WEST VIRGINIA CODE: §33-25D-20

§33-25D-20. Suspension or revocation of certificate of authority.

- (a) The commissioner may suspend or revoke any certificate of authority issued to a prepaid limited health service organization under this article if he or she finds that any of the following conditions exist:
- (1) The prepaid limited health service organization is operating significantly in contravention of its basic organizational document, in any material breach of contract with an enrollee, or in a manner contrary to that described in and reasonably inferred from any other information submitted under section three of this article unless amendments to the submissions have been filed with an approval of the commissioner;
- (2) The prepaid limited health service organization issues an evidence of coverage or uses a schedule of premiums limited health services which do not comply with the requirements of section eleven of this article;
- (3) The prepaid limited health service organization does not provide or arrange for those limited health services which it has contracted to provide to enrollees;
- (4) The Department of Human Services or other accredited entity certifies to the commissioner that:
- (A) The prepaid limited health service organization is unable to fulfill its obligations to furnish limited health services as required under its contract with enrollees; or
- (B) The prepaid limited health service organization does not meet the requirements of subsection (a), section five of this article;
- (5) The prepaid limited health service organization is no longer financially responsible and may reasonably be expected to be unable to meet its obligations to enrollees or prospective enrollees or is otherwise determined by the commissioner to be in a hazardous financial condition;
- (6) The prepaid limited health service organization has failed to implement a mechanism affording the enrollees an opportunity to participate in matters of policy and operation under section eight of this article;
- (7) The prepaid limited health service organization has failed to implement the grievance procedure required by section fourteen of this article in a manner to reasonably resolve valid grievances;
- (8) The prepaid limited health service organization, or any person on its behalf, has advertised or merchandised its services in an untrue, misrepresentative, misleading,

May 18, 2024 Page 1 of 2 §33-25D-20

deceptive or unfair manner:

- (9) The continued operation of the prepaid limited health service organization would be hazardous to its enrollees;
- (10) The prepaid limited health service organization has otherwise failed to substantially comply with this article;
- (11) The prepaid limited health service organization has violated a lawful order of the commissioner; or
- (12) The prepaid limited health service organization has failed to implement or maintain a quality assurance program considered satisfactory by the commissioner which meets the minimum standards set forth in section nineteen of this article.
- (b) A certificate of authority may be suspended or revoked only after compliance with the requirements of section twenty-three of this article.
- (c) When the certificate of authority of a prepaid limited health service organization is suspended, the prepaid limited health service organization may not, during the period of the suspension, enroll any additional enrollees except newborn children or other newly acquired dependents of existing enrollees, and may not engage in any advertising or solicitation.
- (d) When the certificate of authority of a prepaid limited health service organization is revoked, the organization shall proceed, immediately following the effective date of the order of revocation, to terminate its affairs, and may conduct no further business except as may be essential to the orderly conclusion of the affairs of the organization. It may engage in no further advertising or solicitation. The commissioner may, by written order, permit further operation of the organization as he or she may find to be in the best interests of enrollees, to the end that enrollees will be afforded the greatest practical opportunity to obtain continuing limited health service coverage.