Final

Report on the

Medical Loss Ratio Examination

of

Blue Cross Blue Shield of Kansas City
(Kansas City, Missouri)

for the

2014 MLR Reporting Year

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information & Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201

OVERSIGHT GROUP

May 26, 2022

In accordance with Title 45 of the Code of Federal Regulations (CFR), section 158.402, the Center for Consumer Information & Insurance Oversight (CCIIO) completed an examination of the Medical Loss Ratio (MLR) Annual Reporting Form submitted by Blue Cross Blue Shield of Kansas City (the Company) for the 2014 reporting year, including 2014, 2013, and 2012 data reported on that form. Following an exit conference with the Company, the Company responded to each Finding and Corrective Action. This final report, which will be made publicly available, incorporates the Company's response and CCIIO's evaluation of the response.

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Medical Loss Ratio Division
Oversight Group
Center for Consumer Information & Insurance Oversight
Centers for Medicare & Medicaid Services
U.S. Department of Health & Human Services

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I. Executive Summary

The Center for Consumer Information & Insurance Oversight (CCIIO) has performed an examination of the 2014 Medical Loss Ratio (MLR) Annual Reporting Form for Blue Cross Blue Shield of Kansas City (the Company) to assess the Company's compliance with the requirements of 45 CFR Part 158. We determined that the Company's 2014 MLR Annual Reporting Form contains some elements that are not compliant with the requirements of 45 CFR Part 158, but that do not impact consumer rebates.

We direct the Company to implement the necessary corrective actions to address the findings detailed in this report, including accurately classifying group policies, properly reporting Federal Employees Health Benefit Plan (FEHBP) experience based on the year incurred or earned, as appropriate, ensuring that activities and expenses reported as quality improvement activity (QIA) expenses meet the regulatory definition and that sufficient documentation exists supporting such determinations, and employing reasonable standards to locate enrollees of unclaimed rebate disbursements.

The examination findings resulted in net decreases to the Company's reported MLRs in the Kansas individual and small group markets, and net increases in the Kansas and Missouri large group markets. In the Missouri small group market, the 2014 recalculated premium resulted in a reduction of the rebate liability for 2014 by $147.

II. Scope of Examination

CCIIO examined the Company's 2014 MLR Annual Reporting Form to determine compliance with 45 CFR Part 158. Title 45 CFR Part 158 implements section 2718 of the Public Health Service Act (PHS Act). Section 2718 of the PHS Act, as added by the Patient Protection and Affordable Care Act (ACA), generally requires health insurance issuers to submit to the Secretary of the U.S. Department of Health & Human Services (HHS) an annual report concerning premium revenue and expenses related to group and individual health insurance coverage issued. The federal MLR is the proportion of earned premium, less certain taxes and regulatory fees, expended by an issuer on clinical services and activities that improve health care quality in a given state and market, after adjustments for the credibility of the experience or other factors, where applicable, and calculated using the average of three consecutive years of data. Section 2718 also requires an issuer to provide rebates to consumers if it does not meet the applicable MLR standard (generally, 80% in the individual and small group markets and 85% in the large group market).

This is the first examination of the Company's MLR Annual Reporting Form performed by CCIIO. The examination covered the reporting period of January 1, 2012 through December 31, 2014, including 2012, 2013, and 2014 experience and claims run-out through March 31, 2015. We conducted the examination in accordance with the CCIIO Medical Loss Ratio Examination Handbook (the Handbook). The Handbook sets forth the guidelines and procedures for planning and performing an examination to evaluate the validity and accuracy of the data elements and calculated amounts reported on the MLR Annual Reporting Form, and the accuracy and timeliness of any rebate payments. The examination included assessing the principles used and significant estimates made by the Company, evaluating the reasonableness of expense allocations, and determining compliance with relevant statutory accounting standards, MLR regulations and guidance, and the MLR Annual Reporting Form Filing Instructions.

The Company's response to each finding appears after the finding in the Conclusion, Corrective Actions, Company Responses, and CCIIO Replies section of this Report. The Company's implementation of the corrective actions was not reviewed for proof of implementation or subjected to the procedures applied during the examination. CCIIO's replies are based solely on a review of the Company's response. CCIIO reserves the right to review the actual implementation of the Company's corrective action and proposed action plan for each corrective action in future MLR Annual Reporting Forms, examinations, or as otherwise may be appropriate.

III. Summary of Findings

Page	Key Findings
7	**Failure to assign the correct market classification in accordance with the definitions in §158.103** – In the sample tested, the Company incorrectly classified one large group policy as a small group policy. This resulted in misallocation of the Company's earned premium and incurred claims between the affected markets. Consequently, as a result of the examination, \$1,614 in incurred claims and \$12,266 in earned premiums were reallocated from the small group to the large group market.
7	**Failure to correctly report incurred claims as required by §158.140** – The Company incorrectly reported the 2012, 2013, and 2014 claims experience for the FEHBP large group policy based on the year in which a claim was paid rather than the year in which the claim was incurred. As a result, the Company's three-year aggregate incurred claims were overstated in the large group market by a net total of \$198,837 on its 2014 MLR Annual Reporting Form.
8	**Failure to maintain adequate documentation as required by §158.502** – The Company did not maintain the documents and other records necessary to enable CCIIO to verify that the MLRs and any rebates owed were calculated in accordance with 45 CFR Part 158. Specifically, the Company did not provide sufficient evidence necessary to enable CCIIO to verify that the expenses reported as QIA met the definitions set forth in §158.150. There were no adjustments made to the Company's 2014 MLR calculations as a result of this finding.
8	**Reporting of expenses as QIA that did not meet the definition of a QIA expense set forth in §158.150** – The Company improperly included in QIA certain activities that either did not qualify as QIA or were not supported by adequate evidence. As a result, the Company overstated its three-year aggregate QIA expenses by \$15,182 in the individual market, \$21,286 in the small group market, and \$48,668 in the large group market on its 2014 MLR Annual Reporting Form.
8	**Failure to correctly report earned premium as required by §158.130** – The Company incorrectly reported its 2012, 2013, and 2014 premium for the FEHBP large group policy based on the year it was received rather than the year it was earned. As a result, the Company's three-year aggregate earned

Page	Key Findings
	premium was overstated in the large group market by a net total of $4,842,497 on its 2014 MLR Annual Reporting Form.
9	**Failure to make a good faith effort to locate and deliver unclaimed rebates to enrollees as required by §158.244** – The Company's policies and procedures for locating and delivering rebates to enrollees did not provide for any follow-up with enrollees whose unclaimed rebates were less than $50.

These findings resulted in net decreases to the Company's reported MLRs in the Kansas individual and small group markets, and net increases in the Kansas and Missouri large group markets. In the Missouri small group market, the 2014 recalculated premium resulted in a reduction of the rebate liability for 2014 by $147. The rebate liability did not change in any of the other states or markets in which the Company had health insurance coverage subject to 45 CFR Part 158 in effect.

The three-year adjusted, aggregated numerator and denominator, along with the resulting credibility-adjusted MLRs and rebates for 2014 are shown in the following tables. The differences between the amounts in the "As Filed" and "As Recalculated" rows reflect the net impact of the adjustments made to reallocate the experience of one misclassified policy; correct errors in FEHBP incurred claims and earned premium reporting; and remove the disallowed QIA expenses.

Recalculated MLRs[1] and Rebates for the Individual, Small Group, and Large Group Markets for the 2014 Reporting Year

Kansas

	Individual Market			
	Numerator	Denominator	MLR	Rebate
As Filed	$165,906,236	$206,221,974	80.5%	$0
As Recalculated	$165,900,749	$206,221,974	80.4%	$0
Difference	($5,487)	$0	(0.1%)	$0

	Small Group Market			
	Numerator	Denominator	MLR	Rebate
As Filed	$137,358,041	$172,663,361	80.9%	$0
As Recalculated	$137,350,594	$172,663,361	80.8%	$0
Difference	($7,447)	$0	(0.1%)	$0

	Large Group Market			
	Numerator	Denominator	MLR	Rebate
As Filed	$700,336,514	$765,968,173	91.4%	$0
As Recalculated	$700,260,505	$764,515,424	91.6%	$0
Difference	($76,009)	($1,452,749)	0.2%	$0

[1] The MLRs shown may not equal the quotient of the numerator divided by the denominator due to the inclusion of a credibility adjustment, in accordance with §158.230.

Missouri

	Individual Market			
	Numerator	Denominator	MLR	Rebate
As Filed	$319,039,046	$383,612,034	83.2%	$0
As Recalculated	$319,029,349	$383,612,034	83.2%	$0
Difference	($9,697)	$0	0.0%	$0

	Small Group Market			
	Numerator	Denominator	MLR	Rebate
As Filed	$332,850,771	$422,554,401	78.8%	$1,731,870
As Recalculated	$332,835,318	$422,542,135	78.8%	$1,731,723
Difference	($15,453)	($12,266)	0.0%	($147)

	Large Group Market			
	Numerator	Denominator	MLR	Rebate
As Filed	$1,324,780,148	$1,423,492,789	93.1%	$0
As Recalculated	$1,324,610,267	$1,420,115,307	93.3%	$0
Difference	($169,881)	($3,377,482)	0.2%	$0

IV. Company Overview

A. Description, Territory, and Plan of Operation

The Company is a not-for-profit health insurer domiciled in Missouri. The Company sells both individual and group health insurance coverage in Missouri and Kansas.

During the 2012, 2013, and 2014 MLR reporting years, the Company operated in the individual, small group, and large group markets that were subject to the MLR reporting requirements of 45 CFR Part 158. As of December 31, 2014, the Company reported a total of 275,251 covered lives and $1,187,463,204 in direct earned premium for policies subject to the MLR reporting and rebate requirements under 45 CFR Part 158, and a total of 668,495 covered lives and $1,337,941,856 in direct earned premium from all health lines of business. Lines of business not subject to the MLR regulations at 45 CFR Part 158 include Medicare supplement policies, dental and vision insurance, and other excepted benefits health coverage.

B. Management

The corporate officers and board of directors of the Company as of December 31, 2014 were:

Officers

Name	Title
Danette K. Wilson	President
Bryan R. Camerlinck	Treasurer
Richard J. Kastner	Secretary
Brian M. Burns	Senior Vice President

Name	**Title**
Nancy M. Creasy	Senior Vice President
Erin E. Schneider-Stucky	Senior Vice President

Directors

Name
Randall C. Ferguson, Jr.
Melvin L. Glazer
Karon E. Harris-Hicks
Henry J. Hermann
Dennis G. Huber
Garry K. Kemp
Janice C. Kreamer
Thomas A. McCullough
Michael F. Morissey
Jack A. Newman, Jr.
Sam R. Reda
James R. Roath
Lawrence A. Rues
Marilyn M. Rymer

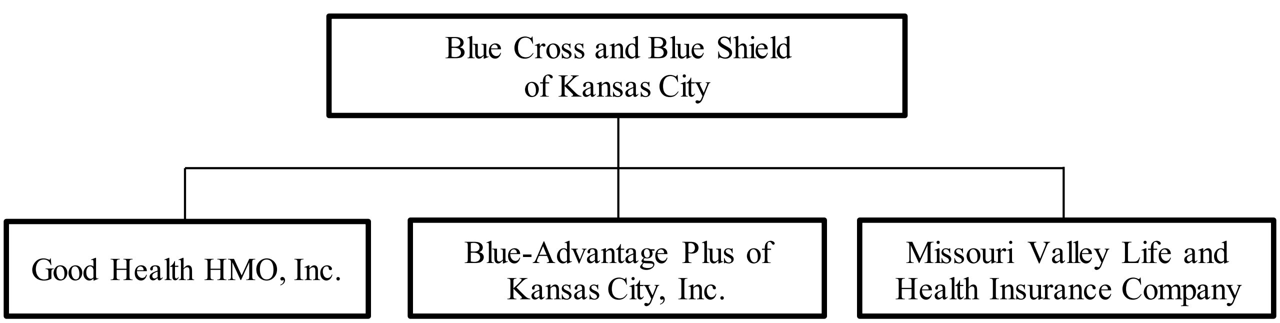
Company management and corporate-level personnel responsible for the preparation, submission, and attestation of the 2014 MLR Annual Reporting Form were:

Name	**Title**
Danette Wilson	CEO Attester
Tom Nightingale	CFO Attester

C. Ownership

The Company is a member of an insurance holding group system.

Blue Cross Blue Shield of Kansas City
Organizational Chart[2] as of December 31, 2014



[2] This is an excerpt from the organization chart provided by the Company and includes only those entities whose relationship to the Company impacted the MLR examination.

D. Agreements

As of December 31, 2014, the Company had entered into the following inter-company agreements that are pertinent to a review of its 2014 MLR Annual Reporting Form:

1. An Administrative Services Agreement between Blue Cross and Blue Shield of Kansas City and Blue-Advantage Plus of Kansas City, Inc.
2. An Administrative Services Agreement between Blue Cross and Blue Shield of Kansas City and Good Health HMO, Inc.
3. An Administrative Services Agreement between Blue Cross and Blue Shield of Kansas City and Missouri Valley Life and Health Insurance Company.
4. Agreement for the Sharing of Federal Income Taxes and Filing of a Consolidated Tax Return with various subsidiaries including Good Health HMO, Inc., Blue-Advantage Plus of Kansas City, Inc., and Missouri Valley Life and Health Insurance Company.

E. Reinsurance

During 2012, 2013, and 2014, the Company did not have any reinsurance agreements in effect that impacted the MLR reporting of its health insurance policies subject to the regulations at 45 CFR Part 158.

V. Accounts and Records

The Company's main administrative and financial reporting office is located at 2301 Main Street, Kansas City, MO 64108. The Company provided adequate access to its accounts and records, including computer and other electronic systems, as required by §158.501.

As noted below, the Company did not comply with §158.502 with regard to maintaining adequate documentation and other evidence necessary to enable CCIIO to verify that the MLRs and rebates owed were calculated in accordance with 45 CFR Part 158. Specifically, the Company did not maintain sufficient documentation supporting the QIA expenses reported on its 2014 MLR Annual Reporting Form.

VI. Examination Results

Except as noted in this report, based on the procedures performed, nothing came to our attention that would indicate that the Company's 2012, 2013, and 2014 MLR Annual Reporting Forms were not filed on the form and in the manner prescribed by the Secretary. The Company's 2012, 2013, and 2014 MLR Annual Reporting Forms were filed by the due date.

During 2012, 2013, and 2014, the Company reported business subject to the rebate requirements of 45 CFR Part 158 in two states. The Company reported that it did not meet the MLR standard of 80% in the Kansas individual market for 2012 and 2013, the Kansas small group market for 2012, and the Missouri small group market for 2012, 2013, and 2014; and paid total rebates of \$2,725,630 for 2012, \$3,570,810 for 2013, and \$1,731,870 for 2014 in those states and markets.

Based on the errors found during the examination, MLRs for the 2014 reporting year were recalculated but did not result in rebates being owed.[3]

A. MLR Data

Market Classification
The Company adopted policies and procedures for determining group size and market classification that are consistent with the definitions in §158.103 applicable to the 2012-2014 reporting years.

Incorrect Reporting of Market Classification
Although the Company employed procedures to correctly determine the group size and market classification of its policies, it did not consistently assign policies to the correct market classification. Based on testing of the Company's market classification of its policies, one policy in the sample of 25 was incorrectly classified by the Company as a small group market policy, when the policy should have been reported in the large group market for 2014. Consequently, $1,614 in aggregate incurred claims and $12,266 in aggregate earned premium were reallocated from the small group to the large group market in Missouri for 2014. There were no earned premium and incurred claims associated with this policy in 2012 and 2013.

Aggregation
Based upon the procedures performed, other than the market classification reporting error noted above, nothing additional came to our attention that would indicate that the samples of policies, claims, and other items tested during the examination were not correctly assigned to the appropriate states, markets, and lines of business, in accordance with §158.120.

Incurred Claims
The Company incorrectly reported 2012, 2013, and 2014 incurred claims experience for the FEHBP large group policy based on the year in which the claim was paid, rather than the year in which the claim was incurred. Section 158.140

As a result, the Company overstated the three-year aggregate incurred claims in the large group market by a net total of $198,837 on its 2014 MLR Annual Reporting Form.

Based upon the procedures performed, including the validation of a sample of incurred claims (as defined by §158.140) reported by the Company, other than the market classification reporting error and the incurred claims error noted above, nothing additional came to our attention that would indicate that incurred claims were not accurately reported.

Claims Recovered Through Fraud Reduction Efforts
Based upon the procedures performed, no errors were noted in how the Company reported recoveries of paid fraudulent claims, which §158.140(b)(2)(iv) allows as an adjustment to incurred claims up to the amount of fraud reduction expenses.

[3] As outlined above, in the Missouri small group market, the 2014 recalculated premium resulted in a reduction of the rebate liability for 2014 by $147. The rebate liability did not change in any of the other states or markets in which the Company had health insurance coverage subject to 45 CFR Part 158 in effect.

Quality Improvement Activities (QIA)

Insufficient Documentation of QIA
The Company did not maintain adequate documentation to support the expenses it reported as QIA. Section 158.502 requires an issuer to maintain all documents and other evidence necessary to enable CCIIO to verify compliance with the definitions and criteria set forth in 45 CFR Part 158 and that the MLR and any rebates owing are calculated and provided in accordance with the regulation.

The Company could not provide time studies of employee activities or otherwise substantiate the salary ratios used to allocate salary costs to QIA. The examiners performed alternative testing procedures, such as reviewing the titles and job descriptions, allocation percentages, and other information obtained from the Company related to employees whose salaries were reported as QIA expenses. Based on these alternative procedures, the examiners concluded that any expenses for the portion of activities that may not have qualified as QIA, such as benefit management, coverage determinations and administrative functions, were likely to be immaterial and therefore no adjustments were made to the Company's MLR calculations as a result of this finding.

Improper Inclusion of Expenses for Activities That Do Not Qualify as QIA
The Company improperly included expenses for certain activities that did not meet the definition of QIA at §158.150 as well as activities for which the Company did not provide adequate supporting evidence to demonstrate that these activities and the associated costs met the definition of QIA under §158.150. These included activities such as controlling costs, concurrent utilization review, and business support and development, which are specifically excluded by §158.150(c). As a result, the Company overstated its three-year aggregate QIA expenses by a total of $15,182 in the individual market, $21,286 in the small group market, and $48,668 in the large group market on its 2014 MLR Annual Reporting Form.

Based upon the procedures performed, other than the items noted above, nothing additional came to our attention that would indicate that other QIA expenses were not accurately reported and reasonably allocated among the Company's states and markets, as required by §158.170.

Earned Premium
The Company incorrectly reported 2012, 2013, and 2014 earned premium for the FEHBP large group policy on a cash basis, rather than based on the year the premium was earned. Section 158.130 and the MLR Annual Reporting Form Filing Instructions require an issuer to report earned premium with adjustments to account for unearned premium. As a result, the Company overstated the three-year aggregate earned premium in the large group market by a net total of $4,842,497 on its 2014 MLR Annual Reporting Form.

Based upon the procedures performed, other than the market classification reporting error and the earned premium error noted above, nothing additional came to our attention that would indicate that earned premium was not properly reported on a direct basis or that the data elements underlying the 2012, 2013, and 2014 premium as reported on the Company's 2014 MLR Annual Reporting Form were not compliant with §158.130.

Taxes
Based upon the procedures performed, nothing came to our attention that would indicate that the taxes and regulatory fees excluded from 2012, 2013, and 2014 earned premium reported on the Company's 2014 MLR Annual Reporting Form did not comply with §158.161 and §158.162, or

were not accurately reported and reasonably allocated among the Company's states and markets as required by §158.170 and in accordance with its federal tax allocation agreement. On its 2014 MLR Annual Reporting Form, the Company reported that it allocated its federal income taxes to each state and market based on the taxable income or loss of the applicable line of business, which the examination confirmed.

Federal Transitional Reinsurance, Risk Adjustment, and Risk Corridors Programs
Based upon the procedures performed, nothing came to our attention that would indicate that the Company did not properly report on its 2014 MLR Annual Reporting Form the expected payments under the federal transitional reinsurance program or the expected payments and charges under the federal risk adjustment and risk corridors programs for the 2014 benefit year, in compliance with §158.140(b)(4)(ii).

B. Credibility-Adjusted MLR and Rebate Amount Calculation

Based upon the procedures performed, the Company correctly applied the credibility adjustment when the Company calculated and reported its MLRs, in accordance with §§158.230-158.232. The Company's credibility-adjusted MLRs were calculated using the correct formula, in accordance with 45 CFR Part 158 and the applicable MLR Annual Reporting Form Filing Instructions.

The Company reported that it did not meet the MLR standard of 80% in the Kansas individual market for 2012 and 2013, the Kansas small group market for 2012, and the Missouri small group market for 2012, 2013, and 2014. The Company used correct procedures to calculate rebates of $663,860 and $1,175,528 in the Kansas individual market for 2012 and 2013, respectively; $519,449 in the Kansas small group market for 2012; and $1,542,320, $2,395,282, and $1,731,870 in the Missouri small group market for 2012, 2013, and 2014, respectively.

C. Rebate Disbursement and Notice

According to its 2012, 2013, and 2014 MLR Annual Reporting Forms, the Company reported rebates owed in the individual market for 2012 and 2013 and in the small group market for 2012, 2013, and 2014. Based upon the procedures performed, the Company timely issued rebates in accordance with §§158.240-158.244 and Notices of rebates in accordance with §158.250.

Lack of Good Faith Effort to Locate Enrollee for Unclaimed Rebates
Based upon substantive testing, the Company adopted policies and procedures for locating and delivering rebates that are inconsistent with the requirements in §158.244. Section 158.244 requires an issuer to make a good faith effort to locate and deliver unclaimed rebates to enrollees. The Company sent follow-up letters to enrollees with unclaimed rebates if those rebates were at least $50, but did not conduct any follow-up for unclaimed rebates that were less than $50.

D. Compliance with Previous Recommendations

The Company indicated that neither CCIIO nor any state regulatory entity has previously performed an examination of the Company's MLR processes and reporting. The Company informed CCIIO that the Missouri Department of Insurance performed a financial examination of the Company in 2013 covering the period January 1, 2008 through December 31, 2012. The financial examination resulted in two findings, neither of which impacted the Company's federal MLR calculation or reporting.

VII. Subsequent Events

The Company is required to inform CCIIO of any subsequent events that may affect the currently attested 2014 MLR Annual Reporting Form. No post-December 31, 2014 significant events were brought to CCIIO's attention.

VIII. Conclusion, Corrective Actions, Company Responses, and CCIIO Replies

CCIIO examined Blue Cross Blue Shield of Kansas City's 2014 MLR Annual Reporting Form to assess the Company's compliance with the requirements of 45 CFR Part 158. The examination involved determining the validity and accuracy of the data elements and calculated amounts reported on the MLR Annual Reporting Form, and the accuracy and timeliness of any rebate payments. As detailed above, the Company's 2014 MLR Annual Reporting Form contained some elements that were not compliant with the requirements of 45 CFR Part 158. The examination findings did not result in additional rebates being owed in any of the states or markets in which the Company had health insurance coverage subject to 45 CFR 158 in effect.

As a result of this examination, CCIIO directs the Company to implement the following corrective actions:

Corrective Action #1
The Company must adopt and implement procedures to ensure that it accurately reports the market classification of its policies in accordance with the definitions in §158.103.

Company Response
"BCBSKC has revised its processes. An additional field was added in the Facets Claims processing system to support the identification and accurate classification of groups."

CCIIO Reply
CCIIO accepts the Company's response and the corrective action plan.

Corrective Action #2
The Company must adopt and implement procedures to ensure that it properly reports incurred claims for the FEHBP line of business, based on claims incurred only during the MLR reporting year and paid through March 31 of the following subsequent year, in accordance with §158.140.

Company Response
"BCBSKC has revised its processes. Incurred claims are now utilized for reporting purposes."

CCIIO Reply
CCIIO accepts the Company's response and the corrective action plan.

Corrective Action #3
The Company must adopt and implement procedures to ensure that activities and expenses reported as QIA meet the requirements of §158.150 and that sufficient documentation exists to support such determinations. The Company must adopt and implement a comprehensive MLR records maintenance program under which it maintains all documentation and evidence necessary to enable CCIIO to verify compliance with each element included in the MLR Annual Reporting Form, as required by §158.502. The records maintenance program should include maintaining adequate documentation, as may be necessary, to enable CCIIO to verify that activities included in QIA meet the definition of QIA and that the Company's allocation of various expenses reported as QIA is reasonable. For salary-related expenses classified as QIA, this would include performing time studies of employee activities and/or other quantitative analyses of salary ratios to support allocating any such amounts to QIA, as only salary amounts supported by quantitative analyses regarding allocation of time spent on qualifying QIA activities should be considered as allowable QIA expenses.

Company Response
"BCBSKC has revised its QIA processes. Time studies are conducted to determine time spent by staff on QIA activities. Suppliers are reviewed to determine what activities do/don't qualify for QIA. Documentation is retained to support all QIA activities and their allocation. QIA expenses are consistent with regulatory parameters."

CCIIO Reply
CCIIO accepts the Company's response and the corrective action plan.

Corrective Action #4
The Company must adopt and implement procedures to ensure that it properly reports earned premium for the FEHBP line of business based on the year premium was earned rather than the year it was received, in accordance with §158.130(b) and the MLR Annual Reporting Form Filing Instructions.

Company Response
"BCBSKC revised its process to properly reflect FEP earned income. Adjustments are made to received income to reflect the premium intended to provide coverage during the MLR reporting year."

CCIIO Reply
CCIIO accepts the Company's response and the corrective action plan.

Corrective Action #5
The Company must adopt and implement procedures to ensure a good faith effort is made to locate and deliver all unclaimed rebates to enrollees in accordance with the requirements of §158.244, regardless of the rebate amount.

Company Response
"Notification letters are sent for all unclaimed rebates. Any amounts that remain unclaimed more than nine months go through the escheatment process and are transferred to the state of residency to support location of enrollees."

CCIIO Reply
CCIIO accepts the Company's response and the corrective action plan.

The corrective actions provided in this report should be shared with and adopted by, as applicable, any affiliated entities of the Company, such as its parent or subsidiaries, if any, that are similarly subject to the MLR reporting and rebate requirements of 45 CFR Part 158.

CCIIO thanks the Company and its staff for its cooperation with this examination.