

**NORTH CAROLINA GENERAL ASSEMBLY
LEGISLATIVE ACTUARIAL NOTE**

BILL NUMBER: HB 1831 (First Edition)

SHORT TITLE: NC Health Choice/No Waiting Period

SPONSOR(S): Representative Martin Nesbitt

SYSTEM OR PROGRAM AFFECTED: NC Health Choice Program as administered by the Teachers' and State Employees' Comprehensive Major Medical Plan.

FUNDS AFFECTED: Special Receipt Fund for administering the NC Health Choice Program..

BILL SUMMARY: HB1831 rewrites the definition for "Uninsured" under the NC Health Choice program to mean an applicant that is not covered under any private or employer-sponsored comprehensive health insurance plan on the date of application. The effect of the proposed change is to eliminate the current 60-day waiting period for an applicant to have been uninsured before becoming eligible to participate under NC Health Choice.

EFFECTIVE DATE: The act is effective July 1, 2000.

ESTIMATED IMPACT ON STATE: Based upon information supplied by the Teachers' and State Employees' Comprehensive Major Medical Plan, the consulting actuary for the Plan, Aon Consulting, estimates the administrative impact to be negligible. Based upon claims information and assumptions supplied by the Plan, the consulting actuary for the General Assembly's Fiscal Research Division, Hartman & Associates, estimates a negligible impact on the Plan's administrative costs under the proposed legislation.

ASSUMPTIONS AND METHODOLOGY: The Comprehensive Major Medical Plan for Teachers and State Employees is divided into two programs. From October, 1982, through June, 1986, the Plan had only a self-funded indemnity type of program which covered all employees, retired employees, eligible dependents of employees and retired employees, and eligible former employees and their eligible dependents authorized to continue coverage past a termination of employment other than for retirement or disability purposes. A prepaid program of coverage by health maintenance organizations (HMOs) was offered in July, 1986, as an alternative to the Plan's self-insured indemnity program. The benefits of the self-insured indemnity type of program are spelled out in Part 3 of Article 3 of Chapter 135 of the North Carolina General Statutes (i.e., \$250 annual deductible, 20% coinsurance up to \$1,000 annually, etc. paid by the program's members). HMOs are required to offer benefits that are comparable to those provided by the self-insured indemnity program. Employer-paid non-contributory premiums are only authorized for the indemnity program's coverage for employees and retired employees. Whenever employees and office holders first employed or taking office on and after October 1, 1995 become eligible for health benefits as retired employees, the amount of premium paid by the State for individual coverage will be based upon the retiree's amount of retirement service credit at the time of retirement. Only retired employees with 20 or more years of service credit at retirement will be eligible for non-contributory health benefit premiums. Retirees with 10 or more years of service credit at retirement will be eligible for 50% partially contributory health benefit premiums. Retired employees with 5

or more year of service credit at retirement will be eligible to continue their health benefits on a fully contributory basis. All other types of premium in the indemnity program are fully contributory. Premiums paid by employers to HMOs are limited to like amounts paid to the indemnity program with employees and retired employees paying any HMO amounts above the indemnity program's non-contributory rates. Both types of coverage continue to be available in the Plan with nine HMOs currently covering about 25% of the Plan's total population in about 66 of the State's 100 counties. The Plan's employees and retired employees select the type of program that they wish for themselves and their dependents during the months of August and September of each year for coverage beginning in October. The demographics of the Plan as of December 31, 1999, include:

	<u>Self-Insured Indemnity Program</u>	<u>Alternative HMOs</u>	<u>Plan Total</u>
<u>Number of Participants</u>			
Active Employees	203,482	70,681	274,163
Active Employee Dependents	110,453	44,369	154,822
Retired Employees	96,217	5,712	101,929
Retired Employee Dependents	16,374	1,165	17,539
Former Employees & Dependents with Continued Coverage	2,891	323	3,706
Total Enrollments	429,417	122,742	552,159
<u>Number of Contracts</u>			
Employee Only	230,456	54,059	284,515
Employee & Child(ren)	31,626	14,644	46,270
Employee & Family	39,670	8,182	47,852
Total Contracts	301,752	76,885	378,637
<u>Percentage of Enrollment by Age</u>			
29 & Under	26.7%	41.6%	30.0%
30-44	20.1	27.3	21.7
45-54	21.1	19.6	20.8
55-64	14.9	8.7	13.5
65 & Over	17.2	2.7	14.0
<u>Percentage of Enrollment by Sex</u>			
Male	39.4%	37.8%	39.0%
Female	60.6	62.2	61.0

Assumptions for the Self-Insured Indemnity Program: For the fiscal year beginning July 1, 1999, the self-insured program started its operations with a beginning cash balance of \$234.1 million. Receipts for the year are estimated to be \$763 million from premium collections, \$15 million from investment earnings, and \$15 million in risk adjustment and administrative fees from HMOs, for a total of \$793 million in receipts for the year. Disbursements from the self-insured program are expected to be \$820 million in claim payments and \$24 million in administration and claims processing expenses for a total of \$844 million for the year beginning

July 1, 1999. For the fiscal year beginning July 1, 2000, the self-insured indemnity program is expected to have an operating cash balance of over \$183 million with a net operating loss of approximately \$120 million for the 2000-2001 fiscal year. For the fiscal year beginning July 1, 2001, the self-insured indemnity program is expected to have an operating cash balance of only \$63 million. The self-insured indemnity program is consequently assumed to be unable to carry out its operations for the 2001-2003 biennium without increases in its current premium rates or a reduction in existing benefits or both. This assumption is further predicated upon the fact that the program's cost containment strategies (hospital DRG reimbursements, pre-admission hospital testing, pre-admission hospital inpatient certification with length-of-stay approval, hospital bill audits, required second surgical opinions, mental health case management, coordination of benefits with other payers, Medicare benefit "carve-outs", cost reduction contracts with participating physicians and other providers, prescription drug manufacturer rebates from voluntary formularies, and fraud detection) are maintained and improved where possible. Current non-contributory premium rates are \$143.10 monthly for employees whose primary payer of health benefits is Medicare and \$187.98 per month for employees whose primary payer of health benefits is not Medicare. Fully contributory premium amounts for employee and child(ren) contracts are \$89.06 monthly for children whose primary payer of health benefits is Medicare and \$117.16 monthly for other covered children, and \$213.60 per month for family contracts whose dependents have Medicare as the primary payer of health benefits and \$281.04 per month for other family contract dependents. Claim cost trends are expected to increase 13% plus annually. Total enrollment in the program is expected to increase about

3-4% annually over the next two years due to enrollment losses from alternative HMOs. The number of enrolled active employees is expected to show a 4-5% increase annually over the next two years, whereas the growth in the number of retired employees is assumed to be 4% per year. The program is expected to increase by 1-2% per year the number of active employee dependents and enrolled retiree dependents. Investment earnings are based upon a 5-6% monthly return on available cash balances. The self-insured indemnity program maintains a claim stabilization reserve for claim cost fluctuations equal to 7.5% of annual claim payments without reserving additional funds for incurred but unreported claims.

Assumptions for Administrative Effects on the Indemnity Plan : The additional administrative expenses assumed to be experienced by the Plan are estimated to be negligible.

SOURCES OF DATA:

-Actuarial Note, Hartman & Associates, House Bill 1831, June 26, 2000, original of which is on file in the General Assembly's Fiscal Research Division.

-Actuarial Note, Aon Consulting, House Bill 1831 (First Edition), June 12, 2000, original of which is on file with the Comprehensive Major Medical Plan for Teachers and State Employees and the General Assembly's Fiscal Research Division.

TECHNICAL CONSIDERATIONS: None

FISCAL RESEARCH DIVISION

733-4910

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DATE: June 26, 2000



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