Confidential Information Redacted Texas Labor Code §§402.083 and 402.092

No. 2024-8767

# Official Order of the Texas Commissioner of Workers' Compensation

Date: 8/7/2024

**Subject Considered:** 

Bridgefield Casualty Insurance Company 117 North Massachusetts Avenue Lakeland, Florida 33801-5193

Consent Order
DWC Enforcement File No. 34469

## General remarks and official action taken:

This is a consent order with Bridgefield Casualty Insurance Company (Respondent). The commissioner of the Texas Department of Insurance, Division of Workers' Compensation (DWC) considers whether DWC should take disciplinary action against Respondent.

#### Waiver

Respondent acknowledges that the Texas Labor Code and other applicable laws provide certain rights. Respondent waives all of these rights, and any other procedural rights that apply, in consideration of the entry of this consent order.

## **Findings of Fact**

- 1. Respondent holds a certificate of authority issued by the Texas Department of Insurance to transact the business of insurance pursuant to Tex. Ins. Code §§ 801.051-801.053 and is licensed to write workers' compensation/employers' liability insurance in Texas.
- 2. Respondent was classified as "average" tier in the 2022 and 2020 Performance Based Oversight (PBO) assessments. Respondent was classified as "high" tier in the 2018 PBO assessment.

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## Failure to Timely Pay Accrued Impairment Income Benefits

3. Respondent was required to pay impairment income benefits (IIBs) to an injured employee for the period between the period between the payments were due seven days after the first day of the pay period. Respondent failed to timely pay \$ in IIBs, as follows:

| 17 | Payment Period |    | Date Due | Date Paid | Days Late |
|----|----------------|----|----------|-----------|-----------|
| a. |                | to |          |           | 13        |
| b. |                | to |          | · 10.00   | 6         |

#### Assessment of Sanction

- Failure to provide income benefits in a timely and cost-effective manner is harmful to injured employees and the Texas workers' compensation system.
- 2. In assessing the sanction for this case, DWC fully considered the following factors in Tex. Lab. Code § 415.021(c) and 28 Tex. Admin. Code § 180.26(e):
  - the seriousness of the violation, including the nature, circumstances, consequences, extent, and gravity of the prohibited act;
  - the history and extent of previous administrative violations;
  - the violator's demonstration of good faith, including actions it took to rectify the consequences of the prohibited act;
  - the penalty necessary to deter future violations;
  - whether the administrative violation had a negative impact on the delivery of benefits to an injured employee;
  - the history of compliance with electronic data interchange requirements;
  - to the extent reasonable, the economic benefit resulting from the prohibited act: and
  - other matters that justice may require, including, but not limited to:
    - PBO assessments;
    - prompt and earnest actions to prevent future violations;
    - self-report of the violation;
    - o the size of the company or practice;
    - o the effect of a sanction on the availability of health care; and
    - evidence of heightened awareness of the legal duty to comply with the Texas Workers' Compensation Act and DWC rules.

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- 3. DWC found the following factors in Tex. Lab. Code § 415.021(c) and 28 Tex. Admin. Code § 180.26(e) to be aggravating: the seriousness of the violation, including the nature, circumstances, consequences, extent, and gravity of the prohibited act; the history and extent of previous administrative violations; the penalty necessary to deter future violations; whether the administrative violation had a negative impact on the delivery of benefits to an injured employee; and other matters that justice may require, including but not limited to the size of the company or practice and evidence of heightened awareness of the legal duty to comply with the Texas Workers' Compensation Act and DWC rules.
- 4. DWC is aware of no mitigating factors pursuant to Tex. Lab. Code § 415.021(c) and 28 Tex. Admin. Code § 180.26(e).
- 5. Respondent acknowledges communicating with DWC about the relevant statute and rule violations alleged; that the facts establish that the administrative violation(s) occurred; and that the proposed sanction is appropriate, including the factors DWC considered under Tex. Lab. Code § 415.021(c) and 28 Tex. Admin. Code § 180.26(e).
- 6. Respondent acknowledges that, in assessing the sanction, DWC considered the factors in Tex. Lab. Code § 415.021(c) and 28 Tex. Admin. Code § 180.26(e).

## **Conclusions of Law**

- 1. The commissioner has jurisdiction over this matter pursuant to Tex. Lab. Code §§ 402.001, 402.00114, 402.00116, 402.00128, 414.002, 414.003, and 415.021.
- 2. The commissioner has the authority to dispose of this case informally pursuant to Tex. Gov't Code § 2001.056, Tex. Lab. Code §§ 401.021 and 402.00128(b)(6)-(7), and 28 Tex. Admin. Code § 180.26(h) and (i).
- 3. Respondent has knowingly and voluntarily waived all procedural rights to which it may have been entitled regarding the entry of this order, including, but not limited to, issuance and service of notice of intent to institute disciplinary action, notice of hearing, a public hearing, a proposal for decision, a rehearing by the commissioner, and judicial review.

- 4. Pursuant to Tex. Lab. Code § 415.021, the commissioner may assess an administrative penalty against a person who commits an administrative violation.
- 5. Pursuant to Tex. Lab. Code §§ 408.081, 409.023, and 415.002(a)(16), an insurance carrier must pay benefits weekly, as and when the benefits accrue, without order from the commissioner.
- 6. Pursuant to Tex. Lab. Code § 408.121(b) and 28 Tex. Admin. Code § 130.8, an employee's entitlement to IIBs begins the day after the employee reaches maximum medical improvement (MMI) and, when the date of MMI is not disputed, the carrier shall initiate payment of IIBs on or before the fifth day after the date of receipt of the employee's treating doctor's medical evaluation report.
- 7. Pursuant to Tex. Lab. Code § 415.002(a)(20) and (22), an insurance carrier or its representative commits an administrative violation each time it fails to comply with the DWC rules or a provision of the Texas Workers' Compensation Act.
- 8. Respondent violated Tex. Lab. Code §§ 408.121; 415.002(a)(16), (20) and (22); and 28 Tex. Admin. Code § 130.8 each time Respondent failed to timely initiate payment of IIBs.

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## Order

It is ordered that Bridgefield Casualty Insurance Company must pay an administrative penalty of \$1,500 within 30 days from the date the Commissioner signs the order.

After receiving an invoice, Bridgefield Casualty Insurance Company must pay the administrative penalty by electronic transfer using the State Invoice Payment Service, company check, cashier's check, or money order and make it payable to the "State of Texas." Mail the administrative penalty to the Texas Department of Insurance, Attn: DWC Enforcement Section, MC AO-9999, PO Box 12030, Austin, Texas 78711-2030.

Jeff Nelson Commissioner

TDI, Division of Workers' Compensation

Approved Form and Content:

Tyrus Housh

Staff Attorney, Enforcement Compliance and Investigations

TDI, Division of Workers' Compensation

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## **Unsworn Declaration**

| STATE OF Louisiana                                                                                                                                                                  | §             |                                     |  |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------------|--|--|--|--|--|
| COUNTY OF Parish of East Baton Rouge                                                                                                                                                | 9             |                                     |  |  |  |  |  |
| Pursuant to the Tex. Civ. Prac. and Rem. Code § 132.001(a), (b), and (d), my name is Daniel leO. Dittmar I hold the position of Divisional Assistant Vice President and am the      |               |                                     |  |  |  |  |  |
| authorized representative of Bridgefield Casualty Insurance Company. My business                                                                                                    |               |                                     |  |  |  |  |  |
| address is: 10000 Perkins Rowe STE 620                                                                                                                                              | _Baton Rouge_ | Parish of East Baton Rouge LA 70810 |  |  |  |  |  |
| (Street)                                                                                                                                                                            | (City)        | (County) (State) (ZIP Code)         |  |  |  |  |  |
| I am executing this declaration as part of my assigned duties and responsibilities. I declare under penalty of perjury that the facts stated in this document are true and correct. |               |                                     |  |  |  |  |  |
| Danielle O. Dittmar                                                                                                                                                                 |               |                                     |  |  |  |  |  |
| Declarant                                                                                                                                                                           | _             |                                     |  |  |  |  |  |
| Frecuted on June 21                                                                                                                                                                 | 2024          |                                     |  |  |  |  |  |