

April 1, 2016

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

*Re: Anthem Blue Cross and Blue Shield Request to Discontinue and Replace Legacy
Individual Health Plans*

Dear Superintendent Cioppa:

Enclosed for filing please find the following:

SUBMITTED BY: Christopher T. Roach
DATE: April 1, 2016
DOCUMENT TITLE: Reply to Attorney General Closing Statement
DOCUMENT TYPE: Reply
CONFIDENTIAL: **NO**

Thank you for your assistance in this matter.

Very truly yours,

/s/ Christopher T. Roach

cc: Attached service list

NON-CONFIDENTIAL

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

IN RE:)
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)
ANTHEM BLUE CROSS AND BLUE) REPLY TO ATTORNEY GENERAL
SHIELD'S REQUEST TO DISCONTINUE) CLOSING
AND REPLACE LEGACY INDIVIDUAL)
HEALTH PLANS EFFECTIVE JANUARY 1,)
2017)
) APRIL 1, 2016
Docket No. INS-15-802)
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Anthem Health Plans of Maine, Inc. (“Anthem”) has reviewed the Attorney General’s Closing Argument (“AG Closing”). Given that the AG Closing suggests conditions on approval of the proposed discontinuance and replacement, Anthem hereby requests leave to file this brief reply.

The AG Closing suggests that the Superintendent adopt the following conditions in any order approving Anthem’s proposed migration of the legacy policies:

- 1) notice to all members that all Anthem transitions of Legacy members will be to plans with unrestricted broad provider networks and Anthem “blue card” services;
- 2) mandatory continued coverage for all existing prescribed non-formulary drugs, regardless of how long the policyholder had been on the non-formulary drug, during the entire pendency of any and all Anthem medical justification and/or appeals processes;
- 3) notice to all members of this extended non-formulary drug coverage and of Anthem’s procedures and timelines for requesting continued coverage of non-formulary drugs; and
- 4) enhanced and more prominent notice to all Legacy members regarding their other insurance options, apart from the Anthem plans they will be mapped to, and the potential availability of subsidies.

(AG Closing, p. 1.)

Anthem has already indicated its intent to meet to conditions 1-3, as reflected in Anthem’s testimony and post-hearing responses, with the understandings that (1) by “unrestricted broad provider network” it means consistent with the network to which legacy members currently have access; and (2) the procedures proposed in conditions 2 and 3 are as set forth in Anthem’s Hearing Responses. Anthem also has no objection to condition 4, although Anthem’s prior notice letters have included directions on where and how to find different insurance options and subsidies. Anthem would object, however, to providing in its notice letter links to specific plan options from other carriers (including to plans that are currently under suspension). We believe it more appropriate to include the links to the Bureau and Exchange sites.

In the final page of the AG Closing, the AG includes the following additional text as part of condition number 1: “provide clear notice to all members that all Anthem transitions of Legacy members will be to plans with unrestricted broad provider networks and Anthem “blue card” services as long as those plans are maintained by the transitioned member.” (AG Closing, p.4) (Emphasis added.) It is unclear whether the underlined language was an intended or inadvertent addition to the conditions set out on page one of the AG Closing. In either event, Anthem does not believe imposing an infinite duration on the current provider network is reasonable or appropriate. The Superintendent did not include such a condition when approving the grandmothers migration in 2013 and there is no reason to do so here. Anthem is subject to network adequacy requirements under both state and federal law and should not be constrained to propose modifications in the future that are consistent with either.

