

U.S., et al. v. Anthem, Inc. and Cigna Corp.

Phase 2 Rebuttal Testimony of David Dranove, Ph.D.

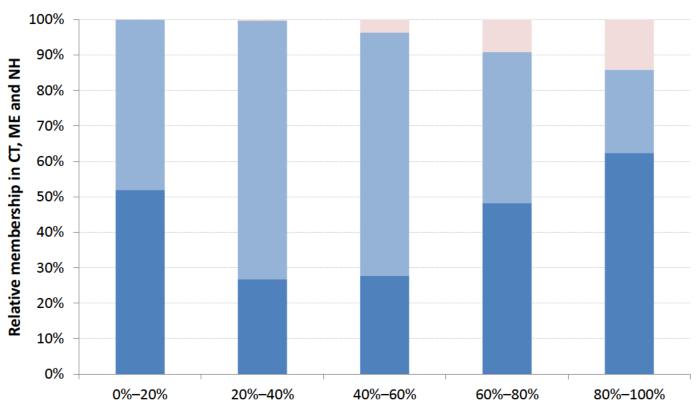


Large Group Geographic Market

- Market is for sale of insurance, not sale of local provider networks
- Patient travel is not relevant
 - Patient flow arguments rejected in literature and merger case law
- Each CBSA passes hypothetical monopolist test
 - Employers will not stop providing insurance, selfsupply, or relocate in response to SSNIP

Geographic Concentration in Anthem States

Relative Membership for Anthem, Cigna and Harvard Pilgrim by the Percentage of Account Members Located in Harvard Pilgrim Territory



Percentage of Account Members Located in Harvard Pilgrim Territory (CT, MA, ME, NH)

Anthem

Cigna

Harvard Pilgrim

Prof. Willig's Win-Loss Analysis Is Unreliable

- Prof. Willig excludes many observations due to failure to match
 - Anthem data less complete and for different set of customers than Cigna data
 - Biases diversions between Anthem and Cigna downward
- Prof. Willig fails to condition upon incumbency

"Best of Best" M&N Savings

- Testimony from head of integration team
 - Tr. at 1490: after closing, NewCo needs to go through clean room "and actually start to go in geography-bygeography, provider-by-provider to identify where we would turn on affiliate language versus where we might recontract, versus where we might more focus on our rebranding strategy"
 - Tr. at 1597: "[W]e still have to go through the step of putting the teams in the clean room to actually say what lever are we going to pull? Is it a recontracting lever? Is it a branding lever? Is it use of affiliate language?"

"Best of Best" M&N Savings

- Testimony from head of integration team
 - Tr. at 1600: "certainly we have to get a lion's share of the Cigna customers in our local 14 markets to migrate to the Blue brand to ultimately be compliant"

- Three flaws with Dr. Israel's claim that rebranding with a "new" product is mergerspecific
 - Anthem is capable of improving its products without the merger
 - Inherent contradiction within Dr. Israel's argument
 - Claim of "new" product is speculative

- Dr. Israel's Phase 2 testimony
 - Tr. at 4379: "My understanding of what 'rebranding' means is not taking a Cigna customer – having a Cigna customer choose the Anthem product as it exists today"
 - Tr. at 4380: "Ultimately, my understanding is that there will be this combined better product we have talked about . . . which is largely the Cigna front end with the improvements from the Anthem network"

- Testimony from head of integration team
 - Tr. at 1580: "I've had no interaction" with "either
 Dr. Israel or Compass Lexecon"
 - Tr. at 1599: in short-term, rebranding is "no different than if you're out selling new business in the market on a day-to-day basis"

- Testimony from head of integration team
 - Tr. at 1530: "The steering committee has not taken up the long-term question with regard to brand strategy"
 - Tr. at 1595: need "further Cigna engagement" with respect to "longer go-to-market strategy"
 - Tr. at 1521: "from date of close to actually getting all the products aligned for large group market is going to take us some time"; "we won't have a completely steady state model in place until, you know, 2019 in this case"

- Testimony from head of integration team
 - Tr. at 1606: "one of the carrots, if you will, in the short term with rebranding Blue is a better price point"
 - Tr. at 1606: "Over the long haul, again, the vision is we combine Cigna features that their customers find valuable with Anthem features"

Lower Provider Rate Calculations



Lower Provider Rates Will Not Pass-Through Completely to ASO Customers

- Dr. Israel ignores the merged firm's incentives to maximize profit
- Dr. Israel ignores evidence in the record of plans to capture lower medical costs from ASO customers
 - − *E.g.*, PX0727