

IN THE UNITED STATES COURT OF FEDERAL CLAIMS

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MVP HEALTH PLAN, INC.,	:	
	:	
<i>Plaintiff,</i>	:	
	:	
v.	:	No. <u>20-757 C</u>
	:	
THE UNITED STATES,	:	
	:	
<i>Defendant.</i>	:	
	:	
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COMPLAINT

Plaintiff MVP Health Plan, Inc. (“MVP”) respectfully brings this action against Defendant, the United States of America (“Government” or “United States”), to recover money damages resulting from the Defendant’s failure to make full payments to MVP to compensate MVP for certain losses resulting from its sale of “Qualified Health Plans” for benefit years 2014, 2015, and 2016: (1) as required by Section 1342 of the Patient Protection and Affordable Care Act, 42 U.S.C. § 18062, and its implementing regulations, 45 C.F.R. Part 153; (2) in breach of implied-in-fact contracts between MVP and the Government; and (3) in breach of the covenant of good faith and fair dealing. In support of this action, MVP states as follows:

INTRODUCTION

1. The Patient Protection and Affordable Care Act of 2010, Pub. L. No. 111-148, 124 Stat. 119 (the “ACA”), was enacted on March 23, 2010 and brought sweeping changes to the health insurance and health care delivery systems in the United States.

2. These sweeping changes included, among other items, market reforms prohibiting health insurers from denying coverage or setting premiums based on health status or medical history; establishing “Health Insurance Marketplaces” or “Exchanges”; and providing financial

subsidies to uninsured or underinsured individuals to assist with the purchase of health insurance on the Marketplaces. Collectively, these changes created access to affordable health insurance for millions of previously uninsured Americans.

3. As a “first of its kind” legislation, the ACA’s sweeping changes to the health insurance and health care delivery systems came with much uncertainty.

4. For instance, the to-be-established Health Insurance Marketplaces needed buy in from (i.e., participation by) insurers to provide Qualified Health Plans (“QHPs”) to Health Insurance Marketplace enrollees.

5. The insurers, however, lacked sufficient data and experience in assessing the risks and setting premiums for this new population of insureds created by the ACA, including the number, health status, and health care needs of prospective enrollees in the to-be-formed Health Insurance Marketplaces. In other words, there was a vacuum of data then-available, which made it very difficult to accurately set premium rates for the QHPs provided through the Health Insurance Marketplaces.

6. In light of this uncertainty and to induce insurers to offer affordable QHPs on the Health Insurance Marketplaces, the Government created the following three premium stabilization programs:

- a. the temporary transitional reinsurance program (the “Reinsurance Program”), codified in 42 U.S.C. § 18061;
- b. the temporary risk corridors program (the “Risk Corridors Program”), codified in 42 U.S.C. § 18062; and
- c. the permanent risk adjustment program (the “Risk Adjustment Program”), codified in 42 U.S.C. § 18063.

7. Both the Reinsurance Program, which limited insurer costs associated with specific individuals, and the Risk Corridors Program, which protected against aggregate losses by the QHPs, were integral to the formation of the Health Insurance Marketplaces and operated for benefit years 2014, 2015, and 2016. (These benefit years matched their respective calendar years.)

8. The Centers for Medicare & Medicaid Services (“CMS”), which is part of the U.S. Department of Health and Human Services (“HHS”), is responsible for implementing the Risk Corridors Program. CMS explained that this program is designed to “protect against uncertainty in rate setting for qualified health plans by limiting the extent of issuers’ financial losses and gains.” CMS, Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2014, 78 Fed. Reg. 15,410, 15,411 (Mar. 11, 2013). This program is designed to permit issuers (i.e., insurers), such as MVP, “to lower rates by not adding a risk premium to account for perceived uncertainties in the [benefit years] 2014 through 2016 markets,” arising out of a population of new insureds about which the insurers lacked information. *Id.* at 15,413.

9. The Risk Corridors Program was also established, in part, to discourage participating insurers from creating or relying on excessively conservative cost estimates, which would have, in turn, resulted in increased premiums for the QHPs and would ultimately have increased the Government’s liability for premium tax credits aimed at assisting low-income individuals in purchasing a QHP. *See* 26 U.S.C. § 36B; 42 U.S.C. § 18071.

10. Under the Risk Corridors Program, the Government is required by statute and implementing regulation to pay certain amounts to participating insurers if their QHPs’ costs exceed designated target amounts during the first three years of operation of the Health Insurance Marketplaces (i.e., in benefit years 2014, 2015, and 2016).

11. Specifically, pursuant to 42 U.S.C. § 18062(b)(1)(A), if a participating plan's "allowable costs" for any plan (i.e., benefits) year (2014, 2015 and/or 2016) are between 103 and 108 percent of the designated target amount, the Government must pay the plan 50 percent of the amount in excess of 103 percent of the designated target amount. The ACA defines: (a) "allowable costs" as "an amount equal to the total costs (other than administrative costs) of the plan in providing benefits covered by the plan;" and (b) "target amount" as "an amount equal to the total premiums (including any premium subsidies under any governmental program), reduced by the administrative costs of the plan." 42 U.S.C. § 18062(c).

12. Additionally, if a participating plan's allowable costs for any plan year exceed 108 percent of the designated target amount, 42 U.S.C. § 18062(b)(1)(B) mandates that the Government pay the plan the sum of 2.5 percent of the designated target amount plus 80 percent of allowable costs in excess of 108 percent of the designated target amount.

13. In turn, 42 U.S.C. § 18062(b)(2)(A) provides for a separate and distinct fixed formula if 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. In that situation, the insurer must pay to the Government an amount equal to "50 percent of the excess of 97 percent of the target amount over the allowable costs."

14. If a participating plan's allowable costs for any plan year are less than 92 percent of the target amount, the insurer must pay to the Government 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)(2)(B).

15. Plaintiff MVP has been a long-time leader in the health care field and is a nationally-recognized, regional not-for-profit health plan, committed to having a positive impact on the health and wellness of the members it serves.

16. Consistent with its commitment to innovation and access to quality health care, and relying on the existence of the Risk Corridors, Risk Adjustment and Reinsurance Programs, MVP embraced the ACA, became a leading private sector partner in the implementation of that law, and was one of the first health plans to establish, price, sell, and issue QHPs for enrollees in the New York and Vermont Health Insurance Marketplaces.

17. MVP 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 (e.g., in Federal Register notices, announcements to ACA insurers, and public statements) provided by CMS and HHS, MVP understood and relied on the fact that, under the Risk Corridors Program, the Government would annually share in MVP's losses and profits (including through statutory payments by the Government to insurers under 42 U.S.C. § 18062(b)(1)) from the sale of QHPs during benefit years 2014, 2015, and 2016.

18. To this day, MVP continues to provide leading healthcare coverage to New Yorkers and Vermonters through each state's Health Insurance Marketplace.

19. Currently, MVP is the third largest issuer of QHPs in the State of New York and is one of two issuers of QHPs in the State of Vermont.

20. During benefit years 2014 and 2015, MVP made Risk Corridors payments to HHS/CMS for its New York individual market QHPs because, under the formulas referenced above, MVP was profitable and required to make such payments.

21. During benefit year 2015, MVP neither made payments to HHS/CMS nor received payments from HHS/CMS for its Vermont individual market QHPs and small group QHPs because, under the formulas referenced above, MVP did not qualify for any payments to or from the Government.

22. Both before and after MVP decided to offer QHPs in the New York and Vermont Health Insurance Marketplaces, CMS and HHS repeatedly acknowledged that “the Affordable Care Act requires the [HHS] Secretary to make full [Risk Corridors] payments to issuers.” CMS, Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2016, 80 Fed. Reg. 10,750, 10,779 (Feb. 27, 2015); *see* 78 Fed. Reg. at 15,473 (March 11, 2013) (“Regardless of the balance of payments and receipts, HHS will remit payment as required under Section 1342 of the Affordable Care Act.”).

23. Despite the unequivocal mandate in the ACA (and its implementing regulations) that the United States must reimburse issuers for certain losses, the United States has not paid MVP in full for the Government’s share of MVP’s Risk Corridors losses for benefit years 2014, 2015, and 2016.

24. MVP now seeks recovery for amounts due and owing to MVP from the Government pursuant to the mandatory payment obligations established through the Risk Corridors Program, and contained in ACA Section 1342, 42 U.S.C. § 18062, and in its implementing regulations. *See, e.g.*, 45 C.F.R. § 153.510.

THE PARTIES

25. Plaintiff MVP is a New York not-for-profit corporation with a principal place of business at 625 State Street, Schenectady, New York 12305. MVP is an issuer of QHPs for the

official health plan marketplace of the State of New York (“NY State of Health”) and the official health plan marketplace of the State of Vermont (“Vermont Health Connect”).

26. Defendant is the United States acting through HHS, including CMS, which are agencies of the Defendant responsible for implementing and overseeing the federal administration of the ACA.

JURISDICTION

27. This Court has exclusive subject matter jurisdiction over this matter pursuant to 28 U.S.C. § 1491(a)(1) (the “Tucker Act”) because MVP brings claims for damages over \$10,000 against the United States founded upon the Government’s violations of, breaches of and failures to comply with a money-mandating Act of Congress, *see* 42 U.S.C. § 18062, a money-mandating regulation of an executive department, *see* 45 C.F.R. § 153.510, and implied-in-fact contracts with the United States.

28. The Risk Corridors statute (and its implementing regulations), under which Plaintiff’s claims arise, mandate compensation for damages (as do the implied-in-fact contracts), and no exception to Tucker Act jurisdiction applies.

FACTUAL BACKGROUND

I. The Patient Protection and Affordable Care Act and its Implementing Regulation

29. As noted, the ACA was enacted on March 23, 2010 and brought sweeping changes to the health insurance and health care delivery systems in the United States.

30. As part of the ACA, Congress authorized the creation of various programs to facilitate the formation and operation of Health Insurance Marketplaces or “Exchanges” to allow insurers, such as MVP, to offer QHPs, and to allow individuals or small groups to purchase QHPs.

31. The establishment of the new Health Insurance Marketplaces, codified in 42 U.S.C. § 18031, provided consumers with organized platforms to compare and shop for health insurance coverage at varying benefit levels.

32. Health plans offering insurance through Health Insurance Marketplaces were designated as QHPs.

33. CMS has explained that, in protecting against aggregate losses, the Risk Corridors Program was designed so that “the Federal Government and [issuers of QHPs would] share in profits or losses resulting from inaccurate rate setting from 2014 through 2016.” 78 Fed. Reg. at 15,412.

34. Specifically, 42 U.S.C. § 18062(b)(1) provides a mandatory formula in which issuers of QHPs (i.e., insurers) whose losses exceed a threshold amount would have a portion of those losses reimbursed by the Government (“Payments Out”).

35. In this regard, 42 U.S.C. § 18062(b)(1) provides:

(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. [Emphasis added.]

36. In addition, 42 U.S.C. § 18062(b)(2) provides for a separate and distinct fixed formula in which issuers of QHPs, whose profits exceed a threshold amount (i.e., through their

allowable costs being less than certain target amounts), would pay a portion of those profits to the Government (“Payments In”).

37. In this regard, 42 U.S.C. § 18062(b)(2) provides:

(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. [Emphasis added.]

38. Nothing in the language or structure of 42 U.S.C. § 18062 links “Payments Out” with “Payments In.”

39. Therefore, the statutory formulas for calculating “Payments Out” and “Payments In” to individual issuers (i.e., insurers) of QHPs are separate, distinct, and independent of each other.

40. Moreover, after Congress enacted the ACA, the Government promulgated Risk Corridors Program regulations contained in 45 C.F.R. Part 153. More specifically, HHS and CMS implemented the Risk Corridors Program through regulations contained in 45 C.F.R. Part 153, Subpart F.

41. 45 C.F.R. Part 153, Subpart F contains substantially identical language to the mandatory language and the statutory formulas contained in 42 U.S.C. § 18062(b).

42. Specifically, 45 C.F.R. § 153.510(b) states:

(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. [Emphasis added.]

43. Nothing in 45 C.F.R. Part 153 limits CMS's obligation to pay issuers of QHPs the full amount of Risk Corridors payments.

44. As such, the language contained in 42 U.S.C. § 18062(b) and 45 C.F.R. § 153.510(b) both create a mandatory obligation on the Government to pay issuers of QHPs under certain delineated circumstances, which apply here.

45. Specifically, pursuant to 42 U.S.C. § 18062(b)(1)(A) and 45 C.F.R. § 153.510(b)(1), if a participating plan's allowable costs for any plan year are between 103 and 108 percent of the designated target amount, the Government must pay the plan 50 percent of the amount in excess of 103 percent of the designated target amount.

46. Additionally, if a participating plan's allowable costs for any plan year exceed 108 percent of the designated target amount, 42 U.S.C. § 18062(b)(1)(B) and 45 C.F.R. § 153.510(b)(2) mandate that the Government pay to the plan the sum of 2.5 percent of the designated target amount plus 80 percent of allowable costs in excess of 108 percent of the designated target amount.

II. MVP's Participation in the New York and Vermont Marketplaces

47. With the Government's statutory commitment (e.g., through the Risk Corridors Program) to cover certain losses associated with an insurer's participation in state marketplaces in place, and relying on the same, MVP became one of the first health plans to establish, price, sell, and issue QHPs for enrollees in the New York and Vermont Health Insurance Marketplaces.

A. New York's Health Insurance Marketplace

48. NY State of Health, the official Health Insurance Marketplace of the State of New York, was established in 2012 (the "New York Marketplace").

49. In New York, MVP has been an issuer of QHPs since benefit year 2014, the first year of operation for the New York Marketplace.

50. On October 3, 2013, MVP entered into a QHP Issuer Agreement with the New York State Department of Health (the "First NY QHP Agreement") covering October 1, 2013 to December 31, 2018. On December 24, 2015, MVP entered into a second QHP Issuer Agreement with the New York State Department of Health (the "Second NY QHP Agreement") (together, the "NY QHP Agreements"), which covered November 1, 2015 to December 31, 2020 and superseded the First NY QHP Agreement.

51. The NY QHP Agreements allowed MVP to participate in the New York Marketplace and made MVP eligible without limitation for the Risk Corridors program.

52. MVP offered, sold, and issued QHPs to individuals and small groups during the "open enrollment" period beginning on October 1, 2013, for health insurance coverage effective January 1, 2014 and covering benefit year 2014.

53. MVP offered, sold, and issued QHPs to individuals and small groups during the “open enrollment” period beginning on November 15, 2014, for health insurance coverage effective January 1, 2015 and covering benefit year 2015.

54. MVP offered, sold, and issued QHPs to individuals and small groups during the “open enrollment” period beginning on November 1, 2015, for health insurance coverage effective January 1, 2016 and covering benefit year 2016.

55. During benefit years 2014, 2015, and 2016, MVP complied with its obligations under Section 1342 as well as 45 C.F.R. Part 153 (including Section 153.530 thereunder), and submitted all required data for Risk Corridors calculations for its New York QHPs by the deadline.

56. By offering, selling, and issuing QHPs through the New York Marketplace in benefit years 2014, 2015, and 2016, MVP was subject to the Payments Out formula codified in 42 U.S.C. § 18062(b)(1) and 45 C.F.R. § 153.510(b).

B. Vermont’s Health Insurance Marketplace

57. Vermont Health Connect, the official Health Insurance Marketplace of Vermont was established in 2012.

58. In Vermont, MVP has been an issuer of QHPs since benefit year 2014, the first year of operation for the Vermont Marketplace.

59. On September 3, 2013, MVP entered into an Agreement with the Vermont Department of Health (the “VT QHP Agreement”) covering the period from August 30, 2013 to December 31, 2014. The VT QHP Agreement was subsequently amended to extend its period of performance through December 31, 2017.

60. The VT QHP Agreement allowed MVP to participate in the Vermont Health Connect and made MVP eligible without limitation for the Risk Corridors program.

61. In Vermont, MVP offered, sold, and issued QHPs to individuals and small groups during the “open enrollment” period beginning on October 1, 2013, for health insurance coverage effective January 1, 2014 and covering benefit year 2014.

62. MVP offered, sold, and issued QHPs to individuals and small groups during the “open enrollment” period beginning on November 15, 2014, for health insurance coverage effective January 1, 2015 and covering benefit year 2015.

63. MVP offered, sold, and issued QHPs to individuals and small groups during the “open enrollment” period beginning on November 1, 2015, for health insurance coverage effective January 1, 2016 and covering benefit year 2016.

64. During benefit years 2014, 2015, and 2016, MVP complied with its obligations under Section 1342 as well as 45 C.F.R. Part 153 (including Section 153.530 thereunder), and submitted all required data for Risk Corridors calculations for its Vermont QHPs by the deadline.

65. By offering, selling, and issuing QHPs through the Vermont Marketplace in benefit years 2014, 2015, and 2016, MVP was subject to 42 U.S.C. § 18062 and 45 C.F.R. Part 153.

66. By offering, selling, and issuing QHPs through the Vermont Marketplace in program (i.e., benefits) years 2014, 2015, and 2016, MVP was subject to the Payments Out formula in 42 U.S.C. § 18062(b)(1) and 45 C.F.R. § 153.510(b).

III. The Government Failed to Make the Required Full Risk Corridors Payments

67. Since its enactment, Congress has considered proposed amendments to, and repeal of, the Risk Corridors Program, but 42 U.S.C. § 18062 has not been amended, modified or repealed.

68. Instead, Congress has sought to limit funding for the Risk Corridors Program through subsequent appropriation bills.

69. For instance, on December 16, 2014, Congress passed the Consolidated and Further Continuing Appropriations Act, 2015, Pub. L. No. 113-235, 128 Stat. 2130 (2014) (the “2015 Appropriations Act”).

70. Section 227 of the 2015 Appropriations Act (128 Stat. 2491) limited funding for the Payments Out under the Risk Corridors Program by directing that:

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 [42 U.S.C. § 18062(b)(1)] (relating to risk corridors).

71. The 2015 Appropriations Act did not amend, modify or repeal 42 U.S.C. § 18062 and therefore did not amend, modify or repeal the mandatory statutory formulas or the Government’s mandatory obligation of payment thereunder (i.e., “Payment Out”), established by 42 U.S.C. § 18062.

72. On December 18, 2015, Congress passed the Consolidated Appropriations Act, 2016, Pub. L. No. 114-113, 129 Stat. 2242 (2015) (the “2016 Appropriations Act”).

73. In Section 225 of the 2016 Appropriations Act (129 Stat. 2624), Congress used the language from the 2015 Appropriations Act and again limited funding sources for the Payments Out made under the Risk Corridors Program by specifying that:

SEC. 225. 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 [42 U.S.C. § 18062(b)(1)] (relating to risk corridors).

74. Like its 2015 predecessor, the 2016 Appropriations Act did not amend, modify or repeal 42 U.S.C. § 18062 and, thus, the 2016 Appropriations Act did not amend, modify or repeal

the mandatory statutory formulas or the Government's mandatory obligation of payment thereunder (i.e., "Payment Out"), established by 42 U.S.C. § 18062.

75. On May 5, 2017, Congress passed the Consolidated Appropriations Act, 2017, Pub. L. No. 115-31, 131 Stat. 135 (2017) (the "2017 Appropriations Act").

76. Again, Section 223 of the 2017 Appropriations Act (131 Stat. 543), included substantially identical language from the 2015 and 2016 Appropriations Acts directing that:

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 Services—Program Management" account, may be used for payments under section 1342(b)(1) of Public Law 111-148 [42 U.S.C. § 18062(b)(1)] (relating to risk corridors).

77. Once again, the 2017 Appropriations Act did not amend, modify or repeal 42 U.S.C. § 18062 and, therefore, the 2017 Appropriations Act did not amend, modify or repeal the mandatory statutory formulas or the Government's mandatory obligation of payment thereunder (i.e., "Payment Out"), established by 42 U.S.C. § 18062.

78. The 2015, 2016, and 2017 Appropriations Acts (collectively, the "Appropriations Acts") did not use language specifying that 42 U.S.C. § 18062 "shall not take effect" or any similar language.

79. The Appropriations Acts did not purport to suspend 42 U.S.C. § 18062 prospectively.

80. The Appropriations Acts did not foreclose funds from "any other Act" "notwithstanding" the money-mandating text of 42 U.S.C. § 18062.

81. The Appropriations Acts did not include provisions that reformed the statutory payment formulas in a way that would be irreconcilable with the original statutory formula.

IV. The Risk Corridors Program Established Mandatory Government Payment Obligations

82. The Risk Corridors Program statute created mandatory obligations on the Government.

83. As written, the plain language of 42 U.S.C. § 18062 uses mandatory commands requiring certain actions by the Government.

84. Specifically, 42 U.S.C. § 18062(a) states:

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. § 1395w-101 et seq.]. [Emphasis added.]

85. Moreover, 42 U.S.C. § 18062(b)(1) established a mandatory payment methodology, which states:

(3) 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. [Emphasis added.]

86. Nothing in 42 U.S.C. § 18062 requires the Risk Corridors Program to be budget neutral.

87. To date, the Government has not amended or modified 42 U.S.C. § 18062.

88. To date, Government has not expressly repealed 42 U.S.C. §18062.

89. To date, Government has not repealed 42 U.S.C. § 18062 by implication.

90. Additionally, nothing in 45 C.F.R. Part 153 limits HHS'/CMS' obligation to pay issuers of QHPs the full amount of Risk Corridors payments.

91. Specifically, 45 C.F.R. § 153.510(b), which requires the same mandatory payments by the Government to issuers as mandated in 42 U.S.C. § 18062(b), states:

(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. [Emphasis added]

92. To date, the Government has not amended or modified 45 C.F.R. § 153.510(b).

93. To date, Government has not expressly repealed 45 C.F.R. § 153.510(b).

94. To date, Government has not repealed 45 C.F.R. § 153.510(b) by implication.

V. MVP Has Suffered Substantial Harm Due to the Government's Refusal to Pay MVP the Mandatory Risk Corridors Amounts Owed

95. 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." 78 Fed. Reg. at 15,473.

96. In February 2015, HHS explained that it "recognizes that the Affordable Care Act requires the Secretary to make full payments to issuers." 80 Fed. Reg. at 10,779. 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.*

97. MVP decided to participate in the individual and small group markets by selling QHPs on the New York and Vermont Exchanges. In making this decision, and in designing and pricing its QHPs, MVP relied on the Government’s representations, including in the above-referenced statutes, regulations and Federal Register notices, that the Government would share in the risk of providing universal QHP coverage on the Exchanges by making annual payments (as required by 42 U.S.C. § 18062(b)(1)) to MVP under the Risk Corridors program.

98. For the entire duration of the Risk Corridors Program, MVP upheld its obligations as an issuer of QHPs for the State of New York and the State of Vermont under all relevant statutes and regulations.

99. In each year of the Risk Corridors Program, MVP incurred significant losses on at least one of its QHPs, qualifying for mandatory payments by the Government under the Payments Out provisions of 42 U.S.C. § 18062(b)(1) and 45 C.F.R. § 153.510(b).

A. New York Marketplace: Payments In and Payments Out

100. In November 2015, CMS advised that, pursuant to the mandatory statutory formula contained in 42 U.S.C. § 18062(b)(2), MVP was required to make a Payment In to the Government of \$3,547,343.87 for its 2014 New York individual market QHPs. *See* CMS, Risk Corridors Payment and Charge Amounts for Benefit Year 2014 (Nov. 19, 2015) (attached hereto as **Exhibit 1**) (hereinafter, “Benefit Year 2014 Issuer Report”).

101. MVP timely made a Payment In of \$3,547,343.87 to the Government pursuant to 42 U.S.C. § 18062(b)(2).

102. In November 2015, CMS announced, pursuant to the mandatory statutory formula contained in 42 U.S.C. § 18062(b)(1); *see* 45 C.F.R. § 153.510(b), MVP's entitlement to receive a Payment Out in the amount of \$1,550,702.41 for its 2014 New York small group market QHP losses. *See* Exhibit 1 (Benefit Year 2014 Issuer Report). That same day, CMS issued Risk Corridors guidance stating that MVP would be paid only about 12.6% of what it was owed under the program for benefit year 2014. *See* CMS, *Risk Corridors Payments for the 2014 Benefit Year* (Nov. 19, 2015), (attached hereto as **Exhibit 2**) (hereinafter, "Risk Corridors Guidance"). CMS advised that it was "recording those amounts that remain unpaid," i.e., about 87.4% of what is owed to MVP for benefit year 2014, or \$1,355,036.85 for MVP, "as fiscal year 2015 obligation[s] of the United States Government for which full payment is required." *Id.*

103. In summary, for the deficit of its 2014 New York small group market QHPs, MVP was owed a payment of \$1,550,702.41 by the Government pursuant to 42 U.S.C. § 18062(b)(1). However, the Government only made a payment to MVP of \$195,665.56, equivalent to approximately 12.6% of the amount owed, which (at that time) left a balance owed by the Government to MVP of \$1,355,036.85.

104. The Government made additional payments to MVP towards the 2014 NY small group market QHP Losses in 2016 and 2017. In November 2016, the Government announced that it would make a payment of \$51,511.72 towards MVP's 2014 small group market QHP losses. *See* CMS, *Risk Corridors Payment and Charge Amounts for the 2015 Benefit Year* (Nov. 18, 2016), (attached hereto as **Exhibit 3**) (hereinafter, "Benefit Year 2015 Issuer Report"). In November 2017, CMS announced that it would make a payment of \$13,489.22 towards MVP's 2014 small group market QHP losses. *See* CMS, *Risk Corridors Payment and Charge Amounts for the 2016 Benefit Year* (Nov. 15, 2017), (attached hereto as **Exhibit 4**) (hereinafter, "Benefit

Year 2016 Issuer Report”). With these payments made, to date, the Government owes \$1,290,035.91 towards MVP’s 2014 NY small group market QHP Losses.

105. Pursuant to the mandatory statutory formula contained in 42 U.S.C. § 18062(b)(2), MVP was required to make a Payment In to the Government in the amount of \$2,414,553.41 for its 2015 New York individual market QHPs. *See Exhibit 3 (Benefit Year 2015 Issuer Report).*

106. MVP timely made a “Payment In” of \$2,414,553.41 to the Government pursuant to 42 U.S.C. § 18062(b)(2).

107. In November 2016, pursuant to the mandatory statutory formula contained in 42 U.S.C. § 18062(b)(1), *see* 45 C.F.R. § 153.510(b), CMS announced MVP’s entitlement to a Payment Out of \$1,447,961.39 for its 2015 New York small group market QHP losses. *See Exhibit 3 (Benefit Year 2015 Issuer Report).* However, CMS advised that “all 2015 benefit year collections would be used toward remaining 2014 benefit year risk corridors payments, and that no funds would be available at this time for 2015 benefit year risk corridors payments.” *Id.*

108. In November 2017, pursuant to the mandatory statutory formula contained in 42 U.S.C. § 18062(b)(1); *see* 45 C.F.R. § 153.510(b), CMS announced MVP’s entitlement to a Payment Out of: (i) \$5,120,950.13 for its 2016 New York individual market QHPs, and (ii) \$1,162,229.18 for its 2016 New York small group market QHPs. *See Exhibit 4 (Benefit Year 2016 Issuer Report).* However, CMS advised that no payments would be made toward 2016 benefit year balances because “HHS will use 2016 benefit year risk corridors collections to make additional payments toward 2014 benefit year payment balances.” *Id.*

109. To date, the Government owes a remaining \$1,290,035.91 toward MVP’s 2014 NY small group QHP Losses.

110. To date, the Government owes \$1,447,961.39 toward MVP's 2015 NY small group losses.

111. To date, the Government owes \$5,120,950.13 toward MVP's 2016 NY individual market losses.

112. To date, the Government owes \$1,162,229.18 toward MVP's 2016 NY small group losses.

113. Therefore, the total of the above amounts (i.e., \$9,021,176.61), remains due and owing from the Government to MVP for its participation as an issuer of QHPs for the New York Marketplace pursuant to the Risk Corridors Program for program (i.e., benefits) years 2014, 2015, and 2016.

B. Vermont Marketplace: Payments Out by the Government

114. In November 2015, pursuant to the mandatory statutory formula contained in 42 U.S.C. § 18062(b)(1); *see* 45 C.F.R. § 153.510(b), CMS announced MVP's entitlement to a Payment Out of: (i) \$918,153.01 for its 2014 Vermont individual market QHPs, and (ii) \$644,843.45 for its Vermont small group market QHPs (collectively, these two amounts are referred to as MVP's "2014 VT Losses," which are further adjusted as explained below). *See* Exhibit 1 (Benefit Year 2014 Issuer Report). However, CMS stated that MVP would be paid only about 12.6% (i.e., \$197,216.81) of what it was owed under the program for benefit year 2014. *Id.* CMS advised that it was "recording those amounts that remain unpaid," i.e., about 87.4% of what is owed for benefit year 2014, or \$1,365,779.65 for MVP, "as fiscal year 2015 obligation[s] of the United States Government for which full payment is required." Exhibit 2 (Risk Corridors Guidance).

115. The Government made additional payments to MVP towards MVP's 2014 VT Losses in 2016 and 2017. In November 2016, CMS announced that it would make a payment of \$51,920.11 towards MVP's benefit year 2014 VT Losses. *See* Exhibit 3 (Benefit Year 2015 Issuer Report). In November 2017, CMS announced that it would make a payment of \$13,596.16 towards MVP's benefit year 2014 VT losses. *See* Exhibit 4 (Benefit Year 2016 Issuer Report). With these payments made, to date, the Government owes \$1,300,263.38 to MVP for its 2014 VT Losses.

116. Pursuant to the mandatory statutory formula contained in 42 U.S.C. § 18062(b); *see* 45 C.F.R. § 153.510(b) & (c), MVP was not entitled to a Payment Out or required to make a Payment in for its 2015 Vermont individual market and small group QHPs. *See* Exhibit 3 (Benefit Year 2015 Issuer Report).

117. In November 2017, pursuant to the mandatory statutory formula contained in 42 U.S.C. § 18062(b)(1); *see* 45 C.F.R. § 153.510(b), CMS announced MVP's entitlement to a Payment Out of: (i) \$257,849.50 for its 2016 Vermont individual market QHPs, and (ii) \$226,463.69 for its 2016 Vermont small group market QHPs. *See* Exhibit 4 (Benefit Year 2016 Issuer Report). However, CMS advised that no payments would be made toward 2016 benefit year balances because "HHS will use 2016 benefit year risk corridors collections to make additional payments toward 2014 benefit year payment balances." *Id.*

118. To date, the Government owes a remaining \$1,300,263.38 towards MVP's 2014 VT Losses.

119. To date, the Government owes \$257,849.50 toward MVP's 2016 VT individual market QHP losses.

120. To date, the Government owes \$226,463.69 toward MVP's 2016 VT small group QHP losses.

121. Therefore, the total of the above amounts (i.e., \$1,784,576.57) remains due and owing from the Government to MVP for its participation as an issuer of QHPs for the Vermont Marketplace pursuant to the Risk Corridors Program for program (i.e., benefits) years 2014, 2015, and 2016.

C. Total Risk Corridor Payments Owed by the Government to MVP

122. A grand total of \$10,805,753.18 is owed by the Government to MVP for Risk Corridors payments for benefit years 2014, 2015, and 2016 for New York (i.e., \$9,021,176.61) and Vermont (i.e., \$1,784,576.57).

VI. The Supreme Court's Decision in *Maine Community Health Options*

123. On April 27, 2020, the Supreme Court decided *Maine Community Health Options v. United States*, 140 S. Ct. 1308 (2020). The Supreme Court ruled, *inter alia*, that ACA § 1342, 42 U.S.C. § 18062, created a Government obligation to pay insurers the full amount set out in section 1342's Risk Corridors formula, Congress did not repeal that obligation through appropriations riders (or the Appropriations Acts), and insurers may collect such payments through damages actions in the Court of Federal Claims. *See* 140 S. Ct. at 1323, 1331.

COUNT I
VIOLATION OF STATUTORY AND REGULATORY
MANDATE TO MAKE RISK CORRIDORS PAYMENTS

124. MVP realleges and incorporates by reference the preceding paragraphs as if fully set forth herein.

125. Section 1342(a) of the ACA, codified in 42 U.S.C. § 18062(a), provides that the HHS Secretary “shall establish and administer” the Risk Corridors Program from 2014 to 2016.

126. Section 1342(b)(1) of the ACA, codified in 42 U.S.C. § 18062(b)(1), mandates compensation, expressly stating that the Secretary of HHS “shall provide” for payments according

to a specific statutory formula and “shall pay” Risk Corridors Program payments to issuers of QHPs (i.e., insurers) in accordance with the payment formula set forth in the statute.

127. HHS’ and CMS’ implementing regulation, 45 C.F.R. § 153.510(b), also mandates the same compensation, expressly stating that HHS “will pay” Risk Corridors Program payments to issuers of QHPs (i.e., insurers) in accordance with the payment methodology set forth in the regulation.

128. The payment methodology set forth in 45 C.F.R. § 153.510(b) is substantively identical to the payment methodology in 42 U.S.C. § 18062(b)(1).

129. For New York and for Vermont, MVP was an issuer of QHPs in benefit years 2014, 2015, and 2016, and was qualified for and entitled to receive mandated Risk Corridors Program payments from the Government.

130. MVP satisfied all statutory and regulatory requirements for participation in and payments under the Risk Corridors Program in program (i.e., benefit) years 2014, 2015, and 2016.

131. MVP is entitled under 42 U.S.C. § 18062(b)(1) and 45 C.F.R. § 153.510(b) to recover full Risk Corridors Program payments from the Government for benefit years 2014, 2015, and 2016.

132. HHS and CMS acknowledged and published the full Risk Corridors Program payment amounts (the components of which are established and described above), *see* Exhibits 1, 3, and 4, which total \$10,805,753.18, that the Government concedes it owes MVP for benefit years 2014, 2015, and 2016.

133. The Government has failed to make full Risk Corridors Program payments to MVP for benefit years 2014, 2015, and 2016, despite the Government confirming that 42 U.S.C. §

18062(b)(1) mandates that the Government make Risk Corridors Program payments, and that the Government owes MVP the full amounts for each of benefit years 2014, 2015, and 2016.

134. Congress' subsequent attempts to limit funding sources for Risk Corridors Program payments due for benefit years 2014, 2015, or 2016 through the Appropriations Acts without amending, modifying or repealing 42 U.S.C. § 18062, did not and could not defeat or otherwise abrogate the Government's statutory obligation created by 42 U.S.C. § 18062 to make full and timely Risk Corridors Program payments to issuers of QHPs, including MVP.

135. The Government's failure to make full and timely Risk Corridors Program payments to MVP for benefit years 2014, 2015, and 2016 constitutes a violation of, breach of, and failure to comply with the Government's mandatory obligations under 42 U.S.C. § 18062(b)(1) and 45 C.F.R. § 153.510(b).

136. As a result of the Government's violation of 42 U.S.C. § 18062(b)(1) and 45 C.F.R. § 153.510(b), MVP has been damaged in the amount of at least \$10,805,753.18, which represents amounts still owed to MVP by the Government under the Risk Corridors Program for benefit years 2014, 2015, and 2016 for New York and Vermont.

COUNT II
BREACH OF IMPLIED-IN-FACT CONTRACTS

137. MVP realleges and incorporates by reference the preceding paragraphs as if fully set forth herein.

138. MVP entered into valid implied-in-fact contracts with the Government regarding its obligation, which MVP relied upon in deciding to contract, to make full and timely payments under the Risk Corridors Program in exchange for MVP becoming a QHP issuer and offering, selling and providing QHPs in New York and Vermont in each of benefit years 2014, 2015, and 2016.

139. The Government made unambiguous offers to contract with MVP, provided that MVP fulfilled certain criteria, which MVP could and did accept by performance.

140. Specifically, ACA Section 1342 (and its implementing regulations) authorized HHS to enter into contracts with QHP issuers, whereby the QHP issuer agreed to offer, sell and provide QHPs in Health Insurance Marketplaces during benefit years 2014, 2015, and 2016, and the United States agreed to make Risk Corridors payments to QHP issuers if the QHP issuer experienced QHP losses (as MVP did) above certain thresholds during benefit years 2014, 2015, and 2016. HHS's Notices of Benefit and Payment Parameters, for example, represented an offer to MVP that if MVP 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 MVP, pursuant to specific statutory formulas, for a share of its losses if its allowable costs were: (i) "more than 103 percent but not more than 108 percent of the target amount," or (ii) "more than 108 percent of the target amount." 42 U.S.C. § 18062(b)(1)(B); *accord* 45 C.F.R. § 153.510(b).

141. ACA Section 1342, 42 U.S.C. § 18062, and its implementing regulations (plus other agency pronouncements), constitute an objective manifestation of the Government's intent to contract with insurers, such as MVP.

142. By complying with its obligations under Section 1342 as well as 45 C.F.R. Part 153, and submitting all required data for Risk Corridors calculations by the deadline, *see, e.g.*, 45 C.F.R. § 153.530, MVP accepted the Government's offer and thereby manifested its assent in the manner required by the ACA (and its implementing regulations).

143. There were implied-in-fact contracts between MVP and the Government.

144. The implied-in-fact contracts were 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(s); Andrew Slavitt, Administrator of CMS, and his predecessors in that position; and/or other CMS and HHS officials, all of whom had actual authority to bind the Government, and were entered into with mutual assent and consideration by the parties.

145. MVP satisfied and complied with its obligations and/or conditions that existed under the implied-in-fact contracts.

146. Pursuant to the implied-in-fact contracts for New York and Vermont for benefit years 2014, 2015 and 2016, the Government owes at least \$10,805,753.18 to MVP.

147. On behalf of the Government, CMS and HHS have acknowledged their obligation to render full Risk Corridors payments for benefit years 2014, 2015, and 2016.

148. MVP is entitled to damages equal to the benefit of its bargain with the Government, i.e., reimbursement as alleged herein of at least \$10,805,753.18. The Government breached its implied-in-fact contracts with MVP by failing to pay the full amounts owed for benefit years 2014, 2015, and 2016 in accordance with the terms of the Risk Corridors Program as implemented by statute and regulation. MVP has not been paid these amounts owed by the Government for benefit years 2014, 2015, and 2016, which has resulted in injury and damages to it as a result of the Government's breach of its implied-in-fact contractual obligations.

149. The above circumstances establish mutuality of intent to contract, consideration, lack of ambiguity in offer and acceptance, and actual or apparent authority (or ratification of such authority) upon the part of Government actors to bind the Government with respect to Risk Corridors Payments. The implied-in-fact contracts were founded upon a meeting of the minds and

entered into with mutual assent, and are further confirmed by the statements, actions and performance of the parties. Accordingly, the Government owes damages to MVP for breach of implied-in-fact contracts of at least \$10,805,753.18.

COUNT III
**BREACH OF IMPLIED COVENANT OF
GOOD FAITH AND FAIR DEALING**

150. MVP realleges and incorporates by reference the preceding paragraphs as if fully set forth herein.

151. A covenant of good faith and fair dealing is implied in every contract, express or implied-in-fact, including those with the Government, and imposes obligations on both contracting parties that include a duty to refrain from doing anything (through, e.g., acts or omissions to act) that would destroy, injure or interfere with the reasonable expectations of the other party's right to receive the benefits of the contract.

152. The implied-in-fact contracts entered into by and between the Government and MVP regarding MVP's participation as an issuer of QHPs under the ACA for New York and Vermont during benefit years 2014, 2015, and 2016 created the reasonable expectation for MVP that the Government would make full and timely Risk Corridors Program payments, which MVP relied on as a critical part of the contractual consideration, just as the Government expected that issuers of QHPs would fully and timely make (and MVP did fully and timely make) the "Payments In" to the Government under the Risk Corridors Program.

153. By failing to make full and timely Risk Corridors Program payments to MVP, the Government has destroyed, injured and interfered with MVP's reasonable expectations regarding the fruits of the implied-in-fact contracts, in breach of the implied covenant of good faith and fair dealing existing therein.

154. The Government breached the implied covenant of good faith and fair dealing by, among other actions:

- a. promising through statute, regulation and otherwise to make the Risk Corridors Program payments in the amounts specified, but subsequently failing to do so and instead making only partial, pro-rated Risk Corridors payments to issuers of QHPs;
- b. publicly making statements that the Government would make full Risk Corridors Program payments to issuers of QHPs, which MVP relied on in agreeing to become an issuer of QHPs and to participate in the New York and Vermont Marketplaces, *see, e.g.*, 78 Fed. Reg. at 15,473, but then failing to make full Risk Corridors Program payments after MVP had relied on the statements and performed the QHP Agreements;
- c. legislatively targeting and limiting funding sources for Risk Corridors Program payments through the passage of the Appropriations Acts after MVP had undertaken significant expense in performing its obligations as an issuer of QHPs in the New York and Vermont Marketplaces, based on the reasonable expectation that the Government would make full and timely Risk Corridors Program payments if MVP incurred sufficient losses (as it did) in benefit years 2014, 2015, and 2016;
- d. requiring issuers of QHPs (including MVP) to fully remit Risk Corridors Program (i.e., “Payments In”) charges to the Government, but unilaterally deciding that the Government may make prorated Risk Corridors Program payments to issuers (i.e., “Payments Out”) of QHPs.

155. Under the implied covenant of good faith and fair dealing, MVP is entitled to recover full Risk Corridors Program payments from the Government for benefit years 2014, 2015, and 2016.

156. As a direct and proximate result of the Governments breaches of the covenant of good faith and fair dealing, MVP has been damaged in the amount of at least \$10,805,753.18, which represents amounts still owed to MVP by the Government under the Risk Corridors Program for benefit years 2014, 2015, and 2016.

PRAYER FOR RELIEF

WHEREFORE, Plaintiff MVP respectfully demands judgment against the Defendant, the United States of America, as follows:

1. For Count I, awarding MVP damages in the amount of at least \$10,805,753.18 (as calculated above), together with any other losses sustained as a result of Defendant's failure to comply with and violation of 42 U.S.C. § 18062(b)(1) and 45 C.F.R. § 153.510(b) regarding its Risk Corridors Program payments for benefit years 2014, 2015, and 2016;
2. For Count II, awarding MVP damages in the amount of at least \$10,805,753.18 together with any other losses sustained as a result of the Defendant's breaches of its implied-in-fact contracts with MVP regarding the Risk Corridors Program payments for benefit years 2014, 2015, and 2016;
3. For Count III, awarding MVP damages in the amount of at least \$10,805,753.18, together with any other losses sustained as a result of Defendant's breaches of its implied covenants of good faith and fair dealing with MVP regarding the Risk Corridors Program payments for benefit years 2014, 2015, and 2016; and

4. Awarding MVP: (i) such additional damages and other monetary relief as is available under applicable law for the Government's non-performance; (ii) all available interest, including, but not limited to, pre-judgment and post-judgment interest; (iii) all available attorneys' fees and costs; and (iv) such other and further relief as the Court deems just and proper.

Respectfully submitted,

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Dated: June 23, 2020

Counsel for MVP Health Plan, Inc.

ACTIVE 51020259v1

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 19, 2015

Subject: Risk Corridors Payment and Charge Amounts for Benefit Year 2014

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 the Marketplace. The program, which was modeled after a similar program implemented as part of the Medicare Part D prescription drug benefit program, encourages issuers to keep their rates stable as they adjust to the new health insurance reforms in the early years of the Marketplaces.

HHS has previously stated that if risk corridors collections for a particular year are insufficient to make full risk corridors payments for that year, risk corridors payments for the year will be reduced pro rata to the extent of any shortfall.¹ On October 1, 2015, HHS announced the payment proration rate for 2014 will be approximately 12.6 percent, reflecting risk corridors charges of \$362 million and payments of \$2.87 billion requested by issuers.² This proration rate was based on the most current risk corridors data submitted by issuers and assumes full collection of charges from issuers.

Today, HHS is releasing issuer-level risk corridors payments and charges based on the most current risk corridors data submitted by issuers and assuming full collection of charges from issuers, by market and state, for the 2014 benefit year. The tables below include the risk corridors payment or charge amounts for the individual and small group markets, respectively, and the prorated risk corridors payment, if applicable. **Risk corridors charges payable to HHS are not prorated, and the full risk corridors charge amounts are noted in the chart below. Only risk corridors payment amounts are prorated.** HHS will begin collection of risk corridors charges in November 2015 and will begin remitting risk corridors payments to issuers starting in December 2015.³

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

² The exact proration rate for 2014 is 12.6178665287897%.

³ We note that the risk corridor payment and charge amounts published in this bulletin do not reflect any payment or charge adjustments due to resubmissions after September 15, 2015 or any amount held back for appeals.

Table 1 – Alabama

STATE	HIOS ID	HIOS INPUTTED INSURANCE COMPANY NAME	HHS RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET)	HHS RISK CORRIDOR AMOUNT (SMALL GROUP MARKET)	PRORATED AMOUNT (INDIVIDUAL MARKET)	PRORATED AMOUNT (SMALL GROUP MARKET)
AL	44580	Humana Insurance Company	\$ 947,116.86	\$ -	\$ 119,505.94	\$ -
AL	46944	Blue Cross and Blue Shield of Alabama	\$ 354,762.84	\$ -	\$ 44,763.50	\$ -
AL	59809	UnitedHealthcare Life Insurance Company	\$ -	\$ (4,761.86)	\$ -	\$ (4,761.86)

Table 2 – Alaska

STATE	HIOS ID	HIOS INPUTTED INSURANCE COMPANY NAME	HHS RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET)	HHS RISK CORRIDOR AMOUNT (SMALL GROUP MARKET)	PRORATED AMOUNT (INDIVIDUAL MARKET)	PRORATED AMOUNT (SMALL GROUP MARKET)
AK	38344	Premiera Blue Cross Blue Shield of Alaska	\$ 8,126,435.92	\$ 122,178.45	\$ 1,025,382.84	\$ 15,416.31
AK	73836	Moda Health Plan, Inc.	\$ 1,237,418.79	\$ 448,597.16	\$ 156,135.85	\$ 56,603.39

Table 3 – Arizona

STATE	HIOS ID	HIOS INPUTTED INSURANCE COMPANY NAME	HHS RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET)	HHS RISK CORRIDOR AMOUNT (SMALL GROUP MARKET)	PRORATED AMOUNT (INDIVIDUAL MARKET)	PRORATED AMOUNT (SMALL GROUP MARKET)
AZ	23307	Humana Health Plan, Inc.	\$ 1,851,728.19	\$ -	\$ 233,648.59	\$ -
AZ	51485	Health Net Life Insurance Company	\$ 38,309,878.15	\$ 6,528,368.90	\$ 4,833,889.29	\$ 823,740.87
AZ	53901	Blue Cross Blue Shield of Arizona, Inc.	\$ 11,688,096.55	\$ (216,623.22)	\$ 1,474,788.42	\$ (216,623.22)
AZ	60761	Meritus Health Partners	\$ 3,401,552.97	\$ 88,126.95	\$ 429,203.41	\$ 11,119.74

STATE	HIOS ID	HIOS INPUTTED INSURANCE COMPANY NAME	HHS RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET)	HHS RISK CORRIDOR AMOUNT (SMALL GROUP MARKET)	PRORATED AMOUNT (INDIVIDUAL MARKET)	PRORATED AMOUNT (SMALL GROUP MARKET)
AZ	70239	Health Choice Insurance Company	\$ 1,258,219.04	\$ -	\$ 158,760.40	\$ -
AZ	84251	Aetna Life Insurance Company	\$ 60,071.04	\$ -	\$ 7,579.68	\$ -
AZ	86830	Cigna Health and Life Insurance Company	\$ 173,356.66	\$ -	\$ 21,873.91	\$ -
AZ	88925	University of Arizona Health Plans-University Healthcare, Inc.	\$ 645,097.22	\$ -	\$ 81,397.51	\$ -
AZ	91450	Health Net of Arizona, Inc.	\$ 44,674,893.78	\$ 1,189,199.69	\$ 5,637,018.47	\$ 150,051.63
AZ	92045	Meritus Mutual Health Partners	\$ 1,546,274.44	\$ 327,316.81	\$ 195,106.85	\$ 41,300.40

Table 4 – Arkansas

STATE	HIOS ID	HIOS INPUTTED INSURANCE COMPANY NAME	HHS RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET)	HHS RISK CORRIDOR AMOUNT (SMALL GROUP MARKET)	PRORATED AMOUNT (INDIVIDUAL MARKET)	PRORATED AMOUNT (SMALL GROUP MARKET)
AR	62141	Celtic Insurance Company	\$ (15,850,813.36)	\$ -	\$ (15,850,813.36)	\$ -
AR	70525	QCA Health Plan, Inc.	\$ 4,181,163.09	\$ -	\$ 527,573.58	\$ -
AR	75293	USable Mutual Insurance Company	\$ -	\$ -	\$ -	\$ -

Table 5 – California

STATE	HIOS ID	HIOS INPUTTED INSURANCE COMPANY NAME	HHS RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET)	HHS RISK CORRIDOR AMOUNT (SMALL GROUP MARKET)	PRORATED AMOUNT (INDIVIDUAL MARKET)	PRORATED AMOUNT (SMALL GROUP MARKET)
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STATE	HIOS ID	HIOS INPUTTED INSURANCE COMPANY NAME	HHS RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET)	HHS RISK CORRIDOR AMOUNT (SMALL GROUP MARKET)	PRORATED AMOUNT (INDIVIDUAL MARKET)	PRORATED AMOUNT (SMALL GROUP MARKET)
CA	18126	Molina Healthcare of California	\$ -	\$ -	\$ -	\$ -
CA	27603	Blue Cross of California	\$ (8,679,121.40)	\$ -	\$ (8,679,121.40)	\$ -
CA	40513	Kaiser Foundation Health Plan, Inc.	\$ (65,768,044.51)	\$ 36,933,195.21	\$ (65,768,044.51)	\$ 4,660,181.28
CA	47579	Chinese Community Health Plan	\$ -	\$ 712,789.33	\$ -	\$ 89,938.81
CA	67138	Health Net of California, Inc.	\$ -	\$ -	\$ -	\$ -
CA	70285	CA Physician's Service dba Blue Shield of CA	\$ (106,990,058.09)	\$ (136,577.80)	\$ (106,990,058.09)	\$ (136,577.80)
CA	84014	County of Santa Clara	\$ -	\$ -	\$ -	\$ -
CA	92499	Sharp Health Plan	\$ -	\$ 7,775.72	\$ -	\$ 981.13
CA	92815	Local Initiative Health Authority for Los Angeles County	\$ 13,561,651.72	\$ -	\$ 1,711,191.11	\$ -
CA	93689	Western Health Advantage	\$ (228,695.71)	\$ 138.73	\$ (228,695.71)	\$ 17.50
CA	99110	Health Net Life Insurance Company	\$ -	\$ 5,058,867.84	\$ -	\$ 638,321.19
CA	99483	Contra Costa Health Plan	\$ -	\$ -	\$ -	\$ -

Table 6 – Colorado

STATE	HIOS ID	HIOS INPUTTED INSURANCE COMPANY NAME	HHS RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET)	HHS RISK CORRIDOR AMOUNT (SMALL GROUP MARKET)	PRORATED AMOUNT (INDIVIDUAL MARKET)	PRORATED AMOUNT (SMALL GROUP MARKET)
CO	11555	New Health Ventures, Inc.	\$ 106,520.81	\$ -	\$ 13,440.65	\$ -
CO	20472	Colorado Health Insurance Cooperative, Inc.	\$ 14,137,039.31	\$ 163,367.72	\$ 1,783,792.75	\$ 20,613.52

STATE	HIOS ID	HIOS INPUTTED INSURANCE COMPANY NAME	HHS RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET)	HHS RISK CORRIDOR AMOUNT (SMALL GROUP MARKET)	PRORATED AMOUNT (INDIVIDUAL MARKET)	PRORATED AMOUNT (SMALL GROUP MARKET)
CO	21032	Kaiser Foundation Health Plan of Colorado	\$ 14,160,790.95	\$ -	\$ 1,786,789.70	\$ -
CO	49375	Cigna Health and Life Insurance Company	\$ (632,444.16)	\$ -	\$ (632,444.16)	\$ -
CO	63312	Colorado Choice Health Plans	\$ 5,893,514.24	\$ 114,299.01	\$ 743,635.76	\$ 14,422.10
CO	66699	Denver Health Medical Plan, Inc.	\$ 287,542.11	\$ -	\$ 36,281.68	\$ -
CO	74320	Humana Health Plan	\$ 3,183,617.97	\$ -	\$ 401,704.67	\$ -
CO	76680	HMO Colorado, Inc., dba HMO Nevada	\$ 1,479,675.14	\$ (21,811.05)	\$ 186,703.43	\$ (21,811.05)
CO	80208	Rocky Mountain Health Care Options	\$ -	\$ 440,553.54	\$ -	\$ 55,588.46
CO	92137	All Savers Insurance Company	\$ (107,467.82)	\$ -	\$ (107,467.82)	\$ -
CO	97879	Rocky Mountain HMO	\$ 1,470,136.36	\$ 578,003.29	\$ 185,499.84	\$ 72,931.68

Table 7 – Connecticut

STATE	HIOS ID	HIOS INPUTTED INSURANCE COMPANY NAME	HHS RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET)	HHS RISK CORRIDOR AMOUNT (SMALL GROUP MARKET)	PRORATED AMOUNT (INDIVIDUAL MARKET)	PRORATED AMOUNT (SMALL GROUP MARKET)
CT	49650	UnitedHealthcare Insurance Company	\$ -	\$ 11,299.51	\$ -	\$ 1,425.76
CT	76962	ConnectiCare Benefits, Inc.	\$ (717,037.34)	\$ -	\$ (717,037.34)	\$ -
CT	86545	Anthem Health Plans, Inc. (Anthem BCBS)	\$ (863,733.24)	\$ (26,699.38)	\$ (863,733.24)	\$ (26,699.38)
CT	91069	HealthyCT, Inc.	\$ 1,561,247.18	\$ 272,638.90	\$ 196,996.09	\$ 34,401.21

Table 8 - DC

STATE	HIOS ID	HIOS INPUTTED INSURANCE COMPANY NAME	HHS RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET)	HHS RISK CORRIDOR AMOUNT (SMALL GROUP MARKET)	PRORATED AMOUNT (INDIVIDUAL MARKET)	PRORATED AMOUNT (SMALL GROUP MARKET)
DC	41842	UnitedHealthcare Insurance Company	\$ -	\$ (991,539.08)	\$ -	\$ (991,539.08)
DC	73987	Aetna Health, Inc. (a PA corp.)	\$ -	\$ (64,837.39)	\$ -	\$ (64,837.39)
DC	75753	Optimum Choice, Inc.	\$ -	\$ (254,567.86)	\$ -	\$ (254,567.86)
DC	77422	Aetna Life Insurance Company	\$ (85,707.77)	\$ (599,078.47)	\$ (85,707.77)	\$ (599,078.47)
DC	78079	Group Hospitalization and Medical Services, Inc.	\$ -	\$ -	\$ -	\$ -
DC	86052	CareFirst BlueChoice, Inc.	\$ -	\$ -	\$ -	\$ -
DC	94506	Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.	\$ 668,656.18	\$ 592,476.32	\$ 84,370.14	\$ 74,757.87

Table 9 – Delaware

STATE	HIOS ID	HIOS INPUTTED INSURANCE COMPANY NAME	HHS RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET)	HHS RISK CORRIDOR AMOUNT (SMALL GROUP MARKET)	PRORATED AMOUNT (INDIVIDUAL MARKET)	PRORATED AMOUNT (SMALL GROUP MARKET)
DE	13537	Coventry Health and Life	\$ (98,081.56)	\$ -	\$ (98,081.56)	\$ -
DE	76168	Highmark BCBSD, Inc.	\$ 6,075,398.71	\$ (90,018.42)	\$ 766,585.70	\$ (90,018.42)
DE	81914	Coventry Health Care of Delaware, Inc.	\$ -	\$ (83,436.61)	\$ -	\$ (83,436.61)

Table 10 – Florida

STATE	HIOS ID	HIOS INPUTTED INSURANCE COMPANY NAME	HHS RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET)	HHS RISK CORRIDOR AMOUNT (SMALL GROUP MARKET)	PRORATED AMOUNT (INDIVIDUAL MARKET)	PRORATED AMOUNT (SMALL GROUP MARKET)
FL	16842	Blue Cross and Blue Shield of Florida	\$ 14,407,419.27	\$ 28,169.07	\$ 1,817,908.93	\$ 3,554.34
FL	23841	Aetna Life Insurance Company	\$ -	\$ -	\$ -	\$ -
FL	27357	Health First Health Plans, Inc.	\$ -	\$ 102,999.55	\$ -	\$ 12,996.35
FL	30252	Health Options, Inc.	\$ 11,363,630.16	\$ 18,103.08	\$ 1,433,847.69	\$ 2,284.22
FL	35783	Humana Medical Plan, Inc.	\$ 41,231,083.98	\$ -	\$ 5,202,483.14	\$ -
FL	48121	Cigna Health and Life Insurance Company	\$ 4,068,246.94	\$ -	\$ 513,325.97	\$ -
FL	51398	Preferred Medical Plan, Inc.	\$ 34,777,521.17	\$ -	\$ 4,388,181.20	\$ -
FL	54172	Molina Healthcare of Florida, Inc.	\$ 39,035.74	\$ -	\$ 4,925.48	\$ -
FL	56503	Florida Health Care Plan, Inc.	\$ (1,687,550.49)	\$ (123,177.85)	\$ (1,687,550.49)	\$ (123,177.85)
FL	57451	Coventry Health Care of Florida, Inc.	\$ 30,600,508.00	\$ -	\$ 3,861,131.26	\$ -
FL	77150	Health First Insurance, Inc.	\$ 1,549,229.65	\$ 303,120.12	\$ 195,479.73	\$ 38,247.29
FL	86382	Sunshine State Health Plan	\$ (420,664.88)	\$ -	\$ (420,664.88)	\$ -

Table 11 - Georgia

STATE	HIOS ID	HIOS INPUTTED INSURANCE COMPANY NAME	HHS RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET)	HHS RISK CORRIDOR AMOUNT (SMALL GROUP MARKET)	PRORATED AMOUNT (INDIVIDUAL MARKET)	PRORATED AMOUNT (SMALL GROUP MARKET)
GA	45495	Peach State Health Plan	\$ (675,263.76)	\$ -	\$ (675,263.76)	\$ -
GA	49046	Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.	\$ (5,981,961.36)	\$ (3,041.08)	\$ (5,981,961.36)	\$ (3,041.08)
GA	83761	Alliant Health Plans	\$ -	\$ 125.18	\$ -	\$ 15.80
GA	89942	Kaiser Foundation Health Plan of Georgia	\$ -	\$ 2,003,716.30	\$ -	\$ 252,826.25
GA	93332	Humana Employers Health Plan of Georgia, Inc.	\$ 83,973,253.40	\$ -	\$ 10,595,633.03	\$ -

Table 12 – Hawaii

STATE	HIOS ID	HIOS INPUTTED INSURANCE COMPANY NAME	HHS RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET)	HHS RISK CORRIDOR AMOUNT (SMALL GROUP MARKET)	PRORATED AMOUNT (INDIVIDUAL MARKET)	PRORATED AMOUNT (SMALL GROUP MARKET)
HI	18350	Hawaii Medical Service Association	\$ -	\$ -	\$ -	\$ -
HI	60612	Kaiser Foundation Health Plan, Inc.	\$ 12,727,673.62	\$ 6,060,129.80	\$ 1,605,960.87	\$ 764,659.09

Table 13 - Idaho

STATE	HIOS ID	HIOS INPUTTED INSURANCE COMPANY NAME	HHS RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET)	HHS RISK CORRIDOR AMOUNT (SMALL GROUP MARKET)	PRORATED AMOUNT (INDIVIDUAL MARKET)	PRORATED AMOUNT (SMALL GROUP MARKET)
ID	26002	SelectHealth	\$ 24,386,583.14	\$ 1,574,917.17	\$ 3,077,066.51	\$ 198,720.95
ID	44648	Regence Blue Shield of Idaho	\$ -	\$ -	\$ -	\$ -
ID	59765	BridgeSpan Health Company	\$ 27,918.21	\$ -	\$ 3,522.68	\$ -
ID	60597	PacificSource Health Plans	\$ 2,242,712.26	\$ -	\$ 282,982.44	\$ -
ID	61589	Blue Cross of Idaho Health Service, Inc.	\$ 39,437,313.04	\$ 600,529.29	\$ 4,976,147.52	\$ 75,773.98

Table 14 – Illinois

STATE	HIOS ID	HIOS INPUTTED INSURANCE COMPANY NAME	HHS RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET)	HHS RISK CORRIDOR AMOUNT (SMALL GROUP MARKET)	PRORATED AMOUNT (INDIVIDUAL MARKET)	PRORATED AMOUNT (SMALL GROUP MARKET)
IL	20129	Health Alliance Medical Plans, Inc.	\$ 2,759,245.94	\$ 14,837.77	\$ 348,157.97	\$ 1,872.21
IL	35670	Coventry Health & Life Company	\$ 338,246.81	\$ -	\$ 42,679.53	\$ -
IL	36096	Blue Cross Blue Shield of Illinois	\$ 193,846,813.95	\$ 3,325,244.33	\$ 24,459,332.25	\$ 419,574.89
IL	58288	Humana Health Plan, Inc.	\$ 800,982.85	\$ -	\$ 101,066.95	\$ -
IL	68303	Humana Insurance Company	\$ 4,801,295.28	\$ -	\$ 605,821.03	\$ -
IL	72547	Aetna Life Insurance Company	\$ 156,532.35	\$ -	\$ 19,751.04	\$ -
IL	79763	Land of Lincoln Mutual Health Insurance Company	\$ 4,165,273.75	\$ 326,970.05	\$ 525,568.68	\$ 41,256.64
IL	96601	Coventry Health Care of Illinois, Inc.	\$ 3,177,608.98	\$ -	\$ 400,946.46	\$ -

Table 15 – Indiana

STATE	HIOS ID	HIOS INPUTTED INSURANCE COMPANY NAME	HHS RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET)	HHS RISK CORRIDOR AMOUNT (SMALL GROUP MARKET)	PRORATED AMOUNT (INDIVIDUAL MARKET)	PRORATED AMOUNT (SMALL GROUP MARKET)
IN	17575	Anthem Insurance Companies, Inc. (Anthem BCBS)	\$ 812,580.18	\$ (319.45)	\$ 102,530.28	\$ (319.45)
IN	35065	Coordinated Care Corporation Indiana	\$ (263,623.41)	\$ -	\$ (263,623.41)	\$ -
IN	50816	Physicians Health Plan of Northern Indiana, Inc.	\$ 2,918,313.81	\$ 386,940.55	\$ 368,228.94	\$ 48,823.64
IN	85320	MDwise, Inc.	\$ (14,303,011.22)	\$ -	\$ (14,303,011.22)	\$ -

Table 16 – Iowa

STATE	HIOS ID	HIOS INPUTTED INSURANCE COMPANY NAME	HHS RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET)	HHS RISK CORRIDOR AMOUNT (SMALL GROUP MARKET)	PRORATED AMOUNT (INDIVIDUAL MARKET)	PRORATED AMOUNT (SMALL GROUP MARKET)
IA	18973	Aetna Health, Inc. (an IA corp.)	\$ 2,707,707.64	\$ -	\$ 341,654.94	\$ -
IA	27651	Gundersen Health Plan, Inc.	\$ 105,688.49	\$ 8,152.09	\$ 13,335.63	\$ 1,028.62
IA	71268	CoOpportunity Health	\$ 40,166,052.95	\$ 15,838,758.46	\$ 5,068,098.95	\$ 1,998,513.40
IA	74980	Avera Health Plans, Inc.	\$ 96,106.84	\$ 4,805.45	\$ 12,126.63	\$ 606.35
IA	77638	Health Alliance Midwest, Inc.	\$ -	\$ -	\$ -	\$ -
IA	85930	Sanford Health Plan	\$ -	\$ 129,136.07	\$ -	\$ 16,294.22

Table 17 – Kansas

STATE	HIOS ID	HIOS INPUTTED INSURANCE COMPANY NAME	HHS RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET)	HHS RISK CORRIDOR AMOUNT (SMALL GROUP MARKET)	PRORATED AMOUNT (INDIVIDUAL MARKET)	PRORATED AMOUNT (SMALL GROUP MARKET)
KS	18558	Blue Cross and Blue Shield of Kansas, Inc.	\$ 13,740,981.12	\$ 298,179.85	\$ 1,733,818.66	\$ 37,623.94
KS	61430	Coventry Health and Life	\$ 22,889,994.47	\$ -	\$ 2,888,228.95	\$ -
KS	65598	Coventry Health Care Of Kansas, Inc.	\$ 9,497,537.20	\$ -	\$ 1,198,386.57	\$ -
KS	94248	Blue Cross and Blue Shield of Kansas City	\$ 1,261,531.48	\$ (265,838.16)	\$ 159,178.36	\$ (265,838.16)

Table 18 - Kentucky

STATE	HIOS ID	HIOS INPUTTED INSURANCE COMPANY NAME	HHS RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET)	HHS RISK CORRIDOR AMOUNT (SMALL GROUP MARKET)	PRORATED AMOUNT (INDIVIDUAL MARKET)	PRORATED AMOUNT (SMALL GROUP MARKET)
KY	15411	Humana Health Plan, Inc.	\$ 6,029,009.18	\$ -	\$ 760,732.33	\$ -
KY	23671	UnitedHealthcare of Kentucky, Ltd.	\$ -	\$ (26,994.08)	\$ -	\$ (26,994.08)
KY	36239	Anthem Health Plans of KY(Anthem BCBS)	\$ (620,075.73)	\$ (12,523.99)	\$ (620,075.73)	\$ (12,523.99)
KY	40586	Bluegrass Family Health, Inc.	\$ -	\$ 1,472,085.68	\$ -	\$ 185,745.81
KY	77894	Kentucky Health Cooperative	\$ 77,074,941.10	\$ (69,347.11)	\$ 9,725,213.20	\$ (69,347.11)

Table 19 - Louisiana

STATE	HIOS ID	HIOS INPUTTED INSURANCE COMPANY NAME	HHS RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET)	HHS RISK CORRIDOR AMOUNT (SMALL GROUP MARKET)	PRORATED AMOUNT (INDIVIDUAL MARKET)	PRORATED AMOUNT (SMALL GROUP MARKET)
LA	19636	HMO Louisiana, Inc.	\$ 2,638,100.44	\$ 540,123.96	\$ 332,871.99	\$ 68,152.12
LA	44965	Humana Health Benefit Plan of Louisiana, Inc.	\$ 414,666.60	\$ -	\$ 52,322.08	\$ -
LA	67202	Louisiana Health Cooperative, Inc.	\$ 11,945,268.95	\$ 13,935.30	\$ 1,507,238.09	\$ 1,758.34
LA	67243	Vantage Health Plan, Inc.	\$ -	\$ 24,218.07	\$ -	\$ 3,055.80
LA	97176	Louisiana Health Service & Indemnity Company	\$ 27,386,455.30	\$ 7,951,249.65	\$ 3,455,586.38	\$ 1,003,278.07

Table 20- Maine

STATE	HIOS ID	HIOS INPUTTED INSURANCE COMPANY NAME	HHS RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET)	HHS RISK CORRIDOR AMOUNT (SMALL GROUP MARKET)	PRORATED AMOUNT (INDIVIDUAL MARKET)	PRORATED AMOUNT (SMALL GROUP MARKET)
ME	33653	Maine Community Health Options	\$ (2,045,819.48)	\$ 241,717.00	\$ (2,045,819.48)	\$ 30,499.53
ME	48396	Anthem Health Plans of ME (Anthem BCBS)	\$ -	\$ (4,426.93)	\$ -	\$ (4,426.93)

Table 21 – Maryland

STATE	HIOS ID	HIOS INPUTTED INSURANCE COMPANY NAME	HHS RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET)	HHS RISK CORRIDOR AMOUNT (SMALL GROUP MARKET)	PRORATED AMOUNT (INDIVIDUAL MARKET)	PRORATED AMOUNT (SMALL GROUP MARKET)
MD	14468	Coventry Health Care of Delaware, Inc.	\$ -	\$ (3,504.62)	\$ -	\$ (3,504.62)
MD	23620	UnitedHealthcare Insurance Company	\$ -	\$ (2,371,783.62)	\$ -	\$ (2,371,783.62)

STATE	HIOS ID	HIOS INPUTTED INSURANCE COMPANY NAME	HHS RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET)	HHS RISK CORRIDOR AMOUNT (SMALL GROUP MARKET)	PRORATED AMOUNT (INDIVIDUAL MARKET)	PRORATED AMOUNT (SMALL GROUP MARKET)
MD	28137	CareFirst BlueChoice, Inc.	\$ 17,927,378.59	\$ (200,100.92)	\$ 2,262,052.70	\$ (200,100.92)
MD	31112	UnitedHealthcare of the Mid-Atlantic, Inc.	\$ -	\$ (552,561.24)	\$ -	\$ (552,561.24)
MD	36677	All Savers Insurance Company	\$ 138,564.85	\$ -	\$ 17,483.93	\$ -
MD	45532	CareFirst of Maryland, Inc.	\$ 5,442,263.96	\$ (52,255.73)	\$ 686,697.60	\$ (52,255.73)
MD	65635	MAMSI Life and Health Insurance Company	\$ -	\$ (1,511,616.91)	\$ -	\$ (1,511,616.91)
MD	68541	Coventry Health and Life	\$ -	\$ (3,959.56)	\$ -	\$ (3,959.56)
MD	72375	Optimum Choice, Inc.	\$ -	\$ (1,635,883.00)	\$ -	\$ (1,635,883.00)
MD	72564	Evergreen Health Cooperative, Inc.	\$ 902,808.54	\$ 3,232,843.21	\$ 113,915.18	\$ 407,915.84
MD	90296	Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.	\$ 220,063.25	\$ 347,036.82	\$ 27,767.29	\$ 43,788.64
MD	94084	Group Hospitalization and Medical Services, Inc.	\$ 1,021,545.92	\$ (133,466.80)	\$ 128,897.30	\$ (133,466.80)

Table 22 – Massachusetts

STATE	HIOS ID	HIOS INPUTTED INSURANCE COMPANY NAME	HHS RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET)	HHS RISK CORRIDOR AMOUNT (SMALL GROUP MARKET)	PRORATED AMOUNT (INDIVIDUAL MARKET)	PRORATED AMOUNT (SMALL GROUP MARKET)
MA	29125	Tufts Associated HMO	\$ -	\$ -	\$ -	\$ -
MA	31234	CeltiCare Health Plan of MA	\$ 191,649.92	\$ -	\$ 24,182.13	\$ -
MA	34484	Health New England, Inc.	\$ -	\$ -	\$ -	\$ -
MA	36046	Harvard Pilgrim Health Care, Inc.	\$ -	\$ -	\$ -	\$ -
MA	41304	Neighborhood Health Plan	\$ 7,389,737.55	\$ 10,543,621.21	\$ 932,427.22	\$ 1,330,380.05

STATE	HIOS ID	HIOS INPUTTED INSURANCE COMPANY NAME	HHS RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET)	HHS RISK CORRIDOR AMOUNT (SMALL GROUP MARKET)	PRORATED AMOUNT (INDIVIDUAL MARKET)	PRORATED AMOUNT (SMALL GROUP MARKET)
MA	42690	Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.	\$ -	\$ -	\$ -	\$ -
MA	59763	Tufts Health Public Plans Inc.	\$ -	\$ -	\$ -	\$ -
MA	73331	Minuteman Health, Inc.	\$ 1,138,642.67	\$ -	\$ 143,672.41	\$ -
MA	82569	Boston Medical Center Health Plan, Inc.	\$ 1,736,581.18	\$ -	\$ 219,119.50	\$ -
MA	88806	Fallon Community Health Plan, Inc.	\$ 200,285.65	\$ 435,622.91	\$ 25,271.78	\$ 54,966.32
MA	95878	HPHC Insurance Company, Inc.	\$ 255,319.27	\$ 959,303.93	\$ 32,215.84	\$ 121,043.69

Table 23 – Michigan

STATE	HIOS ID	HIOS INPUTTED INSURANCE COMPANY NAME	HHS RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET)	HHS RISK CORRIDOR AMOUNT (SMALL GROUP MARKET)	PRORATED AMOUNT (INDIVIDUAL MARKET)	PRORATED AMOUNT (SMALL GROUP MARKET)
MI	15560	Blue Cross Blue Shield of Michigan Mutual Insurance Company	\$ -	\$ (676,390.04)	\$ -	\$ (676,390.04)
MI	20393	McLaren Health Plan	\$ 532,813.30	\$ -	\$ 67,229.67	\$ -
MI	29241	Priority Health Insurance Company (PHIC)	\$ 1,049,112.59	\$ 50,769.62	\$ 132,375.63	\$ 6,406.04
MI	29698	Priority Health	\$ 452,162.74	\$ 12,391.43	\$ 57,053.29	\$ 1,563.53
MI	37651	Health Alliance Plan (HAP)	\$ (617,846.91)	\$ (461,796.54)	\$ (617,846.91)	\$ (461,796.54)
MI	40047	Molina Healthcare of Michigan, Inc.	\$ (33,005.69)	\$ -	\$ (33,005.69)	\$ -
MI	41895	Consumers Mutual	\$ 198,351.34	\$ 1,442,311.90	\$ 25,027.71	\$ 181,988.99

STATE	HIOS ID	HIOS INPUTTED INSURANCE COMPANY NAME	HHS RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET)	HHS RISK CORRIDOR AMOUNT (SMALL GROUP MARKET)	PRORATED AMOUNT (INDIVIDUAL MARKET)	PRORATED AMOUNT (SMALL GROUP MARKET)
		Insurance of Michigan				
MI	45002	UnitedHealthcare Life Insurance Company	\$ -	\$ 32.68	\$ -	\$ 4.12
MI	46275	Humana Medical Plan of Michigan, Inc.	\$ 8,102,093.26	\$ -	\$ 1,022,311.31	\$ -
MI	58594	Meridian Health Plan of Michigan, Inc.	\$ (11,519.73)	\$ -	\$ (11,519.73)	\$ -
MI	67183	Total Health Care USA, Inc.	\$ -	\$ -	\$ -	\$ -
MI	67577	Alliance Health and Life Insurance Company	\$ 64,626.98	\$ (176,039.32)	\$ 8,154.55	\$ (176,039.32)
MI	98185	Blue Care Network of Michigan	\$ 17,193,568.72	\$ (47,526.91)	\$ 2,169,461.55	\$ (47,526.91)

Table 24 – Minnesota

STATE	HIOS ID	HIOS INPUTTED INSURANCE COMPANY NAME	HHS RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET)	HHS RISK CORRIDOR AMOUNT (SMALL GROUP MARKET)	PRORATED AMOUNT (INDIVIDUAL MARKET)	PRORATED AMOUNT (SMALL GROUP MARKET)
MN	31616	Medica Insurance Company	\$ -	\$ 316,966.63	\$ -	\$ 39,994.43
MN	34102	Group Health Plan, Inc.	\$ 2,612,104.28	\$ -	\$ 329,591.83	\$ -
MN	49316	BCBSM, Inc.	\$ 6,955,635.49	\$ -	\$ 877,652.80	\$ -
MN	65847	Medica Health Plans of Wisconsin	\$ -	\$ -	\$ -	\$ -
MN	85736	UCare Minnesota	\$ -	\$ -	\$ -	\$ -
MN	88102	PreferredOne Insurance Company	\$ 53,344,373.74	\$ 176,995.83	\$ 6,730,921.88	\$ 22,333.10

Table 25 - Mississippi

STATE	HIOS ID	HIOS INPUTTED INSURANCE COMPANY NAME	HHS RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET)	HHS RISK CORRIDOR AMOUNT (SMALL GROUP MARKET)	PRORATED AMOUNT (INDIVIDUAL MARKET)	PRORATED AMOUNT (SMALL GROUP MARKET)
MS	48963	Humana Insurance Company	\$ (900,401.14)	\$ -	\$ (900,401.14)	\$ -
MS	61794	UnitedHealthcare Life Insurance Company	\$ -	\$ (1,130.50)	\$ -	\$ (1,130.50)
MS	94237	Magnolia Health Plan	\$ (13,190,322.25)	\$ -	\$ (13,190,322.25)	\$ -

Table 26 - Missouri

STATE	HIOS ID	HIOS INPUTTED INSURANCE COMPANY NAME	HHS RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET)	HHS RISK CORRIDOR AMOUNT (SMALL GROUP MARKET)	PRORATED AMOUNT (INDIVIDUAL MARKET)	PRORATED AMOUNT (SMALL GROUP MARKET)
MO	32753	Healthy Alliance Life Company (Anthem BCBS)	\$ -	\$ 22,591.92	\$ -	\$ 2,850.62
MO	34762	Blue Cross and Blue Shield of Kansas City	\$ 2,807,773.67	\$ (183,601.01)	\$ 354,281.13	\$ (183,601.01)
MO	44240	Coventry Health and Life	\$ 29,076,804.73	\$ -	\$ 3,668,872.41	\$ -

Table 27 – Montana

STATE	HIOS ID	HIOS INPUTTED INSURANCE COMPANY NAME	HHS RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET)	HHS RISK CORRIDOR AMOUNT (SMALL GROUP MARKET)	PRORATED AMOUNT (INDIVIDUAL MARKET)	PRORATED AMOUNT (SMALL GROUP MARKET)
MT	23603	PacificSource Health Plans	\$ 1,938,055.47	\$ -	\$ 244,541.25	\$ -
MT	30751	Blue Cross and Blue Shield of Montana	\$ 23,457,847.95	\$ 554,107.74	\$ 2,959,879.94	\$ 69,916.58
MT	32225	Montana Health Cooperative	\$ 6,754,127.62	\$ 62,383.51	\$ 852,226.81	\$ 7,871.47

Table 28 – Nebraska

STATE	HIOS ID	HIOS INPUTTED INSURANCE COMPANY NAME	HHS RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET)	HHS RISK CORRIDOR AMOUNT (SMALL GROUP MARKET)	PRORATED AMOUNT (INDIVIDUAL MARKET)	PRORATED AMOUNT (SMALL GROUP MARKET)
NE	15438	Coventry Health Care of Nebraska, Inc.	\$ -	\$ -	\$ -	\$ -
NE	29678	Blue Cross and Blue Shield of Nebraska	\$ 14,143,024.12	\$ (267,402.83)	\$ 1,784,547.91	\$ (267,402.83)
NE	43198	CoOpportunity Health	\$ 51,080,793.04	\$ 22,870,010.14	\$ 6,445,306.29	\$ 2,885,707.35
NE	77931	Health Alliance Midwest, Inc.	\$ (53,340.12)	\$ 7,317.35	\$ (53,340.12)	\$ 923.29

Table 29 – Nevada

STATE	HIOS ID	HIOS INPUTTED INSURANCE COMPANY NAME	HHS RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET)	HHS RISK CORRIDOR AMOUNT (SMALL GROUP MARKET)	PRORATED AMOUNT (INDIVIDUAL MARKET)	PRORATED AMOUNT (SMALL GROUP MARKET)
NV	16698	Prominence HealthFirst	\$ (71,742.47)	\$ -	\$ (71,742.47)	\$ -
NV	34996	Nevada Health CO-OP	\$ 10,388,059.14	\$ 312,181.20	\$ 1,310,751.44	\$ 39,390.61
NV	60156	HMO Colorado, Inc., dba HMO Nevada	\$ (53,370.48)	\$ 2,715.74	\$ (53,370.48)	\$ 342.67
NV	95865	Health Plan of Nevada, Inc.	\$ -	\$ -	\$ -	\$ -

Table 30 – New Hampshire

STATE	HIOS ID	HIOS INPUTTED INSURANCE COMPANY NAME	HHS RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET)	HHS RISK CORRIDOR AMOUNT (SMALL GROUP MARKET)	PRORATED AMOUNT (INDIVIDUAL MARKET)	PRORATED AMOUNT (SMALL GROUP MARKET)
NH	96751	Matthew Thornton Health Plan (Anthem BCBS)	\$ (2,966,744.60)	\$ -	\$ (2,966,744.60)	\$ -

Table 31 – New Jersey

STATE	HIOS ID	HIOS INPUTTED INSURANCE COMPANY NAME	HHS RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET)	HHS RISK CORRIDOR AMOUNT (SMALL GROUP MARKET)	PRORATED AMOUNT (INDIVIDUAL MARKET)	PRORATED AMOUNT (SMALL GROUP MARKET)
NJ	10191	Freelancers CO-OP of New Jersey, Inc.	\$ (2,895,760.17)	\$ 150,164.60	\$ (2,895,760.17)	\$ 18,947.57
NJ	77606	AmeriHealth HMO, Inc.	\$ 3,360,296.37	\$ 138,744.96	\$ 423,997.71	\$ 17,506.65
NJ	91661	Horizon Healthcare Services, Inc.	\$ (27,523,171.51)	\$ 3,185,432.61	\$ (27,523,171.51)	\$ 401,933.64
NJ	91762	AmeriHealth Insurance Company of New Jersey	\$ (2,318,123.55)	\$ 1,157,648.85	\$ (2,318,123.55)	\$ 146,070.59

Table 32 – New Mexico

STATE	HIOS ID	HIOS INPUTTED INSURANCE COMPANY NAME	HHS RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET)	HHS RISK CORRIDOR AMOUNT (SMALL GROUP MARKET)	PRORATED AMOUNT (INDIVIDUAL MARKET)	PRORATED AMOUNT (SMALL GROUP MARKET)
NM	19722	Molina Health Care of New Mexico, Inc.	\$ (628,432.85)	\$ -	\$ (628,432.85)	\$ -
NM	52744	Presbyterian Insurance Company, Inc.	\$ -	\$ -	\$ -	\$ -
NM	57173	Presbyterian Health Plan, Inc.	\$ 2,478,787.11	\$ (82,897.17)	\$ 312,770.05	\$ (82,897.17)
NM	75605	Blue Cross Blue Shield of New Mexico	\$ 6,563,110.63	\$ 3,789.97	\$ 828,124.54	\$ 478.21

NM	93091	New Mexico Health Connections	\$ 4,211,650.62	\$ -	\$ 531,420.45	\$ -
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Table 33 – New York

STATE	HIOS ID	HIOS INPUTTED INSURANCE COMPANY NAME	HHS RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET)	HHS RISK CORRIDOR AMOUNT (SMALL GROUP MARKET)	PRORATED AMOUNT (INDIVIDUAL MARKET)	PRORATED AMOUNT (SMALL GROUP MARKET)
NY	11177	MetroPlus Health Plan	\$ 8,754,733.06	\$ -	\$ 1,104,660.53	\$ -
NY	18029	Independent Health Benefits Corporation	\$ (2,870,470.22)	\$ (530,639.45)	\$ (2,870,470.22)	\$ (530,639.45)
NY	25303	New York State Catholic Health Plan, Inc.	\$ (3,499,761.14)	\$ -	\$ (3,499,761.14)	\$ -
NY	31808	American Progressive Life & Health Insurance Company of New York	\$ (344,586.33)	\$ -	\$ (344,586.33)	\$ -
NY	40064	HealthNow New York	\$ (4,020,217.24)	\$ (1,216,594.18)	\$ (4,020,217.24)	\$ (1,216,594.18)
NY	54235	UnitedHealthcare of New York, Inc.	\$ (626,658.79)	\$ -	\$ (626,658.79)	\$ -
NY	56184	MVP Health Plan, Inc.	\$ (3,547,343.87)	\$ 1,550,702.41	\$ (3,547,343.87)	\$ 195,665.56
NY	57165	Affinity Health Plan, Inc.	\$ 1,179,368.76	\$ -	\$ 148,811.18	\$ -
NY	71644	Freelancers Health Service Corporation d/b/a Health Republic Insurance of New York	\$ 89,568,960.58	\$ 59,765,898.72	\$ 11,301,691.90	\$ 7,541,181.33
NY	74289	Oscar Insurance Corporation	\$ 9,342,723.93	\$ -	\$ 1,178,852.44	\$ -
NY	78124	Excellus Health Plan, Inc.	\$ (5,505,909.10)	\$ 7,526,489.35	\$ (5,505,909.10)	\$ 949,682.38
NY	80519	Empire HealthChoice HMO, Inc.	\$ -	\$ -	\$ -	\$ -

STATE	HIOS ID	HIOS INPUTTED INSURANCE COMPANY NAME	HHS RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET)	HHS RISK CORRIDOR AMOUNT (SMALL GROUP MARKET)	PRORATED AMOUNT (INDIVIDUAL MARKET)	PRORATED AMOUNT (SMALL GROUP MARKET)
NY	82483	North Shore-LIJ Insurance Company, Inc.	\$ 3,109,088.97	\$ 407,827.19	\$ 392,300.70	\$ 51,459.09
NY	85629	Oxford Health Insurance, Inc.	\$ -	\$ -	\$ -	\$ -
NY	88582	Health Insurance Plan of Greater New York	\$ -	\$ -	\$ -	\$ -
NY	91237	Healthfirst PHSP, Inc.	\$ 75,523.98	\$ -	\$ 9,529.51	\$ -
NY	92551	CDPHP Universal Benefits, Inc.	\$ -	\$ 14,607,068.85	\$ -	\$ 1,843,100.45
NY	94788	CDPHP	\$ (1,382,551.74)	\$ -	\$ (1,382,551.74)	\$ -
NY	95456	Atlantis Health Plan	\$ -	\$ -	\$ -	\$ -

Table 34 – North Carolina

STATE	HIOS ID	HIOS INPUTTED INSURANCE COMPANY NAME	HHS RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET)	HHS RISK CORRIDOR AMOUNT (SMALL GROUP MARKET)	PRORATED AMOUNT (INDIVIDUAL MARKET)	PRORATED AMOUNT (SMALL GROUP MARKET)
NC	11512	Blue Cross and Blue Shield of NC	\$ 147,421,876.38	\$ 53,091.97	\$ 18,601,495.60	\$ 6,699.07
NC	56346	Coventry Health Care of the Carolinas, Inc.	\$ 10,188,775.76	\$ -	\$ 1,285,606.13	\$ -

Table 35 – North Dakota

STATE	HIOS ID	HIOS INPUTTED INSURANCE COMPANY NAME	HHS RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET)	HHS RISK CORRIDOR AMOUNT (SMALL GROUP MARKET)	PRORATED AMOUNT (INDIVIDUAL MARKET)	PRORATED AMOUNT (SMALL GROUP MARKET)
ND	37160	Blue Cross Blue Shield of North Dakota	\$ 458,378.00	\$ -	\$ 57,837.52	\$ -
ND	73751	Medica Health Plans	\$ 135,903.29	\$ 104,395.86	\$ 17,148.10	\$ 13,172.53
ND	89364	Sanford Health Plan	\$ (36,822.51)	\$ (525,477.50)	\$ (36,822.51)	\$ (525,477.50)

Table 36 – Ohio

STATE	HIOS ID	HIOS INPUTTED INSURANCE COMPANY NAME	HHS RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET)	HHS RISK CORRIDOR AMOUNT (SMALL GROUP MARKET)	PRORATED AMOUNT (INDIVIDUAL MARKET)	PRORATED AMOUNT (SMALL GROUP MARKET)
OH	20126	HealthSpan Integrated Care	\$ 11,010,446.61	\$ 192,005.52	\$ 1,389,283.46	\$ 24,227.00
OH	28162	AultCare Insurance Company	\$ (352,697.76)	\$ 653,633.59	\$ (352,697.76)	\$ 82,474.61
OH	29276	Community Insurance Company (Anthem BCBS)	\$ (1,827,325.84)	\$ 16,036.90	\$ (1,827,325.84)	\$ 2,023.51
OH	41047	Buckeye Community Health Plan	\$ (138,688.52)	\$ -	\$ (138,688.52)	\$ -
OH	52664	Summa Insurance Company, Inc.	\$ 1,029,971.11	\$ 1,126,100.28	\$ 129,960.38	\$ 142,089.83
OH	64353	Molina Healthcare of Ohio	\$ (59,275.67)	\$ -	\$ (59,275.67)	\$ -
OH	66083	Humana Health Plan of Ohio, Inc.	\$ 9,268,399.33	\$ -	\$ 1,169,474.26	\$ -
OH	74313	Paramount Insurance Company	\$ -	\$ -	\$ -	\$ -
OH	77552	CareSource	\$ (2,330,396.51)	\$ -	\$ (2,330,396.51)	\$ -
OH	92036	HealthSpan	\$ 4,984,820.40	\$ 82,913.27	\$ 628,977.98	\$ 10,461.89
OH	98894	Coventry Health and Life	\$ 572,626.39	\$ -	\$ 72,253.23	\$ -
OH	99969	Medical Health Insuring Corporation of Ohio	\$ 4,162,818.87	\$ 814,705.62	\$ 525,258.93	\$ 102,798.47

Table 37 – Oklahoma

STATE	HIOS ID	HIOS INPUTTED INSURANCE COMPANY NAME	HHS RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET)	HHS RISK CORRIDOR AMOUNT (SMALL GROUP MARKET)	PRORATED AMOUNT (INDIVIDUAL MARKET)	PRORATED AMOUNT (SMALL GROUP MARKET)
OK	53524	Coventry Health and Life	\$ 160,301.63	\$ -	\$ 20,226.65	\$ -
OK	66946	Aetna Life Insurance Company	\$ 430,044.89	\$ -	\$ 54,262.49	\$ -
OK	76668	Coventry Health Care of Kansas, Inc.	\$ 1,263,023.77	\$ -	\$ 159,366.65	\$ -
OK	85408	GlobalHealth, Inc.	\$ 2,789,907.94	\$ 15,603.96	\$ 352,026.86	\$ 1,968.89
OK	87571	Blue Cross Blue Shield of Oklahoma	\$ 51,750,597.82	\$ 2,141,587.80	\$ 6,529,821.36	\$ 270,222.69
OK	87698	CommunityCare Life & Health Insurance Company	\$ -	\$ 153,238.12	\$ -	\$ 19,335.38
OK	98905	CommunityCare HMO, Inc.	\$ (89,579.39)	\$ 324,873.59	\$ (89,579.39)	\$ 40,992.12

Table 38 – Oregon

STATE	HIOS ID	HIOS INPUTTED INSURANCE COMPANY NAME	HHS RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET)	HHS RISK CORRIDOR AMOUNT (SMALL GROUP MARKET)	PRORATED AMOUNT (INDIVIDUAL MARKET)	PRORATED AMOUNT (SMALL GROUP MARKET)
OR	10091	PacificSource Health Plans	\$ 3,007,808.62	\$ -	\$ 379,521.28	\$ -
OR	10940	Health Net Health Plan of Oregon, Inc.	\$ 2,355,054.51	\$ -	\$ 297,157.63	\$ -
OR	32536	ATRIO Health Plans	\$ 79,569.24	\$ 38,865.04	\$ 10,039.94	\$ 4,903.94
OR	39424	Moda Health Plan, Inc.	\$ 86,224,498.21	\$ 1,515,915.79	\$ 10,879,692.10	\$ 191,276.23
OR	56707	Providence Health Plan	\$ (884,714.62)	\$ (14,562.34)	\$ (884,714.62)	\$ (14,562.34)
OR	63474	BridgeSpan Health Company	\$ (10,125.33)	\$ -	\$ (10,125.33)	\$ -
OR	71287	Kaiser Foundation Healthplan of the NW	\$ -	\$ (103,672.86)	\$ -	\$ (103,672.86)

STATE	HIOS ID	HIOS INPUTTED INSURANCE COMPANY NAME	HHS RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET)	HHS RISK CORRIDOR AMOUNT (SMALL GROUP MARKET)	PRORATED AMOUNT (INDIVIDUAL MARKET)	PRORATED AMOUNT (SMALL GROUP MARKET)
OR	85804	LifeWise Health Plan of Oregon	\$ 4,825,921.49	\$ -	\$ 608,928.33	\$ -
OR	95417	Trillium Community Health Plan	\$ (4,991.57)	\$ -	\$ (4,991.57)	\$ -
OR	96383	Health Republic Insurance Company	\$ 4,206,407.40	\$ 3,678,478.75	\$ 530,758.87	\$ 464,145.54
OR	99389	Community Care of Oregon, Inc.	\$ 1,528,717.06	\$ (53,520.17)	\$ 192,891.48	\$ (53,520.17)

Table 39 – Pennsylvania

STATE	HIOS ID	HIOS INPUTTED INSURANCE COMPANY NAME	HHS RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET)	HHS RISK CORRIDOR AMOUNT (SMALL GROUP MARKET)	PRORATED AMOUNT (INDIVIDUAL MARKET)	PRORATED AMOUNT (SMALL GROUP MARKET)
PA	16481	UPMC Health Network, Inc.	\$ -	\$ 222,263.08	\$ -	\$ 28,044.86
PA	22444	Geisinger Health Plan	\$ 17,817,403.51	\$ 5,080,960.02	\$ 2,248,176.19	\$ 641,108.75
PA	31609	Independence Blue Cross (QCC Ins. Co.)	\$ (1,308,105.69)	\$ 10,769,563.46	\$ (1,308,105.69)	\$ 1,358,889.14
PA	33709	Highmark, Inc.	\$ 158,255,675.15	\$ 1,561,432.70	\$ 19,968,489.86	\$ 197,019.49
PA	33871	Keystone Health Plan East, Inc.	\$ 14,274,873.45	\$ 14,996,681.97	\$ 1,801,184.48	\$ 1,892,261.31
PA	33906	Aetna Life Insurance	\$ 305,303.92	\$ -	\$ 38,522.84	\$ -

STATE	HIOS ID	HIOS INPUTTED INSURANCE COMPANY NAME	HHS RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET)	HHS RISK CORRIDOR AMOUNT (SMALL GROUP MARKET)	PRORATED AMOUNT (INDIVIDUAL MARKET)	PRORATED AMOUNT (SMALL GROUP MARKET)
		Company				
PA	52899	UPMC Health Plan, Inc.	\$ -	\$ 13,607.91	\$ -	\$ 1,717.03
PA	53789	Keystone Health Plan Central	\$ 116,511.72	\$ (10,554.40)	\$ 14,701.29	\$ (10,554.40)
PA	55957	First Priority Life Insurance Company, Inc.	\$ 10,933,783.20	\$ -	\$ 1,379,610.17	\$ -
PA	64844	Aetna Health Inc. (a PA corp.)	\$ (345,573.38)	\$ -	\$ (345,573.38)	\$ -
PA	70194	Highmark Health Insurance Company	\$ 31,690,007.63	\$ -	\$ 3,998,602.87	\$ -
PA	75729	Geisinger Quality Options	\$ 3,707,248.35	\$ 3,991,516.95	\$ 467,775.65	\$ 503,644.28
PA	82795	Capital Advantage Insurance Company CAIC	\$ 235,466.09	\$ 54,647.55	\$ 29,710.80	\$ 6,895.35
PA	91303	HealthAmerica Pennsylvania, Inc.	\$ 2,042,302.79	\$ -	\$ 257,695.04	\$ -

Table 40 – Rhode Island

STATE	HIOS ID	HIOS INPUTTED INSURANCE COMPANY NAME	HHS RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET)	HHS RISK CORRIDOR AMOUNT (SMALL GROUP MARKET)	PRORATED AMOUNT (INDIVIDUAL MARKET)	PRORATED AMOUNT (SMALL GROUP MARKET)
RI	15287	Blue Cross & Blue Shield of Rhode Island	\$ -	\$ -	\$ -	\$ -
RI	77514	Neighborhood Health Plan of Rhode Island	\$ (211,788.19)	\$ (4,014.40)	\$ (211,788.19)	\$ (4,014.40)
RI	79881	UnitedHealthcare of New England, Inc.	\$ -	\$ 762.71	\$ -	\$ 96.24

Table 41 – South Carolina

STATE	HIOS ID	HIOS INPUTTED INSURANCE COMPANY NAME	HHS RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET)	HHS RISK CORRIDOR AMOUNT (SMALL GROUP MARKET)	PRORATED AMOUNT (INDIVIDUAL MARKET)	PRORATED AMOUNT (SMALL GROUP MARKET)
SC	26065	Blue Cross and Blue Shield of South Carolina	\$ (5,288,866.75)	\$ (529,578.40)	\$ (5,288,866.75)	\$ (529,578.40)
SC	41614	Coventry Health Care of the Carolinas, Inc.	\$ 5,095,926.05	\$ -	\$ 642,997.15	\$ -
SC	49532	BlueChoice HealthPlan of South Carolina, Inc.	\$ (2,329,264.72)	\$ (21,230.33)	\$ (2,329,264.72)	\$ (21,230.33)
SC	65122	Consumers' Choice Health Insurance Company	\$ 12,425,229.72	\$ (1,019.57)	\$ 1,567,798.90	\$ (1,019.57)

Table 42 – South Dakota

STATE	HIOS ID	HIOS INPUTTED INSURANCE COMPANY NAME	HHS RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET)	HHS RISK CORRIDOR AMOUNT (SMALL GROUP MARKET)	PRORATED AMOUNT (INDIVIDUAL MARKET)	PRORATED AMOUNT (SMALL GROUP MARKET)
SD	31195	Sanford Health Plan	\$ 2,970,388.46	\$ 566,171.13	\$ 374,799.65	\$ 71,438.72
SD	60536	Avera Health Plans, Inc.	\$ 7,572,477.64	\$ 394,223.31	\$ 955,485.12	\$ 49,742.57
SD	62210	South Dakota State Medical Holding Company, Inc.	\$ 66,565.39	\$ 12,552.90	\$ 8,399.13	\$ 1,583.91

Table 43 – Tennessee

STATE	HIOS ID	HIOS INPUTTED INSURANCE COMPANY NAME	HHS RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET)	HHS RISK CORRIDOR AMOUNT (SMALL GROUP MARKET)	PRORATED AMOUNT (INDIVIDUAL MARKET)	PRORATED AMOUNT (SMALL GROUP MARKET)
TN	14002	BlueCross BlueShield of Tennessee	\$ 78,721,051.43	\$ -	\$ 9,932,917.20	\$ -
TN	66842	Community Health Alliance Mutual Insurance Company	\$ 212,418.39	\$ 155,095.17	\$ 26,802.67	\$ 19,569.70
TN	82120	Humana Insurance Company	\$ 7,292,392.28	\$ -	\$ 920,144.32	\$ -
TN	99248	Cigna Health and Life Insurance Company	\$ (31,703.92)	\$ -	\$ (31,703.92)	\$ -

Table 44 – Texas

STATE	HIOS ID	HIOS INPUTTED INSURANCE COMPANY NAME	HHS RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET)	HHS RISK CORRIDOR AMOUNT (SMALL GROUP MARKET)	PRORATED AMOUNT (INDIVIDUAL MARKET)	PRORATED AMOUNT (SMALL GROUP MARKET)
TX	26539	SHA, LLC DBA FirstCare Health Plans	\$ 1,675,416.16	\$ 359,876.56	\$ 211,401.77	\$ 45,408.74
TX	27248	Community Health Choice, Inc.	\$ (4,628.30)	\$ -	\$ (4,628.30)	\$ -
TX	32673	Humana Health Plan of Texas, Inc.	\$ 61,229,555.45	\$ -	\$ 7,725,863.58	\$ -
TX	33602	Blue Cross Blue Shield of Texas	\$ 275,081,527.88	\$ 19,226,824.55	\$ 34,709,420.03	\$ 2,426,015.06
TX	40788	Scott and White Health Plan	\$ 770,409.24	\$ -	\$ 97,209.21	\$ -
TX	45786	Molina Healthcare of	\$ (421,460.88)	\$ -	\$ (421,460.88)	\$ -

STATE	HIOS ID	HIOS INPUTTED INSURANCE COMPANY NAME	HHS RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET)	HHS RISK CORRIDOR AMOUNT (SMALL GROUP MARKET)	PRORATED AMOUNT (INDIVIDUAL MARKET)	PRORATED AMOUNT (SMALL GROUP MARKET)
		Texas				
TX	46224	Community First Health Plans, Inc.	\$ 10,771.93	\$ -	\$ 1,359.19	\$ -
TX	55409	Cigna Health and Life Insurance Company	\$ 12,881,279.86	\$ -	\$ 1,625,342.70	\$ -
TX	63141	Humana Insurance Company	\$ 5,073,997.06	\$ -	\$ 640,230.18	\$ -
TX	71837	Sendero Health Plans, Inc.	\$ -	\$ -	\$ -	\$ -
TX	87226	Superior Health Plan	\$ (141,809.67)	\$ -	\$ (141,809.67)	\$ -
TX	91716	Aetna Life Insurance Company	\$ 1,101,457.25	\$ -	\$ 138,980.41	\$ -

Table 45 – Utah

STATE	HIOS ID	HIOS INPUTTED INSURANCE COMPANY NAME	HHS RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET)	HHS RISK CORRIDOR AMOUNT (SMALL GROUP MARKET)	PRORATED AMOUNT (INDIVIDUAL MARKET)	PRORATED AMOUNT (SMALL GROUP MARKET)
UT	18167	Molina Healthcare of Utah	\$ (34,983.73)	\$ -	\$ (34,983.73)	\$ -
UT	27619	Arches Mutual Insurance Company	\$ 11,541,794.74	\$ 475,006.15	\$ 1,456,328.26	\$ 59,935.64
UT	34541	BridgeSpan Health Company	\$ 2,017,051.99	\$ -	\$ 254,508.93	\$ -
UT	38927	Aetna Health of Utah, Inc.	\$ 2,007,972.57	\$ -	\$ 253,363.30	\$ -
UT	56764	Humana Medical Plan of Utah, Inc.	\$ 9,670,212.71	\$ -	\$ 1,220,174.53	\$ -
UT	66413	UnitedHealthcare of Utah, Inc.	\$ -	\$ (83,844.54)	\$ -	\$ (83,844.54)
UT	68781	SelectHealth	\$ 62,294,564.39	\$ 21,242,298.51	\$ 7,860,244.99	\$ 2,680,324.87

Table 46 – Vermont

STATE	HIOS ID	HIOS INPUTTED INSURANCE COMPANY NAME	HHS RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET)	HHS RISK CORRIDOR AMOUNT (SMALL GROUP MARKET)	PRORATED AMOUNT (INDIVIDUAL MARKET)	PRORATED AMOUNT (SMALL GROUP MARKET)
VT	13627	Blue Cross Blue Shield of Vermont	\$ (30,650.56)	\$ (36,128.73)	\$ (30,650.56)	\$ (36,128.73)
VT	77566	MVP Health Plan, Inc.	\$ 918,153.01	\$ 644,843.45	\$ 115,851.32	\$ 81,365.49

Table 47 – Virginia

STATE	HIOS ID	HIOS INPUTTED INSURANCE COMPANY NAME	HHS RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET)	HHS RISK CORRIDOR AMOUNT (SMALL GROUP MARKET)	PRORATED AMOUNT (INDIVIDUAL MARKET)	PRORATED AMOUNT (SMALL GROUP MARKET)
VA	10207	CareFirst BlueChoice, Inc.	\$ 730,771.62	\$ -	\$ 92,207.79	\$ -
VA	12028	Innovation Health Insurance Company	\$ 426,857.46	\$ -	\$ 53,860.30	\$ -
VA	20507	Optima Health Plan	\$ -	\$ -	\$ -	\$ -
VA	38234	Aetna Life Insurance Company	\$ (659,270.22)	\$ -	\$ (659,270.22)	\$ -
VA	40308	Group Hospitalization and Medical Services, Inc.	\$ (64,661.14)	\$ (1,025,296.29)	\$ (64,661.14)	\$ (1,025,296.29)
VA	88380	HealthKeepers, Inc.	\$ -	\$ (2,548.51)	\$ -	\$ (2,548.51)
VA	95185	Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.	\$ -	\$ 178,089.11	\$ -	\$ 22,471.05
VA	99663	Coventry Health Care of Virginia, Inc.	\$ -	\$ -	\$ -	\$ -

Table 48 – Washington

STATE	HIOS ID	HIOS INPUTTED INSURANCE COMPANY NAME	HHS RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET)	HHS RISK CORRIDOR AMOUNT (SMALL GROUP MARKET)	PRORATED AMOUNT (INDIVIDUAL MARKET)	PRORATED AMOUNT (SMALL GROUP MARKET)
WA	18581	Community Health Plan of Washington	\$ (753,546.87)	\$ -	\$ (753,546.87)	\$ -
WA	23371	Kaiser Foundation Healthplan of the NW	\$ (3,394,261.77)	\$ (369,811.39)	\$ (3,394,261.77)	\$ (369,811.39)
WA	38498	LifeWise Health Plan of WA	\$ (1,919,519.31)	\$ -	\$ (1,919,519.31)	\$ -
WA	49831	Premiera Blue Cross	\$ (5,476,090.21)	\$ -	\$ (5,476,090.21)	\$ -
WA	53732	BridgeSpan Health Company	\$ (2,033,720.54)	\$ -	\$ (2,033,720.54)	\$ -
WA	61836	Coordinated Care Corporation	\$ -	\$ -	\$ -	\$ -
WA	80473	Group Health Cooperative	\$ (6,356,225.50)	\$ -	\$ (6,356,225.50)	\$ -
WA	84481	Molina Healthcare of Washington, Inc.	\$ (1,376,733.58)	\$ -	\$ (1,376,733.58)	\$ -

Table 49 – West Virginia

STATE	HIOS ID	HIOS INPUTTED INSURANCE COMPANY NAME	HHS RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET)	HHS RISK CORRIDOR AMOUNT (SMALL GROUP MARKET)	PRORATED AMOUNT (INDIVIDUAL MARKET)	PRORATED AMOUNT (SMALL GROUP MARKET)
WV	31274	Highmark Blue Cross Blue Shield West Virginia	\$ 14,385,457.00	\$ 38,227.31	\$ 1,815,137.76	\$ 4,823.47

Table 50 – Wisconsin

STATE	HIOS ID	HIOS INPUTTED INSURANCE COMPANY NAME	HHS RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET)	HHS RISK CORRIDOR AMOUNT (SMALL GROUP MARKET)	PRORATED AMOUNT (INDIVIDUAL MARKET)	PRORATED AMOUNT (SMALL GROUP MARKET)
WI	35334	MercyCare Insurance Company	\$ -	\$ 355,607.79	\$ -	\$ 44,870.12
WI	37833	Unity Health Plans Insurance Corporation	\$ -	\$ -	\$ -	\$ -
WI	38166	Security Health Plan of Wisconsin, Inc.	\$ -	\$ 875,656.06	\$ -	\$ 110,489.11
WI	38345	Dean Health Plan	\$ 15,750,038.55	\$ -	\$ 1,987,318.84	\$ -
WI	47342	Health Tradition Health Plan	\$ 297,680.24	\$ 282,631.37	\$ 37,560.90	\$ 35,662.05
WI	52697	Molina Healthcare of Wisconsin, Inc.	\$ (2,294,384.22)	\$ -	\$ (2,294,384.22)	\$ -
WI	57637	Medica Insurance Company	\$ -	\$ 481,277.84	\$ -	\$ 60,727.00
WI	57845	Medica Health Plans of Wisconsin	\$ (1,883,070.63)	\$ -	\$ (1,883,070.63)	\$ -
WI	58326	MercyCare HMO, Inc.	\$ 628,033.47	\$ 555,110.94	\$ 79,244.43	\$ 70,043.16
WI	58564	Physicians Plus Insurance Corporation	\$ (400,853.60)	\$ -	\$ (400,853.60)	\$ -
WI	79475	Compcare Health Services Insurance Company (Anthem BCBS)	\$ 4,931,489.14	\$ -	\$ 622,248.72	\$ -
WI	84670	WPS Health Plan, Inc.	\$ 6,415,135.24	\$ -	\$ 809,453.20	\$ -
WI	87416	Common Ground Healthcare Cooperative	\$ 44,457,568.86	\$ 784,154.58	\$ 5,609,596.70	\$ 98,943.58
WI	91058	Gundersen Health Plan, Inc.	\$ -	\$ 2,074,673.03	\$ -	\$ 261,779.47
WI	94529	Group Health Cooperative-SCW	\$ (214,772.33)	\$ (487,586.65)	\$ (214,772.33)	\$ (487,586.65)

Table 51 – Wyoming

STATE	HIOS ID	HIOS INPUTTED INSURANCE COMPANY NAME	HHS RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET)	HHS RISK CORRIDOR AMOUNT (SMALL GROUP MARKET)	PRORATED AMOUNT (INDIVIDUAL MARKET)	PRORATED AMOUNT (SMALL GROUP MARKET)
WY	11269	Blue Cross Blue Shield of Wyoming	\$ (3,909,210.30)	\$ 607,415.77	\$ (3,909,210.30)	\$ 76,642.91
WY	53189	WINhealth Partners	\$ 4,996,309.90	\$ 70,330.08	\$ 630,427.71	\$ 8,874.16

Exhibit 2

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 19, 2015

From: Center for Consumer Information & Insurance Oversight (CCIIO),
Centers for Medicare & Medicaid Services (CMS)

Subject: **Risk Corridors Payments for the 2014 Benefit Year**

On October 1, 2015, the Centers for Medicare & Medicaid Services (CMS) announced that for the first year of the three year risk corridors program, qualified health plan (QHP) issuers will pay charges of approximately \$362 million, and QHP issuers have requested \$2.87 billion of 2014 payments, based on current data for the 2014 benefit year.¹ Consistent with prior guidance, assuming full collections of risk corridors charges for the 2014 benefit year, insurers will be paid an amount that reflects a proration rate of 12.6% of their 2014 benefit year risk corridors payment requests.² The remaining 2014 risk corridors payments will be made from 2015 risk corridors collections, and if necessary, 2016 collections.

In the event of a shortfall for the 2016 program year, the Department of Health and Human Services (HHS) will explore other sources of funding for risk corridors payments, subject to the availability of appropriations. This includes working with Congress on the necessary funding for outstanding risk corridors payments.

HHS recognizes that the Affordable Care Act requires the Secretary to make full payments to issuers, and HHS is recording those amounts that remain unpaid following our 12.6% payment this winter as fiscal year 2015 obligation of the United States Government for which full payment is required.

¹ "Risk Corridors Payment Proration Rate for 2014." October 1, 2015. <https://www.cms.gov/CCIIO/Programs-and-Initiatives/Premium-Stabilization-Programs/Downloads/RiskCorridorsPaymentProrationRatefor2014.pdf>

² "Risk Corridors and Budget Neutrality." April 11, 2014. <https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/Downloads/faq-risk-corridors-04-11-2014.pdf>. "Risk Corridors Payment Proration Rate." October 1, 2015. <https://www.cms.gov/CCIIO/Programs-and-Initiatives/Premium-Stabilization-Programs/Downloads/RiskCorridorsPaymentProrationRatefor2014.pdf>

Exhibit 3

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 18, 2016

Subject: Risk Corridors Payment and Charge Amounts for the 2015 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 the Marketplace.

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 on *Risk Corridors and Budget Neutrality*.¹ As set forth in that guidance, if risk corridors collections for a particular year are insufficient to make full risk corridors payments for that year, risk corridors payments for the year will be reduced pro rata to the extent of any shortfall. Because risk corridors payments for the 2014 benefit year exceeded risk corridors collections for that benefit year, risk corridors collections for the 2015 benefit year will be used first towards remaining balances on 2014 benefit year risk corridors payments.

On September 9, 2016, HHS published guidance on *Risk Corridors Payments for 2015*, stating that we anticipated that all 2015 benefit year collections would be used toward remaining 2014 benefit year risk corridors payments, and that no funds would be available at this time for 2015 benefit year risk corridors payments.² 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.

We are also announcing issuer-level risk corridors payments and charges for the 2015 benefit year. The tables below show risk corridors payments and charges calculated for the 2015 benefit year, by State and issuer, and the additional amount based on anticipated 2015 risk corridors collections that HHS expects to pay towards the calculated 2014 benefit year payments.³ Pursuant to 45 CFR

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 Payments for 2015*, available at: <https://www.cms.gov/CCIIO/Programs-and-Initiatives/Premium-Stabilization-Programs/Downloads/Risk-Corridors-for-2015-FINAL.PDF>

³ Risk corridor payment and charge amounts published in this bulletin do not reflect any payment or charge adjustments due to resubmissions after September 30, 2016 or any amount held back for appeals.

153.510(g), the 2015 benefit year risk corridors amounts listed in this report include the direct adjustment for issuers that reported certified estimates of the cost-sharing reduction portion of advance payments that were lower than the actual CSRs provided for the 2014 benefit year (as calculated under CSR reconciliation for the 2014 benefit year). On November 17, 2016, HHS notified issuers subject to the direct adjustment to 2015 benefit year risk corridors amounts of the calculated adjustment amount, consistent with guidance issued on September 15, 2016.⁴

Risk corridors payments are reduced pro rata based on risk corridors collections received. HHS intends to collect the full 2015 risk corridors charge amounts indicated in the tables below. HHS is collecting 2015 risk corridor charges in November 2016, and will begin remitting risk corridors payments to issuers in December 2016, as collections are received.

STATE	HIOS ID	HIOS INPUTTED INSURANCE COMPANY NAME	HHS 2015 RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET)	HHS 2015 RISK CORRIDOR AMOUNT (SMALL GROUP MARKET)	EXPECTED PAYMENT TOWARD 2014 AMOUNTS
AK	38344	Premiera Blue Cross Blue Shield of Alaska	\$7,479,997.83	\$716,228.92	\$274,005.10
AK	73836	Moda Health Plan, Inc.	\$28,630,662.11	\$2,900,481.02	\$56,006.61
AL	44580	Humana Insurance Company	\$2,935,440.73	\$0.00	\$31,461.63
AL	46944	Blue Cross and Blue Shield of Alabama	\$79,476,154.29	\$10,341,860.76	\$11,784.62
AL	59809	UnitedHealthcare Life Insurance Company	\$0.00	\$6,577.07	\$0.00
AL	68259	UnitedHealthcare of Alabama, Inc.	\$8,688,275.81	\$0.00	N/A
AR	62141	Celtic Insurance Company	\$1,812,823.37	\$0.00	\$0.00
AR	70525	QCA Health Plan, Inc.	\$476,592.83	\$0.00	\$138,891.20
AR	75293	USABLE Mutual Insurance Company	\$15,919,592.28	-\$7,883.38	\$0.00
AR	37903	QualChoice Life & Health Insurance Company, Inc.	\$4,524,487.98	\$0.00	N/A
AZ	23307	Humana Health Plan, Inc.	\$202,481.41	\$0.00	\$61,511.29
AZ	51485	Health Net Life Insurance Company	\$95,219,226.99	\$17,249,722.49	\$1,489,451.17
AZ	53901	Blue Cross and Blue Shield of Arizona, Inc.	\$51,990,665.22	\$0.00	\$388,258.91
AZ	60761	Meritus Health Partners	\$54,694,644.83	\$702,732.99	\$115,921.29
AZ	70239	Health Choice Insurance Co.	\$4,444,184.06	\$0.00	\$41,795.92
AZ	84251	Aetna Life Insurance Company	-\$389,753.48	\$0.00	\$1,995.46
AZ	86830	Cigna Health and Life Insurance Company	\$1,023,204.62	\$0.00	\$5,758.61
AZ	88925	University of Arizona Health Plans-University Healthcare, Inc.	\$1,213,077.74	\$0.00	\$21,429.04
AZ	91450	Health Net of Arizona, Inc.	\$38,681,654.46	\$5,438,853.29	\$1,523,528.06
AZ	92045	Meritus Mutual Health Partners	\$11,438,590.03	\$1,437,229.12	\$62,237.55

⁴ Reporting of Risk Corridors Amounts Reflecting Certified Estimates of 2014 Cost-Sharing Reduction Amounts in Part 3, Line 1.7 of the Medical Loss Ratio Annual Reporting Form for the 2015 Benefit Year, available at: https://www.regtap.info/uploads/library/RC_CSRandMLR_091516_v1_5CR_091516.pdf

STATE	HIOS ID	HIOS INPUTTED INSURANCE COMPANY NAME	HHS 2015 RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET)	HHS 2015 RISK CORRIDOR AMOUNT (SMALL GROUP MARKET)	EXPECTED PAYMENT TOWARD 2014 AMOUNTS
AZ	65441	Phoenix Health Plans, Inc.	\$34,931.14	\$0.00	N/A
AZ	80863	Time Insurance Company	\$7,624,448.10	\$0.00	N/A
AZ	98971	All Savers Insurance Company	\$7,002,813.66	\$0.00	N/A
CA	18126	MOLINA HEALTHCARE OF CALIFORNIA	\$1,784,227.07	\$0.00	\$0.00
CA	27603	Blue Cross of California(Anthem BC)	-\$808,605.43	\$0.00	\$0.00
CA	40513	Kaiser Foundation Health Plan, Inc.	\$39,758,493.83	\$47,233,593.74	\$1,226,858.64
CA	47579	Chinese Community Health Plan	-\$25,303.31	\$0.00	\$23,677.66
CA	67138	Health Net of California, Inc	\$24,828,036.37	\$0.00	\$0.00
CA	70285	CA Physician's Service dba Blue Shield of CA	\$29,839,109.20	-\$217,494.36	\$0.00
CA	84014	County of Santa Clara	\$151,037.85	\$0.00	\$0.00
CA	92499	Sharp Health Plan	\$0.00	\$31,033.86	\$258.29
CA	92815	Local Initiative Health Authority for Los Angeles County	\$8,255,198.64	\$0.00	\$450,495.26
CA	93689	Western Health Advantage	\$0.00	\$171,678.94	\$193.15
CA	99110	Health Net Life Insurance Company	\$130,379,454.51	\$10,868,970.44	\$168,047.08
CA	99483	CONTRA COSTA HEALTH PLAN	\$0.00	\$0.00	\$0.00
CO	11555	New Health Ventures Inc	\$88,645.17	\$0.00	\$3,538.44
CO	20472	Colorado Health Insurance Cooperative, Inc.	\$97,136,652.48	\$1,558,715.85	\$475,035.47
CO	21032	Kaiser Foundation Health Plan of Colo.	\$52,928,909.77	\$0.00	\$470,397.66
CO	49375	Cigna Health and Life Insurance Company	\$2,017,361.36	\$0.00	\$0.00
CO	63312	Colorado Choice Health Plans	\$1,597,077.24	\$60,789.09	\$199,569.45
CO	66699	Denver Health Medical Plan, Inc	\$141,372.24	\$0.00	\$9,551.66
CO	74320	Humana Health Plan	\$2,856,524.81	\$0.00	\$105,754.43
CO	76680	HMO Colorado, Inc., dba HMO Nevada	\$3,002,631.67	\$38,482.92	\$49,152.32
CO	80208	Rocky Mountain Health Care Options	\$0.00	\$0.00	\$14,634.44
CO	92137	All Savers Insurance Company	\$184,407.92	\$0.00	\$0.00
CO	97879	Rocky Mountain HMO	\$32,345,160.48	\$780,733.56	\$68,035.75
CT	49650	UnitedHealthcare Insurance Company	\$222,890.06	\$265,020.43	\$375.35
CT	76962	ConnectiCare Benefits, Inc.	\$0.00	\$0.00	\$0.00
CT	86545	Anthem Health Plans Inc(Anthem BCBS)	-\$691,198.86	\$0.00	\$0.00
CT	91069	HealthyCT, Inc.	\$12,859,364.54	\$1,723,783.09	\$60,918.61
DC	41842	UnitedHealthcare Insurance Company	\$0.00	\$0.00	\$0.00
DC	73987	Aetna Health Inc. (a PA corp.)	\$0.00	\$220,036.68	\$0.00
DC	75753	Optimum Choice, Inc.	\$0.00	-\$240,089.45	\$0.00
DC	77422	Aetna Life Insurance Company	\$42,898.21	\$112,048.45	\$0.00

STATE	HIOS ID	HIOS INPUTTED INSURANCE COMPANY NAME	HHS 2015 RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET)	HHS 2015 RISK CORRIDOR AMOUNT (SMALL GROUP MARKET)	EXPECTED PAYMENT TOWARD 2014 AMOUNTS
DC	78079	GHMSI	\$0.00	\$0.00	\$0.00
DC	86052	CareFirst BlueChoice, Inc.	-\$3,513.64	\$0.00	\$0.00
DC	94506	Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.	\$1,054,566.82	\$1,802,662.82	\$41,761.59
DC	21066	UnitedHealthcare of the Mid-Atlantic Inc	\$0.00	\$14,598.52	N/A
DE	13537	Coventry Health and Life	-\$61,257.16	\$0.00	\$0.00
DE	76168	Highmark BCBSD Inc.	\$21,566,965.70	\$0.00	\$201,814.53
DE	81914	Coventry Health Care of Delaware, Inc.	-\$6,863.38	\$0.00	\$0.00
DE	29497	Aetna Life Insurance Company	\$965,123.20	\$0.00	N/A
DE	67190	Aetna Health Inc. (a PA corp.)	\$528,909.73	-\$12,042.12	N/A
FL	16842	Blue Cross and Blue Shield of Florida	\$0.00	\$0.00	\$479,525.97
FL	23841	Aetna Life Insurance Company	-\$7,303,625.54	\$0.00	\$0.00
FL	27357	Health First Health Plans, Inc.	\$0.00	\$0.00	\$3,421.47
FL	30252	Health Options, Inc.	\$0.00	\$0.00	\$378,082.04
FL	35783	Humana Medical Plan, Inc.	\$45,750,026.92	\$0.00	\$1,369,627.28
FL	48121	Cigna Health and Life Insurance Company	\$43,174,253.76	\$0.00	\$135,140.32
FL	51398	Preferred Medical Plan, Inc.	-\$5,243,952.57	\$0.00	\$1,155,250.77
FL	54172	Molina Healthcare of Florida, Inc	\$25,417,985.09	\$0.00	\$1,296.70
FL	56503	Florida Health Care Plan, Inc.	\$719,021.99	-\$114,905.82	\$0.00
FL	57451	Coventry Health Care of Florida, Inc.	-\$19,865,425.63	\$0.00	\$1,016,497.42
FL	77150	Health First Insurance, Inc.	-\$142,937.08	\$165,954.93	\$61,531.94
FL	86382	Sunshine State Health Plan	\$0.00	\$0.00	\$0.00
FL	18628	Aetna Health Inc. (a FL corp.)	\$11,484,155.02	\$0.00	N/A
FL	62662	Time Insurance Company	\$61,174,353.15	\$0.00	N/A
FL	68398	UnitedHealthcare of Florida, Inc.	\$42,781,167.93	\$39,290.23	N/A
GA	45495	Peach State Health Plan	\$0.00	\$0.00	\$0.00
GA	49046	Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.	\$2,761,214.17	\$0.00	\$0.00
GA	83761	Alliant Health Plans	\$10,736,274.64	\$0.00	\$4.15
GA	89942	Kaiser Foundation Health Plan of Georgia	\$9,263,922.53	\$0.00	\$65,821.65
GA	93332	Humana Employers Health Plan of Georgia, Inc.	\$113,127,699.47	\$0.00	\$2,789,450.27
GA	20544	Time Insurance Company	\$7,352,482.72	\$0.00	N/A
GA	43802	UnitedHealthcare of Georgia, Inc.	\$12,145,393.47	\$0.00	N/A
GA	47783	Aetna Health Inc., a Georgia Corp	\$18,355,167.74	\$0.00	N/A
GA	50491	Cigna Health and Life Insurance Company	\$560,890.22	\$0.00	N/A
HI	18350	Hawaii Medical Service Association	\$17,759,344.35	\$0.00	\$0.00
HI	60612	Kaiser Foundation Health Plan, Inc.	\$18,747,151.44	\$83,687.07	\$618,200.26
IA	18973	Aetna Health of Iowa Inc.	\$705,180.40	\$0.00	\$89,945.49
IA	27651	Gundersen Health Plan, Inc.	\$110,467.33	\$189,148.64	\$3,781.59

STATE	HIOS ID	HIOS INPUTTED INSURANCE COMPANY NAME	HHS 2015 RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET)	HHS 2015 RISK CORRIDOR AMOUNT (SMALL GROUP MARKET)	EXPECTED PAYMENT TOWARD 2014 AMOUNTS
IA	71268	CoOpportunity Health	\$2,863,639.96	\$3,779,496.69	\$1,860,385.66
IA	74980	Avera Health Plans, Inc.	-\$345,059.90	\$829,146.07	\$3,352.13
IA	77638	Health Alliance Midwest, Inc.	\$0.00	\$0.00	\$0.00
IA	85930	Sanford Health Plan	\$0.00	\$0.00	\$4,289.68
ID	26002	SelectHealth	\$36,856,890.10	\$2,127,750.55	\$862,397.38
ID	44648	Regence Blue Shield of Idaho	\$0.00	\$0.00	\$0.00
ID	59765	BridgeSpan Health Company	\$939,702.69	\$0.00	\$927.39
ID	60597	PacificSource Health Plans	\$2,063,613.63	\$0.00	\$74,499.13
ID	61589	Blue Cross of Idaho Health Service, Inc.	\$43,056,603.68	\$0.00	\$1,329,989.79
ID	38128	Montana Health Cooperative	\$22,795,348.35	\$129,413.38	N/A
IL	20129	Health Alliance Medical Plans, Inc.	\$8,788,291.05	\$3,260.79	\$92,150.39
IL	35670	Coventry Health & Life Co.	-\$654,220.63	\$0.00	\$11,235.99
IL	36096	Blue Cross Blue Shield of Illinois	\$288,419,830.50	\$3,075,700.10	\$6,549,724.23
IL	58288	Humana Health Plan, Inc.	\$0.00	\$0.00	\$26,607.30
IL	68303	Humana Insurance Company	\$3,149,288.79	\$0.00	\$159,490.95
IL	72547	Aetna Life Insurance Company	-\$11,538.40	\$0.00	\$5,199.74
IL	79763	Land of Lincoln Mutual Health Insurance Company	\$59,546,957.17	\$12,286,293.83	\$149,224.78
IL	96601	Coventry Health Care of Illinois, Inc.	\$2,643,435.82	\$0.00	\$105,554.82
IL	16724	UnitedHealthcare of the Midwest, Inc.	\$115,915.27	\$0.00	N/A
IL	67807	Time Insurance Company	\$1,111,551.75	\$0.00	N/A
IL	68432	IlliniCare Health Plan, Inc.	-\$4,500.83	\$0.00	N/A
IN	17575	Anthem Ins Companies Inc(Anthem BCBS)	-\$691,308.47	-\$10,160.00	\$26,992.54
IN	35065	Coordinated Care Corporation Indiana	\$0.00	\$0.00	\$0.00
IN	50816	Physicians Health Plan of Northern Indiana, Inc.	\$3,583,336.00	\$35,701.79	\$109,794.99
IN	85320	MDwise, Inc.	\$0.00	\$0.00	\$0.00
IN	20855	Advantage Health Solutions, Inc.	\$0.00	\$0.00	N/A
IN	33380	Indiana University Health Plans, Inc.	\$66,286.64	\$88.16	N/A
IN	36373	All Savers Insurance Company	\$11,449,513.89	\$0.00	N/A
IN	54192	CareSource Indiana, Inc.	\$1,293,422.26	\$0.00	N/A
IN	62033	MDwise Marketplace, Inc.	\$0.00	\$0.00	N/A
IN	67920	Southeastern Indiana Health Organization	\$21,739.31	\$0.00	N/A
IN	76179	Celtic Insurance Company	-\$1,443,802.06	\$0.00	N/A
IN	91842	Time Insurance Company	\$4,618,815.85	\$0.00	N/A
KS	18558	Blue Cross and Blue Shield of Kansas, Inc.	\$25,619,644.74	\$910,894.46	\$466,357.32
KS	61430	Coventry Health and Life	\$22,585,325.23	\$0.00	\$760,367.12
KS	65598	Coventry Health Care Of Kansas Inc	\$2,312,993.98	\$0.00	\$315,492.21

STATE	HIOS ID	HIOS INPUTTED INSURANCE COMPANY NAME	HHS 2015 RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET)	HHS 2015 RISK CORRIDOR AMOUNT (SMALL GROUP MARKET)	EXPECTED PAYMENT TOWARD 2014 AMOUNTS
KS	94248	Blue Cross and Blue Shield of Kansas City	\$6,371,297.95	\$408,600.97	\$41,905.95
KS	27811	BlueCross BlueShield Kansas Solutions, Inc.	\$12,789,305.41	\$179,041.01	N/A
KY	15411	Humana Health Plan, Inc.	\$2,482,523.85	\$0.00	\$200,273.54
KY	23671	UnitedHealthcare of Kentucky, Ltd.	\$0.00	\$13,606.24	\$0.00
KY	36239	Anthem Health Plans of KY (Anthem BCBS)	\$730,766.76	\$0.00	\$0.00
KY	40586	Baptist Health Plan, Inc.	\$0.00	\$3,214,861.78	\$48,900.21
KY	47949	Golden Rule Insurance Company	\$0.00	\$0.00	\$0.00
KY	77894	Kentucky Health Cooperative	\$77,311,836.24	\$0.00	\$2,560,299.94
KY	45636	CareSource Kentucky Co.	\$3,577,396.03	\$0.00	N/A
KY	72001	WELLCARE HEALTH PLANS OF KENTUCKY, INC	\$50,484.02	\$0.00	N/A
LA	19636	HMO Louisiana, Inc.	\$13,994,336.60	\$1,372,994.63	\$105,575.27
LA	44965	Humana Health Benefit Plan of Louisiana, Inc.	\$3,073,966.60	\$0.00	\$13,774.52
LA	67202	Louisiana Health Cooperative, Inc.	\$52,680,919.15	\$693,646.35	\$397,264.65
LA	67243	Vantage Health Plan, Inc.	-\$2,699,673.78	-\$22,641.24	\$804.48
LA	97176	Louisiana Health Service & Indemnity Company	\$37,710,617.93	\$6,165,160.07	\$1,173,859.13
LA	38499	UnitedHealthcare of Louisiana, Inc.	\$4,251,825.74	\$0.00	N/A
MA	29125	Tufts Associated Health Maintenance Org	\$209,387.13	\$76,520.57	\$0.00
MA	31234	CeltiCare Health Plan of MA	-\$192,735.20	\$0.00	\$6,669.56
MA	34484	Health New England, Inc.	-\$7,531.80	\$0.00	\$0.00
MA	36046	Harvard Pilgrim Health Care Inc.	\$0.00	\$0.00	\$0.00
MA	41304	Neighborhood Health Plan	\$7,881,196.72	\$6,922,012.85	\$595,716.02
MA	42690	Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.	\$1,943,171.80	\$1,332,625.82	\$0.00
MA	59763	Tufts Health Public Plans Inc.	\$0.00	\$0.00	\$0.00
MA	73331	Minuteman Health, Inc	\$1,903,857.27	\$142,595.46	\$37,823.79
MA	82569	Boston Medical Center Health Plan, Inc.	\$0.00	\$0.00	\$57,686.30
MA	88806	Fallon Community Health Plan, Inc.	\$295,987.67	\$456,174.22	\$18,616.80
MA	95878	HPHC Insurance Company Inc.	\$8,829,688.42	\$9,254,420.81	\$40,347.74
MA	31779	UnitedHealthcare Insurance Company	\$166,087.58	\$0.00	N/A
MD	14468	Coventry Health Care of Delaware, Inc.	\$0.00	\$245,541.73	\$0.00
MD	23620	UnitedHealthcare Insurance Company	\$0.00	\$0.00	\$0.00
MD	28137	CareFirst BlueChoice, Inc.	\$22,163,894.49	-\$118,405.17	\$595,517.37
MD	31112	UnitedHealthcare of the Mid-Atlantic Inc	\$128,553.76	\$0.00	\$0.00

STATE	HIOS ID	HIOS INPUTTED INSURANCE COMPANY NAME	HHS 2015 RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET)	HHS 2015 RISK CORRIDOR AMOUNT (SMALL GROUP MARKET)	EXPECTED PAYMENT TOWARD 2014 AMOUNTS
MD	36677	All Savers Insurance Company	\$179,551.18	\$0.00	\$4,602.89
MD	45532	CareFirst of Maryland, Inc.	\$7,565,373.57	-\$79,109.81	\$180,782.85
MD	65635	MAMSI Life and Health Insurance Company	\$0.00	\$0.00	\$0.00
MD	68541	Coventry Health and Life	\$0.00	\$83,456.08	\$0.00
MD	72375	Optimum Choice, Inc.	\$0.00	-\$839,733.33	\$0.00
MD	72564	Evergreen Health Cooperative, Inc.	\$6,952,208.46	\$14,571,500.47	\$137,379.39
MD	90296	Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.	\$17,161,594.80	\$0.00	\$18,697.89
MD	94084	GHMSI	\$3,594,558.80	-\$62,678.93	\$33,934.03
MD	32812	Cigna Health and Life Insurance Company	\$256,315.80	\$0.00	N/A
MD	66516	Aetna Health Inc. (a PA corp.)	\$0.00	-\$538.75	N/A
MD	70767	Aetna Life Insurance Company	\$0.00	\$0.00	N/A
ME	33653	Maine Community Health Options	\$19,331,299.03	\$301,696.58	\$8,029.43
ME	48396	Anthem Health Plans of ME(Anthem BCBS)	-\$31,628.48	\$0.00	\$0.00
ME	96667	Harvard Pilgrim Health Care Inc.	\$0.00	\$0.00	N/A
MI	15560	Blue Cross Blue Shield of Michigan Mutual Insurance Company	\$22,247,616.11	\$0.00	\$0.00
MI	20393	McLaren Health Plan	\$2,272,716.02	\$3,253,857.07	\$17,699.16
MI	29241	Priority Health Insurance Company (PHIC)	\$4,777,255.18	\$0.00	\$35,939.76
MI	29698	Priority Health	\$14,345,881.64	\$0.00	\$13,671.67
MI	37651	Health Alliance Plan (HAP)	\$0.00	-\$127,798.78	\$0.00
MI	40047	Molina Healthcare of Michigan, Inc.	-\$239,138.47	\$0.00	\$0.00
MI	41895	Consumers Mutual Insurance of Michigan	\$12,524,722.48	\$11,795,165.19	\$60,797.86
MI	45002	UnitedHealthcare Life Insurance Company	\$0.00	-\$1,088.34	\$1.08
MI	46275	Humana Medical Plan of Michigan, Inc.	\$0.00	\$0.00	\$269,137.91
MI	58594	Meridian Health Plan of Michigan, Inc.	-\$59,167.75	\$0.00	\$0.00
MI	67183	Total Health Care USA, Inc.	-\$152,456.94	-\$1,165,705.95	\$0.00
MI	67577	Alliance Health and Life Insurance Company	\$316,075.05	-\$214,568.98	\$2,146.80
MI	98185	Blue Care Network of Michigan	\$4,131,999.44	-\$981,975.51	\$571,141.44
MI	34620	Harbor Health Plan, Inc.	-\$8,559.18	\$0.00	N/A
MI	60829	Physicians Health Plan	\$0.00	\$0.00	N/A
MI	71667	UnitedHealthcare Community Plan, Inc.	\$144,054.47	\$0.00	N/A
MI	89029	Time Insurance Company	\$431,897.82	\$0.00	N/A
MN	31616	Medica Insurance Company	\$0.00	\$0.00	\$10,529.09
MN	34102	Group Health Plan, Inc.	\$9,221,388.74	\$0.00	\$86,769.71
MN	49316	BCBSM, INC.	\$174,955,826.46	\$0.00	\$231,054.51

STATE	HIOS ID	HIOS INPUTTED INSURANCE COMPANY NAME	HHS 2015 RISK CORRIDOR AMOUNT (INDIVIDUAL MARKET)	HHS 2015 RISK CORRIDOR AMOUNT (SMALL GROUP MARKET)	EXPECTED PAYMENT TOWARD 2014 AMOUNTS
MN	65847	Medica Health Plans of Wisconsin	\$5,655,753.07	\$0.00	\$0.00
MN	85736	UCare Minnesota	\$10,464,932.43	\$0.00	\$0.00
MN	88102	PreferredOne Insurance Company	\$0.00	\$1,550,363.48	\$1,762,670.15
MN	57129	HMO Minnesota	\$5,872,656.21	\$20,610.90	N/A
MO	32753	Healthy Alliance Life Co(Anthem BCBS)	-\$1,003,114.69	\$0.00	\$750.46
MO	34762	Blue Cross and Blue Shield of Kansas City	\$11,344,959.57	\$157,134.97	\$93,269.52
MO	44240	Coventry Health and Life	\$7,567,905.73	\$0.00	\$965,882.56
MO	16049	All Savers Insurance Company	\$6,697,668.39	\$0.00	N/A
MO	30613	Humana Insurance Company	\$2,475,780.80	\$0.00	N/A
MO	74483	Cigna Health and Life Insurance Company	\$0.00	\$0.00	N/A
MS	48963	Humana Insurance Company	\$0.00	\$0.00	\$0.00
MS	61794	UnitedHealthcare Life Insurance Company	\$0.00	-\$4,883.84	\$0.00
MS	94237	Magnolia Health Plan	\$0.00	\$0.00	\$0.00
MS	90714	Ambetter of Magnolia Inc.	-\$2,810,643.19	\$0.00	N/A
MS	97560	UnitedHealthcare of Mississippi, Inc.	\$809,174.17	\$0.00	N/A
MT	23603	PacificSource Health Plans	\$11,649,353.31	\$4,210,514.48	\$64,378.94
MT	30751	Blue Cross and Blue Shield of Montana	\$39,917,958.84	\$3,150,150.04	\$797,636.79
MT	32225	Montana Health Cooperative	\$14,345,841.40	\$410,809.41	\$206,975.90
MT	24867	Time Insurance Company	\$253,920.36	\$0.00	N/A
NC	11512	Blue Cross and Blue Shield of NC	\$214,485,108.80	\$827,984.90	\$4,898,870.47
NC	56346	Coventry Health Care of the Carolinas, Inc.	\$16,459,753.99	\$0.00	\$338,453.99
NC	54332	UnitedHealthcare of North Carolina, Inc	\$18,401,376.06	\$0.00	N/A
ND	37160	Blue Cross Blue Shield of North Dakota	\$0.00	\$0.00	\$15,226.54
ND	73751	Medica Health Plans	-\$293,487.97	-\$96,938.69	\$7,982.33
ND	89364	Sanford Health Plan	\$987,406.20	\$0.00	\$0.00
ND	39364	Medica Insurance Company	\$0.00	\$0.00	N/A
NE	15438	Coventry Health Care of Nebraska Inc.	\$18,035,629.21	\$0.00	\$0.00
NE	29678	Blue Cross and Blue Shield of Nebraska	\$24,733,023.87	\$0.00	\$469,807.48
NE	43198	CoOpportunity Health	\$12,853,762.71	\$7,498,009.00	\$2,456,521.33
NE	77931	Health Alliance Midwest Inc.	\$0.00	\$0.00	\$243.07
NE	19524	Time Insurance Company	\$4,045,974.64	\$0.00	N/A
NH	96751	Matthew Thornton Hlth Plan(Anthem BCBS)	-\$9,685,908.73	-\$19,762.95	\$0.00
NH	19304	Maine Community Health Options	\$432,666.71	\$2,673,543.16	N/A
NH	42260	Time Insurance Company	\$925,446.08	\$0.00	N/A
NH	59025	Harvard Pilgrim Health Care of NE	\$0.00	\$0.00	N/A
NH	61163	Minuteman Health, Inc	\$3,131,228.08	\$27,084.63	N/A

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NJ	10191	Freelancers CO-OP of New Jersey, Inc.	\$21,700,609.51	\$1,475,511.90	\$4,988.21
NJ	77606	AmeriHealth HMO, Inc.	\$5,486,703.07	\$1,333,811.00	\$116,232.27
NJ	91661	Horizon Healthcare Services, Inc.	-\$3,703,866.20	\$0.00	\$105,814.71
NJ	91762	AmeriHealth Ins Company of New Jersey	\$12,445,206.11	\$2,462,716.68	\$38,455.14
NJ	48834	Oxford Health Plans (NJ), Inc.	\$1,357,526.59	\$0.00	N/A
NJ	50221	Oscar Insurance Corporation of New Jersey	\$2,132,615.32	\$0.00	N/A
NM	19722	Molina Healthcare of New Mexico, Inc.	-\$107,005.94	\$0.00	\$0.00
NM	52744	Presbyterian Insurance Company, Inc.	\$0.00	\$0.00	\$0.00
NM	57173	Presbyterian Health Plan, Inc.	-\$499,336.69	-\$60,281.72	\$82,341.14
NM	75605	Blue Cross Blue Shield of New Mexico	\$18,627,474.95	\$0.00	\$218,141.39
NM	93091	New Mexico Health Connections	\$14,280,094.79	\$4,706,916.14	\$139,903.95
NM	72034	CHRISTUS Health Plan	\$134,369.02	\$0.00	N/A
NV	16698	Prominence HealthFirst	\$501,439.74	\$0.00	\$0.00
NV	34996	Nevada Health CO-OP	\$29,901,096.25	\$3,753,264.74	\$355,443.99
NV	60156	HMO Colorado, Inc., dba HMO Nevada	\$3,155,927.89	\$0.00	\$90.21
NV	95865	Health Plan of Nevada, Inc.	\$643,589.93	\$0.00	\$0.00
NV	29211	Time Insurance Company	\$7,321,151.53	\$0.00	N/A
NY	11177	MetroPlus Health Plan	\$8,797,440.70	\$338,440.65	\$290,817.51
NY	18029	Independent Health Benefits Corporation	\$0.00	\$868,523.25	\$0.00
NY	25303	New York State Catholic Health Plan, Inc.	\$0.00	\$0.00	\$0.00
NY	31808	American Progressive Life & Health Insurance Company of New York	\$0.00	\$0.00	\$0.00
NY	40064	HealthNow New York	\$1,448,976.32	\$8,170,408.69	\$0.00
NY	54235	UnitedHealthcare of New York, Inc.	\$909,112.89	\$0.00	\$0.00
NY	56184	MVP Health Plan, Inc.	-\$2,414,553.41	\$1,447,961.39	\$51,511.72
NY	57165	Affinity Health Plan, Inc.	\$0.00	\$0.00	\$39,176.64
NY	71644	Freelancers Health Service Corporation d/b/a Health Republic Insurance of New York	\$180,865,046.61	\$133,175,392.41	\$4,960,652.92
NY	74289	Oscar Insurance Corporation	\$50,645,914.29	\$0.00	\$310,349.58
NY	78124	Excellus Health Plan, Inc.	\$1,024,558.12	\$23,738,013.87	\$250,017.32
NY	80519	Empire HealthChoice HMO, Inc.	-\$297,726.69	\$0.00	\$0.00
NY	82483	North Shore-LIJ Insurance Company Inc	\$10,162,882.20	\$4,911,774.19	\$116,826.04
NY	85629	Oxford Health Insurance, Inc.	\$0.00	\$0.00	\$0.00
NY	88582	Health Insurance Plan of Greater New York	\$3,645,672.92	\$17,504,832.79	\$0.00
NY	91237	Healthfirst PHSP, Inc.	\$697,039.60	\$0.00	\$2,508.78

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NY	92551	CDPHP Universal Benefits Inc.	\$0.00	\$35,536,715.61	\$485,222.26
NY	94788	CDPHP	-\$1,282,843.60	\$0.00	\$0.00
NY	95456	Atlantis Health Plan	\$0.00	\$0.00	\$0.00
NY	39595	WellCare of New York	\$162,701.86	\$0.00	N/A
OH	20126	HealthSpan Integrated Care	\$7,797,117.69	\$4,745,409.18	\$372,126.62
OH	28162	AultCare Insurance Company	-\$9,718.54	\$139,327.35	\$21,712.60
OH	29276	Community Insurance Company(Anthem BCBS)	-\$4,249,438.31	\$0.00	\$532.71
OH	41047	Buckeye Community Health Plan	\$0.00	\$0.00	\$0.00
OH	52664	Summa Insurance Company, Inc.	-\$463,101.73	\$296,546.81	\$71,621.06
OH	64353	Molina Healthcare of Ohio, Inc.	-\$508,729.76	\$0.00	\$0.00
OH	66083	Humana Health Plan of Ohio, Inc.	\$225,079.88	\$0.00	\$307,880.64
OH	74313	Paramount Insurance Company	\$0.00	\$0.00	\$0.00
OH	77552	CareSource	\$0.00	\$0.00	\$0.00
OH	92036	HealthSpan	\$8,014,533.10	\$644,630.91	\$168,341.59
OH	98894	Coventry Health and Life	-\$623,281.14	\$0.00	\$19,021.68
OH	99969	Medical Health Insuring Corp. of Ohio	\$4,279,010.69	\$0.00	\$165,344.99
OH	14650	Time Insurance Company	\$494,806.51	\$0.00	N/A
OH	16204	Coordinated Health Mutual, Inc.	\$37,187,153.00	\$678,737.94	N/A
OH	26734	Premier Health Plan, Inc.	\$2,572,926.75	\$0.00	N/A
OH	33931	UnitedHealthcare of Ohio, Inc.	\$902,297.30	\$0.00	N/A
OH	67129	Aetna Life Insurance Company	\$0.00	\$0.00	N/A
OK	53524	Coventry Health and Life	-\$502,544.02	\$0.00	\$5,324.95
OK	66946	Aetna Life Insurance Company	-\$135,795.55	\$0.00	\$14,285.36
OK	76668	Coventry Health Care of Kansas, Inc.	\$0.00	\$0.00	\$41,955.52
OK	85408	GlobalHealth, Inc.	\$3,852,896.40	\$13,731.93	\$93,194.38
OK	87571	Blue Cross Blue Shield of Oklahoma	\$115,115,001.13	\$4,316,218.67	\$1,790,207.78
OK	87698	CommunityCare Life & Health Insurance Co	\$0.00	\$634,317.06	\$5,090.31
OK	98905	CommunityCare HMO Inc.	\$0.00	\$2,151,744.75	\$10,791.75
OK	29176	Time Insurance Company	\$568,168.32	\$0.00	N/A
OR	10091	PacificSource Health Plans	\$12,895,564.84	\$1,492,522.43	\$99,914.34
OR	10940	Health Net Health Plan of Oregon, Inc.	\$0.00	\$0.00	\$78,230.95
OR	32536	ATRIO Health Plans	\$491,055.00	-\$7,359.48	\$3,934.18
OR	39424	Moda Health Plan, Inc.	\$88,433,164.06	\$2,626,396.05	\$2,914,589.01
OR	56707	Providence Health Plan	\$5,718,501.21	\$0.00	\$63,203.86
OR	63474	BridgeSpan Health Company	\$88,117.39	\$0.00	\$0.00
OR	71287	Kaiser Foundation Healthplan of the NW	\$9,821,230.13	-\$523,898.26	\$0.00
OR	85804	LifeWise Health Plan of Oregon	\$28,911,006.31	\$0.00	\$160,308.99
OR	95417	Trillium Community Health Plan	\$0.00	-\$418.63	\$0.00
OR	96383	Health Republic Insurance Company	\$8,052,058.67	\$4,948,434.63	\$261,922.66
OR	99389	Oregon's Health CO-OP	\$12,246,711.70	\$883,407.48	\$50,781.41
PA	16481	UPMC Health Network, Inc.	-\$38,755.23	\$0.00	\$7,383.20

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PA	22444	Geisinger Health Plan	\$11,751,693.87	\$6,179,883.41	\$760,645.13
PA	31609	Independence Blue Cross (QCC Ins. Co.)	\$7,891,991.13	\$11,108,682.39	\$357,746.79
PA	33709	Highmark Inc.	\$168,580,028.14	\$5,879,605.39	\$5,308,855.59
PA	33871	Keystone Health Plan East, Inc	\$17,725,832.87	\$22,879,073.98	\$972,351.85
PA	33906	Aetna Life Insurance Company	\$1,872,197.90	\$0.00	\$10,141.68
PA	52899	UPMC Health Plan, Inc.	-\$623,294.78	\$679,452.52	\$452.03
PA	53789	Keystone Health Plan Central	\$431,670.61	\$0.00	\$3,870.32
PA	55957	First Priority Life Insurance Company, Inc.	\$40,107,921.26	\$263,953.76	\$363,201.89
PA	64844	Aetna Health Inc. (a PA corp.)	\$5,258,434.34	\$0.00	\$0.00
PA	70194	Highmark Health Insurance Company	\$38,670,122.39	\$406,775.20	\$1,052,688.76
PA	75729	Geisinger Quality Options	\$1,273,439.08	\$689,409.22	\$255,740.03
PA	82795	Capital Advantage Insurance Company CAIC	\$0.00	\$0.00	\$9,637.08
PA	91303	HealthAmerica Pennsylvania, Inc.	\$1,046,556.94	\$0.00	\$67,841.86
PA	16322	UPMC Health Options, Inc.	\$24,615,139.76	\$0.00	N/A
PA	19068	Time Insurance Company	\$1,450,728.94	\$0.00	N/A
PA	24872	UnitedHealthcare of Pennsylvania, Inc.	\$5,937,531.25	\$0.00	N/A
PA	45127	Capital Advantage Assurance Company	\$2,500,772.16	\$4,770.49	N/A
PA	62560	UPMC Health Coverage, Inc.	\$0.00	\$682,713.46	N/A
RI	15287	Blue Cross & Blue Shield of Rhode Island	\$381,639.63	\$0.00	\$0.00
RI	77514	Neighborhood Health Plan of Rhode Island	-\$5,233,486.30	-\$138,066.87	\$0.00
RI	79881	UnitedHealthcare of New England, Inc.	-\$94,105.37	\$0.00	\$25.33
RI	70760	Guardian Life Insurance Company of America	\$0.00	\$0.00	N/A
SC	26065	Blue Cross and Blue Shield of South Carolina	\$11,205,576.67	\$0.00	\$0.00
SC	41614	Coventry Health Care of the Carolinas, Inc.	\$2,975,127.19	\$0.00	\$169,278.09
SC	49532	BlueChoice HealthPlan of South Carolina, Inc.	\$6,375,309.45	\$1,462,098.16	\$0.00
SC	65122	Consumers' Choice Health Insurance Company	\$81,078,167.44	\$44,111.42	\$412,745.23
SC	39996	Time Insurance Company	\$1,451,025.54	\$0.00	N/A
SD	31195	Sanford Health Plan	\$3,972,231.55	\$909,904.23	\$117,478.56
SD	60536	Avera Health Plans, Inc.	\$17,177,873.59	\$2,309,953.60	\$264,640.41
SD	62210	South Dakota State Medical Holding Company, Inc.	\$12,926,212.21	\$277,466.87	\$2,628.17
TN	14002	BlueCross BlueShield of Tennessee	\$83,199,959.16	\$0.00	\$2,614,980.96
TN	66842	Community Health Alliance Mutual Insurance Company	\$29,930,892.43	\$252,120.24	\$12,208.18

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TN	82120	Humana Insurance Company	\$1,354,405.83	\$0.00	\$242,241.01
TN	99248	Cigna Health and Life Insurance Company	\$121,369.67	\$0.00	\$0.00
TN	60299	Time Insurance Company	\$234,775.92	\$0.00	N/A
TX	26539	SHA, LLC DBA FirstCare Health Plans	\$4,623,491.00	\$958,620.40	\$70,795.54
TX	27248	Community Health Choice, Inc.	\$2,042,945.29	\$0.00	\$0.00
TX	32673	Humana Health Plan of Texas, Inc.	\$20,835,819.27	\$0.00	\$2,033,942.87
TX	33602	Blue Cross Blue Shield of Texas	\$596,692,787.32	\$25,767,249.27	\$9,776,428.58
TX	40788	Scott and White Health Plan	\$22,204,375.02	\$0.00	\$25,591.70
TX	45786	Molina Healthcare of Texas, Inc.	-\$672,399.95	\$0.00	\$0.00
TX	46224	Community First Health Plans, Inc.	-\$17,727.14	\$0.00	\$324.66
TX	55409	Cigna Health and Life Insurance Company	\$25,063,932.77	\$0.00	\$427,894.45
TX	63141	Humana Insurance Company	\$7,347,250.49	\$0.00	\$168,549.65
TX	71837	Sendero Health Plans, inc.	\$2,200,617.89	\$0.00	\$22,751.14
TX	87226	Superior Health Plan	\$0.00	\$0.00	\$0.00
TX	91716	Aetna Life Insurance Company	\$8,680,426.35	\$0.00	\$36,588.55
TX	28020	Time Insurance Company	\$7,661,197.18	\$0.00	N/A
TX	63509	Allegian Insurance Company	\$0.00	\$0.00	N/A
TX	66252	CHRISTUS Health Plan	\$0.00	\$0.00	N/A
TX	85947	All Savers Insurance Company	\$62,422,090.52	-\$11,540.15	N/A
UT	18167	Molina Healthcare of Utah	\$3,557,849.34	\$0.00	\$0.00
UT	27619	Arches Mutual Insurance Company	\$43,467,274.22	\$2,943,893.04	\$399,177.92
UT	34541	BridgeSpan Health Company	\$7,713,827.87	\$0.00	\$67,003.07
UT	38927	Aetna Health of Utah Inc.	\$3,061,829.64	\$0.00	\$66,701.47
UT	56764	Humana Medical Plan of Utah, Inc.	\$489,707.31	\$0.00	\$321,228.20
UT	66413	UnitedHealthcare of Utah, Inc.	\$0.00	\$6,697.41	\$0.00
UT	68781	SelectHealth	\$85,912,175.23	\$25,143,079.57	\$2,774,954.11
UT	40335	Educators Health Plans Life, Accident, and Health, Inc	\$0.00	\$0.00	N/A
VA	10207	CareFirst BlueChoice, Inc.	\$1,952,573.46	\$0.00	\$24,275.00
VA	12028	Innovation Health Insurance Company	-\$5,300,607.23	\$0.00	\$14,179.48
VA	20507	Optima Health Plan	\$2,229,495.98	\$0.00	\$0.00
VA	38234	Aetna Life Insurance Company	-\$2,260,494.69	\$0.00	\$0.00
VA	40308	Group Hospitalization and Medical Services Inc.	\$155,508.63	\$0.00	\$0.00
VA	88380	HealthKeepers, Inc.	\$0.00	\$0.00	\$0.00
VA	95185	Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.	\$33,418,222.77	\$1,037,808.40	\$5,672.26
VA	99663	Coventry Health Care of Virginia, Inc	-\$4,505,742.80	\$0.00	\$0.00
VA	15668	Piedmont Community HealthCare, Inc.	\$112,913.30	\$11,151.45	N/A

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VT	13627	Blue Cross Blue Shield of Vermont	\$2,096,136.84	\$2,661,673.15	\$0.00
VT	77566	MVP Health Plan, Inc.	\$0.00	\$0.00	\$51,920.11
WA	18581	Community Health Plan of Washington	\$1,187,131.21	\$0.00	\$0.00
WA	23371	Kaiser Foundation Healthplan of the NW	\$0.00	-\$152,819.47	\$0.00
WA	38498	LifeWise Health Plan of WA	\$11,748,045.56	\$0.00	\$0.00
WA	49831	Premiera Blue Cross	\$15,553,285.66	\$0.00	\$0.00
WA	53732	BridgeSpan Health Company	\$3,849,576.58	\$0.00	\$0.00
WA	61836	Coordinated Care Corporation	\$0.00	\$0.00	\$0.00
WA	80473	Group Health Cooperative	\$521,384.24	\$0.00	\$0.00
WA	84481	Molina Healthcare of Washington, Inc.	\$238,552.08	\$0.00	\$0.00
WA	65907	Moda Health Plan, Inc.	\$11,360,459.83	\$0.00	N/A
WI	35334	MercyCare Insurance Company	\$0.00	\$874,654.10	\$11,812.69
WI	37833	Unity Health Plans Insurance Corporation	\$11,131,237.20	\$0.00	\$0.00
WI	38166	Security Health Plan of Wisconsin, Inc.	\$34,959,297.51	\$1,198,009.90	\$29,087.82
WI	38345	Dean Health Plan	\$11,814,347.27	\$0.00	\$468,016.65
WI	47342	Health Tradition Health Plan	\$0.00	\$902,750.69	\$19,276.97
WI	52697	Molina Healthcare of Wisconsin, Inc.	\$21,340,461.88	\$0.00	\$0.00
WI	57637	Medica Insurance Company	\$0.00	\$1,140,492.00	\$15,987.24
WI	57845	Medica Health Plans of Wisconsin	-\$651,625.20	\$0.00	\$0.00
WI	58326	MercyCare HMO, Inc.	\$888,775.53	\$540,373.91	\$39,302.06
WI	58564	Physicians Plus Insurance Corporation	\$171,543.34	\$0.00	\$0.00
WI	79475	Compcare Health Serv Ins Co(Anthem BCBS)	-\$93,143.86	\$0.00	\$163,815.77
WI	84670	WPS Health Plan, Inc.	\$13,564,987.77	\$220,591.15	\$213,100.00
WI	87416	Common Ground Healthcare Cooperative	\$27,770,382.35	\$1,889,058.25	\$1,502,853.97
WI	91058	Gundersen Health Plan, Inc.	\$1,107,462.46	\$3,261,542.62	\$68,917.14
WI	94529	Group Health Cooperative of South Central Wisconsin	\$0.00	-\$758,698.27	\$0.00
WI	32754	Managed Health Services Insurance Corporation	-\$18,556.78	\$0.00	N/A
WI	39924	All Savers Insurance Company	\$7,972,985.11	-\$182,309.24	N/A
WV	31274	Highmark Blue Cross Blue Shield West Virginia	\$17,059,483.59	\$0.00	\$479,130.54
WY	11269	Blue Cross Blue Shield of Wyoming	\$3,314,544.94	\$0.00	\$20,177.33
WY	53189	WINhealth Partners	\$13,475,140.86	\$108,220.90	\$168,305.26

Exhibit 4

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

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

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

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

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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

20-757 C

Plaintiff(s) or Petitioner(s)

Names: _____

Location of Plaintiff(s)/Petitioner(s) (city/state): _____

(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)): _____

Firm Name: _____

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

Post Office Box: _____

Street Address: _____

City-State-ZIP: _____

Telephone Number: _____

E-mail Address: _____

Is the attorney of record admitted to the Court of Federal Claims Bar? ☐ Yes ☐ No

Nature of Suit Code: _____

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

Agency Identification Code: _____

Number of Claims Involved: _____

Amount Claimed: \$ _____
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 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? ☐ Yes ☐ No
If yes, you are required to file a separate notice of directly related case(s). See RCFC 40.2.

Nature-of-Suit Codes for General Jurisdiction Cases

100 Contract - Construction - (CDA)	206 Tax - Excise	348 Military Pay - Reinstatement
102 Contract - Fail to Award - (CDA)	208 Tax - Gift	350 Military Pay - Relocation Expenses
104 Contract - Lease - (CDA)	210 Tax - Income, Corporate	352 Military Pay - Retirement
106 Contract - Maintenance - (CDA)	212 Tax - Income, Individual	354 Military Pay - SBP
108 Contract - Renovation - (CDA)	213 Tax - Income, Individual (Partnership)	356 Military Pay - Other
110 Contract - Repair - (CDA)	214 Tax - Informer's Fees	
112 Contract - Sale - (CDA)	216 Tax - Preparer's Penalty	500 Carrier - transportation
114 Contract - Service - (CDA)	218 Tax - Railroad	502 Copyright
116 Contract - Supply - (CDA)	Retirement/Unemployment Tax Act	504 Native American
118 Contract - Other - (CDA)	220 Tax - TEFRA Partnership - 28:1508	506 Oil Spill Clean Up
	222 Tax - Windfall Profit	507 Taking - Town Bluff Dam
120 Contract - Bailment	Overpayment - Interest	508 Patent
122 Contract - Bid Preparation Costs	224 Tax - 100% Penalty - 26:6672 -	509 Taking - Addicks & Barker Reservoirs
124 Contract - Medicare Act	Withholding	510 Taking - Personalty
125 Contract - Affordable Care Act	226 Tax - Other	512 Taking - Realty
126 Contract - Realty Sale		513 Taking - Rails to Trails
128 Contract - Subsidy	300 Civilian Pay - Back Pay	514 Taking - Other
130 Contract - Surety	302 Civilian Pay - COLA	515 Unjust Conviction and Imprisonment
132 Contract - Timber Sale	303 Civilian Pay - Disability Annuity	516 Miscellaneous - Damages
134 Contract - Other	304 Civilian Pay - FLSA	518 Miscellaneous - Lease
	306 Civilian Pay - Overtime Compensation	520 Miscellaneous - Mineral Leasing Act
136 Contract - Other - Wunderlich	308 Civilian Pay - Relocation Expenses	522 Miscellaneous - Oyster Growers
	310 Civilian Pay - Suggestion Award	Damages
138 Contract - Protest (Pre Award)	312 Civilian Pay - Other	524 Miscellaneous - Safety Off. Ben. Act
140 Contract - Protest (Post Award)		526 Miscellaneous - Royalty/Penalty Gas
	340 Military Pay - Back Pay	Production
200 Tax - Allowance of Interest	342 Military Pay - CHAMPUS	528 Miscellaneous - Other
202 Tax - Declaratory Judgment - 28:1507	344 Military Pay - Correct records	535 Informer's Reward
204 Tax - Estate	346 Military Pay - Correct/Reinstate	536 Spent Nuclear Fuel

Nature-of-Suit Codes for Vaccine Cases

449 Injury - Hepatitis A	485 Injury - Hemophilus Influenzae	477 Death - Pertussis
453 Injury - Pneumococcal Conjugate	486 Injury - Varicella	478 Death - Polio - inactive
456 Injury - DPT & Polio	490 Injury - Rotavirus	479 Death - Polio - other
457 Injury - D/T	492 Injury - Thimerosal	480 Death - Rubella
458 Injury - DTP/DPT	494 Injury - Trivalent Influenzae	481 Death - Tetanus & Diphtheria
459 Injury - Measles	496 Injury - Meningococcal	482 Death - Tetanus & Tox.
460 Injury - M/M/R	498 Injury - Human Papillomavirus	483 Death - Other
461 Injury - Measles/Rubella		487 Death - Hepatitis B
462 Injury - Mumps	452 Death - Hepatitis A	488 Death - Hemophilus Influenzae
463 Injury - Pertussis	454 Death - Pneumococcal Conjugate	489 Death - Varicella
464 Injury - Polio - inactive	470 Death - DPT & Polio	491 Death - Rotavirus
465 Injury - Polio - other	471 Death - D/T	493 Death - Thimerosal
466 Injury - Rubella	472 Death - DTP/DPT	495 Death - Trivalent Influenzae
467 Injury - Tetanus & Diphtheria	473 Death - Measles	497 Death - Meningococcal
468 Injury - Tetanus & Tox.	474 Death - M/M/R	499 Death - Human Papillomavirus
469 Injury - Other	475 Death - Measles/Rubella	
484 Injury - Hepatitis B	476 Death - Mumps	

AGENCY CODES

AGR	Agriculture	TRN	Department of Transportation
AF	Air Force	TRE	Department of Treasury
ARM	Army	VA	Department of Veterans Affairs
AEC	Atomic Energy Commission	VAR	Various Agencies
COM	Department of Commerce	O	Other
DOD	Department of Defense		
DOE	Department of Energy		
ED	Department of Education		
EPA	Environmental Protection Agency		
GPO	Government Printing Office		
GSA	General Services Administration		
HHS	Health and Human Services		
HLS	Homeland Security		
HUD	Housing and Urban Development		
DOI	Department of the Interior		
ICC	Interstate Commerce Commission		
DOJ	Department of Justice		
LAB	Department of Labor		
MC	Marine Corps		
NAS	National Aeronautical Space Agency		
NAV	Navy		
NRC	Nuclear Regulatory Commission		
PS	Postal Service		
STA	State Department		
SBA	Small Business Administration		