



**WORKERS' COMPENSATION  
CLAIMS ADMINISTRATOR**

**REQUEST FOR PROPOSALS**

ISSUE DATE:  
RESPONSES DUE:

NOVEMBER 7, 2022  
DECEMBER 31, 2022

## TABLE OF CONTENTS

1.	INTRODUCTION .....	3
2.	BACKGROUND .....	4
3.	GENERAL CONDITIONS .....	5
4.	STATEMENT OF WORK .....	11
5.	PROPOSAL RESPONSE REQUIREMENTS .....	17
6.	EVALUATION OF RESPONSES .....	24

## EXHIBITS

- A. CSRMA Workers' Compensation Claims Administration Standards
- B. Insurance Requirements
- C. Sample Reports

## **1. INTRODUCTION**

The California Sanitation Risk Management Authority (CSRMA) is soliciting proposals from qualified third-party administrators (TPAs) for claims administration of CSRMA's Workers' Compensation Program. This request is for comprehensive claims administration services to include managed care, information systems, computer hardware and office supplies appropriate for the management of the Program.

CSRMA requires a TPA partner who demonstrates an innovative and effective claims management process that is streamlined and user-friendly, has strong customer service focus, solid reporting capabilities, effective technological capabilities, proactive and consistent management of employee occupational absences, competitive rates and fees, and the ability and willingness to comply with CSRMA's performance standards. The proposing firm's staff should have proper licensing to perform claims administration services. The proposing firm should have a strong regional presence in California and depth of staff necessary to perform the claims administration services requested now and into the future.

This Request for Proposals (RFP) contains specifications covering the administration of CSRMA's WC program. The RFP shall not be construed to create an obligation on the part of CSRMA to contract with any firm or serve as the basis of a claim for reimbursement for expenditures related to the development of a proposal. This RFP is an informal solicitation of proposals only. It is not intended nor is it to be construed as engaging in formal competitive bidding pursuant to any statute, ordinance, policy, or regulation.

The proposal should include your ability to perform the desired services and agreement to binding client specific service procedures and contract requirements. Attached as Exhibit A are CSRMA's Claims Administration Standards. The proposal should address all areas of the claims management requirements, including experience levels for technical claims staff, caseload levels, authority levels, reporting requirements, claim file documentation format, and examiner and manager file reviews.

The proposal should also provide pricing for claims administration on a flat fee basis with a breakdown of charges for managed care or any additional services and expenses. Please indicate your willingness to agree to a performance guarantee subject to mutual agreement between your company and CSRMA, including your suggestions regarding the performance areas to be measured, how they will be measured and at what intervals.

## **2. BACKGROUND**

California Sanitation Risk Management Authority (CSRMA) is a Joint Powers Authority formed by 12 original member agencies in 1986, with the mission of providing excellent coverage and comprehensive risk management services in a reliable and cost-effective manner to the public Water and Wastewater industry. CSRMA began its Pooled Workers' Compensation program in 1990, and today has 59 member agencies in total, participating in various coverage programs. Please see [www.csrma.org](http://www.csrma.org) for more information including the most recent Annual Report.

CSRMA's Workers' Compensation Program is comprised of 43 member agencies. The pool currently self-insures the first \$250,000 of each claim. Coverage in the pool is "first dollar" coverage, meaning the members have no deductible or self-insured retention. Excess and reinsurance combine to provide Statutory limits for Workers' Compensation, and \$2,000,000 each accident/each employee for disease in limits for Employer's Liability.

Alliant Insurance Services, Inc. is retained to provide Pool Administration and Consulting Services to CSRMA, as well as representing them in the insurance market as their broker for all insurance, reinsurance and excess insurance placements. Alliant has extensive experience with California Workers' Compensation JPA administration along with a unique knowledge of CSRMA, having worked with the group since its very beginnings. Alliant assists CSRMA members in reducing financial losses and managing the performance of the JPA and its independent contractors to assure success in meeting the organization's goals.

CSRMA currently contracts with Sedgwick to manage new and existing claims.

Key service benchmarks and goals for this process include:

- Engaged service team
- Adequacy of reserves
- Promptness of reporting and payments
- Prompt access to treaters
- Responsiveness – within 24 hours
- Manageable caseload of no more than 125 Indemnity or 300 Med Only
- Management support
- System support

### **3. GENERAL CONDITIONS**

#### **3.1 Proposal Documents**

RFP Response shall be sent by email to the Program Administrator no later than 5 p.m. PDT on December 31, 2022. Any proposal not meeting this requirement will be returned to the Contractor unopened.

CSRMA's Program Administrator will be your sole point of contact during the RFP process. Questions pertaining to the proposal shall be emailed to the Program Administrator no later than 5:00 p.m. PDT on November 21, 2022. Emailed questions will be replied to by November 29, 2022, with copy to ALL firms that express an interest in proposing by that date. It is the proposer's responsibility to ensure the documents are received. If the file size is over 45 MB please send via secure link.

#### **Proposals shall be delivered to:**

P.J. Skarlanic  
CSRMA Program Administrator  
Alliant Insurance Services, Inc.  
[pskarlanic@alliant.com](mailto:pskarlanic@alliant.com)  
(415) 403-1455

#### **With copy to:**

Steve Davidson  
[steve.davidson@alliant.com](mailto:steve.davidson@alliant.com)  
(415) 855-8563

#### **3.2 Signature**

The proposal must be signed in the name of the Contractor and must bear the signature of the person authorized to sign Proposals on behalf of the Contractor. Contractor must agree to the contract terms specified in this RFP or cite exceptions in their response, including modifications to any insurance requirements.

#### **3.3 Completion of Proposals**

Proposals may be rejected if conditional or incomplete, or if it contains alterations of any kind.

**3.4 Examination of Contract Documents**

The failure or omission of any Contractor to receive or examine any contract document, form, instrument, addendum, or other document, shall in no way relieve any Contractor from obligations with respect to this RFP or to the contract. The submission of a proposal shall be taken as evidence of compliance with this Section.

**3.5 Addenda**

CSRMA may modify this RFP before the date scheduled for submission of proposals by issuance of an addendum to all parties who have been furnished the RFP for the purpose of submitting a proposal.

**3.6 Modification of RFP Response**

A Contractor may modify the proposal after its submission by written notice of withdrawal and resubmission before the time and the date specified for submission of proposals. Modifications will not be considered if offered in any other manner.

**3.7 Withdrawal of Proposals**

A Contractor may withdraw their proposal by submitting a written request for its withdrawal to CSRMA at any time before the date scheduled for proposal submission. Proposals may not be withdrawn after the proposal submission date.

**3.8 Rejection of Proposals**

CSRMA reserves the right to reject any or all proposals or to negotiate separately with any Contractor when it is determined to be in the best interest of CSRMA.

**3.9 Cost of Preparation of Proposals**

Costs for developing responses to this RFP are entirely the responsibility of the Contractor and shall not be the responsibility of CSRMA.

**3.10 Award of Contract**

If the contract is awarded, it will be to the responsible Contractor whose proposal is deemed to be the best proposal and whose proposal best meets the requirements of the RFP documents and any addenda thereto, except for irregularities waived by CSRMA.

It is anticipated that award of the contract will be made per the Tentative Schedule of Events in Section 3.13. If award cannot be made per the schedule, the Contractor will be requested to extend the time during which the Contractor agrees to be bound by their proposal. Written notification will be made to unsuccessful Contractors.

### 3.11 **Errors in Proposal**

Contractors shall be bound by the terms and conditions of their proposals, notwithstanding the fact that errors are contained therein. However, if immaterial errors are found in a proposal, CSRMA may notify the Contractor that the submitted proposal contains errors and require the Contractor to correct the errors.

### 3.12 **References**

Each Contractor shall submit with their proposal a list of other California public entity clients and the following:

- A minimum of four clients for whom similar work has been performed in the past two (2) years.
- The last two CA public agency clients who have discontinued a contract for similar work and their reasons for doing so.

The reference list shall include the names and addresses of the client, the name, title and telephone number of each client's primary manager, and the dates the work was performed. Preference will be given to experience with wastewater exposures. During the evaluation and selection process CSRMA may contact each of the referenced clients.

### 3.13 **Tentative Schedule of Events**

Issue Request for Proposal	November 7, 2022
Questions Due	November 21, 2022
Answers Provided	November 29, 2022
Proposal Due Date	December 31, 2022
Interviews with Selected Firms (if needed)	Jan 30 – Feb 3, 2023 2023
Committee Meeting to Review Proposals	February 22, 2023
Executive Board Meeting/Approve Firm	March 28, 2023
Contract and Transition Plan (if needed)	March 31 – June 30, 2023
Services Begin Under New Contract	July 1, 2023

### 3.14 **Record Retention and Inspection**

The Contractor agrees that CSRMA shall have access to and the right to examine, audit, excerpt, copy, or transcribe any pertinent records pertaining to the Agreement.

**3.15 Assignment**

This Agreement, or any interest therein, may not be assigned without the prior written consent of CSRMA.

**3.16 Compliance with Laws**

Contractor agrees to comply with all applicable Federal, State, and local laws, rules, regulations, ordinances, policies, and procedures in the conduct of the program as specified herein.

**3.17 Termination of Agreement**

This Agreement may be terminated by either party by providing written notification of same ninety (90) days prior to the date of termination. Notice shall be given by certified mail.

**3.18 Termination for Non-performance**

If the Contractor refuses or fails to perform services as required by CSRMA, including furnishing properly trained personnel, or if adjudged as bankrupt or insolvent, or is otherwise in substantial violation of the Agreement, then CSRMA may, without prejudice, serve written notice of intention to terminate the Agreement.

Such notice shall contain the reasons for termination, and unless within fifteen (15) days after service of such notice the reasons are satisfactorily addressed, the Agreement shall cease and terminate. The foregoing provisions are in addition to and not in limitation of any other rights or remedies available to CSRMA.

**3.19 Independent Contractor**

While performing services under the Agreement, Contractor is an independent contractor and not an officer, agent, or employee of CSRMA.

**3.20 Confidentiality**

The Contractor shall hold in strict confidence all medical reports, records, employment records, claim forms and other data pertaining to CSRMA and its members, except as may be required for the performance of duties as specified in the Agreement.

**3.21 Hold Harmless Agreement**

The Agreement shall include the following hold harmless language and shall not include any special limitation of liability on the part of the Contractor, including a cap tied to the service fee or limitation on consequential damages. Any proposal containing a special limit of liability is subject to rejection.



If Contractor, its Agents, Employees, Representatives, or Assigns, negligently or intentionally violate any Law or Regulation, or any Provision of the Agreement, Contractor shall Indemnify, Defend, and Hold CSRMA harmless from and against all Loss and Damage, including any reasonable Costs or Expenses (including Attorney's Fees), incurred by CSRMA in connection with such conduct.

The Contractor shall hold harmless and CSRMA, its members, their officers and employees from every claim or demand made by reason of:

- a. Any injury to person or property sustained by the Contractor or by any person, contractor, or corporation employed directly or indirectly by the Contractor upon or in connection with performance under the Agreement, however caused;
- b. Any injury to person or property sustained by any person, firm, or corporation, caused by any act, neglect, default, or omission of the Contractor, or by any person, firm or corporation directly or indirectly employed by the contractor upon or in connection with performance under the Agreement; and,
- c. The Contractor at its own expense and risk shall defend any legal proceeding that may be brought against CSRMA, its members, their officers, agents, and employees on any such claim or demand as set forth in paragraph a. and b. above of this subsection and pay and satisfy any judgment that may be rendered against CSRMA and the Contractor as it pertains to this subsection.

The Contractor will indemnify CSRMA for payment of any penalties incurred because of claims management related errors and omissions. This includes but is not limited to errors incurred because of failure to properly comply with reporting under Medicare section 111, failure to timely provide benefits to injured workers, or the inappropriate or unnecessary overpayment of benefits.

### **3.22 Term of Agreement**

The initial term of the Agreement will be for a minimum period of three (3) years. Proposals with options for longer terms will also be considered.

### **3.23 Permits and Licenses**

The Contractor, its employees, and agents, shall secure and maintain valid permits and licenses as required by law for the execution of services pursuant to this Agreement.

3.24 **Insurance Requirements**

The successful bidder(s) must maintain the insurance as required in Exhibit **B**.

3.25 **Conflict of Interest**

The Contractor warrants there are no business or financial interests which conflict with their obligations to CSRMA under this Agreement and further agrees to disclose any such interest which may be acquired during the life of this Agreement.

Please limit the proposal to 40 pages, with any additional information such as bios, sample reports, etc. included as exhibits.

#### **4. STATEMENT OF WORK**

Contractor shall perform all services required to supervise and administer the Workers' Compensation program for CSRMA and to act as CSRMA's representative in matters relating to CSRMA's obligations under the Workers' Compensation laws of the State of California. Contractor shall perform but is not limited to the following services on behalf of CSRMA:

##### **4.1 Program Administration**

- 4.1.1 Provide staff, professional and clerical, as required to administer CSRMA's Workers' Compensation program in compliance with all rules and regulations governing the administration of self-insurance pursuant to Section 3700 et, seq., of the Labor Code and the California Administrative Procedures Act (Government Code, Title 8), and manage caseloads of no more than 125 Indemnity or 300 Med Only.
- 4.1.2 Prepare a Claims Manual for use by CSRMA and its members. This manual shall specify claims activities and processing, organization of claims files, and procedures for reporting industrial injury claims. Contractor shall conduct or assist in conducting orientation meetings for the personnel directly involved in processing such claims not less than one time per year.
- 4.1.3 Provide to CSRMA information on changes or proposed changes in statutes, rules, and regulations affecting CSRMA's responsibility and the responsibilities of its members under a self-insured Workers' Compensation program.
- 4.1.4 Review with CSRMA the program progress, including identification of problem areas, and recommend solutions. Provide consultative services as required to assure success of the program.
- 4.1.5 Provide the necessary staff to effectively manage CSRMA's existing open Workers' Compensation claims to the satisfaction of the members.

##### **4.2 Claims Administration**

- 4.2.1 Review and process all claims for Workers' Compensation benefits in accordance with the requirements of the Industrial Relations Department for reporting and notification.

- 4.2.2 Determine the compensability of claimed injuries and illnesses in accordance with the State of California Workers' Compensation Laws.
- 4.2.3 Determine eligibility for and recommend payment of medical benefits and authorize examinations to determine the nature and extent of disability when appropriate.
- 4.2.4 Obtain and evaluate medical expert opinion as to the nature, extent and duration of temporary disability and the amount of any residual permanent disability to be anticipated.
- 4.2.5 Review, compute, recommend and authorize payment of temporary disability and permanent disability benefits due an injured employee whether paid voluntarily or under Decisions, Orders, or Findings and Awards of Workers' Compensation Appeals Board. Relative to permanent disability, this includes Informal Advisory Ratings and Consultative Evaluations.
- 4.2.6 Refer litigated cases to attorneys acceptable to CSRMA. Assist the attorneys in the preparation of litigated cases, negotiations of compromise and release settlements, and subrogation actions. Contractor shall not hire attorneys without the approval of CSRMA. See section 4.4 for more information related to Legal Services.
- 4.2.7 As necessary and appropriate investigate, or arrange for investigation of, questionable cases and the status of disabled employees.
- 4.2.8 Review claims which involve a suspicion of Fraud with CSRMA. Maintain special investigation unit panel for oversight of these claims.
- 4.2.9 Represent CSRMA at hearings which involve Workers' Compensation claims against CSRMA and/or its members.
- 4.2.10 Report claims, maintain records on, and effect collections from, excess reinsurers on behalf of CSRMA.
- 4.2.11 Administer claims promptly to avoid self-imposed penalties and penalties for unreasonable delays. CSRMA reserves its right to be reimbursed for all administrator-caused penalties and interest. Such payments shall be reported to CSRMA monthly.
- 4.2.12 Notify CSRMA as to any claim reserved at or above \$15,000.

- 4.2.13 Prepare and file, in a timely manner, all reports which are now, or will be, required by the State of CA or other governmental agencies with respect to self-funded programs.

#### **4.3 Medical Administration and Control**

- 4.3.1 Provide and maintain a comprehensive medical provider network and recommend a panel of specialists as may be required for special treatment.
- 4.3.2 Monitor treatment programs for injured employees, including review of all "Doctor's First Report of Work Injury" to assure that treatment is related to a compensable injury or illness.
- 4.3.3 Maintain close liaison with treating physicians to assure that employees receive proper care and to avoid over-treatment situations. Utilize telephonic and field nurse case management with approval of CSRMA to obtain reasonable treatment plan and targets for return to work and medical improvement.
- 4.3.4 Authorize hospitalization, surgery and any other types of approved treatment as required after determination of liability in conformance with Labor Code Sections 4600 and 4601.
- 4.3.5 Review, audit, compute and authorize payment of all medical bills in conformance with the Recommended Minimum Fee Schedule as set forth by the Division of Workers' Compensation.
- 4.3.6 Provide liaison with any cost containment services with whom CSRMA chooses to utilize.
- 4.3.7 Complete administration and processing of all lifetime medical cases awarded or ordered by the Workers' Compensation Appeals Board.

#### **4.4 Legal Services**

- 4.4.1 Retain a panel of attorneys approved by CSRMA who specialize in the defense of Workers' Compensation litigation. Monitor all litigated cases from the time an application is filed with the Appeals Board until final disposition is rendered.
- 4.4.2 Consult with CSRMA and attorneys as required to ensure that all facts and investigations necessary will be available on a timely basis.

- 4.4.3 Ensure that necessary subpoenas for records and/or witnesses are issued and depositions taken.
- 4.4.4 Ensure timely filing and serving of Answers to Applications and of medical records.
- 4.4.5 Review and consult with CSRMA and its member on ALL proposed settlements. Approval of all settlements on claims that exceed the Claims Administrator's authority level must be secured from CSRMA before a Compromise and Release is filed with the Appeals Board for approval.
- 4.4.6 Protect the interests of CSRMA in third party cases, including filing of Complaints in Subrogation, where appropriate.

#### **4.5 Employee Services**

- 4.5.1 Provide information and guidance to the employees of CSRMA members regarding Workers' Compensation benefits, inquiries on specified injuries and permanent disability ratings.
- 4.5.2 Assist in resolving employee problems related to an industrial injury claim.
- 4.5.3 Assist in the development of policies and procedures as needed to accommodate an employee's temporary or permanent restrictions.

#### **4.6 Reporting Services and Record Retention**

- 4.6.1 Provide CSRMA and its members with regular monthly and periodic reports in the format and number requested. Consideration will be given to the format and availability of reports including charts, graphs, dashboard, etc. Such reports include, but are not limited to, the following:
  - Loss Experience Report
  - Location Report
  - Trend Analysis
  - Loss Narrative Report
  - Management Summary Report
  - Monthly Claims Summary Report
  - Monthly Incurred Change Report

- Monthly Claims Register Report
- Annual Report to State
- Annual Tax Statements Including Federal Form 1099 and State Form 599 as Appropriate
- Review of Large and Litigated Claims
- Penalty and Interest Payment Report

4.6.2 The claims administrator is responsible for working closely with CSRMA's accountant in reconciling the loss runs in total and current activity to the cash activity. Claims administrator will provide:

1. Weekly claim payment registers so that claim clearing bank accounts may be adequately funded.
2. Quarterly activity reconciliations of claims paid, voids, refunds, recoveries, vouchers, and any other adjustments that are needed to reconcile the loss run reporting to the cash transactions.
3. Maintain a listing of excess recoveries outstanding by claim including a listing of amounts that are calculated but not recoverable. Any amounts not recoverable should be brought to the committee for review and approval.
4. Monthly loss report in excel format for all years by policy year and also by member.

4.6.3 Any recoveries or refunds must be sent intact to the CSRMA accountant. The claims administrator shall not deposit these amounts into any accounts (this provides better separation of duties).

4.6.4 All claim files, records, reports, and other documents or materials pertaining to CSRMA's claims shall be the property of CSRMA, shall be available for CSRMA's use at any time, and shall be delivered to CSRMA, or its designee, upon termination of the Agreement. During the term of the Agreement, the administrator is responsible to maintain and store open and closed claims.

#### **4.7 Trust Fund Checking Accounts**

4.7.1 CSRMA shall establish trust fund checking accounts to cover payments and reimbursements applicable to the self-insured Workers' Compensation program and any other programs as necessary.

4.7.2 The trust fund checking account shall be established in the name of the Contractor as agent of CSRMA. Deposits shall be made to the account as required to ensure that

funds are available for payment of claims for settlement and allocated loss expenses upon presentation of check or warrant. Contractor shall not draw on the trust fund checking account for any purpose other than adjustment of claims and payment of allocated loss expenses. Contractor payments shall be submitted separately for review, approval, and payment.

- 4.7.3 The Contractor shall monitor the trust fund account and make recommendations to CSRMA as to the appropriate level of funding to comply with established laws.
- 4.7.4 The contractor shall be responsible for uploading transactions for each check run for positive pay and be responsible for monitoring and following up on positive pay exceptions on a timely basis
- 4.7.5 The Contractor shall provide CSRMA with a detailed accounting of all benefits and allocated loss expenses paid from the fund on at least a monthly basis by line of coverage. The detailed accounting shall include the date and check number of all benefit and allocated loss payments and shall also include appropriate supporting documentation for allocated loss expense payments. A monthly check register summary shall be provided. Contractor is responsible for erroneous payments made from the account by their error and any such payments shall be reimbursed separately by the contractor.
- 4.7.6 Contractor shall develop, implement, and maintain security procedures to ensure safeguard of funds in the account and the bank checks.
- 4.7.7 The Contractor agrees that CSRMA shall have access to and the right to examine, audit, excerpt, copy, or transcribe any pertinent records pertaining to the agreement.
- 4.7.8 All records shall be kept and maintained by the Contractor and made available to CSRMA during the term of the agreement and for a period of three (3) years thereafter. All such records shall be delivered to CSRMA in the format and media specified upon termination of the agreement.



## **5. PROPOSAL RESPONSE REQUIREMENTS**

Each proposal submitted will be evaluated to determine if the firm meets the following minimum qualifications. Proposals that do not meet these minimum qualifications may not advance for further evaluation.

### **5.1 General**

Each Contractor shall complete this portion of the Request for Proposals by discussing each item in the order presented. The responses must be legible, clear, accurate, complete, and must be signed by an authorized representative.

### **5.2 Title Page**

Indicate the name of the firm, the local address, the name of the firm's contact person, the telephone number of the contact person and the date.

### **5.3 Table of Contents**

Include a clear identification of the material submitted by your firm by section and by page number.

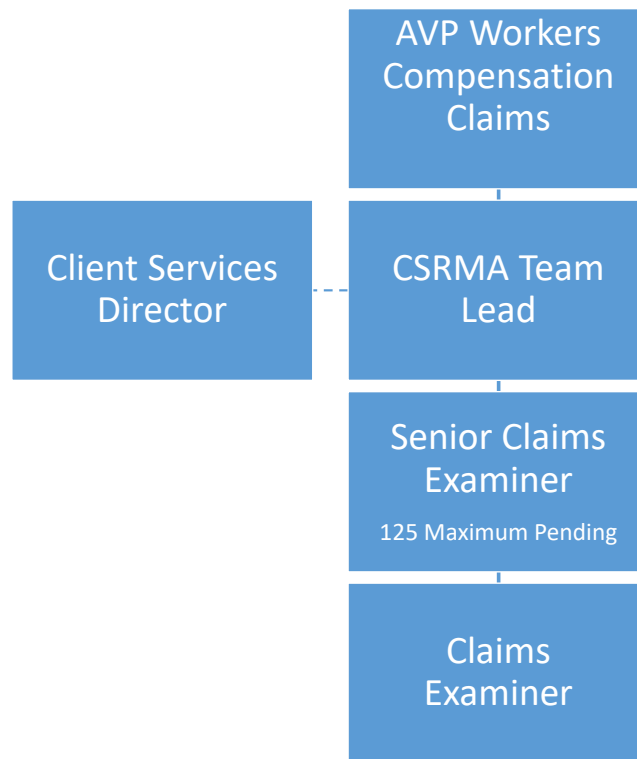
### **5.4 Profile of Firm**

5.4.1 Please describe your firm and outline your experience in performing Workers' Compensation claims and managed care services in California, including agencies with public safety services.

5.4.2 State the location of the office from which the work will be done if your firm is awarded the contract, the number and type of staff employed at this office and the number and type of staff working remotely.

### **5.5 Contractor's Qualifications and Staffing**

See current staffing chart below for structure of current core team. All proposals must include this staffing model and *maximum* pending levels per examiner for comparison purposes and as the preferred CSRMA model. *However, alternate models that address CSRMA's needs will be considered.*



- 5.5.1 Indicate the name of the person who will manage the claims administration activities as specified in this Request for Proposals. Provide a brief resume of the manager's background training and experience. Specifically discuss the individual's experience in managing a claims administration program of the size and scope of the program described herein.
- 5.5.2 Indicate the claims unit manager/supervisor who will be assigned to CSRMA's Workers' Compensation program. Include a brief resume of the individual's background training and experience. Indicate whether the supervisor is licensed by the State of California.
- 5.5.3 Indicate the examiners or the level of examiners to be assigned based on the staffing model currently in place. Describe the support staff structure, including the examiner to claim assistant ratio that will be proposed for CSRMA. Indicate the minimum qualifications of examiners. Specifically address the proposed team's experience with JPAs/pooled entities, familiarity with the local WCAB, attorney and medical community throughout California. Please describe their experience in calculating TD benefits, coordinating benefits, and working with wastewater agencies.

- 5.5.4 If you have not designated staff to service the account, provide your criteria and recruitment strategy for selecting qualified personnel.
- 5.5.5 Provide annual totals for examiners and supervisors/managers handling CA workers' comp: total number of employees, the number of new hires, and the number of separations/retirements. Include the turnover ratio for examiners and supervisors during the same period and explain how you ensure continuity of service in the event of turnover or extended leave.

## 5.6 **References**

Provide a list of public sector clients for whom your firm has provided Workers' Compensation administration services in the past two years. Also provide:

A minimum of four clients for whom similar work (as outlined in the scope of work) has been performed in the past two years.

The last two CA public agency clients who have discontinued a contract for similar work and their reasons for doing so.

Indicate the scope of the work performed for each of the referenced clients; the name of the client; address and telephone number; and the name of each client's primary manager. Please provide public agency references throughout California.

Disclose and submit with proposal a description of any pending lawsuit, litigation, or proceedings with clients that you are or were contracted with for Worker's Compensation claims administration

## 5.7 **Training**

Describe procedures you will utilize to provide training to staff of CSRMA in the following areas:

- Claims administration and processing, including the roles and responsibilities of member cities, TPA, and injured employee.
- Program implementation
- Legal responsibilities of CSRMA and its member districts.
- Safety/Loss Control.

**5.8 Claim File Reviews and Reports**

What is your firm's policy on providing claim reviews? Will you conduct claim reviews with each CSRMA member and if so, how often? Who will provide and in what format?

Preference is given to a standard "Claims Management Report" that is updated with each diary or significant development, accessible in the claim file, and focused on a plan of action to resolve the remaining issues toward closure. Status updates are to be provided at least every 90 days, except for Future Medical Claims which are to be updated at least every 180 days. Please provide a sample of your firm's report.

**5.9 Reserving and Future Medical Claims**

How do you determine or calculate future medical reserves? What is your practice for administrative closure?

**5.10 Customer Service Standards**

Describe your standards for customer service, including response times, reporting standards, three-point contact and follow up.

**5.11 Litigation Management**

Describe your approach to litigation management, including the continued role of the examiner, counsel, and client. What strategies do you employ to resolve litigated claims in a cost-effective manner? What percentage of your California public agency claims are litigated?

**5.12 Claim Processing System**

Describe your claim processing system, including client access and features. Describe the process and options for reporting claims and receiving acknowledgements.

**5.13 Security and Control Procedures**

Discuss procedures utilized by your firm to ensure the security of the trust fund account.

**5.14 Managed Care Services**

CSRMA reserves the right to bundle managed care services with claims administration services or to unbundle any or all the services. This may include use of a consultant to provide oversight of all managed care services, including bill review, utilization review and nurse case management. Please describe how your firm would work with outside vendors to provide effective and efficient service to program members, specifically noting any limitations you may have in working with outside vendors.

#### **5.14.1 Bill Review**

Describe your qualifications in providing bill review services, including features of your system, unique capabilities, and ability to customize the delivery of your services. Provide the average savings achieved for your clients. Discuss what distinguishes your organization from other bill review providers. Indicate if the services are in-house or outsourced and if outsourced indicate any financial interest or other fees received from the provider.

#### **5.14.2 Utilization Review**

Describe your qualifications in providing utilization review services, including standards and guidelines used to review treatment requests. Indicate the percentage of requests for authorization that are sent to UR. Describe any unique capabilities or approaches your firm has for reviewing medical treatment requests. Discuss any methods you employ to help your clients reduce utilization review costs and whether you charge for adjuster pass-throughs.

For your California clients, provide the average turnaround time on treatment requests, average denial rate, and average modified or overturned denial rate. Describe your recommended panel of medical experts, including specialists who may be utilized for peer review

#### **5.14.3 Nurse Case Management Services**

Describe your qualifications in providing nurse case management services, including guidelines and expectations regarding those services. What percentage of indemnity claims have a Nurse Case Manager assigned? Discuss what distinguishes your organization from other nurse case management providers.

Provide a summary of the qualifications and experience of each proposed team member, including their length of service with your firm and their resume. Indicate the office location nurses would be working from.

#### **5.14.4 Medical Provider Network**

Describe your firm's Medical Provider Network, including if it is leased or owned. If leased, please identify the provider, outline related fees, and negotiated discounts.

How will your firm assist CSRMA with a customized MPN providing sufficient coverage in the geographic area? Describe your process for adding new providers and monitoring for providers that should be removed from the network.

#### 5.14.5 **Other Ancillary Services**

CSRMA members utilize an injury triage program offered through the current TPA. The successful bidder(s) will be required to coordinate nurse triage services. Please describe any experience you have had with this organization or similar providers. Additionally, please provide information on other ancillary services your firm offers, such as Pharmacy Management Review, First Fill Prescription Service, etc.

#### 5.15 **Inquiry Assistance**

Discuss the extent that you will assist CSRMA and its staff with Workers' Compensation inquiries, questions, and problems. What is your internal standard for response time to client messages and emails? Please describe the responsibilities of staff dedicated to client services.

#### 5.16 **Recordkeeping**

Describe record-keeping procedures to be utilized for all aspects of the self-insurance administration program. Include a plan for closed claims storage and retrieval. Please also discuss any cost associated with claim storage or retrieval.

##### 5.16.1 **Ownership of Records**

Please confirm that all claim files, electronic data processing/management information system records, and all records generated on behalf of CSRMA are owned by CSRMA and that claim files will be available to CSRMA upon request.

#### 5.17 **Fee Structure**

Please describe your proposed fee structure, including your proposed pricing to administer the claims count as provided in the sample reports in Exhibit C. The proposed fee should encompass the total compensation paid to your firm for the administration of the number of claims listed. Please also include your proposed fee structure for additional claims, including a proposed annual not to exceed maximum fee. Please indicate any difference in the claims administration fee with bundled v. unbundled managed care services.

Please also outline fees not included in claims administrator fees (including fees charged to the claims file), if any, such as but not limited to:

1. Subrogation fees
2. Bill Review
3. Utilization Review, including if a fee applies for pass-throughs

4. Nurse Case Management
5. Medical network access fees
6. Case management fees:
  - a. Telephonic
  - b. Field
7. Nurse Triage services
8. Pharmacy program fees
9. Investigation fees:
  - a. AOC/COE face to face
  - b. Activity check and sub-rosa
10. Claims Index Bureau fees
11. Client access fees
  - a. Startup
  - b. Special report
  - c. Data transfer
  - d. Data storage/maintenance
  - e. Monthly reports
  - f. OSHA reporting
  - g. Acknowledgments
  - h. System access

TPA should outline all fees that would be paid as an ancillary expense of the claim file and the cost of those fees whether they are paid to the TPA or an outside vendor, including bill review, PPO, MPN, ISO, and Medicare reporting fees, copy service charges, storage, etc. Please provide any maximum not to exceed fees for these services.

The fee structure should be quoted on an annual basis with a 3-year term at a minimum. A longer term and/or optional years or will also be considered.

#### 5.17.1 **Additional Costs**

Discuss the additional cost, if any, if a new claims administrator is selected and open claims are transferred to the new administrator for processing to their conclusion. What is your communication plan and strategy for a successful transition?

#### 5.18 **Experience of Firm**

What does your firm offer that makes you unique and the best qualified to meet the needs and goals of CSRMA?

## **6. EVALUATION OF RESPONSES**

During the evaluation, validation, and selection process, CSRMA may request meetings with a contractor's representative to request answers to specific questions or may request firm representative answer specific questions in writing. CSRMA may require that the Contractor make presentations that are pertinent to the evaluation process. If a question and/or questions are asked by CSRMA in a meeting and these questions and the answers thereto are pertinent to the proposal and the contract to be awarded, the question(s) and the answer(s) will be sent to the Contractor in writing for verification before they are included in the proposal documents.

The selection criteria to be used to select the successful bidder will include, but is not limited to, the following:

1. An established record of consistent professional service and reputation within the industry, with specific emphasis on public entities and knowledge of public safety benefits.
2. High quality references from clients, particularly from other self-insured groups, either public or private.
3. Staffing and experience levels.
4. Overall responses in addressing the ability to perform the statement of work.
5. Overall cost-benefit advantages to CSRMA.



## **Exhibit A**

### **CSRMA Claims Administration Standards**

#### ***Processing***

1. All files will be created, reserved and assigned the proper code number and entered into the computer within 5 working days following the receipt of the First Report of Injury.
2. A diary system will be established so that each case is reviewed at least every thirty (30) days.
3. Payments will be made promptly as required by State code. No penalties shall be paid by the member agencies unless it can be shown that late filing of the report is reason for the penalty.
4. Uncontroverted bills - shall be paid within ten (10) working days of receipt of same.
5. All payments, reserve revisions and file closings will be promptly entered into the computer system.
6. The reserve will take into consideration all potential payments including "allocated expenses."

#### ***File Documentation***

1. The basis for all initial reserves, reserve revisions and payments will be clearly explained in the file.
  2. Specific direction on the investigation and handling of all indemnity cases will be established within three (3) working days of receipt of the First Report and clearly evidenced in the file. The extent of the direction will be clearly based upon the seriousness or complexity of the case.
  3. An initial file summary will be completed on all indemnity cases involving disability payments within fifteen (15) days of receipt of the First Report.
  4. Updated case analysis summaries will be completed and placed in any indemnity file at least every thirty (30) days after completion of the initial summary and will include any and all information that relates to the direction and value of the case, as well as further work to be done and a target day for completion.
  5. All phone conversations, discussions and meetings held on the case will be clearly documented in each file.
-

## Exhibit A

6. The diary schedule will be clearly evidenced on the file jacket.

### *Investigation*

1. Within three (3) working days of receipt of the First Report, contact will be made with the member agency in order to determine if compensability is to be acknowledged or questioned when not self-evident on member agency's report.
  2. On all questionable indemnity cases, informative statements will be obtained from anyone who may have knowledge of the injury, including the claimant, witnesses and supervisor within ten (10) calendar days of receipt of the First Report, unless the file reflects a reasonable explanation for a day in obtaining same.
  3. The medical facility will be contacted prior to making the initial indemnity payment to establish the extent of injury, length of disability, and causal relationship of the injury to the job or alleged work-related incident.
  4. A medical report will be requested within twenty (20) working days of the first day of lost-time and as often as needed thereafter to justify continuing indemnity payments.
  5. Personal contact on non-litigated indemnity cases will be maintained with the injured employee on a periodic, ongoing basis (initial, within three (3) days of receipt of First Report and follow-up within every thirty (30) days thereafter until return to work) to control their medical progress and timely return to work.
  6. Where the length of disability is questioned, and upon prior approval by the member agency, a field activity check/surveillance will be conducted on the injured employee in order to determine if there is any work capability. All investigations will be coordinated with appropriate member agency personnel on a case-by-case basis.
  7. Where medical evaluation is questioned, an independent medical examination will be scheduled with a qualified physician, providing to the physician any relevant medical and job information that will assist the physician in making an objective evaluation. Copies of medical evaluations will be provided to the member agency.
  8. Any medical bills received will be reviewed prior to payment with regard to causal relationship to the accident/work-related injury.
  9. Where needed, rehabilitation and/or retraining will be recommended and the progress will be closely monitored and controlled. The first evaluation as to the appropriateness of rehab will take place according to Workers' Compensation State requirements.
  10. Subrogation will be promptly recognized and investigated.
-

## **Exhibit A**

11. All reserves will be evaluated for accuracy, based on information at hand, every time the case is handled and/or reviewed.
12. All "medical only" cases will be reviewed for closing at least every ninety (90) days.
13. Settlement evaluation will be made promptly, based on information included in the file, as well as other criteria by which a value may be based.
14. Where warranted, settlement will be pursued in a timely and aggressive manner, and all negotiations will be handled or managed internally by the claims person assigned to the case or a qualified attorney under direction of the Claim Administrator.
15. Settlement authority will be granted in accordance with the policy established by CSRMA.

### ***Medical Control***

1. Recommend the composition of medical facilities and panels, in conjunction with the member agencies.
2. Maintain close liaison with doctors and assure maximum efficiency in the management of claims and compliance with State laws regarding provision of job descriptions to determine return to work possibilities.
3. Review every Doctor's First Report and initiate the proper procedure in each claim.
4. Audit all medical bills at the level determined by the JPA. Use of PCC, Med-Data, or other software is strongly recommended.
5. Provide each member agency with copies of medical evaluations as requested by the member.

### ***Litigation Management***

1. Good judgment will be used in deciding on the need for legal counsel.
2. Within three (3) working days of referral of the case to defense counsel, a letter will be directed to the attorney, with a copy to the agency outlining the case status, work to be done, by whom and in what time frame.

## Exhibit A

3. Defense counsel will not do anything that could be accomplished just as effectively, efficiently, and economically by the Claim Administrator.
4. Within thirty (30) days after receipt of the case, defense counsel's written opinion as to compensability, value and settlement/defense strategy will be obtained. A copy will be provided to the member agency.
5. Itemized legal bills will be solicited and reviewed for payment at least quarterly, or more frequently, if appropriate.

### ***Reporting Requirements***

1. Monthly loss runs shall be provided to the CSRMA Program Director, the member agency and the excess insurance carrier.
  2. As to any claim:
    - ♦ reserved at \$15,000 and above and/or
    - ♦ involving serious injury (death, heart attack, back problems involving surgery, serious burns, brain damage, or any other extreme permanent injury), and/or
    - ♦ in litigation
      - a. An initial written captioned report will be completed, and submitted to the member agency within thirty (30) days after the defined reporting condition is met.
      - b. Supplemental written status reports will be completed and submitted to the agency at least every ninety (90) days following the initial report and should include any pertinent information that could reasonably affect the ultimate value of the claim
  3. Within ten (10) days from a reserve increase of \$15,000 or more, a written notification of the fact of the increase and the basis for it will be sent to the member agency.
  4. Obtain quarterly, or more frequently if appropriate, itemized billings from outside adjusters/investigators and legal counsel for payment consideration.
  5. Report as appropriate to the CSRMA Program Director, the excess insurance carrier and the member agency necessary information on the current status of claims as required by the excess carrier.
-

## **Exhibit A**

6. Reconciliation of bills paid on a frequency determined by CSRMA.

### ***Communications***

1. Open communications will exist and be maintained with CSRMA member agencies on an ongoing basis. Phone calls will be returned promptly.
2. The Claim Administrator will provide CSRMA with notices dealing with changes or proposed changes in Workers' Compensation Administrative procedures and laws.

### ***Review Procedures***

1. CSRMA, its Program Director and its member agencies shall have the right to audit any and all of its claim files during normal business hours and/or to employ an outside auditor for that purpose, providing such auditor is not employed by a competitor of the Claim Administrator.

### ***Self-Insured Annual Report***

Prepare on behalf of each member agency, the Public Self-Insurer's Annual Report in accordance with current state requirements.

THE ABOVE STANDARDS AND GUIDELINES ARE INTENDED TO PROVIDE A GENERAL IDEA AS TO THE LEVEL OF SERVICE THAT IS DESIRED. COMMUNICATION IS EXTREMELY IMPORTANT AS IS THE ABILITY TO PROVIDE QUALITY SERVICE.

AS RESPECTS TO THE ABOVE STANDARDS AND GUIDELINES, THE STATE WORKERS' COMPENSATION LAWS SHALL ALWAYS GOVERN THE ADMINISTRATION OF CLAIMS.

## EXHIBIT B

### Insurance Requirements for Professional Services

Consultant shall procure and maintain for the duration of the contract insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of the work hereunder by the Consultant, its agents, representatives, or employees.

#### MINIMUM SCOPE AND LIMIT OF INSURANCE

Coverage shall be at least as broad as:

1. **Commercial General Liability (CGL):** Insurance Services Office Form CG 00 01 covering CGL on an “occurrence” basis, including products and completed operations, property damage, bodily injury and personal & advertising injury with limits no less than **\$2,000,000** per occurrence. If a general aggregate limit applies, either the general aggregate limit shall apply separately to this project/location (ISO CG 25 03 or 25 04) or the general aggregate limit shall be twice the required occurrence limit.
2. **Automobile Liability:** Insurance Services Office Form Number CA 0001 covering, Code 1 (any auto), or if Consultant has no owned autos, Code 8 (hired) and 9 (non-owned), with limit no less than **\$1,000,000** per accident for bodily injury and property damage.
3. **Workers’ Compensation** insurance as required by the State of California, with Statutory Limits, and Employer’s Liability Insurance with limit of no less than **\$1,000,000** per accident for bodily injury or disease.
4. **Professional Liability** (Errors and Omissions) Insurance appropriate to the Consultant’s profession, with limit no less than **\$2,000,000** per occurrence or claim, **\$4,000,000** aggregate.
5. **Crime Insurance** (Fidelity Bond) covering the Consultant’s officers, employees, and volunteers with a minimum limit of **\$2,000,000**.

If the Consultant maintains broader coverage and/or higher limits than the minimums shown above, CSRMA requires and shall be entitled to the broader coverage and/or the higher limits maintained by the Consultant. Any available insurance proceeds in excess of the specified minimum limits of insurance and coverage shall be available to CSRMA.

#### Other Insurance Provisions

The insurance policies are to contain, or be endorsed to contain, the following provisions:

##### *Additional Insured Status*

CSRMA and its members, including officers, officials, employees, and volunteers are to be covered as additional insureds on the CGL policy with respect to liability arising out of work or operations performed by or on behalf of the Consultant including materials, parts, or equipment furnished in connection with such work or operations. General liability coverage can be provided in the form of an endorsement to the Consultant’s insurance (at least as broad as ISO Form CG 20 10 11 85 or current equivalent).

##### *Primary Coverage*

For any claims related to this contract, the **Consultant’s insurance coverage shall be primary and non-contributory** and at least as broad as ISO CG 20 01 04 13 as respects CSRMA and its members, its officers, officials, employees, and volunteers. Any insurance or self-insurance maintained by CSRMA and members’ officers, officials, employees, or volunteers shall be excess of the Consultant’s insurance and shall not contribute with it. This requirement shall also apply to any Excess or Umbrella liability policies.

## EXHIBIT B

### ***Notice of Cancellation***

Each insurance policy required above shall provide that coverage shall not be canceled, except with notice to CSRMA.

### ***Waiver of Subrogation***

Consultant hereby grants to CSRMA and its members a waiver of any right to subrogation which any insurer of said Consultant may acquire against them by virtue of the payment of any loss under such insurance. Consultant agrees to obtain any endorsement that may be necessary to affect this waiver of subrogation, but this provision applies regardless of whether CSRMA has received a waiver of subrogation endorsement from the insurer.

### ***Self-Insured Retentions***

Self-insured retentions must be declared to and approved by CSRMA. CSRMA may require the Consultant to purchase coverage with a lower retention or provide proof of ability to pay losses and related investigations, claim administration, and defense expenses within the retention. The policy language shall provide, or be endorsed to provide, that the self-insured retention may be satisfied by either the named insured or Entity.

### ***Acceptability of Insurers***

Insurance is to be placed with insurers authorized to conduct business in California with a current A.M. Best's rating of no less than A:VII, unless otherwise acceptable to CSRMA.

### ***Claims Made Policies***

If any of the required policies provide claims-made coverage:

1. The Retroactive Date must be shown and must be before the date of the contract or the beginning of contract work.
2. Insurance must be maintained, and evidence of insurance must be provided ***for at least three (3) years after completion of the contract of work.***
3. If coverage is canceled or non-renewed, and not replaced ***with another claims-made policy form with a Retroactive Date prior to*** the contract effective date, the Consultant must purchase "extended reporting" coverage for a minimum of ***three (3)*** years after completion of work.

### ***Verification of Coverage***

Consultant shall furnish CSRMA with original certificates and amendatory endorsements or copies of the applicable policy language effecting the coverage required. All certificates and endorsements are to be received and approved by CSRMA before work commences. However, failure to obtain the required documents prior to the work beginning shall not waive the Consultant's obligation to provide them. CSRMA reserves the right to require complete copies of required insurance policies, including endorsements required by these specifications, at any time.

### ***Subcontractors***

Consultant shall require and verify that all subcontractors maintain insurance meeting all the requirements stated herein.

### ***Special Risks or Circumstances***

CSRMA reserves the right to modify these requirements, including limits, based on the nature of the risk, prior experience, insurer, coverage, or other special circumstances.



Sedgwick Copyright © 2022 All rights reserved. This document is provided for informational purposes only.

	Indemnity	Medical	Expense	Total	Ind	Med	FA	Totals	Legal	Life
<b>2022 - 2023</b>										
Incurring	73,020.25	193,725.45	27,134.96	293,880.66	9	29	0	38	0	0
Paid	38,330.58	17,370.29	3,541.61	59,242.48						
Outstanding	34,689.67	176,355.16	23,593.35	234,638.18						
<b>2021 - 2022</b>										
Incurring	398,740.58	517,220.04	226,485.81	1,142,446.43	46	70	2	118	2	1
Paid	226,594.02	202,286.01	131,192.74	560,072.77						
Outstanding	172,146.56	314,934.03	95,293.07	582,373.66						
<b>2020 - 2021</b>										
Incurring	717,533.96	667,492.96	364,599.38	1,749,626.30	55	48	7	110	3	0
Paid	511,069.00	328,849.33	226,987.09	1,066,905.42						
Outstanding	206,464.96	338,643.63	137,612.29	682,720.88						
<b>2019 - 2020</b>										
Incurring	448,273.24	731,662.21	471,694.03	1,651,629.48	48	43	21	112	2	4
Paid	356,854.85	394,283.66	324,317.07	1,075,455.58						
Outstanding	91,418.39	337,378.55	147,376.96	576,173.90						
<b>2018 - 2019</b>										
Incurring	832,834.50	828,697.98	506,180.33	2,167,712.81	65	49	10	124	2	9
Paid	587,005.59	468,546.60	401,857.83	1,457,410.02						
Outstanding	245,828.91	360,151.38	104,322.50	710,302.79						
<b>2017 - 2018</b>										
Incurring	1,134,177.71	1,077,180.99	771,199.73	2,982,558.43	52	69	8	129	1	14
Paid	1,090,519.63	713,538.60	663,563.95	2,467,622.18						
Outstanding	43,658.08	363,642.39	107,635.78	514,936.25						
<b>2016 - 2017</b>										
Incurring	967,622.02	925,593.90	660,968.62	2,554,184.54	67	78	9	154	0	12
Paid	872,970.86	773,328.54	609,152.39	2,255,451.79						
Outstanding	94,651.16	152,265.36	51,816.23	298,732.75						
<b>2015 - 2016</b>										
Incurring	1,420,074.79	1,667,260.61	886,643.41	3,973,978.81	71	56	12	139	4	16
Paid	1,111,020.76	1,088,488.50	759,803.20	2,959,312.46						
Outstanding	309,054.03	578,772.11	126,840.21	1,014,666.35						
<b>2014 - 2015</b>										
Incurring	881,604.50	947,199.27	479,570.20	2,308,373.97	49	72	9	130	3	7
Paid	835,298.51	838,576.29	399,021.56	2,072,896.36						
Outstanding	46,305.99	108,622.98	80,548.64	235,477.61						
<b>2013 - 2014</b>										
Incurring	3,593,375.29	1,688,889.02	915,959.77	6,198,224.08	56	78	4	138	4	12
Paid	1,584,748.24	943,560.35	753,956.47	3,282,265.06						
Outstanding	2,008,627.05	745,328.67	162,003.30	2,915,959.02						
<b>2012 - 2013</b>										
Incurring	1,624,196.09	1,068,184.12	410,741.42	3,103,121.63	46	91	6	143	9	7
Paid	1,624,196.09	1,034,194.80	407,049.79	3,065,440.68						
Outstanding	0.00	33,989.32	3,691.63	37,680.95						



# C.S.R.M.A. WC

## Summary by Program Year As Of: 10/31/2022

Sedgwick Copyright © 2022 All rights reserved. This document is provided for informational purposes only.

	Indemnity	Medical	Expense	Total	Ind	Med	FA	Totals	Legal	Life
<b>2011 - 2012</b>										
Incurred	1,679,373.14	1,425,886.51	540,096.89	3,645,356.54	55	89	1	145	14	21
Paid	1,302,937.40	1,205,857.89	513,304.94	3,022,100.23						
Outstanding	376,435.74	220,028.62	26,791.95	623,256.31						
<b>2010 - 2011</b>										
Incurred	895,348.76	922,101.10	391,216.41	2,208,666.27	69	94	1	164	11	19
Paid	895,348.76	899,474.53	386,823.06	2,181,646.35						
Outstanding	0.00	22,626.57	4,393.35	27,019.92						
<b>2009 - 2010</b>										
Incurred	447,822.82	806,233.78	189,991.75	1,444,048.35	66	101	1	168	10	20
Paid	447,822.82	775,217.25	187,679.68	1,410,719.75						
Outstanding	0.00	31,016.53	2,312.07	33,328.60						
<b>2008 - 2009</b>										
Incurred	741,290.68	1,350,710.00	432,768.70	2,524,769.38	71	97	2	170	16	19
Paid	741,290.67	1,201,515.34	418,495.38	2,361,301.39						
Outstanding	0.01	149,194.66	14,273.32	163,467.99						
<b>2007 - 2008</b>										
Incurred	815,759.67	1,274,327.15	152,361.22	2,242,448.04	55	85	4	144	9	11
Paid	815,759.67	1,274,327.15	152,361.22	2,242,448.04						
Outstanding	0.00	0.00	0.00	0.00						
<b>2006 - 2007</b>										
Incurred	1,031,777.66	1,826,885.73	453,378.28	3,312,041.67	68	86	5	159	18	20
Paid	1,031,777.64	1,647,357.90	435,035.24	3,114,170.78						
Outstanding	0.02	179,527.83	18,343.04	197,870.89						
<b>2005 - 2006</b>										
Incurred	722,218.65	865,229.49	152,048.62	1,739,496.76	51	86	5	142	6	14
Paid	722,218.63	770,222.71	143,847.71	1,636,289.05						
Outstanding	0.02	95,006.78	8,200.91	103,207.71						
<b>2004 - 2005</b>										
Incurred	628,169.99	941,392.86	363,118.96	1,932,681.81	73	87	6	166	15	12
Paid	628,169.99	813,873.86	297,525.31	1,739,569.16						
Outstanding	0.00	127,519.00	65,593.65	193,112.65						
<b>2003 - 2004</b>										
Incurred	722,725.06	690,672.22	75,146.20	1,488,543.48	76	98	8	182	17	15
Paid	722,725.06	630,492.94	66,207.86	1,419,425.86						
Outstanding	0.00	60,179.28	8,938.34	69,117.62						
<b>2002 - 2003</b>										
Incurred	602,350.82	882,549.52	253,364.79	1,738,265.13	89	78	7	174	22	16
Paid	602,350.82	838,642.14	202,627.80	1,643,620.76						
Outstanding	0.00	43,907.38	50,736.99	94,644.37						
<b>2001 - 2002</b>										
Incurred	600,441.53	900,729.02	128,489.48	1,629,660.03	89	93	0	182	13	21
Paid	600,441.53	876,044.23	126,737.80	1,603,223.56						
Outstanding	0.00	24,684.79	1,751.68	26,436.47						

# C.S.R.M.A. WC

## Summary by Program Year As Of: 10/31/2022

Sedgwick Copyright © 2022 All rights reserved. This document is provided for informational purposes only.

	Indemnity	Medical	Expense	Total	Ind	Med	FA	Totals	Legal	Life
<b>2000 - 2001</b>										
Incurred	970,212.77	1,643,865.94	261,471.41	2,875,550.12	90	73	0	163	13	19
Paid	970,212.77	1,241,364.27	226,885.83	2,438,462.87						
Outstanding	0.00	402,501.67	34,585.58	437,087.25						
<b>1999 - 2000</b>										
Incurred	1,015,320.70	846,595.40	184,472.57	2,046,388.67	72	83	0	155	10	15
Paid	1,015,320.70	835,009.04	184,016.03	2,034,345.77						
Outstanding	0.00	11,586.36	456.54	12,042.90						
<b>1998 - 1999</b>										
Incurred	1,244,197.67	1,264,109.25	256,954.04	2,765,260.96	77	69	0	146	21	17
Paid	1,233,607.57	1,212,145.39	232,643.56	2,678,396.52						
Outstanding	10,590.10	51,963.86	24,310.48	86,864.44						
<b>1997 - 1998</b>										
Incurred	641,544.22	935,925.77	236,522.10	1,813,992.09	86	74	0	160	21	17
Paid	641,544.20	867,921.21	225,463.76	1,734,929.17						
Outstanding	0.02	68,004.56	11,058.34	79,062.92						
<b>1996 - 1997</b>										
Incurred	636,968.64	680,521.32	191,549.10	1,509,039.06	83	93	0	176	14	6
Paid	636,967.95	624,223.32	179,260.33	1,440,451.60						
Outstanding	0.69	56,298.00	12,288.77	68,587.46						
<b>1995 - 1996</b>										
Incurred	880,032.98	1,234,395.72	260,022.77	2,374,451.47	88	103	0	191	19	9
Paid	849,504.09	1,220,671.72	257,964.17	2,328,139.98						
Outstanding	30,528.89	13,724.00	2,058.60	46,311.49						
<b>1994 - 1995</b>										
Incurred	659,121.35	363,507.97	239,031.27	1,261,660.59	92	150	0	242	23	4
Paid	659,121.35	363,507.97	239,031.27	1,261,660.59						
Outstanding	0.00	0.00	0.00	0.00						
<b>1993 - 1994</b>										
Incurred	608,445.78	716,871.82	229,446.68	1,554,764.28	75	124	0	199	20	6
Paid	608,445.78	667,429.28	226,163.50	1,502,038.56						
Outstanding	0.00	49,442.54	3,283.18	52,725.72						
<b>1992 - 1993</b>										
Incurred	462,581.88	468,326.72	199,639.35	1,130,547.95	64	115	0	179	12	4
Paid	462,581.88	468,326.72	199,639.35	1,130,547.95						
Outstanding	0.00	0.00	0.00	0.00						
<b>1991 - 1992</b>										
Incurred	181,700.12	183,904.70	118,886.36	484,491.18	51	108	0	159	7	1
Paid	181,700.12	183,904.70	118,886.36	484,491.18						
Outstanding	0.00	0.00	0.00	0.00						
<b>1990 - 1991</b>										
Incurred	192,156.76	331,172.45	122,062.16	645,391.37	52	133	0	185	6	3
Paid	192,156.76	303,691.75	120,562.16	616,410.67						
Outstanding	0.00	27,480.70	1,500.00	28,980.70						
<b>Grand Total</b>										
Incurred	28,471,014.58	30,869,020.99	11,153,216.77	70,493,252.34	2,156	2,802	128	5,086	31	31

C.S.R.M.A. WC

Summary by Program Year As Of: 10/31/2022

Sedgwick Copyright © 2022 All rights reserved. This document is provided for informational purposes only.

	Indemnity	Medical	Expense	Total	Ind	Med	FA	Totals	Legal	Life
Paid	24,800,614.29	25,724,244.28	9,821,606.02	60,346,464.59						
Outstanding	3,670,400.29	5,144,776.71	1,331,610.75	10,146,787.75						



**C.S.R.M.A. WC**  
**Claim Analysis Summary**

Measurement Period from 10/1/21 to 10/31/22 as of Each Month End

Filters Selected:

**EXHIBIT C - REPORTS**

New Defined: By Date Claim Opened Reporting Level: Claim Closed Claim Option: Excluding Reopened and Closed  
Indemnity Claim Defined: By System Code Line Type: WC Financial Indicator: Gross Financial Option: No Cap Duration  
Option: By Date Opened Duration Selection: Include Reopened Days

Pending Claims by Loss Year	2021		2021		2021		2022		2022		2022		2022		2022		2022		2022		2022		2022		Change		Change	
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	From Prior Month	From Last Year Month													
1990	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	0											
1993	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	0	0											
1994	2	2	2	2	2	1	1	1	1	1	1	1	1	1	1	0	(1)											
1995	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	0											
1996	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	0											
1997	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	0	0											
1998	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	0	1											
1999	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	0											
2000	3	3	3	3	3	3	2	2	2	2	2	2	2	2	2	0	(1)											
2001	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	0	0											
2002	4	4	4	4	4	3	3	3	3	3	3	3	3	3	3	0	(1)											
2004	2	2	2	2	3	3	3	3	3	3	3	3	3	3	3	0	1											
2005	3	3	3	2	2	2	2	2	2	2	2	2	2	2	2	0	(1)											
2006	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	0	0											
2007	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	0	0											
2008	2	2	3	3	3	3	3	3	3	3	3	3	3	3	3	0	1											
2009	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	0	0											
2010	3	3	3	3	3	4	4	4	4	4	3	3	3	3	3	0	0											
2011	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	0	0											
2012	2	2	2	2	2	2	2	2	2	2	3	3	3	3	3	0	1											
2013	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	0	0											
2014	6	6	6	6	6	7	7	7	7	7	7	7	7	7	7	0	1											
2015	9	9	9	9	9	9	9	10	10	10	10	10	10	10	10	0	1											
2016	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	0	0											
2017	15	15	15	12	12	12	13	13	12	11	11	10	9	9	9	(1)	(6)											
2018	15	15	15	15	13	13	13	13	12	13	14	13	11	11	11	(2)	(4)											
2019	24	23	23	21	21	21	20	20	19	19	20	20	19	19	19	(1)	(5)											
2020	24	23	23	24	24	23	23	24	23	23	21	21	21	21	21	0	(3)											
2021	38	42	47	43	38	45	44	45	38	35	31	29	26	26	26	(3)	(12)											
2022				3	10	28	32	43	38	40	38	40	41	41	41	1	41											
Total	186	188	194	188	189	213	215	229	214	213	207	205	199	199	199	(6)	13											

Pending Incurred by Loss Year	2021	2021	2021	2022	2022	2022	2022	2022	2022	2022	2022	2022	2022	Change	Change
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	From Prior Month	From Last Year Month
1990	\$130,726	\$130,726	\$130,726	\$130,726	\$130,726	\$130,726	\$130,726	\$130,726	\$130,726	\$130,726	\$130,726	\$130,726	\$130,726	\$0	\$0
1993	\$133,161	\$133,161	\$133,161	\$133,161	\$133,161	\$133,161	\$133,161	\$133,161	\$133,161	\$133,161	\$133,161	\$133,161	\$133,161	\$0	\$0
1994	\$103,871	\$103,871	\$103,871	\$103,871	\$103,871	\$69,706	\$69,706	\$69,706	\$69,706	\$69,706	\$69,706	\$69,706	\$69,706	\$0	(\$34,165)
1995	\$264,105	\$265,592	\$265,592	\$266,592	\$266,592	\$266,592	\$266,592	\$266,592	\$266,592	\$266,592	\$266,592	\$266,592	\$266,592	\$0	\$2,488
1996	\$55,874	\$55,874	\$55,874	\$55,874	\$55,874	\$55,874	\$55,874	\$55,874	\$55,874	\$55,874	\$55,874	\$55,874	\$55,874	\$0	\$0
1997	\$456,593	\$458,367	\$458,367	\$458,367	\$458,367	\$458,367	\$512,367	\$512,367	\$512,367	\$512,367	\$575,314	\$582,757	\$582,757	\$0	\$126,165
1998	\$450,815	\$453,452	\$453,452	\$453,452	\$453,452	\$453,452	\$453,452	\$453,452	\$596,373	\$596,373	\$596,373	\$596,373	\$596,373	\$0	\$145,558
1999	\$47,096	\$47,096	\$47,096	\$47,096	\$47,096	\$47,096	\$47,096	\$47,096	\$47,096	\$47,096	\$47,096	\$47,096	\$47,096	\$21,140	\$21,140
2000	\$897,614	\$897,614	\$897,614	\$897,614	\$897,614	\$897,614	\$693,323	\$693,323	\$693,323	\$693,323	\$693,323	\$693,323	\$693,323	\$0	(\$204,291)
2001	\$580,787	\$580,787	\$580,787	\$580,787	\$580,787	\$580,787	\$580,787	\$580,787	\$580,787	\$580,787	\$580,787	\$580,787	\$580,787	\$0	\$0
2002	\$499,058	\$499,058	\$499,058	\$499,058	\$499,058	\$403,217	\$403,217	\$403,217	\$403,217	\$403,217	\$403,217	\$403,217	\$403,217	\$0	(\$95,840)
2004	\$202,910	\$202,770	\$202,770	\$202,770	\$257,907	\$257,907	\$257,907	\$257,907	\$257,907	\$257,907	\$257,907	\$257,907	\$257,907	\$0	\$54,997
2005	\$1,098,784	\$1,098,784	\$1,078,965	\$822,957	\$822,957	\$822,957	\$822,957	\$822,957	\$822,957	\$822,957	\$822,957	\$822,957	\$822,957	\$0	(\$275,826)
2006	\$278,880	\$278,880	\$278,880	\$278,880	\$278,880	\$278,880	\$278,880	\$278,880	\$278,880	\$278,880	\$256,880	\$256,880	\$256,880	\$0	(\$22,000)
2007	\$513,863	\$513,863	\$514,197	\$347,977	\$347,977	\$347,977	\$347,977	\$347,977	\$347,977	\$347,977	\$347,977	\$347,977	\$347,977	\$0	(\$165,886)
2008	\$380,445	\$380,445	\$380,445	\$380,445	\$393,945	\$393,945	\$393,945	\$396,445	\$396,445	\$396,445	\$396,445	\$396,445	\$396,445	\$0	\$16,000
2009	\$537,294	\$537,294	\$537,294	\$537,294	\$537,294	\$537,294	\$537,294	\$537,294	\$539,148	\$539,148	\$539,148	\$539,148	\$539,148	\$0	\$1,854
2010	\$607,132	\$607,132	\$607,132	\$607,132	\$607,132	\$657,908	\$658,075	\$666,079	\$666,079	\$666,079	\$504,477	\$504,477	\$504,477	\$0	(\$102,654)
2011	\$1,005,260	\$1,180,987	\$1,180,987	\$1,180,987	\$1,180,987	\$1,180,987	\$1,180,987	\$1,180,987	\$1,180,987	\$1,180,987	\$1,001,263	\$1,001,263	\$1,001,263	\$0	(\$3,998)
2012	\$277,686	\$277,686	\$277,686	\$277,686	\$277,686	\$277,686	\$277,686	\$277,686	\$277,686	\$277,686	\$385,147	\$385,147	\$385,261	\$114	\$107,576
2013	\$788,512	\$788,512	\$788,512	\$788,512	\$788,512	\$788,512	\$788,512	\$788,512	\$788,512	\$788,512	\$788,512	\$767,360	\$767,360	\$0	(\$21,152)
2014	\$3,833,133	\$3,833,133	\$4,454,742	\$4,454,742	\$4,454,742	\$4,491,038	\$4,535,588	\$4,535,588	\$4,535,588	\$4,524,841	\$4,524,841	\$4,524,841	\$4,524,841	\$0	\$691,709
2015	\$1,100,414	\$1,100,414	\$1,100,414	\$1,064,094	\$1,064,094	\$1,064,094	\$1,064,094	\$1,276,594	\$1,286,874	\$1,322,748	\$1,325,016	\$1,322,301	\$1,322,301	\$0	\$221,887
2016	\$2,516,355	\$2,520,254	\$2,479,935	\$2,479,935	\$2,479,935	\$2,479,935	\$2,479,935	\$2,585,969	\$2,231,622	\$2,231,622	\$2,152,815	\$2,123,105	\$2,123,105	\$0	(\$393,249)
2017	\$2,091,018	\$2,091,018	\$2,123,125	\$1,673,137	\$1,673,137	\$1,673,137	\$1,673,137	\$1,673,137	\$1,673,137	\$1,570,150	\$1,571,536	\$1,501,289	\$1,346,325	(\$154,964)	(\$744,692)
2018	\$1,671,151	\$1,640,264	\$1,663,736	\$1,663,736	\$1,624,250	\$1,624,250	\$1,624,250	\$1,641,421	\$1,492,510	\$1,464,115	\$1,476,549	\$1,438,087	\$1,225,844	(\$212,243)	(\$445,307)
2019	\$1,960,244	\$1,918,604	\$1,924,230	\$1,830,002	\$1,854,238	\$1,854,238	\$1,827,707	\$1,786,467	\$1,632,333	\$1,656,747	\$1,659,036	\$1,653,403	\$1,633,451	(\$19,952)	(\$326,793)
2020	\$1,459,976	\$1,463,141	\$1,424,155	\$1,411,497	\$1,411,702	\$1,409,227	\$1,404,552	\$1,434,030	\$1,325,440	\$1,326,937	\$1,340,752	\$1,304,145	\$1,303,529	(\$616)	(\$156,446)
2021	\$1,032,913	\$1,062,287	\$1,039,189	\$1,011,366	\$1,008,335	\$1,023,044	\$1,155,503	\$1,168,691	\$1,181,513	\$1,211,701	\$1,210,323	\$1,210,861	\$1,146,818	(\$64,042)	\$113,905
2022				\$0	\$95,019	\$128,410	\$298,385	\$421,323	\$459,688	\$492,415	\$517,186	\$536,482	\$754,497	\$218,015	\$754,497
Total	\$24,975,667	\$25,121,064	\$25,681,991	\$24,639,747	\$24,785,327	\$24,788,019	\$24,953,673	\$25,424,246	\$24,862,653	\$24,847,077	\$24,630,936	\$24,453,690	\$24,241,142	(\$212,548)	(\$734,525)



# C.S.R.M.A. WC

## Claim Analysis Summary

Measurement Period from 10/1/21 to 10/31/22 as of Each Month End

Filters Selected:

### EXHIBIT C - REPORTS

New Defined: By Date Claim Opened Reporting Level: Claim Closed Claim Option: Excluding Reopened and Closed  
Indemnity Claim Defined: By System Code Line Type: WC Financial Indicator: Gross Financial Option: No Cap Duration  
Option: By Date Opened Duration Selection: Include Reopened Days

Reserves by Loss Year	2021	2021	2021	2022	2022	2022	2022	2022	2022	2022	2022	2022	2022	2022	Change	Change
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	From Prior Month	From Last Year Month	
1,990	\$28,981	\$28,981	\$28,981	\$28,981	\$28,981	\$28,981	\$28,981	\$28,981	\$28,981	\$28,981	\$28,981	\$28,981	\$28,981	\$0	\$0	
1,993	\$49,206	\$49,206	\$48,945	\$48,945	\$48,945	\$48,945	\$48,945	\$48,945	\$48,945	\$48,945	\$48,945	\$48,945	\$48,945	\$0	(\$261)	
1,994	\$6,982	\$6,874	\$6,821	\$6,669	\$6,524	\$4,349	\$4,098	\$3,990	\$3,990	\$3,780	\$3,780	\$3,780	\$3,780	\$0	(\$3,202)	
1,995	\$45,487	\$46,975	\$46,701	\$47,482	\$47,477	\$47,271	\$47,134	\$46,997	\$46,860	\$46,723	\$46,586	\$46,380	\$46,311	(\$69)	\$824	
1,996	\$15,705	\$15,579	\$15,579	\$15,579	\$15,579	\$15,579	\$15,579	\$15,579	\$15,579	\$15,579	\$15,579	\$15,579	\$15,579	\$0	(\$126)	
1,997	\$138,819	\$138,925	\$137,369	\$135,503	\$132,777	\$104,128	\$69,044	\$66,034	\$64,735	\$61,814	\$116,742	\$118,454	\$114,086	(\$4,368)	(\$24,733)	
1,998	\$52,489	\$55,049	\$54,895	\$54,740	\$54,585	\$54,431	\$54,276	\$54,122	\$71,875	\$71,720	\$71,566	\$71,061	\$70,906	(\$155)	\$18,417	
1,999	\$19,114	\$19,114	\$19,114	\$19,114	\$19,114	\$19,114	\$12,803	\$12,803	\$12,803	\$12,803	\$12,803	\$12,803	\$33,943	\$21,140	\$14,829	
2,000	\$369,896	\$369,430	\$369,330	\$369,296	\$369,296	\$369,225	\$363,588	\$363,588	\$363,533	\$363,533	\$363,343	\$363,343	\$363,311	(\$33)	(\$6,585)	
2,001	\$85,819	\$85,819	\$85,819	\$85,819	\$85,819	\$85,819	\$85,819	\$85,819	\$85,819	\$85,819	\$85,819	\$85,819	\$85,819	\$0	\$0	
2,002	\$148,514	\$148,514	\$147,260	\$147,260	\$147,260	\$128,461	\$128,461	\$121,081	\$121,081	\$121,081	\$121,081	\$121,081	\$121,081	\$0	(\$27,433)	
2,004	\$64,126	\$63,986	\$63,776	\$63,370	\$111,370	\$111,060	\$110,254	\$110,254	\$110,254	\$110,039	\$109,233	\$108,502	\$108,502	\$0	\$44,376	
2,005	\$320,308	\$319,412	\$299,033	\$251,008	\$249,670	\$249,480	\$249,280	\$249,129	\$248,723	\$248,290	\$247,720	\$247,569	\$247,500	(\$68)	(\$72,808)	
2,006	\$99,441	\$95,211	\$94,947	\$94,749	\$67,878	\$67,476	\$67,476	\$67,476	\$67,476	\$67,476	\$45,153	\$44,888	\$43,756	(\$1,131)	(\$55,685)	
2,007	\$234,274	\$233,837	\$220,319	\$188,055	\$188,055	\$188,055	\$188,044	\$187,442	\$187,257	\$186,341	\$167,607	\$164,718	\$163,550	(\$1,168)	(\$70,724)	
2,008	\$70,168	\$70,168	\$70,168	\$70,168	\$83,668	\$83,668	\$83,668	\$86,168	\$85,336	\$85,336	\$83,340	\$81,794	\$81,299	(\$495)	\$11,131	
2,009	\$88,541	\$88,343	\$88,061	\$87,700	\$87,007	\$87,007	\$87,007	\$86,298	\$85,677	\$86,611	\$85,310	\$83,494	\$82,169	(\$1,325)	(\$6,372)	
2,010	\$163,114	\$161,585	\$160,470	\$159,809	\$158,319	\$156,784	\$155,777	\$162,252	\$161,227	\$157,549	\$64,406	\$61,366	\$60,349	(\$1,017)	(\$102,765)	
2,011	\$611,126	\$783,232	\$781,046	\$777,166	\$767,233	\$744,576	\$743,656	\$742,016	\$732,652	\$729,643	\$545,921	\$544,297	\$542,815	(\$1,482)	(\$68,311)	
2,012	\$81,146	\$81,146	\$81,076	\$80,797	\$80,797	\$80,441	\$80,441	\$80,441	\$80,441	\$80,441	\$80,441	\$80,441	\$80,555	\$114	(\$591)	
2,013	\$360,921	\$359,779	\$356,479	\$355,980	\$346,011	\$343,163	\$342,010	\$339,435	\$333,088	\$330,989	\$320,915	\$299,185	\$294,665	(\$4,520)	(\$66,256)	
2,014	\$2,146,859	\$2,146,208	\$2,759,368	\$2,756,603	\$2,751,952	\$2,712,039	\$2,745,604	\$2,742,023	\$2,736,525	\$2,720,814	\$2,712,547	\$2,707,018	\$2,704,855	(\$2,163)	\$557,996	
2,015	\$497,694	\$497,288	\$495,745	\$454,918	\$454,454	\$452,845	\$452,439	\$451,049	\$458,563	\$473,793	\$474,999	\$469,859	\$468,632	(\$1,227)	(\$29,062)	
2,016	\$1,411,727	\$1,411,685	\$1,363,784	\$1,356,295	\$1,349,226	\$1,339,959	\$1,335,921	\$1,433,661	\$1,071,525	\$1,061,750	\$970,198	\$932,905	\$927,470	(\$5,435)	(\$484,257)	
2,017	\$753,669	\$752,528	\$755,902	\$622,426	\$621,512	\$612,700	\$610,193	\$604,111	\$595,004	\$528,224	\$525,979	\$494,089	\$457,129	(\$36,960)	(\$296,541)	
2,018	\$929,517	\$897,913	\$887,276	\$880,695	\$821,682	\$803,484	\$793,304	\$806,804	\$718,572	\$672,998	\$672,498	\$593,732	\$485,584	(\$108,148)	(\$443,933)	
2,019	\$1,120,050	\$1,076,679	\$1,057,825	\$997,065	\$987,721	\$946,064	\$923,502	\$859,010	\$804,911	\$809,837	\$799,767	\$784,882	\$761,017	(\$23,865)	(\$359,033)	
2,020	\$866,621	\$919,175	\$843,593	\$799,275	\$783,670	\$736,411	\$709,577	\$722,114	\$664,414	\$649,048	\$645,576	\$592,094	\$590,747	(\$1,347)	(\$275,874)	
2,021	\$838,703	\$864,296	\$809,111	\$748,694	\$743,062	\$672,752	\$748,789	\$716,038	\$690,535	\$666,229	\$668,015	\$652,352	\$622,195	(\$30,156)	(\$216,508)	
2,022				\$0	\$80,814	\$103,476	\$260,695	\$367,792	\$374,330	\$366,173	\$342,932	\$309,546	\$490,730	\$181,184	\$490,730	
Total	\$11,619,019	\$11,786,938	\$12,148,795	\$11,704,160	\$11,690,457	\$11,397,742	\$11,546,419	\$11,661,562	\$11,070,713	\$10,892,571	\$10,477,782	\$10,168,958	\$10,146,265	(\$22,693)	(\$1,472,755)	

Sedgwick Copyright © 2022 All rights reserved. This document is provided for informational purposes only.

# EXHIBIT C - REPORTS



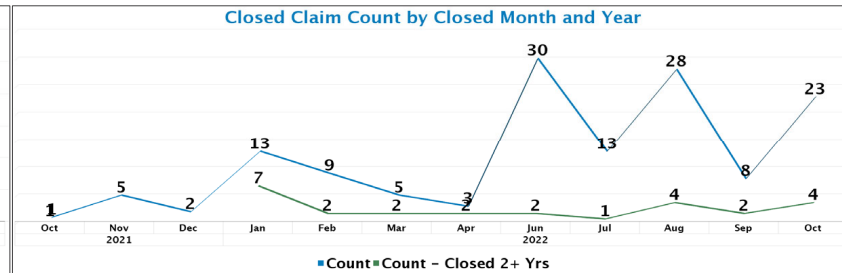
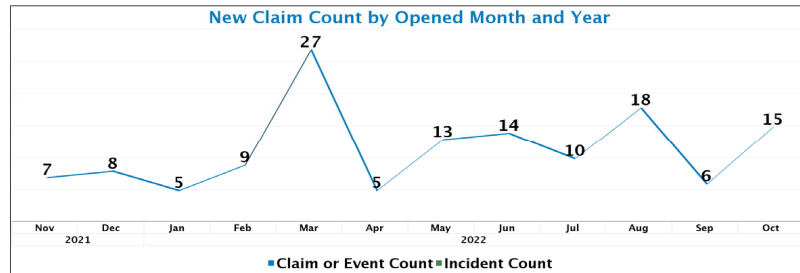
C.S.R.M.A. WC

## Claim Analysis Summary

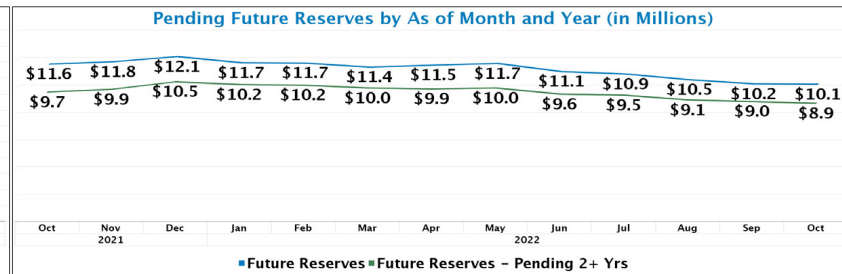
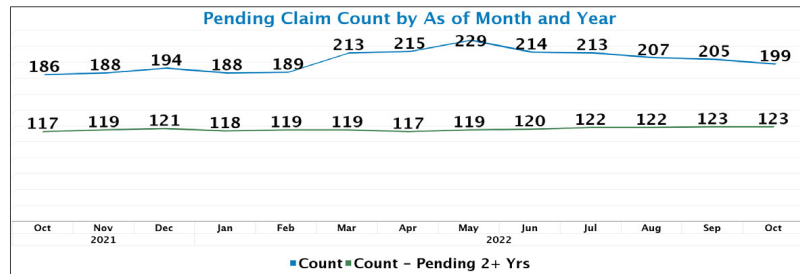
Measurement Period from 10/1/21 to 10/31/22 as of Each Month End

### Filters Selected:

New Defined: By Date Claim Opened Reporting Level: Claim Closed Claim Option: Excluding Reopened and Closed Indemnity Claim  
Defined: By System Code Line Type: WC Financial Indicator: Gross Financial Option: No Cap Duration Option: By Date Opened  
Duration Selection: Include Reopened Days



Count and Ratio	2021	2021	2021	2022	2022	2022	2022	2022	2022	2022	2022	2022	2022
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
New Claims		7	8	5	9	27	5	13	14	10	18	6	15
Reopened Claims				2	1	2		1	1	2	4		2
Closed Claims	1	5	2	13	9	5	3		30	13	28	8	23
Closed Claims 2+ Yrs	1			7	2	2	2		2	1	4	2	4
Closing Ratio by Claim		71.4%	25.0%	185.7%	90.0%	17.2%	60.0%		200.0%	108.3%	127.3%	133.3%	135.3%
Pending Claims	186	188	194	188	189	213	215	229	214	213	207	205	199
Pending Claims 2+ Yrs	117	119	121	118	119	119	117	119	120	122	122	123	123



Financial Data	2021	2021	2021	2022	2022	2022	2022	2022	2022	2022	2022	2022	2022
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Total Incurred Pending Claims	\$24,975,667	\$25,121,064	\$25,681,991	\$24,639,747	\$24,785,327	\$24,788,019	\$24,953,673	\$25,424,246	\$24,862,653	\$24,847,077	\$24,630,936	\$24,453,690	\$24,241,142
Total Future Reserve	\$11,619,019	\$11,786,938	\$12,148,795	\$11,704,160	\$11,690,457	\$11,397,742	\$11,546,419	\$11,661,562	\$11,070,713	\$10,892,571	\$10,477,782	\$10,168,958	\$10,146,265
Total Future Reserve 2+ Yrs	\$9,697,488	\$9,896,021	\$10,452,946	\$10,239,511	\$10,202,459	\$9,999,522	\$9,937,679	\$9,997,935	\$9,553,559	\$9,480,271	\$9,126,781	\$9,014,836	\$8,879,572
Total Paid Closed Claims	\$1,010	\$73,330	\$1,999	\$737,393	\$66,616	\$112,090	\$221,633		\$321,302	\$87,719	\$234,142	\$60,299	\$422,309
Total Paid Closed Claims 2+ Yrs	\$1,010			\$731,828	\$29,243	\$109,381	\$220,089		\$230,675	\$65,098	\$163,151	\$56,948	\$249,110



EXHIBIT C - REPORTS

Review Status	Procedures Reviewed	% of Procedures
Approved	512	61.5%
Denied	259	31.1%
Negotiated	39	4.7%
Withdrawn	23	2.8%
<b>Total</b>	<b>833</b>	<b>100%</b>

Review By Level	Procedures Reviewed	% of Procedures
Clinical Nurse/Physician Review	416	50%
Clinical Nurse Review	417	50%
<b>Total</b>	<b>833</b>	<b>100%</b>

Savings and Fees Summary	
Medical Savings	\$83,217
UR Fees	\$36,980
Physician Fees	\$27,633
Total Fees	\$64,613
Net Savings   ROI	\$18,604   2 to 1

Appeal Summary	Count Procedures	% Appealed Procedures
Appeal Upheld	13	93%
Appeal Overturned	1	7%
Appeal Negotiated	0	-
<b>Total</b>	<b>14</b>	<b>100%</b>

Procedure Category	Procedures Reviewed	Approved Count	Denied/Modified Count	% Denied/Modified	Medical Savings	UR Fees	Physician Fees	Total Fees
Acupuncture/Chiro	18	11	7	39%	\$793	\$969	\$507	\$1,476
Diagnostic/Labs	151	108	35	23%	\$2,750	\$4,882	\$3,751	\$8,633
Home Health/DME	64	32	32	50%	\$18,989	\$2,230	\$2,570	\$4,800
Inpatient	19	15	4	21%	\$4,367	\$375	\$504	\$879
Miscellaneous	19	12	7	37%	\$644	\$1,095	\$1,068	\$2,162
Office Visit/Consult/Referral	73	66	7	10%	\$855	\$1,729	\$1,149	\$2,878
Outpatient Surgery	55	40	9	16%	\$4,188	\$1,416	\$1,528	\$2,944
Pain Management	53	11	37	70%	\$5,103	\$2,494	\$3,140	\$5,634
Pharmacy	228	162	66	29%	\$17,132	\$18,130	\$8,664	\$26,794
Psych	2	1	1	50%	\$379	\$76	\$99	\$175
PT/OT	151	54	93	62%	\$28,017	\$3,585	\$4,654	\$8,239
<b>Total</b>	<b>833</b>	<b>512</b>	<b>298</b>	<b>36%</b>	<b>\$83,217</b>	<b>\$36,980</b>	<b>\$27,633</b>	<b>\$64,613</b>



# Medical Bill Review Summary: 7/1/21 - 10/31/22

C.S.R.M.A. WC

Medical Bill Review Summary	7/1/21 - 10/31/22
Number of Bills	2,449
Number of Lines	5,330
Bill Charges	\$2,743,300
Bill Allowance	\$808,064
Average Allowance/Bill	\$330
PPO Penetration*	7/1/21 - 10/31/22
PPO Bill Penetration	88.7%
PPO Charge Penetration	91.4%
Savings	7/1/21 - 10/31/22
Bill Review Savings	\$1,844,221
PPO Savings	\$90,491
Other Savings	\$0
Total Savings	\$1,934,712
Gross Savings %	70.5%
Average Savings/Bill	\$790
ROI	39 : 1
Fees	7/1/21 - 10/31/22
Bill Review Fees	\$26,676
PPO Fees	\$14,915
Other Fees	\$7,396
Total Fees	\$48,987
Net Performance	7/1/21 - 10/31/22
Net Savings	\$1,885,725
Net Savings %	68.7%
Average Net Savings/Bill	\$770
Net ROI	38 : 1

\*PPO metrics excludes bills not eligible for network participation.

Report excludes full duplicate denials.





## MEDICAL PROVIDER NETWORK

C.S.R.M.A. WC

7/1/21 - 10/31/22 valued at 10/31/22

## Summary

## Claims

New Losses Accessing MPN	102
Existing Claims Accessing MPN	152
Allowable Charges	\$441,245

## Savings Detail

## Savings

Contract Savings	\$35,548
Average Discount	8.1%
Net Savings	\$27,653