Pre-Existing Condition Insurance Plan Data as of December 31, 2012

The Affordable Care Act created the new Pre-Existing Condition Insurance Plan (PCIP) program to make health insurance available to Americans denied coverage by private insurance companies because of a pre-existing condition. People living with conditions like diabetes, asthma, cancer, and HIV/AIDS have often been priced out of affordable health insurance options, and this has left millions without insurance.

PCIP is a temporary program that covers a broad range of health benefits and is designed as a bridge for people with pre-existing conditions who cannot obtain health insurance coverage in today's private insurance market. A range of professional, inpatient and drug treatments were provided to these individuals.

In 2014, all Americans – regardless of their health status – will have access to affordable coverage either through their employer or through new competitive marketplaces called Exchanges, and insurers will be prohibited from charging more or denying coverage to anyone based on the state of their health.

The PCIP program is administered by either the state or the federal government: 27 states have chosen to run their own programs, while 23 states and the District of Columbia elected to have their PCIP program administered by the federal government.

The PCIP program began accepting applications for enrollment in July 2010. Like private insurance plans, PCIP programs may incur expenses daily, but often do not submit claims for reimbursement until several weeks later. Accordingly, CCIIO will be posting data on a quarterly basis.

It is important to note that the PCIP interim final rule places a limit of 10 percent on administrative costs over the life of the program. HHS anticipates that our overall administrative costs will be at 10 percent or less over the life of the program, especially after one-time startup investments have been made. We continue to monitor these costs closely.

The chart below details reported expenditures paid as of December 31, 2012.[1]

[1] These figures reflect claims and administrative costs paid as of December 31, 2012 and do not reflect costs that are incurred but not reported.

State-run PCIP Expenditures by State

State Name	Enrollment as of December 31, 2012	Claims Paid as of December 31, 2012	Administrative Expenses Paid as of December 31, 2012	Expenditures Net of Premium Revenue as of December 31, 2012[2]
Alaska	45	$10,941,022	$759,095	$10,675,417
Arkansas	855	$12,107,536	$1,882,893	$10,279,752
California	15101	$446,930,880	$24,463,874	$415,847,028
Colorado	1331	$70,569,572	$3,030,334	$62,323,548
Connecticut[3]	577	$ 5,878,489	$1,669,592	$5,882,701
Illinois	3231	$79,224,278	$2,168,471	$63,672,037
Iowa	384	$12,241,308	$1,432,626	$10,985,986
Kansas	519	$24,763,688	$1,232,127	$22,612,656
Maine	48	$2,650,790	$64,376	$2,166,825
Maryland	1316	$28,055,806	$2,977,148	$25,745,115
Michigan	2040	$61,140,009	$2,091,275	$56,573,363
Missouri	2104	$53,496,193	$2,677,717	$46,618,679
Montana	333	$16,019,970	$1,047,718	$14,098,554
New Hampshire	662	$42,963,920	$1,276,387	$40,072,868
New Jersey	1363	$53,945,439	$1,183,450	$45,252,719
New Mexico	1398	$41,424,035	$1,929,526	$34,475,433
New York	5133	$141,947,406	$12,618,389	$128,019,638
North Carolina	5238	$40,354,000	$6,649,003	$25,446,090
Ohio	3333	$82,202,953	$2,567,154	$64,540,602
Oklahoma	952	$31,910,127	$1,826,898	$28,443,300
Oregon	1550	$75,560,690	$1,451,739	$60,247,598
Pennsylvania	6593	$103,867,537	$6,118,392	$77,070,945
Rhode Island	155	$7,164,815	$1,341,651	$7,002,801
South Dakota	191	$16,523,116	$462,809	$15,054,822
Utah	1248	$47,003,561	$963,151	$41,477,476
Washington	1013	$58,741,331	$2,836,958	$50,025,811
Wisconsin	2013	$21,682,406	$2,326,071	$14,916,985
TOTALS	**58,726**	**$1,589,310,877**	**$89,048,823**	**$1,379,528,747**

[2] PCIP members pay premiums. This premium revenue pays for some of the cost of the PCIP program. However, as a high risk pool, PCIP members incur expenses that exceed premiums paid. The $5 billion for the PCIP program covers the expenses in excess of premiums paid. The "expenditures net of premium revenue" equal the total expenses, claims and administrative, minus the total premium revenue.

[3] Connecticut's expenditure numbers (claims, administrative and expenditures net premium revenue) are through September 30 instead of December 31 because the state was unable to report complete data for the full quarter.

Federally-run PCIP Expenditures by State

State name	Enrollment as of December 31, 2012	Claims Paid as of December 31, 2012	Administrative Expenses Paid as of December 31, 2012[4]	Expenditures Net of Premium Revenue as of December 31, 2012[5]
Alabama	838	$22,033,383	N/A	N/A
Arizona	4628	$92,776,075	N/A	N/A
Delaware	302	$3,805,722	N/A	N/A
District of Columbia	81	$1,590,448	N/A	N/A
Florida	10635	$201,897,272	N/A	N/A
Georgia	3571	$78,351,726	N/A	N/A
Hawaii	151	$4,131,525	N/A	N/A
Idaho	791	$41,940,039	N/A	N/A
Indiana	1827	$36,160,193	N/A	N/A
Kentucky	1352	$18,627,492	N/A	N/A
Louisiana	1485	$21,032,061	N/A	N/A
Massachusetts[6]	17	$478,371	N/A	N/A
Minnesota	796	$12,134,933	N/A	N/A
Mississippi	347	$13,024,679	N/A	N/A
Nebraska	398	$13,599,247	N/A	N/A
Nevada	1320	$33,762,072	N/A	N/A
North Dakota	89	$3,277,834	N/A	N/A
South Carolina	1950	$45,097,307	N/A	N/A
Tennessee	1833	$41,205,235	N/A	N/A
Texas	9032	$363,560,460	N/A	N/A
Vermont	1	$135,875	N/A	N/A
Virginia	2521	$46,319,674	N/A	N/A
West Virginia	185	$3,762,422	N/A	N/A
Wyoming	284	$5,273,697	N/A	N/A
TOTALS	**44,434**	**$1,103,977,740**	**$87,752,491[7]**	**$1,026,762,600**

[4] Administrative expenses and expenditures net of premium revenue were not available for the federally-run states.

[5] Administrative expenses and expenditures net of premium revenue were not available for the federally-run states.

[6] Massachusetts and Vermont are guarantee issue states that have already implemented many of the broader market reforms included in the Affordable Care Act that take effect in 2014. Existing commercial plans offering guaranteed coverage at premiums comparable to PCIP are already available in both states.

[7] Figure does not reflect CCIIO administrative costs.