

Insurance Risk Management Consulting

January 12, 2023

Mark Scott Regional University System of Oklahoma 305 NW 5th Street, #407 Oklahoma City, OK 73102

Re: Oklahoma Higher Education – Medical and Prescription Drug IBNR Reserve Estimate – As of December 31, 2022

Dear Mark:

Arthur J. Gallagher's Healthcare Analytics Consulting (HCA) was retained by Oklahoma Higher Education to provide an estimate of its medical and prescription drug reserves for incurred but not reported claims (IBNR) for Oklahoma Higher Educations self-funded employee health plan. This letter documents the process performed to estimate the reserve and presents the results.

Reserve Estimate

The reserve estimate as of December 31, 2022 is \$1.4 million (\$1.5 million with 10% IBNR margin). The results are broken down by benefit in the table below. Details of the reserve development are provided in the attached exhibits.

	IBNR Estimate (without margin)	IBNR Estimate (with 10% margin)
Medical	\$1,178,000	\$1,295,000
Prescription Drug	\$205,000	\$225,000
Total – December 31, 2022	\$1,383,000	\$1,520,000

Methodology and Assumptions

The attached exhibit provides the following information for each incurred month: number of employees (exposure units), paid-to-date claims by incurred date, completion factors, incurred claims, outstanding claim reserve, and per exposure unit values.



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Deriving the IBNR estimate uses a blending of methods. For more stable patterns of payments the development method is used. This method uses historical claim payment patterns to develop completion factors used to calculate monthly ultimate incurred estimates.

For the more recent months, where experience is more variable or insufficient to produce credible completion factors, a projection method is used. Thus, an estimate of ultimate incurred claims per employee per month (PEPM) is determined based on historical ultimate incurred claims.

Adjustments for claims trend, backlog and seasonality are also made where appropriate. Excess claims over stop loss insurance specific deductible limit have been removed from the medical lag triangles. The specific deductible is \$300,000.

We have also added a 10% margin to the IBNR reserve estimate to reflect expected variability from our estimate.

Data

The medical and prescription drug analyses are based on historical data incurred and paid for the period from December 1, 2020 through November 30, 2022, trended forward one month to December 31, 2022. Enrollment information was provided for the same period. Medical and prescription drug claim information was provided by Blue Cross Blue Shield of Oklahoma. Run-out administrative and stop loss fees are not included.

Reliance and Limitations

The purpose of this letter is to present the results of the reserve estimate and to document the methods and assumptions employed. Any other use of this memorandum is inappropriate. The IBNR calculation uses claims processed as of the valuation date and would not include analysis on items used (e.g., outstanding checks issued) in an Incurred but not Paid (IBNP) reserve calculation.

The estimate relies upon the accuracy of the claim and enrollment data provided by Blue Cross Blue Shield of Oklahoma. We have not independently performed a claim audit or cash flow testing. However, we have no reason to doubt the accuracy of the data at this time.



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Actuarial Certification

The undersigned is a member of the American Academy of Actuaries and meets the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion contained herein.

The valuation has been conducted in a consistent manner and accordance to generally accepted actuarial principles and practices as set forth in the Actuarial Standards of Practice No. 5 - Incurred Health and Disability Claims.

While we have used our best professional judgment in all instances, estimates of ultimate losses are inherently uncertain because of the random nature of claims occurrences. We therefore cannot warrant that actual developments will not vary from our estimates, perhaps significantly. For these reasons, we recommend that regular reserve testing be applied to detect any deviations from expected results and apply appropriate corrective measures as early as possible.

Please contact me if you have any questions. Sincerely,

John C. allrent

John Albrecht, ASA, MAAA Consulting Actuary

Attachment Cc: Hannah Rosser, AJG Healthcare Analytics



Oklahoma Higher Education IBNR Analysis

Based on Medical Claims Paid Through November 30, 2022

		Paid to Date Claims by	Completion	Incurred	Outstanding	Outstanding	Monthly Paid	Paid to Date	Incurred Claims	Rolling Twelve Months Incurred	Rolling Six Months Incurred Claims	Rolling Three Months Incurred
Incurral Month	Exposure Unit	Incurral Date	Factor	Claims	Claim Reserve		Claims	Claims Per Unit	Per Unit	Claims Per Unit	Per Unit	Claims Per Unit
	(Employees)		6 of 8 Months Averaging		(Before Margin)	(Margin Applied)		PEPM	PEPM	PEPM	PEPM	PEPM
Dec-20	3,534	\$1,655,413	1.0000	\$1,655,413	\$0	\$0	\$555,991	\$468	\$468			
Jan-21	3,513	\$1,095,174	1.0000	\$1,095,174	\$0	\$0	\$997,149	\$312	\$312			
Feb-21	3,522	\$1,358,056	1.0000	\$1,358,056	\$0	\$0	\$951,014	\$386	\$386			\$389
Mar-21	3,516	\$1,266,012	1.0000	\$1,266,012	\$0	\$0	\$1,315,177	\$360	\$360			\$353
Apr-21	3,514	\$1,483,509	1.0000	\$1,483,509	\$0	\$0	\$1,407,843	\$422	\$422			\$389
May-21	3,494	\$1,378,623	1.0000	\$1,378,623	\$0	\$0	\$1,099,247	\$395	\$395		\$390	\$392
Jun-21	3,454	\$1,411,989	1.0000	\$1,411,989	\$0	\$0	\$1,380,972	\$409	\$409		\$380	\$409
Jul-21	3,413	\$1,283,486	1.0000	\$1,283,486	\$0	\$0	\$1,277,978	\$376	\$376		\$391	\$393
Aug-21	3,359	\$1,490,694	0.9991	\$1,492,060	\$1,366	\$1,503	\$1,573,264	\$444	\$444		\$401	\$409
Sep-21	3,450	\$1,499,841	0.9991	\$1,501,207	\$1,366	\$1,503	\$1,516,784	\$435	\$435		\$413	\$418
Oct-21	3,467	\$1,816,039	0.9990	\$1,817,810	\$1,770	\$1,948	\$1,411,665	\$524	\$524		\$431	\$468
Nov-21	3,468	\$2,170,183	0.9986	\$2,173,241	\$3,058	\$3,364	\$1,979,293	\$626	\$627	\$430	\$470	\$529
Dec-21	3,474	\$1,740,036	0.9976	\$1,744,231	\$4,195	\$4,614	\$1,739,535	\$501	\$502	\$432	\$485	\$551
Jan-22	3,399	\$1,152,992	0.9954	\$1,158,290	\$5,299	\$5,829	\$1,644,624	\$339	\$341	\$435	\$480	\$491
Feb-22	3,391	\$1,192,661	0.9951	\$1,198,507	\$5,846	\$6,431	\$1,323,076	\$352	\$353	\$433	\$465	\$400
Mar-22	3,393	\$1,338,868	0.9940	\$1,346,895	\$8,027	\$8,830	\$1,847,778	\$395	\$397	\$436	\$458	\$364
Apr-22	3,375	\$984,716	0.9922	\$992,433	\$7,717	\$8,489	\$1,137,701	\$292	\$294	\$425	\$420	\$348
May-22	3,362	\$1,512,470	0.9909	\$1,526,319	\$13,848	\$15,233	\$1,386,300	\$450	\$454	\$430	\$391	\$382
Jun-22	3,325	\$1,305,426	0.9893	\$1,319,522	\$14,097	\$15,506	\$1,419,970	\$393	\$397	\$429	\$373	\$381
Jul-22	3,298	\$1,239,142	0.9831	\$1,260,397	\$21,255	\$23,380	\$1,434,045	\$376	\$382	\$430	\$379	\$411
Aug-22	3,270	\$1,643,646	0.9697	\$1,694,941	\$51,295	\$56,424	\$1,532,819	\$503	\$518	\$436	\$407	\$432
Sep-22	3,352	\$1,445,464	0.9501	\$1,521,337	\$75,873	\$83,461	\$1,622,580	\$431	\$454	\$438	\$416	\$451
Oct-22	3,367	\$1,102,376	0.8572	\$1,286,057	\$183,681	\$202,049	\$1,411,245	\$327	\$382	\$426	\$431	\$451
Nov-22	3,365	\$711,289	0.4794	\$1,483,792	\$772,502	\$849,752	\$1,312,058	\$211	\$441	\$410	\$429	\$426
Dec-20 to Nov-22	82,075	\$33,278,106	96.60%	\$34,449,302	\$1,171,195	\$1,288,315	\$33,278,106	\$405	\$420			
As of Dec-22					\$1,177,634	\$1,295,397						
					() , 117,004	91,233,331						

12 Months Incurred Claims PEPM - 11/1/2021 to 10/31/2022	\$426	Base Claim Reserve @ 11/30/2022	\$1,171
Midpoint of Experience Period	5/1/2022	6-Month Average Monthly Paid Claims	\$1,455
Midpoint of Rating Period	11/15/2022	Reserve Expressed as Months of Claims	
Months to Trend	6.5	Margin Used	10.
Assumed Annual Trend	6.80%		•
Underwriting Adjustment	1.00		
PEPM Trended Claims for November 2022	\$441		

This analysis is for illustrative purposes only, and is not a guarantee of future expenses, claims costs, managed care savings, etc. There are many variables that can affect future health care costs including utilization patterns, catastrophic claims, changes in plan design, health care trend increases, etc. This analysis does not amend, extend, or alter the coverage provided by the actual insurance policies and contracts. Please see your policy or contact us for specific information or further details in this regard.

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Oklahoma Higher Education IBNR Analysis Based on Rx Claims Paid Through November 30, 2022

Incurral Month	Exposure Unit	Paid to Date Claims by Incurral Date	Completion Factor	Incurred Claims	Outstanding Claim Reserve	Outstanding Claim Reserve	Monthly Paid Claims	Paid to Date Claims Per Unit	Incurred Claims Per Unit	Rolling Twelve Months Incurred Claims Per Unit	Rolling Six Months Incurred Claims Per Unit	Rolling Three Months Incurred Claims Per Unit
	(Employees)		6 of 8 Months Averaging		(Before Margin)	(Margin Applied)		PEPM	PEPM	PEPM	PEPM	PEPM
Dec-20	3,534	\$817,329	1.0000	\$817,329	\$0	\$0	\$479,824	\$231	\$231			
Jan-21	3,513	\$638,582	1.0000	\$638,582	\$0	\$0	\$813,608	\$182	\$182			
Feb-21	3,522	\$600,585	1.0000	\$600,585	\$0	\$0	\$566,280	\$171	\$171			\$195
Mar-21	3,516	\$793,449	1.0000	\$793,449	\$0	\$0	\$693,067	\$226	\$226			\$193
Apr-21	3,514	\$675,028	1.0000	\$675,028	\$0	\$0	\$794,523	\$192	\$192			\$196
May-21	3,494	\$662,210	1.0000	\$662,210	\$0	\$0	\$670,954	\$190	\$190		\$199	\$202
Jun-21	3,454	\$734,896	1.0000	\$734,896	\$0	\$0	\$619,505	\$213	\$213		\$195	\$198
Jul-21	3,413	\$653,183	1.0000	\$653,183	\$0	\$0	\$787,107	\$191	\$191		\$197	\$198
Aug-21	3,359	\$743,760	1.0000	\$743,760	\$0	\$0	\$669,672	\$221	\$221		\$205	\$208
Sep-21	3,450	\$704,194	1.0000	\$704,194	\$0	\$0	\$659,586	\$204	\$204		\$202	\$206
Oct-21	3,467	\$759,660	1.0000	\$759,660	\$0	\$0	\$839,901	\$219	\$219		\$206	\$215
Nov-21	3,468	\$656,189	1.0000	\$656,189	\$0	\$0	\$642,015	\$189	\$189	\$202	\$206	\$204
Dec-21	3,474	\$863,802	1.0000	\$863,802	\$0	\$0	\$893,363	\$249	\$249	\$204	\$212	\$219
Jan-22	3,399	\$683,294	1.0000	\$683,294	\$0	\$0	\$630,938	\$201	\$201	\$205	\$214	\$213
Feb-22	3,391	\$674,741	1.0000	\$674,741	\$0	\$0	\$741,373	\$199	\$199	\$208	\$210	\$216
Mar-22	3,393	\$783,602	1.0000	\$783,602	\$0	\$0	\$627,018	\$231	\$231	\$208	\$215	\$210
Apr-22	3,375	\$750,308	1.0000	\$750,308	\$0	\$0	\$855,946	\$222	\$222	\$211	\$215	\$217
May-22	3,362	\$781,333	1.0000	\$781,333	\$0	\$0	\$767,676	\$232	\$232	\$214	\$222	\$229
Jun-22	3,325	\$755,589	1.0000	\$755,589	\$0	\$0	\$690,201	\$227	\$227	\$216	\$219	\$227
Jul-22	3,298	\$717,866	1.0000	\$717,866	\$0	\$0	\$779,694	\$218	\$218	\$218	\$222	\$226
Aug-22	3,270	\$870,962	1.0000	\$870,962	\$0	\$0	\$729,381	\$266	\$266	\$221	\$233	\$237
Sep-22	3,352	\$767,026	0.9999	\$767,122	\$96	\$105	\$916,046	\$229	\$229	\$223	\$232	\$237
Oct-22	3,367	\$855,975	0.9999	\$856,029	\$54	\$60	\$856,822	\$254	\$254	\$226	\$238	\$250
Nov-22	3,365	\$637,113	0.7585	\$840,007	\$202,893	\$223,183	\$856,177	\$189	\$250	\$231	\$241	\$244
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Dec-20 to Nov-22	82,075	\$17,580,675	98.86%	\$17,783,718	\$203,043	\$223,348	\$17,580,675	\$214	\$217			

Dec-20 to Nov-22	82,075	\$17,580,675	98.86%	\$17,783,718	\$203,043	\$223,348	\$17,580,675	\$214	\$217
As of Dec-22					\$204,585	\$225,043			
				\$226	_				
12 Months Incurre	12 Months Incurred Claims PEPM - 11/1/2021 to 10/31/2022					Base Claim Re	\$203,043		
Midpoint of Experience Period				5/1/2022		6-Month Avera	\$804,720		
Midpoint of Rating	Midpoint of Rating Period					Reserve Expre	0.25		
Months to Trend	6.5		Margin Used	10.00%					
Assumed Annual T	9.50%					-			
Underwriting Adjus	1.05								
PEPM Trended Cla	\$250								

This analysis is for illustrative purposes only, and is not a guarantee of future expenses, claims costs, managed care savings, etc. There are many variables that can affect future health care costs including utilization patterns, catastrophic claims, changes in plan design, health care trend increases, etc. This analysis does not amend, extend, or alter the coverage provided by the actual insurance policies and contracts. Please see your policy or contact us for specific information or further details in this regard.

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