

IN THE UNITED STATES COURT OF FEDERAL CLAIMS

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| BLUECROSS BLUESHIELD OF |) | |
| TENNESSEE, INC., |) | |
| Plaintiffs, |) | No. 17-348C |
| v. |) | Judge Richard A. Hertling |
| THE UNITED STATES OF AMERICA, |) | |
| |) | |
| Defendant. |) | |
| |) | |

FIRST AMENDED COMPLAINT

Plaintiff BlueCross BlueShield of Tennessee, Inc. (“BlueCross”) brings this action against the United States Government (“United States” or “Defendant”) for money damages resulting from the U.S. Department of Health and Human Services’ (“HHS’s” or “Secretary’s” or the “Government’s”) failure to make full payments to BlueCross for certain losses resulting from its sale of qualified health plans for calendar years 2014, 2015, and 2016, as mandated by Section 1342 of the Patient Protection and Affordable Care Act (the “Affordable Care Act” or “ACA”), the risk corridors program administered by HHS. BlueCross states and alleges as follow:

NATURE OF THE CASE

1. Section 1342 of the Affordable Care Act mandates a risk corridors program through which issuers of qualified health plans (“QHPs”), such as BlueCross, and the Government must annually share in losses and profits exceeding certain thresholds from the sale of QHPs during the three benefit and calendar years 2014, 2015, and 2016 (“CY 2014,” “CY 2015,” and “CY 2016,” respectively), the first three years of operation of the health insurance exchanges established by the ACA (the “Marketplaces”). Pub. L. No. 111-148 §

1342, 124 Stat. 119, as amended by Pub. L. No. 111-152, 124 Stat. 1029 (2010) [42 U.S.C. § 18062].

2. Section 1342 mandates that when “a participating plan’s [*i.e.*, QHP issuer’s] allowable costs for any plan year are more than 103 percent . . . of the target amount,” defined as “total premiums . . . reduced by the administrative costs of the plan,” the “Secretary *shall pay* to the plan an amount” specified by a statutory formula. 42 U.S.C. § 18062(b)(1)(A), (c)(2) (emphasis added). When, on the other hand, a QHP issuer’s allowable costs are less than the target amount by a certain percentage, then “the plan [*i.e.*, the QHP issuer] shall pay to the Secretary an amount” set by statute. *Id.* at § 18062(b)(2)(A).

3. The Government has admitted its obligations to make payments to BlueCross pursuant to the risk corridors program but has failed to pay the full amount due to BlueCross for CY 2014 and has failed to pay any amounts due to BlueCross for CY 2015 and CY 2016.

4. The ACA created a new health insurance market – the Marketplaces – to expand access to affordable healthcare coverage, including to individuals who previously were unable to obtain or to afford such coverage, such as individuals with pre-existing conditions. Health insurance issuers such as BlueCross lacked reliable data and experience in assessing the risks and setting premiums for this new population of insureds created by the ACA, including their health status and health care needs. The ACA therefore mandated implementation of three premium stabilization programs – including the risk corridors program – to support the launch of the new Marketplaces. These programs were intended, *inter alia*, to encourage health insurance issuers to participate in the Marketplaces, to reduce the likelihood that the insurers would include in their premium development an additional amount to guard against the risk and uncertainty of insuring this new and unknown population, and to provide for some year-over-

year stability in premiums for consumers, particularly during the initial years of the Marketplaces' operations.

5. The Centers for Medicare & Medicaid Services ("CMS"), which is part of HHS, is charged with implementing the risk corridors program. CMS has explained that the program requires "the Federal Government and [QHP issuers] to share in profits or losses resulting from inaccurate rate setting from 2014 to 2016." 78 Fed. Reg. 15,410, 15,412 (March 11, 2013) (Exhibit 1¹). It is designed to permit issuers such as BlueCross "to lower rates by not adding a risk premium to account for perceived uncertainties in the 2014 through 2016 markets." *Id.* at 15,413.

6. Between the enactment of the ACA in 2010 and the launch of the Marketplaces on January 1, 2014, BlueCross designed and priced QHPs to be sold on the Tennessee Marketplace. BlueCross recognized the substantial uncertainty regarding the cost of providing health coverage to a previously uninsured population. Consistent with the plain terms of the ACA, its regulations, and the assurances provided by CMS and HHS, BlueCross understood that the Government would annually share in BlueCross's losses and profits from the sale of QHPs during CY 2014, CY 2015, and CY 2016.

7. For CY 2014, the first year of the Marketplaces and the risk corridors program, QHP issuers who made profits in excess of a certain threshold paid in the aggregate a total of \$362 million into the risk corridors program. However, BlueCross suffered losses triggering the Government's obligation under the program to compensate BlueCross for the federal government's share of those losses (\$78,721,051.43). In total, 2014 QHP issuers that

¹ Exhibits 1 through 15 were attached the BlueCross's Complaint, filed on March 14, 2017 and are available at ECF No. 1-1 through 1-15.

experienced excess losses requested compensation of \$2.87 billion under the risk corridors program.

8. For CY 2015, the second year of the Marketplaces and the risk corridors program, QHP issuers who made profits in excess of a certain threshold were again required to pay into the program. As with CY 2014, however, BlueCross suffered losses for CY 2015 triggering the Government's obligation under the program to compensate BlueCross for the Government's share of those losses in the amount of \$83,199,959.16.

9. For CY 2016, the third year of the Marketplaces and the risk corridors program, QHP issuers who made profits in excess of a certain threshold were again required to pay into the program. As with CY 2014 and 2015, however, BlueCross suffered losses for CY 2016 triggering the Government's obligation under the program to pay BlueCross for the Government's share of those losses in the amount of \$64,972,431.35.

10. Before and after BlueCross decided to offer QHPs in the individual market in 2014, CMS and HHS repeatedly acknowledged that "the Affordable Care Act requires the Secretary to make full payments to issuers." 80 Fed. Reg. 10,750, 10,779 (Feb. 27, 2015) (Exhibit 2); *see also* 78 Fed. Reg. at 15,473 ("Regardless of the balance of payments and receipts, HHS will remit payment as required under section 1342 of the Affordable Care Act.") (Exhibit 1). Despite the unequivocal mandate in the ACA that the Government must annually share profits and losses with issuers, the Government has not paid BlueCross in full for the Government's share of BlueCross's CY 2014 losses, or at all for its share of BlueCross's CY 2015 and CY 2016 losses.

11. Instead, for CY 2014, CMS prorated the \$362 million of payments received from QHP issuers across the \$2.87 billion in due compensation for the Government's share of losses

under the risk corridors program. In late 2015, CMS announced that BlueCross would be paid only about 12.6% of what it was owed under the program for CY 2014. *See* CMS, Risk Corridors Payments for the 2014 Benefit Year, Nov. 19, 2015 (Exhibit 3). CMS advised that it was “recording those amounts that remain unpaid” after about 87.4% of what is owed, or \$68,788,134.23 for BlueCross “as fiscal year 2015 obligation[s] of the United States Government for which full payment is required.” *Id.*; *see* CMS, Risk Corridors Payment and Charge Amounts for Benefit Year 2014, Nov. 19, 2015, at Table 43 (Exhibit 6).

12. In September 2016, CMS and HHS stated that “all 2015 benefit collections [would] be used towards remaining 2014 benefit year risk corridors payments, and no funds will be available at this time for 2015 benefit year risk corridors payments.” *See* CMS, Risk Corridors Payments for 2015, Sept. 9, 2016 (Exhibit 4).

13. On November 18, 2016, CMS and HHS announced the issuer-level risk corridors payments and charges for CY 2015. *See* CMS, Risk Corridors Payments and Charge Amounts for the 2015 Benefit Year, Nov. 18, 2016 (Exhibit 5). CMS announced that BlueCross would be paid an additional amount still owed to BlueCross for CY 2014. CMS announced that BlueCross is owed \$83,199,959.16 for its participation in the individual market for CY 2015 – none of which would be paid in 2016. *Id.*

14. On November 15, 2017, CMS and HHS announced the issuer-level risk corridors payments and charges for CY 2016. *See* CMS, Risk Corridors Payment and Charge Amounts for the 2016 Benefit Year, Nov. 15, 2017 (Exhibit 16). As with CY 2015, HHS announced that it will use “2016 benefit year collections to make additional payments toward 2014 year payment balances.” *Id.* CMS announced that BlueCross would be paid an additional

amount still owed to BlueCross for CY 2014. CMS also announced that BlueCross is owed \$64,972,431.35 for its participation in the individual market for CY 2016. *Id.*

15. CMS unambiguously stated that it would not make full and timely risk corridors payments to owed issuers for CY 2015 in 2016. *See* CMS, Risk Corridors Payments and Charge Amounts for the 2015 Benefit Year, Nov. 18, 2016 (Exhibit 5). (“Today, we are confirming that all 2015 benefit year risk corridors collections will be used to pay a portion of balances on 2014 benefit year risk corridors payments.”). CMS also unambiguously stated that it would not make full and timely risk corridors payments to owed issuers for CY 2015 or CY 2016 in 2017. *See* CMS, Risk Corridors Payment and Charge Amounts for the 2016 Benefit Year, Nov. 15, 2017 (Exhibit 16) (“Because 2015 benefit year collections were insufficient to pay 2014 benefit year payment balances in full, HHS will use 2016 benefit year risk corridors collections to make additional payments toward 2014 benefit year payment balances.”). This deferral of payment violates the ACA. The risk corridors program requires payment on an annual basis. The risk corridors program was designed for issuers to share with the Government the financial risk of offering QHPs in the new Marketplaces for CY 2014, CY 2015, and CY 2016 and thus to encourage issuers to offer QHPs at lower premiums in the first three years of the Marketplaces. The effectiveness of the risk corridors program necessitates that the Government and participating health insurance issuers share financial risk on an annual basis in order to encourage issuers against building into premiums for QHPs sold in each of CY 2014, CY 2015, and CY 2016 an additional financial cushion due to the unknown cost of providing health insurance to the newly-covered population.

16. Pursuant to the Tucker Act, 28 U.S.C. § 1491, BlueCross brings this action for money damages resulting from the Government’s failure to pay BlueCross for a share of its

losses from the sale of QHPs in CY 2014, CY 2015, and CY 2016, as required by a money-mandating statute, § 1342 of the ACA, and its implied-in-fact contract with BlueCross.

PARTIES

17. Plaintiff BlueCross BlueShield of Tennessee, Inc. is a non-profit, taxable corporation formed under the laws of Tennessee with its principal place of business at 1 Cameron Hill Circle, Chattanooga, Tennessee 37402-0001. BlueCross has offered and continues to offer QHPs on the Tennessee Marketplace since its launch in 2014.

18. Defendant is the United States of America. HHS and CMS are agencies of Defendant.

JURISDICTION

19. Jurisdiction and venue in this Court are proper pursuant to the Tucker Act, 28 U.S.C. § 1491(a), which allows the United States Court of Federal Claims to hear claims for monetary damages against the United States “founded either upon the Constitution, or any Act of Congress, or any regulation of an executive department, or upon any express or implied contract with the Government, or for liquidated or unliquidated damages in cases not sounding in tort.”

20. Jurisdiction is founded on Section 1342 of the ACA, which specifies that the “Secretary shall establish and administer a program of risk corridors for calendar years 2014, 2015, and 2016,” 42 U.S.C. § 18062(a), and the implied-in-fact contract with the Government for payment of certain losses under the risk corridors program.

21. This controversy is ripe because CMS and HHS have recognized that additional amounts are presently due to BlueCross for CY 2014, CY 2015, and CY 2016, but the Government has not paid those amounts in the manner required by Section 1342 of the ACA.

STATUTORY AND REGULATORY FRAMEWORK

22. The ACA substantially altered the rules governing the provision of health insurance coverage, including the pricing and benefits of health insurance coverage. Among other things, the ACA provides that “each health insurance issuer that offers health insurance coverage in the individual . . . market in a State must accept every . . . individual in the State that applies for such coverage.” 42 U.S.C. §§ 300gg-1(a). The ACA also bars issuers from charging higher premiums on the basis of a person’s gender or health status, including pre-existing conditions. *See* 42 U.S.C. §§ 300gg-1. To prevent adverse selection that occurs when consumers wait to obtain coverage until they have an injury or illness, the ACA imposes a financial penalty on individuals who do not obtain health care coverage.

23. The ACA established the Marketplaces through which consumers purchasing coverage in the individual or small group markets could compare different QHPs. The Marketplaces provide a number of mechanisms, also established by the ACA, to make QHPs more affordable; these mechanisms include the availability of premium tax credits and cost-sharing subsidies for eligible consumers purchasing certain QHPs.

24. As a result of the ACA’s changes, insurers expected that a substantial number of people who had not previously had health insurance would purchase QHPs. Like all insurers, BlueCross faced substantial uncertainty as to who would enroll, the health status of new enrollees, and the cost of providing health care coverage for these newly-insured individuals. At the time, neither the insurance industry, including BlueCross, nor the Government, had data or models to accurately predict the total cost to provide this new coverage.

25. To mitigate the financial risk insurers faced due to these uncertainties, ACA Section 1342 mandates a temporary risk corridors program through which all QHP issuers and

the Government share in losses and profits exceeding certain thresholds for QHPs offered during the first three years of the Marketplaces' operations. By enacting Section 1342 of the ACA, Congress recognized that, due to uncertainty about the population entering the Marketplaces during the first few years, QHP issuers may not be able to predict their risk accurately, and their premiums may reflect assumptions regarding costs that are ultimately lower or higher than anticipated.

26. Congress intended the ACA's three-year risk corridors program to be an important protection for consumers and health insurance issuers as millions of Americans obtained newly available, affordable coverage in newly established Marketplaces. The risk corridors program was one of three premium stabilization programs intended to induce participation in the Marketplaces by reducing the potential financial loss posed to health insurers, like BlueCross, when estimating enrollments and costs for the unknown population gaining access to affordable health care coverage. This risk mitigation program provided for sharing of the financial risk between the Government and issuers of QHPs in each of the first three years of the Marketplace.

27. The risk corridors program is designed to "protect against uncertainty in rate setting for qualified health plans by limiting the extent of issuers' financial losses and gains." 78 Fed. Reg. 15,410, 15,411 (Mar. 11, 2013) (Exhibit 1). In addition, the program is designed to maintain affordability in the first three years of the health insurance exchanges by "permit[ting] issuers to lower rates by not adding a risk premium to account for perceived uncertainties in the 2014 through 2016 markets." *Id.* at 15,413. It does so by permitting the "Federal government and QHPs to share in profits or losses resulting from inaccurate rate setting from 2014 to 2016." *Id.* at 15,412.

28. Section 1342(a) is the statutory mandate for the risk corridors program:

(a) IN GENERAL.—The Secretary **shall** establish and administer a program of risk corridors for calendar years 2014, 2015, and 2016 under which a qualified health plan offered in the individual or small group market **shall** participate in a payment adjustment system based on the ratio of the allowable costs of the plan to the plan’s aggregate premiums. Such program **shall** be based on the program for regional participating provider organizations under part D of title XVIII of the Social Security Act.

42 U.S.C. § 18062(a) (emphasis added).

29. Section 1342(b)(1) specifies when and how the Government must reimburse QHP Issuers, such as BlueCross, for a share of losses sustained during CYs 2014, 2015, and 2016:

(b) PAYMENT METHODOLOGY.—

(1) PAYMENT OUT.—The Secretary **shall** provide under the program established under subsection (a) that if—

(A) a participating plan’s allowable costs for any plan year are more than 103 percent but not more than 108 percent of the target amount, the Secretary **shall** pay to the plan an amount equal to 50 percent of the target amount in excess of 103 percent of the target amount; and

(B) a participating plan’s allowable costs for any plan year are more than 108 percent of the target amount, the Secretary **shall** pay to the plan an amount equal to the sum of 2.5 percent of the target amount plus 80 percent of allowable costs in excess of 108 percent of the target amount.

Id. § 18062(b)(1) (emphasis added). The “target amount” is premiums net the administrative costs of the QHP. *Id.* § 18062(c)(2).

30. Section 1342(b)(2) specifies when and how QHP issuers must pay a share of profits earned during CYs 2014, 2015, and 2016 to the Government:

(2) PAYMENTS IN.—The Secretary shall provide under the program established under subsection (a) that if—

(A) a participating plan’s allowable costs for any plan year are less than 97 percent but not less than 92 percent of the target amount, the plan shall pay to the Secretary an amount equal to 50 percent of the

excess of 97 percent of the target amount over the allowable costs; and

(B) a participating plan's allowable costs for any plan year are less than 92 percent of the target amount, the plan shall pay to the Secretary an amount equal to the sum of 2.5 percent of the target amount plus 80 percent of the excess of 92 percent of the target amount over the allowable costs.

Id. § 18062(b)(2). Section 1342 of the Affordable Care Act has not been amended or repealed since its enactment in 2010.

31. Consistent with Section 1342(a) of the ACA, HHS and CMS established regulations to further clarify their implementation of the risk corridors program. *See* 45 C.F.R. §§ 153.500 et seq.

32. Section 153.510 of the Code of Federal Regulations specifies the circumstances when the Government must pay QHP issuers for losses pursuant to the risk corridors program:

(b) HHS payments to health insurance issuers. **QHP issuers will receive payment** from HHS in the following amounts, **under the following circumstances**:

(1) When a QHP's allowable costs for any benefit year are more than 103 percent but not more than 108 percent of the target amount, **HHS will pay the QHP issuer** an amount equal to 50 percent of the allowable costs in excess of 103 percent of the target amount; and

(2) When a QHP's allowable costs for any benefit year are more than 108 percent of the target amount, **HHS will pay to the QHP issuer** an amount equal to the sum of 2.5 percent of the target amount plus 80 percent of allowable costs in excess of 108 percent of the target amount.

45 C.F.R. § 153.510 (emphasis added).

33. QHP issuers are obligated to bear the risk of potential gains and losses for offering QHPs on the Marketplaces up to a specific threshold set forth in Section 1342. Issuers of QHPs that pay more in benefits than they collect in premiums by a pre-determined percentage, though, are entitled under the risk corridors program to receive a payment from the

Government, and issuers of QHPs that pay less in benefits than they collect in premiums by a pre-determined percentage must make a payment to the Government under the program. Thus, the risk corridors program allows issuers of QHPs and the Government to annually share in the risk of inaccurate calculation of premiums for QHPs during the first three years of the Marketplaces.

34. If a QHP issuer such as BlueCross owes the Government money under the program, the issuer must make that payment within 30 days after being notified of the amount owed. 45 C.F.R. § 153.510(d). The ACA equally calls for CMS and HHS to remit payment annually to QHP issuers on behalf of the Government.

35. HHS and CMS acknowledged in the Federal Register on July 15, 2011 and again on March 23, 2012, that “QHP issuers who are owed these amounts will want prompt payment” and that risk corridors “payment deadlines should be the same for HHS and QHP issuers.” 76 Fed. Reg. 41930, 41943 (July 15, 2011) (Exhibit 7); 77 Fed. Reg. 17220, 17238 (Mar. 23, 2012) (Exhibit 8). This prompt payment of amounts due for a prior benefit year is necessary to effectuate the purpose of the risk corridors program, to share between the Government and QHP issuers the financial risk associated with offering QHPs during the initial years of the Marketplaces and to encourage QHP issuers to refrain from increasing premiums in CYs 2014, 2015, and 2016 to account for the cost uncertainty in connection with the same.

36. In Section 1342(a), Congress instructed that the ACA risk corridors program “shall be based on the program for regional participating provider organizations under part D of title XVIII of the Social Security Act.” The referenced program is colloquially known as “Medicare Part D” – the program that provides Medicare coverage of outpatient prescription drugs. *See* Medicare Prescription Drug Improvement and Modernization Act of 2003, Pub. L.

No. 108-173, 117 Stat. 2066, 42 U.S.C. §§ 1395w-101 et seq. (2003). Under Medicare Part D, HHS makes annual risk corridors payments to Part D Plan Sponsors without regard for budget neutrality. *See* Government Accountability Office, Report GAO-15-447, at 14 (April 2015) (“For the Medicare Advantage and Medicare Part D risk mitigation programs, the payments that CMS makes to issuers are not limited to issuer contributions.”) (Exhibit 9). Although the statutory language for the ACA risk corridors program differs slightly from the Medicare Part D risk corridors program, the differences do not equate to an intentional departure from annual payments for the ACA risk corridors program. Rather, the express direction that the risk corridor program “shall be based on . . .” the Part D risk corridors program indicates Congress intended to incorporate into the ACA risk corridors program the key features of the Part D risk corridors program, including annual payments into and out of the program by the Government and participating issuers, and the absence of budget neutrality in such payments.

FACTUAL BACKGROUND

37. Since the enactment of the ACA, HHS and CMS have publicly acknowledged their statutory and regulatory obligation to make full and timely payments under the risk corridors program to BlueCross and other QHP issuers.

38. These public statements by HHS and CMS were made by representatives of the Government who had actual authority to bind it, including but not limited to Kevin Counihan, Director of the CMS Center for Consumer Information and Insurance Oversight (“CCIIO”) and CEO of the Health Insurance Marketplaces, and his predecessors in that position; Andrew Slavitt, Administrator of CMS, and his predecessors in that position; and/or other CMS officials, all of whom had actual authority to bind the Government.

39. In March 2013, HHS issued the Notice of Benefit and Payment Parameters for 2014, the first year of the Marketplaces and the risk corridors program. HHS and CMS stated, “The risk corridors program is not statutorily required to be budget neutral. Regardless of the balance of payments and receipts, HHS will remit payments as required under section 1342 of the Affordable Care Act.” *See* 78 Fed. Reg. at 15,473 (Exhibit 1).

40. BlueCross decided to participate in the 2014 and 2015 individual market by selling QHPs both “on” and “off” the Tennessee Marketplace. In designing and pricing its QHPs, BlueCross relied on the Government’s representation that it would share in the risk of providing QHP coverage on the Marketplace by making annual payments under the risk corridors program.

41. For CY 2014, QHP issuers like BlueCross had to elect to participate on the Marketplaces by September 2013, with open enrollment beginning on October 1, 2013. BlueCross designed and priced its QHPs for CY 2014 in the spring and summer of 2013, and began selling these QHPs in October 2013. Coverage under the QHPs was effective on January 1, 2014.

42. On March 11, 2014, after BlueCross had already designed, priced, and sold CY 2014 QHPs in the Tennessee Marketplace, and could no longer withdraw from selling QHPs for CY 2014, HHS proposed that its implementation of the risk corridors program would be budget neutral—that is, payments out under the program would be funded only by payments in. HHS’s proposed rulemaking stated:

We intend to implement this program in a budget neutral manner, and may make future adjustments, either upward or downward to this program (for example, as discussed below, we may modify the ceiling on allowable administrative costs) to the extent necessary to achieve this goal.

79 Fed. Reg. 13,744, 13,787 (Mar. 11, 2014) (Exhibit 10).

43. One month later, however, CMS abandoned its proposal to fund risk corridors payments solely by risk corridors receipts. Instead, CMS explained that “if risk corridors collections are insufficient to make risk corridors payments for a year, all risk corridors payments for that year will be reduced pro rata to the extent of any shortfall. Risk corridors collections received for the next year will first be used to pay off the payment reductions issuers experienced in the previous year” CMS, Risk Corridors Budget Neutrality, A1, Apr. 11, 2014 (Exhibit 11). HHS later explained that it “recognizes that the Affordable Care Act requires the Secretary to make full payments to issuers.” 80 Fed. Reg. 10,750, 10,779 (Feb. 27, 2015) (Exhibit 2). HHS stated that if “risk corridors collections . . . are insufficient to make risk corridors payments” after 2016, then “HHS will use other sources of funding for the risk corridors payments, subject to the availability of appropriations.” *Id.*

44. For CY 2015, QHP issuers had to elect to participate by October 2014, with open enrollment beginning on November 15, 2014. BlueCross designed and priced its CY 2015 QHPs in the spring and summer of 2014, and began selling CY 2015 QHPs on the Marketplace in November 2014; the coverage was effective January 1, 2015.

45. In December 2014, Congress passed the Consolidated and Further Continuing Appropriations Act of 2015, which included an appropriations rider that prohibited CMS and HHS from using three specific sources of funds to make ACA risk corridors program payments:

SEC. 227. None of the funds made available by this Act from the Federal Hospital Insurance Trust Fund or the Federal Supplemental Medical Insurance Trust Fund, or transferred from other accounts funded by this Act to the “Centers for Medicare and Medicaid Services—Program Management” account, may be used for payments under section 1342(b)(1) of Public Law 111-148 (relating to risk corridors).

Pub. L. No. 113-235, at 362.

46. Congress's failure to appropriate sufficient funds for the risk corridors program payments due for CY 2014 and the restrictions enacted on the use of funds "made available by this Act" did not modify or repeal ACA Section 1342 and did not affect the Government's statutory obligation under Section 1342 to make a fully and timely risk corridor payment to BlueCross. Moreover, the passage of the appropriations rider in December 2014 came more than a year after BlueCross agreed to offer (and had priced, designed and sold) QHPs through the Tennessee Marketplace and only two weeks before the end of BlueCross's provision of health coverage under those plans for 2014. Thus, BlueCross already had determined the premiums for QHPs sold on the Tennessee Marketplace in CY 2014 and already had incurred significant losses by paying for health care services covered under these QHPs prior to the passage of the appropriations rider.

47. Furthermore, at the time of the enactment of the appropriation in December 2014, QHP issuers that intended to offer QHPs on the Marketplaces in CY 2015 had already been required to commit to participate in the Marketplaces for CY 2015. *See* 45 C.F.R. § 155 Subpart K; CCIIO, 2015 Letter to Issuers in Federally-facilitated Marketplaces, at 8, 27 (Mar. 14, 2014) (requiring issuers to commit by September 2014 to offer plans for the upcoming plan year) (Exhibit 12).

48. Once a QHP issuer has signed its QHP agreement with CMS, the issuer may not withdraw any of its QHPs from the Marketplaces and must accept all eligible applicants for coverage. *See* 45 C.F.R. § 156.290(a)(2); 45 C.F.R. § 147.104. Thus, by the time the December 2014 appropriations rider was enacted, BlueCross already had incurred significant losses associated with offering QHPs in the Tennessee Marketplace in CY 2014, had already designed and priced the QHPs BlueCross would offer on the Tennessee Marketplace in CY 2015 and

already had committed to providing such QHPs on the Marketplace for CY 2015. BlueCross could not reverse its losses for CY 2014, nor could BlueCross withdraw its CY 2015 QHPs from the Marketplace, nor change the pricing for such QHPs, nor deny any eligible applicants such coverage.

49. On July 21, 2015, CMS issued a letter to state insurance commissioners for consideration as premium rates for CY 2016 were being finalized. The letter includes a paragraph entitled “CMS remains committed to the risk corridor program” and states a belief that the 2014 risk corridors payments should be taken into account before decisions are made on final rates for 2016. Letter from Kevin J. Counihan, CEO of Health Insurance Marketplaces, CMS, to State Insurance Commissioners (July 21, 2015) (Exhibit 13).

50. On October 28, 2015, CMS wrote to BlueCross indicating that based on the data then available, CMS estimated that issuers would be paid approximately 12.6% of their CY 2014 risk corridor payments “at this time” but “reiterate[d] to [Blue Cross] that the Department of Health and Human Services (HHS) recognizes that the Affordable Care Act requires the Secretary to make full payments to issuers, and that HHS is recording those amounts that remain unpaid following our 12.6% payments this winter as fiscal year 2015 obligations of the United States Government for which full payment is required.” Letter from Kevin J. Counihan to Dr. J.D. Hickey, CEO, BlueCross BlueShield of Tennessee, Inc. (Oct. 28, 2015) (Exhibit 14).

51. In 2014, the Government’s share of BlueCross’s claimed losses under the risk corridors program is \$78,721,051.43, meaning BlueCross was due that amount from CMS under the risk corridors program for CY 2014, although BlueCross incurred greater losses from offering QHPs in the Tennessee Marketplace in CY 2014. CMS, Risk Corridors Payment and Charge Amounts for Benefit Year 2014, Nov. 19, 2015, at Table 43 (Exhibit 6).

52. On November 19, 2015, CMS announced that it would pay \$9,932,917.20 for CY 2014 to BlueCross during the winter of 2015-2016, which is only about 12.6 percent of payments due from the Government. *Id.* The Government calculated this percentage by prorating the \$363 million paid into the program by QHP issuers across the \$2.8 billion due to QHP issuers for 2014. *Id.*

53. Prior to this CMS announcement on November 19, 2015, CMS had required issuers like BlueCross to design and price their CY 2016 QHPs, to decide whether to participate in the Marketplaces for CY 2016 and to begin selling CY 2016 QHPs. *See* CCIIO, FINAL 2016 Letter to Issuers in the Federally-facilitated Marketplaces (Feb. 20, 2015) (setting the deadline for commitment to offer plans by September 25, 2015 and the commencement of open enrollment as November 1, 2015) (Exhibit 15). BlueCross was thus locked into participation in Tennessee Marketplace for each of the CYs 2015, and 2016 prior to HHS or CMS issuing statements that the full risk corridors program payment due for 2014 would not be paid and that BlueCross would receive only a small pro rata share of the payment due.

54. In December 2015, Congress passed the Consolidated Appropriations Act, 2016, which included an appropriations rider that again prohibited CMS and HHS from using three specific sources of funds to make ACA risk corridors program payments:

None of the funds made available by this Act from the Federal Hospital Insurance Trust Fund or the Federal Supplemental Medical Insurance Trust Fund, or transferred from other accounts funded by this Act to the “Centers for Medicare and Medicaid Services—Program Management” account, may be used for payments under section 1342(b)(1) of Public Law 111-148 (relating to risk corridors).

Pub. L. No. 114-113. 53.

55. Again, this restriction on the use of funds “made available by this Act” did not modify or repeal Section 1342 of the Affordable Care Act or otherwise change the Government’s statutory obligation to make payment to BlueCross under Section 1342.

56. In September 2016, CMS announced that it would make additional risk corridors payments to QHP issuers during the winter of 2016-2017 for their CY 2014 losses. CMS, Risk Corridors Payments for 2015, Sept. 9, 2016 (Exhibit 4). CMS further announced that it would make no risk corridors payments for CY 2015 losses during the winter of 2016-2017. *Id.*

57. On November 18, 2016, CMS confirmed that none of its CY 2015 risk corridors collections would be used to pay CY 2015 risk corridors payments. CMS, Risk Corridors Payment and Charge Amounts for the 2015 Benefit Year, Nov. 18, 2016 (Exhibit 5).

58. On November 18, 2016, CMS announced that it would pay an additional \$2,614,980.96 to BlueCross for its CY 2014 losses, beginning in December 2016 (as collections are received). *Id.*

59. In May 2017, Congress passed the Consolidated Appropriations Act, 2017, which again included an appropriations rider that prohibited CMS and HHS from using three specific sources of funds to make ACA risk corridors program payments:

SEC. 223. None of the funds made available by this Act from the Federal Hospital Insurance Trust Fund or the Federal Supplemental Medical Insurance Trust Fund, or transferred from other accounts funded by this Act to the “Centers for Medicare and Medicaid—Program Management” account, may be used for payments under Section 1342(b)(1) of Public Law 111-148 (relating to risk corridors).

Pub. L. No. 115-31. This restriction on the use of funds “made available by this Act” did not modify or repeal Section 1342 of the Affordable Care Act or otherwise change the Government’s statutory obligation to make payment to BlueCross under Section 1342.

60. On November 15, 2017, CMS announced that none of its CY 2016 risk corridors collections would be used to pay CY 2015 or CY 2016 risk corridors payments. CMS, Risk Corridors Payment and Charge Amounts for the 2016 Benefit Year, Nov. 15, 2017 (Exhibit 16). Further, CMS announced it would pay an additional \$684,777.34 to BlueCross for its CY 2014 losses, beginning in January 2018 (as collections are received). *Id.*

61. To date, BlueCross received from CMS only \$13,182,195.21 of the \$78,721,051.43 owed to it for CY 2014. BlueCross has received no payments from CMS for CY 2015 or CY 2016.

62. BlueCross offered QHPs in the Tennessee Marketplace for each of the CYs 2014, 2015, and 2016 to which the risk corridors program applies, and BlueCross has complied in all material respects with all of the statutory and regulatory requirements to be eligible for the Government's payment of its share of its losses under the risk corridor program, but BlueCross has not been paid. *See* 45 C.F.R. § 153.500 et seq.

63. Congress' failure to appropriate sufficient funds for risk corridors payments due for CYs 2014, 2015, and 2016, without modifying or repealing Section 1342 of the ACA, did not eliminate or abrogate the Government's obligation to make full and timely risk corridors payments to QHP issuers, including BlueCross.

64. HHS recorded the 2014 amounts "that remain unpaid . . . as fiscal year 2015 obligation[s] of the United States Government for which full payment is required." CMS, Risk Corridors Payments for the 2014 Benefit Year, Nov. 19, 2015 (Exhibit 3). In September 2016, HHS announced that it was recording the 2014 and 2015 amounts that would remain unpaid as fiscal year 2016 obligations for which full payment is required. *See* CMS, Risk Corridors Payments for 2015, Sept. 9, 2016 (Exhibit 4). In November 2017, HHS announced 2016 risk

corridors charges collected would be used for 2014 benefit year payment balances. CMS, Risk Corridors Payment and Charge Amounts for the 2016 Benefit Year, Nov. 15, 2017 (Exhibit 16). Payment is thus presently due for the remainder of the Government's share of BlueCross's losses from the sale of QHPs in the Tennessee Marketplace in CYs 2014, 2015, and 2016. No appropriation is available, however, for HHS to make the payment.

65. On August 4, 2016, BlueCross sent a demand letter to HHS and CMS for prompt payment of the amounts due and owing to BlueCross under the risk corridors program for CY 2014. As of this filing, BlueCross has received no response from HHS or CMS.

COUNT I

Violation of Statutory Mandate to Make Payments

66. BlueCross incorporates by reference paragraphs 1 through 65 above as if fully set forth herein.

67. Pursuant to Section 1342 of the ACA, the United States "shall establish" a risk corridors program under which the "Secretary shall pay to the plan an amount equal to the sum of 2.5 percent of the target amount plus 80 percent of allowable costs in excess of 108 percent of the target amount" for calendar year 2014.

68. BlueCross offered QHPs on the Tennessee Marketplace in accordance with the processes prescribed by statute, and BlueCross is a QHP issuer for purposes of payment under the risk corridors program. *See* 45 C.F.R. §§ 153.500, 155.20.

69. In 2014, 2015, and 2016, BlueCross's allowable costs exceeded its target amount as contemplated by Section 1342 of the ACA. BlueCross timely submitted all of the necessary data and complied with all other requirements for obtaining a payment under the risk corridors program. *See* 45 C.F.R. § 153.530.

70. Accordingly, ACA § 1342 mandates payment to BlueCross in the amount of \$78,721,051.43 for CY 2014, \$83,199,959.16 for CY 2015, and \$64,972,431.35 for CY 2016.

71. To date, the Government has made payments to BlueCross in the amount of \$13,182,195.21 for CY 2014, \$0 for CY 2015, and \$0 for 2016.

72. BlueCross is entitled to damages for the Government's failure to make the full payments required by ACA § 1342 to BlueCross in the amounts of \$65,538,856.22 for CY 2014, \$83,199,959.16 for CY 2015, and \$64,972,431.35 for CY 2016.

COUNT II

Breach of Implied-In-Fact Contract

73. BlueCross incorporates by reference paragraphs 1 through 72 above as if fully set forth herein.

74. BlueCross entered into a valid implied-in-fact contract with the Government regarding its obligation to make full and timely payments under the risk corridors program to BlueCross in exchange for BlueCross becoming a QHP issuer and offering QHPs on the Tennessee Marketplace in each of CYs 2014, 2015, and 2016.

75. The Government made an unambiguous offer to BlueCross of a contract, provided that BlueCross fulfilled certain criteria, which BlueCross could accept by performance.

76. Specifically, ACA § 1342 authorized HHS to enter into contracts to share in the profits and losses of issuers who offered QHPs on the Marketplaces in CYs 2014, 2015, and 2016. HHS's Notices of Benefit and Payment Parameters represented an offer to BlueCross that if it sold QHPs, "[r]egardless of the balance of payments and receipts, HHS will remit payment as required under section 1342 of the Affordable Care Act," 78 Fed. Reg. at 15,473, meaning

the Government would reimburse BlueCross for a share of its losses if its allowable costs were “more than 108 percent of the target amount,” 42 U.S.C. § 18062(b)(1)(B).

77. ACA § 1342 is an objective manifestation of the Government’s intent to contract with insurers like BlueCross.

78. By complying with its obligations under Section 1342 as well as 45 C.F.R. § 153.500, et seq., and submitting all required data for risk corridors calculations by the deadline, BlueCross accepted the Government’s offer and thereby manifested BlueCross’s assent in the manner required by the ACA.

79. There was an implied-in-fact contract between BlueCross and the Government.

80. The implied-in-fact contract was authorized or ratified by and through the words and actions of Kevin Counihan, Director of CCIIO and CEO of the Health Insurance Marketplaces, and his predecessors in that position; Andrew Slavitt, Administrator of CMS, and his predecessors in that position; and/or other CMS officials, all of whom had actual authority to bind the Government, and was entered into with the mutual assent and consideration by both parties.

81. BlueCross satisfied and complied with its obligations and/or conditions that existed under the implied-in-fact contract.

82. Pursuant to the implied-in-fact contract, the Government was obliged to reimburse BlueCross for the Government’s share of BlueCross’s eligible losses for CY 2014 in the full amount of \$78,721,051.43 for CY 2015 in the amount of \$83,199,959.16, and for CY 2016 in the amount of \$64,972,431.35.

83. On behalf of the Government, CMS and HHS have acknowledged their obligation to render to BlueCross full risk corridors payments for CYs 2014, 2015, and 2016.

84. BlueCross is entitled to damages equal to the benefit of its bargain with the Government: reimbursement as alleged in this lawsuit.

85. The Government breached its contract with BlueCross by failing to timely pay BlueCross the full amount owed for CYs 2014, 2015, and 2016 in accordance with the terms of the risk corridors program.

86. BlueCross has not been paid amounts owed by the Government for CYs 2014, 2015, or 2016, which has resulted in injury and damages to BlueCross as a result of the Government's breach of its contractual obligations in the amount of \$213,711,246.73.

PRAYER FOR RELIEF

WHEREFORE, Plaintiff BlueCross prays for judgment as follows:

A. Award BlueCross monetary damages of \$213,711,246.73 for the Government's nonpayment of the amount to which BlueCross is entitled under Section 1342 of the ACA for CY 2014, CY 2015, and CY 2016 and any such other amounts due through the date of judgment;

B. Award post-judgment interest at the maximum rate permitted by law;

C. Award BlueCross consequential damages, special damages, or other damages that result as a consequence of the Government's non-performance;

D. Award BlueCross costs and attorney's fees as are available under applicable law;
and

E. Award such other relief with respect to all risk corridor payments due BlueCross under the risk corridors program for CY 2014 through CY 2016 as justice may require.

Dated: May 18, 2020

Respectfully Submitted:

/s/ Robert K. Huffman

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Tennessee, Inc.*

EXHIBIT 16

Department of Health & Human Services

Centers for Medicare & Medicaid Services

Center for Consumer Information & Insurance Oversight

200 Independence Avenue SW

Washington, DC 20201



Date: November 15, 2017

Subject: Risk Corridors Payment and Charge Amounts for the 2016 Benefit Year

Background:

Section 1342 of the Affordable Care Act directs the Secretary of the Department of Health and Human Services (HHS) to establish a temporary risk corridors program that provides issuers of qualified health plans (QHPs) in the individual and small group markets additional protection against uncertainty in claims costs during the first three years of Exchange operations.

HHS established a three-year payment framework for the risk corridors program and outlined the details of this payment framework in our April 11, 2014 guidance entitled *Risk Corridors and Budget Neutrality*.¹ As set forth in that guidance, if risk corridors collections for a particular benefit year are insufficient to make full risk corridors payments as calculated for that benefit year, risk corridors payments are reduced pro rata to the extent of any shortfall. HHS then uses risk corridors collections for the subsequent benefit year toward risk corridors payment balances for the previous benefit years, until issuers have been reimbursed in full for the previous benefit year, before making payments for the current benefit year. Consistent with this framework, HHS announced on November 18, 2016 that all 2015 benefit year risk corridors collections would be applied toward 2014 benefit year risk corridors payment balances.²

Today, HHS is announcing issuer-level risk corridors payments and charges for the 2016 benefit year. Because 2015 benefit year collections were insufficient to pay 2014 benefit year payment balances in full, HHS will use 2016 benefit year risk corridors collections to make additional payments toward 2014 benefit year payment balances. The table below shows risk corridors payments and charges calculated for the 2016 benefit year, by State and issuer, and the amount of anticipated 2016 risk corridors collections that HHS expects to pay for issuers that have 2014 benefit year payment balances.³

HHS intends to collect the full 2016 risk corridors charge amounts indicated in the tables below, however, the 2014 payment amounts listed in the tables below will be reduced pro rata based on

¹ *Risk Corridors and Budget Neutrality*, available at: <https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/Downloads/faq-risk-corridors-04-11-2014.pdf>

² *Risk Corridors Payment and Charge Amounts for the 2015 Benefit Year*, available at: <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/2015-RC-Issuer-level-Report-11-18-16-FINAL-v2.pdf>

³ Risk corridor payment and charge amounts published in this bulletin reflect risk corridors data submitted to HHS by September 30, 2017 and do not account for amounts that may be held back for administrative appeals.

collections received. HHS is collecting 2016 risk corridor charges in November 2017 and will begin remitting risk corridors payments to issuers in January 2018, as collections are received.

| STATE | HIOS ID | HIOS INPUTTED INSURANCE COMPANY NAME | HHS 2016 RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET) ⁴ | HHS 2016 RISK CORRIDOR AMOUNT (SMALL GROUP MARKET) ⁴ | EXPECTED PAYMENT TOWARD 2014 AMOUNTS ^{4,5} |
|-------|---------|--|--|---|---|
| AK | 38344 | Premera Blue Cross Blue Shield of Alaska | \$0.00 | \$0.00 | \$71,752.90 |
| AK | 73836 | Moda Health Plan, Inc. | \$2,331,107.54 | \$2,535,475.85 | \$14,666.28 |
| AL | 44580 | Humana Insurance Company | \$5,347,297.70 | \$0.00 | \$8,238.76 |
| AL | 46944 | Blue Cross and Blue Shield of Alabama | \$31,253,329.90 | \$0.00 | \$3,086.00 |
| AL | 59809 | UnitedHealthcare Life Insurance Company | N/A | N/A | \$0.00 |
| AL | 68259 | UnitedHealthcare of Alabama, Inc. | \$4,226,662.97 | \$0.00 | N/A |
| AR | 37903 | QualChoice Life & Health Insurance Company, Inc. | \$6,742,797.09 | \$0.00 | N/A |
| AR | 62141 | Celtic Insurance Company | -\$435,672.31 | \$0.00 | \$0.00 |
| AR | 65817 | UnitedHealthcare of Arkansas, Inc. | -\$171,378.54 | \$0.00 | N/A |
| AR | 70525 | QCA Health Plan, Inc. | \$5,894,850.51 | \$0.00 | \$36,371.03 |
| AR | 75293 | USABLE Mutual Insurance Company | \$19,022,135.87 | -\$1,727.51 | \$0.00 |
| AZ | 23307 | Humana Health Plan, Inc. | \$3,030,258.28 | \$0.00 | \$16,107.78 |
| AZ | 51485 | Health Net Life Insurance Company | \$6,406,342.85 | \$0.00 | \$390,038.18 |
| AZ | 53901 | Blue Cross Blue Shield of Arizona, Inc. | \$10,845,468.60 | \$0.00 | \$101,672.21 |
| AZ | 60761 | Meritus Health Partners | N/A | N/A | \$30,355.96 |
| AZ | 65441 | Phoenix Health Plans, Inc. | \$14,356,552.64 | \$0.00 | N/A |
| AZ | 70239 | Health Choice Insurance Co. | \$12,591,097.47 | \$0.00 | \$10,944.97 |
| AZ | 78611 | Aetna Health Inc. (a PA corp.) | \$2,200,505.68 | \$0.00 | N/A |
| AZ | 84251 | Aetna Life Insurance Company | N/A | N/A | \$522.54 |

⁴ N/A indicates that the issuer was not required to submit risk corridors data for the benefit year referenced.

⁵ \$0.00 indicates that the issuer submitted risk corridors data for the 2014 benefit year but does not have a 2014 benefit year risk corridors payment balance.

| STATE | HIOS ID | HIOS INPUTTED INSURANCE COMPANY NAME | HHS 2016 RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET) ⁴ | HHS 2016 RISK CORRIDOR AMOUNT (SMALL GROUP MARKET) ⁴ | EXPECTED PAYMENT TOWARD 2014 AMOUNTS ^{4,5} |
|-------|---------|--|--|---|---|
| AZ | 86830 | Cigna Health and Life Insurance Company | N/A | N/A | \$1,507.99 |
| AZ | 88925 | University of Arizona Health Plans-University Healthcare, Inc. | N/A | N/A | \$5,611.56 |
| AZ | 91450 | Health Net of Arizona, Inc. | \$10,827,593.54 | \$1,688,379.12 | \$398,961.79 |
| AZ | 92045 | Meritus Mutual Health Partners | N/A | N/A | \$16,297.96 |
| AZ | 97667 | Cigna HealthCare of Arizona, Inc | \$1,709,445.01 | \$0.00 | N/A |
| AZ | 98971 | All Savers Insurance Company | \$2,787,630.49 | -\$49,087.07 | N/A |
| CA | 10544 | Oscar Health Plan of California | \$4,167,289.22 | \$0.00 | N/A |
| CA | 18126 | MOLINA HEALTHCARE OF CALIFORNIA | \$0.00 | \$0.00 | \$0.00 |
| CA | 27603 | Blue Cross of California(Anthem BC) | \$55,180,958.69 | \$0.00 | \$0.00 |
| CA | 37873 | UnitedHealthcare Benefits Plan of California | \$510,269.44 | \$0.00 | N/A |
| CA | 40513 | Kaiser Foundation Health Plan, Inc. | \$22,533,814.62 | \$133,003,881.28 | \$321,273.85 |
| CA | 47579 | Chinese Community Health Plan | \$523,908.24 | \$763,358.71 | \$6,200.40 |
| CA | 67138 | Health Net of California, Inc | \$0.00 | \$0.00 | \$0.00 |
| CA | 70285 | CA Physician's Service dba Blue Shield of CA | \$0.00 | \$0.00 | \$0.00 |
| CA | 84014 | County of Santa Clara | \$233,230.49 | \$0.00 | \$0.00 |
| CA | 92499 | Sharp Health Plan | \$652,496.53 | \$630,358.81 | \$67.63 |
| CA | 92815 | Local Initiative Health Authority for Los Angeles County | \$3,948,187.97 | \$0.00 | \$117,969.86 |
| CA | 93689 | Western Health Advantage | \$995,351.80 | \$700,089.44 | \$50.58 |
| CA | 99110 | Health Net Life Insurance Company | \$8,099,981.20 | \$0.00 | \$44,005.99 |
| CA | 99483 | CONTRA COSTA HEALTH PLAN | N/A | N/A | \$0.00 |
| CO | 11555 | New Health Ventures Inc | N/A | N/A | \$926.60 |
| CO | 20472 | Colorado Health Insurance Cooperative, Inc. | N/A | N/A | \$124,396.13 |

| STATE | HIOS ID | HIOS INPUTTED INSURANCE COMPANY NAME | HHS 2016 RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET) ⁴ | HHS 2016 RISK CORRIDOR AMOUNT (SMALL GROUP MARKET) ⁴ | EXPECTED PAYMENT TOWARD 2014 AMOUNTS ^{4,5} |
|-------|---------|--|--|---|---|
| CO | 21032 | Kaiser Foundation Health Plan of Colo. | \$76,429,472.92 | \$0.00 | \$123,181.64 |
| CO | 49375 | Cigna Health and Life Insurance Company | \$3,811,568.48 | \$0.00 | \$0.00 |
| CO | 59036 | UnitedHealthcare of Colorado, Inc. | \$719,427.07 | \$0.00 | N/A |
| CO | 63312 | Colorado Choice Health Plans | \$900,328.41 | \$4,055,983.33 | \$52,260.66 |
| CO | 66699 | Denver Health Medical Plan, Inc | -\$688,815.34 | \$0.00 | \$2,501.26 |
| CO | 74320 | Humana Health Plan | \$0.00 | \$0.00 | \$27,693.60 |
| CO | 76680 | HMO Colorado, Inc., dba HMO Nevada | \$2,015,531.53 | \$45,449.80 | \$12,871.37 |
| CO | 80208 | Rocky Mountain Health Care Options | \$0.00 | \$4,463,039.51 | \$3,832.28 |
| CO | 87269 | Rocky Mountain Hospital and Medical Service, Inc., dba Anthem Blue Cross and Blue Shield | \$14,813,129.30 | \$0.00 | N/A |
| CO | 92137 | All Savers Insurance Company | -\$422,444.96 | \$0.00 | \$0.00 |
| CO | 97879 | Rocky Mountain HMO | \$11,392,994.52 | \$3,230,381.44 | \$17,816.32 |
| CT | 49650 | UnitedHealthcare Insurance Company | \$793,529.41 | -\$34,355.06 | \$98.29 |
| CT | 76962 | ConnectiCare Benefits, Inc. | \$10,110,217.78 | \$0.00 | \$0.00 |
| CT | 86545 | Anthem Health Plans Inc (Anthem BCBS) | \$6,673,451.37 | \$0.00 | \$0.00 |
| CT | 91069 | HealthyCT, Inc. | \$22,557,147.20 | \$3,025,676.93 | \$15,952.57 |
| DC | 21066 | UnitedHealthcare of the Mid-Atlantic Inc | \$0.00 | \$53,160.65 | N/A |
| DC | 41842 | UnitedHealthcare Insurance Company | \$0.00 | \$0.00 | \$0.00 |
| DC | 73987 | Aetna Health Inc. (a PA corp.) | \$0.00 | \$236,018.31 | \$0.00 |
| DC | 75753 | Optimum Choice, Inc. | \$0.00 | -\$153,126.12 | \$0.00 |
| DC | 77422 | Aetna Life Insurance Company | \$0.00 | \$1,348,005.01 | \$0.00 |
| DC | 78079 | GHMSI | \$54,354.10 | \$379,836.03 | \$0.00 |
| DC | 86052 | CareFirst BlueChoice, Inc. | \$18,583.46 | \$120,537.46 | \$0.00 |

| STATE | HIOS ID | HIOS INPUTTED INSURANCE COMPANY NAME | HHS 2016 RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET) ⁴ | HHS 2016 RISK CORRIDOR AMOUNT (SMALL GROUP MARKET) ⁴ | EXPECTED PAYMENT TOWARD 2014 AMOUNTS ^{4,5} |
|-------|---------|--|--|---|---|
| DC | 94506 | Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. | \$643,071.50 | \$1,364,900.88 | \$10,935.98 |
| DE | 13537 | Coventry Health and Life | N/A | N/A | \$0.00 |
| DE | 29497 | Aetna Life Insurance Company | \$474,963.04 | \$0.00 | N/A |
| DE | 67190 | Aetna Health Inc. (a PA corp.) | \$0.00 | \$126,849.04 | N/A |
| DE | 76168 | Highmark BCBSD Inc. | \$15,159,604.02 | \$0.00 | \$52,848.57 |
| DE | 81914 | Coventry Health Care of Delaware, Inc. | N/A | N/A | \$0.00 |
| FL | 16842 | Blue Cross and Blue Shield of Florida | \$0.00 | \$0.00 | \$125,572.05 |
| FL | 18628 | Aetna Health Inc. (a FL corp.) | \$0.00 | \$0.00 | N/A |
| FL | 21663 | Celtic Insurance Company | \$0.00 | \$0.00 | N/A |
| FL | 23841 | Aetna Life Insurance Company | N/A | N/A | \$0.00 |
| FL | 27357 | Health First Health Plans, Inc. | \$1,432,717.01 | \$0.00 | \$895.97 |
| FL | 30252 | Health Options, Inc. | \$0.00 | \$0.00 | \$99,007.22 |
| FL | 35783 | Humana Medical Plan, Inc. | \$32,890,544.08 | \$173,712.62 | \$358,660.25 |
| FL | 48121 | Cigna Health and Life Insurance Company | N/A | N/A | \$35,388.79 |
| FL | 51398 | Preferred Medical Plan, Inc. | N/A | N/A | \$302,522.11 |
| FL | 54172 | Molina Healthcare of Florida, Inc | \$26,068,734.68 | \$0.00 | \$339.56 |
| FL | 56503 | Florida Health Care Plan, Inc. | \$0.00 | \$0.00 | \$0.00 |
| FL | 57451 | Coventry Health Care of Florida, Inc. | \$0.00 | \$0.00 | \$266,187.17 |
| FL | 68398 | UnitedHealthcare of Florida, Inc. | \$9,330,450.46 | \$0.00 | N/A |
| FL | 77150 | Health First Insurance, Inc. | \$0.00 | \$205,230.49 | \$16,113.18 |
| FL | 83883 | Florida Health Solution HMO Company | \$0.00 | \$0.00 | N/A |
| FL | 86382 | Sunshine State Health Plan | N/A | N/A | \$0.00 |
| GA | 43802 | UnitedHealthcare of Georgia, Inc. | \$4,356,433.40 | \$0.00 | N/A |
| GA | 45495 | Peach State Health Plan | N/A | N/A | \$0.00 |
| GA | 49046 | Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. | \$212,623.53 | \$0.00 | \$0.00 |

| STATE | HIOS ID | HIOS INPUTTED INSURANCE COMPANY NAME | HHS 2016 RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET) ⁴ | HHS 2016 RISK CORRIDOR AMOUNT (SMALL GROUP MARKET) ⁴ | EXPECTED PAYMENT TOWARD 2014 AMOUNTS ^{4,5} |
|-------|---------|---|--|---|---|
| GA | 50491 | Cigna Health and Life Insurance Company | \$1,901,757.01 | \$0.00 | N/A |
| GA | 70893 | Ambetter of Peach State Inc. | \$0.00 | \$0.00 | N/A |
| GA | 82824 | Aetna Health Inc. (a GA corp.) | \$780,032.71 | \$0.00 | N/A |
| GA | 83761 | Alliant Health Plans | \$4,529,064.09 | \$0.00 | \$1.08 |
| GA | 89942 | Kaiser Foundation Health Plan of Georgia | \$29,343,780.25 | \$667,124.28 | \$17,236.52 |
| GA | 93332 | Humana Employers Health Plan of Georgia, Inc. | \$102,932,298.50 | \$1,410,936.48 | \$730,465.11 |
| GA | 95852 | Harken Health Insurance Company | \$12,210,414.34 | \$0.00 | N/A |
| HI | 18350 | Hawaii Medical Service Association | \$14,609,115.03 | \$1,514,974.14 | \$0.00 |
| HI | 60612 | Kaiser Foundation Health Plan, Inc. | \$15,458,919.49 | \$714,193.48 | \$161,886.27 |
| IA | 18973 | Aetna Health Inc. (a IA corp.) | \$1,370,536.30 | \$0.00 | \$23,553.76 |
| IA | 27651 | Gundersen Health Plan, Inc. | \$75,831.31 | \$5,595.73 | \$990.27 |
| IA | 51902 | UnitedHealthcare of the Midlands, Inc. | \$1,351,512.14 | \$0.00 | N/A |
| IA | 71268 | CoOpportunity Health | N/A | N/A | \$487,173.70 |
| IA | 74980 | Avera Health Plans, Inc. | \$155,933.71 | \$207,564.57 | \$877.81 |
| IA | 77638 | Health Alliance Midwest, Inc. | N/A | N/A | \$0.00 |
| IA | 85930 | Sanford Health Plan | \$0.00 | \$163,552.53 | \$1,123.32 |
| IA | 88678 | UnitedHealthcare Insurance Company | \$0.00 | \$0.00 | N/A |
| IA | 93078 | Medica Insurance Company | \$1,748,293.69 | \$0.00 | N/A |
| ID | 26002 | SelectHealth | \$51,028,512.58 | \$6,672,365.27 | \$225,833.45 |
| ID | 38128 | Montana Health Cooperative | \$13,010,336.93 | \$179,300.09 | N/A |
| ID | 44648 | Regence Blue Shield of Idaho | N/A | N/A | \$0.00 |
| ID | 59765 | BridgeSpan Health Company | \$847,275.91 | \$0.00 | \$242.85 |
| ID | 60597 | PacificSource Health Plans | \$1,205,143.84 | \$0.00 | \$19,508.86 |
| ID | 61589 | Blue Cross of Idaho Health Service, Inc. | \$14,535,162.34 | \$0.00 | \$348,280.50 |
| IL | 16724 | UnitedHealthcare of the Midwest, Inc. | \$157,038.37 | \$0.00 | N/A |

| STATE | HIOS ID | HIOS INPUTTED INSURANCE COMPANY NAME | HHS 2016 RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET)⁴ | HHS 2016 RISK CORRIDOR AMOUNT (SMALL GROUP MARKET)⁴ | EXPECTED PAYMENT TOWARD 2014 AMOUNTS^{4,5} |
|--------------|----------------|--|--|---|---|
| IL | 20129 | Health Alliance Medical Plans, Inc. | \$21,342,103.01 | \$71,969.35 | \$24,131.15 |
| IL | 27833 | Celtic Insurance Company | \$1,846,059.24 | \$0.00 | N/A |
| IL | 35670 | Coventry Health & Life Co. | \$0.00 | \$0.00 | \$2,942.33 |
| IL | 36096 | Blue Cross Blue Shield of Illinois | \$112,457,984.78 | \$3,412,467.14 | \$1,715,156.95 |
| IL | 58288 | Humana Health Plan, Inc. | \$102,828.49 | \$0.00 | \$6,967.57 |
| IL | 68303 | Humana Insurance Company | N/A | N/A | \$41,765.42 |
| IL | 72547 | Aetna Life Insurance Company | N/A | N/A | \$1,361.64 |
| IL | 78463 | Harken Health Insurance Company | \$28,285,818.16 | \$0.00 | N/A |
| IL | 79763 | Land of Lincoln Mutual Health Insurance Company | \$42,901,843.98 | \$9,846,132.23 | \$39,077.05 |
| IL | 96601 | Coventry Health Care of Illinois, Inc. | \$0.00 | \$0.00 | \$27,641.33 |
| IL | 99129 | Aetna Health Inc. (a PA corp.) | \$7,352,468.06 | \$0.00 | N/A |
| IN | 17575 | Anthem Ins Companies Inc(Anthem BCBS) | \$0.00 | \$0.00 | \$7,068.45 |
| IN | 20855 | Advantage Health Solutions, Inc. | \$0.00 | \$0.00 | N/A |
| IN | 33380 | Indiana University Health Plans, Inc. | \$403,177.29 | \$0.00 | N/A |
| IN | 35065 | Coordinated Care Corporation Indiana | N/A | N/A | \$0.00 |
| IN | 36373 | All Savers Insurance Company | \$6,211,732.83 | \$0.00 | N/A |
| IN | 50816 | Physicians Health Plan of Northern Indiana, Inc. | \$4,482,634.94 | \$0.00 | \$28,751.69 |
| IN | 54192 | CareSource Indiana, Inc. | \$10,568,031.40 | \$0.00 | N/A |
| IN | 62033 | MDwise Marketplace, Inc. | \$9,751,130.86 | \$0.00 | N/A |
| IN | 67920 | Southeastern Indiana Health Organization | \$105,200.90 | \$0.00 | N/A |
| IN | 76179 | Celtic Insurance Company | -\$1,099,796.09 | \$0.00 | N/A |
| IN | 85320 | MDwise, Inc. | N/A | N/A | \$0.00 |
| KS | 18558 | Blue Cross and Blue Shield of Kansas, Inc. | \$17,567,910.47 | \$408,112.19 | \$122,123.61 |

| STATE | HIOS ID | HIOS INPUTTED INSURANCE COMPANY NAME | HHS 2016 RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET) ⁴ | HHS 2016 RISK CORRIDOR AMOUNT (SMALL GROUP MARKET) ⁴ | EXPECTED PAYMENT TOWARD 2014 AMOUNTS ^{4,5} |
|-------|---------|---|--|---|---|
| KS | 27811 | BlueCross BlueShield Kansas Solutions, Inc. | \$28,453,460.78 | \$142,714.94 | N/A |
| KS | 50274 | UnitedHealthcare of the Midwest, Inc. | \$0.00 | \$0.00 | N/A |
| KS | 61430 | Coventry Health and Life | N/A | N/A | \$199,115.09 |
| KS | 65598 | Coventry Health Care Of Kansas Inc | N/A | N/A | \$82,617.01 |
| KS | 94248 | Blue Cross and Blue Shield of Kansas City | \$11,222,745.35 | \$2,304,584.43 | \$10,973.78 |
| KS | 94968 | UnitedHealthcare Insurance Company | \$0.00 | \$0.00 | N/A |
| KY | 15411 | Humana Health Plan, Inc. | \$2,625,179.37 | \$0.00 | \$52,445.04 |
| KY | 23671 | UnitedHealthcare of Kentucky, Ltd. | \$0.00 | \$0.00 | \$0.00 |
| KY | 34822 | Aetna Health Inc. (a PA corp.) | \$0.00 | \$0.00 | N/A |
| KY | 36239 | Anthem Health Plans of KY(Anthem BCBS) | \$0.00 | -\$37,294.97 | \$0.00 |
| KY | 40586 | Bluegrass Family Health, Inc. | \$9,865,154.55 | \$2,898,208.49 | \$12,805.35 |
| KY | 45636 | CareSource Kentucky Co. | \$3,087,507.35 | \$0.00 | N/A |
| KY | 47949 | Golden Rule Insurance Company | N/A | N/A | \$0.00 |
| KY | 72001 | WELLCARE HEALTH PLANS OF KENTUCKY, INC | -\$13,574.40 | \$0.00 | N/A |
| KY | 77894 | Kentucky Health Cooperative | N/A | N/A | \$670,458.18 |
| LA | 19636 | HMO Louisiana, Inc. | \$4,490,022.42 | \$687,627.16 | \$27,646.68 |
| LA | 38499 | UnitedHealthcare of Louisiana, Inc. | \$200,537.78 | \$0.00 | N/A |
| LA | 44965 | Humana Health Benefit Plan of Louisiana, Inc. | \$3,092,925.82 | \$0.00 | \$3,607.09 |
| LA | 67202 | Louisiana Health Cooperative, Inc. | N/A | N/A | \$104,030.52 |
| LA | 67243 | Vantage Health Plan, Inc. | \$8,130,698.29 | -\$15,784.88 | \$210.66 |
| LA | 97176 | Louisiana Health Service & Indemnity Company | \$21,756,614.82 | \$1,822,667.19 | \$307,395.02 |
| MA | 29125 | Tufts Associated Health Maintenance Org | \$0.00 | \$0.00 | \$0.00 |

| STATE | HIOS ID | HIOS INPUTTED INSURANCE COMPANY NAME | HHS 2016 RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET)⁴ | HHS 2016 RISK CORRIDOR AMOUNT (SMALL GROUP MARKET)⁴ | EXPECTED PAYMENT TOWARD 2014 AMOUNTS^{4,5} |
|--------------|----------------|--|--|---|---|
| MA | 31234 | CeltiCare Health Plan of MA | \$0.00 | \$0.00 | \$1,746.54 |
| MA | 31779 | UnitedHealthcare Insurance Company | \$492,333.25 | \$0.00 | N/A |
| MA | 34484 | Health New England, Inc. | \$591,143.39 | \$1,823,346.74 | \$0.00 |
| MA | 36046 | Harvard Pilgrim Health Care Inc. | \$945,497.81 | \$7,745,516.62 | \$0.00 |
| MA | 41304 | Neighborhood Health Plan | \$0.00 | \$0.00 | \$155,998.39 |
| MA | 42690 | Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc. | \$0.00 | \$0.00 | \$0.00 |
| MA | 59763 | Tufts Health Public Plans Inc. | \$0.00 | \$0.00 | \$0.00 |
| MA | 73331 | Minuteman Health, Inc | \$2,916,284.01 | \$311,545.12 | \$9,904.80 |
| MA | 82569 | Boston Medical Center Health Plan, Inc. | \$0.00 | \$0.00 | \$15,106.14 |
| MA | 88806 | Fallon Community Health Plan, Inc. | \$1,606,849.24 | \$328,544.25 | \$4,875.12 |
| MA | 95878 | HPHC Insurance Company Inc. | \$8,976,329.97 | \$9,268,445.40 | \$10,565.74 |
| MD | 14468 | Coventry Health Care of Delaware, Inc. | N/A | N/A | \$0.00 |
| MD | 23620 | UnitedHealthcare Insurance Company | \$0.00 | \$0.00 | \$0.00 |
| MD | 28137 | CareFirst BlueChoice, Inc. | \$41,057,486.62 | -\$46,498.46 | \$155,946.37 |
| MD | 31112 | UnitedHealthcare of the Mid-Atlantic Inc | \$0.00 | -\$27,309.80 | \$0.00 |
| MD | 32812 | Cigna Health and Life Insurance Company | \$743,128.94 | \$0.00 | N/A |
| MD | 36677 | All Savers Insurance Company | \$0.00 | \$0.00 | \$1,205.34 |
| MD | 45532 | CareFirst of Maryland, Inc. | \$11,539,940.12 | \$62,844.74 | \$47,341.07 |
| MD | 65635 | MAMSI Life and Health Insurance Company | \$0.00 | -\$117,035.51 | \$0.00 |
| MD | 66516 | Aetna Health Inc. (a PA corp.) | \$0.00 | \$0.00 | N/A |
| MD | 68541 | Coventry Health and Life | \$0.00 | \$0.00 | \$0.00 |
| MD | 70767 | Aetna Life Insurance Company | \$0.00 | \$34,442.90 | N/A |
| MD | 72375 | Optimum Choice, Inc. | \$0.00 | \$0.00 | \$0.00 |
| MD | 72564 | Evergreen Health Cooperative, Inc. | \$5,446,190.67 | \$15,614,288.59 | \$35,975.13 |

| STATE | HIOS ID | HIOS INPUTTED INSURANCE COMPANY NAME | HHS 2016 RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET) ⁴ | HHS 2016 RISK CORRIDOR AMOUNT (SMALL GROUP MARKET) ⁴ | EXPECTED PAYMENT TOWARD 2014 AMOUNTS ^{4,5} |
|-------|---------|--|--|---|---|
| MD | 90296 | Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. | \$31,064,359.51 | \$77,950.89 | \$4,896.36 |
| MD | 94084 | GHMSI | \$9,019,881.61 | \$0.00 | \$8,886.20 |
| ME | 33653 | Maine Community Health Options | \$21,050,424.64 | \$4,317,337.28 | \$2,102.64 |
| ME | 48396 | Anthem Health Plans of ME(Anthem BCBS) | \$0.00 | \$0.00 | \$0.00 |
| ME | 96667 | Harvard Pilgrim Health Care Inc. | \$747,510.63 | \$444,527.55 | N/A |
| MI | 15560 | Blue Cross Blue Shield of Michigan Mutual Insurance Company | \$5,296,176.54 | \$0.00 | \$0.00 |
| MI | 20393 | McLaren Health Plan | \$0.00 | \$781,057.65 | \$4,634.82 |
| MI | 29241 | Priority Health Insurance Company (PHIC) | \$7,075,598.39 | \$0.00 | \$9,411.44 |
| MI | 29698 | Priority Health | \$26,339,617.56 | \$0.00 | \$3,580.16 |
| MI | 37651 | Health Alliance Plan (HAP) | \$0.00 | \$0.00 | \$0.00 |
| MI | 40047 | Molina Healthcare of Michigan, Inc. | -\$39,105.84 | \$0.00 | \$0.00 |
| MI | 41895 | Consumers Mutual Insurance of Michigan | N/A | N/A | \$15,920.95 |
| MI | 45002 | UnitedHealthcare Life Insurance Company | \$0.00 | -\$906.46 | \$0.28 |
| MI | 46275 | Humana Medical Plan of Michigan, Inc. | \$9,529,350.76 | \$0.00 | \$70,478.35 |
| MI | 58594 | Meridian Health Plan of Michigan, Inc. | \$0.00 | \$0.00 | \$0.00 |
| MI | 60829 | Physicians Health Plan | \$277,579.39 | \$0.00 | N/A |
| MI | 63631 | UnitedHealthcare Insurance Company | \$0.00 | \$0.00 | N/A |
| MI | 67183 | Total Health Care USA, Inc. | \$0.00 | -\$2,047,580.25 | \$0.00 |
| MI | 67577 | Alliance Health and Life Insurance Company | \$846,068.00 | \$0.00 | \$562.17 |

| STATE | HIOS ID | HIOS INPUTTED INSURANCE COMPANY NAME | HHS 2016 RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET) ⁴ | HHS 2016 RISK CORRIDOR AMOUNT (SMALL GROUP MARKET) ⁴ | EXPECTED PAYMENT TOWARD 2014 AMOUNTS ^{4,5} |
|-------|---------|---|--|---|---|
| MI | 71667 | UnitedHealthcare Community Plan, Inc. | \$0.00 | \$0.00 | N/A |
| MI | 74917 | McLaren Health Plan Community | \$0.00 | \$0.00 | N/A |
| MI | 98185 | Blue Care Network of Michigan | \$20,617,731.68 | \$0.00 | \$149,563.12 |
| MN | 31616 | Medica Insurance Company | \$0.00 | \$0.00 | \$2,757.22 |
| MN | 34102 | Group Health Plan, Inc. | \$14,052,643.55 | \$0.00 | \$22,722.12 |
| MN | 49316 | BCBSM, INC. | \$61,016,505.39 | \$7,923,542.86 | \$60,505.56 |
| MN | 57129 | HMO Minnesota | \$5,336,936.71 | \$504,528.26 | N/A |
| MN | 65847 | Medica Health Plans of Wisconsin | \$35,597,185.27 | \$0.00 | \$0.00 |
| MN | 85736 | UCare Minnesota | \$10,114,026.06 | \$0.00 | \$0.00 |
| MN | 88102 | PreferredOne Insurance Company | N/A | N/A | \$461,585.23 |
| MO | 16049 | All Savers Insurance Company | \$0.00 | \$0.00 | N/A |
| MO | 30613 | Humana Insurance Company | \$373,172.66 | \$0.00 | N/A |
| MO | 32753 | Healthy Alliance Life Co(Anthem BCBS) | \$0.00 | \$0.00 | \$196.52 |
| MO | 34762 | Blue Cross and Blue Shield of Kansas City | \$21,589,143.65 | \$49,355.14 | \$24,424.21 |
| MO | 44240 | Coventry Health and Life | \$0.00 | \$0.00 | \$252,932.81 |
| MO | 74483 | Cigna Health and Life Insurance Company | \$1,404,505.78 | \$0.00 | N/A |
| MS | 48963 | Humana Insurance Company | \$9,041,890.00 | \$0.00 | \$0.00 |
| MS | 61794 | UnitedHealthcare Life Insurance Company | \$0.00 | \$0.00 | \$0.00 |
| MS | 90714 | Ambetter of Magnolia Inc. | \$0.00 | \$0.00 | N/A |

| STATE | HIOS ID | HIOS INPUTTED INSURANCE COMPANY NAME | HHS 2016 RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET) ⁴ | HHS 2016 RISK CORRIDOR AMOUNT (SMALL GROUP MARKET) ⁴ | EXPECTED PAYMENT TOWARD 2014 AMOUNTS ^{4,5} |
|-------|---------|---|--|---|---|
| MS | 94237 | Magnolia Health Plan | N/A | N/A | \$0.00 |
| MS | 97560 | UnitedHealthcare of Mississippi, Inc. | \$3,906,592.67 | \$0.00 | N/A |
| MT | 23603 | PacificSource Health Plans | \$9,717,931.78 | \$135,770.45 | \$16,858.72 |
| MT | 30751 | Blue Cross and Blue Shield of Montana | \$31,380,006.00 | \$3,027,515.02 | \$208,874.79 |
| MT | 32225 | Montana Health Cooperative | \$290,347.23 | \$355,758.03 | \$54,200.16 |
| NC | 11512 | Blue Cross and Blue Shield of NC | \$18,159,126.49 | \$0.00 | \$1,282,852.75 |
| NC | 54332 | UnitedHealthcare of North Carolina, Inc | \$0.00 | \$0.00 | N/A |
| NC | 56346 | Coventry Health Care of the Carolinas, Inc. | N/A | N/A | \$88,629.95 |
| NC | 61671 | Aetna Health Inc. (a PA corp.) | \$15,884,547.64 | \$0.00 | N/A |
| ND | 37160 | Blue Cross Blue Shield of North Dakota | \$0.00 | \$0.00 | \$3,987.33 |
| ND | 39364 | Medica Insurance Company | \$0.00 | \$19,371.92 | N/A |
| ND | 73751 | Medica Health Plans | \$0.00 | \$62,294.31 | \$2,090.31 |
| ND | 89364 | Sanford Health Plan | \$1,765,053.70 | \$108,586.34 | \$0.00 |
| NE | 15438 | Coventry Health Care of Nebraska Inc. | \$14,918,861.69 | \$0.00 | \$0.00 |
| NE | 20305 | Medica Insurance Company | \$7,670,841.68 | \$0.00 | N/A |
| NE | 29678 | Blue Cross and Blue Shield of Nebraska | \$25,923,663.23 | \$520,261.48 | \$123,027.09 |
| NE | 43198 | CoOpportunity Health | N/A | N/A | \$643,281.99 |
| NE | 44751 | UnitedHealthcare of the Midlands, Inc. | \$6,406,781.24 | \$0.00 | N/A |
| NE | 68389 | UnitedHealthcare Life Insurance Company | \$0.00 | \$0.00 | N/A |
| NE | 73102 | UnitedHealthcare Insurance Company | \$0.00 | \$0.00 | N/A |
| NE | 77931 | Health Alliance Midwest Inc. | N/A | N/A | \$63.65 |
| NH | 19304 | Maine Community Health Options | \$5,826,502.09 | \$4,804,390.97 | N/A |
| NH | 59025 | Harvard Pilgrim Health Care of NE | \$291,440.74 | \$0.00 | N/A |

| STATE | HIOS ID | HIOS INPUTTED INSURANCE COMPANY NAME | HHS 2016 RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET) ⁴ | HHS 2016 RISK CORRIDOR AMOUNT (SMALL GROUP MARKET) ⁴ | EXPECTED PAYMENT TOWARD 2014 AMOUNTS ^{4,5} |
|-------|---------|--|--|---|---|
| NH | 61163 | Minuteman Health, Inc | \$10,710,229.92 | \$9,045.97 | N/A |
| NH | 75841 | Celtic Insurance Company | -\$10,549,229.99 | \$0.00 | N/A |
| NH | 96751 | Matthew Thornton Hlth Plan(Anthem BCBS) | \$0.00 | \$0.00 | \$0.00 |
| NJ | 10191 | Freelancers CO-OP of New Jersey, Inc. | \$36,610,266.63 | \$7,789,387.27 | \$1,306.25 |
| NJ | 48834 | Oxford Health Plans (NJ), Inc. | \$4,561,830.04 | \$0.00 | N/A |
| NJ | 50221 | Oscar Insurance Corporation of New Jersey | \$3,064,840.14 | \$0.00 | N/A |
| NJ | 77606 | AmeriHealth HMO, Inc. | \$3,974,893.09 | \$105,954.94 | \$30,437.40 |
| NJ | 91661 | Horizon Healthcare Services, Inc. | \$16,478,389.42 | \$0.00 | \$27,709.38 |
| NJ | 91762 | AmeriHealth Ins Company of New Jersey | \$73,160,117.68 | \$344,230.91 | \$10,070.13 |
| NM | 19722 | Molina Health Care of New Mexico, Inc. | \$0.00 | \$0.00 | \$0.00 |
| NM | 52744 | Presbyterian Insurance Company, Inc. | \$0.00 | \$8,019,908.13 | \$0.00 |
| NM | 57173 | Presbyterian Health Plan, Inc. | \$2,450,553.68 | \$350,630.79 | \$21,562.43 |
| NM | 72034 | CHRISTUS Health Plan | \$2,352,154.70 | \$0.00 | N/A |
| NM | 75605 | Blue Cross Blue Shield of New Mexico | \$2,231,211.41 | \$653,200.67 | \$57,124.04 |
| NM | 93091 | New Mexico Health Connections | \$13,116,504.33 | \$10,319,090.60 | \$36,636.23 |
| NV | 16698 | Prominence HealthFirst | \$0.00 | \$0.00 | \$0.00 |
| NV | 33670 | Rocky Mountain Hospital and Medical Service, Inc., dba Anthem Blue Cross and Blue Shield | \$4,030,060.93 | \$0.00 | N/A |
| NV | 34996 | Nevada Health CO-OP | N/A | N/A | \$93,079.06 |
| NV | 60156 | HMO Colorado, Inc., dba HMO Nevada | \$0.00 | -\$7,237.91 | \$23.62 |
| NV | 95865 | Health Plan of Nevada, Inc. | \$3,326,339.65 | \$0.00 | \$0.00 |
| NY | 11177 | MetroPlus Health Plan | \$14,216,773.89 | \$820,311.63 | \$76,155.52 |
| NY | 18029 | Independent Health Benefits Corporation | \$2,527,441.24 | \$12,491,216.10 | \$0.00 |

| STATE | HIOS ID | HIOS INPUTTED INSURANCE COMPANY NAME | HHS 2016 RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET) ⁴ | HHS 2016 RISK CORRIDOR AMOUNT (SMALL GROUP MARKET) ⁴ | EXPECTED PAYMENT TOWARD 2014 AMOUNTS ^{4,5} |
|-------|---------|--|--|---|---|
| NY | 25303 | New York State Catholic Health Plan, Inc. | \$3,996,255.02 | \$0.00 | \$0.00 |
| NY | 31808 | American Progressive Life & Health Insurance Company of New York | N/A | N/A | \$0.00 |
| NY | 39595 | WellCare of New York | \$442,366.09 | \$0.00 | N/A |
| NY | 40064 | HealthNow New York | \$5,597,212.16 | \$23,522,343.21 | \$0.00 |
| NY | 54235 | UnitedHealthcare of New York, Inc. | \$4,509,245.86 | \$0.00 | \$0.00 |
| NY | 56184 | MVP Health Plan, Inc. | \$5,120,950.13 | \$1,162,229.18 | \$13,489.22 |
| NY | 57165 | Affinity Health Plan, Inc. | \$20,735,006.33 | \$0.00 | \$10,259.07 |
| NY | 71644 | Freelancers Health Service Corporation d/b/a Health Republic Insurance of New York | N/A | N/A | \$1,299,031.53 |
| NY | 74289 | Oscar Insurance Corporation | \$107,138,699.40 | \$0.00 | \$81,270.32 |
| NY | 78124 | Excellus Health Plan, Inc. | \$0.00 | \$23,595,031.50 | \$65,471.29 |
| NY | 80519 | Empire HealthChoice HMO, Inc. | \$8,305,584.61 | \$0.00 | \$0.00 |
| NY | 82483 | North Shore-LIJ Insurance Company Inc | \$50,880,224.71 | \$62,252,325.98 | \$30,592.89 |
| NY | 85629 | Oxford Health Insurance, Inc. | N/A | N/A | \$0.00 |
| NY | 88582 | Health Insurance Plan of Greater New York | \$8,669,878.30 | \$1,686,044.58 | \$0.00 |
| NY | 91237 | Healthfirst PHSP, Inc. | \$6,891,430.55 | \$0.00 | \$656.96 |
| NY | 92551 | CDPHP Universal Benefits Inc. | \$0.00 | \$10,440,924.71 | \$127,063.72 |
| NY | 94788 | CDPHP | \$1,128,625.43 | \$0.00 | \$0.00 |
| NY | 95456 | Atlantis Health Plan | N/A | N/A | \$0.00 |
| OH | 16204 | Coordinated Health Mutual, Inc. | \$20,218,260.47 | \$310,347.28 | N/A |
| OH | 20126 | HealthSpan Integrated Care | \$1,619,850.19 | \$2,851,843.52 | \$97,447.70 |
| OH | 23340 | Consumers Life Insurance Company | -\$160,706.30 | \$0.00 | N/A |
| OH | 26734 | Premier Health Plan, Inc. | \$5,682,287.55 | \$0.00 | N/A |
| OH | 28162 | AultCare Insurance Company | \$0.00 | \$0.00 | \$5,685.81 |
| OH | 29276 | Community Insurance Company(Anthem BCBS) | \$0.00 | \$0.00 | \$139.50 |

| STATE | HIOS ID | HIOS INPUTTED INSURANCE COMPANY NAME | HHS 2016 RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET) ⁴ | HHS 2016 RISK CORRIDOR AMOUNT (SMALL GROUP MARKET) ⁴ | EXPECTED PAYMENT TOWARD 2014 AMOUNTS ^{4,5} |
|-------|---------|--|--|---|---|
| OH | 33931 | UnitedHealthcare of Ohio, Inc. | \$3,833,592.57 | \$0.00 | N/A |
| OH | 41047 | Buckeye Community Health Plan | \$0.00 | \$0.00 | \$0.00 |
| OH | 52664 | Summa Insurance Company, Inc. | \$2,037,988.17 | -\$146,496.91 | \$18,755.19 |
| OH | 64353 | MOLINA HEALTHCARE OF OHIO | \$0.00 | \$0.00 | \$0.00 |
| OH | 66083 | Humana Health Plan of Ohio, Inc. | \$0.00 | \$0.00 | \$80,623.79 |
| OH | 67129 | Aetna Life Insurance Company | \$0.00 | \$0.00 | N/A |
| OH | 74313 | Paramount Insurance Company | \$267,351.46 | \$0.00 | \$0.00 |
| OH | 77552 | CareSource | \$32,086,445.80 | \$0.00 | \$0.00 |
| OH | 78726 | All Savers Insurance Company | \$446,164.50 | \$0.00 | N/A |
| OH | 92036 | HealthSpan | \$1,335,788.24 | \$211,049.76 | \$44,083.11 |
| OH | 98894 | Coventry Health and Life | N/A | N/A | \$4,981.15 |
| OH | 99969 | Medical Health Insuring Corp. of Ohio | \$13,342,648.57 | -\$8,758.40 | \$43,298.40 |
| OK | 45480 | UnitedHealthcare of Oklahoma, Inc. | \$3,012,668.48 | \$0.00 | N/A |
| OK | 53524 | Coventry Health and Life | N/A | N/A | \$1,394.42 |
| OK | 66946 | Aetna Life Insurance Company | N/A | N/A | \$3,740.86 |
| OK | 76668 | Coventry Health Care of Kansas, Inc. | N/A | N/A | \$10,986.77 |
| OK | 85408 | GlobalHealth, Inc. | N/A | N/A | \$24,404.54 |
| OK | 87571 | Blue Cross Blue Shield of Oklahoma | \$57,436,784.47 | \$787,973.67 | \$468,796.42 |
| OK | 87698 | CommunityCare Life & Health Insurance Co | \$0.00 | \$1,522,505.85 | \$1,332.98 |
| OK | 98905 | CommunityCare HMO Inc. | \$0.00 | \$677,742.83 | \$2,826.00 |
| OR | 10091 | PacificSource Health Plans | \$5,543,447.37 | \$1,501,673.38 | \$26,164.27 |
| OR | 10940 | Health Net Health Plan of Oregon, Inc. | N/A | N/A | \$20,486.10 |
| OR | 30969 | ZOOM+Care Health Insurance | \$1,045,273.45 | \$21,956.61 | N/A |
| OR | 32536 | ATRIO Health Plans | \$3,823,044.78 | \$0.00 | \$1,030.23 |
| OR | 39424 | Moda Health Plan, Inc. | \$33,246,324.18 | \$2,164,823.82 | \$763,234.82 |
| OR | 56707 | Providence Health Plan | \$66,897,686.23 | \$68,882.34 | \$16,551.00 |
| OR | 63474 | BridgeSpan Health Company | \$154,767.68 | \$0.00 | \$0.00 |

| STATE | HIOS ID | HIOS INPUTTED INSURANCE COMPANY NAME | HHS 2016 RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET) ⁴ | HHS 2016 RISK CORRIDOR AMOUNT (SMALL GROUP MARKET) ⁴ | EXPECTED PAYMENT TOWARD 2014 AMOUNTS ^{4,5} |
|-------|---------|---|--|---|---|
| OR | 71287 | Kaiser Foundation Healthplan of the NW | \$15,251,167.48 | \$0.00 | \$0.00 |
| OR | 85804 | LifeWise Health Plan of Oregon | \$11,093,351.11 | \$0.00 | \$41,979.64 |
| OR | 95417 | Trillium Community Health Plan | -\$152,773.99 | -\$1,237.14 | \$0.00 |
| OR | 96383 | Health Republic Insurance Company | N/A | N/A | \$68,588.91 |
| OR | 99389 | Community Care of Oregon, Inc. | \$6,321,118.60 | \$4,270,863.90 | \$13,297.97 |
| PA | 16322 | UPMC Health Options, Inc. | \$59,842,450.12 | \$872,510.61 | N/A |
| PA | 16481 | UPMC Health Network, Inc. | N/A | N/A | \$1,933.41 |
| PA | 22444 | Geisinger Health Plan | \$13,244,631.61 | \$0.00 | \$199,187.89 |
| PA | 23489 | UnitedHealthcare Insurance Company | \$0.00 | \$2,903.41 | N/A |
| PA | 24872 | UnitedHealthcare of Pennsylvania, Inc. | \$2,254,922.55 | \$0.00 | N/A |
| PA | 31609 | Independence Blue Cross (QCC Ins. Co.) | \$9,763,812.15 | \$0.00 | \$93,682.09 |
| PA | 33709 | Highmark Inc. | \$13,432,627.24 | \$1,567,070.49 | \$1,390,214.34 |
| PA | 33871 | Keystone Health Plan East, Inc | \$8,955,428.25 | \$0.00 | \$254,626.90 |
| PA | 33906 | Aetna Life Insurance Company | N/A | N/A | \$2,655.77 |
| PA | 36247 | Highmark Select Resources Inc. | \$7,665,319.69 | \$0.00 | N/A |
| PA | 45127 | Capital Advantage Assurance Company | \$12,578,353.88 | \$6,463.00 | N/A |
| PA | 52899 | UPMC Health Plan, Inc. | N/A | N/A | \$118.37 |
| PA | 53789 | Keystone Health Plan Central | \$14,440,418.45 | \$60,166.33 | \$1,013.51 |
| PA | 55957 | First Priority Life Insurance Company, Inc. | \$15,373,532.92 | \$0.00 | \$95,110.60 |
| PA | 62560 | UPMC Health Coverage, Inc. | \$0.00 | \$281,136.83 | N/A |
| PA | 64844 | Aetna Health Inc. (a PA corp.) | \$7,165,507.59 | \$0.00 | \$0.00 |
| PA | 70194 | Highmark Health Insurance Company | \$13,156,877.36 | -\$406,467.62 | \$275,664.50 |
| PA | 75729 | Geisinger Quality Options | \$5,955,066.10 | \$0.00 | \$66,969.88 |

| STATE | HIOS ID | HIOS INPUTTED INSURANCE COMPANY NAME | HHS 2016 RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET) ⁴ | HHS 2016 RISK CORRIDOR AMOUNT (SMALL GROUP MARKET) ⁴ | EXPECTED PAYMENT TOWARD 2014 AMOUNTS ^{4,5} |
|-------|---------|--|--|---|---|
| PA | 82795 | Capital Advantage Insurance Company CAIC | N/A | N/A | \$2,523.63 |
| PA | 91303 | HealthAmerica Pennsylvania, Inc. | N/A | N/A | \$17,765.54 |
| RI | 15287 | Blue Cross & Blue Shield of Rhode Island | \$6,723,928.86 | \$0.00 | \$0.00 |
| RI | 77514 | Neighborhood Health Plan of Rhode Island | -\$2,475,751.37 | -\$38,745.91 | \$0.00 |
| RI | 79881 | UnitedHealthcare of New England, Inc. | \$0.00 | \$0.00 | \$6.63 |
| SC | 26065 | Blue Cross and Blue Shield of South Carolina | \$21,882,021.95 | \$0.00 | \$0.00 |
| SC | 38408 | Aetna Health Inc. (a PA corp.) | -\$4,047,046.75 | \$0.00 | N/A |
| SC | 41614 | Coventry Health Care of the Carolinas, Inc. | N/A | N/A | \$44,328.35 |
| SC | 49532 | BlueChoice HealthPlan of South Carolina, Inc. | \$29,862,056.07 | \$1,524,317.55 | \$0.00 |
| SC | 57860 | UnitedHealthcare Insurance Company | \$486,864.50 | \$0.00 | N/A |
| SC | 65122 | Consumers' Choice Health Insurance Company | N/A | N/A | \$108,084.37 |
| SD | 31195 | Sanford Health Plan | \$11,217,457.61 | \$0.00 | \$30,763.76 |
| SD | 60536 | Avera Health Plans, Inc. | \$13,756,105.86 | \$311,636.34 | \$69,300.60 |
| SD | 62210 | South Dakota State Medical Holding Company, Inc. | N/A | N/A | \$688.23 |
| TN | 14002 | BlueCross BlueShield of Tennessee | \$64,972,431.35 | \$0.00 | \$684,777.34 |
| TN | 66842 | Community Health Alliance Mutual Insurance Company | N/A | N/A | \$3,196.92 |
| TN | 69443 | UnitedHealthcare Insurance Company | \$2,134,105.98 | \$0.00 | N/A |
| TN | 82120 | Humana Insurance Company | \$2,795,659.26 | \$0.00 | \$63,434.93 |
| TN | 99248 | Cigna Health and Life Insurance Company | \$6,667,000.07 | \$0.00 | \$0.00 |
| TX | 20069 | Oscar Insurance Company of Texas | \$35,085,745.70 | \$0.00 | N/A |

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|-------|---------|---|--|---|---|
| TX | 26539 | SHA, LLC DBA FirstCare Health Plans | \$7,590,347.71 | \$118,270.44 | \$18,539.02 |
| TX | 27248 | Community Health Choice, Inc. | \$3,212,369.47 | \$0.00 | \$0.00 |
| TX | 29418 | Celtic Insurance Company | \$0.00 | \$0.00 | N/A |
| TX | 32673 | Humana Health Plan of Texas, Inc. | \$15,164,712.65 | \$0.00 | \$532,622.61 |
| TX | 33602 | Blue Cross Blue Shield of Texas | \$157,277,306.72 | \$10,601,287.65 | \$2,560,124.49 |
| TX | 37392 | Prominence HealthFirst of Texas, Inc. | \$1,572,951.33 | \$0.00 | N/A |
| TX | 37755 | Insurance Company of Scott & White | \$75,429,033.03 | \$0.00 | N/A |
| TX | 40788 | Scott and White Health Plan | \$25,086,485.39 | \$0.00 | \$6,701.62 |
| TX | 45786 | Molina Healthcare of Texas | \$0.00 | \$0.00 | \$0.00 |
| TX | 46224 | Community First Health Plans, Inc. | \$0.00 | \$0.00 | \$85.01 |
| TX | 55409 | Cigna Health and Life Insurance Company | \$12,607,716.28 | \$0.00 | \$112,051.45 |
| TX | 63141 | Humana Insurance Company | \$1,157,247.50 | \$0.00 | \$44,137.59 |
| TX | 63509 | Allegian Insurance Company | \$6,758,866.06 | \$0.00 | N/A |
| TX | 66252 | CHRISTUS Health Plan | \$9,529,090.47 | \$0.00 | N/A |
| TX | 71837 | Sendero Health Plans, inc. | \$9,085,117.80 | \$0.00 | \$5,957.77 |
| TX | 76589 | Cigna HealthCare of Texas, Inc. | \$4,891,396.84 | \$0.00 | N/A |
| TX | 85947 | All Savers Insurance Company | \$37,545,522.88 | \$83,872.87 | N/A |
| TX | 87226 | Superior Health Plan | N/A | N/A | \$0.00 |
| TX | 91716 | Aetna Life Insurance Company | \$5,142,859.96 | \$0.00 | \$9,581.33 |
| TX | 98809 | UnitedHealthcare Insurance Company | \$0.00 | \$0.00 | N/A |
| UT | 18167 | Molina Healthcare of Utah | \$19,606,971.43 | \$0.00 | \$0.00 |
| UT | 27619 | Arches Mutual Insurance Company | N/A | N/A | \$104,531.54 |
| UT | 34541 | BridgeSpan Health Company | \$0.00 | \$0.00 | \$17,545.89 |
| UT | 38927 | Aetna Health of Utah Inc. | N/A | N/A | \$17,466.91 |
| UT | 42261 | University of Utah Health Insurance Plans | \$182,764.40 | \$0.00 | N/A |

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|--------------|----------------|--|--|---|---|
| UT | 56764 | Humana Medical Plan of Utah, Inc. | \$1,711,863.52 | \$0.00 | \$84,119.08 |
| UT | 66413 | UnitedHealthcare of Utah, Inc. | \$0.00 | \$53,669.11 | \$0.00 |
| UT | 68781 | SelectHealth | \$129,565,046.28 | \$14,423,772.02 | \$726,669.04 |
| VA | 10207 | CareFirst BlueChoice, Inc. | \$8,737,341.69 | \$0.00 | \$6,356.82 |
| VA | 12028 | Innovation Health Insurance Company | \$32,520,623.08 | \$0.00 | \$3,713.14 |
| VA | 15668 | Piedmont Community HealthCare, Inc. | \$636,028.99 | \$579,061.87 | N/A |
| VA | 20507 | Optima Health Plan | \$8,636,390.10 | \$0.00 | \$0.00 |
| VA | 37204 | Piedmont Community HealthCare HMO, Inc. | \$737,160.77 | \$0.00 | N/A |
| VA | 38234 | Aetna Life Insurance Company | \$0.00 | \$0.00 | \$0.00 |
| VA | 38599 | UnitedHealthcare of the Mid-Atlantic Inc | \$1,646,134.28 | \$0.00 | N/A |
| VA | 40308 | Group Hospitalization and Medical Services Inc. | \$4,073,508.25 | -\$602,890.46 | \$0.00 |
| VA | 86443 | Innovation Health Plan, Inc. | \$0.00 | \$75,765.11 | N/A |
| VA | 88380 | HealthKeepers, Inc. | \$0.00 | \$0.00 | \$0.00 |
| VA | 95185 | Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. | \$35,656,640.04 | \$1,309,812.93 | \$1,485.37 |
| VA | 99663 | Coventry Health Care of Virginia, Inc | \$3,614,943.00 | \$0.00 | \$0.00 |
| VT | 13627 | Blue Cross Blue Shield of Vermont | \$2,552,850.56 | \$3,784,868.82 | \$0.00 |
| VT | 77566 | MVP Health Plan, Inc. | \$257,849.50 | \$226,463.69 | \$13,596.16 |
| WA | 18581 | Community Health Plan of Washington | \$492,042.87 | \$0.00 | \$0.00 |
| WA | 23371 | Kaiser Foundation Healthplan of the NW | \$6,553,058.03 | \$0.00 | \$0.00 |
| WA | 38229 | Health Alliance Northwest Health Plan Inc. | \$16,154.71 | \$0.00 | N/A |
| WA | 38498 | LifeWise Health Plan of WA | \$2,511,858.16 | \$0.00 | \$0.00 |
| WA | 43861 | UnitedHealthcare of Washington, Inc. | \$917,117.57 | \$457,090.26 | N/A |

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|-------|---------|---|--|---|---|
| WA | 49831 | Premera Blue Cross | \$27,211,442.78 | \$0.00 | \$0.00 |
| WA | 53732 | BridgeSpan Health Company | \$0.00 | \$0.00 | \$0.00 |
| WA | 61836 | Coordinated Care Corporation | \$0.00 | \$0.00 | \$0.00 |
| WA | 65907 | Moda Health Plan, Inc. | \$0.00 | \$264,613.60 | N/A |
| WA | 80473 | Group Health Cooperative | \$21,043,260.92 | \$0.00 | \$0.00 |
| WA | 84481 | Molina Healthcare of Washington, Inc. | \$2,547,925.84 | \$0.00 | \$0.00 |
| WA | 87718 | Regence BlueShield | \$0.00 | \$0.00 | N/A |
| WI | 32754 | Managed Health Services Insurance Corporation | -\$834,199.47 | \$0.00 | N/A |
| WI | 35334 | MercyCare Insurance Company | \$0.00 | \$690,228.89 | \$3,093.35 |
| WI | 37833 | Unity Health Plans Insurance Corporation | \$0.00 | \$0.00 | \$0.00 |
| WI | 38166 | Security Health Plan of Wisconsin, Inc. | \$24,508,429.21 | \$2,534,857.63 | \$7,617.14 |
| WI | 38345 | Dean Health Plan | \$5,406,793.42 | \$0.00 | \$122,558.13 |
| WI | 39924 | All Savers Insurance Company | \$925,020.38 | \$201,371.29 | N/A |
| WI | 47342 | Health Tradition Health Plan | \$733,565.54 | \$1,958,359.42 | \$5,048.00 |
| WI | 52697 | Molina Healthcare of Wisconsin, Inc. | \$27,554,627.62 | \$0.00 | \$0.00 |
| WI | 57637 | Medica Insurance Company | \$0.00 | \$573,305.09 | \$4,186.53 |
| WI | 57845 | Medica Health Plans of Wisconsin | \$0.00 | \$0.00 | \$0.00 |
| WI | 58326 | MercyCare HMO, Inc. | \$0.00 | \$1,966,338.04 | \$10,291.91 |
| WI | 58564 | Physicians Plus Insurance Corporation | \$464,542.33 | \$0.00 | \$0.00 |
| WI | 79475 | Compcare Health Serv Ins Co(Anthem BCBS) | \$0.00 | \$0.00 | \$42,897.95 |
| WI | 81413 | Network Health Plan | \$2,307,460.56 | \$0.00 | N/A |
| WI | 84670 | WPS Health Plan, Inc. | \$8,723,207.17 | \$663,495.55 | \$55,803.86 |
| WI | 87416 | Common Ground Healthcare Cooperative | \$26,987,917.60 | \$669,339.38 | \$393,547.93 |
| WI | 91058 | Gundersen Health Plan, Inc. | \$3,596,244.55 | \$53,602.89 | \$18,047.13 |
| WI | 94529 | Group Health Cooperative-SCW | \$385,820.36 | -\$126,846.57 | \$0.00 |

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|--------------|----------------|---|--|---|---|
| WV | 31274 | Highmark Blue Cross Blue Shield West Virginia | \$23,939,268.98 | \$0.00 | \$125,468.50 |
| WV | 50328 | CareSource West Virginia Co. | \$1,239,716.45 | \$0.00 | N/A |
| WY | 11269 | Blue Cross Blue Shield of Wyoming | \$6,400,796.86 | \$83,778.46 | \$5,283.77 |
| WY | 53189 | WINhealth Partners | N/A | N/A | \$44,073.60 |

