

**DEPARTMENT OF COMMERCE & INSURANCE**

P.O. Box 690, Jefferson City, Mo. 65102-0690

*In Re:* )  
 )  
**HEALTHY ALLIANCE LIFE INSURANCE** ) **Market Conduct Examination No. 321071**  
**COMPANY (NAIC #78972)** )  
 )  
**And** )  
 )  
**HMO MISSOURI INC. (NAIC #95358)** )

**ORDER OF THE DIRECTOR**

NOW, on this <sup>29<sup>th</sup></sup> day of July, 2022, Director, Chlora Lindley-Myers, after consideration and review of the market conduct examination report of Healthy Alliance Life Insurance Company (NAIC #78972) and HMO Missouri Inc. (NAIC #95358) (collectively hereinafter “Anthem”), examination report number #321071, prepared and submitted by the Division of Insurance Market Regulation (hereinafter “Division”) pursuant to §374.205.3(3)(a)<sup>1</sup>, does hereby adopt such report as filed. After consideration and review of the Stipulation of Settlement and Voluntary Forfeiture (“Stipulation”), relating to the market conduct examination #321071, the examination report, relevant work papers, and any written submissions or rebuttals, the findings and conclusions of such report are deemed to be the Director’s findings and conclusions accompanying this order pursuant to §374.205.3(4). The Director does hereby issue the following orders:

This order, issued pursuant to §374.205.3(4), §374.280 RSMo, and §374.046.15. RSMo, is in the public interest.

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<sup>1</sup> All references, unless otherwise noted, are to Revised Statutes of Missouri 2016.

**IT IS THEREFORE ORDERED** that Anthem and the Division having agreed to the Stipulation, the Director does hereby approve and agree to the Stipulation.

**IT IS FURTHER ORDERED** that Anthem shall not engage in any of the violations of statutes and regulations set forth in the Stipulation, shall implement procedures to place it in full compliance with the requirements in the Stipulation and the statutes and regulations of the State of Missouri, and to maintain those corrective actions at all times, and shall fully comply with all terms of the Stipulation.

**IT IS FURTHER ORDERED** that Anthem shall pay, and the Department of Commerce and Insurance, State of Missouri, shall accept, the Voluntary Forfeiture of \$29,000.00 payable to the Missouri State School Fund in connection with the examination.

**IT IS SO ORDERED.**

**IN WITNESS WHEREOF**, I have hereunto set my hand and affixed the seal of my office in Jefferson City, Missouri, this 29<sup>th</sup> day of July, 2022.



A handwritten signature in blue ink that reads "Chlora Lindley-Myers".

Chlora Lindley-Myers  
Director

**IN THE DEPARTMENT OF COMMERCE AND INSURANCE  
STATE OF MISSOURI**

*In Re:* )  
)  
HEALTHY ALLIANCE LIFE INSURANCE ) **Market Conduct Examination No. 321071**  
COMPANY (NAIC #78972) )  
)  
And )  
)  
HMO MISSOURI INC. (NAIC #95358) )

**STIPULATION OF SETTLEMENT AND VOLUNTARY FORFEITURE**

It is hereby stipulated and agreed by the Division of Insurance Market Regulation (hereinafter “Division”), and Healthy Alliance Life Insurance Company (NAIC #78972) and HMO Missouri Inc. (NAIC #95358) (collectively hereinafter “Anthem”), as follows:

**WHEREAS**, the Division is a unit of the Missouri Department of Commerce and Insurance (hereinafter the “Department”), an agency of the State of Missouri, created and established for administering and enforcing all laws in relation to insurance companies doing business in the State of Missouri;

**WHEREAS**, the Department issued Healthy Alliance Life Insurance Company a certificate of authority to transact the business of insurance in the State of Missouri;

**WHEREAS**, the Department issued HMO Missouri Inc. a certificate of authority to transact the business of insurance in the State of Missouri;

**WHEREAS**, the Division conducted a market conduct examination of Anthem, examination no. 321071; and

**WHEREAS**, based on the market conduct examination of Anthem the Division alleges that:

1. Anthem improperly denied claims for emergency services with a dental diagnosis code without conducting a reasonable investigation in violation of §§376.1367(1), 375.1007(6) and 375.1005(2), RSMo.

2. Anthem improperly denied claims for emergency services with an obstetric diagnosis code without conducting a reasonable investigation in violation of §§376.1367(1), 375.1007(6) and 375.1005(2), RSMo.

3. Anthem improperly denied emergency room claims for dependent insureds experiencing complications of pregnancy in violation of §375.995.4(6), RSMo.

4. Anthem improperly denied claims for emergency services containing charges for an MRI or CT scan without conducting a reasonable investigation in violation of §§376.1367(1), 375.1007(6) and 375.1005(2), RSMo.

5. Anthem improperly denied claims for emergency services under the Avoidable ER Program without conducting a reasonable investigation or establishing appropriate standards for review of claims for emergency medical conditions in violation of §§376.1367(1), 375.1007(3), 375.1007(4), 375.1007(6) and 375.1005(2), RSMo.

6. Anthem failed to accurately disclose the claim status to the member on two member statements in violation of §§376.1367(1), 375.1007(1) and 375.1005(2), RSMo.

7. Anthem failed to inform an insured in an adverse determination notice of the clinical rationale used to make the determination in violation of §§376.1363.5, 375.1007(1), and 375.1005(2), RSMo.

**WHEREAS**, Anthem has represented that the Avoidable ER Program ended in December 2021.

**WHEREAS**, based on the market conduct examination, Anthem acknowledges that it erroneously denied certain Emergency Room charges and claims and made other inadvertent errors, but does not admit that it violated Missouri law; and expressly denies that any of the errors identified constitute an “improper claims practice” within the meaning of §375.1007. Anthem further denies that the Avoidable ER member notices constituted “adverse determinations” within the meaning of

Section 376.1350.1

**WHEREAS**, the Division and Anthem have agreed to resolve the issues raised in the market conduct examination no. 321071 as follows:

A. **Scope of Agreement.** This Stipulation of Settlement and Voluntary Forfeiture (hereinafter “Stipulation”) embodies the entire agreement and understanding of the signatories with respect to the subject matter contained herein. The signatories hereby declare and represent that no promise, inducement or agreement not herein expressed has been made, and acknowledge that the terms and conditions of this agreement are contractual and not a mere recital.

B. **Remedial Action.** Anthem agrees to take remedial action bringing it into compliance with the statutes and regulations of Missouri to reasonably ensure that the errors noted in the market conduct examination no. 321071 and in this Stipulation do not recur. Such remedial actions shall consist of the following:

1. Anthem has represented that it has performed and/or conducted various claim reviews based on this examination. Anthem agrees to provide complete remediation reporting showing all the remediation it has performed since the beginning of this examination including the reporting of any interest paid to insureds or claimants.

2. Anthem agrees to conduct a retrospective review of all claims denied with an Explanation of Benefits (hereinafter “EOB”) code of “DDE” with dates of services between January 1, 2016 through September 20, 2020, to determine if any additional claim lines are payable. For any claim and/or claim line that was improperly denied, Anthem agrees to reprocess the claim with interest in an amount determined pursuant to §374.191, RSMo. Anthem shall send an EOB<sup>1</sup> and will send a letter stating that payment is being made as a result of a Missouri market conduct examination. For ITS Home claims, Anthem agrees to send a letter to the subscribers stating that

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<sup>1</sup> The EOB does not need to include “as a result of a Missouri market conduct examination”-- only the letter. This

payment is being made because of a Missouri market conduct examination. Anthem further agrees to make coding changes to its Facets claims system to ensure that any medical claims containing a dental diagnosis code for emergency services will be processed in accordance with §376.1367, RSMo.

3. Anthem agrees to conduct a retrospective review of all denied dependent maternity claims containing an EOB code “MAD” with dates of service from January 1, 2016 through September 20, 2020, to ensure that it covers all emergency stabilization services in compliance with §§376.1367(1) and 376.1350(15), RSMo and to determine if there are additional claim lines payable. For any claim and/or claim line that was improperly denied, Anthem agrees to reprocess the claim with interest in an amount determined pursuant to §374.191, RSMo. Anthem shall send an EOB and will send a letter stating that payment is being made as a result of a Missouri market conduct examination. For ITS Home claims, Anthem agrees to send a letter to the subscribers stating that payment is being made because of a Missouri market conduct examination. Anthem further agrees to make coding changes to its Facets claims system to ensure that dependent maternity claims received for services rendered in the ER setting, will be processed in accordance with §§376.1367 and 375.995.4(6), RSMo.

4. Anthem agrees to conduct a review of all claims denied under the Avoidable ER Program from June 1, 2017 through July 24, 2018 to determine if there are still claims denied for insureds who were experiencing an emergency medical condition, as defined by §376.1350(12) RSMo. For any claim and/or claim line that was improperly denied, Anthem agrees to reprocess the claim with interest in an amount determined pursuant to §374.191, RSMo. Anthem shall send an EOB and will send a letter stating that payment is being made as a result of a Missouri market

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exception also applies to paragraphs 3 and 4 below.

conduct examination. For ITS Home claims, Anthem agrees to send a letter to the subscribers stating that payment is being made because of a Missouri market conduct examination.

5. For all claims remediated during the examination or as the result of this Stipulation, Anthem agrees to calculate interest pursuant to §374.191, RSMo from the date of the original denial or improper adjudication of the claim.

6. Anthem agrees that all restitution payments that have been paid as part of this examination or restitution payments which are initiated as the result of this Stipulation shall be paid as follows:

a. For out-of-network claims that were improperly denied, claim payments and interest will be directly paid to its members.

b. For in-network claims that were improperly denied or processed without member liability, claim payments and interest will be paid to the provider.

c. For in-network claims that were improperly denied or processed with member liability, claim payments and interest may be paid to the provider as long as Anthem obtains documentation from the provider either indicating that no payment was received by the provider from the member for the denied service, or that the provider has issued a refund to the member if payment was received.

d. For BlueCard ITS Home claims, claim payments and interest will be paid as manual checks to the subscribers.

7. Anthem agrees to comply with the requirements of §376.1363.5, RSMo by providing the clinical rationale used to make an adverse determination as defined in §376.1350(1), RSMo in the written notice of adverse determination.

C. **Compliance.** Anthem agrees to file documentation with the Division pursuant to §374.205, RSMo, in a format acceptable to the Division, within 120 days of the entry of a final Order approving this Stipulation, of any remedial action taken pursuant to Paragraph B to implement compliance with the terms of this Stipulation or to document the payment of restitution required by this Stipulation.

D. **Ongoing Examination.** Anthem agrees to pay any reasonable examination fees

incurred by the Division in conducting its review of the documentation provided by Anthem pursuant to Paragraph C of this Stipulation.

E. **Voluntary Forfeiture.** Anthem agrees, voluntarily and knowingly, to surrender and forfeit the sum of \$29,000, such sum payable to the Missouri State School Fund, in accordance with §§374.049.11 and 374.280.2, RSMo.

F. **Non-Admission.** Nothing in this Stipulation shall be construed as an admission by Anthem, this Stipulation being part of a compromise settlement to resolve disputed factual and legal allegations arising out of the above referenced market conduct examination.

G. **Waivers.** Anthem, after being advised by legal counsel, does hereby voluntarily and knowingly waive any and all rights to procedural requirements, including notice and an opportunity for a hearing, and review or appeal by any trial or appellate court, which may have otherwise applied to the market conduct examination no. 321071.

H. **Amendments.** No amendments to this Stipulation shall be effective unless made in writing and agreed to by authorized representatives of the Division and Anthem.

I. **Governing Law.** This Stipulation shall be governed and construed in accordance with the laws of the State of Missouri.

J. **Authority.** The signatories below represent, acknowledge and warrant that they are authorized to sign this Stipulation, on behalf of the Division and Anthem, respectively.

K. **Counterparts.** This Stipulation may be executed in multiple counterparts, each of which shall be deemed an original and all of which taken together shall constitute a single document. Execution by facsimile or by electronically transmitted signature shall be fully and legally effective and binding.

L. **Effective Date.** This Stipulation shall not become effective until entry of an Order by the Director of the Department (hereinafter “Director”) approving this Stipulation.



M. **Request for an Order.** The signatories below request that the Director issue an Order approving this Stipulation and order the relief agreed to in the Stipulation, and consent to the issuance of such Order.

DATED: July 12, 2022



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Teresa Kroll  
Chief Market Conduct Examiner  
Division of Insurance Market Regulation

DATED: July 12, 2022

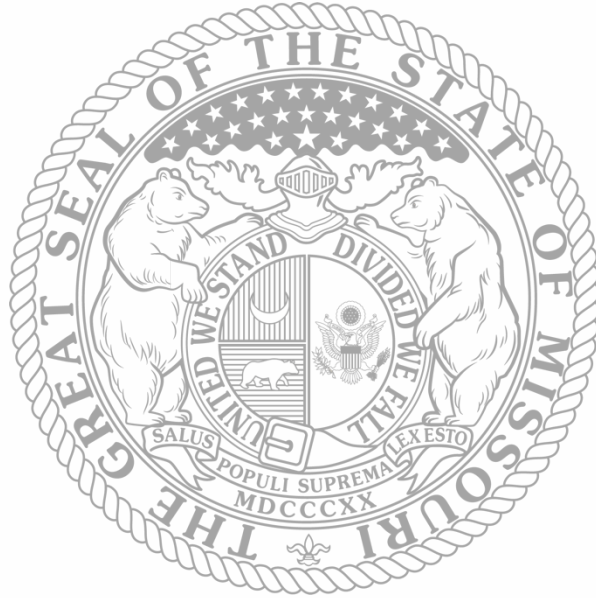


\_\_\_\_\_  
Stephanie Vojic  
President & GM  
Healthy Alliance Life Insurance Company

DATED: July 12, 2022



\_\_\_\_\_  
Stephanie Vojic  
President & GM  
HMO Missouri Inc.



**FINAL MARKET CONDUCT EXAMINATION REPORT  
Health Business of**

**Healthy Alliance Life Insurance Company  
NAIC #78972  
And  
HMO Missouri Inc.  
NAIC #95358**

**MISSOURI SBS EXAMINATION #321071**

**NAIC MATS #MO-HICKSS1-147 & #MO-HICKSS1-148**

**May 16, 2022**

**1831 Chestnut St  
St. Louis, MO 63103**

**STATE OF MISSOURI  
DEPARTMENT OF COMMERCE & INSURANCE**

**JEFFERSON CITY, MISSOURI**

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May 16, 2022

Honorable Chlora Lindley-Myers, Director  
Missouri Department of Commerce and Insurance  
301 West High Street, Room 530  
Jefferson City, Missouri 65101

Director Lindley-Myers:

In accordance with your market conduct examination warrant, a targeted market conduct examination has been conducted of the specified lines of business and business practices of

**Healthy Alliance Life Insurance Company (NAIC #78972)**  
**And**  
**HMO Missouri Inc. (NAIC #95358)**

hereinafter referred to collectively as Anthem or the Companies. This examination was limited to a review of Anthems' comprehensive medical expense coverage for all markets and further limited to a review of coverage of emergency care received in emergency rooms. This examination was conducted as a desk examination at the offices of the Missouri Department of Commerce and Insurance (DCI).

**FOREWORD**

This examination report is a report by exception. However, failure to criticize specific practices, procedures, products or files does not constitute approval thereof by the DCI.

During this examination, the examiners cited errors considered potential violations made by the Company. Statutory citations were as of the examination period unless otherwise noted.

When used in this report:

- “Companies” refers to the Healthy Alliance Life Insurance Company and HMO Missouri Inc.
- “Anthem” refers to Healthy Alliance Life Insurance Company and HMO Missouri Inc.
- “HALIC” refers to Healthy Alliance Life Insurance Company
- “HMO Missouri” refers to HMO Missouri Inc.
- “CSR” refers to the Missouri Code of State Regulations
- “DCI” refers to the Missouri Department of Commerce and Insurance
- “Director” refers to the Director of the Missouri Department of Commerce and Insurance
- “NAIC” refers to the National Association of Insurance Commissioners
- “RSMo” refers to the Revised Statutes of Missouri

## **SCOPE OF EXAMINATION**

The DCI has authority to conduct this examination pursuant to, but not limited to, §§374.110, 374.190, 374.205, 375.938, and 375.1009, RSMo, conducted in accordance with §374.205

The purpose of this examination was to determine if the Company complied with Missouri statutes and DCI regulations. The primary period covered by this review is May 1, 2017 through July 24, 2018, unless otherwise noted. Errors found outside of this time period may also be included in the report.

The examination was a targeted examination involving the following lines of business and business functions: comprehensive medical expense insurance, limited to a review of coverage of emergency care received in emergency rooms. The examination applied the examination standards in the NAIC's 2019 *Market Regulation Handbook*.

In performing this examination, the examiners reviewed only a sample of the Companies' practices, procedures, products and files. Therefore, some noncompliant practices, procedures, products and files may not have been found. As such, this report may not fully reflect all of the practices and procedures of the Companies.

## **COMPANY PROFILE**

Healthy Alliance Life Insurance Company is a Missouri domiciled insurance company, which was first incorporated on April 19, 1971. HALIC is authorized under Chapters 376 and 377 RSMo to write life and health insurance. HALIC is a wholly-owned subsidiary of RightCHOICE Managed Care, Inc., which is an indirect wholly-owned subsidiary of Anthem, Inc. HALIC is a licensee of the Blue Cross and Blue Shield Association and markets its products under the Blue Cross Blue Shield trade name. The Company is currently licensed to write accident and health and life, annuities, and endowments insurance under Chapter 376, RSMo, and is licensed in four states, including Missouri. In 2020, the premium reported by HALIC on the Supplement to the Annual Financial Statement made up 17.05% of the Missouri Total Accident and Health market. During the period of review, 2017 and 2018, HALIC's market share of the Missouri Total Accident and Health Market was as follows:

| <b>HALIC Total Accident and Health Market Share</b> |                     |                               |
|---|---------------------|-------------------------------|
| <b>Year</b>   | <b>Market Share</b> | <b>Direct Written Premium</b> |
| 2017  | 21.47%              | \$ 2,645,398,191              |
| 2018  | 20.09%              | \$ 2,303,253,782              |

HMO Missouri Inc. is a Missouri domiciled health maintenance organization, which was incorporated in the State of Missouri on May 28, 1987 and began operations in January 1988. HMO Missouri is a wholly-owned subsidiary of RightCHOICE Managed Care, Inc., which is an indirect wholly-owned subsidiary of Anthem. HMO Missouri is also a licensee of the Blue Cross and Blue Shield Association and markets its products under the Blue Cross Blue Shield trade name. In 2020, HMO Missouri had 1.54% of the Missouri HMO market share with approximately \$100

million in reported premium on the Missouri Supplement to the Annual Financial Statement. During the period of review, 2017 and 2018, HMO Missouri’s market share of the Missouri HMO Market was as follows:

| <b>HMO Missouri Total Missouri HMO Market Share</b> |                     |                               |
|---|---------------------|-------------------------------|
| <b>Year</b>   | <b>Market Share</b> | <b>Direct Written Premium</b> |
| 2017  | 3.76%               | \$ 185,015,813                |
| 2018  | 3.81%               | \$ 204,515,176                |

## **EXECUTIVE SUMMARY**

Healthy Alliance Life Insurance Company and HMO Missouri Inc. consented to a market conduct examination from the DCI in July of 2018. As part of this consent to examination, HALIC and HMO Missouri waived their right to a hearing on the warrant and requested that the examination commence immediately. The examination was limited to a review of the carriers’ provision of coverage for emergency care received in emergency rooms under the insurer’s fully-insured, comprehensive medical expense insurance contracts.

The DCI conducted a targeted market conduct examination of Healthy Alliance Life Insurance Company and HMO Missouri Inc. The examiners found the following areas of concern:

### **CLAIMS**

- The Companies denied emergency services for claimants without conducting a reasonable investigation, if the claimant was experiencing an emergency medical condition with a dental diagnosis code. Reference: §§375.1007(6); 376.1367(1); and 376.1350(12) RSMo
- The Companies denied emergency services for claimants without conducting a reasonable investigation, if the claimant was experiencing an emergency medical condition associated with an obstetric diagnosis code. Reference: §§375.1007(6); 376.1367(1); and 376.1350(12) RSMo
- The Companies treated complications of pregnancy differently than any other illness or injury, by denying emergency room claims for dependent insureds experiencing an emergency medical condition, which was a complication of pregnancy. Reference: §375.995.4(6) RSMo
- The Companies denied emergency services for claimants without conducting a reasonable investigation, if the claim had charges for an MRI or CT scan on the claim. Reference: §§375.1007(6); 376.1367(1); and 376.1350(12) RSMo
- Under the Avoidable ER Program, the Companies denied emergency services for claimants experiencing an emergency medical condition without conducting a reasonable investigation or establishing appropriate standards for review of claims for emergency medical conditions. Claimants’ charges were denied as not meeting the prudent layperson standard before a request for medical records was made or related claims were considered. Reference: §§375.1007(3); 375.1007(4); 375.1007(6); 376.1367(1); and 376.1350(12) RSMo
- Member statements used by the Companies did not accurately disclose the claim status to the member. Reference: §§375.1007(1) RSMo; and 20 CSR 100-1.020(1)(A)

## UTILIZATION REVIEW

- The Companies' retrospective review adverse determination notices did not provide the clinical rationale used to make the determination. Reference: §§375.1007(1) and 376.1363.5 RSMo

## EXAMINATION FINDINGS

### I. CLAIMS

The claims portion of the examination provides a review of the Companies compliance with Missouri statutes and regulations regarding claims handling practices such as the timeliness of handling, accuracy of payment, adherence to contract provisions, and compliance with Missouri statutes and regulations.

#### A. **NAIC Health Claims Examination Standard 1: Claim files are handled in accordance with policy provisions, HIPAA, and state law.**

The examiners focused on claims for emergency medical services rendered in an emergency room to review for compliance with Missouri's improper claims handling laws and §376.1367. The examiners extracted and reviewed data for emergency room claims from the claims data provided by the Company. The examiners found the following errors in this review.

Finding 1: Anthem denied 35 claim lines associated with seven unique claim numbers for emergency services rendered in an emergency room without conducting a reasonable investigation. Anthem implemented a claims system process to deny claims for dental services based on an exclusion in the policy/certificate without considering the mandatory requirement to provide coverage to screen and stabilize insureds experiencing an emergency medical condition.

Reference: §§375.1007(6); 376.1367(1); and 376.1350(12) RSMo

Finding 2: Anthem denied 58 claim lines associated with six unique claim numbers for two members for emergency services rendered in an emergency room without conducting a reasonable investigation. Anthem implemented a claims system process to deny claims incurred by pregnant dependents based on a policy/certificate exclusion without considering the mandatory requirement to provide coverage to screen and stabilize insureds experiencing an emergency medical condition.

Reference: §§375.1007(6); 376.1367(1); and 376.1350(12) RSMo

Finding 3: Anthem denied coverage for services to screen and stabilize two members who were experiencing a complication of pregnancy; thereby, treating complications of pregnancy differently than any other illness or sickness under the contract. This resulted in the inappropriate denial of 58 claim lines associated with six unique claim numbers.

Reference: §375.995.4(6) RSMo

Finding 4: Anthem denied charges for emergency medical services without conducting a reasonable investigation of 708 claim lines associated with 39 unique claim numbers . Anthem implemented a claims process to deny emergency room claims with high dollar imaging services such as MRIs or CT scans on the claims without first evaluating if the insured was experiencing an emergency medical condition for which Anthem is required to provide coverage for services necessary to screen and stabilize the insured.

Reference: §§375.1007(6); 376.1367(1); and 376.1350(12) RSMo

Finding 5: Anthem’s Avoidable ER Program, as it was implemented between June 1, 2017 and January 1, 2018, did not put into place reasonable standards to evaluate claims for insureds experiencing emergency medical conditions. Section 376.1367(1) requires health carriers to cover emergency services necessary to screen and stabilize insureds experiencing emergency medical conditions, as defined by Section 376.1350(12).

In order for Anthem to conduct a reasonable investigation of the emergency room claims and make a determination regarding whether claims from insureds, subject to this program, were emergency services, Anthem needed to request medical records or look at related claims for the insured with the same date of service. However, under the program, claims’ staff were informed that medical records were not needed to evaluate emergency room claims in Missouri. Furthermore, these staff members were not instructed to look for related claims for the same insured and date of service, which may have been allowed due to the submission of medical records by an unrelated provider for the same emergency medical condition.

Reference: §§375.1007(3), 375.1007(4), 375.1007(6); 376.1367(1); and 376.1350(12) RSMo

Finding 6: Under the Avoidable ER Program, Anthem programmed its claim systems to send Member Statement letters to insureds after a denial or disallow code had been placed on the claim. However, the Member Statement letters did not accurately reflect the status of the claim. The Member Statement letters advised that the claim was under review when, in fact, the claim was denied and would remain denied barring the submission of additional information, such as the completed member statement. Since the application of these denial or disallow codes would result in the issuance of an explanation of benefits, claim processors were instructed to manually suppress the explanation of benefits so the member would be made aware that the claim has been denied at the time they received the member statement letter.

Reference: §375.1007(1) RSMo

## **II. UTILIZATION REVIEW**

The utilization review portion of the examination is designed to verify that the Companies and their designees that provide or perform utilization review services comply with standards and criteria for the structure and operation of utilization review processes and comply with Missouri statutes and regulations.



**A. NAIC Health Utilization Review Examination Standard 5: The health carrier provides written notice of an adverse determination of standard utilization review and benefit determinations in compliance with applicable statutes, rules and regulations.**

The examiners requested 34 complete claim files. Anthem provided, with the DCI approval, partial claim files for all 34 claims. The examiners reviewed the partial claim files and found the following error in this review.

Finding 1: In 34 instances, Anthem misrepresented to insureds, through omission, relevant facts and policy provisions related to the coverages at issue by failing to disclose, via adverse determination notices, the clinical review criteria used to make coverage determinations under the Avoidable ER Program.

Anthem's written adverse determination notices did not provide insureds with the clinical review criteria used to make a medical necessity determination when performing retrospective reviews of Missouri emergency room claims.

Reference: §§375.1007(1) and 376.1363.5

## EXAMINATION REPORT SUBMISSION

Attached hereto is the Division of Insurance Market Regulation's Final Report of the examination of Healthy Alliance Life Insurance Company (NAIC #78972) and HMO Missouri Inc. (NAIC #95358), Examination Number 321071, MATS #MO-HICKSS1-147 and #MO-HICKSS1-148. This examination was conducted by Examiner-In-Charge, Jennifer Hopper, CIE, MCM, ALMI, AIRC, and Amy Liston, CIE. The findings in the Final Report were extracted from the Market Conduct Examiner's Draft Report, dated December 30, 2021. Any changes from the text of the Market Conduct Examiner's Draft Report reflected in this Final Report were made by the Chief Market Conduct Examiner or with the Chief Market Conduct Examiner's approval. This Final Report has been reviewed and approved by the undersigned.

May 16, 2022

\_\_\_\_\_  
Date



\_\_\_\_\_  
Teresa Kroll

Chief Market Conduct Examiner