

PROPOSAL TO:

AURORA ILLINOIS

23- 106 RFP
for Third Party Administrator (TPA)
for Risk Management

PREPARED BY:

Mike Jackson
Vice President

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3333 Warrenville Rd., Suite 650

Lisle, IL 60532

November 2023



CCMSI®

www.ccmsi.com

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All data and information contained herein and provided by CCMSI in response to a PROSPECTIVE CLIENT'S RFP is considered confidential and proprietary. The data and information contained herein may not be reproduced, published or distributed to, or for, any third parties without the express prior written consent of CCMSI.

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Signed Forms

**CITY OF AURORA AGREEMENT FOR
THIRD PARTY ADMINISTRATOR (TPA) FOR RISK MANAGEMENT AND WORKERS'
COMPENSATION
REQUEST FOR PROPSAL 23-106**

PROPOSAL FORM

Proposal Due Date & Time: 5:00 pm CST, Friday, November 17, 2023

To: **City of Aurora
Purchasing Division
44 E Downer Place
Aurora, Illinois 60507**

The following offer is hereby made to the City of Aurora, Aurora, Illinois, hereafter called the Owner.

Submitted By: Cannon Cochran Management Services, Inc. (CCMSI)

- I. The undersigned Vendor proposes and agrees, after having examined the specifications, quantities and other Bid documents, to irrevocably offer to furnish the materials, equipment and services in compliance with all terms, conditions, specifications and amendments (if applicable) contained in the bid solicitation documents. The items in this Invitation to Bid, including, but not limited to, all required certificates, are fully incorporated herein as a material and necessary part of the Bid.
 - A. The Vendor shall also include with their bid any necessary literature, samples, etc., as required within the Invitation to Bid, Instruction to Proposers and specifications.
 - B. For purposes of this offer, the terms Contractor, Proposer, and Vendor are used interchangeably.
- II. In submitting this Offer, the Vendor acknowledges:
 - A. All bid documents have been examined: Instructions to Proposer, Specifications and the following addenda:

No. 1, No. _____, No. _____, (Vendor to acknowledge addenda here.)

SUBMITTED BY

COMPANY Cannon Cochran Management Services, Inc. (CCMSI)

ADDRESS 2 East Main Street

CITY, STATE, ZIP Danville, IL 61832

AUTHORIZED SIGNATURE *Budney Golden* Chief Operating Officer

EMAIL rgolden@ccmsi.com Title

PHONE # (217) 446-1089 FAX # (217) 443-0927 DATE 11/13/23

**CITY OF AURORA AGREEMENT FOR
THIRD PARTY ADMINISTRATOR (TPA) FOR RISK MANAGEMENT AND WORKERS'
COMPENSATION
REQUEST FOR PROPSAL 23-106**

Services commence by January 1st, 2024.

All Bid prices shall be shown as delivered Aurora Destination, Prepaid and Allowed. Do not add state, federal or local taxes. Municipalities are exempt. Exemption Certification Permit No. Illinois E9996-0842-07.

No additional charges over base bid price will be accepted without written approval of the Director of Purchasing.

The City of Aurora reserves the right to reject any or all Bids, or parts thereof, and to waive any technicality, informality or irregularity in the Bids received, and to disregard all nonconforming or conditional Bids or counter-Bids and to hold the best Bids for ninety (90) days from the opening date set forth above. The City further reserves the right to award the Bid to the lowest responsible Proposer whose offer best responds in quality, fitness and capacity to the requirements of the proposed Work or usage and therefore is in the best interest of the City.

SUBMITTED BY

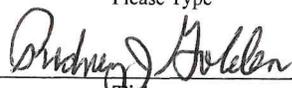
COMPANY Cannon Cochran Management Services, Inc. (CCMSI)

ADDRESS 2 East Main Street

CITY, STATE, ZIP Danville, IL 61832

PREPARER'S NAME Mike Jackson, Sales Executive
Please Type

CONTRACT PERSON Rodney J. Golden, Chief Operating Officer
Please Type

AUTHORIZED SIGNATURE 
Title

PHONE # (217) 446-1089 FAX # (217) 443-0927 DATE 11/13/23

EMAIL rgolden@ccmsi.com

PROPOSER'S CERTIFICATION

I/We hereby certify that:

- A. A complete set of proposal papers, as intended, has been received, and that I/We will abide by the contents and/or information received and/or contained herein.
- B. I/We have not entered into any collusion or other unethical practices with any person, firm, or employee of the City which would in any way be construed as unethical business practice.
- C. I/We have adopted a written sexual harassment policy which is in accordance with the requirements of Federal, State and local laws, regulations and policies and further certify that I/We are also in compliance with all equal employment practice requirements contained in Public Act 87-1257 (effective July 1, 1993) and 775 ILCS 5/2-105 (A).
- D. I/We operate a drug free environment and drugs are not allowed in the workplace or satellite locations as well as City of Aurora sites in accordance with the Drug Free Workplace Act of January, 1992.
- E. The Proposer is not barred from bidding on the Project, or entering into this contract as a result of a violation of either Section 33E-3 or 33E-4 of the Illinois Criminal Code, or any similar offense of "bid rigging" or "bid rotating" of any state or the United States.
- F. I/We will abide by all other Federal, State and local codes, rules, regulations, ordinances and statutes.

COMPANY NAME Cannon Cochran Management Services, Inc. (CCMSI)

ADDRESS 2 East Main Street

CITY/STATE/ZIP CODE Danville, IL 61832

NAME OF CORPORATE/COMPANY OFFICIAL Rodney J. Golden
PLEASE TYPE OR PRINT CLEARLY

TITLE Chief Operating Officer

AUTHORIZED OFFICIAL SIGNATURE *Rodney J. Golden*

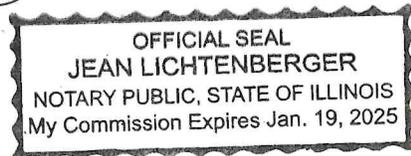
DATE 11/13/23

TELEPHONE (217) 446-1089

FAX No. (217) 443-0927

Subscribed and Sworn to
Before me this 13th day
of November, 2023

Jean Lichtenberger
Notary Public



CITY OF AURORA
REQUEST FOR PROPOSAL
23-106

THIRD PARTY ADMINISTRATOR (TPA) FOR RISK MANAGEMENT AND WORKERS'
COMPENSATION

Each proposal must be placed in an envelope, sealed, and clearly marked on the outside: "23-106 RFP for the Third Party Administrator (TPA) for Risk Management and Workers' Compensation." In order to be considered responsive, the Proposer must submit all of the following items in their sealed envelope:

CHECKLIST OF SUBMITTALS

Please enclose the following with your Proposal:

- X Proposer's Certification (Page 1)
- X Proposer's Tax Certification (Page 2)
- X Description of Company, Principals, Location, etc.
- X Timeline for Initial Start-up
- X Responses to Section Four: Proposal Contents (Appendix A)
- X References
- X Examples of Similar Work

**CITY OF AURORA
23-106
THIRD PARTY ADMINISTRATOR (TPA) FOR RISK MANAGEMENT AND WORKERS'
COMPENSATION**

REFERENCE LIST

(Please Type)

Company See Tab 15 – References
Address _____
City, State, Zip _____
Phone Number _____
Contact Person _____

Company _____
Address _____
City, State, Zip _____
Phone Number _____
Contact Person _____

Company _____
Address _____
City, State, Zip _____
Phone Number _____
Contact Person _____

Proposer's Name: Cannon Cochran Management Services, Inc. (CCMSI)

Signature & Date: *Bridney Golden* 11/13/23

CCMSI

Tab 1 - Executive Summary



Tuesday, November 14, 2023

Jolene Coulter
Director of Purchasing
City of Aurora
Purchasing Division
44 E Downer Place Aurora, Illinois

RE: Request for Proposal 23-106 THIRD PARTY ADMINISTRATOR (TPA) FOR RISK MANAGEMENT AND WORKERS' COMPENSATION

Dear Jolene:

Cannon Cochran Management Services, Inc. (CCMSI) has pioneered and innovated the third-party claims administration industry since 1978, bringing our clients substantial experience, knowledge, professionalism, and cutting-edge technology. We are pleased to present the attached proposal for The City of Aurora's claims administration services, which details the tailored approach we take to lowering our clients' total cost of risk while providing their injured employees and claimants with prompt, courteous claims service.

CCMSI believes that no one facet of our service offerings is more critical to achieving recognition as a superior claims administrator than ensuring that our clients are completely satisfied with the level of service they receive whenever they interact with staff members of their designated team.

We will have two primary goals as The City of Aurora's claims administration firm of choice:

1. Serve as an extension of your Risk Management Department by providing technical and strategic claims insight, superior claims management technology and systems, and seamless administrative support.
2. Reduce your overall cost of risk.

CCMSI is the leader and trusted advisor in third-party claims administration for many reasons. In addition to our experienced staff, state-of-the-art technology, and reputation for outstanding client satisfaction, we provide the following services, which truly set us apart from our competition.

- Aggressive investigations, Fraud Identification Recovery Edge (FIRE) fraud program, and Claim Risk Assessment (CRA);
- Thorough communication in person, over the phone, and via adjuster claim file log notes;
- Best Practices for reserving, settlement, subrogation, and related concerns;
- Comp MC managed care program;
- Comprehensive Legal Expense Analysis & Review (CLEAR) legal bill review program;
- Financial data tracking (e.g., reserves, settlements, expenses, and medical costs) via Internet Claims Edge (iCE), our proprietary, web-based, user-friendly, and accessible RMIS—a powerful tool that clearly illustrates our clients' quantifiable savings;

Cannon Cochran Management Services, Inc.

3333 Warrenville Road • Suite 650 • Lisle, IL 60532
800-628-5618 • 630-649-6000 • Fax: 630-505-3025 • www.ccmsi.com



- Providing your staff with real-time access to iCE and training them to electronically file initial claim reports, which produce meaningful risk and financial reports for management, and engaging other risk management functions;
- SOC 1 and SOC 2 credentialing and additional data security policies;
- Providing designated adjusters to manage the City's account; and
- Conducting quarterly claim and stewardship meetings to ensure we meet your goals.

From the claim examiners and their management team to the adjusters, supervisors, and your account manager, our objective will be to understand and internally communicate the City's unique goals and program requirements and to assure that our services consistently satisfy them.

Once we establish these goals and protocols, we will translate these expectations into a specialized the City's Quality Service Plan to ensure clear communication and adherence by your team. Notably, we empower our teams to implement the necessary corrective measures to resolve any issue that may arise.

Please direct communication concerning this request for proposal to:

Mike Jackson

mjackson@ccmsi.com
773-965-6483

At CCMSI, we realize our claims responsibilities require an effective, smooth, and seamless transition, which are critical components in your decision. Utilizing our years of experience, detailed Implementation Plan, and your designated team, we guarantee the process will be a streamlined success.

We thank you for considering us as a partner in managing this important responsibility and look forward to the opportunity to orally present our program to interested parties in the City's administration.

Sincerely,

A handwritten signature in black ink, appearing to read "MJ", is written over a light blue horizontal line.

Mike Jackson, Vice President, National Accounts

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Tab 2 – Exceptions

Tab 2 – Exceptions

to the City's Terms and Conditions.

CCMSI has no exceptions to the City's Terms and Conditions.

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Tab 3 – Capabilities and Approach

Tab 3 – Capabilities and Approach

This tab should describe in detail the Contractor’s proposal for providing the services solicited by this Request for Proposals. A statement should be included that the Contractor is capable and willing to comply with all requirements set forth in this Statement of Needs.

Yes, CCMSI is capable and willing to comply with all requirements set forth in this Statement of Needs.

Client-Focused Service

Central to CCMSI is our dedication to client-focused service. Listening to our client’s needs is critical to delivering bespoke solutions and cost-saving results.

Appreciate Unique Needs CCMSI’s success is built on recognizing that each client is unique. Therefore, understanding each business and its objectives and key performance indicators ensures we deliver first-rate services and exceed expectations. We design our claims services to facilitate and support your safety culture and provide critical information to your top managers so they can remain aware, informed, and able to make vital decisions.

Quality Service Plan To design each client’s program structure to meet their exact specifications, we create custom and detailed handling instructions and work diligently with them to ensure continuous and consistent compliance.

Stewardship We hold annual stewardship and strategy meetings to review and analyze the prior year’s performance, including service, claim causes, and loss cost trends. Additionally, we collaborate with our clients to develop and implement strategies for improving program results in the coming year.

What Sets CCMSI Apart

CCMSI’s Core Values and Principles are the foundation of our business practices. In tandem with our innovative solutions, technology, and comprehensive expertise, these cornerstones have and will continue to produce successful results for our clients. At CCMSI, our focus is *delivering what matters most to our clients*.



CCMSI is a TPA industry leader with extensive experience in claims administration and pioneering, proactive approaches. Areas that distinguish us from our competitors include:

Transparent and Candid

- We pride ourselves on being honest and forthright with our clients. Even when the issue is difficult, you will get the truth.
- We believe in sharing information about our business model and providing clients with a method to evaluate their true costs.
- We do not have revenue-sharing arrangements with our vendors. With active participation from our clients, we select the vendor based on their ability to produce the best outcome for them.

Innovative and Proactive

- CCMSI offers the industry's most innovative and progressive technology, bar none. Our customer dashboard makes client results accessible and visible, real-time—anytime.
- As a privately held boutique firm, we make decisions based first and foremost on what is right for our clients.
- Proactive communication with our clients is critical in ensuring they remain informed of all significant changes in their risk status.

Consistent and Flexible

- Client results are paramount. Our employees distinguish themselves by their dedication to achieving tangible results and creating true partnerships with our clients.
- To offer the highest quality service, we believe caseloads must be manageable. In keeping caseloads low, employees can focus on personally reviewing each bill, ensuring on-time payment, and aggressive case management. The result—reduced client costs.
- We follow client instructions and consider their preferences, executing their program with nimbleness and flexibility. There are no cookie-cutter plans here.

	CCMSI	Model 2	Model 3	Model 4	Model 5
Caseloads	Reasonable, low caseloads	Higher caseloads, high use of vendors	Higher caseloads, high use of vendors	Very high caseloads, very high use of internal support (e.g., nurse case managers)	Carrier-owned and -operated
Revenue-Sharing Model	No revenue sharing (allows for unbiased vendor selection)	Revenue sharing based on volume given to vendor	Revenue sharing based on volume given to vendor (may unbundle with turnkey program)	Revenue sharing based on volume given to vendor (can't unbundle without destroying their profit model)	Revenue sharing based on volume given to vendor (unlikely to unbundle, turnkey programs)
Adjuster Turnover	Very low, won't reassign based on client size	Higher, often moved to larger clients	Higher, often moved to larger clients	Not relevant, most work done by nurses	
Ability to Customize and Build Client-Centered Process	Boutique approach, model built on customization	Difficulty customizing, necessarily process-driven	Difficulty customizing, necessarily process-driven	Difficulty customizing, necessarily process-driven	Difficulty customizing, as claims management is not primary business
Profit Model	Claims Management Fees (easy for client to understand)	Low Claims Management fees, high revenue sharing, vertically integrated suppliers (difficult model to understand)	Low Claims Management fees, high revenue sharing, vertically integrated suppliers (difficult model to understand)	Very low Claims Management fees to acquire clients for company's main business (PPO)	Competitive Claims Management fees, profit is driven by insurance coverage fees
Allocated Loss Adjustment Expense Percentage	6-8%	13-17%	18-21%	24-27%	32+%

CLEAR Legal Bill Review

CCMSI's partnership with Bottomline Technologies, Inc. provides comprehensive litigation expense management with our legal bill review program, CLEAR (Comprehensive Legal Expense Analysis & Review). Through the industry's leading legal spend management service, our clients benefit from line-by-line reviews and best-in-class technology, ensuring billing guideline compliance. Features of CLEAR include:

- All legal costs are automatically submitted and tracked;
- All invoices are managed in a centralized location, improving consistency and processing times;
- All invoices are reviewed by Bottomline's U.S.-based expert attorney auditors, a team of highly trained professionals solely dedicated to legal bill review;
- Detailed legal spend reports, including firm performance; and
- Benchmarking across CCMSI's client base, including the ability to compare your program to other like programs to see how your results stack up.



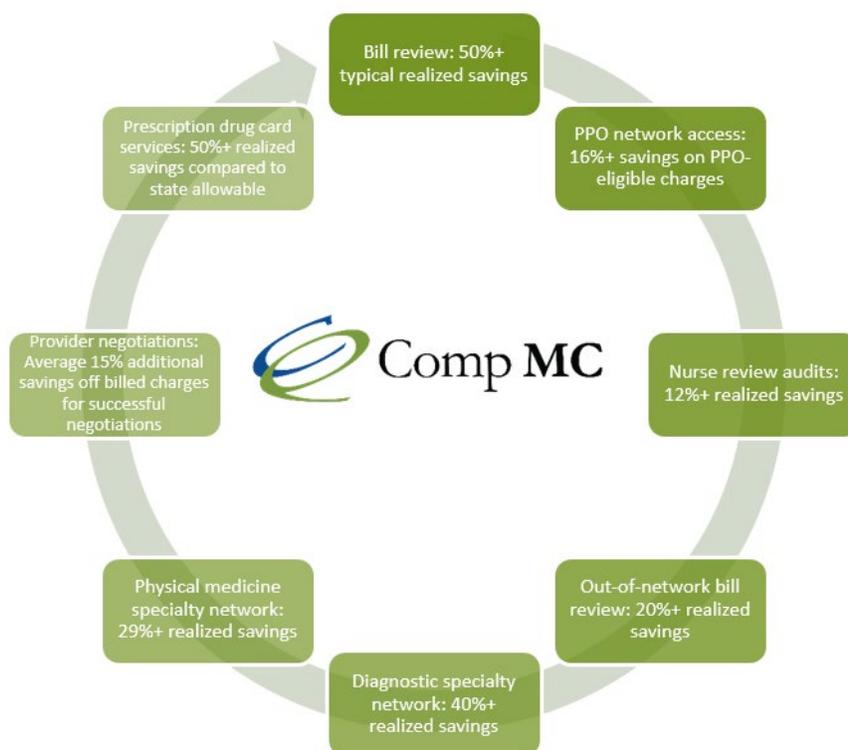
Benefits

- Electronic invoice submission and data collection;
- Ability to leverage data to make informed decisions, including strengthening our panel counsel and utilizing the right firms for your cases;
- Cost control and reductions as a result of billing guideline compliance (10% average savings for CCMSI clients over the last ten years);
- Reporting and analytics, including spend by firm and compliance; and
- Enables claims professionals to focus more time on settling claims.

Comp MC Managed Care

Managed care programs may appear the same—each claiming to deliver the best results. How they obtain those results, however, is unclear. Comp MC’s success is easy to understand, with superior results born out of a strong focus on and outstanding execution of several key areas:

- Robust, customized bill review services with our rules engine Pathways™;
- PPO mosaic approach;
- Out-of-network review services, ensuring maximum savings;
- Complete integration with claims system for review and reporting;
- Duplicate bill detection; and
- Ad hoc and custom reports available at any time.



Comp MC maximizes savings at every possible step during a claim’s lifecycle—from the initial report to the final payment. Bill review reductions are applied first to decrease the medical bill to the appropriate fee schedule or usual and customary charges; next, the custom-designed PPO mosaic strategy is utilized; and then, out-of-network specialty reviews, negotiations, nurse review audits, and retrospective specialty networks are implemented whenever possible.

Our Comp MC program is a flexible and transparent total managed care solution that improves bill results and generates substantial, measurable savings for our clients.

RMIS Technology

iCE (Internet Claims Edge), CCMSI’s trailblazing Risk Management Information System software, was designed to be flexible, user-friendly, and accessible. As with all our solutions, iCE is customizable and tailored to the client’s requirements. Through this web-based, mobile-friendly system, you can view each claim 24/7 in real-time by user-defined filters (including the type of claim and date of loss), at a high level or in detail, and include adjuster notes and bill images. This powerful claim analysis and reporting tool provides:

- **Initial Reporting** Create initial report forms online in iCE or send us claims via web service or through a custom-built interface. Offers industry-specific custom reporting, such as Accident Reports created specifically for our transportation clients.
- **Executive Summary Dashboard** View and customize a broad overview of your risk management analysis.
- **Claims Analysis** A powerful and flexible analytical tool that enables users to view claims in as little or as much detail as they wish.
- **MyReports** CCMSI's enterprise reporting engine offers countless possible data combinations for analysis. Reports can be exported to PDF or Excel, scheduled for systematic email delivery, or posted to iCE.
- **Comp MC** MyReports allows users to run managed care reports for Comp MC (CCMSI's managed care program) with the ability to choose any number of reports from our library, such as PPO penetration or savings by a specific location.
- **OSHA Reporting** Removes the need for duplicate data entry by compiling claims information recorded in the Initial Report to create OSHA 300 (Log), 300-A (Summary), and 301 (Incident Report) forms, which may be printed at any time for any location.
- **Claim Risk Assessment** Predictive modeling module that identifies claims with the potentiality of being higher risk, allowing for early intervention and better outcomes.
- **ClaimView** Mobile-friendly claimant portal for injured workers, allowing them to view their lost-time payments and active drug cards, upload photos of documents, and communicate with their adjuster.
- **Stewardship and Benchmarking** Utilizing historical trends and other benchmarking sources (such as WCRI and IDS), we perform regular and detailed analyses of our performance, providing clients with extensive metrics to drive the success of their claims management program.

Additional features of iCE include:

- Capability to receive data from a multitude of data sources;
- Password protection with varying levels of security access;
- Allows hierarchy of up to twenty-five levels to track data by state, department, etc.;
- Ability to create customized user fields;
- Ability to view adjuster notes by category, including summary, medical, litigation, reserves, etc.;
- Ability to generate state-specific First Reports of Injury and other state forms in PDF;
- Ability for clients to upload documents directly to the claim file/adjuster;
- Online medical bill and medical report viewing; and
- Predictive analytics that utilizes daily AI functionality to determine risk drivers, future treatments, and estimated financial incurred values.

Reporting Features:

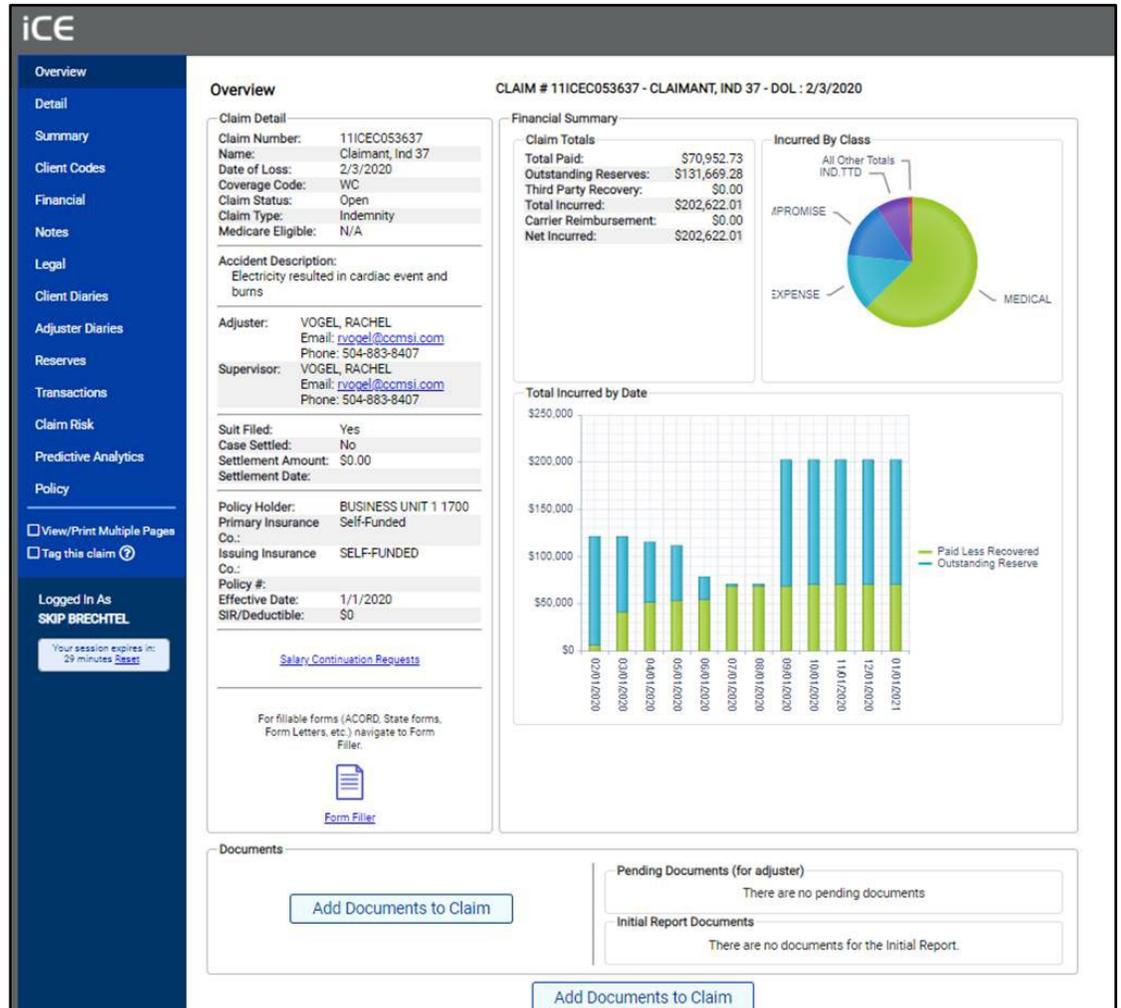
- Online access to standard monthly reports dating back twenty-four months;
- User-specific Executive Portal showing key data upon login;
- Dashboard functionality, customizable to user needs;
- Complete ad hoc reporting capabilities, including financial, claims detail, and loss control data;
- Summary and detail claim reporting with drill-down capabilities;
- Analytical tools, including historical and current period comparisons and various graphical presentations; and
- Cost-containment savings and fee reporting.

Access and Reporting Overview

Levels of access are assigned to the client’s designated employees, who can then review every aspect of the claim file from a selected group (e.g., department or division), a particular time frame, or the client as a whole. Client-specific reports, including loss, financial, and summary reports; monthly check registers; and monthly vendor payments, will be posted on the client’s iCE report tab and maintained in PDF format for a rolling twelve-month period.

Financial transaction screens list all payments made on a claim, along with detailed information and a link to scanned images of medical bills and reports, complete with commentary. Additionally, we offer as-of-date financial data with a simple calendar selector, allowing information rollback to a previous date.

The following screenshots display claim file categories and a navigational sidebar containing other available key elements for client review.



iCE

Overview CLAIM # 11ICE053637 - CLAIMANT, IND 37 - DOL : 2/3/2020

Overview

Claim Detail

Claim Number:	11ICE053637
Name:	Claimant, Ind 37
Date of Loss:	2/3/2020
Coverage Code:	WC
Claim Status:	Open
Claim Type:	Indemnity
Medicare Eligible:	N/A

Accident Description:
Electricity resulted in cardiac event and burns

Adjuster: VOGEL, RACHEL
Email: rvogel@ccmsi.com
Phone: 504-883-8407

Supervisor: VOGEL, RACHEL
Email: rvogel@ccmsi.com
Phone: 504-883-8407

Suit Filed: Yes
Case Settled: No
Settlement Amount: \$0.00
Settlement Date:

Policy Holder: BUSINESS UNIT 1 1700
Primary Insurance: Self-Funded
Co.:
Issuing Insurance: SELF-FUNDED
Co.:
Policy #:
Effective Date: 1/1/2020
SIR/Deductible: \$0

[Salary Continuation Requests](#)

For fillable forms (ACORD, State forms, Form Letters, etc.) navigate to Form Filler.

[Form Filler](#)

Financial Summary

Claim Totals	
Total Paid:	\$70,952.73
Outstanding Reserves:	\$131,669.28
Third Party Recovery:	\$0.00
Total Incurred:	\$202,622.01
Carrier Reimbursement:	\$0.00
Net Incurred:	\$202,622.01

Incurred By Class

All Other Totals
IND.TTD

MPROMISE

EXPENSE

MEDICAL

Total Incurred by Date

\$250,000

\$200,000

\$150,000

\$100,000

\$50,000

\$0

02/01/2020 03/01/2020 04/01/2020 05/01/2020 06/01/2020 07/01/2020 08/01/2020 09/01/2020 10/01/2020 11/01/2020 12/01/2020 01/01/2021

— Paid Less Recovered
— Outstanding Reserve

Documents

[Add Documents to Claim](#)

Pending Documents (for adjuster)
There are no pending documents

Initial Report Documents
There are no documents for the Initial Report.

[Add Documents to Claim](#)

ice
CLAIM # 11ICEC053637 - CLAIMANT, IND 37 - DOL : 2/3/2020

Overview

Detail

Summary

Client Codes

Financial

Notes

Legal

Client Diaries

Adjuster Diaries

Reserves

Transactions

Claim Risk

Predictive Analytics

Policy

View/Print Multiple Pages

Tag this claim

Logged In As
SKIP BRECHTEL

Your session expires in:
29 minutes [Reset](#)

Claim

Status: Open	TCM: ()
Coverage Code: WC	Claim Source: ICEBar
Claim Type: Indemnity	Claim Denied: N
Date Claim Closed: N/A	Claim Risk Level: N/A

Claimant

Name: Claimant, Ind 37	Address: 527 Pine St
Home Phone: 555-555-5555	Sacramento, CA 94203
Mobile Phone:	United States
Personal Email:	

Employee

Date Of Hire: 3/23/2016	Job Class: 9403 - GARBAGE COLLECTION AND DRIVERS
TTD Rate: \$573.72	Avg Weekly Wage: \$860.14
Job Title (Carrier):	PPD Rate: \$430.29

Incident

Date Of Loss: 2/3/2020	Time of Injury: 10:15
Loss Type: ELECTRICAL SHOCK	Body Part: HEART
Cause Code: STRIKING AGAINST/OBJECT LIF/HAN	Entry Date: 2/3/2020 12:00:00
Description: Electricity resulted in cardiac event and burns	State Claim Number:

Codes

Department: BUSINESS UNIT 1 1700	Division: CALIFORNIA OPERATIONS
Departments: WEST	Accident Location:
Sub-Department: SAN DIEGO	
Area: COMMERCIAL	
Job Title: DRIVER	

Contacts

	Date	UserID	Comments
Employee:	7/27/2020	KBRECHTEL	Obtained recorded statement 6-6-11
Employer:	7/27/2020	KBRECHTEL	Referred to contact for further specific information from GM
Medical:	7/27/2020	KBRECHTEL	Spoke with doctor

Timeline

Date Of Loss: 2/3/2020

Claimant Report Date: 2/3/2020

Claim Entry Date: 2/3/2020

Date Opened: 2/3/2020

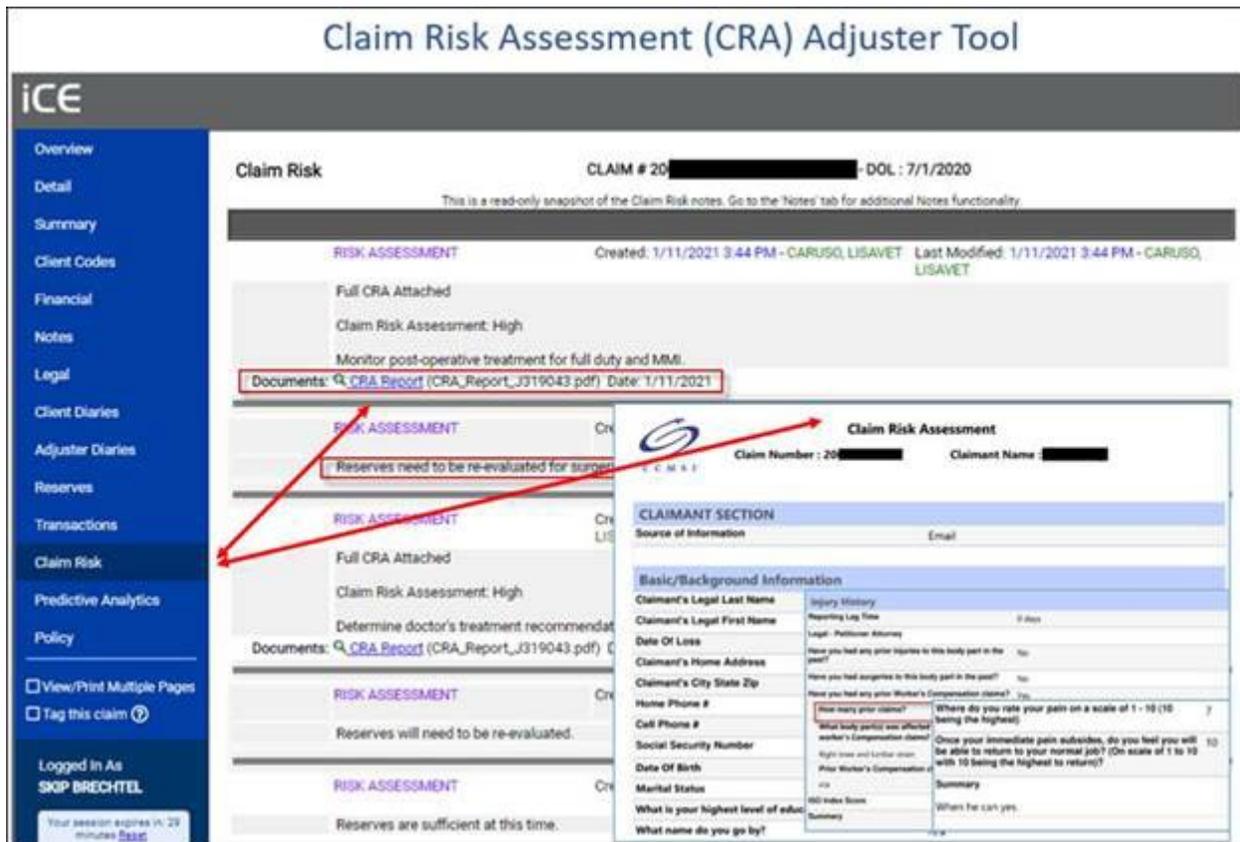
Indemnity Date: 10/15/2020

CCMSI clients can filter claim information by numerous data fields, including date of loss, claimant name and/or Social Security Number, claims denied, and total incurred over a specific dollar amount. Once the client locates the desired claim, they can view and download information, such as claim status (i.e., open, closed, pending); a detailed summary of claim facts and information; employment information (e.g., average weekly wage and PPD rate); as well as all adjuster log notes, including action plan/diary review, settlement evaluation, and summary of medical treatment and case management activity.

In addition, clients can quickly view financial transactions and analyses, including detailed payments, medical invoices, and charts to provide a comprehensive and visual breakdown of claim reserves and reserve development.

CCMSI Claim Risk Assessment (CRA) and Gradient AI Daily Claim Scorecard

CCMSI understands early identification and intervention of potential high-risk claims can deliver dramatic cost-savings benefits to our clients. Since 2015, we have utilized the Claim Risk Assessment (CRA) Adjuster Tool, a customized in-house claim scoring system to classify indemnity claims as potential high, moderate, or low risk. The scoring system captures seventy-five data fields, such as comorbidities, distance to a doctor, claimant’s probability of returning to work, prior surgeries, etc. (Note: A complete list is available upon request.)

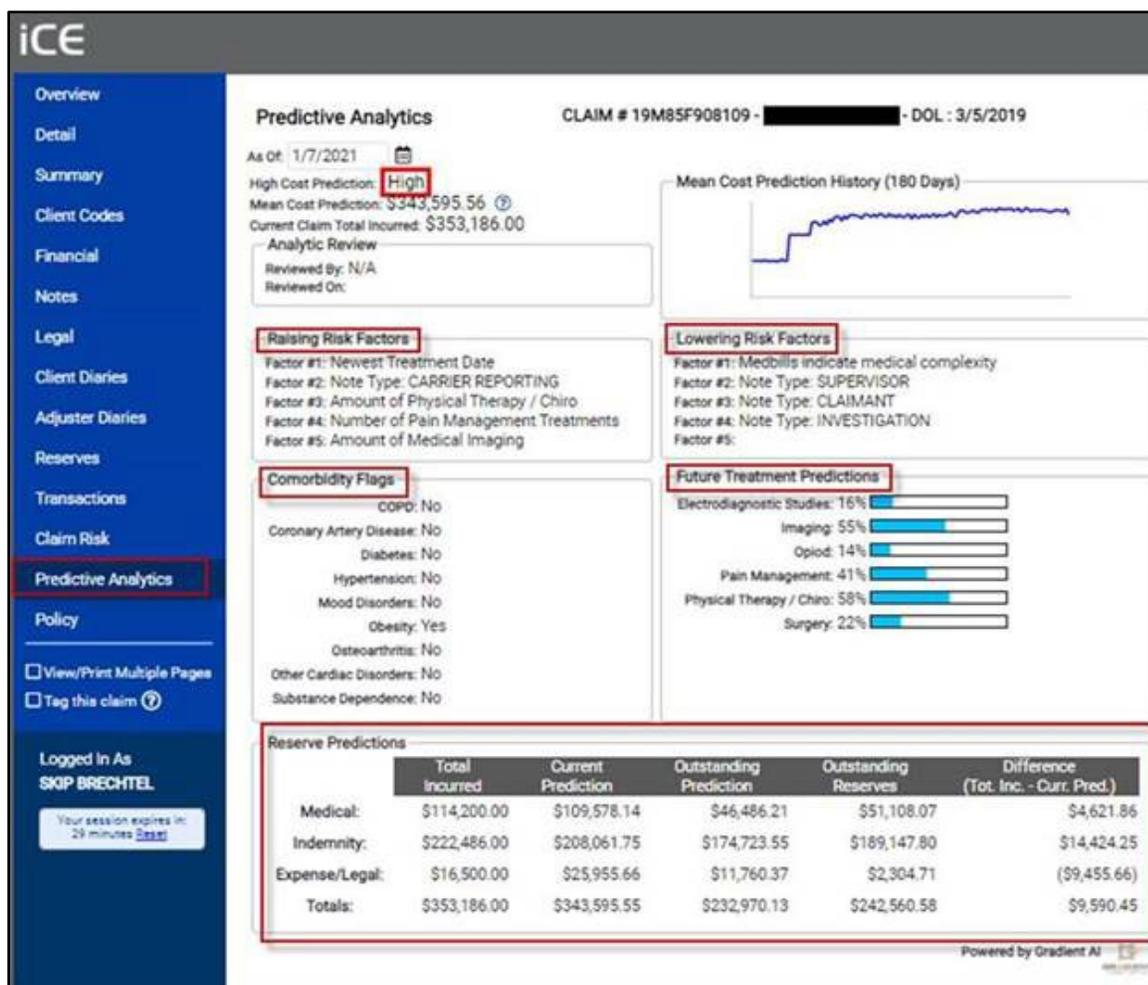


CCMSI selected Gradient AI as its claim artificial intelligence partner in the First Quarter of 2019 and now utilizes its AI product to score all indemnity and medical-only claims each night. Gradient currently uses over forty million workers' compensation claims and additional third-party datasets to perform daily analysis, proving to be highly successful in identifying claim drivers and costs early on.

Each evening, CCMSI transmits all claims data fields in our system to Gradient AI, including transactions, adjuster notes, medical bills, prescriptions, and our claim risk assessment fields. Gradient then scores the claims and provides CCMSI with the following information:

- Risk classification of *High*, *Medium*, or *Low* of a claim being high cost;
- Total incurred predication through GAI models versus current CCMSI adjuster incurred value;
- Treatment predictions (e.g., surgery, PT, electrodiagnostic, imaging, opioids, pain management);
- List of all comorbidities; and
- List of factors impacting the claim cost (e.g., legal, return to work, future medical).

The screenshot below illustrates how this is depicted in our clients' ICE portals:



Predictive Analytics CLAIM # 19M85F908109 - [REDACTED] - DOL : 3/5/2019

As Of: 1/7/2021

High Cost Prediction: **High**

Mean Cost Prediction: \$343,595.56

Current Claim Total Incurred: \$353,186.00

Analytic Review
Reviewed By: N/A
Reviewed On:

Raising Risk Factors

- Factor #1: Newest Treatment Date
- Factor #2: Note Type: CARRIER REPORTING
- Factor #3: Amount of Physical Therapy / Chiro
- Factor #4: Number of Pain Management Treatments
- Factor #5: Amount of Medical Imaging

Lowering Risk Factors

- Factor #1: Medbills indicate medical complexity
- Factor #2: Note Type: SUPERVISOR
- Factor #3: Note Type: CLAIMANT
- Factor #4: Note Type: INVESTIGATION
- Factor #5:

Comorbidity Flags

- COPD: No
- Coronary Artery Disease: No
- Diabetes: No
- Hypertension: No
- Mood Disorders: No
- Obesity: Yes
- Osteoarthritis: No
- Other Cardiac Disorders: No
- Substance Dependence: No

Future Treatment Predictions

- Electrodiagnostic Studies: 16%
- Imaging: 55%
- Opioid: 14%
- Pain Management: 41%
- Physical Therapy / Chiro: 58%
- Surgey: 22%

Reserve Predictions

	Total Incurred	Current Prediction	Outstanding Prediction	Outstanding Reserves	Difference (Tot. Inc. - Curr. Pred.)
Medical:	\$114,200.00	\$109,578.14	\$46,486.21	\$51,108.07	\$4,621.86
Indemnity:	\$222,486.00	\$208,061.75	\$174,723.55	\$189,147.80	\$14,424.25
Expense/Legal:	\$16,500.00	\$25,955.66	\$11,760.37	\$2,304.71	(\$9,455.66)
Totals:	\$353,186.00	\$343,595.55	\$232,970.13	\$242,560.58	\$9,590.45

Powered by Gradient AI

CCMSI adjusters, supervisors, and account managers use this information as an additional tool in the claim's assessment and discussions with the client.



Recommended Interventions Dashboard View

Day 25

Date: [Date Range] Claim Number: 0007890

Intervention	Recommendation	Intervention	Recommendation
FCM:	High	Rx Utilization Review:	High
TCM:	Low	Cost Benefit Assessment:	\$12,667
Cost Benefit Assessment:	\$31,038	Medical Records Review:	Low
		Cost Benefit Assessment:	--

Interventions:

- NCM
- IME
- RX Utilization
- Settlement
- Subrogation
- MSA

Phase Two of the Gradient AI product will provide our claims team and clients with additional claim intervention information, which can be utilized to assist with recommended interventions in six key areas: NCM, IME, Rx utilization, settlement, subrogation, and MSA.

CCMSI is currently working with Gradient AI on the following additional predictive models:

- Evaluation of medical-only claims that will convert to indemnity claims;
- Evaluation of claims that will have attorney representation;
- Estimated average duration of lost days;

- Medical providers with best outcomes; and
- PT scorecard and analytic status of claimant physical therapy progress.

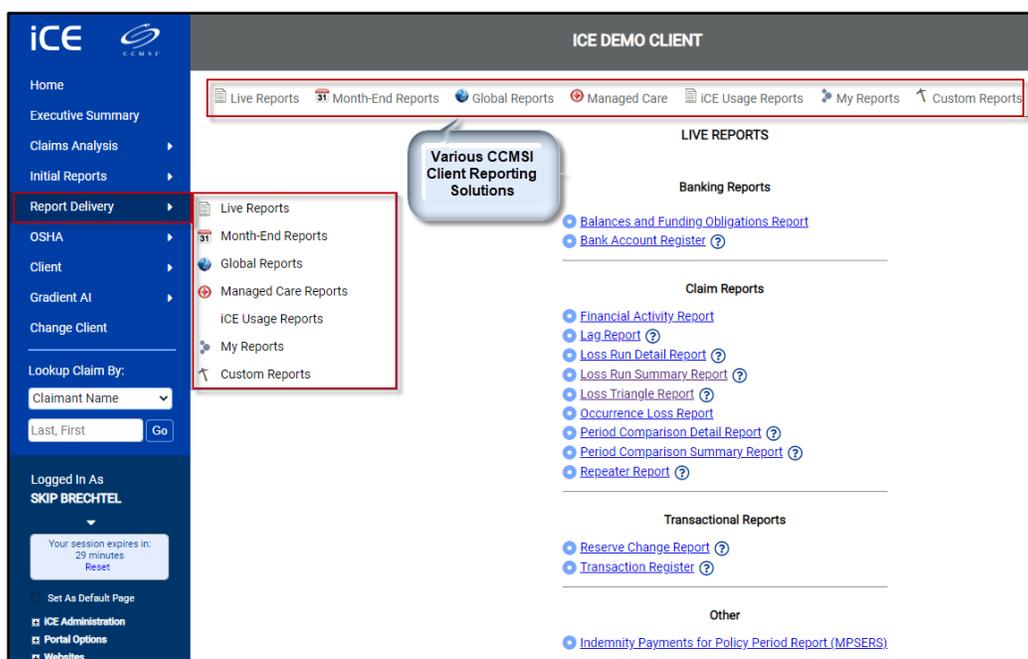
Reports

CCMSI's iCE (Internet Claims Edge) risk management system is designed to provide our clients with timely, accurate, and robust data. Users can easily retrieve claims and loss control data via standard and ad hoc online reports as high-level or as detailed as they choose.

- **Standard Reports** Over the years, CCMSI has developed a catalog of over four hundred reports based on specific client requirements, including detailed claim information, summary (at various reporting levels), check and payment registers, and loss ratio (by desired operating levels). These static reports are posted online within five business days and available 24/7 within iCE.
- **Ad hoc reporting** Our clients can generate a wide array of valuable ad hoc reports with the opportunity to sort and categorize by various fields and data. Analytics, such as charts and graphs, are provided.
- **Special Customized Reports** On the rare occasion a client's reporting needs cannot be met by our catalog of standard or ad hoc capabilities, we can custom design and develop reports to fit their precise needs. Our standard fee is \$150/hour for development; however, if the custom report requests are minimal, they will most likely be free of charge.

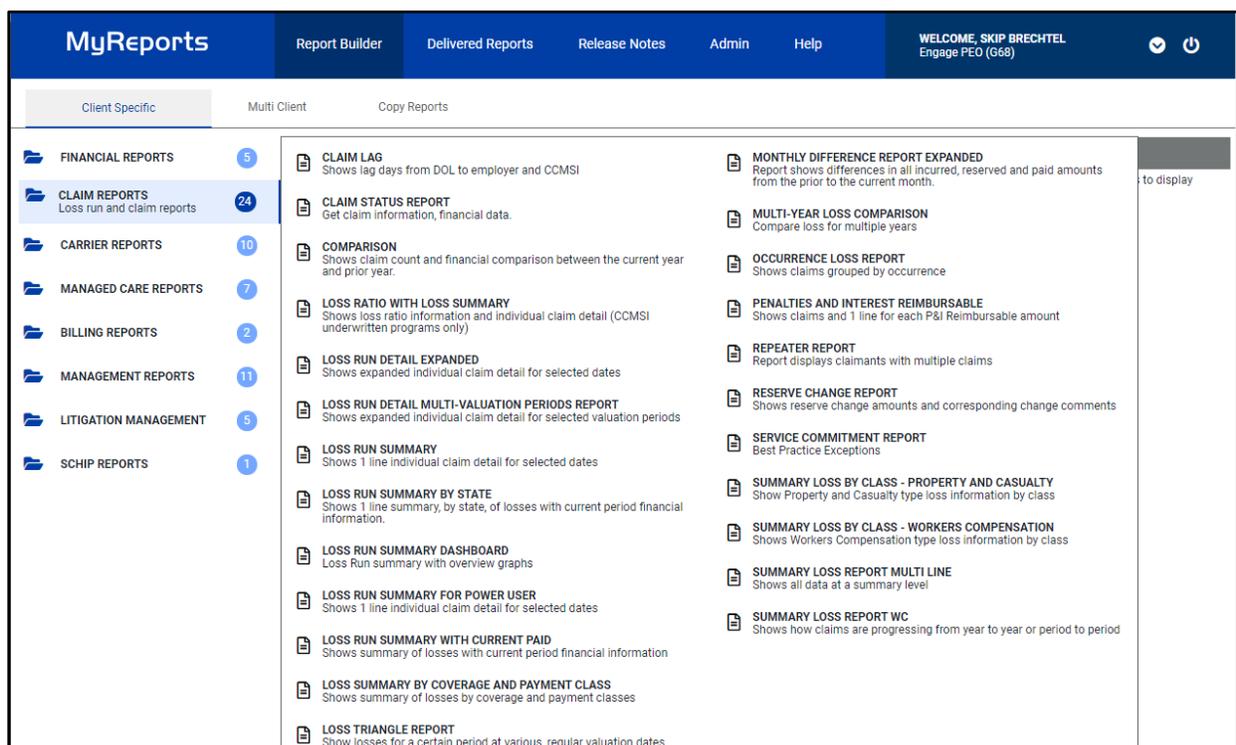
- **Live Reports**

This feature provides our clients' thirteen most commonly used reports, including detail and summary loss runs, comparative periods, loss triangles, and reserve change reports. These reports can be generated with user-selected periods and as-of dates.



The screenshot displays the iCE DEMO CLIENT interface. On the left is a navigation sidebar with a 'Report Delivery' dropdown menu that is open, showing options: Live Reports, Month-End Reports, Global Reports, Managed Care Reports, ICE Usage Reports, My Reports, and Custom Reports. A callout box points to this menu with the text 'Various CCMSI Client Reporting Solutions'. The main content area shows a breadcrumb trail: 'Live Reports > Month-End Reports > Global Reports > Managed Care > ICE Usage Reports > My Reports > Custom Reports'. Below this, the 'LIVE REPORTS' section is visible, categorized into: Banking Reports (Balances and Funding Obligations Report, Bank Account Register), Claim Reports (Financial Activity Report, Lag Report, Loss Run Detail Report, Loss Run Summary Report, Loss Triangle Report, Occurrence Loss Report, Period Comparison Detail Report, Period Comparison Summary Report, Repeater Report), Transactional Reports (Reserve Change Report, Transaction Register), and Other (Indemnity Payments for Policy Period Report (MPSERS)).

- **MyReports** MyReports allows the client to build a customized loss run with over three hundred fields from which to choose. This report can be scheduled to run automatically and regularly, then emailed in PDF or Excel or posted to iCE. Our customer service team is available to assist in creating these reports.



Talent Acquisition and Culture

Ensuring we have a positive work environment is essential to CCMSI’s success and future growth. Our unique culture guarantees we attract and retain the highest quality employees and maintain the lowest turnover percentage in the industry.

CCMSI utilizes a variety of strategies to source talent, build bench strength, and retain our workforce. At CCMSI, staffing a new account begins well before the contract is awarded. We proactively recruit, develop, onboard, continually train, and ultimately retain valued team members to serve our clients’ needs.



CCMSI accomplishes this through:

- CCMSI LevelUP Career Pathways Program, established to develop and train associates for adjuster roles;
- Ongoing corporate training;

- Sourcing passive candidates on Indeed and LinkedIn; and
- Maintaining a presence at tradeshow and job fairs.

The Cornerstones of CCMSI's Culture

Team Member Ownership As a 100% employee-owned company, each CCMSI team member is a vested owner, recognizing that the way to drive value in our company is to continue providing exceptional service to our clients.

Manageable Caseloads and Claims Support One of the ways we attract the best adjusters in the industry is by offering manageable caseloads (on average: 125 indemnity/225 medical-only files for workers' compensation adjusters and 125 liability files for liability adjusters) and robust administrative support. Manageable caseloads permit their focus to remain on assisting the injured worker or claimant return to health and, as a result, closing claims swiftly and driving down our client's cost of risk.

Flexibility We offer our adjusters flexible work schedules and work-from-home opportunities to allow for overall balance and growth as professionals and individuals.

These cornerstones create and foster a culture that attracts the highest caliber team members focused on superb client service.

CCMSI

Tab 4 – Claim Administration Capabilities

Tab 4 – Claim Administration Capabilities

This tab should provide a full description of the Contractor’s claim administration capabilities, including a list of all claim offices currently in operation in Illinois. This tab should describe all available options for claim reporting and claim acknowledgment for both Workers’ Compensation and Risk Management general liability claims. This tab should provide a list of municipal cities in Illinois and years of affiliation with the municipalities. Additionally, please provide the following information:

CCMSI has extensive experience and success delivering claims management solutions to self-insured and governmental entities similar to the City, currently serving over five thousand public entities. At present, over 95% of our clients are self-insured organizations and public entities, comprising the largest entity class in our organization.

Within the State of Illinois, CCMSI has claims offices in Danville, Chicago, and Lisle.

We recognize governmental entities have sophisticated risk management needs, and thus high and unique expectations. In such programs, the impact of claims handling, litigation, and subrogation to the self-insured organization is magnified, given all claims are paid directly by the client. Attention to detail and process is imperative for governmental entities, as all expenditures involve strict budgeting and public scrutiny. Our TPA model serves the complexities of governmental entities by delivering aggressive management, a high level of communication, and meticulous, client-specific processes.

CCMSI has a thorough understanding of the various risks facing public entities, such as the diversity of exposure from law enforcement, firefighting, judges, healthcare, and volunteer and administrative positions. Each of these roles, from heavy physical trades to administrative functions, require a varying approach to both claims handling and return-to-work programs.

Unionized employees, such as police or fire fighters, may also require additional coordination with a city or county to accommodate benefit payments specific to union contract requirements. CCMSI adjusts work diligently to create open lines of communication with all involved parties in claim resolution efforts.

Our Illinois public entity clients include:

CLIENT NAME	INCEPTION DATE
BLOOMINGTON PUBLIC SCHOOL DISTRICT #87	6/1/2009
CHA/PMIP	7/1/2004
CHAMPAIGN UNIT SCHOOL DISTRICT #4	6/30/1991
CHICAGO PARK DISTRICT	6/1/2016
CHICAGO PUBLIC SCHOOLS	7/1/2008
CHICAGO PUBLIC SCHOOLS-WC	1/1/2016
CITY OF BLUE ISLAND	9/1/2021
CITY OF CALUMET CITY	11/14/2003
CITY OF CHAMPAIGN	1/1/1985
CITY OF CHICAGO	7/1/2008
CITY OF CHICAGO GL	11/12/2020
CITY OF EAST MOLINE	3/1/2020
CITY OF EVANSTON	3/1/2009

CITY OF HARVEY	8/14/2020
CITY OF MARKHAM GL	12/1/2023
CITY OF PARK RIDGE	9/1/2023
CITY OF URBANA	11/1/1993
CITY OF WHEATON	11/1/2009
COOK COUNTY	12/13/2010
COUNTY OF KANE	12/1/2011
DANVILLE DISTRICT #118 SCHOOLS	10/24/2004
EAST AURORA SCHOOL DISTRICT #131	7/1/2015
GRUNDY COUNTY INSURANCE TRUST	1/1/1988
ILLINOIS MUNICIPAL LEAGUE RISK MANAGEMENT ASSOC.	1/1/1981
ILLINOIS PUBLIC RISK FUND	12/15/2008
ILLINOIS PUBLIC TRANSIT RISK MANAGEMENT ASSOCIATIO	4/1/2007
LASALLE COUNTY INSURANCE TRUST	11/16/2004
MCLEAN COUNTY UNIT DISTRICT	7/1/2006
MCMRMA	7/1/2008
SECONDARY SCHOOL COOPERATIVE RISK MANAGEMENT PROG	7/1/2017
SOUTHWEST AGENCY FOR RISK MANAGEMENT	7/1/2005
SPRINGFIELD PUBLIC SCHOOLS DISTRICT #186	3/1/2007
TOWNSHIP OFFICIALS OF ILLINOIS RMA	6/1/1986
URBANA SCHOOL DISTRICT #116	6/30/2002
VERMILION COUNTY	12/1/1994
VILLAGE OF BELLWOOD	12/1/2010
VILLAGE OF BOLINGBROOK	5/1/2003
VILLAGE OF DOLTON	1/1/2008
VILLAGE OF GLENVIEW	1/15/2011
VILLAGE OF LOMBARD	1/1/2023
VILLAGE OF PALATINE	12/31/2007
VILLAGE OF ROSEMONT	1/3/2005
VILLAGE OF SCHAUMBURG	10/1/2014
VILLAGE OF UNIVERSITY PARK	12/16/2017
VILLAGE OF WHEELING	12/31/2022

Claims Reporting:

Qualified claim professionals will review and evaluate all FNOLs on a daily basis and make assignments to appropriate levels of staff. Indemnity/questionable/complex medical claims will be input and activated within one business day of the first notice of injury. Medical only claims will be input, activated, and claims management initiated within two business days of the first notice of injury. All property and casualty claims will be input and activated within one business day of the first notice of claim.

800 Capability We partner with Navex to provide this service and script intake questions to suit client needs. 24/7 capability of this service may be utilized at an additional fee.

Phone, Email & Facsimile Accepted by our local office location during regular business hours (8:00 a.m. to 4:30 p.m. local standard time).

Online the City can report claims 24/7 via iCE, our proprietary state-of-the-art internet claims analysis

and reporting tool. The *Initial Report* section of iCE allows users to create an Initial Report Form in accordance with state guidelines. Once submitted, the claim supervisor is immediately notified and a claim number is automatically assigned and viewable in iCE. The submitted data populates our proprietary claims system in real time, enabling our claim adjusters to begin working your new claims immediately.

the City will have the ability to view and recall all completed, uncompleted, or report-only forms, which can be generated in PDF format. Based on your needs, this search feature may be expanded from viewing the most recent ten to all of your filed reports.

Corporate Claims Best Practices Executive Summary

This Executive Summary is intended to provide a brief, yet meaningful overview of CCMSI's general philosophies and claim handling best practices applicable to the most important components of claims management.

Our claim professionals have received extensive training and resources to confirm their understanding of these Best Practices, and are audited annually to assure compliance with them, our service commitments, and client-specific instructions.

1. First Notice of Loss (FNOL)

- All FNOLs will be date-stamped and reviewed by a qualified claim professional immediately upon receipt.
- Information contained in the FNOL will be used as the basis for the initial instructions, investigation, and reserves assigned to each file.
- EDI requirements of mandated states will be satisfied.

2. Coverage

- Coverage for every type of claim will be confirmed and documented prior to payment of any claim.
- If coverage cannot be confirmed within ten (10) business days from receipt of FNOL, claim log notes will be documented to reflect the issue and intended course of action to resolve the coverage question.
- Other carriers or parties who may have defense or indemnity obligations to our clients will be identified and pursued.

3. Initial Contact

- Workers' Compensation. On indemnity claims, contact with the employer, claimant, and medical provider will be attempted within two (2) business days from receipt of FNOL.
- Workers' Compensation. On medical only claims, the need for and type of contact with the employer, claimant, and medical provider will be at the discretion of the CCMSI claim professional. This decision will depend upon the nature and complexity of each individual claim.
- Property Damage. On first-party property claims, the insured will be contacted within two (2) business days from receipt of FNOL. On third-party claims, the insured and claimant will be contacted within two (2) business days from receipt of FNOL.

- Other Injury Claims. On all other injury claims, the insured and claimant will be contacted within two (2) business days from receipt of FNOL.
- Failed contact attempts will be followed within three (3) business days until complete or deemed that additional efforts would not be successful.
- Catastrophic Claims. On all catastrophic claims, immediate contact will be made with the employer, claimant, medical provider, and excess/reinsurance carrier, as appropriate. When appropriate, immediate assignment will also be made to a catastrophic medical case management professional.

4. Claim File Documentation

- Documentation will be meaningful, clear, and concise.
- Statutory forms will be completed accurately and timely. Log notes will be documented to show compliance with statutory or regulatory requirements.
- Adherence with all special handling requirements and client instructions will be timely. Documentation of compliance will be evident in the log notes.
- Log notes will be promptly documented with a meaningful summary of all correspondence and important information.
- A Claim Summary will be documented and periodically updated for all claims that are not medical only claims.
- Files will contain an Action Plan, which will outline the facts of the case and the intended strategy to bring the claim to conclusion. Action Plans will be revised periodically by the claim professional as the claim progresses and new or additional information becomes available.
- All files will be managed in compliance with applicable privacy standards.

5. Investigation

- A complete investigation of each claim will be made within ten (10) business days from receipt of FNOL.
- Each investigation will be thorough enough to justify acceptance or denial of liability or compensability on behalf of our clients.
- Workers' Compensation. Compensability determination will be made within ten (10) business days from receipt of FNOL. If this guideline cannot be met, appropriate documentation and action plan is required.
- Property/Casualty. Liability determination will be made within thirty (30) business days from receipt of FNOL. If this guideline cannot be met, appropriate documentation and action plan is required.
- All claims involving subrogation, salvage, or SIF potential will be investigated, acted upon, monitored, and documented by the claim professional.
- All claims will be monitored for possible fraud. If applicable, claims will be handled in compliance with state fraud requirements and/or referred to CCMSI's Special Investigation Unit, *FRAUD IDENTIFICATION RECOVERY EDGE (FIRE)*.
- All indemnity and third-party injury, fraud, and high-loss property claims will be indexed upon initial receipt of the FNOL. Workers' Compensation claims will receive auto index updates for the first year and open claims will be re-indexed every six (6) months until the claim is settled or closed. Property / Casualty claims listed above will be indexed upon receipt and re-indexed every six (6) months until the claim is settled or closed. Indexing will be in compliance with all applicable federal requirements.

- All WC indemnity claims will have a claim risk assessment completed and a risk assessment score as low, moderate, or high.

6. Reserve Philosophy

- All claims will carry reserves that reflect the expected financial result of each claim. The expected financial result will be factually based and reflect the total probable payment obligation of our client.
- An initial reserve will be established within ten (10) business days from receipt of FNOL.
- Reserves will be adjusted within ten (10) business days of the claim professional receiving new information that materially changes the exposure of the claim. Some examples of new information that may require a reserve change include a change in the claimant's medical condition, TTD benefits being extended longer than expected, permanency factor changes, claim resolution strategy changes, etc.
- The adequacy of reserves will be reviewed every thirty (30) to ninety (90) days at each adjuster and supervisor diary.
- Upon reserve changes, the log notes will be documented with the information and rationale for the change.

7. Medical & Disability Management

- Our claim professionals will facilitate the earliest possible return to work or maximum medical recovery.
- Transitional work opportunities will be vigorously pursued with the employer and medical provider.
- All appropriate value-added medical case management services will be utilized in order to promote quality care, achieve optimum utilization of services, and avoid any unnecessary, inappropriate, or duplicate services or costs. The claim file will reflect a proactive and continuous effort to confirm that medical treatment being rendered or recommended is appropriate for the injury.
- Medical records will be secured throughout the life of the file to support bill payments and justify temporary total disability payments.
- Log notes will be updated on a regular basis to document the claimant's diagnosis, prognosis, medical treatment plan, and return-to-work strategy.
- Our claim professionals will schedule and coordinate Independent Medical Exams with a physician in the appropriate specialty. Timely written notification will be issued to the claimant and assigned physician.
- Our claim professionals will utilize aggressive managed care and cost containment strategies and techniques to mitigate our client's medical costs in conjunction with CCMSI's managed care program, *Comp MC™*.

8. Claim Supervision

- Claim files will reflect meaningful supervisor involvement pursuant to the claim professional's skill and authority level.
- Initial and follow-up supervisory instructions will reflect guidance and specific directions to the claim professional commensurate with claim complexity and skill level of the claim professional.

- Supervisors will carry diaries commensurate with the complexity of the claim and skill level of the claim professional.

9. Claim Payments

- All bills will be reviewed and approved by the designated claim professional within ten (10) business days from receipt.
- All appropriate bills will be paid within thirty (30) business days from receipt unless there is a dispute, pending investigation, or additional information is needed.
- TTD and PPD payments will be made timely in accordance with jurisdictional requirements.
- A summary of each indemnity payment will be automatically generated to the claim notes.
- Payments will be made in strict compliance with authority levels agreed upon with the client.
- Internal security will exist that prohibits a single claim professional from approving, executing, and releasing payment of the same bill.
- All overpayments will be noted in the misc. screen until fully recovered.

10. Litigation Management

- Our claim professionals have ultimate accountability for all litigation activities.
- Our claim professionals will direct and monitor defense counsel activities.
- Legal bills will be closely reviewed to confirm charges are appropriate and substantiated before payment.
- Our claim professionals will maintain regular contact with the claimant's attorney to achieve a prompt resolution of the claim.
- Our claim professionals will discuss and develop a defense strategy plan with defense counsel and update this plan when the situation dictates a change.
- When appropriate, a defense budget for costs and expenses will be developed and updated.
- On appropriate cases, arbitration or mediation will be utilized in an effort to save costs and achieve prompt settlements.

11. Carrier Reporting

- Claims that meet carrier reporting criteria will be reported timely in compliance with established requirements.
- After initial reporting, our claim professionals will provide periodic updates to the carrier as the claim develops.
- Our claim professionals will work closely with designated claim professionals from carriers to achieve a prompt and appropriate resolution to applicable claims.
- Specific and aggregate recoveries will be obtained from appropriate carriers in compliance with policy terms.

12. Fraud/SIU

- All potential fraud issues must be documented in log notes.
- When fraud indicators are present, the designated claim professional shall consider a referral to CCMSI's fraud program, FIRE (Fraud Identification Recovery Edge).

13. Medicare Compliance

- Our claim professionals are responsible for compliance with Mandatory Insurer Reporting (MIR) and Medicare Secondary Payer (MSP) compliance.
- Medicare Query Function (MQF) is performed immediately on all workers' compensation claims to determine Medicare eligibility. The MQF is performed on all liability claims upon verification and receipt of the mandatory *Big Five* data elements.
- All claims meeting the Mandatory Insurer Reporting criteria will be reported quarterly under the appropriate RRE.
- Adjusters will conduct Conditional Payment Research (CPR) and satisfy any related Medicare liens prior to any settlement, judgment, or award.
- Prior to any settlement on all cases involving a Medicare beneficiary, adjusters will determine judgment or award if Medicare has a legitimate secondary payer interest. Where Medicare has an interest as the secondary payer, the adjuster is responsible for demonstrating Medicare's interest was considered.

CCMSI

Tab 5 – Staffing

Tab 5 – Staffing

This tab must provide a full description of how claim offices are organized and staffed along with a description of national services available and how they interface with local claim offices. This tab must include the resume of the individual who will serve as the overall account coordinator for the City of Aurora’s account.

CCMSI operates thirty-four offices across the country and is comprised of three regions, each led by a regional vice president (RVP), who reports to Chief Operating Officer Rod Golden. A state director or branch manager (who reports to the RVP) leads each office. Within each office, the claim assistants, administrative assistants, and adjusters report to a claim supervisor, who reports to the branch manager. Each client is assigned an account manager, who reports to either the state director or, on larger accounts, the RVP or COO.

CCMSI’s flat organizational structure is influenced by our desire to provide our clients with the highest level of customer service. This framework allows us to be nimble in our ability to make decisions quickly regarding our clients and programs and facilitate communication efficiently. Each office and designated Client Service Team has the authority to tailor our services to meet the specific needs of our clients, with resources and support provided first at the local or branch level.

CCMSI’s service model is built around an interconnected team concept, with the entire team becoming familiar with the City’s personnel and service requirements, working collectively to meet your needs. CCMSI’s supervisor to adjuster ratio is one to five, with your designated team consisting of the following positions/functions:

- Branch Manager: responsible for corporate oversight and supervision;
- Account Manager: responsible for translating client’s specific needs into operational processes and assuring we are meeting those needs at all times;
- Claims Supervisor: responsible for claims supervision and claims handling for high exposure cases;
- Liability Claims Adjuster: responsible for claims handling for liability, contested, and litigated cases;
- Indemnity Claims Adjuster: responsible for claims handling for lost time, contested, and litigated cases;
- Medical Only Claims Adjuster: responsible for claims handling for those requiring only medical treatment; and
- Claims Assistant: responsible for claims input and administrative support of team.

i. Would an Account Executive be assigned as the primary contact on items not directly related to specific claims?

Yes.

ii. In the past two years, what percentage of employee turnover has your firm experienced for the office that will be handling the City’s claims?

Our Lisle, Illinois office has had the following employee turnover:

2023: 6.5%

2022: 6.8%

2021: 2.6%

iii. What is the anticipated case load of open files that would be managed by examiners assigned to this account?

CCMSI differs from other TPAs in that we understand the value of assigning our claim representatives manageable caseloads, enabling them to be both more productive and proactive. When allocating, we take into account jurisdiction variance, experience level, and lines of coverage being handled.

Assignments depend upon several factors, including total number of claims, type of claims being handled, number of new claims received monthly, number of claims closed monthly, severity/complexity of claims, claim representative’s level of experience, and the City’s claim handling/reporting requirements.

The average caseload for workers’ compensation claims representatives is:

- Indemnity: 125 (maximum 150)
- Medical Only: 250 (maximum 275)

The average caseload for liability claims representatives is:

- Property Damage Liability: 100-125 (maximum 125)
- Bodily Injury Liability: 90-110 (maximum 125)

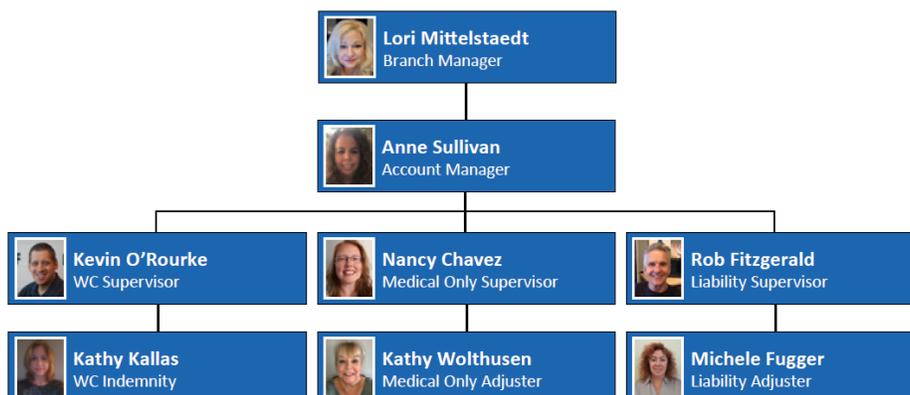
Account managers run caseload reports on a monthly basis to verify claims representatives are not consistently above the average caseload standard. If an adjuster’s caseload is too high, we will reassign files and add client service team members as needed. CCMSI recognizes a commitment to a manageable caseload is a key component of client service and customer satisfaction.

iv. Are your claim representatives “on call” 24 hours per day?

The assigned Account Manager will be on call 24 hours per day. The City will have their cell phone number to engage them in any emergencies.

v. How many representatives could reasonably be expected to handle claims for the City?

The following team will be assigned to the City:



CCMSI

Tab 6 – Claim Practices

Tab 6 – Claim Practices

This tab should provide a detailed description of the Contractor’s standard claim handling procedures. The City’s claim administration requirements are included in Appendix A. This tab should indicate and explain any deviation from these requirements the Contractor would recommend or require. A copy of the Contractor’s best practices or claim handling standards should be included in this tab. If necessary, please provide the breakdown in services for general liability cases and Workers’ Compensation cases.

CCMSI does not recommend any deviations from the City’s requirements in Appendix A. We will build those requirements into the City’s Quality Service Plan to supersede our Best Practices.

- i. Advise how frequently your diary system allows claims supervisory personnel to review open claims.

Your designated supervisor will review all claims upon intake to guarantee correct staff assignment, taking into account the intricacies of the case and staff experience and skill level. Additionally, the supervisor will identify any potential complexities and necessary actions in the file notes.

Per our Corporate Claim Standards, all files must have an initial supervisor diary review within the first thirty days of receipt of a new claim. Supervisors will then be responsible for maintaining subsequent diary reviews every thirty to ninety days, depending on the severity and activity of a claim.

Our claim system has an automated diary process for adjusters and supervisors, in which it sends a diary notification to the supervisor of the designated claim upon setup and is recurring until claim closure. Below is what a supervisor looks at when reviewing/evaluating a diarized claim:

- **Coverage:** Was coverage verified and/or were coverage issues clearly documented in the system and appropriate follow-up actions taken.
- **Contact:** Was it documented clearly and in the timeframe established by our Corporate Claim Standards or the client. Was this contact meaningful and was there appropriate follow-up contact.
- **Investigation:** Was a full investigation completed or attempted within the timeframe established by our Corporate Claim Standards or by client-specific handling guidelines. Was the investigation thorough enough to support the compensability decision on the claim. Was the compensability rationale clearly documented in the log notes. Was subrogation, recovery, salvage, or SIF investigated and documented. Was the Index Bureau utilized properly and documented in the log notes in accordance with our Corporate Claim Standards. Is additional investigation necessary.
- **Reserves:** Were the initial reserves established within Corporate Claim Standard guidelines. Were the reserves reviewed and updated timely as developments occurred. Was the reserve rationale from the adjuster clearly documented in the log notes. Are the reserves adequate based on known exposures.
- **Medical & Disability Management:** Were pertinent medical records requested, received, and documented timely in the log notes. Were medical bills properly adjudicated within state specifications or within thirty days. The supervisor will also evaluate the appropriate use of IMEs, Medical Case Management, and Vocational Rehab professionals. Did the adjuster make every effort to return the injured employee to work at the earliest possible time.
- **Litigation Management:** Were all pertinent legal information/requests handled in a timely manner. Was the litigation plan and/or settlement strategy of the claim managed and directed by the claim professional, as well as clearly documented in the claim log notes.
- **Excess/Reinsurance:** If the claim met the reporting requirements, was prompt notice given and documented clearly in the claim log notes. Were timely follow-up reports provided to the carrier/client once the initial report was made.

- **File Documentation & Misc.:** Was a meaningful initial action plan developed/documented and updated timely to reflect important changes. Were log notes and the claim summary current, concise, and complete. Were client instructions followed. Was the claim file concluded effectively and timely.

Following the file review, supervisors will document their findings and recommendations for future handling in the file notes and continue monitoring to ensure their recommendations were executed.

ii. Describe your procedures for making initial and follow-up contact with injured employees or claimants.

1. Indemnity, Questionable or Atypical claims

- a. **Claimant Contact:** Verbal attempt within 2 business days of the first notice of injury (*day 1 is the day the claim is received by CCMSI, day 2 is the very next business day*) to gather all the pertinent information regarding the alleged accident. Failed attempts at any contact should be followed within 3 business days until contact is complete. If contact attempts are suspended, written rationale will be found in the claim log notes. The designated claim professional will obtain a verbal, recorded or written statement as indicated by client or claim supervisor instructions. Claimant contact could include, but not limited to, explanation of benefits, claimant information, accident information, and expectations for future handling. All conversations and/or statements with the claimant will be summarized in the claim log notes under the appropriate heading (Claimant Heading). Claim log notes must reflect continuous and consistent follow-up attempts until contacts are made, when possible. If verbal contact is unsuccessful, written follow-up should be sent promptly to the claimant requesting contact.
- b. **Client Contact:** Verbal and/or written contact attempt within 2 business days of the first notice of injury (*day 1 is the day the claim is received by CCMSI, day 2 is the very next business day*) to gather all the pertinent information regarding the alleged accident. Failed attempts at any contact should be followed within 3 business days until contact is complete. If contact attempts are suspended, written rationale will be found in the claim log notes. Client contact could include, but is not limited to, verification of claimant information, whether there are any questions or concerns about the claimant or the claim, accident or subrogation details and expectations for future handling. For deductible claims, if the claim is reported 5 or more days after the notice of loss, the client will be questioned as to the cause of the late report and counseled on the importance of timely reporting.
- c. **Provider Contact:** Verbal and/or written contact within 2 business days of the first notice of injury (*day 1 is the day the claim is received by CCMSI, day 2 is the very next business day*) to gather all the pertinent medical treatment and work status information with regard to the alleged injury unless prohibited by applicable law. Information obtained must include, but is not limited to, diagnosis, prognosis, medical history, causation and treatment plan. **Note:** If appropriate medical records were received with the initial report of the claim those records should be logged within 2 business days thus meeting the 2 business day provider contact requirement.

2. Medical Only Claims

- a. Three-point contact is not required. The need for and type of contact with the claimant, client, and provider will be at the discretion of the designated claim professional and/or supervisor.
- b. If a medical only/incident only claim is converted to an indemnity claim, the above 3-point contact must be attempted within 2 business days upon knowledge by the designated claim professional.

3. Property & Casualty Claims

- a. First Party Property Claims – One point contact with the insured on all first party property claims - Verbal and/or written attempt within 2 business days of the first notice of claim to gather all the pertinent information regarding the incident. Failed attempts at any contact should be followed within 3 business days until contact is complete. If contact attempts are suspended, written rationale will be found in the claim log notes. The designated claim professional will obtain a verbal, recorded or written statement as indicated by client or claim supervisor instructions. All statements and/or conversations will be summarized in the claim log notes under the appropriate heading. All questionable property claims will require a recorded statement.
- b. Third Party Property Claims - Two point contact with claimant and insured on all third party property damage claims – Verbal attempt with the claimant and verbal and/or written attempt with the insured within 2 business days of the first notice of claim to gather all the pertinent information regarding the incident. Failed attempts at any contact should be followed within 3 business days until contact is complete. If contact attempts are suspended, written rationale will be found in the claim log notes. The designated claim professional will obtain a verbal, recorded or written statement as indicated by client or claim supervisor instructions. All statements and/or conversations will be summarized in the claim log notes under the appropriate heading. All questionable property claims will require a recorded statement.
- c. Third Party Injury Claims - Two-point contact with the claimant and insured on all third party injury claims – Verbal attempt with the claimant and verbal and/or written attempt with the insured within 2 business days of the first notice of injury to gather all pertinent information regarding the alleged accident. Failed attempts at any contact should be followed within 3 business days until contact is complete. If contact attempts are suspended, written rationale will be found in the claim log notes. The designated claim professional will obtain a verbal, recorded or written statement as indicated by client or claim supervisor instructions. All statements and/or conversations will be summarized in the claim log notes under the appropriate heading. All pertinent authorizations should be sent to claimant as deemed necessary.

iii. Describe your company philosophy and procedures for the establishment of case reserves. What are the procedures for revising reserves?

Our practice is to establish reserves that reflect the anticipated ultimate financial result of the claim. Each claim is based on its own merits, and if initially only minimal information is available, then a minimum reserve will be established.

Proper reserve analysis includes many variables, including consideration of all past and future lost income

and medical treatment, any permanent disability, and possible permanent total benefits, as well as expenses such as litigation, rehabilitative services, mileage, outside expert opinions, and potential settlement values. The designated claim professional will take into consideration red flag indicators, such as age, comorbidity factors, occupation, anticipated retirement, reduction in force, employer closures, and any known discipline issues that might impact the employee's ability or desire to return to work.

CCMSI works primarily with large self-insured and risk-sensitive programs, thus recognizing the importance and financial impact of establishing timely and accurate reserves. We have proven processes to effectively reserve claims and avoid stair stepping.

One area that makes us unique—we do not use cookie-cutter approaches to reserving. Most TPAs use standard reserve amounts for all claims, regardless of claim-specific information, leading to inaccurate reserves. We utilize various guidelines, but reserving is performed on a case-specific basis applying the knowledge, experience, and expertise of our claim professionals.

CCMSI has developed our own detailed reserving worksheet that is incorporated into our proprietary RMIS, which has been shared with major carriers, auditors, and workers' compensation governing bodies across the country. CCMSI consistently receives positive feedback by these industry experts that our reserve worksheets provide a detailed analysis of established reserves, including the adjuster's rationale, giving our clients' meaningful insight into the development of reserves. Utilized by all adjusters, the reserve worksheet links into our adjusters' software application (iCEBAR), allowing the adjuster to save reserve changes as a work in progress. This way, adjusters can pause, gather additional information (or work on another claim), and return to complete the worksheet (with all required information), capturing the reserve in a comprehensive and detailed format.

Moreover, the worksheet is tied to the claim file note, which is updated in CCMSI's claim system and iCE. All CCMSI clients have the ability to view adjuster notes and the entire reserve worksheet to fully understand how CCMSI's claim professional developed the reserve.

CCMSI establishes and reviews reserves as follows:

- Initial reserves are established and posted into the claims system within ten business days from receipt of loss.
- Reserves are re-evaluated every thirty to ninety days thereafter, depending on activity and severity of the claim.
- Reserves are reviewed by the claim supervisor within the first thirty days, at each adjuster and supervisor diary, then thereafter depending on the activity and severity of the claim, and will include log notes regarding rationale for any changes.
- Upon receiving new and pertinent claim documentation and/or information, reserves are to be re-evaluated by the adjuster within ten days. If additional information is required to fully evaluate the current exposure, it is requested in a timely manner.

Title	Maximum Reserve Authority
Chief Operating Officer	\$3,000,000 & greater
V.P. Claims	\$3,000,000
Regional V.P.	\$1,000,000
Branch Manager/State Director	\$500,000
Account Manager/Claim Manager/National Account Manager	\$250,000
Sr. Claim Supervisor/Claim Supervisor/Claim Specialist	\$200,000
Claim Consultant	\$100,000
Claim Representative	\$50,000
Claim Associate	\$25,000
Medical Only Claim Representative	\$5,000
Claim Clerk	\$0

We recognize the importance of establishing timely and appropriate reserves on all cases and the impact they have on our client’s effort to manage their total cost of risk. It is equally important that our clients and their carriers are confident in our reserving practice and that they accurately reflect their current exposure on each claim.

While CCMSI claim professionals’ experience and knowledge play a significant role in establishing case reserves, CCMSI has embraced predictive analytics (artificial intelligence) as another tool in our claims management process. Each day, claim adjusters handle an array of highly diverse documents necessary to process and apply to their claim handling strategies. Artificial intelligence (AI) and machine learning can assist adjusters by reading, understanding, and extracting relevant information that impacts the outcome of a claim, and can be used as a valuable tool to enhance the relevant information and drivers that adjusters, supervisors, and the City can use to obtain better outcomes and financial results. Providing the claims team with key information early in a claim’s life (and daily thereafter), allows adjusters the ability to be more proactive in their claim handling and accurate in their reserving.

CCMSI’s predictive analytics program identifies comorbidity flags and provides future treatment and cost predictions for each claim. The model looks at all claims in the data base, finds those with similar attributes, and provides an average cost prediction. Claims are scored daily and cost predictions are updated based on new information provided. Adjusters are then provided raising and lowering risk factors for each claim. While adjusters do not rely solely on AI to establish reserves, it is used as a component in the total reserving evaluation process. Please see sample screenshot below:



iv. Describe cost containment procedures utilized by your firm.

CCMSI is both committed to and driven by the ultimate goal of cost effective management and timely resolution of claims. We require all vendors and service providers who participate in the claims management process to be equally committed to that goal. CCMSI is able to work with any existing cost containment, claims services or claims management relationships of the Client. In addition, we are prepared to provide oversight and direction of the individual vendors to ensure that the Client’s service expectations and savings goals are met or exceeded. In most instances, CCMSI already has a strong working relationship with recognized industry professionals and can offer the Client the benefit of negotiated discounts and networks.

Examples of CCMSI guidelines and initiatives, which control costs and reduce ultimate demands and awards:

For Workers’ Compensation Claims, return to gainful employment, thereby reducing Indemnity exposure is considered a primary goal. Transitional/Modified Duty and early return to work are a critical step in controlling ultimate awards. We work closely with the Client and Rehabilitation Specialists to find creative opportunities for disability management, transitional duty and identify alternative employment when the claimant has reached MMI and cannot return to his/her former position.

CCMSI makes aggressive use of Independent Medical Examinations and second surgical opinions. The timely and effective use of this claims control tool is an audited competency for all of our adjusters. We recommend a panel of highly respected conservative physicians and specialists who understand occupational medicine.

For Auto and Liability Claims, prompt investigation into accident facts to assess liability and responsibility of the parties is essential. Continued investigation and documentation of injuries and damages allow for timely evaluation and successful resolution of claims.

CCMSI is able to offer its Clients the benefit of its company wide negotiated rates for expense items such as Medical Case Management, Bill Review, Damage Appraisals, Surveillance and Car rental. Through our National Networks and vendor management plans we are able to obtain significant savings which benefit the Client's bottom line.

CCMSI has a strong litigation management policy that offers defense counsel a set fee schedule for Workers' Compensation Claims. The schedule is performance based, and encourages aggressive resolution of litigated claims at the earliest opportunity. For Liability Claims, we negotiate professional rates for services and enter into Letters of Understanding with defense firms regarding fee structure and billing requirements. Our adjusters review legal bills for compliance and for actual performance of activities.

Use of Structured Settlements can often be an effective tool in settling claims with future exposures or significant injuries. By providing an income stream which meets the claimant's needs, (and by assigning the contingent liability to an insurer) the Client's exposure and liability can be quantified and eliminated.

Overall Claims Costs, and trends in an employee group or community are often affected by public opinion and awareness. In that light, CCMSI has found that a strong Fraud program, and a working relationship with state and federal authorities has a beneficial affect overall on the Client's Claims activity. We work closely with the Department of Labor Fraud Units, local government and law enforcement authorities and have successfully referred files for prosecution.

CCMSI has initiated a new operating unit as a nation-wide one-stop shop providing surveillance, investigation services, and SIU and fraud management services to their Clients. This unit offers a flexible integrated approach to investigation and account management that saves our Clients time and money in the detection, prevention and withholding of payments on fraudulent claims.

Use of Industry supported bureaus and agencies is another effective tool in controlling costs and discouraging fraudulent or exaggerated claims. CCMSI participates in National Reporting Databases which track claim activity of individuals, as well as registering vehicles and property involved in losses. Reporting of Injury Claims to The Index Bureau and re-indexing every six months is an essential element of our Claims Handling Practices for all Clients and is measured for all adjusters upon audit.

Auto Thefts are reported to the National Auto Theft Bureau or to ISO. In this way if a stolen vehicle is recovered it is returned to The Board. Total Losses, whether Board owned or Claimant vehicles are reported to the Insurance Crime Prevention Institute. The title is registered as a total loss or a salvage title. This identifies and discourages fraudulent attempts to use a previously totaled vehicle in another accident claiming damages.

Damaged Property is reported to the Property Insurance Loss Bureau again to prevent "double dipping" losses within the insurance industry.

All of these elements lend themselves to quantified savings which can be measured in several ways: average cost per indemnity claim; reduction in dollars spent for vendor services; average length/days

open per claim; ratio of indemnity to medical only claims; percentage of claims resulting in litigation; reduction in medical expenses. CCMSI is able to capture all of those elements in its Claims Management System, which makes measurement and evaluation available to the Client at all times.

v. Describe your business practices in checking for potential fraudulent claims?

CCMSI has a nationwide Special Investigations Unit program to provide surveillance, investigation, and fraud management services to our clients. Through our partnership with CoventBridge Group (the largest investigative services provider in the U.S.) and the assistance of their experienced staff of SIU investigators, we can determine which claims display elements of fraud, perform proper investigations, and document fraud allegations.

FIRE (Fraud Identification Recovery Edge) will significantly streamline surveillance activities and provide adjusters and clients with the ability to review surveillance tapes and reports online through iCE (Internet Claims Edge), CCMSI's web-based RMIS tool.

Through FIRE and iCE, we have developed a state-of-the-art, web-based case tracking system, allowing you to check the status of a case in review for potential fraud, view surveillance reports and video online, view case history, and view and print a Client Management Report of all cases assigned.

With a flexible, integrated approach to investigation and account management, FIRE will save you a significant amount of money in detection, prevention, and withholding payments on fraudulent insurance claims.

- Fraud plan filing;
- Mandatory reporting;
- Statutory compliance and consulting;
- Claims investigation;
- Fraud investigations;
- Activity checks;
- Background investigations; and
- View surveillance tapes and reports online via iCE.

Every office is required to contact the SIU Coordinator, located in Metairie, Louisiana, when a potential case of fraud is discovered, after which the client/carrier decides whether or not to pursue. If a decision is made to pursue a fraudulent claim, an additional investigation will be required to prepare the claim in a format acceptable to state prosecutors.

Red Flags

While most claims are legitimate, each should be reviewed for possible fraud, as many are inflated or fraudulent. No one indicator by itself is necessarily suspicious; even the presence of several indicators, while suggestive of possible fraud, does not mean fraud has definitely been committed. Signs of fraud may include: the accident occurs at beginning/end of shift or near the end of a probationary period, claimant's physician is known for handling suspect claims, and employee took unexplained or excessive time off prior to claimed injury. *Red Flags* are indicators only, not actual evidence.

vi. Identify the process for seeking subrogation on claims.

Claim costs can be significantly reduced by identifying, pursuing, and achieving optimal recoveries, when applicable; therefore, when a third party is involved in a claim, it may be possible to recover significant funds directly from them or their insurance carrier. CCMSI's claim representatives are well-versed in pursuing subrogation and potential recovery of funds when available and accessible. We conduct subrogation investigations on all claims showing prospective subrogation involvement.

Potential types of claims that may involve subrogation include but are not limited to:

- Animal bites
- Slips and falls (on or off insured premises)
- Aircraft, train, or boat accidents
- Motor vehicle accidents
- Construction site accidents
- Machinery accidents
- Product-related claims
- Losses involving an explosion or fire
- Lifting/loading/unloading accidents
- Inhalation/exposure claims
- Criminal interaction claims

When a CCMSI claim representative becomes aware of a recovery potential, they will discuss the matter with a claim supervisor first and then the client, obtaining authority to pursue the opportunity further. Once authorized, the claim representative will notify the third party of our right of recovery. Should there be viable recovery potential, a subrogation/recovery action plan is produced in the claim file notes, outlining the subrogation issues involved, the potential for recovery, the probable amount to be recovered, and steps to be taken to affect the recovery. As with general action plans, subrogation action plans are revised as the facts of the claim warrant.

Subsequent follow-ups are performed to keep the third party apprised of the nature and extent of damages and the progression of the claim toward a conclusion. If the third party disputes the accident facts for the injured worker's injuries, the claim representative attempts to negotiate a reasonable and timely settlement if it is financially prudent to do so. Should the third party continue to dispute the extent of monies owed, the claim representative will pursue the matter further through legal remedies (i.e., mediation, suit). Subrogation will be pursued until it is deemed imprudent or improbable or until the client advises to discontinue.

vii. What are your business practices to identify those individuals who are Medicare beneficiaries?

In the event that a claim involves a Medicare eligible claimant, the designated claim professional is responsible for compliance with Mandatory Insured Reporting (MIR) and Medicare Secondary Payer (MSP) compliance. The designated claim professional is responsible for ensuring Medicare eligibility is verified and to determine how best to demonstrate Medicare's interest was taken into consideration prior to any settlement.

1. The designated claim professional must collect on all claims involving a workers' compensation injury or bodily injury the claimant's "big five" data elements:
 - a. Claimant's legal first name (as shown on their Social Security card)
 - b. Claimant's legal last name (as shown on their Social Security card)
 - c. Date of Birth
 - d. Gender

- e. Social Security Number or Health Identification Claim Number
 - i. Effective January 5, 2015 CMS will allow the population of the last five (5) digits of the injured party's Social Security Number (SSN) if the full SSN cannot be obtained.
 - ii. The partial SSN's should only be used as a last resort as it may decrease the accuracy of the monthly Medicare Query process.
- 2. Once the above data elements are available in our system the Medicare Query Function (MQF) is automated.
 - a. All claims with the above 5 data elements will be sent for query monthly until the claim is closed.
 - b. If any of the "Big Five" data elements are changed during the life of the claim the system will automatically update and send the newly updated information for Medicare Query (MQF).

viii. Describe how medical bill review services take place within your firm or contractor and provide a cost benefit analysis of its potential effect on the City.

Bill review is a complex area that requires a complete understanding of state-specific regulations and trends in medical billing. Based on state-of-the-art software, Comp MC is designed to achieve maximum savings through:

- Software adjusts medical bills to applicable state fee schedules; fee schedules and usual and customary (U&C) data are continually reviewed and updated for accuracy. U&C reductions in non-fee schedule states are applied using UCR database information.
- Software detects unnecessarily billed medical services. Additionally, staff read and interpret complex bill-supporting documents to obtain the absolute allowable maximum savings.
- Our rules engine, Pathways™, allows us to create commands for unique bill-handling situations, automating special routing and processing for specified bills per client, provider, or service.

All medical bills are audited for appropriateness of service and fee through Comp MC. Our comprehensive and efficient provider bill review process uses the most robust and flexible software in the industry with the ability to improve workflow processes by utilizing optical character recognition (OCR) technology and document management integration technology, thus minimizing cycle time.

Comp MC's automated duplicate billing review system analyzes multiple levels of bill components, including screening the client, provider TIN, injured worker's claim number, charge, CPT, and dates of service against permanent and temporary bill history.

Our duplicate checking process is automated within the bill review software and is performed as a function of the eReview interface, where bills are electronically submitted into the application. The process automatically identifies any complete, soft, or partial duplicates and allows our bill review technician easy on-screen access to cross-check the information in the claims, provider, and payment databases.

This thorough process increases the accuracy of duplicate checking, significantly reducing the number of reconsiderations and re-evaluations. As an additional layer, our bill review staff examine all bill-supporting documents to guarantee maximum savings. As a note, duplicate bills are reported separately from fee schedule savings and identified in monthly reporting that will not be charged.

Pathways™ allows us to create rules based on CPT codes and identify unnecessary medical services and procedures. Regardless of dollar value, all fee-schedule-exempt and non-PPO bills are routed to our negotiation specialists. For bills reviewed to U&C fees, we use the Ingenix UCR database and reprice to the 80th percentile. No Relative-value Established (NRE) services are typically repriced using comparables (i.e., services with similar complexity).

ix. Attach copies of all standard forms used in your administration process.

Please refer to Exhibit 1 – Sample Standard Forms.

x. Submit samples of any cards, letters, pamphlets, etc. that would be provided to injured employees and claimants.

Please refer to Exhibit 1 – Sample Standard Forms.

xi. Do you have a formal program for managing lawsuits and litigation expense, if so, please describe.

CCMSI's claim professionals direct and monitor defense counsel activities and have ultimate accountability for all litigation matters. We maintain regular contact with the claimant's attorney to achieve swift claim resolution and closely review legal bills to confirm charges are appropriate and substantiated prior to payment. We discuss and develop a defense strategy plan with the defense counsel and update this plan if the situation dictates. When appropriate, we devise and update a defense budget for costs and expenses, and for suitable cases, we utilize arbitration or mediation to minimize costs and achieve prompt settlements.

CCMSI's litigation philosophy is as follows: *To provide the best and most appropriate defense for CCMSI, its clients, and insureds, and to vigorously defend non-meritorious claims, as well as claims where the demands are excessive.* Equally important, we realize that the City has its own unique needs and expectations and are prepared to meet with the appropriate parties to formalize the process.

Highlights of CCMSI's litigation management philosophy include:

- Timely, quality communication/interaction with the City's designated individuals;
- Consultative recommendations regarding the development, implementation, and monitoring of the litigation strategy for each case;
- Elimination of unnecessary, unproductive, and duplicate efforts by members of the litigation team;
- Monitoring defense counsel to ensure timeliness of reports and adherence to budget;
- Diary-driven monitoring and re-evaluation of litigated claims and, as appropriate, modification of the disposition strategy;
- Concentration of legal expenditures on activities that mitigate the City's financial exposure; and
- Timely payment of legal fees and associated expenses, budgeted and approved by the City.

CCMSI's partnership with Bottomline Technologies, Inc. provides comprehensive litigation expense management with our legal bill review program, CLEAR (Comprehensive Legal Expense Analysis & Review). Through the industry's leading legal spend management service, our clients benefit from line-by-line reviews and best-in-class technology, ensuring billing guideline compliance. Features of CLEAR include:

- Automated submission and tracking of all legal costs;

- All invoices are managed in a centralized location, improving consistency and processing times;
- All invoices are reviewed by Bottomline's U.S.-based expert attorney auditors, a team of highly trained professionals solely dedicated to legal bill review;
- Detailed legal spend reports, including firm performance; and
- Benchmarking across CCMSI's client base, including the ability to compare your program to other like programs to see how your results stack up.

Benefits

- Electronic invoice submission and data collection;
- Ability to leverage data to make informed decisions, including strengthening our panel counsel and utilizing the right firms for your cases;
- Cost control and reductions as a result of billing guideline compliance (10% average savings for CCMSI clients over the last ten years);
- Reporting and analytics, including spend by firm and compliance; and
- Enables claims professionals to focus more time on settling claims.

xii. Is your program able to assist the City with reporting to its excess carrier(s) by providing loss runs and status reports?

Yes. Excess carrier reporting requirements are specified within the language of the policy issued by the carrier and accepted by the client. Each policy has specific handling procedures that include levels of retention, levels of reporting, contacts for reporting, methods of reporting, and reporting criteria. These, along with any additional requirements at the direction of the client are utilized to ensure each claim is in compliance with the set guidelines. At the initial set up of a client, CCMSI's Implementation Team will verify and establish all reporting levels within CCMSI's Policy Management System and iCE as determined by the guidelines. This allows for the policy information and any special handling requirements to be accessible by the claim adjuster at any given time during the handling of the claim. Our claims automation system monitors the claim levels and notifies the adjuster and supervisor when a claim reaches the reporting level specified in the policy through a system automated diary (based on whether claims payments and reserves have reached the specific threshold). It also has the ability to monitor when the last reporting was completed and when the next is due. Edit screens completed indicate date of first report and follow up reports. CCMSI can generate threshold reports to assist in monitoring excess recovery. iCE can generate reports that assist in excess file identification through Claims Analysis, incurred costs thresholds. Claim data is transmitted to the carrier from CCMSI monthly through an automated process.

CCMSI Corporate Best Practices include procedures to ensure that reporting on excess claims is compliant with policy, client and CCMSI standards. These standards include but are not limited to:

- A fixed dollar amount or percentage of the insured retention level per occurrence
- Permanent total disability as defined by statute
- Fatalities
- Paraplegics and quadriplegics, or spinal cord injury
- Serious burns
- Brain injury
- Amputation of a major extremity
- Any occurrence, which results in serious injury to two or more employees

xiii. Include any other information you feel would contribute a positive and successful program if your firm

were selected. Describe in detail the claims administrator's various investigative techniques and general claim handling philosophies, addressing the following:

1. Method of explaining claimant's right.
2. Circumstances when in-person investigations would be used rather than telephone.
3. Philosophy and method of contesting and denying claims payments.

Investigation is gathering, analyzing and evaluating the "who, what, when, where, why and how" of each occurrence. Upon completion of the initial investigation and periodically thereafter, the designated claim professional should outline the pertinent issues involved with each claim and document an appropriate action plan. Files with a strategic plan achieve better results!

Compensability determination will be made within 10 business days of the first notice of injury when possible. Investigation results should be documented prior to stating the compensability determination in the claim notes. If the designated claim professional is unable to complete their investigation and determine compensability within this time frame, the claimant and other pertinent parties should be notified as to the status of the investigation, which will likewise be documented in the claim log notes under the appropriate heading. (Investigation Heading)

Liability determination will be determined within 30 calendar days of the first notice of claim when possible or otherwise documented as to why liability determination cannot be made. Investigation results should be documented prior to stating the liability determination in the claim notes. If the designated claim professional is unable to complete the investigation and determine liability within this time frame, the claimant and/or other pertinent parties should be notified as to the status of the investigation, which will likewise be documented in the claim log notes under the appropriate heading (Investigation Heading). Liability should be expressed as a percentage and/or percentage range as well as type. (i.e. insured 60 to 70% liable) (i.e. pure comparative, comparative or contributory) If there are multiple co-defendants that may have liability, this should also be expressed as a percentage and/or percentage range.

Denial of compensability or liability must be provided in writing to all pertinent parties immediately upon denial of claim. (i.e. claimant or legal, insured, medical provider, etc.)

The Claim Risk Assessment will be utilized by CCMSI's designated claim professionals on all indemnity, questionable, or atypical workers' compensation, Jones Act, and USL&H claims, and is built into our claim professional's statement process to provide an assessment of the claim based on the answers provided. A rating of Low, Moderate, or High will be given once the Claim Risk Assessment is completed. The Claim Risk Assessment will not be required on medical only claims, unless specifically requested by the client, carrier, or account manager.

Mitigation strategies for moderate (yellow) or high risk (red) claims may include:

- Nurse case management;
- Utilization review;
- Independent Medical Exams/2nd opinions;
- Close monitoring of Rx drug regimen;
- Surveillance;
- Pre-litigation attorney intervention;
- Aggressive pursuit of early RTW opportunities;
- Frequent reserve analysis to ensure reserve adequacy;
- Additional collaboration with supervisor/client/carrier, where applicable; and

- Early settlement.

Employer investigation may include:

- Verification of pertinent employee and accident information;
 - Personal information (name, address, phone, SSN, DOB),
 - Employment information (length of employment, job description, concurrent employment),
 - Accident information (when, where, how, and information regarding witness, injury, and return to work), and
 - Medical provider information (If aware of prior injuries to same body part).
- Verification and identification of damages;
- Information surrounding the injury/incident;
- Subrogation potential, faulty equipment, at-fault party information, importance of preserving evidence, if any potential liability;
- Identification and investigation of any red flags, especially if client questions the claim; and
- Discussion of applicable local and state laws impacting compensability/liability.

Employee Investigation could include:

- Verification of pertinent personal and accident information;
 - Personal information (name, address, phone, SSN, DOB),
 - Background (education, government programs, children, military experience, health insurance coverage),
 - Employment information (length of employment, job description, concurrent employment),
 - Accident information (when, where, how, witness and injury information),
 - Injury history (prior surgeries, injuries, and claims, ISO score). Prior medical records should be obtained if the same body part is involved,
 - Medical provider information (list of providers, treatment history, prescriptions),
 - Health history/lifestyle information (height, weight, health history, activities, lifestyle), and
 - Subrogation potential, faulty equipment, at-fault party information.

Provider investigation could include:

- Verification of provider name, address, phone number, type of practice (e.g., occupational medicine, ortho, neuro), and referral source, where applicable; and
- Information regarding date of first treatment, causation, diagnosis, prognosis, and treatment to-date and plan.

Corporate Claims Best Practices

Executive Summary

This Executive Summary is intended to provide a brief, yet meaningful overview of CCMSI's general philosophies and claim handling best practices applicable to the most important components of claims management.

Our claim professionals have received extensive training and resources to confirm their understanding of these Best Practices, and are audited annually to assure compliance with them, our service commitments, and client-specific instructions.

1. First Notice of Loss (FNOL)

- All FNOLs will be date-stamped and reviewed by a qualified claim professional immediately upon receipt.
- Information contained in the FNOL will be used as the basis for the initial instructions, investigation, and reserves assigned to each file.
- EDI requirements of mandated states will be satisfied.

2. Coverage

- Coverage for every type of claim will be confirmed and documented prior to payment of any claim.
- If coverage cannot be confirmed within ten (10) business days from receipt of FNOL, claim log notes will be documented to reflect the issue and intended course of action to resolve the coverage question.
- Other carriers or parties who may have defense or indemnity obligations to our clients will be identified and pursued.

3. Initial Contact

- Workers' Compensation. On indemnity claims, contact with the employer, claimant, and medical provider will be attempted within two (2) business days from receipt of FNOL.
- Workers' Compensation. On medical only claims, the need for and type of contact with the employer, claimant, and medical provider will be at the discretion of the CCMSI claim professional. This decision will depend upon the nature and complexity of each individual claim.
- Property Damage. On first-party property claims, the insured will be contacted within two (2) business days from receipt of FNOL. On third-party claims, the insured and claimant will be contacted within two (2) business days from receipt of FNOL.
- Other Injury Claims. On all other injury claims, the insured and claimant will be contacted within two (2) business days from receipt of FNOL.
- Failed contact attempts will be followed within three (3) business days until complete or deemed that additional efforts would not be successful.

- Catastrophic Claims. On all catastrophic claims, immediate contact will be made with the employer, claimant, medical provider, and excess/reinsurance carrier, as appropriate. When appropriate, immediate assignment will also be made to a catastrophic medical case management professional.

4. Claim File Documentation

- Documentation will be meaningful, clear, and concise.
- Statutory forms will be completed accurately and timely. Log notes will be documented to show compliance with statutory or regulatory requirements.
- Adherence with all special handling requirements and client instructions will be timely. Documentation of compliance will be evident in the log notes.
- Log notes will be promptly documented with a meaningful summary of all correspondence and important information.
- A Claim Summary will be documented and periodically updated for all claims that are not medical only claims.
- Files will contain an Action Plan, which will outline the facts of the case and the intended strategy to bring the claim to conclusion. Action Plans will be revised periodically by the claim professional as the claim progresses and new or additional information becomes available.
- All files will be managed in compliance with applicable privacy standards.

5. Investigation

- A complete investigation of each claim will be made within ten (10) business days from receipt of FNOL.
- Each investigation will be thorough enough to justify acceptance or denial of liability or compensability on behalf of our clients.
- Workers' Compensation. Compensability determination will be made within ten (10) business days from receipt of FNOL. If this guideline cannot be met, appropriate documentation and action plan is required.
- Property/Casualty. Liability determination will be made within thirty (30) business days from receipt of FNOL. If this guideline cannot be met, appropriate documentation and action plan is required.
- All claims involving subrogation, salvage, or SIF potential will be investigated, acted upon, monitored, and documented by the claim professional.
- All claims will be monitored for possible fraud. If applicable, claims will be handled in compliance with state fraud requirements and/or referred to CCMSI's Special Investigation Unit, *FRAUD IDENTIFICATION RECOVERY EDGE (FIRE)*.
- All indemnity and third-party injury, fraud, and high-loss property claims will be indexed upon initial receipt of the FNOL. Workers' Compensation claims will receive auto index updates for the first year and open claims will be re-indexed every six (6) months until the claim is settled or closed. Property / Casualty claims listed above will be indexed upon receipt and re-indexed every six (6) months until the claim is settled or closed. Indexing will be in compliance with all applicable federal requirements.
- All WC indemnity claims will have a claim risk assessment completed and a risk assessment score as low, moderate, or high.

6. Reserve Philosophy

- All claims will carry reserves that reflect the expected financial result of each claim. The expected financial result will be factually based and reflect the total probable payment obligation of our client.
- An initial reserve will be established within ten (10) business days from receipt of FNOL.
- Reserves will be adjusted within ten (10) business days of the claim professional receiving new information that materially changes the exposure of the claim. Some examples of new information that may require a reserve change include a change in the claimant's medical condition, TTD benefits being extended longer than expected, permanency factor changes, claim resolution strategy changes, etc.
- The adequacy of reserves will be reviewed every thirty (30) to ninety (90) days at each adjuster and supervisor diary.
- Upon reserve changes, the log notes will be documented with the information and rationale for the change.

7. Medical & Disability Management

- Our claim professionals will facilitate the earliest possible return to work or maximum medical recovery.
- Transitional work opportunities will be vigorously pursued with the employer and medical provider.
- All appropriate value-added medical case management services will be utilized in order to promote quality care, achieve optimum utilization of services, and avoid any unnecessary, inappropriate, or duplicate services or costs. The claim file will reflect a proactive and continuous effort to confirm that medical treatment being rendered or recommended is appropriate for the injury.
- Medical records will be secured throughout the life of the file to support bill payments and justify temporary total disability payments.
- Log notes will be updated on a regular basis to document the claimant's diagnosis, prognosis, medical treatment plan, and return-to-work strategy.
- Our claim professionals will schedule and coordinate Independent Medical Exams with a physician in the appropriate specialty. Timely written notification will be issued to the claimant and assigned physician.
- Our claim professionals will utilize aggressive managed care and cost containment strategies and techniques to mitigate our client's medical costs in conjunction with CCMSI's managed care program, *Comp MC™*.

8. Claim Supervision

- Claim files will reflect meaningful supervisor involvement pursuant to the claim professional's skill and authority level.
- Initial and follow-up supervisory instructions will reflect guidance and specific directions to the claim professional commensurate with claim complexity and skill level of the claim professional.
- Supervisors will carry diaries commensurate with the complexity of the claim and skill level of the claim professional.

9. Claim Payments

- All bills will be reviewed and approved by the designated claim professional within ten (10) business days from receipt.
- All appropriate bills will be paid within thirty (30) business days from receipt unless there is a dispute, pending investigation, or additional information is needed.
- TTD and PPD payments will be made timely in accordance with jurisdictional requirements.
- A summary of each indemnity payment will be automatically generated to the claim notes.
- Payments will be made in strict compliance with authority levels agreed upon with the client.
- Internal security will exist that prohibits a single claim professional from approving, executing, and releasing payment of the same bill.
- All overpayments will be noted in the misc. screen until fully recovered.

10. Litigation Management

- Our claim professionals have ultimate accountability for all litigation activities.
- Our claim professionals will direct and monitor defense counsel activities.
- Legal bills will be closely reviewed to confirm charges are appropriate and substantiated before payment.
- Our claim professionals will maintain regular contact with the claimant's attorney to achieve a prompt resolution of the claim.
- Our claim professionals will discuss and develop a defense strategy plan with defense counsel and update this plan when the situation dictates a change.
- When appropriate, a defense budget for costs and expenses will be developed and updated.
- On appropriate cases, arbitration or mediation will be utilized in an effort to save costs and achieve prompt settlements.

11. Carrier Reporting

- Claims that meet carrier reporting criteria will be reported timely in compliance with established requirements.
- After initial reporting, our claim professionals will provide periodic updates to the carrier as the claim develops.
- Our claim professionals will work closely with designated claim professionals from carriers to achieve a prompt and appropriate resolution to applicable claims.
- Specific and aggregate recoveries will be obtained from appropriate carriers in compliance with policy terms.

12. Fraud/SIU

- All potential fraud issues must be documented in log notes.
- When fraud indicators are present, the designated claim professional shall consider a referral to CCMSI's fraud program, *FIRE* (Fraud Identification Recovery Edge).

13. Medicare Compliance

- Our claim professionals are responsible for compliance with Mandatory Insurer Reporting (MIR) and Medicare Secondary Payer (MSP) compliance.
- Medicare Query Function (MQF) is performed immediately on all workers' compensation claims to determine Medicare eligibility. The MQF is performed on all liability claims upon verification and receipt of the mandatory *Big Five* data elements.
- All claims meeting the Mandatory Insurer Reporting criteria will be reported quarterly under the appropriate RRE.
- Adjusters will conduct Conditional Payment Research (CPR) and satisfy any related Medicare liens prior to any settlement, judgment, or award.
- Prior to any settlement on all cases involving a Medicare beneficiary, adjusters will determine judgment or award if Medicare has a legitimate secondary payer interest. Where Medicare has an interest as the secondary payer, the adjuster is responsible for demonstrating Medicare's interest was considered.

CCMSI

Tab 7 -- Pricing and Fees

Tab 7 - Pricing and Fees

- i. If different pricing and fees are used for workers' compensation and liability please quote separately.
- ii. Quote your per claim fee in one or more of these ways:
 1. Cost per claim (regardless of type).
 2. Cost per claim by type.
 3. Minimum cost/maximum costs.
 4. Lifetime handling of claims.

If a flat fee is submitted, please include the total number of claims included in the fee and the annual maximum cost. Other pricing methods will also be considered. Indicate if a different fee could be charged to track "record only" claims.

- iii. Specify whether or not your fee includes your firm performing all of the necessary state filling.
- iv. Indicate whether the per claim cost includes recovery of subrogation losses.
- v. Indicate the types of allocated claims expenses which are not included in your per case claims costs.
- vi. State what services or type of claims that are not included in your standard fees.
- vii. Since the term of the contract will be one year, renewable annually up to two times, give an indication of expected rate changes, basis for changes, and how your firm intends to cost control.
- viii. Provide a fee schedule that include the following: system data fees, medical management fees, outside investigation fees, fees for any files that were previously serviced by another provider, surveillance fees, subrogation fees, fees for any legal type proceeding, ISO claim searches, invoicing, Physician review services, Physician Pharmacy review, Telephonic Case Management, Mental Health, Senior Nurse Reviewer Program, best practices, strategic plans, quality assurance programs, duplicate billing detection, and other Medical Management Services.

[Please refer to Tab 17 – Pricing Proposal.](#)

CCMSI

Tab 8 – Medical Management and Cost Containment

Tab 8 – Medical Management and Cost Containment

This tab should provide a description of the Contractor’s medical management and medical cost containment capabilities including but not limited to the following items:

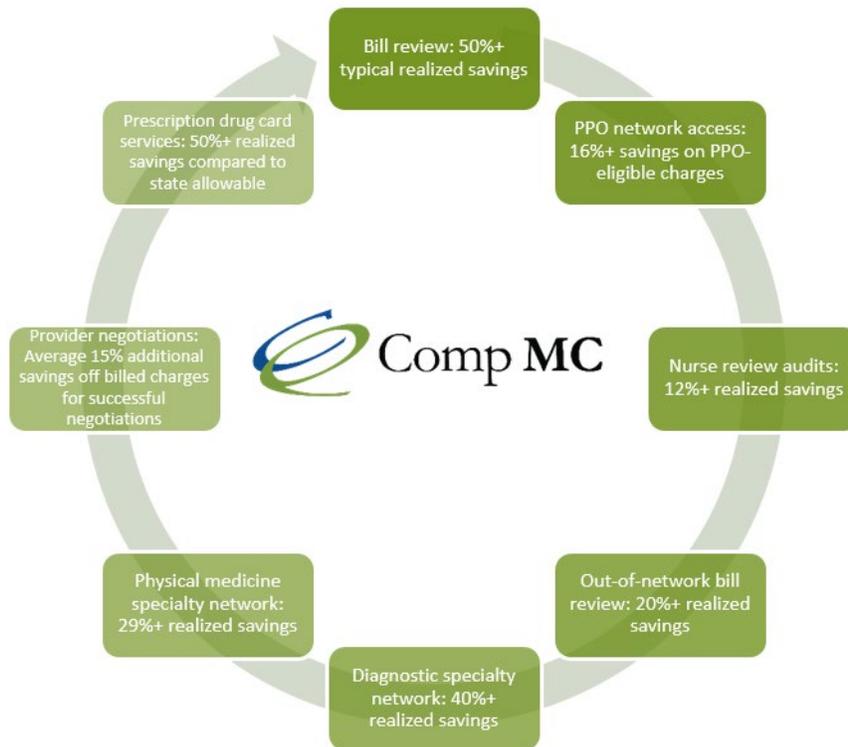
- | | | |
|---|--|--|
| i. Field Case Management | rehabilitation | xxiv. Review for duplicate billings |
| ii. Peer Review Services | xiv. Ergonomic Evaluations | xxv. Pharmaceutical payments or card options |
| iii. Preferred Provider Network | xv. Senior Nurse Reviewer Program | xxvi. Payments of medical bills and any outstanding collections practices |
| iv. Prescription Drug Program | xvi. Other medical fee service reviews | xxvii. Management of loss reserves |
| v. Telephonic Case Management | xvii. Chiropractic utilization review | xxviii. Communication with client when a bill is denied |
| vi. Utilization Management | xviii. Dental review | xxix. This tab may also include any suggestions for medical management not listed above. |
| vii. Hospital bill audit service | xix. Pharmacy cost management | Please include costs for all the above items, plus any additional services provided. |
| viii. Mental Health review | xx. Review for unauthorized treatment | |
| ix. Chronic Pain Management Review | xxi. Review for unrelated treatment | |
| x. Catastrophic Care Management | xxii. Review for excessive use of treatment by allied health professionals | |
| xi. Independent Medical Examination | xxiii. Price review for durable medical equipment | |
| xii. OSHA reviews/trainings | | |
| xiii. Timely organization of transitional work/vocational | | |

All pricing is included in the Pricing Tab. Please refer to the Miscellaneous Section for information regarding our Loss Control Services.



Managed care programs may appear the same—each claiming to deliver the best results. How they obtain those results, however, is unclear. Comp MC’s success is easy to understand, with superior results born out of a strong focus on and outstanding execution of several key areas:

- Robust, customized bill review services with our rules engine Pathways™;
- PPO mosaic approach;
- Out-of-network review services, ensuring maximum savings;
- Complete integration with claims system for review and reporting;
- Duplicate bill detection; and
- Ad hoc and custom reports available at any time.



Comp MC maximizes savings at every possible step during a claim’s lifecycle—from the initial report to the final payment. Bill review reductions are applied first to decrease the medical bill to the appropriate fee schedule or usual and customary charges; next, the custom-designed PPO mosaic strategy is utilized; and then, out-of-network specialty reviews, negotiations, nurse review audits, and retrospective specialty networks are implemented whenever possible.

Our Comp MC program is a flexible and transparent total managed care solution that improves bill results and generates substantial, measurable savings for our clients.

Bill review

Bill review is a complex domain that requires a complete understanding of state-specific regulations and trends in medical billing. Based on state-of-the-art software, Comp MC’s bill review system is designed to achieve maximum savings through various channels.

- Our software adjusts medical bills to applicable state fee schedules with continually reviewed and updated data. Usual and customary reductions in non-fee schedule states are applied using UCR database information.
- Alongside the software’s ability to detect unnecessarily billed medical services, staff read and interpret complex bill-supporting documents to obtain the maximum allowable savings.
- Our rules engine, Pathways™, allows us to create commands for unique bill-handling situations and automate special routing and processing for specified bills per client, provider, or service.

PPO network access

All bill review programs include a PPO component, however, most programs only offer a structure that is designed to drive bills to a particular, predetermined PPO network rather than one that would be in the best interest of the client.

Comp MC utilizes a mosaic approach to PPO networks, closely examining the savings results of all available PPO networks in each state and placing the one with the best results in a primary position, then sequentially positioning other networks to optimize savings. Bills are matched against the primary network first and fall to the next if a match is not found, maximizing PPO network penetration and the number of repriced bills. This approach provides CCMSI clients with ultimate savings through access to the best available PPO networks.

The Comp MC mosaic varies from client to client and state to state, an example of which would be:

- Primary PPO: Coventry Health
- Second PPO: Prime Health
- Third PPO: MultiPlan
- Fourth PPO: CareWorks
- Fifth PPO: HealthSmart

The Comp MC PPO mosaic is regularly reviewed to ensure the most beneficial selection is utilized based on actual claim activity and available networks. Comp MC has no ownership interest in the national PPO networks we offer our clients—our approach is always to achieve the best overall savings for our clients.

Out-of-network bill review

Even with the best possible PPO mosaic in place, some providers simply are not part of an available PPO. In these situations, Comp MC partners with IQA for out-of-network bill reviews, filling a critical role in maximizing savings results.

Negotiations

After thoroughly reviewing and reducing charges according to state allowable amounts and applying rules, edits, and reductions through networks and audits, we may contact the provider directly to see if they are agreeable to a further negotiated reduction. All negotiated reductions are obtained through a signed agreement with the provider to eliminate provider disputes.

Physical medicine specialty network

Physical medicine is an important consideration in any managed care program. Our broad-based, integrated physical medicine specialty network program, One Call PT, can produce significant savings and administrative efficiencies.

Diagnostic specialty network

Controlling the utilization of diagnostic specialty networks is an important savings tool. Through our partnership with One Call Medical, we provide outstanding network coverage and penetration levels, personal service, and deep discounting below normal rates.

Prescription drug services

With full data integration for both claim and payment files, Comp MC partners with Mitchell as our primary PBM for drug card and mail-order prescription services. Comp MC Rx program services include a First Fill program, retail drug cards, home delivery services, and outstanding utilization management to track claimant formulary usage.

Nurse review audits

Due to the complexity and dollar amount of certain medical bills, adding a nurse’s skilled interpretation and line item bill analysis can uncover inappropriate charges and billed services. We utilize predetermined criteria for nurse review audits based on industry best practices that can be tailored to specific client needs and requests for both in-network and out-of-network bills.

Overall retrospective savings

Comp MC maximizes savings at every possible step. Bill review reductions are applied first to decrease the medical bill to the appropriate fee schedule or usual and customary charges. Next, the custom-designed PPO mosaic strategy is applied, and out-of-network negotiations, nurse review audits, and retrospective specialty networks are utilized whenever possible.

Advanced reporting and analysis

As managed care involves a significant amount of data, timely and comprehensive reporting is of crucial importance to the success of a program. Comp MC offers a robust library of standard reports to provide thorough data analysis, as well as an ad hoc reporting system, which allows for the real-time creation of customized reports. All reports can be exported to PDF or Excel, scheduled for systematic delivery directly to an email inbox, or posted to iCE.

 FINANCIAL REPORTS	5	 MANAGED CARE BILLS AND CHARGES BY PROVIDER Shows savings data by state grouped by provider FEIN and name
 CLAIM REPORTS	25	 MANAGED CARE DIAGNOSTIC SAVINGS Shows Diagnostic Savings
 CARRIER REPORTS	10	 MANAGED CARE PHARMACY PBM SAVINGS Shows summary savings data for Pharmacy related charges
 MANAGED CARE REPORTS Managed care and bill review reports	7	 MANAGED CARE SAVINGS AND FEES Shows summary of managed care data for CompMC clients only
 BILLING REPORTS	2	 MANAGED CARE SAVINGS AND FEES DETAIL Shows individual claim detail of managed care detail for CompMC clients only
 MANAGEMENT REPORTS	11	 MANAGED CARE SAVINGS BY PROVIDER TYPE Shows savings data based on payment sub class
 LITIGATION MANAGEMENT	5	 MANAGED CARE SAVINGS BY STATE Shows summary savings data by jurisdictional state of claim
 SCHIP REPORTS	1	

Document management

Comp MC’s document workflow is entirely paperless, thus establishing a more efficient, transparent, and streamlined process. All documents are scanned and indexed upon receipt, electronically routed to the assigned adjuster for processing, and visible to the entire client service team and your company via iCE.

Comp MC’s paperless workflow simplifies adjuster handling and the bill review process as a whole, in turn decreasing overall turnaround time and assuring timely payment. Document images can be easily retrieved, batched, and emailed for audit, legal, and other purposes. Historical tracking capabilities allow for processing time analysis throughout the lifecycle of a document. With no inter-office mail or paper to get lost, there is a reduced risk of error and the added ability of document access anytime, anywhere.

Duplicate bill detection

Duplicate bills are a fact of life, so detection is paramount to any managed care program. Comp MC has redundant duplicate bill-checking detection capabilities, which analyze several levels of bill components.

These include duplicate checking by the client, provider FEIN, claim number, procedure codes, and dates of service against permanent and temporary bill history. We employ three levels of duplicate detection: when the bill is indexed, within the bill review process, and during adjuster review of the bill before payment.

Through a combination of prospective and retrospective services and outstanding system capabilities, Comp MC can *deliver what matters most*—the absolute highest possible level of managed care savings.

As an industry leader in TPA services, CCMSI's core focus is to provide our clients with superior claims management services. As such, we partner with preeminent third-party vendors to provide you the highest quality integrated claims and managed care solutions. Each service is fully integrated into our Risk Management Information System software, iCE (Internet Claims Edge); therefore, completely seamless for you.

CCMSI's partnership with the following third-party vendors provide services under our Comp MC brand name.

- **Medical Bill Review/PPO Leasing**
 - *Conduent*: Partnered since 2003 for bill review services. Majority of our clients utilize them with over 860,000 bills processed annually and an average savings of 60.5%.
- **Specialty Bill Review**
 - *IQA*: Partnered since 2019. Out-of-network specialty review division with Conduent.
- **Diagnostic Networks**
 - *One Call Medical*: Partnered with One Call and its predecessor companies for diagnostics since 2005. Our clients average over 30% off fee schedule using their network, scheduling, and clinical services.
- **PT/OT/Chiro Network**
 - *One Call PT*: Partnered with One Call and its predecessor companies for PT since 2005. Our clients average over 43% off fee schedule using their network, scheduling, and clinical services.
 - *MedRisk*: Partnered with MedRisk since 2020, using their network, scheduling, and clinical services.
- **Pharmacy Network**
 - *Optum*: Partnered with Optum and its predecessor companies since 2003.
 - *Mitchell*: Partnered with Mitchell and its predecessor companies since 2003.
 - *Alius*: Partnered with Alius and its predecessor companies since 2020.
- **Nurse Triage Services**
 - *Conduent*: Comp MC created a custom program offering with Conduent for First Notice of Loss and Nurse Triage that has been in place since 2018.
- **Home Healthcare Services**
 - *Paradigm Care*: Partnered since 2014 for Home Health and DME services.
- **Nurse Case Management**
 - *Genex*: Partnered since 2013
 - *Novare*: Partnered since 2017
- **Utilization Review**
 - *Genex*: Partnered since 2013
 - *Novare*: Partnered since 2017

Other Services

- **800 Reporting**
 - *Navex*: Partnered since 2009. Provides claim intake for WC and Property & Casualty coverage. CCMSI has approximately thirty clients with Navex.
 - *Conduent*: Partnered since 2003
- **SIU/Surveillance**
 - *CoventBridge Group*: Partnered since 2003. Largest investigative services provider in the U.S. Majority of CCMSI clients utilize CCMSI's FIRE/SIU program.
- **Legal Bill Review**
 - *Bottomline Technologies*: Partnered since 2010. Cost control and reductions as a result of compliance to billing guidelines. Average client savings of 10%.
- **MMSEA Reporting**
 - *Exam Works*: Partnered since 2009. MIR Reporting success over 99.9% and over 95% average savings for Medicare Alleged Lien for CCMSI Clients.

CCMSI teams with dozens of quality vendors to provide you the very best integrated claims and managed care solutions, and will work with the vendor of your choice or will refer one of our many quality partners.

CCMSI

Tab 9 – Electronic Claims Information System

Tab 9 – Electronic Claims Information System

This tab should include a comprehensive description of the Contractor's electronic claims information system capability. A list of reports which can be generated by the system should be included, along with information regarding the ability to custom design report formats and samples of frequently requested reports. This tab should provide a description of on-line reporting of claims capability, security features, ability to interface with data feeds from the City's Human Resources Department (i.e. payroll) to allow automated population of personal fields on any Illinois Workers' Compensation systems that will reduce the need to re-input such data by the City. Additionally, this tab should provide information on tracking OSHA reporting and provision of department specific reports as well as City wide summaries.

iCE (Internet Claims Edge), CCMSI's trailblazing Risk Management Information System software, was designed to be flexible, user-friendly, and accessible. As with all our solutions, iCE is customizable and tailored to the client's requirements. Through this web-based, mobile-friendly system, you can view each claim 24/7 in real-time by user-defined filters (including the type of claim and date of loss), at a high level or in detail, and include adjuster notes and bill images. This powerful claim analysis and reporting tool provides:

- **Initial Reporting** Create initial report forms online in iCE or send us claims via web service or through a custom-built interface. Offers industry-specific custom reporting, such as Accident Reports created specifically for our transportation clients.
- **Executive Summary Dashboard** View and customize a broad overview of your risk management analysis.
- **Claims Analysis** A powerful and flexible analytical tool that enables users to view claims in as little or as much detail as they wish.
- **MyReports** CCMSI's enterprise reporting engine offers countless possible data combinations for analysis. Reports can be exported to PDF or Excel, scheduled for systematic email delivery, or posted to iCE.
- **Comp MC** MyReports allows users to run managed care reports for Comp MC (CCMSI's managed care program) with the ability to choose any number of reports from our library, such as PPO penetration or savings by a specific location.
- **OSHA Reporting** Removes the need for duplicate data entry by compiling claims information recorded in the Initial Report to create OSHA 300 (Log), 300-A (Summary), and 301 (Incident Report) forms, which may be printed at any time for any location.
- **Claim Risk Assessment** Predictive modeling module that identifies claims with the potentiality of being higher risk, allowing for early intervention and better outcomes.
- **ClaimView** Mobile-friendly claimant portal for injured workers, allowing them to view their lost-time payments and active drug cards, upload photos of documents, and communicate with their adjuster.
- **Stewardship and Benchmarking** Utilizing historical trends and other benchmarking sources (such as WCRI and IDS), we perform regular and detailed analyses of our performance, providing clients with extensive metrics to drive the success of their claims management program.

Additional features of iCE include:

- Capability to receive data from a multitude of data sources;
- Password protection with varying levels of security access;
- Allows hierarchy of up to twenty-five levels to track data by state, department, etc.;
- Ability to create customized user fields;

- Ability to view adjuster notes by category, including summary, medical, litigation, reserves, etc.;
- Ability to generate state-specific First Reports of Injury and other state forms in PDF;
- Ability for clients to upload documents directly to the claim file/adjuster;
- Online medical bill and medical report viewing; and
- Predictive analytics that utilizes daily AI functionality to determine risk drivers, future treatments, and estimated financial incurred values.

Reporting Features:

- Online access to standard monthly reports dating back twenty-four months;
- User-specific Executive Portal showing key data upon login;
- Dashboard functionality, customizable to user needs;
- Complete ad hoc reporting capabilities, including financial, claims detail, and loss control data;
- Summary and detail claim reporting with drill-down capabilities;
- Analytical tools, including historical and current period comparisons and various graphical presentations; and
- Cost-containment savings and fee reporting.

Access and Reporting Overview

Levels of access are assigned to the client's designated employees, who can then review every aspect of the claim file from a selected group (e.g., department or division), a particular time frame, or the client as a whole. Client-specific reports, including loss, financial, and summary reports; monthly check registers; and monthly vendor payments, will be posted on the client's iCE report tab and maintained in PDF format for a rolling twelve-month period.

Financial transaction screens list all payments made on a claim, along with detailed information and a link to scanned images of medical bills and reports, complete with commentary. Additionally, we offer as-of-date financial data with a simple calendar selector, allowing information rollback to a previous date.

The following screenshots display claim file categories and a navigational sidebar containing other available key elements for client review.

ice
CLAIM # 11ICE053637 - CLAIMANT, IND 37 - DOL : 2/3/2020

Overview

Detail

Summary

Client Codes

Financial

Notes

Legal

Client Diaries

Adjuster Diaries

Reserves

Transactions

Claim Risk

Predictive Analytics

Policy

View/Print Multiple Pages

Tag this claim

Logged In As
SKIP BRECHTEL

Your session expires in:
29 minutes [Reset](#)

Overview

Claim Detail

Claim Number:	11ICE053637
Name:	Claimant, Ind 37
Date of Loss:	2/3/2020
Coverage Code:	WC
Claim Status:	Open
Claim Type:	Indemnity
Medicare Eligible:	N/A

Accident Description:
Electricity resulted in cardiac event and burns

Adjuster: VOGEL, RACHEL
Email: rvogel@ccmsi.com
Phone: 504-883-8407

Supervisor: VOGEL, RACHEL
Email: rvogel@ccmsi.com
Phone: 504-883-8407

Suit Filed: Yes
Case Settled: No
Settlement Amount: \$0.00
Settlement Date:

Policy Holder: BUSINESS UNIT 1 1700
Primary Insurance: Self-Funded
Co.:

Issuing Insurance: SELF-FUNDED
Co.:

Policy #: _____
Effective Date: 1/1/2020
SIR/Deductible: \$0

[Salary Continuation Requests](#)

For fillable forms (ACORD, State forms, Form Letters, etc.) navigate to Form Filler.

[Form Filler](#)

Financial Summary

Claim Totals	
Total Paid:	\$70,952.73
Outstanding Reserves:	\$131,669.28
Third Party Recovery:	\$0.00
Total Incurred:	\$202,622.01
Carrier Reimbursement:	\$0.00
Net Incurred:	\$202,622.01

Incurred By Class

Total Incurred by Date

Documents

[Add Documents to Claim](#)

Pending Documents (for adjuster)
There are no pending documents

Initial Report Documents
There are no documents for the Initial Report.

[Add Documents to Claim](#)

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ice
CLAIM # 11ICEC053637 - CLAIMANT, IND 37 - DOL : 2/3/2020

Overview

Detail

Summary

Client Codes

Financial

Notes

Legal

Client Diaries

Adjuster Diaries

Reserves

Transactions

Claim Risk

Predictive Analytics

Policy

View/Print Multiple Pages

Tag this claim

Logged In As
SKIP BRECHTEL

Your session expires in:
29 minutes [Reset](#)

Claim

Status: Open	TCM: ()
Coverage Code: WC	Claim Source: ICEBar
Claim Type: Indemnity	Claim Denied: N
Date Claim Closed: N/A	Claim Risk Level: N/A

Claimant

Name: Claimant, Ind 37	Address: 527 Pine St
Home Phone: 555-555-5555	Sacramento, CA 94203
Mobile Phone:	United States
Personal Email:	

Employee

Date Of Hire: 3/23/2016	Job Class: 9403 - GARBAGE COLLECTION AND DRIVERS
TTD Rate: \$573.72	Avg Weekly Wage: \$860.14
Job Title (Carrier):	PPD Rate: \$430.29

Incident

Date Of Loss: 2/3/2020	Time of Injury: 10:15
Loss Type: ELECTRICAL SHOCK	Body Part: HEART
Cause Code: STRIKING AGAINST/OBJECT LIF/HAN	Entry Date: 2/3/2020 12:00:00
Description: Electricity resulted in cardiac event and burns	State Claim Number:

Codes

Department: BUSINESS UNIT 1 1700	Division: CALIFORNIA OPERATIONS
Departments: WEST	Accident Location:
Sub-Department: SAN DIEGO	
Area: COMMERCIAL	
Job Title: DRIVER	

Contacts

	Date	UserID	Comments
Employee:	7/27/2020	KBRECHTEL	Obtained recorded statement 6-6-11
Employer:	7/27/2020	KBRECHTEL	Referred to contact for further specific information from GM
Medical:	7/27/2020	KBRECHTEL	Spoke with doctor

Timeline

Date Of Loss: 2/3/2020

Claimant Report Date: 2/3/2020

Claim Entry Date: 2/3/2020

Date Opened: 2/3/2020

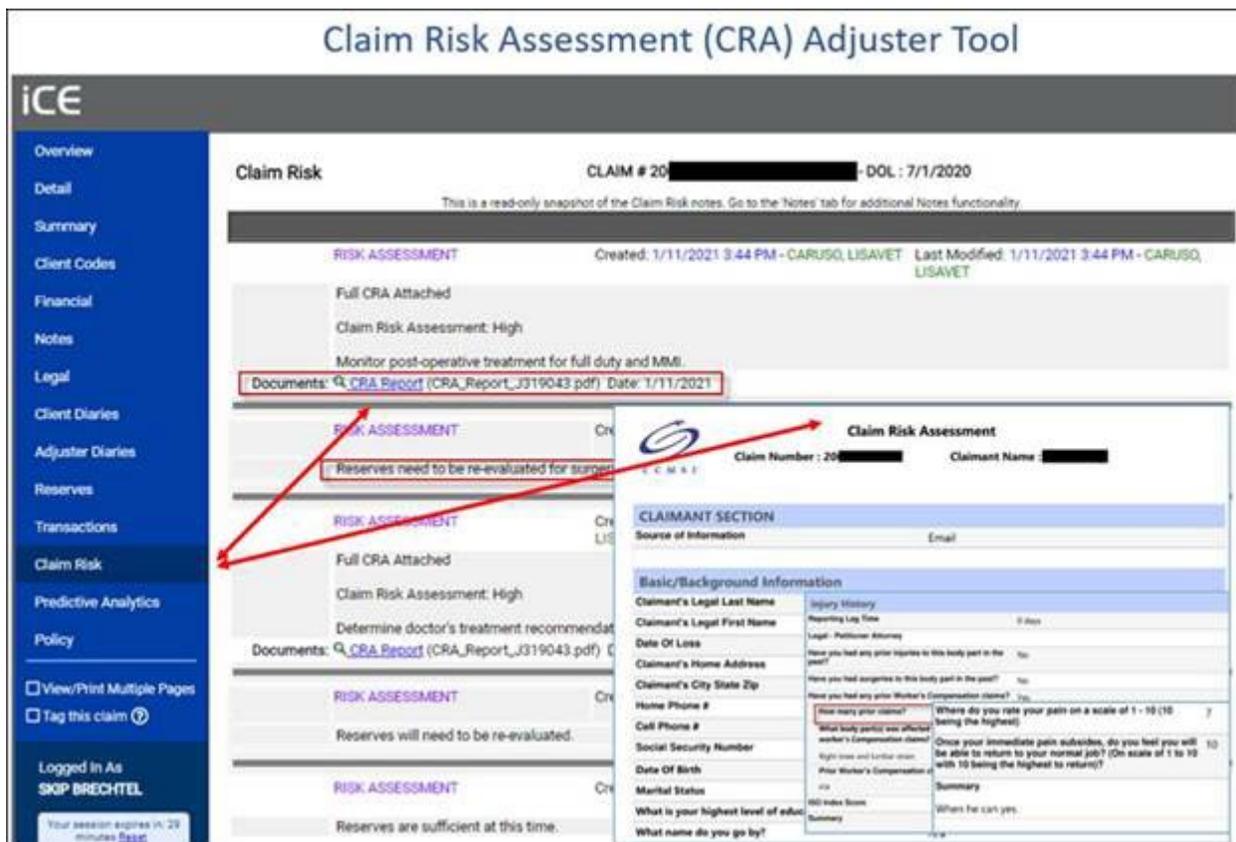
Indemnity Date: 10/15/2020

CCMSI clients can filter claim information by numerous data fields, including date of loss, claimant name and/or Social Security Number, claims denied, and total incurred over a specific dollar amount. Once the client locates the desired claim, they can view and download information, such as claim status (i.e., open, closed, pending); a detailed summary of claim facts and information; employment information (e.g., average weekly wage and PPD rate); as well as all adjuster log notes, including action plan/diary review, settlement evaluation, and summary of medical treatment and case management activity.

In addition, clients can quickly view financial transactions and analyses, including detailed payments, medical invoices, and charts to provide a comprehensive and visual breakdown of claim reserves and reserve development.

CCMSI Claim Risk Assessment (CRA) and Gradient AI Daily Claim Scorecard

CCMSI understands early identification and intervention of potential high-risk claims can deliver dramatic cost-savings benefits to our clients. Since 2015, we have utilized the Claim Risk Assessment (CRA) Adjuster Tool, a customized in-house claim scoring system to classify indemnity claims as potential high, moderate, or low risk. The scoring system captures seventy-five data fields, such as comorbidities, distance to a doctor, claimant’s probability of returning to work, prior surgeries, etc. (Note: A complete list is available upon request.)

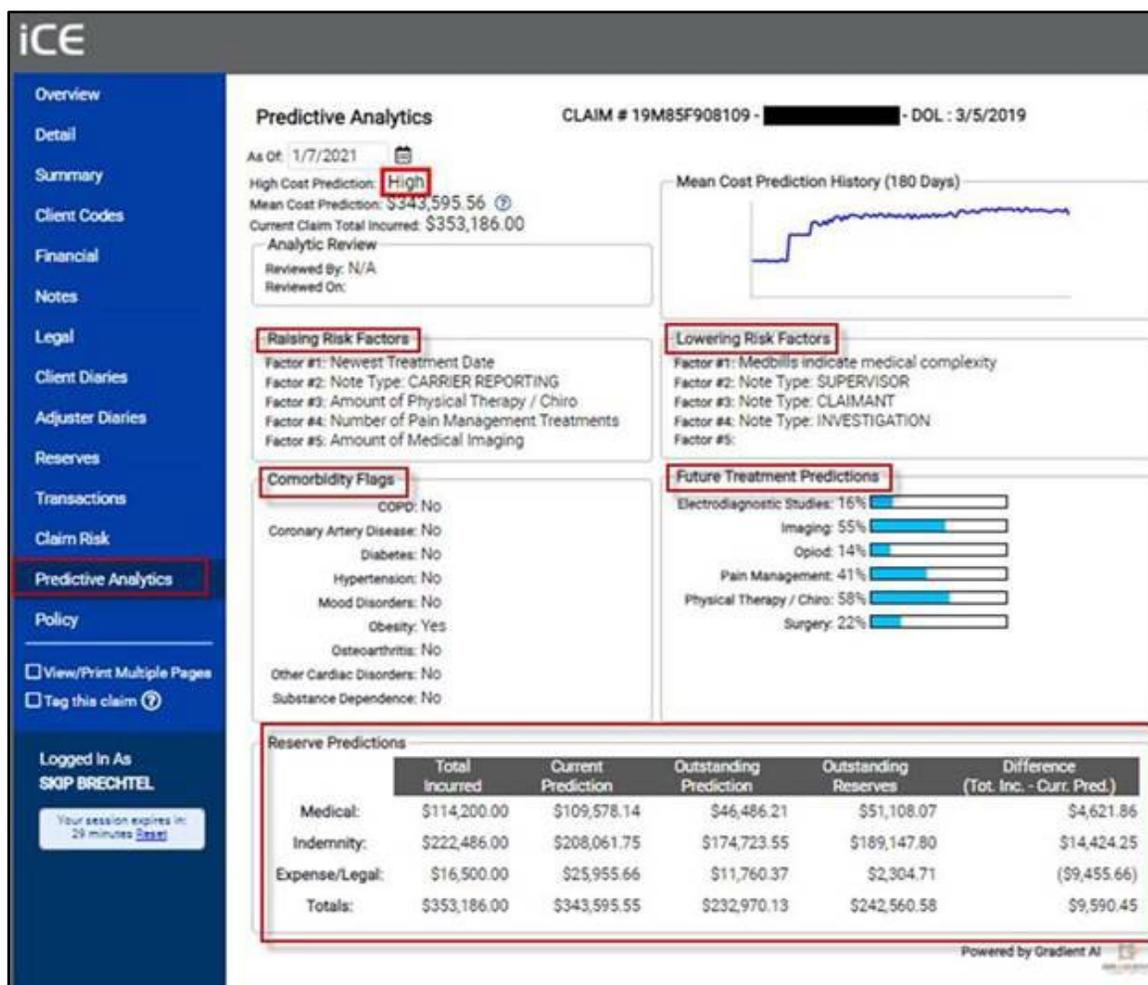


CCMSI selected Gradient AI as its claim artificial intelligence partner in the First Quarter of 2019 and now utilizes its AI product to score all indemnity and medical-only claims each night. Gradient currently uses over forty million workers' compensation claims and additional third-party datasets to perform daily analysis, proving to be highly successful in identifying claim drivers and costs early on.

Each evening, CCMSI transmits all claims data fields in our system to Gradient AI, including transactions, adjuster notes, medical bills, prescriptions, and our claim risk assessment fields. Gradient then scores the claims and provides CCMSI with the following information:

- Risk classification of *High*, *Medium*, or *Low* of a claim being high cost;
- Total incurred predication through GAI models versus current CCMSI adjuster incurred value;
- Treatment predictions (e.g., surgery, PT, electrodiagnostic, imaging, opioids, pain management);
- List of all comorbidities; and
- List of factors impacting the claim cost (e.g., legal, return to work, future medical).

The screenshot below illustrates how this is depicted in our clients' ICE portals:



Predictive Analytics CLAIM # 19M85F908109 - [REDACTED] - DOL : 3/5/2019

As Of: 1/7/2021

High Cost Prediction: **High**

Mean Cost Prediction: \$343,595.56

Current Claim Total Incurred: \$353,186.00

Analytic Review
Reviewed By: N/A
Reviewed On:

Raising Risk Factors

- Factor #1: Newest Treatment Date
- Factor #2: Note Type: CARRIER REPORTING
- Factor #3: Amount of Physical Therapy / Chiro
- Factor #4: Number of Pain Management Treatments
- Factor #5: Amount of Medical Imaging

Lowering Risk Factors

- Factor #1: Medbills indicate medical complexity
- Factor #2: Note Type: SUPERVISOR
- Factor #3: Note Type: CLAIMANT
- Factor #4: Note Type: INVESTIGATION
- Factor #5:

Comorbidity Flags

- COPD: No
- Coronary Artery Disease: No
- Diabetes: No
- Hypertension: No
- Mood Disorders: No
- Obesity: Yes
- Osteoarthritis: No
- Other Cardiac Disorders: No
- Substance Dependence: No

Future Treatment Predictions

- Electrodiagnostic Studies: 16%
- Imaging: 55%
- Opioid: 14%
- Pain Management: 41%
- Physical Therapy / Chiro: 58%
- Surgey: 22%

Reserve Predictions

	Total Incurred	Current Prediction	Outstanding Prediction	Outstanding Reserves	Difference (Tot. Inc. - Curr. Pred.)
Medical:	\$114,200.00	\$109,578.14	\$46,486.21	\$51,108.07	\$4,621.86
Indemnity:	\$222,486.00	\$208,061.75	\$174,723.55	\$189,147.80	\$14,424.25
Expense/Legal:	\$16,500.00	\$25,955.66	\$11,760.37	\$2,304.71	(\$9,455.66)
Totals:	\$353,186.00	\$343,595.55	\$232,970.13	\$242,560.58	\$9,590.45

Powered by Gradient AI

CCMSI adjusters, supervisors, and account managers use this information as an additional tool in the claim's assessment and discussions with the client.



Recommended Interventions Dashboard View

Day 25

Date: [Date Range] Claim Number: 0007890

Intervention	Recommendation	Intervention	Recommendation
FCM:	High	Rx Utilization Review:	High
TCM:	Low	Medical Records Review:	Low
Cost Benefit Assessment:	\$31,038	Cost Benefit Assessment:	\$12,667
		Cost Benefit Assessment:	--

Interventions:

- NCM
- IME
- RX Utilization
- Settlement
- Subrogation
- MSA

Phase Two of the Gradient AI product will provide our claims team and clients with additional claim intervention information, which can be utilized to assist with recommended interventions in six key areas: NCM, IME, Rx utilization, settlement, subrogation, and MSA.

CCMSI is currently working with Gradient AI on the following additional predictive models:

- Evaluation of medical-only claims that will convert to indemnity claims;
- Evaluation of claims that will have attorney representation;
- Estimated average duration of lost days;

- Medical providers with best outcomes; and
- PT scorecard and analytic status of claimant physical therapy progress.

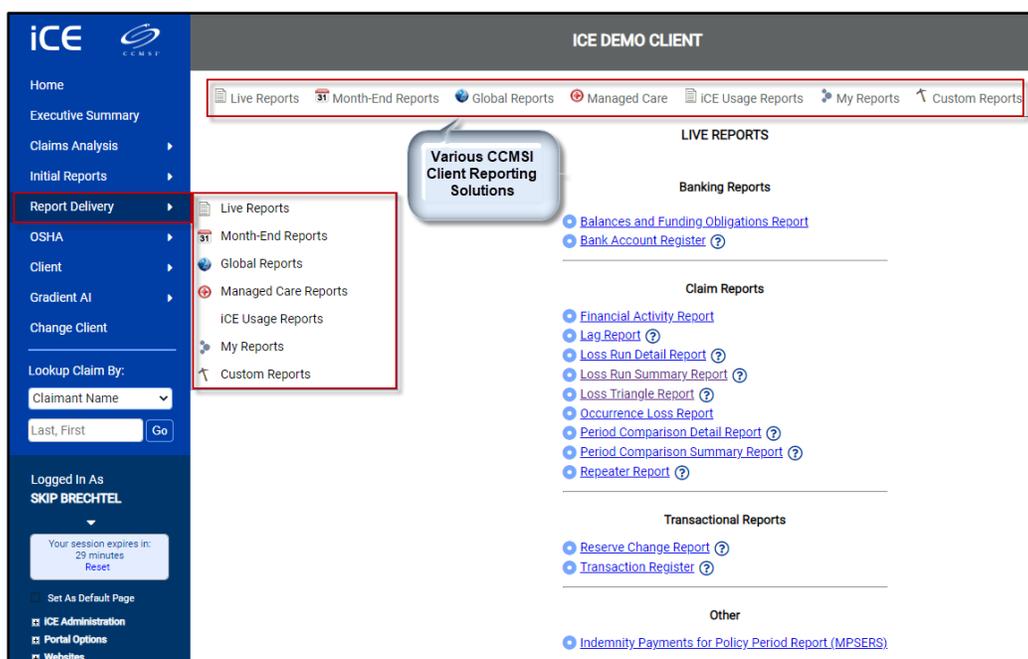
Reports

CCMSI's iCE (Internet Claims Edge) risk management system is designed to provide our clients with timely, accurate, and robust data. Users can easily retrieve claims and loss control data via standard and ad hoc online reports as high-level or as detailed as they choose.

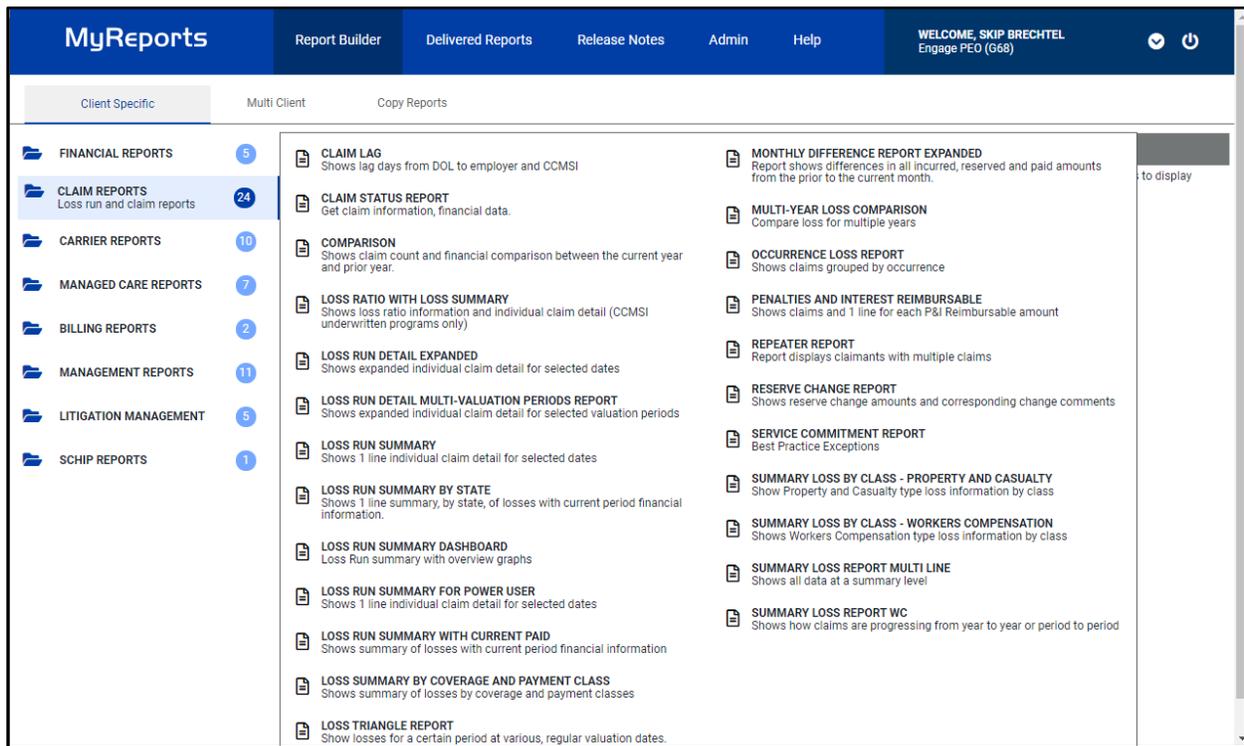
- **Standard Reports** Over the years, CCMSI has developed a catalog of over four hundred reports based on specific client requirements, including detailed claim information, summary (at various reporting levels), check and payment registers, and loss ratio (by desired operating levels). These static reports are posted online within five business days and available 24/7 within iCE.
- **Ad hoc reporting** Our clients can generate a wide array of valuable ad hoc reports with the opportunity to sort and categorize by various fields and data. Analytics, such as charts and graphs, are provided.
- **Special Customized Reports** On the rare occasion a client's reporting needs cannot be met by our catalog of standard or ad hoc capabilities, we can custom design and develop reports to fit their precise needs. Our standard fee is \$150/hour for development; however, if the custom report requests are minimal, they will most likely be free of charge.

- **Live Reports**

This feature provides our clients' thirteen most commonly used reports, including detail and summary loss runs, comparative periods, loss triangles, and reserve change reports. These reports can be generated with user-selected periods and as-of dates.



- **MyReports** MyReports allows the client to build a customized loss run with over three hundred fields from which to choose. This report can be scheduled to run automatically and regularly, then emailed in PDF or Excel or posted to iCE. Our customer service team is available to assist in creating these reports.



The screenshot shows the 'MyReports' application interface. At the top, there is a navigation bar with 'MyReports' and tabs for 'Report Builder', 'Delivered Reports', 'Release Notes', 'Admin', and 'Help'. The user is identified as 'WELCOME, SKIP BRECHTEL' with the role 'Engage PEO (G68)'. Below the navigation bar, there are filters for 'Client Specific', 'Multi Client', and 'Copy Reports'. A left sidebar lists report categories with counts: FINANCIAL REPORTS (5), CLAIM REPORTS (24), CARRIER REPORTS (10), MANAGED CARE REPORTS (7), BILLING REPORTS (2), MANAGEMENT REPORTS (11), LITIGATION MANAGEMENT (6), and SCHIP REPORTS (1). The main content area displays a grid of report cards, each with a document icon, a title, and a brief description. The reports listed include: CLAIM LAG, CLAIM STATUS REPORT, COMPARISON, LOSS RATIO WITH LOSS SUMMARY, LOSS RUN DETAIL EXPANDED, LOSS RUN DETAIL MULTI-VALUATION PERIODS REPORT, LOSS RUN SUMMARY, LOSS RUN SUMMARY BY STATE, LOSS RUN SUMMARY DASHBOARD, LOSS RUN SUMMARY FOR POWER USER, LOSS RUN SUMMARY WITH CURRENT PAID, LOSS SUMMARY BY COVERAGE AND PAYMENT CLASS, LOSS TRIANGLE REPORT, MONTHLY DIFFERENCE REPORT EXPANDED, MULTI-YEAR LOSS COMPARISON, OCCURRENCE LOSS REPORT, PENALTIES AND INTEREST REIMBURSABLE, REPEATER REPORT, RESERVE CHANGE REPORT, SERVICE COMMITMENT REPORT, SUMMARY LOSS BY CLASS - PROPERTY AND CASUALTY, SUMMARY LOSS BY CLASS - WORKERS COMPENSATION, SUMMARY LOSS REPORT MULTI LINE, and SUMMARY LOSS REPORT WC.

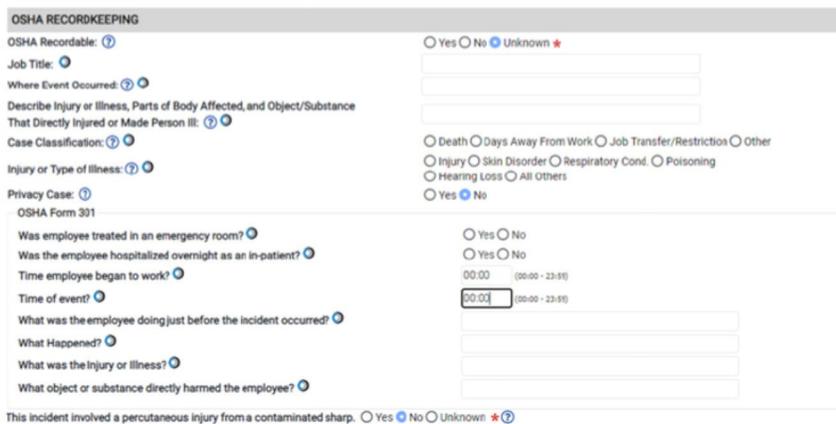
OSHA Reporting

CCMSI offers an OSHA recordkeeping application that addresses OSHA requirements while enabling a more efficient workers' compensation claim submission process. This application provides four useful tools:

1. Resources: such as video tutorials on how to use the system, as well as educational pieces associated with OSHA's recordkeeping requirements found in 29 CFR 1904.
2. Incident management: allows the employer to update OSHA recordables for case classification, tracking days away, and restricted/transfer days.
3. Generation of OSHA recordkeeping forms: including the 300 Log, 300A Summary, and individual 301s.
4. DART calculator: allows employer to create an incidence rate based on their OSHA recordable information.

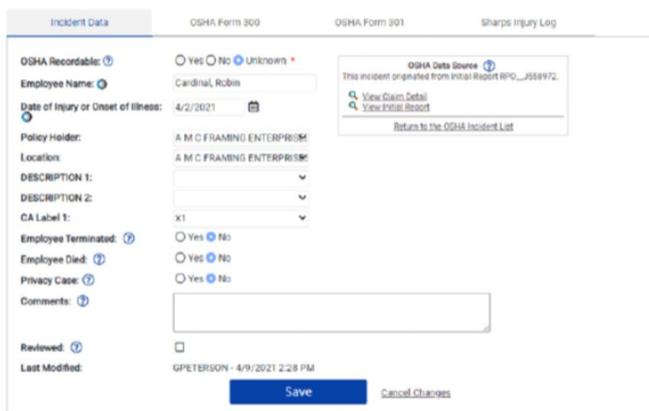
How it Works

The Initial Report is designed to auto populate OSHA Recordkeeping information. The OSHA section of the Initial Report will map to other relevant OSHA Recordkeeping information within the application including OSHA Incidents and OSHA Recordkeeping Forms.



The OSHA Incident section is comprised of four (4) tabs. Each tab allows the employer to update information that will populate on the OSHA Recordkeeping documents, including:

- a. Incident Data
- b. OSHA Form 300
- c. OSHA Form 301
- d. Sharps Injury Log



Management of OSHA recordables is conducted within the OSHA Incidents tabs. The OSHA Form 300 tab allows the employer to update case classification, as well as tracks days away and restricted/transferred days.

To generate OSHA recordkeeping forms, select the *Forms* option within the OSHA Icon. Employers can generate an OSHA Form 300 (Log), OSHA Form 300A (Summary), CSV file for electronic reporting, and OSHA Form 301 (Incident Report).

ASSOCIATION TEST ACCOUNT ? FAQ U Log Out

[Resources](#) [Incidents](#) **Forms** [DART Calculator](#)

OSHA FORMS

Form Type:

- OSHA's Form 300 (Log)
- OSHA's Form 300A (Summary)
- CSV File, 300A Data For Electronic Reporting
- Form 300 Auditor
- OSHA's Form 301 (Incident Report)
- Sharps Injury Log

Federal/State Form: Federal

Report Breakdown: Single Report One Report Per Policy Holder One Report Per CA Label 1

Filters/Establishment

Incident Dates: Start: 1/1/2021 End: 12/31/2021 - Select a date range -

Policy holder: - All -

Ca label 1: - All -

Content

Establishment Name/Address: Default Override

Lost Time Calculations:

- Include All Days Away/Restricted
- Limit Days Away/Restricted To 180 For Either Column K or L
- Limit Days Away/Restricted To 180 For Both Columns K and L Combined

Go!

Export to Excel

CCMSI: CLIENT INTERNET PORTAL

ICE System & Security Services



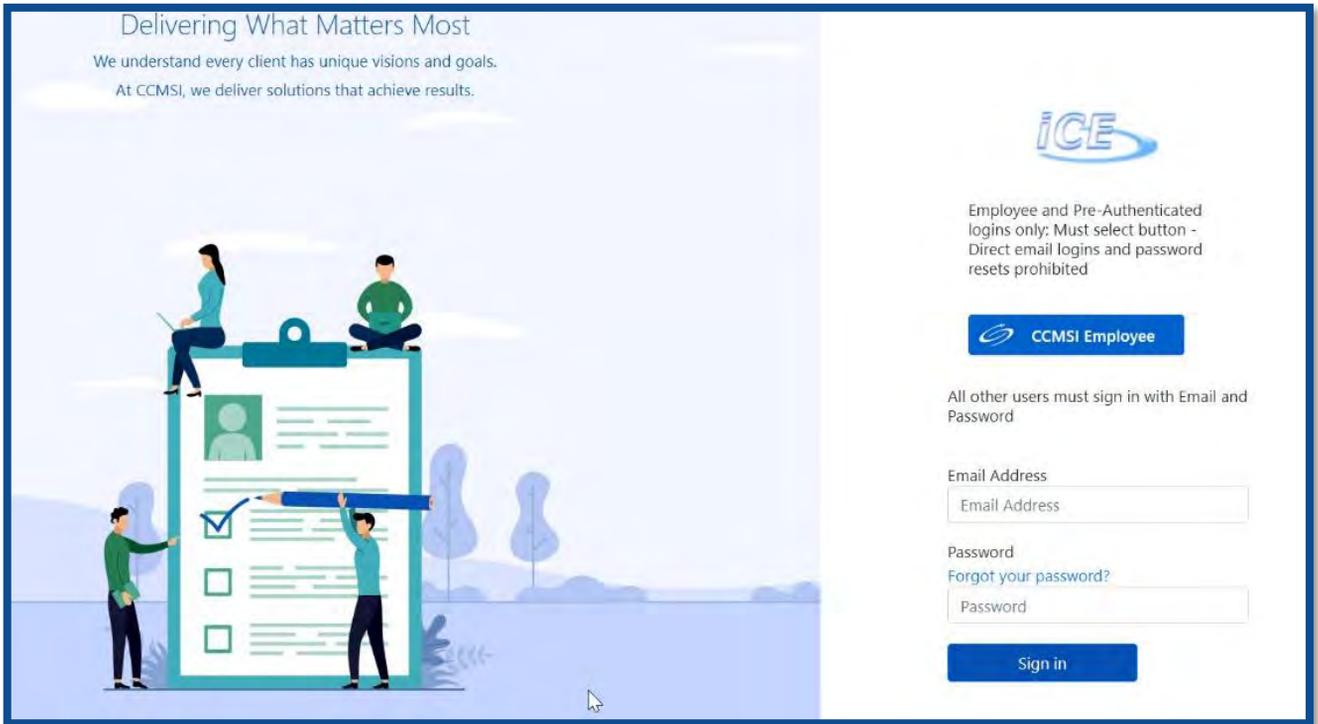
CCMSI®

TABLE OF CONTENTS



CCMSI's Internet Claims Edge or ICE is a comprehensive claims analysis and reporting tool that empowers a user when tracking claims or analyzing trends. ICE is capable of processing and analyzing claims information, using built-in features for claims and summary analysis. Clicking on a chapter title will bring readers to the starting page of a section. Clicking on the CCMSI logo at the top right of the page will bring the reader back to the table of contents.

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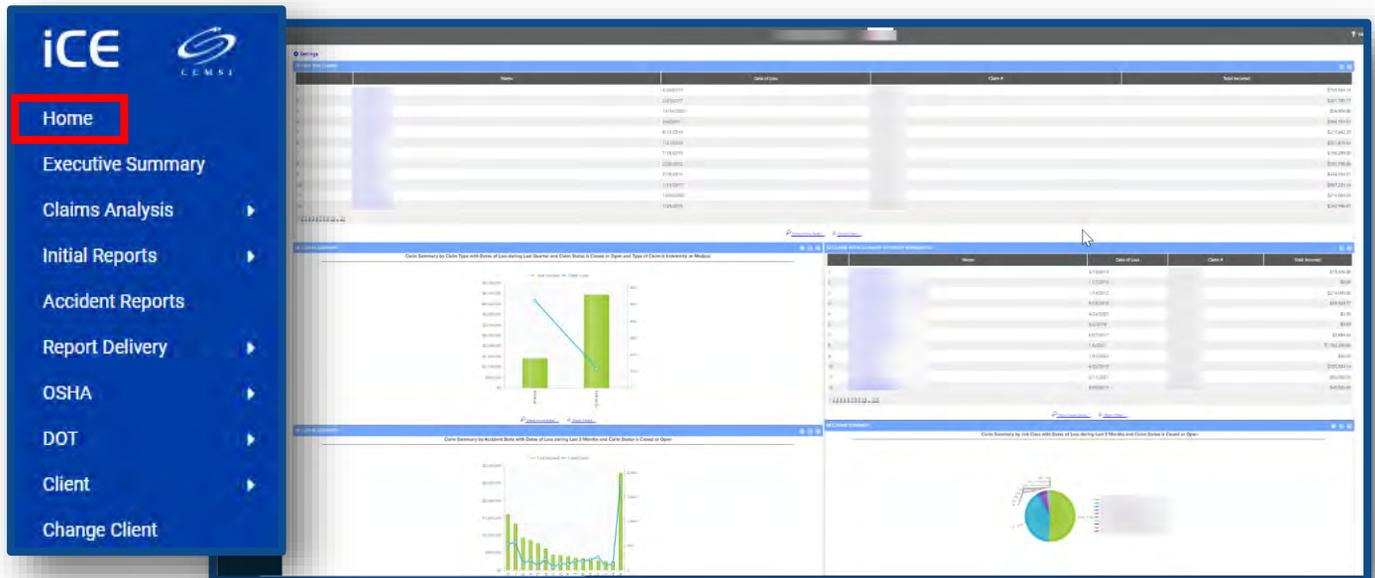


Signing in to the iCE login screen offers secured access to claims information 24 hours a day, 7 days a week. iCE is easily accessible via the Web with no additional software required for installation. Logging in allows authorized users to view their entire claims history. For users' protection and convenience, iCE offers: password protection, security questions, verification codes sent either via email or text message.

Multi-Factor Authentication (MFA) is security concept that verifies a user's identity by requiring multiple pieces of evidence (or factors). Rather than just a user name and password, MFA requires an additional factor (like a code from a user's smartphone in CCMSI's case) to authenticate the user.

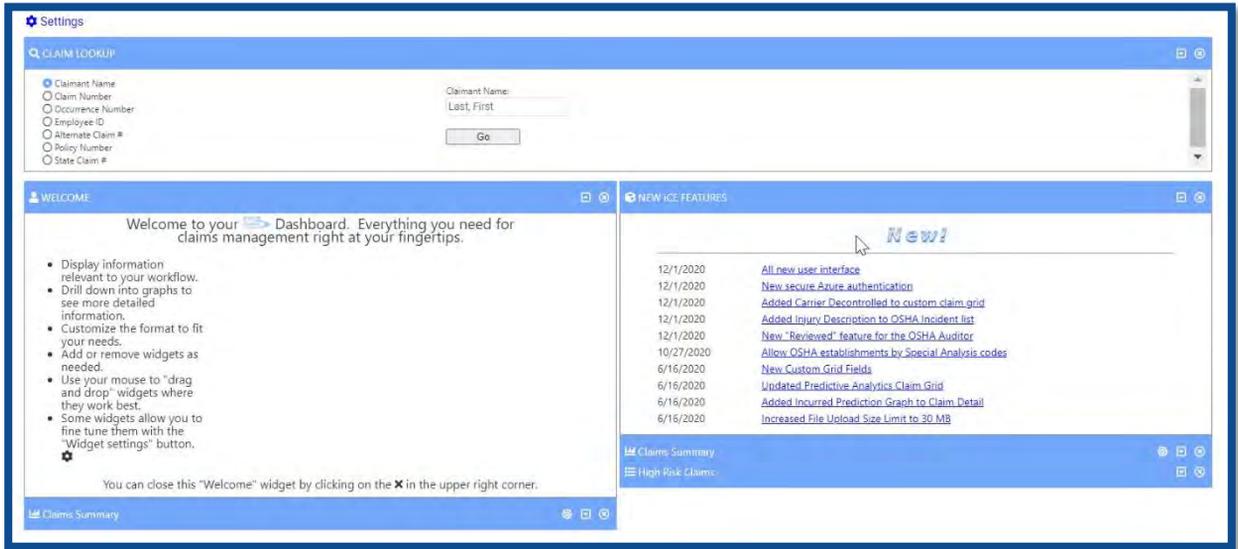
MFA simply put is one of the most effective ways to provide enhanced security by adding additional layers to increase the confidence that user accessing our applications are actually who they claim to be.

The integration with Microsoft's MFA allows CCMSI to monitor out of the ordinary attempts to access our applications, as well as detect brute force attacks on our applications thus improving the security for both CCMSI and our client's data.



The iCE home page features easy access to all program features via the left hand navigation menu. The homepage also displays recent updates made to iCE and may now be fully customized using iCE's dashboard feature. The homepage dashboard tool offers: quick access to fully customizable client analysis, easy access to claim lookup features, easy access to client documents, one click access to tagged claims, at a glance access to high risk claims, shortcuts to additional reporting features.

DASHBOARD HOMESCREEN & SETTINGS



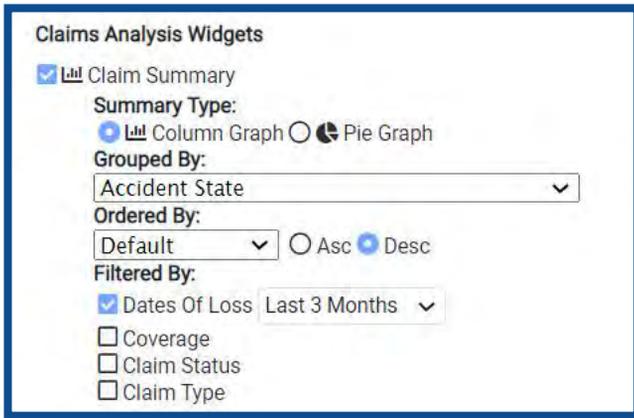
iCE's Dashboard is a customizable menu users manipulate to display all of their most pertinent claims data and analysis so it is readily available to them upon login to iCE. A customized Dashboard eliminates constant criteria entry within Claims Grid and Claim Summary for frequently checked information. Before customizing your Homepage, Dashboard will display with iCE's welcome screen and the most recent updates to iCE.



Clicking on "Settings" will drop down a selection menu where you may select which data tiles you would prefer to see displayed on your Homepage upon login.

There are three tabs on the Settings menu: Add Widgets, Manage Layout, and Reset All. Add Widgets houses the widget list, Manage Layout allows you to alter the ways your widget tiles are displayed, and Reset All clears all of your current tile selections and widget filter settings.

ADDING DASHBOARD WIDGETS



Claims Analysis Widgets

 Claim Summary

Summary Type:
  Column Graph  Pie Graph

Grouped By:
Accident State

Ordered By:
Default Asc Desc

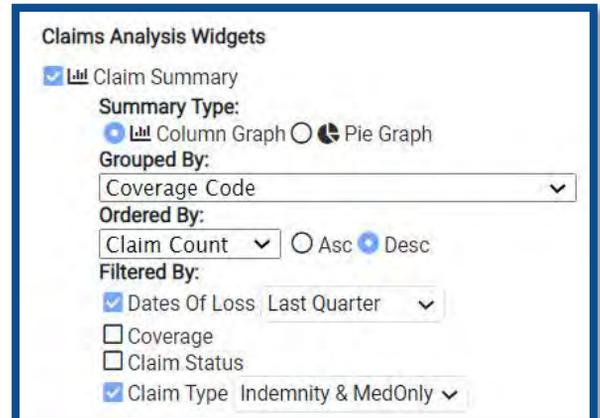
Filtered By:

Dates Of Loss Last 3 Months

Coverage

Claim Status

Claim Type



Claims Analysis Widgets

 Claim Summary

Summary Type:
  Column Graph  Pie Graph

Grouped By:
Coverage Code

Ordered By:
Claim Count Asc Desc

Filtered By:

Dates Of Loss Last Quarter

Coverage

Claim Status

Claim Type Indemnity & MedOnly

To add a widget to the Dashboard display, select the widget you would like and click on the empty box to its left, placing a check mark within. Your preferred widget is now selected. In this example, we've selected the Claim Summary widget.

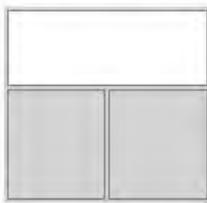
The Claim Summary widget has multiple selection criteria that pop up when you activate its selection check box. Using the drop downs and radio buttons you may organize your data the way you would like it displayed in your tile. The Grouped By and Ordered By drop down menus are linked. If you make a Grouped By selection and leave the Ordered By selection as Default the data will be ordered by whatever selection has been made in the Grouped By field. You may alter this by making a different Ordered By selection.

Checking off additional selections from the criteria list will show additional drop down menus to further classify your data if needed.

After making all the tweaks to your data you'd like, navigate to the right hand side of the widgets list to the Add Widget(s) tool. Click on any of the spaces available to place your widget in the designated area of the Homepage screen. Once you've chosen and clicked on an area, which will be highlighted white, click Add Widget(s).



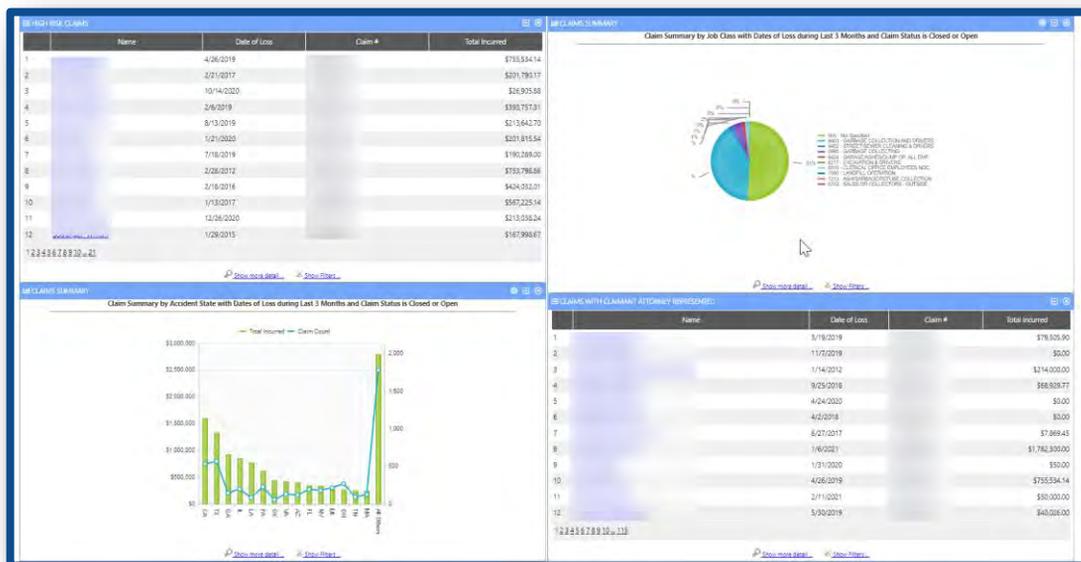
Select the region where you want to place the widgets:



Add Widget(s)

Cancel

DASHBOARD LAYOUT EXAMPLE



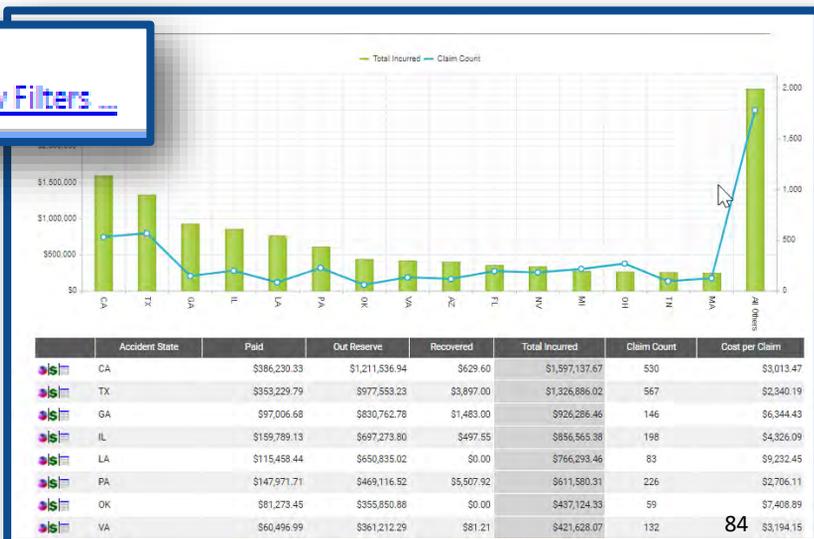
The above is an example of multiple tiles displayed on the homepage dashboard. The top high risk claims widget is a standard and non customizable tile. The lower two tiles are examples of the customizable claim summary widget. The claim summary tile on the top right shows percent of NCCI code in a pie graph. The same widget can show an entirely different data set in an entirely different format such as on the bottom left where the claim summary widget was used to create a tile showing claims by accident state in a bar graph.

The lower two customizable tiles can be altered without accessing the settings menu by clicking on the gear icons at the top right of each tile. Data details can be accessed by clicking on "show more detail" at the bottom of any slide should the user notice an anomaly or spike in a particular data set.

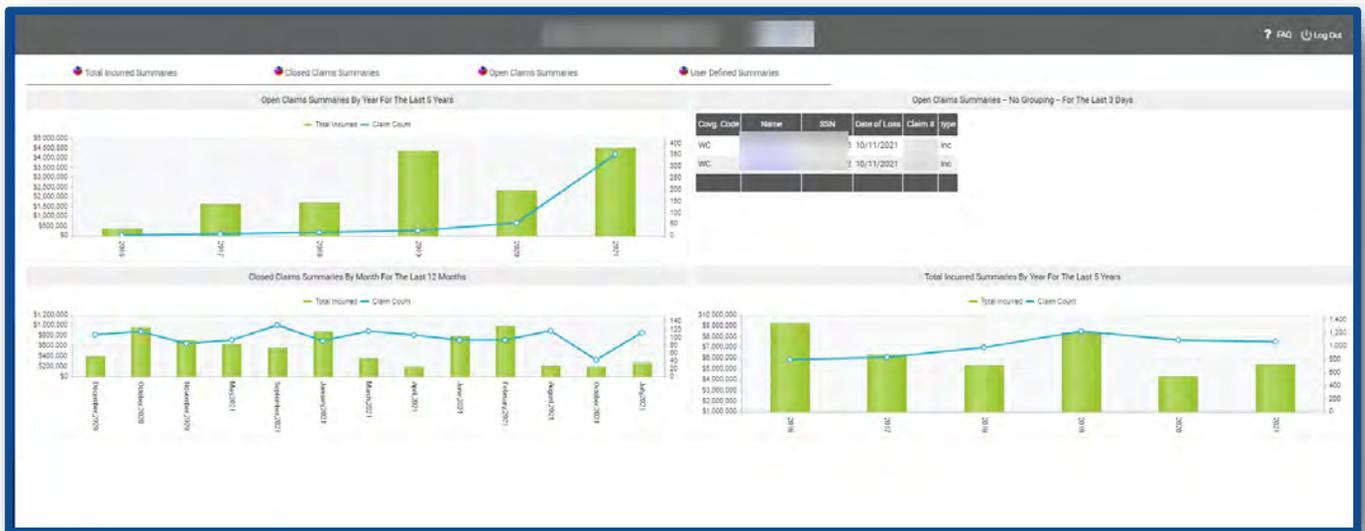
Users can collapse individual tiles using the arrow icon at the top right of each tile and tiles may be deleted by clicking the "x" icon at the top right of each tile.



At the bottom of every tile, users have the option to "Show more detail." Clicking on this option ports the data in the tile to claim summary where users can break down the data using further filters or get more claim detail within claim grids.



EXECUTIVE SUMMARY



Executive Portal View (above) offers quick access to the most requested claims analysis reports, reports on-line (Live, Static, MyReports and Managed Care.).

EXECUTIVE SUMMARY



Total Incurred Summaries

Closed Claims Summaries

Open Claims Summaries

User Defined Summaries

Total Incurred Summaries

- By Calendar Year (5 Years)
- By Fiscal/Fund Year (5 Years)
- By BUSINESS UNIT ▶
- For Each Month (Last 12 Months)
- By Coverage Code ▶
- By State of Jurisdiction ▶
- By Severity Class ▶
- By Policy Period
- By DIVISION-LOB
- By LOB SERIES

Total Incurred Summaries

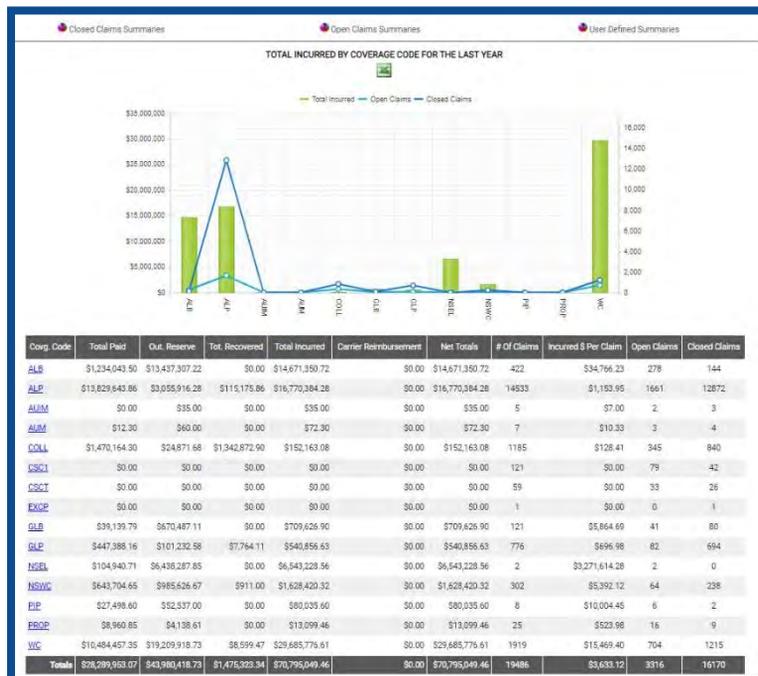
- By Calendar Year (5 Years)
- By Fiscal/Fund Year (5 Years)
- By BUSINESS UNIT ▶
- For Each Month (Last 12 Months)
- By Coverage Code ▶
- By State of Jurisdiction ▶
- By Severity Class ▶
- By Policy Period
- By DIVISION-LOB
- By LOB SERIES

12 Month View

5 Year View

The Executive Portal features drop down selections. With a simple click of the mouse, top requested reports are available at your fingertips.

For a deeper analysis of claims history, the Claims Analysis section of iCE provides multiple features for filtering relevant data.



INITIAL REPORTS



ICE DEMO CLIENT

In-Progress Ready for Review Complete Search Create New Report

IN-PROGRESS INITIAL REPORT FORMS
(29 In-Progress Initial Reports)

Name	Created	Last Updated	Date of Loss	Coverage	Report Type	State of Jurisdiction	Accident Description	Department	Division	
Mouse, Mickey	9/18/2020	12/1/2020	9/1/2020	ALB	CLAIM	FL	Hit mailbox	BUSINESS UNIT 3	FLORIDA OPERATIONS	
Spence, Phillip H	11/30/2020	11/30/2020	11/23/2020	WC	CLAIM	TX	Blowback from tool chipped EE's tooth	BUSINESS UNIT 4	TEXAS OPERATIONS	
Hughley, Joy	9/26/2020	11/29/2020	9/1/2020	WC	REPORT ONLY	FL	Lifted a box	BUSINESS UNIT 3	FLORIDA OPERATIONS	
Beerman, Kyle	11/23/2020	11/23/2020	11/23/2020	ALP	REPORT ONLY	CA	damadged vehicle	BUSINESS UNIT 1 1700	CALIFORNIA OPERATIONS	
McWilliams, Janeen	11/20/2020	11/20/2020	11/10/2020	WC	REPORT ONLY	MS		BUSINESS UNIT 2	MISSISSIPPI OPERATIONS	
Kirch, Kathleen	11/13/2020	11/15/2020	11/6/2020	GLB	CLAIM	GA	Slipped on sidewalk	BUSINESS UNIT 1 1700	CALIFORNIA OPERATIONS	
Smith, Michael M	10/29/2020	10/29/2020	10/29/2020	WC	CLAIM	NV		BUSINESS UNIT 1 1700	NEVADA OPERATIONS	
Smith, John	10/7/2020	10/5/2020	10/1/2020	WC	REPORT ONLY	NC	Burned foot	BUSINESS UNIT 1 1700	NEVADA OPERATIONS	
.	10/2/2020	10/2/2020	10/1/2020	WC	CLAIM	LA		BUSINESS UNIT 2	LOUISIANA OPERATIONS	
.testchicago.	10/1/2020	10/1/2020	9/29/2020	ALP	UNKNOWN		hfe5hcdthvfrh hgcdgh hfgufcjcj	BUSINESS UNIT 4	ILLINOIS OPERATIONS	
.	9/28/2020	9/28/2020	9/28/2020	WC	CLAIM	NV		BUSINESS UNIT 1 1700	NEVADA OPERATIONS	
.	9/28/2020	9/28/2020	9/4/2020	WC	CLAIM	AL		BUSINESS UNIT 2	ALABAMA OPERATIONS	
hughes, kim	9/24/2020	9/24/2020	9/1/2020	WC	CLAIM	NV	bite by dog	BUSINESS UNIT 1 1700	NEVADA OPERATIONS	
.last.first	10/7/2020	9/24/2020	10/6/2020	ALP	CLAIM	IL		BUSINESS UNIT 4	ILLINOIS OPERATIONS	
.TEST.TEST	9/19/2020	9/23/2020	9/10/2015	WC	CLAIM	NM	LIFTING BOXES	BUSINESS UNIT 2	LOUISIANA OPERATIONS	
.	9/20/2020	9/20/2020	9/20/2020	WC	CLAIM	NV		BUSINESS UNIT 1 1700	NEVADA OPERATIONS	
.Case.Test	9/24/2020	9/20/2020	9/21/2020	WC	CLAIM	NV	Burned left hand while cooking french fries	BUSINESS UNIT 1 1700	NEVADA OPERATIONS	
.Smith, Larry	10/3/2020	9/19/2020	10/3/2020	WC		NC		BUSINESS UNIT 3	FLORIDA OPERATIONS	
.	9/17/2020	9/17/2020	8/29/2020	WC	CLAIM	CA		BUSINESS UNIT 1 1700	CALIFORNIA OPERATIONS	
.	9/17/2020	9/17/2020	9/17/2020	WC	CLAIM	NJ		BUSINESS UNIT 3	NEW JERSEY OPERATIONS	

The Initial Claim Report section gives you access to in-progress, complete, reports only, search reports (at right) and create new reports. The ability to search Initial Claim Reports allows users to search by various categories to locate previous reports based on search criteria. When clicking on Initial Reports in the main navigation menu, the screen defaults to the In Progress screen.



While Initial Reports are In Progress, they have not been submitted to CCMSI for processing. Some have the option to review their employees claims before they are able to submit them to CCMSI. In this case, only one designated claim manager is able to submit claims. When this feature is requested, the Ready for Review tab is added to the Initial Reports module. Initial reports appearing here have been submitted for internal review. Until the claim manager completes the report, it is not yet submitted to CCMSI.

Claims that appear under the Completed tab have been saved and successfully submitted to CCMSI for processing. Once a claim has been submitted, the client may make no further alterations to the report via iCE except for attaching additional documents and submitting them to the adjuster. Form filler is still accessible in the Completed state.

SEARCHING INITIAL REPORTS



Search Criteria

Status: Complete In-Progress All

Report Type: Claim Report Only All

Date of Loss: [calendar icon] thru [calendar icon] - Select dates -

Input Date: [calendar icon] thru [calendar icon] - Select dates -

Last Name:

First Name:

Claim Number:

Alt Claim Number:

Employee ID:

Occurrence Number:

Coverage: - All - [arrow] [refresh] [help]

Department: - All - [arrow] [refresh] [help]

Departments: - All - [arrow] [refresh] [help]

Sub-Department: - All - [arrow] [refresh] [help]

Area: - All - [arrow] [refresh] [help]

Job Title: - All - [arrow] [refresh] [help]

Accident Location: - All - [arrow] [refresh] [help]

[Click for Search Filters](#)

GO!

Close This Panel

Reset Filters

Search Criteria

Status: Complete In-Progress All

Report Type: Claim Report Only All

Date of Loss: 1/1/1900 [calendar icon] thru 12/31/2020 [calendar icon] All Dates

Input Date: [calendar icon] thru [calendar icon] - Select dates -

Last Name:

First Name:

Claim Number:

Alt Claim Number:

Employee ID:

Occurrence Number:

Coverage: WC [arrow] [refresh] [help]

Department: BUSINESS UNIT 1 1700 - I [arrow] [refresh] [help]

Division: - All - [arrow] [refresh] [help]

Departments: - All - [arrow] [refresh] [help]

Sub-Department: - All - [arrow] [refresh] [help]

Area: - All - [arrow] [refresh] [help]

Job Title: - All - [arrow] [refresh] [help]

Accident Location: - All - [arrow] [refresh] [help]

GO!

SEARCH INITIAL REPORTS							
Name	Created	Last Updated	Claim Number	Date of Loss	Coverage	Report Type	
Q_oker, Jessica	9/26/2020	12/8/2020	20ICEJ404945	9/26/2020	WC	CLAIM	
Q_Doe, John	11/15/2020	11/15/2020	20ICEJ410588	11/14/2020	WC	CLAIM	
Q_test, mary	10/3/2020	10/3/2020	18ICEF759123	10/2/2020	WC	CLAIM	
Q_Meeker, Kristin	8/13/2020	9/28/2020	14ICEE321025	8/12/2020	WC	CLAIM	
Q_Case, Test	9/21/2020	9/28/2020	14ICEE094941	9/21/2020	WC	CLAIM	
Q_Doe, John	9/27/2020	9/28/2020	20ICEJ292977	9/26/2020	WC	CLAIM	
Q_Wilson, Phil	9/26/2020	9/27/2020	17ICEF343096	9/23/2020	WC	CLAIM	
Q_smith, joe	9/23/2020	9/25/2020	18ICEF779044	9/8/2020	WC	CLAIM	
Q_Sofia, Princess	9/24/2020	9/24/2020	14ICEE580542	9/20/2020	WC	CLAIM	
S_Storage, Jason	9/27/2020	9/14/2020	RPO_F343368	9/20/2020	WC	RPO to CLAIM	

Any initial report that has been entered into iCE by the user can be searched for via the initial reports Search feature. This is useful if a user cannot remember a claim number or a claimant name to utilize quick search. Filling out the input fields will refine a user's search. After filling out all fields necessary, clicking Go will generate the search results.

Clicking Go on the initial report search page populates the claim results specified by the inputted fields. Claims will display in a grid. Submitted claims are not available for editing, in progress initial reports can be edited by clicking on the pencil icon on the left hand side of the grid. Form Filler is also accessible via this module.

ENTERING NEW INITIAL REPORTS



INITIAL REPORT FORM

GENERAL INFORMATION

Claim Number: (Unassigned)

Alternate Claim Number:

Department: *

Division: *

Date of Loss: *

Time of Loss: (00:00 - 23:59)

Date Reported: 12/3/2020 *

Covg Code: *

Report Type: *

CLAIMANT'S PERSONAL INFORMATION

Claimant ID: Social Security Num Perm. Resident ID Empl. Visa ID Federal ID

Employee ID:

Last Name: * First Name: * Middle Name:

Physical Address

Country: United States Canada Other *

Street Address: *

Street Address 2:

City: * State: * Zipcode: *

County:

GENERAL INFORMATION

Claim Number: (Unassigned)

Alternate Claim Number:

Department: BUSINESS UNIT 1 1700 *

Division: NEVADA OPERATIONS *

Date of Loss: 12/13/2016 *

Time of Loss: (00:00 - 23:59)

Date Reported: 12/3/2020 *

Covg Code: WORKERS COMP - WC *

Report Type: CLAIM *

A "*" next to a field means that it is required.

Save and Continue

Save and Exit

Submit for Review

Cancel Changes

The Create New Report tab displays the claim report form users fill out to create their claim or report only (report onlys can be converted to claims after submission.) Any field marked with a red asterisk is a required field. Users will not be able to submit an initial report form until all required fields have been populated.

Users can select field options from drop down menus available to them. Their selection will populate the empty input field. When WC is selected, multiple sections of coverage specific fields will auto-populate within the report. These sections will not show until WC or another coverage with coverage specific fields is selected.

WORKERS' COMPENSATION/JONES ACT ONLY

Lost Time: Yes No *

Date Last Worked:

Returned to Work: Yes No

Returned to Light Duty Date:

Employee Died Because of Accident: Yes No *

Zipcode Injury Site: 89107 *

Salary Continued in Lieu of Compensation: Yes No *

Employment:

Rate of Pay: \$ 0.00 * Hourly Daily Weekly Biweekly Semi-Monthly Monthly Annually *

Job Code:

Full Wages Paid Day Injured: Yes No *

Hire Date: *

Job Title (Carrier): *

CLIENT SPECIFIC FIELDS FOR WC

Test Information: Yes No

Was the event captured on video: Yes No Body Cam

GROUP/ANALYSIS CODES

Group Codes:

Region or Division: WEST *

Division or Co: LAS VEGAS *

Company: COMMERCIAL *

Special Analysis Codes:

Accident Location: NEVADA OPERATIONS

ENTERING NEW INITIAL REPORTS



CLIENT SPECIFIC FIELDS FOR WC

Test Information: ? ▾

INCIDENT INFORMATION

Loss Cause: *

Loss Type: *

Body Part: *

Accident State: Nevada ▾*

State of Jurisdiction: ? Nevada ▾*

Accident Location: ? Employer Lessee Other *

Drivers License #:

Drivers License State: Select One ▾

Accident Description: (50 character limit)
*

Claim Summary: (include any relevant details)

Initial Medical Treatment

None Required Refused First Aid Only Physician/Treatment Facility Visit Emergency Room Visit

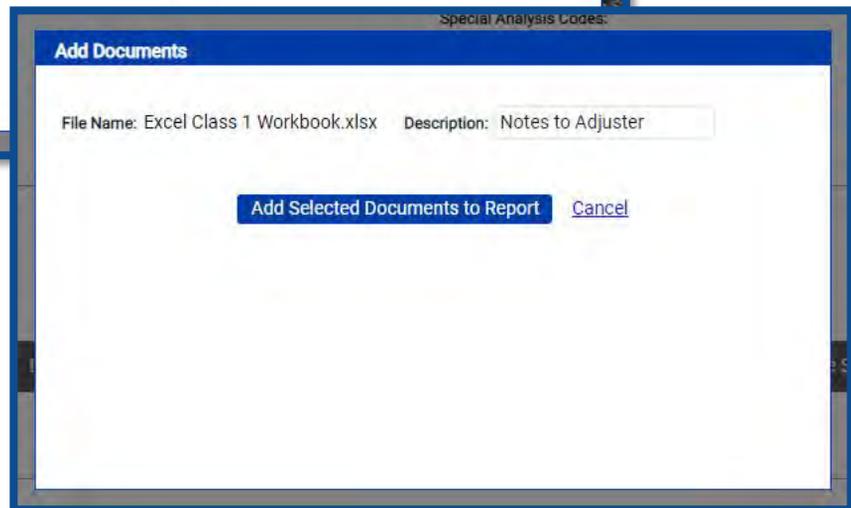
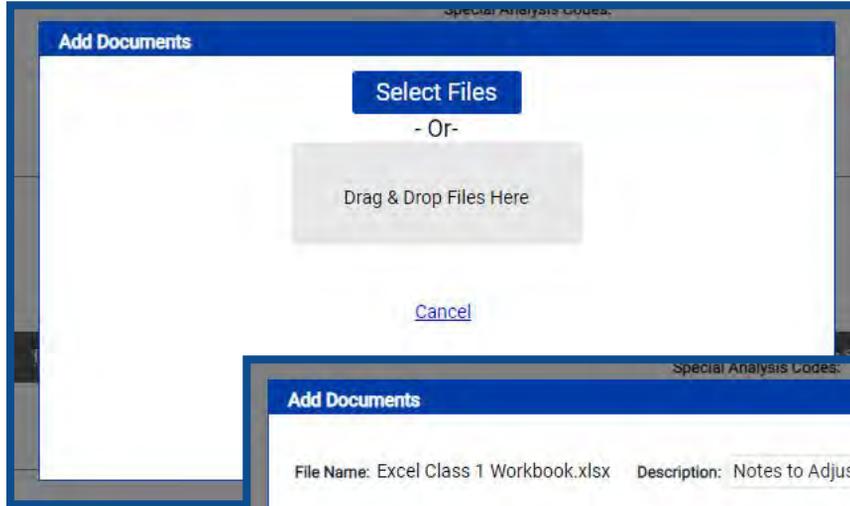
Witnesses

A "*" next to a field means that it is required.

While a user works on their initial report form, they have the option to Save the report for later, Save and Continue working on the report or Submit the report for review or as a claim or RPO. Saving an initial report often ensures no data will be lost if a user leaves their screen idle for more than 29 minutes.

ENTERING NEW INITIAL REPORTS

DOCUMENTS				
Add Documents				
File Name	Description	Date Uploaded	Date Submitted to Adjuster	
20200601_152256.jpg	claim	6/1/2020 4:14:56 PM		✖



Within the initial report form is a section for adding additional documentation to the form which aren't included in its automatic fields. When users click "Add Documents" a new window pops up which includes tools to either choose files from the "Select Files" button or to drag and drop files directly from the user's desktop or a folder and into the form.

Clicking "Select Files" opens a navigation folder through which the user may locate their files and double click on them to upload. If the user has their documents available on their desktop or a folder they may drag them over the "Drag & Drop Files Here" section of the pop up. Once they drop the file another pop up will populate showing the file name and offering a description window where users may add some brief commentary to the uploaded file. To complete the upload, click "Add Selected Documents to Report."

Limit to State of Jurisdiction

Form Group
ACORD Forms
Carrier Forms
Comp MC Forms
Connecticut State Forms
Form Letters
OSHA
USLH Forms

Available Forms

Instructions:

1. Select a State or Form Group.
2. Select the desired form to fill out.
3. Click the 'Get Form' button to proceed.

This application requires the Adobe Acrobat Reader to view the completed forms.



Split-Pane View This option will allow the user to view the data entry grid and see the PDF image at the same time. Direct data entry to the PDF form is prohibited.

Single-Pane View This option will show you the data entry grid and the associated PDF form independently. Data may be entered directly on the redere PDF, but directly entered data on the PDF is not saved!

Form Group
ACORD Forms
Carrier Forms
Comp MC Forms
Connecticut State Forms
Form Letters
OSHA
USLH Forms

Available Forms

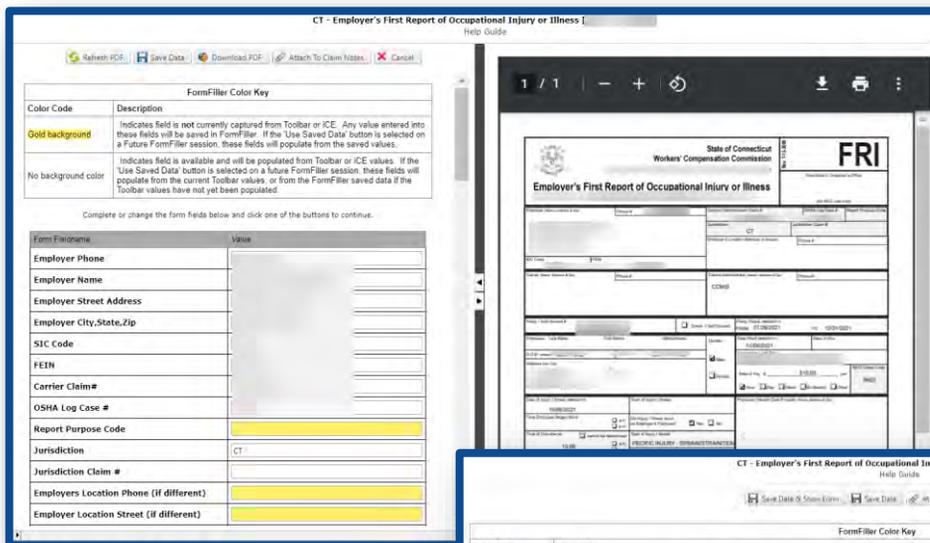
Employer's First Report of Occupational Injury or Illness - CT-fri.pdf
Filing Status and Exemption - CT-1a.pdf
Intention to Contest Employees Right to Compensation - CT-43.pdf
Notice of Intention to Reduce or Discontinue Payments - CT-36.pdf
Physician's Permanent Impairment Evaluation - CT-42.pdf
Voluntary Agreement - CT-va.pdf

Split-Pane View This option will allow the user to view the data entry grid and see the PDF image at the same time. Direct data entry to the PDF form is prohibited.

Single-Pane View This option will show you the data entry grid and the associated PDF form independently. Data may be entered directly on the redere PDF, but directly entered data on the PDF is not saved!

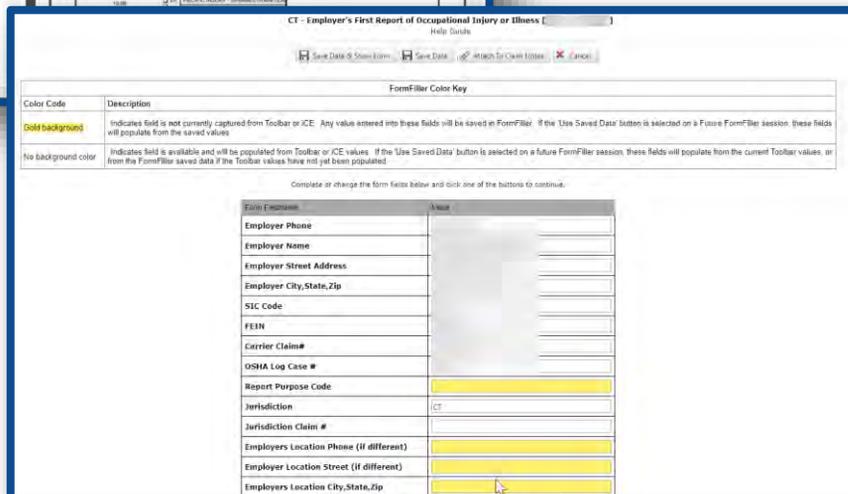
Form Filler gives users access to state forms, first report of injury forms, the OSHA 301 and multiple other forms that may be required for claim submission. While forms in Form Filler are available to users while an initial report is in progress, all forms will not be available until the user submits their initial report as a claim.

Users must select the form category in the first selection box at the top of the screen. Once that selection is highlighted in blue, the reports available will populate in the lower selection box. Users must select the form they want from the selections available. Once the selection is highlighted in blue, they may navigate to the form by clicking Get Form.



Color Code	Description
Gold background	Indicates field is not currently captured from Toolbar or ICE. Any value entered into these fields will be saved in FormFiller. If the 'Use Saved Data' button is selected on a Future FormFiller session, these fields will populate from the saved values.
No background color	Indicates field is available and will be populated from Toolbar or ICE values. If the 'Use Saved Data' button is selected on a future FormFiller session, these fields will populate from the current Toolbar values, or from the FormFiller saved data if the Toolbar values have not yet been populated.

Form Field Name	Value
Employer Phone	
Employer Name	
Employer Street Address	
Employer City,State,Zip	
SIC Code	
FEIN	
Carrier Claim #	
OSHA Log Case #	
Report Purpose Code	
Jurisdiction	CT
Jurisdiction Claim #	
Employers Location Phone (if different)	
Employer Location Street (if different)	



Color Code	Description
Gold background	Indicates field is not currently captured from Toolbar or ICE. Any value entered into these fields will be saved in FormFiller. If the 'Use Saved Data' button is selected on a Future FormFiller session, these fields will populate from the saved values.
No background color	Indicates field is available and will be populated from Toolbar or ICE values. If the 'Use Saved Data' button is selected on a future FormFiller session, these fields will populate from the current Toolbar values, or from the FormFiller saved data if the Toolbar values have not yet been populated.

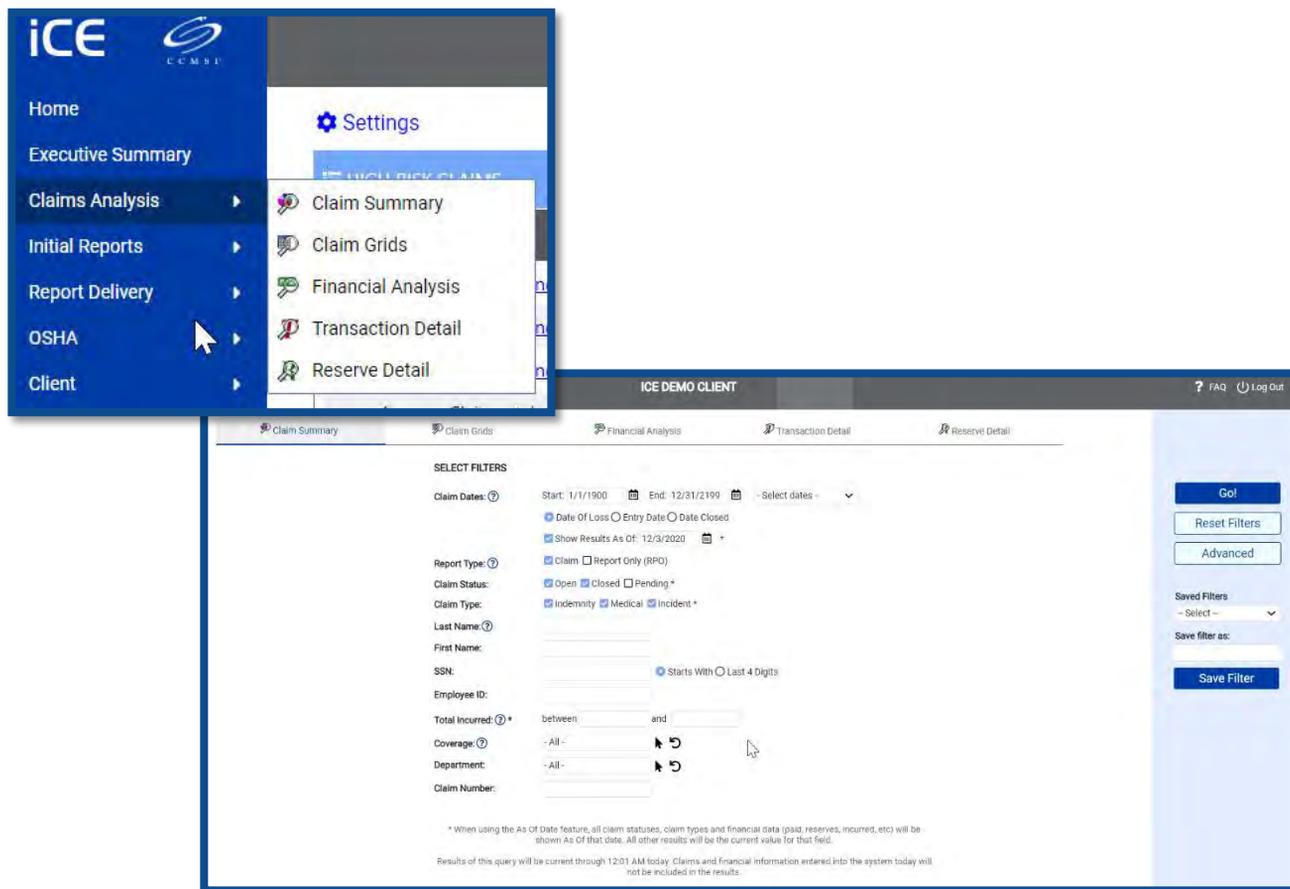
Form Field Name	Value
Employer Phone	
Employer Name	
Employer Street Address	
Employer City,State,Zip	
SIC Code	
FEIN	
Carrier Claim #	
OSHA Log Case #	
Report Purpose Code	
Jurisdiction	CT
Jurisdiction Claim #	
Employers Location Phone (if different)	
Employer Location Street (if different)	
Employers Location City,State,Zip	

Before navigating to the form, users have the option of viewing the form in split or single pane view. Split pane view shows the input fields and print ready form side by side while single pane view only shows the input fields.

In split pane view, The user's input fields are on the left and the print ready preview version of the form shows on the right. When a user populated a field on the left, the corresponding field on the right hand form also populates. The menu at the top allows users to Refresh the PDF, Save Data, Download PDF, attach the form to claim notes and cancel all changes.

The gold background fields are not captured in Icebar. If a user does not save their form, these fields will not be populated when they come back to the form later.

If the split pane view is too distracting, users may opt for the single pane view above and focus only on their input fields. A print ready preview of the form is not shown in this view. The form will only be displayed when the user saves as a PDF.



Claims Analysis is one of the iCE claims modules used to review claims that have been submitted into the system. Using this feature, users are capable of reviewing and analyzing claims using different search methods, including summary and/or details of claims, as well as other methods or techniques, including financial, transaction or reserve examination. Additionally, this feature can access individual claim details.

The Claims Analysis home screen defaults to the Claim Summary tab. Clicking on other tabs will bring the user to other search and analysis tools within the Claims Analysis module.

Select and enter search filters to tailor claim summary/claims analysis results to match the user's parameters.

The Advanced feature provides more search filters to narrow claim results.

If a user has a favorite set of selected search filters, they can save that set in User Filters.

SELECT FILTERS

Claim Dates: Start: 1/1/1900 End: 12/31/2020 All Dates

Date Of Loss
 Entry Date
 Date Closed

Show Results As Of: 12/3/2020

Claim
 Report Only (RPO)

Open
 Closed
 Pending*

Indemnity
 Medical
 Incident*

Last Name:

First Name:

SSN: Starts With Last 4 Digits

Employee ID:

Total Incurred: * between and

Coverage:

Department:

Claim Number:

* When using the As Of Date feature, all claim statuses, claim types and financial data (paid, reserves, incurred, etc) will be shown As Of that date. All other results will be the current value for that field.

Results of this query will be current through 12:01 AM today. Claims and financial information entered into the system today will not be included in the results.

Select Coverage(s) to Include in the Results

Available	Selected
AUTO LIABILITY - BODILY INJURY - ALB	WORKERS COMP - WC
AUTO LIABILITY - PROPERTY - ALP	
GENERAL LIABILITY - BOD INJ - GLB	
GENERAL LIABILITY - PROPERTY - GLP	
PUBLIC OFFICIAL LIAB - POL	
WORKERS COMP EMPLOYERS LIAB - WCCEL	

Done Reset Cancel

Claim Risk Level: High Moderate Low Not Scored (N/A)

Medicare Eligible: Yes No/Unknown All

Alternate Claim Number:

State Claim Number:

Departments:

Sub-Department:

Area:

Job Title:

Accident Location:

Accident State:

State of Jurisdiction:

Adjuster:

Occurrence:

Occurrence Number:

Under Investigation: Yes No All

Suit Filed: Yes No All

Claimant Attorney Represented: Yes No All

Claim Denied: Yes No All

Claims Per Person: Or More

NCCI Job Code:

Tagged Claims: Yes No All

Job Title (Carrier):

CRT Rep:

Date Last Carrier Reimb.: Start: End:

Claim Summary is a search tool for claims using high-level claims review functions. This module provides a powerful and flexible query capability for the following: Date of loss, entry date, date closed, “as of” functionality, name, SSN, claim number, total incurred, type of claim, claims status, description codes, coverage, etc.

Pop up selection menus aid users in refining search parameters such as coverage codes, special analysis codes, business locations, policy holders, etc.

Clicking on the Advanced filter button expands the range of parameter selections to further refine claim results. When the user clicks Go, the Summary Selection Screen will be displayed.

Selection: Claims where Date Of Loss between 1/1/1900 and 12/31/2020 11:59 PM and Type of Claim is Indemnity or Medical As Of 12/3/2020 and Claim Status is Closed or Open As Of 12/3/2020 and Coverage is WC

Summary Level 1: Order By: Asc Desc

Summary Level 2:

Summary Type: Period Comparison ?

GO!

Chart Options:

Show Columns: Total Paid Outstanding Reserves Third Party Recovery
 Total Incurred ? Carrier Reimbursement Net Incurred ?
 Claim Count Cost per Claim

Graph Options:

Graph Type: Pie Donut Column

Graph Visibility: Top Right None

Graph Column:

Pie Graph Precision: decimal places

Legend: Show Legend

[Click here](#) to view this query as a Claim Grid.

Summary Level 1: Order By: Asc Desc

Summary Level 2:

Summary Type: Period Comparison ?

GO!

The Summary Level screen allows users to structure and order the display of the data they've selected on the prior screens. There are a total of two summary levels from which to choose from a number of criteria within a drop down menu and one Order By selection which varies depending on what category a user selects for their first Summary Level. Users can also determine what values are shown on the resulting chart and what type of graph is plotted as well as a number of its details.

CLAIMS ANALYSIS



From the standard parameters, open and closed WC claims have been selected. Graphed by claim status.

SELECT FILTERS

Claim Dates: Start: 1/1/1900 End: 12/31/2020 All Dates

Date of Loss Entry Date Date Closed

Show Results As Of: 12/3/2020

Report Type: Claim Report Only (RPO)

Claim Status: Open Closed Pending *

Claim Type: Indemnity Medical Incident *

SSN: Starts With Last 4 Digits

Employee ID:

Total Incurred: between and

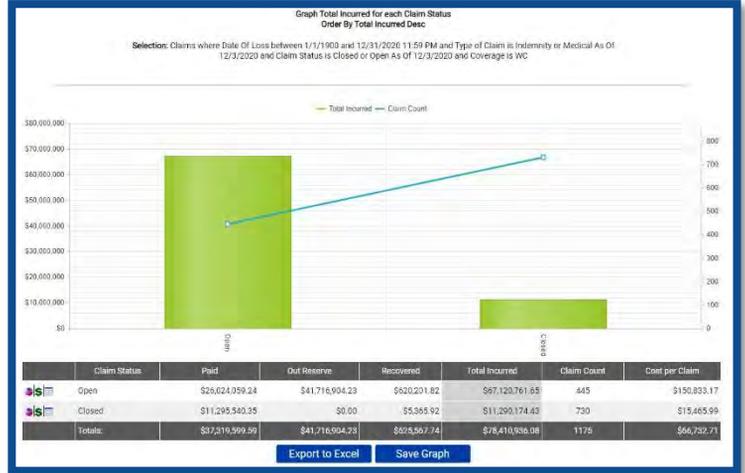
Coverage: WC

Department: - All -

Claim Number:

* When using the As Of Date feature, all claim statuses, claim types and financial data (paid, reserves, incurred, etc) will be shown As Of that date. All other results will be the current value for that field.

Results of this query will be current through 12:01 AM today. Claims and financial information entered into the system today will not be included in the results.



From the standard parameters, open and closed incidents have been selected. Graphed by department.

SELECT FILTERS

Claim Dates: Start: 1/1/1900 End: 12/31/2199 - Select dates -

Date of Loss Entry Date Date Closed

Show Results As Of: 12/7/2020

Report Type: Claim Report Only (RPO)

Claim Status: Open Closed Pending *

Claim Type: Indemnity Medical Incident *

SSN: Starts With Last 4 Digits

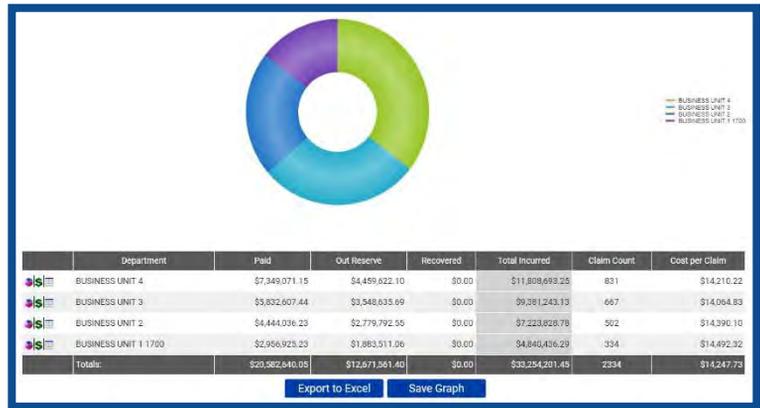
Employee ID:

Total Incurred: between and

Coverage: - All -

Department: - All -

Claim Number:



From the standard parameters, open and closed WC claims from a specific department have been selected.

SELECT FILTERS

Claim Dates: Start: 1/1/1900 End: 12/31/2199 - Select dates -

Date of Loss Entry Date Date Closed

Show Results As Of: 12/7/2020

Report Type: Claim Report Only (RPO)

Claim Status: Open Closed Pending *

Claim Type: Indemnity Medical Incident *

SSN: Starts With Last 4 Digits

Employee ID:

Total Incurred: between and

Coverage: WC

Department: BUSINESS UNIT 3 - ICE00

Division: - All -

Claim Number:

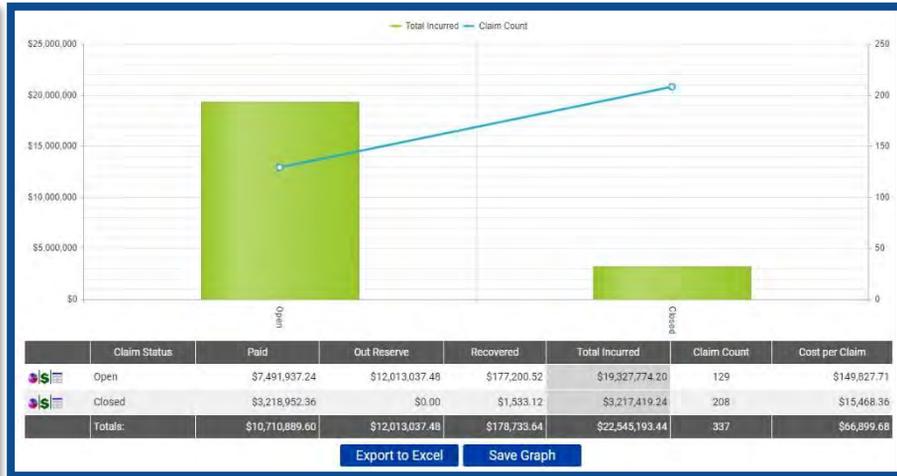


CLAIMS ANALYSIS



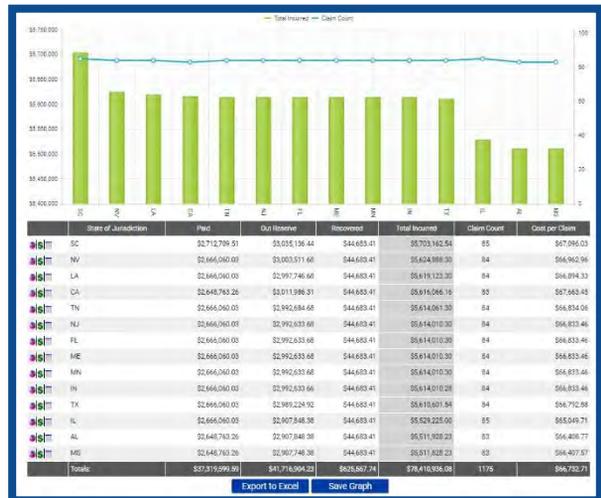
From the advanced parameters, open/closed WC claims from a specific department have been selected.

Claim Risk Level: High Moderate Low Not Scored (N/A)
Medicare Eligible: Yes No/Unknown All
 Alternate Claim Number:
 State Claim Number:
Departments: EAST
Sub-Department: - All -
Area: - All -
Job Title: - All -
Accident Location: - All -
Accident State: - All -
State of Jurisdiction: - All -
Adjuster: - All -
Occurrence: - All -
 Occurrence Number:



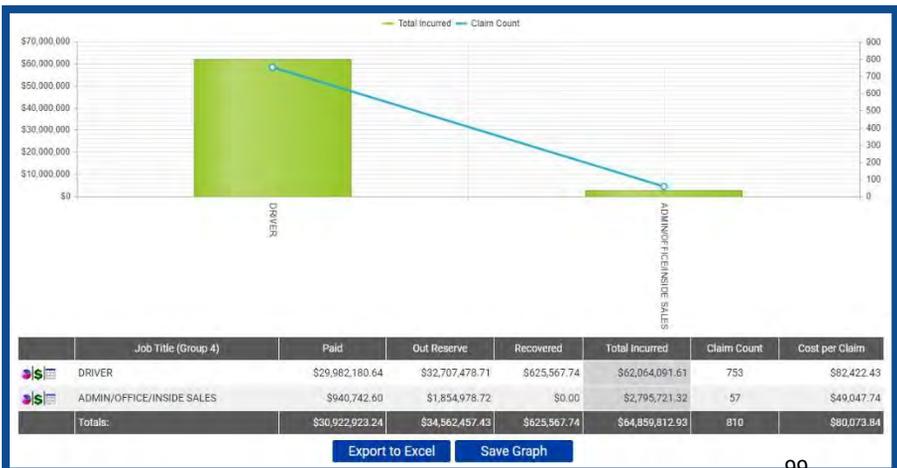
From the advanced parameters, open/closed WC claims from a specific state have been selected.

Claim Risk Level: High Moderate Low Not Scored (N/A)
Medicare Eligible: Yes No/Unknown All
 Alternate Claim Number:
 State Claim Number:
Departments: - All -
Sub-Department: - All -
Area: - All -
Job Title: - All -
Accident Location: - All -
Accident State: - All -
State of Jurisdiction: - Multiple -
Adjuster: - All -
Occurrence: - All -
 Occurrence Number:



From the advanced parameters, open/closed WC claims of various job titles have been selected.

Claim Risk Level: High Moderate Low Not Scored (N/A)
Medicare Eligible: Yes No/Unknown All
 Alternate Claim Number:
 State Claim Number:
Departments: - All -
Sub-Department: - All -
Area: - All -
Job Title: - Multiple -
Accident Location: - All -
Accident State: - All -
State of Jurisdiction: - All -
Adjuster: - All -
Occurrence: - All -
 Occurrence Number:



CLAIMS ANALYSIS



Policy Type: - All -

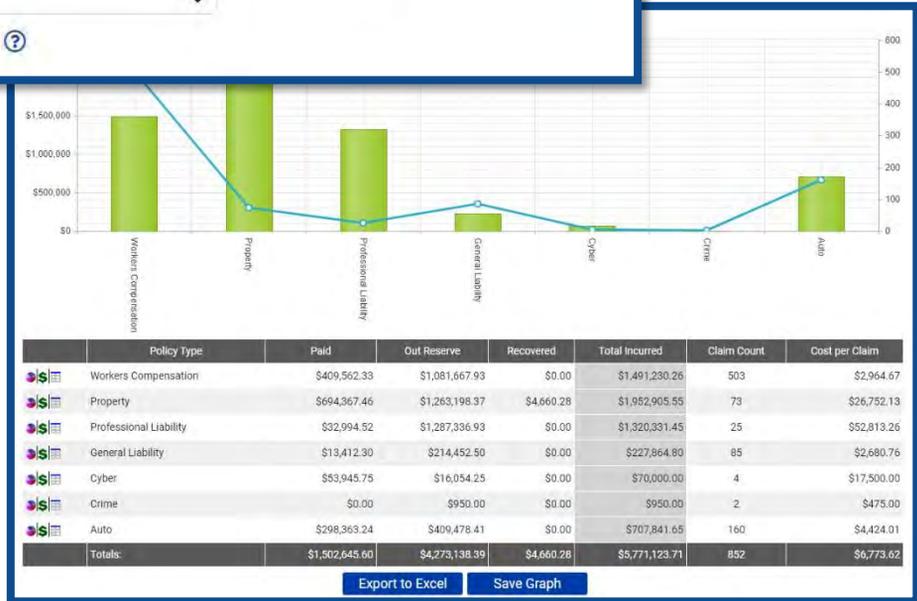
Select PolicyType(s) to Include in the Results

Available	Selected
Auto	
Crime	
Cyber	
Excess	
General Liability	
Professional Liability	
Property	
Workers Compensation	

Summary Level 1: Policy Type Order By: Policy Type Asc Desc

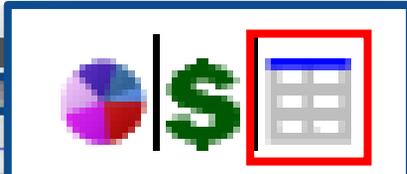
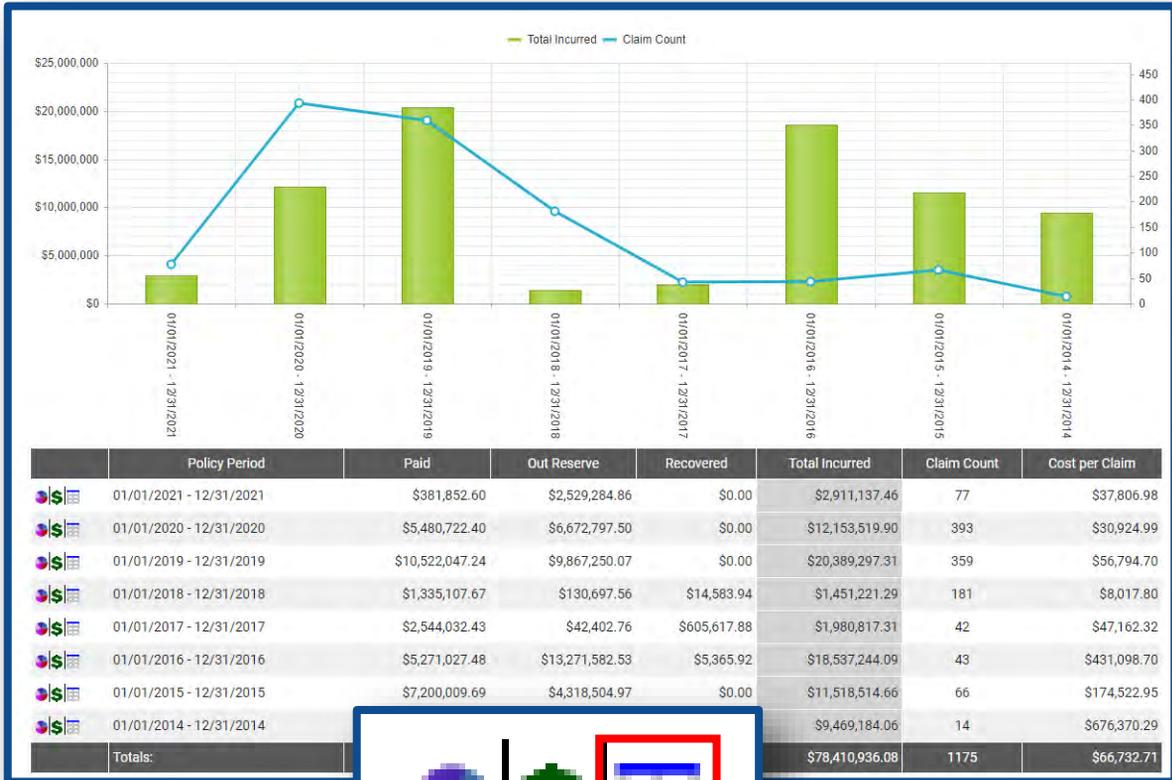
Summary Level 2: - None -

Summary Type: Period Comparison



The Policy type feature is a relatively new addition to the advanced features in Claims Analysis. With it, users can select an overview category of their coverages without having to select each individual coverage one by one. Using the Claim Summary results feature can give a broad overview of a client's full suite of policies at a glance.

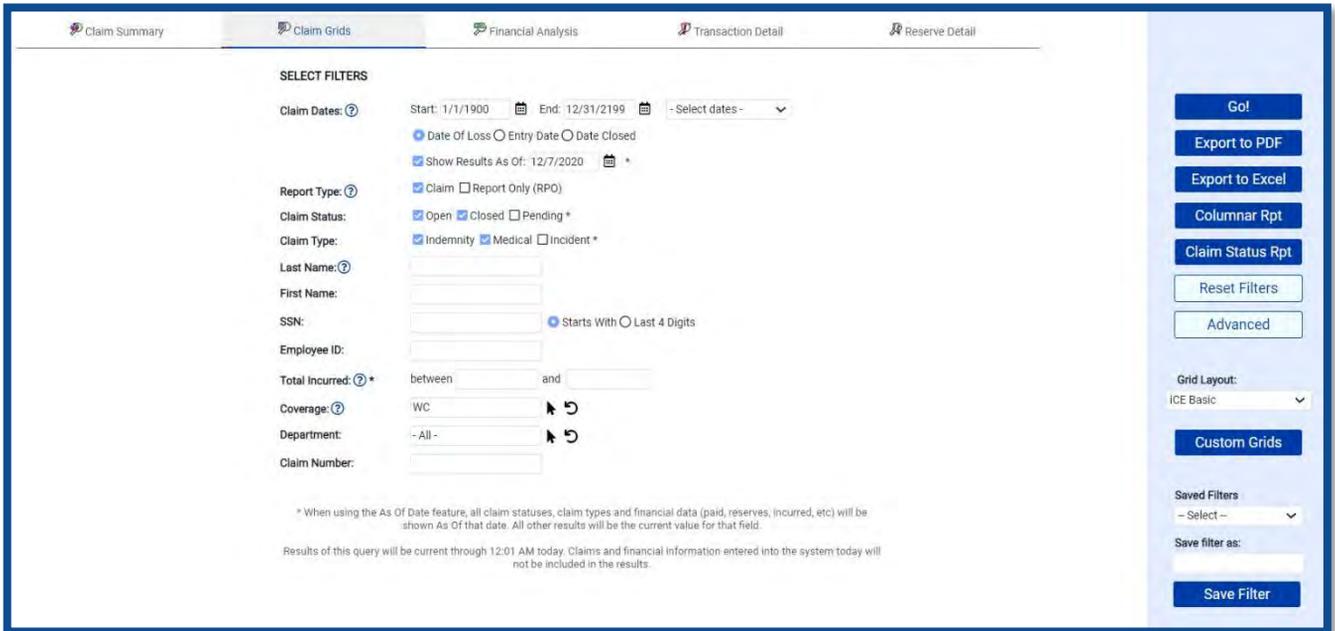
CLAIMS ANALYSIS



# Claims	Total Paid	Outstanding Reserves	Third Party Recovery	Total Incurred	Carrier Reimbursement	Net Incurred
181	\$1,335,107.67	\$130,697.56	\$14,583.94	\$1,451,221.29	\$0.00	\$1,451,221.29

Covg	Name	Soc Sec #	Date of Loss	Claim #	Claim Entry Date	Date Closed	Status	Type	Total Paid	Outstanding Reserve	Total Incurred	Region or Branch Name
1	WC	Claimant MD 10	XXX-XX-6195	11/7/2018	09ICEC161453	11/7/2018	7/16/2021	Closed	Med	\$669.22	\$0.00	\$669.22 BUSINESS UNIT 1 1700
2	WC	Claimant MD 10	XXX-XX-6195	11/7/2018	09ICEC162809	11/7/2018	7/16/2021	Closed	Med	\$669.22	\$0.00	\$669.22 BUSINESS UNIT 2
3	WC	Claimant MD 10	XXX-XX-6195	11/7/2018	09ICEC163075	11/7/2018	7/16/2021	Closed	Med	\$669.22	\$0.00	\$669.22 BUSINESS UNIT 2
4	WC	Claimant MD 10	XXX-XX-6195	11/7/2018	09ICEC163438	11/7/2018	7/16/2021	Closed	Med	\$669.22	\$0.00	\$669.22 BUSINESS UNIT 2
5	WC	Claimant MD 10	XXX-XX-6195	11/7/2018	09ICEC164907	11/7/2018	7/16/2021	Closed	Med	\$669.22	\$0.00	\$669.22 BUSINESS UNIT 3
6	WC	Claimant MD 10	XXX-XX-6195	11/7/2018	09ICEC164314	11/7/2018	7/16/2021	Closed	Med	\$669.22	\$0.00	\$669.22 BUSINESS UNIT 3
7	WC	Claimant MD 10	XXX-XX-6195	11/7/2018	09ICEC164631	11/7/2018	7/16/2021	Closed	Med	\$669.22	\$0.00	\$669.22 BUSINESS UNIT 3
8	WC	Claimant MD 10	XXX-XX-6195	11/7/2018	09ICEC165032	11/7/2018	7/16/2021	Closed	Med	\$669.22	\$0.00	\$669.22 BUSINESS UNIT 3
9	WC	Claimant MD 10	XXX-XX-6195	11/7/2018	09ICEC165293	11/7/2018	7/16/2021	Closed	Med	\$669.22	\$0.00	\$669.22 BUSINESS UNIT 4
10	WC	Claimant MD 10	XXX-XX-6195	11/7/2018	09ICEC165555	11/7/2018	7/16/2021	Closed	Med	\$669.22	\$0.00	\$669.22 BUSINESS UNIT 4
11	WC	Claimant MD 10	XXX-XX-6195	11/7/2018	09ICEC165820	11/7/2018	7/16/2021	Closed	Med	\$669.22	\$0.00	\$669.22 BUSINESS UNIT 4
12	WC	Claimant MD 10	XXX-XX-6195	11/7/2018	09ICEC166070	11/7/2018	7/16/2021	Closed	Med	\$669.22	\$0.00	\$669.22 BUSINESS UNIT 4

Each claim summary breakdown has a series of three icons on every row of data. The pie chart allows users to apply additional filters in claim summary, the dollar sign brings users to financial analysis, and the grid icon brings users to claim grids to access and export more claim details for their selected data.



The screenshot shows the 'Claim Grids' filter interface. At the top, there are navigation tabs: 'Claim Summary', 'Claim Grids' (selected), 'Financial Analysis', 'Transaction Detail', and 'Reserve Detail'. Below the tabs is the 'SELECT FILTERS' section. It includes fields for 'Claim Dates' (Start: 1/1/1900, End: 12/31/2199), 'Report Type' (Date Of Loss, Entry Date, Date Closed), 'Claim Status' (Open, Closed, Pending), 'Claim Type' (Indemnity, Medical, Incident), and various text input fields for 'Last Name', 'First Name', 'SSN', 'Employee ID', 'Total Incurred', 'Coverage', 'Department', and 'Claim Number'. There are also radio buttons for 'Show Results As Of' and 'Starts With / Last 4 Digits'. On the right side, there is a vertical menu with buttons: 'Go!', 'Export to PDF', 'Export to Excel', 'Columnar Rpt', 'Claim Status Rpt', 'Reset Filters', 'Advanced', 'Grid Layout: ICE Basic', 'Custom Grids', 'Saved Filters: - Select -', 'Save filter as:', and 'Save Filter'. At the bottom, there is a disclaimer: '* When using the As Of Date feature, all claim statuses, claim types and financial data (paid, reserves, incurred, etc) will be shown As Of that date. All other results will be the current value for that field. Results of this query will be current through 12:01 AM today. Claims and financial information entered into the system today will not be included in the results.'

The Claim Grid home screen is similar to the Claim Summary home screen with additional selections in the right hand menu bar. After entering the desired parameters, users can view their claim grid results in iCE, export directly to PDF or Excel, or go directly to a Columnar or Claim Status Report.

There are set claim grid templates users can choose from in the Grid Layout drop down menu and, with Custom Grids, users can create their own grid templates to save for frequent use.

If a certain set of basic and advanced parameters are used often, users can save their selections with the Save Filter button then set them on later logins into iCE by selecting the filter from the Saved Filters drop down menu.

CLAIMS ANALYSIS



Selection Criteria		Overall Totals							Switch View To:	
Claims where Date of Loss between 1/1/1900 and 12/31/2199 11:59 PM and Type of Claim is Indemnity or Medical As Of 12/7/2020 and Claim Status is Closed or Open As Of 12/7/2020 and Coverage is WC and Claim Type is Indemnity		# Claims	Total Paid	Outstanding Reserves	Third Party Recovery	Total Incurred	Carrier Reimbursement	Net Incurred	Claim Summary	Fin. Analysis
		544	\$36,480,890.17	\$41,179,376.89	\$610,983.80	\$77,049,273.26	\$2,546.04	\$77,046,727.22		

Covg	Name	Soc Sec #	Date of Loss	Claim #	Claim Entry Date	Date Closed	Status	Type	Total Paid	Outstanding Reserve	Total Incurred	Department Name
1 WC	Claimant Ind 1	XXX-XX-6452	5/19/2014	05ICEC161407	5/19/2014		Open	Ind	\$17,296.77	\$90,888.30	\$108,185.07	BUSINESS UNIT 1 1700
2 WC	Claimant Ind 1	XXX-XX-6452	5/19/2014	05ICEC163399	5/19/2014		Open	Ind	\$17,296.77	\$89,998.30	\$107,295.07	BUSINESS UNIT 2
3 WC	Claimant Ind 1	XXX-XX-6452	5/19/2014	05ICEC163968	5/19/2014		Open	Ind	\$17,296.77	\$84,885.30	\$102,182.07	BUSINESS UNIT 3
4 WC	Claimant Ind 1	XXX-XX-6452	5/19/2014	05ICEC164275	5/19/2014		Open	Ind	\$17,296.77	\$84,885.30	\$102,182.07	BUSINESS UNIT 3
5 WC	Claimant Ind 1	XXX-XX-6452	5/19/2014	05ICEC164592	5/19/2014		Open	Ind	\$17,296.77	\$84,885.30	\$102,182.07	BUSINESS UNIT 3
6 WC	Claimant Ind 1	XXX-XX-6452	5/19/2014	05ICEC164993	5/19/2014		Open	Ind	\$17,296.77	\$84,985.30	\$102,282.07	BUSINESS UNIT 3
7 WC	Claimant Ind 1	XXX-XX-6452	5/19/2014	05ICEC165254	5/19/2014		Open	Ind	\$17,296.77	\$100.00	\$17,396.77	BUSINESS UNIT 4
8 WC	Claimant Ind 1	XXX-XX-6452	5/19/2014	05ICEC165526	5/19/2014		Open	Ind	\$17,296.77	\$84,936.30	\$102,233.07	BUSINESS UNIT 4
9 WC	Claimant Ind 1	XXX-XX-6452	5/19/2014	05ICEC165781	5/19/2014		Open	Ind	\$17,296.77	\$84,885.30	\$102,182.07	BUSINESS UNIT 4
10 WC	Claimant Ind 1	XXX-XX-6452	5/19/2014	05ICEC166031	5/19/2014		Open	Ind	\$17,296.77	\$84,885.28	\$102,182.05	BUSINESS UNIT 4
11 WC	Claimant Ind 1	XXX-XX-6452	5/19/2014	05ICEC166281	5/19/2014		Open	Ind	\$17,296.77	\$126,897.30	\$144,194.07	BUSINESS UNIT 4
12 WC	Claimant Ind 11	XXX-XX-3212	3/28/2016	07ICEC164995	3/28/2016		Open	Ind	\$46,649.48	\$42,402.76	\$89,052.24	BUSINESS UNIT 3

The default Claim Grid layout is the Claims Detail Basic Grid.

The upper portion of the grid shows summary information based on selected query, including: number of claims, total paid, outstanding reserves, third party recovery, total incurred, carrier reimbursement and net incurred.

The lower portion of the grid shows type of coverage, name, SS#, date of loss, claim number, entry date, date closed, status (open, closed and/or pending), type (indemnity, medical only and/or incident), total incurred, outstanding reserve, total paid and policy holder. Select additional grid types from the drop down menu to view data in greater detail.

ICE Demo Client
Claims where Date of Loss between 1/1/1900 and 12/31/2199 11:59 PM and Type of Claim is Indemnity or Medical As Of 12/7/2020 and Claim Status is Closed or Open As Of 12/7/2020 and Coverage is WC and Claim Type is Indemnity

View Results As: [PDF] [Excel]

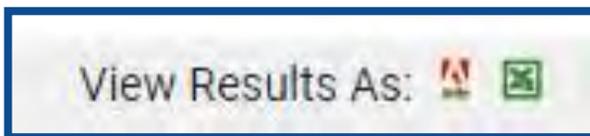
Entry	Coverage	Plan	Soc. Sec. #	Date of Loss	Claim #	Claim Entry Date	Date Closed	Status	Type	Total Paid	Outstanding Reserve	Total Incurred	Policy or Branch Name
WC	Claimant Ind 1		XXX-XX-6452	5/19/2014	05ICEC161407	5/19/2014		Open	Ind	\$17,296.77	\$90,888.30	\$108,185.07	BUSINESS UNIT 1 1700
WC	Claimant Ind 1		XXX-XX-6452	5/19/2014	05ICEC163399	5/19/2014		Open	Ind	\$17,296.77	\$89,998.30	\$107,295.07	BUSINESS UNIT 2
WC	Claimant Ind 1		XXX-XX-6452	5/19/2014	05ICEC163968	5/19/2014		Open	Ind	\$17,296.77	\$84,885.30	\$102,182.07	BUSINESS UNIT 3
WC	Claimant Ind 1		XXX-XX-6452	5/19/2014	05ICEC164275	5/19/2014		Open	Ind	\$17,296.77	\$84,885.30	\$102,182.07	BUSINESS UNIT 3
WC	Claimant Ind 1		XXX-XX-6452	5/19/2014	05ICEC164592	5/19/2014		Open	Ind	\$17,296.77	\$84,885.30	\$102,182.07	BUSINESS UNIT 3
WC	Claimant Ind 1		XXX-XX-6452	5/19/2014	05ICEC164993	5/19/2014		Open	Ind	\$17,296.77	\$84,985.30	\$102,282.07	BUSINESS UNIT 3
WC	Claimant Ind 1		XXX-XX-6452	5/19/2014	05ICEC165254	5/19/2014		Open	Ind	\$17,296.77	\$100.00	\$17,396.77	BUSINESS UNIT 4
WC	Claimant Ind 1		XXX-XX-6452	5/19/2014	05ICEC165526	5/19/2014		Open	Ind	\$17,296.77	\$84,936.30	\$102,233.07	BUSINESS UNIT 4
WC	Claimant Ind 1		XXX-XX-6452	5/19/2014	05ICEC165781	5/19/2014		Open	Ind	\$17,296.77	\$84,885.30	\$102,182.07	BUSINESS UNIT 4
WC	Claimant Ind 1		XXX-XX-6452	5/19/2014	05ICEC166031	5/19/2014		Open	Ind	\$17,296.77	\$84,885.28	\$102,182.05	BUSINESS UNIT 4
WC	Claimant Ind 1		XXX-XX-6452	5/19/2014	05ICEC166281	5/19/2014		Open	Ind	\$17,296.77	\$126,897.30	\$144,194.07	BUSINESS UNIT 4
WC	Claimant Ind 11		XXX-XX-3212	3/28/2016	07ICEC164995	3/28/2016		Open	Ind	\$46,649.48	\$42,402.76	\$89,052.24	BUSINESS UNIT 3

Any claim grid may be exported to pdf or excel format using the view results as icons above the data.

Grid Type: ICE Basic As Of 12/7/2020

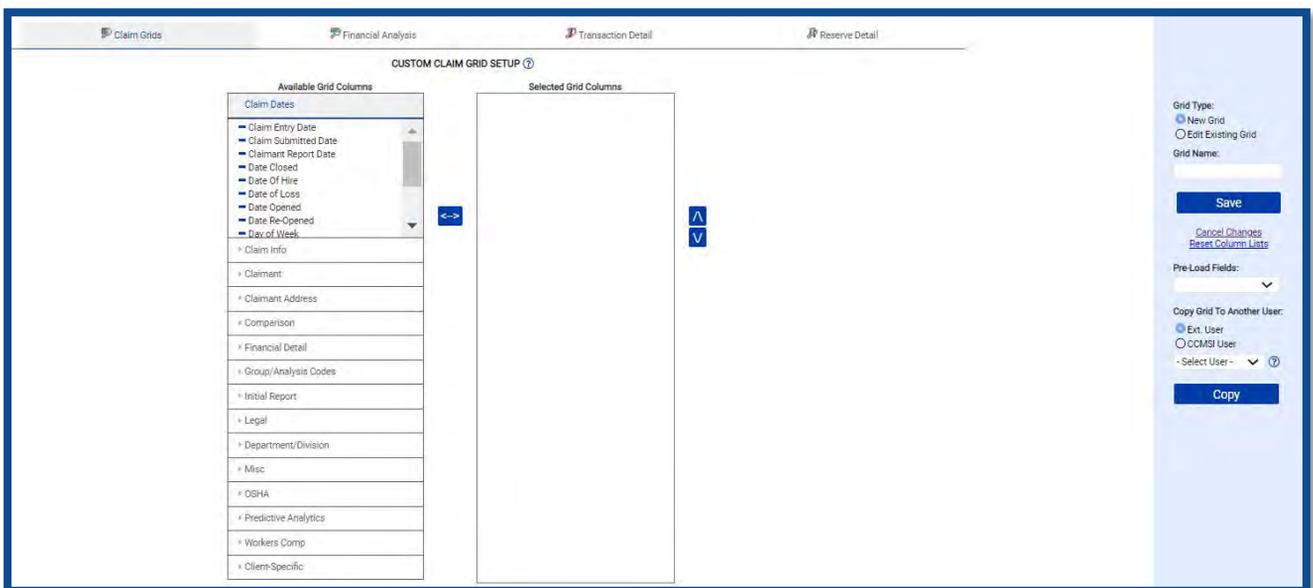
	Covg		Soc Sec #	Date of Loss	Claim #
		ICE Basic			
		ICE Extended			
1	WC	ICE Occurrence	XX-XX-6452	5/19/2014	05ICEC161407
		ICE Claim Dates			
2	WC	ICE Claim Risk	XX-XX-6452	5/19/2014	05ICEC163399
		ICE Predictive Analytics			
3	WC	390 CUSTOM LAG	XX-XX-6452	5/19/2014	05ICEC163968
		APPLE - COMPLEX			
4	WC	APPLE - FAST TRACK	XX-XX-6452	5/19/2014	05ICEC164275
		D34 WC CLASSIFICATIO			
5	WC	Disclaimers	XX-XX-6452	5/19/2014	05ICEC164592
		FICURMA ELL			
6	WC	FICURMA?	XX-XX-6452	5/19/2014	05ICEC164993
7	WC	Claimant, Ind 1	XXX-XX-6452	5/19/2014	05ICEC165254
8	WC	Claimant, Ind 1	XXX-XX-6452	5/19/2014	05ICEC165526
9	WC	Claimant, Ind 1	XXX-XX-6452	5/19/2014	05ICEC165781
10	WC	Claimant, Ind 1	XXX-XX-6452	5/19/2014	05ICEC166031
11	WC	Claimant, Ind 1	XXX-XX-6452	5/19/2014	05ICEC166281
12	WC	Claimant, Ind 11	XXX-XX-3212	3/28/2016	07ICEC164995

1 2 3 4 5 6 7 8 9 10 ... 46



Selecting a different grid selection from the Grid Type drop down menu will display more or less information about the claim/claim group searched. After the desired results are returned, the grid can be exported and saved.

Once a user has selected the claim files needed, just click on either of the “View Results As” Excel or PDF icons to export the information.



Clicking on the Custom Grid button in the right hand option and feature menu brings users to the custom grid tool where they may create tailored data grids for their claims searches. They may save and copy these grids to other users.

In the Custom Claim Grid set up, the user can create and save their own custom grid by selecting available fields from the categorized drop down menus or by selecting the pre-loaded basic grid fields.

Custom Grids allows a user to create their own claims grids layouts besides the four templates iCE provides.

Grid Type:
 New Grid
 Edit Existing Grid

Grid Name:

Save

[Cancel Changes](#)
[Reset Column Lists](#)

Pre-Load Fields:

Copy Grid To Another User:
 Ext. User
 CCMSI User
- Select User - ?

Copy

Grid Type:
 New Grid
 Edit Existing Grid

Grid Name:

Save

[Cancel Changes](#)
[Reset Column Lists](#)

Pre-Load Fields:

Copy Grid To Another User:
 Ext. User
 CCMSI User
- Select User - ?

Copy

Using the grid type selection menu on the right hand side of the custom grids screen, users may choose to create a new grid, edit an existing grid, name their grid, and save and copy their custom grids. To demonstrate grid creation, we have New Grid selected.

CUSTOM CLAIM GRID SETUP ?

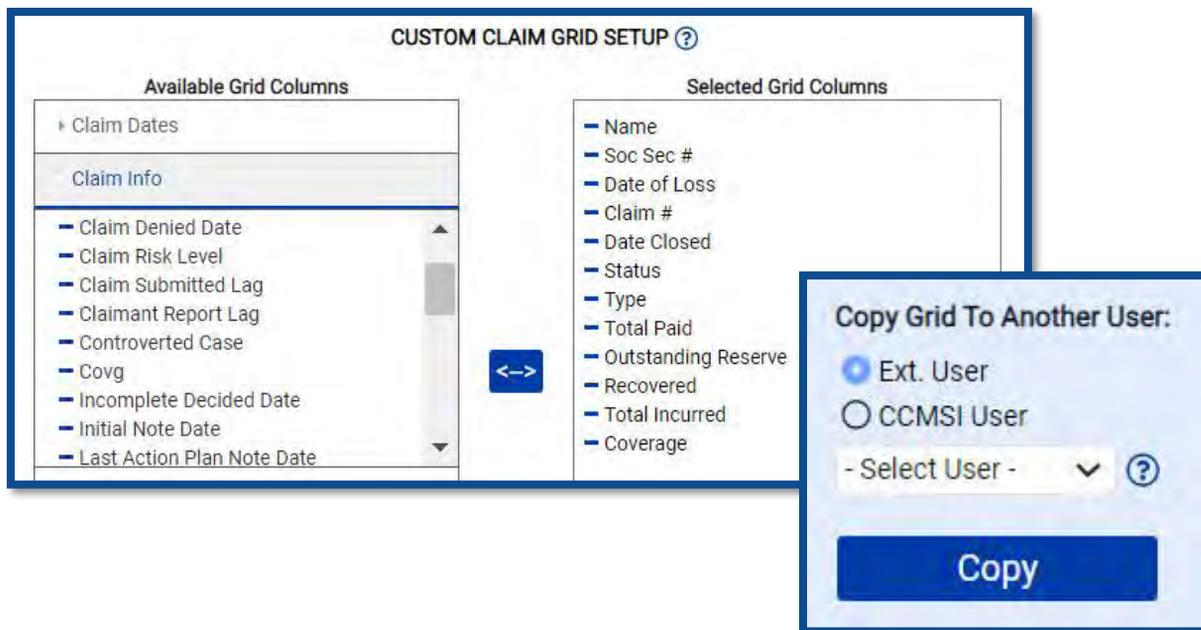
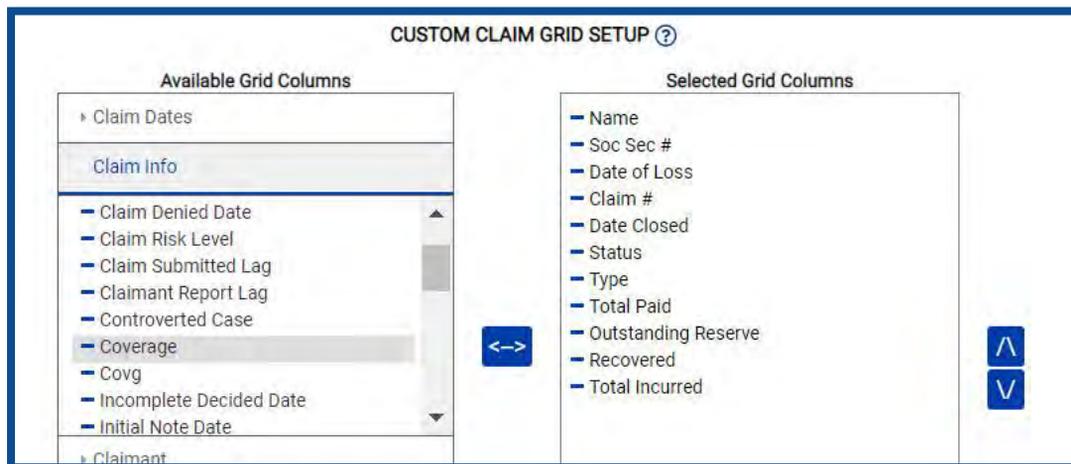
Available Grid Columns

- Claim Dates
 - Claim Entry Date
 - Claim Submitted Date
 - Claimant Report Date
 - Date Of Hire
 - Date Opened
 - Date Re-Opened
 - Day of Week
 - Days Open
 - Indemnity Date
- Claim Info
- Claimant
- Claimant Address
- Comparison
- Financial Detail
- Group/Analysis Codes
- Initial Report
- Legal
- Department/Division
- Misc
- OSHA
- Predictive Analytics
- Workers Comp
- Client-Specific

Selected Grid Columns

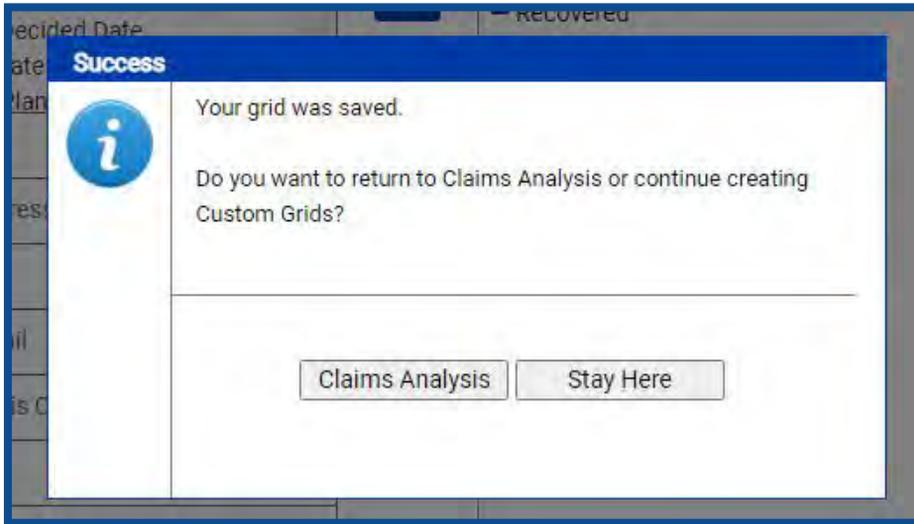
- Name
- Soc Sec #
- Date of Loss
- Claim #
- Date Closed
- Status
- Type
- Total Paid
- Outstanding Reserve
- Recovered
- Total Incurred

Under Grid Name, the user can type in their grid title of preference then, using the Pre-Load Fields drop down, users can select a template of commonly selected grid columns. Basic Fields has been loaded into the "Selected Grid Columns."



By clicking on options under each section of the Available Grid Columns, users can highlight additional grid columns they'd like to add to their custom grid. In this example, Coverage has been added by clicking it, clicking the double arrow button between the Available Grid Columns and Selected Grid Columns. Coverage now appears at the end of the Selected Grid Columns list. This element can be moved to any position within the list by clicking and dragging it to the desired position.

After users have completed their selections, they may hit Save to save their grid and run it with their desired parameters within the Claim Grid feature itself. They may also use the Copy Grid to Another User function to easily send these grids to other internal and external users' custom grid drop down menus within Claim Grids.



After clicking Save a pop up will appear asking the user if they'd like to navigate back to Claims Analysis to run their new grid with inputted date range, coverage, etc. selections or if they would like to remain in custom grids to continue grid creation or edits.

When users navigate back to Claims Grids, their new custom grid will auto populate in the Grid Layout drop down selection menu. Users may enter date ranges, make coverage and additional selections from the standard and advanced claim grid field parameters then click Go! to run their custom grid.

After running the grid it may be exported into either an excel or pdf document

Claim Summary | Claim Grids | **Financial Analysis** | Transaction Detail | Reserve Detail

SELECT FILTERS

Claim Dates: Start: 1/1/1900 End: 12/31/2199 - Select dates -
 Date Of Loss Entry Date Date Closed
 Show Results As Of: 12/7/2020 *

Report Type: Claim Report Only (RPO)
 Claim Status: Open Closed Pending *
 Claim Type: Indemnity Medical Incident *

Last Name:
 First Name:
 SSN: Starts With Last 4 Digits
 Employee ID:
 Total Incurred: * between and
 Policy Type: - All -
 Coverage: - All -
 Member Name: - All -
 Claim Number:
 Class:

Go! | Reset Filters | Advanced

Display detail rows by: Class Claim

Saved Filters: - Select -
 Save filter as:
 Save Filter

* When using the As Of Date feature, all claim statuses, claim types and financial data (paid, reserves, incurred, etc) will be shown As of that date. All other results will be the current value for that field.
 Results of this query will be current through 12:01 AM today. Claims and financial information entered into the system today will not be included in the results.

Totals

Overall Totals: Total Paid: \$373,195,599.59 | Outstanding Reserves: \$41,716,504.25 | Third Party Recovery: \$623,567.74 | Total Incurred: \$78,410,926.08 | Carrier Reimbursements: \$2,546.04 | Net Incurred: \$78,408,380.04

Totals by Class

Class	Total Paid	Out. Reserve
EXPENSE	\$2,338,054.04	\$4,788,462.97
IND COMPROMISE	\$3,440,302.18	\$7,023,100.00
IND Legal	\$21,000.00	\$72,209.00
IND PPD	\$2,760,718.40	\$5,951,576.82
IND SSB	\$0.00	\$0.00
IND TPD	\$102,480.42	\$85,522.08
IND LTD	\$12,665,302.39	\$4,779,993.39
LEGAL	\$1,484,320.54	\$1,331,508.81
MEDICAL	\$14,713,288.08	\$17,278,524.02
VOC/REHAB	\$401,193.86	\$401,013.14

Summary Chart: Total Paid vs Out. Reserves

Graph Options: Summary Paid Reserves Incurred

Details by Class: View All Rows As: 繁體中文 (Click to show details)

Claim Number	Name	Coverage	Date of Loss	Class	Field	Out. Reserves	Incurred
0918CC164006	Claimant MQ, 1	WC	4/24/2018	EXPENSE	\$22.05	\$400.00	\$422.05
0918CC164006	Claimant MQ, 1	WC	4/24/2018	MEDICAL	\$240.40	\$1,000.00	\$1,240.40
0918CC164006	Claimant MQ, 1	WC	2/24/2018	EXPENSE	\$22.05	\$400.00	\$422.05
0918CC164006	Claimant MQ, 1	WC	2/24/2018	MEDICAL	\$240.40	\$1,000.00	\$1,240.40
0918CC164006	Claimant MQ, 1	WC	2/24/2018	EXPENSE	\$22.05	\$400.00	\$422.05
0918CC164006	Claimant MQ, 1	WC	2/24/2018	MEDICAL	\$240.40	\$1,000.00	\$1,240.40
0918CC164006	Claimant MQ, 1	WC	2/24/2018	EXPENSE	\$22.05	\$400.00	\$422.05
0918CC164006	Claimant MQ, 1	WC	2/24/2018	MEDICAL	\$240.40	\$1,000.00	\$1,240.40
0918CC164006	Claimant MQ, 1	WC	2/24/2018	EXPENSE	\$22.05	\$400.00	\$422.05
0918CC164006	Claimant MQ, 1	WC	2/24/2018	MEDICAL	\$240.40	\$1,000.00	\$1,240.40

Financial Analysis allows users to see a breakdown of claim financials by class and detail.

The Financial Analysis homepage has a standard and advanced set of parameter filters that can be saved for later use. After setting the filters and clicking Go! The Financial Analysis results screen displays Overall Totals, Totals by Class, a graph showing total paid and outstanding reserves, as well as a detailed breakdown by class which can be shown or hidden. Detail results can be exported as PDF or Excel.

CLAIMS ANALYSIS



Financial Analysis
Transaction Detail
Reserve Detail

SELECT FILTERS

Claim Dates: Start: 1/1/1900 End: 12/31/2199 - Select dates -

Date Of Loss Entry Date Date Closed

Report Type: Claim Report Only (RPO)

Claim Status: Open Closed Pending *

Claim Type: Indemnity Medical Incident *

Last Name:

First Name:

SSN: Starts With Last 4 Digits

Employee ID:

Total Incurred: between and

Coverage: WC

Department: -All-

Claim Number:

Transaction Start: 12/1/2019 End: 11/30/2020 Last 12 Months

Class:

Check Number:

Provider/Payee ID:

Check Printed: Yes No All

Check/Voucher: Checks Vouchers All

Status: Paid Pending All

Include items 'Paid w/o Check'

Transaction Amount: between and

Go!

Export to Excel

Reset Filters

Advanced

Grid Layout: ICE Basic

Grid Fonts: Regular Small

Saved Filters: - Select -

Save filter as:

Save Filter

* When using the As Of Date feature, all claim statuses, claim types and financial data (paid, reserves, incurred, etc) will be shown As Of that date. All other results will be the current value for that field.

Results of this query will be current through 12:01 AM today. Claims and financial information entered into the system today will not be included in the results.

Selection Criteria: Transactions for Claims where Date Of Loss between 1/1/1900 and 12/31/2199 11:59 PM and Type of Claim is Indemnity or Medical and Claim Status is Closed or Open and Coverage is WC and Transaction/Check Dates = 12/1/2019 and Transaction/Check Dates = 11/30/2020 11:59 PM and Check is Printed and Trans Status is Paid

Checks: 1302 # Transactions: 12329

Check Totals: \$1281,079.06 Transaction Totals: \$8,745,054.46

Grid Layout: ICE Basic

Export to Excel

Trans Date	Status	Claim #	Claimant	Check Number	Check Amount	Payee	Printed	Check Date	Void	Check Printed	Class	Trans Code	Workflow Status	Department	Detail Net Amount	Detail Amount Charged	Detail Amount Discovered	SubClass	Trans Comment	Detail Comment	Control Number
12/13/2019	Paid	111CEC164061	Claimant, Ind 41	20358	\$772.22	ICE DEMONSTRATION PAYEE		12/25/2019	N	Y	MEDICAL Payment	Complete	BUSINESS UNIT 4	\$123.53	\$150.00	\$26.47	OFFICE VISIT	D-0207169899WMO0107728 05 5/24/2011-5/24/2011			
12/13/2019	Paid	111CEC16442	Claimant, Ind 41	20358	\$772.22	ICE DEMONSTRATION PAYEE		12/25/2019	N	Y	MEDICAL Payment	Complete	BUSINESS UNIT 1 1700	\$123.53	\$150.00	\$26.47	OFFICE VISIT	D-0207169899WMO0107728 05 5/24/2011-5/24/2011			
12/13/2019	Paid	111CEC162800	Claimant, Ind 41	20358	\$772.22	ICE DEMONSTRATION PAYEE		12/25/2019	N	Y	MEDICAL Payment	Complete	BUSINESS UNIT 2	\$123.53	\$150.00	\$26.47	OFFICE VISIT	D-0207169899WMO0107728 05 5/24/2011-5/24/2011			
12/13/2019	Paid	111CEC163066	Claimant, Ind 41	20358	\$772.22	ICE DEMONSTRATION PAYEE		12/25/2019	N	Y	MEDICAL Payment	Complete	BUSINESS UNIT 2	\$123.53	\$150.00	\$26.47	OFFICE VISIT	D-0207169899WMO0107728 05 5/24/2011-5/24/2011			
12/13/2019	Paid	111CEC163429	Claimant, Ind 41	20358	\$772.22	ICE DEMONSTRATION PAYEE		12/25/2019	N	Y	MEDICAL Payment	Complete	BUSINESS UNIT 2	\$123.53	\$150.00	\$26.47	OFFICE VISIT	D-0207169899WMO0107728 05 5/24/2011-5/24/2011			
12/13/2019	Paid	111CEC165023	Claimant, Ind 41	20358	\$772.22	ICE DEMONSTRATION PAYEE		12/25/2019	N	Y	MEDICAL Payment	Complete	BUSINESS UNIT 3	\$123.53	\$150.00	\$26.47	OFFICE VISIT	D-0207169899WMO0107728 05 5/24/2011-5/24/2011			
12/13/2019	Paid	111CEC165284	Claimant, Ind 41	20358	\$772.22	ICE DEMONSTRATION PAYEE		12/25/2019	N	Y	MEDICAL Payment	Complete	BUSINESS UNIT 4	\$123.53	\$150.00	\$26.47	OFFICE VISIT	D-0207169899WMO0107728 05 5/24/2011-5/24/2011			
12/13/2019	Paid	111CEC165856	Claimant, Ind 41	20358	\$772.22	ICE DEMONSTRATION PAYEE		12/25/2019	N	Y	MEDICAL Payment	Complete	BUSINESS UNIT 4	\$123.53	\$150.00	\$26.47	OFFICE VISIT	D-0207169899WMO0107728 05 5/24/2011-5/24/2011			
12/13/2019	Paid	111CEC165811	Claimant, Ind 41	20358	\$772.22	ICE DEMONSTRATION PAYEE		12/25/2019	N	Y	MEDICAL Payment	Complete	BUSINESS UNIT 4	\$123.53	\$150.00	\$26.47	OFFICE VISIT	D-0207169899WMO0107728 05 5/24/2011-5/24/2011			
12/13/2019	Paid	111CEC164622	Claimant, Ind 41	20358	\$772.22	ICE DEMONSTRATION PAYEE		12/25/2019	N	Y	MEDICAL Payment	Complete	BUSINESS UNIT 3	\$123.53	\$150.00	\$26.47	OFFICE VISIT	D-0207169899WMO0107728 05 5/24/2011-5/24/2011			
12/13/2019	Paid	111CEC163998	Claimant, Ind 41	20358	\$772.22	ICE DEMONSTRATION PAYEE		12/25/2019	N	Y	MEDICAL Payment	Complete	BUSINESS UNIT 3	\$123.53	\$150.00	\$26.47	OFFICE VISIT	D-0207169899WMO0107728 05 5/24/2011-5/24/2011			
12/13/2019	Paid	111CEC164305	Claimant, Ind 41	20358	\$772.22	ICE DEMONSTRATION PAYEE		12/25/2019	N	Y	MEDICAL Payment	Complete	BUSINESS UNIT 3	\$123.53	\$150.00	\$26.47	OFFICE VISIT	D-0207169899WMO0107728 05 5/24/2011-5/24/2011			

Transaction Detail shows a detail breakdown of specified transactions attached to claims.

The Transaction Detail homepage has a standard and advanced set of parameter filters that can be saved for later use. After setting the filters and clicking Go! The Transaction Detail results screen displays a Transaction Overview as well as a Transaction Detail below which can be exported as Excel only.

Claim Grids
Financial Analysis
Transaction Detail
Reserve Detail

SELECT FILTERS

Claim Dates: Start: 1/1/1900 End: 12/31/2199 - Select dates -

Report Type: Date of Loss Entry Date Date Closed

Claim Status: Claim Report Only (RPO)

Claim Status: Open Closed Pending *

Claim Type: Indemnity Medical Incident *

Last Name:

First Name:

SSN: Starts With Last 4 Digits

Employee ID:

Total Incurred: between and

Coverage: WC

Department: - All -

Claim Number:

Reserve Start: 12/1/2019 End: 11/30/2020 - Select dates -

Class:

Reserve Amount: between and

* When using the As Of Date feature, all claim statuses, claim types and financial data (paid, reserves, incurred, etc) will be shown As of that date. All other results will be the current value for that field.

Results of this query will be current through 12:01 AM today. Claims and financial information entered into the system today will not be included in the results.

Go!

Export to Excel

Reset Filters

Advanced

Grid Layout: ICE Basic

Grid Fonts: Regular Small

Saved Filters: - Select -

Save filter as:

Save Filter

Selection Criteria: Reserve Changes for Claims where Date of Loss between 1/1/1900 and 12/31/2199 11:59 PM and Type of Claim is Indemnity or Medical and Claim Status is Closed or Open and Coverage is WC and Reserve Dates >= 12/1/2019 and Reserve Dates <= 11/30/2020 11:59 PM

Reserve Changes: 6480

Reserve Totals: \$31,649,062.84

Grid Layout: ICE Basic Sort: ?

Reserve Date	Claim #	Claimant	Class	SubClass	Department	Detail Reserve Amount	Comment	Detail Comment
7/13/2020	06ICEC052813	Claimant, Ind 2	IND.TTD	TTD	BUSINESS UNIT 1 1700	\$6,644.20	To cover ongoing TTD benefits - we have to continue to pay T	20 #Weeks x \$332.21 Weekl
7/13/2020	06ICEC052877	Claimant, Ind 6	IND.TTD	TTD	BUSINESS UNIT 1 1700	\$7,234.20	Adding 15 additional weeks to TTD reserve to allow for time	15 #Weeks x \$482.28 Weekl
7/13/2020	06ICEC052877	Claimant, Ind 6	MEDICAL	MISC MEDICAL	BUSINESS UNIT 1 1700	\$6,000.00	Adding reserves for 6 months of medication until settlement	MISC MEDICAL
7/13/2020	06ICEC053078	Claimant, Ind 7	IND.TTD	TTD	BUSINESS UNIT 1 1700	\$17,060.16	Adding 39 weeks TTD to allow for time to resolve claim. Defe	39 #Weeks x \$437.44 Weekl
7/13/2020	08ICEC053154	Claimant, Ind 16	IND.COMPRMISE	F & F SETTLEMEN	BUSINESS UNIT 1 1700	\$3,250.00	put monies in ind comp as entire clm has been settled	\$3,250.00 Reserve
7/13/2020	08ICEC053154	Claimant, Ind 16	IND.LEGAL	ATTY FEES-CLMT	BUSINESS UNIT 1 1700	\$1,750.00	put res. in ind. legal for clints atty fees	\$1,750.00 Reserve
7/13/2020	08ICEC053154	Claimant, Ind 16	IND.LEGAL	ATTY FEES-CLMT	BUSINESS UNIT 1 1700	-\$250.00	Transferring to lumps sum.	-\$250.00 Reserve
7/13/2020	08ICEC053154	Claimant, Ind 16	IND.COMPRMISE	F & F SETTLEMEN	BUSINESS UNIT 1 1700	\$250.00	Transferring from indemnity legal to lump sum to issue final	\$250.00 Reserve
7/13/2020	09ICEC053199	Claimant, Ind 21	IND.PPD	PPD	BUSINESS UNIT 1 1700	\$14,214.00	Adding reserves for 30% to the foot at 2009 rates based on e	\$14,214.00 Reserve
7/13/2020	09ICEC053199	Claimant, Ind 21	EXPENSE	IME	BUSINESS UNIT 1 1700	\$1,500.00	Adding reserves for IME and 2 days of surveillance	
7/13/2020	09ICEC053199	Claimant, Ind 21	EXPENSE	SURVEILLANCE	BUSINESS UNIT 1 1700	\$2,000.00	Adding reserves for IME and 2 days of surveillance	2 days
7/13/2020	09ICEC053199	Claimant, Ind 21	LEGAL	ATTORNEY FEES	BUSINESS UNIT 1 1700	\$6,000.00	Addig \$6000 to legal reserve to allow for defense of the cla	

Reserve Detail shows a detail breakdown of outstanding reserves attached to claims.

The Reserve Detail homepage has a standard and advanced set of parameter filters that can be saved for later use. After setting the filters and clicking Go! The Reserve Detail results screen displays a Reserve Overview as well as a Reserve Detail below which can be exported as Excel only.

CLAIM DETAIL



Covg	Name	Soc Sec #	Date of Loss	Claim #	Claim Entry Date	Date Closed	Status	Type	Total Paid	Outstanding Reserve	Total Incurred	Region or Branch Name
1	WC	Claimant_Ind 1	XXXX-XX-6452	4/19/2015	05ICEC162770	4/19/2015	0	Ind	\$17,296.77	\$114,486.29	\$131,783.06	BUSINESS UNIT 2
2	WC	Claimant_Ind 1	XXX-XX-6452	4/19/2015	05ICEC163036	4/19/2015	0	Ind	\$17,296.77	\$0.00	\$17,296.77	BUSINESS UNIT 2
3	WC	Claimant_Ind 1	XXX-XX-6452	4/19/2015	05ICEC163968	4/19/2015	0	Ind	\$17,296.77	\$93,885.30	\$111,182.07	BUSINESS UNIT 3
4	WC	Claimant_Ind 2	XXX-XX-1862	8/21/2014	05ICEC052813	8/21/2014	0	Ind	\$327,485.72	\$353,885.57	\$681,371.29	BUSINESS UNIT 1 1700
5	WC	Claimant_Ind 2	XXX-XX-1862	6/21/2014	05ICEC161497	6/21/2014	0	Ind	\$327,485.72	\$348,884.57	\$676,370.29	BUSINESS UNIT 1 1700
6	WC	Claimant_Ind 2	XXX-XX-1862	6/21/2014	05ICEC162780	6/21/2014	0	Ind	\$327,485.72	\$348,884.57	\$676,370.29	BUSINESS UNIT 2
7	WC	Claimant_Ind 2	XXX-XX-1862	6/21/2014	05ICEC163046	6/21/2014	0	Ind	\$327,485.72	\$348,884.57	\$676,370.29	BUSINESS UNIT 2
8	WC	Claimant_Ind 2	XXX-XX-1862	6/21/2014	05ICEC163409	6/21/2014	0	Ind	\$327,485.72	\$348,884.57	\$676,370.29	BUSINESS UNIT 2
9	WC	Claimant_Ind 2	XXX-XX-1862	6/21/2014	05ICEC163978	6/21/2014	0	Ind	\$327,485.72	\$348,884.57	\$676,370.29	BUSINESS UNIT 3
10	WC	Claimant_Ind 2	XXX-XX-1862	6/21/2014	05ICEC164285	6/21/2014	0	Ind	\$327,485.72	\$348,884.57	\$676,370.29	BUSINESS UNIT 3
11	WC	Claimant_Ind 2	XXX-XX-1862	6/21/2014	05ICEC164602	6/21/2014	0	Ind	\$327,485.72	\$348,884.57	\$676,370.29	BUSINESS UNIT 3
12	WC	Claimant_Ind 2	XXX-XX-1862	6/21/2014	05ICEC165003	6/21/2014	0	Ind	\$327,485.72	\$348,884.57	\$676,370.29	BUSINESS UNIT 3

Overview CLAIM # 05ICEC162770 - CLAIMANT, IND 1 - DOL: 4/19/2015

Claim Detail

Claim Number: 05ICEC162770
 Name: Claimant, Ind 1
 Date of Loss: 4/19/2015
 Coverage Code: WC
 Claim Status: Open
 Claim Type: Indemnity
 Medicare Eligible: N/A

Accident Description:
 Employee fell from ladder on side of truck

Adjuster: VOGEL, RACHEL
 Email: rvogel@ccmsi.com
 Phone: 504-883-8407

Supervisor: VOGEL, RACHEL
 Email: rvogel@ccmsi.com
 Phone: 504-883-8407

Suit Filed: No
 Case Settled: No
 Settlement Amount: \$0.00
 Settlement Date:

Policy Holder: BUSINESS UNIT 2
Primary Insurance Co.: Self-Funded
Issuing Insurance Co.: SELF-FUNDED
Policy #:
Effective Date: 1/1/2015
SIR/Deductible: \$0

[Salary Continuation Requests](#)
[Export Salary Continuation to Excel](#)

For fillable forms (ACORD, State forms, Form Letters, etc.) navigate to Form Filler.

[Form Filler](#)

Financial Summary

Claim Totals

Total Paid:	\$17,296.77
Outstanding Reserves:	\$94,886.29
Third Party Recovery:	\$0.00
Total Incurred:	\$112,183.06
Carrier Reimbursement:	\$0.00
Net Incurred:	\$112,183.06

Incurred By Class

Total Incurred by Date

Documents

Pending Documents (for adjuster)
 There are no pending documents

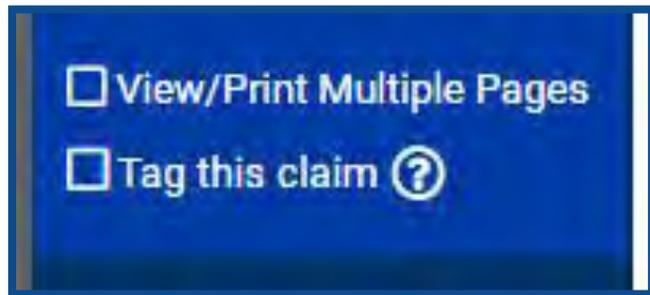
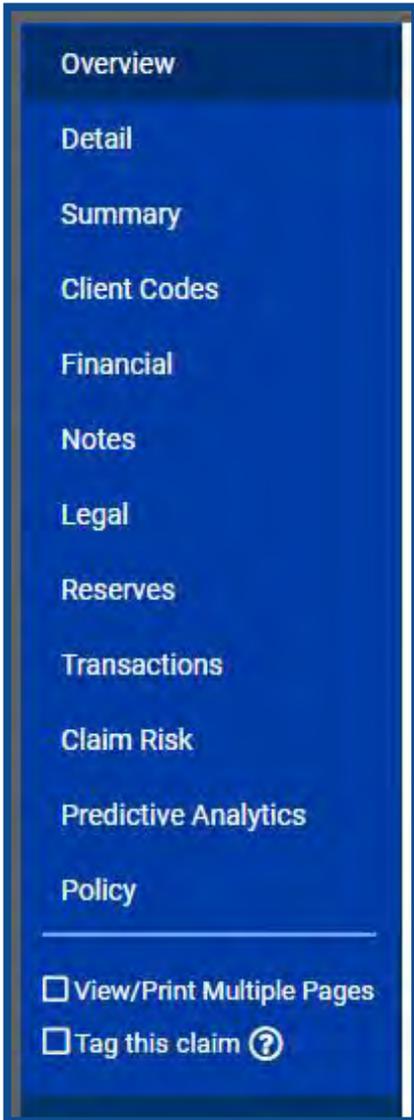
Initial Report Documents
 There are no documents for the Initial Report.

[Add Documents to Claim](#)

By selecting an individual claimant from the claims grid, ICE allows you to view claimant information in greater detail. The Claim Detail Information screen displays: Claim status, Claimant Information – name, address, etc. Employment Information – Avg. weekly wage, PPD Rate, etc. Accident Information – Loss type, description, Summary of claim, Contacts Information – Employee, Employer and Medical

Claims Detail screen options include: Three-point contact, legal section (if applicable), notes section with full screen/printer friendly access and the ability to add a new note record. Third-party nurses also have the ability to add a note.

If a user has additional claimant information and wants to inform the adjuster, send the adjuster or supervisor an email with one simple click of the mouse.



Under the Overview Screen there are several key features. There is a link to Form Filler which takes users directly to form filler from the claim detail screen instead of users having to access their initial reports to update information.

The Tagged Claim feature is available under all sections of the claim detail screen. Users may simply click on the empty box next to “tag this claim” to mark the claim as tagged. Tagged claims have special significance to the user and custom reports can be created based on their tagged claims.

The Add Documents feature allows users to add documents to claims directly from the claim detail screen instead of having to access their initial report.

CLAIM DETAIL



Detail

CLAIM # 05ICEC161407 - CLAIMANT, IND 1 - DOL : 5/19/2014

Claim		Timeline	
Status: Open	TCM: (?)	Date Of Loss: 5/19/2014	Claimant Report Date: 5/19/2014
Coverage Code: WC	Claim Source: iCEBar	Claim Entry Date: 5/19/2014	Date Opened: 5/19/2014
Claim Type: Indemnity	Claim Denied: N	Indemnity Date: 1/28/2015	
Date Claim Closed: N/A	Claim Risk Level: Low		
Claimant			
Name: Claimant, Ind 1	Address: 15003 Land St		
Home Phone: 555-555-5555	Sacramento, CA 94203		
Mobile Phone:	United States		
Personal Email:			
Soc Sec Num: XXX-XX-6452	Employee ID:		
Age: 42	Gender: M		
Marital Status: Unknown	Date of Birth: 2/21/1967		
Employee			
Date Of Hire: 9/13/2013	Job Class: 9403 - GARBAGE COLLECTION AND DRIVERS		
TTD Rate: \$504.00	Avg Weekly Wage: \$756.49		
Job Title (Carrier):	PPD Rate: \$230.00		
Incident			
Date Of Loss: 5/19/2014	Time of Injury: 10:30		
Loss Type: SPRAIN/STRAIN/TEAR	Body Part: BACK, LUMBAR		
Cause Code: FROM LADDER OR SCAFFOLDING	Entry Date: 5/19/2014 12:00:00		
Description: Employee fell from ladder on side of truck.	State Claim Number:		
Occurrence:	State of: NV		
Accident State: NV	Jurisdiction:		
Codes			
Department: BUSINESS UNIT 1 1700	Division: NEVADA OPERATIONS		
Departments: WEST	Accident Location:		
Sub-Department: LAS VEGAS			
Area: RESIDENTIAL			
Job Title: DRIVER			
Member Status: Active			
Contacts			
	Date	UserID	Comments
Employee:	5/22/2020	KBRECHTEL	Prior adjuster contacted EE
Employer:	5/22/2020	KBRECHTEL	Prior adjuster spoke to ER
Medical:	5/22/2020	KBRECHTEL	See file for medical

The Detail Screen displays a quick “snapshot” of the claim detail highlights.

Summary

CLAIM # 05ICEC161407 - CLAIMANT, IND 1 - DOL : 5/19/2014

COVERAGE: Self-Funded, Policy #WC2005, Policy Term 1/1/2005 - 12/31/2005.

COMPENSABILITY DETERMINATION: Claimant fell off his truck, about 7 feet high, and landed on his left hip/side. This occurred in the course/scope of his employment and there were no issues on compensability. The claim was admitted.

CLAIMANT INFO: 46-year-old Garbage Collection/Driver, hired on 4/13/2005.

NLT/LT: Lost a total of 4 days of work, 6/15/06, 6/16/06, 8/4/06 and 8/18/06. He was paid one day of TTD and has returned to work.

ACCIDENT DESCRIPTION: Claimant was climbing down the ladder rungs that are welded onto the side of the truck. He slipped and fell to the ground injuring his low back.

LEGAL: Neither party is represented.

DIAGNOSIS: Left hip contusion, lumbar strain/sprain, advanced lumbar degenerative disc disease at L5-S1, bi-lateral lower extremity lumbar radiculopathy.

MEDICAL/WORK STATUS: Claimant was referred to Medical Clinic for treatment and went through a course of physical therapy. He was referred to an orthopedic surgeon for an evaluation because of continued low back and radicular pain. A lumbar MRI was performed which showed degenerative changes, most notably at L4-5, L5-S1. Further conservative care took place to include continued therapy and two epidural steroid injections. He had no improvement following the second injection and was seen by a doctor for neurosurgical consult. The neurologist recommended additional MRI studies (weight-bearing) which showed the degenerative changes and multiple disc bulges, the largest at L5-S1 of 6.3mm. The neurologist felt that he was a surgical candidate and recommended a lumbar laminectomy and fusion at L5-S1 with decompression of the L5-S1 disc. The surgery was apparently certified but the claimant refused the procedure. He was placed at MMI on 5/24/07 with a 13% WPI of the lumbar spine (before age/occupation) based on a DRE Category III. However, there was no apportionment indicated. He was provided with permanent work restrictions of no lifting over 40 lbs, no push/pull over 50 lbs, and no stand/walking more than 30 minutes. He was also entitled to future medical care to include orthopedic follow-up visits, over-the-counter anti-inflammatory medications and surgery.

SUBROGATION/RECOVERY: No subrogation potential as there was no third party involvement.

PPD EXPOSURE: M.D., QME, 5/24/07

12/19/05, low back. Radiculopathy documented by imaging, with recommendation for disk surgery plus one level fusion. Surgery has not been accepted by injured at this point so the doctor found the injured to be P&S.

Rating is as follows based on no surgery:

15.03.01.00-13-[5]17-460H-21-22% Final PD 22% = 85.5 weeks @ \$220 per week = \$18,810.00

Rating is as follows based on surgery as recommended:

15.03.01.00-23-[5]29-460H-35-37% Final PD 37% = 180 weeks @ \$220 per week = \$39,600.00

ACTION PLAN: PQME evaluation with doctor is scheduled for 12/6/11 at 1:00 pm. Medical & non-medical records have been mailed to the claimant and doctor. As there was no objection to non-medical information, additional information faxed/mailed to the PQME. The PQME report should follow the evaluation in 30-45 days. Review file in 45 days for PQME report. Once received and if there is no supplemental report or clarification required, we will finalize the rating and attempt to settle the claim.

The Summary Screen gives a brief overview of the claim including the accident description and key highlights of the claim and claimant information.

CLAIM DETAIL

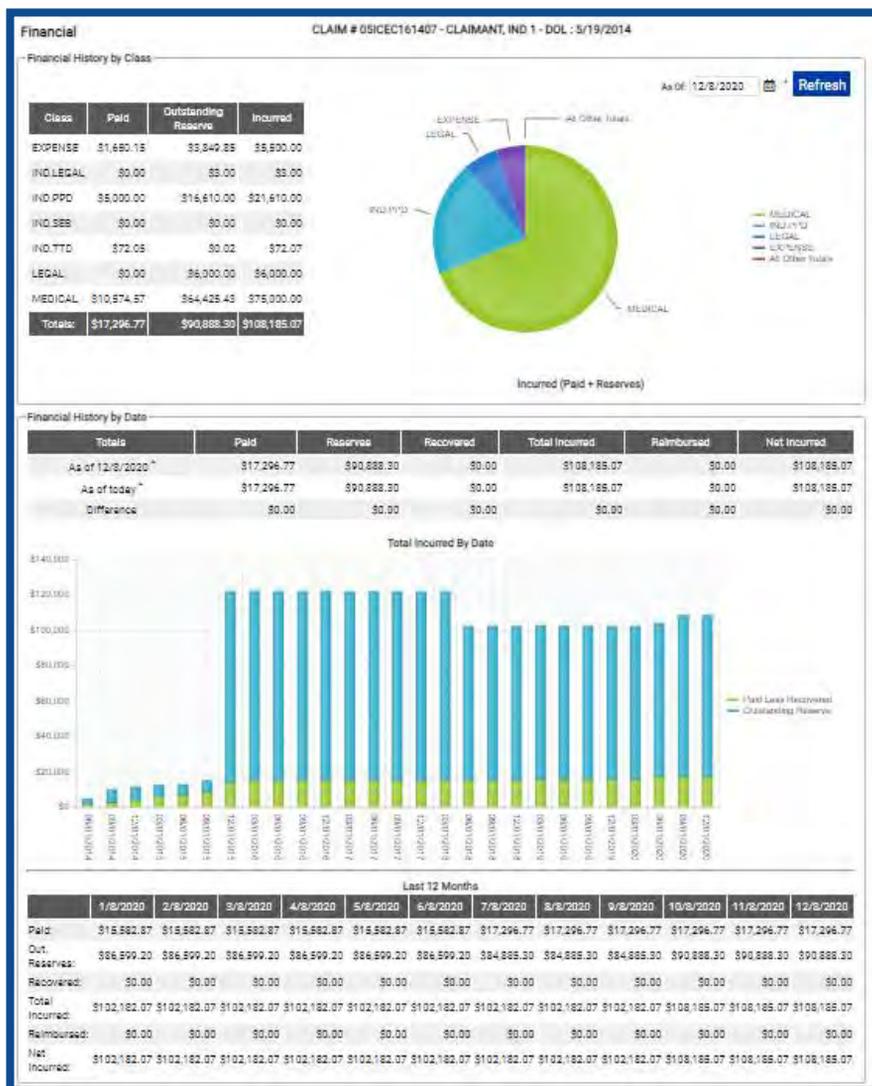


Client Codes

Job Titles

CARE GIVER

Client Codes displays relevant codes attached to the claim/claimant.



The Financial Screen uses pie and bar charts to give the user a comprehensive and visual breakdown of the numbers. The pie chart displays the financial history by class, total incurred, paid and outstanding reserve and is broken down by reserve classes. The bar chart and columns display financial history by date of the past year paid, outstanding and recovery reserve are displayed by month.

Notes

CLAIM # 05ICEC161407 - CLAIMANT, IND 1 - DOL : 5/19/2014

Filter on: - All Types - Documents Priority Containing: - Any note text - Sort By: Last Modified Date Desc

RESERVES Created: 9/18/2021 9:16 PM - COCHRAN, TIM Last Modified: 9/18/2021 9:16 PM - COCHRAN, TIM

New Reserve added. See Document attachment for Reserve Worksheet details.

Reserve Information

Client: ICE Demo Client
Claimant: Claimant, Ind 1
Claim Number: 05ICEC161407
Date of Loss: 12/19/2005
Policy Holder: BUSINESS UNIT 1
Location: NEVADA OPERATIONS

Reserve Change Worksheet

Class Code: **EXPENSE** (Rationale: asdf)
EXPENSE Consists of:
- ADJUSTING FEE (Description: asdf) ;
- MISC EXPENSE (Description: MISC EXPENSE) ;
EXPENSE Rationale: asdf
EXPENSE Total ==> \$5,006.00

Total Reserve Change ==> \$5,006.00

Documents: [ReserveWorksheet.pdf](#) (ReserveWorksheet.pdf) Date: 4/18/2013

RISK ASSESSMENT Created: 10/8/2020 4:46 PM - Arthur, Rick Last Modified: 10/8/2020 4:46 PM - Arthur, Rick

Claim Risk Assessment: Low

Accident/Injury Information

Describe the effects of the injury: [no response]
What were you doing prior to the accident? [no response]
What did you do immediately after the incident? [no response]
When did you report the incident to your employer? [no response]

The Notes Screen allows the user to see adjuster/supervisor notes and observe the progress of the claim.

CLAIM DETAIL



Notes CL

Filter on: - All Types -

Go ↻

Filter on: MEDICAL Documents

Go ↻

- All Types -
- ACTION PLAN/DIARY REVIEW
- CARRIER REPORTING
- CLAIMANT
- CLIENT
- CLIENT-EXTERNAL
- CONTACT INFO
- COVERAGE ANALYSIS
- DAMAGES
- DENIAL/DISPUTE (TX ONLY)
- EDI
- GENERAL
- INDEMNITY PAYMENT
- INDEX/PRIOR CLAIMS
- INVESTIGATION
- LEGAL
- LIENS
- MEDICAL**
- MEDICAL CASE MGMT

Using filter selections at the top of the notes screen, users can sort for only the notes they want to see. They can narrow by note type, whether or not the note has a document attached, by priority, or by specific text within the note.

Filter on: **MEDICAL** Documents Priority Containing: - Any note text - Sort By: Last Modified Date Desc

Go ↻

MEDICAL Created: 6/6/2021 8:03 AM - BRECHTEL, KATE Last Modified: 6/6/2021 8:03 AM - BRECHTEL, KATE

The following document(s) were attached to the claim:
Medical Docs.doc
Title: MEDICAL REPORT
Description: MEDICAL REPORT
Additional Comments:

Filter on: MEDICAL Documents Priority Containing: - Any note text - Sort By: Last Modified Date Desc

Go ↻

MEDICAL Created: 6/6/2021 8:03 AM - BRECHTEL, KATE Last Modified: 6/6/2021 8:03 AM - BRECHTEL, KATE

The following document(s) were attached to the claim:
Medical Docs.doc
Title: MEDICAL REPORT
Description: MEDICAL REPORT
Additional Comments:

Documents: [MEDICAL REPORT](#) (3eaeda68-b48a-4320-b3ff-1a0a7363f479_Medical Docs.doc) Date: 4/4/2012

MEDICAL Created: 6/6/2021 8:00 AM - BRECHTEL, KATE Last Modified: 6/6/2021 8:00 AM - BRECHTEL, KATE

The following document(s) were attached to the claim:
Medical Docs.doc
Title: MRI REPORT
Description: MRI REPORT
Additional Comments:

04/25/07 LUMBAR MRI REPORT
Documents: [MRI REPORT](#) (5e35b6ff-c055-4490-990b-bf0c6bcf357f_Medical Docs.doc) Date: 4/4/2012

Legal CLAIM # 05ICEC161407 - CLAIMANT, IND 1 - DOL : 5/19/2014

Claimant

Attorney Represented: N
 Firm Name:
 Lawyer Name:
 Phone Number:

Address:

 Fax Number:

Defendant

Attorney Represented: N
 Firm Name:
 Lawyer Name:
 Phone Number:
 Suit Filed: N
 Date Counsel Assigned:

Address:

 Fax Number:
 Date Suit Filed:
 Date Suit Received:

Hearing

Hearing Date Received:
 Hearing Date:
 Venue:

Trial/Verdict/Appealed

Trial Notice Received:

Verdict Rendered:
 Mistrial:
 Remanded for New Trial:
 Verdict Status:

Trial Date:

Appealed:
 Appeal Status: Date Appeal Filed:

Settled

Case Settled:
 Demand Amount: \$0.00
 Authorized Amount: \$0.00
 Settlement Amount: \$0.00

Payment Date:
 Authorized Date:
 Settlement Date:

This is a read-only snapshot of the legal notes. Go to the 'Notes' tab for additional Notes functionality.

LEGAL
Created: 7/6/2020 8:03 AM - BRECHTEL, KATE
Last Modified: 7/6/2020 8:03 AM - BRECHTEL, KATE

Called contact to discuss this case and his recommendations on handling...non-litigated. I reviewed the case details with him and concerns about the PTP P&S report, apportionment, and the permanent work restrictions. Concern is that clmt has been working regular duty for the past two years in light of the work restrictions in place. If we address the work restrictions now and the client cannot accommodate, concerned about the ramifications and potential for further liability against the employer. He suggests that we get an investigator out to the location immediately to obtain the clmt's statement and specifically address his job, whether or not he has pain, if he is doing his job, etc. We will also need to obtain the supervisor's statement to see if clmt has complained of or does complain of pain when doing his job. If he is, then the work restrictions need to be looked at by the employer to determine if they can be accommodated. If clmt states he has no pain, then it appears that the work restrictions need to be removed or an adjustment made by the PQME. If we get the clmt's statement confirming no issues, this can then be provided to the PQME. Timeliness on objecting to the PTP report isn't an issue. We also discussed the private rating and the ranges in the WPI; however, this will be affected by apportionment and based on the MRI findings, it's my opinion that there should be at least 50% attributed to pre-existing degenerative disc disease. We have advanced \$5K in PDA's but I'm not sure how the prior adjuster arrived at that figure...it appears this is based on roughly 7.5% WPI, or roughly 23 weeks @ \$220 per week. He said the \$5K paid is okay but based on the private ratings, may not of been sufficient. However, apportionment is definitely a factor and needs to be addressed so the final rating is known.

Items that can be view in the Legal portion of the claim detail are as follows: suit filed, attorney represented, defendant attorney, defendant attorney firm, claimant attorney and claimant attorney firm. The user may also view brief legal notes in the text area.

CLAIM DETAIL



Reserves

CLAIM # 05ICEC161407 - CLAIMANT, IND 1 - DOL : 5/19/2014

Amount	Date	User	Class	Comment	Calculation
\$5,006.00	9/18/2021	COCHRAN, TIM	EXPENSE	asdf	
\$3.00	9/24/2020	CRAIG, JOHN	IND.LEGAL	tewet	
\$6,000.00	9/24/2020	CRAIG, JOHN	LEGAL	testasfsd	
(\$6,000.00)	4/18/2018		IND.SEB	claimant working U&C	-6000 Reserve
(\$13,545.25)	4/18/2018		IND.TTD	claimant working U&C	-26.8755357142 #Weeks x 5
\$6,000.00	12/25/2015		IND.SEB	possible vr voucher	6000.00 Reserve
\$63,575.00	12/25/2015		MEDICAL	back surgery, f/u visits, meds, mileage, pt, diagnostics	
\$13,112.32	12/25/2015		IND.TTD	estimate of ttd if ee has back surgery	26 #Weeks x 504.32 Wkly R
\$16,610.00	12/25/2015		IND.PPD	estimate of 20% pd	1 Body Part x 100 % Exp x
\$2,500.00	12/25/2015		EXPENSE	additional medical cost containment	
\$5,000.00	12/24/2015		IND.PPD	pd due	1 Body Part x 100 % Exp x
\$2,500.00	10/18/2015		EXPENSE	INTERPRETING, MED COST CONTAINMENT	
\$300.00	5/13/2015		EXPENSE	increased for continued med cost containment	
\$1,000.00	5/7/2015		MEDICAL	to cover med	
\$505.00	1/28/2015		IND.TTD	one week of ttd in the event that ee loses more time	1 #Weeks x 505.00 Wkly Ra
\$1,000.00	1/3/2015		MEDICAL	Medical Treatment.	
\$6,500.00	10/11/2014		MEDICAL	increase...see notes	
\$425.00	10/9/2014		MEDICAL	adjuster needs to review reserves	
\$2,500.00	5/28/2014		MEDICAL	Medical treatment	
\$200.00	5/28/2014		EXPENSE	Bill review	

Calculation field is only valid for indemnity reserves.
 Show Reserve Notes

In the Reserves Screen, users can view the amount, date, class, comments and calculations for a specific claimant. Users can also view the activity of updated reserve notes.

CLAIM DETAIL



Transactions CLAIM # 05ICEC161407 - CLAIMANT, IND 1 - DOL : 5/19/2014

Dates through

 Transaction Dates
 Service Dates

View Transactions
Export Transactions (Excel)

Check	C/V	Input Date	Original Bill Amount	Transaction Amount	Payee Name	Trans Code	Class	Status	Prntd	Date Printed	Invoice #	Service From	Service Through	Comment	Images
101009169	C	6/28/2020	\$1.50	\$1.50	ICE DEMONSTRATION PAYEE	PAYMENT	EXPENSE	Paid	Y	6/28/2020	060103175506905	11/26/2015	11/26/2015	0 DS 1/26/12	
101009169	C	6/28/2020	\$1.50	\$1.50	ICE DEMONSTRATION PAYEE	PAYMENT	EXPENSE	Paid	Y	6/28/2020	060103175506905	11/26/2015	11/26/2015	0 DS 1/26/12	
101009169	C	6/28/2020	\$1.50	\$1.50	ICE DEMONSTRATION PAYEE	PAYMENT	EXPENSE	Paid	Y	6/28/2020	060103175506905	11/26/2015	11/26/2015	0 DS 1/26/12	
101006816	C	6/5/2020	\$1,529.40	\$1,529.40	ICE DEMONSTRATION PAYEE	Payment	MEDICAL	Paid	Y	6/11/2020		10/6/2015	10/6/2015		
101006766	C	5/21/2020	\$180.00	\$180.00	ICE DEMONSTRATION PAYEE	Payment	EXPENSE	Paid	Y	6/11/2020	01159639	10/6/2015	10/6/2015		
101055571	C	3/18/2019	\$350.00	\$350.00	ICE DEMONSTRATION PAYEE	PAYMENT	EXPENSE	Paid	Y	3/19/2019	CBR122732	7/23/2014	7/23/2014		
101041553	C	11/14/2018	\$10.00	\$10.00	ICE DEMONSTRATION PAYEE	Payment	EXPENSE	Paid	Y	11/15/2018		4/14/2014	4/14/2014		
101007897	C	12/28/2017	\$5,000.00	\$5,000.00	ICE DEMONSTRATION PAYEE	Payment	IND.PPD	Paid	Y	12/28/2017		6/19/2010	6/19/2010		
43302	C	12/28/2017	\$0.00	(\$5,000.00)	ICE DEMONSTRATION PAYEE	Payment	IND.PPD	Void	Y	12/28/2017		6/19/2010	6/19/2010		
70461	C	3/6/2017	\$9.00	\$9.00	ICE DEMONSTRATION PAYEE	Payment	EXPENSE	Paid	Y	3/7/2017		8/6/2012	8/6/2012		

In the Transaction History screen, users can select the transaction history detail by input dates to list all financial transactions. The selections viewed will be check number, input date, amount(s), payee name, type, category, status, printed, date printed, invoice number and comment.

By selecting the icons on the rightmost portion of the chart, a scanned image of the medical bill, any related attachments and explanation of review (EOR) may be viewed.

Claim Risk

CLAIM # 05ICEC161407 - CLAIMANT, IND 1 - DOL : 5/19/2014

This is a read-only snapshot of the Claim Risk notes. Go to the 'Notes' tab for additional Notes functionality.

RISK ASSESSMENT

Created: 10/8/2020 4:46 PM - Arthur, Rick

Last Modified: 10/8/2020 4:46 PM - Arthur, Rick

Claim Risk Assessment: Low

Accident/Injury Information

Describe the effects of the injury: [no response]
What were you doing prior to the accident? [no response]
What did you do immediately after the incident? [no response]
When did you report the incident to your employer? [no response]

Injury History Information

Any prior injuries to this body part in the past? Unknown
Prior Surgeries to this body part: Unknown
Any prior Workers' Compensation claims? Unknown

Medical Information

Who is your primary treating physician? [no response]
What Medical facility? [no response]
Diagnosis: [no response]
Tests: [no response]
Any medications? [no response]
First appointment: [no response]
Recommended treatment: [no response]
Last appointment: [no response]
Current treatment: [no response]
Next appointment: [no response]
Has the doctor indicated when you will be able to return to work? No
Estimated return to work date: 01/01/1900 12:00:00 AM
Have you returned to work since the date of the last incident? No
Light Duty or Regular Duty? Regular Duty
What is the name of your personal physician/family doctor? [no response]
Prior to this injury, when was the last time you saw a doctor? [no response]
Last doctor visit was for what? [no response]

Health History/Life Style Information

High Blood Pressure/Hypertension

Documents: [CRA Document](#) (cra.pdf) Date: 12/8/2014

Documents: [CRA Report](#) (CRA_Report_J387499.pdf) Date: 10/14/2020

Claim Risk is a read only snapshot of the Claim Risk notes. Users should access the Notes screen in Claim Detail for additional Notes functionality. A screenshot of the Claim Risk Assessment document is included on the following page.



Claim Risk Assessment

Claim Number : [REDACTED]

Claimant Name : [REDACTED]

CLAIMANT SECTION

Source of Information Phone Interview

Basic/Background Information

Claimant's Legal Last Name	[REDACTED]
Claimant's Legal First Name	[REDACTED]
Date Of Loss	09/18/2020
Claimant's Home Address	[REDACTED]
Claimant's City State Zip	[REDACTED]
Home Phone #	[REDACTED]
Cell Phone #	[REDACTED]
Social Security Number	[REDACTED]
Date Of Birth	10/10/1958
Marital Status	Unknown
What is your highest level of education?	High School Diploma or GED
What name do you go by?	[REDACTED]

Predictive Analytics

As Of: 10/19/2021 

High Cost Prediction: High

Mean Cost Prediction: \$434,025.66 

Current Claim Total Incurred: \$393,757.30

Analytic Review

Reviewed By: [REDACTED]

Reviewed On: 2/17/2020

CLAIM

Raising Risk Factors

- Factor #1: Newest Treatment Date
- Factor #2: Amount of Physical Therapy / Chiro
- Factor #3: Amount of Medical Imaging
- Factor #4: Note Type: RESERVES
- Factor #5: Medbills indicate medical complexity

Mean Cost Prediction History (180 Days)



Lowering Risk Factors

- Factor #1: Number of Surgeries
- Factor #2:
- Factor #3:
- Factor #4:
- Factor #5:

Comorbidity Flags

- CPD: No
- Coronary Artery Disease: No
- Diabetes: Yes
- Hypertension: Yes
- Mood Disorders: No
- Obesity: Yes
- Osteoarthritis: Yes
- Other Cardiac Disorders: No
- Substance Dependence: No

Future Treatment Predictions

- Electrodiagnostic Studies: 9%
- Imaging: 30%
- Opiod: 8%
- Pain Management: 16%
- Physical Therapy / Chiro: 27%
- Surgery: 11%

Reserve Predictions

	Total Incurred	Current Prediction	Outstanding Prediction	Outstanding Reserves	Difference (Tot. Inc. - Curr. Pred.)
Medical:	\$126,171.09	\$143,400.31	\$21,284.29	\$4,055.07	(\$17,229.22)
Indemnity:	\$251,244.45	\$270,618.78	\$186,403.13	\$167,028.80	(\$19,374.33)
Expense/Legal:	\$16,341.77	\$20,006.57	\$11,405.06	\$7,740.26	(\$3,664.80)
Totals:	\$393,757.31	\$434,025.66	\$219,092.48	\$178,824.13	(\$40,268.35)

The Predictive Analytics screen displays all the risk factors on each claim so a client can track what claims have the potential to enter a high cost threshold and take steps with their risk team to mitigate those risk potentials and maintain low claim costs.

CLAIM DETAIL



Policy

CLAIM # 05ICEC161407 - CLAIMANT, IND 1 - DOL : 5/19/2014

Policy Information

Insured Policy#: WC2014	Policy Type: WC	Risk Exposure Type: FSI
Effective Date: 1/1/2014	ExpirationDate: 1/1/2015	Purpose Type:
		Policy Limit: 100/100/500

Coverage Information

Coverage Trigger: Occurrence	Coverage Code: WC	Report Limit Type: Percentage
Effective Date: 1/1/2014	Expiration Date: 1/1/2015	Reporting Limit: \$0

Primary Insurance Company

Name: Self-Funded	Address: 2 East Main St	City: Danville
State/Province: IL	Zip: 61832	Country: United States
Phone:		

Issuing Insurance Company

Name: SELF-FUNDED	Address: 2 East Main St	City: Danville
State/Province: IL	Zip: 61832	Country: United States
Phone: 800-252-5059		

Covered States

Covered States: NV

Covered Location

Department: ICE0001 (BUSINESS UNIT 1 1700)	Physical Address: 777 NEVADA STRIP PARKWAY	Mailing Address: 777 NEVADA STRIP PARKWAY
Division: 01 (NEVADA OPERATIONS)	Physical City: LAS VEGAS	Mailing City: LAS VEGAS
Status: Active	Physical State: NV	Mailing State: NV
Phone: 504-123-4567	Physical Zip: 89107	Mailing Zip: 89107
	Physical County: CLARK	Mailing County: CLARK

Job Class Code

Job Class Code: 9403 - GARBAGE COLLECTION AND DRIVERS

The Policy screen displays the policy information for an individual claim. If ever a user needs to contact their adjuster, at any time they may do so from the claim detail screen.

OSHA VIDEO TUTORIALS

- [ICE OSHA Tutorial Playlist:](#)
- [ICE Tutorial 1: Recordkeeping](#)
- [ICE Tutorial 2: New Incident Report](#)
- [ICE Tutorial 3: Resources](#)
- [ICE Tutorial 4: Incidents](#)
- [ICE Tutorial 5: Forms](#)
- [ICE Tutorial 6: DART Calculator](#)
- [ICE Tutorial 7: Sharps Log](#)

ADDITIONAL EXTERNAL RESOURCES

- [U.S. Dept of Labor, OSHA Web Site](#)
- [OSHA Forms \(PDF\)](#)
- [OSHA Recordkeeping Advisor](#)
- [OSHA Regulations and Additional Guidance](#)
- [OSHA Recordkeeping Tutorial](#)

OSHA central telephone number: 1-800-321-6742

Forms
DART Calculator



OSHA
OCCUPATIONAL SAFETY & HEALTH ADMINISTRATION

The OSHA screens will supply you with the resources you need to track and report incidents as mandated by OSHA. This site is populated directly from the CCMSI claims system using all reported incidents (Claims and RPOs).

From here, you can generate the OSHA 300 logs and 300A summaries that must be created on a regular basis. You can also modify the data in the system prior to generating the reports to allow for more accurate reporting.

For more information on this module, visit the [ICE FAQ](#)

OSHA VIDEO TUTORIALS

- [ICE OSHA Tutorial Playlist:](#)
- [ICE Tutorial 1: Recordkeeping](#)
- [ICE Tutorial 2: New Incident Report](#)
- [ICE Tutorial 3: Resources](#)
- [ICE Tutorial 4: Incidents](#)
- [ICE Tutorial 5: Forms](#)
- [ICE Tutorial 6: DART Calculator](#)
- [ICE Tutorial 7: Sharps Log](#)

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- [OSHA Regulations and Additional Guidance](#)
- [OSHA Recordkeeping Tutorial](#)

OSHA central telephone number: 1-800-321-6742

OSHA RECORDKEEPING DECISION FLOW CHART

The flow chart below will assist in determining whether OSHA requires an incident to be recorded.
Click on the (i) bubbles below for more detailed information.

The OSHA screen supplies users with the resources they need to track and report incidents as mandated by OSHA. This module is populated directly from CCMSI claims system using all reports incidents (Claims and RPOs.)

From the main screen, users can find more information about OSHA, generate the OSHA 300 logs and 300A summaries and modify the data in the system prior to generating those reports to allow for more accurate reporting.

There are a number of video tutorials for in depth breakdowns of how to use each function in OSHA.

WORKERS' COMPENSATION/JONES ACT ONLY

Lost Time: Yes No *

Date Last Worked: 11/3/2021 *

Returned to Work: Yes No *

Returned to Light Duty Date: _____ OR Returned to Fulltime Date: _____

Employee Died Because of Accident: Yes No *

Zipcode Injury Site: 89107 *

Salary Continued In Lieu of Compensation: Yes No *

Employment: Full Time *

Rate of Pay: \$10.00 * Hourly Daily Weekly BiWeekly Semi-Monthly Monthly Annually *

Job Code: _____ Job Title (Carrier): peon *

Full Wages Paid Day Injured: Yes No *

Hire Date: 10/3/2021 *

OSHA RECORDKEEPING

OSHA Recordable: Yes No Unknown *

Job Title: peon *

Where Event Occurred: office *

Describe Injury or Illness, Parts of Body Affected, and Object/Substance That Directly Injured or Made Person Ill: MENTAL STRESS, BRAIN, too much stress *

Case Classification: Death Days Away From Work Job Transfer/Restriction Other *

Injury or Type of Illness: Injury Skin Disorder Respiratory Cond. Poisoning Hearing Loss All Others *

Privacy Case: Yes No *

Days Away: Yes No *

Date Last Worked: 6/3/2021 *

Returned to Work: Yes No *

OSHA Form 301

Was employee treated in an emergency room? Yes No

Was the employee hospitalized overnight as an in-patient? Yes No

Time employee began to work? 00:00 (00:00 - 23:59)

Time of event? _____ (00:00 - 23:59)

What was the employee doing just before the incident occurred? _____

What Happened? too much stress

What was the Injury or Illness? MENTAL STRESS/PTSD, BRAIN

What object or substance directly harmed the employee? _____

This incident involved a percutaneous injury from a contaminated sharp. Yes No Unknown *

Within Initial Reports there are two sections relevant to OSHA, the Workers' Compensation/Jones Act Only section and the OSHA Recordkeeping section. The data completed in these sections will auto complete additional fields within OSHA relevant tools and forms. This information can be edited within the OSHA Incidents editing function.

Resources Incidents Forms DART Calculator

OSHA INCIDENT LIST

Click on column headers to sort grid.

Search Criteria

Incident Dates: 1/1/2020 thru 12/31/2020 - Select dates

OSHA Recordable: Yes No Unknown All

Privacy Case: Yes No All

Last Name:

Case/Claim No.:

Department:

Departments:

Sub-Department:

GO!

Export to Excel

Close This Panel

Click to Search Filters

OSHA INCIDENT LIST

Search Criteria
Incident Date >= 1/1/1900 and Incident Date <= 12/31/2020 and OSHA Recordable is Yes

View Results As: Grid Print

Click on column headers to sort grid

Case #	Name	Date of Incident	Injury Description	Department	Division	OSHA Recordable	Privacy Case	Last Modified	Date Modified	Comments
2019-01	Bishop, Leah	9/4/2020	DERMATITIS, ARM(S), RUBBED/CUT	BUSINESS UNIT 3	MAINE OPERATIONS	Y	N	PETERSON, GEORGE	12/2/2020	
22	Blatt, Susan	7/17/2020	STRAIN, SHOULDER(S), REACHING	BUSINESS UNIT 3	MAINE OPERATIONS	Y	N	PETERSON, GEORGE	9/14/2020	
E094941	Cass, Test	9/6/2020	BURN, HAND, BURN	BUSINESS UNIT 1 1700	NEVADA OPERATIONS	Y	N	PETERSON, GEORGE	12/2/2020	
0332387	Cat, Pete	9/6/2020	DEATH, FACE, GUNSHOT	BUSINESS UNIT 3	FLORIDA OPERATIONS	Y	N	THURMAN, KAREN	9/16/2020	
C165824	Claimant MQ, 20	8/8/2018	FRACTURE, THUMB RIGHT, CAUGHT IN/UND/BTW MACHINE	BUSINESS UNIT 4	MINNESOTA OPERATIONS	Y	N	Lago, Carlos	9/27/2020	
C166079	Claimant MQ, 26	2/18/2019	SPRAIN/STRAIN, BACK LUMBAR, SPRAIN/STRAIN	BUSINESS UNIT 4	INDIANA OPERATIONS	Y	Y	VOGEL, RACHEL	9/26/2020	
C051482	Claimant MQ, 28	4/4/2019	SPRAIN/STRAIN, BACK LUMBAR, SPRAIN/STRAIN	BUSINESS UNIT 1 1700	CALIFORNIA OPERATIONS	Y	N	Davis, Jason	9/23/2020	
C165713	Claimant MQ, 32	7/17/2019	SPRAIN/STRAIN, NECK, MOTOR VEHICLE-REARENDED	BUSINESS UNIT 4	MINNESOTA OPERATIONS	Y	N	Davis, Jason	9/11/2020	
C165834	Claimant MQ, 33	11/21/2019	CONFUSION, HAND LEFT, STRUCK BY/AGAINST	BUSINESS UNIT 4	MINNESOTA OPERATIONS	Y	N	THURMAN, KAREN	9/28/2020	
0051704	Claimant MQ, 33	9/13/2019	CONFUSION, HAND LEFT, STRUCK BY/AGAINST	BUSINESS UNIT 1 1700	CALIFORNIA OPERATIONS	Y	N	PETERSON, GEORGE	9/29/2020	
C162824	Claimant MQ, 34	1/11/2020	SPRAIN/STRAIN, GROIN, SPRAIN/STRAIN	BUSINESS UNIT 2	ALABAMA OPERATIONS	Y	N	FLAHERTY, KIM	12/2/2020	
C166085	Claimant MQ, 34	1/11/2020	SPRAIN/STRAIN, GROIN, SPRAIN/STRAIN	BUSINESS UNIT 4	INDIANA OPERATIONS	Y	N	THURMAN, KAREN	9/16/2020	
C166308	Claimant MQ, 34	1/11/2020	SPRAIN/STRAIN, GROIN, SPRAIN/STRAIN	BUSINESS UNIT 4	ILLINOIS OPERATIONS	Y	N	Meeke, NC	10/5/2020	
C162703	Claimant MQ, 35	3/19/2020	SPRAIN/STRAIN, FOREARM(S), MOTOR VEHICLE-REARENDED	BUSINESS UNIT 2	ALABAMA OPERATIONS	Y	N	Davis, Jason	9/11/2020	
C162969	Claimant MQ, 35	10/2/2020	SPRAIN/STRAIN, FOREARM(S), MOTOR VEHICLE-REARENDED	BUSINESS UNIT 2	MISSISSIPPI OPERATIONS	Y	N	PETERSON, GEORGE	10/2/2020	
C165714	Claimant MQ, 35	3/25/2020	SPRAIN/STRAIN, FOREARM(S), MOTOR VEHICLE-REARENDED	BUSINESS UNIT 4	MINNESOTA OPERATIONS	Y	Y	Davis, Jason	10/5/2020	Delayed claim. Waiting on investigation.
C165461	Claimant MQ, 43	12/25/2019	LACERATION, FACE, STRUCK BY/AGAINST	BUSINESS UNIT 4	TENNESSEE OPERATIONS	Y	N	Davis, Jason	9/19/2020	
0053706	Claimant, Ied 41	10/17/2019	SPRAIN/STRAIN, SHOULDER RIGHT, OVEREXERT/STRAIN LIFTING	BUSINESS UNIT 1 1700	CALIFORNIA OPERATIONS	Y	N	MALLOY, DEBRA	9/13/2020	
0284545	Hughley, Joy	7/4/2020	HERNIATED DISC, BACK, LIFTING	BUSINESS UNIT 3	FLORIDA OPERATIONS	Y	N	HUGHLEY, JOY	9/15/2020	
C164195	John Smith	4/8/2020	FRACTURE, ELBOW LEFT, FALL SLIP TRIP ON SAME LEVEL	BUSINESS UNIT 3	NEW JERSEY OPERATIONS	Y	N	VanDerBilt, Maureen	10/8/2020	

Under the OSHA Incidents tab, users can search for incidents entered in CCMSI's claims system to establish if they've been marked as recordable or not and to narrow down reported incidents whose data should be updated.

Entering in parameters in the data fields narrows the user's search results, returning incidents which fit those parameters. Clicking "Go" will generate a search results grid within iCE. Clicking "Export" will package the grid into an Excel file.

The OSHA Incidents results grid lists the returned incidents. The data columns displayed give a brief overview of pertinent incident data. Usually, the most pertinent information users want to verify is if their reported incident is marked as OSHA recordable or not. This is indicated with a Y or N in the OSHA recordable column. Clicking on the pencil icon at the far left of the grid allows the user to edit OSHA information on the selected incident.

OSHA INCIDENT CLAIM/CASE #2019-01
ACCIDENT DESCRIPTION: WORKING WITH THE EDM MACHINE, GOT CHEMICALS ON ARM

Incident Data

OSHA Form 300

OSHA Form 301

Sharps Injury Log

OSHA Recordable: 

Yes No Unknown *

Employee Name: 

Bishop, Leah *

Date of Injury or Onset of Illness: 

8/4/2021  *

Region or Branch:

BUSINESS UNIT 3  *

Branch:

MAINE OPERATIONS  *

Region or Division:

EAST  *

Division or Co:

Augusta  *

Employee Terminated: 

Yes No *

Employee Died: 

Yes No *

Privacy Case: 

Yes No *

Comments: 

Helpful comments can be put here

Reviewed: 

Last Modified:

KDUBOIS - 10/17/2021 1:43 PM

Save

[Cancel Changes](#)

OSHA Data Source 

This incident originated from Claim 17ICEF100648.

 [View Claim Detail](#)

 [View Initial Report](#)

 [Email the adjuster](#)

(If a change is required to the claim)

[Return to the OSHA Incident List](#)

If a user clicks on the pencil icon in the OSHA incidents results grid, they may edit their incident's OSHA information. The first screen is Incident Data which is a general incident information screen. Users must click "Save" after making their changes to permanently alter incident information.

OSHA INCIDENT CLAIM/CASE #2019-01
ACCIDENT DESCRIPTION: WORKING WITH THE EDM MACHINE, GOT CHEMICALS ON ARM

Incident Data **OSHA Form 300** OSHA Form 301 Sharps Injury Log

Case Number: 2019-01 [Change Case #](#)

Employee Name: Bishop, Leah

Job Title: CNA *

Where Event Occurred: Mechanical press room *

Describe Injury or Illness, Parts of Body Affected, and Object/Substance That Directly Injured or Made Person Ill: DERMATITIS, ARM(S), RUBBED/CUT *

Case Classification: Death Days Away From Work Job Transfer/Restriction Other *

Injury or Type of Illness: Injury Skin Disorder Respiratory Cond. Poisoning Hearing Loss All Others *

Last Modified: GPETERSON - 3/2/2021 3:09 PM

Days Away/Restricted ?

Last Worked Date	Returned to Restricted Work Date	Returned to Unrestricted Work Date	Estimated	Days Away	Days Restricted	Last Modified
10/1/2021		10/17/2021	<input type="checkbox"/>	15	0	GPETERSON - 10/17/2021 2:13:29 PM ✖
8/5/2021	8/28/2021		<input type="checkbox"/>	22	35	GPETERSON - 10/17/2021 2:12:38 PM ✖
Totals:				37	35	

[Add Record](#) ?

In the OSHA Form 300 tab, a user can specify whether the incident is a privacy case as well as enter in lost time for the employee. Some of the employee injury information is determined by data entered into the submitted initial report.

OSHA INCIDENT CLAIM/CASE #2019-01
ACCIDENT DESCRIPTION: WORKING WITH THE EDM MACHINE, GOT CHEMICALS ON ARM

Incident Data
OSHA Form 300
OSHA Form 301
Sharps Injury Log

Completed By

Name: * Title: *

Phone: * Date: *

Information About the Employee

Name:

Street: *

City: * State: * Zip: *

Date of Birth: * Date Hired: *

Gender: Male Female *

Information About the Physician or Other Healthcare Professional

Physician/Provider Name: *

Offsite Medical Treatment: Yes No *

Facility Name: *

Street: *

City: * State: * Zip: *

Emergency Room: Yes No * Hospitalized Overnight: Yes No *

Information About the Case

Case Number:

Date of Injury or Onset of Illness:

Time Employee Began Work: * (00:00 - 23:59) Time of Event: Unknown *

What was the employee doing just before the incident occurred?: *

What happened?: *

What was the injury or illness?: *

What object or substance directly harmed the employee?: *

Employee Died: Yes No *

Last Modified: GPETERSON - 12/2/2020 3:09 PM

[Cancel Changes](#)

In the OSHA Form 301 tab, a user can enter more detailed information about the injured employee, the medical treatment provided and about the injury incident itself. This is useful for those interested in providing risk control.

OSHA INCIDENT CLAIM/CASE #2019-01
ACCIDENT DESCRIPTION: WORKING WITH THE EDM MACHINE, GOT CHEMICALS ON ARM

Incident Data

OSHA Form 300

OSHA Form 301

Sharps Injury Log

This incident involved a percutaneous injury from a contaminated sharp. Yes No Unknown * ?

Affected Employee Information

Employment Status:

Occupation:

Needle/Sharp Information

Type of Device: *

Brand Name of Device: *

Manufacturer:

Model:

Was the device part of a pre-packaged kit?: Yes No Unknown

Did the device have an engineered injury prevention feature?: Yes No Unknown

Incident Information

Department/Work Area where Incident Occurred: *

Description of Procedure:

How the injury occurred: *

Who Held the Sharp:

Comments:

Save

This incident involved a percutaneous injury from a contaminated sharp. Yes No Unknown * ?

The following information will be used in the Sharps log.

Affected Employee Information

Employment Status:

Occupation:

Needle/Sharp Information

Type of Device: *

Brand Name of Device: *

Manufacturer:

Model:

Was the device part of a pre-packaged kit?: Yes No Unknown

Did the device have an engineered injury prevention feature?: Yes No Unknown

Incident Information

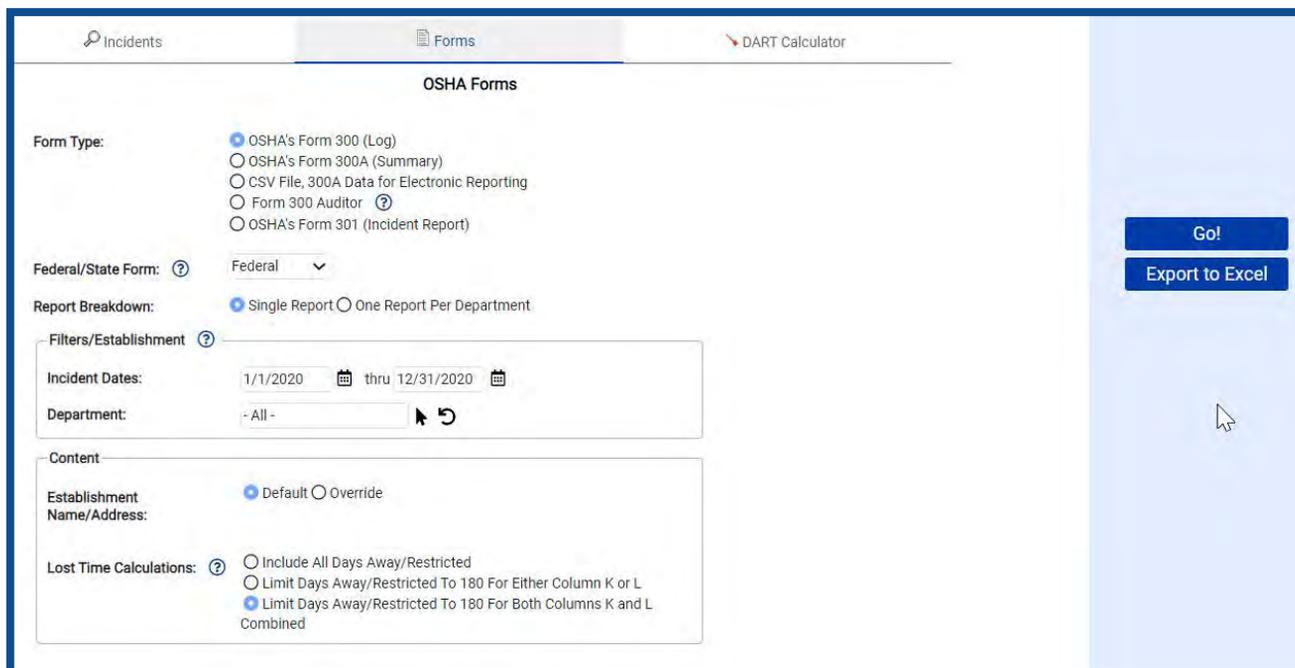
Department/Work Area where Incident Occurred: *

Description of Procedure:

How the injury occurred: *

Who Held the Sharp:

In the Sharps Log, a user can enter more detailed information about whether or not the injury in question was due to a sharp as well as information regarding the device itself. This information may also be entered within the Initial Report.



The screenshot shows a web application interface with three tabs: 'Incidents', 'Forms', and 'DART Calculator'. The 'Forms' tab is active, displaying the 'OSHA Forms' configuration page. The page includes several sections:

- Form Type:** A list of radio buttons for selecting the form type: OSHA's Form 300 (Log), OSHA's Form 300A (Summary), CSV File, 300A Data for Electronic Reporting, Form 300 Auditor, and OSHA's Form 301 (Incident Report).
- Federal/State Form:** A dropdown menu currently set to 'Federal'.
- Report Breakdown:** Radio buttons for Single Report and One Report Per Department.
- Filters/Establishment:** A section containing:
 - Incident Dates:** A date range from 1/1/2020 to 12/31/2020.
 - Department:** A dropdown menu set to '- All -' with a refresh icon.
- Content:** A section containing:
 - Establishment Name/Address:** Radio buttons for Default and Override.
 - Lost Time Calculations:** Radio buttons for Include All Days Away/Restricted, Limit Days Away/Restricted To 180 For Either Column K or L, and Limit Days Away/Restricted To 180 For Both Columns K and L Combined.

On the right side of the interface, there are two blue buttons: 'Go!' and 'Export to Excel'.

The OSHA Forms tab houses the tools used to generate OSHA forms that users' generally need at the end/beginning of the year for their OSHA review.

Two screenshots of print ready OSHA forms follow on the next page.

OSHA's Form 300 (Rev. 01/2004) Log of Work-Related Injuries and Illnesses

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year 2020



U.S. Department of Labor
Occupational Safety and Health Administration

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Establishment Name: ICE Demo Client

City: NEW ORLEANS

State: LA

Identify the person		Describe the case			Classify the case			Enter the number of days the injured or ill worker was:		Check the "Injury" column or choose one type of illness:									
(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from oxyacetylene torch)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:			Remained at Work		Away from work		(M)						
						Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)	Days away from work (K)	On job transfer or restriction (L)	Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing loss (5)	Heart (6)	Alcohol (7)	
C165824	Claimart MO, 20	GARBAGE COLLECTION AND DRIVERS	8/8/2018		FRACTURE, THUMB RIGHT, CAUGHT IN/UND/BTW MACHINE				X	4	8								X
C166079	**Privacy Case**	GARBAGE COLLECTION AND DRIVERS	2/18/2019	in the yard of the business	SPRAIN/STRAIN, BACK, LUMBAR, SPRAIN/STRAIN				X	0	17								X
C051462	Claimart MO, 28	GARBAGE COLLECTION AND DRIVERS	4/4/2019	Alley between 5th St and Main	SPRAIN/STRAIN, BACK, LUMBAR, SPRAIN/STRAIN	X				180+	0								X
C165713	Claimart MO, 32	CLERICAL OFFICE EMPLOYEES NOC	7/17/2019	Server Room	SPRAIN/STRAIN, NECK, MOTOR VEHICLE-REARENDED				X	15	165+								X
C051704	Claimart MO, 33	GARBAGE COLLECTION AND DRIVERS	9/13/2019	hallway	CONTUSION, HAND LEFT, STRUCK BY/AGAINST	X				3	0								X
C053706	Claimart, Ind 41	GARBAGE COLLECTION AND DRIVERS	10/17/2019		SPRAIN/STRAIN, SHOULDER RIGHT, OVEREXERT/STRAIN LIFTING	X				0	145								X
C165834	Claimart MO, 33	GARBAGE COLLECTION AND DRIVERS	11/21/2019		CONTUSION, HAND LEFT, STRUCK BY/AGAINST				X	6	72								X
Page totals:						0	3	0	4	208	407	0	0	0	0	0	0	0	7

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Data for informational purposes only. The final completion of the OSHA form is the responsibility of the employer.

Page 1

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 2020



U.S. Department of Labor
Occupational Safety and Health Administration

All establishments covered by part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log of to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0".

Employers, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases			
Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
1	18	3	10
(G)	(H)	(I)	(J)

Number of Days	
Total number of days away from work	Total number of days of job transfer or restriction
1302	1012
(K)	(L)

Injury and Illness Types			
Total number of ... (M)			
(1) Injuries	16	(4) Poisonings	1
(2) Skin disorders	1	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	14

Post this summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment name ICE Demo Client

Street 123 Duck Lane

City NEW ORLEANS State LA ZIP 70117

Industry description (e.g., Manufacture of motor track tractors)

Standard Industrial Classification (SIC), if known (e.g., 3715)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

Employment information (If you don't have these figures, see the Worksheet on the back of this page to estimate.)

Annual average number of employees

Total hours worked by all employees last year

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title 12/8/2020

Phone Date

Incidents
Forms
DART Calculator

OSHA DART CALCULATOR

Incident Dates:

Include Employees In:

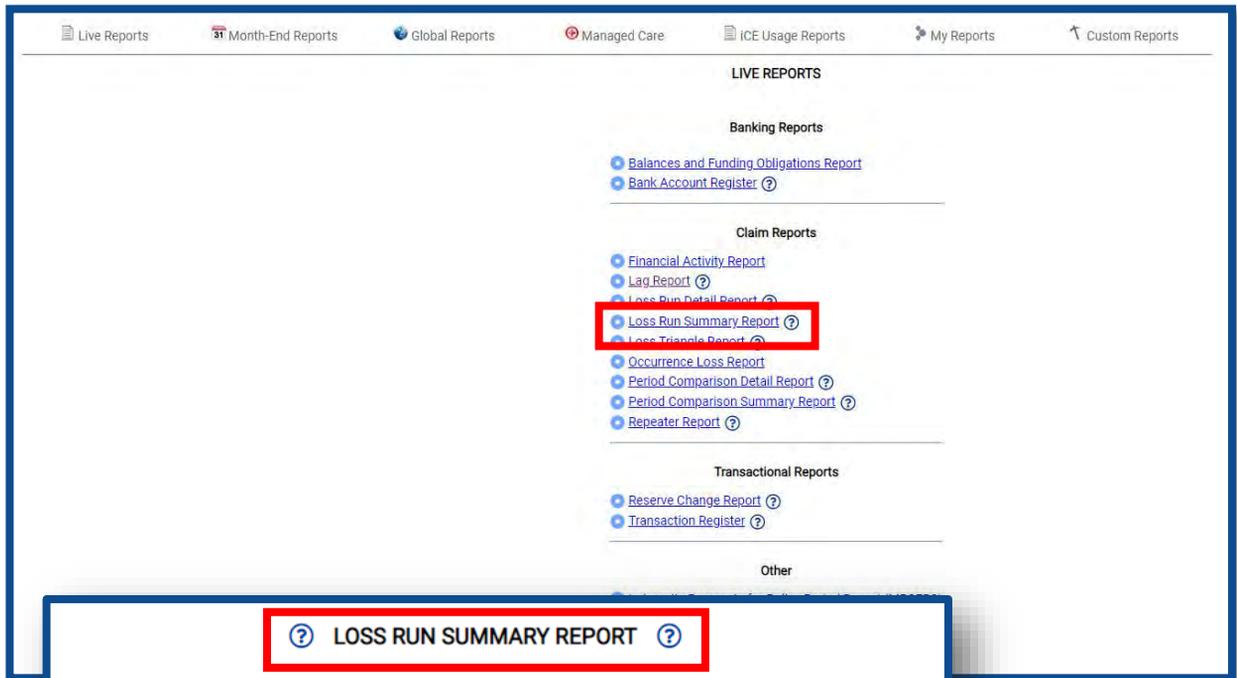
Department:

Hours Worked by All Employees:

- Click [here](#) to be directed to information from the Bureau of Labor Statistics.
- The Incidence rate includes all recordable cases.
- The DART rate includes those recordable cases where the injury/illness is severe enough that it requires the individual to take time away from work, restricted duty, or a transfer to another job function.
- The Illness Rate compares illness rates by types of illness. Here 20,000,000 hours is used instead of 200,000 hours to get a rate per 10,000 full-time employees.

The DART calculator screen is used to provide calculations/statistics for DART (Days Away, Restricted or Transferred) rates.

Computation for Incidence Rate (OSHA Example) Total number of injuries and illnesses
 $200,000 \times \text{number of hours worked by all employees} = \text{total recordable case rate}$. The 200,000 figure in the formula represents the number of hours 100 employees working 40 hours per week, 50 weeks per year would work and provides the standard base for calculating incidence rates.



This report provides a 1-line summary for each claim in the report. The results will be grouped by BUSINESS UNIT.

This report is an "As Of" report. As Of reports can be run as of any date in history allowing the user to see a status at that time in the past.

Input Parameters:

A date range is required to establish the range of claims to be included. An "As Of" date controls the points in time at which to evaluate the claims. (I.e. if the As Of date is set very early, all incurred and paid amounts will be 0. If the As Of date is today's date or later, it will show the latest totals. Additional filters may optionally be applied, such as claim status on the As Of date, coverage code and BUSINESS UNIT.

Close Window

The Report Delivery module defaults to the Live Reports tab. Live reports provides the most commonly used reports by CCMSI's clients including, detail and summary loss runs, transaction, comparative period, loss triangles and reserve change reports. These reports can be generated with user-selected periods and as of dates. The question mark icons next to the reports are clickable icons that provide more information on what each report provides and what its analysis is good for.

The above is an example of the pop up window that displays when users click the question mark icons next to each report. An example of all Live Reports is included in the Report Sample section following the iCE Reports section.

LOSS TRIANGLE REPORT BY YEAR

Report Size: 5 Years 10 Years

Report Dates: 1/1/2016 thru 12/31/2020

Coverage: - All -

Department: - All -

Departments: - All -

Sub-Department: - All -

Area: - All -

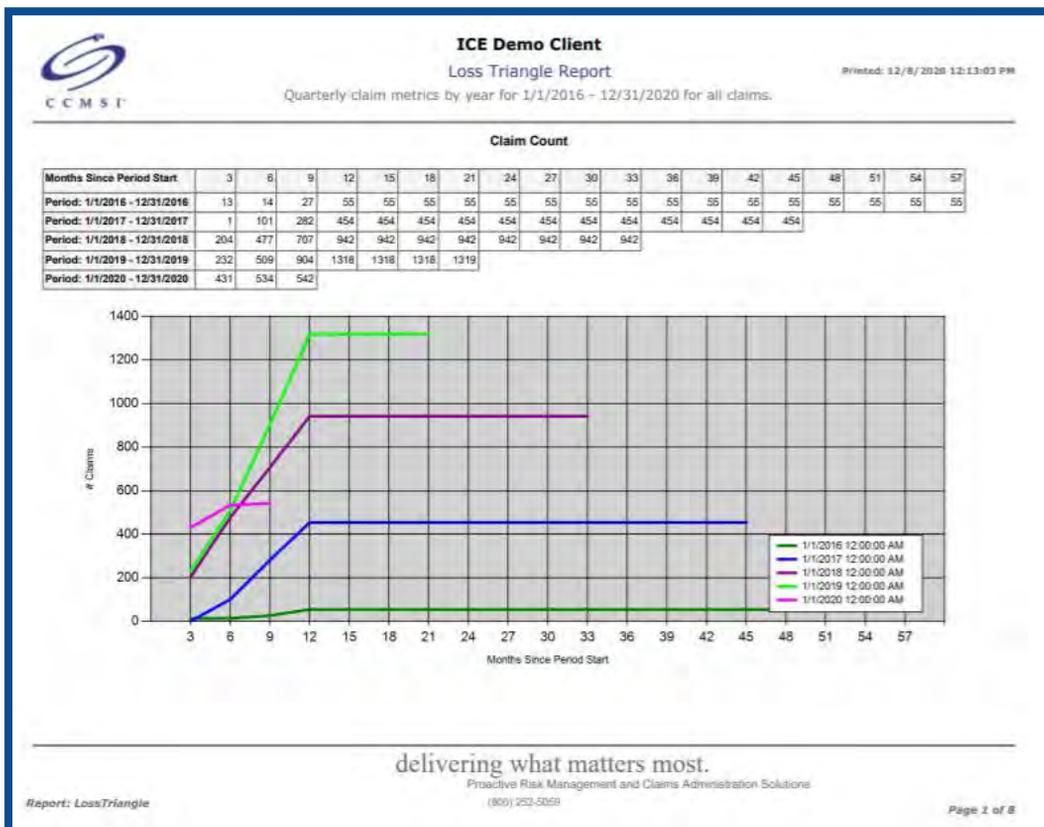
Job Title: - All -

Accident Location: - All -

Note: Report data is current as of 12:01 AM today. Claims or transaction data entered today will not be included in report results.

Saved Filters
 Save filter as:

[Switch Reports](#)



Clicking on one of the Live Report links, in this case the Loss Triangle link, shunts the user into the parameter screen where they can select what variables and date ranges they would like to include on their report. Clicking on the Go! button generates the report selected with the parameters inputted by the user.

This report will show a summary of various metrics for the requested inputs. These metrics will be displayed in grid form and plotted on graphs. The data will be broken down by year beginning with the user selected date. The report will automatically show 5 years worth of data if available.



ICE Demo Client Reserve Change Report

Printed: 12/8/2020 12:16:18 PM

Reserves Input 1/1/1900 - 12/31/2020
Date Of Loss is between 1/1/1900 and 12/31/2020 11:59 PM

Claim Number	Claimant	Adjuster	Date of Loss	Reserve Comment	Class	Status	Covg	Change Date	Amount
Department: BUSINESS UNIT 1 1700									
09ICE050789	Claimant MO, 1	EHULVERSON	4/24/2018	ISO Indexing Fee	EXPENSE	Open	WC	3/28/2020	\$11.00
09ICE050789	Claimant MO, 1	DSCHMITZER	4/24/2018	AL jurisdiction late reported Medical only	MEDICAL	Open	WC	3/28/2020	\$1,000.00
09ICE050789	Claimant MO, 1	DSCHMITZER	4/24/2018	EDI. Index. and medical bill pricing/review.	EXPENSE	Open	WC	3/28/2020	\$400.00
09ICE050789	Claimant MO, 1	EHULVERSON	4/24/2018	Claim Closed	EXPENSE	Open	WC	5/28/2020	(\$388.95)
09ICE050789	Claimant MO, 1	EHULVERSON	4/24/2018	Claim Closed	MEDICAL	Open	WC	5/28/2020	(\$759.60)
09ICE050789	Claimant MO, 1	KBRECHTEL	4/24/2018	Jurisdiction late reported Medical only claim	MEDICAL	Open	WC	7/15/2020	\$1,000.00
09ICE050789	Claimant MO, 1	KBRECHTEL	4/24/2018	EDI. Index. and medical bill pricing/review.	EXPENSE	Open	WC	7/15/2020	\$400.00
09ICE050789	Claim Totals As Of 12/31/2020:	Paid: \$262.45	Out. Reserve: \$1,400.00	Tot. Incurred: \$1,662.45				Reserve Change:	\$1,662.45
09ICE050844	Claimant MO, 2	HSOLANO	12/18/2017	Setting to cover medical bill fees. ISO	EXPENSE	Open	WC	10/20/2017	\$200.00
09ICE050844	Claimant MO, 2	HSOLANO	12/18/2017	Putting Max reserves, as EE injured	MEDICAL	Open	WC	10/20/2017	\$2,799.00
09ICE050844	Claimant MO, 2	AGUANDIQUE	12/18/2017	follow up visits	MEDICAL	Open	WC	2/10/2018	\$3,000.00
09ICE050844	Claimant MO, 2	CKOLBO	12/18/2017	Claim Closed	EXPENSE	Open	WC	3/12/2018	(\$12.75)
09ICE050844	Claimant MO, 2	CKOLBO	12/18/2017	Claim Closed	MEDICAL	Open	WC	3/12/2018	(\$2,816.95)
09ICE050844	Claimant MO, 2	PostProc	12/18/2017	Payment after claim closed	EXPENSE	Open	WC	4/5/2018	\$17.90
09ICE050844	Claimant MO, 2	PostProc	12/18/2017	Payment after claim closed	MEDICAL	Open	WC	4/5/2018	\$237.51
09ICE050844	Claimant MO, 2	PostProc	12/18/2017	Payment after claim closed	EXPENSE	Open	WC	4/9/2018	\$7.25
09ICE050844	Claimant MO, 2	PostProc	12/18/2017	Payment after claim closed	MEDICAL	Open	WC	4/9/2018	\$64.00
09ICE050844	Claimant MO, 2	PostProc	12/18/2017	Payment after claim closed	EXPENSE	Open	WC	4/23/2018	\$15.71
09ICE050844	Claimant MO, 2	PostProc	12/18/2017	Payment after claim closed	MEDICAL	Open	WC	4/23/2018	\$188.79
09ICE050844	Claimant MO, 2	JCOUNTS	12/18/2017	Claim Closed	EXPENSE	Open	WC	4/28/2020	\$0.00
09ICE050844	Claimant MO, 2	JCOUNTS	12/18/2017	Claim Closed	MEDICAL	Open	WC	4/28/2020	\$0.00
09ICE050844	Claim Totals As Of 12/31/2020:	Paid: \$3,700.46	Out. Reserve: \$0.00	Tot. Incurred: \$2,658.75				Reserve Change:	\$3,700.46
09ICE050927	Claimant MO, 3	CLISS	10/14/2017	Medical Bill review	EXPENSE	Closed	WC	8/17/2017	\$1,000.00
09ICE050927	Claimant MO, 3	CLISS	10/14/2017	Ambulance, ER, PT Medications,radiology.	MEDICAL	Closed	WC	8/17/2017	\$3,500.00
09ICE050927	Claimant MO, 3	KOROURKE	10/14/2017	Claim Closed	EXPENSE	Closed	WC	3/23/2018	(\$787.92)
09ICE050927	Claimant MO, 3	KOROURKE	10/14/2017	Claim Closed	MEDICAL	Closed	WC	3/23/2018	(\$27.74)
09ICE050927	Claimant MO, 3	PostProc	10/14/2017	Payment after claim closed	EXPENSE	Closed	WC	4/17/2018	\$12.40

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Report: ReserveChange

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This report will show a list of reserve changes for the time period specified. The results will be grouped by Policy Holder and then by claim.



ICE Demo Client

Loss Run Summary Report

All Claims Where Claim Status is Closed or Open As Of 12/8/2020, Date Of Loss is between 1/1/1900 and 12/31/2020 11:59 PM, Coverage is WC, Numbers As of 12/8/2020 11:59 PM

Printed: 12/8/2020 12:19:15 PM

Claim Number	Claimant	Covg	Claim Type	Date of Loss	Status	Date Closed	Total Paid	Outstanding Reserves	Third Party Recovery	Total Incurred	Carrier Reimbursement	Net Incurred
Department: BUSINESS UNIT 1 1700												
14ICEE094941	Case, Test	WC	Inc	9/21/2020	Open		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Burned left hand while cooking french fries											
09ICEC050789	Claimant MO, 1	WC	Med	4/24/2018	Open		\$262.45	\$1,400.00	\$0.00	\$1,662.45	\$0.00	\$1,662.45
	Left finger smashed in desk drawer											
09ICEC161506	Claimant MO, 1	WC	Med	2/24/2018	Open		\$262.45	\$1,400.00	\$0.00	\$1,662.45	\$0.00	\$1,662.45
	Left finger smashed in desk drawer											
09ICEC051247	Claimant MO, 10	WC	Med	2/7/2018	Closed	10/16/2020	\$669.22	\$0.00	\$0.00	\$669.22	\$0.00	\$669.22
	Employee slipped and fell on left ankle											
09ICEC161453	Claimant MO, 10	WC	Med	12/7/2017	Closed	8/16/2020	\$669.22	\$0.00	\$0.00	\$669.22	\$0.00	\$669.22
	Employee slipped and fell on left ankle											
09ICEC161454	Claimant MO, 11	WC	Med	1/8/2018	Closed	8/16/2020	\$189.26	\$0.00	\$0.00	\$189.26	\$0.00	\$189.26
	Insect bite											
09ICEC051267	Claimant MO, 11	WC	Med	3/6/2018	Closed	10/16/2020	\$189.26	\$0.00	\$0.00	\$189.26	\$0.00	\$189.26
	Insect bite											
09ICEC161507	Claimant MO, 12	WC	Med	2/8/2018	Closed	8/16/2020	\$421.53	\$0.00	\$0.00	\$421.53	\$0.00	\$421.53
	See stmt attached - did not report injury immed.											
09ICEC051281	Claimant MO, 12	WC	Med	4/8/2018	Closed	10/16/2020	\$421.53	\$0.00	\$0.00	\$421.53	\$0.00	\$421.53
	See stmt attached - did not report injury immed.											
09ICEC161508	Claimant MO, 13	WC	Med	3/2/2018	Closed	8/16/2020	\$2,098.63	\$0.00	\$0.00	\$2,098.63	\$0.00	\$2,098.63
	Strain low back throwing large TV into hopper											
09ICEC051289	Claimant MO, 13	WC	Med	5/2/2018	Closed	10/16/2020	\$2,098.63	\$0.00	\$0.00	\$2,098.63	\$0.00	\$2,098.63
	Strain low back throwing large TV into hopper											
09ICEC161509	Claimant MO, 14	WC	Med	4/13/2018	Closed	8/16/2020	\$73.42	\$0.00	\$0.00	\$73.42	\$0.00	\$73.42
	Employee exited the truck to grab a can to dump											
09ICEC051307	Claimant MO, 14	WC	Med	6/13/2018	Closed	10/16/2020	\$73.42	\$0.00	\$0.00	\$73.42	\$0.00	\$73.42
	Employee exited the truck to grab a can to dump											
09ICEC161456	Claimant MO, 15	WC	Med	5/18/2018	Closed	8/16/2020	\$1,697.67	\$0.00	\$0.00	\$1,697.67	\$0.00	\$1,697.67
	Strained back by pulling tire out of mud											
09ICEC051320	Claimant MO, 15	WC	Med	7/18/2018	Closed	10/16/2020	\$1,697.67	\$0.00	\$0.00	\$1,697.67	\$0.00	\$1,697.67
	Strained back by pulling tire out of mud											
10ICEC051334	Claimant MO, 16	WC	Med	2/14/2019	Open		\$1,136.62	\$0.00	\$0.00	\$1,136.62	\$0.00	\$1,136.62
	Employee stopped his truck to grad a recycle bin											
10ICEC161459	Claimant MO, 16	WC	Med	12/14/2018	Open		\$1,136.62	\$0.00	\$0.00	\$1,136.62	\$0.00	\$1,136.62
	Employee stopped his truck to grad a recycle bin											

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Report: LossRunSummary

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This report provides a 1-line summary for each claim in the report. The results will be grouped by Policy Holder.

This report is an "As Of" report. As Of reports can be run as of any date in history allowing the user to see a status at that time in the past.

 ICE Demo Client Lag Report Created: 12/8/2020 12:20:17 PM All Claims Where Claim Status is Closed or Open, Date Of Loss is between 1/1/1900 and 12/31/2020 11:59 PM, Coverage is WC, Type of Claim is Indemnity or Medical										
Department	Division	Claim Number	Claimant Name	Covg Code	Date of Loss	Claimant Report Date	Report Lag (Days)	Claim Submitted Date	Claim Form Lag (Days)	
Department: BUSINESS UNIT 1 1700										
BUSINESS UNIT 1 1700	CALIFORNIA OPERATIONS	09ICEC050789	Claimant MO, 1	WC	4/24/2018	4/24/2018	0			
BUSINESS UNIT 1 1700	NEVADA OPERATIONS	09ICEC161506	Claimant MO, 1	WC	2/24/2018	2/24/2018	0			
BUSINESS UNIT 1 1700	NEVADA OPERATIONS	09ICEC161453	Claimant MO, 10	WC	12/7/2017	12/7/2017	0			
BUSINESS UNIT 1 1700	CALIFORNIA OPERATIONS	09ICEC051247	Claimant MO, 10	WC	2/7/2018	2/7/2018	0			
BUSINESS UNIT 1 1700	CALIFORNIA OPERATIONS	09ICEC051267	Claimant MO, 11	WC	3/6/2018	3/6/2018	0			
BUSINESS UNIT 1 1700	NEVADA OPERATIONS	09ICEC161454	Claimant MO, 11	WC	1/6/2018	1/6/2018	0			
BUSINESS UNIT 1 1700	NEVADA OPERATIONS	09ICEC161507	Claimant MO, 12	WC	2/8/2018	2/8/2018	0			
BUSINESS UNIT 1 1700	CALIFORNIA OPERATIONS	09ICEC051281	Claimant MO, 12	WC	4/8/2018	4/8/2018	0			
BUSINESS UNIT 1 1700	CALIFORNIA OPERATIONS	09ICEC051289	Claimant MO, 13	WC	5/2/2018	5/2/2018	0			
BUSINESS UNIT 1 1700	NEVADA OPERATIONS	09ICEC161508	Claimant MO, 13	WC	3/2/2018	3/2/2018	0			
BUSINESS UNIT 1 1700	NEVADA OPERATIONS	09ICEC161509	Claimant MO, 14	WC	4/13/2018	4/13/2018	0			
BUSINESS UNIT 1 1700	CALIFORNIA OPERATIONS	09ICEC051307	Claimant MO, 14	WC	6/13/2018	6/13/2018	0			
BUSINESS UNIT 1 1700	CALIFORNIA OPERATIONS	09ICEC051320	Claimant MO, 15	WC	7/18/2018	7/18/2018	0			
BUSINESS UNIT 1 1700	NEVADA OPERATIONS	09ICEC161458	Claimant MO, 15	WC	5/18/2018	5/18/2018	0			
BUSINESS UNIT 1 1700	NEVADA OPERATIONS	10ICEC161459	Claimant MO, 16	WC	12/14/2018	12/14/2018	0			
BUSINESS UNIT 1 1700	CALIFORNIA OPERATIONS	10ICEC051334	Claimant MO, 16	WC	2/14/2019	2/14/2019	0			
BUSINESS UNIT 1 1700	CALIFORNIA OPERATIONS	10ICEC051346	Claimant MO, 17	WC	1/28/2019	1/28/2019	0			
BUSINESS UNIT 1 1700	NEVADA OPERATIONS	10ICEC161460	Claimant MO, 17	WC	11/28/2018	11/28/2018	0			
BUSINESS UNIT 1 1700	NEVADA OPERATIONS	10ICEC161461	Claimant MO, 18	WC	6/1/2018	6/1/2018	0			
BUSINESS UNIT 1 1700	CALIFORNIA OPERATIONS	10ICEC051352	Claimant MO, 18	WC	8/1/2018	8/1/2018	0			
BUSINESS UNIT 1 1700	CALIFORNIA OPERATIONS	10ICEC051358	Claimant MO, 19	WC	9/3/2018	9/3/2018	0			
BUSINESS UNIT 1 1700	NEVADA OPERATIONS	10ICEC161510	Claimant MO, 19	WC	7/3/2018	7/3/2018	0			
BUSINESS UNIT 1 1700	CALIFORNIA OPERATIONS	09ICEC050844	Claimant MO, 2	WC	12/18/2017	12/18/2017	0			
BUSINESS UNIT 1 1700	NEVADA OPERATIONS	09ICEC161463	Claimant MO, 2	WC	10/18/2017	10/18/2017	0			
BUSINESS UNIT 1 1700	NEVADA OPERATIONS	10ICEC161464	Claimant MO, 20	WC	8/8/2018	8/8/2018	0			

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Report: Lag Report

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This report will show a listing of claims that meet the input parameters. It will show the lag times for each claim. The first lag time is the number of days that the claimant waited to report an incident to the company. The second lag time is the number of days that the company waited to report the claim to CCMSI after the claimant reported the incident.

Input Parameters:

A date range for the report is required. Additional filters may optionally be applied, such as coverage code and Department.



ICE Demo Client Transaction Register

From: 1/1/1900 - 12/31/2020

Printed: 12/8/2020 12:22:04 PM

Coverage is WC, Trans Status is Paid (except Paid w/o Check), Checks Only

Check #	Claimant	Claim Number	Date of Loss	Issue Date	Transaction Code	Comments	Trans Amount
		Bank Account: ICE Demo Bank			Account # Ending with -001		
101000249	Claimant, Ind 44	11ICEC165558	12/11/2019	4/14/2020	MEDICAL ClassChange	689642 DS 10/11/11	(\$96.31)
101000249	Claimant, Ind 44	11ICEC165813	12/11/2019	4/14/2020	MEDICAL ClassChange	689642 DS 10/11/11	\$96.31
101000249	Claimant, Ind 44	11ICEC165286	12/11/2019	4/14/2020	MEDICAL ClassChange	689642 DS 10/11/11	(\$96.31)
101000249	Claimant, Ind 44	11ICEC164307	12/11/2019	4/14/2020	MEDICAL ClassChange	689642 DS 10/11/11	(\$96.31)
101000249	Claimant, Ind 44	11ICEC164000	12/11/2019	4/14/2020	MEDICAL ClassChange	689642 DS 10/11/11	(\$96.31)
101000249	Claimant, Ind 44	11ICEC166313	12/11/2019	4/14/2020	MEDICAL ClassChange	689642 DS 10/11/11	\$96.31
101000249	Claimant, Ind 44	11ICEC161505	12/11/2019	4/14/2020	MEDICAL ClassChange	689642 DS 10/11/11	\$96.31
101000249	Claimant, Ind 44	11ICEC163068	12/11/2019	4/14/2020	MEDICAL ClassChange	689642 DS 10/11/11	(\$96.31)
101000249	Claimant, Ind 44	11ICEC165025	12/11/2019	4/14/2020	MEDICAL ClassChange	689642 DS 10/11/11	(\$96.31)
101000249	Claimant, Ind 44	11ICEC165286	12/11/2019	4/14/2020	MEDICAL ClassChange	689642 DS 10/11/11	\$96.31
101000249	Claimant, Ind 44	11ICEC166063	12/11/2019	4/14/2020	MEDICAL ClassChange	689642 DS 10/11/11	\$96.31
101000249	Claimant, Ind 44	11ICEC163431	12/11/2019	4/14/2020	MEDICAL ClassChange	689642 DS 10/11/11	\$96.31
101000249	Claimant, Ind 44	11ICEC166063	12/11/2019	4/14/2020	MEDICAL ClassChange	689642 DS 10/11/11	(\$96.31)
101000249	Claimant, Ind 44	11ICEC164624	12/11/2019	4/14/2020	MEDICAL ClassChange	689642 DS 10/11/11	\$96.31
101000249	Claimant, Ind 44	11ICEC162802	12/11/2019	4/14/2020	MEDICAL ClassChange	689642 DS 10/11/11	(\$96.31)
101000249	Claimant, Ind 44	11ICEC165558	12/11/2019	4/14/2020	MEDICAL ClassChange	689642 DS 10/11/11	\$96.31
101000249	Claimant, Ind 44	11ICEC165025	12/11/2019	4/14/2020	MEDICAL ClassChange	689642 DS 10/11/11	\$96.31
101000249	Claimant, Ind 44	11ICEC163431	12/11/2019	4/14/2020	MEDICAL ClassChange	689642 DS 10/11/11	(\$96.31)
101000249	Claimant, Ind 44	11ICEC161505	12/11/2019	4/14/2020	MEDICAL ClassChange	689642 DS 10/11/11	(\$96.31)
101000249	Claimant, Ind 44	11ICEC162802	12/11/2019	4/14/2020	MEDICAL ClassChange	689642 DS 10/11/11	\$96.31
101000249	Claimant, Ind 44	11ICEC164307	12/11/2019	4/14/2020	MEDICAL ClassChange	689642 DS 10/11/11	\$96.31
101000249	Claimant, Ind 44	11ICEC166313	12/11/2019	4/14/2020	MEDICAL ClassChange	689642 DS 10/11/11	(\$96.31)
101000249	Claimant, Ind 44	11ICEC164624	12/11/2019	4/14/2020	MEDICAL ClassChange	689642 DS 10/11/11	(\$96.31)
101000249	Claimant, Ind 44	11ICEC165813	12/11/2019	4/14/2020	MEDICAL ClassChange	689642 DS 10/11/11	(\$96.31)
101000249	Claimant, Ind 44	11ICEC164000	12/11/2019	4/14/2020	MEDICAL ClassChange	689642 DS 10/11/11	\$96.31
101000249	Claimant, Ind 44	11ICEC163068	12/11/2019	4/14/2020	MEDICAL ClassChange	689642 DS 10/11/11	\$96.31
101000249	Claimant, Ind 44	11ICEC053742	2/11/2020	5/14/2020	MEDICAL ClassChange	689642 DS 10/11/11	(\$96.31)

* Note: Check Total may not equal the sum of the listed transactions if the filter criteria used excluded some transactions from the report results.

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Report: TransactionRegister

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This report will show a list of completed transactions for the account for the date range selected. The results will include corrections and voided payments but will exclude deposits, recoveries and reimbursements. The results will be grouped by bank account number.

Input Parameters:

A range of transaction dates is required. Additional filters may optionally be applied, such as coverage code and Department.

 ICE Demo Client Period Comparison Detail Report All Claims Where Claim Status is Closed or Open As Of 12/8/2020, Date Of Loss is between 1/1/1900 and 12/31/2020 11:59 PM, Coverage is WC, Type of Claim is Indemnity or Medical As Of 12/8/2020 Printed: 12/8/2020 12:24:58 PM													
Status As Of: 12/8/2014					Status As Of: 12/8/2020					Difference			
Status	Paid	Reserves	Recovered	Total Incurred	Status	Paid	Reserves	Recovered	Total Incurred	Paid	Reserves	Recovered	Total Incurred
Department: BUSINESS UNIT 1 1700													
Occurrence:													
Claim: 09ICEC050789 - Claimant MO, 1; Type: Medical ; Date Of Loss: 4/24/2018; Date Claim Received: N/A; Date Claim Entered: 4/24/2018													
Pending	\$0.00	\$0.00	\$0.00	\$0.00	Open	\$262.45	\$1,400.00	\$0.00	\$1,662.45	\$262.45	\$1,400.00	\$0.00	\$1,662.45
Claim: 09ICEC161506 - Claimant MO, 1; Type: Medical ; Date Of Loss: 2/24/2018; Date Claim Received: N/A; Date Claim Entered: 2/24/2018													
Pending	\$0.00	\$0.00	\$0.00	\$0.00	Open	\$262.45	\$1,400.00	\$0.00	\$1,662.45	\$262.45	\$1,400.00	\$0.00	\$1,662.45
Claim: 09ICEC051247 - Claimant MO, 10; Type: Medical ; Date Of Loss: 2/7/2018; Date Claim Received: N/A; Date Claim Entered: 2/7/2018													
Pending	\$0.00	\$0.00	\$0.00	\$0.00	Closed	\$669.22	\$0.00	\$0.00	\$669.22	\$669.22	\$0.00	\$0.00	\$669.22
Claim: 09ICEC161453 - Claimant MO, 10; Type: Medical ; Date Of Loss: 12/7/2017; Date Claim Received: N/A; Date Claim Entered: 12/7/2017													
Pending	\$0.00	\$0.00	\$0.00	\$0.00	Closed	\$669.22	\$0.00	\$0.00	\$669.22	\$669.22	\$0.00	\$0.00	\$669.22
Claim: 09ICEC051267 - Claimant MO, 11; Type: Medical ; Date Of Loss: 3/6/2018; Date Claim Received: N/A; Date Claim Entered: 3/6/2018													
Pending	\$0.00	\$0.00	\$0.00	\$0.00	Closed	\$189.26	\$0.00	\$0.00	\$189.26	\$189.26	\$0.00	\$0.00	\$189.26
Claim: 09ICEC161454 - Claimant MO, 11; Type: Medical ; Date Of Loss: 1/6/2018; Date Claim Received: N/A; Date Claim Entered: 1/6/2018													
Pending	\$0.00	\$0.00	\$0.00	\$0.00	Closed	\$189.26	\$0.00	\$0.00	\$189.26	\$189.26	\$0.00	\$0.00	\$189.26
Claim: 09ICEC051281 - Claimant MO, 12; Type: Medical ; Date Of Loss: 4/8/2018; Date Claim Received: N/A; Date Claim Entered: 4/8/2018													
Pending	\$0.00	\$0.00	\$0.00	\$0.00	Closed	\$421.53	\$0.00	\$0.00	\$421.53	\$421.53	\$0.00	\$0.00	\$421.53
Claim: 09ICEC161507 - Claimant MO, 12; Type: Medical ; Date Of Loss: 2/8/2018; Date Claim Received: N/A; Date Claim Entered: 2/8/2018													
Pending	\$0.00	\$0.00	\$0.00	\$0.00	Closed	\$421.53	\$0.00	\$0.00	\$421.53	\$421.53	\$0.00	\$0.00	\$421.53
Claim: 09ICEC051289 - Claimant MO, 13; Type: Medical ; Date Of Loss: 5/2/2018; Date Claim Received: N/A; Date Claim Entered: 5/2/2018													
Pending	\$0.00	\$0.00	\$0.00	\$0.00	Closed	\$2,098.63	\$0.00	\$0.00	\$2,098.63	\$2,098.63	\$0.00	\$0.00	\$2,098.63
Claim: 09ICEC161508 - Claimant MO, 13; Type: Medical ; Date Of Loss: 3/2/2018; Date Claim Received: N/A; Date Claim Entered: 3/2/2018													
Pending	\$0.00	\$0.00	\$0.00	\$0.00	Closed	\$2,098.63	\$0.00	\$0.00	\$2,098.63	\$2,098.63	\$0.00	\$0.00	\$2,098.63
Claim: 09ICEC051307 - Claimant MO, 14; Type: Medical ; Date Of Loss: 6/13/2018; Date Claim Received: N/A; Date Claim Entered: 6/13/2018													
Pending	\$0.00	\$0.00	\$0.00	\$0.00	Closed	\$73.42	\$0.00	\$0.00	\$73.42	\$73.42	\$0.00	\$0.00	\$73.42
Claim: 09ICEC161509 - Claimant MO, 14; Type: Medical ; Date Of Loss: 4/13/2018; Date Claim Received: N/A; Date Claim Entered: 4/13/2018													
Pending	\$0.00	\$0.00	\$0.00	\$0.00	Closed	\$73.42	\$0.00	\$0.00	\$73.42	\$73.42	\$0.00	\$0.00	\$73.42

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Report: PeriodComparisonDetail

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This report will allow the user to compare detailed claim data as of 2 different points in time. The results will be grouped by Department and then by Occurrence. (Claims not belonging to an occurrence will be grouped together under "Not Specified".)

This report is an "As Of" report. As Of reports can be run as of any date in history allowing the user to see a status at that time in the past.

Input Parameters:

Four dates are required for this report. A date range is required to establish the range of claims to be included. Two "As Of" dates control the points in time at which to evaluate the claims. (I.e. if the As Of date is set very early, all incurred and paid amounts will be 0. If the As Of date is today's date or later, it will show the latest totals. Additional filters may optionally be applied, such as coverage code and Department.

[31 Month-End Reports](#)
[Global Reports](#)
[Managed Care](#)
[iCE Usage Reports](#)
[My Reports](#)
[Custom Reports](#)

STATIC MONTH-END REPORTS

Reports For: Nov 2020

Report Name	File Format	Run Date	Report ID
Open Indemnity	PDF	12/4/2020	My Reports - Loss Run Summary

Note: iCE will maintain 24 months of report history online. Please retain a copy of the reports needed for your historical records beyond the 24 months.

[31 Month-End Reports](#)
[Global Reports](#)
[Managed Care](#)
[iCE Usage Reports](#)
[My Reports](#)
[Custom Reports](#)

GLOBAL MONTH-END REPORTS

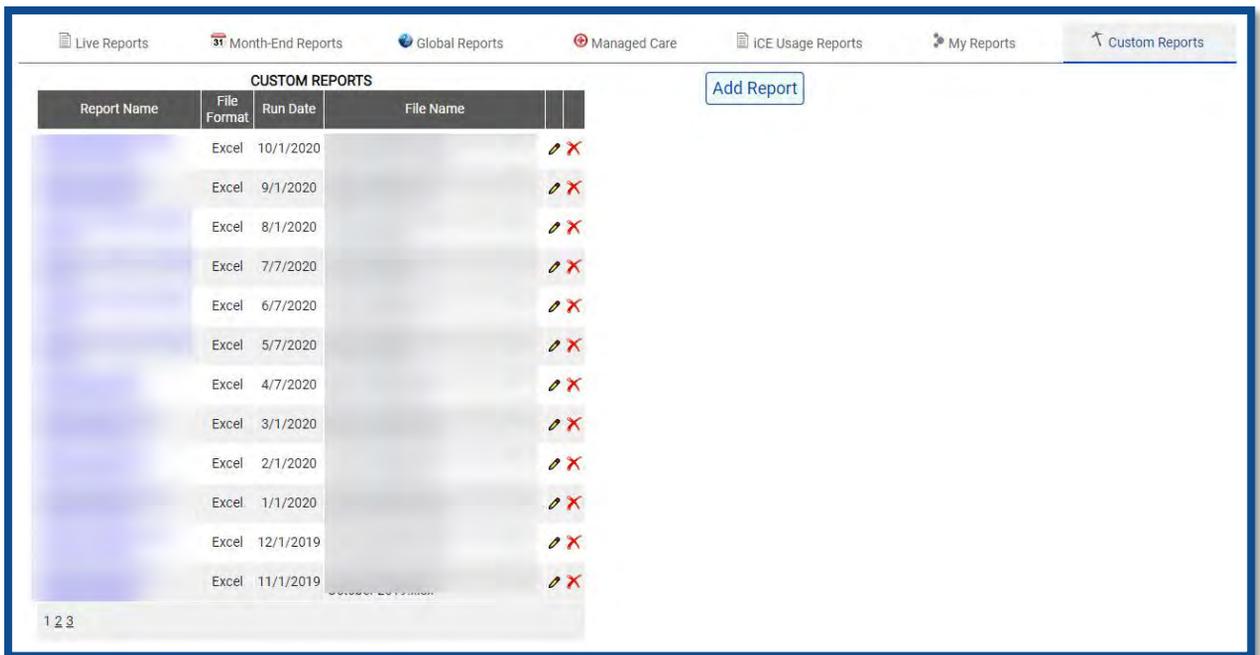
Reports For: Dec 2018

Report Name	File Format	Run Date	Report ID
* PROCESSOR ACTIVITY BY CLIENT	PDF	1/3/2019	RPT_PROCESSORACTIVITYBYBRANCH.RPT
ACI ACTIVITY REPORT BY OWNER LISTING DETAIL ON CLAIMS WITH NO ACTIVITY FOR 90 DAYS	PDF	1/4/2019	AR000C10-5.RPT
ALBUQUERQUE ACTIVITY REPORT BY OWNER ALL CLIENTS & COVERAGE	PDF	1/4/2019	AR000C19-3.RPT
ALBUQUERQUE ACTIVITY REPORT BY OWNER CLIENT & COVERAGE	PDF	1/4/2019	AR000C19-2.RPT
ALBUQUERQUE ACTIVITY REPORT BY OWNER CLIENT COVG & CLAIM TYPE	PDF	1/4/2019	AR000C19-4.RPT
ALBUQUERQUE ACTIVITY REPORT BY OWNER LISTING DETAIL ON CLAIMS	PDF	1/4/2019	AR000C19-5.RPT
ALBUQUERQUE TURNAROUND DETAIL REPORT	PDF	1/3/2019	TD000C19.RPT
ALBUQUERQUE BILLS NOT REVIEWED OR MODIFIED 1 WEEK PRIOR TO RUN DATE BY ASSOCIATION BY ADJUSTER	PDF	1/3/2019	LAG000C19.RPT
ALL OFFICES ACTIVITY REPORT BY CLIENT OWNER & COVERAGE	PDF	1/4/2019	AR000C00.RPT
ALL OFFICES ACTIVITY REPORT BY OWNER CLIENT & COVERAGE	PDF	1/4/2019	AR000C00-2.RPT

1 2 3 4 5 6 7 8 9 10 ... Last

Note: iCE will maintain 24 months of report history online. Please retain a copy of the reports needed for your historical records beyond the 24 months.

Both the Month-End Reports and Global Reports are sections of static reports automatically posted by CCMSI.



The Managed Care Report section requires a separate log in and provides data on CompMC while the Custom Reports section displays bespoke reports for the client manually uploaded by a data analyst on CCMSI's end.

Miscellaneous Widgets

- Claim Lookup
- Client Documents
- Initial Reports - In Progress
- Initial Reports - Ready for Review
- Live Reports Shortcuts
- New ICE Features
- RSS News Feed
- Salary Continuation Request - Pending
- Web Sites
- Welcome

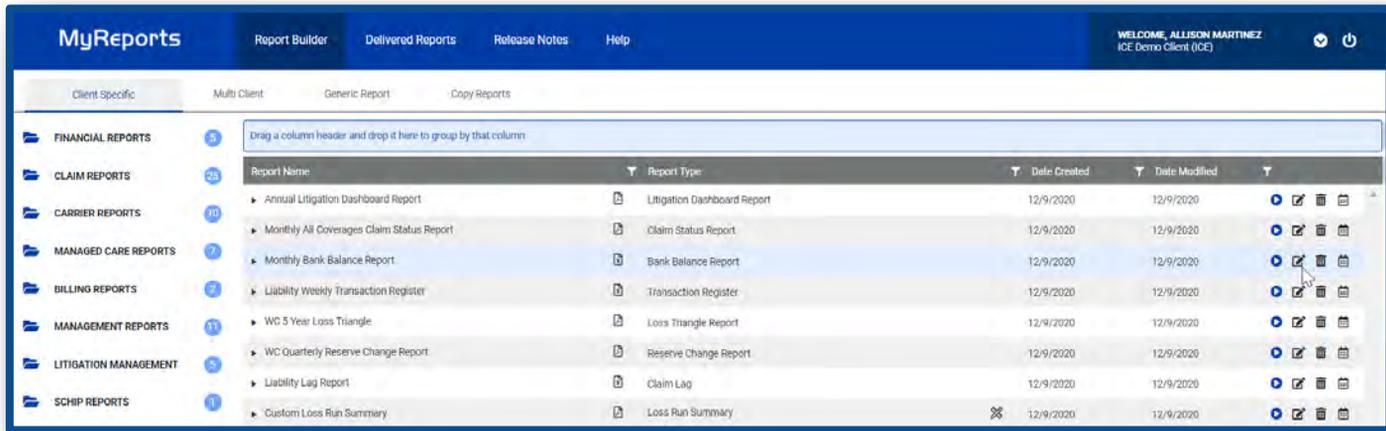
ICE Updates

- 3/23/2021 [Added Initial Reports dashboard widget](#)
- 3/23/2021 [improved Claim Grid print page headers](#)
- 3/23/2021 [Created "ICE OSHA" Claim Grid in Claims Analysis](#)
- 3/23/2021 [Added multiple OSHA fields for Custom Claim Grids](#)
- 3/23/2021 [Improved OSHA Incidents "Extended" views](#)
- 3/23/2021 [Initial Report OSHA changes](#)
- 3/23/2021 [New link from OSHA Incident back to OSHA Incidents List](#)
- 3/23/2021 [New link from Claim Detail to OSHA Incident](#)
- 12/1/2020 [All new user interface](#)
- 12/1/2020 [New secure Azure authentication](#)



The screenshot shows the ICE dashboard interface. On the left is a navigation menu with items like Home, Executive Summary, Claims Analysis, Initial Reports, Report Delivery, OSHA, Client, Gradient AI, Change Client, and Lookup Claim By. The main content area displays a table of initial reports with columns for Name, Date of Loss, Coverage, Report Type, Location, and Location2. A red box highlights the 'Initial Reports - In Progress' widget in the left sidebar. A yellow callout box points to the 'Added Initial Reports dashboard widget' in the widget settings panel on the right. The settings panel includes options for 'Claims Analysis Widgets' and 'Miscellaneous Widgets', with 'Initial Reports - In Progress' checked under the latter.

Between updates to the ICE booklet, users may keep abreast of recent updates and improvements to ICE via the ICE Updates widget list available in the ICE dashboard widget selection list. Clicking on one of the list links brings up a window displaying the selected update.



MyReports is a highly sophisticated, yet user-friendly tool that places the power of up-to-date reporting within the user's hands. While iCE houses many easy-to-use reporting features, MyReports is the most customizable. The first time a user logs into MyReports, they will see the report categorized available and no scheduled or saved reports.

Main report categories are displayed with the number of reports within that category highlighted in the grey circle icon to the right of the category title. Hovering over any of the main report categories displays all reports available under that category along with a brief description of what information the report displays.

Reports categories screenshots follow.

FINANCIAL REPORTS

Client Specific	Multi Client	Generic Report	Copy Reports
 FINANCIAL REPORTS Check registers and banking reports	5	 ALLOCATION REPORT Shows 1 line claim information and allocation amounts	
 CLAIM REPORTS	25	 BANK BALANCE REPORT Check register with balances	
 CARRIER REPORTS	10	 CHECK REGISTER Shows check information only, no transaction detail	
 MANAGED CARE REPORTS	7	 PAYMENT ANALYSIS REPORT Shows basic information at a transaction and or provider level	
 BILLING REPORTS	2	 TRANSACTION REGISTER Shows individual transaction detail for each check	
 MANAGEMENT REPORTS	11		
 LITIGATION MANAGEMENT	5		
 SCHIP REPORTS	1		

Allocation Report, Bank Balance Report, Check Register, Payment Analysis Report, Transaction Register.

CLAIMS REPORTS

 FINANCIAL REPORTS 5	 CLAIM DIAGNOSTICS REPORT Report displays point-in-time claim diagnostics	 LOSS TRIANGLE REPORT Show losses for a certain period at various, regular valuation dates.
 CLAIM REPORTS 25 Loss run and claim reports	 CLAIM LAG Shows lag days from DOL to employer and CCMSI	 MONTHLY DIFFERENCE REPORT EXPANDED Report shows differences in all incurred, reserved and paid amounts from the prior to the current month.
 CARRIER REPORTS 10	 CLAIM STATUS REPORT Get claim information, financial data.	 MULTI-YEAR LOSS COMPARISON Compare loss for multiple years
 MANAGED CARE REPORTS 7	 COMPARISON Shows claim count and financial comparison between the current year and prior year.	 OCCURRENCE LOSS REPORT Shows claims grouped by occurrence
 BILLING REPORTS 2	 LOSS RATIO WITH LOSS SUMMARY Shows loss ratio information and individual claim detail (CCMSI underwritten programs only)	 PENALTIES AND INTEREST REIMBURSABLE Shows claims and 1 line for each P&I Reimbursable amount
 MANAGEMENT REPORTS 11	 LOSS RUN DETAIL EXPANDED Shows expanded individual claim detail for selected dates	 REPEATER REPORT Report displays claimants with multiple claims
 LITIGATION MANAGEMENT 5	 LOSS RUN DETAIL MULTI-VALUATION PERIODS REPORT Shows expanded individual claim detail for selected valuation periods	 RESERVE CHANGE REPORT Shows reserve change amounts and corresponding change comments
 SCHIP REPORTS 1	 LOSS RUN SUMMARY Shows 1 line individual claim detail for selected dates	 SERVICE COMMITMENT REPORT Best Practice Exceptions
	 LOSS RUN SUMMARY BY STATE Shows 1 line summary, by state, of losses with current period financial information.	 SUMMARY LOSS BY CLASS - PROPERTY AND CASUALTY Show Property and Casualty type loss information by class
	 LOSS RUN SUMMARY DASHBOARD Loss Run summary with overview graphs	 SUMMARY LOSS BY CLASS - WORKERS COMPENSATION Shows Workers Compensation type loss information by class
	 LOSS RUN SUMMARY FOR POWER USER Shows 1 line individual claim detail for selected dates	 SUMMARY LOSS REPORT MULTI LINE Shows all data at a summary level
	 LOSS RUN SUMMARY WITH CURRENT PAID Shows summary of losses with current period financial information	 SUMMARY LOSS REPORT WC Shows how claims are progressing from year to year or period to period
	 LOSS SUMMARY BY COVERAGE AND PAYMENT CLASS Shows summary of losses by coverage and payment classes	

Claim Diagnostics Reports, Claim Lag, Claim Status Report, Comparison, Loss Ratio With Loss Summary, Loss Run Detail Expanded, Loss Run Detail Multi-Valuation Periods Report, Loss Run Summary, Loss Run Summary By State, Loss Run Summary Dashboard, Loss Run Summary For Power User, Loss Run Summary With Current Paid, Loss Run Summary By Coverage And Payment Class, Loss Triangle Report, Monthly Difference Report Expanded, Multi-Year Loss Comparison, Occurrence Loss Report, Penalties And Interest Reimbursable, Repeater Report, Reserve Change Report, Service Commitment Report, Summary Loss By Class – Property And Casualty, Summary Loss By Class – Workers Compensation, Summary Loss Report Multi Line, Summary Loss Report WC.

CARRIER REPORTS

 FINANCIAL REPORTS 5	 AGGREGATE REPORT DETAIL - INCURRED Shows individual claim detail for all claims in aggregate policy
 CLAIM REPORTS 25	 AGGREGATE REPORT DETAIL - PAID Shows individual claim detail for all claims in aggregate policy
 CARRIER REPORTS Aggregate and specific policy reports 10	 AGGREGATE REPORT SUMMARY - INCURRED Shows summary of claim data for aggregate policy
 MANAGED CARE REPORTS 7	 AGGREGATE REPORT SUMMARY - PAID Shows summary of claim data for aggregate policy
 BILLING REPORTS 2	 CFP ENDORSEMENT PAID DETAIL Shows paid financials and cost per claim at a detail level
 MANAGEMENT REPORTS 11	 CORRIDOR DEDUCTIBLE Shows individual claim detail for corridor applied and carrier reimbursements
 LITIGATION MANAGEMENT 5	 INCURRED DEDUCTIBLE/RETENTION DETAIL Shows individual claim detail incurred and specific carrier reimbursements
 SCHIP REPORTS 1	 INCURRED DEDUCTIBLE/RETENTION SUMMARY Shows policy level data and carrier reimbursements
	 PAID DEDUCTIBLE/RETENTION DETAIL Shows individual claim detail paid and specific carrier reimbursements
	 PAID DEDUCTIBLE/RETENTION SUMMARY Shows policy level data and carrier reimbursements

Aggregate Report Detail – Incurred, Aggregate Report Detail – Paid, Aggregate Report Summary – Incurred, Aggregate Report Summary – Paid, CFP Endorsement Paid Detail, Corridor Deductible, Incurred Deductible/Retention Detail, Incurred Deductible/Retention Summary, Paid Deductible/Retention Detail, Paid Deductible/Retention Summary.

MANAGED CARE REPORTS

 FINANCIAL REPORTS 5	 MANAGED CARE BILLS AND CHARGES BY PROVIDER Shows savings data by state grouped by provider FEIN and name
 CLAIM REPORTS 25	 MANAGED CARE DIAGNOSTIC SAVINGS Shows Diagnostic Savings
 CARRIER REPORTS 10	 MANAGED CARE PHARMACY PBM SAVINGS Shows summary savings data for Pharmacy related charges
 MANAGED CARE REPORTS Managed care and bill review reports 7	 MANAGED CARE SAVINGS AND FEES Shows summary of managed care data for CompMC clients only
 BILLING REPORTS 2	 MANAGED CARE SAVINGS AND FEES DETAIL Shows individual claim detail of managed care detail for CompMC clients only
 MANAGEMENT REPORTS 11	 MANAGED CARE SAVINGS BY PROVIDER TYPE Shows savings data based on payment sub class
 LITIGATION MANAGEMENT 5	 MANAGED CARE SAVINGS BY STATE Shows summary savings data by jurisdictional state of claim
 SCHIP REPORTS 1	

Managed Care Bills And Charges By Provider, Managed Care Diagnostic Savings, Managed Care Pharmacy PBM Savings, Managed Care Savings And Fees, Managed Care Savings and Fees Detail, Managed Care Savings By Provider Type, Managed Care Savings By State.

BILLING REPORTS

 FINANCIAL REPORTS	5	 DEDUCTIBLE BILLING REPORT Client Deductible Billing Report
 CLAIM REPORTS	25	 MONTHLY BILLING REPORT Shows individual claim detail, grouped by claim type
 CARRIER REPORTS	10	
 MANAGED CARE REPORTS	7	
 BILLING REPORTS Client billing and accounting reports	2	
 MANAGEMENT REPORTS	11	
 LITIGATION MANAGEMENT	5	
 SCHIP REPORTS	1	

Deductible Billing Report, Monthly Billing Report.

MANAGEMENT REPORTS

 FINANCIAL REPORTS	5	 ANALYTICAL REPORT - CLAIMS ANALYSIS Show competition, claim count and amount between years
 CLAIM REPORTS	25	 ANALYTICAL REPORT - CLOSING RATIO ANALYSIS Show competition, claim count and amount between years
 CARRIER REPORTS	10	 ANALYTICAL REPORT - YEARS CLAIMS ANALYSIS Show competition, claim count and amount between years
 MANAGED CARE REPORTS	7	 CLAIM EXCEPTION REPORT Allows you to search for potential claim issues
 BILLING REPORTS	2	 CLOSING RATIO Shows closing ratio on per adjuster basis
 MANAGEMENT REPORTS Management Reports	11	 COMPREHENSIVE DASHBOARD Provides a snapshot of the client activity.
 LITIGATION MANAGEMENT	5	 DASHBOARD REPORT Graphical overview report
 SCHIP REPORTS	1	 MULTI PERIOD COMPARISON REPORT Shows comparison and variances between multiple periods of time
		 NOTE ANALYSIS REPORT Shows basis claim information and note text
		 QUARTERLY ANALYTIC REPORT Detailed Claim and Financial Comparison report
		 STEWARDSHIP REPORT Stewardship Report

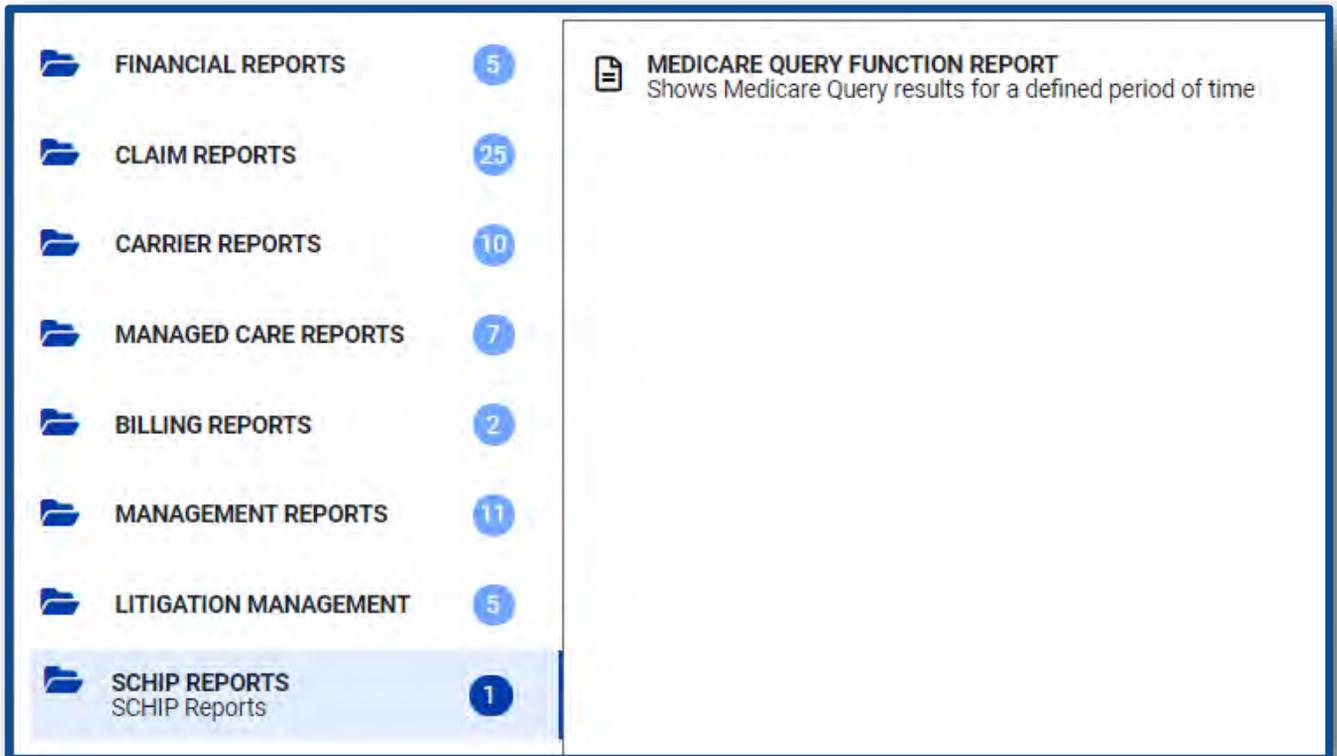
Analytical Report – Claims Analysis, Analytical Report – Closing Ratio Analysis, Analytical Report – Years Claims Analysis, Claim Exception Report, Closing Ratio, Comprehensive Dashboard, Dashboard Report, Multi Period Comparison Report, Note Analysis Report, Quarterly Analytic Report, Stewardship Report.

LITIGATION MANAGEMENT

 FINANCIAL REPORTS 5	 CLOSING RATIO LITIGATED Shows Closing Ratio of "In Suit" Claims
 CLAIM REPORTS 25	 LITIGATION DASHBOARD REPORT Show claims with legal information
 CARRIER REPORTS 10	 LITIGATION MANAGEMENT BASIC Shows 1 line claim and legal information at a per claim level
 MANAGED CARE REPORTS 7	 LITIGATION MANAGEMENT DETAIL Shows detail claim and legal information at a per claim level
 BILLING REPORTS 2	 LOSS RUN SUMMARY LITIGATED Shows 1 line detail of individual litigated claims
 MANAGEMENT REPORTS 11	
 LITIGATION MANAGEMENT Litigation Management Reports 5	
 SCHIP REPORTS 1	

Closing Ratio Litigated, Litigation Dashboard Report, Litigation Management Basic, Litigation Management Detail, Loss Run Summary Litigated.

SCHIP REPORTS



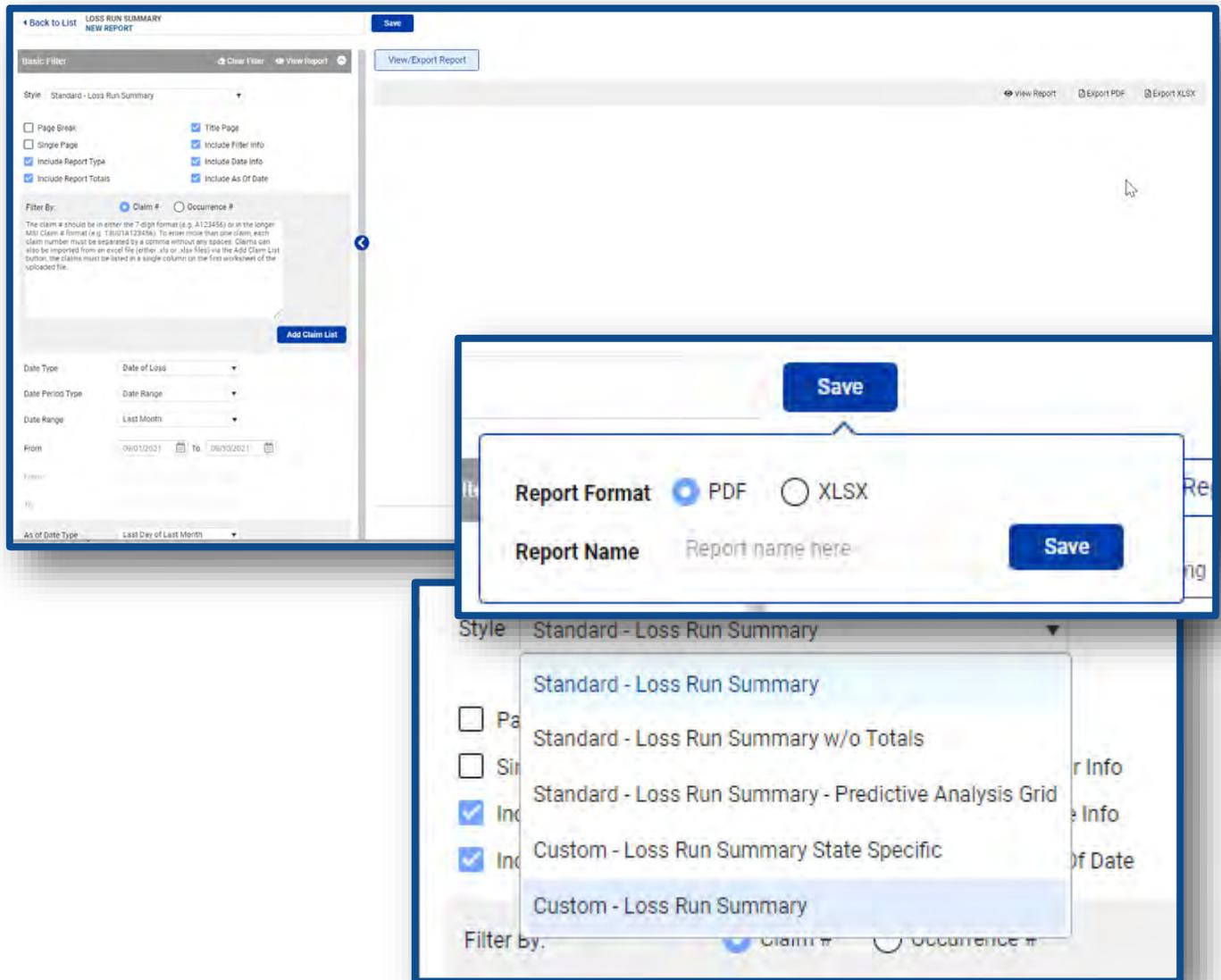
The screenshot displays a reporting interface. On the left is a sidebar menu with the following items:

- FINANCIAL REPORTS (5)
- CLAIM REPORTS (25)
- CARRIER REPORTS (10)
- MANAGED CARE REPORTS (7)
- BILLING REPORTS (2)
- MANAGEMENT REPORTS (11)
- LITIGATION MANAGEMENT (5)
- SCHIP REPORTS** (1)
SCHIP Reports

The main content area on the right shows a document icon and the following text:

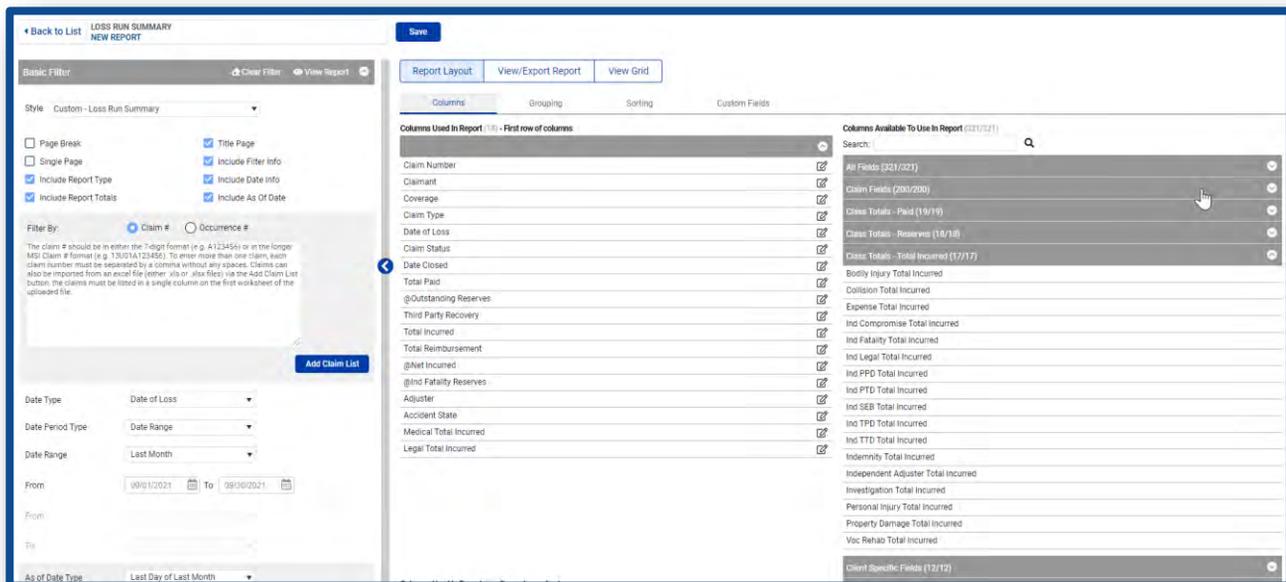
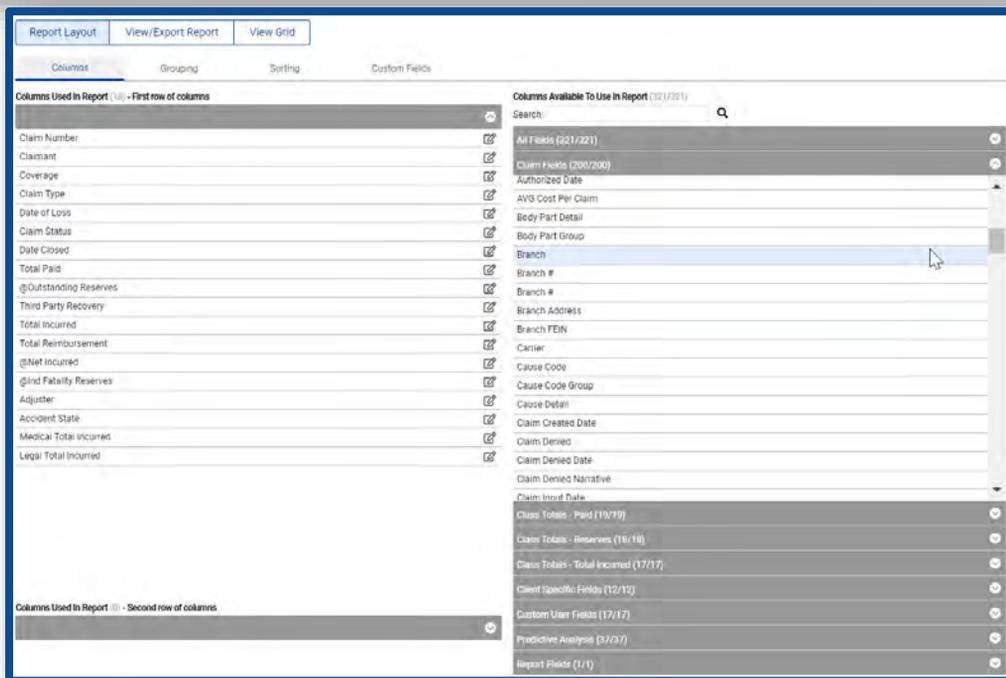
MEDICARE QUERY FUNCTION REPORT
Shows Medicare Query results for a defined period of time

Medicare Query Function Report.

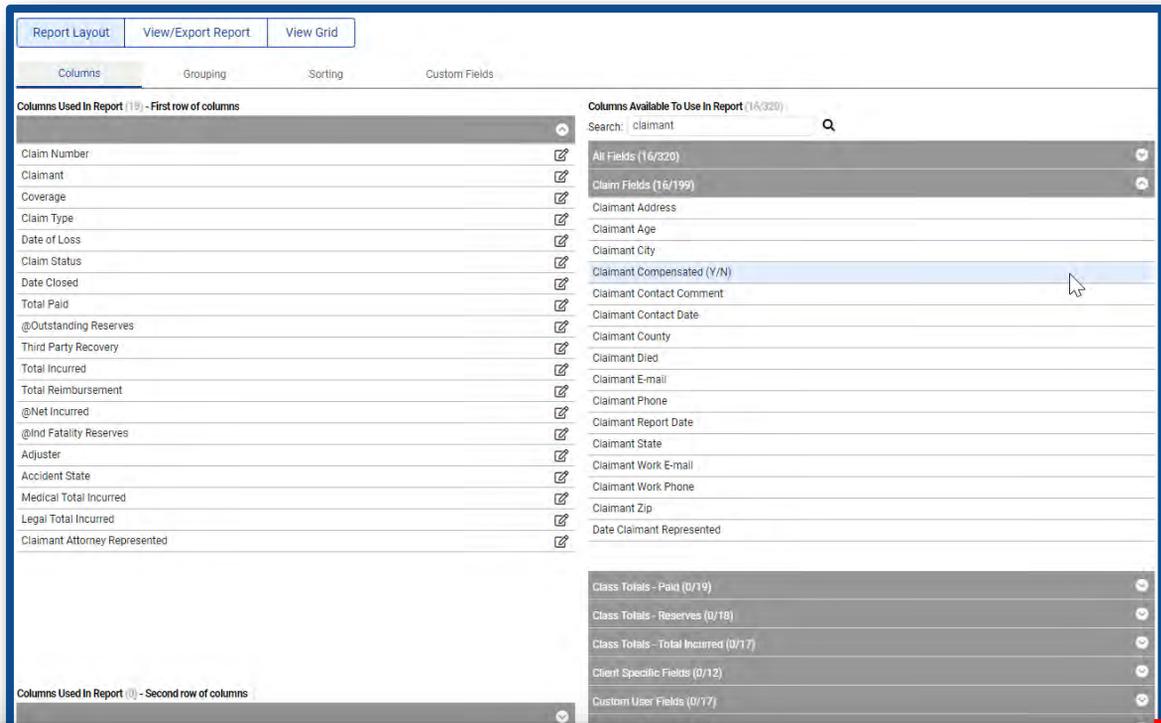


Clicking on a report brings the user to the report builder screen. The report defaults to the standard template. A user can fill in whatever parameters they want displayed on the final report then either run the report or save it. When Clicking the Save button, users are given the option to save as either an excel or pdf document. They may also alter the report title if they wish.

For users looking for more detailed information on their report, there is also a custom version of many of the standard reports available. Using the column selection grid on the left, users can select whatever data they want displayed, tailoring the report to their unique specifications. Users can switch from standard to custom mode on a report by selecting the custom option in the drop down menu.

To create a custom MyReport, select one of the reports from a specific category. For this example, the loss run summary under claim reports has been selected. Under the “Style” drop down menu there are two selections for a custom version of this report. “Custom Loss Run Summary” has been selected. Once a custom style has been selected the customization menu will populate on the right hand side of the screen. From this tabbed menu, users may make tailored selections to the report’s columns, how the data is grouped, sorted and even the title of each column if the user’s employer possessed client specific terms.



Claimant Attorney Represented



Claimant Attorney Represented

Ok

Attorney Present

Ok

Under the Grouping tab, users can add page breaks, remove report details, hide group counts and subgroup totals, summarize by common fields or summarize by uncommon fields available within the Available Summary By Fields list. Under the Sorting tab, users may sort the report using categories shown in the Available Columns list.

Under Custom Fields users may select fields from the Available Fields list such as Claimant Attorney Represented and retitle that field to an employer appropriate title. This is to accommodate disparate client terminology used internally.

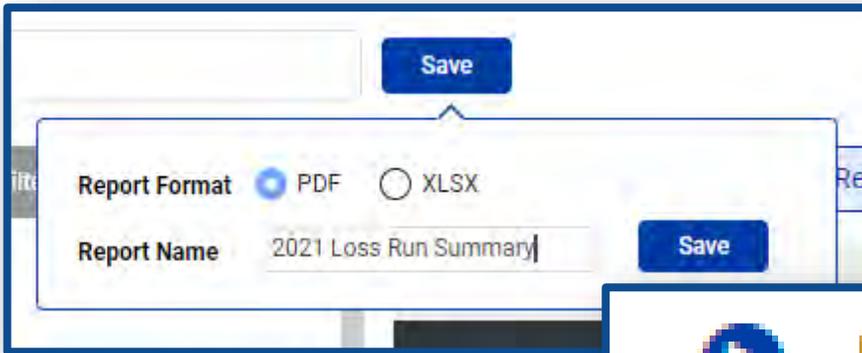


ICE Demo Client Loss Run Summary

Claim Date From: 1/1/1900 12:00:00 AM To: 10/19/2021 11:59:59 PM As Of Date: 9/30/2021 12:00:00 AM

Claim Number	Contract	Coverage	Client Type	Date of Loss	Claim Status	Sub Status	Trap File	Resolving Reason	Total Resp. Reasoning	Claim Amount	Total Settlement	Net Amount	Net Payable Reasoning	Contract Code	Medical Code	Trap Code	Reporting Period
0000000001	Contract No. 1	Auto	Auto	1/1/1900	Open		000000			0000	000000	0000		0000			1/1/1900
0000000002	Contract No. 2	Auto	Auto	1/1/1900	Open		000000			0000	000000	0000		0000			1/1/1900
0000000003	Contract No. 3	Auto	Auto	1/1/1900	Open		000000			0000	000000	0000		0000			1/1/1900
0000000004	Contract No. 4	Auto	Auto	1/1/1900	Open		000000			0000	000000	0000		0000			1/1/1900
0000000005	Contract No. 5	Auto	Auto	1/1/1900	Open		000000			0000	000000	0000		0000			1/1/1900
0000000006	Contract No. 6	Auto	Auto	1/1/1900	Open		000000			0000	000000	0000		0000			1/1/1900
0000000007	Contract No. 7	Auto	Auto	1/1/1900	Open		000000			0000	000000	0000		0000			1/1/1900
0000000008	Contract No. 8	Auto	Auto	1/1/1900	Open		000000			0000	000000	0000		0000			1/1/1900
0000000009	Contract No. 9	Auto	Auto	1/1/1900	Open		000000			0000	000000	0000		0000			1/1/1900
0000000010	Contract No. 10	Auto	Auto	1/1/1900	Open		000000			0000	000000	0000		0000			1/1/1900
0000000011	Contract No. 11	Auto	Auto	1/1/1900	Open		000000			0000	000000	0000		0000			1/1/1900
0000000012	Contract No. 12	Auto	Auto	1/1/1900	Open		000000			0000	000000	0000		0000			1/1/1900
0000000013	Contract No. 13	Auto	Auto	1/1/1900	Open		000000			0000	000000	0000		0000			1/1/1900
0000000014	Contract No. 14	Auto	Auto	1/1/1900	Open		000000			0000	000000	0000		0000			1/1/1900
0000000015	Contract No. 15	Auto	Auto	1/1/1900	Open		000000			0000	000000	0000		0000			1/1/1900
0000000016	Contract No. 16	Auto	Auto	1/1/1900	Open		000000			0000	000000	0000		0000			1/1/1900
0000000017	Contract No. 17	Auto	Auto	1/1/1900	Open		000000			0000	000000	0000		0000			1/1/1900
0000000018	Contract No. 18	Auto	Auto	1/1/1900	Open		000000			0000	000000	0000		0000			1/1/1900
0000000019	Contract No. 19	Auto	Auto	1/1/1900	Open		000000			0000	000000	0000		0000			1/1/1900
0000000020	Contract No. 20	Auto	Auto	1/1/1900	Open		000000			0000	000000	0000		0000			1/1/1900
0000000021	Contract No. 21	Auto	Auto	1/1/1900	Open		000000			0000	000000	0000		0000			1/1/1900
0000000022	Contract No. 22	Auto	Auto	1/1/1900	Open		000000			0000	000000	0000		0000			1/1/1900
0000000023	Contract No. 23	Auto	Auto	1/1/1900	Open		000000			0000	000000	0000		0000			1/1/1900
0000000024	Contract No. 24	Auto	Auto	1/1/1900	Open		000000			0000	000000	0000		0000			1/1/1900
0000000025	Contract No. 25	Auto	Auto	1/1/1900	Open		000000			0000	000000	0000		0000			1/1/1900
0000000026	Contract No. 26	Auto	Auto	1/1/1900	Open		000000			0000	000000	0000		0000			1/1/1900
0000000027	Contract No. 27	Auto	Auto	1/1/1900	Open		000000			0000	000000	0000		0000			1/1/1900
0000000028	Contract No. 28	Auto	Auto	1/1/1900	Open		000000			0000	000000	0000		0000			1/1/1900
0000000029	Contract No. 29	Auto	Auto	1/1/1900	Open		000000			0000	000000	0000		0000			1/1/1900
0000000030	Contract No. 30	Auto	Auto	1/1/1900	Open		000000			0000	000000	0000		0000			1/1/1900
0000000031	Contract No. 31	Auto	Auto	1/1/1900	Open		000000			0000	000000	0000		0000			1/1/1900
0000000032	Contract No. 32	Auto	Auto	1/1/1900	Open		000000			0000	000000	0000		0000			1/1/1900
0000000033	Contract No. 33	Auto	Auto	1/1/1900	Open		000000			0000	000000	0000		0000			1/1/1900
0000000034	Contract No. 34	Auto	Auto	1/1/1900	Open		000000			0000	000000	0000		0000			1/1/1900
0000000035	Contract No. 35	Auto	Auto	1/1/1900	Open		000000			0000	000000	0000		0000			1/1/1900
0000000036	Contract No. 36	Auto	Auto	1/1/1900	Open		000000			0000	000000	0000		0000			1/1/1900
0000000037	Contract No. 37	Auto	Auto	1/1/1900	Open		000000			0000	000000	0000		0000			1/1/1900
0000000038	Contract No. 38	Auto	Auto	1/1/1900	Open		000000			0000	000000	0000		0000			1/1/1900
0000000039	Contract No. 39	Auto	Auto	1/1/1900	Open		000000			0000	000000	0000		0000			1/1/1900
0000000040	Contract No. 40	Auto	Auto	1/1/1900	Open		000000			0000	000000	0000		0000			1/1/1900
0000000041	Contract No. 41	Auto	Auto	1/1/1900	Open		000000			0000	000000	0000		0000			1/1/1900
0000000042	Contract No. 42	Auto	Auto	1/1/1900	Open		000000			0000	000000	0000		0000			1/1/1900
0000000043	Contract No. 43	Auto	Auto	1/1/1900	Open		000000			0000	000000	0000		0000			1/1/1900
0000000044	Contract No. 44	Auto	Auto	1/1/1900	Open		000000			0000	000000	0000		0000			1/1/1900
0000000045	Contract No. 45	Auto	Auto	1/1/1900	Open		000000			0000	000000	0000		0000			1/1/1900
0000000046	Contract No. 46	Auto	Auto	1/1/1900	Open		000000			0000	000000	0000		0000			1/1/1900
0000000047	Contract No. 47	Auto	Auto	1/1/1900	Open		000000			0000	000000	0000		0000			1/1/1900
0000000048	Contract No. 48	Auto	Auto	1/1/1900	Open		000000			0000	000000	0000		0000			1/1/1900
0000000049	Contract No. 49	Auto	Auto	1/1/1900	Open		000000			0000	000000	0000		0000			1/1/1900
0000000050	Contract No. 50	Auto	Auto	1/1/1900	Open		000000			0000	000000	0000		0000			1/1/1900

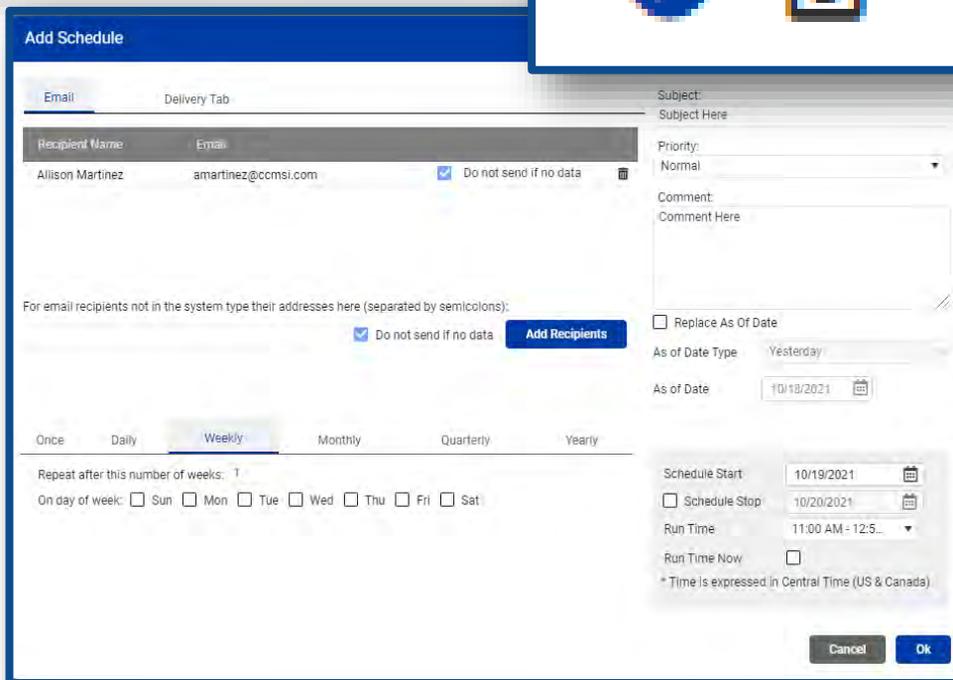
At any time, a user may view and export their report and if they know they will use this report frequently they may save it and schedule it to run at automatic intervals.



Save

Report Format PDF XLSX

Report Name 2021 Loss Run Summary Save



Add Schedule

Email Delivery Tab

Recipient Name	Email	Do not send if no data	
Allison Martinez	amartinez@ccmsi.com	<input checked="" type="checkbox"/>	

For email recipients not in the system type their addresses here (separated by semicolons):
 Do not send if no data **Add Recipients**

Once Daily **Weekly** Monthly Quarterly Yearly

Repeat after this number of weeks: 1

On day of week: Sun Mon Tue Wed Thu Fri Sat

Subject: Subject Here

Priority: Normal

Comment: Comment Here

Replace As Of Date

As of Date Type: Yesterday

As of Date: 10/18/2021

Schedule Start: 10/19/2021

Schedule Stop: 10/20/2021

Run Time: 11:00 AM - 12:5...

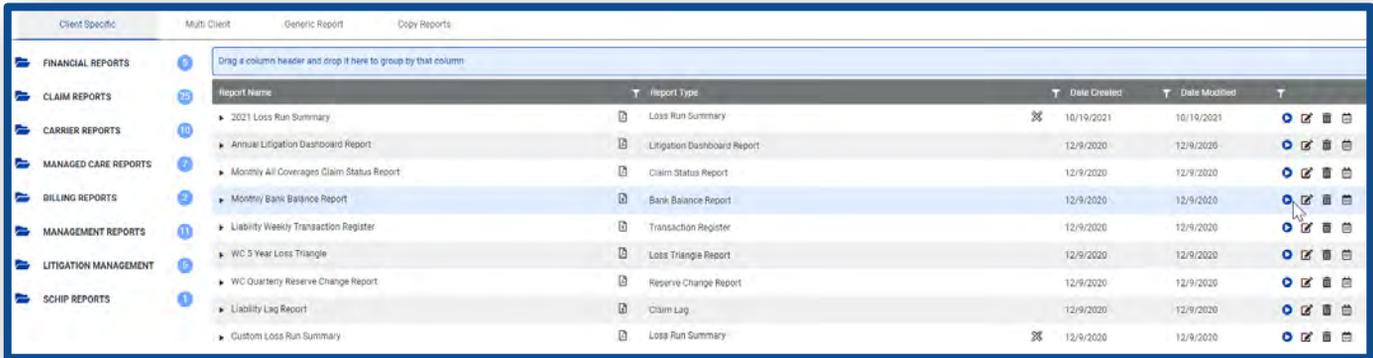
Run Time Now:

* Time is expressed in Central Time (US & Canada)

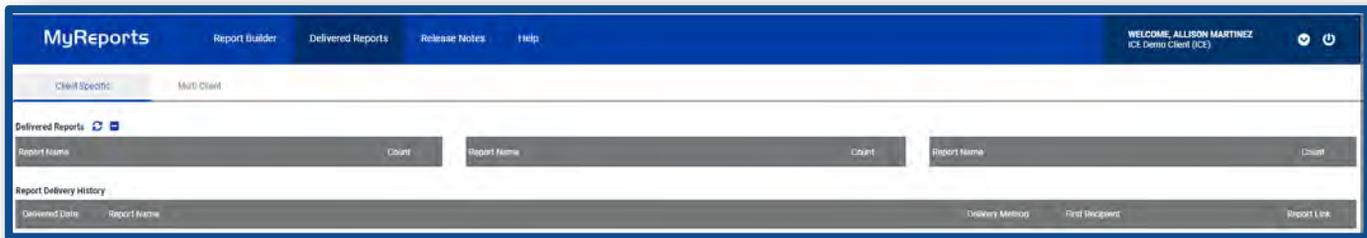
Cancel Ok

After a user has saved their report, the report appears in an active report queue on the MyReports main page. Using this active report bar, users can alter, run or delete reports as needed. Using the yellow task bar on the left, users are able to run their report (play icon,) edit their report (pencil icon,) delete their report (x icon) or add a schedule to their report (calendar icon.)

Clicking on the add schedule icon lets the user determine when their saved report will be run and to whom it will be sent on a daily, weekly, quarterly, etc. basis. Multiple emails can be attached to a report schedule, allowing the report to be sent to multiple users. MyReports generates a sent email from this client as well. Typing an email address into the field next to Add Recipients then clicking Add Recipients adds a user to the recipient list for a particular report. Below those fields is the scheduling section where a user determines when a report is sent and how often. Next to that is the schedule start module to determine the start time for the new schedule. Above that is the email creation module.



Client Specific	Multi Client	Generic Report	Copy Reports
FINANCIAL REPORTS (4)	Drag a column header and drop it here to group by that column		
CLAIM REPORTS (25)	Report Name	Report Type	Date Created Date Modified
CARRIER REPORTS (10)	▶ 2021 Loss Run Summary	Loss Run Summary	10/19/2021 10/19/2021
MANAGED CARE REPORTS (7)	▶ Annual Litigation Dashboard Report	Litigation Dashboard Report	12/9/2020 12/9/2020
BILLING REPORTS (2)	▶ Monthly All Coverages Claim Status Report	Claim Status Report	12/9/2020 12/9/2020
MANAGEMENT REPORTS (11)	▶ Monthly Bank Balance Report	Bank Balance Report	12/9/2020 12/9/2020
LITIGATION MANAGEMENT (3)	▶ Liability Weekly Transaction Register	Transaction Register	12/9/2020 12/9/2020
SCHIP REPORTS (1)	▶ WC 5 Year Loss Triangle	Loss Triangle Report	12/9/2020 12/9/2020
	▶ WC Quarterly Reserve Change Report	Reserve Change Report	12/9/2020 12/9/2020
	▶ Liability Lag Report	Claim Lag	12/9/2020 12/9/2020
	▶ Custom Loss Run Summary	Loss Run Summary	12/9/2020 12/9/2020



MyReports				Report Builder	Delivered Reports	Release Notes	Help	WELCOME, ALLISON MARTINEZ ICE Demo Client (ICE)	
Client Specific		Multi Client							
Delivered Reports				Report Name	Count	Report Name	Count	Report Name	Count
Report Delivery History									
Delivered Date	Report Name	Delivery Method	First Recipient	Report Link					

Each new report saved and scheduled appears in the active reports queue on the MyReports home page for users to keep track of what reports are going out from their account. At any time, a schedule can be altered or deleted without deleting the report.

Under the Delivered Reports tab, users can track which reports were sent and successfully delivered to recipients on their list. The delivery method either email or via the MyReports application is noted as well.

If any client would like their logos added to reports or to headers in ice, they may send the request with logo attached to customerserviceunit@ccmsi.com.

MYREPORTS WC SAMPLE REPORTS

The following reports are available within MyReports.

These samples are run for Worker's Compensation, however, the bulk of these reports are also available for liability coverages unless otherwise stated within the report title itself.



CCMSI®

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MYREPORTS OVERVIEW

Overview on the usage of the MyReports System

MYREPORTS OVERVIEW



The screenshot shows the MyReports application interface. At the top, there is a navigation bar with 'MyReports' and tabs for 'Report Builder', 'Delivered Reports', 'Release Notes', and 'Help'. A user greeting 'WELCOME, ALLISON MARTINEZ' and 'ICE Demo Client (ICE)' is visible in the top right. Below the navigation bar, there are tabs for 'Client Specific', 'Multi Client', 'Generic Report', and 'Copy Reports'. The main content area displays a list of report categories on the left, each with a blue circle icon containing a number. The categories are: FINANCIAL REPORTS (5), CLAIM REPORTS (25), CARRIER REPORTS (10), MANAGED CARE REPORTS (7), BILLING REPORTS (2), MANAGEMENT REPORTS (11), LITIGATION MANAGEMENT (5), and SCHIP REPORTS (1). A table of reports is shown, with columns for Report Name, Report Type, Date Created, Date Modified, and action icons. The table lists various reports such as 'Annual Litigation Dashboard Report', 'Monthly All Coverages Claim Status Report', 'Monthly Bank Balance Report', 'Liability Weekly Transaction Register', 'WC 5 Year Loss Triangle', 'WC Quarterly Reserve Change Report', 'Liability Lag Report', and 'Custom Loss Run Summary'. A tooltip is visible over the 'Monthly Bank Balance Report' row, displaying the text: 'Drag a column header and drop it here to group by that column'.

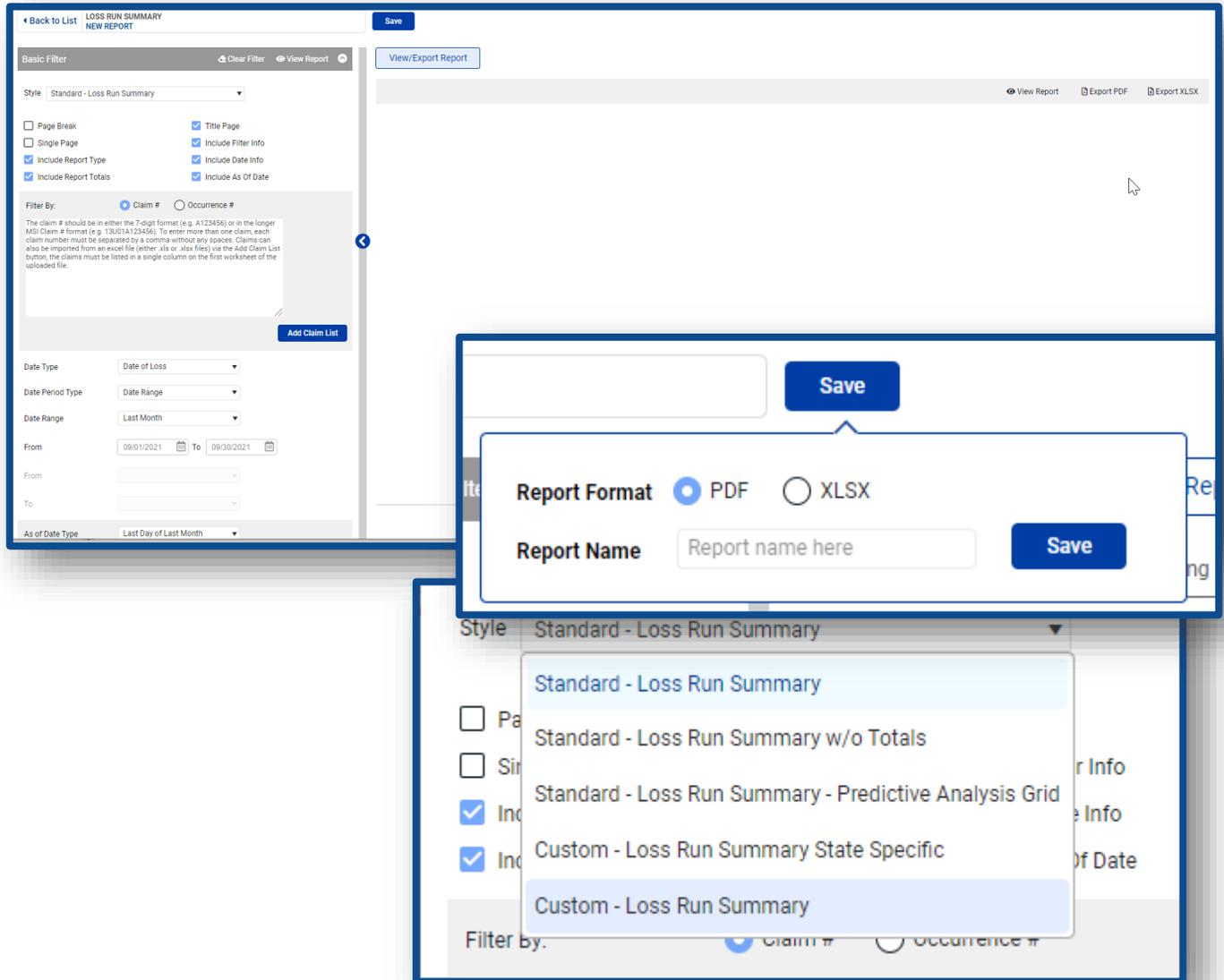
Report Name	Report Type	Date Created	Date Modified	
▶ Annual Litigation Dashboard Report	Litigation Dashboard Report	12/9/2020	12/9/2020	🔍 📄 🗑️
▶ Monthly All Coverages Claim Status Report	Claim Status Report	12/9/2020	12/9/2020	🔍 📄 🗑️
▶ Monthly Bank Balance Report	Bank Balance Report	12/9/2020	12/9/2020	🔍 📄 🗑️
▶ Liability Weekly Transaction Register	Transaction Register	12/9/2020	12/9/2020	🔍 📄 🗑️
▶ WC 5 Year Loss Triangle	Loss Triangle Report	12/9/2020	12/9/2020	🔍 📄 🗑️
▶ WC Quarterly Reserve Change Report	Reserve Change Report	12/9/2020	12/9/2020	🔍 📄 🗑️
▶ Liability Lag Report	Claim Lag	12/9/2020	12/9/2020	🔍 📄 🗑️
▶ Custom Loss Run Summary	Loss Run Summary	12/9/2020	12/9/2020	🔍 📄 🗑️

MyReports is a highly sophisticated, yet user-friendly tool that places the power of up-to-date reporting within the user's hands. While iCE houses many easy-to-use reporting features, MyReports is the most customizable. The first time a user logs into MyReports, they will see the report categorized available and no scheduled or saved reports.

Main report categories are displayed with the number of reports within that category highlighted in the grey circle icon to the right of the category title. Hovering over any of the main report categories displays all reports available under that category along with a brief description of what information the report displays.

Reports categories screenshots follow.

MYREPORTS OVERVIEW



Clicking on a report brings the user to the report builder screen. The report defaults to the standard template. A user can fill in whatever parameters they want displayed on the final report then either run the report or save it. When Clicking the Save button, users are given the option to save as either an excel or pdf document. They may also alter the report title if they wish.

For users looking for more detailed information on their report, there is also a custom version of many of the standard reports available. Using the column selection grid on the left, users can select whatever data they want displayed, tailoring the report to their unique specifications. Users can switch from standard to custom mode on a report by selecting the custom option in the drop down menu.

MYREPORTS OVERVIEW



Back to List | LOSS RUN SUMMARY | NEW REPORT | Save

Basic Filter: Clear Filter | View Report

Style: Custom - Loss Run Summary

Page Break | Title Page
 Single Page | Include Filter Info
 Include Report Type | Include Date Info
 Include Report Totals | Include As Of Date

Filter By: Claim # | Occurrence #

The claim # should be in either the 7-digit format (e.g. A123456) or in the longer MGI Claim # format (e.g. 13001A123456). To enter more than one claim, each claim number must be separated by a comma without any spaces. Claims can also be imported from an excel file (either .xls or .xlsx files) via the Add Claim List button. The claims must be listed in a single column on the first worksheet of the uploaded file.

Add Claim List

Date Type: Date of Loss
Date Period Type: Date Range
Date Range: Last Month
From: 09/01/2021 To: 09/30/2021

Columns | Grouping | Sorting | Custom Fields

Columns Used In Report (10) - First row of columns

- Claim Number
- Claimant
- Coverage
- Claim Type
- Date of Loss
- Claim Status
- Date Closed
- Total Paid
- @Outstanding Reserves
- Third Party Recovery
- Total Incurred
- Total Reimbursement
- @Net Incurred
- @Ind Fatality Reserves
- Adjuster
- Accident State
- Medical Total Incurred
- Legal Total Incurred

Columns Available To Use In Report (321/321)

- All Fields (321/321)
- Claim Fields (200/200)
- Class Totals - Paid (19/19)
- Class Totals - Reserves (18/18)
- Class Totals - Total Incurred (17/17)
- Body Injury Total Incurred
- Collision Total Incurred
- Expense Total Incurred
- Ind Compromise Total Incurred
- Ind Fatality Total Incurred
- Ind Legal Total Incurred
- Ind PPD Total Incurred
- Ind SEB Total Incurred
- Ind TPD Total Incurred
- Ind TTD Total Incurred
- Indemnity Total Incurred
- Independent Adjuster Total Incurred
- Investigation Total Incurred
- Personal Injury Total Incurred
- Property Damage Total Incurred
- Voc Rehab Total Incurred
- Client Specific Fields (12/12)

Report Layout | View/Export Report | View Grid

Columns | Grouping | Sorting | Custom Fields

Columns Used In Report (10) - First row of columns

- Claim Number
- Claimant
- Coverage
- Claim Type
- Date of Loss
- Claim Status
- Date Closed
- Total Paid
- @Outstanding Reserves
- Third Party Recovery
- Total Incurred
- Total Reimbursement
- @Net Incurred
- @Ind Fatality Reserves
- Adjuster
- Accident State
- Medical Total Incurred
- Legal Total Incurred

Columns Available To Use In Report (321/321)

- All Fields (321/321)
- Claim Fields (200/200)
- Authorized Date
- AVG Cost Per Claim
- Body Part Detail
- Body Part Group
- Branch
- Branch #
- Branch #
- Branch Address
- Branch FEIN
- Carrier
- Cause Code
- Cause Code Group
- Cause Detail
- Claim Created Date
- Claim Denied
- Claim Denied Date
- Claim Denied Narrative
- Claim Invt Date
- Class Totals - Paid (19/19)
- Class Totals - Reserves (18/18)
- Class Totals - Total Incurred (17/17)
- Client Specific Fields (12/12)
- Custom User Fields (17/17)
- Predictive Analysis (37/37)
- Report Fields (1/1)

To create a custom MyReport, select one of the reports from a specific category. For this example, the loss run summary under claim reports has been selected. Under the “Style” drop down menu there are two selections for a custom version of this report. “Custom Loss Run Summary” has been selected. Once a custom style has been selected the customization menu will populate on the right hand side of the screen. From this tabbed menu, users may make tailored selections to the report’s columns, how the data is grouped, sorted and even the title of each column if the user’s employer possessed client specific terms.

MYREPORTS OVERVIEW



Report Layout | View/Export Report | View Grid

Columns | Grouping | Sorting | Custom Fields

Columns Used In Report (19) - First row of columns

- Claim Number
- Claimant
- Coverage
- Claim Type
- Date of Loss
- Claim Status
- Date Closed
- Total Paid
- @Outstanding Reserves
- Third Party Recovery
- Total Incurred
- Total Reimbursement
- @Net Incurred
- @Ind Fatality Reserves
- Adjuster
- Accident State
- Medical Total Incurred
- Legal Total Incurred
- Claimant Attorney Represented

Columns Available To Use In Report (16/320)

Search: claimant

- All Fields (16/320)
- Claim Fields (16/199)
- Claimant Address
- Claimant Age
- Claimant City
- Claimant Compensated (Y/N)
- Claimant Contact Comment
- Claimant Contact Date
- Claimant County
- Claimant Died
- Claimant E-mail
- Claimant Phone
- Claimant Report Date
- Claimant State
- Claimant Work E-mail
- Claimant Work Phone
- Claimant Zip
- Date Claimant Represented

Class Totals - Paid (0/19)

Class Totals - Reserves (0/18)

Class Totals - Total Incurred (0/17)

Client Specific Fields (0/12)

Custom User Fields (0/17)

Claimant Attorney Represented



Claimant Attorney Represented

Ok

Attorney Present

Ok

Under the Grouping tab, users can add page breaks, remove report details, hide group counts and subgroup totals, summarize by common fields or summarize by uncommon fields available within the Available Summary By Fields list. Under the Sorting tab, users may sort the report using categories shown in the Available Columns list.

Under Custom Fields users may select fields from the Available Fields list such as Claimant Attorney Represented and retitle that field to an employer appropriate title. This is to accommodate disparate client terminology used internally.

MYREPORTS OVERVIEW



Save

Report Format PDF XLSX

Report Name Save



Add Schedule

Email Delivery Tab

Recipient Name	Email	
Allison Martinez	amartinez@ccmsi.com	<input checked="" type="checkbox"/> Do not send if no data

For email recipients not in the system type their addresses here (separated by semicolons):
 Do not send if no data

Once Daily **Weekly** Monthly Quarterly Yearly

Repeat after this number of weeks:

On day of week: Sun Mon Tue Wed Thu Fri Sat

Subject:

Priority:

Comment:

Replace As Of Date

As of Date Type:

As of Date:

Schedule Start:

Schedule Stop:

Run Time:

Run Time Now:

* Time is expressed in Central Time (US & Canada)

After a user has saved their report, the report appears in an active report queue on the MyReports main page. Using this active report bar, users can alter, run or delete reports as needed. Using the yellow task bar on the left, users are able to run their report (play icon,) edit their report (pencil icon,) delete their report (x icon) or add a schedule to their report (calendar icon.)

Clicking on the add schedule icon lets the user determine when their saved report will be run and to whom it will be sent on a daily, weekly, quarterly, etc. basis. Multiple emails can be attached to a report schedule, allowing the report to be sent to multiple users. MyReports generates a sent email from this client as well. Typing an email address into the field next to Add Recipients then clicking Add Recipients adds a user to the recipient list for a particular report. Below those fields is the scheduling section where a user determines when a report is sent and how often. Next to that is the schedule start module to determine the start time for the new schedule. Above that is the email creation module.

MYREPORTS OVERVIEW



Client Specific	Multi Client	Generic Report	Copy Reports
FINANCIAL REPORTS	5	Drag a column header and drop it here to group by that column	
CLAIM REPORTS	25	Report Name	Report Type
CARRIER REPORTS	10	2021 Loss Run Summary	Loss Run Summary
MANAGED CARE REPORTS	7	Annual Litigation Dashboard Report	Litigation Dashboard Report
BILLING REPORTS	2	Monthly All Coverages Claim Status Report	Claim Status Report
MANAGEMENT REPORTS	11	Monthly Bank Balance Report	Bank Balance Report
LITIGATION MANAGEMENT	5	Liability Weekly Transaction Register	Transaction Register
SCHIP REPORTS	1	WC 5 Year Loss Triangle	Loss Triangle Report
		WC Quarterly Reserve Change Report	Reserve Change Report
		Liability Lag Report	Claim Lag
		Custom Loss Run Summary	Loss Run Summary

MyReports | Report Builder | Delivered Reports | Release Notes | Help | WELCOME, ALLISON MARTINEZ | ICE Demo Client (ICE)

Client Specific | Multi Client

Delivered Reports

Report Name	Count	Report Name	Count	Report Name	Count

Report Delivery History

Delivered Date	Report Name	Delivery Method	First Recipient	Report Link

Each new report saved and scheduled appears in the active reports queue on the MyReports home page for users to keep track of what reports are going out from their account. At any time, a schedule can be altered or deleted without deleting the report.

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WORKERS' COMPENSATION FINANCIAL REPORTS

Check registers and banking reports

WC FINANCIAL REPORTS: ALLOCATION REPORT



Shows one line claim information and allocation amounts.

 ICE Demo Client Allocation Report Claim Date From: 1/1/1900 12:00:00 AM To: 3/10/2020 11:59:59 PM											
Claim Number	Claimant Name	Date of Loss	Input Date	Status	Coverage	Cap Amount Dollar Amt.	Cap Amount Months	Total Allocation through prior Mo.	Total Allocation through current Mo.	Current Allocation Amount	
Fiscal/Fund Year - January 2013 - December 2013											
05ICEC161407	Claimant, Ind 1	11/19/2013	11/19/2013	Open	WC	N/A	N/A	\$17,296.77	\$17,296.77	\$0.00	
05ICEC161497	Claimant, Ind 2	1/21/2013	1/21/2013	Open	WC	N/A	N/A	\$327,485.72	\$327,485.72	\$0.00	
05ICEC052813	Claimant, Ind 2	1/21/2013	1/21/2013	Open	WC	N/A	N/A	\$327,485.72	\$327,485.72	\$0.00	
05ICEC052793	Claimant, Ind 1	11/19/2013	11/19/2013	Open	WC	N/A	N/A	\$17,296.77	\$17,296.77	\$0.00	
Total Allocation for Fiscal Year/Fund Year - January 2013 - December 2013:								\$689,564.96	\$689,564.96	\$0.00	
Fiscal/Fund Year - January 2014 - December 2014											
06ICEC053078	Claimant, Ind 7	7/2/2014	7/2/2014	Open	WC	N/A	N/A	\$185,643.96	\$185,643.96	\$0.00	
06ICEC161448	Claimant, Ind 6	11/28/2014	11/28/2014	Open	WC	N/A	N/A	\$168,964.82	\$168,964.82	\$0.00	
06ICEC052877	Claimant, Ind 6	11/28/2014	11/28/2014	Open	WC	N/A	N/A	\$168,964.82	\$168,964.82	\$0.00	
06ICEC161449	Claimant, Ind 7	7/2/2014	7/2/2014	Open	WC	N/A	N/A	\$185,643.96	\$185,643.96	\$0.00	
07ICEC053118	Claimant, Ind 12	12/28/2014	12/28/2014	Open	WC	N/A	N/A	\$193,424.21	\$193,424.21	\$0.00	
07ICEC161483	Claimant, Ind 12	12/28/2014	12/28/2014	Open	WC	N/A	N/A	\$193,424.21	\$193,424.21	\$0.00	
Total Allocation for Fiscal Year/Fund Year - January 2014 - December 2014:								\$1,096,065.98	\$1,096,065.98	\$0.00	
Fiscal/Fund Year - January 2016 - December 2016											
08ICEC053164	Claimant, Ind 17	2/10/2016	2/10/2016	Open	WC	N/A	N/A	\$167,570.25	\$167,570.25	\$0.00	
08ICEC161415	Claimant, Ind 17	2/10/2016	2/10/2016	Open	WC	N/A	N/A	\$167,570.25	\$167,570.25	\$0.00	
08ICEC053154	Claimant, Ind 18	11/28/2016	11/28/2016	Open	WC	N/A	N/A	\$7,106.46	\$7,106.46	\$0.00	
08ICEC161414	Claimant, Ind 18	11/28/2016	11/28/2016	Open	WC	N/A	N/A	\$7,106.46	\$7,106.46	\$0.00	
Total Allocation for Fiscal Year/Fund Year - January 2016 - December 2016:								\$349,353.42	\$349,353.42	\$0.00	
Fiscal/Fund Year - January 2017 - December 2017											
09ICEC161422	Claimant, Ind 23	10/4/2017	10/4/2017	Open	WC	N/A	N/A	\$87,207.23	\$87,207.23	\$0.00	
09ICEC161420	Claimant, Ind 21	8/17/2017	8/17/2017	Open	WC	N/A	N/A	\$29,207.09	\$29,207.09	\$0.00	
09ICEC161421	Claimant, Ind 22	11/21/2017	11/21/2017	Open	WC	N/A	N/A	\$133,995.56	\$133,995.56	\$0.00	
09ICEC053215	Claimant, Ind 23	10/4/2017	10/4/2017	Open	WC	N/A	N/A	\$87,207.23	\$87,207.23	\$0.00	
09ICEC050789	Claimant MO, 1	8/24/2017	8/24/2017	Open	WC	N/A	N/A	\$262.45	\$262.45	\$0.00	

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Proactive Risk Management and Claims Administration Solutions

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WC FINANCIAL REPORTS: BANK BALANCE REPORT



Check register with balances.

Check #	Payee Name	Tran Date	Type	Check Amt.	Tran. Amt.
			Initial Balance:		\$13,985.00
	Bank Account For 4480 - Liability		Account #		
	CCMSI BANK SERVICES, INC	2/5/2020	Deposit	\$0.00	\$1,015.00
	CCMSI BANK SERVICES, INC	2/12/2020	Deposit	\$0.00	\$32,553.71
	CCMSI BANK SERVICES, INC	2/26/2020	Deposit	\$0.00	\$38,211.47
	WELLS FARGO BANK, N.A.	2/27/2020	Deposit	\$0.00	\$39,550.67
167801060	WELLS FARGO BANK, N.A.	2/21/2020	Correction	\$0.00	\$282.76
167801266	STATE FARM	2/3/2020	Check	\$2,954.76	\$0.00
167801267	WELLS FARGO BANK, N.A.	2/4/2020	Check	\$1,273.29	\$0.00
167801268	CCMSI BANK SERVICES, INC	2/4/2020	Check	\$115.00	\$0.00
167801269	CCMSI BANK SERVICES, INC	2/4/2020	Check	\$39.00	\$0.00
167801270	STATE FARM	2/4/2020	Check	\$1,177.19	\$0.00
167801271	FARMERS GROUP, INC	2/5/2020	Check	\$2,387.25	\$0.00
167801272	WELLS FARGO BANK, N.A.	2/5/2020	Check	\$570.07	\$0.00
167801273	CCMSI BANK SERVICES, INC	2/5/2020	Check	\$3,843.04	\$0.00
167801274	WELLS FARGO BANK, N.A.	2/6/2020	Check	\$4,426.03	\$0.00
167801275	WELLS FARGO BANK, N.A.	2/6/2020	Check	\$4,001.60	\$0.00
167801276	WELLS FARGO BANK, N.A.	2/6/2020	Check	\$650.80	\$0.00
167801277	WELLS FARGO BANK, N.A.	2/6/2020	Check	\$175.00	\$0.00
167801278	WELLS FARGO BANK, N.A.	2/6/2020	Check	\$50.00	\$0.00
167801279	WELLS FARGO BANK, N.A.	2/6/2020	Check	\$4,030.00	\$0.00
167801280	WELLS FARGO BANK, N.A.	2/6/2020	Check	\$1,633.50	\$0.00

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Proactive Risk Management and Claims Administration Solutions

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WC FINANCIAL REPORTS: CHECK REGISTER



Shows check information only, no transaction detail.

Check #	Payee Name	Check Printed Date	Check Total
Bank Account: [blurred]			Account # Ending with [blurred]
[blurred]	[blurred]	2/5/2020	(\$54.51)
[blurred]	[blurred]	2/5/2020	(\$187.19)
[blurred]	[blurred]	2/5/2020	(\$22.04)
[blurred]	[blurred]	2/5/2020	(\$187.19)
[blurred]	[blurred]	2/5/2020	(\$54.51)
[blurred]	[blurred]	2/11/2020	(\$40.28)
[blurred]	[blurred]	2/11/2020	(\$100.70)
[blurred]	[blurred]	2/11/2020	(\$141.00)
[blurred]	[blurred]	2/6/2020	(\$141.00)
[blurred]	[blurred]	2/3/2020	\$481.85
[blurred]	[blurred]	2/3/2020	\$971.00
[blurred]	[blurred]	2/3/2020	\$180.54
[blurred]	[blurred]	2/3/2020	\$142.07
[blurred]	[blurred]	2/3/2020	\$363.13
[blurred]	[blurred]	2/3/2020	\$169.90
[blurred]	[blurred]	2/3/2020	\$141.79
[blurred]	[blurred]	2/3/2020	\$141.79
[blurred]	[blurred]	2/3/2020	\$179.08
[blurred]	[blurred]	2/3/2020	\$179.08
[blurred]	[blurred]	2/3/2020	\$291.66
[blurred]	[blurred]	2/3/2020	\$177.25
[blurred]	[blurred]	2/3/2020	\$289.22
[blurred]	[blurred]	2/3/2020	\$242.55
[blurred]	[blurred]	2/3/2020	\$192.59
[blurred]	[blurred]	2/3/2020	\$50.09
[blurred]	[blurred]	2/3/2020	\$150.66
[blurred]	[blurred]	2/3/2020	\$177.25
[blurred]	[blurred]	2/3/2020	\$319.99
[blurred]	[blurred]	2/3/2020	\$108.77
[blurred]	[blurred]	2/3/2020	\$19.62
[blurred]	[blurred]	2/3/2020	\$44.93

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WC FINANCIAL REPORTS: PAYMENT ANALYSIS REPORT



Shows basic information at a transaction and/or provider level.



ICE Demo Client Payment Analysis Report

Claim Date From: 2/1/2020 12:00:00 AM To: 2/29/2020 11:59:59 PM

Check #	Date Printed	Claim #	Claimant Name	Date of Loss	Claim Total	Trans Amount
Check #	Date Printed	Payment Class	Pay Subclass	Provider/Payee Name	Date of Service	Trans Amount
BUSINESS UNIT 1 1700						
		05ICEC052813	Claimant, Ind 2	1/21/2013	\$571.42	
101013094	2/1/2020	IND.TTD	TTD	ICE DEMONSTRATION PAYEE	1/28/2020	\$239.21
101013570	2/6/2020	IND.TTD	TTD	ICE DEMONSTRATION PAYEE	2/1/2020	\$93.00
101013928	2/8/2020	IND.TTD	TTD	ICE DEMONSTRATION PAYEE	2/6/2020	\$239.21
		05ICEC161497	Claimant, Ind 2	1/21/2013	\$571.42	
101013094	2/1/2020	IND.TTD	TTD	ICE DEMONSTRATION PAYEE	1/28/2020	\$239.21
101013570	2/6/2020	IND.TTD	TTD	ICE DEMONSTRATION PAYEE	2/1/2020	\$93.00
101013928	2/8/2020	IND.TTD	TTD	ICE DEMONSTRATION PAYEE	2/6/2020	\$239.21
		06ICEC052877	Claimant, Ind 6	11/28/2014	\$3,902.21	
101013069	2/1/2020	IND.TTD	TTD	ICE DEMONSTRATION PAYEE	1/24/2020	\$462.28
101013385	2/5/2020	EXPENSE	MED CASE MNGMNT	ICE DEMONSTRATION PAYEE	1/23/2020	\$1,625.00
101013385	2/5/2020	EXPENSE	MED CASE MNGMNT	ICE DEMONSTRATION PAYEE	1/23/2020	\$62.50
101013385	2/5/2020	EXPENSE	MED CASE MNGMNT	ICE DEMONSTRATION PAYEE	1/23/2020	\$167.50
101013415	2/5/2020	EXPENSE	MED BILL REVIEW	ICE DEMONSTRATION PAYEE	1/24/2020	\$9.58
101013482	2/5/2020	MEDICAL	PRESCRIPTIONS	ICE DEMONSTRATION PAYEE	1/13/2020	\$20.78
101013482	2/5/2020	MEDICAL	MISC MEDICAL	ICE DEMONSTRATION PAYEE	1/13/2020	\$5.39
101013482	2/5/2020	MEDICAL	PRESCRIPTIONS	ICE DEMONSTRATION PAYEE	1/13/2020	\$65.69
101013482	2/5/2020	MEDICAL	PRESCRIPTIONS	ICE DEMONSTRATION PAYEE	1/13/2020	\$257.19
101013482	2/5/2020	MEDICAL	MISC MEDICAL	ICE DEMONSTRATION PAYEE	1/13/2020	\$5.39
101013482	2/5/2020	MEDICAL	MISC MEDICAL	ICE DEMONSTRATION PAYEE	1/13/2020	\$5.39
101013580	2/6/2020	IND.TTD	TTD	ICE DEMONSTRATION PAYEE	2/2/2020	\$462.28
101014059	2/9/2020	EXPENSE	MED BILL REVIEW	ICE DEMONSTRATION PAYEE	1/28/2020	\$69.94
101014059	2/9/2020	EXPENSE	MED BILL REVIEW	ICE DEMONSTRATION PAYEE	2/5/2020	\$7.78
101014186	2/9/2020	MEDICAL	DIAGNOSTIC TEST	ICE DEMONSTRATION PAYEE	1/1/2020	\$141.46

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WC FINANCIAL REPORTS: TRANSACTION REGISTER



Shows individual transaction detail for each check.

Check #	Claimant	Claim Number	Claim Type	Member Name	Date of Loss	Issue Date	Transaction Type	Comments	Trans Amount
ICE Demo Client									
Transaction Register									
Transaction Date From: 2/1/2020 12:00:00 AM To: 2/29/2020 11:59:59 PM									
Bank Account: ICE Demo Bank									
Account # Ending with -001									
101013014	Claimant, Ind 36	11ICEC053617	Indemnity	BUSINESS UNIT 1 1700	6/8/2019	2/1/2020	EXPENSE WC	EC885E7157934 DOS 01/30/12 - 02/08/12	\$8.50
101013014	Claimant, Ind 36	11ICEC053617	Indemnity	BUSINESS UNIT 1 1700	6/8/2019	2/1/2020	EXPENSE WC	EC885E7157934 DOS 01/30/12 - 02/08/12	\$8.50
101013014	Claimant, Ind 36	11ICEC053617	Indemnity	BUSINESS UNIT 1 1700	6/8/2019	2/1/2020	EXPENSE WC	EC885E7157934 DOS 01/30/12 - 02/08/12	\$8.50
101013014	Claimant, Ind 36	11ICEC053617	Indemnity	BUSINESS UNIT 1 1700	6/8/2019	2/1/2020	EXPENSE WC	EC885E7157934 DOS 01/30/12 - 02/08/12	\$8.50
101013014	Claimant, Ind 36	11ICEC053617	Indemnity	BUSINESS UNIT 1 1700	6/8/2019	2/1/2020	EXPENSE WC	EC885E7157934 DOS 01/30/12 - 02/08/12	\$25.50
101013014	Claimant, Ind 36	11ICEC053617	Indemnity	BUSINESS UNIT 1 1700	6/8/2019	2/1/2020	EXPENSE WC	EC885E7157934 DOS 01/30/12 - 02/08/12	\$25.50
101013014	Claimant, Ind 36	11ICEC053617	Indemnity	BUSINESS UNIT 1 1700	6/8/2019	2/1/2020	EXPENSE WC	EC885E7157934 DOS 01/30/12 - 02/08/12	\$33.30
101013014	Claimant, Ind 36	11ICEC053617	Indemnity	BUSINESS UNIT 1 1700	6/8/2019	2/1/2020	EXPENSE WC	EC885E7157934 DOS 01/30/12 - 02/08/12	\$42.50
101013014	Claimant, Ind 36	11ICEC053617	Indemnity	BUSINESS UNIT 1 1700	6/8/2019	2/1/2020	EXPENSE WC	EC885E7157934 DOS 01/30/12 - 02/08/12	\$42.50
101013014	Claimant, Ind 36	11ICEC053617	Indemnity	BUSINESS UNIT 1 1700	6/8/2019	2/1/2020	EXPENSE WC	EC885E7157934 DOS 01/30/12 - 02/08/12	\$112.50
101013014	Claimant, Ind 36	11ICEC161436	Indemnity	BUSINESS UNIT 1 1700	6/8/2019	2/1/2020	EXPENSE WC	EC885E7157934 DOS 01/30/12 - 02/08/12	\$8.50
101013014	Claimant, Ind 36	11ICEC161436	Indemnity	BUSINESS UNIT 1 1700	6/8/2019	2/1/2020	EXPENSE WC	EC885E7157934 DOS 01/30/12 - 02/08/12	\$8.50
101013014	Claimant, Ind 36	11ICEC161436	Indemnity	BUSINESS UNIT 1 1700	6/8/2019	2/1/2020	EXPENSE WC	EC885E7157934 DOS 01/30/12 - 02/08/12	\$8.50
101013014	Claimant, Ind 36	11ICEC161436	Indemnity	BUSINESS UNIT 1 1700	6/8/2019	2/1/2020	EXPENSE WC	EC885E7157934 DOS 01/30/12 - 02/08/12	\$8.50
101013014	Claimant, Ind 36	11ICEC161436	Indemnity	BUSINESS UNIT 1 1700	6/8/2019	2/1/2020	EXPENSE WC	EC885E7157934 DOS 01/30/12 - 02/08/12	\$25.50
101013014	Claimant, Ind 36	11ICEC161436	Indemnity	BUSINESS UNIT 1 1700	6/8/2019	2/1/2020	EXPENSE WC	EC885E7157934 DOS 01/30/12 - 02/08/12	\$25.50
101013014	Claimant, Ind 36	11ICEC161436	Indemnity	BUSINESS UNIT 1 1700	6/8/2019	2/1/2020	EXPENSE WC	EC885E7157934 DOS 01/30/12 - 02/08/12	\$33.30
101013014	Claimant, Ind 36	11ICEC161436	Indemnity	BUSINESS UNIT 1 1700	6/8/2019	2/1/2020	EXPENSE WC	EC885E7157934 DOS 01/30/12 - 02/08/12	\$42.50
101013014	Claimant, Ind 36	11ICEC161436	Indemnity	BUSINESS UNIT 1 1700	6/8/2019	2/1/2020	EXPENSE WC	EC885E7157934 DOS 01/30/12 - 02/08/12	\$42.50
101013014	Claimant, Ind 36	11ICEC161436	Indemnity	BUSINESS UNIT 1 1700	6/8/2019	2/1/2020	EXPENSE WC	EC885E7157934 DOS 01/30/12 - 02/08/12	\$112.50
101013014	Claimant, Ind 36	11ICEC162687	Indemnity	BUSINESS UNIT 2	6/8/2019	2/1/2020	EXPENSE WC	EC885E7157934 DOS 01/30/12 - 02/08/12	\$8.50
101013014	Claimant, Ind 36	11ICEC162687	Indemnity	BUSINESS UNIT 2	6/8/2019	2/1/2020	EXPENSE WC	EC885E7157934 DOS 01/30/12 - 02/08/12	\$8.50

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WORKERS' COMPENSATION CLAIM REPORTS

Loss run and claim reports

WC CLAIM REPORTS: CLAIM DIAGNOSTICS REPORT



Report displays point-in-time claim diagnostics.

	Year 2014-2015 € 45 Mn	Year 2015-2016 € 45 Mn	Year 2016-2017 € 45 Mn	Year 2017-2018 € 45 Mn	Year 2018-2019 € 45 Mn	Year Change Variance	Comments
(1a) Total All Claims	27	99	83	43	742	1625.6%	
(1b) Record Only	0	42	40	1	479	47800.0%	
(2a) Coded Claim Type	27	57	43	42	263	526.2%	
(2b) Number of Medical Only	0	0	0	0	194		
(2c) Number of Indemnity	27	57	43	42	69	64.3%	
(2d) Indemnity Rate	100.0%	100.0%	100.0%	100.0%	26.2%	-73.8%	
(3a) Number of Med Only > \$5k	0	0	0	0	14		
(4a) Comparative Claim Type	27	57	43	42	263	526.2%	
(4b) Zero Cost Medical Only	0	0	0	0	0		
(4c) Number of Small Medical Only	0	0	0	0	180		
(4d) Number of Indemnity*	27	57	43	42	83	97.6%	
(4e) Indemnity Rate (%)	100.0%	100.0%	100.0%	100.0%	31.6%	-68.5%	
(5a) Open/Closed Status	27	57	43	42	263	526.2%	
(5b) Total Open	14	28	29	14	68	385.7%	
(5c) Total Closed	13	29	14	28	195	596.4%	
(5d) Closing Ratio	48.1%	50.9%	32.6%	66.7%	74.1%	11.2%	
(6a) High Exposure Claims							
(6b) No. \$2,500 or Greater	27	85	69	43	438	918.6%	
(6c) No. \$5,000 or Greater	27	71	41	29	330	1037.9%	
(6d) No. \$10,000 or Greater	27	57	41	15	235	1466.7%	
(6e) No. \$25,000 or Greater	27	55	41	15	111	640.0%	
(6f) No. \$50,000 or Greater	27	41	41	15	82	446.7%	
(6g) No. \$100,000 or Greater	27	27	28	14	41	192.9%	
(7a) Claim Costs							
(7b) Total Paid	\$7,394,791	\$4,789,614	\$5,791,427	\$2,547,580	\$15,140,594	494.3%	
(7c) Total Outstanding	\$4,889,385	\$4,860,453	\$13,228,856	(\$590,366)	\$3,558,107	-702.7%	
(7d) Total Incurred	\$12,284,176	\$9,650,067	\$19,020,284	\$1,957,214	\$18,698,701	855.4%	
(7e) Paid-to-Incurred Ratio	0.602	0.496	0.304	1.302	0.810	-37.8%	
(7f) Average Cost/Claim	\$454,969	\$169,299	\$442,332	\$46,600	\$71,098	52.6%	
(8a) Annual Payroll	\$0	\$0	\$0	\$0	\$0		
(8b) Partial Year Payroll	\$0	\$0	\$0	\$0	\$0		
(8c) Incurred/€100 Payroll							

* Indemnity claims, plus Med Only > \$5k

WC CLAIM REPORTS: CLAIM LAG



Shows lag days from date of loss to employer and CCMSI.

ICE Demo Client									
Claim Lag									
Claim Date From: 1/1/1900 12:00:00 AM To: 3/10/2020 11:59:59 PM									
Claim Number	Claimant	Coverage	Date of loss	Claimant Report Date	Claimant Report Lag (Days)	Claim Submitted Date	Claim Submitted Lag (Days)	Total Lag (Days)	Total Incurred
WC									
05CEC062793	Claimant, Ind 1	WC	10/19/2013	10/19/2013	0		0	0	\$132,960.07
05CEC062813	Claimant, Ind 2	WC	12/21/2012	12/22/2012	1		0	1	\$601,371.29
05CEC062832	Claimant, Ind 3	WC	10/26/2013	10/26/2013	0		0	0	\$46,462.41
05CEC062849	Claimant, Ind 4	WC	10/23/2013	10/28/2013	5		0	5	\$95,696.83
05CEC062862	Claimant, Ind 5	WC	9/4/2013	09/04/2013	0		0	0	\$216,153.17
05CEC161407	Claimant, Ind 1	WC	10/19/2013	10/19/2013	0		0	0	\$113,191.07
05CEC161429	Claimant, Ind 3	WC	10/26/2013	10/26/2013	0		0	0	\$46,462.41
05CEC161447	Claimant, Ind 5	WC	9/4/2013	09/04/2013	0		0	0	\$216,153.17
05CEC161487	Claimant, Ind 2	WC	12/21/2012	12/22/2012	1		0	1	\$676,376.29
05CEC161519	Claimant, Ind 4	WC	10/23/2013	10/28/2013	5		0	5	\$95,696.83
05CEC162770	Claimant, Ind 1	WC	10/19/2013	10/19/2013	0		0	0	\$131,783.06
05CEC162780	Claimant, Ind 2	WC	12/21/2012	12/22/2012	1		0	1	\$676,376.29
05CEC162791	Claimant, Ind 3	WC	10/26/2013	10/26/2013	0		0	0	\$46,462.41
05CEC162791	Claimant, Ind 4	WC	10/23/2013	10/28/2013	5		0	5	\$95,696.83
05CEC162804	Claimant, Ind 5	WC	9/4/2013	09/04/2013	0		0	0	\$216,153.17
05CEC163336	Claimant, Ind 1	WC	10/19/2013	10/19/2013	0		0	0	\$17,296.77
05CEC163046	Claimant, Ind 2	WC	12/21/2012	12/22/2012	1		0	1	\$676,376.29
05CEC163057	Claimant, Ind 3	WC	10/26/2013	10/26/2013	0		0	0	\$46,462.41
05CEC163064	Claimant, Ind 4	WC	10/23/2013	10/28/2013	5		0	5	\$95,696.83
05CEC163070	Claimant, Ind 5	WC	9/4/2013	09/04/2013	0		0	0	\$216,153.17
05CEC163359	Claimant, Ind 1	WC	10/19/2013	10/19/2013	0		0	0	\$122,295.07
05CEC163409	Claimant, Ind 2	WC	12/21/2012	12/22/2012	1		0	1	\$676,376.29
05CEC163420	Claimant, Ind 3	WC	10/26/2013	10/26/2013	0		0	0	\$46,462.41
05CEC163427	Claimant, Ind 4	WC	10/23/2013	10/28/2013	5		0	5	\$95,696.83
05CEC163433	Claimant, Ind 5	WC	9/4/2013	09/04/2013	0		0	0	\$216,153.17
05CEC163966	Claimant, Ind 1	WC	10/19/2013	10/19/2013	0		0	0	\$111,182.07
05CEC163978	Claimant, Ind 2	WC	12/21/2012	12/22/2012	1		0	1	\$676,376.29
05CEC163989	Claimant, Ind 3	WC	10/26/2013	10/26/2013	0		0	0	\$46,462.41
05CEC163996	Claimant, Ind 4	WC	10/23/2013	10/28/2013	5		0	5	\$95,696.83
05CEC164302	Claimant, Ind 5	WC	9/4/2013	09/04/2013	0		0	0	\$216,153.17
05CEC164275	Claimant, Ind 1	WC	10/19/2013	10/19/2013	0		0	0	\$112,162.07

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WC CLAIM REPORTS: CLAIM STATUS REPORT



Get claim information, financial data.

Calendar Year of Loss - 2012		Claimant Report		Date of Loss	Legal	Financial Data					
Claim/Claimant	Claim Entry Date	Claimant Report Date	Date of Loss	Legal	Class	Total Paid	Outstanding Reserves	Third Party Recovery	Total Incurred	Total Reimbursement	Net Incurred
05ICE052813 Claimant, Ind 2 CALIFORNIA OPERATIONS CRA: High	12/21/2012	12/22/2012	12/21/2012	Yes	EXPENSE	\$13,904.39	\$8,661.90		\$22,566.29		
					IND.COMPROMISE	\$0.00	\$280,000.00		\$280,000.00		
					IND.TTD	\$101,231.94	\$18,603.76		\$119,835.70		
					LEGAL	\$32,237.75	\$6,980.69		\$39,218.44		
					MEDICAL	\$160,013.76	\$27,737.10		\$187,750.86		
					VOC.REHAB	\$20,097.88	\$11,902.12		\$32,000.00		
Totals:						\$327,485.72	\$353,885.57	\$0.00	\$681,371.29	\$181.86	\$681,189.43

Calendar Year of Loss - 2012		Claimant Report		Date of Loss	Legal	Financial Data					
Claim/Claimant	Claim Entry Date	Claimant Report Date	Date of Loss	Legal	Class	Total Paid	Outstanding Reserves	Third Party Recovery	Total Incurred	Total Reimbursement	Net Incurred
05ICE052813 Claimant, Ind 2 CALIFORNIA OPERATIONS CRA: High	12/21/2012	12/22/2012	12/21/2012	Yes	EXPENSE	\$13,904.39	\$8,661.90		\$22,566.29		
					IND.COMPROMISE	\$0.00	\$280,000.00		\$280,000.00		
					IND.TTD	\$101,231.94	\$18,603.76		\$119,835.70		
					LEGAL	\$32,237.75	\$6,980.69		\$39,218.44		
					MEDICAL	\$160,013.76	\$27,737.10		\$187,750.86		
					VOC.REHAB	\$20,097.88	\$11,902.12		\$32,000.00		
Totals:						\$327,485.72	\$353,885.57	\$0.00	\$681,371.29	\$181.86	\$681,189.43



ICE Demo Client Claim Status Report

Claim Date From: 1/1/1900 12:00:00 AM To: 3/10/2020 11:59:59 PM

Calendar Year of Loss - 2012

Summary: COVERAGE:
Carrier: Self-Funded
Policy No: WC2005
Policy period: 1/1/2005 - 12/31/2005
Deductible:
Reportable at:

COMPENSABILITY DETERMINATION: The original 2-5-05 incident was accepted as compensable. Injured worker sustained an aggravation on 1-18-06. Claim accepted for left knee injury.

CLAIMANT INFO: DOB: 1-11-70
Occupation: Residential Driver (terminated on 11-1-2008)

ACCIDENT DESCRIPTION: While he was on the back of a sanitation truck which had oil on it. The truck went around a cul-de-sac and injured worker slipped off the back of the truck and landed flat-footed on his left leg. Felt pop in his left knee.

WORK STATUS: Not working

MEDICAL STATUS: Tear of theq posterior horn of the medial meniscus, left knee.

He underwent multiple arthroscopic procedures:

- 1.) Repair on the medical meniscus on 3-28-05
- 2.) ACL repair on 6-21-06
- 3.) ACL reconstruction on 12/06
- 4.) Arthroscopic reconstruction of the medial femoral condyle, partial revision partial meniscectomy and chondroplasty of the patella surface on 4-08
- 5.) Debridement and chondroplasty on 10-08
- 6.) ACL reconstruction on 3/09

Was discharged from care effective 4-9-10.

Treatment for injured workers right knee and low back - denied based on IME.

SUBROGATION/RECOVERY: No subrogation.

LEGAL: Injured worker is represented by Atty: John Doe - 999-999-9999
Attorney Jane Doe - is representing our client's interest Tel: 777-777-7777

Legal update: This matter appeared on the status call of Arbitrator on October 11, 2011. At that time, the matter was continued. The next status call is scheduled for December 12, 2011. This case for all practical purposes, settled. We have an MSA but are awaiting a final release from the petitioner's treating doctor indicating that the petitioner requires no additional significant care. Once we have that we should be able to close this matter on settlement contracts.

PERM. DISABILITY/IMPAIRMENT: Settled for 230,000.00 plus MSA of \$8,775.80

ACTION PLAN:

- 1.) Follow up with legal counsel - obtain status of settlement documents
- 2.) Proceed to issue settlement check as soon as settlement contracts are approved by the commission.
- 3.) Anticipated closure - Jan 2012

WC CLAIM REPORTS: COMPARISON



Shows claim count and financial comparison between the current year and prior year.

Agency		3 Years Back Comparison					Yearly Comparison					
		1/1/2014 - 12/31/2014		1/1/2015 - 12/31/2016		Claims Variance	Total Incurred Variance	5/1/2014 - 12/31/2014		1/1/2015 - 12/31/2015		Claims Variance
Claims	Total Incurred	Claims	Total Incurred	Total Claims	Total Incurred			Est. Tot. Claims	Est. Tot. Incurred			
BUSINESS UNIT 1 1706	54	\$1,666,773.70	32	\$1,577,003.28	-22	(\$89,770.42)	54	\$1,666,773.70	32	\$1,577,003.28	-22	(\$89,770.42)
BUSINESS UNIT 2	81	\$2,500,180.55	48	\$2,365,504.92	-33	(\$134,675.63)	81	\$2,500,180.55	48	\$2,365,504.92	-33	(\$134,675.63)
BUSINESS UNIT 3	108	\$3,333,547.40	64	\$3,154,006.56	-44	(\$179,540.84)	108	\$3,333,547.40	64	\$3,154,006.56	-44	(\$179,540.84)
BUSINESS UNIT 4	135	\$4,166,934.25	80	\$3,942,508.20	-55	(\$224,426.05)	135	\$4,166,934.25	80	\$3,942,508.20	-55	(\$224,426.05)

WC CLAIM REPORTS: LOSS RATIO WITH LOSS SUMMARY



Shows loss ratio information and individual claim detail (CCMSI underwritten programs only.)

 ICE Demo Client Loss Ratio with Loss Summary Claim Date From: 1/1/1900 12:00:00 AM To: 3/10/2020 11:59:59 PM													
Member #	Member Name	Open Claims	Closed Claims	Total Claims	Total Paid	Outstanding Reserves	Total Recovery	Total Incurred	Total Reinsurance	Net Incurred	Earned Premium	Premium Loss Ratio	Payout Type
Fiscal/Fund Year: 1/1/2005 - 12/31/2005													
ICE001	BUSINESS UNIT 1 1700	0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		Audited
ICE002	BUSINESS UNIT 2	0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		Audited
ICE003	BUSINESS UNIT 3	0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		Audited
ICE004	BUSINESS UNIT 4	0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		Audited
Totals: # of Policy Holders: 4		0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Fiscal/Fund Year: 1/1/2006 - 12/31/2006													
ICE001	BUSINESS UNIT 1 1700	0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		Audited
ICE002	BUSINESS UNIT 2	0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		Audited
ICE003	BUSINESS UNIT 3	0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		Audited
ICE004	BUSINESS UNIT 4	0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		Audited
Totals: # of Policy Holders: 4		0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Fiscal/Fund Year: 1/1/2007 - 12/31/2007													
ICE001	BUSINESS UNIT 1 1700	0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		Audited
ICE002	BUSINESS UNIT 2	0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		Audited
ICE003	BUSINESS UNIT 3	0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		Audited
ICE004	BUSINESS UNIT 4	0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		Audited
Totals: # of Policy Holders: 4		0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Fiscal/Fund Year: 1/1/2008 - 12/31/2008													
ICE001	BUSINESS UNIT 1 1700	0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		Audited
ICE002	BUSINESS UNIT 2	0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		Audited
ICE003	BUSINESS UNIT 3	0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		Audited
ICE004	BUSINESS UNIT 4	0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		Audited
Totals: # of Policy Holders: 4		0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	

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Proactive Risk Management and Claims Administration Solutions

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WC CLAIM REPORTS: LOSS RUN DETAIL EXPANDED



Shows expanded individual claim detail for selected dates.



ICE Demo Client
 Loss Run Detail Expanded

Claim Date From: 1/1/1900 12:00:00 AM To: 3/10/2020 11:59:59 PM

Calendar Year: 1/1/2013 - 12/31/2013

Line:	WC	Claim Type:	Ind	
Claimant:	Claimant, Ind 1	Date of Birth:	2/21/1970	Date of Hire: 2/13/2013
SSN:	***-**-6462	Sex:	M	Date of Loss: 10/19/2013
Claim No.:	05ICEC052793	Status:	Open	Time of Loss: 10:30
Policy No.:	WC2013	Accident/Jurisdiction St.:	CA/CA	Input Date: 10/19/2013
NCCI Loss Code:	112 SPRAIN/STRAIN	Settlement:	00	Claimant Report Date: 10/19/2013
NCCI Body Part Code:	422 BACK, LUMBAR	Fraudulent:	00	Close Date:
NCCI Cause Code:	26 FROM LADDER OR SCAFFOLDING			
Accident Desc.:	Employee fell from ladder on side of truck			
Job Class:	9403 GARBAGE COLLECTION AND DRIVERS			

Class	Paid	Out. Reserve	Incurred
IND.TTD	\$72.05	\$0.02	\$72.07
IND.SEB	\$0.00	\$0.00	\$0.00
EXPENSE	\$1,650.15	\$34,627.85	\$36,278.00
IND.PPD	\$5,000.00	\$18,610.00	\$21,610.00
MEDICAL	\$10,574.57	\$64,425.43	\$75,000.00
Totals:	\$17,296.77	\$115,663.30	\$132,960.07

Class	Paid	Out. Reserve	Recovered	Total Incurred	Total Reimbursement	Net Incurred
Totals:	\$17,296.77	\$115,663.30	\$0.00	\$132,960.07	\$0.00	\$132,960.07

Line:	WC	Claim Type:	Ind	
Claimant:	Claimant, Ind 3	Date of Birth:	2/28/1972	Date of Hire: 4/6/2013
SSN:	***-**-3591	Sex:	F	Date of Loss: 10/29/2013
Claim No.:	05ICEC052832	Status:	Closed	Time of Loss: 12:50
Policy No.:	WC2013	Accident/Jurisdiction St.:	CA/CA	Input Date: 10/29/2013
NCCI Loss Code:	21 FRACTURE	Settlement:	00	Claimant Report Date: 10/29/2013
NCCI Body Part Code:	622 ANKLE RIGHT	Fraudulent:	00	Close Date: 1/16/2020
NCCI Cause Code:	420 FALL SAME LEVEL			
Accident Desc.:	Pushing cart, lost balance, fell & broke rt ankle			
Job Class:	8810 CLERICAL OFFICE EMPLOYEES NDC			

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WC CLAIM REPORTS: LOSS RUN DETAIL MULTI-VALUATION PERIODS REPORT



Shows expanded individual claim detail for selected valuation periods.

Claimant Name	Date Of Loss	Claim Number	Policy Year	Claim Type	State Of Jurisdiction	Agency	Status	Total Paid	Reserves	Recoveries	Total Incurred
Claimant MO, 1	8/24/2017	89CEC163437	January 2017 - January 2017	Medical	LA	BUSINESS UNIT 2	Open	\$262.45	\$1,400.00	\$0.00	\$1,662.45
Claimant MO, 1	8/24/2017	89CEC056789	January 2017 - January 2017	Medical	CA	BUSINESS UNIT 1 1738	Open	\$262.45	\$1,400.00	\$0.00	\$1,662.45
Claimant MO, 1	8/24/2017	89CEC164006	January 2017 - January 2017	Medical	FL	BUSINESS UNIT 3	Open	\$262.45	\$1,400.00	\$0.00	\$1,662.45
Claimant MO, 1	8/24/2017	89CEC165564	January 2017 - January 2017	Medical	TN	BUSINESS UNIT 4	Open	\$262.45	\$1,400.00	\$0.00	\$1,662.45
Claimant MO, 1	8/24/2017	89CEC161506	January 2017 - January 2017	Medical	NV	BUSINESS UNIT 1 1738	Open	\$262.45	\$1,400.00	\$0.00	\$1,662.45
Claimant MO, 1	8/24/2017	89CEC164313	January 2017 - January 2017	Medical	NJ	BUSINESS UNIT 3	Open	\$262.45	\$1,400.00	\$0.00	\$1,662.45
Claimant MO, 1	8/24/2017	89CEC164630	January 2017 - January 2017	Medical	ME	BUSINESS UNIT 3	Open	\$262.45	\$1,400.00	\$0.00	\$1,662.45
Claimant MO, 1	8/24/2017	89CEC165819	January 2017 - January 2017	Medical	MN	BUSINESS UNIT 4	Open	\$262.45	\$1,400.00	\$0.00	\$1,662.45
Claimant MO, 1	8/24/2017	89CEC162808	January 2017 - January 2017	Medical	AL	BUSINESS UNIT 2	Open	\$262.45	\$1,400.00	\$0.00	\$1,662.45
Claimant MO, 1	8/24/2017	89CEC163074	January 2017 - January 2017	Medical	MS	BUSINESS UNIT 2	Open	\$262.45	\$1,400.00	\$0.00	\$1,662.45
Claimant MO, 1	8/24/2017	89CEC165031	January 2017 - January 2017	Medical	SC	BUSINESS UNIT 3	Open	\$262.45	\$1,400.00	\$0.00	\$1,662.45
Claimant MO, 1	8/24/2017	89CEC166069	January 2017 - January 2017	Medical	IN	BUSINESS UNIT 4	Open	\$262.45	\$1,400.00	\$0.00	\$1,662.45
Claimant MO, 1	8/24/2017	89CEC165292	January 2017 - January 2017	Medical	IL	BUSINESS UNIT 4	Open	\$262.45	\$1,400.00	\$0.00	\$1,662.45
Claimant MO, 1	8/24/2017	89CEC166319	January 2017 - January 2017	Medical	TX	BUSINESS UNIT 4	Open	\$262.45	\$1,400.00	\$0.00	\$1,662.45
Claimant MO, 10	6/7/2017	89CEC163436	January 2017 - January 2017	Medical	LA	BUSINESS UNIT 2	Closed	\$669.22	\$0.00	\$0.00	\$669.22
Claimant MO, 10	6/7/2017	89CEC051247	January 2017 - January 2017	Medical	CA	BUSINESS UNIT 1 1738	Closed	\$669.22	\$0.00	\$0.00	\$669.22
Claimant MO, 10	6/7/2017	89CEC164607	January 2017 - January 2017	Medical	FL	BUSINESS UNIT 3	Closed	\$669.22	\$0.00	\$0.00	\$669.22
Claimant MO, 10	6/7/2017	89CEC161453	January 2017 - January 2017	Medical	NV	BUSINESS UNIT 1 1738	Closed	\$669.22	\$0.00	\$0.00	\$669.22
Claimant MO, 10	6/7/2017	89CEC165566	January 2017 - January 2017	Medical	TN	BUSINESS UNIT 4	Closed	\$669.22	\$0.00	\$0.00	\$669.22
Claimant MO, 10	6/7/2017	89CEC164314	January 2017 - January 2017	Medical	NJ	BUSINESS UNIT 3	Closed	\$669.22	\$0.00	\$0.00	\$669.22
Claimant MO, 10	6/7/2017	89CEC164631	January 2017 - January 2017	Medical	ME	BUSINESS UNIT 3	Closed	\$669.22	\$0.00	\$0.00	\$669.22
Claimant MO, 10	6/7/2017	89CEC165820	January 2017 - January 2017	Medical	MN	BUSINESS UNIT 4	Closed	\$669.22	\$0.00	\$0.00	\$669.22
Claimant MO, 10	6/7/2017	89CEC162809	January 2017 - January 2017	Medical	AL	BUSINESS UNIT 2	Closed	\$669.22	\$0.00	\$0.00	\$669.22
Claimant MO, 10	6/7/2017	89CEC163075	January 2017 - January 2017	Medical	MS	BUSINESS UNIT 2	Closed	\$669.22	\$0.00	\$0.00	\$669.22
Claimant MO, 10	6/7/2017	89CEC165032	January 2017 - January 2017	Medical	SC	BUSINESS UNIT 3	Closed	\$669.22	\$0.00	\$0.00	\$669.22
Claimant MO, 10	6/7/2017	89CEC166070	January 2017 - January 2017	Medical	IN	BUSINESS UNIT 4	Closed	\$669.22	\$0.00	\$0.00	\$669.22
Claimant MO, 10	6/7/2017	89CEC165293	January 2017 - January 2017	Medical	IL	BUSINESS UNIT 4	Closed	\$669.22	\$0.00	\$0.00	\$669.22
Claimant MO, 10	6/7/2017	89CEC166320	January 2017 - January 2017	Medical	TX	BUSINESS UNIT 4	Closed	\$669.22	\$0.00	\$0.00	\$669.22
Claimant MO, 11	7/6/2017	89CEC163091	January 2017 - January 2017	Medical	FL	BUSINESS UNIT 3	Closed	\$189.26	\$0.00	\$0.00	\$189.26
Claimant MO, 11	7/6/2017	89CEC165449	January 2017 - January 2017	Medical	TN	BUSINESS UNIT 4	Closed	\$189.26	\$0.00	\$0.00	\$189.26
Claimant MO, 11	7/6/2017	89CEC051267	January 2017 - January 2017	Medical	CA	BUSINESS UNIT 1 1738	Closed	\$189.26	\$0.00	\$0.00	\$189.26
Claimant MO, 11	7/6/2017	89CEC161454	January 2017 - January 2017	Medical	NV	BUSINESS UNIT 1 1738	Closed	\$189.26	\$0.00	\$0.00	\$189.26
Claimant MO, 11	7/6/2017	89CEC164198	January 2017 - January 2017	Medical	NJ	BUSINESS UNIT 3	Closed	\$189.26	\$0.00	\$0.00	\$189.26
Claimant MO, 11	7/6/2017	89CEC165704	January 2017 - January 2017	Medical	MN	BUSINESS UNIT 4	Closed	\$189.26	\$0.00	\$0.00	\$189.26
Claimant MO, 11	7/6/2017	89CEC164515	January 2017 - January 2017	Medical	ME	BUSINESS UNIT 3	Closed	\$189.26	\$0.00	\$0.00	\$189.26
Claimant MO, 11	7/6/2017	89CEC162693	January 2017 - January 2017	Medical	AL	BUSINESS UNIT 2	Closed	\$189.26	\$0.00	\$0.00	\$189.26
Claimant MO, 11	7/6/2017	89CEC162559	January 2017 - January 2017	Medical	MS	BUSINESS UNIT 2	Closed	\$189.26	\$0.00	\$0.00	\$189.26
Claimant MO, 11	7/6/2017	89CEC164916	January 2017 - January 2017	Medical	SC	BUSINESS UNIT 3	Closed	\$189.26	\$0.00	\$0.00	\$189.26
Claimant MO, 11	7/6/2017	89CEC165194	January 2017 - January 2017	Medical	IN	BUSINESS UNIT 4	Closed	\$189.26	\$0.00	\$0.00	\$189.26
Claimant MO, 11	7/6/2017	89CEC165177	January 2017 - January 2017	Medical	IL	BUSINESS UNIT 4	Closed	\$189.26	\$0.00	\$0.00	\$189.26

WC CLAIM REPORTS: LOSS RUN SUMMARY



Shows one line individual claim detail for selected dates.



ICE Demo Client Loss Run Summary

Claim Date From: 1/1/1900 12:00:00 AM To: 3/10/2020 11:59:59 PM As Of Date: 2/29/2020 12:00:00 AM

Claim Number	Claimant	Covg	Claim Type	Date of Loss	Status	Date Closed	Total Paid	Outstanding Reserves	Third Party Recovery	Total Incurred	Total Reimbursement	Net Incurred	
Calendar Year of Loss - 2012													
09C00182780	Claimant, Ind 2	WC	Ind	12/1/2012	Open		\$327,485.72	\$348,884.57	\$0.00	\$076,370.29	\$181.88	\$076,188.43	
09C00183048	Claimant, Ind 2	WC	Ind	12/1/2012	Open		\$327,485.72	\$348,884.57	\$0.00	\$076,370.29	\$181.88	\$076,188.43	
09C00183284	Claimant, Ind 2	WC	Ind	12/1/2012	Open		\$327,485.72	\$348,884.57	\$0.00	\$076,370.29	\$181.88	\$076,188.43	
09C00183791	Claimant, Ind 2	WC	Ind	12/1/2012	Open		\$327,485.72	\$348,884.57	\$0.00	\$076,370.29	\$181.88	\$076,188.43	
09C001852013	Claimant, Ind 2	WC	Ind	12/1/2012	Open		\$327,485.72	\$363,885.57	\$0.00	\$001,271.29	\$181.88	\$001,189.43	
09C00184882	Claimant, Ind 2	WC	Ind	12/1/2012	Open		\$327,485.72	\$348,884.57	\$0.00	\$076,370.29	\$181.88	\$076,188.43	
09C00186281	Claimant, Ind 2	WC	Ind	12/1/2012	Open		\$327,485.72	\$348,884.57	\$0.00	\$076,370.29	\$181.88	\$076,188.43	
09C00185536	Claimant, Ind 2	WC	Ind	12/1/2012	Open		\$327,485.72	\$348,884.57	\$0.00	\$076,370.29	\$181.88	\$076,188.43	
09C00183678	Claimant, Ind 2	WC	Ind	12/1/2012	Open		\$327,485.72	\$348,884.57	\$0.00	\$076,370.29	\$181.88	\$076,188.43	
09C00183833	Claimant, Ind 2	WC	Ind	12/1/2012	Open		\$327,485.72	\$348,884.57	\$0.00	\$076,370.29	\$181.88	\$076,188.43	
09C00186041	Claimant, Ind 2	WC	Ind	12/1/2012	Open		\$327,485.72	\$348,884.57	\$0.00	\$076,370.29	\$181.88	\$076,188.43	
09C00181487	Claimant, Ind 2	WC	Ind	12/1/2012	Open		\$327,485.72	\$348,884.57	\$0.00	\$076,370.29	\$181.88	\$076,188.43	
09C00183489	Claimant, Ind 2	WC	Ind	12/1/2012	Open		\$327,485.72	\$348,884.57	\$0.00	\$076,370.29	\$181.88	\$076,188.43	
09C00184285	Claimant, Ind 2	WC	Ind	12/1/2012	Open		\$327,485.72	\$348,884.57	\$0.00	\$076,370.29	\$181.88	\$076,188.43	
Calendar Year of Loss - 2012 Totals:													
				Open Claims	Closed Claims	Total Claims	Total Occurrences	Total Paid	Outstanding Reserves	Third Party Recovery	Total Incurred	Total Reimbursement	Net Incurred
				14	0	14	14	\$4,584,008.88	\$4,905,364.99	\$0.00	\$9,474,185.08	\$2,548.94	\$9,471,636.14
Calendar Year of Loss - 2013													
09C00182770	Claimant, Ind 1	WC	Ind	10/9/2013	Open		\$17,296.77	\$114,486.28	\$0.00	\$131,783.06	\$0.00	\$131,783.06	
09C00184275	Claimant, Ind 1	WC	Ind	10/9/2013	Open		\$17,296.77	\$84,885.30	\$0.00	\$102,182.07	\$0.00	\$102,182.07	
09C00184882	Claimant, Ind 1	WC	Ind	10/9/2013	Open		\$17,296.77	\$84,887.30	\$0.00	\$102,184.07	\$0.00	\$102,184.07	
09C00185254	Claimant, Ind 1	WC	Ind	10/9/2013	Open		\$17,296.77	\$100.00	\$0.00	\$17,396.77	\$0.00	\$17,396.77	
09C00185781	Claimant, Ind 1	WC	Ind	10/9/2013	Open		\$17,296.77	\$84,885.30	\$0.00	\$102,182.07	\$0.00	\$102,182.07	
09C001852783	Claimant, Ind 1	WC	Ind	10/9/2013	Open		\$17,296.77	\$115,982.38	\$0.00	\$132,980.07	\$0.00	\$132,980.07	
09C00183038	Claimant, Ind 1	WC	Ind	10/9/2013	Open		\$17,296.77	\$0.00	\$0.00	\$17,296.77	\$0.00	\$17,296.77	
09C00186281	Claimant, Ind 1	WC	Ind	10/9/2013	Open		\$17,296.77	\$128,887.30	\$0.00	\$144,184.07	\$0.00	\$144,184.07	
09C00184887	Claimant, Ind 1	WC	Ind	10/9/2013	Open		\$17,296.77	\$86,884.30	\$0.00	\$103,191.07	\$0.00	\$103,191.07	
09C00183688	Claimant, Ind 1	WC	Ind	10/9/2013	Open		\$17,296.77	\$85,885.30	\$0.00	\$111,182.07	\$0.00	\$111,182.07	
09C00185826	Claimant, Ind 1	WC	Ind	10/9/2013	Open		\$17,296.77	\$84,988.30	\$0.00	\$102,333.07	\$0.00	\$102,333.07	
09C00184883	Claimant, Ind 1	WC	Ind	10/9/2013	Open		\$17,296.77	\$84,985.30	\$0.00	\$102,282.07	\$0.00	\$102,282.07	
09C00186031	Claimant, Ind 1	WC	Ind	10/9/2013	Open		\$17,296.77	\$84,885.28	\$0.00	\$102,182.05	\$0.00	\$102,182.05	
09C00183388	Claimant, Ind 1	WC	Ind	10/9/2013	Open		\$17,296.77	\$104,988.30	\$0.00	\$122,285.07	\$0.00	\$122,285.07	
09C00183420	Claimant, Ind 3	WC	Ind	10/26/2013	Closed	1/16/2020	\$46,482.41	\$0.00	\$0.00	\$46,482.41	\$0.00	\$46,482.41	
09C00185547	Claimant, Ind 3	WC	Ind	10/26/2013	Closed	1/16/2020	\$46,482.41	\$0.00	\$0.00	\$46,482.41	\$0.00	\$46,482.41	
09C00185025	Claimant, Ind 3	WC	Ind	10/26/2013	Closed	1/16/2020	\$46,482.41	\$0.00	\$0.00	\$46,482.41	\$0.00	\$46,482.41	
09C00182781	Claimant, Ind 3	WC	Ind	10/26/2013	Closed	1/16/2020	\$46,482.41	\$0.00	\$0.00	\$46,482.41	\$0.00	\$46,482.41	
09C00183832	Claimant, Ind 3	WC	Ind	10/26/2013	Closed	1/16/2020	\$46,482.41	\$0.00	\$0.00	\$46,482.41	\$0.00	\$46,482.41	
09C001852022	Claimant, Ind 3	WC	Ind	10/26/2013	Closed	1/16/2020	\$46,482.41	\$0.00	\$0.00	\$46,482.41	\$0.00	\$46,482.41	
09C00184813	Claimant, Ind 3	WC	Ind	10/26/2013	Closed	1/16/2020	\$46,482.41	\$0.00	\$0.00	\$46,482.41	\$0.00	\$46,482.41	

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Proactive Risk Management and Claims Administration Solutions

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WC CLAIM REPORTS: LOSS RUN SUMMARY BY STATE



Shows one line summary, by state, of losses with current period financial information.

 ICE Demo Client Loss Run Summary by State Claim Date From: 1/1/1900 12:00:00 AM To: 3/10/2020 11:59:59 PM												
	Current Claims		Total Claims			Current Period			Total			
	New	Closed	Open	Closed	Total	Payments	Recoveries	Total Reimbursement	Outs. Reserve	Paid	Net Incurred	Recoveries
AL - Calendar Year:												
1/1/2012 - 12/31/2012	0	0	1	0	1	\$0.00	\$0.00	\$0.00	\$240,004.57	\$227,466.72	\$676,108.43	\$0.00
1/1/2013 - 12/31/2013	0	0	1	3	4	\$0.00	\$0.00	\$0.00	\$114,436.20	\$345,809.10	\$460,005.47	\$0.00
1/1/2014 - 12/31/2014	0	0	3	1	4	\$0.00	\$0.00	\$0.00	\$1,191,008.68	\$548,895.64	\$1,740,402.04	\$303.28
1/1/2016 - 12/31/2016	0	0	2	5	7	\$0.00	\$0.00	\$0.00	\$9,338.54	\$238,244.01	\$294,321.13	\$43,208.42
1/1/2017 - 12/31/2017	0	0	6	16	22	\$0.00	\$0.00	\$0.00	\$613,603.54	\$680,346.93	\$1,392,912.76	\$1,041.71
1/1/2018 - 12/31/2018	0	0	9	17	26	\$0.00	\$0.00	\$0.00	\$277,728.47	\$386,622.04	\$664,352.11	\$0.00
1/1/2019 - 12/31/2019	0	0	10	19	29	\$0.00	\$0.00	\$0.00	\$865,408.58	\$238,861.91	\$885,267.49	\$0.00
AL - State Total	0	0	32	52	84	\$0.00	\$0.00	\$0.00	\$3,822,334.67	\$2,886,896.03	\$6,843,626.43	\$44,953.41
CA - Calendar Year:												
1/1/2012 - 12/31/2012	0	0	1	0	1	\$0.00	\$0.00	\$0.00	\$263,004.57	\$227,466.72	\$681,108.43	\$0.00
1/1/2013 - 12/31/2013	0	0	1	3	4	\$0.00	\$0.00	\$0.00	\$115,643.30	\$345,809.10	\$461,272.48	\$0.00
1/1/2014 - 12/31/2014	0	0	3	1	4	\$0.00	\$0.00	\$0.00	\$1,191,008.68	\$548,895.64	\$1,740,402.04	\$303.28
1/1/2016 - 12/31/2016	0	0	2	5	7	\$0.00	\$0.00	\$0.00	\$9,338.54	\$238,244.01	\$294,321.13	\$43,208.42
1/1/2017 - 12/31/2017	0	0	6	16	22	\$0.00	\$0.00	\$0.00	\$617,634.54	\$680,346.93	\$1,317,343.76	\$1,041.71
1/1/2018 - 12/31/2018	0	0	9	17	26	\$0.00	\$0.00	\$0.00	\$277,728.47	\$386,622.04	\$664,352.11	\$0.00
1/1/2019 - 12/31/2019	0	0	10	19	29	\$0.00	\$0.00	\$0.00	\$865,112.51	\$238,861.91	\$894,974.42	\$0.00
CA - State Total	0	0	32	52	84	\$0.00	\$0.00	\$0.00	\$3,132,698.61	\$2,886,896.03	\$5,733,846.37	\$44,953.41

WC CLAIM REPORTS: LOSS RUN SUMMARY DASHBOARD



Loss run summary with overview graphs.

delivering what matters most. 

Loss Run Prepared Exclusively for
TITLE
Claim Date From: 01/1/1900 12:00:00 AM To: 03/10/2020 11:59:59 PM

PROACTIVE RISK MAN

delivering what matters most. 

Claim Count and Total Incurred by Job Class

Job Class	Claim Count	Total Incurred
9403 - GARBAGE COLLECTION AND DRIVERS	1022	\$2,200,266
8810 - CLERICAL OFFICE EMPLOYEES MOC	56	\$56
7390 - LANDFILL OPERATION	56	\$56
0008 - FARM, DAIRY & DRIVERS	1	\$1,336,932
8389 - AUTO OR TRUCK REPAIR SHOP/GAR	14	\$20,416

TOP 5 Open Claims by Total Incurred

Claim #	DOL	Claimant	Adjuster	Total Incurred
C052877	10/28/2014	Claimant, Ind 6	VOGEL, RACHEL	\$1,012,207.15
C161448	10/28/2014	Claimant, Ind 6	VOGEL, RACHEL	\$1,012,207.15
C162805	10/28/2014	Claimant, Ind 6	VOGEL, RACHEL	\$1,012,207.15
C163071	10/28/2014	Claimant, Ind 6	VOGEL, RACHEL	\$1,012,207.15
C163434	10/28/2014	Claimant, Ind 6	VOGEL, RACHEL	\$1,012,207.15

Claim Count and Total Incurred by Calendar

Year	Claim Count	Total Incurred
Year - 2012	14	\$9,474,185
Year - 2013	56	\$6,019,018
Year - 2014	56	\$24,366,889
Year - 2015	56	\$44,062
Year - 2016	98	\$2,860,406
Year - 2017	308	\$15,362,064
Year - 2018	364	\$9,900,630
Year - 2019	281	\$11,288,485
Year - 2020	1	\$0

Claim Count and Total Incurred by Member

Member	Claim Count	Total Incurred
ICES0004 - BUSINESS UNIT 4	421	\$27,981,908
ICES0003 - BUSINESS UNIT 3	337	\$22,574,195
ICES0002 - BUSINESS UNIT 2	253	\$16,821,993
ICES0001 - BUSINESS UNIT 1	168	\$11,383,922

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WC CLAIM REPORTS: LOSS RUN SUMMARY FOR POWER USER



Shows one line individual claim detail for selected dates.

ICE Demo Client												
Loss Run Summary for Power User												
Claim Date From: 1/1/1900 12:00:00 AM To: 3/10/2020 11:59:59 PM												
Claim Number	Contract	Coverage	Class Type	Date of Loss	Claim Status	Date Closed	Total Paid	Outstanding Reserves	Third Party Recovery	Total Incurred	Total Reimbursement	Not Incurred
0800000788	Claimed No. 1	WC	Med	10/20/11	Open		\$502.40	\$1,430.00	\$0.00	\$1,932.40	\$0.00	\$1,932.40
0800000844	Claimed No. 2	WC	Med	3/18/00	Open		\$1,700.48	\$0.00	\$1,041.71	\$2,888.78	\$0.00	\$2,888.78
0800000927	Claimed No. 3	WC	Med	11/4/00	Closed	1/6/2020	\$1,907.74	\$0.00	\$0.00	\$2,807.74	\$0.00	\$2,807.74
0800001028	Claimed No. 4	WC	Med	11/28/08	Closed	1/6/2020	\$707.75	\$0.00	\$0.00	\$707.75	\$0.00	\$707.75
0800001104	Claimed No. 5	WC	Med	12/13/08	Closed	1/6/2020	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0800001108	Claimed No. 6	WC	Med	1/25/01	Closed	1/6/2020	\$4,900.00	\$0.00	\$0.00	\$4,900.00	\$0.00	\$4,900.00
0800001113	Claimed No. 7	WC	Med	2/16/01	Closed	1/6/2020	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0800001223	Claimed No. 8	WC	Med	3/22/07	Closed	1/6/2020	\$1,100.00	\$0.00	\$0.00	\$1,100.00	\$0.00	\$1,100.00
0800001240	Claimed No. 9	WC	Med	4/12/01	Closed	1/6/2020	\$6,721.24	\$0.00	\$0.00	\$6,721.24	\$0.00	\$6,721.24
0800001247	Claimed No. 10	WC	Med	5/7/00	Closed	1/6/2020	\$668.22	\$0.00	\$0.00	\$668.22	\$0.00	\$668.22
0800001267	Claimed No. 11	WC	Med	8/20/07	Closed	1/6/2020	\$188.28	\$0.00	\$0.00	\$188.28	\$0.00	\$188.28
0800001281	Claimed No. 12	WC	Med	7/6/00	Closed	1/6/2020	\$421.83	\$0.00	\$0.00	\$421.83	\$0.00	\$421.83
0800001284	Claimed No. 13	WC	Med	8/20/07	Closed	1/6/2020	\$2,058.63	\$0.00	\$0.00	\$2,058.63	\$0.00	\$2,058.63
0800001307	Claimed No. 14	WC	Med	9/13/01	Closed	1/6/2020	\$73.40	\$0.00	\$0.00	\$73.40	\$0.00	\$73.40
0800001320	Claimed No. 15	WC	Med	10/18/07	Closed	1/6/2020	\$1,897.67	\$0.00	\$0.00	\$1,897.67	\$0.00	\$1,897.67
1900001304	Claimed No. 16	WC	Med	5/14/00	Open		\$1,136.60	\$0.00	\$0.00	\$1,136.60	\$0.00	\$1,136.60
1900001348	Claimed No. 17	WC	Med	4/28/08	Open		\$222.88	\$2,886.00	\$0.00	\$3,108.88	\$0.00	\$3,108.88
1900001352	Claimed No. 18	WC	Med	11/28/11	Closed	1/6/2020	\$327.80	\$0.00	\$0.00	\$327.80	\$0.00	\$327.80
1900001358	Claimed No. 19	WC	Med	12/20/11	Closed	1/6/2020	\$247.76	\$0.00	\$0.00	\$247.76	\$0.00	\$247.76
1900001369	Claimed No. 20	WC	Med	1/6/09	Closed	1/6/2020	\$2,058.66	\$0.00	\$0.00	\$2,058.66	\$0.00	\$2,058.66
1900001392	Claimed No. 21	WC	Med	2/20/08	Closed	1/6/2020	\$527.22	\$0.00	\$0.00	\$527.22	\$0.00	\$527.22
1900001398	Claimed No. 22	WC	Med	3/1/00	Closed	1/6/2020	\$1,267.91	\$0.00	\$0.00	\$1,267.91	\$0.00	\$1,267.91
1900001411	Claimed No. 23	WC	Med	6/12/08	Closed	1/6/2020	\$417.75	\$0.00	\$0.00	\$417.75	\$0.00	\$417.75
1900001418	Claimed No. 24	WC	Med	3/13/08	Closed	1/6/2020	\$1,312.24	\$0.00	\$0.00	\$1,312.24	\$0.00	\$1,312.24
1900001432	Claimed No. 25	WC	Med	6/14/08	Closed	1/6/2020	\$408.76	\$0.00	\$0.00	\$408.76	\$0.00	\$408.76
1900001443	Claimed No. 26	WC	Med	7/18/08	Closed	1/6/2020	\$1,188.08	\$0.00	\$0.00	\$1,188.08	\$0.00	\$1,188.08
1900001452	Claimed No. 27	WC	Med	8/22/08	Closed	1/6/2020	\$581.37	\$0.00	\$0.00	\$581.37	\$0.00	\$581.37
1900001462	Claimed No. 28	WC	Med	9/4/00	Closed	1/6/2020	\$1,178.96	\$0.00	\$0.00	\$1,178.96	\$0.00	\$1,178.96
1900001473	Claimed No. 29	WC	Med	10/23/08	Closed	1/6/2020	\$438.86	\$0.00	\$0.00	\$438.86	\$0.00	\$438.86
1900001473	Claimed No. 30	WC	Med	10/28/08	Closed	1/6/2020	\$1,238.22	\$0.00	\$0.00	\$1,238.22	\$0.00	\$1,238.22
1100001871	Claimed No. 31	WC	Ind	12/18/18	Open		\$4,874.48	\$10,019.62	\$0.00	\$20,893.50	\$0.00	\$20,893.50
1100001884	Claimed No. 32	WC	Med	12/17/08	Open		\$244.68	\$1,218.00	\$0.00	\$1,734.68	\$0.00	\$1,734.68
1100001704	Claimed No. 33	WC	Med	4/10/00	Open		\$2,201.21	\$3,791.70	\$0.00	\$6,000.00	\$0.00	\$6,000.00
1100001722	Claimed No. 34	WC	Med	6/12/09	Closed	1/6/2020	\$11.80	\$0.00	\$0.00	\$11.80	\$0.00	\$11.80
1100001751	Claimed No. 35	WC	Med	8/7/00	Open		\$18.00	\$0.00	\$0.00	\$18.00	\$0.00	\$18.00
1100001789	Claimed No. 36	WC	Med	8/20/09	Open		\$4,703.08	\$0,078.00	\$0.00	\$9,718.00	\$0.00	\$9,718.00
1100001800	Claimed No. 37	WC	Med	7/11/08	Closed	1/6/2020	\$2,571.41	\$0.00	\$0.00	\$2,571.41	\$0.00	\$2,571.41
1100001803	Claimed No. 38	WC	Med	1/12/00	Closed	1/6/2020	\$449.28	\$0.00	\$0.00	\$449.28	\$0.00	\$449.28
1100001808	Claimed No. 39	WC	Med	1/28/00	Closed	1/6/2020	\$32.18	\$0.00	\$0.00	\$32.18	\$0.00	\$32.18
1100001868	Claimed No. 40	WC	Med	2/6/00	Closed	1/6/2020	\$1,302.78	\$0.00	\$0.00	\$1,302.78	\$0.00	\$1,302.78
1100001877	Claimed No. 41	WC	Med	3/6/00	Closed	1/6/2020	\$038.91	\$0.00	\$0.00	\$038.91	\$0.00	\$038.91
1100001900	Claimed No. 42	WC	Med	3/27/00	Closed	1/6/2020	\$851.22	\$0.00	\$0.00	\$851.22	\$0.00	\$851.22
1100001912	Claimed No. 43	WC	Med	5/27/00	Closed	1/6/2020	\$593.69	\$0.00	\$0.00	\$593.69	\$0.00	\$593.69
1100001922	Claimed No. 44	WC	Med	6/12/09	Closed	1/6/2020	\$171.98	\$0.00	\$0.00	\$171.98	\$0.00	\$171.98
1100001942	Claimed No. 45	WC	Med	7/14/00	Open		\$188.83	\$1,498.00	\$0.00	\$1,894.83	\$0.00	\$1,894.83
0900002768	Claimed, Inc1	WC	Ind	10/18/00	Open		\$17,208.77	\$115,880.30	\$0.00	\$132,969.07	\$0.00	\$132,969.07
0900002813	Claimed, Inc2	WC	Ind	12/1/00	Open		\$27,465.72	\$93,980.67	\$0.00	\$691,371.29	\$191.80	\$691,109.43
0900002832	Claimed, Inc3	WC	Ind	10/26/00	Closed	1/6/2020	\$46,482.41	\$0.00	\$0.00	\$46,482.41	\$0.00	\$46,482.41
0900002849	Claimed, Inc4	WC	Ind	10/26/00	Closed	1/6/2020	\$61,638.61	\$0.00	\$0.00	\$61,638.61	\$0.00	\$61,638.61
0900002862	Claimed, Inc5	WC	Ind	9/4/00	Closed	1/6/2020	\$276,153.17	\$0.00	\$0.00	\$276,153.17	\$0.00	\$276,153.17
0800003817	Claimed, Inc6	WC	Ind	10/28/08	Open		\$188,964.80	\$843,362.23	\$0.00	\$1,012,207.18	\$0.00	\$1,012,207.18
0800003818	Claimed, Inc7	WC	Ind	9/20/04	Open		\$262,440.98	\$262,796.23	\$0.00	\$444,434.18	\$0.00	\$444,434.18
0700003118	Claimed, Inc12	WC	Ind	11/28/08	Open		\$192,424.21	\$95,961.12	\$0.00	\$279,381.23	\$0.00	\$279,381.23
0700003141	Claimed, Inc14	WC	Ind	10/17/08	Closed	1/6/2020	\$882.68	\$0.00	\$383.28	\$468.37	\$0.00	\$468.37
0800003154	Claimed, Inc16	WC	Ind	12/28/08	Open		\$7,108.48	\$9,591.54	\$0.00	\$16,442.00	\$0.00	\$16,442.00

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WC CLAIM REPORTS: LOSS RUN SUMMARY WITH CURRENT PAID



Shows summary of losses with current period financial information.

ICE Demo Client										
Loss Run Summary with Current Paid										
Claim Date From: 1/1/1900 12:00:00 AM To: 3/10/2020 11:59:59 PM										
Calendar Year: 1/1/2012 - 12/31/2012										
	New	Open	Current Closed	Previous Closed	Total	Recovery	CMS Eligible	Vac Rehab		
Claims	0	14	0	0	14	0	0	14		
Incident	0	0	0	0	0					
Medical	0	0	0	0	0					
Indemnity	0	14	0	0	14					
Financial Class	Current Period					Total				
	Total Paid	Total Incurred	Net Incurred	Recovery	Total Reimbursement	Total Paid	Outstanding Reserves	Total Incurred	Net Incurred	Recovery Total Reimbursement
Medical	\$0.00	\$0.00				\$2,283,192.64	\$388,319.43	\$2,671,512.04		
Indemnity	\$0.00	\$0.00				\$1,417,247.18	\$4,180,482.84	\$5,597,729.80		
Body Injury	\$0.00	\$0.00				\$0.00	\$0.00	\$0.00		
Property Damage	\$0.00	\$0.00				\$0.00	\$0.00	\$0.00		
Expense/Legal	\$0.00	\$0.00				\$645,909.08	\$153,083.20	\$798,992.22		
Other	\$0.00	\$0.00				\$0.00	\$0.00	\$0.00		
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,584,900.08	\$4,889,384.98	\$9,474,185.06	\$8,471,830.02	\$0.00
Calendar Year: 1/1/2013 - 12/31/2013										
	New	Open	Current Closed	Previous Closed	Total	Recovery	CMS Eligible	Vac Rehab		
Claims	0	14	0	0	56	0	0	0		
Incident	0	0	0	0	0					
Medical	0	0	0	0	0					
Indemnity	0	14	0	0	56					
Financial Class	Current Period					Total				
	Total Paid	Total Incurred	Net Incurred	Recovery	Total Reimbursement	Total Paid	Outstanding Reserves	Total Incurred	Net Incurred	Recovery Total Reimbursement
Medical	\$0.00	\$0.00				\$1,547,704.70	\$779,385.10	\$2,327,089.80		
Indemnity	\$0.00	\$0.00				\$2,871,842.54	\$217,024.22	\$3,088,866.76		
Body Injury	\$0.00	\$0.00				\$0.00	\$0.00	\$0.00		
Property Damage	\$0.00	\$0.00				\$0.00	\$0.00	\$0.00		
Expense/Legal	\$0.00	\$0.00				\$418,901.28	\$185,080.19	\$603,981.47		
Other	\$0.00	\$0.00				\$0.00	\$0.00	\$0.00		
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,838,528.52	\$1,181,389.57	\$6,019,918.09	\$6,019,918.09	\$0.00

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Proactive Risk Management and Claims Administration Solutions

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WC CLAIM REPORTS: LOSS SUMMARY BY COVERAGE AND PAYMENT CLASS



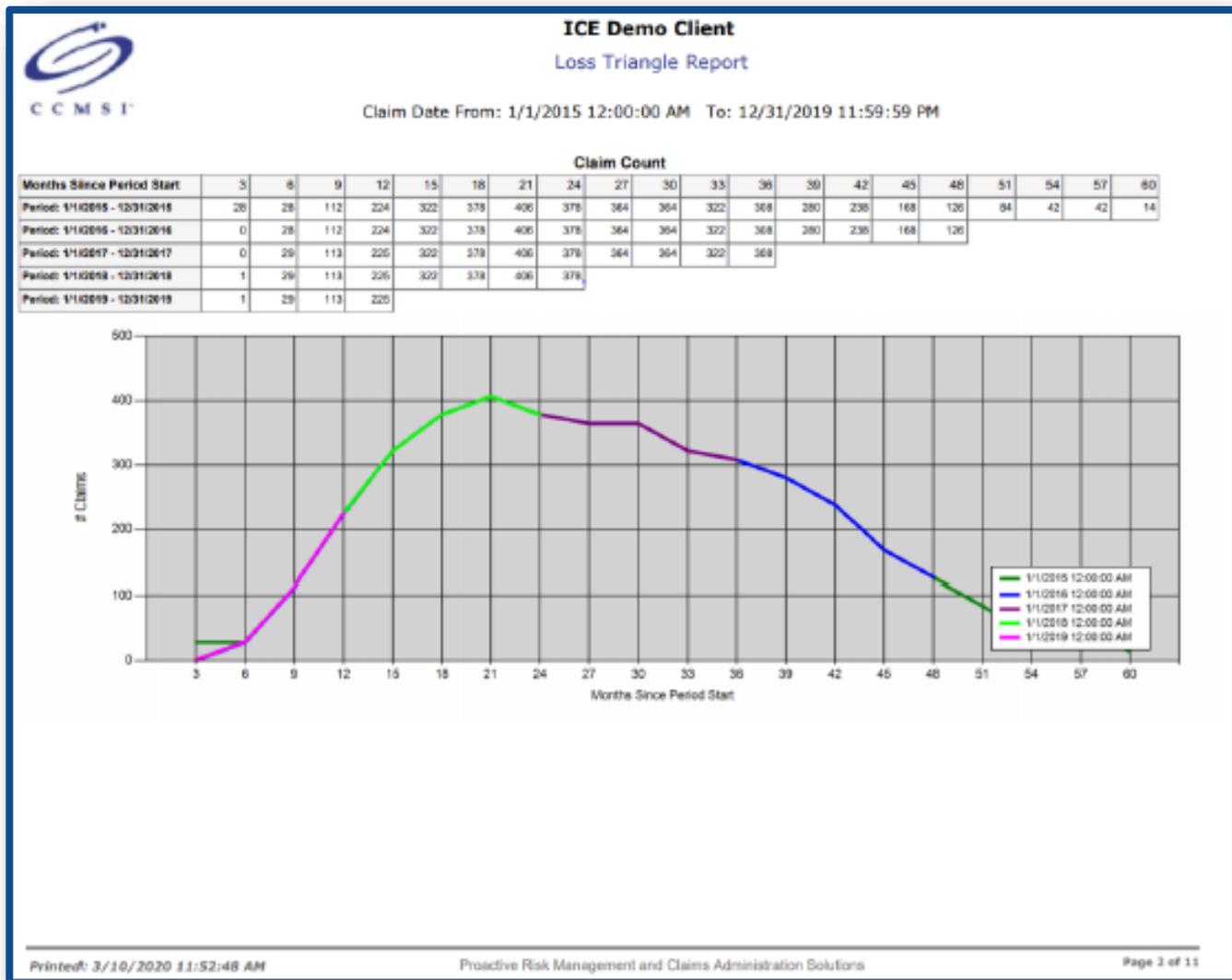
Shows summary of losses by coverage and payment classes.

ICE Demo Client											
Loss Summary By Coverage and Payment Class											
Claim Date From: 1/1/1900 12:00:00 AM To: 3/10/2020 11:59:59 PM											
	Med. Paid Med. Inc.	Ind. Paid Ind. Inc.	Legal Paid Legal Inc.	Bot. Inj. Pd. Bot. Inj. Inc.	Prop. Dam. Pd. Prop. Dam. Inc.	Other Paid Other Inc.	Total Paid Total Inc.	Total Reimbursement Net Incurred	Reserves Out. Reserves	Paid This Period	
Calendar Year: 11/1/2012 - 12/31/2012											
Coverage: WC	\$2,240,192.64	\$1,417,247.16	\$451,328.50	\$0.00	\$0.00	\$0.00	\$4,584,899.99	\$2,546.04	\$0.00		
Total Claims: 14 Open: 14 Closed: 0	\$2,628,512.04	\$5,597,899.80	\$549,058.16	\$0.00	\$0.00	\$0.00	\$8,474,185.00	\$9,471,836.02	\$4,889,384.98	\$7,999.99	
Total for Calendar Year: 11/1/2012 - 12/31/2012											
Total Open: 14 - Total Closed: 0	\$2,240,192.64	\$1,417,247.16	\$451,328.50	\$0.00	\$0.00	\$0.00	\$4,584,899.99	\$2,546.04	\$0.00		
Total Claims: 14	\$2,628,512.04	\$5,597,899.80	\$549,058.16	\$0.00	\$0.00	\$0.00	\$8,474,185.00	\$9,471,836.02	\$4,889,384.98	\$7,999.99	
Calendar Year: 11/1/2013 - 12/31/2013											
Coverage: WC	\$1,547,794.70	\$2,871,842.54	\$292,070.10	\$0.00	\$0.00	\$0.00	\$4,838,528.52	\$0.00	\$0.00		
Total Claims: 56 Open: 14 Closed: 42	\$2,327,059.86	\$3,688,866.76	\$317,073.10	\$0.00	\$0.00	\$0.00	\$6,019,918.09	\$6,019,918.09	\$1,181,389.57	\$0.00	
Total for Calendar Year: 11/1/2013 - 12/31/2013											
Total Open: 14 - Total Closed: 42	\$1,547,794.70	\$2,871,842.54	\$292,070.10	\$0.00	\$0.00	\$0.00	\$4,838,528.52	\$0.00	\$0.00		
Total Claims: 56	\$2,327,059.86	\$3,688,866.76	\$317,073.10	\$0.00	\$0.00	\$0.00	\$6,019,918.09	\$6,019,918.09	\$1,181,389.57	\$0.00	
Calendar Year: 11/1/2014 - 12/31/2014											
Coverage: WC	\$1,896,419.84	\$5,274,217.34	\$278,775.84	\$0.00	\$0.00	\$0.00	\$7,684,399.99	\$0.00	\$5,365.92		
Total Claims: 58 Open: 42 Closed: 14	\$19,870,520.64	\$9,827,565.72	\$728,913.08	\$0.00	\$0.00	\$0.00	\$24,386,888.50	\$24,386,888.50	\$16,667,855.52	\$99,874.22	
Total for Calendar Year: 11/1/2014 - 12/31/2014											
Total Open: 42 - Total Closed: 14	\$1,896,419.84	\$5,274,217.34	\$278,775.84	\$0.00	\$0.00	\$0.00	\$7,684,399.99	\$0.00	\$5,365.92		
Total Claims: 58	\$19,870,520.64	\$9,827,565.72	\$728,913.08	\$0.00	\$0.00	\$0.00	\$24,386,888.50	\$24,386,888.50	\$16,667,855.52	\$99,874.22	
Calendar Year: 11/1/2015 - 12/31/2015											
Coverage: WC	\$27,877.83	\$9,238.84	\$0.00	\$0.00	\$0.00	\$0.00	\$48,849.48	\$0.00	\$0.00		
Total Claims: 1 Open: 1 Closed: 0	\$32,854.61	\$41,220.29	\$0.00	\$0.00	\$0.00	\$0.00	\$89,952.24	\$89,952.24	\$42,462.78	\$81.03	
Total for Calendar Year: 11/1/2015 - 12/31/2015											
Total Open: 1 - Total Closed: 0	\$27,877.83	\$9,238.84	\$0.00	\$0.00	\$0.00	\$0.00	\$48,849.48	\$0.00	\$0.00		
Total Claims: 1	\$32,854.61	\$41,220.29	\$0.00	\$0.00	\$0.00	\$0.00	\$89,952.24	\$89,952.24	\$42,462.78	\$81.03	
Calendar Year: 11/1/2016 - 12/31/2016											
Coverage: WC	\$821,185.40	\$2,182,944.89	\$144,952.64	\$0.00	\$0.00	\$0.00	\$3,335,416.14	\$0.00	\$665,817.88		
Total Claims: 98 Open: 28 Closed: 70	\$821,185.40	\$2,311,944.88	\$150,650.20	\$0.00	\$0.00	\$0.00	\$3,889,495.82	\$2,880,496.82	\$138,867.58	\$0.00	
Total for Calendar Year: 11/1/2016 - 12/31/2016											
Total Open: 28 - Total Closed: 70	\$821,185.40	\$2,182,944.89	\$144,952.64	\$0.00	\$0.00	\$0.00	\$3,335,416.14	\$0.00	\$665,817.88		

WC CLAIM REPORTS: LOSS TRIANGLE REPORT



Shows losses for a certain period at various, regular valuation dates.



WC CLAIM REPORTS: MONTHLY DIFFERENCE REPORT EXPANDED



Report show differences in all incurred, reserved, and paid amounts from the prior to the current month.

Claimed Name	Member Name		Status				Claim Number	Date of Loss	Now Claim This Month
	Total Paid EDM (Current)	Total Paid EDM (Prev)	Difference Total Paid	Total Outstanding Res EDM (Current)	Total Outstanding Res EDM (Prev)	Difference Total Outstanding Res	Total Incurred EDM (Current)	Total Incurred EDM (Prev)	Difference Total Incurred
Coverage: WG									
12/28/2019									
EXPENSE	\$324.30	\$228.30	\$96.00	\$625.78	\$721.70	(\$96.00)	\$590.00	\$590.00	\$0.00
MEDICAL	\$1,687.25	\$132.78	\$1,554.47	\$3,492.78	\$4,967.22	(\$1,474.47)	\$5,193.00	\$5,193.00	\$0.00
Claim Totals:	\$1,991.55	\$361.08	\$1,630.47	\$4,118.56	\$5,688.92	(\$1,578.47)	\$5,690.00	\$5,690.00	\$0.00
10/14/2019									
EXPENSE	\$1,482.80	\$618.83	\$864.00	\$219.86	\$1,899.00	(\$864.00)	\$1,112.30	\$1,112.30	\$0.00
IND TTD	\$17,478.24	\$13,084.24	\$4,394.00	\$970.78	\$1,841.78	(\$871.00)	\$15,449.00	\$15,536.30	\$2,913.00
MEDICAL	\$5,487.70	\$4,780.33	\$707.48	\$992.21	\$1,239.67	(\$247.46)	\$6,093.00	\$6,093.00	\$0.00
Claim Totals:	\$24,378.83	\$18,673.37	\$5,705.48	\$1,782.47	\$4,274.00	(\$2,492.46)	\$25,181.30	\$23,248.30	\$2,913.00
10/8/2019									
EXPENSE	\$275.30	\$267.30	\$8.00	\$0.00	\$0.00	\$0.00	\$275.30	\$267.30	\$8.00
MEDICAL	\$2,149.89	\$2,149.89	\$0.00	\$0.00	\$0.00	\$0.00	\$2,149.89	\$2,149.89	\$0.00
Claim Totals:	\$2,425.19	\$2,417.19	\$8.00	\$0.00	\$0.00	\$0.00	\$2,425.19	\$2,417.19	\$8.00
11/7/2019									
EXPENSE	\$238.30	\$238.30	\$0.00	\$0.00	\$363.70	(\$363.70)	\$238.30	\$666.00	(\$363.70)
MEDICAL	\$481.70	\$481.70	\$0.00	\$0.00	\$1,018.24	(\$1,018.24)	\$481.70	\$1,566.30	(\$1,018.24)
Claim Totals:	\$718.00	\$718.00	\$0.00	\$0.00	\$1,381.94	(\$1,381.94)	\$718.00	\$2,166.30	(\$1,381.94)
12/17/2019									
EXPENSE	\$317.30	\$245.33	\$72.00	\$196.00	\$267.00	(\$72.00)	\$512.30	\$512.30	\$0.00
IND TTD	\$968.88	\$968.88	\$0.00	\$1,402.18	\$1,402.18	\$0.00	\$1,963.04	\$1,963.04	\$0.00
MEDICAL	\$1,235.91	\$198.73	\$1,037.18	\$1,794.08	\$2,803.27	(\$1,009.19)	\$3,093.00	\$3,093.00	\$0.00
Claim Totals:	\$2,114.09	\$1,062.91	\$1,111.18	\$3,391.26	\$4,472.45	(\$1,111.19)	\$5,475.34	\$5,475.34	\$0.00
12/2/2019									
EXPENSE	\$244.30	\$228.30	\$16.00	\$0.00	\$0.00	\$0.00	\$244.30	\$228.30	\$16.00
MEDICAL	\$679.46	\$45.05	\$634.41	\$0.00	\$0.00	\$0.00	\$679.46	\$45.05	\$634.41
Claim Totals:	\$923.76	\$273.35	\$650.41	\$0.00	\$0.00	\$0.00	\$923.76	\$273.35	\$650.41
10/31/2019									
EXPENSE	\$890.30	\$368.30	\$522.00	\$2,209.78	\$299.70	\$1,890.00	\$3,190.00	\$666.00	\$2,500.00
IND TTD	\$2,218.42	\$2,218.42	\$0.00	\$9,432.58	\$9,432.58	\$0.00	\$11,852.00	\$11,852.00	\$0.00
MEDICAL	\$2,088.82	\$719.36	\$1,369.46	\$5,911.18	\$789.64	\$3,121.54	\$6,093.00	\$1,566.30	\$4,500.00
Claim Totals:	\$5,197.54	\$3,295.98	\$1,901.56	\$15,552.44	\$19,521.90	(\$3,969.46)	\$20,735.00	\$13,752.30	\$7,000.00

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WC CLAIM REPORTS: MULTI YEAR LOSS COMPARISON



Compare loss for multiple years.

Calendar Year	As of Date	Total Incurred	AVG Cost Claim	Number of Claims
01/01/2017 - 12/31/2017	2/29/2017	\$0.00	\$0.00	0
01/01/2016 - 12/31/2016	2/29/2016	\$0.00	\$0.00	0
01/01/2015 - 12/31/2015	2/29/2015	\$0.00	\$0.00	0
01/01/2014 - 12/31/2014	2/29/2014	\$0.00	\$0.00	0
01/01/2013 - 12/31/2013	2/29/2013	\$0.00	\$0.00	0
01/01/2012 - 12/31/2012	2/29/2012	\$0.00	\$0.00	0
01/01/2011 - 12/31/2011	2/29/2011	\$0.00	\$0.00	0
01/01/2010 - 12/31/2010	2/29/2010	\$0.00	\$0.00	0

WC CLAIM REPORTS: OCCURRENCE LOSS REPORT



Shows claims grouped by occurrence.

Comp	Name	Date of Loss	Claim #	Date Closed	Status	Type	Total Paid	Outstanding Reserves	Third Party Recovery	Total Incurred	Total Reimbursement	Total Not Incurred
 <div style="text-align: center;"> ICE Demo Client Occurrence Loss Report Claim Date From: 1/1/1900 12:00:00 AM To: 3/10/2020 11:59:59 PM </div>												
Agency : ICE0001 - BUSINESS UNIT 1 1700												
Occurrence#: << Claims with No Assigned Occurrence Number >>												
WC	Claimant MO, 1	7/24/2017	09ICEC050789		Open	Med	\$262.45	\$1,400.00	\$0.00	\$1,662.45	\$0.00	\$1,662.45
WC	Claimant MO, 6	1/25/2017	09ICEC051208	1/18/2020	Closed	Med	\$4,960.67	\$0.00	\$0.00	\$4,960.67	\$0.00	\$4,960.67
WC	Claimant MO, 17	4/28/2018	10ICEC051348		Open	Med	\$222.58	\$2,800.00	\$0.00	\$3,022.58	\$0.00	\$3,022.58
WC	Claimant, Ind 22	10/21/2017	09ICEC053208		Open	Ind	\$133,995.56	\$102,061.14	\$0.00	\$296,056.70	\$0.00	\$296,056.70
WC	Claimant, Ind 29	6/4/2018	10ICEC053493		Open	Ind	\$22,572.67	\$73,092.48	\$0.00	\$95,665.35	\$0.00	\$95,665.35
WC	Claimant, Ind 36	5/9/2019	11ICEC161436		Open	Ind	\$44,534.56	\$36,387.19	\$0.00	\$80,921.75	\$0.00	\$80,921.75
WC	Claimant, Ind 42	2/28/2019	11ICEC161443	1/18/2020	Closed	Ind	\$14,285.55	\$0.00	\$0.00	\$14,285.55	\$0.00	\$14,285.55
WC	Claimant MO, 24	5/15/2018	10ICEC161468	1/18/2020	Closed	Med	\$1,512.24	\$0.00	\$0.00	\$1,512.24	\$0.00	\$1,512.24
WC	Claimant MO, 34	6/11/2019	11ICEC161479	1/18/2020	Closed	Med	\$11.00	\$0.00	\$0.00	\$11.00	\$0.00	\$11.00
WC	Claimant MO, 40	2/8/2019	11ICEC161486	1/18/2020	Closed	Med	\$1,392.76	\$0.00	\$0.00	\$1,392.76	\$0.00	\$1,392.76
WC	Claimant MO, 6	1/25/2017	09ICEC161493	1/18/2020	Closed	Med	\$4,960.67	\$0.00	\$0.00	\$4,960.67	\$0.00	\$4,960.67
WC	Claimant MO, 8	3/22/2017	09ICEC161495	1/18/2020	Closed	Med	\$2,103.30	\$0.00	\$0.00	\$2,103.30	\$0.00	\$2,103.30
WC	Claimant MO, 14	9/13/2017	09ICEC161509	1/18/2020	Closed	Med	\$73.42	\$0.00	\$0.00	\$73.42	\$0.00	\$73.42
WC	Claimant, Ind 39	9/8/2019	11ICEC161518		Open	Ind	\$15,407.64	\$116,479.48	\$0.00	\$131,977.10	\$0.00	\$131,977.10
WC	Claimant, Ind 40	11/14/2018	11ICEC161520		Open	Ind	\$35,109.61	\$23,846.79	\$0.00	\$58,956.31	\$0.00	\$58,956.31
WC	Claimant MO, 7	2/14/2017	09ICEC051213	1/18/2020	Closed	Med	\$82.00	\$0.00	\$0.00	\$82.00	\$0.00	\$82.00
WC	Claimant MO, 14	9/13/2017	09ICEC051307	1/18/2020	Closed	Med	\$73.42	\$0.00	\$0.00	\$73.42	\$0.00	\$73.42
WC	Claimant MO, 16	5/14/2018	10ICEC051334		Open	Med	\$1,136.62	\$0.00	\$0.00	\$1,136.62	\$0.00	\$1,136.62
WC	Claimant MO, 32	12/17/2018	11ICEC051694		Open	Med	\$524.68	\$1,210.00	\$0.00	\$1,734.68	\$0.00	\$1,734.68
WC	Claimant MO, 34	6/11/2019	11ICEC051722	1/18/2020	Closed	Med	\$11.00	\$0.00	\$0.00	\$11.00	\$0.00	\$11.00
WC	Claimant, Ind 5	9/4/2013	05ICEC052062	1/18/2020	Closed	Ind	\$216,153.17	\$0.00	\$0.00	\$216,153.17	\$0.00	\$216,153.17
WC	Claimant, Ind 12	11/28/2014	07ICEC063118		Open	Ind	\$193,424.21	\$65,957.12	\$0.00	\$279,381.33	\$0.00	\$279,381.33
WC	Claimant, Ind 22	10/21/2017	09ICEC161421		Open	Ind	\$133,995.56	\$102,026.14	\$0.00	\$296,021.70	\$0.00	\$296,021.70
WC	Claimant, Ind 29	6/4/2018	10ICEC161428		Open	Ind	\$22,572.67	\$73,092.48	\$0.00	\$95,665.35	\$0.00	\$95,665.35

WC CLAIM REPORTS: PENALTIES AND INTEREST REIMBURSABLE



Shows claims and one line for each profit and loss reimbursable amount.

Claim Number	Claimant Name	Date of Loss	Adjuster	Status	Coverage	Date	Payment Class	Amount	Outstanding Recovery Amount
Carrier: Safety National Group									
		9/17/2019		Closed	WC	10/00/2019	IND.PTD	\$0.05	\$0.05
		8/22/2019		Open	WC	12/17/2019	IND.TTD	\$0.11	\$0.11
		10/14/2019		Open	WC	1/23/2020	IND.TTD	\$0.27	\$0.27
Total Allocation for Carrier: Safety National Group								\$0.43	\$0.43
Total Allocation for all Carriers:								\$0.43	\$0.43

WC CLAIM REPORTS: REPEATER REPORT



Report displays claimants with multiple claims.

Claim Number	Claimant	Class	Claim Type	Date of Loss	Status	Total Paid	Outstanding Reserves	Third Party Recovery	Total Incurred
<div style="text-align: center;"> ICE Demo Client Repeater Report Claim Date From: 1/1/1900 12:00:00 AM To: 3/10/2020 11:59:59 PM </div>									
Member Name : BUSINESS UNIT 1 1789; Claimant Social Security Number : ***-**-1882									
06CEC052813	Claimant, Ind 2	WC	Ind	12/21/2012	Open	\$327,485.72	\$353,885.57	\$0.00	\$681,371.29
EE slipped off the rear rider, injured knee									
06CEC161497	Claimant, Ind 2	WC	Ind	12/21/2012	Open	\$327,485.72	\$348,884.57	\$0.00	\$676,370.29
EE slipped off the rear rider, injured knee									
# Claims: 2						\$654,971.44	\$702,770.14	\$0.00	\$1,357,741.58
Member Name : BUSINESS UNIT 1 1789; Claimant Social Security Number : ***-**-8098									
06CEC052862	Claimant, Ind 5	WC	Ind	9/4/2013	Closed	\$216,153.17	\$0.00	\$0.00	\$216,153.17
Truck rolled with employee inside									
06CEC161447	Claimant, Ind 5	WC	Ind	9/4/2013	Closed	\$216,153.17	\$0.00	\$0.00	\$216,153.17
Truck rolled with employee inside									
# Claims: 2						\$432,306.34	\$0.00	\$0.00	\$432,306.34
Member Name : BUSINESS UNIT 1 1789; Claimant Social Security Number : ***-**-6482									
06CEC052793	Claimant, Ind 1	WC	Med	10/19/2013	Open	\$17,296.77	\$115,663.30	\$0.00	\$132,960.07
Employee fall from ladder on side of truck									
06CEC161407	Claimant, Ind 1	WC	Ind	10/19/2013	Open	\$17,296.77	\$95,894.30	\$0.00	\$113,191.07
Employee fall from ladder on side of truck									
# Claims: 2						\$34,593.54	\$211,557.60	\$0.00	\$246,151.14
Member Name : BUSINESS UNIT 1 1789; Claimant Social Security Number : ***-**-2076									
06CEC052849	Claimant, Ind 4	WC	Ind	10/23/2013	Closed	\$65,696.83	\$0.00	\$0.00	\$65,696.83
Moving can hurt right leg									
06CEC161519	Claimant, Ind 4	WC	Ind	10/23/2013	Closed	\$65,696.83	\$0.00	\$0.00	\$65,696.83
Moving can hurt right leg									
# Claims: 2						\$131,393.66	\$0.00	\$0.00	\$131,393.66
Member Name : BUSINESS UNIT 1 1789; Claimant Social Security Number : ***-**-3581									
06CEC052832	Claimant, Ind 3	WC	Ind	10/29/2013	Closed	\$46,462.41	\$0.00	\$0.00	\$46,462.41
Pushing cart, lost balance, fell & broke rt ankle									
06CEC161429	Claimant, Ind 3	WC	Ind	10/29/2013	Closed	\$46,462.41	\$0.00	\$0.00	\$46,462.41
Pushing cart, lost balance, fell & broke rt ankle									
# Claims: 2						\$92,924.82	\$0.00	\$0.00	\$92,924.82
Printed: 3/10/2020 12:22:33 PM Proactive Risk Management and Claims Administration Solutions Page 3 of 119									

WC CLAIM REPORTS: RESERVE CHANGE REPORT



Shows reserve change amounts and corresponding change comments.

 ICE Demo Client Reserve Change Report Claim Date From: 1/1/1900 12:00:00 AM To: 3/10/2020 11:59:59 PM										
Claim Number	Claimant	Adjuster	Date of loss	Reserve Comment	Class	Status	Covg	Change Date	Amount	
05ICEC062793										
05ICEC062793	Claimant, Ind 1	VOGEL, RACHEL	10/19/2013	test test test	EXPENSE	Open	WC	2/22/2020	\$5,001.00	
05ICEC062793										
Totals As of 02/28/2020:		Paid: \$17,298.77	Out. Reserve: \$115,663.30	Tot. Incurred: \$132,960.67	Reserve Change:		\$5,001.00			
05ICEC161407										
05ICEC161407	Claimant, Ind 1	VOGEL, RACHEL	10/19/2013	testaefed	LEGAL	Open	WC	2/24/2020	\$6,000.00	
05ICEC161407	Claimant, Ind 1	VOGEL, RACHEL	10/19/2013	testc	IND.LEGAL	Open	WC	2/24/2020	\$3.00	
05ICEC161487										
Totals As of 02/28/2020:		Paid: \$17,298.77	Out. Reserve: \$95,894.30	Tot. Incurred: \$113,191.67	Reserve Change:		\$6,003.00			
05ICEC162770										
05ICEC162770	Claimant, Ind 1	VOGEL, RACHEL	10/19/2013	test	EXPENSE	Open	WC	2/28/2020	\$5,001.00	
05ICEC162770	Claimant, Ind 1	VOGEL, RACHEL	10/19/2013	test 2	EXPENSE	Open	WC	2/28/2020	\$4,999.99	
05ICEC162770										
Totals As of 02/28/2020:		Paid: \$17,298.77	Out. Reserve: \$114,466.29	Tot. Incurred: \$131,783.66	Reserve Change:		\$10,000.99			
05ICEC163036										
05ICEC163036	Claimant, Ind 1	VOGEL, RACHEL	10/19/2013	Claim Closed	EXPENSE	Open	WC	2/13/2020	\$0.00	
05ICEC163036	Claimant, Ind 1	VOGEL, RACHEL	10/19/2013	Claim Closed	IND.PFD	Open	WC	2/13/2020	\$0.00	
05ICEC163036	Claimant, Ind 1	VOGEL, RACHEL	10/19/2013	Claim Closed	IND.TTD	Open	WC	2/13/2020	\$0.00	
05ICEC163036	Claimant, Ind 1	VOGEL, RACHEL	10/19/2013	Claim Closed	MEDICAL	Open	WC	2/13/2020	\$0.00	
05ICEC163036	Claimant, Ind 1	VOGEL, RACHEL	10/19/2013	Claim Closed	IND.SEB	Open	WC	2/13/2020	\$0.00	
05ICEC163036	Claimant, Ind 1	VOGEL, RACHEL	10/19/2013	Claim Closed	IND.TPD	Open	WC	2/13/2020	\$0.00	
05ICEC163036	Claimant, Ind 1	VOGEL, RACHEL	10/19/2013	Claim Closed	LEGAL	Open	WC	2/13/2020	\$0.00	
05ICEC163036	Claimant, Ind 1	VOGEL, RACHEL	10/19/2013	Claim Closed	EXPENSE	Open	WC	2/19/2020	(\$13,851.85)	
05ICEC163036	Claimant, Ind 1	VOGEL, RACHEL	10/19/2013	Claim Closed	IND.PFD	Open	WC	2/19/2020	(\$16,610.00)	
05ICEC163036	Claimant, Ind 1	VOGEL, RACHEL	10/19/2013	Claim Closed	IND.TTD	Open	WC	2/19/2020	(\$0.02)	
05ICEC163036	Claimant, Ind 1	VOGEL, RACHEL	10/19/2013	Claim Closed	MEDICAL	Open	WC	2/19/2020	(\$85,325.43)	

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WC CLAIM REPORTS: SERVICE COMMITMENT REPORT



Best practice exceptions.

Adjuster	Supervisor	Claim #	Claimant	Date Inpt/Date Received Date	Employee Contact	Employer Contact	Medical Contact	Initial Reserve	Initial Action Plan	Initial Supervisor Note Date	Investigation Date	Initial Note Date	Employee Contact Comment	Employer Contact Comment	Medical Contact Comment
BLANEY, STEPHANIE															
BLANEY, STEPHANIE	BLANEY, STEPHANIE	C15484	Clamant, Ina21	8/7/2017	1/10/2018	1/10/2018	1/10/2018	8/1/2017	1/10/2018	1/10/2018	1/10/2018	1/10/2018	No number for claimant provided	Email to client contact	No indication claimant sought treatment
BLANEY, STEPHANIE Exception Totals:															
#Employee Contact	#Employer Contact	#Medical Contact	#Initial Reserve	#Initial Action Plan	#Initial Supervisor Note	#Investigation Date	#Initial Note								

WC CLAIM REPORTS: SUMMARY LOSS BY CLASS



Shows worker's compensation type loss information by class.

ICE Demo Client										
Summary Loss by Class - Workers Compensation										
Claim Date From: 1/1/1900 12:00:00 AM To: 3/10/2020 11:59:59 PM										
Policy Number	TTD Paid	PPD Paid	Ind Other Pd	Medical Paid	Legal Paid	Other Paid	Total Paid	Total Reimbursement	Recovery	
	TTD Incr	PPD Incr	Ind Other Incr	Medical Incurred	Legal Incr	Other Incr	Total Incurred	Net Incurred	Out Rate	
Totals: WORKERS COMP										
WC2012 - Policy Period 01/01/2012 - 12/31/2012 Claims: 14 Open: 14										
	\$1,417,247.95	\$0.00	\$0.00	\$2,246,192.64	\$41,339.90	\$476,031.76	\$4,984,809.98	\$2,340.04	\$0.00	
	\$1,677,888.80	\$0.00	\$3,026,000.00	\$2,628,512.04	\$549,668.76	\$998,915.96	\$9,474,195.06	\$2,471,630.02	\$4,883,384.06	
WC2013 - Policy Period 01/01/2013 - 12/31/2013 Claims: 64 Open: 14										
	\$691,367.72	\$344,368.22	\$1,264,421.48	\$1,821,827.80	\$262,070.10	\$129,960.98	\$4,943,157.38	\$0.00	\$0.00	
	\$701,948.94	\$243,788.22	\$1,571,444.48	\$2,406,332.96	\$317,073.10	\$289,954.27	\$6,124,546.95	\$6,124,546.95	\$1,181,388.27	
WC2014 - Policy Period 01/01/2014 - 12/31/2014 Claims: 70 Open: 42										
	\$4,914,375.00	\$283,768.00	\$18,370.92	\$1,210,346.04	\$276,775.84	\$235,094.94	\$7,741,831.30	\$0.00	\$5,280.00	
	\$4,903,266.44	\$973,729.90	\$2,991,276.62	\$76,867,447.34	\$726,913.66	\$2,949,864.94	\$24,024,320.90	\$24,424,320.96	\$16,697,969.62	
WC2015 - Policy Period 01/01/2015 - 12/31/2015 Claims: 62 Open: 14										
	\$157,812.34	\$0.00	\$0.00	\$454,482.28	\$3.00	\$143,568.50	\$752,693.28	\$0.00	\$0.00	
	\$157,824.26	\$161,271.80	\$0.00	\$528,357.28	\$9.00	\$285,002.90	\$993,376.34	\$993,376.34	\$240,082.14	
WC2016 - Policy Period 01/01/2016 - 12/31/2016 Claims: 58 Open: 28										
	\$446,266.40	\$191,768.00	\$1,498,644.48	\$621,785.40	\$144,862.64	\$178,333.22	\$3,336,416.14	\$0.00	\$495,617.66	
	\$446,266.40	\$191,768.00	\$1,574,684.48	\$621,785.40	\$166,683.20	\$178,333.22	\$2,869,496.82	\$2,869,496.82	\$193,067.66	
WC2017 - Policy Period 01/01/2017 - 12/31/2017 Claims: 306 Open: 83										
	\$2,922,638.32	\$269,384.00	\$0.00	\$4,073,699.52	\$196,079.10	\$685,222.99	\$5,124,913.32	\$0.00	\$14,563.24	
	\$4,188,838.70	\$3,067,869.84	\$173,706.60	\$6,316,892.06	\$591,284.34	\$1,427,821.82	\$15,562,063.88	\$15,362,563.88	\$7,251,734.06	
WC2017 - Policy Period 01/01/2018 - 12/31/2018 Claims: 865 Open: 126										
	\$1,275,614.20	\$1,067,363.70	\$28,336.72	\$2,474,332.68	\$42,225.84	\$266,864.90	\$5,612,716.64	\$0.00	\$0.00	
	\$1,513,202.24	\$2,218,048.94	\$128,336.72	\$4,939,812.18	\$184,025.94	\$1,174,245.10	\$9,309,629.34	\$9,309,629.34	\$3,685,212.98	
WC2018 - Policy Period 01/01/2019 - 12/31/2019 Claims: 280 Open: 141										
	\$957,816.24	\$279,214.40	\$791,430.00	\$1,894,446.96	\$48,770.82	\$473,768.44	\$3,344,666.74	\$0.00	\$0.00	
	\$1,665,832.94	\$1,739,664.64	\$714,462.64	\$5,264,118.96	\$296,706.90	\$1,302,717.20	\$11,266,464.70	\$11,266,464.70	\$7,944,616.08	
WC2019 - Policy Period 01/01/2020 - 12/31/2020 Claims: 23 Open: 2										
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	\$12,282,363.34	\$2,779,716.40	\$3,883,782.88	\$16,262,084.04	\$1,454,292.94	\$2,881,444.02	\$38,339,694.82	\$2,548.04	\$426,967.74	
	\$17,861,972.72	\$8,624,812.82	\$10,771,617.66	\$32,756,088.06	\$2,793,711.35	\$8,241,787.71	\$79,828,462.38	\$79,828,866.24	\$42,214,376.20	

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WC CLAIM REPORTS: SUMMARY LOSS REPORT MULTI LINE



Shows all data at a summary level.

 ICE Demo Client Summary Loss Report Multi Line Claim Date From: 1/1/1900 12:00:00 AM To: 3/10/2020 11:59:59 PM									
Coverage	# of Claims	# Open Claims	Out. Reserve	Total Paid	Recovered	Total Incurred	Total Reimbursement	Net Incurred	
Policy Period: 1/1/2013-12/31/2013									
WC	70	28	\$6,070,774.55	\$9,423,326.60	\$0.00	\$15,494,183.15	\$2,546.04	\$15,491,637.11	
Policy Period: 1/1/2013-12/31/2013 Totals:									
	70	28	\$6,070,774.55	\$9,423,326.60	\$0.00	\$15,494,183.15	\$2,546.04	\$15,491,637.11	
Policy Period: 1/1/2014-12/31/2014									
WC	86	42	\$16,687,858.52	\$7,684,398.96	\$5,365.00	\$24,366,888.56	\$0.00	\$24,366,888.56	
Policy Period: 1/1/2014-12/31/2014 Totals:									
	86	42	\$16,687,858.52	\$7,684,398.96	\$5,365.00	\$24,366,888.56	\$0.00	\$24,366,888.56	
Policy Period: 1/1/2015-12/31/2015									
WC	1	1	\$42,402.76	\$46,849.48	\$0.00	\$89,052.24	\$0.00	\$89,052.24	
Policy Period: 1/1/2015-12/31/2015 Totals:									
	1	1	\$42,402.76	\$46,849.48	\$0.00	\$89,052.24	\$0.00	\$89,052.24	
Policy Period: 1/1/2016-12/31/2016									
WC	64	28	\$130,697.56	\$3,328,269.56	\$605,617.86	\$2,853,349.24	\$0.00	\$2,853,349.24	
Policy Period: 1/1/2016-12/31/2016 Totals:									
	64	28	\$130,697.56	\$3,328,269.56	\$605,617.86	\$2,853,349.24	\$0.00	\$2,853,349.24	
Policy Period: 1/1/2017-12/31/2017									
WC	250	89	\$3,635,974.62	\$4,288,896.42	\$14,583.94	\$8,111,689.10	\$0.00	\$8,111,689.10	
Policy Period: 1/1/2017-12/31/2017 Totals:									
	250	89	\$3,635,974.62	\$4,288,896.42	\$14,583.94	\$8,111,689.10	\$0.00	\$8,111,689.10	
Policy Period: 1/1/2018-12/31/2018									
WC	364	112	\$7,062,768.48	\$9,021,707.86	\$0.00	\$18,084,534.34	\$0.00	\$18,084,534.34	
Policy Period: 1/1/2018-12/31/2018 Totals:									
	364	112	\$7,062,768.48	\$9,021,707.86	\$0.00	\$18,084,534.34	\$0.00	\$18,084,534.34	
Policy Period: 1/1/2019-12/31/2019									
WC	323	189	\$6,185,624.33	\$3,577,377.00	\$0.00	\$11,763,001.33	\$0.00	\$11,763,001.33	
Policy Period: 1/1/2019-12/31/2019 Totals:									
	323	189	\$6,185,624.33	\$3,577,377.00	\$0.00	\$11,763,001.33	\$0.00	\$11,763,001.33	
Policy Period: 1/1/2020-12/31/2020									
WC	1	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Policy Period: 1/1/2020-12/31/2020 Totals:									
	1	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	

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Proactive Risk Management and Claims Administration Solutions

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WC CLAIM REPORTS: SUMMARY LOSS REPORT WC



Shows how claims are progressing from year to year or period to period.

ICE Demo Client									
Summary Loss Report WC									
Claim Date From: 1/1/1900 12:00:00 AM To: 3/10/2020 11:59:59 PM									
COVERAGE CODE: WC									
STATE OF JURISDICTION: AL									
POLICY PERIOD: 1/1/2013 - 12/31/2013									
	Claims	Incident	Medical	Indemnity	Type of Expense	Current Total Paid	Total Paid	Outstanding Reserve	Total Incurred
NEW:	0	0	0	0	MEDICAL	\$270,569.81	\$270,569.81	\$92,182.53	\$362,732.34
OPEN:	2	0	0	2	INDEMNITY	\$306,363.55	\$306,363.55	\$320,613.78	\$627,177.33
CURR CLOSED:	3	0	0	3	EXPENSE/LEGAL	\$76,662.66	\$76,662.66	\$38,482.43	\$114,556.09
TOTAL:	5	0	0	5	VOC RHAB	\$20,897.66	\$20,897.66	\$11,903.12	\$32,000.00
RECOVERY:	0				OTHER	\$0.00	\$0.00	\$0.00	\$0.00
REHAB:	1				RECOVERY		\$0.00		\$0.00
					TOTAL INCURRED				\$1,136,465.76
					TOTAL REBURSEMENT				\$181.86
					NET INCURRED				\$1,136,283.90
					TOTAL	\$673,694.00	\$673,694.00	\$463,370.86	
POLICY PERIOD: 1/1/2014 - 12/31/2014									
	Claims	Incident	Medical	Indemnity	Type of Expense	Current Total Paid	Total Paid	Outstanding Reserve	Total Incurred
NEW:	0	0	0	0	MEDICAL	\$135,458.56	\$135,458.56	\$641,007.20	\$776,465.76
OPEN:	3	0	0	3	INDEMNITY	\$376,729.81	\$376,729.81	\$325,238.17	\$701,968.96
CURR CLOSED:	1	0	0	1	EXPENSE/LEGAL	\$36,596.77	\$36,596.77	\$219,743.31	\$256,340.06
TOTAL:	4	0	0	4	VOC RHAB	\$1,100.50	\$1,100.50	\$6,000.00	\$7,100.50
RECOVERY:	1				OTHER	\$0.00	\$0.00	\$0.00	\$0.00
REHAB:	1				RECOVERY		\$383.28		\$383.28
					TOTAL INCURRED				\$1,740,482.04
					TOTAL REBURSEMENT				\$0.00
					NET INCURRED				\$1,740,482.04
					TOTAL	\$548,885.64	\$548,885.64	\$1,191,989.68	
POLICY PERIOD: 1/1/2015 - 12/31/2016									
	Claims	Incident	Medical	Indemnity	Type of Expense	Current Total Paid	Total Paid	Outstanding Reserve	Total Incurred
NEW:	0	0	0	0	MEDICAL	\$58,267.05	\$58,267.05	\$0.00	\$58,267.05
OPEN:	2	0	0	2	INDEMNITY	\$156,638.92	\$156,638.92	\$6,590.00	\$163,238.92
CURR CLOSED:	4	0	1	3	EXPENSE/LEGAL	\$22,827.57	\$22,827.57	\$835.54	\$23,663.11
TOTAL:	6	0	1	5	VOC RHAB	\$0.00	\$0.00	\$0.00	\$0.00
RECOVERY:	1				OTHER	\$0.00	\$0.00	\$0.00	\$0.00
REHAB:	0				RECOVERY		\$43,258.42		\$43,258.42
					TOTAL INCURRED				\$203,810.66
					TOTAL REBURSEMENT				\$0.00
					NET INCURRED				\$203,810.66
					TOTAL	\$237,733.54	\$237,733.54	\$9,335.54	

WORKERS' COMPENSATION CARRIER REPORTS

Aggregate and specific policy reports

WC CARRIER REPORTS: AGGREGATE REPORT DETAIL -INCURRED



Shows individual claim detail for all claims in aggregate policy.

Occurrence Number	Claim Number	DOL	Status										
Claimant	In Losses loss Expense & Legal	Tot Legal Inc	Excl Legal	Net Legal Inc	Tot Exp Inc	Excl Exp	Net Exp Inc	Recovered	Net Inc	Spec Reimb	Tot Agg Amt	Total Paid	
Aggregate Policy Number: [redacted] - Policy Period: 12/15/1985 - 12/15/1987													
Policy Number: [redacted] - Policy Type: Workers Compensation - WC \$300,000.00 - Carrier Deductible: \$100,000.00													
[redacted]	1181986	Closed			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
[redacted]	1181986	Closed			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
[redacted]	1181986	Closed			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
[redacted]	1251986	Closed			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
[redacted]	2031986	Closed			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
[redacted]	301586	Closed			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
[redacted]	301586	Closed			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
[redacted]	3181986	Closed			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
[redacted]	3181986	Closed			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
[redacted]	3311986	Closed			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
[redacted]	401586	Closed			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
[redacted]	401586	Closed			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
[redacted]	501586	Closed			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

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WC CARRIER REPORTS: AGGREGATE REPORT DETAIL - PAID



Shows individual claim detail for all claims in aggregate policy.

Occurrence Number	Claim Number	DDL	Status											
Claimant				Pd Losses less Expense & Legal	Tot Legal Pd	Excl Legal	Net Legal Pd	Tot Exp Pd	Excl Exp	Net Exp Pd	Recovered	Net Pd	Spec Reimb	Tot App Am
Aggregate Policy Number: 12161993 - Policy Period: 12/16/1993 - 12/16/1996														
Policy Number: 12161993 - Policy Type: Workers Compensation - WC - \$200,000.00 - Corridor Deductible: \$200,000.00														
12161993	1/11/1994	Closed		\$807.90	\$1,757.00	\$0.00	\$1,757.00	\$1,318.95	\$0.00	\$1,318.95	\$0.00	\$4,066.74	\$0.00	\$4,066.74
12161993	1/26/1994	Closed		\$4,067.75	\$0.00	\$0.00	\$0.00	\$3.25	\$0.00	\$3.25	\$0.00	\$4,067.00	\$0.00	\$4,067.00
12161993	1/21/1994	Closed		\$2,914.32	\$0.00	\$0.00	\$0.00	\$194.64	\$0.00	\$194.64	\$0.00	\$4,098.94	\$0.00	\$4,098.94
12161993	1/4/1994	Closed		\$4,123.58	\$0.00	\$0.00	\$0.00	\$3.25	\$0.00	\$3.25	\$0.00	\$4,123.83	\$0.00	\$4,123.83
12161993	1/21/1994	Closed		\$4,132.20	\$0.00	\$0.00	\$0.00	\$3.25	\$0.00	\$3.25	\$0.00	\$4,132.45	\$0.00	\$4,132.45
12161993	1/12/1994	Closed		\$4,141.55	\$0.00	\$0.00	\$0.00	\$3.25	\$0.00	\$3.25	\$0.00	\$4,141.55	\$0.00	\$4,141.55
12161993	1/20/1994	Closed		\$4,163.90	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,163.90	\$0.00	\$4,163.90
12161993	1/25/1994	Closed		\$3,494.33	\$674.80	\$0.00	\$674.80	\$0.00	\$0.00	\$0.00	\$0.00	\$4,169.13	\$0.00	\$4,169.13
12161993	1/8/1994	Closed		\$4,172.84	\$0.00	\$0.00	\$0.00	\$42.01	\$0.00	\$42.01	\$0.00	\$4,172.84	\$0.00	\$4,172.84
12161993	1/9/1994	Closed		\$4,179.78	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,179.78	\$0.00	\$4,179.78
12161993	1/7/1994	Closed		\$2,429.42	\$1,258.40	\$0.00	\$1,258.40	\$492.96	\$0.00	\$492.96	\$0.00	\$4,180.78	\$0.00	\$4,180.78
12161993	1/7/1994	Closed		\$4,187.17	\$0.00	\$0.00	\$0.00	\$3.25	\$0.00	\$3.25	\$0.00	\$4,187.17	\$0.00	\$4,187.17
12161993	1/9/1994	Closed												

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WC CARRIER REPORTS: AGGREGATE REPORT SUMMARY - INCURRED



Shows summary of claim data for all claims for aggregate policy.

Coverage	Open Claims	Closed Claims	Total Claims	Net Loss Incurred	Net Legal Incurred	Net Expense Incurred	Recoveries	Loss Out Reserve	Legal Out Reserve	Expense Out Reserve	Total Incurred	Total Paid
Aggregate Report Summary - Incurred Claim Date From: 1/1/1900 12:00:00 AM To: 3/13/2020 11:59:59 PM												
Policy Number: [REDACTED] - Policy Period: 12/15/1985 - 12/15/1987 - Corridor Deductible: \$100,000.00												
WC	0	822	822	\$1,190,065.76	\$630.49	\$152,713.18	(\$5,696.30)	\$0.00	\$0.00	\$0.00	\$1,351,429.43	\$1,357,127.73
Total	0	822	822	\$1,190,065.76	\$630.49	\$152,713.18	(\$5,696.30)	\$0.00	\$0.00	\$0.00	\$1,351,429.43	\$1,357,127.73
Aggregate Excess												
Total Incurred:				\$1,351,429.43			Less losses excess of specific retention:					\$0.00
Total Paid:				\$1,357,127.73			Total aggregate experience:					\$1,351,429.43
Incurred subject to specific excess:				\$0.00			Period loss fund ratio:					44.30 %
Prior aggregate reimbursements:				\$0.00			Months since policy inception:					411
Total Incurred subject to aggregate				\$1,351,429.43								
Attachment Point:				\$3,050,248.00								
Total Incurred excess of loss fund:				\$0.00								
Policy Information												
Policy Effective Date: 12/15/1985 , Policy Expiration Date: 12/15/1987 , Policy Number: [REDACTED] , Issuing Company: Safety National Casualty Corp. , Attachment Point: \$3,050,248.00 , Policy Limits: Legal Included: Y , Amount to Exclude: (per claim or total) , Expense Included: Y , Amount to Exclude: (per claim or total) , Underlying Policies Included: [REDACTED]												
Coverage	Open Claims	Closed Claims	Total Claims	Net Loss Incurred	Net Legal Incurred	Net Expense Incurred	Recoveries	Loss Out Reserve	Legal Out Reserve	Expense Out Reserve	Total Incurred	Total Paid
Policy Number: [REDACTED] - Policy Period: 12/15/1987 - 12/15/1989 - Corridor Deductible: \$100,000.00												
WC	0	1,477	1,477	\$3,225,094.91	\$7,296.45	\$295,763.88	(\$126,306.81)	\$0.00	\$0.00	\$0.00	\$3,529,055.24	\$3,655,362.05
Total	0	1,477	1,477	\$3,225,094.91	\$7,296.45	\$295,763.88	(\$126,306.81)	\$0.00	\$0.00	\$0.00	\$3,529,055.24	\$3,655,362.05
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WC CARRIER REPORTS: AGGREGATE REPORT SUMMARY -PAID



Shows summary of claim data for all claims for aggregate policy.



Aggregate Report Summary - Paid

Claim Date From: 1/1/1900 12:00:00 AM To: 3/13/2020 11:59:59 PM



Coverage	Open Claims	Closed Claims	Total Claims	Net Loss Payments	Net Legal Payments	Net Expense Payments	Recoveries	Loss Out Reserve	Legal Out Reserve	Expense Out Reserve	Total Paid
Policy Number: [REDACTED] - Policy Period: 12/15/1985 - 12/15/1987 - Corridor Deductible: \$100,000.00											
WC	0	822	822	\$1,203,784.96	\$630.49	\$152,713.18	(\$5,896.30)	\$0.00	\$0.00	\$0.00	\$1,351,429.43
Total	0	822	822	\$1,203,784.96	\$630.49	\$152,713.18	(\$5,896.30)	\$0.00	\$0.00	\$0.00	\$1,351,429.43

Aggregate Excess

Total Payments:	\$1,351,429.43	Less losses excess of specific retention:	\$0.00
Payments subject to Specific Excess (carrier reimbursements):	\$0.00	Total aggregate experience:	\$1,351,429.43
Prior aggregate reimbursements:	\$0.00	Period loss fund ratio:	44.49 %
Total payments subject to aggregate:	\$1,351,429.43	Months since policy inception:	411
Attachment Point:	\$3,050,248.00		
Amount to be reimbursed from excess carrier:	\$0.00		

Policy Information

Policy Effective Date: 12/15/1985 , Policy Expiration Date: 12/15/1987 , Policy Number: [REDACTED] , Issuing Company: Safety National Casualty Corp , Attachment Point: \$3,050,248.00 , Policy Limits: [REDACTED] , Legal Included: Y , Amount to Exclude: (per claim or total) , Expense Included: Y , Amount to Exclude: (per claim or total) , Underlying Policies Included: [REDACTED]

Coverage	Open Claims	Closed Claims	Total Claims	Net Loss Payments	Net Legal Payments	Net Expense Payments	Recoveries	Loss Out Reserve	Legal Out Reserve	Expense Out Reserve	Total Paid
Policy Number: [REDACTED] - Policy Period: 12/15/1987 - 12/15/1993 - Corridor Deductible: \$100,000.00											
WC	0	1477	1477	\$3,352,301.72	\$7,296.45	\$295,763.88	(\$126,306.81)	\$0.00	\$0.00	\$0.00	\$3,529,055.24
Total	0	1477	1477	\$3,352,301.72	\$7,296.45	\$295,763.88	(\$126,306.81)	\$0.00	\$0.00	\$0.00	\$3,529,055.24

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WC CARRIER REPORTS: CFP ENDORSEMENT PAID DETAIL



Shows paid financials and cost per claim at a detail level.

Report Totals:									
	Open Claims	Closed Claims	Total Claims						
	Total Indemnity Paid	Medical Paid	Net Expense Paid	Net Legal Paid	Total Long Term Paid	Total Paid by Insured	CFP Ratio Due to Insured	Amount Applied to ER	Amount Over ER
Policy Number: [REDACTED] - Policy Effective Date: 01/01/2014 - Policy Expiration Date: 01/01/2016 - Policy Type: Workers Compensation - Policy Limits: \$0.00 - Condon Deductible: \$0.00	\$5,384,634.74	\$3,633,719.03	\$306,375.71	\$153,687.94	\$1,234,385.45	\$5,348,380.42	\$4,573.95	\$8,345,340.46	\$0.00
Policy Number: [REDACTED] - Policy Effective Date: 01/01/2016 - Policy Expiration Date: 01/01/2016 - Policy Type: Workers Compensation - Policy Limits: \$0.00 - Condon Deductible: \$0.00	\$3,642,535.82	\$2,474,294.98	\$245,187.46	\$49,082.87	\$1,116,125.48	\$6,243,087.00	\$0.00	\$8,243,697.00	\$0.00
Policy Number: [REDACTED] - Policy Effective Date: 01/01/2016 - Policy Expiration Date: 01/01/2017 - Policy Type: Workers Compensation - Policy Limits: \$0.00 - Condon Deductible: \$0.00	\$4,051,888.83	\$2,815,748.35	\$299,442.82	\$107,622.87	\$3,143,903.69	\$7,297,889.33	\$0.00	\$7,297,889.33	\$0.00
Policy Number: [REDACTED] - Policy Effective Date: 01/01/2017 - Policy Expiration Date: 01/01/2018 - Policy Type: Workers Compensation - Policy Limits: \$0.00 - Condon Deductible: \$0.00	\$7,125,198.94	\$3,427,409.08	\$411,967.62	\$127,690.21	\$6,471,387.59	\$10,885,345.94	\$0.00	\$10,885,345.94	\$0.00
Policy Number: [REDACTED] - Policy Effective Date: 01/01/2018 - Policy Expiration Date: 01/01/2018 - Policy Type: Workers Compensation - Policy Limits: \$0.00 - Condon Deductible: \$0.00	\$5,119,253.22	\$3,146,844.28	\$366,087.80	\$129,079.45	\$4,861,967.22	\$8,881,284.05	\$0.00	\$8,881,284.05	\$0.00
Policy Number: [REDACTED] - Policy Effective Date: 01/01/2018 - Policy Expiration Date: 01/01/2019 - Policy Type: Workers Compensation - Policy Limits: \$0.00 - Condon Deductible: \$0.00	\$2,463,016.17	\$2,277,648.58	\$319,284.21	\$57,411.19	\$2,411,233.37	\$5,115,274.48	\$0.00	\$5,115,274.48	\$0.00
Policy Number: [REDACTED] - Policy Effective Date: 01/01/2020 - Policy Expiration Date: 01/01/2021 - Policy Type: Workers Compensation - Policy Limits: \$0.00 - Condon Deductible: \$0.00	\$0,152.80	\$81,832.29	\$13,987.80	\$0.00	\$8,150.60	\$101,082.62	\$0.00	\$101,082.62	\$0.00
	879	4,830	4,811						
Totals	\$27,885,193.72	\$17,856,291.72	\$1,868,073.52	\$711,739.53	\$16,348,195.09	\$47,438,587.85	\$4,573.95	\$47,438,587.85	\$0.00

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WC CARRIER REPORTS: CORRIDOR DEDUCTIBLE



Shows individual claim detail for corridor applied and carrier reimbursements.

 Corridor Deductible															
Occurrence Number	Claim Number	DOL	Coverage	Status	Total Paid	Out. Reserves	Total Incurred	Less Recovery	Retention Level	Applied to Corridor	Reimb Receivable	Less Corridor	Total Reimb	Previous Reimb	Current Amt Due From Excess
Policy Term: 10/1/2012 Policy Number: [REDACTED] Policy Type: Workers Compensation Corridor Deductible: \$250,000.00 Policy Year: May 1 2011/May 1 2012															
					\$15,703.63	\$0.00	\$15,703.63	\$0.00	\$0.00	\$15,703.63	\$15,703.63	\$15,703.63	\$0.00	\$0.00	\$0.00
		3/19/2012	WCCL	Closed	\$15,703.63	\$0.00	\$15,703.63	\$0.00	\$0.00					\$0.00	
Sub - Total for [REDACTED]					\$15,703.63	\$0.00	\$15,703.63	\$0.00		\$15,703.63	\$15,703.63	\$15,703.63	\$0.00	\$0.00	\$0.00

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WC CARRIER REPORTS: INCURRED DEDUCTIBLE/RETENTION DETAIL



Shows individual claim detail incurred and specific carrier reimbursements.

ICE Demo Client Incurred Deductible/Retention Detail Claim Date From: 1/1/1900 12:00:00 AM To: 3/10/2020 11:59:59 PM											
Policy Number: WC2813, Policy Effective Date: 01/01/2013, Policy Expiration Date: 12/31/2013, Member: BUSINESS UNIT 1 1760, Location: CALIFORNIA OPERATIONS Issuing Company: Self-Funded											
Occurrence Number	Occurrence Description										
In Losses Less Exp. Med & Legal	Medical Incurred	Total Legal Incurred	Total Expense Incurred	Recovered	Total Incurred	Total Paid	Policy Retention	Amount Over Deductible	Total Reimbursement	Adj1 Excess Exposure	
05CE00793											
\$21,682.07	\$75,009.00	\$0.00	\$56,276.00	\$0.00	\$132,968.07	\$17,296.77	\$0.00	\$0.00	\$0.00	\$0.00	
Claim Number	Claimant Name	DOL	Status	Govt Code	Last Carrier Reporting Note Date						
In Losses Less Exp. Med & Legal	Medical Incurred	Total Legal Incurred	Total Expense Incurred	Recovered	Total Incurred	Total Paid	Policy Retention	Amount Over Deductible	Total Reimbursement	Last Excess Report	
05CE00793	Claimant, Inc 1	11/19/2013	Open	WC							
\$21,682.07	\$75,009.00	\$0.00	\$56,276.00	\$0.00	\$132,968.07	\$17,296.77			\$0.00		
Occurrence Number	Occurrence Description										
In Losses Less Exp. Med & Legal	Medical Incurred	Total Legal Incurred	Total Expense Incurred	Recovered	Total Incurred	Total Paid	Policy Retention	Amount Over Deductible	Total Reimbursement	Adj1 Excess Exposure	
05CE00593											
\$431,605.79	\$197,759.86	\$39,218.44	\$22,506.29	\$0.00	\$661,571.29	\$327,465.72	\$0.00	\$0.00	\$101.86	(\$181.00)	
Claim Number	Claimant Name	DOL	Status	Govt Code	Last Carrier Reporting Note Date						
In Losses Less Exp. Med & Legal	Medical Incurred	Total Legal Incurred	Total Expense Incurred	Recovered	Total Incurred	Total Paid	Policy Retention	Amount Over Deductible	Total Reimbursement	Last Excess Report	
05CE00593	Claimant, Inc 2	1/21/2013	Open	WC	1/6/2020						
\$431,605.79	\$197,759.86	\$39,218.44	\$22,506.29	\$0.00	\$661,571.29	\$327,465.72			\$101.86		
Occurrence Number	Occurrence Description										
In Losses Less Exp. Med & Legal	Medical Incurred	Total Legal Incurred	Total Expense Incurred	Recovered	Total Incurred	Total Paid	Policy Retention	Amount Over Deductible	Total Reimbursement	Adj1 Excess Exposure	
05CE00303											
\$21,388.12	\$29,339.86	\$3,873.89	\$462.55	\$0.00	\$46,462.41	\$46,462.41	\$0.00	\$0.00	\$0.00	\$0.00	
Claim Number	Claimant Name	DOL	Status	Govt Code	Last Carrier Reporting Note Date						
In Losses Less Exp. Med & Legal	Medical Incurred	Total Legal Incurred	Total Expense Incurred	Recovered	Total Incurred	Total Paid	Policy Retention	Amount Over Deductible	Total Reimbursement	Last Excess Report	
05CE00303	Claimant, Inc 3	11/05/2013	Closed	WC							
\$21,388.12	\$29,339.86	\$3,873.89	\$462.55	\$0.00	\$46,462.41	\$46,462.41			\$0.00		

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WC CARRIER REPORTS: INCURRED DEDUCTIBLE/RETENTION SUMMARY



Shows policy level data and carrier reimbursements.

 ICE Demo Client Incurred Deductible/Retention Summary Claim Date From: 1/1/1900 12:00:00 AM To: 3/10/2020 11:59:59 PM												
Policy Number: WC2013, Policy Period : 01/01/2013 - 12/31/2013, Member : BUSINESS UNIT 1 1700, Location : NEVADA OPERATIONS												
Open Claims	Closed Claims	Total Claims	Net Loss Incurred	Net Legal Incurred	Net Expense Incurred	Total Recovered	Total Incurred	Total Paid	Incurred Over SR/Ded	Total Reimbursement	Adm'l Expense	Excess Exposure
2	3	5	\$1,616,312.67	\$60,000.00	\$36,489.61	\$0.00	\$1,117,813.77	\$673,094.90	\$8.00	\$181.85		(\$181.85)
Policy Information:												
Policy Number: WC2013, Policy Effective Date : 01/01/2013, Policy Expiration Date: 12/31/2013, Member : BUSINESS UNIT 1 1700, Location : NEVADA OPERATIONS Issuing Company: Self-Funded												
Policy Number: WC2013, Policy Period : 01/01/2013 - 12/31/2013, Member : BUSINESS UNIT 1 1700, Location : CALIFORNIA OPERATIONS												
Open Claims	Closed Claims	Total Claims	Net Loss Incurred	Net Legal Incurred	Net Expense Incurred	Total Recovered	Total Incurred	Total Paid	Incurred Over SR/Ded	Total Reimbursement	Adm'l Expense	Excess Exposure
2	3	5	\$1,616,309.67	\$60,000.00	\$36,213.61	\$0.00	\$1,142,643.77	\$673,094.90	\$8.00	\$181.85		(\$181.85)
Policy Information:												
Policy Number: WC2013, Policy Effective Date : 01/01/2013, Policy Expiration Date: 12/31/2013, Member : BUSINESS UNIT 1 1700, Location : CALIFORNIA OPERATIONS Issuing Company: Self-Funded												
Policy Number: WC2013, Policy Period : 01/01/2013 - 12/31/2013, Member : BUSINESS UNIT 2, Location : ALABAMA OPERATIONS												
Open Claims	Closed Claims	Total Claims	Net Loss Incurred	Net Legal Incurred	Net Expense Incurred	Total Recovered	Total Incurred	Total Paid	Incurred Over SR/Ded	Total Reimbursement	Adm'l Expense	Excess Exposure
2	3	5	\$1,621,989.67	\$60,000.00	\$54,475.50	\$0.00	\$1,136,485.76	\$673,094.90	\$8.00	\$181.85		(\$181.85)
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Proactive Risk Management and Claims Administration Solutions												
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WC CARRIER REPORTS: PAID DEDUCTIBLE/RETENTION DETAIL



Shows individual claim detail paid and specific carrier reimbursements.

ICE Demo Client Paid Deductible/Retention Detail Claim Date From: 1/1/1900 12:00:00 AM To: 3/10/2020 11:59:59 PM												
Policy Number: WC2013, Policy Effective Date: 01/01/2013, Policy Expiration Date: 12/31/2013, Member: BUSINESS UNIT 1 1700, Location: CALIFORNIA OPERATIONS Insuring Company: Self-Funded												
Occurrence Number	Occurrence Description	PD Losses Less Exp. Med & Legal	Medical Paid	Total Legal Paid	Total Expense Paid	Recovered	Total Paid	Policy Retention	Amount Over Ded/RSR	Total Reimbursement	Total	Currently Due from Excess
390CE002193		\$5,372.06	\$10,574.67	\$3.00	\$1,850.15	\$0.00	\$17,296.77	\$3.00	\$0.00	\$0.00	\$0.00	\$8.30
Claim Number	Claimant Name	DOL	Status	Comp Code	PD Losses Less Exp. Med & Legal	Medical Paid	Total Legal Paid	Total Expense Paid	Recovered	Total Paid	Total Reimbursement	Last Excess Report
390CE002193	Claimant, Int 1	11/90013	Open	RC	\$5,372.06	\$10,574.67	\$3.00	\$1,850.15	\$0.00	\$17,296.77	\$0.00	
Occurrence Number	Occurrence Description	PD Losses Less Exp. Med & Legal	Medical Paid	Total Legal Paid	Total Expense Paid	Recovered	Total Paid	Policy Retention	Amount Over Ded/RSR	Total Reimbursement	Total	Currently Due from Excess
390CE002513		\$121,329.92	\$180,013.76	\$32,237.75	\$12,804.30	\$0.00	\$327,485.72	\$3.00	\$0.00	\$181.86	\$0.00	(\$181.86)
Claim Number	Claimant Name	DOL	Status	Comp Code	PD Losses Less Exp. Med & Legal	Medical Paid	Total Legal Paid	Total Expense Paid	Recovered	Total Paid	Total Reimbursement	Last Excess Report
390CE002513	Claimant, Int 2	10/12013	Open	RC	\$121,329.92	\$180,013.76	\$32,237.75	\$12,804.30	\$0.00	\$327,485.72	\$181.86	
Occurrence Number	Occurrence Description	PD Losses Less Exp. Med & Legal	Medical Paid	Total Legal Paid	Total Expense Paid	Recovered	Total Paid	Policy Retention	Amount Over Ded/RSR	Total Reimbursement	Total	Currently Due from Excess
390CE002632		\$21,569.10	\$20,339.85	\$3,973.86	\$802.56	\$0.00	\$48,882.41	\$3.00	\$0.00	\$0.00	\$0.00	\$8.30
Claim Number	Claimant Name	DOL	Status	Comp Code	PD Losses Less Exp. Med & Legal	Medical Paid	Total Legal Paid	Total Expense Paid	Recovered	Total Paid	Total Reimbursement	Last Excess Report
390CE002632	Claimant, Int 3	11/90013	Closed	RC	\$21,569.10	\$20,339.85	\$3,973.86	\$802.56	\$0.00	\$48,882.41	\$0.00	
Occurrence Number	Occurrence Description	PD Losses Less Exp. Med & Legal	Medical Paid	Total Legal Paid	Total Expense Paid	Recovered	Total Paid	Policy Retention	Amount Over Ded/RSR	Total Reimbursement	Total	Currently Due from Excess
390CE002649		\$52,574.30	\$1,777.01	\$8,532.86	\$2,212.83	\$0.00	\$65,098.00	\$3.00	\$0.00	\$0.00	\$0.00	\$0.30
Claim Number	Claimant Name	DOL	Status	Comp Code	PD Losses Less Exp. Med & Legal	Medical Paid	Total Legal Paid	Total Expense Paid	Recovered	Total Paid	Total Reimbursement	Last Excess Report
390CE002649	Claimant, Int 4	11/23013	Closed	RC	\$52,574.30	\$1,777.01	\$8,532.86	\$2,212.83	\$0.00	\$65,098.00	\$0.00	
Occurrence Number	Occurrence Description	PD Losses Less Exp. Med & Legal	Medical Paid	Total Legal Paid	Total Expense Paid	Recovered	Total Paid	Policy Retention	Amount Over Ded/RSR	Total Reimbursement	Total	Currently Due from Excess
390CE002982		\$125,316.06	\$77,864.62	\$8,658.46	\$4,314.04	\$0.00	\$218,153.17	\$3.00	\$0.00	\$0.00	\$0.00	\$8.30
Claim Number	Claimant Name	DOL	Status	Comp Code	PD Losses Less Exp. Med & Legal	Medical Paid	Total Legal Paid	Total Expense Paid	Recovered	Total Paid	Total Reimbursement	Last Excess Report
390CE002982	Claimant, Int 5	10/62013	Closed	RC	\$125,316.06	\$77,864.62	\$8,658.46	\$4,314.04	\$0.00	\$218,153.17	\$0.00	
Total for: WG2013												
Open Claim	Closed Claim	Total Claim		Excluded Legal	Total Expense Paid	Excluded Expense	Recovered	Total Paid	Amount Over Ded/RSR	Total Reimbursement	Total	Currently Due from Excess
2	3	5		\$0.00	\$22,963.75	\$0.00	\$0.00	\$975,084.90	\$0.00	\$181.86	\$0.00	(\$181.86)

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WC CARRIER REPORTS: PAID DEDUCTIBLE/RETENTION SUMMARY



Shows policy level data and carrier reimbursements.

 ICE Demo Client Paid Deductible/Retention Summary Claim Date From: 1/1/1900 12:00:00 AM To: 3/10/2020 11:59:59 PM											
Policy Number: WC2013, Policy Period : 01/01/2013 - 12/31/2013, Member : BUSINESS UNIT 1 1700, Location : NEVADA OPERATIONS											
Open Claims	Closed Claims	Total Claims	Net Loss Payments	Net Legal	Net Expense	Total Recovered	Total Paid	Paid Over SIR/Ded	Total Reimbursement	Currently Due from Excess	
2	3	5	\$597,691.24	\$53,699.96	\$22,903.78	\$0.00	\$673,994.90	\$0.00	\$181.86	(\$181.86)	
Policy Information:											
Policy Number: WC2013, Policy Effective Date : 6/19/2013, Policy Expiration Date: 12/31/2013, Member: BUSINESS UNIT 1 1700, Location: NEVADA OPERATIONS Issuing Company: Self-Funded, Line of Business Included: WC											
Policy Number: WC2013, Policy Period : 01/01/2013 - 12/31/2013, Member : BUSINESS UNIT 1 1700, Location : CALIFORNIA OPERATIONS											
Open Claims	Closed Claims	Total Claims	Net Loss Payments	Net Legal	Net Expense	Total Recovered	Total Paid	Paid Over SIR/Ded	Total Reimbursement	Currently Due from Excess	
2	3	5	\$597,691.24	\$53,699.96	\$22,903.78	\$0.00	\$673,994.90	\$0.00	\$181.86	(\$181.86)	
Policy Information:											
Policy Number: WC2013, Policy Effective Date : 6/19/2013, Policy Expiration Date: 12/31/2013, Member: BUSINESS UNIT 1 1700, Location: CALIFORNIA OPERATIONS Issuing Company: Self-Funded, Line of Business Included: WC											
Policy Number: WC2013, Policy Period : 01/01/2013 - 12/31/2013, Member : BUSINESS UNIT 2, Location : ALABAMA OPERATIONS											
Open Claims	Closed Claims	Total Claims	Net Loss Payments	Net Legal	Net Expense	Total Recovered	Total Paid	Paid Over SIR/Ded	Total Reimbursement	Currently Due from Excess	
2	3	5	\$597,691.24	\$53,699.96	\$22,903.78	\$0.00	\$673,994.90	\$0.00	\$181.86	(\$181.86)	
Policy Information:											
Policy Number: WC2013, Policy Effective Date : 6/19/2013, Policy Expiration Date: 12/31/2013, Member: BUSINESS UNIT 2, Location: ALABAMA OPERATIONS Issuing Company: Self-Funded, Line of Business Included: WC											

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WORKERS' COMPENSATION MANAGED CARE REPORTS

Managed care and bill review reports

WC MANAGED CARE REPORTS: MANAGED CARE BILLS AND CHARGES BY PROVIDER



Shows savings data by state grouped by provider FEIN and name.



ICE Demo Client

Managed Care Bills and Charges By Provider

Claim Date From: 10/1/2015 12:00:00 AM To: 3/11/2020 11:59:59 PM

Provider FEIN	Provider Name	# of Bills	Charges	Total Savings	Total %	FS Allowance	FS Allowance %
ALABAMA							
	ICE DEMONSTRATION PAYEE	958	\$690,442.46	\$0.00	0 %	\$690,442.46	100 %
	ALABAMA Total:	958	\$690,442.46	\$0.00	0 %	\$690,442.46	100 %
CALIFORNIA							
	ICE DEMONSTRATION PAYEE	957	\$689,735.72	\$0.00	0 %	\$689,735.72	100 %
	CALIFORNIA Total:	957	\$689,735.72	\$0.00	0 %	\$689,735.72	100 %
FLORIDA							
	ICE DEMONSTRATION PAYEE	958	\$690,442.46	\$0.00	0 %	\$690,442.46	100 %
	FLORIDA Total:	958	\$690,442.46	\$0.00	0 %	\$690,442.46	100 %
ILLINOIS							
	ICE DEMONSTRATION PAYEE	958	\$690,442.46	\$0.00	0 %	\$690,442.46	100 %
	ILLINOIS Total:	958	\$690,442.46	\$0.00	0 %	\$690,442.46	100 %
INDIANA							
	ICE DEMONSTRATION PAYEE	958	\$690,442.46	\$0.00	0 %	\$690,442.46	100 %
	INDIANA Total:	958	\$690,442.46	\$0.00	0 %	\$690,442.46	100 %
LOUISIANA							
	ICE DEMONSTRATION PAYEE	958	\$690,442.46	\$0.00	0 %	\$690,442.46	100 %
	LOUISIANA Total:	958	\$690,442.46	\$0.00	0 %	\$690,442.46	100 %
MAINE							
	ICE DEMONSTRATION PAYEE	958	\$690,442.46	\$0.00	0 %	\$690,442.46	100 %
	MAINE Total:	958	\$690,442.46	\$0.00	0 %	\$690,442.46	100 %
MINNESOTA							
	ICE DEMONSTRATION PAYEE	958	\$690,442.46	\$0.00	0 %	\$690,442.46	100 %
	MINNESOTA Total:	958	\$690,442.46	\$0.00	0 %	\$690,442.46	100 %

WC MANAGED CARE REPORTS: MANAGED CARE DIAGNOSTIC SAVINGS



Shows diagnostic savings.

Comp MC

Managed Care Diagnostic Savings

Claim Date From: 01/1/2019 12:00:00 AM To: 12/31/2019 11:59:59 PM

Claim Number	Claimant	Adjuster	Charge Amount	Savings	% of Savings	Allowable Amount	Date of Service
0000000000	Waco, Ltd	0000000000	\$10.00	\$10.00	100.00%	\$0.00	11/5/2018
0000000000	Waco, Ltd	0000000000	\$131.26	\$13.13	10.00%	\$118.13	11/5/2018
0000000000	Waco, Ltd	0000000000	\$283.92	\$28.39	10.00%	\$255.53	11/5/2018
0000000000	Waco, Ltd	0000000000	\$806.31	\$40.32	5.00%	\$765.99	12/10/2019
0000000000	Waco, Ltd	0000000000	\$646.90	\$101.90	15.75%	\$545.00	8/24/2019
0000000000	Waco, Ltd	0000000000	\$878.67	\$43.93	5.00%	\$834.74	5/22/2018
0000000000	Waco, Ltd	0000000000	\$776.85	\$251.85	32.42%	\$525.00	10/23/2019
0000000000	Waco, Ltd	0000000000	\$776.85	\$251.85	32.42%	\$525.00	10/21/2019
0000000000	Waco, Ltd	0000000000	\$754.50	\$254.50	33.73%	\$500.00	1/3/2019
0000000000	Waco, Ltd	0000000000	\$44.35	\$4.43	9.99%	\$39.92	8/10/2019
0000000000	Waco, Ltd	0000000000	\$344.24	\$0.00	0.00%	\$344.24	8/10/2019
0000000000	Waco, Ltd	0000000000	\$44.35	\$4.43	9.99%	\$39.92	8/10/2019
0000000000	Waco, Ltd	0000000000	\$344.24	\$0.00	0.00%	\$344.24	8/10/2019
0000000000	Waco, Ltd	0000000000	\$951.15	\$47.56	5.00%	\$903.59	10/9/2018
0000000000	Waco, Ltd	0000000000	\$67.45	\$3.37	5.00%	\$64.08	10/9/2018
0000000000	Waco, Ltd	0000000000	\$1,825.60	\$825.60	50.79%	\$800.00	9/13/2019
0000000000	Waco, Ltd	0000000000	\$806.31	\$281.31	34.89%	\$525.00	4/23/2019
0000000000	Waco, Ltd	0000000000	\$777.79	\$252.79	32.50%	\$525.00	4/23/2019
0000000000	Waco, Ltd	0000000000	\$776.85	\$251.85	32.42%	\$525.00	5/23/2019
0000000000	Waco, Ltd	0000000000	\$776.85	\$251.85	32.42%	\$525.00	5/20/2019
0000000000	Waco, Ltd	0000000000	\$145.08	\$145.08	100.00%	\$0.00	5/10/2019
0000000000	Waco, Ltd	0000000000	\$113.57	\$11.36	10.00%	\$102.21	5/10/2019
0000000000	Waco, Ltd	0000000000	\$130.65	\$13.06	10.00%	\$117.59	5/10/2019
0000000000	Waco, Ltd	0000000000	\$130.65	\$13.06	10.00%	\$117.59	5/10/2019
0000000000	Waco, Ltd	0000000000	\$102.93	\$10.29	10.00%	\$92.64	5/10/2019
0000000000	Waco, Ltd	0000000000	\$363.80	\$0.00	0.00%	\$363.80	3/7/2019

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WC MANAGED CARE REPORTS: MANAGED CARE PHARMACY PBM SAVINGS



Shows summary savings data for pharmacy related charges.



ICE Demo Client

Managed Care Pharmacy PBM Savings

Claim Date From: 10/1/2015 12:00:00 AM To: 3/11/2020 11:59:59 PM

Network FEIN	Network Name	# of Scripts	Charges	Contract Rate	PBM Reduction	PBM Reduction %	Fees
ALABAMA							
	IPS	87	\$23,053.83	\$18,568.72	\$4,485.11	19.45%	\$0.00
	PHARMACEUTICAL TECHNOLOGIES	51	\$3,837.75	\$2,597.71	\$1,240.04	32.31%	\$0.00
ALABAMA Total		138	\$26,891.58	\$21,166.43	\$5,725.15	21.29%	\$8.00
CALIFORNIA							
	IPS	87	\$23,053.83	\$18,568.72	\$4,485.11	19.45%	\$0.00
	PHARMACEUTICAL TECHNOLOGIES	51	\$3,837.75	\$2,597.71	\$1,240.04	32.31%	\$0.00
CALIFORNIA Total		138	\$26,891.58	\$21,166.43	\$5,725.15	21.29%	\$8.00
FLORIDA							
	IPS	87	\$23,053.83	\$18,568.72	\$4,485.11	19.45%	\$0.00
	PHARMACEUTICAL TECHNOLOGIES	51	\$3,837.75	\$2,597.71	\$1,240.04	32.31%	\$0.00
FLORIDA Total		138	\$26,891.58	\$21,166.43	\$5,725.15	21.29%	\$8.00
ILLINOIS							
	IPS	87	\$23,053.83	\$18,568.72	\$4,485.11	19.45%	\$0.00
	PHARMACEUTICAL TECHNOLOGIES	51	\$3,837.75	\$2,597.71	\$1,240.04	32.31%	\$0.00
ILLINOIS Total		138	\$26,891.58	\$21,166.43	\$5,725.15	21.29%	\$8.00
INDIANA							
	IPS	87	\$23,053.83	\$18,568.72	\$4,485.11	19.45%	\$0.00
	PHARMACEUTICAL TECHNOLOGIES	51	\$3,837.75	\$2,597.71	\$1,240.04	32.31%	\$0.00
INDIANA Total		138	\$26,891.58	\$21,166.43	\$5,725.15	21.29%	\$8.00
LOUISIANA							
	IPS	87	\$23,053.83	\$18,568.72	\$4,485.11	19.45%	\$0.00
	PHARMACEUTICAL TECHNOLOGIES	51	\$3,837.75	\$2,597.71	\$1,240.04	32.31%	\$0.00
LOUISIANA Total		138	\$26,891.58	\$21,166.43	\$5,725.15	21.29%	\$8.00
MAINE							
	IPS	87	\$23,053.83	\$18,568.72	\$4,485.11	19.45%	\$0.00
	PHARMACEUTICAL TECHNOLOGIES	51	\$3,837.75	\$2,597.71	\$1,240.04	32.31%	\$0.00

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WC MANAGED CARE REPORTS: MANAGED CARE SAVINGS AND FEES



Shows summary of managed care data for CompMC clients only.

ICE Demo Client
Managed Care Savings and Fees

Claim Date From: 10/1/2015 12:00:00 AM To: 3/11/2020 11:59:59 PM

Comp MC	
Number of Bills Processed:	14,083
<small>(includes bill review, drug card and diagnostic bills.) Reconsideration bills (recons) are not included in any of the figures on this report.</small>	
Total Charges:	\$9,978,177.14
Reductions:	
Bill Review Reductions:	\$0.00
Duplicate Reductions:	\$0.00
PPO Reductions:	\$0.00
Drug Card Network Reductions:	\$59,373.30
Out-Of-Network Specialty Review Reductions:	\$0.00
Nurse Review Reductions:	\$0.00
All Other Reductions:	\$0.00
Diagnostic Reductions:	\$0.00
Total Savings:	\$59,373.30 0.60%
Bill Review Processing Fees: <small>(*Incl. BR, PPO, Specialty and Nurse)</small>	\$0.00
Net Reductions:	\$59,373.30 0.60%
Return On Investment (ROI):	0.00 to 1

ICE Demo Client
Managed Care Savings and Fees

Claim Date From: 10/1/2015 12:00:00 AM To: 3/11/2020 11:59:59 PM

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PPO Reductions										
Network	# of Bills	%	Charges	BR Reg Red	Dup Red	Total Bill Review Red	Billed to PPO	PPO Red (\$)	PPO Red (%)	
Total PPO Reductions:	0	0.00 %	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	
Total (No Network):	13,411	100.00 %	\$9,665,487.70	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	
Total (No Network) and PPO Reductions:	13,411	100.00 %	\$9,665,487.70	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	

Drug Card Network Reductions							
Network	# of Scripts	%	Charges			PBM Red (\$)	PBM Red (%)
IPS	1120	100.00 %	\$312,689.44			\$59,373.30	18.99%
Total Drug Card Network Reductions:	1,120	100.00 %	\$312,689.44			\$59,373.30	18.99%

Out-Of-Network Specialty Reductions								
Vendor	# of Bills		Charges			Billed to OSR	OSR Red (\$)	OSR Red (%)
FairPay	0		\$0.00			\$0.00	\$0.00	0.00%
Total Out-Of-Network Specialty Reductions:	0		\$0.00			\$0.00	\$0.00	0.00%

Nurse Review Reductions							
Vendor	# of Bills		Charges			Nurse Red (\$)	Nurse Red (%)
Comp MC Nurse Case Review	0		\$0.00			\$0.00	0.00%
Total Nurse Review Reductions:	0		\$0.00			\$0.00	0.00%

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WC MANAGED CARE REPORTS: MANAGED CARE SAVINGS AND FEES DETAIL



Shows individual claim detail of managed care detail for CompMC clients only.

Comp MC		ICE Demo Client						
ALABAMA		Managed Care Savings and Fees Detail						
PPO Reductions		Claim Date From: 10/1/2015 12:00:00 AM To: 3/11/2020 11:59:59 PM						
(No Network)								
Claimant	Claim Number	Date of Loss	Date of Service	Charges	PPO Reduction (\$)	PPO Reduction (%)	Fees*	
Claimant MO, 17	10ICEC162586	5/28/2018	5/28/2018	\$294.00	\$0.00 0.00%		\$0.00	
Claimant MO, 17	10ICEC162586	5/28/2018	5/28/2018	(\$294.00)	\$0.00 0.00%		\$0.00	
Claimant MO, 17	10ICEC162586	5/28/2018	5/28/2018	\$294.00	\$0.00 0.00%		\$0.00	
Claimant MO, 36	11ICEC162637	9/3/2019	9/28/2019	\$133.00	\$0.00 0.00%		\$0.00	
Claimant MO, 36	11ICEC162637	9/3/2019	9/6/2019	\$244.00	\$0.00 0.00%		\$0.00	
Claimant MO, 36	11ICEC162637	9/3/2019	9/28/2019	\$133.00	\$0.00 0.00%		\$0.00	
Claimant MO, 36	11ICEC162637	9/3/2019	9/11/2019	\$140.00	\$0.00 0.00%		\$0.00	
Claimant MO, 36	11ICEC162637	9/3/2019	9/18/2019	\$136.00	\$0.00 0.00%		\$0.00	
Claimant MO, 36	11ICEC162637	9/3/2019	10/8/2019	\$136.00	\$0.00 0.00%		\$0.00	
Claimant MO, 36	11ICEC162637	9/3/2019	10/4/2019	\$1,206.80	\$0.00 0.00%		\$0.00	
Claimant MO, 36	11ICEC162637	9/3/2019	10/10/2019	(\$278.00)	\$0.00 0.00%		\$0.00	
Claimant MO, 36	11ICEC162637	9/3/2019	10/1/2019	\$55.74	\$0.00 0.00%		\$0.00	
Claimant MO, 36	11ICEC162637	9/3/2019	9/24/2019	\$183.00	\$0.00 0.00%		\$0.00	
Claimant MO, 36	11ICEC162637	9/3/2019	10/2/2019	\$200.75	\$0.00 0.00%		\$0.00	
Claimant MO, 36	11ICEC162637	9/3/2019	10/1/2019	\$258.00	\$0.00 0.00%		\$0.00	
Claimant MO, 36	11ICEC162637	9/3/2019	9/12/2019	\$183.00	\$0.00 0.00%		\$0.00	
Claimant MO, 36	11ICEC162637	9/3/2019	9/20/2019	\$183.00	\$0.00 0.00%		\$0.00	
Claimant MO, 36	11ICEC162637	9/3/2019	9/25/2019	\$136.00	\$0.00 0.00%		\$0.00	
Claimant MO, 36	11ICEC162637	9/3/2019	9/3/2019	\$45.56	\$0.00 0.00%		\$0.00	
Claimant MO, 36	11ICEC162637	9/3/2019	9/3/2019	\$202.00	\$0.00 0.00%		\$0.00	
Claimant MO, 36	11ICEC162637	9/3/2019	9/17/2019	\$183.00	\$0.00 0.00%		\$0.00	
Claimant MO, 36	11ICEC162637	9/3/2019	10/10/2019	\$278.00	\$0.00 0.00%		\$0.00	

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Proactive Risk Management and Claims Administration Solutions

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WC MANAGED CARE REPORTS: MANAGED CARE SAVINGS BY PROVIDER TYPE



Shows savings data based on payment sub class.

Comp MC		ICE Demo Client Managed Care Savings By Provider Type									
Claim Date From: 10/1/2015 12:00:00 AM To: 3/11/2020 11:59:59 PM											
Provider Type	# of Bill Lines	Charges	BR Reduction	BR %	PPO Reduction	PPO %	Other Reduction	Other %	Total Savings	Total %	
AMBULANCE	42	\$367,522.54	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %	
ANESTHESIA	252	\$442,811.74	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %	
CASE MANAGEMENT	14	\$10,710.00	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %	
CHIROPRACTIC	14	\$25,872.00	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %	
DIAGNOSTIC TEST	826	\$864,538.36	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %	
DURABLE EQUIP	182	\$300,013.00	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %	
EMERGENCY ROOM	140	\$168,602.72	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %	
HEARING	28	\$38,710.00	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %	
HOSP INPATIENT	70	\$874,259.88	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %	
HOSP OUTPATIENT	0	\$191,142.00	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %	
INJECTION	0	\$42,386.40	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %	
MISC MEDICAL	3010	\$760,847.78	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %	
OFFICE VISIT	3864	\$478,972.08	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %	
PATHOLOGY/LAB	126	\$184,037.84	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %	
PHYS THERAPY	2855	\$1,113,392.26	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %	
PHYSICIAN	0	\$4,410.00	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %	
PRESCRIPTIONS	1190	\$483,588.42	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %	
PSYCHIATRIST	14	\$4,410.00	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %	
SUPPLIES	196	\$818,138.36	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %	
SURGERY	518	\$2,586,412.54	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %	
VISION	42	\$11,270.00	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %	
WORK HARDENING	28	\$83,440.00	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %	
Total All Types:	13,411	\$9,665,487.70	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %	

WC MANAGED CARE REPORTS: MANAGED CARE SAVINGS BY STATE



Shows summary savings data by jurisdictional state of claim.

ICE Demo Client Managed Care Savings By State Claim Date From: 10/1/2015 12:00:00 AM To: 3/11/2020 11:59:59 PM													
State	# of Bills	Charges	BR Reduction	BR %	PPO Reduction	PPO %	Bills in Network	% in Network	Other Reduction	Oth %	Total Savings	Total %	
ALABAMA	958	\$690,442.46	\$0.00	0 %	\$0.00	0.00%	0	0 %	\$373,484.38	54 %	\$373,484.38	54 %	
CALIFORNIA	957	\$689,735.72	\$0.00	0 %	\$0.00	0.00%	0	0 %	\$373,029.95	54 %	\$373,029.95	54 %	
FLORIDA	958	\$690,442.46	\$0.00	0 %	\$0.00	0.00%	0	0 %	\$373,484.38	54 %	\$373,484.38	54 %	
ILLINOIS	958	\$690,442.46	\$0.00	0 %	\$0.00	0.00%	0	0 %	\$373,484.38	54 %	\$373,484.38	54 %	
INDIANA	958	\$690,442.46	\$0.00	0 %	\$0.00	0.00%	0	0 %	\$373,484.38	54 %	\$373,484.38	54 %	
LOUISIANA	958	\$690,442.46	\$0.00	0 %	\$0.00	0.00%	0	0 %	\$373,484.38	54 %	\$373,484.38	54 %	
MAINE	958	\$690,442.46	\$0.00	0 %	\$0.00	0.00%	0	0 %	\$373,484.38	54 %	\$373,484.38	54 %	
MINNESOTA	958	\$690,442.46	\$0.00	0 %	\$0.00	0.00%	0	0 %	\$373,484.38	54 %	\$373,484.38	54 %	
MISSISSIPPI	958	\$690,442.46	\$0.00	0 %	\$0.00	0.00%	0	0 %	\$373,484.38	54 %	\$373,484.38	54 %	
NEVADA	958	\$690,442.46	\$0.00	0 %	\$0.00	0.00%	0	0 %	\$373,484.38	54 %	\$373,484.38	54 %	
NEW JERSEY	958	\$690,442.46	\$0.00	0 %	\$0.00	0.00%	0	0 %	\$373,484.38	54 %	\$373,484.38	54 %	
SOUTH CAROLINA	958	\$690,442.46	\$0.00	0 %	\$0.00	0.00%	0	0 %	\$373,484.38	54 %	\$373,484.38	54 %	
TENNESSEE	958	\$690,442.46	\$0.00	0 %	\$0.00	0.00%	0	0 %	\$373,484.38	54 %	\$373,484.38	54 %	
TEXAS	958	\$690,442.46	\$0.00	0 %	\$0.00	0.00%	0	0 %	\$373,484.38	54 %	\$373,484.38	54 %	
Total	13411	\$9,665,487.79	\$0.00	0 %	\$0.00	0.00%	0	0 %	\$5,228,326.89	54 %	\$5,228,326.89	54 %	

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Proactive Risk Management and Claims Administration Solutions

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WORKERS' COMPENSATION BILLING REPORTS

Client billing and accounting reports

WC BILLING REPORTS: MONTHLY BILLING REPORT



Shows individual claim detail grouped by claim type.

 ICE Demo Client Monthly Billing Report Claim Date From: 1/1/1900 12:00:00 AM To: 3/11/2020 11:59:59 PM											
Claimant	Claim Number	Date of Loss	Adjuster	State of Jurisdiction	Claim Input Date	Claim Type / Covg Code	Change From	Date of Change	Claim Status	Coverage	RPO Converted
Alabama, USA											
Indemnity											
Claimant, Ind 20	08CEC162781	11/28/2018	KBRECHTEL	Alabama, USA	11/28/2018	Indemnity			Closed	WC	
Claimant, Ind 21	09CEC162782	8/17/2017	TCCOCHRAN	Alabama, USA	08/17/2017	Indemnity			Open	WC	
Claimant, Ind 22	09CEC162783	11/21/2017	RVOGEL	Alabama, USA	11/21/2017	Indemnity			Open	WC	
Claimant, Ind 23	09CEC162784	10/4/2017	RVOGEL	Alabama, USA	10/04/2017	Indemnity			Open	WC	
Claimant, Ind 24	09CEC162785	11/24/2017	KBRECHTEL	Alabama, USA	11/24/2017	Indemnity			Closed	WC	
Claimant, Ind 25	09CEC162786	5/26/2017	KBRECHTEL	Alabama, USA	05/26/2017	Indemnity			Closed	WC	
Claimant, Ind 26	10CEC162787	1/6/2018	RVOGEL	Alabama, USA	01/06/2018	Indemnity			Open	WC	
Claimant, Ind 27	10CEC162788	2/15/2018	RVOGEL	Alabama, USA	02/15/2018	Indemnity			Open	WC	
Claimant, Ind 28	10CEC162789	10/28/2018	RVOGEL	Alabama, USA	10/28/2018	Indemnity			Open	WC	
Claimant, Ind 29	10CEC162790	7/4/2018	RVOGEL	Alabama, USA	07/04/2018	Indemnity			Open	WC	
Claimant, Ind 3	09CEC162791	11/26/2013	KBRECHTEL	Alabama, USA	11/26/2013	Indemnity			Closed	WC	
Claimant, Ind 30	10CEC162792	7/20/2018	RVOGEL	Alabama, USA	07/20/2018	Indemnity			Open	WC	
Claimant, Ind 31	10CEC162793	8/21/2018	KBRECHTEL	Alabama, USA	08/21/2018	Indemnity			Closed	WC	
Claimant, Ind 32	10CEC162794	7/23/2018	KBRECHTEL	Alabama, USA	07/23/2018	Indemnity			Closed	WC	
Claimant, Ind 33	10CEC162795	1/2/2018	KBRECHTEL	Alabama, USA	01/02/2018	Indemnity			Closed	WC	
Claimant, Ind 34	10CEC162796	6/28/2018	KBRECHTEL	Alabama, USA	06/28/2018	Indemnity			Closed	WC	
Claimant, Ind 35	10CEC162797	9/8/2018	KBRECHTEL	Alabama, USA	09/08/2018	Indemnity			Closed	WC	
Claimant, Ind 36	11CEC162807	6/8/2019	RVOGEL	Alabama, USA	06/08/2019	Indemnity			Open	WC	
Claimant, Ind 37	11CEC162808	5/3/2019	RVOGEL	Alabama, USA	05/03/2019	Indemnity			Open	WC	
Claimant, Ind 38	11CEC162809	7/23/2019	RVOGEL	Alabama, USA	07/23/2019	Indemnity			Open	WC	
Claimant, Ind 39	11CEC162810	10/8/2019	RVOGEL	Alabama, USA	10/08/2019	Indemnity			Open	WC	
Claimant, Ind 4	09CEC162798	11/23/2013	KBRECHTEL	Alabama, USA	11/23/2013	Indemnity			Closed	WC	
Claimant, Ind 40	11CEC162799	12/14/2018	RVOGEL	Alabama, USA	12/14/2018	Indemnity			Open	WC	
Claimant, Ind 41	11CEC162800	4/17/2018	KBRECHTEL	Alabama, USA	04/17/2018	Indemnity			Closed	WC	
Claimant, Ind 42	11CEC162801	3/29/2019	KBRECHTEL	Alabama, USA	03/29/2019	Indemnity			Closed	WC	
Claimant, Ind 43	11CEC162801	1/14/2019	KBRECHTEL	Alabama, USA	01/14/2019	Indemnity			Closed	WC	
Claimant, Ind 44	11CEC162802	6/11/2019	RVOGEL	Alabama, USA	06/11/2019	Indemnity			Open	WC	
Claimant, Ind 45	11CEC162803	11/7/2019	RVOGEL	Alabama, USA	11/07/2019	Indemnity			Open	WC	
Claimant, Ind 5	09CEC162804	10/4/2013	KBRECHTEL	Alabama, USA	10/04/2013	Indemnity			Closed	WC	
Claimant, Ind 6	09CEC162805	11/26/2014	RVOGEL	Alabama, USA	11/26/2014	Indemnity			Open	WC	

WORKERS' COMPENSATION MANAGEMENT REPORTS

Management reports

WC MANAGEMENT REPORTS: ANALYTICAL REPORT – CLAIMS ANALYSIS



Shows competition, claim count, and amount between years.

Coverages: WC										
Total Incurred Any										
		As of 06/11/2019			As of 03/11/2019				As of 03/11/2019	
		Closing Ratio Claims Entered/Closed 01/01/2019 - 06/11/2019			Closing Ratio Claims Entered/Closed 01/01/2019 - 03/11/2019				Percentage Comparison	
Adjuster	Claim Type	Claims Entered	Claims Closed	%	Claim Type	Claims Entered	Claims Closed	%	Claims Entered	Claims Closed
BRECHTEL, KATE	IND, MO	0	728	0.00%	IND, MO	0	728	0.00%	0.00%	0.00%
VOGEL, RACHEL	IND	28	0	0.00%	N/A	0	0	0.00%	0.00%	0.00%
Total		28	728	2600.00%		0	728			0.00%

WC MANAGEMENT REPORTS: ANALYTICAL REPORT –CLOSING RATIO ANALYSIS



Shows competition, claim count, and amount between years.

Coverages: WC						
Indemnity, Medical Only Claims by Entry Date/Date Closed						
As of Date	All Claims			WC		
	Entered	Closed	%	Entered	Closed	%
1/31/2015	0	0	0.00%	0	0	0.00%
1/31/2017	0	0	0.00%	0	0	0.00%
2/28/2015	0	728	0.00%	0	728	0.00%
2/28/2017	0	728	0.00%	0	728	0.00%
3/31/2015	0	728	0.00%	0	728	0.00%
3/31/2017	0	728	0.00%	0	728	0.00%
4/30/2015	0	728	0.00%	0	728	0.00%
4/30/2017	0	728	0.00%	0	728	0.00%
5/31/2015	14	728	5200.00%	14	728	5200.00%
5/31/2017	15	729	4860.00%	15	729	4860.00%
6/30/2015	28	728	2600.00%	28	728	2600.00%
6/30/2017	29	729	2513.79%	29	729	2513.79%
7/31/2015	56	728	1300.00%	56	728	1300.00%
7/31/2017	57	729	1278.95%	57	729	1278.95%
8/31/2015	70	728	1040.00%	70	728	1040.00%
8/31/2017	71	729	1026.76%	71	729	1026.76%
9/30/2015	112	728	650.00%	112	728	650.00%
9/30/2017	113	729	645.13%	113	729	645.13%
10/31/2015	154	728	472.73%	154	728	472.73%
10/31/2017	155	730	470.97%	155	730	470.97%
11/30/2015	182	728	400.00%	182	728	400.00%
11/30/2017	183	730	398.91%	183	730	398.91%
12/31/2015	224	728	325.00%	224	728	325.00%
12/31/2017	225	730	324.44%	225	730	324.44%

WC MANAGEMENT REPORTS: ANALYTICAL REPORT –YEARS CLAIMS ANALYSIS



Shows competition, claim count, and amount between years.

Total Incurred Any Indemnity, Medical Claims by Date of Loss										
Coverage Code: WC										
As Of Date	Total Incurred	Change	%	# Claims	Change	%	Avg Cost per Claim	Change	%	
1/31/2015	\$0			3			\$0			
1/31/2017	\$0	\$0	0.00%	3	0	0.00%	\$0	\$0	0.00%	
2/28/2015	\$0			3			\$0			
2/28/2017	\$0	\$0	0.00%	3	0	0.00%	\$0	\$0	0.00%	
3/31/2015	\$0			3			\$0			
3/31/2017	\$0	\$0	0.00%	3	0	0.00%	\$0	\$0	0.00%	
4/30/2015	\$0			3			\$0			
4/30/2017	\$0	\$0	0.00%	3	0	0.00%	\$0	\$0	0.00%	
5/31/2015	\$0			14			\$0			
5/31/2017	\$0	\$0	0.00%	15	1	7.14%	\$0	\$0	0.00%	
6/30/2015	\$0			28			\$0			
6/30/2017	\$0	\$0	0.00%	29	1	3.57%	\$0	\$0	0.00%	
7/31/2015	\$0			55			\$0			
7/31/2017	\$0	\$0	0.00%	57	1	1.79%	\$0	\$0	0.00%	
8/31/2015	\$0			73			\$0			
8/31/2017	\$0	\$0	0.00%	71	1	1.43%	\$0	\$0	0.00%	
8/30/2015	\$0			112			\$0			
8/30/2017	\$0	\$0	0.00%	113	1	0.89%	\$0	\$0	0.00%	
10/31/2015	\$0			154			\$0			
10/31/2017	\$0	\$0	0.00%	155	1	0.65%	\$0	\$0	0.00%	
11/30/2015	\$0			182			\$0			
11/30/2017	\$0	\$0	0.00%	183	1	0.55%	\$0	\$0	0.00%	
12/31/2015	\$0			224			\$0			
12/31/2017	\$0	\$0	0.00%	225	1	0.45%	\$0	\$0	0.00%	

WC MANAGEMENT REPORTS: CLAIM EXCEPTION REPORT



Allows you to search for potential claim issues.

Claimant Name	Claim #	Claims Status	Claim Type	DOL	Adjuster	Total Paid	Outstanding Reserves	Total Incurred Last Activity	Last Activity Name	% Outstanding Reserves	
Claims with No Activity											
BUSINESS UNIT 1 1700											
Claimant MO 2	C060844	Open	Medical	4/18/2017	VOGEL, RACHEL	\$3,700.46	\$0.00	\$2,658.75	1/4/2012	Claim Note Adjuster	0.00%
Claimant MO 16	C061334	Open	Medical	6/14/2018	VOGEL, RACHEL	\$1,136.62	\$0.00	\$1,136.62	1/13/2012	Transaction & Reserve	0.00%
Claimant MO 17	C061348	Open	Medical	5/28/2018	VOGEL, RACHEL	\$222.58	\$2,800.00	\$3,022.58	2/15/2012	Claim Note Adjuster & Reserve	92.64%
Claimant MO 31	C061671	Open	Indemnity	1/10/2019	VOGEL, RACHEL	\$4,674.46	\$16,019.02	\$20,693.50	2/26/2012	Transaction	77.41%
Claimant MO 32	C061684	Open	Medical	1/17/2019	VOGEL, RACHEL	\$524.68	\$1,210.00	\$1,734.68	2/15/2012	Claim Note Adjuster & Reserve	69.76%
Claimant MO 35	C061751	Open	Medical	9/19/2019	VOGEL, RACHEL	\$16.00	\$6,600.00	\$6,616.00	6/17/2013	Reserve	99.76%
Claimant MO 36	C061783	Open	Medical	9/3/2019	VOGEL, RACHEL	\$4,703.09	\$5,075.00	\$9,778.09	2/15/2012	Claim Note Adjuster & Reserve	51.90%
Claimant MO 45	C061942	Open	Medical	8/14/2019	VOGEL, RACHEL	\$195.83	\$1,408.00	\$1,604.83	3/7/2012	Transaction	86.45%
Claimant Ind 6	C062677	Open	Indemnity	11/28/2014	VOGEL, RACHEL	\$185,994.82	\$943,242.33	\$1,012,207.15	3/12/2012	Transaction	83.31%
Claimant Ind 7	C063078	Open	Indemnity	7/2/2014	VOGEL, RACHEL	\$185,643.06	\$262,700.23	\$448,434.19	3/8/2012	Transaction	58.60%
Claimant Ind 12	C063118	Open	Indemnity	12/28/2014	VOGEL, RACHEL	\$193,424.21	\$85,957.12	\$279,381.33	2/26/2012	Transaction	30.77%
Claimant Ind 16	C063154	Open	Indemnity	11/28/2016	VOGEL, RACHEL	\$7,109.46	\$9,335.54	\$16,442.00	6/18/2013	Transaction & Reserve	56.78%
Claimant Ind 17	C063164	Open	Indemnity	2/10/2016	VOGEL, RACHEL	\$167,570.25	\$0.00	\$124,311.83	2/10/2012	Claim Note Adjuster	0.00%
Claimant Ind 21	C063199	Open	Indemnity	8/17/2017	VOGEL, RACHEL	\$29,207.09	\$45,420.76	\$74,627.85	2/13/2012	Claim Note Adjuster & Reserve	60.86%
Claimant Ind 22	C063208	Open	Indemnity	11/21/2017	VOGEL, RACHEL	\$133,995.56	\$162,661.14	\$296,656.70	6/18/2013	Transaction	54.83%
Claimant Ind 23	C063215	Open	Indemnity	1/9/2017	VOGEL, RACHEL	\$87,207.23	\$164,469.77	\$251,677.00	3/12/2012	Transaction	65.35%
Claimant Ind 26	C063465	Open	Indemnity	1/9/2018	VOGEL, RACHEL	\$187,441.19	\$243,962.87	\$431,424.06	6/17/2013	Transaction	56.55%
Claimant Ind 27	C063474	Open	Indemnity	2/15/2018	VOGEL, RACHEL	\$33,077.56	\$18,516.00	\$51,593.56	2/15/2012	Claim Note Adjuster & Reserve	35.80%
Claimant Ind 28	C063483	Open	Indemnity	10/28/2018	VOGEL, RACHEL	\$57,752.85	\$37,099.96	\$94,852.81	6/17/2013	Transaction	39.11%

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Proactive Risk Management and Claims Administration Solutions

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WC MANAGEMENT REPORTS: CLOSING RATIO



Shows closing ratio on per adjuster basis.

		ICE Demo Client		Closing Ratio		Claim Date From: 1/1/1900 12:00:00 AM To: 3/11/2020 11:59:59 PM	
Adjuster	Claim Type	Open Claims Period Start	Claims Received In Period	Claims Closed In Period	Period Closing Ratio	Total Inventory Closing Ratio	Open Claims Period End
DANVILLE							
BLAKENEY, STEPHANIE							
	Incident	0	2	1	50.0%	50.0%	1
	Indemnity	0	11	0	0.0%	0.0%	11
	Medical	0	1	1	100.0%	100.0%	0
BLAKENEY, STEPHANIE Totals:		0	14	2	56.3%	14.3%	12
COCHRAN, TIM							
	Indemnity	0	3	0	0.0%	0.0%	3
COCHRAN, TIM Totals:		0	3	0	0.0%	0.0%	3
DRAIG, JOHN							
	Indemnity	0	2	1	50.0%	50.0%	1
DRAIG, JOHN Totals:		0	2	1	50.0%	50.0%	1
DANVILLE Totals:		0	19	3	15.8%	15.8%	16
LISLE							
HARVEY, ROB							
	Indemnity	0	1	0	0.0%	0.0%	1
HARVEY, ROB Totals:		0	1	0	0.0%	0.0%	1
LISLE Totals:		0	1	0	0.0%	0.0%	1
METAIRE							
VOGEL, RACHEL							
	Incident	0	14	0	0.0%	0.0%	14

WC MANAGEMENT REPORTS: COMPREHENSIVE DASHBOARD



Provides a snapshot of the client activity.

ICE Demo Client

Comprehensive Dashboard

Claim Date From: 1/1/1900 12:00:00 AM To: 3/11/2020 11:59:59 PM

Claim Count and Total Incurred by Fiscal Year

Fiscal Year	Claim Count	Total Incurred
January 2012 - December 2012	20	\$474,188.58
January 2013 - December 2013	1	\$24,565,680
January 2014 - December 2014	98	\$1,117,489
January 2015 - December 2015	305	\$1,117,489
January 2016 - December 2016	261	\$1,117,489
January 2017 - December 2017	261	\$1,117,489
January 2018 - December 2018	261	\$1,117,489
January 2019 - December 2019	261	\$1,117,489
January 2020 - December 2020	261	\$1,117,489

Top 5 Open Claims by Incurred

Claim #	DCL	Claimant	Adjuster	Total Incurred
C052877	10/28/2014	Claimant, Ind 8	VOGEL, RACHEL	\$1,012,267.15
C101448	10/28/2014	Claimant, Ind 8	VOGEL, RACHEL	\$1,012,267.15
C102905	10/28/2014	Claimant, Ind 8	VOGEL, RACHEL	\$1,012,267.15
C103071	10/28/2014	Claimant, Ind 8	VOGEL, RACHEL	\$1,012,267.15
C183434	10/28/2014	Claimant, Ind 8	VOGEL, RACHEL	\$1,012,267.15

Claim Totals

Open Claims	Closed Claims	Total Claims	Total Occurrences
448	730	1178	1170

Financial Totals

Total Paid	Outstanding Reserves	Third Party Recovery	Total Incurred	Total Reimbursement	Net Incurred
\$37,371,489.00	\$42,016,095.82	\$625,567.74	\$78,762,017.98	\$2,548.04	\$78,750,471.04

Employee Injury - Body Part by Claim Count and Total Incurred - Fiscal Years: Jan 2012 - Dec 2012 through Jan 2020 - Dec 2020

Body Part	Claim Count	Total Incurred
Back - Injured	31	\$21,100,824
Back - Other	238	\$1,861,815
Other - Injured	42	\$12,805,778
Other - Other	27	\$1,521,100
Other - Neck	28	\$1,521,100

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WC MANAGEMENT REPORTS: DASHBOARD REPORT



Graphical overview report.



WC MANAGEMENT REPORTS: MULTI PERIOD COMPARISON REPORT



Shows comparison and variances between multiple periods of time.

	Period 1: 1/1/2017 - 12/31/2017				Period 2: 1/1/2015 - 12/31/2015				Period 3: 1/1/2012 - 12/31/2012			
	# of Claims	Total Paid	Reserves	Incurred	# of Claims	Total Paid	Reserves	Total Incurred	Claims	Total Paid	Reserves	Total Incurred
Primary Carrier:												
Open	84	\$9.90	\$0.00	\$0.00	94	\$0.00	\$0.00	\$0.00	0	\$0.00	\$0.00	\$9.90
Closed	14	\$9.90	\$0.00	\$0.00	14	\$0.00	\$0.00	\$0.00	0	\$0.00	\$0.00	\$9.90
Total Indemnity	98	\$9.90	\$0.00	\$0.00	98	\$0.00	\$0.00	\$0.00	0	\$0.00	\$0.00	\$9.90
Open	56	\$9.90	\$0.00	\$0.00	56	\$0.00	\$0.00	\$0.00	0	\$0.00	\$0.00	\$9.90
Closed	71	\$9.90	\$0.00	\$0.00	70	\$0.00	\$0.00	\$0.00	0	\$0.00	\$0.00	\$9.90
Total Medical	127	\$9.90	\$0.00	\$0.00	126	\$0.00	\$0.00	\$0.00	0	\$0.00	\$0.00	\$9.90
Open All	140	\$0.00	\$9.00	\$6.00	140	\$0.00	\$9.00	\$6.00	0	\$9.00	\$0.00	\$0.00
Closed All	85	\$0.00	\$9.00	\$6.00	84	\$0.00	\$9.00	\$6.00	0	\$9.00	\$0.00	\$0.00
and Period 2: 1/1/2015 - 12/31/2015												
	# of Claims	Total Paid	Outstanding Reserves	Total Incurred	# of Claims	Total Paid	Outstanding Reserves	Total Incurred				
Primary Carrier:												
Open	0	\$0.00	\$0.00	\$8.00	-84	\$0.00	\$9.90	\$9.90				
Closed	0	\$0.00	\$0.00	\$8.00	-14	\$0.00	\$9.90	\$9.90				
Total Indemnity	0	\$0.00	\$0.00	\$8.00	-98	\$0.00	\$9.90	\$9.90				
Open	0	\$0.00	\$0.00	\$6.00	-56	\$0.00	\$9.90	\$9.90				
Closed	-1	\$0.00	\$0.00	\$8.00	-78	\$0.00	\$9.90	\$9.90				
Total Medical	-1	\$0.00	\$0.00	\$8.00	-126	\$0.00	\$9.90	\$9.90				
Open All	0	\$9.00	\$0.00	\$0.00	-140	\$8.00	\$0.00	\$0.00				
Closed All	-1	\$8.00	\$0.00	\$0.00	84	\$8.00	\$0.00	\$0.00				

WC MANAGEMENT REPORTS: NOTE ANALYSIS REPORT



Shows basic claim information and note text.



ICE Demo Client
Note Analysis Report

Claim Date From: 1/1/1900 12:00:00 AM To: 3/11/2020 11:59:59 PM

Claim #	Occ #	Claimant Name	DOL	Note Input Date	Note Type	Input By	Attachment	Total Incurred on Note Input date	DOL
Note Text									
Claim Number: 05CEC052793									
05CEC052793		Claimant, Ind 1	11/19/2013	1/6/2020	CLIENT	BRECHTEL, KATE	Y	\$0.00	11/19/2013
<p>Called Matthew ***** 888-888-8888 and received his voice mail, I left a message asking him to call me back.</p> <hr/> <p>Received a call back from Matthew **** who said no question on this claim. This is a 42 yr old Garbage collection and driver who fell to the ground from the ladder on the truck and has a Lumbar strain. EE was returned to modified duty, ER could not accommodate modified duty for 1 day and EE is now driving for 8 hrs. a day. EE has a follow up at the clinic on 1/3/06.</p>									
05CEC052793		Claimant, Ind 1	11/19/2013	1/6/2020	CLAIMANT	BRECHTEL, KATE	Y	\$0.00	11/19/2013
<p>ACCEPTANCE NOTICE December 28th, 2005</p> <p>Claimant Ind 1 15003 Land St City, State, Zip</p> <p>Employee Mr. Claimant Ind 1 Date of Loss 12-19-2005 Claim #</p> <p>Dear Claimant:</p> <p>I am handling your claim for workers' compensation benefits.</p> <p>Based on the information we have received, we are accepting your claim at this time.</p> <p>Any medical bills we have received to date will now be processed for payment. If you have received any bills, please write your claim number and send them to me.</p> <p>Enclosed is a pamphlet explaining workers' compensation benefits. Please review the enclosed pamphlet, which explains your rights and responsibilities under workers' compensation law.</p> <p>Please call me if you have any questions at 123-456-7890.</p> <p>Sincerely, CCMSI Workers' Compensation Claims Department</p>									
05CEC052793		Claimant, Ind 1	11/19/2013	1/6/2020	MEDICAL	BRECHTEL, KATE	Y	\$0.00	11/19/2013

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WC MANAGEMENT REPORTS: QUARTERLY ANALYTIC REPORT



Detailed claim and financial comparison report.



ICE Demo Client

Quarterly Analytic Report

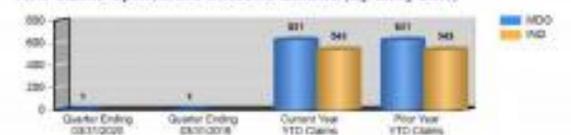
Claim Date From: 1/1/1900 12:00:00 AM To: 3/11/2020 11:59:59 PM

Coverage: WC

New Claims Opened and Incidents Entered - 1st Quarter (By Entry Date)

Claim Type	Quarter Ending 03/31/2020	Quarter Ending 03/31/2019	Variance
Medical	1	1	0
Indemnity			0
Total	1	1	0

New Claims Opened and Incidents Entered (By Entry Date)



Historical Claim Summary - (By Date of Loss)

	Incident				Medical Only Claim Volume				Indemnity Claim Volume				Total Incurred				Average Cost per Claim			
	Open & Closed	Open	Closed	Total	Open	Closed	Total	Total All	Incident	Medical Only	Indemnity	Total	Incident	Medical Only	Indemnity	Total				
Year 1900 YTD As Of 03-28-2020	3	143	491	635	324	238	562	1170	\$234,349	\$768,009	\$79,429,203	\$79,502,497	\$69,875	\$1,250	\$128,912	\$69,835				
Year 1900 YTD As Of 03-28-2019	3	143	491	635	324	238	562	1170	\$234,349	\$803,430	\$79,034,819	\$77,172,599	\$69,875	\$1,273	\$140,027	\$69,438				
Variance	0	0	0	0	0	0	0	0	\$0	(\$14,566)	(\$68,610)	(\$430,302)	\$0	(\$23)	(\$1,115)	(\$538)				

Open Claim Summary - 1/1/1900 - 3/11/2020 11:59:59 PM as of 2/29/2020 - 1st Quarter (By Date of Loss)

Claim Type	Year 1900 Value As Of 03-28-2020						Year 1900 Value As Of 03-28-2019						Variance	
	Total Claims	Litigated Claims	Subro Claims	Total Paid	Reserve	Total Incurred	Total Claims	Litigated Claims	Subro Claims	Total Paid	Reserve	Total Incurred	Claims	Total Incurred
Indemnity	264	125	3	\$25,729,226	\$43,481,841	\$67,810,650	304	125	3	\$17,384,020	\$1,151,447	\$65,216,267	0	(\$65,070)
Medical Only	140	0	0	\$248,184	\$527,527	\$771,127	140	0	0	\$67,599	\$717,808	\$785,711	0	(\$14,584)
Total	404	125	3	\$26,217,410	\$44,009,368	\$68,581,777	444	125	3	\$17,732,620	\$1,869,255	\$66,001,978	0	(\$63,282)

Closed Claim Summary - 1/1/1900 - 3/11/2020 11:59:59 PM as of 2/29/2020 - 1st Quarter (By Date Closed)

Claim Type	Q1 Ending 03/31/2020	Q1 Ending 03/31/2019	Variance	Year 2020 YTD	Year 2019 YTD	Variance	Close Ratio Year 2020	Close Ratio Year 2019	Variance
Indemnity	229	228	0	229	228	0	44.01 %	44.81 %	-0.08 %
Medical	491	491	0	491	491	0	72.81 %	72.81 %	0.00 %
Total	720	719	0	720	719	0	62.18 %	62.18 %	0.00 %

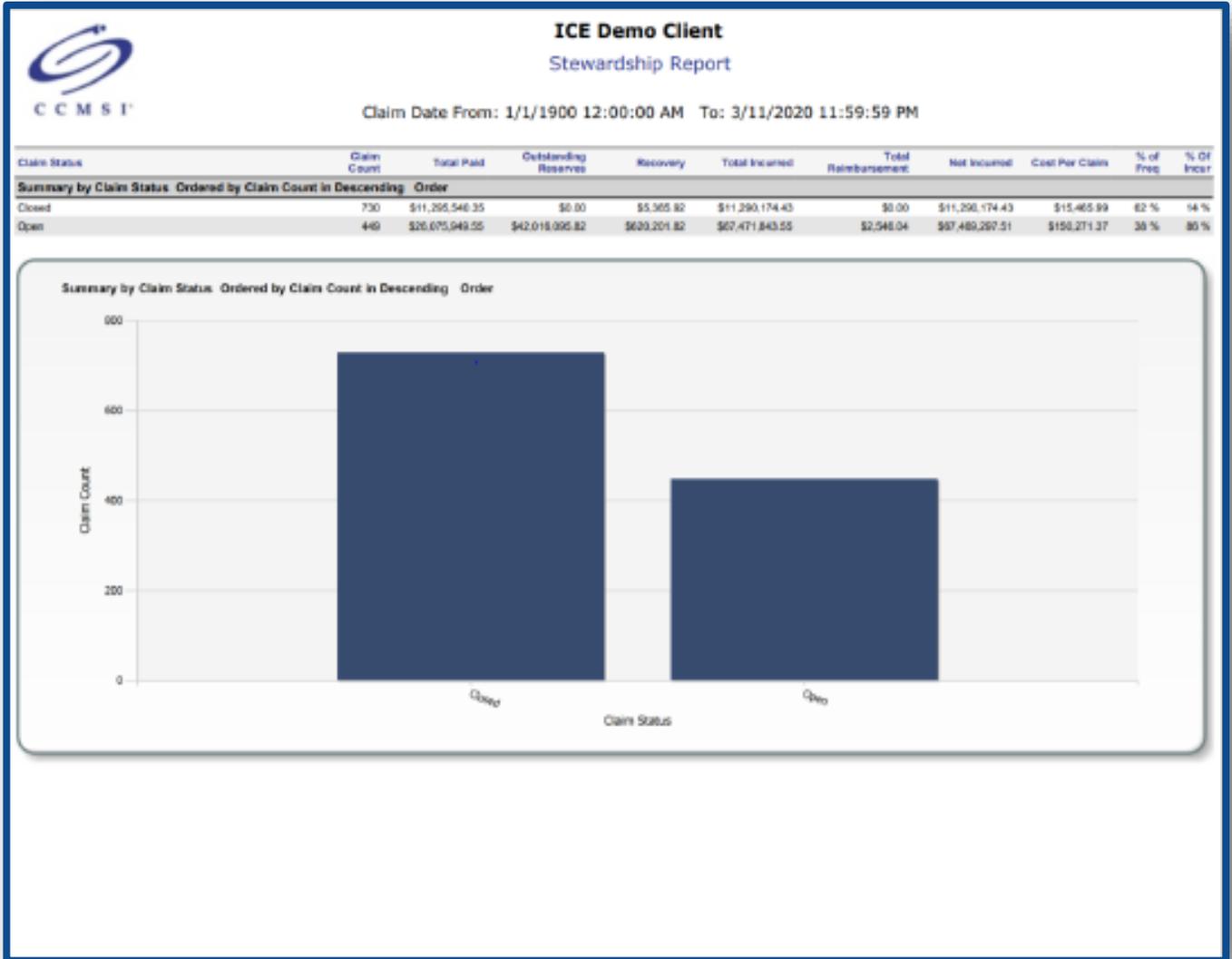
Payments Issued- 1st Quarter (By Entry Date)

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WC MANAGEMENT REPORTS: STEWARDSHIP REPORT



Stewardship report.



WORKERS' COMPENSATION LITIGATION MANAGEMENT REPORTS

Litigation management reports

WC LITIGATION MANAGEMENT REPORTS: CLOSING RATIO LITIGATED



Shows closing ratio of in suit claims.

ICE Demo Client		Closing Ratio Litigated						
Claim Date From: 1/1/1900 12:00:00 AM To: 3/11/2020 11:59:59 PM								
Adjuster	Claim Type	Open Claims Period Start	Claims Received In Period	Claims Closed In Period	Period Closing Ratio	Total Inventory Closing Ratio	Open Claims Period End	
DANVILLE								
BLANEY, STEPHANIE								
	Indemnity	0	0	0	0.0%	0.0%	0	
BLANEY, STEPHANIE Totals:		0	0	0	0.0%	0.0%	0	
COCHRAN, TIM								
	Indemnity	0	1	0	0.0%	0.0%	1	
COCHRAN, TIM Totals:		0	1	0	0.0%	0.0%	1	
CRAIG, JOHN								
	Indemnity	0	1	1	100.0%	100.0%	0	
CRAIG, JOHN Totals:		0	1	1	100.0%	100.0%	0	
DANVILLE Totals:		0	10	1	50.0%	18.8%	9	
NETARIE								
VOGEL, RACHEL								
	Indemnity	0	116	0	0.0%	0.0%	116	
VOGEL, RACHEL Totals:		0	116	0	0.0%	0.0%	116	
NETARIE Totals:		0	116	0	0.0%	0.0%	116	

WC LITIGATION MANAGEMENT REPORTS: LITIGATION DASHBOARD REPORT



Shows claims with legal information.



ICE Demo Client

Litigation Dashboard Report

Claim Date From: 5/1/2014 12:00:00 AM To: 2/29/2020 11:59:59 PM

CLAIMS GOING TO TRIAL WITHIN 90 DAYS - BOLD FONT INDICATES TRIAL WITHIN 30 DAYS

Claimant	Accident Description	Demand Amount	Last Authorized Amount	Settlement Amount	Trial Date	Location	Defense Attorney
TOP 5 HIGHEST PAID FIRMS, LAST 12 MONTHS							
Law Firm	Number of Files Assigned/Jurisdiction			Total Paid	Avg. Per Claim During Period		
ICE DEMONSTRATION PAYEE	195 TEXAS			\$406,180.88	\$2,072.35		
	28 TEXAS			(\$0,850.20)	(\$244.65)		

Total Legal Expense by Last 12 Months

Top 5 Highest Paid Firms, Last 12 Months

NEWLY LITIGATED CASES

Claimant	Accident Description	Demand Amount	Last Authorized Amount	Settlement Amount	Date Suit Filed	Trial Date	Location	Defense Attorney
(Table content is mostly blank in the image)								

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WC LITIGATION MANAGEMENT REPORTS: LITIGATION MANAGEMENT BASIC



Shows one line claim and legal information at a per claim level.

Claimant	Claims Number	Date Of Loss	Coverage	Member Name	Date Suit Filed	Date Suit Received	Date Counsel Assigned	Defense Attorney	Plaintiff Attorney
ICE Demo Client									
Litigation Management Basic									
Claim Date From: 1/1/1900 12:00:00 AM To: 3/11/2020 11:59:59 PM									
Agency: BUSINESS UNIT 1 1700 (ICE0001)									
Claimant, Inc 4	06ICDC052049	11/23/2013	WC	BUSINESS UNIT 1 1700				Thomas J Smith	WILL ADAMS
Claimant, Inc 4	06ICRC181579	11/23/2013	WC	BUSINESS UNIT 1 1700				Thomas J Smith	WILL ADAMS
Claimant, Inc 6	06ICDC052077	11/26/2014	WC	BUSINESS UNIT 1 1700				Thomas J Smith	WILL ADAMS
Claimant, Inc 7	06ICDC053078	7/2/2014	WC	BUSINESS UNIT 1 1700				Thomas J Smith	WILL ADAMS
Claimant, Inc 6	06ICRC181448	11/26/2014	WC	BUSINESS UNIT 1 1700				Thomas J Smith	WILL ADAMS
Claimant, Inc 7	06ICDC181449	7/2/2014	WC	BUSINESS UNIT 1 1700				Thomas J Smith	WILL ADAMS
Claimant, Inc 16	06ICDC053154	11/26/2016	WC	BUSINESS UNIT 1 1700				Thomas J Smith	WILL ADAMS
Claimant, Inc 17	06ICDC053164	3/30/2016	WC	BUSINESS UNIT 1 1700				Thomas J Smith	WILL ADAMS
Claimant, Inc 19	06ICDC053182	4/19/2016	WC	BUSINESS UNIT 1 1700				Thomas J Smith	WILL ADAMS
Claimant, Inc 16	06ICRC181454	11/26/2016	WC	BUSINESS UNIT 1 1700				Thomas J Smith	WILL ADAMS
Claimant, Inc 17	06ICDC181415	3/30/2016	WC	BUSINESS UNIT 1 1700				Thomas J Smith	WILL ADAMS
Claimant, Inc 19	06ICDC181481	4/19/2016	WC	BUSINESS UNIT 1 1700				Thomas J Smith	WILL ADAMS
Claimant, Inc 21	06ICDC053199	8/17/2017	WC	BUSINESS UNIT 1 1700				Thomas J Smith	WILL ADAMS
Claimant, Inc 23	06ICDC053215	9/4/2017	WC	BUSINESS UNIT 1 1700				Thomas J Smith	WILL ADAMS
Claimant, Inc 24	06ICDC053220	11/24/2017	WC	BUSINESS UNIT 1 1700				Thomas J Smith	WILL ADAMS
Claimant, Inc 21	06ICDC181420	8/17/2017	WC	BUSINESS UNIT 1 1700				Thomas J Smith	WILL ADAMS
Claimant, Inc 23	06ICDC181422	9/4/2017	WC	BUSINESS UNIT 1 1700				Thomas J Smith	WILL ADAMS
Claimant, Inc 24	06ICRC181423	11/24/2017	WC	BUSINESS UNIT 1 1700				Thomas J Smith	WILL ADAMS
Claimant, Inc 29	16ICDC053493	7/4/2018	WC	BUSINESS UNIT 1 1700				Thomas J Smith	WILL ADAMS
Claimant, Inc 32	16ICDC053570	7/25/2018	WC	BUSINESS UNIT 1 1700				Thomas J Smith	WILL ADAMS
Claimant, Inc 29	16ICRC181428	7/4/2018	WC	BUSINESS UNIT 1 1700				Thomas J Smith	WILL ADAMS
Claimant, Inc 32	16ICDC181502	7/25/2018	WC	BUSINESS UNIT 1 1700				Thomas J Smith	WILL ADAMS
Claimant, Inc 37	11ICDC053037	5/3/2019	WC	BUSINESS UNIT 1 1700				Thomas J Smith	WILL ADAMS
Claimant, Inc 45	11ICRC053752	11/7/2019	WC	BUSINESS UNIT 1 1700				Thomas J Smith	WILL ADAMS
Claimant, Inc 37	11ICDC181437	5/3/2019	WC	BUSINESS UNIT 1 1700				Thomas J Smith	WILL ADAMS
Claimant, Inc 45	11ICDC181446	11/7/2019	WC	BUSINESS UNIT 1 1700				Thomas J Smith	WILL ADAMS
Total Number Suits Filed: 26									
Agency: BUSINESS UNIT 2 (ICE0002)									
Claimant, Inc 4	06ICDC162796	11/23/2013	WC	BUSINESS UNIT 2				Thomas J Smith	WILL ADAMS

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WC LITIGATION MANAGEMENT REPORTS: LITIGATION MANAGEMENT DETAIL



Shows claim detail and legal information at a per claim level.



ICE Demo Client
Litigation Management Detail

Claim Date From: 1/1/1900 12:00:00 AM To: 3/11/2020 11:59:59 PM

Agency: BUSINESS UNIT 1 1700 - ICE0001

Employer Name: BUSINESS UNIT 1 1700 Claimant Name: Claimant, Ind 4 Date of Loss: 11/23/2013 Coverage: WC Accident Type: STRAIN OR INJURY BY TWISTING Defense Attorney: Thomas J Smith Plaintiff Attorney: WILL ADAMS Demand Amount: \$0.00 Total Paid: \$65,690.00 Total Outstanding Reserves: \$0.00 Net Incurred: \$65,690.00 Total Incurred: \$65,690.00 Date Counsel Assigned: Venue: Accident Description: Moving can hurt right leg	Member #: ICE0001 Claim #: 09ICEC052849 Adjuster: BRECHTEL, KATE Reported to Excess: No Trial Date: Defense Firm: GALLOWAY, JOHNSON, TOMPKINS, BURR & SMITH PLC Plaintiff Firm: ADAMS LAW FIRM Authorized Amount: \$0.00 Total Reimbursement: \$0.00 Total Recovered: \$0.00 Date Suit Filed: Date Suit Received:
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WC LITIGATION MANAGEMENT REPORTS: LOSS RUN SUMMARY LITIGATED



Shows one line detail of individual litigated claims.

ICE Demo Client Loss Run Summary Litigated														
Claim Date From: 1/1/1900 12:00:00 AM To: 3/11/2020 11:59:59 PM														
Claim Number	Claimant	Coop	Claim Type	Date of Loss	Suit Filed (Y/N)	Date Suit Received	Trial Date	Hearing Date	Legal Paid	Legal Incurred	Total Paid	Outstanding Reserves	Third Party Recovery	Total Incurred
Accident Description						Defense Attorney	Plaintiff Attorney							
Calendar Year of Loss - 2013														
09CEC188821	Claimant, Ind 4	WC	ind	11/23/2013	Yes		Thomas J Smith	WILL ADAMS	\$8,532.80	\$8,532.80	\$85,896.83	\$0.00	\$0.00	\$85,896.83
Moving van hurt right leg														
09CEC188882	Claimant, Ind 4	WC	ind	11/23/2013	Yes		Thomas J Smith	WILL ADAMS	\$8,532.80	\$8,532.80	\$85,896.83	\$0.00	\$0.00	\$85,896.83
Moving van hurt right leg														
09CEC188884	Claimant, Ind 4	WC	ind	11/23/2013	Yes		Thomas J Smith	WILL ADAMS	\$8,532.80	\$8,532.80	\$85,896.83	\$0.00	\$0.00	\$85,896.83
Moving van hurt right leg														
09CEC188889	Claimant, Ind 4	WC	ind	11/23/2013	Yes		Thomas J Smith	WILL ADAMS	\$8,532.80	\$8,532.80	\$85,896.83	\$0.00	\$0.00	\$85,896.83
Moving van hurt right leg														
09CEC188889	Claimant, Ind 4	WC	ind	11/23/2013	Yes		Thomas J Smith	WILL ADAMS	\$8,532.80	\$8,532.80	\$85,896.83	\$0.00	\$0.00	\$85,896.83
Moving van hurt right leg														
09CEC188889	Claimant, Ind 4	WC	ind	11/23/2013	Yes		Thomas J Smith	WILL ADAMS	\$8,532.80	\$8,532.80	\$85,896.83	\$0.00	\$0.00	\$85,896.83
Moving van hurt right leg														
09CEC188889	Claimant, Ind 4	WC	ind	11/23/2013	Yes		Thomas J Smith	WILL ADAMS	\$8,532.80	\$8,532.80	\$85,896.83	\$0.00	\$0.00	\$85,896.83
Moving van hurt right leg														
09CEC188889	Claimant, Ind 4	WC	ind	11/23/2013	Yes		Thomas J Smith	WILL ADAMS	\$8,532.80	\$8,532.80	\$85,896.83	\$0.00	\$0.00	\$85,896.83
Moving van hurt right leg														
09CEC188889	Claimant, Ind 4	WC	ind	11/23/2013	Yes		Thomas J Smith	WILL ADAMS	\$8,532.80	\$8,532.80	\$85,896.83	\$0.00	\$0.00	\$85,896.83
Moving van hurt right leg														
09CEC188889	Claimant, Ind 4	WC	ind	11/23/2013	Yes		Thomas J Smith	WILL ADAMS	\$8,532.80	\$8,532.80	\$85,896.83	\$0.00	\$0.00	\$85,896.83
Moving van hurt right leg														
09CEC188889	Claimant, Ind 4	WC	ind	11/23/2013	Yes		Thomas J Smith	WILL ADAMS	\$8,532.80	\$8,532.80	\$85,896.83	\$0.00	\$0.00	\$85,896.83
Moving van hurt right leg														
09CEC188889	Claimant, Ind 4	WC	ind	11/23/2013	Yes		Thomas J Smith	WILL ADAMS	\$8,532.80	\$8,532.80	\$85,896.83	\$0.00	\$0.00	\$85,896.83
Moving van hurt right leg														
09CEC188889	Claimant, Ind 4	WC	ind	11/23/2013	Yes		Thomas J Smith	WILL ADAMS	\$8,532.80	\$8,532.80	\$85,896.83	\$0.00	\$0.00	\$85,896.83
Moving van hurt right leg														
09CEC188889	Claimant, Ind 4	WC	ind	11/23/2013	Yes		Thomas J Smith	WILL ADAMS	\$8,532.80	\$8,532.80	\$85,896.83	\$0.00	\$0.00	\$85,896.83
Moving van hurt right leg														
09CEC188889	Claimant, Ind 4	WC	ind	11/23/2013	Yes		Thomas J Smith	WILL ADAMS	\$8,532.80	\$8,532.80	\$85,896.83	\$0.00	\$0.00	\$85,896.83
Moving van hurt right leg														
09CEC188889	Claimant, Ind 4	WC	ind	11/23/2013	Yes		Thomas J Smith	WILL ADAMS	\$8,532.80	\$8,532.80	\$85,896.83	\$0.00	\$0.00	\$85,896.83
Moving van hurt right leg														
Calendar Year of Loss - 2013 Totals:					Open Claims	Closed Claims	Total Claims		Legal Paid	Legal Incurred	Total Paid	Outstanding Reserves	Third Party Recovery	Total Incurred
					0	14	14		\$118,458.20	\$118,458.20	\$919,755.62	\$0.00	\$0.00	\$919,755.62
Calendar Year of Loss - 2014														
09CEC188828	Claimant, Ind 0	WC	ind	11/28/2014	Yes		Thomas J Smith	WILL ADAMS	\$9,187.31	\$28,816.61	\$188,964.82	\$843,242.33	\$0.00	\$1,012,207.16
EE injured right arm while loading trash														
09CEC188889	Claimant, Ind 0	WC	ind	11/28/2014	Yes		Thomas J Smith	WILL ADAMS	\$9,187.31	\$28,816.61	\$188,964.82	\$843,242.33	\$0.00	\$1,012,207.16
EE injured right arm while loading trash														
09CEC188889	Claimant, Ind 0	WC	ind	11/28/2014	Yes		Thomas J Smith	WILL ADAMS	\$9,187.31	\$28,816.61	\$188,964.82	\$843,242.33	\$0.00	\$1,012,207.16
EE injured right arm while loading trash														

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WORKERS' COMPENSATION SCHIP REPORTS

SCHIP reports

WC SCHIP REPORTS: MEDICARE QUERY FUNCTION REPORT



Shows medicare query results for a defined period of time.

Client/Name	Claim Number	Body Part	Date of Loss	Claim Status	Claim Type	Coverage	Last Query Date	Medicare Eligibility	Outstanding Reserves	Total Incurred
 <p style="text-align: center;">Medicare Query Function Report</p> <p style="text-align: center;">Claim Date From: 1/1/2019 12:00:00 AM To: 12/31/2019 11:59:59 PM</p>										
Client/Name	Claim Number	Body Part	Date of Loss	Claim Status	Claim Type	Coverage	Last Query Date	Medicare Eligibility	Outstanding Reserves	Total Incurred
EE fell on right shoulder/back/abow		MULTIPLE BODY PARTS	1/7/2019	Closed	Medical	WC	1/11/2019	Unknown	\$0.00	\$1,130.76
EE upper arms hurt from student		ARM(S)	1/7/2019	Closed	Medical	WC	1/11/2019	Unknown	\$0.00	\$493.11
EE hurt left leg chasing student		MULTIPLE BODY PARTS	1/9/2019	Closed	Medical	WC	1/19/2019	Unknown	\$0.00	\$1,700.18
EE hurt left elbow from fall		MULTIPLE BODY PARTS	1/9/2019	Closed	Medical	WC	1/11/2019	Unknown	\$0.00	\$413.85
EE hurt multiple body parts from fall		MULTIPLE BODY PARTS	1/9/2019	Closed	Medical	WC	6/13/2019	Yes	\$0.00	\$2,114.88
EE hurt head/neck from fall		MULTIPLE BODY PARTS	1/9/2019	Closed	Indemity	WC	1/18/2019	Unknown	\$0.00	\$7,035.90
EE hurt lower back breaking up fight		BACK	1/9/2019	Closed	Medical	WC	1/18/2019	Unknown	\$0.00	\$242.32
EE cut left index finger with paper cutter		FINGER(S)	1/9/2019	Closed	Medical	WC	1/15/2019	Unknown	\$0.00	\$4,512.93
EE injured left hand from boxes		HAND(S)	1/9/2019	Closed	Medical	WC	1/11/2019	Unknown	\$0.00	\$379.70
EE fell and hurt head and right arm		MULTIPLE BODY PARTS	1/9/2019	Closed	Medical	WC	1/11/2019	Unknown	\$0.00	\$541.17
EE injured finger from door		FINGER(S)	1/9/2019	Closed	Medical	WC	2/1/2019	Unknown	\$0.00	\$1,076.46
EE hurt right arm, head, neck/back from fall		MULTIPLE BODY PARTS	1/9/2019	Closed	Medical	WC	1/11/2019	Yes	\$0.00	\$1,557.79
EE has back pain from student		BACK	1/9/2019	Closed	Medical	WC	1/11/2019	Unknown	\$0.00	\$468.32
Student slammed tray of paper on her back		BACK	1/9/2019	Closed	Medical	WC	1/18/2019	Yes	\$0.00	\$2,230.88
EE WAS BITTEN BY STUDENT, RT FOREARM		ARM(S)	1/10/2019	Closed	Medical	WC	1/18/2019	Unknown	\$0.00	\$403.42

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Proactive Risk Management and Claims Administration Solutions

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CCMSI

Tab 10 – Claim Services Coordination

Tab 10 – Claim Services Coordination

This tab should describe how the Contractor will provide account coordination. This tab should describe how claim meetings and reviews are conducted. This tab should include the procedure the Contractor normally utilizes for selecting claims to be reviewed, the frequency and locations for meetings. This tab should describe how the Contractor would ensure that its various offices comply with all claims handling instructions.

CCMSI encourages claims management meetings as an effective method of maintaining appropriate levels of communication with client risk management personnel. We intend to take a lead role in participating in the claim reviews based on criteria set by the City. At this time, we propose to conduct the meetings via Microsoft Teams.

Agendas will be prepared and distributed before reviews, allowing adequate preparation for all parties and facilitation of an efficient and productive meeting. All necessary members of the claims account team will attend the meetings prepared to discuss the various claims according to agenda criteria, to make recommendations, or to request settlement authority. In addition to the claim review, the meeting will address procedural matters and other service issues.

CCMSI's Quality Control Program is designed to ensure strict adherence to best practices, and even more importantly, to the Quality Service Plan—our client's definition of quality. It is CCMSI's resolute commitment to provide superior claims management for our clients. As such, our Quality Assurance Team, which holds a vast array of experience in claims management, auditing, and system and management training, has developed the resources for CCMSI to consistently provide quality, aggressive claims management.

Quality Control Team This team develops and provides training at all locations for compliance with our Corporate Claims Handling Best Practices and conducts regular claim audits that are tied to performance evaluations. **Please reference our Internal Auditing Guidelines & Worksheets in Exhibit 2.**

Goals of the Audit Team

1. Ensure compliance with Best Practices, client handling instructions, and carrier requirements;
2. Provide an objective audit with constructive feedback;
3. Help management and claims staff proactively identify areas for improvement;
4. Work with our claims staff to provide solutions to any areas identified as needing improvement;
5. Foster understanding of our Mission to all claims staff;
6. Streamline processes to ensure timely delivery of services to our clients; and
7. Ensure quality service and value to our clients

New Hire Audits CCMSI performs audits on all new hires 90 days after their date of hire. This allows CCMSI to identify and correct any deficiencies noted and provide additional training as needed. The Quality Assurance Team along with the local management team will review results with each adjuster, as well as, provide additional coaching and training to correct any deficiencies noted.

Annual Corporate Audits CCMSI performs annual audits on a sample of claims handled by each adjuster through a standard method understood by all claims staff. After each review, discussion and feedback sessions take place with the individual office and claim personnel applicable to the audit. If needed, management of that office and the audit team (if requested) implement action plans to address any areas identified as needing improvement. CCMSI's audits include a review of key core competencies,

CCMSI Best Practices and compliance with the client's special handling plans outlined in the QSP. Any office that does not achieve a passing audit of (86% or lower) must develop a Corrective Action Plan, signed off by the State Director, RVP and Lead Auditor.

Quality Service Plan In order to design the structure of the program to meet the exact specifications of each client, custom and detailed handling instructions are created. We work diligently with the client to ensure continuous and consistent compliance with these instructions.

Intake Procedures Input timelines and accuracy are tracked to ensure compliance. The supervisor reviews all claims upon intake to guarantee correct adjuster assignment based on complexity of the case and adjuster experience and skill level. The adjuster on the file validates accuracy of the input claims data.

Supervisor Reviews We perform reviews utilizing a detailed quality checklist to ensure compliance with internal best practices and the City' specific Quality Service Plan. Supervisor reviews are performed upon claim intake and no fewer than thirty to ninety days thereafter, based on claim complexity. Supervisors will not simply check off best practice compliance, but diligently push proactive and aggressive claims handling to drive rapid file closure.

Supervisor Audits File audits are conducted on a designated number of files for each adjuster and client on a monthly basis.

External Audits and File Reviews CCMSI coordinates audits and file reviews with our clients, brokers, and excess insurers. We welcome the opportunity to validate our quality procedures, gauge our performance, and address any improvements that are needed. The account manager facilitates the auditor's review and coordinates the company's written response and procedural action items.

SOC Report CCMSI completes annual SOC 1 and SOC 2 audits to demonstrate that our financial, technology, and security controls are properly designed and operate effectively regarding the confidentiality, integrity and availability of customer information.

Client Scorecard At the outset of the relationship, a Client Scorecard will be developed in concert with the City to identify the specific criteria upon which CCMSI's performance will be evaluated. Your account manager will meet with you annually to complete the evaluation, producing a numeric rating of each aspect of CCMSI's claim handling and client service. If we score less than 100%, a specific action list is developed and implemented to improve our results over the next year. ***The Client Scorecard results are one of our most important performance metrics, and thus used for employee performance evaluation and incentive purposes.***

Monthly Report Review Your account manager will run Management Reports from MyReports to review data and claims trends.

 FINANCIAL REPORTS	5	 ANALYTICAL REPORT - CLAIMS ANALYSIS Show competition, claim count and amount between years
 CLAIM REPORTS	25	 ANALYTICAL REPORT - CLOSING RATIO ANALYSIS Show competition, claim count and amount between years
 CARRIER REPORTS	10	 ANALYTICAL REPORT - YEARS CLAIMS ANALYSIS Show competition, claim count and amount between years
 MANAGED CARE REPORTS	7	 CLAIM EXCEPTION REPORT Allows you to search for potential claim issues
 BILLING REPORTS	2	 CLOSING RATIO Shows closing ratio on per adjuster basis
 MANAGEMENT REPORTS Management Reports	11	 COMPREHENSIVE DASHBOARD Provides a snapshot of the client activity.
 LITIGATION MANAGEMENT	5	 DASHBOARD REPORT Graphical overview report
 SCHIP REPORTS	1	 MULTI PERIOD COMPARISON REPORT Shows comparison and variances between multiple periods of time
		 NOTE ANALYSIS REPORT Shows basis claim information and note text
		 QUARTERLY ANALYTIC REPORT Detailed Claim and Financial Comparison report
		 STEWARDSHIP REPORT Stewardship Report

Benchmarking Utilizing historical trends and other benchmarking sources (such as WCRI and IDS), we can perform regular and detailed analysis of our performance, providing clients extensive metrics to drive the success of the claims management program.

Annual Stewardship Meetings We hold annual performance evaluations and strategy meetings to review the prior year’s performance, including service, claim causes, and loss cost trends and analysis. In addition, we collaborate with the client to develop and implement strategies for improving the results of the program in the next year.

CCMSI

Tab 11 – Banking and Payment Options

Tab 11 – Banking and Payment Options

This tab should describe the available options for payment of claims, claim service fees, and other expenses. This tab should describe all requirements for escrow accounts or pre-payments, billing options, and cash flow management. This tab should provide a sample detailed billing statement for a large city and description of your procedure for reconciliation of financial discrepancies.

[Please refer to the following pages.](#)

CCMSI BANKING OVERVIEW

An overview of banking and funding of client claim escrow accounts

BANKING OPTIONS

CCMSI Clients may choose one of the following banking options for claim payments.

- CCMSI Preferred Escrow
- CCMSI Managed Escrow
- Client Owned Escrow

CCMSI PREFERRED ESCROW

Multi-Employer Account, but all transactions will be uniquely identified to the Client and all analysis and reporting will be at the Client level.

Account is structured to ensure claim payments are in compliance with timelines imposed by various state regulations. CCMSI is responsible for fines and penalties resulting from late payments.

Account is at Bank of America, includes Payee Positive Pay protection and Overdraft protection

Account will have CCMSI's FEIN

Streamlined new client setup – no signature cards, test checks, etc.

Account will be managed via on-line banking within CCMSI's Treasury Department internal control structure

CCMSI prints and issues checks daily for approved claim payments

CCMSI is responsible for preparation of the monthly bank reconciliation and assisting with state escheatment requirements

Client will incur no bank charges (except wire fees) nor receive interest earnings

Client is responsible for appropriate funding of account

CCMSI MANAGED ESCROW

Individual Employer Account

Account is structured to ensure claim payments are in compliance with timelines imposed by various state regulations. CCMSI is responsible for fines and penalties resulting from late payments provided adequate funding is available from Client.

Account is at Bank of America, includes Payee Positive Pay protection

Account will have CCMSI's FEIN

Account will be managed via on-line banking within CCMSI's Treasury Department internal control structure

CCMSI is responsible for preparation of the monthly bank reconciliation and assisting with state escheatment requirements

Client is responsible for appropriate funding of account

CCMSI prints and issues checks daily for approved claim payments provided adequate funding is available from Client. If claim payments exceed imprest balance for a particular funding period, checks WILL NOT be printed until funding is received.

Client is responsible for all bank charges

CLIENT OWNED ESCROW

Client provides Account for claims payments.

Account will have Client's FEIN

Positive Pay data files can be supplied to client bank upon request.

Client is responsible for fines and penalties resulting from late payments. CCMSI issues either checks or vouchers for approved claim payments per timelines prescribed by Client.

Client is responsible for preparation of the monthly bank reconciliation and compliance with state escheatment requirements (CCMSI will provide the appropriate banking reports to assist the client)

Client is responsible for appropriate funding of account

Client is responsible for all bank charges, if applicable

INSURANCE CARRIER ESCROW

This claim escrow alternative is limited to Large-Deductible type accounts with carriers that impose specific banking requirements.

Individual Employer Account

Account is structured to ensure claim payments are in compliance with timelines imposed by various state regulations. CCMSI is responsible for fines and penalties resulting from late payments provided adequate funding is available.

Account is at Bank of America, includes Payee Positive Pay protection and Overdraft protection

Account will have CCMSI's FEIN

Account will be managed via on-line banking within CCMSI's Treasury Department internal control structure

CCMSI prints and issues checks daily for approved claim payments provided adequate funding is available

CCMSI is responsible for preparation of the monthly bank reconciliation and assisting with state escheatment requirements

Client will incur no bank charges (except wire fees) nor receive interest earnings

CCMSI is responsible for coordination of funding of account with appropriate carrier

Carrier is responsible for appropriate funding of account

FUNDING

The Initial Escrow Deposit (Imprest) is calculated by Treasury Funding based on 1.5 times the average paid claims, funding frequency (daily, weekly monthly), and funding method (ACH, wire, check).

Treasury Funding will request Advance Funding for large settlements (\$50,000, or other amount specified by Client).

Funding invoices will be invoiced in arrears based on check registers. **Funding invoices are due prior to end of succeeding funding period. Client must maintain good payment status. Failure to pay funding invoices timely may require an Escrow Deposit increase or account type change.**

Required Escrow Deposit will be reviewed annually or if the client balance goes negative more than three months. Adjustments to the Escrow Deposit will be included on the next funding invoice.

ACH is the preferred method for funding. Each wire transfer will result in a \$9.45 fee to Client included on the monthly funding invoice, regardless of bank account type.

TREASURY/BANKING CONTROLS

Segregation of Funds: Clients electing the Preferred Escrow account structure are part of a multi-employer account at Bank of America. Each Client has a subaccount within the overall account that is unique to the Client and all analysis and reporting is at the Client level.

Positive Pay: All Preferred Escrow, Managed Escrow and Insurance Carrier Escrow accounts are protected by Payee Positive Pay to prevent fraud. Positive Pay files are generated from CCMSI's claims system and sent to the bank daily. Daily a CCMSI Accountant (separate from the assigned Funding Accountant) reviews any positive pay rejections.

Segregation of Duties: Clients are assigned to a Funding Accountant. The Funding Accountant is responsible for the day to day oversight of the Client's account(s) and the monthly reconciliation. The Treasury Manager oversees the day to day functions of the Funding Accountants.

Deposits: Funding deposits received by CCMSI are monitored by the Funding Accounts Receivable Accountant who is responsible for monitoring and posting all deposits received. Deposits are recorded in our Accounting Accounts Receivable system and into our claim system.

Disbursements: Disbursements from the claim account are handled by CCMSI's Treasury Check Printing Team. This team is responsible for printing all checks and reports per the Client's specifications.

Monthly Reconciliations: Monthly the assigned Funding Accountant will reconcile all bank statements to the claims system transaction reports. Client is provided a copy of the reconciliation. The Treasury Manager reviews and approves all bank reconciliations and meets monthly with the Corporate Controller and Chief Financial Officer to review the status of bank reconciliations and escheatment requirements.

Escheatment: CCMSI will review outstanding checks monthly. Any checks uncashed after 8 months will be investigated with the claim staff. Due diligence letters will then be sent to the payees. Based on response to due diligence letters, checks will be void/reissued or voided and provide to the Client to include in their own due diligence filings.

REPORTS

You will receive the following reports via email:

Funding Reports - Included With Funding Invoice: See Exhibit 1 for example.
Transaction Register Report in Standard form. (customized reports available upon request)

Bank Reconciliation Reports - Monthly: See Exhibit 2 for example.

- Bank Reconciliation
- Bank Statement
- Outstanding Check/VPayment Lists
- Bank Account Register Report

REPORTS: EXHIBIT 1



CCMSI
2 E. Main Street
Danville, IL 61832
Phone 217-446-1089

Invoice No. 010917

Name: ABC COMPANY
Address: 1 Main St.
Danville, IL 61832

Invoice Date: 12/31/2016
Due Date: Upon Receipt

QTY	Description	Claim Number	TOTAL
	Funding for payments issued from 12/01/16 – 12/31/16		\$ 540.00

Check #	Claimant	Claim Number	Claim Type	Date of Loss	Issue Date	Transaction Type	Comments	Trans Amount
Bank Account: ABC COMPANY Account # Ending with 2222								
1018	Smith, John	01U02L126028	Indemnity	11/1/2014	12/2/2016	MEDICAL WC	Check Voided by Adjuster	(\$19.00)
Check: 1018								Total: (\$19.00)
1024	Doe, Jane	01U02L126028	Indemnity	12/3/2015	12/2/2016	MEDICAL WC	Check Voided by Adjuster	(\$125.00)
1024	Doe, Jane	01U02L126028	Indemnity	12/3/2015	12/2/2016	INDEMNITY WC	Check Voided by Adjuster	(\$500.00)
Check: 1024								Total: (\$625.00)
1027	Smith, John	01U02L129219	Indemnity	11/1/2014	12/5/2016	INDEMNITY WC	Check Voided by Adjuster	(\$25.00)
1027	Smith, John	01U02L129219	Indemnity	11/1/2014	12/5/2016	INDEMNITY WC	Check Voided by Adjuster	(\$121.00)
1027	Smith, John	01U02L129219	Indemnity	11/1/2014	12/5/2016	INDEMNITY WC	Check Voided by Adjuster	(\$13.00)
1027	Smith, John	01U02L129219	Indemnity	11/1/2014	12/5/2016	INDEMNITY WC	Check Voided by Adjuster	(\$25.00)
Check: 1027								Total: (\$184.00)
50500545	Doe, Jane	01U02L126028	Indemnity	12/3/2015	12/5/2016	MEDICAL WC		\$1,000.00
Check: 50500545								Total: \$1,000.00
50500546	Smith, John	01U02L129219	Indemnity	11/1/2014	12/5/2016	INDEMNITY WC		\$26.00
50500546	Smith, John	01U02L129219	Indemnity	11/1/2014	12/5/2016	INDEMNITY WC		\$50.00
50500546	Smith, John	01U02L129219	Indemnity	11/1/2014	12/5/2016	INDEMNITY WC		\$50.00
50500546	Smith, John	01U02L129219	Indemnity	11/1/2014	12/5/2016	INDEMNITY WC		\$242.00
Check: 50500546								Total: \$368.00
Totals:								
		# Transactions:	12					
		# Checks:	3					
		# Epayments:	0					
		# Vouchers:	0					
		# Claims:	2					
		Total Trans Amt:	\$540.00					
Report Totals:								
		# Transactions:	12					
		# Checks:	3					
		# Epayments:	0					
		# Vouchers:	0					
		# Claims:	2					
		Total Trans Amt:	\$540.00					

REPORTS: EXHIBIT 2

**CCMSI
ACCOUNT RECONCILIATION FOR
ABC COMPANY
123456789
31-Dec-16**

Bank Balance:		\$ 35,000.00
Outstanding Checks:		(5,540.00)
Outstanding Items:		
Adjusted Bank Balance:		\$ 29,460.00
Fund Balance:		\$ 29,460.00
Outstanding Deposits:		
Outstanding Items:		
Adjusted Fund Balance:		\$ 29,460.00
Adjusted Fund Balance:		\$ 29,460.00
Outstanding Items:		
	12/31/2016 December Claims Funding	540.00
Imprest Balance		\$ 30,000.00
		\$30,000.00

**ABC COMPANY
O/S CHECKS 12/1/16 - 12/31/16**

CHECK #	PAYEE	DATE	AMOUNT
1003	BACK CARE, INC	11/1/2016	3,382.00
1009	JOHN SMITH	11/15/2016	184.00
1015	JOHN SMITH	11/25/2016	184.00
1017	JANE DOE	11/28/2016	625.00
1025	ALIGN NETWORKS	11/29/2016	1,165.00
			5,540.00

Check #	Payee Name	Tran Date	Type	Check Amt.	Tran. Amt.
			Initial Balance:		\$25,000.00
	Bank Account: ABC COMPANY		Account # 123456789		
	SEPT 16 REPLENISHMENT	12/30/2016	Deposit		\$1,000.00
	OCT 16 REPLENISHMENT	12/30/2016	Deposit		\$2,000.00
	NOV 16 REPLENISHMENT	12/30/2016	Deposit		\$2,000.00
1018	BACK CARE, INC	12/2/2016	Check	(\$19.00)	
1024	JANE DOE	12/2/2016	Check	(\$625.00)	
1027	JOHN SMITH	12/5/2016	Check	(\$184.00)	
50500545	BACK CARE, INC	12/5/2016	Check	\$1,000.00	
50500546	JOHN SMITH	12/5/2016	Check	\$368.00	
Account Totals:	Checks: 3	Transactions: 5	EPayments: 2	\$540.00	\$5,000.00
			Ending Balance:		\$29,460.00

CCMSI

Tab 12 – Miscellaneous

Tab 12 – Miscellaneous

This Request for Proposals is intended to solicit proposals for Workers' Compensation, General Liability, and Automobile Liability claims administrations, and loss control related services. The Contractor may provide any additional information to assist the City with its selection.

[Please refer to the following pages for our loss control services available.](#)

Loss Control Services

CCMSI can assist you with all of your risk management, safety and health concerns. Based on CCMSI's experience, our consultants can help to identify and develop policy standards that should be in place. Our loss control services, provided by our trained professionals, are proven effective at reducing our clients' workers compensation losses.

CCMSI's Loss Control philosophy and policy standards set the mark for the level of service we try to provide. The following inserts provide an overview and highlights of our services:

- **Philosophy**
- **Claims Analysis**
- **Risk Management Audit**
- **Regulatory Compliance**
- **Training Topics**
- **Video Library Program**
- **Risk Reminder**
- **Internet Resources**
- **On-line Interactive Training**
- **ASAP – Account Servicing and Planning**
- **Geographical Service Area**

Loss Control Philosophy

Our Loss Control professionals are committed to providing clients with customized, cost-effective health and safety programs that will reduce the frequency and severity of injuries, increasing client profitability.

The 3 Key Elements of a Successful CCMSI Pre-Loss Management Program

1. Quantifiable, risk management on-site audits are conducted by our Loss Control professionals to determine the effectiveness of existing occupational health and safety efforts. This survey includes the evaluation of safety management, program elements, hazard-specific controls, and OSHA compliance.
2. CCMSI Loss Control professionals assist clients in setting realistic, cost-conscious management and safety goals and procedures and developing timetables for their implementation. CCMSI provides the client with extensive technical assistance, managerial and hazard-specific training, as well as measurements of results.
3. CCMSI Loss Control personnel are part of an overall "Client Service Team" that incorporates the operational functions of claims management and underwriting in order to provide integrated and coordinated client services.

CCMSI's Loss Control personnel are highly trained and professionally certified. Examples of staff certifications include:

- **Certified Healthcare Safety Professional (CHSP)**
- **Certified Safety Professionals (CSP)**
- **Certified Hazard Control Managers (CHCM)**
- **Associates in Risk Management (ARM)**

Staff members are expected to continually enhance their skills in order to provide the most modern and effective risk management services to their clients.

Claims Analysis – Cumulative Trauma Disorders

CCMSI Ergonomics

Repetitive and cumulative stress injuries can drain hundreds of thousands of dollars from your organization. The number of these types of injuries has increased at an alarming rate over the past decade. CCMSI can assist you in addressing your ergonomic needs through our Safety Consultation Services. An overview of the services we provide include:

Ergonomics Assessment/Programming

PROGRAM ASSESSMENT

- (A) Management Commitment and Employee Involvement
- (B) Process Management
- (C) Hazard Prevention Control

RISK ASSESSMENT/WORKSITE ANALYSIS

- (A) Records/Reports Review
- (B) Work Station Layouts, Process Evaluations
- (C) Employee Exposure Assessments

MEDICAL MANAGEMENT

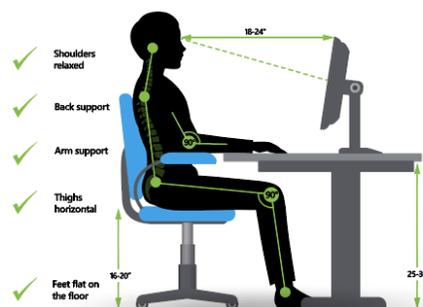
- (A) Occupational Health Nurses and Physician on Staff
- (B) Trend Evaluation
- (C) Return-to-Work Programming

EDUCATION AND TRAINING

- (A) Management and Employer Training on Symptom and Exposure Recognition
- (B) Ergonomics Committee Training



CORRECT SITTING POSTURE



Risk Management Audit

CCMSI has developed a Loss Control Performance Audit to assess each clients’ baseline safety performance and provide future direction for the implementation and prioritization of loss control services. The audit measures four primary areas of Risk Management and includes a quantifiable evaluation of the subtopics included within each area.

Each of these activities is key to effective loss control management. CCMSI provides a quantifiable evaluation of the present efforts along with recommendations for improvement.

By quantifying each area, the client can set improvement goals for operating managers that can be measured monthly, quarterly, or semi-annually. Activity can then be compared to the original audit to measure progress.

This format of measurement of the loss control program will assist the client in establishing accountabilities among all levels of management for overall implementation and program maintenance.

Upon completion of the loss control audit, a written report is generated providing the client with a complete discussion of each evaluated area listing specific recommendations for improvement.

Performance Audit Categories

Management Involvement/Commitment
 Safety Policy
 Safety Accountabilities
 Self Audit
 Safety Committee
 Supervisory/Management Training

SAFETY MANAGEMENT

Annual Objectives
 Safety Responsibilities
 Safety Budget
 Employee Grievance Procedures
 OSHA Recordkeeping

EMPLOYEE SAFETY

Hiring Practices
 New/Transferred Employee Orientation
 Job Training
 Employee Involvement
 Employee Assistance Programs

PROGRAM ELEMENTS

Accident Tracking/Trending
 Self Inspections
 Early Return-to-Work Programs
 Safety Promotions & Publicity
 Fleet Safety
 Safety Rules
 Industrial Hygiene

Accident Investigation
 Safety Meetings
 Safety Incentive Programs
 Progressive Safety Discipline
 Claims Administration
 Risk Management
 Material Handling/Ergonomics

HAZARD-SPECIFIC PROGRAMS

(Examples only – will be based on exposures encountered)

Blood Borne Pathogens Program
 Hazard Communication Program
 Lockout/Tagout Program
 Respiratory Protection Program

Regulatory Compliance

Dealing with OSHA is a valid concern for businesses today. OSHA fines can easily drain dollars from your bottom line. Citations, compliance costs, as well as future legislation are all issues that need to be addressed in today's competitive business environment. CCMSI can assist you with these Risk Management concerns.

OSHA Compliance/Risk Management Services

Compliance Auditing Written Program Evaluation
 Compliance Recommendations Competent Person Evaluations

Loss Control Auditing

- Safety Management Evaluations
- Program Auditing

Industrial Hygiene Services

- Process Evaluation
- Program Evaluation & Development
- Noise Monitoring

Safety Training

- Management & Employee Training
- Hazard-Specific Training
- OSHA 10-Hour Course

Ergonomics Auditing

- Management Structure
- Job Task Analysis
- Training



Training Topics

CCMSI can provide valuable safety training resource materials to assist in the development and implementation of your organization's Safety Program. Employee training is key to maintaining an effective Loss Control Program. CCMSI has developed several Safety Training Resource Manuals that offer a variety of training programs that are available for our clients' use.

Sample of Available Training Topics

- Blood borne Pathogens
- Crane & Rigging Training
- CTS
- Defensive Driving
- Diffusing a Combative Resident
- Ergonomics
- Fire Safety
- First Aid/CPR
- Flagger Safety
- Fork Lift Safety
- Hazard Communication
- Hearing Protection
- Ladder Safety
- Lockout/Tagout
- Personal Protective Equipment (PPE)
- Reducing Workers' Compensation Losses
- Respiratory Protection
- Save Your Back
- Workplace Violence



Video Library Programs

CCMSI offers an additional training resource to our clients. The CCMSI Video Library Program contains an extensive variety of safety training videos, which are useful in presenting training programs for supervisors and employees alike. Our toll-free number provides easy access to the program. This is just another valuable addition which makes CCMSI's Loss Control services the best in the business.

Available Training Video Topics

- Accident Prevention
- Biosafety
- Chemical Safety
- Confined Space
- Construction Safety
- Contamination
- Disaster Preparedness
- Driving/Machine Operation
- Drugs & Alcohol
- Electric Safety
- Ergonomics
- Equipment
- Fall Protection
- Fire Safety
- Forklift Safety
- General Safety Training
- Hand Tools
- Hazard Communication
- Ladders
- Lockout/Tagout
- Maintenance
- Materials Handling
- Nursing Homes/Healthcare
- Personal Protective Equipment
- Truckers
- Violence in the Workplace



For a complete listing of the safety training videos available, contact the Video Program Coordinator, Jean Lichtenberger, at 1-800-252-5059 ext. 1157 and ask for your copy of the CCMSI Video Library Guide.

Loss Control ASAP – “Account Servicing And Planning”

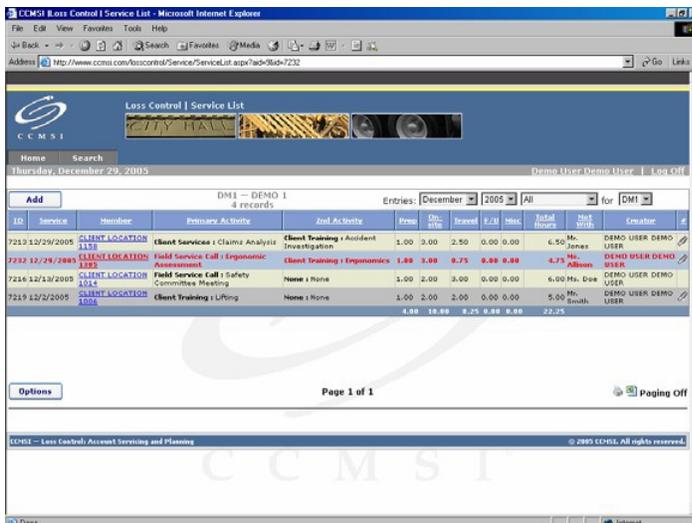
As a CCMSI Client, you have the ability to receive reports regarding your program’s loss control activities, through “ASAP” or CCMSI’s Loss Control Account Servicing and Planning Program.

The ASAP program was designed to reflect the daily activities of your Loss Control Representative. The Representative can capture four major activities and services for each entry that is made. Three of the major types of activities are: field service calls, client training and client service. Within each of these major activities there are multiple types of services.

ASAP also houses documentation generated through service such as emails, confirmation letters or other attachments that comply with your service parameters or established service commitments.



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 Call: Toll-free: 844-252-0294. Direct: 504-883-8416.
 Email: ASAPsupport@ccmsi.com

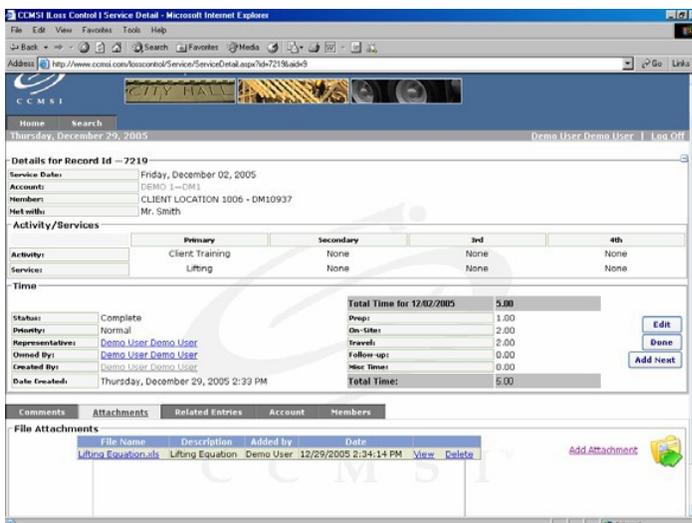


Loss Control | Service List

Thursday, December 29, 2005 Demo User Demo User | Log Off

ID	Service	Member	Primary Activity	Secondary Activity	Time	DL	Travel	E/O	Misc	Total Hours	Est	Creator
7219 12/29/2005	CLIENT LOCATION 1183		Client Service Claims Analysis Investigation	Client Training Accident Investigation	1.00	3.00	2.50	0.00	0.00	4.50	Mr. Jones	DEMO USER DEMO USER
7219 12/29/2005	CLIENT LOCATION 1182		Field Service Call Ergonomics Assessment	Client Training Ergonomics	1.00	3.00	0.75	0.00	0.00	4.75	Mr. Allison	DEMO USER DEMO USER
7216 12/13/2005	CLIENT LOCATION 1014		Field Service Call Safety Committee Meeting	Name None	1.00	2.00	3.00	0.00	0.00	6.00	Ms. Dora	DEMO USER DEMO USER
7219 12/2/2005	CLIENT LOCATION 1004		Client Training Lifting	Name None	1.00	2.00	2.00	0.00	0.00	5.00	Mr. Smith	DEMO USER DEMO USER
					4.00	19.00	8.25	0.00	0.00	27.25		

Page 1 of 1



Details for Record Id -- 7219

Service Date: Friday, December 02, 2005
 Account: DEMO 1--001
 Members: CLIENT LOCATION 1006 - DM10937
 Met with: Mr. Smith

Activity/Services	Primary	Secondary	3rd	4th
Activity:	Client Training	None	None	None
Services:	Lifting	None	None	None

Time

Activity/Service	Time
Prep:	1.00
On-Site:	2.00
Travel:	2.00
Follow-up:	0.00
Misc Time:	0.00
Total Time for 12/02/2005:	5.00

File Attachments

File Name	Description	Added by	Date
Lifting Equations	Lifting Equation	Demo User	12/29/2005 2:34:14 PM

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Tab 13 – Contractor History

Tab 13 – Contractor History

This tab should provide a comprehensive narrative history of the Contractor’s organization, including the development of its experience in providing the solicited services, the depth of its resources to provide those services, an explanation of the size of the organization, and the organization’s number of years in business, office locations, and legal structure. This section of the proposal must contain the following organizational information and data for the Contractor’s organization.

Cannon Cochran Management Services, Inc. (CCMSI), a Delaware-registered S-Corporation, has led the way as the gold standard third-party administrator for property and casualty programs since 1978, providing unrivaled workers’ compensation, liability, and property claims management. We bring together the best talent in the TPA industry and prioritize our client’s needs, goals, and expectations by utilizing innovative solutions, cutting-edge technology, and tailored approaches to claim services, loss control, managed care, internet claims analysis, and reporting services.

As a privately held, **100% employee-owned company**, CCMSI is accountable to our clients—not insurance carriers, brokers, or private equity funds, which empowers our team to make client-centric decisions and focus on long-term client value creation versus short-term financial performance. Our dedication to transparency and reputation for the highest quality client satisfaction, superior results, integrity, and promise fulfillment has earned us the respect of our clients and partners nationwide.

CCMSI does not believe in a one-size-fits-all approach and understands that each client comes to us with unique requirements. We listen and collaborate with you to deliver strategic, efficient, and cost-saving solutions and pride ourselves in exceeding expectations. Our client-focused approach has established CCMSI as the quality standard in our industry, with a **client retention rate of 98%**. We partner with self-insured groups and individual employers in diverse industries, including governmental, retail, manufacturing, healthcare, gaming, construction, transportation, and higher education.

For the sixth consecutive year, CCMSI has been certified as a great workplace by the analysts at Great Place to Work®. Ensuring we have a positive work environment is essential to CCMSI’s success and future growth. Our culture allows us to attract and retain the highest quality staff and maintain the lowest turnover percentage in the industry, which provides continuity and consistent delivery of exceptional service for our clients. Without our greatest asset, our staff, we could not successfully *deliver what matters most* to our clients. See the results here: <https://www.greatplacetowork.com/certified-company/7010279>.



CCMSI offers clients a broad spectrum of risk management services designed for comprehensive coverage and administrative efficiencies. Services include:

- Client-specific third-party claims administration;
- Self-insured group administration services: accounting, underwriting, marketing, and excess placement;
- Loss control: industry-specific loss control programs;
- iCE: CCMSI’s internet claims analysis and reporting tool;
- Comp MC: CCMSI’s private label managed care program;
- FIRE: CCMSI’s Special Investigation Unit program; and
- CLEAR: CCMSI’s legal bill review program.



CCMSI has over 1,500 employees from thirty-four office locations who provide services for five hundred-plus individual self-insured employers, ten-plus captives, forty-plus primary insurance companies, and fifty-plus self-insurance groups.



CCMSI

Tab 14 – Key Personnel

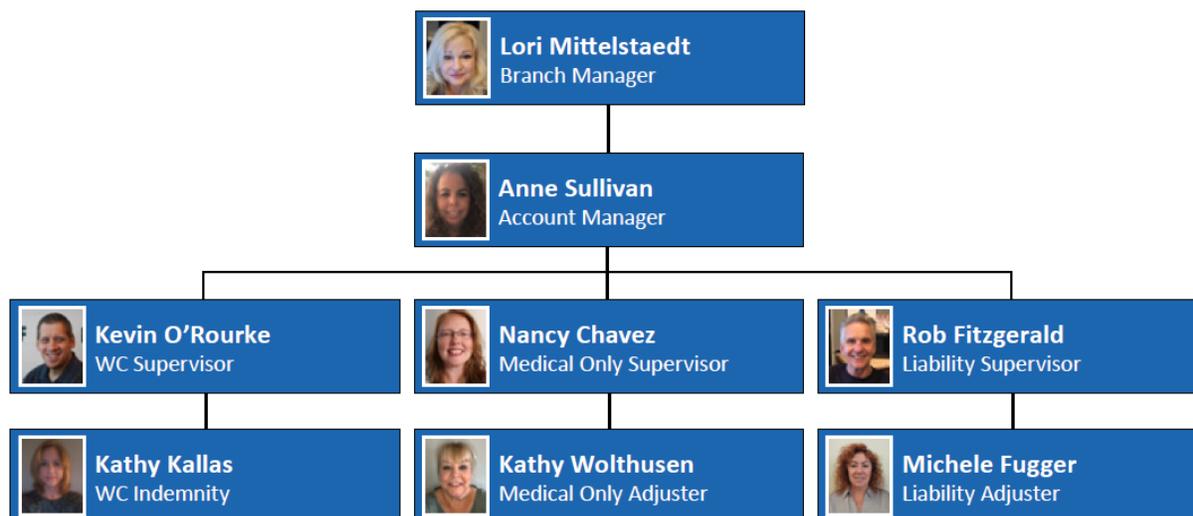
Tab 14 – Key Personnel

i. This tab should include the resumes or curriculum vitae of the Contractor’s key staff members. It should identify the specific employees assigned to provide the services solicited by this Request for Proposal. For each key person identified by the Contractor, this tab should include the following information, provided in resume format:

1. Name and title
2. Office location and city of residence
3. Project responsibilities and roles
4. Educational background
5. Professional registrations and memberships (if applicable)
6. Years of relevant experience

CCMSI’s service model is built around an interconnected team concept, with the entire team becoming familiar with the City’s personnel and service requirements, working collectively to meet your needs. CCMSI’s supervisor to adjuster ratio is one to five, with your designated team consisting of the following positions/functions:

- Branch Manager: responsible for corporate oversight and supervision;
- Account Manager: responsible for translating client’s specific needs into operational processes and assuring we are meeting those needs at all times;
- Claims Supervisor: responsible for claims supervision and claims handling for high exposure cases;
- Liability Claims Adjuster: responsible for claims handling for liability, contested, and litigated cases;
- Indemnity Claims Adjuster: responsible for claims handling for lost time, contested, and litigated cases;
- Medical Only Claims Adjuster: responsible for claims handling for those requiring only medical treatment; and
- Claims Assistant: responsible for claims input and administrative support of team.



Please refer to biographies on the following pages.



Lori Mittelstaedt

Branch Manager – Lisle, IL

Biographical Information

Professional Experience

Ms. Mittelstaedt began her career at Cannon Cochran Management Services, Inc. (CCMSI) in 1992 and has served the company as a claim associate, claim specialist, claim supervisor, and account manager. She is currently the branch manager of the Lisle, Illinois office, which provides multi-jurisdictional/all-lines claims administration and loss control services for six self-insured groups and over fifty standalone clients in various industries.

As the branch manager, Ms. Mittelstaedt is responsible for all branch operations, sales, client services, compliance, and staff technical development. She is the day-to-day account manager for clients that include NorthShore University HealthSystem, Dayton Freight Lines, Illinois Community College Risk Management Association, Lettuce Entertain You Restaurants, Meade Electric Company, and several municipal standalone, captive, and group clients.

Ms. Mittelstaedt is a CCMSI's Corporate Claims Committee member, responsible for developing CCMSI's Corporate Best Practices, and oversees enhancements to our proprietary in-house claims management system.

Education and Professional Training

Ms. Mittelstaedt holds a Texas All-Lines Adjuster license and attended Joliet Junior College, Moraine Valley Community College, Northern Illinois University, and Zenger Miller Leadership Training.

Throughout her career, Ms. Mittelstaedt has continued her education through the Insurance School of Chicago, AMA, and the Illinois Self-Insurers' Association (ISIA). She is a Chicago Chapter of the Women Leaders Association member and is pursuing her Associate in Risk Management (ARM) designation.



Anne M. Sullivan

Account Manager II – Lisle, IL

Biographical Information

Professional Experience

Ms. Sullivan joined Cannon Cochran Management Services, Inc. (CCMSI) as a claim associate in 2000 and has acquired knowledge and experience through her positions as a claim specialist, claim supervisor, and account manager. Prior to the insurance industry, she taught in the Chicago Public School District and various suburban schools, later transitioning to the medical field as a medical transcriptionist in a clinical setting.

Her claim-handling background includes all lines of coverage, specializing in workers' compensation, in industries including construction, government, healthcare, restaurants, food production, education, manufacturing, and temporary staffing.

Education and Professional Training

Ms. Sullivan graduated from Eastern Illinois University with a bachelor's degree in Elementary Education and has completed her AIC 34 education. She holds adjuster licenses in Texas, Michigan, and Kentucky and frequently attends workers' compensation seminars and continuing education courses to maintain her credentialing and remain current on industry changes.



Kevin O'Rourke

**Senior Workers' Compensation Claim Supervisor
Lisle, IL**

Biographical Information

Professional Experience

Mr. O'Rourke is a motivated workers' compensation professional with twenty years of experience. He joined the Cannon Cochran Management Services, Inc. (CCMSI) Lisle, Illinois staff as a workers' compensation claim specialist in 2011 and earned a promotion to claim supervisor in 2016.

With a strong Illinois background and experience in over seven other jurisdictions, he is adept at time management and problem-solving, with an aggressive, proactive, and client-focused approach to claims handling.

During his time with CCMSI, Mr. O'Rourke has worked for a dedicated client municipality pool for eleven years and supervised the high-premium and loss-deductible clients. He led the Catastrophic Claim Team, coordinated the Medicare Set-Aside program, and helped to develop client service instructions. Before CCMSI, Mr. O'Rourke worked for large self-insured retail clients with Gallagher Basset and Sedgwick.



Nancy Chavez

Claim Medical Only Technical Supervisor – Lisle, IL

Biographical Information

Professional Experience

Ms. Chavez has been with Cannon Cochran Management Services, Inc. (CCMSI) since 1999 and holds jurisdictional expertise in Illinois, Indiana, and Wisconsin. With nearly twenty-five years of multi-jurisdictional workers' compensation experience, she supervises over four hundred medical-only files, ensuring adjusters adhere to CCMSI Best Practices and client service instructions, and is accountable for all incoming checks, determining recovery, reimbursement, overpayments, and directing adjusters on how they should apply them to claims.

Professional Training

Ms. Chavez is a licensed adjuster in Texas, Kentucky, and Michigan and frequently attends industry seminars, including Team Effectiveness and SkillPath, to bring the most up-to-date service to her clients.



Robert Fitzgerald

Account Manager II – Lisle, IL

Biographical Information

Professional Experience

Mr. Fitzgerald joined Cannon Cochran Management Services, Inc. (CCMSI) as a liability account manager in 2005 and currently serves as an account manager. Offering over forty years of experience in the property and casualty claims industry, his primary responsibilities include client account management, staff supervision, quality compliance, and handling complex, litigated claims. In addition to his jurisdictional expertise in all fifty states, he has experience adjudicating claims in Puerto Rico, Canada, and the United Kingdom.

Mr. Fitzgerald began his claims career in 1977 and has worked as a corporate analyst-major claim oversight (MCO) with CNA Insurance Company in Chicago, managing all large loss exposures that met the MCO Unit's Central Region's Standard Line Commercial Auto and General Liability book reporting criteria. He additionally directed their Major Transportation Specialty and Total Transport Excess & Select (commercial trucking) book nationwide while also handling standard lines/unsupported umbrella exposures between five million and twenty-five million dollars (policy limits) within product liability/completed operations, construction bodily injury and construction defect litigation, employment practices, molestation, and governmental entity defense.

Furthermore, Mr. Fitzgerald was a corporate claims examiner for Budget Rent a Car, overseeing large-dollar cases for their six regional offices; a casualty manager for Prudential Property and Casualty Insurance Company; and a senior claim agent for the National Railroad Passenger Corporation, adjudicating Federal Employee Liability Act (FELA) claims.

Education and Professional Activities

Mr. Fitzgerald earned a Bachelor of Arts (BA) in Political Science from St. Xavier University in Chicago, Illinois and is a multi-jurisdictionally licensed adjuster. He has presented at numerous industry events and seminars for organizations, including The Harmonie Group and USLAW, and served on Northwestern University's Litigation Management School's faculty, lecturing on legal consequences imposed by the courts for non-compliance with litigation discovery.



Kathy Kallas

Senior Workers' Compensation Claim Specialist
Lisle, IL

Biographical Information

Professional Experience

Ms. Kallas is an accomplished senior claim specialist, bringing nearly thirty-five years of workers' compensation claim-handling expertise to Cannon Cochran Management Services, Inc. (CCMSI) and her clients since 2006.

As a senior workers' compensation claim specialist, she conducts investigations to determine compensability, specializes in early intervention, monitors medical treatment, coordinates light-duty return to work, manages litigation, and resolves claim issues that arise. She excels in subrogation recovery, driving timely and cost-effective claim resolution, and building rapport with her clients.

Ms. Kallas began her workers' compensation career in 1989 at Travelers Insurance in a clerical position. She later advanced to claim analyst and then claim representative. During her ten-year employment with CNA, she worked on various committees and special projects while serving as a senior claim representative, handling multi-jurisdictional workers' compensation claims, and later as an operations manager for two years.

Professional Training

Ms. Kallas holds a Texas Independent Adjuster license and participates in workers' compensation and management training.



Kathleen Wolthusen

Medical-Only Claim Representative – Lisle, IL

Biographical Information

Professional Experience

Mrs. Wolthusen is a medical-only claim representative with Cannon Cochran Management Services, Inc. (CCMSI), possessing over seven years of workers' compensation experience and jurisdictional expertise in Illinois, Indiana, Tennessee, and Wisconsin.

Since coming to CCMSI in 2016, she has excelled in investigations, monitoring claims for discharge from care, and ensuring timely payment of all related bills. In addition to her claims handling experience, Mrs. Wolthusen utilizes her past service support, office administration support, and claims assistant background to aggressively manage claims, ensuring the best possible outcomes for her clients.

Professional Training

Mrs. Wolthusen continually strives to build a comprehensive industry knowledge base, attending diverse workers' compensation and property and casualty seminars and classes. She has studied at the Insurance Institute of America and the Illinois Self-Insurers' Association and participated in customer service, corporate development and training, and a Skill Path seminar on coaching and team building.



Michele Fugger

Multi-Line Claim Consultant – Lisle, IL

Biographical Information

Professional Experience

As a multi-line claim consultant with fifteen years of experience in the property and casualty industry, Ms. Fugger came to Cannon Cochran Management Services, Inc. (CCMSI) in October 2023. She began her career as a claim adjuster for The Hartford in 2008, handling commercial auto property damage claims, quickly advancing to bodily injury and personal auto, and working on a team to help train and promote adjusters from managing property damage only to bodily injury. She was additionally involved in an early call settlement project that helped fast-track claims that would have normally culminated in representation.

In her fourth year with The Hartford, Ms. Fugger earned a place on the Claim*Plus* Team, which manages commercial accounts with premiums over \$1 million and special handling instructions. In 2013, she joined Sedgwick as a claim representative, handling twenty-three multi-line accounts with a variety of complex claims in commercial auto and general liability. During her time with Sedgwick, she learned to manage third-party administration accounts and prepare for claim reviews.

Ms. Fugger joined Westfield Insurance in 2015, furthering her knowledge of general liability and represented bodily injury claims. She transitioned to American Access Casualty Company (now under the Kemper Insurance Umbrella) as a litigation specialist in 2018, handling litigated claims for personal auto.

Education and Professional Training

Ms. Fugger studied Mathematics at Northeastern Illinois University and holds a Texas Property and Casualty Adjuster license and more than twenty reciprocal state licenses. She has participated extensively in industry training, including through classes at Westfield Insurance's Claim College.

CCMSI

Tab 15 – References

Tab 15 – References

This tab should include the names, addresses and telephone numbers of at least four other municipalities or public schools utilizing multiple claim offices with whom the Contractor has worked during the last five years. The tab should briefly identify the project, location and services performed. The tab should also include an affirmative statement that the Contractor grants its consent for the City to contact the Contractor's references for purposes of evaluating the Contractor for this Contract and acknowledges that any information obtained from the Contractor's references will not be disclosed to the Contractor.

Yes, CCMSI grants the City to contact our references. All references are handled by our Lisle and Chicago offices performing workers' compensation third party claims administration.

Robert R. Gustafson, Safety & Worker's Compensation Manager

City of Evanston

2100 Ridge Ave.

Evanston, IL 60201-2798

(847) 448-8245 office

E-mail: RGustafson@cityofevanston.org

Hank Stuchel – Benefits and Risk Manager

City of Schaumburg

101 Schaumburg Court

Schaumburg, IL 60193-1899

847-923-3904

hstuchel@ci.schaumburg.il.us

Mike Nugent, Executive Director

McHenry County Municipal Risk Management Agency

2409 Peachtree Street

Northbrook, IL 60062

847-412-0410

nugentllc@comcast.net

Jamie Lobrillo, Executive Director of HRM

County of Kane

719 S. Batavia Ave.

Building A, Room 311

Geneva, IL 60134

Phone: (630) 208-3836

Email: Lobrillojamie@co.kane.il.us

Mary Kucharz , County Administrator

Grundy County

13020 Union Street

Morris, IL 60450

mkucharz@grundycountyil.gov

815 941 3497

Karla Kirkling
Executive Director of Healthcare & Benefits
Talent Office | Chicago Public Schools
Office Phone: (773) 553- 6566
krkirkling@cps.edu

Teresa M. Dornan
Illinois Public Risk Fund
7851 W. 185th Street, Ste. 101
Tinley Park Illinois 60477
Phone: (708) 429-6300
Fax: (708) 429-6488
Toll Free: (800) 289-4773
teresa@iprf.com

M. Andre' Taylor, Director of Risk Management
Chicago Park District
541 North Fairbanks Ct
Chicago, IL 60611
Phone: (773) 947-0428
Mobile: (312) 735-8888
Email: michele.taylor@chicagoparkdistrict.com

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Tab 16 – Subcontracting

Tab 16 – Subcontracting

This tab should identify any of the required services that you intend to subcontract, if any, providing the following information:

- i. Reasons for subcontracting
- ii. Proposed subcontractor responsibilities
- iii. Identity of proposed subcontractors including locations, relevant personnel and
- iv. experience, previous use as a subcontractor, and any other relevant supporting information.

As an industry leader in TPA services, CCMSI's core focus is to provide our clients with superior claims management services. As such, we partner with preeminent third-party vendors to provide you the highest quality integrated claims and managed care solutions. Each service is fully integrated into our Risk Management Information System software, iCE (Internet Claims Edge); therefore, completely seamless for you.

CCMSI's partnership with the following third-party vendors provide services under our Comp MC brand name.

- **Medical Bill Review/PPO Leasing**
 - *Conduent*: Partnered since 2003 for bill review services. Majority of our clients utilize them with over 860,000 bills processed annually and an average savings of 60.5%.
- **Specialty Bill Review**
 - *IQA*: Partnered since 2019. Out-of-network specialty review division with Conduent.
- **Diagnostic Networks**
 - *One Call Medical*: Partnered with One Call and its predecessor companies for diagnostics since 2005. Our clients average over 30% off fee schedule using their network, scheduling, and clinical services.
- **PT/OT/Chiro Network**
 - *One Call PT*: Partnered with One Call and its predecessor companies for PT since 2005. Our clients average over 43% off fee schedule using their network, scheduling, and clinical services.
 - *MedRisk*: Partnered with MedRisk since 2020, using their network, scheduling, and clinical services.
- **Pharmacy Network**
 - *Optum*: Partnered with Optum and its predecessor companies since 2003.
 - *Mitchell*: Partnered with Mitchell and its predecessor companies since 2003.
 - *Alius*: Partnered with Alius and its predecessor companies since 2020.
- **Nurse Triage Services**
 - *Conduent*: Comp MC created a custom program offering with Conduent for First Notice of Loss and Nurse Triage that has been in place since 2018.
- **Home Healthcare Services**
 - *Paradigm Care*: Partnered since 2014 for Home Health and DME services.
- **Nurse Case Management**
 - *Genex*: Partnered since 2013
 - *Novare*: Partnered since 2017
- **Utilization Review**
 - *Genex*: Partnered since 2013
 - *Novare*: Partnered since 2017

Other Services

- **800 Reporting**
 - *Navex*: Partnered since 2009. Provides claim intake for WC and Property & Casualty coverage. CCMSI has approximately thirty clients with Navex.
 - *Conduent*: Partnered since 2003
- **SIU/Surveillance**
 - *CoventBridge Group*: Partnered since 2003. Largest investigative services provider in the U.S. Majority of CCMSI clients utilize CCMSI's FIRE/SIU program.
- **Legal Bill Review**
 - *Bottomline Technologies*: Partnered since 2010. Cost control and reductions as a result of compliance to billing guidelines. Average client savings of 10%.
- **MMSEA Reporting**
 - *Exam Works*: Partnered since 2009. MIR Reporting success over 99.9% and over 95% average savings for Medicare Alleged Lien for CCMSI Clients.

CCMSI teams with dozens of quality vendors to provide you the very best integrated claims and managed care solutions, and will work with the vendor of your choice or will refer one of our many quality partners.

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Exhibits

CCMSI

Exhibit 1: Sample Standard Forms



RE: Workers' Compensation Claim Assignment Issuing Carrier:

Dear

Cannon Cochran Management Services, Inc. (CCMSI) is the claims administrator for your employer under their self-insured workers' compensation program.

This letter is to acknowledge receipt of your workers' compensation claim that has been assigned to me. If we have already communicated regarding your claim, please keep this notice for informational purposes.

Please communicate any change in work status to me as soon as possible to ensure timely administration of your claim. Also, please submit for consideration all medical bills, doctor's slips, or other pertinent information regarding your claim to our office at the address listed.

If you have any questions, please do not hesitate to contact me at the number below.

Sincerely,

Cc:

Cannon Cochran Management Services, Inc.
2600 Lake Lucien Drive • Suite 225 • Maitland, FL 32751
866-291-0194 • 407-660-5600 • Fax: 407-660-7323 • www.ccmcsi.com



RE: Our File #:
Employer:
Employee:
Issuing Carrier:
Date of Injury:

Cannon Cochran Management Services, Inc. (CCMSI) is the claims administrator for the above referenced employer under their self-insured workers' compensation program.

In order to initiate the handling of your claim, please call our office immediately at the number listed below.

Sincerely,



RE: Our File #:
Employer:
Employee:
Date of Injury:
Employer Contact:

Dear

We are the claims administrator for the above referenced employer under their self-insured workers' compensation program.

This letter is to acknowledge receipt of your workers' compensation claim. I have been assigned to handle your claim. Please submit all medical bills, doctor's slips, or other pertinent information regarding this injury to our office or your employer contact listed above for consideration.

If you have any questions, please do not hesitate to contact me.

Sincerely,



RE: Our File #:
Employee:
Employer:
D/A:

Dear

Enclosed please find a blank Authorization to Disclose Medical Information form, which allows us to obtain your medical records from the treating physicians, and to discuss your care with them.

In order for your benefits to begin, please sign this form and forward back to me in the self-addressed stamped envelope.

Thank you.

Sincerely,

Enclosure



RE: Employer:
Employee:
Claim No:
DOI:

Dear

CCMSI is the administrator for worker's compensation for your employer. We have received notice of an incident that may have occurred on the above captioned date.

It is very important that we discuss this matter in order for me to determine if the claim will be accepted under worker's compensation and to determine what benefits may be payable. Please contact me as I have been unsuccessful with several attempts to reach you by phone.

You may contact me at the phone number indicated below.

I look forward to speaking with you.



RE: Claimant:
Employer:
Claim No:
DOI:

Dear

Information indicates you were released to modified work on . If you are unable to return to your job or are receiving a reduced income due to your injury, you are eligible to receive Temporary Partial benefits. Therefore, it is important that you contact your employer as soon as possible.

The following information may answer the questions you have:

Temporary Partial benefits are payable every 30 days.

It is necessary that you complete the enclosed Monthly Status Report, commonly referred to as the "green form," on the date listed at the top center of the form. Your Temporary Partial benefits will be determined upon receipt of the completed form. If you have returned to regular work, mail the completed Monthly Status Report to CCMSI immediately.

You are required to make yourself available for employment, making a sincere effort to find work within your physical limitations.

You may be eligible to file for unemployment, in which case you would receive $66 \frac{2}{3}$ of the difference between your average monthly wage and the unemployment benefits.

If you have been receiving the dependent's allowance while on temporary total disability, it is discontinued now that you have been released to modified work.

The enclosed Monthly Status Report is to be completed by you on . If you have any questions, please call me.

Sincerely,



RE: Employee:
Employer:
Injury Date:
Claim #:

Dear

A follow-up appointment has been arranged for you to be examined by:

Doctor:
Address:
Reason:
Day/Date:
Time:
Phone:

Please contact me if you have any questions in this regard.

Sincerely,



RE: Employee:
Employer:
Injury Date:
Claim #:

Dear

An appointment has been arranged for you to be examined by:

Doctor:
Address:
Reason:
Day/Date:
Time:
Phone:

The following will affect your benefits:

A.R.S. 23-1026.C: Effect of Refusal to Submit to Examination:

If the employee refuses to submit to the medical examination or obstructs the examination, his right to compensation shall be suspended until the examination has been made and no compensation shall be payable during or for such period.

Rules of Procedure, Rule 4-13-114A: Examination at Request of Commission, Carrier or Employer:

If an employee unreasonably fails to attend or promptly advise of his inability to attend and examination pursuant to this rule, any expense of the missed appointment shall be charged to the employee or may be deducted from any present or future entitlement to temporary or permanent disability compensation.

Please contact me if you have any questions in this regard.

Sincerely,



RE: Employee:
Employer:
DOI:
Claim No:

Dear

A review of your file appears to indicate you are no longer receiving medical treatment for the injury you sustained on the above-referenced date. If you are in need of further treatment, please contact the treating physician for this injury for an appointment and also call me to advise that you do require further treatment.

If you are fully recovered and do not require further medical treatment, please sign and return this letter.

Claimant Signature

Date

If we do not hear from you within twenty (20) days of the date of this letter, we will assume you have fully recovered from the effects of this injury without permanent disability and will proceed to close your file.

If you have any questions, please call me.

Sincerely,



RE: Employer:
 Employee:
 Claim No:
 DOI:

Dear

Your claim file indicates you may have been injured by the negligence of another. To help us process your claim, it is important that we know whether or not you intend to take action against the potential third party.

If you do not institute an action against the third party within one year from the accident date, that said cause of action shall be deemed assigned to CCMSI/

If you do institute an action against the third party, CCMSI shall have a lien for the amount of benefits paid. Furthermore, you may not compromise or settle this claim for less than the amount of our lien without prior approval from us.

Please complete the lower portion of this letter and return.

Are you going to file a claim? Yes _____ No _____

Who are you going to file against? _____

Do you have an attorney? Yes _____ No _____

Name and address of attorney: _____

Signature

Date

Sincerely,

CCMSI

Exhibit 2: Internal Auditing Guidelines & Worksheets

CCMSI INTERNAL AUDIT OVERVIEW

CCMSI Audit Team Mission Statement

The CCMSI audit team will serve our clients, claim professionals, and organization as a whole. We will accomplish this by conducting regular claim file audits in each office to assess compliance with CCMSI Best Practices. The audits we perform will be objective and provide constructive feedback to both the individual office as well as CCMSI's executive management. We will assist each office by identifying opportunities for employee development and assessing internal management controls.

Ultimately, our aim is to assist CCMSI in ensuring that we consistently deliver what matters most—a high level of claim service to our clients. Our audit process is reflective of this goal by maintaining a corporate-level quality control program. We believe that our commitment to quality claim service will position CCMSI to take advantage of new business opportunities in the future.

Strategy and Objectives

We plan to annually audit a sample of claims handled by each adjuster, which will be done through a standard method understood by all claims staff. After each review, feedback will be provided to the individual office. If needed, the management of that office will implement Corrective Plans of Action to address any areas identified as needing improvement.

This continuous evaluation of the claims staff, as well as the processes and systems, will be communicated to executive management. This ongoing communication will foster growth and development in the claims staff and management, and will encourage continuous improvement in CCMSI's quality handling of claims.

Goals of the Audit Team

- Ensure compliance with Best Practices, Client Handling Instructions and Carrier Requirements
- Provide an objective audit with constructive feedback;
- Help management and claims staff proactively identify areas for improvement;
- Work with our claims staff to provide solutions to any areas that were identified as needing improvement;
- Foster understanding of our mission with all claims staff;
- Streamline processes to ensure timely delivery of services to our clients; and
- Ensure quality service and value to our clients.

Confidentiality

Audit results are confidential and should not be shared externally without approval of your Regional Vice-President (RVP).

Internal Audit Process

- Each office will be audited annually and advised that this is a continual process.
- The lead auditor will contact the point person in advance to confirm the audit date is appropriate.
- The lead auditor will obtain a current employee list from Human Resources and determine all appropriate staff to audit based on whether they carry a claims load and their date of hire.
- The lead auditor will ask the point person to instruct all adjusters to complete a Pre-Audit Survey.
- The lead auditor will request the point person to complete/update the State-Specific Fact Sheet.
- The audit will include eight to ten files for each adjuster unless additional information is needed. If clear trends are evident after reviewing eight claims, the auditor may elect not to review further files.
- For staff who earned 93% or higher on their last two audits, the auditor will audit four claims and review the score at that point. If the score is 93% or higher, the score on these four claims will be used as the final score. If the score is below 93%, an additional four to six claims will be reviewed for a full audit.
- The claims selected will include those assigned to the adjuster during the time period since the last internal audit. Typically, this will be a date range of the prior eight to nine months in order to finalize the prior audit, and then not within the last one to two months.
- For indemnity adjusters, it is preferred they are assigned the claim from the start or receive the transfer from a medical only adjuster; avoiding transfers from another indemnity adjuster, if at all possible.
- The audit will include a review of all adjusters handling files, including supervisors with significant caseloads, P&C adjusters, indemnity adjusters, and medical only adjusters.
- It is not mandatory for adjusters employed fewer than six months to be included in the audit, but may be spot-checked, if appropriate. Typically, they will have recently had a new-employee spot-check.
- LevelUp adjusters will not be included in the annual audit, as this is a training program with an audit performed at the local level.
- Audit Worksheets will be completed for each reviewed claim, as well as an Audit Tally Sheet for each audited adjuster.
- Comments are provided on the Audit Worksheets to help support the marks and should provide constructive feedback.
- Audits will be conducted primarily online, but may include some on-site audits, which will include meeting with the appropriate staff (manager, point person, and/or supervisors) and a brief review of the audit findings.
- The lead auditor will provide a draft copy of the Audit Report to the point person in a timely manner and provide a due date for any reconsiderations to be returned.
- If no response is received, the draft copy will be posted as the final report in ten business days.
- Local management will disseminate and communicate audit results to claims staff in a timely manner.
- All Pre-Audit Surveys, Audit Worksheets, and Final Audit Reports generated for each audit will be posted to the O: drive as a resource for future audits.

QC Incentive Program for Rewarding Excellence by Office

When an office achieves 90% or higher on the overall office audit score:

- Office will receive \$15 per claim professional, including clerical staff or any others who work on claims, to go toward an office luncheon or in-house celebration for the claims staff. Betsy McConkey will provide a budget to the point person and cc Suzi Wear to look for the receipts on the point person's expense report.

When an office achieves 90% or higher for two consecutive years:

- Office is not formally audited by the QC team for **two years**.
- Office is allowed to carry over their score from the previous year or the average of the past two years, whichever is higher.
- In lieu of a formal audit:
 - *Year one:* a spot-check is required to be completed by local management for any adjusters who scored less than 87% in the formal audit.
 - *Year two:* a spot-check is required to be completed by the audit team for any adjusters who scored less than 87% in the year-one skip.
- In year three (when re-audited after a two-year skip):
 - If the office earns 90% or higher, they will again be skipped for two years and retain the year-three score.
 - If the office earns 87-89%, they will be skipped for one year, as outlined below.

When an office achieves 87% or above for two consecutive years:

- Office is not formally audited by the QC team for **one year**.
- Office is allowed to carry over their score from the previous year or the average of the past two years, whichever is higher.
- In lieu of a formal audit:
 - *Year one:* a spot-check is required to be completed by local management for any adjusters who scored less than 87% in the formal audit.
- In year two (when re-audited after a one-year skip):
 - If the office earns 90% or higher, they will be skipped for two years and retain the year-two score.
 - If the office earns 87-89%, they will be skipped again for one year.
- The audit team has the discretion to audit an office earlier if there are significant changes in the office (turnover, significant new hires, large accounts, etc.).

QC Incentive Program for Rewarding Excellence by Claim Professional

- All claim professionals who earn a score of 90% or higher on their individual score will be provided a Certificate of Claims Excellence signed by Rod Golden, COO; Carrie Milholland, Vice President-Corporate Claims; and Betsy McConkey, Senior QC Manager.
- Any claim professional who scores 93-95% on their individual scores will be provided a certificate entitling them to a half day off to be used within three months, of which their direct supervisor

or manager must approve and keep record. The individual receiving this reward shall NOT make notation of the half day in e-time sheets.

- Any claim professional who scores 96-100% on their individual scores will be provided a certificate entitling them to a full day off to be used within three months, of which their direct supervisor or manager must approve and keep record. The individual receiving this reward shall NOT make notation of the day off in e-time sheets.

QC Corrective Plan of Action

When an office receives 86% or lower:

- Local management is required to complete a Corrective Plan of Action, signed off by the RVP, within ten days of the lead auditor's request.
- Video or on-site training may be provided by the QC team, if appropriate.
- The lead auditor will follow up within ninety days to confirm completion of all action steps in the Corrective Plan of Action.
- The QC team will pull claims for local management to perform required spot-checks six months after the audit results are finalized for all adjusters/supervisors who scored 86% or lower in the formal audit.
- Six months later, the QC team will perform the regularly scheduled annual audit.
- Overall audit scores remain the same until the next formal audit (spot-check scores do not change the official score).

QC Spot-Checks

How the spot-check process will work:

- The lead auditor will confirm who will be audited with the point person.
- The lead auditor will pick claims and run audit reports, if needed.
- The lead auditor will provide forms (worksheets/tally sheet) to the point person to complete the audit.
- Point person will return all audit material in thirty days.
- Local management will disseminate and communicate audit results to claims staff in a timely manner.
- All Audit Worksheets and Spot-Check Summaries generated for each audit will be posted to the O: drive as a resource for future audits.

A spot-check consists of:

- Completed Audit Worksheets in Excel of three to five claims;
- Completed Audit Tally Sheet; and
- Brief summary of the findings for each adjuster, including any ongoing deficiencies that need work.

New-Hire Spot-Checks

- Ninety days after the adjuster/supervisor's date of hire, the lead auditor will reach out to the point person to confirm they have been handling claims.
- The lead auditor will pick claims since the date of hire and audit three to five claims.
- The lead auditor will provide forms (worksheets/tally sheet) to the point person.
- Local management will disseminate and communicate audit results to claims staff in a timely manner.
- All Audit Worksheets for each audit will be posted to the O: drive as a resource for future audits.

Last Name - Claim # (1)



Date/Day of Loss		Carrier Name		Claim Office	
Date/Day of Entry		Policy Type		Coverage	
Date/Day Adj Assigned		Reporting Level		Jurisdiction	
File Status (O/C)		Adjuster Name		Client Name	
Date Closed		Supervisor Name		Claimant Name	
Date Audited		Auditor Name		Claim Number	
				Adj Supv Claim Score	#DIV/0! n/a

COVERAGE		YES	NO	N/A
Was coverage promptly documented in the log notes as a part of the initial coverage review? **Required on deductible policies. For excess policies: score as Y if documented promptly, N if documented after 30 days, N/A if no mention.	1			
Was the coverage correctly documented in the log notes with the coverage type, insurance carrier/company, policy number, policy period, deductible or retention amount, and reporting level? **Required on deductible policies. For excess policies: score as Y if documented correctly, N if documented incorrectly, N/A if no mention.	2			
Were potential coverage issues identified and documented in the log notes within 10 business days?	3			
COMMENTS	n/a	PERCENTAGE / TOTALS		0 0 0

INITIAL CONTACT		YES	NO	N/A
Client Contact				
Was <u>verbal or written</u> client contact made or attempted within 2 business days, or within the carrier or client service commitments, whichever is stricter? (day 1 is the day the claim is received by CCMSI, day 2 is the very next business day; generic acknowledgement not sufficient)	4			
If the client was not reached on the first attempt, was client contact attempted at least every 3 business days thereafter until the client was reached?	5			
Was the client contact meaningful and thorough?	6			
If attempts to contact the client were discontinued, was the rationale stated in the log notes?	7			
Claimant Contact				
Was <u>verbal</u> claimant contact made or attempted within 2 business days of receipt, or within the carrier or client service commitments, whichever is stricter? (day 1 is the day the claim is received by CCMSI, day 2 is the very next business day)	8			
If the claimant was not reached on the first attempt, was claimant contact attempted at least every 3 business days thereafter until the claimant was reached?	9			
If verbal contact was unsuccessful, was a written follow-up sent promptly to the claimant requesting contact?	10			
Was claimant contact meaningful and thorough?	11			
If attempts to contact the claimant were discontinued, was the rationale stated in the log notes?	12			
Medical Contact				
Were the initial medical records logged? If not, was <u>verbal or written</u> health provider contact made or attempted within 2 business days, or within the carrier or client service commitments, whichever is stricter? (day 1 is the day the claim is received by CCMSI, day 2 is the very next business day)	13			
If the medical records were needed to determine compensability, were attempts to obtain these evident in the log notes?	14			
Witness Contact				
Were witnesses contacted/interviewed, if appropriate?	15			
COMMENTS	n/a	PERCENTAGE / TOTALS		0 0 0

Last Name - Claim # (1)



Claim Number

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INVESTIGATION / CLAIM RISK ASSESSMENT	YES	NO	N/A
Was a brief description of the accident input early in the claim log notes?	16		
Were red-flag fraud indicators recognized and addressed in the investigation?	17		
ISO/Index			
Was the initial ISO/Index Report generated as part of the initial investigation of the claim?	18		
Was a diary established to re-index the claim after 18 months, then every 6 months?	19		
Was the claim re-indexed after 18 months, then every 6 months?	20		
Was the ISO/Index results reviewed in the log notes, with comments of whether or not any follow up was needed?	21		
If there were any relevant hits found on the ISO report, any prior injuries or prior claims, were these fully investigated?	22		
CRA			
Was the CRA form sufficiently completed for a valid profile scoring?	23		
Was the CRA form completed within 10 business days from receipt of the first notice of injury? If not, were continued efforts to gather the information evident?	24		
Subrogation/Recovery			
Was sufficient subrogation, recovery or SIF investigation completed within 10 business days to rule out or identify recovery potential? If not, were continued efforts to gather the information evident?	25		
Was a claim-specific subro, recovery or SIF exposure rationale documented once this was ruled out or identified?	26		
Were all potentially responsible parties put on notice immediately, if applicable?	27		
Was a request for written acknowledgement from the insurance carrier(s) requested & pursued until obtained from all potentially responsible parties, if applicable?	28		
If notice of representation was received on a claim with subrogation potential, was our lien notice sent to the claimant's attorney requesting acknowledgement of our lien?	29		
If the claimant's attorney did not acknowledge our subro lien, was follow up made every 30-90 days until acknowledged?	30		
Was follow-up on subrogation, recovery or SIF completed at a maximum every 90 days?	31		
Was the carrier and/or client consulted prior to waiving or compromising any recoveries?	32		
Compensability			
Was a sufficient investigation completed timely to determine compensability? (within 10 business days)	33		
If the investigation was incomplete, were continued efforts to gather the information evident? (unresolved contacts, witness statements, subro follow up, prior medical records, etc.)	34		
Was the compensability statement strong? (stated after investigation complete, specific to the claim, and reflect the adjuster's review of all important issues unique to the claim)	35		
Were denials clearly documented in the notes, discussed with the client (if required), and reported to the state (if applicable)?	36		
COMMENTS	n/a	PERCENTAGE / TOTALS	0 0 0

RESERVES & WAGE INFORMATION	YES	NO	N/A
Reserves			
Were the initial reserves established timely? (w/in 10 business days, or within the carrier or client service commitments, whichever is stricter)	37		
Were the initial reserves adequate and specific to the claim, based on the facts known at that time?	38		
Were subsequent reserves adjusted timely as developments occurred? (w/in 10 business days)	39		
Were meaningful reserve rationales regularly documented for reserve changes within the reserve worksheet? (including calculations for TTD, permanency or impairment)	40		
Were reserves established in compliance with corporate philosophy? (no stair stepping)	41		
Were the reserves sufficient to bring the claim to a conclusion, based on the facts of the claim at the time of review?	42		
Wage Information			
Was the wage statement/wage information promptly requested?	43		
Was the wage statement/wage information regularly pursued until received?	44		
Was an appropriate explanation of the wage rates with all calculations documented in the log notes?	45		
COMMENTS	n/a	PERCENTAGE / TOTALS	0 0 0

Last Name - Claim # (1)



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MEDICAL & DISABILITY MANAGEMENT		YES	NO	N/A
Was a medical authorization form requested? (Yes if documented, N/A if no mention)	46			
Were pertinent medical records requested, with appropriate follow up if not received?	47			
Were the medical records regularly summarized in the log notes?	48			
Was the medical treatment plan proactively managed? (RTW & MMI targets tracked, IME/2nd opinion requests, prompt authorization of treatment, DME, Rx requests/approvals, etc.)	49			
Was light duty work aggressively pursued and coordinated, if available?	50			
If applicable, was UR/Pre-Cert appropriately used?	51			
If relevant in a particular state, was a PPD rating timely requested?	52			
Nurse CM/Voc Rehab [REDACTED]				
Did the assignment to NCM or Voc Rehab include clear instructions/expectations?	53			
Was regular collaboration with the NCM/Voc Rehab Specialist evident, showing the adjuster was overseeing the medical/voc management?	54			
Was a brief summary/description regularly provided for NCM/Voc Rehab correspondence/e-mails/attachments? (including date, CM/Voc Rehab name, summary)	55			
COMMENTS	n/a	PERCENTAGE / TOTALS		0 0 0

LITIGATION MANAGEMENT/SETTLEMENT EVALUATION		YES	NO	N/A
Claimant's Attorney [REDACTED]				
Was the claimant's attorney letter of representation acknowledged in writing within 10 business days?	56			
Defense Attorney [REDACTED]				
Was the file referred to a defense attorney timely? (In states where counsel files an answer, 10 business days)	57			
Did the assignment to the defense attorney include clear instructions and expectations? (including an overview of the claim facts, investigation to date, as well as the issuing carrier name, as applicable)	58			
Was there prompt follow up for the defense attorney's initial litigation review/evaluation if not received within 30 calendar days from referral?	59			
Was a brief summary/description regularly provided for legal correspondence/e-mails/attachments? (including date, attorney name, summary)	60			
Was regular collaboration with the defense attorney evident (or claimant's attorney if no defense on file), showing adjuster was managing the litigation plan?	61			
Budget/Approved Atty [REDACTED]				
Was a legal budget requested? (Required for deductible claims; do not mark down for non-deductible claims)	62			
Was there continued follow up for a budget from the DA until received? (Required for deductible claims, do not mark down for non-deductible claims)	63			
Was a carrier-approved defense attorney used, if applicable? (Required for deductible claims, do not mark down for non-deductible claims)	64			
Exposure/Settlement [REDACTED]				
Was the claim exposure, settlement values and plans for disposition evident in the notes?	65			
If settling out future medical, was consideration shown in the claim for MMSEA/SCHIP submission & eligibility based on age or SSDI status, if applicable?	66			
Was appropriate settlement authority/concurrence obtained from the client contact and/or supervisor, if applicable?	67			
COMMENTS	n/a	PERCENTAGE / TOTALS		0 0 0

Last Name - Claim # (1)



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CARRIER REPORTING		YES	NO	N/A
If the claim meets carrier reporting requirements, was prompt notice given and documented in the log notes? (when, why and to whom the claim was reported)	68			
Was the notice sent in such a manner in which proof of receipt was provided? (certified, fax, e-mail)	69			
Was a diary established for follow up every 15 calendar days until the proof of receipt was returned and acknowledgement was received from the carrier?	70			
Were timely follow-up reports provided to the carrier once the initial report was made? If the carrier decontrolled the file, this should be clearly shown in the log notes.	71			
Was reserve authority or settlement authority obtained timely from the carrier in conjunction with their reporting requirements?	72			
COMMENTS	n/a	PERCENTAGE / TOTALS		
		0	0	0

DOCUMENTATION & ONGOING MGMT		YES	NO	N/A
Action Plans/File Mgmt				
Was a meaningful/proactive initial action plan developed/documentated within 30 calendar days, or within the carrier or client service commitments, whichever is stricter?	73			
Was a meaningful/proactive action plan updated every 30-90 calendar days thereafter with appropriate follow up? (Should be able to follow the current treatment status and estimated return to work date, expected MMI date, plans for disposition, current legal status, etc.)	74			
Did the adjuster regularly complete their diaries no later than 15 calendar days?	75			
Were directions and recommendations from supervisors acknowledged or acted upon?	76			
Did the log notes contain appropriate information and read smoothly? (current, clear and complete?)	77			
All claims: SCHIP coding required for Medicare Eligible claims. Were the compensable body parts properly coded?				
Deductible claims: Were the loss type/body part/cause codes accurate for the current status of the claim?	78			
Benefits/State Forms				
Were indemnity benefits paid timely? (print date regular and near the period paid)	79			
Were indemnity benefits properly calculated?	80			
If applicable, were adjustments to benefits clearly documented, showing the amount and reason? Were underpayments issued promptly or recovery attempted? If recovery is not allowed in the jurisdiction, was this clearly stated?	81			
Was a brief summary/description provided for state filings, TPD pays, etc.	82			
Surveillance				
If surveillance was used, did the assignment to the surveillance company include clear instructions/expectations?	83			
Was surveillance managed and used appropriately, if applicable?	84			
Was a brief summary/description provided for surveillance reports/e-mails/attachments? (including date, company name, summary)	85			
Ongoing Contact/Mgmt				
Was follow up contact made with the claimant, when appropriate, or as issues arose?	86			
Were the carrier/client instructions followed? (concurrence with denials, reserves or assignment to: CM, surveillance, attorney, etc.)	87			
Deductible claims: Was the correct UW company included on all correspondence and settlement documents and State forms?				
Was the claim progressing appropriately and/or concluded effectively and timely?	88			
COMMENTS	n/a	PERCENTAGE / TOTALS		
		0	0	0

Last Name - Claim # (1)



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MINIMUM SYSTEM REQUIREMENTS		YES	NO	N/A
Were the 3-point contact fields on the Miscellaneous screen completed?	89			
Was the recovery tab on the Miscellaneous screen completed appropriately?	90			
Was the lien box on the Miscellaneous screen completed, if applicable?	91			
Was the "Claim Denied" box checked on the Claim Edit screen, if applicable?	92			
Were the Claimant and Defendant tabs on the Legal screen completed, if applicable?				
Deductible claims with budgets obtained after 2/1/21: Was the litigation budget amount properly entered on the Legal Screen/Defendant tab?	93			
Were the Carrier fields completed, if applicable?	94			
Did the claim summary provide a good overview of the claim? (current, concise and complete)	95			
COMMENTS	n/a	PERCENTAGE / TOTALS	0	0

SUPERVISION		YES	NO	N/A
Did the supervisor document a <i>meaningful</i> initial review within 30 calendar days?	96			
Was the supervisory follow up frequency in line with the severity of the claim? (maximum of every 90 days)	97			
Was the reserve adequacy regularly reviewed by the supervisor throughout the life of the claim?	98			
Was the supervisor direction appropriate in addressing any claims handling deficiencies in any of the core competencies?	99			
Did the supervisor follow up to ensure the claims professional executed on the direction provided?	100			
Was the supervisor mindful of potential leakage/E&O risks? (subro, overpayments, carrier reporting, etc.)	101			
If the supervisor diary was removed, was a meaningful explanation provided?	102			
COMMENTS	n/a	PERCENTAGE / TOTALS	0	0

Last Name-Claim # (1)



Date/Day of Loss		Carrier Name		Claim Office		
Date/Day of Entry		Policy Type		Coverage		
Date/Day Adj Assigned		Reporting Level		Jurisdiction		
File Status (O/C)		Adjuster Name		Client Name		
Date Closed		Supervisor Name		Claimant Name		
Date Audited		Auditor Name		Claim Number		
				Adj Supv Claim Score	#DIV/0!	n/a

INVESTIGATION/FNOL		YES	NO	N/A
Was the claim input and the claims management initiated within 2 business days of the first notice of injury?	1			
Was a brief description of the accident input early in the claim log notes?	2			
If a coverage note was documented in the log notes, was the coverage correctly documented with the coverage type, insurance carrier/company, policy number, policy period, deductible or retention amount, and reporting level? (Score as Y if documented correctly, N if documented incorrectly, N/A if no mention)	3			
Was the compensability statement appropriate and clear? (stated after investigation complete; specific to the claim)	4			
Initial Contacts				
If 2-pt or 3-pt contact was required per the Carrier or Client Service Instructions, was this completed timely?	5			
If 2-pt or 3-pt contact was required per the Carrier or Client Service Instructions, was this completed appropriately? (meaningful, specific questions asked, R/S, etc.)	6			
ISO/Index				
If an initial ISO/index was required per the Carrier or Client Service Instructions, was this report generated as part of the initial setup of the claim?	7			
If the ISO/Index report was ran, were the results reviewed in the log notes, with comments of whether or not any follow up was needed?	8			
If there were any relevant hits found on the ISO report, were these fully investigated?	9			
Subrogation/Recovery				
Was sufficient subrogation, recovery or SIF investigation completed within 10 business days to rule out or identify recovery potential? If not, were continued efforts to gather the information evident?	10			
Was a claim-specific subro, recovery or SIF exposure rationale documented once this was ruled out or identified?	11			
Were all potentially responsible parties put on notice immediately, if applicable?	12			
Was a request for written acknowledgement from the insurance carrier(s) requested & pursued until obtained from all potentially responsible parties, if applicable?	13			
Was follow-up on subrogation, recovery or SIF completed at a maximum every 90 days?	14			
COMMENTS	n/a	PERCENTAGE / TOTALS		0 0 0

RESERVES		YES	NO	N/A
Were the initial reserves adequate and specific to the claim, based on the facts known at that time?	15			
Were the initial reserves established timely? (w/in 10 business days, or within the carrier or client service commitments, whichever is stricter)	16			
Were subsequent reserves adjusted timely as developments occurred? (w/in 10 business days)	17			
Were the reserves sufficient to bring the claim to a conclusion, based on the facts of the claim at the time of review?	18			
Were meaningful reserve rationales documented for all reserve changes within the reserve worksheet?	19			
Were reserves established in compliance with corporate philosophy? (no stair stepping)	20			
COMMENTS	n/a	PERCENTAGE / TOTALS		0 0 0

Last Name-Claim # (1)



Claim Number 0

Date Audited 1/0/1900

MEDICAL & DISABILITY MANAGEMENT		YES	NO	N/A
Were pertinent medical records timely requested and reviewed/attached to the log notes?	21			
Were the medical records appropriately summarized in the log notes?	22			
Was the medical treatment plan proactively managed? (prompt authorization of treatment, DME, Rx requests/approvals, etc.)	23			
COMMENTS	n/a	PERCENTAGE / TOTALS		0 0 0

DOCUMENTATION & ONGOING MGMT		YES	NO	N/A
Action Plans/File Mgmt				
Was a meaningful/proactive initial action plan developed/documentated within 30 calendar days, or within the carrier or client service commitments, whichever is stricter?	24			
Was a meaningful/proactive action plan updated every 30-90 calendar days thereafter with appropriate follow up? (Should be able to follow the current treatment status and estimated return to work date, expected MMI date, etc.)	25			
Did the adjuster regularly complete their diaries no later than 15 calendar days?	26			
Were directions and recommendations from supervisors acknowledged or acted upon?	27			
Did the log notes contain appropriate information and read smoothly? (current, clear and complete?)	28			
Was a brief summary/description regularly provided for any other non-medical attachments?	29			
Was input sought from the supervisor/indemnity adjuster on complex or questionable issues?	30			
Was the claim converted from Medical Only to Indemnity timely?	31			
Were the carrier/client instructions followed? (concurrence with denials, reserves or assignment to: CM, surveillance, attorney, etc.)	32			
Deductible claims: Was the correct UW company included on all correspondence and State forms?				
Was the claim progressing appropriately and/or concluded effectively and timely?	33			
COMMENTS	n/a	PERCENTAGE / TOTALS		0 0 0

SUPERVISION	YES	NO	N/A

Last Name-Claim # (1)



Date/Day of Loss		Carrier Name		Claim Office	
Date/Day of Entry		Policy Type		Coverage	
Date/Day Adj Assigned		Reporting Level		Jurisdiction	
File Status (O/C)		Adjuster Name		Client Name	
Date Closed		Supervisor Name		Claimant Name	
Date Audited		Auditor Name		Claim Number	
				Adj Supv Claim Score	#DIV/O! n/a

COVERAGE	YES	NO	N/A
Was coverage promptly documented in the log notes as a part of the initial coverage review? (within 10 business days)	1		
Did the coverage analysis include the carrier name, policy number, reporting level, policy effective dates, limits of coverage, deductibles, replacement cost vs. actual cost value, sub limits, SIR limit, and any applicable endorsements? (limits of coverage above the SIR limit must be included)	2		
Were potential coverage issues identified and documented in the log notes within 10 business days?	3		

COMMENTS	n/a	PERCENTAGE / TOTALS	0	0	0

INITIAL CONTACT	YES	NO	N/A
Client Contact			
Was <u>verbal or written</u> client contact made or attempted within 2 business days, or within the carrier or client service commitments, whichever is stricter? (day 1 is the day the claim is received by CCMSI, day 2 is the very next business day; generic acknow not appropriate)	4		
If client not reached on first attempt, was client contact attempted at least every 3 business days thereafter until the client was reached?	5		
Was client contact meaningful and thorough?	6		
If attempts to contact client were discontinued, was a sufficient note provided in the log notes?	7		
Claimant Contact			
Was <u>verbal</u> claimant contact made or attempted within 2 business days, or within the carrier or client service commitments, whichever is stricter? (day 1 is the day the claim is received by CCMSI, day 2 is the very next business day)	8		
If claimant not reached on first attempt, was claimant contact attempted at least every 3 business days thereafter until the claimant was reached?	9		
If verbal contact was unsuccessful, was a written follow-up sent promptly to the claimant requesting contact?	10		
Was claimant contact meaningful and thorough?	11		
If attempts to contact claimant were discontinued, was a sufficient note provided in the log notes?	12		

Witness Contact					
Were witnesses contacted/interviewed, if appropriate?	13				
COMMENTS	n/a	PERCENTAGE / TOTALS	0	0	0

Last Name-Claim # (1)



Claim Number

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Date Audited

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INVESTIGATION		YES	NO	N/A
Was a brief description of the accident input early in the claim log notes?	14			
Were red-flag fraud indicators recognized and addressed in the investigation?	15			
ISO/Index				
Was the initial ISO/Index Report generated as part of the initial investigation of the claim?	16			
Was a diary established to re-index the claim after 18 months, then every 6 months?	17			
Was the claim re-indexed after 18 months, then every 6 months?	18			
Was the ISO/Index results reviewed in the log notes, with comments of whether or not any follow up was needed?	19			
If there were any relevant hits found on the ISO report, any prior injuries or prior claims, were these fully investigated?	20			
Subrogation/Recovery				
Was sufficient subrogation, recovery, including potential third party contribution and/or risk transfers, or salvage investigation completed within 10 business days to rule out or identify recovery potential? If not, were continued efforts to gather the information evident?	21			
Was a claim-specific subro, recovery, potential third party contribution and/or risk transfers, or salvage exposure rationale documented once this was ruled out or identified?	22			
Were all potentially responsible parties put on notice immediately, if applicable?	23			
Was a request for written acknowledgement from the insurance carrier(s) requested & pursued until obtained from all potentially responsible parties, if applicable?	24			
Was follow-up on subrogation, recovery or salvage completed at a maximum every 90 days?	25			
Were potential third party tortfeasors identified, investigated and pursued for third party contribution?	26			
Were contractual risk transfers identified, investigated and evaluated?	27			
If a potential contractual risk transfer existed, was a tender appropriately pursued?	28			
Was the carrier and/or client consulted prior to waiving or compromising any recoveries?	29			
Liability Determination				
Was a sufficient investigation completed timely to determine liability? (within 30 days)	30			
If the investigation was incomplete, were continued efforts to gather the information evident? (unresolved contacts, witness statements, subro follow up, prior medical records, etc.)	31			
Was the liability statement strong? (stated after investigation complete, specific to the claim, include the alleged cause of action and appropriate liability analysis against the client or the standard of care, when applicable)	32			
Did the adjuster document comparative or contributory negligence in the liability statement, if applicable?	33			
Did the adjuster obtain, document and evaluate investigative documents to support the liability statement? ex: police report, photos, scene investigation, use of experts, etc.	34			
Were denials clearly documented in the notes, including State Specific denial language in the denial letter?	35			
COMMENTS	n/a	PERCENTAGE / TOTALS	0	0

RESERVES		YES	NO	N/A
Were the initial reserves established timely? (w/in 10 business days, or within the carrier or client service commitments, whichever is stricter)	36			
Were the initial reserves adequate and specific to the claim, based on the facts known at that time?	37			
Were subsequent reserves adjusted timely as developments occurred? (w/in 10 business days)	38			
Were meaningful reserve rationales regularly documented for reserve changes within the reserve worksheet?	39			
Were reserves established in compliance with corporate philosophy? (no stair stepping)	40			
Were the reserves sufficient to bring the claim to a conclusion, based on the facts of the claim at the time of review?	41			
COMMENTS	n/a	PERCENTAGE / TOTALS	0	0

Last Name-Claim # (1)



Claim Number

0

Date Audited

1/0/1900

DAMAGES EVALUATION		YES	NO	N/A
Was the claimant or claimant's attorney questioned about prior injuries and/or claims?	42			
If there were prior injuries, pre-existing medical conditions and/or claims noted by the claimant and/or attorney, were these fully investigated?	43			
Was a medical authorization form requested? (Yes if documented, N/A if no mention)	44			
Were pertinent medical records requested, with appropriate follow up if not received?	45			
Were the medical records regularly summarized in the log notes?	46			
Was the adjuster proactive in obtaining/documenting the claimant's injury and treatment information?	47			
If lost wages were claimed, were pertinent proofs requested, received, documented and evaluated in the log notes?	48			
Were proofs of all other applicable damages requested, received, documented and evaluated in the log notes? (general damages, special damages, property damages, auto damages, loss of use, etc.)	49			
Did the adjuster identify and evaluate unrelated and/or mitigation of damages? (unrelated medical treatment, unrelated property damages, depreciation, etc.)	50			
Were collateral sources appropriately identified, investigated, documented and evaluated in the log notes?	51			

COMMENTS	n/a	PERCENTAGE / TOTALS	0	0	0

LITIGATION MANAGEMENT/SETTLEMENT EVALUATION		YES	NO	N/A
Claimant's Attorney				
Was the claimant's attorney letter of representation acknowledged timely? (within 10 business days)	52			
Defense Attorney				
Was the file referred to a defense attorney timely? (within 3 business days)	53			
Did the assignment to a defense attorney include clear instructions and expectations? (including an overview of the claim facts, investigation to date, as well as the issuing carrier name, as applicable)	54			
Was there prompt follow up for the defense attorney's initial litigation review/evaluation if not received within 30 calendar days from referral?	55			
Was a brief summary/description regularly provided for legal correspondence/e-mails/attachments? (including date, attorney name, summary)	56			
Was regular collaboration with the defense attorney evident, showing adjuster was managing the litigation plan?	57			
Did the adjuster perform all duties that could be accomplished by the adjuster rather than allowing the defense attorney to handle?	58			
Budget/Approved Atty				
Was a legal budget requested? (Required for deductible claims; do not mark down for non-deductible claims)	59			
Was there continued follow up for a budget from the defense attorney until received? (Required for deductible claims, do not mark down for non-deductible claims)	60			
Was a carrier-approved defense attorney used, if applicable? (Required for deductible claims, do not mark down for non-deductible claims)	61			
Exposure/Settlement				
Was the settlement and/or damage exposure and plans for disposition evident in the notes?	62			
If settling out future medical, was consideration shown in the claim for MMSEA/SCHIP submission & eligibility based on age or SSDI status, if applicable?	63			
Was appropriate settlement authority/concurrence obtained from the client contact and/or supervisor, if applicable?	64			

COMMENTS	n/a	PERCENTAGE / TOTALS	0	0	0

Last Name-Claim # (1)



Claim Number

0

Date Audited

1/0/1900

CARRIER REPORTING

		YES	NO	N/A
If the claim meets carrier reporting requirements, was prompt notice given and documented in the log notes? (when, why and to whom the claim was reported)	65			
Was the notice sent in such a manner in which proof of receipt was provided? (certified, fax, e-mail)	66			
Was a diary established for follow up every 15 calendar days until the proof of receipt was returned and acknowledgement was received from the carrier?	67			
Were timely follow-up reports provided to the carrier once the initial report was made? If the carrier decontrolled the file, this should be clearly shown in the log notes.	68			
Was reserve authority or settlement authority obtained timely from the carrier in conjunction with their reporting requirements?	69			
COMMENTS	n/a	PERCENTAGE / TOTALS		0 0 0

DOCUMENTATION & ONGOING MGMT

		YES	NO	N/A
Action Plans/File Mgmt				
Was a meaningful/proactive initial action plan developed/documentated within 30 calendar days, or within the carrier or client service commitments, whichever is stricter?	70			
Was a meaningful/proactive action plan updated every 30-90 calendar days thereafter with appropriate follow up? (Should be able to follow the plans for disposition, current legal status, etc.)	71			
Did the adjuster regularly complete their diaries no later than 15 calendar days?	72			
Were directions and recommendations from supervisors acknowledged or acted upon?	73			
Did the log notes contain appropriate information and read smoothly? (current, clear and complete?)	74			
All claims: SCHIP coding required for Medicare Eligible claims. Were the compensable body parts properly coded?	75			
Deductible claims: Were the loss type/body part/cause codes accurate for the current status of the claim?				
Surveillance				
If surveillance was used, did the assignment to the surveillance company include clear instructions/expectations?	76			
Was surveillance managed and used appropriately, if applicable?	77			
Was a brief summary/description provided for surveillance reports/e-mails/attachments? (including date, company name, summary)	78			
Ongoing Contact/Mgmt				
Was follow up contact made with the claimant, when appropriate, or as issues arose?	79			
Were the carrier/client instructions followed? (concurrence with denials, reserves or assignment to: surveillance, attorney, etc.) Deductible claims: Was the correct UW company included on all correspondence and settlement documents?	80			
Was the claim progressing appropriately and/or concluded effectively and timely?	81			
COMMENTS	n/a	PERCENTAGE / TOTALS		0 0 0

Last Name-Claim # (1)



Claim Number

0

Date Audited

1/0/1900

MINIMUM SYSTEM REQUIREMENTS

		YES	NO	N/A
Were the 3-point contact fields on the Miscellaneous screen completed?	82			
Was the recovery tab on the Miscellaneous screen completed appropriately?	83			
Was the lien box on the Miscellaneous screen completed, if applicable?	84			
Was the "Claim Denied" box checked on the Claim Edit screen, if applicable?	85			
Were the Claimant and Defendant tabs on the Legal screen completed, if applicable?				
Deductible claims with budgets obtained after 2/1/21 : Was the litigation budget amount properly entered on the Legal Screen/Defendant tab?	86			
Were the Carrier fields completed, if applicable?	87			
Did the claim summary provide a good overview of the claim? (current, concise and complete)	88			
COMMENTS	n/a	PERCENTAGE / TOTALS	0	0

SUPERVISION

		YES	NO	N/A
Did the supervisor document a meaningful initial review within 30 calendar days?	89			
Was the supervisory follow up frequency in line with the severity of the claim? (maximum of every 90 days)	90			
Was the reserve adequacy regularly reviewed by the supervisor throughout the life of the claim?	91			
Was the supervisor direction appropriate in addressing any claims handling deficiencies in any of the core competencies?	92			
Did the supervisor follow up to ensure the claims professional executed on the direction provided?	93			
Was the supervisor mindful of potential leakage/E&O risks? (subro, overpayments, carrier reporting, etc.)	94			
If the supervisor diary was removed, was a meaningful explanation provided?	95			
COMMENTS	n/a	PERCENTAGE / TOTALS	0	0

CCMSI

Exhibit 3: Illinois Licenses

STATE OF ILLINOIS

DEPARTMENT OF INSURANCE



RENEWAL SERVICE COMPANY LICENSE

This is to certify that **CANNON-COCHRAN MANAGEMENT SERVICES, INC.**, having complied with the requirements of Section 107a.09 of the Illinois Insurance Code, relating to the licensing of service companies, is licensed to perform the following services:

- 1) Claims Adjustment
- 2) Loss Control/Safety Engineering
- 3) Data Processing Services
- 4) Industrial Hygiene

until the 1st day of July A. D. 2025.

DEPARTMENT OF INSURANCE of the State of Illinois;

DATE:

May 16, 2023

Dana Popish Severinghaus

DANA POPISH SEVERINGHAUS
DIRECTOR OF INSURANCE



CANNON COCHRAN MANAGEMENT SERVICES INC
2 EAST MAIN STREET
DANVILLE IL 61832

State Of Illinois
Insurance License

License No: 100302722

CANNON COCHRAN MANAGEMENT SERVICES INC

This is to certify that pursuant to requirements of the Illinois Insurance code the above firm is licensed to do business in the state of Illinois with the following authority:

LICENSE TYPE

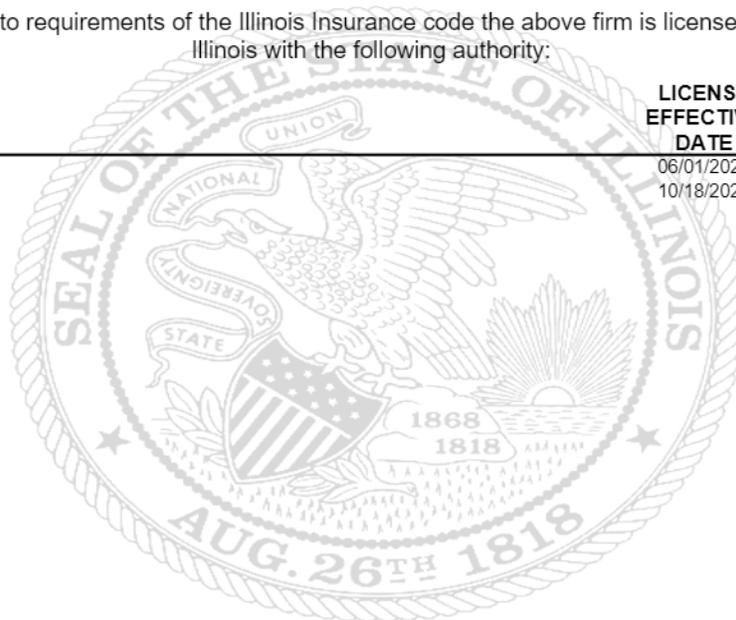
BUSINESS ENTITY PRODUCER
THIRD PARTY ADMINISTRATOR

**LICENSE
EFFECTIVE
DATE**

06/01/2022
10/18/2023

**LICENSE
EXPIRATION
DATE**

05/31/2024
10/17/2024



Dana Popish-Severinghaus

Dana Popish-Severinghaus
Director Illinois Dept. of Insurance

For questions regarding a license, contact the
Illinois Department of Insurance at
DOI.licensing@illinois.gov

STATE OF ILLINOIS

DEPARTMENT OF INSURANCE



REINSURANCE INTERMEDIARY LICENSE

This is to certify that

Cannon Cochran Management Services, Inc.
2 East Main Street, Suite 208
Danville, Illinois 61832

37-1057804

a corporation having complied with the requirements of Section 10 of the Reinsurance Intermediary Act of the Illinois Insurance Code is licensed as a reinsurance intermediary until the 13th of June, A. D. 2025.

DEPARTMENT OF INSURANCE of the State
of Illinois

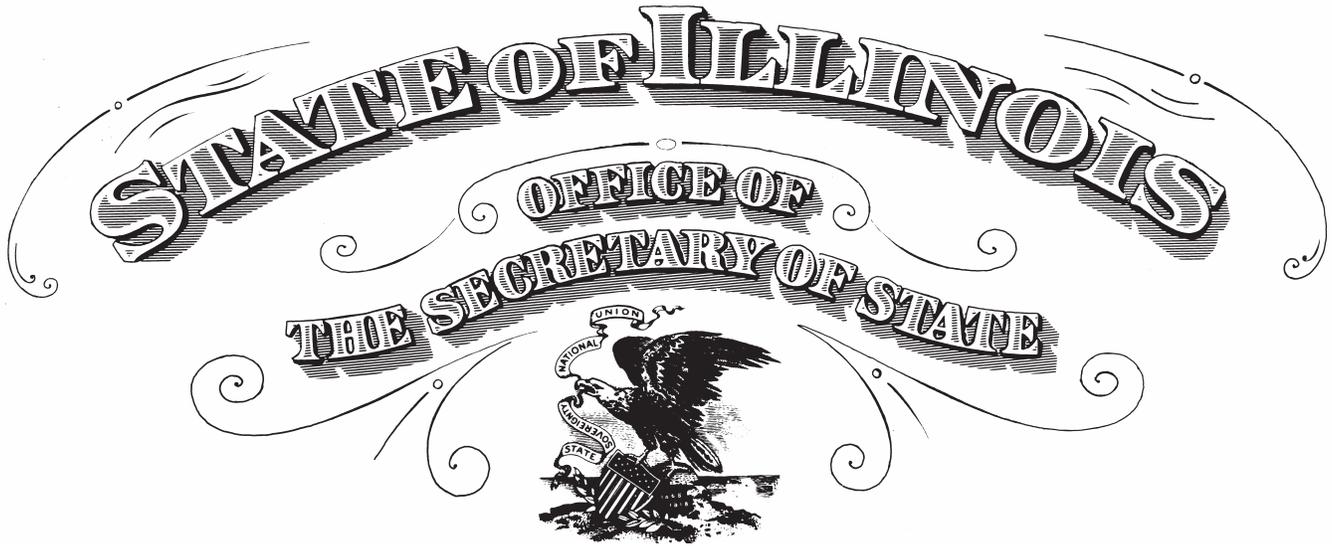
DATE:

May 16, 2023

Dana Popish Severinghaus

DANA POPISH SEVERINGHAUS
DIRECTOR OF INSURANCE





To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulas, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

CANNON COCHRAN MANAGEMENT SERVICES, INC., INCORPORATED IN DELAWARE AND LICENSED TO TRANSACT BUSINESS IN THIS STATE ON APRIL 12, 1978, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 28TH day of APRIL A.D. 2023 .



Authentication #: 2311803782 verifiable until 04/28/2024
Authenticate at: <https://www.ilsos.gov>

Alexi Giannoulas
SECRETARY OF STATE