2018 Report on Non-Profit Health Service Plan Compliance with Title 14 Subtitle 1 of the Insurance Article of the Annotated Code of Maryland

MSAR # 10390

Al Redmer Jr.
Commissioner

May 31, 2019

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INTRODUCTION

CareFirst, Inc., which holds a certificate of authority from the State of Maryland as a non-profit health service plan, is the holding company of, among other entities, CareFirst of Maryland, Inc. (CFMI), a Maryland-domiciled company, and Group Hospitalization and Medical Services, Inc. (GHMSI), a federally chartered company domiciled in the District of Columbia. Both companies are non-profit health service plans and hold certificates of authority from the State. This report addresses the activities CareFirst, Inc., CFMI and GHMSI which, unless otherwise indicated, will be referred to collectively as "CareFirst."

Section 14-102(a) states that the purpose of Title 14, Subtitle 1 is:

(1) to regulate the formation and operation of non-profit health service plans in the State; and
(2) to promote the formation and existence of non-profit health service plans in the State that:
    (i) are committed to a non-profit corporate structure;
    (ii) seek to provide individuals, businesses, and other groups with affordable and accessible health insurance; and
    (iii) recognize a responsibility to contribute to the improvement of the overall health status of the residents of the jurisdictions in which the non-profit health service plans operate.

The review of CareFirst's compliance with Title 14, Subtitle 1 of the Insurance Article for calendar year 2018 is divided into the six subparts, which are as follows:

Part I Definition; General Provisions;
Part II Certificates of Authority;
Part III Management, Finances, and Solvency;
Part IV Regulatory Authority of Commissioner;
Part V Conversion; Acquisitions and Investments; and
Part VI Prohibited Acts; Penalties.

This report addresses all Parts with the exception of Part IV as it does not involve actions that must be taken by CareFirst.

PART I – DEFINITIONS; GENERAL PROVISIONS (§§14-101 TO 14-107)

A. Non-profit Mission

Section 14-102(c) provides that the mission of a non-profit health service plan is to:

(1) provide affordable and accessible health insurance to the plan's insureds and those persons insured or issued health benefit plans by affiliates or subsidiaries of the plan;

(2) assist and support public and private health care initiatives for individuals without health insurance; and
(3) promote the integration of a health care system that meets the health care needs of all the residents of the jurisdictions in which the non-profit health service plan operates.

A non-profit health service plan must have goals, objectives, and strategies for carrying out its non-profit mission. Section 14-102(d).

According to a March 30, 2019 update to the Maryland Insurance Administration (MIA), CareFirst contributed approximately $12.0 million to health-related community initiatives that benefit Maryland residents and governmental organizations in the State of Maryland, including: United Way of Central Maryland, Atlantic General Hospital, and Health Care for the Homeless.

Additional confirmation that CareFirst was in compliance with its non-profit mission was its compliance with §§14-106 through 14-106.2, which required CareFirst to spend funds for a public purpose equal to its premium tax exemption amount, and to annually transfer additional funds to the Senior Prescription Drug Assistance Program. (See Section 1.D.)

These efforts show a continued commitment to assisting and supporting public and private health care initiatives that fulfills CareFirst's obligations under §§14-102 and 14-106.

B. Nonprofit Health Service Plans

Section 14-102(g) provides that a nonprofit health service plan is governed and regulated by certain provisions of the Insurance Article including those that expressly refer to Title 14 of the Insurance Article. Certain provisions of Title 15 refer to Title 14, and during calendar year 2018, the MIA found three instances in which CareFirst failed to comply with the provisions of Title 15. A summary of the orders is contained in Attachment B.

C. Disclosure of Not-For-Profit Status

Section 14-103 requires CareFirst to "disclose on each document, statement, announcement, and advertisement and in any representation it places before the public that [it] is a private not-for-profit corporation." The MIA is not aware of any instances in which CareFirst failed to comply with these provisions during calendar year 2018.

D. Statement of Principal Claims Practices

Section 14-104 (b) requires CareFirst to provide a statement of principal claims practices in its certificate form or booklet, which "shall include practices for payment for: (1) surgical procedures performed by two or more surgeons; (2) services provided in-area by nonparticipating providers; and (3) services provided out-of-area by affiliated plans and affiliated providers." Each individual policy and group certificate is also required by regulation to make clear how to file a claim and provide proof of loss. COMAR 31.10.25.04.

CareFirst has complied with §14-104(b) during calendar year 2018.

E. Premium Tax Exemption and Transfer to Senior Prescription Drug Assistance Program

Section 14-106 provides that a non-profit health service plan is exempt from the State's premium tax "so that funds that would otherwise be collected by the State and spent for a public purpose shall be used in a like manner and amount by the non-profit health service plan." CareFirst is required by March 1 of each year to file with the MIA a Premium Tax Exemption Report, which demonstrates that it has used funds equal to the value of its premium tax exemption in a manner that serves the public interest in accordance with §14-106. According to the 2018 report submitted by CareFirst, CFMI's payments for public purposes totaled $11,910,333 which is at least equal to the value of its premium tax exemption (i.e., $11,910,332). GHMSI's payments for public purposes totaled $8,558,200, which is equal to the value of its premium tax exemption (i.e., $8,558,200).

On May 7, 2019, the Commissioner issued an order notifying CareFirst that its 2018 Premium Tax Exemption Report was in compliance with the requirements of §14-106. (Attachment A.)

PART II – CERTIFICATES OF AUTHORITY (§§14-108 TO 14-112)

CareFirst maintained the appropriate State certificate of authority required by §§14-108 through 14-111. There were no delinquency proceedings instituted against CareFirst during calendar year 2018.

PART III – MANAGEMENT, FINANCES, AND SOLVENCY (§§14-115 TO 14-121)

A. Management of Business by a Board of Directors

CareFirst and each of its affiliates operated under the management of a board of directors as required by the provisions of §14-115.[1]

B. Duties of Officers; Sanctions

The MIA is not aware of any instances in which CareFirst's officers acted in a manner inconsistent with the mission of CareFirst as required by §14-115.1 during calendar year 2018.

[1] A listing of the members of each board of directors for CareFirst, Inc. and its affiliates can be found online at: https://individual.carefirst.com/individuals-families/about-us/leadership-bios.page?#tab=carefirst-inc-board&accordion=carefirst-inc-board-board-of-directors

C. Unsound or Unsafe Business Practices

The MIA is not aware of any instances in which CareFirst's officers or directors engaged in unsound or unsafe business practices as defined by §14-116 during calendar year 2018. Furthermore, Maryland's Attorney General did not notify the MIA that he had reason to believe that any of CareFirst's officers or directors have engaged in unsound or unsafe business practices pursuant to §14-116(f) in calendar year 2018.

D. Surplus Requirements

During calendar year 2018, CareFirst's surplus funds (i.e., the amount by which assets exceed liabilities) exceeded the minimum amounts required by §14-117.

Section 14-117(e) defines when the Insurance Commissioner may consider the surplus of a non-profit health service plan to be excessive and the procedure by which the excess surplus may be distributed. On September 14, 2012, the Insurance Commissioner executed a consent order with CareFirst stating that the targeted surplus ranges proposed by CareFirst and reviewed by the MIA were neither excessive nor unreasonably large.[2] During calendar year 2018, the Insurance Commissioner did not determine that CareFirst's surplus was excessive. CareFirst did not have an impaired surplus (§14-118) and it did not issue a notification of impairment (§14-119).

E. Investments

Section 14-120(b) provides that a non-profit health service plan, "may invest its funds only in assets allowed for the investment of the funds of life insurers under §§5-101 and 5-102 and Title 5, Subtitle 5 of this article." Each year, the MIA's investment specialist performs a detailed portfolio analysis of CareFirst. As a part of that analysis, the portfolio is qualitatively and quantitatively compared to the provisions of Title 5, Subtitle 5. The analysis of CareFirst's portfolio as of December 31, 2018 disclosed that CareFirst was in compliance with the provisions of Title 5, Subtitle 5.

F. Annual and Interim Statements, Audited Financial Reports

During calendar year 2018, CareFirst complied with §14-121, which requires that each non-profit health service plan file with the Insurance Commissioner an annual, complete statement of its financial condition, transactions, and affairs for the immediately preceding calendar year, interim financial statements, and annual audited financial statements. CareFirst filed with the MIA an annual statement of financial condition, an interim financial statement and a consolidated audited financial statement required by §14-121(d).

[2] MIA-2012-09-006.

PART V – CONVERSION, ACQUISITIONS AND INVESTMENTS (§§14-130 TO 14-133)

The MIA's review indicates that CareFirst did not hold or acquire an investment in an affiliate or subsidiary during calendar year 2018 in violation of §14-133 nor did it violate any other provision of Title 14, Subtitle 1, Part V.

PART VI – PROHIBITED ACTS AND PENALTIES (§§14-136 TO 14-140)

A. Unfair and Discriminatory Trade Practices; Other Prohibited Acts

Section 14-136 prohibits unfair and discriminatory trade practices and other prohibited acts. Specifically, §14-136(a) provides that non-profit health service plans are subject to the unfair and discriminatory trade practices provision of Title 27 of the Insurance Article. During calendar year 2018, there were no instances in which CareFirst failed to comply with the provisions of Title 27.

B. Exclusion of Coverage for Violations

Pursuant to §14-137, the MIA identified no instances in 2018 in which CareFirst did not issue, renew, or deliver an insurance contract excluding coverage for hospital or medical expenses based on a violation of a provision of Title 21 of the Transportation Article or a provision of the Natural Resources Article.

C. Disclosure of Medical Information

The MIA is not aware of any instances in which CareFirst disclosed medical information in violation of §14-138 during calendar year 2018.

D. Prohibited Acts of Officers, Directors and Employees

During calendar year 2018, the MIA found no instances in which any of CareFirst's officers, directors or employees performed any of the acts prohibited by §§14-139 or 14-140 or in which CareFirst provided compensation to any of its officers, executives and directors in excess of the amounts in CareFirst's compensation guidelines.

In conclusion, the MIA has determined that CareFirst has fulfilled the statutory requirements of its non-profit mission as set forth in §14-102(c). If you require additional information regarding CareFirst's compliance with its statutory mission, please do not hesitate to contact me.

ATTACHMENT A

STATE OF MARYLAND
MARYLAND INSURANCE ADMINISTRATION

IN THE MATTER OF	*	
THE 2018 PREMIUM TAX	*	
EXEMPTION REPORTS OF	*	
	*	
CAREFIRST OF MARYLAND, INC.	*	
NAIC #47058	*	
10455 MILL RUN CIRCLE	*	
OWINGS MILLS, MARYLAND 21117	*	
	*	
AND	*	
	*	
GROUP HOSPITALIZATION AND	*	
MEDICAL SERVICES, INC.	*	
NAIC #53007	*	
840 FIRST STREET NE	*	
WASHINGTON, DC 20065	*	**CASE NO: MIA: 2019-** 05-014
	*	

* * * * * * * * * *

ORDER

This Order addresses the premium tax exemption report filed with the Maryland Insurance Administration (the "MIA") by CareFirst of Maryland, Inc. ("CFMI") and Group Hospitalization and Medical Services, Inc. ("GHMSI") for calendar year 2018. A copy of the report is included as Attachment A.

Under Maryland law, a nonprofit health service plan is exempt from the State's premium tax "so that funds that would otherwise be collected by the State and spent for a public purpose shall be used in a like manner and amount by the nonprofit health service plan." Md. Code Ann., Ins. §14-106(a).

A nonprofit health service plan is required by March 1 of each year to file with the MIA a report that demonstrates that the plan has used funds equal to the value of its premium tax exemption in a manner that serves the public interest in accordance with §14-106. Md. Code Ann., Ins. §14-106(b). By November 1 of each year the Commissioner is required to issue an order notifying the plan whether it has satisfied these requirements. If the Commissioner determines that the plan has not satisfied the requirements, the Commissioner is required to issue an order requiring the plan to pay the premium tax to the extent it had not contributed to the public purpose in ways permissible under the statute. Md. Code Ann., Ins. §14-107(a) and (b).

During calendar year 2017, nonprofit health service plans were required to subsidize the Senior Prescription Drug Assistance Program. A nonprofit health service

plan that spent an amount equal to or greater than the value of its premium tax exemption for the Senior Prescription Drug Assistance Program during 2018 qualified for the premium tax exemption.

If its premium tax exemption value exceeded the amount required to be paid to the Senior Prescription Drug Assistance Program, a nonprofit health service plan may demonstrate that it contributed to the public purpose in other ways permissible under the statute to qualify for the premium tax exemption. Specifically, a nonprofit health service plan may satisfy the public service requirement by: (1) increasing access to or the affordability of health care products and services; (2) providing financial or in-kind support for public health programs; (3) employing underwriting standards that increase the availability of one or more health care services or products; (4) employing pricing policies that enhance the affordability of health care services or products and result in a higher medical loss ratio than that established by a comparable for-profit health insurer; or (5) serving the public interest by any method or practice approved by the Commissioner. Md. Code Ann., Ins. §14-106(c).

Regarding financial or in-kind support for public health programs, during calendar year 2018 a nonprofit health service plan was required to subsidize the Kidney Disease Program, support the costs of the Community Health Resources Commission and subsidize the provision of mental health services to the uninsured. Md. Code Ann., Ins. §14-106(d).

In addition to the subsidy that a nonprofit health service plan is required to provide to the Senior Prescription Drug Assistance Program, a nonprofit health service plan is required to transfer $4,000,000 to the Senior Prescription Drug Assistance program for the "donut hole subsidy" if the nonprofit health service plan has surplus that exceeds 800% of the consolidated risk-based capital requirements applicable to the nonprofit health service plan based on the nonprofit health service plan's annual required statutory filing due March 1 of the most recent preceding calendar year for which: (1) the corporation has filed an annual statement with the Administration; and (2) the filing of the annual statement preceded the start of the calendar year for which payment is to be made. Md. Code Ann., Ins. §14-106.2(b).

Findings:

(1) Both CFMI and GHMSI hold Certificates of Authority from the State of Maryland to act as nonprofit health service plans.

(2) CFMI and GHMSI timely filed their 2018 premium tax exemption reports (the "2018 Reports" or "2018 Report") on March 1, 2019.

(3) For 2018, the value of CFMI's premium tax exemption amount was $11,910,332.

(4) In calendar year 2018, CFMI's 2018 Report shows payments made to the Senior Prescription Drug Assistance Program totaling $8,152,187. Because CFMI's premium tax exemption value exceeded the amount paid to the Senior Prescription Drug Assistance Program, CFMI was required to demonstrate that it had contributed to the public purpose in other ways permissible under the statute.

(5) CFMI's 2018 Report demonstrated that CFMI contributed to the public purpose in other ways permissible under the statute by making payments totaling $3,758,146 to the Maryland Department of Health to support the costs of the Community Health Resources Commission and the Kidney Disease Program.

(6) According to the 2018 Report, CFMI's payments for public purposes described in paragraphs (4) and (5) totaled $11,910,332, which is equal to the value of CFMI's premium tax exemption of $11,910,332.

(7) For 2018, the value of GHMSI's premium tax exemption amount was $8,558,200.

(8) In calendar year 2018, GHMSI's 2018 Report shows payments made to the Senior Prescription Drug Assistance Program totaling $5,847,813. Because GHMSI's premium tax exemption value exceeded the amount paid to the Senior Prescription Drug Assistance Program, GHMSI was required to demonstrate that it had contributed to the public purpose in other ways permissible under the statute.

(9) GHMSI's 2018 Report demonstrated that GHMSI contributed to the public purpose in other ways permissible under the statute by making payments to the Maryland Department of Health to support the costs of the Community Health Resources Commission and the Kidney Disease Program totaling $2,710,387.

(10) According to the 2018 Report, GHMSI's payments for public purposes described in paragraph (8) and (9) totaled $8,558,200, which is equal to the value of GHMSI's premium tax exemption of $8,558,200.

(11) According to the 2018 Report, neither CFMI nor GHMSI contributed to the Senior Prescription Drug Assistance Program for the "donut hole subsidy" during the calendar year ended 2018. The consolidated surplus of CFMI and GHMSI of $1,519,480,000 at December 31, 2016 was 753% of the consolidated risk-based capital requirement of $201,669,000 which does not exceed the 800% threshold for required transfers to the Senior Prescription Drug Assistance Program.

(12) On the basis of all the payments described in paragraphs (4), (5), (8) and (9), both CFMI and GHMSI qualify for the premium tax exemption for calendar year 2018. The premium tax exemption reports filed by CFMI and GHMSI demonstrate that each plan has used funds equal to the value of its premium tax exemption in a manner that serves the public interest in accordance with §14-106.

ACCORDINGLY, the Commissioner hereby determines this 7th day of May, 2019, that CFMI's and GHMSI's 2018 Premium Tax Exemption reports are in compliance with the requirements of § 14-106 of the Insurance Article, Annotated Code of Maryland.

ALFRED W. REDMER, JR.
INSURANCE COMMISSIONER

By: signature on original
Vincent P. O'Grady
Associate Commissioner
Examination and Auditing

CAREFIRST OF MARYLAND, INC.
AND
GROUP HOSPITALIZATION AND MEDICAL SERVICES, INC.

RIGHT TO REQUEST A HEARING

Pursuant to § 2-210 of the Insurance Article and COMAR 31.02.01.03, a person aggrieved by this order may request a hearing on this Order. This request must be in writing and be received by the Commissioner within thirty (30) days of the date of the letter accompanying this Order.

Pursuant to §2-212 of the Insurance Article, the Order shall be stayed pending a hearing only if a demand for hearing is received by the Commissioner within ten (10) days after the Order is issued.

The request for hearing must be made in writing. This request must be addressed to the Maryland Insurance Administration, 200 St. Paul Place, Suite 2700, Baltimore, MD 21202, ATTN: Hearing and Appeals Coordinator. Failure to request a hearing timely or to appear at a scheduled hearing will result in a waiver of your rights to contest this Order and the Order shall be made final on its effective date.

Attachment A

Actual Legislative Spending During Calendar Year 2018

State Program FY	Total FY Obligation	Basis of Obligation	Qterly Pymt	CFMI	GHMSI	Total	
FY 2018	$ 21,232,413	2016 Schedule T Filed 3/17 for State Programs 7/17 - 6/18	Jan-18	3,032,011.75	2,276,091.50	5,308,103.25	
			Apr-18	3,032,011.75	2,276,091.50	5,308,103.25	
FY 2019	$ 19,704,653	2017 Schedule T Filed 3/18 for State Programs 7/18 - 6/19	Jul-18	2,923,154.47	2,003,008.73	4,926,163.20	
			Oct-18	2,923,154.47	2,003,008.73	4,926,163.20	
Total				11,910,332.43	8,558,200.46	20,468,532.89	see (a) below
SPDAP Donut Hole Subsidy		Annual Assessment Entity split based on the avg of Schedule T's Filed For FY 18 & 19 to equal CareFirst Calendar Yr 2018. See Alloc 2	Jan-18 Apr-18 Jul-18 Oct-18				
				-	-	-	
Total Legislative Spending and SPDAP Commitment				11,910,332	8,558,200	20,468,533	
				transfer to a-1	transfer to b-1		

(a) Program Funding Based on Above Payments (see allocation methodolgy below)

Payee	Program		Total Due	01/01/18	04/01/18	07/01/18	10/01/18
DHMH	Sr Rx Assistance Program		$ 14,000,000	3,500,000	3,500,000	3,500,000	3,500,000
		CFMI	*$ 8,152,187*	*1,999,215*	*1,999,215*	*2,076,878*	*2,076,878*
		GHMSI	*5,847,813*	*1,500,785*	*1,500,785*	*1,423,122*	*1,423,122*
DHMH*	Comm Hlth Res Comm - Operating Budget & Kidney Disease Program		$ 6,468,533	1,808,103	1,808,103	1,426,163	1,426,163
		CFMI	*$ 3,758,146*	*1,032,796*	*1,032,796*	*846,276*	*846,276*
		GHMSI	*2,710,387*	*775,307*	*775,307*	*579,887*	*579,887*
			$ 20,468,533	5,308,103	5,308,103	4,926,163	4,926,163
		CFMI	*11,910,332*	*3,032,012*	*3,032,012*	*2,923,154*	*2,923,154*
		GHMSI	*8,558,200*	*2,276,092*	*2,276,092*	*2,003,009*	*2,003,009*
			-				

	2nd Half of FY 2018 Funding based on 2016 Premium Exemption amount $21,232,413	1st Half of FY 2019 Funding based on 2017 Premium Exemption amount $19,704,653

Allocation Methodolgy:		Legislative Funding Requirement (alloc 1) Sch T			SPDAP Donut Hole Subsidy (alloc. 2) Sch T	
FY 2018	CFMI	12,128,047	57.1%	CFMI (sum of FY18 & 19)	23,820,665	58.19%
	GHMSI	9,104,366	42.9%	GHMSI (sum of FY18 & 19)	17,116,401	41.81%
		21,232,413			40,937,066	
FY 2019	CFMI	11,692,618	59.3%			
	GHMSI	8,012,035	40.7%			
		19,704,653	.			

* funds submitted are used to to support the CHRC Operating Budget and Kidney Disease Program (DHMH determines split).

ATTACHMENT B

MIA Case No.	Company	Date of Order	Section	Findings
2018-12-024	CareFirst	12-28-2018	15-10B-06(a)(1)(i)	CareFirst failed to make an initial determination on whether to authorize or certify a nonemergency course of treatment for a patient within 2 working days after receipt of the information necessary to make the determination.
2018-01-023	CareFirst	1-11-2018	15-112	CareFirst failed to have an accurate online provider directory.
2018-10-036	GHMSI	10-31-2018	15-10B-02	GHMSI failed to respond timely to either the Member's or the Complainant's appeal and failed to include the required information in the notice of appeal decision.