



New Mexico
Public Schools
Insurance Authority

2021 Spring Budget Workshop

March 31, 2021

RICHARD VALERIO
EXECUTIVE DIRECTOR

ABOUT NMPSIA

The New Mexico Public Schools Insurance Authority (NMPSIA) was created by the NM Legislature in 1986 to serve as a purchasing agency for public school districts, post-secondary educational entities and charter schools. Through NMPSIA, member schools are afforded the opportunity to offer quality employee benefit and risk coverages.

Purpose of act. 22-29-2.

The purpose of the Public School Insurance Authority Act is to provide comprehensive core insurance programs, including reimbursement coverage for the costs of providing due process to students with disabilities, for all participating public schools, school board members, school board retirees and public school employees and retirees by expanding the pool of subscribers to maximize cost containment opportunities for required insurance coverage.

Authority created. 22-29-4

There is created the "public school insurance authority", which is established to provide for group health insurance, other risk-related coverage and due process reimbursement with the exception of the mandatory coverage provided by the risk management division on the effective date of the Public School Insurance Authority Act.

NMPSIA Today

• School Districts

- 88 Mandatory (*Excludes APS*)

• Charter Schools

- 96 Mandatory

• 27 Educational Entities

- 27 (*Optional*)

• Membership

- 46,032 Employees and Dependents



• Staff

- 11 FTE

• Board of Directors

- 11 Board Members
 - Governor Appointees
 - Alfred Park, President
 - Denise Balderas
 - Sammy J. Quintana
 - New Mexico Association of School Business Officials
 - Chris Parrino, Vice President
 - Public Education Commission
 - Vacant
 - NEA-NM
 - Bethany Jarrell
 - David Martinez, Jr.
 - AFT-NM
 - Tim Crone
 - Superintendents' Association
 - Ricky Williams
 - Educational Entities at Large
 - Vacant
 - School Boards Association
 - Pauline Jaramillo, Secretary

Employee Benefits & Wellness-Well-Being Program

NMPSIA offers the following benefits:

Self Insured Medical Options




Self-insured Prescription Drug Coverage



Self-insured High & Low Option Dental Plans



Fully insured Vision Plan



- Includes discounts for Lasik and hearing aids 
- Supports student vision program for children enrolled in school – eye exams and eye glasses at no charge <https://nmpsia.com/DV.html>

Fully insured Life & Disability Plan

Customer Service

- Claim Issues
- Benefit Inquires
- Appeals

Robust Wellness & Well-Being Program

- Recently implemented Fitness Pass Program (discounted gym membership)
- Assistance with Wellness & Well-Being Strategic Plan 
- Assistance and support for scheduling health and wellness events and onsite activities 

Benefits Administration Training – NMPSIA 101



- Support with enrollment, billing and payment
- COBRA administration

Visit <https://nmpsia.com> to access all information

Medical Claims Summary

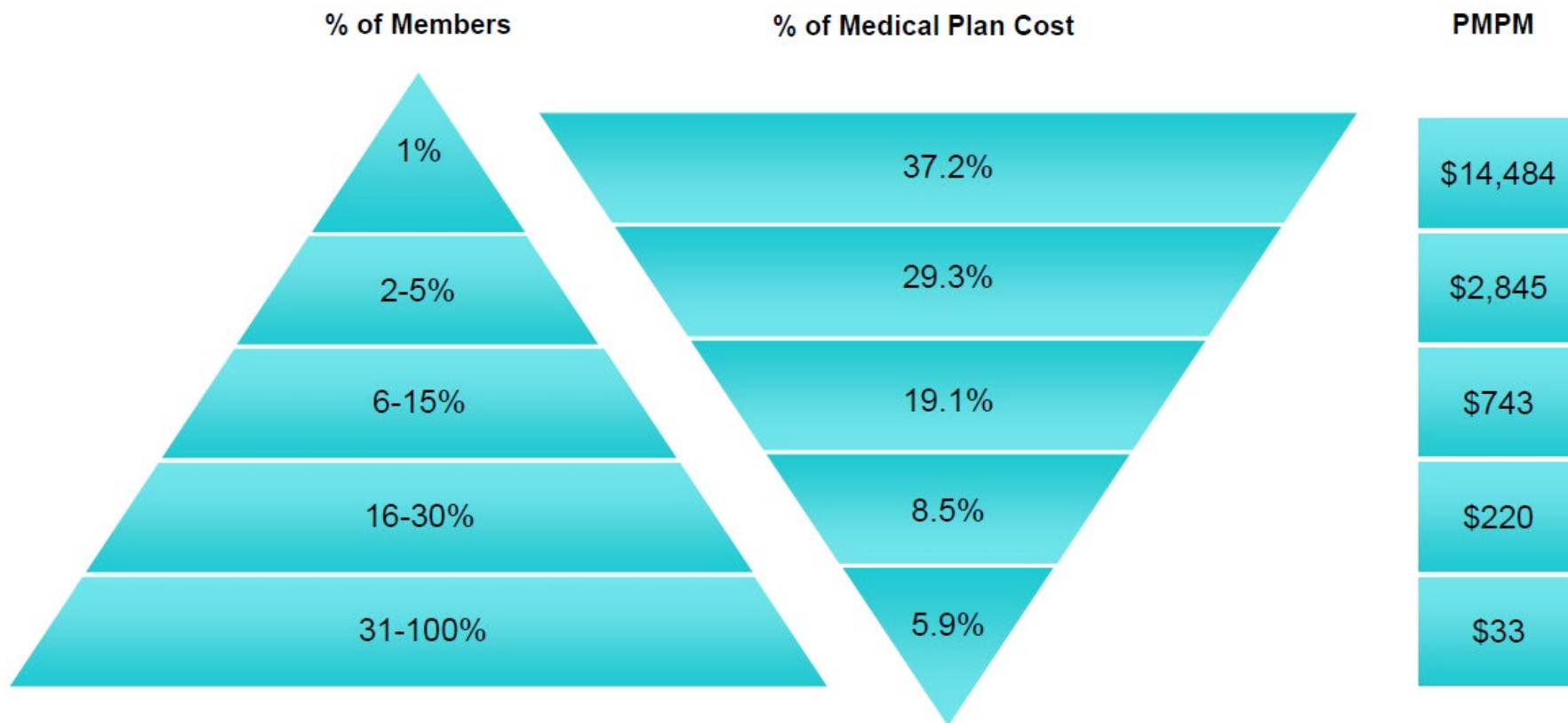
Current: Jan 2019 – Dec 2019

Prior: Jan 2018 – Dec 2018

Place of Service	Current Period			Prior Period			% Change in PMPM
	Total Paid Amount	Total Paid PMPM	% of Total	Total Paid Amount	Total Paid PMPM	% of Total	
Outpatient Hospital ¹	102,013,136	\$178.32	31.5%	91,983,603	\$161.79	31.5%	10.2%
Inpatient Hospital	62,998,116	\$110.12	19.5%	57,378,679	\$100.92	19.7%	9.1%
Professional	45,537,379	\$79.60	14.1%	42,603,902	\$74.93	14.6%	6.2%
Emergency Room	15,574,000	\$27.22	4.8%	13,638,175	\$23.99	4.7%	13.5%
Urgent Care	985,364	\$1.72	0.3%	897,795	\$1.58	0.2%	9.1%
Drugs (Medical Benefit)	22,562,630	\$39.44	7.0%	20,271,305	\$35.65	6.9%	10.6%
All Others ²	10,803,838	\$18.89	3.3%	10,297,656	\$18.11	3.5%	4.3%
Total Medical	260,474,463	\$455.32	80.5%	237,071,116	\$416.97	81.3%	9.2%
Total Rx³	62,937,559	\$110.02	19.5%	54,690,829	\$96.19	18.7%	14.4%
Total Paid	323,412,022	\$565.34	100.0%	291,761,944	\$513.17	100.0%	10.2%
Member Paid	47,340,628	\$82.75	14.6%	44,088,931	\$77.55	15.1%	6.7%
Plan Paid	276,071,395	\$482.58	85.4%	247,673,013	\$435.62	84.9%	10.8%

- Approximately 85% of NMPSIA members reside in rural communities outside of Albuquerque (lesser provider and hospital competition; higher costs to recruit and retain healthcare professionals). Providers attempt to make up for lower Medicare and Medicaid reimbursement rates.
- Medical and pharmacy trends are not favorable; driven by both cost and utilization. Per member per month increases are utilization and price driven. Large claim experience is more severe in 2019.
- Inpatient days per 1,000 decreased, however, the average inpatient day cost went up. Similarly ER utilization is moderate, but the cost per visit increased.
- Costs for oncology treatments including pharmaceuticals for chemotherapy and side-effects are among the key cost drivers.

Distribution of Plan Paid Claims



Major Conditions Prevalence and Cost

Current: Jan 2019 – Dec 2019

Prior: Jan 2018 – Dec 2018



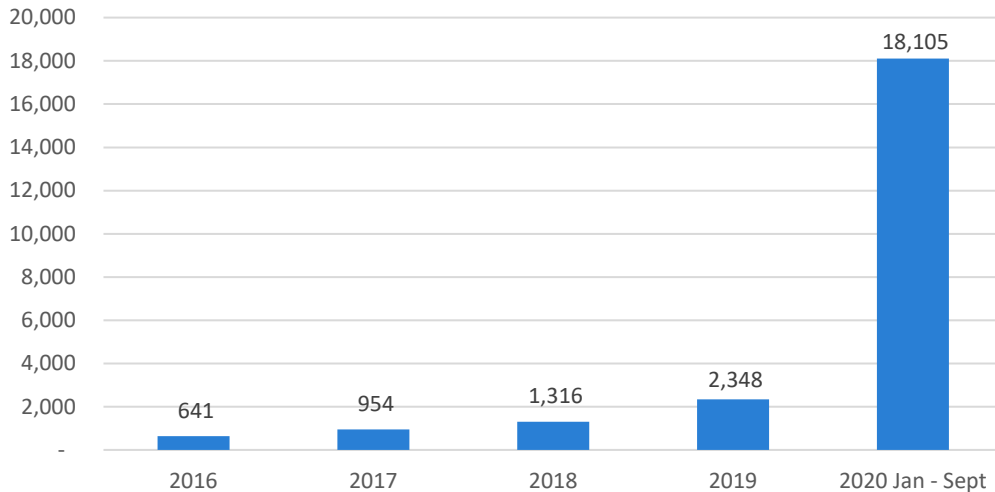
Chronic Condition ³	Current Period							% Change	
	Members	% of Total	Norm	Medical Claims	% of Total	PMPY	PMPY Comparison ⁴	Prevalence	PMPY
1. Diabetes	3,662	7.7%	6.0%	\$39,449,849	15.1%	\$10,773	197%	0.3%	4.1%
2. CAD	1,208	2.5%	1.5%	\$30,490,064	11.7%	\$25,240	462%	0.1%	-5.9%
3. Asthma	3,684	7.7%	3.6%	\$27,609,315	10.6%	\$7,494	137%	0.5%	0.6%
4. COPD	342	0.7%	0.7%	\$7,661,570	2.9%	\$22,402	410%	0.0%	-11.0%
5. Hypertension	9,685	20.3%	12.8%	\$107,726,190	41.4%	\$11,123	204%	0.6%	6.4%
6. Mental Health	9,189	19.3%	18.6%	\$71,300,183	27.4%	\$7,759	142%	0.7%	6.1%
7. SUD	802	1.7%	2.1%	\$11,015,597	4.2%	\$13,735	251%	0.1%	39.5%
8. CHF	155	0.3%	0.4%	\$7,811,352	3.0%	\$50,396	922%	-0.1%	10.5%
Totals (unique)	19,339	40.6%		\$157,441,175	60.4%	\$8,141	149%	1.4%	5.1%

- Disease management and care management programs available through all medical carriers at no additional cost to the member.
- Diabetes management, blood pressure management and weight management programs recently implemented through Livongo at no cost to the member.
 - Bluetooth and cellular connected blood sugar meters, blood pressure monitors, and connected scales issued to participating members.
 - Unlimited strips and lancets for diabetics.
 - One-on-one coaching, real-time tips, and community support via mobile application.
- Pulmonary remote monitoring program implemented through Express Scripts.
 - Bluetooth connected inhalers prescribed to participating members to track and monitor inhaler usage.
 - Access to private and personalized clinical consultations.

Telemedicine Visits

- NMPSIA's telemedicine (virtual visit) programs offers members access to care for non-emergency medical and behavioral health needs 24 hours a day/7 days a week at no cost to the member with a savings to the plan.

Telehealth Visits by Calendar Year



Average Plan Cost per Visit

Telemedicine	\$66
Office Visit	\$106
Urgent Care	\$157
Emergency Room	\$1,679

COVID-19

- In response to Governor Michelle Lujan Grisham's March 11 declaration of a public health emergency, Superintendent of Insurance Russell Toal issued an emergency rule prohibiting health insurers from imposing cost sharing, including copays, coinsurance and deductibles, for testing and health care services related to COVID-19. The rule also covers pneumonia, influenza, or any disease or condition that is the subject of a public health emergency.
 - Emergency rule does not apply to self-insured governmental insurance pools.
 - NMPSIA and the Interagency Benefits Advisory Committee (NM Retiree Healthcare Authority, General Services, Albuquerque Public Schools) opted in to cover the cost of testing and treatment for COVID-19 at no cost-sharing to the member.
 - Surveillance tests not covered by NMPSIA (paid by HHS).
- Vaccinations also covered at no cost share to the member.

FY22 Premium Changes Effective 10/1/2021 and Impact on Monthly Employee Contributions

Rate Increase	
High/EPO Options	6.0% Increase
Low Options	3.6% Increase

		Salary less than \$15,000	Salary \$15,000 to \$19,999	Salary \$20,000 to \$24,999	Salary \$25,000 and over
BCBSNM High Option	Single	\$11.49	\$13.78	\$16.08	\$18.38
	Family	\$29.18	\$35.01	\$40.85	\$46.68
BCBSNM Low Option	Single	\$5.09	\$6.11	\$7.13	\$8.14
	Family	\$12.93	\$15.52	\$18.10	\$20.69
BCBSNM EPO Option	Single	\$10.34	\$12.40	\$14.47	\$16.54
	Family	\$26.26	\$31.51	\$36.76	\$42.01
Cigna High Option	Single	\$10.97	\$13.16	\$15.35	\$17.55
	Family	\$28.38	\$34.05	\$39.73	\$45.40
Cigna Low Option	Single	\$4.88	\$5.86	\$6.84	\$7.81
	Family	\$12.63	\$15.16	\$17.69	\$20.21
Presbyterian High Option	Single	\$9.29	\$11.15	\$13.00	\$14.86
	Family	\$26.01	\$31.21	\$36.41	\$41.61
Presbyterian Low Option	Single	\$4.12	\$4.94	\$5.76	\$6.59
	Family	\$11.53	\$13.83	\$16.14	\$18.44

Subject to change after rounding of employee and district contribution rates.

Risk Program

- **Property:**
- Property deductible is \$1,000,000; \$750 Million in Insured limits Per Occurrence subject to sub-limits such as Flood and Earthquake: \$100 Million Annual Aggregate; \$800 Million in Terrorism Limits
- Crime Limit is \$2,250,000 Per Occurrence
- Assets insured are approximately \$26 Billion
- \$17 Billion are Frame/Stucco construction, the most flammable type of construction
- 60% of properties are located in Protection Class 9 or 10, 10 being the worst protection class
- 60% of properties are located in 100 Year Flood zones
- The property rate has increased only .021 per \$100 dollars of values since 1991
- **Liability and Workers' Compensation:**
- Both Liability and Workers' Compensation deductible are \$1,000,000 Each Occurrence
- There are no Tort Claims Act Limit protections for Independent School Bus Contractors and suits that are filed in federal court
- 44,000 employees
- \$2.0 Billion in payroll
- 325,000 students
- 44,000 school athletic participants
- 9,000 volunteers
- 9,300 vehicles including buses

Loss Prevention Programs

- **NMPSIA Loss Prevention Program**

- Established through NMAC 6.50.12 with the objective of reducing claims and costs.
- Facilitated through contractual arrangement between NMPSIA and Poms & Associates.



- **Programs**

- **Ergonomics**

Objective: Reduce the frequency and severity of costly soft tissue injuries by school employees.

- **Threat Assessment and Active Shooter**

Objective: Reduce the probability of an incident of multiple victim school violence.

- **Employment Practices Policy and Consulting**

Objective : Reduce the number of employment practices claims (wrongful termination, violation of contract).

- **Technical Assistance Program for Special Education**

Objective: Reduce the number of IDEA (Individual with Disabilities in Education) Due Process and Litigation claims.

- **On-site School Facility Audits**

Objective: Reduce the frequency of Worker's Compensation, Liability and Property Claims.

- **Identifying a Predator Training**

Objective: Reduce the number of sexual molestation claims in NM public Schools.

- **Bullying Prevention Training and Sustainable Policy Development Consulting**

Objective: To assist schools with understanding of the issues and development of policies addressing bullying.

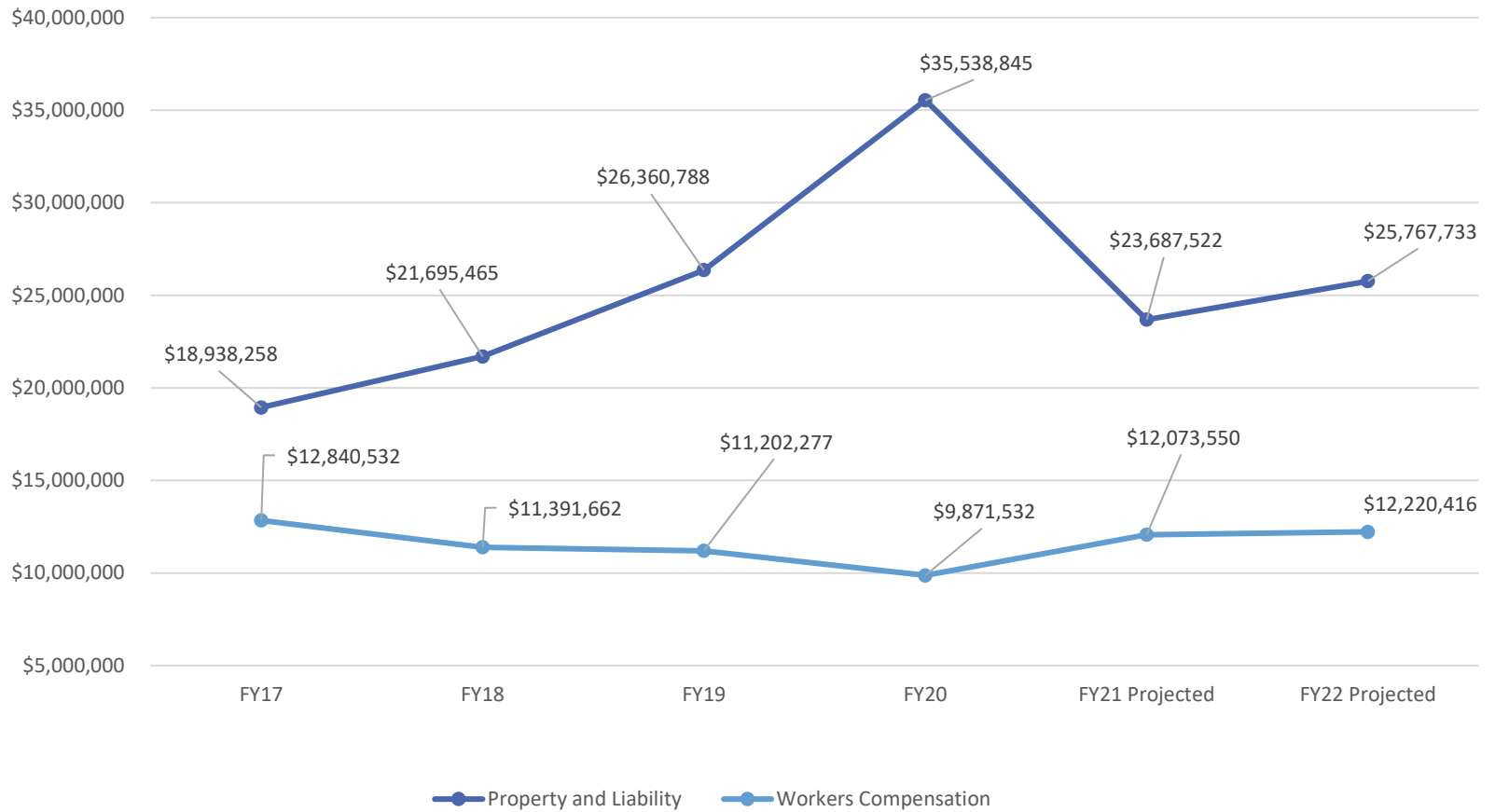
- **Armed School Employees**

Objective: To assist schools with an understanding of the relevant statutes, policies, procedures and liabilities necessary to make informed judgements regarding arming employees. To assist with appropriate training necessary to reduce potential wrongful death claims

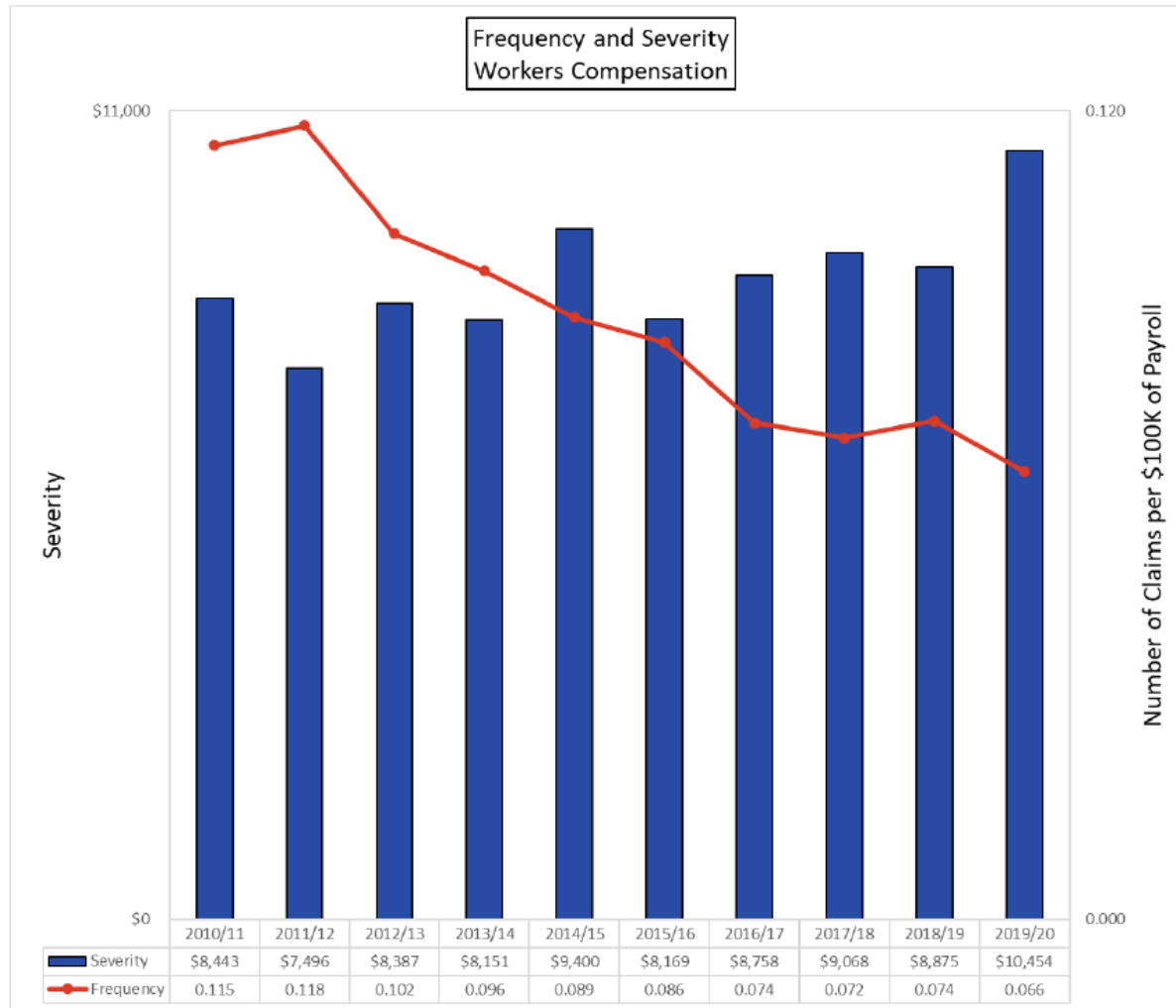
- **Sandy Hook Promise**

Objective: To provide an anonymous reporting system (*Say Something*) to report inappropriate behavior, to prevent gun violence (and other forms of violence and victimization) BEFORE it happens by educating and mobilizing youth and adults to identify, intervene and get help for at-risk behaviors.

Risk Claims Total \$ Spent

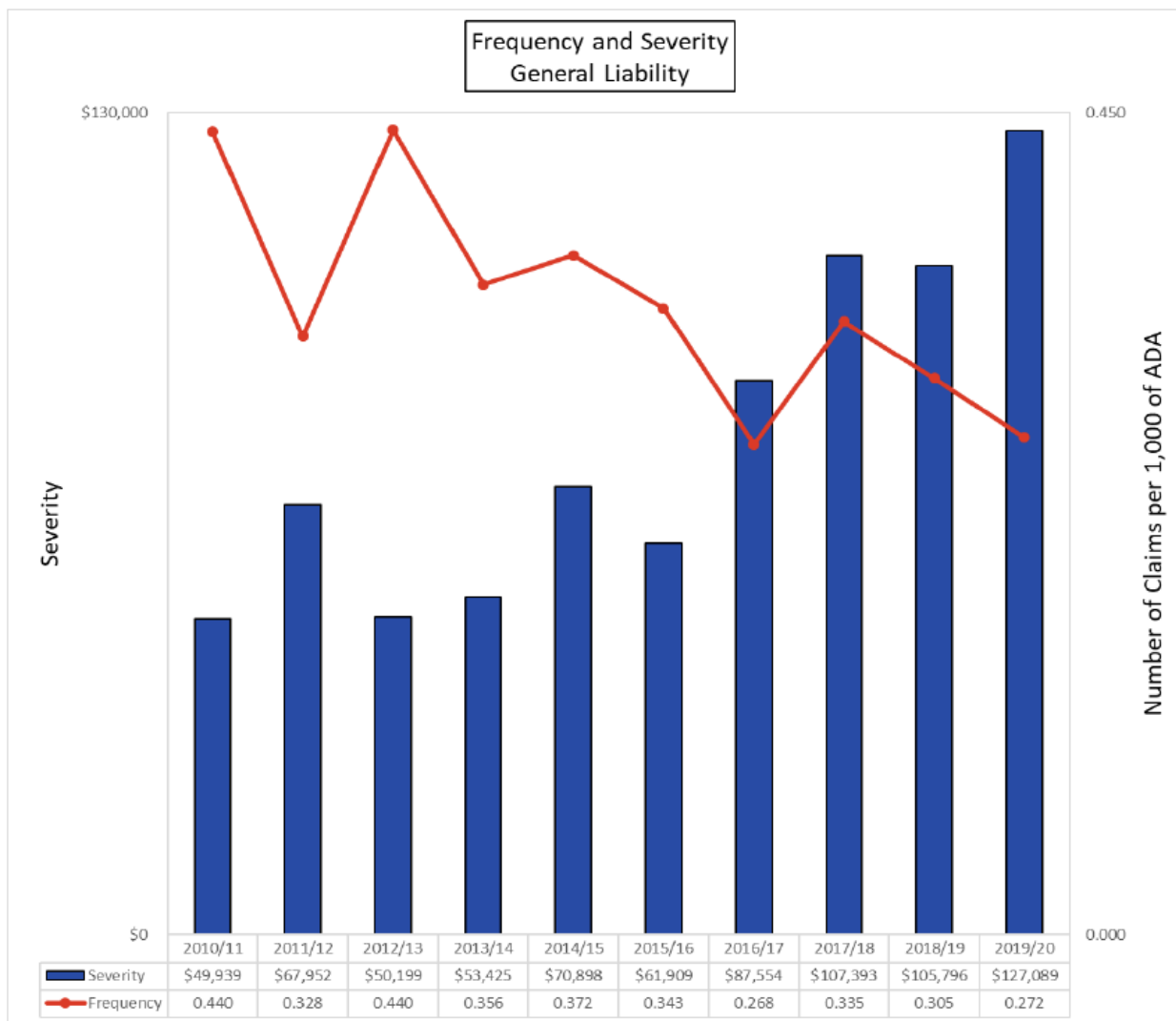


Frequency & Severity Trends – Workers' Compensation



- Over the past several years, claim frequency has been steadily decreasing, while claim severity has been steadily increasing.

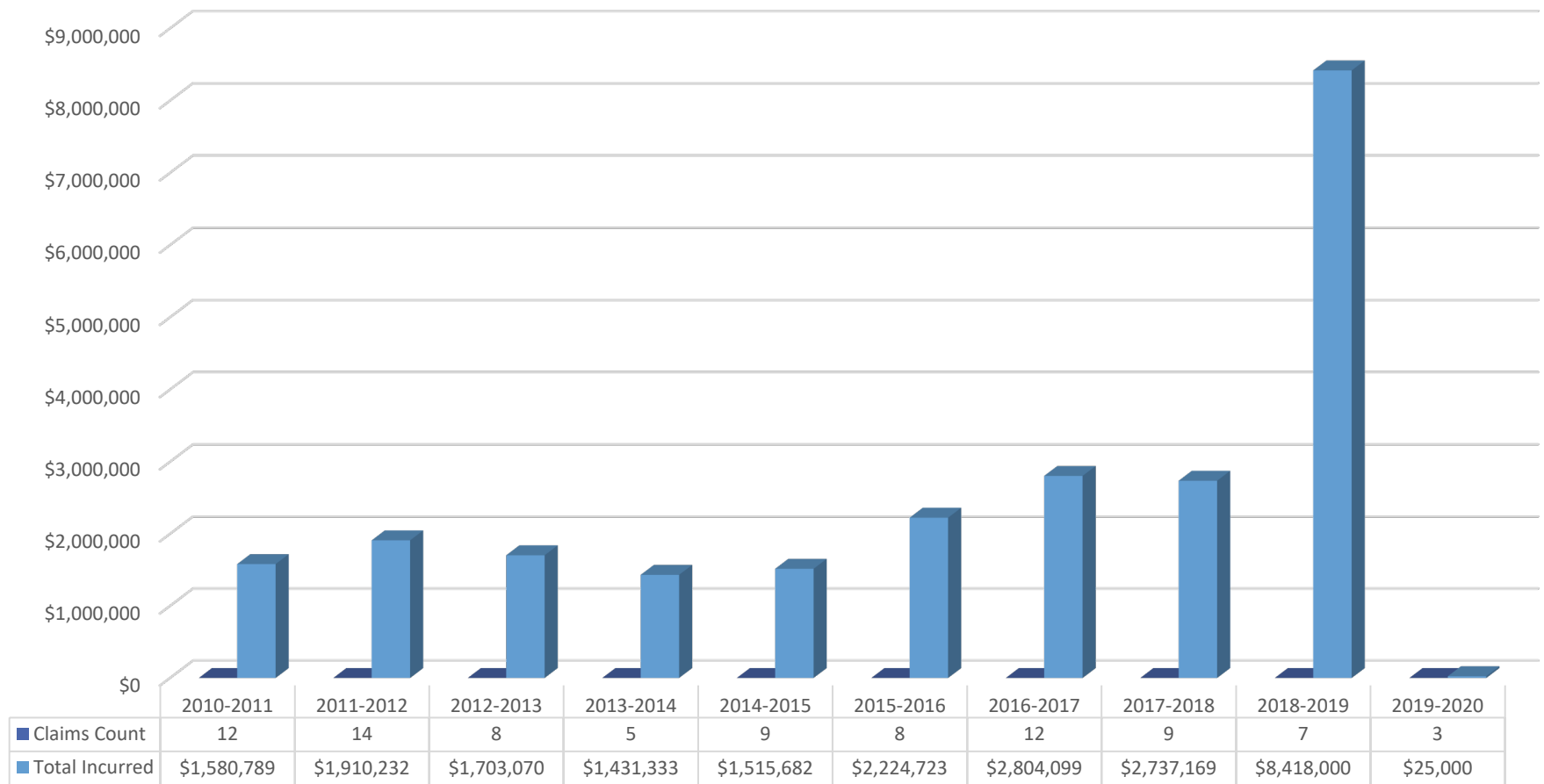
Frequency & Severity Trends – General Liability



- Over the past several years, claim frequency has been steadily decreasing, while claim severity has been steadily increasing.

Risk Fund Cost Drivers

Sexual Molestation/Inappropriate Touching Claims

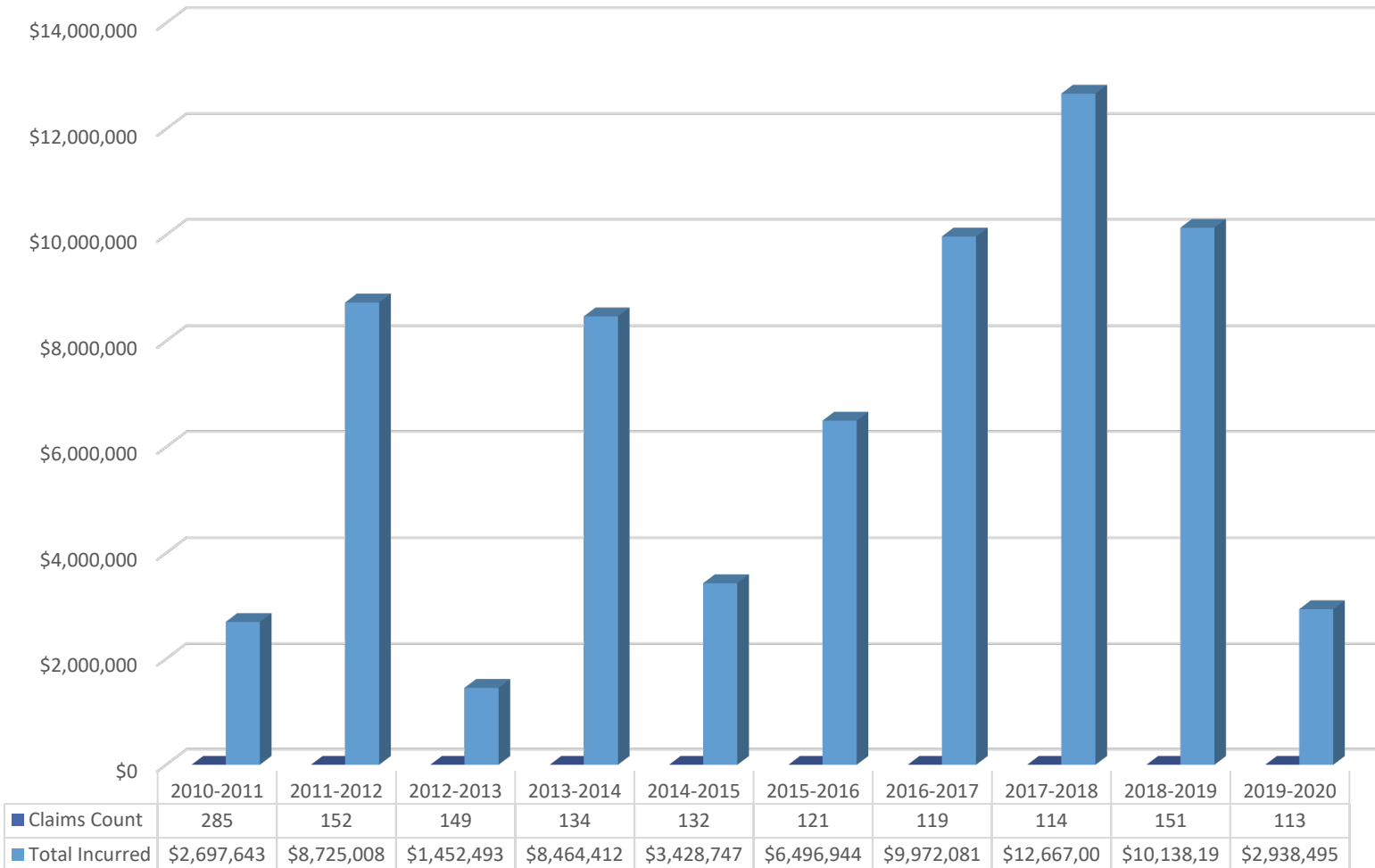


Note: Recent claims paid in the amount of \$22.3 million not included in the graph because they predate the “10 year history” report parameters.

Note: The incurred amount for the 2019-2020 policy year is immature.

Risk Fund Cost Drivers

Property Losses



Premium Rate Increases Risk Fund

- 4.57% cumulative increase for 2021/2022 plan year.
- Actual increase/decrease will vary by district or charter school due to experience and exposure.
- 2021 Spring Budget Workshop Booklet emailed from notifications@origamirisk.com. Please contact rservices@pomsassoc.com if you did not receive a copy.

Wellness Activity

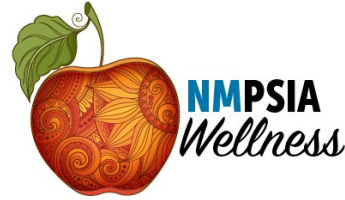


Katherine Chavez, Benefits and Wellness
Operations Manager

Email: Katherine.Chavez@state.nm.us
Phone: 505-988-2736 or 1-800-548-3724



New Mexico
Public Schools
Insurance Authority



410 Old Taos Highway

Santa Fe, New Mexico 87501

Phone: 505-988-2736/1.800-548-3724

Fax: 505-983-8670

Website: nmpsia.com

Questions???

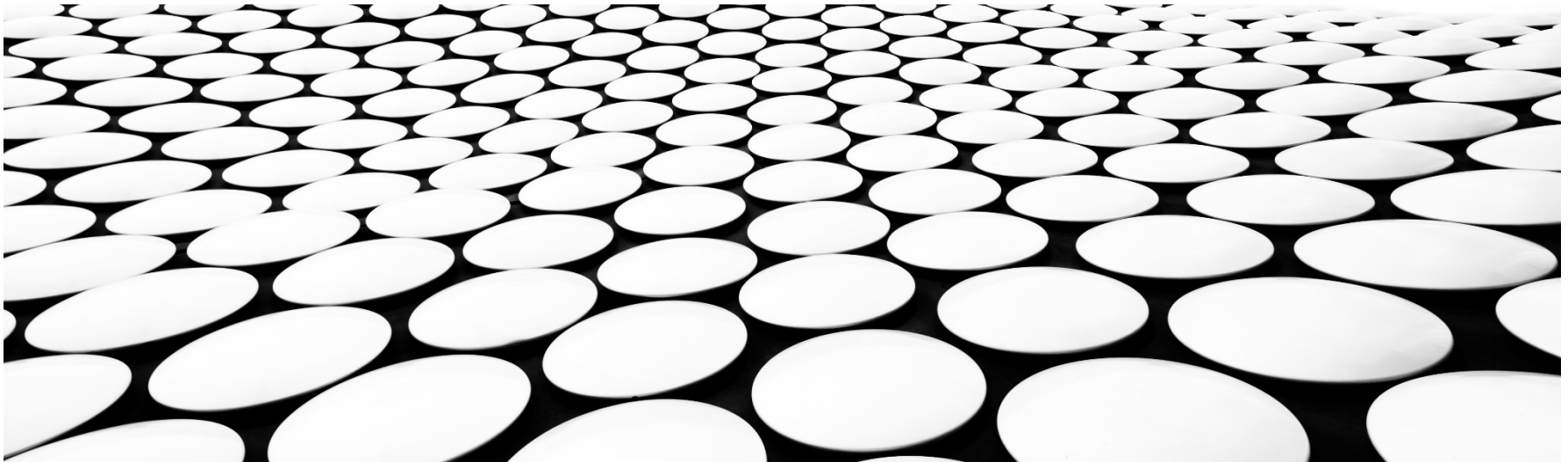
Richard.Valerio@state.nm.us

EASI

Erisa Administrative Services, Inc.



**New Mexico
Public Schools
Insurance
Authority**





Erisa Administrative Services, Inc.

EASI, Santa Fe office provides Third Party Administrative (TPA) services for online enrollment and eligibility of benefits on behalf of the New Mexico Public Schools Insurance Authority (NMPSIA)



Erisa Administrative Services, Inc.



Providing the highest level of customer service while striving to make the experience efficient and consistent



EASI provides:

- Personalized, guided enrollment support and benefits communication
- Prompt and accurate plan eligibility verification for employees
- COBRA administration for qualifying events
- Attentive customer service to plan participants
- Prompt identification and resolution of enrollment matters
- Premium billing and premium collection
- Electronic recordkeeping
- Responsible monitoring of regulations and health plan laws
- Up-to-date NMPSIA website, NMPSIA Online Benefits Enrollment System, and upcoming Mobile Application



Erisa Administrative Services, Inc.

More services:

- Employees can access their Enrollment Summary year-round
- All NMPSIA forms readily accessible
- Access to benefit carrier information and websites
- Employee can review NMPSIA benefit guidelines through Program Guide
- Employees and employers receive an electronic notification or a mailed confirmation of recent changes to enrollment



The EASI Team

Kathy Payanes, Account Manager

Lourdes Rael, Operations Supervisor

Michelle Alarid, Project Consultant

Mike Barrios, Accountant

Kevin Garcia, Project Specialist

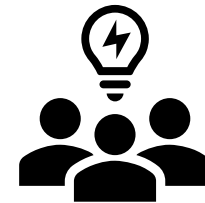
Michelle Aragon, Administrative Assistant & Benefits Representative

Chere Garcia, Benefits Representative

Jackie Martinez, Benefits Representative

Melissa Morales, Benefits Representative

Gustavo Rascon, Benefits Representative & Self-Pay Administrator





Thank you
EASI values the partnership
with NMPSIA and all
participating employers!

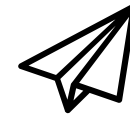


Erisa Administrative Services, Inc.



For questions or support:

Erisa Administrative Services, Inc.
1429 Second Street
Santa Fe, NM 87505



Phone: 505-988-4974
Toll Free: 800-233-3164
Fax: 505-988-8943



Erisa Administrative Services, Inc.

GENERAL LIABILITY INVESTIGATION

Presented by



How can you help?

The School / District - On Site Investigator's Role
In General Liability Claims

First Line of Defense

Why Investigate GL Claims?

- Needed to assist claims staff before facts are forgotten or scene altered:
 - Determine cause
 - Document scene
 - Document what people said and saw



NEW MEXICO
 PUBLIC SCHOOLS INSURANCE AUTHORITY
 Cannon Cochran Management Services, Inc.
 Claims Administrator
 P.O. Box 30870
 Albuquerque, New Mexico 87190-0870
 800-635-4679 505-837-8700
 505-838-6794 Fax



ACCIDENT REPORT – GENERAL/PRODUCTS LIABILITY
 (DO NOT USE FOR AUTO)

NAME					PHONE NUMBER	
DISTRICT:						
ADDRESS			CITY	STATE	ZIP	
ACCIDENT						
DATE OF LOSS	TIME OF LOSS	LOCATION OF LOSS		CITY	STATE	ZIP
OFFICIALS CALLED TO SCENE IF SO, IDENTIFY						
<input type="checkbox"/> POLICE <input type="checkbox"/> FIRE DEPT. <input type="checkbox"/> AMBULANCE						
CLAIMANT (PROPERTY DAMAGE)						
NAME		ADDRESS		CITY	STATE	ZIP
DESCRIBE DAMAGED PROPERTY		LOCATION OF PROPERTY		CITY	STATE	EXTENT OF DAMAGE
CLAIMANT (BODILY INJURY)						
NAME		AGE	ADDRESS		CITY	STATE
OCCUPATION		DESCRIBE EXTENT OF INJURY				
DESCRIPTION OF LOSS						
WITNESS						
NAME		ADDRESS		CITY	STATE	ZIP
NAME		ADDRESS		CITY	STATE	ZIP
IMPORTANT: HAS THIS ACCIDENT BEEN REPORTED TO OUR LOCAL EMERGENCY ADJUSTER? <input type="checkbox"/> YES <input type="checkbox"/> NO						
IF REPORTED, NAME OF FIRM						
ADDRESS						
DATE ASSIGNED						

DATE OF REPORT

SIGNATURE AND TITLE

REVISED 04/01/2008

Documentation

- Document the scene through photographs, sketches, written descriptions, video recordings
- Investigate facts that surround incident
- Document witness names, phone number and address.

Documentation

- Who (at school site) does the documentation go to for forwarding to the CCMSI claims staff?
- Designate someone to handle on behalf of the school
- What timeframes are in place for completing the investigation?
- Follow-up for correction of hazards if any found?

Claims Staff Role

- Claims staff receives information from member school district or Charter School.
- Will investigate the Who, What, Where, When and How questions in more depth
- May call with additional questions or to set up an on site inspection
- CCMSI Claims staff determines liability of the claim.

Why should the School investigate?

- Assist in the claims process at time of incident.
- To be the “eyes and ears” in the field
- To gather facts on-site before they change.
- To preserve evidence that may be lost over time
- To identify ways to prevent accidents from recurring

Best Practices

- Do:
 - Go to the accident site as soon as possible
 - Investigate and document the cause if possible
 - Document witnesses
 - Preserve “all” the evidence (‘chain of command’ is important)

- Don’t:
 - **Speculate on coverage**
 - Conduct formal interviews
 - Give advice

Guidelines for Investigators

- Survey, secure and document the site
- Identify the cause
- Look for contributory hazards
- Report conclusions and recommendations

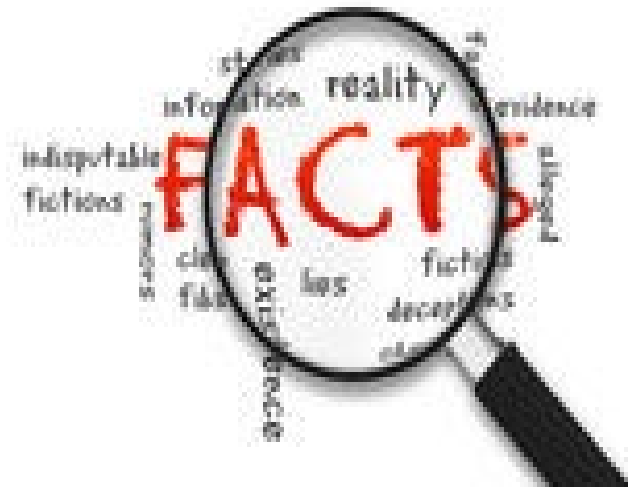
Investigative Techniques

- Investigate immediately
- Don't assume anything
- Obtain all possible facts
- Preserve the evidence
- Take photographs of the site
- Take measurements and diagram if necessary



Don't make Assumptions

- Gather the facts
 - What did the injured party say happened?
 - What did witnesses see?
 - What did the injured party tell witnesses?



Preserve the Evidence

- Before you preserve it, let's define it:
 - ▣ Evidence is data, which helps to prove the event
 - ▣ Chain of command is vital to securing evidence
- Next, decide what evidence is important
 - ▣ Immediate photographs are critical
 - ▣ The site could change the next day and evidence would be lost

What do you Photograph or Videotape?

- Sites of accidents, including:
- Views from a distance and up close
 - ▣ Defects
 - ▣ Hazards
 - ▣ Unusual Conditions
 - ▣ Conditions that differ from what the injured party describes

What to look for?

- Liquid substances or objects on a floor
- Worn treads
- Slippery floor (heavy wax)
- Frayed or torn carpet
- Type of shoes worn by injured party
- Anything being carried
- Anything out of the ordinary

Weather Conditions

- Sunny and clear?
- Rainy?
- Foggy?
- Icy?
- Temperature
 - Cold?
 - Hot?



Forms to Use

- NMPSIA website www.NMPSIA.com
- NMPSIA Risk Division Section
- Claims Drop Down Menu
 - Property & Liability
 - Forms
 - Student Accident Report
 - Vehicle Accident Report
 - Property Loss Report
 - General/Products Liability Report
 - Windshield Report (Glass Only)

Address for Reporting

NMPSIA General Liability
Self-Insured Program

CCMSI/ Administrator
P.O. Box 30870

Contact Information:

Albuquerque, NM 87190-0870
505-837-8700

GL Fax: 505-888-6901

E-Mail: svanetsky@ccmsi.com

Spring Budget Workshop 2021



Disclaimer

The information contained in this presentation is of a general nature and does not constitute legal advice.

Always seek expert legal advice tailored to your individual circumstances.



Employers are required to post the workers' compensation poster with the Notice of Accident (NOA) forms at their workplace. The NOA forms are to be attached or adjacent to the poster.

State of New Mexico Workers' Compensation Administration

WORKERS' COMPENSATION ACT

If You Are Injured At Work

Si Se Lastima En El Trabajo

<p>1) Notice -- In most cases you must tell your employer about the accident within 15 days, using the Notice of Accident Form.</p> <p>2) You have the right to information and assistance from an information specialist known as an Ombudsman at the Workers' Compensation Administration.</p> <p>3) Claims information -- Contact your employer's Claims Representative (see box below).</p>	<p>1) Aviso -- En la mayoría de los casos usted debe de avisarle a su empleador del accidente dentro de los primeros 15 días usando las formas de Aviso de Accidente.</p> <p>2) Usted tiene el derecho a información y ayuda contactándose con un especialista en información conocido como "Ombudsman" en la Administración para la Compensación a los Trabajadores.</p> <p>3) Información acerca de Reclamaciones -- Contáctese con el representante de reclamaciones de su compañía.</p>
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Employer's Insurer / Claims Representative:

Name: _____

Phone #: _____

Address: _____

Note: Employer must fill in insurer / claims representative information.

<h3 style="color: red;">YOUR RIGHTS</h3> <p>If you are injured in a work-related accident:</p> <p>Your employer / insurer must pay all reasonable and necessary medical costs.</p> <p>You may or may not have the right to choose your health care provider. If your employer / insurer has not given you written instructions about who chooses first, call an ombudsman. In an emergency, get emergency medical care first.</p> <p>If you are off work for more than seven days, your employer / insurer must pay wage benefits to partially offset your lost wages.</p> <p>If you suffer "permanent impairment," you may have the right to receive partial wage benefits for a longer period of time.</p> <p style="font-size: x-small;">Ombudsmen are located at the following offices:</p> <table border="0" style="width: 100%; font-size: x-small;"> <tr> <td>Albuquerque: 1-866-967-5667</td> <td>Turkeyfoot: 1-800-526-7310</td> <td>Hobbs: 1-800-934-2459</td> <td>Las Cruces: 1-800-870-6826</td> <td>Las Vegas: 1-800-251-7889</td> <td>Roswell: 1-866-311-8887</td> <td>Santa Fe: 1-505-844-6988</td> <td>1-505-595-9746</td> <td>1-575-397-3425</td> <td>1-575-524-6246</td> <td>1-505-454-9251</td> <td>1-575-623-3997</td> </tr> </table>	Albuquerque: 1-866-967-5667	Turkeyfoot: 1-800-526-7310	Hobbs: 1-800-934-2459	Las Cruces: 1-800-870-6826	Las Vegas: 1-800-251-7889	Roswell: 1-866-311-8887	Santa Fe: 1-505-844-6988	1-505-595-9746	1-575-397-3425	1-575-524-6246	1-505-454-9251	1-575-623-3997	<h3 style="color: red;">SUS DERECHOS</h3> <p>Si se lastima en el trabajo:</p> <p>Un empleador / asegurador debe de pagar por los gastos médicos necesarios y razonables.</p> <p>Es posible que usted tenga, o no tenga, el derecho de escoger al proveedor de servicios para la salud. Si su empleador / asegurador no le ha dado instrucciones por escrito de quien es el que selecciona primero, pregúntele o llame a un ombudsman. En una emergencia, obtenga asistencia médica de emergencia primero.</p> <p>Si usted está fuera del trabajo por más de siete días, su empleador / asegurador debe de hacerle un pago compensatorio de prestaciones para compensar parcialmente la pérdida de su salario.</p> <p>Si usted sufre "daño permanente," usted puede tener el derecho a recibir prestaciones parciales de salario por un periodo de tiempo más largo.</p>
Albuquerque: 1-866-967-5667	Turkeyfoot: 1-800-526-7310	Hobbs: 1-800-934-2459	Las Cruces: 1-800-870-6826	Las Vegas: 1-800-251-7889	Roswell: 1-866-311-8887	Santa Fe: 1-505-844-6988	1-505-595-9746	1-575-397-3425	1-575-524-6246	1-505-454-9251	1-575-623-3997		

If You Need HELP Call:

Ask for an Ombudsman

Si Usted Necesita Ayuda Llame Al:

Pregunte por un Ombudsman

1 - 8 6 6 - W O R K O M P (1-866-967-5667)

Visit our website at: <https://workerscomp.nm.gov>

For FREE copies of this poster and Notice of Accident Forms call: 1-866-967-5667

USE A NOTICE OF ACCIDENT FORM TO REPORT YOUR ACCIDENT TO YOUR SUPERVISOR.

EMPLOYER: You are required by law to display this poster where your employees can read it. Post the Notice of Accident forms with it. The poster without the Notice of Accident forms does not comply with law. You have other rights and duties under the law.

New Mexico Workers' Compensation Administration
2410 Central Avenue, Albuquerque, New Mexico 87106
PO Box 2714, Albuquerque, New Mexico 87125-7104

<https://workerscomp.nm.gov/NMWCA-Publications> is the link to print copies or you can call 1-866-967-5667 to request copies.



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- Annual Risk Premium Invoice
- NMPSIA Participating Employer Contact Database
- Insurance Division +
- Safety, Risk Management, & Loss Control Division +
- Student Accident Insurance
- Claims +**
 - + Property & Liability
 - + **Workers' Compensation**
 - + Forms
 - + Sample Workers' Compensation Policy Options
- General Liability Investigations
- Training +
- Risk Newsletters +
- NMPSIA Campaigns +
- Risk-Related Reference Materials +
- Driving Monitoring Services
- Risk FAQs
- NMPSIA Associated Risk Carriers and Consultants

Workers' Compensation Claims:

Workers' Compensation (WC) claims for Members of the New Mexico Public Schools Insurance Authority are supervised by Jerry Mayo and Kim Trimble and managed by a team of four (4) Claims Representatives, and three (3) Medical Only Adjusters. All contact information for team members is listed below.



Reporting a Workers' Compensation Claim:

The Employer's First Reports of Injury or Illness (FROI) may be submitted electronically into the [CCMSI Internet Claims Edge system \(ICE\)](#), or scanned and emailed to the dedicated Workers' Compensation email of nmpsiawc@ccmsi.com, or faxed to 505-888-6794. CCMSI encourages all NMPSIA members to obtain an ICE ID to submit the FROI electronically. If you need an ICE ID and passcode, please email your request to Jerry Mayo at jmayo@ccmsi.com.

Timely Reporting of Workers' Compensation Claims and Potential Penalties:

NMPSIA requests that all Members submit FROIs to CCMSI within twenty four (24) hours but no later than seventy two (72) hours of their first knowledge of the injury or illness.

NMAC Rule 11.4.3.13.B(4) states the following:

(4) The employer shall report every accident to their insurer or, in the case of self-insured employer or member of a self-insurance group, their claims administrator, whether or not the employer considers the claim to be valid, within 72 hours of the earlier of:

- (a) actual knowledge of the accident by the employer, or
- (b) presentation of a notice of accident form to the employer.

Please Note:

Under Section 52-1-61 (NMSA 1978), Employers who report injuries late are subject to penalties of up to one thousand dollars (\$1,000) for each occurrence.

Claims Workbook:

General information about reporting, investigating and managing Workers' Compensation Claims can be found in the

[Workers' Compensation and Property & Liability Claims Workbook \(fillable PDF\)](#)





**NEW MEXICO PUBLIC SCHOOLS
INSURANCE AUTHORITY**

**WORKERS' COMPENSATION
PROPERTY & LIABILITY CLAIMS**

WORKBOOK



Cannon Cochran Management Services, Inc.
PO Box 30870 • Albuquerque, NM 87190-0870
800-635-0679 • 505-837-8700 • Fax: 505-888-6794 • www.ccmsi.com

delivering what matters most.

- Annual Risk Premium Invoice
- NMPSIA Participating Employer Contact Database
- Insurance Division +
- Safety, Risk Management, & Loss Control Division +
- Student Accident Insurance
- Claims +**
 - + Property & Liability
 - + Workers' Compensation
 - + Forms
 - Notice of Accident or Occupational Disease
 - Alternative Notice of Accident Form (NOA-1 Employer's Choice)
 - Alternative Notice of Accident Form (NOA-2 Employee's Choice)
 - Employers' First Report of Injury or Illness
 - Supervisor's Accident Investigation Report
 - Report of Work Ability
 - + Sample Workers' Compensation Policy Options

- General Liability Investigations
- Training +
- Risk Newsletters +
- NMPSIA Campaigns +
- Risk-Related Reference Materials +


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NOTICE OF ACCIDENT OR OCCUPATIONAL DISEASE DISABLEMENT NOTIFICACIÓN DE ACCIDENTE O ENFERMEDAD DE OFICIO

In accordance with New Mexico law, Section 52-1-29, Section 52-3-19 and Section 52-1-49, NMSA 1978; NMAC 11.4.4.11
 Conforme a la Ley de la Compensación de los Trabajadores, Sección 52-1-29, Sección 52-3-19 y Sección 52-1-49, NMSA 1978; NMAC 11.4.4.11

I, _____, was involved in an on-the-job accident or was disabled
 Yo, (name of employee/nombre del empleado) me lastimé en un accidente en el trabajo o fui incapacitado

by an occupational disease at approximately _____, on _____, 20____.
 por enfermedad de oficio aproximadamente (time/la(s) hora(s)) el (date/fecha) del 20____.

Employee's social security number: _____ Where did the accident occur? _____
 Número de seguro social del empleado: ¿Dónde ocurrió el accidente? _____

What happened?
 ¿Qué ocurrió? _____

To be completed by Employer: Completado por el empleador: If Yes, Employer has right to change health care provider after 60 days. If No, Worker has the right to change health care provider after 60 days. En caso afirmativo, el empleador tiene derecho a cambiar de proveedor de atención médica después de 60 días. En caso que no elige, el trabajador tiene derecho a cambiar de proveedor de atención médica después de 60 días.	Worker will choose health care provider. Yes <input type="checkbox"/> No <input type="checkbox"/> Trabajador elegirá proveedor de atención médica. WORKER MUST INITIAL _____ INICIALES DEL TRABAJADOR
--	---

Signed: _____ Signed/Notice Received: _____
 Firma: (employee/empleado) Firma/Notificación recibida: (employer or representative/empleador o representante)
 Date/Fecha: _____ Date/Fecha: _____

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

PREVIOUS NOA FORMS ARE STILL VALID FOR USE

Worker --
 For emergency medical care, go to any emergency medical facility.

Workers and Employers with questions about workers' compensation may contact an Ombudsman at any New Mexico Workers' Compensation Administration office for information and assistance. The offices are open Monday through Friday, 8 a.m. to 5 p.m., except holidays.

Trabajador
 Para emergencias médicas vaya a cualquier clínica / hospital.

Trabajadores y empleadores con preguntas acerca de la compensación de los trabajadores pueden comunicarse con un asesor ("ombudsman") a cualquier oficina de la Administración de la Compensación de los Trabajadores para información y asistencia. Las oficinas están abiertas desde las ocho de la mañana hasta las cinco de la tarde de lunes a viernes, con la excepción de días festivos.

Statewide Helpline -- Línea de Asistencia
1-866-WORKOMP / 1-866-967-5667
 toll free -- llamada sin costo de larga distancia
New Mexico Workers' Compensation Administration
 PO Box 27198, Albuquerque, NM 87125

Albuquerque: (505) 841-6000 - 1 (800) 255-7965 Las Vegas: (505) 454-9251 - 1 (800) 281-7889 Santa Fe: (505) 476-7381
 Farmington: (505) 599-9746 - 1 (800) 568-7310 Lovington: (575) 396-3437 - 1 (800) 934-2450 TDD for the deaf: (505) 841-6043
 Las Cruces: (575) 524-6246 - 1 (800) 870-6826 Roswell: (575) 623-3997 - 1(866) 311-8587
www.workerscomp.state.nm.us

Employer/employee: Each keep one copy.
Empleador/empleado: Retener una copia.

Form NOA-1-W (4/12)



NOTICE OF ACCIDENT OR OCCUPATIONAL DISEASE DISABLEMENT NOTIFICACIÓN DE ACCIDENTE O ENFERMEDAD DE OFICIO

In accordance with New Mexico law, Section 52-1-29, Section 52-3-19 and Section 52-1-49, NMSA 1978; NMAC 11.4.4.11
Conforme a la Ley de la Compensación de los Trabajadores, Sección 52-1-29, Sección 52-3-19 y Sección 52-1-49, NMSA 1978, NMAC 11.4.4.11

I, _____ was involved in an on-the-job accident or was disabled by an occupational disease
Yo, _____ (name of employee/nombre del empleado) me lastimé en un accidente en el trabajo o fui incapacitado por enfermedad de oficio

at approximately _____ on _____, 20____. Date of Hire _____ Employee's Date of Birth _____
proximadamente (time/la(s) hora(s)) el _____ (date/fecha) (del 20____) (fecha de empleo) (fecha de nacimiento)

Employee's social security number: _____ Employee's Home Address: _____
Número de seguro social del empleado: _____ Dirección del empleado _____

Employee's Telephone Number(s): Home: _____ Mobile: _____ Other: _____
Número de teléfono(s): (Casa) (Celular) (Otro)

Where did the accident occur? _____
¿Dónde ocurrió el accidente? _____

What happened? _____
¿Qué ocurrió? _____

Worker will choose health care provider. Employer has right to change health care provider after 60 days.
Trabajador elegirá el proveedor de atención médica. El empleador tiene el derecho de cambiar el proveedor de atención médica después de 60 días

Signed: _____ Signed/Notice Received: _____
Firma: _____ (employee/empleado) Firma/Notificación recibida: (employer or representative/empleador o representante)
Date/Fecha: _____ Date/Fecha: _____

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

PREVIOUS NOA FORMS ARE STILL VALID FOR USE

Worker (Trabajador)

For emergency medical care, go to any emergency medical facility. *(Para emergencias médicas vaya a cualquier clínica / hospital.)*

Workers and Employers with questions about workers' compensation may contact an Ombudsman at any New Mexico Workers' Compensation Administration office for information and assistance. The offices are open Monday through Friday, 8 a.m. to 5 p.m., except holidays.

(Trabajadores y empleadores con preguntas acerca de la compensación de los trabajadores pueden comunicarse con un asesor ("ombudsman") a cualquier oficina de la Administración de la Compensación de los Trabajadores para información y asistencia. Las oficinas están abiertas desde las ocho de la mañana hasta las cinco de la tarde de lunes a viernes, con la excepción de días festivos.)

Statewide Helpline -- Línea de Asistencia
1-866-WORKOMP / 1-866-967-5667
toll free -- llamada sin costo de larga distancia

New Mexico Workers' Compensation Administration
PO Box 27198, Albuquerque, NM 87125

Albuquerque: (505) 841-8000 - 1 (800) 255-7965
Farmington: (505) 599-9746 - 1 (800) 568-7310
Las Cruces: (575) 524-6246 - 1 (800) 870-6826

Las Vegas: (505) 454-9251 - 1 (800) 281-7889
Lovington: (575) 396-3437 - 1 (800) 934-2450
Roswell: (575) 623-3997 - 1(866) 311-8587

Santa Fe: (505) 476-7381
TDD for the deaf: (505) 841-6043
www.workerscomp.state.nm.us

Employer/employee: Each keep one copy.
Empleador/empleado: Retener una copia.

Form NOA-2- NMPSIA 2015



**NOTICE OF ACCIDENT OR OCCUPATIONAL DISEASE DISABLEMENT
NOTIFICACIÓN DE ACCIDENTE O ENFERMEDAD DE OFICIO**

In accordance with New Mexico law, Section 52-1-29, Section 52-3-19 and Section 52-1-49, NMSA 1978, NMAC 11.4.4.11
Conforme a la Ley de la Compensación de los Trabajadores, Sección 52-1-29, Sección 52-3-19 y Sección 52-1-49, NMSA 1978, NMAC 11.4.4.11

I, _____, was involved in an on-the-job accident or was disabled by an occupational disease
Yo, _____ me involucré en un accidente en el trabajo o fui incapacitado por enfermedad de oficio
at approximately _____ on _____ Date of Hire _____ Employee's Date of Birth _____
aproximadamente _____ al _____ de _____ al _____ de _____ (fecha de nacimiento)
Employee's social security number: _____ Employee's Home Address: _____
Número de seguro social del empleado: _____ Dirección del empleado _____
Employee's Telephone Number(s): Home: _____ Mobile: _____ Other: _____
Número de teléfono(s) del empleado: (Casa) (Celular) (Otro)

Where did the accident occur?
¿Dónde ocurrió el accidente?
What happened?
¿Qué ocurrió?

Worker will choose health care provider. Employer has right to change health care provider after 60 days.
Trabajador elegirá proveedor de atención médica. El empleador tiene el derecho de cambiar al proveedor de atención médica después de 60 días

Signed: _____ Signed/Noticed Received: _____
Firma: _____ (employee/emp/leado) Firma/Notificación recibida: _____ (employer or representative/empleador o representante)

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOW OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

PREVIOUS NOA FORMS ARE STILL VALID FOR USE

Worker (Trabajador)
For emergency medical care, go to any emergency medical facility. (Para emergencias médicas vaya a cualquier clínica / hospital)

Workers and Employers with questions about workers' compensation may contact an Ombudsman at any New Mexico Workers' Compensation Administration office for information and assistance. The offices are open Monday through Friday, 9 a.m. to 5 p.m., except holidays.
(Trabajadores y empleadores con preguntas acerca de la compensación de los trabajadores pueden comunicarse con un asesor (ombudsman) en cualquier oficina de la Administración de la Compensación de los Trabajadores para información y asistencia. Las oficinas están abiertas desde las 9 de la mañana hasta las 5 de la tarde de lunes a viernes, con la excepción de días festivos.)

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toll free -- llamada sin costo de larga distancia
New Mexico Workers' Compensation Administration
PO Box 27198, Albuquerque, NM 87125

Albuquerque: (505) 841-6300 - 1 (800) 255-7955 Law Vegas: (505) 454-9251 - 1 (800) 281-7889 Santa Fe: (505) 476-7381
Farmington: (505) 599-5746 - 1 (800) 588-7310 Lovington: (575) 396-3427 - 1 (800) 824-2450 TUC for the deaf: (505) 841-6043
Las Cruces: (575) 624-8248 - 1 (800) 870-6826 Roswell: (575) 623-3587 - 1 (800) 311-5557 www.nmworkerscompensation.com

Employer/employee: Each keep one copy.
Empleador/empleado: Retener una copia.

Form NOA-2 - NMPDIA 2015

Copies of the forms can be found at
<https://nmopsia.com/>

Individual Supervisor's Accident Investigation Report Form

GENERAL INFORMATION	DEPARTMENT	SHIFT
	EMPLOYEE NAME	JOB TITLE
DESCRIPTION	EMPLOYER NUMBER	SEX (M/F)
	TYPE OF ACCIDENT/ILLNESS	
CAUSES	TYPE OF INJURY	
	PART OF BODY INJURED	TREATMENT
	DID EMPLOYEE RETURN TO WORK THE SAME DAY?	
	WHERE DID THE ACCIDENT HAPPEN? USE ADDITIONAL SHEETS IF NECESSARY	
RECOMMENDATIONS	SPECIFIC MACHINE, TOOL, SUBSTANCE OR OBJECT CONSULTED WITH THE ACCIDENT	
	UNSAFE MECHANICAL/PHYSICAL/ENVIRONMENTAL CONDITION AT TIME OF ACCIDENT (be Specific)	
	PERSONAL FACTORS (Attitude, Lack of Knowledge or Skill, Slow Reaction, Fatigue)	
FOLLOW UP	PERSONAL PROTECTIVE EQUIPMENT REQUIRED	
	WAS INJURED EMPLOYEE USING REQUIRED EQUIPMENT?	
ACTION PLAN TO PREVENT RECURRENCE (Modification of Machine, Mechanical Guarding, Environment, Training)		
SUPERVISOR'S SIGNATURE _____ DATE _____		
ACTIONS TAKEN ON RECOMMENDATIONS (Include Date Completed)		

NEW MEXICO WORKERS' COMPENSATION ADMINISTRATION

EMPLOYERS' FIRST REPORT OF INJURY OR ILLNESS

2410 CENTRE AVE. SE • PO BOX 27198
ALBUQUERQUE, NM 87125-7198

OFFICIAL USE ONLY

PLEASE PRINT IN BLACK INK OR TYPE

GENERAL INFORMATION	EMPLOYER (NAME & ADDRESS INCL. ZIP)	CARRIER / ADMINISTRATOR CLAIM #	OSHA LOG NUMBER	REPORT PURPOSE CODE
	JURISDICTION	SUBSECTION CLAIM NUMBER		
	INSURED REPORT NUMBER	EMPLOYER'S LOCATION ADDRESS (IF DIFFERENT)		
	PHONE NUMBER	EMPLOYER FEIN	LOCATION #	INDUSTRY CODE
CARRIER INFORMATION	CARRIER (NAME, ADDRESS & PHONE NO.)	POLICY LOCATION	CLAIMS ADMINISTRATOR (NAME, ADDRESS & PHONE NO.)	
	NMPDIA 410 Old Town Hwy. Santa Fe, NM 87501	TO	CCMSI Columbia Casualty Management Services Inc. 2700 Central Expressway, Suite 27198 Albuquerque, NM 87198 505-837-8700 / 800-833-0679	
	INSURANCE #	IS THIS A REINSURANCE?	SELF INSURANCE	
	850346437	POLICY # / REINSURANCE NUMBER	84109492	
EMPLOYEE INFORMATION	AGENT NAME & CODE NUMBER	NAME (LAST, FIRST, MIDDLE)	DATE OF BIRTH	SOCIAL SECURITY NUMBER
	DATE OF BIRTH	DATE OF BIRTH	STATE OF RES.	STATE OF RES.
	ADDRESS (INCL. ZIP)	MARRIAGE STATUS	OCCUPATIONAL STATUS TITLE OR SOCIAL CODE	
	PHONE NUMBER	EMPLOYMENT STATUS	NCCI CLASS CODE	
WORKER INFORMATION	RATE	PER: <input type="checkbox"/> DAY <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH <input type="checkbox"/> OTHER	DAYS WORKED/ WEEK	FULL PAY FOR DAY OF INJURY?
	TIME EMPLOYEE BEGAN WORK	DATE OF INJURY/ILLNESS	TIME OF OCCURRENCE	DATE EMPLOYER NOTIFIED
	CONTACT NAME/PHONE NUMBER	TYPE OF INJURY/ILLNESS	PART OF BODY AFFECTED	
	DID INJURY/ILLNESS OCCUR ON EMPLOYER'S PREMISES?	TYPE OF INJURY / ILLNESS CODE	PART OF BODY AFFECTED CODE	
UNSURE INFORMATION	DEPARTMENT OR LOCATION WHERE ACCIDENT OR ILLNESS OCCURRED	ALL EQUIPMENT, MATERIALS, OR CHEMICAL EMPLOYEE WAS USING WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED		
	SPECIFIC ACTIVITY THE EMPLOYEE WAS ENGAGED IN WHEN THE ACCIDENT OR ILLNESS EXPOSURE OCCURRED	WORK PROCESS THE EMPLOYEE WAS ENGAGED IN WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED		
	HOW INJURY OR ILLNESS (ABNORMAL HEALTH CONDITION) OCCURRED. DESCRIBE THE SEQUENCE OF EVENTS AND INCLUDE ANY OBJECTS OR SUBSTANCES THAT DIRECTLY INJURED THE EMPLOYEE OR MADE THE EMPLOYEE ILL.	CAUSE OF INJURY CODE		
	DATE RETURNED TO WORK	IF FATAL, GIVE DATE OF DEATH	WERE SAFEGUARDS OR SAFETY EQUIPMENT PROVIDED?	
WITNESSES	PARTICIPANT HEALTHCARE PROVIDER (NAME & ADDRESS)	HOSPITAL (NAME & ADDRESS)		FINAL TREATMENT
	WITNESSES (NAME & PHONE #)			NO MEDICAL TREATMENT
	DATE ADMINISTRATOR NOTIFIED			MINOR BY EMPLOYER
	DATE PREPARED			MINOR CLINIC/HOSPITAL
OTHER INFORMATION	PREPARER'S NAME & TITLE			EMERGENCY CARE
	DATE PREPARED			HOSPITALIZED + 24 HRS
				FUTURE MAJOR MEDICAL COST TIME ANTICIPATED

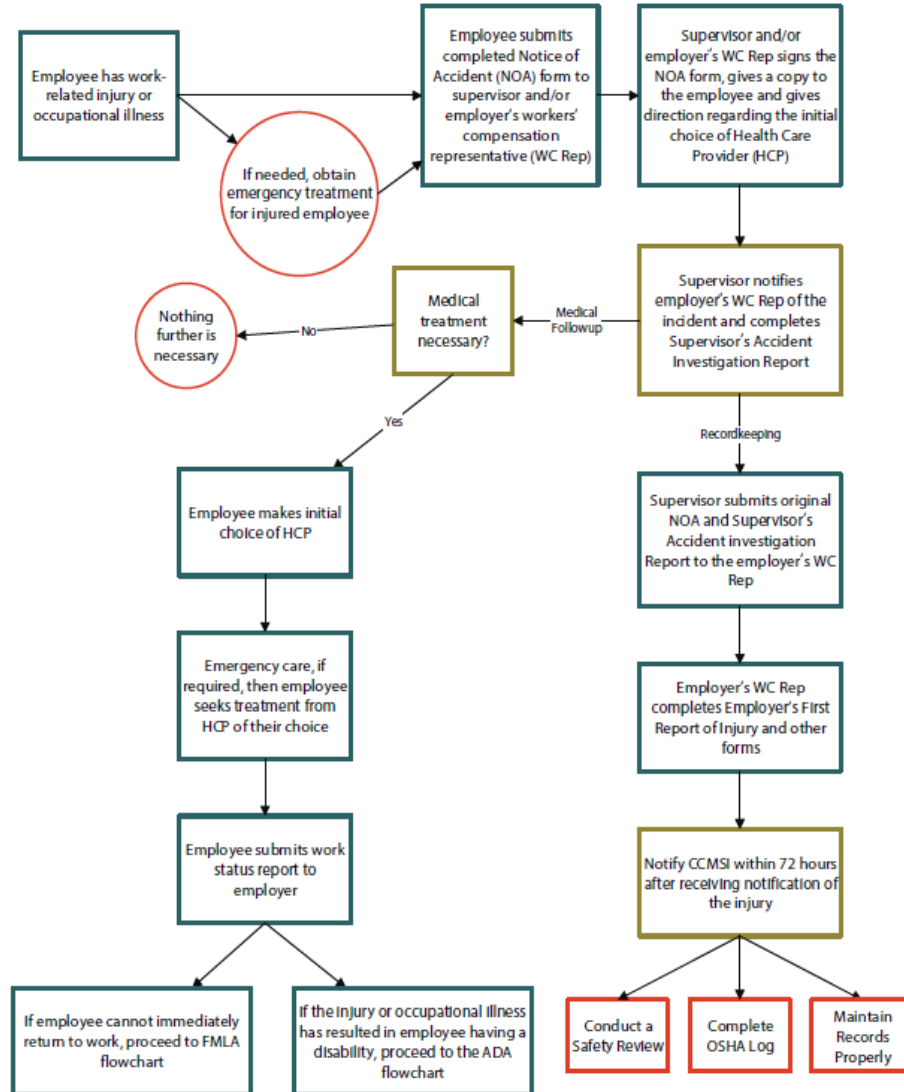
NM WCA FORM ET-2 EQUIVALENT TO OSHA'S FORM 301 FORM IA-1 (7/02) © IWABC 2002
Completion of this form is not an admission that the claim is compensable under the Workers' Compensation Act.

These forms can be emailed to the adjuster or attached when the claim is entered.



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Workers' Compensation Flowchart



NEW MEXICO WORKERS' COMPENSATION ADMINISTRATION PROVIDER'S REPORT OF PHYSICAL ABILITY

1	GENERAL INFORMATION		Worker Name (Last, First)	Employer	Insurance Company	COMSI			
	SSN-last 4 digits	Date of Birth	Clinic/Facility Name/Address	PO Box 30870, Albuquerque, NM 87190					
	xxx-xx-xx			Primary Treating Provider					
	Date of Injury	Visit Date		Provider Phone					
	Visit Type: <input type="checkbox"/> Initial <input type="checkbox"/> Follow-up - For follow-ups, is there a change in recommendation since last visit? <input type="checkbox"/> YES <input type="checkbox"/> NO (If YES, please fill out all sections on the remainder of this form. If NO, you may skip to Section 4 TREATMENT/FOLLOW-UP)								
2	WORK STATUS		After evaluation, I recommend this worker be (check only one option):						
	<input type="checkbox"/> OPTION 1 - Released to regular work		Status from (start date): _____ to (end date): _____ Released to hours and tasks routinely performed on the job held at the time of injury. SKIP TO SECTION 4 TREATMENT/FOLLOW-UP						
	<input type="checkbox"/> OPTION 2 - Not released to ANY work at all		Status from (start date): _____ to (end date): _____ The worker is not capable of performing ANY work activities at this time. SKIP TO SECTION 4 TREATMENT/FOLLOW-UP						
	<input type="checkbox"/> OPTION 3 - Released to modified duty		Status from (start date): _____ to (end date): _____ Released to work, subject to the following restrictions in Section 3 ACTIVITY RESTRICTIONS (blank items indicate no restriction)						
- Important note to worker: The restrictions indicated below should be followed outside of work as well as at work -									
3	ACTIVITY RESTRICTIONS		Lift / Carry / Push / Pull Restrictions (if any)						
			Maximum cumulative hours/day →	0	2	4	6	8	Other
	Lift from the floor		<input type="checkbox"/> Left <input type="checkbox"/> Right	Jobs	Jobs	Jobs	Jobs	Jobs	Jobs
	Lift from waist height		<input type="checkbox"/> Left <input type="checkbox"/> Right	Jobs	Jobs	Jobs	Jobs	Jobs	Jobs
	Carry		<input type="checkbox"/> Left <input type="checkbox"/> Right	Jobs	Jobs	Jobs	Jobs	Jobs	Jobs
	Push		<input type="checkbox"/> Left <input type="checkbox"/> Right	Jobs	Jobs	Jobs	Jobs	Jobs	Jobs
	Pull		<input type="checkbox"/> Left <input type="checkbox"/> Right	Jobs	Jobs	Jobs	Jobs	Jobs	Jobs
			Posture / Motion Restrictions (if any)			Miscellaneous Restrictions (if any)			
			Maximum cumulative hours/day →	0	2	4	6	8	Other
	Stand		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Sit		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Knee / Squat		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Bend / Stoop		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Twist		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Walk		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climb (stairs/ladder)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Keyboard		<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Grasp / Squeeze		<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wrist (flex/extension)		<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fine manipulation		<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Operate foot controls		<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reach above shoulder		<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reach below shoulder		<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		OTHER RESTRICTIONS/MODIFICATIONS (be specific):			Medication Restrictions (if any)				
					Medic restrict ability to work safely (explain restrictions below)				
					Psychological Restrictions (if any)				
					Psychological restrictions evident (explain restrictions below)				
4	TREATMENT / FOLLOW-UP		Maximum medical improvement (MMI) Indications (check only one and indicate the date):						
			<input type="checkbox"/> Worker has reached MMI on _____ (date). Permanent impairment rating (% / body part) _____						
			<input type="checkbox"/> Not at MMI but anticipated on _____ (date)						
			Expedited follow-up services (check all that apply and indicate dates if known):						
			<input type="checkbox"/> Next evaluation by treating provider on _____ (date) at _____ (time)						
		<input type="checkbox"/> Referral to / Consult with _____ (provider name and specialty)							
		<input type="checkbox"/> Physical / Occupational therapy / Chiropractic / Osteopathic Rehabilitation / Reconditioning _____ x/week for _____							
		<input type="checkbox"/> Other treatment / Follow-up _____							
		<input type="checkbox"/> Worker fully discharged from care. This is the last scheduled visit for this problem.							
		Provider Signature: _____		Date: _____					



delivering what matters most.

Types of Claims

- Incident Only
 - No medical attention is sought
 - These still need to be reported no matter how small they may seem
- Medical Only
 - Medical attention sought
 - ER, Clinic & Primary Care Provider
- Indemnity Claims
 - Medical attention sought
 - Lost time from work or questionable claims

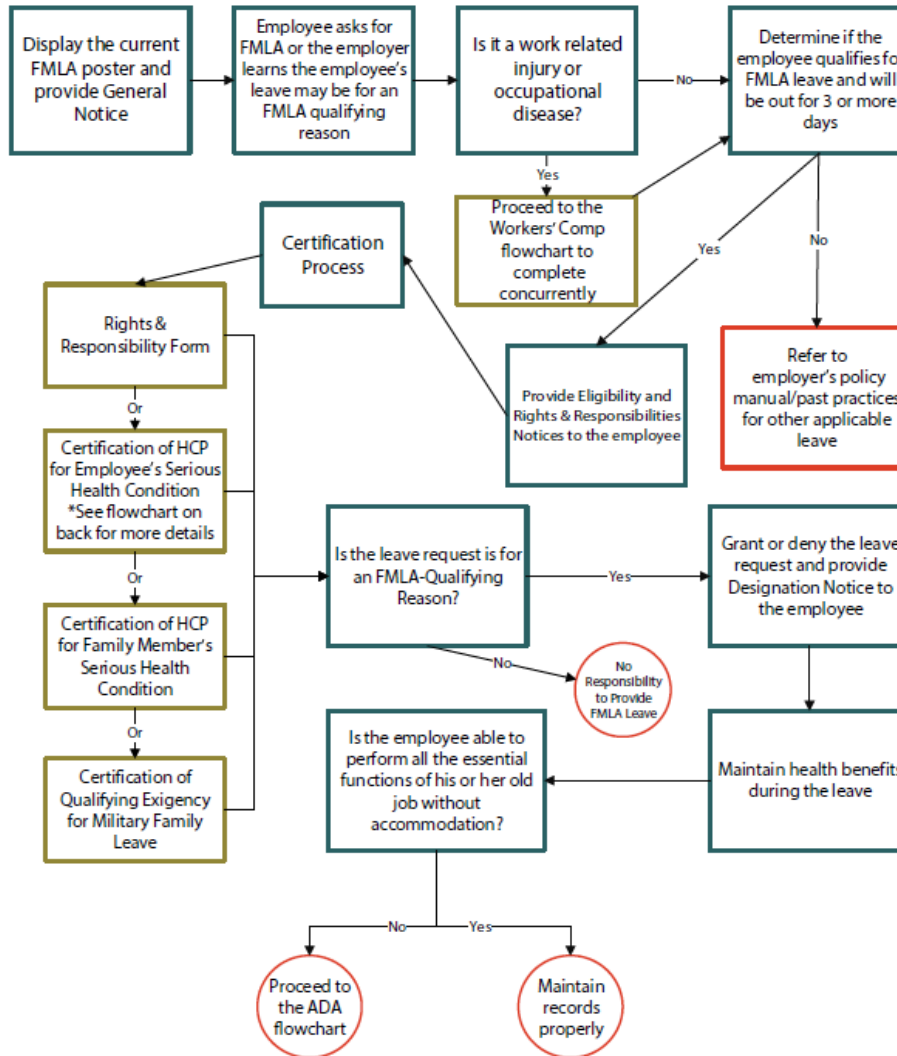


FMLA

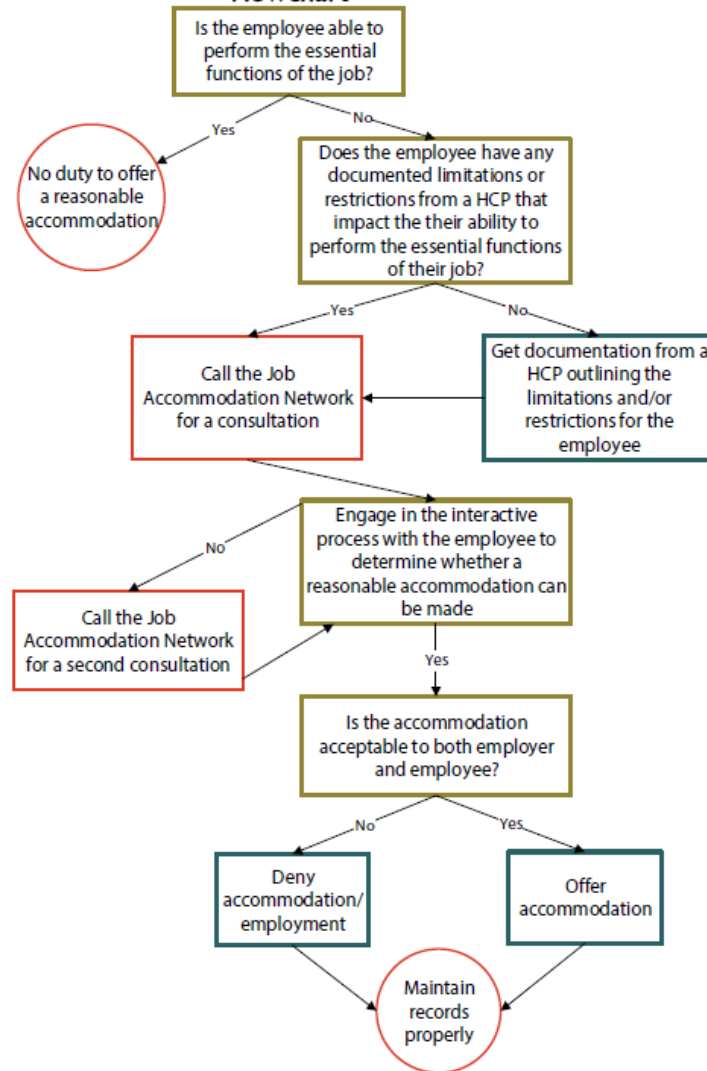
- **FAMILY MEDICAL LEAVE ACT (FMLA):** FMLA benefits will run concurrently with the employee's time off for a work related injury.



Family Medical Leave Act Flowchart



Americans With Disabilities Act Flowchart



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delivering what matters most.

Minimize Your Driver Risk With Driver License Monitoring



New Mexico
Public Schools
Insurance Authority

Embark Safety's innovative technology monitors employees' Motor Vehicle Records (MVRs) continuously and notifies managers when new changes appear in a driver's record.

Our system links directly with state licensing agencies (DMVs) to monitor changes in driver licenses and find adverse actions that may expose an organization to liability and accident risk.

Effective July 2019, Embark Safety will be the new vendor for driving record information, retrieval and monitoring services for all NMPSIA members. Members will have access to a free account.



Notifications may include:

- Newly issued driver citations
- Speeding tickets
- Suspensions / Revocations
- DUIs / DWIs
- Driver license expiration
- CDL medical certificate expiration

Why Monitor Driver Records?

Liability

Suspended drivers have a crash rate that is **14 times higher** than other drivers. Companies are ultimately liable for employees' actions.

Compliance

Loss of driving privileges due to accumulated convictions results in **unqualified drivers** operating on the roadways for longer without the company's knowledge.

Safety

Driving is the **most dangerous activity** performed by employees. It only takes one employee with a suspended license to jeopardize the reputation of any company.

How it works



Initial driving record is processed for all drivers. System automatically scores all drivers using our MVR scoring criteria.



Drivers are enrolled into driver record monitoring with each state licensing agency (DMV).



System automatically sends email alert notifications to supervisors when new information shows up in a driver's record.

Questions?
Give us a call
1-855-362-2758

[Learn More](#) or [Request Demo](#)

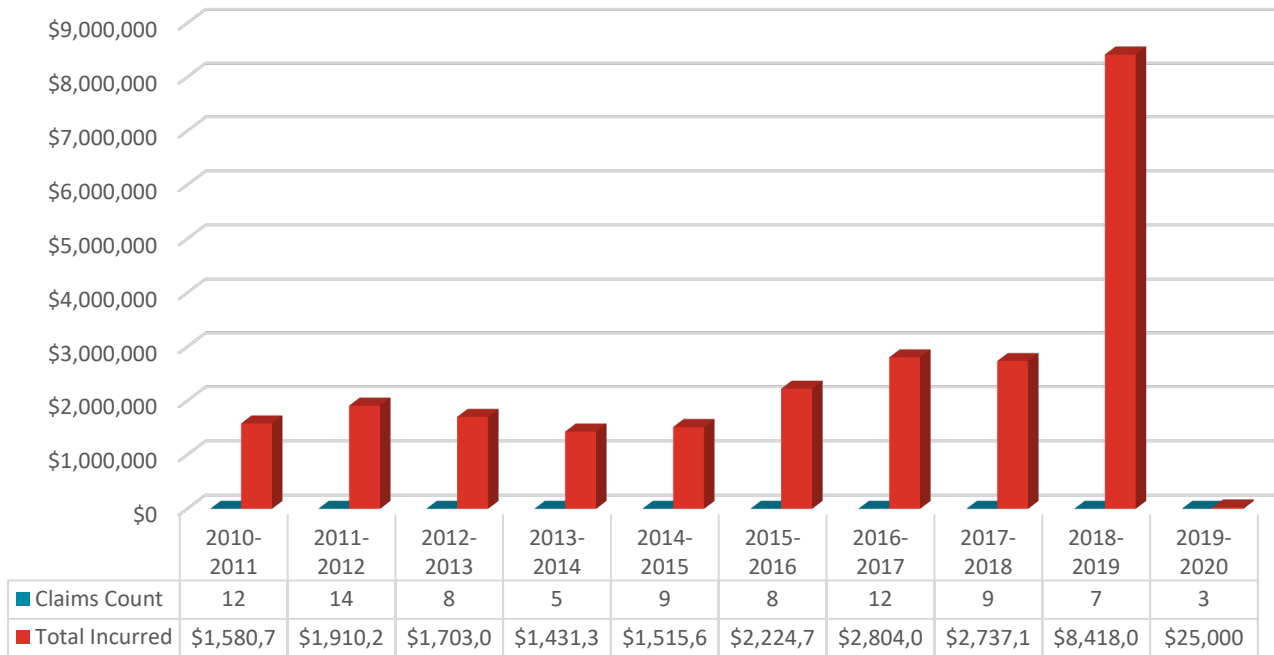
Risk Services

Be aware



Risk Fund Cost Drivers

Sexual Molestation/Inappropriate Touching Claims



Note: Recent claims paid in the amount of \$22.3 million not included in the graph because they predate the “10 year history” report parameters.

Note: The incurred amount for the 2019-2020 policy year is immature.

Gary Gregor - 114 years in prison after being convicted of raping and abusing girls at an Española and Santa Fe elementary schools

Behaviors first documented in 1994

Utah and Montana, accused of sexual misconduct with elementary-aged students. Termination in Utah stated he lacked professional judgment

To Santa Fe Public in 2000.

In 2004, an employee at the Museum of International Folk Art notified the district that a museum docent had seen Gregor exhibit inappropriate behavior with a student during a field trip.

Investigator corroborated accusations of inappropriate physical contact between Gregor and his female students

Gregor resigned and was given a neutral recommendation by the district.

Hired by Española Public Schools for the 2004-05 school year.

A Fairview Elementary School parent reported Gregor to the Española Police Department in April 2009, saying daughter had been sexually abused by Gregor.

Claims exceed \$20.175 million



What is coming. What is here

HB 128

Four prongs

Application

Training and Mandatory Reporting

Data Base

Disclosure to other schools

What is coming. What is here

Title IX - **effective August 14, 2020**

- New terminology, policy and notice requirements
- Limitations on jurisdiction
- Optional burdens of proof; Preponderance vs. Clear and Convincing
- Revised Title IX Coordinator responsibilities
- Revised investigation procedures
- Expanded hearing rights options for K-12 hearings
- New rules for appeals
- Expanded training requirements and record keeping
- **Due Process**

New Secretary of Education – may have changes