

STATE OF WASHINGTON
OFFICE OF THE INSURANCE COMMISSIONER

In the Matter of:

ALIERA HEALTHCARE, INC

Appellant.

Docket Nos. 19-0251

AMENDED NOTICE OF HEARING

This Amended Notice of Hearing is issued under RCW 48.04.010 and RCW 34.05.434, and replaces the prior Notice of Hearing issued on October 30, 2019. The parties jointly requested a continuance of the prior dates in the case schedule due to the volume of discovery and the time necessary for review.

The notice below only amends the hearing dates and case schedule, and removes a representative from the OIC that is no longer appearing on the case. The dates have been agreed upon by the parties.

I. HEARING DATE AND CASE SCHEDULE

A hearing has been scheduled in this matter for:

Date: December 7-11, 2020
Time: 9:00 AM, Pacific Standard Time
Location: 5000 Capitol Blvd., Tumwater, WA, 98501¹
Presiding Officer: Julia Eisentrout

¹ Hearings are generally scheduled to be in-person, at the OIC's Tumwater, Washington office. This hearing is currently scheduled to be in-person and occur at the same location, however, as the hearing date approaches, we will evaluate whether the hearing should be in-person or whether it is more prudent to convert it to a remote proceeding (via Zoom or similar technology) for the health and safety of the participants.

You must attend the hearing. If you cannot attend your hearing, please call the Hearings Unit at the Office of the Insurance Commissioner at 360-725-7002 or e-mail HearingsU@oic.wa.gov to request a continuance. **A party who fails to attend or participate in a hearing or other stage of this proceeding may be held in default, and the case may be dismissed.**

Hearing procedures are governed by RCW 48.04, RCW 34.05, WAC 10-08, and WAC 284-02-070, and relevant case law.

Case Schedule:

Discovery has concluded

Final day for filing and serving dispositive motion(s) (motions to dismiss or summary judgment)	AUGUST 7, 2020
Final day for filing and serving responses to any dispositive motion(s)	SEPTEMBER 4, 2020
Final day for filing and serving replies to responses	SEPTEMBER 18, 2020
Final day for Presiding Officer to issue decision on dispositive motion(s)	OCTOBER 19, 2020
Final day for filing and serving witness lists exhibit lists, and marked exhibits	OCTOBER 13, 2020
Final day for filing and serving pre-hearing briefs (<i>optional</i>)	NOVEMBER 3, 2020
Hearing Date	DECEMBER 7-11, 2020 9:00 AM

To comply with the deadlines in the schedule, materials must be filed by 5:00 p.m. Pacific Time (close of business).

II. PURPOSE OF HEARING

Aliera Healthcare, Inc. contests the Order to Cease and Desist No. 19-0251 issued by the Legal Department of the OIC. The parties agreed to the following issues for hearing.

1. Did Aliera violate RCW 48.17.060 by selling, soliciting or negotiating insurance in Washington state without a license?

2. Did Alieria represent an unauthorized insurer in violation of RCW 48.15.020(2)(a)?
3. Did Alieria violate RCW 48.44.015(1) by acting as a healthcare service contractor without first being registered with the commissioner?
4. Did Alieria operate as a discount plan organization without first obtaining a license in violation of RCW 48.155.020(1)?
5. Did Alieria knowingly make, publish or disseminate any false, deceptive or misleading representation or advertising in the conduct of the business of insurance, or relative to the business of insurance, or relative to any person engaged therein, in violation of RCW 48.30.040?
6. Did Alieria violate Washington disability insurance advertising regulations in WAC 284-50-050 and WAC 284-50-060?

III. PARTIES

All parties to the hearing and their representatives are listed below.

Appellant:

Alieria Healthcare Inc.
5901 Peachtree Dunwoody Rd.
Suite B-200
Atlanta, GA 30328
Sue.howard@alieracompanies.com

Agency:

Darryl Colman, Legal Manager
Legal Affairs Division
Office of the Insurance Commissioner
PO Box 40255
Olympia, WA 98504-0255
DarrylC@oic.wa.gov

Counsel for Appellant:

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Seattle, WA 98101
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Co-Counsel for Appellant:

Jeffrey Gingold
Gingold Law Firm, PLLC
400 Harborview Dr. SE #237
Bainbridge Island, WA 98110
gingoldj@gingoldlaw.com

FILING REQUIREMENTS

1. General Requirements

All case related documents and correspondence shall be clearly labeled with the case name and docket number, and should be emailed to the Hearings Unit at HearingsU@oic.wa.gov. The parties agreed to electronic filing and service. **Any documents filed with the Hearings Unit should have copies served on all parties.**

2. Exhibits

Exhibits must be filed electronically at this time. If you are having trouble, please contact the Hearings Unit at HearingsU@oic.wa.gov. All electronically filed exhibits should have a cover sheet for each exhibit. Please leave room in the bottom right hand corner for exhibits to be marked by the Hearings Unit. Before filing, parties shall remove personal identifiable information from all exhibits to be marked for admission at hearing, unless the information is relevant to the case. Personal identifiable information includes, but is not limited to, social security numbers, financial account numbers, and driver license numbers.

3. Witness Lists

Parties who intend to call witnesses should file a witness list. Each witness list will include: (a) the expected order in which witnesses will testify; (b) a brief description of the testimony expected from each witness; (c) an estimate of the amount of time needed for each witness' testimony. Witnesses must appear in-person unless telephonic appearance has been approved by the Presiding Officer. Special permission of the Presiding Officer will be required for the testimony of any witness not on the witness list. If a witness requires accommodation as outlined below, and/or requires an interpreter, please contact the Hearings Unit by October 15, 2020, so that arrangements can be made.

IV. ACCOMODATION

Pursuant to WAC 284-02-070(1)(c), accommodation will be made for persons needing assistance due to a disability, or difficulty with language. Further, pursuant to WAC 10-08-040(2) and in accordance with RCW Chapter 2.42, if a limited English speaking or hearing impaired or speech impaired party or witness needs an interpreter, a qualified interpreter will be appointed. There will be no cost to the party or witness, except as may be provided by RCW Chapter 2.42 and/or RCW 2.43. A Request for Accommodation form, with instructions, is attached to this Notice.

Dated: May 13, 2020



Julia Eisentrout, Presiding Officer

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CERTIFICATE OF SERVICE

The undersigned certifies under the penalty of perjury under the laws of the state of Washington that I am now and at all times herein mentioned, a citizen of the United States, a resident of the state of Washington, over the age of eighteen years, not a party to or interested in the above-entitled action, and competent to be a witness herein.

On the date given below I caused to be filed and served the foregoing *Amended Notice of Hearing* on the following people at their addresses listed below:

Alera Healthcare Inc.
rthead@trinityhealthshare.org

Eric Neiman
Ethan Smith
Lewis Brisbois Bisgaard & Smith
Eric.Neiman@lewisbrisbois.com
Ethan.Smith@lewisbrisbois.com

Jeffrey Gingold
Gingold Law Firm, PLLC
gingoldj@gingoldlaw.com

Darryl Colman, Legal Manager
Legal Affairs Division
Office of the Insurance Commissioner
DarrylC@oic.wa.gov

Dated this 13th day of May, 2020, in Olympia, Washington.

/s/ Rebekah Carter
Rebekah Carter
Paralegal, Hearings Unit

OFFICE OF INSURANCE COMMISSIONER
HEARINGS UNIT
Fax: (360) 664-2782

To request an interpreter, complete and send this form to:

Hearings Unit
Office of Insurance Commissioner
P.O. Box 40255
Olympia, WA 98504-0255
HearingsU@oic.wa.gov

REQUEST FOR ACCOMMODATION FOR LANGUAGE OR DISABILITY

I am a party in Matter No. 19-0251 before the Insurance Commissioner.

I request accommodation for the following disability (insert your disability):

I request an interpreter for myself or a witness who will be testifying at the evidentiary hearing.

Please check the statements that apply:

I am a non-English-speaking person and cannot readily speak or understand the English language. My primary language is _____ (insert your primary language). I need an interpreter who can translate to and from the primary language and English.

I am unable to readily understand or communicate the spoken English language because:

- I am deaf.
- I have an impairment of hearing.
- I have an impairment of speech.

[Please state below or on the reverse side any details which would assist the Commissioner or Presiding Officer in arranging for a suitable accommodation for your disability, an interpreter or in providing appropriate mechanical or electronic amplification, viewing, or communication equipment.]

Date: _____ Signed: _____

Please print or type your name: _____

Address: _____

Telephone: _____