

NEW MEXICO PUBLIC SCHOOLS INSURANCE AUTHORITY



**Board Material
April 8, 2021**



New Mexico Public Schools Insurance Authority

Board of Directors Meeting

Board of Directors

Al Park, President, Governor Appointee
Chris Parrino, Vice President, NM Association of School Business Officials
Pauline Jaramillo, Secretary, NM School Boards Association
Denise Balderas, Governor Appointee
Sammy J. Quintana, Governor Appointee
Bethany Jarrell, National Education Association NM
David Martinez, Jr., National Education Association NM
Tim Crone, American Federation of Teachers NM
Ricky Williams, NM Superintendents Association
K. T. Manis, Public Education Commission
Vacant, Educational Entities at Large

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Thursday, April 8, 2021

9:00 A.M.

Draft

Agenda

- | | |
|---|-------------------|
| 1. Call to Order | A. Park |
| 2. Roll Call | P. Vigil |
| 3. Introduction of Guests | R. Valerio |
| 4. Citizens to Address the Board (Five-Minute Limit) | A. Park |
| 5. Approval of Agenda (Action Item) | A. Park |
| 6. Approval of March 4, 2021 Minutes (Action Item) | A. Park |
| 7. Administrative Matters | |
| A. Staff Update | R. Valerio |

B. Legislative Update	R. Valerio
C. NMASBO Spring Budget Workshop Update	R. Valerio
D. COVID-19 Update	R. Valerio
8. Financial Matters	
A. Financial Reports for February 2021 (Action Item)	P. Sandoval
B. Request to Approve Cooperative Purchasing Agreement with Cooperative Educational Services (CES) (Action Item)	P. Sandoval
9. Benefits Matters	
A. PED Surveillance Testing Requirement (Action Item)	R. Valerio
B. Express Scripts Weight Management Care Value Program (Action Item)	J. Molberg/ H. Zeyae
C. Consultant for Pharmaceutical Benefit Management Procurement Services Request for Proposals (Action Item)	R. Valerio
D. Wellness Update	K. Chavez
10. Risk Matters	
A. TPA Reports	S. Vanetsky/ J. Mayo
1. Property & Liability Monthly Claims Report	
2. Property & Liability Large Losses	
3. Workers' Compensation Monthly Claims Report	
4. Workers' Compensation Large Losses	
B. Loss Prevention Update	J. Garcia/ L. Vigil
11. General Discussion	A. Park
12. Next Meeting Date and Location	A. Park
May Meeting – May 6, 2021, Location GoToMeeting	
13. Adjournment (Action Item)	A. Park

**NEW MEXICO PUBLIC SCHOOLS INSURANCE AUTHORITY
BOARD OF DIRECTORS VIRTUAL MEETING MINUTES**

Virtual Meeting: <https://global.gotomeeting.com/join/586662677>

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Thursday, March 4, 2021

1. Call to Order

DRAFT

Mr. Al Park, NMPSIA Board President, called the NMPSIA Board Meeting to order at 9:00 a.m. on Thursday, March 4, 2021.

2. Roll Call

Ms. Pamela M. Vigil, called roll.

Present via virtual meeting/telephonic meeting:

Alfred Park, President
Chris Parrino, Vice-President
Pauline Jaramillo, Secretary
Tim Crone
Bethany Jarrell
Sammy Quintana
David Martinez Jr.
Ricky Williams

Absent:

Denise Balderas
K.T. Manis

Staff Members Present via virtual/telephonic meeting:

Richard Valerio, Executive Director
Patrick Sandoval, Deputy Director
Martha Quintana, Chief Financial Officer
Melissa Rael, Human Resource/Finance Manager
Katherine Chavez, Benefits/Wellness Operations Manager
Pamela Vigil, Risk Program Coordinator
Dion Romero, Accountant/Auditor
Claudette Roybal, Chief Procurement Officer
Andrew Arellano, Financial Specialist

Audience present via virtual/telephonic meeting:

Aaron Hildebrandt	Pinnacle Actuarial Resources, Inc.
Matt Meade	Pinnacle Actuarial Resources, Inc.
Martin Esquivel	Esquivel & Howington
David Poms	Poms & Assoc.
Julie Garcia	Poms & Assoc.
Larry Vigil	Poms & Assoc.
Tammy Pargas	Poms & Assoc.
Rika Martinez	Poms & Assoc.
Richard Cangioli	CCMSI
Louise Carpenter	CCMSI
Kevin Sovereign	CCMSI
Jerry Mayo	CCMSI
Steve Vanetsky	CCMSI
Daniel Warner	Cigna
Dr. Nura Patani	Segal
Melissa Krumholz	Segal
Sam Garcia	Davis Vision
Debby Holt	United Concordia
Rich Bolstad	Delta Dental
JoLou Trujillo-Ottino	Delta Dental
Steve Valdez	Presbyterian
Lia Gainey	Presbyterian
Kathy Payanes	Erisa
CS Hwa	Erisa
Kevin Garcia	Erisa
Michelle Alarid	Erisa
Lourdes Rael	Erisa
Mike Barrios	Erisa
Lisa Guevara	BCBS
Jeanine Patterson	BCBS
Marlene Mier	BCBS
Jennifer Oswald	Standard
Jon Molberg	Express Scripts

3. Introduction of Guests

There were no guests.

4. Citizens to Address the Board (five- minute time limit)

There were no citizens to address the Board.

Mr. Sammy Quintana, NMPSIA Board Member, expressed his condolences for the sudden and tragic passing of Dr. Karen Trujillo, Superintendent, Las Cruces Public School District.

Mr. Richard Valerio, Executive Director, NMPSIA, indicated staff would send a sympathy card or convey a condolence message via the funeral home website on behalf of the NMPSIA Board and NMPSIA Staff.

5. Approval of the Agenda (Action Item)

Mr. Valerio requested item 10.D be tabled.

A motion was made to approve the agenda as amended.

MOTION: C. Parrino

SECONDED: P. Jaramillo

A roll call vote was taken.

Ms. Vigil called roll:

Chris Parrino – Yes
Alfred Park – Yes
Tim Crone - Yes
Pauline Jaramillo – Yes
Bethany Jarrell - Yes
Sammy Quintana – Yes
David Martinez Jr. – Yes
Ricky Williams – Yes

Vote carried unanimously.

6. Approval of February 4, 2021 Minutes (Action Item)

A motion was made to approve the February 4, 2021 Virtual Board Minutes as presented.

MOTION: C. Parrino

SECONDED: B. Jarrell

A roll call vote was taken.

Ms. Vigil called roll:

Chris Parrino – Yes
Alfred Park – Yes
Tim Crone - Yes
Pauline Jaramillo – Yes
Bethany Jarrell - Yes
Sammy Quintana – Yes
David Martinez Jr. – Yes
Ricky Williams – Yes

Vote carried unanimously.

7. Administrative Matters

7.A. Staff Update

Mr. Valerio stated last month he informed the Board that staff was in the process of interviewing individuals for two vacant positions within the Benefits Department. He reported one of the positions has been filled internally. Mr. Andrew Arellano has been promoted to Management Analyst in the Benefits Department. Mr. Valerio stated Mr. Arellano has been with NMPSIA approximately one year and congratulated him on his promotion. Mr. Valerio reported staff has completed interviews for the Benefits Program Coordinator position and is hoping to select a finalist in the coming days.

7.B. Legislative Update

Mr. Valerio reported the Legislative Update was discussed in detail at the Risk Advisory Committee and Benefits Advisory Committee Meetings yesterday. He stated a condensed version would be provided to the Board unless there are any questions with respect to a specific bill.

Mr. Valerio reported on HB128, School Personnel Background and Training Bill. He reported this bill amends the School Personnel Act to address ethical misconduct and child abuse issues regarding school employees, volunteers, contractors', and contractor's employees. Mr. Valerio stated he sent an article to the RAC and Board that KRQE News wrote with respect to HB128. He thanked NMPSIA staff, Poms & Associates staff and Mr. Martin Esquivel, NMPSIA General Counsel, for all of the hard work done on this bill. Mr. Valerio stated this bill has passed the House Floor and is now in the Senate Education Committee.

Ms. Julie Garcia, Poms & Associates, reported there have been many amendments made to HB128. She reported one of the most significant change is the definition of sexual misconduct was removed and because ethical misconduct was defined it was left in. She reviewed the definition of ethical misconduct as it relates to the bill in detail. Ms. Garcia stated loss control training will have to be changed to focus more on the behavior barrier policy.

7.C. COVID-19 Update

Mr. Valerio reported this item was discussed at the Benefits Advisory Committee in detail. He stated Mr. Patrick Sandoval, Deputy Director, NMPSIA reported through the end of January, there are a total of 29,011 claims with a cost of \$10.8 million dollars. He stated the initial estimated projection was \$4.9 million.

8. FINANCIAL MATTERS

8. A. Financial Reports for January 2021 (Action Item)

Mr. Sandoval reviewed the statement of revenues and expenditures for the Employee Benefits Fund for the period 1/1/2021 through 1/31/2021. The Benefits Fund had revenues

in the amount of \$27,158,167.96; expenditures in the amount of \$28,185,841.44; resulting in a loss of \$1,027,673.48.

Mr. Sandoval reviewed the statement of revenues and expenditures for the Risk Fund for the period 1/1/2021 through 1/31/2021. The Risk Fund had revenues in the amount of \$6,923,908.75; expenditures in the amount of \$9,007,366.37; resulting in a loss of \$2,083,457.62.

Mr. Sandoval reviewed the statement of revenues and expenditures for the Program Support Fund for the period 1/1/2021 through 1/31/2021. The Program Support Fund had revenues in the amount of \$116,750; expenditures in the amount of \$96,472.34; resulting in a gain of \$20,277.66.

Mr. Sandoval reviewed the balance sheet for the period 1/1/2021 through 1/31/2021. Program Support had total assets of \$1,074,733.53, total liabilities of \$260,899.11, and fund equity of \$813,834.42. Employee Benefits had total assets of \$62,951,431.38, total liabilities of \$28,416,180.88, and fund equity of \$34,535,250.50. Risk had assets of \$130,696,071.06, total liabilities of \$135,250,160.00, and a total fund equity loss of \$4,554,088.94. Total assets for the agency were \$194,722,235.97 and total liabilities of \$163,927,239.99. Combined fund equity for the agency was \$30,794,995.98.

A motion was made to approve the Financial Reports for January 2021 as presented.

MOTION: D. Martinez Jr.

SECONDED: C. Parrino

A roll call vote was taken.

Ms. Vigil called roll:

Chris Parrino – Yes

Alfred Park – Yes

Tim Crone - Yes

Pauline Jaramillo – Yes

Bethany Jarrell - Yes

Sammy Quintana – Yes

David Martinez Jr. – Yes

Ricky Williams – Yes

Vote carried unanimously.

9. Risk Matters

9.A. Loss Reserve and Funding Analysis as of 12/31/2020 (Action Item)

Mr. Aaron Hildebrandt, Pinnacle Actuarial Resources, Inc. and Mr. Matt Meade, Pinnacle Actuarial Resources, Inc., reviewed the Loss Reserve and Funding Analysis as of 12/31/2020. Mr. Hildebrandt reviewed the following items in detail:

- 2014-15 Liability Aggregate Retention
- Actual vs. Expected Loss Development 6/30/2020 to 12/31/2020
- Claims with Large Negative Development- General Liability
- Ultimate Loss Trends
- Frequency/Severity/Loss Cost Trends
 - Workers Compensation
 - General Liability
- Summary of Results of 12/31/2020 analysis

Mr. Hildebrandt and Mr. Meade presented the following summary of results:

Loss and LAE Reserve Estimates - Nominal Value (Undiscounted) as of 12/31/2020				
		Property & Liability	Workers Compensation	Total
Claim Reserves		\$20,760,109	\$13,808,433	\$34,568,542
IBNR Reserves	Low	30,183,082	22,123,663	52,306,745
	Central	33,368,143	24,782,866	58,151,010
	High	36,553,205	27,442,069	63,995,274
Total Reserves	Low	50,943,191	35,932,096	86,875,287
	Central	54,128,252	38,591,299	92,719,551
	High	57,313,314	41,250,502	98,563,816

Loss and LAE Reserve Estimates - Present Value (Discounted) as of 12/31/2020				
		Property & Liability	Workers Compensation	Total
Claim Reserves		\$19,399,061	\$12,595,213	\$31,994,274
IBNR Reserves	Low	28,927,688	20,161,954	49,089,642
	Central	31,950,686	22,580,452	54,531,138
	High	34,973,684	24,998,950	59,972,634
Total Reserves	Low	48,326,748	32,757,168	81,083,916
	Central	51,349,746	35,175,666	86,525,412
	High	54,372,744	37,594,164	91,966,908

Funding Estimate - Nominal Value (Undiscounted) as of 12/31/2020			
Policy Period	Property & Liability	Workers Compensation	Total
2021-2022	\$25,486,429	\$12,172,569	\$37,658,999
2022-2023	27,641,824	12,379,645	40,021,470
2023-2024	29,985,802	12,590,692	42,576,494

Funding Estimate - Present Value (Discounted) as of 12/31/2020			
Policy Period	Property & Liability	Workers Compensation	Total
2021-2022	\$23,961,271	\$11,257,974	\$35,219,244
2022-2023	25,992,629	11,449,491	37,442,120
2023-2024	28,202,185	11,644,681	39,846,866

A motion was made to approve the Loss Reserve and Funding Analysis as of 12/31/2020.

MOTION: S. Quintana

SECONDED: C. Parrino

A roll call vote was taken.

Ms. Vigil called roll:

Chris Parrino – Yes

Alfred Park – Yes

Tim Crone - Yes

Pauline Jaramillo – Yes

Bethany Jarrell - Yes

Sammy Quintana – Yes

David Martinez Jr. – Yes

Ricky Williams – Yes

Vote carried unanimously.

9.B. FY22 Risk Premium Rate Setting (Action Item)

Mr. Sandoval presented the FY22 Risk Premium Rate Setting. He reviewed the process on how the numbers are derived. He stated the numbers are derived from projected expenditures for the next five-years and are based on Pinnacle Actuarial Services, Inc. report. Mr. Sandoval stated there were not any increases passed on this Fiscal Year. He reviewed the Risk Projection Schedule and scenarios in detail.

Mr. Park stated the RAC spent a considerable amount of time discussing the different scenarios and are recommending the following Scenario C Risk Premium:

<u>Rate Action</u>	<u>Premium Income</u>
FY22 7/1/2021 4.57%	\$ 86,891,443
FY23 7/1/2022 4.57%	\$ 90,862,382
FY24 7/1/2023 7.49%	\$ 97,667,974
FY25 7/1/2024 3.60%	\$ 101,184,021
FY26 7/1/2025 4.92%	\$ 106,162,275

A motion was made to approve Scenario C as presented.

MOTION: P. Jaramillo

SECONDED: C. Parrino

A roll call vote was taken.

Ms. Vigil called roll:

Chris Parrino – Yes
 Alfred Park – Yes
 Tim Crone - Yes
 Pauline Jaramillo – Yes
 Bethany Jarrell - Yes
 Sammy Quintana – Yes
 David Martinez Jr. – Yes
 Ricky Williams – Yes

Vote carried unanimously.

9.C TPA Reports

9.C.1. Property & Liability Monthly Claims Report

Mr. Steve Vanetsky, CCMSI reported on the Property & Liability Monthly Claims Report. He stated for the month of January 2021 there were 306 open claims, 26 new claims and 30 claims were closed. Mr. Venetsky reported reserves were at \$65,773,818.95, payments were \$21,572,841.16 for a total of \$87,346,660.11.

9.C.2. Property & Liability Large Losses

Mr. Vanetsky reported on a significant occurrence during the month of February in Carrizozo. He stated a number of overhead fire suppression lines froze and ruptured. Mr. Vanetsky reported this affected 11 different locations and 13 facilities. Multiple classrooms were flooded and some gymnasium floors. He stated an update will be provided next month on the potential exposure.

A video was shown to the committee showing the flooding and damage to classrooms.

9.C.3. Workers' Compensation Monthly Claims Report

Mr. Jerry Mayo, CCMSI provided the Workers' Compensation Monthly Claims Report for Districts as of January 31, 2021. He reported during the month of January there were 719 open claims, 57 new claims, 14 claims were re-opened, and 85 claims were closed. Mr. Mayo reported reserves were at \$14,468,584.16; payments were \$49,988,601.75; for a total of \$64,457,185.91.

Mr. Mayo reported on the Workers' Compensation Monthly Claims Report for Charter Schools as of January 31, 2021. Mr. Mayo reported during the month of January, there were 25 open claims, and 2 claims were closed, and 1 claim was re-opened. Mr. Mayo reported reserves were at \$902,717.50; payments were \$1,362,504.31, for a total of \$2,265,221.81.

9.C.4. Workers' Compensation Large Losses

Mr. Mayo reported there were four claims over the amount of \$50,000 in the month of January. He reviewed the large claims and the total reserves associated.

9.D. Loss Prevention Update

Ms. Julie Garcia reported that this item was covered in the Legislative Update.

Mr. Park thanked the staff of Poms & Associates for all their hard work with HB128 legislation.

10. Benefits Matters

10.A. PED Surveillance Testing Requirement (Action Item)

Mr. Valerio reported this item was brought to the Board last month to request approval to deny COVID-19 surveillance testing claims. After it was approved, staff discovered there is not a component within the system to determine the difference between a COVID-19 surveillance test for work versus a necessary diagnostic COVID-19 test. Mr. Valerio stated the only way of denying the claims is to implement a policy that would allow tests for members that have exposure to COVID-19 or are symptomatic. Mr. Valerio stated members that are undergoing home testing, and surveillance testing would be excluded.

He went on to report it was the recommendation of the BAC to implement a policy that would allow tests for members that have exposure to COVID-19 or are symptomatic. In addition to implementing the policy, staff is requesting another month to pay for surveillance testing through 3/31/2021 until all the testing issues are resolved.

A motion was made to approve the request as presented.

MOTION: C. Parrino

SECONDED: D. Martinez Jr.

A roll call vote was taken.

Ms. Vigil called roll:

Chris Parrino – Yes
Alfred Park – Yes
Tim Crone - Yes
Pauline Jaramillo – Yes
Bethany Jarrell - Yes
Sammy Quintana – Yes
David Martinez Jr. – Yes
Ricky Williams – Yes

Vote carried unanimously.

10.B. NMPSIA Mobile Application

Mr. Valerio reported that staff is excited to announce the launch of the NMPSIA Mobile Application. He stated this Application will give members the opportunity access coverage information, premium information, etc. Mr. Valerio stated this has been in the works for quite some time. Erisa has been working hard to get this application developed and will manage this mobile application in addition to the NMPSIA website. Mr. Valerio reported staff is currently working to get this out to some schools as a pilot program in the upcoming months.

Mr. Kevin Garcia, Erisa Administrative Services, provided a detailed overview of the NMPSIA Mobile Application and the features/tools that will be available through this Application. He reported once this is rolled out it will be available in the Apple App. Store and the Google Play Store.

Mr. Parrino stated he is excited for the NMPSIA Mobile Application and the ability to test it out before it goes live.

Mr. Valerio asked if there are any members on the RAC or BAC that would like a demo phone to test the application to contact him.

10.C. Approval of Amendment/Extension to Erisa Administrative Services, Inc. Professional Services Agreement (Action Item)

Mr. Valerio presented the Amendment/Extension to the Erisa Administrative Services, Inc. professional services agreement. He stated this will extend the contract for the next Fiscal Year beginning on July 1, 2021 and it is amending the scope of work to include the maintenance of the mobile application in addition to the website. Mr. Valerio stated there is no change in the compensation. He stated it is the recommendation of the BAC to approve this item.

A motion was made to approve the Amendment/Extension to Erisa Administrative Services, Inc. Professional Services Agreement.

MOTION: D. Martinez Jr.

SECONDED: C. Parrino

A roll call vote was taken.

Ms. Vigil called roll:

Chris Parrino – Yes

Alfred Park – Yes

Tim Crone - Yes

Pauline Jaramillo – Not present to vote.

Bethany Jarrell - Yes

Sammy Quintana – Yes

David Martinez Jr. – Yes

Ricky Williams – Yes

Vote carried.

10.D. Participating Entity Reporting Requirement (Action Item)

This item was tabled.

10.E. United Concordia Back-to-School Kits

Mr. Valerio reported on United Concordia's endeavor to provide Back-to-School Kits for school districts that are re-opening. He stated the kits included face shields, sanitizer, posters, etc. He also reported there is a special price agreement for districts that would like to re-order supplies. Mr. Valerio thanked United Concordia for getting the supplies to the districts. He stated schools have expressed their gratitude for these kits.

10.F. Wellness Update

Ms. Katherine Chavez, Benefits/Wellness Operations Manager, NMPSIA, reported on the current wellness efforts. She reported March is Ergonomics month and staff will be working on a back-to-basics plan for members on how to create a healthy workstation.

Ms. Chavez reported the Resiliency Series begins today at 3:30 p.m. and the first topic is "Healing Our Losses".

Ms. Chavez also reported the Solutions Group recently sent out an informative wellness program booklet outlining all of the wellness opportunities. She stated this is a wonderful tool to assist members in choosing an appropriate program.

Finally, Ms. Chavez reported BCBS Naturally Slim Program will be re-branded and will have a new look. She stated communications will be sent out on March 29, 2021 to current and prior Naturally Slim Members. Ms. Chavez stated the name will be called Wonder Health and the start date will be May 13, 2021.

11. General Discussion

Mr. Park asked members if they have any items to discuss.

Mr. Parrino stated he would love to hear from any schools that have re-opened.

Ms. Jarrell reported this is the second week for her district in hybrid for all elementary students. She stated it is going well so far and explained the screening process for all students entering the building.

Mr. Williams reported his district is back to in person learning. He stated there are mitigation steps in place.

Ms. Garcia reported there is an interesting study performed at the Georgia School District with respect to COVID-9 transmission. She stated she would email the article to Board and Staff.

12. Next Meeting Date and Location

Mr. Park stated hopefully the Board can return to in-person meetings in the fall. He stated this must be done in a safe and responsible manner.

Mr. Valerio reported the next meeting will be held virtually on Thursday, April 8, 2021.

13. Adjournment (Action Item)

A motion was made to adjourn The NMPSIA Board Meeting at 10:08 a.m.

MOTION: C. Parrino

SECONDED: P. Jaramillo

A roll call vote was taken.

Ms. Vigil called roll:

Chris Parrino – Yes

Alfred Park – Yes

Tim Crone - Yes

Pauline Jaramillo – Yes

Bethany Jarrell - Yes

Sammy Quintana – Yes

David Martinez Jr. – Yes

Ricky Williams – Yes

Vote carried.

APPROVED:

Mr. Alfred Park, President

Public Schools Insurance Authority



Board Meeting

Fiscal Year 2021

February 2021 Financial Reports

April 08, 2021

NM Public Schools Insurance Authority
Statement of Revenues and Expenditures - Employee Benefits Fund
From 2/1/2021 Through 2/28/2021

	Prior Year Current Period Actual	Current Period Actual	Current Period% Change	Prior Year Actual	Current Year Actual	Current Year% Change
Revenue						
Premiums (Health Insurance Assessments)	26,358,825.03	27,049,789.68	2.62	204,751,985.94	212,733,844.57	3.90
Interest Income (Wells Fargo, LGIP)	28,613.71	5,475.06	(80.87)	358,285.78	59,624.70	(83.36)
Investment Income (SIC)	(900,499.32)	362,927.63	(140.30)	516,877.77	4,039,516.90	681.52
Miscellaneous Income (Rx Rebates, Penalties, Subros, Etc)	(2,444.83)	0.00	(100.00)	277,660.77	0.00	(100.00)
Total Revenue	25,484,494.59	27,418,192.37	7.59	205,904,810.26	216,832,986.17	5.31
Expenditures						
Medical Claims Expense	16,157,070.40	16,403,623.75	1.53	159,096,624.64	150,688,039.94	(5.29)
Prescription Claims Expense	2,302,393.70	3,197,823.47	38.89	27,518,431.54	28,590,131.88	3.89
Dental Claims Expense	1,165,823.32	1,174,446.95	0.74	9,135,685.12	8,959,822.73	(1.93)
Premiums (Life, Vision)	1,052,376.90	1,067,321.31	1.42	7,495,361.12	8,267,616.93	10.30
Claims Administration Fees (Medical, Dental, Rx)	1,249,526.12	1,438,429.28	15.12	9,701,647.86	11,351,345.15	17.00
Contractual Services (Erisa, Segal, Legal, Etc)	207,998.47	206,153.80	(0.89)	1,394,501.05	1,704,958.93	22.26
Other Expenses	0.00	0.00	0.00	62,003.89	440.46	(99.29)
Transfer to Program Support	55,091.00	58,375.00	5.96	440,736.00	467,000.00	5.96
Total Expenditures	22,190,279.91	23,546,173.56	6.11	214,844,991.22	210,029,356.02	(2.24)
Net Revenue & Expenditures	3,294,214.68	3,872,018.81	17.54	{8,940,180.96}	6,803,630.15	{176.10}

NM Public Schools Insurance Authority
Statement of Revenues and Expenditures - Risk Fund
From 2/1/2021 Through 2/28/2021

	Prior Year Current Period Actual	Current Period Actual	Current Period% Change	Prior Year Actual	Current Year Actual	Current Year% Change
Revenue						
Premiums (Risk Insurance Assessments)	6,902,429.00	6,922,434.00	0.29	55,219,465.19	55,379,494.00	0.29
Interest Income (Wells Fargo, LGIP)	97,652.02	10,648.94	(89.10)	981,188.06	122,563.88	(87.51)
Investment Income (SIC)	(384,581.94)	154,827.74	(140.26)	220,025.48	1,722,818.62	683.01
Miscellaneous Income (Penalties, Subros, Etc)	0.00	0.00	0.00	2.00	0.00	(100.00)
Total Revenue	<u>6,615,499.08</u>	<u>7,087,910.68</u>	<u>7.14</u>	<u>56,420,680.73</u>	<u>57,224,876.50</u>	<u>1.43</u>
Expenditures						
Property - Liability Claims Expense						
Property Claims	543,826.03	1,057,838.31	94.52	6,673,099.00	6,135,240.04	(8.06)
Liability Claims	1,460,468.93	1,136,231.88	(22.20)	22,153,645.77	6,707,660.79	(69.72)
P-L Provisions for Losses	114,684.88	(797,620.71)	(795.49)	5,854,292.25	15,861,195.37	170.93
P-L Excess Recoveries	<u>(260,993.92)</u>	<u>(336,840.63)</u>	<u>29.06</u>	<u>(8,749,559.01)</u>	<u>(593,217.16)</u>	<u>(93.22)</u>
Total Property- Liability Claims Expense	1,857,985.92	1,059,608.85	(42.97)	25,931,478.01	28,110,879.04	8.40
Workers' Compensation Claims Expense	1,052,373.17	297,747.09	(71.71)	7,081,318.31	5,242,840.77	(25.96)
Property Excess Coverage Premium	2,074,416.00	2,114,445.00	1.93	16,592,068.13	16,915,567.00	1.95
Liability Excess Coverage Premium	1,324,838.00	1,437,243.00	8.48	10,598,706.00	11,497,944.00	8.48
Workers' Compensation Excess Coverage Premium	48,903.00	49,432.00	1.08	391,232.00	395,466.00	1.08
Student Catastrophic Insurance Premium	20,789.00	19,949.00	(4.04)	145,532.26	139,644.77	(4.05)
Equipment Breakdown Insurance Premium	26,413.00	27,585.00	4.44	225,945.82	220,694.60	(2.32)
Property- Liability Claims Administration Fees	85,147.50	88,095.73	3.46	679,378.72	704,765.78	3.74
Workers' Compensation Claims Administration Fees	94,047.19	97,306.90	3.47	750,576.24	778,455.21	3.71
Contractual Services (Brisa, Poms, CCMSI, Legal, Etc)	245,988.94	261,507.54	6.31	2,818,517.05	2,871,373.71	1.88
Other Expenses (Training, Etc.)	0.00	0.00	0.00	0.00	90.70	100.00
Transfer to Program Support	<u>55,091.00</u>	<u>58,375.00</u>	<u>5.96</u>	<u>440,736.00</u>	<u>467,000.00</u>	<u>5.96</u>
Total Expenditures	<u>6,885,992.72</u>	<u>5,511,295.11</u>	<u>(9.96)</u>	<u>65,655,488.54</u>	<u>67,344,721.58</u>	<u>2.57</u>
Net Revenue & Expenditures	<u>(270,493.64)</u>	<u>1,576,615.57</u>	<u>(682.87)</u>	<u>(9,234,807.81)</u>	<u>(10,119,845.08)</u>	<u>9.58</u>

NM Public Schools Insurance Authority
Statement of Revenues and Expenditures - Program Support Fund
From 2/1/2021 Through 2/28/2021

	Prior Year Current Period Actual	Current Period Actual	Current Period %Change	Prior Year Actual	Current Year Actual	Current Year % Change
Revenue						
Transfers from Other Funds (Benefits, Risk)	110,182.00	116,750.00	5.96	881,472.00	934,000.00	5.96
Total Revenue	<u>110,182.00</u>	<u>116,750.00</u>	<u>5.96</u>	<u>881,472.00</u>	<u>934,000.00</u>	<u>5.96</u>
Expenditures						
Contractual Services (Professional, Audit, Legal, Etc)	2,963.96	3,235.06	9.15	63,081.73	58,967.76	(6.52)
Other Expenses (Travel, Maint., Supplies, Utilities, Etc.)	13,079.23	7,054.82	(46.06)	82,197.86	73,214.62	(10.93)
Per Svc/Ben (Salaries, Fringe Benefits)	59,893.13	79,653.24	32.99	622,402.35	673,669.21	8.24
Total Expenditures	<u>75,936.32</u>	<u>89,943.12</u>	<u>18.45</u>	<u>767,681.94</u>	<u>805,851.59</u>	<u>4.97</u>
Net Revenue & Expenditures	<u>34,245.68</u>	<u>26,806.88</u>	<u>{21.72}</u>	<u>113,790.06</u>	<u>128,148.41</u>	<u>12.62</u>

NM Public Schools Insurance Authority

Balance Sheet
As of 2/28/2021

	Program Support	Employee Benefits	Risk	Total
ASSETS				
Cash (Wells Fargo/State Treasurer)	832,633.99	1,847,755.52	1,204,000.60	3,884,390.11
Short-tenn Investments (LGIP)	0.00	40,150,810.06	92,343,801.19	132,494,611.25
Long-tenn Investments (SIC)	0.00	24,969,913.86	10,650,027.51	35,619,941.37
Receivables (LGIP Int., W/C Excess Carrier)	0.00	5,583.71	4,894,321.30	4,899,905.01
Prepaid Premiums (Risk Excess Coverage)	0.00	0.00	14,594,616.00	14,594,616.00
Other Assets (Deposits, Furniture, Fxtures, Equip., Etc)	262,774.69	84,861.48	340,861.48	688,497.65
Total ASSETS	1,095,408.68	67,058,924.63	124,027,628.08	192,181,961.39
LIABILITIES				
Accounts Payable (Admin Fees)	1,130.33	1,741,163.27	438,940.61	2,181,234.21
Case Reserves (P/L, W/C)	0.00	0.00	49,078,934.54	49,078,934.54
IBNR (Incurred But Not Reported)	0.00	19,575,106.00	49,356,311.00	68,931,417.00
Claims Payable (Medical, Dental, P/L, W/C)	0.00	7,269,280.32	461,179.30	7,730,459.62
Deferred Revenue (Self-Pays, P/L, W/C Premiums)	0.00	66,105.73	27,689,736.00	27,755,841.73
Other (Payroll Taxes, Benefits, Compensated Absences Payable)	253,637.05	0.00	0.00	253,637.05
Total LIABILITIES	254,767.38	28,651,655.32	127,025,101.45	155,931,524.15
FUND EQUITY				
Beginning Fund Equity	712,492.89	31,603,639.16	7,122,371.71	39,438,503.76
Net Revenue & Expenditures (Year-to-Date)	128,148.41	6,803,630.15	(10,119,845.08)	(3,188,066.52)
Total FUND EQUITY	840,641.30	38,407,269.31	(2,997,473.37)	36,250,437.24



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



BlueCross BlueShield
of New Mexico

 **PRESBYTERIAN**



Self-insured Prescription Drug Coverage




Self-insured High & Low Option Dental Plans

UNITED CONCORDIA®



Fully insured Vision Plan



- Includes discounts for Lasik and hearing aids  **DavisVision™**
- 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

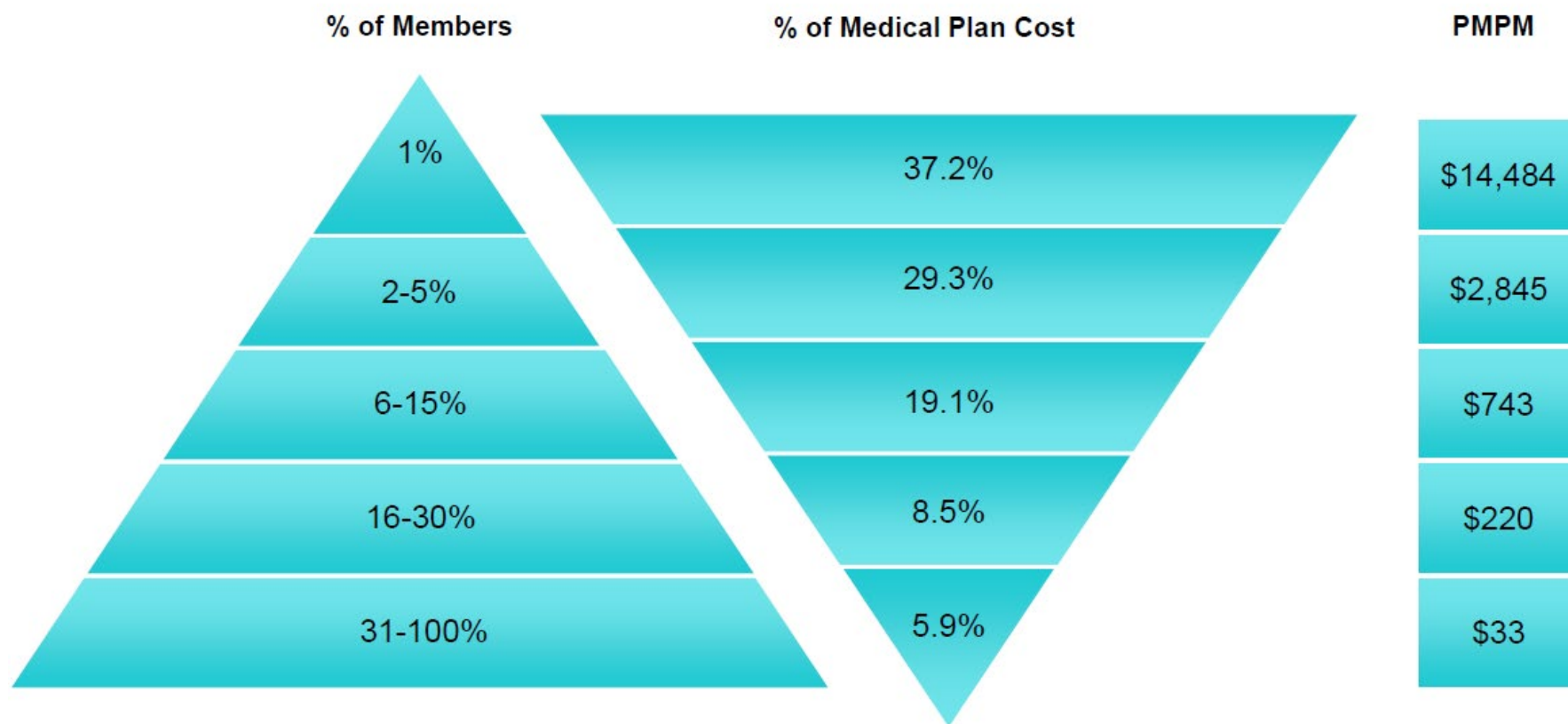
Current: Jan 2019 – Dec 2019

Prior: Jan 2018 – Dec 2018

	Current Period			Prior Period			
Place of Service	Total Paid Amount	Total Paid PMPM	% of Total	Total Paid Amount	Total Paid PMPM	% of Total	% Change in PMPM
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



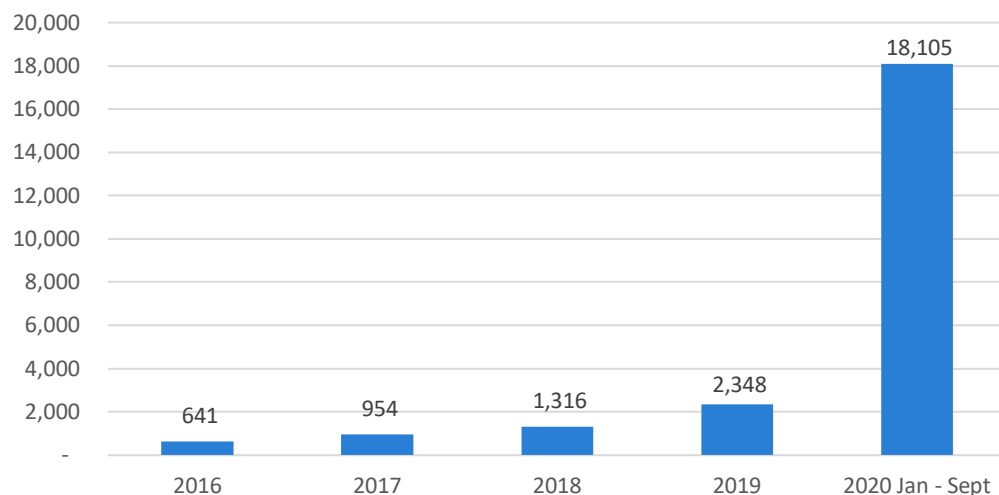
Chronic Condition ³	Current Period							% Change	
	Members	% of Total	Norm	Medical Claims	% of Total	PMPY	PMPY Comparison ⁴	Prevalence	PMPY
1. Diabetes	3,662	7.7%	6.0%	\$39,449,849	15.1%	\$10,773	197%	0.3%	4.1%
2. CAD	1,208	2.5%	1.5%	\$30,490,064	11.7%	\$25,240	462%	0.1%	-5.9%
3. Asthma	3,684	7.7%	3.6%	\$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.

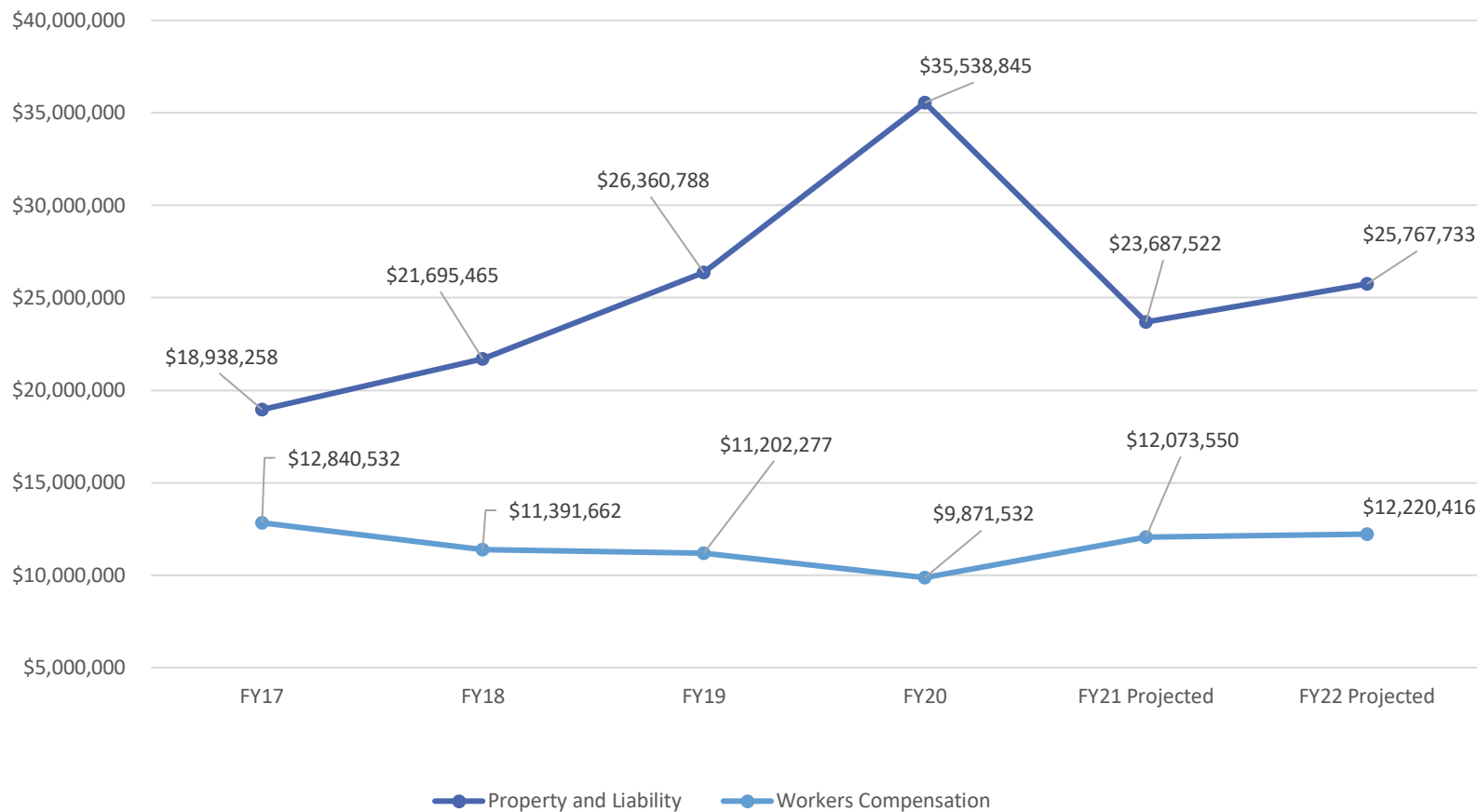
- **Armed School Employees**

- 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

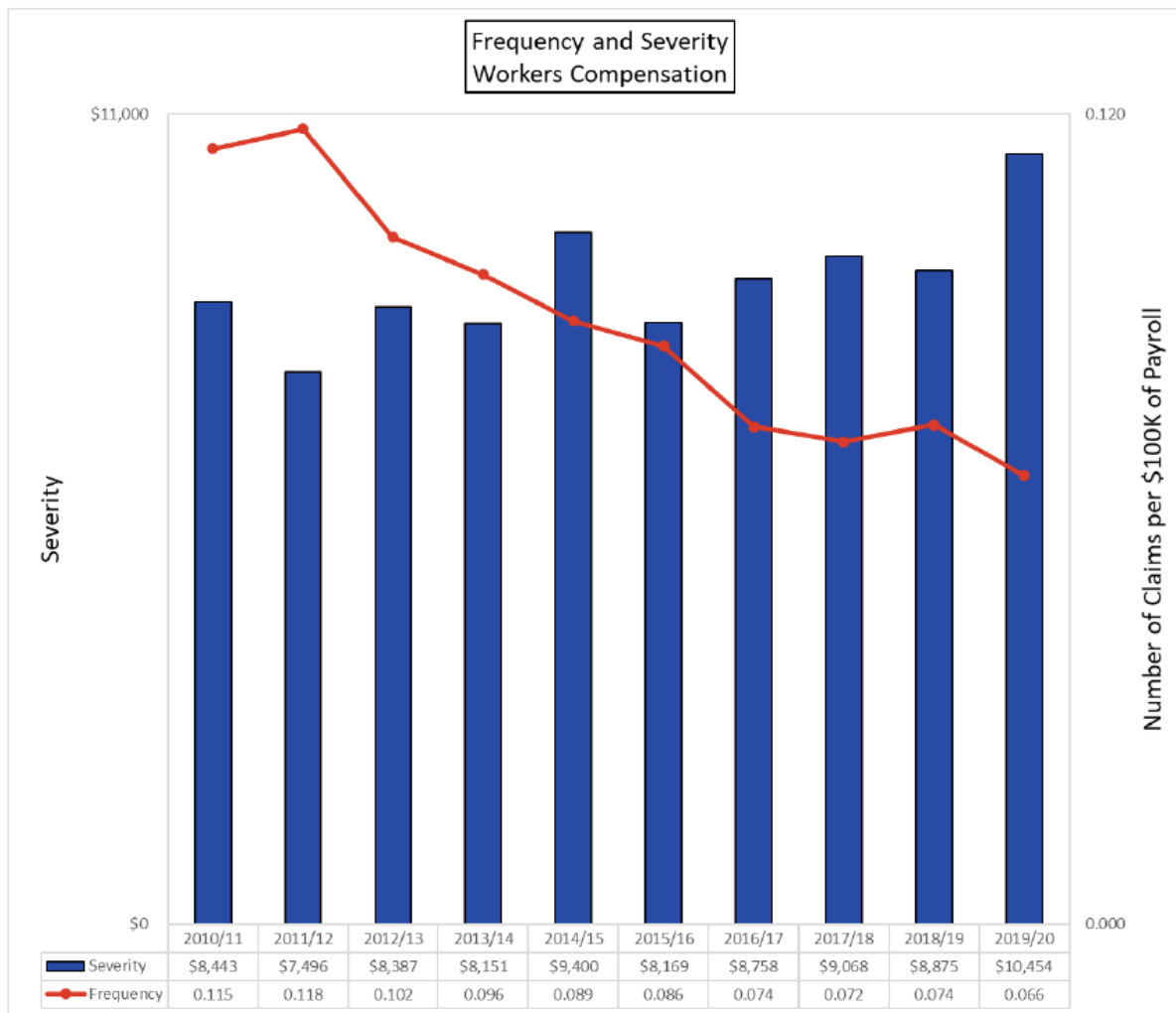
- **Sandy Hook Promise**

- 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

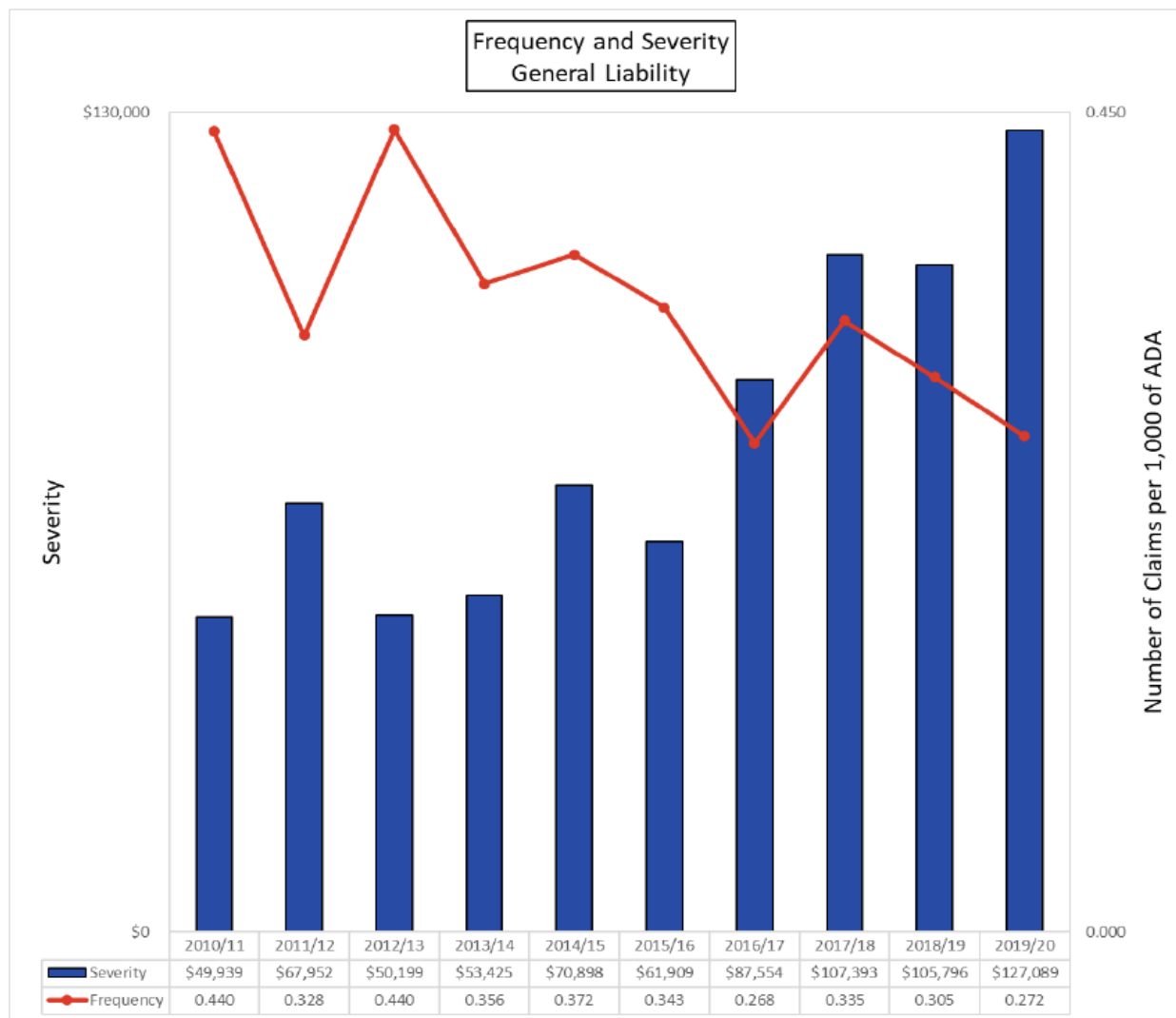


Frequency & Severity Trends – Workers' Compensation



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

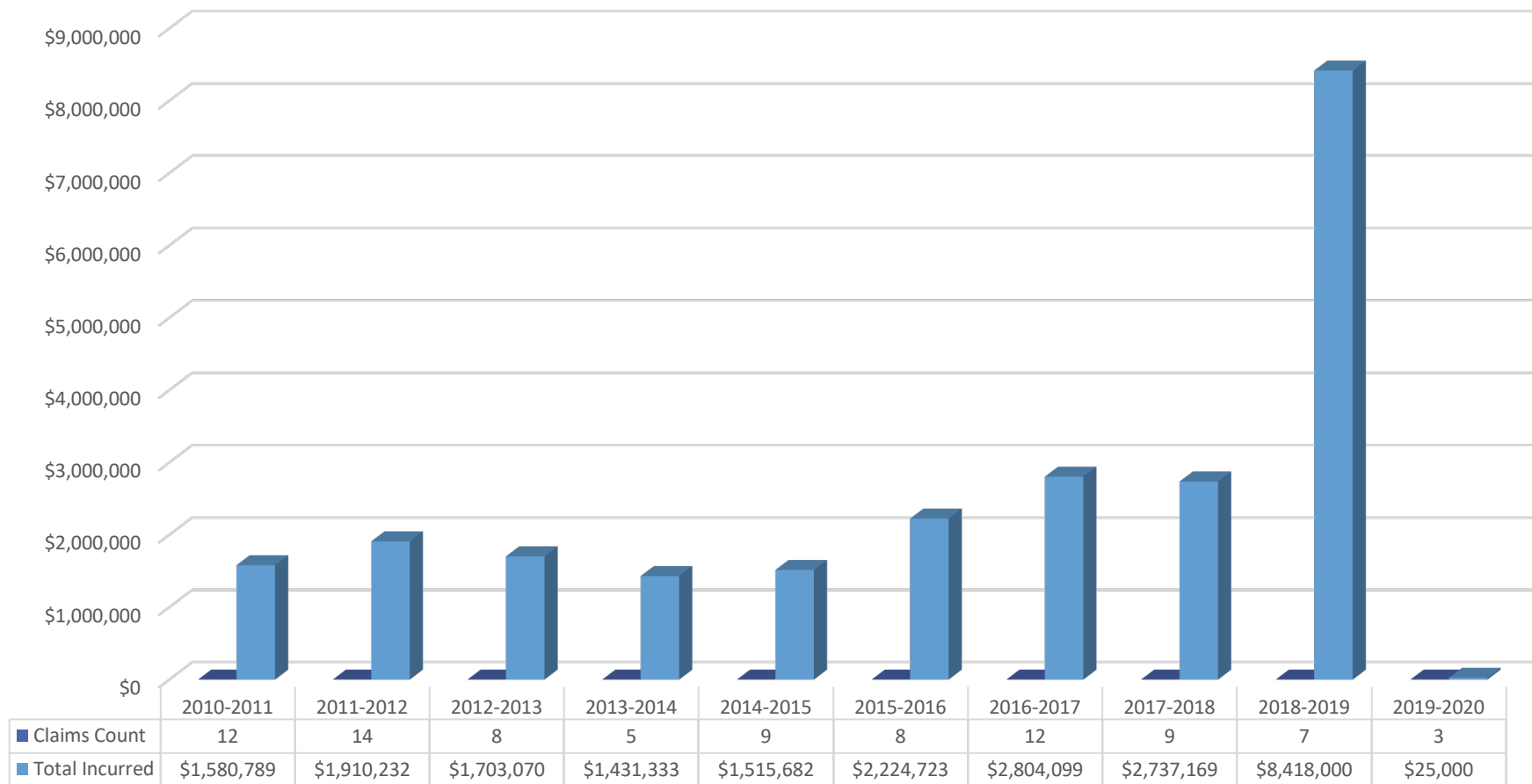
Frequency & Severity Trends – General Liability



- 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

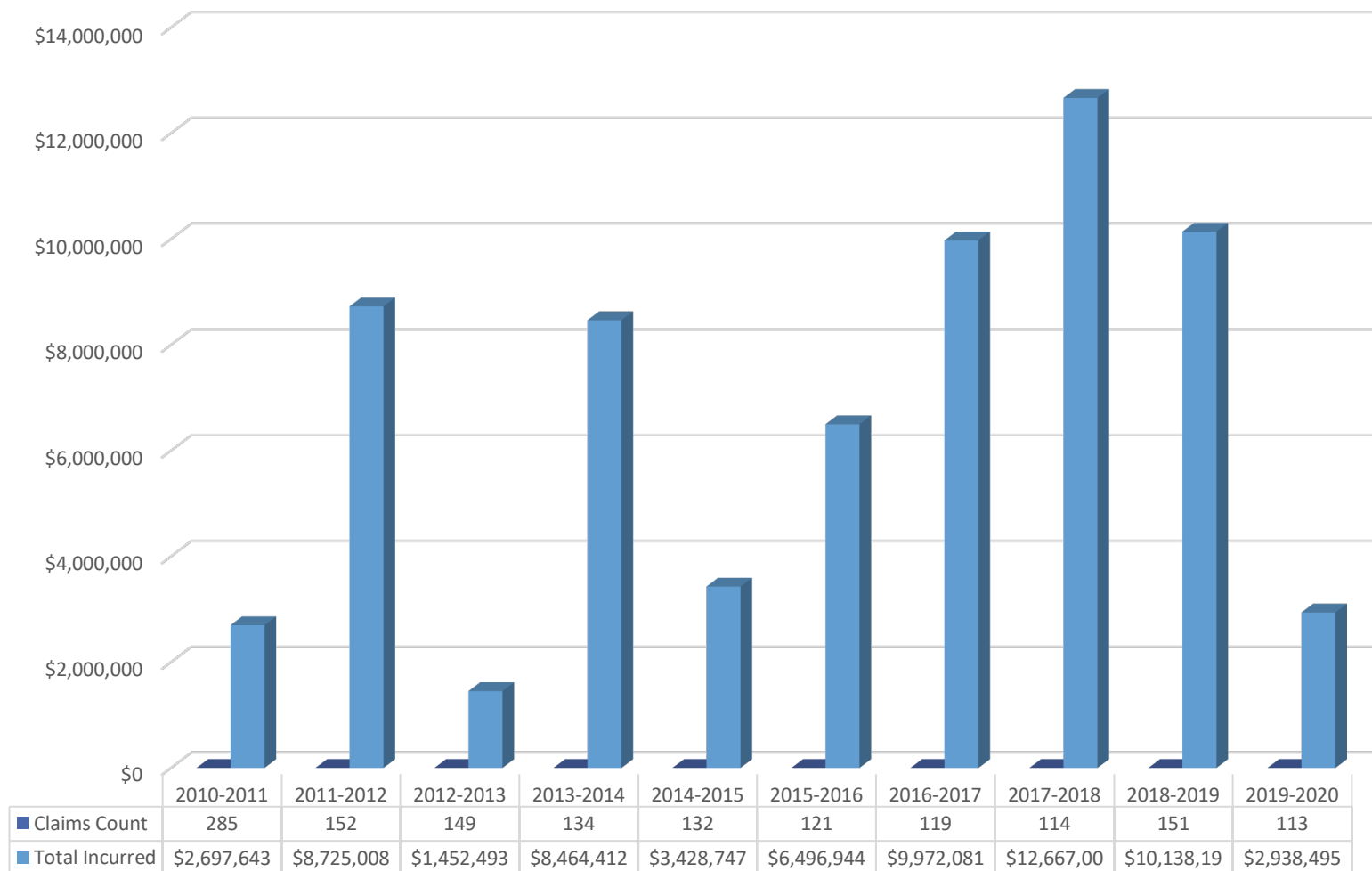


Note: Recent claims paid in the amount of \$22.3 million not included in the graph because they predate the “10 year history” report parameters.

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

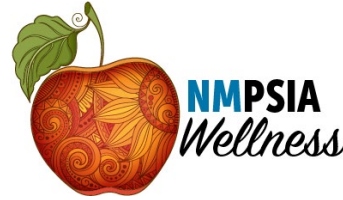


Katherine Chavez, Benefits and Wellness
Operations Manager

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???

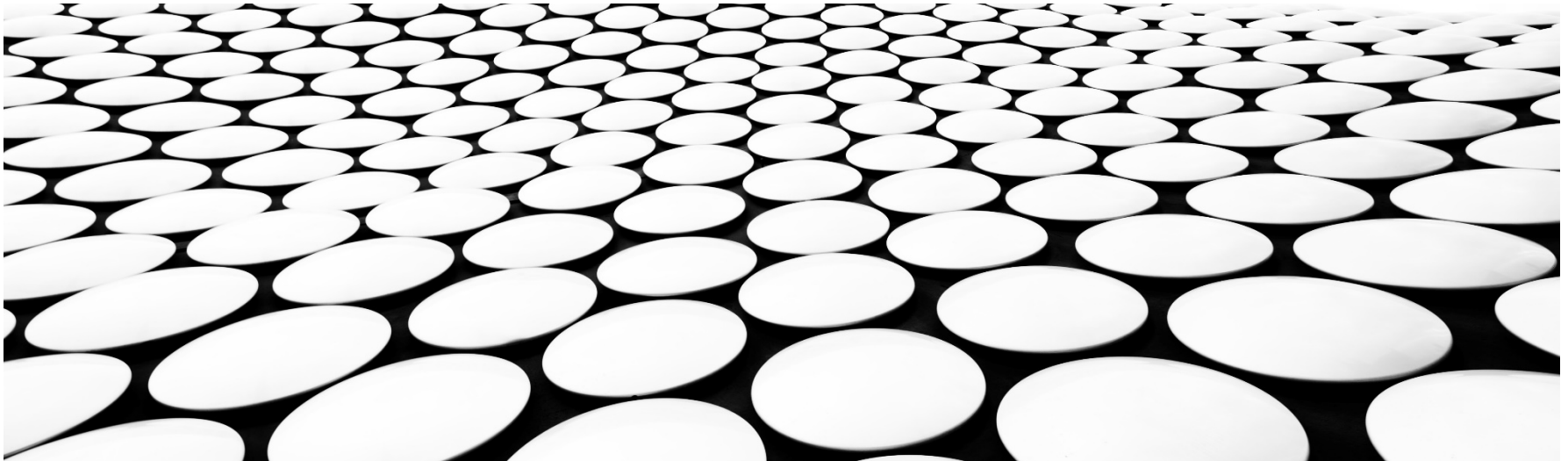
Richard.Valerio@state.nm.us

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)



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



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

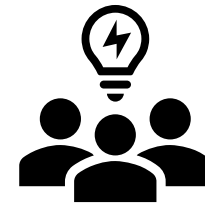
Michelle Aragon, Administrative Assistant & Benefits Representative

Chere Garcia, Benefits Representative

Jackie Martinez, Benefits Representative

Melissa Morales, Benefits Representative

Gustavo Rascon, Benefits Representative & Self-Pay Administrator



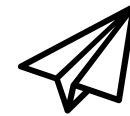
Thank you
EASI values the partnership
with NMPSIA and all
participating employers!





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
505-888-6794 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
OPTICALS 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 PHONE
DESCRIBE DAMAGED PROPERTY	LOCATION OF PROPERTY	CITY	STATE EXTENT OF DAMAGE
CLAIMANT (BODILY INJURY)			
NAME	AGE	ADDRESS	CITY STATE ZIP PHONE
OCCUPATION	DESCRIBE EXTENT OF INJURY		
DESCRIPTION OF LOSS			
WITNESS			
NAME	ADDRESS	CITY	STATE ZIP PHONE
NAME	ADDRESS	CITY	STATE ZIP PHONE
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



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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.

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

State of New Mexico Workers' Compensation Administration

WORKERS' COMPENSATION ACT

If You Are Injured At Work Si Se Lastima En El Trabajo

- 1) Notice** -- In most cases you must tell your employer about the accident within 15 days, using the Notice of Accident Form.
- 2) You have the right** to information and assistance from an information specialist known as an Ombudsman at the Workers' Compensation Administration.
- 3) Claims information** -- Contact your employer's Claims Representative (see box below).

- 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.
- 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.
- 3) Información acerca de Reclamaciones** -- Contáctese con el representante de reclamaciones de su compañía.

Employer's Insurer / Claims Representative:

Name: _____
Phone #: _____
Address: _____

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

YOUR RIGHTS

If you are injured in a work-related accident:

Your employer / insurer must pay all reasonable and necessary medical costs.

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.

If you are off work for more than seven days, your employer / insurer must pay wage benefits to partially offset your lost wages.

If you suffer "permanent impairment," you may have the right to receive partial wage benefits for a longer period of time.

SUS DERECHOS

Si se lastima en el trabajo:

Un empleador / asegurador debe de pagar por los gastos médicos necesarios y razonables.

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.

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.

Si usted sufre "daño permanente," usted puede tener el derecho a recibir prestaciones parciales de salario por un periodo de tiempo más largo.

Ombudsmen are located at the following offices:

Albuquerque: 1-866-967-5667 1-505-843-6080	Turkeyfoot: 1-800-526-7310 1-505-595-9746	Albuquerque: 1-800-934-2459 1-575-397-3425	Las Cruces: 1-800-870-4826 1-575-524-6246	Las Vegas: 1-800-251-7889 1-505-454-9251	Reserve: 1-866-311-8087 1-575-423-3977	Santa Fe: 1-866-476-7381
---	--	---	--	---	---	------------------------------------

If You Need HELP Call: Ask for an Ombudsman

Si Usted Necesita Ayuda Llame Al: Pregunte por un Ombudsman

1 - 8 6 6 - WORKOMP (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.

San 10/19

POST FORMS HERE

New Mexico Workers' Compensation Administration
2410 Central Avenue, Albuquerque, New Mexico 87106
P.O. Box 27146, Albuquerque, New Mexico 87125-7146



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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 \(fillable PDF\)](#)



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**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

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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	+
<ul style="list-style-type: none"> + Property & Liability + Workers' Compensation <ul style="list-style-type: none"> + Forms <ul style="list-style-type: none"> 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/a 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.

En caso afirmativo, el empleador tiene derecho a cambiar de proveedor de atención médica después de 60 días.

WORKER MUST INITIAL _____

Worker will choose health care provider. Yes ☐ No ☐

Trabajador elegirá proveedor de atención médica.

If No, Worker has the right to change health care provider after 60 days.

En caso que no elige, el trabajador tiene derecho a cambiar de proveedor de atención médica después de 60 días.

INICIALES DEL TRABAJADOR

Signed: _____

Firma: (employee/empleado)

Date/Fecha: _____

Signed/Notice Received: _____

Firma/Notificación recibida: (employer or representative/empleador o representante)

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
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-1-W (4/12)



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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 by an occupational disease
 Yo, _____, 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 _____
 proxímadamente (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

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 Farmington: (505) 599-9746 - 1 (800) 568-7310
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 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 _____ 20____ Date of Hire _____ Employee's Date of Birth _____
 aproximadamente (fecha y/o hora(s)) el (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 al proveedor de atención médica después de 60 días.

Signed: _____ Signed/Noticed Received: _____
 Firma: (employee/emplado) 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.

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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") 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.)

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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) 841-6000 - 1 (800) 255-7955 Law Vengas: (505) 454-9201 - 1 (800) 281-7889 Santa Fe: (505) 476-7381
 Farmington: (505) 599-9746 - 1 (800) 568-7310 Lovington: (575) 398-3427 - 1 (800) 894-3450 TCO for the deaf: (505) 841-6063
 Las Cruces: (575) 524-6249 - 1 (800) 876-6828 Roswell: (575) 825-3997 - 1 (800) 371-8587 www.newmexicoworkerscomp.state.nm.us

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

Form NOA-2: NMPSIA 2015

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

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

GENERAL INFORMATION	EMPLOYER (NAME & ADDRESS INCL ZIP)		CARRIER / ADMINISTRATOR CLAIM #	OSHA LOG NUMBER	REPORT PURPOSE CODE
	INURED REPORT NUMBER		JURISDICTION		
	EMPLOYER'S LOCATION ADDRESS (IF DIFFERENT)		LOCATION #		
CARRIER INFORMATION	CARRIER (NAME, ADDRESS & PHONE NO.)		POLICY PERIOD		CLAIMS ADMINISTRATOR (NAME, ADDRESS & PHONE NO.)
	NMPISIA 4110 Old Santa Fe Hwy Santa Fe, NM 87501		TO CCMSI 2000 2nd St SW Albuquerque, NM 87106 505-833-6000 / 800-453-0679		SELF INSURANCE
	ADVERTISER # 854346437		POLICY / SELF-INSURED NUMBER		ADVERTISER FEN #41094892
EMPLOYEE INFORMATION	NAME (LAST, FIRST, MIDDLE)		DATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE HIRED
	ADDRESS (INCL ZIP)		SEX	MARRIAGE STATUS	OCCUPATIONAL TITLE OR SKILL CODE
	PHONE NUMBER		EMPLOYMENT STATUS	NCCI CLASS CODE	
WORKER INFORMATION	RATE	PER	DAY	MONTH	OTHER
	TIME EMPLOYEE BEGAN WORK	DATE OF INJURY/ILLNESS	TIME OF OCCURRENCE	DATE WORKER NOTIFIED	DATE DISABILITY BEGINS
	CONTACT NAME / PHONE NUMBER	TYPE OF INJURY/ILLNESS		PART OF BODY AFFECTED	
OCCUPATIONAL INFORMATION	DID INJURY/ILLNESS OCCUR ON EMPLOYEE'S PREMISES?		TYPE OF INJURY / ILLNESS CODE		PART OF BODY AFFECTED CODE
	DEPARTMENT OR LOCATION WHERE ACCIDENT OR ILLNESS EXPOSURE 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		
INJURY INFORMATION	HOW INJURY OR ILLNESS (ABNORMAL HEALTH CONDITION) OCCURRED: DESCRIBE THE SEQUENCE OF EVENTS AND LIST 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?		WERE THEY USED?
	PHYSICIAN / HEALTH CARE PROVIDER (NAME & ADDRESS)		HOSPITAL (NAME & ADDRESS)		FATAL TREATMENT
OTHER INFORMATION	WITNESSES (NAME & PHONE #)		DATE ADMINISTRATOR NOTIFIED		DATE PREPARED
	PREPARER'S NAME & TITLE		FUTURE MAJOR MEDICAL COST TIME ANTICIPATED		
	DATE PREPARED				

NM WCA FORM ET-2

EQUIVALENT TO OSHA'S FORM 301

FORM IA-1 (7/02) © IAWABC 2002

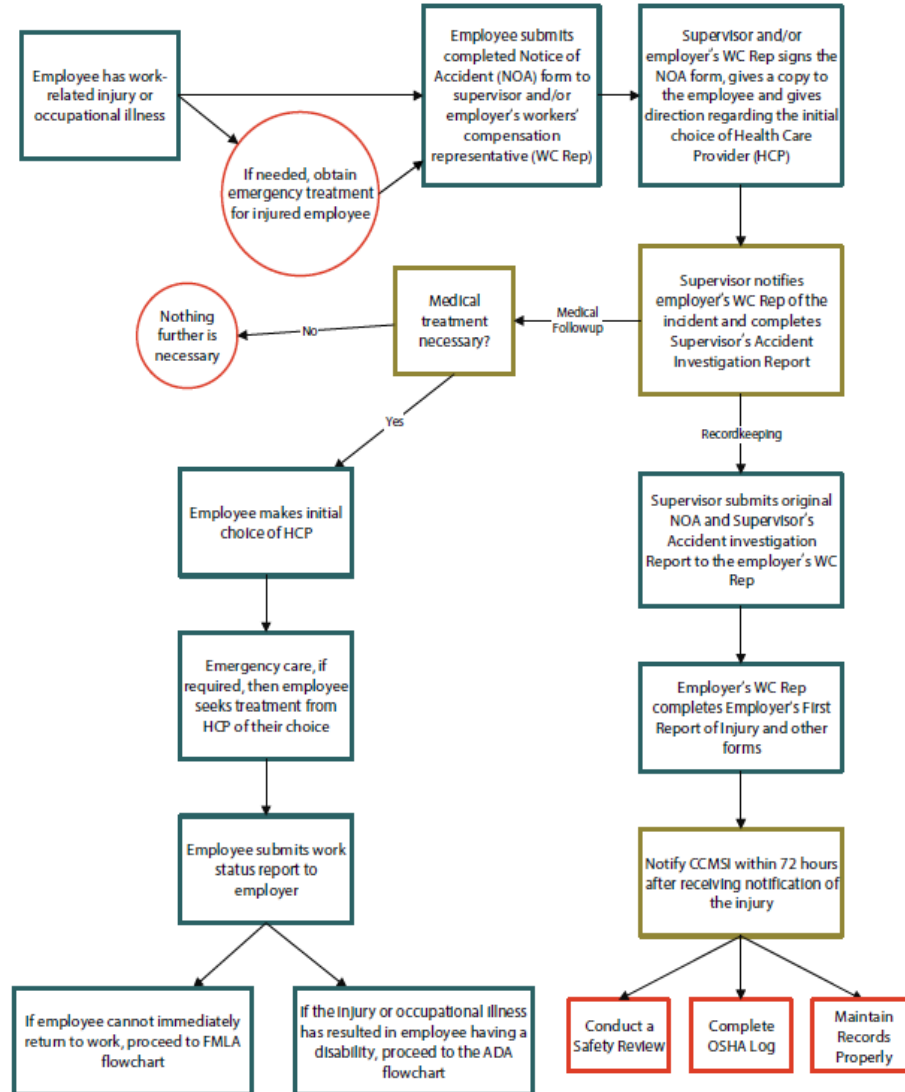
Completion of this form is not an admission that the claim is compensable under the Workers' Compensation Act.

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

GENERAL INFORMATION		Worker Name (Last, First)		Employer		Insurance Company		CVMSI	
SSN-last 4 digits		Date of Birth		Clinic/Facility Name/Address		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)									
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 work 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 - 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 _____ lbs. _____ lbs. _____ lbs. _____ lbs. _____ lbs. _____ lbs. Lift from waist height <input type="checkbox"/> Left <input type="checkbox"/> Right _____ lbs. _____ lbs. _____ lbs. _____ lbs. _____ lbs. _____ lbs. Carry <input type="checkbox"/> Left <input type="checkbox"/> Right _____ lbs. _____ lbs. _____ lbs. _____ lbs. _____ lbs. _____ lbs. Push <input type="checkbox"/> Left <input type="checkbox"/> Right _____ lbs. _____ lbs. _____ lbs. _____ lbs. _____ lbs. _____ lbs. Pull <input type="checkbox"/> Left <input type="checkbox"/> Right _____ lbs. _____ lbs. _____ lbs. _____ lbs. _____ lbs. _____ lbs.									
Posture / Motion 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"/> Sit <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Kneel / Squat <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"/> Walk <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"/> Keyboard <input type="checkbox"/> Left <input type="checkbox"/> Right <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"/> Wrist flex/extension <input type="checkbox"/> Left <input type="checkbox"/> Right <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"/> Operate foot controls <input type="checkbox"/> Left <input type="checkbox"/> Right <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"/> Reach below shoulder <input type="checkbox"/> Left <input type="checkbox"/> Right <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"/>									
Miscellaneous Restrictions (If any) <input type="checkbox"/> Max hours per day of work: _____ <input type="checkbox"/> Sit/stretch breaks of _____ (if timed) per _____ <input type="checkbox"/> In extreme hot/cold environments, _____ hours/day allowed <input type="checkbox"/> On uneven surfaces, _____ hours/day allowed <input type="checkbox"/> At heights/scaffolding, _____ hours/day allowed <input type="checkbox"/> No driving/operating heavy equipment <input type="checkbox"/> Can only drive automatic transmission <input type="checkbox"/> Must wear splint/cast at work <input type="checkbox"/> Must use crutches at all times <input type="checkbox"/> Must keep _____ elevated <input type="checkbox"/> No skin contact with: _____ <input type="checkbox"/> Dressing changes necessary at work									
Medication Restrictions (If any) <input type="checkbox"/> Meds restrict ability to work safely (explain restrictions below)									
Psychological Restrictions (If any) <input type="checkbox"/> Psychological restrictions evident (explain restrictions below)									
OTHER RESTRICTIONS/MODIFICATIONS (be specific): _____									
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) Expected 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

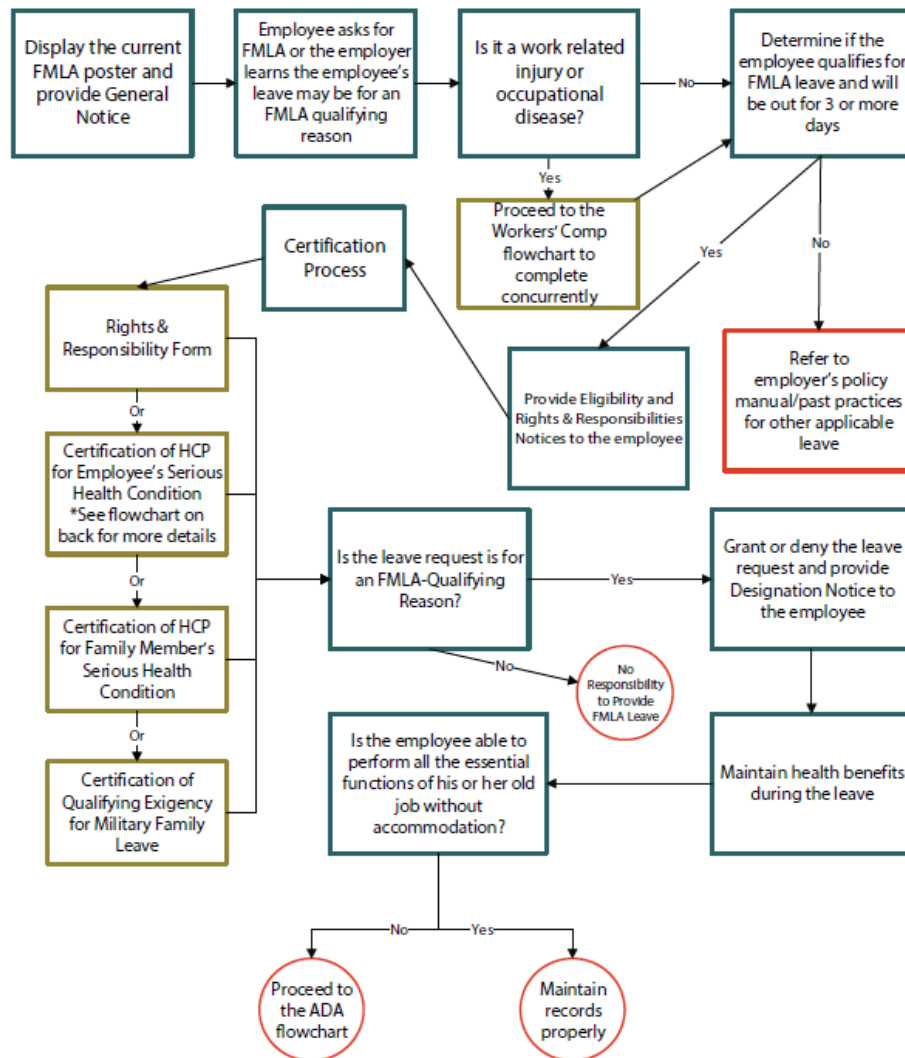


FMLA

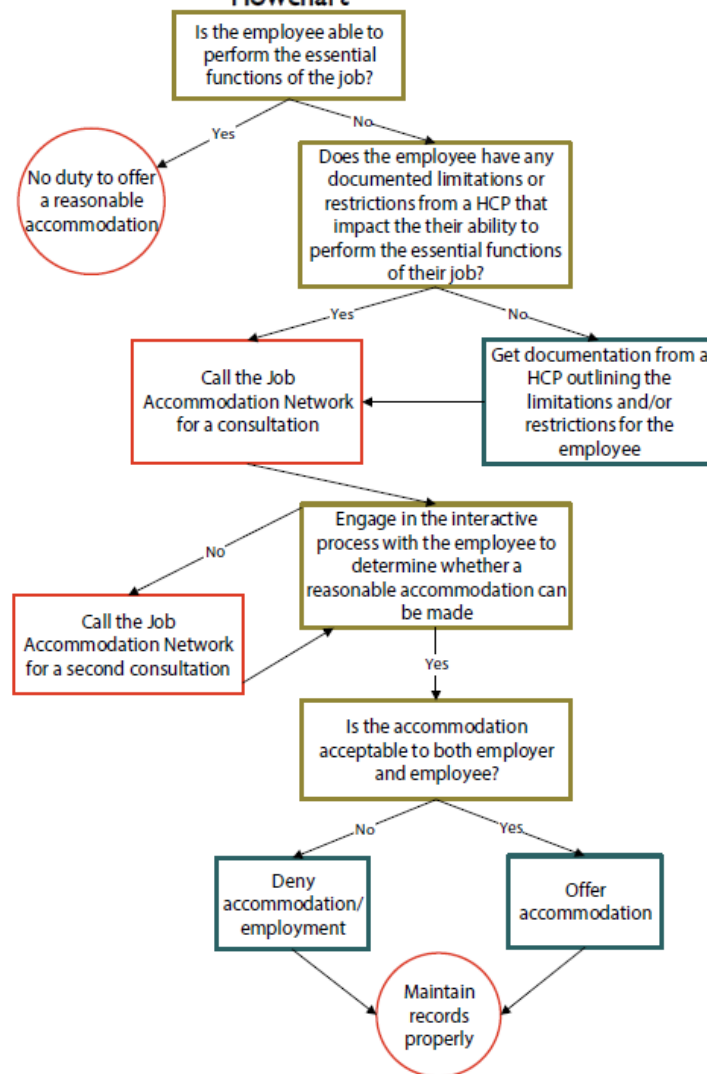
- **FAMILY MEDICAL LEAVE ACT (FMLA):** FMLA benefits will run concurrently with the employee's time off for a work related injury.



Family Medical Leave Act Flowchart



Americans With Disabilities Act Flowchart



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Workers' Compensation
Claim Supervisor
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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

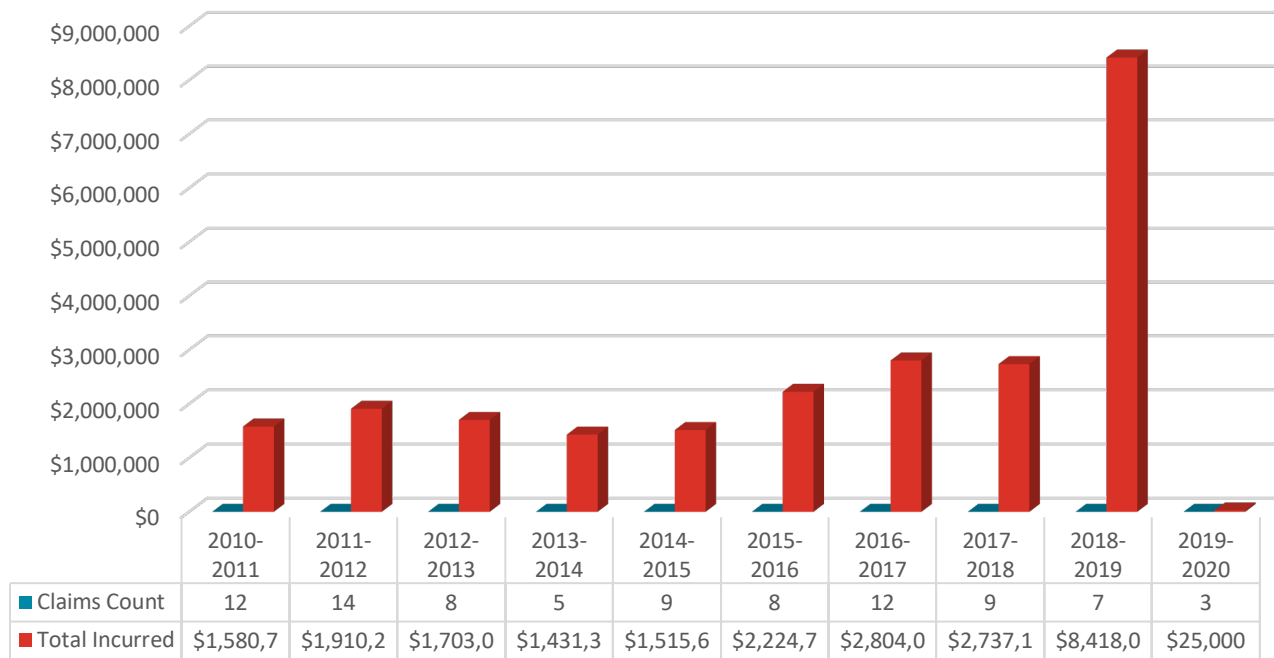
[Request Demo](#)

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.

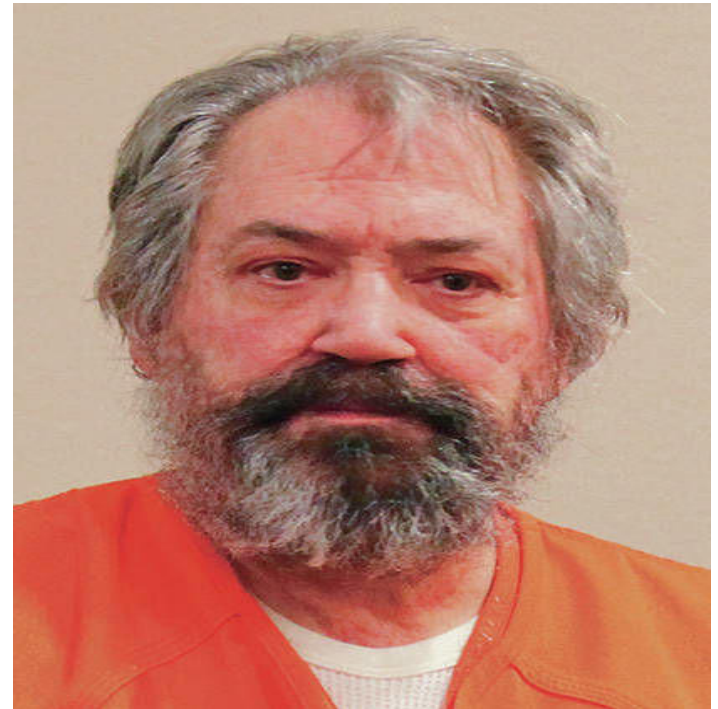
Investigator corroborated accusations of inappropriate physical contact between Gregor and his female students

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