

Receipt number AUSFCC-6375650

IN THE UNITED STATES COURT OF FEDERAL CLAIMS

BLUE CROSS AND BLUE SHIELD OF)	
SOUTH CAROLINA and BLUECHOICE)	
HEALTHPLAN OF SOUTH CAROLINA,)	
INC.,)	
)	
)	
Plaintiffs,)	
)	
)	
)	
v.)	No. <u>20-1014C</u>
)	
THE UNITED STATES OF AMERICA,)	
)	
Defendant.)	

COMPLAINT

Plaintiffs Blue Cross and Blue Shield of South Carolina and BlueChoice HealthPlan of South Carolina, Inc. (collectively, “Plaintiffs” or “BCBSSC”), by and through its undersigned counsel, brings this action against Defendant, the United States of America (“Defendant,” “United States,” or “Government”), and alleges the following:

INTRODUCTION

1. BCBSSC brings this action to recover money damages owed by Defendant for calendar year 2016 (“CY 2016”), for violations of the mandatory risk corridor payment obligations Defendant owes to BCBSSC pursuant to the mandatory risk corridor payment obligations prescribed in Section 1342 of the Patient Protection and Affordable Care Act (“ACA”), and its implementing federal regulations.

2. The risk corridor program is one of three premium-stabilization programs provided for by the ACA. The risk corridor program reflected the fact that the ACA created a new health insurance market to cover many individuals who were not previously insured, and

that insurers who agreed to sell insurance to individuals through that new market would face significant uncertainty, including about who would enroll, and the extent of their health care needs and resulting claims costs. As a result, insurers, including Plaintiffs, had no previous experience or reliable data to meaningfully assess the risks and set the premiums for this new population of insureds under the ACA.

3. Under the risk corridors program specified by the ACA, insurers issuing Qualified Health Plans (“QHPs”), such as Plaintiffs (“QHPI”), and the federal government share in the risk associated with the new marketplace’s uncertainty for each of the years the program is in effect: 2014, 2015 and 2016. If the amount a QHPI collects in premiums in any one of these years exceeds its medical expenses by a certain target amount, the QHPI will make a payment to the Government. If annual premiums fall short of this target, however, Congress required the Government to make risk corridor payments to the QHPI under a formula prescribed in Section 1342.

4. The temporary risk corridors program was designed to ease the transition between the old and new health insurance marketplaces and help stabilize premiums for consumers, and was modeled on a similar program in Medicare Part D signed into law by President George W. Bush.

5. This action seeks damages from the Government of at least \$53,268,395, which represents the amount of risk corridor payments Defendant owes to Plaintiffs for CY 2016 pursuant to the statutory risk corridor payment obligation.

6. Plaintiffs previously opted-in as members of a certified class in an action before this Court for recovery of mandatory risk corridor payment obligations owed by the United States for CY 2015. Judgment was entered in favor of Plaintiffs in that case for CY 2015. *See*

ECF No. 82, *Health Republic Ins. Co. v. United States*, 16-259C (Jul. 23, 2020). Plaintiffs now seek to recover payments owed to them for CY 2016.

7. The legal issues presented in this action are identical to those the United States Supreme Court recently decided in favor of the appellee-health insurers in *Maine Community Health Options v. United States*, No. 18-1023, 140 S. Ct. 1308 (2020).

8. In *Maine Community Health Options*, the Supreme Court reversed the Federal Circuit's ruling in *Moda Health Plan, Inc. v. United States*, 892 F.3d 1311 (Fed Cir. 2018) and held that: (1) "The Risk Corridors Statute created a government obligation to pay insurers the full amount set out in § 1342's [statutory] formula" based on the statute's "express terms and context" (*Maine Cmty.*, 140 S. Ct. at 1319-20); (2) the "shall pay" mandate in § 1342, on its "plain terms," was a legally binding "obligation neither contingent on nor limited by the availability of appropriations or other funds" (*id.* at 1321, 1323); Congress did not impliedly repeal the statutory payment obligation through later-enacted appropriations riders (*id.* at 1323-27); and (4) this Court has jurisdiction under the Tucker Act to award monetary damages against the government based on the "money-mandating" nature of the "shall pay" statutory obligation in § 1342 (*id.* at 1327-31). The Supreme Court's decision in *Maine Community Health Options* is dispositive of the legal issues in this case.

JURISDICTION AND VENUE

9. This Court has jurisdiction over this action and venue is proper in this Court pursuant to the Tucker Act, 28 U.S.C. § 1491(a)(1), because Plaintiffs bring claims for damages over \$10,000 against the United States founded upon the Government's violations of a money-mandating Act of Congress and a money-mandating regulation of an executive department.

10. The actions and/or decisions of the Department of Health and Human Services (“HHS”) and the Centers for Medicare & Medicaid Services (“CMS”) at issue in this lawsuit were conducted on behalf of the Defendant United States within the District of Columbia.

PARTIES

11. Plaintiff BLUE CROSS AND BLUE SHIELD OF SOUTH CAROLINA (“BCBSSC” or “Plaintiff”), is a fully taxed South Carolina mutual insurer and an independent licensee of the Blue Cross and Blue Shield Association. BCBSSC’s principal place of business is located in Columbia, South Carolina. BCBSSC offered and continues to offer health insurance coverage through certified QHPs offered through the Federally-facilitated Exchange Marketplace in South Carolina for CY 2014, CY 2015, and CY 2016.

12. Plaintiff BLUECHOICE HEALTHPLAN OF SOUTH CAROLINA, INC. (“BlueChoice” or “Plaintiff”), is a wholly owned subsidiary of BCBSSC with headquarters located in Columbia, South Carolina. BlueChoice offered health insurance coverage through certified QHPs offered through the Federally-facilitated Exchange Marketplace and Federally-facilitated Small Business Health Options Program in South Carolina for CY 2014, CY 2015, and CY 2016.

13. Defendant is THE UNITED STATES OF AMERICA. The Department of Health and Human Services (“HHS”) and the Centers for Medicare & Medicaid Services (“CMS”) are agencies of the Defendant United States of America.

FACTUAL ALLEGATIONS

Congress Enacts the Patient Protection and Affordable Care Act

14. In 2010, Congress enacted the ACA, Public Law 111-148, 124 Stat. 119.

15. The ACA aimed to increase the number of Americans covered by health insurance and decrease the cost of health care in the U.S.

16. 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).

17. The ACA also bars insurers from charging higher premiums on the basis of a person’s health. 42 U.S.C. § 300gg.

18. Beginning on January 1, 2014, individuals and small businesses were permitted to purchase private health insurance through competitive statewide marketplaces called Affordable Insurance Exchanges, Health Benefit Exchanges, “Exchanges,” or “Marketplaces.” ACA Section 1311 establishes the framework for the Exchanges. *See* 42 U.S.C. § 18031.

19. Plaintiffs offered certified QHPs to individuals and enrollees on the FFE and FF-SHOP in the Marketplace in South Carolina in CY 2014, CY 2015, and CY 2016.

The ACA’s Premium-Stabilization Programs

20. To help protect health insurers against risk selection and market uncertainty, the ACA established three premium-stabilization programs, which began in 2014: temporary reinsurance and risk corridor programs to give insurers payment stability as insurance market reforms began, and an ongoing risk adjustment program that makes payments to health insurance issuers that cover higher-risk populations (*e.g.*, those with chronic conditions) to more evenly spread the financial risk borne by issuers.

21. This action only addresses the temporary, three-year risk corridors program, which began in CY 2014 and expires at the end of CY 2016.

22. Congress’s overarching goal of the premium-stabilization programs, along with other Exchange-related provisions and policies in the ACA, was to make affordable health insurance available to individuals who previously did not have access to such coverage, and to

help ensure that every American has access to high-quality, affordable health care by protecting consumers from increases in premiums due to health insurer uncertainty.

23. Congress also sought to provide certainty and protect against adverse selection in the health care market (when a health insurance purchaser understands his or her own potential health risk better than the health insurance issuer does) while stabilizing premiums in the individual and small group markets as the ACA's market reforms and Exchanges began in 2014.

24. The financial protections that Congress provided in the statutory premium-stabilization programs, including the mandatory risk corridor payments, provided QHPs with the assurance, backed by federal law and the full faith and credit of the United States, to become participating health insurers in their respective states' ACA markets, at considerable cost to the QHPs, despite the significant financial risks posed by the uncertainty in the new health care markets.

The ACA's Risk Corridors Program

25. Section 1342 of the ACA requires the Secretary of HHS to establish a temporary risk corridors program that provides for the sharing in gains or losses resulting from CY 2014 through CY 2016 between the Government and certain participating health plans in the individual and small group markets, modeled on the risk corridor program implemented for the Medicare Part D prescription drug benefit program. *See* 42 U.S.C. § 18062.

26. The risk corridors program applies only to participating plans that agreed to accept the responsibilities and obligations of QHPs. All insurers that elect to enter into agreements to become QHPs are required by Section 1342(a) of the ACA to participate in the risk corridors program.

27. By enacting Section 1342 of the ACA, Congress recognized that, due to uncertainty about the population entering the Exchanges during the first few years, health

insurers may not be able to predict their risk accurately, and their premiums may reflect costs that are ultimately lower or higher than predicted.

28. Congress intended the ACA's temporary risk corridors provision as an important safety valve for consumers and insurers as millions of Americans would transition to new coverage in a brand new Marketplace, protecting against the uncertainty that health insurers, like Plaintiffs, would face when estimating enrollments and costs resulting from the market reforms by creating a mechanism for sharing risk between the federal government and issuers of QHPs in each of the first three years of the Marketplace.

BCBSSC and BlueChoice are QHPs

29. Based on Congress' statutory commitments set forth in the ACA, including, but not limited to, Section 1342 and the risk corridors program, Plaintiffs agreed to become QHPs, and to enter into Qualified Health Plan Certification Agreements with CMS, a federal agency within HHS.

The Risk Corridors Payment Methodology

30. Under the risk corridors program, the federal government shares risk with QHP health insurers by collecting charges from a health insurer if the insurer's QHP premiums exceed claims costs of QHP enrollees by a certain amount, and by making payments to the insurer if the insurer's QHP premiums fall short by a certain amount, subject to certain adjustments for taxes, administrative expenses, and other costs and payments.

31. Congress, through Sections 1342(b)(1) and (2) of the ACA, established the payment methodology and formula for the payments in and the payments out to determine the amounts the QHPs must pay to the Secretary of HHS and the amounts the Secretary must pay to the QHPs if the risk corridors threshold is met.

32. Section 1342(b) states:

(b) Payment methodology

(1) Payments 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.

(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.

42 U.S.C. § 18062(b).

33. To determine whether a QHPI pays into, or receives payments from, the risk corridors program, HHS compares allowable costs (essentially, claims costs subject to adjustments for health care quality, health IT, risk adjustment payments and charges and

reinsurance payments) and the target amount – the difference between a QHPI’s earned premiums and allowable administrative costs.

34. Pursuant to the Section 1342(b) formula, each year from CY 2014 through CY 2016, QHPIs with allowable costs that are less than 97 percent of the QHPI’s target amount are required to remit charges for a percentage of those cost savings to HHS, while QHPIs with allowable costs greater than 103 percent of the QHPI’s target amount will receive payments from HHS to offset a percentage of those losses.

35. Section 1342(b)(1) provides the specific payment formula from HHS to QHPIs whose costs in a calendar year exceed their original target amounts by more than three percent.

36. Section 1342(b)(1)(A) requires that if a QHPI’s allowable costs in a calendar year are more than 103 percent, but not more than 108 percent, of the target amount, then “the Secretary [of HHS] shall pay” to the QHPI an amount equal to 50 percent of the target amount in excess of 103 percent of the target amount.

37. Section 1342(b)(1)(B) further requires that if a QHPI’s allowable costs in a calendar year are more than 108 percent of the target amount, then “the Secretary [of HHS] shall pay” to the QHPI an amount equal to the sum of 2.5 percent of the target amount plus 80 percent of the allowable costs in excess of 108 percent of the target amount.

38. Alternatively, Section 1342(b)(2) sets forth the amount of charges that must be remitted to HHS by QHPIs whose costs in a calendar year are more than three percent below their original target amounts.

39. Section 1342(b)(2)(A) requires that if a QHPI’s allowable costs in a calendar year are less than 97 percent, but not less than 92 percent, of the target amount, then “the plan shall

pay to the Secretary [of HHS]” an amount equal to 50 percent of the excess of 97 percent of the target amount over the allowable costs.

40. Section 1342(b)(2)(B) requires that if a QHPI’s allowable costs in a calendar year are less than 92 percent of the target amount, then “the plan shall pay to the Secretary [of HHS]” 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.

41. Through this risk corridors methodology, QHPIs keep all gains and bear all losses that they experience within three percent of their target amount for a calendar year. For example, a QHPI that has a target amount of \$10 million in a given calendar year will not pay a risk corridors charge or receive a risk corridors payment if its allowable charges range between \$9.7 million and \$10.3 million for that calendar year.

42. HHS and CMS provided specific examples of risk corridors payment and charge calculations beyond the three percent threshold – published in the Federal Register dated July 15, 2011, at 76 FR 41929, 41943 – which illustrate risk corridor payments the Government must pay under different allowable cost, target amount, and gain and loss scenarios. *See* 76 FR 41929, 41943 (July 15, 2011).

43. The American Academy of Actuaries provided an approximate illustration of the risk corridors payment methodology – excluding the charge or payment of 2.5 percent of the target amount for gains and losses greater than eight percent – as follows:

Actual Spending Less Than Expected Spending			Actual Spending Greater Than Expected Spending		
Plan Keeps 20% of Gains	Plan Keeps 50% of Gains	Plan Keeps All Gains	Plan Bears Full Losses	Plan Bears 50% of Losses	Plan Bears 20% of Losses
Plan Pays Government 80% of Gains	Plan Pays Government 50% of Gains			Government Reimburses 50% of Losses	Government Reimburses 80% of Losses
-8%	-3%	0%	3%	8%	

Source: American Academy of Actuaries, *Fact Sheet: ACA Risk-Sharing Mechanisms* (2013), available at http://actuary.org/files/ACA_Risk_Share_Fact_Sheet_FINAL120413.pdf.

44. As detailed below, in CY 2016, Plaintiffs experienced allowable-cost losses of more than three percent of its target amounts in the South Carolina ACA Individual and Small Group Markets, making Plaintiffs entitled to receive mandatory risk corridor payments required under Section 1342.

45. Congress did not impose any financial limits or restraints on the Government's mandatory risk corridor payments to QHPIs in either Section 1342 or any other section of the ACA.

46. Congress also did not limit in any way the Secretary of HHS's obligation to make full risk corridor payments owed to QHPIs, due to appropriations, restriction on the use of funds, or otherwise in Section 1342 or anywhere else in the ACA.

47. Congress has not amended Section 1342 since enactment of the ACA.

48. Congress has not repealed Section 1342.

49. HHS and CMS are thus mandated to pay 100% of the risk corridor payments due to Plaintiffs for CY 2016.

50. On March 11, 2013, HHS publicly affirmed that the risk corridors program is not statutorily required to be budget neutral. HHS further confirmed that, “Regardless of the balance of payments and receipts, HHS will remit payments as required under section 1342 of the Affordable Care Act.” 78 FR 15409, 15473 (Mar. 11, 2013).

51. In executing the Qualified Health Plan Certification Agreements with CMS, Plaintiffs relied upon HHS’s commitments to make full risk corridor payments annually to it as required in Section 1342 of the ACA regardless of whether risk corridor payments to QHPIs are actually greater than risk corridor charges collected from QHPs for a particular calendar year.

52. The United States, however, has not made payment of the required risk corridor payment amounts for CY 2016.

HHS’s Risk Corridors Regulations

53. Congress directed HHS to administer the risk corridors program enacted in Section 1342. *See* 42 U.S.C. § 18062(a). Accordingly, CMS issued implementing regulations for the risk corridors program at 45 C.F.R. Part 153.

54. In 45 C.F.R. § 153.510, CMS adopted a risk corridors calculation that is mathematically identical to the statutory formulation in Section 1342 of the ACA, using the identical thresholds and risk-sharing levels specified in the statute. *See* 45 C.F.R. § 153.510.

55. Specifically, 45 C.F.R. § 153.510(b) prescribes the method for determining risk corridor payment amounts that QHPs “will receive”:

(b) *HHS payments to health insurance issuers.* QHPIs 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.

56. Furthermore, 45 C.F.R. § 153.510(c) prescribes the circumstances under which QHPs "must remit" charges to HHS, as well as the means by which HHS will determine those charge amounts:

(c) *Health insurance issuers' remittance of charges.* QHP issuers must remit charges to HHS in the following amounts, under the following circumstances:

(1) If a QHP's allowable costs for any benefit year are less than 97 percent but not less than 92 percent of the target amount, the QHP issuer must remit charges to HHS in an amount equal to 50 percent of the difference between 97 percent of the target amount and the allowable costs; and

(2) When a QHP's allowable costs for any benefit year are less than 92 percent of the target amount, the QHP issuer must remit charges to HHS in an amount equal to the sum of 2.5 percent of the target amount plus 80 percent of the difference between 92 percent of the target amount and the allowable costs.

57. Additionally, 45 C.F.R. § 153.510(d) imposes a 30-day deadline for a QHP to fully remit charge payments to HHS when the QHP's allowable costs in a calendar year are less than 97 percent of the QHP's target amount, specifically stating that:

(d) *Charge submission deadline.* A QHP issuer must remit charges to HHS within 30 days after notification of such charges.

58. CMS did not impose a deadline for HHS to tender full risk corridor payments to QHPs whose allowable costs in a calendar year are greater than 103 percent of the QHP's target amount.

59. During the proposed rulemaking that ultimately resulted in adoption of the 30-day charge-remittance deadline for QHPs at 45 C.F.R. § 153.510(d), however, CMS and HHS stated that the deadline for the Government's payment of risk corridor payments to QHPs should be

identical to the deadline for a QHP's remittance of charges to the Government. *See* 76 FR 41929, 41943 (July 15, 2011); 77 FR 17219, 17238 (Mar. 23, 2012).

60. On July 15, 2011, CMS and HHS printed the following in its proposed rule in the Federal Register:

HHS would make payments to QHP issuers that are owed risk corridor amounts from HHS within a 30-day period after HHS determines that a payment should be made to the QHP issuer. We believe that QHP issuers who are owed these amounts will want prompt payment, and also believe that the payment deadlines should be the same for HHS and QHP issuers.

76 FR 41929, 41943 (July 15, 2011).

61. On March 23, 2012, CMS and HHS printed the following in its final rule in the Federal Register:

While we did not propose deadlines in the proposed rule, we . . . suggested . . . that HHS would make payments to QHP issuers that are owed risk corridors amounts within a 30-day period after HHS determines that a payment should be made to the QHP issuer. *QHP issuers who are owed these amounts will want prompt payment, and payment deadlines should be the same for HHS and QHP issuers.*

77 FR 17219, 17238 (Mar. 23, 2012) (emphasis added).

62. Nothing in 45 C.F.R. Part 153 limits CMS's obligation to pay QHPIs the full amount of risk corridor payments due based on appropriations, restrictions on the use of funds, or otherwise.

63. BCBSSC relied upon these statements by HHS and CMS in the Federal Register in deciding to agree to become a QHPI in South Carolina and accept the obligations and responsibilities of a QHP, believing that the Government would pay the full risk corridor payments owed to it within 30 days after it had been determined that Plaintiffs experienced losses sufficient to qualify for risk corridor payments under Section 1342 of the ACA and 45 C.F.R. § 153.510.

64. The United States should have paid Plaintiffs the full CY 2016 risk corridor payments due, but has failed to do so as required under Section 1342 of the ACA and 45 C.F.R. § 153.510.

HHS and CMS's Recognition of Risk Corridors Payment Obligations

65. Since Congress's enactment of the ACA in 2010, HHS and CMS have repeatedly publicly acknowledged, confirmed, and thereby admitted the statutory and regulatory obligations to make full and timely risk corridor payments to qualifying QHPs.

66. On July 11, 2011, HHS issued a fact sheet on HealthCare.gov, "Affordable Insurance Exchanges: Standards Related to Reinsurance, Risk Corridors and Risk Adjustment," stating that under the risk corridors program, "qualified health plan issuers with costs greater than three percent of cost projections will receive payments from HHS to offset a percentage of those losses." HealthCare.gov, "Affordable Insurance Exchanges: Standards Related to Reinsurance, Risk Corridors and Risk Adjustment" (July 11, 2011).

67. On March 23, 2012, HHS implemented a final rule regarding Standards Related to Reinsurance, Risk Corridors and Risk Adjustment (77 FR 17219). Although HHS did not propose deadlines for making risk corridor payments, HHS stated that "QHP issuers who are owed these amounts will want prompt payment, and payment deadlines should be the same for HHS and QHP issuers." 77 FR 17219, 17238 (Mar. 23, 2012).

68. When HHS implemented a final rule on March 11, 2013, regarding HHS Notice of Benefit and Payment Parameters for 2014 (78 FR 15409), HHS confirmed, "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." 78 FR 15409, 15473 (Mar. 11, 2013).

69. In HHS's response letter to the U.S. Government Accountability Office ("GAO") dated May 20, 2014, HHS again admitted that "Section 1342(b)(1) . . . establishes . . . the formula to determine . . . the amounts the Secretary must pay to the QHPs if the risk corridors threshold is met." Letter from William B. Schulz, General Counsel, HHS, to Julia C. Matta, Assistant General Counsel, GAO (May 20, 2014).

70. On June 18, 2014, HHS sent to U.S. Senator Sessions and U.S. Representative Upton identical letters stating that, "As established in statute, . . . [QHP] plans with allowable costs at least three percent higher than the plan's target amount will receive payments from HHS to offset a percentage of those losses." Letter from Sylvia M. Burwell, Secretary, HHS, to U.S. Senator Jeff Sessions (June 18, 2014).

71. On February 27, 2015, HHS's implementation of a final rule regarding HHS Notice of Benefit and Payment Parameters for 2016 (80 FR 10749), further confirmed that "HHS recognizes that the Affordable Care Act requires the Secretary to make full payments to issuers." 80 FR 10749, 10779 (Feb. 27, 2015).

72. On November 19, 2015, CMS issued a public announcement further confirming that "HHS recognizes that the Affordable Care Act requires the Secretary to make full payments to issuers," and stating that "HHS is recording those amounts that remain unpaid . . . as fiscal year 2015 obligation of the United States for which full payment is required." Bulletin, CMS, "Risk Corridors Payments for the 2014 Benefit Year" (Nov. 19, 2015).

73. On November 15, 2017, CMS announced the risk corridor payment and charge amounts for benefit year 2016. *See Exhibit 1*. CMS, Risk Corridors Payment and Charge Amounts for the 2016 Benefit Year (Nov. 15, 2017), *available at*

<https://www.cms.gov/CCIIO/Programs-and-Initiatives/Premium-Stabilization-Programs/Downloads/Risk-Corridors-Amounts-2016.pdf>

74. CMS calculated that it owed Plaintiffs collectively \$53,268,395.57 for the 2016 Benefit Year risk corridors payments. Specifically, CMS calculated that it owed Blue Cross Blue Shield of South Carolina \$21,882,021.95 and it owed BlueChoice Health Plan of South Carolina \$29,862,056 for the individual market and \$1,524,317.55 for the small group market. See Exhibit 1 at p. 17.

75. In *Maine Community Health Options*, the Supreme Court reversed the Federal Circuit’s ruling in *Moda Health Plan, Inc. v. United States*, 892 F.3d 1311 (Fed. Cir. 2018) and held that (1) “The Risk Corridors Statute created a government obligation to pay insurers the full amount set out in § 1342’s [statutory] formula” based on the statute’s “express terms and context” (*Maine Cmty.*, 140 S. Ct. at 1319-20); (2) the “shall pay” mandate in § 1342, on its “plain terms,” was a legally binding “obligation neither contingent on nor limited by the availability of appropriations or other funds” (*id.* at 1321, 1323); (3) Congress did not impliedly repeal the statutory payment obligation through later-enacted appropriations riders (*id.* at 1323-27); and (4) this Court has jurisdiction under the Tucker Act to award monetary damages against the government based on the “money-mandating” nature of the “shall pay” statutory payment obligation in § 1342 (*id.* at 1327-31).

76. Justice Sotomayor concluded that the Court’s 8-1 holding in *Maine Community Health Options* in favor of the health insurers “reflect[s] a principle as old as the Nation itself: The Government should honor its obligations.” *Id.* at 1331. The Court reversed the judgments of the Federal Circuit and remanded the four risk corridors cases before it for “further

proceedings consistent with this opinion.” *Id.* The Supreme Court’s decision in *Maine Community Health Options* is dispositive of the legal issues in this case.

COUNT I
Violation of Federal Statute and Regulation

77. Plaintiffs reallege and incorporate by reference all of the allegations contained in the preceding paragraphs as if fully set forth herein.

78. Section 1342(b)(1) of the ACA mandates compensation, expressly stating that the Secretary of HHS “shall pay” risk corridor payments to QHPs in accordance with the payment formula set forth in the statute.

79. HHS and CMS’s implementing regulation at 45 C.F.R. § 153.510(b) also mandates compensation, expressly stating that HHS “will pay” risk corridor payments to QHPs in accordance with the payment formula set forth in the regulation, which formula is mathematically identical to the formula in Section 1342(b)(1) of the ACA.

80. HHS and CMS’s regulation at 45 C.F.R. § 153.510(d) requires a QHP to remit charges to HHS within 30 days after notification of such charges.

81. HHS and CMS’s statements in the Federal Register on July 15, 2011, and March 23, 2012, state that risk corridor “payment deadlines should be the same for HHS and QHP issuers.” 76 FR 41929, 41943 (July 15, 2011); 77 FR 17219, 17238 (Mar. 23, 2012).

82. Plaintiffs were QHPs in CY 2016, and were qualified for and entitled to receive mandated risk corridor payments from the Government.

83. Plaintiffs are entitled under Section 1342(b)(1) of the ACA and 45 C.F.R. § 153.510(b) to recover full and timely mandated risk corridor payments from the Government for CY 2016.

84. Plaintiffs submitted data to CMS showing a total risk corridor receivable of \$53,268,395.57 for Plaintiffs collectively.

85. The United States has failed to make full and timely risk corridor payments to BCBSSC for CY 2016.

86. Congress's failure to appropriate sufficient funds for risk corridor payments due for CY 2016, without modifying or repealing Section 1342 of the ACA, did not defeat or otherwise abrogate the United States' statutory obligation created by Section 1342 to make full and timely risk corridor payments to QHPs, including Plaintiffs.

87. The Government's failure to make full and timely risk corridor payments to Plaintiffs for CY 2016 constitutes a violation and breach of the Government's mandatory payment obligations under Section 1342(b)(1) of the ACA and 45 C.F.R. § 153.510(b).

88. The Supreme Court's decision in *Maine Community Health Options* is dispositive of the legal issues in this case as the Government breached the identical statutory risk corridors payment obligations to BCBSSC in this case.

89. As a result of the United States' violation of Section 1342(b)(1) of the ACA and 45 C.F.R. § 153.510(b), Plaintiffs have been damaged in the amount of at least \$53,268,395.57, together with interest, costs of suit, and such other relief as this Court deems just and proper.

PRAYER FOR RELIEF

WHEREFORE, Plaintiffs demand judgment against the Defendant, the United States of America, as follows:

(1) Awarding damages sustained by Plaintiffs, in the amount of at least \$53,268,395.57, as a result of the Defendant's failure to make payments required by Section 1342(b)(1) of the ACA and of 45 C.F.R. § 153.510(b) regarding the CY 2016 risk corridor payments;

- (2) Awarding all available interest, including, but not limited to, post-judgment interest, to Plaintiffs;
- (3) Awarding all available attorneys' fees and costs to Plaintiffs; and
- (4) Awarding such other and further relief to Plaintiffs as the Court deems just and equitable.

Dated: August 14, 2020

Respectfully submitted,

McDERMOTT WILL & EMERY LLP

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EXHIBIT 1

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.

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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

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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

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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

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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

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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

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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

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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

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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

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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

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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

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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

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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

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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

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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

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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

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}
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

In The United States Court of Federal Claims

Cover Sheet

20-1014C

Plaintiff(s) or Petitioner(s)

Names: Blue Cross and Blue Shield of South Carolina and BlueChoice HealthPlan of South Carolina, Inc.Location of Plaintiff(s)/Petitioner(s) (city/state): Columbia, SC

(If this is a multi-plaintiff case, pursuant to RCFC 20(a), please use a separate sheet to list additional plaintiffs.)

Name of the attorney of record (See RCFC 83.1(c)): Ankur J. GoelFirm Name: McDermott Will & Emery LLP

Contact information for pro se plaintiff/petitioner or attorney of record:

Post Office Box: _____

Street Address: 500 North Capitol St NWCity-State-ZIP: Washington DC 20001Telephone & Facsimile Numbers: 202-756-8234E-mail Address: agoel@mwe.com

Is the attorney of record admitted to the Court of Federal Claims Bar?

 Yes NoNature of Suit Code: 125

Select only one (three digit) nature-of-suit code from the attached sheet.

Agency Identification Code: HHSNumber of Claims Involved: 1Amount Claimed: \$ 53,268,395

Use estimate if specific amount is not pleaded.

Bid Protest Case (required for NOS 138 and 140):

Indicate approximate dollar amount of procurement at issue: \$ _____

Is plaintiff a small business?

 Yes No

Was this action preceded by the filing of a protest before the GAO?

 Yes No GAO Solicitation No. _____

If yes, was a decision on the merits rendered?

 Yes No

Income Tax (Partnership) Case:

Identify partnership or partnership group: _____

Takings Case:

Specify Location of Property (city/state): _____

Vaccine Case:

Date of Vaccination: _____

Related Case:

Is this case directly related to any pending or previously filed case(s) in the United States Court of Federal Claims? If yes, you are required to file a separate notice of directly related case(s). See RCFC 40.2.

 Yes No