STATE OF ARIZONA FILED

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STATE OF ARIZONA

DEPARTMENT OF INSURANCE

In the Matter of:

ENTERPRISE LIFE INSURANCE COMPANY AND NATIONAL FOUNDATION LIFE INSURANCE COMPANY,

Petitioners.

No. 17A-093-INS

ORDER

On May 3, 2018, the Office of Administrative Hearings, through Administrative Law Judge Velva Moses-Thompson, issued an Administrative Law Judge Decision ("Recommended Decision"), received by the Interim Director of the Department of Insurance ("Interim Director") on May 4, 2017, a copy of which is attached and incorporated by this reference. The Interim Director of the Department of Insurance has reviewed the Recommended Decision and enters the following Order:

- The Interim Director adopts the Recommended Findings of Fact paragraphs 1 through 18.
- 2. The Interim Director rejects the Recommended Findings of Fact paragraph 19 because Arizona Revised Statutes ("A.R.S.") § 20-1380(D) does not require an "intent to withdraw." Instead, the statute requires that the insurer perform an act: "... elects to discontinue offering ..." In this case, by failing to file rates for new ACA-compliant policies to be issued in 2018, Petitioners "elected to discontinue offering" within the meaning of the statute.
- 3. The Interim Director rejects the Recommended Findings of Fact paragraph 20 because the Administrative Law Judge ("ALJ") overemphasizes the importance of the word "all" in the statute which reads: "If a health care insurer elects to discontinue offering all

- health insurance coverage in the individual market in this state, . . ." A.R.S. § 20-1380(D). The purpose of the statute is to maintain a vigorous individual market and presumes an insurer will be continuously offering policies to individuals for purchase, not relying on renewal of its existing closed blocks of business, to be an active participant in the market. The ALJ's emphasis on "all" changes the meaning of the statute so as to substitute the word "renewing" for the word "offering."
- The Interim Director adopts the Recommended Conclusions of Law,
 Paragraphs 1 through 8.
- 5. The Interim Director rejects the phrase "and the offer to renew existing policies" of Recommended Conclusion of Law, Paragraph 9 and rejects Recommended Conclusion of Law, Paragraphs 10, 11 and 12 with the following justification:

The Department does not consider the renewal of an existing policy to constitute an "offer to renew existing policies." In the Department's interpretation and in the context of the individual health insurance market, "offering" constitutes an act by the insurer calculated to procure new business, not to merely retain existing enrollees. This interpretation of the statute could have devastating effects upon Arizona's already threatened individual health insurance market because it would remove any incentive for companies to offer coverage to consumers who are seeking individual health insurance coverage.

Although it is true that Petitioners continue to renew their grandfathered policies and traditional health plans, those renewals alone are not enough to save them from a determination that they have elected to discontinue offering all health insurance coverage. The 5-year exit requirement is calculated by the legislature to be a disincentive to companies who may wish to engage in exactly the type of behavior in which Petitioners are engaged.

6. The Interim Director rejects the ALJ's Recommended Order and declines to rescind the October 16, 2017 letter requiring Petitioners to submit an informational filing in the System for Electronic Rate and Form Filings (SERFF), provide formal notice to the Interim Director of the companies' exit from the individual health insurance market effective December 31, 2017, including a copy of the notice that will be sent to members pursuant to A.R.S. § 20-1380(D).

NOTIFICATION OF RIGHTS

Pursuant to Arizona Revised Statutes ("A.R.S.") § 41-1092.09, Petitioners may request a rehearing with respect to this order by filling a written motion with the Interim Director of the Department of Insurance within 30 days of the date of this Order, setting forth the basis for relief under A.A.C. R20-6-114(B). Pursuant to A.R.S. § 41-1092.09, it is not necessary to request a rehearing before filing an appeal to Superior Court. Petitioners may appeal the final decision of the Interim Director to the Superior Court of Maricopa County for judicial review pursuant to A.R.S. § 20-166. A party filing an appeal must notify the Office of Administrative Hearings of the appeal within ten days after filing the complaint commencing the appeal, pursuant to A.R.S. § 12-904(B).

DATED this 21^{54} day of May, 2018.

Keith A. Schraad, Interim Director Arizona Department of Insurance

COPY of the foregoing mailed/delivered this

23 rd day of May , 2018, to:

S. David Childers

Tasha N. Cycholl

Jennifer L. Kraham

Kutak Rock LLP

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MAY 04 2018

IN THE OFFICE OF ADMINISTRATIVE HEARINGS

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In the Matter of:

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No. 17A-093-INS

ADMINISTRATIVE LAW JUDGE DECISION

Petitioners.

Enterprise Life Insurance Company and

National Foundation Life Insurance

HEARING: March 16, 2018, with the record held open until April 13, 2018.

<u>APPEARANCES</u>: David Childers, Esq. and Tasha N. Cycholl, Esq. appeared on behalf of Enterprise Life Insurance Company and National Foundation Life Insurance Company.

ADMINISTRATIVE LAW JUDGE: Velva Moses-Thompson

FINDING OF FACT

- Enterprise Life Insurance Company ("Enterprise Life") is a life and disability insurer, domiciled in Texas and authorized to transact insurance n Arizona since 1983.
- 2. National Foundation Life Insurance Company ("National Foundation") is a life and disability insurer, domiciled in Texas and authorized to transact insurance in Arizona since 1973.
- 3. The deadline for insurance companies to file individual health insurance market rates ("rates") with the Arizona Department of Insurance ("Department") in order to offer coverage during 2018 was June 1, 2017.
- 4. Enterprise Life did not file 2018 rates for new ACA-compliant policies to be issued in 2018, as Enterprise Life did not intend to offer any such new business for insurance in 2018.

Office of Administrative Hearings 1740 West Adams Street, Lower Level Phoenix, Arizona 85007 (602) 542-9826

- 5. Enterprise Life did not file new rates for transitional business with the Department by June 1, 2017.
- 6. Enterprise Life previously filed rates for its previously issued transitional policies.
- 7. National Foundation did not file 2018 rates for new ACA-compliant policies to be issued in 2018, as National Foundation did not intend to offer any such new business for insurance in 2018.
- 8. National Foundation did not file new rates for transitional business with the Department by June 1, 2017.
- 9. National Foundation previously filed rates for its previously issued transitional policies.
- 10. On June 2, 2017, the Department contacted Enterprise Life and National Foundation to inquire if the companies intended to file rates or withdraw from the Arizona individual health insurance market.
- 11. On June 5, 2017, Enterprise Life and National Foundation issued a written response to the Department explaining that Enterprise Life and National Foundation had no intention of withdrawing from the Arizona individual health insurance market.
- 12. On October 16, 2017, the Department ordered Enterprise Life and National Foundation to submit an information filing in the System for Electronic Rate and Form Filings, providing formal notice to the Director of the companies' exit from the individual health insurance market effective December 31, 2017, including a copy of the notice that will be sent to members.
- 13. On November 15, 2017, Enterprise Life and National Foundation filed an appeal of the Department's order in the October 16, 2017 Letter.

- 14. On December 5, 2017, the Department issued a Notice of Hearing setting the above-captioned matter for hearing on January 9, 2018 at the Office of Administrative Hearings in Phoenix, Arizona. ¹
- 15. In the Notice of Hearing, the Department alleged that Petitioners violated 45 C.F.R. section 147.104(a), 45 C.F.R. 156.80, ARIZ. REV. STAT. section 20-1380(D) and (E), ARIZ. REV. STAT. Title 20, ARIZ. REV. STAT. section 20-220(A)(1) and (2).
- 16. Enterprise Life and National Foundation filed a response to the Notice of Hearing denying that it violated any of the statutes listed in the Department's Notice of Hearing.
 - 17. A hearing was held on March 16, 2018.
- 18. Enterprise Life and National Foundation presented the testimony of Kathy Steadman, Esq., and Konrad Kober, President of Enterprise Life, and Vice President and Secretary of National Foundation. The Department presented the testimony of Erin H. Klug, Assistant Director of Market Oversight at the Department.
- 19. Enterprise Life and National Foundation did not intend to withdraw from the Arizona individual health insurance market.
- 20. Enterprise and National Life did not discontinue offering all health insurance in the individual health insurance market.

CONCLUSIONS OF LAW

- 1. The Department bears the burden of persuasion. ARIZ. REV. STAT. section 41-1092.07(G)(2).
- 2. The standard of proof on all issues is that of a preponderance of the evidence. A.A.C. § R2-19-119.
 - 3. A preponderance of the evidence is: The greater weight of the evidence, not necessarily established by the greater number of witnesses testifying to a fact but by evidence that has the most convincing force; superior evidentiary weight that, though not sufficient to free the mind

¹ The hearing was continued to March 16, 2018

wholly from all reasonable doubt, is still sufficient to incline a fair and impartial mind to one side of the issue rather than the other. BLACK'S LAW DICTIONARY 1373 (10th ed. 2014).

- 4. Under 45 C.F.R. 147.104(h), 45 C.F.R. section 147 does not apply to grandfathered health plans in accordance with §147.140.
- 5. Under 45 C.F.R. 156.80(e), the single risk pool requirements and onceannual price adjustment does not apply to grandfathered health plans.
 - 6. ARIZ. REV. STAT. 20-1380 (D) provides, in relevant part, as follows:
 - D. If a health care insurer elects to discontinue offering all health insurance coverage in the individual market in this state, the health care insurer may discontinue that coverage only if all of the following occur:
 - 1. The health care insurer gives notice to the director at least five business days before the health care insurer gives notice to each individual of the intention to discontinue offering health insurance coverage in the individual market in this state.
 - 2. The health care insurer provides notice to each individual of that discontinuation at least one hundred eighty days before the date of the expiration of that coverage.
 - 3. The health care insurer discontinues all individual insurance or coverage that was issued or delivered for issuance in this state and does not renew any coverage that was offered or sold in this state.
 - E. If the health care insurer discontinues offering health insurance coverage pursuant to subsection D of this section, the health care insurer shall not issue any health insurance coverage in this state in the individual market for five years after the date that the last individual health insurance coverage was not renewed.
- 7. Fundamental to statutory construction is the presumption that "what the Legislature means, it will say." An agency may not disregard clear statutory directives or legislative intent.³

 ² Canon School Dist. No. 50 v. W.E.S. Constr. Co., 177 Ariz. 526, 529, 869 P.2d 500, 503 (1994).
 ³ See, e.g., Cochise County v. Arizona Health Care Cost Containment System, 170 Ariz. 443, 445, 825 P.2d 968, 970 (App. 1991).

- 8. "Where the language of a statute is clear and unambiguous, [the tribunal is] not warranted in reading into the law words the legislature did not choose to include." Home Builders Association of Central Arizona v. City of Scottsdale, 187 Ariz. 479, 483, 930 P.2d 993, 997(1997).
- 9. The plain meaning of ARIZ. REV. STAT. section 20-1380(D) is that the term "offering all" health insurance coverage encompasses the offering of the sale of new policies and the offer to renew existing policies.
- 10. The preponderance of the evidence presented at the hearing shows that Enterprise Life and National Foundation continued to offer its grandfathered policies and transitional health plans.
- 11. The Department failed to establish by a preponderance of the evidence that Enterprise Life and National Foundation violated 45 C.F.R. section 147.104(a), 45 C.F.R. 156.80, ARIZ. REV. STAT. section 20-1380(D) and (E), Ariz. Rev. Stat. Title 20, ARIZ. REV. STAT. section 20-220(A)(1) and (2).
- 12. The Department failed to establish by a preponderance of the evidence that grounds exist for the Director of the Department to renew, suspend, or revoke, Enterprise Life and National Foundation's certificates of authorities under ARIZ. REV. STAT. section 20-220.

RECOMMENDED ORDER

IT IS ORDERED that Petitioners' appeal is granted.

IT IS FURTHER ORDERED that the Department's October 16, 2017 letter requiring Petitioners to submit an information filing in the System for Electronic Rate and Form Filings, providing formal notice to the Director of the companies' exit from the individual health insurance market effective December 31, 2017, including a copy of the notice that will be sent to members, be rescinded.

In the event of certification of the Administrative Law Judge Decision by the Director of the Office of Administrative Hearings, the effective date of the Order will be five days from the date of that certification.

Done this day, May 3, 2018

/s/ Velva Moses-Thompson Administrative Law Judge Transmitted electronically to:

Leslie R. Hess, Interim Director Arizona Department of Insurance