

**REPORT TO THE  
WEST VIRGINIA LEGISLATURE RELATING TO**

**THE OFFICE OF THE  
CONSUMER ADVOCATE**

*Pursuant to Section 15c of Article 2, Chapter 33, of the West Virginia Code*



***Provided by  
The Offices of the Insurance Commissioner***

***February, 2005***

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## **I. INTRODUCTION**

During the 2004 regular session the West Virginia Legislature passed House Bill 4004 which added §33-2-15c to the Code. That section requires the Insurance Commissioner to report to the Legislature findings and recommendations regarding the Office of the Consumer Advocate. The report is to include:

- an overview of the function of the Office;
- the number and staff in the office and its structure;
- statistics showing the number of consumer complaints handled by the Office;
- treatment of these issues in other states; and
- a recommendation by the Insurance Commissioner about whether the state would benefit by expanding the role of the Consumer Advocate to other lines of insurance.

The work of the Consumer Advocate must be understood in context with the other consumer protections offered by the Insurance Commission. The Insurance Commission has a separate Consumer Service Division that serves as the point of contact between insurance consumers and the Insurance Commission and it has a Rates and Forms Division that analyzes filings made by insurance companies to preclude unfair rates or unjust terms. It also has a Financial Conditions Division the function of which is to monitor the financial well being of insurance companies so as to protect the consumer's right to be paid on commitments the company has made. Finally, the Commission has a Legal Division and a newly-created Fraud Division, both of which interpret and enforce insurance law. All of divisions work together to provide protections for consumers in the insurance industry and apropos discussion of their functions will be made in this report as well.

## **II. INFORMATION REQUESTED IN WEST VIRGINIA CODE SECTION 15C OF ARTICLE 2, CHAPTER 33 OF THE WEST VIRGINIA CODE**

### **1. Overview of the Office and How it Functions.<sup>1</sup>**

#### ***Overview***

The Office of Consumer Advocacy was created by the Legislature in 1991 and charged with representing consumers' interests in hospital rate and certificate of need applications filed with the Health Care Authority. The Consumer Advocate also was authorized to represent the public interest in matters coming before the Insurance Commission, but that authority was restricted to matters involving health care costs and health insurance. The Office is funded from special revenue funds appropriated by the Legislature. The director of the Office is appointed by the Insurance Commissioner for a four-year term. The Insurance Commissioner is required to provide office space, equipment and supplies for the office. The statutory provisions governing the Office are found in West Virginia Code §§33-2-16, 17 and 18. These provisions have not been amended since they were adopted in 1991. (See Appendix for statutory provisions.)

#### ***Function of the Office***

*Hospital Filings Before the Health Care Authority.* Copies of all hospital rate and certificate of need filings before the Health Care Authority are filed with the Office of Consumer Advocacy. Each of these filings is reviewed by the Office and a decision is made as to what action the Office should take. In the last three years the Office has participated in several hearings before the Health Care Authority each year regarding rate and certificate of need filings. The office has hired and examined expert witnesses and examined hospital experts and administrators in litigating these issues. The monitoring of hospital rates and certificate of need (CON) applications has been the focus of the Office.

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<sup>1</sup> §33-2-15(c)(b)(1)

*Actions Before the Insurance Commission.* The Office of Consumer Advocacy also participates in disputes between health insurance consumers and insurance companies. These complaints are first lodged with the Consumer Services Division of the Insurance Commission. That Division is physically located in the same suite of offices as the Office of Consumer Advocacy permitting close daily communication between the two. The two divisions work together to review complaints and make a determination as to the need for further action. This helps the Director of the Office of Consumer Advocacy remain informed of arising issues in health care delivery and payments. Where a dispute cannot be resolved between the consumer and the insurance company, or where the public interest will be served, the Director of the Office of Consumer Advocacy can intervene on behalf of the consumer at a hearing before the Insurance Commissioner or in court.

*Other duties.* The Insurance Commissioner has asked the Director of the Office of Consumer Advocacy to serve as manager for the Consumer Services Division and to participate in consumer issues outside the scope of health care. By expanding the role of the Director of the Office of Consumer Advocacy to all consumer issues, the Commissioner has undertaken to bolster the opportunity for the consumer's interest to be expressed, protected and advanced in the agency.

## **2. Staffing of the Office of Consumer Advocacy.<sup>2</sup>**

**Director** - the Director is responsible for over all direction of the office, final decision making on actions the office takes, and litigation of matters before the Health Care Authority, the Insurance Commission or courts.

**Nurse** - the Nurse has experience working for a Health Maintenance Organization and a hospital. She helps analyze medical issues that are raised in filings or complaints, offers insight into hospital operations and is knowledgeable about the operating procedures of HMOs.

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<sup>2</sup> §33-2-15(c)(b)(2)

**Rate Analyst** - the Rate Analyst reviews all hospital rate filings and the financial components of CON filings.

**Attorney** - the Attorney assists in litigation and research.

**Economist** - the Economist researches and analyzes trends and policy issues.

**Administrative Assistant** - the Administrative Assistant performs clerical work for the office.

**Consumer Services Division** (*Managed by the Director of the Office of Consumer Advocacy. Consumer Services is funded through general revenue funds of the Insurance Commission*)

**Staffing:** Director  
Six consumer complaints specialists  
Three administrative support employees.

***Function of the Division:*** The Consumer Services Division receives calls from individuals with questions or complaints about insurance. These calls tap the insurance commission's expertise for guidance on purchasing insurance, coverage issues and dispute resolution. This division answers questions about rates and rate increases and the availability of alternatives for the consumer to consider.

### **3. Number Of Consumer Complaints Handled By The Office From January 1, 2001 Until January 1, 2004.<sup>3</sup>**

The Consumer Services Division engages in several major types of activities. First, it responds to formal consumer complaints. Second, it responds to telephone and walk-in traffic. Third, it recovers money for consumers that have been overcharged, or for insurance coverages not received. The Consumer Services Division also is involved in the education and awareness effort at the Insurance Commission. The Division has employees attend fairs and conferences to distribute information, it participates in "Get Smart About Insurance Week", a national coordinated effort to inform consumers about insurance, it sends representatives to schools to educate students about insurance and it distributes information to interested callers. The scope of some of these activities can be seen in these charts.

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<sup>3</sup> §33-2-15(c)(b)(3)

**Table 1. Consumer Complaints Handled by Year**

Topic	2001	2002	2003
Life and Health	1,553	1,423	1,144
Property and Casualty	980	1,024	1,095
<b>Totals</b>	<b>2,533</b>	<b>2,447</b>	<b>2,239</b>

**Table 2. Telephone Inquires Handled by Year**

Line of Insurance	2001	2002	2003
Life and Health	8,847	8,331	7,164
Property and Casualty	9,353	11,203	12,297
Clerical	8,547	8,062	5,911
<b>Totals</b>	<b>26,747</b>	<b>27,596</b>	<b>25,372</b>

**Table 3. Money Recovered by Year**

Line of Insurance	2001	2002	2003
Life and Health	\$1,738,817	\$1,788,681	\$2,256,539
Property and Casualty	\$746,868	\$887,421	\$411,978
<b>Totals</b>	<b>\$2,485,685</b>	<b>\$2,676,102</b>	<b>\$2,668,517</b>

*Other Issues Addressed by Consumer Advocate*

- Assisted Consumers Service Division in analyzing and resolving over 2,000 consumer complaints each year.
- Identified rating issues for long term care insurance and worked on developing a method of review for those rates.
- Researched and helped develop methods for regulating association health plans.
- Regulated Health Maintenance Organizations, including audits for re-certification, assistance with market conduct studies, review of grievance reports and litigation of disputes before the Insurance Commissioner.
- Researched and advised the Insurance Commissioner on use of credit scoring in insurance decisions.
- Played a prominent role in development and initial operation of the West Virginia Health Insurance Plan.
- Researched and provided advice to the Insurance Commissioner regarding use of genetics information in insurance decisions.
- Participated on various committees, including the Health Umbrella Group, the Health Advisory Committee, Birth-to-Three, the Cancer Coalition and the Governing in the 21<sup>st</sup> Century Committee.

#### 4. Other Consumer Protections at the Insurance Commission.

The Office of Consumer Advocacy works closely with other divisions in the Insurance Commission to protect consumers' interests.

##### Rates and Forms Division

**Staffing:** Director/Attorney  
One attorney  
Six Policy and Rate Analysts  
Two administrative support employees

**Function of the Division:** The Rates and Forms Division is responsible for prior approval of all insurance policies and rates marketed in West Virginia to ensure that benefits are adequate and not excessive and not unfairly discriminatory to all policyholders.

The volume of work performed by this division is huge. In the twelve months ending October 31, 2004, the division reviewed 8,197 rate and form filings. Seven-hundred and sixty-five of those filings were disapproved because they were not in compliance with West Virginia law.

**Table 4. Rate and Form Division Activity (12 months ending October 31, 2004)**

<b>Filing Type</b>	<b>Number</b>
Form and Rule Filings	245
Form Filings	3,414
Form and Rate Filings	264
Rate Filings	787
Rate and Rule Filings	326
Rate, Rule, and Form Filings	328
Rule Filings	357
SERFF (electronic) Filings	2,476
<b>Total</b>	<b>8,197</b>

##### Financial Conditions Division

**Staffing:** Director  
Two Accounting and Auditing Supervisors  
Six Financial Analysts  
Two Tax Audit Clerks  
Three administrative support employees

**Function of the Division:** The mission of the Financial Conditions Division is to protect policyholders by monitoring the financial solvency and compliance with State law



of companies marketing insurance products in West Virginia. Financial Conditions performs this function by completing quarterly and annual financial analysis of filed financial statements, conducting on site financial and market conduct examinations of licensed insurance companies, and reviewing company license applications. The Financial Conditions Division is also responsible for the administration of the state insurance tax laws and the collection of premium taxes.

### **Legal Division**

**Staffing:**General Counsel  
Four Associate Counsels  
Two Administrative support employees  
One paralegal  
Two Investigators  
Three Market Conduct Examiners

**Function of the Division:** The Legal Division of the West Virginia Insurance Commission has many responsibilities and often works closely with other divisions when legal assistance is needed. The following is a brief description of the primary responsibilities of the Legal Division: Legislation, Rules, Responding to Legal Questions, Litigation, Insurance Company Receiverships and Liquidations, Informational Letters, Freedom of Information Act Disclosures and Investigations.

The Legal Division employs two investigators who investigate suspected violations by insurers of the West Virginia insurance laws. These investigations can lead to civil sanctions against the insurer and relief to consumers.

The Legal Division also employs three market conduct specialists who systematically perform on-site performance audits of insurers to monitor their compliance with insurance laws and regulations.

### **Fraud Division**

**Staffing:**Director  
Administrative support employee  
Three Investigators

**Function of the Division:** This division was created during the regular session of the West Virginia Legislature in 2004. It investigates suspected fraud in the insurance industry and works with prosecutors to seek criminal penalties against violators.

## **5. Consumer Advocates in Other States.<sup>4</sup>**

Only a few states use a consumer advocate model for insurance regulation. This finding is the result of telephone surveys with each insurance department in the various states

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<sup>4</sup> §33-2-15(c)(b)(4)

and searches of Internet and statutory resources. Almost all of the states have a consumer services division that takes individual complaints and serves as an informational outlet. They also have a rates and forms section to perform regulatory oversight of the rates and forms. Again the West Virginia approach in this regard is similar to that found in many other states.

*Florida* has a consumer advocate who participates in rate hearings as well as in consumer complaint hearings arising from insurance matters. This is a three person office, staffed by two attorneys and a secretary. This office does not do double service as an advocate before a hospital regulatory body, but it has represented consumer interests in health care matters. *Georgia* had a consumer advocate office until recently. A conversation with the advocate there revealed that the office was a special projects effort by the Governor of Georgia. When that governor left office the consumer advocate office was not continued.

The states immediately surrounding West Virginia were closely researched. *Maryland* has an excellent consumer services division that manages complaints and inquiries that reach it from insurance consumers. More formal treatment of complaints is handled through that division working with other offices to find a resolution to the complaint. *Virginia* uses the standard consumer services state model for most consumer protection. It also has an ombudsman for managed health care plans. The ombudsman assists consumers in understanding their rights as plan participants, but he does not act as an advocate. *Kentucky* does not have a specific Consumer Advocate's office with authority to intervene in rate issues before the Insurance Commission. *Ohio* does not have a separate consumer advocate for insurance consumers. *Pennsylvania* has an Insurance Department structured similarly to the West Virginia Insurance Commission. But like most other states it does not have a separate Consumer Advocate's office for insurance and it does not employ a consumer advocate to intervene in rate decision making. (See Appendix for a state-by-state list of consumer advocate functions).

## **6. Conclusions and Recommendation of the Commissioner.<sup>5</sup>**

### **Conclusions**

- The various divisions in the Office of the Insurance Commissioner are performing a coordinated function to protect insurance consumers in West Virginia.
- The Consumer Advocate serves as a voice for the consumer in policy making and other decisions made at the Insurance Commission.
- Asking the Consumer Advocate to intervene in rate making decisions would inefficiently require it to obtain redundant, costly and time consuming expertise found elsewhere in the Insurance Commission.

### **Recommendations**

- I recommend the Office of Consumer Advocacy be continued as a voice representing the consumer's viewpoint in the Insurance Commission.
- I recommend the Office of Consumer Advocacy not be given authority to act as a litigator against the Insurance Commissioner or other divisions in the Insurance Commission as they perform their consumer protective functions.
- I recommend the Office of Consumer Advocacy initiate and execute effective information, education and outreach effort to consumers.

## **III. APPENDIX**

### **1. Statute to Create the Office of Consumer Advocacy in 1991.**

#### **Office of consumer advocacy established; appointed by insurance commissioner; director of consumer advocacy; promulgation of rules and regulations.<sup>6</sup>**

There is hereby created within the agency of the insurance commissioner the office of consumer advocacy. The director of the office of consumer advocacy shall be a full-time position and shall be appointed by the commissioner for a term of four years and may be discharged only for failure to carry out the duties of the office or for other good and sufficient cause.

The insurance commissioner shall provide office space, equipment and supplies for the office.

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<sup>5</sup> §33-2-15(c)(b)(5)

<sup>6</sup> §33-2-16

The director shall promulgate rules pursuant to article three [§§ 29A-3-1 et seq.], chapter twenty-nine-a of this code in order to effect the purposes of this section, section seventeen, and section eighteen [§§ 33-2-17 and 33-2-18] of this article.

On or before the first day of each regular session of the Legislature, the director shall file with the governor, the clerk of the Senate and the clerk of the House of Delegates a report detailing the actions taken by the division in the preceding calendar year. (1991, c. 90.)

**Authority of Office of consumer advocacy; retroactive effect of authority prohibited.<sup>7</sup>**

(a) In addition to the authority established under the rules promulgated by the director, the office of consumer advocacy is authorized to:

(1) Institute, intervene in, or otherwise participate in, as an advocate for the public interest and the interest of insurance consumers, proceedings in state and federal courts, before administrative agencies, or before the health care cost review authority [health care authority], concerning applications or proceedings before the health care cost authority [health care authority] or the review of any act, failure to act, or order of the health care cost review authority [health care authority];

(2) At the request of one or more policyholders, or whenever the public interest is served, to advocate the interests of those policyholders in proceedings arising out of any filing made with the insurance commissioner by any insurance company or relating to any complaint alleging an unfair or deceptive act or practice in the business of insurance;

(3) Institute, intervene in, or otherwise participate in, as an advocate for the public interest and the interests of insurance consumers, proceedings in state and federal courts, before administrative agencies, or before the insurance commissioner, concerning applications or proceedings before the commissioner or the review of any act, failure to act, or order of the insurance commissioner;

(4) Review and compile information, data, and studies of the reasonable and customary rate schedules of health care providers and health insurers, for the purposes of reviewing, establishing, investigating, or supporting and policy regarding health care insurance rates;

(5) Exercise all the same rights and powers regarding examination and cross-examination of witnesses, presentation of evidence, rights of appeal and other matters as any party in interest appearing before the insurance commissioner or the health care cost review authority [health care authority];

(6) Hire consultants, experts, lawyers, actuaries, economists, statisticians, accountants, clerks, stenographers, support staff, assistants, and other personnel necessary to carry out the provisions of this section and sections sixteen and eighteen [§§ 33-2-16 and 33-2-18] of this article, which personnel shall be paid from special revenue funds appropriated for the use of the office;

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<sup>7</sup> §33-2-17

(7) Contract for the services of technically qualified persons in the area of insurance matters to assist in the preparation and presentation of matter before the courts, the insurance commissioner, administrative agencies, or the health care cost authority [health care authority], which persons shall be paid from special revenue funds appropriated for the use of the office;

(8) Make recommendations to the Legislature concerning legislation to assist the office in the performance of its duties;

(9) Communicate and exchange data and information with other federal or state agencies, divisions, departments, or officers, and with other interested parties including, but not limited to, health care providers, insurance companies, consumers, or other interested parties;

(10) Perform other duties to effect the purposes of the office;

(b) The provisions of this section do not apply to any filing made by an insurance company, or act or order performed or issued by the commissioner, or complaint file by a policyholder with the commissioner prior to the thirtieth day of June, one thousand nine hundred ninety-one. All proceedings and orders in connection with these prior matters shall be governed by the law in effect at the time of the filing, or performance of issuance of the act or order.

(c) The scope of authority granted under this section and section sixteen of this article is restricted to matters related to health care costs and health insurance policies, subscriber contracts issued by organizations under article twenty-four [§§ 33-24-1 et seq.] of this chapter, health care corporations under article twenty-five [§§ 33-25-1 et seq.] of this chapter, health maintenance organizations under article twenty-five-a [§§ 33-25A-1 et seq.] of this chapter, contracts supplemental to health insurance policies, and other matters related to health insurance issues identified by rules of the commissioner promulgated under section one [§ 33-2-1] of this article and chapter twenty-nine-a [§§ 29-A-1-1 et seq.] of this code. (1991, c. 90)

**§ 33-2-18. Funding.**

The office of consumer advocacy shall be funded in an amount to be appropriated by the Legislature from special revenue funds. (1990, c. 90.)

**2. The Role of the Consumer Advocate in Other States**

State	Consumer Advocate Program	Independent Agency	Separate Funding	Represent the consumer in hearings	Intervene on rates
Alabama	None	N/A	N/A	N/A	N/A
Alaska	Ombudsman	YES	YES	NO	NO
Arizona	Ombudsman	YES	YES	NO	NO
Arkansas	None	N/A	N/A	N/A	N/A
California	Ombudsman	NO	NO	NO	NO
Colorado	None	N/A	N/A	N/A	N/A
Connecticut	Ombudsman	YES	NO	NO	NO

## The Role of the Consumer Advocate in Other States - Continued

<b>State</b>	<b>Consumer Advocate Program</b>	<b>Independent Agency</b>	<b>Separate Funding</b>	<b>Represent the consumer in hearings</b>	<b>Intervene on rates</b>
Delaware	None	N/A	N/A	N/A	N/A
D.C.	None	N/A	N/A	N/A	N/A
Florida	Consumer Advocate	NO	YES	YES	YES
Georgia	None	NO	NO	NO	N/A
Hawaii	None	N/A	N/A	N/A	N/A
Idaho	None	N/A	N/A	N/A	N/A
Illinois	Ombudsman	NO	NO	NO	NO
Indiana	None	N/A	N/A	N/A	N/A
Kansas	None	N/A	N/A	N/A	N/A
Kentucky	Ombudsman	NO	NO	NO	NO
Louisiana	None	N/A	N/A	N/A	N/A
Maine	None	N/A	N/A	N/A	N/A
Maryland	Consumer Advocate	NO	NO	YES	YES
Massachusetts	None	N/A	N/A	N/A	N/A
Michigan	None	N/A	N/A	N/A	N/A
Minnesota	None	N/A	N/A	N/A	N/A
Mississippi	None	N/A	N/A	N/A	N/A
Missouri	None	N/A	N/A	N/A	N/A
Montana	None	N/A	N/A	N/A	N/A
Nebraska	None	N/A	N/A	N/A	N/A
Nevada	None	N/A	N/A	N/A	N/A
New Hampshire	None	N/A	N/A	N/A	N/A
New Jersey	Ombudsman	NO	NO	NO	NO
New Mexico	Ombudsman	N/A	N/A	N/A	N/A
New York	None	N/A	N/A	N/A	N/A
North Carolina	None	N/A	N/A	N/A	N/A
North Dakota	None	N/A	N/A	N/A	N/A
Ohio	None	NO	NO	NO	N/A
Oklahoma	None	N/A	N/A	N/A	N/A
Oregon	None	N/A	N/A	N/A	N/A
Pennsylvania	None	N/A	N/A	N/A	N/A
Rhode Island	None	N/A	N/A	N/A	N/A
South Carolina	None	N/A	N/A	N/A	N/A
South Dakota	None	N/A	N/A	N/A	N/A
Tennessee	None	N/A	N/A	N/A	N/A
Texas	None	N/A	N/A	N/A	N/A
Utah	None	N/A	N/A	N/A	N/A
Vermont	Ombudsman	YES	YES	YES	YES
Virginia	Ombudsman	NO	NO	NO	NO
Washington	Consumer Advocate	NO	NO	NO	NO
West Virginia	Consumer Advocate	NO	YES	YES	YES
Wisconsin	None	N/A	N/A	N/A	N/A
Wyoming	Consumer Advocate	NO	NO	NO	NO

### 3. Certificate of Need and Hospital Rate Request Activity 2003

#### CERTIFICATE OF NEED - January 2003

FACILITY	CON NO.	REQUEST	INTERVENE	CAPITAL EXPENDITURE
WV School of Osteopathic Medicine	02-1/4-7548-P	Addition to Existing Clinic Facilities	no	\$3,993,625
Thomas Memorial Hosp	02-3-7573-H	Cardiac Catheterization Lab	affected party & hearing	\$2,500,000
Family Medical Imaging, LLC	02-1-7565-X/DC	Purchase of ultrasound equipment	No	\$174,000
Beckley ARH Hospital	03-1-7578-H	Diagnostic cardiac catheterization services	affected party & hearing	\$235,000
Bluefield Regional Medical Center	02-1-7568-H	Adult Open Heart Surgery	affected party & hearing withdrawn	\$8,361,287
HEALTHSOUTH Rehab Hosp/Hunt.	03-2-7580-B	Additional Inpatient Rehab beds	No	\$1,400,000
Logan General Hospital	03-2-7579-B	Inpatient Rehab beds	No	\$1,700,000
Greenbrier Valley Medical Center	03-4-7576-E	Fixed Site MRI project	No	\$2,478,000
Putnam General Hospital	03-3-7581-E	Fixed Site MRI project	No	\$2,565,000

#### CERTIFICATE OF NEED -February 2003

FACILITY	CON NO.	REQUEST	INTERVENE	CAPITAL EXPENDITURE
Southern WV Treatment Center, Inc.	03-1-7592-BH	Outpatient opiate addiction center	No	\$100,000
Hospice Care Corporation	02-7-7524-Y	Inpatient Residential Hospice	No	\$2,000,000

#### CERTIFICATE OF NEED - March 2003

FACILITY	CON NO.	REQUEST	INTERVENE	CAPITAL EXPENDITURE
Greendoor Resolutions, PLLC	02-5/7-7481-BH	Behavioral health service	No	\$0
Camden-Clark Memorial Hosp	03-5-7596-E	Additional Fixed MRI Unit	No	\$2,182,000
Renal Center of Moorefield, LLC	02-8-7564-R	End Stage Renal Disease Facility	No	\$897,288
National Mentor Services, LLC	03-W V-7604- A	Acquisition of REM, Inc and Related REM Organization.	No	\$11,780,000

#### CERTIFICATE OF NEED - April 2003

FACILITY	CON NO.	REQUEST	INTERVENE	CAPITAL EXPENDITURE
Memorial Hospital Home Health	02-1/3/4-7399-Z	Expansion of home health services	No	\$5,000
Putnam General Hospital	03-3-7617-H	Renovation and expansion	affected party & hearing/withdrawn	\$31,586,934
Jackson General Hospital	03-5-7621-H	Dev of 10 bed adult psych unit	No	\$375,000

**APRIL 2003 CONTINUED**

<b>FACILITY</b>	<b>CON NO.</b>	<b>REQUEST</b>	<b>INTERVENE</b>	<b>CAPITAL EXPENDITURE</b>
Cabell Huntington Hospital	03-2-7614-X/P	Acquisition of Physician Office Practice	No	\$593,775
Wetzel County Hospital	03-10-7620-H	Office building project	affected party & hearing/withdrawn	\$2,403,100
Logan Regional Medical Center	03-2-7628-H	Fixed Site MRI project	affected party	\$4,929,300
Kanawha Hospice Care, Inc.	03-3-7631-Y	Hubbard Hospice House Expansion Project	No	\$1,800,000

**CERTIFICATE OF NEED - May 2003**

<b>FACILITY</b>	<b>CON NO.</b>	<b>REQUEST</b>	<b>INTERVENE</b>	<b>CAPITAL EXPENDITURE</b>
MRIDD Group Home	03-6-7643-BH		No	\$28,000
Pleasant Valley Hospital	03-2-7591-E	Stationary In-house MRI	No	\$1,850,000

**CERTIFICATE OF NEED – June 2003**

<b>FACILITY</b>	<b>CON NO.</b>	<b>REQUEST</b>	<b>INTERVENE</b>	<b>CAPITAL EXPENDITURE</b>
Alleghany Medical Services P. C.	03-3/4/7-7367-R	In-center & in-home dialysis services	No	\$500,000
Valley Alliance Treatment Services	03-6-7653-BH	Methadone treatment center	No	\$135,000
Wheeling Hosp	03-11-7662-P	Wellsburg Family Practice Services Project	No	\$5,000
Wheeling Hosp	03-10-7661-P	Elm Grove Physician Acquisition Project	No	\$40,000

**CERTIFICATE OF NEED - July 2003**

<b>FACILITY</b>	<b>CON NO.</b>	<b>REQUEST</b>	<b>INTERVENE</b>	<b>CAPITAL EXPENDITURE</b>
NSC Acquisition Corp	03-1/2/3/4/5/6/8/10-A	Acquisition of National Specialty Clinics & Subsidiaries.	No	\$24,000,000
CAMC	03-3-7678-H	Renovation & expansion Highland Hospital	No	\$5,793,750
Logan Regional Medical Center	03-2-7679-P	Holden Medical Clinic Project	affected party & hearing Withdrawn	\$700,000
Princeton Community Hospital	03-1-7684-C	Cancer Center/Radiation Therapy Facility	No	\$5,546,320

**CERTIFICATE OF NEED – August 2003**

<b>FACILITY</b>	<b>CON NO.</b>	<b>REQUEST</b>	<b>INTERVENE</b>	<b>CAPITAL EXPENDITURE</b>
Weirton Sleep Center	03-11-7665-P	Cedar Pointe Sleep Associates sleep laboratory	No	\$200,000
Cabell Huntington Hospital	03-2-7677-E	PET-CT Scanner / Edwards Comp Cancer Center	No	\$2,700,000
Guardian Elder Care at Wheeling	03-10-7695-A	Acquisition of Peterson Rehab Hosp & Geriatric Center	No	\$2,250,000



**CERTIFICATE OF NEED - September 2003**

FACILITY	CON NO.	REQUEST	INTERVENE	CAPITAL EXPENDITURE
Jefferson Memorial Home Care	03-9-7597-X/Z	Home health expansion	No	\$0
St. Francis Hospital	03-3-7718-C	Cancer Treatment Center Project	affected party & hearing	\$7,000,000
Thomas Memorial Hosp	03-3-7706-E	Fixed Site MRI project	No	\$2,429,064

**CERTIFICATE OF NEED - October 2003**

FACILITY	CON NO.	REQUEST	INTERVENE	CAPITAL EXPENDITURE
Sistersville General Hospital	03-5-7584-H	Critical Access Hosp Replacement Project	No	\$13,068,015
United Hospital Center	03-6-7725-P	Bridgeport OB/GYN Project	No	\$50,000
Beckley ARH Hospital	03-1-7717-E	Fixed Site MRI project	No	\$2,100,000
Cornerstone Health Management	03-2-7736-H	Long term Acute Care Hospital Project	No	\$900,000
Mountain State BC / BS	03-W V-7726-P	Ambulatory Care Center	No	\$0
IntegriCare dba Extend-A-Care	03-1-7707-Y	Dev of Hospice Services Project	No	\$6,000
St. Mary's Occupational Health Center	03-2-7711-P	Occupational Health Center Project	No	\$200,000
Logan Regional Medical Center	03-2-7745-E	Mobile Lithotripter Services Project	No	\$400,000

**CERTIFICATE OF NEED - November 2003**

FACILITY	CON NO.	REQUEST	INTERVENE	CAPITAL EXPENDITURE
Intrepid USA Healthcare Services	03-11-7719-PV	Acquisition of home health care agency	No	\$18,447
WVU Hospitals	03-6-7740-E	Acquisition of Fixed MRI unit	No	\$2,780,000

**CERTIFICATE OF NEED - December 2003**

FACILITY	CON NO.	REQUEST	INTERVENE	CAPITAL EXPENDITURE
Metro Treatment of WV	03-6-7737-BH	Develop outpatient opiate treatment program in Monongalia Co.	No	\$30,000
Metro Treatment of WV	03-4-7738-BH	Outpatient opiate addiction center	No	\$30,000
Metro Treatment of WV	03-3-7729-BH	Outpatient opiate addiction center	No	\$30,000
Treatment Associates, Inc.	03-1-7771-BH	Southern WV Treatment Center Project	No	\$150,000
Treatment Associates, Inc.	03-8-7770-BH	Mineral County Treatment Center Project	No	\$150,000
Treatment Associates, Inc.	03-4-7772-BH	Greenbrier Treatment Center Project	No	\$150,000
Greenbrier Valley Medical Center	03-4-7764-H	OR Construction Project	No	\$6,150,000
Hospice of Southern WV	03-1-7641-Y	Development of 12 bed hospice home in Raleigh Co.	No	\$2,000,000

**RATE INCREASE REQUESTS - January 2003**

<b>HOSPITAL</b>	<b>RATE REQUEST</b>	<b>INTERVENE</b>
Ohio Valley Medical Center	9.9 overall increase	No
Plateau Medical Center	11% per discharge 10.01% per outpatient	No

**RATE INCREASE REQUESTS - March 2003**

<b>HOSPITAL</b>	<b>RATE REQUEST</b>	<b>INTERVENE</b>
Logan General Hospital	5.01 per discharge 5.0% per outpatient	No

**RATE INCREASE REQUESTS - April 2003**

<b>HOSPITAL</b>	<b>RATE REQUEST</b>	<b>INTERVENE</b>
St. Luke's Hospital	9.58 per discharge / 9.5 per outpatient	No
Wetzel County Hospital	5.01 per discharge / 5.00 per outpatient	No
Monongalia General Hospital	9.78 per discharge / 9.8 per outpatient	No
Grant Memorial Hospital	8.0 per discharge / 8.37 per outpatient	No
Beckley ARH	0.7 decrease / 4.26 decrease	No
Potomac Valley Hospital	6.0 per discharge / 6.98 per outpatient	No
Bluefield Regional Medical Center	9.4 per discharge / 6.4 per outpatient	No
Pocahontas Memorial Hospital	3.2 / 3.7 (benchmarking)	No

**RATE INCREASE REQUESTS – May 2003**

<b>HOSPITAL</b>	<b>RATE REQUEST</b>	<b>INTERVENE</b>
Weirton Medical Center	6.8 per discharge / 3.01 per outpatient	No
Camden-Clark Memorial Hosp	7% per discharge / 6.32% per outpatient	No
Princeton Community Hospital	9.8 per discharge / 9.29 per outpatient	No

**RATE INCREASE REQUESTS – June 2003**

<b>HOSPITAL</b>	<b>RATE REQUEST</b>	<b>INTERVENE</b>
Boone Memorial Hospital	12% overall	No
Monongalia General Hospital	6.75 overall	No

**RATE INCREASE REQUESTS - July 2003**

<b>HOSPITAL</b>	<b>RATE REQUEST</b>	<b>INTERVENE</b>
Thomas Memorial Hospital	4.5 overall	No
Cabell Huntington Hospital	4.5 overall	No
St Joseph's Hospital - Buckhannon	4.0 overall	No
St. Mary's Medical Center	4.0 overall	No
Stonewall Jackson Mem. Hosp	5.0 overall	No
Williamson Memorial Hospital	6.0 overall	No

**RATE INCREASE REQUESTS - August 2003**

<b>HOSPITAL</b>	<b>RATE REQUEST</b>	<b>INTERVENE</b>
Wheeling Hospital, Inc.	6.50 overall	No
Reynolds Memorial Hospital	3.5 overall	No

**RATE INCREASE REQUESTS - September 2003**

<b>HOSPITAL</b>	<b>RATE REQUEST</b>	<b>INTERVENE</b>
Jefferson Memorial Hospital	3 % per discharge / 5% outpatient	No

**RATE INCREASE REQUESTS – October 2003**

<b>HOSPITAL</b>	<b>RATE REQUEST</b>	<b>INTERVENE</b>
Pleasant Valley Hospital	6.75 per discharge / 5.25 outpatient	No
Fairmont General Hospital	3.99 per discharge / 15% outpatient	No
Raleigh General Hospital	3.50% overall	No
St. Francis Hospital	2.50% overall	No
Plateau Medical Center	9.95 per discharge / 9.95 outpatient	No
Putnam General Hospital	2% overall	No
Logan Regional Medical Center	6% overall	No
St. Josephs Hospital - Parkersburg	4% overall	affected party & hearing /interim decision12/23/03
City Hospital	6% overall	No
WVU Hospitals	5% overall	No
United Hospital Center	6% overall	No

**RATE INCREASE REQUESTS – November 2003**

<b>HOSPITAL</b>	<b>RATE REQUEST</b>	<b>INTERVENE</b>
Greenbrier Valley Medical Center	6% overall	No
Eye & Ear Clinic	2% overall	No
Ohio Valley Medical Center	3% overall	No
CAMC (revised copy received 11/7/03)	4% overall	No
Summersville Memorial Hospital	5.50% overall	No
Davis Memorial Hospital	4% overall	No
Montgomery General Hospital	4% overall	No