

# West Virginia Workers' Compensation (WC) Adjuster Practice Test (Sample)

## Study Guide



**Everything you need from our exam experts!**

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# Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

**Remember:** successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

# How to Use This Guide

**This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:**

## **1. Start with a Diagnostic Review**

**Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.**

## **2. Study in Short, Focused Sessions**

**Break your study time into manageable blocks (e.g. 30 - 45 minutes). Review a handful of questions, reflect on the explanations.**

## **3. Learn from the Explanations**

**After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.**

## **4. Track Your Progress**

**Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.**

## **5. Simulate the Real Exam**

**Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.**

## **6. Repeat and Review**

**Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.**

**There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!**

## Questions

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- 1. What can an injured worker do if they believe their benefits were wrongly terminated?**
  - A. They can accept the decision without question.**
  - B. They must seek legal action immediately.**
  - C. They can file an appeal with the appropriate authority.**
  - D. They can reapply for benefits after six months.**
  
- 2. What is the implication of timely filing regarding workers' compensation benefits?**
  - A. It can lead to penalties**
  - B. It ensures quicker payment of benefits**
  - C. It is required to receive benefits**
  - D. It determines eligibility for treatment**
  
- 3. What is the significance of the "Statute of Limitations" for filing workers' compensation claims?**
  - A. It allows claims to be filed indefinitely**
  - B. It establishes the timeframe within which a claim must be filed**
  - C. It provides guidelines for employer responsibilities**
  - D. It determines the amount of benefits payable**
  
- 4. Which entity maintains a drug formulary for workers' compensation pharmacy benefits?**
  - A. The Office of Insurance Commissioner (OIC)**
  - B. The state health department**
  - C. Carriers and/or self-insured employers**
  - D. The federal government**
  
- 5. Who should fraud be reported to according to workers' compensation guidelines?**
  - A. The insurance commissioner**
  - B. The OIC fraud unit**
  - C. Local law enforcement**
  - D. The National Association of Insurance Commissioners**

- 6. What threshold must be met for a WCMSA to be submitted to CMS for review?**
- A. The claimant must be a Medicare beneficiary and the settlement must exceed \$50,000**
  - B. The claimant must be under 65 years of age**
  - C. The total settlement must be more than \$25,000**
  - D. The total future medical expenses must exceed \$100,000**
- 7. How does the "exclusive remedy" provision affect an injured employee's right to sue?**
- A. It allows an injured worker unlimited lawsuits against their employer.**
  - B. It limits an injured worker's ability to sue their employer for work-related injuries.**
  - C. It encourages workers to seek settlements outside of workers' compensation.**
  - D. It enhances the rights of employees to sue for emotional distress.**
- 8. How is the degree of permanent partial disability determined for occupational hearing loss claims?**
- A. By the subjective opinion of the employee**
  - B. By a statute defining specific percentages**
  - C. By employer assessments**
  - D. By medical evaluations only**
- 9. What type of settlement does West Virginia allow that has specific statutory requirements?**
- A. Indemnity settlements**
  - B. Lump sum settlements**
  - C. Structured settlements**
  - D. Dental settlements**
- 10. Which states have an exclusive fund for Workers' Compensation insurance?**
- A. All states**
  - B. Four states**
  - C. 18 states**
  - D. Only West Virginia**

## Answers

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1. C
2. C
3. B
4. C
5. B
6. C
7. B
8. B
9. C
10. B

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## **Explanations**

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**1. What can an injured worker do if they believe their benefits were wrongly terminated?**

- A. They can accept the decision without question.**
- B. They must seek legal action immediately.**
- C. They can file an appeal with the appropriate authority.**
- D. They can reapply for benefits after six months.**

When an injured worker believes their benefits have been wrongly terminated, filing an appeal with the appropriate authority is a crucial step in the process. This allows the worker to challenge the decision and provide any necessary evidence or documentation that supports their claim for continued benefits. The appeals process is typically outlined by the workers' compensation system in West Virginia, ensuring that injured workers have a mechanism to seek a reconsideration of their case. Accepting the decision without question does not advocate for the worker's rights and may result in lost benefits that they are entitled to. Seeking legal action immediately could be premature, as the established process includes an appeals mechanism that should be utilized first to resolve the issue. Reapplying for benefits after six months does not address the immediate concern regarding the termination of current benefits and doesn't guarantee approval upon reapplication, as each case is evaluated individually. Thus, pursuing an appeal is the most effective course of action to contest the termination of benefits.

**2. What is the implication of timely filing regarding workers' compensation benefits?**

- A. It can lead to penalties**
- B. It ensures quicker payment of benefits**
- C. It is required to receive benefits**
- D. It determines eligibility for treatment**

Timely filing is crucial in the context of workers' compensation benefits because it establishes the necessary conditions under which an employee is entitled to receive benefits. Filing a claim within the designated time frames is required by law in West Virginia. If an injured worker fails to submit their claim promptly, they risk losing their rights to receive compensation for medical expenses, lost wages, or other benefits related to their work-related injury. This requirement is in place to encourage swift reporting of injuries and to ensure that the claims process can commence as soon as possible, facilitating necessary medical treatment and support for the injured worker. Timely filing protects the interests of both the employee and the employer by providing a structured process to address claims and expedite resolution. Failure to comply with timely filing can jeopardize the worker's ability to obtain the support they need for recovery and rehabilitation.

**3. What is the significance of the "Statute of Limitations" for filing workers' compensation claims?**

- A. It allows claims to be filed indefinitely**
- B. It establishes the timeframe within which a claim must be filed**
- C. It provides guidelines for employer responsibilities**
- D. It determines the amount of benefits payable**

The significance of the "Statute of Limitations" in the context of filing workers' compensation claims is that it establishes the timeframe within which a claim must be filed. This legal time limit is crucial because it ensures that claims are initiated promptly after an injury occurs, allowing for the timely collection and preservation of evidence, witness testimonies, and medical records. It is important for claimants to be aware of these deadlines, as missing them can result in a loss of the right to receive benefits. The statute serves to encourage individuals to take action quickly and helps maintain a balance in the claims process by preventing the indefinite hanging of unresolved claims. Other options do not accurately describe the purpose of the statute. For example, the notion of claims being filed indefinitely would create potential issues with resource allocation and legal fairness. Guidelines for employer responsibilities are related to employer obligations rather than the time limits for filing. Lastly, while benefits under the workers' compensation system are important, the statute of limitations does not dictate the amount of benefits payable; rather, it strictly pertains to timing for filing claims.

**4. Which entity maintains a drug formulary for workers' compensation pharmacy benefits?**

- A. The Office of Insurance Commissioner (OIC)**
- B. The state health department**
- C. Carriers and/or self-insured employers**
- D. The federal government**

The entity responsible for maintaining a drug formulary for workers' compensation pharmacy benefits is the carriers and/or self-insured employers. In the context of workers' compensation, a drug formulary is a list of medications that are covered under the workers' compensation insurance policies, which can help ensure that injured workers receive appropriate and necessary medications while controlling costs for employers. Carriers and self-insured employers typically develop and manage these formularies to determine which medications are allowed for reimbursement under workers' compensation claims. This not only helps streamline the process for prescribing medications but also encourages the use of evidence-based treatments, thereby improving the overall efficacy of the workers' compensation system. The other options listed are not primarily focused on the management of drug formularies in the context of workers' compensation. The Office of Insurance Commissioner oversees insurance regulations, and while they may set some standards for workers' compensation, they do not maintain the drug formulary. The state health department deals with public health issues more broadly rather than focusing on specific workers' compensation pharmacy benefits. The federal government provides oversight for certain aspects of workers' compensation, especially with programs like Medicare, but it is not involved in maintaining individual state workers' compensation drug formularies.

**5. Who should fraud be reported to according to workers' compensation guidelines?**

- A. The insurance commissioner
- B. The OIC fraud unit**
- C. Local law enforcement
- D. The National Association of Insurance Commissioners

The correct response indicates that fraud should be reported to the fraud unit of the Office of the Insurance Commissioner (OIC). This is appropriate because the OIC has specific responsibilities and powers to investigate claims of fraud within the workers' compensation system. They are tasked with maintaining the integrity of the insurance market and ensuring compliance with regulations. Reporting fraud to the OIC's fraud unit allows for a specialized team to evaluate the details of the claim in question, gather evidence, and determine whether further action, such as sanctions or prosecution, is warranted. The OIC has the expertise and authority to address fraud cases effectively, making them a vital entity in the oversight of workers' compensation claims. Other options, while potentially relevant to certain aspects of insurance or legal issues, do not hold the same direct authority over workers' compensation fraud. Local law enforcement may investigate criminal activity but is not specialized in workers' compensation processes. The insurance commissioner may oversee broader insurance functions but reporting directly to the fraud unit is more effective for targeted fraud issues within workers' compensation. The National Association of Insurance Commissioners, on the other hand, focuses on regulatory developments and best practices rather than specific fraud investigations.

**6. What threshold must be met for a WCMSA to be submitted to CMS for review?**

- A. The claimant must be a Medicare beneficiary and the settlement must exceed \$50,000
- B. The claimant must be under 65 years of age
- C. The total settlement must be more than \$25,000**
- D. The total future medical expenses must exceed \$100,000

The requirement for submitting a Workers' Compensation Medicare Set-Aside Arrangement (WCMSA) to the Centers for Medicare & Medicaid Services (CMS) revolves primarily around the total settlement amount. Specifically, the threshold is set at a total settlement exceeding \$25,000. When a settlement meets this threshold, it indicates there are significant financial resources that could potentially be used for future medical expenses related to the claimant's work-related injury, thus necessitating careful oversight to ensure Medicare does not pay for those expenses that should be the responsibility of the Workers' Compensation payer. Additionally, it's important to consider that the purpose of the WCMSA is to allocate funds for future medical expenses that will likely be covered by Medicare, thereby protecting Medicare's interests in cases where a claimant is or will become a Medicare beneficiary. The threshold does not specifically address the age of the claimant or the amount of future medical expenses but focuses on the total settlement amount, which is why this answer is correct.

7. How does the "exclusive remedy" provision affect an injured employee's right to sue?
- A. It allows an injured worker unlimited lawsuits against their employer.
  - B. It limits an injured worker's ability to sue their employer for work-related injuries.**
  - C. It encourages workers to seek settlements outside of workers' compensation.
  - D. It enhances the rights of employees to sue for emotional distress.

The "exclusive remedy" provision is a key concept in workers' compensation law that limits the legal recourse available to an injured employee regarding work-related injuries. This provision stipulates that an employee's sole remedy for injuries that occur in the course of employment is through the workers' compensation system, meaning they are generally prohibited from suing their employer for additional damages. By ensuring that employees cannot pursue lawsuits against their employers for work-related injuries, the provision promotes a system where workers receive prompt compensation without the need for lengthy litigation and without the burden of proving fault. This is beneficial for both employees, who receive benefits more quickly, and employers, who are protected from potentially unlimited liability. In essence, the exclusive remedy provision serves to create a balance between workers' rights and employers' responsibilities, fostering a more predictable legal environment for both parties within the realm of occupational injuries. Thus, it effectively limits an injured worker's ability to sue their employer for work-related injuries.

8. How is the degree of permanent partial disability determined for occupational hearing loss claims?
- A. By the subjective opinion of the employee
  - B. By a statute defining specific percentages**
  - C. By employer assessments
  - D. By medical evaluations only

The degree of permanent partial disability for occupational hearing loss claims is determined by a statute that outlines specific percentages. This standardized approach ensures a consistent and objective evaluation process across cases. The statute typically provides a framework for assessing the extent of hearing loss and links it to a corresponding degree of disability. This method is crucial because it minimizes the potential for bias and variability that might arise from subjective opinions or assessments made by employers. By relying on predefined parameters, the determination aligns with legal precedents and ensures that claimants are treated equitably under the law. While factors such as medical evaluations may inform the assessment process and contribute to understanding the extent of hearing loss, the definitive determination of disability percentages follows statutory guidelines, which provide clarity and structure. This way, both employers and employees can have a clear understanding of the compensation framework related to hearing loss claims.

**9. What type of settlement does West Virginia allow that has specific statutory requirements?**

- A. Indemnity settlements**
- B. Lump sum settlements**
- C. Structured settlements**
- D. Dental settlements**

In West Virginia, structured settlements are a type of settlement that the law specifically recognizes and regulates. These settlements allow for compensation to be paid over time rather than in a single lump-sum payment. Statutory requirements ensure that structured settlements provide a consistent revenue stream to the injured worker, which can be particularly beneficial for individuals who may need ongoing medical treatment or support. The nature of structured settlements requires careful consideration of the injured party's future needs, including medical expenses and living costs, emphasizing the importance of planning for long-term financial stability. Additionally, structured settlements can offer tax advantages, as they may not be subject to taxation like other forms of compensation, thereby maximizing the benefits received by the claimant. While other types of settlements exist within the West Virginia Workers' Compensation framework, they do not carry the same set of specific statutory requirements as structured settlements. Therefore, understanding and navigating the regulations surrounding structured settlements is crucial for adjusters working in this field.

**10. Which states have an exclusive fund for Workers' Compensation insurance?**

- A. All states**
- B. Four states**
- C. 18 states**
- D. Only West Virginia**

The correct choice is that four states have an exclusive fund for Workers' Compensation insurance. An exclusive fund means that the Workers' Compensation insurance is provided via a state-sponsored program rather than through private insurance carriers. In this system, the state takes on the role of the insurance provider, handling claims and coverage for workers injured on the job. This structure is significant because it can streamline the process for benefits and create uniform standards for coverage. The states with exclusive funds often have unique regulations in place that differentiate them from those that rely on a more competitive market with private insurers. It's important for workers and employers in these states to understand how the exclusive fund operates, including the benefits available and the process for filing claims.

## Next Steps

**Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.**

**As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.**

**If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at [hello@examzify.com](mailto:hello@examzify.com).**

**Or visit your dedicated course page for more study tools and resources:**

**<https://wwwcadjuster.examzify.com>**

**We wish you the very best on your exam journey. You've got this!**

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