Pre-Existing Condition Insurance Plan Data as of March 31, 2013

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 March 31, 2013.[1]

http://www.cms.gov/CCIIO/Resources/Forms-Reports-and-Other-Resources/Downloads/pcip-expenditures-3-31-2013.pdf

[1] These figures reflect claims and administrative costs paid as of March 31, 2013 and do not reflect costs that are incurred but not reported.

State-run PCIP Expenditures by State

State Name	Enrollment as of March 31, 2013	Claims Paid as of March 31, 2013	Administrative Expenses Paid as of March 31, 2013	Expenditures Net of Premium Revenue as of Mar 31, 2013[2]
Alaska	52	$11,978,761	$822,174	$11,612,178
Arkansas	921	$14,877,633	$2,085,439	$12,386,165
California	16,225	$564,026,157	$27,643,959	$520,054,395
Colorado	1,340	$80,891,041	$3,365,500	$71,055,167
Connecticut[3]	651	$10,559,767	$2,012,505	$9,557,388
Illinois	3,491	$95,593,402	$2,630,401	$77,070,835
Iowa	402	$14,765,318	$1,581,635	$13,086,000
Kansas	528	$29,130,756	$1,394,872	$26,396,607
Maine	62	$3,304,464	$79,178	$2,699,148
Maryland	1,627	$34,182,359	$3,319,201	$30,919,556
Michigan	2,416	$78,375,132	$2,306,696	$72,037,972
Missouri	2,341	$66,846,720	$3,124,339	$57,975,980
Montana	349	$17,733,497	$1,178,513	$15,418,445
New Hampshire	775	$52,326,263	$1,435,501	$48,593,983
New Jersey	1,556	$67,099,876	$1,356,326	$56,269,600
New Mexico	1,568	$49,009,178	$2,238,729	$40,360,569
New York	5,482	$187,018,075	$13,591,466	$167,663,244
North Carolina	6,121	$53,297,298	$7,327,549	$33,650,933
Ohio	3,496	$98,398,221	$2,888,623	$76,922,912
Oklahoma	1,014	$38,056,703	$2,126,703	$33,724,616
Oregon	1,626	$89,926,031	$1,725,996	$71,454,011
Pennsylvania	6,960	$124,106,387	$7,013,963	$92,412,454
Rhode Island	172	$8,024,925	$1,435,536	$7,737,254
South Dakota	201	$19,864,204	$517,944	$18,141,098
Utah	1,217	$56,468,840	$1,104,741	$49,654,597
Washington	1,106	$71,083,269	$3,245,747	$61,135,491
Wisconsin	2,326	$27,248,451	$2,639,167	$18,792,481
TOTALS	**64,025**	**$1,964,192,727**	**$100,192,404**	**$1,696,783,079**

[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 March 31, 2013	Claims Paid as of March 31, 2013	Administrative Expenses Paid as of March 31, 2013[4]	Expenditures Net of Premium Revenue as of March 31, 2013[5]
Alabama	1,006	$27,522,629	N/A	N/A
Arizona	5,254	$123,289,464	N/A	N/A
Delaware	335	$5,006,241	N/A	N/A
District of Columbia	101	$1,885,275	N/A	N/A
Florida	11,873	$258,122,887	N/A	N/A
Georgia	3,958	$96,341,483	N/A	N/A
Hawaii	180	$5,024,554	N/A	N/A
Idaho	1,041	$56,017,936	N/A	N/A
Indiana	2,073	$46,440,842	N/A	N/A
Kentucky	1,561	$24,837,294	N/A	N/A
Louisiana	1,682	$26,516,786	N/A	N/A
Massachusetts[6]	24	$908,217	N/A	N/A
Minnesota	936	$16,161,546	N/A	N/A
Mississippi	500	$15,380,510	N/A	N/A
Nebraska	460	$16,973,530	N/A	N/A
Nevada	1,473	$44,455,437	N/A	N/A
North Dakota	108	$4,032,404	N/A	N/A
South Carolina	2,207	$54,019,090	N/A	N/A
Tennessee	2,053	$50,694,572	N/A	N/A
Texas	10,336	$448,633,381	N/A	N/A
Vermont	1	$153,248	N/A	N/A
Virginia	3,252	$61,092,084	N/A	N/A
West Virginia	209	$4,787,096	N/A	N/A
Wyoming	311	$6,734,837	N/A	N/A
TOTALS	**50,934**	**$1,395,031,341**	**$94,675,429[7]**	**$1,280,914,447**

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

[5] 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.