

WORKERS' COMPENSATION THIRD-PARTY ADMINISTRATION SERVICES AGREEMENT

This Workers' Compensation Third-Party Administration Services Agreement ("Agreement") is made and entered into as of _____ ("Effective Date") by and between the City of North Las Vegas, a political subdivision of the State of Nevada ("City") and Cannon Cochran Management Services, Inc., a Delaware corporation ("Provider").

WITNESSETH:

WHEREAS, the City requires the services of a Third-Party Administrator to administer the City's Workers' Compensation Program claims, as more particularly described in Exhibit A ("Services"); and

WHEREAS, Provider represents that it has the experience, knowledge, labor, and skill to provide the Services in accordance with generally accepted industry standards, and is willing and able to provide the Services, as outlined in this Agreement, including Exhibit A and Exhibit B.

NOW THEREFORE, in consideration of the above recitals, mutual covenants, and terms and conditions contained herein, the parties hereby covenant and agree to the following:

SECTION ONE SCOPE OF SERVICES

Provider shall perform the Services in accordance with Exhibit A and the terms, conditions and covenants set forth in this Agreement. Any modification to the Services must be specified in a written amendment to this Agreement that sets forth the nature, scope, and payment for the Services as modified by the amendment

SECTION TWO TERM

This Agreement shall commence on January 1, 2023 and will continue to be in effect until December 31, 2025 ("Term"), unless earlier terminated in accordance with the terms herein. All Services shall be completed by the end of the Term. . If the City determines, in its sole discretion, that Provider has satisfactorily performed its obligations under this Agreement, the City Manager may extend the Term for up to two (2) additional one year period(s) upon written notice to the Provider.

SECTION THREE COMPENSATION

Provider will provide the Services at the rate set forth in the Provider's proposal ("Proposal") attached hereto as Exhibit B, which includes all fees for time and labor, overhead materials, equipment, insurance, licenses, and any other costs. Periodic progress billings will be due and payable within 30 days of presentation of invoice, provided that each invoice is

complete, correct, and undisputed by the City. The annual not to exceed amount of this Agreement is One Hundred Twenty-Six Thousand Four Hundred Dollars and 00/100 (\$126,400.00). The total not to exceed amount of this Agreement is Two Hundred Fifty-Two Thousand Eight Hundred Dollars and 00/100 (\$252,800.00).

SECTION FOUR TERMINATION OR SUSPENSION OF SERVICES

4.1. This Agreement may be terminated, in whole or in part, with or without cause, by the City upon thirty (30) days written notice to the Provider. In the event of termination, Provider shall be paid compensation for Services properly performed pursuant to the terms of the Agreement up to and including the termination date. The City shall not be liable for anticipated profits based upon Services not yet performed.

4.2. This Agreement may be terminated by the Provider in the event the City defaults in the due observance and performance of any material term or condition contained herein, and such default is not cured within thirty (30) days after the Provider delivers written notice of such default to the City.

4.3. The City may suspend performance by Provider under this Agreement for such period of time as the City, in its sole discretion, may prescribe by providing written notice to the Provider at least ten (10) days prior to the date on which the City will suspend performance. The Provider shall not perform further work under this Agreement after the effective date of the suspension until receipt of written notice from the City to resume performance, and the time period for Provider's performance of the Services shall be extended by the amount of time such performance was suspended.

SECTION FIVE PROVIDER REPRESENTATIONS AND WARRANTIES

5.1. The Provider hereby represents and warrants for the benefit of the City, the following:

5.1.1. Provider is a duly formed validly existing entity and is in good standing pursuant to the laws of the State of Nevada. The Provider is financially solvent, able to pay its debts when due, and possesses sufficient working capital to provide the Services pursuant to this Agreement.

5.1.2. The person executing this Agreement on Provider's behalf has the right, power, and authority to enter into this Agreement and such execution is binding on the Provider.

5.1.3. All Services performed, including deliverables supplied, shall conform to the specifications, drawings, and other descriptions set forth in this Agreement, and shall be performed in a manner consistent with the level of care and skill ordinarily exercised by members of Provider's profession and in accordance with generally accepted industry

standards prevailing at the time the Services are performed, and do not infringe the intellectual property of a third party. The foregoing representations and warranties are not intended as a limitation, but are in addition to all other terms set forth in this Agreement and such other warranties as are implied by law, custom, and usage of the trade.

SECTION SIX INDEMNIFICATION

Provider shall defend, indemnify, and hold harmless the City, and its officers, agents, and employees from any liabilities, claims, damages, losses, expenses, proceedings, actions, judgments, reasonable attorneys' fees, and court costs which the City suffers or its officers, agents or employees suffer, as a result of, or arising out of, the negligent or intentional acts or omissions of Provider, its subcontractors, agents, and employees, in performance of this Agreement, including, without limitation, compliance with the terms of Exhibit A, Exhibit B, and Exhibit C, until such time as the applicable statutes of limitation expire. This section survives default, expiration, or termination of this Agreement or excuse of performance.

SECTION SEVEN INDEPENDENT CONTRACTOR

Provider, its employees, subcontractors, and agents are independent contractors and not employees of the City. No approval by City shall be construed as making the City responsible for the manner in which Provider performs the Services or for any negligence, errors, or omissions of Provider, its employees, subcontractors, or agents. All City approvals are intended only to provide the City the right to satisfy itself with the quality of the Services performed by Provider. The City acknowledges and agrees that Provider retains the right to contract with other persons in the course and operation of Provider's business and this Agreement does not restrict Provider's ability to so contract.

SECTION EIGHT CONFIDENTIALITY AND AUTHORIZATIONS FOR ACCESS TO CONFIDENTIAL INFORMATION

8.1. Provider shall treat all information relating to the Services and all information supplied to Provider by the City as confidential and proprietary information of the City and shall not permit its release by Provider's employees, agents, or subcontractors to other parties or make any public announcement or release thereof without the City's prior written consent.

8.2. Provider hereby certifies that it has conducted, procured or reviewed a background check with respect to each employee, agent, or subcontractor of Provider having access to City personnel, data, information, personal property, or real property and has deemed such employee, agent, or subcontractor suitable to receive such information and/or access, and to perform Provider's duties set forth in this Agreement. The City reserves the right to refuse to allow any of Provider's employees, agents or subcontractors access to the City's personnel, data, information, personal property, or real property where such individual does not meet the City's background and security requirements, as determined by the City in its sole discretion.

SECTION NINE INSURANCE

9.1. Provider shall procure and maintain at all times during the performance of the Services, at its own expense, the following insurances:

9.1.1. Workers' Compensation Insurance as required by the applicable legal requirements, covering all persons employed in connection with the matters contemplated hereunder and with respect to whom death or injury claims could be asserted against the City or Provider.

9.1.2. Comprehensive General Liability -- (CGL): Insurance Services Office Form CG 00 01 covering CGL on an "occurrence" basis, including products and completed operations, property damage, bodily injury and personal & advertising injury with limits no less than \$2,000,000.00 per occurrence. If a general aggregate limit applies, either the general aggregate limit shall apply separately to this project/location (ISO CG 25 03 05 09 or 25 04 05 09) or the general aggregate limit shall be twice the required occurrence limit.

9.1.3. Additional Insured Status: The City, its officers, officials, employees, and volunteers are to be covered as additional insureds on the CGL policy with respect to liability arising out of work or operations performed by or on behalf of the Contractor including materials, parts or equipment furnished in connection with such work or operations. General liability coverage can be provided in the form of an endorsement to the Contractor's insurance (at least as broad as ISO Form CG 20 10 11 85 or both CG 20 10, CG 20 26, CG 20 33, or CG 20 38; and CG 20 37 forms if later revisions used).

9.1.4. Automobile Liability: ISO Form Number CA 00 01 covering any auto (Code 1), or if Contractor has no owned autos, covering hired, (Code 8) and non-owned autos (Code 9), with limit no less than \$1,000,000 per accident for bodily injury and property damage.

9.1.5. Professional Liability (errors and omissions) Insurance appropriate to the Contractor's profession, with limit no less than \$2,000,000 per occurrence or claim, \$4,000,000 aggregate.

9.1.5.1. Coverage must include professional misconduct or lack of ordinary skill for those positions defined in the scope of work for this Proposal.

9.1.6. Cyber/IT Technology Liability insurance to include coverage for technology and professional services; privacy and cyber security; and privacy regulatory defense awards, and fines:

Each Claim of Loss: \$3,000,000.00
Aggregate: \$6,000,000.00

9.1.7. Blanket Fidelity Bond: Provider shall maintain a blanket fidelity bond (or equivalent insurance such as Third Party Crime Insurance) in an amount not less than Two 33 Million Dollars (\$2,000,000.00), with an insurer or approved corporate surety covering any and all principals, officers and employees involved in performance of the Agreement and the trust fund account.

9.2. Provider shall deliver certificates of insurance indicating that such insurance is in effect to the City before commencement of the Services under this Agreement. If Provider is underwritten on a claims-made basis, the retroactive date shall be prior to or coincident with the Effective Date of this Agreement, and the certificate of insurance shall state that coverage is claims-made and the retroactive date. Provider shall provide the City with 30-day advance written notice of policy cancellation of any insurance policy required to be maintained by Provider pursuant to this Agreement.

9.3. All insurance policies required hereunder, and all renewals, shall be provided by a company or companies authorized to do business in Nevada and shall expressly:

9.3.1. Waive subrogation against the City, its officers, agents, servants and employees;

9.3.2. Provide that they are primary and noncontributing with any insurance which the City may carry;

9.3.3. Include or be endorsed to cover Provider's contractual liability to the City; and

9.3.4. Disclose all deductible and self-insured retentions in the Certificate of Insurance. No deductible or self-insured retention may exceed \$250,000 without the written approval of the City.

SECTION TEN NOTICES

10.1. Any notice requiring or permitted to be given under this Agreement shall be deemed to have been given when received by the party to whom it is directed by personal service, hand delivery or United States mail at the following addresses:

To City:	City of North Las Vegas
	Attention: Marie Leake
	2250 Las Vegas Blvd., North, Suite 710
	North Las Vegas, NV 89030
	Phone: 702-633-2440

To Provider: Cannon Cochran Management Services, Inc.
Attention: Sahrina Huit
7251 West Lake Mead Boulevard, Suite 260
Las Vegas, NV 89128
Phone: 866-446-1424

10.2. Either party may, at any time and from time to time, change its address by written notice to the other.

SECTION ELEVEN SAFETY

11.1. Obligation to Comply with Applicable Safety Rules and Standards. Contractor shall ensure that it is familiar with all applicable safety and health standards promulgated by state and federal governmental authorities including, but not limited to, all applicable requirements of the Occupational Safety and Health Act of 1970, including all applicable standards published in 29 C.F.R. parts 1910, and 1926 and applicable occupational safety and health standards promulgated under the state of Nevada. Contractor further recognizes that, while Contractor is performing any work on behalf the City, under the terms of this Agreement, Contractor agrees that it has the sole and exclusive responsibility to assure that its employees and the employees of its subcontractors comply at all times with all applicable safety and health standards as above-described and all applicable City safety and health rules.

11.2. Safety Equipment. Contractor will supply all of its employees and subcontractors with the appropriate Safety equipment required for performing functions at the City facilities.

SECTION TWELVE ENTIRE AGREEMENT

This Agreement, together with any attachment, contains the entire Agreement between Provider and City relating to rights granted and obligations assumed by the parties hereto. Any prior agreements, promises, negotiations or representations, either oral or written, relating to the subject matter of this Agreement not expressly set forth in this Agreement are of no force or effect.

SECTION THIRTEEN MISCELLANEOUS

13.1. Governing Law and Venue. The laws of the State of Nevada and the North Las Vegas Municipal Code govern the validity, construction, performance and effect of this Agreement, without regard to conflicts of law. All actions shall be initiated in the courts of Clark County, Nevada or the federal district court with jurisdiction over Clark County, Nevada.

13.2. Assignment. Any attempt to assign this Agreement by Provider without the prior written consent of the City shall be void.

13.3. Amendment. This Agreement may be amended or modified only by a writing executed by the City and Provider.

13.4. Controlling Document. To the extent any of the terms or provisions in Exhibit A, Exhibit B, and Exhibit C, conflict with this Agreement, the terms and provisions of this Agreement shall govern and control. Any additional, different or conflicting terms or provisions contained in Exhibit A, Exhibit B, or Exhibit C or any other written or oral communication from Provider shall not be binding in any way on the City whether or not such terms would materially alter this Agreement, and the City hereby objects thereto.

13.5. Time of the Essence. Time is of the essence in the performance of this Agreement and all of its terms, provisions, covenants and conditions.

13.6. Waiver. No consent or waiver, express or implied, by the Provider or the City of any breach or default by the other in performance of any obligation under the Agreement shall be deemed or construed to be a consent or waiver to or of any other breach or default by such party.

13.7. Waiver of Consequential Damages. The City shall not be liable to Provider, its agents, or any third party for any consequential, indirect, exemplary or incidental damages, including, without limitation, damages based on delay, loss of use, lost revenues or lost profits. This section survives default, expiration, or termination of this Agreement.

13.8. Severability. If any provision of this Agreement shall be held to be invalid or unenforceable, the remaining provisions of this Agreement shall remain valid and binding on the parties hereto.

13.9. No Fiduciary or Joint Venture. This Agreement is not intended to create, and shall not be deemed to create, any relationship between the parties hereto other than that of independent entities contracting with each other solely for the purpose of effecting the provisions of this Agreement. Neither of the parties hereto shall be construed to be the agent, employer, representative, fiduciary, or joint venturer of the other and neither party shall have the power to bind the other by virtue of this Agreement.

13.10. Effect of Termination. In the event this Agreement is terminated, all rights and obligations of the parties hereunder shall cease, other than indemnity obligations and matters that by their terms survive the termination.

13.11. Ownership of Documents. Provider shall treat all information related to this Agreement, all information supplied to Provider by the City, and all documents, reconciliations and reports produced pursuant to this Agreement as confidential and proprietary information of the City and shall not use, share, or release such information to any third-party without the City's prior written permission. This section shall survive the termination or expiration of this Agreement.

13.12. Fiscal Funding Out. The City reasonably believes that sufficient funds can be obtained to make all payments during the Term of this Agreement. Pursuant to NRS Chapter

354, if the City does not allocate funds to continue the function performed by Provider under this Agreement, the Agreement will be terminated when appropriate funds expire.

13.13. Public Record. Pursuant to NRS 293.010 and other applicable legal authority, each and every document provided to the City may be a "Public Record" open to inspection and copying by any person, except for those documents otherwise declared by law to be confidential. The City shall not be liable in any way to Provider for the disclosure of any public record including, but not limited to, documents provided to the City by Provider. In the event the City is required to defend an action with regard to a public records request for documents submitted by Provider, Provider agrees to indemnify, hold harmless, and defend the City from all damages, costs, and expenses, including court costs and reasonable attorneys' fees related to such public records request. This section shall survive the expiration or early termination of the Agreement.

13.14. Interpretation. The language of this Agreement has been agreed to by both parties to express their mutual intent. The headings contained in this Agreement are for reference purposes only and shall not affect in any way the meaning or interpretation of this Agreement. Preparation of this Agreement has been a joint effort by the City and Provider and the resulting document shall not, solely as a matter of judicial construction, be construed more severely against one of the parties than the other.

13.15. Electronic Signatures. The use of facsimile, email, or other electronic medium shall have the same force and effect as original signatures.

13.16. Counterparts. This Agreement may be executed in counterparts and all of such counterparts, taken together, shall be deemed part of one instrument.

13.17. Federal Funding. Supplier certifies that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, in receipt of a notice of proposed debarment or voluntarily excluded from participation in this transaction by any federal department or agency. This certification is made pursuant to the regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67, § 67.510, as published as pt. VII of the May 26, 1988, Federal Register (pp. 19160-19211), and any relevant program specific regulations. This provision shall be required of every subcontractor receiving any payment in whole or in part from federal funds.

[The remainder of page is intentionally left blank. Signature page to follow.]

IN WITNESS WHEREOF, the City and Provider have executed this Agreement as of the Effective Date.

City of North Las Vegas,
a Nevada municipal corporation

Cannon Cochran Management
Services, Inc., a Delaware corporation

By: _____
John J. Lee, Mayor

By: Rodney J. Golden
Name: Rodney J. Golden
Title: COO

Attest:

By: _____
Catherine A. Raynor, MMC, City Clerk

Approved as to form:

By: _____
Micaela Rustia Moore, City Attorney

EXHIBIT A

Services

Please see the attached page(s).

Proposal to:

**CITY OF NORTH LAS VEGAS
REQUEST FOR PROPOSAL (“RFP”)
RFP 2020-006 Workers’
Compensation Third-Party
Administration Services**

Cannon Cochran Management Services, Inc.

7251 West Lake Mead Boulevard, Suite 260

City Center West, Building B

Las Vegas, NV 89128

Phone: 702-933-4800

866-446-1424

Fax: 702-933-4861

Contact: Brigid Reyes, Nevada State Director
breyes@ccmsi.com

October 2020



www.ccmsi.com

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

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Executive Summary

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Executive Summary

Cannon Cochran Management Services, Inc. (CCMSI) is a privately held, employee-owned company and leading third-party administrator for property/casualty programs including workers' compensation, liability, and property claims management. Since 1978, we've successfully provided claim services, loss control, managed care, Internet claims analysis and reporting services to self-insured groups and individual employers in a wide range of industries, including governmental, retail, manufacturing, health care, gaming, construction, transportation, higher education and more.

CCMSI is a Delaware registered S-Corporation. ***Our company is 100% employee owned.*** Unlike other TPA's, we are not owned by an insurance carrier, broker or private equity fund; this allows us to make client-centric decisions and focus on long-term client value creation versus short-term financial performance. Our employee ownership culture allows us to attract and retain the best employees and drives our ***exceptionally low turnover rate of 5%.***

CCMSI has been certified as a great workplace by the analysts at Great Place to Work®. With a 90% confidence level, 80% of CCMSI's workforce participated in the anonymous survey. Ensuring that we have a positive work environment is essential to CCMSI's success and future growth. Without our greatest asset, our staff, we would not be able to successfully *deliver what matters most* to our clients. See all results here: <http://reviews.greatplacetowork.com/ccmsi>



We see the world from a risk management perspective. We recognize that each client is unique and we take the time to understand each one of their goals and expectations. We deliver flexible, customized and cost-effective solutions utilizing experienced personnel and cutting-edge technology.

We are known for quality client satisfaction and superior results, and we are respected for our integrity and the fulfillment of promises. We work hard to develop long-term partnerships with our clients — partnerships that add value to their risk management programs and a difference to their bottom line.

CCMSI offers clients a wide range of risk management services designed for comprehensive coverage and administration efficiencies. Services include:

- Client specific Third Party Claims Administration
- Self-Insured Group Administration Services – accounting, underwriting, marketing, and excess placement
- Loss Control – Industry-specific Loss Control programs
- iCE – CCMSI's Internet claims analysis and reporting tool
- Comp MC – CCMSI's private label managed care program
- FIRE – CCMSI's Special Investigation Unit program
- CLEAR – CCMSI's Legal Bill Review program



CCMSI has over 1,400 employees from 34 office locations for 500+ individual self-insured employers, 10+ captives, 40+ primary insurance companies and 50+ self-insurance groups.



This Executive Summary highlights the key areas that we feel differentiate CCMSI from our competitors and provide the basis for delivering a unique claims management solution.

1. Client Focused Service
2. Differentiators
3. RMIS Technology
4. Talent Acquisition & Unique Culture

Client Focused Service

CCMSI has earned a reputation for understanding our clients' needs and delivering excellent value. We have created a **new alternative client focused approach to TPA services**. We start with a blank canvas and by listening and better understanding our clients; we collectively paint the picture of their desired outcomes and deliver these outcomes with extraordinary execution. This client approach has established CCMSI as the quality standard in our industry with a **client retention rate of 98%**.

A few features of our Client Focused model are:

First understand the client and their unique needs – CCMSI's success is built on understanding that each client is unique. Therefore, we must first understand each client, their business objectives and key performance indicators to enable us to deliver the services necessary to meet those needs and exceed

expectations. We must design our claims services to facilitate and support your safe culture and also deliver the critical information to your top managers to keep them aware and informed to make key decisions.

Quality Service Plan – We prepare very detailed, written handling instructions, which design the structure of the program to meet the exact specifications of each client. We then diligently ensure continuous and consistent compliance with these instructions.

Client Scorecard – At the outset of the relationship, a Client Scorecard will be developed in concert with each new client that identifies the specific criteria upon which they will evaluate CCMSI’s performance. Annually the Account Manager meets with clients to complete a client scorecard evaluation, which measures CCMSI’s performance. The product of this review is a specific, numeric rating of each aspect of CCMSI’s claims handling and client service. If we score anything less than 100%, a specific action list is developed and implemented to improve our results over the next year. ***The Client Scorecard results are one of our most important performance metrics and thus used for employee performance evaluation and incentive purposes.***

Stewardship – We hold an annual performance evaluation and strategy meeting to review the prior year’s performance including service and loss cost results. In addition, we collaborate with the client to develop and implement strategies for improving the results of the program in the next year.

Differentiators

We apply the 5 CCMSI Principles and CCMSI Core Values as the foundation of our business practices. This foundation in tandem with our solutions, technology and expertise has and will continue to produce successful results for our clients. At CCMSI, our focus is delivering what matters most to our clients.

Cannon Cochran Management Services, Inc.

Core Values & Principles



CCMSI is a leader in the TPA industry with extensive experience in claims administration. The areas that we feel distinguish us as a leader from our competitors are listed below:

Transparent & Candid

- We are honest and forthright with our clients. Our candor ensures that our clients always get the truth, even when the issue is difficult.
- Business models matter. We believe in sharing information about our business model and providing our clients with a method to evaluate their true costs.
- We do not have revenue sharing arrangements with our vendors. We choose the vendor based on their ability to produce the best outcome for our clients, and our clients actively participate in their selection.

Innovative & Proactive

- We are committed to providing our clients innovative and progressive technology. Our customer dashboard makes client result visible, real time, any time.
- As a privately held, Boutique firm, we make decisions based on doing what is right for our clients.
- We proactively communicate with our clients, ensuring that they are kept abreast of all significant changes in the status of their risk.

Consistent & Flexible

- We believe in creating partnerships between our clients and our claims managers. Our employees distinguish themselves by the dedication they place in achieving client results.
- We believe to effectively manage a claim, caseloads must be manageable. We keep caseloads low so we can pay bills on time, aggressively manage and close cases which ultimately keep client costs down. Our national claims supervisors ensure this consistency across all markets.
- We follow client instructions. We take their preferences into account and build a partnership. There are no cookie cutter plans here.

	CCMSI	Model 2	Model 3	Model 4	Model 5
Case Loads	Reasonable, low case loads.	Higher case loads, high use of vendors.	Higher case loads, high use of vendors.	Very high case loads, very high use of internal support (nurse case managers).	Carrier-Owned and Operated.
Revenue-Sharing Model	No revenue sharing (allows for unbiased vendor selection).	Revenue-sharing based on volume given to vendor.	Revenue-sharing based on volume given to vendor (May unbundle with turnkey program).	Revenue-sharing based on volume given to vendor (Can't unbundle without destroying their profit model).	Revenue-sharing based on volume given to vendor. (Unlikely to unbundle, turnkey programs).
Adjuster Turnover	Very low, won't reassign based on client size.	Higher, often moved to larger clients.	Higher, often moved to larger clients.	Not relevant, because most work is done by nurses.	
Ability to Customize and Build Client-Centered Process	Boutique approach, model built on customization.	Difficulty customizing, necessarily process-driven.	Difficulty customizing, necessarily process-driven.	Difficulty customizing, necessarily process-driven.	Difficulty customizing as claims management is not primary business.
Profit Model	Claims Management Fees (easy for client to understand).	Low Claims Management fees, high revenue-sharing, vertically integrated suppliers (difficult model to understand).	Low Claims Management fees, high revenue-sharing (difficult model to understand).	Very low Claims Management fees to acquire clients for company's main business (PPO).	Competitive Claims Management fees, profit is driven by insurance coverage fees.

RMIS Technology

We offer superior technology that allows us to adapt the capture and reporting of data to the client's specific needs. Our technology allows the delivery of key performance metrics and analytics to measure and improve program performance. Just a few examples include our Client Dashboard Report and our mobile app that allows our clients to review claims data directly on their iPhone. A few key features of RMIS "iCE" include:

General Features –

- 24-7 internet access to live data
- Flexible user friendly navigation
- Capability to receive data from multitude of data sources
- Password protection with varying levels of security access
- Allows hierarchy of up to 25 levels to track data by state, department etc.
- Ability to create customized user fields
- Ability to view all claim summary and detail
- Ability to view adjuster notes by category including; summary, medical, litigation, reserves etc.
- Ability to generate state specific First Report of Injury and other state forms in PDF
- Ability for clients to upload documents directly to the claim file/adjuster
- OSHA reporting
- Medical bill and medical report viewing on-line
- CCMSI Mobile app allowing the client to view claim data including summary and notes
- CCMSI ClaimView app allowing claimants to view payments made to them, view active drug card, and communicate with their adjuster



- Claim Risk Assessment to identify possible risk drivers for indemnity claims
- Predictive Analytics which utilizes daily AI functionality to determine risk drivers, future treatments, and estimated financial incurred values


Reporting Features –

- On-line access to monthly standard reports dating back 24 months
- User specific Executive Portal showing key data upon log-in
- Dashboard functionality which the user customizes to their specific needs
- Complete ad-hoc reporting capabilities including financial, claims detail and loss control data.
- Summary and detail claim reporting including drill-down capabilities
- Analytical tools including historical and current period comparisons including various graphical presentation
- Cost containment savings and fee reporting

Each new client's designated employees that are given appropriate access levels will be able to review all aspects of the claims file through CCMSI's Internet Based Risk Management system, iCE. The Quick Claim Look Up function, allows the user to go directly to an individual claim for review. The information outlined below can be viewed for a particular claim file, a selected group of files, (e.g. department or division,) a particular time period, or the client as a whole. Client specific reports including loss reports, financial reports, summary reports, monthly check registers and monthly vendor payments will be posted at the client's iCE report tab. Reports in PDF format are maintained there for a rolling 12-month period.

Each electronic claim file is complete with commentary on the items listed below as well as the associated financial data. All payments made on a claim are listed on the financial transaction screens. That screen provides information on each individual payment and also contains a link to the scanned images of medical bills and reports. In addition, we offer "as of date" financial information. A simple calendar selection function allows a rollback of information to a previous date.

The following print screen details the categories viewable to a client for a particular claim file along with the tab header which displays other key elements available for client review.


Claim # 11ICEC053617 - Claimant, Ind 36 - 7/8/2018

Overview

Detail

Summary

Financial

Notes

Legal

Client Diaries

Reserves

Transactions

Claim Risk

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

[Add Documents to Claim](#) ☐ View/Print Multiple Pages ☒ Tag this claim

Claim Detail

Claim Number:	11ICEC053617
Name:	Claimant, Ind 36
Date of Loss:	7/8/2018
Coverage Code:	WVC
Claim Status:	Open
Claim Type:	Indemnity
Medicare Eligible:	N/A

Accident Description:
Strain left arm shoveling debris


Adjuster: VOGEL, RACHEL
Email: RVOGEL@CCMSI.COM
Phone: 504-383-8407

Supervisor: VOGEL, RACHEL
Email: RVOGEL@CCMSI.COM
Phone: 504-383-8407

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

Policy Holder: BUSINESS UNIT 1 1700
Primary Insurance Co.: Self-Funded
Issuing Insurance Co.: SELF-FUNDED
Policy #:
Effective Date: 1/1/2018
SIR/Deductible: \$0

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



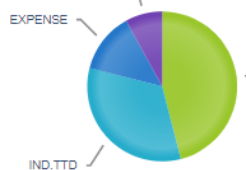
[Form Filler](#)

Financial Summary

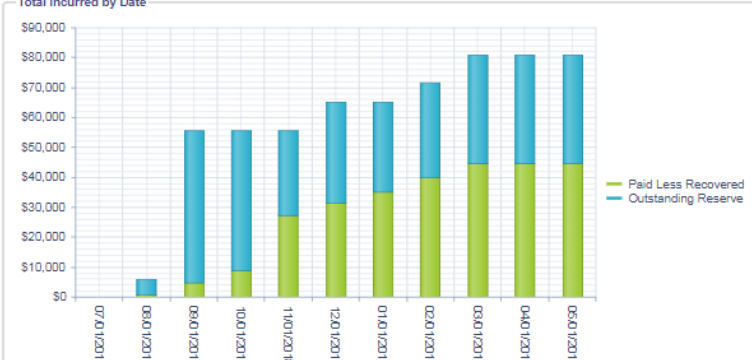
Claim Totals

Total Paid:	\$44,534.56
Outstanding Reserves:	\$38,387.19
Third Party Recovery:	\$0.00
Total Incurred:	\$80,921.75
Carrier Reimbursement:	\$0.00
Net Incurred:	\$80,921.75

Incurred By Class



Total Incurred by Date



Documents

[Add Documents to Claim](#)

Pending Documents (for adjuster)

There are no pending documents

Initial Report Documents

There are no documents for the Initial Report.

ICE

Claim # 11ICEC053617 - Claimant, Ind 36 - 7/8/2018

Overview	Detail	Summary	Financial	Notes	Legal	Client Diaries	Reserves	Transactions	Claim Risk
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Your session expires in: 28 minutes [Reset](#)

☐ View/Print Multiple Pages ☒ Tag this claim

Claim Status: Open Coverage Code: WC Claim Type: Indemnity Date Claim Closed: N/A		TCM: <input checked="" type="checkbox"/> Claim Source: iCEBar Claim Denied: N Claim Risk Level: <input checked="" type="checkbox"/>		Timeline Date Of Loss: 7/8/2018 Claimant Report Date: 7/11/2018 Claim Entry Date: 7/8/2018 Date Opened: 7/8/2018 Indemnity Date: 2/15/2019
--	--	--	--	--

Claimant Name: Claimant, Ind 36 Home Phone: 555-555-5555 Mobile Phone: Personal Email:		Address: 7373 Lakewood Ave Sacramento, CA 94203 United States	
Soc Sec Num: XXX-XX-7038 Age: 58 Marital Status: Married		Employee ID: 111-11-7038 Gender: M Date of Birth: 8/20/1956	

Employee Date Of Hire: 5/24/2017 TTD Rate: \$843.01 Job Title (Carrier):		Job Class: 9403 - GARBAGE COLLECTION AND DRIVERS Avg Weekly Wage: \$964.48 PPD Rate: \$260.59	
--	--	---	--

Incident Date Of Loss: 7/8/2018 Loss Type: SPRAIN/STRAIN Cause Code: SPRAIN/STRAIN Description: Strain left arm shoveling debris Occurrence: Accident State: CA		Time of Injury: 12:45 Body Part: ARM LEFT Entry Date: 7/8/2018 12:00:00 State Claim Number: State of Jurisdiction: CA	
--	--	---	--

Codes Policy Holder: BUSINESS UNIT 1 1700 Departments: WEST Sub-Department: LOS ANGELES Area: COMMERCIAL Job Title: DRIVER		Location: CALIFORNIA OPERATIONS	
Member Status: Active			

Contacts		Date	UserID	Comments
Employee:	12/27/2018	KBRECHTEL	Refer to file notes	
Employer:	12/27/2018	KBRECHTEL	Left voicemail for contact at 888-888-8888	
Medical:	12/27/2018	KBRECHTEL	Refer to file notes	

CCMSI's clients have the ability to filter claims information by any or all of the following:

- Date of loss
- Date of entry
- Date closed
- Policy Holder (if applicable)
- Claimant name
- Claimant social security number
- Claim number
- Total incurred over a specific dollar amount
- Total incurred between specific dollar amounts
- Type of claim (indemnity, medical, and/or incident)
- Claim status (open, closed, pending)
- Location/Cabinet/Division/Department, etc.
- Description codes (customized by each client with up to 25 possible fields)
- View claims under investigation
- View denied claims
- View claimants with 1, 2, 3, 4, 5 or more claims

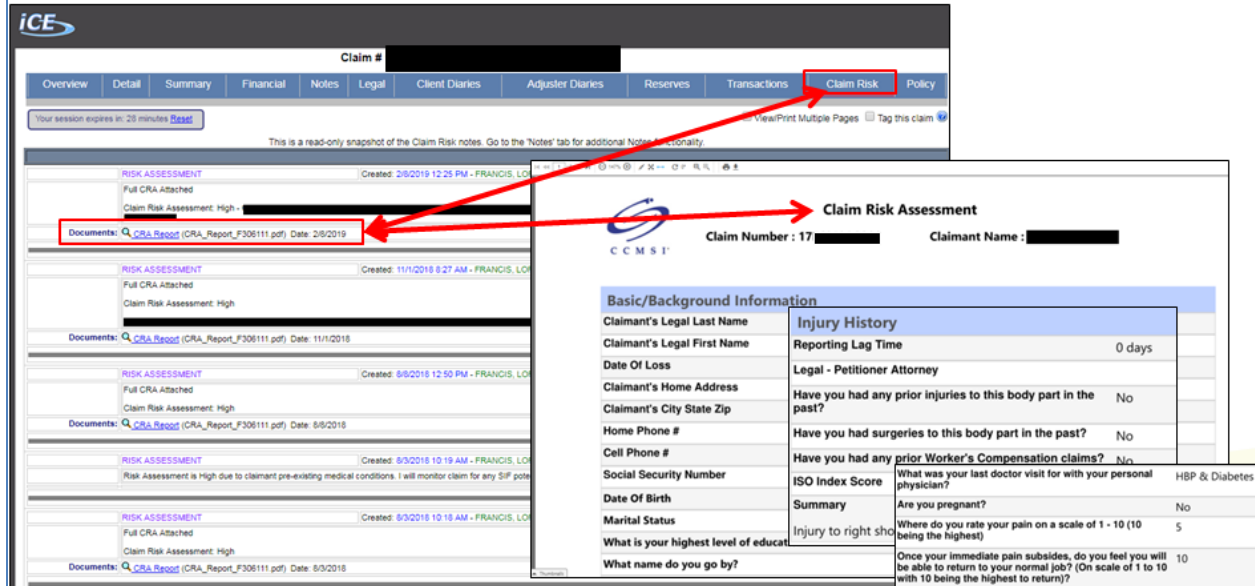
Once the desired claim has been located, the client will have the ability to view the following information with a simple click of the mouse and download the information to Excel format:

- Claim status (open, closed, pending)
- Claimant information (name, address, etc.)
- Employment information (Average weekly wage, PPD rate, etc.)
- Accident information (loss type, loss cause, accident description, etc.)
- Detailed summary of claim facts and information
- Contact information (claimant, client, and medical provider)
- Ability to e-mail adjuster with any questions
- Legal information (if applicable)
- All adjuster log notes, which can be sorted by date, note activity, or adjuster in ascending or descending order. Adjuster log notes may include the following:
 - Action plan/diary review
 - Claimant contact and summary of conversations
 - Client contact and summary of conversations
 - Excess insurance information and reporting
 - All information obtained during the investigation process
 - A summary of all legal correspondence
 - A summary of all medical treatment
 - A summary of all medical case management activity
 - Reserve rational
 - Settlement evaluation
 - State reporting and correspondence
 - A summary of information regarding subrogation potential, and efforts to recover
 - Supervisor comments and direction to the adjuster
 - A summary of all vocational rehab activity
- Financial and payment transaction analysis which includes the following:
 - Pie and bar charts to provide a comprehensive and visual breakdown of claim reserves and reserve development
 - Financial information valued as of a specific date
 - Payment transactions list all financial transactions. Including check number, input date, payment amount, payee name, payment status, print date, invoice number and comment
 - Medical invoices may also include a scanned image of the invoice, any related attachments such as medical records, as well as the explanation of review.

CCMSI Claim Risk Assessment (CRA) & New Gradient AI Claim Daily Claim Scorecard

Since 2015, CCMSI has been utilizing a customized in-house claim scoring system based on the capturing of 65 new data fields built around customized algorithms to score indemnity claims as potential high, moderate or low risk claims. Some of the fields utilized in this analysis included – comorbidities, BMI, distance to work, distance to doctor, pain threshold, claimants probability of returning to work, prior surgeries, etc. (Note: Complete lists of these fields are available if requested).

Claim Risk Assessment (CRA) –Adjuster Tool

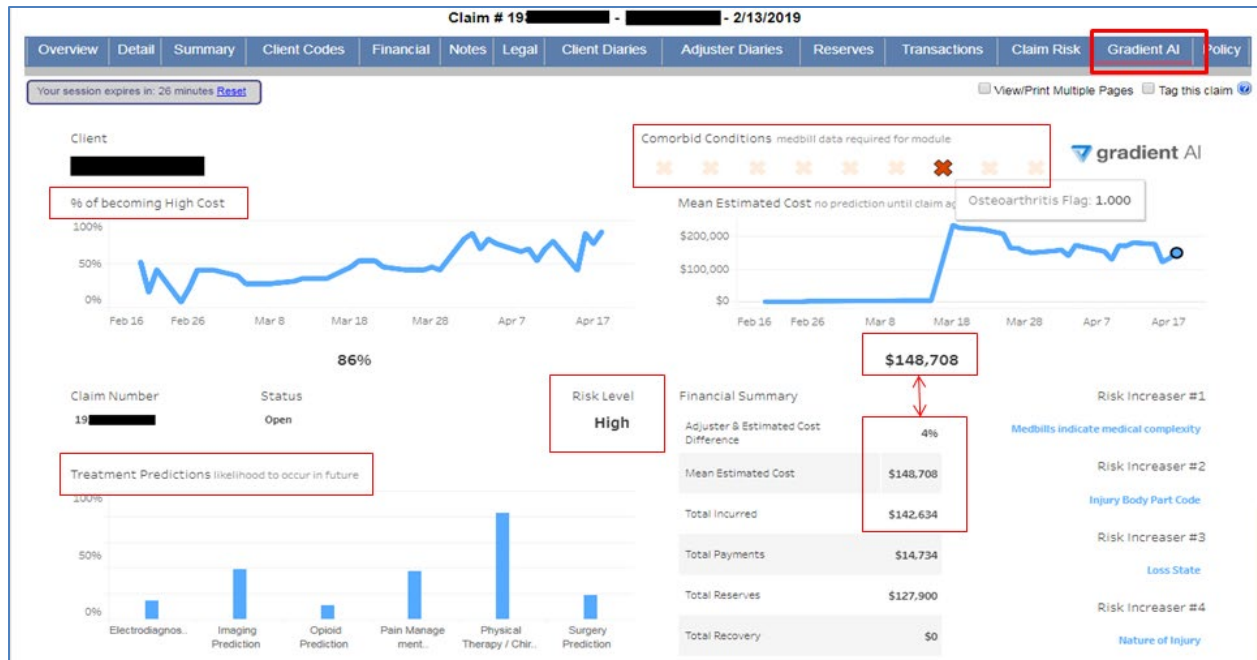


In 1st quarter of 2019, CCMSI completed its integration with Milliman Gradient AI, utilizing its artificial intelligence product to score all indemnity and medical only claims nightly. Gradient now utilizes over 40,000,000 WC claims and additional third party datasets to analyze all claims daily. The enhanced AI product is extremely successful with earlier identification of claim drivers and costs.

CCMSI sends Gradient AI nightly all claims data fields captured in our system including transaction data, adjuster notes, medical bills, prescription data and our claim risk assessment fields. Gradient scores the claims nightly and provides CCMSI with the following information:

- High, Medium and Low risk of claim being a high cost claim
- Total incurred predication (starting 30 days after receipt by CCMSI)
- Treatment predictions – surgery, PT, electro diagnostics, imaging, opioids, pain management
- List of all comorbidities
- List of factors that are impacting the cost of the claim

The screen shot below shows the information described above and how it is depicted in our client's iCE portal:



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

Phase 2 of the Gradient product which will roll out end of 2nd quarter 2020, will provide the claims team and client with additional AI claim intervention information which can be utilized to assist the team with recommended interventions in six key areas:



Additional predictive models that CCMSI is working with Gradient AI on are:

- Evaluation of medical only claims that will convert to indemnity claims
- Evaluation of claims that will have attorney representation
- Estimate of average duration of lost days
- Medical providers with best outcomes
- PT Scorecard and analytic status of claimant physical therapy progress

iCE Reports Overview

CCMSI's iCE (Internet Claims Edge) risk management system is designed to provide timely, accurate and rich data for our clients. All key claims and loss control data are captured in our system, and can be retrieved via standard, and ad hoc on line reports. Based upon the desired selection criteria, ad hoc reports can be generated by the user with a few selective mouse clicks. Reports can be detailed or have simple summaries with pie charts.

Standard Reports – CCMSI over the years has developed a catalogue of over 400 reports based specifically upon the requirements of our clients. The standard reports include Detail Claim Information Reports, Summary Reports at various reporting levels, Check and Payment registers, late reporting information, loss ratio reports by desired operating levels, etc. These static reports are posted on-line within 5 business days and available 24-7 within our on-line RMIS system.

Ad hoc reporting – through iCE our clients can generate a wide array of useful ad-hoc reports with the opportunity to sort and categorize by various fields and data. Robust analytics are provided including useful charts and graphs.

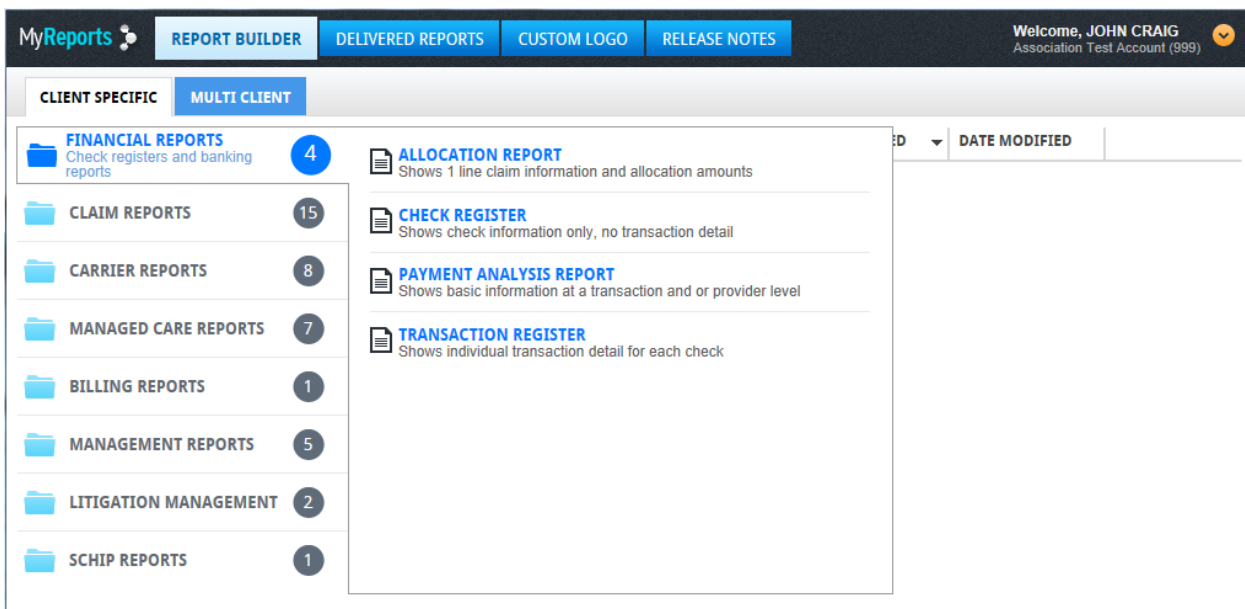
Special Customized Reports – in the rare occasion our clients reporting needs cannot be met by our catalogue of standard reports, or ad hoc reporting capabilities, we can custom design and develop the necessary reports to meet your needs. Our standard fee is \$150/hour to for development however if the custom report requests are minimal there most likely we will not charge for this service.

Live Reports – this feature provides the 13 most commonly used reports by our clients, including detail and summary loss runs, transaction, comparative period, loss triangles and reserve change reports. These reports can be generated with user-selected periods and as of dates.



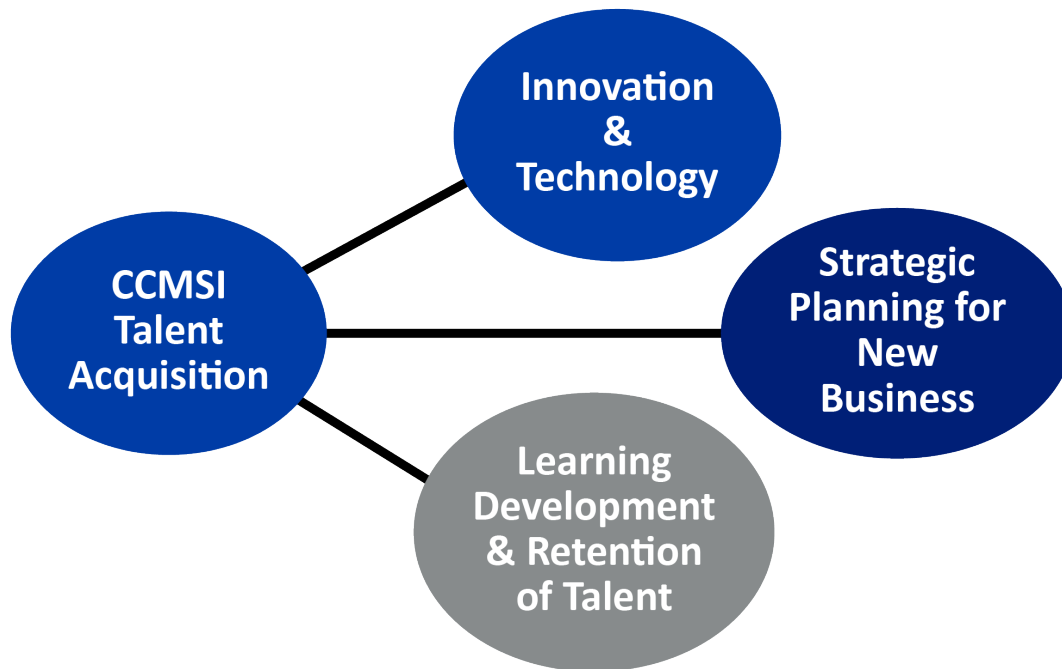
The screenshot shows the iCE application interface. At the top, there is a navigation bar with tabs for Live Reports, Month-End Reports, Global Reports, Managed Care, ICE Usage Reports, My Reports, and Custom Reports. A red box highlights the 'Live Reports' tab. Below the navigation bar, there is a sidebar with a menu for 'Report Delivery' which includes options like Live Reports, Month-End Reports, Global Reports, Managed Care Reports, ICE Usage Reports, My Reports, and Custom Reports. A red box highlights the 'Live Reports' option in this menu. In the center, a blue callout box contains the text 'Various CCMSI Client Reporting Solutions'. On the right side, there is a section titled 'Live Reports' which lists various report categories: Banking Reports (Balances and Funding Obligations Report, Bank Account Register), Claim Reports (Financial Activity Report, Lag Report, Loss Run Detail Report, Loss Run Summary Report, Loss Triangle Report, Occurrence Loss Report, Period Comparison Detail Report, Period Comparison Summary Report, Repeater Report), Transactional Reports (Reserve Change Report, Transaction Register), and Other (Indemnity Payments for Policy Period Report (MPERS)).

My Reports – This allows you to build a Loss Run exactly the way you want to see it. There are over 300 fields to choose from. You can choose the fields you want, the order you want them to appear, and the hierarchy that you want to have totals for. This report can then be scheduled to be run automatically on a regular basis and then emailed to you (pdf or xls) or posted to our iCE application. Our Customer Service team is available to assist you in creating these reports.



The screenshot shows the MyReports application interface. At the top, there is a navigation bar with tabs for REPORT BUILDER, DELIVERED REPORTS, CUSTOM LOGO, and RELEASE NOTES. Below the navigation bar, there is a section titled 'CLIENT SPECIFIC' with a sub-tab for 'MULTI CLIENT'. On the left side, there is a list of report categories with their respective counts: FINANCIAL REPORTS (4), CLAIM REPORTS (15), CARRIER REPORTS (8), MANAGED CARE REPORTS (7), BILLING REPORTS (1), MANAGEMENT REPORTS (5), LITIGATION MANAGEMENT (2), and SCHIP REPORTS (1). On the right side, there is a list of specific reports: ALLOCATION REPORT (Shows 1 line claim information and allocation amounts), CHECK REGISTER (Shows check information only, no transaction detail), PAYMENT ANALYSIS REPORT (Shows basic information at a transaction and or provider level), and TRANSACTION REGISTER (Shows individual transaction detail for each check). A table with columns for 'NAME' and 'DATE MODIFIED' is also visible on the right.

Talent Acquisition



CCMSI operates a unique culture that provides a home for the highest quality Adjusters and Account Managers in the industry.

Unlike our national TPA competitors, we are not owned by insurance carriers, brokers or private equity firms. CCMSI is an employee owned ESOP Company. This translates to our focus on the TPA industry, our people and our clients. Most of our competitors must answer to parent brokers, insurance carriers or investors whose focus remains on financial performance and return on investment.

CCMSI utilizes a variety of ways to acquire talent and retain of our workforce. The staffing of a new account begins before the contract is even awarded. CCMSI believes that you have to be proactive in finding, training and retaining quality workers.

CCMSI performs this in various ways:

- We use Indeed.com as our web based portal of new potential employees
- We established CCMSI U, which is an intern based program to identify and educate college students in the TPA industry
- CCMSI LevelUP Career Pathways Program was established to develop and train associates for adjuster roles
- Ongoing Corporate Training
- Tradeshow and job fairs

This creates a culture that attracts the highest quality team members focused on excellent client service. The cornerstones of our culture:

Team Member Ownership – Every team member at CCMSI is a vested owner who recognizes the way to drive value in our company is to continue to provide exceptional service to our clients.

Manageable Case Loads and Claims Support – We attract the best adjusters in the industry by offering manageable caseloads (125 indemnity/liability files on average) and the administrative support so our adjusters can focus on assisting the injured worker/claimant return to health and driving down our clients' cost of risk.

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

Our culture allows us to attract and retain the highest quality staff and maintain ***the lowest turnover percentage in the industry. This provides continuity and consistent delivery of exceptional service for our clients.***

Applicant Profile

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

Applicant Profile

- Provide a narrative description of the Applicant itself, including the following:
 - Applicant's business identification information, including name, business address, telephone number, website address, and federal taxpayer identification number or federal employer identification number;

Cannon Cochran Management Services, Inc. (CCMSI)

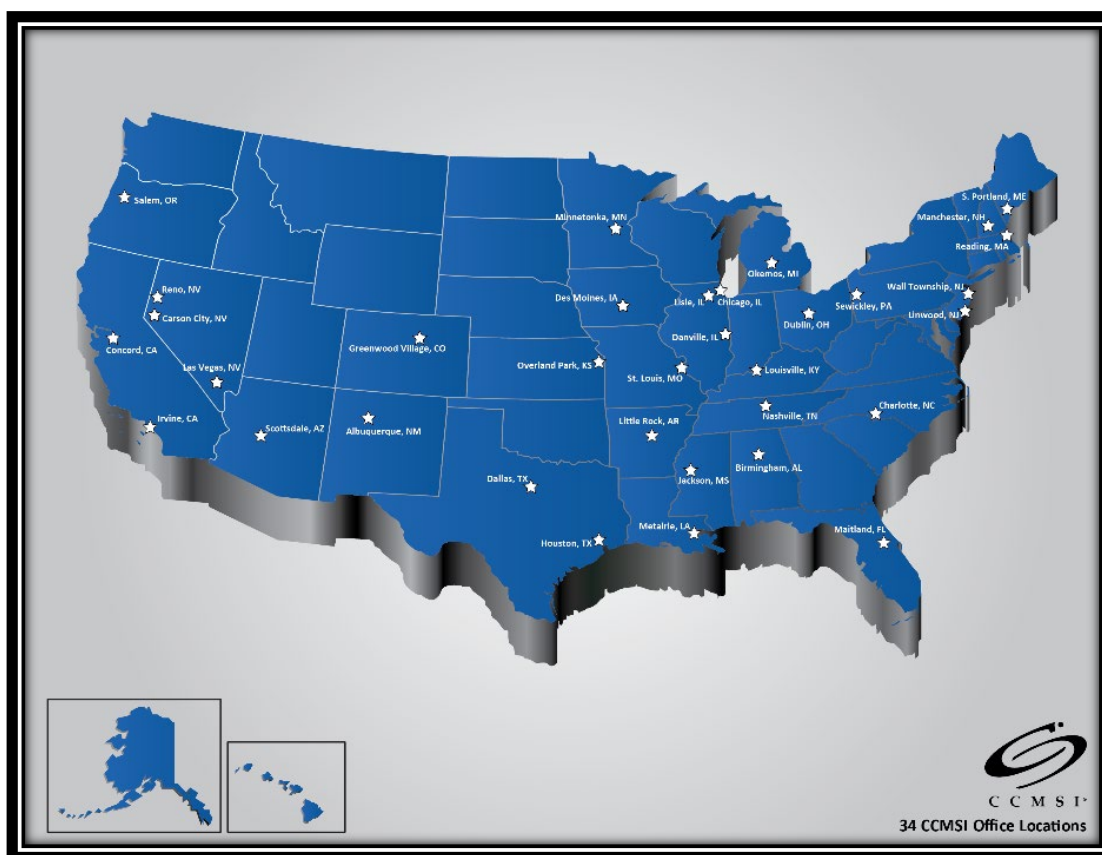
CCMSI – Corporate

2 E. Main Street, Suite 208
 Danville, IL 61832
 Phone: 217-446-1089

CCMSI – Las Vegas, NV

City Center West, Building B
 7251 West Lake Mead Boulevard, Suite 260
 Las Vegas, NV 89128
 Phone - 702-933-4800

FEIN: 37-1057804



- A primary contact for the Applicant, including name, job title, address, telephone and fax numbers, and email address;

Brigid Reyes, Nevada State Director
Phone: (702) 933-4806/(702) 808-2031
Email: breyes@ccmsi.com

- A description of Applicant's business background, including, if not an individual, Applicant's business organization (corporation, partnership, LLC, for profit or not for profit, etc.), whether registered to do business in North Las Vegas and/or Nevada, country and state of business formation, number of years in business, primary mission of business, significant business experience, whether registered as a minority-, woman-, or disabled-owned business or as a disadvantaged business and with which certifying agency, and any other information about Applicant's business organization that Applicant deems pertinent to this RFP.

Cannon Cochran Management Services, Inc. (CCMSI) is a privately held, employee-owned company and leading third-party administrator for property/casualty programs including workers' compensation, liability, and property claims management. Since 1978, we've successfully provided claim services, loss control, managed care, Internet claims analysis and reporting services to self-insured groups and individual employers in a wide range of industries, including governmental, retail, manufacturing, health care, gaming, construction, transportation, higher education and more.

CCMSI is a Delaware registered S-Corporation. ***Our company is 100% employee owned.*** Unlike other TPA's, we are not owned by an insurance carrier, broker or private equity fund; this allows us to make client-centric decisions and focus on long-term client value creation versus short-term financial performance. Our employee ownership culture allows us to attract and retain the best employees and drives our ***exceptionally low turnover rate of 5%.***

CCMSI is registered to do business in Nevada and City of Las Vegas. **Please refer to Exhibit 1 for licenses.** **CCMSI has provided third party administration services to the City of North Las Vegas since 2009.**

CCMSI has been certified as a great workplace by the analysts at Great Place to Work®. With a 90% confidence level, 80% of CCMSI's workforce participated in the anonymous survey. Ensuring that we have a positive work environment is essential to CCMSI's success and future growth. Without our greatest asset, our staff, we would not be able to successfully *deliver what matters most* to our clients. See all results here:

<http://reviews.greatplacetowork.com/ccmsi>



We see the world from a risk management perspective. We recognize that each client is unique and we take the time to understand each one of their goals and expectations. We deliver flexible, customized and cost-effective solutions utilizing experienced personnel and cutting-edge technology.

We are known for quality client satisfaction and superior results, and we are respected for our integrity and the fulfillment of promises. We work hard to develop long-term partnerships with our clients — partnerships that add value to their risk management programs and a difference to their bottom line.

CCMSI offers clients a wide range of risk management services designed for comprehensive coverage and administration efficiencies. Services include:

- Client specific Third Party Claims Administration
- Self-Insured Group Administration Services – accounting, underwriting, marketing, and excess placement
- Loss Control – Industry-specific Loss Control programs
- iCE – CCMSI's Internet claims analysis and reporting tool
- Comp MC – CCMSI's private label managed care program
- FIRE – CCMSI's Special Investigation Unit program
- CLEAR – CCMSI's Legal Bill Review program



CCMSI has over 1,400 employees from 34 office locations for 500+ individual self-insured employers, 10+ captives, 40+ primary insurance companies and 50+ self-insurance groups.

Project Understanding

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Project Understanding

- Provide a brief narrative statement that confirms Applicant's understanding of, and agreement to provide, the services and/or tangible work products necessary to achieve the objectives of the project that is the subject of this RFP. Applicant shall describe how the Applicant's business experience will benefit the project.

We have reviewed the City's Proposed Scope of Work. We understand and will fully comply with each and every requirement. No exceptions. We have provided these service to the City since 2009.

CCMSI currently serves over 5,000 governmental entities across the U.S. with proven results in providing superior service and loss cost savings including the City of North Las Vegas.

CCMSI believes that no one facet of our service offerings is more critical to achieving recognition as a superior claims administrator than ensuring that our customers are completely satisfied with the level of service they receive whenever they interact with staff members of their designated team. We have two primary goals with respect to serving as the City's claim administration firm of choice:

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

We will continue those items that are effective and suggest changes to those areas that the City feels are not working at maximum effectiveness. Features of this approach and **value added services** include:

- Aggressive investigations, FIRE Fraud Program and Claim Risk Assessment (CRA)
- Thorough communication in-person, over the phone and via adjuster claim file log notes
- Best Practices for reserving, settlements, subrogation, and related concerns with the City
- CLEAR Legal Bill Review Program
- Comp MC Managed Care Program
- Tracking financial data (i.e., reserves, settlements, expenses and medical costs) via our "iCE" (Internet Claims Edge) claim technology, so as to exhibit measurable savings for the City
- Allowing real-time access to "iCE", including training the City staff to file initial claim reports electronically, produce meaningful risk and financial reports for management, and engaging other Risk Management functions.
- SOC 1 Credentialing & Other Data Security Policies
- Providing designated adjusters to manage the City account.
- Conducting Stewardship meetings to ensure goals are met.

From the claims examiners and their management team, to the personnel who support the production and distribution of loss information, our basic goal will be to understand and internally communicate the unique expectations, goals and program requirements of the City, and to ensure that our services consistently satisfy them.

Once goals and protocols are established, we will translate these expectations into a written service plan and insure that it is understood and adhered to by service team members. Notably, we empower the service team to implement corrective measures necessary to resolve any problem or issue that may arise.

In order to ensure meeting the City's expectations, we implement and manage ongoing monitoring processes. While our Best Practices Manual supports the processes on a day-to-day basis, we supplement the Manual with client driven practices such as client meetings with service personnel, iCE training for client users, internal claim audits, and specialized managed reports that may be desired by the City personnel.

Proposed Scope of Work & Cost Proposal

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Proposed Scope of Work & Cost Proposal

Proposed Scope of Work, including a cost proposal and project timetable (schedule), in accordance with, “Scope of Work,” of this RFP.

CCMSI is the City’s current TPA, so no transition is needed.

Our service model is built around a team concept. The team is motivated and collectively works to meet and exceed the needs of each and every client assigned to the team. ***The entire team is familiar with the personnel and service requirements of the City.*** CCMSI’s team will include:

- State Director – responsible of corporate oversight and supervision
- Account Manager - responsible for translating clients specific needs into operational process and assuring the we are meeting the client’s needs at all times
- Claims Supervisor - responsible for claims supervision and claims handling for high exposure cases
- Indemnity Claims Adjuster – responsible for claims handling for lost time, contested and litigated cases
- Medical Only Claims Adjuster – responsible for claims handling for those requiring only medical treatment
- Claims Assistant – responsible for claims input and administrative support of team

The following will represent the City’s Client Service Team:

<i>Title</i>	<i>Name</i>	<i>CCMSI Location</i>
<i>Nevada State Director</i>	Brigid Reyes	Las Vegas, NV
<i>Account Manager</i>	Sahrina Huit	Las Vegas, NV
<i>Claims Manager</i>	Lezlie Robinson	Las Vegas, NV
<i>Claims Supervisor</i>	Julie Vacca	Las Vegas, NV
<i>MO Claims Supervisor</i>	Marsha Spear	Las Vegas, NV
<i>Indemnity Adjuster</i>	Arturo Sierra	Las Vegas, NV
<i>Medical Only Adjuster</i>	Alisa Bird	Las Vegas, NV

Please refer to Client Service Team biographies in Exhibit 2

Please refer to the following Exhibits for additional information regarding our processes and services.

Exhibit 3 – Corporate Claims Handling Best Practices

Exhibit 4 – Comp MC Managed Care Program

Exhibit 5 – CLEAR Legal Bill Review

Exhibit 6 – iCE, Internet Claims Edge, Print Screens & Sample Reports

Statement of Qualifications & Relative Experience

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Statement of Qualifications & Relevant Experience

- Provide a statement of qualifications and capability to perform the services sought by this RFP, including a description of relevant experience with projects that are similar in nature, size and scope to that which is the subject of this RFP. If any minimum qualifications for performance are stated in this RFP, Applicant must include a statement confirming that Applicant meets such minimum requirements.

CCMSI has extensive experience and success in delivering claims management solutions to self-insured and governmental entities. Currently over 95% of our clients are self-insured organizations and public entities, comprising the largest entity class in our organization. CCMSI has had the privilege of working as the City of North Las Vegas' TPA since 2009. We look forward to the opportunity to continue our partnership.

CCMSI has taken a very proactive role in managing the mandatory EDI reporting process for the City, through the State of Nevada's CARDS program, which was implemented in late 2018. We have set up all of our clients individually for reporting, we have worked directly with the state (at the state's invitation) to assist in establishing the appropriate codes and data fields to track, and we have managed the ongoing compliance with this program from onset. Our EDI Compliance Dept manages the interface with the State, and audits the submissions on a monthly basis to ensure timely and accurate reporting.

CCMSI also has some of its management team intimately involved with the Legislative Committee of the NV Self Insurers Association. Brigid Reyes (State Director), Tina Sanchez (Compliance Manager), and Lezlie Robinson (Claims Manager) are all members and serve on this committee. This allows our staff to assist the legal and lobbying experts in thoroughly examining the language of all bill drafts, as well as provide feedback and testimony for any Legislative Bill hearings. Through this effort, CCMSI is able to be a voice for our clients, whenever costly legislation is presented; and we are able to keep our clients informed of the anticipated legislative challenges we might expect with each session. Whenever legislation is passed, the management team at CCMSI pays close attention to how this will impact our client base, and this allows us to establish effective procedures globally to comply with the requirements therein.

CCMSI works with each of our clients to ensure the best-in-class cost containment efforts are put forth. Not only do we recognize the potential risk levels of each claim through our very sophisticated Gradient Artificial Intelligence program, but we are trained to identify the claims that rise to the level of "higher risk", sometimes before it is apparent. The ability to proactively classify a claim in a higher risk category not only comes from the collection of attributable data, but also from the expertise of the team that supports each client's program. Consistency of team members is another advantage CCMSI has with regard to our long-term relationship with the City. The State Director, Account Manager, Claims Manager, Claims Supervisor, and Lost Time adjuster have all worked with the City for a very long time, some since the inception of our contract in 2009. Our Claims Manager actually worked on the City's account prior to them coming to CCMSI, so her history with many of the older claims is valuable and extensive.

CCMSI prides itself on our capability of recovering and seeking reimbursement on many of the high cost, high profile claims...to ensure the client is not paying out more than they are required. In review

of the financial statistics for the last 5 years, CCMSI has recovered \$1,435,621.60 in Subsequent Injury relief on qualified claims. This is a direct result of the due diligence of our dedicated Subsequent Injury Recovery Specialist, and the timely, accurate submission of recovery packets on the City's behalf. In addition, CCMSI has been able to seek and receive reimbursement from Excess Carriers in the amount of \$728,541.88. Approximately \$273,700 of this was due to a very significant research effort that our Claims Manager embarked on, which began with the original Third Party Administrator failing to maintain sufficient records for many years on one claim. The Excess Carrier involved was disallowing any reimbursement, initially citing an absence of coverage. Our persistence in locating the policy through the Division of Insurance reversed their position, and they agreed to partial reimbursement. They were subsequently going to impose a penalty based on improper interpretation of NV law, but with additional documentation, we proved the full reimbursement was indeed owed. The outstanding balance of reimbursement of \$94K is currently in progress, and will make the City whole, on a claim where reimbursement was thought to be a lost cause.

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

Understanding Unique Risks – We have a thorough understanding of the risks facing a municipality such as the diversity of exposure from law enforcement, firefighting, healthcare, volunteer and administrative positions. Each of these roles from heavy physical trades to administrative functions requires a varying approach to both claims handling and return to work programs.

Another area that sets CCMSI apart from our competitors, is our extensive and long-standing experience handling Heart & Lung, and Cancer claims for public safety professionals. Our lengthy list of governmental clients in NV speaks to our intimate knowledge of the laws pertaining to Presumptive benefits such as these. These types of benefits not only require a very thorough investigation into the legitimacy and qualifications of the claims being filed, but also a heightened standard of communication with our client throughout the compensability investigation, and ongoing handling of these claims. The sensitive nature of these occupational disease claims calls for an “all hands on deck” approach, to ensure the injured workers with qualified claims are treated with the high importance these claims deserve. While many of these claims transition to a Permanent Total status, it is imperative that the adjuster remain judicious with the issuance of appropriate benefits, the correct application of any statutory COLA increases, and the highest level of oversight for any litigation. It is worthy to note, CCMSI adjusters are all trained and licensed to handle their own first level Hearings on all City claims. This approach is unlike many other companies, who will either enlist the costly representation of an attorney, or refer out to a Hearing Advocate unfamiliar with the unique claims history.

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

We have included the following references in the Signed Forms Additional Documents Tab:

CITY OF LAS VEGAS

Vince Zamora – Director of HR
495 S. Main Street
Las Vegas, NV 89101
(702) 229-5043
vzamora@LasVegasNevada.GOV

LVMPD

Jeff Roch – Director of Risk Management
400 B South Martin Luther King Blvd
Las Vegas, NV 89106
(702) 828-3406
J5631R@LVMPD.COM

Carson City

Cecilia Meyer
Risk Management Coordinator
Carson City Finance Division
201 North Carson Street STE 3
Carson City, NV 89701
Business 775-283-7484
cmeyer@carson.org<<mailto:cmeyer@carson.org>>

City of Henderson

Sally Ihmels
Assistant Director | Department of Human Resources
240 S Water Street, PO Box 95050, MSC 122
Henderson NV 89009-5050
Work: 702-267-1920
Sally.Ihmels@cityofhenderson.com

CCMSI serves over 5,000 public entities nationwide, including the following municipalities:

CLIENT PRIMARY NAME	CLIENT SINCE DATE	CLIENT PROFILE STATE
CARSON CITY	7/1/2010	NEVADA
CITY OF ANNISTON	10/14/2014	ALABAMA
CITY OF BOULDER	1/1/1993	COLORADO
CITY OF BREAUX BRIDGE	9/1/2006	LOUISIANA
CITY OF CALUMET CITY	11/14/2003	ILLINOIS
CITY OF CARLSBAD	8/1/2015	NEW MEXICO
CITY OF CHAMPAIGN	1/1/1985	ILLINOIS
CITY OF CHICAGO	7/1/2008	ILLINOIS
CITY OF DEKALB	7/15/2013	ILLINOIS
CITY OF EAST MOLINE	3/1/2020	ILLINOIS

CITY OF EDMOND	7/1/2012	OKLAHOMA
CITY OF EUGENE	8/1/2004	OREGON
CITY OF EVANSTON	3/1/2009	ILLINOIS
CITY OF FARMINGTON	2/1/2013	NEW MEXICO
CITY OF GREELEY	11/20/2017	COLORADO
CITY OF GRESHAM	7/1/2005	OREGON
CITY OF HARAHAH	2/15/2020	LOUISIANA
CITY OF HENDERSON	10/1/2009	NEVADA
CITY OF KENNER	7/1/2011	LOUISIANA
CITY OF LAKEWOOD	1/1/1987	COLORADO
CITY OF LAS CRUCES	8/1/2011	NEW MEXICO
CITY OF LAS VEGAS	2/1/2014	NEVADA
CITY OF LEWISTON	7/16/1979	MAINE
CITY OF LITTLETON	1/1/2006	COLORADO
CITY OF LYNN	7/1/2010	MASSACHUSETTS
CITY OF MANCHESTER	7/1/1976	NEW HAMPSHIRE
CITY OF MOBILE	8/1/2019	ALABAMA
CITY OF NEWARK	12/5/2006	NEW JERSEY
CITY OF NORTH LAS VEGAS	10/1/2009	NEVADA
CITY OF OWENSBORO	1/1/2006	KENTUCKY
CITY OF PEARLAND, TX	10/1/2020	TEXAS
CITY OF PHOENIX	7/1/2017	ARIZONA
CITY OF RENO	8/1/2008	NEVADA
CITY OF REVERE	1/1/2008	MASSACHUSETTS
CITY OF SALINA	5/1/2008	KANSAS
CITY OF SANTA FE	1/1/1987	NEW MEXICO
CITY OF SOUTHFIELD	9/1/2007	MICHIGAN
CITY OF SPARKS	7/1/2007	NEVADA
CITY OF ST. LOUIS	7/1/1991	MISSOURI
CITY OF URBANA	11/1/1993	ILLINOIS
CITY OF WHEATON	11/1/2009	ILLINOIS
CITY OF WICHITA FALLS	2/1/2019	TEXAS
ILLINOIS MUNICIPAL LEAGUE RMA	1/1/1981	ILLINOIS
ILLINOIS PUBLIC RISK FUND	12/15/2008	ILLINOIS
MEGA PROPERTY & CASUALTY GROUP INC.	7/1/1990	MASSACHUSETTS
MISSISSIPPI ASSOC. OF SUPERVISORS INSURANCE TRUST	4/1/2015	MISSISSIPPI
SOUTHWEST AGENCY FOR RISK MANAGEMENT	7/1/2005	ILLINOIS
TEXAS ASSOCIATION OF COUNTIES	2/8/2017	TEXAS
THE CITY OF HAVERHILL	7/1/2020	MASSACHUSETTS
TOWN OF SMYRNA	12/31/2006	TENNESSEE
TOWN OF WELLESLEY	7/1/1992	MASSACHUSETTS
TOWN OF WEYMOUTH	1/1/1988	MASSACHUSETTS
TOWNSHIP OFFICIALS OF ILLINOIS RMA	6/1/1986	ILLINOIS
VILLAGE OF BELLWOOD	12/1/2010	ILLINOIS
VILLAGE OF BOLINGBROOK	5/1/2003	ILLINOIS
VILLAGE OF DOLTON	1/1/2008	ILLINOIS
VILLAGE OF GLENVIEW	1/15/2011	ILLINOIS
VILLAGE OF MELROSE PARK	12/15/2009	ILLINOIS
VILLAGE OF ORLAND PARK	10/1/2007	ILLINOIS
VILLAGE OF PALATINE	12/31/2007	ILLINOIS

VILLAGE OF ROSEMONT	1/3/2005	ILLINOIS
VILLAGE OF SCHAUMBURG	10/1/2014	ILLINOIS
VILLAGE OF UNIVERSITY PARK	12/16/2017	ILLINOIS
VILLAGE OF WINNETKA	1/1/2007	ILLINOIS

Additional Documents Requested – Signed Forms

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Exhibits

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Exhibit 1 – Nevada Licenses

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BUSINESS LICENSE

City of Las Vegas | Las Vegas, Nevada

IN ACCORDANCE WITH THE PROVISIONS OF THE LAS VEGAS MUNICIPAL CODE, AS AMENDED, LICENSE IS HEREBY GRANTED TO OPERATE THE BUSINESS REFERENCED BELOW.

LICENSE #: G66-04404

RENEWAL DATE: 07/01/2020

EXPIRATION DATE: 07/01/2021

TYPE OF LICENSE: M18 - MANAGEMENT OR CONSULTING SERVICE
3RD PARTY CLAIM ADMINISTRATOR

BUSINESS LOCATION: 7251 W LAKE MEAD BLVD 260

ISSUED TO:

CCMSI
3510 NORTH CAUSEWAY BLVD., SUITE 400
METAIRIE, LA 70002


Deputy Director, Planning Department

*Failure to maintain an active state license or SNHD health permit,
if required, renders this business license invalid.*

Post in a conspicuous place.



License Number: BL115645

CANNON COCHRAN MANAGEMENT SERVICES, INC

CCMSI

- License cannot be printed at this time. License has not been issued.

[License Details \(\)](#) | [Tab Elements \(\)](#) | [Main Menu \(\)](#)

License Details

License Type:

Miscellaneous Flat Fee License

District:

N/A

Applied Date:

03/06/2020

Period Start Date:

04/01/2020

Status:

Renewed - Online

Expiration Date:

Description:

Third Party Administrator - Claims Administration, Risk Management Services, Loss Control Services, Managed Cared Services And Underwriting Services.

Department of Business and Industry

Nevada Division of Insurance



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CANNON COCHRAN MANAGEMENT SERVICES INC

Address:

777 N RAINBOW BLVD STE 230
LAS VEGAS, NV 89107

Phone

702-933-4800

URL:

Email:

compliance@ccmsi.com

National Producer Number:

1040560

NEW SEARCH

License Type	License Number	Original Issue Date	Status	Effective Date	Expiration Date
Independent Adjuster	18795	12/28/2004	Active	12/28/2004	01/01/2023
Non-Res. Managing Gen Agency	3414156	02/08/2019	Active	02/08/2019	03/01/2022
Non-Res. Producer Firm	9692	10/01/2001	Active	04/15/2004	05/01/2022
Non-Res. Third Party Admin.	17700	10/01/2009	Active	10/01/2009	04/01/2022

Qualification Type	Original Issue Date	Status	Effective Date
Adj - Property and Casualty	07/01/2018	Active	07/01/2018
Casualty	10/01/2001	Active	04/15/2004
Health	10/01/2001	Active	04/15/2004
Life	10/01/2001	Active	04/15/2004
Managing General Agent	02/08/2019	Active	02/08/2019
Property	10/01/2001	Active	04/15/2004
TPA3-SF Employer Program/WC	10/01/2009	Active	10/01/2009
TPA4 - Workers Compensation	10/01/2009	Active	10/01/2009

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Barbara D. Richardson, Commissioner of Insurance

Independent Adjuster

Adjuster - Property and Casualty

CANNON COCHRAN MANAGEMENT SERVICES INC

777 N RAINBOW BLVD STE 230
LAS VEGAS, NV 89107

is authorized to transact business as described above

License No: 18795

Issue Date: 12-28-2004

Expiration Date: 01-01-2023

Generated by Sircon 206552722

Nevada Division of Insurance

THIS IS TO CERTIFY THAT



**CANNON COCHRAN MANAGEMENT
SERVICES INC**

777 N RAINBOW BLVD STE 230, LAS VEGAS, NV 89107

LICENSE NUMBER: 18795

IS HEREBY AUTHORIZED TO TRANSACT BUSINESS
IN ACCORDANCE TO THE LICENSE DESCRIPTION
SHOWN BELOW:

Independent Adjuster

Adjuster - Property and Casualty

Issue Date: 12-28-2004

Expiration Date: 01-01-2023

Generated by Sircon 206552722




Barbara D. Richardson, Commissioner of Insurance

Non-Resident Managing General Agency
Managing General Agent

CANNON COCHRAN MANAGEMENT SERVICES INC
777 N RAINBOW BLVD STE 230
LAS VEGAS, NV 89107

is authorized to transact business as described above

License No: 3414156 Issue Date: 02-08-2019 Expiration Date: 03-01-2022
Generated by Sircon 188630997

<p>Nevada Division of Insurance</p> <p>THIS IS TO CERTIFY THAT</p> <p>CANNON COCHRAN MANAGEMENT SERVICES INC 777 N RAINBOW BLVD STE 230, LAS VEGAS, NV 89107</p> <p>LICENSE NUMBER: 3414156</p>	 <p>IS HEREBY AUTHORIZED TO TRANSACT BUSINESS IN ACCORDANCE TO THE LICENSE DESCRIPTION SHOWN BELOW:</p> <p>Non-Resident Managing General Agency Managing General Agent</p> <p>Issue Date: 02-08-2019 Expiration Date: 03-01-2022</p> <p>Generated by Sircon 188630997</p>
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Barbara D. Richardson, Commissioner of Insurance

Non-Resident Producer Firm
Casualty, Health, Life, Property

CANNON COCHRAN MANAGEMENT SERVICES INC
777 N RAINBOW BLVD STE 230
LAS VEGAS, NV 89107

is authorized to transact business as described above

License No: 9692 Issue Date: 04-15-2004 Expiration Date: 05-01-2022
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<p>Nevada Division of Insurance</p> <p>THIS IS TO CERTIFY THAT</p> <p>CANNON COCHRAN MANAGEMENT SERVICES INC</p> <p>777 N RAINBOW BLVD STE 230, LAS VEGAS, NV 89107</p> <p>LICENSE NUMBER: 9692</p>	 <p>IS HEREBY AUTHORIZED TO TRANSACT BUSINESS IN ACCORDANCE TO THE LICENSE DESCRIPTION SHOWN BELOW:</p> <p>Non-Resident Producer Firm Casualty, Health, Life, Property</p> <p>Issue Date: 04-15-2004 Expiration Date: 05-01-2022</p> <p>Generated by Sircon 187209403</p>
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Exhibit 2 – Client Service Team Biographies

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Brigid Reyes
State Director – Las Vegas, NV
Biographical Information

Professional Experience

Ms. Reyes began her insurance career in 1993 working for Price Chopper/Golub Corporation, a self-insured grocery chain handling Workers' Compensation and General Liability claims in New York, Massachusetts, Pennsylvania, Vermont and Connecticut. She held a workers' compensation license for the states of Vermont and Massachusetts, and a multi-line adjuster's license from the state of New York. She joined CCMSI in June 1998 after relocating from New York, and was the lead adjuster responsible for handling Workers' Compensation claims in the diversified business unit. Ms. Reyes was then promoted to State Director of Operations in January 2000. She was instrumental in developing the NV operation of CCMSI to 3 offices statewide, and she currently manages (both directly and indirectly) 60+ employees. She currently holds a Workers' Compensation hearing license and a Property/Casualty Independent Adjuster's license.

Professional Training

Brigid earned her Bachelor of Arts degree in History/Political Science from the College of St. Rose in Albany, New York. She also took several Pre-Law courses post-graduation. She has completed several training courses in the areas of workers' compensation, property/casualty, and claims negotiations and settlements at the Insurance Training Alliance in Cranston, Rhode Island. She has attended numerous courses in Human Resources/Personnel, Management, and Sales/Marketing. She has earned her AIC designation through the Insurance Institute of America, and is currently working on completion of the ARM designation. Brigid has served as board member and officer of the NV Self Insurers Association (NSIA) on the Chapter and State Boards, as well as the Membership Committees of the NSIA. She is currently involved in the NV Legislature, serving as Chair of the NSIA Legislative Committee, and representing CCMSI current clients. She is also an active member of the Nevada Chapter of RIMS.

Sahrina Huit
National Account Manager – Nevada
Biographical Information

Professional Experience

Sahrina joined CCMSI in May 2006, and was assigned to the Zurich Team as a Claim Representative. She brought with her experience in many types of accounts, to include casinos, hotels, warehouse, construction, restaurants, transportation, etc. She handled a variety of claims from inception to resolution to include, settlement negotiations, rehabilitation buyouts, subrogation recovery, subsequent injury fund (SIF), time loss, amputation and catastrophic claims, and fatalities.

Within the first year of employment with CCMSI, Sahrina was promoted to Team Lead and then Claim Supervisor. She was responsible for a team of adjusters and claim associates, providing training, oversight and instruction on Workers' Compensation claims handling and procedures. She also conducted and participated in both internal and external audits.

In 2009, Sahrina was promoted to Account Manager managing national and local accounts. Sahrina is responsible for client retention and renewal, completion of Stewardship Reporting and annual contract renewals, attendance at marketing functions, new client set up activities, client training, and technical management of accounts and contract oversight. Sahrina also participates in management activities both locally, and within the corporate infrastructure. She attends regular account management training as part of the CCMSI Corporate Training initiatives, and she is active in local and national organizations such as RIMS and NWCDC.

Professional Training

Prior to joining CCMSI, Sahrina achieved her Associates in Worker' Compensation through the Insurance Education Association. She also worked in the medical field providing pre and post-surgical rehab and had oversight of all patients receiving treatment under Workers' Comp. Sahrina continues to keep herself educated in legislative and industry changes by regularly attending NSIA, RIMS and DIR trainings and seminars.

Lezlie Robinson
Account/Claim Manager – Las Vegas, NV
Biographical Information

Lezlie began her career in workers' compensation in June of 2002 as an Assistant Claims Coordinator in the Corporate Workers' Compensation office at Mandalay Resort Group. She moved over to Nevada Comp First in January of 2003 as they were offering potential for growth. She worked her way up to Claims Supervisor. In March of 2006, Meadowbrook Insurance Group purchased Nevada Comp First, where Lezlie became a Senior Claims Representative. She handled a blended caseload of indemnity and medical only claims for large and small self-insured employers, including but not limited to, public entities, cement and security companies, casinos, mining, and non-profit organizations. Lezlie handled the State's Uninsured Employers Account as well as claims filed under the Heart and Lung Act.

Lezlie came to CCMSI in September of 2009 and began working on the Diversified Business Team as a Senior Claims Consultant handling indemnity claims. Lezlie was promoted to Claim Supervisor in January of 2010, then to Claim Manager in October of 2011, and took on some Account Management duties in December of 2015. She attends client claim reviews, providers' seminars, DIR orientations and workshops, and assists clients with training whenever needed. She trains and provides direction to the team members as well as reviews claims with them and the clients regularly. Lezlie also coordinates and facilitates monthly team meetings, client meetings, office-wide training, and DIR audits. Lezlie provides national claim oversight to various offices within CCMSI that have multi-state exposure and service to national clients.

Lezlie is a licensed Hearings representative with the State of Nevada Department of Administration, Hearings Division, serves on the Nevada Self Insurers Association's (NSIA) Legislative Committee and is Chair of the NSIA Education Committee. Lezlie is the current President for NSIA's Southern Chapter and also serves on the NSIA State Board of Directors.

Julie Vacca
Claim Supervisor – Las Vegas, NV
Biographical Information

Professional Experience

Julie began her career in workers' compensation in September of 1984 as a File Clerk, Data Entry and Medical Only Adjuster at R.L. Kautz & Company. In May 1986 through December 1996 she worked as a Claims Examiner handling California and New Mexico workers' compensation claims for both insured & self insured companies. Julie moved to Las Vegas in March 1997 and worked for Crawford and Company as a Claims Adjuster II handling a heavy caseload with multiple clients. She obtained her Nevada Hearing License in May of 1998. Julie was a Working Branch Manager and Account Manager at Gallagher Bassett from May 1999 through April 2006.

Julie came to CCMSI in June of 2010 and began working on the Diversified Business Team as a Claim Representative handling indemnity claims. In 2014, Julie was promoted to a Claim Supervisor, overseeing majority of the Medical Only claims and Indemnity claims handled by the Diversified Business Team.

Julie has twenty eight years of extensive claims handling experience in the workers' compensation field, handling a variety of workers' compensation, liability and construction defect claims, fifteen of those years have been in Nevada. She has undergone extensive training, as well as seminars and workshops for workers' compensation, business procedures, computer applications, human relations. Julie also has management and supervisor training, attends provider seminars, DIR orientations and workshops, and performs client claim reviews.

Marsha Spear
Claim Representative – Las Vegas, NV
Biographical Information

Professional Experience

Ms. Spear has served as a Claims Representative for CCMSI since May 7, 2012.

Ms. Spear began her career in the claims environment in 1989 in Glens Falls, NY, working for Continental Loss Adjusting which later became Encompass Insurance Company, part of Allstate Insurance. In 2004 Marsha accepted a position with AIG. AIG presented her with an opportunity to relocate to Nevada in June of 2006 and she accepted. In October of 2007 Marsha transferred to Sedgwick CMS and continued to handle workers' compensation claims there until May of 2012 when she joined CCMSI. Altogether she has twenty-four years of experience handling claims for various employers and self-insured accounts. Specifically for Nevada, she has handled a blend of indemnity and medical only workers' compensation claims for seven years. She has handled hotel and casino, retail, manufacturing, construction, public utility, temporary employment entities, airlines, as well as ambulance service accounts.

Professional Training

Ms. Spear has managed claims from inception to conclusion, including such areas as subrogation, rehabilitation, permanent total disability, lifetime medical, and complex cases. Marsha has knowledge of reserving, the importance of medical management, claim reviews with clients, and the importance of communication with all parties to a claim. Ms. Spear has obtained her Nevada Workers Compensation Hearings License and handles hearings on behalf of CCMSI. Ms. Spear is well versed on the Nevada Workers' Compensation laws and attends industry training regularly to ensure she is aware of any changes in those laws.

Arturo Sierra **Claims Representative – Las Vegas, NV** **Biographical Information**

Professional Experience

Arturo began his career in workers' compensation in June of 2000 as a Claims Examiner's assistant at *Construction Industry Claims Services*. He was promoted to Claims Examiner and a short time later was appointed President of the company. Arturo handled medical and indemnity claims for a self-insured employer's group which included construction, casinos and small employers. Arturo developed and supervised a Preferred Providers' Organization network. Arturo regularly interacted with clients and participated in meetings to assist in development of strategies to minimize expenses and exposure.

In August 2002 Arturo moved to *Greenman, Goldberg, Raby and Martinez*, a law firm, where he learned different perspectives of workers' compensation claims and handled all legal aspects of claimant's cases.

Arturo returned to the TPA environment in March of 2004 at *Nevada CompFirst*. Arturo worked as a Claims Examiner handling a blended caseload of indemnity and medical only claims for self-insured employers; including but not limited to staffing companies, manufacturing companies, along with Hotel and Casino properties.

In December of 2005, *MGM Resorts International* purchased *Mandalay Resort Group*, an account for which Arturo had previously handled claims, and Arturo was offered a position as an Industrial Claims Examiner, for their self-administered WC program. Arturo continued to handle medical and indemnity claims for several of the MGM Resorts until June of 2015 when he accepted an employment opportunity with CCMSI.

Arturo is bilingual, speaking English and Spanish, and is a graduate of the UNLV Paralegal program. Arturo regularly participates in claim reviews, providers' seminars, State of Nevada regulatory workshops, and assists with training newly hired or promoted adjusters.

Alisa Bird
Medical Only Claim Representative – Las Vegas, NV
Biographical Information

Professional Experience

Prior to Alisa began her career as a Claim Assistant at CompWest Insurance in 2005. Within 13 months she was promoted to Medical Only Claims Examiner. In January of 2008 Alisa was promoted to Claims Clerical Supervisor overseeing a staff of 10 people, which included medical only claim handlers. In 2011, Alisa assumed responsibility for the company's in house Utilization Review program. In 2013, Alisa accepted a position as an EDI Specialist at QSI/NextGen working with a software developer in London to create a new messaging platform for clinics and hospitals across the country. In 2017, Alisa relocated to Las Vegas, Nevada and briefly worked for SouthWest Gas Company while looking for a claims position.

In October of 2017, Alisa joined CCMSI as a Claim Associate, assisting on Auto Liability Claims for a large municipal account. Alisa quickly expanded her knowledge and began handling Auto Liability Collision Claims. Alisa has consistently desired to return to workers' compensation claims handling, therefore, in April of 2019, Alisa accepted an opportunity to transfer to the Diversified Team in CCMSI's Las Vegas Office. Alisa quickly completed all of the requirements needed to secure her Nevada Workers' Compensation Adjuster's license and began handling Medical Only Claims under the careful guidance and supervision of her claim supervisor and manager. Alisa's desk is dedicated to municipal entity accounts, giving her advanced knowledge of the unique factors involved on their claims.

Education

September 2007 - CA Workers' Compensation Claims Administration Certification
May 2019 – NV Workers' Compensation Adjuster License

Exhibit 3 – Corporate Claims Handling Best Practices

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Corporate Claim Handling Best Practices

Executive Summary

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

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

1. First Notice of Loss (FNOL)

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

2. Coverage

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

3. Initial Contact

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

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

4. Claim File Documentation

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

5. Investigation

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

6. Reserve Philosophy

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

7. Medical & Disability Management

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

8. Claim Supervision

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

9. Claim Payments

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

10. Litigation Management

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

11. Carrier Reporting

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

12. Fraud/SIU

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

13. Medicare Compliance

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

Exhibit 4 – Comp MC Managed Care Program

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Bill Review Services

Bill review

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

- Software adjusts medical bills to applicable state fee schedules- fee schedule data is continually reviewed and updated for accuracy. Usual and customary reductions in non-fee schedule states are applied using UCR database information.
- Software includes detection of unnecessary billed medical services- staff members read and interpret complex bill supporting documents to obtain the absolute maximum savings allowable
- Pathway rules can be written for unique bill handling situations- automating special routing and processing for specified bills per client or provider or service

PPO network access

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

Comp MC utilizes a mosaic approach to PPO networks. We look closely at the savings results of all the available PPO networks in each state and place the one with the best results in a primary position. Other networks are then placed in secondary positions to maximize savings. Bills are matched against the primary network and fall to the next network if a match is not found. This approach maximizes the PPO network penetration – the number of bills that are repriced.

The Comp MC program includes the best available PPO networks. Access to these outstanding networks allows us to realize the maximum savings possible.

The Comp MC mosaic varies from client to client and state to state. An illustration of a PPO mosaic follows:

- | | |
|---------------|-----------------|
| • Primary PPO | Coventry Health |
| • Second PPO | Prime Health |
| • Third PPO | Careworks |
| • Fourth PPO | Multiplan |
| • Fifth PPO | HealthSmart |

The Comp MC PPO mosaic is regularly reviewed to ensure the most beneficial selection is utilized based on actual claim activity and available networks

Comp MC has no ownership interest in the national PPO networks we offer our clients. Our approach is always to achieve the best overall savings for our clients.

Out of network bill review

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

Negotiations

After we have thoroughly reviewed and reduced charges according to state allowable amounts, applied rules and edits and reductions through networks and audits, we may also contact the provider directly to see if they are agreeable to a further negotiated reduction. All negotiated reductions are obtained through a signed agreement with the provider so no provider disputes can be made.

Physical medicine specialty network

Physical medicine is an important consideration in any managed care program. Significant savings and efficiencies can be realized through a broad based, integrated program. Comp MC's physical medicine specialty network is One Call PT.

Diagnostic Specialty Network

Controlling the utilization of diagnostic specialty networks is an important savings tool. Comp MC's diagnostic specialty network partner is One Call Medical. Through this partnership we are able to provide outstanding network coverage and penetration levels, personal service and deep discounting below normal rates.

Prescription drug services

Comp MC partners with Mitchell as our primary PBM for drug card and mail order prescription services. CCMSI has full data integration with Mitchell for both claim and payment files. Services available through our Comp MC Rx program include a First Fill Program, Retail Drug Cards and Home Delivery Services for claimants and outstanding utilization management to track claimant formulary usage.

Nurse review audits

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

Overall Retrospective Savings

Start with a medical bill and first apply Bill Review reductions to decrease the bill to the appropriate fee schedule or usual and customary charges. Then apply a custom designed PPO Mosaic strategy. Utilize Out Of Network Negotiations, Nurse Review Audits and Retrospective Specialty Networks whenever possible. The Comp MC program maximizes savings at every possible step.

COMP MC SYSTEM CAPABILITIES

Advanced Reporting and Analysis

Managed care involves a significant amount of data and timely and comprehensive reporting is critical to the success of a managed care program. Comp MC has numerous reports available providing a thorough analysis of data.

In addition to our standardize reports, we also have an ad hoc reporting system that allows real time creation of customization of reports. These reports can also be scheduled for future generation and delivery.

Document Management

Comp MC document workflow is entirely paperless. All documents are scanned and indexed when received. They are routed electronically to the assigned adjuster for processing and are viewable by the entire client service team. There is no interoffice mail or paper to get lost.

The workflow decreases overall turnaround time for bill payment- adjuster processing and bill review is streamlined and bills are paid more timely.

We know where everything is at all times. Historical tracking capabilities for all documents allow for analysis of processing time throughout document lifecycle. No more lost bills or bills stacked up when the adjuster is out of the office.

Document images can be easily retrieved, batched and emailed for audit, legal or other purposes. Images are available through the CCMSI iCE portal.

Duplicate Bill Detection

Duplicate bills are a fact of life so detection of those duplicates is a critical area of any managed care program. Comp MC has redundant duplicate bill checking detection capabilities which analyze several levels of bill components. These include duplicate checking by client, provider FEIN, claim number, procedure codes and dates of service against permanent and temporary bill history.

Three levels of duplicate detection are applied – when the bill is indexed, within the bill review process and during the adjuster review of the bill prior to payment.

The combination of the Prospective and Retrospective services with outstanding System Capabilities allows Comp MC to “deliver what matters most” – the absolute highest possible level of managed care savings.

Exhibit 5 – CLEAR Legal Bill Review

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CLEAR (Comprehensive Legal Expense Analysis & Review)

CCMSI's partnership with Bottomline Technologies, Inc. provides comprehensive cost management for litigation management expenses. CLEAR (Comprehensive Legal Expense Analysis & Review) will provide our clients with the industry's leading legal spend management solution and services. This legal bill review program ensures compliance to billing guidelines with best-in-class technology and line-by-line review.



CLEAR will enable and ensure integration and interface of legal bill review / audit software with CCMSI's claim system necessary to review and adjudicate legal invoices electronically. Periodic standard reports are produced summarizing the program's overall savings results. Metrics are applied to analyze the overall performance of law firms. A Bill Analysis Report (BAR) is generated for each legal invoice reviewed. The BAR is included with each check to the appropriate law firms and include details and supporting documentation for any deductions applied to the original billing.

CCMSI Program Summary / Overall Results:

- \$5.5 million in net deductions/savings since inception in 2009
 - \$73.2 million processed
 - 65,000 invoices processed
 - 9.5% net reductions



Benefits:

- Electronic submission of invoices and tracking of all legal costs
- Faster payment turnaround with electronic invoice submission
- Cost control and reductions as a result of compliance to billing guidelines
- Measurable ROI
- Legal Bill Review by expert attorney auditors based in the U.S.
- Line by line review to ensure you pay only what you owe
- Reporting and analytics including spend by firm and compliance
- Benchmarking across CCMSI's client base, which includes the ability to compare your program to other like programs and how your results stack up against the benchmarks
- The ability to leverage the data to make better decisions including strengthening our panel counsel and utilizing the right firms for your cases
- Enable claim professionals to focus more of their time on settling claims

Expert Bill Review Program:

The adjuster uses objective statistics and ratings to make the case assignment to the best firm. The law firms submit electronic invoices that are reviewed by Bottomline attorneys for compliance to litigation guidelines in place or reasonable and customary standards.

More than 15,000 firms already submit invoices through Bottomline's legal spend management system, making it a high probability that most of your firms are already submitting invoices for other clients.



- Review and audit all legal invoices submitted by program-approved law firms for adjudication in compliance with the program's defense counsel billing guidelines and generally accepted legal billing principles. This includes integration of "PartnerSelect", a web-based analysis tool that provides information designed to assist in the evaluation and selection of qualified law firms.
- Benefits of PartnerSelect:
 - Collaborative Network – Cloud based, collaborative network that connects claims organizations with their Law Firm vendors to efficiently manage the assignment and case handling process.
 - Intelligent Selection – Enables organizations to intelligently select the right lawyers and firms for each case based on powerful objective metrics and firm performance surveys to help ensure the best result on each claim.
 - Standardized Process – Standardizes the e-assignment process across the entire organization enabling complete control and visibility into where and to whom litigated files are sent.
 - One Centralized Location – Organizes all assignments and related notes & documentation in one location with secure document exchange!

Assignment Dashboard

Assignment dashboard for claim professionals and supervisors to see all of their assignments in one centralized location

Intelligent Selection

Allows claim professionals to see support data including quality star ratings and objective metrics to ensure you are selecting the right firm for each case.

Compare Feature

Provides the ability to view law firms or individual attorneys side-by-side for easier comparison and selection based on your needs

Exhibit 6 – iCE, Internet Claims Edge, Print Screens & Sample Reports

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CCMSI

ICE System &
Security Services



Table of Contents

CCMSI'S Internet Claims Edge or iCE is a comprehensive claims analysis and reporting tool that empowers a user when tracking claims or analyzing trends. iCE is capable of processing and analyzing claims information, using built-in features for claims and summary analysis.

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OSHA 31-35

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Login & Homepage

ICE Login Screen

Signing in to the iCE login screen offers secured access to claims information 24 hours a day, 7 days a week. iCE is easily accessible via the Web with no additional software required for installation. Logging in allows authorized users to view their entire claims history.

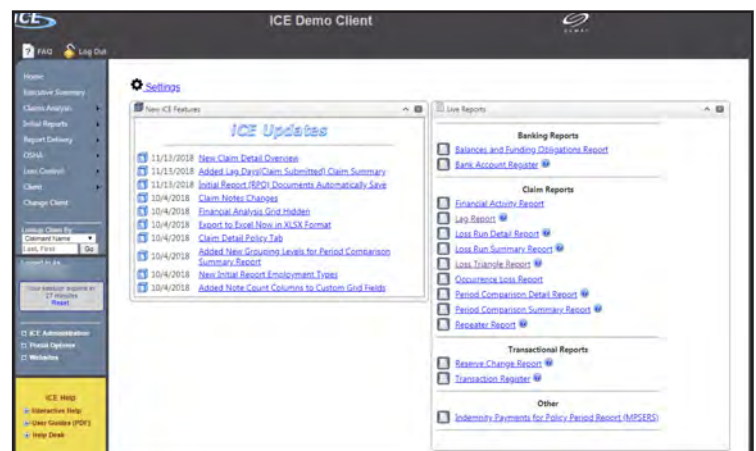


For users' protection and convenience, iCE offers:

- password protection
- security questions
- verification codes sent either via email or text message

ICE Homepage

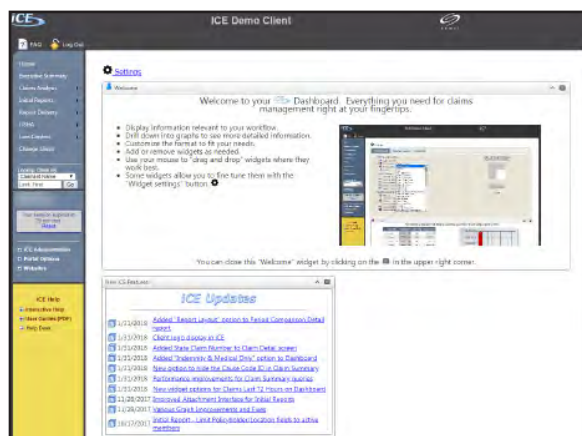
The iCE home page features easy access to all program features via the left hand navigation menu. The homepage also displays recent updates made to iCE and may now be fully customized using iCE's dashboard feature.



The homepage dashboard tool offers:

- quick access to fully customizable client analysis
- easy access to claim lookup features
- easy access to client documents
- one click access to tagged claims
- at a glance access to high risk claims
- shortcuts to additional reporting features

Dashboard Homepage & Settings



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



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

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

Adding Dashboard Widgets

☒ Claim Summary

Summary Type:

☒ Column Graph ☐ Pie Graph

Grouped By:

Accident State

Ordered By:

Default ☐ Asc ☒ Desc

Filtered By:

☒ Dates Of Loss Last 3 Months

☐ Coverage

☐ Claim Status

☐ Claim Type

☒ Claim Summary

Summary Type:

☒ Column Graph ☐ Pie Graph

Grouped By:

Coverage Code

Ordered By:

Claim Count ☐ Asc ☒ Desc

Filtered By:

☒ Dates Of Loss Last Quarter

☐ Coverage

☐ Claim Status

☒ Claim Type Indemnity & MedOnly

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

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

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

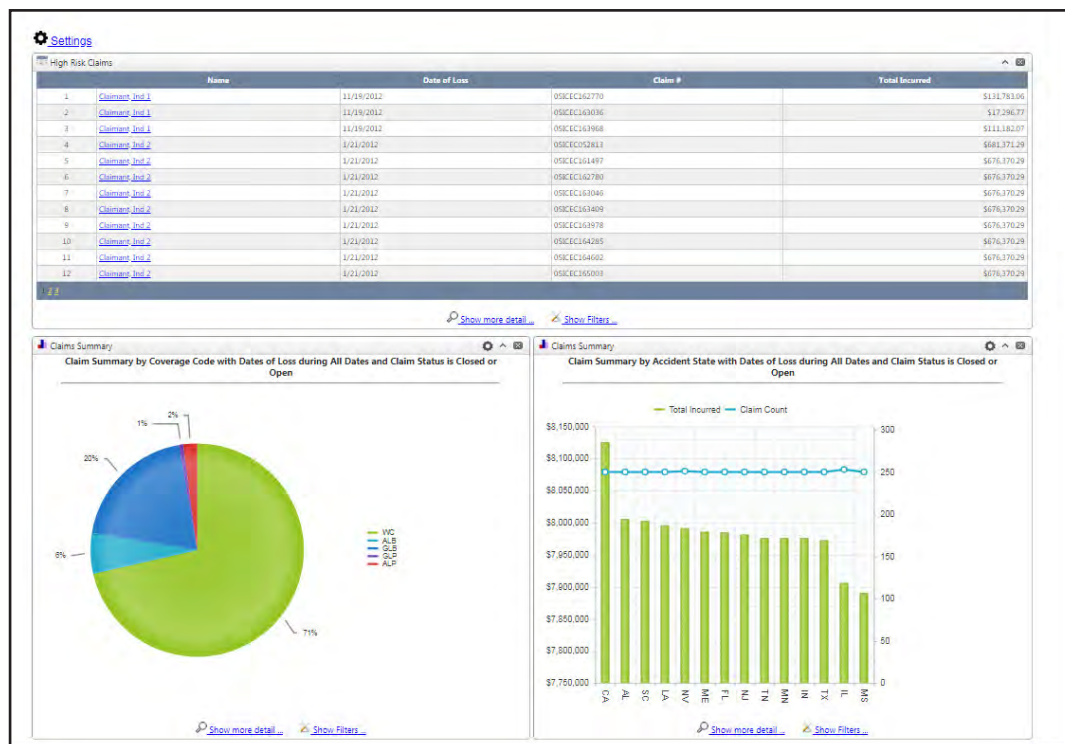
After making all the tweaks to your data you'd like, navigate to the right hand side of the widgets list to the Add Widget(s) tool. Click on any of the spaces available to place your widget in the designated area of the Homepage screen. Once you've chosen and clicked on an area, which will be highlighted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

Select the region where you want to place the widgets:

Add Widget(s)

Cancel

Dashboard Layout Example



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

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

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

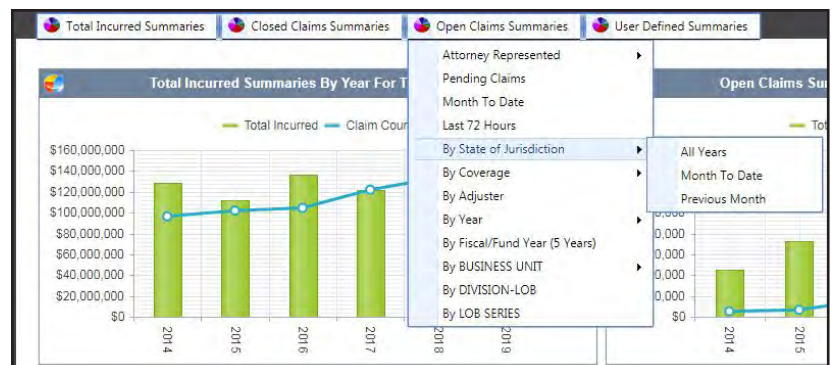
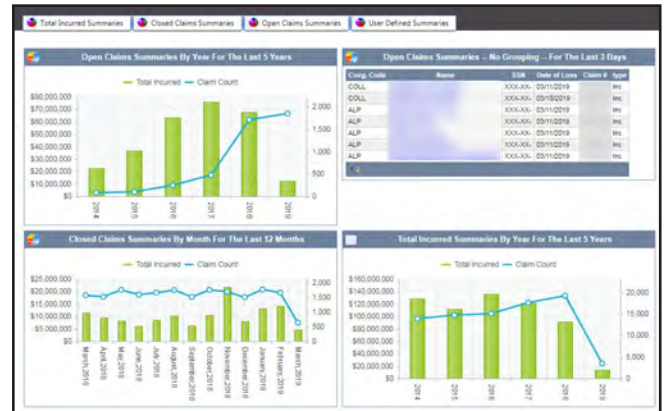
Executive Portal

Executive Portal

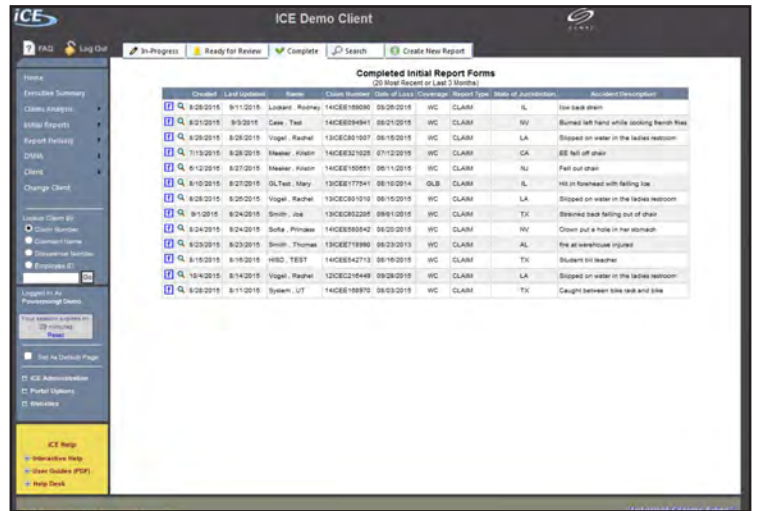
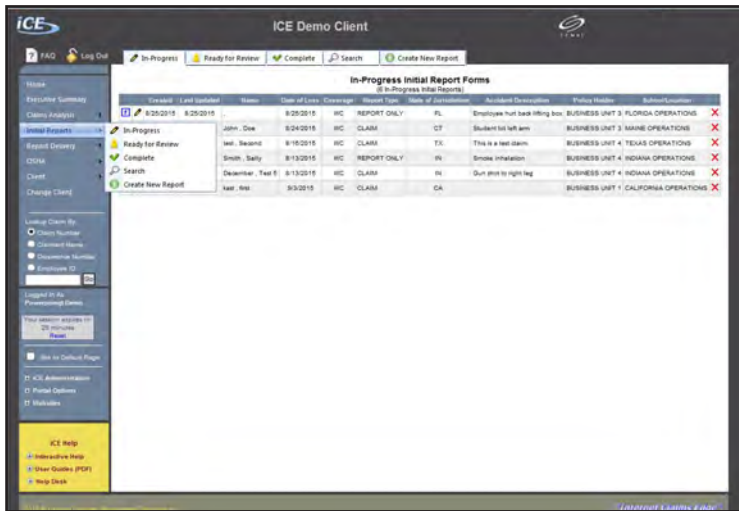
Executive Portal View (above) offers quick access to the most requested claims analysis reports, reports on-line (Live, Static, MyReports and Managed Care.) The Executive Portal features drop down selections. With a simple click of the mouse, top requested reports are available at your fingertips.

For a deeper analysis of claims history, the Claims Analysis section of iCE provides

multiple features for filtering relevant data.



Initial Reports



Initial Reports Home Screen

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

Completed vs InProgress Reports

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

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

Initial Reports

New Initial Reports & Coverage Specific Fields

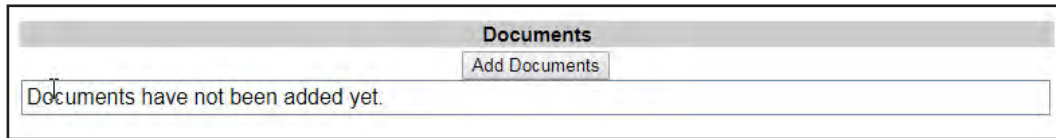
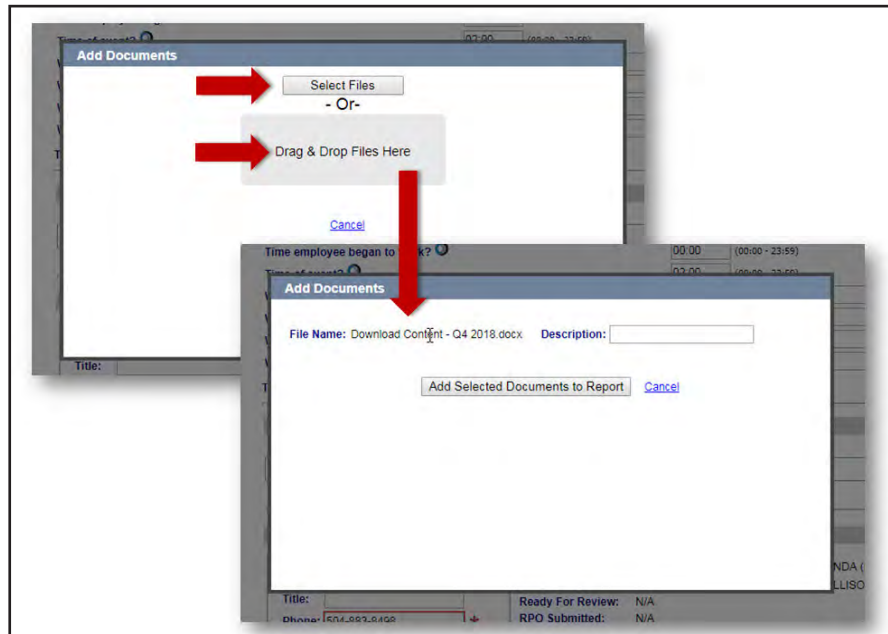
The Create New Report tab displays the claim report form users fill out to create their claim or report only (report only can be converted to claims after submission.) Any field marked with a red asterisk is a required field. Users will not be able to submit an initial report form until all required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

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

Saving & Submitting

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


Initial Reports


Dragging & Dropping Documents Into “Add Documents”

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

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



ICE Demo Client



FAQ
 Log Out

In Progress
 Ready for Review
 Complete
 Search
 Create New Report

Home

Executive Summary

Claims Analysis

Initial Reports

Report Delivery

CPIAs

Client

Change Control

System Detail By:

- ☒ Overall Status
- ☐ Corporate Status
- ☐ Economic Status

Suggested Top Powerwashing Dams

Your session requires at least 20 minutes.

IT & Administration

Funding Options

Workflows

Search Initial Reports

	Created	Last Updated	Name	Claim Number	Date of Loss	Coverage	Report Type
	9/3/2015	9/11/2015	Batim, Joshua J		9/3/2015	WC	CLAIM X
	8/28/2015	9/11/2015	Lodwick, Rodney	14CEE169090	8/28/2015	WC	CLAIM
	9/11/2015	9/9/2015	Jarno, Todd		9/9/2015	WC	CLAIM X
	8/21/2015	9/3/2015	Cass, Tim	14GEB094041	8/21/2015	WC	CLAIM
	9/28/2015	9/28/2015	Vogel, Raphael	13CEB001097	9/16/2015	WC	CLAIM
	7/13/2015	9/28/2015	Hewer, Kristin	14GEE321026	7/12/2015	WC	CLAIM
	9/12/2015	9/27/2015	Hewer, Kristin	14GEE160861	9/11/2015	WC	CLAIM
	8/13/2015	9/27/2015	St.Ted, May	13CEE177541	8/18/2014	OIL	CLAIM
	8/28/2015	9/29/2015	Vogel, Raphael	13CEB091010	8/10/2015	WC	CLAIM
	9/28/2015	9/29/2015			9/25/2015	WC	REPORT ONLY X
	8/1/2015	8/4/2015	Smith, Joe	13CEC02258	8/1/2015	WC	CLAIM
	8/24/2015	8/24/2015	Rafa, Pinchas	14GEB090542	8/28/2015	WC	CLAIM
	8/23/2015	8/23/2015	Smith, Thomas	13CEE118960	8/23/2015	WC	CLAIM
	8/24/2015	9/23/2015	John, Don		8/24/2015	WC	CLAIM X
	8/23/2015	9/23/2015	James, John		8/14/2015	WC	REPORT ONLY X
	8/11/2015	8/19/2015	Emmilton, Janet		8/4/2015	WC	CLAIM X
	8/30/2015	8/18/2015	NEL, BARRY		8/16/2015	WC	CLAIM X
	8/18/2015	8/18/2015	Smith, Sally	14GEB242713	8/13/2015	WC	REPORT ONLY X
	8/16/2015	8/16/2015	MSD, TEST	14GEB242713	8/16/2015	WC	CLAIM
	10/4/2015	8/16/2015	Vogel, Raphael	13GEE210449	9/28/2015	WC	CLAIM

ICE Help

- [Interactive Help](#)
- [Power Guides \(PDF\)](#)
- [Help Desk](#)

Internet Claims Inc.

Initial Reports Grid

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

The blue F at the leftmost side of the grid designates the Form Filler feature in iCE. Clicking on this icon will bring users into Form Filler where they can populate their state and other forms required for reporting.

Form Filler

Current Claim: (E10001) Meeker, Kristin - DOL 5/1/2015 12:00:00 AM

☒ Limit to State of Jurisdiction

Form Group:
 ACORD Forms
 Cornell MC Forms
 Excess Carrier Forms
 Form Letters
 New Jersey State Forms
 OSHA
 USLH Forms

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

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

Available Forms:

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

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

Current Claim: (E10001) Meeker, Kristin - DOL 5/1/2015 12:00:00 AM

☒ Limit to State of Jurisdiction

Form Group:
 ACORD Forms
 Cornell MC Forms
 Excess Carrier Forms
 Form Letters
 New Jersey State Forms
 OSHA
 USLH Forms

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

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

Available Forms:
 Benefit Status Letter Indemnity - NJ-BenefitStatusLetter.pdf
 Benefit Status Letter Indemnity - NJ-BenefitStatusLetter.pdf

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

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

Form Filler Overview

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

Populating Forms

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

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

NO - FIRST REPORT OF INJURY OR ILLNESS [JA-(Fr 1-1-02)]
 Help Guide

Refresh PDF Save Data Download PDF Attach to Claim Report Cancel

FormFiller Color Key

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

Complete or change the form fields below and click one of the buttons to continue.

Form Fieldname	Value
Employer Name and Address	BLINHOE OPERATIONS, 1 COME BOWLEAVE
SEC Code	
Employer FEIN	454448622
Carrier/Administrator Claim Number	14ICE1100651
OSHA Log	
Report Purpose Code	
Jurisdiction	MI
Jurisdiction Claim Number	
Insured Report Number	
Employer Location Address	
Location Number	
Phone Number	
Carrier Name and Address	Carlson Cochran Management Services Incorporated
Carrier FEIN	019470604

WORKERS COMPENSATION - FIRST REPORT OF INJURY OR ILLNESS

DATE OF FIRST REPORT OF INJURY OR ILLNESS: 01/01/2012
 LOCAL A.C. # 44451
 STATE OF MI
 COUNTY OF MI
 CITY OF MI
 ZIP CODE MI
 EMPLOYER'S BUSINESS ADDRESS: 1 COME BOWLEAVE
 CITY OF MI
 STATE OF MI
 ZIP CODE MI
 EMPLOYER'S PHONE NUMBER: 1-800-454-4862
 EMPLOYER'S FAX NUMBER: 1-800-454-4862
 EMPLOYER'S E-MAIL ADDRESS: 1-800-454-4862
 EMPLOYER'S WEBSITE: 1-800-454-4862
 EMPLOYER'S BUSINESS TYPE: 1-800-454-4862
 EMPLOYER'S BUSINESS DESCRIPTION: 1-800-454-4862
 EMPLOYER'S BUSINESS ADDRESS: 1-800-454-4862
 EMPLOYER'S BUSINESS PHONE NUMBER: 1-800-454-4862
 EMPLOYER'S BUSINESS FAX NUMBER: 1-800-454-4862
 EMPLOYER'S BUSINESS E-MAIL ADDRESS: 1-800-454-4862
 EMPLOYER'S BUSINESS WEBSITE: 1-800-454-4862
 EMPLOYER'S BUSINESS TYPE: 1-800-454-4862
 EMPLOYER'S BUSINESS DESCRIPTION: 1-800-454-4862
 EMPLOYER'S BUSINESS ADDRESS: 1-800-454-4862
 EMPLOYER'S BUSINESS PHONE NUMBER: 1-800-454-4862
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Split Pane View

This is how the first report of injury is displayed in split pane view. The user's input fields are on the left and the print ready preview version of the form shows on the right. When a user populated a field on the left, the corresponding field on the right hand form also populates.

The menu at the top allows users to Refresh the PDF, Save Data, Download PDF, attach the form to claim notes and cancel all changes.

12

Form Filler

NO - FIRST REPORT OF INJURY OR ILLNESS (IA-1 (F 3-1-02))
Help Guide

Save Data & Show Form Save Data Attach to Claim Notes Cancel

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

Complete or change the form fields below and click one of the buttons to continue.

Form Field Name	Value
Employer Name and Address	ELINOS OPERATIONS, 1 COMS BOULEVARD
SIC Code	
Employer FEIN	45440622
Carrier/Administrator Claim Number	141000130633
OSHA Log	
Report Purpose Code	
Jurisdiction	NO
Jurisdiction Claim Number	
Insured Report Number	
Employer Location Address	
Location Number	
Phone Number	
Carrier Name and Address	Cannon Cochran Management Services Incorporated
Carrier FEIN	31017904
Claims Administrator Name	Cannon Cochran Management Services Incorporated
Administrator FEIN	

Single Pane View

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

Tuesday, September 01, 2015 DEMO

Current Claim: (E150651) Meeker, Kristin - DOL: 5/11/2015 12:00:00 AM

☒ Limit to State of Jurisdiction

Form Group

- ACORD Forms
- Comp IAC Forms
- Excess Carrier Forms
- Form Letters
- New Jersey State Forms
- OSHA
- USLH Forms

Instructions:

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

This application requires the Adobe Acrobat Reader to view the c

Available Forms

- OSHA301 Incident Report (From Adjuster Modified data) - OSHA301.pdf

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

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

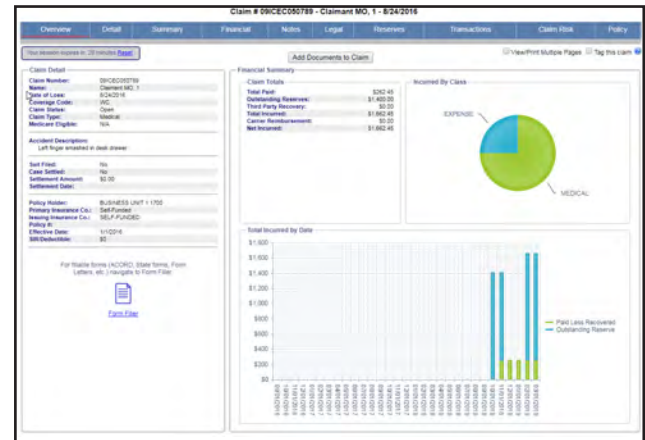
Get Form

OSHA 301 Form

The OSHA 301 form is also available in form filler. This form is distinct from the iCE OSHA module.

Claim Detail

Claim #	Date of Loss	Claim #	Date of Loss	Status	Type	Total Paid	Outstanding Reserve	Total Incurred	Policy Number
1	11/10/2016	09CEC161287	11/10/2016	Open	Med	\$0.00	\$0.00	\$0.00	BUSINESS UNIT 1 1700
2	8/24/2016	09CEC092769	8/24/2016	Open	Med	\$262.45	\$1,400.00	\$1,662.45	BUSINESS UNIT 1 1700
3	8/24/2016	09CEC161506	8/24/2016	Open	Med	\$262.45	\$1,400.00	\$1,662.45	BUSINESS UNIT 1 1700
4	8/24/2016	09CEC162095	8/24/2016	Open	Med	\$262.45	\$1,400.00	\$1,662.45	BUSINESS UNIT 2
5	8/24/2016	09CEC162074	8/24/2016	Open	Med	\$262.45	\$1,400.00	\$1,662.45	BUSINESS UNIT 2
6	8/24/2016	09CEC163437	8/24/2016	Open	Med	\$262.45	\$1,400.00	\$1,662.45	BUSINESS UNIT 2
7	8/24/2016	09CEC164006	8/24/2016	Open	Med	\$262.45	\$1,400.00	\$1,662.45	BUSINESS UNIT 3
8	8/24/2016	09CEC164313	8/24/2016	Open	Med	\$262.45	\$1,400.00	\$1,662.45	BUSINESS UNIT 3
9	8/24/2016	09CEC164810	8/24/2016	Open	Med	\$262.45	\$1,400.00	\$1,662.45	BUSINESS UNIT 3
10	8/24/2016	09CEC165031	8/24/2016	Open	Med	\$262.45	\$1,400.00	\$1,662.45	BUSINESS UNIT 3
11	8/24/2016	09CEC165292	8/24/2016	Open	Med	\$262.45	\$1,400.00	\$1,662.45	BUSINESS UNIT 4
12	8/24/2016	09CEC165564	8/24/2016	Open	Med	\$262.45	\$1,400.00	\$1,662.45	BUSINESS UNIT 4



Claim Detail Information

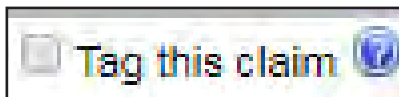
By selecting an individual claimant from the claims grid, iCE allows you to view claimant information in greater detail. The **Claim Detail Information** screen displays:

- Claim status
- Claimant Information – name, address, etc.
- Employment Information – Avg. weekly wage, PPD Rate, etc.
- Accident Information – Loss type, description
- Summary of claim
- Contacts Information – Employee, Employer and Medical

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

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

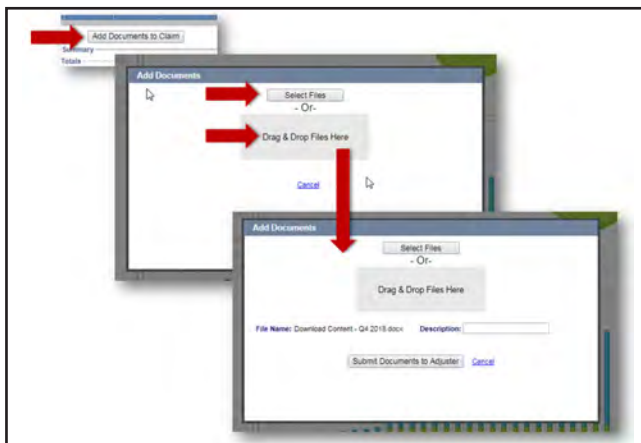
Claim Detail



Claim Detail Screens

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

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



The **Add Documents** feature allows users to add documents to claims directly from the claim detail screen instead of having to access their initial report. When users click “Add Documents to Claim” a pop up will appear giving users the option to upload documents either via the “Select Files” button or by dragging and dropping their documents from their computer directly into the module. When they do another pop up will appear with a description box for users to add brief commentary to their uploaded files. Files will not be uploaded until users click “Submit Documents to Adjuster.”

Claim Detail

Claim Detail Screens

The **Detail Screen** displays a quick “snap shot” of the claim detail highlights.

Claim # 08CEC142770 - Claimant, Ind 1 - 11/19/2012

Overview | Detail | Summary | Financial | Notes | Legal | Reserves | Transactions | Claim Risk | Policy

Claimant Information:
 Name: Claimant, Ind 1
 Address: 1000 Lakeside Dr, Sacramento, CA 95833
 Phone: (916) 444-4444
 Email: claimant@ice.com

Employee Information:
 Name: Employee 01
 Address: 1000 Lakeside Dr, Sacramento, CA 95833
 Phone: (916) 444-4444
 Email: employee01@ice.com

Injury Details:
 Date of Injury: 11/19/2012
 Body Part: Back
 Injury Description: L5/S1 DISC HERNIA
 Date of Loss: 11/19/2012
 Date of Claim: 11/19/2012
 Date of Report: 11/19/2012

Contacts:
 Name: Contact 01
 Date: 11/19/2012
 Comments: Initial contact with claimant.

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

Claim # 08CEC142770 - Claimant, Ind 1 - 11/19/2012

Overview | Detail | Summary | Financial | Notes | Legal | Reserves | Transactions | Claim Risk | Policy

Accident Description:
 On 11/19/2012, at approximately 10:00 AM, the claimant was working at the site of the accident. He was performing maintenance work on a piece of equipment. He was struck by a moving part of the equipment, which caused him to fall and sustain a back injury.

Injury Details:
 Date of Injury: 11/19/2012
 Body Part: Back
 Injury Description: L5/S1 DISC HERNIA
 Date of Loss: 11/19/2012
 Date of Claim: 11/19/2012
 Date of Report: 11/19/2012

Medical History:
 The claimant has a history of back pain and has been treated by a physician. He has been on medical leave since the date of the accident. He has also been receiving physical therapy and has been advised to avoid heavy lifting.

The **Financial Screen** uses pie and bar charts to give the user a comprehensive and visual breakdown of the numbers.

The pie chart displays the financial history by class, total incurred, paid and outstanding reserve and is broken down by reserve classes.

The bar chart and columns display financial history by date of the past year paid, outstanding and recovery reserve are displayed by month.



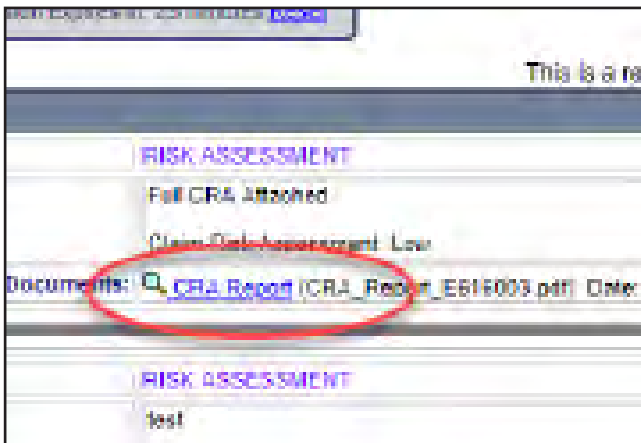
The Notes Screen allows the user to see adjuster/supervisor notes and observe the progress of the claim.

The user may also view brief legal notes in the text area.

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

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

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

[illegible]

CLAIM RISK ASSESSMENT	
Claim Number : 14999E616003	Claimant Name : Beuller, Ferris
CLAIMANT SECTION	
Source of Information	Phone Interview
Basic/Background Information	
Claimant's Legal Last Name	Beuller
Claimant's Legal First Name	Ferris
Date Of Loss	12/01/2014
Claimant's Home Address	5705 Lombardy DR
Claimant's City State Zip	Osgoode, ON K0A 2W0
Home Phone #	888 555-1212
Cell Phone #	
Social Security Number	###-##-7412
Date Of Birth	01/30/1988
Marital Status	Unmarried (Single, Widowed, Divorced)

Claim Detail

Claim # 05ICEC162770 - Claimant, Ind 1 - 11/19/2012

Overview Detail Summary Financial Notes Legal Reserves Transactions Claim Risk Policy

Your session expires in: 25 minutes [Reset](#)

Policy Information

Insured Policy:	WC2012	Policy Type:	WC	Risk Exposure Type:	FSI
Effective Date:	11/20/12	Expiration Date:	11/20/13	Purpose Type:	Policy Limit
				Policy Limit:	100-100000

Coverage Information

Coverage Trigger:	Occurrence	Coverage Code:	WC	Report Limit Type:	Percentage
Effective Date:	11/20/12	Expiration Date:	11/20/13	Reporting Limit:	SS

Primary Insurance Company

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

Revolving Insurance Company

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

Covered States:

Covered States:	AL
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Covered Location

Policy Holder:	ICE002 (BUSINESS UNIT 2)	Physical Address:	456 OLE MISS DRIVE	Mailing Address:	456 OLE MISS DRIVE
Location:	01 (ALABAMA OPERATIONS)	Physical City:	MOBILE	Mailing City:	MOBILE
State:	AL	Physical State:	AL	Mailing State:	AL
Phone:	504-123-4567	Physical Zip:	36601	Mailing Zip:	36601
		Physical Country:	MOBILE	Mailing Country:	MOBILE

Job Class Code

Job Class Code:	8403 - GARBAGE COLLECTION AND DRIVERS
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Claim Detail Screens

The **Policy** screen displays the policy information for an individual claim.

If ever a user needs to contact their adjuster, at any time they may do so from the claim detail screen.

ICE

Claim # 18M85F760245 - Baughman, Kenneth - 10/2/2018

Overview Detail Summary Financial Notes Legal Client Diaries Adjuster Diaries Reserves

Your session expires in: 25 minutes [Reset](#)

Claim

Status:	Open	Adjuster:	ASHLEY, KAREN	Email Adjuster
Coverage Code:	WC	Supervisor:	McMillen, Debbie	Email Supervisor
Claim Type:	Indemnity	TCM:	()	
Date Claim Closed:	N/A	Claim Source:	ICESar	
Claim Risk Level:	High	Claim Denied:	N	

Claimant

Name:	Baughman, Kenneth	Address:	334 Venetian Way
Home Phone:	601-436-0451		Hattiesburg, MS 39401
Mobile Phone:			United States
Personal Email:			

Soc Sec Num:	XXX-XX-2373	Employee ID:	
Age:	45	Gender:	M
Marital Status:	Unmarried	Date of Birth:	11/12/1972

Claims Analysis

ICE Demo Client

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

Select Filters

Claim Dates: Start: 1/1/1900 End: 12/31/2019 - Select dates -

☒ Date Of Loss ☐ Entry Date ☐ Date Closed

☒ Show Results As Of: 3/13/2019

Report Type: ☒ Claim ☐ Report Only (RPO)

Claim Status: ☒ Open ☐ Closed ☐ Pending *

Claim Type: ☒ Indemnity ☐ Medical ☐ Incident *

Last Name: _____

First Name: _____

SSN: _____

Employee ID: _____

Total Incurred: between _____ and _____

Coverage: _____

Policy Holder: _____

Claim Number: _____

Saved Filters

- Select -

Save filter as: _____

Save Filter

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

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

ICE Demo Client

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

Select Filters

Claim Dates: Start: 1/1/1900 End: 12/31/2019 - Select dates -

☒ Date Of Loss ☐ Entry Date ☐ Date Closed

☒ Show Results As Of: 3/13/2019

Report Type: ☒ Claim ☐ Report Only (RPO)

Claim Status: ☒ Open ☐ Closed ☐ Pending *

Claim Type: ☒ Indemnity ☐ Medical ☐ Incident *

Last Name: _____

First Name: _____

SSN: _____

Employee ID: _____

Total Incurred: between _____ and _____

Coverage: _____

Policy Holder: _____

Claim Number: _____

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

Medicare Eligible: ☐ Yes ☐ No/Unknown ☒ All

Alternate Claim Number: _____

Departments: - All -

Sub-Department: - All -

Area: - All -

Job Title: - All -

Accident State: - All -

State of Jurisdiction: - All -

Adjuster: - All -

Occurrence: - All -

Under Investigation: ☐ Yes ☐ No ☒ All

Sort Field: ☐ Yes ☐ No ☒ All

Claimant Attorney Represented: ☐ Yes ☐ No ☒ All

Claim Denied: ☐ Yes ☐ No ☒ All

Claims Per Person: 1 - Or More

NCCI Job Code: - All -

Tagged Claims: ☐ Yes ☐ No ☒ All

Job Title (Carrier): - All -

Saved Filters

- Select -

Save filter as: _____

Save Filter

Claims Analysis Information

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

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


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

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

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



Grid Layout:
iCE Basic ▼

 Custom Grids

The screenshot displays the 'ICE Demo Client' interface. At the top, the title bar reads 'ICE Demo Client'. Below it is a navigation bar with several tabs: 'Claim Summary', 'Claim Grids', 'Financial Analysis', 'Transaction Detail', and 'Reserve Detail'. The 'Claim Grids' tab is currently selected.

The main content area is titled 'Custom Claim Grid Setup'. It is divided into three sections:

- Left Sidebar:** A vertical list of navigation options: 'Available Grid Columns', 'Claim Details', 'Claim Entry Date', 'Claim Submitted Date', 'Claimant Report Date', 'Date Closed', 'Date of Hire', 'Date of Loss', 'Date Opened', 'Date Re-Opened', 'Day of Week', 'Days Open', 'Last Claim Activity Date', 'Year of Loss', 'Claim Info', 'Claimant', 'Claimant Address', 'Comparison', 'Financial Detail', 'Group/Analysis Codes', 'Initial Report', 'Legal', 'Policy Holder/Location', 'Misc', 'OSHA', 'Workers Comp', and 'Client-Specific'.
- Central Panel:** Titled 'Selected Grid Columns', it contains a table with a single column 'Grid' and a list of checkboxes corresponding to the items in the sidebar.
- Right Panel:** Contains configuration options for the grid:
 - Grid Type:** Radio buttons for 'New Grid' (selected) and 'Existing Grid'.
 - Grid Name:** A text input field.
 - Save:** A button.
 - Cancel Columns:** A button.
 - Reset Columns List:** A button.
 - Pre-Load Fields:** A dropdown menu.
 - Copy Grid To Another User:** Radio buttons for 'Exit User' (selected) and 'OSHA User'.
 - Select User:** A button.
 - Copy:** A button.

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

Claims Analysis

Grid Type:
☒ New Grid
☐ Edit Existing Grid

Grid Name:

Save

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

Pre-Load Fields:

Copy Grid To Another User:
☒ Ext. User ☐ CCMSI User

Copy

Grid Type:
☒ New Grid
☐ Edit Existing Grid

Grid Name:

Save

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

Pre-Load Fields:

Copy Grid To Another User:
☒ Ext. User ☐ CCMSI User

Copy

Claim & Custom Grids

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

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

ICE Demo Client

Custom Claim Grid Setup

Available Grid Columns:

- Claim Dates
 - Claim Entry Date
 - Claim Submitted Date
 - Claimant Report Date
 - Date Of Hire
 - Date Closed
 - Date No Opened
 - Day of Week
 - Days Open
 - Last Claim Activity Date
 - Year of Loss
- Claim Info
- Claimant
- Claimant Address
- Comparison
- Financial Detail
- Group/Analysis Codes
- Initial Report
- Legal
- Policy Holder/Location
- Misc
- OSHA
- Workers Comp
- Client-Specific

Selected Grid Columns:

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

Grid Type:
☒ New Grid
☐ Edit Existing Grid

Grid Name:

Save

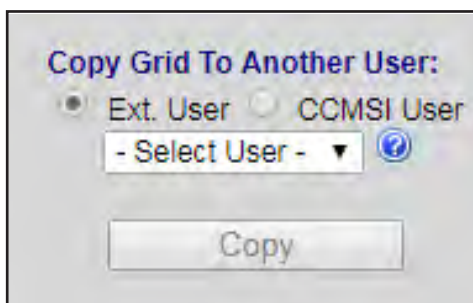
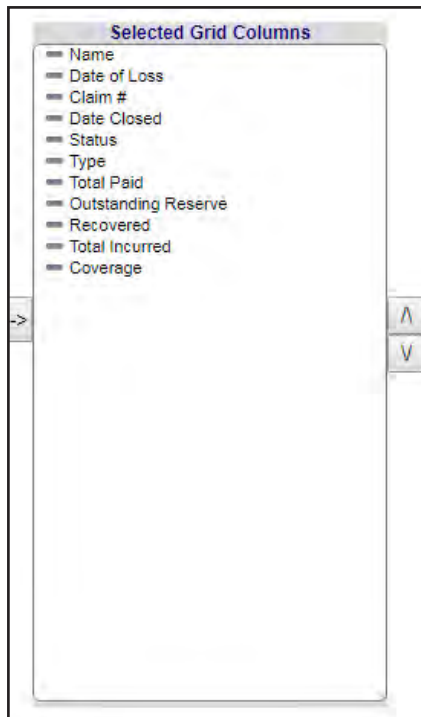
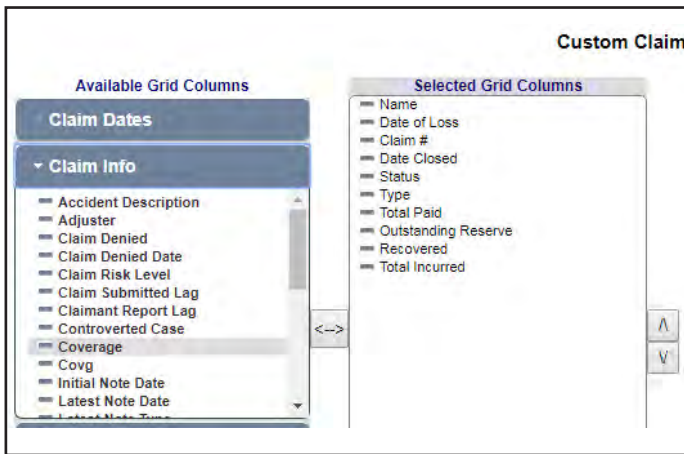
[Cancel Changes](#)
[Reset Column Lists](#)

Pre-Load Fields:

Copy Grid To Another User:
☒ Ext. User ☐ CCMSI User

Copy

Claims Analysis

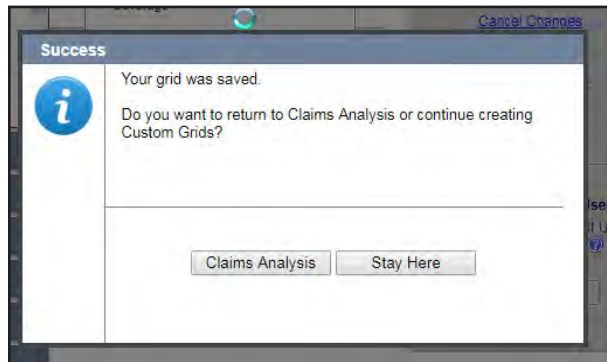


Claim & Custom Grids

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

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

Claims Analysis



Claim & Custom Grids

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

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

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

Selection Criteria
Claims where Date Of Loss between 1/1/1900 and 12/31/2019 11:59 PM and Type of Claim is Indemnity or Medical As Of 3/13/2019 and Claim Status is Closed or Open As Of 3/13/2019 and Coverage is WC

Overall Totals

# Claims	Total Paid	Outstanding Reserve	Third Party Recovery	Total Incurred	Carrier Subrogation	Net Incurred
1173	\$37,272,960.11	\$45,206,366.02	\$625,567.74	\$81,862,778.30	\$2,546.04	\$81,860,232.26

Grid Type: Sample Grid As Of 3/13/2019 View Results As: Click on column headers to sort grid.

Name	Date of Loss	Claim #	Date Closed	Status	Type	Total Paid	Outstanding Reserve	Recovered	Total Incurred	Coverage
1 Claimant.MD.1	8/24/2016	09ICED050789		Open	Med	\$262.45	\$1,400.00	\$0.00	\$1,662.45	WORKERS COMP
2 Claimant.MD.1	8/24/2016	09ICED161506		Open	Med	\$262.45	\$1,400.00	\$0.00	\$1,662.45	WORKERS COMP
3 Claimant.MD.1	8/24/2016	09ICED102000		Open	Med	\$262.45	\$1,400.00	\$0.00	\$1,662.45	WORKERS COMP
4 Claimant.MD.1	8/24/2016	09ICED183074		Open	Med	\$262.45	\$1,400.00	\$0.00	\$1,662.45	WORKERS COMP
5 Claimant.MD.1	8/24/2016	09ICED163437		Open	Med	\$262.45	\$1,400.00	\$0.00	\$1,662.45	WORKERS COMP
6 Claimant.MD.1	8/24/2016	09ICED164206		Open	Med	\$262.45	\$1,400.00	\$0.00	\$1,662.45	WORKERS COMP
7 Claimant.MD.1	8/24/2016	09ICED164313		Open	Med	\$262.45	\$1,400.00	\$0.00	\$1,662.45	WORKERS COMP
8 Claimant.MD.1	8/24/2016	09ICED164630		Open	Med	\$262.45	\$1,400.00	\$0.00	\$1,662.45	WORKERS COMP
9 Claimant.MD.1	8/24/2016	09ICED165031		Open	Med	\$262.45	\$1,400.00	\$0.00	\$1,662.45	WORKERS COMP
10 Claimant.MD.1	8/24/2016	09ICED165292		Open	Med	\$262.45	\$1,400.00	\$0.00	\$1,662.45	WORKERS COMP
11 Claimant.MD.1	8/24/2016	09ICED165584		Open	Med	\$262.45	\$1,400.00	\$0.00	\$1,662.45	WORKERS COMP
12 Claimant.MD.1	8/24/2016	09ICED165819		Open	Med	\$262.45	\$1,400.00	\$0.00	\$1,662.45	WORKERS COMP

Claims Analysis

Claim Summary

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

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

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

Claims Analysis

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

Select Filters

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

Date Of Loss Entry Date Date Closed

Show Results As Of: 3/13/2019

Report Type: ☒ Claim ☐ Report Only (RPO)

Claim Status: ☒ Open ☒ Closed ☐ Pending *

Claim Type: ☒ Indemnity ☒ Medical ☐ Incident *

Last Name:

First Name:

SSN: Starts With Last 4 Digits

Employee ID:

Total Incurred: between and

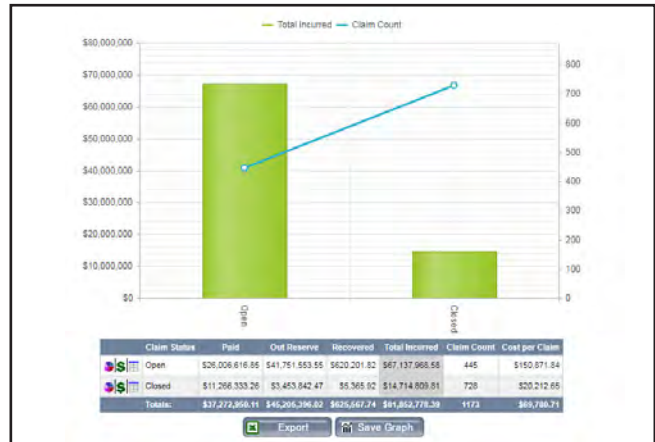
Coverage: WC

Policy Holder: - All -

Claim Number:

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

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



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

Select Filters

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

Date Of Loss Entry Date Date Closed

Show Results As Of: 3/13/2019

Report Type: ☒ Claim ☐ Report Only (RPO)

Claim Status: ☒ Open ☒ Closed ☐ Pending *

Claim Type: ☐ Indemnity ☒ Medical ☐ Incident *

Last Name:

First Name:

SSN: Starts With Last 4 Digits

Employee ID:

Total Incurred: between and

Coverage: - All -

Policy Holder: - All -

Claim Number:

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

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



From the standard parameters, open and closed WC claims from a specific policy holder have been selected. Graphed by OSHA Recordable.

Select Filters

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

Date Of Loss Entry Date Date Closed

Show Results As Of: 3/13/2019

Report Type: ☒ Claim ☐ Report Only (RPO)

Claim Status: ☒ Open ☒ Closed ☐ Pending *

Claim Type: ☒ Indemnity ☒ Medical ☐ Incident *

Last Name:

First Name:

SSN: Starts With Last 4 Digits

Employee ID:

Total Incurred: between and

Coverage: WC

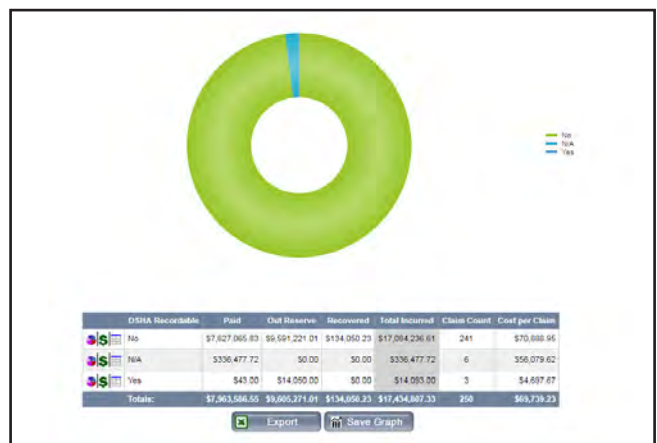
Policy Holder: BUSINESS UNIT 2 - ICE0002

Location: - All -

Claim Number:

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

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

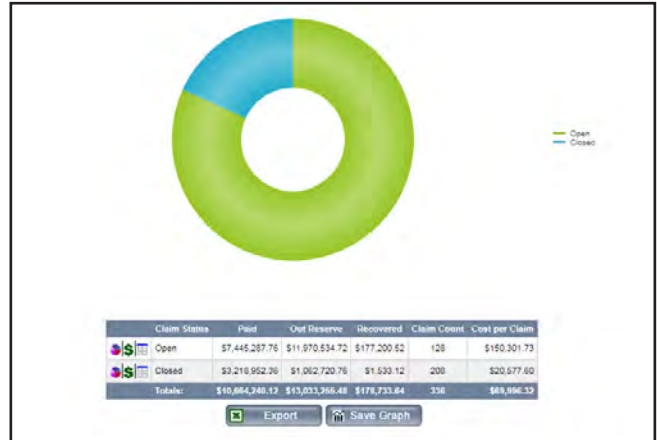


Graphed by OSHA Recordable.

Claims Analysis

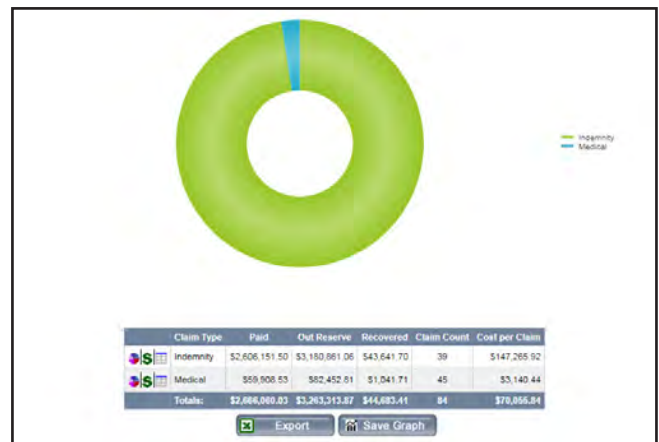
From the advanced parameters, open/closed WC claims from a specific department have been selected. Graphed by claim status.

Claim Risk Level: ☒ High ☒ Moderate ☒ Low ☒ Not Scored (N/A)
 Medicare Eligible: ☐ Yes ☐ No/Unknown ☒ All
 Alternate Claim Number:
 Departments: EAST
 Sub-Department: - All -
 Area: - All -
 Job Title: - All -
 Accident State: - All -
 State of Jurisdiction: - All -
 Adjuster: - All -
 Occurrence: - All -
 Occurrence Number:
 Under Investigation: ☐ Yes ☐ No ☒ All
 Suit Filed: ☐ Yes ☐ No ☒ All
 Claimant Attorney Represented: ☐ Yes ☐ No ☒ All
 Claim Denied: ☐ Yes ☐ No ☒ All
 Claims Per Person: 1 Or More
 NCCI Job Code: - All -
 Tagged Claims: ☐ Yes ☐ No ☒ All
 Job Title (Carrier): - All -



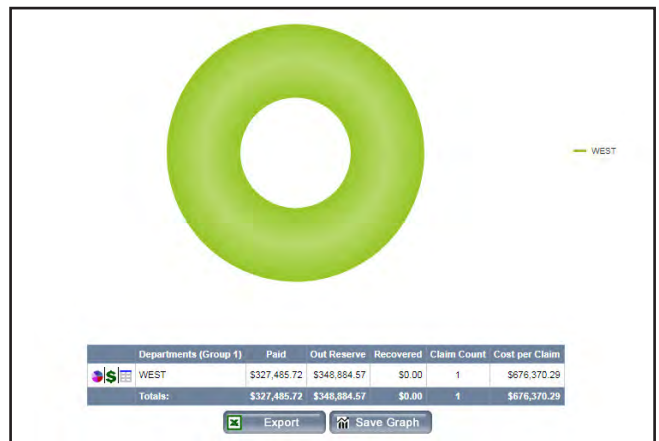
From the advanced parameters, open/closed WC claims from a specific state have been selected. Graphed by claim type.

Claim Risk Level: ☒ High ☒ Moderate ☒ Low ☒ Not Scored (N/A)
 Medicare Eligible: ☐ Yes ☐ No/Unknown ☒ All
 Alternate Claim Number:
 Departments: - All -
 Sub-Department: - All -
 Area: - All -
 Job Title: - All -
 Accident State: - All -
 State of Jurisdiction: NV
 Adjuster: - All -
 Occurrence: - All -
 Occurrence Number:
 Under Investigation: ☐ Yes ☐ No ☒ All
 Suit Filed: ☐ Yes ☐ No ☒ All
 Claimant Attorney Represented: ☐ Yes ☐ No ☒ All
 Claim Denied: ☐ Yes ☐ No ☒ All
 Claims Per Person: 1 Or More
 NCCI Job Code: - All -
 Tagged Claims: ☐ Yes ☐ No ☒ All
 Job Title (Carrier): - All -

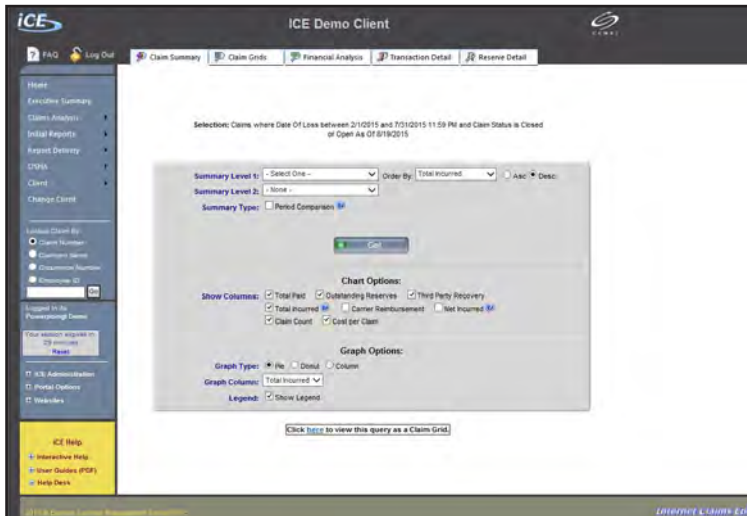


From the advanced parameters, open/closed tagged WC claims have been selected. Graphed by department.

Claim Risk Level: ☒ High ☒ Moderate ☒ Low ☒ Not Scored (N/A)
 Medicare Eligible: ☐ Yes ☐ No/Unknown ☒ All
 Alternate Claim Number:
 Departments: - All -
 Sub-Department: - All -
 Area: - All -
 Job Title: - All -
 Accident State: - All -
 State of Jurisdiction: - All -
 Adjuster: - All -
 Occurrence: - All -
 Occurrence Number:
 Under Investigation: ☐ Yes ☐ No ☒ All
 Suit Filed: ☐ Yes ☐ No ☒ All
 Claimant Attorney Represented: ☐ Yes ☐ No ☒ All
 Claim Denied: ☐ Yes ☐ No ☒ All
 Claims Per Person: 1 Or More
 NCCI Job Code: - All -
 Tagged Claims: ☐ Yes ☐ No ☒ All
 Job Title (Carrier): - All -



Claims Analysis



Claims Analysis Selections

Claims data can be summarized by selecting one or two of the following choices:

Accident State, Adjuster, Age, Body Part, Cause Code, Claim Risk Level, Claim Status, Claim Type, Claimant Attorney Represented, Claimant Died Y/N, Coverage Code, Day of the Week, Days Open, Fiscal/Fund Year, Group Codes, Job Class, Job Title, Lag Days, Length of Employment, Location, Loss Type, Medicare Eligible, Month Closed, Month Input, Month of Loss, Occurrence, OSHA Case Classification, OSHA Recordable, Policy Holder, Policy Period, Report Type, Second Injury Fund Status, Severity Class, State of Jurisdiction, Subrogation Status, Suit Filed, Time of Injury, Year Closed, Year Input, Year of Loss

Order by Selection allows the user to display selected data at two summary levels and/or two order levels. Choose financial summary or claim detail to view.

Claims Analysis Results

Claim Summary Results allows the user to track and analyze trends. The example above shows the total incurred and claim count for each claim type. Clicking one of the icons in the left-most column of the chart will display the data as a summary analysis, financial analysis or as individual claims in a claim detail chart. The graph above the chart display can be captured using the “Save Graph” function.

Claims Analysis

ICE Demo Client

Selection Criteria: Claims where Date Of Loss between 2/1/2015 and 2/1/2015 11:58 AM and Claim Status is Closed or Open As Of 5/25/2015

Overall Totals: 12 Claims, Total Paid: \$445,245.45, Outstanding Reserve: \$2,395,000.00, Total Incurred: \$0.00, Carrier Reimbursement: \$0.00, Net Incurred: \$0.00

Coverage	Name	SS#	Date of Loss	Claim #	Entry Date	Date Closed	Status	Type	Total Incurred	Outstanding Reserve	Total Paid	Policy Holder
WC	Claimant LLC	XXX-XX-XXXX	2/19/2015	110CE191761	2/19/2015		Open	Med	\$15.00	\$5,600.00	\$5,615.00	BUSINESS UNIT 1
WC	Claimant LLC	XXX-XX-XXXX	2/19/2015	110CE191480	2/19/2015		Open	Med	\$15.00	\$5,600.00	\$5,615.00	BUSINESS UNIT 1
WC	Claimant LLC	XXX-XX-XXXX	2/19/2015	110CE192703	2/19/2015		Open	Med	\$15.00	\$5,600.00	\$5,615.00	BUSINESS UNIT 2
WC	Claimant LLC	XXX-XX-XXXX	2/19/2015	110CE192969	2/19/2015		Open	Med	\$15.00	\$5,600.00	\$5,615.00	BUSINESS UNIT 2
WC	Claimant LLC	XXX-XX-XXXX	2/19/2015	110CE193332	2/19/2015		Open	Med	\$15.00	\$5,600.00	\$5,615.00	BUSINESS UNIT 2
WC	Claimant LLC	XXX-XX-XXXX	2/19/2015	110CE193901	2/19/2015		Open	Med	\$15.00	\$5,600.00	\$5,615.00	BUSINESS UNIT 2
WC	Claimant LLC	XXX-XX-XXXX	2/19/2015	110CE194204	2/19/2015		Open	Med	\$15.00	\$5,600.00	\$5,615.00	BUSINESS UNIT 3
WC	Claimant LLC	XXX-XX-XXXX	2/19/2015	110CE194508	2/19/2015		Open	Med	\$15.00	\$5,600.00	\$5,615.00	BUSINESS UNIT 3
WC	Claimant LLC	XXX-XX-XXXX	2/19/2015	110CE194606	2/19/2015		Open	Med	\$15.00	\$5,600.00	\$5,615.00	BUSINESS UNIT 3
WC	Claimant LLC	XXX-XX-XXXX	2/19/2015	110CE195187	2/19/2015		Open	Med	\$15.00	\$5,600.00	\$5,615.00	BUSINESS UNIT 4
WC	Claimant LLC	XXX-XX-XXXX	2/19/2015	110CE195459	2/19/2015		Open	Med	\$15.00	\$5,600.00	\$5,615.00	BUSINESS UNIT 4
WC	Claimant LLC	XXX-XX-XXXX	2/19/2015	110CE195714	2/19/2015		Open	Med	\$15.00	\$5,600.00	\$5,615.00	BUSINESS UNIT 4

Claim Detail Basic Grid

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

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

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

Claims Analysis

ICE Demo Client

Selection Criteria: Claims where Date Of Loss between 2/1/2015 and 7/31/2015 11:59 PM and Claim Status is Closed or Open As Of 6/20/2015

Overall Totals

# Claims	Total Paid	Outstanding Reserves	Third Party Recovery	Total Incurred	Carrier Reserves	Net Incurred
210	\$349,248.40	\$2,939,080.76	\$0.00	\$3,288,329.16	\$0.00	\$3,288,329.16

Grid Type: All Limited
View Results As: Excel PDF

Slack Item	Claim #	Date of Loss	Claim #	Claim Entry Date	Date Closed	Status	Type	Total Paid
1 WC	Claimed MO-35	2000-06-0705	2192015	110EC051751	2/19/2015	Open	Med	\$18.00
2 WC	Claimed MO-35	2000-06-0705	2192015	110EC101480	2/19/2015	Open	Med	\$18.00
3 WC	Claimed MO-35	2000-06-0705	2192015	110EC162703	2/19/2015	Open	Med	\$18.00
4 WC	Claimed MO-35	2000-06-0705	2192015	110EC162969	2/19/2015	Open	Med	\$18.00
5 WC	Claimed MO-35	2000-06-0705	2192015	110EC163332	2/19/2015	Open	Med	\$18.00
6 WC	Claimed MO-35	2000-06-0705	2192015	110EC163801	2/19/2015	Open	Med	\$18.00
7 WC	Claimed MO-35	2000-06-0705	2192015	110EC164050	2/19/2015	Open	Med	\$18.00
8 WC	Claimed MO-35	2000-06-0705	2192015	110EC164355	2/19/2015	Open	Med	\$18.00
9 WC	Claimed MO-35	2000-06-0705	2192015	110EC164826	2/19/2015	Open	Med	\$18.00
10 WC	Claimed MO-35	2000-06-0705	2192015	110EC165187	2/19/2015	Open	Med	\$18.00
11 WC	Claimed MO-35	2000-06-0705	2192015	110EC165459	2/19/2015	Open	Med	\$18.00
12 WC	Claimed MO-35	2000-06-0705	2192015	110EC165714	2/19/2015	Open	Med	\$18.00

Claim Summary Displays

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

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

ICE Demo Client

Claims where Date Of Loss between 2/1/2015 and 7/31/2015 11:59 PM and Claim Status is Closed or Open As Of 6/21/2015

Overall Totals

# Claims	Total Paid	Outstanding Reserves	Third Party Recovery	Total Incurred	Carrier Reserves	Net Incurred
210	\$349,248.40	\$2,939,080.76	\$0.00	\$3,288,329.16	\$0.00	\$3,288,329.16

Grid Type: All Limited
View Results As: Excel PDF

Slack Item	Claim #	Date of Loss	Claim #	Claim Entry Date	Date Closed	Status	Type	Total Paid	Outstanding Reserves	Total Incurred	Carrier Reserves	Net Incurred
1 WC	Claimed MO-35	2000-06-0705	2192015	110EC051751	2/19/2015	Open	Med	\$18.00	\$2,939,080.76	\$3,288,329.16	\$0.00	\$3,288,329.16
2 WC	Claimed MO-35	2000-06-0705	2192015	110EC101480	2/19/2015	Open	Med	\$18.00	\$2,939,080.76	\$3,288,329.16	\$0.00	\$3,288,329.16
3 WC	Claimed MO-35	2000-06-0705	2192015	110EC162703	2/19/2015	Open	Med	\$18.00	\$2,939,080.76	\$3,288,329.16	\$0.00	\$3,288,329.16
4 WC	Claimed MO-35	2000-06-0705	2192015	110EC162969	2/19/2015	Open	Med	\$18.00	\$2,939,080.76	\$3,288,329.16	\$0.00	\$3,288,329.16
5 WC	Claimed MO-35	2000-06-0705	2192015	110EC163332	2/19/2015	Open	Med	\$18.00	\$2,939,080.76	\$3,288,329.16	\$0.00	\$3,288,329.16
6 WC	Claimed MO-35	2000-06-0705	2192015	110EC163801	2/19/2015	Open	Med	\$18.00	\$2,939,080.76	\$3,288,329.16	\$0.00	\$3,288,329.16
7 WC	Claimed MO-35	2000-06-0705	2192015	110EC164050	2/19/2015	Open	Med	\$18.00	\$2,939,080.76	\$3,288,329.16	\$0.00	\$3,288,329.16
8 WC	Claimed MO-35	2000-06-0705	2192015	110EC164355	2/19/2015	Open	Med	\$18.00	\$2,939,080.76	\$3,288,329.16	\$0.00	\$3,288,329.16
9 WC	Claimed MO-35	2000-06-0705	2192015	110EC164826	2/19/2015	Open	Med	\$18.00	\$2,939,080.76	\$3,288,329.16	\$0.00	\$3,288,329.16
10 WC	Claimed MO-35	2000-06-0705	2192015	110EC165187	2/19/2015	Open	Med	\$18.00	\$2,939,080.76	\$3,288,329.16	\$0.00	\$3,288,329.16
11 WC	Claimed MO-35	2000-06-0705	2192015	110EC165459	2/19/2015	Open	Med	\$18.00	\$2,939,080.76	\$3,288,329.16	\$0.00	\$3,288,329.16
12 WC	Claimed MO-35	2000-06-0705	2192015	110EC165714	2/19/2015	Open	Med	\$18.00	\$2,939,080.76	\$3,288,329.16	\$0.00	\$3,288,329.16



The above is an example of the claim grid report format in PDF.

ICE Demo Client

Claims where Date Of Loss between 2/1/2015 and 7/31/2015 11:59 PM and Claim Status is Closed or Open As Of 6/21/2015

Overall Totals

# Claims	Total Paid	Outstanding Reserves	Third Party Recovery	Total Incurred	Carrier Reserves	Net Incurred
210	\$349,248.40	\$2,939,080.76	\$0.00	\$3,288,329.16	\$0.00	\$3,288,329.16

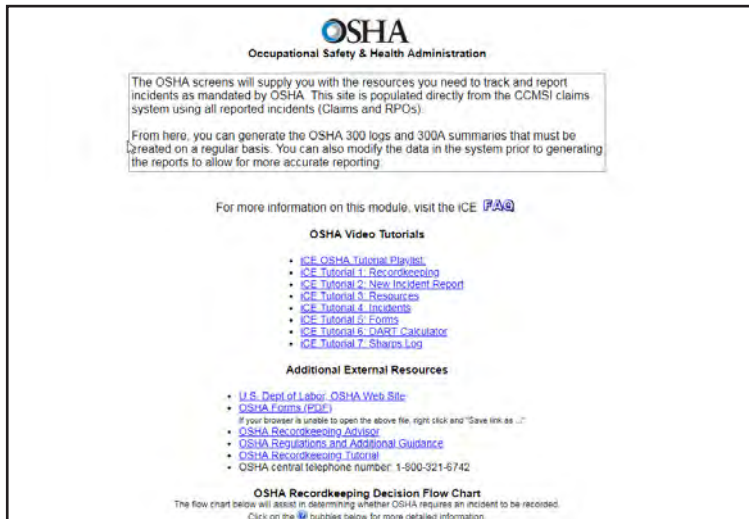
Grid Type: All Limited
View Results As: Excel PDF

Slack Item	Claim #	Date of Loss	Claim #	Claim Entry Date	Date Closed	Status	Type	Total Paid	Outstanding Reserves	Total Incurred	Carrier Reserves	Net Incurred
1 WC	Claimed MO-35	2000-06-0705	2192015	110EC051751	2/19/2015	Open	Med	\$18.00	\$2,939,080.76	\$3,288,329.16	\$0.00	\$3,288,329.16
2 WC	Claimed MO-35	2000-06-0705	2192015	110EC101480	2/19/2015	Open	Med	\$18.00	\$2,939,080.76	\$3,288,329.16	\$0.00	\$3,288,329.16
3 WC	Claimed MO-35	2000-06-0705	2192015	110EC162703	2/19/2015	Open	Med	\$18.00	\$2,939,080.76	\$3,288,329.16	\$0.00	\$3,288,329.16
4 WC	Claimed MO-35	2000-06-0705	2192015	110EC162969	2/19/2015	Open	Med	\$18.00	\$2,939,080.76	\$3,288,329.16	\$0.00	\$3,288,329.16
5 WC	Claimed MO-35	2000-06-0705	2192015	110EC163332	2/19/2015	Open	Med	\$18.00	\$2,939,080.76	\$3,288,329.16	\$0.00	\$3,288,329.16
6 WC	Claimed MO-35	2000-06-0705	2192015	110EC163801	2/19/2015	Open	Med	\$18.00	\$2,939,080.76	\$3,288,329.16	\$0.00	\$3,288,329.16
7 WC	Claimed MO-35	2000-06-0705	2192015	110EC164050	2/19/2015	Open	Med	\$18.00	\$2,939,080.76	\$3,288,329.16	\$0.00	\$3,288,329.16
8 WC	Claimed MO-35	2000-06-0705	2192015	110EC164355	2/19/2015	Open	Med	\$18.00	\$2,939,080.76	\$3,288,329.16	\$0.00	\$3,288,329.16
9 WC	Claimed MO-35	2000-06-0705	2192015	110EC164826	2/19/2015	Open	Med	\$18.00	\$2,939,080.76	\$3,288,329.16	\$0.00	\$3,288,329.16
10 WC	Claimed MO-35	2000-06-0705	2192015	110EC165187	2/19/2015	Open	Med	\$18.00	\$2,939,080.76	\$3,288,329.16	\$0.00	\$3,288,329.16
11 WC	Claimed MO-35	2000-06-0705	2192015	110EC165459	2/19/2015	Open	Med	\$18.00	\$2,939,080.76	\$3,288,329.16	\$0.00	\$3,288,329.16
12 WC	Claimed MO-35	2000-06-0705	2192015	110EC165714	2/19/2015	Open	Med	\$18.00	\$2,939,080.76	\$3,288,329.16	\$0.00	\$3,288,329.16



The above is an example of the claim grid report format in Excel.

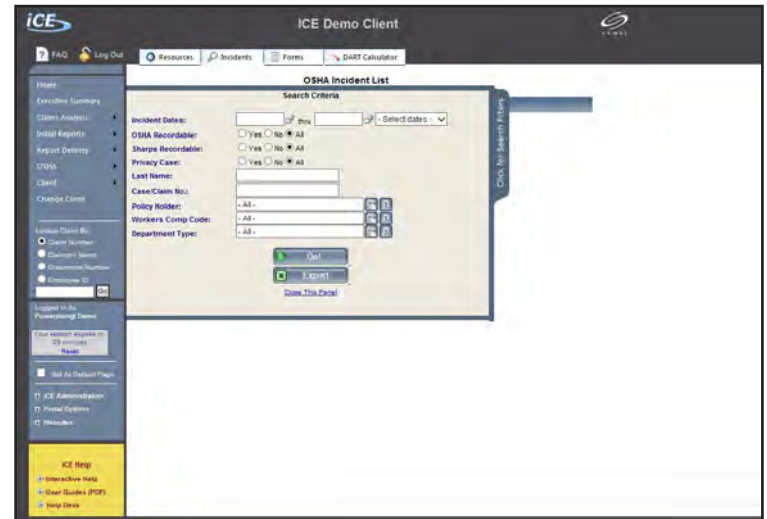
OSHA



OSHA Home Page

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

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



OSHA Incidents Search

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

Entering in parameters in the data fields narrows the user's search results, returning incidents which fit those parameters.

Clicking "Go" will generate a search results grid within iCE. Clicking "Export" will package the grid into an Excel file.

OSHA

ICE Demo Client

Resources Incidents Forms DART Calculator

OSHA Incident List

Search Criteria: Incident Date: 1/1/2014 to Incident Date: 1/31/2014

Case #	Name	Date of Incident	Policy Holder	Subunit/Location	OSHA Recordable	OSHA Recordable	Priority
C160329	Claimant MO, 25	1/18/2014	BUSINESS UNIT 4	TEXAS OPERATIONS	N		N
C161812	Claimant MO, 25	1/18/2014	BUSINESS UNIT 1	NEVADA OPERATIONS	N		N
C160384	Claimant MO, 25	1/18/2014	BUSINESS UNIT 2	MISSISSIPPI OPERATIONS	N		N
C160078	Claimant MO, 25	1/18/2014	BUSINESS UNIT 4	INDIANA OPERATIONS	Y		Y
C168874	Claimant MO, 25	1/18/2014	BUSINESS UNIT 4	TENNESSEE OPERATIONS	N		N
C160411	Claimant MO, 25	1/18/2014	BUSINESS UNIT 3	SOUTH CAROLINA OPERATIONS	N		N
C165829	Claimant MO, 25	1/18/2014	BUSINESS UNIT 4	MINNESOTA OPERATIONS	N		N
C164040	Claimant MO, 25	1/18/2014	BUSINESS UNIT 3	MAINE OPERATIONS	N		N
C164016	Claimant MO, 25	1/18/2014	BUSINESS UNIT 3	FLORIDA OPERATIONS	N		N
C051443	Claimant MO, 25	1/18/2014	BUSINESS UNIT 1	CALIFORNIA OPERATIONS	N		N
C164322	Claimant MO, 25	1/18/2014	BUSINESS UNIT 3	NEW JERSEY OPERATIONS	N		N
C162818	Claimant MO, 25	1/18/2014	BUSINESS UNIT 2	ALABAMA OPERATIONS	N		N
C163447	Claimant MO, 25	1/18/2014	BUSINESS UNIT 2	LOUISIANA OPERATIONS	N		N
C165382	Claimant MO, 25	1/18/2014	BUSINESS UNIT 4	ILLINOIS OPERATIONS	N		N
C051482	Claimant MO, 27	2/22/2014	BUSINESS UNIT 1	CALIFORNIA OPERATIONS	N		N
C164823	Claimant MO, 27	2/22/2014	BUSINESS UNIT 3	SOUTH CAROLINA OPERATIONS	N		N
C162700	Claimant MO, 27	2/22/2014	BUSINESS UNIT 2	ALABAMA OPERATIONS	N		N
C162610	Claimant MO, 27	2/22/2014	BUSINESS UNIT 2	MAINE OPERATIONS	N		N

Results Grid

The OSHA Incidents results grid lists the returned incidents. The data columns displayed give a brief overview of pertinent incident data.

Usually, the most pertinent information users want to verify is if their reported incident is marked as OSHA recordable or not.

This is indicated with a Y or N in the OSHA recordable column.

Clicking on the pencil icon at the far left of the grid allows the user to edit OSHA information on the selected incident.

OSHA Incident Claim/Case #F100648
Accident Description: Working with the EDM machine, got chemicals on arm

Incident Data OSHA Form 300 OSHA Form 301

OSHA Recordable: ☒ Yes ☐ No ☐ Unknown

Employee Name:

Date of Injury or Illness:

Policy Holder:

Location:

Departments:

Sub-Department:

Employee Terminated: ☐ Yes ☒ No

Employee Died: ☐ Yes ☒ No

Privacy Case: ☐ Yes ☒ No

Comments:

Last Modified: JADA/IS - 3/19/2019 9:54 AM

Save Cancel

OSHA Data Source ☒ This incident originated from Claim 17ICEF100648.
[View Claim Detail](#)
[View Initial Report](#)
[Email the adjuster](#)
 (If a change is required to the claim)

OSHA Incident Data

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

OSHA

Last Worked Date	Returned to Restricted Work Date	Returned to Unrestricted Work Date	Estimated	Days Away	Days Restricted	Last Modified
3/5/2019	3/7/2019	3/12/2019		1	5	gpeterson - 3/13/2019 4:42:46 PM
Totals:				1	5	

Form 300 Tab

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

Form 301 Tab

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

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

The screenshot displays the iCE Demo Client web application. The interface is divided into a left sidebar, a top navigation bar, and a main content area.


- Top Navigation Bar:** Features the iCE logo, a user profile icon, and a search bar. Below the search bar are tabs for Resources, Incidents, Forms, and a selected DART Calculator.
- Left Sidebar:** Contains a vertical menu with links: Home, Incident Summary, Claims Analysis, Initial Inquiry, Report Outgoing, OSHA, Claim, and Change Email. A section titled "Linked Claims By:" lists OSHA Number, Claim Number, and Insurance ID. At the bottom, there are links for "Log In As Professional User", "Link Incident Address To City/County/State", and "ICD Administration".
- Main Content Area:**
 - OSHA Forms:** The primary section, containing:
 - Form Type:** Radio buttons for OSHA Form 300 (Log), OSHA Form 300A (Summary), OSHA Form 300B (Report), OSHA Form 301 (Incident Report), and a Sharga Log link.
 - Federal/State Forms:** A dropdown menu currently set to "Federal".
 - Report Breakdown:** Radio buttons for Target Report (selected) and One Report Per Policy Incident.
 - Filters:**
 - Incident Status:** A dropdown menu set to "Unopened".
 - Policy Number:** A text input field containing "123456789".
 - Establishment:** A dropdown menu set to "ABC".
 - Search:** A magnifying glass icon.
 - Lost Time Calculations:**
 - Default / Override:** Radio buttons for Default (selected) and Override.
 - Calculation Options:**
 - ☐ Show All Lost/Restricted Days
 - ☐ Limit Lost/Restricted Days To 140 For Either Column K or L
 - ☐ Limit Lost/Restricted Days To 140 For Both Columns K and L, Together

At the bottom of the sidebar, there is a yellow box labeled "ICE Help" with links to Interactive Help, User Guides (PDF), and Help Desk.

[illegible]

OSHA's Form 300A (Rev. 10/2010)

Summary of Work-Related Injuries and Illnesses



 Year 2012
 U.S. Department of Labor
 Occupational Safety and Health Administration

Instructions: Complete this summary of work-related injuries and illnesses only if you have at least one recordable injury or illness occurring during the year. If you have no recordable injuries or illnesses during the year, do not complete this summary. If you have recordable injuries or illnesses during the year, complete this summary for each recordable injury or illness.

Part 1. Complete this summary of work-related injuries and illnesses only if you have at least one recordable injury or illness during the year. If you have no recordable injuries or illnesses during the year, do not complete this summary. If you have recordable injuries or illnesses during the year, complete this summary for each recordable injury or illness.

Number of Cases

Total number of cases by injury or illness	Total number of cases by body part	Total number of cases by body part	Total number of cases by body part	Total number of cases by body part
1	2	3	4	5
0	1	2	3	4

Number of Days

Total number of days by injury or illness	Total number of days by body part	Total number of days by body part	Total number of days by body part	Total number of days by body part
6	7	8	9	10
0	1	2	3	4

Injury and Illness Types

Total number of cases by injury or illness type	Total number of cases by injury or illness type	Total number of cases by injury or illness type	Total number of cases by injury or illness type	Total number of cases by injury or illness type
11	12	13	14	15
0	1	2	3	4

Part 2. Complete this summary of work-related injuries and illnesses only if you have at least one recordable injury or illness during the year. If you have no recordable injuries or illnesses during the year, do not complete this summary. If you have recordable injuries or illnesses during the year, complete this summary for each recordable injury or illness.

Part 3. Complete this summary of work-related injuries and illnesses only if you have at least one recordable injury or illness during the year. If you have no recordable injuries or illnesses during the year, do not complete this summary. If you have recordable injuries or illnesses during the year, complete this summary for each recordable injury or illness.

Establishment Information

Your establishment name: **ABC COMPANY**
 Your establishment address: **123 Main St.**
 City: **Anytown, NY** State: **NY** ZIP: **10001**

Business telephone: **(212) 555-1234** Fax: **(212) 555-5678**

Business email: **info@abc.com**

Business website: **www.abc.com**

Business fax: **(212) 555-5678**

Business email: **info@abc.com**

Employment Information

Number of employees: **100**

Number of full-time employees: **50**

Number of part-time employees: **50**

Number of seasonal employees: **0**

Number of temporary employees: **0**

OSHA 300A (Rev. 10/2010)

Page 1 of 2

This is an example of the PDF, print ready version of the OSHA Form 300. There is also an example of a how a privacy case will be displayed on a printed form.

This is an example of the PDF, print ready version of the OSHA Form 300A.

OSHA

The screenshot shows the 'ICE Demo Client' interface with the 'OSHA DART Calculator' form. The form includes fields for 'Incident Dates' (1/1/2014 to 12/31/2014), 'Policy Number' (AB), and 'Include Employees In'. A 'Calculate' button is present. Below the form, there is a list of instructions:

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

 The left sidebar contains navigation links such as 'Home', 'Executive Summary', 'Claims Analysis', 'Initial Reports', 'Report Delivery', 'OSHA', 'Claims', and 'Change Client'. At the bottom, there is an 'ICE Help' section with links to 'Interactive Help', 'User Guides (PDF)', and 'Help Desk'.

DART Calculator

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

Computation for Incidence Rate (OSHA Example)

Total number of injuries and illnesses 200,000 X
 number of hours worked by all employees = total
 recordable case rate. The 200,000 figure in the formula
 represents the number of hours 100 employees
 working 40 hours per week, 50 weeks per year would
 work and provides the standard base for calculating
 incidence rates.

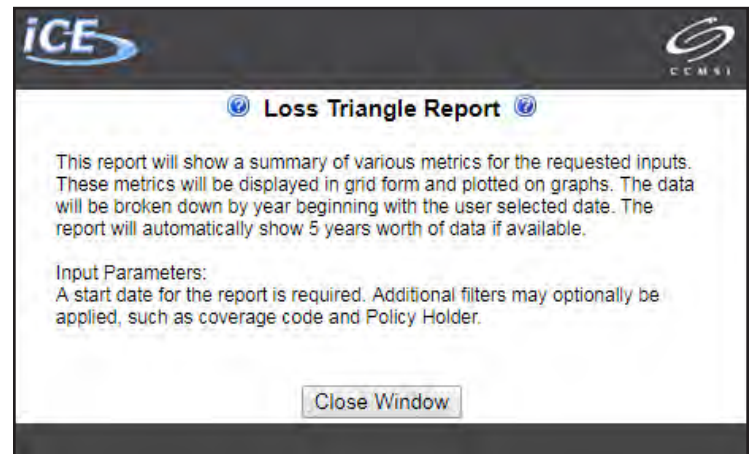
Reporting



Report Delivery

The Report Delivery module defaults to the Live Reports tab. Live reports provides the most commonly used reports by CCMSI's clients including, detail and summary loss runs, transaction, comparative period, loss triangles and reserve change reports. These reports can be generated with user-selected periods and as of dates.

The question mark icons next to the reports are clickable icons that provide more information on what each report provides and what its analysis is good for.



Information Pop Ups

The above is an example of the pop up window that displays when users click the question mark icons next to each report.

An example of all Live Reports is included in the Report Sample section following the iCE Reports section.

Reporting

Loss Triangle Report By Year

Report Size: ☒ 5 Years ☐ 10 Years

Report Dates: 1/1/2015 thru 12/31/2019

Coverage: - All -

Policy Holder: - All -

Departments: - All -

Sub-Department: - All -

Area: - All -

Job Title: - All -

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

[Go!](#)

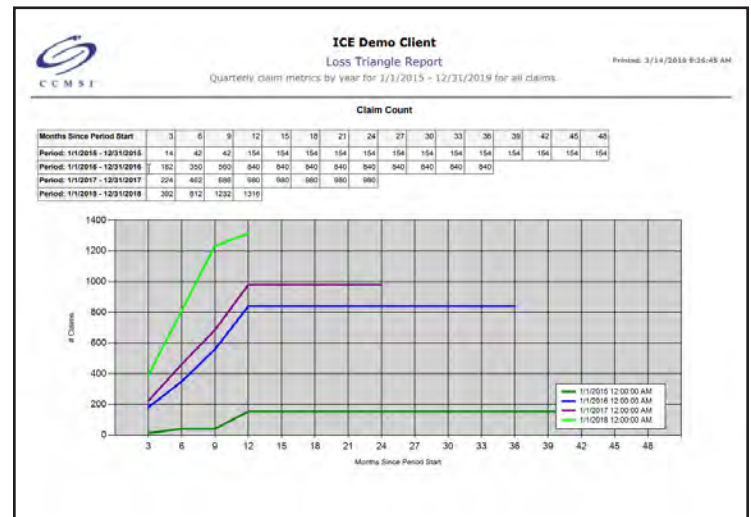
[Reset Filters](#)

Saved Filters

Save filter as:

[Save Filter](#)

[Switch Reports](#)



Live Reports

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

Clicking on the “Go” button generates the report selected with the parameters inputted by the user.

Loss Triangle Report

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

Reporting

ICE Demo Client
Loss Run Summary Report
All Claims Where Claim Status is Closed or Open As Of 3/14/2019, Date Of Loss is between 1/1/1900 and 12/31/2019 11:59 PM, Numbers As of 3/14/2019 11:59 PM

Printed: 3/14/2019 10:20:34 AM

Claim Number	Claimant	Covg	Claim Type	Date of Loss	Status	Date Closed	Total Paid	Outstanding Reserve	Third Party Recovery	Total Incurred	Carrier Reimbursement	Net Incurred
Policy Holder: BUSINESS UNIT 1 1700												
09CEC161287	ALPI Client	WC	Med	11/11/2016	Open		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TV stuck DV backing out of parking space							\$262.45	\$1,400.00	\$0.00	\$1,662.45	\$0.00	\$1,662.45
09CEC161506	Claimant MO 1	WC	Med	8/24/2016	Open		\$262.45	\$1,400.00	\$0.00	\$1,662.45	\$0.00	\$1,662.45
Left finger smashed in desk drawer							\$262.45	\$1,400.00	\$0.00	\$1,662.45	\$0.00	\$1,662.45
09CEC161493	Claimant MO 10	WC	Med	6/1/2016	Closed	2/16/2019	\$669.22	\$0.00	\$0.00	\$669.22	\$0.00	\$669.22
Left finger smashed in desk drawer							\$669.22	\$0.00	\$0.00	\$669.22	\$0.00	\$669.22
09CEC161047	Claimant MO 10	WC	Med	6/1/2016	Closed	2/16/2019	\$669.22	\$0.00	\$0.00	\$669.22	\$0.00	\$669.22
Employee slipped and fell on left ankle							\$669.22	\$0.00	\$0.00	\$669.22	\$0.00	\$669.22
09CEC161267	Claimant MO 11	WC	Med	7/6/2016	Closed	2/16/2019	\$189.26	\$0.00	\$0.00	\$189.26	\$0.00	\$189.26
Injured knee							\$189.26	\$0.00	\$0.00	\$189.26	\$0.00	\$189.26
09CEC161454	Claimant MO 11	WC	Med	7/6/2016	Closed	2/16/2019	\$189.26	\$0.00	\$0.00	\$189.26	\$0.00	\$189.26
Injured knee							\$189.26	\$0.00	\$0.00	\$189.26	\$0.00	\$189.26
09CEC161381	Claimant MO 12	WC	Med	8/8/2016	Closed	2/16/2019	\$421.53	\$0.00	\$0.00	\$421.53	\$0.00	\$421.53
Saw steel attached - did not report injury involved							\$421.53	\$0.00	\$0.00	\$421.53	\$0.00	\$421.53
09CEC161387	Claimant MO 12	WC	Med	8/8/2016	Closed	2/16/2019	\$421.53	\$0.00	\$0.00	\$421.53	\$0.00	\$421.53
Saw steel attached - did not report injury involved							\$421.53	\$0.00	\$0.00	\$421.53	\$0.00	\$421.53
09CEC161388	Claimant MO 13	WC	Med	9/2/2016	Closed	2/16/2019	\$2,088.63	\$0.00	\$0.00	\$2,088.63	\$0.00	\$2,088.63
Strain low back throwing large TV into hopper							\$2,088.63	\$0.00	\$0.00	\$2,088.63	\$0.00	\$2,088.63
09CEC161269	Claimant MO 13	WC	Med	9/2/2016	Closed	2/16/2019	\$2,088.63	\$0.00	\$0.00	\$2,088.63	\$0.00	\$2,088.63
Strain low back throwing large TV into hopper							\$2,088.63	\$0.00	\$0.00	\$2,088.63	\$0.00	\$2,088.63
09CEC161367	Claimant MO 14	WC	Med	10/13/2016	Closed	2/16/2019	\$73.42	\$0.00	\$0.00	\$73.42	\$0.00	\$73.42
Employee exited the truck to grab a can to dump							\$73.42	\$0.00	\$0.00	\$73.42	\$0.00	\$73.42
09CEC161509	Claimant MO 14	WC	Med	10/13/2016	Closed	2/16/2019	\$73.42	\$0.00	\$0.00	\$73.42	\$0.00	\$73.42
Employee exited the truck to grab a can to dump							\$73.42	\$0.00	\$0.00	\$73.42	\$0.00	\$73.42
09CEC161498	Claimant MO 15	WC	Med	11/16/2016	Closed	2/16/2019	\$1,897.67	\$0.00	\$0.00	\$1,897.67	\$0.00	\$1,897.67
Strained back by pulling the out of mud							\$1,897.67	\$0.00	\$0.00	\$1,897.67	\$0.00	\$1,897.67
09CEC161320	Claimant MO 15	WC	Med	11/16/2016	Closed	2/16/2019	\$1,897.67	\$0.00	\$0.00	\$1,897.67	\$0.00	\$1,897.67
Strained back by pulling the out of mud							\$1,897.67	\$0.00	\$0.00	\$1,897.67	\$0.00	\$1,897.67
10CEC161469	Claimant MO 16	WC	Med	6/14/2017	Open		\$1,136.62	\$0.00	\$0.00	\$1,136.62	\$0.00	\$1,136.62
Employee stepped the truck to grab a recycle bin							\$1,136.62	\$0.00	\$0.00	\$1,136.62	\$0.00	\$1,136.62
10CEC161534	Claimant MO 16	WC	Med	6/14/2017	Open		\$1,136.62	\$0.00	\$0.00	\$1,136.62	\$0.00	\$1,136.62
Employee stepped the truck to grab a recycle bin							\$1,136.62	\$0.00	\$0.00	\$1,136.62	\$0.00	\$1,136.62

Loss Run Summary

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

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

ICE Demo Client
Reserve Change Report
Reserves Input 1/1/1900 - 12/31/2019
Date Of Loss is between 1/1/1900 and 12/31/2019 11:59 PM

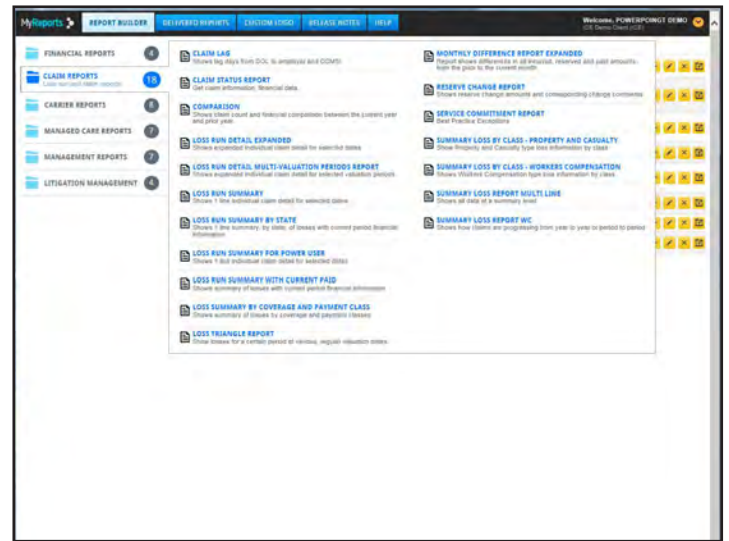
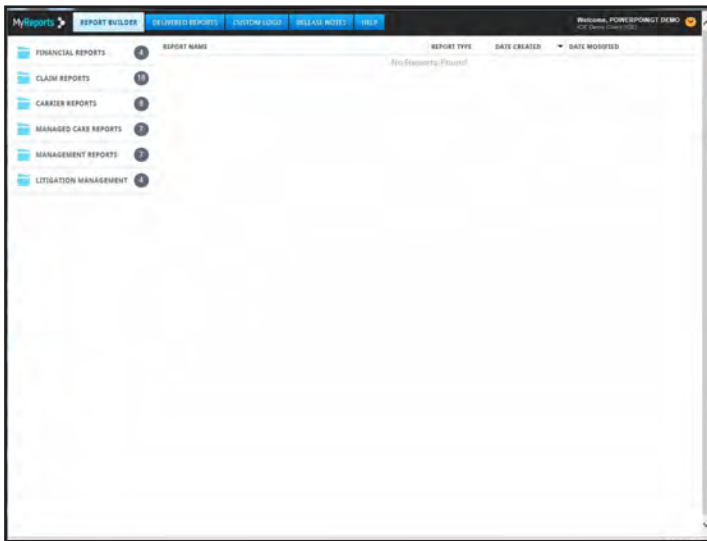
Printed: 3/14/2019 10:22:12 AM

Claim Number	Claimant	Adjuster	Date of Loss	Reserve Comment	Class	Status	Covg	Change Date	Amount
Policy Holder: BUSINESS UNIT 1 1700									
09CEC160789	Claimant MO 1	EHULVERSON	8/24/2016	ISO indexing Fee	EXPENSE	Open	WG	9/29/2016	\$11.00
09CEC160789	Claimant MO 1	DSCHMITZER	8/24/2016	AL jurisdiction late reported Medical only	MEDICAL	Open	WG	9/29/2016	\$1,000.00
09CEC160789	Claimant MO 1	DSCHMITZER	8/24/2016	EDL Index, and medical bill pricing review	EXPENSE	Open	WG	9/29/2016	\$400.00
09CEC160789	Claimant MO 1	EHULVERSON	8/24/2016	Claim Closed	EXPENSE	Open	WG	11/28/2016	(3,388.96)
09CEC160789	Claimant MO 1	EHULVERSON	8/24/2016	Claim Closed	MEDICAL	Open	WG	11/28/2016	(2759.40)
09CEC160789	Claimant MO 1	KRECHTEL	8/24/2016	Jurisdiction late reported Medical only claim	MEDICAL	Open	WG	11/29/2016	\$1,000.00
09CEC160789	Claimant MO 1	KRECHTEL	8/24/2016	EDL Index, and medical bill pricing review	EXPENSE	Open	WG	11/29/2016	\$400.00
Claim Totals As Of 12/31/2016: Paid: \$262.45 Out Reserve: \$1,400.00 Tot Incurred: \$1,662.45 Reserve Change: \$1,662.45									
09CEC160844	Claimant MO 2	HOLAND	4/18/2016	Selling to cover medical bill fees, ISO	EXPENSE	Open	WG	4/20/2016	\$209.00
09CEC160844	Claimant MO 2	HOLAND	4/18/2016	Putting Max reserves, as EE injured	MEDICAL	Open	WG	4/20/2016	\$2,790.00
09CEC160844	Claimant MO 2	AGLANDQUE	4/18/2016	Follow up visits	MEDICAL	Open	WG	9/10/2016	\$3,000.00
09CEC160844	Claimant MO 2	CKOLBO	4/18/2016	Claim Closed	EXPENSE	Open	WG	9/12/2016	(312.75)
09CEC160844	Claimant MO 2	PostProc	4/18/2016	Payment after claim closed	MEDICAL	Open	WG	9/12/2016	(32,816.96)
09CEC160844	Claimant MO 2	PostProc	4/18/2016	Payment after claim closed	EXPENSE	Open	WG	10/5/2016	\$17.89
09CEC160844	Claimant MO 2	PostProc	4/18/2016	Payment after claim closed	MEDICAL	Open	WG	10/5/2016	\$237.85
09CEC160844	Claimant MO 2	PostProc	4/18/2016	Payment after claim closed	EXPENSE	Open	WG	10/5/2016	\$7.25
09CEC160844	Claimant MO 2	PostProc	4/18/2016	Payment after claim closed	MEDICAL	Open	WG	10/5/2016	\$64.00
09CEC160844	Claimant MO 2	PostProc	4/18/2016	Payment after claim closed	EXPENSE	Open	WG	10/23/2016	\$15.71
09CEC160844	Claimant MO 2	PostProc	4/18/2016	Payment after claim closed	MEDICAL	Open	WG	10/23/2016	\$188.79
09CEC160844	Claimant MO 2	JCOUNTS	4/18/2016	Claim Closed	EXPENSE	Open	WG	10/28/2016	\$0.00
09CEC160844	Claimant MO 2	JCOUNTS	4/18/2016	Claim Closed	MEDICAL	Open	WG	10/28/2016	\$0.00
Claim Totals As Of 12/31/2016: Paid: \$3,790.46 Out Reserve: \$0.00 Tot Incurred: \$2,650.75 Reserve Change: \$3,790.46									
09CEC160927	Claimant MO 3	CLISS	2/14/2016	Medical Bill review	EXPENSE	Closed	WG	2/17/2016	\$1,000.00
09CEC160927	Claimant MO 3	CLISS	2/14/2016	Ambulance, ER, PT Medications, radiology	MEDICAL	Closed	WG	2/17/2016	\$3,500.00
09CEC160927	Claimant MO 3	KOROURKE	2/14/2016	Claim Closed	EXPENSE	Closed	WG	9/23/2016	(2937.30)
09CEC160927	Claimant MO 3	KOROURKE	2/14/2016	Claim Closed	MEDICAL	Closed	WG	9/23/2016	(327.74)
09CEC160927	Claimant MO 3	PostProc	2/14/2016	Payment after claim closed	EXPENSE	Closed	WG	10/17/2016	\$12.40

Reserve Change Report

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

Reporting



MyReports

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

MyReport Categories

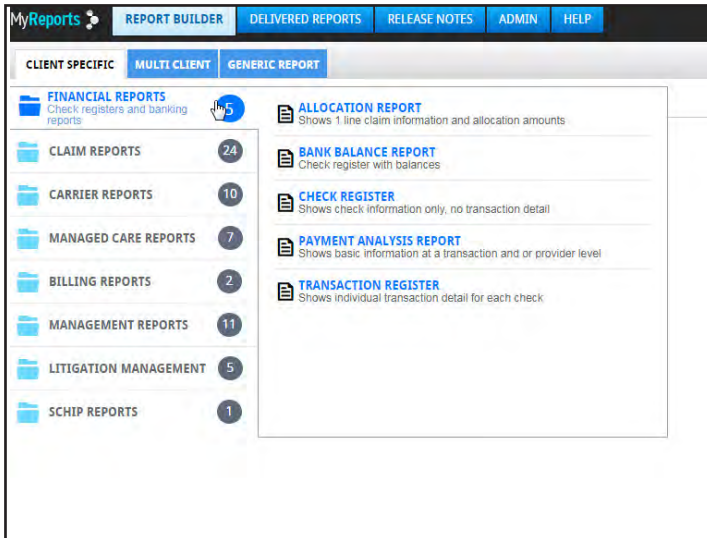
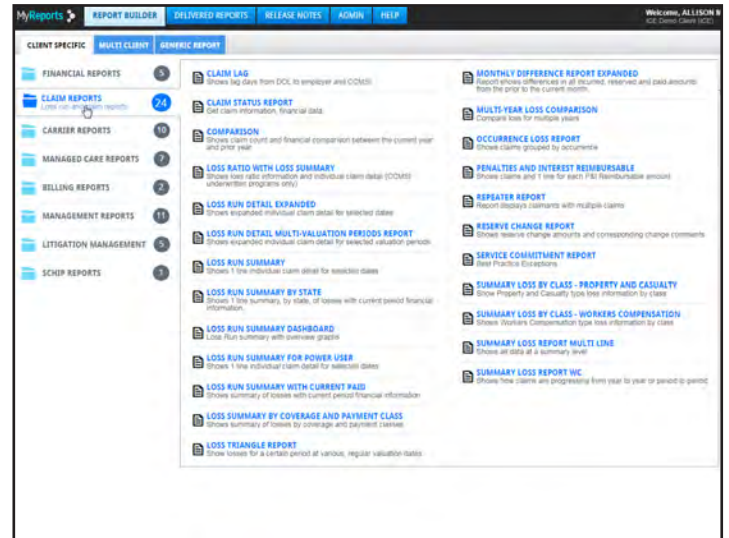
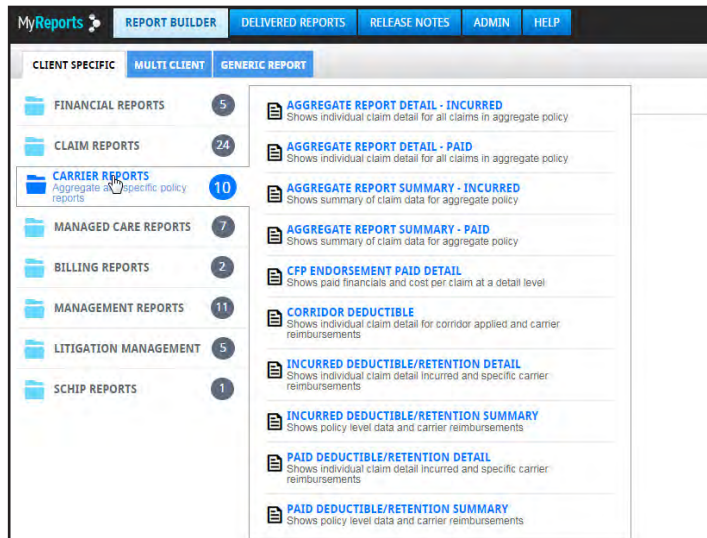
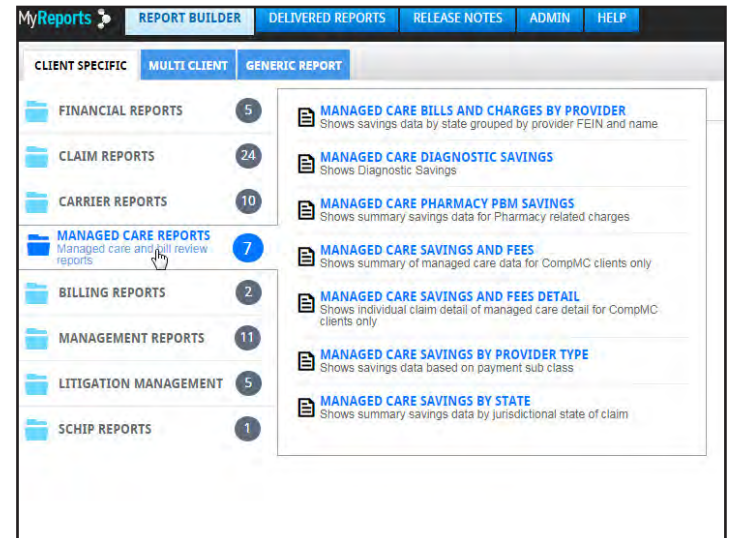
Main report categories are displayed with the number of reports within that category highlighted in the grey circle icon to the right of the category title.

Hovering over any of the main report categories displays all reports available under that category along with a brief description of what information the report displays.

Additional reports categories follow.

Reporting

MyReport Categories

Reporting

MyReport Categories

MyReports REPORT BUILDER DELIVERED REPORTS RELEASE NOTES ADMIN HELP

CLIENT SPECIFIC MULTI CLIENT GENERIC REPORT

- FINANCIAL REPORTS (5)
- CLAIM REPORTS (24)
- CARRIER REPORTS (10)
- MANAGED CARE REPORTS (7)
- BILLING REPORTS (2)** - Client billing and accounting reports
- MANAGEMENT REPORTS (11)
- LITIGATION MANAGEMENT (5)
- SCHIP REPORTS (1)

DEDUCTIBLE BILLING REPORT
Client Deductible Billing Report

MONTHLY BILLING REPORT
Shows individual claim detail, grouped by claim type.

MyReports REPORT BUILDER DELIVERED REPORTS RELEASE NOTES ADMIN HELP

CLIENT SPECIFIC MULTI CLIENT **GENERIC REPORT**

- FINANCIAL REPORTS (5)
- CLAIM REPORTS (24)
- CARRIER REPORTS (10)
- MANAGED CARE REPORTS (7)
- BILLING REPORTS (2)
- MANAGEMENT REPORTS (11)** - Management Reports
- LITIGATION MANAGEMENT (5)
- SCHIP REPORTS (1)

ANALYTICAL REPORT - CLAIMS ANALYSIS
Show competition, claim count and amount between years

ANALYTICAL REPORT - CLOSING RATIO ANALYSIS
Show competition, claim count and amount between years

ANALYTICAL REPORT - YEARS CLAIMS ANALYSIS
Show competition, claim count and amount between years

CLAIM EXCEPTION REPORT
Allows you to search for potential claim issues

CLOSING RATIO
Shows closing ratio on per adjuster basis

COMPREHENSIVE DASHBOARD
Provides a snapshot of the client activity

DASHBOARD REPORT
Graphical overview report

MULTI PERIOD COMPARISON REPORT
Shows comparison and variances between multiple periods of time

NOTE ANALYSIS REPORT
Shows basic claim information and note text

QUARTERLY ANALYTIC REPORT
Detailed Claim and Financial Comparison report

STEWARDSHIP REPORT
Stewardship Report

MyReports REPORT BUILDER DELIVERED REPORTS RELEASE NOTES ADMIN HELP

CLIENT SPECIFIC MULTI CLIENT **GENERIC REPORT**

- FINANCIAL REPORTS (5)
- CLAIM REPORTS (24)
- CARRIER REPORTS (10)
- MANAGED CARE REPORTS (7)
- BILLING REPORTS (2)
- MANAGEMENT REPORTS (11)
- LITIGATION MANAGEMENT (5)** - Litigation Management Reports
- SCHIP REPORTS (1)

CLOSING RATIO LITIGATED
Shows Closing Ratio of "In Suit" Claims

LITIGATION DASHBOARD REPORT
Show claims with legal information

LITIGATION MANAGEMENT BASIC
Shows 1 line claim and legal information at a per claim level

LITIGATION MANAGEMENT DETAIL
Shows detail claim and legal information at a per claim level

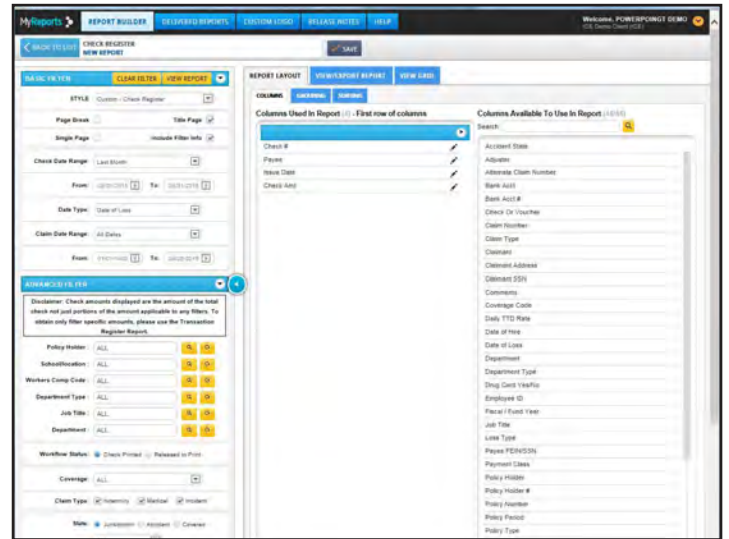
LOSS RUN SUMMARY LITIGATED
Shows 1 line detail of individual litigated claims

MyReports REPORT BUILDER DELIVERED REPORTS RELEASE NOTES ADMIN HELP

CLIENT SPECIFIC MULTI CLIENT **GENERIC REPORT**

- FINANCIAL REPORTS (5)
- CLAIM REPORTS (24)
- CARRIER REPORTS (10)
- MANAGED CARE REPORTS (7)
- BILLING REPORTS (2)
- MANAGEMENT REPORTS (11)
- LITIGATION MANAGEMENT (5)
- SCHIP REPORTS (1)** - SCHIP Reports

MEDICARE QUERY FUNCTION REPORT
Shows Medicare Query results for a defined period of time

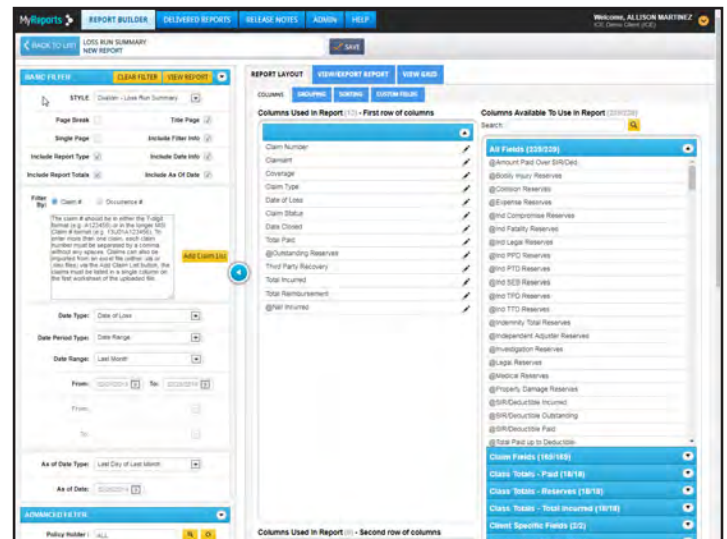
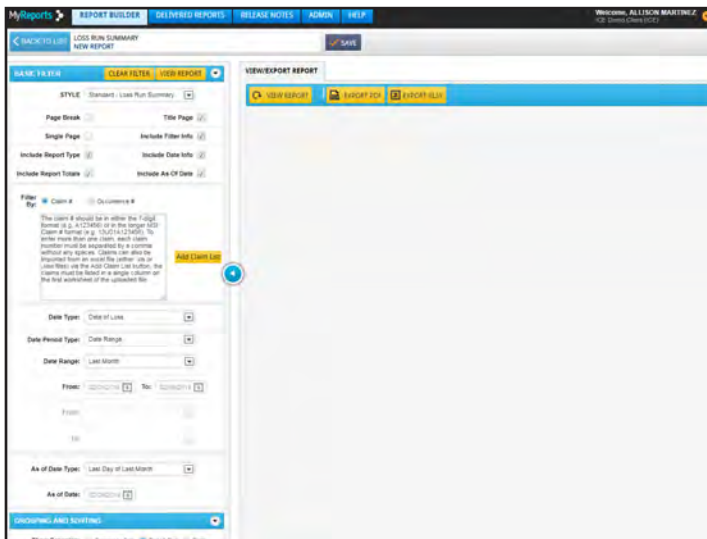


Custom MyReports

For users looking for more detailed information on their report, there is also a custom version of many of the standard reports available. Using the column selection grid on the left, users can select whatever data they want displayed, tailoring the report to their unique specifications.

Users can switch from standard to custom mode on a report by selecting the custom option in the drop down menu.

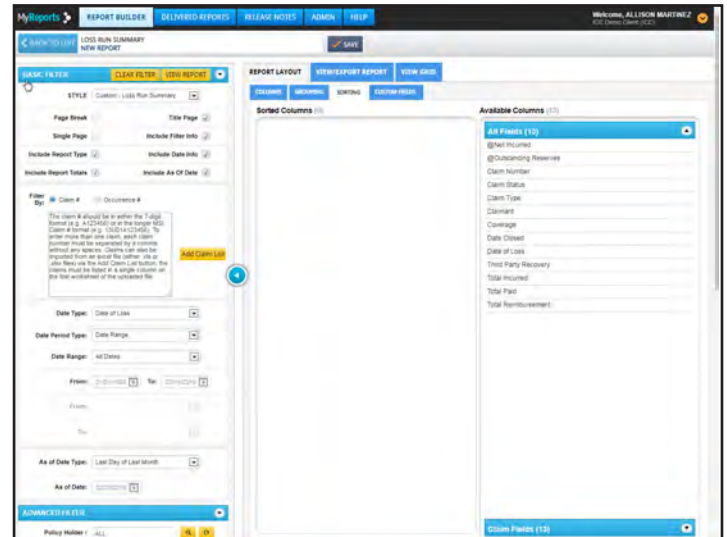
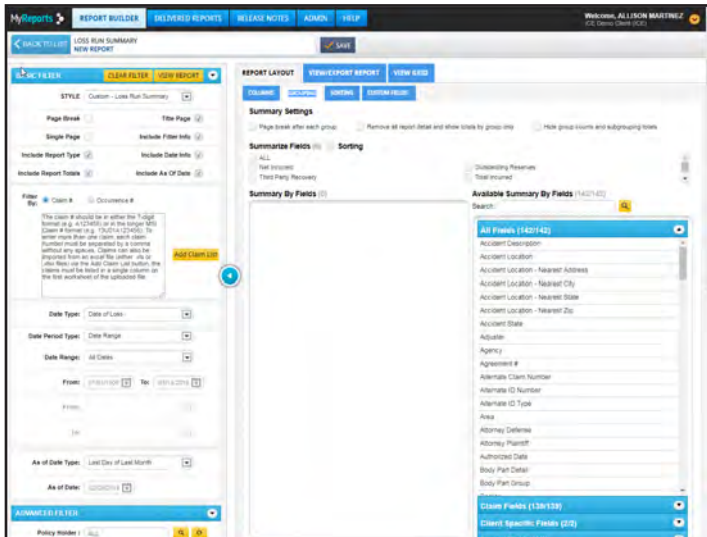
Reporting



Creating A Custom MyReport

To create a custom MyReport, select one of the reports from a specific category. For this example, the loss run summary under claim reports has been selected. Under the “Style” drop down menu there are two selections for a custom version of this report. “Custom Loss Run Summary” has been selected. Once a custom style has been selected the customization menu will populate on the right hand side of the screen. From this tabbed menu, users may make tailored selections to the report’s columns, how the data is grouped, sorted and even the title of each column if the user’s employer possessed client specific terms.

Reporting

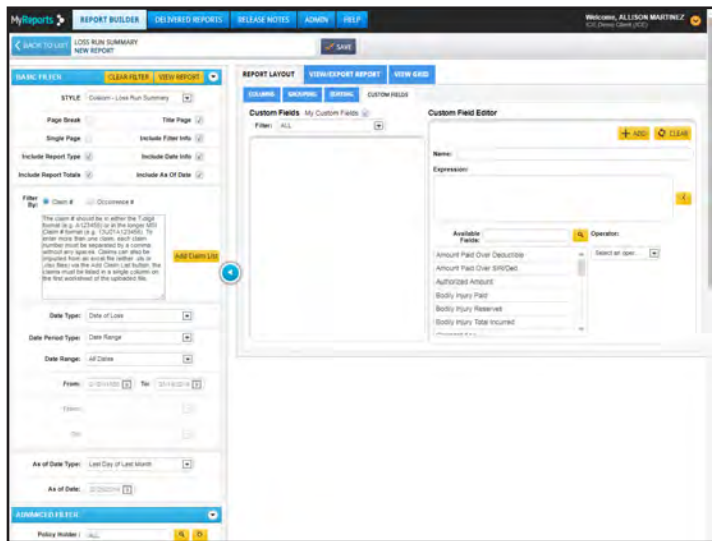


Creating A Custom MyReport

Under the “Grouping” tab, users can add page breaks, remove report details, hide group counts and subgroup totals, summarize by common fields or summarize by uncommon fields available within the “Available Summary By Fields” list.

Under the “Sorting” tab, users may sort the report using categories shown in the “Available Columns” list.

Reporting



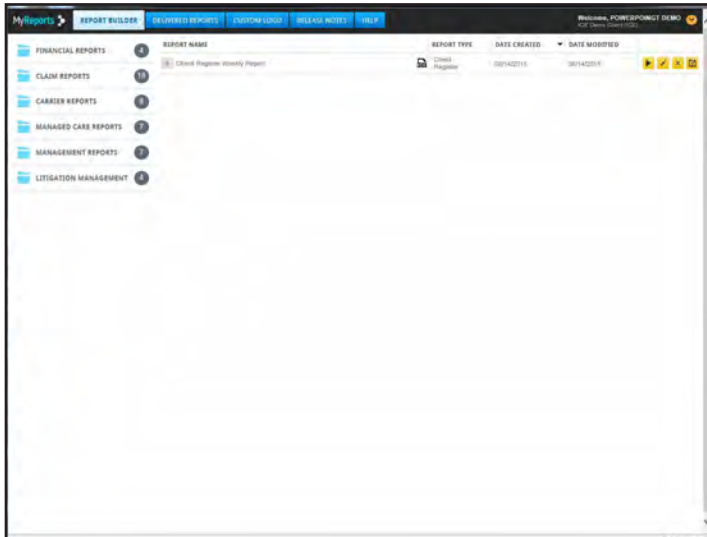
Claim Number	Client	Coverage	Claim Type	Date of Loss	Claim Status	Date Closed	Total Paid	Outstanding Amount	Policy Period	Total Incurred	Total Reserved
1100000001	Client 1001	ACC	Auto	1/1/2019	Closed	1/1/2019	\$1,000.00	\$0.00	1/1/2019 - 12/31/2019	\$1,000.00	\$0.00
1100000002	Client 1001	ACC	Auto	2/1/2019	Closed	2/1/2019	\$2,000.00	\$0.00	1/1/2019 - 12/31/2019	\$2,000.00	\$0.00
1100000003	Client 1001	ACC	Auto	3/1/2019	Closed	3/1/2019	\$3,000.00	\$0.00	1/1/2019 - 12/31/2019	\$3,000.00	\$0.00
1100000004	Client 1001	ACC	Auto	4/1/2019	Closed	4/1/2019	\$4,000.00	\$0.00	1/1/2019 - 12/31/2019	\$4,000.00	\$0.00
1100000005	Client 1001	ACC	Auto	5/1/2019	Closed	5/1/2019	\$5,000.00	\$0.00	1/1/2019 - 12/31/2019	\$5,000.00	\$0.00
1100000006	Client 1001	ACC	Auto	6/1/2019	Closed	6/1/2019	\$6,000.00	\$0.00	1/1/2019 - 12/31/2019	\$6,000.00	\$0.00
1100000007	Client 1001	ACC	Auto	7/1/2019	Closed	7/1/2019	\$7,000.00	\$0.00	1/1/2019 - 12/31/2019	\$7,000.00	\$0.00
1100000008	Client 1001	ACC	Auto	8/1/2019	Closed	8/1/2019	\$8,000.00	\$0.00	1/1/2019 - 12/31/2019	\$8,000.00	\$0.00
1100000009	Client 1001	ACC	Auto	9/1/2019	Closed	9/1/2019	\$9,000.00	\$0.00	1/1/2019 - 12/31/2019	\$9,000.00	\$0.00
1100000010	Client 1001	ACC	Auto	10/1/2019	Closed	10/1/2019	\$10,000.00	\$0.00	1/1/2019 - 12/31/2019	\$10,000.00	\$0.00
1100000011	Client 1001	ACC	Auto	11/1/2019	Closed	11/1/2019	\$11,000.00	\$0.00	1/1/2019 - 12/31/2019	\$11,000.00	\$0.00
1100000012	Client 1001	ACC	Auto	12/1/2019	Closed	12/1/2019	\$12,000.00	\$0.00	1/1/2019 - 12/31/2019	\$12,000.00	\$0.00
1100000013	Client 1001	ACC	Auto	1/1/2020	Closed	1/1/2020	\$13,000.00	\$0.00	1/1/2019 - 12/31/2019	\$13,000.00	\$0.00
1100000014	Client 1001	ACC	Auto	2/1/2020	Closed	2/1/2020	\$14,000.00	\$0.00	1/1/2019 - 12/31/2019	\$14,000.00	\$0.00
1100000015	Client 1001	ACC	Auto	3/1/2020	Closed	3/1/2020	\$15,000.00	\$0.00	1/1/2019 - 12/31/2019	\$15,000.00	\$0.00
1100000016	Client 1001	ACC	Auto	4/1/2020	Closed	4/1/2020	\$16,000.00	\$0.00	1/1/2019 - 12/31/2019	\$16,000.00	\$0.00
1100000017	Client 1001	ACC	Auto	5/1/2020	Closed	5/1/2020	\$17,000.00	\$0.00	1/1/2019 - 12/31/2019	\$17,000.00	\$0.00
1100000018	Client 1001	ACC	Auto	6/1/2020	Closed	6/1/2020	\$18,000.00	\$0.00	1/1/2019 - 12/31/2019	\$18,000.00	\$0.00
1100000019	Client 1001	ACC	Auto	7/1/2020	Closed	7/1/2020	\$19,000.00	\$0.00	1/1/2019 - 12/31/2019	\$19,000.00	\$0.00
1100000020	Client 1001	ACC	Auto	8/1/2020	Closed	8/1/2020	\$20,000.00	\$0.00	1/1/2019 - 12/31/2019	\$20,000.00	\$0.00
1100000021	Client 1001	ACC	Auto	9/1/2020	Closed	9/1/2020	\$21,000.00	\$0.00	1/1/2019 - 12/31/2019	\$21,000.00	\$0.00
1100000022	Client 1001	ACC	Auto	10/1/2020	Closed	10/1/2020	\$22,000.00	\$0.00	1/1/2019 - 12/31/2019	\$22,000.00	\$0.00
1100000023	Client 1001	ACC	Auto	11/1/2020	Closed	11/1/2020	\$23,000.00	\$0.00	1/1/2019 - 12/31/2019	\$23,000.00	\$0.00
1100000024	Client 1001	ACC	Auto	12/1/2020	Closed	12/1/2020	\$24,000.00	\$0.00	1/1/2019 - 12/31/2019	\$24,000.00	\$0.00
1100000025	Client 1001	ACC	Auto	1/1/2021	Closed	1/1/2021	\$25,000.00	\$0.00	1/1/2019 - 12/31/2019	\$25,000.00	\$0.00
1100000026	Client 1001	ACC	Auto	2/1/2021	Closed	2/1/2021	\$26,000.00	\$0.00	1/1/2019 - 12/31/2019	\$26,000.00	\$0.00
1100000027	Client 1001	ACC	Auto	3/1/2021	Closed	3/1/2021	\$27,000.00	\$0.00	1/1/2019 - 12/31/2019	\$27,000.00	\$0.00
1100000028	Client 1001	ACC	Auto	4/1/2021	Closed	4/1/2021	\$28,000.00	\$0.00	1/1/2019 - 12/31/2019	\$28,000.00	\$0.00
1100000029	Client 1001	ACC	Auto	5/1/2021	Closed	5/1/2021	\$29,000.00	\$0.00	1/1/2019 - 12/31/2019	\$29,000.00	\$0.00
1100000030	Client 1001	ACC	Auto	6/1/2021	Closed	6/1/2021	\$30,000.00	\$0.00	1/1/2019 - 12/31/2019	\$30,000.00	\$0.00
1100000031	Client 1001	ACC	Auto	7/1/2021	Closed	7/1/2021	\$31,000.00	\$0.00	1/1/2019 - 12/31/2019	\$31,000.00	\$0.00
1100000032	Client 1001	ACC	Auto	8/1/2021	Closed	8/1/2021	\$32,000.00	\$0.00	1/1/2019 - 12/31/2019	\$32,000.00	\$0.00
1100000033	Client 1001	ACC	Auto	9/1/2021	Closed	9/1/2021	\$33,000.00	\$0.00	1/1/2019 - 12/31/2019	\$33,000.00	\$0.00
1100000034	Client 1001	ACC	Auto	10/1/2021	Closed	10/1/2021	\$34,000.00	\$0.00	1/1/2019 - 12/31/2019	\$34,000.00	\$0.00
1100000035	Client 1001	ACC	Auto	11/1/2021	Closed	11/1/2021	\$35,000.00	\$0.00	1/1/2019 - 12/31/2019	\$35,000.00	\$0.00
1100000036	Client 1001	ACC	Auto	12/1/2021	Closed	12/1/2021	\$36,000.00	\$0.00	1/1/2019 - 12/31/2019	\$36,000.00	\$0.00
1100000037	Client 1001	ACC	Auto	1/1/2022	Closed	1/1/2022	\$37,000.00	\$0.00	1/1/2019 - 12/31/2019	\$37,000.00	\$0.00
1100000038	Client 1001	ACC	Auto	2/1/2022	Closed	2/1/2022	\$38,000.00	\$0.00	1/1/2019 - 12/31/2019	\$38,000.00	\$0.00
1100000039	Client 1001	ACC	Auto	3/1/2022	Closed	3/1/2022	\$39,000.00	\$0.00	1/1/2019 - 12/31/2019	\$39,000.00	\$0.00
1100000040	Client 1001	ACC	Auto	4/1/2022	Closed	4/1/2022	\$40,000.00	\$0.00	1/1/2019 - 12/31/2019	\$40,000.00	\$0.00
1100000041	Client 1001	ACC	Auto	5/1/2022	Closed	5/1/2022	\$41,000.00	\$0.00	1/1/2019 - 12/31/2019	\$41,000.00	\$0.00
1100000042	Client 1001	ACC	Auto	6/1/2022	Closed	6/1/2022	\$42,000.00	\$0.00	1/1/2019 - 12/31/2019	\$42,000.00	\$0.00
1100000043	Client 1001	ACC	Auto	7/1/2022	Closed	7/1/2022	\$43,000.00	\$0.00	1/1/2019 - 12/31/2019	\$43,000.00	\$0.00
1100000044	Client 1001	ACC	Auto	8/1/2022	Closed	8/1/2022	\$44,000.00	\$0.00	1/1/2019 - 12/31/2019	\$44,000.00	\$0.00
1100000045	Client 1001	ACC	Auto	9/1/2022	Closed	9/1/2022	\$45,000.00	\$0.00	1/1/2019 - 12/31/2019	\$45,000.00	\$0.00
1100000046	Client 1001	ACC	Auto	10/1/2022	Closed	10/1/2022	\$46,000.00	\$0.00	1/1/2019 - 12/31/2019	\$46,000.00	\$0.00
1100000047	Client 1001	ACC	Auto	11/1/2022	Closed	11/1/2022	\$47,000.00	\$0.00	1/1/2019 - 12/31/2019	\$47,000.00	\$0.00
1100000048	Client 1001	ACC	Auto	12/1/2022	Closed	12/1/2022	\$48,000.00	\$0.00	1/1/2019 - 12/31/2019	\$48,000.00	\$0.00
1100000049	Client 1001	ACC	Auto	1/1/2023	Closed	1/1/2023	\$49,000.00	\$0.00	1/1/2019 - 12/31/2019	\$49,000.00	\$0.00
1100000050	Client 1001	ACC	Auto	2/1/2023	Closed	2/1/2023	\$50,000.00	\$0.00	1/1/2019 - 12/31/2019	\$50,000.00	\$0.00

Creating A Custom MyReport

Under “Custom Fields” users may select fields from the “Available Fields” list such as “Days Open” and retile that field to an employer appropriate title. This is to accommodate disparate client terminology used internally.

At any time, a user may view and export their report and if they know they will use this report frequently they may save it and schedule it to run at automatic intervals.

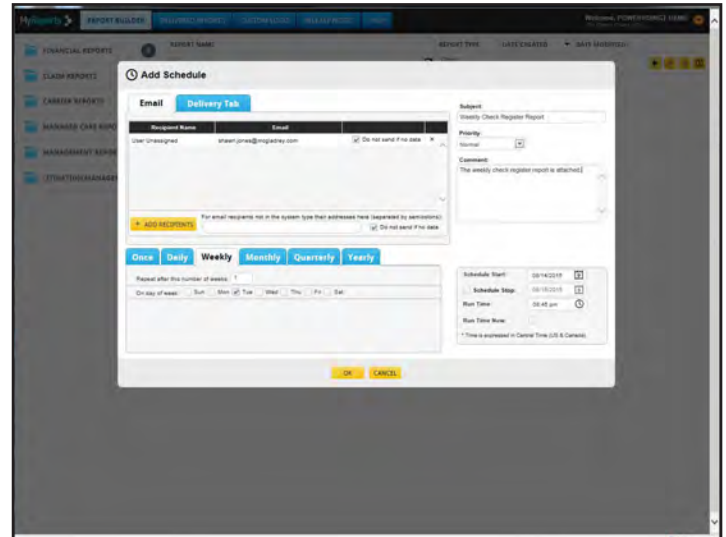
Reporting



MyReports Queue

After a user has saved their report, the report appears in an active report queue on the MyReports main page. Using this active report bar, users can alter, run or delete reports as needed.

Using the yellow task bar on the left, users are able to run their report (play icon,) edit their report (pencil icon,) delete their report (x icon) or add a schedule to their report



Scheduling Reports

Clicking on the add schedule icon lets the user determine when their saved report will be run and to whom it will be sent on a daily, weekly, quarterly, etc. basis. Multiple emails can be attached to a report schedule, allowing the report to be sent to multiple users. MyReports generates a sent email from this client as well.

Typing an email address into the field next to "Add Recipients" then clicking "Add Recipients" adds a user to the recipient list for a particular report. Below those fields is the scheduling section where a user determines when a report is sent and how often. Next to that is the schedule start module to determine the start time for the new schedule. Above that is the email creation module.

Reporting

REPORT NAME	REPORT TYPE	DATE CREATED	DATE MODIFIED
Monthly Closing Ratio	Closing Ratio	06/18/2015	06/18/2015
Monthly Managed Care Report	Managed Care Snapshot and Trend	06/18/2015	06/18/2015
Monthly Reserve Change	Reserve Change Report	06/18/2015	06/18/2015
Weekly Check Register	Check Register	06/18/2015	06/18/2015
Quarterly Loss Trend	Loss Trend Report	06/18/2015	06/18/2015
Loss Run Summary Report	Loss Run Summary	06/18/2015	06/18/2015
Monthly Claim Lag Report	Claim Lag	06/18/2015	06/18/2015
Monthly Transaction Register	Transaction Register	06/18/2015	06/18/2015

Saved Reports

Each new report saved and scheduled appears in the active reports queue on the MyReports home page for users to keep track of what reports are going out from their account. At any time, a schedule can be altered or deleted without deleting the report.

REPORT NAME	COUNT	REPORT NAME	COUNT	REPORT NAME	COUNT
Loss Run Summary Report	1	Monthly Managed Care Report	1	Weekly Check Register	5
Monthly Claim Lag Report	1	Monthly Reserve Change	1		
Monthly Closing Ratio	1	Monthly Transaction Register	1		

DELIVERY DATE	REPORT NAME	DELIVERY METHOD	FIRST RECIPIENT	REPORT LINK
06/20/2015	Weekly Check Register	Application	Powerpoint Client	View Link
06/20/2015	Weekly Check Register	Email	Powerpoint Client	View Link
06/20/2015	Weekly Check Register	Application	Powerpoint Client	View Link
06/20/2015	Weekly Check Register	Email	Powerpoint Client	View Link
06/20/2015	Weekly Check Register	Application	Powerpoint Client	View Link
06/20/2015	Weekly Check Register	Email	Powerpoint Client	View Link
06/20/2015	Quarterly Transaction Register	Application	Powerpoint Client	View Link
06/20/2015	Monthly Transaction Register	Email	Powerpoint Client	View Link
06/20/2015	Monthly Claim Lag Report	Application	Powerpoint Client	View Link
06/20/2015	Quarterly Claim Lag Report	Email	Powerpoint Client	View Link

Delivered Reports

Under the “Delivered Reports” tab, users can track which reports were sent and successfully delivered to recipients on their list. The delivery method either email or via the MyReports application is noted as well.

MyReport Logo Customization

If any client would like their logos added to reports or to headers in ice, they may send the request with logo attached to
customerserviceunit@ccmsi.com

LIVE REPORTS SAMPLES



The following reports are available under the Live Reports tab in ICE. These samples are run for Worker's Compensation, however, the bulk of these reports are also available for liability coverages unless otherwise stated within the report title itself.



CCMSI

delivering what matters most

WORKER'S COMPENSATION LIVE REPORTS



Banking, claim, transactional, and other reports.



CCMSI

delivering what matters most

WC BANKING REPORTS: BANK ACCOUNT REGISTER

This report will show a list of all transactions for the account for the date range selected. The results will include deposits, corrections (including those not associated with a claim), and voided transactions. The results will be grouped by bank account number.



ICE Demo Client

Bank Account Register

Printed: 3/12/2020 8:54:30 AM

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

Check #	Payee Name	Tran Date	Type	Check Amt.	Tran. Amt.
Bank Account: iCE Demo Bank		Account # Ending with -001			
38596		6/2/2015	Correction		\$1,181.01
37903	ISSUED UNDER WRONG PROVIDER'S I.D. / C	6/13/2015	Correction		\$369.27
60011		5/13/2016	Correction		\$355.34
101028540		6/16/2018	Correction		\$729.50
101042887	REFUND/OVERPAY/COMP MC CK 5354	8/22/2018	Correction		\$413.29
101067386	CORRECTION: Payment transferred to B42	2/9/2019	Correction		\$546.00
101071428		3/7/2019	Correction		\$383.50
101075664	REFUND/CK CASHED IN ERROR/STATE OF OK	4/17/2019	Correction		\$364.00
101073036	REFUND /674739 / COMPMC CK 6074	5/24/2019	Correction		\$648.03
101077095	REFUND/DUP PAY/GENEX CK 721276	6/6/2019	Correction		\$204.00
101084240	REFUND/DUP PAY/GENEX CK 728251	8/7/2019	Correction		\$1,617.08
101061511	REFUND/DUP PAY/SPNET CK 18858	8/16/2019	Correction		\$9,750.00
101051095	REFUND/DUP PAY/SPNET CK 18003	8/16/2019	Correction		\$515.56
101082987	REFUND/DUP PAY/GENEX CK 728323	8/27/2019	Correction		\$593.80
101090191	REFUND/DUP PAY/GENEX CK 731664	9/10/2019	Correction		\$596.18
101092022	REFUND/DUP PAY/GENEX CK 735826	10/11/2019	Correction		\$207.27
101092925	REFUND/DUP PAY/GENEX CK 735828	10/11/2019	Correction		\$246.50
101082431	REFUND/CK #680154/COMP MC CK #6330	12/25/2019	Correction		\$109.99
101098190	DUPLICATE PAYMENT/REFUND CK #28958	12/25/2019	Correction		\$12,006.32
101096743	DUPLICATE PAYMENT/REFUND CK #28954	12/25/2019	Correction		\$235.20
101095860	DUPLICATE PAYMENT/REFUND CK #28953	12/25/2019	Correction		\$313.02
101090363		12/27/2019	Correction		\$105.80
101098289	REFUND/DUP PAY/SPNET CK 31050	1/23/2020	Correction		\$279.93
101026944	ICE DEMONSTRATION PAYEE	1/2/2018	ClassChange		
101028319	ICE DEMONSTRATION PAYEE	1/15/2018	ClassChange		
101029555	ICE DEMONSTRATION PAYEE	1/24/2018	ClassChange		
101031418	ICE DEMONSTRATION PAYEE	2/12/2018	ClassChange		
101031429	ICE DEMONSTRATION PAYEE	2/12/2018	ClassChange		
101034710	ICE DEMONSTRATION PAYEE	3/13/2018	ClassChange		
101035956	ICE DEMONSTRATION PAYEE	3/23/2018	ClassChange		
101036912	ICE DEMONSTRATION PAYEE	4/3/2018	ClassChange		
101038889	ICE DEMONSTRATION PAYEE	4/19/2018	ClassChange		
101039078	ICE DEMONSTRATION PAYEE	4/20/2018	ClassChange		
101040292	ICE DEMONSTRATION PAYEE	5/2/2018	ClassChange		
101041004	ICE DEMONSTRATION PAYEE	5/9/2018	ClassChange		
101042224	ICE DEMONSTRATION PAYEE	5/21/2018	ClassChange		
101042825	ICE DEMONSTRATION PAYEE	5/25/2018	ClassChange		
101043048	ICE DEMONSTRATION PAYEE	5/28/2018	ClassChange		
101043174	ICE DEMONSTRATION PAYEE	5/28/2018	ClassChange		
101045181	ICE DEMONSTRATION PAYEE	6/19/2018	ClassChange		
101046121	ICE DEMONSTRATION PAYEE	6/27/2018	ClassChange		
101047104	ICE DEMONSTRATION PAYEE	7/4/2018	ClassChange		
101048595	ICE DEMONSTRATION PAYEE	7/18/2018	ClassChange		
101050170	ICE DEMONSTRATION PAYEE	7/28/2018	ClassChange		
101050178	ICE DEMONSTRATION PAYEE	7/28/2018	ClassChange		
101050791	ICE DEMONSTRATION PAYEE	8/3/2018	ClassChange		



WC CLAIM REPORTS: FINANCIAL ACTIVITY REPORT

Financial activity report.



ICE Demo Client

Financial Activity Report

Date Of Loss is between 1/1/1900 and 12/31/2020 11:59 PM, Coverage is WC

Printed: 3/12/2020 8:59:31 AM

1/1/2015 - 12/31/2015					1/1/2016 - 12/31/2016				
# Claims	Paid	Reserve Change	Recovered		# Claims	Paid	Reserve Change	Recovered	
Calendar Year: 2013									
70	\$2,118,078.20	\$3,962,855.68	\$0.00		42	\$2,250,277.54	\$581,001.96	\$0.00	
Calendar Year: 2014									
56	\$1,289,417.50	\$1,618,253.14	\$5,365.92		42	\$1,406,269.06	\$1,219,836.80	\$0.00	
Calendar Year: 2015									
42	\$242,965.94	\$283,683.54	\$0.00		28	\$182,800.52	\$227,248.14	\$0.00	
Calendar Year: 2016									
0	\$0.00	\$0.00	\$0.00		70	\$700,913.36	\$1,892,836.12	\$0.00	
Report Totals:									
168	\$3,650,461.64	\$5,864,792.36	\$5,365.92		182	\$4,540,260.48	\$3,920,923.02	\$0.00	

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Report: FinancialActivity

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WC CLAIM REPORTS: LAG REPORT

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



ICE Demo Client

Lag Report

Created: 3/12/2020 9:01:14 AM

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

Agency	Location	Claim Number	Claimant Name	Covg Code	Date of Loss	Claimant Report Date	Report Lag (Days)	Claim Submitted Date	Claim Form Lag (Days)
Agency: BUSINESS UNIT 1 1700									
BUSINESS UNIT 1 1700	NEVADA OPERATIONS	14ICEE094941	Case, Test	WC	3/21/2020	3/21/2020	0	4/3/2020	13
BUSINESS UNIT 1 1700	CALIFORNIA OPERATIONS	09ICEC050789	Claimant MO, 1	WC	8/24/2017	8/24/2017	0		
BUSINESS UNIT 1 1700	NEVADA OPERATIONS	09ICEC161506	Claimant MO, 1	WC	8/24/2017	8/24/2017	0		
BUSINESS UNIT 1 1700	NEVADA OPERATIONS	09ICEC161453	Claimant MO, 10	WC	6/7/2017	6/7/2017	0		
BUSINESS UNIT 1 1700	CALIFORNIA OPERATIONS	09ICEC051247	Claimant MO, 10	WC	6/7/2017	6/7/2017	0		
BUSINESS UNIT 1 1700	CALIFORNIA OPERATIONS	09ICEC051267	Claimant MO, 11	WC	7/6/2017	7/6/2017	0		
BUSINESS UNIT 1 1700	NEVADA OPERATIONS	09ICEC161454	Claimant MO, 11	WC	7/6/2017	7/6/2017	0		
BUSINESS UNIT 1 1700	NEVADA OPERATIONS	09ICEC161507	Claimant MO, 12	WC	8/8/2017	8/8/2017	0		
BUSINESS UNIT 1 1700	CALIFORNIA OPERATIONS	09ICEC051281	Claimant MO, 12	WC	8/8/2017	8/8/2017	0		
BUSINESS UNIT 1 1700	CALIFORNIA OPERATIONS	09ICEC051289	Claimant MO, 13	WC	9/2/2017	9/2/2017	0		
BUSINESS UNIT 1 1700	NEVADA OPERATIONS	09ICEC161508	Claimant MO, 13	WC	9/2/2017	9/2/2017	0		
BUSINESS UNIT 1 1700	NEVADA OPERATIONS	09ICEC161509	Claimant MO, 14	WC	10/13/2017	10/13/2017	0		
BUSINESS UNIT 1 1700	CALIFORNIA OPERATIONS	09ICEC051307	Claimant MO, 14	WC	10/13/2017	10/13/2017	0		
BUSINESS UNIT 1 1700	CALIFORNIA OPERATIONS	09ICEC051320	Claimant MO, 15	WC	11/18/2017	11/18/2017	0		
BUSINESS UNIT 1 1700	NEVADA OPERATIONS	09ICEC161458	Claimant MO, 15	WC	11/18/2017	11/18/2017	0		
BUSINESS UNIT 1 1700	NEVADA OPERATIONS	10ICEC161459	Claimant MO, 16	WC	6/14/2018	6/14/2018	0		
BUSINESS UNIT 1 1700	CALIFORNIA OPERATIONS	10ICEC051334	Claimant MO, 16	WC	6/14/2018	6/14/2018	0		
BUSINESS UNIT 1 1700	CALIFORNIA OPERATIONS	10ICEC051346	Claimant MO, 17	WC	5/28/2018	5/28/2018	0		
BUSINESS UNIT 1 1700	NEVADA OPERATIONS	10ICEC161460	Claimant MO, 17	WC	5/28/2018	5/28/2018	0		
BUSINESS UNIT 1 1700	NEVADA OPERATIONS	10ICEC161461	Claimant MO, 18	WC	12/1/2017	12/1/2017	0		
BUSINESS UNIT 1 1700	CALIFORNIA OPERATIONS	10ICEC051352	Claimant MO, 18	WC	12/1/2017	12/1/2017	0		
BUSINESS UNIT 1 1700	CALIFORNIA OPERATIONS	10ICEC051358	Claimant MO, 19	WC	1/3/2018	1/3/2018	0		
BUSINESS UNIT 1 1700	NEVADA OPERATIONS	10ICEC161510	Claimant MO, 19	WC	1/3/2018	1/3/2018	0		
BUSINESS UNIT 1 1700	CALIFORNIA OPERATIONS	09ICEC050844	Claimant MO, 2	WC	4/18/2017	4/18/2017	0		
BUSINESS UNIT 1 1700	NEVADA OPERATIONS	09ICEC161463	Claimant MO, 2	WC	4/18/2017	4/18/2017	0		

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Report: Lag Report

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WC CLAIM REPORTS: LOSS RUN DETAIL REPORT

This report provides a detailed status for each claim in the report. The results will be grouped by policy period.



ICE Demo Client

Loss Run Detail Report

Printed: 3/12/2020 9:03:11 AM

All Claims Where Claim Status is Closed or Open As Of 3/12/2020, Date Of Loss is between 1/1/1900 and 12/31/2020 11:59 PM, Coverage is WC, Numbers As of 3/12/2020 11:59 PM

POLICY PERIOD: 1/1/2013 — 12/31/2013

Line:	WC	Claim Type:	Inc		
Claimant:	Claimant, Ind 1	Date of Birth	2/21/1970	Date of Hire:	3/13/2013
SSN:	***-**-6452	Sex:	M	Date of Loss:	11/19/2013
Claim No.:	05ICEC052793	Status:	Open	Time of Loss:	10:30
Policy No.:	WC2013	Accident/Jurisdiction St.	CA / CA	Input Date:	11/19/2013
NCCI Loss Code:	112 SPRAIN/STRAIN	Settlement:	00	Report Date:	11/19/2013
NCCI Body Part Code:	422 BACK, LUMBAR	Fraudulent:	00	Close Date:	
NCCI Cause Code:	26 FROM LADDER OR SCAFFOLDING				
Accident Desc.:	Employee fell from ladder on side of truck				
Job Class:	9403 GARBAGE COLLECTION AND DRIVERS				

Class	Paid	Out. Reserves	Incurred
EXPENSE	\$1,650.15	\$3,849.85	\$5,500.00
INDEMNITY	\$5,072.05	\$16,610.02	\$21,682.07
MEDICAL	\$10,574.57	\$64,425.43	\$75,000.00
Totals:	\$17,296.77	\$84,885.30	\$102,182.07

Line:	WC	Claim Type:	Ind		
Claimant:	Claimant, Ind 1	Date of Birth	2/21/1970	Date of Hire:	3/13/2013
SSN:	***-**-6452	Sex:	M	Date of Loss:	11/19/2013
Claim No.:	05ICEC161407	Status:	Open	Time of Loss:	10:30
Policy No.:	WC2013	Accident/Jurisdiction St.	NV / NV	Input Date:	11/19/2013
NCCI Loss Code:	112 SPRAIN/STRAIN	Settlement:	00	Report Date:	11/19/2013
NCCI Body Part Code:	422 BACK, LUMBAR	Fraudulent:	00	Close Date:	
NCCI Cause Code:	26 FROM LADDER OR SCAFFOLDING				
Accident Desc.:	Employee fell from ladder on side of truck				
Job Class:	9403 GARBAGE COLLECTION AND DRIVERS				

Class	Paid	Out. Reserves	Incurred
EXPENSE	\$1,650.15	\$3,849.85	\$5,500.00
INDEMNITY	\$5,072.05	\$16,610.02	\$21,682.07
MEDICAL	\$10,574.57	\$64,425.43	\$75,000.00
Totals:	\$17,296.77	\$84,885.30	\$102,182.07



WC CLAIM REPORTS: LOSS RUN SUMMARY REPORT

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



ICE Demo Client

Printed: 3/12/2020 9:05:30 AM

Loss Run Summary Report

All Claims Where Claim Status is Closed or Open As Of 3/12/2020, Date Of Loss is between 1/1/1900 and 12/31/2020 11:59 PM, Coverage is WC, Numbers As of 3/12/2020 11:59 PM

Claim Number	Claimant	Covg	Claim Type	Date of Loss	Status	Date Closed	Total Paid	Outstanding Reserves	Third Party Recovery	Total Incurred	Carrier Reimbursement	Net Incurred
Agency: BUSINESS UNIT 1 1700												
09ICEC050789	Claimant MO, 1	WC	Med	8/24/2017	Open		\$262.45	\$1,400.00	\$0.00	\$1,662.45	\$0.00	\$1,662.45
	Left finger smashed in desk drawer											
09ICEC161506	Claimant MO, 1	WC	Med	8/24/2017	Open		\$262.45	\$1,400.00	\$0.00	\$1,662.45	\$0.00	\$1,662.45
	Left finger smashed in desk drawer											
09ICEC161453	Claimant MO, 10	WC	Med	6/7/2017	Closed	2/16/2020	\$669.22	\$0.00	\$0.00	\$669.22	\$0.00	\$669.22
	Employee slipped and fell on left ankle											
09ICEC051247	Claimant MO, 10	WC	Med	6/7/2017	Closed	2/16/2020	\$669.22	\$0.00	\$0.00	\$669.22	\$0.00	\$669.22
	Employee slipped and fell on left ankle											
09ICEC161454	Claimant MO, 11	WC	Med	7/6/2017	Closed	2/16/2020	\$189.26	\$0.00	\$0.00	\$189.26	\$0.00	\$189.26
	Insect bite											
09ICEC051267	Claimant MO, 11	WC	Med	7/6/2017	Closed	2/16/2020	\$189.26	\$0.00	\$0.00	\$189.26	\$0.00	\$189.26
	Insect bite											
09ICEC161507	Claimant MO, 12	WC	Med	8/8/2017	Closed	2/16/2020	\$421.53	\$0.00	\$0.00	\$421.53	\$0.00	\$421.53
	See stmt attached - did not report injury immed.											
09ICEC051281	Claimant MO, 12	WC	Med	8/8/2017	Closed	2/16/2020	\$421.53	\$0.00	\$0.00	\$421.53	\$0.00	\$421.53
	See stmt attached - did not report injury immed.											
09ICEC161508	Claimant MO, 13	WC	Med	9/2/2017	Closed	2/16/2020	\$2,098.63	\$0.00	\$0.00	\$2,098.63	\$0.00	\$2,098.63
	Strain low back throwing large TV into hopper											
09ICEC051289	Claimant MO, 13	WC	Med	9/2/2017	Closed	2/16/2020	\$2,098.63	\$0.00	\$0.00	\$2,098.63	\$0.00	\$2,098.63
	Strain low back throwing large TV into hopper											
09ICEC161509	Claimant MO, 14	WC	Med	10/13/2017	Closed	2/16/2020	\$73.42	\$0.00	\$0.00	\$73.42	\$0.00	\$73.42
	Employee exited the truck to grab a can to dump											
09ICEC051307	Claimant MO, 14	WC	Med	10/13/2017	Closed	2/16/2020	\$73.42	\$0.00	\$0.00	\$73.42	\$0.00	\$73.42
	Employee exited the truck to grab a can to dump											
09ICEC161458	Claimant MO, 15	WC	Med	11/18/2017	Closed	2/16/2020	\$1,697.67	\$0.00	\$0.00	\$1,697.67	\$0.00	\$1,697.67
	Strained back by pulling tire out of mud											
09ICEC051320	Claimant MO, 15	WC	Med	11/18/2017	Closed	2/16/2020	\$1,697.67	\$0.00	\$0.00	\$1,697.67	\$0.00	\$1,697.67
	Strained back by pulling tire out of mud											
10ICEC051334	Claimant MO, 16	WC	Med	6/14/2018	Open		\$1,136.62	\$0.00	\$0.00	\$1,136.62	\$0.00	\$1,136.62
	Employee stopped his truck to grad a recycle bin											
10ICEC161459	Claimant MO, 16	WC	Med	6/14/2018	Open		\$1,136.62	\$0.00	\$0.00	\$1,136.62	\$0.00	\$1,136.62
	Employee stopped his truck to grad a recycle bin											
10ICEC161460	Claimant MO, 17	WC	Med	5/28/2018	Open		\$222.58	\$2,800.00	\$0.00	\$3,022.58	\$0.00	\$3,022.58
	Eyes were splashed with unknown fluid											

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Report: LossRunSummary

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WC CLAIM REPORTS: LOSS TRIANGLE REPORT

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



ICE Demo Client

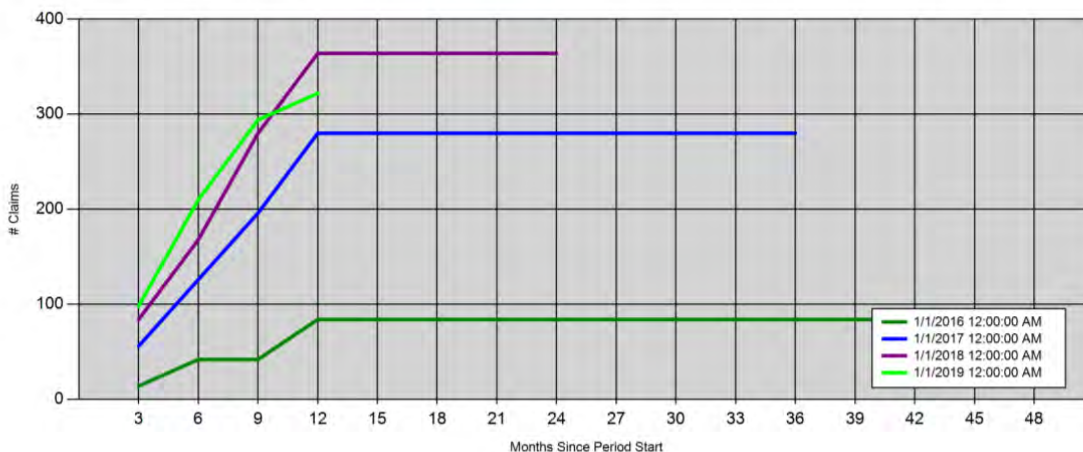
Loss Triangle Report

Printed: 3/12/2020 9:07:12 AM

Quarterly claim metrics by year for 1/1/2016 - 12/31/2020 where Coverage is WC

Claim Count

Months Since Period Start	3	6	9	12	15	18	21	24	27	30	33	36	39	42	45	48
Period: 1/1/2016 - 12/31/2016	14	42	42	84	84	84	84	84	84	84	84	84	84	84	84	84
Period: 1/1/2017 - 12/31/2017	56	126	196	280	280	280	280	280	280	280	280	280	280	280	280	280
Period: 1/1/2018 - 12/31/2018	84	168	280	364	364	364	364	364								
Period: 1/1/2019 - 12/31/2019	98	210	294	322												



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Report: LossTriangle

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WC CLAIM REPORTS: OCCURRENCE LOSS REPORT

Occurrence loss report.



ICE Demo Client

Printed: 3/12/2020 9:09:06 AM

Occurrence Loss Report

All Claims Where Claim Status is Closed or Open As Of 3/12/2020, Date of Loss is between 1/1/1900 and 12/31/2020 11:59 PM, Coverage is WC, Numbers As of 3/12/2020 11:59 PM

Covg	Name	Date of Loss	Claim #	Date Closed	Status	Type	Total Paid	Outstanding Reserves	Third Party Recovery	Total Incurred	Carrier Reimbursement	Net Incurred
Agency: BUSINESS UNIT 1 1700												
Occurrence #: << Claims with No Assigned Occurrence Number >>												
WC	Claimant MO, 1	8/24/2017	09ICEC050789		Open	Med	\$262.45	\$1,400.00	\$0.00	\$1,662.45	\$0.00	\$1,662.45
WC	Claimant MO, 1	8/24/2017	09ICEC161506		Open	Med	\$262.45	\$1,400.00	\$0.00	\$1,662.45	\$0.00	\$1,662.45
WC	Claimant MO, 10	6/7/2017	09ICEC161453	2/16/2020	Closed	Med	\$669.22	\$0.00	\$0.00	\$669.22	\$0.00	\$669.22
WC	Claimant MO, 10	6/7/2017	09ICEC051247	2/16/2020	Closed	Med	\$669.22	\$0.00	\$0.00	\$669.22	\$0.00	\$669.22
WC	Claimant MO, 11	7/6/2017	09ICEC051267	2/16/2020	Closed	Med	\$189.26	\$0.00	\$0.00	\$189.26	\$0.00	\$189.26
WC	Claimant MO, 11	7/6/2017	09ICEC161454	2/16/2020	Closed	Med	\$189.26	\$0.00	\$0.00	\$189.26	\$0.00	\$189.26
WC	Claimant MO, 12	8/8/2017	09ICEC161507	2/16/2020	Closed	Med	\$421.53	\$0.00	\$0.00	\$421.53	\$0.00	\$421.53
WC	Claimant MO, 12	8/8/2017	09ICEC051281	2/16/2020	Closed	Med	\$421.53	\$0.00	\$0.00	\$421.53	\$0.00	\$421.53
WC	Claimant MO, 13	9/2/2017	09ICEC051289	2/16/2020	Closed	Med	\$2,098.63	\$0.00	\$0.00	\$2,098.63	\$0.00	\$2,098.63
WC	Claimant MO, 13	9/2/2017	09ICEC161508	2/16/2020	Closed	Med	\$2,098.63	\$0.00	\$0.00	\$2,098.63	\$0.00	\$2,098.63
WC	Claimant MO, 14	10/13/2017	09ICEC161509	2/16/2020	Closed	Med	\$73.42	\$0.00	\$0.00	\$73.42	\$0.00	\$73.42
WC	Claimant MO, 14	10/13/2017	09ICEC051307	2/16/2020	Closed	Med	\$73.42	\$0.00	\$0.00	\$73.42	\$0.00	\$73.42
WC	Claimant MO, 15	11/18/2017	09ICEC051320	2/16/2020	Closed	Med	\$1,697.67	\$0.00	\$0.00	\$1,697.67	\$0.00	\$1,697.67
WC	Claimant MO, 15	11/18/2017	09ICEC161458	2/16/2020	Closed	Med	\$1,697.67	\$0.00	\$0.00	\$1,697.67	\$0.00	\$1,697.67
WC	Claimant MO, 16	6/14/2018	10ICEC161459		Open	Med	\$1,136.62	\$0.00	\$0.00	\$1,136.62	\$0.00	\$1,136.62
WC	Claimant MO, 16	6/14/2018	10ICEC051334		Open	Med	\$1,136.62	\$0.00	\$0.00	\$1,136.62	\$0.00	\$1,136.62
WC	Claimant MO, 17	5/28/2018	10ICEC051346		Open	Med	\$222.58	\$2,800.00	\$0.00	\$3,022.58	\$0.00	\$3,022.58
WC	Claimant MO, 17	5/28/2018	10ICEC161460		Open	Med	\$222.58	\$2,800.00	\$0.00	\$3,022.58	\$0.00	\$3,022.58
WC	Claimant MO, 18	12/1/2017	10ICEC161461	2/16/2020	Closed	Med	\$327.82	\$0.00	\$0.00	\$327.82	\$0.00	\$327.82
WC	Claimant MO, 18	12/1/2017	10ICEC051352	2/16/2020	Closed	Med	\$327.82	\$0.00	\$0.00	\$327.82	\$0.00	\$327.82
WC	Claimant MO, 19	1/3/2018	10ICEC051358	2/16/2020	Closed	Med	\$247.76	\$0.00	\$0.00	\$247.76	\$0.00	\$247.76
WC	Claimant MO, 19	1/3/2018	10ICEC161510	2/16/2020	Closed	Med	\$247.76	\$0.00	\$0.00	\$247.76	\$0.00	\$247.76
WC	Claimant MO, 2	4/18/2017	09ICEC050844		Open	Med	\$3,700.46	\$0.00	\$1,041.71	\$2,658.75	\$0.00	\$2,658.75
WC	Claimant MO, 2	4/18/2017	09ICEC161463		Open	Med	\$3,700.46	\$0.00	\$1,041.71	\$2,658.75	\$0.00	\$2,658.75
WC	Claimant MO, 20	2/8/2018	10ICEC161464	2/16/2020	Closed	Med	\$2,059.86	\$0.00	\$0.00	\$2,059.86	\$0.00	\$2,059.86
WC	Claimant MO, 20	2/8/2018	10ICEC051369	2/16/2020	Closed	Med	\$2,059.86	\$0.00	\$0.00	\$2,059.86	\$0.00	\$2,059.86
WC	Claimant MO, 21	3/20/2018	10ICEC051392	2/16/2020	Closed	Med	\$527.22	\$0.00	\$0.00	\$527.22	\$0.00	\$527.22
WC	Claimant MO, 21	3/20/2018	10ICEC161465	2/16/2020	Closed	Med	\$527.22	\$0.00	\$0.00	\$527.22	\$0.00	\$527.22
WC	Claimant MO, 22	4/11/2018	10ICEC161466	2/16/2020	Closed	Med	\$1,567.91	\$0.00	\$0.00	\$1,567.91	\$0.00	\$1,567.91
WC	Claimant MO, 22	4/11/2018	10ICEC051399	2/16/2020	Closed	Med	\$1,567.91	\$0.00	\$0.00	\$1,567.91	\$0.00	\$1,567.91
WC	Claimant MO, 23	5/11/2018	10ICEC051411	2/16/2020	Closed	Med	\$417.75	\$0.00	\$0.00	\$417.75	\$0.00	\$417.75
WC	Claimant MO, 23	5/11/2018	10ICEC161467	2/16/2020	Closed	Med	\$417.75	\$0.00	\$0.00	\$417.75	\$0.00	\$417.75
WC	Claimant MO, 24	6/15/2018	10ICEC161468	2/16/2020	Closed	Med	\$1,512.24	\$0.00	\$0.00	\$1,512.24	\$0.00	\$1,512.24
WC	Claimant MO, 24	6/15/2018	10ICEC051419	2/16/2020	Closed	Med	\$1,512.24	\$0.00	\$0.00	\$1,512.24	\$0.00	\$1,512.24

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Report: OccurrenceLoss

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WC CLAIM REPORTS: PERIOD COMPARISON DETAIL REPORT

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



ICE Demo Client

Period Comparison Detail Report

All Claims Where Claim Status is Closed or Open As Of 3/12/2020, Date Of Loss is between 1/1/1900 and 12/31/2020 11:59 PM, Coverage is WC

Printed: 3/12/2020 9:11:10 AM

Status As Of: 3/12/2016					Status As Of: 3/12/2020					Difference			
Status	Paid	Reserves	Recovered	Total Incurred	Status	Paid	Reserves	Recovered	Total Incurred	Paid	Reserves	Recovered	Total Incurred
Agency: BUSINESS UNIT 1 1700													
Occurrence:													
Claim: 09ICEC050789 - Claimant MO, 1; Type: Medical ; Date Of Loss: 8/24/2017; Date Claim Received: N/A; Date Claim Entered: 8/24/2017													
Pending	\$0.00	\$0.00	\$0.00	\$0.00	Open	\$262.45	\$1,400.00	\$0.00	\$1,662.45	\$262.45	\$1,400.00	\$0.00	\$1,662.45
Claim: 09ICEC161506 - Claimant MO, 1; Type: Medical ; Date Of Loss: 8/24/2017; Date Claim Received: N/A; Date Claim Entered: 8/24/2017													
Pending	\$0.00	\$0.00	\$0.00	\$0.00	Open	\$262.45	\$1,400.00	\$0.00	\$1,662.45	\$262.45	\$1,400.00	\$0.00	\$1,662.45
Claim: 09ICEC051247 - Claimant MO, 10; Type: Medical ; Date Of Loss: 6/7/2017; Date Claim Received: N/A; Date Claim Entered: 6/7/2017													
Pending	\$0.00	\$0.00	\$0.00	\$0.00	Closed	\$669.22	\$0.00	\$0.00	\$669.22	\$669.22	\$0.00	\$0.00	\$669.22
Claim: 09ICEC161453 - Claimant MO, 10; Type: Medical ; Date Of Loss: 6/7/2017; Date Claim Received: N/A; Date Claim Entered: 6/7/2017													
Pending	\$0.00	\$0.00	\$0.00	\$0.00	Closed	\$669.22	\$0.00	\$0.00	\$669.22	\$669.22	\$0.00	\$0.00	\$669.22
Claim: 09ICEC051267 - Claimant MO, 11; Type: Medical ; Date Of Loss: 7/6/2017; Date Claim Received: N/A; Date Claim Entered: 7/6/2017													
Pending	\$0.00	\$0.00	\$0.00	\$0.00	Closed	\$189.26	\$0.00	\$0.00	\$189.26	\$189.26	\$0.00	\$0.00	\$189.26
Claim: 09ICEC161454 - Claimant MO, 11; Type: Medical ; Date Of Loss: 7/6/2017; Date Claim Received: N/A; Date Claim Entered: 7/6/2017													
Pending	\$0.00	\$0.00	\$0.00	\$0.00	Closed	\$189.26	\$0.00	\$0.00	\$189.26	\$189.26	\$0.00	\$0.00	\$189.26
Claim: 09ICEC051281 - Claimant MO, 12; Type: Medical ; Date Of Loss: 8/8/2017; Date Claim Received: N/A; Date Claim Entered: 8/8/2017													
Pending	\$0.00	\$0.00	\$0.00	\$0.00	Closed	\$421.53	\$0.00	\$0.00	\$421.53	\$421.53	\$0.00	\$0.00	\$421.53
Claim: 09ICEC161507 - Claimant MO, 12; Type: Medical ; Date Of Loss: 8/8/2017; Date Claim Received: N/A; Date Claim Entered: 8/8/2017													
Pending	\$0.00	\$0.00	\$0.00	\$0.00	Closed	\$421.53	\$0.00	\$0.00	\$421.53	\$421.53	\$0.00	\$0.00	\$421.53
Claim: 09ICEC051289 - Claimant MO, 13; Type: Medical ; Date Of Loss: 9/2/2017; Date Claim Received: N/A; Date Claim Entered: 9/2/2017													
Pending	\$0.00	\$0.00	\$0.00	\$0.00	Closed	\$2,098.63	\$0.00	\$0.00	\$2,098.63	\$2,098.63	\$0.00	\$0.00	\$2,098.63
Claim: 09ICEC161508 - Claimant MO, 13; Type: Medical ; Date Of Loss: 9/2/2017; Date Claim Received: N/A; Date Claim Entered: 9/2/2017													
Pending	\$0.00	\$0.00	\$0.00	\$0.00	Closed	\$2,098.63	\$0.00	\$0.00	\$2,098.63	\$2,098.63	\$0.00	\$0.00	\$2,098.63
Claim: 09ICEC051307 - Claimant MO, 14; Type: Medical ; Date Of Loss: 10/13/2017; Date Claim Received: N/A; Date Claim Entered: 10/13/2017													
Pending	\$0.00	\$0.00	\$0.00	\$0.00	Closed	\$73.42	\$0.00	\$0.00	\$73.42	\$73.42	\$0.00	\$0.00	\$73.42
Claim: 09ICEC161509 - Claimant MO, 14; Type: Medical ; Date Of Loss: 10/13/2017; Date Claim Received: N/A; Date Claim Entered: 10/13/2017													
Pending	\$0.00	\$0.00	\$0.00	\$0.00	Closed	\$73.42	\$0.00	\$0.00	\$73.42	\$73.42	\$0.00	\$0.00	\$73.42
Claim: 09ICEC051320 - Claimant MO, 15; Type: Medical ; Date Of Loss: 11/18/2017; Date Claim Received: N/A; Date Claim Entered: 11/18/2017													
Pending	\$0.00	\$0.00	\$0.00	\$0.00	Closed	\$1,697.67	\$0.00	\$0.00	\$1,697.67	\$1,697.67	\$0.00	\$0.00	\$1,697.67

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Report: PeriodComparisonDetail

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WC CLAIM REPORTS: PERIOD COMPARISON SUMMARY REPORT

This report will allow the user to compare summarized data for two time periods. The time periods control which claims are to be included in each summary. The results will be grouped by Agency, then by Location and then by Coverage Code.



ICE Demo Client

Period Comparison Summary Report

All Open and Closed Claims Where Coverage is WC

Printed: 3/12/2020 9:15:21 AM

1/1/2015 - 12/31/2015 Status As Of: 3/12/2016					1/1/2016 - 12/31/2016 Status As Of: 3/12/2020					Difference			
# Claims	Paid	Reserves	Recovered	Total Incurred	# Claims	Paid	Reserves	Recovered	Total Incurred	# Claims	Paid	Reserves	Total Incurred
Agency: BUSINESS UNIT 1 1700													
Location: CALIFORNIA OPERATIONS													
<u>Coverage: WC</u>													
3	\$23,407	\$4,706	\$0	\$28,113	6	\$237,734	\$9,336	\$43,258	\$203,811	3	\$214,326	\$4,630	\$175,698
Location: CALIFORNIA OPERATIONS Totals:													
3	\$23,407	\$4,706	\$0	\$28,113	6	\$237,734	\$9,336	\$43,258	\$203,811	3	\$214,326	\$4,630	\$175,698
Location: NEVADA OPERATIONS													
<u>Coverage: WC</u>													
3	\$23,407	\$4,706	\$0	\$28,113	6	\$237,734	\$9,336	\$43,258	\$203,811	3	\$214,326	\$4,630	\$175,698
Location: NEVADA OPERATIONS Totals:													
3	\$23,407	\$4,706	\$0	\$28,113	6	\$237,734	\$9,336	\$43,258	\$203,811	3	\$214,326	\$4,630	\$175,698
Agency: BUSINESS UNIT 1 1700 Totals:													
6	\$46,815	\$9,411	\$0	\$56,226	12	\$475,467	\$18,671	\$86,517	\$407,621	6	\$428,652	\$9,260	\$351,396

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Report: PeriodComparisonSummary

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WC CLAIM REPORTS: REPEATER REPORT

This report will show claimants with multiple claims during the selected date range. The lookup is based solely on social security number (SSN). The results are grouped by SSN.



ICE Demo Client

Printed: 3/12/2020 9:17:16 AM

Repeater Report

All Claims Where Claim Status is Closed or Open As Of 3/12/2016, Date Of Loss is between 1/1/2015 and 12/31/2015 11:59 PM, Coverage is WC, Claims per Person is 2 or more, Numbers As Of 3/12/2016 11:59 PM

Claim Number	Claimant	Covg	Claim Type	Date of Loss	Status	Total Paid	Outstanding Reserves	Third Party Recovery	Total Incurred
Accident Description									
BUSINESS UNIT 1 1700, Claimant Social Security Number: XXX-XX-3212									
07ICEC053105	Claimant, Ind 11	WC	Inc	9/28/2015	Open	\$16,293.07	\$4,705.69	\$0.00	\$20,998.76
	Residential driver struck by car								
07ICEC161409	Claimant, Ind 11	WC	Inc	9/28/2015	Open	\$16,293.07	\$4,705.69	\$0.00	\$20,998.76
	Residential driver struck by car								
07ICEC162772	Claimant, Ind 11	WC	Inc	9/28/2015	Open	\$16,293.07	\$4,705.69	\$0.00	\$20,998.76
	Residential driver struck by car								
07ICEC163038	Claimant, Ind 11	WC	Inc	9/28/2015	Open	\$16,293.07	\$4,705.69	\$0.00	\$20,998.76
	Residential driver struck by car								
07ICEC163401	Claimant, Ind 11	WC	Inc	9/28/2015	Open	\$16,293.07	\$4,705.69	\$0.00	\$20,998.76
	Residential driver struck by car								
07ICEC163970	Claimant, Ind 11	WC	Inc	9/28/2015	Open	\$16,293.07	\$4,705.69	\$0.00	\$20,998.76
	Residential driver struck by car								
07ICEC164277	Claimant, Ind 11	WC	Inc	9/28/2015	Open	\$16,293.07	\$4,705.69	\$0.00	\$20,998.76
	Residential driver struck by car								
07ICEC164594	Claimant, Ind 11	WC	Inc	9/28/2015	Open	\$16,293.07	\$4,705.69	\$0.00	\$20,998.76
	Residential driver struck by car								
07ICEC164995	Claimant, Ind 11	WC	Inc	9/28/2015	Open	\$16,293.07	\$4,705.69	\$0.00	\$20,998.76
	Residential driver struck by car								
07ICEC165256	Claimant, Ind 11	WC	Inc	9/28/2015	Open	\$16,293.07	\$4,705.69	\$0.00	\$20,998.76
	Residential driver struck by car								
07ICEC165528	Claimant, Ind 11	WC	Inc	9/28/2015	Open	\$16,293.07	\$4,705.69	\$0.00	\$20,998.76
	Residential driver struck by car								
07ICEC165783	Claimant, Ind 11	WC	Inc	9/28/2015	Open	\$16,293.07	\$4,705.69	\$0.00	\$20,998.76
	Residential driver struck by car								
07ICEC166033	Claimant, Ind 11	WC	Inc	9/28/2015	Open	\$16,293.07	\$4,705.69	\$0.00	\$20,998.76
	Residential driver struck by car								
07ICEC166283	Claimant, Ind 11	WC	Inc	9/28/2015	Open	\$16,293.07	\$4,705.69	\$0.00	\$20,998.76
	Residential driver struck by car								
# Claims: 14						\$228,102.98	\$65,879.66	\$0.00	\$293,982.64
BUSINESS UNIT 1 1700, Claimant Social Security Number: XXX-XX-5645									
07ICEC053149	Claimant, Ind 15	WC	Inc	3/26/2015	Open	\$4,137.91	\$0.00	\$0.00	\$4,137.91

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Report: Repeater Report

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WC TRANSACTIONAL REPORTS: RESERVE CHANGE REPORT

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



ICE Demo Client

Printed: 3/12/2020 9:19:37 AM

Reserve Change Report

Reserves Input 1/1/2015 - 12/31/2020

Date Of Loss is between 1/1/2015 and 12/31/2015 11:59 PM, Coverage is WC

Claim Number	Claimant	Adjuster	Date of Loss	Reserve Comment	Class	Status	Covg	Change Date	Amount
Agency: BUSINESS UNIT 1 1700									
07ICEC053105	Claimant, Ind 11	RMCCOOMER	9/28/2015	Indemnity	IND.TTD	Open	WC	10/1/2015	\$4,524.00
07ICEC053105	Claimant, Ind 11	RMCCOOMER	9/28/2015	Medical expenses	MEDICAL	Open	WC	10/1/2015	\$10,024.00
07ICEC053105	Claimant, Ind 11	RMCCOOMER	9/28/2015	Bill review	EXPENSE	Open	WC	10/1/2015	\$1,000.00
07ICEC053105	Claimant, Ind 11	RMCCOOMER	9/28/2015	Reduction due to mistake	MEDICAL	Open	WC	10/1/2015	(\$4,524.00)
07ICEC053105	Claimant, Ind 11	RMCCOOMER	9/28/2015	Continued ttd	IND.TTD	Open	WC	12/18/2015	\$2,132.04
07ICEC053105	Claimant, Ind 11	RMCCOOMER	9/28/2015	Medical	MEDICAL	Open	WC	1/15/2016	\$5,000.00
07ICEC053105	Claimant, Ind 11	RMCCOOMER	9/28/2015	TTD	IND.TTD	Open	WC	2/4/2016	\$2,842.72
07ICEC053105	Claimant, Ind 11	RMCCOOMER	9/28/2015	TTD	IND.TTD	Open	WC	3/28/2016	\$2,132.04
07ICEC053105	Claimant, Ind 11	RMCCOOMER	9/28/2015	Medical	MEDICAL	Open	WC	6/2/2016	\$2,500.00
07ICEC053105	Claimant, Ind 11	RMCCOOMER	9/28/2015	Bill rev	EXPENSE	Open	WC	6/2/2016	\$250.00
07ICEC053105	Claimant, Ind 11	RMCCOOMER	9/28/2015	Medical	MEDICAL	Open	WC	10/3/2016	\$3,500.00
07ICEC053105	Claimant, Ind 11	AGUANDIQUE	9/28/2015	Anticipated IIB	IND.PPD	Open	WC	1/17/2018	\$5,330.10
07ICEC053105	Claimant, Ind 11	AGUANDIQUE	9/28/2015	ongoing med tx	MEDICAL	Open	WC	1/17/2018	\$12,462.62
07ICEC053105	Claimant, Ind 11	AGUANDIQUE	9/28/2015	fcm, bill review,	EXPENSE	Open	WC	1/17/2018	\$4,177.34
07ICEC053105	Claimant, Ind 11	AGUANDIQUE	9/28/2015	fcm	EXPENSE	Open	WC	7/28/2018	\$1,500.00
07ICEC053105	Claimant, Ind 11	AGUANDIQUE	9/28/2015	to exp	IND.TTD	Open	WC	7/28/2018	\$1,500.00
07ICEC053105	Claimant, Ind 11	AGUANDIQUE	9/28/2015	from ttd. clmt fd working for new employer	MEDICAL	Open	WC	9/11/2018	\$3,891.99
07ICEC053105	Claimant, Ind 11	AGUANDIQUE	9/28/2015	to medical	IND.TTD	Open	WC	9/11/2018	(\$3,891.11)
07ICEC053105	Claimant, Ind 11	SBARLAM	9/28/2015	Raising expense reserve for future	EXPENSE	Open	WC	10/28/2018	\$7,550.00
07ICEC053105	Claim Totals As Of 12/31/2020: Paid: \$46,649.48 Out. Reserve: \$15,252.26 Tot. Incurred: \$61,901.74							Reserve Change:	\$61,901.74
07ICEC053129	Claimant, Ind 13	MRADFORD	4/1/2015	initial reserve	IND.TTD	Closed	WC	4/9/2015	\$4,288.24
07ICEC053129	Claimant, Ind 13	MRADFORD	4/1/2015	initial reserve	MEDICAL	Closed	WC	4/9/2015	\$3,500.00
07ICEC053129	Claimant, Ind 13	MRADFORD	4/1/2015	initial reserve	EXPENSE	Closed	WC	4/9/2015	\$300.00
07ICEC053129	Claimant, Ind 13	MRADFORD	4/1/2015	Claim Closed	EXPENSE	Closed	WC	7/28/2015	(\$253.12)
07ICEC053129	Claimant, Ind 13	MRADFORD	4/1/2015	Claim Closed	IND.TTD	Closed	WC	7/28/2015	(\$2,254.77)
07ICEC053129	Claimant, Ind 13	MRADFORD	4/1/2015	Claim Closed	MEDICAL	Closed	WC	7/28/2015	(\$2,603.94)
07ICEC053129	Claimant, Ind 13	KBRECHTEL	4/1/2015	Claim Closed	EXPENSE	Closed	WC	2/16/2020	\$0.00
07ICEC053129	Claimant, Ind 13	KBRECHTEL	4/1/2015	Claim Closed	IND.TTD	Closed	WC	2/16/2020	\$0.00

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Report: ReserveChange

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WC TRANSACTIONAL REPORTS: TRANSACTION REGISTER

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



ICE Demo Client Transaction Register

From: 1/1/2015 - 12/31/2020

Printed: 3/12/2020 9:21:54 AM

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

Check #	Claimant	Claim Number	Date of Loss	Issue Date	Transaction Code	Comments	Trans Amount
Bank Account: ICE Demo Bank				Account # Ending with -001			
101000249	Claimant, Ind 44	11ICEC165286	6/11/2019	10/14/2019	MEDICAL ClassChange	689642 DS 10/11/11	\$96.31
101000249	Claimant, Ind 44	11ICEC165286	6/11/2019	10/14/2019	MEDICAL ClassChange	689642 DS 10/11/11	(\$96.31)
101000249	Claimant, Ind 44	11ICEC165025	6/11/2019	10/14/2019	MEDICAL ClassChange	689642 DS 10/11/11	\$96.31
101000249	Claimant, Ind 44	11ICEC165025	6/11/2019	10/14/2019	MEDICAL ClassChange	689642 DS 10/11/11	(\$96.31)
101000249	Claimant, Ind 44	11ICEC166063	6/11/2019	10/14/2019	MEDICAL ClassChange	689642 DS 10/11/11	\$96.31
101000249	Claimant, Ind 44	11ICEC166063	6/11/2019	10/14/2019	MEDICAL ClassChange	689642 DS 10/11/11	(\$96.31)
101000249	Claimant, Ind 44	11ICEC165813	6/11/2019	10/14/2019	MEDICAL ClassChange	689642 DS 10/11/11	\$96.31
101000249	Claimant, Ind 44	11ICEC165813	6/11/2019	10/14/2019	MEDICAL ClassChange	689642 DS 10/11/11	(\$96.31)
101000249	Claimant, Ind 44	11ICEC166313	6/11/2019	10/14/2019	MEDICAL ClassChange	689642 DS 10/11/11	\$96.31
101000249	Claimant, Ind 44	11ICEC166313	6/11/2019	10/14/2019	MEDICAL ClassChange	689642 DS 10/11/11	(\$96.31)
101000249	Claimant, Ind 44	11ICEC162802	6/11/2019	10/14/2019	MEDICAL ClassChange	689642 DS 10/11/11	\$96.31
101000249	Claimant, Ind 44	11ICEC162802	6/11/2019	10/14/2019	MEDICAL ClassChange	689642 DS 10/11/11	(\$96.31)
101000249	Claimant, Ind 44	11ICEC161505	6/11/2019	10/14/2019	MEDICAL ClassChange	689642 DS 10/11/11	\$96.31
101000249	Claimant, Ind 44	11ICEC161505	6/11/2019	10/14/2019	MEDICAL ClassChange	689642 DS 10/11/11	(\$96.31)
101000249	Claimant, Ind 44	11ICEC053742	6/11/2019	10/14/2019	MEDICAL ClassChange	689642 DS 10/11/11	\$96.31
101000249	Claimant, Ind 44	11ICEC053742	6/11/2019	10/14/2019	MEDICAL ClassChange	689642 DS 10/11/11	(\$96.31)
101000249	Claimant, Ind 44	11ICEC164000	6/11/2019	10/14/2019	MEDICAL ClassChange	689642 DS 10/11/11	\$96.31
101000249	Claimant, Ind 44	11ICEC164000	6/11/2019	10/14/2019	MEDICAL ClassChange	689642 DS 10/11/11	(\$96.31)
101000249	Claimant, Ind 44	11ICEC163068	6/11/2019	10/14/2019	MEDICAL ClassChange	689642 DS 10/11/11	\$96.31
101000249	Claimant, Ind 44	11ICEC163068	6/11/2019	10/14/2019	MEDICAL ClassChange	689642 DS 10/11/11	(\$96.31)
101000249	Claimant, Ind 44	11ICEC163431	6/11/2019	10/14/2019	MEDICAL ClassChange	689642 DS 10/11/11	\$96.31
101000249	Claimant, Ind 44	11ICEC163431	6/11/2019	10/14/2019	MEDICAL ClassChange	689642 DS 10/11/11	(\$96.31)
101000249	Claimant, Ind 44	11ICEC164624	6/11/2019	10/14/2019	MEDICAL ClassChange	689642 DS 10/11/11	\$96.31
101000249	Claimant, Ind 44	11ICEC164624	6/11/2019	10/14/2019	MEDICAL ClassChange	689642 DS 10/11/11	(\$96.31)
101000249	Claimant, Ind 44	11ICEC164307	6/11/2019	10/14/2019	MEDICAL ClassChange	689642 DS 10/11/11	\$96.31
101000249	Claimant, Ind 44	11ICEC164307	6/11/2019	10/14/2019	MEDICAL ClassChange	689642 DS 10/11/11	(\$96.31)
101000249	Claimant, Ind 44	11ICEC165558	6/11/2019	10/14/2019	MEDICAL ClassChange	689642 DS 10/11/11	\$96.31

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

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Report: TransactionRegister

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WC OTHER: INDEMNITY PAYMENTS FOR POLICY PERIOD REPORT

Indemnity payments for policy period report (MPSERS.)



ICED

All Claims with Loss Wages/Indemnity payments in current policy period
As of 3/12/2016

Printed: 3/12/2020 9:25:25 AM

Claim	Claimant	DOL	Location	Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Total
BUSINESS UNIT 1 1700																
05ICEC052703	Claimant, Ind 1	11/19/2013	CALIFORNIA	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,000.00
05ICEC052813	Claimant, Ind 2	1/21/2013	CALIFORNIA	\$1,328.84	\$1,328.84	\$664.42	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,661.05	\$4,983.15
05ICEC052832	Claimant, Ind 3	11/26/2013	CALIFORNIA	\$0.00	\$0.00	\$15,997.73	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$15,997.73
05ICEC052862	Claimant, Ind 5	10/4/2013	CALIFORNIA	\$2,221.99	\$1,800.00	\$1,800.00	\$2,250.00	\$1,800.00	\$900.00	\$3,217.00	\$2,250.00	\$2,250.00	\$1,800.00	\$1,800.00	\$1,800.00	\$23,888.99
06ICEC052877	Claimant, Ind 6	11/28/2014	CALIFORNIA	\$757.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$757.50
06ICEC053078	Claimant, Ind 7	7/2/2014	CALIFORNIA	\$3,499.52	\$1,749.76	\$1,749.76	\$1,749.76	\$1,749.76	\$1,749.76	\$1,749.76	\$1,749.76	\$3,499.52	\$1,749.76	\$1,749.76	\$1,749.76	\$24,496.64
07ICEC053105	Claimant, Ind 11	9/25/2015	CALIFORNIA	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,553.40	\$1,421.36	\$4,974.76
07ICEC053118	Claimant, Ind 12	12/29/2014	CALIFORNIA	\$1,958.00	\$2,447.50	\$1,958.00	\$2,447.50	\$1,468.50	\$2,447.50	\$2,937.00	\$1,958.00	\$2,447.50	\$2,447.50	\$1,957.00	\$1,958.00	\$26,432.00
07ICEC053129	Claimant, Ind 13	4/1/2015	CALIFORNIA	\$0.00	\$0.00	\$0.00	\$2,033.47	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,033.47
07ICEC053141	Claimant, Ind 14	12/17/2014	CALIFORNIA	\$383.28	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$383.28
05ICEC161407	Claimant, Ind 1	11/19/2013	NEVADA	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,000.00
07ICEC161409	Claimant, Ind 11	9/29/2015	NEVADA	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,553.40	\$1,421.36	\$4,974.76
07ICEC161412	Claimant, Ind 14	12/17/2014	NEVADA	\$383.28	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$383.28
05ICEC161428	Claimant, Ind 3	11/26/2013	NEVADA	\$0.00	\$0.00	\$15,997.73	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$15,997.73
05ICEC161447	Claimant, Ind 5	10/4/2013	NEVADA	\$2,221.99	\$1,800.00	\$1,800.00	\$2,250.00	\$1,800.00	\$900.00	\$3,217.00	\$2,250.00	\$2,250.00	\$1,800.00	\$1,800.00	\$1,800.00	\$23,888.99
06ICEC161448	Claimant, Ind 6	11/28/2014	NEVADA	\$757.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$757.50
06ICEC161449	Claimant, Ind 7	7/2/2014	NEVADA	\$3,499.52	\$1,749.76	\$1,749.76	\$1,749.76	\$1,749.76	\$1,749.76	\$1,749.76	\$1,749.76	\$3,499.52	\$1,749.76	\$1,749.76	\$1,749.76	\$24,496.64
07ICEC161483	Claimant, Ind 12	12/29/2014	NEVADA	\$1,958.00	\$2,447.50	\$1,958.00	\$2,447.50	\$1,468.50	\$2,447.50	\$2,937.00	\$1,958.00	\$2,447.50	\$2,447.50	\$1,957.00	\$1,958.00	\$26,432.00
07ICEC161490	Claimant, Ind 13	4/1/2015	NEVADA	\$0.00	\$0.00	\$0.00	\$2,033.47	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,033.47
05ICEC161497	Claimant, Ind 2	1/21/2013	NEVADA	\$1,328.84	\$1,328.84	\$664.42	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,661.05	\$4,983.15
Total:				\$20,298.26	\$14,652.20	\$44,339.82	\$16,961.46	\$10,036.52	\$20,194.52	\$15,807.52	\$11,915.52	\$16,394.04	\$11,994.52	\$18,126.32	\$17,180.34	\$217,895.04

Report: IndPaymentsForPolicyPeriod

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MYREPORTS SAMPLE REPORTS



The following reports are available within MyReports. These samples are run for Worker's Compensation, however, the bulk of these reports are also available for liability coverages unless otherwise stated within the report title itself.



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WORKER'S COMPENSATION FINANCIAL REPORTS



Check registers and banking reports.



CCMSI®

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WC FINANCIAL REPORTS: ALLOCATION REPORT

Shows one line claim information and allocation amounts.



ICE Demo Client

Allocation Report

Claim Date From: 1/1/1900 12:00:00 AM To: 3/10/2020 11:59:59 PM

Claim Number	Claimant Name	Date of Loss	Input Date	Status	Coverage	Cap Amount Dollar Amt.	Cap Amount Months	Total Allocation through prior Mo.	Total Allocation through current Mo.	Current Allocation Amount
Fiscal/Fund Year - January 2013 - December 2013										
05ICEC161407	Claimant, Ind 1	11/19/2013	11/19/2013	Open	WC	N/A	N/A	\$17,296.77	\$17,296.77	\$0.00
05ICEC161497	Claimant, Ind 2	1/21/2013	1/21/2013	Open	WC	N/A	N/A	\$327,485.72	\$327,485.72	\$0.00
05ICEC052813	Claimant, Ind 2	1/21/2013	1/21/2013	Open	WC	N/A	N/A	\$327,485.72	\$327,485.72	\$0.00
05ICEC052793	Claimant, Ind 1	11/19/2013	11/19/2013	Open	WC	N/A	N/A	\$17,296.77	\$17,296.77	\$0.00
Total Allocation for Fiscal Year/Fund Year - January 2013 - December 2013:								\$689,564.98	\$689,564.98	\$0.00
Fiscal/Fund Year - January 2014 - December 2014										
06ICEC053078	Claimant, Ind 7	7/2/2014	7/2/2014	Open	WC	N/A	N/A	\$185,643.96	\$185,643.96	\$0.00
06ICEC161448	Claimant, Ind 6	11/28/2014	11/28/2014	Open	WC	N/A	N/A	\$168,964.82	\$168,964.82	\$0.00
06ICEC052877	Claimant, Ind 6	11/28/2014	11/28/2014	Open	WC	N/A	N/A	\$168,964.82	\$168,964.82	\$0.00
06ICEC161449	Claimant, Ind 7	7/2/2014	7/2/2014	Open	WC	N/A	N/A	\$185,643.96	\$185,643.96	\$0.00
07ICEC053118	Claimant, Ind 12	12/28/2014	12/28/2014	Open	WC	N/A	N/A	\$193,424.21	\$193,424.21	\$0.00
07ICEC161483	Claimant, Ind 12	12/28/2014	12/28/2014	Open	WC	N/A	N/A	\$193,424.21	\$193,424.21	\$0.00
Total Allocation for Fiscal Year/Fund Year - January 2014 - December 2014:								\$1,096,065.98	\$1,096,065.98	\$0.00
Fiscal/Fund Year - January 2016 - December 2016										
08ICEC053164	Claimant, Ind 17	2/10/2016	2/10/2016	Open	WC	N/A	N/A	\$167,570.25	\$167,570.25	\$0.00
08ICEC161415	Claimant, Ind 17	2/10/2016	2/10/2016	Open	WC	N/A	N/A	\$167,570.25	\$167,570.25	\$0.00
08ICEC053154	Claimant, Ind 16	11/28/2016	11/28/2016	Open	WC	N/A	N/A	\$7,106.46	\$7,106.46	\$0.00
08ICEC161414	Claimant, Ind 16	11/28/2016	11/28/2016	Open	WC	N/A	N/A	\$7,106.46	\$7,106.46	\$0.00
Total Allocation for Fiscal Year/Fund Year - January 2016 - December 2016:								\$349,353.42	\$349,353.42	\$0.00
Fiscal/Fund Year - January 2017 - December 2017										
09ICEC161422	Claimant, Ind 23	10/4/2017	10/4/2017	Open	WC	N/A	N/A	\$87,207.23	\$87,207.23	\$0.00
09ICEC161420	Claimant, Ind 21	8/17/2017	8/17/2017	Open	WC	N/A	N/A	\$29,207.09	\$29,207.09	\$0.00
09ICEC161421	Claimant, Ind 22	11/21/2017	11/21/2017	Open	WC	N/A	N/A	\$133,995.56	\$133,995.56	\$0.00
09ICEC053215	Claimant, Ind 23	10/4/2017	10/4/2017	Open	WC	N/A	N/A	\$87,207.23	\$87,207.23	\$0.00
09ICEC050789	Claimant MO, 1	8/24/2017	8/24/2017	Open	WC	N/A	N/A	\$262.45	\$262.45	\$0.00

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WC FINANCIAL REPORTS: BANK BALANCE REPORT

Check register with balances.



Bank Balance Report

Claim Date From: 2/1/2020 12:00:00 AM To: 2/29/2020 11:59:59 PM

Check #	Payee Name	Tran Date	Type	Check Amt.	Tran. Amt.
			Initial Balance:		\$13,985.00
	Bank Account # 4444444444		Account # 4444444444		
	CCMSI BANKING, LTD.	2/5/2020	Deposit	\$0.00	\$1,015.00
	CCMSI BANKING, LTD.	2/12/2020	Deposit	\$0.00	\$32,553.71
	CCMSI BANKING, LTD.	2/26/2020	Deposit	\$0.00	\$38,211.47
	CCMSI BANKING, LTD.	2/27/2020	Deposit	\$0.00	\$39,550.67
167801060	CCMSI BANKING, LTD.	2/21/2020	Correction	\$0.00	\$282.76
167801266	CCMSI BANKING, LTD.	2/3/2020	Check	\$2,954.76	\$0.00
167801267	CCMSI BANKING, LTD.	2/4/2020	Check	\$1,273.29	\$0.00
167801268	CCMSI BANKING, LTD.	2/4/2020	Check	\$115.00	\$0.00
167801269	CCMSI BANKING, LTD.	2/4/2020	Check	\$39.00	\$0.00
167801270	CCMSI BANKING, LTD.	2/4/2020	Check	\$1,177.19	\$0.00
167801271	CCMSI BANKING, LTD.	2/5/2020	Check	\$2,387.25	\$0.00
167801272	CCMSI BANKING, LTD.	2/5/2020	Check	\$570.07	\$0.00
167801273	CCMSI BANKING, LTD.	2/5/2020	Check	\$3,843.04	\$0.00
167801274	CCMSI BANKING, LTD.	2/6/2020	Check	\$4,426.03	\$0.00
167801275	CCMSI BANKING, LTD.	2/6/2020	Check	\$4,001.60	\$0.00
167801276	CCMSI BANKING, LTD.	2/6/2020	Check	\$650.80	\$0.00
167801277	CCMSI BANKING, LTD.	2/6/2020	Check	\$175.00	\$0.00
167801278	CCMSI BANKING, LTD.	2/6/2020	Check	\$50.00	\$0.00
167801279	CCMSI BANKING, LTD.	2/6/2020	Check	\$4,030.00	\$0.00
167801280	CCMSI BANKING, LTD.	2/6/2020	Check	\$1,633.50	\$0.00

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WC FINANCIAL REPORTS: CHECK REGISTER

Shows check information only, no transaction detail.



Check Register

Check Date From: 2/1/2020 12:00:00 AM To: 2/29/2020 11:59:59 PM

Check #	Payee Name	Check Printed Date	Check Total
Bank Account: [REDACTED]		Account # Ending with [REDACTED]	
[REDACTED]	[REDACTED]	2/5/2020	(\$54.51)
[REDACTED]	[REDACTED]	2/5/2020	(\$187.19)
[REDACTED]	[REDACTED]	2/5/2020	(\$22.04)
[REDACTED]	[REDACTED]	2/5/2020	(\$187.19)
[REDACTED]	[REDACTED]	2/5/2020	(\$54.51)
[REDACTED]	[REDACTED]	2/11/2020	(\$40.28)
[REDACTED]	[REDACTED]	2/11/2020	(\$100.70)
[REDACTED]	[REDACTED]	2/11/2020	(\$141.00)
[REDACTED]	[REDACTED]	2/6/2020	(\$141.00)
[REDACTED]	[REDACTED]	2/3/2020	\$491.85
[REDACTED]	[REDACTED]	2/3/2020	\$971.00
[REDACTED]	[REDACTED]	2/3/2020	\$180.64
[REDACTED]	[REDACTED]	2/3/2020	\$142.07
[REDACTED]	[REDACTED]	2/3/2020	\$363.13
[REDACTED]	[REDACTED]	2/3/2020	\$169.90
[REDACTED]	[REDACTED]	2/3/2020	\$141.79
[REDACTED]	[REDACTED]	2/3/2020	\$141.79
[REDACTED]	[REDACTED]	2/3/2020	\$179.08
[REDACTED]	[REDACTED]	2/3/2020	\$179.08
[REDACTED]	[REDACTED]	2/3/2020	\$291.66
[REDACTED]	[REDACTED]	2/3/2020	\$177.25
[REDACTED]	[REDACTED]	2/3/2020	\$269.22
[REDACTED]	[REDACTED]	2/3/2020	\$242.55
[REDACTED]	[REDACTED]	2/3/2020	\$192.59
[REDACTED]	[REDACTED]	2/3/2020	\$50.09
[REDACTED]	[REDACTED]	2/3/2020	\$150.66
[REDACTED]	[REDACTED]	2/3/2020	\$177.25
[REDACTED]	[REDACTED]	2/3/2020	\$319.99
[REDACTED]	[REDACTED]	2/3/2020	\$108.77
[REDACTED]	[REDACTED]	2/3/2020	\$19.62
[REDACTED]	[REDACTED]	2/3/2020	\$44.93

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Proactive Risk Management and Claims Administration Solutions

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WC FINANCIAL REPORTS: PAYMENT ANALYSIS REPORT

Shows basic information at a transaction and/or provider level.



ICE Demo Client Payment Analysis Report

Claim Date From: 2/1/2020 12:00:00 AM To: 2/29/2020 11:59:59 PM

Check #	Date Printed	Claim #	Claimant Name	Date of Loss	Claim Total	Trans Amount
		Payment Class	Pay Subclass	Provider/Payee Name	Date of Service	
BUSINESS UNIT 1 1700						
		05ICEC052813	Claimant, Ind 2	1/21/2013	\$571.42	
101013094	2/1/2020	IND.TTD	TTD	ICE DEMONSTRATION PAYEE	1/28/2020	\$239.21
101013570	2/6/2020	IND.TTD	TTD	ICE DEMONSTRATION PAYEE	2/1/2020	\$93.00
101013928	2/8/2020	IND.TTD	TTD	ICE DEMONSTRATION PAYEE	2/6/2020	\$239.21
		05ICEC161497	Claimant, Ind 2	1/21/2013	\$571.42	
101013094	2/1/2020	IND.TTD	TTD	ICE DEMONSTRATION PAYEE	1/28/2020	\$239.21
101013570	2/6/2020	IND.TTD	TTD	ICE DEMONSTRATION PAYEE	2/1/2020	\$93.00
101013928	2/8/2020	IND.TTD	TTD	ICE DEMONSTRATION PAYEE	2/6/2020	\$239.21
		06ICEC052877	Claimant, Ind 6	11/28/2014	\$3,902.21	
101013069	2/1/2020	IND.TTD	TTD	ICE DEMONSTRATION PAYEE	1/24/2020	\$482.28
101013385	2/5/2020	EXPENSE	MED CASE MNGMNT	ICE DEMONSTRATION PAYEE	1/23/2020	\$1,625.00
101013385	2/5/2020	EXPENSE	MED CASE MNGMNT	ICE DEMONSTRATION PAYEE	1/23/2020	\$62.50
101013385	2/5/2020	EXPENSE	MED CASE MNGMNT	ICE DEMONSTRATION PAYEE	1/23/2020	\$187.50
101013415	2/5/2020	EXPENSE	MED BILL REVIEW	ICE DEMONSTRATION PAYEE	1/24/2020	\$9.58
101013482	2/5/2020	MEDICAL	PRESCRIPTIONS	ICE DEMONSTRATION PAYEE	1/13/2020	\$20.78
101013482	2/5/2020	MEDICAL	MISC MEDICAL	ICE DEMONSTRATION PAYEE	1/13/2020	\$5.39
101013482	2/5/2020	MEDICAL	PRESCRIPTIONS	ICE DEMONSTRATION PAYEE	1/13/2020	\$85.69
101013482	2/5/2020	MEDICAL	PRESCRIPTIONS	ICE DEMONSTRATION PAYEE	1/13/2020	\$257.19
101013482	2/5/2020	MEDICAL	MISC MEDICAL	ICE DEMONSTRATION PAYEE	1/13/2020	\$5.39
101013482	2/5/2020	MEDICAL	MISC MEDICAL	ICE DEMONSTRATION PAYEE	1/13/2020	\$5.39
101013560	2/6/2020	IND.TTD	TTD	ICE DEMONSTRATION PAYEE	2/2/2020	\$482.28
101014059	2/9/2020	EXPENSE	MED BILL REVIEW	ICE DEMONSTRATION PAYEE	1/28/2020	\$69.94
101014059	2/9/2020	EXPENSE	MED BILL REVIEW	ICE DEMONSTRATION PAYEE	2/5/2020	\$7.78
101014166	2/9/2020	MEDICAL	DIAGNOSTIC TEST	ICE DEMONSTRATION PAYEE	1/1/2020	\$141.46

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WC FINANCIAL REPORTS: TRANSACTION REGISTER

Shows individual transaction detail for each check.



ICE Demo Client

Transaction Register

Transaction Date From: 2/1/2020 12:00:00 AM To: 2/29/2020 11:59:59 PM

Check #	Claimant	Claim Number	Claim Type	Member Name	Date of Loss	Issue Date	Transaction Type	Comments	Trans Amount
Bank Account: ICE Demo Bank								Account # Ending with -001	
101013014	Claimant, Ind 36	11ICEC053617	Indemnity	BUSINESS UNIT 1 1700	6/8/2019	2/1/2020	EXPENSE WC	EC885E7157934 DOS 01/30/12 - 02/08/12	\$8.50
101013014	Claimant, Ind 36	11ICEC053617	Indemnity	BUSINESS UNIT 1 1700	6/8/2019	2/1/2020	EXPENSE WC	EC885E7157934 DOS 01/30/12 - 02/08/12	\$8.50
101013014	Claimant, Ind 36	11ICEC053617	Indemnity	BUSINESS UNIT 1 1700	6/8/2019	2/1/2020	EXPENSE WC	EC885E7157934 DOS 01/30/12 - 02/08/12	\$8.50
101013014	Claimant, Ind 36	11ICEC053617	Indemnity	BUSINESS UNIT 1 1700	6/8/2019	2/1/2020	EXPENSE WC	EC885E7157934 DOS 01/30/12 - 02/08/12	\$8.50
101013014	Claimant, Ind 36	11ICEC053617	Indemnity	BUSINESS UNIT 1 1700	6/8/2019	2/1/2020	EXPENSE WC	EC885E7157934 DOS 01/30/12 - 02/08/12	\$25.50
101013014	Claimant, Ind 36	11ICEC053617	Indemnity	BUSINESS UNIT 1 1700	6/8/2019	2/1/2020	EXPENSE WC	EC885E7157934 DOS 01/30/12 - 02/08/12	\$25.50
101013014	Claimant, Ind 36	11ICEC053617	Indemnity	BUSINESS UNIT 1 1700	6/8/2019	2/1/2020	EXPENSE WC	EC885E7157934 DOS 01/30/12 - 02/08/12	\$33.30
101013014	Claimant, Ind 36	11ICEC053617	Indemnity	BUSINESS UNIT 1 1700	6/8/2019	2/1/2020	EXPENSE WC	EC885E7157934 DOS 01/30/12 - 02/08/12	\$42.50
101013014	Claimant, Ind 36	11ICEC053617	Indemnity	BUSINESS UNIT 1 1700	6/8/2019	2/1/2020	EXPENSE WC	EC885E7157934 DOS 01/30/12 - 02/08/12	\$42.50
101013014	Claimant, Ind 36	11ICEC053617	Indemnity	BUSINESS UNIT 1 1700	6/8/2019	2/1/2020	EXPENSE WC	EC885E7157934 DOS 01/30/12 - 02/08/12	\$112.50
101013014	Claimant, Ind 36	11ICEC161436	Indemnity	BUSINESS UNIT 1 1700	6/8/2019	2/1/2020	EXPENSE WC	EC885E7157934 DOS 01/30/12 - 02/08/12	\$8.50
101013014	Claimant, Ind 36	11ICEC161436	Indemnity	BUSINESS UNIT 1 1700	6/8/2019	2/1/2020	EXPENSE WC	EC885E7157934 DOS 01/30/12 - 02/08/12	\$8.50
101013014	Claimant, Ind 36	11ICEC161436	Indemnity	BUSINESS UNIT 1 1700	6/8/2019	2/1/2020	EXPENSE WC	EC885E7157934 DOS 01/30/12 - 02/08/12	\$8.50
101013014	Claimant, Ind 36	11ICEC161436	Indemnity	BUSINESS UNIT 1 1700	6/8/2019	2/1/2020	EXPENSE WC	EC885E7157934 DOS 01/30/12 - 02/08/12	\$25.50
101013014	Claimant, Ind 36	11ICEC161436	Indemnity	BUSINESS UNIT 1 1700	6/8/2019	2/1/2020	EXPENSE WC	EC885E7157934 DOS 01/30/12 - 02/08/12	\$25.50
101013014	Claimant, Ind 36	11ICEC161436	Indemnity	BUSINESS UNIT 1 1700	6/8/2019	2/1/2020	EXPENSE WC	EC885E7157934 DOS 01/30/12 - 02/08/12	\$33.30
101013014	Claimant, Ind 36	11ICEC161436	Indemnity	BUSINESS UNIT 1 1700	6/8/2019	2/1/2020	EXPENSE WC	EC885E7157934 DOS 01/30/12 - 02/08/12	\$42.50
101013014	Claimant, Ind 36	11ICEC161436	Indemnity	BUSINESS UNIT 1 1700	6/8/2019	2/1/2020	EXPENSE WC	EC885E7157934 DOS 01/30/12 - 02/08/12	\$42.50
101013014	Claimant, Ind 36	11ICEC161436	Indemnity	BUSINESS UNIT 1 1700	6/8/2019	2/1/2020	EXPENSE WC	EC885E7157934 DOS 01/30/12 - 02/08/12	\$112.50
101013014	Claimant, Ind 36	11ICEC162687	Indemnity	BUSINESS UNIT 2	6/8/2019	2/1/2020	EXPENSE WC	EC885E7157934 DOS 01/30/12 - 02/08/12	\$8.50
101013014	Claimant, Ind 36	11ICEC162687	Indemnity	BUSINESS UNIT 2	6/8/2019	2/1/2020	EXPENSE WC	EC885E7157934 DOS 01/30/12 - 02/08/12	\$8.50

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WORKER'S COMPENSATION CLAIM REPORTS



Loss run and claim reports.



CCMSI

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WC CLAIM REPORTS: CLAIM LAG

Shows lag days from date of loss to employer and CCMSI.



ICE Demo Client

Claim Lag

Claim Date From: 1/1/1900 12:00:00 AM To: 3/10/2020 11:59:59 PM

Claim Number	Claimant	Coverage	Date of loss	Claimant Report Date	Claimant Report Lag (Days)	Claim Submitted Date	Claim Submitted Lag (Days)	Total Lag (Days)	Total Incurred
WC									
05ICEC052793	Claimant, Ind 1	WC	10/19/2013	10/19/2013	0		0	0	\$132,960.07
05ICEC052813	Claimant, Ind 2	WC	12/21/2012	12/22/2012	1		0	1	\$681,371.29
05ICEC052832	Claimant, Ind 3	WC	10/26/2013	10/26/2013	0		0	0	\$46,462.41
05ICEC052849	Claimant, Ind 4	WC	10/23/2013	10/28/2013	5		0	5	\$65,696.83
05ICEC052862	Claimant, Ind 5	WC	9/4/2013	09/04/2013	0		0	0	\$216,153.17
05ICEC161407	Claimant, Ind 1	WC	10/19/2013	10/19/2013	0		0	0	\$113,191.07
05ICEC161429	Claimant, Ind 3	WC	10/26/2013	10/26/2013	0		0	0	\$46,462.41
05ICEC161447	Claimant, Ind 5	WC	9/4/2013	09/04/2013	0		0	0	\$216,153.17
05ICEC161497	Claimant, Ind 2	WC	12/21/2012	12/22/2012	1		0	1	\$676,370.29
05ICEC161519	Claimant, Ind 4	WC	10/23/2013	10/28/2013	5		0	5	\$65,696.83
05ICEC162770	Claimant, Ind 1	WC	10/19/2013	10/19/2013	0		0	0	\$131,783.06
05ICEC162780	Claimant, Ind 2	WC	12/21/2012	12/22/2012	1		0	1	\$676,370.29
05ICEC162791	Claimant, Ind 3	WC	10/26/2013	10/26/2013	0		0	0	\$46,462.41
05ICEC162798	Claimant, Ind 4	WC	10/23/2013	10/28/2013	5		0	5	\$65,696.83
05ICEC162804	Claimant, Ind 5	WC	9/4/2013	09/04/2013	0		0	0	\$216,153.17
05ICEC163036	Claimant, Ind 1	WC	10/19/2013	10/19/2013	0		0	0	\$17,296.77
05ICEC163046	Claimant, Ind 2	WC	12/21/2012	12/22/2012	1		0	1	\$676,370.29
05ICEC163057	Claimant, Ind 3	WC	10/26/2013	10/26/2013	0		0	0	\$46,462.41
05ICEC163064	Claimant, Ind 4	WC	10/23/2013	10/28/2013	5		0	5	\$65,696.83
05ICEC163070	Claimant, Ind 5	WC	9/4/2013	09/04/2013	0		0	0	\$216,153.17
05ICEC163399	Claimant, Ind 1	WC	10/19/2013	10/19/2013	0		0	0	\$122,295.07
05ICEC163409	Claimant, Ind 2	WC	12/21/2012	12/22/2012	1		0	1	\$676,370.29
05ICEC163420	Claimant, Ind 3	WC	10/26/2013	10/26/2013	0		0	0	\$46,462.41
05ICEC163427	Claimant, Ind 4	WC	10/23/2013	10/28/2013	5		0	5	\$65,696.83
05ICEC163433	Claimant, Ind 5	WC	9/4/2013	09/04/2013	0		0	0	\$216,153.17
05ICEC163968	Claimant, Ind 1	WC	10/19/2013	10/19/2013	0		0	0	\$111,182.07
05ICEC163978	Claimant, Ind 2	WC	12/21/2012	12/22/2012	1		0	1	\$676,370.29
05ICEC163989	Claimant, Ind 3	WC	10/26/2013	10/26/2013	0		0	0	\$46,462.41
05ICEC163996	Claimant, Ind 4	WC	10/23/2013	10/28/2013	5		0	5	\$65,696.83
05ICEC164002	Claimant, Ind 5	WC	9/4/2013	09/04/2013	0		0	0	\$216,153.17
05ICEC164275	Claimant, Ind 1	WC	10/19/2013	10/19/2013	0		0	0	\$112,182.07

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Proactive Risk Management and Claims Administration Solutions

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WC CLAIM REPORTS: CLAIM STATUS REPORT

Get claim information, financial data.



ICE Demo Client Claim Status Report

Claim Date From: 1/1/1900 12:00:00 AM To: 3/10/2020 11:59:59 PM

Calendar Year of Loss - 2012

Claim/Claimant	Claim Entry Date	Client Report Date	Date of Loss	Legal	Financial Data						
09ICE0052813 Claimant, Ind 2 CALIFORNIA OPERATIONS CRA: High	12/21/2012	12/22/2012	12/21/2012	Yes	Class	Total Paid	Outstanding Reserves	Third Party Recovery	Total Incurred	Total Reimbursement	Net Incurred
					EXPENSE	\$13,904.39	\$8,061.90		\$22,566.29		
					IND COMPROMISE	\$0.00	\$280,000.00		\$280,000.00		
					IND TTD	\$101,231.94	\$18,603.76		\$119,835.70		
					LEGAL	\$32,237.75	\$6,980.69		\$39,218.44		
					MEDICAL	\$160,013.76	\$27,737.10		\$187,750.86		
					VOC REHAB	\$20,097.88	\$11,902.12		\$32,000.00		
					Totals:	\$327,485.72	\$353,885.57	\$0.00	\$681,371.29	\$181.86	\$681,189.43



ICE Demo Client Claim Status Report

Claim Date From: 1/1/1900 12:00:00 AM To: 3/10/2020 11:59:59 PM

Calendar Year of Loss - 2012

Summary: COVERAGE:

Carrier: Self-Funded
Policy No: WC2005
Policy period: 1/1/2005 - 12/31/2005
Deductible:
Reportable at:

COMPENSABILITY DETERMINATION: The original 2-5-05 incident was accepted as compensable. Injured worker sustained an aggravation on 1-18-06. Claim accepted for left knee injury.

CLAIMANT INFO: DOB: 1-11-70
Occupation: Residential Driver (terminated on 11-1-2008)

ACCIDENT DESCRIPTION: While he was on the back of a sanitation truck which had oil on it. The truck went around a cul-de-sac and injured worker slipped off the back of the truck and landed flat-footed on his left leg. Felt pop in his left knee.

WORK STATUS: Not working

MEDICAL STATUS: Tear of the posterior horn of the medial meniscus, left knee.

He underwent multiple arthroscopic procedures:

- 1.) Repair on the medical meniscus on 3-28-05
- 2.) ACL repair on 6-21-06
- 3.) ACL reconstruction on 12/06
- 4.) Arthroscopic reconstruction of the medical femoral condyle, partial revision partial meniscectomy and chondroplasty of the patella surface on 4-08
- 5.) Debridement and chondroplasty on 10-08
- 6.) ACL reconstruction on 3/09

Was discharged from care effective 4-9-10.

Treatment for injured workers right knee and low back - denied based on IME.

SUBROGATION/RECOVERY: No subrogation.

LEGAL: Injured worker is represented by Atty: John Doe - 999-999-9999
Attorney Jane Doe - is representing our client's interest Tel: 777-777-7777

Legal update: This matter appeared on the status call of Arbitrator on October 11, 2011. At that time, the matter was continued. The next status call is scheduled for December 12, 2011. This case for all practical purposes, settled. We have an MSA but are awaiting a final release from the petitioner's treating doctor indicating that the petitioner requires no additional significant care. Once we have that we should be able to close this matter on settlement contracts.

PERM. DISABILITY/IMPAIRMENT: Settled for 230,000.00 plus MSA of \$8,775.80

ACTION PLAN:

- 1.) Follow up with legal counsel - obtain status of settlement documents
- 2.) Proceed to issue settlement check as soon as settlement contracts are approved by the commission.
- 3.) Anticipated closure - Jan 2012



WC CLAIM REPORTS: COMPARISON

Shows claim count and financial comparison between the current year and prior year.



ICE Demo Client Comparison

Agency	5 Years Back Comparison						Yearly Comparison					
	1/1/2014 - 12/31/2014		1/1/2015 - 12/31/2015		Claims Variance	Total Incurred Variance	1/1/2014 - 12/31/2014		1/1/2015 - 12/31/2015		Claims Variance	Total Incurred Variance
	Claims	Total Incurred	Claims	Total Incurred			Total Claims	Total Incurred	Est. Tot. Claims	Est. Tot. Incurred		
BUSINESS UNIT 1 1700	54	\$1,666,773.70	32	\$1,577,003.28	-22	(\$89,770.42)	54	\$1,666,773.70	32	\$1,577,003.28	-22	(\$89,770.42)
BUSINESS UNIT 2	81	\$2,500,160.55	48	\$2,365,504.92	-33	(\$134,655.63)	81	\$2,500,160.55	48	\$2,365,504.92	-33	(\$134,655.63)
BUSINESS UNIT 3	108	\$3,333,547.40	64	\$3,154,006.56	-44	(\$179,540.84)	108	\$3,333,547.40	64	\$3,154,006.56	-44	(\$179,540.84)
BUSINESS UNIT 4	135	\$4,166,934.25	80	\$3,942,508.20	-55	(\$224,426.05)	135	\$4,166,934.25	80	\$3,942,508.20	-55	(\$224,426.05)



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WC CLAIM REPORTS: LOSS RATIO WITH LOSS SUMMARY

Shows loss ratio information and individual claim detail (CCMSI underwritten programs only.)



ICE Demo Client Loss Ratio with Loss Summary

Claim Date From: 1/1/1900 12:00:00 AM To: 3/10/2020 11:59:59 PM

Member #	Member Name	Open Claims	Closed Claims	Total Claims	Total Paid	Outstanding Reserves	Total Recovery	Total Incurred	Total Reimbursement	Net Incurred	Earned Premium	Premium Loss Ratio	Payroll Type
Fiscal/Fund Year: 1/1/2005 - 12/31/2005													
ICE0001	BUSINESS UNIT 1 1700	0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		Audited
ICE0002	BUSINESS UNIT 2	0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		Audited
ICE0003	BUSINESS UNIT 3	0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		Audited
ICE0004	BUSINESS UNIT 4	0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		Audited
Fiscal/Fund Year: 1/1/2006 - 12/31/2006													
Totals: # of Policy Holders: 4		0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Fiscal/Fund Year: 1/1/2007 - 12/31/2007													
ICE0001	BUSINESS UNIT 1 1700	0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		Audited
ICE0002	BUSINESS UNIT 2	0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		Audited
ICE0003	BUSINESS UNIT 3	0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		Audited
ICE0004	BUSINESS UNIT 4	0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		Audited
Fiscal/Fund Year: 1/1/2008 - 12/31/2008													
Totals: # of Policy Holders: 4		0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		

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WC CLAIM REPORTS: LOSS RUN DETAIL EXPANDED

Shows expanded individual claim detail for selected dates.



ICE Demo Client Loss Run Detail Expanded

Claim Date From: 1/1/1900 12:00:00 AM To: 3/10/2020 11:59:59 PM

Calendar Year: 1/1/2013 - 12/31/2013

Line:	WC	Claim Type:	Ind
Claimant:	Claimant, Ind 1	Date of Birth	2/21/1970
SSN:	***-**-6452	Sex:	M
Claim No.:	05ICEC052793	Status:	Open
Policy No.:	WC2013	Accident/Jurisdiction St.	CA/CA
NCCI Loss Code:	112 SPRAIN/STRAIN	Settlement:	00
NCCI Body Part Code:	422 BACK, LUMBAR	Fraudulent:	00
NCCI Cause Code:	26 FROM LADDER OR SCAFFOLDING		
Accident Desc.:	Employee fell from ladder on side of truck		
Job Class:	9403 GARBAGE COLLECTION AND DRIVERS		

Class	Paid	Out. Reserves	Incurred
IND.TTD	\$72.05	\$0.02	\$72.07
IND.SEB	\$0.00	\$0.00	\$0.00
EXPENSE	\$1,650.15	\$34,627.85	\$36,278.00
IND.PPD	\$5,000.00	\$16,610.00	\$21,610.00
MEDICAL	\$10,574.57	\$64,425.43	\$75,000.00
Totals:	\$17,296.77	\$115,663.30	\$132,960.07

Line:	WC	Claim Type:	Ind
Claimant:	Claimant, Ind 3	Date of Birth	2/28/1972
SSN:	***-**-3591	Sex:	F
Claim No.:	05ICEC052832	Status:	Closed
Policy No.:	WC2013	Accident/Jurisdiction St.	CA/CA
NCCI Loss Code:	21 FRACTURE	Settlement:	00
NCCI Body Part Code:	522 ANKLE RIGHT	Fraudulent:	00
NCCI Cause Code:	420 FALL SAME LEVEL		
Accident Desc.:	Pushing cart, lost balance, fell & broke rt ankle		
Job Class:	8810 CLERICAL OFFICE EMPLOYEES NOC		

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WC CLAIM REPORTS: LOSS RUN DETAIL MULTI-VALUATION PERIODS REPORT

Shows expanded individual claim detail for selected valuation periods.

Claimant Name	Date Of Loss	Claim Number	Policy Year	Claim Type	State Of Jurisdiction	Agency	Status	Total Paid	Reserves	Recoveries	Total Incurred
Claimant MO, 1	8/24/2017	09ICEC163437	January 2017 - January 2017	Medical	LA	BUSINESS UNIT 2	Open	\$262.45	\$1,400.00	\$0.00	\$1,662.45
Claimant MO, 1	8/24/2017	09ICEC050789	January 2017 - January 2017	Medical	CA	BUSINESS UNIT 1 1700	Open	\$262.45	\$1,400.00	\$0.00	\$1,662.45
Claimant MO, 1	8/24/2017	09ICEC164006	January 2017 - January 2017	Medical	FL	BUSINESS UNIT 3	Open	\$262.45	\$1,400.00	\$0.00	\$1,662.45
Claimant MO, 1	8/24/2017	09ICEC165564	January 2017 - January 2017	Medical	TN	BUSINESS UNIT 4	Open	\$262.45	\$1,400.00	\$0.00	\$1,662.45
Claimant MO, 1	8/24/2017	09ICEC161506	January 2017 - January 2017	Medical	NV	BUSINESS UNIT 1 1700	Open	\$262.45	\$1,400.00	\$0.00	\$1,662.45
Claimant MO, 1	8/24/2017	09ICEC164313	January 2017 - January 2017	Medical	NJ	BUSINESS UNIT 3	Open	\$262.45	\$1,400.00	\$0.00	\$1,662.45
Claimant MO, 1	8/24/2017	09ICEC164630	January 2017 - January 2017	Medical	ME	BUSINESS UNIT 3	Open	\$262.45	\$1,400.00	\$0.00	\$1,662.45
Claimant MO, 1	8/24/2017	09ICEC165819	January 2017 - January 2017	Medical	MN	BUSINESS UNIT 4	Open	\$262.45	\$1,400.00	\$0.00	\$1,662.45
Claimant MO, 1	8/24/2017	09ICEC162808	January 2017 - January 2017	Medical	AL	BUSINESS UNIT 2	Open	\$262.45	\$1,400.00	\$0.00	\$1,662.45
Claimant MO, 1	8/24/2017	09ICEC163074	January 2017 - January 2017	Medical	MS	BUSINESS UNIT 2	Open	\$262.45	\$1,400.00	\$0.00	\$1,662.45
Claimant MO, 1	8/24/2017	09ICEC165031	January 2017 - January 2017	Medical	SC	BUSINESS UNIT 3	Open	\$262.45	\$1,400.00	\$0.00	\$1,662.45
Claimant MO, 1	8/24/2017	09ICEC166069	January 2017 - January 2017	Medical	IN	BUSINESS UNIT 4	Open	\$262.45	\$1,400.00	\$0.00	\$1,662.45
Claimant MO, 1	8/24/2017	09ICEC165292	January 2017 - January 2017	Medical	IL	BUSINESS UNIT 4	Open	\$262.45	\$1,400.00	\$0.00	\$1,662.45
Claimant MO, 1	8/24/2017	09ICEC166319	January 2017 - January 2017	Medical	TX	BUSINESS UNIT 4	Open	\$262.45	\$1,400.00	\$0.00	\$1,662.45
Claimant MO, 10	6/7/2017	09ICEC163438	January 2017 - January 2017	Medical	LA	BUSINESS UNIT 2	Closed	\$669.22	\$0.00	\$0.00	\$669.22
Claimant MO, 10	6/7/2017	09ICEC051247	January 2017 - January 2017	Medical	CA	BUSINESS UNIT 1 1700	Closed	\$669.22	\$0.00	\$0.00	\$669.22
Claimant MO, 10	6/7/2017	09ICEC164007	January 2017 - January 2017	Medical	FL	BUSINESS UNIT 3	Closed	\$669.22	\$0.00	\$0.00	\$669.22
Claimant MO, 10	6/7/2017	09ICEC161453	January 2017 - January 2017	Medical	NV	BUSINESS UNIT 1 1700	Closed	\$669.22	\$0.00	\$0.00	\$669.22
Claimant MO, 10	6/7/2017	09ICEC165565	January 2017 - January 2017	Medical	TN	BUSINESS UNIT 4	Closed	\$669.22	\$0.00	\$0.00	\$669.22
Claimant MO, 10	6/7/2017	09ICEC164314	January 2017 - January 2017	Medical	NJ	BUSINESS UNIT 3	Closed	\$669.22	\$0.00	\$0.00	\$669.22
Claimant MO, 10	6/7/2017	09ICEC164631	January 2017 - January 2017	Medical	ME	BUSINESS UNIT 3	Closed	\$669.22	\$0.00	\$0.00	\$669.22
Claimant MO, 10	6/7/2017	09ICEC165820	January 2017 - January 2017	Medical	MN	BUSINESS UNIT 4	Closed	\$669.22	\$0.00	\$0.00	\$669.22
Claimant MO, 10	6/7/2017	09ICEC162809	January 2017 - January 2017	Medical	AL	BUSINESS UNIT 2	Closed	\$669.22	\$0.00	\$0.00	\$669.22
Claimant MO, 10	6/7/2017	09ICEC163075	January 2017 - January 2017	Medical	MS	BUSINESS UNIT 2	Closed	\$669.22	\$0.00	\$0.00	\$669.22
Claimant MO, 10	6/7/2017	09ICEC165032	January 2017 - January 2017	Medical	SC	BUSINESS UNIT 3	Closed	\$669.22	\$0.00	\$0.00	\$669.22
Claimant MO, 10	6/7/2017	09ICEC166070	January 2017 - January 2017	Medical	IN	BUSINESS UNIT 4	Closed	\$669.22	\$0.00	\$0.00	\$669.22
Claimant MO, 10	6/7/2017	09ICEC165293	January 2017 - January 2017	Medical	IL	BUSINESS UNIT 4	Closed	\$669.22	\$0.00	\$0.00	\$669.22
Claimant MO, 10	6/7/2017	09ICEC166320	January 2017 - January 2017	Medical	TX	BUSINESS UNIT 4	Closed	\$669.22	\$0.00	\$0.00	\$669.22
Claimant MO, 11	7/6/2017	09ICEC163891	January 2017 - January 2017	Medical	FL	BUSINESS UNIT 3	Closed	\$189.26	\$0.00	\$0.00	\$189.26
Claimant MO, 11	7/6/2017	09ICEC165449	January 2017 - January 2017	Medical	TN	BUSINESS UNIT 4	Closed	\$189.26	\$0.00	\$0.00	\$189.26
Claimant MO, 11	7/6/2017	09ICEC051267	January 2017 - January 2017	Medical	CA	BUSINESS UNIT 1 1700	Closed	\$189.26	\$0.00	\$0.00	\$189.26
Claimant MO, 11	7/6/2017	09ICEC161454	January 2017 - January 2017	Medical	NV	BUSINESS UNIT 1 1700	Closed	\$189.26	\$0.00	\$0.00	\$189.26
Claimant MO, 11	7/6/2017	09ICEC164198	January 2017 - January 2017	Medical	NJ	BUSINESS UNIT 3	Closed	\$189.26	\$0.00	\$0.00	\$189.26
Claimant MO, 11	7/6/2017	09ICEC165704	January 2017 - January 2017	Medical	MN	BUSINESS UNIT 4	Closed	\$189.26	\$0.00	\$0.00	\$189.26
Claimant MO, 11	7/6/2017	09ICEC164515	January 2017 - January 2017	Medical	ME	BUSINESS UNIT 3	Closed	\$189.26	\$0.00	\$0.00	\$189.26
Claimant MO, 11	7/6/2017	09ICEC162693	January 2017 - January 2017	Medical	AL	BUSINESS UNIT 2	Closed	\$189.26	\$0.00	\$0.00	\$189.26
Claimant MO, 11	7/6/2017	09ICEC162959	January 2017 - January 2017	Medical	MS	BUSINESS UNIT 2	Closed	\$189.26	\$0.00	\$0.00	\$189.26
Claimant MO, 11	7/6/2017	09ICEC164916	January 2017 - January 2017	Medical	SC	BUSINESS UNIT 3	Closed	\$189.26	\$0.00	\$0.00	\$189.26
Claimant MO, 11	7/6/2017	09ICEC165954	January 2017 - January 2017	Medical	IN	BUSINESS UNIT 4	Closed	\$189.26	\$0.00	\$0.00	\$189.26
Claimant MO, 11	7/6/2017	09ICEC165177	January 2017 - January 2017	Medical	IL	BUSINESS UNIT 4	Closed	\$189.26	\$0.00	\$0.00	\$189.26



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WC CLAIM REPORTS: LOSS RUN SUMMARY

Shows one line individual claim detail for selected dates.



ICE Demo Client

Loss Run Summary

Claim Date From: 1/1/1900 12:00:00 AM To: 3/10/2020 11:59:59 PM As Of Date: 2/29/2020 12:00:00 AM

Claim Number	Claimant	Covg	Claim Type	Date of Loss	Status	Date Closed	Total Paid	Outstanding Reserves	Third Party Recovery	Total Incurred	Reimbursement	Total Net Incurred	
Calendar Year of Loss - 2012													
05ICEC162780	Claimant, Ind 2	WC	Ind	12/21/2012	Open		\$327,485.72	\$348,884.57	\$0.00	\$676,370.29	\$181.86	\$676,188.43	
05ICEC163046	Claimant, Ind 2	WC	Ind	12/21/2012	Open		\$327,485.72	\$348,884.57	\$0.00	\$676,370.29	\$181.86	\$676,188.43	
05ICEC165264	Claimant, Ind 2	WC	Ind	12/21/2012	Open		\$327,485.72	\$348,884.57	\$0.00	\$676,370.29	\$181.86	\$676,188.43	
05ICEC165791	Claimant, Ind 2	WC	Ind	12/21/2012	Open		\$327,485.72	\$348,884.57	\$0.00	\$676,370.29	\$181.86	\$676,188.43	
05ICEC052813	Claimant, Ind 2	WC	Ind	12/21/2012	Open		\$327,485.72	\$353,885.57	\$0.00	\$681,371.29	\$181.86	\$681,189.43	
05ICEC164602	Claimant, Ind 2	WC	Ind	12/21/2012	Open		\$327,485.72	\$348,884.57	\$0.00	\$676,370.29	\$181.86	\$676,188.43	
05ICEC166291	Claimant, Ind 2	WC	Ind	12/21/2012	Open		\$327,485.72	\$348,884.57	\$0.00	\$676,370.29	\$181.86	\$676,188.43	
05ICEC165536	Claimant, Ind 2	WC	Ind	12/21/2012	Open		\$327,485.72	\$348,884.57	\$0.00	\$676,370.29	\$181.86	\$676,188.43	
05ICEC163978	Claimant, Ind 2	WC	Ind	12/21/2012	Open		\$327,485.72	\$348,884.57	\$0.00	\$676,370.29	\$181.86	\$676,188.43	
05ICEC165003	Claimant, Ind 2	WC	Ind	12/21/2012	Open		\$327,485.72	\$348,884.57	\$0.00	\$676,370.29	\$181.86	\$676,188.43	
05ICEC166041	Claimant, Ind 2	WC	Ind	12/21/2012	Open		\$327,485.72	\$348,884.57	\$0.00	\$676,370.29	\$181.86	\$676,188.43	
05ICEC161497	Claimant, Ind 2	WC	Ind	12/21/2012	Open		\$327,485.72	\$348,884.57	\$0.00	\$676,370.29	\$181.86	\$676,188.43	
05ICEC163409	Claimant, Ind 2	WC	Ind	12/21/2012	Open		\$327,485.72	\$348,884.57	\$0.00	\$676,370.29	\$181.86	\$676,188.43	
05ICEC164285	Claimant, Ind 2	WC	Ind	12/21/2012	Open		\$327,485.72	\$348,884.57	\$0.00	\$676,370.29	\$181.86	\$676,188.43	
Calendar Year of Loss - 2012 Totals:													
				Open Claims	Closed Claims	Total Claims	Total Occurrences	Total Paid	Outstanding Reserves	Third Party Recovery	Total Incurred	Total Reimbursement	Net Incurred
				14	0	14	14	\$4,584,800.08	\$4,889,384.98	\$0.00	\$9,474,185.06	\$2,546.04	\$9,471,639.02
Calendar Year of Loss - 2013													
05ICEC162770	Claimant, Ind 1	WC	Ind	10/19/2013	Open		\$17,296.77	\$114,486.29	\$0.00	\$131,783.06	\$0.00	\$131,783.06	
05ICEC164275	Claimant, Ind 1	WC	Ind	10/19/2013	Open		\$17,296.77	\$94,885.30	\$0.00	\$112,182.07	\$0.00	\$112,182.07	
05ICEC164592	Claimant, Ind 1	WC	Ind	10/19/2013	Open		\$17,296.77	\$94,887.30	\$0.00	\$112,184.07	\$0.00	\$112,184.07	
05ICEC165254	Claimant, Ind 1	WC	Ind	10/19/2013	Open		\$17,296.77	\$100.00	\$0.00	\$17,396.77	\$0.00	\$17,396.77	
05ICEC165781	Claimant, Ind 1	WC	Ind	10/19/2013	Open		\$17,296.77	\$84,885.30	\$0.00	\$102,182.07	\$0.00	\$102,182.07	
05ICEC052793	Claimant, Ind 1	WC	Ind	10/19/2013	Open		\$17,296.77	\$115,663.30	\$0.00	\$132,960.07	\$0.00	\$132,960.07	
05ICEC163036	Claimant, Ind 1	WC	Ind	10/19/2013	Open		\$17,296.77	\$0.00	\$0.00	\$17,296.77	\$0.00	\$17,296.77	
05ICEC166281	Claimant, Ind 1	WC	Ind	10/19/2013	Open		\$17,296.77	\$126,897.30	\$0.00	\$144,194.07	\$0.00	\$144,194.07	
05ICEC161407	Claimant, Ind 1	WC	Ind	10/19/2013	Open		\$17,296.77	\$95,894.30	\$0.00	\$113,191.07	\$0.00	\$113,191.07	
05ICEC163968	Claimant, Ind 1	WC	Ind	10/19/2013	Open		\$17,296.77	\$93,885.30	\$0.00	\$111,182.07	\$0.00	\$111,182.07	
05ICEC165526	Claimant, Ind 1	WC	Ind	10/19/2013	Open		\$17,296.77	\$84,936.30	\$0.00	\$102,233.07	\$0.00	\$102,233.07	
05ICEC164993	Claimant, Ind 1	WC	Ind	10/19/2013	Open		\$17,296.77	\$84,985.30	\$0.00	\$102,282.07	\$0.00	\$102,282.07	
05ICEC166031	Claimant, Ind 1	WC	Ind	10/19/2013	Open		\$17,296.77	\$84,885.28	\$0.00	\$102,182.05	\$0.00	\$102,182.05	
05ICEC163399	Claimant, Ind 1	WC	Ind	10/19/2013	Open		\$17,296.77	\$104,998.30	\$0.00	\$122,295.07	\$0.00	\$122,295.07	
05ICEC163420	Claimant, Ind 3	WC	Ind	10/26/2013	Closed	1/16/2020	\$46,462.41	\$0.00	\$0.00	\$46,462.41	\$0.00	\$46,462.41	
05ICEC165547	Claimant, Ind 3	WC	Ind	10/26/2013	Closed	1/16/2020	\$46,462.41	\$0.00	\$0.00	\$46,462.41	\$0.00	\$46,462.41	
05ICEC165275	Claimant, Ind 3	WC	Ind	10/26/2013	Closed	1/16/2020	\$46,462.41	\$0.00	\$0.00	\$46,462.41	\$0.00	\$46,462.41	
05ICEC162791	Claimant, Ind 3	WC	Ind	10/26/2013	Closed	1/16/2020	\$46,462.41	\$0.00	\$0.00	\$46,462.41	\$0.00	\$46,462.41	
05ICEC163057	Claimant, Ind 3	WC	Ind	10/26/2013	Closed	1/16/2020	\$46,462.41	\$0.00	\$0.00	\$46,462.41	\$0.00	\$46,462.41	
05ICEC052832	Claimant, Ind 3	WC	Ind	10/26/2013	Closed	1/16/2020	\$46,462.41	\$0.00	\$0.00	\$46,462.41	\$0.00	\$46,462.41	
05ICEC164613	Claimant, Ind 3	WC	Ind	10/26/2013	Closed	1/16/2020	\$46,462.41	\$0.00	\$0.00	\$46,462.41	\$0.00	\$46,462.41	

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Proactive Risk Management and Claims Administration Solutions

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WC CLAIM REPORTS: LOSS RUN SUMMARY BY STATE

Shows one line summary, by state, of losses with current period financial information.



ICE Demo Client Loss Run Summary by State

Claim Date From: 1/1/1900 12:00:00 AM To: 3/10/2020 11:59:59 PM

	Current Claims		Total Claims		Total	Current Period			Total			
	New	Closed	Open	Closed		Payments	Recoveries	Total Reimbursement	Outs. Reserve	Paid	Net Incurred	Recoveries
AL - Calendar Year:												
1/1/2012 - 12/31/2012	0	0	1	0	1	\$0.00	\$0.00	\$0.00	\$348,884.57	\$327,485.72	\$676,188.43	\$0.00
1/1/2013 - 12/31/2013	0	0	1	3	4	\$0.00	\$0.00	\$0.00	\$114,486.29	\$345,609.18	\$460,095.47	\$0.00
1/1/2014 - 12/31/2014	0	0	3	1	4	\$0.00	\$0.00	\$0.00	\$1,191,989.68	\$548,885.64	\$1,740,492.04	\$383.28
1/1/2016 - 12/31/2016	0	0	2	5	7	\$0.00	\$0.00	\$0.00	\$9,335.54	\$238,244.01	\$204,321.13	\$43,258.42
1/1/2017 - 12/31/2017	0	0	6	16	22	\$0.00	\$0.00	\$0.00	\$513,503.54	\$580,350.93	\$1,092,812.76	\$1,041.71
1/1/2018 - 12/31/2018	0	0	9	17	26	\$0.00	\$0.00	\$0.00	\$277,729.47	\$386,622.64	\$664,352.11	\$0.00
1/1/2019 - 12/31/2019	0	0	10	10	20	\$0.00	\$0.00	\$0.00	\$566,405.58	\$238,861.91	\$805,267.49	\$0.00
AL - State Total:	0	0	32	52	84	\$0.00	\$0.00	\$0.00	\$3,022,334.67	\$2,666,060.03	\$5,643,529.43	\$44,683.41
CA - Calendar Year:												
1/1/2012 - 12/31/2012	0	0	1	0	1	\$0.00	\$0.00	\$0.00	\$353,885.57	\$327,485.72	\$681,189.43	\$0.00
1/1/2013 - 12/31/2013	0	0	1	3	4	\$0.00	\$0.00	\$0.00	\$115,663.30	\$345,609.18	\$461,272.48	\$0.00
1/1/2014 - 12/31/2014	0	0	3	1	4	\$0.00	\$0.00	\$0.00	\$1,191,989.68	\$548,885.64	\$1,740,492.04	\$383.28
1/1/2016 - 12/31/2016	0	0	2	5	7	\$0.00	\$0.00	\$0.00	\$9,335.54	\$238,244.01	\$204,321.13	\$43,258.42
1/1/2017 - 12/31/2017	0	0	6	16	22	\$0.00	\$0.00	\$0.00	\$617,934.54	\$580,350.93	\$1,197,243.76	\$1,041.71
1/1/2018 - 12/31/2018	0	0	9	17	26	\$0.00	\$0.00	\$0.00	\$277,729.47	\$386,622.64	\$664,352.11	\$0.00
1/1/2019 - 12/31/2019	0	0	10	10	20	\$0.00	\$0.00	\$0.00	\$566,112.51	\$238,861.91	\$804,974.42	\$0.00
CA - State Total:	0	0	32	52	84	\$0.00	\$0.00	\$0.00	\$3,132,650.61	\$2,666,060.03	\$5,753,845.37	\$44,683.41

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Proactive Risk Management and Claims Administration Solutions

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WC CLAIM REPORTS: LOSS RUN SUMMARY DASHBOARD

Loss run summary with overview graphs.

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Loss Run Prepared Exclusively for

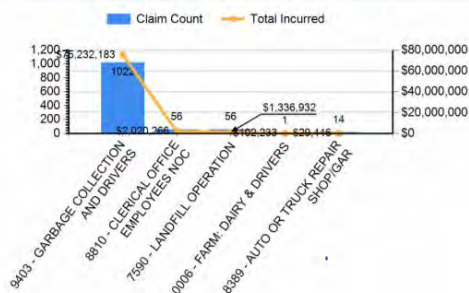
TITLE

Claim Date From: 01/1/1900 12:00:00 AM To: 03/10/2020 11:59:59 PM

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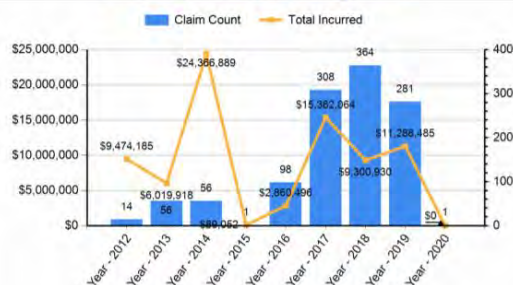
Claim Count and Total Incurred by Job Class



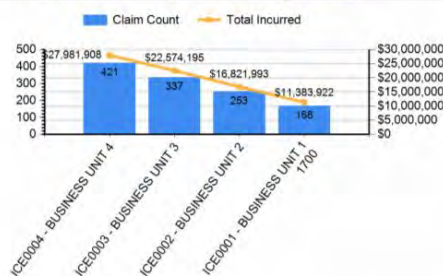
TOP 5 Open Claims by Total Incurred

Claim #	DOL	Claimant	Adjuster	Total Incurred
C052877	10/28/2014	Claimant, Ind 6	VOGEL, RACHEL	\$1,012,207.15
C161448	10/28/2014	Claimant, Ind 6	VOGEL, RACHEL	\$1,012,207.15
C162805	10/28/2014	Claimant, Ind 6	VOGEL, RACHEL	\$1,012,207.15
C163071	10/28/2014	Claimant, Ind 6	VOGEL, RACHEL	\$1,012,207.15
C163434	10/28/2014	Claimant, Ind 6	VOGEL, RACHEL	\$1,012,207.15

Claim Count and Total Incurred by Calendar



Claim Count and Total Incurred by Member



WC CLAIM REPORTS: LOSS RUN SUMMARY FOR POWER USER

Shows one line individual claim detail for selected dates.



ICE Demo Client Loss Run Summary for Power User

Claim Date From: 1/1/1900 12:00:00 AM To: 3/10/2020 11:59:59 PM

Claim Number	Claimant	Coverage	Claim Type	Date of Loss	Claim Status	Date Closed	Total Paid	Outstanding Reserves	Third Party Recovery	Total Incurred	Total Reimbursement	Net Incurred
09ICE050789	Claimant MO, 1	WC	Med	7/24/2017	Open		\$262.45	\$1,400.00	\$0.00	\$1,662.45	\$0.00	\$1,662.45
09ICE050844	Claimant MO, 2	WC	Med	3/18/2017	Open		\$3,700.46	\$0.00	\$1,041.71	\$2,658.75	\$0.00	\$2,658.75
09ICE050927	Claimant MO, 3	WC	Med	1/14/2017	Closed	1/16/2020	\$3,967.74	\$0.00	\$0.00	\$3,967.74	\$0.00	\$3,967.74
09ICE051028	Claimant MO, 4	WC	Med	1/1/2016	Closed	1/16/2020	\$787.75	\$0.00	\$0.00	\$787.75	\$0.00	\$787.75
09ICE051184	Claimant MO, 5	WC	Med	12/10/2016	Closed	1/16/2020	\$510.47	\$0.00	\$0.00	\$510.47	\$0.00	\$510.47
09ICE051208	Claimant MO, 6	WC	Med	1/25/2017	Closed	1/16/2020	\$4,960.67	\$0.00	\$0.00	\$4,960.67	\$0.00	\$4,960.67
09ICE051213	Claimant MO, 7	WC	Med	2/14/2017	Closed	1/16/2020	\$82.00	\$0.00	\$0.00	\$82.00	\$0.00	\$82.00
09ICE051225	Claimant MO, 8	WC	Med	3/22/2017	Closed	1/16/2020	\$2,103.30	\$0.00	\$0.00	\$2,103.30	\$0.00	\$2,103.30
09ICE051240	Claimant MO, 9	WC	Med	4/13/2017	Closed	1/16/2020	\$6,721.34	\$0.00	\$0.00	\$6,721.34	\$0.00	\$6,721.34
09ICE051247	Claimant MO, 10	WC	Med	5/7/2017	Closed	1/16/2020	\$669.22	\$0.00	\$0.00	\$669.22	\$0.00	\$669.22
09ICE051267	Claimant MO, 11	WC	Med	6/6/2017	Closed	1/16/2020	\$189.26	\$0.00	\$0.00	\$189.26	\$0.00	\$189.26
09ICE051281	Claimant MO, 12	WC	Med	7/8/2017	Closed	1/16/2020	\$421.53	\$0.00	\$0.00	\$421.53	\$0.00	\$421.53
09ICE051289	Claimant MO, 13	WC	Med	8/2/2017	Closed	1/16/2020	\$2,098.63	\$0.00	\$0.00	\$2,098.63	\$0.00	\$2,098.63
09ICE051307	Claimant MO, 14	WC	Med	9/13/2017	Closed	1/16/2020	\$73.42	\$0.00	\$0.00	\$73.42	\$0.00	\$73.42
09ICE051320	Claimant MO, 15	WC	Med	10/16/2017	Closed	1/16/2020	\$1,697.67	\$0.00	\$0.00	\$1,697.67	\$0.00	\$1,697.67
10ICE051334	Claimant MO, 16	WC	Med	5/14/2018	Open		\$1,136.62	\$0.00	\$0.00	\$1,136.62	\$0.00	\$1,136.62
10ICE051346	Claimant MO, 17	WC	Med	4/28/2018	Open		\$222.58	\$2,800.00	\$0.00	\$3,022.58	\$0.00	\$3,022.58
10ICE051352	Claimant MO, 18	WC	Med	11/1/2017	Closed	1/16/2020	\$327.82	\$0.00	\$0.00	\$327.82	\$0.00	\$327.82
10ICE051358	Claimant MO, 19	WC	Med	12/3/2017	Closed	1/16/2020	\$247.76	\$0.00	\$0.00	\$247.76	\$0.00	\$247.76
10ICE051369	Claimant MO, 20	WC	Med	1/8/2018	Closed	1/16/2020	\$2,059.86	\$0.00	\$0.00	\$2,059.86	\$0.00	\$2,059.86
10ICE051392	Claimant MO, 21	WC	Med	2/20/2018	Closed	1/16/2020	\$527.22	\$0.00	\$0.00	\$527.22	\$0.00	\$527.22
10ICE051399	Claimant MO, 22	WC	Med	3/11/2018	Closed	1/16/2020	\$1,567.91	\$0.00	\$0.00	\$1,567.91	\$0.00	\$1,567.91
10ICE051411	Claimant MO, 23	WC	Med	4/11/2018	Closed	1/16/2020	\$417.75	\$0.00	\$0.00	\$417.75	\$0.00	\$417.75
10ICE051419	Claimant MO, 24	WC	Med	5/15/2018	Closed	1/16/2020	\$1,512.24	\$0.00	\$0.00	\$1,512.24	\$0.00	\$1,512.24
10ICE051432	Claimant MO, 25	WC	Med	6/14/2018	Closed	1/16/2020	\$408.76	\$0.00	\$0.00	\$408.76	\$0.00	\$408.76
10ICE051443	Claimant MO, 26	WC	Med	7/18/2018	Closed	1/16/2020	\$1,188.08	\$0.00	\$0.00	\$1,188.08	\$0.00	\$1,188.08
10ICE051452	Claimant MO, 27	WC	Med	8/22/2018	Closed	1/16/2020	\$561.37	\$0.00	\$0.00	\$561.37	\$0.00	\$561.37
10ICE051462	Claimant MO, 28	WC	Med	9/4/2018	Closed	1/16/2020	\$1,178.96	\$0.00	\$0.00	\$1,178.96	\$0.00	\$1,178.96
10ICE051470	Claimant MO, 29	WC	Med	10/22/2018	Closed	1/16/2020	\$439.86	\$0.00	\$0.00	\$439.86	\$0.00	\$439.86
10ICE051473	Claimant MO, 30	WC	Med	10/28/2018	Closed	1/16/2020	\$1,039.22	\$0.00	\$0.00	\$1,039.22	\$0.00	\$1,039.22
11ICE051671	Claimant MO, 31	WC	Ind	12/10/2018	Open		\$4,674.48	\$16,019.02	\$0.00	\$20,693.50	\$0.00	\$20,693.50
11ICE051684	Claimant MO, 32	WC	Med	12/17/2018	Open		\$524.68	\$1,210.00	\$0.00	\$1,734.68	\$0.00	\$1,734.68
11ICE051704	Claimant MO, 33	WC	Med	4/21/2019	Open		\$2,291.21	\$3,791.79	\$0.00	\$6,083.00	\$0.00	\$6,083.00
11ICE051722	Claimant MO, 34	WC	Med	6/11/2019	Closed	1/16/2020	\$11.00	\$0.00	\$0.00	\$11.00	\$0.00	\$11.00
11ICE051751	Claimant MO, 35	WC	Med	8/19/2019	Open		\$16.00	\$6,600.00	\$0.00	\$6,616.00	\$0.00	\$6,616.00
11ICE051783	Claimant MO, 36	WC	Med	8/3/2019	Open		\$4,703.09	\$5,075.00	\$0.00	\$9,778.09	\$0.00	\$9,778.09
11ICE051803	Claimant MO, 37	WC	Med	11/11/2018	Closed	1/16/2020	\$2,071.41	\$0.00	\$0.00	\$2,071.41	\$0.00	\$2,071.41
11ICE051833	Claimant MO, 38	WC	Med	1/12/2019	Closed	1/16/2020	\$442.28	\$0.00	\$0.00	\$442.28	\$0.00	\$442.28
11ICE051854	Claimant MO, 39	WC	Med	1/28/2019	Closed	1/16/2020	\$352.19	\$0.00	\$0.00	\$352.19	\$0.00	\$352.19
11ICE051866	Claimant MO, 40	WC	Med	2/8/2019	Closed	1/16/2020	\$1,392.76	\$0.00	\$0.00	\$1,392.76	\$0.00	\$1,392.76
11ICE051877	Claimant MO, 41	WC	Med	3/9/2019	Closed	1/16/2020	\$559.81	\$0.00	\$0.00	\$559.81	\$0.00	\$559.81
11ICE051900	Claimant MO, 42	WC	Med	3/27/2019	Closed	1/16/2020	\$831.22	\$0.00	\$0.00	\$831.22	\$0.00	\$831.22
11ICE051912	Claimant MO, 43	WC	Med	5/27/2019	Closed	1/16/2020	\$590.69	\$0.00	\$0.00	\$590.69	\$0.00	\$590.69
11ICE051922	Claimant MO, 44	WC	Med	6/11/2019	Closed	1/16/2020	\$171.96	\$0.00	\$0.00	\$171.96	\$0.00	\$171.96
11ICE051942	Claimant MO, 45	WC	Med	7/14/2019	Open		\$195.83	\$1,499.00	\$0.00	\$1,694.83	\$0.00	\$1,694.83
09ICE052793	Claimant, Ind 1	WC	Ind	10/19/2013	Open		\$17,296.77	\$115,663.30	\$0.00	\$132,960.07	\$0.00	\$132,960.07
09ICE052813	Claimant, Ind 2	WC	Ind	12/21/2012	Open		\$327,485.72	\$353,885.57	\$0.00	\$681,371.29	\$181.86	\$681,189.43
09ICE052832	Claimant, Ind 3	WC	Ind	10/26/2013	Closed	1/16/2020	\$46,462.41	\$0.00	\$0.00	\$46,462.41	\$0.00	\$46,462.41
09ICE052849	Claimant, Ind 4	WC	Ind	10/23/2013	Closed	1/16/2020	\$65,696.83	\$0.00	\$0.00	\$65,696.83	\$0.00	\$65,696.83
09ICE052862	Claimant, Ind 5	WC	Ind	9/4/2013	Closed	1/16/2020	\$216,153.17	\$0.00	\$0.00	\$216,153.17	\$0.00	\$216,153.17
06ICE052877	Claimant, Ind 6	WC	Ind	10/28/2014	Open		\$188,964.82	\$843,242.33	\$0.00	\$1,032,207.15	\$0.00	\$1,032,207.15
06ICE053078	Claimant, Ind 7	WC	Ind	8/2/2014	Open		\$185,643.96	\$262,790.23	\$0.00	\$448,434.19	\$0.00	\$448,434.19
07ICE053118	Claimant, Ind 12	WC	Ind	11/28/2014	Open		\$193,424.21	\$85,957.12	\$0.00	\$279,381.33	\$0.00	\$279,381.33
07ICE053141	Claimant, Ind 14	WC	Ind	11/17/2014	Closed	1/16/2020	\$852.65	\$0.00	\$383.28	\$469.37	\$0.00	\$469.37
08ICE053154	Claimant, Ind 16	WC	Ind	10/28/2016	Open		\$7,106.46	\$9,335.54	\$0.00	\$16,442.00	\$0.00	\$16,442.00

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Proactive Risk Management and Claims Administration Solutions

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WC CLAIM REPORTS: LOSS RUN SUMMARY WITH CURRENT PAID

Shows summary of losses with current period financial information.



ICE Demo Client

Loss Run Summary with Current Paid

Claim Date From: 1/1/1900 12:00:00 AM To: 3/10/2020 11:59:59 PM

Calendar Year: 1/1/2012 - 12/31/2012

	New	Open	Current Closed	Previous Closed	Total	Recovery	CMS Eligible	Voc Rehab
Claims	0	14	0	0	14	0	0	14
Incident	0	0	0	0	0			
Medical	0	0	0	0	0			
Indemnity	0	14	0	0	14			

Financial Class	Current Period					Total				
	Total Paid	Total Incurred	Net Incurred	Recovery	Total Reimbursement	Total Paid	Outstanding Reserves	Total Incurred	Net Incurred	Recovery Total Reimbursement
Medical	\$0.00	\$0.00				\$2,240,192.64	\$388,319.40	\$2,628,512.04		
Indemnity	\$0.00	\$0.00				\$1,417,247.16	\$4,180,452.64	\$5,597,699.80		
Bodily Injury	\$0.00	\$0.00				\$0.00	\$0.00	\$0.00		
Property Damage	\$0.00	\$0.00				\$0.00	\$0.00	\$0.00		
Expense/Legal	\$0.00	\$0.00				\$645,989.96	\$153,983.26	\$799,973.22		
Other	\$0.00	\$0.00				\$0.00	\$0.00	\$0.00		
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,584,800.08	\$4,889,384.98	\$9,474,185.06	\$9,471,639.02	\$0.00 \$2,546.04

Calendar Year: 1/1/2013 - 12/31/2013

	New	Open	Current Closed	Previous Closed	Total	Recovery	CMS Eligible	Voc Rehab
Claims	0	14	0	0	56	0	0	0
Incident	0	0	0	0	0			
Medical	0	0	0	0	0			
Indemnity	0	14	0	0	56			

Financial Class	Current Period					Total				
	Total Paid	Total Incurred	Net Incurred	Recovery	Total Reimbursement	Total Paid	Outstanding Reserves	Total Incurred	Net Incurred	Recovery Total Reimbursement
Medical	\$0.00	\$0.00				\$1,547,784.70	\$779,305.16	\$2,327,089.86		
Indemnity	\$0.00	\$0.00				\$2,871,842.54	\$217,024.22	\$3,088,866.76		
Bodily Injury	\$0.00	\$0.00				\$0.00	\$0.00	\$0.00		
Property Damage	\$0.00	\$0.00				\$0.00	\$0.00	\$0.00		
Expense/Legal	\$0.00	\$0.00				\$418,901.28	\$185,060.19	\$603,961.47		
Other	\$0.00	\$0.00				\$0.00	\$0.00	\$0.00		
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,838,528.52	\$1,181,389.57	\$6,019,918.09	\$6,019,918.09	\$0.00 \$0.00

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Proactive Risk Management and Claims Administration Solutions

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WC CLAIM REPORTS: LOSS RUN SUMMARY BY COVERAGE AND PAYMENT CLASS

Shows summary of losses by coverage and payment classes.



ICE Demo Client

Loss Summary By Coverage and Payment Class

Claim Date From: 1/1/1900 12:00:00 AM To: 3/10/2020 11:59:59 PM

	Med. Paid Med. Inc.	Ind. Paid Ind. Inc.	Legal Paid Legal Inc.	Bod. Inj. Pd. Bod. Inj. Inc.	Prop. Dam. Pd. Prop. Dam. Inc.	Other Paid Other Inc.	Total Paid Total Inc.	Total Reimbursement Net Incurred	Recoveries Out. Reserves	Paid this Period
Calendar Year: 1/1/2012 - 12/31/2012										
Coverage: WC	\$2,240,192.64	\$1,417,247.16	\$451,328.50	\$0.00	\$0.00	\$0.00	\$4,584,800.08	\$2,546.04	\$0.00	
Total Claims: 14 Open: 14 Closed: 0	\$2,628,512.04	\$5,597,699.80	\$549,058.16	\$0.00	\$0.00	\$0.00	\$9,474,185.06	\$9,471,639.02	\$4,889,384.98	\$7,999.88
Total for Calendar Year: 1/1/2012 - 12/31/2012										
Total Open: 14 - Total Closed: 0	\$2,240,192.64	\$1,417,247.16	\$451,328.50	\$0.00	\$0.00	\$0.00	\$4,584,800.08	\$2,546.04	\$0.00	
Total Claims: 14	\$2,628,512.04	\$5,597,699.80	\$549,058.16	\$0.00	\$0.00	\$0.00	\$9,474,185.06	\$9,471,639.02	\$4,889,384.98	\$7,999.88
Calendar Year: 1/1/2013 - 12/31/2013										
Coverage: WC	\$1,547,784.70	\$2,871,842.54	\$292,070.10	\$0.00	\$0.00	\$0.00	\$4,838,528.52	\$0.00	\$0.00	
Total Claims: 56 Open: 14 Closed: 42	\$2,327,089.86	\$3,088,866.76	\$317,073.10	\$0.00	\$0.00	\$0.00	\$6,019,918.09	\$6,019,918.09	\$1,181,389.57	\$0.00
Total for Calendar Year: 1/1/2013 - 12/31/2013										
Total Open: 14 - Total Closed: 42	\$1,547,784.70	\$2,871,842.54	\$292,070.10	\$0.00	\$0.00	\$0.00	\$4,838,528.52	\$0.00	\$0.00	
Total Claims: 56	\$2,327,089.86	\$3,088,866.76	\$317,073.10	\$0.00	\$0.00	\$0.00	\$6,019,918.09	\$6,019,918.09	\$1,181,389.57	\$0.00
Calendar Year: 1/1/2014 - 12/31/2014										
Coverage: WC	\$1,896,419.84	\$5,274,217.34	\$278,775.84	\$0.00	\$0.00	\$0.00	\$7,684,398.96	\$0.00	\$5,365.92	
Total Claims: 56 Open: 42 Closed: 14	\$10,870,520.64	\$9,827,565.72	\$728,913.08	\$0.00	\$0.00	\$0.00	\$24,366,888.56	\$24,366,888.56	\$16,687,855.52	\$66,874.22
Total for Calendar Year: 1/1/2014 - 12/31/2014										
Total Open: 42 - Total Closed: 14	\$1,896,419.84	\$5,274,217.34	\$278,775.84	\$0.00	\$0.00	\$0.00	\$7,684,398.96	\$0.00	\$5,365.92	
Total Claims: 56	\$10,870,520.64	\$9,827,565.72	\$728,913.08	\$0.00	\$0.00	\$0.00	\$24,366,888.56	\$24,366,888.56	\$16,687,855.52	\$66,874.22
Calendar Year: 1/1/2015 - 12/31/2015										
Coverage: WC	\$27,577.83	\$9,238.84	\$0.00	\$0.00	\$0.00	\$0.00	\$46,649.48	\$0.00	\$0.00	
Total Claims: 1 Open: 1 Closed: 0	\$32,854.61	\$41,220.29	\$0.00	\$0.00	\$0.00	\$0.00	\$89,052.24	\$89,052.24	\$42,402.76	\$81.03
Total for Calendar Year: 1/1/2015 - 12/31/2015										
Total Open: 1 - Total Closed: 0	\$27,577.83	\$9,238.84	\$0.00	\$0.00	\$0.00	\$0.00	\$46,649.48	\$0.00	\$0.00	
Total Claims: 1	\$32,854.61	\$41,220.29	\$0.00	\$0.00	\$0.00	\$0.00	\$89,052.24	\$89,052.24	\$42,402.76	\$81.03
Calendar Year: 1/1/2016 - 12/31/2016										
Coverage: WC	\$821,185.40	\$2,192,944.88	\$144,952.64	\$0.00	\$0.00	\$0.00	\$3,335,416.14	\$0.00	\$605,617.88	
Total Claims: 98 Open: 28 Closed: 70	\$821,185.40	\$2,311,944.88	\$156,650.20	\$0.00	\$0.00	\$0.00	\$2,860,495.82	\$2,860,495.82	\$130,697.56	\$0.00
Total for Calendar Year: 1/1/2016 - 12/31/2016										
Total Open: 28 - Total Closed: 70	\$821,185.40	\$2,192,944.88	\$144,952.64	\$0.00	\$0.00	\$0.00	\$3,335,416.14	\$0.00	\$605,617.88	

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Proactive Risk Management and Claims Administration Solutions

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WC CLAIM REPORTS: LOSS TRIANGLE REPORT

Shows losses for a certain period at various, regular valuation dates.



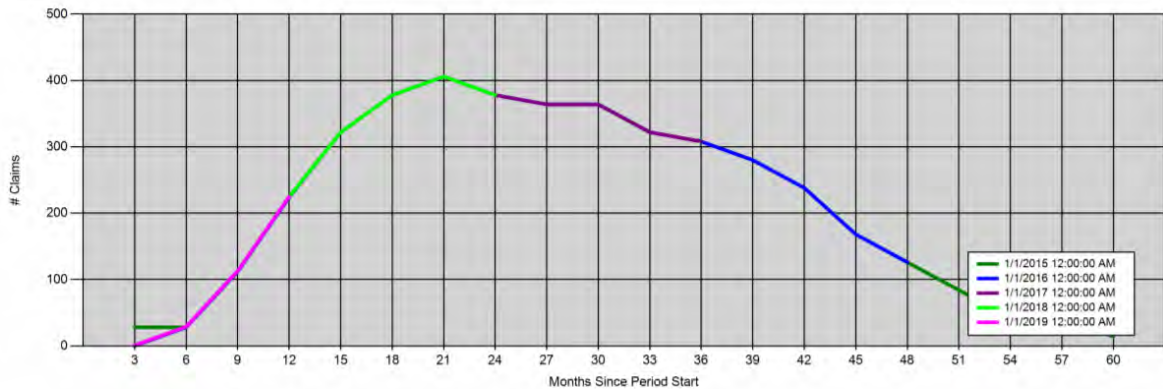
ICE Demo Client

Loss Triangle Report

Claim Date From: 1/1/2015 12:00:00 AM To: 12/31/2019 11:59:59 PM

Claim Count

Months Since Period Start	3	6	9	12	15	18	21	24	27	30	33	36	39	42	45	48	51	54	57	60
Period: 1/1/2015 - 12/31/2015	28	28	112	224	322	378	406	378	364	364	322	308	280	238	168	126	84	42	42	14
Period: 1/1/2016 - 12/31/2016	0	28	112	224	322	378	406	378	364	364	322	308	280	238	168	126				
Period: 1/1/2017 - 12/31/2017	0	29	113	225	322	378	406	378	364	364	322	308								
Period: 1/1/2018 - 12/31/2018	1	29	113	225	322	378	406	378												
Period: 1/1/2019 - 12/31/2019	1	29	113	225																



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WC CLAIM REPORTS: MONTHLY DIFFERENCE REPORT EXPANDED

Report show differences in all incurred, reserved, and paid amounts from the prior to the current month.



Monthly Difference Report Expanded

Claim Date From: 1/1/2019 12:00:00 AM To: 12/31/2019 11:59:59 PM

Claimant Name	Member Name				Status	Claim Number	Date of Loss	New Claim This Month	
	Total Paid EOM (Current)	Total Paid EOM (Prev)	Difference Total Paid	Total Outstanding Res EOM (Current)	Total Outstanding Res EOM (Prev)	Difference Total Outstanding Res	Total Incurred EOM (Current)	Total Incurred EOM (Prev)	Difference Total Incurred
Coverage: WC									
						Open			12/20/2019 N
EXPENSE	\$324.30	\$228.30	\$96.00	\$625.70	\$721.70	(\$96.00)	\$950.00	\$950.00	\$0.00
MEDICAL	\$1,607.25	\$132.78	\$1,474.47	\$3,492.75	\$4,967.22	(\$1,474.47)	\$5,100.00	\$5,100.00	\$0.00
Claim Totals:	\$1,931.55	\$361.08	\$1,570.47	\$4,118.45	\$5,688.92	(\$1,570.47)	\$6,050.00	\$6,050.00	\$0.00
						Open			10/14/2019 N
EXPENSE	\$1,492.80	\$618.80	\$874.00	\$219.50	\$1,093.50	(\$874.00)	\$1,712.30	\$1,712.30	\$0.00
IND.TTD	\$17,478.24	\$13,594.24	\$3,884.00	\$970.76	\$1,941.76	(\$971.00)	\$18,449.00	\$15,536.00	\$2,913.00
MEDICAL	\$5,407.79	\$4,760.33	\$647.46	\$592.21	\$1,239.67	(\$647.46)	\$6,000.00	\$6,000.00	\$0.00
Claim Totals:	\$24,378.83	\$18,973.37	\$5,405.46	\$1,782.47	\$4,274.93	(\$2,492.46)	\$26,161.30	\$23,248.30	\$2,913.00
						Closed			10/8/2019 N
EXPENSE	\$275.30	\$267.30	\$8.00	\$0.00	\$0.00	\$0.00	\$275.30	\$267.30	\$8.00
MEDICAL	\$2,149.89	\$2,149.89	\$0.00	\$0.00	\$0.00	\$0.00	\$2,149.89	\$2,149.89	\$0.00
Claim Totals:	\$2,425.19	\$2,417.19	\$8.00	\$0.00	\$0.00	\$0.00	\$2,425.19	\$2,417.19	\$8.00
						Closed			11/7/2019 N
EXPENSE	\$236.30	\$236.30	\$0.00	\$0.00	\$363.70	(\$363.70)	\$236.30	\$600.00	(\$363.70)
MEDICAL	\$481.76	\$481.76	\$0.00	\$0.00	\$1,018.24	(\$1,018.24)	\$481.76	\$1,500.00	(\$1,018.24)
Claim Totals:	\$718.06	\$718.06	\$0.00	\$0.00	\$1,381.94	(\$1,381.94)	\$718.06	\$2,100.00	(\$1,381.94)
						Open			12/17/2019 N
EXPENSE	\$317.30	\$245.30	\$72.00	\$195.00	\$267.00	(\$72.00)	\$512.30	\$512.30	\$0.00
IND.TTD	\$560.88	\$560.88	\$0.00	\$1,402.16	\$1,402.16	\$0.00	\$1,963.04	\$1,963.04	\$0.00
MEDICAL	\$1,235.91	\$196.73	\$1,039.18	\$1,764.09	\$2,803.27	(\$1,039.18)	\$3,000.00	\$3,000.00	\$0.00
Claim Totals:	\$2,114.09	\$1,002.91	\$1,111.18	\$3,361.25	\$4,472.43	(\$1,111.18)	\$5,475.34	\$5,475.34	\$0.00
						Closed			12/2/2019 N
EXPENSE	\$244.30	\$220.30	\$24.00	\$0.00	\$0.00	\$0.00	\$244.30	\$220.30	\$24.00
MEDICAL	\$679.46	\$45.05	\$634.41	\$0.00	\$0.00	\$0.00	\$679.46	\$45.05	\$634.41
Claim Totals:	\$923.76	\$265.35	\$658.41	\$0.00	\$0.00	\$0.00	\$923.76	\$265.35	\$658.41
						Open			10/31/2019 N
EXPENSE	\$890.30	\$300.30	\$590.00	\$2,209.70	\$299.70	\$1,910.00	\$3,100.00	\$600.00	\$2,500.00
IND.TTD	\$2,219.42	\$2,219.42	\$0.00	\$9,432.58	\$9,432.58	\$0.00	\$11,652.00	\$11,652.00	\$0.00
MEDICAL	\$2,088.82	\$710.36	\$1,378.46	\$3,911.18	\$789.64	\$3,121.54	\$6,000.00	\$1,500.00	\$4,500.00
Claim Totals:	\$5,198.54	\$3,230.08	\$1,968.46	\$15,553.46	\$10,521.92	\$5,031.54	\$20,752.00	\$13,752.00	\$7,000.00

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WC CLAIM REPORTS: MULTI YEAR LOSS COMPARISON

Compare loss for multiple years.



ICE Demo Client Multi-Year Loss Comparison

Calendar Year	As of Date	Total Incurred	AVG Cost Claim	Number of Claims
01/01/2017 - 12/31/2017	2/28/2017	\$0.00	\$0.00	0
01/01/2016 - 12/31/2016	2/28/2016	\$0.00	\$0.00	0
01/01/2015 - 12/31/2015	2/28/2015	\$0.00	\$0.00	0
01/01/2014 - 12/31/2014	2/28/2014	\$0.00	\$0.00	0
01/01/2013 - 12/31/2013	2/28/2013	\$0.00	\$0.00	0
01/01/2012 - 12/31/2012	2/28/2012	\$0.00	\$0.00	0
01/01/2011 - 12/31/2011	2/28/2011	\$0.00	\$0.00	0
01/01/2010 - 12/31/2010	2/28/2010	\$0.00	\$0.00	0



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WC CLAIM REPORTS: OCCURRENCE LOSS REPORT

Shows claims grouped by occurrence.



ICE Demo Client Occurrence Loss Report

Claim Date From: 1/1/1900 12:00:00 AM To: 3/10/2020 11:59:59 PM

Covg	Name	Date of Loss	Claim #	Date Closed	Status	Type	Total Paid	Outstanding Reserves	Third Party Recovery	Total Incurred	Total Reimbursement	Net Incurred
Agency : ICE0001 - BUSINESS UNIT 1 1700												
Occurrence#: << Claims with No Assigned Occurrence Number >>												
WC	Claimant MO, 1	7/24/2017	09ICEC050789		Open	Med	\$262.45	\$1,400.00	\$0.00	\$1,662.45	\$0.00	\$1,662.45
WC	Claimant MO, 6	1/25/2017	09ICEC051208	1/16/2020	Closed	Med	\$4,960.67	\$0.00	\$0.00	\$4,960.67	\$0.00	\$4,960.67
WC	Claimant MO, 17	4/28/2018	10ICEC051346		Open	Med	\$222.58	\$2,800.00	\$0.00	\$3,022.58	\$0.00	\$3,022.58
WC	Claimant, Ind 22	10/21/2017	09ICEC053208		Open	Ind	\$133,995.56	\$162,661.14	\$0.00	\$296,656.70	\$0.00	\$296,656.70
WC	Claimant, Ind 29	6/4/2018	10ICEC053493		Open	Ind	\$22,572.87	\$73,092.48	\$0.00	\$95,665.35	\$0.00	\$95,665.35
WC	Claimant, Ind 36	5/8/2019	11ICEC161436		Open	Ind	\$44,534.56	\$36,387.19	\$0.00	\$80,921.75	\$0.00	\$80,921.75
WC	Claimant, Ind 42	2/28/2019	11ICEC161443	1/16/2020	Closed	Ind	\$14,285.55	\$0.00	\$0.00	\$14,285.55	\$0.00	\$14,285.55
WC	Claimant MO, 24	5/15/2018	10ICEC161468	1/16/2020	Closed	Med	\$1,512.24	\$0.00	\$0.00	\$1,512.24	\$0.00	\$1,512.24
WC	Claimant MO, 34	6/11/2019	11ICEC161479	1/16/2020	Closed	Med	\$11.00	\$0.00	\$0.00	\$11.00	\$0.00	\$11.00
WC	Claimant MO, 40	2/8/2019	11ICEC161486	1/16/2020	Closed	Med	\$1,392.76	\$0.00	\$0.00	\$1,392.76	\$0.00	\$1,392.76
WC	Claimant MO, 6	1/25/2017	09ICEC161493	1/16/2020	Closed	Med	\$4,960.67	\$0.00	\$0.00	\$4,960.67	\$0.00	\$4,960.67
WC	Claimant MO, 8	3/22/2017	09ICEC161495	1/16/2020	Closed	Med	\$2,103.30	\$0.00	\$0.00	\$2,103.30	\$0.00	\$2,103.30
WC	Claimant MO, 14	9/13/2017	09ICEC161509	1/16/2020	Closed	Med	\$73.42	\$0.00	\$0.00	\$73.42	\$0.00	\$73.42
WC	Claimant, Ind 39	9/8/2019	11ICEC161518		Open	Ind	\$15,497.64	\$116,479.46	\$0.00	\$131,977.10	\$0.00	\$131,977.10
WC	Claimant, Ind 40	11/14/2018	11ICEC161520		Open	Ind	\$35,109.61	\$23,846.70	\$0.00	\$58,956.31	\$0.00	\$58,956.31
WC	Claimant MO, 7	2/14/2017	09ICEC051213	1/16/2020	Closed	Med	\$82.00	\$0.00	\$0.00	\$82.00	\$0.00	\$82.00
WC	Claimant MO, 14	9/13/2017	09ICEC051307	1/16/2020	Closed	Med	\$73.42	\$0.00	\$0.00	\$73.42	\$0.00	\$73.42
WC	Claimant MO, 16	5/14/2018	10ICEC051334		Open	Med	\$1,136.62	\$0.00	\$0.00	\$1,136.62	\$0.00	\$1,136.62
WC	Claimant MO, 32	12/17/2018	11ICEC051684		Open	Med	\$524.68	\$1,210.00	\$0.00	\$1,734.68	\$0.00	\$1,734.68
WC	Claimant MO, 34	6/11/2019	11ICEC051722	1/16/2020	Closed	Med	\$11.00	\$0.00	\$0.00	\$11.00	\$0.00	\$11.00
WC	Claimant, Ind 5	9/4/2013	05ICEC052862	1/16/2020	Closed	Ind	\$216,153.17	\$0.00	\$0.00	\$216,153.17	\$0.00	\$216,153.17
WC	Claimant, Ind 12	11/28/2014	07ICEC053118		Open	Ind	\$193,424.21	\$85,957.12	\$0.00	\$279,381.33	\$0.00	\$279,381.33
WC	Claimant, Ind 22	10/21/2017	09ICEC161421		Open	Ind	\$133,995.56	\$162,536.14	\$0.00	\$296,531.70	\$0.00	\$296,531.70
WC	Claimant, Ind 29	6/4/2018	10ICEC161428		Open	Ind	\$22,572.87	\$73,092.48	\$0.00	\$95,665.35	\$0.00	\$95,665.35

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WC CLAIM REPORTS: PENALTIES AND INTEREST REIMBURSABLE

Shows claims and one line for each profit and loss reimbursable amount.



Penalties and Interest Reimbursable

Claim Date From: 1/1/2019 12:00:00 AM To: 12/31/2019 11:59:59 PM

Claim Number	Claimant Name	Date of Loss	Adjuster	Status	Coverage	Date	Payment Class	Amount	Outstanding Recovery Amount
Carrier: Safety National Group									
		5/17/2019		Closed	WC	10/30/2019	IND.PTD	\$0.05	\$0.05
		8/22/2019		Open	WC	12/17/2019	IND.TTD	\$0.11	\$0.11
		10/14/2019		Open	WC	1/23/2020	IND.TTD	\$0.27	\$0.27
Total Allocation for Carrier: Safety National Group								\$0.43	\$0.43
Total Allocation for all Carriers:								\$0.43	\$0.43

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Proactive Risk Management and Claims Administration Solutions

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WC CLAIM REPORTS: REPEATER REPORT

Report displays claimants with multiple claims.



ICE Demo Client

Repeater Report

Claim Date From: 1/1/1900 12:00:00 AM To: 3/10/2020 11:59:59 PM

Claim Number	Claimant	Covg	Claim Type	Date of Loss	Status	Total Paid	Outstanding Reserves	Third Party Recovery	Total Incurred
Accident Description									
Member Name : BUSINESS UNIT 1 1700; Claimant Social Security Number : ***-**-1862									
05ICEC052813	Claimant, Ind 2	WC	Ind	12/21/2012	Open	\$327,485.72	\$353,885.57	\$0.00	\$681,371.29
	EE slipped off the rear rider, injured knee								
05ICEC161497	Claimant, Ind 2	WC	Ind	12/21/2012	Open	\$327,485.72	\$348,884.57	\$0.00	\$676,370.29
	EE slipped off the rear rider, injured knee								
# Claims: 2						\$654,971.44	\$702,770.14	\$0.00	\$1,357,741.58
Member Name : BUSINESS UNIT 1 1700; Claimant Social Security Number : ***-**-8098									
05ICEC052862	Claimant, Ind 5	WC	Ind	9/4/2013	Closed	\$216,153.17	\$0.00	\$0.00	\$216,153.17
	Truck rolled with employee inside								
05ICEC161447	Claimant, Ind 5	WC	Ind	9/4/2013	Closed	\$216,153.17	\$0.00	\$0.00	\$216,153.17
	Truck rolled with employee inside								
# Claims: 2						\$432,306.34	\$0.00	\$0.00	\$432,306.34
Member Name : BUSINESS UNIT 1 1700; Claimant Social Security Number : ***-**-6452									
05ICEC052793	Claimant, Ind 1	WC	Med	10/19/2013	Open	\$17,296.77	\$115,663.30	\$0.00	\$132,960.07
	Employee fell from ladder on side of truck								
05ICEC161407	Claimant, Ind 1	WC	Ind	10/19/2013	Open	\$17,296.77	\$95,894.30	\$0.00	\$113,191.07
	Employee fell from ladder on side of truck								
# Claims: 2						\$34,593.54	\$211,557.60	\$0.00	\$246,151.14
Member Name : BUSINESS UNIT 1 1700; Claimant Social Security Number : ***-**-2076									
05ICEC052849	Claimant, Ind 4	WC	Ind	10/23/2013	Closed	\$65,696.83	\$0.00	\$0.00	\$65,696.83
	Moving can hurt right leg								
05ICEC161519	Claimant, Ind 4	WC	Ind	10/23/2013	Closed	\$65,696.83	\$0.00	\$0.00	\$65,696.83
	Moving can hurt right leg								
# Claims: 2						\$131,393.66	\$0.00	\$0.00	\$131,393.66
Member Name : BUSINESS UNIT 1 1700; Claimant Social Security Number : ***-**-3591									
05ICEC052832	Claimant, Ind 3	WC	Ind	10/26/2013	Closed	\$46,462.41	\$0.00	\$0.00	\$46,462.41
	Pushing cart, lost balance, fell & broke rt ankle								
05ICEC161429	Claimant, Ind 3	WC	Ind	10/26/2013	Closed	\$46,462.41	\$0.00	\$0.00	\$46,462.41
	Pushing cart, lost balance, fell & broke rt ankle								
# Claims: 2						\$92,924.82	\$0.00	\$0.00	\$92,924.82

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WC CLAIM REPORTS: RESERVE CHANGE REPORT

Shows reserve change amounts and corresponding change comments.



ICE Demo Client

Reserve Change Report

Claim Date From: 1/1/1900 12:00:00 AM To: 3/10/2020 11:59:59 PM

Claim Number	Claimant	Adjuster	Date of loss	Reserve Comment	Class	Status	Covg	Change Date	Amount
05ICEC052793									
05ICEC052793	Claimant, Ind 1	VOGEL, RACHEL	10/19/2013	test test test	EXPENSE	Open	WC	2/22/2020	\$5,001.00
05ICEC052793									
Totals As of 02/29/2020:		Paid: \$17,296.77	Out. Reserve: \$115,663.30		Tot. Incurred: \$132,960.07	Reserve Change:		\$5,001.00	
05ICEC161407									
05ICEC161407	Claimant, Ind 1	VOGEL, RACHEL	10/19/2013	testasfsd	LEGAL	Open	WC	2/24/2020	\$6,000.00
05ICEC161407	Claimant, Ind 1	VOGEL, RACHEL	10/19/2013	tewet	IND.LEGAL	Open	WC	2/24/2020	\$3.00
05ICEC161407									
Totals As of 02/29/2020:		Paid: \$17,296.77	Out. Reserve: \$95,894.30		Tot. Incurred: \$113,191.07	Reserve Change:		\$6,003.00	
05ICEC162770									
05ICEC162770	Claimant, Ind 1	VOGEL, RACHEL	10/19/2013	test	EXPENSE	Open	WC	2/28/2020	\$5,001.00
05ICEC162770	Claimant, Ind 1	VOGEL, RACHEL	10/19/2013	test 2	EXPENSE	Open	WC	2/28/2020	\$4,999.99
05ICEC162770									
Totals As of 02/29/2020:		Paid: \$17,296.77	Out. Reserve: \$114,486.29		Tot. Incurred: \$131,783.06	Reserve Change:		\$10,000.99	
05ICEC163036									
05ICEC163036	Claimant, Ind 1	VOGEL, RACHEL	10/19/2013	Claim Closed	EXPENSE	Open	WC	2/13/2020	\$0.00
05ICEC163036	Claimant, Ind 1	VOGEL, RACHEL	10/19/2013	Claim Closed	IND.PPD	Open	WC	2/13/2020	\$0.00
05ICEC163036	Claimant, Ind 1	VOGEL, RACHEL	10/19/2013	Claim Closed	IND.TTD	Open	WC	2/13/2020	\$0.00
05ICEC163036	Claimant, Ind 1	VOGEL, RACHEL	10/19/2013	Claim Closed	MEDICAL	Open	WC	2/13/2020	\$0.00
05ICEC163036	Claimant, Ind 1	VOGEL, RACHEL	10/19/2013	Claim Closed	IND.SEB	Open	WC	2/13/2020	\$0.00
05ICEC163036	Claimant, Ind 1	VOGEL, RACHEL	10/19/2013	Claim Closed	IND.TPD	Open	WC	2/13/2020	\$0.00
05ICEC163036	Claimant, Ind 1	VOGEL, RACHEL	10/19/2013	Claim Closed	LEGAL	Open	WC	2/13/2020	\$0.00
05ICEC163036	Claimant, Ind 1	VOGEL, RACHEL	10/19/2013	Claim Closed	EXPENSE	Open	WC	2/19/2020	(\$13,851.85)
05ICEC163036	Claimant, Ind 1	VOGEL, RACHEL	10/19/2013	Claim Closed	IND.PPD	Open	WC	2/19/2020	(\$16,610.00)
05ICEC163036	Claimant, Ind 1	VOGEL, RACHEL	10/19/2013	Claim Closed	IND.TTD	Open	WC	2/19/2020	(\$0.02)
05ICEC163036	Claimant, Ind 1	VOGEL, RACHEL	10/19/2013	Claim Closed	MEDICAL	Open	WC	2/19/2020	(\$65,325.43)

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WC CLAIM REPORTS: SERVICE COMMITMENT REPORT

Best practice exceptions.

Adjuster	Supervisor	Claim #	Claimant	Claim Input Date	Claim Form Received Date	Employee Contact	Employer Contact	Medical Contact	Initial Reserve	Initial Action Plan	Initial Supervisor Note Date	Investigation Date	Subro Note Date	Employee Contact Comment	Employer Contact Comment	Medical Contact Comment
BLAKENEY, STEPHANIE																
BLAKENEY, STEPHANIE	BLAKENEY, STEPHANIE	C164604	Claimant, Ind 21	8/17/2017		11/27/2019	11/27/2019	11/27/2019	8/21/2017	1/10/2020	1/10/2020	1/10/2020	1/10/2020	No number for claimant provided	Email to client contact	No indication claimant sought treatment
BLAKENEY, STEPHANIE Exception Totals:																
#Employee Contact: 1		#Employer Contact: 1		#Medical Contact: 1		#Initial Reserve: 0		#Initial Action Plan: 1		#Initial Supervisor Note: 1		#Investigation Date: 1		#Initial Subro Note: 1		



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WC CLAIM REPORTS: SUMMARY LOSS BY CLASS

Shows worker's compensation type loss information by class.



ICE Demo Client

Summary Loss by Class - Workers Compensation

Claim Date From: 1/1/1900 12:00:00 AM To: 3/10/2020 11:59:59 PM

Policy Number	TTD Paid	PPD Paid	Ind Other Pd	Medical Paid	Legal Paid	Other Paid	Total Paid	Total Reimbursement	Recovery
	TTD Incr	PPD Incr	Ind Other Incr	Medical Incurred	Legal Incr	Other Incr	Total Incurred	Net Incurred	Out Reav
Totals: WORKERS COMP									
WC2012 - Policy Period: 01/01/2012 - 12/31/2012 Claims: 14 Open: 14									
	\$1,417,247.16	\$0.00	\$0.00	\$2,240,192.64	\$451,328.50	\$476,031.78	\$4,584,800.08	\$2,546.04	\$0.00
	\$1,677,699.80	\$0.00	\$3,920,000.00	\$2,628,512.04	\$549,058.16	\$698,915.06	\$9,474,185.06	\$9,471,639.02	\$4,889,384.98
WC2013 - Policy Period: 01/01/2013 - 12/31/2013 Claims: 84 Open: 14									
	\$691,347.72	\$344,368.22	\$1,864,441.46	\$1,621,027.80	\$292,070.10	\$129,902.08	\$4,943,157.38	\$0.00	\$0.00
	\$701,948.94	\$543,788.22	\$1,871,444.46	\$2,400,332.96	\$317,073.10	\$289,959.27	\$6,124,546.95	\$6,124,546.95	\$1,181,389.57
WC2014 - Policy Period: 01/01/2014 - 12/31/2014 Claims: 70 Open: 42									
	\$4,914,375.06	\$383,768.00	\$15,970.92	\$1,913,346.54	\$278,775.84	\$235,594.94	\$7,741,831.30	\$0.00	\$5,365.92
	\$6,503,265.44	\$973,126.00	\$2,391,070.92	\$10,887,447.34	\$728,913.08	\$2,945,864.04	\$24,424,320.90	\$24,424,320.90	\$16,687,855.52
WC2015 - Policy Period: 01/01/2015 - 12/31/2015 Claims: 42 Open: 14									
	\$157,812.34	\$0.00	\$0.00	\$454,482.28	\$0.00	\$140,398.58	\$752,693.20	\$0.00	\$0.00
	\$157,824.24	\$101,271.90	\$0.00	\$528,357.20	\$0.00	\$205,922.00	\$993,375.34	\$993,375.34	\$240,682.14
WC2016 - Policy Period: 01/01/2016 - 12/31/2016 Claims: 98 Open: 28									
	\$546,260.40	\$191,100.00	\$1,455,584.48	\$821,185.40	\$144,952.64	\$176,333.22	\$3,335,416.14	\$0.00	\$605,617.88
	\$546,260.40	\$191,100.00	\$1,574,584.48	\$821,185.40	\$156,850.20	\$176,333.22	\$2,860,495.82	\$2,860,495.82	\$130,697.56
WC2017 - Policy Period: 01/01/2017 - 12/31/2017 Claims: 308 Open: 83									
	\$2,592,630.32	\$569,884.00	\$0.00	\$4,073,099.52	\$196,079.10	\$693,220.08	\$8,124,913.02	\$0.00	\$14,583.94
	\$4,100,858.72	\$3,067,890.88	\$173,700.00	\$6,015,092.06	\$591,284.34	\$1,427,821.82	\$15,362,063.88	\$15,362,063.88	\$7,251,734.80
WC2017 - Policy Period: 01/01/2018 - 12/31/2018 Claims: 365 Open: 126									
	\$1,275,614.20	\$1,007,383.72	\$56,335.72	\$2,474,302.88	\$42,225.54	\$556,854.90	\$5,412,716.96	\$0.00	\$0.00
	\$1,513,262.24	\$2,218,048.84	\$126,335.72	\$4,105,012.10	\$164,025.54	\$1,174,245.10	\$9,300,929.54	\$9,300,929.54	\$3,888,212.58
WC2019 - Policy Period: 01/01/2019 - 12/31/2019 Claims: 288 Open: 141									
	\$687,076.04	\$279,214.46	\$191,450.00	\$1,664,446.98	\$48,770.82	\$473,108.44	\$3,344,066.74	\$0.00	\$0.00
	\$1,860,852.94	\$1,739,586.68	\$714,482.08	\$5,364,118.96	\$286,706.93	\$1,322,737.20	\$11,288,484.79	\$11,288,484.79	\$7,944,418.05
WC2019 - Policy Period: 01/01/2020 - 12/31/2020 Claims: 23 Open: 2									
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	\$12,282,363.24	\$2,775,718.40	\$3,983,782.58	\$15,262,084.04	\$1,454,202.54	\$2,881,444.02	\$38,239,594.82	\$2,546.04	\$625,567.74
	\$17,061,972.72	\$8,834,812.52	\$10,771,617.66	\$32,750,058.06	\$2,793,711.35	\$8,241,797.71	\$79,828,402.28	\$79,825,856.24	\$42,214,375.20

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Proactive Risk Management and Claims Administration Solutions

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WC CLAIM REPORTS: SUMMARY LOSS REPORT MULTI LINE

Shows all data at a summary level.



ICE Demo Client Summary Loss Report Multi Line

Claim Date From: 1/1/1900 12:00:00 AM To: 3/10/2020 11:59:59 PM

Coverage	# of Claims	# Open Claims	Out. Reserve	Total Paid	Recovered	Total Incurred	Total Reimbursement	Net Incurred
Policy Period: 1/1/2013-12/31/2013								
WC	70	28	\$6,070,774.55	\$9,423,328.60	\$0.00	\$15,494,103.15	\$2,546.04	\$15,491,557.11
Policy Period: 1/1/2013-12/31/2013 Totals:	70	28	\$6,070,774.55	\$9,423,328.60	\$0.00	\$15,494,103.15	\$2,546.04	\$15,491,557.11
Policy Period: 1/1/2014-12/31/2014								
WC	56	42	\$16,687,855.52	\$7,684,398.96	\$5,365.92	\$24,366,888.56	\$0.00	\$24,366,888.56
Policy Period: 1/1/2014-12/31/2014 Totals:	56	42	\$16,687,855.52	\$7,684,398.96	\$5,365.92	\$24,366,888.56	\$0.00	\$24,366,888.56
Policy Period: 1/1/2015-12/31/2015								
WC	1	1	\$42,402.76	\$46,649.48	\$0.00	\$89,052.24	\$0.00	\$89,052.24
Policy Period: 1/1/2015-12/31/2015 Totals:	1	1	\$42,402.76	\$46,649.48	\$0.00	\$89,052.24	\$0.00	\$89,052.24
Policy Period: 1/1/2016-12/31/2016								
WC	84	28	\$130,697.56	\$3,328,269.56	\$605,617.88	\$2,853,349.24	\$0.00	\$2,853,349.24
Policy Period: 1/1/2016-12/31/2016 Totals:	84	28	\$130,697.56	\$3,328,269.56	\$605,617.88	\$2,853,349.24	\$0.00	\$2,853,349.24
Policy Period: 1/1/2017-12/31/2017								
WC	280	69	\$3,835,974.62	\$4,289,696.42	\$14,583.94	\$8,111,089.10	\$0.00	\$8,111,089.10
Policy Period: 1/1/2017-12/31/2017 Totals:	280	69	\$3,835,974.62	\$4,289,696.42	\$14,583.94	\$8,111,089.10	\$0.00	\$8,111,089.10
Policy Period: 1/1/2018-12/31/2018								
WC	364	112	\$7,062,766.48	\$9,021,767.86	\$0.00	\$16,084,534.34	\$0.00	\$16,084,534.34
Policy Period: 1/1/2018-12/31/2018 Totals:	364	112	\$7,062,766.48	\$9,021,767.86	\$0.00	\$16,084,534.34	\$0.00	\$16,084,534.34
Policy Period: 1/1/2019-12/31/2019								
WC	323	169	\$8,185,624.33	\$3,577,377.02	\$0.00	\$11,763,001.35	\$0.00	\$11,763,001.35
Policy Period: 1/1/2019-12/31/2019 Totals:	323	169	\$8,185,624.33	\$3,577,377.02	\$0.00	\$11,763,001.35	\$0.00	\$11,763,001.35
Policy Period: 1/1/2020-12/31/2020								
WC	1	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Policy Period: 1/1/2020-12/31/2020 Totals:	1	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

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Proactive Risk Management and Claims Administration Solutions

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WC CLAIM REPORTS: SUMMARY LOSS REPORT WC

Shows how claims are progressing from year to year or period to period.



ICE Demo Client Summary Loss Report WC

Claim Date From: 1/1/1900 12:00:00 AM To: 3/10/2020 11:59:59 PM

COVERAGE CODE: WC									
STATE OF JURISDICTION: AL									
POLICY PERIOD: 1 /1 /2013 - 12/31/2013									
	Claims	Incident	Medical	Indemnity	Type of Expense	Current Total Paid	Total Paid	Outstanding Reserve	Total Incurred
NEW:	0	0	0	0	MEDICAL	\$270,569.81	\$270,569.81	\$92,162.53	\$362,732.34
OPEN:	2	0	0	2	INDEMNITY	\$306,363.55	\$306,363.55	\$320,813.78	\$627,177.33
CURR CLOSED:	3	0	0	3	EXPENSE/LEGAL	\$76,063.66	\$76,063.66	\$38,492.43	\$114,556.09
TOTAL:	5	0	0	5	VOC REHAB	\$20,097.88	\$20,097.88	\$11,902.12	\$32,000.00
RECOVERY:	0				OTHER	\$0.00	\$0.00	\$0.00	\$0.00
REHAB:	1				RECOVERY		\$0.00		\$0.00
					TOTAL INCURRED				\$1,136,465.76
					TOTAL REIMBURSEMENT				\$181.86
					NET INCURRED				\$1,136,283.90
					TOTAL	\$673,094.90	\$673,094.90	\$463,370.86	
POLICY PERIOD: 1 /1 /2014 - 12/31/2014									
	Claims	Incident	Medical	Indemnity	Type of Expense	Current Total Paid	Total Paid	Outstanding Reserve	Total Incurred
NEW:	0	0	0	0	MEDICAL	\$135,458.56	\$135,458.56	\$641,007.20	\$776,465.76
OPEN:	3	0	0	3	INDEMNITY	\$376,729.81	\$376,729.81	\$325,239.17	\$701,968.98
CURR CLOSED:	1	0	0	1	EXPENSE/LEGAL	\$35,596.77	\$35,596.77	\$219,743.31	\$255,340.08
TOTAL:	4	0	0	4	VOC REHAB	\$1,100.50	\$1,100.50	\$6,000.00	\$7,100.50
RECOVERY:	1				OTHER	\$0.00	\$0.00	\$0.00	\$0.00
REHAB:	1				RECOVERY		\$383.28		\$383.28
					TOTAL INCURRED				\$1,740,492.04
					TOTAL REIMBURSEMENT				\$0.00
					NET INCURRED				\$1,740,492.04
					TOTAL	\$548,885.64	\$548,885.64	\$1,191,989.68	
POLICY PERIOD: 1 /1 /2016 - 12/31/2016									
	Claims	Incident	Medical	Indemnity	Type of Expense	Current Total Paid	Total Paid	Outstanding Reserve	Total Incurred
NEW:	0	0	0	0	MEDICAL	\$58,267.05	\$58,267.05	\$0.00	\$58,267.05
OPEN:	2	0	0	2	INDEMNITY	\$156,638.92	\$156,638.92	\$8,500.00	\$165,138.92
CURR CLOSED:	4	0	1	3	EXPENSE/LEGAL	\$22,827.57	\$22,827.57	\$835.54	\$23,663.11
TOTAL:	6	0	1	5	VOC REHAB	\$0.00	\$0.00	\$0.00	\$0.00
RECOVERY:	1				OTHER	\$0.00	\$0.00	\$0.00	\$0.00
REHAB:	0				RECOVERY		\$43,258.42		\$43,258.42
					TOTAL INCURRED				\$203,810.66
					TOTAL REIMBURSEMENT				\$0.00
					NET INCURRED				\$203,810.66
					TOTAL	\$237,733.54	\$237,733.54	\$9,335.54	

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CARRIER REPORTS



Aggregate and specific policy reports.



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WC CARRIER REPORTS: AGGREGATE REPORT DETAIL - INCURRED

Shows individual claim detail for all claims in aggregate policy.

Aggregate Report Detail - Incurred

Claim Date From: 1/1/1900 12:00:00 AM To: 3/13/2020 11:59:59 PM

Occurrence Number	Claim Number	DOL	Status	Claimant	Inc Losses less Expense & Legal	Tot Legal Inc	Excl Legal	Net Legal Inc	Tot Exp Inc	Excl Exp	Net Exp Inc	Recovered	Net Inc	Spec Reimb	Tot Agg Amt	Total Paid
Aggregate Policy Number: - Policy Period: 12/15/1985 - 12/15/1987																
Policy Number: - Policy Type: Workers Compensation - WC:\$300,000.00 - Corridor Deductible: \$100,000.00																
	1/16/1986	Closed														
					\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	1/16/1986	Closed														
					\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	1/18/1986	Closed														
					\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	1/25/1986	Closed														
					\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	2/23/1986	Closed														
					\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	3/9/1986	Closed														
					\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	3/9/1986	Closed														
					\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	3/18/1986	Closed														
					\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	3/18/1986	Closed														
					\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	3/31/1986	Closed														
					\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	4/7/1986	Closed														
					\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	4/9/1986	Closed														
					\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	5/2/1986	Closed														

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WC CARRIER REPORTS: AGGREGATE REPORT DETAIL - PAID

Shows individual claim detail for all claims in aggregate policy.



Aggregate Report Detail - Paid

Claim Date From: 1/1/1900 12:00:00 AM To: 3/13/2020 11:59:59 PM

Occurrence Number	Claim Number	DOL	Status											
	Claimant			Pd Losses less Expense & Legal	Tot Legal Pd	Excl Legal	Net Legal Pd	Tot Exp Pd	Excl Exp	Net Exp Pd	Recovered	Net Pd	Spec Reimb	Tot Agg Amt
Aggregate Policy Number: [REDACTED] Policy Period: 12/15/1993 - 12/15/1995														
Policy Number: [REDACTED] - Policy Type:Workers Compensation - WC:\$300,000.00 - Corridor Deductible: \$200,000.00														
[REDACTED]	[REDACTED]	11/1995	Closed											
[REDACTED]	[REDACTED]	26/1994	Closed	\$997.90	\$1,757.89	\$0.00	\$1,757.89	\$1,310.95	\$0.00	\$1,310.95	\$0.00	\$4,066.74	\$0.00	\$4,066.74
[REDACTED]	[REDACTED]	21/1994	Closed	\$4,063.75	\$0.00	\$0.00	\$0.00	\$3.25	\$0.00	\$3.25	\$0.00	\$4,067.00	\$0.00	\$4,067.00
[REDACTED]	[REDACTED]	14/1994	Closed	\$3,914.30	\$0.00	\$0.00	\$0.00	\$184.64	\$0.00	\$184.64	\$0.00	\$4,098.94	\$0.00	\$4,098.94
[REDACTED]	[REDACTED]	31/1994	Closed	\$4,120.58	\$0.00	\$0.00	\$0.00	\$3.25	\$0.00	\$3.25	\$0.00	\$4,123.83	\$0.00	\$4,123.83
[REDACTED]	[REDACTED]	31/1994	Closed	\$4,129.20	\$0.00	\$0.00	\$0.00	\$3.25	\$0.00	\$3.25	\$0.00	\$4,132.45	\$0.00	\$4,132.45
[REDACTED]	[REDACTED]	12/1994	Closed	\$4,138.30	\$0.00	\$0.00	\$0.00	\$3.25	\$0.00	\$3.25	\$0.00	\$4,141.55	\$0.00	\$4,141.55
[REDACTED]	[REDACTED]	22/1995	Closed	\$4,163.90	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,163.90	\$0.00	\$4,163.90
[REDACTED]	[REDACTED]	25/1995	Closed											
[REDACTED]	[REDACTED]	25/1995	Closed	\$3,494.33	\$674.80	\$0.00	\$674.80	\$0.00	\$0.00	\$0.00	\$0.00	\$4,169.13	\$0.00	\$4,169.13
[REDACTED]	[REDACTED]	8/1995	Closed	\$4,130.93	\$0.00	\$0.00	\$0.00	\$42.01	\$0.00	\$42.01	\$0.00	\$4,172.94	\$0.00	\$4,172.94
[REDACTED]	[REDACTED]	5/1995	Closed	\$4,179.78	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,179.78	\$0.00	\$4,179.78
[REDACTED]	[REDACTED]	7/1995	Closed											
[REDACTED]	[REDACTED]	7/1995	Closed	\$2,429.42	\$1,258.40	\$0.00	\$1,258.40	\$492.96	\$0.00	\$492.96	\$0.00	\$4,180.78	\$0.00	\$4,180.78
[REDACTED]	[REDACTED]	7/1994	Closed											
[REDACTED]	[REDACTED]	7/1994	Closed	\$4,183.92	\$0.00	\$0.00	\$0.00	\$3.25	\$0.00	\$3.25	\$0.00	\$4,187.17	\$0.00	\$4,187.17
[REDACTED]	[REDACTED]	1/1994	Closed											

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WC CARRIER REPORTS: AGGREGATE REPORT SUMMARY - INCURRED

Shows summary of claim data for all claims for aggregate policy.



Aggregate Report Summary - Incurred

Claim Date From: 1/1/1900 12:00:00 AM To: 3/13/2020 11:59:59 PM

Coverage	Open Claims	Closed Claims	Total Claims	Net Loss Incurred	Net Legal Incurred	Net Expense Incurred	Recoveries	Loss Out Reserve	Legal Out Reserve	Expense Out Reserve	Total Incurred	Total Paid
Policy Number: - Policy Period: 12/15/1985 - 12/15/1987 - Corridor Deductible: \$100,000.00												
WC	0	822	822	\$1,198,085.76	\$630.49	\$152,713.18	(\$5,698.30)	\$0.00	\$0.00	\$0.00	\$1,351,429.43	\$1,357,127.73
Total	0	822	822	\$1,198,085.76	\$630.49	\$152,713.18	(\$5,698.30)	\$0.00	\$0.00	\$0.00	\$1,351,429.43	\$1,357,127.73

Aggregate Excess

Total Incurred:	\$1,351,429.43	Less losses excess of specific retention:	\$0.00
Total Paid:	\$1,357,127.73	Total aggregate experience:	\$1,351,429.43
Incurred subject to specific excess:	\$0.00	Period loss fund ratio:	44.30 %
Prior aggregate reimbursements:	\$0.00	Months since policy inception:	411
Total Incurred subject to aggregate	\$1,351,429.43		
Attachment Point:	\$3,050,248.00		
Total Incurred excess of loss fund:	\$0.00		

Policy Information

Policy Effective Date: 12/15/1985 , Policy Expiration Date: 12/15/1987 , Policy Number: , Issuing Company: Safety National Casualty Corp , Attachment Point: \$3,050,248.00 , Policy Limits: , Legal Included: Y , Amount to Exclude: (per claim or total) , Expense Included: Y , Amount to Exclude: (per claim or total) , Underlying Policies Included:

Coverage	Open Claims	Closed Claims	Total Claims	Net Loss Incurred	Net Legal Incurred	Net Expense Incurred	Recoveries	Loss Out Reserve	Legal Out Reserve	Expense Out Reserve	Total Incurred	Total Paid
Policy Number: - Policy Period: 12/15/1987 - 12/15/1989 - Corridor Deductible: \$100,000.00												
WC	0	1,477	1,477	\$3,225,994.91	\$7,296.45	\$295,763.88	(\$126,306.81)	\$0.00	\$0.00	\$0.00	\$3,529,055.24	\$3,655,362.05
Total	0	1,477	1,477	\$3,225,994.91	\$7,296.45	\$295,763.88	(\$126,306.81)	\$0.00	\$0.00	\$0.00	\$3,529,055.24	\$3,655,362.05

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WC CARRIER REPORTS: AGGREGATE REPORT SUMMARY - PAID

Shows summary of claim data for all claims for aggregate policy.



Aggregate Report Summary - Paid

Claim Date From: 1/1/1900 12:00:00 AM To: 3/13/2020 11:59:59 PM

Coverage	Open Claims	Closed Claims	Total Claims	Net Loss Payments	Net Legal Payments	Net Expense Payments	Recoveries	Loss Out Reserve	Legal Out Reserve	Expense Out Reserve	Total Paid
Policy Number: - Policy Period: 12/15/1985 - 12/15/1987 - Corridor Deductible: \$100,000.00											
WC	0	822	822	\$1,203,784.06	\$630.49	\$152,713.18	(\$5,698.30)	\$0.00	\$0.00	\$0.00	\$1,351,429.43
Total	0	822	822	\$1,203,784.06	\$630.49	\$152,713.18	(\$5,698.30)	\$0.00	\$0.00	\$0.00	\$1,351,429.43

Aggregate Excess

Total Payments:	\$1,351,429.43	Less losses excess of specific retention:	\$0.00
Payments subject to Specific Excess (carrier reimbursements):	\$0.00	Total aggregate experience:	\$1,351,429.43
Prior aggregate reimbursements:	\$0.00	Period loss fund ratio:	44.49 %
Total payments subject to aggregate	\$1,351,429.43	Months since policy inception:	411
Attachment Point:	\$3,050,248.00		
Amount to be reimbursed from excess carrier:	\$0.00		

Policy Information

Policy Effective Date: 12/15/1985 , Policy Expiration Date: 12/15/1987 , Policy Number: , Issuing Company: Safety National Casualty Corp , Attachment Point: \$3,050,248.00 , Policy Limits: , Legal Included: Y , Amount to Exclude: (per claim or total) , Expense Included: Y , Amount to Exclude: (per claim or total) , Underlying Policies Included:

Coverage	Open Claims	Closed Claims	Total Claims	Net Loss Payments	Net Legal Payments	Net Expense Payments	Recoveries	Loss Out Reserve	Legal Out Reserve	Expense Out Reserve	Total Paid
Policy Number: - Policy Period: 12/15/1987 - 12/15/1989 - Corridor Deductible: \$100,000.00											
WC	0	1477	1477	\$3,352,301.72	\$7,296.45	\$295,763.88	(\$126,306.81)	\$0.00	\$0.00	\$0.00	\$3,529,055.24
Total	0	1477	1477	\$3,352,301.72	\$7,296.45	\$295,763.88	(\$126,306.81)	\$0.00	\$0.00	\$0.00	\$3,529,055.24

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WC CARRIER REPORTS: CFP ENDORSEMENT PAID DETAIL

Shows paid financials and cost per claim at a detail level.

CFP Endorsement Paid Detail									
Report Totals:									
	Open Claims	Closed Claims	Total Claims						
	Total Indemnity Paid	Medical Paid	Net Expense Paid	Net Legal Paid	Total Lump Sum Paid	Total Paid by Insured	CFP Reimb. Due to Insured	Amount Applied to SIR	Amount Over SIR
Policy Number:	- Policy Effective Date: 01/01/2014 - Policy Expiration Date: 01/01/2015 - Policy Type: Workers Compensation - Policy Limits: \$0.00 - Corridor Deductible: \$0.00								
	\$5,394,634.14	\$3,633,710.63	\$306,375.71	\$150,607.94	\$1,334,308.45	\$9,349,390.49	\$14,573.95	\$9,349,390.49	\$0.00
Policy Number:	- Policy Effective Date: 01/01/2015 - Policy Expiration Date: 01/01/2016 - Policy Type: Workers Compensation - Policy Limits: \$0.00 - Corridor Deductible: \$0.00								
	\$3,642,535.82	\$2,474,294.98	\$245,787.48	\$140,062.67	\$1,119,125.46	\$6,243,681.00	\$0.00	\$6,243,681.00	\$0.00
Policy Number:	- Policy Effective Date: 01/01/2016 - Policy Expiration Date: 01/01/2017 - Policy Type: Workers Compensation - Policy Limits: \$0.00 - Corridor Deductible: \$0.00								
	\$4,051,899.83	\$2,815,749.35	\$299,442.92	\$107,022.97	\$3,143,903.69	\$7,097,889.33	\$0.00	\$7,097,889.33	\$0.00
Policy Number:	- Policy Effective Date: 01/01/2017 - Policy Expiration Date: 01/01/2018 - Policy Type: Workers Compensation - Policy Limits: \$0.00 - Corridor Deductible: \$0.00								
	\$7,125,198.64	\$3,427,100.66	\$411,907.82	\$127,606.31	\$6,471,397.50	\$10,869,345.94	\$0.00	\$10,869,345.94	\$0.00
Policy Number:	- Policy Effective Date: 01/01/2018 - Policy Expiration Date: 01/01/2019 - Policy Type: Workers Compensation - Policy Limits: \$0.00 - Corridor Deductible: \$0.00								
	\$5,119,253.22	\$3,148,055.29	\$365,987.99	\$129,019.45	\$4,861,967.22	\$8,651,364.05	\$0.00	\$8,651,364.05	\$0.00
Policy Number:	- Policy Effective Date: 01/01/2019 - Policy Expiration Date: 01/01/2020 - Policy Type: Workers Compensation - Policy Limits: \$0.00 - Corridor Deductible: \$0.00								
	\$2,463,519.17	\$2,277,548.58	\$319,204.21	\$57,411.19	\$2,411,333.37	\$5,115,574.49	\$0.00	\$5,115,574.49	\$0.00
Policy Number:	- Policy Effective Date: 01/01/2020 - Policy Expiration Date: 01/01/2021 - Policy Type: Workers Compensation - Policy Limits: \$0.00 - Corridor Deductible: \$0.00								
	\$6,152.90	\$81,832.23	\$13,367.39	\$0.00	\$6,152.90	\$101,352.52	\$0.00	\$101,352.52	\$0.00
	578	4,033	4,611						
Totals:	\$27,803,193.72	\$17,858,291.72	\$1,962,073.52	\$711,730.53	\$19,348,188.59	\$47,428,597.82	\$14,573.95	\$47,428,597.82	\$0.00

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WC CARRIER REPORTS: CORRIDOR DEDUCTIBLE

Shows individual claim detail for corridor applied and carrier reimbursements.



Corridor Deductible

Occurrence Number	Claim Number	DOL	Coverage	Status											
Claimant				Total Paid	Out. Reserves	Total Incurred	Less Recovery	Retention Level	Applied to Corridor	Reimb Receivable	Less Corridor	Total Reimb	Previous Reimb	Current Amt Due From Excess	
Policy Term: 2011/2012 Policy Number:				Policy Type: Workers Compensation Corridor Deductible: \$250,000.00											
Policy Year: May 1 2011/May 1 2012															
				\$15,703.63	\$0.00	\$15,703.63	\$0.00	\$0.00	\$15,703.63	\$15,703.63	\$15,703.63	\$0.00	\$0.00	\$0.00	
3/19/2012 WCEL				Closed											
				\$15,703.63	\$0.00	\$15,703.63	\$0.00	\$0.00					\$0.00		
Sub - Total for				\$15,703.63	\$0.00	\$15,703.63	\$0.00		\$15,703.63	\$15,703.63	\$15,703.63	\$0.00	\$0.00	\$0.00	

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WC CARRIER REPORTS: INCURRED DEDUCTIBLE/RETENTION DETAIL

Shows individual claim detail incurred and specific carrier reimbursements.



ICE Demo Client

Incurred Deductible/Retention Detail

Claim Date From: 1/1/1900 12:00:00 AM To: 3/10/2020 11:59:59 PM

Policy Number: WC2013, Policy Effective Date : 01/01/2013, Policy Expiration Date: 12/31/2013, Member : BUSINESS UNIT 1 1700, Location : CALIFORNIA OPERATIONS
Issuing Company: Self-Funded

Occurrence Number	Occurrence Description									
Inc Losses Less Exp. Med & Legal	Medical Incurred	Total Legal Incurred	Total Expense Incurred	Recovered	Total Incurred	Total Paid	Policy Retention	Amount Over Ded/SIR	Total Reimbursement	Add'l Excess Exposure
09ICE052793										
\$21,682.07	\$75,000.00	\$0.00	\$36,278.00	\$0.00	\$132,960.07	\$17,296.77	\$0.00	\$0.00	\$0.00	\$0.00
Claim Number	Claimant Name	DOL	Status	Covg Code	Last Carrier Reporting Note Date					
Inc Losses Less Exp. Med & Legal	Medical Incurred	Total Legal Incurred	Total Expense Incurred	Recovered	Total Incurred	Total Paid			Total Reimbursement	Last Excess Report
09ICE052793	Claimant, Ind 1	11/19/2013	Open	WC						
\$21,682.07	\$75,000.00	\$0.00	\$36,278.00	\$0.00	\$132,960.07	\$17,296.77			\$0.00	
Occurrence Number	Occurrence Description									
Inc Losses Less Exp. Med & Legal	Medical Incurred	Total Legal Incurred	Total Expense Incurred	Recovered	Total Incurred	Total Paid	Policy Retention	Amount Over Ded/SIR	Total Reimbursement	Add'l Excess Exposure
09ICE052813										
\$431,835.70	\$187,750.86	\$39,218.44	\$22,566.29	\$0.00	\$681,371.29	\$327,485.72	\$0.00	\$0.00	\$181.86	(\$181.86)
Claim Number	Claimant Name	DOL	Status	Covg Code	Last Carrier Reporting Note Date					
Inc Losses Less Exp. Med & Legal	Medical Incurred	Total Legal Incurred	Total Expense Incurred	Recovered	Total Incurred	Total Paid			Total Reimbursement	Last Excess Report
09ICE052813	Claimant, Ind 2	1/21/2013	Open	WC	1/6/2020					
\$431,835.70	\$187,750.86	\$39,218.44	\$22,566.29	\$0.00	\$681,371.29	\$327,485.72			\$181.86	
Occurrence Number	Occurrence Description									
Inc Losses Less Exp. Med & Legal	Medical Incurred	Total Legal Incurred	Total Expense Incurred	Recovered	Total Incurred	Total Paid	Policy Retention	Amount Over Ded/SIR	Total Reimbursement	Add'l Excess Exposure
09ICE052832										
\$21,569.12	\$20,339.85	\$3,870.89	\$682.55	\$0.00	\$46,462.41	\$46,462.41	\$0.00	\$0.00	\$0.00	\$0.00
Claim Number	Claimant Name	DOL	Status	Covg Code	Last Carrier Reporting Note Date					
Inc Losses Less Exp. Med & Legal	Medical Incurred	Total Legal Incurred	Total Expense Incurred	Recovered	Total Incurred	Total Paid			Total Reimbursement	Last Excess Report
09ICE052832	Claimant, Ind 3	11/26/2013	Closed	WC						
\$21,569.12	\$20,339.85	\$3,870.89	\$682.55	\$0.00	\$46,462.41	\$46,462.41			\$0.00	

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WC CARRIER REPORTS: INCURRED DEDUCTIBLE/RETENTION SUMMARY

Shows policy level data and carrier reimbursements.



ICE Demo Client

Incurred Deductible/Retention Summary

Claim Date From: 1/1/1900 12:00:00 AM To: 3/10/2020 11:59:59 PM

Policy Number: WC2013, Policy Period : 01/01/2013 - 12/31/2013, Member : BUSINESS UNIT 1 1700, Location : NEVADA OPERATIONS

Open Claims	Closed Claims	Total Claims	Net Loss Incurred	Net Legal Incurred	Net Expense Incurred	Total Recovered	Total Incurred	Total Paid	Incurred Over SIR/Ded	Total Reimbursement	Add'l Excess Exposure
2	3	5	\$1,016,312.67	\$66,080.59	\$35,480.51	\$0.00	\$1,117,873.77	\$673,094.90	\$0.00	\$181.86	(\$181.86)

Policy Information:

Policy Number: WC2013, Policy Effective Date : 01/01/2013, Policy Expiration Date: 12/31/2013, Member : BUSINESS UNIT 1 1700, Location : NEVADA OPERATIONS
Issuing Company: Self-Funded

Policy Number: WC2013, Policy Period : 01/01/2013 - 12/31/2013, Member : BUSINESS UNIT 1 1700, Location : CALIFORNIA OPERATIONS

Open Claims	Closed Claims	Total Claims	Net Loss Incurred	Net Legal Incurred	Net Expense Incurred	Total Recovered	Total Incurred	Total Paid	Incurred Over SIR/Ded	Total Reimbursement	Add'l Excess Exposure
2	3	5	\$1,016,309.67	\$60,080.59	\$66,253.51	\$0.00	\$1,142,643.77	\$673,094.90	\$0.00	\$181.86	(\$181.86)

Policy Information:

Policy Number: WC2013, Policy Effective Date : 01/01/2013, Policy Expiration Date: 12/31/2013, Member : BUSINESS UNIT 1 1700, Location : CALIFORNIA OPERATIONS
Issuing Company: Self-Funded

Policy Number: WC2013, Policy Period : 01/01/2013 - 12/31/2013, Member : BUSINESS UNIT 2, Location : ALABAMA OPERATIONS

Open Claims	Closed Claims	Total Claims	Net Loss Incurred	Net Legal Incurred	Net Expense Incurred	Total Recovered	Total Incurred	Total Paid	Incurred Over SIR/Ded	Total Reimbursement	Add'l Excess Exposure
2	3	5	\$1,021,909.67	\$60,080.59	\$54,475.50	\$0.00	\$1,136,465.76	\$673,094.90	\$0.00	\$181.86	(\$181.86)

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WC CARRIER REPORTS: PAID DEDUCTIBLE/RETENTION DETAIL

Shows individual claim detail paid and specific carrier reimbursements.



ICE Demo Client Paid Deductible/Retention Detail

Claim Date From: 1/1/1900 12:00:00 AM To: 3/10/2020 11:59:59 PM

Policy Number: WC2013, Policy Effective Date : 01/01/2013, Policy Expiration Date: 12/31/2013, Member: BUSINESS UNIT 1 1700, Location: CALIFORNIA OPERATIONS
Issuing Company: Self-Funded

Occurrence Number	Occurrence Description				Pd Losses Less Exp, Med & Legal	Medical Paid	Total Legal Paid	Total Expense Paid	Recovered	Total Paid	Policy Retention	Amount Over Ded/SIR	Total Reimbursement	Currently Due from Excess
05ICE052793					\$5,072.05	\$10,574.57	\$0.00	\$1,650.15	\$0.00	\$17,296.77	\$0.00	\$0.00	\$0.00	\$0.00
Claim Number	Claimant Name	DOL	Status	Covg Code	Pd Losses Less Exp, Med & Legal	Medical Paid	Total Legal Paid	Total Expense Paid	Recovered	Total Paid			Total Reimbursement	Last Excess Report
05ICE052793	Claimant, Ind 1	11/19/2013	Open	WC	\$5,072.05	\$10,574.57	\$0.00	\$1,650.15	\$0.00	\$17,296.77			\$0.00	
Occurrence Number	Occurrence Description				Pd Losses Less Exp, Med & Legal	Medical Paid	Total Legal Paid	Total Expense Paid	Recovered	Total Paid	Policy Retention	Amount Over Ded/SIR	Total Reimbursement	Currently Due from Excess
05ICE052813					\$121,329.82	\$160,013.76	\$32,237.75	\$13,904.39	\$0.00	\$327,485.72	\$0.00	\$0.00	\$181.86	(\$181.86)
Claim Number	Claimant Name	DOL	Status	Covg Code	Pd Losses Less Exp, Med & Legal	Medical Paid	Total Legal Paid	Total Expense Paid	Recovered	Total Paid			Total Reimbursement	Last Excess Report
05ICE052813	Claimant, Ind 2	1/21/2013	Open	WC	\$121,329.82	\$160,013.76	\$32,237.75	\$13,904.39	\$0.00	\$327,485.72			\$181.86	
Occurrence Number	Occurrence Description				Pd Losses Less Exp, Med & Legal	Medical Paid	Total Legal Paid	Total Expense Paid	Recovered	Total Paid	Policy Retention	Amount Over Ded/SIR	Total Reimbursement	Currently Due from Excess
05ICE052832					\$21,569.12	\$20,339.85	\$3,870.89	\$682.55	\$0.00	\$46,462.41	\$0.00	\$0.00	\$0.00	\$0.00
Claim Number	Claimant Name	DOL	Status	Covg Code	Pd Losses Less Exp, Med & Legal	Medical Paid	Total Legal Paid	Total Expense Paid	Recovered	Total Paid			Total Reimbursement	Last Excess Report
05ICE052832	Claimant, Ind 3	11/26/2013	Closed	WC	\$21,569.12	\$20,339.85	\$3,870.89	\$682.55	\$0.00	\$46,462.41			\$0.00	
Occurrence Number	Occurrence Description				Pd Losses Less Exp, Med & Legal	Medical Paid	Total Legal Paid	Total Expense Paid	Recovered	Total Paid	Policy Retention	Amount Over Ded/SIR	Total Reimbursement	Currently Due from Excess
05ICE052849					\$53,174.39	\$1,777.01	\$6,532.80	\$2,212.63	\$0.00	\$65,696.83	\$0.00	\$0.00	\$0.00	\$0.00
Claim Number	Claimant Name	DOL	Status	Covg Code	Pd Losses Less Exp, Med & Legal	Medical Paid	Total Legal Paid	Total Expense Paid	Recovered	Total Paid			Total Reimbursement	Last Excess Report
05ICE052849	Claimant, Ind 4	11/23/2013	Closed	WC	\$53,174.39	\$1,777.01	\$6,532.80	\$2,212.63	\$0.00	\$65,696.83			\$0.00	
Occurrence Number	Occurrence Description				Pd Losses Less Exp, Med & Legal	Medical Paid	Total Legal Paid	Total Expense Paid	Recovered	Total Paid	Policy Retention	Amount Over Ded/SIR	Total Reimbursement	Currently Due from Excess
05ICE052862					\$125,316.05	\$77,864.62	\$8,458.46	\$4,514.04	\$0.00	\$216,153.17	\$0.00	\$0.00	\$0.00	\$0.00
Claim Number	Claimant Name	DOL	Status	Covg Code	Pd Losses Less Exp, Med & Legal	Medical Paid	Total Legal Paid	Total Expense Paid	Recovered	Total Paid			Total Reimbursement	Last Excess Report
05ICE052862	Claimant, Ind 5	10/4/2013	Closed	WC	\$125,316.05	\$77,864.62	\$8,458.46	\$4,514.04	\$0.00	\$216,153.17			\$0.00	

Total for: WC2013

Open Claim	Closed Claim	Total Claim								
Pd Losses Less Exp, Med & Legal	Medical Paid	Total Legal Paid	Excluded Legal	Total Expense Paid	Excluded Expense	Recovered	Total Paid	Amount Over Ded/SIR	Total Reimbursement	Currently Due from Excess
2	3	5								
\$326,461.43	\$270,569.81	\$53,099.90	\$0.00	\$22,963.76	\$0.00	\$0.00	\$673,094.90	\$0.00	\$181.86	(\$181.86)

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WC CARRIER REPORTS: PAID DEDUCTIBLE/RETENTION SUMMARY

Shows policy level data and carrier reimbursements.



ICE Demo Client

Paid Deductible/Retention Summary

Claim Date From: 1/1/1900 12:00:00 AM To: 3/10/2020 11:59:59 PM

Policy Number: WC2013, Policy Period : 01/01/2013 - 12/31/2013, Member : BUSINESS UNIT 1 1700, Location : NEVADA OPERATIONS

Open Claims	Closed Claims	Total Claims	Net Loss Payments	Net Legal	Net Expense	Total Recovered	Total Paid	Paid Over SIR/Ded	Total Reimbursement	Currently Due from Excess
2	3	5	\$597,031.24	\$53,099.90	\$22,963.76	\$0.00	\$673,094.90	\$0.00	\$181.86	(\$181.86)

Policy Information:

Policy Number: WC2013, Policy Effective Date : 01/01/2013, Policy Expiration Date: 12/31/2013, Member: BUSINESS UNIT 1 1700, Location: NEVADA OPERATIONS
Issuing Company: Self-Funded, Line of Business Included: WC.

Policy Number: WC2013, Policy Period : 01/01/2013 - 12/31/2013, Member : BUSINESS UNIT 1 1700, Location : CALIFORNIA OPERATIONS

Open Claims	Closed Claims	Total Claims	Net Loss Payments	Net Legal	Net Expense	Total Recovered	Total Paid	Paid Over SIR/Ded	Total Reimbursement	Currently Due from Excess
2	3	5	\$597,031.24	\$53,099.90	\$22,963.76	\$0.00	\$673,094.90	\$0.00	\$181.86	(\$181.86)

Policy Information:

Policy Number: WC2013, Policy Effective Date : 01/01/2013, Policy Expiration Date: 12/31/2013, Member: BUSINESS UNIT 1 1700, Location: CALIFORNIA OPERATIONS
Issuing Company: Self-Funded, Line of Business Included: WC.

Policy Number: WC2013, Policy Period : 01/01/2013 - 12/31/2013, Member : BUSINESS UNIT 2, Location : ALABAMA OPERATIONS

Open Claims	Closed Claims	Total Claims	Net Loss Payments	Net Legal	Net Expense	Total Recovered	Total Paid	Paid Over SIR/Ded	Total Reimbursement	Currently Due from Excess
2	3	5	\$597,031.24	\$53,099.90	\$22,963.76	\$0.00	\$673,094.90	\$0.00	\$181.86	(\$181.86)

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MANAGED CARE REPORTS



Managed care and bill review reports.



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WC MANAGED CARE REPORTS: MANAGED CARE BILLS AND CHARGES BY PROVIDER

Shows savings data by state grouped by provider FEIN and name.



ICE Demo Client Managed Care Bills and Charges By Provider

Claim Date From: 10/1/2015 12:00:00 AM To: 3/11/2020 11:59:59 PM

Provider FEIN	Provider Name	# of Bills	Charges	Total Savings	Total %	FS Allowance	FS Allowance %
ALABAMA							
	ICE DEMONSTRATION PAYEE	958	\$690,442.46	\$0.00	0 %	\$690,442.46	100 %
	ALABAMA Total:	958	\$690,442.46	\$0.00	0 %	\$690,442.46	100 %
CALIFORNIA							
	ICE DEMONSTRATION PAYEE	957	\$689,735.72	\$0.00	0 %	\$689,735.72	100 %
	CALIFORNIA Total:	957	\$689,735.72	\$0.00	0 %	\$689,735.72	100 %
FLORIDA							
	ICE DEMONSTRATION PAYEE	958	\$690,442.46	\$0.00	0 %	\$690,442.46	100 %
	FLORIDA Total:	958	\$690,442.46	\$0.00	0 %	\$690,442.46	100 %
ILLINOIS							
	ICE DEMONSTRATION PAYEE	958	\$690,442.46	\$0.00	0 %	\$690,442.46	100 %
	ILLINOIS Total:	958	\$690,442.46	\$0.00	0 %	\$690,442.46	100 %
INDIANA							
	ICE DEMONSTRATION PAYEE	958	\$690,442.46	\$0.00	0 %	\$690,442.46	100 %
	INDIANA Total:	958	\$690,442.46	\$0.00	0 %	\$690,442.46	100 %
LOUISIANA							
	ICE DEMONSTRATION PAYEE	958	\$690,442.46	\$0.00	0 %	\$690,442.46	100 %
	LOUISIANA Total:	958	\$690,442.46	\$0.00	0 %	\$690,442.46	100 %
MAINE							
	ICE DEMONSTRATION PAYEE	958	\$690,442.46	\$0.00	0 %	\$690,442.46	100 %
	MAINE Total:	958	\$690,442.46	\$0.00	0 %	\$690,442.46	100 %
MINNESOTA							
	ICE DEMONSTRATION PAYEE	958	\$690,442.46	\$0.00	0 %	\$690,442.46	100 %
	MINNESOTA Total:	958	\$690,442.46	\$0.00	0 %	\$690,442.46	100 %

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WC MANAGED CARE REPORTS: MANAGED CARE DIAGNOSTIC SAVINGS

Shows diagnostic savings.



Managed Care Diagnostic Savings

Claim Date From: 01/1/2019 12:00:00 AM To: 12/31/2019 11:59:59 PM

Claim Number	Claimant	Adjuster	Charge Amount	Savings	% of Savings	Allowable Amount	Date of Service
0000000000	John Doe	John Doe	\$10.00	\$10.00	100.00%	\$0.00	11/5/2018
0000000000	John Doe	John Doe	\$131.26	\$13.13	10.00%	\$118.13	11/5/2018
0000000000	John Doe	John Doe	\$283.92	\$28.39	10.00%	\$255.53	11/5/2018
0000000000	John Doe	John Doe	\$806.31	\$40.32	5.00%	\$765.99	12/10/2019
0000000000	John Doe	John Doe	\$646.90	\$101.90	15.75%	\$545.00	8/24/2019
0000000000	John Doe	John Doe	\$878.67	\$43.93	5.00%	\$834.74	5/22/2018
0000000000	John Doe	John Doe	\$776.85	\$251.85	32.42%	\$525.00	10/23/2019
0000000000	John Doe	John Doe	\$776.85	\$251.85	32.42%	\$525.00	10/21/2019
0000000000	John Doe	John Doe	\$754.50	\$254.50	33.73%	\$500.00	1/3/2019
0000000000	John Doe	John Doe	\$44.35	\$4.43	9.99%	\$39.92	8/10/2019
0000000000	John Doe	John Doe	\$344.24	\$0.00	0.00%	\$344.24	8/10/2019
0000000000	John Doe	John Doe	\$44.35	\$4.43	9.99%	\$39.92	8/10/2019
0000000000	John Doe	John Doe	\$344.24	\$0.00	0.00%	\$344.24	8/10/2019
0000000000	John Doe	John Doe	\$951.15	\$47.56	5.00%	\$903.59	10/9/2018
0000000000	John Doe	John Doe	\$67.45	\$3.37	5.00%	\$64.08	10/9/2018
0000000000	John Doe	John Doe	\$1,625.60	\$825.60	50.79%	\$800.00	9/13/2019
0000000000	John Doe	John Doe	\$806.31	\$281.31	34.89%	\$525.00	4/23/2019
0000000000	John Doe	John Doe	\$777.79	\$252.79	32.50%	\$525.00	4/23/2019
0000000000	John Doe	John Doe	\$776.85	\$251.85	32.42%	\$525.00	5/23/2019
0000000000	John Doe	John Doe	\$776.85	\$251.85	32.42%	\$525.00	5/20/2019
0000000000	John Doe	John Doe	\$145.08	\$145.08	100.00%	\$0.00	5/10/2019
0000000000	John Doe	John Doe	\$113.57	\$11.36	10.00%	\$102.21	5/10/2019
0000000000	John Doe	John Doe	\$130.65	\$13.06	10.00%	\$117.59	5/10/2019
0000000000	John Doe	John Doe	\$130.65	\$13.06	10.00%	\$117.59	5/10/2019
0000000000	John Doe	John Doe	\$102.93	\$10.29	10.00%	\$92.64	5/10/2019
0000000000	John Doe	John Doe	\$363.80	\$0.00	0.00%	\$363.80	3/7/2019

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WC MANAGED CARE REPORTS: MANAGED CARE PHARMACY PBM SAVINGS

Shows summary savings data for pharmacy related charges.



ICE Demo Client

Managed Care Pharmacy PBM Savings

Claim Date From: 10/1/2015 12:00:00 AM To: 3/11/2020 11:59:59 PM

Network FEIN	Network Name	# of Scripts	Charges	Contract Rate	PBM Reduction	PBM Reduction %	Fees
ALABAMA							
	IPS	87	\$23,053.83	\$18,568.72	\$4,485.11	19.45%	\$0.00
	PHARMACEUTICAL TECHNOLOGIES	51	\$3,837.75	\$2,597.71	\$1,240.04	32.31%	\$0.00
ALABAMA Total		138	\$26,891.58	\$21,166.43	\$5,725.15	21.29%	\$0.00
CALIFORNIA							
	IPS	87	\$23,053.83	\$18,568.72	\$4,485.11	19.45%	\$0.00
	PHARMACEUTICAL TECHNOLOGIES	51	\$3,837.75	\$2,597.71	\$1,240.04	32.31%	\$0.00
CALIFORNIA Total		138	\$26,891.58	\$21,166.43	\$5,725.15	21.29%	\$0.00
FLORIDA							
	IPS	87	\$23,053.83	\$18,568.72	\$4,485.11	19.45%	\$0.00
	PHARMACEUTICAL TECHNOLOGIES	51	\$3,837.75	\$2,597.71	\$1,240.04	32.31%	\$0.00
FLORIDA Total		138	\$26,891.58	\$21,166.43	\$5,725.15	21.29%	\$0.00
ILLINOIS							
	IPS	87	\$23,053.83	\$18,568.72	\$4,485.11	19.45%	\$0.00
	PHARMACEUTICAL TECHNOLOGIES	51	\$3,837.75	\$2,597.71	\$1,240.04	32.31%	\$0.00
ILLINOIS Total		138	\$26,891.58	\$21,166.43	\$5,725.15	21.29%	\$0.00
INDIANA							
	IPS	87	\$23,053.83	\$18,568.72	\$4,485.11	19.45%	\$0.00
	PHARMACEUTICAL TECHNOLOGIES	51	\$3,837.75	\$2,597.71	\$1,240.04	32.31%	\$0.00
INDIANA Total		138	\$26,891.58	\$21,166.43	\$5,725.15	21.29%	\$0.00
LOUISIANA							
	IPS	87	\$23,053.83	\$18,568.72	\$4,485.11	19.45%	\$0.00
	PHARMACEUTICAL TECHNOLOGIES	51	\$3,837.75	\$2,597.71	\$1,240.04	32.31%	\$0.00
LOUISIANA Total		138	\$26,891.58	\$21,166.43	\$5,725.15	21.29%	\$0.00
MAINE							
	IPS	87	\$23,053.83	\$18,568.72	\$4,485.11	19.45%	\$0.00
	PHARMACEUTICAL TECHNOLOGIES	51	\$3,837.75	\$2,597.71	\$1,240.04	32.31%	\$0.00

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Proactive Risk Management and Claims Administration Solutions

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WC MANAGED CARE REPORTS: MANAGED CARE SAVINGS AND FEES

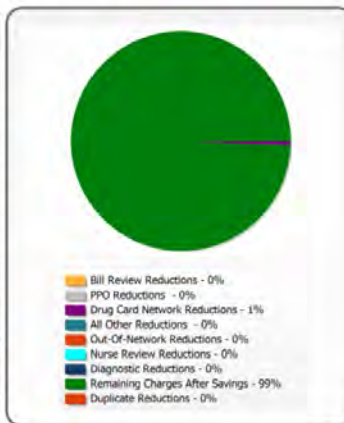
Shows summary of managed care data for CompMC clients only.



ICE Demo Client Managed Care Savings and Fees

Claim Date From: 10/1/2015 12:00:00 AM To: 3/11/2020 11:59:59 PM

Comp MC		
Number of Bills Processed:		14,083
<small>(includes bill review, drug card and diagnostic bills.) Reconsideration bills (recons) are not included in any of the figures on this report.</small>		
Total Charges:		\$9,978,177.14
Reductions:		
Bill Review Reductions:		\$0.00
Duplicate Reductions:		\$0.00
PPO Reductions:		\$0.00
Drug Card Network Reductions:		\$59,373.30
Out-Of-Network Specialty Review Reductions:		\$0.00
Nurse Review Reductions:		\$0.00
All Other Reductions:		\$0.00
Diagnostic Reductions:		\$0.00
Total Savings:		\$59,373.30 0.60%
Bill Review Processing Fees: (*Incl. BR, PPO, Specialty and Nurse)		\$0.00
Net Reductions:		\$59,373.30 0.60%
Return On Investment (ROI):		0.00 to 1



ICE Demo Client Managed Care Savings and Fees

Claim Date From: 10/1/2015 12:00:00 AM To: 3/11/2020 11:59:59 PM

Printed: 3/11/2020

PPO Reductions

Network	# of Bills	%	Charges	BR Reg Red	Dup Red	Total Bill Review Red	Billed to PPO	PPO Red (\$)	PPO Red (%)
Total PPO Reductions:	0	0.00 %	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
Total (No Network):	13,411	100.00 %	\$9,665,487.70	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
Total (No Network) and PPO Reductions:	13,411	100.00 %	\$9,665,487.70	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%

Drug Card Network Reductions

Network	# of Scripts	%	Charges				PBM Red (\$)	PBM Red (%)
IPS	1120	100.00 %	\$312,689.44				\$59,373.30	18.99%
Total Drug Card Network Reductions:	1,120	100.00 %	\$312,689.44				\$59,373.30	18.99%

Out-Of-Network Specialty Reductions

Vendor	# of Bills		Charges				Billed to OSR	OSR Red (\$)	OSR Red (%)
FairPay	0		\$0.00				\$0.00	\$0.00	0.00%
Total Out-Of-Network Specialty Reductions:	0		\$0.00				\$0.00	\$0.00	0.00%

Nurse Review Reductions

Vendor	# of Bills		Charges					Nurse Red (\$)	Nurse Red (%)
Comp MC Nurse Case Review	0		\$0.00					\$0.00	0.00%
Total Nurse Review Reductions:	0		\$0.00					\$0.00	0.00%

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Proactive Risk Management and Claims Administration Solutions

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WC MANAGED CARE REPORTS: MANAGED CARE SAVINGS AND FEES DETAIL

Shows individual claim detail of managed care detail for CompMC clients only.



ICE Demo Client Managed Care Savings and Fees Detail

Claim Date From: 10/1/2015 12:00:00 AM To: 3/11/2020 11:59:59 PM

Comp MC

ALABAMA

PPO Reductions

(No Network)

Claimant	Claim Number	Date of Loss	Date of Service	Charges	PPO Reduction (\$)	PPO Reduction (%)	Fees*
Claimant MO, 17	10ICEC162586	5/28/2018	5/28/2018	\$294.00	\$0.00	0.00%	\$0.00
Claimant MO, 17	10ICEC162586	5/28/2018	5/28/2018	(\$294.00)	\$0.00	0.00%	\$0.00
Claimant MO, 17	10ICEC162586	5/28/2018	5/28/2018	\$294.00	\$0.00	0.00%	\$0.00
Claimant MO, 36	11ICEC162637	9/3/2019	9/28/2019	\$133.00	\$0.00	0.00%	\$0.00
Claimant MO, 36	11ICEC162637	9/3/2019	9/6/2019	\$244.00	\$0.00	0.00%	\$0.00
Claimant MO, 36	11ICEC162637	9/3/2019	9/28/2019	\$133.00	\$0.00	0.00%	\$0.00
Claimant MO, 36	11ICEC162637	9/3/2019	9/11/2019	\$140.00	\$0.00	0.00%	\$0.00
Claimant MO, 36	11ICEC162637	9/3/2019	9/18/2019	\$136.00	\$0.00	0.00%	\$0.00
Claimant MO, 36	11ICEC162637	9/3/2019	10/8/2019	\$136.00	\$0.00	0.00%	\$0.00
Claimant MO, 36	11ICEC162637	9/3/2019	10/4/2019	\$1,206.80	\$0.00	0.00%	\$0.00
Claimant MO, 36	11ICEC162637	9/3/2019	10/10/2019	(\$278.00)	\$0.00	0.00%	\$0.00
Claimant MO, 36	11ICEC162637	9/3/2019	10/1/2019	\$55.74	\$0.00	0.00%	\$0.00
Claimant MO, 36	11ICEC162637	9/3/2019	9/24/2019	\$183.00	\$0.00	0.00%	\$0.00
Claimant MO, 36	11ICEC162637	9/3/2019	10/2/2019	\$200.75	\$0.00	0.00%	\$0.00
Claimant MO, 36	11ICEC162637	9/3/2019	10/1/2019	\$258.00	\$0.00	0.00%	\$0.00
Claimant MO, 36	11ICEC162637	9/3/2019	9/12/2019	\$183.00	\$0.00	0.00%	\$0.00
Claimant MO, 36	11ICEC162637	9/3/2019	9/20/2019	\$183.00	\$0.00	0.00%	\$0.00
Claimant MO, 36	11ICEC162637	9/3/2019	9/25/2019	\$136.00	\$0.00	0.00%	\$0.00
Claimant MO, 36	11ICEC162637	9/3/2019	9/3/2019	\$45.56	\$0.00	0.00%	\$0.00
Claimant MO, 36	11ICEC162637	9/3/2019	9/3/2019	\$202.00	\$0.00	0.00%	\$0.00
Claimant MO, 36	11ICEC162637	9/3/2019	9/17/2019	\$183.00	\$0.00	0.00%	\$0.00
Claimant MO, 36	11ICEC162637	9/3/2019	10/10/2019	\$278.00	\$0.00	0.00%	\$0.00

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Proactive Risk Management and Claims Administration Solutions

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WC MANAGED CARE REPORTS: MANAGED CARE SAVINGS BY PROVIDER TYPE

Shows savings data based on payment sub class.



ICE Demo Client

Managed Care Savings By Provider Type

Claim Date From: 10/1/2015 12:00:00 AM To: 3/11/2020 11:59:59 PM

Provider Type	# of Bill Lines	Charges	BR Reduction	BR %	PPO Reduction	PPO %	Other Reduction	Other %	Total Savings	Total %
AMBULANCE	42	\$367,522.54	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %
ANESTHESIA	252	\$442,811.74	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %
CASE MANAGEMENT	14	\$10,710.00	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %
CHIROPRACTIC	14	\$25,872.00	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %
DIAGNOSTIC TEST	826	\$864,538.36	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %
DURABLE EQUIP	182	\$300,013.00	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %
EMERGENCY ROOM	140	\$169,602.72	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %
HEARING	28	\$38,710.00	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %
HOSP INPATIENT	70	\$874,259.68	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %
HOSP OUTPATIENT	0	\$191,142.00	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %
INJECTION	0	\$42,386.40	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %
MISC MEDICAL	3010	\$760,847.78	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %
OFFICE VISIT	3864	\$478,972.06	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %
PATHOLOGY/LAB	126	\$184,037.84	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %
PHYS THERAPY	2855	\$1,113,392.26	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %
PHYSICIAN	0	\$4,410.00	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %
PRESCRIPTIONS	1190	\$483,588.42	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %
PSYCHIATRIST	14	\$4,410.00	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %
SUPPLIES	196	\$618,138.36	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %
SURGERY	518	\$2,595,412.54	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %
VISION	42	\$11,270.00	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %
WORK HARDENING	28	\$83,440.00	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %
Total All Types:	13,411	\$9,665,487.70	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %	\$0.00	0 %

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Proactive Risk Management and Claims Administration Solutions

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WC MANAGED CARE REPORTS: MANAGED CARE SAVINGS BY STATE

Shows summary savings data by jurisdictional state of claim.



ICE Demo Client Managed Care Savings By State

Claim Date From: 10/1/2015 12:00:00 AM To: 3/11/2020 11:59:59 PM

State	# of Bills	Charges	BR Reduction	BR %	PPO Reduction	PPO %	Bills in Network	% In Network	Other Reduction	Oth %	Total Savings	Total %
ALABAMA	958	\$690,442.46	\$0.00	0 %	\$0.00	0.00%	0	0 %	\$373,484.38	54 %	\$373,484.38	54 %
CALIFORNIA	957	\$689,735.72	\$0.00	0 %	\$0.00	0.00%	0	0 %	\$373,029.95	54 %	\$373,029.95	54 %
FLORIDA	958	\$690,442.46	\$0.00	0 %	\$0.00	0.00%	0	0 %	\$373,484.38	54 %	\$373,484.38	54 %
ILLINOIS	958	\$690,442.46	\$0.00	0 %	\$0.00	0.00%	0	0 %	\$373,484.38	54 %	\$373,484.38	54 %
INDIANA	958	\$690,442.46	\$0.00	0 %	\$0.00	0.00%	0	0 %	\$373,484.38	54 %	\$373,484.38	54 %
LOUISIANA	958	\$690,442.46	\$0.00	0 %	\$0.00	0.00%	0	0 %	\$373,484.38	54 %	\$373,484.38	54 %
MAINE	958	\$690,442.46	\$0.00	0 %	\$0.00	0.00%	0	0 %	\$373,484.38	54 %	\$373,484.38	54 %
MINNESOTA	958	\$690,442.46	\$0.00	0 %	\$0.00	0.00%	0	0 %	\$373,484.38	54 %	\$373,484.38	54 %
MISSISSIPPI	958	\$690,442.46	\$0.00	0 %	\$0.00	0.00%	0	0 %	\$373,484.38	54 %	\$373,484.38	54 %
NEVADA	958	\$690,442.46	\$0.00	0 %	\$0.00	0.00%	0	0 %	\$373,484.38	54 %	\$373,484.38	54 %
NEW JERSEY	958	\$690,442.46	\$0.00	0 %	\$0.00	0.00%	0	0 %	\$373,484.38	54 %	\$373,484.38	54 %
SOUTH CAROLINA	958	\$690,442.46	\$0.00	0 %	\$0.00	0.00%	0	0 %	\$373,484.38	54 %	\$373,484.38	54 %
TENNESSEE	958	\$690,442.46	\$0.00	0 %	\$0.00	0.00%	0	0 %	\$373,484.38	54 %	\$373,484.38	54 %
TEXAS	958	\$690,442.46	\$0.00	0 %	\$0.00	0.00%	0	0 %	\$373,484.38	54 %	\$373,484.38	54 %
Total	13411	\$9,665,487.70	\$0.00	0 %	\$0.00	0.00%	0	0 %	\$5,228,326.89	54 %	\$5,228,326.89	54 %

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BILLING REPORTS



Client billing and accounting reports.



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Client deductible billing report.

BUSINESS UNIT	Occurrence Number	Alternate Claim Number	Policy Number	Catast	Date of Loss	Claim Number	Claim Coverage Status	Date Claim Closed	BROKER												BOLINS UNIT	BOLINS CLAIM	BOLINS AREA CODE																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
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WC BILLING REPORTS: MONTHLY BILLING REPORT

Shows individual claim detail grouped by claim type.



ICE Demo Client

Monthly Billing Report

Claim Date From: 1/1/1900 12:00:00 AM To: 3/11/2020 11:59:59 PM

Claimant	Claim Number	Date of Loss	Adjuster	State of Jurisdiction	Claim Input Date	Claim Type / Covg Code	Change From	Date of Change	Claim Status	Coverage	RPO Converted
Alabama, USA											
Indemnity											
Claimant, Ind 20	08ICEC162781	11/28/2016	KBRECHTEL	Alabama, USA	11/28/2016	Indemnity			Closed	WC	
Claimant, Ind 21	09ICEC162782	8/17/2017	TCOCHRAN	Alabama, USA	08/17/2017	Indemnity			Open	WC	
Claimant, Ind 22	09ICEC162783	11/21/2017	RVOGEL	Alabama, USA	11/21/2017	Indemnity			Open	WC	
Claimant, Ind 23	09ICEC162784	10/4/2017	RVOGEL	Alabama, USA	10/04/2017	Indemnity			Open	WC	
Claimant, Ind 24	09ICEC162785	11/24/2017	KBRECHTEL	Alabama, USA	11/24/2017	Indemnity			Closed	WC	
Claimant, Ind 25	09ICEC162786	5/26/2017	KBRECHTEL	Alabama, USA	05/26/2017	Indemnity			Closed	WC	
Claimant, Ind 26	10ICEC162787	1/9/2018	RVOGEL	Alabama, USA	01/09/2018	Indemnity			Open	WC	
Claimant, Ind 27	10ICEC162788	2/15/2018	RVOGEL	Alabama, USA	02/15/2018	Indemnity			Open	WC	
Claimant, Ind 28	10ICEC162789	10/28/2018	RVOGEL	Alabama, USA	10/28/2018	Indemnity			Open	WC	
Claimant, Ind 29	10ICEC162790	7/4/2018	RVOGEL	Alabama, USA	07/04/2018	Indemnity			Open	WC	
Claimant, Ind 3	05ICEC162791	11/26/2013	KBRECHTEL	Alabama, USA	11/26/2013	Indemnity			Closed	WC	
Claimant, Ind 30	10ICEC162792	7/20/2018	RVOGEL	Alabama, USA	07/20/2018	Indemnity			Open	WC	
Claimant, Ind 31	10ICEC162793	8/21/2018	KBRECHTEL	Alabama, USA	08/21/2018	Indemnity			Closed	WC	
Claimant, Ind 32	10ICEC162794	7/23/2018	KBRECHTEL	Alabama, USA	07/23/2018	Indemnity			Closed	WC	
Claimant, Ind 33	10ICEC162795	1/2/2018	KBRECHTEL	Alabama, USA	01/02/2018	Indemnity			Closed	WC	
Claimant, Ind 34	10ICEC162796	6/28/2018	KBRECHTEL	Alabama, USA	06/28/2018	Indemnity			Closed	WC	
Claimant, Ind 35	10ICEC162797	9/8/2018	KBRECHTEL	Alabama, USA	09/08/2018	Indemnity			Closed	WC	
Claimant, Ind 36	11ICEC162687	6/8/2019	RVOGEL	Alabama, USA	06/08/2019	Indemnity			Open	WC	
Claimant, Ind 37	11ICEC162688	5/3/2019	RVOGEL	Alabama, USA	05/03/2019	Indemnity			Open	WC	
Claimant, Ind 38	11ICEC162689	7/23/2019	RVOGEL	Alabama, USA	07/23/2019	Indemnity			Open	WC	
Claimant, Ind 39	11ICEC162690	10/8/2019	RVOGEL	Alabama, USA	10/08/2019	Indemnity			Open	WC	
Claimant, Ind 4	05ICEC162798	11/23/2013	KBRECHTEL	Alabama, USA	11/23/2013	Indemnity			Closed	WC	
Claimant, Ind 40	11ICEC162799	12/14/2018	RVOGEL	Alabama, USA	12/14/2018	Indemnity			Open	WC	
Claimant, Ind 41	11ICEC162800	4/17/2019	KBRECHTEL	Alabama, USA	04/17/2019	Indemnity			Closed	WC	
Claimant, Ind 42	11ICEC162801	3/28/2019	KBRECHTEL	Alabama, USA	03/28/2019	Indemnity			Closed	WC	
Claimant, Ind 43	11ICEC162691	1/14/2019	KBRECHTEL	Alabama, USA	01/14/2019	Indemnity			Closed	WC	
Claimant, Ind 44	11ICEC162802	6/11/2019	RVOGEL	Alabama, USA	06/11/2019	Indemnity			Open	WC	
Claimant, Ind 45	11ICEC162803	11/7/2019	RVOGEL	Alabama, USA	11/07/2019	Indemnity			Open	WC	
Claimant, Ind 5	05ICEC162804	10/4/2013	KBRECHTEL	Alabama, USA	10/04/2013	Indemnity			Closed	WC	
Claimant, Ind 6	06ICEC162805	11/28/2014	RVOGEL	Alabama, USA	11/28/2014	Indemnity			Open	WC	

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MANAGEMENT REPORTS



Management reports.



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WC MANAGEMENT REPORTS: ANALYTICAL REPORT – CLAIMS ANALYSIS

Shows competition, claim count, and amount between years.

Coverages: WC										
Total Incurred Any										
Adjuster	Claim Type	As of 06/11/2019			As of 03/11/2019			As of 03/11/2019		
		Closing Ratio			Closing Ratio			Percentage		
		Claims Entered/Closed 01/01/2019 - 06/11/2019			Claims Entered/Closed 01/01/2019 - 03/11/2019			Comparison		
		Claims Entered	Claims Closed	%	Claim Type	Claims Entered	Claims Closed	%	Claims Entered	Claims Closed
BRECHTEL, KATE	IND, MO	0	728	0.00%	IND, MO	0	728	0.00%	0.00%	0.00%
VOGEL, RACHEL	IND	28	0	0.00%	N/A	0	0	0.00%	0.00%	0.00%
Total		28	728	2600.00%		0	728			0.00%



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WC MANAGEMENT REPORTS: ANALYTICAL REPORT – CLOSING RATIO ANALYSIS

Shows competition, claim count, and amount between years.

Coverages: WC						
Indemnity, Medical Only Claims by Entry Date/Date Closed						
	All Claims			WC		
As of Date	Entered	Closed	%	Entered	Closed	%
1/31/2015	0	0	0.00%	0	0	0.00%
1/31/2017	0	0	0.00%	0	0	0.00%
2/28/2015	0	728	0.00%	0	728	0.00%
2/28/2017	0	728	0.00%	0	728	0.00%
3/31/2015	0	728	0.00%	0	728	0.00%
3/31/2017	0	728	0.00%	0	728	0.00%
4/30/2015	0	728	0.00%	0	728	0.00%
4/30/2017	0	728	0.00%	0	728	0.00%
5/31/2015	14	728	5200.00%	14	728	5200.00%
5/31/2017	15	729	4860.00%	15	729	4860.00%
6/30/2015	28	728	2600.00%	28	728	2600.00%
6/30/2017	29	729	2513.79%	29	729	2513.79%
7/31/2015	56	728	1300.00%	56	728	1300.00%
7/31/2017	57	729	1278.95%	57	729	1278.95%
8/31/2015	70	728	1040.00%	70	728	1040.00%
8/31/2017	71	729	1026.76%	71	729	1026.76%
9/30/2015	112	728	650.00%	112	728	650.00%
9/30/2017	113	729	645.13%	113	729	645.13%
10/31/2015	154	728	472.73%	154	728	472.73%
10/31/2017	155	730	470.97%	155	730	470.97%
11/30/2015	182	728	400.00%	182	728	400.00%
11/30/2017	183	730	398.91%	183	730	398.91%
12/31/2015	224	728	325.00%	224	728	325.00%
12/31/2017	225	730	324.44%	225	730	324.44%

WC MANAGEMENT REPORTS: ANALYTICAL REPORT – YEARS CLAIMS ANALYSIS

Shows competition, claim count, and amount between years.

Total Incurred Any Indemnity, Medical Claims by Date of Loss									
Coverage Code: WC									
As Of Date	Total Incurred	Change	%	# Claims	Change	%	Avg Cost per Claim	Change	%
1/31/2015	\$0			0			\$0		
1/31/2017	\$0	\$0	0.00%	0	0	0.00%	\$0	\$0	0.00%
2/28/2015	\$0			0			\$0		
2/28/2017	\$0	\$0	0.00%	0	0	0.00%	\$0	\$0	0.00%
3/31/2015	\$0			0			\$0		
3/31/2017	\$0	\$0	0.00%	0	0	0.00%	\$0	\$0	0.00%
4/30/2015	\$0			0			\$0		
4/30/2017	\$0	\$0	0.00%	0	0	0.00%	\$0	\$0	0.00%
5/31/2015	\$0			14			\$0		
5/31/2017	\$0	\$0	0.00%	15	1	7.14%	\$0	\$0	0.00%
6/30/2015	\$0			28			\$0		
6/30/2017	\$0	\$0	0.00%	29	1	3.57%	\$0	\$0	0.00%
7/31/2015	\$0			56			\$0		
7/31/2017	\$0	\$0	0.00%	57	1	1.79%	\$0	\$0	0.00%
8/31/2015	\$0			70			\$0		
8/31/2017	\$0	\$0	0.00%	71	1	1.43%	\$0	\$0	0.00%
9/30/2015	\$0			112			\$0		
9/30/2017	\$0	\$0	0.00%	113	1	0.89%	\$0	\$0	0.00%
10/31/2015	\$0			154			\$0		
10/31/2017	\$0	\$0	0.00%	155	1	0.65%	\$0	\$0	0.00%
11/30/2015	\$0			182			\$0		
11/30/2017	\$0	\$0	0.00%	183	1	0.55%	\$0	\$0	0.00%
12/31/2015	\$0			224			\$0		
12/31/2017	\$0	\$0	0.00%	225	1	0.45%	\$0	\$0	0.00%



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WC MANAGEMENT REPORTS: CLAIM EXCEPTION REPORT

Allows you to search for potential claim issues.



ICE Demo Client Claim Exception Report

Claimant Name	Claim #	Claim Status	Claim Type	DOL	Adjuster	Total Paid	Outstanding Reserves	Total Incurred	Last Activity	Last Activity Name	% Outstanding Reserves
Claims with No Activity											
BUSINESS UNIT 1 1700											
Claimant MO 2	C050844	Open	Medical	4/18/2017	VOGEL, RACHEL	\$3,700.46	\$0.00	\$2,658.75	1/4/2012	Claim Note Adjuster	0.00%
Claimant MO 16	C051334	Open	Medical	6/14/2018	VOGEL, RACHEL	\$1,136.62	\$0.00	\$1,136.62	1/13/2012	Transaction & Reserve	0.00%
Claimant MO 17	C051346	Open	Medical	5/28/2018	VOGEL, RACHEL	\$222.58	\$2,800.00	\$3,022.58	2/15/2012	Claim Note Adjuster & Reserve	92.64%
Claimant MO 31	C051671	Open	Indemnity	1/10/2019	VOGEL, RACHEL	\$4,674.48	\$16,019.02	\$20,693.50	2/29/2012	Transaction	77.41%
Claimant MO 32	C051684	Open	Medical	1/17/2019	VOGEL, RACHEL	\$524.68	\$1,210.00	\$1,734.68	2/15/2012	Claim Note Adjuster & Reserve	69.75%
Claimant MO 35	C051751	Open	Medical	9/19/2019	VOGEL, RACHEL	\$16.00	\$6,600.00	\$6,616.00	6/17/2013	Reserve	99.76%
Claimant MO 36	C051783	Open	Medical	9/3/2019	VOGEL, RACHEL	\$4,703.09	\$5,075.00	\$9,778.09	2/15/2012	Claim Note Adjuster & Reserve	51.90%
Claimant MO 45	C051942	Open	Medical	8/14/2019	VOGEL, RACHEL	\$195.83	\$1,499.00	\$1,694.83	3/7/2012	Transaction	88.45%
Claimant Ind 6	C052877	Open	Indemnity	11/28/2014	VOGEL, RACHEL	\$168,964.82	\$843,242.33	\$1,012,207.15	3/12/2012	Transaction	83.31%
Claimant Ind 7	C053078	Open	Indemnity	7/2/2014	VOGEL, RACHEL	\$185,643.96	\$262,790.23	\$448,434.19	3/6/2012	Transaction	58.60%
Claimant Ind 12	C053118	Open	Indemnity	12/28/2014	VOGEL, RACHEL	\$193,424.21	\$85,957.12	\$279,381.33	2/29/2012	Transaction	30.77%
Claimant Ind 16	C053154	Open	Indemnity	11/28/2016	VOGEL, RACHEL	\$7,106.46	\$9,335.54	\$16,442.00	6/18/2013	Transaction & Reserve	56.78%
Claimant Ind 17	C053164	Open	Indemnity	2/10/2016	VOGEL, RACHEL	\$167,570.25	\$0.00	\$124,311.83	2/10/2012	Claim Note Adjuster	0.00%
Claimant Ind 21	C053199	Open	Indemnity	8/17/2017	VOGEL, RACHEL	\$29,207.09	\$45,420.76	\$74,627.85	2/13/2012	Claim Note Adjuster & Reserve	60.86%
Claimant Ind 22	C053208	Open	Indemnity	11/21/2017	VOGEL, RACHEL	\$133,995.56	\$162,661.14	\$296,656.70	6/18/2013	Transaction	54.83%
Claimant Ind 23	C053215	Open	Indemnity	10/4/2017	VOGEL, RACHEL	\$87,207.23	\$164,469.77	\$251,677.00	3/12/2012	Transaction	65.35%
Claimant Ind 26	C053465	Open	Indemnity	1/9/2018	VOGEL, RACHEL	\$187,441.19	\$243,982.87	\$431,424.06	6/17/2013	Transaction	56.55%
Claimant Ind 27	C053474	Open	Indemnity	2/15/2018	VOGEL, RACHEL	\$33,077.56	\$18,516.00	\$51,593.56	2/15/2012	Claim Note Adjuster & Reserve	35.89%
Claimant Ind 28	C053483	Open	Indemnity	10/28/2018	VOGEL, RACHEL	\$57,752.65	\$37,099.96	\$94,852.61	6/17/2013	Transaction	39.11%

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WC MANAGEMENT REPORTS: CLOSING RATIO

Shows closing ratio on per adjuster basis.



ICE Demo Client

Closing Ratio

Claim Date From: 1/1/1900 12:00:00 AM To: 3/11/2020 11:59:59 PM

Adjuster	Claim Type	Open Claims Period Start	Claims Received In Period	Claims Closed In Period	Period Closing Ratio	Total Inventory Closing Ratio	Open Claims Period End
DANVILLE							
BLAKENEY, STEPHANIE							
	Incident	0	2	1	50.0%	50.0%	1
	Indemnity	0	11	0	0.0%	0.0%	11
	Medical	0	1	1	100.0%	100.0%	0
BLAKENEY, STEPHANIE Totals:		0	14	2	14.3%	14.3%	12
COCHRAN, TIM							
	Indemnity	0	3	0	0.0%	0.0%	3
COCHRAN, TIM Totals:		0	3	0	0.0%	0.0%	3
CRAIG, JOHN							
	Indemnity	0	2	1	50.0%	50.0%	1
CRAIG, JOHN Totals:		0	2	1	50.0%	50.0%	1
DANVILLE Totals:		0	19	3	15.8%	15.8%	16
LISLE							
HARVEY, ROB							
	Indemnity	0	1	0	0.0%	0.0%	1
HARVEY, ROB Totals:		0	1	0	0.0%	0.0%	1
LISLE Totals:		0	1	0	0.0%	0.0%	1
METAIRIE							
VOGEL, RACHEL							
	Incident	0	14	0	0.0%	0.0%	14

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WC MANAGEMENT REPORTS: COMPREHENSIVE DASHBOARD

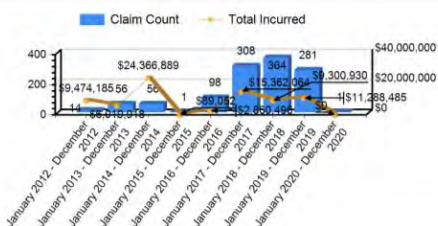
Provides a snapshot of the client activity.



ICE Demo Client Comprehensive Dashboard

Claim Date From: 1/1/1900 12:00:00 AM To: 3/11/2020 11:59:59 PM

Claim Count and Total Incurred by Fiscal Year



Claim Totals

Open Claims	Closed Claims	Total Claims	Total Occurrences
449	730	1179	1179

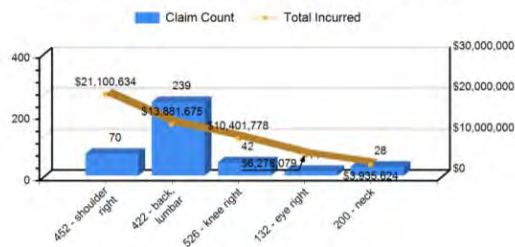
Top 5 Open Claims by Incurred

Claim #	DOL	Claimant	Adjuster	Total Incurred
C052877	10/28/2014	Claimant, Ind 6	VOGEL, RACHEL	\$1,012,207.15
C161448	10/28/2014	Claimant, Ind 6	VOGEL, RACHEL	\$1,012,207.15
C162805	10/28/2014	Claimant, Ind 6	VOGEL, RACHEL	\$1,012,207.15
C163071	10/28/2014	Claimant, Ind 6	VOGEL, RACHEL	\$1,012,207.15
C163434	10/28/2014	Claimant, Ind 6	VOGEL, RACHEL	\$1,012,207.15

Financial Totals

Total Paid	Outstanding Reserves	Third Party Recovery	Total Incurred	Total Reimbursement	Net Incurred
\$37,371,489.90	\$42,016,095.82	\$625,567.74	\$78,762,017.98	\$2,546.04	\$78,759,471.94

Employee Injury - Body Part by Claim Count and Total Incurred
Fiscal Years: Jan 2012 - Dec 2012 through Jan 2020 - Dec 2020



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WC MANAGEMENT REPORTS: DASHBOARD REPORT

Graphical overview report.

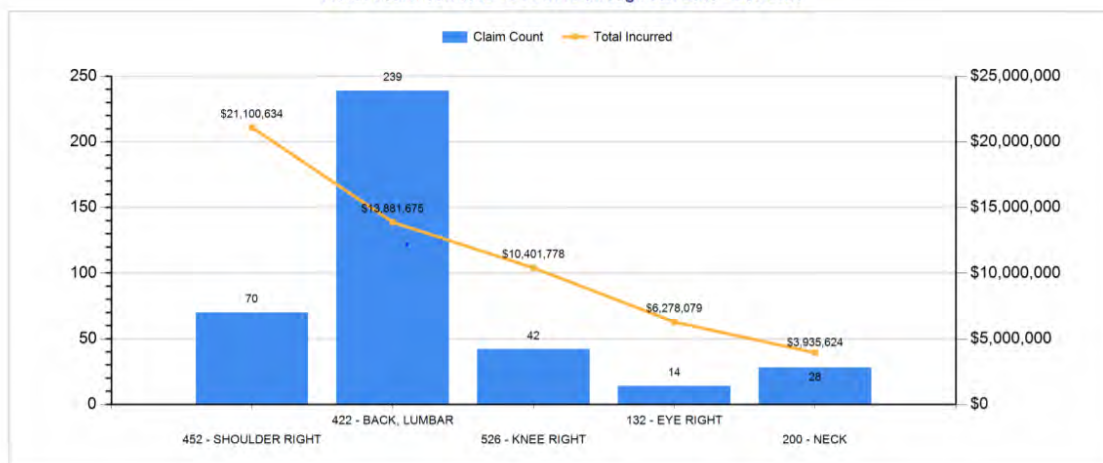


ICE Demo Client

Dashboard Report

Claim Date From: 1/1/1900 12:00:00 AM To: 3/11/2020 11:59:59 PM

WC Body Part by Claim Count and Total Incurred
Fiscal Years: Jan 2012 - Dec 2012 through Jan 2020 - Dec 2020



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WC MANAGEMENT REPORTS: MULTI PERIOD COMPARISON REPORT

Shows comparison and variances between multiple periods of time.

	Period 1 1/1/2017 - 12/31/2017				Period 2 1/1/2015 - 12/31/2015				Period 3 1/1/2012 - 12/31/2012			
	# of Claims	Total Paid	Reserves	Incurred	# of Claims	Total Paid	Reserves	Total Incurred	Claims	Total Paid	Reserves	Total Incurred
Primary Carrier:												
Open	84	\$0.00	\$0.00	\$0.00	84	\$0.00	\$0.00	\$0.00	0	\$0.00	\$0.00	\$0.00
Closed	14	\$0.00	\$0.00	\$0.00	14	\$0.00	\$0.00	\$0.00	0	\$0.00	\$0.00	\$0.00
Total Indemnity	98	\$0.00	\$0.00	\$0.00	98	\$0.00	\$0.00	\$0.00	0	\$0.00	\$0.00	\$0.00
Open	56	\$0.00	\$0.00	\$0.00	56	\$0.00	\$0.00	\$0.00	0	\$0.00	\$0.00	\$0.00
Closed	71	\$0.00	\$0.00	\$0.00	70	\$0.00	\$0.00	\$0.00	0	\$0.00	\$0.00	\$0.00
Total Medical	127	\$0.00	\$0.00	\$0.00	126	\$0.00	\$0.00	\$0.00	0	\$0.00	\$0.00	\$0.00
Open All	140	\$0.00	\$0.00	\$0.00	140	\$0.00	\$0.00	\$0.00	0	\$0.00	\$0.00	\$0.00
Closed All	85	\$0.00	\$0.00	\$0.00	84	\$0.00	\$0.00	\$0.00	0	\$0.00	\$0.00	\$0.00



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WC MANAGEMENT REPORTS: NOTE ANALYSIS REPORT

Shows basic claim information and note text.



ICE Demo Client

Note Analysis Report

Claim Date From: 1/1/1900 12:00:00 AM To: 3/11/2020 11:59:59 PM

Claim #	Occ #	Claimant Name	DOL	Note Input Date	Note Type	Input By	Attachment	Total Incurred on Note Input date	DOL
Note Text									
Claim Number: 05ICEC052793									
05ICEC052793		Claimant, Ind 1	11/19/2013	1/6/2020	CLIENT	BRECHTEL, KATE	Y	\$0.00	11/19/2013
Called Matthew ***** 888-888-8888 and received his voice mail, I left a message asking him to call me back.									
Received a call back from Matthew **** who said no question on this claim. This is a 42 yr old Garbage collection and driver who fell to the ground from the ladder on the truck and has a Lumbar strain. EE was returned to modified duty, ER could not accommodate modified duty for 1 day and EE is now driving for 8 hrs. a day. EE has a follow up at the clinic on 1/3/06.									
05ICEC052793		Claimant, Ind 1	11/19/2013	1/6/2020	CLAIMANT	BRECHTEL, KATE	Y	\$0.00	11/19/2013
ACCEPTANCE NOTICE December 28th, 2005 Claimant Ind 1 15003 Land St City, State, Zip Employee Mr. Claimant Ind 1 Date of Loss 12-19-2005 Claim # Dear Claimant: I am handling your claim for workers' compensation benefits. Based on the information we have received, we are accepting your claim at this time. Any medical bills we have received to date will now be processed for payment. If you have received any bills, please write your claim number and send them to me. Enclosed is a pamphlet explaining workers' compensation benefits. Please review the enclosed pamphlet, which explains your rights and responsibilities under workers' compensation law. Please call me if you have any questions at 123-456-7890. Sincerely, CCMSI Workers' Compensation Claims Department									
05ICEC052793		Claimant, Ind 1	11/19/2013	1/6/2020	MEDICAL	BRECHTEL, KATE	Y	\$0.00	11/19/2013

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WC MANAGEMENT REPORTS: QUARTERLY ANALYTIC REPORT

Detailed claim and financial comparison report.



ICE Demo Client Quarterly Analytic Report

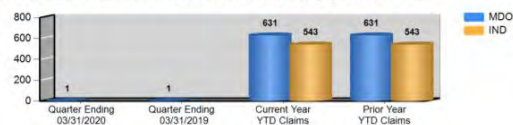
Claim Date From: 1/1/1900 12:00:00 AM To: 3/11/2020 11:59:59 PM

Coverage: WC

New Claims Opened and Incidents Entered - 1st Quarter (By Entry Date)

Claim Type	Quarter Ending 03/31/2020	Quarter Ending 03/31/2019	Variance
Medical	1	1	0
Indemnity			0
Total	1	1	0

New Claims Opened and Incidents Entered (By Entry Date)



Historical Claim Summary - (By Date of Loss)

	Incident		Medical Only Claim Volume			Indemnity Claim Volume			Total All	Total incurred				Average Cost per Claim			
	Open & Closed	Open	Closed	Total	Open	Closed	Total	Incident		Medical Only	Indemnity	Total	Incident	Medical Only	Indemnity	Total	
Year 1900 YTD As Of 02-29-2020		5	140	491	631	304	239	543	1179	\$334,348	\$788,909	\$75,429,200	\$76,552,457	\$66,870	\$1,250	\$138,912	\$64,930
Year 1899 YTD As Of 02-28-2019		5	140	491	631	304	239	543	1179	\$334,348	\$803,493	\$76,034,818	\$77,172,658	\$66,870	\$1,273	\$140,027	\$65,456
Variance		0	0	0	0	0	0	0	0	\$0	(\$14,584)	(\$605,618)	(\$620,202)	\$0	(\$23)	(\$1,115)	(\$526)

Open Claim Summary - 1/1/1900 - 3/11/2020 11:59:59 PM as of 2/29/2020 - 1st Quarter (By Date of Loss)

Claim Type	Year 1900 Value As Of 02-29-2020						Year 1899 Value As Of 02-28-2019						Variance	
	Total Claims	Litigated Claims	Subro Claims	Total Paid	Reserve	Total Incurred	Total Claims	Litigated Claims	Subro Claims	Total Paid	Reserve	Total Incurred	Claims	Total Incurred
Indemnity	304	125	3	\$25,729,226	\$42,487,041	\$67,610,650	304	125	2	\$17,064,820	\$51,151,447	\$68,216,267	0	(\$605,618)
Medical Only	140	0	0	\$248,184	\$537,527	\$771,127	140	0	0	\$67,805	\$717,906	\$785,711	0	(\$14,584)
Total	444	125	3	\$25,977,410	\$43,024,569	\$68,381,777	444	125	2	\$17,132,625	\$51,869,353	\$69,001,978	0	(\$620,202)

Closed Claim Summary - 1/1/1900 - 3/11/2020 11:59:59 PM as of 2/29/2020 - 1st Quarter (By Date Closed)

Claim Type	Qtr. Ending 3/31/2020	Qtr. Ending 3/31/2019	Variance	Year 2020 YTD	Year 2019 YTD	Variance	Close Ratio Year 2020	Close Ratio Year 2019	Variance
Indemnity	239	239	0	239	239	0	44.01 %	44.01 %	0.00 %
Medical	491	491	0	491	491	0	77.81 %	77.81 %	0.00 %
Total	730	730	0	730	730	0	62.18 %	62.18 %	0.00 %

Payments Issued- 1st Quarter (By Entry Date)

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WC MANAGEMENT REPORTS: STEWARDSHIP REPORT

Stewardship report.



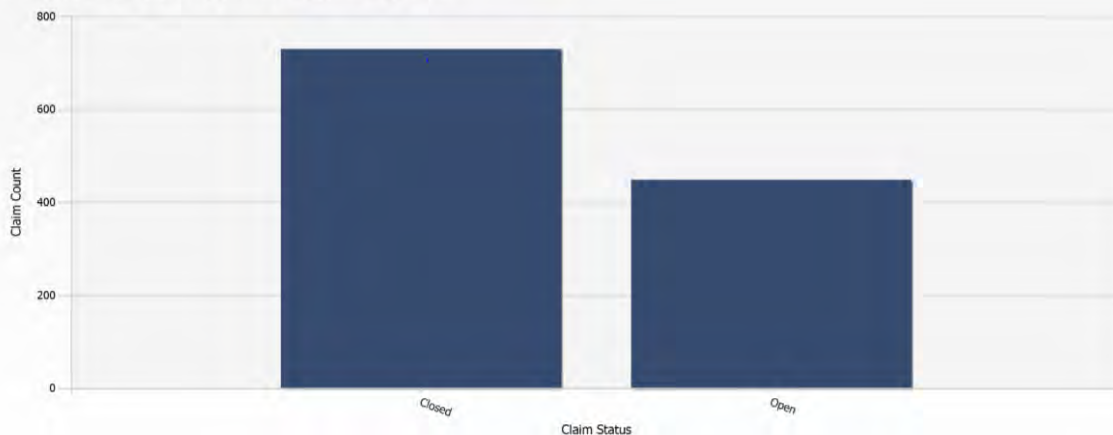
ICE Demo Client

Stewardship Report

Claim Date From: 1/1/1900 12:00:00 AM To: 3/11/2020 11:59:59 PM

Claim Status	Claim Count	Total Paid	Outstanding Reserves	Recovery	Total Incurred	Total Reimbursement	Net Incurred	Cost Per Claim	% of Freq	% Of Incur
Summary by Claim Status Ordered by Claim Count in Descending Order										
Closed	730	\$11,295,540.35	\$0.00	\$5,365.92	\$11,290,174.43	\$0.00	\$11,290,174.43	\$15,465.99	62 %	14 %
Open	449	\$26,075,949.55	\$42,016,095.82	\$620,201.82	\$67,471,843.55	\$2,546.04	\$67,469,297.51	\$150,271.37	38 %	86 %

Summary by Claim Status Ordered by Claim Count in Descending Order



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LITIGATION MANAGEMENT



Litigation management reports.



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WC LITIGATION MANAGEMENT: CLOSING RATIO LITIGATED

Shows closing ratio of in suit claims.



ICE Demo Client Closing Ratio Litigated

Claim Date From: 1/1/1900 12:00:00 AM To: 3/11/2020 11:59:59 PM

Adjuster	Claim Type	Open Claims Period Start	Claims Received In Period	Claims Closed In Period	Period Closing Ratio	Total Inventory Closing Ratio	Open Claims Period End
DANVILLE							
BLAKENEY, STEPHANIE							
	Indemnity	0	8	0	0.0%	0.0%	8
BLAKENEY, STEPHANIE Totals:		0	8	0	0.0%	0.0%	8
COCHRAN, TIM							
	Indemnity	0	1	0	0.0%	0.0%	1
COCHRAN, TIM Totals:		0	1	0	0.0%	0.0%	1
CRAIG, JOHN							
	Indemnity	0	1	1	100.0%	100.0%	0
CRAIG, JOHN Totals:		0	1	1	100.0%	100.0%	0
DANVILLE Totals:		0	10	1	10.0%	10.0%	9
METAIRIE							
VOGEL, RACHEL							
	Indemnity	0	116	0	0.0%	0.0%	116
VOGEL, RACHEL Totals:		0	116	0	0.0%	0.0%	116
METAIRIE Totals:		0	116	0	0.0%	0.0%	116

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WC LITIGATION MANAGEMENT: LITIGATION DASHBOARD REPORT

Shows claims with legal information.



ICE Demo Client

Litigation Dashboard Report

Claim Date From: 5/1/2014 12:00:00 AM To: 2/29/2020 11:59:59 PM

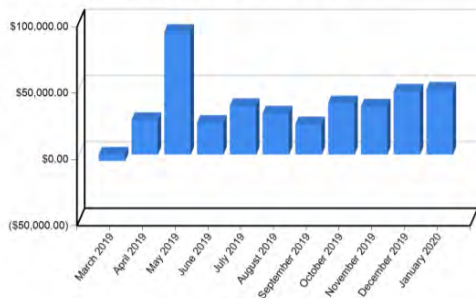
CLAIMS GOING TO TRIAL WITHIN 90 DAYS - BOLD FONT INDICATES TRIAL WITHIN 30 DAYS

Claimant	Accident Description	Demand Amount	Last Authorized Amount	Settlement Amount	Trial Date	Location	Defense Attorney
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TOP 5 HIGHEST PAID FIRMS, LAST 12 MONTHS

Law Firm	Number of Files Assigned Jurisdiction	Total Paid	Avg. Per Claim During Period
ICE DEMONSTRATION PAYEE	196 TEXAS	\$406,180.88	\$2,072.35
	28 TEXAS	(\$6,850.20)	(\$244.65)

Total Legal Expense by Last 12 Months



Top 5 Highest Paid Firms, Last 12 Months



NEWLY LITIGATED CASES

Claimant	Accident Description	Demand Amount	Last Authorized Amount	Settlement Amount	Date Suit Filed	Trial Date	Location	Defense Attorney
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WC LITIGATION MANAGEMENT: LITIGATION MANAGEMENT BASIC

Shows one line claim and legal information at a per claim level.

ICE Demo Client

Litigation Management Basic

Claim Date From: 1/1/1900 12:00:00 AM To: 3/11/2020 11:59:59 PM

Claimant	Claim Number	Date Of Loss	Coverage	Member Name	Date Suit Filed	Date Suit Received	Date Counsel Assigned	Defense Attorney	Plaintiff Attorney
Agency: BUSINESS UNIT 1 1700 (ICE0001)									
Claimant, Ind 4	05ICEC052849	11/23/2013	WC	BUSINESS UNIT 1 1700				Thomas J Smith	WILL ADAMS
Claimant, Ind 4	05ICEC161519	11/23/2013	WC	BUSINESS UNIT 1 1700				Thomas J Smith	WILL ADAMS
Claimant, Ind 6	06ICEC052877	11/28/2014	WC	BUSINESS UNIT 1 1700				Thomas J Smith	WILL ADAMS
Claimant, Ind 7	06ICEC053078	7/2/2014	WC	BUSINESS UNIT 1 1700				Thomas J Smith	WILL ADAMS
Claimant, Ind 6	06ICEC161448	11/28/2014	WC	BUSINESS UNIT 1 1700				Thomas J Smith	WILL ADAMS
Claimant, Ind 7	06ICEC161449	7/2/2014	WC	BUSINESS UNIT 1 1700				Thomas J Smith	WILL ADAMS
Claimant, Ind 16	08ICEC053154	11/28/2016	WC	BUSINESS UNIT 1 1700				Thomas J Smith	WILL ADAMS
Claimant, Ind 17	08ICEC053164	2/10/2016	WC	BUSINESS UNIT 1 1700				Thomas J Smith	WILL ADAMS
Claimant, Ind 19	08ICEC053182	4/19/2016	WC	BUSINESS UNIT 1 1700				Thomas J Smith	WILL ADAMS
Claimant, Ind 16	08ICEC161414	11/28/2016	WC	BUSINESS UNIT 1 1700				Thomas J Smith	WILL ADAMS
Claimant, Ind 17	08ICEC161415	2/10/2016	WC	BUSINESS UNIT 1 1700				Thomas J Smith	WILL ADAMS
Claimant, Ind 19	08ICEC161491	4/19/2016	WC	BUSINESS UNIT 1 1700				Thomas J Smith	WILL ADAMS
Claimant, Ind 21	09ICEC053199	8/17/2017	WC	BUSINESS UNIT 1 1700				Thomas J Smith	WILL ADAMS
Claimant, Ind 23	09ICEC053215	10/4/2017	WC	BUSINESS UNIT 1 1700				Thomas J Smith	WILL ADAMS
Claimant, Ind 24	09ICEC053220	11/24/2017	WC	BUSINESS UNIT 1 1700				Thomas J Smith	WILL ADAMS
Claimant, Ind 21	09ICEC161420	8/17/2017	WC	BUSINESS UNIT 1 1700				Thomas J Smith	WILL ADAMS
Claimant, Ind 23	09ICEC161422	10/4/2017	WC	BUSINESS UNIT 1 1700				Thomas J Smith	WILL ADAMS
Claimant, Ind 24	09ICEC161423	11/24/2017	WC	BUSINESS UNIT 1 1700				Thomas J Smith	WILL ADAMS
Claimant, Ind 29	10ICEC053493	7/4/2018	WC	BUSINESS UNIT 1 1700				Thomas J Smith	WILL ADAMS
Claimant, Ind 32	10ICEC053570	7/23/2018	WC	BUSINESS UNIT 1 1700				Thomas J Smith	WILL ADAMS
Claimant, Ind 29	10ICEC161428	7/4/2018	WC	BUSINESS UNIT 1 1700				Thomas J Smith	WILL ADAMS
Claimant, Ind 32	10ICEC161502	7/23/2018	WC	BUSINESS UNIT 1 1700				Thomas J Smith	WILL ADAMS
Claimant, Ind 37	11ICEC053637	5/3/2019	WC	BUSINESS UNIT 1 1700				Thomas J Smith	WILL ADAMS
Claimant, Ind 45	11ICEC053752	11/7/2019	WC	BUSINESS UNIT 1 1700				Thomas J Smith	WILL ADAMS
Claimant, Ind 37	11ICEC161437	5/3/2019	WC	BUSINESS UNIT 1 1700				Thomas J Smith	WILL ADAMS
Claimant, Ind 45	11ICEC161446	11/7/2019	WC	BUSINESS UNIT 1 1700				Thomas J Smith	WILL ADAMS

Total Number Suits Filed: 26

Agency: BUSINESS UNIT 2 (ICE0002)

Claimant, Ind 4	05ICEC162798	11/23/2013	WC	BUSINESS UNIT 2				Thomas J Smith	WILL ADAMS
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WC LITIGATION MANAGEMENT: LITIGATION MANAGEMENT DETAIL

Shows claim detail and legal information at a per claim level.



ICE Demo Client

Litigation Management Detail

Claim Date From: 1/1/1900 12:00:00 AM To: 3/11/2020 11:59:59 PM

Agency: BUSINESS UNIT 1 1700 - ICE0001

Employer Name:	BUSINESS UNIT 1 1700
Claimant Name:	Claimant, Ind 4
Date of Loss:	11/23/2013
Coverage:	WC
Accident Type:	STRAIN OR INJURY BY TWISTING
Defense Attorney:	Thomas J Smith
Plaintiff Attorney:	WILL ADAMS
Demand Amount:	\$0.00
Total Paid:	\$65,696.83
Total Outstanding Reserves:	\$0.00
Net Incurred:	\$65,696.83
Total Incurred:	\$65,696.83
Date Counsel Assigned:	
Venue:	
Accident Description:	Moving can hurt right leg

Member #:	ICE0001
Claim #:	05ICEC052849
Adjuster:	BRECHTEL, KATE
Reported to Excess:	No
Trial Date:	
Defense Firm:	GALLOWAY, JOHNSON, TOMPKINS, BURR & SMITH PLC
Plaintiff Firm:	ADAMS LAW FIRM
Authorized Amount:	\$0.00
Total Reimbursement:	\$0.00
Total Recovered:	\$0.00
Date Suit Filed:	
Date Suit Received:	



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WC LITIGATION MANAGEMENT: LOSS RUN SUMMARY LITIGATED

Shows one line detail of individual litigated claims.



ICE Demo Client Loss Run Summary Litigated

Claim Date From: 1/1/1900 12:00:00 AM To: 3/11/2020 11:59:59 PM

Claim Number	Claimant	Covg	Claim Type	Date of Loss	Suit Filed (Y/N)	Date Suit Received	Trial Date	Hearing Date	Legal Paid	Legal Incurred	Total Paid	Outstanding Reserves	Third Party Recovery	Total Incurred
Accident Description						Defense Attorney	Plaintiff Attorney							
Calendar Year of Loss - 2013														
05ICEC165021	Claimant, Ind 4	WC	Ind	11/23/2013	Yes		Thomas J Smith	WILL ADAMS	\$8,532.80	\$8,532.80	\$65,696.83	\$0.00	\$0.00	\$65,696.83
	Moving can hurt right leg													
05ICEC165282	Claimant, Ind 4	WC	Ind	11/23/2013	Yes		Thomas J Smith	WILL ADAMS	\$8,532.80	\$8,532.80	\$65,696.83	\$0.00	\$0.00	\$65,696.83
	Moving can hurt right leg													
05ICEC165554	Claimant, Ind 4	WC	Ind	11/23/2013	Yes		Thomas J Smith	WILL ADAMS	\$8,532.80	\$8,532.80	\$65,696.83	\$0.00	\$0.00	\$65,696.83
	Moving can hurt right leg													
05ICEC165809	Claimant, Ind 4	WC	Ind	11/23/2013	Yes		Thomas J Smith	WILL ADAMS	\$8,532.80	\$8,532.80	\$65,696.83	\$0.00	\$0.00	\$65,696.83
	Moving can hurt right leg													
05ICEC166059	Claimant, Ind 4	WC	Ind	11/23/2013	Yes		Thomas J Smith	WILL ADAMS	\$8,532.80	\$8,532.80	\$65,696.83	\$0.00	\$0.00	\$65,696.83
	Moving can hurt right leg													
05ICEC166309	Claimant, Ind 4	WC	Ind	11/23/2013	Yes		Thomas J Smith	WILL ADAMS	\$8,532.80	\$8,532.80	\$65,696.83	\$0.00	\$0.00	\$65,696.83
	Moving can hurt right leg													
05ICEC163064	Claimant, Ind 4	WC	Ind	11/23/2013	Yes		Thomas J Smith	WILL ADAMS	\$8,532.80	\$8,532.80	\$65,696.83	\$0.00	\$0.00	\$65,696.83
	Moving can hurt right leg													
05ICEC162798	Claimant, Ind 4	WC	Ind	11/23/2013	Yes		Thomas J Smith	WILL ADAMS	\$8,532.80	\$8,532.80	\$65,696.83	\$0.00	\$0.00	\$65,696.83
	Moving can hurt right leg													
05ICEC161519	Claimant, Ind 4	WC	Ind	11/23/2013	Yes		Thomas J Smith	WILL ADAMS	\$8,532.80	\$8,532.80	\$65,696.83	\$0.00	\$0.00	\$65,696.83
	Moving can hurt right leg													
05ICEC052849	Claimant, Ind 4	WC	Ind	11/23/2013	Yes		Thomas J Smith	WILL ADAMS	\$8,532.80	\$8,532.80	\$65,696.83	\$0.00	\$0.00	\$65,696.83
	Moving can hurt right leg													
05ICEC163996	Claimant, Ind 4	WC	Ind	11/23/2013	Yes		Thomas J Smith	WILL ADAMS	\$8,532.80	\$8,532.80	\$65,696.83	\$0.00	\$0.00	\$65,696.83
	Moving can hurt right leg													
05ICEC163427	Claimant, Ind 4	WC	Ind	11/23/2013	Yes		Thomas J Smith	WILL ADAMS	\$8,532.80	\$8,532.80	\$65,696.83	\$0.00	\$0.00	\$65,696.83
	Moving can hurt right leg													
05ICEC164303	Claimant, Ind 4	WC	Ind	11/23/2013	Yes		Thomas J Smith	WILL ADAMS	\$8,532.80	\$8,532.80	\$65,696.83	\$0.00	\$0.00	\$65,696.83
	Moving can hurt right leg													
05ICEC164620	Claimant, Ind 4	WC	Ind	11/23/2013	Yes		Thomas J Smith	WILL ADAMS	\$8,532.80	\$8,532.80	\$65,696.83	\$0.00	\$0.00	\$65,696.83
	Moving can hurt right leg													
Calendar Year of Loss - 2013 Totals:					Open Claims	Closed Claims	Total Claims		Legal Paid	Legal Incurred	Total Paid	Outstanding Reserves	Third Party Recovery	Total Incurred
					0	14	14		\$119,459.20	\$119,459.20	\$919,755.62	\$0.00	\$0.00	\$919,755.62
Calendar Year of Loss - 2014														
06ICEC165028	Claimant, Ind 6	WC	Ind	11/28/2014	Yes		Thomas J Smith	WILL ADAMS	\$9,197.31	\$26,616.61	\$168,964.82	\$843,242.33	\$0.00	\$1,012,207.15
	EE injured right arm while loading trash													
06ICEC165289	Claimant, Ind 6	WC	Ind	11/28/2014	Yes		Thomas J Smith	WILL ADAMS	\$9,197.31	\$26,616.61	\$168,964.82	\$843,242.33	\$0.00	\$1,012,207.15
	EE injured right arm while loading trash													
06ICEC165561	Claimant, Ind 6	WC	Ind	11/28/2014	Yes		Thomas J Smith	WILL ADAMS	\$9,197.31	\$26,616.61	\$168,964.82	\$843,242.33	\$0.00	\$1,012,207.15
	EE injured right arm while loading trash													

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SCHIP REPORTS



SCHIP reports.



CCMSI

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WC SCHIP REPORTS: MEDICARE QUERY FUNCTION REPORT

Shows medicare query results for a defined period of time.



Medicare Query Function Report

Claim Date From: 1/1/2019 12:00:00 AM To: 12/31/2019 11:59:59 PM

Claimant Name	Claim Number	Body Part	Date of Loss	Claim Status	Claim Type	Coverage	Last Query Date	Medicare Eligibility	Outstanding Reserves	Total Incurred
Accident Description										
RRE Name:										
EE fell on right shoulder,back,elbow		MULTIPLE BODY PARTS	1/7/2019	Closed	Medical	WC	1/11/2019	Unknown	\$0.00	\$1,120.75
EE upper arms hurt from student		ARM(S)	1/7/2019	Closed	Medical	WC	1/11/2019	Unknown	\$0.00	\$493.11
EE hurt left leg chasing student		MULTIPLE BODY PARTS	1/8/2019	Closed	Medical	WC	1/18/2019	Unknown	\$0.00	\$1,750.18
EE hurt left elbow from fall		MULTIPLE BODY PARTS	1/8/2019	Closed	Medical	WC	1/11/2019	Unknown	\$0.00	\$413.85
EE hurt multiple body parts from fall		MULTIPLE BODY PARTS	1/8/2019	Closed	Medical	WC	5/10/2019	Yes	\$0.00	\$2,114.50
EE hurt head/neck from fall		MULTIPLE BODY PARTS	1/8/2019	Closed	Indemnity	WC	1/18/2019	Unknown	\$0.00	\$7,835.56
EE hurt lower back breaking up fight		BACK	1/8/2019	Closed	Medical	WC	1/18/2019	Unknown	\$0.00	\$947.32
EE cut left index finger with paper cutter		FINGER(S)	1/9/2019	Closed	Medical	WC	1/18/2019	Unknown	\$0.00	\$4,512.93
EE injured left hand from boxes		HAND(S)	1/9/2019	Closed	Medical	WC	1/11/2019	Unknown	\$0.00	\$879.79
EE fell and hurt head and right arm		MULTIPLE BODY PARTS	1/9/2019	Closed	Medical	WC	1/11/2019	Unknown	\$0.00	\$541.17
EE injured finger from door		FINGER(S)	1/9/2019	Closed	Medical	WC	2/1/2019	Unknown	\$0.00	\$1,076.46
EE hurt right arm, head, neck,back from fall		MULTIPLE BODY PARTS	1/8/2019	Closed	Medical	WC	1/11/2019	Yes	\$0.00	\$1,557.19
EE has back pain from student		BACK	1/9/2019	Closed	Medical	WC	1/11/2019	Unknown	\$0.00	\$496.02
Student slammed tray of paper on her back		BACK	1/9/2019	Closed	Medical	WC	1/18/2019	Yes	\$0.00	\$2,230.06
EE WAS BITTEN BY STUDENT, RT FOREARM		ARM(S)	1/10/2019	Closed	Medical	WC	1/18/2019	Unknown	\$0.00	\$423.42

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EXHIBIT B

Proposal

Please see the attached page(s).

FEE AND PAYMENT SCHEDULE

City of North Las Vegas

Service Agreement Term: 1.1.2023 – 12.31.2025	
Services:	Fees:
Claims Administration	\$61,950 Annually
<p>CCMSI will manage all workers' compensation claims for the Life of Agreement for a fee as follows:</p> <p>Annual Claims Administration: \$61,950 Annual Fee Increase: 0%</p> <p>Tail/Sunset Claim Fee: (Only on claims open > 24 Months)</p>	<p>\$395/Open Active Indemnity (excludes PPD1 and PTD claims only receiving benefits check)</p>
Annual Administration	Included in Claims Admin Fee
<ul style="list-style-type: none"> • Dedicated client service team • Development of specific client service requirements • Monthly loss reporting • Quarterly claim reviews at client's request • Issuance of 1099's • Assistance in filing of all required state forms including state mandated assessments <ul style="list-style-type: none"> ○ If Client has directed CCMSI to utilize a third party vendor selected by Client for the provision of services then such assistance will be the responsibility of the third party vendor • Workers' compensation claim packets/state forms • Preparation for, compliance with and response to regulatory audits • Account Management and Administration 	
Managed Care Service	<u>See Detail</u>
Provider Bill Re-pricing	
Service	Fee
Usual and Customary re-pricing	\$9.00 per bill
Fee Schedule state re-pricing	\$9.00 per bill
Medical Bill State Reporting for applicable medical bills to reportable state	\$1.50 per reportable bill

<p align="center">PPO Re-pricing</p> <p align="center">PPO re-pricing is billed at 30% of savings</p> <p align="center">Pharmacy Network Services</p> <p align="center">Pharmacy Network services are priced at 33% of savings.</p>	
<p>State Reporting EDI Initial reporting \$10 per report Subsequent reports \$5 per report</p>	<p>\$15 FROI \$10 SROI</p>
<p>Index Bureau Note: The above index fee is a direct pass through charge for ISO. If ISO increases their current market rate per index, CCMSI will adjust the above fee accordingly.</p>	<p>Market Rate / Currently \$20 per index</p>
Hearing Representation (1st level)	\$250 per hearing
OSHA Module	\$1,250 annually
Legal Bill Review (CLEAR)	2.2% of legal bills submitted
Subsequent Injury Account Recovery Specialist	15% of Recovery (\$30k cap)
Subrogation Recovery	15% of Recovery
MMSEA Section 111 Reporting	\$25/Per Claim Hit
<p>CCMSI in conjunction with our reporting agent will comply with MMSEA Section 111 Reporting on behalf of City of North Las Vegas.</p> <ul style="list-style-type: none"> All injury claims will be queried to CMS for Medicare eligibility (no charge). CCMSI will collect additional mandatory data on claims where Medicare eligibility has been verified. CCMSI along with our reporting agent will report all claims meeting the reporting guidelines as set forth by CMS. (one-time \$25 per claim fee) 	
Carrier Fees	TBD
If applicable, Client will be responsible for payment of any carrier fees associated with the transition of claim handling responsibilities to CCMSI.	
Special System Reports	\$125 an hour
CCMSI will provide special reports, (reports not currently programmed or written) for a fee of \$125 per hour for system programming time. CCMSI will provide an estimate of charges before any work will be done.	
Allocated Loss Expenses Defined	
<ul style="list-style-type: none"> Independent medical examinations of claimants; Managed care expenses, which include the services provided by comp mc™, CCMSI's proprietary managed care program. Examples of managed care expenses includes but is not limited to state fee schedule, PPO networks, utilization review, nurse case management, 	

<p>medical bill audits and medical bill review;</p> <ul style="list-style-type: none"> • Fraud detection expenses, such as surveillance, which include the services provided by <i>FIRE</i>, CCMSI's proprietary Special Investigation Unit (SIU), and other related expenses associated with the detection, reporting and prosecution of fraudulent claims, including legal fees; • Attorneys, experts and special process servers; • Court costs, fees, interest and expenses; • Depositions, court reporters and recorded statements; • Independent adjusters and appraisers; • Index bureau and OFAC (Office of Foreign Assets Control) charges; • MMSEA/SCHIP compliance charges; • Electronic Data Interchanges, EDI, charges if required by State law; • CCMSI personnel, at their customary rate or charge, but only with respect to claims outside the State and only if such customary rate is communicated to the Client prior to incurring such cost; • Actual reasonable expenses incurred by CCMSI employees outside the State for meals, travel, and lodging in conjunction with claim management; • Police, weather and fire report charges that are related to claims being administered under Client's program; • Charges associated with accident reconstruction, cause and origin investigations, etc.; • Charges for medical records, personnel documents, and other documents necessary for adjudication of claims under Client's program; • Charges associated with Medicare Set-Aside Allocations; and • Legal bill review expenses, which include, the services provided by CLEAR, CCMSI's proprietary legal bill review program. This shall include charges related to legal bill review / audit, which shall include reviewing and auditing invoices submitted by Client-approved law firms for compliance with the Client's Defense Counsel Billing Guidelines. • Other expenses normally recognized as ALAE by industry standards. 	
Fee & Payment Schedule	Quarterly