



Maryland

INSURANCE ADMINISTRATION

**2023 Report on Non-Profit Health Service Plan
Compliance with Title 14 Subtitle 1 of the Insurance
Article of the Annotated Code of Maryland**

Insurance Article § 14-102

**Kathleen A. Birrane
Commissioner**

May 31, 2024

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INTRODUCTION

CareFirst, Inc., which holds a certificate of authority from the State of Maryland as a non-profit health service plan, is the holding company of, among other entities, CareFirst of Maryland, Inc. (CFMI), a Maryland-domiciled company, and Group Hospitalization and Medical Services, Inc. (GHMSI), a federally chartered company domiciled in the District of Columbia. Both companies are non-profit health service plans and hold certificates of authority from the State. This report addresses the activities of CareFirst, Inc., CFMI, and GHMSI which, unless otherwise indicated, will be referred to collectively as “CareFirst.”

Section 14-102(a)¹ states that the purpose of Title 14, Subtitle 1 is:

- (1) to regulate the formation and operation of non-profit health service plans in the State;
and
- (2) to promote the formation and existence of non-profit health service plans in the State that:
 - (i) are committed to a non-profit corporate structure;
 - (ii) seek to provide individuals, businesses, and other groups with affordable and accessible health insurance; and
 - (iii) recognize a responsibility to contribute to the improvement of the overall health status of the residents of the jurisdictions in which the non-profit health service plans operate.

The review of CareFirst’s compliance with Title 14, Subtitle 1 of the Insurance Article for calendar year 2023 is divided into the six subparts, which are as follows:

- | | |
|----------|---|
| Part I | Definition; General Provisions; |
| Part II | Certificates of Authority; |
| Part III | Management, Finances, and Solvency; |
| Part IV | Regulatory Authority of Commissioner; |
| Part V | Conversion; Acquisitions and Investments; and |
| Part VI | Prohibited Acts; Penalties. |

This report addresses all Parts with the exception of Part IV as it does not involve actions that must be taken by CareFirst.

¹ All citations herein are to the Insurance Article, Annotated Code of Maryland.

PART I – DEFINITIONS; GENERAL PROVISIONS (§§14-101 TO 14-107)

A. Non-profit Mission

Section 14-102(c) provides that the mission of a non-profit health service plan is to:

- (1) provide affordable and accessible health insurance to the plan’s insureds and those persons insured or issued health benefit plans by affiliates or subsidiaries of the plan;
- (2) assist and support public and private health care initiatives for individuals without health insurance; and
- (3) promote the integration of a health care system that meets the health care needs of all the residents of the jurisdictions in which the non-profit health service plan operates.

A non-profit health service plan must have goals, objectives, and strategies for carrying out its non-profit mission pursuant to Section 14-102(d).

According to a February 29, 2024, premium tax exemption report filed with the Maryland Insurance Administration (MIA), CareFirst contributed approximately \$5.5 million to health-related community initiatives that benefit Maryland residents and governmental organizations in the State of Maryland. These contributions were in excess of the funds that CareFirst transferred to the Senior Prescription Drug Assistance Program, the Community Health Resources Commission, and the Kidney Disease Program discussed in Part 1 Section E.

Additional confirmation that CareFirst was in compliance with its non-profit mission was its compliance with §§14-106 through 14-106.1, which required CareFirst to spend funds for a public purpose equal to its premium tax exemption amount. (See Part 1 Section E)

These efforts show a continued commitment to assisting and supporting public and private health care initiatives that fulfills CareFirst’s obligations under §§14-102 and 14-106.

B. Nonprofit Health Service Plans

Nonprofit health service plans are regulated by the statutory sections listed and referenced in Section 14-102(g) of the Insurance Article. Certain provisions of the Insurance Article that expressly refer to nonprofit health service plans, including Title 12 and Title 15, are among those sections applicable to nonprofit health service plans. During calendar year 2023, the MIA found five instances in which CareFirst failed to comply with the provisions of Title 15. The MIA orders are listed below:

1. MIA 2023-03-020 – CFMI AND GHMSI failed to comply with the Parity Act reporting requirements as provided in §15-144(c)(1) through (e) of the Insurance Article.
2. MIA 2023-03-021 – CFMI and GHMSI (collectively “CareFirst”) entered into a Consent Order in connection with the Commissioner’s finding that CareFirst failed to satisfy the criteria for a waiver set forth in COMAR 31.10.44.07 and its Travel Distance Waiver

Request was denied because the Commissioner determined the Travel Distance Waiver Request did not indicate clearly that the providers necessary for an adequate network were unavailable or that CareFirst made an adequate search for additional providers to address the deficiency.

3. MIA 2023-06-036 – CFMI violated §15-10D-02(b) of the Insurance Article by failing to render a final decision in writing to a member within 60 working days after the date on which the appeal is filed.
4. MIA 2023-10-023 – CFMI and GHMSI did not comply with certain network sufficiency standards as provided in §15-112 of the Insurance Article.
5. MIA 2023-12-018 – GHMSI violated §15-1005(c) of the Insurance Article by failing to pay a clean claim within 30 days of receipt of a clean claim for reimbursement.

C. Disclosure of Not-For-Profit Status

Section 14-103 requires CareFirst to “disclose on each document, statement, announcement, and advertisement and in any representation it places before the public that [it] is a private not-for-profit corporation.” The MIA is not aware of any instances in which CareFirst failed to comply with these provisions during calendar year 2023.

D. Statement of Principal Claims Practices

Section 14-104 (b) requires CareFirst to provide a statement of principal claims practices in its certificate form or booklet, which “shall include practices for payment for: (1) surgical procedures performed by two or more surgeons; (2) services provided in-area by nonparticipating providers; and (3) services provided out-of-area by affiliated plans and affiliated providers.” Each individual policy and group certificate is also required by regulation to make clear how to file a claim and provide proof of loss. COMAR 31.10.25.04.

The MIA is not aware of any instances in which CareFirst failed to comply with §14-104(b) during calendar year 2023.

E. Premium Tax Exemption and Transfer to Senior Prescription Drug Assistance Program

Section 14-106 provides that a non-profit health service plan is exempt from the State’s premium tax “so that funds that would otherwise be collected by the State and spent for a public purpose shall be used in a like manner and amount by the non-profit health service plan.” CareFirst is required by March 1 of each year to file with the MIA a premium tax exemption report, which demonstrates that it has used funds equal to the value of its premium tax exemption in a manner that serves the public interest in accordance with §14-106. According to the 2023 report submitted by CareFirst, CFMI’s payments for public purposes totaled \$10,211,842, which equaled the value of its premium tax exemption of \$10,211,842. GHMSI’s payments for public purposes totaled \$6,807,927, which equaled the value of its premium tax exemption of \$6,807,927.

The MIA verified the accuracy of the premium tax exemption amount and confirmed the payments to public programs. On May 10, 2024, the Commissioner issued an order, MIA2024-05-

004, notifying CareFirst that its 2023 Premium Tax Exemption Report was in compliance with the requirements of §14-106. (See Exhibit A)

**PART II – CERTIFICATES OF AUTHORITY
(§§14-108 TO 14-112)**

CareFirst maintained the appropriate State certificate of authority required by §§14-108 through 14-111. There were no delinquency proceedings instituted against CareFirst during the 2023 calendar year.

**PART III – MANAGEMENT, FINANCES, AND SOLVENCY
(§§14-115 TO 14-121)**

A. Management of Business by a Board of Directors

CareFirst and each of its affiliates operated under the management of a board of directors as required by the provisions of §14-115.

B. Duties of Officers; Sanctions

The MIA is not aware of any instances in which CareFirst’s officers acted in a manner inconsistent with the mission of CareFirst as required by §14-115.1 during the 2023 calendar year.

C. Unsound or Unsafe Business Practices

The MIA is not aware of any instances in which CareFirst’s officers or directors engaged in unsound or unsafe business practices as defined by §14-116 during calendar year 2023. Furthermore, Maryland’s Attorney General did not notify the MIA that he had reason to believe that any of CareFirst’s officers or directors have engaged in unsound or unsafe business practices pursuant to §14-116(f) in calendar year 2023.

D. Surplus Requirements

During calendar year 2023, CareFirst’s surplus funds (i.e., the amount by which assets exceed liabilities) exceeded the minimum amounts required by §14-117.

Section 14-117(e) defines when the Insurance Commissioner may consider the surplus of a non-profit health service plan to be excessive and the procedure by which the excess surplus may be distributed. On September 14, 2012, the Insurance Commissioner executed a consent order with CareFirst stating that the targeted surplus ranges proposed by CareFirst and reviewed by the MIA were neither excessive nor unreasonably large.² During calendar year 2023, the Insurance Commissioner did not determine that CareFirst’s surplus was excessive. CareFirst did not have an impaired surplus (§14-118) and it did not issue a notification of impairment (§14-119).

E. Investments

Section 14-120(b) provides that a non-profit health service plan, “may invest its funds only in assets allowed for the investment of the funds of life insurers under §§5-101 and 5-102 and Title 5, Subtitle 5 of this article.” Each year, the MIA performs a detailed portfolio analysis of CareFirst. As a part of that analysis, the portfolio is qualitatively and quantitatively compared to the provisions of Title 5, Subtitle 5. The analysis of CareFirst’s portfolio, as of December 31, 2023, disclosed that CareFirst was in compliance with the provisions of Title 5, Subtitle 5.

² MIA-2012-09-006

F. Annual and Interim Statements, Audited Financial Reports

During calendar year 2023, CareFirst complied with §14-121, which requires that each non-profit health service plan file with the Insurance Commissioner a complete annual statement of its financial condition, transactions, and affairs for the immediately preceding calendar year, interim financial statements, and annual audited financial statements. CareFirst filed with the MIA an annual statement of financial condition, an interim financial statement and a consolidated audited financial statement as required by §14-121(d).

PART V – CONVERSION, ACQUISITIONS AND INVESTMENTS (§§14-130, 14-133)

The MIA’s review indicates that CareFirst did not hold or acquire an investment in an affiliate or subsidiary during calendar year 2023 in violation of §14-133, nor did it violate any other provision of Title 14, Subtitle 1.

PART VI – PROHIBITED ACTS AND PENALTIES (§§14-136 TO 14-140)

A. Unfair and Discriminatory Trade Practices; Other Prohibited Acts

Section 14-136 prohibits unfair and discriminatory trade practices and other prohibited acts. Specifically, §14-136(a) provides that non-profit health service plans are subject to the unfair and discriminatory trade practices provision of Title 27 of the Insurance Article. During calendar year 2023, there were no instances in which CareFirst failed to comply with the provisions of Section 14-136.

B. Exclusion of Coverage for Violations

The MIA identified no instances in 2023 pursuant to §14-137, in which CareFirst did not issue, renew, or deliver an insurance contract excluding coverage for hospital or medical expenses based on a violation of a provision of Title 21 of the Transportation Article or a provision of the Natural Resources Article.

C. Disclosure of Medical Information

The MIA is not aware of any instances in which CareFirst disclosed medical information in violation of §14-138 during calendar year 2023.

D. Prohibited Acts of Officers, Directors and Employees

During calendar year 2023, CareFirst provided the compensation guidelines approved by its board of directors and the compensation paid to each officer, executive, and director pursuant to the requirements in § 14-139. The MIA reviewed the approved guidelines and the compensation paid by CareFirst. The MIA found no instances in which CareFirst provided compensation to any

of its officers, executives, or directors in excess of the approved guidelines in violation of § 14-139. In addition, the MIA found no instances in which any of CareFirst's officers, directors or employees performed any of the acts prohibited by § 14-140.

In conclusion, the MIA has determined that CareFirst has fulfilled the statutory requirements of its non-profit mission as set forth in §14-102(c).

If additional information is needed regarding CareFirst's compliance with its statutory mission, please do not hesitate to contact the Maryland Insurance Administration.

EXHIBIT A

**STATE OF MARYLAND
MARYLAND INSURANCE ADMINISTRATION**

IN THE MATTER OF *
THE 2023 PREMIUM TAX *
EXEMPTION REPORTS OF *
*
CAREFIRST OF MARYLAND, INC. *
NAIC #47058 *
10455 MILL RUN CIRCLE *
OWINGS MILLS, MARYLAND 21117 *
*
AND *
*
GROUP HOSPITALIZATION AND *
MEDICAL SERVICES, INC. *
NAIC #53007 *
840 FIRST STREET NE *
WASHINGTON, DC 20065 * **CASE NO: MIA: 2024-05-004**
*
* * * * * * * * * *

ORDER

This Order addresses the premium tax exemption report filed with the Maryland Insurance Administration (the “MIA”) by CareFirst of Maryland, Inc. (“CFMI”) and Group Hospitalization and Medical Services, Inc. (“GHMSI”) for calendar year 2023. An excerpt of the report is included as Attachment A.

Under Maryland law, a nonprofit health service plan is exempt from the State’s premium tax “so that funds that would otherwise be collected by the State and spent for a public purpose shall be used in a like manner and amount by the nonprofit health service plan.” Md. Code Ann., Ins. §14-106(a).

A nonprofit health service plan is required by March 1 of each year to file with the MIA a report that demonstrates that the plan has used funds equal to the value of its premium tax exemption in a manner that serves the public interest in accordance with §14-106. Md. Code Ann., Ins. §14-106(b). By November 1 of each year the Commissioner is required to issue an order notifying the plan whether it has satisfied these requirements. If the Commissioner determines that the plan has not satisfied the requirements, the Commissioner is required to issue an order requiring the plan to pay the premium tax to the extent it had not contributed to the public purpose in ways permissible under the statute. Md. Code Ann., Ins. §14-107(a) and (b).

During calendar year 2023, nonprofit health service plans were required to subsidize the Senior Prescription Drug Assistance Program. A nonprofit health service

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plan that spent an amount equal to or greater than the value of its premium tax exemption for the Senior Prescription Drug Assistance Program during 2023 qualified for the premium tax exemption.

If its premium tax exemption value exceeded the amount required to be paid to the Senior Prescription Drug Assistance Program, a nonprofit health service plan may demonstrate that it contributed to the public purpose in other ways permissible under the statute to qualify for the premium tax exemption. Specifically, a nonprofit health service plan may satisfy the public service requirement by: (1) increasing access to or the affordability of health care products and services; (2) providing financial or in-kind support for public health programs; (3) employing underwriting standards that increase the availability of one or more health care services or products; (4) employing pricing policies that enhance the affordability of health care services or products and result in a higher medical loss ratio than that established by a comparable for-profit health insurer; or (5) serving the public interest by any method or practice approved by the Commissioner. Md. Code Ann., Ins. §14-106(c).

Regarding financial or in-kind support for public health programs, during calendar year 2023 a nonprofit health service plan was required to subsidize the Kidney Disease Program, support the costs of the Community Health Resources Commission and subsidize the provision of mental health services to the uninsured. Md. Code Ann., Ins. §14-106(d).

The annual financial statements on which the premium tax exemption amount is based is reported annually on March 1 for the immediately preceding calendar year. The financial support for the Senior Prescription Drug Assistance Program and support for public health programs is determined on a fiscal year basis.

Findings:

- (1) Both CFMI and GHMSI hold Certificates of Authority from the State of Maryland to act as nonprofit health service plans.
- (2) CFMI and GHMSI timely filed their 2023 premium tax exemption reports (the “2023 Reports” or “2023 Report”) on February 29, 2024.
- (3) The MIA verified: (a) the accuracy of the premium tax exemption amounts calculated by CFMI and GHMSI, (b) the amount of public program funding paid by CFMI and GHMSI equaled or exceeded the premium tax exemption amount, and that the reported payments were actually paid by CFMI and GHMSI.

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- (4) For 2023, the value of CFMI's premium tax exemption amount was \$10,211,842.
- (5) In calendar year 2023, CFMI's 2023 Report shows payments made to the Senior Prescription Drug Assistance Program totaling \$8,400,168. Because CFMI's premium tax exemption value exceeded the amount paid to the Senior Prescription Drug Assistance Program, CFMI was required to demonstrate that it had contributed to the public purpose in other ways permissible under the statute.
- (6) CFMI's 2023 Report demonstrated that CFMI contributed to the public purpose in other ways permissible under the statute by making payments totaling \$1,811,674 to the Maryland Department of Health to support the costs of the Community Health Resources Commission and the Kidney Disease Program.
- (7) According to the 2023 Report, CFMI's payments for public purposes described in paragraphs (5) and (6) totaled \$10,211,842, equaling the value of its premium tax exemption (i.e., \$10,211,842).
- (8) For 2023, the value of GHMSI's premium tax exemption amount was \$6,807,927.
- (9) In calendar year 2023, GHMSI's 2023 Report shows payments made to the Senior Prescription Drug Assistance Program totaling \$5,599,832. Because GHMSI's premium tax exemption value exceeded the amount paid to the Senior Prescription Drug Assistance Program, GHMSI was required to demonstrate that it had contributed to the public purpose in other ways permissible under the statute.
- (10) GHMSI's 2023 Report demonstrated that GHMSI contributed to the public purpose in other ways permissible under the statute by making payments to the Maryland Department of Health to support the costs of the Community Health Resources Commission and the Kidney Disease Program totaling \$1,208,095.
- (11) According to the 2023 Report, GHMSI's payments for public purposes described in paragraphs (9) and (10) totaled \$6,807,927, equaling the value of its premium tax exemption (i.e., \$6,807,927).
- (12) On the basis of our review and the payments described in paragraphs (5), (6), (9), and (10), both CFMI and GHMSI qualify for the premium tax exemption for calendar year 2023. The premium tax exemption reports filed by CFMI and GHMSI demonstrate that each plan has used funds at least equal to the value of its premium tax exemption in a manner that serves the public interest in accordance with §14-106.

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ACCORDINGLY, the Commissioner hereby determines this 10th day of May that CFMI's and GHMSI's 2023 Premium Tax Exemption reports are in compliance with the requirements of §14-106 of the Insurance Article, Annotated Code of Maryland.

KATHLEEN A. BIRRANE
INSURANCE COMMISSIONER

By: Lynn Beckner
Lynn Beckner
Associate Commissioner
Financial Regulation

RIGHT TO REQUEST A HEARING

Pursuant to §2-210 of the Insurance Article and COMAR 31.02.01.03, a person aggrieved by this order may request a hearing on this Order. This request must be in writing and be received by the Commissioner within thirty (30) days of the date of the letter accompanying this Order.

Pursuant to §2-212 of the Insurance Article, the Order shall be stayed pending a hearing only if a demand for hearing is received by the Commissioner within ten (10) days after the Order is issued.

The request for hearing must be made in writing. This request must be addressed to the Maryland Insurance Administration, 200 St. Paul Place, Suite 2700, Baltimore, MD 21202, ATTN: Appeals Clerk. Failure to request a hearing timely or to appear at a scheduled hearing will result in a waiver of your rights to contest this Order and the Order shall be made final on its effective date.

Attachment A

Actual Legislative Spending During Calendar Year 2023

State Program FY	Total FY Obligation	Basis of Obligation	Qterly Pymt	CFMI	GHMSI	Total
FY 2023	\$ 16,564,162	2021 Schedule T Filed 3/22 for State Programs 7/22 - 6/23	Jan-23	2,486,692.25	1,654,348.25	4,141,040.50
			Apr-23	2,486,692.25	1,654,348.25	4,141,040.50
FY 2024	\$ 17,475,376	2022 Schedule T Filed 3/23 for State Programs 7/23 - 6/24	Jul-23	2,619,228.87	1,749,615.25	4,368,844.12
			Oct-23	2,619,228.87	1,749,615.25	4,368,844.12
Total				10,211,842.23	6,807,927.00	17,019,769.23

see (a) below

SPDAP Donut Hole Subsidy	Annual Assessment	Jan-23	Apr-23	Jul-23	Oct-23	Total
	Entity split based on the avg of Schedule T's Filed For FY 23 & 24 to equal CareFirst Calendar Yr 2023. See Alloc 2	-	-	-	-	-
		-	-	-	-	-
Total Legislative Spending and SPDAP Commitment				10,211,842	6,807,927	17,019,769

transfer to a-1 transfer to b-1

(a) Program Funding Based on Above Payments (see allocation methodology below)

Payee	Program	Total Due	01/01/23	04/01/23	07/01/23	10/01/23
DHMH	Sr Rx Assistance Program	\$ 14,000,000	3,500,000	3,500,000	3,500,000	3,500,000
		CFMI \$ 8,400,167	2,101,748	2,101,748	2,098,336	2,098,336
		GHMSI 5,599,833	1,398,252	1,398,252	1,401,664	1,401,664
DHMH*	Comm Hlth Res Comm - Operating Budget & Kidney Disease Program	\$ 3,019,769	641,041	641,041	868,844	868,844
		CFMI \$ 1,811,675	384,944	384,944	520,893	520,893
		GHMSI 1,208,094	256,096	256,096	347,951	347,951
		\$ 17,019,769	4,141,041	4,141,041	4,368,844	4,368,844
		CFMI 10,211,842	2,486,692	2,486,692	2,619,229	2,619,229
GHMSI 6,807,927	1,654,348	1,654,348	1,749,615	1,749,615		
			2nd Half of FY 2023 Funding based on 2021 Premium Exemption amount \$16,564,162	1st Half of FY 2024 Funding based on 2022 Premium Exemption amount \$17,475,376		
Allocation Methodology:		Legislative Funding Requirement (alloc 1)		SPDAP Donut Hole Subsidy (alloc. 2)		
		Sch T		Sch T		
FY 2023	CFMI	9,946,769	60.0%	CFMI (sum of FY23 & 24)	20,423,684	60.00%
	GHMSI	6,617,393	40.0%	GHMSI (sum of FY23 & 24)	13,615,854	40.00%
		16,564,162		34,039,538		
FY 2024	CFMI	10,476,915	60.0%			
	GHMSI	6,998,461	40.0%			
		17,475,376				

* funds submitted are used to to support the CHRC Operating Budget and Kidney Disease Program (DHMH determines split).

34,039,538

17,019,769