

# Financial Report

Board of Trustees Meeting

July 25, 2024



*Dale R. Folwell, CPA*  
STATE TREASURER OF NORTH CAROLINA  
DALE R. FOLWELL, CPA

# Overview

The Board's actions over the last year have stabilized the budget situation through 2025. More action is needed to resolve a structural deficit going forward.

- FY 2023-24 Estimated Actual vs. Budget
- CY 2024 Projection vs. Budget
- FY 2024-25 Budget
- CY 2025 Budget
- Projections for CY 2026-27
- Strategies for Balancing the Budget

*All dollar figures are in millions.*

# Projection vs. Budget: Fiscal Year 2023-24

<i>(\$s in millions)</i>	<b>FY 2023-24 Est. Actual</b>	<b>FY 2023-24 Budget</b>	<b>Difference</b>
Premiums & Subsidies	\$4,105.1	\$4,141.3	(\$36.2)
Investment Earnings	\$30.5	\$5.5	\$25.0
<b>Total Revenue</b>	<b>\$4,135.6</b>	<b>\$4,146.8</b>	<b>(\$11.2)</b>
Net Medical Claims	\$3,087.4	\$3,064.5	\$22.9
Net Pharmacy Claims	\$1,000.2	\$1,020.9	(\$20.7)
Medicare Advantage Payments	\$15.4	\$16.9	(\$1.5)
Administrative Expenses	\$138.8	\$145.6	(\$6.8)
<b>Total Expenses</b>	<b>\$4,241.9</b>	<b>\$4,247.9</b>	<b>(\$6.0)</b>
<b>Plan Income/(Loss)</b>	<b>(\$106.3)</b>	<b>(\$101.1)</b>	<b>(\$5.2)</b>
<b>Ending Cash Balance</b>	<b>\$636.1</b>	<b>\$645.9</b>	<b>(\$9.8)</b>

*Budget reflects revised employer contribution rates but has not been adjusted for the exclusion of weight-loss GLP-1s.*

# Projection vs. Budget: Calendar Year 2024

<i>(\$s in millions)</i>	<b>CY 2024 Projection</b>	<b>CY 2024 Budget</b>	<b>Difference</b>
Premiums & Subsidies	\$4,300.7	\$4,282.5	\$18.2
Investment Earnings	\$25.5	\$23.2	\$2.3
<b>Total Revenue</b>	<b>\$4,326.2</b>	<b>\$4,305.7</b>	<b>\$20.5</b>
Net Medical Claims	\$3,257.0	\$3,244.0	\$13.0
Net Pharmacy Claims	\$992.8	\$984.1	\$8.7
Medicare Advantage Payments	\$15.5	\$18.5	(\$3.0)
Administrative Expenses	\$140.8	\$138.0	\$2.8
<b>Total Expenses</b>	<b>\$4,406.2</b>	<b>\$4,384.6</b>	<b>\$21.6</b>
<b>Plan Income/(Loss)</b>	<b>(\$80.0)</b>	<b>(\$78.9)</b>	<b>(\$1.1)</b>
<b>Ending Cash Balance</b>	<b>\$591.0</b>	<b>\$590.4</b>	<b>\$0.6</b>

*Budget has been adjusted for the exclusion of weight-loss GLP-1s.*

# State Health Plan Budget

- The Plan must budget on both a fiscal year and calendar year basis.
- Staff develop the Plan's budget using projections of revenue and expenses in consultation with the Plan's external actuaries.
- Budget Assumptions:
  - No changes to benefits or premiums, except changes that have been approved by the Board.
  - Employer contribution rate = maximum allowed in State budget
- The Board requires the Plan's budget to maintain a year-end cash balance that exceeds the Target Stabilization Reserve (TSR).

**TSR = 9% of Calendar Year Claims**

**~\$390M**

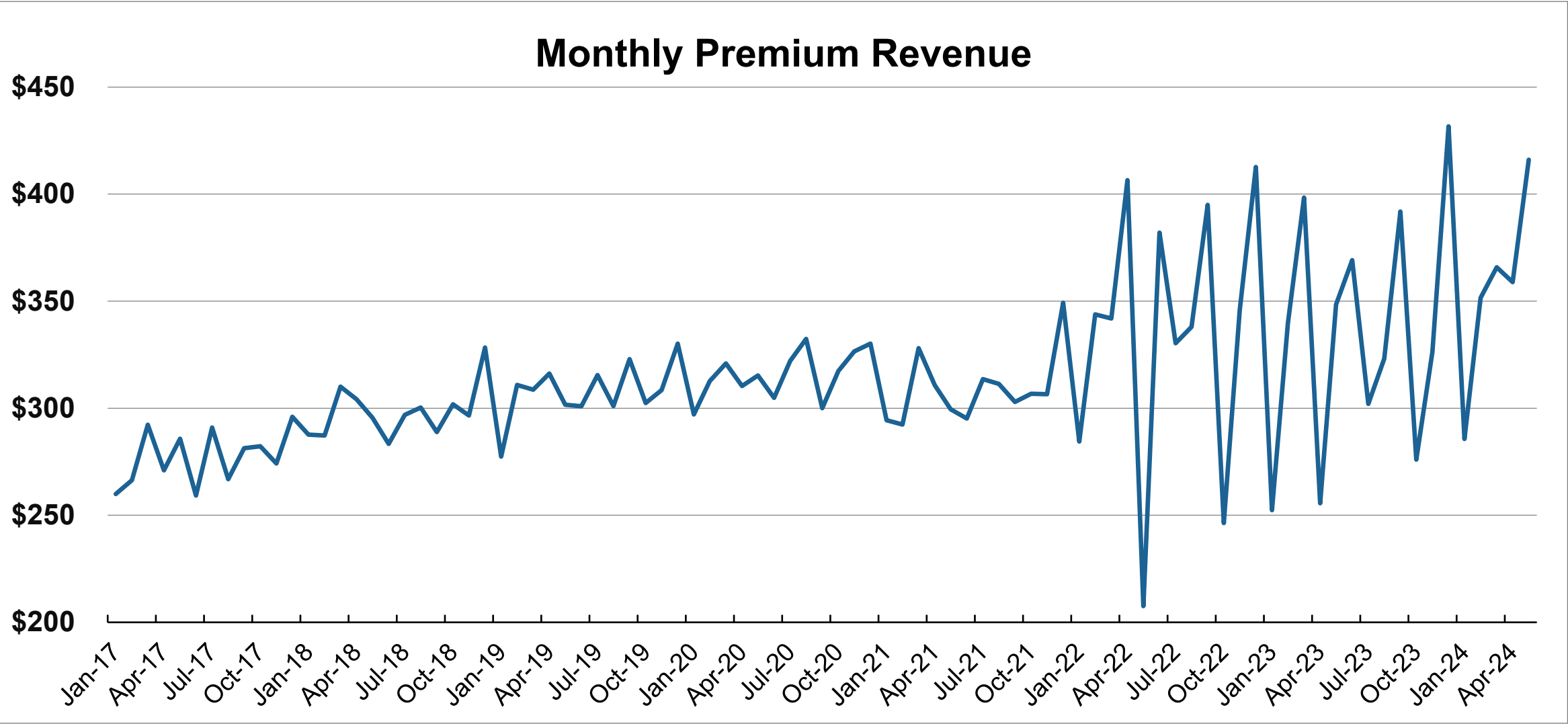
# Reserve Adequacy

- The Target Stabilization Reserve (TSR) is an estimate of the minimum amount the Plan needs to pay for services already provided to its members.
- TSR is the minimum amount the Plan needs to manage typical variations in cash flow.
- Additional reserves may be appropriate:
  - To support long-term financial planning and to avoid the need for sudden changes in response to financial pressures, ensuring benefits remain stable and reliable.
  - To provide cushion due to uncertainty in forecast during times of transition.
  - To manage the inherent unpredictability in healthcare costs.

# Budget Monitoring and Adjustments

- In recent history, the Plan has maintained significant reserves. As reserves decrease, it becomes critical to more closely monitor the budget and actual spending by:
  - Adjusting the budget to reflect:
    - Modifications to employer contribution rates.
    - Board actions related to benefits, premiums, or significant contracts.
    - Major legislative or federal policy changes.
  - Updating financial projections quarterly to reflect current conditions by incorporating enrollment and claims experience.
  - Monitoring and responding to variances between budgeted and actual figures promptly.
  - Managing significant volatility in timing by adjusting actuals to reflect the timing assumptions of the budget to allow for meaningful comparisons.

# Seasonal Variation and Volatility





# New Budget: Fiscal Year 2024-25

<i>(\$s in millions)</i>	<b>FY 2024-25 Budget</b>	<b>Change from Prior Year</b>	<b>% Change from Prior Year</b>
Premiums & Subsidies	\$4,393.2	\$220.5	5.3%
Investment Earnings	\$22.5	(\$8.0)	-26.2%
<b>Total Revenue</b>	<b>\$4,415.7</b>	<b>\$212.5</b>	<b>5.1%</b>
Net Medical Claims	\$3,361.0	\$273.6	8.9%
Net Pharmacy Claims	\$991.1	(\$9.1)	-0.9%
Medicare Advantage Payments	\$46.6	\$31.2	202.6%
Administrative Expenses	\$168.0	\$29.2	21.0%
<b>Total Expenses</b>	<b>\$4,566.6</b>	<b>\$324.7</b>	<b>7.7%</b>
<b>Plan Income/(Loss)</b>	<b>(\$151.0)</b>	<b>(\$112.4)</b>	<b>291.2%</b>

*Change from prior year is measured relative to an estimate with adjustments for timing.*

**Ending Cash Balance = \$554.2M**  
**\$162.5M above TSR**

TSR= Target Stabilization Reserve

# New Budget: Calendar Year 2025

<i>(\$s in millions)</i>	<b>Calendar 2025 Budget</b>	<b>Change from Prior Year</b>	<b>% Change from Prior Year</b>
Premiums & Subsidies	\$4,489.0	\$188.3	4.4%
Investment Earnings	\$20.1	(\$5.4)	-21.2%
<b>Total Revenue</b>	<b>\$4,509.1</b>	<b>\$182.9</b>	<b>4.2%</b>
Net Medical Claims	\$3,377.5	\$120.5	3.7%
Net Pharmacy Claims	\$1,009.5	\$16.7	1.7%
Medicare Advantage Payments	\$91.0	\$75.5	487.1%
Administrative Expenses	\$175.2	\$34.4	24.4%
<b>Total Expenses</b>	<b>\$4,653.1</b>	<b>\$246.9</b>	<b>5.6%</b>
<b>Plan Income/(Loss)</b>	<b>(\$144.0)</b>	<b>(\$64.0)</b>	<b>80.0%</b>

**Ending Cash Balance = \$447.0M**  
**\$52.2M above TSR**

TSR= Target Stabilization Reserve

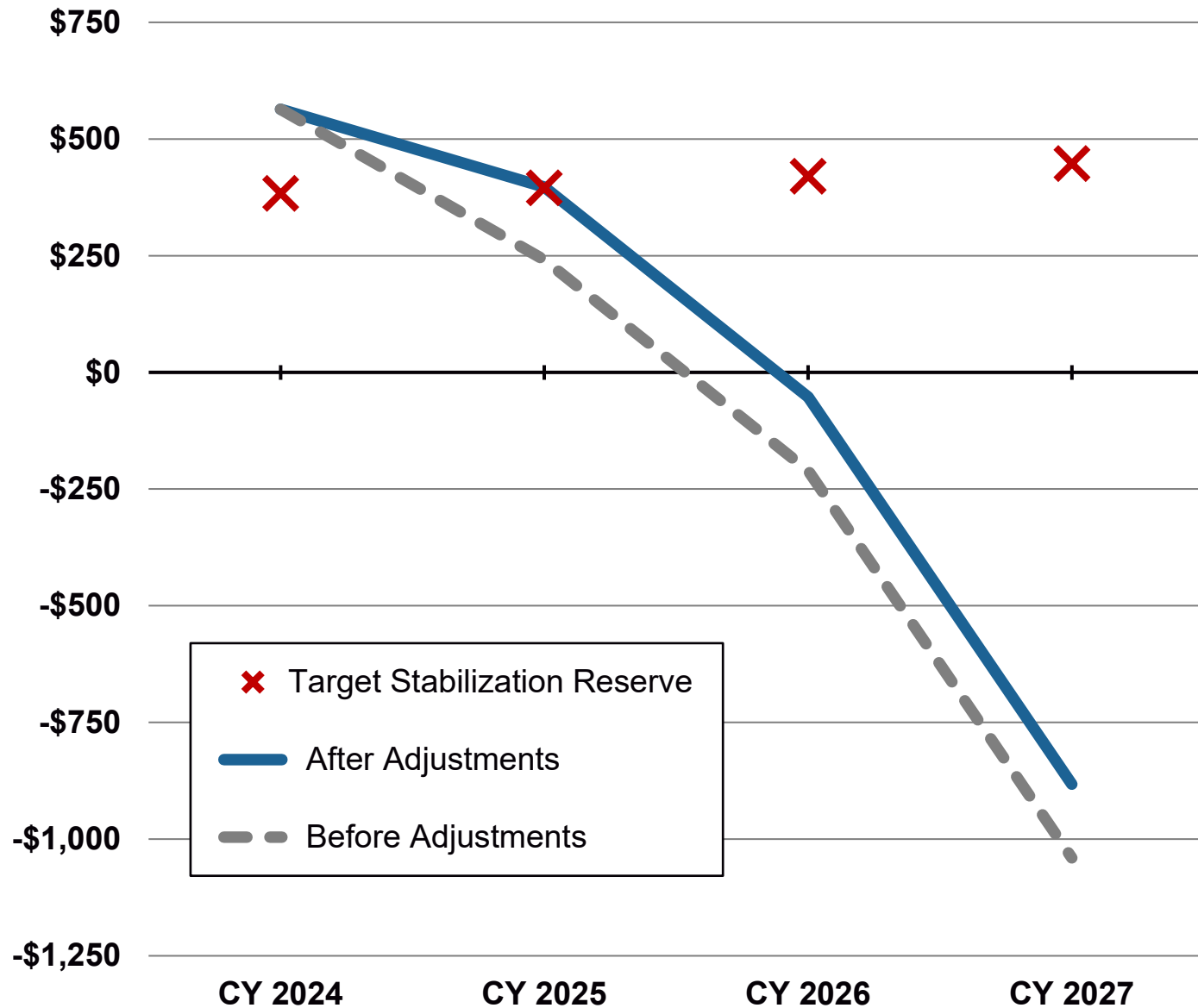
# Forecast Uncertainty

- **New TPA Transition:** Significant uncertainty in estimating claims savings.
  - Variations in claims adjudication processes and policies between the old and new TPA can lead to unexpected costs or savings.
  - Uncertainty in achieving anticipated savings through new provider contracts and renegotiations.
  - Changes in member behavior and utilization patterns under the new TPA could affect projected savings.
- **Medicare Advantage Premiums:** Future rates are unpredictable due to regulatory changes and market dynamics.
- **Pharmacy Benefit Volatility:** Rapid changes in the sector, such as increasing specialty drug prices, growth of biosimilars, shifting PBM practices, and the introduction of new treatments, increase risk of forecast inaccuracies.

# Beyond 2025: Out-Year Forecast

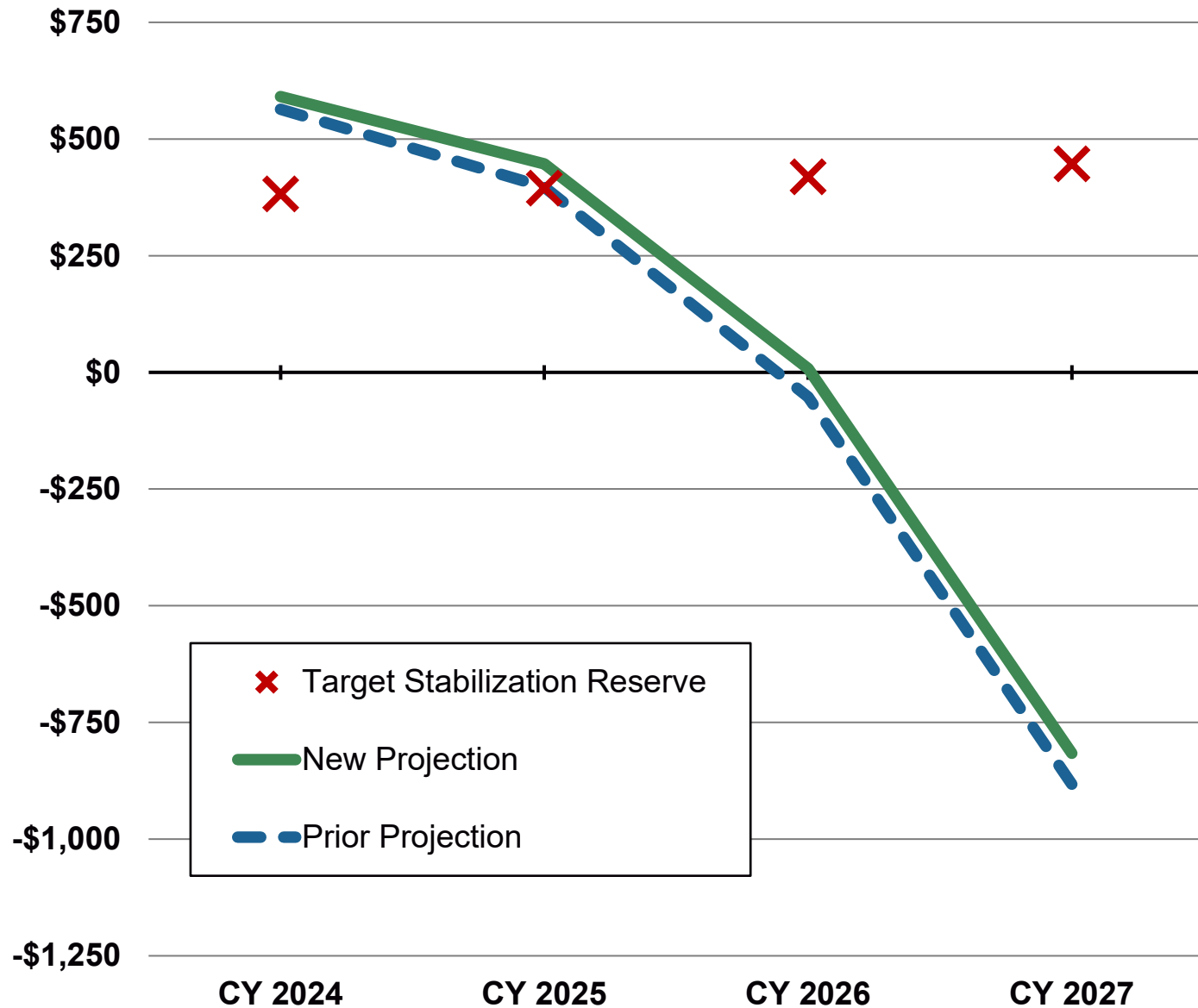
- Projections for future years are based on the following key assumptions:
  - **State Funding:** 4% increase annually, determined on fiscal year basis
  - **Annual Per-Member Costs:** Projected using customized actuarial trend assumptions
    - Medical Claims: 6.0%
    - Pharmacy Claims: 9.5%
    - Pharmacy Rebates: 7.0%
    - Administrative expenses: 3.0%
  - **Medicare Advantage Premiums:** Increase from current \$0 rate to \$159 by 2027, based on preliminary renewal estimates.
  - **Investment return rate:** 3.8%, based on recent experience.
  - **Enrollment and plan selection:** Various assumptions based on recent enrollment and migration patterns.

# Impact of 2025 Contribution Adjustments on Projections



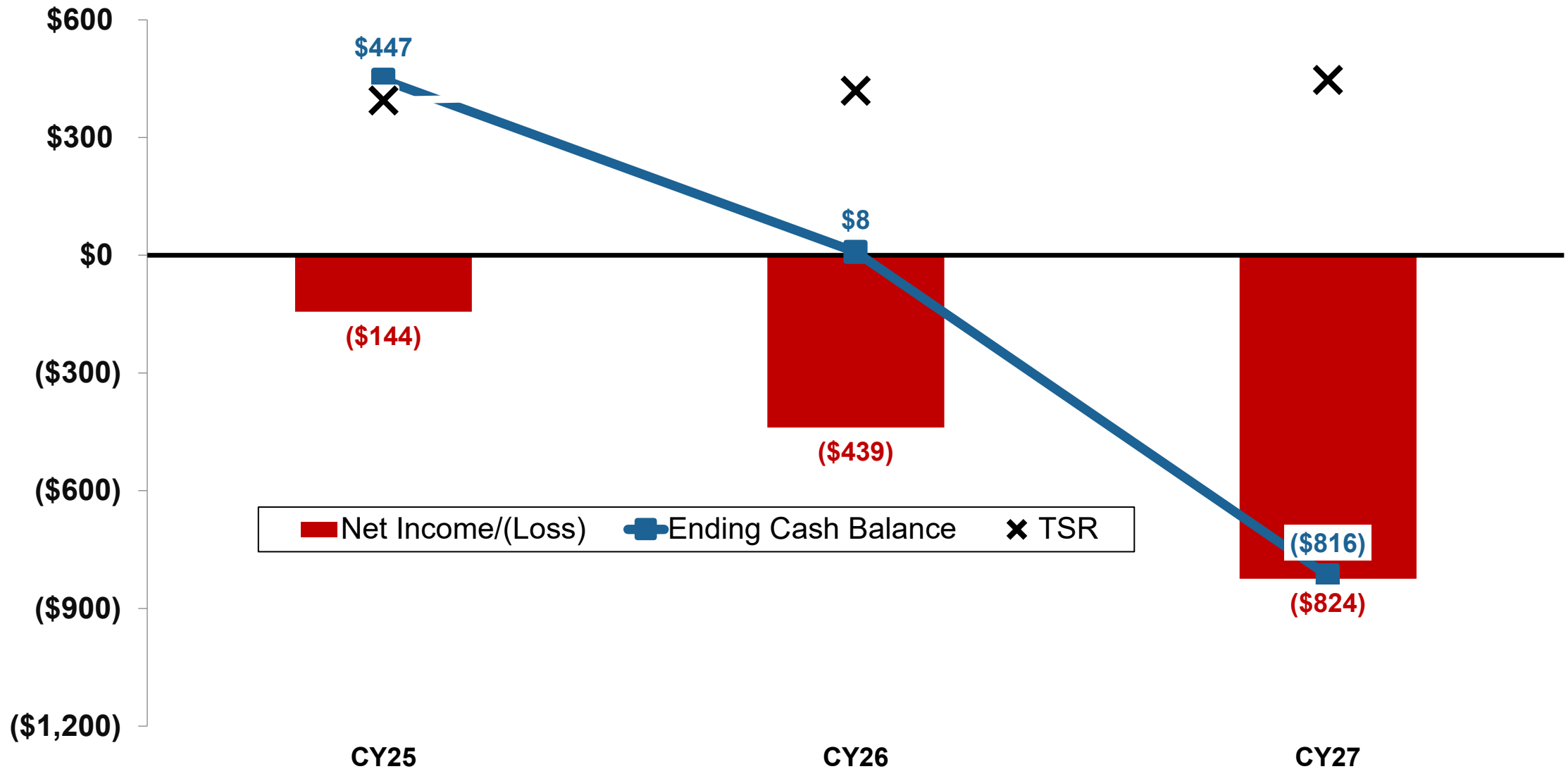
- Board voted in June to adjust funding for 2025:
  - Increase Retirement System contribution.
  - Increase premiums for dependents and contributory retirees who elect Medicare Advantage plans.
- Brought projected cash balance at end of CY 2025 to just above TSR.
- Only increased funding for CY 2025.

# Impact of Other Adjustments on Projections



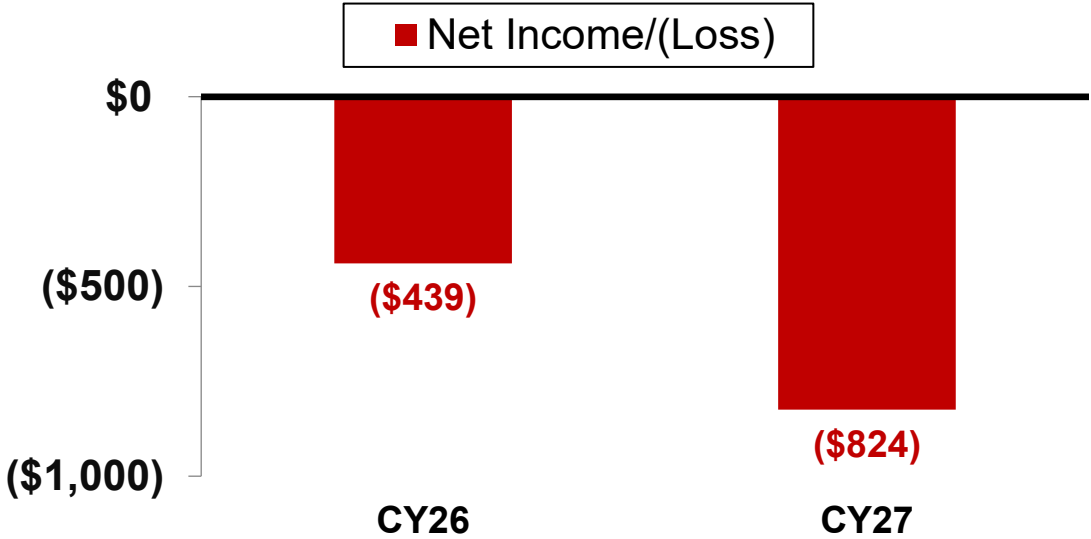
- Projection improved due to:
  - Higher interest rate assumption
  - Slightly lower expected claims expenses.
- Cash balance now expected to exceed TSR by \$52 million at end of 2025.
- Cash balance expected to fall below TSR in early 2026.
- Without action, likely to be unable to pay bills in fall 2026.

# Revised Projection: Financial Results by Plan Year



# Strategies for Balancing the Budget

- To achieve a balanced budget, the Plan needs a strategic approach that combines increased funding and reduced expenditures.
- At the next Board meetings, we will present detailed options for addressing the budget shortfall.
- The Plan requires approximately \$440 million in 2026 and an additional \$825 million in 2027.





# Strategies for Balancing the Budget

- **Cost Reduction Strategies:**

- Work with TPA to secure lower rates through provider network strategy.
- Develop approaches to better differentiate between plans.
- Use data to manage and reduce pharmacy benefit costs.
- Review existing contracts for cost-saving opportunities.

- **Additional Funding Opportunities:**

- Request increase in employer contribution rates from General Assembly
- Request additional reimbursements for over \$316 million in unreimbursed COVID-related costs.
- Obtain higher federal subsidies by reopening the Employer Group Waiver Plan (EGWP) for Medicare retirees and maximizing Retiree Drug Subsidies (RDS).