

NEVADA HEALTH CO-OP, IN RECEIVERSHIP

FREQUENTLY ASKED QUESTIONS AND ANSWERS

Below are frequently asked questions and answers (“FAQs”) for the receivership of Nevada Health CO-OP (“NHC”). The FAQs are meant as a general guide, and you should feel free to contact NHC at the address or telephone mentioned in Question 7 below if you have further questions.

Question 1: WHAT IS THE STATUS OF NHC?

Answer: NHC has been ordered into receivership for purposes of rehabilitation and conservation. On October 1, 2015, the Eighth Judicial District Court of Clark County, Nevada (the “Receivership Court”) issued its Order appointing Acting Insurance Commissioner Amy L. Parks as Temporary Receiver (the “Temporary Order”). Pursuant to the terms of the Temporary Order, the Commissioner, as Receiver (“Receiver”), appointed the firm of CANTILO & BENNETT, L.L.P. as Special Deputy Receiver (“SDR”) of NHC. On October 14, 2015, the Receivership Court entered its *Permanent Injunction and Order Appointing Commissioner as Permanent Receiver of Nevada Health CO-OP* (the “Permanent Receivership Order”). As provided by the Permanent Receivership Order, the Receiver and SDR are authorized to conduct the business of NHC and to administer its affairs for the protection of all CO-OP members, providers, creditors, and the general public.

Question 2: WHY WAS IT NECESSARY TO PLACE NHC IN RECEIVERSHIP?

Answer: The Receivership Court found NHC to be in a financial condition such that the Receiver and SDR should be appointed to conduct the business and administer the affairs of NHC for the protection of NHC secured creditors, insureds, policyholders, general creditors, and the public in general.

Question 3: WHAT DOES RECEIVERSHIP MEAN?

Answer: Receivership is a protective measure established under Nevada insurance law whereby regulatory officials are authorized to seize control of the CO-OP for the protection of its members, providers, and the public. The Receiver and SDR, through the Order, have been given the authority to run the affairs of NHC in compliance with applicable Receivership Court orders and Nevada law.

Question 4: ARE REHABILITATION RECEIVERSHIP AND LIQUIDATION RECEIVERSHIP THE SAME THING?

Answer: No. When a company is placed in liquidation receivership, the Receiver is directed to dissolve the company, wind down its affairs, and distribute its assets to its policyholders and creditors. In a rehabilitation/conservation receivership, business continues with the Receiver’s supervision as the Receiver attempts to return the company to a financially sound condition. NHC has been ordered into a rehabilitation receivership.

Question 5: IS NHC IN LIQUIDATION, OR WILL IT BE PLACED IN LIQUIDATION?

Answer: NHC has been placed in receivership for the protection of its members and providers with the October 1, 2015, Temporary Order. It is currently in conservation. It is possible that it will be placed in liquidation.

Question 6: IS NHC ISSUING NEW INSURANCE POLICIES?

Answer: No. Before receivership the CO-OP discontinued issuing new coverages. On August 26, 2015, notices were sent out to members, providers, and brokers informing them that NHC would no longer offer new insurance policies as of December 31, 2015.

Question 7: HOW DO I PRESENT CLAIMS THAT I HAVE UNDER ONE OF NHC'S POLICIES?

Answer: Claims for coverage may be submitted to NHC by e-mail or postal mail using the following address:

Nevada Health CO-OP, in Receivership
840 S. Rancho Dr. #4-321
Las Vegas, Nevada 89106
nhcclaims@nevadahealthcoop.org

Each claim will be reviewed for its individual circumstances prior to disbursement of funds. No assurances are made as to approval or payment of such submitted claims.

Question 8: DID THE RECEIVERSHIP ORDERS CANCEL NHC INSURANCE POLICIES?

Answer: No. Current insurance policies will remain in effect until December 31, 2015. Members can continue to see plan providers under the terms of their policies. As always, members will need to pay premiums in accordance with plan rules for their coverage to remain in effect. **However, please be advised that you will need to select a new health insurer for 2016.** Open enrollment for 2016 under the Patient Protection and Affordable Care Act (ACA) begins November 1, 2015, and continues through January 31, 2016. More information is available at www.healthcare.gov.

Question 9: WILL NHC CONTINUE PAYING CLAIMS?

Answer: Payments for claims with dates of service prior to October 1, 2015, are currently being deferred. These claims will also be paid eventually as funds become available, but we cannot say at this time when or at what percentage they will be paid. In the near future, the SDR will put into place a process whereby members can file claims, with adequate supporting documentation, against the estate of NHC for amounts they believe NHC owes them.

Claims for dates of service on or after October 1, 2015, will be paid as funds become available. We hope to be able to pay all such claims promptly. Our focus right now is on assuring that health care services are not interrupted for our members. Your cooperation in this regard is sincerely appreciated. The members are being instructed to find a replacement health care program effective January 1, 2016, and the CO-OP will not be providing coverage after December 31, 2015. Claims for services rendered on and after January 1, 2016, will be the responsibility of the replacement program. Members whose coverage ends before that date will need to find a program to replace CO-OP coverage when it ends.

Question 10: WILL ALL CLAIMS BE PAID IN FULL?

Answer: It is too early in the receivership to determine whether there will be enough assets to pay all claims in full.

Question 11: DO I NEED TO SUBMIT MY CLAIMS AGAINST NHC BY A CERTAIN DATE?

Answer: In the near future, the SDR will file with the Receivership Court an application for approval of a proof of claim process whereby members, creditors, and parties interested in the affairs of NHC can file a claim against the estate of NHC by a bar date to be established by the Receivership Court. The Receiver will evaluate claims and, depending upon the sufficiency of receivership assets, determine and report as to the amounts allowed to be paid on each. Until the establishment of a bar date, all parties believing they have a claim against the estate of NHC may submit their claims, with adequate supporting documentation, to the address below.

Nevada Health CO-OP, in Receivership
840 S. Rancho Dr. #4-321
Las Vegas, Nevada 89106
nhcclaims@nevadahealthcoop.org

Question 12: WHEN WILL CLAIMS BE PAID?

Answer: Claims with a date of service on or after October 1, 2015, will be paid as funds become available. Any questions regarding this receivership or the affairs of NHC may be directed to the same address or e-mail address above.

Question 13: IS THERE A RECEIVERSHIP WEB SITE?

Answer: Yes. For copies of documents and additional information regarding the liquidation of NHC, please visit the SDR's web site at nevadahealthcoop.org.

Question 14: WILL MEMBERS BE RESPONSIBLE FOR DOCTOR AND HOSPITAL BILLS THE CO-OP DOES NOT PAY?

Answer: In general, health care providers are barred by contract or by the terms of the Permanent Receivership Order from seeking payment from members for amounts owed by the CO-OP. Any member who is billed by a provider for an amount owed by the CO-OP should advise the CO-OP immediately at the above address or telephone number.

Question 15: WILL BROKER COMMISSIONS CONTINUE TO BE PAID BY THE RECEIVERSHIP?

Answer: After a careful review of NHC's operations and financial condition, and effective at 12:01 A.M. on October 2, 2015, **the Receiver and SDR have decided to suspend the payment of claims by agents and brokers for services rendered to NHC or to its members both before and after the date of entry of the Temporary Order.**

Question 16: CAN I SWITCH MY INDIVIDUAL CLIENTS TO A DIFFERENT CARRIER NOW?

Answer: On-exchange individuals are not able to switch at this time. Changes in insurance providers for on-exchange individuals must occur during open enrollment, which begins on **November 1, 2015**, and continues through January 31, 2016. Please continue to work with your clients to select and enroll with a different 2016 insurance provider prior to January to avoid a gap in coverage. Off-exchange individuals who switch carriers are subject to the open enrollment or waiting period business rules of those carriers.

Question 17: CAN I SWITCH MY GROUP CLIENTS TO A DIFFERENT CARRIER NOW?

Answer: Yes, we encourage all groups to locate a new insurance provider prior to December 31, 2015.

Question 18: WHEN WILL MY HEALTH INSURANCE POLICY EXPIRE?

Answer: We expect that your current policy will remain in effect through the end of the year or its scheduled expiration if it occurs earlier than that date. We will notify you in advance of any changes.

- Question 19: DO I NEED TO KEEP PAYING THE CO-OP FOR MY HEALTH INSURANCE?
- Answer: Yes. You should continue to pay your insurance premiums through the end of the coverage period to maintain your health insurance.
- Question 20: WHAT DO I NEED TO DO?
- Answer: During open enrollment, you will need to choose a new health care policy with a different carrier to begin coverage on January 1, 2016. Open enrollment begins November 1, 2015. A broker or navigator can help you enroll with a new carrier for a 2016 plan. Please check the CO-OP's web site for additional information.
- Question 21: CAN I CHANGE INSURANCE COMPANIES RIGHT NOW?
- Answer: Not at this time. Changes in insurance providers for individuals must occur during open enrollment, which begins on November 1, 2015, and continues through January 31, 2016. Please select and enroll with your 2016 insurance provider before January to avoid a gap in coverage.
- Question 22: WILL MY DOCTOR CONTINUE TO ACCEPT THE CO-OP INSURANCE? CAN I STILL GET MY PRESCRIPTION FILLED?
- Answer: You may continue to see providers and receive coverage, for both medical and pharmacy, under your policy. As always, your premium must be paid timely. If your provider leaves the network, we will change the provider directory as soon as we become aware. We always recommend checking the provider list to make sure your provider is in the network. If you have any issues finding a provider, call us and we will assist you.
- Question 23: I AM ENROLLED THROUGH HEALTHCARE.GOV AND NEED TO CHANGE MY DEPENDENTS OR MAILING ADDRESS, BUT I DO NOT SEE THE CO-OP ON HEALTHCARE.GOV?
- Answer: Please call Healthcare.gov at 1-800-318-2596 (TTY: 1-855-889-4325) to change any of your information if you enrolled through HealthCare.gov.
- Question 24: I HAVE A SURGERY APPROVED AND SCHEDULED IN 2015, WILL IT STILL HAPPEN?
- Answer: Yes, at this time your coverage will continue under the same terms of your policy.