# MARKET CONDUCT REPORT ON EXAMINATION

# OF

# GROUP HEALTH INCORPORATED

**AS OF DECEMBER 31, 2018**

**EXAMINER:** **WAI WONG, CFE**

**DATE OF REPORT:** **AUGUST 18, 2023**

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August 18, 2023

Honorable Adrienne A. Harris
Superintendent of Financial Services
Albany, New York 12257

Madam:

Pursuant to the requirements of the New York Insurance Law, and acting in accordance with the instructions contained in Appointment No. 31933, dated April 12, 2019, annexed hereto, an examination has been made into the affairs of Group Health Incorporated, a not-for-profit health service corporation licensed pursuant to Article 43 of the New York Insurance Law, as of December 31, 2018, and the following report thereon is respectfully submitted.

The examination was conducted at the home office of Group Health Incorporated, located at 55 Water Street, New York, NY.

Wherever the designations the "Plan" or "GHI" appear herein, without qualification, they should be understood to indicate Group Health Incorporated.

Wherever the designation "HIPNY" appears herein, without qualification, it should be understood to indicate Health Insurance Plan of Greater New York, the direct Parent of GHI

.

Wherever the designation “EmblemHealth” appear herein, without qualification, it should be understood to indicate EmblemHealth, Inc., the ultimate Parent of GHI.

Wherever the designations the “Department” or “NYDFS” appear herein, without qualification, they should be understood to indicate the New York State Department of Financial Services.

Concurrently, an examination into the financial condition of GHI was performed. A separate financial report on examination for GHI has been submitted thereon.

## 1. SCOPE OF THE EXAMINATION

The Plan was previously examined as of December 31, 2013. This examination covers the five-year period January 1, 2014, through December 31, 2018, and was performed to review the manner in which GHI conducts its business practices and fulfills its contractual obligations to policyholders and claimants. Transactions subsequent to this period were reviewed where deemed appropriate.

This report contains the significant findings of the examination and is confined to comments on those matters which involve departures from laws, regulations or rules, or which are deemed to require explanation or description.

A review was also made to ascertain what actions were taken by GHI with regard to comments and recommendations made in the prior market conduct report on examination. The results of the examiners review are contained in Item 10 of this report.

## 2. DESCRIPTION OF THE PLAN

GHI is a New York State not-for-profit corporation operating under the provisions of Article 43 of the New York Insurance Law.

On March 6, 2007, EmblemHealth Services Company, LLC ("EHS") was formed by a joint venture of HIPNY and GHI, in order to integrate operations of these two entities. On January 1, 2008, items such as vendor agreements and employees were transferred to EHS. GHI and HIPNY receive management and other services from EHS. Also, on that date, with the approval of the Department, GHI and HIPNY entered into a written guarantee of all liabilities of EHS.

In December 2010, with the approval of the Department, HIPNY replaced EmblemHealth as the sole corporate member and direct Parent corporation of GHI. On June 26, 2013, GHI HMO Select Inc. ("GHI HMO"), a subsidiary of GHI, merged into HIPNY, with HIPNY being the surviving entity. Further in 2013, EmblemHealth filed to restructure the ownership of EHS such that it is wholly-owned by HIPNY. The Department issued a non-objection letter on December 23, 2013, regarding this transaction.

## 3. CLAIMS PROCESSING

A review of GHI's claims practices and procedures was performed covering contraceptive pharmacy claims paid during the period January 1, 2018, through December 31, 2018, in order to evaluate the overall accuracy and compliance environment with regards to the processing of those claims.

Section 4303(j)(3)(D) of the New York Insurance Law states:

> "(j)(3) In addition to paragraph one or two of this subsection, every contract that provides hospital, surgical or medical care coverage, except for a grandfathered health plan under paragraph four of this subsection, shall provide coverage for the following preventive care and screenings for subscribers, and such coverage shall not be subject to annual deductibles or coinsurance:
> (D) with respect to women, such additional preventive care and screenings not described in subparagraph (A) of this paragraph and as provided for in comprehensive guidelines supported by the health resources and services administration."

From the listing of pharmacy claims paid during 2018, there were 138 contraceptives claims where cost-share was applied. All of the above claims were selected for review.

A total of 108 of the 138 pharmacy claims applied cost-share incorrectly in violation of Section 4303(j)(3)(D) of the New York Insurance Law.

It is recommended that the Plan comply with Section 4303(j)(3)(D) of the New York Insurance Law by putting in place procedures to ensure that cost-share is not applied on contraceptive pharmacy claims.

## 4. PROMPT PAY LAW

Section 3224-a(a) of the New York Insurance Law, "Standards for prompt, fair and equitable settlement of claims for health care and payments for health care services" ("Prompt Pay Law"), requires all insurers to pay undisputed claims within 30 days of receipt of a claim that is transmitted via the internet or electronic mail, or 45 days of receipt of a claim submitted by other means, such as paper or facsimile. If such undisputed claims are not paid within the respective 30 or 45 days of receipt, interest may be payable.

Upon review of GHI's claims, it was noted that claims were processed in accordance with Section 3224-a(a) of the New York Insurance Law.

## 5. EXPLANATION OF BENEFITS STATEMENTS

As part of the examination of GHI's claim practices and procedures, a review of the explanation of benefit statements ("EOB") provided to subscribers and/or providers by the Plan was performed. An EOB is an important link between the subscriber, the provider and GHI. It should clearly communicate to the subscriber and/or provider that the Plan has processed a claim and how that claim was processed. Additionally, it should clearly describe the charges submitted, the date the claim was received, the amount allowed for the services rendered, and show any

balance owed to the provider. It should also serve as the documentation to recover any money from coordination of benefits with other carriers.

Section 3234(b) of the New York Insurance Law states, in part:

> "(b) The explanation of benefits form must include at least the following…
> (3) an identification of the service for which a claim is made;
> (4) the provider's charge or rate;
> (5) the amount or percentage payable under the policy or certificate after deductibles, co-payments, and any other reduction of the amount claimed;
> (6) a specific explanation of any denial, reduction, or other reason, including any other third-party payor coverage, for not providing full reimbursement for the amount claimed; and…"

Part 243.2(b)(8) of Insurance Regulation No. 152 (11 NYCRR 243.2(b)(8)) states:

> "(b) Except as otherwise required by law or regulation, an insurer shall maintain:
> (8) Any other record for six calendar years from its creation or until after the filing of a report on examination or the conclusion of an investigation in which the record was subject to review."

A sample of ten (10) EOBs were reviewed to determine compliance with Section 3234(b) of the New York Insurance Law.

In one (1) of the ten (10) cases the insured chose to receive an electronic copy of the EOB instead of a paper copy. GHI did not maintain a copy of the electronic EOB sent to the insured but instead provided the electronic template. The electronic template did not contain the information required by Sections 3234(b)(3)(4)(5) and (6) of the New York Insurance Law, in violation of the law.

It is recommended that the Plan comply with Sections 3234(b)(3), (4), (5) and (6) of the New York Insurance Law by incorporating the required language in its electronic EOBs.

Additionally, it is noted that (2) two EOBs referenced GHI HMO Select as a separate insurance entity when it no longer exists.

It is recommended that the Plan exclude GHI HMO Select from its standard disclaimer on all its EOBs.

GHI violated the requirements of Part 243.2(b)(8) of Insurance Regulation No. 152 (11 NYCRR 243.2) when it failed to retain the EOB for one (1) of ten (10) files sampled.

It is recommended that GHI comply with the requirements of Part 243.2(b)(8) of Insurance Regulation No. 152 by retaining its EOBs for the required timeframe.

## 6. DECLINATIONS - LARGE GROUP APPLICATIONS

Part 243.2(b)(8) of Insurance Regulation No. 152 (11 NYCRR 243.2) states, in part:

> "Except as otherwise required by law or regulation, an insurer shall maintain…
> (8) Any other record for six calendar years from its creation or until after the filing of a report on examination or the conclusion of an investigation in which the record was subject to review."

During 2018, GHI declined one hundred and four (104) large group applications. The examiner selected and reviewed a sample of twenty-five (25) declinations to verify GHI's compliance with its underwriting guidelines.

GHI was in violation of Part 243.2(b)(8) of Insurance Regulation No. 152 by failing to retain copies of the declination letters for twenty-two (22) of the twenty-five (25) large group applications.

It is recommended that GHI comply with the requirements of Part 243.2(b)(8) of Insurance Regulation No. 152 by ensuring that its underwriting files, including declination letters and written notices of denials, are retained for the required timeframes.

## 7. GRIEVANCES AND APPEALS

Member and Provider Grievances

The examiner selected and reviewed a sample of thirty (30) grievance files from a log of seven hundred and forty-six (746) grievance files, closed by GHI in 2018, to determine GHI's compliance with the requirements of Section 4802 of the New York Insurance Law and GHI's written grievance and appeal procedures.

Section 4802(d) of the New York Insurance Law ("NYIL") states in part:

> "Within fifteen business days of receipt of the grievance, the insurer shall provide written acknowledgment of the grievance, including the name, address and telephone number of the individual or department designated by the insurer to respond to the grievance..."

GHI did not comply with the requirements of Section 4802(d) of the NYIL in that it did not issue acknowledgement letters for five (5) out of thirty (30) files selected for review.

It is recommended that GHI comply with the requirements of Section 4802(d) of the New York Insurance Law by issuing an acknowledgement letter within fifteen business days of the receipt of the grievance and by ensuring the acknowledgement letter contains all the required information.

Part 243.2(b)(8) of Insurance Regulation No. 152 (11 NYCRR 243.2) states in part:

> "Except as otherwise required by law or regulation, an insurer shall maintain…
> (8) Any other record for six calendar years from its creation or until after the filing of a report on examination or the conclusion of an investigation in which the record was subject to review."

GHI was in violation of the provisions of Part 243.2(b)(8) of Insurance Regulation No. 152 (11 NYCRR 243.2) when it failed to retain the correspondence for one (1) of thirty (30) grievance files selected for review.

It is recommended that GHI comply with the requirements of Part 243.2(b)(8) of Insurance Regulation No. 152 by retaining its grievance records for the required timeframe.

## 8. UTILIZATION REVIEWS AND APPEALS

Sections 4902, 4903 and 4904 of the New York Insurance Law set forth the minimum utilization review program standards and requirements of utilization review determinations for prospective, concurrent and retrospective reviews, and appeals of adverse determinations by utilization review agents, respectively, for companies licensed under Article 43 of the NYIL.

The examiner was provided with utilization review and utilization review appeal logs for cases involving GHI and several of its delegated entities for the period January 1, 2018, through December 31, 2018. GHI delegates certain of its utilization review and utilization review appeal responsibilities to third-party Utilization Review ("UR") agents that include Beacon Behavioral ("Beacon"), Cognizant Technology Solutions ("CTS"), Evicore Healthcare ("Evicore"), Express Scripts and Palladian Health.

Schedule M

The Department requires all Article 43 entities to report their utilization review appeals information in Part 2, Column 6 of Schedule M in the New York Supplement.

It was noted that the number of utilization review appeals GHI reported in its 2017 and 2018 Schedule M was substantially less than the actual cases it processed during the year.

It is recommended that GHI ensure that the information being reported on its Schedule M, of the New York supplement filing is accurate.

A similar recommendation was cited in the prior report on examination.

Utilization review and utilization review appeal cases conducted by GHI, and its third-party UR agents were randomly selected and reviewed by the examiner.

A. Beacon

From a population of 28,911 utilization review cases conducted by Beacon, a third-party administrator acting on behalf of GHI, during January 2017 through December 2018, twenty-five (25) cases were randomly selected and reviewed by the examiner. There were sixteen (16) concurrent, one (1) prospective and eight (8) retrospective cases.

Section 4903(c) of the New York Insurance Law states:

> "A utilization review agent shall make a determination involving continued or extended health care services… and shall provide notice of such determination to the insured or the insured's designee, which may be satisfied by notice to the insured's health care provider, by telephone and in writing within one business day of receipt of the necessary information… Notification of continued or extended services shall include the number of extended services approved, the new total of approved services, the date of onset of services and the next review date."

For two (2) out of the sixteen (16) concurrent review cases, Beacon (GHI) was found to be in violation of the requirements of Section 4903(c) of the New York Insurance Law when it failed to provide the telephonic and written notifications to the provider within one (1) business day of receipt of the necessary information.

It is recommended that GHI ensure that's its TPA, Beacon, comply with the requirements of Section 4903(c) of the New York Insurance Law by providing the required telephonic and written notifications within one (1) business day of receipt of the necessary information.

From a population of 434 utilization review appeal cases conducted by Beacon during January 1, 2018, through December 31, 2018, twenty-five (25) cases were randomly selected and reviewed by the examiner. Of the twenty (25) cases, there were eight (8) standard reviews and seventeen (17) expedited reviews.

Part 243.2(b)(8) of Insurance Regulation No. 152 (11 NYCRR 243.2) states in part:

> "Except as otherwise required by law or regulation, an insurer shall maintain…
> (8) Any other record for six calendar years from its creation or until after the filing of a report on examination or the conclusion of an investigation in which the record was subject to review."

GHI violated the requirements of Part 243.2(b)(8) of Insurance Regulation No. 152 (11 NYCRR 243.2) when it failed to retain the correspondence for one (1) of twenty-five (25) files.

It is recommended that GHI comply with the requirements of Part 243.2(b)(8) of Insurance Regulation No. 152 by retaining its utilization appeal records for the required timeframe.

B. Cognizant Technology Solutions

From a population of 23,618 utilization review cases conducted by CTS, a third-party administrator acting on behalf of GHI, during January 1, 2018, through December 31, 2018, thirty (30) cases were randomly selected and reviewed by the examiner. Of the thirty (30) cases, twenty-five (25) were prospective reviews, three (3) were concurrent reviews, and two (2) were retrospective reviews.

Section 4903(b) of the New York Insurance Law states in part:

> "A utilization review agent shall make a utilization review determination involving health care services which require pre-authorization and provide notice of a determination to the insured or insured's designee and the insured's health care provider by telephone and in writing within three business days of receipt of the necessary information…"

For one (1) out of twenty-five (25) prospective review cases, CTS (GHI) was found to be in violation of the requirements of Section 4903(b) of the NYIL when it failed to make the telephonic notification to the member within three (3) business days of receipt of the necessary information.

It is recommended that GHI ensure that CTS comply with the requirements of Section 4903(b) of the New York Insurance Law by providing telephonic notification of the determination to the insured or the insured's designee and the insured's health care provider within three (3) business days of receipt of the necessary information for all of its prospective reviews.

Section 4903(c) of the New York Insurance Law states:

> "A utilization review agent shall make a determination involving continued or extended health care services… and shall provide notice of such determination to the insured or the insured's designee, which may be satisfied by notice to the insured's health care provider, by telephone and in writing within one business day of receipt of the necessary information… Notification of continued or extended services shall

> include the number of extended services approved, the new total of approved services, the date of onset of services and the next review date."

For three (3) out of the three (3) concurrent review cases, GHI (CTS) was found to be in violation of the requirements of Section 4903(c) of the NYIL when it failed to provide the telephonic and written notifications to the provider within one (1) business day of receipt of the necessary information.

It is recommended that GHI ensure that CTS comply with the requirements of Section 4903(c) of the New York Insurance Law by providing the required telephonic and written notifications within one (1) business day of receipt of the necessary information.

Section 4903(d) of the New York Insurance Law states:

> "A utilization review agent shall make a utilization review determination involving health care services which have been delivered within thirty days of receipt of the necessary information."

For one (1) out of two (2) retrospective cases reviewed by the examiner, CTS (GHI) was found to be in violation of the requirements of Sections 4903(d) of the NYIL when it failed to make a determination within thirty days of receipt of the necessary information.

It is recommended that GHI ensure that CTS comply with the requirements of Section 4903(d) of the New York Insurance Law by making a determination within thirty days of receipt of the necessary information for all of its retrospective reviews.

A similar recommendation was cited in the prior report on examination.

C. GHI

From a population of forty-four thousand eight hundred and forty-four (44,844) prospective UR cases that consisted of 35,752 approvals and 9,092 Initial Adverse Determinations, conducted by GHI for its contract with New York City during the period, January 1, 2017, through December 31, 2018, twenty (25) cases were randomly selected and reviewed by the examiner. Among these twenty-five (25) cases, five (5) were Initial Adverse Determinations and the other twenty (20) were approvals.

Section 4903(b) of the New York Insurance Law states in part:

> "A utilization review agent shall make a utilization review determination involving health care services which require pre-authorization and provide notice of a determination to the insured or insured's designee and the insured's health care provider by telephone and in writing within three business days of receipt of the necessary information…"

For one (1) out of the twenty-five (25) cases, GHI was found to be in violation of the requirements of Section 4903(b) of the NYIL when it failed to make the telephonic notification to the member within three (3) business days of receipt of the necessary information.

For six (6) out of the twenty-five (25) cases, GHI was unable to provide evidence of telephonic notification to both the insured or insured's designee, and the insured's health care provider within three (3) business days of receipt of the necessary information.

Additionally, for thirteen (13) out of the twenty-five (25) cases, GHI provided notification to the member, but not the provider within three (3) business days of receipt of the necessary information.

It is recommended that GHI comply with the requirements of Section 4903(b) of the New York Insurance Law by providing notice of a determination to the insured or insured's designee and the insured's health care provider by telephone and in writing within three business days of receipt of the necessary information for their prospective utilization reviews.

A similar recommendation was cited in the prior report on examination.

D. Evicore

From a population of one thousand three hundred and ninety-one (1,391) prospective UR cases conducted by Evicore during the period January 1, 2018, through December 31, 2018, twenty-five (25) cases were randomly selected and reviewed by the examiner.

Section 4904(c) of the New York Insurance Law states in part:

> "…The utilization review shall notify the insured, the insureds designee and, where appropriate, the health care provider, in writing within two business days of rendering of such determination..."

For one (1) out of the twenty-five (25) cases, GHI was found to be in violation of the requirements of Section 4904(c) of the NYIL, when it failed to make a timely determination within two (2) business days.

It is recommended that GHI ensure that its TPA comply with the requirements of Section 4904(c) of the New York Insurance Law by providing notification to the insured, the insureds designee and, where appropriate the insureds health care provider, in writing within two business days of rendering its determination.

## 9. SUBSEQUENT EVENTS

As of August 24, 2020, Group Health Incorporated ("GHI") received approval from the Department of Financial Services (the "Department") to change its name to EmblemHealth, Plan, Inc. ("EHPI"). EHPI remains a not-for-profit health service corporation operating under the provisions of Article 43 of the New York State Insurance Law engaged in health insurance and health insurance related activities operating statewide in New York. Health Insurance Plan of Greater New York ("HIP") is the sole corporate member and parent company of EHPI. The Company is the parent of wholly-owned subsidiaries Neighborhood Care Strategies, LLC and Emblem Health Medical and Dental Services.

## 10. COMPLIANCE WITH PRIOR REPORT ON EXAMINATION

There were forty-seven (47) comments and recommendations from the prior Market Conduct report on examination as of December 31, 2013. They are repeated herein as follows (page numbers refer to the prior report):

| ITEM NO. | | PAGE NO. |
|---|---|---|
| | Claims Processing | |
| 1. | It is recommended that GHI retain copies of EOBs for the timeframe required by Part 243.2(b)(8) of Insurance Regulation No. 152.<br>*The Plan has complied with this recommendation.* | 6 |
| | Advertising | |
| 2. | It is recommended that GHI comply with the requirements of Parts 215.9(a) and (c) of Insurance Regulation No. 34 by disclosing the source of the statistics used in its advertisements and by retaining support for the accuracy for all such statements made in its advertisements.<br>*The Plan has complied with this recommendation.* | 9 |
| 3. | It is recommended that GHI comply with the requirements of Parts 215.3(a) and 215.5(a) of Insurance Regulation No. 34 by discontinuing the listing of GHI HMO as a separate insurance entity in its advertisements and on its webpages.<br>*The Plan has complied with this recommendation.* | 10 |
| | Grievances and Appeals | |
| 4. | It is recommended that GHI exercise greater care in its filing of Schedule M to ensure the accuracy of the information being reported.<br>*The Plan has complied with this recommendation.* | 10 |

**ITEM NO.** **PAGE NO.**

Grievances and Appeals (Cont'd)

**ITEM NO.** **PAGE NO.**

Grievances and Appeals (Cont'd)

12. It is recommended that GHI comply with the requirements of its internal Process No. EO.OP.GA.COM.11 by sending acknowledgement letters within the required timeframe. 15

*The Plan has complied with this recommendation.*

13. It is recommended that GHI comply with the requirements of its internal Process No. EO.CS.GC.01 by issuing acknowledgement letters and determination letters for all of its complaints within fifteen calendar days. 16

*The Plan has complied with this recommendation.*

Declinations – Direct Pay / Group

14. It is recommended that GHI comply with the requirements of Part 243.2(b)(2) of Insurance Regulation No. 152 by ensuring that its underwriting files, including declination letters and written notices of denials, are retained for the required timeframe(s). 17

*The Plan has not complied with this recommendation. A similar recommendation is included in this report on examination.*

Disclosure of Information

15. It is recommended that GHI comply with the requirements of Section 4324(a)(17) of the New York Insurance Law by offering its members the option of receiving a full hard-copy provider directory and by producing and sending the full hard-copy provider directory to its current and prospective members, upon request. 18

*The Plan has complied with this recommendation.*

Underwriting and Rating

16. It is recommended that GHI comply with the requirements of Section 4308(b) of the New York Insurance Law by ensuring that all policies that are experience rated are developed in accordance with its filed rate manual/formula. 19

*The Plan has complied with this recommendation.*

**ITEM NO.** **PAGE NO.**

Underwriting and Rating (Cont'd)

17. It is also recommended that GHI ensure that its underwriting files are documented in a clear manner showing its rate development leading up to the final rate. 19

*The Plan has complied with this recommendation.*

Agents and Brokers

18. It is also recommended that GHI comply with the requirements of Part 243.2(b)(8) of Insurance Regulation No. 152 by ensuring that documentation of NYDFS filing of its agent appointments is retained for the required timeframe. 20

*The Plan has complied with this recommendation.*

19. It is recommended GHI maintain sufficient details and documentation to support the accuracy of its commission payments. 21

*The Plan has complied with this recommendation.*

20. It is recommended that GHI follow the foregoing internal control recommendation to strengthen its controls over self-deducted commissions. 22

*The Plan has complied with this recommendation.*

21. It is also recommended that GHI strengthen its oversight over its management of its general agents. 22

*The Plan has complied with this recommendation.*

22. It is further recommended that GHI recoup from CAI the full amount of all overpayments. 22

*The Plan has complied with this recommendation.*

Utilization Reviews and Appeals

23. It is recommended that GHI properly classify its utilization reviews. 23

*The Plan has complied with this recommendation.*

**ITEM NO.** **PAGE NO.**

Utilization Reviews and Appeals (Cont'd)

**ITEM NO.** **PAGE NO.**

Utilization Reviews and Appeals (Cont'd)

30. It is recommended that GHI comply with the requirements of Section 4904(d) of the New York Insurance Law by ensuring that all appeals are conducted by clinical peer reviewers who did not perform the initial utilization review on said appeal. 28

*The Plan has complied with this recommendation.*

31. It is recommended that GHI comply with the requirements of Section 4904(c) of the New York Insurance Law by providing written acknowledgment of the filing of the appeal to the appealing party within fifteen days of such filing and by making a determination with regard to the appeal within sixty days of receipt of the necessary information. 29

*The Plan has complied with this recommendation.*

32. It is recommended that GHI comply with the requirements of Part 410.9(e) of Insurance Regulation No. 166 and Federal Regulation 29 C.F.R. 2560.503-1(j) by including all of the required information in its Final Adverse Determination letters and those used by its utilization review delegates. 31

*The Plan has complied with this recommendation.*

33. It is recommended that GHI remove the reference of GHI HMO Select, Inc. from the footer of its FAD letters. 31

*The Plan has complied with this recommendation.*

34. It is recommended that GHI comply with the requirements of Section 4903(b) of the New York Insurance Law by providing telephonic notification of the determination to the insured or the insured's designee and the insured's health care provider for all of its prospective reviews. 32

*The Plan has complied with this recommendation.*

35. It is recommended that GHI / CareCore comply with the requirements of Section 4903(b) of the New York Insurance Law by providing notice of a determination to the insured or insured's designee and the insured's health care provider, by telephone and in writing, within three business days of receipt of the necessary information. 33

*The Plan has complied with this recommendation.*

**ITEM NO.** **PAGE NO.**

Utilization Reviews and Appeals (Cont'd)

**ITEM NO.** **PAGE NO.**

Utilization Reviews and Appeals (Cont'd)

## 11. SUMMARY OF COMMENTS AND RECOMMENDATIONS

Respectfully submitted,

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Wai Wong, CFE
Financial Services Manager 2

STATE OF NEW YORK )
)SS.
)
COUNTY OF NEW YORK)

**Wai Wong**, being duly sworn deposes and says that the foregoing report submitted by her is true to the best of her knowledge and belief.

_____

Wai Wong

Subscribed and sworn to before me
this_____ of_____, 2023.

*APPOINTMENT NO.* **31933**

*NEW YORK STATE*

# *DEPARTMENT OF FINANCIAL SERVICES*

*I,* ***LINDA A. LACEWELL****, Acting Superintendent of Financial Services of the State of New York, pursuant to the provisions of the Financial Services Law and the Insurance Law, do hereby appoint:*

***Wai Wong***

*as a proper person to examine the affairs of the*

***Group Health Incorporated***

*and to make a report to me in writing of the said*

***Plan***

*with such other information as he shall deem requisite.*

*In Witness Whereof, I have hereunto subscribed my name and affixed the official Seal of the Department at the City of New York*

*this 12th day of April, 2019*

*LINDA A. LACEWELL*
*Acting Superintendent of Financial Services*

*By:* _____

*Lisette Johnson*
*Bureau Chief*
*Health Bureau*