MARKET CONDUCT REPORT ON EXAMINATION

OF

EXCELLUS HEALTH PLAN, INC.

AND

MEDAMERICA INSURANCE COMPANY OF NEW YORK

AS OF DECEMBER 31, 2018

EXAMINER: **GAIL A ROSS**

DATE OF REPORT: **February 14, 2024**

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February 14, 2024

Honorable Adrienne A. Harris
Acting 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 Numbers 31874 and 31872, dated March 19, 2019 and March 16, 2019, annexed hereto, I have made an examination into the affairs of Excellus Health Plan, Inc. of New York, a non-profit health service corporation licensed pursuant to the provisions of Article 43 of the New York Insurance Law, and its subsidiary, MedAmerica Insurance Company of New York, Inc., an accident and health insurer licensed pursuant to the provisions of Article 42 of the New York Insurance Law, as of December 31, 2018, and submit the following report thereon.

The examination was conducted at the home office of Excellus Health Plan, Inc. and MedAmerica Insurance Company of New York, located at 165 Court Street, Rochester, New York.

Wherever the designations, “EHP” or the “Plan” appear herein, without qualification, they should be understood to indicate Excellus Health Plan, Inc. a wholly-owned subsidiary of Lifetime Healthcare, Inc.

Wherever the designation the “Ultimate Parent” appears herein, without qualification, it should be understood to indicate Lifetime Healthcare, Inc., a not-for-profit holding company.

Wherever the designations “MANY” or the “Company” appear herein, without qualification, they should be understood to indicate MedAmerica Insurance Company of New York, Inc.

Wherever the designation “EHP Companies” appears herein, without qualification, it should be understood to indicate Excellus Health Plan, Inc. and MedAmerica Insurance Company of New York, Inc., collectively.

Wherever the designation the “Department” appears herein, without qualification, it should be understood to indicate the New York State Department of Financial Services.

1. SCOPE OF THE EXAMINATION

The prior examination of the EHP Companies were conducted as of December 31, 2013. This market conduct examination of the EHP Companies covers the five-year period January 1, 2014, through December 31, 2018, and was performed to review the manner in which the EHP Companies conduct their business practices and fulfills their contractual obligations to policyholders and claimants. Market conduct activities occurring subsequent to this period were also reviewed where deemed appropriate by the examiner.

The review of MANY was general in nature and was not to be construed to encompass the more precise scope of a market conduct examination. No findings were noted during the MANY examination.

This report on examination 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 the EHP Companies regarding the comments and recommendations related to the market conduct items contained in the prior report on examination. The results of the examiner's review are contained in Item 8 of this report.

Separate risk-focused examinations regarding the financial condition of Excellus Health Plan, Inc. and MedAmerica Insurance Company of New York were conducted as of December 31, 2018 and reports have been submitted thereon.

2. DESCRIPTION OF THE COMPANIES

Excellus Health Plan, Inc. is a domestic not-for-profit health service corporation organized and licensed pursuant to Article 43 of the New York Insurance Law. The Plan operates under two assumed (d/b/a) names for its Article 43 business, Excellus BlueCross BlueShield and Univera Healthcare. Excellus BlueCross BlueShield provides hospital, surgical-medical, major medical/comprehensive, dental and prescription drug coverages within the Rochester, Central NY, Southern Tier, Utica and North Country regions of New York State. Univera Healthcare provides hospital, medical, dental and prescription drug coverages within an eight county area of western New York State.

The Plan also holds a Certificate of Authority under Article 44 of the New York Public Health Law to operate Excellus Health Plan, Inc. d/b/a Upstate HMO, Univera Healthcare HMO as a separate line of business. The latter two d/b/a names pertain to the Plan's HMO operations within an eight county region of the western region of New York State.

At the examination date, Lifetime Healthcare, Inc. was the sole member of Excellus Health Plan, Inc. On January 23, 2004, Excellus Inc. changed its name to Lifetime Healthcare, Inc., d/b/a The Lifetime Healthcare Companies. Excellus Health Plan, Inc. is the surviving entity resulting from the mergers of the Blue Cross/Blue Shield Plans in the Rochester, Central New York, and Utica-Watertown regions and HMO's in Central and Western New York; including HMO-CNY and Univera Healthcare of Central and Western New York.

At December 31, 2018, EHP reported total surplus in the amount of $1,137,494,884 which was available for the fulfilment of its contractual obligations to its policyholders and claimants.

MedAmerica Insurance Company of New York ("MANY" or the "Company") is an accident and health insurer, licensed pursuant to Article 42 of the New York Insurance Law and incorporated on November 2, 1987. MANY is licensed to underwrite long- term care insurance which provides coverage for care at nursing homes and private residences. MANY also assumes a small amount of long-term care insurance from other entities.

MANY is a wholly-owned subsidiary of MedAmerica, Inc. ("MAI"), MANY's immediate parent. MedAmerica, Inc. is also the parent of MedAmerica Insurance Company of Pennsylvania ("MAPA") which in turn is the parent of MedAmerica Insurance Company of Florida ("MAFL"). MAI is a wholly-owned subsidiary of Excellus Health Plan, Inc. ("EHP"). EHP is a not-for-profit corporation, and is a subsidiary of Lifetime Healthcare, Inc. ("Lifetime") by virtue of Lifetime being EHP's sole member.

MANY is not selling any new long term care policies. It ceased selling individual long term care policies in New York effective February 15, 2016 and ceased selling group long-term care insurance policies in New York effective May 1, 2016.

At December 31, 2018, MANY reported total surplus in the amount of $20,157,925 which was available for the fulfilment of its contractual obligations to its policyholders and claimants.

3. STANDARDS FOR PROMPT, FAIR AND EQUITABLE SETTLEMENT OF CLAIMS FOR HEALTH CARE SERVICES ("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 within 45 days of receipt for 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.

Section 3224-a(b) of the New York Insurance Law requires all insurers in cases where the obligation of an insurer to pay a claim is not reasonably clear to notify the policyholder, covered person or health care provider in writing within thirty calendar days of the receipt of the claim that it is not obligated to pay the claim, stating the specific reasons why it is not liable; or to request all additional information needed to determine liability to pay the claim.

A review of EHP's compliance with Section 3224-a of the New York Insurance Law was conducted during the examination. Although there were instances of certain claims exceeding the time frames specified by the above sections of the Law, no material issues were noted by the examiner.

4. UTILIZATION REVIEW

With respect to the examiner's review of the EHP utilization review processes and procedures, the following was noted of its non-HMO business.

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..."

During the examination a sample of twenty-five (25) prospective determination cases were reviewed. The examiner found eleven (11) cases whereby EHP failed to make a determination

within three business days of receipt of the necessary information in violation of Section 4903(b) of the New York Insurance Law.

It is recommended that EHP comply with Section 4903(b) of the New York Insurance Law by making a utilization review determination involving health care services which require pre-authorization and provide notice of such determination within three business days of receipt of the necessary information.

A similar recommendation appeared in the prior report.

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

> "A utilization review agent shall make a determination involving continued or extended health care services, additional services for an insured undergoing a course of continued treatment prescribed by a health care provider, or home health care services following an inpatient hospital admission, 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…"

During the examination a sample of twenty-five (25) concurrent determination cases were reviewed. The examiner found eight (8) cases whereby EHP failed to make a determination within one business day of receipt of the necessary information in violation of Section 4903(c) of the New York Insurance Law.

It is recommended that EHP comply with Section 4903(c) of the New York Insurance Law by making a utilization review determination involving continued or extended health care services and provide notice of such determination within one business day of receipt of necessary information.

A similar recommendation appeared in the prior report.

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."

During the examination a sample of twenty-five (25) retrospective review determination cases were reviewed. The examiner found sixteen (16) cases whereby EHP failed to make a determination within thirty days of receipt of the necessary information in violation of Section 4903(d) of the New York Insurance Law.

It is recommended that EHP comply with Section 4903(d) of the New York Insurance Law by making a utilization review determination involving health care services which have been delivered within thirty days of receipt of the necessary information.

A similar recommendation appeared in the prior report.

With respect to the examiner's review of the EHP utilization review processes and procedures, the following was noted of its HMO business.

Section 4903(4) of the New York Public Health 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."

During the review of retrospective determination cases, the examiner found one (1) out of five (5) cases reviewed, whereby EHP failed to make a determination within thirty days of receipt of the necessary information in violation of Section 4903(4) of the New York Public Health Law.

It is recommended that EHP comply with Section 4903(4) of the New York Public Health Law by making a utilization review determination involving health care services which have been delivered within thirty days of receipt of the necessary information.

The table below summarizes the total population of utilization reviews and utilization review appeals for EHP and its HMO line of business. The total number of sampled errors found from the examiners review was extrapolated the total population for EHP and its HMO line of business.

2018 UTILIZATION REVIEW
SUMMARY OF VIOLATIONS OF UTILIZATION REVIEW

EHP	**Prospective**	**Concurrent**	**Retrospective**	**Appeals**
Total population	17,104	9,738	4,348	58
Sample size	25	25	25	15
Violations	11	8	16	0
HMO-LOB				
Total population	692	106	566	0
Sample size	5	5	5	0
Violations	0	0	1	0
TOTAL EHP AND HMO				
Total population	17,796	9,844	4,914	58
Sample size	30	30	30	15
Violations	11	8	17	0
Calculated violation rate	36.67%	26.67%	56.67%	
Estimated violations	6,526	2,625	2,785	

5. GRIEVANCES AND APPEALS

Section 4802 of the New York Insurance Law and Section 4408-a of the New York Public Health Law sets forth the minimum requirements of grievance and appeals procedures for insurers which offer a managed care product. EHP offers managed care products through its line of business HMO.

EHP provided a listing of 2,135 grievances adjudicated January 1, 2018 to December 31, 2018. From the 2,135 grievances adjudicated, 115 were appealed.

Sections 4802(d), (d)(2) and (3) of the New York Insurance Law states, in part:

> "(d) …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… All grievances shall be resolved in an expeditious manner, and in any event, no more than…
> (2) thirty days after the receipt of all necessary information in the case of requests for referrals or determinations concerning whether a requested benefit is covered pursuant to the contract…
> (3) forty-five days after the receipt of all necessary information in all other instances."

Sections 4408-a.(4)(iii) of the New York Public Health Law states, in part:

> "4. 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. All grievances shall be resolved in an expeditious manner, and in any event, no more than…
> (iii) forty-five days after the receipt of all necessary information in all other instances."

In order to establish compliance with the cited above-mentioned laws, the examiner obtained a sample of 15 member grievances from a population of 60 cases deemed late. From this review the examiner noted the following.

It was determined that in seven (7) out of the twelve (12) cases, which were subject to the New York Insurance Law, and three (3) out of three (3) cases that were subject to the Public Health Law, EHP failed to acknowledge the grievance within fifteen business days of receipt in violation of Section 4802(d) of the New York Insurance Law and Sections 4408-a(4) of the New York Public Health Law.

It was determined that in one (1) out of the twelve (12) cases that were subject to the New York Insurance Law, EHP failed to resolve the grievance within thirty days after receipt of all necessary information in the case of requests for referrals or determinations concerning whether a requested benefit is covered pursuant to the contract, in violation of Section 4802(d)(2) of the New York Insurance Law.

It was determined that in six (6) out of the twelve (12) cases that were subject to the New York Insurance Law, and three (3) out of three (3) cases that were subject to the New York Public Health Law, EHP failed to resolve the grievance in forty-five days after receipt of all necessary information in all other cases, in violation of Section 4802(d) of the New York Insurance Law and Section 4408-a(4) of the New York Public Health Law.

It is recommended that EHP comply with Section 4802(d) of the New York Insurance Law and Section 4408-a(4) of the New York Public Health Law by acknowledging receipt of a grievance within fifteen business days of receipt.

A similar recommendation appeared in the prior report.

It is recommended that EHP comply with Section 4802(d)(2) of the New York Insurance Law by resolving all grievance in the case of requests for referrals or determinations concerning

whether a requested benefit is covered no more than thirty days after the receipt of all necessary information.

A similar recommendation appeared in the prior report.

It is recommended that EHP comply with Section 4802(d)(3) of the New York Insurance Law and Section 4408-a(4)(iii) of the New York Public Health Law by resolving all grievance in all other instances no more than forty-five days of receipt of all necessary information.

Sections 4802(i) and (k)(2) of the New York Insurance Law states, in part:

> "(i) Within fifteen business days of receipt of the appeal, the insurer shall provide written acknowledgment of the appeal, including the name, address and telephone number of the individual designated by the insurer to respond to the appeal and what additional information, if any, must be provided in order for the insurer to render a decision…
> (k) The insurer shall seek to resolve all appeals in the most expeditious manner and shall make a determination and provide notice no more than…
> (2) thirty business days after the receipt of all necessary information in all other instances."

From a listing of 115 grievance appeal cases, the examiner was able to identify three (3) cases where EHP may have failed to acknowledge or resolve the appeal within the specified time frames. In order to establish compliance with the cited laws, the examiner reviewed all three (3) grievance appeal cases and found that in two (2) out of three (3) cases, EHP failed to acknowledge the appeal within fifteen business days of receipt of the appeal, in violation of Section 4802(i) of the Insurance Law.

It was also determined that EHP failed in three (3) out of the three (3) cases reviewed, to resolve the appeal and issue a determination letter within thirty business days after the receipt of all necessary information in violation of Section 4802(k)(2) of the Insurance Law.

It is recommended that EHP comply with Section 4802(i) of the New York Insurance Law by acknowledging receipt of all appeals within fifteen business days of receipt of the appeal.

A similar recommendation appeared in the prior report.

It is also recommended that EHP comply with Section 4802(k)(2) of the New York Insurance Law by resolving the appeal and issue a determination letter within thirty business days after the receipt of all necessary information.

A similar recommendation appeared in the prior report.

The table below summarizes the total population of grievance reviews and appeals for EHP and its HMO line of business. The total number of sampled errors found from the review were extrapolated over the total population for EHP and its HMO line of business.

2018 GRIEVANCE AND APPEALS
SUMMARY OF VIOLATIONS OF GRIEVANCE AND APPEAL

EHP	**GRIEVANCE**	**APPEAL**
Total population	47	3
Sample size	12	3
Violations	7	3
HMO-LOB		
Total population	10	0
Sample size	3	0
Violations	3	0
TOTAL EHP AND HMO		
Total population	57	3

Sample size	15	3
Violations	10	3
Calculated violation rate	66.66%	100%
Estimated violations	38	3

6. SCHEDULE M

The New York Supplement Instructions pertaining to filing Schedule M states the following:

> "…Article 49 of the Insurance Law establishes utilization review ("UR") standards and reporting requirements for Article 43 corporations. UR is generally defined as the review to determine whether health care services are medically necessary. Subscribers who receive adverse UR determinations are entitled to appeal such determinations… The schedule should set forth results for the entire calendar year…"

Sections 210(b)(1) and (2) of the New York Insurance Law states, in part:

> "(b) Beginning September first, nineteen hundred ninety-nine and annually thereafter, the superintendent shall include in such guide, and insurers and entities certified pursuant to article forty-four of the public health law shall provide to the superintendent the information required for such guide in a timely fashion, the following information…
> (1) the number of grievances filed pursuant to 4408-a of the Public Health Law (as added by Chapter 705 of the Laws of 1996) or Section 4802 of the Insurance Law, and the number of such grievances where a determination was reversed in whole or in part compared to the number of determinations that were upheld.
> (2) The number of appeals to utilization review determinations which were filed pursuant to article forty-nine of the public health law or article forty-nine of this chapter and the number of such determinations which were reversed versus the number of such determinations which were upheld."

During the review of the 2018 Schedule M filing in the New York State Department of Financial Services' Supplements, for EHP, and the Data Requirements for the HMO's line of business (Upstate HMO and Univera Healthcare HMO), the examiner noted that EHP incorrectly reported its respective total number of grievances and utilization review appeals in both the Supplements and Data Requirements.

It is recommended that EHP comply with the instructions of the NYS Supplemental Annual Statement Filings and Section 210 of the New York State Insurance Law, by correctly reporting the grievances and appeals data in the respective Schedule M filings.

7. UNDERWRITING

Section 3231(a) and Section 4317(a) of the New York Insurance Law states, in part:

> "No individual health insurance policy and no group health insurance policy covering between one and fifty employees or members of the group or between one and one hundred employees or members of the group for policies issued or renewed on or after January first, two thousand sixteen exclusive of spouses and dependents, hereinafter referred to as a small group, providing hospital and/or medical benefits, including Medicare supplemental insurance, shall be issued in this state unless such policy is community rated …."

Under New York Insurance Law and the Patient Protection and Affordable Care Act ("PPACA"), the definition of "small group" is 1-100 Full Time Equivalents ("FTES"), effective January 1, 2016. The examiner noted that EHP incorrectly classified three (3) of thirty-seven (37) employer groups in 2017 and one (1) of thirty-one (31) employer groups in 2018 with more than 100 FTEs as small groups and issued community rated contracts those groups.

It is recommended as a good business practice that EHP establish procedures to ensure that only employer groups with less than 100 FTEs are classified as small groups.

8. COMPLIANCE WITH PRIOR REPORT ON EXAMINATION

The prior report on examination as of December 31, 2013, contained eighteen (18) comments and recommendations pertaining to the market conduct portion of the examination (page numbers refer to the prior report on examination):

ITEM NO		PAGE NO.
	Contraceptive Medical and Hospital Claims Processing ("PPACA")	
1.	It is recommended that Excellus take steps to ensure its providers are notified of and complying with any requirements to identify preventive claims under the Affordable Care Act including applying any required modifiers to claim submissions.	8
	The Plan has complied with this recommendation.	
2.	It is recommended that Excellus put in place procedures to ensure that claims are not denied in error for being out-of-network.	8
	The Plan has complied with this recommendation.	
	Contraceptive Drug Claims Processing	
3.	It is recommended that Excellus put in place procedures to ensure that subscribers are charged cost sharing correctly.	9
	The Plan has complied with this recommendation.	
4.	It is recommended that Excellus put in place procedures to ensure that contraceptive drug claims are paid correctly.	11
	The Plan has complied with this recommendation.	
	Claims Processing	
5.	It is recommended that Excellus put in place procedures to ensure that its claims are paid correctly.	12
	The Plan has complied with this recommendation.	

ITEM NO **PAGE NO.**

Standards for Prompt, Fair and Equitable Settlement of Claims for Health Care and Payments for Health Care Services ("Prompt Pay Law")

6. It is recommended that Excellus take steps to comply with the provisions of Section 3224-a(a) of the New York Insurance Law regarding the prompt payment of claims. 15

The Plan has complied with this recommendation.

7. It is also recommended that Excellus take steps to comply with the provisions of Section 3224-a(c) of the New York Insurance Law regarding the payment of interest on claims that were paid in violation of the aforementioned prompt payment standards. 15

The Plan has complied with this recommendation.

8. It is recommended that Excellus take steps to comply with the provisions of Section 3224-a(b) of the New York Insurance Law regarding the denial of claims. 17

The Plan has complied with this recommendation.

Experience Rating

9. It is recommended that Excellus comply with Section 4308(b) of the New York Insurance Law and Part 52.40(g)(1) of Insurance Regulation No. 62 (11 NYCRR 52) by experience rating policies only in accordance with a formula or plan approved by the Department. 19

The Plan has complied with this recommendation.

Utilization Review

10. It is recommended that Excellus and its third-party administrators comply with the requirements of Section 4903(b) of the New York Insurance Law. 20

The Plan has not complied with this recommendation. A similar recommendation appears in this report.

ITEM NO **PAGE NO.**

Utilization Review

11. It is recommended that Excellus and its third-party administrators comply with the requirements of Section 4903(c) of the New York Insurance Law. 21

The Plan has not complied with this recommendation. A similar recommendation appears in this report.

12. It is recommended that Excellus and its third-party administrators comply with the requirements of Section 4903(d) of the New York Insurance Law. 22

The Plan has not complied with this recommendation. A similar recommendation appears in this report.

13. It is recommended that Excellus and its third-party administrators comply with the requirements of Section 4903(e) of the New York Insurance Law. 22

The Plan has complied with this recommendation.

14. It is recommended that Excellus and its third-party administrators comply with the requirements of Section 4904(c) of the New York Insurance Law. 23

The Plan has complied with this recommendation.

Grievances and Appeals

15. It is recommended that Excellus comply with the requirements of Section 4802(d) of the New York Insurance Law and acknowledge receipt of all grievances within 15 business days of receipt of the grievance. 25

The Plan has not complied with this recommendation. A similar recommendation appears in this report.

ITEM NO **PAGE NO.**

Grievances and Appeals (cont)

16. It is recommended that Excellus comply with the requirements of Section 4802(d)(2) of the New York Insurance Law by resolving all grievances and issuing determination letters within 30 days of receipt of all necessary information. 26

The Plan has not complied with this recommendation. A similar recommendation appears in this report.

17. It is recommended that Excellus comply with the requirements of Section 4802(i) of the New York Insurance Law and acknowledge receipt of all appeals within 15 business days of receipt of the appeal. 26

The Plan has not complied with this recommendation. A similar recommendation appears in this report.

18. It is recommended that Excellus comply with the requirements of Section 4802(k)(2) of the New York Insurance Law by resolving all appeals and issuing determination letters within 30 days of receipt of all necessary information. 27

The Plan has not complied with this recommendation. A similar recommendation appears in this report.

9. SUMMARY OF COMMENTS AND RECOMMENDATIONS

ITEM		PAGE NO.
A.	Utilization review	
i.	It is recommended that EHP comply with Section 4903(b) of the New York Insurance Law by making a utilization review determination involving health care services which require pre-authorization and provide notice of such determination within three business days of receipt of the necessary information. A similar recommendation appeared in the prior report.	7
ii.	It is recommended that EHP comply with Section 4903(c) of the New York Insurance Law by making a utilization review determination involving continued or extended health care services and provide notice of such determination within one business day of receipt of necessary information. A similar recommendation appeared in the prior report.	7
iii.	It is recommended that EHP comply with Section 4903(d) of the New York Insurance Law by making a utilization review determination involving health care services which have been delivered within thirty days of receipt of the necessary information. A similar recommendation appeared in the prior report.	8
iv.	It is recommended that EHP comply with Section 4903(4) of the New York Public Health Law by making a utilization review determination involving health care services which have been delivered within thirty days of receipt of the necessary information.	9
B.	Grievances and appeals	
i.	It is recommended that EHP comply with Section 4802(d) of the New York Insurance Law and Section 4408-a(4) of the New York Public Health Law by acknowledging receipt of a grievance within fifteen business days of receipt. A similar recommendation appeared in the prior report.	11

ITEM		PAGE NO.
B.	Grievances and appeals (cont)	
ii.	It is recommended that EHP comply with Section 4802(d)(2) of the New York Insurance Law by resolving all grievance in the case of requests for referrals or determinations concerning whether a requested benefit is covered no more than thirty days after the receipt of all necessary information. A similar recommendation appeared in the prior report.	11
iii.	It is recommended that EHP comply with Section 4802(d)(3) of the New York Insurance Law and Section 4408-a(4)(iii) of the New York Public Health Law by resolving all grievance in all other instances no more than forty-five days of receipt of all necessary information.	12
iv.	It is recommended that EHP comply with Section 4802(i) of the New York Insurance Law by acknowledging receipt of all appeals within fifteen business days of receipt of the appeal. A similar recommendation appeared in the prior report.	13
v.	It is also recommended that EHP comply with Section 4802(k)(2) of the New York Insurance Law by resolving the appeal and issue a determination letter within thirty business days after the receipt of all necessary information. A similar recommendation appeared in the prior report.	13
C.	Schedule M	
	It is recommended that EHP comply with the instructions of the NYS Supplemental Annual Statement Filings and Section 210 of the New York State Insurance Law, by correctly reporting the grievances and appeals data in the respective Schedule M filings.	15
D.	Underwriting and Rating	
	It is recommended as a good business practice that EHP establish procedures to ensure that only employer groups with less than 100 FTEs are classified as small groups.	15

Respectfully submitted,

_____
Gail A. Ross
Financial Services Examiner 2

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

_____
Gail A. Ross

Subscribed and sworn to before me

this _____ day of_____2024

APPOINTMENT NO. **31872**

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:*

Gail Ross

as a proper person to examine the affairs of the

Excellus Health Plan, Inc.

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

Plan

with such other information as she 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 19th day of March, 2019

LINDA A. LACEWELL
Acting Superintendent of Financial Services

By: _____

Lisette Johnson
Bureau Chief
Health Bureau

APPOINTMENT NO. 31874

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:*

Gail Ross

as a proper person to examine the affairs of the

MedAmerica Insurance Company of New York

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

Company

with such other information as she 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 16th day of May, 2019

LINDA A. LACEWELL
Acting Superintendent of Financial Services

By: _____

Lisette Johnson
Bureau Chief
Health Bureau