	33.57	44.46	(4.77)	91.7%	-1.2%	
UnitedHealthcare HMO	3,028,213	372.32	293.19	79.13	42.51	28.16	78.7%	7.6%	
Article 44 Subtotals/Averages	9,316,613	382.65	336.22	46.43	38.08	1.33	87.9%	0.3%	

*Amerigroup acquired HealthPlus as of May 2012. Data here for HealthPlus based on first months of year, plus runout of claims.

Source: Medicaid Managed Care Operating Reports.

T A B L E 6

Comprehensive Group Coverage Financial Results for Commercial Health Plans, 2012

Article 44 HMOs	Member Months	Per Member Per Month					Medical Loss Ratio	Operating Margin
		Premiums	Medical Expenses	Spread	Administrative Expenses	Underwriting Net Gain (Loss)		
Aetna Health	685,042	\$527.62	\$408.55	\$119.07	\$62.69	\$101.58	77.4%	19.3%
Atlantis Health Plan	130,338	445.98	329.43	116.55	104.89	11.67	73.9%	2.6%
CDPHP	1,331,147	406.37	348.07	58.30	47.53	10.77	85.7%	2.7%
Community Blue HMO (HealthNow BCBS)*	297,538	478.53	435.20	43.33	39.12	4.30	90.9%	0.9%
Empire BCBS HMO	698,243	559.62	461.12	98.50	64.73	48.41	82.4%	8.7%
Excellus BCBS HMO*	324,338	405.36	331.30	74.06	45.26	48.75	81.7%	12.0%
GHI HMO (EmblemHealth)	35,860	669.90	455.41	214.49	90.43	129.65	68.0%	19.4%
HIP HMO (EmblemHealth)*	4,366,599	459.17	399.29	59.88	49.88	11.03	87.0%	2.4%
Independent Health Association	705,132	489.00	397.39	91.61	68.52	22.87	81.3%	4.7%
MVP Health Plan	1,281,281	460.58	393.90	66.68	45.67	21.02	85.5%	4.6%
Oxford Health Plan (UnitedHealthcare)	2,938,555	480.38	390.55	89.83	68.60	22.01	81.3%	4.6%
Article 44 Subtotals/Averages	12,794,073	469.02	393.81	75.21	56.40	23.07	84.0%	4.9%
Article 43 Nonprofit Insurers	Member Months	Per Member Per Month					Medical Loss Ratio	Operating Margin
		Premiums	Medical Expenses	Spread	Administrative Expenses	Underwriting Net Gain (Loss)		
CDPHP Universal Benefits	1,384,540	\$349.26	\$315.11	\$34.15	\$50.44	(\$18.37)	90.2%	-5.3%
Excellus BCBS	12,148,240	316.41	282.86	33.55	35.35	(0.75)	89.4%	-0.2%
Group Health Inc. (EmblemHealth)	13,446,746	214.53	193.63	20.90	24.57	(8.58)	90.3%	-4.0%
HealthNow BCBS	3,890,157	341.01	295.13	45.88	40.38	5.51	86.5%	1.6%
Independent Health Benefits	1,340,479	333.60	287.12	46.48	44.23	2.25	86.1%	0.7%
Article 43 Subtotals/Averages	32,210,162	278.98	248.65	30.32	32.47	(3.90)	89.1%	-1.4%
Article 42 Accident and Health Insurers	Member Months	Per Member Per Month					Medical Loss Ratio	Operating Margin
		Premiums	Medical Expenses	Spread	Administrative Expenses	Underwriting Net Gain (Loss)		
Empire BCBS	16,425,595	\$253.84	\$224.17	\$29.67	\$23.83	\$7.28	88.3%	2.9%
Freelancers Insurance Co.	287,583	368.32	243.96	124.35	68.51	33.36	66.2%	9.1%
HIP Insurance Co. (EmblemHealth)	462,886	367.37	343.39	23.98	49.83	(40.47)	93.5%	-11.0%
MVP Health Insurance	1,698,915	339.18	294.84	44.34	58.67	(14.33)	86.9%	-4.2%
Oxford Health Insurance (UnitedHealthcare)	12,053,837	227.93	183.21	44.72	27.27	19.53	80.4%	8.6%
UnitedHealthcare Insurance Co.	15,135,720	72.51	64.92	7.59	5.96	4.21	89.5%	5.8%
Article 42 Subtotals/Averages	46,064,536	191.73	164.44	27.30	20.64	8.31	85.8%	4.3%

* Denotes a line-of-business HMO operating as part of an Article 43 Nonprofit Insurer parent.

Note: Based on comprehensive large and small group plans, but not individual plans.

Source: Authors' analysis of health plan annual statements, New York State Data Requirement and Supplements, Revenues and Expenses by Lines of Business.

T A B L E 7

Enrollment in New York Health Plans, 2012 and 2011

Article 44 HMOs	Small Group		Large Group	Healthy NY	Medicare	Medicaid	Child Health Plus	Family Health Plus	2012 Total	2011 Total
	Direct Pay	Comprehensive	Comprehensive							
Aetna Health	2,138	12,061	45,975	4,664	13,684	NA	NA	NA	78,522	82,170
Arcadian Health Plan (Humana)	NA	NA	NA	NA	686	NA	NA	NA	686	1,269
Atlantis Health Plan	56	7,188	1,948	3,482	390	NA	NA	NA	13,064	17,382
CDPHP	351	17,428	92,929	7,482	26,097	68,745	15,558	6,159	234,749	228,026
Catholic Special Needs Plan	NA	NA	NA	NA	1,227	NA	NA	NA	1,227	1,038
CIGNA HealthCare	NA	NA	NA	NA	NA	NA	NA	NA	NA	53,755
Community Blue HMO (HealthNow)	213	9,623	14,466	3,986	39,083	45,609	8,828	5,844	127,652	124,746
Cuatro LLC	NA	NA	NA	NA	1,929	NA	NA	NA	1,929	768
ElderPlan	NA	NA	NA	NA	14,817	7,492	NA	NA	22,309	19,457
Empire BCBS HMO	6,376	15,606	30,384	40,989	64,218	NA	55,318	NA	212,891	252,878
Essence Healthcare	NA	NA	NA	NA	NA	NA	NA	NA	NA	2,329
Excellus BCBS HMO*	666	3,124	23,298	10,786	54,775	162,005	38,950	21,882	315,486	299,805
GHI HMO (EmblemHealth)	4	115	3,004	846	NA	NA	NA	NA	3,969	4,372
HIP (EmblemHealth)*	2,801	29,920	327,854	2,332	110,399	200,550	12,250	26,485	712,591	732,372
Independent Health Association	257	2,695	54,197	5,616	68,500	43,649	1,408	3,617	179,939	176,409
Managed Health (HealthFirst)	1	NA	NA	562	104,314	NA	NA	NA	104,877	97,238
MVP Health Plan	227	3,492	99,742	11,426	104,898	29,895	2,038	2,811	254,529	257,446
Oxford Health Plan (UnitedHealthcare)	6,577	226,900	29,466	41,750	73,339	NA	NA	NA	378,032	344,559
Quality Health Plans	NA	NA	NA	NA	33	NA	NA	NA	33	10
Senior Whole Health	NA	NA	NA	NA	1	797	NA	NA	798	835
Touchstone Health HMO	NA	NA	NA	NA	10,131	1,320	NA	NA	11,451	15,366
UnitedHealthcare HMO	NA	NA	NA	NA	15,032	268,606	21,871	44,823	350,332	305,783
Article 44 Subtotals 2012	19,667	328,152	723,263	133,921	703,553	828,668	156,221	111,621	3,005,066	
Article 44 Subtotals 2011	21,877	297,790	844,166	147,659	679,786	741,460	180,029	105,246		3,018,013
2012 Line of Business %	0.7%	10.9%	24.1%	4.5%	23.4%	27.6%	5.2%	3.7%	100.0%	
Article 43 Nonprofit Insurers	Provider Service Organizations	Preferred Provider Organizations	Point of Service	Indemnity Only	Other**	2012 Total	2011 Total			
CDPHP Universal Benefits	NA	135,464	NA	NA	NA	135,464	101,887			
Excellus BCBS	NA	662,441	102,281	523,667	20,385	1,308,774	1,314,875			
Group Health Inc. (EmblemHealth)	NA	1,429,582	NA	NA	NA	1,429,582	1,448,082			
HIP (EmblemHealth)	7,236	NA	NA	NA	1,160	8,396	10,849			
HealthNow BCBS	NA	110,005	18,021	235,592	NA	363,618	384,897			
Independent Health Benefits	3,235	21,359	88,477	62	NA	113,133	110,148			
Article 43 Subtotals 2012	10,471	2,358,851	208,779	759,321	21,545	3,358,967				
Article 43 Subtotals 2011	NA	2,329,124	156,513	862,977	22,124		3,370,738			
2012 Line of Business %	0.3%	70.2%	6.2%	22.6%	0.6%	100.0%				

T A B L E 7 (continued)

Enrollment in New York Health Plans, 2012 and 2011

Article 42 Accident and Health Insurers	Individual Comprehensive	Small Group Comprehensive	Large Group Comprehensive	Health Savings Accounts	Medicare Supplement	Medicare Part D	Out of Network HMO/POS	Other**	2012 Total	2011 Total
Aetna Health Insurance Co. of NY	NA	NA	NA	NA	NA	NA	18,715	NA	18,715	15,291
Empire BCBS	26,539	24,162	1,217,083	10,584	39,643	NA	13,981	183,254	1,515,246	1,702,792
Freelancers Insurance Co.	NA	24,282	NA	NA	NA	NA	NA	0	24,282	23,326
HIP Insurance Co. (EmblemHealth)	NA	NA	NA	NA	NA	NA	7,236	29,336	36,572	41,609
Humana Insurance Co. of New York	NA	NA	NA	NA	1,235	6,325	NA	71,597	79,157	68,101
MVP Health Insurance	NA	43,246	76,255	NA	NA	NA	10,137	0	129,638	154,100
Oxford Health Insurance (UnitedHealthcare)	2,107	564,735	318,446	NA	NA	NA	NA	0	885,288	776,425
United Healthcare Insurance Co.	1,123	8,721	1,270,765	NA	260,982	276,606	NA	256,918	2,075,115	1,865,543
Article 42 Subtotals 2012	29,769	665,146	2,882,549	10,584	301,860	282,931	50,069	541,105	4,764,013	
Article 42 Subtotals 2011	24,270	646,686	2,961,499	38,220	295,797	251,341	56,329	373,045		4,647,187
2012 Line of Business %	0.6%	14.0%	60.5%	0.2%	6.3%	5.9%	1.1%	11.4%	100.0%	
Prepaid Health Services Plans	Medicaid	Child Health Plus	Family Health Plus	2012 Total	2011 Total					
Affinity Health Plan	215,193	15,991	29,394	260,578	262,333					
Amerigroup***	343,752	30,281	50,414	424,447	108,063					
HealthFirst	492,751	23,979	53,003	569,733	497,964					
HealthPlus***	NA	2	NA	2	313,901					
Hudson Health Plan	90,874	16,982	11,462	119,318	112,017					
MetroPlus	373,072	14,481	36,060	423,613	409,456					
Neighborhood Health Providers	187,329	10,216	20,971	218,516	207,794					
NYS Catholic Health Plan (Fidelis Care)	661,078	64,507	101,131	826,716	714,011					
SCHC Total Care	30,334	2,663	2,426	35,423	44,497					
Univera Community Health	38,704	5,355	5,795	49,854	48,022					
WellCare	63,839	4,242	10,929	79,010	74,596					
PHSP Subtotals 2012	2,496,926	188,699	321,585	3,007,210						
PHSP Subtotals 2011	2,250,269	229,158	313,227		2,792,654					

* Denotes HMO line of business enrollment through Article 43 parent, not included in total for parent HealthNow BCBS, Excellus BCBS, and HIP (EmblemHealth).

** Other for Article 42 and 43 insurers includes Medicare Advantage PPO and Cost plans, Medicare Part D prescription drug plans, other medical, and stop-loss insurance.

*** Enrollment for Amerigroup and HealthPlus in 2012 reflects HealthPlus's acquisition by Amerigroup in May 2012.

Note: Aetna Health, Empire BCBS, HIP Insurance Company of New York, and MVP Health Insurance Co. report selling out-of-network benefits, which likely results in double-counting of HMO and Article 42 insurer enrollees. Health plans offering only dental or vision coverage are not included in enrollment figures. HMO Medicaid enrollment includes Medicaid Advantage/Plus. Medicaid column for PHSPs does not include Medicaid Advantage/Plus, and total column includes only enrollment in Medicaid, Child Health Plus, and not other public programs, where applicable.

Sources: Authors' analysis of health plan annual statements, New York State Data Requirements and Supplements, Enrollment by Counties tables; Medicaid Managed Care Operating Reports.

T A B L E 8

Commercial Health Plan Comprehensive Group Enrollment by Region, 2012

	REGION 1 Albany Area	REGION 2 Buffalo Area	REGION 3 Mid-Hudson Area	REGION 4 New York City Area	REGION 5 Rochester Area	REGION 6 Syracuse Area	REGION 7 Utica/Watertown Area	REGION 8 Long Island Area	Total
Article 44 HMOs									
Aetna Health	NA	NA	4,715	40,836	NA	186	60	12,239	58,036
Atlantis Health Plan	NA	NA	NA	8,802	NA	NA	NA	334	9,136
CDPHP	100,643	1	4,760	1,263	11	70	3,469	140	110,357
Community Blue HMO* (HealthNow BCBS)	2,853	20,710	16	3	71	84	350	2	24,089
Empire BCBS HMO	1,602	NA	831	29,966	19	NA	81	13,491	45,990
Excellus BCBS HMO*	324	501	8	320	23,509	1,589	143	28	26,422
GHI HMO (EmblemHealth)	249	NA	813	2,004	NA	31	22	NA	3,119
HIP HMO* (EmblemHealth)	13,965	NA	17	292,856	NA	1,079	NA	49,857	357,774
Independent Health Association	NA	56,892	NA	NA	NA	NA	NA	NA	56,892
MVP Health Plan	25,251	3,671	25,691	1,426	27,581	6,238	13,317	59	103,234
Oxford Health Plan (UnitedHealthcare)	167	94,981	2,848	126,543	NA	NA	2	31,825	256,366
Article 44 Subtotals	145,054	176,756	39,699	504,019	51,191	9,277	17,444	107,975	1,051,415
Article 43 Nonprofit Insurers	Albany Area	Buffalo Area	Mid-Hudson Area	New York City Area	Rochester Area	Syracuse Area	Utica/Watertown Area	Long Island Area	Total
CDPHP Universal Benefits	104,872	5	21,026	18	NA	1,053	8,490	NA	135,464
Excellus BCBS	89,622	65,064	6,371	272	467,772	442,637	216,383	268	1,288,389
Group Health Inc. (EmblemHealth)	93,567	50,307	76,424	805,749	15,691	46,267	52,784	288,793	1,429,582
HIP (EmblemHealth)	10	NA	1	5,147	NA	NA	NA	2,078	7,236
HealthNow BCBS	77,574	262,406	2,895	1,366	3,291	2,335	12,750	1,001	363,618
Independent Health Benefits	12	112,277	6	21	322	394	98	3	113,133
Article 43 Subtotals	365,657	490,059	106,723	812,573	487,076	492,686	290,505	292,143	3,337,422
Article 42 Accident and Health Insurers	Albany Area	Buffalo Area	Mid-Hudson Area	New York City Area	Rochester Area	Syracuse Area	Utica/Watertown Area	Long Island Area	Total
Empire BCBS**	144,220	35,187	99,787	385,870	9,214	55,295	70,680	331,666	1,131,919
Freelancers Insurance Co.	NA	NA	NA	24,282	NA	NA	NA	NA	24,282
MVP Health Insurance	17,827	7,391	39,369	5,909	32,316	4,816	11,027	846	119,501
Oxford Health Insurance	29,400	NA	32,210	653,989	NA	NA	12	167,570	883,181
UnitedHealthcare Insurance Co.	130,493	57,842	132,373	298,383	14,168	89,294	104,464	452,469	1,279,486
Article 42 Subtotals	321,940	100,420	303,739	1,368,433	55,698	149,405	186,183	952,551	3,438,369
Totals for Articles 44, 43, and 42	832,651	767,235	450,161	2,685,025	593,965	651,368	494,132	1,352,669	7,827,206

* Enrollment through line-of-business HMOs with Article 43 Nonprofit insurer parent companies; not included in totals for parent company.

** Enrollment based on county of employer except that Empire BCBS was restated to reflect distribution of enrollees in New York State Health Insurance Plan (state and other participating public agencies) by county of residence, using data provided by the NYS Department of Civil Service, and excludes 109,326 out-of-state members.

Note: Limited to enrollment in Article 44 HMO large and small commercial groups; Article 43 insurer provider service organizations, preferred provider organizations, point of service plans, and indemnity only plans; and Article 42 insurer large and small group comprehensive enrollment.

Source: Health insurer annual statements, New York Data Requirements and Supplements, enrollment by county reports.

T A B L E 9

Medicaid Managed Care Enrollment by Region, 2012

	REGION 1 Albany Area	REGION 2 Buffalo Area	REGION 3 Mid-Hudson Area	REGION 4 New York City Area	REGION 5 Rochester Area	REGION 6 Syracuse Area	REGION 7 Utica/Watertown Area	REGION 8 Long Island Area	Total
Prepaid Health Services Plans									
Affinity Health Plan	NA	NA	14,873	169,489	NA	NA	NA	30,831	215,193
Amerigroup*	NA	NA	111	335,116	NA	NA	NA	8,525	343,752
HealthFirst	NA	NA	NA	455,627	NA	NA	NA	37,124	492,751
Hudson Health Plan	NA	NA	33,870	57,004	NA	NA	NA	NA	90,874
MetroPlus	NA	NA	NA	373,072	NA	NA	NA	NA	373,072
Neighborhood Health Providers	NA	NA	NA	165,848	NA	NA	NA	21,481	187,329
NYS Catholic Health Plan (Fidelis Care)	52,438	58,322	37,330	338,708	19,671	43,724	67,902	42,983	661,078
SCHC Total Care	NA	NA	NA	NA	NA	30,334	NA	NA	30,334
Univera Community Health	NA	38,704	NA	NA	NA	NA	NA	NA	38,704
WellCare	2,465	NA	6,179	55,195	NA	NA	NA	NA	63,839
PHSP Subtotals	54,903	97,026	92,363	1,950,059	19,671	74,058	67,902	140,944	2,496,926
Article 44 HMOs									
CDPHP	67,310	NA	NA	NA	NA	1,435	NA	NA	68,745
Community Blue HMO (HealthNow)	NA	45,606	NA	NA	NA	NA	NA	NA	45,606
Excellus BCBS HMO	NA	1,904	NA	NA	92,489	42,412	25,200	NA	162,005
HIP (EmblemHealth)	NA	NA	NA	164,798	NA	NA	NA	33,706	198,504
Independent Health Association	NA	43,624	NA	NA	NA	NA	NA	NA	43,624
MVP Health Plan	NA	1,948	12,532	NA	15,415	NA	NA	NA	29,895
UnitedHealthcare HMO	233	NA	152	198,234	NA	8,740	12,523	48,209	268,091
Article 44 Subtotals	67,543	93,082	12,684	363,032	107,904	52,587	37,723	81,915	816,470
Totals for PHSPs and HMOs	122,446	190,108	105,047	2,313,091	127,575	126,645	105,625	222,859	3,313,396

*Enrollment for Amerigroup reflects its acquisition of HealthPlus in May 2012.

Source: Authors' analysis of Medicaid Managed Care Operating Reports.

T A B L E 1 0

Underwriting Income by Company and Line of Business, 2012

Article 44 HMOs	Large Group	Small Group	Individual	Healthy NY	Medicare	Medicaid	Family/Child Health Plus	Total	
Aetna Health	\$60,736,109	\$8,848,046	(\$1,413,950)	(\$4,066,405)	\$22,188,572	\$0	\$0	\$86,292,372	
Arcadian Health Plan (Humana)	NA	NA	NA	NA	(3,288,605)	NA	NA	(3,288,605)	
Atlantis Health Plan	(1,871,484)	3,391,907	14,221	(1,162,474)	143,574	NA	NA	515,744	
CDPHP	16,761,854	(2,419,610)	(129,234)	(2,969,041)	34,370,578	(11,910,796)	(3,338,376)	30,365,375	
Catholic Special Needs Plan	NA	NA	NA	NA	164,487	NA	NA	164,487	
Community Blue HMO (HealthNow BCBS)*	7,532,621	(6,254,402)	(1,126,598)	(1,653,726)	746,291	(12,422,775)	(2,794,111)	(15,972,700)	
Cuatro LLC	NA	NA	NA	NA	(4,303,935)	NA	NA	(4,303,935)	
ElderPlan	NA	NA	NA	NA	15,808,076	(4,978,568)	NA	10,829,508	
Empire BCBS HMO	37,403,138	(3,601,152)	17,785,296	(5,285,425)	42,400,426	NA	(2,689,137)	86,064,034	
Essence Healthcare	NA	NA	NA	NA	1,020,333	NA	NA	1,020,333	
Excellus BCBS HMO*	12,358,281	3,453,471	1,154,812	(5,077,455)	63,055,146	(41,632,032)	(10,207,090)	23,105,133	
GHI HMO (EmblemHealth)	5,716,967	(1,067,837)	54,524	(63,823)	NA	(221,040)	2,743	4,421,534	
HIP HMO (EmblemHealth)*	66,366,844	(18,208,709)	2,066,510	(1,685,835)	73,325,354	46,146,457	(9,521,449)	158,489,172	
Independent Health Association	17,304,646	(1,181,449)	(3,787,933)	(1,114,464)	(18,874,774)	(52,619,021)	(2,671,680)	(62,944,675)	
Managed Health (HealthFirst)	NA	NA	277	(6,719)	13,049,625	78,420	NA	13,121,603	
MVP Health Plan	28,252,779	(1,325,867)	540,126	(4,822,705)	29,929,178	(1,725,330)	(467,828)	50,380,353	
Oxford Health Plan (UnitedHealthcare)	25,285,282	39,394,080	(531,630)	(21,393,573)	108,089,824	NA	NA	150,843,983	
Quality Health Plans	NA	NA	NA	NA	(2,837,476)	NA	NA	(2,837,476)	
Senior Whole Health	NA	NA	NA	NA	1,369	(8,665,707)	NA	(8,664,338)	
Touchstone Health HMO	NA	NA	NA	NA	(1,062,642)	(697,958)	NA	(1,760,600)	
UnitedHealthcare HMO	NA	NA	NA	NA	27,415,324	120,208,250	8,417,510	156,085,247	
Article 44 Subtotals	275,847,037	21,028,478	14,626,421	(49,301,645)	401,340,725	31,559,900	(23,269,418)	671,926,549	
Article 43 Nonprofit Insurers	Large Group	Small Group	Individual	Healthy NY	Medicare	Medicare Supplement	Family/Child Health Plus	Other	Total
CDPHP Universal Benefits	(\$8,910,797)	(\$16,526,917)	\$0	\$0	(\$626,896)	(\$1,213,778)	\$0	\$0	(\$27,278,388)
Excellus BCBS	32,572,510	(41,680,987)	2,118,129	5,836,383	40,590,407	3,286,509	NA	(28,314,885)	14,408,066
Group Health Inc. (EmblemHealth)	(35,471,167)	(79,934,098)	(5,173,090)	(24,966,254)	71,650,183	2,053,534	369,022	NA	(71,470,870)
HIP (EmblemHealth)	-	-	1,602,737	NA	NA	(277,274)	NA	94,473	1,419,936
HealthNow BCBS	32,024,486	(10,690,115)	1,015,980	NA	12,790,341	279,007	NA	NA	35,419,699
Independent Health Benefits	5,109,780	(2,089,313)	-	NA	(5,332,169)	NA	NA	NA	(2,311,702)
Article 43 Subtotals	25,316,669	(151,223,925)	(436,244)	(19,129,871)	119,071,866	4,127,998	369,022	(28,220,412)	(50,035,796)

T A B L E 1 0 (continued)

Underwriting Income by Company and Line of Business, 2012

Article 42 Accident and Health Insurers	Large Group	Small Group	Individual	Healthy NY	Medicare	Medicare Supplement	Other	Total
Aetna Health Insurance Co. of NY	\$329,194	\$222,195	\$0	\$0	\$0	\$0	\$0	\$551,389
Empire BCBS	133,331,369	(13,789,292)	4,881,889	NA	(17,637,144)	(3,409,772)	52,300,361	155,677,411
Freelancers Insurance Co.	NA	9,592,744	NA	NA	NA	NA	NA	9,592,744
HIP Insurance Co. (EmblemHealth)	5,618,676	(24,349,540)	84,517	NA	347,894	NA	NA	(18,298,453)
MVP Health Insurance	560,432	(24,909,965)	NA	NA	NA	NA	NA	(24,349,533)
Oxford Health Insurance (UnitedHealthcare)	124,207,850	111,187,542	(12,028,545)	NA	NA	NA	NA	223,366,847
United Healthcare Insurance Co.	61,753,191	1,959,972	NA	(1,289,632)	9,502,520	13,699,277	10,691,316	96,316,644
Article 42 Subtotals	325,800,712	58,469,984	(7,062,139)	(1,289,632)	(6,565,065)	10,289,505	62,991,677	442,635,042
Prepaid Health Services Plans	Medicaid	Family Health Plus	Child Health Plus	Other	Total (All Programs)			
Affinity Health Plan	(\$552,439)	(\$287,579)	\$297,894	(\$2,373,999)	(\$2,915,123)			
Amerigroup	42,377,032	3,212,123	5,749,433	(2,332,606)	49,005,982			
HealthFirst	(4,384,704)	(1,736,330)	890,914	192,124	(5,037,996)			
HealthPlus**	42,289,577	2,414,143	3,884,910	(3,739,692)	44,848,938			
Hudson Health Plan	21,212,966	2,634,535	1,546,543	1	25,394,045			
Liberty Health Advantage	NA	NA	NA	(91,482)	(91,482)			
MetroPlus	74,768,699	6,218,824	433,832	17,714,947	99,136,302			
Neighborhood Health Providers	10,191,452	(3,844,583)	(706,663)	NA	5,640,206			
NYS Catholic Health Plan (Fidelis Care)	145,150,595	11,730,186	4,447,252	(1,798,454)	159,529,579			
SCHC Total Care	(4,422,463)	132,492	63,984	NA	(4,225,987)			
Univera Community Health	7,606,589	487,083	(1,523)	NA	8,092,149			
WellCare	48,791,864	8,425,090	(533,464)	(11,042,115)	45,641,375			
PHSP Subtotals	383,029,168	29,385,984	16,073,112	(3,470,276)	425,017,988			

* Denotes operation as a line-of-business HMO, as part of an Article 43 nonprofit insurer. Results are not included in Article 43 parent total.

** Amerigroup acquired HealthPlus as of May 2012. Data here for HealthPlus based on first months of year, plus runoff of claims.

Note: Within column headings, small and large group data represent comprehensive insurance and both community-rated and experience-rated lines of business, where applicable. Vision and dental benefits are not included. For HMOs, in-network-only and coverage with point-of-service benefits are included for individual, small group, and large group coverage; the Medicaid column includes results for Medicaid Managed Care, Medicaid Advantage, and Medicaid Advantage Plus (including PACE and Managed Long-Term Care). For all types of licensees, the Medicare Advantage lines of business with and without Part D prescription drug coverage are combined. For PHSPs, the "Other" column includes Medicaid Advantage/Plus, Medicare, and other programs; the "Total" column includes income and losses from those sources, where applicable, in addition to Medicaid, Family Health Plus, and Child Health Plus. Companies without enrollment in 2012 were not included in rows, but subtotals include results from these companies, where applicable.

Sources: Authors' analysis of health plan annual statements, New York Data Requirements and Supplements, Statement of Revenues and Expense by Lines of Business; Medicaid Managed Care Operating Reports.

Appendix II: Data and Methodology

The major data sources that inform this report, as in past years, are health plan Annual Statements based on National Association of Insurance Commissioners (NAIC) forms, New York State Data Requirements and Supplements promulgated by the New York State Department of Financial Services (DFS), and Medicaid Managed Care Operating Reports (MMCORs) required by the New York State Department of Health (DOH) for public programs. We reviewed all three types of filings for calendar years 2011 and 2012. References to 2010 results are based on the last publication in this series.²

Under NAIC reporting requirements, different licensees file varied data submissions. Article 44 HMOs file the most extensive annual (and quarterly) statements of all licensees, and national insurers provide more limited data about their operations in New York than they do to

the primary regulator in their home jurisdiction. These limitations are reflected in this report. State and NAIC enrollment reports also have some limitations for certain lines of business. An insurer might offer in-network benefits through an HMO license it holds, for example, and provide the out-of-network benefits through an Article 42 accident and health insurance licensee within the same holding company. Both companies would report the enrollment of that individual or group. Or, separate insurers might provide hospital benefits and outpatient benefits for the same employer group, particularly public employees, with both counting the group in its enrollment tally. We have tried to make adjustments for these practices where possible or point them out. Using the same approach consistently from year to year still gives a good indication of movement in the markets.

² Newell P, A Baumgarten, and M Aziz. September 2012. *The Big Picture IV: New York's Private and Public Insurance Markets, 2010, and the Affordable Care Act*. New York: United Hospital Fund, New York, NY. Available at <http://www.uhfnyc.org/publications/880849> (accessed March 31, 2014).

Glossary

We offer these definitions of the following terms used in this report:

Underwriting or operating revenue means the revenue from everyday business — nearly all of it premiums paid by individuals, employer groups, or government agencies. It might also include amounts from delayed premium rates for public programs, adjustments to reserves, fees from administering self-funded plans, or awards from a demonstration program, for example, but not investment income or reinsurance proceeds.

Surplus is the capital health plans are required to keep on hand in excess of day-to-day needs in order to pay claims and medical expenses in the future, if no new revenue was coming in. Regulators set minimum amounts of surplus for health plans, based on the total premiums they are receiving and the relative risk of their business and investments, and may take a variety of actions if a health plan reports surplus that is below required levels.

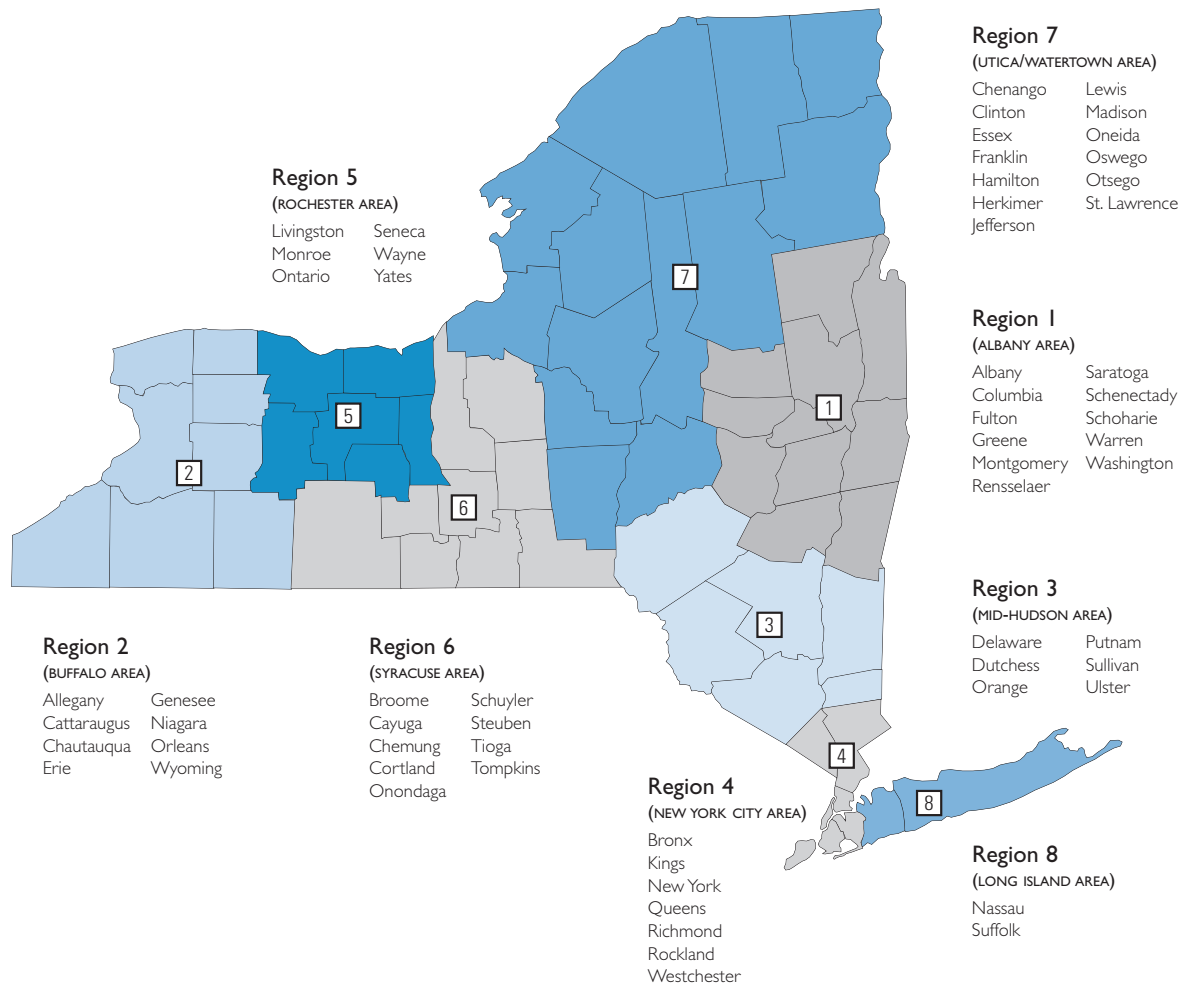
Net income is the revenue from all sources for a health plan, including investment income, in excess of all expenses, including taxes. Positive net income, commonly known as profit, is sometimes called “contribution to surplus” for nonprofit plans. When expenses exceed net income, health plans report losses or negative net income.

Margin, another way to view results for health plans, is a percentage that represents net income divided by total revenues. Companies with more expenses than income report negative margins.

Underwriting or operating income is the difference between the underwriting or operating revenues reported by a health plan, and the claims costs and administrative expenses it incurs, and might be a positive gain or a loss.

Since many individuals are not enrolled in a health plan for an entire year, regulators require health plans to report “member months” or the total number of months of enrollment during a year. **Per member per month (PMPM)** calculations provide a more refined picture of a health plan’s results by dividing the total member months into totals for premiums, medical costs, administrative expenses or other categories of operations or services, in order to arrive at PMPM amounts.

Guide to New York State Regions





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