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

In the Matter of:

WELLPOINT WEST VIRGINIA, INC. (NAIC #11810) Formerly Known as (WELLPOINT HEALTH PLAN OF WEST VIRGINIA, INC. and UNICARE HEALTH PLAN OF WEST VIRGINIA, INC.)

ADMINISTRATIVE PROCEEDING NO. 24-IC-174366

ORDER ADOPTING REPORT OF FINANCIAL EXAMINATION

NOW COMES, Allan L. McVey, Insurance Commissioner of the State of West Virginia (hereinafter, "Commissioner"), who, after consideration of the Report of Financial Examination (hereinafter, the "Examination Report") of Unicare Health Plan of West Virginia, Inc. (hereinafter referred to as the "Company" or "UHP-WV"), as of December 31, 2022, made the following findings of fact, conclusions of law and order.

FINDINGS OF FACT

1. Unicare Health Plan of West Virginia, Inc. was licensed in West Virginia on September 11, 2003, as a Health Maintenance Organization pursuant to WV Code §33-25A-1 through 81. The Company is a stock for profit corporation. The Company commenced business on November 1, 2003. UPH-WV is a subsidiary of UNICARE National Services, Inc., whose ultimate parent is Elevance Health, (NAIC Group Code #0671), formerly known as Anthem, Inc. ("Anthem").

2. The Company was organized pursuant to the provisions of Article 25A, Chapter 33 of the *West Virginia Code*.

3. On May 2, 2024, the legal name of UHP-WV was changed to Wellpoint West Virginia, Inc.

4. *West Virginia Code* § 33-2-9(j)(2) provides that no later than sixty (60) days following completion of the examination, the examiner in charge shall file with the Insurance Commissioner a verified, written Report of Financial Examination under oath, and, upon receipt of the verified report, the Insurance Commissioner shall transmit the Report of Financial Examination to the Company with a notice that shall afford the Company a reasonable opportunity, of not more than thirty (30) days, to make a written submission or rebuttal.

5. *West Virginia Code* § 33-2-9(j)(3) provides that within thirty (30) days of the end of the period allowed for the receipt of written submissions or rebuttals the Insurance Commissioner shall fully consider and review the Report of Financial Examination, together with any written submissions or rebuttals, and shall enter an ORDER adopting the Report of Financial Examination as filed, or with modifications or corrections, enter an ORDER rejecting the Report of Financial Examination with directions to the examiners to reopen the examination or call for an investigatory hearing.

6. An examination of the financial condition and operational affairs of the Company for the period beginning January 1, 2018, and ending December 31, 2022, was conducted in accordance with *West Virginia Code* §33-2-9(c) by the Insurance Commissioner.

7. On May 30, 2024, the examiner filed a Report of Financial Examination with the Insurance Commissioner pursuant to *West Virginia Code* §33-2-9(j)(2). A copy of the Report of Financial Examination is attached hereto as Exhibit A and incorporated herein as if set forth in full.

8. On or about June 18, 2024, a true and accurate copy of the Report of Financial Examination was sent to Kristen Metzger, President, Medicaid East Region, Executive Director and to Dan Wolke, Staff Vice President. A copy of the Letter dated June 18, 2024, is attached hereto as Exhibit B.

9. Pursuant to *West Virginia Code* §33-2-9(j)(2), the Company, by letter dated June 18, 2024, Exhibit C, was notified and afforded a period of ten (10) days, after receipt of the Report of Financial Examination, to make a submission, rebuttal, or objection concerning any matter contained in the Report.

10. By letter dated June 25, 2024, Dan Wolke acknowledged that he had reviewed and accepted the Report of Financial Examination and did not materially dispute the findings of the examination. A copy of the Company's letter of June 25, 2024, is attached hereto as Exhibit D.

ORDER

It is therefore **ORDERED** as follows:

1. The Report of Financial Examination of the Companies, attached hereto as Exhibit A, is hereby **ADOPTED** and **APPROVED** by the Insurance Commissioner.

2. A copy of this *Order Adopting Report of Financial Examination* and the Report of Financial Examination shall be mailed to the Company via certified mail, return receipt requested, upon entry by the Insurance Commissioner.

3. The Company shall file with the Insurance Commissioner, within thirty (30) days of the issuance of this Order, affidavits executed by each of its directors stating under oath that it has received a copy of the Report of Financial Examination and a copy of this *Order Adopting Report of Financial Examination* in accordance with *West Virginia Code* § 33-2-9(j)(4).

4. The Company shall take whatever actions are required to comply with the recommendations set forth in the Report of Financial Examination, if any, and shall demonstrate compliance to the satisfaction of the Insurance Commissioner, if necessary.

5. Inasmuch as orders entered by the Insurance Commissioner are subject to judicial review as set forth in *West Virginia Code* §§ 33-2-14 and 51-11-4(b)(4), any person aggrieved by any this order may, within 30 days after the order has been mailed or delivered to the persons entitled to receive the same, file an appeal in and with the Intermediate Court of Appeals of West Virginia.

Entered this 27th day of June 2024.

Allan L. McVey

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

REPORT OF EXAMINATION

OF

WELLPOINT WEST VIRGINIA, INC.
Formerly Known as
(WELLPOINT HEALTH PLAN OF WEST VIRGINIA, INC. and
UNICARE HEALTH PLAN OF WEST VIRGINIA, INC.)

CHARLESTON, WEST VIRGINIA

NAIC #11810

AS OF DECEMBER 31, 2022

State of West Virginia
OIC
Offices of the Insurance Commissioner

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SALUTATION

May 30, 2024

Charleston, West Virginia

The Honorable Allan L. McVey

West Virginia Insurance Commissioner

900 Pennsylvania Ave.

Charleston, West Virginia 25302

Pursuant to the authority vested in the West Virginia Offices of the Insurance Commissioner ("WVOIC"), as well as rules, regulations and procedures promulgated by the National Association of Insurance Commissioners ("NAIC"), an examination has been made of the administrative affairs, books, records, and financial condition of:

UNICARE Health Plan of West Virginia, Inc.

200 Association Drive, Suite 200

Charleston, West Virginia 25311

hereinafter referred to as the "Company" or "UHP-WV". The following Report of Examination is respectfully submitted.

SCOPE OF EXAMINATION

We have performed our examination of UNICARE Health Plan of West Virginia, Inc. ("UHP-WV" or the "Company"). The examination of UHP-WV was performed as part of a multi-state, full-scope, coordinated examination of Elevance Health, Inc. ("Elevance Health") as of December 31, 2022, with the State of Indiana serving as the lead state.

The examination was completed on a coordinated basis with the jurisdictions of Arkansas, Arizona, California, Colorado, Connecticut, District of Columbia, Indiana, Iowa, Kentucky, Louisiana, Maine, Maryland, Mississippi, Missouri, Nebraska, New Jersey, New York, Ohio, Pennsylvania, Texas, Virginia, Washington, West Virginia, and Wisconsin. Indiana acted as the lead state, while the other twenty-three jurisdictions acted as participating states. The examination was conducted in accordance with the procedures outlined in the NAIC Financial Condition Examiners Handbook ("Handbook"). In determining emphasis to be placed on specific accounts, consideration was given to the Company's accounting methods and system of internal control, the nature and size of each account, its relative importance to solvency, and the annual audit work performed by the Company's Certified Public Accountants ("CPAs") for the period under examination.

To the fullest extent, the efforts, resources, project material, and findings were coordinated and made available to all examination participants.

The examination was conducted by representatives of Noble Consulting Services, Inc. ("Noble"), on behalf of the West Virginia Offices of the Insurance Commissioner (the "Office") under the authority delegated to them by the Commissioner. The last examination of the Company was completed as of December 31, 2017, by Noble under the supervision of the Office, and covered the period of January 1, 2014, through December 31, 2017. The present full-scope examination covers the period of January 1, 2018, through December 31, 2022, including any material transactions and/or events occurring subsequent to the examination date and noted during the course of the examination.

We conducted our examination in accordance with the Handbook, along with specific procedures defined by the Office. The Handbook requires that we plan and perform the examination to evaluate the financial condition, assess corporate governance, identify current and prospective risks of the Company, and evaluate system controls and procedures used to mitigate those risks. An examination also includes identifying and evaluating significant risks that could cause an insurer's surplus to be materially misstated both currently and prospectively.

All accounts and activities of the Company were considered in accordance with the risk-focused examination process. This may include assessing significant estimates made by management and evaluating management's compliance with Statutory Accounting Principles. The examination does not attest to the fair presentation of the financial statements included herein. If, during the course of the examination, an adjustment is identified, the impact of such adjustment will be documented separately following the Company's financial statements. This examination report includes significant findings of fact, as mentioned in W. Va. Code §33-2-9 and general information about the insurer and its financial condition. This Report of Examination is limited to the statutory financial statements of the Company and comments on matters that involve departures from laws, regulations or rules, or which are deemed to require special explanation or description. There may be other items identified during the examination that, due to their nature (e.g., subjective conclusions, proprietary information, etc.), are not included within the examination report but separately communicated to other regulators and/or the Company.

For each year during the period under examination, the CPA firm of Ernst & Young, LLP ("EY") of Indianapolis, Indiana provided an unqualified audit opinion on the Company's year-end financial statements based on Statutory Accounting principles. Relevant work performed by EY, during its annual audit of the Company, was reviewed during the examination and incorporated into the examination workpapers.

SUMMARY OF SIGNIFICANT FINDINGS

No significant examination findings were noted as a result of the current examination period and review of the subsequent events.

HISTORY

UHP-WV was licensed in West Virginia on September 11, 2003, as a Health Maintenance Organization, pursuant to WV Code § 33-25A-1 through 8I. The company is a stock for profit corporation. The Company commenced business on November 1, 2003. UHP-WV is a subsidiary of UNICARE National Services, Inc., whose ultimate parent is Elevance Health, (NAIC Group Code #0671), formerly known as Anthem, Inc. ("Anthem").

On January 14, 2004, the Office received a Form A filing from Anthem, regarding their merger with WellPoint, Inc. Anthem was the surviving company, but they retained the WellPoint, Inc. name. The Commissioner issued an order on March 11, 2004, approving the Form A filing, with an effective date of March 15, 2004. Effective December 2, 2014, the shareholders of Anthem approved the proposal to change their name to Anthem, Inc., from WellPoint, Inc. On June 27, 2022, Anthem changed its name to Elevance Health, Inc.

The Company is a single-state insurer that exclusively writes Medicaid coverage in West Virginia. UHP-WV has a contract with the West Virginia Bureau for Medical Services ("BMS") to provide Medicaid coverage under the Mountain Health Trust managed care program. Beginning with the fiscal year 2017 contract (July 1, 2016, through June 30, 2017), BMS had to submit all Medicaid managed care contracts to the West Virginia Department of Administration, Division of Purchasing, to be competitively bid and procured. Under this new system, UHP-WV was one of four insurers awarded a contract for the Medicaid program. Effective July 1, 2019, active insurers participating in the Medicaid program were reduced to three due to the exit by West Virginia Family Health. Effective January 1, 2021, UHP-WV began writing business for West Virginia Children's Health Insurance Program as part of the Mountain Health Trust.

CORPORATE RECORDS

ARTICLES OF INCORPORATION

There were no changes or amendments made to the Company's Articles of Incorporation during the period under examination.

BYLAWS

The examiners reviewed the Bylaws for compliance. It was noted that the Company had four directors from February 2020 to December 2022, not three directors as required by the Bylaws. Subsequently, the fourth director resigned, and the Company is now in compliance.

MINUTES

The Board of Directors ("Board") meeting minutes were reviewed for the period under examination through the fieldwork date. Significant actions during each meeting were noted. Directors were elected at the annual meeting of the sole stockholder ("Shareholder") and officers were appointed at the annual meeting of the Board. Quorums were established at all meetings. The Board approved the Company's investment transactions. The Shareholder ratified the actions of the Board and officers at its annual meeting. These minutes revealed adequate attendance and active participatory oversight of the Company's operations and compliance with governing Bylaws.

MANAGEMENT AND CONTROL

BOARD OF DIRECTORS

The Bylaws state that the business and affairs of the Company shall be managed, and all corporate powers shall be exercised by or under the direction of the Board. The authorized number of directors shall be three, unless changed. The shareholders will elect the members of the Board at each annual meeting. Each director shall hold office until the expiration of the term for which such director was elected, and until a successor has been elected and qualified.

The following is a listing of persons serving as directors on December 31, 2022, and their principal occupations as of that date:

Name/Address	Principal Occupation
Jorge Alberto Cortina* Norfolk, VA	Manager Medical Director Elevance Health

Jennifer Ann Dewane Wixom, MI	Vice President & Counsel Government Health Benefits Elevance Health
Kristen Louise Metzger Indianapolis, IN	President Medicaid East Region Elevance Health Executive Director UNICARE Health Plan of West Virginia, Inc.
Ronald William Penczek Indianapolis, IN	Chief Financial Officer Elevance Health

* Resigned in 2024.

OFFICERS

The Bylaws state that the officers of the Company shall consist of an executive director, a secretary, and a chief financial officer. The Company may also, at the discretion of the Board, have a chairman of the Board and such other officers with such titles and duties as may be determined by the Board. One person may hold any number of offices. The officers of the Company shall be chosen by the Board, and each shall hold office at the pleasure of the Board or until such officer shall resign, subject, in each case, to the rights, if any, of the Company and any such officer under any contract of employment with the Company.

The following is a list of key officers and their respective titles as of December 31, 2022:

Name	Title
Kristen Louise Metzger	Executive Director
Kathleen Susan Kiefer	Secretary
Vincent Edward Scher	Treasurer
Robert William Penczek	Chief Financial Officer
Stephen Douglas Beebe	Assistant Secretary
Eric Kenneth Noble	Assistant Treasurer
Michael Tadd Haynes	Vice President and Medicaid Plan President

COMMITTEES

By resolution adopted by a majority of the authorized number of directors, the Board may designate one or more committees, each consisting of two or more directors, to serve at the pleasure of the Board. The Company currently has no standing committees of the Board. The Audit Committee of the Company's ultimate parent, Elevance Health, functions as the Audit Committee for the Company and its affiliates.

CONFLICT OF INTEREST POLICY

The Company maintains a formal written Code of Conduct, which sets out the standards of ethical conduct that applies to all employees, officers, and directors. Incorporated into the Code of Conduct is a Conflict of Interest Policy. On an annual basis, all officers and directors of the Company are required to complete a Conflict of Interest Disclosure Statement. A review of the Company's annual Disclosure Certifications for officers, directors, and key employees was performed, with no concerns or issues identified.

ORGANIZATIONAL CHART

The Company is a member of an insurance holding company system. The following is an abbreviated organizational chart as of December 31, 2022:

	NAIC Co. Code	Domiciliary State
Elevance Health, Inc.		IN
Anthem Holding Corp.		IN
UNICARE National Services, Inc.		DE
HealthKeepers, Inc.	95169	VA
UniCare Life & Health Insurance Company	80314	IN
UNICARE Illinois Services, Inc.		IL
UNICARE Health Plan of West Virginia, Inc.	**11810**	**WV**
Health Ventures Partner, LLC		IL
Amerigroup Partnership Plan, LLC		IL

AFFILIATED AGREEMENTS

As of December 31, 2022, the Company had the following agreements in force:

Master Administrative Services Agreement ("MASA") – Effective January 1, 2004, the Company entered into a MASA with Anthem and other affiliates. Under the MASA, each company provides certain administrative, consulting, and other support services for the benefit/use of the other affiliated companies. Administrative expenses for services performed under the agreement are captured in cost centers and allocated to legal entities supported by the specific cost centers using reasonable and appropriate allocation methodologies such as weighted membership, headcount, and others.

Effective January 1, 2014, the MASA was amended to incorporate certain changes to holding company laws and regulations resulting from the NAIC's 2010 amendment of its Model Law and Regulation.

Beacon Management Services Agreement - The Company amended its agreements by adding the Beacon Management Services Agreement. The agreement was effective January 1, 2021.

Under this agreement, the Service Provider shall provide administrative, management, utilization review and/or other behavioral health and related services as may be requested by the Receiving Company.

Consolidated Tax Allocation Agreement – Effective December 31, 2005, the Company is party to an agreement to establish a method for allocating the consolidated tax liability of the Elevance Health Group among its members, for reimbursing Elevance Health for payment such as tax liability, for compensating any party for use of its tax losses or tax credits, and to provide for the allocation and payment of any refund arising from a carryback of losses or tax credits for subsequent taxable years.

Fair Market Value ("FMV") Services Attachment – The Company is party to the FMV Services Attachment to the MASA with affiliates. The costs and expenses related to certain services including behavioral health, palliative care, utilization management, payment integrity services, subrogation services, as well as health and wellness programs, are allocated to or allocated by the Company in an amount equal to the FMV of the services provided.

TERRITORY AND PLAN OF OPERATION

UHP-WV is licensed to sell its products only in West Virginia. The Company has a contract with the BMSs for the Mountain Health Trust Medicaid program. The Company's revenue is generated primarily as a result of premiums earned from health insurance contracts whereby policyholders are indemnified against losses. The Company incurs expenses primarily from health benefit costs, such as outpatient and inpatient care, physician visits, pharmacy benefits and administrative expenses.

The following chart summarizes the Company's Direct and Assumed, Ceded and Net Written Premiums by line of business for the year 2022.

Line of Business	Direct and Assumed Premium	Ceded Premium	Net Premium Income	Percentage of Total
Comprehensive individual (hospital and medical)	$ 14,879,259	-	$ 14,879,259	1.9 %
Title XIX – Medicaid	$ 771,523,358	-	$ 771,523,358	98.1 %
Total	$ 786,402,617	-	$ 786,402,617	100.0 %

REINSURANCE

The Company does not participate in any assumed or ceded reinsurance business.

FINANCIAL STATEMENTS

The following financial statements are based on the statutory financial statements filed by the Company with the WVOIC and present the financial condition of the Company for the period ending December 31, 2022. The accompanying comments on financial statements reflect any examination adjustments to the amounts reported in the annual statement and should be considered an integral part of the financial statements.

ASSETS
DECEMBER 31, 2022

	Assets	Non admitted Assets	Net Admitted Assets
Bonds	$ 229,939,913	$ -	$ 229,939,913
Cash, cash equivalents and short-term investments	125,486,735		125,486,735
Receivables for securities	1,390		1,390
Securities lending reinvested collateral assets	30,038,929		30,038,929
Subtotals, cash and invested assets	$ 385,466,967	$ -	$ 385,466,967
Investment income due and accrued	1,716,281	-	1,716,281
Uncollected premiums	11,226,337	-	11,226,337
Net deferred tax asset	1,013,214	140,152	873,062
Furniture and equipment, including health care delivery assets	172,712	172,712	-
Health care and other amounts receivable	1,374,840	1,269,803	105,037
Aggregate write-ins for other than invested assets	1,012,062	500,171	511,891
Total assets	$ 401,982,413	$ 2,082,838	$ 399,899,575

LIABILITIES, CAPITAL AND SURPLUS
DECEMBER 31, 2022

		Per Annual Statement
Claims unpaid	$	72,003,539
Accrued medical incentive pool and bonus amounts		10,107,665
Unpaid claims adjustment expenses		1,937,964
Aggregate health policy reserves		16,496,945
General expenses due or accrued		2,372,094
Current federal and foreign income tax payable		627,838
Remittances and items not allocated		2,319,538
Amounts due to parent, subsidiaries and affiliates		9,737,205
Payable for securities lending		30,038,929
Liability for amounts held under uninsured plans		30,408,023
Aggregate write-ins for other liabilities		840,683
Total liabilities	$	176,890,423
Common capital stock		1,000,000
Gross paid in and contributed surplus		19,000,000
Unassigned funds (surplus)		203,009,152
Total capital and surplus	$	223,009,152
Total liabilities, capital and surplus	$	399,899,575

STATEMENT OF REVENUE AND EXPENSES
FOR THE YEAR ENDED DECEMBER 31, 2022

		Per Annual Statement
Member Months		2,400,803
Net premium income	$	786,402,617
Change in unearned premium reserves		(2,040,229)
Total revenues	$	784,362,388
Hospital and Medical:		
Hospital/medical benefits	$	596,149,620
Other professional services		14,419,542
Incentive pool, withhold adjustments and bonus amounts		13,059,013
Subtotal	$	623,628,175
Less:		
Total hospital and medical	$	623,628,175
Claims adjustment expenses		39,875,068
General administrative expenses		46,270,245
Total underwriting deductions	$	709,773,488
Net underwriting gain	$	74,588,900
Net investment income earned		7,137,368
Net realized capital gains (losses) less capital gains tax		(7,426,208)
Net investment gains (losses)	$	(288,840)
Aggregate write-ins for other income or expenses		484,493
Net income, after capital gains tax and before federal income taxes	$	74,784,553
Federal and foreign income taxes incurred		17,167,798
Net income	$	57,616,755

RECONCILIATION OF CAPITAL AND SURPLUS
DECEMBER 31, 2022

	2022	2021	2020	2019	2018
Capital and surplus prior reporting year	$ 183,635,774	$ 119,858,946	$96,697,177	$ 85,279,052	$ 71,101,819
Net income or (loss)	57,616,755	75,183,166	31,643,834	19,319,772	21,357,012
Change in net unrealized capital gains	4,346	12,000	(12,000)	0	0
Change in net deferred income tax	36,483	(65,346)	(20,482)	(90,717)	(197,922)
Change in nonadmitted assets	15,794	547,008	1,150,417	689,070	118,143
Dividends to stockholders	(18,300,000)	(11,900,000)	(9,600,000)	(8,500,000)	(7,100,000)
Net change in capital and surplus	$ 39,373,378	$ 63,776,828	$ 23,161,769	$ 11,418,125	$14,177,233
Capital and surplus end of reporting period	$ 223,009,152	$ 183,635,774	$ 119,858,946	$ 96,697,177	$85,279,052

COMPARATIVE ANALYSIS OF CHANGE IN SURPLUS

The following is a reconciliation of surplus between the amount reported by the Company and as determined by examination:

	Per Annual Statement	Per Statutory Examination	Change in Surplus
Unassigned funds (surplus) at December 31, 2022			$ 203,009,152
Assets:			
Total admitted assets	$ 399,899,575	$ 399,899,575	$ -
Liabilities:			
Total liabilities	$ 176,890,423	$ 176,890,423	$ -
Unassigned funds (surplus) at December 31, 2022, per examination			$ 203,009,152

COMMENTS ON FINANCIAL STATEMENT ITEMS

Adrian Rosen is an employee of Elevance Health Inc., and a member of the American Academy of Actuaries. As the actuary appointed by the Company to provide a Statement of Actuarial Opinion as of December 31, 2022, he provided an unqualified opinion that the reserves met the requirements of the insurance laws of West Virginia, were computed in accordance with accepted actuarial standards and principles and made reasonable provision for all contract obligations of the Company.

SUMMARY OF EXAMINATION CHANGES

No significant examination findings were noted as a result of the current examination period and review of the subsequent events.

SUBSEQUENT EVENTS

The following finding was noted during the completion of the standard subsequent events procedures as part of the financial examination:

1. The pharmacy benefit management partner changed their name from IngenioRx, Inc. to CarelonRx, Inc. on January 1, 2023. Additionally, the pharmacy benefit manager

partner became BioPlus Parent, LLC and BioPlus Specialty Pharmacy Services, LLC, effective August 1, 2023.

2. Form D Filing – approval to amend the FMV Services attachment to the WellPoint, Inc. amended and restated MASA, effective August 1, 2023.

3. The Company changed its name to Wellpoint Health Plan of West Virginia, Inc. effective April 16, 2024.

4. The Company subsequently changed its name to Wellpoint West Virginia, Inc. effective May 2, 2024.

ACKNOWLEDGEMENT AND SIGNATURE

This is to certify that the undersigned is a duly qualified Examiner appointed by the WVOIC. In addition to the undersigned, Lisa Warrum, CFE, CPA and Chelle Atkins, CIE, MCM of Noble participated in the examination.

The examination was performed in accordance with those procedures authorized by the Handbook and other procedures appropriate for this examination. The attached Report of Examination is a true and complete report of financial condition of **UNICARE HEALTH PLAN OF WEST VIRGINIA, INC.** as of December 31, 2022, as determined by this examination.

Respectfully Submitted,

Dan Schoettle

Dan Schoettle, CFE, CPA
Examiner-in-Charge
Noble Consulting Services, Inc.
Representing the WV Offices of the Insurance Commissioner

Mary Jo Lewis

Mary Jo Lewis, CPA
Chief Examiner
Financial Conditions Division
WV Offices of the Insurance Commissioner

STATE OF WEST VIRGINIA
Offices *of the* Insurance Commissioner

Allan L. McVey
Insurance Commissioner

June 18, 2024

Kristen Metzger, President, Medicaid East Region, Executive Director – UHP WV
Dan Wolke, Staff VP, Regulatory Financial Reporting
Wellpoint WV, Inc.
220 Virginia Ave.
Indianapolis, IN 46204

RE: Report of Financial Examination as of December 31, 2022
Wellpoint West Virginia, Inc. NAIC: #11810

Dear Ms. Metzger and Mr. Wolke:

Please find enclosed a copy of the Report of Examination of Wellpoint West Virginia, Inc. (formerly known as Wellpoint Health Plan of West Virgnia, Inc. and Unicare Health Plan of West Virginia, Inc.). This examination was performed in accordance with the provisions of Chapter 33, Article 2, Section 9 of the West Virginia Code, as amended. The Report of Examination reflects the financial affairs and condition of Wellpoint West Virginia, Inc., as of December 31, 2022.

You are hereby notified that you have ten (10) working days from receipt of this letter to make written submission or rebuttals with respect to any matter contained in the Report of Examination. If no exception is taken, please respond accordingly by the end of the ten (10) day comment period

Sincerely,

Allan L. McVey

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

ALM/mjl

Enclosure: Copy of Report of Examination

EXHIBIT
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Elevance Health

Dan Wolke
Elevance Health, Inc.
220 Virginia Avenue
Indianapolis, IN 46204
(317) 473-5433

June 25, 2024

Mr. Allan L. McVey
Insurance Commissioner

Re: 2022 Wellpoint West Virginia, Inc., Financial Examination report as of December 31, 2022.

In response to your cover letter for the exam report, consider this a letter of acceptance of the final exam report.

If you have any questions relative to this plan or require any other information, please call me at (317) 473-5433.

Very truly yours,

DocuSigned by:
Dan Wolke
671FA6B15F26440...

Dan Wolke
Assistant Controller

EXHIBIT
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