

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

IN RE:)	
)	
MAINE COMMUNITY HEALTH)	SECOND INFORMATION
OPTIONS 2017 INDIVIDUAL RATE)	REQUEST OF THE
FILING)	SUPERINTENDENT
)	
Docket No. INS-16-1002)	

Superintendent of Insurance Eric Cioppa hereby directs Health Options to provide written responses and produce documents responsive to the numbered information requests below. Health Options shall furnish all requested information and documents regardless of whether it is in the possession, custody, or control of Health Options or any agent of Health Options. If Health Options refuses for any reason to provide any of the information or documents requested, Health Options must file with the Superintendent, no later than June 24, 2016, a written objection describing the reason for such refusal.

Each of the Requests below is continuing in nature. Health Options must supplement the responses provided should the information change or more information become available at any time during the pendency of this proceeding.

If hard copy, paper responses of electronic spreadsheet files are provided in response to any request, Health Options also shall file via e-mail the electronic spreadsheet version of the file (*e.g.*, Excel) with embedded formulas included (*i.e.*, active files). Designate with particularity any documents or information requested provided under claim of confidentiality, and provide a statement for the legal basis for the claim of confidentiality.

In responding, Health Options shall comply with the requirements and deadlines established by the May 16, 2016, Procedural Order issued in this proceeding.

REQUESTS

1. Please provide an explanation and demonstration that the proposed plan cost-sharing complies with the requirements of 24-A M.R.S. §2677-A(2).¹
2. Please explain why the written premium change for this program on the rate/rule schedule tab in SERFF is a negative number when rates are increasing. Is this due to an enrollment decrease?

¹ The benefit level differential between services rendered by preferred providers and non-preferred providers may not exceed 20% of the allowable charge for the service rendered, unless waived by the Superintendent. Compliance with this requirement may be demonstrated on an aggregate basis.

3. Is an adjustment to the 2017 proposed rates needed based on a recent reduction in the CSR amounts received for 2015 affecting claims experience for that year? Please explain.
4. Please provide a final copy of the policyholder notice letter and identify the date when the letter was mailed to policyholders.

PER ORDER OF THE SUPERINTENDENT OF INSURANCE

June 22, 2016



ERIC A. CIOPPA
Superintendent of Insurance