

Self-Insurers Council Minutes

October 20, 2016

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Members present: Ms. Joswiak, Ms. Horvath, Mr. DeVries, and Ms. McKinzie

Absent: Mr. Kante

Staff present: Mr. Moreth, Mr. Tomsyck, Ms. Yeap and Mr. Dernbach

1. Call to order

The meeting was called to order at 9:58 A.M. in conformance with Wisconsin's open meeting law.

2. Review and approval of the minutes of the previous meeting

Minutes of the April 15, 2016 regular meeting were reviewed, and approved as written.

3. Closed session review reports of self-insured employers

In accordance with s. 19.85(1)(f) the council convened in closed session to review financial, loss experience, safety and other information of employers presently or previously exempt from the duty to insure. Some of the companies' specific financial or other business information may be confidential and not subject to public disclosure.

4. Open session

Revisions made to Section G "Employer's Claim History Information" of the annual update form were shared with the Council by Ms. Yeap. The revised and approved verbiage will be used in the annual update to be sent to SI employers in the beginning of 2017. Three council members with safety background (Mr. Kante, Ms. McKinzie and Ms. Joswiak) had discussed and worked on the verbiage after the April 15, 2016 meeting. An email copy was shared with the Council members prior to this October 20 meeting. Copy of the old and revised approved Section G attached to this minute.

Mr. DeVries retired from the Boldt Company in 2015, his term to serve on the Council will end June 30, 2017. The program staff has contacted employers for nominees with finance expertise to serve on the Council. We have received recommendation for a representative from the healthcare sector for the position.

Council members reviewed their contact details on file and made necessary corrections.

Mr. Dernbach shared dates of upcoming workers compensation public hearings and meetings which will be held in November.

Beng Yeap will poll the Council for an April 2017 meeting date.

The meeting adjourned at 2:15PM

NEW / REVISED

Section G: Employer's Claim History Information

[Information provided in this section shall be for the most recently completed calendar year, January 1 through December 31, 201x.]

Please provide the following information for self-insured Wisconsin worker's compensation claims.

1. Medical only claims:

Number of medical only claims incurred during 201x
(i.e. date of injury: January 1 to December 31, 201x)

Number of medical only active claims as of December 31, 201x
(No matter when incurred.)

All outlays/disbursements related to medical only claims actually paid during 201x
(No matter what year incurred; include medical payments related to treating injuries such as physician, hospital, drugs, diagnostic testing, attendant care, rehab, lump sum medical, legal/bill review, allocated loss expenses etc. do NOT include any employer overhead or TPA expenses.)

\$

Amount held in reserve on all open medical claims as of December 31, 201x
(No matter when incurred.)

\$

Total dollar loss incurred (paid expenses + reserves) for claims with dates of injury between January 1 and December 31, 201x

\$

2. Indemnity claims (claims reported to the State on the WKC-13 form):

Number of indemnity claims incurred during 201x
(i.e. date of injury: January 1 to December 31, 201x.)

Number of indemnity active claims as of December 31, 201x
(No matter when incurred.)

All outlays/disbursements related to indemnity claims actually paid during 201x
(No matter what year incurred; include medical payments related to treating injuries such as physician, hospital, drugs, diagnostic testing, attendant care, rehab, lump sum medical, legal, bill review, allocated loss expenses etc plus all indemnity reported on WKC-13, do NOT include any employer overhead or TPA expenses)

\$

Amount held in reserve on all open indemnity claims as of December 31, 201x
(No matter when incurred.)

\$

Total dollar loss incurred (paid expenses + reserves) for claims with a date of injury between January 1 and December 31, 201x

\$

3. Number of open claims paid by excess insurance policy(s)

4. Number of open permanent totals

Total amount paid to date on open permanent total disability claims

\$

Total amount reserved for open permanent total disability claims

\$

OLD

Section G: Employer's Claim History Information

[Information provided in this section shall be for the most recently completed calendar year, January 1 through December 31, 2015.]

Please provide the following information for self-insured Wisconsin worker's compensation claims.

1. Medical only claims:

Number of medical only claims incurred during 2015
(i.e. date of injury: January 1 to December 31, 2015)

Number of medical only claims closed during 2015
(No matter when incurred.)

Number of medical only active claims as of December 31, 2015
(No matter when incurred.)

All expenses of medical only claims actually paid during 2015
(No matter what year incurred; do not include any employer overhead or TPA expenses.)

\$ _____

Amount held in reserve on all open medical claims
as of December 31, 2015
(No matter when incurred.)

\$ _____

Total dollar loss incurred (paid expenses + reserves)
for claims with dates of injury between January 1 and
December 31, 2015

\$ _____

2. Indemnity claims:

Number of indemnity claims incurred during 2015
(i.e. date of injury: January 1 to December 31, 2015.)

Number of indemnity claims closed during 2015
(No matter when incurred.)

Number of indemnity active claims as of December 31, 2015
(No matter when incurred.)

Expenses of indemnity claims actually paid during 2015
(No matter what year incurred; do not include
any employer overhead or TPA expenses or
medical costs of the indemnity claims.)

\$ _____

Medical costs (on indemnity claims only) actually paid during 2015
(No matter when incurred.)

\$ _____

Amount held in reserve on all open indemnity claims
as of December 31, 2015
(No matter when incurred.)

\$ _____

Total dollar loss incurred (paid expenses + reserves)
for claims with a date of injury between January 1 and
December 31, 2015

\$ _____

3. Excess and Perm.Total Claim Information

Number of claims covered/paid by
specific excess insurance policy(s)

Number of open perm. totals

Total amount paid to date on open perm. totals

\$ _____

Total amount reserved for open perm. totals

\$ _____