

# EXHIBIT G

THE STATE OF NEW HAMPSHIRE

INSURANCE DEPARTMENT

In re Petition of Frisbie Memorial Hospital et al.

Docket No. \_\_\_\_\_

**SUPPLEMENTAL BRIEF BY  
ANTHEM BLUE CROSS AND BLUE SHIELD RE: AGGRIEVEMENT**

Anthem Blue Cross Blue Shield (“Anthem”) hereby respectfully submits this supplemental brief in further support of its position that, as set forth in its initial brief submitted to the New Hampshire Insurance Department (“Department”) on December 2, 2013, the Petitioners are not aggrieved. This supplemental filing also responds to the Petitioners’ Reply To Brief Of Anthem Regarding Aggrievement dated December 6, 2013 (“Reply Brief”).<sup>1</sup>

**I. The Petitioners’ Filings Do Not Change The Fact That Their November 6, 2013 Petition Was Clearly Untimely And Should Be Rejected On That Basis.**

As the Petitioners admit at page 1 of their Reply Brief, to be considered, a request for an adjudicative hearing pursuant to Section III of RSA 400-A:17 must be made within 30 days after such person knew or reasonably should have known of the act or failure that is at issue. Given that the “act or failure” that they seek to challenge is the Department’s July 31,

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<sup>1</sup> Although it was unaware that there would be further briefing regarding aggrievement, once Anthem received the Reply Brief of Frisbie Memorial Hospital (“Frisbie”) and Margaret McCarthy (“Ms. McCarthy”) (collectively, “Petitioners”), Anthem felt compelled to make a supplemental filing to ensure that its position as to why the Petitioners are not aggrieved and why an adjudicative hearing is not proper or warranted is made clear to the Department.

2013 approval of Anthem's qualified health plans ("QHPs") offered on New Hampshire's Exchange ("Department Decision"), the sole question with regard to the timeliness of the November 6, 2013 Petition is whether or not the Petitioners "knew or reasonably should have known" of the Department's Decision before October 7, 2013 (30 days before the filing of the Petition). It is glaring that none of the Petitioners' three filings with the Department<sup>2</sup> identify a date, by which, they acknowledge, they knew or reasonably should have known that Anthem's decision not to contract with Frisbie---followed by the Department's Decision--meant that Frisbie would not be participating in Anthem's Pathway Network for its QHPs on the Exchange. Instead, their filings with the Department are carefully worded to remain vague on the very question that they themselves admit is the key question for determining whether their Petition should be procedurally considered at all. Specifically, rather than provide the Department with a timeline detailing when they first learned that Frisbie would not be part of Anthem's Pathway Network and with an explanation as to why they did not file a petition soon after the Department's Decision, the Petitioners attempt to blame their own neglect on circumstances that are entirely irrelevant to the threshold determination of whether or not the November 6, 2013 Petition was filed in time to be considered and acted upon by the Department under RSA 400-A: 17. For example, in their Petition, the Petitioners are very specific in setting forth the key dates and deadlines through the time of the Department's August 1, 2013 press release, but from there, the Petitioners curiously

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<sup>2</sup> The Petitioners' three filings are their November 6, 2013 Petition, their December 2, 2013 Proof Of Standing Brief and their December 6, 2013 Petitioners' Reply To Brief Of Anthem Regarding Aggrievement.

become imprecise as to time and what they knew when (e.g., paragraph 13 of the Petition states that Anthem published details of its QHPs “sometime in September 2013” and that “full information about Anthem’s QHPs was not formally and completely available until the Marketplace opened October 1, 2013”). Thereafter, the Petitioners’ December 2, 2013 Proof Of Standing filing was devoid of any specifics about the timeliness of the Petition and it was only when Anthem’s simultaneous December 2, 2013 Brief made preliminary note that the Petition was untimely under RSA 400-A:17 that the Petitioners filed their December 6, 2013 Reply Brief. However, for the third time, the Petitioners chose not to educate the Department as to when Frisbie knew that Anthem was not going to include it in the Pathway Network. Instead, they sought to misdirect the analysis with unhelpful statements about their assumptions about the process undertaken by the Department (e.g., “there was no public notice of any kind from the Department that detailed ... the plans approved”; “nor has there – even yet – been any public scrutiny of the network adequacy of the plans ...”; “to this day they remain ... unclear as to the substance of the Department’s decision”, Petitioners’ Reply at pp. 1-2).<sup>3</sup>

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<sup>3</sup> Of note, Section III of RSA 400-A:17 essentially sets forth protection under the so-called discovery rule, which is designed to provide an exception to—or relief from—a time limitation when the injury and causal connection to the act or omission being complained of could not reasonably have been discovered within the applicable limitation period (i.e., Section III states that an adjudicative hearing must be requested within 30 days after the person knew or **reasonably should have known** of the act or failure...) (emphasis added). Although the Petitioners do not seek relief under this principle, it should be noted that the discovery rule is not intended to toll the time limitation until the full extent of an injury has manifested itself. Rather, as long as a person can reasonably discern that he suffered some harm caused by the act at issue, the discovery rule is inapplicable. *Furbush v. McKittrick*, 149 N.H. 426 (N.H. 2003). Here, then, despite the Petitioners’ repeated assertions that there was a lack of public scrutiny in the Department’s process, the facts, including Frisbie’s own actions, establish that they were fully aware of, and disgruntled by, not being included in Anthem’s Pathway Network months before they filed the Petition at issue.

In summary, nowhere in any of the Petitioners' filings do they provide any guidance to the Department---let alone evidence---as to what and when they knew about Anthem's decision not to contract with Frisbie for its Pathway Network and the subsequent July 31, 2013 issuance of the Department's Decision at issue here. Under these circumstances, Anthem submits that it would be reasonable for the Department to infer that the Petitioners became aware of both Anthem's decision and the Department's Decision on or about August 1, 2013 when the Department's Press Release was issued, which in turn would mean that any request for an adjudicative hearing under § III of RSA 400-A: 17 was required to have been filed on or about September 1, 2013.<sup>4</sup>

Of course, the Department need not be left to draw inferences, as the facts clearly establish that the Petitioners were fully aware of both Anthem's decision not to contract with Frisbie for purposes of its Pathway Network and the Department's Decision long before October 7, 2013. To be sure, the Petitioners' filings are at best misleading on the issue of the timeliness of the November 6, 2013 Petition. Specifically, Frisbie was fully informed by Anthem that it would not be included in Anthem's Pathway Network on, if not before, June 21, 2013 when John A. Marzinzik, Frisbie's Senior Vice President and Chief Financial

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<sup>4</sup> It is glaring that, in his November 25, 2013 Affidavit In Support Of Frisbie's Proof Of Standing, Mr. Felgar was silent on the issue of when Frisbie first learned that Anthem had decided not to contract with Frisbie in connection with its Pathway Network; when Frisbie first learned of the Department's July 31, 2013 Decision; and when Frisbie began voicing its displeasure over Anthem's decision not to include Frisbie. It is also glaring that, although Frisbie chose to file its December 6, 2013 Reply Brief addressing the issue of the timeliness of the November 6, 2013 Petition, neither Mr. Felgar nor any other representative of Frisbie filed an affidavit setting forth when they knew about Anthem's decision not to include Frisbie in its Pathway Network and when it knew of the Department's Decision at issue here.

Officer, was advised directly by Anthem that Frisbie would not be included.<sup>5</sup> Further, any suggestion hinted at by Frisbie in its filings that it was unaware that the Department's Decision confirmed that it would not participate in Anthem's Pathway Network was dispelled by Anthem's August 14, 2013 letter to Mr. Marzinzik, which states in pertinent part that "your facility and any provider practices owned by your facility are not included in this network; ..." (see Exhibit 1 to the Affidavit of Robert J. Noonan, which is Attachment A hereto). It is simply indisputable that, as of Frisbie's receipt of Anthem's August 14, 2013 letter, it knew that it would not be participating in the Exchange.

Finally on this timeliness issue, the public actions of Mr. Felgar, as Frisbie's Chief Executive Officer, clearly demonstrate that Frisbie was fully aware of, and was unhappy about, not being included in the approved Pathway Network. See, for example, the September 16, 2013 Rochester Rotary Club Newsletter (Attachment B hereto), which sets forth Mr. Felgar's "ObamaCare Talking Points", including:

"No. 4. Only one insurance company is in the Exchange in New Hampshire, and ... Rochester patients cannot use Frisbie Memorial Hospital or our 17 physician practices. They will have to go to Dover, Exeter or Laconia;

No. 5. Frisbie has been excluded from the approved list ...; and

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<sup>5</sup> See Affidavit of Robert J. Noonan, which is Attachment A hereto. Unquestionably, for purposes of RSA 400-A: 17, as of August 1, 2013, Frisbie knew that it was not included in Anthem's Pathway Network and that the Department had approved Anthem's QHPs for purposes of the Exchange beginning October 1, 2013. Under these circumstances alone, any Petition by Frisbie attempting to challenge the Department's Decision was required to be filed on or before September 1, 2013.

No. 6. This is not fair to patients or Frisbie Hospital”.<sup>6</sup>

See, also, the September 19, 2013 Americans For Prosperity New Hampshire news article (Attachment C hereto), which quotes Mr. Felgar regarding the fact that Frisbie would not be participating in the Exchange. Finally, consistent with the Petitioners’ reference to Anthem appearing before the New Hampshire Legislature prior to October 1, 2013 (see page 2 of the Reply Brief), on September 19, 2013, Anthem presented to the New Hampshire State Senate on the Exchange and Mr. Felgar, who was in attendance, voiced his complaints about Frisbie not being included in Anthem’s Pathway Network (see paragraph 8 of Attachment A). All of these actions clearly demonstrate that, by mid-September, 2013, Frisbie was not only aware that it was not included in Anthem’s Pathway Network for the approved QHPs on the Exchange, but was aggressively criticizing the decisions by Anthem and the Department.

For all these reasons, Anthem submits that it is incontrovertible that the November 6, 2013 Petition was untimely. Frisbie was aware of the Department’s Decision (the so-called “act or failure”) and its alleged adverse impact on Frisbie (“Anthem did not contract with it for its Pathway Network”) months before the Petition was actually filed. Accordingly, the Petition should be denied as untimely and procedurally improper under New Hampshire’s insurance laws and regulations.

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<sup>6</sup> It is also of note that Mr. Felgar is on the Board of Trustees of the New Hampshire Hospital Association, whose website contains several pre-October, 2013 news items, including links to longer media reportings, regarding Anthem’s Pathway Network and the Department’s Decision.

## **II. The Petitioners Are Not Aggrieved Because Frisbie Has No Legal Right To Participate In Anthem's Pathway Network.**

The fundamental flaw in the Petitioners' claim of aggrievement for purposes of their attempt to challenge the Department's Decision is that, as set forth in Anthem's December 2, 2013 initial Brief, they ignore – and want the Department to ignore – the fact that Anthem had, and continues to have, no legal obligation to contract with Frisbie in connection with its Pathway Network. In fact, as was its right, Anthem made the decision not to contract with Frisbie in connection with the health plans offered by Anthem as QHPs on the Exchange and it was entirely upfront with Frisbie about this business decision – long before the Department Decision was issued approving Anthem's QHPs for the Exchange. Anthem's decision was independent of, and did not affect or impair in any way, Frisbie's ongoing participation in Anthem's network outside the Exchange. Specifically, Frisbie continues to participate in Anthem's network that serves ninety percent (90%) of Anthem's membership, and Anthem's relationship with Frisbie as a participating facility, remains undisturbed. In fact, for the overwhelming majority of Anthem's members, who seek covered services at Frisbie, it remains business as usual.

Anthem is the only payor that submitted health plans for certification as QHPs on the Exchange. All other payors chose to continue to offer coverage only off the Exchange. The fact that other payors chose not to submit any health plans for consideration to be certified as QHPs on the Exchange should in no way call into question Anthem's filings or the certification of its QHPs by the Department and by the federal government. Nor should the

absence of the participation of other payors in the Exchange at this time otherwise reflect negatively on Anthem's continuing commitment to providing its members with access to affordable health care coverage.

Given that Anthem has no obligation to contract with Frisbie in connection with its Pathway Network and since Anthem -- prior to and independent of the Department's subsequent approval process -- chose not to so contract with Frisbie (and promptly advised its CFO of that fact on June 21, 2013 or earlier), Frisbie was not part of the Pathway Network as of the time the Department approved Anthem's QHPs. As such, it cannot be said that Frisbie, and in turn Ms. McCarthy, have been aggrieved by the Department's Decision. Furthering this critical point is the fact that, even if Anthem's Pathway Network were at some point to be found deficient or inadequate in some way, Anthem would not be required to remedy that inadequacy by contracting with any particular provider, and in particular with Frisbie.

Perhaps recognizing the weakness of its claims, the Petitioners reformulated their claims of aggrievement in their Reply Brief by moving away from their initial primary complaint that Anthem did not contract with Frisbie and shifting the focus to a claim that their aggrievement is really based on a purported detrimental impact on Frisbie's ability to compete in its service area. In doing so, the Petitioners ignore the case of Weeks Restaurant Corp. v. City of Dover, 119 NH 541 (1979), in which the Supreme Court considered, but gave short shrift to, a similar argument that an impact on competition can form a basis for

standing.<sup>7</sup> Although the Weeks decision is noteworthy because it overturned previous New Hampshire Supreme Court decisions holding that only abutting landowners could be persons aggrieved by a decision of a Planning & Zoning Board, it is instructive here in connection with Petitioners' assertion that they are aggrieved because Frisbie's exclusion impairs its ability to compete with Wentworth Douglass Hospital in its service area. Specifically, the plaintiff in Weeks was an existing restaurant owner who appealed a decision of the City of Dover Planning Board granting site plan approval for the construction of a new restaurant. The Weeks Court determined that the plaintiff had a definite direct interest in the decision being appealed from because its property was separated from the new restaurant site only by a public highway and "traffic congestion and hazards created by the proposed restaurant could adversely affect Weeks' business." Id. at 545. Importantly here, in reaching this conclusion, the Court rejected the defendant new restaurant's claim that the plaintiff "should not be permitted to appeal because its principle motive [was] a desire to exclude a competing restaurant". The Weeks Court stated:

**"[t]his Court is mindful of the fact that injury resulting from competition is rarely classified as a legal harm but rather is deemed a natural risk of our free enterprise economy ... in this case the plaintiff has alleged adverse impact upon its business other than by increased competition, and the presence of an anticompetitive motive does not by itself deprive the plaintiff of standing."** (citation

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<sup>7</sup> The Weeks decision is cited with some frequency in New Hampshire case law, mostly in the planning and zoning context, for its discussion of the term "aggrieved persons". Id. at 543. In fact, the Petitioners cited to the Weeks case generally for the proposition that the term "person aggrieved" equates to "injury in fact". Frisbie's Proof Of Standing at p. 1.

omitted; emphasis added; internal quotation marks omitted)  
Id. at 545.

Clearly, the New Hampshire Supreme Court has given consideration of the type of argument the Petitioners now attempt to cobble together in support of aggrievement and has rejected it as a basis for standing.

Instead of addressing the Weeks decision, Frisbie weakly asserts that Anthem “overlooks” the case of Appeal of Union Telephone Co., 160 N.H. 309 (2010). Contrary to the Petitioners’ Reply Brief, however, Appeal of Union Telephone Co. does not stand for the proposition that, generally speaking, a party is aggrieved simply because an agency decision may result in increased competition. In Appeal of Union Telephone Co., the incumbent telephone company appealed from an order of the PUC allowing two new companies to operate as competitive local exchange carriers in its service territory. The Court held that Union Telephone had standing to appeal this order because “it will face competition in its service area as a result of the PUC’s orders”. This case, however, is clearly distinguishable from the present situation due to the existence of statutory authority obligating the PUC to consider the impact on the incumbent local exchange carrier, such as its “opportunity to realize a reasonable return on its investment”, before granting permission to a new provider in a particular area. Id. at 319. In other words, Union Telephone was aggrieved because it possessed a specific legal right, created by statute, to be free from a certain level of competition. Here, there is no statutory provision creating a legal right for Frisbie to be on a level playing field – in terms of network participation – with a competing hospital.

### **III. Ms. McCarthy Is Not Aggrieved By The Department's Decision.**

With regard to Ms. McCarthy's assertions, in addition to the arguments made in Anthem's initial Brief, it should be noted that the fact that the status of any particular providers that Ms. McCarthy receives services from – as either participating or as non-participating providers – may change over time (and later change back again) does not cause an injury in fact of the type and seriousness that creates aggrievement for the purposes of standing under New Hampshire law. The health insurance marketplace has always been, and continues to be, dynamic and fluid with consumers, providers and payors having choices with regard to coverage for, and access to, affordable health care services. Like members, who as consumers have the right to, and do frequently, switch their health coverage from one payor to another or switch providers based on a variety of reasons, including personal preference particular to them and their families, convenience and cost, providers make choices as to what payors they are willing to participate with, and payors make changes to their networks in an effort to best provide affordable health care coverage to their members. Any of these decisions in the marketplace may affect – positively or negatively – the specific care decisions of a particular individual member, like Ms. McCarthy, at a particular moment in time, but in the context of network adequacy related to the New Hampshire health insurance marketplace, as regulated by the Department and the law, none of these such decisions can create aggrievement for the purposes of standing to demand an adjudicative hearing.

For all of the above additional reasons, the Petition was filed fatally late and the Petitioners have not demonstrated aggrievement for the purpose of standing to request an adjudicative hearing, and the Petition should be denied.

Dated: December 11, 2013

By   
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Senior Legal Counsel  
Anthem Blue Cross and Blue Shield  
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Manchester, NH 03111-0001  
Tel 603-695-7263  
Fax 603-695-7912  
[maria.proulx@anthem.com](mailto:maria.proulx@anthem.com)

# 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

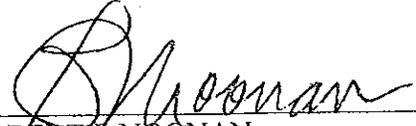
Officer, was advised directly that Frisbie would not be included in Anthem's Pathway Network.

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 10<sup>th</sup> day of December, 2013.



ROBERT V. NOONAN  
Vice President  
Provider Engagement & Contracting

STATE OF NEW HAMPSHIRE )  
COUNTY OF Hillsborough )<sup>ss.</sup>

Subscribed and sworn to before me this 10<sup>th</sup> 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.

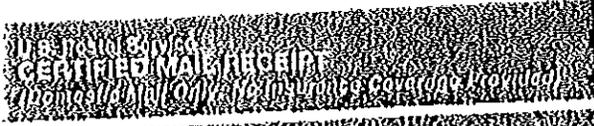
We will continue to provide updates about this network and the related health plans in the Network Update provider newsletter as well as on anthem.com.

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

Sincerely,

A handwritten signature in black ink that reads "Robert J. Noonan".

Robert J. Noonan  
Vice President Provider Engagement & Contracting



OFFICIAL USE

7001 1140 0000 0454 4618

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

Postmark Here  
8-14-13  
Exchange  
Cert-Letter

Sent To: John Marzinzik  
VP, Finance  
Frisble Memorial Hospital  
11 Whitehall Road  
Rochester, NH 03867

PS Form 3800, January 2001 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature:  Agent  Addressee  
X *Debra Burrows*

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  O.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article # (Transfer) 7001 1140 0000 0454 4618

PS Form 3811, August 2001 Domestic Return Receipt 2ACPRI-Q3-Z-0985



# News worth knowing...

Rochester Rotary Report  
Rochester, NH  
www.rochesternhrotary.org

9/16/2013

## Rochester Rotary Club Newsletter

### Attendance Box Score

This Week: 60.92% Last Time: 51.72%

Rovers: None

**Missing In Action:** Joe Behre, Cider Berry, Marilyn Berry, Gary Branyen, Brian Bundza, Don Carignan, Read Cheyne, Barbara Dehart, Susan DeRoy, Dave Dublos, Anthony Ejarque, Marilyn Foster, Bob Fullerton, Bob Gustafson, Fred Hall, Fred Holdsworth, Chris Hooper, Brian Hughes, Dan Hussey, Brad Jett, Dave Keefe, Ray Laurion, Glenn Lepene, Dave Meader, Derek Peters, Charlie Pleroni, Alan Reed-Erikson, Laura Ring, Troy Robidas, Kim Seckendorf, Jonathan Shapleigh, and Tim Van Splunder.

**Scooters:** Bob Fredette, Judy Ouellette, Karen Pollard, and Frank Smart.

**Guests:** Peter Chanda- prospective member-guest of Mike Provost; and Lucy Garfield guest of Susan Ford.

### Fines

- Al Felgar and Ron Fredette were asked to select who would pay their birthday and anniversary fines - Gary Dworkin paid both fines.
- Ron Fredette paid \$2 for insulting the fine master.
- Don Carignan was fined \$1 for sucking up to the fine master.
- Ralph Pope was fine \$1 for sharing too much information.
- Dan Fitzpatrick was fined \$1 for giving Gary Dworkin the microphone.
- Susan stepped in and fined three people for being in commercials over the weekend: Ron Poulin, John Hall, and Bill paid fines.
- Susan fined Mike Hagan for drinking beers while his wife was back at the office.
- Mike Allen was fined \$1 for parking too close to the Governors Inn.

### Happy Members & PSA's

- Kim Lindquist had two happy dollars: one for getting the chipmunk out of her house and the other for the HFD Softball tournament this Saturday.
- Gary Dworkin had a happy dollar because this is his last meeting for a while.
- John Hall was happy for the dictionary for schools project.
- Ralph Pope was happy to pee in his own bathroom and never wins the lottery.
- Gary James had \$6 happy dollars for not smoking for six weeks.
- Jackie Fitzpatrick was happy for the progress made on the silent auction.
- Mike Provost was happy to have Peter Chandra as a guest for Chef's Kitchen. He also had a PSA for Rochester Opera House Manager to raise money for cataract surgery on Friday September 20<sup>th</sup> at 5 pm at the Governors Inn. Tickets are \$10 and there will be a silent auction.
- Ron Fredette was happy to spend 4 days in Indiana.
- Ron Poulin was happy that this will be Gary Dworkin last meeting for a while.

The Homeless Shelter announced training for previous volunteers will be right after Rotary meetings at the Governor's Inn on September 23, 2013

Training for NEW volunteers will be at the shelter, dates TBA.

### Birthdays & Anniversaries

**Birthdays:** Al Felgar on September 16<sup>th</sup>.

**Anniversaries:**  
Bob Fredette celebrated his 24<sup>th</sup> year club anniversary on September 18.

**Raffle:**  
Kathy Sessler had the right number but not the joker the pot goes on.

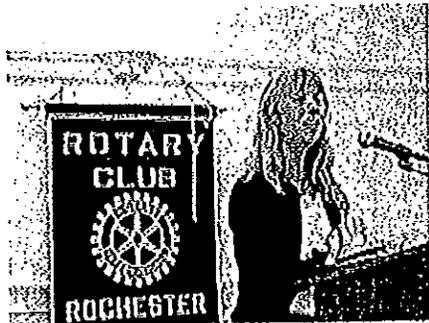
## Rochester Rotary Club - Foundation Update

Lisa Stanley our club's Foundation Chair was the guest speaker for the meeting. The Foundation goal this year will be \$7,500 and increase of 33% from last year's goal of \$5,300. Lisa will make this goal happen by going to all 87 members of the Rochester Rotary Club and keep the members informed of the goal. The Rotary got an A++ rating because 90 cents of every dollar goes to projects within communities. Rotary is able to successful leverage funds for example Pollo Plus every dollar for that program is matched \$2 by the Gates Foundation until 2018. Rotary International has more than 1.2 million members in more than 34,000 clubs worldwide. Rotary International world peace thru service is an important aspect to remember that Rochester is apart of something bigger.

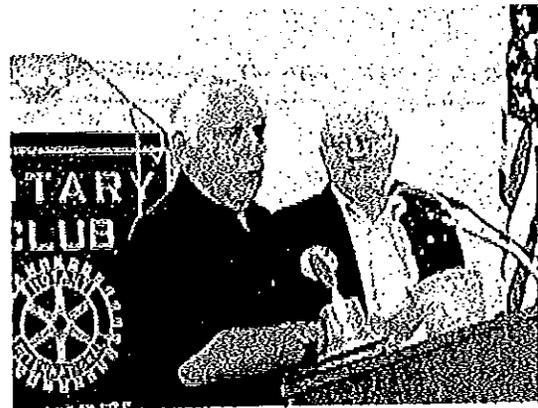
### \*PLEASE FILL OUT SURVEY ATTACHED!

*"Never doubt that a small group of thoughtful committed citizens can change the world; indeed, it's the only thing that ever has."*

**Margaret Mead**



Al Felgar had an important PSA from Frisbie Memorial Hospital encouraging Rotarians to contact Government officials about the impacts of Obama Care to Frisbie Memorial Hospital. On October 1<sup>st</sup> qualifying NH residents will be able to enroll in the state-based insurance exchange created under the Affordable Care Act. Anthem Blue Cross and Blue Shield of NH is the only participating carrier in the exchange and are excluding Frisbie Memorial Hospital from the exchange. This means that Rochester residents may not be able to keep their doctors or be able to get care at the local hospital. **Please see attachment.**



Gary Dworkin telling a joke of the day.

## Lottery Night Update

Lottery night will be held on Oct 26<sup>th</sup>, and tickets are on sale at every meeting between now and then at the door. Both the silent and live auctions are huge fundraisers for our club, bringing in \$10K, and volunteers are needed!

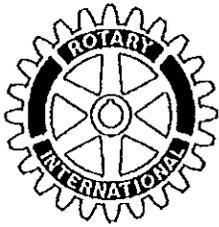
**We need your help with donations for the Silent Auction.**

Please Contact with any Items:  
Jackie Fitzpatrick- [fitzcne@gmail.com](mailto:fitzcne@gmail.com)  
Michelle Auen - [Michelle.Auen@gmail.com](mailto:Michelle.Auen@gmail.com)

Members are also encouraged to bring in a bottle of wine for the wine basket raffle - bottles can be brought to any Monday meeting.



*Service Above Self*



**Rochester Rotary Club - Foundation Questionnaire**  
(Please complete and return to Lisa Stanley by October 1<sup>st</sup>)

Name: \_\_\_\_\_

I pledge to support the Rotary Foundation financially this Rotary year in the amount of: \_\_\_\_\_.

\_\_\_\_ I intend to make this contribution before December 31<sup>st</sup>

\_\_\_\_ I intend to make this contribution after Dec. 31<sup>st</sup> but before May 1, 2014

I am not able to financially support the Rotary Foundation this year, or IN ADDITION to personally supporting the Foundation:

\_\_\_\_ I am willing to ACTIVELY participate in a fund-raiser for the Foundation

\_\_\_\_ I am willing to place a Polio Plus collection can at my place of business

\_\_\_\_ I am willing to ask family & friends to make a donation to the Foundation

Thinking about future presentations to the Club about the Foundation, I would like:

\_\_\_\_ More information about the mechanics of the Foundation, i.e. how the money is spent, how to apply for grants, the types of grants available, etc.

\_\_\_\_ Programming that involves having Rotarians who are directly involved in Foundation projects around the world speak

\_\_\_\_ No more programming, just updates about where we are in relation to goal

Please complete and return this questionnaire to Lisa Stanley by Oct. 1<sup>st</sup>

E-Mail: [witway@ttlc.net](mailto:witway@ttlc.net) (Put *Rotary Foundation* in the subject line)

or Fax: 603-332-5494

**Thank you!**

**Al Felgar PSA about OBAMA and Frisbie Hospital  
OBAMACARE  
TALKING POINTS**

1. "ObamaCare" - It's not working!
2. The President told us that patients could keep their doctor and competition would insure the best premium rates.
3. None of this is true.
4. Only one insurance company is in the "Exchange" in New Hampshire, and....Rochester patients cannot use Frisbie Memorial Hospital or our 17 physician practices. They will have to go to Dover, Exeter or Laconia.
5. Frisbie has been excluded from the approved list along with Portsmouth Regional Hospital and other hospitals in NH.
6. This is not fair to patients or Frisbie Hospital.
7. Contact Governor Hassan, the NH Dept of Insurance, or your State Representative and ask them to put Frisbie on the list of approved providers.

**Contact Info:**

Governor Maggie Hassan (603) 271-2121

Roger Sevigny, Insurance Commissioner (603) 271-2261

September 16, 2013

## ATTACHMENT C

# Union Leader: Anthem defends new health plan

September 19, 2013

CONCORD — Anthem Blue Cross Blue Shield officials said the insurer lowered premiums 30 percent by narrowing the provider network for individual policies it will offer through the electronic marketplace or exchanges established under the Affordable Care Act.

The company received federal approval for its plans Tuesday, the final step before the exchange opens Oct. 1 for policies that go into effect Jan. 1.

Anthem NH President Lisa Guertin told state senators at a meeting Wednesday the company was not aware it would be the only general health insurer to offer plans when it negotiated with hospitals for its Pathway plan, which she described as “the best balance of access and affordability.”

But Alan Felgar, president and CEO of Frisbie Memorial Hospital in Rochester — one of 12 of the state’s 26 hospitals not in the plan — criticized the Affordable Care Act, saying it promised competition in the marketplace and that everyone could keep their own doctor. Neither is true, he said.

“We’ve done everything we are supposed to do. Is this the way New Hampshire operates?” Felgar said. “We were never asked to participate and I think that is unfair.”

Guertin said the network was not “quality-tiered” because all the state’s hospital do a good job, but based on distance and travel time for patients. She noted: “If we do not stick with what we’ve got now, the whole thing blows up.”

Anthem will offer 11 plans in four tiers, with premiums ranging from \$177 a month to \$2,226 based on age and the level of coverage. Deductibles range from \$1,000 for an individual to \$11,500 for a family.

For those who qualify, subsidies will lower or eliminate the premiums.

For example, an individual earning \$11,490 or less or a family of four with an income of \$23,550 or less would owe no premium for a “Bronze policy,” which has deductibles of \$5,750 for an individual and \$11,500 for a family, with a 10 percent co-pay.

Guertin said her company believes most of the first-year exchange customers will be individuals at 138 to 400 percent of the federal poverty level who will receive a federal subsidy.

Anthem is also offering three plans on the small business exchanges, but does not expect many customers because small business mandates do not go into effect until Jan. 1, 2015.

All other business customers will continue to use the company's broader network, Guertin said, noting 90 percent of its customers will not see a change.

Others not affected include self-funded programs administered by Anthem or those on Medicaid or Medicare.

Anthem currently has 29,000 people on individual plans, of which 5,000 are exempt because they were in place before the ACA passed in March 2010.

The insurer did not compare prices between current policies and those it will offer on the exchange, but did say the exchange policies have additional benefits required under the ACA.

"While showing people how much policies will now cost through the exchanges is a good first step, it's critical that the public gets a chance to see the impact of the Obamacare mandates and regulations on the cost of health insurance," said Greg Moore, AFP-NH state director. "The President and other supporters have said that this law will make care more affordable, so it's important that we see whether or not that's a reality or fiction. Anthem should have provided comparable data from this year to allow everyone to see the difference."

Sen. Russell Prescott, R-Kingston, said he owns a business with 38 employees and pays 100 percent of the cost of insurance, but will probably stop doing that.

He criticized the ACA and its community rating, which narrows the premium costs between young and old, and eliminates other discounts, noting rates will go up between 9 and 29 percent.

Guertin downplayed the impact the narrower network would have on hospitals, saying 90 percent of its customers are on its broader network. All hospitals should see a reduction in charity care with more people covered by health insurance, she said.

"Do I think this is putting a knife in the hearts of these other hospitals?" Guertin said. "I really do not."

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