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Mr. Nick Cavey
Assistant Director of Government and External Relations
Maryland Insurance Administration
200 St. Paul Place, Suite 2700
Baltimore, MD 21202

Re: Public Hearing for Selection of 2017 Benchmark Plan

Dear Mr. Cavey:

I am writing on behalf of CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc. and CareFirst BlueChoice, Inc. (CareFirst) concerning the Maryland Insurance Administration's (MIA) determination of Maryland's 2017 essential health benefit benchmark plan and the subsequent 2017 benefits that will be required for individual and small employer health insurance plans in Maryland. CareFirst strongly supports maintaining a consistent set of benefits from year to year to limit market disruption and ensure that the comprehensive coverage members receive today continues in the future.

As you know, on April 8, 2015, the Centers of Medicare and Medicaid Services (CMS) released a list of the largest three small group products ranked by enrollment in each state to help facilitate their selections of benchmark plans for the 2017 plan year. We understand that since the release of the list, there have been numerous issues identified nationally with the listed plans not accurately representing the top three small group plans by enrollment. For example, some states have indicated that the plans listed are catastrophic plans, which are highly unlikely to have the largest enrollment, whereas others have noted that some insurers reported plan enrollment at the product and not plan level, thereby skewing results. Several state insurance regulators therefore, have asked carriers to independently verify their Affordable Care Act (ACA)-compliant small group plan by enrollment to ensure that the selection of the 2017 benchmark plan is accurate and reflects the plan selection consumers actually made and preferred, including the regulators in the District of Columbia and the Commonwealth of Virginia, and, most recently, the MIA.

Changing the benchmark plan from the current plan will be an enormous undertaking for all carriers that will require a redesign and reconfiguration of SBCs, templates, the redrafting, filing and approval of member contracts, expensive systems and operational changes and template changes for the Maryland Health Benefit Exchange among other things. Accordingly, CareFirst strongly urges the MIA to ensure that its selection of the 2017 benchmark plan is based on accurate and verifiable information that is consistently provided across carriers before any change to the existing benchmark plan is made. Given

the variability in the marketplace around the definition of products and plans, we encourage the MIA not to make any changes to the benchmark plan unless its analysis clearly compares ACA-compliant plans (not products) sold in the first quarter of 2014 and the results of such analysis require a change.

Thank you for the opportunity to comment on the benchmark plan selection. If you have any questions, please feel free to contact me.

Sincerely,

Signature on original

Deborah R. Rivkin