

IN THE UNITED STATES COURT OF FEDERAL CLAIMS

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* CClIO, 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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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	CoOportunity 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

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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

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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

