

ANTHEM EXHIBIT 1

ATTACHMENT A

THE STATE OF NEW HAMPSHIRE

INSURANCE DEPARTMENT

In re Petition of Frisbie Memorial Hospital et al.

Docket No. _____

**AFFIDAVIT OF ROBERT J. NOONAN
IN SUPPORT OF BRIEF OF
ANTHEM BLUE CROSS BLUE SHIELD RE: AGGRIEVEMENT**

I, Robert J. Noonan, being duly sworn, depose and say:

1. I am over the age of 18 years and believe in the obligation of an oath.
2. I am Vice President, Provider Engagement & Contracting for Anthem Blue Cross Blue Shield ("Anthem").
3. I am submitting this Affidavit in further support of Anthem's position, as set forth in its brief submitted to the Department on December 2, 2013, that the Petitioners are not aggrieved and in response to the Petitioners' December 6, 2013 Reply Brief.
4. Anthem has no obligation to contract with Frisbie Memorial Hospital ("Frisbie") in connection with its Pathway network.
5. Anthem made the decision not to contract with Frisbie in connection with its Pathway Network and Frisbie was aware of this decision well before the Department issued its July 31, 2013 approval of Anthem's QHPs for offering on the Exchange. For example, on June 21, 2013, John A. Marzinzik, Frisbie's Senior Vice President and Chief Financial

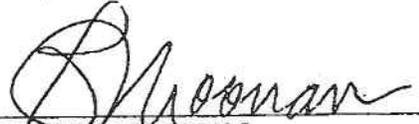
Officer, was advised directly that Frisbie would not be included in Anthem's Pathway Network.

6. Thereafter, by letter of August 14, 2013 to Mr. Marzinzik (Exhibit 1 hereto), I advised Frisbie that its facility and any provider practices owned by it were not included in Anthem's Pathway Network.

7. This decision was independent of, and did not affect or impair in any way, Frisbie's on-going participation in Anthem's network outside the Exchange. Frisbie continues to participate in Anthem's network that serves ninety percent (90%) of Anthem's membership, and Anthem's relationship with Frisbie in connection with its participating facility status remains intact and business is being conducted as usual.

8. In September, 2013, Alvin Felgar, Frisbie's Chief Executive Officer, became very vocal publicly about Frisbie's displeasure over not being included in Anthem's Pathway Network and the Department's approval of Anthem's QHPs for the Exchange. For example, on September 19, 2013, when Anthem presented to the New Hampshire Senate on the Exchange, Mr. Felgar was in attendance and voiced Frisbie's complaints about not being included in Anthem's Pathway Network for the Exchange and the Department's Decision.

Dated at Manchester, New Hampshire this 10th day of December, 2013.



ROBERT V. NOONAN
Vice President
Provider Engagement & Contracting

STATE OF NEW HAMPSHIRE)
COUNTY OF Hillsborough) ss.

Subscribed and sworn to before me this 10th day of December, 2013.



Commissioner of Superior Court
Notary Public

DEBORAH M. SNOW
Notary Public - New Hampshire
My Commission Expires June 9, 2015

EXHIBIT 1 TO ATTACHMENT A



August 14, 2013

John Marzinzik, VP, Finance
Frisbie Memorial Hospital
11 Whitehall Road
Rochester, NH 03867

SCANNED

Dear John:

As you know, the Affordable Care Act (ACA) calls for the development of new health plans which will be effective on January 1, 2014. These plans include health plans which will be offered on the Health Insurance Marketplaces (commonly referred to as Exchanges) as well as other health plans not purchased on the public exchange.

To support the initiative, Anthem Blue Cross and Blue Shield in New Hampshire has developed a provider network that will serve individuals both on and off the exchange and small groups that purchase products on the Small Business Health Options Program ("SHOP") exchange. This network will be offered alongside these new health plans and is intended to reflect the needs of our anticipated membership. Your facility and any provider practices owned by your facility are not included in this network; however, we will continue to evaluate the needs of our membership as time goes on. Your participation status in other Anthem provider networks remains unchanged.

As a non-participating provider in this new network, services rendered by your facility or any provider practices owned by your facility to members of plans supported by this network will process and pay according to members' out-of-network benefits, if applicable. You will be able to identify these plans by the network name noted on the member ID card. Please notify all of your facility and provider practice staff of this important information.

We will continue to provide updates about this network and the related health plans in the Network Update provider newsletter as well as on anthem.com.

If you have questions concerning this notification please contact your Provider Network Manager.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert J. Noonan".

Robert J. Noonan
Vice President Provider Engagement & Contracting

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only) (Inland Only) (No Postage Needed)

7001 1140 0000 0454 4618
OFFICIAL USE

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Post		

8-14-13
 Postmark Here
*Exbury
 N.H.*

Sent To: John Marzlnzk
 VP, Finance
 Frisbie Memorial Hospital
 Street, Apt or PO Box 11 Whitehall Road
 City, State, Rochester, NH 03867

PS Form 3800, January 2001 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>X Delia Burrows</i>	
1. Article Addressed to: John Marzlnzk VP, Finance Frisbie Memorial Hospital 11 Whitehall Road Rochester, NH 03867		B. Received by (Printed Name) C. Date of Delivery	
2. Article # (Transfer) 7001 1140 0000 0454 4618		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
PS Form 3811, August 2001 Domestic Return Receipt		3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> O.O.D.	
PS Form 3811, August 2001 Domestic Return Receipt		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

2ACPRI-03-Z-0963