# AON

# 2023 SEHBP Rate Setting Analysis

**State of New Jersey** 

Rates as presented to the Commission on July 13, 2022

August 11, 2022



### **Overview of Rate Setting Environment**

#### **Utilization/Covid-19**

- There was significant deferral of care during 2020
- 2021 Projection assumed an 8-10% claims increase to account for bounce back
- Actual bounce back may have been higher 2021 utilization of some services up 20%-30% over 2020

#### Inflation

• Current inflationary environment suggests an increase in trend assumptions for 2023 claims as cost increases make their way into medical billing schedules

#### **Anticipated Program Savings**

- Both 2021 and 2022 projections assumed savings from navigation and other point solution programs
- Available savings from these programs is now assumed to be in 2021 claims experience and future savings
  assumptions have been mostly removed due to lack of support in current experience



### **Overview of SEHBP Recommended Premium Rate Impact**

#### Plan Year 2023 Rate Impact Recommendations

		Actives			Early Retirees		Medicare Retirees				
Plan Year 2023	Medical		Rx	Tatal	Madical Dv	Rx	Total	Madical	Dv	Total	
Premium Rate Changes	Medical	Rx Card	MMRx	Total Rx	Total	Medical	nx	Total	Medical	Rx	Total
Local Education Plans	Local Education Plans										
NJDIRECT 10/15	15.6%	7.8%	16.6%	12.8%	15.3%	N/A	N/A	N/A	N/A	N/A	N/A
NJEHP	15.6%	7.8%	7.8%	7.8%	14.9%	13.6%	26.1%	15.8%	N/A	N/A	N/A
Total	15.6%	7.8%	12.9%	10.8%	15.1%	13.6%	26.1%	15.8%	(9.6%)	6.1%	(0.1%)

- 2023 Active, Early Retiree, and Medicare Retiree pricing is projected with Medical and Prescription Drug claims incurred from January 1, 2021 through December 31, 2021 with runout through March 31, 2022 (adjusted for impact of COVID-19)
- Medicare Retiree Medicare Advantage Rate increase reflects fully insured rates from Aetna, provided on June 17, 2022
- Assumes no subsidy from claim stabilization reserve for Local Education



### **Local Education Active Premium Increase Drivers**

Local Education Active premiums are projected to increase **15.1%** in total for 2023. This is primarily a result of the following:

- 9.1% Actual 2021 claims experience was higher compared to expected 2021 claims:
- While significant increases to member utilization in 2021 were anticipated because of COVID-19's impact on 2020, actual utilization appears to be even higher, with utilization trends of 37.1% for Outpatient visits, 15.5% for Professional visits, 9.9% for Specialist visits, 22.0% for Emergency Room and 40.0% for Urgent Care
- The 2022 rate setting analysis included estimated vendor reported savings in 2021 for Horizon's Navigation Advocacy program as well as third-party vendor point solutions; savings for these programs are now assumed to be in the underlying 2021 claims experience
- Actual 2021 prescription drug claims experience trend was higher than expected given the anticipated savings associated with the implementation of mandatory generics and closed formulary on the NJEHP plan option
- 3.3% The 2022 rate setting analysis included an additional 3.0% medical claims savings in Plan Year 2022 as well as additional projected savings for the third-party vendor point solutions; The savings attributable to these programs have been mostly removed in the updated projections
- 7.0% Annual medical and Rx trend projection assumptions have increased from the prior renewal analysis as a result of economic wide inflationary pressures on medical trends, expected increases in specialty drug trend costs and utilization, and an additional year of trend to 2023
- -1.5% Impact of increases in projected rebates
- -3.1% Impact of other changes including changes in plan migration assumptions, and changes in administrative fees



\*Impacts are multiplicative, not additive

### **Local Education Early Retiree Premium Increase Drivers**

Local Education Early Retiree premiums are projected to increase **15.8%** in total for 2023. This is primarily a result of the following:

- 15.6% Actual 2021 claims experience was higher compared to expected 2021 claims:
- While significant increases to member utilization in 2021 were anticipated because of COVID-19's impact on 2020, actual utilization appears to be even higher, with utilization trends of 24.9% for Outpatient visits, 10.6% for Professional visits, and 32.0% for Primary Care visits
- The 2022 rate setting analysis included estimated vendor reported savings in 2021 for Horizon's Navigation Advocacy program as well as third-party vendor point solutions; savings for these programs are now assumed to be in the underlying 2021 claims experience
- Actual 2021 prescription drug claims experience trend was higher than expected given the anticipated savings associated with the implementation of mandatory generics and closed formulary on the NJEHP plan option
- 4.0% The 2022 rate setting analysis included an additional 3.0% medical claims savings in Plan Year 2022 as well as additional projected savings for the third-party vendor point solutions; The savings attributable to these programs have been mostly removed in the updated projections
- 7.4% Annual medical and Rx trend projection assumptions have increased from the prior renewal analysis as a result of economic wide inflationary pressures on medical trends, expected increases in specialty drug trend costs and utilization, and an additional year of trend to 2023
- -4.6% Impact of increases in projected rebates
- -6.0% Impact of other changes, updated split-family tier structuring, changes in the education surcharge, and changes in administrative fees



### **Local Education Cost & Utilization Trends by Service Category**

### COMBINED NJ DIRECT, HMO, OMNIA PMPM TRENDS BY SEGMENT 2020 PLACE OF SERVICE TRENDS 2021 PLACE OF SERVICE TRENDS

#### **Hospital Inpatient**

Local Education Actives
Local Education Early Retirees

Cost	Utilization	Trend	
6.9%	-11.1%	-5.0%	
12.9%	-16.8%	-6.0%	

Cost	Utilization	Trend
12.9%	1.7%	14.8%
15.8%	-17.3%	-4.2%

#### **Hospital Outpatient**

Local Education Actives
Local Education Early Retirees

Cost	Utilization	Trend
-1.2%	-14.7%	-15.7%
4.1%	-10.9%	-7.2%

Cost	Utilization	Trend
-3.3%	21.6%	17.6%
-4.0%	12.8%	8.3%

#### **Professional**

Local Education Actives
Local Education Early Retirees

ASO/Insured Book of Business

Cost		Utilization	Trend	
-:	5.4%	-17.1%	-21.6%	
_	1.2%	-16.1%	-17.1%	

-0.2%	-4.7%	-4.9%

Cost	Utilization	Irend	
-6.3%	10.1%	3.1%	
-12.8%	2.3%	-10.8%	

0.7%	17.1%	17.9%
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#### **Total**

Local Education Actives
Local Education Early Retirees

Cost	Utilization	Trend	
-1.8%	-15.3%	-16.8%	
3.6%	-14.5%	-11.4%	

Cost	Utilization	Trend
-1.5%	12.0%	10.3%
-3.6%	2.3%	-1.4%



<sup>\*</sup>Data provided by Horizon

# **Local Education Utilization Trends by Place of Service**

#### **Emergency Room Visits / 1,000 members**

Group	2019	2020	2021	2020 vs 2019	2021 vs 2020
SEHBP Active	226.4	156.5	191.3	-31%	22%
SEHBP Early Retiree	236.4	194.4	211.0	-18%	9%
Total	228.5	163.9	195.0	-28%	19%

#### **Urgent Care Visits / 1,000 members**

Group	2019	2020	2021	2020 vs 2019	2021 vs 2020
SEHBP Active	544.1	650.3	913.2	20%	40%
SEHBP Early Retiree	385.8	491.9	621.7	27%	26%
Total	511.5	619.3	859.1	21%	39%



<sup>\*</sup>Data provided by Horizon

# Local Education Utilization Trends by Place of Service (cont.)

#### PCP Visits / 1,000 members

Group	2019	2020	2021	2020 vs 2019	2021 vs 2020
SEHBP Active	2,712.5	2,444.0	3,044.7	-10%	25%
SEHBP Early Retiree	2,574.3	2,446.5	3,182.3	-5%	30%
Total	2,684.0	2,444.5	3,070.3	-9%	26%

#### **Specialist Visits / 1,000 members**

Group	2019	2020	2021	2020 vs 2019	2021 vs 2020
SEHBP Active	11,405.9	10,144.3	11,181.3	-11%	10%
SEHBP Early Retiree	13,835.0	12,127.0	12,751.9	-12%	5%
Total	11,906.2	10,532.5	11,472.9	-12%	9%



<sup>\*</sup>Data provided by Horizon

### **Local Education Active Claim Stabilization Reserve**

Local Education Actives (in \$ millions)	Projected Claim Stabilization Reserve Balance	Months of Plan Cost as of December 31
12/31/2021	\$559	5.1
12/31/2022	\$314	2.6
12/31/2023	\$313	2.5

- The projected reserves as of December 31, 2021, 2022 and 2023 are based on the reserve balance as of June 30, 2021 provided by the State.
- Projections does not reflect CSR withdrawals to reduce 2023 premiums



### **Disclaimers**

The projections in this analysis are measured on an incurred basis and are consistent with the assumptions and methodology disclosed herein. Future projections may differ significantly from the current projections presented in this analysis due to (but not limited to) such factors as the following:

- Plan experience differing from what is anticipated by the economic or demographic assumptions;
- Changes in actuarial methods or in economic or demographic assumptions;
- Changes in plan provisions or applicable law.

Plan Year 2022 Rate Setting analyses included vendor reported savings for each program. Savings for these programs in the Plan Year 2023 rate setting analyses are assumed to be included in the claims and do not include any additional savings in 2022 and 2023 other than what is noted in this document.

This analysis contains the primary actuarial assumptions and methods used to develop the cost projections but may not include a comprehensive list of these methodologies and assumptions. An provided guidance with respect to these assumptions, and it is our belief that the assumptions represent reasonable expectations of anticipated plan experience.



### **Preparation of this Actuarial Analysis**

This report has been prepared to present our analysis of the Plan Year 2023 Rate Setting for the School Employees' Health Benefits Program (SEHBP). The purpose of this analysis is to recommend premium levels for the SEHBP for January 1, 2023 through December 31, 2023. The use of this report for purposes other than those expressed herein may not be appropriate.

It should be noted that Aon's conclusions are based on certain assumptions that appear reasonable at this time. Actual experience can vary from projected experience, and this difference may be material.

#### **Source of Information**

In conducting this analysis, we relied on census data provided by the State and claims data provided by carriers. We reviewed the data for reasonableness and consistency with prior data but have not audited it; as such, we are not certifying, herein, as to its accuracy.

