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## **2016 – 2019 Advance Payments of the Premium Tax Credit (APTC) & Federally-Facilitated Exchange (FFE) and State-Based Exchange (SBE) - Federal Platform (FP) User Fee (UF) Audits Summary**

**Released: March 1, 2024**

### ***Background***

Section 1412 of the Patient Protection and Affordable Care Act (ACA) established the Advance Payments of the Premium Tax Credit (APTC) program to lower the monthly premium for eligible individuals. Section 1311(d)(5)(A) of the ACA requires the Federally Facilitated Exchanges (FFE) to be self-sustaining, such as by charging participating issuers user fees (UFs) to support FFE operations. Additionally, Office of Management and Budget (OMB) Circular A-25 allows the FFEs and State-based Exchanges on the Federal platform (SBE-FPs) to calculate, collect, and expend UFs.

Pursuant to 45 CFR §§ 156.480(c) and 156.715, the Department of Health and Human Services (HHS) conducts audits of issuers that offer a Qualified Health Plan (QHP) in the individual market through an Exchange to assess compliance with the APTC and FFE and SBE-FP UF program requirements. The goals of these audits are to:

- Safeguard Federal funds;
- Instill confidence in payment data quality among regulated entities;
- Evaluate health insurance issuer compliance with program rules and regulations; and
- Efficiently use taxpayer resources while minimizing unnecessary burden on issuers and consumers.

The following sections detail an overview of the CMS audit program and insights and results from the 2016 – 2019 benefit year APTC and FFE and SBE-FP UF audits.

### ***Audit Program Details***

For the 2014 and 2015 benefit years, CMS paid and collected payments from issuers in all Exchanges via an attestation model, whereby issuers submitted manual enrollment and payment data workbooks to CMS and attested to the accuracy of the submission supporting APTC payments made by CMS and the collection of FFE UFs. In 2016, CMS transitioned FFE APTC payments to the new automated platform, the policy-based payment (PBP) system. Therefore, audit takeaways for 2014 and 2015 benefit years are addressed in a separate report.

For the 2016 – 2019 benefit years, CMS worked with issuers on data supporting the collection of Exchange UF and the APTC calculated under the PBP system. For purposes of program integrity, CMS designed the audit program to efficiently use audit resources and minimize industry burden, while

providing careful oversight of Federal funds. Working in coordination with selected issuers over the course of these audits, CMS aimed to:

- Identify CMS overpayments and underpayments made to issuers resulting from issuer or CMS reporting errors and update CMS’s enrollment data to correct payment through the PBP system;
- Identify cases in which issuers failed to comply with CMS enrollment policy and educate issuers on these errors to improve future compliance; and
- Gain insight into issuer operations and payment procedures operations under the PBP system to educate all issuers on necessary processes improvements and inform future CMS operations and audits.

Refer to Table 1 in the Audit Summary Tables section for an overview of the 2016 – 2019 benefit year audit issuer population.

### ***Key Audit Takeaways***

For the 2016 – 2019 benefit year audits, CMS performed validations and comparisons of data reported in the issuers’ systems to FFE data used to calculate payments to identify any data differences that required adjustments to payment. Refer to Tables 2 - 5 in the Audit Summary Tables section below for the overall financial impact resulting from the audits.

In addition to validations performed to identify potential errors in payment resulting from data discrepancies between the issuer and FFE data, CMS performed sampling reviews to identify observations, or cases in which issuers failed to comply with CMS enrollment policy and guidance<sup>1</sup> and in 45 CFR §§§ 155.400, 156.270, and 156.460, and the applicable benefit year. For the 2016 – 2019 benefit year audits, over 60 percent of the audited issuers had at least one observation. Major observations identified were generally consistent across the 2016 – 2019 benefit years and included the following:

- *Late or no/partial binder payments*: Issuers effectuating enrollments despite receiving late or insufficient binder payments resulting from operational policies or system parameters that were inconsistent with CMS requirements, manual system input errors, management business decisions to accept late/partial binder payments, lack of understanding/misinterpretation of CMS guidance, etc.
- *Incorrect grace period application*: Issuers providing additional months of coverage despite not receiving the full outstanding premium balance during the three consecutive month grace period resulting from grace period policies or system parameters that were inconsistent with CMS guidance, manual system input errors, management business decisions surrounding reinstatements, lack of understanding/misinterpretation of CMS guidance on grace periods, etc.
- *834 voluntary terminations during grace periods*: Issuers failing to terminate coverage based on the earlier of the enrollee’s termination date received from CMS or the date the enrollee’s coverage is terminated for non-payment of premiums due to premium payment policies inconsistent with CMS requirements, system issues/technology errors, etc.

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<sup>1</sup> CMS FFE and Federally-facilitated (FF) Small Business Health Options Program (SHOP) Enrollment Manual, available at: <https://www.cms.gov/marketplace/resources/regulations-guidance>.

- *Incorrect application of premium payment threshold:* Issuers continuing to provide coverage for a member whose premium balance had accumulated beyond the applicable premium payment threshold due to system issues/technology errors, premium payment policies inconsistent with CMS requirements, etc.
- *Incorrect billing and/or enrollment procedures:* Issuers incorrectly invoicing members resulting from untimely or inaccurate processing of APTC and/or premium amount updates, processing of passive applications instead of active applications, manual system input errors, technology errors, etc.
- *Record maintenance:* Issuers failing to maintain sufficient supporting documentation required for audit purposes for 10 years resulting from system implementation/migration issues, expired vendor contract issues resulting in an inability to obtain documentation, etc.

Refer to Tables 6 - 9 in the Audit Summary Tables section below for additional details on the audit observations and Tables 10 - 13 in the Audit Summary Tables section below for issuer level audit results.

### ***2020 and Beyond Audit Program Changes: APTC Payments***

In the HHS Notice of Benefit and Payment Parameters for 2024,<sup>2</sup> CMS finalized changes to 45 CFR 156.1210(c), which states that, in order to be eligible for resolution under § 156.1210(b), an issuer must describe all inaccuracies identified in a payment and collections report before the end of the 3-year period beginning at the end of the plan year (PY) to which the inaccuracy relates. In other words, beginning with the 2020 PY coverage, HHS will not pay additional APTC payments or reimburse user fee payments for FFE, SBE–FP, and SBE issuers for data inaccuracies reported after the 3-year deadline. Additionally, CMS stated that HHS would not accept or take action that results in an outgoing payment on data inaccuracies or payment errors for the 2015 through 2019 PY coverage that are reported after December 31, 2023, which means an issuer must describe all inaccuracies identified in a payment and collections report for PYs 2015 through 2019 before January 1, 2024.

### ***Audit Summary Tables***

The following tables provide additional details on the 2016 – 2019 benefit year audits and results. Note: positive financial values in the tables indicate funds being paid from CMS to issuers, while negative financial values in the tables indicate funds being paid from issuers to CMS.

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<sup>2</sup> Available at: <https://www.federalregister.gov/documents/2023/04/27/2023-08368/patient-protection-and-affordable-care-act-hhs-notice-of-benefit-and-payment-parameters-for-2024>

**Table 1: BY 2016 - 2019 APTC & FFE and SBE-FP UF Audit Summary**

<b>FFE Audit Summary – 2016 through 2019</b>			
<b>Benefit Year</b>	<b>Total HIOS IDs Audited</b>	<b>Total \$ APTC Audited<sup>3</sup></b>	<b>\$ APTC Audited as a % of Total Benefit Year APTC Paid by CMS to FFE/SBE-FP Issuers</b>
2016	44	\$10,551,870,022.35	48%
2017	51	\$3,730,183,251.22	13%
2018	52	\$7,252,244,221.58	17%
2019	57	\$16,212,448,613.97	39%

**Table 2: BY 2016 APTC & FFE and SBE-FP UF Audit Finding Summary Results – Financial Impact**

<b>FFE Audit Results – 2016</b>		
<b>Finding Impact</b>	<b>Count of Issuers</b>	<b>Financial Impact</b>
Overpayment Identified	18	\$(5,699,887.67)
Underpayment Identified	26	\$5,644,990.03
No Finding	0	N/A

**Table 3: BY 2017 APTC & FFE and SBE-FP UF Audit Finding Summary Results – Financial Impact**

<b>FFE Audit Results – 2017</b>		
<b>Finding Impact</b>	<b>Count of Issuers</b>	<b>Financial Impact</b>
Overpayment Identified	14	\$(929,501.29)
Underpayment Identified	36	\$1,482,776.60
No Finding	1	N/A

**Table 4: BY 2018 APTC & FFE and SBE-FP UF Audit Finding Summary Results – Financial Impact**

<b>FFE Audit Results – 2018</b>		
<b>Finding Impact</b>	<b>Count of Issuers</b>	<b>Financial Impact</b>
Overpayment Identified	21	\$(1,247,174.51)
Underpayment Identified	29	\$3,237,602.13
No Finding	2	N/A

<sup>3</sup> Total APTC payment amounts are calculated at the onset of the audits.

**Table 5: BY 2019 APTC & FFE and SBE-FP UF Audit Finding Summary Results – Financial Impact**

<b>FFE Audit Results – 2019</b>		
<b>Finding Impact</b>	<b>Count of Issuers</b>	<b>Financial Impact</b>
Overpayment Identified	10	\$(214,187.23)
Underpayment Identified	46	\$4,111,766.41
No Finding	1	N/A

**Table 6: BY 2016 APTC & FFE and SBE-FP UF Audit Observation Summary Results**

<b>FFE Audit Results – 2016</b>	
<b>Observation Type</b>	<b>Count of Issuers with Observations</b>
No/Partial Binder Payment	5
Late Binder Payment	21
Grace Period	29
834 Terminations	1
Incorrect Premium Payment Threshold Application	1
Incorrect Billing	3
Record Maintenance	2
Other	0

**Table 7: BY 2017 APTC & FFE and SBE-FP UF Audit Observation Summary Results**

<b>FFE Audit Results – 2017</b>	
<b>Observation Type</b>	<b>Count of Issuers with Observations</b>
No/Partial Binder Payment	13
Late Binder Payment	23
Grace Period	40
834 Terminations	7
Incorrect Premium Payment Threshold Application	0
Incorrect Billing	4
Record Maintenance	0
Other	5

**Table 8: BY 2018 APTC & FFE and SBE-FP UF Audit Observation Summary Results**

<b>FFE Audit Results – 2018</b>	
<b>Observation Type</b>	<b>Count of Issuers with Observations</b>
No/Partial Binder Payment	9
Late Binder Payment	19
Grace Period	38
834 Terminations	9
Incorrect Premium Payment Threshold Application	0
Incorrect Billing	3
Record Maintenance	0
Other	5

**Table 9: BY 2019 APTC & FFE and SBE-FP UF Audit Observation Summary Results**

<b>FFE Audit Results – 2019</b>	
<b>Observation Type</b>	<b>Count of Issuers with Observations</b>
No/Partial Binder Payment	7
Late Binder Payment	12
Grace Period	26
834 Terminations	3
Incorrect Premium Payment Threshold Application	0
Incorrect Billing	3
Record Maintenance	0
Other	1

**Table 10: BY 2016 APTC & FFE and SBE-FP UF Audit Financial Impact by Issuer**

FFE Audit Results – 2016							
HIOS ID	Issuer Name	BY2016 User Fees Paid <sup>4</sup>	BY 2016 APTC Payment Amount <sup>5</sup>	User Fee Adjustment	APTC Adjustment	Net Issuer Adjustment	Net Impact as a % of Total Payment
15560	Blue Cross Blue Shield of Michigan Mutual Insurance Company	\$(12,138,394.52)	\$155,366,416.89	\$(11,968.18)	\$(190.37)	\$(12,158.55)	0.01%
15833	Guardian Life Insurance Company of America	\$(140,315.09)	\$15,264.39	\$35,428.20	\$(601.41)	\$34,826.79	27.85%
16322	UPMC Health Options, Inc.	\$(8,792,967.92)	\$119,042,702.46	\$(20,409.70)	\$45,312.99	\$24,903.29	0.02%
16842	Blue Cross and Blue Shield of Florida	\$(59,114,364.24)	\$1,118,312,643.52	\$(205,476.30)	\$(586,578.62)	\$(792,054.92)	0.07%
18558	Blue Cross and Blue Shield of Kansas, Inc.	\$(2,037,447.29)	\$25,195,502.09	\$(124.71)	\$(10,580.34)	\$(10,705.05)	0.05%
19636	HMO Louisiana, Inc.	\$(8,605,594.48)	\$190,221,926.67	\$3,827.35	\$96,548.95	\$100,376.30	0.06%
20129	Health Alliance Medical Plans, Inc.	\$(4,591,710.24)	\$77,385,271.01	\$(35.55)	\$34,909.46	\$34,873.91	0.05%
20305	Medica Insurance Company	\$(867,720.57)	\$15,573,058.64	\$4,217.84	\$(54,082.29)	\$(49,864.45)	0.34%
21663	Celtic Insurance Company	\$(14,873,734.44)	\$353,115,027.54	\$(6,781.75)	\$228,287.76	\$221,506.01	0.07%
26065	Blue Cross and Blue Shield of South Carolina	\$(14,712,796.94)	\$296,579,663.02	\$20,006.60	\$140,088.86	\$160,095.46	0.06%
26250	Managed DentalGuard, Inc.	\$(141,769.29)	\$10,863.63	\$17,948.30	\$(579.07)	\$17,369.23	13.27%
29678	Blue Cross and Blue Shield of Nebraska	\$(3,491,775.96)	\$58,333,510.39	\$(1,949.38)	\$39,954.97	\$38,005.59	0.07%
30252	Health Options, Inc.	\$(33,394,399.07)	\$739,013,969.35	\$(91,076.86)	\$(300,943.22)	\$(392,020.08)	0.06%
30751	Blue Cross and Blue Shield of Montana	\$(4,924,522.18)	\$84,189,097.99	\$(2,460.30)	\$7,750.55	\$5,290.25	0.01%
32753	Healthy Alliance Life Co (Anthem BCBS)	\$(8,034,794.33)	\$163,258,645.42	\$(6,210.81)	\$313,671.69	\$307,460.88	0.20%
33602	Blue Cross Blue Shield of Texas	\$(56,157,598.43)	\$1,080,516,352.58	\$(27,804.23)	\$238,329.93	\$210,525.71	0.02%
33871	Keystone Health Plan East, Inc.	\$(15,203,847.38)	\$246,069,841.83	\$(64,695.46)	\$186,443.92	\$121,748.46	0.05%
35783	Humana Medical Plan, Inc.	\$(27,449,634.86)	\$535,531,611.65	\$90,791.16	\$(458,600.42)	\$(367,809.26)	0.07%
36096	Blue Cross Blue Shield of Illinois	\$(28,241,603.67)	\$384,149,194.49	\$(19,383.44)	\$58,553.21	\$39,169.77	0.01%
39424	Moda Health Plan, Inc.	\$0.00	\$66,666,780.23	\$0.00	\$147,794.95	\$147,794.95	0.22%
42261	University of Utah Health Insurance Plans	\$(219,039.15)	\$2,446,240.94	\$(423.60)	\$(5,280.52)	\$(5,704.12)	0.26%
45127	Capital Advantage Assurance Company	\$(3,262,812.91)	\$39,389,372.62	\$(15,522.91)	\$2,407.24	\$(13,115.67)	0.04%
45786	Molina Healthcare of Texas, Inc.	\$(14,727,313.54)	\$338,136,404.05	\$(2,768.89)	\$(43,482.08)	\$(46,250.97)	0.01%
49046	Blue Cross Blue Shield Healthcare Plan of Georgia	\$(12,670,458.97)	\$265,801,483.53	\$(17,419.70)	\$679,395.90	\$661,976.20	0.26%
49532	BlueChoice HealthPlan of South Carolina, Inc.	\$(14,500,808.19)	\$282,493,686.99	\$(18,979.97)	\$477,635.21	\$458,655.24	0.17%
52697	Molina Healthcare of Wisconsin, Inc.	\$(9,821,185.92)	\$197,940,345.13	\$(14,158.29)	\$(11,305.92)	\$(25,464.21)	0.01%
53901	Blue Cross and Blue Shield of Arizona, Inc.	\$(5,404,052.13)	\$80,380,798.09	\$(52,075.53)	\$648,879.29	\$596,803.76	0.80%
54172	Molina Healthcare of Florida, Inc.	\$(30,573,919.99)	\$713,979,942.29	\$39,552.64	\$(976,664.56)	\$(937,111.92)	0.14%

<sup>4</sup> Total user fee amounts are calculated at the onset of the 2016 audits.

<sup>5</sup> Total APTC amounts are calculated at the onset of the 2016 audits.

FFE Audit Results – 2016							
HIOS ID	Issuer Name	BY2016 User Fees Paid <sup>4</sup>	BY 2016 APTC Payment Amount <sup>5</sup>	User Fee Adjustment	APTC Adjustment	Net Issuer Adjustment	Net Impact as a % of Total Payment
56707	Providence Health Plan	\$0.00	\$128,102,888.46	\$0.00	\$(291,189.43)	\$(291,189.43)	0.23%
66252	CHRISTUS Health Plan	\$(1,428,728.64)	\$28,033,820.35	\$33,148.43	\$(768,646.85)	\$(735,498.42)	2.76%
68781	SelectHealth	\$(11,647,255.83)	\$199,459,540.10	\$14,760.73	\$(316,581.72)	\$(301,820.99)	0.16%
69443	UnitedHealthcare Insurance Company	\$(5,878,733.99)	\$120,894,837.61	\$844.95	\$2,183.03	\$3,027.98	0.00%
70893	Centene	\$(9,974,406.31)	\$223,423,030.24	\$(17,574.69)	\$475,777.01	\$458,202.32	0.21%
75293	USABLE Mutual Insurance Company	\$(9,220,939.23)	\$165,642,949.07	\$(18,621.90)	\$204,097.05	\$185,475.15	0.12%
76179	Celtic Insurance Company	\$(2,260,621.09)	\$40,973,610.88	\$(4,389.51)	\$116,747.45	\$112,357.94	0.29%
87416	Common Ground Healthcare Cooperative	\$(2,648,187.98)	\$44,527,530.13	\$54,787.89	\$(752,715.83)	\$(697,927.94)	1.67%
87571	Blue Cross Blue Shield of Oklahoma	\$(17,479,388.87)	\$353,769,151.42	\$(4,750.80)	\$112,863.14	\$108,112.34	0.03%
88380	HealthKeepers, Inc.	\$(21,095,073.80)	\$392,820,262.41	\$(44,178.88)	\$1,331,324.28	\$1,287,145.40	0.35%
91661	Horizon Healthcare Services, Inc.	\$(27,153,308.25)	\$420,733,223.86	\$(26,504.54)	\$(67,150.29)	\$(93,654.83)	0.02%
91762	AmeriHealth Ins Company of New Jersey	\$(7,556,538.61)	\$131,931,790.75	\$(54,783.79)	\$136,553.38	\$81,769.59	0.07%
93078	Medica Insurance Company	\$(265,999.33)	\$4,259,085.86	\$2,755.56	\$(41,807.97)	\$(39,052.41)	0.98%
93332	Humana Employers Health Plan of Georgia, Inc.	\$(23,434,931.75)	\$379,723,811.40	\$106,288.47	\$(994,772.92)	\$(888,484.45)	0.25%
94248	Blue Cross and Blue Shield of Kansas City	\$(2,846,597.47)	\$47,526,617.81	\$(5,958.90)	\$192,650.92	\$186,692.02	0.42%
98185	Blue Care Network of Michigan	\$(14,771,526.84)	\$240,932,254.57	\$(7,567.61)	\$48,393.10	\$40,825.49	0.02%

Table 11: BY 2017 APTC & FFE and SBE-FP UF Audit Financial Impact by Issuer

FFE Audit Results – 2017							
HIOS ID	Issuer Name	BY2017 User Fees Paid <sup>6</sup>	BY 2017 APTC Payment Amount <sup>7</sup>	User Fee Adjustment	APTC Adjustment	Net Issuer Adjustment	Net Impact as a % of Total Payment
12028	Innovation Health Insurance Company	\$(8,981,231.02)	\$184,102,279.74	\$145.70	\$4,963.34	\$5,109.04	0.00%
15411	Humana Health Plan, Inc.	\$(91,117.79)	\$1,516,341.18	\$(162.58)	\$4,285.29	\$4,122.71	0.29%
15668	Piedmont Community HealthCare, Inc.	\$(342,607.64)	\$4,646,640.06	\$(272.92)	\$3,154.65	\$2,881.73	0.07%
16698	Prominence HealthFirst	\$(391,645.29)	\$16,284,535.09	\$(1,427.27)	\$66,450.59	\$65,023.32	0.41%
17575	Anthem Ins Companies Inc (Anthem BCBS)	\$(6,408,585.00)	\$56,415,945.31	\$5,017.23	\$21,272.66	\$26,289.89	0.05%
18167	Molina Healthcare of Utah	\$(8,196,254.36)	\$154,009,000.52	\$(1,829.64)	\$10,325.66	\$8,496.02	0.01%
18350	Hawaii Medical Service Association	\$(1,810,119.51)	\$31,638,916.79	\$3,758.80	\$(32,430.13)	\$(28,671.33)	0.10%
18973	Coventry Health Care of Iowa Inc.	\$(5,643,464.99)	\$109,107,429.66	\$(245.64)	\$4,294.94	\$4,049.30	0.00%

<sup>6</sup> Total user fee amounts are calculated at the onset of the 2017 audits.

<sup>7</sup> Total APTC payment amounts are calculated at the onset of the 2017 audits.



FFE Audit Results – 2017							
HIOS ID	Issuer Name	BY2017 User Fees Paid <sup>6</sup>	BY 2017 APTC Payment Amount <sup>7</sup>	User Fee Adjustment	APTC Adjustment	Net Issuer Adjustment	Net Impact as a % of Total Payment
20173	HealthPartners Insurance Company	\$(307,840.70)	\$6,424,046.10	\$(867.68)	\$14,776.61	\$13,908.93	0.23%
23340	Consumers Life Insurance Company	\$(345,942.35)	\$3,924,384.87	\$154.36	\$860.93	\$1,015.29	0.03%
23891	Alphan Dental Programs, Inc.	\$(181,164.06)	\$13,582.00	\$(322.06)	\$1,428.75	\$1,106.69	0.66%
25741	Renaissance Life & Health Insurance Company of America	\$(321,930.72)	\$13,039.54	\$9,172.55	\$475.75	\$9,648.30	3.12%
26734	Premier Health Plan, Inc.	\$(681,091.64)	\$7,725,738.41	\$218.24	\$(5,348.16)	\$(5,129.92)	0.07%
27248	Community Health Choice, Inc.	\$(20,476,738.00)	\$417,504,778.50	\$13,350.85	\$159,426.89	\$172,777.74	0.04%
27651	Gundersen Health Plan, Inc.	\$(97,443.32)	\$2,070,173.21	\$(385.73)	\$8,919.00	\$8,533.27	0.43%
27811	BlueCross BlueShield Kansas Solutions, Inc.	\$(9,880,449.48)	\$197,452,750.68	\$3,941.91	\$68,437.60	\$72,379.51	0.04%
29276	Community Insurance Company (Anthem BCBS)	\$(9,128,128.50)	\$136,974,006.63	\$8,992.67	\$(6,037.54)	\$2,955.13	0.00%
29497	Aetna Life Insurance Company	\$(1,123,406.88)	\$21,540,115.93	\$(106.44)	\$454.65	\$348.21	0.00%
30613	Humana Insurance Company	\$(3,140,213.76)	\$60,277,276.78	\$(2,463.58)	\$65,831.40	\$63,367.82	0.11%
31274	Highmark Blue Cross Blue Shield West Virginia	\$(6,232,422.84)	\$124,119,944.06	\$1,365.31	\$(1,087.09)	\$278.22	0.00%
32536	ATRIO Health Plans	\$(621,703.65)	\$27,746,654.48	\$(2,631.56)	\$119,051.83	\$116,420.27	0.43%
32673	Humana Health Plan of Texas, Inc.	\$(1,190,478.24)	\$14,401,097.91	\$11,586.17	\$(171,909.16)	\$(160,322.99)	1.21%
33670	Rocky Mountain Hos&Med Svc (Anthem BCBS)	\$(522,271.47)	\$21,704,355.24	\$615.78	\$1,248.08	\$1,863.86	0.01%
33709	Highmark Inc.	\$(1,532,298.91)	\$15,954,214.16	\$642.03	\$(312.38)	\$329.65	0.00%
34762	Blue Cross and Blue Shield of Kansas City	\$(5,664,340.39)	\$128,564,743.34	\$15,985.81	\$(10,763.26)	\$5,222.55	0.00%
37392	Prominence HealthFirst of Texas, Inc.	\$(1,001,341.64)	\$22,647,022.72	\$1,596.58	\$(5,784.26)	\$(4,187.68)	0.02%
37651	Health Alliance Plan (HAP)	\$(1,336,563.45)	\$17,894,773.25	\$8,204.26	\$(83,745.87)	\$(75,541.61)	0.46%
38344	Premera Blue Cross Blue Shield of Alaska	\$(6,439,479.27)	\$157,198,812.56	\$320.79	\$261,555.21	\$261,876.00	0.17%
38599	UnitedHealthcare of the Mid-Atlantic Inc	\$(1,860,776.42)	\$31,407,311.06	\$(977.43)	\$25,398.27	\$24,420.84	0.08%
40047	Molina Healthcare of Michigan, Inc.	\$(2,790,110.36)	\$48,627,172.88	\$(895.63)	\$27,077.33	\$26,181.70	0.06%
44794	Aetna Health Inc. (a PA corp.)	\$(8,793,220.75)	\$199,914,876.44	\$(379.82)	\$(235.11)	\$(614.93)	0.00%
44965	Humana Health Benefit Plan of Louisiana, Inc.	\$(3,822,762.39)	\$79,463,347.72	\$557.74	\$29,183.48	\$29,741.22	0.04%
46275	Humana Medical Plan of Michigan, Inc.	\$(823,990.30)	\$10,414,513.03	\$2,548.88	\$(23,700.16)	\$(21,151.28)	0.22%
47342	Health Tradition Health Plan	\$(1,883,332.05)	\$38,701,654.67	\$8,791.27	\$(171,632.72)	\$(162,841.45)	0.44%
48963	Humana Insurance Company	\$(1,309,079.33)	\$19,699,586.08	\$2,272.73	\$(21,546.38)	\$(19,273.65)	0.10%
58288	Humana Health Plan, Inc.	\$(1,059,180.27)	\$23,551,904.44	\$369.10	\$(14,841.13)	\$(14,472.03)	0.06%
60156	HMO Colorado Inc dba HMO NV (Anthem BCBS)	\$(1,423,091.91)	\$61,367,578.74	\$3,156.28	\$9,508.15	\$12,664.43	0.02%

FFE Audit Results – 2017							
HIOS ID	Issuer Name	BY2017 User Fees Paid <sup>6</sup>	BY 2017 APTC Payment Amount <sup>7</sup>	User Fee Adjustment	APTC Adjustment	Net Issuer Adjustment	Net Impact as a % of Total Payment
60536	Avera Health Plans, Inc.	\$(4,420,760.00)	\$97,194,431.26	\$17,065.71	\$(279,299.41)	\$(262,233.70)	0.28%
62033	MDwise Marketplace, Inc.	\$(5,012,602.36)	\$71,701,860.00	\$1,727.45	\$(130,952.33)	\$(129,224.88)	0.19%
63474	BridgeSpan Health Company	\$(862,773.63)	\$32,201,298.53	\$1,883.66	\$25,401.25	\$27,284.91	0.09%
66083	Humana Health Plan of Ohio, Inc.	\$(182,697.14)	\$1,157,556.75	\$(340.02)	\$2,529.00	\$2,188.98	0.22%
67190	Aetna Health Inc. (a PA corp.)	\$(1,194,538.62)	\$25,727,484.61	\$0.00	\$0.00	\$0.00	0.00%
71837	Sendero Health Plans, Inc.	\$(5,395,148.28)	\$97,751,689.05	\$6,338.67	\$(38,921.62)	\$(32,582.95)	0.04%
73751	Medica Health Plans	\$(432,955.65)	\$7,355,520.56	\$(739.90)	\$26,072.60	\$25,332.70	0.37%
79475	Compcare Health Serv Ins Co (Anthem BCBS)	\$(2,371,142.00)	\$38,918,112.80	\$4,180.44	\$(17,433.33)	\$(13,252.89)	0.04%
82120	Humana Insurance Company	\$(14,466,505.37)	\$296,258,592.76	\$(7,374.49)	\$261,432.60	\$254,058.11	0.09%
87928	Wellmark Synergy Health, Inc.	\$(272,797.09)	\$5,320,414.92	\$41.62	\$8,657.52	\$8,699.14	0.17%
91058	Gundersen Health Plan, Inc.	\$(797,159.00)	\$14,433,256.66	\$(1,708.58)	\$29,683.90	\$27,975.32	0.21%
91450	Health Net of Arizona, Inc.	\$(24,201,251.05)	\$486,468,217.43	\$7,233.66	\$170,010.79	\$177,244.45	0.04%
93187	Aetna Health Inc. (a PA corp.)	\$(4,926,729.85)	\$97,067,333.53	\$(197.68)	\$3,965.26	\$3,767.58	0.00%
94529	Group Health Cooperative- SCW	\$(277,427.61)	\$3,606,938.58	\$(158.87)	\$15,372.65	\$15,213.78	0.46%

Table 12: BY 2018 APTC & FFE and SBE-FP UF Audit Financial Impact by Issuer

FFE Audit Results – 2018							
HIOS ID	Issuer Name	BY2018 User Fees Paid <sup>8</sup>	BY 2018 APTC Payment Amount <sup>9</sup>	User Fee Adjustment	APTC Adjustment	Net Issuer Adjustment	Net Impact as a % of Total Payment
10207	CareFirst BlueChoice, Inc.	\$(1,444,013.78)	\$13,922,481.85	\$1,535.25	\$20,964.48	\$22,499.73	0.18%
14630	Children's Community Health Plan	\$(7,132,816.15)	\$160,443,573.79	\$745.96	\$62,743.95	\$63,489.91	0.04%
19722	Molina Health Care of New Mexico, Inc.	\$(2,803,664.12)	\$103,164,455.55	\$(73.55)	\$17,866.46	\$17,792.91	0.02%
20507	Optima Health Plan	\$(21,614,964.90)	\$538,309,797.55	\$(4,050.41)	\$129,664.17	\$125,613.76	0.02%
22444	Geisinger Health Plan	\$(18,119,613.37)	\$439,074,192.83	\$(11,219.95)	\$311,475.61	\$300,255.66	0.07%
23603	PacificSource Health Plans	\$(2,343,577.08)	\$50,374,065.99	\$(581.08)	\$53,442.27	\$52,861.19	0.11%
27833	Celtic Insurance Company	\$(6,116,344.89)	\$140,306,384.60	\$(175.97)	\$23,458.27	\$23,282.30	0.02%
31609	Independence Blue Cross (QCC Ins. Co.)	\$(7,371,466.24)	\$148,003,411.14	\$5,838.94	\$(36,286.67)	\$(30,447.73)	0.02%
32225	Montana Health Cooperative	\$(4,993,242.80)	\$111,103,727.88	\$(6,541.55)	\$114,317.67	\$107,776.12	0.10%
33653	Maine Community Health Options	\$(11,654,720.28)	\$271,929,161.08	\$533.47	\$6,757.82	\$7,291.29	0.00%

<sup>8</sup> Total user fee amounts are calculated at the onset of the 2018 audits.

<sup>9</sup> Total APTC payment amounts are calculated at the onset of the 2018 audits.

FFE Audit Results – 2018							
HIOS ID	Issuer Name	BY2018 User Fees Paid <sup>8</sup>	BY 2018 APTC Payment Amount <sup>9</sup>	User Fee Adjustment	APTC Adjustment	Net Issuer Adjustment	Net Impact as a % of Total Payment
36194	Health First Commercial Plans, Inc.	\$(4,449,250.23)	\$93,303,418.28	\$7,444.10	\$(33,839.47)	\$(26,395.37)	0.03%
37204	Piedmont Community HealthCare HMO, Inc.	\$(6,091,531.66)	\$148,060,820.37	\$(584.36)	\$117,311.44	\$116,727.08	0.08%
37833	Unity Health Plans Insurance Corporation	\$(5,030,002.26)	\$102,870,825.63	\$(805.98)	\$13,660.77	\$12,854.79	0.01%
37903	QualChoice Life & Health Insurance Company, Inc.	\$(35,350.33)	\$630,168.20	\$536.21	\$(13,944.00)	\$(13,407.79)	2.25%
38166	Security Health Plan of Wisconsin, Inc.	\$(9,401,495.58)	\$219,322,119.73	\$(1,592.84)	\$45,032.53	\$43,439.69	0.02%
38949	Highmark Choice Company	\$(741,475.76)	\$10,797,639.37	\$257.43	\$(2,983.81)	\$(2,726.38)	0.03%
39520	Medica Insurance Company	\$(3,169,966.28)	\$62,523,977.34	\$3,534.73	\$47,036.34	\$50,571.07	0.09%
40308	Group Hospitalization and Medical Services Inc.	\$(765,200.96)	\$4,283,671.68	\$161.95	\$(20,078.72)	\$(19,916.77)	0.57%
40335	Educators Health Plans Life, Accident, and Health, Inc.	\$(94,389.24)	\$77,803.59	\$(174.82)	\$2,213.58	\$2,038.76	12.29%
45142	SilverSummit Healthplan, Inc.	\$(3,666,443.83)	\$152,073,621.95	\$2,725.42	\$(7,261.77)	\$(4,536.35)	0.00%
45636	CareSource Kentucky Co.	\$(5,683,692.35)	\$157,839,929.60	\$39,169.42	\$(181,010.75)	\$(141,841.33)	0.09%
50328	CareSource West Virginia Co.	\$(2,236,431.62)	\$47,707,878.71	\$12,081.64	\$(28,037.75)	\$(15,956.11)	0.04%
52664	Summa Insurance Company, Inc.	\$(638,764.49)	\$9,229,885.90	\$0.00	\$0.00	\$0.00	0.00%
54192	CareSource Indiana, Inc.	\$(14,218,197.09)	\$203,958,652.45	\$67,081.06	\$(161,891.39)	\$(94,810.33)	0.05%
56503	Florida Health Care Plan, Inc.	\$(8,161,732.55)	\$194,402,344.14	\$(16,501.83)	\$441,116.30	\$424,614.47	0.23%
57845	Medica Health Plans of Wisconsin	\$(2,435,238.76)	\$50,062,686.51	\$1,688.51	\$(15,671.32)	\$(13,982.81)	0.03%
58326	MercyCare HMO, Inc.	\$(1,174,879.44)	\$22,949,206.76	\$0.00	\$0.00	\$0.00	0.00%
58594	Meridian Health Plan of Michigan, Inc.	\$(984,616.95)	\$20,363,226.78	\$2,698.18	\$(38,756.52)	\$(36,058.34)	0.19%
60612	Kaiser Foundation Health Plan, Inc.	\$(2,029,557.85)	\$40,788,705.32	\$(645.44)	\$28,693.44	\$28,048.00	0.07%
63141	Humana Insurance Company	\$(88,577.48)	\$65,234.23	\$64.67	\$(1,678.33)	\$(1,613.66)	6.91%
67183	Total Health Care USA, Inc.	\$(2,744,378.40)	\$55,769,116.01	\$(6,997.44)	\$211,526.14	\$204,528.70	0.39%
67243	Vantage Health Plan, Inc.	\$(2,479,957.31)	\$47,139,220.59	\$(113.15)	\$0.00	\$(113.15)	0.00%
70194	Highmark Health Insurance Company	\$(4,987,130.30)	\$113,944,522.25	\$(43.30)	\$2,264.76	\$2,221.46	0.00%
70525	QCA Health Plan, Inc.	\$(64,385.93)	\$1,173,848.76	\$542.42	\$(14,703.00)	\$(14,160.58)	1.28%
72034	CHRISTUS Health Plan	\$(308,406.22)	\$10,785,058.99	\$(1,137.36)	\$53,592.80	\$52,455.44	0.50%
73301	Bright Health Insurance Company	\$(258,719.34)	\$6,549,834.09	\$5,367.66	\$(100,633.92)	\$(95,266.26)	1.51%
73943	Cigna Healthcare of North Carolina, Inc.	\$(4,406,391.73)	\$109,972,971.01	\$(18,789.71)	\$565,509.86	\$546,720.15	0.52%
74313	Paramount Insurance Company	\$(1,780,572.13)	\$36,239,973.73	\$(695.64)	\$20,464.56	\$19,768.92	0.06%
74483	Cigna Health and Life Insurance Company	\$(20,712,181.58)	\$453,112,566.48	\$2,737.77	\$(47,281.57)	\$(44,543.80)	0.01%
74917	McLaren Health Plan Community	\$(1,152,369.63)	\$22,631,101.54	\$10,433.71	\$(9,208.70)	\$1,225.01	0.01%
75841	Celtic Insurance Company	\$(1,265,141.45)	\$23,343,617.27	\$633.76	\$(3,635.86)	\$(3,002.10)	0.01%

FFE Audit Results – 2018							
HIOS ID	Issuer Name	BY2018 User Fees Paid <sup>8</sup>	BY 2018 APTC Payment Amount <sup>9</sup>	User Fee Adjustment	APTC Adjustment	Net Issuer Adjustment	Net Impact as a % of Total Payment
77552	CareSource	\$(15,777,282.20)	\$263,671,808.17	\$99,363.78	\$(249,765.26)	\$(150,401.48)	0.06%
77606	AmeriHealth HMO, Inc.	\$(2,477,770.75)	\$47,459,076.98	\$(381.97)	\$47,045.02	\$46,663.05	0.10%
80065	Sunflower State Health Plan, Inc.	\$(5,198,270.51)	\$119,758,902.15	\$22.51	\$66,818.21	\$66,840.72	0.06%
81413	Network Health Plan	\$(2,523,904.73)	\$53,142,631.44	\$1,472.78	\$(24,606.07)	\$(23,133.29)	0.05%
83731	First Priority Health	\$(3,322,774.61)	\$70,486,897.58	\$(1,367.03)	\$23,078.31	\$21,711.28	0.03%
83761	Alliant Health Plans	\$(13,673,684.10)	\$353,807,820.28	\$2,402.43	\$82,180.73	\$84,583.16	0.02%
89942	Kaiser Foundation Health Plan of Georgia	\$(17,605,465.95)	\$364,564,068.37	\$(13,191.46)	\$388,834.78	\$375,643.32	0.11%
90714	Ambetter of Magnolia Inc.	\$(18,594,189.45)	\$481,361,071.07	\$5,254.92	\$255,205.33	\$260,460.25	0.06%
95865	Health Plan of Nevada, Inc.	\$(5,070,458.24)	\$179,997,234.43	\$30,380.88	\$(516,747.93)	\$(486,367.05)	0.28%
99248	Cigna Health and Life Insurance Company	\$(20,919,144.19)	\$508,759,676.01	\$2,305.91	\$(30,799.74)	\$(28,493.83)	0.01%
99723	Celtic Insurance Company	\$(18,097,580.95)	\$410,630,135.58	\$5,954.06	\$149,669.88	\$155,623.94	0.04%

Table 13: BY 2019 APTC & FFE and SBE-FP UF Audit Financial Impact by Issuer

FFE Audit Results – 2019							
HIOS ID	Issuer Name	BY2019 User Fees Paid <sup>10</sup>	BY 2019 APTC Payment Amount <sup>11</sup>	User Fee Adjustment	APTC Adjustment	Net Issuer Adjustment	Net Impact as a % of Total Payment
10091	PacificSource Health Plans	\$(3,539,997.37)	\$75,651,594.68	\$1,057.85	\$1,828.08	\$2,885.93	0.00%
11269	Blue Cross Blue Shield of Wyoming	\$(8,709,123.86)	\$223,551,710.32	\$(823.25)	\$3,265.67	\$2,442.42	0.00%
11512	Blue Cross and Blue Shield of NC	\$(127,308,382.75)	\$3,199,655,141.85	\$(1,560.14)	\$395,120.63	\$393,560.49	0.01%
13877	Oscar Health Plan, Inc.	\$(307,591.28)	\$4,377,318.86	\$(110.04)	\$6,641.77	\$6,531.73	0.16%
14002	BlueCross BlueShield of Tennessee	\$(27,111,615.15)	\$687,634,905.37	\$(240.82)	\$8,648.89	\$8,408.07	0.00%
16842	Blue Cross and Blue Shield of Florida (2016 Auditee)	\$(113,113,521.71)	\$2,529,918,319.58	\$108,079.43	\$106,447.80	\$214,527.23	0.01%
18636	Dental Care Plus, Inc.	\$(44,220.62)	\$143,123.24	\$(2,415.59)	\$12,163.51	\$9,747.92	9.86%
20069	Oscar Insurance Company of Texas	\$(8,931,216.19)	\$176,577,881.62	\$5,405.94	\$59,566.03	\$64,971.97	0.04%
21333	Medica Insurance Company	\$(940,761.56)	\$24,757,078.37	\$(3,401.74)	\$111,588.74	\$108,187.00	0.45%
23552	Oscar Insurance Company of TN	\$(2,436,483.58)	\$39,939,429.10	\$10,283.59	\$(31,304.78)	\$(21,021.19)	0.06%
23818	Oscar Garden State Insurance Corporation	\$(1,676,758.07)	\$24,721,139.61	\$(2,447.59)	\$46,498.97	\$44,051.38	0.19%
25896	Wellmark Health Plan of Iowa	\$(1,488,497.54)	\$36,761,830.05	\$65.20	\$(92.36)	\$(27.16)	0.00%

<sup>10</sup> Total user fee amounts are calculated at the onset of the 2019 audits.

<sup>11</sup> Total APTC payment amounts are calculated at the onset of the 2019 audits.

FFE Audit Results – 2019							
HIOS ID	Issuer Name	BY2019 User Fees Paid <sup>10</sup>	BY 2019 APTC Payment Amount <sup>11</sup>	User Fee Adjustment	APTC Adjustment	Net Issuer Adjustment	Net Impact as a % of Total Payment
26539	SHA, LLC DBA FirstCare Health Plans	\$(3,143,195.80)	\$73,527,483.84	\$961.48	\$17,483.64	\$18,445.12	0.03%
28162	AultCare Insurance Company	\$(1,215,652.07)	\$21,803,988.59	\$(678.50)	\$7,869.76	\$7,191.26	0.03%
29341	Oscar Buckeye State Insurance Corp.	\$(864,148.03)	\$17,261,032.23	\$(65.19)	\$6,946.08	\$6,880.89	0.04%
29418	Celtic Insurance Company	\$(68,733,545.70)	\$1,755,945,016.02	\$(26,146.45)	\$998,134.63	\$971,988.18	0.06%
29698	Priority Health	\$(11,725,008.29)	\$247,875,115.27	\$11,216.76	\$52,501.62	\$63,718.38	0.03%
30115	Florida Combined Life Insurance Company	\$(69,690.05)	\$142,522.34	\$120.84	\$120.64	\$241.48	0.33%
30252	Health Options, Inc. (2016 Auditee)	\$(130,484,687.00)	\$3,222,581,846.26	\$63,482.62	\$768,665.49	\$832,148.11	0.03%
31195	Sanford Health Plan	\$(3,146,751.84)	\$73,535,570.80	\$(2,482.34)	\$65,490.41	\$63,008.07	0.09%
33235	Gundersen Health Plan, Inc.	\$(195,703.69)	\$4,569,350.34	\$(37.92)	\$860.58	\$822.66	0.02%
36239	Anthem Health Plans of Kentucky	\$(8,645,291.21)	\$231,811,517.81	\$(1,499.19)	\$62,037.67	\$60,538.48	0.03%
37160	Blue Cross Blue Shield of North Dakota	\$(3,008,545.16)	\$57,063,097.62	\$(3,828.51)	\$54,959.31	\$51,130.80	0.09%
38345	Dean Health Plan	\$(6,345,072.04)	\$123,397,492.30	\$(519.60)	\$8,545.71	\$8,026.11	0.01%
40572	Oscar Insurance Company of Florida	\$(6,612,910.96)	\$169,379,372.89	\$(4,877.17)	\$214,731.22	\$209,854.05	0.13%
41047	Buckeye Community Health Plan	\$(6,601,800.63)	\$121,573,272.05	\$(1,739.22)	\$29,022.46	\$27,283.24	0.02%
41921	Cigna Health and Life Insurance Company	\$(23,454,116.46)	\$505,183,286.98	\$3,667.84	\$67,841.20	\$71,509.04	0.01%
45845	Oscar Insurance Corporation of Ohio	\$(1,546,312.22)	\$18,852,673.27	\$790.44	\$17,356.96	\$18,147.40	0.10%
46944	Blue Cross and Blue Shield of Alabama	\$(39,176,879.45)	\$955,607,361.43	\$(13,175.12)	\$568,032.77	\$554,857.65	0.06%
48396	Anthem Health Plans of ME (Anthem BCBS)	\$(5,483,584.31)	\$131,669,420.85	\$(528.32)	\$7,479.18	\$6,950.86	0.01%
53461	Medica Insurance Company	\$(759,278.96)	\$14,449,168.00	\$(1,598.73)	\$64,908.36	\$63,309.63	0.46%
53882	Cigna Healthcare of Illinois, Inc.	\$(3,424,253.78)	\$66,893,978.21	\$4,696.32	\$(98,399.80)	\$(93,703.48)	0.15%
59025	Harvard Pilgrim Health Care of NE	\$(826,894.73)	\$10,515,065.41	\$(346.81)	\$2,562.53	\$2,215.72	0.02%
60829	Physicians Health Plan	\$(1,187,931.58)	\$22,830,683.22	\$313.41	\$4,090.51	\$4,403.92	0.02%
62141	Celtic Insurance Company	\$(3,406,768.29)	\$85,920,346.48	\$3,275.76	\$(43,180.65)	\$(39,904.89)	0.05%
64353	MOLINA HEALTHCARE OF OHIO	\$(2,965,012.71)	\$57,497,338.34	\$(79.48)	\$(29,084.13)	\$(29,163.61)	0.05%
70111	Celtic Insurance Company	\$(1,867,450.73)	\$47,847,125.90	\$(804.71)	\$30,546.73	\$29,742.02	0.06%
71287	Kaiser Foundation Healthplan of the NW	\$(5,779,945.21)	\$114,645,850.30	\$(435.21)	\$6,168.17	\$5,732.96	0.01%
74406	Wellmark Value Health Plan, Inc.	\$(1,214,450.45)	\$28,008,923.85	\$321.05	\$0.00	\$321.05	0.00%
75605	Blue Cross Blue Shield of New Mexico	\$(473,688.71)	\$7,146,896.79	\$17.39	\$4,739.00	\$4,756.39	0.07%
75729	Geisinger Quality Options	\$(1,442,899.23)	\$33,798,760.48	\$880.09	\$(5,734.56)	\$(4,854.47)	0.02%

FFE Audit Results – 2019							
HIOS ID	Issuer Name	BY2019 User Fees Paid <sup>10</sup>	BY 2019 APTC Payment Amount <sup>11</sup>	User Fee Adjustment	APTC Adjustment	Net Issuer Adjustment	Net Impact as a % of Total Payment
76168	Highmark BCBSD Inc.	\$(6,768,175.77)	\$153,925,172.86	\$142.66	\$(561.53)	\$(418.87)	0.00%
77264	Ambetter of North Carolina Inc.	\$(1,776,790.26)	\$35,244,951.19	\$(383.82)	\$30,688.93	\$30,305.11	0.09%
77739	Oscar Insurance Company of Texas	\$(105,690.43)	\$2,218,837.16	\$62.65	\$(2,290.76)	\$(2,228.11)	0.11%
79222	Absolute Total Care, Inc.	\$(66,050.34)	\$1,614,122.98	\$0.00	\$0.00	\$0.00	0.00%
80352	Virginia Premier Health Plan, Inc.	\$(1,075,770.92)	\$21,269,533.36	\$562.12	\$(8,784.54)	\$(8,222.42)	0.04%
86199	Pennsylvania Health & Wellness, Inc.	\$(424,142.93)	\$9,969,206.69	\$(486.54)	\$13,671.60	\$13,185.06	0.14%
86584	Aspirus Arise Health Plan of Wisconsin, Inc.	\$(2,803,659.72)	\$66,966,941.76	\$(584.26)	\$17,781.63	\$17,197.37	0.03%
87247	Bright Health Insurance Company	\$(2,356,968.25)	\$42,843,466.62	\$(694.59)	\$14,317.97	\$13,623.38	0.03%
89364	Sanford Health Plan	\$(1,076,407.06)	\$22,415,374.53	\$(1,379.76)	\$9,804.21	\$8,424.45	0.04%
95185	Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.	\$(8,182,956.75)	\$154,617,844.44	\$1,975.19	\$(16,618.22)	\$(14,643.03)	0.01%
96667	Harvard Pilgrim Health Care Inc.	\$(3,906,710.24)	\$82,646,576.63	\$594.82	\$5,229.57	\$5,824.39	0.01%
96751	Matthew Thornton Health Plan (Anthem BCBS)	\$(5,446,212.00)	\$81,804,146.16	\$(4,194.69)	\$42,829.95	\$38,635.26	0.05%
97176	Louisiana Health Service & Indemnity Company	\$(1,147,874.79)	\$14,003,325.72	\$343.79	\$1,098.85	\$1,442.64	0.01%
97667	Cigna HealthCare of Arizona, Inc.	\$(897,820.17)	\$14,472,266.81	\$(306.97)	\$4,419.29	\$4,112.32	0.03%
97906	Bright Health Insurance Company	\$(3,368,975.90)	\$76,282,078.13	\$(778.44)	\$25,437.30	\$24,658.86	0.03%
99969	Medical Health Insuring Corp. of Ohio	\$(11,470,879.48)	\$187,131,738.41	\$3,238.98	\$12,580.98	\$15,819.96	0.01%