

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

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

Superintendent of Insurance Eric Cioppa hereby directs Anthem to provide written responses and produce documents responsive to the numbered information requests below. Anthem shall furnish all requested information and documents regardless of whether it is in the possession, custody, or control of Anthem or any subsidiary, affiliate, parent, or agent of Anthem. If Anthem refuses for any reason to provide any of the information or documents requested, Anthem must file with the Superintendent, no later than March 14, 2016, a written objection describing the reason for such refusal.

Each of the Requests below is continuing in nature. Anthem 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, Anthem 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.

Anthem shall deliver to the Bureau of Insurance all requested documents and information (except any subject to a pending objection) no later than 4:00 p.m. on March 16, 2016.

REQUESTS

1. Provide an updated enrollment count of insured legacy members by plan and deductible after open enrollment for 2016 was completed. In responding, indicate which are grandfathered and which are grandmothered.
2. How many high deductible policyholders (both grandfathered and grandmothered) exceeded \$6,850 in premium and costs by year end?
3. How many insureds have legacy plans and are also enrolled in Medicare?

4. How does the possibility of MGARA reactivating affect Anthem's proposal?
5. Will Anthem issue a POS plan to replace legacy plan coverage for all policyholders, even those in the service areas where only the HMO limited network plan is sold to individuals?
6. How will prescription drug coverage decisions be made for those legacy members who currently use non-formulary drugs? Is there a limit to how long the drug will continue to be covered? How is the pre-authorized decision made? Will this decision-making process be seamless for the member at the pharmacy counter? Will legacy members be restricted to mail-order for non-formulary drugs?

PER ORDER OF THE SUPERINTENDENT OF INSURANCE

March 11, 2016



ERIC A. CIOPPA
Superintendent of Insurance