WEST VIRGINIA
OFFICES of the
INSURANCE COMMISSIONER

2022 Medical Malpractice Report

Allan L. McVey
Insurance Commissioner

STATE OF WEST VIRGINIA
Offices *of the* Insurance Commissioner

Allan L. McVey
Insurance Commissioner

October 27, 2022

The Honorable Jim Justice, Governor
State Capitol
1900 Kanawha Blvd.
Charleston, WV 25305

Dear Governor Justice:

Enclosed please find the 2021 Annual Medical Malpractice Report on insurers with 5% or greater market share. The information used in the preparation of this report was compiled from data in the filed information of those insurers. Included in this data were the rate filings of those companies, the NAIC database information compiled on those companies' annual statements, and A. M. Best's Aggregates and Averages. In addition, we have included information that was made available through the West Virginia Board of Medicine and the West Virginia Board of Risk and Insurance Management (BRIM).

The overall goal of this report is to provide the reader with an overview of the Medical Liability Insurance market for the previous year and the applicable trends. Please contact Juanita Wimmer at (304) 414-8491 or Juanita.D.Wimmer@wv.gov with any questions or concerns.

Sincerely,

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

Enclosure

cc: Dave Hardy, Secretary of Revenue

Introduction

The West Virginia Offices of the Insurance Commissioner (WVOIC) has prepared this report on Medical Professional Liability insurance to fulfill the requirements and intent of W. Va. Regulations §114CSR22, §114CSR23, W. Va. Code §33-20B-6, and §33-20B-7. The information used in the preparation of this report encompasses the experience found in the statutorily required filed information of those insurers with a 5% or greater written premium market share, rate filings, National Association of Insurance Commissioners (NAIC) supplementary information, A. M. Best reports, data collected in accordance with W. Va. Code §33-20B-8, and data from the West Virginia Board of Medicine.

This report does not include any assumptions or current observations for the global pandemic, COVID-19. There may be references throughout the report to potential future market conditions and effects due to COVID-19, but the focus remains reporting on calendar year 2021 market analysis and trends.

As shown later in this report, the West Virginia Mutual Insurance Company (WVMIC) retained its position as the market share leader by premium. The WVMIC was legislatively formed as a West Virginia domestic company during the medical malpractice crisis with a mission to provide viable options for West Virginia physicians to obtain medical professional liability insurance coverage and has been insuring physicians since July 1, 2004. In 2020, the WVMIC disclosed its intent to convert from a mutual company to a stock insurance company and then to immediately sell the converted company's stock to MAG Mutual Insurance Company (MMIC). The final conversion and acquisition plan was unanimously approved by the Company's Board of Directors on September 10, 2020. As required by the West Virginia Insurance Holding Company Systems Act, the Insurance Commissioner must hold a public hearing on the acquisition plan and the change of control of the WVMIC. This public hearing was held virtually on October 8, 2020 via Zoom. After the Public Hearing, the Act requires the Commissioner to approve the plan and change of control of the WVMIC. The Insurance Commissioner issued two (2) separate Orders related to this conversion and subsequent acquisition by MMIC. On October 19, 2020, the Insurance Commissioner issued an Order approving the Plan of Conversion (i.e., the demutualization converting the mutual insurer into a stock insurer). On October 22, 2020, the Insurance Commissioner issued an Order approving the acquisition of control of WVMIC by MMIC and MAG Mutual Holding Company (MMHC). The orders approved the transactions with conditions, specifically that the Plan of Conversion must be approved by a vote of not less than three-fourths of the Record Date Members of WVMIC voting thereon in person, by proxy or by mail at a Special Meeting called for the purpose of approving the Plan of Conversion, as required by W.Va. Code §33-5-24(b)(2), and that a certification of the vote be filed with the OIC within five (5) business days

of the vote. All conditions set forth in the Order were satisfied and the Insurance Commissioner gave final approval of the conversion and acquisition on October 28, 2020, with finalization occurring on November 1, 2020. The acquisition and demutualization of WVMIC, the market share leader since its creation, has an enormous effect on the medical malpractice industry in West Virginia. On the calendar year 2021 annual statement data, WVMIC maintained a premium market share of 42.4% for admitted insurers and 24.7% on business written premiums. The WVOIC will continue to monitor the transition and analyze the market conditions that may be affected by the acquisition from a reporting and data standpoint.

In addition to the MAG Mutual acquisition of WVMIC, there was yet another prominent demutualization and business acquisition that affected national medical professional liability markets. The demutualization and acquisition of NORCAL Mutual Insurance Company by the ProAssurance Corporation was announced in 2020 and finalized in May 2021. NORCAL Mutual Insurance Company was West Virginia's second largest insurer with 9.7% market share for admitted insurers and 5.6% on business written premiums. There were seven (7) insurers reporting premium in West Virginia as part of the ProAssurance Group totaling a modest 7.7% market share for business written premiums. As both insurer groups are financially stable with diverse operations and extensive expertise in healthcare professional liability, the WVOIC does not anticipate upheaval in the West Virginia market as a result of the acquisition.

A reporting anomaly was found for a specific insurer during the medical malpractice current and historical analysis. The insurer's annual reported data was unusable for data analysis due to policy structures where there is generally no transfer of risk from the policyholder to the insurer. Due to the circumstances relating to the data reporting, and the fact that the insurer's data significantly skewed the West Virginia medical malpractice market experience, all annual data reported by the insurer has been excluded from this report and is not used in the premium components for all years shown in tables and graphs. However, claims reported to the WVOIC from this insurer are used in the Closed Claim Analysis section details.

There were observed anomalies in industry datasets that were outside of the expected thresholds of change from year to year. When considering the top two (2) admitted insurers by medical malpractice premium market share were demutualized and acquired by other insurance groups and the COVID-19 pandemic effects on the healthcare industry, there were several data disparities that were unexpected and often unexplainable. For this reason, there may be graphical and summative comparisons outlined in the report that appear to be anomalies or outliers when compared to previous years.

Pure loss direct ratios are claim costs directly related to the payment of current and future claims; whether known or not. The overall incurred losses are divided by the earned premium to indicate how much premium is being paid, or expected to pay, for losses. The 2021 ratios reveal contradicting market results. Considering the admitted insurer reports only, the overall West Virginia medical malpractice pure direct loss ratio decreased from 52.3% in 2020 to 39.0% in 2021. The 25.4% decrease in pure loss ratio is attributable to a $4.5M decrease in incurred losses. Incurred losses may decrease due to the lowering of reserves and/or incurred but not reported (IBNR) claims. However, when considering the business written loss ratio only, the overall West Virginia medical malpractice pure direct loss ratio increased from 52.7% in 2020 to 63.3% in 2021. The increase is due to $9M higher incurred losses. Business written reports include licensed insurer and surplus lines insurer data whereas admitted basis reports include only licensed insurer data.

The average West Virginia pure direct loss ratio for calendar years 2012 through 2021 is 56.4%; with the lowest ratio of 19.4% occurring in 2012 and the highest ratio of 90.5% occurring in 2017. The average loss ratio jumps to 68.8% for the last six (6) years. This report will address the volatility of the West Virginia medical malpractice market.

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Coronavirus Disease 2019 (COVID-19)

The coronavirus disease of 2019 (COVID-19) global pandemic wreaked havoc on all segments of the healthcare industry, including the medical malpractice market. The pandemic placed tremendous pressure on hospitals, healthcare providers and long-term care facilities. The medical professional liability industry faced shortages of critical supplies, inadequate testing capabilities and lack of personal protective equipment for healthcare professionals. As the world was confronted with an unprecedented virus, there was no standard treatment plan for COVID-19 patients and the virus continued to mutate as the pandemic progressed. Further, only specialized care or lifesaving treatments were performed while elective treatments were delayed indefinitely. Critical need medical services are often areas where specialized care is required and thus subject to higher probabilities of a medical malpractice claim due to the complexity of care.

Industry experts have opined that the already hardened insurance market will become even tighter due to the spread, diagnosis and treatment of COVID-19 claims and also indirect claims arising from the pandemic's impact upon the availability of health care and health care resources, such as claims resulting from the delay or cancellation of procedures deemed elective. Many insurers are reducing capacity, revisiting retentions, requiring rate increases, and ultimately, some are exiting the market.

The medical professional liability is a long tail insurance so potential impacts to this line of business may not be realized for several years. In West Virginia, the statute of limitations to file a claim is generally two (2) years from the date or discovery of the injury. As the COVID-19 continues into 2022, some new claims may already be attributed to the pandemic, but the ongoing duration of restrictions further increases the likelihood of malpractice claim filings in the years to come. The OIC will continue to carefully analyze trends that may emerge, evolve and contribute to potential outcomes as the pandemic continues to transition and linger.

In summary, medical malpractice insurance is anticipated to be highly affected by COVID-19 in the United States. While there will potentially be a short-term decrease in claims as some medical procedures were stopped in anticipation of the rush of patients needing COVID-19 treatment, there remains the potential for adverse frequency and severity claim trends as COVID-19 cases continue to flood hospitals and overwhelm healthcare professionals. Past, current and prospective COVID-19 malpractice claims will likely disrupt this line of insurance over the next several months and potentially for years to come.

Countrywide Medical Malpractice Insurance Results

Medical professional liability insurance, sometimes known as medical malpractice insurance, is a type of professional liability insurance which protects physicians/surgeons, other licensed healthcare professionals and facilities such as hospitals and nursing homes from liability associated with wrongful practices resulting in bodily injury, medical expenses, property damage, and covers the cost of defending lawsuits related to such claims.

When analyzing the West Virginia medical malpractice market results, it is important to understand how the state level market compares to countrywide results. While the West Virginia market is obviously a much smaller premium scale and without the law of large numbers in place to accurately predict trends and projections, a comparison to countrywide results remains a relevant method of determining current market conditions.

According to the 2022 Best's Aggregates and Average publication that includes analyses on the year end 2021 data, the current medical professional liability countrywide direct combined ratio result is 255.9%: the sixth consecutive year of industry loss. A combined ratio includes claim losses and insurer expenses divided by earned premiums. A combined ratio of 255.9% means that for every $1.00 an insurer charges in premium, $2.56 is spent on losses and expenses. However, these numbers are highly likely to be skewed by extraordinary events due to the pandemic or reporting practices. While insurer underwriting expenses did increase, all other components such as premiums, incurred losses and LAE saw improvement from the previous year. As this is countrywide data, the OIC is unaware of how COVID-19 premium relief efforts were performed and reported in other states, which may account for the 128.6% dividend value for direct premium only but not included on a net basis. The OIC has contacted A.M. Best and was advised this may be a reporting error and they will perform additional verification on the data received from insurers. At this time, it is prudent to disregard the combined ratio until such time as the data has been through a more thorough review from A. M. Best.

CUMULATIVE BY LINE UNDERWRITING EXPERIENCE - DIRECT PREMIUMS WRITTEN
MEDICAL PROFESSIONAL LIABILITY

LINES OF BUSINESS	Year	Direct Premiums Written (000)	Direct Premiums Earned (000)	Ratios To Direct Premiums Earned			Ratios To Direct Premiums Written			'Dividends to Policy-holders	Combined Ratio After Div
				Losses Incurred	Loss Adj Expenses Incurred	Losses & Adj Expenses Incurred	Comms & Brokerage Incurred	Other Under-Writing Expenses Incurred	Total Under-Writing Expenses Incurred		
MEDICAL PROFESSIONAL LIABILITY	2012	9,824,723	9,925,549	41.3	23.8	65.1	6.9	13.7	20.6	3.3	88.9
	2013	9,665,084	9,743,829	39.5	23.9	63.5	7.0	14.0	21.0	4.0	88.5
	2014	9,532,881	9,595,373	40.1	25.6	65.7	7.2	14.1	21.3	3.3	90.3
	2015	9,195,726	9,356,483	42.3	27.1	69.4	7.7	18.1	25.9	3.6	98.9
	2016	9,084,805	9,138,519	48.4	29.4	77.7	7.9	15.7	23.7	3.3	104.7
	2017	9,006,990	9,033,873	49.1	25.2	74.3	8.3	14.8	23.1	2.7	100.1
	2018	9,122,639	9,157,729	47.6	27.2	74.9	8.7	14.3	23.1	2.5	100.4
	2019	9,580,369	9,407,115	56.7	29.3	86.0	8.9	14.2	23.1	2.1	111.2
	2020	9,954,753	9,755,162	56.2	28.1	84.4	9.0	13.2	22.2	1.9	108.4
	2021	10,904,410	10,575,707	54.2	27.4	81.6	9.3	36.4	45.7	128.6	255.9
	TOTALS	95,872,380	95,689,339	47.6	26.7	74.3	8.1	17.1	25.2	16.8	116.3

The industry loss duration and severity over the most recent six (6) years are an indicator that medical malpractice liability has entered a hard market. In the insurance industry, a hard market is the upswing in a market cycle, when premiums increase and capacity for most types of insurance decreases. This can be caused by several factors, including falling investment returns for insurers, increases in frequency or severity of losses, demographics including legal or political landscapes or in most recent years, COVID-19 effects on the industry and practices. Insurance markets are cyclical in nature, and it is impossible to estimate the duration of hard or soft markets.

In long tail lines of insurance, investment return is an important part of an insurance expense exhibit and the solvency of an insurer. Fluctuating returns on equity or surplus can affect the reasonableness of profitability for a market. The direct combined ratios table includes the combined ratio after dividends but does not include investment gains or other income. While A.M. Best does not provide investment percentages for the direct premiums, they do consider investment gain percentages for the net premium overall operating ratio.

The difference between net and direct premiums is that net premium represents premiums written minus premiums ceded to reinsurance companies whereas direct premiums do not include any reinsurance adjustments. Ceded reinsurance refers to the portion of liability that a primary insurer passes to a reinsurer. In exchange for taking on the liability, the reinsurance company receives a premium from the primary insurer and pays for claims they accept. Both net and direct datasets provide insight into market conditions from two different outlooks; the net premiums show a specific insurer's experience based on reinsurance contracts while direct premiums show market results in real time with no adjustments on who pays for the losses; insurer or reinsurer.

The net premium overall operating ratio (including dividends and investment gain) is shown below.

CUMULATIVE BY LINE UNDERWRITING EXPERIENCE - NET PREMIUMS WRITTEN
MEDICAL PROFESSIONAL LIABILITY

LINES OF BUSINESS	Year	Net Premiums Written (000)	Net Premiums Earned (000)	Ratios To Net Premiums Earned			Ratios To Net Premiums Written			'Dividends to Policy-holders	Com-bined Ratio After Div	'Inv Gain on Funds & Other Income	Overall Operating Ratio
				Losses Incurred	Loss Adj Expenses Incurred	Losses & Adj Expenses Incurred	Comms & Brokerage Incurred	Other Under-Writing Expenses Incurred	Total Under-Writing Expenses Incurred				
MEDICAL PROFESSIONAL LIABILITY	2012	8,682,098	8,789,095	41.9	25.0	66.9	6.2	16.7	22.9	3.6	93.3	16.2	77.1
	2013	8,500,590	8,580,946	36.1	25.3	61.5	6.3	17.0	23.3	4.7	89.5	16.2	73.3
	2014	8,467,832	8,516,452	48.6	27.8	76.4	6.3	17.4	23.7	3.5	103.6	27.3	76.4
	2015	8,194,961	8,369,236	41.6	28.1	69.7	7.1	21.5	28.6	4.1	102.3	13.4	89.0
	2016	8,176,495	8,152,278	46.9	30.7	77.6	7.3	18.0	25.3	3.6	106.4	14.1	92.3
	2017	8,036,798	8,005,004	47.5	25.7	73.3	7.5	17.9	25.4	3.0	101.7	13.8	88.0
	2018	8,404,174	8,460,763	47.9	27.5	75.3	8.7	17.1	25.9	2.9	104.1	16.6	87.6
	2019	8,723,690	8,588,571	54.7	29.7	84.4	9.0	16.4	25.4	2.4	112.2	15.0	97.2
	2020	9,069,585	8,887,473	55.9	29.8	85.8	10.1	15.7	25.9	2.0	113.6	13.4	100.2
	2021	10,029,115	9,736,892	55.3	26.6	81.9	9.7	14.8	24.5	1.6	107.9	12.4	96.5
	TOTALS	86,285,338	86,086,710	47.8	27.6	75.4	7.9	17.2	25.1	3.1	103.6	15.8	87.7

As shown in the table, the net premium overall operating ratio resulted in an industry loss for 2020 but rebounded in 2021 to 95.5% for a decrease of 4.7%. There are anomalies in the direct basis compared to net basis that are unexplainable at this time and more industry analysis will be performed on the reported insurance results by A.M. Best to better understand the current market conditions.

For purposes of this report, all West Virginia data and subsequent comparisons to countrywide results will use direct premiums.

West Virginia Medical Malpractice Insurance Results

The prior section provided insight into the countrywide market results; we will now compare that experience to the West Virginia market. Since 2016, the countrywide medical professional liability line has generated negative underwriting results due to rising loss costs and diminishing investment gain while the West Virginia line has historically performed better overall. The table below outlines the changes by component of the most recent combined ratio, including dividends and excluding investment, for the West Virginia data compared to the countrywide data.

West Virginia Direct Premium Data - NAIC					
Year	**Loss**	**LAE**	**Expense**	**Dividends**	**Combined Ratio**
2020	52.7%	29.5%	16.5%	0.4%	99.1%
2021	63.3%	24.2%	14.9%	0.6%	103.0%
Change	20.1%	(18.0%)	(9.7%)	50.0%	3.9%

Countrywide Direct Premium Data – A.M. Best					
Year	**Loss**	**LAE**	**Expense**	**Dividends**	**Combined Ratio**
2020	56.2%	28.1%	22.2%	1.9%	108.4%
2021	54.2%	27.4%	45.7%	128.6%	255.9%
Change	(3.6%)	(2.5%)	105.9%	6668.4%	136.1%

The loss portion of the ratio includes monies paid by an insurer for medical malpractice losses. Loss adjustment expense (LAE) includes insurer expenses that are associated with investigating and managing claims. Expenses include commissions, taxes, salaries, company overhead costs and any other costs not specifically related to claims. Dividends are payments returned to the policyholder due to better-than-expected company results and are not guaranteed for any policy term or year.

While it may not be a balanced comparison due to two separate data sources of information and the anomalies previously noted in the countrywide data, it may be construed that the West Virginia combined ratio is 59.7% lower than the countrywide direct combined ratio and 4.5% lower than the countrywide net combined ratio (excluding investment gains and other income). While most components are in-line with the countrywide results, the West Virginia loss ratio, which has historically been equivalent or better to countrywide, is now 16.8% higher due to a 20.1% increase over the last year. It is again important to note the volatility in the West Virginia market and the impact that a single claim may have on the entire market so ups and downs are expected in a year-to-year comparison. The LAE is again similar in comparison to countrywide. However, the expense and dividends are so misaligned that it is impossible to even try to compare these components. As previously noted, the 2021 countrywide reported data for these components is so far outside of the trended threshold that additional analysis and validation must be made by A.M. Best to understand what occurred in the market to cause such surprising results.

The following observations and exhibits provide a comparison of the medical professional liability line of business for the countrywide industry compared to West Virginia experience for the past ten years. In reviewing this exhibit, a few key areas of difference are noted.

— West Virginia medical malpractice earned premiums increased 9.2% from the 2020 premium level to the 2021 premium level with written premiums increasing by 11.8%. The current earned premium level is equivalent to the 2018 premium level after two (2) years of premium decreases and is 15.8% lower than the 2012 premium level.

— The West Virginia pure loss ratio (incurred losses / total earned premiums) increased 20.1% in 2021. The 2021 pure loss ratio is equivalent to the loss ratios from 2018 and 2019 (pre-COVID). The 2020 loss ratio may have been lower due to COVID restrictions where surgical and other specialized care were delayed

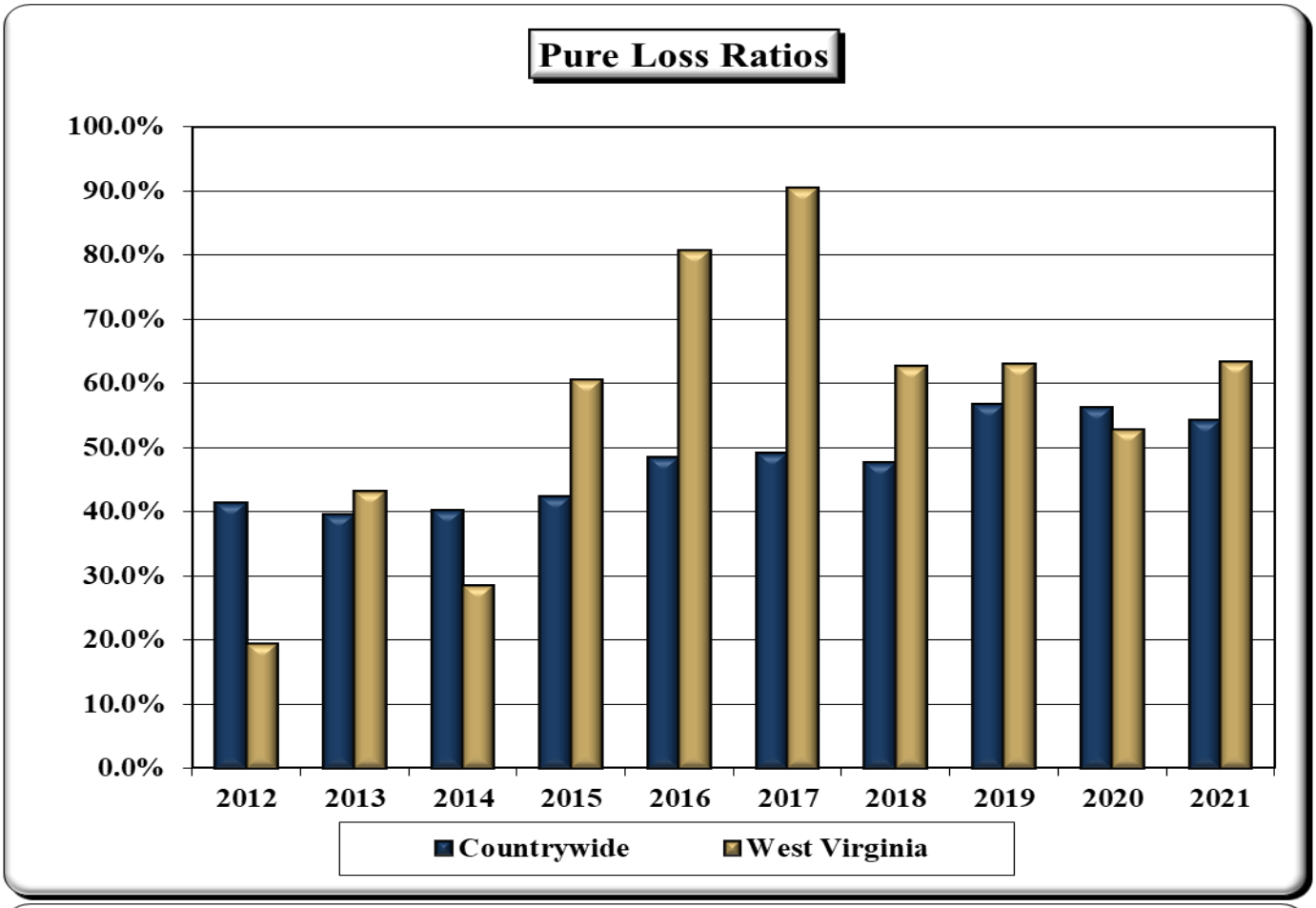
due to the pandemic. The loss ratio graph later in this report will show the volatility of this component and the effect single claims may have on the entire market.

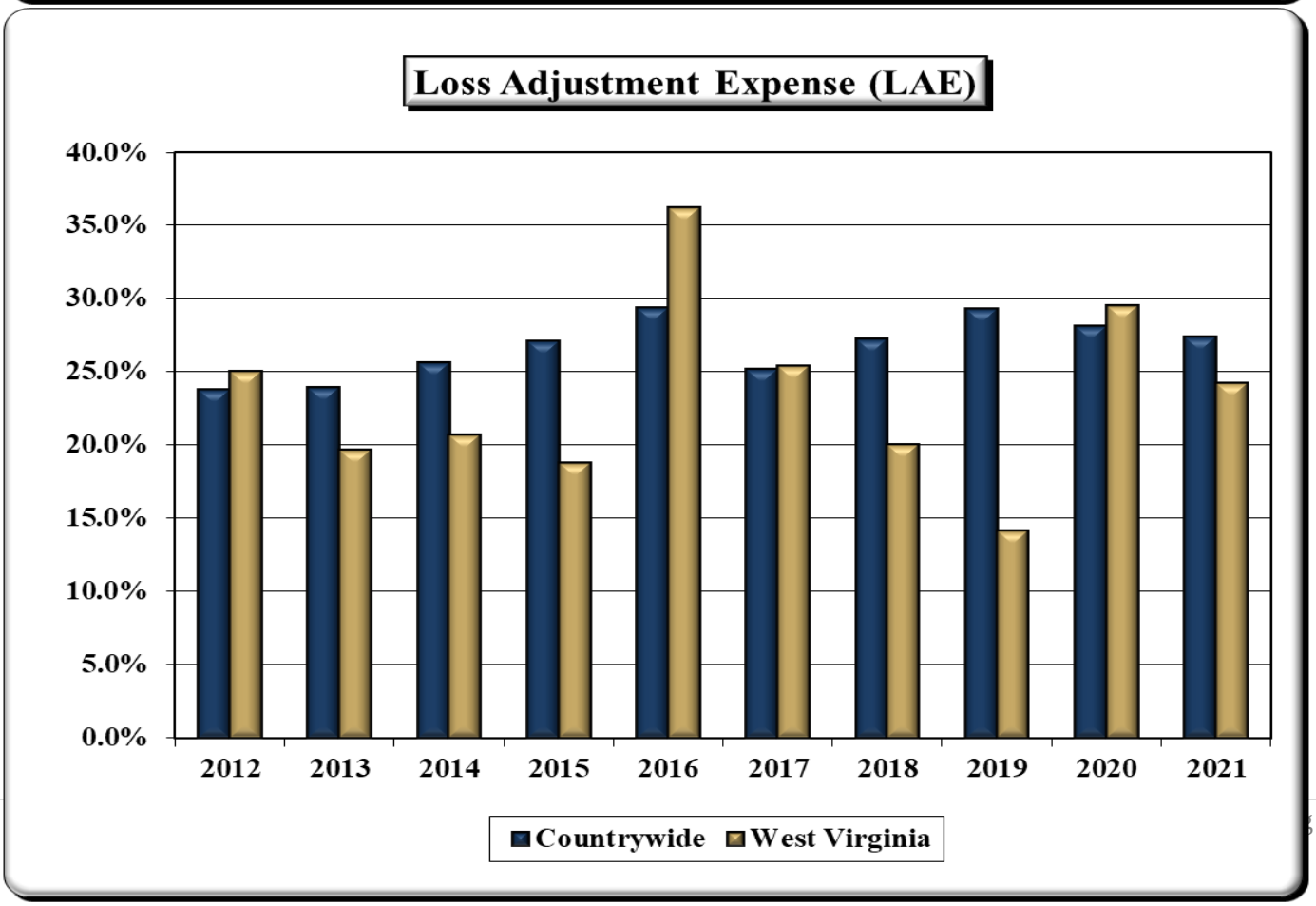
— Loss allocated expenses (LAE) decreased 18.0% from the 2020 level. While these are steep variances from year to year, the 2021 West Virginia LAE result is in-line with the countrywide experience.

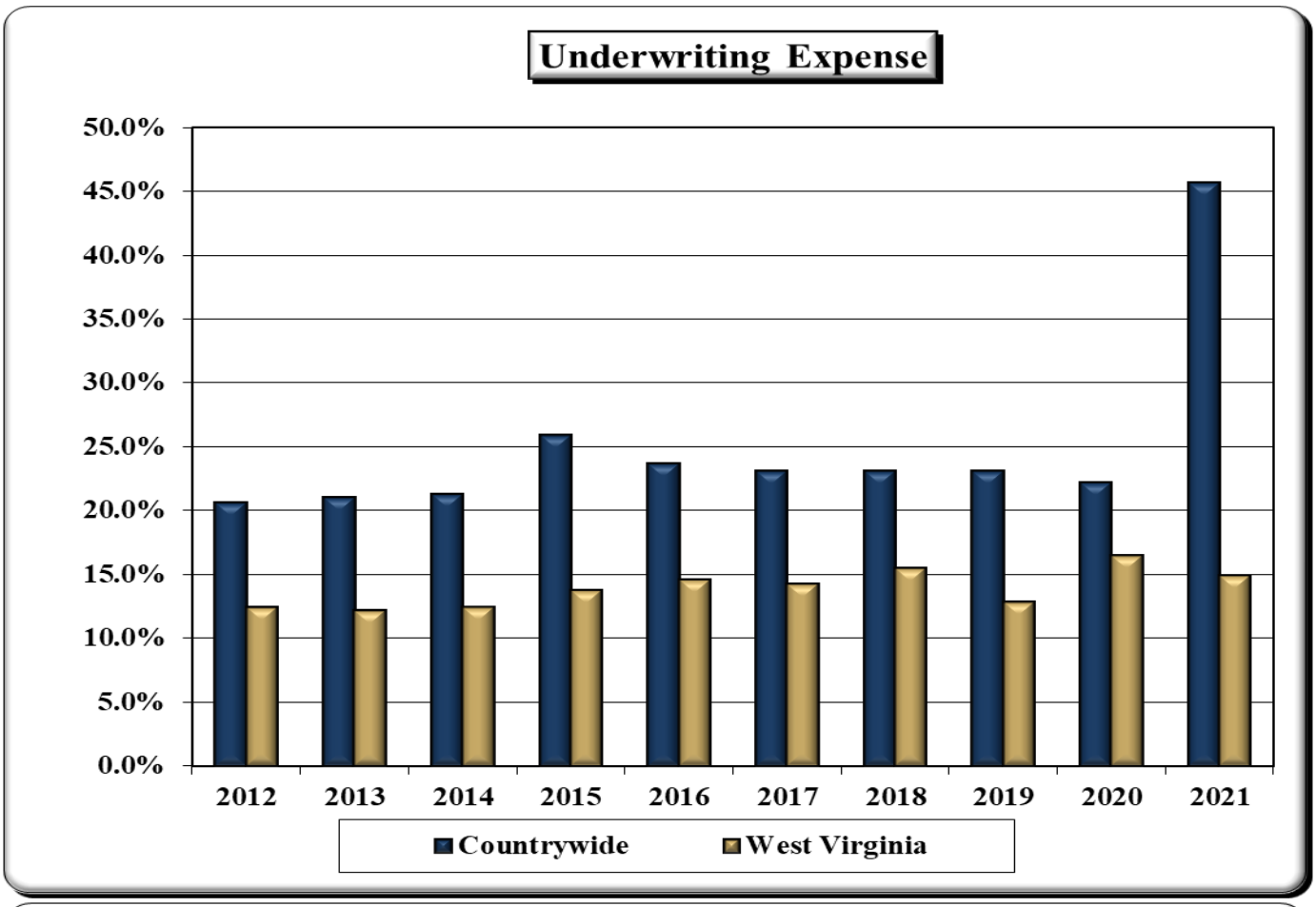
— The 2021 underwriting expenses decreased 9.7%, which is the opposite of the countrywide results. As previously mentioned, the countrywide underwriting expenses realized a 105.9% increase; a surprising and unexpected result as it was anticipated that COVID-19 employment practices in the insurance industry as a whole would show a decrease in overhead costs due to telecommuting and remote hybrid work schedules and the initial upfront costs of COVID-19 employment protocols occurring in 2020.

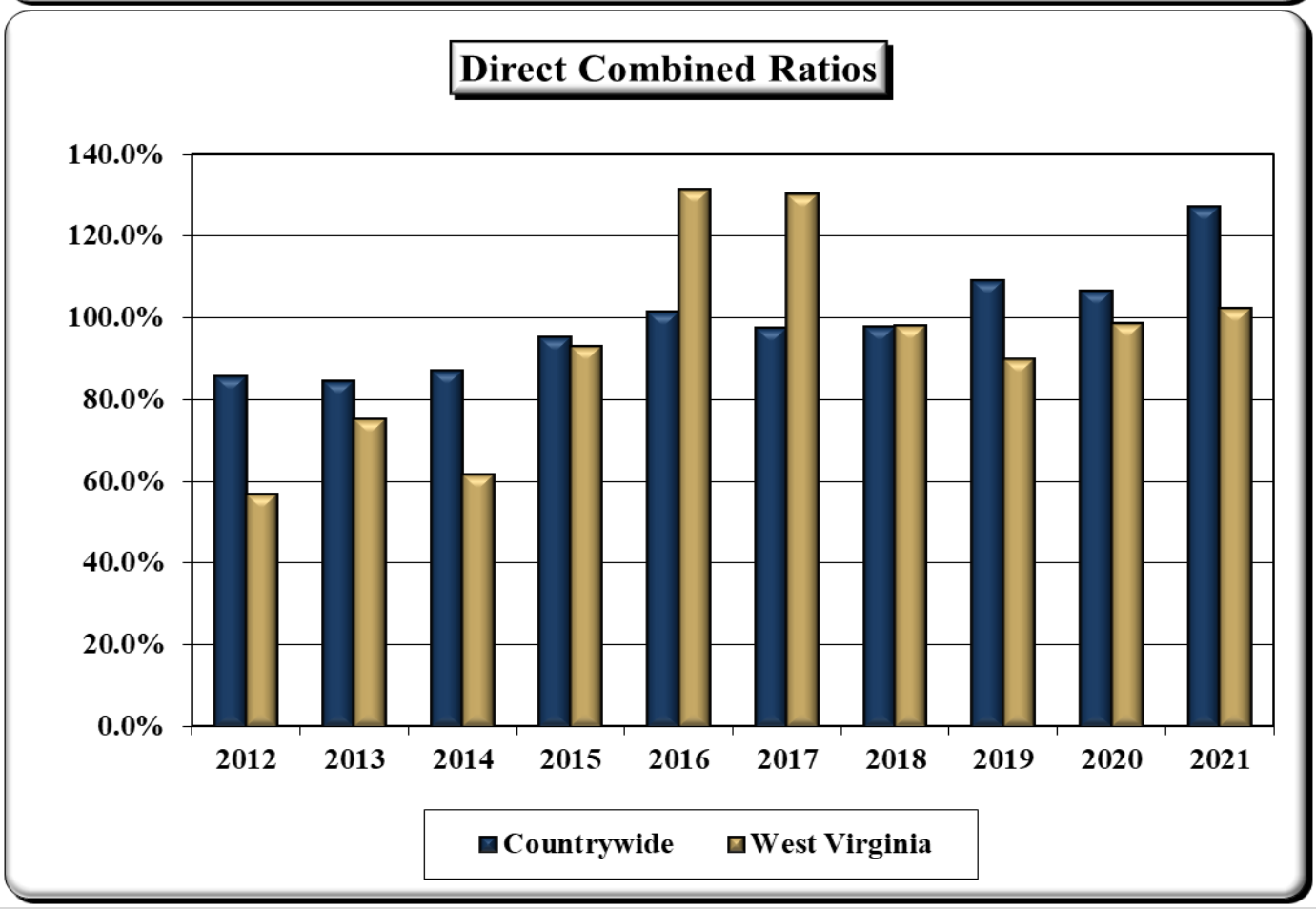
— The West Virginia 2020 combined ratio increased by 3.9% and is 103%, which indicates the market is operating at a loss. Loss ratios over the past six (6) years are much higher than 2008 – 2014 ratios. The combined loss ratio does not include investment gains. As medical malpractice liability insurance is a long tail line, investment gain may offset some of the loss by approximately 3% (industry standard discounting for gains) even during potential recessive economies. However, even with an offset, the increases realized in recent years is concerning and indicates the market may be seeing higher rates in the coming months and years. Combined ratios have traditionally been volatile due to frequency, severity and types of claims variances within the relatively small West Virginia market.

Visual graphics are provided on the next page to show the comparisons in countrywide and West Virginia experience by market components.

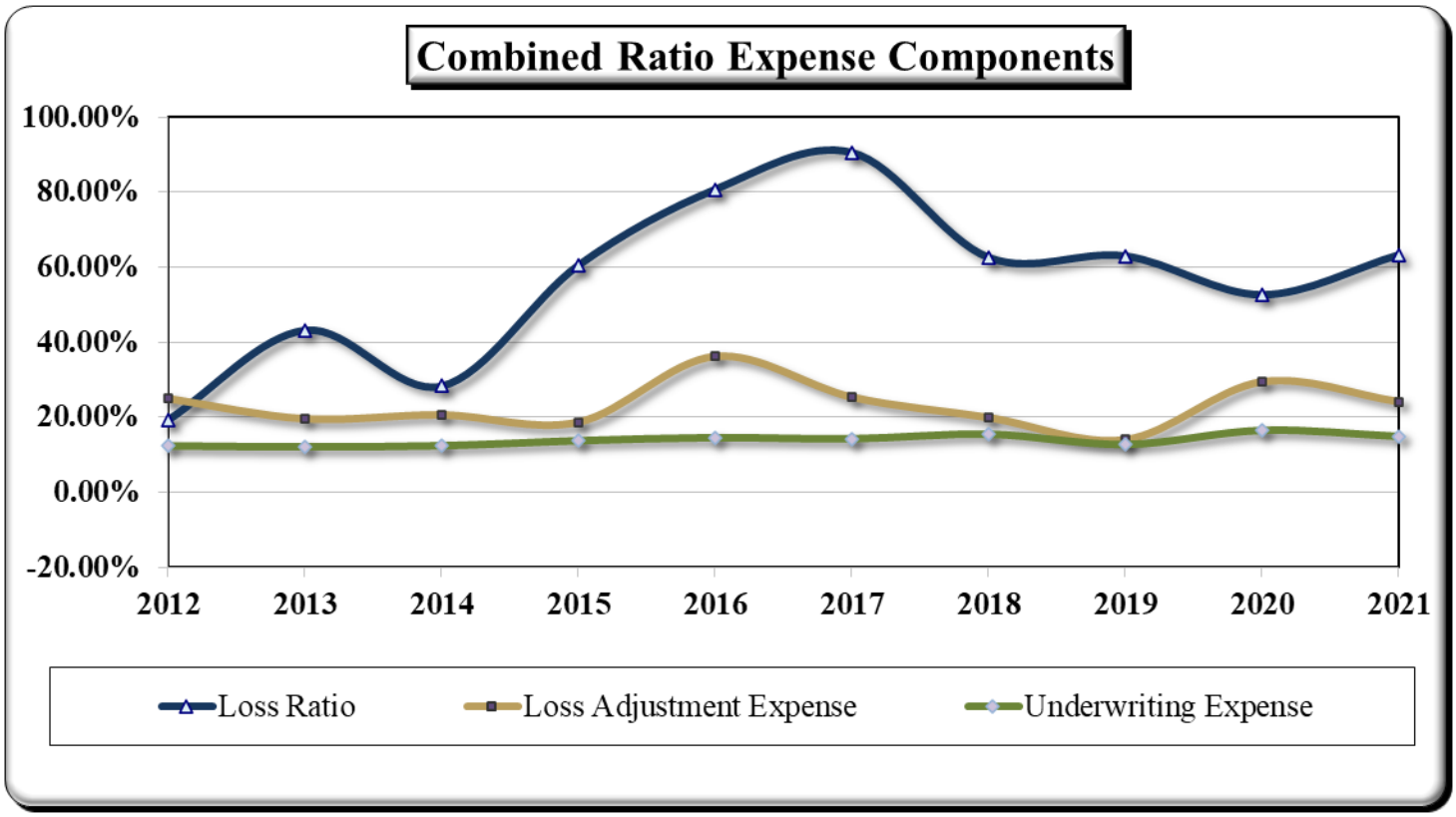

Pure Loss Ratios
100.0%
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021
Countrywide
West Virginia


Loss Adjustment Expense (LAE)
40.0%
35.0%
30.0%
25.0%
20.0%
15.0%
10.0%
5.0%
0.0%
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021
Countrywide
West Virginia


Underwriting Expense
50.0%
45.0%
40.0%
35.0%
30.0%
25.0%
20.0%
15.0%
10.0%
5.0%
0.0%
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021
Countrywide
West Virginia

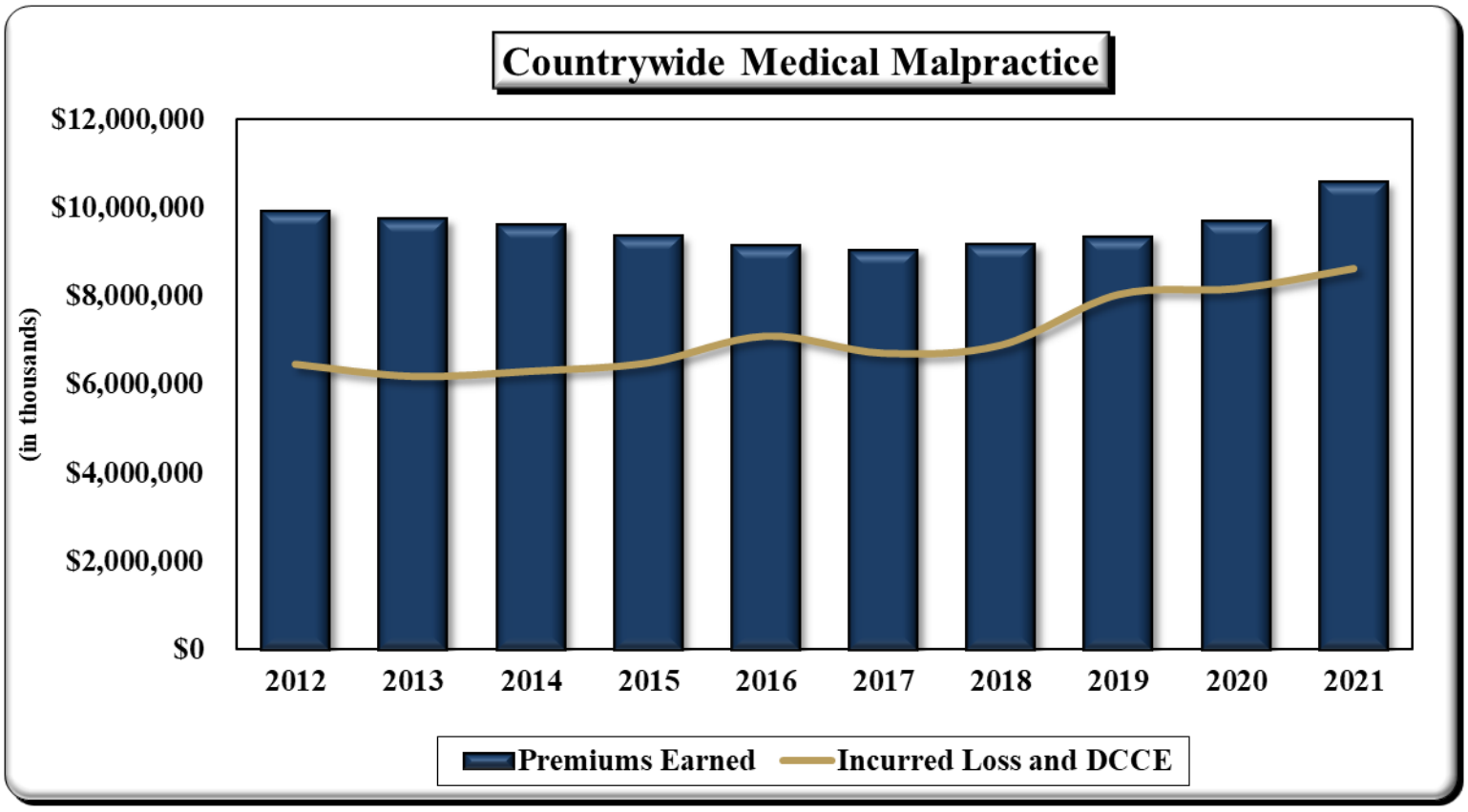

Direct Combined Ratios
140.0%
120.0%
100.0%
80.0%
60.0%
40.0%
20.0%
0.0%
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021
Countrywide
West Virginia

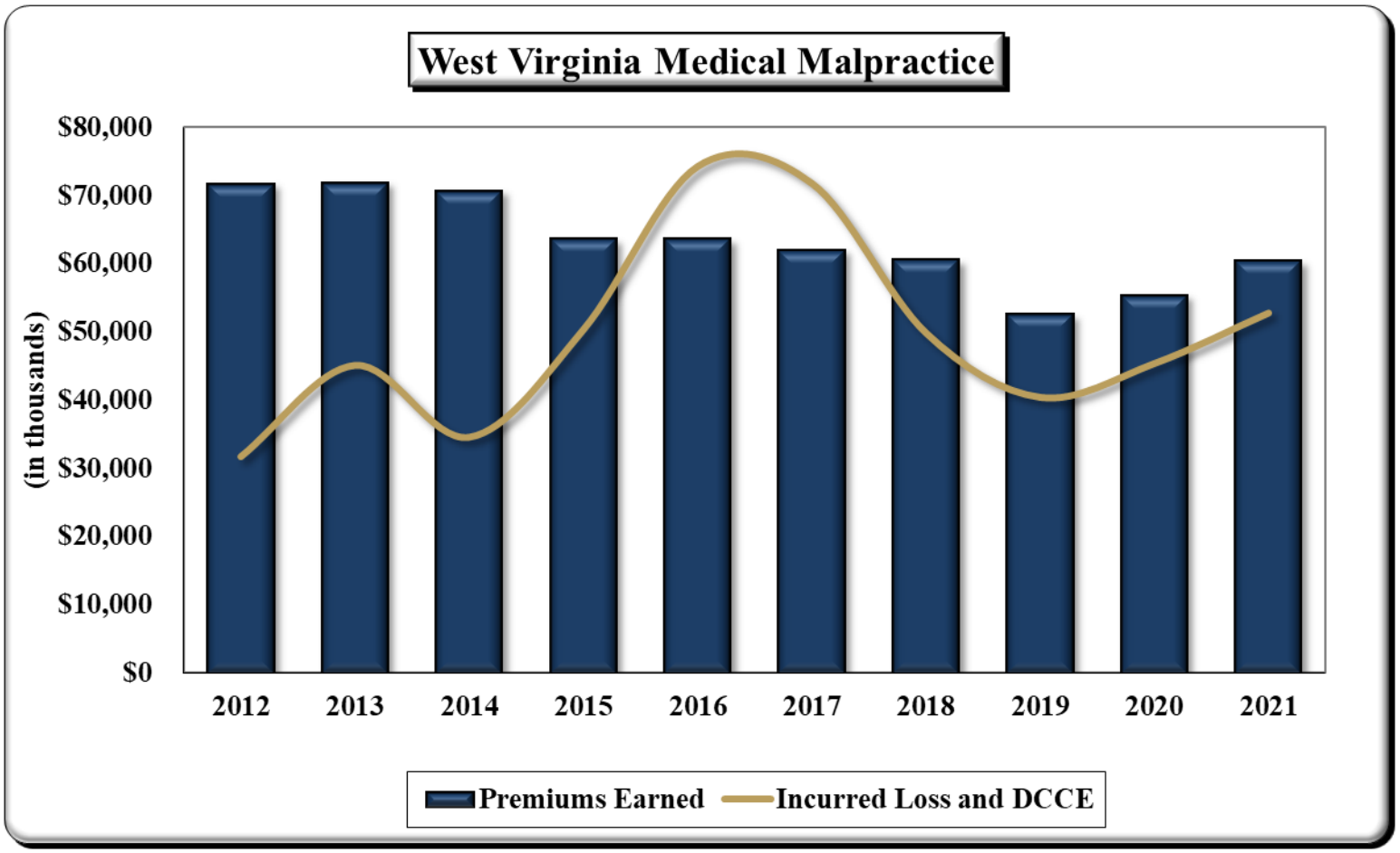
The combined loss ratio summary graph below indicates the West Virginia medical malpractice line continues to exhibit volatile direct loss ratios, moderate loss adjustment expenses and generally stable underwriting expenses.



The loss adjustment expenses generally trend similarly to the loss ratio but may vary due to the specialized nature of litigation for the medical malpractice line of insurance. When the components are linearly trended using ten-year historical values, the 2021 actual loss ratio was 14.7% lower than the trended expectation and the LAE and underwriting expense were both within a +/-5% deviation from the trended projection. Further analysis shows that when trending data from 2000 to current, the 2021 loss ratio is 29.1% higher than projected which does indicate that even with volatility, the loss ratio average has been increasing over the years.

The following graphs provide a visual representation of the historical countrywide earned premiums and loss information that includes incurred loss amounts and LAE components such as defense cost containment expenses (DCCE), where DCCE includes all expense related to defense and litigation costs, both internal and external to an insurer.


Countrywide Medical Malpractice
$12,000,000
$10,000,000
$8,000,000
$6,000,000
$4,000,000
$2,000,000
$0
(in thousands)
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021
Premiums Earned
Incurred Loss and DCCE


West Virginia Medical Malpractice
$80,000
$70,000
$60,000
$50,000
$40,000
$30,000
$20,000
$10,000
$0
(in thousands)
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021
Premiums Earned
Incurred Loss and DCCE

The premium and loss charts compare incurred losses and DCCE for the countrywide industry and the comparable figures for the West Virginia market. The 2021 West Virginia incurred losses were $38,212,553 and DCCE incurred was $14,637,230 for a total of $52,849,783. The loss and DCCE expenses in West Virginia had far exceeded earned premiums until tort reform in medical malpractice in 2003. When considering the last ten years, the incurred losses and DCCE have averaged 79.8% of the earned premiums. 2016 and 2017 are the only years since 2002 where the combined loss expenses exceeded earned premiums. The 2020 West Virginia results were similar to the countrywide data with West Virginia having an 87.5% loss to premium ratio and the countrywide loss to premium ratio was 81.6%.

While not part of DCCE, it is prudent to provide the 2021 commissions and taxes, licenses and fees expenses paid by insurers as these are considered in the combined ratio as underwriting expenses. There was $7,466,125 paid in commissions/brokerage expenses and $1,510,817 paid for taxes, licenses and fees for a total underwriting expense of $8,976,942.

The table below displays the 2021 West Virginia aggregate totals by component as reported by insurers on the annual statements to NAIC on a business written basis.

Direct Premiums Written	Direct Premiums Earned	Dividends	Direct Losses Paid	Direct Losses Incurred	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Commission and Brokerage Expenses	Taxes, Licenses and Fees
$63,567,153	$60,385,694	$389,067	$32,368,804	$38,212,553	$13,079,086	$14,637,230	$7,466,125	$1,510,817

Closed Claims Analysis

A medical malpractice claim may occur when a hospital, doctor, or other health care professional, through a negligent act or omission, causes an injury or harm to a patient. The negligence may be the result of errors in diagnosis, treatment, after care or health management. West Virginia Code requires insurers report closed claim information to the WVOIC. This section will provide insight into the reported claims data as reported by insurers.

The Board of Medicine (BOM) information is not insurance data; but is information provided to the West Virginia Board of Medicine about medical malpractice claims after the disposition and has not been audited for accuracy. Disposition means any claim which has been dismissed, settled, or adjudicated. While not considered insurance data, this information is useful in attempting to identify trending of the market over time since even with twenty years of data, the number of claims and loss dollars are not at credible levels needed for analysis. Additionally, note that this information does include Board of Risk and Insurance Management (BRIM) claim payments and self-insured facilities.

A summary of the 2021 BOM claims is provided below:

Action Type	Count of Action	Amount of Action
Judgement in Legal Action	0	$0
Settlement	91	$26,528,755
Total	91	$26,528,755

The exhibit below displays paid claim count information for 2012 – 2021.

	Judgments		Settlements	
Year	$0 Awards	Total	Total	**Total**
2012	2	7	86	93
2013	1	3	87	90
2014	3	3	119	122
2015	2	3	120	123
2016	4	5	140	145
2017	2	3	114	117
2018	0	0	99	99
2019	0	2	92	94
2020	0	0	67	67
2021	0	0	91	91
Total	**14**	**26**	**1,015**	**1,041**

In general, the number of claims filed has dropped significantly since the passage of the 2001 legislation. After a large decrease in 2020, the 2021 claims are more in line with recent history. The 2020 claim count of 67 may have been lower due to the COVID-19 restrictions rather than actual claim decreases. The 2012 -2021 count average is 105 claims per year, so the last four (4) years have resulted in less than average claim counts. The claims costs vary year to year due to the nature and types of claims, so severity trending is not statistically reliable.

As noted in the historical action table, claims are nearly always settled outside of courtrooms, notably in more recent years. This is likely the reason why the West Virginia loss adjustment expenses and DCCE costs have historically been lower than countrywide (2020 notwithstanding). Generally, claims are settled so that an insurer knows the ultimate cost outcome rather than leaving an award up to chance by a jury or court. Settlements are not uncommon in any line of insurance and are prevalent in long tail lines such as medical malpractice.

The above summaries were based on data received from the West Virginia Board of Medicine. In accordance with §33-20B-8, the WVOIC also collects claim data from insurers. This method of collecting claim data was revised by the WVOIC in May 2017. Previously, insurers were required to complete and return paper forms to the WVOIC via email, postal mail or fax. Once received, the data would be manually entered into a repository claim database by WVOIC personnel. The WVOIC created and implemented an electronic, web-based module that replicated the form. This allowed insurers to complete the form online and submit to the WVOIC in real time thus saving time and money for insurers and WVOIC personnel. The online portal is continually reviewed and updated as needed by the WVOIC for data validation and accuracy of user inputs.

A medical malpractice claim includes four (4) damage components. The damage components and definitions of each follow:

Indemnity Paid – Indemnity payments include all compensation paid to claimants or plaintiffs.

Economic Damages Paid – Economic damages are monies awarded as compensation for monetary losses and expenses, which the plaintiff has incurred, or is reasonably likely to incur in the future, as a result of the defendant's negligence. This includes:

- Medical care and future expenses
- Loss of earnings
- Loss of earning capacity

Non-Economic Damages Paid – Non-economic damages are monies awarded as compensation for non-monetary losses and injuries, which the plaintiff has suffered, or is reasonably likely to suffer in the future, as a result of the defendant's negligence. This includes:

- Mental distress and suffering
- Loss of enjoyment of life
- Loss of consortium
- Disfigurement

Punitive Damages Paid – Punitive damages are monies awarded when it can be proven that a medical professional deliberately and maliciously caused serious harm to the patient. These damages are rarely awarded because the burden of proof falls to the claimant or plaintiff.

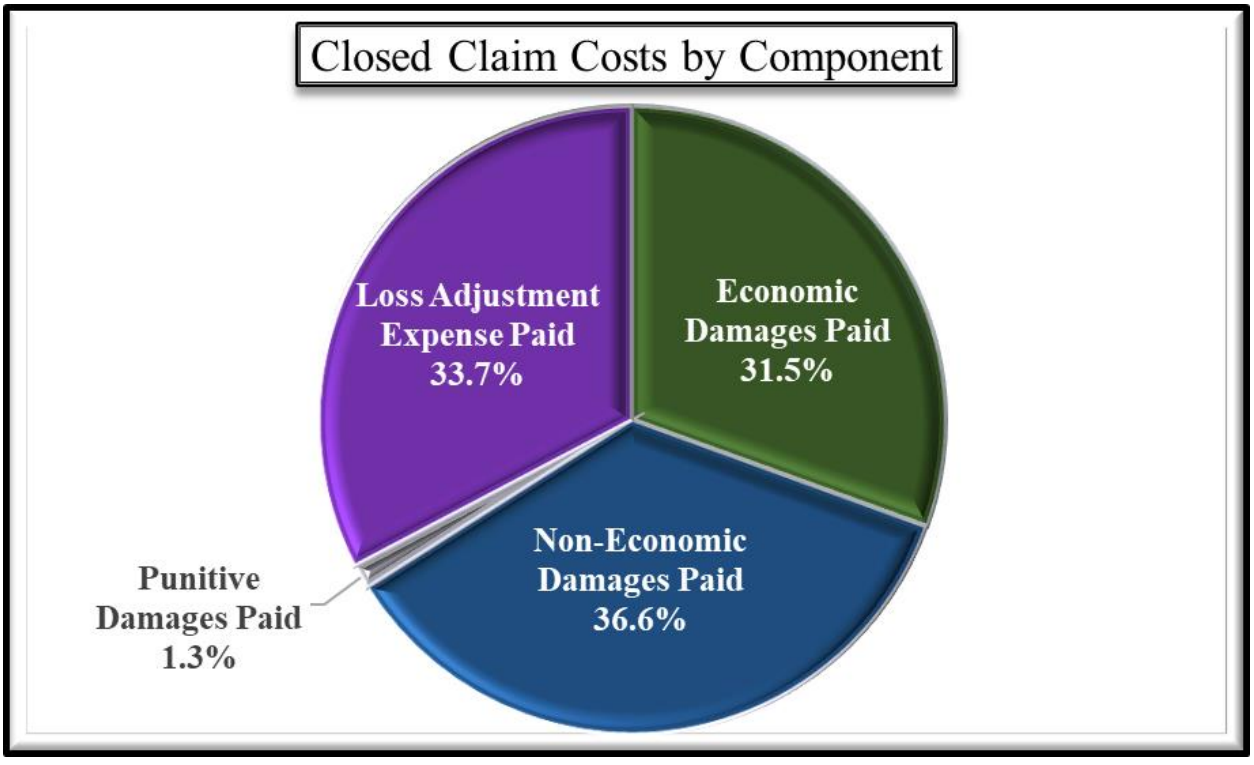
Loss Adjustment Expense (LAE) Paid – Expenses paid by the insurer in the process of administering or adjudicating a claim. The claimant/plaintiff does not receive these monies as part of an award.

As mentioned in the definitions above, the indemnity payments should display the total amount paid to the plaintiff and the economic, non-economic and punitive damages should equal the indemnity payments to show the allocation of the damages. However, the historical data, and some current claim reports to the WVOIC, show that is not always the case even though reporting instructions are clearly stated. The WVOIC cleansed the data as much as possible prior to analysis but cautions that the reported claim data may not be fully credible. The WVOIC has taken steps to ensure this is not the case for future reporting by implementing validation rules embedded within the online medical malpractice reporting form. In future annual reports, year to year comparisons will not be possible until we have used the five (5) year database claims for multiple years. The WVOIC places more value on smaller, credible datasets rather than larger quantities of unreliable data.

For this report, the WVOIC is providing claim information as was reported directly by the insurer via the online claims reporting portal. While this is not a full history a claims information, the data is more accurate and incorporates recent data validation in the responses whereas this was not the case with historical reporting. The summary below represents all claims reported including all professional codes such as physician and surgeons, nurses, hospitals, nursing homes, clinics, dentists, chiropractors and podiatrists. The data table represents claims reported as of August 9, 2022.

Claim Closed Year	Count of Claims	Indemnity Paid	Economic Damages Paid	Non-Economic Damages Paid	Punitive Damages Paid	Loss Adjustment Expense Paid
2013	2	$0	$0	$0	$0	$8,806
2014	1	$0	$0	$0	$0	$8,756
2015	1	$0	$0	$0	$0	$4,154
2016	48	$6,533,165	$725,000	$800,000	$0	$1,337,799
2017	154	$74,669,078	$7,198,781	$6,867,787	$0	$31,204,323
2018	250	$37,223,550	$17,612,815	$16,560,367	$400,000	$11,698,015
2019	279	$32,168,559	$11,925,080	$13,282,786	$0	$10,788,079
2020	232	$25,089,909	$11,330,628	$13,009,281	$700,000	$9,245,132
2021	221	$40,712,243	$14,268,555	$25,355,212	$1,088,476	$13,710,418
2022	94	$29,234,977	$14,199,588	$14,035,389	$1,000,000	$4,754,920
Total	**1,282**	**$245,631,481**	**$77,260,447**	**$89,910,822**	**$3,188,476**	**$82,760,401**

The chart below shows the allocation of indemnity payments by reported components and LAE expenses incurred by the insurer.



Considering that medical malpractice liability is a long tail line of insurance, it may be likely that the experience of later years will be subject to further adverse development. While these trends are important to understand the medical malpractice insurance and claim dynamics, it is important to realize that malpractice claims may take years to develop and/or be resolved through the litigation process and thus a year-to-year comparison may not be indicative of future trends or loss development.

Similar to the BOM data, we can also consider claim outcomes for the disposition of claims reported by the insurer to the OIC through the online reporting portal. Please note the claims costs provided in the data tables and analyses are not capped at policy limits and are analyzed using the dispositions and damage payments reported by the insurer. Further, systemic cases may be counted as a single claim.

Disposition	Claim Count	Indemnity Paid	Economic Damages Paid	Non-Economic Damages Paid	Punitive Damages Paid	LAE Paid
Settlement	710	$244,592,848	$77,184,447	$88,959,196	$3,188,476	$68,807,273
Dismissal	288	$141,007	$76,000	$54,000	$0	$9,054,892
Failure to Pursue/ Voluntarily Withdrawn	163	$0	$0	$0	$0	$1,679,328
Lack of Certificate of Merit	73	$0	$0	$0	$0	$252,384
Judgment	46	$897,626	$0	$897,626	$0	$2,966,524
Closed	2	$0	$0	$0	$0	$0
Total	**1,282**	**$245,631,481**	**$77,260,447**	**$89,910,822**	**$3,188,476**	**$82,760,401**

Settlements account for the vast majority of the dispositions with 55.4% of overall claims that account for 99.6% of overall indemnity payments and 83.1% of LAE payments. As shown above, many claims are closed with $0 payments due to lack of merit, voluntarily withdrawn or dismissals. There were 611 claims, nearly half of the total, that were reportedly closed with $0 payments. However, those claims accrued LAE costs of $14,958,224 or 18.1% of overall LAE.

The next data table considers only the 671 claims that did have reported indemnity payments. By removing the $0 paid claims, the remaining claims provide better per claim averages that are not skewed by outliers.

Disposition	Count	Indemnity Damages Paid	Economic Damages Paid	Non-Economic Damages Paid	Punitive Damages Paid	LAE Paid
Settlement	666	$244,592,848	$77,184,447	$88,959,196	$3,188,476	$67,481,862
Dismissal	3	$141,007	$76,000	$54,000	$0	$153,745
Judgment	2	$897,626	$0	$897,626	$0	$166,570
Total	**671**	**$245,631,481**	**$77,260,447**	**$89,910,822**	**$3,188,476**	**$67,802,177**

When considering the entire dataset of 1,282 reported claims the average paid per claim is $191,600 with an average LAE of $64,556 but when only considering the 671 claims with payments, the average paid per claim is $366,068 and the average LAE is $101,046.

Performing the same comparison and considering only 46 judgment claims results in an average paid per claim of $19,514 with an average LAE of $64,490. When we remove the $0 judgments and consider only the two (2) claims with payment, the average paid is $448,813 with an average LAE of $83,285. The average LAE for $0 paid judgments is $63,635. You will notice that the average LAE for both $0 paid claims and non-zero paid claims is only 30% difference but with an average indemnity payment of nearly $450,000 for the paid claims then it would make sense that judgments are not cost effective and may result in unexpected and costly awards for insurers.

The same comparisons using the 710 settled claims show an average paid per claim of $344,497 with average LAE of more than $96,912 but when only considering the 666 claims with settlements, the average settlement is $367,257 and the average LAE is $101,324. Based on those similar averages for claims payments, one may ask why settlements are the prevailing outcome with 666 claims compared to two (2) judgment rulings where both have very similar averages? The reasoning is the control of costs a settlement provides. There is generally less LAE involved, except in the larger systemic cases that require higher costs due to the amount of litigation involved. A judgment is an unknown which increases LAE for defense and legal preparation and may also result in a very large award or legal remedy to the plaintiff. It is unknown why there are 44 reported settlements that are $0 paid, but it is assumed that those claims are reporting errors from the insurer as 36 of them did include docket numbers for cases.

Review of 5% Market Share Insurer Data

The reporting of experience for insurance companies with 5% or more of the West Virginia medical malpractice direct written premium is mandated by:

West Virginia Regulation §114CSR22
West Virginia Regulation §114CSR23
West Virginia Code §33-20B-6

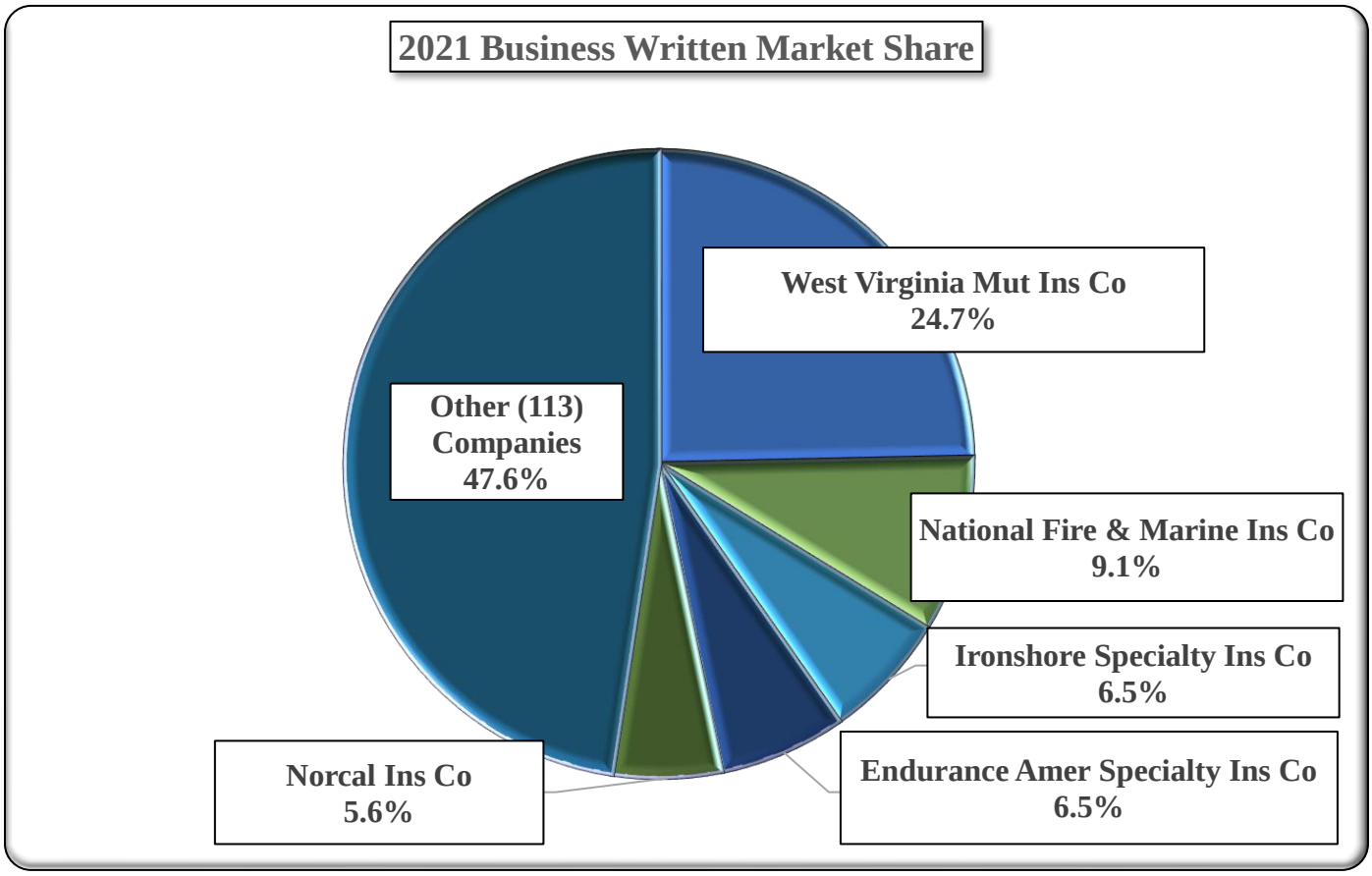
This section of the report reviews the rates and rules of insurers reporting 5% or greater premium market share of medical professional liability insurance. Two methods used to evaluate premium market share include reports based on an admitted, or licensed, basis and the other is on a business written basis. Business written includes financial reports from excess and surplus lines insurers, whereas licensed reports exclude unlicensed company reports. Unlicensed companies are not subject to the same regulatory requirements as licensed companies, including the filing of and receiving approval of company rates and forms. Unlicensed companies must be admitted as a surplus lines company in order to do business in our State. While the majority of the analyses in this report use a business written approach to accurately capture the entirety of the industry for both premiums and claims costs, the market share request is based on licensed data. The reasoning for this method is due to regulatory authority. It was determined the 5% requirement applied to licensed (regulated) entities only.

For calendar year 2021, if using the business written report, then five (5) insurers would meet the 5% requirement. However, National Fire & Marine Ins. Co., Endurance American Specialty Ins. Co. and Ironshore Specialty Ins. Co. are surplus lines companies that are outside of the Insurance Commissioner's regulatory authority to mandate a company response to comply with West Virginia Code. When using the licensed report, three (3) regulated insurers met the premium threshold requirement and was sent a notice to produce supplemental data as required by W.Va. Code §33-20B-6. The qualifying insurers were the West Virginia Mutual Insurance Company, NORCAL Mutual Insurance Company and Medical Protective Company. All three (3) insurers complied with the mandate and provided all required and supplemental data as directed by the WVOIC and W.Va. Code.

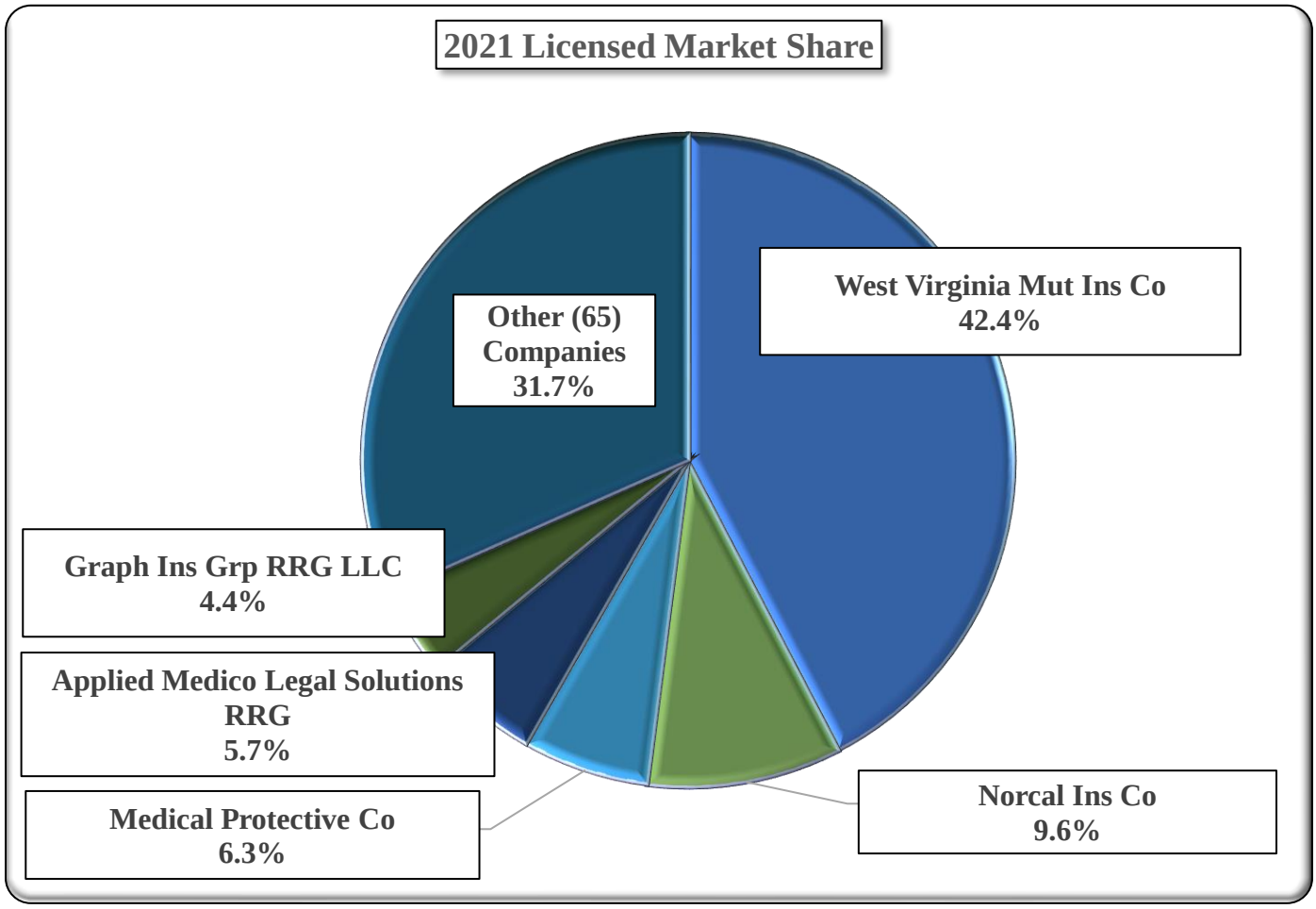
The market share reports also identified a federal risk retention group registered in West Virginia. W.Va. Regulation §114-22-2 defines insurer as an insurance company licensed by the Insurance Commissioner. A risk retention group is not licensed by the Commissioner and thus falls outside of the reporting requirements mandated by West Virginia Code.

The charts below identify the top five (5) insurers market share percentages for both business written and licensed reports. The full table with all insurers reporting medical professional liability premiums in West Virginia for 2021 is provided as an exhibit in the conclusion of this report.

Based on business written premiums for 2021, the West Virginia medical malpractice market currently consists of the following insurers with the subsequent market share for each:



Based on licensed basis premiums for 2021, the West Virginia medical malpractice market currently consists of the following insurers and risk retention groups with the subsequent market share for each:



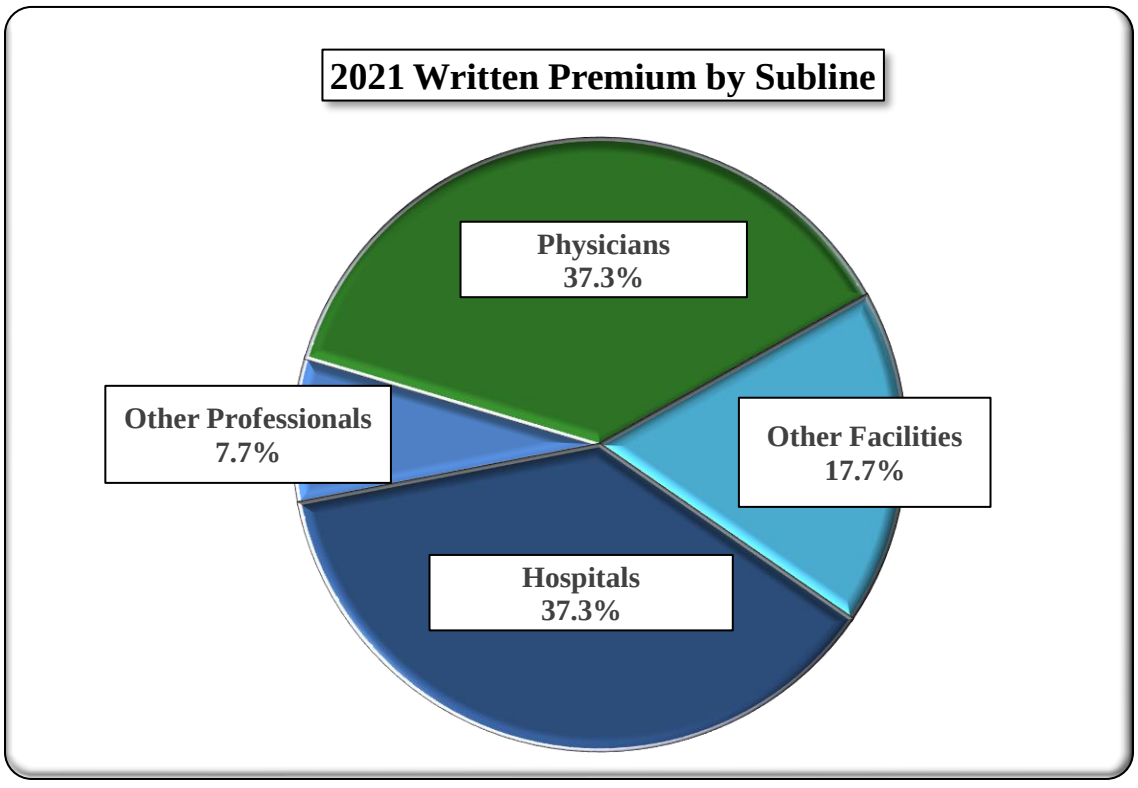
When evaluating the two reports of market share calculations, you can see there is a large disparity in the market share percentages by reporting basis. For instance, the West Virginia Mutual Ins. Co. reports 24.7% of the total business written premiums but more than 42.4% of the licensed company reports. When considering the overall direct written premiums from the separate basis reports, the difference is more than $26.5M (business written is $63.5M and licensed is $37.0M). Considering the difference of $26.5M, it can be calculated that more than 41% of total medical professional liability premiums are written by surplus lines insurers, risk retention groups or other non-licensed entities. Surplus lines insurance fills an important need in the marketplace as they have the ability to accommodate a wider variety of risk and provides insurance for hard-to place, unique or high-capacity risks, where insurance coverage may not otherwise be available through a regular or admitted insurer. However, there are also cons for coverage in surplus lines such as premiums are generally more expensive and surplus lines insurers aren't subject to the same regulatory authority as an admitted insurer. A review of the West Virginia annual financial statements shows the increase in surplus lines premium is due to the hospitals and other facilities subline which is traditionally not offered by admitted insurers.

The medical professional liability premiums can be segmented into four sublines. The sublines are Physicians and Surgeons, Hospitals, Other Professionals and Other Facilities. Other Professionals coverage includes nurses, nurse practitioners, pharmacists, dentists, etc. Other Facilities coverage includes long-term care facilities, medical clinics and spas, surgery centers, etc.

The table below displays the written premiums by subline for each of the insurers meeting the 5% market share threshold.

West Virginia Mut Ins Co	*Physicians and Surgeons*	$15,677,572
	Hospitals	$0
	Other	$0
	Total	**$15,677,572**
Norcal Mut Ins Co	*Physicians and Surgeons*	$3,569,484
	Hospitals	$0
	Other	$0
	Total	**$3,569,484**
Medical Protective Co	*Physicians and Surgeons*	$1,795,819
	Hospitals	$0
	Other	$519,245
	Total	**$2,315,064**

The physicians and surgeons' premiums account for 37.3% of the total medical professional liability total with Hospitals accounting for 37.3%, Other Facilities at 17.7% and Other Professionals 7.7%.



The next section of this report will review market positions and rate histories of each of the three (3) insurers.

West Virginia Mutual Insurance Company (WVMIC)

As a long-term solution to the availability of medical malpractice coverage in West Virginia, §33-20F established WVMIC and all policies previously insured as part of the BRIM II program novated to the company upon inception. The rate history of WVMIC since inception follows:

2021 Market Share	Company	Effective date	% Requested	% Granted*	Filing Number
24.7%	***West Virginia Mutual Ins Co***	1/1/2022	9.9%	9.9%	MAGM-133000288
(business written basis)	*fka W.V. Physicians Mutual	1/1/2021	9.9%	9.9%	100054272
		1/1/2020	0%	0%	100051088
		1/1/2019	0%	0%	100048474
42.4%		1/1/2018	0%	0%	100045368
(licensed basis)		1/1/2017	0%	0%	100040549
		1/1/2016	0%	0%	100035423
		1/20/2015	0%	0%	100030006
		1/1/2014	0%	0%	100023353
		1/1/2013	0%	0%	100016727
		1/1/2012	(5.0%)	(5.0%)	100011255
		1/1/2011	0%	0%	100006008
		1/1/2010	0%	0%	90918009
		1/1/2009	0%	0%	80903007
		1/1/2008	0%	0%	70918006
		1/1/2007	(15.0%)	(15.0%)	60915016
		1/1/2006	(5.0%)	(5.0%)	50826007
		1/1/2005	10.2%	10.2%	41006013
		7/1/2004	Initial filing	Initial filing	40331017

* Does not include renewal credit adjustments

WVMIC was purchased by the MAG Mutual Insurance Group in 2020. With this acquisition, WVMIC's ratemaking methodology was impacted. WVMIC had previously used investment income from operations to offset indicated rate changes. MAG's approach is to use investment income generated from the premiums collected only to offset rate changes. It should be noted that MAG's use of premium investment income opposed to operations investment income more closely matches the industry standards used by most companies. This change impacted the ratemaking calculations by producing a substantial indicated rate increase.

The indicated rate increases from annual rate filings are:

2019 – indicated 9.3%; requested 0%; approved 0%

2020 – indicated 8.1%; requested 0%; approved 0%

2021 – indicated 36.1%; requested 9.9%; approved 9.9% and removal of 5% renewal credit

2022 – indicated 16.9%; requested 9.9%; approved 9.9%

2023 – indicated 9.9%; requested 9.9%; pending approval

Prior to 2021 and the MAG acquisition, WVMIC had not taken a rate change in several years as indicated by the rate filing history chart. The 2021 rate filing not only requested and received approval of a 9.9% rate increase but also eliminated the 5% renewal credit effective 1/1/2021. This was the first rate increase the company had received since 2005; excluding the removal of any renewal credits throughout the years. A similar 9.9% increase was filed and approved effective 1/1/2022. WVMIC has also filed for a 9.9% rate increase to be effective 1/1/2023, which is currently pending approval from the Insurance Commissioner. As previously mentioned in this report, rate increases are likely for most companies due to the market conditions and loss experience of the West Virginia medical malpractice line of insurance.

As the WVMIC's 2021 market share for licensed companies is 42.4%, their results have a substantial impact on the overall market. As noted, the recent increased rate indications have been significantly influenced by the change in the calculation of investment income and the way it applies.

NORCAL Mutual Insurance Company (NORCAL)

Domiciled in California and commenced business operations in November 1975. NORCAL's business operations are focused on long-tail liability lines of business. They primarily write professional liability coverage for physicians and medical groups on a claims-made basis. They received their initial Certificate of Authority to write casualty insurance in West Virginia in September 2013.

In 2011, NORCAL purchased Medicus Insurance Company (Medicus). Medicus was the second largest premium writer of medical malpractice liability insurance in West Virginia from 2012 through 2015. The purchase of Medicus propelled NORCAL into a leading insurer of medical malpractice insurance in our state. NORCAL accepted the business and assumed the Medicus rates that were in effect at the time of purchase. Medicus had previously suffered adverse development with reported loss ratios of 143.7% in 2015 and 122.9% in 2014. In May of 2016 NORCAL began the transition of Medicus' book of business to their company. NORCAL implemented strategic underwriting processes and rate increases to reverse the trend created by the assumption of Medicus' book of business. As shown by the last five (5) rate filings, NORCAL continues to file and receive approval for rate increases to achieve rate adequacy for their assumed and current book of business.

The rate history of NORCAL Mutual Insurance Company follows:

2021 Market Share	Company	Effective date	% Requested	% Granted	Filing Number
5.6%	***Norcal Mut Ins Co***	1/1/2023	7.0%	7.0%	NCMC-133319639
(business written basis)		1/1/2022	8.6%	8.6%	100056390
		1/1/2021	8.0%	8.0%	100053130
		1/1/2020	4.0%	4.0%	100050574
9.6%		1/1/2019	7.0%	7.0%	100047937
(licensed basis)		1/1/2018	0%	0%	100044426
		1/1/2017	0%	0%	100039187
		5/1/2016	Initial filing	Initial filing	100035481

For the 2023 filing NORCAL made a change to the underlying data source. This filing included insureds that do practice in West Virginia but also have policies written outside of the state. Based on the rate analysis providing in the filing, the indicated rate change was 29.2%, but NORCAL selected an increase of 7.0%; which has been approved by the West Virginia Insurance Commissioner.

Medical Protective Company

Medical Protective Company had written premium prior to 2010 but at that time the company was not profitable in West Virginia and did not assume new or renewal business. Medical Protective Company began actively writing premiums in 2013 after medical malpractice tort reform and improving market conditions.

2021 Market Share	Company	Effective date	% Requested	% Granted	Filing Number
3.64%	***Medical Protective Co***	1/1/2023	3.1%	3.1%	MDPC-133363313
(business written basis)		1/1/2022	9.5%	9.5%	100056182
		1/1/2021	6.8%	6.8%	100053288
6.3%		1/1/2020	9.2%	9.2%	100050676
(licensed basis)		1/1/2019	4.1%	4.1%	100048408
		1/1/2018	0%	0%	100046609
		1/10/2017	0%	0%	100042047
		1/1/2016	0%	0%	100035921
		1/14/2013	(13.3%)	(13.3%)	100018489

The company filed and received approval for rate increases the past five (5) years. Recent rate changes were not "across the board" increases for all policyholders but rather, the company implemented the rate change by focusing on specific specialties, Anesthesiology and Orthopedic.

The Medical Protective Company has requested and received approval for rate increases that are in-line with the indicated levels for the past five years and have closely reviewed the profitability of their overall book of business. The WVOIC believes rates are adequate and have no concerns with the operations or financial status of this company.

W.Va. Code §33-20B-6 requires that the WVOIC report the investment portfolio, including reserves, and the annual rate of return on the investment portfolio for each insurer providing five percent or more of the malpractice insurance coverage in the state. This report also includes insurer responses to the questions outlined in the above referenced W.Va. code section.

The data sets below summarize the supplemental information as reported to the WVOIC by the companies.

Insurance Expense Exhibit

2021	WVMIC	NORCAL	Medical Protective
Commission and Brokerage	0.0%	9.0%	11.75%
New Acquisition	0.0%	0.0%	6.47%
General	0.0%	12.0%	4.49%
Taxes	0.0%	5.0%	4.95%
Loss Ratio	0.0%	33.0%	5.67%
Combined Ratio	0.0%	58.0%	33.34%
Investment Gain/(Loss)	(0.0%)	-	0.12%

* WVMIC ceded 100% of operations to MAG Mutual. There is no method to separate WVMIC numbers from the overall MAG Mutual numbers due to the pooling.

A significant observation is that while the WVMIC retains majority market share in both the business written and licensed premium basis, the pooling agreement with MAG Mutual includes nearly 100% ceded reinsurance so the premiums are written by WVMIC and then transferred to MAG Mutual as part of the pooling arrangement. Due to the provisions included in the ceding and pooling agreement, comparisons of the WVMIC company specific expenses, investment and income from year to year will be impossible as MAG Mutual controls the WVMIC company assets and expenses.

It must also be noted that the loss ratios displayed in the table above are not developed and will likely increase as the years go by since medical malpractice liability insurance is a long tail line with a broad statute of limitations. To understand the significance of this statement, Medical Protective filed an 11.14% loss ratio and 40.24% combined ratio for the calendar year 2020 experience. The realized experience, just a year later as reported on the calendar year 2021 data call, has been updated to 166.99% loss ratio and 196.09% combined ratio for the same 2020 data.

Investment Income Provisions

(as reported to the NAIC as earned during year)

2021	WVMIC	NORCAL	Medical Protective
Bonds	$15,272,588	$1,402,984,586	$757,431,936
Preferred Stocks	$0	$3,991,462	$307,290,000
Common Stocks	$0	$98,010,116	$2,949,620,856
Real Estate	$0	$0	$10,218,132
Cash	$3,341,053	$19,368,909	-$65,129
Cash Equivalents	$783,796	$59,854,213	$348,625,353
Short Term Investments	$0	$3,867,624	$729,554,664
Derivatives	$0	$0	$0
Other Invested Assets	$0	$27,055,249	$51,602,481
Agg. w/ins for Invested Assets	$0	$5,042,569	$0
Total Cash and Invested Assets	**$19,397,439**	**$1,620,174,728**	**$5,154,278,293**
Net Investment Income Earned	$485,659	$29,638,757	$112,771,627
Investment Yield	**2.50%**	**1.83%**	**2.19%**
Total Loss Reserves	**$0**	**$743,732,637**	**$801,798,297**
Total LAE Reserves	**$0**	**$285,791,625**	**$278,231,420**
Total Loss and LAE Reserves	**$0**	**$1,029,524,262**	**$1,080,029,717**

Specific Claims, Underwriting and Investment Results

Reporting Requirement		WVMIC	NORCAL	Medical Protective
a.	The number of claims filed per category	32	9; 2 with admin defense	21
b.	The number of civil actions filed	33	7	11
c	The number of civil actions compromised or settled	30	7	14
d.	The number of verdicts in civil actions	2	0	0
e.	The number of civil actions appealed	0	0	0
f.	The number of civil actions dismissed	14	7	2
g.	The total dollar amount paid claims compromised or settled	$11,697,611	$1,690,000	$2,245,000
h.	The total dollar amount paid pursuant to judgments in civil actions	$652,068	$0	$0
i.	The number of claims closed without payments and the amount held in reserve	3 - $150,000	3 - $12,002	13 - $30,000
j.	The total dollar amount expended for:	$7,301,663	$1,110,114	$1,342,317
	Loss Adjustment Expense	$6,077,908	$796,564	$1,070,189
	Commissions	$1,223,755	$313,550	$272,128
	Brokerage Expenses	-	-	-
k.	The total dollar amount expended in defense and litigation of claims	$5,536,257	$796,564	$898,439
l.	The total dollar amount held in reserve for anticipated claims:	$43,581,062	$1,796,151	$6,644,976
	Incurred and Reported	$30,055,812	$389,180	$2,876,000
	Incurred But Not Reported	$13,525,250	$1,406,971	$3,768,976
m.	Net Profit or Loss	$3,633,672	$1,325,948	$1,151,131
n.	Investment and other income on net realized capital gains and loss reserves and unearned premiums	$3,739,000	$502,610	$328,197
o.	The number of malpractice insurance policies canceled for reasons other than non-payment of premium	4	18	33

Summary Observations

- In 2021, medical malpractice insurance in West Virginia continued to demonstrate favorable pure loss results, concluding with an overall business written pure loss ratio of 63.3% and licensed pure loss ratio of 39.02%. While this ratio is encouraging at face value, the industry's operating and combined ratios are generally at the break-even point or underwriting loss levels in recent years. Three (3) of the last six (6) years have had unprofitable ratios; meaning insurers claim costs and expenses exceed the premiums.

- Comparing 2021 to 2020 premium levels, written premiums increased 11.8% and earned premiums increased 9.2% on a business written level. While this bounce back from steadily decreasing premium levels of the past several years seems promising, the 2021 premiums remain well below the 2015 and previous year levels.

- During 2021 and into 2022, medical malpractice rates in West Virginia continued an upward cycle as filed increases were approved for several insurers. The WVMIC retained the majority market share and initiated no overall rate changes for 2020 but 2021, 2022 and 2023 rate filings have included rate increases for WVMIC and possibly most of the larger insurers as it appears that West Virginia business has entered a hard market.

- In the entire medical malpractice market premium, the top five (5) premium business written malpractice writers accounted for more than 52% of the overall premium. When considering incurred losses, it should be noted that the same five (5) insurers reported $21.6M or 56.5% of the total industry losses. The licensed market shows that the top five (5) insurers account for 68.4% of the premium and 60.7% of the losses. The business written data indicates that smaller premium insurers are assuming majority risk of the market which further leads to hardened market conditions with more stringent underwriting standards and a lower supply of coverages or insurers.

- Surplus lines insurers report more than $26.5M in premiums. When 41% of an industry's premiums are in surplus lines, that generally indicates an unhealthy market or hard conditions where licensed insurer underwriting guidelines are tightened to the point that many physicians, hospitals, other professionals and facilities cannot find coverage through normal avenues.

- Examination of the 5% market share company data as required by §114CSR22, §114CSR23, and §33-20B-6 found no areas of material concern. As previously mentioned in the report, the WVMIC data was affected by the acquisition by MAG Mutual and subsequent ceding and pooling agreements. The WVOIC will continually monitor and trend the companies for future loss development and rate stabilization.

- Lastly, this report has no COVID-19 assumptions on the past results, but it is prudent to realize that COVID -19 may play a very important role in the next several years' results for the medical malpractice industry. Numerous types of medical malpractice claims may emerge from the novel coronavirus pandemic. These include:
    - Provider failure to develop and implement an emergency preparedness plan and infection control policies in advance of the pandemic thus delaying or providing substandard care to patients.
    - Increased use of telehealth services increases the possibility of a healthcare professional missing a change in a patient's health status or not following up with the patient in person to ensure proper diagnosis of symptoms.
    - Failure to diagnose or provide treatment for COVID-19 due to unknown and ever-changing symptomology for the novel coronavirus.
    - Hospital overflow or crowding with reduced workforce of skilled physicians, nurses or other healthcare professionals may result in malpractice claims.

In summary, the medical malpractice industry has several indicators that industry has entered a hard market. As with most insurance markets, there are cycles of highs and lows that affect rates, claims and expenses. The WVOIC will continually provide regulatory oversight and monitoring of conditions for the medical professional liability line of insurance.

Exhibits and Additional Information

Exhibit 1: Detailed View of Insurers on a Business Written Premium Basis for 2021

Company Name	Written Premium	Market Share	Earned Premium	Losses Incurred	Pure Loss Ratio
West Virginia Mut Ins Co	$15,677,572	24.7%	$14,818,774	$5,684,340	38.4%
National Fire & Marine Ins Co	$5,763,545	9.1%	$4,866,338	$11,145,799	229.0%
Ironshore Specialty Ins Co	$4,157,726	6.5%	$3,868,832	$3,031,823	78.4%
Endurance Amer Specialty Ins Co	$4,140,693	6.5%	$4,289,911	$1,497,137	34.9%
Norcal Ins Co	$3,569,484	5.6%	$3,554,355	$257,153	7.2%
Medical Protective Co	$2,315,064	3.6%	$2,727,923	$1,259,330	46.2%
Applied Medico Legal Solutions RRG	$2,117,240	3.3%	$2,203,014	$579,680	26.3%
Professional Security Ins Co	$1,826,206	2.9%	$1,387,659	$632,140	45.6%
Graph Ins Grp RRG LLC	$1,613,384	2.5%	$950,441	$703,619	74.0%
General Star Ind Co	$1,383,324	2.2%	$1,320,032	$747,500	56.6%
Evanston Ins Co	$1,369,678	2.2%	$1,153,333	$866,246	75.1%
Health Care Industry Liab Recip Ins	$1,363,472	2.1%	$1,445,218	$857,555	59.3%
Pace RRG Inc	$1,268,563	2.0%	$1,261,422	$2,657,624	210.7%
Community Hospital RRG	$1,189,747	1.9%	$1,189,747	$419,432	35.3%
American Cas Co Of Reading PA	$1,035,075	1.6%	$1,044,504	$1,087,514	104.1%
TDC Specialty Ins Co	$947,162	1.5%	$855,473	$2,011,395	235.1%
American Excess Ins Exch RRG	$902,289	1.4%	$902,289	$348,672	38.6%
Admiral Ins Co	$829,208	1.3%	$754,477	$69,599	9.2%
ProAssurance Specialty Ins Co	$814,175	1.3%	$809,312	$311,021	38.4%
Ophthalmic Mut Ins Co RRG	$757,746	1.2%	$753,766	$31,395	4.2%
National Guardian RRG Inc	$743,986	1.2%	$743,986	$244,109	32.8%
Doctors Co An Interins Exch	$689,426	1.1%	$528,675	($21,629)	(4.1%)
Aspen Amer Ins Co	$549,802	0.9%	$534,270	$327,451	61.3%
Lone Star Alliance RRG	$468,908	0.7%	$359,447	$612,596	170.4%
Aspen Specialty Ins Co	$460,630	0.7%	$434,237	$182,994	42.1%
The Cincinnati Ins Co	$419,895	0.7%	$401,610	($35,998)	(9.0%)
Columbia Cas Co	$402,268	0.6%	$471,516	$439,031	93.1%
Oms Natl Ins Co Rrg	$395,512	0.6%	$374,847	$237,309	63.3%
Kinsale Ins Co	$390,456	0.6%	$192,007	$93,937	48.9%
Proselect Ins Co	$387,184	0.6%	$266,728	$139,989	52.5%
Illinois Union Ins Co	$365,256	0.6%	$329,242	$306,102	93.0%
ProAssurance Ins Co of Amer	$361,932	0.6%	$382,072	$306,019	80.1%
Princeton Excess & Surplus Lines Ins	$340,000	0.5%	$504,219	$158,705	31.5%
Landmark Amer Ins Co	$321,773	0.5%	$382,481	($17,284)	(4.5%)
Bridgeway Ins Co	$306,054	0.5%	$205,434	$70,191	34.2%
Liberty Ins Underwriters Inc	$287,821	0.5%	$288,186	$23,931	8.3%
NCMIC Ins Co	$266,075	0.4%	$268,415	($23,977)	(8.9%)

Company Name	Written Premium	Market Share	Earned Premium	Losses Incurred	Pure Loss Ratio
ISMIE Ind Co	$265,224	0.4%	$291,950	$1,086,608	372.2%
Hallmark Specialty Ins Co	$240,379	0.4%	$371,116	$61,251	16.5%
Emergency Capital Mgmt LLC a RRG	$230,899	0.4%	$174,597	$607,262	347.8%
StarStone Specialty Ins Co	$229,547	0.4%	$190,051	($226,400)	(119.1%)
Fair Amer Ins & Reins Co	$218,158	0.3%	$239,107	$18,002	7.5%
Church Mut Ins Co S I	$188,916	0.3%	$97,842	$154,053	157.5%
Clinician Assur Inc RRG	$185,955	0.3%	$79,715	$13,081	16.4%
Sunland RRG Inc	$165,390	0.3%	$9,969	$1,133	11.4%
Preferred Physicians Medical RRG	$139,583	0.2%	$143,793	($37,737)	(26.2%)
Arch Specialty Ins Co	$126,965	0.2%	$126,650	($133,113)	(105.1%)
Pharmacists Mut Ins Co	$124,897	0.2%	$119,204	$8,408	7.1%
Allied World Ins Co	$118,545	0.2%	$115,665	$242,652	209.8%
United Specialty Ins Co	$115,995	0.2%	$113,995	($110,359)	(96.8%)
Ace Amer Ins Co	$107,188	0.2%	$106,008	$85,123	80.3%
Medical Mut Ins Co Of NC	$93,764	0.1%	$90,068	$23,314	25.9%
Capitol Specialty Ins Corp	$86,822	0.1%	$82,015	($9,438)	(11.5%)
The Cincinnati Specialty Underwriter	$70,427	0.1%	$68,581	$9,956	14.5%
Coverys Specialty Ins Co	$63,223	0.1%	$26,618	($335,091)	(1258.9%)
Lexington Ins Co	$54,500	0.1%	$54,442	$5,978	11.0%
Medical Security Ins Co	$51,785	0.1%	$51,134	$13,564	26.5%
Allied World Surplus Lines Ins Co	$45,250	0.1%	$22,403	($79,363)	(354.3%)
Houston Specialty Ins Co	$40,937	0.1%	$1,342	$0	0.0%
State Farm Fire & Cas Co	$37,345	0.1%	$36,993	$19,974	54.0%
Berkshire Hathaway Specialty Ins Co	$35,809	0.1%	$32,452	$17,064	52.6%
Continental Ins Co	$34,628	0.1%	$93,958	$67,797	72.2%
Great Divide Ins Co	$34,084	0.1%	$33,220	$11,696	35.2%
Western World Ins Co	$33,398	0.1%	$25,922	$74,898	288.9%
ProAssurance Ind Co Inc	$27,787	0.0%	$23,103	$34,825	150.7%
The Cincinnati Cas Co	$26,922	0.0%	$22,319	$108,168	484.6%
Fortress Ins Co	$26,668	0.0%	$25,329	$6,349	25.1%
Allied Professionals Ins Co RRG	$22,442	0.0%	$21,949	$486	2.2%
Preferred Professional Ins Co	$17,750	0.0%	$109,211	$28,745	26.3%
The Cincinnati Ind Co	$17,594	0.0%	$17,255	($2,082)	(12.1%)
Liberty Surplus Ins Corp	$16,953	0.0%	$20,793	($36,653)	(176.3%)
Hudson Excess Ins Co	$16,625	0.0%	$8,266	$4,347	52.6%
Green Hills Ins Co RRG	$13,270	0.0%	$13,661	$96	0.7%
American Assoc Of Othodontists RRG	$11,559	0.0%	$11,446	$3,551	31.0%
Spirit Mountain Ins Co RRG Inc	$11,024	0.0%	$11,024	($290)	(2.6%)
MAG Mut Ins Co	$8,728	0.0%	$460,636	$185,177	40.2%
NORCAL Specialty Ins Co	$7,217	0.0%	$7,622	($6,616)	(86.8%)
Hudson Ins Co	$1,516	0.0%	$1,425	$615	43.2%

Company Name	Written Premium	Market Share	Earned Premium	Losses Incurred	Pure Loss Ratio
Hartford Fire Ins Co	$1,496	0.0%	$742	$0	0.0%
Academic Medical Professionals Ins	$505	0.0%	$505	($3,352)	(663.8%)
Affiliates Ins Recip a RRG	$466	0.0%	$466	$402	86.3%
Beazley Ins Co Inc	$357	0.0%	$345	($283,191)	(82084.3%)
Campmed Cas & Ind Co Inc	$330	0.0%	$330	$250	75.8%
St Paul Fire & Marine Ins Co	$0	0.0%	$0	$220,987	0.0%
St Paul Mercury Ins Co	$0	0.0%	$0	$2,752	0.0%
Everest Natl Ins Co	$0	0.0%	$0	$184	0.0%
Medicus Ins Co	$0	0.0%	$0	($143,514)	0.0%
Fair American Select Ins Co	$0	0.0%	$0	($78,559)	0.0%
Continental Cas Co	$0	0.0%	$3,933	$573,412	14579.5%
Travelers Ind Co	$0	0.0%	$0	($1)	0.0%
The Doctors Co RRG a Recip Exch	$0	0.0%	$0	($986,460)	0.0%
Hilltop Specialty Ins Co	$0	0.0%	$2,332	$1,004	43.1%
MT Hawley Ins Co	$0	0.0%	$0	($91,275)	0.0%
Everest Ind Ins Co	$0	0.0%	$0	$3,258	0.0%
American Home Assur Co	$0	0.0%	$0	($1,833)	0.0%
Ace Fire Underwriters Ins Co	$0	0.0%	$0	($535)	0.0%
Nationwide Mut Ins Co	$0	0.0%	$0	($25)	0.0%
Nationwide Mut Fire Ins Co	$0	0.0%	$0	$2	0.0%
Homeland Ins Co of NY	$0	0.0%	$0	($308,619)	0.0%
Care RRG Inc	$0	0.0%	$0	($506)	0.0%
Granite State Ins Co	$0	0.0%	$0	($61)	0.0%
Executive Risk Ind Inc	$0	0.0%	$0	$7,602	0.0%
American Alt Ins Corp	$0	0.0%	$0	$17,555	0.0%
Southwest Physicians RRG Inc	$0	0.0%	$0	$170	0.0%
Executive Risk Specialty Ins Co	$0	0.0%	$0	$12,906	0.0%
Nautilus Ins Co	$0	0.0%	$0	($32,214)	0.0%
QBE Ins Corp	$0	0.0%	$0	$42	0.0%
Allied World Specialty Ins Co	$0	0.0%	$0	($1,647)	0.0%
AXIS Surplus Ins Co	$0	0.0%	$0	$192,779	0.0%
XL Specialty Ins Co	$0	0.0%	$0	($1)	0.0%
National Fire Ins Co Of Hartford	$0	0.0%	$0	($481)	0.0%
Berkley Assur Co	$0	0.0%	$0	($96)	0.0%
Atlantic Specialty Ins Co	$0	0.0%	$0	($722)	0.0%
Steadfast Ins Co	$0	0.0%	$0	$10,912	0.0%
Allied World Assur Co US Inc	$0	0.0%	$0	($2,785)	0.0%
Indian Harbor Ins Co	$0	0.0%	$0	$1	0.0%
QBE Specialty Ins Co	$0	0.0%	$0	$901	0.0%
Cherokee Guar Co Inc a RRG	$0	0.0%	$0	($56,170)	0.0%
118 Companies in Report	**$63,567,153**	**100.0%**	**$60,385,694**	**$38,212,553**	**63.3%**

Exhibit 2: Detailed View of Insurers on a Licensed Premium Basis for 2021

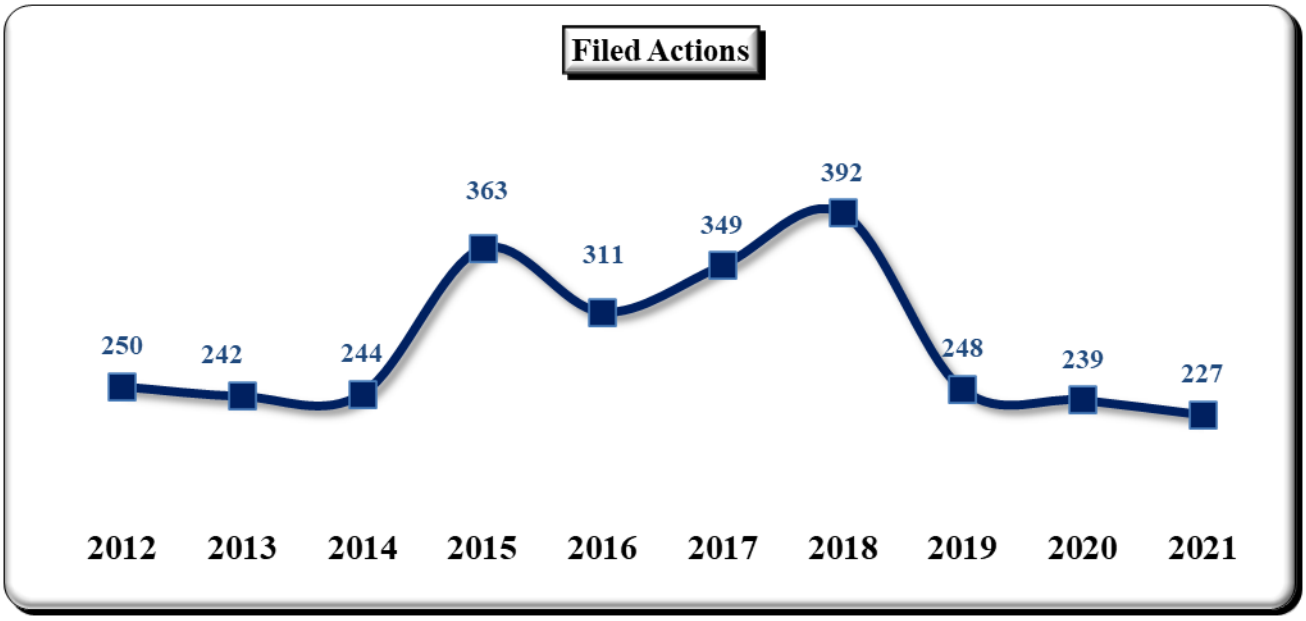
Company Name	Written Premium	Market Share	Earned Premium	Losses Incurred	Pure Loss Ratio
West Virginia Mut Ins Co	$15,677,572	42.4%	$14,818,774	$5,684,340	38.4%
Norcal Ins Co	$3,569,484	9.6%	$3,554,355	$257,153	7.2%
Medical Protective Co	$2,315,064	6.3%	$2,727,923	$1,259,330	46.2%
Applied Medico Legal Solutions RRG	$2,117,240	5.7%	$2,203,014	$579,680	26.3%
Graph Ins Grp RRG LLC	$1,613,384	4.4%	$950,441	$703,619	74.0%
Health Care Industry Liab Recip Ins	$1,363,472	3.7%	$1,445,218	$857,555	59.3%
Community Hospital RRG	$1,189,747	3.2%	$1,189,747	$419,432	35.3%
American Cas Co Of Reading PA	$1,035,075	2.8%	$1,044,504	$1,087,514	104.1%
American Excess Ins Exch RRG	$902,289	2.4%	$902,289	$348,672	38.6%
Ophthalmic Mut Ins Co RRG	$757,746	2.0%	$753,766	$31,395	4.2%
National Guardian RRG Inc	$743,986	2.0%	$743,986	$244,109	32.8%
Doctors Co An Interins Exch	$689,426	1.9%	$528,675	($21,629)	(4.0.9%)
Aspen Amer Ins Co	$549,802	1.5%	$534,270	$327,451	61.3%
Lone Star Alliance RRG	$468,908	1.3%	$359,447	$612,596	170.4%
The Cincinnati Ins Co	$419,895	1.1%	$401,610	($35,998)	(8.9.6%)
Oms Natl Ins Co Rrg	$395,512	1.1%	$374,847	$237,309	63.3%
Proselect Ins Co	$387,184	1.0%	$266,728	$139,989	52.5%
ProAssurance Ins Co of Amer	$361,932	1.0%	$382,072	$306,019	80.1%
Liberty Ins Underwriters Inc	$287,821	0.8%	$288,186	$23,931	8.3%
NCMIC Ins Co	$266,075	0.7%	$268,415	($23,977)	(8.9.3%)
Emergency Capital Mgmt LLC RRG	$230,899	0.6%	$174,597	$607,262	347.8%
Fair Amer Ins & Reins Co	$218,158	0.6%	$239,107	$18,002	7.5%
Church Mut Ins Co S I	$188,916	0.5%	$97,842	$154,053	157.5%
Clinician Assur Inc RRG	$185,955	0.5%	$79,715	$13,081	16.4%
Sunland RRG Inc	$165,390	0.4%	$9,969	$1,133	11.4%
Preferred Physicians Medical RRG	$139,583	0.4%	$143,793	($37,737)	(26.2.4%)
Pharmacists Mut Ins Co	$124,897	0.3%	$119,204	$8,408	7.1%
Allied World Ins Co	$118,545	0.3%	$115,665	$242,652	209.8%
Ace Amer Ins Co	$107,188	0.3%	$106,008	$85,123	80.3%
Medical Mut Ins Co Of NC	$93,764	0.3%	$90,068	$23,314	25.9%
State Farm Fire & Cas Co	$37,345	0.1%	$36,993	$19,974	54.0%
Berkshire Hathaway Specialty Ins Co	$35,809	0.1%	$32,452	$17,064	52.6%
Continental Ins Co	$34,628	0.1%	$93,958	$67,797	72.2%
Great Divide Ins Co	$34,084	0.1%	$33,220	$11,696	35.2%
ProAssurance Ind Co Inc	$27,787	0.1%	$23,103	$34,825	150.7%
The Cincinnati Cas Co	$26,922	0.1%	$22,319	$108,168	484.6%
Fortress Ins Co	$26,668	0.1%	$25,329	$6,349	25.1%
Allied Professionals Ins Co RRG	$22,442	0.1%	$21,949	$486	2.2%
Preferred Professional Ins Co	$17,750	0.0%	$109,211	$28,745	26.3%

Company Name	Written Premium	Market Share	Earned Premium	Losses Incurred	Pure Loss Ratio
The Cincinnati Ind Co	$17,594	0.0%	$17,255	($2,082)	(12.0.7%)
Green Hills Ins Co RRG	$13,270	0.0%	$13,661	$96	0.7%
American Assoc Of Othodontists RRG	$11,559	0.0%	$11,446	$3,551	31.0%
MAG Mut Ins Co	$8,728	0.0%	$460,636	$185,177	40.2%
Hudson Ins Co	$1,516	0.0%	$1,425	$615	43.2%
Hartford Fire Ins Co	$1,496	0.0%	$742	$0	0.0%
Academic Medical Professionals Ins	$505	0.0%	$505	($3,352)	(663.7.6%)
Affiliates Ins Recip a RRG	$466	0.0%	$466	$402	86.3%
Beazley Ins Co Inc	$357	0.0%	$345	($283,191)	(82084.3.5%)
Campmed Cas & Ind Co Inc	$330	0.0%	$330	$250	75.8%
St Paul Fire & Marine Ins Co	$0	0.0%	$0	$220,987	0.0%
St Paul Mercury Ins Co	$0	0.0%	$0	$2,752	0.0%
Everest Natl Ins Co	$0	0.0%	$0	$184	0.0%
Medicus Ins Co	$0	0.0%	$0	($143,514)	0.0%
Continental Cas Co	$0	0.0%	$3,933	$573,412	14579.5%
Travelers Ind Co	$0	0.0%	$0	($1)	0.0%
The Doctors Co RRG a Recip Exch	$0	0.0%	$0	($986,460)	0.0%
American Home Assur Co	$0	0.0%	$0	($1,833)	0.0%
Ace Fire Underwriters Ins Co	$0	0.0%	$0	($535)	0.0%
Nationwide Mut Ins Co	$0	0.0%	$0	($25)	0.0%
Nationwide Mut Fire Ins Co	$0	0.0%	$0	$2	0.0%
Care RRG Inc	$0	0.0%	$0	($506)	0.0%
Granite State Ins Co	$0	0.0%	$0	($61)	0.0%
Executive Risk Ind Inc	$0	0.0%	$0	$7,602	0.0%
American Alt Ins Corp	$0	0.0%	$0	$17,555	0.0%
QBE Ins Corp	$0	0.0%	$0	$42	0.0%
Allied World Specialty Ins Co	$0	0.0%	$0	($1,647)	0.0%
XL Specialty Ins Co	$0	0.0%	$0	($1)	0.0%
National Fire Ins Co Of Hartford	$0	0.0%	$0	($481)	0.0%
Atlantic Specialty Ins Co	$0	0.0%	$0	($722)	0.0%
Cherokee Guar Co Inc a RRG	$0	0.0%	$0	($56,170)	0.0%
70 Companies in Report	**$37,004,165**	**100.0%**	**$35,823,513**	**$13,980,931**	**39.0%**

Medical Liability Fund Data

Effective January 1, 2002, HB 601 increased the fee associated with filing a medical professional liability action in part to support the Medical Liability Fund created pursuant to §29-12B-1. BRIM collects the data and provides to the WVOIC monthly. The data can be examined to establish the total number of actions filed in West Virginia per year and as well the total number of actions filed per county of venue. The table and graph below display ten years of filed medical professional liability actions.

Year	Filed Actions
2012	250
2013	242
2014	244
2015	363
2016	311
2017	349
2018	392
2019	248
2020	239
2021	227



The same code reference that created the medical liability fund data does include provisions that the Patient Injury Compensation Fund would no longer assess additional fees on claims after December 31, 2021. BRIM has informed the OIC that this will be the last report received on the filed actions as they no longer receive nor process the medical liability fund data due to the December 31, 2021 sunset stipulation.

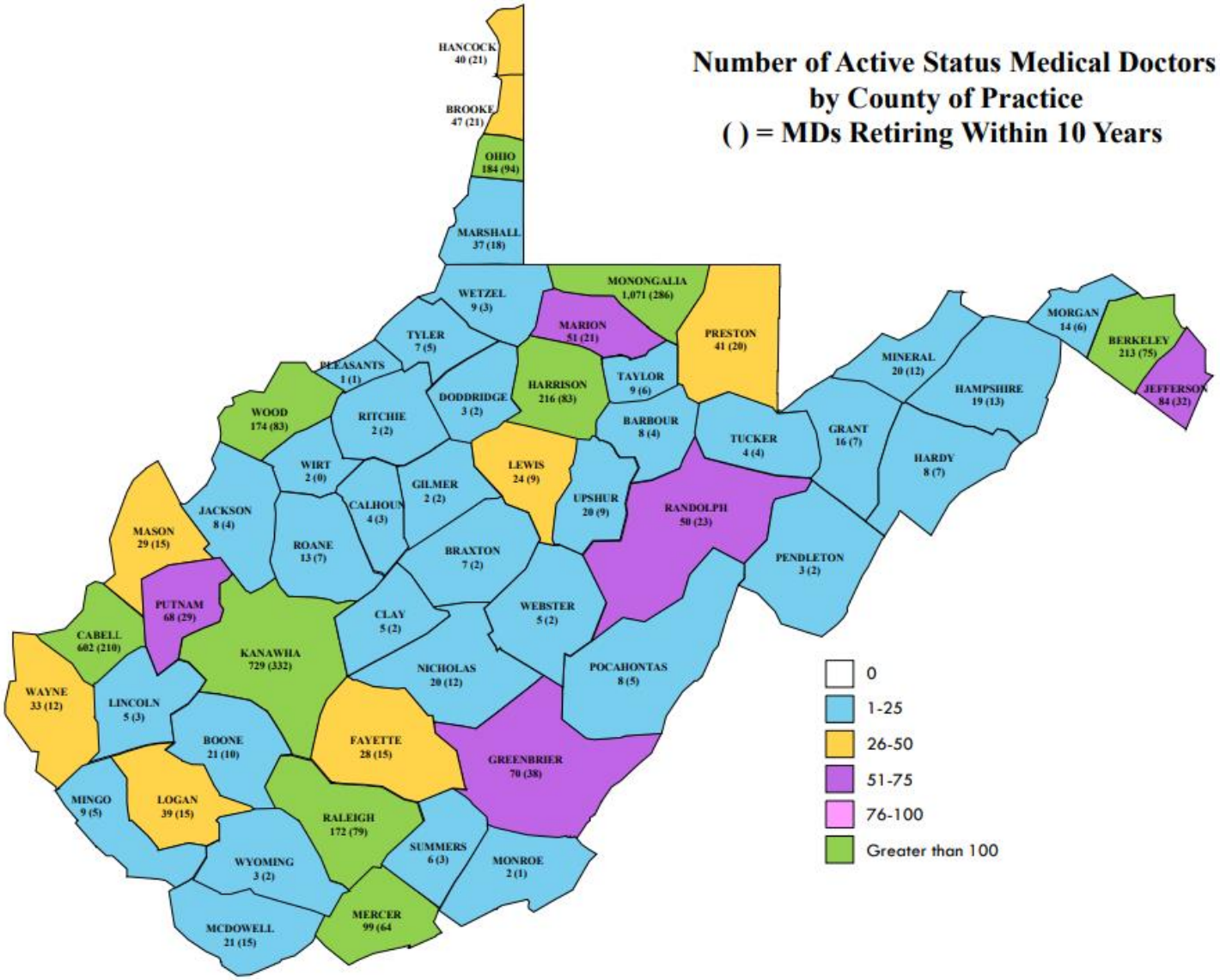
2021 Filed Actions by County

County	2021 Filed Actions
Barbour	1
Berkeley	3
Boone	1
Braxton	0
Brooke	6
Cabell	17
Calhoun	0
Clay	0
Doddridge	1
Fayette	8
Gilmer	1
Grant	0
Greenbrier	10
Hampshire	2
Hancock	1
Hardy	0
Harrison	13
Jackson	4
Jefferson	0
Kanawha	42
Lewis	1
Lincoln	0
Logan	4
Marion	3
Marshall	11
Mason	2
McDowell	1
Mercer	11

County	2021 Filed Actions
Mineral	0
Mingo	0
Monongalia	19
Monroe	0
Morgan	0
Nicholas	0
Ohio	13
Pendleton	0
Pleasants	0
Pocahontas	1
Preston	0
Putnam	7
Raleigh	21
Randolph	6
Ritchie	0
Roane	1
Summers	1
Taylor	3
Tucker	0
Tyler	2
Upshur	1
Wayne	0
Webster	0
Wetzel	0
Wirt	0
Wood	10
Wyoming	0
Total	227

The 2021 actions decreased 5% from the 2020 actions. The WVOIC receives aggregate liability data from BRIM so underlying information is not available for analysis to determine the cause of the decrease but again, this is a volatile and sparse market, so fluctuations as shown above are not unexpected.

Board of Medicine Physician Data

The following data is obtained by the West Virginia Board of Medicine (BOM) Annual Report:

West Virginia Board of Medicine Licensure Data	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Actively Licensed Physicians (M.D.) (In/Out of State)	6,020	6,282	6,636	6,533	6,780	6,945	7,060	7,207	7,283	7,411
Actively Licensed Podiatrists (D.P.M.) (In/Out of State)	103	100	101	111	110	120	116	126	125	133
Actively Licensed Physicians Practicing in WV	4,111	4,231	4,327	4,177	4,276	4,212	4,386	4,466	4,459	4,385
Physician Assistants (P.A.)	732	781	821	791	891	846	974	956	943	953