EXAMINATION REPORT of Clear Spring Health (VA), Inc. Park Ridge, Illinois as of December 31, 2019



SCOTT A. WHITE
COMMISSIONER OF INSURANCE
STATE CORPORATION COMMISSION
BUREAU OF INSURANCE

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I, Scott A. White, Commissioner of Insurance of the Commonwealth of Virginia, do hereby certify that the annexed copy of the Examination Report of Clear Spring Health (VA), Inc. as of December 31, 2019, is a true copy of the original report on file with this Bureau.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed to the original the seal of the Bureau at the City of Richmond, Virginia this 24th day of June 2021

jou (

Scott A. White Commissioner of Insurance



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Honorable Scott A. White Commissioner of Insurance Richmond, Virginia

Dear Sir:

Pursuant to your instructions and by authority of Section 38.2-4315 of the Code of Virginia, an examination of the records and affairs of

CLEAR SPRING HEALTH (VA), INC.

Park Ridge, Illinois

hereinafter referred to as the Company, has been completed. The report thereon is submitted for your consideration.

SCOPE OF THE EXAMINATION

This is the first examination of the Company by representatives of the State Corporation Commission's Bureau of Insurance (Bureau). This examination covers the period from the date of initial licensing through December 31, 2019.

This examination was conducted in accordance with the NAIC Financial Condition Examiners' Handbook (Handbook). The Handbook requires that the Bureau plan and perform the examination to evaluate the Company's financial condition, assess corporate governance, identify current and prospective risks of the Company and evaluate system controls and procedures used to mitigate those risks. An examination also includes identifying and evaluating significant risks that could cause an insurer's surplus to be materially misstated both currently and prospectively.

The coordinated examination of Group One Thousand One, of which the Company is a member, was led by the Delaware Department of Insurance. The examination of the Company was conducted concurrently with the examination of the following insurers:

Insurer Domiciliary State

Clear Spring Health Insurance Company Arizona Delaware Life Insurance Company Delaware DL Reinsurance Company Delaware Eon Health, Inc. Georgia Clear Spring Health of Illinois, Inc. Illinois Community Care Alliance of Illinois, Inc. Illinois Delaware Life Insurance Company of New York New York Lackawanna Casualty Company Pennsylvania Lackawanna National Insurance Company Pennsylvania Lackawanna American Insurance Company Pennsylvania Clear Spring Property and Casualty Company **Texas**

All accounts and activities of the Company were considered in accordance with the risk-focused examination process. This may include assessing significant estimates made by management and evaluating management's compliance with Statutory Accounting Principles. The examination does not attest to the fair presentation of the financial statements included herein.

The examination report includes significant findings of fact and general information about the insurer and its financial condition. There may be other items identified during the examination that, due to their nature (e.g., subjective conclusions, proprietary information, etc.), are not included within the examination report but separately communicated to other regulators and/or the Company.

HISTORY

The Company was incorporated in the Commonwealth of Virginia effective November 8, 2018. The Company became licensed in Virginia as a health maintenance organization (HMO) pursuant to Chapter 43 of Title 38.2 of the Code of Virginia on March 26, 2019.

CAPITAL AND SURPLUS

At December 31, 2019, the Company's capital and surplus was \$3,777,229. The Company has the authority to issue 5,000 shares of common capital stock with no par value. At December 31, 2019, 1,000 shares were issued and outstanding with a stated value of \$100, Gross paid in and contributed surplus of \$6,499,900 and Unassigned funds of (\$2,722,771).

CAPITAL AND SURPLUS REQUIREMENT

Section 38.2-4302 of the Code of Virginia states that a HMO licensed in Virginia shall maintain a minimum net worth requirement in an amount at least equal to the sum of uncovered expenses, but not less than \$600,000, up to a maximum of \$4,000,000. 14 VAC 5-210-60 A requires that a HMO report the sum of its uncovered expenses for each three-month period ending December 31, March 31, June 30 or September 30. Because the sum of the Company's uncovered expenses for the three-month period ending December 31, 2019 was \$0 the Company's minimum net worth requirement at December 31, 2019 was \$600,000.

MANAGEMENT AND CONTROL

The Company's bylaws provide that the business and affairs of the Company shall be managed by and under the direction of the Board of Directors (Board). The number of directors shall be three and are elected at the annual meeting of the Company's shareholders. Each director shall serve until the next annual shareholder's meeting or until a successor is elected and qualified.

The officers of the Company shall consist of a President and a Secretary. The Company may also have a Chairman of the Board, one or more Vice Presidents, a Treasurer, one or more Assistant Secretaries, and one or more Assistant Treasurers. The officers shall be elected annually by the Board. At December 31, 2019, the Board and the Officers of the Company were as follows:

| Directors | Principal Occupation |
|-----------|----------------------|
| | |

Arthur C. Carlos President

Clear Spring Health Holdings, LLC

Park Ridge, Illinois

Michael S. Bloom Senior Vice President and General Counsel

Delaware Life Insurance Company

Waltham, Massachusetts

Mark S. Wray Chief Financial Officer

Clear Spring Health Holdings, LLC

Park Ridge, Illinois

Officers

Arthur C. Carlos Chief Executive Officer, President

Mark S. Wray Treasurer
Michael S. Bloom Secretary

AFFILIATED COMPANIES

At December 31, 2019, the Company was a wholly-owned subsidiary of Clear Spring Health Holdings, LLC (Parent) which is a wholly-owned subsidiary of Delaware Life Insurance Company (DLIC). DLIC is a wholly-owned subsidiary of Group One Thousand One, LLC. By virtue of this ownership, the Company is a member of an insurance holding company system as defined in Section 38.2-1322 of the Code of Virginia. The following abbreviated organizational chart summarizes the Company's relationship within the holding company system:

Group One Thousand One, LLC Delaware Life Insurance Company (NAIC #79065) Clear Spring Health Holdings, LLC Clear Spring Health (VA), Inc. (NAIC #16534)

TRANSACTIONS WITH AFFILIATES

Management Services Agreement

Effective March 31, 2019, the Company entered into a Management Services Agreement with Clear Spring Health Management Services, LLC (CSHMS). Pursuant to the provisions of the agreement, CSHMS shall provide the Company with management and administrative services to include provider relations, contract services, accounting, data processing, tax and auditing services. In addition, CSHMS shall provide functional support services including actuarial and risk management services, treasury services, information technology services, legal and compliance services, and purchasing. As compensation for these services, the Company shall reimburse CSHMS all direct and indirect allocable expenses incurred. In 2019, the Company incurred \$249,555 in expenses related to this agreement.

TERRITORY AND PLAN OF OPERATION

At December 31, 2019, the Company's service area, as reported in its 2019 Annual Statement, included the cities of Buena Vista, Colonial Heights, Covington, Danville, Emporia, Franklin, Galax, Harrisonburg, Hopewell, Lexington, Petersburg, Poquoson, Radford, Richmond, Roanoke, Salem, Staunton, and Waynesboro, and the counties of Alleghany, Amelia, Appomattox, Augusta, Bath, Caroline, Charles City, Chesterfield, Clarke, Craig, Cumberland, Dinwiddie, Essex, Franklin, Gloucester, Goochland, Greene, Greensville, Halifax, Hanover, Henrico, Highland, Isle of Wright, King and Queen, King William, Lunenburg, Madison, Mathews, Mecklenburg, Montgomery, Nelson, New Kent, Nottoway, Pittsylvania, Powhatan. Prince George, Pulaski, Rappahannock, Richmond, Roanoke, Rockbridge, Rockingham, Southampton, Surry, Sussex, and Warren.

Upon commencing operations, the Company will contract with the Centers for Medicare & Medicaid Services (CMS) to provide Medicare Advantage products to members who qualify. The Company will receive a monthly capitation fee from CMS based on each member's area of residence and risk classification.

Medical services will be provided by physicians in independent practice within the Company's service area. Each member will select a Primary Care Physician (PCP) from the list of the Company's primary providers. The PCP is the coordinator for all the member's health care needs. All specialty services, except for emergencies or urgent care, will require a referral from the PCP.

PROVIDER AGREEMENTS

Medical Services and Hospital Care

The Company has entered into agreements with numerous PCPs and specialist physicians to render, provide or arrange for the provision of covered health care services to members. The Company compensates participating physicians in accordance with current Medicare fee-for-service rates. Additionally, the Company has entered into agreements with a number of hospitals in its service area to provide covered hospital services to its members. The Company compensates these hospitals in accordance with current Medicare fee-for-service rates.

Other Health Care Services

The Company has entered into various ancillary service agreements. These agreements provide dental services, vision services, hearing services, mental health services, pharmacy services, laboratory services, home health care, physical therapy, durable medical equipment, fitness programs and other related covered health care services. Compensation is based on arrangements set forth in each contract.

BENEFITS

Upon commencing operations, general benefits available to the Company's Medicare Advantage members when provided by PCPs, specialist physicians and other professional providers and approved by the Company are as follows:

- 1. Inpatient and Outpatient Hospital Care
- 2. Physician Office Visits
- 3. Preventive Care
- 4. Emergency Care
- 5. Diagnostic Tests, Lab and Radiology Services
- 6. Hearing, Dental and Vision Services
- 7. Inpatient and Outpatient Mental Health Care
- 8. Skilled Nursing Facilities
- 9. Ambulance Services
- 10. Outpatient Rehabilitation
- 11. Home Health Care
- 12. Durable Medical Equipment

Exclusions generally include any services considered not reasonable and necessary according to the standards of Original Medicare; experimental medical and surgical procedures, equipment and medications; private hospital rooms; private duty nurses; cosmetic surgery; non-routine dental care; eyeglasses and routine eye examinations;

chiropractic care; and routine foot care. The above are general summaries of coverages and exclusions and are not intended to be all inclusive.

SPECIAL RESERVES AND DEPOSITS

At December 31, 2019, the Bureau required the Company to maintain a minimum deposit of \$500,000 with the Treasurer of Virginia.

FINANCIAL STATEMENTS

The following statutory financial statements present the financial condition of the Company for the period ending December 31, 2019. Examination adjustments made to the statutory financial statements filed by the Company with the Bureau for the period ending December 31, 2019 have been incorporated into these financial statements and are noted in the Examiners' Changes in Surplus statement. Descriptions of the examination adjustments are included in the Recommendations for Corrective Action section of the report.

ASSETS

| | Assets | Nonadmitted <u>Assets</u> | Net Admitted <u>Assets</u> |
|---------------------------------------|------------------------|------------------------------|----------------------------|
| Bonds Cash and short-term investments | \$546,816 5,741,821 | | \$546,816 5,741,821 |
| Subtotals, cash and invested assets | \$6,288,637 | \$0 | \$6,288,637 |
| Investment income due and accrued | 4,542 | | 4,542 |
| Total assets | \$6,293,179 | \$0 | \$6,293,179 |

LIABILITIES, CAPITAL AND SURPLUS

| | Covered | Uncovered | <u>Total</u> |
|---|-------------|-----------|--------------|
| Aggregate health policy reserves Amounts due to parent, subsidiaries, | \$2,496,395 | \$0 | \$2,496,395 |
| and affiliates | 19,555 | | 19,555 |
| Total liabilities | \$2,515,950 | \$0 | \$2,515,950 |
| Common capital stock | | | \$100 |
| Gross paid in and contributed surplus | | | 6,499,900 |
| Unassigned funds (surplus) | | | (2,722,771) |
| Total capital and surplus | | | \$3,777,229 |
| Total liabilities, capital and surplus | | | \$6,293,179 |

STATEMENT OF REVENUE AND EXPENSES

| | Uncovered | Total |
|---|-----------|---------------|
| Net premium income | XXX | \$0 |
| Total revenues | XXX | \$0 |
| General administrative expenses Increase in reserves for life and | | \$249,397 |
| accident health contracts | | \$2,496,395 |
| Total underwriting deductions | \$0 | \$2,745,792 |
| Net underwriting loss | XXX | (\$2,745,792) |
| Net investment income earned | | \$23,021 |
| Net investment gains | | \$23,021 |
| Net loss before federal income taxes | XXX | (\$2,722,771) |
| Federal income taxes incurred | XXX | 0 |
| Net loss | XXX | (\$2,722,771) |

RECONCILIATION OF CAPITAL AND SURPLUS

| | <u>2019</u> |
|--|---------------|
| Capital and surplus prior reporting year | \$0 |
| GAINS AND LOSSES TO CAPITAL AND SURPLUS | |
| Net income (loss) | (\$2,722,771) |
| Change in nonadmitted assets | |
| Surplus adjustments: | |
| Paid in | 6,500,000 |
| Net change in capital and surplus | \$3,777,229 |
| Capital and surplus end of reporting year | \$3,777,229 |

CASH FLOW

Cash from Operations

| Net investment income | \$19,132 | |
|--|-------------|--|
| Total | \$19,132 | |
| Commissions, expenses paid and aggregate write-ins | | |
| for deductions | \$249,397 | |
| Total | \$249,397 | |
| Net cash from operations | (\$230,265) | |
| Cash from Investments | | |
| Cost of investments acquired (long-term only): | | |
| Bonds | \$547,469 | |
| Total investments acquired | \$547,469 | |
| • | | |
| Net cash from investments | (\$547,469) | |
| Cash from Financing and Miscellaneous Sources | | |
| Cash provided (applied): | | |
| Capital and paid in surplus | \$6,500,000 | |
| Other cash provided | 19,555 | |
| 1 | | |
| Net cash from investments | \$6,519,555 | |
| RECONCILIATION OF CASH AND SHORT-TERM INVESTMENTS | | |
| Net change in cash and short-term investments | \$5,741,821 | |
| Cash, cash equivalents and short-term investments: | | |
| Beginning of the year | 0 | |
| End of the year | \$5,741,821 | |
| | | |

EXAMINERS' CHANGES IN CAPITAL AND SURPLUS

| | Company | <u>Examiners</u> | Increase (Decrease) |
|--|------------------|--------------------|--------------------------|
| <u>Capital:</u> | | | |
| Common capital stock Gross paid in and contributed surplus | \$0 6,500,000 | \$100 6,499,900 | \$100 (100) |
| Examiners' change in capital and surplus | | | \$0 |
| Total capital and surplus per the Company Total capital and surplus per the Examiners | | | \$3,777,229 3,777,229 |
| Net change in capital and surplus | | | \$0 |

RECOMMENDATIONS FOR CORRECTIVE ACTION

Accounts and Records

1. Common capital stock

\$100

The above capital account is \$100 more than the amount reported by the Company in its 2019 Annual Statement. The increase is a result of the Company incorrectly reporting the value of its common capital stock outstanding at December 31, 2019.

2. Gross paid in and contributed surplus

\$6,499,900

The above capital account is \$100 less than the amount reported by the Company in its 2019 Annual Statement. The decrease is a result of the Company incorrectly reporting the value of its outstanding common capital stock at December 31, 2019 as Gross paid in and contributed surplus.

SUBSEQUENT EVENT

Effective January 1, 2020, the Company contracted with CMS and commenced writing Medicare Advantage coverages.

ACKNOWLEDGEMENT

The courteous cooperation extended by the Company's officers and employees during the course of the examination is gratefully acknowledged. In addition to the undersigned, Gerald Hicks II, AFE, and Ben MacKercher, CFE, participated in the work of the examination.

Respectfully submitted,

Kenneth G. Campbell, CFE Assistant Chief Examiner

Kenneth g Campbell





June 22, 2021

Mr. David Smith Chief Examiner State Corporation Commission Virginia Bureau of Insurance 1300 E. Main Street Richmond, VA 23219

Dear Mr. Smith,

We are in receipt of your email dated May 27, 2021 providing a copy of the Draft Examination Report of Clear Spring Health (VA), Inc. for the year ended December 31, 2019.

We have reviewed the Examination Report and have no comments.

Regarding the Recommendation for Corrective Actions listed on Page 16 of the report, we acknowledge that there was an omission in the 2019 Annual Statement that resulted in not reporting the that \$100 of Common Stock issued by the Company. The failure to record the common stock balance resulting in an overstatement of Gross Paid in and Contributed Surplus of \$100. This omission was subsequently caught and corrected by the Company.

Please let us know if there is anything else needed in relation to this matter.

Yours truly,

Arthur C. Carlos

President and Chief Executive Officer