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January 26, 2016

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Eric Cioppa, Superintendent of Insurance
Attn: Elena Crowley
Docket No. INS-15-802
Bureau of Insurance
Maine Dept. of Professional and Financial Regulation
34 State House Station
Augusta, Maine 04333-0034

Re: *Anthem Blue Cross and Blue Shield Request for Authorization to Discontinue and Replace Legacy Individual Health Plans Effective January 1, 2017*
Docket No. INS-15-802

Dear Superintendent Cioppa:

Enclosed for filing please find two hard copies of the following:

SUBMITTED BY: Christina M. Moylan, AAG
DATE: January 26, 2016
DOCUMENT TITLE: Attorney General's First Information Request
DOCUMENT TYPE: Information Request
CONFIDENTIAL: No

Copies are also being served this date in the manner indicated on the enclosed Certificate of Service. Thank you for your attention.

Sincerely,

/s/ Christina M. Moylan

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**STATE OF MAINE
DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION
BUREAU OF INSURANCE**

IN RE:)
)
ANTHEM BLUE CROSS AND BLUE)
SHIELD REQUEST FOR AUTHORIZATION) **ATTORNEY GENERAL'S**
TO DISCONTINUE AND REPLACE) **FIRST INFORMATION REQUEST**
LEGACY INDIVIDUAL HEALTH PLANS)
EFFECTIVE JANUARY 1, 2017)
)
Docket No. INS-15-802)

To: Christopher T. Roach, Esq.
Roach Hewitt Ruprecht Sanchez & Bischoff PC
66 Pearl Street, Suite 200
Portland, ME 04101
croach@roachhewitt.com

Instructions

Pursuant to Bureau of Insurance Rules, Chapter 350, § 10(B), and paragraph V of the Superintendent's January 7, 2016, Notice of Pending Proceeding and Public Hearing, the Attorney General serves the following discovery request upon Anthem Health Plans of Maine, Inc. dba Anthem Blue Cross and Blue Shield ("Anthem"). If any of the information sought hereby is not known by Anthem but is known by other persons and is obtainable by reasonable means, then Anthem is requested to obtain and provide that information. The Attorney General further asks that Anthem supplement its response immediately, should additional information become available after its initial response to this request.

Requests

1. Please provide the following information relative to the assertion that the proposed migration is projected to produce a net premium savings of over \$7.6 million in 2017 (page 2 of Anthem Request).
 - a. Impact on Grandfathered policyholders only.
 - b. Impact on Grandmothered policyholders only.
 - c. Premium increase assumptions used in the analysis for the Legacy block and for the ACA block, separately.
 - d. Morbidity assumptions used in the analysis for the Legacy block and for the ACA block, separately.

2. Relative to the statement on page 15 of the Anthem Request that "Anthem assumed that the existing (*i.e.*, 2016) rate differential between legacy and ACA rates – with some objectively-necessary adjustments – would persist:"
 - a. Please explain what rate differential is ultimately assumed in the 2017 analysis, and,
 - b. Please list and provide the adjustments made to the premiums in this analysis.

3. Please provide the following specific information regarding the calculation of the results depicted on page 16 of the Anthem Request (showing that approximately 74% of legacy members will pay lower premiums with ACA-compliant plans rather than the legacy plans in 2017, and that if cost sharing is taken into account, the number increases to 95%):
 - a. What are the corresponding percentages of members in the Grandfathered plans?
 - b. What are the corresponding percentages of members in the Grandmothered plans?
 - c. What are the legacy plans/coverages which have lower premiums than the ACA-compliant plans used in the comparison to produce the results cited above?
 - d. Please list the legacy plans, ACA-compliant plans, the premium rates for the legacy and ACA-compliant plans, area factors (if relevant) and other rating factors that impact the analysis.
4. Please detail the proposed mapping of each legacy plan to a corresponding ACA-compliant plan. This should include the following items: legacy plan, number of members in the plan, the proposed ACA-compliant plan or plans (if multiple mapping options), and the number of members expected to migrate.
5. Please provide a benefit summary description of each of the benefit plans. This should include the following: Deductible, copays, coinsurance and out of pocket maximums.
6. Please provide the most recent ACA-compliant individual rate filing and corresponding rates.

Dated: January 26, 2016

/s/ Christina M. Moylan
CHRISTINA M. MOYLAN
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Assistant Attorney General
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Counsel for Attorney General

**STATE OF MAINE
DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION
BUREAU OF INSURANCE**

IN RE:)
)
ANTHEM BLUE CROSS AND BLUE)
SHIELD 2014 INDIVIDUAL RATE)
FILING FOR HEALTHCHOICE,)
HEALTHCHOICE STANDARD AND BASIC,)
HEALTHCHOICE HDHP, HMO STANDARD)
AND BASIC, AND LUMENOS CONSUMER)
DIRECTED HEALTH PLAN PRODUCTS)
PURCHASED BY MEMBERS BEFORE)
JANURY 1, 2014)
)
Docket No. INS-14-1000)

CERTIFICATE OF SERVICE

The undersigned counsel for the Attorney General hereby certifies that on this date I caused to be mailed by electronic mail, hand-delivery or United States first class mail, postage prepaid, as indicated, copies of the Attorney General's First Discovery Request upon the persons and at the addresses indicated below.

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Dated: January 26, 2016

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