

BEFORE THE MARYLAND INSURANCE ADMINISTRATION

MARYLAND INSURANCE ADMINISTRATION\*  
200 ST. PAUL PLACE, SUITE 2700 \*  
BALTIMORE, MARYLAND 21202 \*

vs. \*

KAISER PERMANENTE INSURANCE \*  
COMPANY \*  
ONE KAISER PLAZA \*  
OAKLAND CA 94612 \*

CASE NO: MIA-2021-04-027

NAIC# 60053 \*

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CONSENT ORDER

This Consent Order is entered into by the Maryland Insurance Commissioner and KAISER PERMANENTE INSURANCE COMPANY ("KPIC" or "Respondent") pursuant to §§ 2-108, 2-204, and 4-113 of the Insurance Article, Maryland Code Annotated, to resolve the matter before the Maryland Insurance Administration ("Administration").

I. RELEVANT REGULATORY FRAMEWORK

1. Each insurer that uses provider panels for health benefit plans offered in the State must assure that its provider panels meet certain adequacy standards. On July 1 of each year each insurer is required to file a report with the Administration demonstrating the insurer's compliance with those standards.

2. Section 15-112 of the Insurance Article provides, in pertinent part:

(a) (1) In this section the following words have the meanings indicated.

\* \* \*

(5) (i) "Carrier" means:

\* \* \*

1. an insurer;

(b) (1) Subject to paragraph (3) of this subsection, a carrier that uses a provider panel shall:

- (i) if the carrier is an insurer, nonprofit health service plan, health maintenance organization, or dental plan organization, maintain standards in accordance with regulations adopted by the Commissioner for availability of health care providers to meet the health care needs of enrollees;

\* \* \*

(c) (1) This subsection applies to a carrier that:

- (i) is an insurer, a nonprofit health service plan, or a health maintenance organization; and
  - (ii) uses a provider panel for a health benefit plan offered by the carrier.
- (2) (i) On or before July 1, 2018, and annually thereafter, a carrier shall file with the Commissioner for review by the Commissioner an access plan that meets the requirements of subsection (b) of this section and any regulations adopted by the Commissioner under subsections (b) and (d) of this section.

3. The regulations referenced in § 15-112(c)(2)(i) of the Insurance Article are set forth in COMAR 31.10.44.

4. The network adequacy standards are set forth in COMAR 31.10.44.04 -.06 and consist of travel distance standards (COMAR 31.10.44.04), appointment waiting time standards (COMAR 31.10.44.05), and provider-to-enrollee ratio standards (COMAR 31.10.44.06) (collectively, the "Standards").

5. The access plan content and filing requirements are set forth in COMAR 31.10.44.03, which provides, in pertinent part:

.03 Filing of Access Plan.

C. Each annual access plan filed with the Commissioner shall include:

- (1) An executive summary in the form set forth in Regulation .09 of this chapter;

- (2) The information and process required by Insurance Article, §15-112(c)(4), Annotated Code of Maryland, and the methods used by the carrier to comply with the monitoring requirement under §15-112(c)(5);
- (3) Documentation justifying to the Commissioner how the access plan meets each network sufficiency standard set forth in Regulations .04—.06 of this chapter; and
- (4) A list of all changes made to the access plan filed the previous year.

6. COMAR 31.10.44.07 allows a carrier to apply for a temporary waiver from compliance with one or more of the Standards provided that certain criteria are met.

## II. FINDINGS

7. KPIC holds a Certificate of Authority to act as an insurer in the State and uses provider panels for health benefit plans offered in the State. As such, it is subject to § 15-112 of the Insurance Article and the network adequacy standards set forth in COMAR 31.10.44.04 - .06. In addition, KPIC is required to file a network adequacy plan in accordance with COMAR 31.10.44.03.

8. On July 1, 2019, KPIC submitted a Network Adequacy Plan (the “KPIC 2019 Access Plan”) to the Administration.

9. On August 4, 2019, KPIC submitted a revised executive summary form to the Administration.

10. On February 18, 2020, the Administration sent a letter to KPIC requesting additional information and documentation necessary for the Administration to evaluate whether KPIC was in compliance with the Standards.

11. On April 21, 2020, KPIC submitted the additional information. The information included several proprietary and confidential items, including factors used to build the network, KPIC’s process for selecting and approving essential community

providers, and documentation to support the reported percentages of enrollees meeting the appointment waiting time standards and the travel distance standards.

12. Between December 30, 2020 and March 19, 2021 the Administration and KPIC corresponded regularly to discuss issues related to the documentation submitted by KPIC to support KPIC's compliance with the travel distance standards

13. KPIC submitted additional information and documentation to the Administration to support KPIC's compliance with the travel distance standards on January 6, 2021, January 26, 2021, February 8, 2021, March 4, 2021, March 12, 2021, March 23, 2021, and March 24, 2021. The additional information demonstrated that there were significant errors with the travel distance percentages reported on the revised executive summary submitted on August 4, 2019.

14. On March 23, 2021, KPIC submitted a revised executive summary to reflect the correct travel distance percentages supported by the underlying documentation provided for the KPIC 2019 Access Plan

**A. The Access Plan-Travel Distance Standards**

15. The data submitted by KPIC in connection with the KPIC 2019 Access Plan failed to demonstrate compliance with the Travel Distance Standards.

16. COMAR 31.10.44.04 provides, in pertinent part:

.04 Travel Distance Standards

A. Sufficiency Standards.

(1) Except as stated in §B of this regulation, each provider panel of a carrier shall have within the geographic area served by the carrier's network or networks, sufficient primary care physicians, specialty providers, behavioral health and substance use disorder providers, hospitals, and health care facilities to meet the maximum travel distance standards listed in the chart in §A(5) of this regulation

for each type of geographic area. The distances listed in §A(5) of this regulation shall be measured from the enrollee's place of residence.

(2) When an enrollee elects to utilize a gynecologist, pediatrician, or certified registered nurse practitioner for primary care, a carrier may consider that utilization as a part of its meeting the primary care provider standards listed in §A(5) of this regulation.

\* \* \*

(5) Chart of Travel Distance Standards.

	Urban Area Maximum Distance (miles)	Suburban Area Maximum Distance (miles)	Rural Area Maximum Distance Miles
<b>Provider Type:</b>			

\* \* \*

Cardiovascular Disease	10	20	60
Chiropractic	15	30	75
Dermatology	10	30	60
Endocrinology	15	40	90
ENT/Otolaryngology	15	30	75
Gastroenterology	10	30	60
General Surgery	10	20	60
Gynecology, OB/GYN	5	10	30

\* \* \*

Nephrology	15	25	75
Neurology	10	30	60
Oncology-Medical and Surgical	10	20	60
Oncology- Radiation/Radiation Oncology	15	40	90

Ophthalmology	10	20	60
Pediatrics-Routine Primary Care	5	10	30
Physiatry, Rehabilitative Medicine	15	30	75
Plastic Surgery	15	40	90
Podiatry	10	30	60
Psychiatry	10	25	60
Pulmonology	10	30	60
Rheumatology	15	40	90
Urology	10	30	60

\* \* \*

<b>Facility Type:</b>			
Acute Inpatient Hospitals	10	30	60
Critical Care Services- Intensive Care Units	10	30	100
Diagnostic Radiology	10	30	60
Inpatient Psychiatric Facility	15	45	75
Outpatient Dialysis	10	30	50
Outpatient Infusion/ Chemotherapy	10	30	60

Skilled Nursing Facilities	10	30	60
Surgical Services (Outpatient or Ambulatory Surgical Center)	10	30	60

Other Behavioral Health/Substance Abuse Facilities	10	25	60
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17. The data self-reported by KPIC disclosed the following deficiencies based on distance of a provider to an enrollee's address:

- (a) Cardiovascular disease providers met the required standard for 99.9% of urban enrollees, leaving 1 member outside the travel distance standard of ten miles in one zip code, 21890.
- (b) Chiropractic providers met the required standard for 99.9% of urban enrollees, leaving 1 member outside the travel distance standard of 15 miles in one zip code, 21890. The standard was met for 99.9% of suburban enrollees, leaving 1 member outside the travel distance standard of thirty miles in one zip code, 21826.
- (c) Dermatology providers met the required standard for 99.9% of urban enrollees, leaving 1 member outside the travel distance standard of ten miles in one zip code, 21890.
- (d) Endocrinology providers met the required standard for 99.9% of urban enrollees, leaving 1 member outside the travel distance standard of fifteen miles in one zip code, 21890.
- (e) ENT/Otolaryngology providers met the required standard for 99.9% of urban enrollees, leaving 1 member outside the travel distance standard of fifteen miles in one zip code, 21890. The standard was

met for 99.9% of suburban enrollees, leaving 1 member outside the travel distance standard of thirty miles in one zip code, 21826.

- (f) Gastroenterology providers met the required standard for 99.9% of urban enrollees, leaving 1 member outside the travel distance standard of ten miles in one zip code, 21890.
- (g) General surgery providers met the required standard for 99.9% of urban enrollees, leaving 1 member outside the required travel distance standard of ten miles in one zip code, 21890.
- (h) Gynecology, OB/GYN providers met the required standard for 99.5% of urban enrollees, leaving 7 members outside the travel distance standard of five miles. The standard was met for 99.8% of suburban enrollees, leaving 2 members outside the travel distance standard of ten miles.

#### Urban Zip Codes

- i. Zip code 20746 has 5 members outside the standard.
- ii. Zip code 20854 has 1 member outside the standard.
- iii. Zip code 20879 has 1 member outside the standard.

#### Suburban Zip Codes

- iv. Zip code 20764 has 1 member outside the standard.
- v. Zip code 21716 has 1 member outside the standard.
- (i) Nephrology providers met the standard for 99.9% of urban enrollees, leaving 1 member outside the travel distance standard of fifteen miles in one zip code, 21890.



- (j) Neurology providers met the required standard for 99.3% of urban enrollees, leaving 11 members outside the travel distance standard of ten miles.

Urban Zip Codes

- i. Zip code 20745 has 10 members outside the standard.
  - ii. Zip code 21890 has 1 member outside the standard.
- (k) Oncology-Medical and Surgical providers met the required standard for 99.9% of urban enrollees, leaving 1 member outside the travel distance standard of ten miles in one zip code, 21890.
- (l) Oncology- Radiation/Radiation Oncology providers met the required standard for 99.9% of urban enrollees, leaving 1 member outside the travel distance standard of fifteen miles in one zip code, 21890.
- (m) Ophthalmology providers met the required standard for 99.9% of urban enrollees, leaving 1 member outside the travel distance standard of ten miles in one zip code, 21890.
- (n) Pediatrics-routine primary care providers met the required standard for 99.6% of urban enrollees, leaving 6 members outside the travel distance standard of five miles. The standard was met for 99.9% of suburban enrollees, leaving 1 member outside the travel distance standard of ten miles in one zip code, 21716.

Urban Zip Codes

- i. Zip code 20746 has 5 members outside the standard.
  - ii. Zip code 20854 has 1 member outside the standard.

- (o) Psychiatry, rehabilitative medicine providers met the required standard for 99.9% of urban enrollees, leaving 1 member outside the travel distance standard of fifteen miles in one zip code, 21890.
- (p) Plastic surgery providers met the required standard for 99.9% of urban enrollees, leaving 1 member outside the travel distance standard of fifteen miles in one zip code, 21890.
- (q) Podiatry providers met the required standard for 99.9% of urban enrollees, leaving 1 member outside the travel distance standard of ten miles in one zip code, 21890.
- (r) Psychiatry providers met the required standard for 99.9% of urban enrollees, leaving 1 member outside the travel distance standard of ten miles in one zip code, 21890.
- (s) Pulmonology providers met the required standard for 99.9% of urban enrollees, leaving 1 member outside the travel distance standard of ten miles in one zip code, 21890.
- (t) Rheumatology providers met the required standard for 99.9% of urban enrollees, leaving 1 member outside the travel distance standard of fifteen miles in one zip code, 21890.
- (u) Urology providers met the required standard for 99.9% of urban enrollees, leaving 1 member outside the travel distance standard of ten miles in one zip code, 21890.
- (v) Acute inpatient hospital facilities met the required standard for 99.8% of urban enrollees, leaving 3 members outside the travel distance standard of ten miles.

Urban Zip Codes

- i. Zip code 21114 has 2 members outside the standard.
  - ii. Zip code 21890 has 1 member outside the standard.
- (w) Critical Care Services-Intensive Care Unit facilities met the required standard for 99.8% of urban enrollees, leaving 3 members outside the travel distance standard of ten miles.

Urban Zip Codes

- i. Zip code 21114 has 2 members outside the standard.
  - ii. Zip code 21890 has 1 member outside the standard.
- (x) Diagnostic radiology facilities met the required standard for 99.9% of urban enrollees, leaving 1 member outside the travel distance standard of ten miles in one zip code, 21890.
- (y) Inpatient psychiatric facilities met the required standard for 83.2% of urban enrollees, leaving 258 members outside the travel distance standard of fifteen miles.

Urban Zip Codes

- i. Zip code 20706 has 5 members outside the standard.
- ii. Zip code 20743 has 27 members outside the standard.
- iii. Zip code 20745 has 30 members outside the standard.
- iv. Zip code 20746 has 23 members outside the standard.
- v. Zip code 20747 has 14 members outside the standard.
- vi. Zip code 20748 has 19 members outside the standard.
- vii. Zip code 20785 has 23 members outside the standard.
- viii. Zip code 20877 has 13 members outside the standard.

- ix. Zip code 20879 has 21 members outside the standard.
  - x. Zip code 20886 has 41 members outside the standard.
  - xi. Zip code 20904 has 1 member outside the standard.
  - xii. Zip code 21040 has 12 members outside the standard.
  - xiii. Zip code 21114 has 13 members outside the standard.
  - xiv. Zip code 21403 has 15 members outside the standard.
  - xv. Zip code 21890 has 1 member outside the standard.
- (z) Outpatient dialysis facilities met the required standard for 99.9% of urban enrollees, leaving 1 member outside the travel distance standard of ten miles in one zip code, 21890.
- (aa) Outpatient infusion/chemotherapy facilities met the required standard for 99.9% of urban enrollees, leaving 1 member outside the travel distance standard of ten miles in one zip code, 21890.
- (bb) Skilled nursing facilities met the required standard for 97.4% of urban enrollees, leaving 40 members outside the travel distance standard of ten miles.

Urban Zip Codes

- i. Zip code 20879 has 16 members outside the standard.
  - ii. Zip code 20886 has 23 members outside the standard.
  - iii. Zip code 21890 has 1 member outside the standard.
- (cc) Surgical services (outpatient or ambulatory surgical center) facility providers met the required standard for 99.9% of urban enrollees, leaving 1 member outside the travel distance standard of ten miles in one zip code, 21890.

- (dd) Other behavioral health/substance abuse facilities met the required standard for 75.1% of urban enrollees, leaving 382 members outside the travel distance standard of ten miles. The standard was met for 98.4% of suburban enrollees, leaving 16 members outside the travel distance standard of twenty-five miles.

Urban Zip Codes

- i. Zip code 20706 had 36 members outside the standard.
- ii. Zip code 20710 had 8 members outside the standard.
- iii. Zip code 20722 had 2 members outside the standard.
- iv. Zip code 20737 had 11 members outside the standard.
- v. Zip code 20740 had 13 members outside the standard.
- vi. Zip code 20743 had 32 members outside the standard.
- vii. Zip code 20745 had 30 members outside the standard.
- viii. Zip code 20746 had 33 members outside the standard.
- ix. Zip code 20747 had 34 members outside the standard.
- x. Zip code 20748 had 28 members outside the standard.
- xi. Zip code 20770 had 18 members outside the standard.
- xii. Zip code 20781 had 5 members outside the standard.
- xiii. Zip code 20783 had 1 member outside the standard.
- xiv. Zip code 20784 had 24 members outside the standard.
- xv. Zip code 20785 had 43 members outside the standard.
- xvi. Zip code 20904 had 15 members outside the standard.
- xvii. Zip code 21040 had 3 members outside the standard.
- xviii. Zip code 21061 had 11 members outside the standard.

- xix. Zip code 21114 had 13 members outside the standard.
- xx. Zip code 21133 had 1 member outside the standard.
- xxi. Zip code 21222 had 3 members outside the standard.
- xxii. Zip code 21224 had 2 members outside the standard.
- xxiii. Zip code 21403 had 15 members outside the standard.
- xxiv. Zip code 21890 had 1 member outside the standard.

Suburban Zip Codes

- xxv. Zip code 21037 had 4 members outside the standard.
- xxvi. Zip code 21401 had 6 members outside the standard.
- xxvii. Zip code 21403 had 1 member outside the standard.
- xxviii. Zip code 21409 had 5 members outside the standard.

**B. The Access Plan-Essential Community Providers**

18. COMAR 31.10.44.04C(1) provides that each provider panel of a carrier, that is not a group model HMO provider panel, shall include at least 30 percent of the available essential community providers in each of the urban, rural, and suburban areas.

19. KPIC submitted an executive summary form as a part of the KPIC 2019 Access Plan. The executive summary form states that 41 essential community providers are participating in the network, which represents 31% of the total available essential community providers. The KPIC 2019 Access Plan did not include documentation to establish the percentages of essential community providers that are participating providers in each urban, rural, and suburban area within the KPIC service area.

20. The data self-reported by KPIC in connection with the KPIC 2019 Access Plan failed to demonstrate that at least 30 percent of the available essential community

providers in each of the urban, rural, and suburban areas are included in the KPIC network.

**C. The Access Plan-Appointment Waiting Time Standards**

21. The data submitted by KPIC in connection with the KPIC 2019 Access Plan failed to demonstrate compliance with Appointment Waiting Time Standards.

22. COMAR 31.10.44.05 states, in pertinent part:

.05 Appointment Waiting Time Standards

A. Sufficiency Standards.

(1) Subject to the exceptions in §B of this regulation, each carrier’s provider panel shall meet the waiting time standards listed in §C of this regulation for at least 95 percent of the enrollees covered under health benefit plans that use that provider panel.

(2) When it is clinically appropriate and an enrollee elects to utilize a telehealth appointment, a carrier may consider that utilization as a part of its meeting the standards listed in §C of this regulation.

\* \* \*

C. Chart of Waiting Time Standards

Waiting Time Standards	
Urgent care (including medical, behavioral health, and substance use disorder services)	72 hours
Routine Primary Care	15 Calendar Days
Preventive Visit/Well Visit	30 Calendar Days
Non-Urgent Specialty Care	30 Calendar Days
Non-urgent behavioral health/substance use disorder services	10 Calendar Days

23. The data self-reported by KPIC in connection with the KPIC 2019 Access Plan disclosed the following deficiencies:

- (a) Urgent care services (including medical, behavioral health, and substance use disorder services) met the 72-hour standard for 42% of enrollees, representing a deficiency of fifty-three percentage points.
- (b) Routine primary care services met the 15 calendar day standard for 33% of enrollees, representing a deficiency of sixty-two percentage points.
- (c) Non-urgent specialty care services met the required 30 calendar day standard for 36% of enrollees, representing a deficiency of fifty-nine percentage points.
- (d) Non-urgent behavioral health/substance use disorder services met the required 10 calendar day standard for 28% of enrollees, representing a deficiency of sixty-seven percentage points.

**D. The Access Plan-Appointment Waiting Time Standards; The Executive Summary**

24. COMAR 31.10.44.09 states, in pertinent part:

.09 Network Adequacy Access Plan Executive Summary Form

A. For each provider panel used by a carrier for a health benefit plan, the carrier shall provide the network sufficiency results for the health benefit plan service area as follows:

\* \* \*

(2) Appointment Waiting Time Standards.



(a) For each appointment type listed in Regulation .05, list the percentage of enrollees for which the carrier met the appointment wait time standards, in the following format:

Appointment Waiting Time Standard Results	
Urgent care (including medical, behavioral health, and substance use disorder services)	72 hours
Routine Primary Care	15 Calendar Days
Preventive Visit/Well Visit	30 Calendar Days
Non-Urgent Specialty Care	30 Calendar Days
Non-urgent behavioral health/substance use disorder services	10 Calendar Days

25. The KPIC 2019 Access Plan failed to include the percentage of enrollees for which KPIC met the appointment waiting time standard for preventive visit/well visit services.

26. The KPIC 2019 Access Plan executive summary form failed to include the percentage of enrollees for which KPIC met the appointment waiting time standard for preventive visit/well visit services.

27. KPIC acknowledged that it does not currently have a data category that corresponds to preventive visit/well visit and represented that it requested that its network vendor add such a category for 2020.

### III. CONCLUSIONS OF LAW

28. The Administration concludes that KPIC violated § 15-112 of the Insurance Article and COMAR 31.10.44.03C by submitting an access plan that failed to comply with the required travel distance standards and appointment waiting time standards, by failing to measure and report the percentage of enrollees for which KPIC met the appointment

waiting time standard for preventive visit/well visit services in both the access plan and the executive summary, and by failing to demonstrate that at least 30 percent of the available essential community providers in each of the urban, rural, and suburban areas are included in the KPIC network.

29. Section 4-113 of the Insurance Article states in pertinent part:

(b) The Commissioner may deny a certificate of authority to an applicant or, subject to the hearing provisions of Title 2 of this article, refuse to renew, suspend, or revoke a certificate of authority if the applicant or holder of the certificate of authority:

(1) violates any provision of this article other than one that provides for mandatory denial, refusal to renew, suspension, or revocation for its violation[.]

\* \* \* \*

(d) Instead of or in addition to suspending or revoking a certificate of authority, the Commissioner may:

(1) impose on the holder a penalty of not less than \$100 but not more than \$125,000 for each violation of this article[.]

### ORDER

**WHEREFORE**, for the reasons set forth above, it is **ORDERED** by the Commissioner and consented to by the Respondent:

A. That, pursuant to § 4-113 of the Insurance Article, based on consideration of COMAR 31.02.04.02, the Administration imposes an administrative penalty on KPIC of \$100,000 for the violations of § 15-112 of the Insurance Article and COMAR 31.10.44.03C identified here;

B. The obligation of KPIC to pay the aforesaid administrative penalty is hereby suspended pending the Administration's (i) review of the access plan submitted by KPIC in 2021, including additional mitigation efforts; (ii) determination as to whether the 2021

access plan and additional mitigation efforts substantiate representations made by KPIC related to its intent to adjust record keeping methodologies and to improve its compliance with the Standards; and (iii) based on such review and determination, decision on whether the administrative penalty should be paid, reduced, or rescinded.

### **OTHER PROVISIONS**

C. The executed Order and any administrative penalty shall be sent to the attention of: David Cooney, Associate Commissioner, Life and Health, 200 St. Paul Place, Suite 2700, Baltimore, MD 21202.

D For the purposes of the Administration and for any subsequent administrative or civil proceedings concerning Respondent, whether related or unrelated to the foregoing paragraphs, and with regard to requests for information about the Respondent made under the Maryland Public Information Act, or properly made by governmental agencies, this Order will be kept and maintained in the regular course of business by the Administration. For the purposes of the business of the Administration, the records and publications of the Administration will reflect this Order.

E. The parties acknowledge that this Order resolves all matters relating to the factual assertions and agreements contained herein and are to be used solely for the purposes of this proceeding brought by or on behalf of the Administration. Nothing herein shall be deemed a waiver of the Commissioner's right to proceed in an administrative action or civil action for violations not specifically identified in this Order, including, but not limited to, specific consumer complaints received by the Administration, nor shall anything herein be deemed a waiver of the right of the Respondent to contest other proceedings by the Administration. This Order shall not be construed to resolve or preclude any potential or pending civil, administrative, or criminal action or prosecution by any other

person, entity or governmental authority, including but not limited to the Insurance Fraud Division of the Administration, regarding any conduct by the Respondent including the conduct that is the subject of this Order.

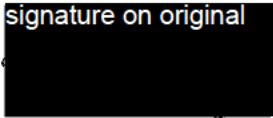
F. Respondent has had the opportunity to have this Order reviewed by legal counsel of its choosing, and is aware of the benefits gained and obligations incurred by the execution of the Order. Respondent waives any and all rights to any hearing or judicial review of this Order to which it would otherwise be entitled under the Insurance Article with respect to any of the determinations made or actions ordered by this Order.

G This Order contains the entire agreement between the parties relating to the administrative actions addressed herein. This Order supersedes any and all earlier agreements or negotiations, whether oral or written. All time frames set forth in this Order may be amended or modified only by subsequent written agreement of the parties.

H. This Order shall be effective upon signing by the Commissioner or his designee, and is a Final Order of the Commissioner under § 2-204 of the Insurance Article.

I. Failure to comply with the terms of this Order may subject Respondent to further legal and/or administrative action.

**Kathleen A. Birrane**  
**INSURANCE COMMISSIONER**

signature on original  


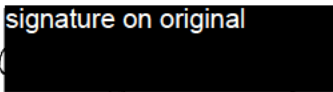
By: \_\_\_\_\_  
David Cooney  
Associate Commissioner  
Life and Health

Date: 4/27/21

RESPONDENT'S CONSENT

RESPONDENT hereby CONSENTS to the representations made in, and to the terms of, the above Consent Order. On behalf of Respondent, the undersigned hereby affirms that he or she has taken all necessary steps to obtain the authority to bind Respondent to the obligations stated herein and does in fact have the authority to bind Respondent to the obligations stated herein.

Name: Chuck Bevilacqua

Signature: 

Title: SVP Health Plan Product Service & Administration, President KPIC

Date: 4/15/2021

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