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June 15, 2017

Eric Cioppa, Superintendent
Attn: Shari Gregory
Docket No. INS-17-1000
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 2018 Rate Filing for Individual Health Plans

Dear Superintendent Cioppa:

Enclosed for filing please find the following:

SUBMITTED BY: Christopher T. Roach

DATE: June 15, 2017

DOCUMENT TITLE: Responses to First Information Requests of the Superintendent

DOCUMENT TYPE: Responses to Information Requests

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:	)	
ANTHEM BLUE CROSS AND BLUE SHIELD 2018 INDIVIDUAL RATE FILING	)	ANTHEM RESPONSES TO FIRST INFORMATION REQUESTS OF THE SUPERINTENDENT
Docket No. INS-17-1000	)	
	)	JUNE 15, 2017

NON-CONFIDENTIAL

1. Please provide a detailed breakdown of the components of the proposed increase. For example, what portion of the increase is due to morbidity, medical trend, and other items?

Response

The primary components of the proposed increase include trend, morbidity, the return of the ACA Insurer Fee in 2018, and Non-Benefit Expense and Profit & Risk. Please note that claims are projected over a two year period from 2016 to 2018, combined with non-benefit expense items and then compared to premiums at the current rate level in order to calculate the 21.3% rate increase submitted. We have estimated the value of the components shown below in a more simplified single year calculation.

Component	Impact
Trend	9.4%
Morbidity	7.8%
ACA Insurer Fee	3.4%
Non-Benefit Expense	-1.93%
Profit & Risk (after-tax)	0.84%
Other	0.6%
Total average increase:	21.3%

2. Please provide an explanation for the changes in the administrative expenses as compared to last year.

Response

For the 2017 ACA filing (prefiled testimony for which was submitted in July of 2016), Anthem estimated administrative expenses, inclusive of quality improvement, selling, specialty and "Misc. Admin (PMPM)" at $47.22 PMPM. Our 2018 ACA filing included $41.77 for this assumption, a decrease of $5.45 PMPM. The decrease in the estimated administrative expenses is due in large part to fixed expenses being spread out over our increased membership base. With that understanding, the following table reflects the changes in expense categories between the expenses in the 2017 filing and the administrative expenses reflected in our current filing. In responding to this question, we note that $0.99 itemized for miscellaneous admin reflects assessments for vaccinations that is also included in another part of our rate development. In our July 14, 2017 re-filing we will remove this $0.99 "Misc. Admin (PMPM)", which will also reduce the average rate increase.

Filings:	2018	2017
Administrative Expenses		
Administrative Costs	$32.97	$36.70
QI Expense	$5.42	$6.89
Selling Expense	$2.15	$1.59
Specialty Expenses	$0.24	$0.27
Misc Admin (PMPM)	$0.99	$1.77
Total Administrative Expenses	**$41.77**	**$47.22**

As noted above, the decline in administrative expenses is due to the increase in membership driven primarily by the influx of former legacy members. Specifically, the line items for Quality Improvement, Misc. Admin, Specialty admin and Admin Cost are allocated fixed costs that are converted to per member per month (PMPM) amounts by dividing by membership. Accordingly the PMPM charges have decreased as our membership has grown. Selling expense has increased due to higher percentage of individual members are enrolling through brokers.

3. Please provide a breakdown of the administrative costs in Exhibit H.

Response

Individual Local Business	$12.29
Shared Services	$ 6.95
Operation and Sales Support	$19.15
QI expense	$ (5.42)
Medical G&A expense	**$32.97**

QI expense is included within each of the Medical G&A expense lines (*i.e.*, Individual Local Business, Shared Services and Operation and Sales Support). Because QI is also included as a separate line item in Exhibit H of the Actuarial Memorandum, it is removed from the calculation of the $32.97 administrative costs item.

4. Please provide numerical justification for the development of the morbidity factor shown in Exhibit E.

Response

2017 Shift for Legacy and New Sales*	1.052
2017 Market Contraction	1.046
2018 Market Contraction	1.078
Total Morbidity:	1.187

*Please note that accounting for this shift is necessary given that the legacy shift is not already included in the base claims data.

5. Please explain how you determined the value of the morbidity adjustment for future claims. What was the assumed market decline used in the calculation?

Response

The value of the morbidity adjustment for future claims was based on the retention of existing policies and new sales, and includes the impact of an increase in selective lapse and market deterioration.

Anthem's membership is substantially different in 2017 compared to 2016. Anthem's ACA membership grew over 75% during that time period as a result of our Legacy block migrating to ACA and an increase in new sales.

As the Bureau knows from our prior Legacy block filings, the morbidity of the Legacy members was materially worse than the morbidity of our ACA members and, accordingly, adding such a large number of Legacy members to the ACA block materially increases the morbidity of Anthem's ACA block. To estimate the morbidity impact from the Legacy migration, we compared the risk scores of Legacy members retained post-migration to the Legacy population pre-migration as well as the ACA population. Not surprisingly, the risk score comparison reflects that the retained Legacy members have a higher morbidity compared to the 2016 Legacy population, and a materially higher morbidity compared to the 2016 ACA population.

The second half of the calculation is the impact on morbidity of new sales. To estimate the morbidity impact from new sales, we relied on CMS Risk Adjustment reports to calculate relative risk scores for Anthem versus competitors. We assumed that Anthem would have a similar relative risk position versus competitors in 2016 as we did in 2015. Since Anthem was a Risk Adjustment payer (*i.e.*, we had a lower average morbidity than the market as a whole), we assumed that new sales would have higher average morbidity than our 2016 ACA block as they would be coming from carriers to whom we paid risk adjustment in 2015. The morbidity impact from the Legacy migration and new sales is 5.2%.

	CMS has reported that Maine ACA enrollment has declined by 5.5% from 2016 to 2017. Our modeling reflects that the population remaining insured is less healthy and the 5.5% decline in enrollment increases morbidity by 4.6%. This was developed based on anticipated lapse rate variations by age, metal tier, and loss ratio, together with Maine-specific membership, claims and other data by these categories. We anticipate that ACA enrollment will continue to decline into 2018 given general concerns about the sustainability of the ACA marketplace into 2018 as well as a widening gap between premiums and the penalty for not complying with the mandate. When faced with this gap people with relatively low morbidity are more likely to forgo insurance, leaving only those with higher morbidity in the insured block. As premiums continue to rise to cover this increasing morbidity, more lower-cost people discontinue coverage, resulting in higher premiums for those who retain coverage. Based on these market forces, we have estimated that the Individual Maine market contraction will increase to 10.9% from 2017 to 2018. Our modeling suggests that this 10.9% decrease in enrollment would increase market morbidity by 7.8%. In total, the morbidity impact of the items mentioned above is 18.7%. Given the volatility of the political environment, particularly as it relates to the ACA, however, actual observed morbidity may certainly turn out to be worse than expected. If that is the case, Anthem's rates will be inadequate to cover the increased costs associated with a higher than expected morbidity in Anthem's covered population. The morbidity adjustments described above estimate 2016 to 2018 changes in the underlying risk profile of the Anthem Individual ACA block. Some of the projected morbidity increase will reflect shifts between carriers that would be at least partially offset by Risk Adjustment (RA), but a significant portion of the increase reflects statewide market conditions that would not be compensated by RA. To account for the impact of RA, however, the filing assumes that Anthem will be a $13.57 PMPM RA payer in 2018 versus the $24.13 PMPM payment required for 2015. We will not know 2016 RA settlements until the June 30th release from CMS. With limited participation in Wakely RA modeling by our competitors, we have little insight into this settlement or emerging 2017 experience.

6. Please explain why the Rate Tab in SERFF states that 19,018 members will be impacted by the proposed rate increase while the Part II Justification states that 28,707 members will be impacted. Which number is correct?

Response	The Rate Tab in SERFF references policyholders. The 19,018 is the subscriber count. The 28,707 is member count.

7. Please explain the Prescription Choice Tiered Network.

Response	Rx Choice Tiered Network is a national network of approximately 70,000 in-network retail pharmacies, which are split into level 1 and level 2 pharmacies. Level 1 – Nearly 25,000 retail pharmacy providers will participate in the core Level 1 network. Members who choose pharmacies on Level 1 will be charged the copay or coinsurance amount they would normally pay as called for in their pharmacy benefit design. Rx Choice Tiered Networks include CVS as the major pharmacy chain anchoring our Level 1 pharmacies. Level 1 also include grocery stores, big box stores, and a selection of independent pharmacies. These Level 1 pharmacies provide Anthem price discounts, which also benefit our members. Level 2 – Retail pharmacy providers on Level 2 of the network make up the remaining locations (about 45,000 pharmacies). Members who choose retail pharmacies on Level 2 will be charged an extra $10 copay or 10% coinsurance differential (10% of the underlying drug cost), in addition to their standard cost share. Level 2 pharmacies include all other pharmacies we contract with nationally and members are subject to additional cost shares for the choice to go to any pharmacy. Anthem does not receive any additional price discounts from Level 2 pharmacies. As described above, the Rx Choice Tiered Network is different in every state, with different pharmacies on Level 1 and Level 2 depending on the state, with the noted exception that Level 2 members may choose any national pharmacy within our national network. All Commercial business segments within a given state will use the same Rx Choice Tiered Network for that state. Some pharmacies have been added to Level 1 to address pharmacy network access gaps or to accommodate entities where Anthem may already have an existing business relationship.

8. Please explain the difference between minimum and maximum increases by plan and by product.

Response	As stated in the Actuarial Memorandum the rate changes vary by plan due to the following factors: -Changes in benefit design that vary by plan. -Updates in benefit relativity factors among plans. -Updated adjustment factors for catastrophic plans. -Changes in some non-benefit expenses that are applied on a PMPM basis. -Changes in the claim cost relativity by area. The minimum increase by plan is -.6% for the catastrophic plan. This is due to a slight benefit change of an increased out of pocket maximum and a change to the catastrophic factor further discussed in response to question 9. This yields a slight decrease. The maximum increase by plan is 35% for a Bronze 5000 plan. This increase is due to benefit changes and updates to benefit relativity factors. Benefit changes made to this plan include: (1) unlimited PCP and Specialist visits which were previously limited to 3 per calendar year, (2) urgent care copay removal, and (3) 4th Tier RX coinsurance reduced from 50% to 40%. The only off-setting benefit adjustment is an increase to the Out of Pocket maximum. Product rate increases are calculated using a weighted average of membership and increases by renewing plans within each product. The difference between the minimum and maximum increases in the 4 products shown on the URRT is the different distribution of rate increases of plans within a product and membership.

9. Please provide numerical justification for why the catastrophic plan adjustment has changed from 0.8169 to 0.7203.

Response

We developed our 2017 catastrophic factor based on 2015 experience after risk adjustment, in order to target the same operating gain for Catastrophic and non-Catastrophic plans. We developed our 2018 catastrophic factor in a similar manner, except that we used both 2015 and 2016 experience data to improve the credibility of the calculation.

a)	2015 retention + claims on non-Cat plans vs Cat plans	1.0429
b)	2015 Catastrophic factor in Pricing	0.7751
c)	Catastrophic factor from 2015 = a) * b)	0.8083
d)	2016 retention + claims on non-Cat plans vs Cat plans	0.7764
e)	2016 Catastrophic factor in Pricing	0.8143
f)	Catastrophic factor from 2016 = d) * e)	0.6322
g)	2018 Catastrophic factor = 50% * c) + 50% * f)	0.7203

10. Please identify the pure loss ratio of incurred claims over earned premiums based on the information set forth on page three (3) of the actuarial memorandum for experience period premium and claims.

Response

Pure Loss Ratio	92.9%

11. Please provide documentation showing the prior experience that has exhibited market shrinkage and morbidity increases year over year as mentioned in the actuarial memorandum under projection factors.

Response

Based on enrollment reports provided by CMS, the ME Individual ACA market contracted by approximately 5.5% in 2017. This contraction can likely be attributed to selective lapse in the individual ACA marketplace which is Guaranteed Issue with a widening gap between premium rates and penalties for failing to purchase essential protection. While 2017 morbidity results are not yet able to be determined, the decrease in market enrollment is likely to cause morbidity to increase from 2016 levels. It is also worth noting that while market enrollment grew in 2015 and 2016, Anthem continued to experience increases in morbidity in the range of 1.5% - 3.5% in both years. This tells us that, even when enrollment was more stable (rather than in decline as it is now), those purchasing (and retaining) ACA plans are less healthy than those who choose to go without insurance. As premiums rise and the continued viability

	of the ACA becomes less politically certain, we would expect that trend to continue. The morbidity of the insured population will rise, and likely at an accelerating rate.

12. Please explain whether a seasonal adjustment is included in this rate filing. Provide a comparison with last year's adjustment.

Response	In 2017 pricing we used a seasonal adjustment of 1.005 due to the experience period calendar year 2015 having a large membership influx mid-year. Because we expect the renewal timing of members in our projection period will be similar to our experience period, however, we made no adjustment for seasonality in this year's filing.

13. Please explain what "regulatory fees" are included in the Miscellaneous Taxes and Fee category.

Response	This includes state health assessments, guaranty fund assessments, and DOI assessments. As noted in question 2 (above), while reviewing the administrative cost breakdown we noticed the $0.99 amount included in Exhibit H of the Actuarial Memorandum and in response to question 2 as miscellaneous admin is included in this expense item as well. In our July 14, 2017 re-filing we will remove the $0.99 Misc. Admin (PMPM).

14. Please identify the pre-tax profit given the post-tax figure of 2.52%.

Response	Our requested premium rates include 4.5% for pre-tax risk and profit (2.52% post-tax). While this level of charge to cover profit and risk is on its face reasonable, there are two types of risk in the ACA market that warrant the Superintendent increasing the historically-approved 3% margin: (1) risks inherent in the ACA rate-setting process and timing; and (2) enhanced risk from the uncertainties for the ACA. Each is discussed in turn as well as associated cost of capital requirements and historical performance in the individual market. **I. Risks inherent in the ACA rate-setting process are significant and not adequately covered with a 3% pre-tax buffer.** As noted in last year's proceeding, the American Academy of Actuaries stated that the ACA individual market is exhibiting increasing uncertainty and "greater levels of uncertainty typically result in higher risk margins and higher premiums." This was true last year and remains true today. Gleaned from rate filings, financial results and carrier exits across the country, the Individual ACA

	market is becoming increasingly unstable. This risk is driven by market instability that comes from, but is not limited by the following: • Open Enrollment and Related Block Instability – Each year a carrier's insured population can change materially based upon open enrollment results. In Maine our Individual retention rate has averaged only 30.0% for each of the last three years. For Anthem in total, this figure is 40.9%. This material market turnover makes it more likely that assumptions made in pricing will not be realized in rate effective period financial results. Inherently, every assumption carries more risk and volatility due to open enrollment. • Filing Dates to Support Open Enrollment – To compound matters, rates must be set well in advance of effective dates to support rate approval and system installation to be ready for open enrollment. In most cases carriers are working with data paid through the first quarter of the current year while pricing the next – accordingly with limited insight into emerging current year results. The long timing tail from the rate filing to the rate effective date also serves to increase the risk associated with underlying pricing assumptions. • Risk Adjustment – While necessary to level the playing field of selection risk in the Guaranteed Issue marketplace, the nature of the Risk Adjustment mechanism itself can increase volatility and pricing risk as the formula is based upon the risk profile of each carrier in the market and how that carrier's risk compares to the total market. As stated above, carriers are forced to set rates with limited insight into emerging current year results; this insight is even more limited with regard to emerging results for our competitors and the market as a whole. Initial rate submissions for the next year are required to be submitted before prior year RA settlements are known and with limited insight of risk shifts for the current year. • Guaranteed Issue Combined with a Weak Mandate – The current Guaranteed Issue environment with penalties for failing to purchase essential protection that are much smaller than premium rates means that more healthy consumers have less and less incentive to purchase or retain coverage. This selective lapse and market participation activity increases risk in the marketplace. • Lack of Reinsurance or High Risk Pool Mechanism: While there are regulatory protections in place to protect members from excessive rates, with the expiration of reinsurance and no other mechanism to defray costs, insurers are exposed to greater pricing risk than they have previously faced under the ACA. This risk must be included

appropriately in premium rates.

It is worth noting that many of these risk items increase with the uncertain financial condition of competitors in the Maine Individual ACA market and their lack of participation in Wakely Risk Adjustment modeling. A carrier's immediate exit could have current and prior year financial consequences as members are separated from coverage in the current year and prior Risk Adjuster settlements are potentially at risk.

II. Enhanced risks due to political uncertainties.

While the ACA marketplace in Maine was becoming somewhat more predictable, recent activity at the federal level has returned the ACA to almost unprecedented levels of uncertainty. We do not know what repeal and replace legislation may emerge from Congress, nor do have certainty of CSR funding. These risks are new and not accounted for in the traditional 3% pre-tax, 2% post-tax profit and risk charges that have historically been approved by the Superintendent for markets with more stable regulatory environments.

III. A 3% margin has not historically produced a reasonable pre-tax profit.

Anthem is entitled to a reasonable rate of return. Anthem must realize this reasonable return from its investments in order to remain attractive to its stockholders and to raise capital. Based on its current capital structure, Anthem's pre-tax cost of capital is 9.8%. Applying this cost of capital to the 525% of authorized-control-level risk-based capital that must be dedicated to this business in light of the risks enumerated above, Anthem must earn a pre-tax yield of at least 2.2% for this business to meet these minimal requirements. As the individual block in Maine amply demonstrates, in order to earn at least a 2.2% pre-tax margin, the margin must be set materially higher than that to account for the considerable risks of this line. For example, the Superintendent has historically approved a 3% margin to cover risk and profit in the individual legacy market in Maine. If we exclude the years in which MGARA reinsurance dampened claims costs, Anthem's individual block in Maine has returned less than zero (-0.3%) on a pre-tax basis. If we look closer at this data and consider the period from 2004 to the present (*i.e.*, when membership started to decline, as it is now), the pre-tax margin drops even further (-3.1%). This data demonstrates that to produce an adequate rate of return (~2.2% pre-tax), the margin for risk and profit must be set materially higher than 3%. When considered from that perspective, and in the context of the historical returns noted above, even the 4.5% margin is unlikely to average a 2.2% pre-tax gain.

15. Please explain why you are projecting zero (0) member months for some of the new plans.

Response	As reflected in Section 22 of the Actuarial Memo, membership projections are reported in Worksheet 2, Section IV of the URRT. They are based on historical and current enrollment, expected new sales and lapses, and anticipated movement from grandfathered and transitional policies. The URRT is showing zero projected membership for the new Anthem Silver 5800 plan in all rating areas. Since this plan is new in 2018, there is no current membership that would map to it, and it is uncertain how many new members would select it in 2018. As a result of this, the membership on this plan was projected to be zero in 2018.

16. Please provide further explanation of the meaning of induced demand due to CSR under Section 7 of the Actuarial Memorandum—Other Adjustments and the related "Induced Demand for CSR" factor of 1.0049 in Exhibit E.

Response	Cost Sharing Reduction plans are offered to individuals with income less than 250% of the federal poverty level. These plans are variants of our existing silver plans, but have higher actuarial values because the member pays less out of pocket and has a lower out of pocket maximum than the non-CSR silver plans. A member's income level determines if they are eligible for a CSR variant plan and for which actuarial value variant they are eligible. Enrollee spending patterns may vary based on the generosity of cost sharing. Our claims normalization factors are based on standard plan benefits, and they do not capture greater utilization of health care services induced by lower enrollee cost sharing in the Silver Variant plans. Therefore, we calculate an Induced Demand from CSR factor to account for higher utilization from CSR members.

17. Please explain what is required for an individual over 30 to purchase a catastrophic plan from Anthem.

Response	Anthem follows the CMS guidelines regarding hardship exemptions, which allow people over the age of 30 to purchase a catastrophic plan, designed to protect the consumer in a worst-case scenario if the consumer qualifies through the application process. These exemptions include if the consumer • was homeless, evicted, faced eviction or foreclosure; experienced domestic violence; • experienced the death of a family member; • experienced a fire, flood or other natural or human-cause disaster that caused substantial damage to their property;

	• filed for bankruptcy; • had medical expenses they couldn't pay that resulted in substantial debt; • experienced unexpected increases in necessary expenses due to caring for an ill, disabled or aging family member; • they claim a child as a tax dependent who's been denied coverage for Medicaid and CHIP for 2017, and another person is required by court to give medical support to the child; • as a result of an eligibility appeals decision, when as a result of an eligibility appeals decision, they're eligible for enrollment in a qualified health plan (QHP) through the Marketplace, lower costs on their monthly premiums, or cost-sharing reductions for a time period when they weren't enrolled in a QHP through the Marketplace in 2016; • they were determined ineligible for Medicaid because Maine didn't expand eligibility for Medicaid in 2017 under the Affordable Care Act; • their "grandfathered" individual insurance plan (a plan they've had since March 23, 2010 or before) was canceled because it doesn't meet the requirements of the Affordable Care Act and they believe other Marketplace plans are unaffordable, or they qualified through a different hardship that qualified through the application.

18. Please identify any plans that were offered in 2017 and are being renewed for 2018 but are shown as having no enrollment. Are there policyholders that will be mapped to these plans?

Response	There are none. All plans offered in 2017 renewing into 2018 have membership.

19. Please identify the profit margins Anthem earned in 2015 and 2016 from this block of business.

Response	Anthem's profit margins for 2015 and 2016 were -4.13% and 0.59% respectively. This modest and volatile profitability reflects the high risk nature of the Individual ACA segment as described in response to question 14 above.

20. Please identify the quality improvement expenses included in the $5.42 in Exhibits H and I.

Response	Quality Improvement Expenses can be categorized into two components: The first is Quality Improvement Initiatives. These initiatives include programs such as Improve Health Outcomes, Activities to Prevent Hospital

	Readmissions, Improve Patient Safety and Reduce Medical Errors, Wellness and Health Promotion Activities, and Health Information Technology Expenses for Health Care Quality Improvements. The expense assumptions are based on historical expense level adjusted for cost inflation and anticipated changes in the programs. This category makes up approximately 59% of the total Quality Improvement Expense, or $3.20 PMPM. The second is for expenses incurred for Anthem's partnership with a health care technology company that helps support our members who have purchased health care plans, On and Off the Exchange, get their diagnoses confirmed, corrected, and updated annually. This mechanism increases condition awareness/management and care continuity and reduces potential care gaps. To accomplish this goal, this outside vendor contacts Anthem's network providers asking them to perform patient outreach. This category makes up approximately 41% of the total Quality Improvement Expense, or $2.22 PMPM.

21. Please provide loss ratio experience with incurred claims and earned premiums for 2014, 2015, and 2016.

Response

Anthem Individual
ACA business
Paid thru April 2017

Pure Loss Ratio	2014	2015	2016
Premium	$ 30,928,938.67	$ 59,594,700.00	$ 72,744,060.28
Claims	$ 29,786,607.21	$ 55,062,823.88	$ 67,781,192.50
Loss Ratio	96%	92%	93%

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

IN RE:	)	
ANTHEM BLUE CROSS AND BLUE SHIELD 2018 INDIVIDUAL RATE FILING	)	CERTIFICATE OF SERVICE
Docket No. INS-17-1000	)	

The undersigned counsel hereby certifies that on this date I caused to be mailed by electronic mail, copies of Anthem's Responses to the First Information Requests of the Superintendent on the persons and at the addresses indicated below.

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DATED: June 15, 2017

/s/ Christopher T. Roach
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