

NH Insurance Department – Minuteman Health, Inc. Receivership FAQ

1. Q: Why is Minuteman Health discontinuing offering insurance for 2018?

A: Minuteman Health entered the NH marketplace in 2015 and as a startup has experienced decreasing capital to be able to adequately sustain its operations beyond 2017. The financial position of MHI is such that the MA DOI felt it appropriate to place MHI in receivership.

2. Q: If I am currently enrolled with Minuteman, do I need to find a new health carrier for 2018?

A: Yes. Policyholders and members will receive written communication during the next 60 days providing additional information about their coverage not being continued beyond January 1, 2018 and their right to choose a new plan for 2018 through Healthcare.gov. Open enrollment runs from November 1 to December 15.

3. Q: Why was Minuteman Health placed into receivership?

A: MHI has experienced adverse results for some time, primarily due to significant start-up costs and risk adjustment obligations. MHI's financial situation deteriorated to a level that the Insurance Commissioner took this action to protect consumers and their providers.

4. Q: What does "Receivership" mean for MHI?

A: The Massachusetts Insurance Commissioner is now in control of MHI with its officers and employees reporting to him. Reporting arrangements have been put in place so that operations can proceed efficiently while affording the Receiver information and control over substantive decisions. The Massachusetts Division of Insurance has considerable experience with insurer runoffs. The Receivership of MHI will be subject to supervision by a single justice of the Supreme Judicial Court. Regular reports will be submitted to the Court and any significant steps regarding MHI will be subject to its approval. Generally, such reports, motions and any hearings are open to the public.

5. Q: What are the Receiver's goals?

A: Mindful of MHI's significant obligations to the United States, the Receiver's goal is to pay all of MHI's insurance obligations to members and their health care providers without interruption or disruption in accordance with the terms of the applicable insurance policies and provider contracts. This is expected to take approximately twenty-four months. At that point, the Receiver, having conducted the MHI runoff as efficiently as possible, will seek to distribute the remaining amounts to the United States.

6. Q: Was the decision made by Minuteman Health or the Insurance Department?

A: The Massachusetts Department of Insurance is MHI's domestic regulator. Over the past few months, the MA DOI, NHID, CMS and Minuteman Health have been in discussion surrounding MHI's long-term financial situation. The financial position of MHI is such that the MA DOI felt it appropriate to place MHI in Receivership.

MHI's latest financial reports show it to be solvent, and the Rehabilitator believes that MHI has adequate funds to pay all insurance claims in the normal course of business. Members will have continued access to benefits in accordance with their health insurance policies, and payments by members will continue to count toward plan deductibles and out-of-pocket limits. Whereas health care providers will be paid in full, promptly and without interruption, providers are expected to continue to serve MHI members.

7. Q: Does MHI's receivership impact a member's ability to receive health care?

A: No. Health care providers will be paid in accordance with their existing contracts and they are therefore expected to continue to provide the same quality health care to MHI members.

8. Q: Will all my claims be covered?

A: Based on MHI's current financial position, it is expected that claims incurred will be paid for all New Hampshire and Massachusetts members

9. Q: Does this impact my annual deductible or out-of-pocket maximum?

A: No. Any amounts paid to this point regarding an annual deductible amount or out-of-pocket maximum will continue to apply and additional payments will be credited. In other words, MHI's Receivership has no impact on the calculation of annual deductibles or out-of-pocket maximum amounts.

10. Q: Who should members or their health care providers contact about claim issues?

A: Members and their health care providers should continue to contact MHI at 855-644-1776 regarding claims issues. Health care providers should deal with health care service issues (like pre-authorization) just as they did in the past. Claims should be submitted as they were in the past and claim administration questions should be raised in the same way. Payments will be processed promptly and remitted in the same manner as previously.

Complaints regarding claim payments can be made to the New Hampshire Insurance Department, if you are a NH member, or to the Massachusetts Department of Insurance, if you are a MA member.

11. Q: What does this mean about my policy?

A: There will be no interruption in your coverage. Individual policies will remain in effect until December 31, 2017. Individual MHI members will be receiving additional written information about their options well before the beginning of the open enrollment period on November 1 for coverage becoming effective as of January 1, 2018. Individual MHI members will be able to select their 2018 health insurer during that open enrollment period. MHI's group coverage with other renewal dates will be allowed to continue until the next renewal date.

The Receiver's plan is that between now and December 31, 2017 (or later renewal date for group policies), coverage will continue under MHI policies, covered persons will have access to plan benefits, and providers will be paid, provided that covered persons continue to make all necessary premium payments to MHI for plan coverage.

12. Q: Who should I contact about coverage questions?

A: Members with coverage questions should continue to contact MHI member services at 855-644-1776 or at members@minutemanhealth.org. Updates will also be posted on www.MinutemanHealth.org.

13. Q: Why does the Receiver believe MHI's insurance obligations can be paid in full?

A: Approximately \$25 million of MHI's liabilities are for a loan from the United States which is subordinated to MHI's insurance claim obligations. Therefore, while its capital is thin, a \$25 million "cushion" is effectively available if needed to pay MHI's claims.

14. Q: Can I switch carriers now?

A: No. This does not qualify as a Special Enrollment event.

15. Q: My provider has indicated that they are no longer going to provide services since I am a MHI enrollee. What should I do?

A: Please provide us the name of the provider who has indicated they will no longer accept patients that are MHI enrollees and the Department will look into it. You should also contact the Minuteman Health Consumer Services Dept. at the telephone on the back of your ID card.

16. Q: How does this impact MHI's New Hampshire members?

A: MHI's Massachusetts and New Hampshire members will be treated the same. So too, New Hampshire health care providers will be treated the same as Massachusetts providers. The Massachusetts and New Hampshire insurance departments have worked closely together with the United States Department of Health and Human Services and the Centers for Medicare & Medicaid Services to develop and implement an integrated regulatory plan. This coordination is intended to facilitate equivalent treatment for MHI members regardless of their state.

17. Q: I am a Premium Assistance Enrollee, what should I do?

A: The Department of Health and Human Services is aware MHI is no longer offering coverage beyond January 1, 2018. Consumers who have questions about their PAP/Medicaid coverage should contact the DHHS Consumer Services Division at 1-888-901-4999.

Coverage will continue to be provided by MHI until the end of the year.

18. Q: Is MHI protected under the State of New Hampshire Guaranty Fund?

A: No. MHI is an HMO and HMOs are not members of the state's Guaranty Fund.

Important Statement to Consumers

The Department will keep the public informed on any changes that may develop.

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MHI's New Hampshire members who have questions about MHI's receivership may call the New Hampshire Insurance Department Consumer Services Division at 1-800-852-3416 or email at: consumerservices@ins.nh.gov. Massachusetts members and health care providers who have questions may call or email Kevin Beagan (617-521-7347, Kevin.Beagan@state.ma.us) at the Massachusetts Department of Insurance.