BEFORE ALLAN L. MCVEY, INSURANCE COMMISSIONER
OF THE STATE OF WEST VIRGINIA

In the Matter of:

NEW HAMPSHIRE INSURANCE COMPANY (NAIC No. 23841)

Administrative Proceeding No. 23-IC-156702

AGREED ORDER ADOPTING REPORT OF MARKET CONDUCT EXAMINATION, DIRECTING CORRECTIVE ACTION AND ASSESSING PENALTY

NOW COMES, Allan L. McVey, Insurance Commissioner of the State of West Virginia (hereinafter, "Commissioner"), and New Hampshire Insurance Company (hereinafter, "New Hampshire") who, after consideration of the *Report of Market Conduct Examination* (hereinafter, the "*Examination Report*") of New Hampshire have agreed to the entry of this Order.

FINDINGS OF FACT

1. The market conduct examination was a targeted examination focusing on the statutes, rules, and regulations pertaining to workers' compensation claims handling. The examination was conducted in accordance with W.Va. Code §33-2-9(c) by examiners duly appointed by the Commissioner and covered the period of November 1, 2020 through October 31, 2023.

2. On or about January 10, 2025, the examiner filed with the Commissioner, pursuant to W. Va. Code §33-2-9, the *Examination Report*.

3. A true copy of the *Examination Report* was provided to New Hampshire and New Hampshire was notified, pursuant to W.Va. Code §33-2-9(j)(2), that it had ten (10) days after receipt of the *Examination Report* to file a submission or rebuttals with the Commissioner. New Hampshire timely filed a submission/rebuttal.

4. As set forth in the *Examination Report*, the examination focused on the methods used by New Hampshire to manage its operations for each of the areas examined, including whether and how New Hampshire complies with West Virginia statutes and rules pertaining to the handling of workers' compensation claims.

5. A total of twenty-two (22) standards were reviewed during the examination. The company was compliant with seven (7) standards and predominantly compliant with three (3) standards. Two (2) standards were not applicable, and the company failed ten (10) standards.

6. The Commissioner reviewed the *Examination Report* and considered New Hampshire's submissions/rebuttals. New Hampshire agrees to the entry of this Order and waives notice of administrative hearing, any and all rights to an administrative hearing, and to judicial review of this matter.

CONCLUSIONS OF LAW

1. The Commissioner has jurisdiction over the subject matter and the parties to this proceeding.

2. This proceeding is conducted pursuant to and in accordance with W. Va. Code §§33-2-9 and 33-3-11.

3. The Commissioner is charged with the responsibility of verifying New Hampshire's continued compliance with West Virginia law.

4. As detailed in the *Examination Report*, New Hampshire failed to comply with provisions of West Virginia law. A summary of violations is set forth below.

- Standard G1: New Hampshire did not issue all compensability decisions in accordance with W.Va. Code R. § 85-1-10.1.

- Standard G2: In five occupational pneumoconiosis cases the non-medical decisions were not issued in a timely manner pursuant to W.Va. Code R. § 85-1-10.2.

- Standard G3: In two instances, requests for medical authorization took longer than the time required by W.Va. Code R. § 85-1-10.3 and in six claims the claimant was not informed of his or her right to a PPD evaluation.

- Standard G4: In eleven of the thirteen occupational pneumoconiosis cases reviewed, New Hampshire either made the referral to the Occupational Pneumoconiosis Board in an untimely manner or did not transmit the Board's findings to the parties.

- Standard G5: There were instances where New Hampshire did not respond to pertinent communications as required by W.Va. Code § 33-11-4(9)(b).

- Standard G6: Some claim files were not adequately documented to allow pertinent events to be reconstructed as required by W.Va. Code R. § 114-15-4.4.

- Standard G7: In eleven of fifteen files reviewed, New Hampshire did not issue required decisions or did not include all of the required information in decisions that were rendered.

- Standard G8: New Hampshire did not comply with all orders issued by the Board of Review as required by W.Va. Code R. § 85-1-10.7.

- Standard G12: There were forty instances where New Hampshire did not comply with W.Va. Code R. § 85-2-1, *et seq.* and the Commissioner's EDI Implementation Guide.

5. The Commissioner has determined that New Hampshire should be assessed a monetary penalty for violating the standards as set forth in the *Examination Report*.

ORDER

Pursuant to W.Va. Code §§ 33-2-9(j)(3)(A), following the review of the *Examination Report*, the examination work papers, and New Hampshire's response thereto, the Commissioner and New Hampshire have agreed to enter into the Agreed Order adopting the *Examination Report* and the imposition of an administrative penalty as set forth below. It is accordingly **AGREED** and **ORDERED** as follows:

1. The referenced and attached *Examination Report* is hereby **ADOPTED** and **APPROVED** and by this reference, incorporated herein and made a part hereof.

2. New Hampshire shall comply with the recommendations contained in the *Examination Report.*

3. New Hampshire shall continue to monitor its compliance with applicable West Virginia law.

4. New Hampshire shall specifically cure the violations and deficiencies identified in the *Examination Report* so as to bring itself into compliance and conformity with West Virginia law, as set forth hereinabove, to the extent such has not already been completed and/or accomplished.

5. New Hampshire will file a Corrective Action Plan (CAP), subject to the approval of the Commissioner, which said CAP shall detail New Hampshire's changes to its procedures and/or internal policies to ensure compliance with West Virginia law and shall further incorporate all

recommendations of the Commissioner's examiners and address all violations specifically cited in the *Examination Report*.

6. The CAP shall be submitted to the Commissioner for his approval within 30 days of the date this order is entered.

7. New Hampshire shall make reasonable changes to the CAP if and as directed by the Commissioner within 30 days of its receipt of the Commissioner's changes to, or disapproval of, the CAP.

8. New Hampshire shall, within 90 days of its receipt of notice from the Commissioner of his final approval thereof, implement the CAP.

9. Within thirty (30) days of the next regularly scheduled meeting of its Board of Directors, New Hampshire shall file with the Commissioner, in accordance with W.Va. Code § 33-2-9(j)(4), an affidavit executed by Tanya Kent, Vice President and Secretary, stating under oath that every member of the Board of Directors of New Hampshire has received a copy of the adopted *Examination Report* and this Order.

10. New Hampshire shall pay an administrative penalty in the amount of One Hundred Thousand Dollars ($100,000.00) for its non-compliance with West Virginia law as set forth hereinabove, the assessment of which penalty is in lieu of any other regulatory penalty and shall be remitted within 30 calendar days of the date this order is entered by the Commissioner.

11. It is AGREED and ORDERED that all such statutory notices, administrative hearings and appellate rights are herein waived by New Hampshire concerning this Report of Market Conduct Examination and Agreed Order.

Entered this 17th day of April, 2025.

Allan L. McVey
CPCU, ARM, AAI, AAM, AIS
Insurance Commissioner

REVIEWED AND AGREED TO BY:

On behalf of the Insurance Commissioner:

Jeffrey C. Black, Attorney Supervisor
Regulatory Compliance and Enforcement

On behalf of NEW HAMPSHIRE INSURANCE COMPANY:

By: Steven Harris
Print Name

Title: Vice President

Signature: DocuSigned by: Steven Harris

Date: 4/16/2025

Report of Market Conduct Examination

As of October 31, 2023

New Hampshire Insurance Company
1271 Avenue of the Americas, 37th Floor
New York, NY 10020-1304

NAIC COMPANY CODE: 23841
Examination Number: 23-IC-156702

TABLE OF CONTENTS

January 10, 2025

The Honorable Allan L. McVey, CPCU, ARM, AAI, AAM, AIS
West Virginia Insurance Commissioner
900 Pennsylvania Avenue
Charleston, West Virginia 25305

Dear Commissioner McVey:

Pursuant to your instructions and in accordance with West Virginia Code §§ 33-2-9, 33-2-10(b), 33-2-21(a), 23-1-1, 23-2C-22 and West Virginia Code of State Rules Title 85, a Market Conduct Examination has been made for the period of November 1, 2020 through October 31, 2023 on

New Hampshire Insurance Company
1271 Avenue of the Americas, 37th Floor
New York, NY 10020-1304

hereinafter referred to as the "Company" or "NHIC." The following report of the findings of this examination is herewith respectfully submitted.

COMPLIANCE WITH PREVIOUS EXAMINATION RECOMMENDATIONS

The West Virginia Office of the Insurance Commissioner (WVOIC) previously conducted a targeted market conduct examination of the Company as of March 31st, 2014. The previous examination findings included:

- A9: The regulated entity did not respond timely to thirty-nine (39) Requests for Information (RFI). [W. Va. Code §33-2-9 and W. Va. Code R. §114-15-4.9(a)]
- B1: The Company's complaint log did not match that of the WVOIC. [W. Va. Code §33-11-4(10) and W. Va. Code R. §114-15-4.6]
- G3: Claims were not resolved in a timely manner. [W. Va. Code R. § 85-1-10 et seq.]
- G6: Some of the indemnity payment calculations were incorrect or lacked the appropriate documentation. [W. Va. Code §§23-4-1c, 23-4-5, 23-4-6, and 23-4-14(b)(2), W. Va. Code R. §85-1-1 et seq., and Informational Letter 162A]
- G11a: The Company did not address thirteen (13) orders issued by the Office of Judges (OOJ) or the Board of Review (BOR) timely. [W. Va. Code R. § 85-1-10.7]
- G14: Submission of information through the Electronic Data Interchange was often untimely and inaccurate. [W. Va. Code § 23-2C-5(c)(8) and W. Va. Code R. §85-2-1 et seq. and West Virginia Offices of the Insurance Commissioner's Electronic Data Interchange Implementation Guide]

Previous recommendations for A9 and B1 appear to have been addressed and no subsequent failure was found. However, issues were found during the review of the remaining four (4) standards. Please see the Executive Summary and Observations for additional information.

PURPOSE AND SCOPE OF THE EXAMINATION

Market conduct examiners with the WVOIC reviewed certain business practices of the Company. The period covered by the examination was November 1, 2020 through October 31, 2023. W. Va. Code § 33-2-9 empowers the Commissioner to examine any entity engaged in the business of insurance. The findings in this report, including all work products developed in producing it, are the sole property of the WVOIC. West Virginia laws, regulations, and bulletins cited may be found at: https://www.wvinsurance.gov/Legal-Authority. "W.Va. Code" as used herein refers to the West Virginia Code Annotated. "W.Va. Code R." as used herein refers to the West Virginia Code of State Rules.

NHIC was chosen for a market conduct examination based on several factors. These factors may include, but are not limited to, information from the Consumer Services Division of the WVOIC concerning consumer complaints, Failure to Timely Act (FTA)

Orders, Market Analysis, as well as the length of time since the previous West Virginia statutory examination. The purpose of this market conduct examination was to determine the Company's compliance with West Virginia statutes and regulations. The conclusions and findings of this market conduct examination are public record.

The basic business areas that were reviewed and tested under this examination were:

- Complaint Handling
- Producer Licensing
- Claims

EXECUTIVE SUMMARY

The preliminary company review began March 5, 2024. The Examiner did not have remote access to the Company's computer systems for the examination, files were provided upon request through a secure site. The file review began May 20, 2024 and concluded on December 23, 2024. A total of twenty-two (22) standards were reviewed during this examination, the Company was compliant in seven (7), predominantly compliant in three (3), and two (2) were not applicable (N/A). The Company failed the remaining ten (10) standards. The Examiner noted that the claims handling services [for many of the policies in the business segment reviewed] were transferred from one TPA to another in 2021, which may have been a contributing factor for some of the delays and/or issues observed during the claims review. However, these changes do not absolve the carrier of its legal duty to comply with West Virginia (WV) statutes and regulations. [W. Va. Code §23-2C-20]

Below is the list of the WV statute and/or regulation violations revealed during the market conduct examination:

- **G1. CLAIMS – Initial Compensability Decisions and Investigations** [W. Va. Code R. §85-1-10.1] *Twelve (12) compensability decisions were either not issued or issued untimely. Three (3) of the twelve (12) claims were not thoroughly investigated prior to being closed without payment (CWOP).*

- **G2. CLAIMS – Non-Medical Occupational Pneumoconiosis (OP) Claim Decisions and Investigations** [W. Va. Code R. § 85-1-10.2] *Five (5) Non-medical decisions were made in excess of ninety (90) days.*

- **G3. CLAIMS – Paid Claims are Resolved Timely** [W. Va. Code R. §85-1-10 et seq.] *Two (2) medical authorization requests took longer than fifteen (15) working days to approve.*

- **G4. CLAIMS – OP Claims are Resolved Timely** [W. Va. Code R. §§85-1-10.4.b and 85-1-10.5.d] *Eleven (11) claimants were either referred untimely to the OP Board for examination and/or there was a delay issuing the OP Board Findings.*

- **G5. CLAIMS – Claim Correspondence is Responded to Timely** [W. Va. Code §33-11-4(9)(b)] *Ten (10) files had instances where pertinent communication regarding the claim either was not responded at all or was responded to untimely.*

- **G6. CLAIMS – Claim files are Adequately Documented** [W. Va. Code R. §114-15-4.4] *Nine (9) claim files were not sufficiently documented.*

- **G7. CLAIMS – Paid Claims Handled Properly According to State Laws** [W. Va. Code §§23-5-1(b)(1) expired 06/30/2022, 23-5-1a(b)(1) effective 07/01/2022, W. Va. Code R. §§85-1-7.2, 85-1-10 et seq., and Insurance Bulletin 22-07] *Claim decisions made in eleven (11) paid claim files were not issued appropriately.*

- **G8. CLAIMS – OP Claims Handled Properly According to State Laws** [W. Va. Code §§23-5-1(b)(1) expired 06/30/2022, 23-5-1a(b)(1) effective 07/01/2022, W. Va. Code R. §§85-1-7.2, 85-1-10 et seq., and Insurance Bulletin 22-07] *Seven (7) violations were found in which OP claims were not handled as required by WV statutes and regulations.*

- **G12. CLAIMS – Loss Statistical Coding is Complete and Accurate** [W. Va. Code § 23-2C-5(c)(8) and W. Va. Code R. §85-2-1 et seq. and West Virginia Offices of the Insurance Commissioner's Electronic Data Interchange (EDI) Implementation Guide] *Three (3) claims were not reported and multiple submissions to EDI were untimely and/ or incorrect.*

- **O1. OTHER - Claims Handled Properly According to State Laws** [W. Va. Code R. §85-1-15 et seq.] *Four (4) travel vouchers were not paid timely.*

Various predominantly compliant practices were identified as well. The Company is directed to take immediate corrective action to demonstrate its ability and intention to conduct business according to the WV insurance laws, statutes, and regulations. When applicable, corrective action for other jurisdictions should be addressed. The Examiner may not have discovered every unacceptable or non-compliant activity in which the Company is engaged. The failure to identify, comment on, or criticize specific Company practices does not constitute an acceptance of the practices by the WVOIC or its designee.

HISTORY AND PROFILE

New Hampshire Insurance Company (Company) was incorporated on July 7, 1869, as New Hampshire Fire Insurance Company, under the laws of the State of New Hampshire,

and commenced business on April 1, 1870. In September 1959, the name was changed to its current form. The Company re-domesticated to the Commonwealth of Pennsylvania on December 29, 1993. Following corporate restructuring, the Company re-domesticated again, this time to the State of Illinois, effective December 31, 2014.

The company is a member of an insurance company holding system pursuant to the provisions of 215 ILCS 5/131.1 and is a wholly owned subsidiary of AIG Property Casualty U.S., Inc., a Delaware corporation, and an indirect subsidiary of American International Group, Inc. (AIG). AIG is a Delaware corporation that is based in New York, New York.

In 2023, the Company's direct written premium in WV was $731,838 with a market share of 0.31%.

METHODOLOGY

The examination was conducted in accordance with the Standards and procedures established by the National Association of Insurance Commissioners (NAIC) and WV's applicable statutes and regulations. This is a report by test of company compliance with selected Standard Elements of Review contained in the NAIC's *2023 Market Regulation Handbook* (Handbook) and Standards approved by the WVOIC which are based on applicable WV statutes and administrative rules, as referenced herein. Testing is based on guidelines contained in the Handbook. All tests applied are included in this report.

Tests designed to measure the level of compliance with WV's statutes, rules and regulations were applied to the files. Each area of the examination has specific elements that were tested and are listed below.

The examiners used the NAIC standards of 7% error ratio on claims tests (93% compliance rate) and 10% error ratio on all other tests (90% compliance rate) to determine whether or not an apparent pattern or practice of being compliant or non-compliant existed for any given test. Except as otherwise noted, tests were conducted via random sample taken from a given population where applicable. Per the pre-examination discussions with the Company, the data population submitted for both the paid and denied/ CWOP sampling consisted of only one (1) of the Company's business segments. Due to the less frequent occurrence of OP claims, the Company was asked to submit all OP claims filed and/ or settled during the examination period for sampling. The claim file samples reviewed consisted of the following claim types:

- **Paid claims - fifteen (15)**
  The data population submitted consisted of eighty-eight (88) claims managed by three (3) different TPAs. Fifteen (15) were randomly selected for review.
- **Denied/ CWOP claims - ten (10)**
  Ten (10) claims were submitted, all of which were reviewed.
- **OP claims- twenty-three (23)**
  The data submitted consisted of forty-nine (49) claims. Twenty-six (26) claims were eliminated due to one of the following reasons:

- Claim was administered out of the review period.
- Federal Jurisdiction.
- The claim was handled through an AIG subsidiary.

The remaining twenty-three (23) claims were reviewed. Due to their complex nature, most OP claims take longer to settle than non-OP claims which may cause part of the claims administration to fall outside the review period.

In the compliance table, a "pass" response indicates compliance and a "fail" response indicates a failure to comply. The results of each test applied to a sample are reported separately.

ELEMENTS OF REVIEW AND STANDARDS

A1. OPERATIONS AND MANAGEMENT: Records are adequate, accessible, consistent and orderly, and comply with state record retention. (2023 NAIC Market Regulation Handbook Chapter 20, § A Standard 7)

- Are the records adequate and accessible? [W. Va. Code §33-2-9 and W. Va. Code R. §114-15-4]

A2. OPERATIONS AND MANAGEMENT: The regulated entity cooperates on a timely basis with examiners performing the examinations. (2023 NAIC Market Regulation Handbook Chapter 20, § A Standard 9)

- Did the Company provide records and cooperate with examiners on a timely basis? [W. Va. Code §33-2-9 and W. Va. Code R. §114-15-4.9(a)]

B1. COMPLAINT HANDLING: All complaints are recorded in the required format on the regulated entity's complaint register. (2023 NAIC Market Regulation Handbook Chapter 20, § B Standard 1)

- Is the Company recording all complaints, both direct from consumers as well as from the WVOIC, on a regulatory compliant complaint register? [W. Va. Code §33-11-4(10) and W. Va. Code R. §114-15-4.6]

B2. COMPLAINT HANDLING: The regulated entity has adequate complaint handling procedures in place and communicates such procedures to policyholders. (2023 NAIC Market Regulation Handbook Chapter 20, § B Standard 2)

- Does the Company have adequate complaint handling procedures in place Per W. Va. Code §33-11-4(10)?

B3. COMPLAINT HANDLING: The regulated entity takes adequate steps to finalize and dispose of the complaint in accordance with applicable statutes, rules, and regulations and contract language. (2023 NAIC Market Regulation Handbook Chapter 20, § B Standard 3)

- Does the Company properly and promptly resolve complaints? [W. Va. Code §33-11-4(10), W. Va. Code R. §§114-15-4.6 and 85-1-16]
- Did the Company respond to all the issues or concerns raised in the complaint? [W. Va. Code R. §85-1-16]
- Is the Company maintaining adequate documentation of complaints? [W. Va. Code R. §§114-15-4.6 and 85-1-16]

B4. COMPLAINT HANDLING: The time frame within which the regulated entity responds to complaints is in accordance with applicable statutes, rules, and regulations. (2023 NAIC Market Regulation Handbook Chapter 20, § B Standard 4)

- Is the Company responding to complaints in a timely manner? [W. Va. Code R. §85-1-16]

D1. PRODUCER LICENSING: Termination of producers complies with applicable standards, rules and regulations regarding notification to the producer and notification to the state, if applicable. (2023 NAIC Market Regulation Handbook Chapter 20, § D Standard 3)

- Does the Company notify the Commissioner's Office (Online or via form as prescribed by the WVOIC) within thirty (30) days of terminating the producer's authority? [W. Va. Code §33-12-25 et seq.]
- Is the producer notified simultaneously? [W. Va. Code §33-12-25(d)]
- Does the producer termination letter include the specific reason for termination? [W. Va. Code R.§114-15-4.5]
- Does the Company notify the Commissioner's Office if the termination is for cause? [W.Va. Code §33-12-25(a)]

D2. PRODUCER LICENSING: Records of terminated producers adequately document reasons for termination. (2023 NAIC Market Regulation Handbook Chapter 20, § D Standard 5)

- Do company records document the reason for producer termination? [W. Va. Code §33-12-25(a) & (b)]

G1. CLAIMS: Initial compensability decisions and investigations are conducted in a timely manner. (2023 NAIC Market Regulation Handbook Chapter 20, § G Standards 1 & 2)

- Except in instances where a claim has been tolled for additional evidence gathering, did the Company rule on occupational injury and occupational disease claims, other than OP claims, within fifteen (15) working days from the receipt of all required information? [W. Va. Code R. §85-1-10.1]
- Did the Company promptly conduct and diligently pursue a thorough, fair and objective investigation without delaying the resolution by seeking information not

reasonably required for and/or material to the determination of the claim dispute? [W. Va. Code §33-11-4(9)(d-f)]

G2. CLAIMS: Non-medical occupational pneumoconiosis claim decisions and investigations are conducted in a timely manner. (2023 NAIC Market Regulation Handbook Chapter 20, § G Standards 1 & 2)

- Did the Company enter non-medical decisions in OP claims within ninety (90) days from the date the Company receives properly executed, prescribed forms? [W. Va. Code § 23-4-15b and W. Va. Code R. § 85-1-10.2]
- If additional evidence was required for the Company to enter a non-medical decision, was the claim tolled for no more than thirty (30) additional days? [W. Va. Code R. § 85-1-10.2]
- Did the Company conduct a prompt, thorough, and objective investigation without delaying the settlement of the claim by requiring information already submitted or not pertinent/material to the resolution of the claim? [W. Va. Code §33-11-4(9) et seq.]

G3. CLAIMS: Claims are resolved in a timely manner. (2023 NAIC Market Regulation Handbook Chapter 20, § G Standard 3)

- Does the Company act upon requests for authorization of medical treatment, medications, appliances, devices, and supplies within fifteen (15) working days to ensure claimants received the type of treatment needed as promptly as possible? [W. Va. Code §23-4-7a and W. Va. Code R. §85-1-10.3]
- When requested, does the Company refer claimants to a physician for examination and evaluation for consideration of a permanent disability award within thirty (30) working days of receipt? [W. Va. Code R. §85-1-10.5.b]
- Does the Company refer claimants to physicians for examinations and evaluations within twenty (20) days of the end of the one hundred twenty (120) day period of temporary total disability? [W. Va. Code R. §85-1-10.4.a]
- Was a notice given to the claimant concerning the right to a permanent disability evaluation? [W. Va. Code §23-4-22]
- Is the Company acting upon a permanent disability evaluation report within thirty (30) working days of receipt? [W. Va. Code R. §85-1-10.5.a]
- Does the Company initiate payment of permanent partial disability (PPD) awards (either lump sum or installments) within fifteen (15) working days of the decision? [W. Va. Code R. §85-1-10.5.c]
- Is the Company ruling on applications for reopening of disability claims within thirty (30) days of receipt of the application? [W. Va. Code R. §85-1-10.6]

G4. CLAIMS: Occupational pneumoconiosis claims are resolved in a timely manner. (2023 NAIC Market Regulation Handbook Chapter 20, § G Standard 3)

- Was a notice sent to the parties involved concerning the scheduling of examinations and/or evaluations performed by the OP Board within sixty (60) days

of a non-medical decision directing referral to the OP Board? [W. Va. Code R. §85-1-10.4.b]
- Does the Company communicate the findings of the OP Board within thirty (30) working days after the examination to the parties involved? [W. Va. Code R. §85-1-10.5.d]

G5. CLAIMS: The regulated entity responds to claim correspondence in a timely manner. (2023 NAIC Market Regulation Handbook Chapter 20, § G Standard 4)

- Did the Company reply to pertinent communications from a claimant which reasonably suggests that a response is needed? [W. Va. Code § 33-11-4(9)(b)]

G6. CLAIMS: Claim files are adequately documented. (2023 NAIC Market Regulation Handbook Chapter 20, § G Standard 5)

- Does the file contain all notes and work papers pertaining to the claim in such detail that pertinent events and the dates of such events can be reconstructed? [W. Va. Code R. §114-15-4.4]

G7. CLAIMS: Paid claims are properly handled in accordance with policy provisions and applicable statutes, rules, and regulations. (2023 NAIC Market Regulation Handbook Chapter 20, § G Standard 6)

- Does the Company have written claim standards in place for prompt investigations in accordance with W. Va. Code §33-11-4(9)(c)?
- Upon making any decision, does the Company issue written notices to all parties involved? [W. Va. Code R. §85-1-7.2]
- Do the written notices issued include all the required information and advise the claimant how to object/protest the decision? [W. Va. Code §§23-5-1(b)(1) expired 06/30/2022, 23-5-1a(b)(1) effective 07/01/2022, W. Va. Code R. §85-1-7.2, and Insurance Bulletin 22-07]
- If an objection/protest to the written decision is made, is the Company complying with all orders/mandates from the OOJ and/or the BOR within thirty (30) days from the date of receipt, unless the responsible party is required to act sooner under the terms of the order/mandate, or the order/mandate is subject to a lawfully ordered stay? [W. Va. Code §§23-5-9(f) expired 06/30/2022, 23-5-9a(g) effective 07/01/2022, and W. Va. Code R. §85-1-10.7]
- Is the Company calculating, and paying indemnity payments (temporary total, permanent partial, permanent total, fatal, non-awarded partial) correctly? [W. Va. Code §§23-4-1c, 23-4-5, 23-4-6, and 23-4-14(b)(2), W. Va. Code R. §85-1-1 et seq., and Informational Letter 162A]
- Is the medical management of a claim handled in accordance with applicable statutes, rules and regulations? [W. Va. Code § 23-4-3b(b) and W. Va. Code R. §85-20-1 et seq.]
- Does the Company properly treat claimants in all return-to-work aspects, including but not limited to determinations, coverage questions, claim payments, and rehabilitation? [W. Va. Code §23-4-9 and W. Va. Code R. §85-15-1 et seq.]

- Are closure letters issued properly? [W. Va. Code §§23-4-16(a)(4), 23-4-22, and W. Va. Code R. §85-1-7.2]

G8. CLAIMS: Occupational pneumoconiosis claims are properly handled in accordance with policy provisions and applicable statutes, rules, and regulations. (2023 NAIC Market Regulation Handbook Chapter 20, § G Standard 6)

- Are written notices issued to all parties when both the non-medical and the OP Board decisions are made? Do the decision notices include all the required information and advise the claimant how to object/protest the decision? [W. Va. Code §§23-4-15b, 23-5-1(b)(1) expired 06/30/2022, 23-5-1a(b)(1) effective 07/01/2022, W. Va. Code R. §85-1-7.2, and Insurance Bulletin 22-07]
- Once the medical decision is made by the OP Board, is the Company paying the compensation correctly? [W. Va. Code §§23-4-6, 23-4-6a, 23-4-14 et seq., and W. Va. Code R. §85-1-10.5c]
- When an objection/protest to the written decision is made, is the Company complying with all orders/mandates from the OOJ and/or the BOR within thirty (30) days from the date of receipt, unless the party responsible is required to act sooner under the terms of the order/mandate, or the order/mandate is subject to a lawfully ordered stay? [W. Va. Code §§23-5-9(f) expired 06/30/2022, 23-5-9a(g) effective 07/01/2022, and W. Va. Code R. §85-1-10.7]

G9. CLAIMS: Denied and closed without payment claims are handled in accordance with policy provisions and state laws. (2023 NAIC Market Regulation Handbook Chapter 20, § G Standard 9)

- Does the Company send out immediate notice to all parties once a decision has been made? Do the written notices provide a reasonable basis for the denial when required by statute or regulation? [§§23-5-1(a) and 23-5-1(b)(1) expired 06/30/2022, 23-5-1a(a) and 23-5-1a(b)(1) effective 07/01/202, W. Va. Code R. §85-1-7.2 and Insurance Bulletin 22-07]
- Are claims being denied inappropriately due to a technicality? [W. Va. Code §§23-5-13 expired 06/30/2022, 23-5-13a effective 07/01/2022, and W. Va. Code R. §85-1-3.1]
- Does the Company provide claimants with instructions for filing an objection/protest to the written decision? Do the notices provide the necessary claim information for claimants to file an objection/protest? [W. Va. Code §§23-5-1(b)(1) expired 06/30/2022, 23-5-1a(b)(1) effective 07/01/2022, W. Va. Code R. §85-1-7.2, and Insurance Bulletin 22-07]

G10. CLAIMS: Canceled benefit checks and drafts reflect appropriate claim handling practices. (2023 NAIC Market Regulation Handbook Chapter 20, § G Standard 10)

- Except where provided by statute, was compensation paid only to the employee or their dependent? [W. Va. Code §23-4-18]

G11. CLAIMS: Claim handling practices do not compel claimants to institute litigation, in cases of clear liability and coverage, to recover amounts due under policies by offering substantially less than is due under the policy. (2023 NAIC Market Regulation Handbook Chapter 20, § G Standard 11)

- Were claimants forced to seek litigation to recover amounts clearly due? [W. Va. Code §33-11-4(9)(g)]
- Did the Company compel claimants to settle a claim for less than what a reasonable man would believe he was entitled? [W. Va. Code §33-11-4(9)(h)]
- Were litigated claims a result of problematic claim handling practices? [W. Va. Code §§33-11-4(9) et seq. and 33-11-7]

G12. CLAIMS: Loss statistical coding is complete and accurate. (2023 NAIC Market Regulation Handbook Chapter 21, § G Standard 3)

- Does the Company promptly and accurately provide the WVOIC with all necessary claim information to maintain the Workers' Compensation Claim Index? [W. Va. Code § 23-2C-5(c)(8) and W. Va. Code R. §85-2-1 et seq. and West Virginia Offices of the Insurance Commissioner's Electronic Data Interchange (EDI) Implementation Guide]
  1. Did the Company/ TPA submit the First Report of Injury (FROI) report timely within ten (10) business days and correctly?
  2. Did the Company/ TPA submit the Subsequent Reports of Injury (SROI) report(s) updates on each claim either monthly or quarterly?
  3. Did the Company/ TPA properly report the closure of the claim when no additional transactions are expected on the claim? (For example: A notification that an accident has occurred is not a request for a compensability decision and therefore should not be denied (FROI 04) or administratively closed (SROI FN) and should be canceled as a FROI 01.)

O1. OTHER: Claims are properly handled in accordance with policy provisions and applicable statutes, rules, and regulations. (2023 NAIC Market Regulation Handbook Chapter 20, § G Standard 6)

- When submitted, does the company reimburse claimants for reasonable travel, meals, and lodging expenses incurred in connection with an authorized medical examination or treatment? Are the reimbursements issued timely? [W. Va. Code R. §85-1-15 et seq.]

O2. OTHER: Claims are properly handled in accordance with policy provisions and applicable statutes, rules, and regulations. (2023 NAIC Market Regulation Handbook Chapter 20, § G Standard 6)

- **Failure to Timely Act** - W. Va. Code § 23-4-1c(a)(3) provides a process by which claimants may submit a protest to the Board of Review when the claim administrator fails to timely rule or act upon any request in a workers' compensation claim. Many common actions in workers' compensation claims (rule

on the compensability of the claim, schedule a doctor's examination, act upon a doctor's request, etc.) have legally established time limits for insurance carriers to act.

COMPLIANCE TABLE

Review Section	***# Pass***	***# Fail***	***Minimum Standard Compliance %***	***Compliance Result %***	***Examination Result***		
					Compliant	**Predominantly Compliant**	**Non-Compliant**
A1	Pass		Pass	Pass		X	
A2	Pass		Pass	Pass	X		
B1	27		90	100	X		
B2	Pass		Pass	Pass	X		
B3	26	1	90	96		X	
B4	27		90	100	X		
D1	Pass		Pass	Pass		X	
D2	Pass		Pass	Pass	X		
G1	7	12	93	37			X
G2	5	5	93	50			X
G3	13	2	93	87			X
G4	2	11	93	15			X
G5	15	10	93	60			X
G6	39	9	93	81			X
G7	4	11	93	27			X
G8	11	7	93	61			X
G9	N/A	N/A	N/A	N/A	N/A	N/A	N/A
G10	21		93	100	X		
G11	24		93	100	X		
G12		Fail		Fail			X
O1	1	4	93	20			X
O2	N/A	N/A	Observation	Only	N/A	Observation	Only

*See "Observations and Recommendations" below.

OBSERVATIONS

A1. OPERATIONS AND MANAGEMENT – The Company was found predominantly compliant.

Producer Licensing- The Company's response to the producer licensing section of the WVOIC's Preliminary Request Packet (PRP) gave the impression to the Examiner that the Company was unable to provide a data list of appointed individual insurance producers for review. W. Va. Code §33-12-18 (f) requires insurers to maintain a current list of individual insurance producers appointed to accept applications on behalf of the insurer and make the list available to the commissioner upon request. A RFI was sent to the Company concerning its response to the PRP. The individual producer data list was provided with the RFI response.

Producer Licensing- During the examination, terminated producer records were requested on three (3) separate occasions whilst trying to determine compliance with WV statutes and regulations. Two (2) of the files submitted [on all three (3) occasions] did not contain termination letters. It is unknown if termination letters were sent to these producers.

Complaint Handling – The Company was unable to provide documentation for an extension request made by the Company and granted by the WVOIC. Please see observation **B4** for additional information.

A2. OPERATIONS AND MANAGEMENT – The Company's representatives were cooperative and responded in a timely manner to the Examiner's request for preliminary information, claims data, claim files, and all RFIs. A total of thirty-three (33) RFIs were sent during the examination. [W.Va. Code R. § 114-15-4.9(a)]

B1. COMPLAINT HANDLING - The Company is maintaining a complaint log for direct complaints in accordance with the requirements of W. Va. Code R. § 114-15-4.6. The Company's log reconciled with WVOIC records.

B2. COMPLAINT HANDLING - The Company has procedures in place for complaint handling.

B3. COMPLAINT HANDLING – Complaints were handled appropriately and promptly with only one (1) documentation issue noted, please see observation below in **B4** for further details. The Company was found predominantly compliant.

B4. COMPLAINT HANDLING – It appeared the Company responded untimely to five (5) complaints during the review period; however, when asked about the untimely responses in a RFI, the Company was able to provide documentation for four (4) of the five (5) files showing the WVOIC granted an extension when requested by the Company. The

Examiner verified an extension was granted for the one (1) remaining complaint file through the WVOIC's in-house records. All complaints reviewed were answered within fifteen (15) working days or by the time allotted per the Company's extension request.

D1. PRODUCER LICENSING – The Producer termination files reviewed have documentation showing the WVOIC was notified of the termination within thirty (30) days, [except for the two (2) unverifiable termination letters mentions in **A1**] it appears the producers were notified simultaneously, and none of the producers were terminated for cause. However, eight (8) termination letters did not include the reason for termination. W. Va. Code R.§114-15-4.5 requires producer termination letters to include the specific reason for termination. When asked about this in a RFI, the Company advised it will enhance its process to ensure termination notifications include a specific reason for termination. The Company was found predominantly compliant.

D2. PRODUCER LICENSING – All terminated producer records reviewed documented the reason for termination. None were terminated for cause.

G1. CLAIMS – Initial Compensability Decision and Reasonable Investigation
[W. Va. Code §33-11-4(9)(d-f) and W. Va. Code R. §85-1-10.1]

Denied/CWOP claims - Four (4) of the ten (10) claims reviewed were marked as N/A, incident only with no medical treatment sought, five (5) of the six (6) remaining files were reported as Medical Only; however, a decision letter was never sent to the claimant and three (3) of those five (5) claims were administratively closed before a thorough investigation was performed.

Paid claims – Seven (7) of the fifteen (15) claims reviewed had initial rulings made in excess of fifteen (15) working days. The Examiner noted that one (1) of the remaining eight (8) claims had a decision notice issued denying part of the injury as not work related; however, a decision notice was not sent concerning the compensable injury and two (2) claims were marked N/A. The files marked N/A both had notes in the file that a ruling was made, neither had documentation in the file that could be used to verify compliance. Please refer to **G6** for additional information.

G2. CLAIMS – Non-Medical Decisions Made Timely / Without Unnecessary Delays- Only ten (10) OP claims had non-medical decisions made during the review period, five (5) of those decisions were made in excess of ninety (90) days. One (1) instance that stood out to the Examiner was a non-medical decision issued almost two (2) years after the initial application was received by the Company. As of October 31, 2023, this claimant was still awaiting an OP Board examination. [W. Va. Code §33-11-4(9) and W. Va. Code R. §85-1-10.2]

G3. CLAIMS – Paid Claims Resolved Timely - It appears, that when applicable, the TPAs are acting timely upon receipt of PPD evaluations; however, a notice concerning the right to a PPD evaluation was not given to six (6) of the fifteen (15) claimants. Also, two (2) medical authorization requests took longer than fifteen (15) working days to

approve, possibly delaying the recovery time and the conclusion of the claims. [W. Va. Code §§23-4-7a and 23-4-22]

G4. CLAIMS – OP Claims Resolved Timely - During the review period, eleven (11) of the thirteen (13) OP claims reviewed were either referred untimely to the OP Board for examination and/ or there was a delay issuing a decision once the OP Board Findings were received by the Company/TPA. The untimely referrals to the OP Board ranged in time from one hundred eighty (180) days to five hundred seventy- five (575) days. Per W. Va. Code R. §85-1-10.4.b, referrals should be made within sixty (60) days of the non-medical decision being issued. The delays noted pertaining to the issuance of a decision regarding the OP Board Findings ranged from thirty-nine (39) working days to one hundred fifteen (115) working days. W. Va. Code R. §85-1-10.5.d states, the findings of the OP Board shall be transmitted to the parties within thirty (30) working days.

G5. CLAIMS – Claim Correspondence/ Pertinent Communication - Only twenty-five (25) files reviewed had pertinent communication concerning the claim that suggested a response was expected. [W. Va. Code §33-11-4(9)(b)]

Denied/CWOP claims - One (1) issue was found where the TPA did not respond to an email from the employer regarding medical bills sent directly to the TPA.

Paid claims – During the review, it seemed as if a violation had occurred; however, per the response to RFI-JT13-A *".....We confirmed that although not documented in the file, the examiner did speak with the claimant's wife..."* It appears this was a documentation issue instead, reference **G6** below.

OP claims - Only eleven (11) OP claims reviewed had outside claim correspondence in the file. Nine (9) of the eleven (11) files had instances where pertinent communication was not responded to timely. Claims correspondence varied from file requests to claim status updates and travel reimbursements. One (1) example the Examiner observed was an email [from a district claims manager at the WVOIC] requesting an update from the adjustor concerning the claimant's ability to be rescheduled for his OP Board Examination. The Examiner sent a RFI regarding the reply to this email. The Company responded, *"The TPA could not locate a response to her email in the file."*

G6. CLAIMS –Claim File Documentation
The following issues were observed where claim files were not maintained in such a way to show clearly the handling of the claim and/or the claim file was not adequately documented allowing pertinent events to be reconstructed. [W. Va. Code R. §114-15-4.4]

Denied/CWOP claims – One (1) file lacked the specific reason for closure after notification from the claimant that medical treatment had been sought. The TPA was advised during the examination to reopen the claim and handle it accordingly. The Examiner requested a status update and was advised on December 20, 2024, that the TPA has been corresponding with the claimant and has reached out to the medical provider concerning the medical bills.

Paid claims –

- One (1) file did not indicate whether the claimant was reimbursed for the prescriptions he purchased or if a radiology bill had been paid. When asked about this claim in a RFI, the TPA audited the file and was able to determine that the claimant had been reimbursed for the prescriptions and they would be contacting the medical provider to see if the medical bill in question was still outstanding. A status update was requested on December 19, 2024, the Examiner has no further details to share at this time.
- A note was found in one (1) file, *"sent order of claim acceptance and TTD award to IW with a copy to employer"* however, the Examiner was unable to locate a copy of the initial compensability notice and/or the TTD award. Also missing from this file was the wage information [other than a note that the injured worker makes twenty dollars ($20) per hour] used to determine the TTD benefit.
- One (1) file did not document the adjuster's conversation with the claimant's wife concerning unpaid medical bills.
- Lastly, the Examiner observed a note in one (1) file that stated, *"Claim decision order sent to IW and employer."* However, a copy of the decision notice was not in the file.

OP claims –

- One (1) file did not specify when the OP application was received.
- There was no evidence in two (2) claim files that a closure notice was sent to the claimant when the file was closed due to inactivity.
- One (1) file did not indicate that the claimant was reimbursed for his travel voucher.

Without adequate documentation, it can be difficult to determine if claims are being handled accordingly and in compliance with WV statutes and/or regulations.

G7. CLAIMS – Paid Claims Handled Properly According to State Laws
Most of the claims reviewed were paid timely for medical and indemnity; however, only four (4) of the fifteen (15) claim files reviewed issued ***all*** the required decision notices with all the correct and mandatory information included. When decision notices are not issued or are issued inaccurately with missing/incorrect information, the injured worker is either not made aware of the decision or the right to protest said decision, and/or has the wrong information needed to protest the decision. All of which is a disservice to the claimant. [W. Va. Code §§23-5-1(b)(1) expired 06/30/2022, 23-5-1a(b)(1) effective 07/01/2022, W. Va. Code R. §§85-1-7.2, 85-1-10 et seq., and Insurance Bulletin 22-07]

G8. CLAIMS - OP Claims Handled Properly According to State Laws [W. Va. Code R. §§85-1-7.2, 85-1-10 et seq., and Insurance Bulletin 22-07]
During the review period, seven (7) OP claims were not handled properly according to the above-mentioned state code.

- The Company and/or TPA failed to comply with two (2) orders [one (1) from the OOJ and one (1) from the BOR] within thirty (30) days of receipt.

- Two (2) claims had decision notices issued that were missing pertinent information and/ or the protest information was incorrect.
- Two (2) PPD award payments did not begin within fifteen (15) working days of the decision granting the award.
- One (1) non-medical decision failed to give written notice to all parties involved.

G9. CLAIMS – Denied/ CWOP Claims Are Handled According to State Laws
N/A - the Examiner was unable to determine compliance with WV statutes and/ or regulations that specifically pertain to claim denial decision notices. See **G1** observation for more information.

G10. CLAIMS – Compensation Paid Appropriately
The award payments reviewed appear to have been paid only to the claimant per W. Va. Code § 23-4-18.

G11. CLAIMS – Do Claims Handling Practices Compel Claimants to Seek Litigation
The examiner did not observe any claims handling practices that compelled the injured worker to seek litigation.

G12. CLAIMS – EDI [W. Va. Code § 23-2C-5(c)(8) and W. Va. Code R. §85-2-1 et seq. and West Virginia Offices of the Insurance Commissioner's EDI Implementation Guide]

Denied/CWOP claims
- **FROI**- Two (2) claims were never reported to EDI, one (1) was reported late, and one (1) was reported incorrectly.
- **Closing** - Seven (7) of the eight (8) claims reported to EDI were still open at the end of the review period.

Paid claims
- **FROI**- One (1) claim was never reported to EDI and four (4) were reported late.
- **SROI** – Two (2) claims did not have monthly or quarterly SROIs filed as required.
- **Closing** – Two (2) claims were not closed properly in EDI.

OP claims
- **FROI**- Four (4) claims were reported late, and eleven (11) were reported incorrectly.
- **Closing** – Five (5) claims were not closed properly in EDI.

O1. OTHER – Only five (5) OP claims had travel voucher reimbursement requests submitted during the review period. According to W. Va. Code R. §85-1-15.4 - *A responsible party is not required to reimburse a claimant for travel expenses more frequently than once every three (3) months, unless:*

15.4.a. An amount in excess of $100 in total reimbursement owed is involved; or
15.4.b. Action is taken to administratively close the claim.

Four (4) of the five (5) travel vouchers were not paid timely. One (1) was paid four (4) months after receipt, the other three (3) were not paid until the Examiner brought the oversight to the Company's attention via RFI. Once notified, the Company took immediate action to rectify the issue. A discrepancy letter concerning the oversight along with reimbursement checks and interest were sent to the three (3) affected claimants. The total amount reimbursed plus interest was six hundred four dollars and four cents ($604.04). The Examiner did not find any evidence that the failure to reimburse the three (3) travel vouchers was intentional.

O2. OTHER - Failure to Timely Act [W. Va. Code § 23-4-1c(a)(3)] During the review period ten (10) petitions were filed against the Company/ TPA alleging Failure to Timely Act. Only one (1) petition was dismissed. Eight (8) of the remaining nine (9) petitions resulted in a Final Order being issued with a penalty assessed for failing to act timely.

RECOMMENDATIONS

A1. OPERATIONS AND MANAGEMENT – All company records should be kept as required by W.Va. Code R. §114-15-4 et seq.

B2. COMPLAINT HANDLING - The Company has complaint handling procedures in place. As a better business practice, it is recommended that the Company add response timelines to the Company's complaint handling policy and procedures to help guarantee all complaints are responded to in a timely manner as required by W.Va. Code R. §85-1-16.

B3. COMPLAINT HANDLING – To help ensure compliance with W.Va. Code R. §114-15-4 et seq., the Company should keep adequate documentation in its complaint files.

D1. PRODUCER LICENSING – As required by W.Va. Code R. §114-15-4.5, the Company must include the specific reason for termination on all termination notifications.

G1. CLAIMS - Initial compensability rulings need to be made within fifteen (15) working days. W. Va. Code R. §85-1-10.1 allows for tolling if additional evidence is needed to make an initial decision; however, at the very least, tolling should be properly noted in the files. As a best practice, a letter could be sent to the claimant advising that additional time is needed to investigate before issuing a decision. Keep in mind, a claim should not be tolled indefinitely. Claims need to be properly investigated, and decisions made timely once all pertinent information has been received. [W. Va. Code §33-11-4(9)(d-f) and W. Va. Code R. §85-1-10.1]

G2. CLAIMS – The Company/ TPA should be issuing non-medical decisions within ninety (90) days to help safeguard compliance with W. Va. Code R. §85-1-10.2. Please note that W. Va. Code R. §85-1-10.2 allows for tolling of OP claims, not to exceed thirty (30) days. As mentioned above, tolling needs to be properly noted in the file and it is recommended that a letter be sent to the claimant.

G3. CLAIMS – According to W. Va. Code R. §85-1-10.3, authorization request for medical treatment, medications, appliances, devices, and supplies are to be acted upon within fifteen (15) working days of receipt. It is crucial that injured claimants receive the proper treatment needed as quickly as possible. [W. Va. Code §23-4-7a] Failure to act promptly upon requests can hinder the claimant's recovery and delay the resolution of the claim. Also, claimants must be given notice concerning the right to a PPD evaluation as required by W. Va. Code §23-4-22.

G4. CLAIMS – The Company/TPA must refer claimants to the OP Board within sixty (60) days after the non-medical decision is issued and transmit the OP Board Findings to all parties involved within thirty (30) working days. [W. Va. Code R. §§85-1-10.4.b, and 85-1-10.5.d]

G5. CLAIMS – It is imperative that the Company/ TPA respond timely to all pertinent claim communication received. [W. Va. Code §33-11-4(9)(b)]

G6. CLAIMS – Claim files should contain all notes and documents pertaining to the handling of the claim in sufficiently clear detail so that relevant dates and events can be reconstructed. [W. Va. Code R. §114-15-4.4]

G7. CLAIMS – To help ensure compliance with W. Va. Code §23-5-1a(b)(1) [effective 07-01-2022], W. Va. Code R. § 85-1-7.2 and/or Insurance Bulletin 22-07 the Company/TPA must send a notice of all decisions made to every party involved. At a minimum, the notice is to include all pertinent information that is referenced in Insurance Bulletin 22-07.

G8. CLAIMS - The Company/ TPA must comply with all orders issued by the BOR within thirty (30) days of receipt, unless directed by the order to act more quickly and PPD award payments must commence within fifteen (15) working days of the decision granting the award. [W. Va. Code R. § 85-1-10 et seq.]

G9. CLAIMS – If a workplace "incident" is filed as a claim instead of notification/incident only a decision letter is required to be sent out to the claimant per W. Va. Code R. §85-1-7.2 and 85-1-10.1.

G12. CLAIMS - It is recommended that the Company/TPA promptly and accurately provide the WVOIC with all necessary claim information needed to maintain the Workers' Compensation Claims Index. This includes but is not limited to: FROI reporting within ten (10) business days of the Employer's notification, SROI Periodic Events reported monthly or quarterly, SROI Initial Payment Submissions made timely, and SROI Claim Closure submitted properly. Additionally, when claims are acquired from another TPA, it should be reported as a **FROI-AQ: acquired claim** if the claim was previously reported in EDI. A **FROI-AU: acquired claim first report** should only be used if the claim does not already exist in the jurisdiction database. Filing a FROI-AU when the claim has already been reported will assign a new Jurisdiction Claim Number (JCN) to the acquired claim which can skew the Workers' Compensation Claims Index data and cause confusion for

documentation purposes. It can also lead to the original JCN being left open when it should be closed. [W. Va. Code § 23-2C-5(c)(8) and W. Va. Code R. §85-2-1 et seq. and West Virginia Offices of the Insurance Commissioner's EDI Implementation Guide]

O1. OTHER – According to W. Va. Code R. § 85-1-15, claimants are entitled to reasonable travel, meals and lodging expenses actually incurred in connection with an authorized medical examination or treatment. It appears some of the TPAs send a mileage reimbursement request form with the initial claim acknowledgement letter, a best practice would be for all the TPAs to notify claimants of this entitlement. Also, travel voucher reimbursements need to be paid as required by W. Va. Code R. § 85-1-15.4.

O2. OTHER – In order to aid in prompt and fair workers' compensation claim settlements and to help minimize the number of FTA petitions and consumer complaints filed, the Company/ TPA should be ruling and/or acting upon all requests made in accordance with the legally established time limits set in WV insurance laws, statutes, and regulations.

EXAMINER'S SIGNATURE AND ACKNOWLEDGEMENT

The examiner would like to acknowledge the cooperation and assistance extended by the Company/TPA during the examination.

In addition to the undersigned, Desiree D. Mauller, CIE, CWCP, MCM and Letha G. Tate, AIE, ALMI, AIRC, MCM also participated in the examination.

Jean E. Tincher, AIE, APIR, MCM
Examiner-in-Charge

EXAMINER'S AFFIDAVIT AS TO STANDARDS AND PROCEDURES USED IN AN EXAMINATION

State of West Virginia
County of Kanawha

EXAMINER'S AFFIDAVIT

I, Jean E. Tincher, being duly sworn, states as follows:

1. I have the authority to represent West Virginia in the examination of New Hampshire Insurance Company.

2. I have reviewed the examination work papers and examination report, and the examination of New Hampshire Insurance Company was performed in a manner consistent with the standards and procedures required by West Virginia.

The affiant says nothing further.

Jean E. Tincher, AIE, APIR, MCM

Subscribed and sworn before me by Jean E. Tincher on this 10th day of January, 2025.

Notary Public

My commission expires: May 24, 2026

OFFICIAL SEAL
NOTARY PUBLIC
STATE OF WEST VIRGINIA
[illegible] Commissioner
[illegible] WV 25302
My Commission Expires May 24, 2026