Note: All references included in this template are to the Model Act; please replace with references to your state's statute.

# HMO MEMBER ORIENTATION

June 2018

# WE WILL COVER

- ❖ OVERVIEW OF THE LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION SYSTEM
- **STATE GUARANTY ASSOCIATION OPERATIONS**
- \* HANDLING AN INSOLVENCY
- **\*** EXAMPLES OF RECENT INSOLVENCIES

# OVERVIEW: THE LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION SYSTEM

- Each state, the District of Columbia and Puerto Rico have a guaranty association that covers life, health, and annuity policies, plans or contracts.
- [Note, each jurisdiction also has a statutorily created insurance guaranty fund covering property and casualty policies.]
- State life and health insurance guaranty associations are created by legislative enactment based on the NAIC Life and Health Insurance Guaranty Association Model Act.
- Recently, in December 2017, the NAIC Model was modified to include HMOs as member insurers of the guaranty association.

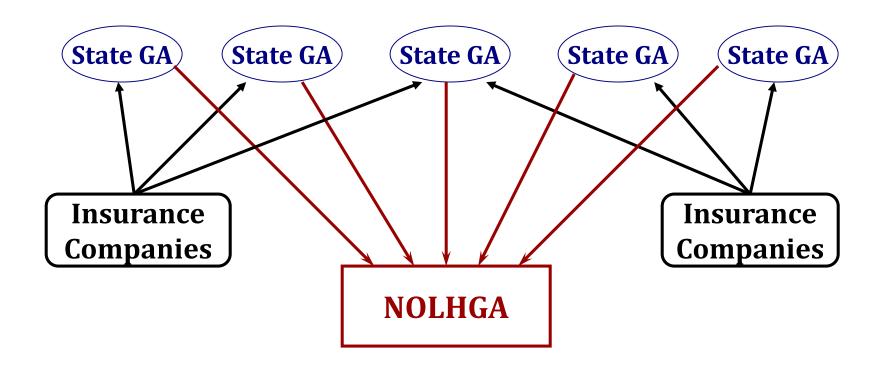
- Our West Virginia life and health insurance guaranty association statute was originally enacted in 1977.
- Over the years, as the Model Act has been updated, legislation to incorporate certain changes has been adopted to update the West Virginia guaranty association act.
- This year, the West Virginia legislature adopted a number of 2017 Model changes, including the addition of HMOs to the guaranty association membership.
- See the reference materials provided for a copy of our guaranty association's enabling act.

- Members of the guaranty association are all insurers or HMOs licensed in our state to write a line of business covered by the guaranty association.
- The **purpose** of the guaranty association is to provide a safety net for resident policyholders when a member insurer becomes insolvent.
- Guaranty associations typically require an order of liquidation with a finding of insolvency for activation.
- Guaranty associations are fundamentally different from the FDIC because insurance policies and contracts are different from bank deposits.

- Guaranty associations are governed by a **Board of Directors**.
- Each **director** typically **represents** a different **member insurer**.
- Some guaranty association boards have public members.
- The **insurance commissioner** typically has some level of **oversight** of the guaranty association, including approval of members of the board of directors.

- Day to day operations of a guaranty association are the responsibility of an **administrator** (executive director, manager, *etc.*).
- The administrator is typically assisted by **staff**, which may include a controller, administrative support and claims handlers.
- The administrator and/or staff may be employees or independent contractors.
- Some duties may be outsourced rather than performed in house (e.g. accounting, assessment processing).

- **NOLHGA** (National Organization of Life and Health Insurance Guaranty Associations) is a voluntary association of the state insurance guaranty associations from 50 states plus the District of Columbia.
- NOLHGA helps the individual guaranty associations **coordinate** their activities with respect to the insolvency of a multi-state insurer.
- This coordination is **facilitated** by the NOLHGA **MPC** (Members Participation Council) and **task forces** appointed for each multi-state insolvency.
- See the reference materials provided for more information on NOLHGA.



- Life and Health Insurance Guaranty Association Act
  - Purpose (Section 2)
  - **Coverage** (Section 3)
  - Limits (Section 3)
  - Exclusions (Section 3)
  - Board of Directors (Section 7)
  - Powers and Duties (Section 8)
  - Assessments (Section 9)
  - Plan of Operation (Section 10)
  - Duties and Powers of Insurance Commissioner (Section 11)
  - Immunity (Section 17)
  - Advertising Prohibition (Section 19)
  - References are to NAIC Model Act. Replace with citation to applicable state statute.

### Coverage

- As of the date of liquidation, **Resident** policy owners or their beneficiaries, assignees or payees, including health care providers rendering services covered under health insurance policies or certificates.
- > **Non-residents** who meet certain conditions.

### Guaranty Association Coverage Limits

- > Life insurance
  - \$300,000 in death benefits
  - \$100,000 in cash surrender or withdrawal value

### > Annuities

- \$250,000 in present value of allocated annuity benefits
- \$250,000 in present value of structured settlement annuity benefits
- Unallocated annuities may be covered up to \$5 million per contract holder in some states

### > Health insurance benefits

- \$500,000 health benefit plan benefits
- \$300,000 in disability income or long-term care benefits
- \$100,000 in other health insurance benefits

### Exclusions

- Portion of contract not guaranteed by insurer
- > Reinsurance
- > Interest in excess of a benchmark
- Self-funded programs
- Policies issued by unlicensed insurer or fraternal benefit society
- Unallocated annuity protected by PBGC
- Obligations based on marketing material or other non-contract material
- Medicaid and Medicare Parts C & D
- Factored structured settlements

### Board of Directors

- > Not less than seven (7) nor more than eleven (11) members
- > In a few states, insurance commissioner is a board member
- See reference materials provided for a directory of current board members

### Powers and Duties of Guaranty Association

- Guarantee, assume, reissue, or reinsure policies or contracts of insolvent insurer
- May provide substitute policies
- May impose permanent lien on policy or contract
- May impose temporary moratorium on payments of cash value or policy loans
- Assist commissioner of insurance in detection and prevention of insolvencies

### Assessments

- Provide funds for operation of guaranty association
- > Class A assessment for administrative, legal and other expenses
  - In amount determined by Board
  - May be pro rata or non pro rata
- Class B assessment for policy obligations with respect to an insolvent insurer
  - In an amount determined by Board for each account and subaccount
  - Pro rata / or for LTC there is a formula
  - Based on average premium written in three years preceding impairment or insolvency
  - Shall not in any year exceed two percent (2%) of average premium written in any three years preceding impairment or insolvency
  - Based on premium data reported by member companies to NAIC

### Assessments

- > Premium Data
  - > NAIC Premium Data
  - > NOLHGA Assessment Data Survey
  - > Input Data into Assessment System
  - Data Verification
    - > Address
    - > Premiums

- Assessments
  - Cash Flow Needs
    - <u>Expenses</u>
      - Claim payments
      - > Funding assumption reinsurance agreements
      - > Administrative
    - > <u>Income</u>
      - > Early Access
      - > Interest Income
      - > Premiums

### Assessments

- > Members are required to pay assessment to maintain license
- May be recouped through policy surcharge

### Plan of Operation

- Plan and amendments must be submitted to Commissioner for approval
- Board Committees
- Procedures for handling assets
- Meetings
- Records
- Selection of directors
- Other policies and procedures
- > See reference material provided for current Plan of Operation

### Policies

- Conflict of Interest
- Anti-Trust Compliance
- > Investment Policy
- Expense Reimbursement Policy
- Privacy and Cyber-security Procedures
- > See reference materials provided for copy of each policy

### Powers and duties of Commissioner

- > Degree of oversight of guaranty association varies from state to state
- May suspend or revoke license of a member insurer that fails to pay assessment
- May hear appeals regarding final action of Board

- Advertising Prohibition
  - > Unlawful to use existence of guaranty association in sales solicitation

### The Players

### State Insurance Commissioners

- State of domicile of insolvent insurer
- Other states where licensed

### Guaranty Associations and NOLHGA

- Task Force
- MPC (All affected guaranty associations)

### Constituents

- Policyholders
- Creditors
- Agents
- Owners/Shareholders

### Domestic Insurance Commissioner

- Seeks court authority to place insurer in receivership
- Supervises insurer's activities
- Determines whether to rehabilitate or liquidate
- Develops plan
- Marshals assets
- Provides for early access to guaranty associations
- Prosecutes claims against third parties
- Arranges for payment/disposition of claims/policies
- Adjudicates creditor claims

### Guaranty Association Role

- Protect policyholders
- > Ensures continuation of coverage where appropriate
- Guarantees, assumes, reissues, or reinsures policies
- Adjudicates and pays policy claims
- Collaborates with domestic insurance commissioner and special deputy receiver

### NOLHGA Role

- Coordinates multi-state insolvencies
- Speeds resolution and controls costs
- Oversees task force consultants
- Communicates with regulators and insurance industry
- Collects assessable premium data
- Monitors estate activity
- > Serves as information and communication center

### NOLHGA Insolvency Task Force

- Multi-state insolvencies
- Represents interests of affected guaranty associations
- Plans and budgets for handling covered obligations
- Resolve other major issues
- Presents plan for resolution to NOLHGA MPC for adoption
- > Composition of task force depends upon circumstances of each case

### Issues, Problems and Complexities

- First priority is stabilization of liquidity
  - Temporary moratorium on surrenders/withdrawals
  - Provisions for exceptions in hardship cases
- Continuation of insurance coverage
  - Needed by policyholders
  - Required by guaranty association acts with some exceptions
- "Asset workout" over time to maximize value
- Creation of special purpose entity (captive insurer) to manage assets and administer blocks of business

### Treatment of Policyholders

- Provide a safe, warm and dry new "home" for policyholders when possible
  - Quick and orderly sale through RFP and competitive bid process
- > If no market for block of business, arrange for administration by TPA
  - Collects premium
  - Processes and pays claims

- Executive Life Insurance Company of New York (NY)
  - ✓ Sister company of ELIC
  - ✓ In rehabilitation since 1991
  - ✓ Investment earnings lower than anticipated by Plan of Rehabilitation
  - ✓ Deficit grew over time as benefits continued to be paid at 100%
  - ✓ Structured settlement annuities
  - Uncovered benefits

- Executive Life Insurance Company of New York (NY)
  - NOLHGA Task Force developed plan
  - Created captive insurer to manage assets and coordinate policy administration
  - Guaranty associations contributed funding up to coverage limits
  - Life insurance industry coalition contributed additional monies and guarantees to fill part of coverage gap
  - Life insurance industry also contributed funds to create its own hardship fund for SSA payees

### Lincoln Memorial Life Insurance Company (TX)

- Sold small face value life insurance policies in connection with prepaid funeral contracts
- ✓ Mismanagement of company funds by Cassity family and their coconspirators of over \$500 million
- ✓ Most of policies in Texas and Missouri but also spread across other states
- Scheme involved fraudulent surrender of policies and replacement of whole life policies with term policies
- ✓ Victims were policyholders and funeral homes
- Guaranty associations agreed to pay death claims under life insurance policies
- Civil and criminal proceedings brought against those involved in fraud

- Penn Treaty Network America Insurance Company (PA) and American Network Insurance Company (PA)
  - ✓ Primarily wrote long-term care
  - Domiciled in Pennsylvania
  - ✓ Policies underpriced, rich benefits, loose triggers
  - Ordered into rehabilitation in 2009
  - ✓ Receiver filed petition in late 2009 to convert to liquidation
  - Opposed by shareholder
  - ✓ Denied in May 2012 after lengthy proceedings
  - ✓ Receiver appealed decision to Pennsylvania Supreme Court

### Penn Treaty and American Network (PA)

- ✓ Court ordered receiver to come up with plan of rehabilitation
- Rehabilitation plan proposed by receiver met with objections
- Court ordered attempt to work out objections
- ✓ Condition of companies continued to deteriorate
- ✓ PA Supreme Court affirmed trial court's decision but instructed court to give due deference to Commissioner's findings in future
- ✓ Receiver reached settlement with shareholder
- ✓ Commissioner filed a second petition to convert to liquidation
- ✓ Order of liquidation entered on March 1, 2017

### Penn Treaty and American Network (PA)

- > 50 GAs affected
- Task Force created resolution plan
- Plan includes creation of protected cell captive insurer to manage assets and coordinate policy administration
- Interim service agreement with receiver
- Settlement negotiated with intervening health insurers
- > GAs implemented national rate increase strategy

### SeeChange Health Insurance Company (CA)

- ✓ California-domiciled health insurer
- ✓ Licensed in 25 states
- ✓ Most of the business in California (90%) and Colorado (8%)
- ✓ All policies cancelled effective December 31, 2014
- ✓ Order of Liquidation entered January 28, 2015
- SeeChange leased provider network from CIGNA
- ✓ CIGNA also provided medical management and repriced provider services
- ✓ The Loomis Company served as TPA for SeeChange
- ✓ The Loomis Company could not administer business without CIGNA's cooperation and assistance

## SeeChange Health Insurance Company (CA)

- NOLHGA SeeChange Task Force negotiated agreements with both Loomis and CIGNA to facilitate processing of claims in liquidation
- > Task Force also contracted with Tharp and Associates to audit claims
- Guaranty Associations paid over \$19 million in claims
- CMS filed claim in excess of \$4 million with estate based on the ACA risk adjustment program and transition reinsurance requirements
- CMS asserted its claims are entitled to first priority under the Federal Priority Statute
- Receiver ruled that CMS claims were properly placed below policyholder claims setting up potential litigation

- SeeChange Health Insurance Company (CA)
  - Department of Justice decides to not pursue priority of CMS claim in SeeChange case
  - Lessons learned
    - Cancellation of all policies critical
    - Limits claim exposure of guaranty associations
    - Maintaining infrastructure (provider network, TPA, key employees) essential

### Co-Oportunity Health (IA)

- Consumer Owned and Operated Plan (COOP) under Affordable Care Act
- ✓ Licensed as life/health insurer in Iowa and Nebraska in 2013
- ✓ Participated on ACA Exchange in both states
- ✓ Placed in rehabilitation December 23, 2014
- ✓ 110,000 policyholders at date of rehabilitation
- ✓ Order of Liquidation entered February 28, 2015
- √ 23,000 policyholders at liquidation
- ✓ Received \$154 million in start-up loans from Federal government

### Co-Oportunity Health (IA)

- ✓ Iowa guaranty association levied assessment of \$45 million to pay claims
- ✓ Nebraska guaranty association levied assessment of \$46.8 million to pay claims
- Premiums underpriced by more than 30%
- Extremely fast growth
- ✓ Projected 10,000 to 20,000 policyholders
- Actual policyholder count of over 100,000
- ✓ Request for additional funding of \$55 million denied by CMS
- ✓ ACA payments, including risk corridor, not fully funded

### Co-Oportunity Health (IA)

- Co-Oportunity expected \$130 million in risk corridor payments
- Received \$0
- Potential for litigation over priority of Federal claims

# **APPENDIX**

- Sample List of Reference Materials to Be Provided to New Members if requested
  - Board of Directors Listing
  - Executive Director Bio
  - Enabling Act
  - Plan of Operation
  - Investment Policy, Conflict of Interest Policy, Anti-Trust Compliance
     Policy and any other Policy Adopted by the Board
  - Most Recent Audited Financial Statements
  - Information about NOLHGA