From: WDraper184@aol.com
Sent: Thursday, May 26, 2011 7:58 AM
To: karen.stewart@state.de.us
Cc: michael.gould@state.de.us; governor.markell@state.de.us; HHS MLR Adjustments (HHS)
Subject: insurance waiver phase in

I am in total disbelief that as the insurance commissioner you would ask for this, I am a small business owner and say lets move forward with what has been approved with the 80 to 85 % via the health care reform program and get it behind us and the tax payers that fund the State employees healthcare anyway. Whether a small business or individual or large business we are customers of all departments in the state and am a little too tired of having them keep wasting our money and not fighting for us as a consumer. We depend on your office to be on our side to negotiate better rates retain and bring more competition for insurance availability here for us.
I have mixed feelings on what your intentions are, if you have the best interest in mind for us as a consumer of the insurance markets.
I say keep on track with the 80%, if your team along with Gene Reed is as good as presented to me in my first meeting with Michael Gould, then let the 80% move forward, the longer it is put off the more the insurance companies will continue to profit and pile up funds for them selves.
Look at rate increase approvals, if your office had the power to limit these increases years ago and wanted to, small business in this State would be thriving with more employees today so we could compete with the multi billion dollar foreign companies that have been funded by the our Federal government to do business in the USA against us.
Look at the Poultry business in Delaware they are one of the largest private businesses that operate here with live product manufacturing, 90% of the equipment that is supplied to the processors to reduce labor jobs used to built here in the USA, now 90% is built in foreign countries. Every year a group of us develop a business plan to start building equipment here in Delaware, which has the talent and capabilities to do so, the one issues that stops us every year is quality insurance benefit cost for the employees that would be needed. We have the metal supplies, the equipment supplies, the labor supplies but with insurance cost being 30 to 40 % of doing business in Delaware we cannot make this happen.
Did you know that Poultry Processing originated here in central Delaware, which allowed many small equipment and machine shops to grow in the 60's? Now we have sales men travel from Denmark, and other countries that bypass these same shops to under sell them for equipment.
Remember we are not funded by the tax payers, which again we are your customers, so we are asking for more quality customer service than we are getting, but as someone once told me that it is harder to be a customer of a office that is voted in / versus one that is employed.

Thanks for listening,
Bill Draper

Draper Equipment Inc
1852 Thicket Road
Wyoming, Delaware 19934
302-697-3542 office
302-697-7105 fax
302-632-1652 cell
WDraper184@aol.com

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Thank you.

From: Rich Baccino [delblklab@verizon.net]
Sent: Thursday, May 26, 2011 9:57 AM
To: HHS MLR Adjustments (HHS)
Cc: gene.reed@state.de.us; jstarkey@delawareonline.com; karen.stewart@state.de.us
Subject: Deny Delaware Insurance Commissioner Weldin-Stewart's Request for Waiver

As a Delaware resident and customer of Delaware Blue Cross-Blue Shield, I am adamant that you DENY the request by Delaware Insurance Commissioner Karen Weldin Stewart for waiver or phase-in of a reduced Medical-Loss Ratio for Delaware based health insurance companies.

The provision in the Federal Health Care legislation that mandates health care insurance companies meet a 80% Medical-Loss Ratio is the only means of soundly regulating these companies to actually provide health care services and not use customer premiums to fund unnecessary advertising, lobbying of elected politicians and providing excessive compensation to company executives and shareholders.

The current Delaware requirement for a 60% Medical-Loss Ratio is a mean joke on the in-state health care insurance consumers, like me, who must purchase this insurance product. I really doubt that Aetna will go out of the health care insurance business if they have to meet the 80% threshold.

Please do not allow the Delaware Insurance Commissioner to continue to act solely in the interest of the insurance corporations based in Delaware and not in the interest of the Delaware consumers who she routinely ignores. Please deny the request for a Delaware Waiver or Reduction in the 80% Medical-Loss Ratio Law.

Rich Baccino
Rehoboth Beach, DE

From: Sunde Thomas (DHSS) [Thomas.Sunde@state.de.us]
Sent: Thursday, May 26, 2011 10:22 AM
To: HHS MLR Adjustments (HHS)
Subject: Delaware

Let them move out. It's just like going to cut your noise off to spit your face. If they drop all those policies, they make less money. It's only a wordy threat.

From: Marilyn Smith [gapsmith2@gmail.com]
Sent: Thursday, May 26, 2011 2:35 PM
To: HHS MLR Adjustments (HHS)
Cc: jstarkey@delawareonline.com
Subject: Fwd: State of Delaware's Request for Temporary Suspension of Medical Loss Ratios

I am outraged and disgusted by the Delaware State Insurance Commissioner's request for a temporary suspension of regulations requiring health insurance companies to spend a minimum of 80% of premiums collected on patient care. Not only does this represent a total abdication of Commissioner Stewart's duties as an elected official to act on behalf of the voters and citizens of the State of Delaware, it blatantly illustrates the impact of the lobbying dollars spent by the insurance industry to further bloat their bottom line. To allow her request for a temporary extension, would be an injustice and a spineless reaction by the Department of Health and Human Services. Let's not be blackmailed by those companies who threaten to abandon consumers if their profit margins are not in compliance with the law.

I trust that you will reject in total Commissioner Stewart's request and move forward to bring all states into compliance with no further suspensions or adjustments.

Thank you.

Robert E. Smith, CLU, FLMI
114 Rudder Road
Millsboro, DE 19966

From: Michael Wagner [Michael.Wagner7@comcast.net]
Sent: Thursday, May 26, 2011 2:44 PM
To: HHS MLR Adjustments (HHS)
Subject: Delaware

Hello -

As a resident of Delaware, and a policyholder of an individual health plan with Golden Rule, I hope you will consider the waiver the Delaware State Insurance Department has requested. Individual insurance is very difficult and expensive to obtain in Delaware. We have limited choices, and actions that would give insurance companies concern to pull out would be very upsetting to many small businesses and residents such as myself. We need greater choice and options, not less. The sooner you are able to enact regulations and legislation that allows people to buy insurance products across state lines, the better. In the interim, please don't force an already bad situation to get worse.

If you have any questions, please feel free to contact me.

--
Michael Wagner

FlashPoint Marketing & Communications

(302) 832-8266

From: Hipowr [HIPOWR@comcast.net]

Sent: Friday, May 27, 2011 3:55 PM

To: HHS MLR Adjustments (HHS)

Subject: health care law waiver

Delaware SHOULD be joining a suit to repeal OBAMACARE!

Stupid white Democrats!

From: Trietley Georgianna (DelDOT) [Georgianna.Trietley@state.de.us]
Sent: Friday, May 27, 2011 4:24 PM
To: HHS MLR Adjustments (HHS)

Health insurance companies are already making too much in profit. The Feds did not phase this rule in, why should Delaware. If Blue Cross can meet the new guideline, why can't all the others.

Georgianna Trietley, R/W-AC
Review Appraiser
DE Department of Transportation
Planning/Real Estate
302-760-2230
302-7602281 (Fax)

From: Ben Lisenby [tucker2011@gmail.com]
Sent: Sunday, May 29, 2011 7:52 PM
To: HHS MLR Adjustments (HHS)
Subject: Delaware: NO Waiver

I am a resident of Delaware and I STRONGLY OPPOSE granting a waiver to Delaware on the medical loss ratio required by the Affordable Care Act.

I have an individual policy with Golden Rule, as does a friend. Golden Rule should not be exempted from the required 80% medical loss ratio.

It is obscene that they are now pocketing nearly 40 percent of premiums now, particularly since Golden Rule has a very poor reputation for paying claims.

If a public option were available, I would be among the first in line to apply.

Ben Lisenby
2011 Baynard Boulevard
Wilmington, DE 19802

302-654-2648

From: joannfields@verizon.net
Sent: Sunday, May 29, 2011 9:53 PM
To: HHS MLR Adjustments (HHS)
Subject: Please deny Delaware Insurance Commissioner's request for waiver

I hope you deny Delaware Insurance Commissioner Karen Weldin Stewart's request for a waiver from the new MLR of 80% in the individual and small group market. Delawareans need the consumer protection that the new health care law gives us, including the rebates in 2012 from companies that fail to meet the new 80% MLR. Commissioner Weldin Stewart says that Aetna and Golden Rule are threatening to leave the market. At the same time, BCBS of Delaware already is in compliance with the 80% MLR. I say if BCBS of Delaware can do it, then certainly the larger insurance company Aetna can comply. I do not believe that Aetna is being honest if they say they cannot. Delaware is a small market. Two competitors - BCBS and Aetna - is all we can expect and all we need. If Golden Rule cannot do it, then I say good riddance and make them pay out the rebates to the consumers. Please deny Commissioner Weldin Stewart's request.
Jo Ann Fields
950 Janeka Lane
Dover, DE 19904

From: Branchh@aol.com
Sent: Tuesday, May 31, 2011 9:26 AM
To: HHS MLR Adjustments (HHS)
Subject: Delaware MLR

I write to request that you do not grant Delaware a wavier from the MLR requirement.
We, the citizens of Delaware, need that protection. Granting Insurance Commissioner Weldin Stewart's request would be seen as a hostile act against the citizens of Delaware.

Branch Heller
3 Austin Rd.
Wilmington, DE 19810

Vice President, Alliance of Health Care Reform.

From: Janis Greene [tomato101@comcast.net]
Sent: Friday, July 08, 2011 7:37 AM
To: HHS MLR Adjustments (HHS)
Subject: FW: Delaware

I am wondering what about the outcome of the proposed phased-in medical-loss ratio for certain insurers in Delaware.

I sincerely hope that it was not granted to Aetna and Golden Rule. I have dealt with these companies in their various incarnations and can thoroughly attest to the fact that such a suggestion is pure blackmail and shouldn't be considered. Insurance is one of the most profitable businesses in our country; it is nonsensical to think that they need this additional "subsidy". Neither company would leave Delaware or anyplace else if enough state governments called their bluff.

I am sure that I'm not alone in having had very unpleasant experiences with them over the years, requiring long and hard fights to obtain the coverage paid for. At present I work two part-time jobs (at age 64) just to be able to afford the outrageous premium required by Aetna – and I am very healthy!!

I regret that I haven't written sooner.

Thanks you.

J. Greene
448 N State St
Dover 19901

From: joannfields@verizon.net
Sent: Wednesday, July 20, 2011 12:30 AM
To: HHS MLR Adjustments (HHS)
Subject: Delaware's Request for Adjustment to Medical Loss Ratio Standard

July 20, 2011

The Honorable Kathleen Sebelius
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Submitted Via Electronic Mail:
MLRAdjustments@hhs.gov

Delaware adjustment request

Dear Secretary Sebelius:

As a consumer who once had to buy my health insurance on the individual market, as a small business person and as a medical doctor who sees patients who are paying very high premiums, I am writing to oppose the request by the Delaware Insurance Commissioner for an adjustment to the 80 percent minimum medical loss ratio in the non-group market in Delaware. Delaware seeks to reduce the minimum medical loss ratio to 65% for calendar year 2011, 70% for 2012, and 75% for 2013.

The medical loss ratio (MLR) gives consumers a straightforward calculation of how their premium dollars are spent and sets a minimum level of spending on medical benefits and quality improvement at 80 percent in the individual and small group markets. Congress, with the support of the Congressional Budget Office, concluded that an 80 percent minimum MLR in the non-group market was attainable by efficiently operated insurers.

Adjustments to the MLR may be granted only if "the Secretary determines that the application of such 80% may destabilize the individual market" in a state. PHSA ' 2718(b)(1)(A)(ii). HHS regulations implementing this provision of the law provide that the Secretary may adjust the MLR standard in a state only "if there is a reasonable likelihood that application of the requirement will do so." 42 C.F.R. ' 158.301.

Delaware has failed to make the case that its individual insurance market will be destabilized if HHS fails to grant the adjustment it requests. Delaware's request is largely based on a fear that two of the three major insurers in the Delaware nongroup market, Aetna and Golden Rule, may leave the nongroup market if the adjustment request is not granted. The third major insurer in

the nongroup market, Blue Cross, apparently has no intention of leaving the Delaware market and does not support the adjustment request.

Neither Aetna nor Golden Rule has stated that they intend to leave Delaware. Data provided by the state, moreover, indicates that both Aetna and Golden Rule already have achieved federal MLRs well above the 65% level and are making large profits in their nongroup business in Delaware. Aetna's profit margin in the nongroup market is reported to be 9.6 percent and Golden Rule's 7.5 percent. Both companies are operating in many states that have not requested adjustments. Both companies could pay estimated rebates for the foreseeable future and remain profitable. The claim that these insurers will leave the Delaware market if no adjustment is granted is simply not credible

If the section 2718 MLR 80 percent rule is allowed to go into effect in Delaware, rebates of $2.49 million would be paid to Delaware insurance consumers during the next two years, according to the Insurance Commissioner's estimates. These rebates would completely disappear if the adjustment request is granted, effectively transferring $2.49 million to the profits of insurance companies that would remain profitable even if they were required to meet the 80 percent minimum MLR.

HHS regulations set out information that states must submit and criteria that HHS must apply in determining whether or not to grant a state an adjustment. 42 C.F.R. " 158.321, 158.330. The criteria HHS must consider includes:

> (a) The number of issuers reasonably likely to exit the State or to cease offering coverage in the State absent an adjustment to the 80 percent MLR and the resulting impact on competition in the State.
> (b) The number of individual market enrollees covered by issuers that are reasonably likely to exit the State absent an adjustment to the 80 percent MLR.
> (c) Whether absent an adjustment to the 80 percent MLR standard consumers may be unable to access agents and brokers.
> (d) The alternate coverage options within the State available to individual market enrollees in the event an issuer exits the market,
> (e) The impact on premiums charged, and on benefits and cost-sharing provided, to consumers by issuers remaining in the market in the event one or more issuers were to withdraw from the market.
> (f) Any other relevant information.

The Delaware adjustment request cannot be justified under any of these criteria.

Delaware has offered no evidence that any insurers will exit the state or cease offering coverage absent an adjustment.

Delaware offers no evidence that any insurer will leave the market if an MLR adjustment is not granted. Under Delaware law, an insurer must give 180 days notice before leaving the nongroup market. No insurer has yet given notice of withdrawal, and none could give notice and exit for 2011. Furthermore, if a company withdraws from the market it may not reenter the market for five years. This restriction makes it unlikely that any health insurance company would withdraw from Delaware in 2012 or 2013 given the greatly expanded, and federally subsidized, individual market that will be available through the exchange beginning in 2014.

Delaware also asserts that two insurers, Coventry Health and Life Insurance and Coventry Health Care of Delaware have expressed interest in entering the individual market in Delaware and may not do so if the adjustment is not granted. According to its website, Coventry operates in all 50 states. The vast majority of states have not been granted adjustments. Given the profitability of the Delaware individual market, the assertion that an adjustment is needed to lure Coventry into the Delaware individual market is simply not credible. .

Indeed, it is unclear why an adjustment is even being requested in Delaware. According to reported information, only three insurers have credible experience in the Delaware individual market. One of them apparently meets the 80 percent minimum requirement while the other two have federal MLRs close to 70 percent but are making profits that would allow them to cover all projected rebates and remain profitable. Granting the adjustment request would not only eliminate $2.49 million in rebates, but would also remove all pressure on Delaware insurers to moderate premiums or premium increases to avoid rebates, thus further injuring Delaware consumers.

Delaware has offered no evidence that any enrollees are covered by insurers that will exit the state absent an adjustment.

Because Delaware has offered no evidence that any insurer will leave the state absent an adjustment, it has also failed to prove that any enrollee will lose coverage because of insurers exiting the state.

Delaware has not demonstrated that access to agents and brokers will be disrupted if an adjustment is not granted.

The adjustment request expresses a concern that requiring companies to meet the statutory MLR requirement will result in reduced commissions and subsequently in loss of agents and brokers. In response to a further inquiry from HHS, Delaware stated that prior to 2011, agent commissions ranged from 10% to 20%, but they have been reduced to 4% to 10%. Letters from two Delaware agents and an agent association also express concern.

It is my understanding that data on agent commissions in Delaware provided by the National Association of Health Insurance Underwriters to the NAIC show most insurers have retained

commissions at current levels for the past three years, even though increased premiums have in fact resulted in increased commissions, since commissions are generally written as a percentage of premium.

The federal rule, moreover, does not guarantee that broker and agent's compensation will never be reduced, but rather than consumers must have adequate access to brokers and agents. No evidence is provided that implementation of an 80 percent MLR will reduce access. Moreover, granting an adjustment would not guarantee that broker and agent compensation would be increased. Indeed, there is no reason to believe that insurers would not simply retain increased income as profit rather than passing it on to agents and brokers.

Alternative coverage is available to Delaware insurance consumers if an insurer exits the state.

If an insurer does withdraw from Delaware, it is likely that an individual who was covered by that insurer will be able to get coverage through one of the remaining insurers. There is no evidence of reduced access. Individuals who cannot get coverage because of health status issues may be able to get coverage through the preexisting condition high risk pool.

The loss to Delaware consumers of granting this adjustment request would be substantial.

Although Delaware did not prominently publicize its intention to request an adjustment, two consumers did respond to a notice it provided. Both opposed the adjustment and favored leaving the MLR target at 80 percent.

As already noted, Delaware consumers will lose $2.49 million in rebates if the request is granted. They will also lose any effect that the rebate requirement would have on driving down premiums for the next three years. There is no evidence that premiums or cost-sharing would increase or benefits be reduced if the adjustment is not granted.

The Commissioner has failed to establish that this adjustment request is necessary. Granting it would cause harm to Delaware consumers. I request that this adjustment proposal be denied.

Sincerely,

Jo Ann Fields, MD
PO Box 615
Felton, Delaware 19943

From: John Kurtz [john@newmoonrugs.com]
Sent: Wednesday, July 20, 2011 1:27 PM
To: HHS MLR Adjustments (HHS)
Subject: Delaware

I agree with the statement below that there should be NO WAIVER GRANTED.

John Kurtz
2325 W. 16th St.
Wilmington, DE 19806

From: OBrienKev@aol.com [mailto:OBrienKev@aol.com]
Sent: Wednesday, July 20, 2011 11:36 AM
To: john@newmoonrugs.com; kate.cowperthwait@msdelaware.org; paul.obrien@carper.senate.gov; sbaker@teleduction.com
Subject: Voice your opposition

Our Insurance Commissioner, Karen Weldin Stewart, is asking CMS for a waiver of the new federal rule that requires health insurance companies to cap profits and commissions at no more than 20% of the premiums paid by policy owners.

This a big step backward, for the sole purpose of appeasing a few health insurance brokers who complain that their commissions for selling these sub-standard policies would be adversely affected. Interestingly, none of their customers have written to support the waiver request.

The deadline for public comment is tomorrow, and public awareness of the issue is very low. I wrote a short email in opposition, and a poultry processing equipment manufacturer from Sussex County sent in a letter. You can find more information about this issue here:

http://cciio.cms.gov/programs/marketreforms/mlr/mlr_delaware.html

After all the hard work that went into getting this new law enacted, it is a great shock to realize that all that effort can be quietly un-done by regulators who bend so easily to mild pressure from the insurance industry.

Please express your opposition to the waiver by sending your comments, with "Delaware" in the subject line, to MLRAdjustments@hhs.gov

If you are short of time, just forward this message to that email address with a short note stating that you agree with me that the waiver should not be granted, and include you name, address and telephone number.

Law Office of Kevin A. O'Brien
3801 Kennett Pike, Building C, Suite 101
Greenville, DE 19807-2319
tel. (302) 888-2707
fax (302) 888-2708
email obrienkev@aol.com

For more information about my practice, see my website, www.kevinobrienlaw.com

For a map showing the location of my office, click on this link to Google maps: Google Map showing location of Law Office of Kevin A. O'Brien, then double-click on the map to see a larger map, or to get directions.

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From: David Wolfe [dwolfe46@verizon.net]
Sent: Wednesday, July 20, 2011 10:21 PM
To: HHS MLR Adjustments (HHS)
Subject: MLR Adjustments

July 21, 2011

The Honorable Kathleen Sebelius
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Delaware adjustment request

Dear Secretary Sebelius:

As a consumer, I am writing to oppose the request by the Delaware Insurance Commissioner for an adjustment to the 80 percent minimum medical loss ratio in the non-group market in Delaware. Delaware seeks to reduce the minimum medical loss ratio to 65% for calendar year 2011, 70% for 2012, and 75% for 2013.

The medical loss ratio (MLR) gives consumers a straightforward calculation of how their premium dollars are spent and sets a minimum level of spending on medical benefits and quality improvement at 80 percent in the individual and small group markets. Congress, with the support of the Congressional Budget Office, concluded that an 80 percent minimum MLR in the non-group market was attainable by efficiently operated insurers.

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Delaware has failed to make the case that its individual insurance market will be destabilized if HHS fails to grant the adjustment it requests. Delaware's request is largely based on a fear that two of the three major insurers in the Delaware nongroup market, Aetna and Golden Rule, may leave the nongroup market if the adjustment request is not granted. The third major insurer in the nongroup market, Blue Cross, apparently has no intention of leaving the Delaware market and does not support the adjustment request.

Neither Aetna nor Golden Rule has stated that they intend to leave Delaware. Data provided by the state, moreover, indicates that both Aetna and Golden Rule already have achieved federal MLRs well above the 65% level and are making large profits in their nongroup business in Delaware. Aetna's profit margin in the nongroup market is reported to be 9.6 percent and Golden Rule's 7.5 percent. Both companies are operating in many states that have not requested adjustments. Both companies could pay estimated rebates for the foreseeable future and remain profitable. The claim that these insurers will leave the Delaware market if no adjustment is granted is simply not credible

If the section 2718 MLR 80 percent rule is allowed to go into effect in Delaware, rebates of $2.49 million would be paid to Delaware insurance consumers during the next two years, according to the Insurance Commissioner's estimates. These rebates would completely disappear if the adjustment request is granted, effectively transferring $2.49 million to the profits of insurance companies that would remain profitable even if they were required to meet the 80 percent minimum MLR. These insurance companies are interested in their bottom lines and not patient care. Excerpted from a letter by Jo Ann Fields, M D.

Sincerely,

David Wolfe PA, BSN, RN, MPH
544 Schooner Way
Dover, DE 19901

From: Q1ZQ1Z@aol.com
Sent: Thursday, July 21, 2011 11:43 AM
To: HHS MLR Adjustments (HHS)
Subject: No Adjustments to Medicare Loss Ratio

Why must the solution to the for-profit business of health care's increasing costs be solved by burdening the poor and middle class? This is unfair and unethical. The solution lies in the for-profit side of the equation. Healthcare like education is a right, not a privilege. Please have the courage to challenge the obscene size of the health care industry's profits in a time of economic decline for middle class and poor Americans. The middle class and poor can no longer shoulder the burden, while for-profit fat cats amass fortunes from denying care to their customers. Shame on the health care industry and shame on any politician or government official who condones it. Thank you. A concerned voter from Delaware.