

"NMPSIA 2022 Annual Training" Begins at 8:45 a.m.





Training Will Begin In



NMPSIA 2022 Annual Training

July 13th 8:45 a.m. – 11:00 a.m.

This session is interactive and is being recorded.

Please ensure your video functions are turned 'ON".



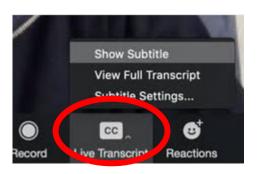


Live Transcription is Enabled for this Presentation

Choose how you want to view the transcription by clicking the **CC Live Transcript** button to view your options then click on one of the following:

- Show Subtitles Displays captioning on the bottom of the video
- View Full Transcript Opens a panel/pop-up and displays captions in real-time with both the speaker's name and time stamp.





American Sign Language Interpretation services provided by

Community
Outreach
Program for the
Deaf - New
Mexico





Erisa Administrative Services. Inc.

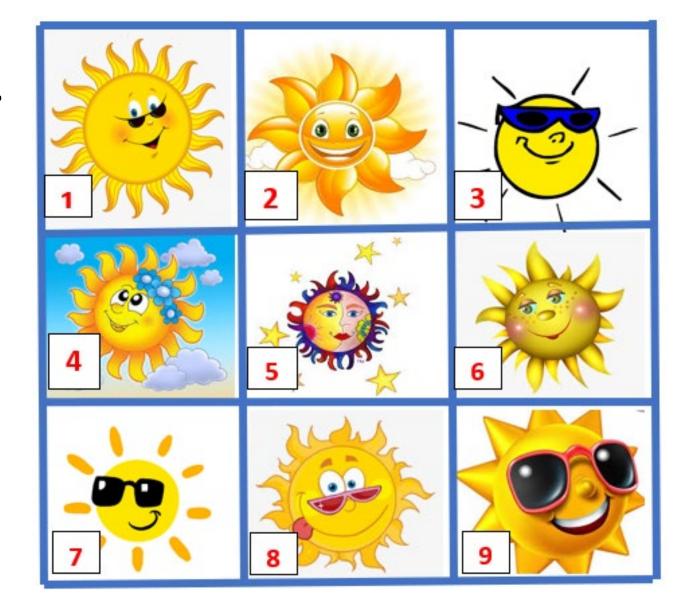
Today's Agenda

Time	Wednesday, July 13, 2022
Time	Wednesday, July 13, 2022
8:45 a.m.	Virtual Meeting Check-in
	Mood Check
9:00 a.m.	NMPSIA
	Welcome & Introductions
	How Training Will Be Run
9:05 a.m.	What do you know? Poll - Provide the correct answer and be entered in a drawing
	How to Report Risk Claims – CCMSI
	Steve Vanetsky
	Jerry Mayo
	How to report a risk claim for property, liability, worker's compensation
	Where to submit claims
9:45 a.m.	Break
	Instant Recess
9:55 a.m.	What do you know? Poll - Provide the correct answer and be entered in a drawing
	TAPS Program - Cooperative Educational Services
	Loretta Garcia
10:15 a.m.	What do you know? Poll - Provide the correct answer and be entered in a drawing
	EASI - Website Improvements – Locating Risk Resources
	Emma Reed
	Monthly Training Postings – Required Training
	Vector Solutions Information Dedicated Bids Bases
	Dedicated Risk Pages How to Report a Claim
	Mobile App
10:30 a.m.	What do you know? Poll - Provide the correct answer and be entered in a drawing
	NMPSIA - Employer Common Questions & Challenges
	Locating Your Resources and Toolkits to Better Support Your Employees
	Katherine Chavez Kaylei Jones
10:45 a.m.	Closing Remarks
20,43 0,111.	Open Forum Roundtable
	Mood Check
	Preview - Part III
11:00 a.m.	Adjourn



Mood Check

Based on this Sun scale ... how sunny are you feeling this morning?







Welcome Back and







When was the last time you updated your employee contact information?

How can you share those updates with Erisa on a frequent basis?





What is Personal Identifiable Information? (PII)

It is contact information such as:

- Address
- Phone Number(s)
- Email Address

Why is it important to maintain correct PII for NMPSIA members?

- To reduce the cost of postage and labor due to Return USPS Mail
- To ensure that valued messages from NMPSIA, Erisa and Benefits Carriers are received timely and not lost
- To ensure effective communication between employer, NMPSIA/Erisa and employee





How Training will be run

The training host and moderator is Erisa

- Please shut down all other programs including your email and put away all devices.
- Please participate in the Polls to quiz your knowledge and understanding of a topic.
- Erisa will be advancing presentation slides.

Questions need to be submitted via the Chat option

- Erisa will monitor your questions to be answered at the end of the session.
- If there is a priority question for a presenter, the moderator will interrupt the presenter to take the question.

Have your agenda's available for each day.

Our goal is to keep you engaged and keep the training moving.





Survey Results

Where is it and What do you know?

Locate the "EMT FIRST AID HELMET" EMOJI somewhere in the EMPLOYER'S TAB - NMPSIA Monthly Trainings. Where is it?









How to Report Risk Claims

Steve Vanesty & Jerry Mayo



Reporting Workers Compensation Incidents to CCMSI



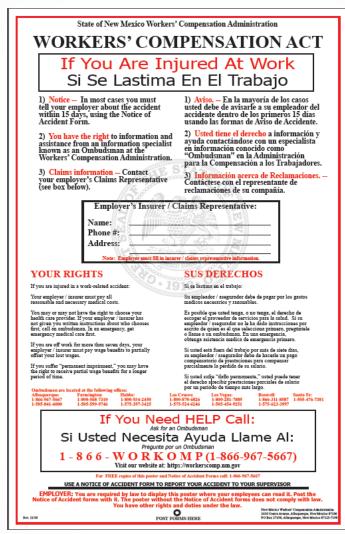
Employer's Responsibilities

- Educate your Employees, Supervisory and Management staff on how to report the injury
- Ensure proper Display of Posters and Forms
- Conduct Supervisor Investigation Report as soon as possible after the incident
- Take witness statements as soon as possible after the incident
- NMPSIA requests that all injury/illnesses be reported to CCMSI within 24 hours of the injury/illness or within 24 hours of your first knowledge of the accident/injury, but no later than 72 hours. The First Report can be entered online using https://ice.ccmsi.com/ice/Default.aspx.



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.

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





		0	
NOTICE OF ACC	CIDENT OR OC	CUPATIONAL DISE	ASE DISABLEMENT
NOTIFICAC	IÓN DE ACCID	ENTE O ENFERME	DAD DE OFICIO
In accordance with h	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 Compe	nsación de los Trabajadores, S	Sección 52-1-29 "Sección 52-3-19 y Secci	ón 52-1-49, NMSA 1978; NMAC 11.4.4.11
<u> </u>		was involved in an on-the-job ac	
Yo, (name of employee/nombre del e		me lastimé en un accidente en e	el trabajo o fui incapacitado
by an occupational disease at appro- por enfermedad de oficio aproximad		on, 20 el (date/fecha) del 20	
Employee's social security number:		Where did the accident occur?	
Número de seguro social del emplea	do:	¿Dónde ocurrió el accidente?	
What happened?			
Edge ocarro			
To be completed by Employer: Completado por el empleador:		Worker will choose health Trabajador elegirá proveedor de	
If Yes, Employer has right to change he		ys. If No, Worker has the right to chang	ge health care provider after 60 days.
En caso afirmativo, el empleador tien proveedor de atención médica despu		En caso que no elige, el trabajado de atención médica después de 6	or tiene derecho a cambiar de proveedor 50 dias.
WORK	ER'S INITIALS INIC	IALES DEL TRABAJADOR	
Signed:		igned/Notice Received:	
Firma: (employee/emplead Date/Fecha:	o) Fi	ima/Notificación recibida: (employer or re Date/Fecha:	epresentative/empleador o representante)
ANY PERSON WHO KNOWINGLY PRESEN		LAIM FOR PAYMENT OF A LOSS OR BENE	
INFORMATION IN AN APPLICATION FOR		HME AND MAY BE SUBJECT TO CIVIL FINES A FORMS ARE STILL VALID FOR USE	S AND CRIMINAL PENALTIES.
Form NOA-1 Em	ployer/employee: Each k		K OF THIS FORM
	ipieador/empleado: Rete	ner una copiaVER AL R	EVERSO DE ESTA FORMA
Worker For emergency medical care, go	to any emergency medic	nal facility	
ror emergency medical care, go	to any emergency medic	al racility.	
Workers and Employers with que			
Workers' Compensation Administ 8 a.m. to 5 p.m., except holidays.	ration office for informati	ion and assistance. The offices a	re open Monday through Friday,
o a.m. to 5 p.m., except noidays.			
Trabajador			
Para emergencias médicas vaya	a cualquier clinica / hos	pital.	
Trabajadores y empleadores con	preguntas acerca de la	compensación de los trabajadore	s pueden comunicarse con un
asesor ("ombudsman") a cualqui			
y asistencia. Las oficinas están a la excepción de dias festivos.	ibiertas desde las ocho	de la mañana hasta las cinco de i	la tarde de lunes a viernes, con
ia excepción de dias restivos.	Statewide Hel	pline – Linea de Asistencia	
		OMP / 1-866-967-5	667
		la sin costo de larga distan	
		rs' Compensation Administra	
		, Albuquerque, NM 87125	
Albuquerque: (505) 841-6000 - 1 (800) 25 Farmington: (505) 599-9746 - 1 (800) 568		ces: (575) 524-6246 - 1 (800) 870-6826 las: (505) 454-9251 - 1 (800) 281-7889	Santa Fe: (505) 476-7381
Hobbs: (575) 397-3425 - 1 (800) 934-245		: (575) 623-3997 - 1(866) 311-8587	
			https://workerscomp.nm.gov
Rev. 11/18			

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

Copies of the forms can be found at

https://nmpsia.com/

SUPERVISOR'S ACCIDENT INVESTIGATION REPORT

	DEPARTMENT	SHIFT
NO	EMPLOYEE NAME	JOB TITLE
MAT	EMPLOYEE NUMBER	SEX (M/F)
GENERAL INFORMATION	TYPE OF ACCIDENT/ILLNESS	
NERAL	TYPE OF INJURY	
5	PART OF BODY INJURED TREATMENT FIRST AID MEDICA	DID EMPLOYEE RETURN TO WORK THE SAME DAY? L YES NO
	WHERE DID THE ACCIDENT HAPPEN? USE ADDITIONAL SHEETS IF NECESS	
DESCRIPTION		
	SPECIFIC MACHINE, TOOL, SUBSTATNCE OR OBJECT CONNECTED WITH TH	HE ACCIDENT
CAUSES	UNSAFE MECHANICAL/PHYSICAL/ENVIRONMENTAL CONDITION AT TIME	
CAU	PERSONAL FACTORS (Attitude, Lack of Knowledge or Skill, Slow Reaction, Fatigue)
	PERSONAL PROTECTIVE EQUIPMENT REQUIRED	
	WAS INJURED EMPLOYEE USING REQUIRED EQUIPMENT?	
92	ACTION PLAN TO PREVENT RECURRENCE (Modification of Machine, Mechanica	d Guarding, Environment, Training)
RECOMMENDATIONS		
RECON	SUPERVISOR'S SIGNATURE DATE	
FOLLOW- UP	ACTIONS TAKEN ON RECOMMENDATIONS (include Date Completed)	

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R							EMP	LOYER'S LO	CATION.	ADDRESS	(IF DIFFERE	NT)	LOC	ATION	ē		-
A L		PHONE NUMBER		EMPLOYER FEI	4								INDU	JSTRY	CODE		
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R		SPECIFIC ACTIVITY THE	EMPLOYEE	WAS ENGAGED IN	WHEN THE A	CODENT OF	ł	WORK PRO	CESS TH	E EMPLO	YEE WAS EN	SAGED IN	WHE	VACCI	DENT OR	ILLNES	8
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Welcome to NMPSIA Risk Division Annual Risk Premium Invoice NMPSIA Participating Employer Contact Database Insurance Division + Safety, Risk Management, & Loss Control Division + Student Accident Insurance Claims + Property & Liability itions Workers' Compensation Risk Newsletters + NMPSIA Campaigns +

Risk-Related Reference Materials +

Driving Monitoring Services

Risk FAQs



Cannon Cochran Management Services, Inc. (CCMSI) is the Property, Liability and Worker's Compensation Third Party Claims Administrator for all Members of NMPSIA.



Welcome to NMPSIA Risk Division

Annual Risk Premium Invoice

NMPSIA Participating Employer Contact Database

Insurance Division +

Safety, Risk Management, & Loss Control Division +

Student Accident Insurance

Claims +

General Liability Investigations

Training +

Risk Newsletters +

NMPSIA Campaigns +

Risk-Related Reference Materials +

Driving Monitoring Services

Risk FAQs

Workers' Compensation



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 two (2) 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)



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Workers' Compensation Forms & Documents





Reporting a Workers' Compensation Claim:

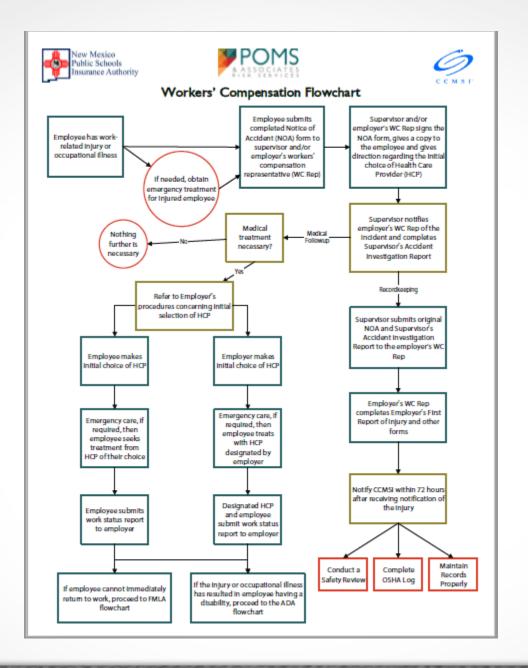
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NEW MEXICO PUBLIC SCHOOLS INSURANCE AUTHORITY

In case of a workplace injury:

WORKER GRAB 'N GO KIT

An essential part of our Return-to-Work Program

EMPLOYEE INSTRUCTIONS:

This Worker Grab 'N Go Kit is designed to facilitate the workers' compensation process in the event of a workplace injury. The five documents listed below are contained in this kit. This envelope and its contents should be taken to your medical appointments and given to your treating health care provider. Please review all contents and follow the directions written next to each document listed.

Documents #1, #2, #3, #4 are informational for your provider and do not have to be returned to our workers' comp designee.

- Notice of Accident To be completed by you as soon as possible after the incident. Once you return the completed form to your employer, you will get a copy you can show to your treating health care provider, if the provider requests a copy.
- Worker's Authorization for Use and Disclosure of Health Records To be completed by you as soon as possible after the incident. Show this to your treating health care provider so they can release appropriate medical records to authorized parties.
- Cover Letter to Treating Health Care Provider Informational letter to your treating health care provider explaining our company's Return-to-Work Program. You do not need to return this as it is information your provider can keep on file.
- □ 4. Job Description Your current job description so your treating health care provider may review the physical requirements of your regular job. You do not need to return this as it is information your provider can keep on file.

Document #5 is to be filled out by your treating health care provider at your initial visit and at each follow-up appointment. Return right away to our workers' comp designee after each one of your appointments.

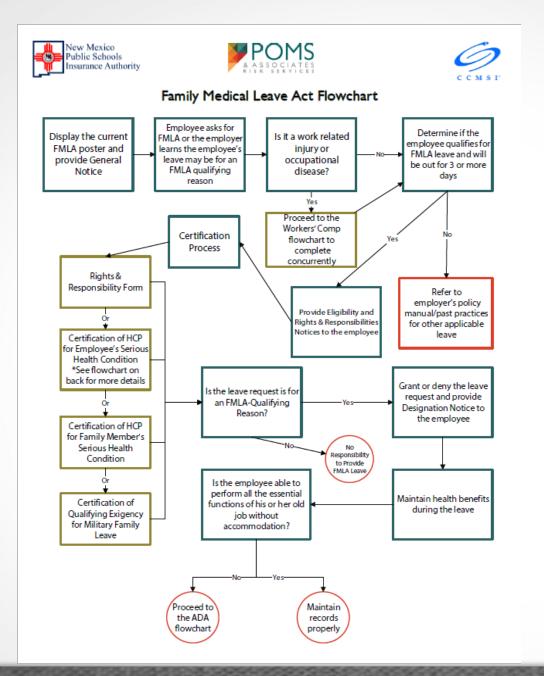
*NOTE: Multiple copies are included in this packet for you to take with you each time you see your treating provider.

 Provider's Report of Work Ability – At your initial visit and each of your follow-up appointments, ask your treating health care provider to complete this form and give it to you. Return the completed Provider's Report of Work Ability to our workers' comp designee as soon as possible after each of your appointments.

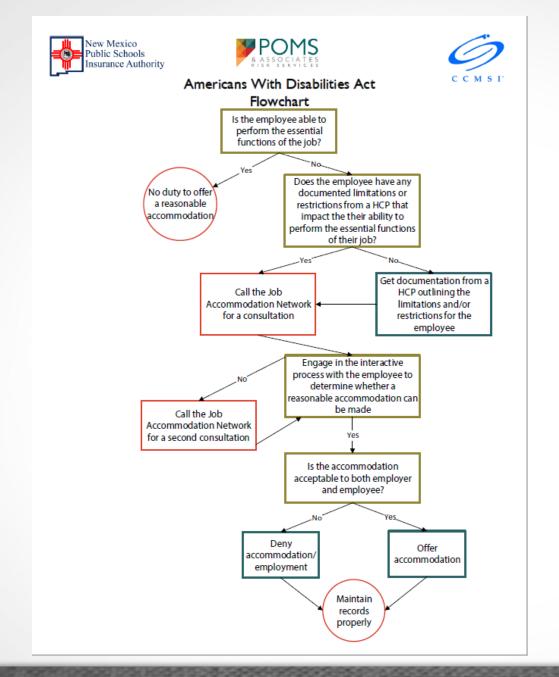
For questions, please contact: (workers' comp designee) at phone#

Thank you for cooperating with our efforts to maintain a safe, healthy and productive work environment for all our employees.











THANK YOU!





Reporting General Liability and Property Claims to CCMSI

District / School's Responsibilities

- Educate your Staff on recognition of a potential claim. Always report to Supervisor and/or Management staff of an incident.
- Complete the correct report form on the NMPSIA website. https://nmpsia.com/NMPSIARiskDivision.html-claims/ property & liability.
- Conduct an internal investigation as soon as possible after the incident. This includes requesting witness statements, photographs, video, etc... Evidence starts to deteriorate and get lost immediately after an incident so the earlier a loss is documented and investigated the better for proper preservation.
- Often an attorney will request preservation of evidence.
 Eg...physical altercation among students. They will want copies of all surveillance video. This preservation of evidence cannot be emphasized enough.

Investigation Best Practices:

DO:

- •Go to the accident site as soon as possible
- •Investigate and document the cause, if possible
- Document witnesses
- Preserve any evidence

DONT:

- Conduct a formal interview
- Offer advice
- Admit negligence
- Discuss insurance coverages
- Negotiate a settlement
- Discriminate
- Make assumptions

FORMS USED FOR REPORTING CLAIMS

These forms are used for all Schools and Districts

Student Incident Report



CONFIDENTIAL, THIS REPORT IS NOT TO BE RELEASED TO PARENT AND/OR STUDENTS

The school employee either witnessing the accident or supervising at the time should complete and submit this form within 24 hours.

IN CASE OF SERIOUS INJURIES, A TELEPHONE REPORT IS TO BE MADE IMMEDIATELY

. School District					
. School	Address				
. Student's Name		DOB		Grade	
. Student's Address Telephone Number					
. Where did accident occur?		Date		Time	A
. Describe how accident occurred					
Who was the person in charge at the time of the acci Was he present at the time? Yes No Did Witnesses:	d the injured violate Witnesses:	any schools r	ule? Yes	□ No	
Phone:	Phone:				
. Apparent Nature of Injury:	10. Injured	Part of Body:	Indicate R/I	L	
Abrasion Fracture Strain/Spra Contusion Cut Dislocation Internal Concussion		Finger Eye Chest	Leg		
1. First aid procedures used		By wh	iom		
2. Disposition of injured after accident-	Home Doc	etor Hos	oital 🗌		
3. Who was notified?	Relationship to in	ijured student	?		
4. If injured student left school, to whom released?					
5. Name and attitude of anyone contacting school					
6. Student accident benefits available? Name of comp	oany				
7. Remarks					
8. Report completed by	Approved by			Date	

Windshield or Glass Only Claim

WINDSHIELD ONLY

District Name							
Address			City		State	Zip	Phone
School/Dept. Name							-
Address			City		State	Zip	Phone
Driver's Name			1		-		1
Address			City		State	Zip	Phone
Date of Birth		Social Secu	rity No.		Driver's I	License N	0.
Vehicle							
Make	Year	Мо	del	Serial	#	ense #	
Where Vehicle May b	e Seen	·	Used for Busine Yes	ess?] No	Estimated \$	Cost to I	Repair
Accident							
Date of Loss	Time of Loss		ation eet/Highway)	City		Sta	te
Additional Comment	ts:	!		!			
			to a CCMSI adjus) [
Signature/Title					С	Date	



Vehicle Accident Report



NEW MEXICO PUBLIC SCHOOLS INSURANCE AUTHORITY

Cannon Cochran Management Services, Inc.

Claims Administrator
P.O. Box 30870

Albuquerque, New Mexico 87190-0870
800-635-0679 505-837-8700
505-888-6901 Fax



Vehicle Accident Report

(For bodily injury or damage to another's property or for damage to your vehicle)

District Name			Addı	ess				City			State	Z	ip		Phone
School/Dept. N	Name		Addı	ess				City			State	Z	ip		Phone
Driver's Name	÷		Addı	ess				City			State	Z	ip		Phone
Date of Birth			Socia	al Se	ecurity N	o.		Drive	r's Li	ense No		•			
Vehicle			!												
Make		Year	Model			Ser	rial #		Lice	nse#		When	e V	ehicle l	May be Seen
Trailer		Year	Model			Are	ea of Damage	i.		Used f	or Busi	ness?	Es [*]	timateo	l Cost to Repair
Accident										. —					
Date of Loss	Time	of Loss	Loca	tion	(Street/	High	nway)				City				State
Were Police C	alled to		Police	Dep	t. Called	1	Driver			Arrest	ed?	Ticketed?	٠ ١	Violati	on?
Scene?															
Yes		0													
Name of Offic	er		Stat	ion	Address										
Claimant 1															
Owner of Othe	er Vehic	ele	Age	•	Addres	S			Ci	ty		State	Zij	р	Phone
Driver, if other	r than a	bove	Age	•	Addres	s			Ci	ty		State	Zij	р	Phone
Make	Year	Mode	1	Lic	ense #		Area of Damage		Whe	re Vehic	le May	Be Seen	ļ	Estin \$	nate of Damage
Claimant 2		-												Ψ	
Owner of Othe	er Vehic	ele	Age)	Addres	S			Ci	ty		State	Zij	р	Phone
Driver, if other	r than a	bove	Age		Addres	s			Ci	ty		State	Zij	p	Phone
Make	Year	Mode	1	Lic	ense #		Area of Damage		Whe	re Vehic	le May	Be Seen		Estin \$	nate of Damage
Property Dama	age – O	ther Than	Auto (ie. F	ence, C	anor	ov)							Ψ	
Owner of the I			,		Addres				Ci	ty		State	Ziı	p	Phone
Describe Dama	aged Pr	operty					Location of Pro	perty				Extent	of D	amage	
Witness Inform	nation						1								
Name			Addı	ess					Ci	ty		State	Zip	p	Phone
Name			Addı	ess					Ci	ty		State	Zij	p	Phone
			-										•		



Property Loss Report — Building Loss / Machinery Breakdown / Employee Theft or Dishonesty / Robbery or Vandalism

LOSS REPORT, PROPERTY

NAME OF COMPANY/CLIENT LOCA	TION			PHONE N	NUMBER
District:					
ADDRESS		CITY		STATE	ZIP
LOCATION OF LOSS		ļ		ļ	ļ
DATE OF LOSS	TIME OF LOSS		ESTIMATE OF LOSS	S	
BUILDING AND/OR CONTEN	ITS				
DETAILS OF LOSS					
BOILER & MACHINERY					
DETAILS OF LOSS					
NAME OF EMPLOYEE				L DATE OF	E EMBLOVAENT
NAME OF EMPLOYEE				DATEO	F EMPLOYMENT
JOB TITLE					
ROBBERY OR SAFE BURGLA CULPRIT APPREHENDED-EXPLAIN	ARY				
POLICE AUTHORITY INVOLVED EX	PLAIN				
ATTACH SUPPORTING MATERIAL-I	POLICE REPORT, NEWSPAPER ACCOUNT	, DETAILS OF CLAIM, ETC			
SUMMARY					
SHOW LOSS OCCURRED AND DAM. REPAIR ESTIMATES OR BILLS ETC	AGE EXTENT-ATTACH SUPPORTING MAT	TERIAL ANY AVAILABLE	REPORTS, NEWSPAPE	R ACCOUN	T, PICTURES,



General Liability / Products Liability — (Not Used for Motor Vehicle

Accidents) Third Party Slip and Fall or Third Party Property Damage

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

NAME							PHONE 1	NUM	IBER
DISTRICT:				CAMMA			OT LITT	70	
ADDRESS				CITY			STATE	ZII	?
ACCIDENT				_!		,			
DATE OF LOSS	TIME OF LOS	25	LOCATION OF LOSS		CITY		STAT	F	ZIP
DATE OF LOSS	TIME OF LOC	55	LOCATION OF LOSS		CITT		SIMI	L	Zii
OFFICALS CALLED TO	SCENE		IF SO, IDENTIFY						
□ POLICE [☐ AMBULANCE						
CLAIMANT (PROPER	TY DAMAGI	E)							
NAME		ADDRI	ESS	CITY		STATE	ZIP		PHONE
DESCRIBE DAMAGED	PROPERTY	LOC	ATION OF PROPERTY	CITY		STATE	EXTE	NT C	F DAMAGE
CLAIMANT (BODILY	INJURY)			,					
NAME	AGE	ADD	RESS	CITY		STATE	ZIP		PHONE
OCCUPATION			DESCRIBE EXTEN	Γ OF INJURY					
			BESCHABE EITE	. 01 11.100111					
DESCRIPTION OF LO	SS								
WITNESS									
NAME		ADDRI	ESS	CITY		STATE	ZIP		PHONE
NAME		ADDRI	ESS	CITY		STATE	ZIP		PHONE
IMPORTANT: I	HAS THIS AC	CIDENT	BEEN REPORTED TO OUR	R LOCAL EME	ERGENCY AD	JUSTER?	YES		NO
IF REPORTED, NAME	OF FIRM								
DATE AS	SSIGNED _								



Property and Liability Claim Contact

Steven Vanetsky, Claims Manager

Phone: <u>(505)</u> 837-8722

Toll free: (800) 635-0679, ext. 8722

Direct Fax: (217) 477-6317

Email: svanetsky@ccmsi.com

CCMSI Main Office: (505) 837-8700

CCMSI Main Fax: (505) 888-6901

(Do not use for Workers' Compensation)

Claims Adjusters:

Cathy Lundy – clundy@ccmsi.com

Marc Berstein – <u>mbernstein@ccmsi.com</u>

Joe Klaus – <u>mklaus@ccmsi.com</u>

Estevan Reyes – <u>ereyes@ccmsi.com</u>

Mikah Wourinen – <u>mwuorinen@ccmsi.com</u>

Brook Larson — brook.larson@ccmsi.com



Take a Break See you in 10 Minutes





Survey Results

Where is it and What do you know?

Locate the "STETHOSCOPE" EMOJI somewhere in the EMPLOYER'S TAB -in Vital Program Information. Where is it?







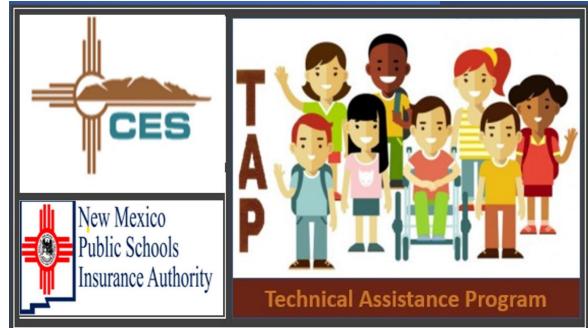


Technical Assistance Program (TAP)

Loretta Garcia TAP Coordinator







Technical Assistance Program (TAP)

Reflecting on 2021 -2022

Challenges TAP Endured in 2021 -2022

COVID Resurfacing

Schools on Hybrid Schedules

- Educators Leaving the Profession
- Shortage of Educators
- Sudden Loss of TAP Consultant



Overview of 2021-2022 TAP Services

- Complimentary email and phone consultation services
- School site visits, file reviews, classroom and student observations
- Full or half-day workshops on requested Special Education topics
- Complimentary workshops throughout the school year
 - Complimentary Special Education "Hot Topic on Demand" Library available at www.ces.org or cestap.org
 - Monthly "Compliance Corner" Article





2021-2022 On-Going Series

- Autism Toolbox
 - Behavior
- Compliance Corner
 - Self-Regulation
- Social Emotional Learning
 - Structured Reading
 - Transition Planning



TAP Services Provided

Total Workshops Offered

148

Participants

4,000

- 109 Presentations Virtual & Live Workshops
 - Topics in the HOT TOPIC Library

- Presentations Professional Service Agreement
- 9 Presentations CES Internal Programs (LEAP & Leadership/ALD

What have we learned from COVID?

- Virtual Presentations are valuable and essential
- Listening to the identified needs and interests of our audience
- Having session options to meet the needs of our audience
 - Importance of on-going professional development and consultation to support growth & retention



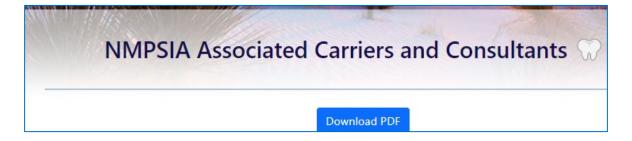




Survey Results

Where is it and What do you know?

Locate the "TOOTH" EMOJI somewhere in the EMPLOYER'S or the EMPLOYEE'S - Insurance Benefits Carriers. Where is it?







Website Improvements

Locating Risk Resources

Monthly Training Postings-Required Training
Vector Solutions Information
Dedicated Risk Pages
How to Report a Claim



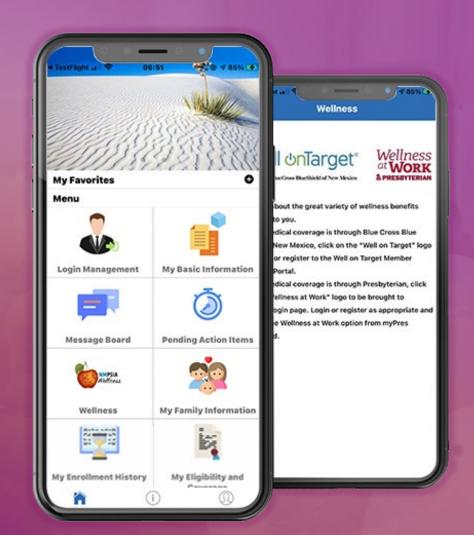
Emma Reed





NMPSIA Mobile

Emma Reed

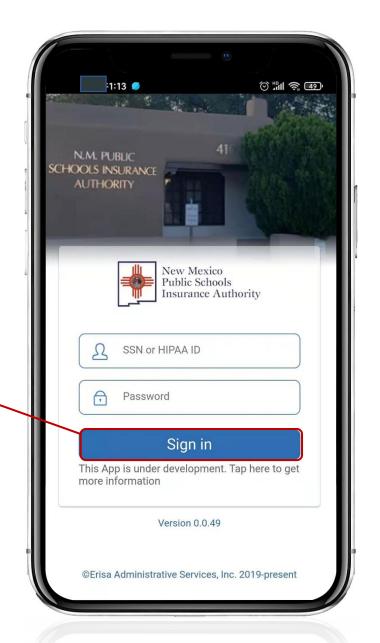


Once you have installed the Mobile Application on your mobile device, you will see the NMPSIA Mobile icon on your screen.



When you tap on the icon, you will be given a log-in screen.

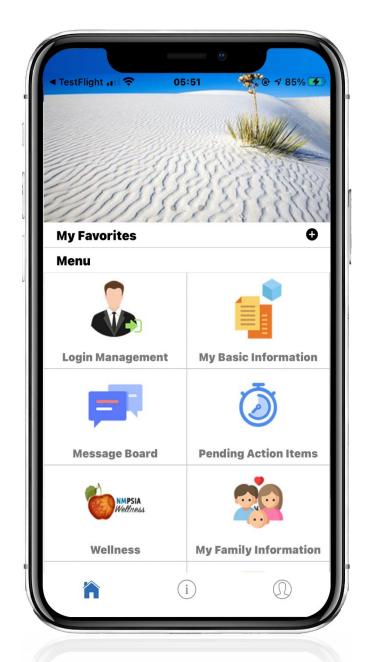
The user has to submit the proper credentials in order to log in.



Once logged in, you will see the menus giving the functions available within this application.

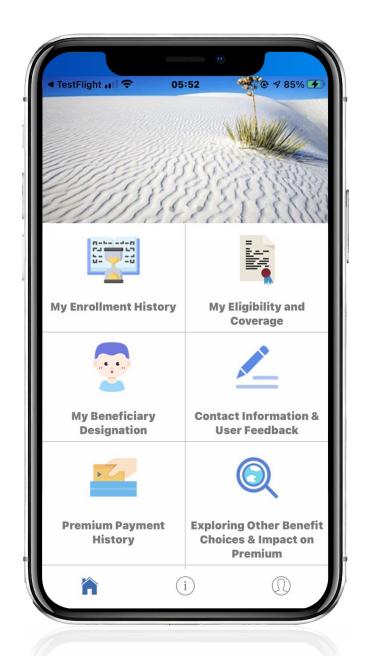
The first display offers:

- Login Management
- My Basic Information
- Message Board
- Pending Action Items
- Wellness
- My Family Information



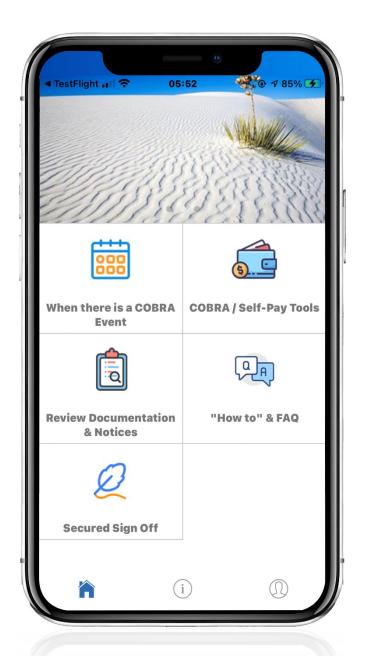
Still on the Menu Screen, the additional display offers:

- My Enrollment History
- My Eligibility and Coverage
- My Beneficiary Designation
- Contact Information & User Feedback
- Premium Payment History
- Exploring Other Benefit Choices & Impact on Premium



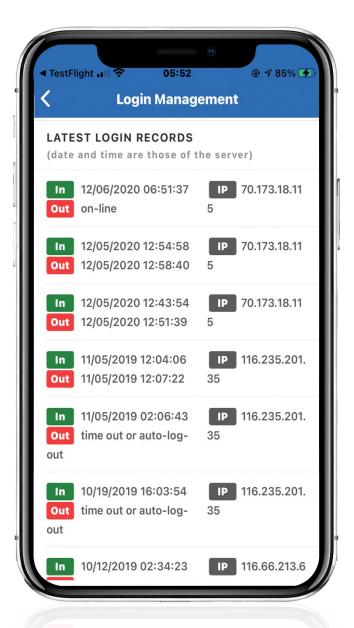
Still on the Menu Screen, the additional display offers:

- When there is a COBRA Event
- COBRA/Self-Pay Tools
- Review Documentation & Notices
- "How to" FAQ
- Secured Sign Off



Login Management

Our system maintains complete records of time and location of each log in and log out. Displayed is a report of the usage history.

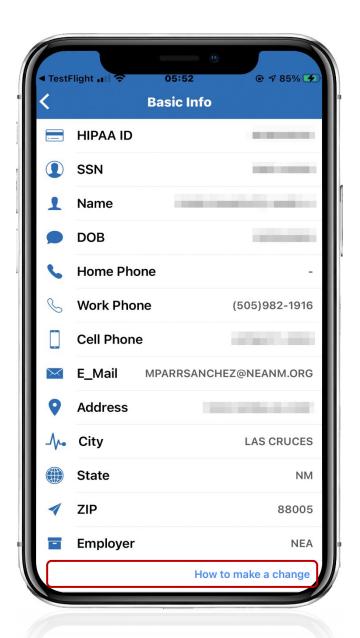


My Basic Information

Basic information of each participant is accessible by this Mobile Application. It is displayed as shown right.

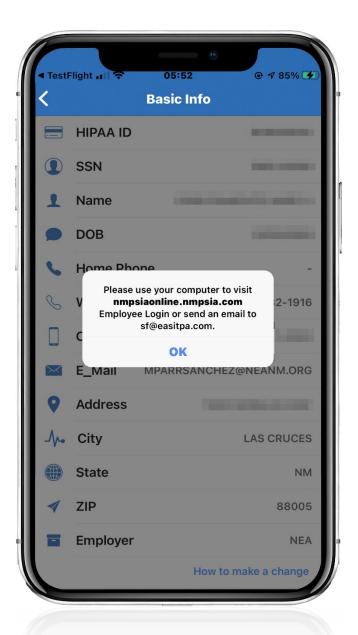
But, for security reasons, update is not permissible in order to prevent unauthorized change.

We are exploring new techniques such as facial recognition in hopes that eventually we can offer the convenience of Mobile Update.



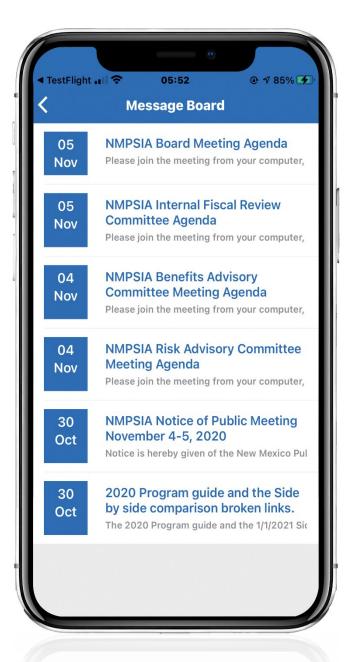
Instruction on the use of the computer to make the change is displayed as shown right.

The user is also offered the alternative to contact the Account Representative in the Administrator's office to initiate the change.



Message Board

A message board is offered to accomplish the true goal of effective communication to the participants. We are developing an intelligent "Message Factory" so that custom tailored information can reach a specific individual or groups of individuals.

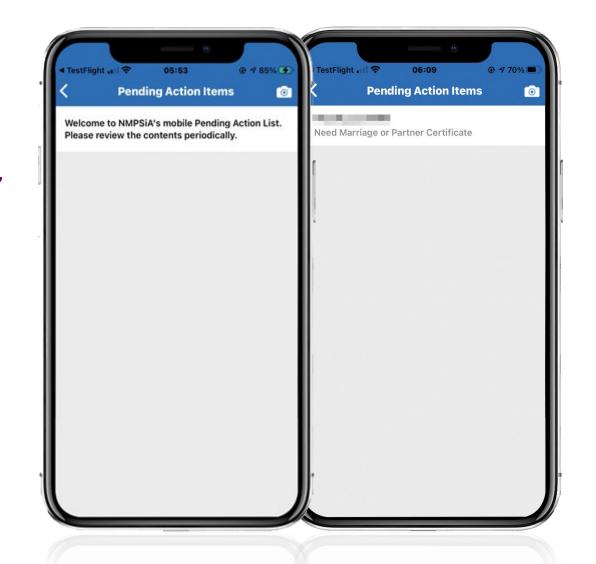


Pending Action Items

If there are pending actions requiring your attention, the message will be displayed here.

Currently, the administrative office relies on notices to communicate with you. That practice will continue. The Mobile Application just offers a convenient source of reminders.

If there are no pending items, a message will be displayed to remind you to examine this place periodically.



NMPSIA Wellness

Wellness is a part of NMPSIA's basic goals to promote the well-being of our participants. Valuable information will be posted here.



My Family Information

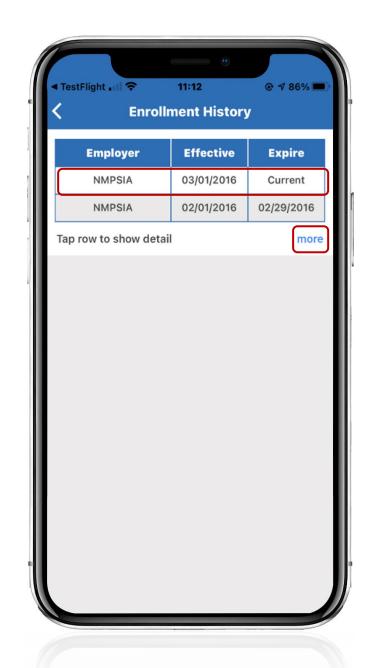
Information on your dependents will be displayed here.

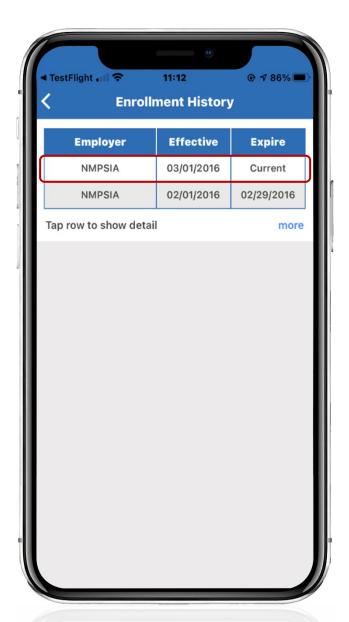
Again, for security reasons, changes cannot be made using the mobile application.

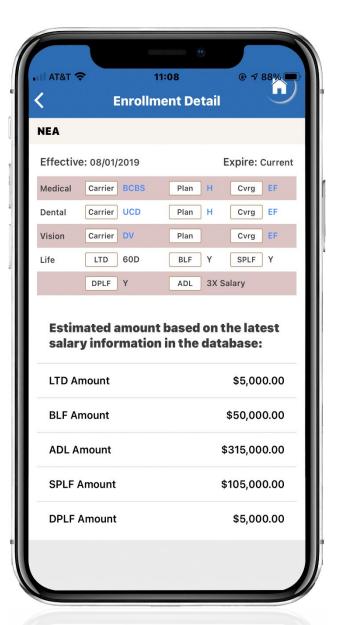


My Enrollment History

Information on your enrollment since day one will be displayed below.

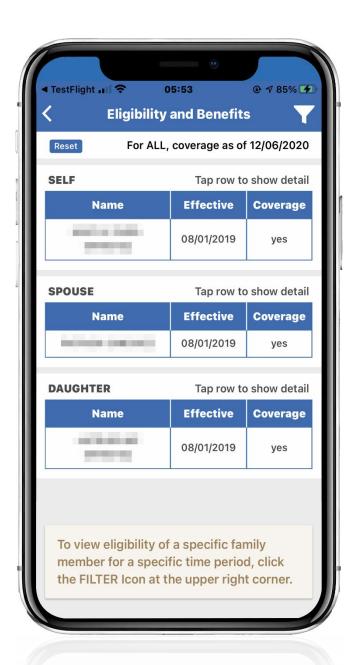




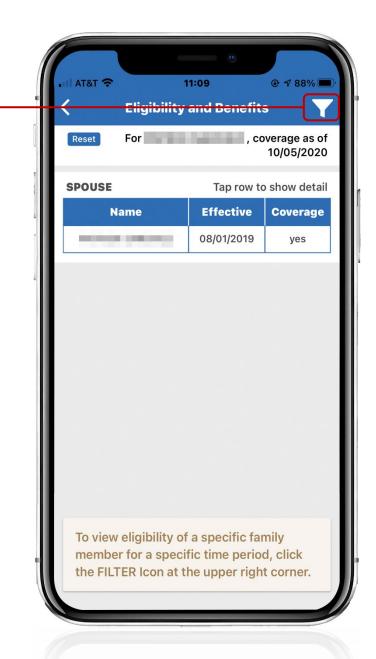


My Eligibility and Coverage

Your eligibility coverage is shown here. One special feature the app offers is that you can inquire about the eligibility status of a specific dependent on a specific date. The software will search your enrollment record and deliver the status to you.

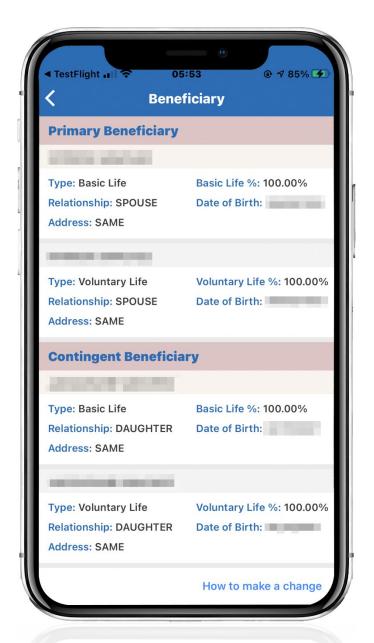


When the search of eligibility is on a specific dependent on a specific date, the app uses Al technology to do the filtering and displays the result as follows:



My Beneficiary Designation

Your beneficiary designation is shown here. No change is permissible through this Mobile Application.

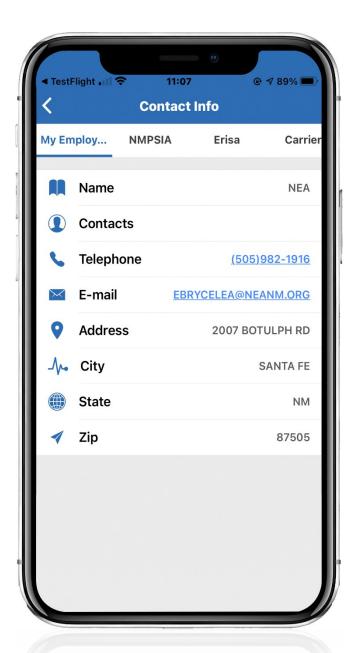


Contact Information, Feedback, & Forms

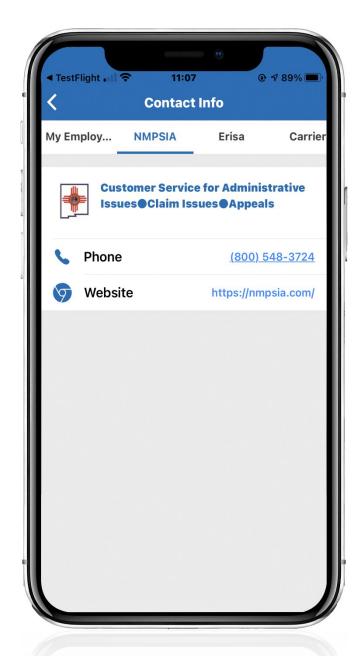
Contact information is available at your convenience. Depending upon your needs, you may wish to contact the Administrative Office, the Authority, the Carrier OR we provide a choice for you to select the category and display the relevant information for you.

The Administrative Office assigns its customer service representatives for each school district.

Depending upon your affiliation, info on the appropriate representative will be given to you.

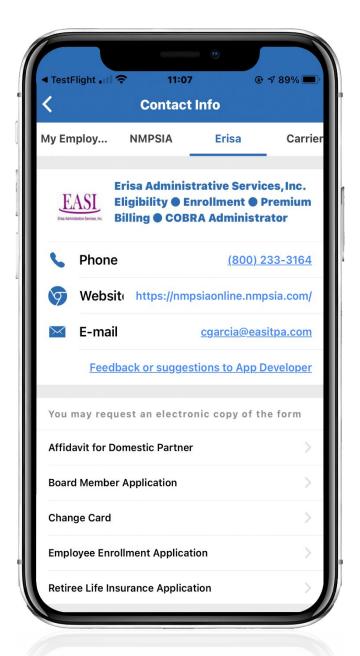


Contact at the Authority



Dedicated Customer Service Rep at the Administrative Office is shown below. This Mobile Application takes the District to which the user is affiliated with and looks up the rep assigned to this District:

From this screen, you also have the option to download some of the commonly used forms. This is a very convenient feature, please take advantage of it.



Contact information for the carriers from whom you have selected to provide you the benefits are displayed. Again, it is to be emphasized that the application display only those carriers who are serving you instead of a blanket display of all the carriers who serve NMPSIA.



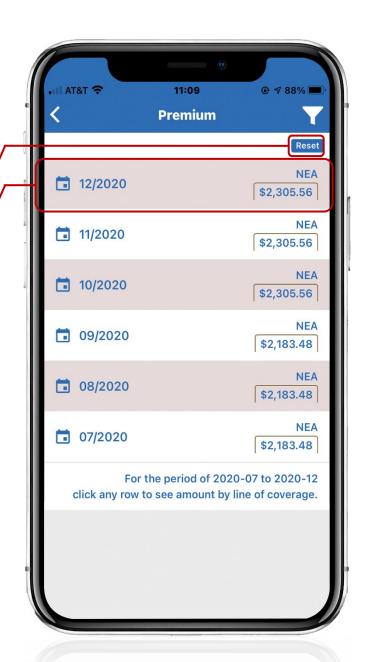


Premium Payment History

Premium payment history is one of the most important aspects of quality and accuracy verification. Right is a tabulation of premium billed and paid.

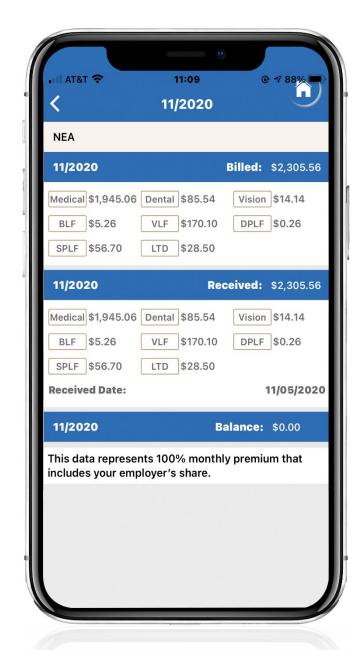
If you wish to view the activity for any other time period, just click "Reset" then specify the desired "from" and "to" dates.

If you click on any monthly entry, the details per each benefit will be shown.

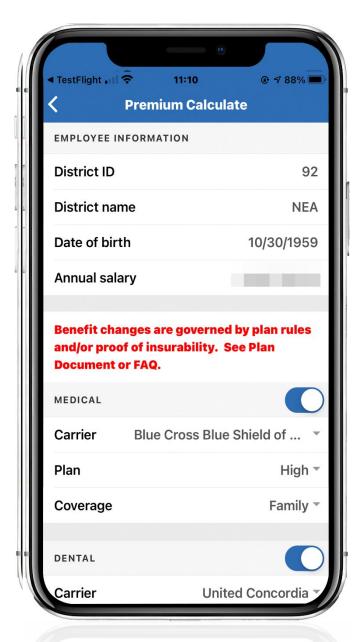


Monthly premium details are shown.

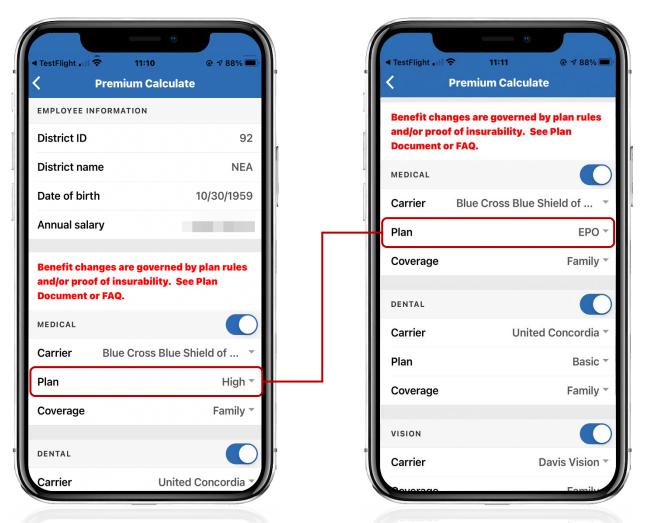
The amount includes both the employee portion and employer portion.



A very important analytic tool the Mobile Application offers you is the "WHAT IF" scenario. You may change your current coverage and change it to something else and click the "Calculate" button. The effect of premium variation, whether up or down, will be tabulated.

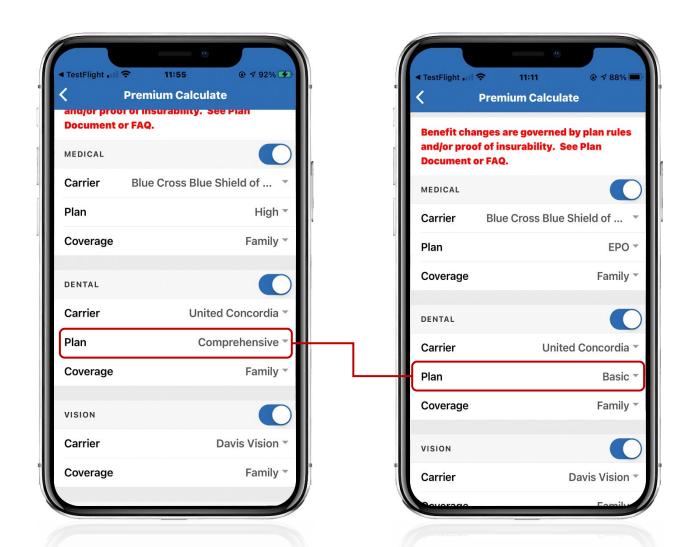


In this example, we are changing the medical Plan with Blue Cross from HIGH to EPO.

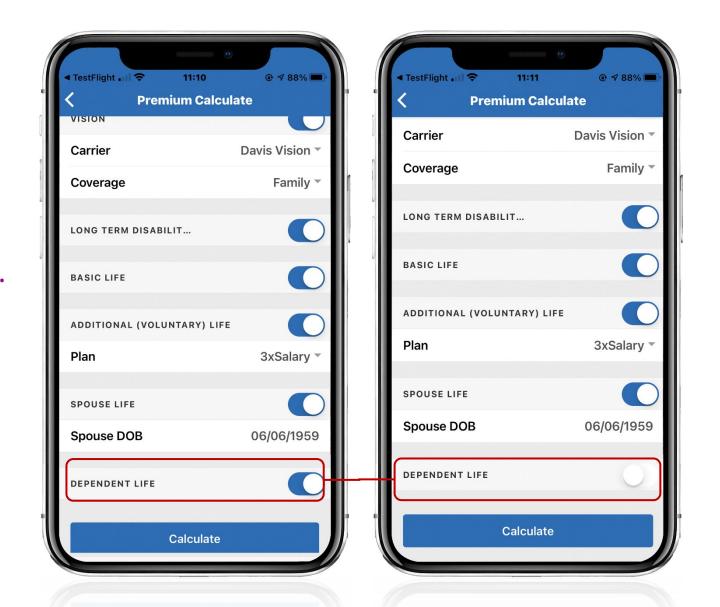


arrier United Concordia

Dental Plan is changed from Comprehensive to Basic at United Concordia.



Dependent Life is being removed. Then we click the "Calculate" button.



The result shows that your monthly premium will see a reduction of \$142.38. Furthermore, you may save this tabulation in your Photo folder for you to do a more indepth study at your leisure.

Estimated Monthly Premium Cost

Benefit	Employee	Employer
Medical	\$700.22	\$1,050.32
	- \$77.80	- \$116.72
Dental	\$17.12	\$25.66
	- \$17.10	- \$25.66
Vision	\$5.66	\$8.48
	\$0.00	\$0.00
Basic Life	\$0.00	\$5.26
	\$0.00	\$0.00
Additional (Voluntary)	\$170.10	\$0.00
Life	\$0.00	\$0.00
Spouse Life	\$56.70	\$0.00
	\$0.00	\$0.00
Dependent Life	\$0.00	\$0.00
	- \$0.26	\$0.00
Long Term Disability	\$11.40	\$17.10
	\$0.00	\$0.00
	\$961.20	\$1,106.82
Total	- \$95.16	- \$142.38

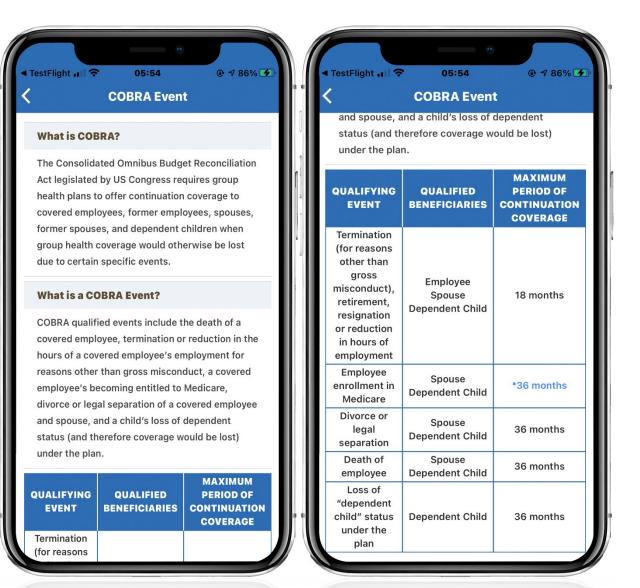
Estimated Monthly Premium Cost shown is based on the NMPSIA Contribution Schedule. Please confirm with your employer the exact employee and employer portion of the monthly premium.

Save As Image

Back

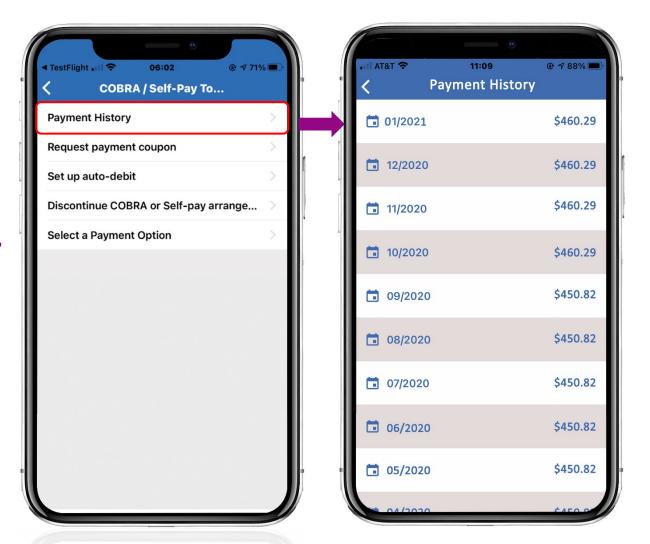
When there is a COBRA Event

Continuation of COBRA related information

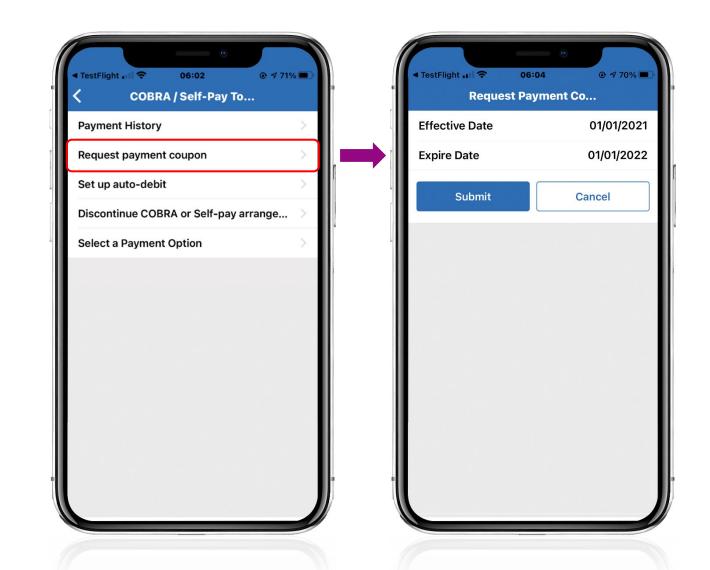


COBRA & Self-pay Tools

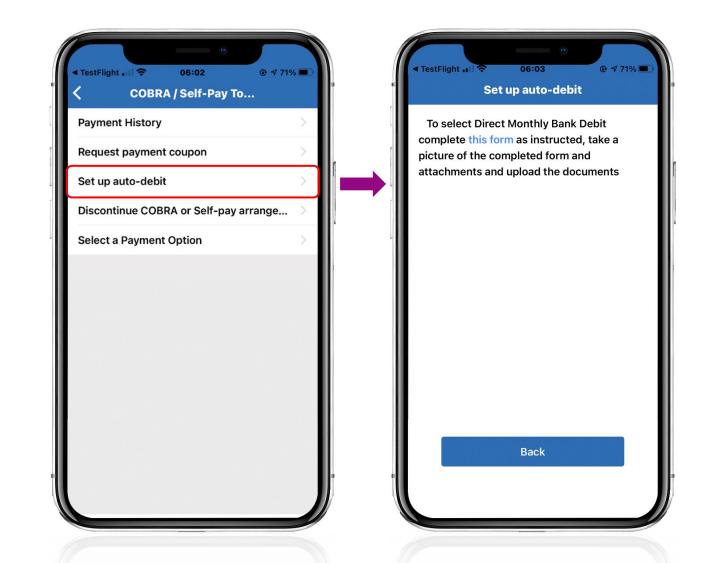
When the user is not making self-pay, the screen will merely display a comment.



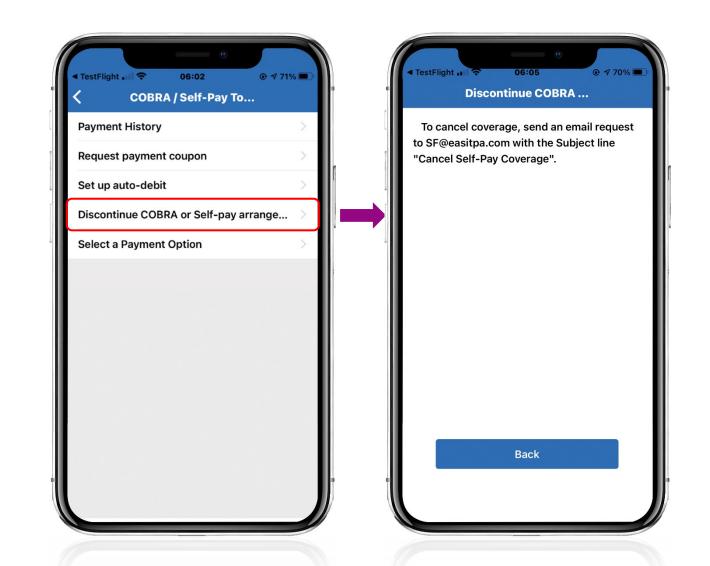
Request for Coupon



Set up auto-debit



Discontinue COBRA coverage



Review Documentation & Notices

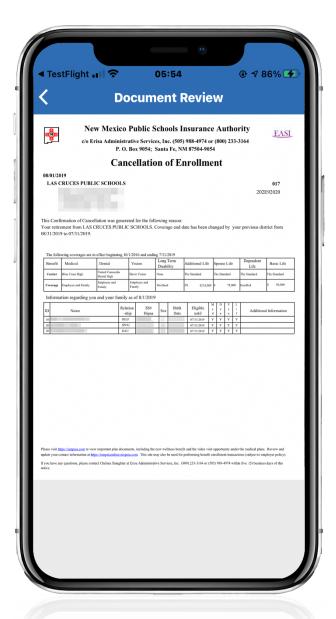
Available documents for the user to review are displayed.

The mobile application permits you to choose any of the images we store in the Cloud using the latest Cloud Technology and review it.



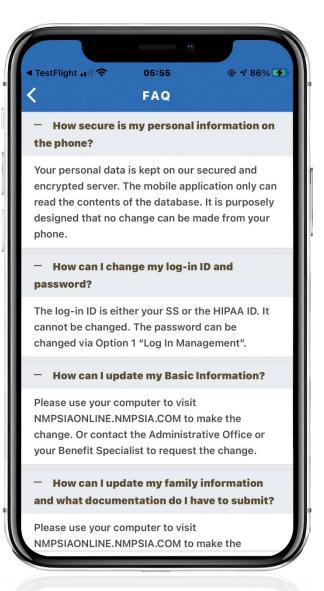
If you click on any line, the image of the document will be shown.

This is a very useful and unbiased way to review the documentation and ascertain that the Administrative Office carried out your instructions accurately.



"How to" & FAQ

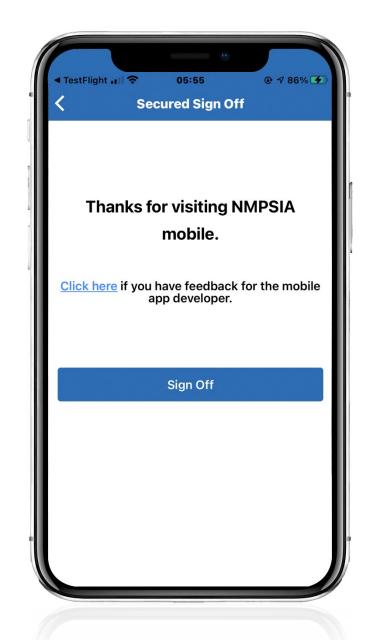
The How To and Frequently Asked Question is an attempt to disseminate pertinent information to the user. But, due to the confined space and storage capacity, the extent of the contents are limited. The website NMPSIA.COM is a more comprehensive source of information.



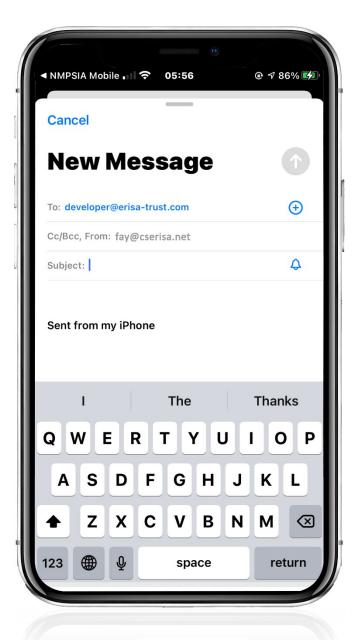
Secured Sign Off

Be sure to sign off when you are done using this Mobile Application. When you select this function, you are given a chance to relay your feedback and suggestions to the developer.

If you forgot to sign off, the system will give you a time-out warning after 10 minutes of inactivity. If there is no response, you will be automatically signed off and the display on your screen will be cleared as it may contain confidential information.



When you choose Feedback, the mail server will be activated.





Survey Results

Where is it and What do you know?

Locate the "HOSPITAL" EMOJI somewhere in the EMPLOYER'S TAB - Vital Program Information. Where is it?

NMPSIA Annual Trainings + 🖺





NMPSIA 2022 Annual Training Supporting Members Knowledge and Resources

NMPSIA - Employer Common Questions & Challenges

Locating Your Resources and Toolkits to Better Support Your Employees

KATHERINE CHAVEZ
BENEFITS/WELLNESS MANAGER

KAYLEI JONES BENEFITS ANALYST



Primary Topics

The NMPSIA Experience

- ➤ Common questions and challenges
 - Why are employees contacting NMPSIA
- ➤ Process for Employee/Employer Request for Reconsideration of Determination of the NMPSIA Rule
- ➤ Locating Resources to better serve employees



Employees are contacting NMPSIA for:

- Payroll questions
- Change of address
- Change of beneficiary
- Retirement benefit questions
- Termination date of benefit coverage
- State that employer referred employee to contact NMPSIA
- Unavailability of employer

Why are employees Contacting NMPSIA?

Did you know that

41% of member calls could have been answered by the employer



NMPSIA's Role

Support employees and enrolled dependent members with claim and benefit matters

For example:

- 1. A member paid a cost share for their cancer drug when it should have cost \$0.
- 2. A member was denied access to an in-network behavioral health facility.
- A member was charged for their diabetes supplies and cannot seem to find a resolution when working with the health plan and the diabetes supply company.
- 4. Review employee requests for reconsideration of determination of the NMPSIA rules for enrollment and eligibility.



Process for Employee/Employer to Request a Reconsideration of Determination of the NMPSIA Rule

- 1. If employee is not satisfied with Erisa's determination, the employee would need to contact their employer first to inquire about the disappointing determination.
 - The employer may inquire of Erisa to understand the determination
 - Employer explains to employee their findings at Erisa
 - o If employee is still not satisfied, the employee may submit a reconsideration to NMPSIA via email to include:
 - Employee Request for Reconsideration of Enrollment Determination form
 - Provide all enrollment documents along with Confirmation of Enrollment issued by Erisa
 - Copy their employer benefits representative on the email.
- 2. If the matter is an employer request or error affecting the employee;
 - Request must be submitted to Erisa to process the employee request and Erisa make a Rule determination
 - Once Erisa has made their determination, the Employer may submit a reconsideration to NMPSIA via email to include:
 - Employer Request for Reconsideration of Enrollment Decision form
 - Provide all enrollment documents along with Confirmation of Enrollment received.

If the employer is unsure that the employee's request will be approved, the employer should provide the proper forms to the employee, the employer vets and submits to Erisa to process and make that determination.



Employee requests for employer support regarding benefit/claims matters

- Employer is to refer employees to the NMPSIA website under EMPLOYEES and NMPSIA – Insurance Benefits & Carriers to find links and information for each carrier.
 - Review Program Guide, Medical Side-By-Side Comparison Chart and recommend the employee contact their carrier directly.
- The employee contacts the carrier directly for information or to resolve the matter.
- If the employee is not satisfied and/or the matter is unresolved, the employee may request NMPSIA to intervene on their behalf via email to include:
 - A signed Authorization for Release of Health Information form
 - A brief description of the concern or matter for review and investigation by NMPSIA
 - Provide any documentation to support the request.



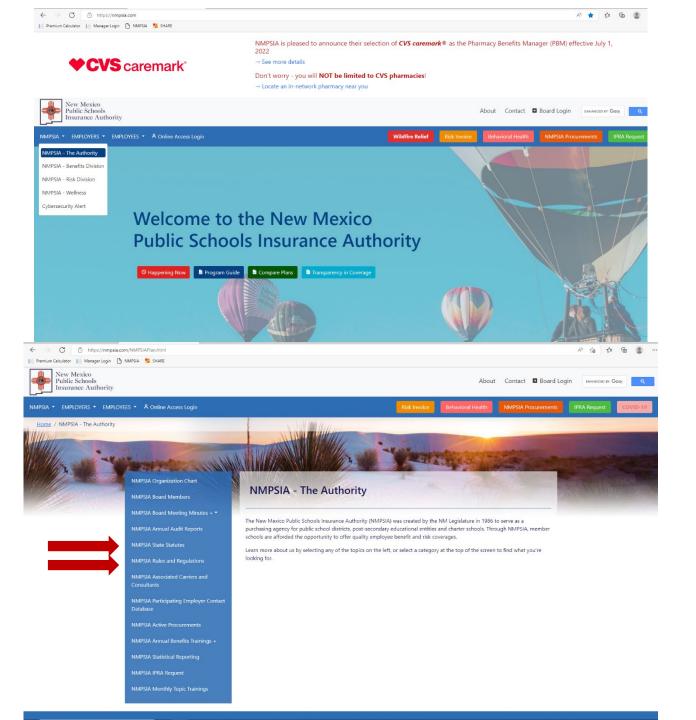
Locating Resources to better serve employees





Need to locate the NMPSIA State Statutes Rules and Regulations. Where do you find the information?

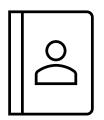
Scenario 1



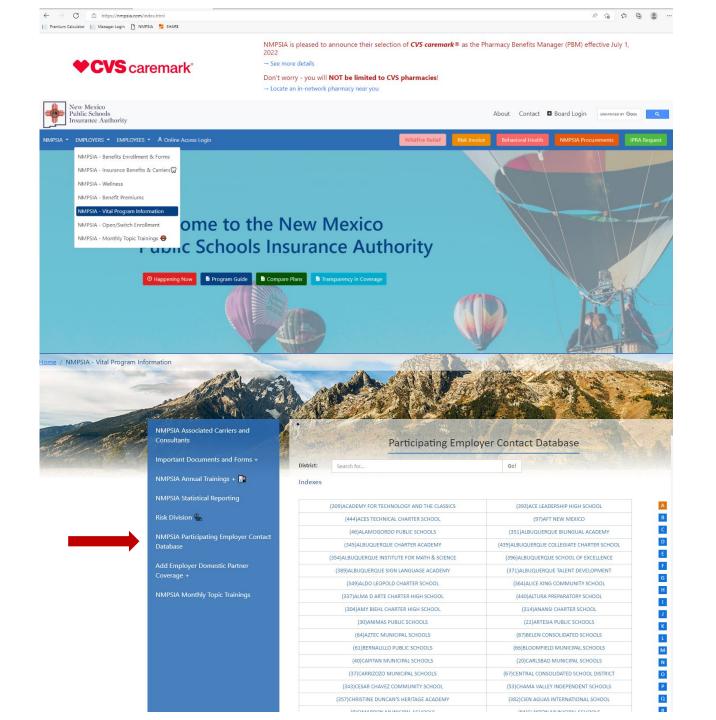
Locating NMPSIA
Statutes Rules and
Regulations



Need to find contact information for another Participating Employer?



Scenario 2

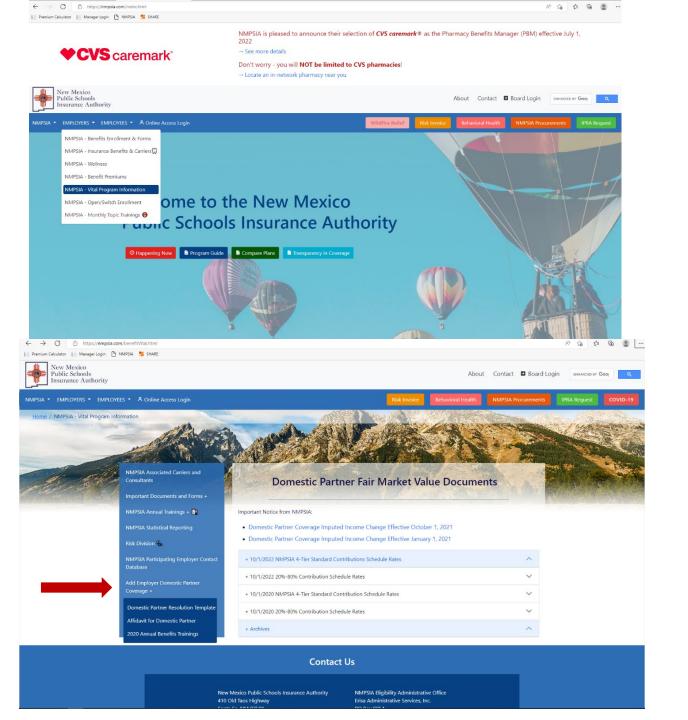


Participating employer contact list



Plan to offer Domestic Partner Coverage?

Scenario 3



Domestic Partner coverage information

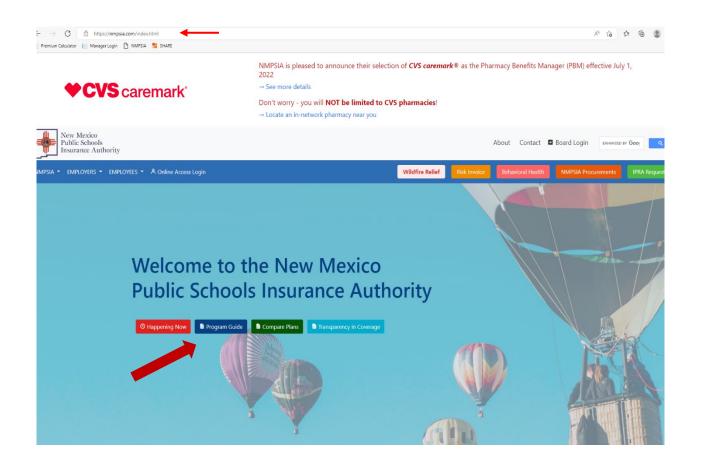


affirmatively voted in a meeting noticed and conducted pursuant to the Open Meetings Aci petitions the New Mexico Public Schools Insurance Authority (Authority) as follows: The Petitioner will (offer) (withdraw) employee domestic partner benefits, as such lines of coverage are provided by the Authority to its employees; and The Petitioner will (offer) (withdraw) insurance eligibility to domestic partners and will (offer) (withdraw) the employer's share of the insurance premiums for domestic partners; and The Petitioner understands that to (offer) such employee domestic partner benefits pursuant to the rules of the Authority, there must be an affirmative choice to offer that coverage and notice of such choice to the Authority; and The Petitioner understands that in (offering) employee domestic partner benefits, as provided by the Authority rule, it (may) or (may not) choose to pay an employer contribution toward the employee's insurance premium for such coverage; and The Petitioner understands that in order for an employee to be eligible to participate in employee domestic partner benefits, an affidavit of domestic partnership must be provided in the form attached to this Petition as well as any further documentation required locally in support of the affidavit of domestic partnership; THEREFORE, the members of the governing body of the Petitioner affirmatively choose to (offer) (withdraw) employee benefits to domestic partners as such benefits are provided by the Authority and hereby notifies the Authority of that choice. Petitioner hereby (offers, (withdraws) authorization of payment of employee's insurance premium for domestic partner benefits) as an employee contribution and such payment is conditioned on submission of ar Affidavit in proper form establishing a domestic partnership and providing the following information in support of the Affidavit: This Petition must be submitted to the Authority for it to be effective. Domestic partner coverage shall be effective on the date set forth in the notice		C NOTICE OF INTENT TO
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	Date:	Members of the Governing Body of



Where can you locate the Program Guide?

Scenario 4



Access to Program Guide





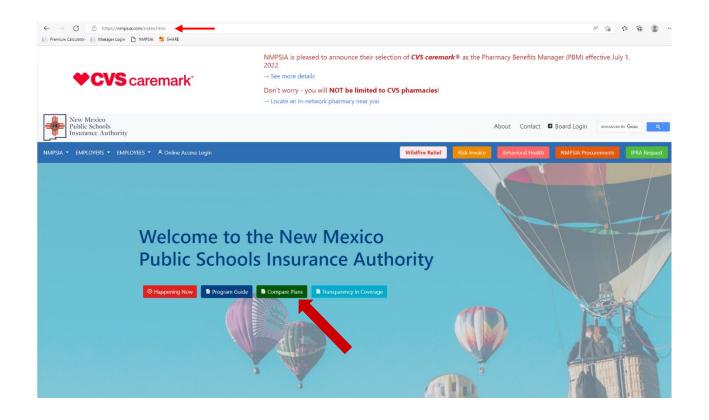


PROGRAM GUIDE • JULY 2021



Medical Side-by-Side Comparison Chart Understanding Cost Share

Scenario 5



Side-by-side medical comparison chart







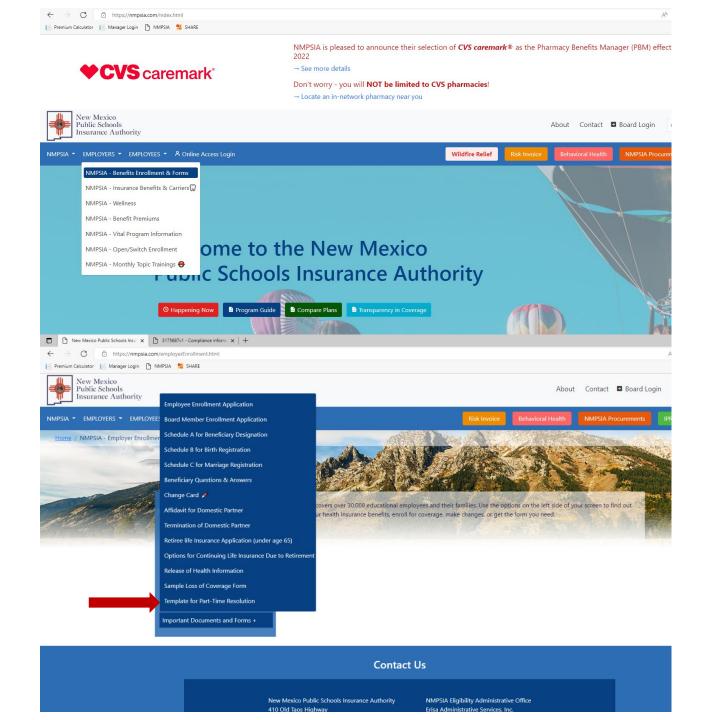
2022

Medical Plan
Side-by-Side Comparison Chart

High Option
Low Option
Exclusive Provider Organization (EPO)



Considering a Part-time Resolution?



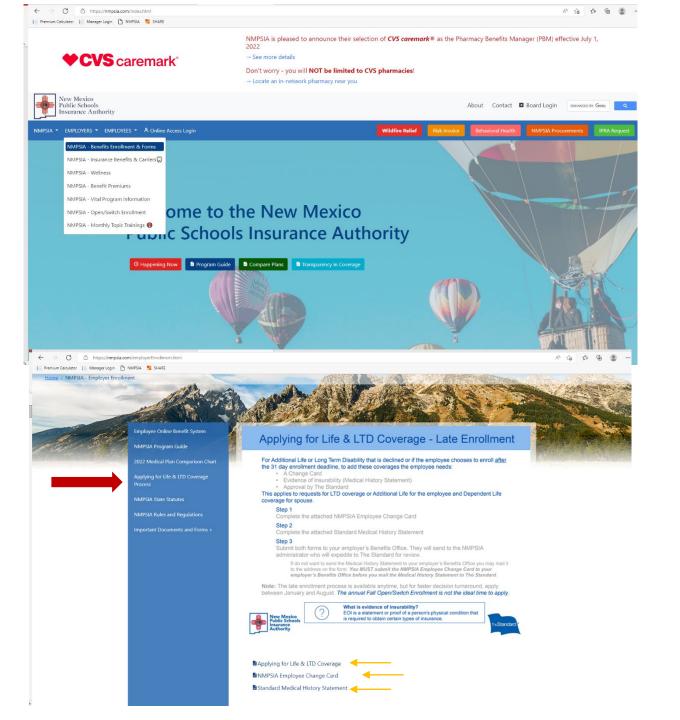
Part-time Resolution Information



	thool DetridiEntly Name) MPLOYEE RESOLUTION School Year
	e part-time employees who are on contrac r week, but not less than 15 hours per week e of insurance premiums.
WHEREAS, the	is requesting from the Nev
Mexico Public Schools Insura district/entity be permitted to au	nce Authority (NMPSIA) that our school thorize participation in the employee lines of employees who are on contract that work les
WHEREAS, the governing board of	of the
	part-time employee to be eligible to participate uch must be adopted by the board of the and approved by the NMPSIA Board of
NOW, THEREFORE, BETT RESC	DLVED that we, the governing board of the wish to offer the school's part-time
employees as described above	e, the ability to participate in the NMPSI/ e for the <u>school year.</u> In addition,
we do resolve to provide the em such eligible part-time employees.	ployer's share of the insurance premiums fo
Signed this _	day of
Board Chairman	Board Member
Board Member	Board Member
Board Member	Board Member



Applying for Life and Long-Term Disability (LTD) coverage after the 31 days of timely enrollment

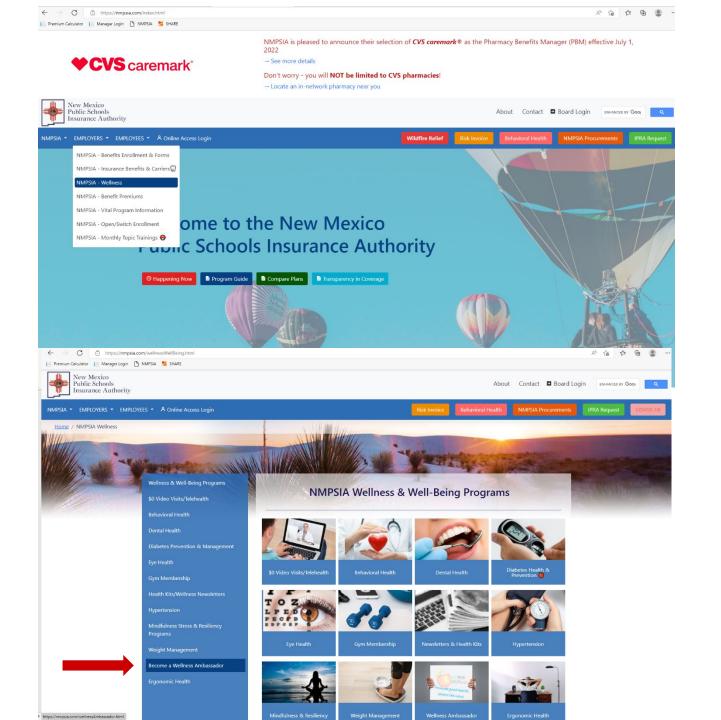


Employee information on how to apply for Life and LTD coverage after the 31 days of timely enrollment?



Need to improve the Culture of Health and overall Wellbeing climate?

NMPSIA Wellness offers a robust program Become a Wellness Ambassador and receive monthly wellness and strategy support



Wellness and well being Information



PASSIONATE ABOUT HEALTH & WELLNESS?

Apply to be a NMPSIA Wellness Ambassador today!



NMPSIA Wellness Ambassadors are:

- Employee volunteers who share their passion, motivation, and contribute to meaningful worksite/department/ school-wide wellness initiatives
- Advocates for healthy l'ving, no matter where they are in their personal health journeys
- Inspiration to others and are positive role models for health and well-being
- Comfortable promoting wellness programs

Requirements:

- Attend Wellness Ambassadors quarterly Zoom meetings
- Have permission to become wellness ambassador from supervisor, district and/or school administration.

Perks:

- Access to wellness experts, including dietitians, health coaches, and exercise physiologists
- 1st chance to register for wellness programs
- T-shirt and pullover for new NMPSIA Wellness Ambassadors

*All current NMPSIA Wellness Ambassadors will need to reapply.

Free Wellness

Programming for Your School!

Contact Katherine Chavez,

NMPSIA Benefits and Wellness Operations Manager, with any questions: NMPSIA.Wellness@state.nm.us

APPLY NOW



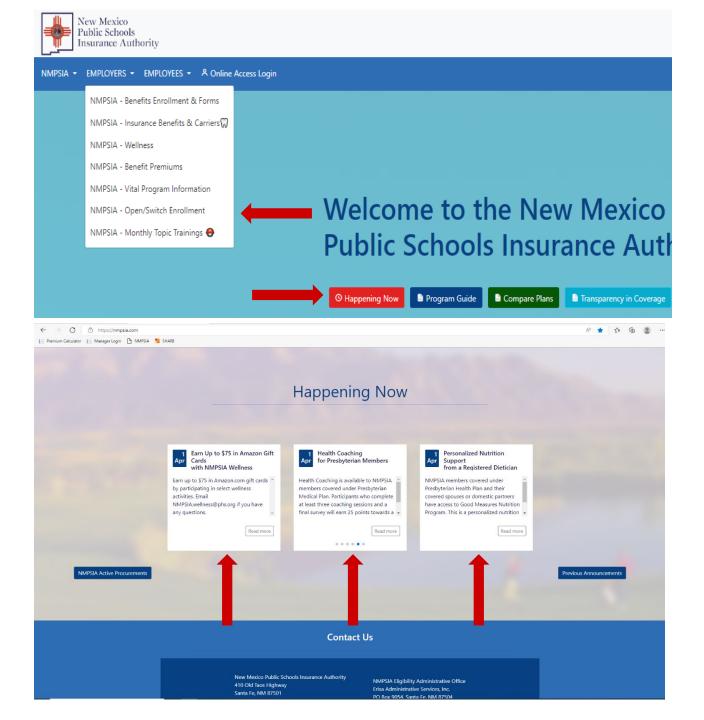


The New Mexico Public Schools Insurance Authority (NMPSIA) provides these programs at no additional cost to school employees covered through NMPSIA.



Locate important events





Important events and training





QUESTIONS?







- Support your employees be available
- Know where to locate employee/employer resources on nmpsia.com
- Tap into your resources:
 - Resource toolkit on nmpsia.com
 - Reach out to other participating employers
 - Share best practices



Katherine Chavez

Benefits & Wellness Operations Manager

Kaylei Jones

Benefits Analyst



505.988.2736/800.548.3724 ex. 1011

505.988.2736/800.548.3724 ex.1012



katherine.chavez@state.nm.us

Kaylei.jones@state.nm.us

Contact Info

WE ARE HERE TO SERVE

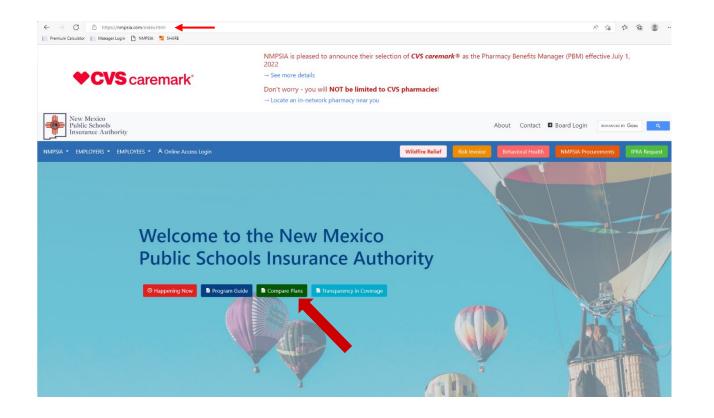




PROGRAM GUIDE • JULY 2021



Medical Side-by-Side Comparison Chart Understanding Cost Share



Side-by-side medical comparison chart





2022

Medical Plan
Side-by-Side Comparison Chart

High Option
Low Option
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Considering a Part-time Resolution?

Waiting for Emma to confirm that the template is on the site so a screenshot can be placed here.

Part-time Resolution Information

(School District/Entity Name)

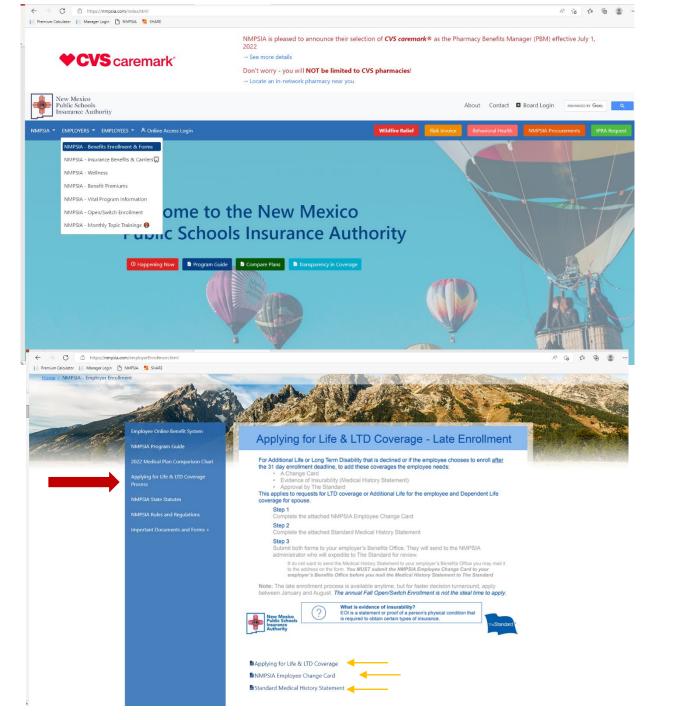
PART-TIME EMPLOYEE RESOLUTION School Year

To provide insurance to eligible part-time employees who are on contract that work less than 20 hours per week, but not less than 15 hours per week, and to pay the employer's share of insurance premiums.

VHEREAS, the(district/entity	is requesting from the New
Mexico Public Schools Insurance listrict/entity be permitted to author	 Authority (NMPSIA) that our school rize participation in the employee lines on aployees who are on contract that work lest
WHEREAS, the governing board of th	(district/entity name)
n annual resolution requesting such	-time employee to be eligible to participate must be adopted by the board of the and approved by the NMPSIA Board of
(distriction tity name) Directors and filed annually with the N	IMPSIA Board.
	ED that we, the governing board of the wish to offer the school's part-time
(district/entity name)	
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Signed this	day of
Board Chairman	Board Member
Board Member	Board Member
Board Member	Board Member



Applying for Life and LTD coverage after the 31 days of timely enrollment.

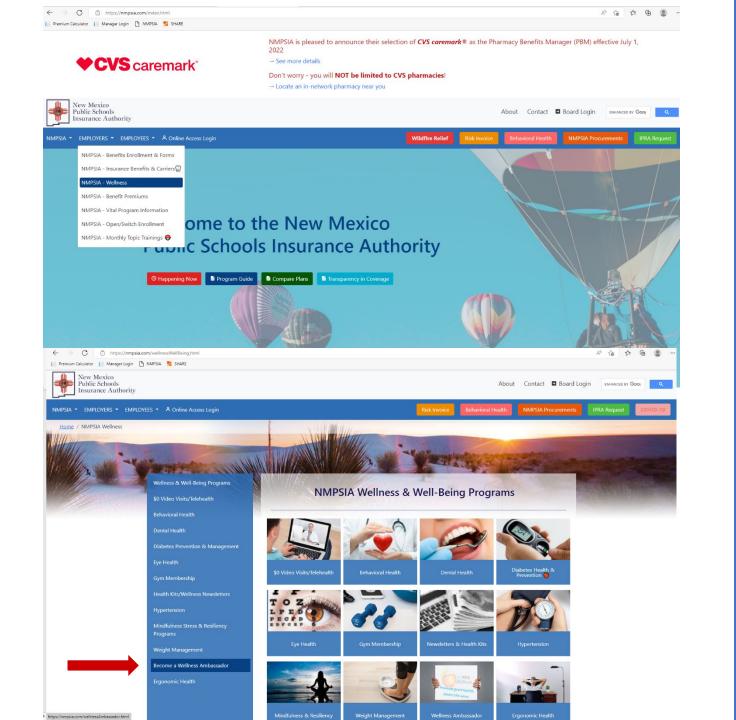


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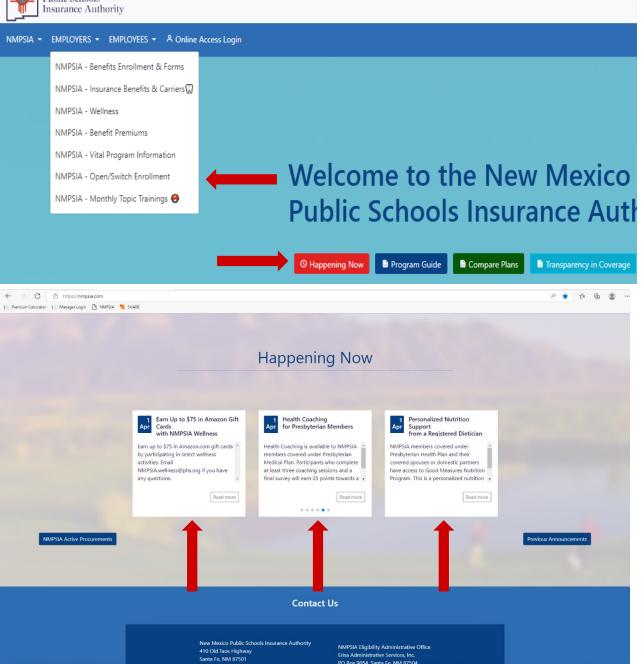


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Locate important events





Important events and Training



Closing Remarks





Open Forum ROUNDTABLE

QUESTIONS

Discussion



SUBBESTIONS

WEAS





Mood Check

Which Bunny Rabbit are you feeling like right about now?









Tomorrow's Agenda

Time	Thursday, July 14, 2022			
8:45 a.m.	Virtual Meeting Check-in			
	Mood Check			
9:00 a.m.	NMPSIA			
	Welcome & Announcements			
	How Training Will Be Run			
9:05 a.m.	Poll - Have you shared Mindfulness Information to Staff?			
	Beginning Again: Mindfulness for a New Norm			
	Keynote Speaker			
	Michelle DuVal			
	The Mindful Center			
10:05 a.m.	Break			
	Instant Recess			
10:15 a.m.	Introduction of Carriers			
10:20 a.m.	What do you know? Poll - Provide the correct answer and be entered in a drawing			
	Carrier Resources to Support Member Decisions			
	BCBSNM & Wellness, Lisa Guevara			
	Cigna Health & Wellness, Daniel Warner & Carla Sassano			
	 Presbyterian Health Plan & Wellness, Steve Valdez & Emily Varner 			
	Delta Dental, Rich Bolstad			
	United Concordia, Stephanie Anthony			
11:20 a.m.	What do you know? Poll - Provide the correct answer and be entered in a drawing			
	New Hire Resources and Support			
	Program Guide – update			
	Open/Switch Enrollment – dates			
	Katherine Chavez			
	Kaylei Jones			
11:40 a.m.	Closing Remarks			
	Open Forum Roundtable			
	Mood Check			
12:00 p.m.	Adjourn			



Thank you for Joining us Today

See You Tomorrow