STATE OF ARIZONA FILED

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DEPT CONSURANCE

STATE OF ARIZONA

DEPARTMENT OF INSURANCE

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Docket No. 09A-142-INS

In the Matter of:

GUARANTEE TRUST LIFE INSURANCE
COMPANY,

NAIC # 64211,

Respondent

CONSENT ORDER

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Examiners for the Department of Insurance ("the Department") conducted a targeted market conduct examination of Guarantee Trust Life Insurance Company ("the Company"). The Report of Targeted Examination of Guarantee Trust Life Insurance Company, dated as of December 31, 2007, ("the Report") alleges that the Company has violated Arizona Revised Statutes ("A.R.S.") §§ 20-448(B), 20-461(A)(1), (3), (4) and (15), 20-462(A), 20-2533(D), and 20-2536(A), and Arizona Administrative Code ("A.A.C.") R20-6-801(D)(1), (F), and (G)(1)(a).

The Company wishes to resolve this matter without formal proceedings, admits that the following Findings of Fact are true and consents to the entry of the following Conclusions of Law and Order.

FINDINGS OF FACT

- 1. The Company is authorized to transact life and disability insurance pursuant to a Certificate of Authority issued by the Director.
- 2. The Director authorized the Examiners to conduct a targeted market conduct examination of the Company. The examination covered the time period from January 1, 2007, through December 31, 2007, and concluded on June 30, 2009.

 Based on the examination findings, the Examiners prepared the Report, dated December 31, 2007.

- 3. The Company used four claims processing systems during the examination period:
 - a. Home Office ("HO")
 - b. Insurers Administrative Corporation ("IAC")
 - c. Allied National Corporation ("ANC")
 - d. First Administrators ("FA")
- 4. The Company denied claims without conducting a timely and reasonable investigation:
 - a. In HO claims filed under policy number GC-1200 before October 1,
 2007, for physical therapy, although the policy did not exclude coverage for these services;
 - b. In eight (24%) of 34 HO claims using Reason Code LT, which provided a letter sent on or after the date of denial requesting additional information to consider the claim;
 - c. In the case of HO claims with multiple diagnosis codes by considering only one of multiple diagnoses listed on the original claim in determining whether to deny the claims for preexisting conditions; and
 - d. In 11 (24%) of 45 IAC claims denied using Reason Codes 17 and/or 21.
- 4. After the Company determined that policy GC-1200 did not exclude benefits for physical therapy, the Company began to pay claims for these services going forward on and after October 1, 2007, but did not reconsider any claims denied prior to that date.

- 5. The Company failed to provide a reasonable explanation for denied claims in sufficient detail to allow the insured and/or provider to prepare a meaningful appeal:
 - a. In 91 (71%) of 129 HO files denied as "not covered;"
 - b. In eight (24%) of 34 HO files denied using "free form text;" and
 - c. In seven (16%) of 45 IAC files denied as "not covered."
- 6. In denying claims, the Company used forms at each of its four claims processing systems that:
 - a. Failed to prominently display the notice of the right to appeal (HO and IAC claim systems);
 - b. Misstated the time allowed for filing a first-level appeal (IAC, ANC, and FA claim systems);
 - c. Misstated the available levels of appeals (ANC) claim system; and/or
 - d. Failed to correctly identify the name of the issuing carrier (ANC and FA claim systems).
- 7. The Company's HO and IAC systems each adopted methods for calculating interest in a manner that resulted in the underpayment of interest to insureds on first party claims not paid within 30 days of receipt of acceptable proofs of loss.

CONCLUSIONS OF LAW

1. The Company violated A.R.S. § 20-461(A)(3) and (4) and A.A.C. R20-6-801(F) by failing to conduct a timely and reasonable investigation before denying claims.

- 2. The Company violated A.R.S. § 20-448(B) by unfairly discriminating against insureds who filed claims for physical therapy before October 1, 2007, where the policy form GC-1200 did not exclude coverage for physical therapy, and although the Company paid similar claims filed on and after that date.
- 3. The Company violated A.R.S. §§ 20-461(A)(1) and 20-2533(D) by failing to:
 - a. Prominently display the notice of the right to appeal on its EOBs;
 - b. Provide accurate information regarding the available levels of appeal.
- 4. The Company violated A.R.S. §§ 20-461(A)(1) and 20-2536(A) by misstating the time limit for filing a first level appeal.
- 5. The Company violated A.R.S. § 20-461(A)(1) and A.A.C. R20-6-801(D)(1) by failing to provide correct information regarding the name of the issuing insurer.
- 6. The Company violated A.R.S. § 20-461(A)(15) and A.A.C. R20-6-801(G)(1)(a) by failing to provide a reasonable explanation for the denial of claims.
- 7. The Company violated A.R.S. § 20-462(A) by failing to pay the correct interest to insureds on first party claims not paid within 30 days of receipt of acceptable proofs of loss.

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ORDER

IT IS ORDERED THAT:

- 1. Guarantee Trust Life Insurance Company shall cease and desist from:
- a. failing to perform a timely and reasonable investigation prior to denying claims;
- b. unfairly discriminating among policyholders of like risk in the benefits payable an insurance policy or contract;
- c. failing to prominently display the notice of the right to appeal on its EOB forms and denial letters;
- d. failing to provide accurate information concerning the appeal process, including but not limited to the time limits for filing appeals and the levels of appeal available;
- e. failing to provide the correct name of the issuing insurer on all forms and correspondences related to the policy and/or claim;
- f. failing to provide a prompt and reasonable explanation for all claim denials; and
- g. failing to pay the correct amount of interest to insureds on first-party claims not paid within 30 days of receipt of acceptable proofs of loss.
 - 2. Within 180 days of filed date of this Order, the Company shall:
- a. Perform a self-audit of all HO claims involving multiple diagnoses denied for preexisting conditions during the three years prior to the date of the Report to determine whether other claims denied as preexisting have been denied inappropriately;
- b. Perform a self-audit of all HO physical therapy claims denied under policy form GC-1200 during the two years prior to October 1, 2007, to determine

whether other physical therapy claims had been denied inappropriately and without adequate investigation due to the fact that physical therapy services were covered under the policy;

- c. Perform a self-audit of all IAC claims denied under Reason codes 17 and 21 during the three years prior to the date of the Report to determine whether other claims denied under Reason codes 17 and 21 have been denied inappropriately and without adequate investigation due to the fact that the covered services were provided along with services that were not covered under the policy;
- d. Reprocess all claims identified by the self-audit as having been denied incorrectly;
- e. For all reprocessed claims, pay restitution to the insured with interest at the legal rate of 10% starting with the date of receipt of the original claim through the date of payment; and
- f. With each such payment, provide to the insured a letter, approved in advance by the Department, stating that an audit of claims following an examination by the Arizona Department of Insurance had resulted in the identification and correction of the previous denial.
- 3. Within 90 days of the filed date of this Order, the Company shall submit to the Arizona Department of Insurance, for approval, evidence that corrections have been implemented and communicated to the appropriate personnel, regarding all of the items listed above in Paragraph 1 of the Order section of this Consent Order. Evidence of corrective action includes but is not limited to memos, bulletins, emails, correspondence, procedures manuals, print screens and training materials.
- 4. The Department shall, through authorized representatives, verify that The Company has complied with all provisions of this Order.

5. The Company shall pay a civil penalty of \$38,000.00 to the Director for deposit in the State General Fund in accordance with A.R.S. § 20-220(B). This civil penalty shall be provided to the Market Conduct Examinations Section of the Department prior to the filing of this Order.

6. The Report of Examination of the Market Conduct Affairs of Guarantee Trust Life Insurance Company dated December 31, 2007, including the letter submitted in response to the Report of Examination, shall be filed with the Department after the Director has filed this Order.

DATED in Arizona this 20th day of November 2009.

Christina Urias Director of Insurance

CONSENT TO ORDER

- Guarantee Trust Life Insurance Company has reviewed the foregoing Order.
- Guarantee Trust Life Insurance Company admits the jurisdiction of the Director of Insurance, State of Arizona, admits the foregoing Findings of Fact, and consents to the entry of the Conclusions of Law and Order.
- 3. Guarantee Trust Life Insurance Company is aware of its right to a hearing, at which it may be represented by counsel, present evidence, and cross-examine witnesses. Guarantee Trust Life Insurance Company irrevocably waives its right to such notice and hearing and to any court appeals related to this Order.
- 4. Guarantee Trust Life Insurance Company states that no promise of any kind or nature whatsoever was made to it to induce it to enter into this Order and that it has entered into this Consent Order voluntarily.
- 5. Guarantee Trust Life Insurance Company acknowledges that the acceptance of this Order by the Director of Insurance, State of Arizona, is solely to settle this matter against it and does not preclude any other agency or officer of this state or its subdivisions or any other person from any other civil or criminal proceedings, whether civil, criminal, or administrative, as may be appropriate now or in the future.
- 6. <u>Richard S. Holson, TIT</u>, who holds the office of <u>President</u> of Guarantee Trust Life Insurance Company, is authorized to enter into this Order for it and on its behalf.

Nov. 16, 2009 Date GUARANTÉE TRUST LIFE INSURANCE COMPANY

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1	COPY of the foregoing mailed/delivered
2	this <u>23rd</u> day of <u>November</u> , 2009, to:
3	Gerrie Marks
4	Deputy Director Mary Butterfield
5	Assistant Director Consumer Affairs Division
6	Helene I. Tomme Market Examinations Supervisor
7	Market Oversight Division Dean Ehler
8	Assistant Director
9	Property and Casualty Division Steve Ferguson
10	Assistant Director Financial Affairs Division
11	David Lee Chief Financial Examiner
12	Alexandra Shafer Assistant Director
13	Life and Health Division Chuck Gregory
14	Special Agent Supervisor Investigations Division
15	Investigations Division
16	DEPARTMENT OF INSURANCE
17	2910 North 44th Street, Suite 210 Phoenix, AZ 85018
18	
19	
20	Theresa A. Tyc Director, Product Approval and Compliance
21	Guarantee Trust Life Insurance Company
22	1275 Milwaukee Ave. Glenview, IL 60025
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24	2 +
25	Cierrey Descor