



CSURMA AORMA COMMITTEE MEETING AGENDA

“This is an Open Public Meeting”

In accordance with the requirements of the Bagley-Keene Open Meeting Act, notice of this meeting must be posted in a publicly accessible place, including the internet, at least ten days in advance of the meeting. This meeting agenda shall also be posted at the address of the teleconference location with access for the public via phone/speaker phone.

Per Government Code section 54954.2, persons requesting disability-related modifications or accommodations, including auxiliary aids or services in order to participate in the meeting, are requested to contact Alliant at (415) 403-1400 twenty-four hours in advance of the meeting. Entrance to the meeting location may require routine provision of identification to building security. However, CSURMA AORMA does not require any member of the public to register his or her name, or to provide other information, as a condition to attendance at any public meeting and will not inquire of building security concerning information so provided. See Government Code section 54953.3.

1. Teleconference Location - CSU Chancellor’s Office, 401 Golden Shore, Long Beach, CA

Meeting Date:	October 22, 2015	Location:	CSU Chancellor’s Office, Munitz Room 401 Golden Shore Long Beach, CA 90802
Time:	10:00 AM		

Legend:

A	=	Action
I	=	Information
V	=	Verbal
S	=	Separate

A. CALL TO ORDER

1. **Approval of the Agenda** A p. 4
The Committee will be asked to approve the agenda for today’s meeting.

B. PUBLIC COMMENTS

C. STANDING COMMITTEE REPORTS

1. **Programs Committee Report** I p. 5
2. **Member Services, Loss Control and Training Committee Report** I p. 6
3. **AOA Executive Committee Report** I p. 7

D. CONSENT CALENDAR

The Committee is asked to take action on the consent calendar items as a group, except that a member may request that an item be withdrawn from the Consent Calendar for discussion and action.

1. **Approval of Minutes – September 9, 2015 and September 10, 2015** A p. 8
The Committee will be asked to approve the minutes from its last meetings.

- 2. **AOA Conference Free Registration Resolution** A p. 31
The Committee will be asked to approve the Resolution No. 02-15 confirming the use of the free AOA Conference Registrations.

- D. **CLOSED SESSION Pursuant to California Government Code Section 11126(e)(1) & 11126(f)(1)**
Action may be taken per Government Code Section 11126(e)(1) & 11126(f)(1). Please refer to the below list of claims that may be discussed. The Committee may assess and evaluate pending claims and related issues and take action or provide direction to Staff regarding the litigation described below.
 - 1. **Cahuilla Band of Indians v SDSU Research Foundation**
 - 2. **Arce v CSUN ASI**
 - 3. **Lyons v CSU Chico Research Foundation**
 - 4. **Albert Torres v CSUN USU, Inc.**
 - 5. **Trapper v CSULB ASI**
 - 6. **Robert Brown v San Diego State University Research Foundation**
 - 7. **Page Nelson v CSU East Bay Research Foundation**

- F. **GENERAL ADMINISTRATION**
 - 1. **AORMA’s Long Range Action Plan for FY 15/16** A p. 34
The Committee will be asked to review and approve the FY 15/16 Long Range Action Plan.

 - 2. **AORMA Committee Vice Chair Election** A p. 38
The Committee will be asked to elect an AORMA Committee Vice Chair for the term beginning July 1, 2016.

 - 3. **Liability Target Surplus Funding and Dividend Calculation** A p. 44
The Committee will be asked to review and approve the Target Surplus Funding Analysis Report and declare a dividend within the Liability Program as appropriate.

 - 4. **Approval to Merge the Member Services, Loss Control and Training Committee into the Programs Committee** A p. 50
The Committee will be asked to discuss and approve, as appropriate, the absorption of the MSLCTC into the Programs Committee.

 - 5. **Smart Phone Application** A p.60
The Committee will be asked to discuss the use of a smart phone application for CSURMA AORMA contacts.

6.	Online Training Transition from TargetSolutions to SkillPort / LawRoom <i>The Committee will hear an update from David Krevella on the Auxiliary Organizations transition from TargetSolutions to SkillPort/LawRoom</i>	I	p. 61
7.	Workers' Compensation Benchmarking Initiative <i>The Committee will hear an initial report on the benchmarking capabilities through CWCI</i>	I	p. 66
8.	Workers' Compensation Claims Reporting - Juris <i>The Committee will discuss the transition from iVOS to Juris</i>	I	p. 101
9.	Quarterly AORMA Update Newsletter <i>The Committee will be asked discuss the benefits of developing the AORMA newsletter.</i>	A	p. 105
G. INFORMATION ITEMS			
1.	CSURMA AORMA 2015 and 2016 Meeting Calendar	I	p. 109
2.	CSURMA AORMA Program Administrator's Contact Lists	I	p. 113
3.	AORMA's Travel Reimbursement Policy	I	p. 126
4.	AORMA Committee Members - Effective 7/01/15	I	p. 129
H. ADJOURNMENT			

The next AORMA Committee meeting is scheduled for December 3rd at 10:00 AM, Long Beach, CA. *If you have questions regarding the agenda package, please contact Mimi Long at mlong@alliant.com / (415) 403-1423 or Tevea Him at thim@alliant.com / (415) 403-1416*

APPROVAL OF THE AGENDA

ISSUE: The Committee will be asked to approve the agenda for today's meeting.

RECOMMENDATION: Staff recommends that the Committee approve the agenda as presented.

FISCAL IMPACT: None.

BACKGROUND: None.

PUBLICATION: None.

ATTACHMENT(S): None.

PROGRAMS COMMITTEE REPORT

ISSUE: The Committee Members will not hear a verbal report on recent activities as the Programs Committee has not meet since the AORMA Committee meeting on September 10, 2015.

RECOMMENDATION: This is an information item only; no action is required.

FISCAL IMPACT: None.

BACKGROUND: None.

PUBLICATION: None.

ATTACHMENT(S): None.

**MEMBER SERVICES, LOSS CONTROL AND TRAINING
COMMITTEE REPORT**

ISSUE: The Committee Members will not hear a verbal report on recent activities as the Member Services, Loss Control and Training Committee has not meet since the AORMA Committee meeting on September 10, 2015.

RECOMMENDATION: This item is for information only; no action is required.

FISCAL IMPACT: None.

BACKGROUND: None.

PUBLICATIONS: None.

ATTACHMENT(S): None.

AOA EXECUTIVE COMMITTEE REPORT

ISSUE: The AORMA Chair attends the AOA Executive Committee meetings and reports on recent AORMA activities. The Committee will not hear a brief verbal overview of the AOA Executive Committee meeting as they have not met since the AORMA Committee meeting on September 10, 2015.

RECOMMENDATION: This item is for information only; no action is requested.

FISCAL IMPACT: None.

BACKGROUND: None.

PUBLICATION: None.

ATTACHMENT(S): None.

APPROVAL OF MINUTES
SEPTEMBER 9, 2015 AND SEPTEMBER 10, 2015

ISSUE: The Committee will be asked to review and approve the draft minutes of its September 9, 2015 and September 10, 2015 meetings.

RECOMMENDATION: It is recommended that the Committee approve the minutes of its September 9, 2015 and September 10, 2015 meetings, including corrections as necessary.

FISCAL IMPACT: None.

BACKGROUND: None.

PUBLICATION: None.

ATTACHMENT(S):

- a. CSURMA AORMA LRP Meeting Minutes – September 9, 2015
- b. CSURMA AORMA Committee Meeting Minutes – September 10, 2015

**MINUTES OF THE CSURMA AORMA
COMMITTEE LRP MEETING**

SEPTEMBER 9, 2015

ALLIANT INSURANCE SERVICES

2180 HARVARD STREET, SUITE 460 • SACRAMENTO, CA

10:00 AM

MEMBERS PRESENT

Cheree Aguilar, San Jose State University Research Foundation
Guy Dalpe, Associated Students, Inc., San Francisco State University
Leslie Davis, University Union Operation of CSUS, Inc. (*left the meeting at 2:26pm*)
Robert de Wit, Forty-Niner Shops, Inc., CSU Long Beach (*via Teleconference*)
Keith Kompasi, Fresno Association, Inc., CSU Fresno
Frank Mumford, CSU Fullerton Auxiliary Services Corporation
Dave Nakamura, Humboldt State University Center
Brian Nowlin, CSU, Long Beach Research Foundation (*via Teleconference*)
Jim Reinhart, University Enterprises, Inc., CSU Sacramento

MEMBERS ABSENT

Dwayne Brummett, Associated Students, Inc., Cal Poly San Luis Obispo
Melinda Coil, San Diego State University Research Foundation
Gigi Kiama, The University Corporation at Monterey Bay

STAFF, GUESTS AND CONSULTANTS

Kevin Bibler, Alliant Insurance Services, Inc.
Katie Brandt, Sedgwick CMS
Patricia Daniels, Sedgwick CMS
Zachary Gifford, CSU Office of the Chancellor, Systemwide Risk Management
Tevea Him, Alliant Insurance Services, Inc.
Daniel Howell, Alliant Insurance Services, Inc.
Mimi Long, Alliant Insurance Services, Inc.

A. CALL TO ORDER

The meeting was called to order by the Chair, Frank Mumford at 10:13 AM.

B. PUBLIC COMMENTS

There were no comments from members of the public.

C. GENERAL ADMINISTRATION

C1. Introduction of New Committee Members

Frank Mumford introduced Cheree Aguilar, Senior Director Human Resources, San Jose State University Research Foundation, Jim Reinhart, Executive Director, University Enterprises, Inc., CSU Sacramento, and Dave Nakamura, Executive Director, Humboldt State University Center as the newest AORMA Committee members for the two-year term beginning on July 1, 2015. Mumford also informed the Committee that Melinda Coil had left SDSU Research Foundation and that he would appoint her replacement.

C2. Review of FY 14/15 AORMA Long Range Action Plan

There was no discussion.

C3. AORMA Officers' Retreat Recap

Frank Mumford summarized the AORMA Officers Retreat discussions. The Officers discussed the following proposed FY 15/16 Long Range Action Items:

1. Promotion of the Risk Management Grants Program
2. Monthly AORMA Newsletter
3. Workers' compensation claims closure initiative
4. Updates to member's presentation
5. CSURMA website - Include an intro about AORMA vs. CSURMA vs. Campus; revise the nomenclature to be consistent through the website and resolve password issues
6. Cyber risk control services
7. Benchmarking initiative
8. Integration of auxiliary organizations into Campus threat assessment.
9. Research the formation of a watercraft program, or watercraft insurance tracking system

C4. 2016 AOA Conference Risk Management Sessions

The Committee reviewed the AOA Session Topics proposed by the AORMA Officers:

1. Drones
2. Insurance Requirements in Contracts
3. AORMA Big Picture
4. What Drives AORMA's Claims Costs
5. Major Property Losses Pre and Post
6. Foreign Travel Good Practices as well as Rental Car Coverage
7. Cyber Losses

Mimi Long let the Committee know that there are only two slots available for AORMA’s Risk Management sessions.

Besides the two Risk Management Sessions, AORMA has been asked to design and present a session for the Research Administration Committee which describes the types of sponsored programs that may require additional insurance due to activities that may not fit within the AORMA liability coverage program.

The Committee decided on the following Risk Management Sessions for the 2016 AOA Conference:

1. AORMA Big Picture – Daniel Howell
2. What Drives AORMA’s Claims Costs – Liability Defense Attorney and Workers’ Compensation Claims Administrator

A motion was made to approve the two sessions noted above.

MOTION: Keith Kompsi
SECOND: Leslie Davis

NAME	AYE	ABSTAIN	NAY	ABSENT
Cheree Aguilar	X			
Melinda Coil				X
Guy Dalpe	X			
Leslie Davis	X			
Gigi Kiama				X
Keith Kompsi	X			
Frank Mumford	X			
Dave Nakamura	X			
Brian Nowlin		X		
Jim Reinhart	X			
AORMA Committee Alternates Vote Only When Committee Members are Absent				
Dwayne Brummett				X
Robert de Wit		X		

MOTION CARRIED

The next item was discussed out of order as Trish Daniels and Katie Brandt from Sedgwick arrived to provide the Workers’ Compensation Scorecard overview.

C12. Workers’ Compensation AORMA Combined Quarterly Scorecard

Trish Daniels and Katie Brandt from Sedgwick Claims Management provided an informational presentation on the AORMA Workers' Compensation Combined Quarterly Scorecard.

The AORMA Workers' Compensation Program Scorecard provides summary information on a quarterly basis for the following information:

- Timeliness of Claim Reporting
- New Claims by Type
- Open Claims by Type
- Settlements
- Paid in Period
- Closing Ratio

As explained by Daniels, on-time reporting is vitally important because it's the law, but also because Sedgwick only has 90 days to investigate and injury. After 90 days, the injury is presumed to be compensable. Sedgwick's protocol is to contact the employee, doctor and claims coordinator within the first 24 hours of receiving notification of the claim. A strong Return to Work program can significantly reduce indemnity totals by encouraging modified duty.

Staff will include Executive Directors in the scorecard distribution list. Mimi Long will look into the electronic Workers Compensation application or a call center.

C5. CSU Auxiliary Organization – Revised Campus Visit Presentation

The Committee viewed the Campus Visit Presentation and made suggestions for change. Mimi Long and Tevea Him will incorporate those changes.

C6. Review of FY 16/17 AORMA Liability and Workers' Compensation Program Actuarial Reports

Daniel Howell and Mimi Long discussed the actuarial reports. Within the liability program, the Projected Ultimate Limited Losses for FY 16/17 decreased slightly by 4.17% and the Estimated Outstanding Losses decreased by 27%. The Committee viewed the Projected Ultimate Limited Losses exhibit which shows the breakdown of the case reserves and IBNR. Long explained that IBNR represents costs for claims that have occurred but have not yet been reported as well as the cost for claims that have been under reserved. The Committee also reviewed the Comparison of Projected Ultimate Limited Losses which shows how the actuary's projection for each fiscal year has decreased as claims have been paid.

Within the workers' compensation, the Projected Ultimate Limited Losses have increased by 14% and the Estimated Outstanding Losses have increased by 2%. The Committee reviewed the Comparison of Projected Ultimate Limited Losses exhibit which shows how the actuary has increased his projections for the older years. The Comparison of Limited Reported Incurred

Losses shows that the reserves on open claims have increased every year from 2005 to the present. The loss frequency and severity increased between FY 13/14 and FY 14/15.

Action will be taken at tomorrow's meeting.

C7. Estimated Pool Layer Funding Exhibit

Daniel Howell provided an overview of the Estimated Pool Layer Funding Exhibits. Howell pointed out that the liability pool assets and unencumbered funds decreased significantly between June 30, 2014 and 2015. This is partly due to a dividend being released from the liability program in July, 2015 as well as the \$2.8MM claim that was paid by AORMA. The portion of the claim in excess of \$350,000 will be reimbursed by the reinsurer, but it is not presently showing on the CSURMA financial statement as an accounts receivable. Howell also noted that the historical Estimated Fund Balance charts are all shown at an 80% confidence level for consistency. The liability program has been funded at a 70% confidence level beginning FY 14/15.

C8. Target Surplus Funding and Dividend Calculation

Kevin Bibler from Alliant Insurance Services, Inc. presented to the Committee his Target Surplus Funding Report presentation. The purpose of the report is to provide guidance for decisions regarding the annual funding, dividends and assessments, as well as reviewing financial stability of the Liability and Workers' Compensation Programs. The report also assists the Committee in maintaining prudent funding levels in order to expose deteriorating experience before it can have an adverse impact on the pool.

Bibler explained that CAJPA, an informational and educational network for California JPA's, has established several surplus ratio standards which have been adopted by CSURMA AORMA in order to establish the target surplus amount for the Liability and Workers' Compensation Programs. Should there be any inaccuracies in the pricing, a Gross Premium to Surplus Ratio of 1.5 to 1 is desirable to have adequate surplus to borrow against. Should AORMA have multiple significant losses in the same year, the Surplus to Pool Retention Ratio, requires that AORMA has between five and ten times the self-insured retention. The liability program currently has a self-insured retention of \$350,000; however, because this will likely be increased to \$500,000, Bibler noted that the Target Surplus Funding calculation included a retention of \$500,000 for the Surplus to Pool Retention Ratio. Should there be any inaccuracies in the reserve amount for open claims, the Outstanding Reserves to Surplus Ratio requires that the surplus in the program be at least 67% of the outstanding reserves. This would allow AORMA to have adequate surplus to borrow against.

Bibler explained that the "confidence level" is a statistical term used to express the degree to which an actuarial projection will be an accurate prediction of the dollar losses ultimately paid for a given program year or combination of years. The higher a confidence level the greater certainty the actuary has that losses will not exceed the dollar value used to attain the confidence

level. The surplus is the amount of funds remaining, after deducting all administrative and excess insurance costs, available to pay claims in excess of losses (undiscounted for investment income) at the actuarially determined expected confidence level. Gross Premium includes the total contributions from members less the excess insurance costs. Retention is the maximum amount of exposure for a single loss retained by AORMA.

Based on the results of the Target Surplus Funding Analysis, staff is recommending that no dividend be declared for the Liability Program and \$296,664 on the Workers' Compensation Program. This is 25% of the maximum dividend available. Bibler noted that the Target Surplus Funding Analysis is a rear-view of the pooled programs. The funding for FY 16/17 can be viewed separately from this report.

Daniel Howell explained that the Liability Program has had a handful of significant shock losses in excess of the \$350,000 pooled layer which will likely result in higher premiums and an increase to the pool's retention. The AORMA Liability Program reinsurance underwriter retired recently; this adds a bit of unpredictability to the Reinsurance renewal for FY 16/17. He also adds that AORMA's Liability Program is an unusual basket of risks which is fuzzier than most underwriters are used to evaluating. This limits the number of markets willing to consider reinsuring AORMA's Liability Program. Rising rates compounded with the pool's shrinking safety net of unencumbered surplus could result in significant rate increases for, or assessments to, the members. Because of this, Howell recommended a conservative approach when considering a dividend and funding for future years.

The Committee discussed the large claim payment by AORMA - \$2.8MM. The portion of the claim in excess of \$350,000 will be reimbursed by the reinsurer, but it is not presently showing on the CSURMA financial statement as an accounts receivable. Once the reinsurer reimburses AORMA, the financials will improve. The Committee discussed reviewing the financial state at September 30th and making a decision at that time.

Howell noted that the unencumbered funds within the Workers' Compensation Program decreased in line with the dividend that was declared last year.

The Committee will take action at tomorrow's meeting.

C9. AORMA Historical Premium Payments, Dividends and Loss Ratios Report

The Committee reviewed the AORMA Historical Premium Payments, Dividends and Loss Ratio report. The Committee direct staff to work with Mauri McGuire on removing an incident only claims from the loss run.

C10. Employment Practices Liability Member Deductibles for FY 16/17

The Committee reviewed the minimum EPL deductible calculation for FY 16/17. Mimi Long noted that seven auxiliary organizations are subject to a higher EPL deductibles. According to

Policy & Procedure L-7, the Programs Committee is responsible for approving the EPL deductible calculation; therefore, the calculation is being presented for the Committee’s review only.

The Committee reviewed the deductible exhibit shown below.

Auxiliary Organization	FY 16/17	FY 15/16	FY 14/15	FY 13/14
CSU, East Bay Foundation, Inc.	\$25,000	\$50,000	\$50,000	\$50,000
California State University, Fresno Foundation	\$75,000	\$75,000	\$50,000	\$25,000
Associated Students, CSU, Long Beach	\$50,000	\$25,000	\$25,000	\$25,000
CSU, Long Beach Research Foundation	\$75,000	\$75,000	\$75,000	\$50,000
Cal State L.A. University Auxiliary Services, Inc.	\$25,000	\$50,000	\$50,000	\$50,000
The Cal Poly Pomona Foundation, Inc.	\$100,000	\$100,000	\$75,000	\$100,000
University Enterprises, Inc., CSU Sacramento	\$50,000	\$50,000	\$50,000	\$25,000
San Diego State University Research Foundation	\$100,000	\$100,000	\$75,000	\$50,000
San Jose State University Research Foundation	\$100,000	\$75,000	\$50,000	\$25,000
Cal Poly Corporation	\$25,000	\$50,000	\$50,000	\$50,000

The Committee noted that Associated Students, CSU Long Beach had one “incident only” claim in excess of the large EPL claim and therefore should not be included within the calculation. The Committee directed the Programs Committee to review the calculation.

C11. Discussion of AORMA’s Continuity Plan

Mimi Long stated that the AORMA Chair will appoint a nominations committee to discuss possible candidates for the upcoming AORMA Vice-Chair position. Frank Mumford will review the prospect list and appoint a new AORMA Committee member to fill Melinda Coil’s seat.

C13. Development of the Long Range Action Plan Items for FY 15/16

During today’s meeting, the AORMA Committee Members will discuss the long range goals for AORMA. Based on today’s decisions, Staff will prepare the FY 15/16 long range action plan document which will be presented for approval at the October AORMA Committee meeting.

1. Risk Reduction Innovation Matching Grant Incentive Program
2. Monthly AORMA Update Newsletter
3. Workers’ Compensation Claims Closure Initiative

4. Campus Visit Member Presentation
5. CSURMA Website
6. Cyber Risk Control Services
7. Benchmarking Initiative
8. Evaluation of Campus Threat Assessment
9. Watercraft Program / Insurance Tracking Program
10. Creation of Executive Overview CSURMA AORMA Presentation
11. Smart Phone Application for Contact Information

A motion was made to approve the FY 15/16 Long Range Action Plan items.

MOTION: Guy Dalpe
SECOND: Dave Nakamura

NAME	AYE	ABSTAIN	NAY	ABSENT
Cheree Aguilar	X			
Melinda Coil				X
Guy Dalpe	X			
Leslie Davis	X			
Gigi Kiama				X
Keith Kompsi	X			
Frank Mumford	X			
Dave Nakamura	X			
Brian Nowlin		X		
Jim Reinhart	X			
AORMA Committee Alternates				
Vote Only When Committee Members are Absent				
Dwayne Brummett				X
Robert de Wit		X		

D. ADJOURNMENT

The meeting was adjourned at 3:42 PM.

**MINUTES OF THE CSURMA AORMA
COMMITTEE MEETING**

SEPTEMBER 10, 2015

ALLIANT INSURANCE SERVICES

2180 HARVARD STREET, SUITE 460 • SACRAMENTO, CA

9:00 AM

MEMBERS PRESENT

Cheree Aguilar, San Jose State University Research Foundation
Guy Dalpe, Associated Students, Inc., San Francisco State University
Leslie Davis, University Union Operation of CSUS, Inc.
Robert de Wit, Forty-Niner Shops, Inc., CSU Long Beach (*via Teleconference*)
Keith Kompsi, Fresno Association, Inc., CSU Fresno
Frank Mumford, CSU Fullerton Auxiliary Services Corporation
Dave Nakamura, Humboldt State University Center (*left at 10:23am*)
Brian Nowlin, CSU, Long Beach Research Foundation (*via Teleconference*)
Jim Reinhart, University Enterprises, Inc. (UEI)

MEMBERS ABSENT

Dwayne Brummett, Associated Students, Inc., Cal Poly San Luis Obispo
Melinda Coil, San Diego State University Research Foundation
Gigi Kiama, The University Corporation at Monterey Bay

STAFF, GUESTS AND CONSULTANTS

Zachary Gifford, CSU Office of the Chancellor – Systemwide Risk Management
Tevea Him, Alliant Insurance Services
Daniel Howell, Alliant Insurance Services, Inc.
William Hsu, General Counsel
Mimi Long, Alliant Insurance Services, Inc.
Mauri McGuire, Carl Warren and Company

A. CALL TO ORDER

The meeting was called to order by the Chair, Frank Mumford at 9:00 AM.

A1. Approval of the Agenda

A motion was made to approve the agenda

MOTION: Keith Kompsi

SECOND: Leslie Davis

NAME	AYE	ABSTAIN	NAY	ABSENT
Cheree Aguilar	X			
Melinda Coil				X
Guy Dalpe	X			
Leslie Davis	X			
Gigi Kiama				X
Keith Kompsi	X			
Frank Mumford	X			
David Nakamura	X			
Brian Nowlin		X		
Jim Reinhart	X			
AORMA Committee Alternates Vote Only When Committee Members are Absent				
Dwayne Brummett				X
Robert de Wit		X		

MOTION CARRIED

B. PUBLIC COMMENTS

There were no comments from the public.

C. STANDING COMMITTEE REPORTS

C1. Programs Committee Report

Mimi Long provided a brief report of the committee’s recent activities.

- FY 15/16 AORMA Crime Program Member Allocation
- CSU Dominguez Hills Philanthropic Foundation – New Liability Program Member
- Capital Public Radio – New Workers’ Compensation Member
- Discussion and Recommendation for New Programs Committee Chair – Gigi Kiama

C2. Member Services, Loss Control and Training Committee Report

Mimi Long provided a brief report of the committee’s recent activities.

- Risk Reduction Innovation Matching Grant Incentive Program – Grant Criteria
 - Sending out bulletin
- Keeping Minors Safe while on Campus Manual
 - 2 topics (Camping and Overnight traveling)
- Real Property Acquisitions Checklist
 - Approved and posted on CSURMA website.

C3. AOA Executive Committee Report

Frank Mumford provided a report of the recent activities of the AOA Executive Committee. The meeting was held in San Diego at the proposed sight of the 2017 AOA Conference.

- 2017 proposed sight (San Diego paradise point)
- AOA Session in Sacramento, CA
- Open meeting session for auxiliaries (Chico)
- Report from various committee
- AOA website on open meeting guideline

D. CONSENT CALENDAR

Leslie Davis requested that 2016 Meeting Calendar be pulled from the Consent Calendar so that the Committee could discuss alternative locations. Davis suggested that the September meetings in 2016 be held in Sacramento. Staff agreed to discuss this suggestion with the Executive Committee and formalize the location.

- D1. Approval of Minutes – May 7, 2015**
- D2. Review of FY 16/17 AORMA Liability and Workers’ Compensation Program Actuarial Studies**
- D3. Approval of Policy and Procedure Review Schedule**
- D4. Adoption of CSURMA AORMA 2016 Meeting Calendar**

A motion was made to approve or accept the items on the Consent Calendar.

MOTION: Keith Kompsi
SECOND: Leslie Davis

NAME	AYE	ABSTAIN	NAY	ABSENT
Cheree Aguilar	X			
Melinda Coil				X
Guy Dalpe	X			
Leslie Davis	X			
Gigi Kiama				X
Keith Kompsi	X			
Frank Mumford	X			
David Nakamura	X			
Brian Nowlin		X		
Jim Reinhart	X			
AORMA Committee Alternates Vote Only When Committee Members are Absent				
Dwayne Brummett				X
Robert de Wit		X		

MOTION CARRIED

E. CLOSED SESSION

A motion was made to enter closed session at 9:15 am

MOTION: Guy Dalpe

SECOND: Keith Kompsi

NAME	AYE	ABSTAIN	NAY	ABSENT
Cheree Aguilar	X			
Melinda Coil				X
Guy Dalpe	X			
Leslie Davis	X			
Gigi Kiama				X
Keith Kompsi	X			
Frank Mumford	X			
David Nakamura	X			
Brian Nowlin		X		
Jim Reinhart	X			
AORMA Committee Alternates Vote Only When Committee Members are Absent				
Dwayne Brummett				X
Robert de Wit		X		

MOTION CARRIED

1. Klein Settlement Committee
2. Caroline Calderon v SFSU Student Center, Inc.
3. Cahuilla Band of Indians v SDSU Research Foundation
4. Arce v CSUN ASI
5. Lyons (lead claimant) v CSU Chico Research Foundation
6. Albert Torres v CSUN USU, Inc.
7. Trapper v CSULB ASI
8. Robert Brown v San Diego State University Research Foundation
9. Grant Hubbard v CSU San Marcos Auxiliary and Research Services Corporations

The Committee left closed session at 9:51 AM and the chair reported that action was taken during closed session.

F. GENERAL ADMINISTRATION

F1. Insurance and Reinsurance Renewal Report

Daniel Howell provided a recap of CSURMA's insurance and reinsurance programs that renewed on July 1st. At its May 19, 2015 meeting the CSURMA Executive Committee delegated authority to renew the insurance and reinsurance programs as appropriate and within the budgeted amounts of the FY 15/16 Budget adopted by the CSURMA Board of Directors in at their April 27, 2015 meeting.

The liability renewal faced two significant complications, the withdrawal of CV Starr from the California marketplace which removed \$20 million of capacity from CSURMA's program and the requirement of some underwriters for an exclusion of concussive injuries. In the end, CV Starr's capacity was replaced on favorable terms on the \$10 million xs \$35 million layer by Alteris. For the \$50 million xs \$50 million layer, CSU leadership chose Lexington (AIG) who did not include a concussive injury exclusion but included an aggregate limit of \$100 million for all claims in this catastrophic layer. The medical malpractice coverage for student health centers (\$5 million xs \$5 million layer) was renewed as expiring.

CSU and the auxiliary organizations have had excellent property loss results in recent years, but a recent major loss will impact future renewals. The property market remains soft. Despite pending losses, the renewal was achieved at rates close to expiring.

For workers' compensation, The Executive Committee took action in December to bind an 18 month reinsurance program via the CSAC Excess Insurance Authority that will guarantee most of the program costs at the July 1st renewal. EIA obtained terms as expiring terms from Safety National Casualty Corp., our incumbent excess insurer, which solidifies the 18 month program for the term.

Beazley continues as the Cyber Liability lead provider. We negotiated an increase in sublimits to \$2.5 million for legal and forensic costs and also removed the exclusion of claims where a mobile device (phone, tablet or laptop) was not encrypted. CSU leadership selected a renewal option that increases total limits to \$10 million by adding a \$5 million xs \$5 million layer, and also adds an additional \$2.5 million xs of \$2.5 million limit for coverage of legal and forensic costs. CSU and the auxiliary organizations continue to share a notification limit of 2 million affected individuals.

Both the campus and auxiliary programs have had fidelity losses reported, but we obtained a flat rate renewal overall for the programs.

F2. Target Surplus Funding Report and Dividend Calculation

The Committee discussed the Target Surplus Funding Analysis in great detail during yesterday's meeting. The Committee decided to table the Liability Program dividend discuss until the next meeting in October so that the financials could be revised to show the accounts receivables from

Genesis. Staff will present an updated Target Surplus Funding Analysis for the Liability Program.

A motion was made to approve a dividend in the amount of \$300,000 from the Workers' Compensation Program.

MOTION: Guy Dalpe
SECOND: Keith Kompsi

NAME	AYE	ABSTAIN	NAY	ABSENT
Cheree Aguilar	X			
Melinda Coil				X
Guy Dalpe	X			
Leslie Davis	X			
Gigi Kiama				X
Keith Kompsi	X			
Frank Mumford	X			
David Nakamura	X			
Brian Nowlin		X		
Jim Reinhart	X			
AORMA Committee Alternates Vote Only When Committee Members are Absent				
Dwayne Brummett				X
Robert de Wit		X		

MOTION CARRIED

A motion was made to table the Liability Program dividend discuss until the October 22nd meeting.

MOTION: Guy Dalpe
SECOND: Jim Reinhart

NAME	AYE	ABSTAIN	NAY	ABSENT
Cheree Aguilar	X			
Melinda Coil				X
Guy Dalpe	X			
Leslie Davis	X			
Gigi Kiama				X
Keith Kompsi	X			
Frank Mumford	X			
David Nakamura	X			
Brian Nowlin		X		

Jim Reinhart	X			
AORMA Committee Alternates				
Vote Only When Committee Members are Absent				
Dwayne Brummett				X
Robert de Wit		X		

MOTION CARRIED

F3a. Review and Approval of the FY 16/17 – Total Funding - Liability Program

The Committee members reviewed the funding options noted below:

Expense Item	Recommended		
	FY 15/16 70% Confidence Level Discounted \$350,000 SIR	FY 16/17 80% Confidence Level Discounted \$500,000 SIR	FY 16/17 70% Confidence Level Discounted \$500,000 SIR
Actuarial Recommended Estimated Pooled Layer Funding	1,774,778	2,080,362	1,700,777
Claims Administration	15,000	15,000	15,000
General Administration	812,179	812,179	812,179
Excess Insurance	1,230,000	1,353,000	1,353,000
Total Costs:	3,831,957	4,260,541	3,880,956

Daniel Howell noted that Staff is recommending funding for the FY 16/17 Liability Program at an 80% confidence level in order to increase surplus within the program. The surplus has been shrinking due to claims paid within the pooled layer, release of dividends in prior years, and funding at a 70% confidence level for the past two years. Because the Liability Program losses have historically been unpredictable and surplus has substantially decreased, Staff recommends funding at an 80% confidence level and returning the surplus to the members through a dividend. Keith Kompsi noted that most members would rather pay a lower rate prospectively and not receive a dividend retrospectively.

A motion was made to fund the FY 16/17 Liability Program at a 70% confidence level – total funding of \$3,880,956.

MOTION: Keith Kompsi
SECOND: Cheree Aguilar

NAME	AYE	ABSTAIN	NAY	ABSENT
Cheree Aguilar	X			
Melinda Coil				X

Guy Dalpe		X		
Leslie Davis	X			
Gigi Kiama				X
Keith Kompsi	X			
Frank Mumford	X			
David Nakamura	X			
Brian Nowlin		X		
Jim Reinhart	X			
AORMA Committee Alternates Vote Only When Committee Members are Absent				
Dwayne Brummett				X
Robert de Wit		X		

MOTION CARRIED

F3b. Review and Approval of the FY 16/17 – Total Funding - Workers’ Compensation Program

The Committee members reviewed the funding options noted below:

Expense Item	Recommended			
	FY 15/16 80% CL Discounted \$500,000 SIR	FY 16/17 70% CL Discounted \$500,000 SIR	FY 16/17 80% CL Discounted \$500,000 SIR	FY 16/17 70% CL Undiscounted \$500,000 SIR
Actuarial Recommended Estimated Pooled Layer - Funding	3,208,750	3,236,000	3,658,000	3,498,000
Claims Administration	205,000	205,000	205,000	205,000
JPA Program Administration Fee	597,135	597,000	597,000	597,000
Excess Insurance	485,365	485,000	485,000	485,000
Total Expenses:	4,496,250	4,523,000	4,945,000	4,785,000

As explained by Daniel Howell, the unencumbered funds within the Campus Workers’ Compensation Risk Pool are expected to increase due to the reinsurance program with CSAC EIA which essentially locked in losses below AORMA’s deposit premium. Therefore, Staff is recommending funding at a 70% confidence level.

A motion was made to approve the recommends FY 16/17 workers’ compensation program total costs at a 70% confidence level, discounted – total funding of \$4,523,000.

MOTION: Keith Kompsi
SECOND: Guy Dalpe

NAME	AYE	ABSTAIN	NAY	ABSENT
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Cheree Aguilar	X			
Melinda Coil				X
Guy Dalpe	X			
Leslie Davis	X			
Gigi Kiama				X
Keith Kompsi	X			
Frank Mumford	X			
David Nakamura	X			
Brian Nowlin		X		
Jim Reinhart	X			
AORMA Committee Alternates Vote Only When Committee Members are Absent				
Dwayne Brummett				X
Robert de Wit		X		

MOTION CARRIED

F3c. Review and Approval of the FY 16/17 – Total Funding - Property Program

Mimi Long discussed the attached exhibit which shows the proposed costs for the FY 16/17 Property Program. The total Property Program funding of \$2,368,714 includes the following items:

Pooled Layer Funding:.....\$250,000
 Administrative Costs:.....\$306,000
 Excess Insurance Premium:\$1,812,714

 Total Proposed Costs:\$2,368,714

A motion was made to approve the FY 16/17 Total Property Program costs of \$2,368,714.

MOTION: Guy Dalpe
SECOND: Leslie Davis

NAME	AYE	ABSTAIN	NAY	ABSENT
Cheree Aguilar	X			
Melinda Coil				X
Guy Dalpe	X			
Leslie Davis	X			
Gigi Kiama				X
Keith Kompsi	X			
Frank Mumford	X			
David Nakamura	X			

Brian Nowlin		X		
Jim Reinhart	X			
AORMA Committee Alternates Vote Only When Committee Members are Absent				
Dwayne Brummett				X
Robert de Wit		X		

MOTION CARRIED

F3d. Review and Approval of the FY 16/17 – Total Funding - Crime Program

Mimi Long discussed the attached exhibit which shows the proposed costs for the FY 16/17 Crime Program. The total Crime Program funding of \$310,552 includes the following items:

- Pooled Layer Funding:.....\$50,000
- Administrative Costs:.....\$31,000
- Excess Insurance Premium:\$229,552

- Total Crime Program Expenses:\$310,552

A motion was made to approve the FY 16/17 Crime Program costs of \$310,552.

MOTION: Guy Dalpe
SECOND: Keith Kompsi

NAME	AYE	ABSTAIN	NAY	ABSENT
Cheree Aguilar	X			
Melinda Coil				X
Guy Dalpe	X			
Leslie Davis	X			
Gigi Kiama				X
Keith Kompsi	X			
Frank Mumford	X			
David Nakamura	X			
Brian Nowlin		X		
Jim Reinhart	X			
AORMA Committee Alternates Vote Only When Committee Members are Absent				
Dwayne Brummett				X
Robert de Wit		X		

MOTION CARRIED

F4. Policy and Procedure C-1 – Crime Program Member Allocation Formula

Mimi Long explained that the Crime Program Member Allocation Formula was revised effective July 1, 2014. Rate collars were included in the FY 14/15 rating allocation to minimize the premium variation for any one member. Within the FY 15/16 rating allocation, six members were collared at the maximum 30% rate increase. If the maximum rate increase remains at 30%, no members will be subject to a rate collar for FY 16/17. Within the FY 15/16 rating allocation, no members were collared at the maximum rate decrease.

Policy and Procedure C-1 – Crime Program Member Allocation Formula has been revised to remove the rate collars.

A motion was made to approve the revisions to Policy and Procedure C-1 removing the rate collars.

MOTION: Guy Dalpe
SECOND: Jim Reinhart

NAME	AYE	ABSTAIN	NAY	ABSENT
Cheree Aguilar	X			
Melinda Coil				X
Guy Dalpe	X			
Leslie Davis	X			
Gigi Kiama				X
Keith Kompsi	X			
Frank Mumford	X			
David Nakamura				X
Brian Nowlin		X		
Jim Reinhart	X			
AORMA Committee Alternates Vote Only When Committee Members are Absent				
Dwayne Brummett				X
Robert de Wit		X		

MOTION CARRIED

F5. Policy and Procedure P-1 – Property Program Member Allocation Formula

Mimi Long explained that the Property Program Member Allocation Formula was revised effective July 1, 2014. Rate collars were included in the FY 14/15 rating allocation to minimize the premium variation for any one member. Because the premium for the AORMA Property Program decreased so dramatically effective July 1, 2015, all of the members received a premium discount and therefore premium / rate collars were not necessary.

Policy and Procedure P-1 – Property Program Member Allocation Formula has been revised to remove the rate collars.

A motion was made to approve the revisions to Policy and Procedure P-1 to remove the collars.

MOTION: Leslie Davis
SECOND: Jim Reinhart

NAME	AYE	ABSTAIN	NAY	ABSENT
Cheree Aguilar	X			
Melinda Coil				X
Guy Dalpe	X			
Leslie Davis	X			
Gigi Kiama				X
Keith Kompsi	X			
Frank Mumford	X			
David Nakamura				X
Brian Nowlin		X		
Jim Reinhart	X			
AORMA Committee Alternates Vote Only When Committee Members are Absent				
Dwayne Brummett				X
Robert de Wit		X		

MOTION CARRIED

F6. Policy and Procedure W-1 – Workers’ Compensation Program Member Allocation Formula

Mimi Long noted that Policy and Procedure W-1 was essentially rewritten to accurately describe the allocation formula. The PURPOSE section was rephrased. The intent remains the same. A PROCEDURE and ALLOCATION FORMULA sections were added to provide a detailed description of the allocation formula, along with examples. The prior version explained the allocation formula but in very general terms. A definition for AORMA Basic Rates was included to show that the WCIRB rate will be used for each of the AORMA class codes and the rates will be normalized to achieve the Total Program Funding required. A definition for Experience Modification Factor (EMF) was added. The actuary uses the published WCIRB formula. A definition of EMF states that, “the actuary will determine each member’s experience modification factor based on the current published WCIRB method.” If in the future, AORMA decides to follow an experience rating formula that deviates from the WCIRB, then the Policy and Procedure can be updated to include those formula factors. To maintain pricing stability, the EMF’s are capped at +/- 15%. In prior calculations this cap was not necessary as the rates were collared. The actuary will also adjust the EMF’s to include a normalization factor and will balance the EMF’s to 100%. Because this is a pool, the Total Program Funding must be met

using the approved rates and EMF's. If the combined AORMA Pool EMF is more or less than 100%, the Member's modified rates will generate too much or not enough premium. Therefore, the pool received another layer of rate stability by balancing the EMF's to 100% while still maintaining the +/- 15% cap.

The Experience Modification was removed because the experience modification factors are calculated by the actuary and the basic WCIRB formula is used. The basic WCIRB formula is too complicated to include in the Policy and Procedure. A copy of the formula is attached to this item for review.

A motion was made to approve the revisions to Policy and Procedure W-1.

MOTION: Guy Dalpe
SECOND: Keith Kompsi

NAME	AYE	ABSTAIN	NAY	ABSENT
Cheree Aguilar	X			
Melinda Coil				X
Guy Dalpe	X			
Leslie Davis	X			
Gigi Kiama				X
Keith Kompsi	X			
Frank Mumford	X			
David Nakamura				X
Brian Nowlin		X		
Jim Reinhart	X			
AORMA Committee Alternates Vote Only When Committee Members are Absent				
Dwayne Brummett				X
Robert de Wit		X		

MOTION CARRIED

F7. 2016 AOA Conference Sponsorship Amount and Attendees

A motion was made to approve the AOA sponsorship of \$20,000 and to give the six free registrations to the four AORMA officers and to Zach Gifford and Robert Eaton.

MOTION: Leslie Davis
SECOND: Guy Dalpe

NAME	AYE	ABSTAIN	NAY	ABSENT
Cheree Aguilar	X			
Melinda Coil				X

Guy Dalpe	X			
Leslie Davis	X			
Gigi Kiama				X
Keith Kompsi	X			
Frank Mumford	X			
David Nakamura				X
Brian Nowlin		X		
Jim Reinhart	X			
AORMA Committee Alternates Vote Only When Committee Members are Absent				
Dwayne Brummett				X
Robert de Wit		X		

MOTION CARRIED

G. INFORMATION ITEMS

The committee reviewed the following information items.

- G1. CSURMA AORMA 2015 Meeting Calendar**
- G2. CSURMA AORMA Program Administrator’s Contact Lists**
- G3. AORMA’s Travel Reimbursement Policy**
- G4. AORMA Committee Members - Effective 7/01/15**

H. ADJOURNMENT

The meeting was adjourned at 11:18 AM.

AOA CONFERENCE FREE REGISTRATION RESOLUTION

ISSUE: Historically, CSURMA has been a platinum Auxiliary Organization Association (AOA) Conference sponsor, which allows CSURMA to receive six free registrations to the Annual Conference. On a go forward basis, the AORMA Committee has decided to give four of the free registrations to the AORMA Officers and two of the free registrations to Systemwide Risk Management. The resolution attached confirms the Committee’s decision.

RECOMMENDATION: Staff recommends that the Committee approve Resolution 02-15 (AORMA) as presented.

FISCAL IMPACT: None.

BACKGROUND: The AORMA Committee decided at its meeting on September 11, 2014, that going forward, that four free AOA registrations would be given to the AORMA officers and two to Systemwide Risk Management.

The annual AOA Conference will be held February 10 - 13, 2016 in Sacramento, CA. At its September 10, 2015, meeting the AORMA Committee approved sponsorship of the 2016 conference in the amount of \$20,000.

Noted below are the historical sponsorship amounts.

2016.....	\$20,000
2015.....	\$20,000
2014.....	\$20,000
2013.....	\$18,000
2012.....	\$15,000
2011.....	\$15,000

PUBLICATION: None.

ATTACHMENT(S):

- a. Resolution 02-15 (AORMA)

**CALIFORNIA STATE UNIVERSITY RISK
MANAGEMENT AUTHORITY**

AUXILIARY ORGANIZATIONS RISK MANAGEMENT ALLIANCE

RESOLUTION NO. 02-15

Auxiliary Organization Association (AOA) Conference Free Registration

The Committee Members of the Auxiliary Organizations Risk Management Alliance (AORMA) finds and determines as follows:

(a) The AORMA has sought to strengthen the relationship of the CSURMA with all auxiliary organizations through its sponsorship of the AOA's Annual Conference.

(b) CSURMA has historically provided sponsorship at or above the platinum level, which allows CSURMA AORMA to receive six free registrations to the Annual AOA Conference.

In consideration of the foregoing findings and determinations,

IT IS RESOLVED by the California State University Risk Management Authority Auxiliary Organization Risk Management Alliance as follows:

(1) When CSURMA AORMA receives free registrations to the Annual AOA Conference, four free registrations will be given to the AORMA Committee Officers and two free registrations will be given to the CSU Office of the Chancellor, Systemwide Risk Management.

* * * * *

I hereby certify that the foregoing is a full, true and correct copy of a Resolution duly and regularly adopted and passed at a meeting of the Auxiliary Organizations Risk Management Alliance Committee held on the 22nd day of October 2015 which was approved by the following vote:

AYES, and in favor thereof, members: Cheree Aguilar, Dwayne Brummett, Guy Dalpe., Leslie Davis, Robert de Wit, Gigi Kiama, Keith Kompsi, Dave Nakamura, Brian Nowlin, and Jim Reinhart

NOES, members: None

ABSTAIN, members: None

ABSENT, members: Dave Nirenberg

ATTEST:

Frank Mumford, AORMA Chair

Zachary Gifford, Secretary-Auditor

AORMA'S LONG RANGE ACTION PLAN FOR FY 15/16

ISSUE: At the September, 2015 Long Range Planning meeting, the Committee reviewed the long range goals of AORMA. The committee proposed the following items for FY 15/16 long range action plan:

1. Promotion of Risk Reduction Innovation Matching Grant Incentive Program
2. Monthly AORMA Update Newsletter
3. Workers' Compensation Claims Closure Initiative
4. Campus Visit Member Presentation
5. Revisions to the CSURMA Website
6. Raise Awareness of CSURMA's Cyber Risk Control Services
7. Benchmarking Initiative
8. Evaluation of Campus Threat Assessment
9. Watercraft Program / Insurance Tracking Program
10. Creation of Executive Overview CSURMA AORMA Presentation
11. Smart Phone Application for CSURMA AORMA Contact Information

RECOMMENDATION: The Committee will be asked to approve its FY 15/16 Long Range Action Plan, making revisions as necessary.

FISCAL IMPACT: None.

BACKGROUND: None.

PUBLICATION: The long range action plan will be included in each AORMA Committee and Standing Committee agenda.

ATTACHMENT(S):

- a. FY 15/16 Long Range Action Plan - DRAFT

FY 2015/16 CSURMA AORMA LONG RANGE ACTION PLAN

GOAL	ACTION / TASK	RESPONSIBLE ENTITY	DEADLINE	STATUS	
LRP-1 Risk Reduction Innovation Matching Grant Incentive Program					
Promote the Matching Grant Program	1	Create a bulletin that describes the types of projects that may be approved as an innovation grant	PA	Oct., 2015	In Process
	2	Review grant applications	PA, AORMA	Dec., 2015	
	3	Evaluate Policy & Policy A-6 and recommend changes as appropriate	PA, AORMA	Dec., 2015	
LRP-2 Monthly AORMA Update Newsletter					
Create a AORMA Newsletter to be sent out monthly	1	Create template for the newsletter	PA	Oct., 2015	In Process
	2	Finalize topics for the October newsletter	PA	Oct., 2015	
	3	Send out newsletter and post on CSURMA website	PA	Oct., 2015	
LRP-3 Workers' Compensation Claims Closure Initiative					
Development of a plan for closure of very old claims	1	Identify AORMA claims for action, adopt strategy	PA, SRM, Sedgwick, Consultant	TBD	
	2	Status report to AORMA Committee	PA, SRM	Dec., 2015	
LRP-4 Campus Visit Member Presentation					
Update Campus Visit Member Presentation	1	Update Campus Visit Presentation	PA	Oct., 2015	In Process
	2	Present to Auxiliary Organizations throughout the year		Continuous	
LRP-5 CSURMA Website					
Complete upgrades to the CSURMA website	1	Update Website - make nomenclature consistent and add definitions	PA	Oct., 2015	In Process
	2	Resolve password issue by allowing members to change their passwords	PA	Jan., 2016	
LRP-6 Cyber Risk Control Services					
Raise awareness of CSURMA's Cyber Risk Control Services	1	Create a Cyber Liability informational bulletin explaining the services currently available	PA	Dec., 2015	
	2	Include Cyber Liability tip in each of the monthly AORMA updates	PA	Continuous	
LRP -7 Benchmarking Initiative					
Develop a workers' compensation statistical industry benchmarking operation	1	Initial report to AORMA Committee	PA, SRM	Oct., 2015	In Process
	2	Report to AORMA Membership at AOA Conference	PA, SRM	Jan., 2016	
	3	Presentation of sustainable long term benchmarking program	PA, SRM	Mar., 2016	
	4	Approval of long term benchmarking project scope and costs	AORMA, EC	Mar., 2016	

FY 2015/16 CSURMA AORMA LONG RANGE ACTION PLAN

GOAL	ACTION / TASK	RESPONSIBLE ENTITY	DEADLINE	STATUS	
LRP-8 Evaluation of Campus Threat Assessment					
Integration of Auxiliary Organizations into the Campus Continuity of Operations (COOP) and Emergency Operations Plan (EOP)	1	Review Campus EOP and COOP for integration of the Auxiliary Organizations	Witt O'Briens	Oct. - Dec., 2015	In Process
	2	Develop a list of Auxiliary Organization resource contacts to collaborate on threat assessment	PA	Jan., 2016	
	3	Begin outlining how best to integrate or address Auxiliary Organizations within in the Campus EOP and COOP	PA, SRM, Witt O'Briens	Jan., 2016	
	4	Develop and provide Campuses and Auxiliaries Organizations with good practices in addressing the issue at hand while providing a plan addendum template	PA, SRM, Witt O'Briens	June, 2016	
	5	Develop some training sessions/webinars etc.	PA, SRM, Witt O'Briens	June, 2016	
LRP-9 Watercraft Program / Insurance Tracking Program					
Create schedule of all owned watercraft as well as stand-alone watercraft policies purchased	1	Survey Campus Risk Managers for list of owned watercraft as well as separate watercraft policies purchased	PA	Oct., 2015	In Process
	2	Survey Auxiliary Organization for list of watercraft owned or used in navigatable water and/or over 50 feet	PA	Oct., 2015	In Process
	3	Create list of watercraft owned or used by campuses and auxiliaries, as well as separate insurance purchased	PA	Dec., 2015	
LRP-10 Creation of Executive Overview CSURMA AORMA Presentation					
Create an Executive Overview of the CSURMA AORMA Programs	1	Create presentation for the AORMA Big Picture AOA Conference	PA	Jan., 2016	
	2	Post on CSURMA website	PA	Jan., 2016	
	3	Disseminate information to the AORMA members	PA	Jan., 2016	
LRP-11 Smart Phone Application for CSURMA AORMA Contact Information					
Purchase a smart phone application for all CSURMA and AORMA Contacts	1	Review options available	PA	Oct., 2015	In Process
	2	Present options and costs to the AORMA Committee	PA	Oct., 2015	In Process
	3	Report to AORMA Membership at AOA Conference	PA	Jan., 2016	
BOD: CSURMA Board of Directors		EC: CSURMA Executive Committee			
PC: AORMA Programs Committee		OGC: CSU Office of General Counsel			

FY 2015/16 CSURMA AORMA LONG RANGE ACTION PLAN

GOAL		ACTION / TASK	RESPONSIBLE ENTITY	DEADLINE	STATUS
CABO: CSU Chief Administrators and Business Officers			PA: CSURMA Program Administrator		
CO: Chancellor's Office			SRM: CSU Systemwide Risk Management		
AORMA: AORMA Committee					

AORMA COMMITTEE VICE CHAIR ELECTION

ISSUE: Each year the AORMA Committee Chair appoints a Nominations Committee. The Nominations Committee nominates one or more eligible Committee Members to run for the position of AORMA Committee Vice-Chair.

The Chair will provide a verbal report on the nominee(s) for the Vice-Chair position and a Vice-Chair will be elected at this meeting. The Past Chair will cast a vote, but this vote will be opened only in the event of a tie.

RECOMMENDATION: The Committee will be asked to elect the AORMA Committee Vice-Chair for the term of July 1, 2016 to June 30, 2017.

FISCAL IMPACT: None.

BACKGROUND: AORMA's Policy & Procedure A-1 – AORMA Committee Composition, Elections and Term Limits outlines the process by which members of the AORMA Committee are nominated and elected to serve. The Policy & Procedure outlines the officer succession plan whereby the Vice-Chair is elected, then assumes the Chair seat the following year, then proceeds to the Past Chair seat and then the “Ex-Officio” seat.

PUBLICATION: None.

ATTACHMENT(S):

- a. Policy & Procedure A-1 – AORMA Committee Composition, Elections and Term Limits
- b. AORMA Committee / Standing Committees – Members and Terms

SUBJECT: AORMA COMMITTEE COMPOSITION,
ELECTIONS & TERM LIMITS

ADOPTED: APRIL 18, 2003

EFFECTIVE: JULY 1, 2003

AMENDED: JANUARY 15, 2005
OCTOBER 27, 2005
JANUARY 16, 2008
OCTOBER 29, 2009
JANUARY 11, 2010
SEPTEMBER 16, 2010
DECEMBER 8, 2011
SEPTEMBER 13, 2012
MARCH 20, 2014

PURPOSE:

This policy and procedure outlines the process by which members of the Auxiliary Organizations Risk Management Alliance (AORMA) Committee are nominated and elected to serve. This policy and procedure addresses the desire of the CSURMA to ensure broad organizational representation among AORMA Committee members, acknowledging the AORMA Committee's need for stability of leadership while encouraging participation from qualified candidates.

POLICY:

It is the policy of the CSURMA that, in accordance with the Bylaws, the AORMA Committee shall adopt the procedure outlined in this document for purposes of generating continuity of leadership, encouraging opportunity for diverse committee representation and participation and continuing effective administration of established insurance programs and services.

PROCEDURE:

The following steps will be taken to affect the policy:

1. The AORMA Committee will be elected from representatives of the auxiliary organization members of the CSURMA, effective July 1 of every year. No auxiliary organization will have multiple representatives serving simultaneously on either the AORMA Committee or on the same Standing Committee. At-large members may serve a maximum of three consecutive complete two-year terms. Upon reaching the end of the third complete two-year term, members will either be "termed out" (they may be again nominated after one year off the Committee) or advance to the role of Vice Chair. Terms are staggered to create a rotation of half (4) of the at-large Committee members each year.

2. The AORMA Committee will be comprised of eight at-large members and two Officers: a Vice Chair and a Chair. Additionally, two alternates may serve with the committee as Past Chair and Ex-Officio. Alternates may serve in a voting capacity only in the absence of at-large members. Officers shall serve one, one-year term in each officer seat.
3. The AORMA Committee will review its membership annually to strive for diversity on the Committee based on the following criteria:
 - Type of Auxiliary Organization (Foundation, ASI/Student Union or Commercial)
 - Mix of personnel (Executive Director, CFO, HR, etc.)
 - Campus size (small – less than 10,000 FTE, medium – between 10,000 and 20,000 FTE, or large – more than 20,000 FTE)

The AORMA Committee seats shall be rotated on July 1 of each year as follows:

- Year 1 – Elected to Vice Chair of AORMA Committee
- Year 2 – Vice Chair Succeeds to Chair of AORMA Committee
- Year 3 – Chair Succeeds to Past Chair of AORMA Committee
- Year 4 – Past Chair Succeeds to Ex-Officio
- Year 5 – Ex-Officio Leaves Office and is not allowed to serve on the AORMA Committee for at least one year.

The Vice Chair and Chair shall serve as AORMA Committee representatives to the CSURMA Executive Committee.

AORMA Committee Chair/Vice Chair Qualifications

- Served on AORMA Committee for at least two years
 - Demonstrated leadership abilities in group settings
 - Ability to serve as primary advocate and spokesperson for AORMA Committee
 - Ability to lead the AORMA Committee
4. Annually, the Chair shall appoint a Nominations Committee, consisting of at least two AORMA Committee members. The AORMA Committee Chair shall serve as chair of the Nominations Committee. The AORMA Committee Nominating Committee shall consider the following as minimum qualification criteria for individuals seeking nomination to the AORMA Committee:

AORMA Committee Representative

- Participating professional member of CSURMA AORMA for at least two years
- Served in a CSURMA auxiliary organization management position for at least two years
- Demonstrated leadership abilities
- Ability to attend meetings regularly and contribute to the AORMA Committee’s work agenda, as described in Policy & Procedure A-2.

Previous service on one of AORMA's Standing Committees is preferred, but not required.

5. Timeline for nominations:

October/November

The Nominations Committee shall poll the eligible AORMA Committee members to determine which members are willing to be nominated for the Vice Chair position and identify which of the eligible incumbents whose terms expire the following June 30 are interested in seeking re-election.

At the October AORMA Committee meeting, a Vice Chair shall be elected by the AORMA Committee from its members. All ballots will be tallied by the Ex-Officio and the CSURMA Secretary. The Past Chair shall also cast a vote, but this vote will be opened only in the event of a tie.

January

The Nominations Committee will announce to the membership the new Vice Chair as well as the opening of the nominations period for open committee positions (for July 1 appointments). The Nominations Committee will indicate which types of auxiliary representations are needed on the AORMA Committee (to ensure broad representation). Nominations will remain open through the end of February, and self-nominations will be accepted as well as nominations by others.

February

The Nominations Committee will continue to solicit nominations, especially if specific types of auxiliary organizations are not being represented.

March

A nominations slate will be forwarded to the AOA Executive Committee for review and comment. The slate, with comments, will be returned to the AORMA Committee no later than March 31.

April

All CSURMA member auxiliary organizations will be sent a ballot with the names of the nominated individuals. Each member auxiliary can vote for the representatives. Completed ballots will be due to the CSURMA by April 30.

May

Announcement at the CSURMA Board of Directors meeting of the outcomes of the election process to be effective July 1.

The AORMA Committee shall establish a statement of roles and responsibilities that provide guidance on operations of the Committee and may be amended from time to time by the AORMA Committee.

AORMA Committee
Ten voting members - two alternates - twelve members total
Effective at July 1, 2015

Committee	Seat	Member	Position	Campus	Type of Auxiliary	E-Mail	Telephone Number	Location	Size of Campus	Type of Campus	Term	1st, 2nd or Final Term	Date Appointed
AORMA	Chair	Frank Mumford	Executive Director	Fullerton	CSU Fullerton Auxiliary Services Corporation	fnumford@fullerton.edu	657-278-4101	South	Large	Urban	7/1/15 - 6/30/16	N/A	7/1/2012
AORMA	Vice Chair	Guy Dalpe	Managing Director	San Francisco	Associated Students, Inc., San Francisco State University	gdalpe@sfsu.edu	415-338-1044	North	Large	Urban	7/1/15 - 6/30/16	N/A	7/1/2011
AORMA	Past Chair	Robert de Wit	Chief Financial Officer	Long Beach	Forty-Niner Shops, Inc., CSU Long Beach	rdewit@csulb.edu	562-985-5549	South	Large	Urban	7/1/15 - 6/30/16	N/A	7/1/2010
AORMA	Ex Officio	Dwayne Brummett	Director of Business Services	San Luis Obispo	Associated Students, Inc., Cal Poly San Luis Obispo	dbrummet@calpoly.edu	805-756-5768	Central	Medium	Urban	7/1/15 - 6/30/16	N/A	7/1/2009
AORMA	At Large	Brian Nowlin	Chief Operating Officer	Long Beach	California State University, Long Beach Research Foundation	Brian.Nowlin@csulb.edu	562-985-4690	South	Large	Urban	7/1/15 - 6/30/17	Third	3/24/2011
AORMA	At Large	Cheree Aguilar	Senior Director, Human Resources	San Jose	San Jose State University Research Foundation	cheree.aguilar@sjsu.edu	408-924-1505	South	Large	Urban	7/1/15 - 6/30/17	First	7/1/2015
AORMA	At Large	Dave Nakamura	Executive Director	Humboldt	Humboldt State University Center	dave.nakamura@humboldt.edu	707-826-4878	North	Large	Rural	7/1/14 - 6/30/16	N/A	7/1/2015
AORMA	At Large	Gigi Kiama	Human Resources Manager	Monterey Bay	The University Corporation at Monterey Bay	gkiama@csUMB.edu	831-582-4301	North	Small	Rural	7/1/15 - 6/30/17	Third	3/24/2011
AORMA	At Large	Jim Reinhart	Executive Director	Sacramento	University Enterprises, Inc. (UEI)	Jim.Reinhart@csus.edu	916-278-7001	South	Large	Urban	7/1/15 - 6/30/17	First	7/1/2015
AORMA	At Large	Keith Kompsi	Director, Foundation Financial Services	Fresno	Fresno Association, Inc., CSU Fresno	kkompsi@csufresno.edu	559-278-0838	Central	Medium	Rural	7/1/14 - 6/30/16	Second	7/1/2012
AORMA	At Large	Leslie Davis	Executive Director	Sacramento	University Union Operation of CSUS, Inc.	leslie@saclink.csus.edu	916-278-2904	North	Large	Urban	7/1/14 - 6/30/16	Second	7/1/2012
AORMA	At Large	Dave Nirenberg	Senior Director	Channel Islands	University Glen Corporation	dave.nirenberg@csuci.edu	805-437-2668	South	Small	Rural	7/1/15 - 6/30/17	First	7/1/2015

Member Services, Loss Control & Training Committee

Minimum of five members - at least two of whom are AORMA Committee members

Committee	Seat	Member	Position	Campus	Type of Auxiliary	E-Mail	Telephone Number	Location	Size of Campus	Type of Campus	Term	1st, 2nd or Final Term	Date Appointed
MSLCTC	Chair	Leslie Davis	Executive Director	Sacramento	University Union Operation of CSUS, Inc.	leslied@saclink.csus.edu	916-278-2904	North	Large	Urban	7/1/14 - 6/30/16	First	7/1/2014
MSLCTC	At Large	Arnecia Bryant	Associate Director, Operations	Dominguez Hills	The Donald P. and Katherine B. Loker University Student Union, Inc.	abryant@csudh.edu	310-243-3854	South	Medium	Urban	7/1/15 - 6/30/17	Third	5/2/2011
MSLCTC	At Large	Debbie Adishian-Astone	Executive Director	Fresno	CSU Fresno Association, Inc.	debbiea@csufresno.edu	559-278-0802	Central	Medium	Rural	7/1/15 - 6/30/17	Second	7/1/2013
MSLCTC	At Large	Dennis Miller	Director, Employment Services	Pomona	The Cal Poly Pomona Foundation, Inc.	dennismiller@cpp.edu	909-869-2958	South	Medium	Urban	7/1/15 - 6/30/17	Third	7/1/2011
MSLCTC	At Large	Kristin Kelly	Associate Director	San Jose	The Student Union of San Jose State University	kristin.kelly@sjsu.edu	408-924-6315	North	Large	Urban	7/1/14 - 6/30/16	Third	
MSLCTC	At Large	Raven Tyson	Contracts & Risk Management Coordinator	San Diego	Associated Students of San Diego State University	raven.tyson@sdsu.edu	619-594-3760	South	Large	Urban	7/1/15 - 6/30/17	Second	7/1/2013

Programs Committee

Minimum of five members - at least two of whom are AORMA Committee members

Committee	Seat	Member	Position	Campus	Type of Auxiliary	E-Mail	Telephone Number	Location	Size of Campus	Type of Campus	Term	1st, 2nd or Final Term	Date Appointed
PC	Chair	Gigi Kiama	Human Resources Manager	Monterey Bay	University Corporation, CSU Monterey Bay	gkiama@csumb.edu	831-582-4301	North	Small	Rural	7/1/13 - 6/30/15	Fourth	
PC	At Large	Guy Dalpe	Managing Director	San Francisco	Associated Students, Inc., San Francisco State University	gdalpe@sfsu.edu	415-338-1044	North	Large	Urban	7/1/14 - 6/30/16	Third	
PC	At Large	Jun Reina	Chief Operations Officer/ Chief Financial Officer	Sacramento	Capital Public Radio, Inc., CSU Sacramento	jreina@csus.edu	916-278-8925	North	Large	Urban	7/1/15 - 6/30/17	First	9/15/2014
PC	At Large	Jason Porth	Executive Director	San Francisco	The University Corporation, San Francisco State	jporth@sfsu.edu	415-338-6880	North	Large	Urban	7/1/15 - 6/30/17	First	2/13/2015

AORMA Committee Chair serves for a period of four years - Vice Chair, to Chair, to Past President, to Ex-Officio.

Standing Committee Chair serves a one-year term, is appointed by the AORMA Committee Chair, and must be an AORMA Committee member.

AORMA Committee and Standing Committee members may serve a maximum of three consecutive two-year terms (total six years).

Size of Campus: small - less than 10,000 FTE; medium - between 10,000 and 20,000 FTE; large - more than 20,000 FTE

LIABILITY TARGET SURPLUS FUNDING REPORT AND DIVIDEND CALCULATION

ISSUE: Staff will present an analysis of the financial position of the Liability Program based on the surplus funding and dividend calculation formula set forth in Policy & Procedure A-3 Target Surplus Funding Policy. The analysis will show the current surplus fund amounts (at 9/30/15) as well as the estimated amounts available for dividend distribution.

RECOMMENDATION: The Committee will be asked to review the Target Surplus Analysis and approve a dividend for the Liability Program to be distributed in July, 2016, as appropriate.

FISCAL IMPACT: The Committee will recommend the dividend distribution amounts for the Liability Program.

BACKGROUND: At its September 10, 2015, meeting the AORMA Committee reviewed the Target Surplus Analysis and tabled the approval of the liability dividend for a July, 2016 distribution to this meeting. Several large claim payments by AORMA in excess of the \$350,000 pooled layer had not been reimbursed by Genesis, the Liability Program Reinsurer, or had not been added to the CSURMA financials as an accounts receivable. Therefore, Staff was directed to update the Target Surplus Analysis based on the September 30, 2015 financials which will include the accounts receivable amounts from Genesis.

The revised Target Surplus Analysis includes the following ratio guidelines.

- Gross Premium to Surplus Ratio – at least 1.5 to 1: (Surplus should be at least 67% of the premium for the upcoming FY 15/16.) Should there be any inaccuracies in the pricing, it is desirable to have adequate surplus to borrow against.
- Surplus to Pool Retention Ratio > 5-10 to 1: Should AORMA have multiple significant losses in the same year, it is desirable to have between five and ten times the retention.
- Outstanding Reserves to Surplus Ratio - at least 1.5 to 1: (Surplus should be at least 67% of the reserve amounts for all open claims.) Should there be any inaccuracies in the reserve amounts for open claims, it is desirable to have adequate surplus to borrow against.

PUBLICATION: All AORMA members will receive an update in November, 2015 which summarizes the decisions made at this meeting and the last meeting regarding surplus funds at June 30, 2015 and approved dividends to be released in July, 2016.

ATTACHMENT(S):

- a. Revised Liability Surplus Funding Analysis *(the reports necessary to complete the analysis had not been finalized as of the mailing date of this agenda; therefore, this item will be distributed at the meeting as a handout)*
- b. Policy & Procedure A-3 – Target Surplus Funding Policy



CSURMA AORMA

POLICY AND PROCEDURE NO. A-3

SUBJECT: TARGET SURPLUS FUNDING POLICY

ADOPTED: JANUARY 10, 2007

**AMENDED: OCTOBER 29, 2009
SEPTEMBER 16, 2010
OCTOBER 23, 2014**

EFFECTIVE: JANUARY 1, 2007

POLICY & PROCEDURE NO.: (FORMERLY) 7-AORMA

In an effort to assure the long term financial strength of the Workers' Compensation, Liability, Property and Crime Programs (Programs), the AORMA Committee desires to fund the Programs in a responsible manner. Furthermore, in recognition that there is a high degree of uncertainty in actuarial estimates due to the possibility of occasional catastrophic claims and inconsistent or inaccurate case reserving, the AORMA Committee desires to establish a Target Surplus Goal that will guide them in making annual funding decisions for the Programs.

Should there be any discrepancy between this document and either the MEMORANDUMS OF COVERAGE or PARTICIPATION AGREEMENTS between the AORMA Committee and the MEMBER, the MEMORANDUMS OF COVERAGE and the PARTICIPATION AGREEMENTS will govern.

POLICY

The Target Surplus Goal is hereby established to be, at a minimum, the actuarially determined 70% confidence level, discounted for investment. In evaluating the Programs' funding position relative to the Target Surplus Goal as a part of each year's ratemaking process, the AORMA COMMITTEE shall take into consideration the following ratios: Gross Premium to Surplus Ratio, Surplus to Pool Retention Ratio and Outstanding Reserves to Surplus Ratio.

The AORMA Committee may take action to set higher or lower confidence levels based on AORMA goals to retain more or less risk.

PROCEDURE

- 1. Annual Actuarial Study** - Each year the Program Director will engage CSURMA's accredited independent actuary to perform an actuarial analysis of the Workers' Compensation and Liability Programs. This analysis shall include estimates of the outstanding losses (including IBNR) at various confidence levels as well as estimates of ultimate losses for the upcoming year(s). The analysis shall also compare the current program funding against the outstanding liabilities and determine the confidence level to which the program is currently funded. Because the Property and Crime Programs have an annual aggregate retention, an actuarial analysis is not performed.

2. **Calculation of Industry Ratios** - The Program Director will also calculate certain insurance industry ratios to help determine the Program's current financial position as follows:

Gross Premium to Surplus Ratio: Target <1.5:1

This ratio is a measure of how surplus is leveraged against possible pricing inaccuracies. A low ratio is desirable.

Surplus to Pool Retention Ratio: Target >5-10:1

This ratio is a measure of the maximum amount that surplus could decline due to a single loss. A high ratio is desirable.

Outstanding Reserves to Surplus Ratio: Target \leq 1.5:1

This ratio is a measure of how surplus is leveraged against possible reserve inaccuracies. A low ratio is desirable.

3. **Application of Target Surplus Criteria** – After an annual review of the Target Surplus Ratios, the AORMA COMMITTEE will determine whether it is desirable to increase, decrease, or stabilize surplus. If the AORMA COMMITTEE desires to decrease surplus, it may approve a funding level below the 70% confidence level. Conversely, a funding decision above the 70% confidence level will indicate a bias toward increasing surplus. A determination to fund at the 70% confidence level will reflect the AORMA COMMITTEE'S desire to keep surplus at the current level.

Because the Property and Crime Programs have annual aggregate retentions, and therefore no actuarial study is performed, the Target Surplus Funding shall be the amount of funds that exceed the maximum liability retained by the program for all program years. The AORMA COMMITTEE will approve the annual funding for each program.

The Program Target Surplus Funding and Dividend Calculation Report will be prepared for each self-funded program and presented to the AORMA COMMITTEE after the end of each fiscal year.

4. **Dividends** – Dividends may be available from the amount of surplus exceeding the Target Surplus amount established by the AORMA COMMITTEE. The allocation of any dividend shall be pursuant to the Dividends and Assessments Policy and Procedure detailed in Policy and Procedure No. A-4.
5. **Assessments** – Assessments may be required when the AORMA COMMITTEE determines that the amount of surplus is not sufficient and can best be remedied by an extraordinary assessment. The allocation of any assessment shall be pursuant to the Dividends and Assessments Policy and Procedure detailed in Policy and Procedure No. A-4.



CSURMA AORMA

POLICY AND PROCEDURE NO. A-3

MEMBER APPEAL PROCESS

If a MEMBER wishes to appeal any decision regarding the application of the Target Surplus Policy, the MEMBER must present an appeal in writing to the CSURMA Secretary-Auditor within 30 days of the disputed decision. The Secretary-Auditor shall place the Member's appeal on the AORMA COMMITTEE's agenda at its next regularly scheduled meeting. The AORMA COMMITTEE will review the appeal and inform the Member of the final decision within 5 business days of the final decision.

If a Member wishes to appeal the AORMA COMMITTEE's decision, the Member will notify the CSURMA Secretary-Auditor in writing within 5 business days of receipt of the AORMA COMMITTEE's decision. The CSURMA Executive Committee will then review the appeal at its next meeting or sooner. The CSURMA Executive Committee's decision will be the final determination.



DEFINITIONS:

AORMA COMMITTEE - Auxiliary Organizations Risk Management Alliance Committee, a committee of the CSURMA providing management and oversight to the Auxiliary Organizations Risk Management Alliance. The AORMA COMMITTEE is comprised of the Chair, the Vice Chair, eight “At Large” members, and two non-voting members.

AORMA - AORMA - The Auxiliary Organizations Risk Management Alliance, a group of programs under the California State University Risk Management Authority.

CSURMA - The California State University Risk Management Authority, a California Joint Powers Authority, comprised of the California State University and its Auxiliary Organizations.

GROSS PREMIUM - Includes pool premium and reinsurance/excess insurance premium but does not include administrative costs.

IBNR – Incurred but Not Reported losses

OUTSTANDING RESERVES - The sum total of unpaid case reserves in the pool layer as determined by the various claims examiners.

POOL RETENTION - The maximum amount of exposure to a single loss retained by the pool over the most recent 5 years.

SURPLUS - The amount of cash equivalent available to pay claims in excess of actuarial expected losses discounted for investment income.

CONFIDENCE LEVEL: A confidence level is the statistical certainty that an actuary believes funding will be sufficient. For example, an 80% confidence level means that the actuary believes funding will be sufficient in eight years out of ten.

APPROVAL TO MERGE THE MSLCTC INTO THE PC

ISSUE: Currently AORMA has two standing committees – the Member Services, Loss Control and Training Committee (MSLCTC) and the Program Committee (PC). Noted below in the Background section, the role the MSLCTC is defined. The MSLCTC was instrumental in establishing loss control programs, formalizing methods of communication to the AORMA members, and overseeing the development of “value-added” services. Now that the heavy lifting is complete, the AORMA Committee oversees and approves the programs that were put in place by the MSLCTC. The MSLCTC is currently overseeing risk management projects; however, the work required is not enough to necessitate a separate committee.

RECOMMENDATION: Staff recommends that the AORMA Committee consider merging the MSLCTC into the PC. Staff believes that the MSLCTC projects could be absorbed into the PC with only a few extra hours of work each year. Staff also recommends that the AORMA Committee appoint ad hoc committees for those projects (such as an RFP, or research into a new risk management contract) that may require additional time and expertise to complete.

FISCAL IMPACT: None.

BACKGROUND: Policy and Procedure A-2 defines the role of the MSLCTC as follows:

1. The Member Services, Loss Control and Training Committee will assist in the development of relationships between the AORMA and the AOA, as well as continue to strengthen the relationships between the CSURMA and its Auxiliary Organization membership.
2. The Committee will utilize newsletters, member surveys, annual reports and other methods of communicating the benefits of AORMA membership to the members.
3. The Committee will direct staff in the development of “value-added” services such as the Certificate Tracking Program, OAYSYS-Net Property database, claims reports, service provider evaluations and the professional development through risk management training of the AORMA membership.
4. The Committee will assist in the development, implementation and evaluation of various training programs aimed at developing safety and loss control awareness among the AORMA membership.
5. The Committee will also lead professional development of the AORMA membership in the field of risk management and be responsible for the allocation of the risk management budget among the various safety and risk control service providers.

PUBLICATION: This change will be announced to the current member of the MSLCTC, as well as the AORMA members via the monthly newsletter.

ATTACHMENT(S):

- a. Policy and Procedure A-2
- b. AORMA Standing Committee Roster



SUBJECT:	AORMA COMMITTEE AND STANDING COMMITTEE ROLES AND RESPONSIBILITIES
ADOPTED:	AUGUST 19, 2003
EFFECTIVE:	JULY 1, 2003
AMENDED:	DECEMBER 7, 2005 MAY 14, 2009 OCTOBER 29, 2009 JANUARY 11, 2010 SEPTEMBER 16, 2010 SEPTEMBER 13, 2012 MAY 8, 2014

PURPOSE:

The purpose of this policy is to describe the roles and responsibilities of participants in the CSURMA AORMA Committee and its standing committees.

POLICY:

It is the policy of the CSURMA to encourage AORMA members' participation in the AORMA Committee and Standing Committees that oversee operation of AORMA insurance programs. To that end, CSURMA AORMA has adopted Policy and Procedure A-1 that describes the process of AORMA Committee elections and representation. This policy further describes the roles and responsibilities of Committee members and officers. It is expected that AORMA Committee members will commit to meeting attendance and participation needed to conduct CSURMA business.

PROCEDURE:

The AORMA Committee will conduct elections and appointments in accordance with the CSURMA Joint Powers Agreement, Bylaws and AORMA Policy and Procedure A-1. A copy of Policy and Procedure A-1 describing roles and responsibilities of Committee members will be provided to Committee nominees and participants.

AORMA Participation in General

The AORMA Committee holds regularly scheduled meetings in person approximately four times per year with additional teleconference meetings as necessary. Following are considerations as respects AORMA Committee participation:

1. In person attendance at regularly scheduled AORMA Committee meetings is preferred. While teleconference attendance can be arranged, the Committee business is best conducted at in-person meetings. Any Committee member or Officer who is not present, either in person or via teleconference, at two or more AORMA Committee meetings in any one fiscal year, may be removed from the AORMA Committee upon a majority vote of the AORMA

Officers unless that AORMA Officer is the subject of the vote and then that AORMA Officer will be recused.

2. AORMA Committee member terms are for two years, with a maximum of three terms served before a member is either elected Vice Chair or termed out and must wait one year before again serving on the Committee. It is expected that members be prepared to serve for at least one complete term because the learning curve on CSURMA's coverage programs is steep.
3. Reasonable travel expenses associated with participation on the AORMA Committee are reimbursable as provided under CSU's travel reimbursement policy.
4. Representatives elected to the AORMA Committee are individually elected, not as direct representatives of their respective auxiliary organizations. It is expected that AORMA Committee members will approach their responsibilities from the perspective of the good of the CSURMA Auxiliary Organizations programs as a whole, rather than just their individual organization's benefit.
5. AORMA Committee members are expected to attend two (2) CSURMA Board of Directors meetings annually (one in the fall; one in the spring) at the Chancellor's Office.
6. State law requires timely completion of appropriate paperwork, such as Fair Political Practices Commission Form 700.
7. Develop recommendations for the AORMA Committee and take action within delegated authority.

AORMA Committee Chair

In addition to the roles and responsibilities of AORMA Committee participation, in general, the AORMA Committee Chair has the following roles and responsibilities:

1. Representative of the AORMA Committee to the AOA Executive Committee and attendance at AOA Executive Committee meetings.
2. Attendance and participation in CSURMA Executive Committee meetings (approximately four times per year).
3. Availability for regular communication with, and direction of CSURMA Program Administrator staff.
4. Availability to respond to CSURMA Auxiliary Organizations member questions and concerns.
5. A commitment toward professional development in the area of risk management and representation of CSURMA at conferences and meetings, such as the AOA Annual Conference, the CSURMA Fitting the Pieces Together Conference and other conferences as appropriate.
6. Authority to appoint, with the approval of the AORMA Committee, an at-large AORMA Committee member or the AORMA Committee Vice-Chair, Past Chair or Ex Officio if that seat on the AORMA Committee is vacated.
7. Authority to establish task groups as necessary.

8. Authority to appoint chairs, members of AORMA Standing Committees and task groups (in consultation with AORMA Standing Committee Chairs).
9. Service on Standing Committees, task groups and ad hoc committees as appointed by the CSURMA Chair.
10. Attend and present at CSURMA Board of Directors meetings.

AORMA Committee Vice Chair

In addition to the roles and responsibilities of the AORMA Committee Chair, it is expected that the AORMA Committee Vice Chair will also:

1. Be prepared to serve in the succession of leadership positions for a period of four years from Vice Chair to Chair to Past Chair to Ex-officio.

Past Chair and Ex-Officio

In addition to the roles and responsibilities of AORMA Committee participation in general, the Past Chair and Ex-officio are expected to:

1. Attend AORMA Committee meetings either in person or by teleconference to remain abreast of current issues and to serve as informed alternates when regular AORMA Committee members are not present.
2. Serve on standing committees, task groups and ad hoc committees as appointed.

AORMA Standing Committees

1. The AORMA Committee reserves the right to create and dissolve any or all Standing Committees at any time.
2. The AORMA Committee shall appoint Standing Committees to provide support to the AORMA Committee. These Standing Committees are as follows:
 - a. Programs Committee
 - b. Member Services, Loss Control and Training
 - c. Executive Officers

Descriptions of these Standing Committees are outlined in an addendum to this policy.

3. Standing Committee membership will be as follows:
 - a. Programs Committee – A minimum of five members, at least two of whom shall be AORMA Committee members.
 - b. Member Services, Loss Control and Training – A minimum of five members, at least two of whom shall be AORMA Committee members.
 - c. Executive Officers – Two members and two alternates, consisting of the Chair and Vice Chair of the AORMA Committee. The Past Chair and Ex-Officio are alternates and may serve in a voting capacity only in the absence of the Chair and/or Vice Chair.

4. Every spring, the membership of each Standing Committee will recommend to the AORMA Committee Chair a nominee from the AORMA Committee for the Chair position of their respective Standing Committee.
5. The AORMA Committee Chair shall appoint Standing Chairs annually for a one-year term effective on July 1. The Chair of any Standing Committee must simultaneously be a member of the AORMA Committee.
6. AORMA Standing Committee appointments are at the discretion of the AORMA Committee Chair. It is expected that appointed members be prepared to serve for at least one complete two-year term. Standing Committee members may serve a maximum of three consecutive two-year terms, with an effective date of July 1 of the year in which they are appointed. Upon being termed out of a Standing Committee, a person may serve again on the same Standing Committee after sitting out a period of one year.
7. No auxiliary organization will have multiple representatives serving simultaneously on any AORMA Standing Committee.
8. Reasonable travel expenses associated with participation on AORMA Standing Committees are reimbursable as provided in CSURMA's travel reimbursement policy.
9. Representatives are individually appointed, not direct representatives of their respective auxiliary organizations. It is expected that representatives will approach their responsibilities from the perspective of the good of the CSURMA Auxiliary Organizations programs as a whole, rather than just their individual organization's benefit.
10. Standing Committees shall develop recommendations for the AORMA Committee and take action within delegated authority.
11. Standing Committees shall be responsible for overseeing the completion of special projects as determined by the AORMA Committee. Standing Committees will be asked to present recommendations for discussion and approval by the full AORMA Committee.

ADDENDUM

AORMA STANDING COMMITTEE DESCRIPTIONS

This addendum to CSURMA AORMA Policy and Procedure A-2 will summarize the primary roles and responsibilities of the Committees appointed by the AORMA Committee Chair. The Committees will from time to time provide reports on their activities to the AORMA Committee, making recommendations on their areas of expertise.

This addendum may be updated from time to time as the need for changes to the Committee structure are desired by the AORMA Committee.

Executive Officers Committee

The AORMA Executive Officers Committee will provide executive management oversight of AORMA operations and AORMA staff. Comprised of the AORMA Chair and Vice Chair - and Past Chair and Ex-Officio, as alternates - the Executive Officers Committee will develop relationships between the CSURMA AORMA and the AOA, manage Committee appointments, leadership and succession planning, and work with staff to develop and update miscellaneous financial, legal, governing and coverage documents. The Executive Committee shall also have claims settlement authority as outlined in AORMA Policies and Procedures L-2 and W-5.

Programs Committee

The Programs Committee will oversee the management of all programs not otherwise assigned to another committee, including, but not limited to, the Liability, Workers' Compensation, Property, Crime, Unemployment Insurance, Participant Accident Insurance and Foreign Travel Liability Programs, as well as new program development. The Committee will assist in the review of annual actuarial reports and the development of rating plans for allocation of annual costs, policies and coverage documents. Training, service provider RFP development and selection will also be handled by this Committee. The Programs Committee will act as a liaison to the AOA Human Resources Committee.

Member Services, Loss Control and Training Committee

The Member Services, Loss Control and Training Committee will assist in the development of relationships between the AORMA and the AOA, as well as continue to strengthen the relationships between the CSURMA and its Auxiliary Organization membership. The Committee will utilize newsletters, member surveys, annual reports and other methods of communicating the benefits of AORMA membership to the members. The Committee will direct staff in the development of "value-added" services such as the Certificate Tracking Program, OAYSYS-Net Property database, claims reports, service provider evaluations and the professional development through risk management training of the AORMA membership.



CSURMA AORMA

POLICY AND PROCEDURE NO. A-2

The Committee will assist in the development, implementation and evaluation of various training programs aimed at developing safety and loss control awareness among the AORMA membership. The Committee will also lead professional development of the AORMA membership in the field of risk management and be responsible for the allocation of the risk management budget among the various safety and risk control service providers.

AORMA Committee
Ten voting members - two alternates - twelve members total
Effective at July 1, 2015

Committee	Seat	Member	Position	Campus	Type of Auxiliary	E-Mail	Telephone Number	Location	Size of Campus	Type of Campus	Term	1st, 2nd or Final Term	Date Appointed
AORMA	Chair	Frank Mumford	Executive Director	Fullerton	CSU Fullerton Auxiliary Services Corporation	fnumford@fullerton.edu	657-278-4101	South	Large	Urban	7/1/15 - 6/30/16	N/A	7/1/2012
AORMA	Vice Chair	Guy Dalpe	Managing Director	San Francisco	Associated Students, Inc., San Francisco State University	gdalpe@sfsu.edu	415-338-1044	North	Large	Urban	7/1/15 - 6/30/16	N/A	7/1/2011
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Minimum of five members - at least two of whom are AORMA Committee members

Committee	Seat	Member	Position	Campus	Type of Auxiliary	E-Mail	Telephone Number	Location	Size of Campus	Type of Campus	Term	1st, 2nd or Final Term	Date Appointed
MSLCTC	Chair	Leslie Davis	Executive Director	Sacramento	University Union Operation of CSUS, Inc.	leslied@saclink.csus.edu	916-278-2904	North	Large	Urban	7/1/14 - 6/30/16	First	7/1/2014
MSLCTC	At Large	Arnecia Bryant	Associate Director, Operations	Dominguez Hills	The Donald P. and Katherine B. Loker University Student Union, Inc.	abryant@csudh.edu	310-243-3854	South	Medium	Urban	7/1/15 - 6/30/17	Third	5/2/2011
MSLCTC	At Large	Debbie Adishian-Astone	Executive Director	Fresno	CSU Fresno Association, Inc.	debbiea@csufresno.edu	559-278-0802	Central	Medium	Rural	7/1/15 - 6/30/17	Second	7/1/2013
MSLCTC	At Large	Dennis Miller	Director, Employment Services	Pomona	The Cal Poly Pomona Foundation, Inc.	dennismiller@cpp.edu	909-869-2958	South	Medium	Urban	7/1/15 - 6/30/17	Third	7/1/2011
MSLCTC	At Large	Kristin Kelly	Associate Director	San Jose	The Student Union of San Jose State University	kristin.kelly@sjsu.edu	408-924-6315	North	Large	Urban	7/1/14 - 6/30/16	Third	
MSLCTC	At Large	Raven Tyson	Contracts & Risk Management Coordinator	San Diego	Associated Students of San Diego State University	raven.tyson@sdsu.edu	619-594-3760	South	Large	Urban	7/1/15 - 6/30/17	Second	7/1/2013

Programs Committee

Minimum of five members - at least two of whom are AORMA Committee members

Committee	Seat	Member	Position	Campus	Type of Auxiliary	E-Mail	Telephone Number	Location	Size of Campus	Type of Campus	Term	1st, 2nd or Final Term	Date Appointed
PC	Chair	Gigi Kiama	Human Resources Manager	Monterey Bay	University Corporation, CSU Monterey Bay	gkiama@csumb.edu	831-582-4301	North	Small	Rural	7/1/13 - 6/30/15	Fourth	
PC	At Large	Guy Dalpe	Managing Director	San Francisco	Associated Students, Inc., San Francisco State University	gdalpe@sfsu.edu	415-338-1044	North	Large	Urban	7/1/14 - 6/30/16	Third	
PC	At Large	Jun Reina	Chief Operations Officer/ Chief Financial Officer	Sacramento	Capital Public Radio, Inc., CSU Sacramento	jreina@csus.edu	916-278-8925	North	Large	Urban	7/1/15 - 6/30/17	First	9/15/2014
PC	At Large	Jason Porth	Executive Director	San Francisco	The University Corporation, San Francisco State	jporth@sfsu.edu	415-338-6880	North	Large	Urban	7/1/15 - 6/30/17	First	2/13/2015

AORMA Committee Chair serves for a period of four years - Vice Chair, to Chair, to Past President, to Ex-Officio.

Standing Committee Chair serves a one-year term, is appointed by the AORMA Committee Chair, and must be an AORMA Committee member.

AORMA Committee and Standing Committee members may serve a maximum of three consecutive two-year terms (total six years).

Size of Campus: small - less than 10,000 FTE; medium - between 10,000 and 20,000 FTE; large - more than 20,000 FTE

SMART PHONE APPLICATION

ISSUE: The AORMA Committee added to its Long Range Action Plan for FY 15/16, the creation or purchase of a smart phone application to house all of the CSURMA contact information. Brent Escoubas, from Alliant Risk Control Consulting has researched the options available to CSURMA and will provide a webinar demonstration during the meeting.

RECOMMENDATION: Staff recommends that the Committee view the webinar and provide direction.

FISCAL IMPACT: The fiscal impact is unknown at this time.

BACKGROUND: Brent Escoubas' goal is to look to develop or purchase a contact management database that could be managed from a cloud source and then pushed out to all users that have downloaded to application.

PUBLICATION: None at this point.

ATTACHMENT(S):

- a. None. The Committee will view a webinar showing some of the options available during the meeting.

ONLINE TRAINING TRANSITION FROM TARGET SOLUTIONS TO SKILL SOFT / LAW ROOM

ISSUE: David Krevella, the Senior Director of Systemwide Professional Development will provide an overview of the progress of the individual campuses in providing a platform for its auxiliary organization staff to access the SkillSoft and LawRoom online training.

The following campuses have completed the implementation process:

1. Chancellor's Office
2. Fullerton
3. Humboldt
4. Northridge
5. San Jose
6. San Luis Obispo
7. Sonoma
8. Stanislaus
9. Sacramento
10. Chico
11. Fresno

RECOMMENDATION: This item is for information only; no action is request at this time.

FISCAL IMPACT: The total CSURMA contract cost for SkillSoft and LawRoom is \$50,000 and \$26,000, respectively. Within the FY 15/16 CSURMA budget, \$12,187 is allocated to AORMA so that the auxiliaries at the campuses that are fully implemented can begin using the SkillSoft and LawRoom training.

BACKGROUND: AORMA extended its contract with Target Solutions until June 30, 2016 to give the campuses more time to complete the implementation process.

PUBLICATION: None at this time.

ATTACHMENT(S):

- a. Auxiliary Solution Contact Sheet

Campus	Auxiliary Solution	Schedule Date/Status	Implementation Date (Tentative)	1 on 1 Call
CSU-San Bernardino	API	6/15/2015 (Followed up 5/13 to confirm implementation date). No testing has been done with campus. Call on 7/20. E-mail. Looking to implement on 11/5	11/5/2015	1/30/2015
CSU-Bakersfield	API	Ready. They lost their Shib/IDP person and wanted to load data into prod before configuring the release policy. Still without Shib/IDP (8/10). Still without Shib/IDP. Project on hold		1/29/2015
CSU-Monterey Bay	API	Steve Mann heading solution. Looks like they might be ready for testing mid-June pending Mike T's feedback from e-mail questions. Received Key to start testing. Technical call scheduled 8/12. Working with team to start preping data.		8/12/2015
CSU-East Bay	API	Mike working with technical team on project. Campus tech team investigating solution. Ball in campus IT's court, working on getting data and method finalized.		1/14/2015
CSU-Long Beach		Want to know when automation and assignment of auxiliary organizations to Skillport. Refer to Asyu e-mail dated 2/5/15. Need to work with Aux orgs on campus		1/29/2015
CSU-San Marcos	Database	Testing 2/13; Put on Hold. Should be ready to implement April/May. (Follow up 4/10). Need to come up with new identifier and send to CO		1/23/2015
CSU-Maritime		Ready to jump on call and get this things going. E-mail Follow up to check on status. 8/7		
CSU-Channel Islands		Interested in implementing. Will need to review information. Then schedule a call with quesitons		1/23/2015

Campus	Auxiliary Solution	Schedule Date/Status	Implementation Date (Tentative)	1 on 1 Call
CSU-Dominguez Hills		Waiting for solution confirmation from Bill. They want to use PeopleSoft, explained not an option. They went back to their team to look over documentation.		1/21/2015
*CSU-San Diego		Working on new IDM. Production could be as late as Fall 2016.		1/16/2015
CSU-San Francisco		Initial call on 7/23. Follow up with campus on August 17th for progress. Still working on solution, no timeline given.		7/23/2015
CSU-Los Angeles		Sent information to campus. Initial call scheduled for 7/27. Meet with Mike Lee, excited about solution. Working with team to get implemented. Following up on 10/15 to see progress.		7/27/2015
CSU-Ponoma		Initial call on 9/1. AI to allocate resources and give us implementation timeline		9/1/2015
CSU - Chancellor's Office	API	DONE		Done
CSU-Fullerton	Database	DONE		3/24/2015
CSU-Humboldt	Database	Done		Done

Campus	Auxiliary Solution	Schedule Date/Status	Implementation Date (Tentative)	1 on 1 Call
CSU-Northridge	Database	Done		4/8/2015
CSU-San Jose	Database	DONE		DONE
CSU-San Luis Obispo	Database	Done		Done
CSU-Sonoma	6 Aux Employees. Inputting into PeopleSoft	DONE		Done
CSU-Stanislaus	API	DONE		1/29/2015
CSU-Sacramento	Database	Done		1/15/2015
CSU-Chico	API	Done		1/22/2015
CSU-Fresno	Database	Have to work on scope of project to include State Employees in data. Ready to implement	July 16th/23rd	1/14/2015

WORKERS' COMPENSATION BENCHMARKING INITIATIVE

ISSUE: The AORMA Committee added Benchmarking Initiative to its FY 15/16 Long Range Action Plan. The Committee will hear an initial report on the benchmarking capabilities through California Workers' Compensation Research Institute (CWCI).

RECOMMENDATION: This item is for information only; no action is requested.

FISCAL IMPACT: The annual membership fee of \$27,500 is included in the FY 15/16 CSURMA budget.

BACKGROUND: CSU's Director of Systemwide Risk Management proposed that CSURMA become an Associate Member of the CWCI at the May, 2015 CSURMA Executive Committee. This was approved. CSURMA joined the CWCI in July 2015.

CWCI is a private non-profit organization of insurers licensed to write workers' compensation in California, as well as public and private self-insureds who serve as associate members. The function of CWCI is to generate reliable and objective data that can be used to monitor California Workers' Compensation trends, assist members in assessing their own operations, and analyze key workers' compensation issues of interest. CWCI produces a variety of research studies, and training to assist the workers' compensation community. In addition, CWCI provides a forum for the community to consider and work together to improve the system through representation on various committees and regulatory review.

Sedgwick, the AORMA Workers' Compensation claims administrator, has provided the data exchange to the CWCI which will allow CSURMA AORMA access to the CWCI dashboard and will provide comparative analysis of AORMA's workers' compensation performance against the total membership. CWCI is now in the process of formatting the data. The initial comparative reports are anticipated in December, 2015.

Attached to the agenda packet Research Reports and a CWCI Executive Memo issued since 7/1/2015.

PUBLICATION: None at this time.

ATTACHMENT(S):

- a. CWCI Spotlight Report: ICD-10 WC System – September 2015
- b. CWCI Spotlight Report: Medical Review – 1st Quarter 2015
- c. CWCI Bulletin: Medical & Indemnity Benefit Trends – 08/25/15
- d. CWCI Executive Memo: California WC Formulary Bill – 10/06/15
- e. CWCI Dashboard Views with Sample Data – 10/09/15



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September 2015

CWCI SPOTLIGHT REPORT:

ICD-10s and the Workers' Compensation System

By Stacy L. Jones & Alex Swedlow

On October 1, 2015, the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10) will become the standard classification system for all healthcare delivery in the United States, including group health, federal programs (Medicare, Medicaid, Veterans Administration) as well as workers' compensation. There are two main sections of the new classification system:

- A. ICD-10-CM Clinical Modifications
 - Diagnosis (diseases, injuries, health events)
 - Used in all health care settings

- B. ICD-10-PCS Procedure Coding System
 - For use by hospitals to define inpatient procedures

The 21-Year History of ICD-10

ICD-10 conversion within the U.S. began as part of an overhaul process initiated in 1992 by the Health Care Financing Administration (HCFA). A comprehensive review and development project was conducted for HCFA by 3M Health Information Systems to design a replacement for ICD-9. The project recommended a complete overhaul of the structure and format of the entire diagnosis and procedure coding system. The following timeline summarizes the 21-year history of the adoption of ICD-10:

- 1994 World Health Organization (WHO) adopts ICD-10
- 1995 United States draft of ICD-10, poised to adopt
- 1996 Health Insurance Portability and Accountability Act (HIPAA) enacted and a new code set adoption process falls under legislative controls
- 2003 National Committee for Vital & Health Statistics (NCVHS) voted to recommend that the Secretary of Health and Human Services (HHS) move toward adoption of ICD-10 code sets
- 2008 Notice of proposed rulemaking published in the Federal Register
- 2009 HHS published final rule adopting ICD-10 code sets effective October 1, 2013
- 2012 HHS issues final rule changing compliance date to October 1, 2014

In the 2012 Federal Register¹ CMS changed the compliance date from October 2013 to 2014 in order to address concerns voiced by members of the medical community that they would not be ready to comply with the reporting requirements by the deadline. This delay was also intended to allow for changes that were being implemented for electronic data interchange (EDI) transmissions that would accommodate ICD-9 and ICD-10 in the same file.

2014 (April) – Congress passes Protecting Access to Medicare Act of 2014, containing section title “Delay in Transition from ICD-9 to ICD-10 Code Sets”

2014 (August) HHS issues final rule changing October 1, 2014 compliance date to October 1, 2015

2015 (July) HHS sent notification to Medicare providers that Medicare would relax the edits on ICD-10 code specificity for 12 months following the October 1, 2015 implementation date. Providers were advised that bills would not be denied based solely on the specificity of the ICD-10 code as long as the code was in the correct code family. This was a compromise intended to ease the transition to ICD-10 without causing further delay for implementation.

Rationale for Conversion

The ICD-10 code set has been described by some as cumbersome and complex, so what is the rationale for making the change? The simplest answer is that ICD-9-CM has simply become antiquated due to advancements in medicine that have taken place since the 1970s when ICD-9-CM was designed. The structure of the ICD-10 code sets provides greater flexibility for future use to accommodate revisions.

ICD-9 and ICD-10 codes are primarily intended to describe a patient’s clinical status as accurately as possible, facilitating better communication between medical providers, providers and payers, and government agencies. Medical condition and procedure code sets also enable statistically relevant groupings² for improved utilization and cost trend analysis. After the initial transition/learning period, more accurate descriptions of a patient’s clinical status captured by ICD-10-CM/PCS code sets will enhance the quality of data for:

- Tracking public health conditions including world-wide patterns and trends
- Epidemiological research including severity of illness and co-morbidities
- Measuring outcomes and care provided to patients including the use and effects of new medical technology
- Making clinical decisions, including consultative decisions based on more precise information shared between medical providers
- Identifying fraud and abuse may be improved if gray areas of coding are reduced by the introduction of more specific code descriptions.
- Designing payment systems/processing claims including refinement to current systems such as severity-adjusted DRG systems used to reimburse inpatient hospital services and emerging pay-for-performance programs.

¹ Centers for Medicare & Medicaid Services, 45 C.F.R. part 162 (September 5, 2012). Retrieved from <http://www.gpo.gov/fdsys/pkg/FR-2012-09-05/pdf/2012-21238.pdf>

² Appendix A displays the top 9 clinical grouping categories and the associated percentage of all ICD-9 codes found on claims with dates of injury between 2010 and 2015. The chart also includes the count of all ICD-9 and ICD-10 codes associated with each clinical category.

Form and Functional Differences between ICD-9 and ICD-10

There are similarities as well as significant differences in the coding structures for ICD-9 and ICD-10 classification systems, as outlined in the table below:

- The first three digits in both ICD-9 and ICD-10 coding structures represent the category, followed by a decimal point.
- The second set of numbers following the decimal point represent etiology, anatomic site and manifestation in ICD-9, and etiology, anatomic site and severity in ICD-10.
- ICD-10 also provides for an extension character at the seventh position to identify whether the patient encounter is initial, subsequent or sequelae.
- ICD-10 also uses a combination of alpha numeric characters, not found in ICD-9, which allows for greater expansion of codes within a category.

Appendix B displays a list of the top ICD-9 codes associated with one of the most common workplace injuries, Back Sprain. Appendix C displays a list of diagnosis codes that will likely be in use for Back Sprain injuries following the implementation of the ICD-10 codes.

Differences Between ICD-9 -CM and ICD-10 Code Sets ³		
	ICD-9-CM	ICD-10 Code Sets
Procedure	3,824 codes	71,924 codes
Diagnosis	14,025 codes	69,823 codes
ICD-10 Code Structure Changes		
	ICD-9-CM	ICD-10-CM
Diagnosis Structure	3-5 characters	3 - 7 characters
	First character is numeric or alpha	Character 1 is alpha
	Characters 2-5 are numeric	Character 2 is numeric Characters 3 – 7 can be alpha or numeric
Example	724.2 – Lumbago	M54.5 - Low Back Pain
	ICD-9-CM	ICD-10-PCS
Procedure Structure	3 – 4 characters	ICD-10 PCS has 7 characters
	All characters are numeric	Each can be either alpha or numeric
	All codes have at least 3 characters	Numbers 0-9; letters A-H, J-N, P-Z
Example	54.72 - Other repair of abdominal wall	0WQF0ZZ - Repair Abdominal Wall, Open Approach
		0WQF3ZZ - Repair Abdominal Wall, Percutaneous Approach
		0WQF4ZZ - Repair Abdominal Wall, Percutaneous Endoscopic Approach
		0WQFXZZ - Repair Abdominal Wall, External Approach

³ Centers for Disease Control & Prevention (www.cdc.gov/nchs/icd/icd10cm_pcs_background.htm)

Impacted Parties, Processes and Programs in California and National Workers' Compensation Systems

Preparing for implementation of ICD-10s will require significant effort by individuals and organizations across the healthcare delivery and support spectrum including healthcare providers, payors, claims administrators and others. At a minimum, ICD-10 code structure will require modifications to database structures, data sharing and transfer protocols and agreements, and billing and adjudication forms. Required changes in databases, data transfer protocols and business processes will affect:

- Medical service providers (physicians, hospitals, ancillary medical providers)
- Medical bill payers (claims administrators, bill review vendors)
- Electronic billing clearinghouses
- Medical dispute resolution organizations, including Utilization Review Organizations (URO), Independent Medical Reviewers (IMR), Independent Medical Examiners/Qualified Medical Examiners (IME/QME)
- State-based workers' compensation reporting systems such as California's Workers' Compensation Information System (WCIS)
- Medicare Secondary Reporting and Set-Aside reporting
- Public policy research databases

ICD-10-CM provides much needed improvements and better accuracy in reporting the nature of injury, which can be used to correlate cause, treatment and outcome. The external cause codes (e.g. W29.4XXA – Contact with nail gun; initial encounter) provide detailed information regarding the cause of an injury and are used in addition to clinical diagnosis codes. Transition from ICD-9 to ICD-10 followed by mandatory requirements to include external cause codes on bills submitted for payment to claims administrators would greatly enhance the data available to track and analyze how and where injuries occur.

Appendix A. Top Diagnostic Class Categories, Percentage of Occurrences and Associated ICD-9 & ICD-10

Diagnosis Class Category	Percent of WC Occurrences ⁴	Count of Codes	
		ICD-9	ICD-10
Injury/Poisoning	42.9%	4,105	37,685
Non-Infectious Condition	27.1%	5,391	12,561
Pain/Ill-Defined Symptom	22.2%	1,573	3,723
Childbirth Conditions	0.0%	364	2,644
Infections	0.5%	1,072	2,169
Anatomic Disorders	0.4%	575	1,263
Status/Aftercare	3.4%	412	1,204
Procedures	1.3%	787	746
Mental/Behavioral Disorders	2.3%	546	737
Total ⁵ :	100%	14,825	62,732

Appendix B. Sample ICD-9 Codes related to Back Sprain Diagnosis

ICD-9	ICD9 Description
846	Sprain Sacroiliac Region
846.0	Sprain Lumbosacral
846.1	Sprain Sacroiliac
846.2	Sprain Sacrospinatus
846.3	Sprain Sacrotuberous
846.8	Sprain Sacroiliac Nex
847	Sprain Of Back Nec/Nos
847.1	Sprain Thoracic Region
847.2	Sprain Lumbar Region
847.3	Sprain Of Sacrum
847.4	Sprain Of Coccyx
847.9	Sprain Of Back Nos

⁴ Percentage of WC Occurrences found with the medical bill segment of the CWCI Industry Claim Database for dates of services between January 2013 and December 2014.

⁵ Excludes External Causes of Morbidity (ICD10 Chapter 20; ICD9 “E” Codes). Count of ICD9 codes includes historic codes that may not be currently active

Appendix C. Sample ICD-10 Codes Related to Back Sprain Diagnosis

ICD-10	ICD-10 Description
S23.3xxA	Sprain of ligaments of thoracic spine, initial encounter
S23.3xxD	Sprain of ligaments of thoracic spine, subsequent encounter
S23.3xxS	Sprain of ligaments of thoracic spine, sequela
S23.8xxA	Sprain of other specified parts of thorax, initial encounter
S23.8xxD	Sprain of other specified parts of thorax, subsequent encounter
S23.8xxS	Sprain of other specified parts of thorax, sequela
S33.5xxA	Sprain of ligaments of lumbar spine, initial encounter
S33.5xxD	Sprain of ligaments of lumbar spine, subsequent encounter
S33.5xxS	Sprain of ligaments of lumbar spine, sequela
S33.6xxA	Sprain of sacroiliac joint, initial encounter
S33.6xxD	Sprain of sacroiliac joint, subsequent encounter
S33.6xxS	Sprain of sacroiliac joint, sequela
S33.8xxA	Sprain of other parts of lumbar spine and pelvis, initial encounter
S33.8xxD	Sprain of other parts of lumbar spine and pelvis, subsequent encounter
S33.8xxS	Sprain of other parts of lumbar spine and pelvis, sequela
S33.9xxA	Sprain of unspecified parts of lumbar spine and pelvis, initial encounter
S33.9xxD	Sprain of unspecified parts of lumbar spine and pelvis, subsequent encounter
S33.9xxS	Sprain of unspecified parts of lumbar spine and pelvis, sequela

About the Authors

Stacy L. Jones is a Senior Research Associate at the California Workers' Compensation Institute.

Alex Swedlow serves as President of the California Workers' Compensation Institute.

Acknowledgement

The Authors wish to acknowledge Alex Kravets for his valuable assistance in the preparation and review of this report.

California Workers' Compensation Institute

The California Workers' Compensation Institute, incorporated in 1964, is a private, nonprofit organization of insurers and self-insured employers conducting and communicating research and analyses to improve the California workers' compensation system. Institute members include insurers that collectively write more than 70 percent of California workers' compensation direct written premium, as well as many of the largest public and private self-insured employers in the state. Additional information about CWCI research and activities is available on the Institute's web site (www.cwci.org). The California Workers' Compensation Institute is not affiliated with the State of California. This material is produced and owned by CWCI and is protected by copyright law. No part of this material may be reproduced by any means, electronic, optical, mechanical, or in connection with any information storage or retrieval system, without prior written permission of the Institute. To request permission to republish all or part of the material, please contact CWCI Communications Director Bob Young (byoung@cwci.org).

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CWCI SPOTLIGHT REPORT...

California Workers' Compensation Independent Medical Review: 1st Quarter 2015 Outcomes

By Rena David & Bob Young

OVERVIEW

Earlier this year CWCI conducted an in depth study of 2014 IMR Decisions. This report gives a quick review of those results and compares them to the newly available results for the first quarter of 2015.

In September 2012, California lawmakers enacted reform legislation (SB 863) mandating an overhaul of the state's workers' compensation system. A key element of that reform bill called for the adoption of a new Independent Medical Review (IMR) process for resolving medical treatment disputes. IMR provides an injured worker whose requested medical service was modified or denied by a utilization review (UR) physician the opportunity to get a second opinion from an independent physician who reviews the medical records and other evidence submitted, and issues their own decision. The goal of IMR is to assure that California injured workers are afforded the most effective medical care in a timely fashion, and are protected from harmful or unnecessary care. The evidence-based Medical Treatment Utilization Schedule (MTUS) was adopted by the Division of Workers' Compensation (DWC) to provide treating and reviewing providers with recommendations for effective medical care and as a needed check against unnecessary and potentially harmful tests, surgeries, drugs and procedures.

In 2014, Maximus Federal Services, the independent medical review organization contracted by the state to manage the California workers' compensation IMR process, issued a total of 137,781 IMR decision letters. Earlier this year, CWCI conducted an in-depth analysis of those letters and found that 40 percent of them included decisions on multiple service requests, and that altogether they encompassed determinations on a total of 260,889 medical services requested for 76,718 injured workers.¹ In addition to measuring the volume of IMR decisions from 2014, the analysis also quantified the proportion of decisions that upheld the UR physician's modification or denial of the medical service request; examined the timeliness of the IMR process; generated data on the mix of services, reviewer characteristics, attorney involvement, and other case-level attributes associated with the IMR requests; and reviewed the rationales cited by the IMR physicians in making their determinations (MTUS vs. other guidelines, or both).

Among the key findings of the analysis of 2014 decisions:

- After reviewing the patient's records and any additional information provided in support of the request, the independent reviewers agreed with the UR doctor's modification or denial of the service 91 percent of the time.

¹ David, R., Jones, S., Ramirez, B., Swedlow, A. "Independent Medical Review Outcomes in California Workers' Compensation. CWCI Research Update, April 2015.

- Pharmaceuticals, including compound drugs and opioids, were by far the most common type of treatment submitted for IMR, accounting for 45 percent of the decisions rendered last year, with the UR denial or modification upheld in 92 percent of the prescription drug IMRs. Durable medical equipment, physical therapy, injections and diagnostic tests and measurements rounded out the top 5 types of treatment that were reviewed, with the independent reviewer agreeing that these services were not medically necessary in 88 to 94 percent of the cases.
- A relatively small number of physicians accounted for the majority of the disputed medical services, with the top 10 percent of physicians named in the IMR decision letters (1,332 providers) accounting for 83 percent of the IMR requests.
- Though the volume of IMR determinations in 2014 was much higher than originally predicted, the elapsed time between the submission of the IMR application and the IMR decision declined sharply in the 4th quarter of the year, suggesting that the process may be running more efficiently and reached a point where it can handle the high volume of requests.
- The volume and outcomes of IMR varied by region. A disproportionate share of the medical disputes occurred in Los Angeles, which accounted for 36 percent of all IMR decisions, versus 24 percent of California's workers' comp claims, though the IMR uphold rate in Los Angeles was nearly 93 percent -- the highest in the state. On the other hand, IMR volume in the Bay Area accounted for 19 percent of the statewide total, which was in line with the percentage of claims from the region, with the UR decisions upheld 90 percent of the time. The Central Valley, San Diego and the northern and Sierra counties accounted for a relatively low proportion of IMR cases compared to their share of California claims, with uphold rates in those areas also about 90 percent.
- Attorneys were heavily involved in IMR, with nearly two-thirds of the decision letters addressed to an attorney. In addition, the vast majority of letters directed to someone other than the injured worker were sourced to a small number of representatives, with the top 1 percent of representatives (72 individuals) named on 18 percent of all 2014 decision letters, and the top 10 percent of representatives named on 65 percent of the letters.

OBJECTIVE OF THIS ANALYSIS

This analysis provides an update on the earlier report based on data from all final IMR decision letters issued by Maximus in the first quarter of 2015. For this study, the authors reviewed the data from the letters to determine:

- The volume of IMR decisions generated in the first quarter of this year, as well as the number of injured workers, UR events, and medical services associated with those reviews, and the percentage of the medical service requests that had been modified or denied by a UR physician that were subsequently upheld by the IMR physician.
- The month-to-month trends in IMR-eligible applications and determination letters for the 15-month period of January 2014 through March 2015.
- The number, mix and uphold rates of the first quarter 2015 IMR decisions by the type of medical service requested.
- The percent of all IMR determination letters issued in the first quarter of 2015 that were linked to the top 10 percent of high-volume physicians.
- The proportion of all first quarter determination letters and treatment decisions that involved the 10 individual physicians with the highest number of disputed medical service requests.
- The distribution of IMR determinations by region (based on the address data on the IMR decision letter) and those areas that had a disproportionately high or low number of treatment disputes relative to the number of workers' compensation claims that originated in those regions.

RESULTS

For this study, the authors counted the total number of IMR decision letters issued in the first quarter of 2015, then using data from those letters, determined the mix and uphold rates for the medical services that were reviewed, identified the physicians who requested the disputed medical service, and determined the geographic distribution of the IMR cases based on the ZIP code noted in the address of each letter.

During the first quarter of this year, Maximus issued a total of 33,909 IMR determination letters. In reviewing the data, the authors found that these determinations were associated with 31,258 UR events,² and claims from a total of 25,449 injured workers. As in the earlier study, many of the IMR applications included requests for multiple medical services, so altogether, the 33,909 letters included decisions on more than 60,000 individual medical services.

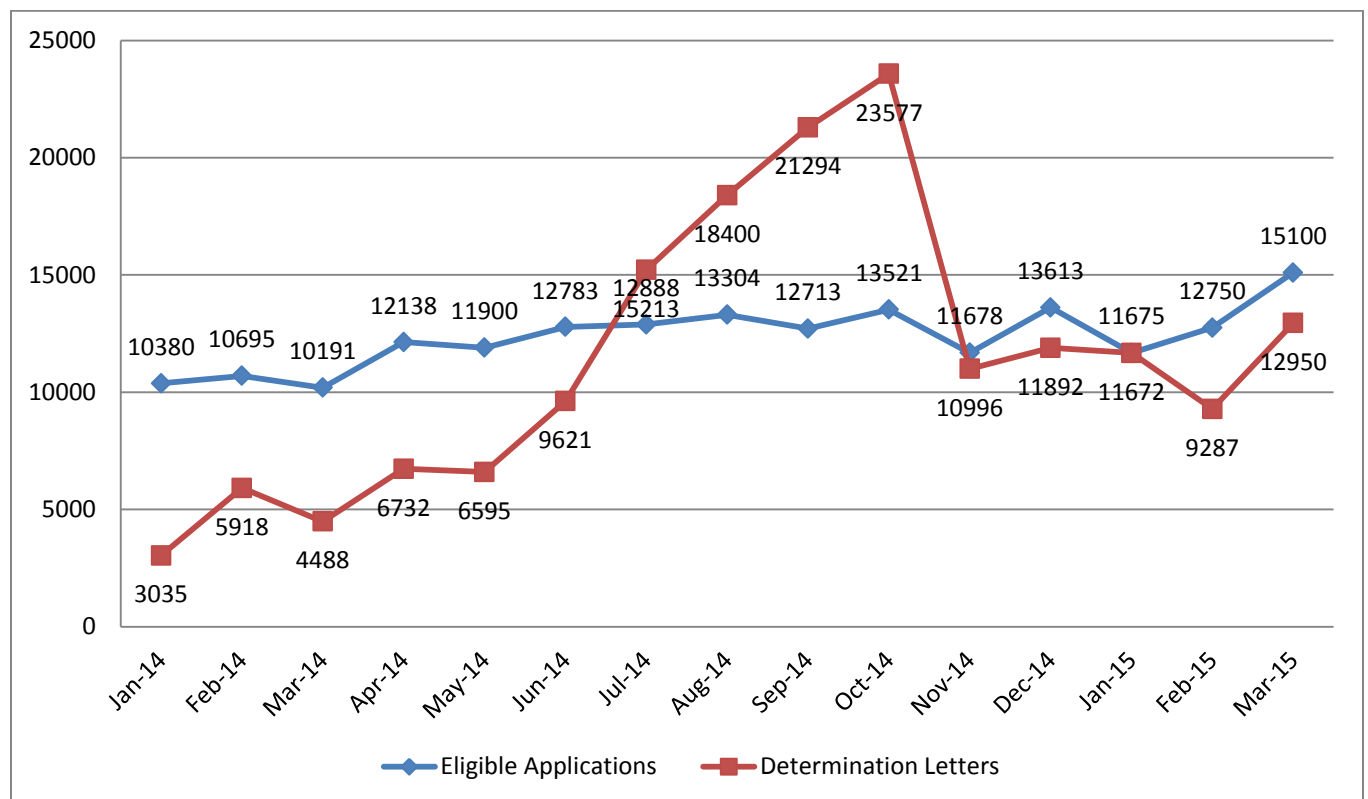
² A UR event is defined as a unique combination of the claim number, UR denial date, and medical provider name.

Volume of IMR Applications and IMR Determinations

Legislators who enacted IMR expected that the volume of applications would diminish following an initial learning curve as physicians, attorneys and others involved in the process would gain an understanding of the types of treatment that would meet the evidence-based medicine standards and be approved through UR and IMR. As Exhibit 1 shows, however, this decline has yet to occur. Since January 2014, there has been a steady stream of IMR applications deemed eligible for review by Maximus, with the monthly totals ranging from a low of 10,191 to a high of 15,100, and an average of 12,510 applications per month over the 15-month span.

On the other hand, the number of determination letters that grew out of IMR requests increased steadily from January through October of 2014 as Maximus worked through the large backlog of requests that occurred after the number of requests generated in the first year far exceeded initial projections. The total number of IMR determination letters climbed from 3,035 in January 2014 to a record 23,577 in October of last year, though DWC says most of the backlogged requests have now been processed.³ Since last November the number of IMR decision letters issued each month has continued at a fairly steady pace, ranging from 9,287 in February to 12,950 in March, and averaging 11,353 letters per month.

Exhibit 1: Volume of 2014 – Q1 2015 Eligible IMR Applications and Determination Letters

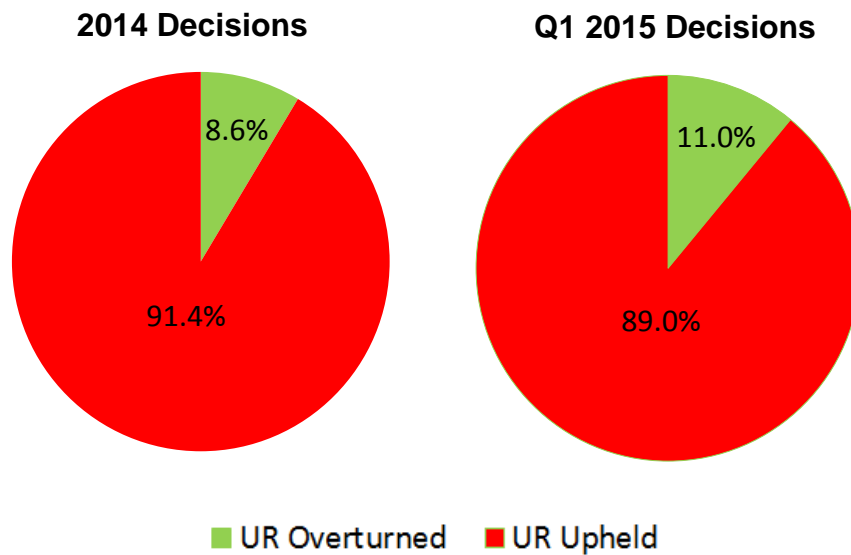


³ IMR Update 2015: http://www.dir.ca.gov/dwc/IMR/IMR_Updates/IMR_Updates.htm

IMR Outcomes

The IMR outcomes data revealed that 89.0 percent of the all IMR decisions in the first quarter of 2015 upheld or agreed with the UR physician’s opinion, while 11.0 percent were overturned and approved by the IMR physician. Exhibit 2 shows that those results are similar to the 2014 IMR outcomes, in which 91.4 percent of the IMR decisions upheld the UR physician’s modification or denial of treatment, while 8.6 percent overturned the UR decision and found the treatment to be medically necessary.

Exhibit 2: IMR Outcomes, 2014 vs. Q1 2015 Decisions



Volume, Distribution and Uphold Rates by Requested Service

The 2014 IMR data showed that prescription drugs were by far the number one type of medical service submitted for IMR, accounting for nearly 45 percent of all disputed services that went through independent medical review last year. The IMR physicians concurred with the utilization review physician and upheld the UR decisions to modify or deny those requests in almost 92 percent of those determinations.

The mix of disputed services for which IMR determinations were issued showed only minor changes in the first quarter of 2015. Exhibit 3 shows the requested medical services broken out across 18 different service categories. Requests for prescription drugs remained the number one medical service submitted for IMR, increasing to nearly 48 percent of the total in the first three months of this year, with the UR modification or denial upheld by the IMR physician nearly 90 percent of the time. Requests for physical therapy, durable medical equipment, and injections also remained in the top 5 IMR service categories during the first quarter, though surgery requests surpassed diagnostic tests and measurements (such as sleep studies and nerve conduction studies) as the fifth most common type of service submitted for IMR.

Exhibit 3: Volume, Distribution & Uphold Rates, Q1 2015 IMR Decisions by Service

Service Type	# of Services	% of Services	% Upheld
Prescription Drugs	28,680	47.8%	89.7%
Physical Therapy	5,393	9.0%	92.9%
Durable Medical Equipment	5,278	8.8%	91.1%
Injections	3,478	5.8%	87.4%
Surgery	2,627	4.4%	89.0%
Diag Tests & Measurements	2,442	4.1%	83.6%
Lab & Path	1,904	3.9%	84.4%
MRI/CT/PET Scans	2,348	3.2%	85.6%
Acupuncture	1,290	2.1%	93.6%
Chiropractic	1,087	1.8%	90.9%
Psych	996	1.7%	83.0%
Evaluation & Management	919	1.5%	70.8%
Functional Restoration	644	1.1%	90.4%
Other Radiology	602	1.0%	83.6%
Non-Surgical Procedures	595	1.0%	94.3%
Pain Management	486	0.8%	73.5%
Home Health Care	341	0.6%	95.9%
Other	907	1.5%	88.1%
Total	60,017	100.0%	89.0%

While the overall uphold rate for first quarter IMRs was 89 percent, results varied by type of service. Among the 18 medical service categories, the percentage of UR modifications or denials that were upheld following independent medical review ranged from just under 71 percent for the evaluation and management (E/M) services to 95.9 percent for home health care requests.

Regional Distribution of IMR Determinations

The authors used the ZIP code from the address listed on each IMR determination letter to identify where in the state the injured worker or their representative was located, and then categorized the results by region, using the same 8 regions used in the prior study. The table below shows the geographic distribution of the first quarter 2015 IMR determination letters, the distribution of open and closed workers' compensation claims in those regions,⁴ and the ratio between the two, which indicates whether the volume of IMRs is disproportionately high or low relative to the claim volume in each region.

Exhibit 4. Regional Distribution of Q1 2015 IMR Determinations

Region	% of Letters	% of WC Claims*	Ratio
Los Angeles	36%	24%	1.5
Bay Area	20%	19%	1.0
Inland Empire/Orange	16%	18%	0.9
Valleys	15%	20%	0.8
Central Coast	6%	7%	0.9
San Diego	5%	8%	0.7
North Counties	1%	3%	0.3
Sierras	1%	2%	0.4

As in the analysis of the 2014 IMR decisions, 36 percent of the IMR determination letters in the first quarter of this year were addressed to recipients in Los Angeles County, which is 1.5 times the proportion of claims that come from that region. Another 20 percent of the letters were addressed to recipients in the San Francisco Bay Area, which nearly matched the proportion of claims from that region. In contrast, the six other regions of the state accounted for a disproportionately low percentage of the IMR decisions. The biggest disparities were again noted in sparsely populated rural areas of the state, with the Sierras accounting for 2 percent of all claims but only 1 percent of the IMR decisions, and the Northern Counties representing 3 percent of all claims, but only 1 percent of the IMR decisions.

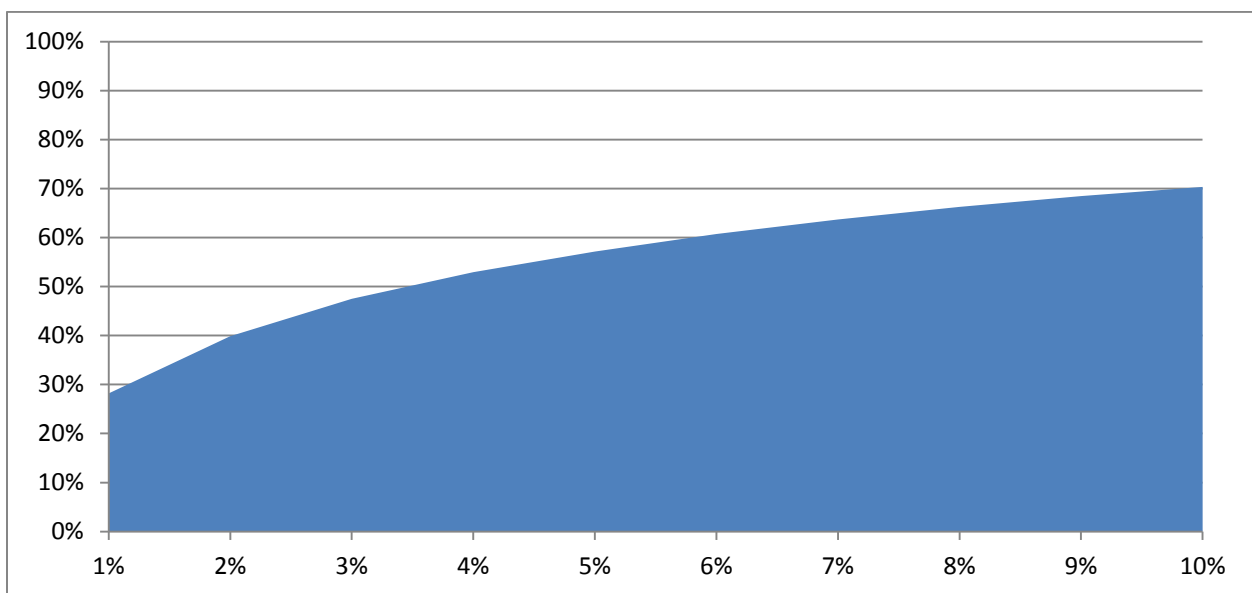
⁴ The authors derived the geographic distribution for California workers' compensation claims using data from CWCI's Industry Claims Database, which contains detailed information, including employee and employer characteristics, medical service information, benefit and other administrative cost detail on more than 4 million California workers' compensation claims.

Concentration of Medical Providers Involved in Medical Service Disputes

The IMR determination letters include the name of the individual physician who requested the disputed medical service. After reconciling variations in the spelling of the names, the authors tallied about 5,200 unique physician names in the IMR decision letters from the first quarter of 2015. As in the prior study, the latest results show that the vast majority of medical services that result in IMR disputes are requested by a relatively small number of physicians.

Exhibit 5 shows that out of the nearly 5,200 physicians associated with IMR disputes in the first three months of this year, the 10 percent (516 physicians) with the highest volume of disputed requests were named in 70 percent of the IMR decision letters, while the top 1 percent (52 physicians) accounted for 28 percent of the disputed requests that went through IMR.

Exhibit 5. Percent of Q1 2015 IMR Decisions Associated with Top 10% of High-Volume Physicians



Although most medical disputes are associated with a small number of providers, the latest figures show that the high-volume physicians did account for a smaller share of the medical disputes in the first quarter of 2015 than in 2014, when the top 10 percent of physicians were associated with 83 percent of the IMR decision letters, and the top 1 percent accounted for 44 percent of the letters. Furthermore, Exhibit 6 shows that in the first quarter of this year the top 10 individual providers (almost all of whom were also on 2014's top 10 list) accounted for 10.1 percent of the IMR decision letters, and 11.8 percent of the medical service decisions. This compares to 11 percent of the decision letters and 15 percent of the disputed service requests in 2014.

**Exhibit 6. Percent of Q1 2015 IMR Decisions, Requested Services, Uphold Rates
Top 10 Individual Providers**

Provider	% of Letters	% of Services	% Upheld
Provider 1	1.9%	1.9%	87.4%
Provider 2	1.2%	1.8%	93.1%
Provider 3	1.1%	1.1%	83.3%
Provider 4	1.0%	1.6%	90.0%
Provider 5	0.9%	0.9%	85.3%
Provider 6	0.9%	0.7%	82.8%
Provider 7	0.8%	1.1%	85.3%
Provider 8	0.8%	0.7%	82.2%
Provider 9	0.7%	1.2%	98.5%
Provider 10	0.7%	0.8%	88.0%
Top 10 Providers	10.1%	11.8%	88.5%

CONCLUSION

This study shows that the volume of IMR decisions in the first quarter of 2015 continued at about the same pace as in 2014, with Maximus processing nearly 34,000 IMR letters in the first three months of the year, issuing decisions on about 60,000 disputed medical services. If the number of IMR determinations continues at this pace through the end of this year, the total volume for 2015 would approach 136,000 IMR letters resolving 240,000 medical service disputes. Even though there has been no let up in the volume of IMR applications submitted to the state, DWC reports there is no longer a huge backlog of cases awaiting final determination,⁵ which suggests that Maximus may now be in a better position to process these requests within the statutory deadlines.

As in 2014, the data from the first quarter of 2015 show that a small number of providers account for a disproportionate share of the disputed medical service requests. In 2014, the top 10 percent of all medical providers with the highest volume of disputed requests were named in 83 percent of the IMR decision letters, while the top 1 percent was associated with 44 percent of all disputed service requests that went through IMR. That concentration diminished in the first quarter of this year, as this study found that the top 10 percent of providers accounted for 70 percent of the disputed services, and the top 1 percent accounted for 28 percent, though the latest results do show that a very high proportion of the disputed medical service requests continue to be generated by a relatively small cadre of physicians.

Another factor that clearly affects IMR volume is geography, as 36 percent of the first quarter IMR decisions were addressed to recipients in Los Angeles County, 1.5 times the proportion of claims that come from that region. The new data also show that requests for pharmaceuticals continued to top the list of services submitted for independent medical review, accounting for 48 percent of the IMR determinations in the first quarter of this year, up from about 45 percent in 2014. These requests, together with requests for physical therapy, durable medical equipment, injections and diagnostic tests and measurements, accounted for 3 out of every 4 IMR decisions issued during the first three months of this year. At the same time, 4.4 percent of the first quarter IMR determinations involved requests for surgery, compared to 4.7 percent in 2014. The percentage of surgical services upheld by independent medical review physicians was remarkably consistent; 88.5 percent in 2014 vs. 89 percent in the first quarter of this year.

In summary, the IMR results from the first quarter of this year again show that after reviewing the patients' records and additional information provided in support of requested treatment, IMR physicians continued to agree with the UR doctors' treatment modifications or denials nearly 90 percent of the time. This is a strong indication that when determining the medical necessity of requested medical services, both payers and reviewers have been consistent in applying the MTUS and the other evidenced-based medical guidelines and studies. It is this type of consistency that is essential to assuring quality care and avoiding potentially harmful and unnecessary treatment.

⁵ The DWC IMR Update posted at http://www.dir.ca.gov/dwc/IMR/IMR_Updates/IMR_Updates.htm notes that there were 26,712 open IMR requests as of July 1, 2015, down from 42,658 as of January 1, 2015.

California Workers' Compensation Institute

The California Workers' Compensation Institute, incorporated in 1964, is a private, nonprofit organization of insurers and self-insured employers conducting and communicating research and analyses to improve the California workers' compensation system. Institute members include insurers that collectively write more than 70 percent of California workers' compensation direct written premium, as well as many of the largest public and private self-insured employers in the state. Additional information about CWCI research and activities is available on the Institute's web site (<http://www.cwci.org>).

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CWCI Spotlight Reports are published by the California Workers' Compensation Institute.

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BULLETIN

No. 15-10

August 25, 2015

Initial data on accident year (AY) 2014 California workers' compensation lost-time claims indicate that average medical payments at 3 and 6 months post injury have started to decline in the wake of medical reforms enacted as part of SB 863, though more developed data on claims from prior years still show average losses continued to trend up, with the 12- and 24-month loss data showing payments for prescription drugs and durable medical equipment registered the biggest increases in recent years, more than tripling between AY 2005 and AY 2013.

A new CWCI study takes an updated look at California workers' compensation medical and indemnity loss trends using data derived from CWCI's Industry Claims System. The sample for the latest analysis included policy, claim, benefit and medical service detail from 2.1 million California workers' compensation claims with January 2002 through September 2014 injury dates. All together, the claims in the sample involved more than \$33.8 billion in benefit payments through December 2014. After grouping the data by accident year, the author calculated and compared the average amounts paid for all medical services and for all indemnity payments at seven valuation points: 3, 6, 12, 24, 36, 48, and 60 months post injury. In addition, 12- and 24- month results were broken out for four medical payment sub-categories: medical treatment, pharmaceuticals/durable medical equipment (DME), medical/legal and medical cost containment, as well as for average TD payments and the average number of paid TD days. Key findings:

- Average amounts paid per indemnity claim for all medical services (excluding medical cost containment) at 3 and 6 months post injury for accident year 2014 claims declined by 5.7 and 7.0 percent respectively compared to AY 2013 claims. The average amount paid for these services at 12 months increased a modest 3.8 percent over AY 2013 claims.
- Payments for medical treatment continue to account for a declining share of overall medical payments, falling to 68.9 percent of total medical expenditures at 12-months post injury on AY 2013 claims and 66 percent of total medical spend at 24 months post injury on AY 2012 claims.
- Over the past six years, medical cost containment expenses have ranged between 16.4 percent and 17.2 percent of first-year medical payments, and between 13.6 percent and 14.8 percent of the total medical payments at 24 months post-injury. The share of medical payments going toward medical legal reports has also been fairly stable, ranging between 3.5 and 4.7 percent of first-year medical expenditures, and 6.1 percent to 7.1 percent of total medical payments at 24 months post injury.
- Pharmaceuticals and durable medical equipment are consuming an increasing share of total medical expenditures, accounting for 10 percent of first-year medical payments in AY 2013 and 13.6 percent of medical payments at the 24- month benchmark – both percentages about double what they were in AY 2005. Over that same time frame, the average amount paid for prescription drugs and DME at 12 months post injury more than tripled from \$281 to \$936 per indemnity claim, and more than doubled from \$1,003 to \$2,333 at 24 months, making prescription drugs and DME the fastest growing workers' compensation medical cost component since AY 2005. The most recent results underscore the continued escalation of this component, as total expenditures per indemnity claim for pharmaceuticals and DME at 24 months post injury rose 24.8 percent between AY 2011 and AY 2012 – and that came on top of a 24.3 percent increase between AY 2010 and AY 2011.

- Early returns show the initial amounts paid for indemnity on lost-time claims declined between AY 2013 and AY 2014, with average paid indemnity at 3 months post injury falling 8.1 percent to \$2,287 and average paid indemnity at 6 months falling 6.3 percent to \$4,276.
- The reductions in temporary disability payments that followed the enactment of SB 899 in 2004 have slowly eroded over time. After adjusting for the statutory benefit increases that took effect between 2002 and 2014, average first-year TD payments on AY 2013 claims hit a record \$7,245, up 35.4 percent from the post SB-899 low, while the average amount of TD paid in the first 24-months post injury on AY 2012 claims also reached an all-time high of \$10,986, up 46.3 percent from the AY 2004 low of \$7,510. At least some of that increase can be ascribed to longer periods of temporary disability, as the average number of paid TD days at 12 months post injury increased from 75.5 days on AY 2005 claims to 92.4 days on AY 2013 claims (+14.8 percent), while average paid TD days at 24 months post injury increased from a post-reform low of 108 days on AY 2005 claims to 137.1 days on AY 2012 claims (+26.9 percent).

The Institute has released its new analysis in a CWCI Research Update report, “California Workers’ Compensation Medical & Indemnity Benefit Trends, AY 2002 - 2014.” Using the data from AY 2002 through the most recent year available, the study tracks the changes in average medical payments (not including medical cost containment) for lost-time claims at each of the 7 valuation points; the average amounts paid and the distribution of workers’ compensation medical dollars across the four medical expense categories at 12 and 24 months post injury; the average amount of indemnity paid per claim at each valuation point; and the average amount of TD paid and average number of TD days at 12 and 24 months post injury. In addition, results for all claims – including medical-only claims – are provided as appendices to the report, which is available in the Research section of the Institute’s website at www.cwci.org.

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California Workers' Compensation Institute

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To: Principal/Claims/Legal/Medical Care Executives

October 6, 2015

From: Bob Young

Governor Signs WC Formulary Bill, Vetoes “Gender Bias” Apportionment Bill

Governor Brown today acted on the two most high-profile workers' comp bills passed by the state Legislature this year, signing AB 1124 (Perea), the workers' compensation formulary bill, and vetoing the California Applicants' Attorneys Association-backed bill (AB 305, Gonzalez) that would have prohibited the use of certain gender-related characteristics in the calculation of PD benefits.

AB 1124, was introduced by Assemblyman Perea after CWCI research published last fall estimated that adopting a state-mandated formulary such as those used in Texas and Washington State could reduce California workers' compensation pharmacy payments by an estimated \$124 million to \$420 million a year while simultaneously raising the quality of care for injured workers and reducing frictional costs in the system. The bill amends LC §§4600.1, 4600.2 and 5307.27 and adds LC §§5307.28 and 5307.29 to require the DWC to adopt a workers' compensation prescription drug formulary by July 1, 2017. The formulary will be phased in for workers injured before the effective date to allow safe transition to formulary meds. Late session amendments to AB 1124 did the following:

- 1) added LC §5307.29 to require that the DWC Administrative Director, in developing the formulary, consult with an independent pharmacy and therapeutics committee to review available evidence about the safety and effectiveness of drugs;
- 2) eliminated the requirement that the DWC incorporate guidelines for developing a detox plan for IWs taking addictive drugs into the Medical Treatment Utilization Schedule; and
- 3) added a provision that, "This section does not affect the ability of employee-selected physicians to continue to prescribe and have the employer provide medicines subject to the drug formulary and medical supplies that the physicians deem reasonably required to cure or relieve the injured employee from the effects of the injury."

The success of AB 1124 in assuring that medications provided to injured workers are appropriate and effective, and in controlling workers' compensation prescription drug costs, will hinge on the regulations that will be developed in the coming months. During that process, the Institute will be using our formulary analysis model to simulate the impact of the proposed formulary, and as always, will compile comments from our members, and provide insight and comments to the DWC.

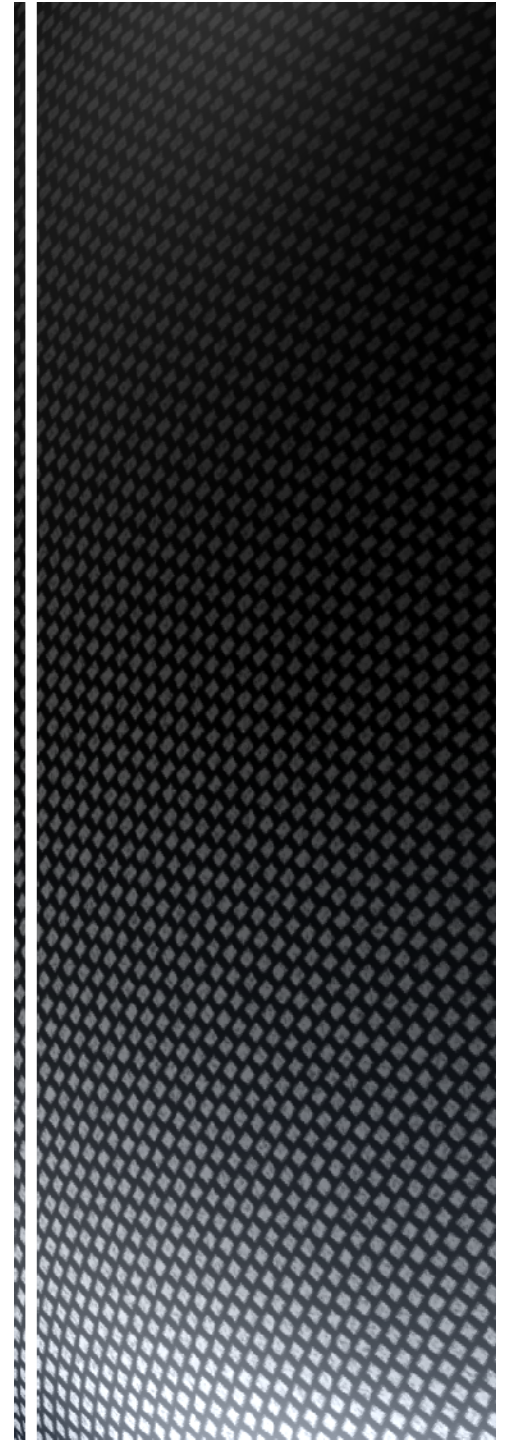
AB 305 would have prohibited apportioning physical or psychiatric injuries to pregnancy, menopause or osteoporosis and would have required that impairment ratings for breast cancer and its effects be the same as comparable ratings for prostate cancer and its effects. In vetoing the bill the governor noted that the bill was based on a misunderstanding of the AMA's evidence-based standard, which is the foundation of PD ratings, and would have replaced it with "an ill-defined, and unscientific standard."

The governor has until October 11 to sign or veto measures now on his desk. Any bill that he does not act on will automatically become law. As usual, CWCI will issue a Bulletin summarizing all the 2015 workers' comp legislation signed by the governor this year once the signing deadline expires. Stay tuned.

CWCI Benchmarks

Dashboard View with Sample Data

10-8-15



Summary of Metrics

- Claim-Level Comparisons
 - By Injury Year & Development Periods
 - Medical, Indemnity and Total Payments and TD Days
 - Drill-Down Capability
 - Claim Type
 - Claim Status (Open/Closed)
 - Attorney Involvement (Yes/No)
 - Region
 - Industry or Job Classification
 - Initial Denials

- Procedure Cost Comparisons
 - By Service Year and Fee Schedule Categories

Each Data Contributor has access to their own site with secured access available only to the Contributor and CWCI

0-About



5-Body Part

6-Diagnosis

7-Nature of Injury

8-Fee Schedule Section

9-Procedure Detail

Definition of Terms

Appendix 1 - Definition of Terms

Region Definitions by County

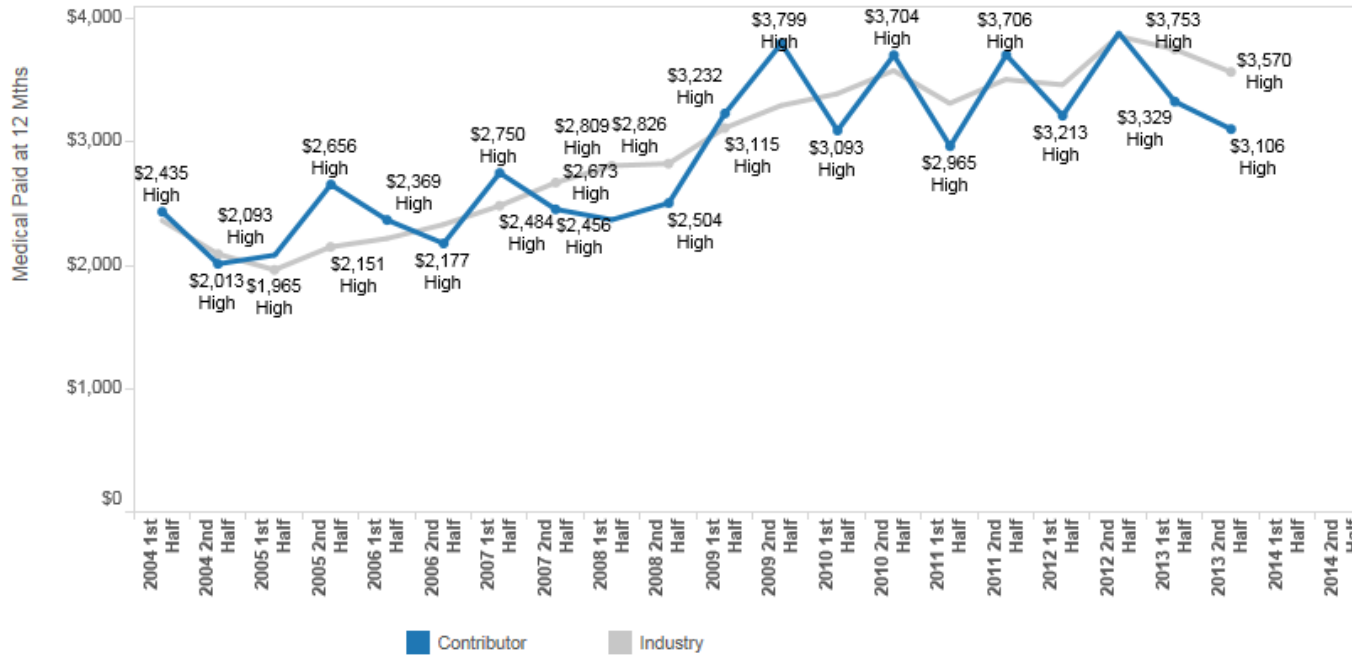
Appendix 2-Region Definition



Sample Contributor

Industry Claim System 16B (valued as of December 31, 2014)

Benefit Levels at 12, 24 and 36 Months Post Injury by Injury Half Year



Select Period

- Medical Paid at 12 Mths
- Medical Paid at 24 Mths
- Medical Paid at 36 Mths
- Indemnity Paid at 12 Mths
- Indemnity Paid at 24 Mths
- Indemnity Paid at 36 Mths

Claim Type

(All) [v]

Claim Status

(All) [v]

Attorney Involvement

(All) [v]

Industry

(All) [v]

Region

(All) [v]

Premium Size

(All) [v]

Denial Flag

(All) [v]

Selection % of Total

Contributor	100%
Industry	100%

Medical Paid at 12 Mths for Open and Closed Claims

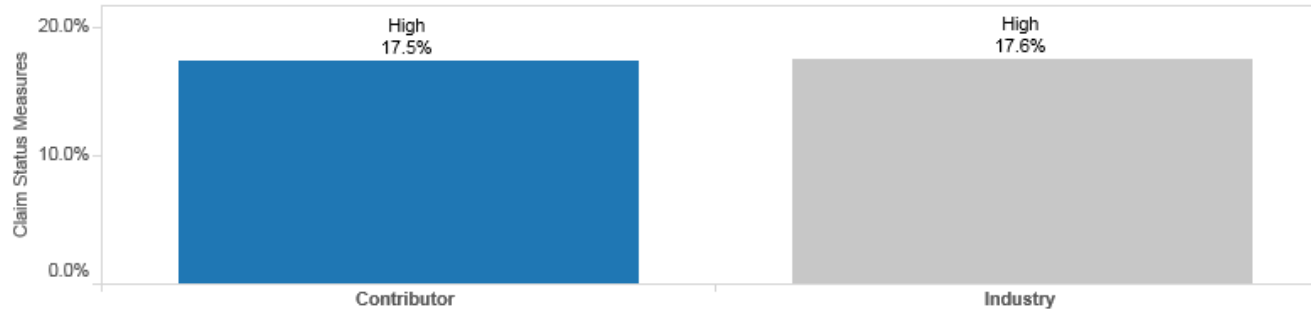
		2004 1st Half	2004 2nd Half	2005 1st Half	2005 2nd Half	2006 1st Half	2006 2nd Half	2007 1st Half	2007 2nd Half	2008 1st Half	2008 2nd Half	2009 1st Half	2009 2nd Half
Closed	Contributor	2,232	1,935	1,867	2,094	1,944	2,045	2,073	2,178	2,099	2,285	2,612	2,8
	Industry	2,200	1,960	1,819	1,932	2,006	2,030	2,205	2,309	2,439	2,460	2,589	2,7
Open	Contributor	11,847	6,758	10,106	20,845	15,473	6,133	23,323	10,710	8,558	6,722	13,148	17,4
	Industry	10,258	8,679	8,033	10,523	8,727	12,364	10,851	12,794	11,005	10,609	12,000	12,4
Unkno..	Industry												



Sample Contributor

Industry Claim System 16B (valued as of December 31, 2014)

Claim Status - Percent w Attorney Involvement



Select Clm Status Meas...

- Percent w Attorney Involvement
- Percent Closed

Claim Type

Claim Status

Attorney Involvement

Injury Year

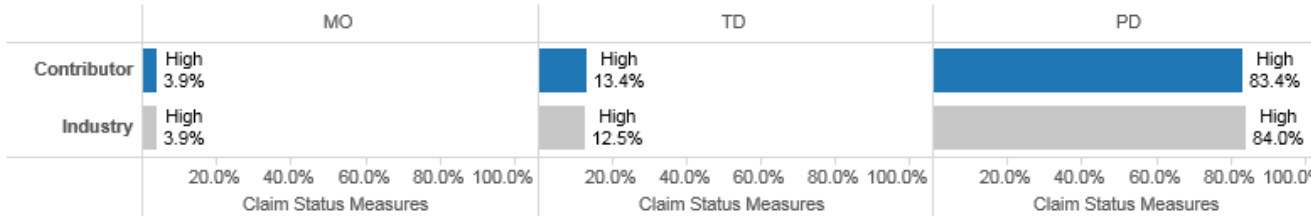
Industry

Region

Premium Size

Denial Flag

Percent w Attorney Involvement By Claim Type



Percent w Attorney Involvement by Injury Year

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Contributor	18.9%	17.5%	15.9%	16.5%	17.0%	19.6%	18.1%	19.5%	19.9%	17.1%	9.9%
Industry	18.8%	17.0%	15.9%	16.6%	17.8%	19.5%	19.6%	19.4%	20.0%	17.3%	9.8%

Reliability ■ High

Claim Type as Percent of Selected Claims

	MO	TD	PD
Contributor	68.53%	16.34%	15.13%
Industry	68.52%	16.13%	15.35%

Select Claims as a % of Total Claims

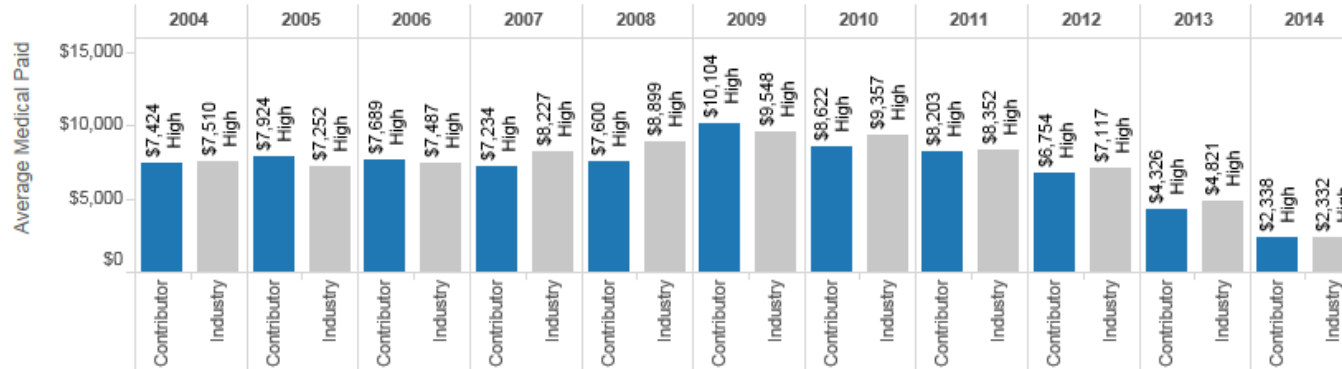
Contributor	100%
Industry	100%



Sample Contributor

Industry Claim System 16B (valued as of December 31, 2014)

Average Paid per Claim - Contributor v ICIS Industry by Injury Year



Select Paid Measure

- Average Medical Paid
- Average TD Paid
- Average PD Paid
- Average Total Paid
- Average Indemnity Pd

Claim Type

(All)

Claim Status

(Multiple values)

Attorney Involvement

(All)

Injury Year

(All)

Industry

(All)

Region

(All)

Premium Size

(All)

Denial Flag

(All)

Selection % of Total

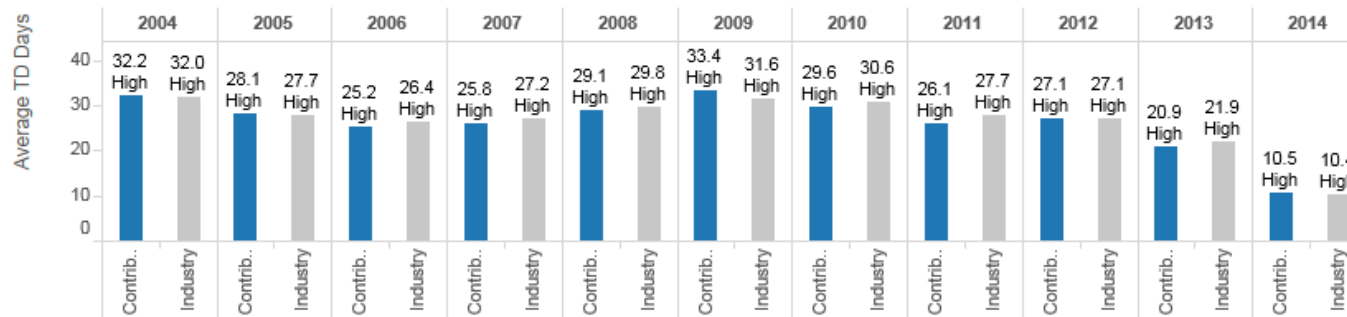
Contributor	100%
Industry	100%

Average Medical Paid for Claims with and without Attorney Involvement by Injury Year

		2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
No	Contributor	\$1,287	\$1,410	\$1,595	\$1,543	\$1,881	\$2,126	\$2,330	\$2,532	\$2,691	\$2,547	\$1,750
	Industry	\$1,295	\$1,366	\$1,495	\$1,671	\$1,845	\$2,149	\$2,410	\$2,470	\$2,661	\$2,712	\$1,870
Yes	Contributor	\$33,772	\$38,547	\$40,021	\$36,113	\$35,566	\$42,776	\$37,007	\$31,553	\$23,101	\$12,945	\$7,676
	Industry	\$34,291	\$35,918	\$39,218	\$41,081	\$41,375	\$40,150	\$37,872	\$32,787	\$24,932	\$14,907	\$6,604

Reliability ■ High

Average TD Days By Injury Year





Sample Contributor

Industry Claim System 16B (valued as of December 31, 2014)

Contributor	Industry																																								
<p>% Of Selected Claims</p> <table border="1"> <tr><td>North Counties</td><td>3%</td></tr> <tr><td>Bay Area</td><td>16%</td></tr> <tr><td>Sierras</td><td>2%</td></tr> <tr><td>Valleys</td><td>19%</td></tr> <tr><td>Central Coast</td><td>6%</td></tr> <tr><td>Los Angeles</td><td>23%</td></tr> <tr><td>Inld Emp/Orange</td><td>17%</td></tr> <tr><td>San Diego</td><td>7%</td></tr> <tr><td>Other/Unknown</td><td>5%</td></tr> <tr><td>Grand Total</td><td>100%</td></tr> </table>	North Counties	3%	Bay Area	16%	Sierras	2%	Valleys	19%	Central Coast	6%	Los Angeles	23%	Inld Emp/Orange	17%	San Diego	7%	Other/Unknown	5%	Grand Total	100%	<p>% of Selected Claims</p> <table border="1"> <tr><td>North Counties</td><td>3%</td></tr> <tr><td>Bay Area</td><td>17%</td></tr> <tr><td>Sierras</td><td>2%</td></tr> <tr><td>Valleys</td><td>19%</td></tr> <tr><td>Central Coast</td><td>6%</td></tr> <tr><td>Los Angeles</td><td>23%</td></tr> <tr><td>Inld Emp/Orange</td><td>17%</td></tr> <tr><td>San Diego</td><td>8%</td></tr> <tr><td>Other/Unknown</td><td>5%</td></tr> <tr><td>Grand Total</td><td>100%</td></tr> </table>	North Counties	3%	Bay Area	17%	Sierras	2%	Valleys	19%	Central Coast	6%	Los Angeles	23%	Inld Emp/Orange	17%	San Diego	8%	Other/Unknown	5%	Grand Total	100%
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Select Measure to Drive Color

Percent w Attnr Involvement

Percent Open

Avg Total Paid

Claim Type

Claim Status

Attorney Involvement

Injury Year

Industry

Premium Size

Denial Flag

Selection % of Total

Contributor	100%
Industry	100%



Industry Claim System 16B (valued as of December 31, 2014)

Dimensions for Drill-Down Outcomes

Body Part	Contributor					Industry				
	Average Medical Paid	Average Indemnity Paid	Average PD Paid	Average TD Paid	% of Total Percent of Total Cla..	Average Medical Paid	Average Indemnity Paid	Average PD Paid	Average TD Paid	% of Total Percent of Total ..
Low Back (incl Lumbar & Lumbo-Sa..	9,282	7,601	7,601	3,519	13.20%	10,937	8,307	8,307	3,771	13.11%
Finger(s)	2,648	1,781	1,781	860	10.43%	2,380	1,524	1,524	798	10.45%
Multiple Body Parts	11,156	8,665	8,665	3,532	7.96%	11,142	8,782	8,782	3,545	7.89%
Hand	3,766	2,686	2,686	1,480	6.37%	4,106	3,046	3,046	1,609	6.37%
Knee	10,897	8,406	8,406	4,911	6.07%	10,756	8,403	8,403	4,776	6.10%
Shoulder(s)	11,588	10,467	10,467	5,510	5.03%	11,969	10,168	10,168	5,467	5.00%
Wrist	6,222	5,092	5,092	2,892	4.51%	6,587	5,402	5,402	2,980	4.49%
Eye(s)	925	586	586	320	4.32%	1,109	652	652	266	4.32%
Ankle	6,162	4,613	4,613	2,747	3.64%	5,929	4,704	4,704	2,734	3.65%
Foot	5,818	4,508	4,508	2,518	2.88%	5,497	4,422	4,422	2,499	2.91%
Lower Arm	4,808	3,191	3,191	1,714	2.58%	5,080	3,677	3,677	1,919	2.65%
Thumb	2,119	1,339	1,339	801	2.48%	2,433	1,695	1,695	983	2.55%
Other Facial Soft Tissue	5,974	4,031	4,031	1,471	2.09%	5,333	3,325	3,325	1,295	2.03%
Elbow	6,671	6,083	6,083	3,568	2.03%	6,737	5,517	5,517	3,157	1.94%
Lower Leg	9,333	6,703	6,703	3,018	1.98%	8,414	5,873	5,873	2,833	1.94%
Insufficient Info to Properly Identify	8,006	5,752	5,752	1,972	1.75%	8,331	6,896	6,896	2,217	1.81%
Abdomen	5,514	3,678	3,678	2,325	1.69%	6,271	4,426	4,426	2,563	1.68%
Upper Arm	9,573	8,680	8,680	4,507	1.67%	9,373	7,394	7,394	4,289	1.66%
Mult. Upper Extremities(no hands/w..	10,553	8,583	8,583	4,182	1.65%	9,683	7,339	7,339	3,585	1.71%
Chest (incl Ribs, Sternum & Soft Tis..	5,052	3,943	3,943	1,799	1.50%	5,500	3,893	3,893	1,745	1.44%
Upper Back (Thoracic)	6,729	4,538	4,538	2,471	1.45%	8,359	6,406	6,406	2,935	1.62%
Multiple Trunk	6,701	7,452	7,452	2,521	1.35%	8,141	7,087	7,087	2,626	1.32%
Multiple Head Injury	10,357	7,458	7,458	1,794	1.18%	9,227	6,529	6,529	1,871	1.12%
Lumbar &or Sacral Vertebrae	9,634	6,829	6,829	3,377	1.11%	11,782	8,841	8,841	3,944	1.11%
Wrist(s) and Hand(s)	9,273	8,127	8,127	4,592	0.91%	9,307	8,023	8,023	4,202	0.91%
Soft Tissue	9,532	6,685	6,685	2,933	0.82%	11,577	9,139	9,139	3,884	0.86%
Multiple Injury (Neck)	12,088	10,016	10,016	4,537	0.70%	11,617	8,896	8,896	3,868	0.61%
No Physical Injury (Mental Disorder)	8,756	11,510	11,510	4,151	0.69%	7,024	7,963	7,963	3,260	0.69%

Body Part Grp
(All) ▾

Body Part
(All) ▾

Claim Status
(All) ▾

Claim Type
(All) ▾

Attorney Involvement
(All) ▾

Injury Year
(All) ▾

Industry
(All) ▾

Region
(All) ▾

Denial Flag
(All) ▾

Reliability
■ High
■ Moderate
■ Low



Industry Claim System 16B (valued as of December 31, 2014)

Diagnosis Category	Contributor					Industry				
	Average Medical Paid	Average Indemnity Paid	Average TD Paid	Average PD Paid	% of Total Percent of Total Cla..	Average Medical Paid	Average Indemnity Paid	Average TD Paid	Average PD Paid	% of Total Percent of Total Cla..
Null	4,725	3,289	1,708	3,289	28.08%	5,054	3,533	1,757	3,533	28.02%
MINOR WOUNDS & INJURIES TO ..	1,151	611	340	611	16.09%	1,150	593	330	593	16.13%
MEDICAL BACK PROBLEMS W/O ..	10,345	8,194	3,751	8,194	14.54%	11,569	8,850	3,907	8,850	14.50%
SPRAIN OF SHOULDER, ARM, KN..	5,914	4,612	2,588	4,612	10.00%	5,552	4,440	2,565	4,440	10.10%
OTHER INJURIES, POISONINGS &..	13,818	10,034	3,391	10,034	4.84%	15,041	11,007	3,504	11,007	4.83%
RUPT. TENDON, TENDONITIS, MY..	9,640	8,369	4,920	8,369	3.89%	9,896	8,708	5,035	8,708	3.97%
DEGENERATIVE, INFECTIVE & ME..	17,826	15,915	8,658	15,915	2.83%	17,905	15,073	8,347	15,073	2.77%
WOUND, FX OF SHOULDER, ARM,..	12,979	10,563	6,157	10,563	2.79%	13,202	11,509	6,445	11,509	2.77%
EXTERNAL EYE DISORDERS	639	324	199	324	2.70%	635	263	122	263	2.64%
TRAUMA OF FINGERS & TOES	4,933	3,598	2,123	3,598	2.26%	4,472	3,374	1,884	3,374	2.25%
OTHER DIAGNOSES OF MUSCUL..	6,065	5,021	3,133	5,021	1.19%	6,921	5,324	2,713	5,324	1.13%
SPINE DISORDERS W/ SPINAL CO..	40,433	33,828	13,601	33,828	1.15%	39,465	31,584	13,811	31,584	1.17%
VACCINATION, PROPHYLAXIS OR..	6,476	5,084	2,602	5,084	1.06%	6,815	5,367	2,845	5,367	1.12%
CRANIAL & PERIPHERAL NERVE ..	28,161	25,382	12,446	25,382	0.71%	30,225	27,232	13,056	27,232	0.71%
CARPAL TUNNEL SYNDROME	18,457	18,868	9,968	18,868	0.70%	15,386	16,034	9,136	16,034	0.75%
OTHER MENTAL DISTURBANCES	20,188	26,438	8,026	26,438	0.68%	15,925	15,852	6,330	15,852	0.65%
HERNIA	5,581	4,110	3,413	4,110	0.61%	6,801	4,910	3,671	4,910	0.61%
CELLULITIS, SOFT TISSUE INFEC..	3,018	923	653	923	0.59%	2,887	1,888	858	1,888	0.58%
BURN INJURY, 2ND OR 3RD DEG..	10,489	2,453	1,495	2,453	0.56%	10,489	2,453	1,495	2,453	0.56%
DERMATITIS, DISEASES OF HAIR ..	535	153	102	153	0.51%	535	153	102	153	0.49%
GENERAL SIGNS, SYMPTOMS, EX..	5,603	4,262	1,675	4,262	0.44%	5,603	4,262	1,675	4,262	0.43%
TRAUMA OF PELVIS, HIP & FEMUR	8,342	5,379	2,463	5,379	0.42%	8,342	5,379	2,463	5,379	0.42%
HEAD & SPINAL INJURY W/O SPL..	25,118	20,718	5,490	20,718	0.42%	25,118	20,718	5,490	20,718	0.39%
OTHER ENT & RESPIRATORY DIS..	7,281	4,063	465	4,063	0.30%	4,522	2,691	793	2,691	0.31%
OTHER DISEASES OF THE EYE	882	678	428	678	0.26%	1,080	761	374	761	0.27%
OTHER SKIN DISORDERS	4,697	3,503	2,486	3,503	0.20%	3,929	2,241	1,064	2,241	0.21%
OTHER FACTORS INFLUENCING ..	28,771	20,319	9,131	20,319	0.17%	24,888	18,923	9,250	18,923	0.19%
ISCHEMIC HEART DISEASE	7,837	5,859	1,877	5,859	0.15%	6,361	4,440	1,360	4,440	0.16%

Color-coded Sensitivity Guidelines

Diagnosis Category
(All)

Claim Status
(All)

Claim Type
(All)

Attorney Involvement
(All)

Injury Year
(All)

Industry
(All)

Region
(All)

Denial Flag
(All)

Reliability
■ High
■ Moderate
■ Low



Industry Claim System 16B (valued as of December 31, 2014)

Nature of Injury	Contributor					Industry				
	Average Medical Paid	Average Indemnity Paid	Average TD Paid	Average PD Paid	% of Total Percent of Total Cla..	Average Medical Paid	Average Indemnity Paid	Average TD Paid	Average PD Paid	% of Total Percent of Total Cla..
Strain	8,447	6,754	3,459	6,754	30.07%	9,224	7,125	3,566	7,125	30.09%
Laceration	2,068	1,189	611	1,189	13.15%	2,178	1,306	660	1,306	13.19%
Contusion	5,105	3,663	1,634	3,663	10.12%	5,134	3,483	1,684	3,483	10.08%
Sprain	6,983	6,014	3,494	6,014	9.32%	7,455	5,935	3,331	5,935	9.27%
All Other, NOC	9,376	6,802	2,952	6,802	7.92%	9,058	6,796	2,995	6,796	7.99%
All Other Cumulative Injuries	11,408	10,235	3,781	10,235	6.07%	11,916	10,849	4,168	10,849	6.06%
Puncture	1,619	611	279	611	3.59%	1,567	732	356	732	3.58%
Fracture	18,437	15,288	7,104	15,288	3.50%	18,365	13,938	6,767	13,938	3.59%
Foreign Body	773	308	166	308	3.01%	788	340	137	340	2.97%
Inflammation	7,345	4,886	2,524	4,886	2.32%	6,442	4,612	2,606	4,612	2.27%
Multiple Physical Injuries Only	12,590	10,149	3,472	10,149	2.04%	11,754	9,139	3,571	9,139	2.03%
Burn	6,772	2,054	1,064	2,054	1.60%	4,820	2,030	911	2,030	1.63%
Crushing	6,253	4,175	2,262	4,175	1.10%	7,803	5,583	2,329	5,583	1.12%
Hernia	7,033	5,752	3,723	5,752	0.72%	9,467	6,937	4,264	6,937	0.70%
Mental Stress	8,682	11,628	4,365	11,628	0.67%	7,994	9,561	3,815	9,561	0.66%
Dermatitis	1,882	1,411	778	1,411	0.66%	1,468	1,064	577	1,064	0.66%
Carpal Tunnel Syndrome	12,597	12,593	6,964	12,593	0.51%	12,521	12,645	6,934	12,645	0.55%
Concussion	23,491	13,139	4,106	13,139	0.35%	16,796	11,202	4,082	11,202	0.30%
Infection	2,607	1,232	723	1,232	0.33%	3,418	1,851	904	1,851	0.39%
Unknown	10,661	10,919	4,675	10,919	0.32%	10,194	8,134	2,599	8,134	0.31%
Dislocation	12,231	10,408	6,111	10,408	0.31%	14,761	11,712	6,641	11,712	0.34%
Mult Inj Inc Physical and Psycholo..	25,717	17,029	4,640	17,029	0.28%	20,701	15,939	4,686	15,939	0.21%
No Physical Injury	6,754	5,549	2,661	5,549	0.26%	6,223	5,036	2,269	5,036	0.29%
Amputation	29,938	23,031	10,526	23,031	0.25%	26,541	21,431	7,758	21,431	0.21%
Mental Disorder	8,637	7,856	4,265	7,856	0.21%	9,776	8,681	3,766	8,681	0.20%
Respiratory Disorders	4,214	3,272	1,371	3,272	0.18%	4,673	3,955	1,375	3,955	0.20%
All Other OD	4,572	3,599	2,170	3,599	0.17%	5,322	4,047	1,597	4,047	0.16%
Contagious Disease	1,856	632	186	632	0.14%	1,410	677	335	677	0.14%

Nature of Injury (All) ▾

Claim Status (All) ▾

Claim Type (All) ▾

Attorney Involvement (All) ▾

Injury Year (All) ▾

Industry (All) ▾

Region (All) ▾

Denial Flag (All) ▾

Reliability

- High
- Moderate
- Low



Sample Contributor

ICIS 16B (valued as of December 31, 2014)

Year of Service

(All)

Sort by

Percent of Total Procedures

Reliability

High

Low

Fee Schedule Section	Contributor							ICIS						
	Percent of Total Procedures	Average Billed Amt	Avg Billed as % of ICIS	Percent of Total Billed	Average Paid Amt	Avg Paid as % of ICIS	Percent of Total Paid	Percent of Total Procedures	Average Billed Amt	Avg Billed as % of ICIS	Percent of Total Billed	Average Paid Amt	Avg Paid as % of ICIS	Percent of Total Paid
Physical Medicine	35.5%	49.05	101%	9.0%	26.57	103%	9.9%	36.7%	48.71	100%	10.6%	25.82	100%	11.0%
Evaluation. & Mgmt.	18.7%	161.05	99%	15.6%	88.51	99%	17.5%	19.2%	163.01	100%	18.5%	89.44	100%	19.9%
Special Services	13.6%	71.19	89%	5.0%	43.19	85%	6.2%	14.1%	79.57	100%	6.6%	51.09	100%	8.4%
Medical Treatment	5.8%	199.04	107%	6.0%	111.35	102%	6.8%	5.6%	186.06	100%	6.2%	108.65	100%	7.1%
Radiology	5.8%	354.23	104%	10.6%	126.94	105%	7.7%	5.6%	340.84	100%	11.3%	120.62	100%	7.9%
Clinical Diagnostic Laboratory	4.9%	87.73	104%	2.2%	36.85	107%	1.9%	4.7%	84.35	100%	2.3%	34.56	100%	1.9%
Surgery	4.4%	1,380.21	110%	31.3%	431.15	116%	20.0%	3.4%	1,253.02	100%	25.4%	370.91	100%	14.8%
Med Supplies & Durable Equip.	3.9%	159.47	118%	3.2%	103.75	109%	4.2%	3.5%	135.16	100%	2.8%	95.45	100%	3.9%
Chiropractic Manipulation	2.0%	46.78	99%	0.5%	32.10	101%	0.7%	2.1%	47.25	100%	0.6%	31.81	100%	0.8%
Other Misc.Codes	1.6%	224.61	123%	1.8%	173.43	111%	2.9%	1.5%	181.95	100%	1.6%	155.89	100%	2.7%
Medical/Legal	1.2%	1,329.75	105%	8.5%	1,191.29	104%	15.5%	1.3%	1,261.61	100%	9.8%	1,141.01	100%	17.5%
Acupuncture	0.9%	88.49	100%	0.4%	61.22	100%	0.6%	0.9%	88.34	100%	0.5%	61.13	100%	0.7%
Orthotics/Prosthetics	0.8%	352.21	166%	1.5%	269.24	176%	2.4%	0.6%	212.32	100%	0.8%	152.86	100%	1.1%
Anesthesiology	0.4%	1,058.92	97%	2.1%	365.55	97%	1.5%	0.3%	1,096.05	100%	1.9%	374.95	100%	1.3%
Path/Laboratory	0.2%	136.79	121%	0.1%	50.01	97%	0.1%	0.2%	113.10	100%	0.1%	51.45	100%	0.1%
Ambulatory Services	0.2%	1,707.93	200%	1.5%	726.66	189%	1.3%	0.2%	852.75	100%	0.8%	385.01	100%	0.7%
Dentistry	0.1%	544.37	109%	0.4%	510.25	113%	0.7%	0.0%	498.75	100%	0.1%	449.98	100%	0.2%
Medical Lien	0.0%	4,045.58	140%	0.2%	1,152.99	134%	0.1%	0.0%	2,896.90	100%	0.1%	862.95	100%	0.1%
Osteopathic Manipulation	0.0%	83.59	110%	0.0%	28.16	88%	0.0%	0.0%	76.20	100%	0.0%	32.08	100%	0.0%
Parenteral/Enteral Nutrition	0.0%	37.04	28%	0.0%	37.04	50%	0.0%	0.0%	130.10	100%	0.0%	73.39	100%	0.0%
Grand Total	100.0%	193.20	114%	100.0%	94.76	110%	100.0%	100.0%	169.27	100%	100.0%	85.98	100%	100.0%



Sample Contributor

ICIS 16B (valued as of December 31, 2014)

Year of Service: 2013
 Fee Schedule: (All)
 Sort by: Percent of Total Procedures
 Procedure: (All)
 Reliability: High (Green), Moderate (Yellow), Low (Red)

Procedure Code & Fee Schedule Section	Contributor	Contributor						ICIS							
		Percent of Total Procedures	Average Billed Amt	Average Paid Amt	Avg Billed as % of ICIS	Percent of Total Billed	Avg Paid as % of ICIS	Percent of Total Paid	Percent of Total Procedures	Average Billed Amt	Average Paid Amt	Avg Billed as % of ICIS	Percent of Total Billed	Avg Paid as % of ICIS	Percent of Total Paid
99081_Required Reports	Special Services	10.4%	39	11	89%	2.1%	100%	1.3%	10.4%	44	11	100%	2.5%	100%	1.3%
97014_Electric stimulation ther..	Physical Medicine	7.5%	23	8	102%	0.9%	98%	0.7%	7.3%	23	8	100%	0.9%	100%	0.7%
97110_Therapeutic exercises	Physical Medicine	7.3%	58	25	97%	2.2%	100%	2.0%	7.8%	60	25	100%	2.6%	100%	2.2%
97250_Myofasc Releas/Soft Tis..	Physical Medicine	6.9%	54	37	103%	1.9%	100%	2.8%	7.2%	52	37	100%	2.1%	100%	2.9%
99214_Office/outpatient visit est	Evaluation. & Mg..	6.1%	146	86	98%	4.5%	100%	5.8%	6.5%	149	86	100%	5.4%	100%	6.1%
99213_Office/outpatient visit est	Evaluation. & Mg..	4.4%	109	55	99%	2.4%	99%	2.6%	4.4%	110	55	100%	2.7%	100%	2.7%
97026_Infrared therapy	Physical Medicine	2.5%	19	8	95%	0.2%	100%	0.2%	2.4%	20	8	100%	0.3%	100%	0.2%
99080_Special reports or forms	Special Services	1.8%	150	87	98%	1.3%	103%	1.7%	2.1%	152	85	100%	1.8%	100%	1.9%
99215_Office/outpatient visit est	Evaluation. & Mg..	1.8%	182	123	93%	1.6%	99%	2.4%	1.9%	196	123	100%	2.0%	100%	2.5%
99358_Prolong service w/o con..	Evaluation. & Mg..	1.7%	139	82	100%	1.2%	100%	1.5%	1.8%	139	82	100%	1.4%	100%	1.6%
99070_Special supplies phys/q..	Special Services	1.2%	58	55	103%	0.3%	116%	0.7%	1.1%	56	48	100%	0.3%	100%	0.6%
A4556_Electrodes, pair	Med Supplies & ..	1.0%	79	73	96%	0.4%	100%	0.8%	1.1%	83	73	100%	0.5%	100%	0.8%
97801_Electro Acupuncture	Acupuncture	0.9%	86	60	97%	0.4%	101%	0.6%	1.0%	89	60	100%	0.5%	100%	0.6%
98940_Chiropract manj 1-2 regi..	Chiropractic Man..	0.9%	44	26	95%	0.2%	100%	0.3%	0.9%	46	26	100%	0.2%	100%	0.3%
97018_Paraffin bath therapy	Physical Medicine	0.9%	24	7	102%	0.1%	97%	0.1%	0.8%	24	7	100%	0.1%	100%	0.1%
S9122_Home health aide or cer..	Special Services	0.9%	303	227	86%	1.4%	78%	2.3%	0.9%	352	290	100%	1.8%	100%	3.0%
97530_Therapeutic activities	Physical Medicine	0.9%	47	25	93%	0.2%	98%	0.2%	0.9%	51	25	100%	0.3%	100%	0.3%
97016_Vasopneumatic device t..	Physical Medicine	0.8%	20	6	102%	0.1%	99%	0.1%	0.9%	19	7	100%	0.1%	100%	0.1%
99204_Office/outpatient visit n..	Evaluation. & Mg..	0.8%	191	138	99%	0.8%	100%	1.2%	0.8%	193	138	100%	0.9%	100%	1.3%
97145_Phys Med Tx- Each Add..	Physical Medicine	0.8%	29	15	90%	0.1%	97%	0.1%	1.0%	32	15	100%	0.2%	100%	0.2%
97012_Mechanical traction ther..	Physical Medicine	0.7%	30	8	118%	0.1%	102%	0.1%	0.7%	26	8	100%	0.1%	100%	0.1%
99212_Office/outpatient visit est	Evaluation. & Mg..	0.6%	95	40	97%	0.3%	98%	0.3%	0.5%	98	41	100%	0.3%	100%	0.2%
90844_Indivi Med Psychothera..	Medical Treatme..	0.6%	143	93	101%	0.5%	98%	0.6%	0.6%	142	95	100%	0.5%	100%	0.6%
99203_Office/outpatient visit n..	Evaluation. & Mg..	0.6%	185	99	104%	0.5%	102%	0.6%	0.6%	178	97	100%	0.6%	100%	0.7%
95904_Sense nerve conduction..	Medical Treatme..	0.5%	261	141	106%	0.7%	99%	0.8%	0.6%	246	142	100%	0.8%	100%	1.0%

WORKERS' COMPENSATION CLAIMS REPORTING CLAIMS MANAGEMENT SYSTEM - JURIS

ISSUE: The Chancellor's Office Systemwide Risk Management staff in conjunction with Sedgwick (the Workers' Compensation third party claims administrator) decided to convert from the iVOS Claims Management System to JURIS, Sedgwick's in-house Claims Management System. This conversion is currently targeted to be completed in the spring of 2016.

At the September 10, 2015, meeting the AORMA Committee directed staff to inquire if a smart phone application is available for reporting workers' compensation claims. Sedgwick has confirmed that JURIS cannot be used as a smart phone application. However, all of the AORMA workers' compensation members will be encouraged to submit their claims electronically through JURIS.

RECOMMENDATION: No action is recommended; this item is for information only.

FISCAL IMPACT: Once JURIS is operational and all AORMA Members have been uploaded and trained on JURIS, Sedgwick informs us that all claims that are faxed or emailed, will incur a \$22 charge.

BACKGROUND: While the iVOS system has served the workers' compensation program well over the years, a determination has been made by the Chancellor's Office that now is the right time to move ahead to JURIS. The JURIS system is a known quantity and meets the needs of the campus and auxiliary workers' compensation programs very well. Staff is confident that JURIS will be a stable claims management system. Sedgwick has already successfully converted a number of clients from the iVOS claims platform to the JURIS platform. CSURMA will have the benefit of these prior conversions.

JURIS has been operational since 1981. There are 1,160 active clients on Sedgwick's core claims management system. There are more than 9,400 JURIS users and 17,658 internal and external viaOne users. There will be a great deal of work behind the scenes to make this transition as easy as possible for the user.

This is just a heads up on this planned conversion.

PUBLICATION: The current iVOS users have been informed of this change. Full training will be provided prior to going live on the JURIS system. The attached flyer will introduce some of the JURIS features.

ATTACHMENT(S):

- a. JURIS flyer



JURIS®



The JURIS® platform is a user-driven, state-of-the-art system designed to support and enhance the workflow of claims examiners. With the JURIS system, users are assured of optimal efficiencies and minimal redundancies.

Key JURIS features such as real-time reporting, unlimited custom fields and real-time access, to name but a few, all work with the idea of using information as a tool for continuous improvement. This highly customizable system includes custom location coding, cause codes, lost days tracking, integrated guidelines, client defined fields and ad hoc reporting.

Key features:

- Automated diaries
- Banking interfaces
- Bill review data
- Centralized vendor/provider database
- Claim intake interface
- Claim sub-owners
- Claimant detailed time tracking (RTW) linked to benefit payments
- Detailed reserving, reserve worksheet
- Document imaging
- EDI
- E-mail integration
- Employee demographics
- Form letters
- Index Bureau reporting
- Interactive claim exception reporting (ICER)

- Internal control reports
- Medical case management data
- NCCI reporting
- ODG guidelines
- OFAC
- OSHA recordability determination
- Online service instructions
- Overpayment tracking
- Payment offsets
- Payment processing/centralized check issuance
- SOC 1 controls and compliance
- Shell claims
- Supported interfaces to major RMIS vendors
- Total absence management module
- WC state reporting



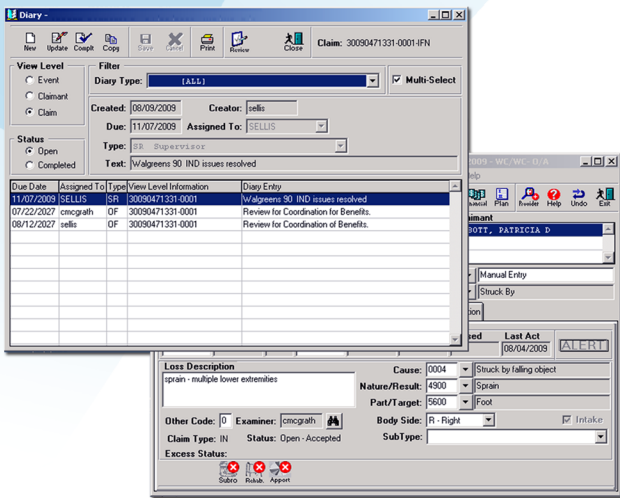
sedgwick®

EFFICIENCIES AT THE DESK LEVEL



AUTOMATED FUNCTIONS THAT FREE UP THE EXAMINER TO SPEND MORE TIME ENGAGING WITH THE TEAM MEMBER OR CUSTOMER

- **Diaries** - created automatically without manual effort
- **Info panels & notes templates** - automated notifications and streamlined entry of claims documentation
- **Correspondence** - created through the claims system
- **Auto triage** - claim examiner assignment based on client rules

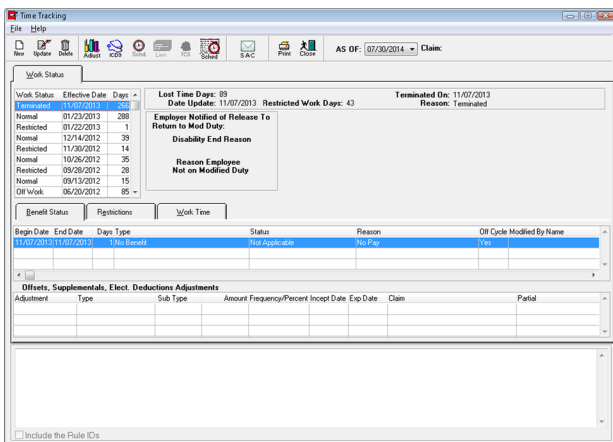
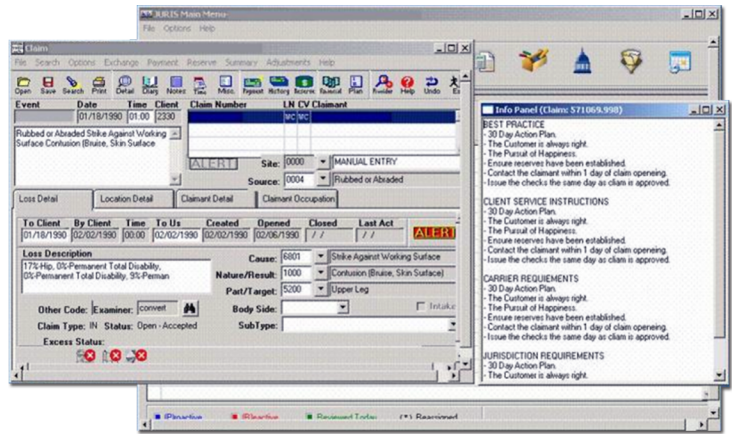


Smart panels

This functionality makes information about jurisdictional requirements, benefits, and other client-specific data readily available to our examiners; and generates automated outbound correspondence for the client, state or carrier relevant to each claim.

Automated diaries

JURIS assists the examiner by automatically documenting critical activities with system-generated diaries and file notes, and by performing extensive data validation and edits throughout the claims management process. JURIS automatically generates diaries based on client instructions and additional diaries can be set by the examiner and team lead to remind them of critical dates.

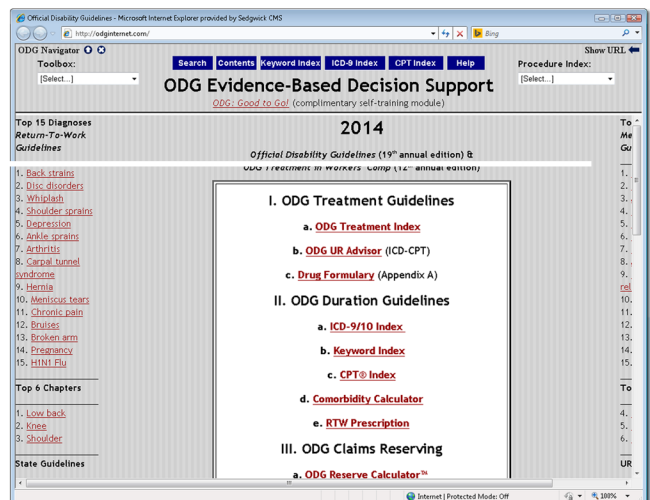


Time tracking screen

This tracks all of the different work status episodes, including off work due to injury, return to modified duty or return to full duty. The JURIS system also provides validations to complement the traditional approach of managing time through payments by allowing users to capture episodes of restrictions and waiting periods that may not be associated with a payment.

Embedded duration guidelines

Official Disability Guidelines, driven by mandatory ICD codes, give users a decile breakout of lost day expectations in order to establish a more realistic outlook for return to work with the injured worker and the employer based on the medical provider's recommendations. All ICD codes include effective dates and the JURIS system can track up to 5 co-morbidities simultaneously.



CSURMA AORMA MONTHLY NEWSLETTER

ISSUE: Publication of a month AORMA newsletter is one of AORMA’s long range action items for FY 15/16. Rather than publishing the newsletter in a Word document as an attachment to an email, Staff is investigating advanced ways to distribute AORMA’s vitally important program information. Alliant has a contract with Applied Systems, Inc., an agency management system that publishes Alliant’s “In the Public Eye” newsletter. Alliant’s newsletter is a formatted email. It generally includes about ten articles. The email only includes a sentence or two from each article as well as a link to take the reader to the entire article. Staff believes this format may be a better platform from which to disseminate information.

RECOMMENDATION: The Committee will be asked to discuss the benefits of developing the AORMA Newsletter within this email format and provide direction to Staff.

FISCAL IMPACT: Because Alliant has an existing contract, Applied Systems, Inc. has quoted a rate of \$1.00 per subscriber per year. AORMA has approximately 400 people on the AORMA rolodex; however, if AORMA wishes to broaden the distribution, the number of subscribers will increase.

BACKGROUND: The AORMA Newsletter will be used to distribute program information. All of the newsletters and articles will be housed on the CSURMA website.

PUBLICATION: None.

ATTACHMENT(S):

- a. Alliant Newsletter “In The Public Eye”

FILE MESSAGE

Ignore Delete Reply Reply All Forward More Meeting

VoiceOutbox To Manager Done Create New

Team Email Reply & Delete

Rules OneNote

Move Actions

Mark Unread Categorize Follow Up

Tags


Translate Related Select

Find Editing


Zoom

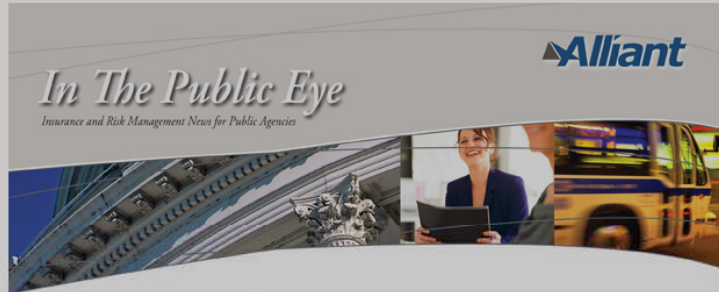
Delete Respond Quick Steps Move Tags Editing Zoom

Wed 10/7/2015 4:03 AM

 **Patty Kopec** <publisher@iwpubs.com>
 In the Public Eye - your latest edition has arrived.

To Tevea Him

 If there are problems with how this message is displayed, click here to view it in a web browser.



In the Public Eye is brought to you by:
Patty Kopec
 Alliant Insurance Services, Inc.
 Newport Beach, CA
 (949) 860-5905
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In This Issue

- [Cyber Liability - What to Look Out For](#)

- [Don't Shoot that Drone!](#)

- [Health Care Captives](#)

- [Are You Prepared for a Cyber Attack?](#)

- [School Days Mean More Bus Crashes](#)

- [Open Enrollment: 4 Tips to Better Benefits Communication](#)

Dear Tevea:

The latest issue of In The Public Eye has arrived. If you have any questions about the articles in this issue or have any other insurance-related questions, please feel free to contact me.

ALLIANT NEWS

Cyber Liability - What to Look Out For

Alliant Insurance Services, Inc.
 Felipe Garcia
 The cyber world is growing and becoming more and more complex. According to Ponemon Institute's "2015 Cost of Data Breach Study: Global Analysis," there has been a 23% increase in the total cost of a data breach since 2013 and the average cost of a data breach has reached \$3.79 million. Based on these numbers, it comes as no surprise that cyber liability continues to be a hot topic of discussion on a global basis.
[Read More >>](#)

NEWS

Don't Shoot that Drone!

Property Casualty 360

"Shooting down drones" is all over the news lately. A Kentucky

 See more about Patty Kopec.



FILE MESSAGE

Ignore Delete Reply Reply All Forward More Meeting VoiceOutbox To Manager Team Email Reply & Delete Done Create New Rules OneNote Move Actions Mark Unread Categorize Follow Up Translate Find Related Select Zoom

Delete Respond Quick Steps Move Tags Editing Zoom



Wed 10/7/2015 4:03 AM
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To Tevea Him
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- School Days Mean More Bus Crashes
- Open Enrollment: 4 Tips to Better Benefits Communication
- Why Inheritances Aren't Helping With Retirement
- The Future of CAT Modeling? Autonomous Ocean Robots Provide Real-Time Hurricane Intensity Data

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Alliant Insurance Services Web Site

Article Archive

NEWS

Don't Shoot that Drone!
 Property Casualty 360

"Shooting down drones" is all over the news lately. A Kentucky man used "Number 8 birdshot" to shoot down a multi-rotor over his backyard. A Modesto marksman shot down a drone over his neighbor's farm. A New Jersey Man hit the news for doing the same thing.
[Read More >>](#)

PUBLIC ENTITY

Health Care Captives
 The Rough Notes Company, Inc.

Their lengthy stay in the marketplace offers lessons to all One business sector that has had extensive experience with captives over the last 20 to 30 years is the health care industry. For years, health care providers such as hospitals and doctor groups have found that captives can provide a viable risk financing method to compete with the traditional insurance marketplace.
[Read More >>](#)

COMMERCIAL PROPERTY & CASUALTY

Are You Prepared for a Cyber Attack?
 Property Casualty 360

Addressing cyber security risks requires increasing amounts of a company's resources. The explosion of different groups trying to disrupt operations or steal information from organizations has made addressing these threats mandatory not optional.
[Read More >>](#)

EMPLOYEE BENEFITS

Open Enrollment: 4 Tips to Better Benefits Communication
 Benefits Pro

See more about Patty Kopec.



FILE MESSAGE

Ignore Delete Reply Reply All Forward More Meeting

VoiceOutbox To Manager
Team Email Done
Reply & Delete Create New

Rules OneNote
Move Actions

Mark Unread Categorize Follow Up

Translate Related Select

Find Zoom

Delete Respond Quick Steps Move Tags Editing Zoom



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[Read More >>](#)

EMPLOYEE BENEFITS

Open Enrollment: 4 Tips to Better Benefits Communication
Benefits Pro

The Affordable Care Act (ACA) has permanently altered the U.S. benefits landscape. As a business leader, you need to stay on top of the rules, regulations and requirements that may impact your business.
[Read More >>](#)

ON A PERSONAL NOTE

School Days Mean More Bus Crashes
Property Casualty 360

School is officially back in session for many districts around the country. For most families that means the return to carpool lines, freshly sharpened pencils, homework, packed lunches and school zones.
[Read More >>](#)

FINANCIAL SECURITY

Why Inheritances Aren't Helping With Retirement
Life Health Pro

Headlines talk about a wave of money changing hands as the population ages and inheritances are passed on to the next generation. But most of that money will be going to households that won't have to depend on it for their retirement preparedness.
[Read More >>](#)

IN THE BROKER'S CORNER

The Future of CAT Modeling? Autonomous Ocean Robots Provide Real-Time Hurricane Intensity Data
Property Casualty 360

For much of the country, summer is synonymous with good

See more about Patty Kopec.



CSURMA AORMA 2015 AND 2016 MEETING CALENDARS

ISSUE: The Program Administrator includes a current copy of the CSURMA AORMA meeting calendar in every agenda

RECOMMENDATION: No action is requested on this item.

FISCAL IMPACT: None.

BACKGROUND: None.

PUBLICATION: None.

ATTACHMENT(S):

- a. CSURMA AORMA – 2015 Meeting Calendar
- b. CSURMA AORMA – 2016 Meeting Calendar

2015 CSURMA • AORMA MEETING CALENDAR

JANUARY, 2015	FEBRUARY, 2015	MARCH, 2015
12 AIME: Northridge: 10:30 a.m.	8 EC: Pasadena: 3:00 p.m. 8 MSLCTC: Pasadena: 4:30 p.m. 8-11 AOA Conference: Pasadena 26 PC: Teleconference: 1:00 p.m.	19 AORMA: Newport Beach: 10:00 a.m. 19 EC: Newport Beach: 2:30 p.m. 20 EC LRP: Newport Beach: 8:00 a.m.
APRIL, 2015	MAY, 2015	JUNE, 2015
20 MSLCTC: Teleconference: 10:00 a.m. 23 BOD Orientation: Teleconference: 2:00 p.m. 27 BOD: San Diego: 4:00 p.m. 28-29 Fitting the Pieces Conference: San Diego	7 AORMA: Long Beach; 10:00 a.m 8 EC: Long Beach: 8:00 a.m 14 BOD Orientation: Teleconference: 10:30 a.m 18 AIME: TBD — 10:30 a.m. 27 AIME: Sacramento; 10:00 a.m.	25 PC: Teleconference: 1:00 p.m. 29 MSLCTC: Teleconference: 10:00 a.m.

AORMA = Auxiliary Organizations Risk Management Alliance Committee	PC = AORMA Programs Committee	EC = CSURMA Executive Committee
AIME = Athletic Injury Medical Expense Committee	AORMA LRP = AORMA Long Range Planning Meeting	EC LRP = EC Long Range Planning Meeting
MSLCTC = AORMA Member Services, Loss Control & Training Committee	AOA = CSU Auxiliary Organizations Association	BOD = CSURMA Board of Directors

2015 CSURMA • AORMA MEETING CALENDAR

JULY, 2015	AUGUST, 2015	SEPTEMBER, 2015
7-8 AORMA Officers Retreat, San Francisco		9 AORMA New Member Orientation: 9:00am 9 AORMA LRP: Sacramento : 10:00 a.m. 10 AORMA: Sacramento : 9:00 a.m. 10 EC Orientation: Sacramento : 4:00 pm 11 EC: Sacramento : 8:30 a.m.
OCTOBER, 2015	NOVEMBER, 2015	DECEMBER, 2015
4 PC: Teleconference: 1:00 p.m. 5 MSLCTC: Teleconference: 10:00 a.m. 22 AORMA: Long Beach: 10:00 a.m. 22 AIME: Long Beach: 10:30 a.m 22 BOD Orientation: Teleconference: 2:00 p.m. 23 EC: Long Beach: 9:00 a.m. 23 BOD: Long Beach: 10:30 a.m.		3 AORMA: Long Beach: 10:00 a.m. 4 EC: Long Beach: 8:30 a.m. 10 PC: Teleconference: 1:00 p.m

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California State University Risk Management Authority

2016 CSURMA MEETING CALENDAR

JANUARY				FEBRUARY				MARCH			
Date	Time	Committee	Location	Date	Time	Committee	Location	Date	Time	Committee	Location
9		AOA EC	Sacramento					10	10:00 AM	AORMA	Long Beach
10	3:00 PM	EC (AOA Conference)	Sacramento					10	2:00 PM	EC	Long Beach
10 - 13		AOA Annual Conference	Sacramento					11	8:30 AM	EC LRP	Long Beach
11		AIME	San Jose					18		AOA EC	
APRIL				MAY				JUNE			
Date	Time	Committee	Location	Date	Time	Committee	Location	Date	Time	Committee	Location
				5	10:00 AM	AORMA	Long Beach	17		AOA EC	TBD
				6	9:00 AM	EC	Long Beach				
				6	10:30 AM	BOD	Long Beach				
				TBD		AIME	TBD				
JULY				AUGUST				SEPTEMBER			
Date	Time	Committee	Location	Date	Time	Committee	Location	Date	Time	Committee	Location
12 - 13	11:00 AM	AORMA Officers Retreat	TBD	19		AOA EC	TBD	7	9:00 AM	AORMA New Member	Long Beach
								7	10:00 AM	AORMA LRP	Long Beach
								8	9:00 AM	AORMA	Long Beach
								9	8:30 AM	EC	Long Beach
OCTOBER				NOVEMBER				DECEMBER			
Date	Time	Committee	Location	Date	Time	Committee	Location	Date	Time	Committee	Location
17		AIME	San Francisco	18		AOA EC	TBD	1	10:00 AM	AORMA	Long Beach
20	10:00 AM	AORMA	TBD	TBD		TBD EC (FTPT Conference)	Northern CA	2	8:30 AM	EC	Long Beach
				TBD		TBD BOD (FTPT Conference)	Northern CA				

AORMA = Auxiliary Organizations Risk Management Alliance Committee
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 EC LRP = EC Long Range Planning Meeting
 BOD = CSURMA Board of Directors

CSURMA AORMA PROGRAM ADMINISTRATOR CONTACT LISTS

ISSUE: Staff includes an updated AORMA Program Administrator contact list in each agenda.

RECOMMENDATION: No action is requested on this item.

FISCAL IMPACT: None.

BACKGROUND: None.

PUBLICATION: None.

ATTACHMENT(S):

- a. AORMA Program Administrator - Contact List
- b. Claims Reporting Contacts

CONTACT LIST

Coverage	Contact	E-Mail Address	Office	Fax
JPA Program Administrator – Alliant Insurance Services, Inc.				
Certificate of Insurance Requests	Hsan Htein Van Rin	hhhtein@alliant.com vrin@alliant.com	415-403-1452 415-403-1408	415-874-4810 415-874-4810
General CSURMA Coverage Questions	Robert Leong Van Rin Hsan Htein Daniel Howell	rleong@alliant.com vrin@alliant.com hhhtein@alliant.com dhowell@alliant.com	415-403-1423 415-403-1408 415-403-1452 415-403-1426	415-874-4810 415-874-4810 415-874-4810 415-874-4810
General AORMA Coverage Questions	Mimi Long Van Rin Hsan Htein Daniel Howell	mlong@alliant.com vrin@alliant.com hhhtein@alliant.com dhowell@alliant.com	415-403-1423 415-403-1408 415-403-1452 415-403-1426	415-874-4810 415-874-4810 415-874-4810 415-874-4810
Inland Marine	Van Rin Hsan Htein Mimi Long	vrin@alliant.com hhhtein@alliant.com mlong@alliant.com	415-403-1408 415-403-1452 415-403-1423	415-874-4810 415-874-4810 415-874-4810
Participant Accident Insurance (PAI)	Van Rin	vrin@alliant.com	415-403-1408	415-874-4810
Special Events Insurance	Van Rin	vrin@alliant.com	415-403-1408	415-874-4810
Foreign Travel Program	Stacey Weeks Van Rin	sweeks@alliant.com vrin@alliant.com	415-403-1448 415-403-1408	415-874-4810 415-874-4810
General Risk Management Questions	Mimi Long Van Rin Hsan Htein Daniel Howell	mlong@alliant.com vrin@alliant.com hhhtein@alliant.com dhowell@alliant.com	415-403-1423 415-403-1408 415-403-1452 415-403-1426	415-874-4810 415-874-4810 415-874-4810 415-874-4810
Workers' Compensation Claims Consultant	Jacki Graf	jgraf@alliant.com	415-403-1438	415-874-4810
Alliant Claims Consulting	Robert Frey Diana Walizada Michelle Maffei Martin Fox-Foster Elaine Kim	rfrey@alliant.com dwalizada@alliant.com mmaffei@alliant.com martin.fox-foster@alliant.com ekim@alliant.com	415-403-1445 415-403-1453 415-403-1418 415-403-1417 415-403-1458	415-403-1466 415-403-1466 415-403-1466 415-403-1466 415-403-1466
Form 700	Tevea Him	thim@alliant.com	415-403-1416	415-402-0773
Website and Technology Questions	Tevea Him Myron Leavell	thim@alliant.com mleavell@alliant.com	415-403-1416 415-403-1404	415-874-4810 415-874-4810

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Coverage	Contact	E-Mail Address	Office	Fax
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CSU Chancellor's Office	Zachary Gifford	zgifford@calstate.edu	562-951-4568	562-951-4859
	Rebecca Skidmore	rskidmore@calstate.edu	562-951-4574	562-951-4859
	Leona Ching	lching@calstate.edu	562-951-4580	562-951-4859
	Alice Kim	akim@calstate.edu	562-951-4627	562-951-4865
	Kelly Cox	kcox@calstate.edu	562-951-4611	562-951-4865
	Mandy Wong	mwong@calstate.edu	562-951-4578	562-951-4865
	Rima Tanuwidjaja	rtanuwidjaja@calstate.edu	562-951-4621	562-951-4856
	Robert Eaton	reaton@calstate.edu	562-951-4572	562-951-4971
	Audra Reed	areed@calstate.edu	562-951-4564	562-951-4971
	William Hsu	whsu@calstate.edu	562-951-4500	562-951-4956
	Steve Relyea	srelya@calstate.edu	562-951-4600	562-951-4971
	Martha Guiditta	mguiditta@calstate.edu	562-951-4557	562-951-4859
	Michael Clements	mclements@calstate.edu	562- 951-4091	

Loss Control Consultants – Alliant Risk Control

Alliant Risk Control Consulting	Brent Escoubas	bescoubas@alliant.com	949-260-5013	
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Online Training - TargetSolutions

Business Manager	Kelly Zielinski	kelly.zielinski@targetsolutions.com	858-683-7229	858-487-8762
	Jennifer Jones <i>(while Kelly is out on maternity leave)</i>	jennifer.jones@targetsolutions.com	858-376-1632	858-487-8762
Account Manager	Ashlee Marinello	ashlee.marinello@targetsolutions.com	858-376-1609	
	Clair Miller	claire.miller@targetsolutions.com	858-976-1629	

Unemployment Insurance Claims Administrator – Employers Edge

Client Services	Angie Hansen	ahansen@employersedge.com	720-891-4900 x116	720-420-7356
Unemployment Claims Operations, Claim Specialist	Reina Gonzales	rgonzales@employersedge.com	720-891-4900 x139	720-420-7390
Tax Analyst	Larry Blankenship	lblankenship@employersedge.com	720-891-4900 x108	720-420-7430
Appellate Level	Jen Venable Jamie Clark	jvenable@employersedge.com jclark@employersedge.com	720-891-4900 x114 720-891-4900 x122	720-420-7354 720-420-7396
Account Management	Steve Bell	sbell@employersedge.com	720-891-4900 x101	720-420-7431

CONTACT LIST

Coverage	Contact	E-Mail Address	Office	Fax
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Human Resources Consulting – Employers Group

Helpline	Mark Nelson Kimberly Nwamanna	mnelson@employersgroup.com knwamanna@employersgroup.com	213-765-3952 213-765-3982	
Client Service	Bill Stephens	bstephens@employersgroup.com	805-807-9922	213-226-0216
Reference Library	Robert Campbell	rcampbell@employersgroup.com	800-748-8484 Ext. 3430	
Unemployment Questions	Mark Nelson	mnelson@employersgroup.com	213-765-3952	
Affirmative Action Plans	Suzanne Oliva	soliva@employersgroup.com	213-765-3918	
Leave Management	Kimberly Nwamanna	knwamanna@employersgroup.com	213-765-3982	
Research and Surveys	Juan Garcia	kgarcia@employersgroup.com	213-765-3969	
Employer Advocacy	Ken Tiratira	ktiratira@employersgroup.com	213-765-3915	



LIABILITY – CLAIMS REPORTING CONTACT

In the event of a loss, please contact:

Mauri McGuire

Carl Warren & Company
1000 South Hill Road, Suite 110
Ventura, CA 93003

E-mail: mmcguire@carlwarren.com

Tel: 805-650-7020 ext. 1003

Mobile: 805-509-1426

Fax: 805-658-9950



POLLUTION – CLAIMS REPORTING CONTACT

(All pollution incidents must be reported within **seven** days of discovery)

Report the incident immediately to:

ACE Environmental Risk
casualtyriskenvironmental@acegroup.com
888-310-9553

AND:

Alliant Insurance Services, Inc.
100 Pine Street, 11th Floor
San Francisco, CA 94111-5101

Tel: 877-725-7695
Fax: 415-403-1466

OR

Diana Walizada, Claims Unit Manager
Alliant Insurance Services, Inc.
E-mail: dwalizada@alliant.com
Tel: 415-403-1453
Fax: 415-403-1466
Cell: 415-693-8714

OR

Michelle Maffei, Sr. Claims Advocate
Alliant Insurance Services, Inc.
E-mail: mmaffei@alliant.com
Tel: 415-403-1418
Fax: 415-403-1466
Cell: 415-693-8864

OR

Martin Fox-Foster, Sr. Claims Advocate
Alliant Insurance Services, Inc.
E-mail: martin.fox-foster@alliant.com
Tel: 415-403-1417
Fax: 415-403-1466
Cell: 415-755-0405

After hours claims reporting number

Robert Frey, First Vice President
Alliant Insurance Services, Inc.
E-mail: rfrey@alliant.com
Tel: 415-403-1445
Fax: 415-403-1466
Cell: 415-518-8490



CYBER LIABILITY – CLAIMS REPORTING CONTACT

Report the incident immediately to:

Beazley Group
1270 Avenue of the America's, Suite 1200
New York, NY 10020

bbr.claims@beazley.com
Tel: 646-943-5900
Fax: 546-378-4039

AND COPY TO:

Elaine Kim, Claims Advocate
Alliant Insurance Services, Inc.
E-mail: ekim@alliant.com
Tel: 415-403-1458
Fax: 415-403-1466
Cell: 415-609-2133

OR Diana Walizada, Claims Unit Manager
Alliant Insurance Services, Inc.
E-mail: dwalizada@alliant.com
Tel: 415-403-1453
Fax: 415-403-1466
Cell: 415-693-8714

OR

Martin Fox-Foster, Sr. Claims Advocate
Alliant Insurance Services, Inc.
E-mail: martin.fox-foster@alliant.com
Tel: 415-403-1417
Fax: 415-403-1466
Cell: 415-755-0405

After hours claims reporting number

Robert Frey, First Vice President
Alliant Insurance Services, Inc.
E-mail: rfrey@alliant.com
Tel: 415-403-1445
Fax: 415-403-1466
Cell: 415-518-8490



SPECIAL LIABILITY INSURANCE PROGRAM (SLIP) CLAIMS REPORTING CONTACT

Report the incident immediately to:

Elaine Kim, Claims Advocate
Alliant Insurance Services, Inc.
E-mail: ekim@alliant.com
Tel: 415-403-1458
Fax: 415-403-1466
Cell: 415-609-2133

OR Diana Walizada, Claims Unit Manager
Alliant Insurance Services, Inc.
E-mail: dwalizada@alliant.com
Tel: 415-403-1453
Fax: 415-403-1466
Cell: 415-693-8714

OR:

After hours claims reporting number:

Robert Frey, First Vice President
Alliant Insurance Services, Inc.
E-mail: rfrey@alliant.com
Tel: 415-403-1445
Fax: 415-403-1466
Cell: 415-518-8490



AUTO PHYSICAL DAMAGE (APD) CLAIMS REPORTING CONTACT

Report the incident immediately to:

Elaine Kim, Claims Advocate
Alliant Insurance Services, Inc.
E-mail: ekim@alliant.com
Tel: 415-403-1458
Fax: 415-403-1466
Cell: 415-609-2133

OR Diana Walizada, Claims Unit Manager
Alliant Insurance Services, Inc.
E-mail: dwalizada@alliant.com
Tel: 415-403-1453
Fax: 415-403-1466
Cell: 415-693-8714

OR:

After hours claims reporting number:

Robert Frey, First Vice President
Alliant Insurance Services, Inc.

E-mail: rfrey@alliant.com
Tel: 415-403-1445
Fax: 415-403-1466
Cell: 415-518-8490



PROPERTY / BOILER & MACHINERY CLAIMS REPORTING CONTRACT

Report the incident immediately to Toll Free 877-725-7695:

OR

Diana Walizada, Claims Unit Manager

Alliant Insurance Services, Inc.
100 Pine Street, 11th Floor
San Francisco, CA 94111-5101
E-mail: dwalizada@alliant.com
Tel: 415-403-1453
Fax: 415-403-1466
Cell: 415-693-8714

OR

Michelle Maffei, Sr. Claims Advocate

Alliant Insurance Services, Inc.
100 Pine Street, 11th Floor
San Francisco, CA 94111-5101
E-mail: mmaffei@alliant.com
Tel: 415-403-1418
Fax: 415-403-1466
Cell: 415-693-8864

OR

Martin Fox-Foster, Sr. Claims Advocate

Alliant Insurance Services, Inc.
E-mail: martin.fox-foster@alliant.com
Tel: 415-403-1417
Fax: 415-403-1466
Cell: 415-755-0405

OR

Elaine Kim, Claims Advocate

Alliant Insurance Services, Inc.
E-mail: ekim@alliant.com
Tel: 415-403-1458
Fax: 415-403-1466
Cell: 415-609-2133

AND COPY TO:

Cathryn O'Meara

McLaren's
1301 Dove Street, Suite 200
Newport Beach, CA 92660
cathryn.omeara@mclarens.com
Tel: 949-757-1413
Fax: 949-757-1692

After hours claims reporting number:

Robert Frey, First Vice President

Alliant Insurance Services, Inc.
E-mail: rfrey@alliant.com
Tel: 415-403-1445
Fax: 415-403-1466
Cell: 415-518-8490



WORKERS' COMPENSATION – CLAIMS REPORTING CONTACT

In the event of a Workers' Compensation claim, please forward the Workers' Compensation Claim Form (DWC1) and the Employer's Report of Occupational Injury or Illness (Form 5020) to:

Brian Montagnese - Supervisor
Sedgwick CMS
P.O. Box 14629
Lexington, KY 40512-4629

E-mail: brian.montagnese@sedgwickcms.com
Tel: 916-851-4441
Fax: 916-851-8079

YOUR CLAIM WILL BE ASSIGNED TO EITHER:

Katie Brandt, Adjuster
Sedgwick CMS
P.O. Box 14629
Lexington, KY 40512-4629

E-mail: katie.brant@sedgwickcms.com
Tel: 916-636-4451
Fax: 916-851-8079

OR

Biba Olson
Claims Assistant and Medical Only Examiner
Sedgwick CMS

E-mail: biba.olson@sedgwickcms.com
Tel: 916-636-4446

Susan Neville
Adjuster, Northridge Auxiliary Only
Sedgwick CMS

E-mail: susan.neville@sedgwickcms.com
Tel: 916-636-4455



PARTICIPANT ACCIDENT INSURANCE (PAI)

In the event of a Participant Accident Insurance (PAI) claim, *please forward the completed HSR claim form directly to:*

Health Special Risk, Inc.
HSR Plaza II
4100 Medical Parkway
Carrollton, TX 75007

E-mail: CSRM@hsri.com
Tel: 972-512-5600
Fax: 972-512-5820
Tel Toll Free: 866-523-3186



UNEMPLOYMENT INSURANCE PROGRAM (UIP)

For Unemployment Insurance Program (UIP) claim, please contact Employers Edge directly at:

Reina Gonzales, Claim Specialist

Employers Edge
P.O. Box 351567
Westminister, CO 80035

Email: rgonzales@employersedge.com

Tel: (720) 891-4900 x139

Steve Bell, Account Management

Employers Edge
P.O. Box 351567
Westminister, CO 80035

Email: s.bell@employersedge.com

Tel: (720) 891-4900 x101

AORMA TRAVEL REIMBURSEMENT POLICY

ISSUE: Reasonable expenses associated with your travel to and from this meeting are reimbursable by CSURMA. Attached for your review is Policy & Procedure A-7 – CSURMA AORMA Travel Reimbursement Policy.

RECOMMENDATION: No action is requested on this item.

FISCAL IMPACT: None.

BACKGROUND: Please contact Mimi Long should you have any questions regarding your travel expenses.

PUBLICATION: None.

ATTACHMENT(S):

- a. Policy & Procedure A-7 – CSURMA AORMA Travel Reimbursement Policy



CSURMA AORMA

POLICY AND PROCEDURE NO. A-7

SUBJECT: CSURMA AORMA TRAVEL REIMBURSEMENT
POLICY

ADOPTED: MARCH 21, 2013

AMENDED: MARCH 19, 2015

EFFECTIVE: MARCH 21, 2013

PURPOSE:

CSURMA AORMA members benefit from the work of their elected and appointed representatives who give their time to participate in the governance and development of CSURMA programs. Committee Member in person attendance at the AORMA Committee, standing committee meetings and task group meetings is preferred. This Policy and Procedure is intended to formalize the prior existing practices of CSURMA.

POLICY:

It is the policy of the CSURMA AORMA Committee that reasonable and actual expenses incurred by AUTHORIZED TRAVELERS for COVERED PURPOSES related to operation of CSURMA's programs shall be reimbursed. The method of approving travel, and reporting and calculating the reimbursable amount shall be in accordance with the travel reimbursement policy of the California State University or the AUTHORIZED TRAVELER's member auxiliary organization at the time of the travel.

PROCEDURE:

1. Reimbursement requests will be reported on the AUTHORIZED TRAVELER's completed State of California – Travel Expense Claim form or the form utilized by the AUTHORIZED TRAVELER's member auxiliary organization. The claim form should be forwarded to the AUTHORIZED TRAVELER's member auxiliary organization accounting department for reimbursement. The member auxiliary organization's accounting department should then seek reimbursement from CSURMA.
2. The AUTHORIZED TRAVELER's accounting department should send the following documents to CSURMA c/o the Systemwide Office of Risk Management:
 - a) Invoices for all reasonable expenses
 - b) Completed State of California (or AUTHORIZED TRAVELER's member auxiliary organization) – Travel Expense Claim form



- c) Documentation of the purpose of the travel such as a copy of the agenda, presentation, etc. for the COVERED PURPOSE that the AUTHORIZED TRAVELER attended.

DEFINITIONS:

AUTHORIZED TRAVELER – includes AORMA Committee members and officers, standing committee members and participants in duly established task groups. Other persons traveling on CSURMA AORMA related travel shall be reimbursed pursuant to this Policy and Procedure No. A-7 as agreed under separate agreement in advance of the travel. Independent consultants shall not be considered AUTHORIZED TRAVELERS under this Policy and Procedure No. A-7 and any travel expenses incurred by independent consultants may be reimbursed as provided under separate consulting agreements.

COVERED EXPENSES – includes reasonable expenses incurred by the AUTHORIZED TRAVELER as provided under the travel reimbursement policy of the California State University or the AUTHORIZED TRAVELER’s member auxiliary organization travel reimbursement policy requirements.

COVERED PURPOSES – covered purposes shall include attendance at meetings of the CSURMA AORMA Committee, standing committees, task group meetings, program presentations, member meetings, and approved professional development trainings. Any other COVERED PURPOSES must be approved for reimbursement by the AORMA Committee. The AORMA Committee Chair or designee is expected to attend the AOA Executive Committee meetings as the representative of the AORMA Committee and therefore reasonable expenses associated with travel to and from as well as participation in the AOA Executive Committee meetings are reimbursable by CSURMA. If a there is travel to an event that would otherwise be a COVERED PURPOSE in conjunction with another event the AUTHORIZED TRAVELER would otherwise attend such as the AOA Annual Conference or the CSURMA Fitting the Pieces Together Conference, the AUTHORIZED TRAVELER is eligible for reimbursement of COVERED EXPENSES to attend the COVERED PURPOSE meeting only and there will be no CSURMA reimbursement of the expenses the AUTHORIZED TRAVELER would have normally incurred to attend the AOA Annual Conference or the CSURMA Fitting the Pieces Together Conference.

CSURMA AORMA COMMITTEE CONTACT LIST

ISSUE: Attached for the Committee's review is the AORMA Committee and Standing Committee Membership Roster Contact List.

RECOMMENDATION: It is recommended that the Committee Members review the contact information for accuracy and report any changes or corrections to Staff.

FISCAL IMPACT: None.

BACKGROUND: Contact lists are provided at every meeting.

PUBLICATION: None.

ATTACHMENT(S):

- a. AORMA Committee Roster - Effective at 7-01-15

AORMA Committee
Ten voting members - two alternates - twelve members total
Effective at July 1, 2015

Committee	Seat	Member	Position	Campus	Type of Auxiliary	E-Mail	Telephone Number
AORMA	Chair	Frank Mumford	Executive Director	Fullerton	CSU Fullerton Auxiliary Services Corporation	fmumford@fullerton.edu	657-278-4101
AORMA	Vice Chair	Guy Dalpe	Managing Director	San Francisco	Associated Students, Inc., San Francisco State University	gdalpe@sfsu.edu	415-338-1044
AORMA	Past Chair	Robert de Wit	Chief Financial Officer	Long Beach	Forty-Niner Shops, Inc., CSU Long Beach	rdewit@csulb.edu	562-985-5549
AORMA	Ex Officio	Dwayne Brummett	Director of Business Services	San Luis Obispo	Associated Students, Inc., Cal Poly San Luis Obispo	dbrummet@calpoly.edu	805-756-5768
AORMA	At Large	Brian Nowlin	Chief Operating Officer	Long Beach	California State University, Long Beach Research Foundation	Brian.Nowlin@csulb.edu	562-985-4690
AORMA	At Large	Cheree Aguilar	Senior Director, Human Resources	San Jose	San Jose State University Research Foundation	cheree.aguilar@sjsu.edu	408-924-1505
AORMA	At Large	Dave Nakamura	Executive Director	Humboldt	Humboldt State University Center	dave.nakamura@humboldt.edu	707-826-4878
AORMA	At Large	Gigi Kiama	Human Resources Manager	Monterey Bay	The University Corporation at Monterey Bay	gkiama@csumb.edu	831-582-4301
AORMA	At Large	Jim Reinhart	Executive Director	Sacramento	University Enterprises, Inc. (UEI)	Jim.Reinhart@csus.edu	916-278-7001
AORMA	At Large	Keith Kompsi	Director, Foundation Financial Services	Fresno	Fresno Association, Inc., CSU Fresno	kkompsi@csufresno.edu	559-278-0838
AORMA	At Large	Leslie Davis	Executive Director	Sacramento	University Union Operation of CSUS, Inc.	leslie@saclink.csus.edu	916-278-2904
AORMA	At Large	Dave Nirenberg	Senior Director	Channel Islands	University Glen Corporation	dave.nirenberg@csuci.edu	805-437-2668

Member Services, Loss Control & Training Committee
Minimum of five members - at least two of whom are AORMA Committee members

Committee	Seat	Member	Position	Campus	Type of Auxiliary	E-Mail	Telephone Number
MSLCTC	Chair	Leslie Davis	Executive Director	Sacramento	University Union Operation of CSUS, Inc.	leslied@saclink.csus.edu	916-278-2904
MSLCTC	At Large	Arnecia Bryant	Associate Director, Operations	Dominguez Hills	The Donald P. and Katherine B. Loker University Student Union, Inc.	abryant@csudh.edu	310-243-3854
MSLCTC	At Large	Debbie Adishian-Astone	Executive Director	Fresno	CSU Fresno Association, Inc.	debbiea@csufresno.edu	559-278-0802
MSLCTC	At Large	Dennis Miller	Director, Employment Services	Pomona	The Cal Poly Pomona Foundation, Inc.	dennismiller@cpp.edu	909-869-2958
MSLCTC	At Large	Kristin Kelly	Associate Director	San Jose	The Student Union of San Jose State University	kristin.kelly@sjsu.edu	408-924-6315
MSLCTC	At Large	Raven Tyson	Contracts & Risk Management Coordinator	San Diego	Associated Students of San Diego State University	raven.tyson@sdsu.edu	619-594-3760

Programs Committee
Minimum of five members - at least two of whom are AORMA Committee members

Committee	Seat	Member	Position	Campus	Type of Auxiliary	E-Mail	Telephone Number
PC	Chair	Gigi Kiama	Human Resources Manager	Monterey Bay	University Corporation, CSU Monterey Bay	gkiama@csumb.edu	831-582-4301
PC	At Large	Guy Dalpe	Managing Director	San Francisco	Associated Students, Inc., San Francisco State University	gdalpe@sfsu.edu	415-338-1044
PC	At Large	Jun Reina	Chief Operations Officer/ Chief Financial Officer	Sacramento	Capital Public Radio, Inc., CSU Sacramento	jreina@csus.edu	916-278-8925
PC	At Large	Jason Porth	Executive Director	San Francisco	The University Corporation, San Francisco State	jporth@sfsu.edu	415-338-6880

AORMA Committee Chair serves for a period of four years - Vice Chair, to Chair, to Past President, to Ex-Officio.

Standing Committee Chair serves a one-year term, is appointed by the AORMA Committee Chair, and must be an AORMA Committee member.

AORMA Committee and Standing Committee members may serve a maximum of three consecutive two-year terms (total six years).

Size of Campus: small - less than 10,000 FTE; medium - between 10,000 and 20,000 FTE; large - more than 20,000 FTE