American Cancer Society ☙ Children's Defense Fund-New York ☙ Community Service Society of New York
Empire Justice Center ☙ Institute for Puerto Rican and Hispanic Elderly
Make the Road New York ☙ Medicare Rights Center
Metro New York Health Care for All Campaign ☙ New Yorkers for Accessible Health Coverage ☙
New York Immigration Coalition ☙ Project CHARGE
Public Policy and Education Fund of New York/Citizen Action of New York
Raising Women's Voices-New York ☙ Schuyler Center for Analysis and Advocacy ☙ Small Business Majority

August 1, 2014

Benjamin M. Lawsky
Superintendent of Financial Services
One State Street
New York, NY 10004

Mr. Charles Lovejoy
Health Bureau
New York State Insurance Department
25 Beaver Street
New York, NY 10004

Re: Requested Rate Changes – Empire HealthChoice HMO, Inc. – Individual On-Exchange

Dear Superintendent Lawsky and Mr. Lovejoy,

Health Care for All New York ("HCFANY") submits the following comments relating to the proposed average rate increase of 18.2% and 23.5% for its individual and small group market plans, respectively, filed by Empire HealthChoice HMO, Inc. and Empire HealthChoice Assurance, Inc. (collectively, "Empire") with the New York State Department of Financial Services (DFS) for the 2015 plan year.[1] HCFANY is a coalition of more than 160 consumer and small business health advocacy organizations dedicated to securing affordable, comprehensive, and high-quality health care for all New York residents. HCFANY believes that a robust prior approval process is a vital consumer protection. Because Empire's proposed

[1] These rate increase applications were submitted on or about July 2, 2014. Specific references refer to SERFF file number: AWLP-129582419 (hereafter "Rate Application").

Health Care For All New York
c/o Amanda Peden, Community Service Society of New York
105 E. 22nd Street, New York, New York 10010
(212) 614-5541

increases, if adopted without modification, would place financial strain on New York's consumers and small businesses, HCFANY urges DFS to review them carefully. To this end, we submit the following comments.

I. The Affordable Care Act and New York's Insurance Marketplace

HCFANY urges DFS to consider the New York carriers' proposed rate adjustments in the context of the Affordable Care Act's (ACA) downward pressure on health care costs. Specifically, DFS should assess the impact of the following four factors on individual and small group prices in 2015.

1. Research indicates that the health cost curve is bending.

Lower overall healthcare costs should in turn drive lower premiums. The ACA includes several provisions designed to control spending, such as incentives for new healthcare payment and delivery methods (e.g. value-based payment vs. fee-for-service). For the past decade, data from across the payer spectrum indicates that the rate of health care costs increases is slowing down. This trajectory is likely to continue, as more ACA provisions are solidified.[2] For example, Medicare spending is about $1,000 lower per person than predicted in 2010.[3] PricewaterhouseCoopers projects a medical cost trend of 6.8% in 2015, a slight uptick from the 6.5% predicted in 2014 and down from the 7.5% cost trend predicted in 2013.[4] The 2014 Milliman Medical Index cites a 5.4% growth rate between 2014 and 2013, the lowest since the calculation began in 2012.[5] In short, as described in the table below, annual increases in national health care spending have been under 10% for the past 12 years, and have dropped significantly over time.

Average year-to-year percent increase in National Health Expenditures

2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
6.6%	8.4%	9.7%	8.6%	7.2%	6.8%	6.5%	6.3%	4.7%	3.8%	3.8%	3.6%	3.7%

Source: National Health Expenditure Data[6]

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[2] Blumenthal, D., Stremikis, K., & Cutler, D. (2013). Health care spending – a giant slain or sleeping? *New England Journal of Medicine, 369*(26), at 2551-2557.

[3] The mystery of the missing $1,000 per person: can Medicare's spending slowdown continue?. Kaiser Family Foundation, available at http://kff.org/health-costs/perspective/the-mystery-of-the-missing-1000-per-person-can-medicares-spending-slowdown-continue/.

[4] Medical Cost Trend: Behind the numbers 2015, PricewaterhouseCoopers, available at http://pwchealth.com/cgi-local/hregister.cgi/reg/pwc-hri-medical-cost-trend_2015.pdf, at 6.

[5] 2014 Milliman Medical Index, Milliman, available at http://www.milliman.com/insight/Periodicals/mmi/2014-Milliman-Medical-Index/.

[6] Available at http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/Downloads/tables.pdf.

National research indicates that health insurance premium rates should be consistent with these lower health care costs. While pre-ACA rate increases averaged 10%,[7] the Congressional Budget Office predicts only a 3% rise in Marketplace premiums for 2015.[8] And just last week, California announced an average increase in its Marketplace plans of just 4.2% for 2015.[9] Additionally, the 2014 Trustee Annual Medicare Report predicts that Medicare premiums will hold steady in 2015.[10]

In New York, according to a newly released DFS survey of carriers, New York's insurance plans have been early adopters of many of the ACA-related and other state health care cost reforms initiatives, such as value-based purchasing and patient-centered medical homes.[11] Other reports provide evidence that ACA and New York State delivery system reforms are indeed resulting in cost reductions amongst all payers.[12]

The carriers' rate filings should include adjustments in 2015 which reflect the bending of the health care cost curve and the cumulative efforts of New York's payment reforms. For example, New York's Medicaid Redesign Team initiatives, the State's new Delivery System Reform Incentive Payment Program (DSRIP) and State Health Innovation Plan (SHIP) all employ delivery and payment system reforms that further reduce health care costs for the entire delivery system. Despite likely savings that will be generated from these reforms, only one carrier (Excellus) took a downward adjustment to account for quality improvement and cost containment strategies.[13] We urge the DFS to consider New York carriers' rate proposals in light of the impact of the ACA.

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[7] Gruber, J. (June 2014). Growth and variability in health plan premiums in the individual insurance market before the Affordable Care Act. *The Commonwealth Fund, 1750*(7), at 2.

[8] Updated estimates of the effects of the insurance coverage provisions of the Affordable Care Act, April 2014. Congressional Budget Office, at 6.

[9] Covered California Press Release, July 31, 2014. Available at http://news.coveredca.com/2014/07/covered-california-announces-rates-for html.

[10] 2014 Annual Report of the Board of Trustees of the Federal Hospital Insurance and Federal Supplementary Medical Insurance Trust Funds. (July 28, 2014). Available at http://apps.washingtonpost.com/g/page/national/2014-medicare-report/1220/#text/p93, at 87.

[11] A number of plans have accrued health reform savings. New York State Department of Financial Services. (July 2014). New York health care cost and quality initiatives. Available at: http://www.dfs.ny.gov/reportpub/payment-reform-report.pdf. For example, United Healthcare's "Accountable Care Shared Savings" program saved over $200,000 due to decreased inpatient and emergency room utilization; HealthNow's "Facility Quality Incentive Program" saved over $3 million; and Excellus' "Rochester Medical Home Initiative" reported a 1.2:1 return on investment).

[12] *See, e.g.* Silow-Carroll, S & Edwards, J.N. (2013). Early adopters of the Accountable Care Model. Commonwealth Fund, pp. 19-20; U.S. Dept. of Health and Human Services., Press Release: Medicare's delivery system reform initiatives achieve significant savings and quality improvements– off to a strong start, (Jan. 30, 2014). Available at http://www.hhs.gov/news/press/2014pres/01/20140130a.html.

[13] Excellus Health Plan, Inc., Exhibit 18, Line 17.

2. The 2015 risk pool is likely to be lower-cost than in 2014, according to the Congressional Budget Office (CBO) and American Academy of Actuaries.[14]

In general, the CBO predicts that the healthier risk pool in 2015 will lower premiums relative to 2014.[15] There are three reasons why New York is particularly likely to experience this downward trend: (1) higher than expected enrollments should result in increased carrier bargaining power; (2) the sickest consumers were more likely to have enrolled in year one; and (3) pent-up demand is likely to be concentrated in year one when more uninsured enrolled.

The first of the three reasons supporting this prediction is that New York carriers have experienced higher than expected enrollments, due to the remarkably successful launch of the NY State of Health Marketplace. In just the first nine months, over 1.2 million New Yorkers have enrolled in Qualified Health Plans and Medicaid Managed Care plans, 84% of whom were previously uninsured.[16] This exceeds the State's *three-year* enrollment goal of 1.1 million enrolled by the end of 2016. Carriers can, and should, leverage this increased customer base to reduce provider and other costs, due to economies of scale and the related increase in bargaining power with health care providers.

The second reason for a lower-cost risk pool in 2015 than in 2014 is that individuals with higher health care needs are more likely to have signed up during the first 2013-2014 open enrollment period.[17] In 2015 and beyond, healthier individuals are more likely to enroll as the individual mandate penalty increases. Therefore, the 2015 risk pool is likely to be healthier than in 2014.

The third reason is that pent-up demand for services from previously uninsured should be concentrated in 2014. In building their 2014 rates, carriers already captured generous pent-up demand adjustments. Indeed, the vast majority (84%) of the over 1.1 million NY State of Health enrollees were uninsured. Moving forward, there is no evidence that the 2015 enrollees are likely to have the same rates of uninsurance. Moreover, the 2015 new entrants likely postponed enrolling in coverage because they are healthier and are less likely to have significant pent-up demand. In short, there is no need for a second year of pent-up demand adjustments and in fact, DFS should secure a

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[14] *See,* Updated estimates of the effects of the insurance coverage provisions of the Affordable Care Act, April 2014. Congressional Budget Office. p. 7; Drivers of 2015 Health Insurance Premium Changes. (2014). American Academy of Actuaries, at 2.

[15] Updated estimates of the effects of the insurance coverage provisions of the Affordable Care Act, April 2014. Congressional Budget Office, at 7.

[16] NY State of Health Public Marketplace Data Report as of June 30, 2014.

[17] *See,* Updated estimates of the effects of the insurance coverage provisions of the Affordable Care Act, April 2014. Congressional Budget Office. p. 7; Drivers of 2015 Health Insurance Premium Changes. (2014). American Academy of Actuaries, at 2.

downward adjustment from the carriers for the likely reduction of pent-up demand in 2015 versus 2014.

As noted above, California's regulators leveraged their bargaining power to secure only an average 4.3% rate increase for its Marketplace products, with many consumers seeing price decreases.[18] Accordingly, DFS should review the carriers' rate proposals with the assumption that the 2015 pool should present overall *lower* health risk to insurers than the 2014 pool and a commensurate downward adjustment for lower risk and small pent-up demand should be ascribed to all carriers.

3. New federal risk adjustment, reinsurance and risk corridor programs are designed to defray carrier rate increases related to increased risk and market uncertainty.

The ACA provides new risk adjustment and reinsurance programs to address increased risk by insurers and to assure stable prices for consumers and small employers. The ACA's reinsurance payments, designed to reduce rate increases based on less healthy risk pools, are expected to result in premium decreases between 10 and 15%.[19] Historically, New York's now expired risk adjustment program reduced prices by up to 30%.[20] New York carriers are proposing reinsurance adjustments between 5.75% and 6.10 % on average for on- and off-Marketplace plans, which are inconsistent with these projections and the State's historical experience. Moreover, a review of the New York carrier filings indicates that the majority of carriers in the individual markets proposed no adjustments for the federal risk adjustment program. Finally, none of the carriers have adopted adjustments for the federal risk corridor program, which protects the carriers from unanticipated risk selection. On behalf of New York's consumers and small employers, DFS should ensure that fair adjustments attributable to the impact of the federal risk adjustment, reinsurance, and corridor mechanisms are applied to the carriers in its review.

4. The New York State carriers' rates should reflect a downward adjustment for a decrease in administrative costs.

The NY State of Health Marketplace reduces administrative costs for carriers related to compensation of agents/brokers, enrollment and marketing costs. Only 6% of NY State of Health enrollees sought help from a broker/agent during the first open enrollment period, while 43% got

[18] *Id.* n. 9.

[19] Establishment of Exchanges and Qualified Health Plans, Exchange standards for employers (CMS-9989-FWP) and standards related to reinsurance, risk corridors, and risk regulatory impact analysis, Center for Consumer Information & Insurance Oversight, Adjustment (CMS-9975-F). (March, 2012). Center for Consumer Information & Insurance Oversight, U.S. Dept. of Health & Human Services, at 42.

[20] *Id.* at 43.

help from other in-person assistors, and the remainder enrolled via the helpline and the website.[21] Additionally, the individual mandate as well as marketing and outreach efforts by NY State of Health should reduce marketing expenses for carriers.

Each carrier filing must be considered in the context of the above mentioned environmental factors. Our specific concerns about the Empire application are described below.

II. Specific Issues in Empire's Rate Application

HCFANY urges the DFS to consider all of the above factors when reviewing Empire's rates. We further encourage the DFS to consider the difficult launch Empire has had in the individual market. Empire's billing and enrollment issues have led in many cases to suppression of medical claims costs as enrollees, unable to use their coverage or improperly deemed to have lapsed coverage when they had fully paid, were denied or had to postpone health care. We commend DFS for its rapid action to address the consumer complaints about missing ID cards, late premium bills, and other issues.[22] We note, however, that it appears that several problems continue to date.[23] Additionally, Empire's Actuarial Memorandum and Exhibit 18 (the Index Rate and Plan Level Adjustment Worksheet) raise the following specific concerns.

A. *Initial Index Rate*

Empire's initial index rate of $437.53 is the highest amongst all the individual market applications filed with DFS to sell Individual On-Marketplace products in 2015. This rate is nearly one-and-a-half times the average base rate ($324) of all the other on-Marketplace carriers. Because Empire's base rate is so high, DFS should be mindful that any approved percentage increase in its rates will have a disproportionate financial impact on its enrollees. DFS should consider closely the justification for using this relatively high initial index rate as it reviews the Empire application.

B. *Annual Medical Trend*

In addition to a high initial index rate, Empire cites a two-year trend increase of 23.90% (11.3% per annum) for its Individual Marketplace plans and 25% (12.5% per annum) for its Small Group plans, which exceeds nearly all of its competition in the Individual market. This rate is nearly double the PricewaterhouseCoopers national estimate of 6.8%.[24]

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[21] 2014 Open Enrollment Report. (June 2014). NY State of Health: The Official Health Plan Marketplace, at 16.

[22] *See*, Department of Financial Services. (February 10, 2014). Press Release: Governor Cuomo Announces Thousands of Empire Blue Cross Blue Shield Consumers will Receive Three Weeks of Coverage. Available at: http://www.dfs.ny.gov/about/press2014/pr1402101.htm.

[23] http://www.wdp.com/biz/empire-blueacross-blueshield-new-york.

[24] Medical Cost Trend: Behind the Numbers 2015, PricewaterhouseCoopers, available at [see next page]

Empire's Actuarial Memorandum explains that this trend is derived by "normalizing historical benefit expense for changes in the underlying population and known cost drivers, and the result is projected forward using regression analysis."[25] However, as described above, several factors will likely contribute to lower costs in 2015, including a healthier risk pool, delivery system reforms, and federal risk adjustment and reinsurance programs.

C. *Network Resizing*

HCFANY urges DFS to carefully scrutinize Empire's rate application to determine if an adjustment was made to reflect its "resized" network. While Empire's Exhibit 18 for its Individual Marketplace plan indicates that there is a -17.6% difference in its provider network, this adjustment does not appear to be included in its proposed rate increases.[26] Many carriers are using narrow networks for their Marketplace plans in order to control costs and offer lower premiums to members. A recent Milliman report indicates narrow networks can result in premium reductions of 5% to 20% when compared with broad network plans.[27] However, Empire's rate filings do not appear to accompany its reduction of network size with concurrent savings to its customers.[28] HCFANY therefore urges the DFS to carefully review Empire's application to ensure that cost savings related to its network adjustment are distributed to its customers.

D. *Increased Morbidity and Population Changes*

Empire indicates a 13.2% upward adjustment for changes to its risk pool.[29] This line item appears to include an upward adjustment of 5.4% for increased morbidity.[30] However, as

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http://pwchealth.com/cgi-local/hregister.cgi/reg/pwc-hri-medical-cost-trend-2015.pdf, at 6.

[25] Actuarial Memorandum, at 7.

[26] Empire's filings appear to indicate that no rate adjustment was made for its reduced network. Exhibit 18, line 14: Market wide adjustment for changes in provider network is accompanied by a footnote reading "not included in Empire's Claim Trend Analysis" and there is no other indication that the adjustment was made in the Exhibit 18 rate calculation. While Empire's Actuarial Memo states that it accounted for provider network changes in Exhibit P, this Exhibit makes no adjustment for provider network changes in any plan. For these reasons, it appears that Empire took no downward adjustment for provider network in calculating its rates.

[27] High-value Health Care Provider Networks. (July 1, 2014). Milliman, available at http://www.ahip.org/MillimanReportHPN2014/, at 1.

[28] Media reports indicate that network size is a concern to consumers purchasing plans on the New York State of Health's Individual Marketplaces. See, e.g. In New York, hard choices on Health Exchange spell success. (April 13, 2014). NY Times; More insured, but the choices are narrowing. (May 22, 2014). NY Times; Obamacare: Anger over narrow networks. (July 22, 2014). Politico. That said, a recent Commonwealth Survey shows that when faced with a decision between a network size and affordability, many chose the latter. Collins, S., Rasmussen, P., & Doty M. (July 2014). Gaining ground: Americans' health insurance coverage and access to care after the Affordable Care Act's First Open Enrollment Period. Commonwealth Fund, at 15.

[29] Exhibit 18, line 18.

[30] Actuarial memorandum, Exhibit D.

described in detail above, experts have noted that the 2015 risk pool is likely to have *lower* morbidity than the 2014 pool, resulting in a lower-risk pool overall. Additionally, Empire explains its morbidity adjustment by saying that uninsured populations are more likely to have higher morbidity.[31] Again, due to high enrollment of uninsured populations in 2014 (84%), it is likely that fewer of its 2015 enrollees will be uninsured. Since many will have been enrolled for the prior year, there should be no or a very low adjustment for pent-up demand. However, Empire does not indicate any other factors contributing to the 13.2% adjustment for risk pool changes. Accordingly, we urge the DFS to closely review Empire's application for full justification of this adjustment.

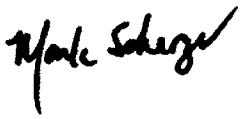
E. *Administrative Costs*

Finally, Empire takes a 17% upward adjustment for administrative costs.[32] As addressed above, carriers should be seeing reduced administrative costs as a result of aspects of the ACA that reduce marketing and enrollment costs. Additionally, in light of Empire's difficult launch described above, HCFANY urges the DFS to look closely at this significant increase in administrative costs to ensure Empire's customers do not bear the costs of any necessary improvements in its plan administration.

III. Conclusion

HCFANY urges the Department to closely review Empire's application in light of the issues described above. Thank you for your kind attention to our concerns. If you have any questions, please contact Mark Scherzer at mark.scherzer@verizon.net or at (212) 406-9606 or Amanda Peden at apeden@cssny.org or at (212) 614-5541.

Very truly yours,



Mark Scherzer, JD
Legislative Counsel
New Yorkers for Accessible Health Coverage

Amanda Peden, MPH
Health Policy Associate
Community Service Society of New York

cc: Troy Oechsner
John Powell

[31] Actuarial memorandum, at 7.
[32] Exhibit 18, line 36.

Community Service Society | Fighting Poverty Strengthening New York

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New York, NY 10010

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Mr. Charles Lovejoy
Health Bureau
New York State Insurance Department
25 Beaver Street
New York, NY 10004

10004298593

July 14. 2014

RECEIVED
JUL 17 2014
HEALTH BUREAU
N.Y.C. OFFICE

[redacted]

NYS Dept of Financial Services
Heath Bureau - Premium Rate Adjustments

[redacted]

RE: Empire Silver Guided Access cdid
HIOS # [redacted]

To Whom It May Concern:

This is in response to a letter I received from Empire of a proposed rate change. The increase would be a big problem. I am currently unemployed + no longer receive unemployment insurance. I am also unable to work for past (2) months due to an injury to both ankles.

I hope you take into consideration before you decide the rate increase. Any questions you can call [redacted]

Thank you

[redacted]

RECEIVED
JUL 17 2014
HEALTH BUREAU
N.Y.C. OFFICE

July 14, 2014

NYS Department of Financial Services
Health Bureau – Premium Rate Adjustments

Re: **Insurance rate increase request by Empire HealthChoice HMO, Inc.**
Empire BlueCross BlueShield
HIOS ID #

To whom it may concern:

I have individual coverage (ID # with Empire BlueCross BlueShield through the NY Health Exchange. I currently pay $620.69 per month and the requested increase is 18.4% to $734.90.

I do not believe any increase is warranted for the following reasons:
1) It took me 6 months to finally locate a primary care physician. The physician list Empire BlueCross BlueShield provided me with was either outdated, the doctors listed did not accept my particular plan or did not accept new patients. My current primary care physician was placed on the list without his knowledge but took pity on me when I told him that I had been trying to get a PCP for half a year. Until then I received no care although I suffer from a serious condition.
2) I am currently paying for cataract surgery out of pocket because the eye dr. does not accept my insurance.
3) I am supposed to have a colonoscopy but have not yet found a gastroenterologist that takes the insurance. Added to this is the difficulty that even when a doctor takes it, it is unlikely that the silent fees (pathology, facility fee and anesthesiology) will be covered.

When selecting this insurance from the NYState Health Exchange I lost all my doctors. As per BlueCross BlueShield, there is currently only one hospital in Manhattan that accepts my plan. While I don't mind starting with new doctors, the problem is, as per the above, very few accept the plan and I have spent an inordinate amount of time trying to locate the doctors I need and continue to do so – mostly to now avail. In fact, it has been so bad that I decided to just pay for procedures and office visits out of pocket, as I am doing now with the eye surgery.

This health insurance situation is extremely discouraging. Thus an increase, in addition to not receiving the necessary care, just adds insult to injury. Thank your for your consideration.

Sincerely,

June 27, 2014

NYS Department of Financial Services
Health Bureau-Premium Rate Adjustments

1. *Comments on proposed rate change by Empire Healthchoice Assurance Inc.*
2. *Benefit plan is Empire Essential Guided Access Plan with HSA (small group coverage).*
3. *Health insurance oversight system identification number (HIOS ID number which is*

Dear Sir/Madam:

This letter is being written in response to the notice received from Empire Blue Cross Blue Shield Insurance notifying a proposed premium rate increase of 21.7%. The reasons given are rising cost of medical care, a new pool of customers, a new provider networks, change to the taxes and federal transitional reinsurance program. I believe this is an excessive rate hike given that the basic premium presently is quite high when compared to other insurances. Also, this is an HSA plan wherein the first 2,000 dollars are paid by me as a deductible with a high copayment. after the deductible is met. The basic premium should be less than what I am paying presently given that there is a high deductible in my plan. The proposed rate is almost 21%, which is 1/5 of the present rate and this will put pressure on a small business like me wherein there is a consideration whether to offer health insurance to an employee or terminate his/her services as the insurance may not be affordable by the small business group.

In regards to the pool of new customers, there should not be any major difference as these are similar group which have been traditionally a part of a healthy working group. There is no addition of any Medicaid benefits to this small business group and hence I do not agree with Empire Blue Cross Blue Shield's reasoning that the pool of new customers are more sick or in need of more medical needs than in the past.

Continued...

In regards to the reasoning of new providers, I, as a provider, have noticed a decrease in the reimbursement from these insurance carriers rather than any increase in the reimbursement for the medical services provided to the patients who carry this insurance. Hence, I do not agree with the reasoning that having new providers is increasing the cost of insurance.

In regards to change in taxes and federal transitional reinsurance program, I believe the federal government and the state government is adequately reimbursing these insurance companies to implement The Affordable Care Act within the guidelines and these taxes have not changed drastically since last year with the implementation of Affordable Care Act.

I hope some of the points that I have discussed here are taken into consideration when reviewing the request for increasing the premiums of my medical insurance by Empire Blue Cross Blue Shield. I believe that small business groups should be encouraged to offer medical insurance to all their employees with a cheaper and affordable health insurance, which are not financial burden to small business groups.

Sincerely,

To:
Cc:
Bcc:
Subject: Fw: Prior Approval Submission

----- Forwarded by [redacted] on 07/08/2014 12:03 PM -----

NYS Department of Financial Services <portal@dfs.ny.gov> wrote on 06/23/2014 03:49:35 PM:

> From: NYS Department of Financial Services <portal@dfs.ny.gov>
> To: PremiumRateIncreases@dfs.ny.gov,
> Date: 06/23/2014 03:49 PM
> Subject: Prior Approval Submission
>
> Empire HealthChoice HMO, Inc.
>
> group
>
> healthyny
>
> [redacted]

I disagree with the proposed rate increase. My small group can
> barely make the monthly premiums charged. Currently, we are 3 adults
> using the insurance plan my self, my wife and 23 year old son the
> total premium for us is almost $1379/month plus a $1200 deductible.
> Any increase will force us to drop the plan altogether.

To:
Cc:
Bcc:
Subject:

----- Forwarded by [redacted] on 07/08/2014 12:04 PM -----

[redacted] wrote on 06/05/2014 10:04:07 PM:

> From: [redacted]
> To: PremiumRateIncreases@dfs.ny.gov,
> Date: 06/05/2014 10:04 PM
> Subject: Proposed Rate Increase
>
> Note: I have sending this letter on beh [redacted]; he does
> not have a computer. I am his neighbor [redacted] indly
> ew and expedite, p [redacted]
> [redacted]2.doc" [redacted]]

----- Forwarded by [redacted] on 07/08/2014 12:04 PM -----

[redacted]> wrote on 06/23/2014 10:20:15 AM:

> From: [redacted]>
> To: <premiumrateincreases@dfs.ny.gov>,
> Date: 06/23/2014 10:20 AM
> Subject: Empire BlueCross BlueShield
>
> Gentlemen:
>
> This move by Empire BlueCross BlueShield to increase premiums by
> approximately 17.9% is totally ludicrous. The purpose of the
> Marketplace is to provide insurance to those (a) who cannot afford
> private insurance or (b) whose employers do not provide medical
> insurance. Those who fall under category (a) will have an even
> greater burden (or impossibility) in affording medical insurance and
> regarding (b) how many CEO's of corporations or even their employees
> get a 17.9% salary increase?
>
> The Empire notice cites the rising cost of medical care, and whose
> fault is that? The Medical Insurance Companies are making huge
> profits which they are NOT sharing with the doctors on their
> respective plans, but are instead keeping most of it for themselves
> and giving the rest to their shareholders.
>
> How is any of this fair or even reasonable? This totally defeats
> the concept of affordable medical care and it is unconscionable.
>
> Please do not approve their request!
>
> Respectfully,
>
> [redacted]

----- Forwarded by [redacted] on 07/08/2014 12:04 PM -----

"[redacted] wrote on 06/24/2014 10:19:48 AM:

> From: "[redacted]>
> To: <PremiumRateIncreases@dfs.ny.gov>,

> Date: 06/24/2014 10:19 AM
> Subject: Empire Blue's propsoed 2015 Rate Increase
>
> Hello,
> I wanted to submit a comment to their proposal. Empire has done
> nothing but disseminate misinformation since the Health Exchange
> plans were first posted last fall.
>
> Prior to selecting a plan I called each of them and a rep from
> Empire told me that all of my doctors were in the plan. It turns
> out that NONE of them were and I was
> forced to select new doctors. Further, I was told that I would be
> given additional assistance with my annual deductible from NYS but
> Empire now tells me that is not the case.
>
> Before they are granted any rate hike, they should be made
> accountable for all of the misinformation they continue to distribute.
>
>
> [redacted]

----- Forwarded by [redacted] on 07/08/2014 12:04 PM -----

[redacted]> wrote on 06/25/2014 10:07:19 AM:

> From: [redacted]>
> To: <PremiumRateIncreases@dfs.ny.gov>,
> Date: 06/25/2014 10:07 AM
> Subject: Empire BlueCross BlueShield Proposed Rate Change
>
> Dear Commissioner Lawsky,
>
> I am writing to you in complete opposition of Empire BlueCross
> BlueShield getting another rate increase. My premium was just
> increased this January, 2014 to $662.76. When I received this
> proposed rate change letter stating my premium would go up to $713.
> 13, if approved, I knew I had to send this email immediately.
>
> As a senior citizen, on a fixed income, I cannot see why this
> company would need another increase so soon. What could they have
> done or what additional expenses could they have incurred, in such a
> short period of time, to warrant another increase? This is totally
> outrageous to me!
>
> So, I am asking you, Commissioner Lawsky, to deny Empire this rate
> increase. Please think about all the senior citizens, such as
> myself, who are on fixed incomes that are being strangled by these
> ever increasing rates.
>
> Thank you for your time and consideration to this matter.
>
> Yours truly,
> [redacted]

----- Forwarded by [redacted] on 07/08/2014 12:04 PM -----

[redacted] wrote on 06/26/2014 04:30:35 PM:

> From: Consumers/NRES/NYC/SIDNY
> To: Premium Rate Increases - Public Comments/nyc/nysdfs@NYSDFS,
> Date: 06/26/2014 04:30 PM
> Subject: Fw: NYS Department of Financial Services Consumer

> Assistanc
> Sent by: [redacted]
>
>
> New York State Department of Financial Services
> Consumer Assistance Unit
> One Commerce Plaza
> Albany, NY 12257
> 800-342-3736 (Consumers Hotline)
> 518-474-6600 (Outside of NYS)
> 518-474-2188 (Fax)
>

> ----- Forwarded by [redacted] on 06/26/2014 04:30 PM -----
>
> From: [redacted] Insurance Inquiry <[redacted]
> To: <[redacted]>,
> Date: 06/24/2014 03:56 PM
> Subject: NYS Department of Financial Services Consumer Assistance Unit
Inquiry
>
>
> Dear [redacted]:
>
> Your inquiry submitted to the NYS Department of Financial Services
> Consumer Assistance Unit has been received and will be reviewed promptly.
>
> The information you entered is as follows:
>
> Your Na [redacted]
> Email: [redacted]
> Address: [redacted]
>
> Your Company/Organiz
> Daytime Telephone#: [redacted]
> You are a(n): CONSUMER
> Type of Insurance question/comment: HEALTH
>
> Your Questions and/or Comments have been recorded as follows:
>
> *
>
> Please forward this to the proper department. Thank you...
>
> Please do not approve Empire Blue Cross "RATE INCREASE" for 2015.
> They want an increase of 18.4% and if approved, my wife will not be
> able to afford health insurance any longer. She pays $409 now and
> the $75 increase can not be permitted. Social Security which is our
> only income increases 1.5% so approve only the same amount that YOUR
> government increases OUR social security... STOP the health
> insurance companies from these outrageous annual rate increases..
PLEASE!!!!!
>
> *
>
>
> Sincerely,
>
> New York State Department of Financial Services
> Consumer Assistance Unit.

> email at: consumers@dfs.ny.gov
>

----- Forwarded by [redacted] on 07/08/2014 12:04 PM -----

[redacted]> wrote on 06/28/2014 11:13:26 AM:

> From: [redacted]>
> To: "PremiumRateIncreases@dfs.ny.gov" <premiumrateincreases@dfs.ny.gov>,
> Date: 06/28/2014 11:13 AM
> Subject: Monthly notice/proposed rate increase
>
> Gentlemen:
>
> Every month I receive a letter from Empire Blue Cross Blue Shield
> dated 2 or 3 days before the end of the month which states:
>
> In accordance with the provisions of the Affordable Health Care Act
> (ha, ha) we must notify you that if your premium payment is not
> received by the end of coverage month your insurance is cancelled
> and any claims for that month will not be honored.
>
> The postage for this enlightening message is 40 cents and lets say
> the cost of the paper and printing raises the monthly cost to 45
> cents per subscriber or $5.40 per year.
>
> While I do not know how many subscribers Blue Cross Blue Shield has;
> and for argument's sake lets say 20 million, the cost of this
> notice alone is $ 108 million annually.
>
> It is no wonder a rate increase is requested; I am sure this is but
> one of many small inefficiencies required by the "Affordable Care Act".
>
> Very truly yours,
>
> [redacted]

----- Forwarded by [redacted] on 07/08/2014 12:04 PM -----

[redacted]> wrote on 06/30/2014 03:21:11 PM:

> From: [redacted]
> To: "premiumrateincreases@dfs.ny.gov" <premiumrateincreases@dfs.ny.gov>,
> Date: 06/30/2014 03:21 PM
  Subject: FW: RE HIOS [redacted]

[redacted]
>
> From: [redacted]
> Sent: Monday, June 30, 2014 2:47 PM
> To: premiumratein
> Subject: RE HIOS [redacted]
>
> I received the attached rate increase notification. You will
> notice that at the bottom of page one is states there will be cost
> sharing changes but does not specify the changes. I think that
> the comment period shouldn’t start until Blue Cross discloses those
> changes. June 18th notification is incomplete and therefor does
> not fulfill the legal disclosure requirements.
>
>

> Thank you very much
>
> [redacted] ate_increase_2015.pdf" deleted by
> [redacted]

----- Forwarded by [redacted] on 07/08/2014 12:04 PM -----

[redacted] > wrote on 06/30/2014 07:42:18 PM:

> From: [redacted] >
> To: <PremiumRateIncreases@dfs.ny.gov>, <[redacted],
> Date: 06/30/2014 07:42 PM
> Subject: Regarding premium increase
>
> To Whom it May Concern,
>
> I was recently mailed a letter stating that Empire BlueCross Blue
> Shield was increasing their monthly payments. However, I originally
> chose this plan because it is the best plan I can afford. All of my
> doctor's belong to this plan as well. I cannot afford $403.00
> monthly. I am going to dispute this increase because I cannot afford
> the payments. Half of my pay check will go to my insurance. I do
> have other expense that I need money for; I need money to live.
>
> Please call or email me if there are any problems. My number is
[redacted]
>
>
> [redacted]
> [redacted]
>
> Thanks
>
> [redacted]

[redacted] Ave.

[redacted] NY 10032

I am a member of Empire Blue Cross Blue Shield [redacted]
Up to 02/01/13 my fee to Blue Cross was $583.38.
As of 02/01/13 I paid $600.87
That is an increase of $17.49.
As of 02/01/14 I paid $662.76, which is an increase of $61.89.
This is the second increase that Blue Cross is demanding in less than six months, and it is impossible to grant them that increase.
I realize that medical costs are going up, but not that much that fast.

I am an 88 year old retired veteran of World War 11 and the older I get, the more medical attention I need. It is impossible for me to pay theses constant increases. Please look at this situation from both sides and do not automatically go along with Empire Blue Cross.

Sincerely Yours,

[redacted]