Response to Request for Proposal
No. 2021-003

Workers' Compensation and Liability Third-Party Administrator

Presented To:

Webb County Purchasing Department
1110 Washington Street, Suite 101
Laredo, Texas 78040

Presented By:

TRISTAR®

Jimmy Dyer
Director, Sales and Client Solutions
Office: 361-857-0115 Ext. 3013
Fax: 361-857-0123
Mobile: 361-688-0449
Jimmy.Dyer@TRISTARgroup.net

transforming risk into opportunity®

June 16, 2021

Webb County Purchasing Department
1110 Washington Street, Suite 101
Laredo, Texas 78040

RE: Response to Request for Proposal No. 2021-003
Workers' Compensation and Liability Third-Party Administrator
Deadline: June 16, 2021

Dear Sir or Madam:

Thank you for the opportunity to submit this proposal to continue serving as Third Party Administrator for the County of Webb (the County). TRISTAR Risk Management, the proposer, is a TRISTAR Insurance Group member company (TRISTAR). TRISTAR provides claims administration service and managed care solutions to governmental entities and corporate organizations across the United States.

We look forward to continuing our longstanding and successful relationship with the County to ensure prompt, fair, and equitable claims evaluation, administration, and settlement. TRISTAR works closely with the County's Risk Management staff to provide a professional claims administration program personalized to meet and exceed the needs and vision of the County. We will continue to manage all claims with merit promptly and efficiently and resist those claims or services that are not compensable.

TRISTAR has been handling public entity workers' compensation claims administration for more than thirty years. Public entities comprise approximately half of TRISTAR's clients. These entities have ranged from small school districts to cities and states. They also include public hospitals, transportation systems, university systems, etc. TRISTAR has the experience and staff to handle claims in all states.

Factors that differentiate TRISTAR in the claims administration industry include our internal audit review, customized program flexibility, cost containment programs, electronic data exchanges, paperless and imaged technological environment, client training programs, provider E-Billing initiatives, and longevity in the market. Overall, TRISTAR seeks to deliver world-class service and provide superior economic outcomes for its clients.

We are a sponsor for public entity professional organizations locally, regionally, and nationally. We invite and encourage our public entity clients to participate in these meetings and events. We recognize that our services must be provided on a fair and cost-effective basis and believe that we can do this better than anyone in the industry.

TRISTAR has reviewed the above referenced RFP, all referenced addendums and amendments, minimum requirements, and scope of services or work. Based on this review, unless otherwise specified in this proposal, TRISTAR believes that we can provide all services as requested and meet all conditions specified. TRISTAR is not prohibited from entering into a contract with Webb County as a result of a financial interest as defined under Texas Govt. Code Sec. 2261.252(b).

TRISTAR looks forward to discussing the continued customized claims handling solutions for the County's risk management programs and building on our four-year relationship.

Sincerely,

Thomas J. Veale, President

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Executive Summary

Founded in 1987, TRISTAR is the largest privately-held third party administrator in the nation. TRISTAR provides property and casualty, absence management and employee benefit claims administration, and managed care services for hundreds of self-insured and insured organizations generating nearly $100 million in revenue. Headquartered in Long Beach, CA, we provide services from branches across the United States in major metropolitan areas with a staff of 1,000 working in offices, virtually, hybrid models, or onsite in client facilities, providing claims administration services for claims arising in all 50 states. Four divisions provide a wide range of integrated or unbundled risk management and insurance services to our customers.

TRISTAR RISK MANAGEMENT provides property and casualty third party claim administration services and risk control for self-insured employers and insured policyholders. Our core services include claims administration of workers' compensation, automobile, construction defect, crime and fidelity, employment-related practices liability, general and professional liability, product liability, inland marine management protection, law enforcement, medical professional liability, package policies, property, and specialty risks unique to our clientele.

We serve over 400 self-insured and thousands of insured policyholders, including public agencies, private corporations, program managers, captives, pools, insurance carriers, reinsurers, brokers, and more. Our government client base includes a specialty niche in public entity consisting of K-12 school districts, cities, counties, higher education, firefighters, healthcare organizations, law enforcement, state agencies, transit, and utilities.

TRISTAR MANAGED CARE provides nurse case management, medical bill review service, and access to local, regional, and national preferred provider organization (PPO) networks, including pharmacy, radiology, durable medical equipment, physical therapy, transportation, translation, and implantable device ancillary cost containment programs, including a 24/7 call center for reporting injuries. Due to the large volume of claims we manage, TRISTAR commands the highest quality of managed care programs, including the most extensive medical bill and pharmacy reductions both regionally and nationally.

TRISTAR provides managed care services nationally. Our highly credentialed and experienced nurses provide various case management solutions to meet our clients' needs in workers' compensation, group health, and disability management. Services include nurse triage, early intervention, utilization review, telephonic and field case management, return to work, treatment protocols, and customized wellness programs. Our case management includes managing to nationally recognized treatment guidelines, evidenced-based medicine, and predictive return-to-work modeling. Integrated case management services partnered with effective cost containment solutions achieve an optimal medical outcome and appropriately return or transition the patient back to work.

TRISTAR BENEFIT ADMINISTRATORS provides third party administrator services for self-insured employers and insured policyholders, including claims administration of group health benefits. TRISTAR provides personalized and comprehensive benefit plan services for self-funded and insured plans, including health reimbursement arrangement (HRA) plan

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administration, flexible spending account (FSA) plan administration, dental plan administration (DPA), short-term and long-term disability (STD/LTD), Family and Medical Leave Act (FMLA), and COBRA/HIPAA plan administration for over 275 companies.

TRISTAR provides the latest service trends in employer and employee service administration, including Leave of Absence and Disability Claims Management. TRISTAR develops, customizes, and manages absence and disability benefits programs for employers to control absences and costs while caring for their employees. TRISTAR is an expert in managing FMLA as well as short and long-term disability in all jurisdictions.

ASPEN RISK MANAGEMENT GROUP provides safety consulting, coaching, and training delivering loss control surveys, risk management analysis, ergonomic studies, onsite workplace safety evaluations, and various educational training and seminars. Amongst their many core competencies, Aspen also provides remote ergonomic assessments (for both WC claims and direct for company employees) through our sister company, ERGOhealthy.

NATIONAL COVERAGE. TRISTAR strategically locates staff throughout the United States to ensure coverage for the entire country and assigns them to branches in major metropolitan areas. This national coverage assures that staffing and support are available to cover for any staff unable to work in the case of a local natural disaster or other occurrences. TRISTAR is authorized to administer claims in all 50 states, and many adjusters carry credentials for multiple states.

MISSION STATEMENT. Our mission is to provide the highest quality claims management services to our clients. We are committed to a long-term investment in the continual improvement of our products to ensure the best value for our clients and a strong, secure, and growing organization for our employees, shareholders, and business partners.

OUR VISION. Our vision is to become the country's most respected provider of claims management services.

EXPERTISE FOR PUBLIC ENTITIES. TRISTAR has 30 years of experience providing third party administrator services to public entities. Today's environment calls for innovative and proactive claims cost management programs. TRISTAR continues to be the leader in both of these areas. We believe that we are uniquely qualified to provide a fully integrated approach to managing the County's program costs.

TRISTAR'S ADDED VALUES FOR OUR CLIENTS. TRISTAR believes that it is important that we continually strive to improve and grow our services for our clients. In the past months, we have added to our "quiver" to help our clients better manage their risk management programs.

- ***SOC 1 and SOC 2 (Type II) Audits.*** TRISTAR now undergoes annual SSAE 18 SOC 1 **and SOC 2** audits, performed by the independent accountants at JLK Rosenberger, CPAs. THE SOC 1 audit report attests to

the suitability of design and the operating effectiveness of internal controls over TRISTAR's claims handling processes. The SOC 2 report attests to the suitability of design and operating effectiveness of internal controls relevant to security, availability and confidentiality of TRISTAR's data processing systems. Type II audits describe and evaluate TRISTAR's practices over an extended time (typically 3-12 months.) This reflects our commitment to our clients and the community and eliminates the necessity for our clients to finance audit costs for program oversight.

- ***Health Insurance Portability and Accountability Act of 1996 (HIPAA).*** TRISTAR has completed a Security Risk Analysis to ensure and certify that our company is HIPAA compliant under NIST SP800-30 Risk Management Guide program per 45 CFR §164.308(a)(1)(ii)(A) and the OCR Guidance under the HIPAA Security Rule.
- ***CLARA Analytics.*** TRISTAR has partnered with CLARA to provide superior data analysis services. The leading provider of artificial intelligence (AI), CLARA Analytics provides technology improving claim outcomes to help claims and clients reduce various sources of loss costs incurred in claims by keeping claims on track throughout their life cycle in addition to helping in the management of MSAs. AI can help manage claims in real-time, identifying at-risk claims before they escalate. This technology can assist in determining outcome of claims based on choice of provider; monitor complex claims, and help reduce cost by preventing litigation and finding the right defense attorneys when litigation is inevitable. This valuable resource is available to clients who use bundled services for all ancillary services.
- ***Aspen Risk Management.*** TRISTAR has acquired Aspen Risk Management Group and through this division and other resources can offer a wide spectrum of risk and safety services including loss control, workplace safety, and ergonomics:
  - Loss Control: High-level loss control services to include underwriting surveys, risk and loss improvement for complex or special service accounts, policyholder training, and online and onsite ergonomics.
  - Workplace Safety: Integrating a *Safe People – Safe Places* approach to workplace safety, services include onsite safety inspections, audits to improve an organization's safety culture, regulatory assistance including written safety programs, and onsite and online training. In addition, there is a library of web-based, on-demand safety training videos.
  - Ergonomics: ERGOhealthy (Aspen's sister company) conducts ergonomic assessments and solves ergonomic problems onsite and online through its team of ERGOhealthy Coaches. We work with people in traditional business, telecommuting, remote office, school, and home office environments. Services include remote office ergonomic assessments, online ergonomic resource centers (customized to each client), and various ergonomic training such as Ergonomic First Responder and Ergonomics 101.
- ***iCAST RMIS.*** TRISTAR's commitment to providing state-of-the-art service for our clients includes using the latest information technology to create a new RMIS for the claims management of our clients' programs. iCAST is the only 7th generation claims system in place with a national TPA. Its features include:
  - SOC 1, SOC 2 and ISO 27001 compliant out of the box
  - Increased clock speed due to lower data packet volume
  - Customized policy information/dropdowns – State, class codes
  - Customized body part codes – i.e., fingers, digits, left hand, right hand, hands, upper extremities
  - Customized job codes/dropdowns – pharmacist, pharmacy tech, pharmacy clerk, cashier, etc.
  - NCCI/NSC cross walk capability, SCHIP MMSEA distribution and recording
  - Client Handling Instructions built-in – two-point, three-point, four-point contact, etc.
  - Automatic reinsurance reporting built-in
  - Text, Fax, Email in and out capability
  - Compliance complexity built in – i.e., Maximus filings in CA; UR in Texas, MCO in New York
  - Ancillary services assignment distribution
  - Workforce management
  - Report module – TRISTAR Connect

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TRANSFORMING RISK INTO OPPORTUNITY. Delivering loss cost savings creates new opportunities for our clients: whether they choose to drop savings to their bottom line or reinvest them. TRISTAR collaborates with our clients to develop claim management programs tailored to deliver optimal outcomes for their unique operations and exposures. We offer a national team of experienced technical experts who will help the County transform their risks into new opportunities.

ENGAGED, ACCOUNTABLE, ACCESSIBLE. TRISTAR continues to offer the County a designated team of adjusters based in our San Antonio branch. We consolidate claims with as few adjusters as possible (assuring all have the appropriate state licensures and experience) to build critical volume and knowledge of your program with your designated team. We will also assign a designated Account Manager to the County.

TRISTAR CONNECT (RMIS). Our Client Portal, TRISTAR Connect, provides important, relevant information, accessible from any internet-connected device through Android and Apple compatible mobile apps. Our Dashboard provides key information in an easy-to-digest visual format, such as First Notice of Loss reporting lag time, trial and hearing calendars, injury and location trending, litigation trending, and access to all claimant files. It also provides a myriad of standard and customizable report options. The system includes over 80 report templates in critical areas such as Loss Prevention, Loss Triangles, Claim Log, Finance, and many others.

TRISTAR'S KEY DIFFERENTIATORS

- The largest independent privately-held third party administrator (TPA) in the nation.
- We do not experience the extreme financial pressures faced by publicly traded or venture capital/private equity-owned firms. We are empowered to make long-term investments in our client relationships and internal resources.
- We are committed to continuous improvement in the quality of our services. This includes a dedicated Quality Assurance Department who ensures adherence to State, TRISTAR, and Client policies and procedures and provides ongoing training to our staff and clients.
- We offer an empowered and responsible Account Manager.
- Whenever possible, we integrate managed care/cost containment programs, including bill review, PPO network access, and medical case management, into our client's overall claims management process that creates efficiencies and closes gaps that can exist with unbundled services.

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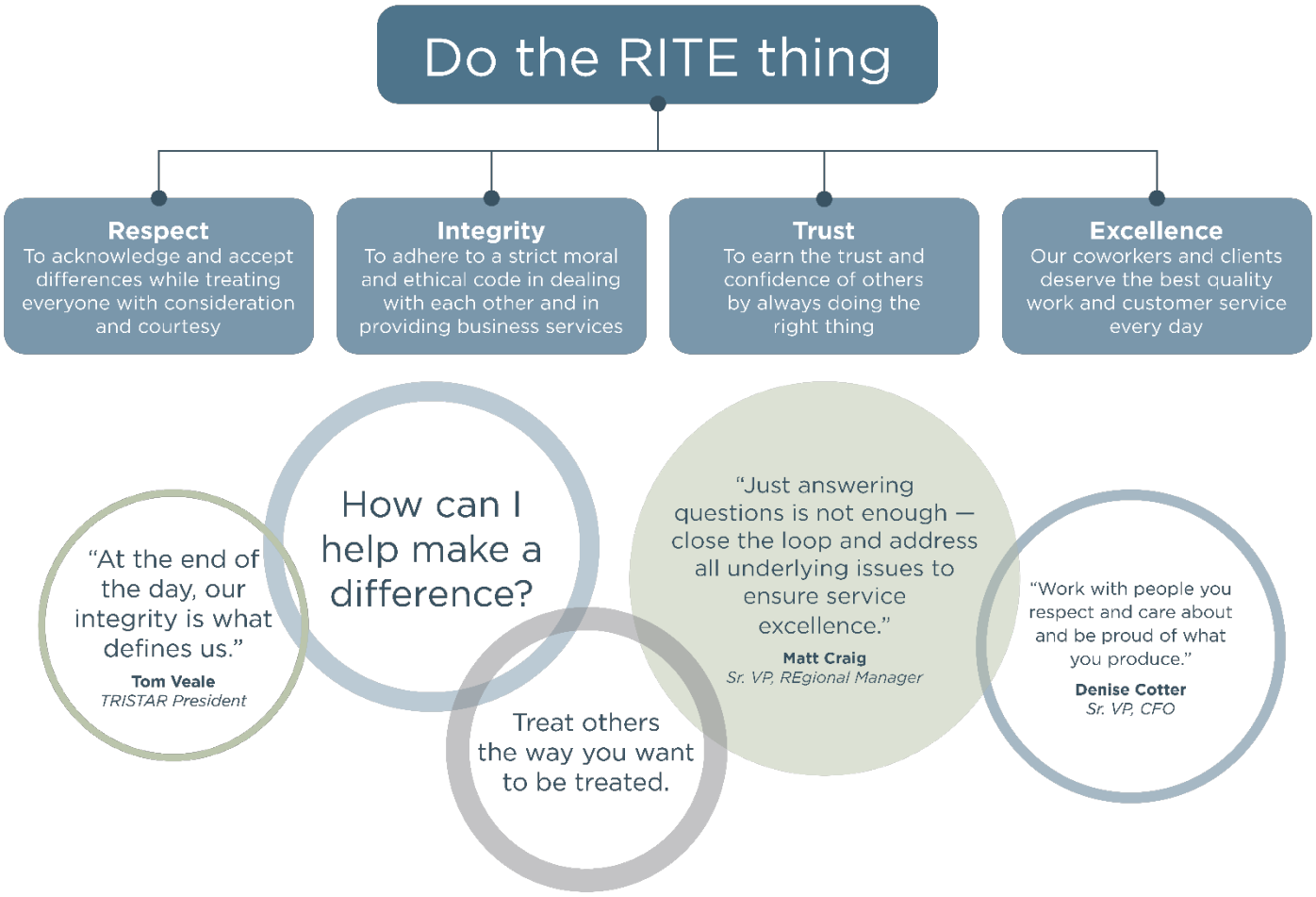


- We hire and retain knowledgeable and skilled professionals, adhering to the **RITE** principles
- Flexibility, customization, and a collaboratively designed program transform the risks that our clients face into the best outcomes for all.
- Our professional team's dedication to our core principles is the reason that we achieve:
  - 97% average client audit scores
  - 98% client retention
- Sophisticated technology provides the capabilities for online claim files, data access, and viewing capabilities, as well as customized reporting and data transfer. Our in-house Information Technology staff has expertise in successfully transitioning over 400 claims programs and complete most conversions in less than ten business days.
- Client access to an easy-to-use, web-based, and paperless RMIS system providing claims data and quality report generation, analytics, and stewardship.
- Focused on reducing each client's Total Cost of Risk.

CHOOSING TRISTAR. While fees are an important factor to consider when choosing a TPA, loss costs represent the majority of the County's Total Cost of Risk. We believe it is our responsibility to manage your losses responsibly, to act appropriately on your behalf, and to **do the RITE thing** to help transform your risks into opportunity.

Thank you for the opportunity to submit our response to the County's Request for Proposal. We look forward to continued conversations regarding your claims program.

Claims Philosophy and Best Practices Overview

Our claims philosophy consists of a general statement of intent to handle claims ethically and in a fair, honest, and equitable manner to all parties involved. To fulfill this intent, TRISTAR will do the following:

- Our claims offices will be organized, staffed, and operated in a manner consistent with our corporate philosophy.
- We will approach claims management from within the framework of the law and the requirements of our customers.
- Claims administration will be conducted ethically, recognizing our responsibilities fully to our clients, their employees, and the public.
- Our claims decisions and payments are to be made promptly in accordance with each applicable statute.

As found in our claims manual, our philosophy and statement of "Good Faith" are consistent with Egan v. Mutual of Omaha Ins. Co., "A covenant of good faith and fair dealings requires contracting parties to refrain from doing anything to injure the right of the other to receive the benefits of the agreement." (24 Cal. 3d 809.) In the spirit of this substantive case law, TRISTAR believes that, as an administrator, we must investigate claims thoroughly. We do not deny coverage based on either unduly restrictive policy interpretations or standards known to be improper, and we will not unreasonably delay or deny the processing or payment of claims.

Best Practices

WORKERS' COMPENSATION/GENERAL AND AUTO LIABILITY - BEST PRACTICES OVERVIEW. TRISTAR's Quality Assurance process provides a consistent basis for continuous and incremental improvement on leakage reduction, as well as constant re-evaluation of best-in-class practices. As such, it has developed Best Practices guidelines for each phase of the claims process, including:

Coverage. Prompt written confirmation and/or analysis of coverage.

- Prompt confirmation that policy information is accurate and applicable
- Reinsurance determined and reported where applicable

Contact. Same-day contact with all parties involved in the loss, including the plaintiff's counsel.

- Same-day contact with employee, employer, and doctor to determine compensability and injury (WC)
- Same-day contact with all parties involved in the loss, including the plaintiff's counsel. (Liability)
- Regular aggressive follow-up with contacts throughout the life of the file

Investigation. Timely and adequate documentation of facts and the development of an initial investigation strategy plan.

- Recorded statements on back injuries, with others at the discretion of supervisor, adjuster, and/or client requirements (WC)
- Recorded statements obtained at the discretion of supervisor, adjuster, or client (Liability)
- Supervisor reviews of new loss and assigned to the appropriate adjuster with instructions
- Wage information obtained and appropriate rate determined (WC)
- Outside investigation completed when necessary
- Indexing on all lost time cases (WC)
- Mandatory indexing on all Bodily Injury claims (Liability)
- Fraud indicators checked and referred for Special Investigation (SIU) when appropriate
- Regulatory requirements and turnaround times met and/or exceeded

- Initial diary set at 30 days with subsequent follow-up no more than 90 days

Recovery/Contribution/Deductible Collection. Constant, effective recognition, investigation, and pursuit of recovery and/or contribution possibilities, as well as deductible collection.

- All new losses reviewed by a supervisor for potential subrogation
- Potential sources of recovery identified and placed on notice immediately
- Other sources of recovery, such as SIF or other state funds, pursued aggressively
- Liability apportioned to other potential defendants and their insurance carriers (liability)
- Agreements between parties documented (Liability)

Evaluation. Appropriate analysis of liability and damages. The claim file must reflect the development, strategy, and action plan necessary to resolve the claim while complying with Home Office Technical Claims reporting requirements.

- All losses evaluated for potential financial impact immediately upon receipt
- Claims evaluated for potential liability immediately upon receipt by both supervisor and adjuster (liability)
- Ranges of potential financial impact established (liability)
- Initial reserves established within five days (30 days on significant cases) and changes within 30 days
- Home Office referral for guidance and direction on all files meeting established criteria

Medical/Disability/Rehabilitation Management (WC). Aggressive management of the medical care and treatment of the injured employee, utilizing a wide range of techniques designed to return the injured employee to gainful employment as quickly as possible.

- Lost time cases involve the aggressive pursuit of Return to Work/Light Duty
- Disabilities and restrictions determined in a timely manner
- Medical reports obtained promptly and reviewed by the adjuster for early disposition
- Medical management aggressively followed with early intervention nurse and medical provider
- Before releasing TTD checks, contact made to confirm the employee is disabled
- Independent medical exams set up when appropriate
- Assignment to approved rehabilitation vendors when appropriate and close follow-up and direction

Negotiation/Disposition. Disposition of claims, using good judgment to obtain the best possible timely result.

- Claim adjuster to review settlement strategy and plan with supervisor (WC)
- Evaluations reflect analysis of liability and damages information (liability)
- Documented action plan developed on all cases for settlement (liability)
- Forms of Alternative Dispute Resolution considered (liability)
- Negotiation conducted promptly and aggressively and documented in the file

Litigation Management (liability). The defense team, composed of the handling claim professional and the handling defense counsel, is committed to providing high-quality representation in a results-oriented, cost-conscious environment.

- File review provided from defense counsel within 30-60 days of initial assignment
- Planning conference with counsel, adjuster, and customer within 30 days of initial review
- Litigation strategy documented and agreed upon
- Supplemental case analysis performed throughout the life of litigation
- Suits are discussed in committee by appropriate parties 30 days prior to trial
- Ongoing litigated matters are discussed in committee at least once annually

Supervision. Substantive supervisory file handling guidance and coaching throughout the life of the file to efficiently channel the claim toward an effective resolution.

- Supervisors do not carry personal caseloads
- Supervisors initiate all new losses, reassignments, and litigation referrals
- Initial 14-day diary review (WC) and 30-day diary review (liability)
- Subsequent reviews at 90-180 days depending on the case status
- All denials, re-opening, reserves/settlements/payments over adjuster authority level, cases proceeding to trial, award payments, change in claim type/benefit, and more
- All reviews and evaluations documented

Customer Service. Service times for initial and subsequent contact with our customers, responses to correspondence, and status requests.

- Contacts and return phone calls made the same day
- Claim Handling Instructions (CHI) followed
- Reserve increases and settlements discussed with customer as required

PROFESSIONAL LIABILITY CLAIMS - BEST PRACTICES OVERVIEW

Coverage

- Prompt confirmation of coverage
- Potential coverage issues addressed within the initial 30 days

Contact

- Same-day contact all parties involved in the loss, including plaintiff's counsel, if applicable
- Regular aggressive follow-up with all contacts throughout the life of the file

Investigation

- Supervisor review and assignment of all new loss reports
- Insured interviewed where coverage issue exists
- Pertinent facts/information obtained and investigated in malpractice cases for both insured and professional involved
- Full description of case and/or course of patient's treatment obtained and investigated in underlying case
- Collateral sources pursued where applicable
- Reports sent to Central Index Bureau on all bodily injury claims
- Outside investigation completed when necessary
- All regulatory/statutory requirements and turnaround times met and/or exceeded
- Initial diary set at 30 days with subsequent follow-up no more than 90 days

Recovery/Contribution

- All new losses reviewed by the supervisor for potential subrogation
- Potential sources of recovery identified, pursued, and documented
- Other sources of recovery, such as third party notices and Alternative Dispute Resolution, pursued aggressively

Evaluation

- Losses evaluated for potential financial impact immediately upon receipt
- Two separate evaluations completed: underlying case and malpractice case
- Initial reserves established within five days (30 days on major cases) and changes within 30 days

- Home Office referral for guidance and direction on all files meeting established criteria

Negotiation/Disposition

- Settlement strategy developed and reviewed by claim professional and supervisor
- Negotiation conducted promptly and aggressively and documented in the file

Litigation Management

- Evaluation of case, litigation strategy, and anticipated defense cost developed by the claim professional and defense counsel
- Activity driven reports by defense counsel delivered within 10 days of reported activity (telephone contact within 24 hours of significant events/discovery responses)
- Follow-up communication/reporting among defense team members aggressively maintained

Supervision

- All new losses, reassignments, and litigation referrals initiated by the supervisor
- Initial diary of all cases within 30 days and subsequent reviews at no more than 90 days
- Reviews and evaluations documented

Customer Service

- Contacts and return phone calls made the same day
- Customer Claim Handling Instructions (CHI) followed
- Reserve increases and settlements discussed with customer/insured

By definition, Best Practices are not static but are subject to improvement. They are continuously reviewed and updated to help TRISTAR achieve and sustain world-class performance. A complete copy of the most current Best Practices documents, which is very large, can be provided upon request.

Quality Assurance

TRISTAR recognizes the vital importance of quality in both the service provided to our clients and our technical claims product. Our robust Quality Assurance program helps assure consistent, high-quality service in compliance with applicable statutes, rules, and regulations. TRISTAR's quality control measures include, but are not limited to, a series of national programs to ensure that we are consistently adhering to those practices and procedures established to move files to appropriate closure.

TRISTAR takes a multi-faceted approach to Quality Control to ensure that we consistently adhere to practices and procedures established to move files to appropriate closure. There are three formal audits conducted annually for each claims operation unit to ensure compliance to TRISTAR policies and procedures as well as client and State and Federal handling requirements. TRISTAR can conduct additional audits if requested by a manager or client. Auditors select claims randomly based on a pre-determined percentage of claims by claim type. Audits include comprehensive check data points, including claim file set up and correspondence, file administration, investigation, coding, reserves, indemnity benefits, medical payments, subrogation/recoveries, litigation management, excess carrier reporting, claims management, supervisor and manager involvement. TRISTAR also brings in external auditors to ensure that our practices, policies, and standards are at the highest levels and are compliant with SSAE and HIPAA as well as all state and local statutes

The national audit program includes:

- A claims audit performed by our quality assurance department to ensure compliance with current law; TRISTAR claims administration guidelines, move files to closure, return injured workers to productive work, and adhere to client service instructions.
- A financial audit performed by TRISTAR's financial auditors for review of payments, accounting, reserving, and other financial controls.
- SSAE 18 SOC 1 (Type II)/SOC 2 (Type II) performance audits performed by JLK Rosenberger, CPAs. To protect the accuracy of claims data provided to our clients as well as the safety of the data TRISTAR holds on behalf of its clients, TRISTAR annually obtains both a SOC 1 (Type II) and a SOC 2 (Type II) audit report. The SOC 1 report attests to the suitability of the design and operating effectiveness of TRISTAR's controls over the claims administration process. The SOC 2 report attests to the suitability of controls at a service organization relevant to data security, availability, and confidentiality. TYPE II audits describe and evaluate TRISTAR's practices over an extended time (typically 3-12 months.) The two reports, including unqualified opinions, are issued in the fourth quarter of the year by JLK Rosenberger, CPAs, after extensive audits. Our SSAE 18 SOC 1 (Type II)/SOC 2 (Type II) audit is available upon request with a signed confidentiality agreement. TRISTAR will review audits performed by our internal quality assurance department upon request.

The auditors track performance by claim unit and report the information to TRISTAR's Branch Manager, Vice President of Client Services and Claims Operations, Vice President/Regional Manager, and President. Branch managers are expected to achieve 85% or above. If there is a noticeable trend or consistent error with the adjuster, the manager or supervisor utilizes the information for immediate training and correction.

CLAIMS SERVICES SUMMARY. To ensure that claims examiners can focus appropriately on the management and resolution of each claim file, TRISTAR supports our examiners by offering appropriate caseloads, clerical staff for non-technical administrative duties, and oversight by experienced supervisors. The latter do not carry a personal caseload. Our Best Practices are based upon proven claim management practices that deliver consistent, top-quality results. Within our claim system, automated diaries and system requirements help ensure that examiners and supervisors manage/oversee claims in compliance with our Best Practices and any applicable Client Handling Instructions.

SUPERVISORY OVERSIGHT AND REVIEW. TRISTAR supervisors do not carry a caseload, allowing them to concentrate on their primary function, providing oversight and mentoring the examiners to ensure the best resolution of all claims. Files are reviewed by supervisors on both a random and a systematic basis.

Supervisors are required to review all new indemnity claims within ten business days of TRISTAR's receipt of the claim. This is to verify all pertinent issues have been identified and addressed, appropriate compensability determination was made, reserves are appropriately set, diaries are in place, benefits have been accurately calculated and paid, benefit notices are complete, and a thorough action plan is documented in the file.

Supervisors review all indemnity claims at 90 days and complete a thorough review of the file. Subsequent supervisor diary is mandatory on active indemnity claims every 180 days, or more frequently, the diary must be appropriately set for the specific claim.

The supervisor reviews all claims where reserves, payments, or settlement authority exceeds that of the claims examiner, and proper documentation of the review is entered into the notepad.

SYSTEMATIC AUDIT. TRISTAR conducts multiple audits throughout the year. There is an internal audit of each branch annually to evaluate the performance of each examiner and supervisor. Critical areas are audited, such as diary review, plan of action, investigation, supervisor involvement, and excess review. An audit report is published and distributed to management and senior management. Branch managers complete action plans for any score below 85%. In addition, quarterly audits are conducted to review our performance on 3-point contact, initial supervisor reviews, and 90-day supervisor reviews.

SELF AUDIT. The claims examiners perform self-audits on their files. Utilizing the Closure Checklist, this self-audit addresses items such as processing appropriate forms, correct calculation of payments, and any unpaid or disputed medical bills or liens.

TECHNICAL AUTHORITY LEVELS. TRISTAR has programmed the claims administration system to provide technical authority levels based on job title, experience, and client requirements in the areas of reserving, claim delay or denial, benefit payment, and change. Our system also includes edits that provide for supervisory and management review of files, payments, and legal documents on an ongoing basis at critical times throughout the life of a claim. Documentation of their involvement is required in the computerized claim file notes.

USE OF "COMMITTEE" SYSTEM. TRISTAR uses a committee-style claims administration when establishing the initial plan of action and reserve analysis on catastrophic claims. The committee will consist of the adjuster, supervisor, branch manager, and the client (where appropriate). TRISTAR uses committees for "roundtable" discussion and development of action plans for potentially fraudulent claims and claims training exercises.

LEGAL DOCUMENT CONTROL. A supervisor reviews all legal mail. The adjuster and supervisor document all future court dates in our computer system and monitor awards, assuring prompt payment.

CLIENT PROCEDURAL COMPLIANCE. TRISTAR completes a new client implementation form for every account, which includes client-specific requirements. Where appropriate, Client Instructions are automated via diary and system requirements. Compliance with Client-Specific Handling Instructions is reviewed during Supervisor Diaries and audited as part of our QA Audit Program.

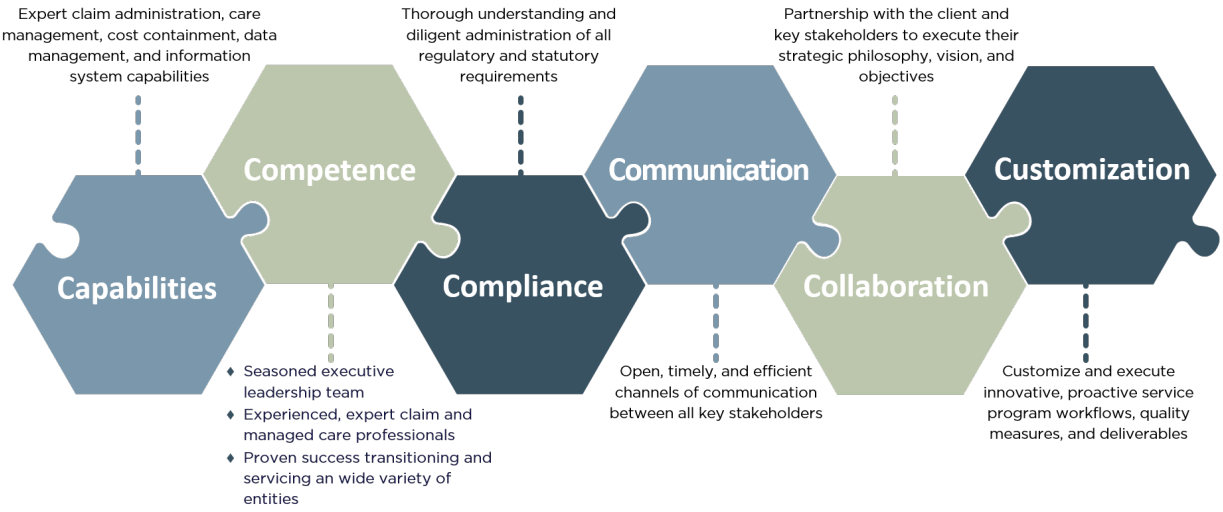
INCENTIVE FOR QUALITY ASSURANCE EXCELLENCE. The TRISTAR President's Award for Claims Handling Excellence is awarded annually as an incentive for examiners and supervisors to achieve outstanding audit results: examiners must score 95% or higher, and supervisors must have an individual audit score of 95% or higher, and their units must earn an overall score of 90% or higher. Team members who achieve these metrics earn a monetary prize, a plaque, and recognition in our internal newsletter.

Project Approach

TRISTAR will deliver a program that provides flexibility, customization, and a collaboratively designed suite of services to deliver the most efficient and best outcomes for the County. Our goal is to foster a close working relationship with all parties, including providers, defense counsel, ancillary vendors, brokers, and excess carriers. By doing so, each claim receives the benefit of our combined experience, and the most effective methods are used to achieve the best possible outcomes on each claim.

To help ensure the success of the County Program, we will:

- Provide seasoned, technically astute claim adjusters and management staff with extensive claims administration and risk management experience.
- Work collaboratively and professionally with the County, employees, and, if applicable, unions.
- Provide new solutions for the County.
- Uphold efforts to achieve its financial objectives.
- Aggressively manage indemnity and legal expenditures.
- Provide accurate, current risk management data for analyzing risk and making administrative decisions.
- Assist in protecting the tangible and intangible assets of the County through claims management services.
- Mitigate and manage risk by increasing your knowledge, awareness, and control of exposures to loss.



TRISTAR Experience

TRISTAR will provide a customized program that will meet the needs of the County. TRISTAR has the depth and breadth of experience to meet a public entity's needs.

BACKGROUND: TRISTAR understands the everyday challenges faced by public entity risk managers. The diverse exposures in the public sector are unlike any in the private sector: from sworn officers to sanitation, parks and recreation to courts and corrections. Public entities require an expert TPA with the knowledge and experience to aggressively manage claims to the best outcomes while assuring compliance with jurisdiction-specific special legal requirements and protocols.

KNOWLEDGE:

- Public Entities are more than 50% of TRISTAR's business, including city, county, and state agencies, school districts, transit systems, and other special districts.
- TRISTAR's government clients serve nearly 20% of the United States population.
- We understand the complexity of serving public entities, including a diverse workforce, managing claims under various labor agreements, presumptions for illness and conditions, and governmental immunity.

- We know how to work with multiple departments and stakeholders, like unions, in-house attorneys, councils, and boards.

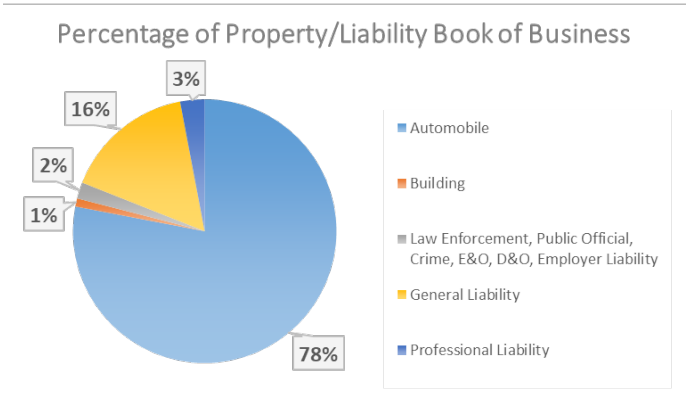
SOLUTIONS:

- We customize each unit based on our client's unique needs and risk philosophy.
- We offer 24/7 first notice, nurse triage, and case management services to service all shifts and departments effectively.
- We provide 24/7 access to experienced, on-scene inspectors and investigators.
- We offer customized, managed care programs to control costs and facilitate return to work.
- We offer robust information tools to capture and report on claims activity and trends.

We offer a comprehensive safety training video library including more than 750 videos, with many videos helpful to various industries and departments such as blood-borne pathogens in first aid environments, backing accident prevention for waste trucks, working safely with heavy equipment, dealing with the media in emergency situations, work zone traffic control safety, and more.

TRISTAR receives approximately 58,000 new liability, property, and workers' compensation claims per year. TRISTAR has over 60,000 pending inventory at any point in time, of which about 12,000 are auto, property, general and professional liability type claims. Our book of business includes carriers, self-insureds, several state-agency guarantee funds, and estates. The graph to the right indicates the percent of our property and liability business, excluding workers' compensation.

TRISTAR monthly queries and quarterly reporting to Centers for Medicare & Medicaid Services include submitting over 126,000 bodily injury type claims annually to CMS for over 95% of our customers.



EXPERIENCE AND KNOWLEDGE:

- We are experienced in managing claims administration policies and procedures and best practices guidelines; we have been managing casualty and liability claims **since 1987**.
- TRISTAR understands the **diverse challenges** faced by risk managers with various lines of coverage and claim types, including bodily injury, building, business interruption, collision, commercial auto, comprehensive, construction defect, contents, contract-related, contractual liability, crime/vandalism, discrimination, employment practices, environmental pollution, fire and water liability, hired and non-owned auto, inland marine, law enforcement, personal injury, premises liability, professional liability, property, public officials spirit vendor expense, subrogation, theft/property, towing/rental car, UM/UIM, wrongful acts and more. TRISTAR has the tools and experience to address each claim to the best outcome.
- We know how to work with **multiple departments and stakeholders,** such as unions, in-house attorneys, city councils, attorney general offices, and governing and regulatory boards.

We believe flexibility, customization, and a collaboratively designed program will transform our clients' risks into the best outcomes for all. We offer the County the strength and dependability of a national TPA, with a local adjusting team providing specialized knowledge and the personal touch of a boutique provider.

EXAMPLES OF SUCCESS (MEASURABLE OUTCOMES): Reversing trends through the combination of claims management and risk management can have a profound effect on the direction of a public entity's workers' compensation program.

Serving a "Top 10" State: 8 Years of Partnership and Success

TRISTAR serves as workers' compensation claim administrator for one of the country's most populous states (within the top ten states ranked by population). TRISTAR conducted a large and complex, two-phase transition to establish services on behalf of the State in 2013. TRISTAR began the intake of new claims on March 1, 2013, and transferred 21,000 open workers' compensation claims on May 6, 2013. This program may have been one of the largest open workers' compensation transfers in the United States. Before the TRISTAR partnership, the program was self-administered and was never outsourced. We received claim data from the State on 5/15, and TRISTAR converted claim data within the first three days of the transfer of the open inventory and did final testing to release to adjusters within five days.

A data migration issue included 8,000 claimant street addresses from State data that required updating, which was completed by 11/30/13. Initial implementation included back scanning of approximately 871 cubic feet or 19,650 claims files (over 2 million pieces of paper) to transition to a paperless environment.

TRISTAR collaborated with the State to pay outstanding bills on inactive claims, identify all claim types for claim closure through a company-wide triage project, and decrease the open inventory to 7,100 claims within ten months. TRISTAR adjusters established reserves for the probable ultimate outcome for all open inventory transferred by 11/30/13. The current pending inventory is approximately 5,200 claims.

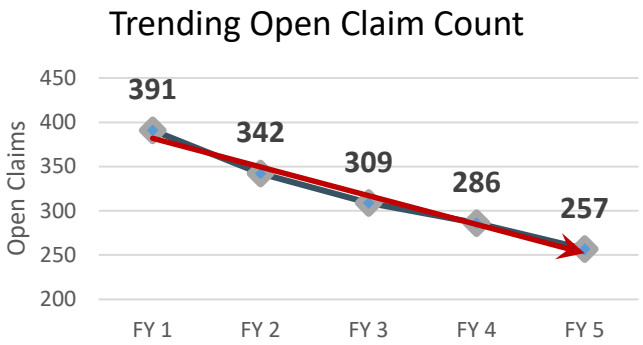
Additionally, TRISTAR has implemented a new clinical review program and telephonic reporting for the state and online access for over 300 users. TRISTAR has effectively implemented WBE/MBE participation that is exceeding goals by 15%. TRISTAR has implemented a subrogation program with an experienced GL/Auto adjuster reviewing every claim reported for subrogation potential with collaboration with the State. With the Attorney General's Office (AGO) assistance, we have put several other public entities on notice for subrogation liens not done prior to the transitions. We have also established a unique naming convention for legal documents for the AGO office.

TRISTAR has created a unique maintenance desk (legal term: MMI with permanent restrictions that agencies will not accommodate) and implemented a job log letter that claimants on maintenance must provide monthly. This allowed for closer monitoring and thus the termination of long-term indemnity claimants for quicker and smaller settlements. We also created special denial terms for correctional officers and mental health technicians, eliminating the five service-connect days. Before TRISTAR took over the program, they received five service-connect days for exposure to bodily fluids from prisoners or patients. In conjunction with the AGO and Central Management Services (CMS), a letter is currently sent to any employee with this injury type indicating an incident but no resulting injury. This exposure type will not honor any loss time but will allow for initial testing.

TRISTAR implemented the program utilizing over 50 TRISTAR associates to assist with the transition and triage of claims and currently has approximately 30 dedicated personnel. The program is staffed with a program manager, supervisors, adjusters, support staff. It includes a special subrogation and maintenance desk, an inactive file desk, and two adjusters assigned to assist primary adjusters with litigated files. TRISTAR also provides our 24/7 call center for employee injury reporting State-wide, a clinical review and nurse triage program along with medical management and cost containment programs.

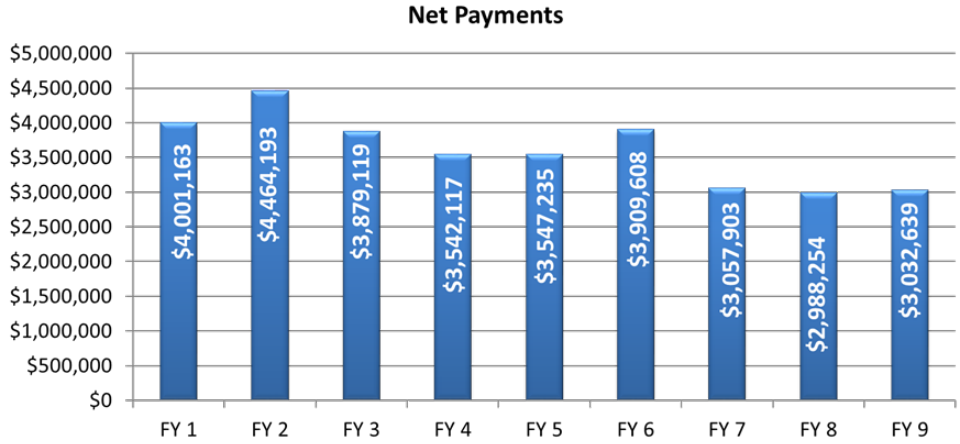
Large City: 9 Years of Continuous Improvement. Since our partnership's first Fiscal Year, this city has experienced a 34% decrease in open indemnity claims.

Figure 1: *Year over Year Improvement: Open Indemnity Claims Valued as of the End of Each Fiscal Year*



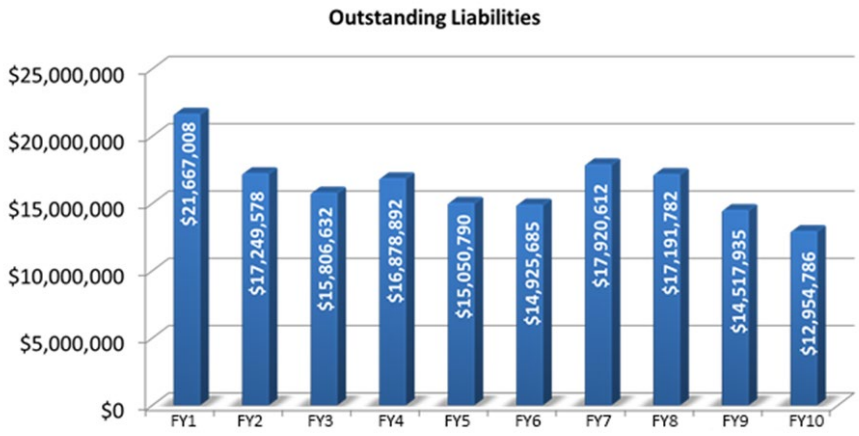
Large Public Transit Agency: 10 Years of Cash Flow Improvement and Success. Our client's net payments have shown continuous reduction and improvement over time. The prior three fiscal year's net payments are, on average, $1 million less than the average net payments of the first three years of our engagement. Additionally, net payments have been flat (+/- 2%) for the past three years, providing critical stability and predictability.

Figure 2: *Cash Flow Improvement and Stabilization*



Since the program inception, our client's outstanding liabilities (incurred $) have declined by more than $8 million (40%). From the first fiscal year of our partnership, outstanding incurred was reduced by 11%.

Figure 3: *Consistent Downward Trend in Outstanding Liability*



Claims Management

WORKERS COMPENSATION CLAIMS. Workers' compensation claims handling is a process-driven service governed by state statutes. TRISTAR's philosophy, policies, and procedures were established to provide the highest quality claims management in the industry, compliance with applicable statutes and regulations, and adherence to the County's Special Claim Handling Instructions.

We have been administering claims in the state of Texas for more than 23 years. We are knowledgeable and experienced in the rules and regulations governing the County's workers' compensation claims program.

Each claims office has an established management team to assure quality claims service is provided to clients and injured employees. We recognize and respond to the need to be flexible within our framework of procedures to meet our clients' unique needs in the many different states in which we manage claims. We employ customized claim service instructions to identify our clients' requirements, exceeding or modifying our best practices protocols.

LIABILITY CLAIMS. Due to the unique environment of liability claims within the public sector, all of our liability programs are highly customized for each client, whether the client is a city, a county, education institution, hospital, or water or transportation district. Many public entities may handle a specific type of liability or property claim in-house and use TRISTAR services for other claim administration needs, or they may use our services for all property and casualty claims.

The administration and adjustment of liability and first-party property claims is a service that TRISTAR tailors to each state's statutes and case laws and individual clients' specific needs. The Liability and Property Claims Department is an integral part of TRISTAR's operations. Each claims office has an established management team to ensure the adjusters provide a quality claim service to our clients.

Our goal is to provide service to our clients in compliance with all State and Federal regulations and statutes and the County's customized claim handling instructions. Therefore, TRISTAR may alter some of these procedures to meet our clients' needs and those claims offices with unique circumstances.

To ensure that TRISTAR complies with the policies and procedures established by TRISTAR and the County, in addition to specific requirements of excess insurers, TRISTAR conducts internal audits on an annual or more frequent basis. TRISTAR reviews client policies and procedures periodically to stay current with the changing needs of the County and to remain in compliance with any statutory, regulatory, or carrier changes.

GOVERNMENTAL IMMUNITY. TRISTAR will provide the County with a written opinion of liability that would include a discussion of any potential Governmental Immunities that might apply. TRISTAR will discuss recommendations with the County and proceed as authorized and directed by the County on a case-by-case basis. TRISTAR will develop, with the County, a customized claim handling process with the Risk Management Department that meets the needs and requirements of the County.

CLIENT HANDLING INSTRUCTIONS. TRISTAR prides itself on offering our clients unique customized programs that meet their needs and create a roadmap for the best possible risk management outcomes. In collaboration with the County, and according to their requirements, the time spent on CHI manual development is an integral part of the ongoing program. Information is either programmed into the claims or managed care systems or included in a document that the management team uses to train assigned adjusters and managed care teams. That document is stored in an easily accessible database for use by the entire team working on the County's program. The system sends out alerts if and when any change is

made to the document. TRISTAR's practice and policies are to review the CHI with the client and TRISTAR staff on a regular and as-needed basis to ensure that the information is correct and up-to-date with client and excess carrier policies and jurisdictional statutes.

FIRST NOTICE OF LOSS. TRISTAR offers multiple reporting options, including web-based claims forms, online claim access, data exchange, email, facsimile, and a call center for telephonic reporting. Reporting services are available 24/7. The prompt reporting and receipt of claims play a critical role in the timely resolution of claims.

Web-Based Online Claim Forms. TRISTAR can develop web-based reporting that provides access to an electronic template to complete injury reports and upload data to the TRISTAR claim system.

Online Access Reporting. Through online access, a client may report new claims entered directly into the TRISTAR claims system. The user-friendly claim entry process includes all required information on a single screen. When the employer enters the claim into the system, it is immediately available for review and verification by the adjuster. Using our software, clients can access our database and enter claims directly into the system with the appropriate loss coding. The system automatically lists the County's customized locations, occupations, and department codes to minimize data entry.

Electronic Data Interface (EDI). TRISTAR can develop an interface to accept claims from an electronic file provided from the County's RMIS claim management system, if applicable.

Telephonic Reporting. Telephonic reporting can include a call directly to the adjuster or accessing a call center to intake claims. The employee, risk management department, or supervisor can report an injury. The call center can collect claim information to provide the employee report of injury information to the client and the adjuster.

- Toll-Free Number
- Available 24/7
- Staffed by medical assistant personnel
- Designated intake team
- Recorded calls
- Calls are directly linked with the claim system
- Language translators and interpreters through Priority Care Solutions, a nationwide network for over 200 languages, including TTY and ASL
- Bilingual Spanish intake available upon request or scheduled intake time

The call center transmits the employee's report of injury information into the claim system that can generate the employer's first report (FROI). Regardless of who reports a claim, the call center enters the claim directly into the claim system as a pending claim and notifies the client and the adjuster.

The call center captures the receipt date for claims reported in the claim system. The call center staff inputs claimant demographic and claim information for submittal for electronic submission to the designated claim unit based on the type of claim (Workers' Compensation, Disability, FMLA).

TRISTAR has voice recording and utilizes a WAV file to store recorded telephonic files. The call center records all phone calls. TRISTAR can also provide reports indicating the number of calls, type of calls, time of call, etc. Calls may be available for review by the County in accordance with state and federal regulations.

TRISTAR has an internal and external plan to handle claim reporting when the call center is unable to operate. This includes designated offices and staff who are cross-trained, and in extenuating services, an outside vendor familiar with our organization and intake processes.

Benefits

- One centralized reporting process
- Encourages prompt and accurate reporting
- Increases efficiencies for the employer
- Call center can provide PPO Network direction
- Services can be linked with Nurse Triage
- Adjuster and the County notification within one business day
- WAV file is stored in the claim system (electronic file)
- Fee for service can be allocated to the claim file

TRISTAR can develop customized criteria for referral to a nurse for clinical review or early intervention determination if indicated. This saves our customers 30-55% of reporting costs typically staffed by medical personnel.

Telephonic Nurse Triage. Timely incident reporting is crucial to mitigating the costs of workplace injuries. According to a study conducted by Liberty Mutual, the following increase in expense occurs with each delay in reporting:

- 4-7 Days: 9%
- 1-2 Weeks: 20%
- 2-3 Weeks: 32%
- 3-4 Weeks: 48%
- 5+ Weeks: 72%

> "I recommend nurse triage for anyone looking to support their employees and managers and bring down their workers' compensation costs overall."
>
> –Katrina Bray, Disability Case Manager, California Water Service/TRISTAR Client

TRISTAR's nurse triage model helps to assure timely reporting and has proven effective in reducing the severity and incidence of claims. Our US-based, in-house 24-hour call center is accessed via a toll-free phone number and is staffed by highly skilled nurse case manager personnel who capture pertinent medical details. When an injured employee (or supervisor) reaches our nurse triage call center, we can customize our triage intake script to each client's needs. The nurse aids the injured worker in self-treatment or sets up an appointment with an appropriate provider utilizing medical triage guidelines, including follow-up calls and transfer to the claim team and/or early intervention nurse if any. All calls are recorded and available to our adjusters, managers, and the client.

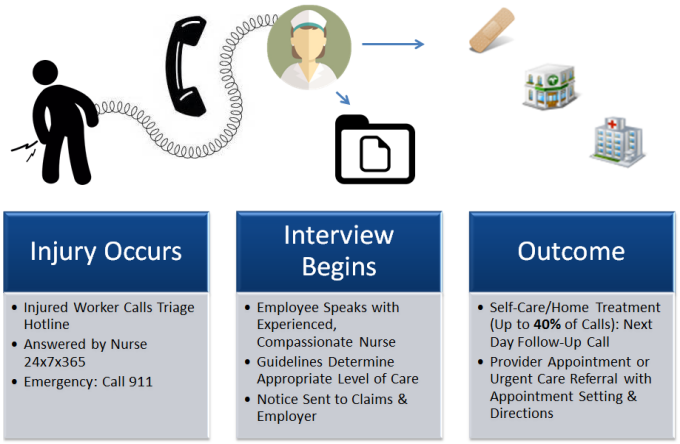


Figure 4: *Nurse Triage Workflow*

What can Telephonic Nurse Triage Do?	TRISTAR Nurse Triage Solutions Help Clients Achieve:
♦ Support all shifts, all locations, 24/7 – East Coast/West Coast Operations ♦ Reduce Reporting Lag Time ♦ Provide Prompt, Guided Access to Medical Care ♦ Refer Self-Care When Appropriate ♦ Improve Employee Satisfaction ♦ Reduce Lost Time/Temporary Disability and Wage Continuation Expenses ♦ Improve Productivity ♦ Reduce Claim Frequency and Severity ♦ Reduce Claim Costs ♦ Reduce OSHA Reportable Occurrences ♦ Improve Safety Culture ♦ Decrease in Claims can Reduce Claims Administration Fees	♦ 30-40% Transference of Claim Volume to Report Only/First Aid ♦ 30-50% Decrease in OSHA-Reportable Incidents ♦ 25% Reduction in Total Claim Costs ♦ Improved Employee Confidence in Claim Process ♦ Improved Return-to-Work Outcomes ♦ Total Reduction in Cost of Risk ♦ Proven Return-on-Investment

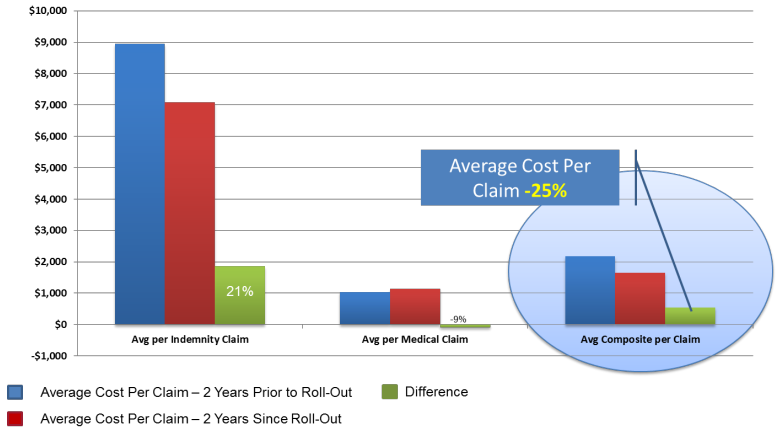


Figure 5: *Actual Client Results: Integrated Nurse Triage and Early Intervention Case Management*

EARLY INTERVENTION. TRISTAR can provide an immediate abbreviated clinical review for injuries meeting the County criteria. A nurse can quickly evaluate a case for the necessity of nurse case management or early intervention. It is our experience that this saves thousands of dollars in nurse resources and expenses.

Early intervention can help injured workers access the proper care to the injury or discomfort as quickly as possible. Traditional medicine has included medical management, time away from work, and that increases medical expenditures. Early intervention objectives include identifying employees at risk for delayed recovery, intervening as early as possible, preventing needless disability, preventing chronic pain and poly-pharmacy dependency, and enhancing employee engagement and resilience. The most important of these objectives is improving the injured worker's understanding of the injury and assisting the employee in a healthy and safe return to work. Nurses can help assist with providers, specialty referrals, if applicable, and help determine a recovery path and reinforce a return to work plan.

People treated by the early intervention approach work directly with the nurse case manager. Their social, personal, educational, health history, and working conditions are reviewed. The individual's capacity to work is assessed and possible changes to the workplace environment or procedures that could help achieve this. Potential changes to workplace layout, procedures, and training for the employee can be identified and introduced where appropriate. Several changes over time are necessary to achieve suitable

working conditions for transitional duty programs in many cases. The early intervention approach is employee-centric and helps increase employee satisfaction.

FILE SET-UP. TRISTAR's standard practice is establishing a file for each claim and documenting all "Incident Only" reports. Reporting services are available 24/7, with emergency escalation protocols available for severe or catastrophic events.

Newly reported claims enter an automated new losses queue, where a supervisor, manager, or designated adjuster reviews and assigns the case to the appropriate adjuster. The adjuster receives an email, and a diary is established for the new file. Regardless of the reporting mechanism used to report claims, TRISTAR can utilize an automated notification tree-trunk customized to notify authorized parties at the County, supervisors, and adjuster(s) of a reported claim, the claim number, and request for additional information.

The assigned liability adjuster is responsible for entering the known information into the claims system, obtaining a claim number, and directing the makeup of the claim file. The adjuster accomplishes this within one to two working days of receipt with information available at the time. The adjuster enters all initial claims notes under the keyword or notepad type of "Initial Review and Account Information" and addresses all issues by either commenting or indicating that an issue does not exist. The adjuster identifies a plan of action and determines appropriate future diaries. As part of the initial entry of information, the adjuster must assign each file a diary date for review by the adjuster and a diary date for review by a supervisor. All files must have future diary dates at all times. The facts of the claim dictate the diary date and when future adjuster review is required. The date should not be more than thirty (30) days in the future unless the claim is inactive.

INVESTIGATION. TRISTAR's responsibility to our clients is to determine if an employee's claim for obtaining benefits is compensable. The process for determining whether a claim is compensable is to conduct a thorough investigation concerning whether the claimed injury arising out of or in the course of employment (AOE/COE).

The adjuster evaluates a claim to determine compensability based on facts gathered in conjunction with relevant statutes. The adjuster will accept or deny the claim within the required statutory timeframe and secure approval from the County before issuing a denial.

Three-point or Four-point contact (employee, employer and medical provider, and witnesses, if any) is an essential step in the initial investigation and verification of a claim. Within one business day of receipt of the claim, the adjuster attempts three-point contact on all claims with an indemnity claim status and appropriate medical-only claims. If needed, the adjuster makes an additional contact attempt the next business day. If, after two attempts, the adjuster is unable to reach any of the three contacts, a letter or e-mail follow-up is sent.

Unless otherwise requested by our client, the three-point contact's completion is not mandatory on claims set up with a simple medical-only claim status. The adjuster makes one contact to verify the claim, such as the employer, and the adjuster sends an initial receipt and acknowledgment letter of the reported claim to every claimant.

The three-point contacts are completed as necessary to appropriately manage the claim (such as return-to-work modified duty or multiple injuries to the same body part) and per the individual client service instructions. The adjuster enters a summary of the three-point contact's salient points in the claim file accessible to the County via the claim system. Should the County require additional or different contact

policies and procedures, TRISTAR will include that direction in the program's customized handling instructions.

COVERAGE. The adjuster is required to be familiar with the contract between TRISTAR and the County to make sure the type of claim submitted falls within the contract. The adjuster will consult with the supervisor or manager regarding any questions or coverage issues, who will clarify requirements with the County.

INVESTIGATIONS AND APPRAISALS. The adjuster will secure all information necessary to thoroughly investigate a claim and perform all investigations necessary to determine the nature and extent, if any, of the County's liability. The adjuster will secure all available information necessary to resolve the claim, which may include, but is not limited to, statements from the County personnel, the claimant, and witnesses; photographs of the area of loss; police reports; repair estimates, and medical bills.

As authorized by the County, typically, damage appraisals will be outsourced to vendors specializing in this service. Independent adjusters will be utilized for claims involving site investigation or in-person contact with claimants or witnesses. Costs for such services will be treated as ALAE and are not included in TRISTAR Administration fees. Our property adjuster may perform large loss inspections.

Independent Adjusters are generally selected from A.M Best Approved Adjusters and/or through TRISTAR's strategic service providers. We have used many independent adjusting firms, including but not limited to Engel Martin, Frontier, Frasco, and Norcross, to name a few. Salvage recovery can be maximized through business partner COPART, Inc., a nationally recognized firm specializing in salvage and resale. TRISTAR will make recommendations and work with the County to assign certain service providers based on the particular circumstance(s).

CLAIMANT COMMUNICATION. TRISTAR recognizes that one of the essential tasks we conduct is guiding our clients' injured workers fairly and compassionately through the claim process. Our adjusters and assistants speak with the employees regularly to explain their rights, obligations, and options. This communication begins with the three-point contact at the initiation of a new claim. Three-point contact keeps communication channels open between the injured worker, the employee's supervisor, and the treating physician. From the very beginning, we will explain their benefits according to statutes, i.e., temporary disability benefits, mileage reimbursement, and more. All injured workers have direct access to adjusters, supervisors, and managers to resolve disputes or complaints. Claims managers and supervisors bear the vital responsibility of providing additional layers of assurance that we treat all employees equitably. Our management team address concerns promptly.

TRISTAR expects that all client and claimant telephone calls and emails are responded to the same day or at a minimum the next business day. If an examiner has a planned out of office event, they are expected to leave clear instructions on the options for immediate assistance.

The liability adjuster is responsible for communications with the claimant or his attorney, the County, defense counsel, and, where applicable, the excess carrier. Courtesy communications with brokers may also occur, if applicable. The adjuster will contact the claimant or his attorney as soon as possible after receiving a new claim. If the claimant is not represented, immediate contact may avoid litigation. When possible, proactive communications with a claimant attorney can often result in a more rapid evaluation, a proper resolution of the claim, and the avoidance of some or all litigation costs or internal resources.

All claimants are sent an initial correspondence letter acknowledging receipt of the claim, including adjuster contact information and other information for the claimant. Initial correspondence letters are

customized for the County and for the type of claim and may include information regarding a claim's processing.

TRISTAR expects that all client and claimant telephone calls and emails are responded to the same day or at a minimum the next business day. If an examiner has a planned out of office event, they are expected to leave clear instructions on the options for immediate assistance.

QUESTIONABLE CLAIMS. All adjusters have the primary responsibility of determining all new claims' compensability and the validity of ongoing claims. The adjuster may conduct activity checks, field investigation, or surveillance required through the course of claim management. The adjuster will adhere to the County's authorization protocols and hire agreed-upon vendors when the adjuster recommends a referral. The adjuster will document the basis for the claim system's referral, how the investigation will reduce the claim's cost, and the client's authority. The adjuster monitors these activities to control costs and optimize the collection of any pertinent evidence.

POTENTIAL FRAUD CLAIMS. All adjusters have the primary responsibility of determining all new claims' compensability and the validity of ongoing claims. The adjuster evaluates a claim to determine compensability based on facts gathered in conjunction with relevant statutes. The adjuster will secure all information necessary to thoroughly investigate a claim and perform all investigations necessary to determine the nature and extent, if any, of the County's liability. The adjuster conducts investigations with the claimant, other named parties, any identifiable witnesses, and the medical provider.

Should a field investigation be necessary, a referral will be made to an investigator outlining the issues in the case, the activities needed (witness statements, accident scene investigation, etc.), and handling deadlines. If the investigator needs to enter the client's workplace, the adjuster will provide the investigator with the name and telephone number of the contact person who will provide access. The adjuster will instruct the investigator to call the adjuster before proceeding to obtain up-to-date information and instructions. Likewise, the adjuster will provide the County the name of the investigator.

Surveillance (sub-rosa) video of a particular claimant's daily activities can be powerful evidence to discredit an exaggerated or suspected fraudulent claim. Obtaining such video, while generally lawful, can infringe on the privacy rights of individuals and must be undertaken in a highly professional manner. Assignments will be made only to credible, ethical, and licensed private investigators or as approved by the County. The examiner must document the articulated suspicion in the claim notes. A statement regarding how the examiner will use the films to reduce the claim exposure should be outlined in the claim system notepad.

The adjuster monitors the investigator's field activities while in progress to control costs and optimize any video evidence collection. One-time activities that are in excess of apparent restrictions are not always persuasive. Follow-up, preferably the next day, will help establish a pattern of such activity. TRISTAR arranges to view any videos as soon as possible to determine how influential the films may be in reducing disability, terminating treatment, disproving a claim, or otherwise reducing the client's exposure.

The adjuster will refer to the County's client service instructions to determine if authorization is required from the County before the referral or if a designated vendor is required. When a referral is made, the claim system will be documented with the basis for the referral, how the investigation results will be used to reduce the cost of the claim, and the authority received from the client.

INDEX BUREAU REPORTING. TRISTAR's system automatically reports all new or converted claims with a temporary disability status to the Index Bureau and re-indexes claims every six months until closure.

Additional claims, such as questionable claims or as otherwise requested by the County, may also be submitted. The response from the Index Bureau is downloaded directly into the claim notepad. Responses from the Index Bureau indicating the claimant may have had additional claims that could be related to the injury currently under our administration will be investigated by the claims adjuster. TRISTAR's policy is that documentation shall be complete and thorough in the claim notepad regarding the index response received and the need for any further action.

RESERVES. TRISTAR understands the importance of accurate reserves on our clients' financial predictability. Our philosophy is to determine outstanding liabilities established at the ultimate probable cost - what we believe will ultimately be paid on the claim - not necessarily the maximum exposure. The adjuster must establish reserves correctly and timely for the following reasons:

- The client's financial statements' accuracy, which includes reserves as current liabilities, depends on appropriate reserves.
- The client's actuaries' bases determination of Incurred But Not Reported (IBNR) losses on an analysis of paid and unpaid losses.
- The reserves established by the claims administration department make up the unpaid loss portion.
- Loss reserves are a major component used to calculate loss ratios for each client. The client can use loss ratios to evaluate the performance, and loss ratios can affect premium rates.
- To ensure regulatory agencies accept future liabilities

TRISTAR establishes the initial reserve within five business days of receipt of the claim.

The workers' compensation adjuster will document the supporting rationale of any reserve or reserve change entered in the claim system file. Reserves are established based on the merit of the claim and the information obtained during the initial investigation. Information taken into consideration when setting the reserves may include but not necessarily be limited to the following:

- Type and severity of the injury
- Age of the injured employee
- Occupation
- Local cost of treatment
- Expected length of the disability
- General health and motivation of the injured employee
- Jurisdiction statutory considerations

These factors, and the adjuster's experience, are considered when reserving for the estimated ultimate probable cost of the claim. Adjusters will re-evaluate reserves at each diary review, and if unanticipated, significant information is received, may alter the amount of the reserve. The adjuster completes a reserve worksheet for each reserve adjustment on an indemnity claim and enters documentation in the clam system notepad supporting the reserves' rationale entered or adjusted.

The liability adjuster reserves for claims based on the claim's merit and the information obtained from the initial investigation. It may include:

- Liability
- Jurisdictional negligence laws (pure comparative/contributory negligence/modified comparative)
- Injuries (nature & extent)
- Damages

- Reserves are revisited and adjusted as new information is received that alters the course of the claim file

Reserves will be reviewed at each diary review, at the time of the 90-day review, and whenever significant information is received that may alter the course of the claim. Reserves will be adjusted (increased or decreased) within 30 days of receiving significant information or sooner if necessary. The adjuster is responsible for reviewing and documenting the adequacy of the reserve at each diary review.

Supervisors determine adjuster reserves authority limits by the experience of the adjuster. Supervisors and internal and external auditors monitor reserve practices. If the reserve pierces the authority level, then a supervisor review and approval are required. Supervisors also have a reserve authority level and refer the file to their manager for approval to review reserves exceeding that level. Supervisors review adjuster reserves greater than $25,000, and senior managers or executives review branch manager reserves greater than $250,000. Our client instructions will include notification to the client when reserve changes increase or decrease by an amount determined by the client (usually $50,000) and supervisory review for any claims open greater than six months or with reserves above $25,000.

Our claim system can store and report on reserve histories. Reserve changes and reasons for any reserve changes are also stored in the claims system and accessible to the County via online access.

TRISTAR's core philosophy of reserving for the ultimate probable cost is the basis, although reserve practices may be clients or jurisdictional specific. The modifications, however, will not be such that claims are not adequately reserved.

Our commitment to a continuous personalized approach to claims handling and proactive management of each claim produces additional savings for our clients to establish allocated expense reserves and the expenditures usual to each reserve category.

SUBROGATION. Under workers' compensation law, the employer is responsible for paying benefits to an injured employee even when another (or third) party is at fault. The County is entitled to recover those expenditures by way of subrogation against the responsible party.

The adjuster diligently identifies and pursues monetary recovery when there is a possibility of recovering expenses spent for an injury. If subrogation does not appear to apply to the claim, the adjuster will document the claim notepad, indicating this determination basis.

Subrogation opportunities may be present in the following claim scenarios:

- Auto accident
- Product defect (e.g., defective chair, ladder, machinery)
- Premises liability (e.g., unsafe surfaces, safety equipment not installed, or poor maintenance)

The adjuster will investigate if a third person(s) or equipment dysfunction may have caused the incident to identify subrogation potential. There are also instances where subrogation is possible against the manufacturer of a defective piece of equipment or machinery. The adjuster will work with the County to ensure that faulty equipment is secured and stored for use as evidence. An injury occurring away from the employer's premises may involve subrogation (e.g., a courier at a client's business place may have a slip and fall injury on the foreign matter left on the floor). The adjuster will secure the County's approval before pursuing subrogation.

Various jurisdictions have different statutory timeframes for filing the appropriate paperwork to protect the client, and sometimes these timeframes differ for filing against private entities and public entities. TRISTAR's team is familiar with jurisdictional timeframes to ensure recovery for our clients.

Our adjusters subrogate most claims in the ordinary course of business. Our adjusters and managers may have liability experience and are very familiar with subrogation matters. There may be an occasion to refer complex subrogation matters to specialized legal counsel. TRISTAR will make recommendations for a referral if necessary. Should a case be referred to legal counsel, most firms will provide services based on an hourly rate. We are happy to assist in obtaining a flat fee or contingency basis as needed or requested.

All TRISTAR liability adjusters are trained in pursuing subrogation matters. On behalf of the County, the adjuster must diligently identify and pursue any claim where there is a possibility of recovering any or all moneys spent from responsible third parties. If upon investigation, subrogation does not appear to apply to the claim, the adjuster will document the basis for this determination in the claim system notepad.

To identify a subrogation claim, the assigned adjuster will determine if a third person or persons caused the damage or injury from the claim's initial investigation. There are also instances where subrogation is possible against the manufacturer of a defective piece of equipment or machinery. Should the damage or injury involve faulty equipment, the adjuster will arrange to secure and store the equipment for use as evidence.

In cases where the third party is a client of the employer, the adjuster will always confirm with the County that they want to subrogate before proceeding further.

To pursue a subrogation claim, as approved by the supervisor and the County, the adjuster will identify the name of the responsible party or company. If applicable, the adjuster will identify the name of their insurance carrier. The adjuster will send an initial subrogation letter to the claimant as well as the third party. This puts all parties on notice of the County or the insurer's right to reimbursement. Suppose there is no response to the initial letter to the third party. In that case, repeat efforts shall include additional letters and, if still no response, possible legal action depending on the claim's cost and the probability of recovery.

The adjuster holds complete responsibility for the subrogation file and will handle it until the claim is settled, closed, or concluded. The adjuster is responsible for ensuring proceeds are appropriately and timely disseminated. The adjuster will keep the adjuster and defense counsel apprised of all developments of the case.

No case is to be settled without considering the case file and approval by the County. In collaboration with the County, the adjuster will work to achieve the most advantageous outcome for the claim file.

SUPERVISOR REVIEW. Supervisors review new indemnity claims within ten business days of TRISTAR's receipt of the claim. Supervisor reviews help ensure:

- Appropriate compensability is determined
- Reserves are appropriately set
- Diaries established
- Benefits are accurately calculated and paid; benefit notices are complete
- Action plans are documented in the file

Supervisors review all claims at 90 days and complete a thorough review of the file, including reserve adequacy. Supervisors review claims that exceed reserves, payments, or settlement adjuster authority levels.

CLAIM ACCEPTANCE. When a claim is determined to be compensable, the adjuster is required to follow the following procedures:

- Issue an acceptance letter immediately to the injured worker and, if appropriate, include a benefit notice if compensation benefits are due.
- Document the claim notes with the basis for acceptance of the claim.
- Update all claim screens with the appropriate coding identifying the acceptance status.

CLAIM DENIALS. The adjuster reviews all available evidence to determine whether a denial is appropriate and will issue either an acceptance or denial notice within the timeframe required for each jurisdiction. The adjuster will initiate all filings following regulatory rules and procedures. Adjusters are required to follow the following guidelines on claim denials:

- Detail clear and concise documentation of the basis for the denial in the claim notepad.
- Complete the appropriate denial notice required for each jurisdiction by stating a legal, factual, or medical basis for the denial based on the information available.
- Obtain supervisor or manager approval for each denial. The supervisor or manager will enter their acceptance or non-approval of the denial into the claim notepad.
- Consult with the client before issuing the denial and document the claim file.
- Send a copy of the denial to the client. If represented, send a copy to the applicant's attorney and defense attorney.
- Update coding in the claim system to indicate denial, the denial date, and the reason for denial.
- Contact the claimant telephonically and in writing regarding the denial.

RETURN-TO-WORK. TRISTAR has a variety of solutions to manage return to work and transitional duty programs. Adjusters work closely with their clients to help returning employees work through a transitional work or *stay-at-work* program, utilizing the County's policies and procedures. These activities may involve the risk management department, the human resource department, the injured workers' supervisor, medical providers, and a nurse case manager.

The adjuster contacts the treating physician every 14 days or more frequently when an employee is out of work. The adjuster works with the physician to assure the injured worker obtains appropriate medical care and returns the injured worker to full or modified duty by providing the injured worker's functional limitations. The adjuster works with the County to help determine the availability of modified duty position(s) and communicate it to the physician.

TRISTAR understands the importance of communicating work status and changes in work status to the County and the employee's supervisor. To the extent that they are available, documented job descriptions and modified or transitional duty programs aid our efforts to return employees to productivity.

The objectives of the transitional work program are:

- Transition the injured employee to full duty through placement into available interim assignments.
- Mitigate the costs incurred for injuries by reducing the length of time an employee must remain away from work.
- Minimize the negative impact of an injury or illness upon the affected department
- Improve the morale of the client staff.

TRISTAR nurses can work closely with all parties to assist with return to work opportunities utilizing medical treatment guidelines and predictive modeling based on the severity of the injury, occupation, age factors, and more. TRISTAR can customize all return to work activities in conjunction with the client's return to work and transitional duty policies and procedures.

TRISTAR also offers an employee wellness program that integrates workers' compensation and group health medical management, disease management, and return-to-work activities to reduce absenteeism and obtain quality healthcare for the most optimal outcomes. Clients that have deployed this program have achieved great success.

The County can track functional limitations and return to work status through the TRISTAR Connect risk management information system via:

- Return to Work Status Screens
- Access to Medical Reports
- Change of Work Status
- Work Status Reports
- Access to Managed Care Modules, including:
  - Nurse Case Management Activities
  - Official Disability Guidelines/Medical Disability Guidelines and others
  - Bill Review Data including medical provider billing, reimbursement information, billing practices, infractions, and more

Our nurses utilize a proprietary system to help ensure compliance with utilization review and medical case management protocols. Additionally, our nurses and staff have access to various sophisticated software programs that provide tools to different jurisdictional or State medical treatment guidelines and predictive modeling tools.

If desired by the County, TRISTAR will also provide access to Medical Disability Adjuster – Predictive Model to authorized City Users.

EXCESS REPORTING. The adjuster will determine if the claim is subject to excess coverage and meets the criteria that trigger the excess carrier's notice. The method and form for reporting to and updating excess carriers will vary greatly depending on each carrier's dictates. Our adjusters are familiar with each excess carrier's requirements and, if unsure, will contact the carrier for instructions.

Most importantly, the adjuster immediately identifies those claims that meet the reporting criteria and are reported timely. The adjuster will keep the excess carrier updated, and the file will reflect actions clearly in writing so that no issue arises that can affect coverage available to the County.

The adjuster completes the initial and subsequent excess report by utilizing the carrier's appropriate form or format. The adjuster completes the referral to the excess carrier when reserves are established or increased to the reporting level set by each excess carrier or when the severity or type of claim warrants or requires reporting.

The adjuster will submit excess reports to all parties as required and maintains a copy of the excess report on the correspondence screen. The adjuster updates the claim file with each report to the excess carrier. The claims adjuster shall submit documents of all relevant medical information in our possession, along with pertinent legal correspondence with the initial excess report. A benefit printout detailing all benefits paid to date shall accompany each report.

The adjuster contacts the excess carrier for authorization to settle any case over the reportable retention level established for that policy period. This authorization may include settlement or waiver of any subrogation or liens. The adjuster documents any authorization received from the excess carrier in the claim file.

MMSEA/SECTION 111. TRISTAR is compliant with all aspects of the Medicare, Medicaid and SCHIP Extension Act of 2007. Our multi-disciplinary team (project management, IT, legal, quality assurance, and claims operations) assures compliance for both liability and workers' compensation. As long as the Client utilizes our claims software, the Client (Responsible Reporting Entity) may designate TRISTAR as the Reporting Agent to report to CMS.

On behalf of the Client, the examiner gathers all the required information to enter in the claims system. The examiner enters the settlement's date and amount into specific fields in the claims system to capture the data electronically required for mandatory reporting.

TRISTAR has implemented quality assurance procedures to ensure information is collected and documented. Reporting occurs as mandated by CMS.

The entire process is automated. The IT Department will run test scripts to ensure the data is accurate and submit the Client's data to CMS during the Client's quarterly submission period. TRISTAR will continue quarterly reporting as required for applicable claims as long as TRISTAR provides claims administration services for the Client. Exceptions are managed internally by the TRISTAR IT and Operation team.

In addition to periodic Web-based training seminars and Internet websites, clients can access more information on our website at www.TRISTARrisk.com or access our management team at SCHIP.Support@TRISTARgroup.net.

SETTLEMENTS. A primary goal of the workers' compensation claims program is to avoid unnecessary litigation. The adjuster accomplishes this by securing the injured employee's confidence that their claim will be handled promptly, administered fairly, and that they will receive the full measure of benefits to which they are entitled. Attorney representation and subsequent litigation costs remain among the single most significant contributors to increased workers' compensation costs.

TRISTAR strives to manage the injured party's claim effectively and efficiently during this critical period. The longer a claim is open, the greater possibility of litigation. The early stages of a claim are paramount in controlling the disability event, managing the medical effort, and avoiding attorney representation. Reducing the percent of litigated claims will save the County considerable dollars in both benefits paid and allocated and litigation expenses.

The adjuster will adhere to the Special Client Handling Instructions for specific settlement requirements, discretionary settlement authority, and recommendations. When a claim has or will pierce the retention level, the adjuster must include the excess carrier in the settlement negotiations; failure to do so may breach the client's contract with the excess carrier resulting in a reduced recovery. The adjuster will forward demands and other settlement requests to the client upon receipt. The adjuster will indicate the referral and corresponding documents in the claims system and complete a referral form for the client.

A claim settlement often involves many different parties, including the client, the adjuster, excess carriers, Medicare, claimant, defense, or in-house counsel, and various lien claimants. Communication between all parties is essential to ensure that the adjuster addresses all issues and makes settlement recommendations.

The adjuster will assist and help obtain any information necessary to assist the client in pursuing settlements. In addition to recommending settlement strategies, this may include arranging medical/legal evaluations, outside investigations, independent medical evaluations (IMEs), permanent disability evaluations, and providing medical and personnel records to avoid unnecessary subpoena and photocopy costs.

If an employee retains an attorney and litigates their claim, where appropriate, TRISTAR will:

- Assign the case to a defense attorney selected, as agreed to, by the County
- Monitor the defense attorney's activity
- Coordinate legal efforts between the County and the defense attorney
- Monitor legal costs

A claim settlement often involves many different parties: TRISTAR, the County, excess carriers, Medicare, defense and claimant attorneys, and various lien claimants. Communication between all parties is essential to ensure the adjuster addresses and resolves all issues.

The adjuster will adhere to the County's claim handling guidelines for specific settlement authorization requirements. The adjuster will provide all supporting documents with the settlement authority request submitted to the County. Once the adjuster receives settlement authorization from the County, settlement negotiations may proceed.

the County establishes settlement authority levels; the claim handling guidelines detail authority limits. The adjuster must be aware of settlement authority levels for each self-insured or insurer client as well as TRISTAR's internal authority levels. The adjuster obtains settlement authority from the appropriate authorities on all settlements. The adjuster accomplishes this utilizing the Settlement Authority Request Form, which requires authorization in writing.

When a claim has or will pierce the self-insured retention level, the adjuster must include the settlement negotiations' excess carrier. Failure to do so may breach the client's contract with the excess carrier resulting in a reduced recovery. The adjuster documents all settlement negotiations and agreements in the claim system notepad and the litigation and settlement screens.

LITIGATION MANAGEMENT. Litigation results in increased costs and delays the eventual resolution and closure of claims. Legal management begins with professional, timely claims handling and establishing a line of communication with the claimant. Frustration, confusion, and distrust of the claims system are primary reasons that claimants seek representation.

TRISTAR helps our clients have the tools, information, and support to address all litigated claims. If a claimant obtains representation, the adjuster continues to manage the claim professionally and proactively. The adjuster handles litigated claims as appropriate. TRISTAR will adhere to the County's operating instructions regarding the assignment of representation, including client-selected attorneys selection if desired. The TRISTAR adjuster will:

- Handle non-disputed litigated files internally
- Make legal assignments as applicable on a specific task basis only, unless otherwise directed by the County
- Utilize a pre-approved legal panel with negotiated hourly rates, unless otherwise directed by the County

Adjusters may make referrals to defense counsel for:

- Disputed claims requiring depositions and trial

- Disputed issues such as apportionment, earnings, extent of permanent disability, coverage, or co-defendants
- One time deposition or appearance at a hearing
- Claims involving complex subrogation with a high paid amount and opportunity for recovery
- Per Special Client Handling Instructions

TRISTAR will effectively assist the County in controlling defense costs by only utilizing defense attorneys for legal recommendations and litigation processes. The adjuster will assist defense counsel by providing certain activities such as:

- Preparing a report and summary and recommended strategy of the case upon assignment to counsel
- Setting up medical/legal evaluations
- Arranging for an outside investigation, including Sub-Rosa
- Sharing medical and personnel records with all interested parties to avoid unnecessary subpoena and photocopy costs
- Arranging for agreed independent medical evaluations or IME's
- Arranging for permanent disability evaluations

TRISTAR utilizes effective cost containment practices to take the burden off our clients' resources. We closely monitor legal expenses to ensure that all service providers supply the most cost-effective results for our clients, and we design, recommend, implement, and maintain cost containment programs, such as the following:

- Pre-approved legal panel with negotiated hourly rates
- Legal assignments on a specific task basis only
- Control of legal files maintained by the claims adjuster
- Non-disputed litigated files handled internally
- Investigations handled by in-house staff as applicable

TRISTAR will supervise the County's legal obligations, protect and preserve the County's interests. Our staff will closely monitor legal expenses to ensure that all service providers supply the most cost-effective results for the County. We design, recommend, implement, and maintain cost containment programs.

Upon assignment to counsel, the adjuster will:

- Prepare a summary and recommended strategy of the case
- Direct and evaluate litigation management throughout the life of the claim
- Move the claim towards closure in a timely and cost-effective manner
- Coordinate legal efforts between the County and the defense attorney
- Monitor legal costs, review legal bills for accuracy and appropriateness
- Continue to manage all routine tasks performed by the claims adjuster, such as setting medical appointments and evaluations, sending mileage checks, requesting medical records, or referrals to any outside vendor, including sub-rosa
- Share medical and personnel records with appropriate parties to avoid unnecessary subpoena and photocopy costs

Loss Control Services

TRISTAR's Loss Control Company, Aspen, can assist the County's Risk Management staff in leading, managing, and supporting members with onsite and remote consultation. These services may include webinars, onsite hazard evaluations, program development, specialized training, and leadership development. Our team of safety professionals can supplement and increase current training offerings in the areas of active shooters, heavy equipment, bloodborne exposures, etc. We have experience in managing unique exposures such as public safety, parks and recreation, water sanitation, and public buildings.

Aspen also conducts ergonomic assessments and solves ergonomic problems onsite and online through its team of ERGOhealthy Coaches. We work with people in traditional business, telecommuting, remote office, school, and home office environments. Services include remote office ergonomic assessments, online ergonomic resource centers (customized to each client), and various ergonomic training such as Ergonomic First Responder, and Ergonomics 101.

We believe in a balance of online and in-person training to validate employee knowledge and promote discussion and problem-solving. Our team can supplement the Target Solutions training model with useful, hands-on validation of learning.

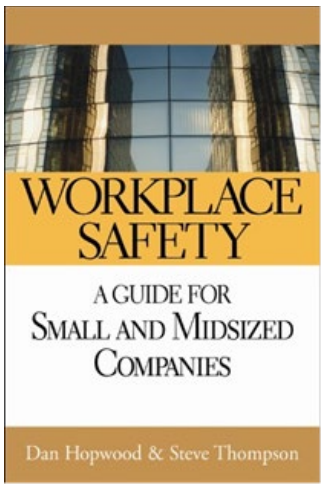


Figure 6: *A leading resource in the field is a book written by two of our consultants*

Financial Funding and Payment Overview

Types of Loss Funding/Banking Arrangements

TRISTAR offers the following banking options for funding claim payments, which are varied and adaptable to individual client preference, ranging from fully automatically reconciled trust accounts to client-maintained and zero balance accounts.

ZERO BALANCE CHECKING ACCOUNT. A zero balance checking account can maximize funds in interest-bearing accounts for the County. TRISTAR would be a signatory on the account established and usually managed by the County. In this type of arrangement, the client transfers funds nightly from the interest-bearing account into the checking account to cover the checks that cleared that day. Under this scenario, the bank sends statements to the client for monthly reconciliation. TRISTAR provides periodic check registers to the client to meet its financial accounting requirements.

ESCROW OR IMPREST ACCOUNT. TRISTAR can establish an escrow or imprest account on behalf of the County. Generally, these accounts require a deposit from the client of 2.5 times the average monthly claims payments. This deposit may be less if the client can replenish the account in a short period using ACH or wire transfer. TRISTAR will make payments from this account and invoice the client monthly to replenish the funds. The County does not incur any charges for checks or banking for this type of account. The TRISTAR Accounting office performs monthly bank reconciliations for all TRISTAR trust accounts and submits bank statements, check registers and reconciliations, and replenishment invoices to the County.

Options available to the County for trust account replenishments include, but are not limited to, the following:

- Wire Transfer: client wires funds to the trust account.

- ACH Transfer: TRISTAR transfers funds via our bank's automated banking service from the client's account to the trust account - daily, weekly, or monthly.

Over 95% of our self-insured clients have imprest accounts with Citizens Business Bank (CBB). It is helpful and critical that we have internal financial processes in place to provide our customers with extensive financial controls and efficiencies created with EDI interfaces.

Benefits include, but are not limited to:

- Direct online access to the account
- Positive pay interface - daily downloads of checks issued from TRISTAR claim system to CBB
- Same day courier services for check deposits
- ACH capabilities for our clients that allow for electronic transfer of funds at minimal cost compared to "wire transfers"
- The industry-only electronic and manual check clearing process

These controls are critical to our compliance with SSAE 18 SOC 1 (Type II)/SOC 2 (Type II) standards and financial audit performance. TRISTAR requires Positive Pay to keep the client's funds secure and comply with SSAE 18 SOC 1 (Type II)/SOC 2 (Type II) standards. In addition to CBB, TRISTAR has positive pay interfaces with many banks, including Wells Fargo, Bank of America, California Bank and Trust, U.S. Bank, Union Bank of California, Bank of the West, Prosperity Bank, JPM Chase, and others.

Check Security

TRISTAR ensures check security internally through various means and by outsourcing actual funds disbursement through ECHO Health. ECHO processes more than 60 million payment transactions each year and more than $10 billion in healthcare benefit payments. Online, you can view a full accounting for every penny issued through ECHO. Security levels are placed within the Claims Management system via role and password restrictions to ensure the following:

- Vendor addition is controlled at the home office and limited to person(s) with no authority to input or print checks.
- All payments require the vendor to first be set up in TRISTAR's system.
- All vendors are validated as legitimate businesses before entry into the system.
- Authority levels are established to allow for checks to be entered up to a specified amount, depending on the level of security assigned to the individual staff members with payment entry rights.
- Individuals who enter payments do not print checks; printing is outsourced to Echo
- All employees undergo rigorous background checks prior to the extension of an employment offer.
- All payments are reviewed by a supervisor level (or above) staff prior to authorizing them to be printed on a daily basis.

The following procedures are enforced to enhance check-writing security:

- All accounts are reconciled to the paid amount on the claims loss run monthly and are reviewed by the Branch Manager.
- Bank reconciliation is performed monthly at the home office on all TRISTAR trust accounts. The client reconciles client accounts.
- Electronic approval of payments at client-specific thresholds can be accommodated.

Non-TRISTAR Risk Management trust accounts may have additional check signers from the client if requested. Injured workers receive paper checks, or where permitted by jurisdiction and elected by the worker, workers may receive payment via direct deposit.

Payment data for medical providers is consolidated and sorted by individual providers and, at the provider's option, is sent either electronically or in a consolidated paper draft statement. When the provider receives this consolidated payment, it becomes a credit to his/her account, passes through the Federal Reserve, and is presented to ECHO Health electronically at its clearing bank. ECHO clears payments daily as they become presented and honored, linking this information back to your approved check registers.

Our check printer has established physical security by ensuring that the following measures are taken at all offices that print checks:

- All check stock is kept in a locked cabinet.
- All printers have locks on both the paper tray and the entire printer.
- The printer and stock are kept in a locked room.

All Check Stock has the following security features:

- UV Dull
- Fluorescent fibers
- Artificial watermark
- Bleach reactive, full solvent reactive
- Toner grip
- Void pantograph (says VOID when copied)
- Microprinting
- Border copy warning
- Gradient colored check face
- Special pantograph in the signature area
- Thermochromic ink (heat sensitive spot)

If a client chooses not to participate in the ECHO Health payment system, TRISTAR will discuss other options available during implementation.

Managed Care/Medical Management

TRISTAR offers various cost containment strategies for clients, including managed care programs that include 24/7 call center, nurse triage, early intervention, predictive return to work modeling, telephonic and field case management, physician review, treatment protocols, and customized wellness programs, and more. Our bill review audit and PPO network access programs are part of our cost containment strategies. Our ability to negotiate the best price nationally affords our customers the best outcomes.

MEDICAL BILL REVIEW. TRISTAR reviews all types of medical bills, including but not limited to medical provider bills, facility fees, prescription invoices, radiology, durable medical equipment, and other ancillary service invoices. TRISTAR also reviews non-medical bills or "pass-through" bills, as applicable. TRISTAR is responsible for entering all bill review information into our bill review software wholly and accurately. We will track the receipt, input, processing time, and accuracy of each bill submitted.

TELEPHONIC NURSE TRIAGE. TRISTAR's nurse triage model helps to assure timely reporting and has proven effective in reducing the severity and the incidence of claims. Our US-based, in-house 24-hour call center is accessed via a toll-free phone number and is staffed by highly skilled nurse case management personnel who capture pertinent medical details. When an injured employee (or supervisor) reaches our nurse triage call center, we can customize our triage intake script to each client's needs. The nurse aids the injured worker in self-treatment or sets up appointments with the appropriate provider utilizing medical triage guidelines, including follow-up calls and transfer to the claim team and/or early intervention nurse if any. All calls are recorded and available to our adjusters, managers, and the client.

NURSE CASE MANAGEMENT. TRISTAR defines medical case management as the establishment and coordination of a treatment plan that is medically appropriate and enforces the application of the treatment plan. We are committed to improving the quality of care and controlling costs while managing treatment to ensure optimum outcomes. Medical case managers maintain contact with employees, doctors, claims professionals to control medical utilization, obtain enhanced injured employee compliance with optimal treatment protocols, and expedite return to work. Telephonic and Field Case Management can be an integral part of an interdisciplinary team to facilitate open communication with the common goal of return-to-work, coordination of care, and return to health for the injured worker. It is the case manager's goal to promote quality, timely, and cost-effective outcomes. The case manager works with the employer to identify claims with a high frequency and meet the organization's specific challenges. Case managers work closely with the injured worker, health care provider, and the departments to facilitate timely and appropriate medical care and coordinate a safe and timely return to work.

PHARMACY BENEFITS MANAGEMENT. TRISTAR offers an in-house Pharmacy Benefit Management program and pharmacy networks. This program has a nearly 100% network penetration due to relationships with the largest pharmacy chains (e.g., Walgreens, CVS, Rite Aid, etc.) and an extensive home delivery program.

UTILIZATION REVIEW. TRISTAR is a URAC-accredited provider of workers' compensation utilization management services. The URAC accreditation seal demonstrates TRISTAR's commitment to quality, nationally recognized guidelines, and evidence-based medicine. The County can be confident that TRISTAR's processes meet widely recognized national standards and respect patients' and providers' rights.

urac®
ACCREDITED
Workers' Compensation Utilization Management
Expires 06/01/2024

PHARMACY UTILIZATION REVIEW. The control and management of opioids and other narcotics are crucial to effective workers' compensation claims management. While narcotics and opioids may be necessary for managing chronic pain, a multidisciplinary approach involving the physician, the injured worker, and the pharmacy expert is needed to establish a medication regimen with measurable treatment goals that focus on the patient's safety. Our proprietary formulary design flags opioids and other narcotics and forwards any alerts to our pharmacy Utilization Review professionals. TRISTAR's approach is to prevent initial narcotic prescriptions. When indicated, we follow the CDC's "go low, go slow" guidelines. Our formulary review also checks to ensure that contraindicated medications are not prescribed. At the point of sale, the health professional will review the medical information to determine if the medication is appropriate. Should we identify the potential for abuse or misuse, our pharmacy utilization review professional will work with the treating physician to ensure the medication is weaned appropriately. When the treating provider is not cooperative, we have access to multi-specialty physicians to assist with weaning.

PPO NETWORKS. TRISTAR has many of its own national and regional PPO contracts, and additionally, TRISTAR provides access to a multitude of national PPO networks to maximize reductions. This provides network access for our clients to drive higher penetration rates and more considerable savings. TRISTAR's access to PPO networks provide broad geographical coverage and result in reductions more significant than other bill review service providers and access for injured workers who may be seeking treatment outside of the County's primary jurisdiction.

TELEMEDICINE. The program offered to the County for telemedicine utilizes physicians who are occupational physicians specializing in work-related injuries and illnesses or specialty providers based on the type of injury. Physician charges for evaluation and management are fee scheduled with a PPO discount for the County, the same as if the employee was seen in the doctor's office. TRISTAR utilizes

Concentra for this program, and the member can designate Concentra Telemedicine as one of its designated providers. TRISTAR has set up customized workflow processes to provide work status, medical records to authorized personnel after an employee has utilized telemedicine.

ORTHO-SPINE NETWORK. TRISTAR has implemented an ambulatory surgical network that we believe will benefit the County and its employees. Provided through Paradigm, this surgical and implant specialty network has unmatched surgical industry knowledge and stakeholder relationships. The network physicians have a comprehensive understanding of workers' compensation workflow and provider/physician dynamics required to manage the administration of a complex network category. The network is a comprehensive, outcomes-based, and quality-based Surgeon and Ambulatory Surgical Networks for workers' compensation payers like the County.

OTHER SERVICES. TRISTAR has established relationships with specialty service providers for durable medical equipment programs, radiology services, physical therapy and physical medicine, implantable devices, translation, transportation, AOE/COE, surveillance and fraud investigations, Medicare-Set-Aside, and structured settlement services and negotiated appraisal services. These programs are an integral part of our services. Electronic interfaces with service providers provide TRISTAR with the ability to continue their own paperless document technology enhancements for our programs.

Additionally, TRISTAR has legal cost containment programs that include negotiated rates, litigation budget expectations, and recommended legal referral. All staff is trained to identify and pursue subrogation opportunities.

Risk Management Information Systems

TRISTAR's Risk Management Information Systems (RMIS) are proprietary systems developed in-house to streamline claim management and managed care. The claims system provides adjusters with automated access to forms, rates, rules, and regulations to streamline the adjudication process. Standard forms can be customized for customers to reiterate the client's return to work policies and procedures, and our business rules will calculate average weekly wage (AWW) and indemnity benefits. Adjusters have access to federal and state laws, regulations, and rates, medical treatment guidelines, and more.

TRISTAR's RMIS for both claims management and managed care connected to **TRISTAR Connect**, a client access portal, for real-time accessibility to claim detail and data. The system is paperless, web-based, and offers Android and Apple compatible mobile apps for employers and claimants. TRISTAR Connect provides access to a client dashboard, individual claim detail, and reports. TRISTAR Connect is accessible online using standard software, such as Internet Explorer or Google Chrome browsers, PDF Reader for viewing charts and generated reports, Microsoft Excel for download functionality and generated reports, and AlternaTiff for viewing images. We invite the County to view a video overview online at **https://youtu.be/B0zieD306gY**.

TRISTAR's proprietary RMIS system and client portal are maintained and updated by a dedicated staff of highly trained and experienced IT personnel. They are accessible to clients during business hours. IT will work with the County to provide access to authorized users of the County. IT can also customize access for individual users.

DASHBOARD: Our goal is to deliver relevant, actionable information in a user-friendly dashboard view. There are three tabs within the dashboard, each sharing critical metrics in a presentation-ready format: Claim, Financial, and Loss Control. Our claim view includes a Trial Calendar with a rolling two-month view of upcoming hearing and trial dates. Each dashboard screen offers a one-click dropdown to view the data populating the report, an option to print or export, and many of the dashboard reports include "hot sites" where merely scrolling the mouse over the site will produce a pop-up with key detail on that data point.

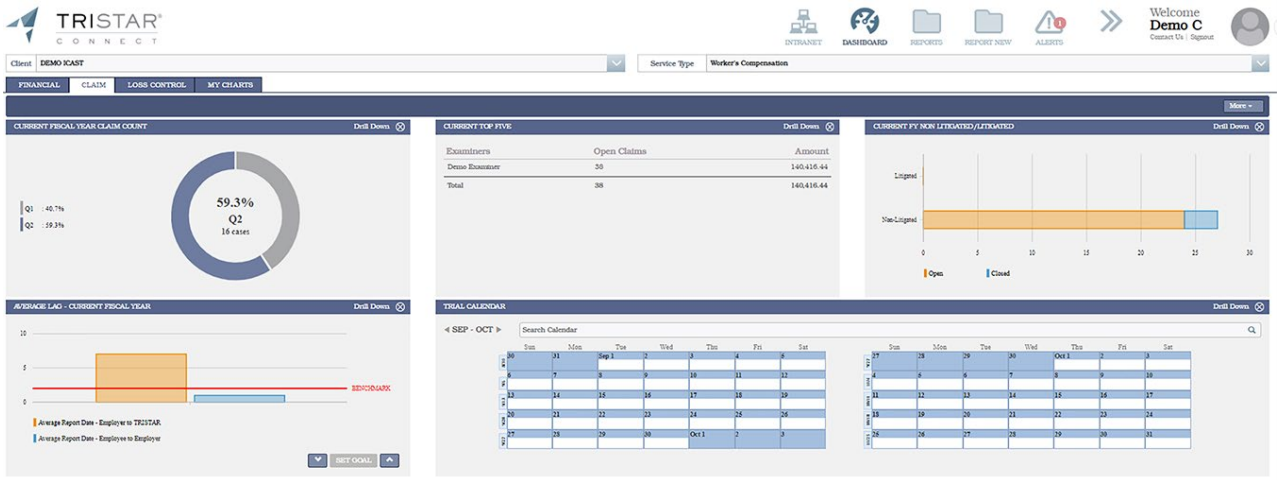


Figure 7: *Sample Dashboard Screenshot of TRISTAR Connect.*

CLAIM DETAIL: Includes diary, notes, payment processing, reserves/reserve changes, litigation, medical management, policy management, correspondence, work status and restrictions, vendor tracking, correspondence, and more. Users can open three separate claims simultaneously via independent tabs within the portal.

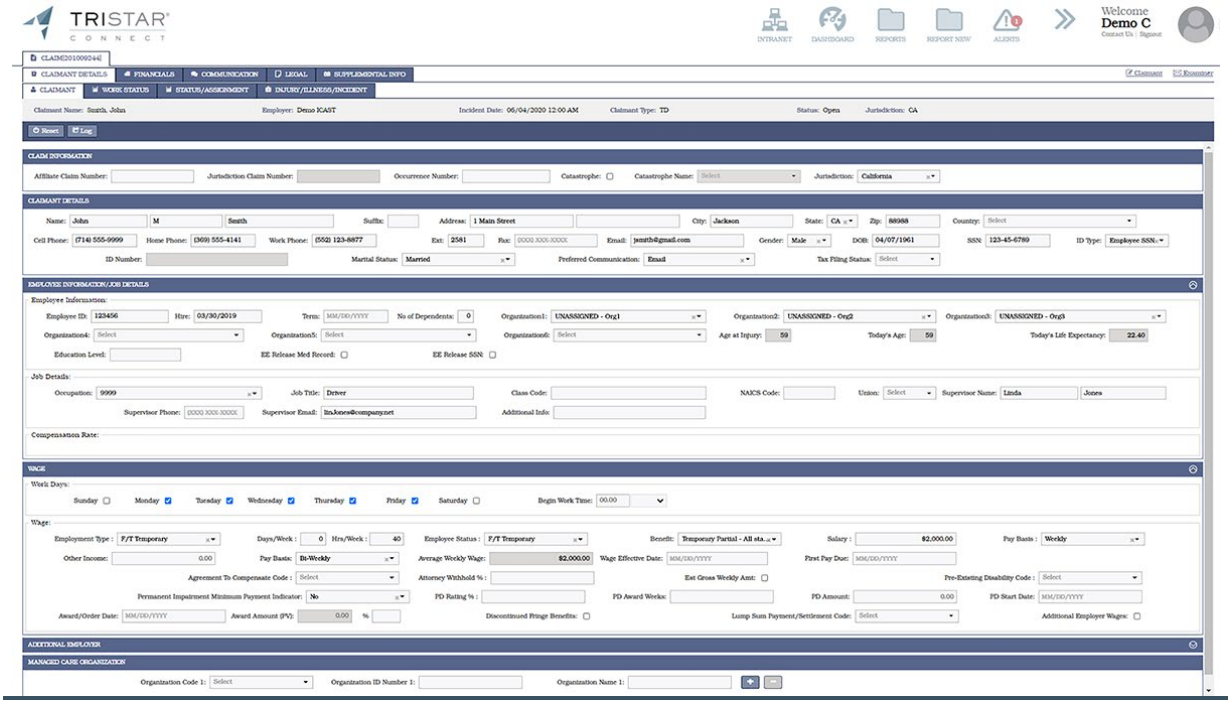


Figure 8: *Screenshot of a Sample TRISTAR Connect Claimant Claim Detail screen.*

REPORT MODULE: Standard management reports and customized, ad hoc reports are available to run, view, print, email, or download. We offer over 80 reports such as Loss Prevention, Loss Triangles, Claim Log, 1099s, etc. Reports may be programmed to run automatically or a user-designated schedule.

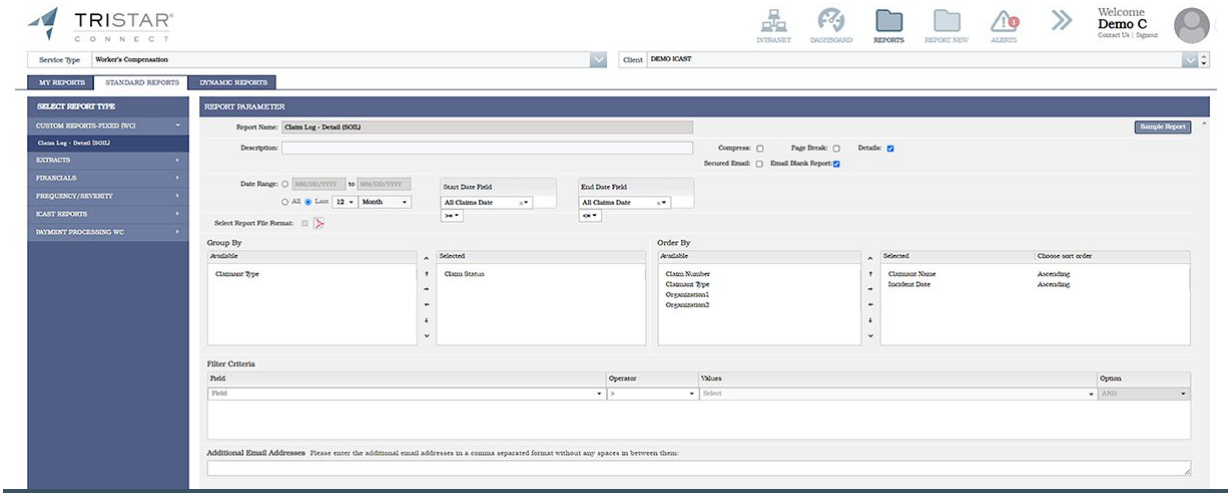


Figure 9: *TRISTAR Connect Report Generator Screenshot.*

ALERTS: Our TRISTAR Connect tools allow for customized alerts based on client-specific criteria, such as reserve changes over a given amount, large payments, closing notices, and the like.

Please see **Exhibit XX: TRISTAR Connect Overview** for more details.

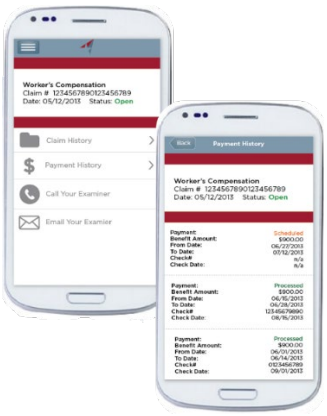
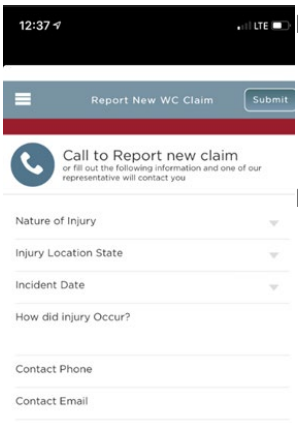


Figure 10: *TRISTAR Connect includes a mobile app that gives our clients and their employees access to basic claim information on their telephone.*



Mobile App for workers' compensation can allow employees to:

- View existing claims
- View payments
- Report new claims
- Call their adjuster
- Email their adjuster

Mobile App additional screens for employers can allow clients to:

- See pre-defined charts and graphs
- Mobile App can only be used by authorized users to report a claim. The authorized user must download the TRISTAR Mobile application on Mobile Phone (IOS and Android) and register successfully. Only basic information is required for submission so that the adjuster can contact the injured employee to obtain additional information required for claim submission.

CLARA ANALYTICS. Via the use of CLARA analytics' cloud-based applications suite, CLARA Providers, CLARA Claims, CLARA Litigation, and CLARA Risk Management Toolkit, TRISTAR offers a wealth of information specific to both utilization and providers.

CLARA's Risk Management Toolkit (RMT) application is an advanced Artificial Intelligence (AI) based toolkit to assist claim managers and adjusters in evaluating an entire claim population's performance. It can help managers understand the underlying costs that affect a group of claims and predict trends that could negatively impact the future. The new RMT is part of the CLARA claims product, which utilizes AI to help adjusters better manage claims in real-time and identify at-risk claims before they escalate. RMT leverages various machine learning and natural language processing techniques to analyze both structured and unstructured data, such as observations mined from claim notes, medical records, images, and other documents. Incorporating unstructured data into AI models results in a more accurate and detailed analysis that can inform decision-making and reduce claims' severity and frequency.

Risk managers can use the toolkit to conduct an on-demand analysis that identifies the factors driving claim complexity and attorney involvement. They can also review the providers and attorneys that affect costs within a group of claims to ascertain their macro impact versus what happens in a single claim. The analysis is based on the predicted complexity of the claim pool. The case-mix is adjusted to offer a more detailed and in-depth look than the average severity and frequency levels commonly found today.

The application provides for the easy identification of providers utilized by insured location, division, group, or any other breakdown based on fields in the claims system that can identify the desired population. Because the new tool tracks trends over time, it can identify potential high-severity claims rapidly. Machine learning-based alerts are triggered when adverse trends occur so that claims teams can

make necessary adjustments. Users do not have to wait for alerts to accurately understand a group of claims or see the big picture. They can easily create custom dashboard views with extensive filters to generate reports to guide decisions based on up-to-the-minute data.

CLARA Analytics also provides a fully integrated MSA feature, which helps teams mitigate claim costs by identifying claims at risk for litigation or delays. CLARA's MSA solution provides:

- Automated identification of claims likely to need an MSA based on claim attributes
- Automated MSA report generation at the push of a button
- Ability to combine/separate multiple claims to assess cost differences
- Updated reports as often as needed based on changing treatment under the claim
- Push-button inclusion/exclusion of body parts and comorbid conditions at the time of MSA generation
- Availability in traditional CMS and EBM-based formats
- CMS submission of final MSA, with amended reviews where indicated

REPORT GENERATION. The claim system provides many reports designed to enable personnel to analyze data from the risk management perspective. Reports can be produced in real-time or for user-defined reporting history periods.

The system includes dozens of standard and customized reports and ad-hoc reports. Examples include Loss Prevention, Custom Claim reports, Lag Time reports, Policy and Fiscal Year Summary Report, SIR/Excess Reports, Litigation reports, Subrogation reports, Denial reports, Payment reports, Injury Matric reports, Occupation/Body Part/Nature of Injury/Incident Type reports, 1099 forms, OSHA reports, and many others. Reports may be run by Division, Agency, Department, or for any customized hierarchy. The main feature of the Report Module allows one window to query all reports. The user can add or delete reporting fields and selection criteria with ease. All terminology is common claims terminology; the end-user is isolated from the database or system language.

The user selects the report group, such as general, loss prevention, payment processing, etc. The user can then identify specific claims as well as valuation dates for the report. All reports appear first in a display window, which can also be previewed. Roll-ups are user-defined and are not pre-programmed. The end-user can specify the sorting and grouping/totaling, as desired. The ability to sort, group, and total on any field of a report has been found by our clients to be very helpful. The user can export reports in standard file formats, including Excel, ASCII CSV, and Adobe Acrobat (PDF).

Customized Report Package. TRISTAR typically provides a customized monthly, quarterly, annual, and periodic report package for our clients. Reports include fiscal or policy year summary reports, open/reopened claims reports, check registers, financial activity reports, and even safety activity reports.

Ad Hoc Reporting. Real-time ad-hoc reporting is available for user-defined report production.

Please see **Exhibit XX: Sample Reports List and Examples** for more information.

Fee Proposal

At TRISTAR, we believe that you should have a clear understanding of the price we charge for our services. We are straightforward regarding our methodology, open to discussion relative to our assumptions and cost estimates, and receptive to any alternatives you would like us to consider. Since our experience has proven that improper focus on administrative costs does not achieve the goal of properly managing total

claim disposal costs, we will work with you to strike a proper balance between controlling administrative expenses and providing the appropriate level of resources to realize the best economic outcomes on your claims. We have utilized the desired service specifications to develop our price offerings. Should a material difference be discovered in the historical data and other information provided by you or your representative that we relied on to provide this proposal, TRISTAR reserves the right to make fee adjustments as necessary. For all fee arrangements quoted, our claim service fees do not include services defined as Allocated Loss Adjustment Expense, whether employees of TRISTAR or others perform such services. Please read further for the full definition.

We believe that the County and TRISTAR's interests will be most closely aligned with a flat annual fee approach. A flat annual fee is a straightforward, transparent pricing mechanism that both parties easily administer, easily monitored by you and your auditors, and predictable for balance sheet and cash-flow purposes. It operates at reduced margins, as our operating risks are significantly reduced. There may be issues that we both are unaware of that impact the costs associated with providing superior service. A flat annual fee will allow us both the freedom to deal with these issues as they arise and make proper business decisions unencumbered by pricing concerns. Should your service needs change, flat annual fees will change to enable us to meet them. The flat annual fee includes **Claim Services and Account Administration**, as defined below.

CLAIMS SERVICE FEES include**:**

- Complete and thorough ***desk*** investigation of all claims reported, including recorded statements where necessary, in accordance with TRISTAR's Best Practices and any special service agreements made with the County
- Evaluation of liability and damages to establish appropriate reserves
- Reserve Advisories at the County-designated levels
- Notification/reporting to the County in accord with our service agreements
- Adjustment and payment of compensable claims
- Litigation Planning and Management
- Employment of anti-fraud measures including assignment and direction of investigators to reduce the possibility of payment of non-compensable claims (services of special investigators not included)
- Maintenance of a record of all investigation, payment, and adjustment activities within TRISTAR's claims system and files
- Pre-Settlement Advisories
- Structured Settlement Management (cost of structures not included)
- Large Loss Notices/Email Alerts
- Claim Acknowledgements
- Closing Notices
- Status Reports – Initial at 30 days/90 days thereafter until closure, or as otherwise agreed
- Subrogation/Recovery/Restitution – **No** Additional Recovery/Recovery Fee Charged for TRISTAR's pursuit of subrogation
- Conference calls with legal counsel and other ancillary providers as necessary or requested

ANNUAL ACCOUNT ADMINISTRATION includes:

- Account Management
- Implementation Planning and Management
- the County-Specific Claims Handling Instructions
- Account Set-Up
- Quality Assurance Management and Review

- Bank Account Management and Reconciliation (TRISTAR Accounts Only)
- Customer Meetings
- Carrier Audits
- Annual Stewardship Meeting/Report and Analytical Review
- 1099 Form Preparation
- Reporting for brokers, actuaries, consultants, and excess carriers
- Client Education Programs
- Development of Policies and Procedures

RISK MANAGEMENT INFORMATION SYSTEMS ACCESS Includes:

- **3** TRISTAR Connect User IDs
- Customer Hierarchy and Organizational Structure maintenance
- System Access to Losses, Financials, and Reserves
- Adjuster and Supervisory Notes Access
- Report Templates
- Scheduled Reports
- OSHA Logs, if desired
- State Annual and Periodic Reporting as required
- Periodic Cost Containment Reports
- Claim System Training, Help Desk Access, and Customer Service Unit Support

DATA CONVERSION AND/OR ELECTRONIC DATA INTERFACE includes: ***($175 per hour[1])***

- Mapping/Plotting of data elements
- Test runs/Exception reports and correction of any data flows
- Converting data over to TRISTAR's system
- Balancing financials (reserves and paid amounts)
- Storage of claim records

[1] Upon receipt of data layouts and other relevant information to determine an accurate scope of work for each conversion or interface required, TRISTAR may offer a flat rate to provide data conversion or custom interface services.

Claim service fees quoted presume the use of TRISTAR Managed Care services, in accordance with the rates outlined on the Preferred Provider Specialty Services page.

Please see **PROPOSAL FORM Third-party Liability Administrative Services** and **PROPOSAL FORM WC TPA Administrative Services** on the following pages for details on the pricing for the County's program.

PROPOSAL FORM FOR THIRD-PARTY LIABILITY ADMINISTRATIVE SERVICES

1. Name of proposed service provider(s): TRISTAR Risk Management

2. Location of the office that will be handling Webb County's account.

   Webb County claims are handled through TRISTAR's San Antonio branch

3. Is there 24-hour claims service? _X_ Yes ___ No

4. a. Charges for handling claims for duration of the contract term:

	3-Year Contract Fee Per-Claim-No Adjustments	3-Year Contract Fee Per-Claim Annual Adjustments
Commercial General Liability		Included
Employee Benefits Liability		Included
Auto Liability		Included
Public Officials Liability		Included
Employment Practices Liability		Included
Law Enforcement Liability		Included
Administrative Fee		Included
Other (Specify)		Included
Total Annual Fixed Fee		$10,680
Maximum Annual % Increase		Not to exceed 3%

b. Records only:

	3-Year Contract Fee Per-Claim-No Adjustments	3-Year Contract Fee Per-Claim Annual Adjustments
Commercial General Liability		Included
Employee Benefits Liability		Included
Auto Liability		Included
Public Officials Liability		Included
Employment Practices Liability		Included
Law Enforcement Liability		Included
Administrative Fee		Included
Other (Specify)		Included
Total Annual Fixed Fee		Included in 4a Fee
Maximum Annual % Increase		N/A

c. Run-ins:

	3-Year Contract Fee Per-Claim-No Adjustments	3-Year Contract Fee Per-Claim Annual Adjustments
Commercial General Liability		Included
Employee Benefits Liability		Included
Auto Liability		Included
Public Officials Liability		Included
Employment Practices Liability		Included
Law Enforcement Liability		Included
Administrative Fee		Included
Other (Specify)		
Total Annual Fixed Fee		Included in 4a Fee
Maximum Annual % Increase		N/A

5. Describe and indicate additional fees, if any, with respect to Item 4 for applicable run-off claims for each line of coverage.

   None

6. Describe additional fees, if any, related to the TPA acting as the Reporting Agent for MMSEA mandatory reporting for all claims other than workers' compensation.

   None

7. Indicate any charges and attach a description if any of the services can be broken out separately from the main contract.

8. a. Is a 3-year contract being offered? ✓ Yes ___ No

   b. If a 3-year contract is not offered, does proposal include options for two annual renewals? ✓ Yes ___ No

   c. With no change in the annual fixed fee? ___ Yes ✓ No

   If no, please explain. TRISTAR will agree to limit an annual increase to 3%.

   d. Will there be a ninety (90) day cancellation provision? Yes.

9. Claims Services:

   a. The TPA agrees that claims will be administered for events occurring from October 1, 2021, to October 1, 2024, and reported prior to the end of the three-year contract only, or at the end of a one-year renewable contract, if applicable, as well as any run-in claims.

   ✓ Yes ___ No _____ Term

   b. The TPA will appoint an account representative, in addition to line and supervisory adjusters, to serve in a management and administrative capacity.

   ✓ Yes ___ No Included Cost

   c. The TPA agrees to appoint a senior adjuster for Webb County to be available as needed.

   ✓ Yes ___ No Included Cost

   d. Organizational structure included.

   ✓ Yes ___ No Included Cost

   e. The TPA will provide on-line computer claims services.

   ✓ Yes ___ No Included Cost

Provide a description of the on-line computer claims service and attach a sample copy of exhibit.

TRISTAR's Risk Management Information Systems (RMIS) are proprietary systems developed in-house to streamline claim management and managed care.

Please refer to Risk Management Information Systems section in the main body of the proposal for more details as well as **Exhibit A: TRISTAR Connect Overview** for more details.

f. The TPA will provide:

Monthly reports of all claims.

✓ Yes ___ No Included Cost

Monthly summaries of the loss fund and expenditures.

✓ Yes ___ No Included Cost

Monthly reports of all claims with breakdowns of claims by:

Department	✓ Yes	___ No
Accident type	✓ Yes	___ No
Claimant age/gender/occupation	✓ Yes	___ No
Claim severity	✓ Yes	___ No
Line of coverage	✓ Yes	___ No
Claim experience level	✓ Yes	___ No
Time of day/week/year of accident	✓ Yes	___ No
Type of equipment involved	✓ Yes	___ No

Include specimen copies of claim reports.

g. The TPA agrees to quarterly meetings with appropriate County personnel to review open claims.

✓ Yes ___ No Included Cost

h. The TPA will use Webb County's current injury codes, classification codes and department codes.

✓ Yes ___ No Included Cost

i. The indemnity and hold-harmless provisions in favor of the County for loss due to an allegation of an improper claims settlement, error or omission will be included in the service agreement, as well as negligent acts that result or bodily injury/property damage to third parties.

✓ Yes ___ No _____ Cost

j. The TPA will comply with excess insurance claims reporting requirements.

✓ Yes ___ No Included Cost

k. The TPA will furnish the County detailed monthly summaries of the loss fund bank account and expenditures, if applicable.

✓ Yes ____ No Included _____ Cost

l. The TPA will submit to approval by the excess liability insurer, if applicable.

✓ Yes ____ No Included _____ Cost

10. Claims Administration:

a. Twenty-four (24)-hour claims reporting.

✓ Yes ____ No

b. All claimants contacted within twenty-four (24) hours of receiving notice.

✓ Yes ____ No

c. All claims investigated, reserved and/or settled in accordance with generally accepted loss adjustment standards.

✓ Yes ____ No

d. The TPA will monitor medical treatment of injured claimant and obtain appropriate medical reports.

✓ Yes ____ No

e. Approval for settlement of claims in excess of authority agreed upon and denial of claims will be obtained from Webb County.

✓ Yes ____ No

f. Webb County retains the right to direct the handling of claims.

✓ Yes ____ No

g. The TPA will conduct field investigations, as necessary.

✓ Yes ____ No

h. The TPA will obtain recorded statements and/or signed statements from witnesses, claimants and the insured, as necessary.

✓ Yes ____ No

i. The TPA agrees to conduct on-site investigations within twenty-four (24) hours at the request of Webb County.

✓ Yes ____ No

j. The TPA will prepare and provide narrative reports as requested.

✓ Yes ____ No

k. The TPA will protect the rights of Webb County and pursue subrogation.

✓ Yes ____ No

l. The TPA will negotiate claim settlement within its discretionary authority or as otherwise expressly authorized by the County.

✓ Yes ____ No

m. The TPA will consult with Webb County and defense attorneys in the settlement of litigated claims, and provide and monitor files for the defense and outcome.

✓ Yes ____ No

n. The TPA will assist and coordinate with the selection of defense counsel. Webb County retains the right to select the attorney(s) it chooses.
✓ Yes ___ No

o. The TPA will be available for implementation and ongoing operation of Webb County's claims management program.
✓ Yes ___ No

11. General Requirements:

a. A description of policies and procedures to ensure and measure internal quality control is included.
✓ Yes ___ No

b. The selected TPA agrees to periodic claims audits by Webb County or an independent firm.
✓ Yes ___ No

c. Describe any services that are outside the scope of the basic contract, including any changes associated with those services

Please see the **Allocated Loss Adjustment Expenses** (page 46) and the **Preferred Provider Specialty Services** in the **Fee Proposal** of the main proposal for a complete and detailed listing of these services that are outside the scope of the basic contract.

d. Describe the fund and/or security arrangement, and the method used to determine the amount to be maintained in the fund.

TRISTAR proposes continuing the current arrangements including the determination of the levels to be maintained in the funding account.
For details of the options available for funding the program, please see the main proposal **Project Approach Section: Financial Funding and Payment Overview** for details.

e. TPA is duly licensed by the State of Texas.
✓ Yes ___ No

f. Certificates of insurance will be provided that fully comply with the TPA insurance requirements set forth in the "General Requirements", No. 6.
✓ Yes ___ No

Please explain. Please see **Exhibit C: Certificates of Insurance** that comply with all insurance requirements set forth in the "General Requirements", No. 6.

12. Confirm that all items in Exhibit 2 are contemplated by your proposal.

✓ Yes ___ No

If no, please explain.

13. Can you convert current and historical CStar data to your own system?

✓ Yes ___ No

If yes, is there a conversion cost? ✓ Yes ___ No

Amount Included

If no, what do you propose for obtaining the current and historical claims information?

14. Please indicate method of fee payment (monthly, quarterly, etc.).

TRISTAR will agree to monthly or quarterly method of fee payment.

15. 13. Is your quote contingent on any other service(s)? ✓ Yes ___ No

If so, what service(s)?

TRISTAR will handle the workers compensation program and provide cost containment services for the County.

Authorized Signature	TRISTAR Risk Management	06/14/2021
	Company	Date

PROPOSAL FORM FOR WC TPA ADMINISTRATIVE SERVICES

1. Name of proposed service provider(s): TRISTAR Risk Management

2. Location of the office that will be handling Webb County's account.

   Webb County claims are handled through TRISTAR's San Antonio branch

3. Is there 24-hour claims service? _X_ Yes ___ No

4. Charges for handling claims for duration of the contract term (run-off costs are additional):

	3-Year Contract Fee Per-Claim-No Adjustments	3-Year Contract Fee Per-Claim Annual Adjustments
Workers Comp Indemnity Medical-Only Report-Only		
Administrative Fee		
Other (Specify)		
Total Annual Fixed Fee		$60,515
Maximum Annual % Increase		Not to exceed 3%
Additional Costs for Run-In Claims Indemnity Medical-Only Other		Included

5. Describe and indicate additional fees, if any, with respect to Item 4 for applicable run-offs for each line of coverage.

Should the County terminate the contract, TRISTAR will agree to negotiate a reasonable annual fee based on the number of pending open claims.

6. Describe additional fees, if any, related to the TPA acting as the Reporting Agent for MMSEA per reporting requirements for workers' compensation.

7. Describe additional fee (hourly rate) for up to 100 hours of loss control services.

   Aspen Risk Management (a TRISTAR company) $ 150 per hour.

8. Indicate any charges and attach a description for the following. Also indicate in the "yes" column if the services can be broken out separately from the main contract.

		Yes
Medical Case Management	See attached Preferred Provider Services	
Utilization Review Services	See attached Preferred Provider Services	
Medical Bill Audits	See attached Preferred Provider Services	
Use of PPO Network(s)	See attached Preferred Provider Services	
Rehabilitation Services	See attached Preferred Provider Services	✓
Vocational Case Management Services	See attached Preferred Provider Services	✓
Return-to-Work/Medical Provider Programs	See attached Preferred Provider Services	✓
On-Line Computer Services	Included in Annual fee	
Attending DWC Hearings		
Impairment Rating Review		✓
Pursuing Subrogation	Included in Annual fee	✓
Run-In Costs (Open Claims)	Included in Annual fee	
Run-Off Costs (Open Claims)	To be determined	
Re-Open Prior Claims (Per-Claim Basis)	Included in Annual fee	
Peer Review	See attached Preferred Provider Services	✓
Attending Mediation		✓
Attorney Fees		✓
Private Investigation/ Surveillance		✓
Precertification/Preauthorization	See attached Preferred Provider Services	
Other (Specify)	See attached Preferred Provider Services	

9. a. Is a 3-year contract being offered? ✓ Yes ___ No

   b. If not, does proposal include options for two annual renewals? ✓ Yes ___ No

   a. With no change in the annual fixed fee? ___ Yes ✓ No

   If no, please explain.

   b. Will there be a ninety (90) day cancellation provision? ✓ Yes ___ No

10. Claims Services:

   a. The TPA agrees that claims will be administered for events occurring from October 1, 2021, to October 1, 2024, and reported prior to the end of the three-year contract only, or at the end of a one-year renewable contract, if applicable, as well as any run-in claims.
   ✓ Yes ___ No Life of Contract Term

   b. The TPA will appoint an account representative, in addition to line and supervising adjusters, to serve in a management and administrative capacity.
   ✓ Yes ___ No Included Cost

   c. The TPA agrees to appoint a senior adjuster for Webb County to be available as needed.
   ✓ Yes ___ No Included Cost

   d. Organizational structure included.
   ✓ Yes ___ No Included Cost

   e. The TPA will provide on-line computer claims services.
   ✓ Yes ___ No Included Cost

   f. The TPA will use the County's current injury codes, classification codes and department codes.
   ✓ Yes ___ No Included Cost

   g. Provide a description of the on-line computer claims service and attach a sample copy of exhibit.

TRISTAR's Risk Management Information Systems (RMIS) are proprietary systems developed in-house to streamline claim management and managed care. The claims system provides adjusters with automated access to forms, rates, rules, and regulations to streamline the adjudication process. Standard forms can be customized for customers to reiterate the client's return to work policies and procedures, and our business rules will calculate average weekly wage (AWW) and indemnity benefits. Adjusters have access to federal and state laws, regulations, and rates, medical treatment guidelines, and more.

Please refer to Risk Management Information Systems section in the main body of the proposal for more details as well as **Exhibit A: TRISTAR Connect Overview** for more details.

h. The TPA will provide:

Monthly reports of all claims.
✓ Yes ____ No Included _____ Cost

Monthly reports of medical and indemnity payments.
✓ Yes ____ No Included _____ Cost

Monthly summaries of the loss fund and expenditures.
✓ Yes ____ No Included _____ Cost

Monthly reports of all claims with breakdowns of claims by:

Department	✓ Yes	____ No
Accident type	✓ Yes	____ No
Claimant age/gender/occupation	✓ Yes	____ No
Claim severity	✓ Yes	____ No
Line of coverage	✓ Yes	____ No
Claim experience level	✓ Yes	____ No
Time of day/week/year of accident	✓ Yes	____ No
Type of equipment involved	✓ Yes	____ No

Include specimen copies of claim reports. Please see **Exhibit B: Sample Claim Reports List and Examples** for details.

i. The TPA agrees to quarterly meetings with appropriate County personnel to review open claims.
✓ Yes ____ No Included _____ Cost

j. The indemnity and hold-harmless provisions in favor of the County for loss due to an allegation of improper claims settlement, error or omission will be included in the service agreement.
✓ Yes ____ No Included _____ Cost

k. The TPA will comply with excess insurance claims reporting requirements.
✓ Yes ____ No Included _____ Cost

l. The TPA will furnish the County detailed monthly summaries of the loss fund bank account and expenditures, if applicable.
✓ Yes ____ No Included _____ Cost

m. The TPA will submit to approval by the excess workers compensation insurer, if applicable.
✓ Yes ____ No Included _____ Cost

n. The TPA will collect and report data as required by Federal, State and local authorities for the purpose of income filings.
✓ Yes ____ No Included _____ Cost

11. Claims Administration:

a. Twenty-four (24)-hour claims reporting.
✓ Yes ___ No

b. All claimants contacted within twenty-four (24) hours of receiving notice.
✓ Yes ___ No

c. All claims investigated, reserved and/or settled within state statutory guidelines, as well as generally accepted loss adjustment standards.
✓ Yes ___ No

d. Approval for settlement of claims in excess of authority agreed upon and denial of claims will be obtained from Webb County.
✓ Yes ___ No

e. Webb County retains the right to direct the handling of claims.
✓ Yes ___ No

f. The TPA will monitor medical treatment and obtain appropriate medical reports.
✓ Yes ___ No

g. The TPA will audit medical, hospital and miscellaneous invoices prior to payment.
✓ Yes ___ No

h. Webb County retains the right to select its own medical service provider.
✓ Yes ___ No

i. The TPA will make medical and indemnity payments in a timely manner, and in accordance with Webb County authorization.
✓ Yes ___ No

j. The TPA agrees to conduct on-site investigations within twenty-four (24) hours at the request of Webb County.
✓ Yes ___ No

k. The TPA will prepare and provide narrative reports as requested.
✓ Yes ___ No

l. The TPA will protect the rights of Webb County and pursue subrogation.
✓ Yes ___ No

m. The TPA will negotiate claim settlement within its discretionary authority or as otherwise expressly authorized by the County.
✓ Yes ___ No

n. The TPA will consult with the County in the settlement of litigated claims.
✓ Yes ___ No

o. The TPA will assist in the selection of defense attorneys. Webb County retains the right to select the attorney(s) it chooses.
✓ Yes ___ No

p. The TPA will be available for implementation and ongoing operation of Webb County's claims management program.
✓ Yes ___ No

q. The TPA will use claim forms provided by Webb County, or otherwise furnish the forms to the County, as necessary.

✓ Yes ___ No

12. General Requirements:

a. A description of policies and procedures to ensure and measure internal quality control is included as per item B. 1.

✓ Yes ___ No

b. The selected TPA agrees to periodic claims audits by Webb County or an independent firm.

✓ Yes ___ No

c. Indicate willingness to enter into risk sharing arrangements or performance guarantees, if selected as the provider for Webb County, and describe the evaluation criteria and financial penalties you are willing to accept. Such guarantees should include the following:

Claims—

- Percentage of clean claims processed in fourteen (14) calendar days
- Financial accuracy
- Claims item accuracy (procedural)

Customer Service—

- Percentage of all incoming calls answered in fifteen (15) seconds
- Percentage of abandoned calls
- Percentage of telephone inquiries resolved or follow-up in two (2) business days
- Percentage of all written inquiries and unanswered phone inquiries resolved in twenty-one (21) calendar days
- Percentage of all inquiries resolved in thirty (30) calendar days

Employee satisfaction--

- Percentage of employees surveyed responding “satisfied” or “very satisfied”

TRISTAR is willing to enter into a performance guarantee agreement.

d. Please provide total dollar amount and performance standards you are willing to put at risk, as well as definition and method for tracking each category.

TRISTAR has described a possible **Win-Win-Win Performance Guarantee** as a subsection of the **Fee Proposal** in the main proposal document. Please refer to that for more details.

e. Describe the fund and/or security arrangement, and the method used to determine the amount to be maintained in the fund.

TRISTAR proposes continuing the current arrangements including the determination of the levels to be maintained in the funding account.
For details of the options available for funding the program, please see the main proposal **Project Approach Section: Financial Funding and Payment Overview** for details.

f. TPA is duly licensed by the State of Texas.

✓ Yes ___ No

g. Certificates of insurance will be provided that fully comply with the TPA insurance requirements set forth in the "General Requirements", No. 6.

✓ Yes ___ No

Please explain.

Please see **Exhibit C: Certificates of Insurance** that comply with all insurance requirements set forth in the "General Requirements", No. 6.

13. Confirm that all items in Exhibit I are contemplated by your proposal.

✓ Yes ___ No

If no, please explain.

14. Can you convert current and historical CStar data to your own system?

As the incumbent , this is not applicable. ✓ Yes ___ No

If yes, is there a conversion cost? ✓ Yes ___ No

Amount Included

If no, what do you propose for obtaining the current and historical claims information?

As the incumbent, there is no need for need to bring in the historical claim data.

15. Please indicate method of fee payment (monthly, quarterly, etc.).

TRISTAR will agree to a monthly or quarterly method of payment.

16. Is your quote contingent on providing any other service(s)? X Yes ___ No

If so, what service(s)?

The utilization of TRISTAR Manage Care for cost containment services.

Authorized Signature	TRISTAR Risk Management Company	6/14/2021 Date

PREFERRED PROVIDER SPECIALTY SERVICES IN 2021. Fees listed are for Preferred Provider Specialty Services. These fees are paid as Allocated Loss Adjustment Expenses or, where required by state law, as loss.

Fees as of December 18, 2020, are subject to change without notice or upon renewal.

Service	Fee
MANAGED CARE	
Medical Bill Review	
Provider/Ancillary Bill Review	$9 per bill
Hospital Bill Review (in and outpatient)	$1.35 per line
Clinical Nurse Review	27% of savings
Implantable Device Review	30% of savings
PPO/Pharmacy/DME	27% of Savings (all savings are post fee schedule or U&C)
Specialty Bill/Out of Network Review	30% of Savings (all savings are post fee schedule or U&C)
e-billing	$1 per bill
Duplicate Bills Duplicate Line Items Monthly Savings Reporting	No Charge
Utilization Review	
One flat fee for pre-clinical review/pre-certification with nurse	$89 per pre-certification
Concurrent review	$125 per hour
Peer Review	
Level 1 (Includes review of medical records and communication of decision in writing to all parties)	$275 flat rate for peer review of episodes of care identified on medical bill review.
Level 2 (Includes review of medical records, discussion with treating physician and communication of decision in writing to all parties)	$295 flat rate when assigned by a nurse case manager following case manager file review or receipt of a referral by an adjuster for review.
Enhanced Intake and Nurse Triage	
Enhanced Telephonic First Notice (Operator service by medical assistants. Injured employee and/or supervisor calls to report claims, assistance with PPO direction, questions, and referrals. Optional integration with nurse triage services.)	$28 per intake call (waived if call moves to triage)
Telephonic Nurse Triage (Nurse aids injured worker in self-treatment or sets up an appointment with appropriate provider utilizing medical triage guidelines/follow up calls)	$125 per intake call (includes wallet cards for all employees)
Nurse Case Management	
Telephonic Case Management (Texas)	$105 per hour
Field Case Management (Texas)	$105 per hour *plus Mileage at IRS mileage rate*
Field Case Management - Tasks	One time visit to provider $475 plus mileage Two visits to provider $750 plus mileage Medical record retrieval $135 plus mileage Job Analysis $475 plus mileage
Catastrophic Case Management (High level of RN interaction with immediate response to significant injury, e.g., severe head injury, severe burns, gunshot. Available 24/7)	$175 per hour plus mileage

Service	Fee
Pharmacy	
Clinician Intervention: Complex Pharmacy Management, Weaning Protocols (Weaning available when opioids have been prescribed for 60+ days with no evidence that physician will end treatment pattern.)	$125 per hour
Physician Intervention: Complex Pharmacy Management. (Utilized in instances of numerous drug interactions of opioids, hypnotics, and anti-depressants, requiring a physician-to-physician review of treatment pattern and weaning options. Follow up calls made by a nurse case manager.)	$125 per hour nursing intervention **plus** pass-through of actual physician fees
Drug Testing: Full, Quantitative Testing (Candidates may be referred or identified by TMC based on risk factors such as claim age, high medication use, safety risk, injury type, etc.)	$425 per test with report summary
Drug Testing Interpretation and Outreach: Complex Pharmacy Management, Weaning (Pharmacist to review and interpret drug testing results. Findings would be communicated to the examiner and/or provider, where permitted, with the goals of ensuring patient safety and reducing fraud, waste, and abuse.)	$125 per hour
Pharmacist Medication Review:	
1-2 medications with full record review and recommendations	$450 flat rate
3-6 medications with full record review and recommendations	$675 flat rate
7 or more medications with full record review/recommendations	$900 flat rate
Other Networks	
Texas 504	$120 per claim
Liability Medical Cost Containment	
Liability Medical Review	$30 per bill
RN Liability Medical Review	$125 per hour

Other Services	
Special Investigations	$95 per hour
Central Index Bureau/OFAC/CSE/SS	$18 per report
MSA Cost Projection	$2,200 flat rate
Claim Reporting: Fax or Internet	$10 per report
MMSEA Reporting	$10 per claim
Mileage	IRS allowance rate

ALLOCATED LOSS ADJUSTMENT EXPENSES includes any fee or expense which is chargeable or attributable to the investigation, coverage analysis, adjustment, negotiation, settlement, defense, or general handling of any Claim or action related thereto, or to the protection and/or perfection of the Customer and/or Carrier's right of subrogation, contribution or indemnification, all as reasonably determined by TRISTAR. Allocated Loss Adjustment Expense(s) may be incurred for services provided by TRISTAR, its affiliates and subsidiaries, or third parties and include, but are not limited to:

- attorney's fees and disbursements incurred in connection with the determination of coverage and/or the adjustment, defense, negotiation, or settlement of any Claim; attorney's fees incurred for representation at depositions, hearings, pretrial conferences, and/or trials;
- fees and expenses incurred for: handling any Alternative Dispute Resolution (ADR) proceeding; legal actions, including trials or appeals; pursuing any declaratory judgment action, including deposition

fees; cost of appeal bonds; court reporter or stenographic services, filing fees, and other court costs, fees and expenses; transcript or printing services and all discovery expenses; service of process; witnesses' testimony, opinions, or attendance at hearings or trial;

- fees and expenses for attendance at or participation in ADR proceedings, hearings, trials, or other proceedings by TRISTAR personnel or its subcontractors;
- statutory fines or penalties; pre- and post-judgment interest paid as a result of litigation, unless regulatory or reporting requirements define such interest as loss or indemnity payments;
- subcontractors' fees and travel expenses, including independent adjusters, automobile and property appraisers, to the extent that same are incurred in the adjustment, negotiation, settlement, or defense of any Claim;
- fees and expenses incurred in conjunction with the telephonic, web, or other electronic methods of reporting Claims;
- experts' fees and expenses including reconstruction experts, engineers, photographers, accountants, economists, metallurgists, cartographers, architects, hand-writing experts, physicians, appraisers, and other natural and physical science experts, plus the fees and expenses associated with preparation of expert reports, depositions, and testimony;
- fees and expenses for surveillance, undercover operative and detective services or any other investigations;
- fees and expenses for medical examinations or autopsies, including diagnostic services and related transportation services, durable medical equipment, and medical reports and rehabilitation evaluations, unless regulatory or reporting requirements define such fees and expenses as loss or indemnity payments;
- fees and expenses for any public records, medical records, credit bureau reports, index bureau reports, and other like reports;
- fees and expenses incurred where TRISTAR determines it is reasonable to pursue the rights of contribution, indemnification, or subrogation of the Customer, including attorney and collection agency fees and/or expenses;
- medical or vocational rehabilitation fees and expenses, and all other medical cost containment services, including, but not limited to utilization review and management, pre-audit admission authorization, hospital bill audit or adjudication, provider bill audit or adjudication, and medical case management, if applicable, unless regulatory or reporting requirements define such expenses as loss or indemnity payments; and
- extraordinary travel and related fees and expenses incurred by TRISTAR at the express request of Customer, which are not otherwise payable under this Agreement.

WIN-WIN-WIN PERFORMANCE GUARANTEE. TRISTAR believes strongly in pay for performance programs in order to assure positive, proactive performance in key service areas. Our usual business practice is to put fees at risk when there is an opportunity for a reward as well as a penalty. We are so confident in our ability to win bonuses under the program that we are prepared to put a total of $3,500 or (approximately 5%) of our per claim service fees at risk assuming that the number of claims reported in the year is approximately equal to the expected counts noted in the RFP. The performance guarantee program can be divided into sections with specific amounts at risk for transition and implementation and ongoing claims services and communication.

Ongoing Claim Service/Significant Claim/Reserve Communications: $3,500

Ongoing claim service would be subject to an annual gainsharing audit by the County and TRISTAR. The County will determine the audit format with input from TRISTAR. Incentive/penalty payments will be

made in the month immediately following the conclusion of the audit. Payments will be based on a sliding scale.

Audit Score	Incentive (Penalty) Payment
90% or greater	100% bonus
88% < 90%	66% bonus
86% < 88%	33% bonus
84% < 86%	$0
82% > 84%	33% penalty
80% > 82%	66% penalty
<80%	100% penalty

As an example, best practice audit sections may include specific activities with regards to the following claim handling activities, but not be limited to:

- Three-point Contact
- Investigation
- Wage Compensation or Salary Continuation Payments
- Return to Work Processes
- Reserving Practices
- Action Plans
- Medical Case Management
- Bill Review
- Provider Network Access
- Litigation Management
- Adherence to the County Specific Service Level Agreement

It will also include any specific criteria of the County such as:

Claims—

- Percentage of clean claims processed in 14 calendar days
- Financial accuracy
- Claims item accuracy (procedural)

Customer Service—

- Percentage of all incoming calls answered in fifteen (15) seconds
- Percentage of abandoned calls
- Percentage of telephone inquiries resolved or follow-up in two (2) business days
- Percentage of all written inquiries and unanswered phone inquiries resolved in 21 calendar days
- Percentage of all inquiries resolved in 30 calendar days

Employee satisfaction--

- Percentage of employees surveyed responding “satisfied” or “very satisfied”

TRISTAR may further devise a plan to share 25% of any bonuses earned with adjusters managing claims on behalf of the County in accordance with the volume of claims that they handle on your behalf. This

provides the “Win-Win-Win” incentive that all of us (the County, TRISTAR, and our claim professionals) seek.

Exhibits

Required Documentation and Forms

EXCEPTION FORM Third-party Liability Administrative Services

EXCEPTION FORM WC TPA Administrative Services

Servicing Criteria Form

CIQ Form

Form H2048 Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion for Covered Contracts

Form H2049 Certification Regarding Federal Lobbying

Proof Of No Delinquent Taxes Owed To Webb County

Form 1295

Exhibit C: Certificates of Insurance

Exhibit A: TRISTAR Connect Overview

Exhibit B: Sample Claim Reports List and Examples

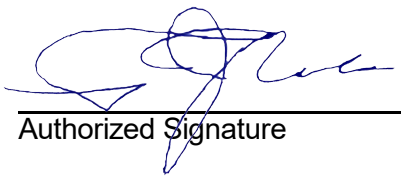
TRISTAR®

Required Documentation and Forms

EXCEPTION FORM FOR THIRD-PARTY LIABILITY ADMINISTRATIVE SERVICES

Please use this page to explain any differences between the specification requirements and your proposal. This form must list all exceptions and/or additions to the specifications, by line of coverage. Failure to list the exceptions accurately could result in disqualification and rejection of your proposal.

No exceptions.



Authorized Signature	TRISTAR Risk Management Company	6/14/2021 Date

EXCEPTION FORM FOR WC TPA ADMINISTRATIVE SERVICES

Please use this page to explain any differences between the specification requirements and your proposal. This form must list all exceptions and/or additions to the specifications, by line of coverage. Failure to list the exceptions accurately could result in disqualification and rejection of your proposal.

No exceptions.

Authorized Signature	TRISTAR Risk Management	6/14/2021
	Company	Date

WEBB COUNTY

SERVICING CRITERIA FORM

Please use this form to respond to Item J of Section I. Each proposer must clearly and specifically address all of the criteria requested in these sections.

Each proposer is therefore asked to submit a written addendum to his/her proposal which responds to this section ("Servicing Criteria") and which specifically identifies the names of personnel who will be responsible for servicing Webb County. The written addendum should include the qualifications and experiences of account executive personnel, adjusters, and technical support persons who will be directly responsible for servicing Webb County. A proposed plan should be clearly explained as to how you intend to deliver the requested services in a personalized and timely manner.

1. Number of years in business.

Headquartered in Long Beach, CA, TRISTAR was founded in 1987 by our president Thomas J. Veale. Originally named Topa Risk Services, the company began as an insurance program manager and medical malpractice claims administrator. Workers' compensation claims management services were added to our offerings in 1989. Growth and change followed, and in 1995 the company was renamed TRISTAR Risk Management. As managed care and benefits administration services were also added to our offerings, the organization grew into TRISTAR Insurance Group.

2. Size of agency and staff.

Today TRISTAR remains a privately held corporation. TRISTAR's annual revenue is approximately $100 million, and TRISTAR is the largest independently owned third party property and casualty claims administrator in the US. We focus our operations in four divisions: property and casualty claims management (TRISTAR Claims Management Services), absence/benefits administration (TRISTAR Benefits Administrators), managed care and medical cost containment services (TRISTAR Managed Care), and loss control and risk assessment services (Aspen Risk Management). Each division provides services nationwide, and we have nearly 1000 employees across the country.

TRISTAR has branches across the United States in major metropolitan areas with staff working in offices, virtually, hybrid models, or on-site in client facilities, providing claims administration services for claims arising in all 50 states.

3. Experience of staff.

More than 80% of our property and casualty claims management business is workers' compensation, and nearly half of our clients are public entities. We serve a wide range of public entity clients, including school districts, cities, counties, states, public transportation systems, special districts, law enforcement agencies, and other municipal entities.

TRISTAR's strength is in the experience of the staff that we have. Staff experience in the industry ranges up to 40 years. The built-in checks and balances that while a staff member is expanding their knowledge base are closely supervised to ensure that best practices and appropriate standards are maintained.

4. Professional servicing capability; i.e., claims management, information storage systems, etc.

Please refer to the main body of our proposal, especially the **Project Approach** and **Risk Management Information System** sections, for details on TRISTAR's capability to handle the County's program.

5. Capability and willingness of TPA resources to personally respond to the professional needs of the insured in a timely manner.

EXECUTIVE TEAM. The County will always have a direct connection to our executive management team. Our founder and president, Thomas J. Veale, remains actively involved in the company's day-to-day operations. The executives responsible for claims operations, managed care operations, quality assurance, sales and marketing, business development, information technology, legal, finance, and human resources report to Mr. Veale. All have a minimum of 20-30 years of experience in the industry.

TRISTAR has three regional property and casualty claims Vice Presidents overseeing defined geographic territories, as well as vice presidents overseeing national managed care, medical cost containment, leave of absence administration, and group health benefits administration services. Branch level managers report to regional vice presidents and oversee claims supervisors.

TRISTAR's executive team will be accessible and are accountable for their respective areas of responsibility for the duration of our relationship.

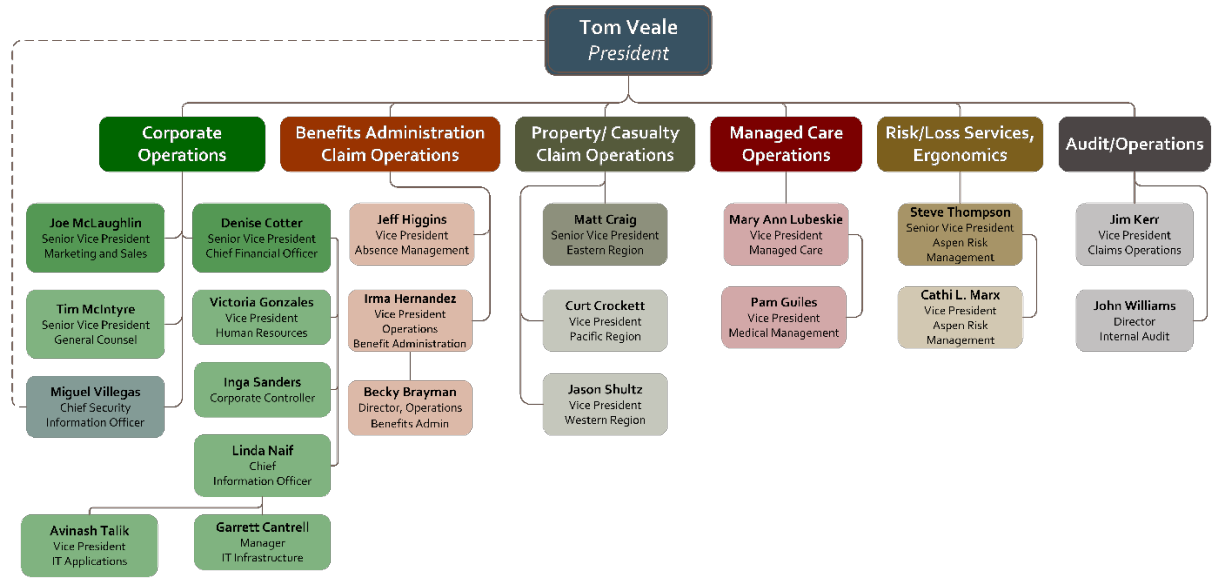


Figure 1: *TRISTAR Corporate Org Chart*

CLIENT COMMUNICATIONS. TRISTAR's policy and practice are to work in collaboration and partnership with our clients, including providing proactive client services. This may include, but not be limited to:

- ***Day-to-Day Claim Management.*** Return-to-work, authorizations, and approvals, reserve, payment or settlement authorities, closure strategy,
- ***Sensitive or Severe Claims/Incidents.*** In these instances, TRISTAR will communicate with the County in its preferred method, which may include: specific forms that are emailed or mailed, telephonic

roundtable strategy discussions that may involve the County, claims professionals, and specialists such as nurses, attorneys, and investigators, etc.

- ◊ Catastrophic injuries
- ◊ Claims that may involve public relations/media coverage
- ◊ Suspicious or potentially fraudulent claims
- ◊ Cases with the potential to produce precedent
- ◊ Politically sensitive claims

- ♦ ***Regular Reporting.*** Weekly, Monthly, Quarterly, Annual, Etc.
  - ◊ TRISTAR's program manager will ensure that the County receives its periodic, regularly scheduled reports, which may include email delivery and/or delivery within the TRISTAR Connect system.
  - ◊ TRISTAR will also provide assistance to address any necessary ad hoc reporting needs.

- ♦ ***Claim Review Meetings.*** Quarterly or as otherwise requested to formally review claims meeting the County thresholds (incurred value, injury/incident type, litigated, etc.) or as specifically requested
- ♦ ***Trends in Claim Outcomes***
  - ◊ TRISTAR's program manager will regularly monitor the County's program to identify successes, opportunities for improvement, patterns in injuries, and potential opportunities to reduce claim frequency or severity.
  - ◊ These trend reports will be presented at an annual stewardship review meeting or as otherwise requested by the County

- ♦ ***Opportunities for Service Efficiencies or Enhancements.*** Should TRISTAR identify opportunities to improve service to the County, such as improvement of workflows, communication, enhanced service opportunities, we will bring those opportunities to the attention of the County for discussion.
- ♦ ***Service Challenges.*** TRISTAR will notify the County via a telephone call, document via email or letter, and update any forms or manuals to address any necessary changes appropriately. Should TRISTAR identify areas of potential concern, we will promptly raise those issues to the County with an action plan for resolution.

PERFORMANCE MANAGEMENT. Performance is measured in different ways, including reporting monthly closing ratios, caseloads, lag-time results, lost workdays, payment analysis, expense trends, claim development, key successes, and monitoring of critical program objectives. Quarterly and annual reporting may include aggregated or cumulative program outcomes. The management team will be responsible for compliance with the County's requirements.

Continuous oversight and analysis of program results are critical to assuring continued alignment, monitoring outcomes, identifying opportunities for improvement, and maximizing success. Therefore, post-implementation program management is a cornerstone of our approach to client services.

- ♦ Every month the Account Manager will run reports of key service indicators, i.e., open/close ratios, claim reporting/set-up results, payments turnaround times, etc. and report those results to the County's Risk Management Divisions. We will note successes, and for instance, if certain service areas are outperforming the standard or expectation, then it becomes important to determine where and how those exceptions can be applied to the program as a whole. For example, if it is identified that a particular County's department or location is consistently outperforming in the timely reporting of claims, what is their process, and how can that process be implemented with other locations to improve overall program efficiencies? Additionally, any deficiencies compared to standard or required service procedures will be further analyzed and recommendations made as appropriate. By

performing this monthly exercise, we remain proactive and address program concerns before they become problematic and further impact costs and efficiencies. Results will be shared with the County's and TRISTAR service team members to ensure that all parties are kept up-to-date and current on program status. Agreed upon performance criteria can then be documented in a scorecard format and distributed to the County's personnel monthly and/or quarterly. Noted deficiencies can be addressed and resolved in a timely fashion by incorporating a regular cycle of program assessment. Service spikes or anomalies can occur in any given month, so greater weight and consideration will be given to service deficiencies/exceptions that occur over a three-month rolling average or period.

- Every quarter, the Account Manager will schedule an in-person business meeting which can be incorporated into the quarterly claim reviews, to discuss and address the following:
  - Monthly service indicator trends
  - Service issues/concerns
  - Service enhancement opportunities
  - State rule and regulation updates
  - Service Procedure revisions as needed
  - Audit/claim review findings
  - Miscellaneous or as determined
- An annual stewardship report will be produced that will outline critical service outcomes, including loss triangulations, and assess the overall performance of the program. As with the quarterly business meetings, the annual stewardship report will address the key components outlined but will also address specific goals and objectives for the coming year. Stewardship reports are customized for each client.

6. Technical skills of staff.

TRISTAR proposes continuing the three-pronged approach to account management for the County, including a Branch/Account Manager, an Executive Sponsor, and the claims handling staff.

BRANCH/ACCOUNT MANAGER. The Branch Manager, Lynn Williamson, will continue to facilitate and coordinate program objectives. The Branch Manager is responsible, accountable, and empowered to address and resolve any issue, request, or concern that may arise on behalf of the County. We recognize the County has dynamic and comprehensive customer claim handling guidelines and requirements, and our Client Services Unit will help ensure we meet all deliverables. The Branch Manager works closely with your Account Manager, Christine Dextraze, to ensure that your program meets your needs

The Branch Manager and Account Manager have decision-making authority that allows for an efficient, timely, and effective response to client questions, concerns and/or recommendations. In addition, responsibilities include monitoring contractual and service procedure obligations, attending claim reviews, preparing annual stewardship reports, and advocating the County's interests in meeting defined goals and objectives. The Account Manager will be the County's advocate within TRISTAR, ensuring that the service team understands their needs and goals, monitors TRISTAR's results, and proactively makes recommendations for service improvement. Branch/Account Managers are enabled to help make service changes and are accountable for the County's overall service and satisfaction.

EXECUTIVE SPONSOR. The second element of our three-pronged approach is the Executive Sponsor. Matt Craig, the Executive Sponsor, will provide direct, formal access to TRISTAR's Executive Management team. The Executive Sponsor will contact the County regularly to ascertain the County's view of our performance. In addition, the Executive Sponsor will meet with the County quarterly to formally review

progress and establish plans for future program development activity and will be available to the County as needed for the duration of our service program.

CLAIMS HANDLING STAFF

Claims Supervisor. Supervises a claims unit of 4+ claims personnel, including examiners and support staff. Works directly with Branch/Account Manager, Client Services, and Clients as technical expert and advisor. Ensures compliance with Best Practices, Customized Handling Instructions, and statutory/regulatory requirements. Guides and mentors team and oversees performance, quality of work, team workflow, and conducts quality reviews. Does not carry personal caseloads.

Senior Workers' Compensation Examiner. Effectively manages workers' compensation claims, including complex cases with exposures over $100,000, with minimal supervision. Complies with TRISTAR Best Practices and the Client's Customized Handling Instructions to promptly and aggressively investigate and manage claims in accordance with statutory and regulatory requirements. Scope of work includes but is not limited to conducting a thorough investigation, including assigning field investigation and recorded statements as needed, compensability determinations, coordinating with specialists including attorneys, investigators, nurse case managers, and others, and administering benefits, setting reserves to ultimate probable outcomes, coordinating return to work, attending hearings as requested or necessary.

Senior Liability Adjuster. Effectively manages general, auto, and property liability claims, including complex cases with exposures over $100,000, with minimal supervision. Responsibilities include loss investigation, financial reserve analysis, litigation management, coverage question analysis, reservation of rights, contract analysis, and claim and lawsuit resolution. Is expected to hold a BA/BS; many of our liability adjusters hold law degrees and are members of the bar of various states. They have a minimum of five to seven years of multi-line liability and property claims management experience and state certifications and/or licensures as required. They have extensive knowledge of the industry, legislative and judicial trends, exceptional interpersonal skills including verbal and written communication, strong investigation and reserve analysis skills, strong prioritization and organizational skills, and the ability to coordinate with multiple parties effectively.

WORKERS' COMPENSATION CASELOAD. TRISTAR recommends a caseload of 125-150 active indemnity and future medical claims per adjuster with 0.5 FTE support person for each indemnity adjuster and approximately 10-15 newly reported indemnity claims per month. Indemnity adjusters can focus on claim management as other administrative tasks are handled by clerical or management personnel. This allows time to enter claims into the system, process medical-only claims, conduct bill reviews, issue checks, generate loss runs, and check registers.

Medical claim adjusters will typically manage approximately 250 open medical claims and may receive approximately 40-50 newly reported medical claims per month. Some claims adjusters handle a combination of indemnity and medical claims as a combined caseload. This staffing level allows TRISTAR to implement the best cost-saving measures and provide a superior level of service to our clients.

AUTO/LIABILITY/PROPERTY CASELOADS. Adjusters handling automobile and liability claims may handle up to approximately 125 active claims or a combined ratio of auto, property, and liability claims depending on the type of caseload and level of experience. Our liability adjusters (many with law degrees) handle complex employment practice claims and may have varying caseloads depending on the severity of the claims.

Auto adjusters handling 1st party or ALPD-only, with no more than one claim per occurrence, can manage 50-75 newly reported claims per month, with pending open claims of 125 or fewer. Bodily injury or multiple PD/BI adjusters may receive up to 30 newly reported claims per month with a pending of 135 to

150 claims. A UMBI/UMPD adjuster can receive up to 30 newly reported claims, with a pending inventory of 135-150 claims, which may be mixed with the more complex BI/PD above PIP, No-Fault. UMBI/UMPD adjusters can take up to 50 newly reported claims per month with a pending of 150 claims depending on the jurisdiction.

Professional liability adjusters managing vigorously litigated, high-value, and/or complex cases may have pending caseloads of up to 110 claims and 10-15 newly reported claims per month.

Inside or Property desk adjusters can manage a pending inventory of approximately 100 claims and approximately 45 newly reported claims per month. A property adjuster who does inside and outside adjusting may have 85-100 pending and 25-40 newly reported claims per month. Property adjusters performing only outside adjusting may have up to 60 open claims and receive approximately 30 newly reported claims per month.

EMPLOYEE TRAINING AND EDUCATION PROGRAMS. TRISTAR recognizes the need and encourages employees to enhance their technical knowledge and professional skills through continuing education to improve job performance and develop the potential for future career advancement. We have initiated an education assistance program specifically created to provide financial assistance to the employee to help defray some of the costs involved according to the guidelines TRISTAR has established.

TRISTAR sponsors extensive training of our employees through the Insurance Education Association (IEA). We emphasize all workers' compensation courses and those courses leading to recognized designations such as CPCU, ARM, AIM, and AIC.

TRISTAR trains all non-professional staff upon hiring in all aspects of their position requirements. Non-professional staff training includes receptionists, mail/file clerks, and payment processors, and claims assistants. Training for claims assistants is more in-depth and includes developing an understanding of the workers' compensation and liability system requirements to provide benefits and required notices. Additionally, TRISTAR trains staff in specific client service instructions as they may relate to wage continuation, data integrity, return-to-work programs, and correspondence.

Training in identifying and reporting potentially fraudulent claims and workers' compensation overview is mandatory for non-professional and professional staff. The reporting of potentially fraudulent claims training includes review and understanding of red flags that may indicate fraud, the fraud unit process for reporting claims, and identification of fraud unit representatives in each office.

TRISTAR conducts ongoing training and seminars for our professional claims staff. Ongoing training for TRISTAR's professional claims staff is mandatory in the areas of accurate reserving, rehabilitation laws and benefits, identification and reporting of potentially fraudulent claims, subrogation, restitution, and excess reporting, new legislation, AMA and ACOEM regulations, structured settlements, Medicare-set-asides, utilization review and other corporate training areas of importance. TRISTAR frequently invites staff from local provider offices and legal firms to provide on-site in-service education sessions for staff and clients.

Managers are required to review our quality assurance department's monthly corporate training modules with employees. Branch managers can modify monthly corporate training modules for jurisdictional variances and client instructions and requirements as long as changes do not compromise our standards. Management also provides training via Webinar to include instruction and education regarding new case law affecting our organization company-wide, federal regulations such as Section 111 reporting requirements, etc.

Supervisors typically attend two training sessions per year at our Corporate Offices in Long Beach, CA. This training allows them time to network, get to know other supervisors in different offices, and learn from each other's techniques.

TRISTAR also encourages and supports our staff to attend training programs offered by many industry organizations. TRISTAR belongs to and attends seminars, conferences, and trade shows conducted by numerous local, regional, and national industry association organizations such as the following:

- American Society for Healthcare Risk Management (ASHRM)
- California Association of Joint Powers Authorities (CAJPA)
- California Association of School Business Officials (CASBO)
- Council of Self-Insured Public Agencies (COSIPA)
- Healthcare Human Resource Management Association (HHRMA)(Multiple States)
- National Truck and Heavy Equipment Claims Council (NTHECC)
- Public Agency Risk Managers Association (PARMA)
- Public Risk Management Association (PRIMA) (Multiple States and National PRIMA)
- Risk and Insurance Management Society (RIMS)(Multiple States and National)
- Southern California Association for Healthcare Risk Management (SCAHRM)
- Southern California Council of Self-Insurers (SCCSI)
- State Self-Insured Associations throughout the United States
- State Claims Professional Associations throughout the United States
- State Risk and Insurance Management Association (STRIMA)
- Trucking Insurance Defense Association (TIDA)
- Claims and Litigation Management Alliance (CLM)
- Workers' Compensation Research Institute (WCRI)

THE COUNTY CLAIMS TEAM. TRISTAR will provide the County with a streamlined and efficient staffing model. We assign or recruit/hire personnel readily available to administer the County's claims. All dedicated claim personnel will have industry-related capabilities and a designated backup, with the appropriate jurisdictional experience and licenses. If necessary, branches across the United States can provide adjusting services for employees out of state. TRISTAR proposes managing the County's workers' compensation claims and liability claims through our San Antonio branch.

The TRISTAR management team assigned to the County has significant insurance and claims management experience and is committed to establishing a long-term relationship with the County. Our operations include an internal recruiting department to attract new talent and qualified personnel as our business grows or as the need arises to replace an employee.

Our associates are required to maintain pertinent and required licenses and/or industry credentials. We hire and recruit highly skilled professionals with appropriate experience and expertise in their field. Additionally, TRISTAR has nearly 1,000 associates and has the resources to provide supervisory and adjusting services, as necessary, during a replacement transition period or prolonged absence.

CURRENT AND PROPOSED CLAIM TEAM:

- ***Matt Craig***, Vice President/Executive Sponsor
- ***Lynn Williamson,*** Branch Manager
- ***Christine Dextraze***, Director, Client Services
- ***Virgina Pogue***, Workers' Compensation Claims Supervisor
- ***Isabel Lopez***, Senior Workers' Compensation Examiner

- ***Terri Wester***, Liability Claims Supervisor
- ***David Guerrero***, Senior Liability Claims Adjuster
- Claims Assistant/Medical Only/Support Staff

Matthew Craig, Senior Vice President, Eastern Region

Mr. Craig has over 30 years of claims, underwriting, third party claims administration sales, and other insurance-related experience. Mr. Craig's primary responsibilities include national field claims operations and claim service delivery, management and oversight of service network to adhere to budget requirements, and assurance of compliance with best practices, carrier, and regulatory requirements.

Other responsibilities include policy development, executive account management, and senior management strategic planning and business development. During his tenure at TRISTAR, Mr. Craig has also been responsible for sales and development of new business opportunities. Additionally, he has been responsible for overseeing the account management team responsible for customer service and program management. He works with the branch claims operations and managed care division, the IT department, and the finance department to ensure the delivery of high quality claims management and excellent customer service to all of TRISTAR's clients.

Before assuming his current position in 1995, he served as Vice President, Major Accounts for The Home Insurance Company. In that role, he was responsible for the management of TPA vendor relations and client service, including claim account management. Before The Home, Mr. Craig was the New York City Claim Manager at CIGNA. Mr. Craig attended Fordham University and the College of Insurance.

Lynn Williamson, Worker's Compensation Branch Manager

Ms. Williamson has more than 30 years of industry experience, including supervising workers' compensation claims for 15 years. With TRISTAR for more than a decade, Ms. Williamson's past experience includes serving as a Team Leader for The Hartford's Special Accounts Division and managing workers' compensation claims for Ranger Insurance Company, Kemper Insurance Company and The Highlands Insurance Company.

As the Branch Manager, Ms. Williamson currently oversees the San Antonio and Corpus Christi offices. She has three supervisors, nine Indemnity adjusters, four Medical Only adjusters, one Liability adjuster, and one direct report. She is responsible for the day-to-day management and oversight of all client programs in both offices with total Client count of 21 including several large accounts such as VIA Transportation, Hidalgo County, and Brownsville ISD.

Ms. Williamson attended Missouri State Business College and the Hartford Corporate University for Workers' Compensation. She is licensed for all lines in the states of Texas and Oklahoma.

Christine Dextraze, Director, Client Services

Ms. Dextraze has more than 29 years of industry experience. Prior to joining TRISTAR, Ms. Dextraze was an independent risk management consultant for over fifteen years. She previously worked for Alexander & Alexander/Aon, Alamo Insurance Group, and Texas Employers Insurance Association.

Ms. Dextraze has superb client service and communication skills. In her role as Director, Client Services, Ms. Dextraze is accountable for TRISTAR's overall service program and her clients' satisfaction. She has significant experience serving both public and private sector clients.

Ms. Dextraze has a BS in Economics from Texas A&M University. She carries CPCU, CRM, CIC, CSRM, and AIC designations and an all-lines adjuster risk manager general lines license.

Virginia Pogue, Workers' Compensation Claims Supervisor
Ms. Pogue has over 37 years of experience in claims management experience. She has been assigned to dedicated clients in San Antonio to include San Antonio ISD, Judson ISD, Jefferson County, City of McAllen, Webb County, and other areas of the state. She interfaces with clients through all levels of claims (doctors, employers, attorneys, and investigators). She prepares for and visits clients quarterly for file reviews. She also prepares on the spot customer service to meet highly visible client needs and problem solving/critical thinking for the best outcome in high risk claims. She handles her own BRCs for all accounts in the San Antonio Field DWCC Office.

Ms. Pogue's previous experience at Zenith and Cigna Insurance companies exposed her to handling large loss claims in various states across the Southern United States. As a supervisor she facilitated settlement conferences and prepared for appearances before CCH hearings in the District Court.

She holds a Certified Adjuster's License (All Lines) from San Antonio College. She attended San Antonio College with an emphasis in business. She continues to train in the field of claims management with courses/seminars on claims management leadership, medical record interpretation, etc.

Isabel Lopez, Claims Examiner III
Ms. Lopez has over 22 years of experience in claims management and adjusting. She currently handles claims for Brownsville ISD. She effectively manages workers' compensation claims, including complex cases with exposures in excess of $100,000, with minimal supervision. She complies with TRISTAR Best Practices and the District's Customized Handling Instructions to promptly and aggressively investigates and manages claims in accordance with statutory and regulatory requirements. Her scope of work includes but is not limited to conducting thorough investigation, including assigning field investigation and recorded statements as needed, compensability determinations, coordinating with specialists including attorneys, investigators, nurse case managers, and others, and administer benefits, set reserves to ultimate probable outcomes, coordinate return to work, attend hearings as requested or necessary.

Prior to joining the TRISTAR team, she worked for Sedgwick, 1-2-1 Claims, JI Companies, The Hartford, Lindsey Morden Claims Services, and Barron and Company. She has served as an adjuster, a supervisor and a client service representative.

Ms. Lopez holds a TX Adjuster (All Lines) license and completed continuing education on an ongoing basis to maintain and develop her knowledge and skills.

Terri Wester, Liability Claims Supervisor
Ms. Wester has over 36 years of experience managing property and casualty commercial claims, including an extensive background in legal correspondence and attending trials and mediations. Her primary responsibilities include supervision of claims administration for multi-jurisdiction and public entity and national accounts, the review and management of new account claims and large exposure cases, and ensuring quality and uniformity of work product. Ms. Wester conducts supervisory reviews and evaluation of claim files with particular emphasis on reserves, claim activity, and closing ratios. She is also responsible for overseeing monthly financial reporting functions.

Throughout her career, starting in 1985, Ms. Wester has held various technical positions as a multi-line adjuster, unit leader, unit manager, and supervisor. Ms. Wester oversees adjusters' work product to help ensure appropriate determination of liability and negligence exposure in accordance with different Tort Claims Act and City Ordinances. She also attends risk management and strategic claim review meetings.

She has worked with public agencies and private industries, including manufacturing, hospitality, and more. She started her career with Rodney D. Young Insurance Company, later joining Unitrin, and worked

for Safeco Insurance, Cigna Companies, Gulf Insurance Company, ESIS, Native American Insurance Services, and Gallagher Bassett Services. Her involvement with carriers and third party claims administrators has included multi-jurisdictional claims management including, but not limited to, property, professional, and general liability, automobile, premises liability, employment practices, and construction risks. Ms. Wester has extensive experience working with large accounts with complex special handling instructions.

As a manager, Ms. Wester has been awarded the highest team productivity (104.2%), the lowest turnover rate, and excellent customer service compliance scores. She participates in continuing education programs and maintains licenses in AL, AR, AZ, GA, KS, NM, MO, OK, SC, NC, TX, and NY.

David Guerrero, Liability Adjuster III

Mr. Guerrero has over 40 years of experience handling commercial and public entity claims. Mr. Guerrero joined TRISTAR in 2003, handling Public Officials, Employer Liability, Auto, and GL claims for public entities, including complex cases with exposures in excess of $100,000, with minimal supervision. His responsibilities include loss investigation, financial reserve analysis, litigation management, coverage question analysis, reservation of rights, contract analysis, and claim and lawsuit resolution.

Mr. Guerrero began his career in 1980 with American States Insurance and worked there for 16 years handling Commercial and Personal lines, Auto, GL, and Homeowner claims. He has also worked for Diamond Shamrock, Cunningham Lindsey, and Crawford & Co., handling Trucking, GL, and Auto claims.

He has extensive experience working with large accounts with complex special handling instructions and litigation. Mr. Guerrero has a Bachelor of Science Degree from Texas State University.

CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor doing business with local governmental entity

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. *See* Section 176.006(a-1), Local Government Code.

A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

OFFICE USE ONLY

Date Received

1 **Name of vendor who has a business relationship with local governmental entity.**

TRISTAR Risk Management, Inc.

2 ☐ **Check this box if you are filing an update to a previously filed questionnaire.** (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 **Name of local government officer about whom the information is being disclosed.**

N/A

Name of Officer

4 **Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.**

A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?

☐ Yes ☑ No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?

☐ Yes ☑ No

5 **Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.**

N/A

6 ☐ Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7

Signature of vendor doing business with the governmental entity

6/14/2021

Date

Texas Department of
Agriculture

Form H2048
January 2008

CERTIFICATION
REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION FOR COVERED CONTRACTS

PART A.

Federal Executive Orders 12549 and 12689 require the Texas Department of Agriculture (TOA) to screen each covered potential contractor to determine whether each has a right to obtain a contract in accordance with federal regulations on debarment, suspension, ineligibility, and voluntary exclusion. Each covered contractor must also screen each of its covered subcontractors.

In this certification "contractor" refers to both contractor and subcontractor; "contract" refers to both contract and subcontract.

By signing and submitting this certification the potential contractor accepts the following terms:

1. The certification herein below is a material representation of fact upon which reliance was placed when this contract was entered into. If it is later determined that the potential contractor knowingly rendered an erroneous certification, in addition to other remedies available to the federal government, the Department of Health and Human Services, United States Department of Agriculture or other federal department or agency, or the TOA may pursue available remedies, including suspension and/or debarment.
2. The potential contractor will provide immediate written notice to the person to which this certification is submitted if at any time the potential contractor learns that the certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
3. The words "covered contract", "debarred", "suspended", "ineligible", "participant", "person", "principal", "proposal", and "voluntarily excluded", as used in this certification have meanings based upon materials in the Definitions and Coverage sections of federal rules implementing Executive Order 12549. Usage is as defined in the attachment.
4. The potential contractor agrees by submitting this certification that, should the proposed covered contract be entered into, it will not knowingly enter into any subcontract with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the Department of Health and Human Services, United States Department of Agriculture or other federal department or agency, and/or the TDA, as applicable.

Do you have or do you anticipate having subcontractors under this proposed contract?
☐ Yes

☒ No

5. The potential contractor further agrees by submitting this certification that it will include this certification titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion for Covered Contracts" without modification, in all covered subcontracts and in solicitations for all covered subcontracts.
6. A contractor may rely upon a certification of a potential subcontractor that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered contract, unless it knows that the certification is erroneous. A contractor must, at a minimum, obtain certifications from its covered subcontractors upon each subcontract's initiation and upon each renewal.
7. Nothing contained in all the foregoing will be construed to require establishment of a system of records in order to render in good faith the certification required by this certification document. The knowledge and information of a contractor is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
8. Except for contracts authorized under paragraph 4 of these terms, if a contractor in a covered contract knowingly enters into a covered subcontract with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the federal government, Department of Health and Human Services, United States Department of Agriculture, or other federal department or agency, as applicable, and/or the TOA may pursue available remedies, including suspension and/or debarment.

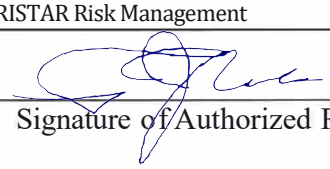
PART B. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION FOR COVERED CONTRACTS

Indicate in the appropriate box which statement applies to the covered potential contractor:

☒ The potential contractor certifies, by submission of this certification, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded form participation in this contract by any federal department or agency or by the State of Texas.

☐ The potential contractor is unable to certify to one or more of the terms in this certification. In this instance, the potential contractor must attach an explanation for each of the above terms to which he is unable to make certification. Attach the explanation(s) to this certification.

Name of Contractor	**Vendor ID No. or Social Security No.**	**Program No.**
TRISTAR Risk Management	952791831	RFP 2021-003



Signature of Authorized Representative

6/14/2021
Date

Thomas J. Veale, President
Printed/Typed Name and Title of Authorized Representative

CERTIFICATION REGARDING FEDERAL LOBBYING
(Certification for Contracts, Grants, Loans, and Cooperative Agreements)

PART A. PREAMBLE

Federal legislation, Section 319 of Public Law IO 1-121 generally prohibits entities from using federally appropriated funds to lobby the executive or legislative branches of the federal government. Section 319 specifically requires disclosure of certain lobbying activities. A federal government-wide rule, "New Restrictions on Lobbying", published in the Federal Register, February 26, 1990, requires certification and disclosure in specific instances.

PART B. CERTIFICATION

This certification applies only to the instant federal action for which the certification is being obtained and is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $100,000 for each such failure.

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No federally appropriated funds have peen paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, or the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.

2. If any funds other than federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with these federally funded contract, subcontract, subgrant, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions. (If needed, contact the Texas Department of Agriculture to obtain a copy of Standard Form-LLL.)

3. The undersigned shall require that the language of this certification be included in the award documents for all covered subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all covered subrecipients will certify and disclose accordingly.

Do you have or do you anticipate having covered subawards under this transaction?
☐ Yes
☒ No

Name of Contractor/Potential Contractor	Vendor ID No. or Social Security No.	Program No.
TRISTAR Risk Management	952791831	RFP 2021-003

Name of Authorized Representative	Title
Thomas J. Veale	President

Signature - Authorized Representative

6/14/2021
Date

PROOF OF NO DELINQUENT TAXES OWED TO WEBB COUNTY

Name TRISTAR Risk Management owes no delinquent property taxes to Webb County.

TRISTAR Risk Management owes no property taxes as a business in Webb County.
(Business Name)

TRISTAR Service Company, Inc. owes no property taxes as a resident of Webb County.
(Business Owner)

Denise Cotter, CFO
Person who can attest to the above information

*** SIGNED NOTORIZED DOCUMENT AND PROOF OF NO DELINQUENT TAXES TO WEBB COUNTY.**

The State of Texas
County of Webb
Before me, a Notary Public, on this day personally appeared Denise Cotter, know to me (or proved to me on the oath of _____ to be the person whose name is subscribed to the forgoing instrument and acknowledged to me that he executed the same for the purpose and consideration therein expressed.

Given under my hand and seal of office this 14th day of June 20 21.

Notary Public, State of ~~Texas~~ California

Nancy J. Henderson
(Print name of Notary Public here)

My commission expires the 30 day of May 2022

NANCY J. HENDERSON
Notary Public - California
Los Angeles County
Commission # 2240773
My Comm. Expires May 30, 2022

Webb County Tax Office

Patricia A. Barrera - Tax Assessor/Collector
P. O. Box 420128, Laredo, TX 78042, (956) 523-4200

▪ The search criteria you have provided did not return any results. Please try again.

TRISTAR Risk Management

Search by Account #, Billing #, Name, and Situs Address.

Your Cart is Empty

Use the Cart to pay multiple accounts with just a single payment!

Click on an account number to view additional property information, print a tax bill or receipt, or apply for a qualifying payment plan.

Search Results

Select to Pay	View Details	Account Number	Owner Name	Location Address	Total Tax Due

0 Accounts Selected to Pay

Add To Cart

Search Results Navigation

Change Criteria First Page Previous Page Next Page Last Page Jump to Page: 1

View Cart

Your Cart has 0 item(s)

Webb County Tax Office

Patricia A. Barrera - Tax Assessor/Collector
P. O. Box 420128, Laredo, TX 78042, (956) 523-4200

▪ The search criteria you have provided did not return any results. Please try again.

TRISTAR Service Company

Search by Account #, Billing #, Name, and Situs Address.

Your Cart is Empty

Use the Cart to pay multiple accounts with just a single payment!

Click on an account number to view additional property information, print a tax bill or receipt, or apply for a qualifying payment plan.

Search Results

Select to Pay	View Details	Account Number	Owner Name	Location Address	Total Tax Due

0 Accounts Selected to Pay

Add To Cart

Search Results Navigation

Change Criteria First Page Previous Page Next Page Last Page Jump to Page: 1

View Cart

Your Cart has 0 item(s)

1.1.13

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY
CERTIFICATION OF FILING

Certificate Number:
2021-765572

Date Filed:
06/13/2021

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

TRISTAR Risk Management
Corpus Christi, TX United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Webb County

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

2021-003
2021 REQUEST FOR PROPOSAL (RFP) WORKERS COMPENSATION THIRD-PARTY ADMINISTRATOR SPECIFICATIONS (TPA SPECS)

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary

5 Check only if there is NO Interested Party. [X]

6 UNSWORN DECLARATION

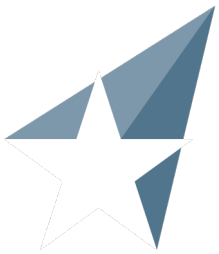
My name is Thomas J. Veale, and my date of birth is 10/24/1957.

My address is 2801 Via Barri (street), Palos Verdes Estates (city), CA (state), 90274 (zip code), USA (country).

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Los Angeles County, State of California, on the 14 day of June (month), 2021 (year).

Signature of authorized agent of contracting business entity
(Declarant)



TRISTAR®

Exhibit C

Certificates of Insurance (COIs)

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 6/15/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Arthur J. Gallagher & Co.
Insurance Brokers of CA, Inc. License #0726293
505 N. Brand Boulevard, Suite 600
Glendale CA 91203

CONTACT NAME: Cert Requests
PHONE (A/C, No, Ext): **FAX (A/C, No):**
E-MAIL ADDRESS: certrequests@ajg.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Zurich American Insurance Company	16535
INSURER B : Great American E&S Insurance Company	37532
INSURER C : American Zurich Insurance Company	40142
INSURER D : XL Specialty Insurance Company	37885
INSURER E :	
INSURER F :	

INSURED TRISINS-03
TRISTAR Insurance Group, Inc.
100 Oceangate Avenue #700
Long Beach CA 90802

COVERAGES **CERTIFICATE NUMBER:** 284233192 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X **COMMERCIAL GENERAL LIABILITY**			CPO-5543602-08	1/1/2021	1/1/2022	EACH OCCURRENCE	$ 1,000,000
	☐ CLAIMS-MADE ☒ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ 10,000
	X Contractual Liab						PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	☐ POLICY ☐ PRO-JECT ☒ LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	☐ OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
C	X **UMBRELLA LIAB** ☒ OCCUR			AUC-5543479-08	1/1/2021	1/1/2022	EACH OCCURRENCE	$ 7,000,000
	☐ **EXCESS LIAB** ☐ CLAIMS-MADE						AGGREGATE	$ 7,000,000
	☐ DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						☐ PER STATUTE ☐ OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ **(Mandatory in NH)**	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
D	Crime			ELU173109-21	1/31/2021	1/31/2022	Aggregate	$1,000,000
B	Errors & Omissions			TER 2861129	1/31/2021	1/31/2022	Aggregate	$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Webb County Risk Management is listed as an additional insured with respects to the general liability policy when required by written contract. Waiver of Subrogation in favor of Webb County Risk Management applies.

CERTIFICATE HOLDER

Webb County
Risk Management
1110 Washington Suite 204
Laredo TX 78040

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/23/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER LIC #63238 1-610-941-7751 Keystone Risk Partners, LLC 604 E. Baltimore Pike Media, PA 19063	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:
INSURED Tristar Insurance Group 100 Oceangate Suite 700 Long Beach, CA 90802	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : ACE AMER INS CO — 22667 INSURER B : ACE FIRE UNDERWRITERS INS CO — 20702 INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** 60976146 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	☐ OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WLR C67810612 (AOS)	12/31/20	12/31/21	X PER STATUTE ☐ OTH-ER	
A	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N ☐	N / A		SCF C67810570 FL,MA,OR	12/31/20	12/31/21	E.L. EACH ACCIDENT	$ 1,000,000
B	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			SCF C67810533 (WI)	12/31/20	12/31/21	E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

PROOF OF COVERAGE

CERTIFICATE HOLDER

Tristar Insurance Group

100 Oceangate, Suite 700

Long Beach, CA 90802 USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

TRISTAR®

Exhibit A

TRISTAR Connect (RMIS) Overview and Screenshots

TRISTAR Connect

Print Screen Samples including:

- Dashboard
- Alerts
- Claim App
- Reports
- Mobile App

transforming risk into opportunity

What is TRISTAR Connect?

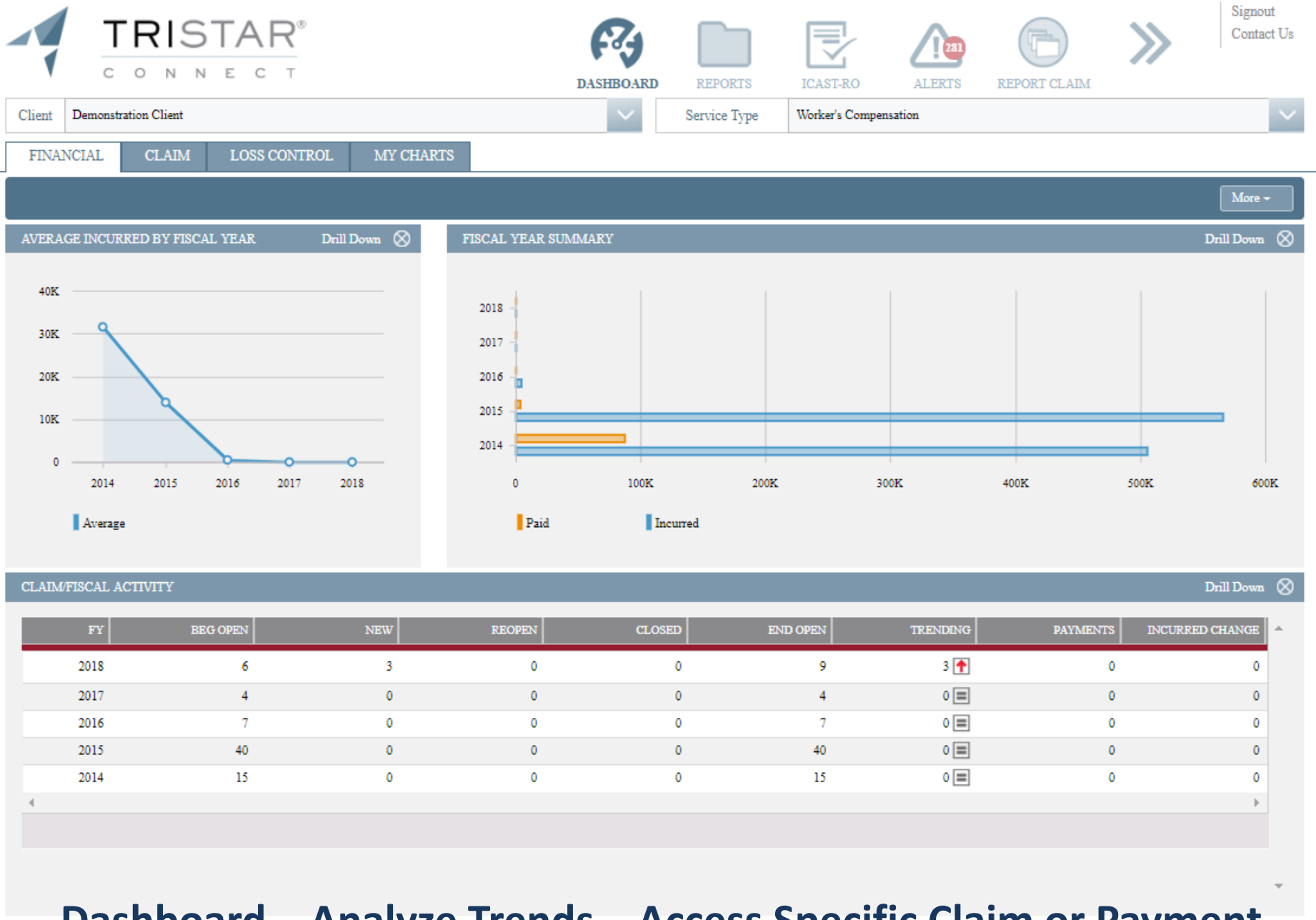
TRISTAR Connect is TRISTAR's client Risk Management Information System ("RMIS") that provides our clients with access to information about the claims that we manage for you. It has three main features:

- The **Dashboard** contains interactive graphs to allow clients to quickly analyze their data

- Use our **Claim App** to view individual claims. This inquiry feature contains detail information about the claim including financials, claims notes and imaged file documents.

- The reports icon contains easy to run template with our **Fixed Reports** and the ability create ad-hoc reports from scratch using the **Dynamic Reports** feature.

- **Alerts** may be tailored based on client specific criteria, such as reserve changes in excess of a specified threshold, large payments, closing notices, attorney added, open claims with zero reserves, reassigned claims, and more.



FY	BEG OPEN	NEW	REOPEN	CLOSED	END OPEN	TRENDING	PAYMENTS	INCURRED CHANGE
2018	6	3	0	0	9	3	0	0
2017	4	0	0	0	4	0	0	0
2016	7	0	0	0	7	0	0	0
2015	40	0	0	0	40	0	0	0
2014	15	0	0	0	15	0	0	0

Dashboard – Analyze Trends – Access Specific Claim or Payment

TRISTAR® CONNECT

Signout
Contact Us

DASHBOARD | REPORTS | ICAST-RO | ALERTS (281) | REPORT CLAIM

Client: Demonstration Client

Service Type: Worker's Compensation

FINANCIAL | CLAIM | LOSS CONTROL | MY CHARTS

More

TOP FIVE INJURIES' TREND

Drill Down

INJURY ...	INCURRED	INCIDENT	TREND
	$0.00	2	-80%
BODY ...	$0.00	1	-50%

1M 3M 1Y

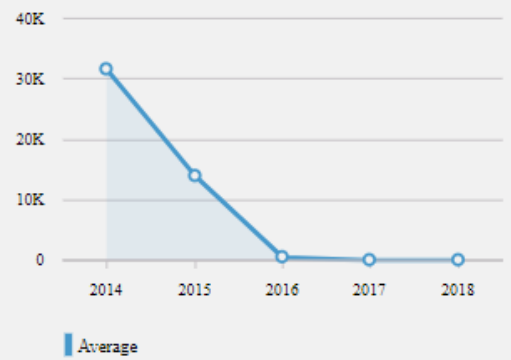
CURRENT TOP FIVE

Drill Down

Examiners	Open Claims	Amount
Examiner WC, Demon...	74	1,204,278.00
No Examiner	2	1,150.00
iTAKE Examiner	13	.00
Total	**89**	**1,205,428.00**

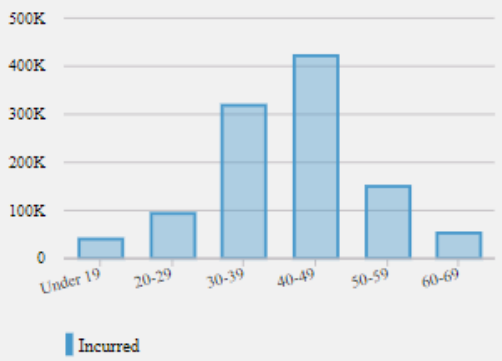
AVERAGE INCURRED BY FISCAL YEAR

Drill Down



INCURRED BY CLAIMANT AGE

Drill Down



TRIAL CALENDAR

Drill Down

◀ MAY - JUN ▶

Search Calendar

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
4129	29	30	May 1	2	3	4	5
516	6	7	8	9	10	11	12
5113	13	14	15	16	17	18	19
5120	20	21	22	23	24	25	26
5127	27	28	29 (1)	30	31	Jun 1	2

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
5127	27	28	29	30	31	Jun 1	2
613	3	4	5	6	7	8	9
6110	10	11	12	13	14	15	16
6117	17	18	19	20	21	22	23
6124	24	25	26	27	28	29	30

TRISTAR CONNECT

DASHBOARD | REPORTS | ICAST-RO | ALERTS | REPORT CLAIM

Signout
Contact Us

Client

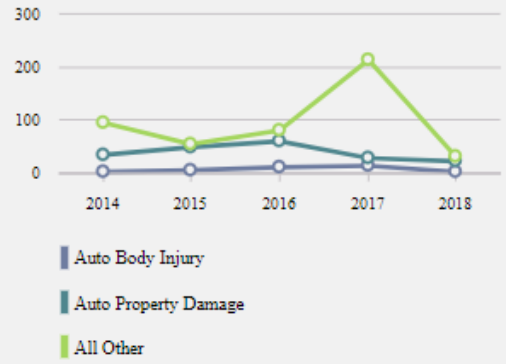
Service Type: Liability - Auto

ANALYTICS/STATISTICS - AUTO | CURRENT ACTIVITY - AUTO | MY CHARTS

More

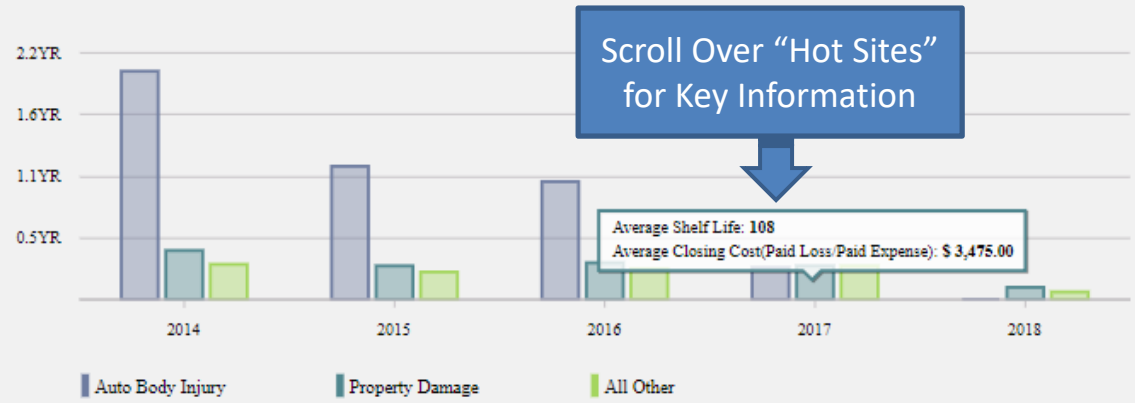
FREQUENCY/COST CHARTS

Drill Down



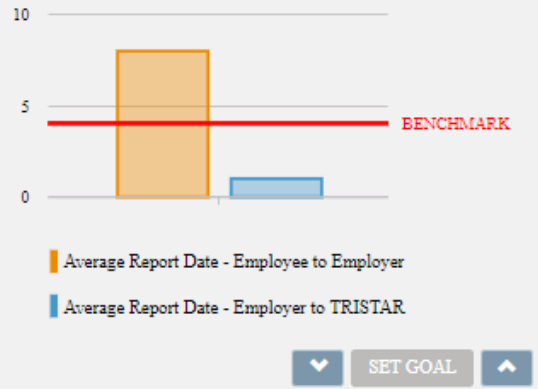
SHELF LIFE CLOSING

Drill Down



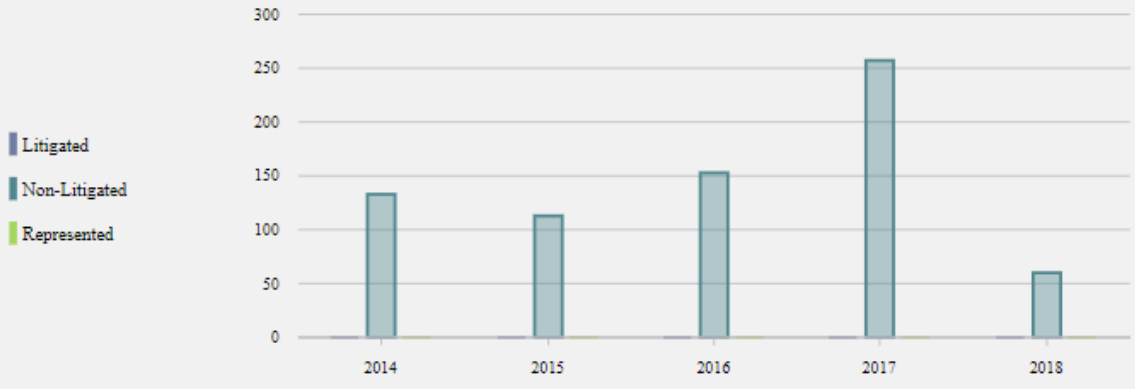
AVERAGE LAG - CURRENT FISCAL YEAR

Drill Down



LITIGATION

Drill Down



TRISTAR® CONNECT

DASHBOARD | REPORTS | ICAST-RO | ALERTS 281 | REPORT CLAIM

Signout
Contact Us

Client

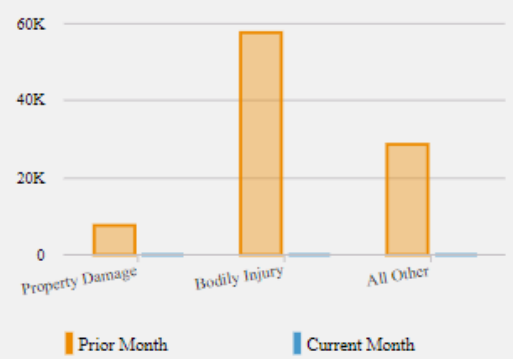
Service Type: Liability - Auto

ANALYTICS/STATISTICS - AUTO | CURRENT ACTIVITY - AUTO | MY CHARTS

More

CLAIM ACTIVITY

Drill Down



TRIAL CALENDAR

Drill Down

◀ MAY - JUN ▶

Search Calendar

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
4|29	29	30	May 1	2	3	4	5
5|6	6	7	8	9	10	11	12
5|13	13	14	15	16	17	18	19
5|20	20	21	22	23	24	25	26
5|27	27	28	29	30	31	Jun 1	2

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
5|27	27	28	29	30	31	Jun 1	2
6|3	3	4	5	6	7	8	9
6|10	10	11	12	13	14	15	16
6|17	17	18	19	20	21	22	23
6|24	24	25	26	27	28	29	30

TOP FIVE INJURIES' TREND

Drill Down

INJURY TYPE	COST	INCIDENT COUNT	TREND
	$27,850.00	8	-98%
	$18,750.00	3	-99%
INTERSECTION COLLISION	$9,500.00	2	-99%
STRUCK PARKED VEHICLE	$0.00	1	-99%

1M | 3M | 1Y

TRISTAR CONNECT

DASHBOARD | REPORTS | ICAST-RO | ALERTS 281 | REPORT CLAIM

Signout
Contact Us

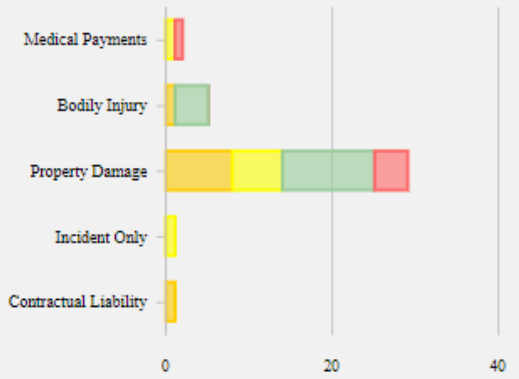
Client | Service Type: General Liability

ANALYTICS/STATISTICS - GL | CURRENT ACTIVITY - GL | MY CHARTS

More

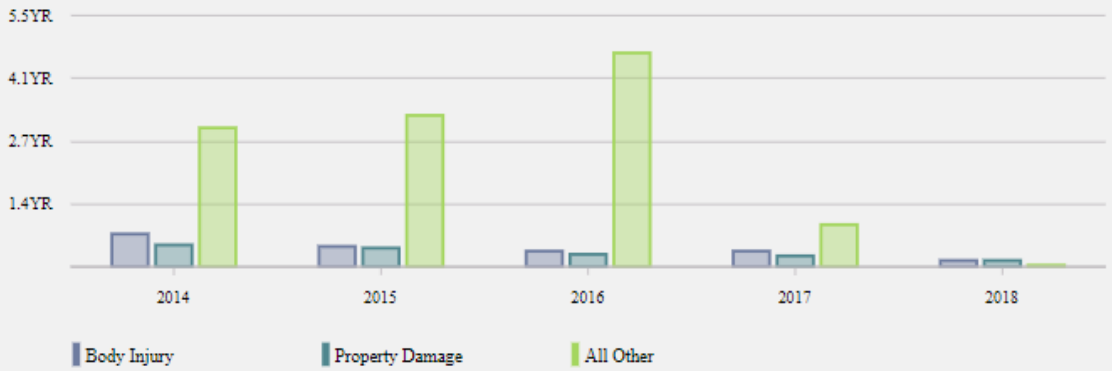
CURRENT OPEN CLAIM AGE

Drill Down



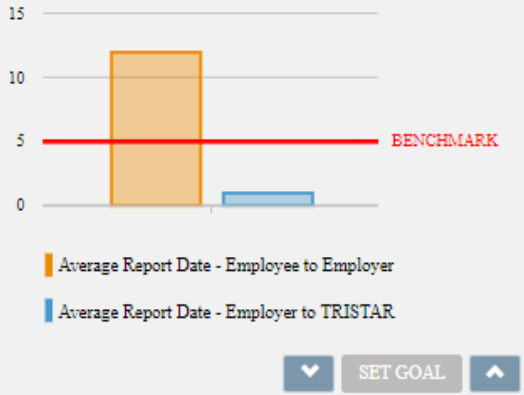
SHELF LIFE CLOSING

Drill Down



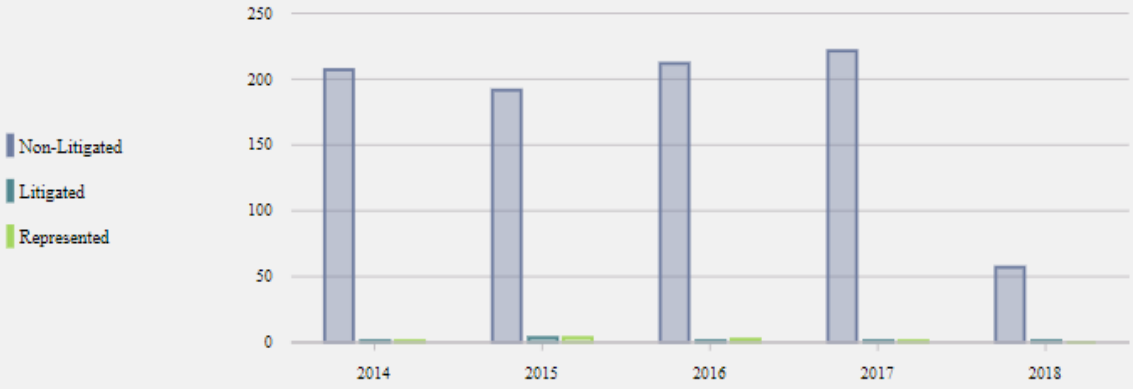
AVERAGE LAG - CURRENT FISCAL YEAR

Drill Down



LITIGATION

Drill Down



TRISTAR CONNECT

DASHBOARD | REPORTS | ICAST-RO | ALERTS (281) | REPORT CLAIM

Signout
Contact Us

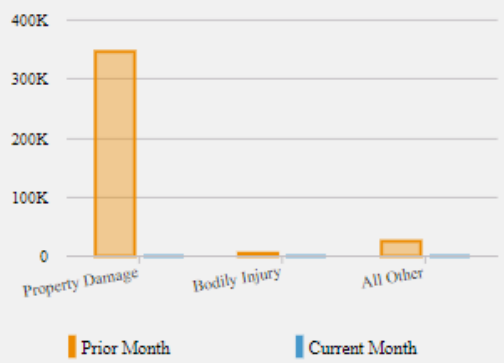
Client | Service Type: General Liability

ANALYTICS/STATISTICS - GL | CURRENT ACTIVITY - GL | MY CHARTS

More

CLAIM ACTIVITY

Drill Down



TRIAL CALENDAR

Drill Down

◀ MAY - JUN ▶

Search Calendar

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
4129	29	30	May 1	2	3	4	5
516	6	7	8	9	10	11	12
513	13	14	15	16	17	18	19
5120	20	21	22	23	24	25	26
5127	27	28	29	30	31	Jun 1	2

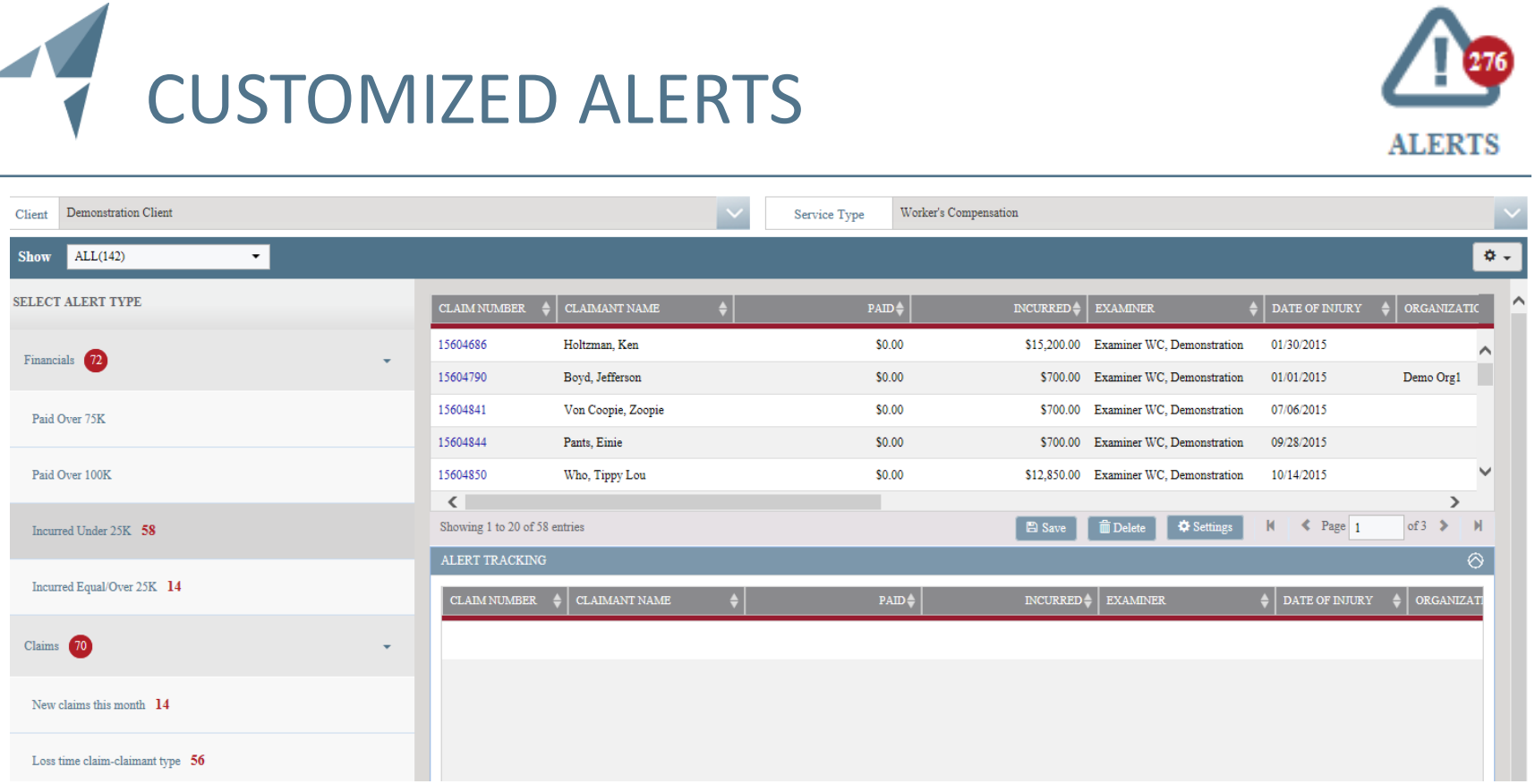
	Sun	Mon	Tue	Wed	Thu	Fri	Sat
5127	27	28	29	30	31	Jun 1	2
613	3	4	5	6	7	8	9
610	10	11	12	13	14	15	16
617	17	18	19	20	21	22	23
6124	24	25	26	27	28	29	30

CLAIM/FISCAL ACTIVITY

Drill Down

FY	BEG OPEN	NEW	REOPEN	CLOSED	END OPEN	TRENDING	PAYMENTS	INCURRED CHANGE
2018	44	27	0	8	63	19 ↑	47246.3	85669.6
2017	60	0	0	10	50	-10 ↓	63635.02	28055.74
2016	16	0	2	4	14	-6 ↓	641821.02	137526.16
2015	0	0	2	0	2	-2 ↓	1734	26000
2014	0	0	0	0	0	0 =	0	0

CUSTOMIZED ALERTS



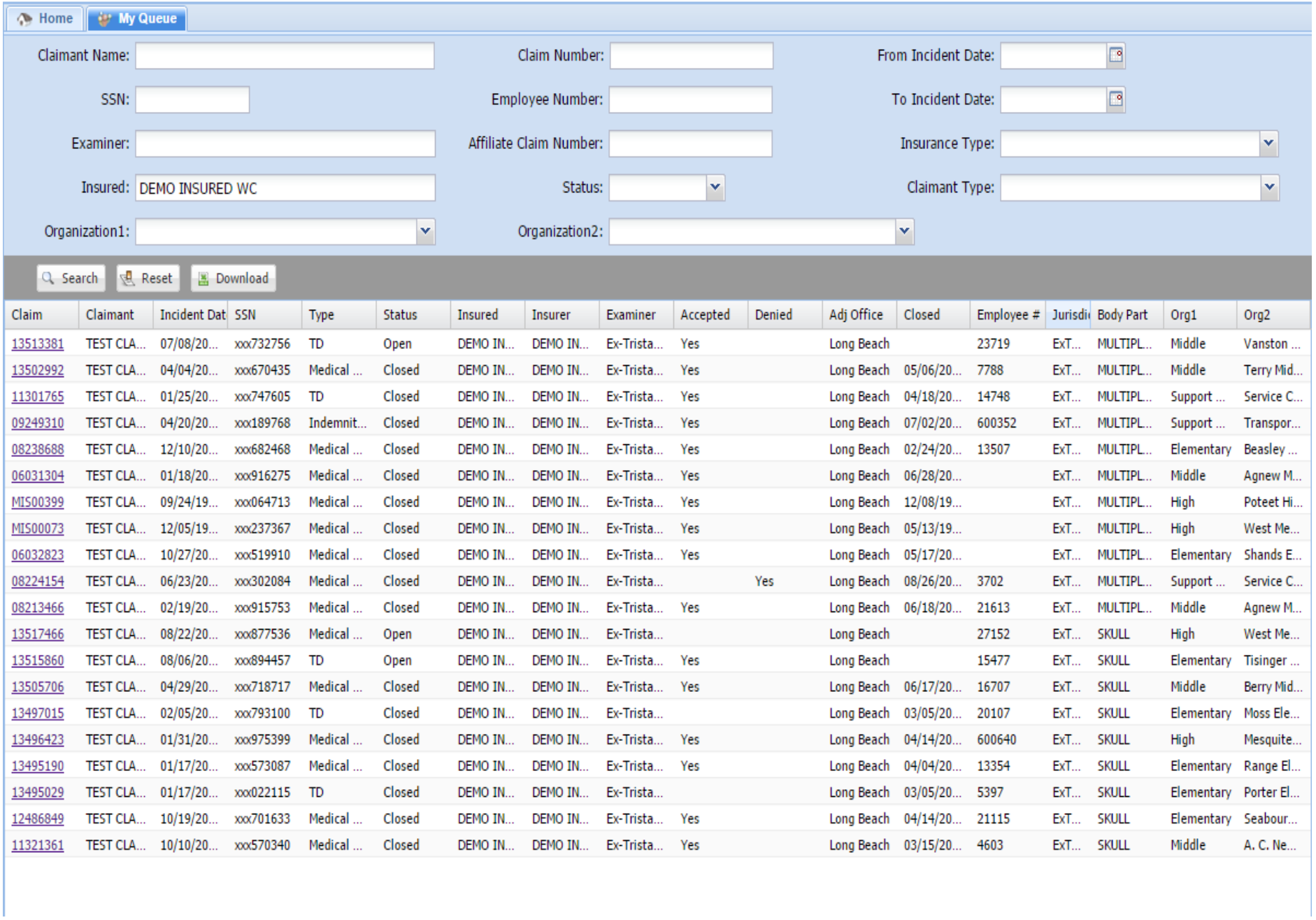
Examples include:

- Attorney added
- Claims open with zero reserves
- Claims reassigned to a different adjuster
- Claims that have closed
- Reserve change (+/- at specified threshold)
- Work status change
- Incurred over certain amount
- New claims this month
- Paid over specified threshold

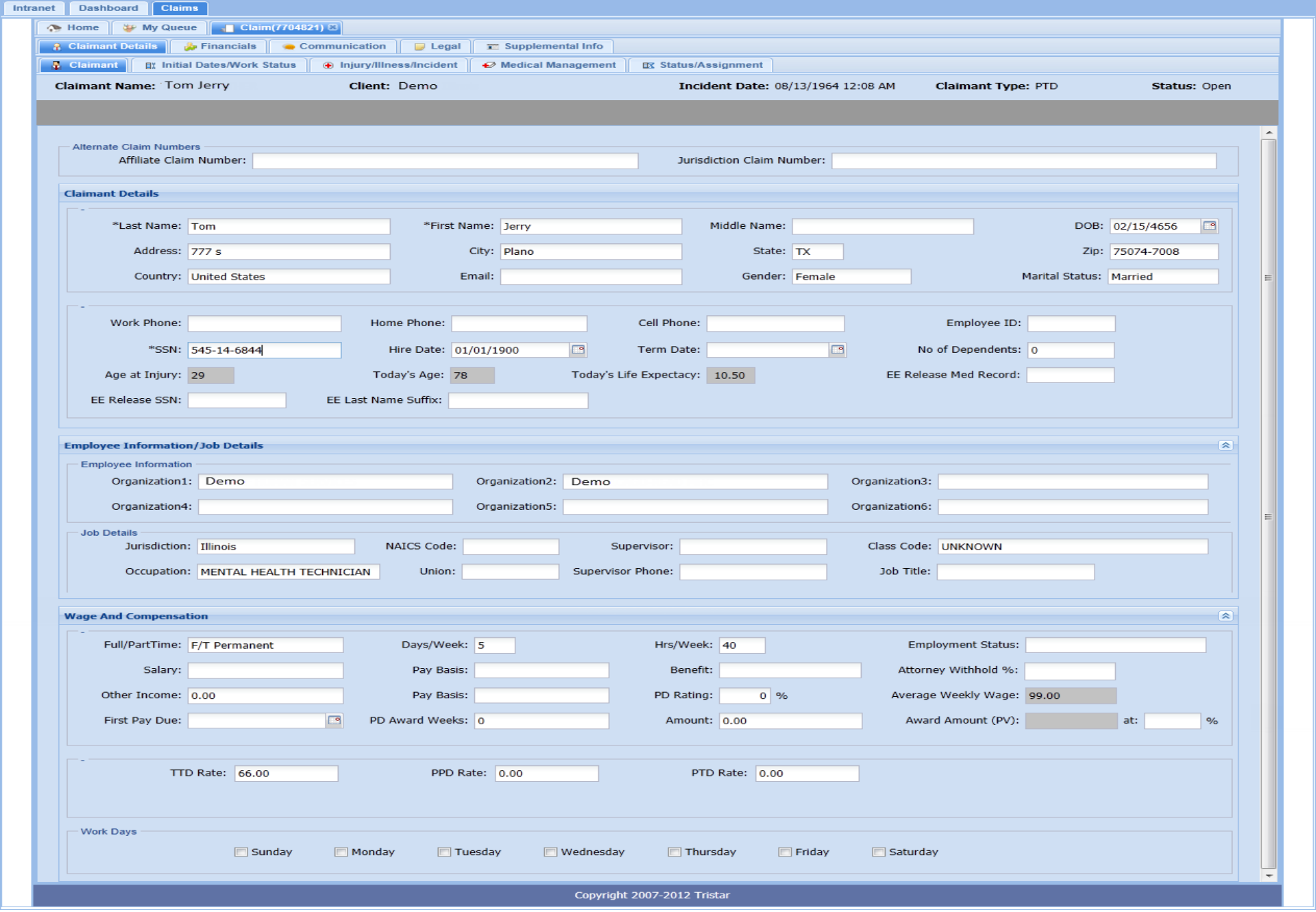
CLAIM APP

The Claim App icon provides up the minute detail on individual claims.

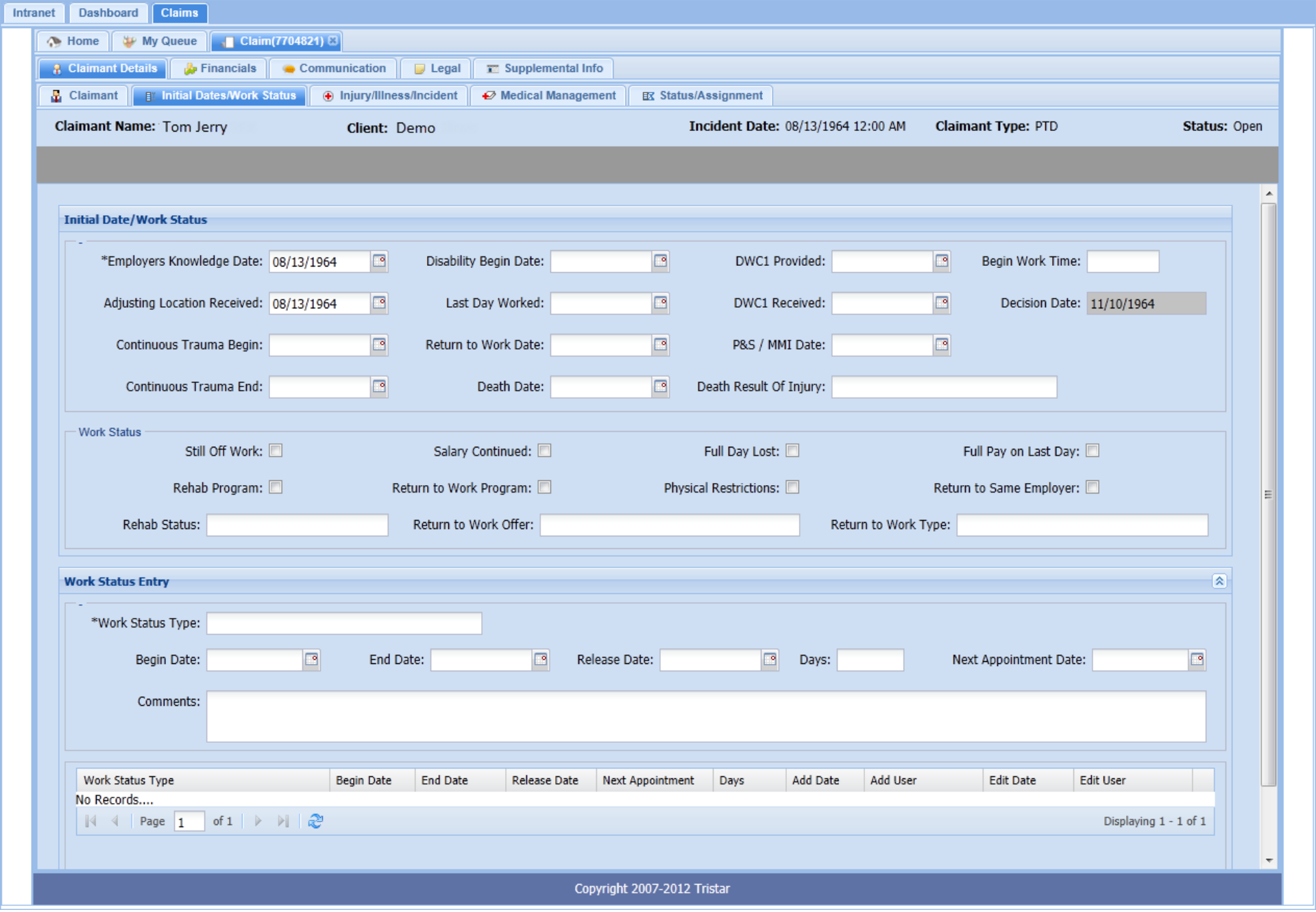
- Search for claims by a number of different or combined data elements.
- Search for individual claims or groups of claims by adding additional search criteria, or search for a claim by claim number.
- See claimant financials, reserves, payments, notepads, correspondence, work status, litigation and legal information, documents and reports
- Down load data into excel



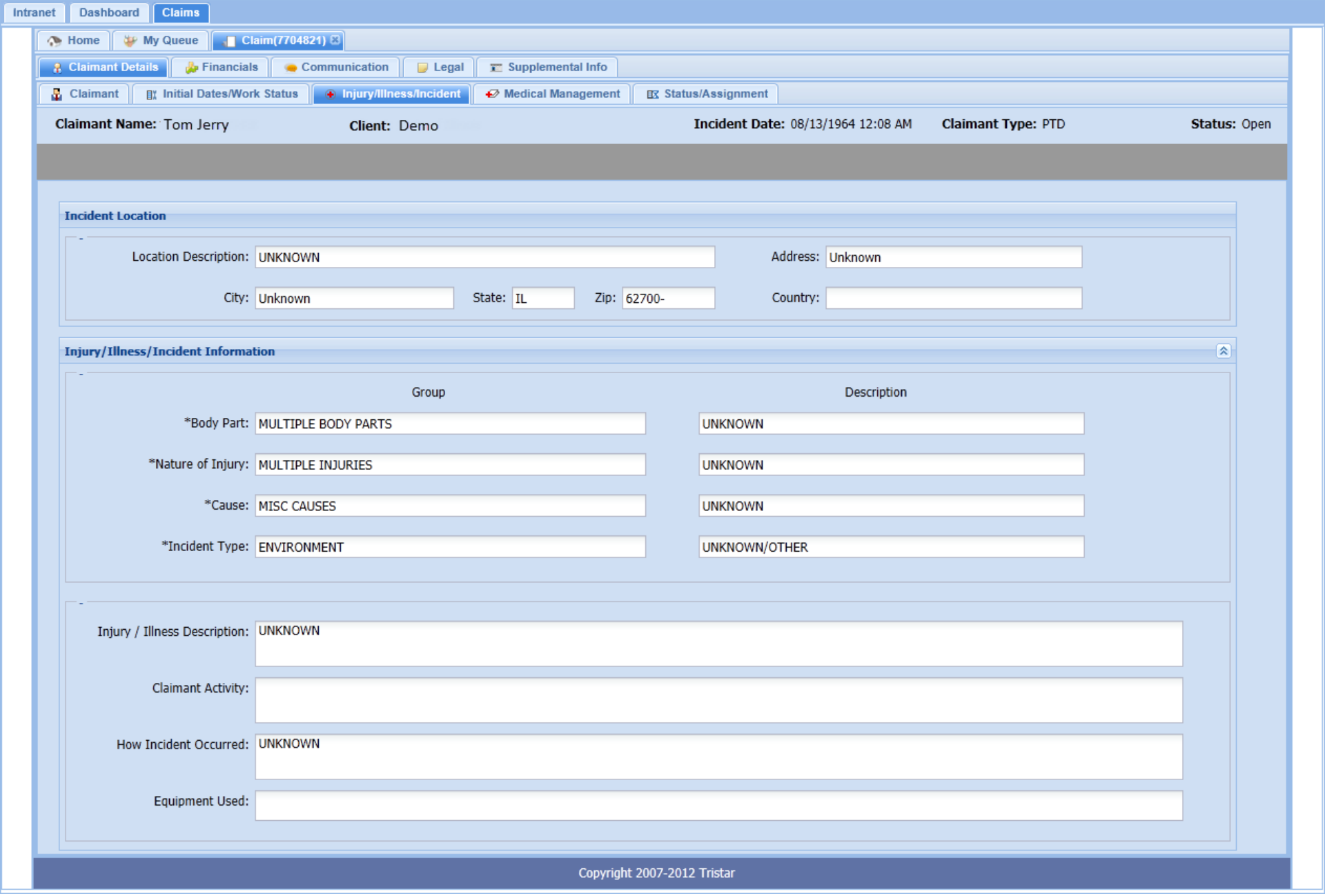
SEARCH FOR A CLAIM



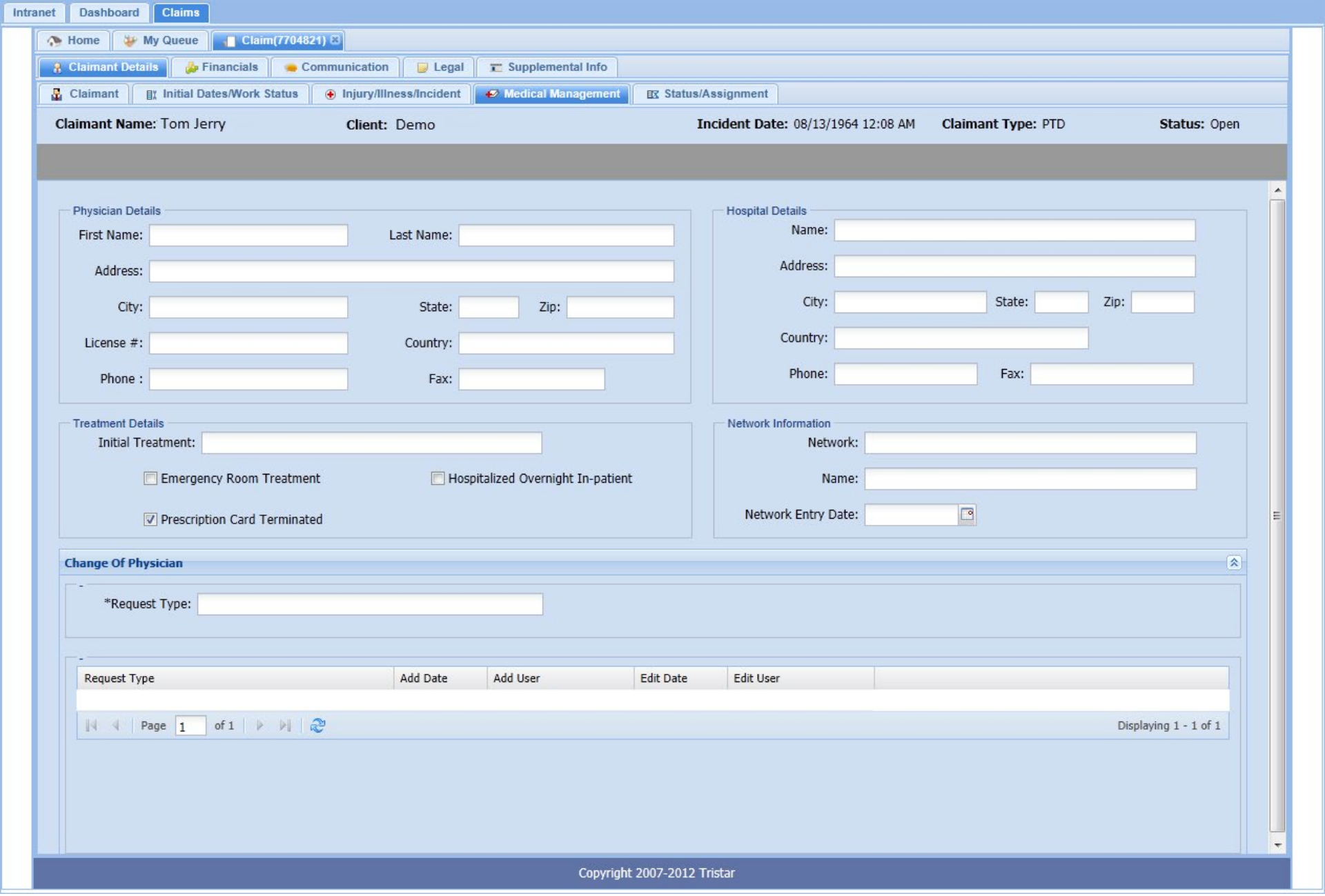
CLAIMANT INFORMATION



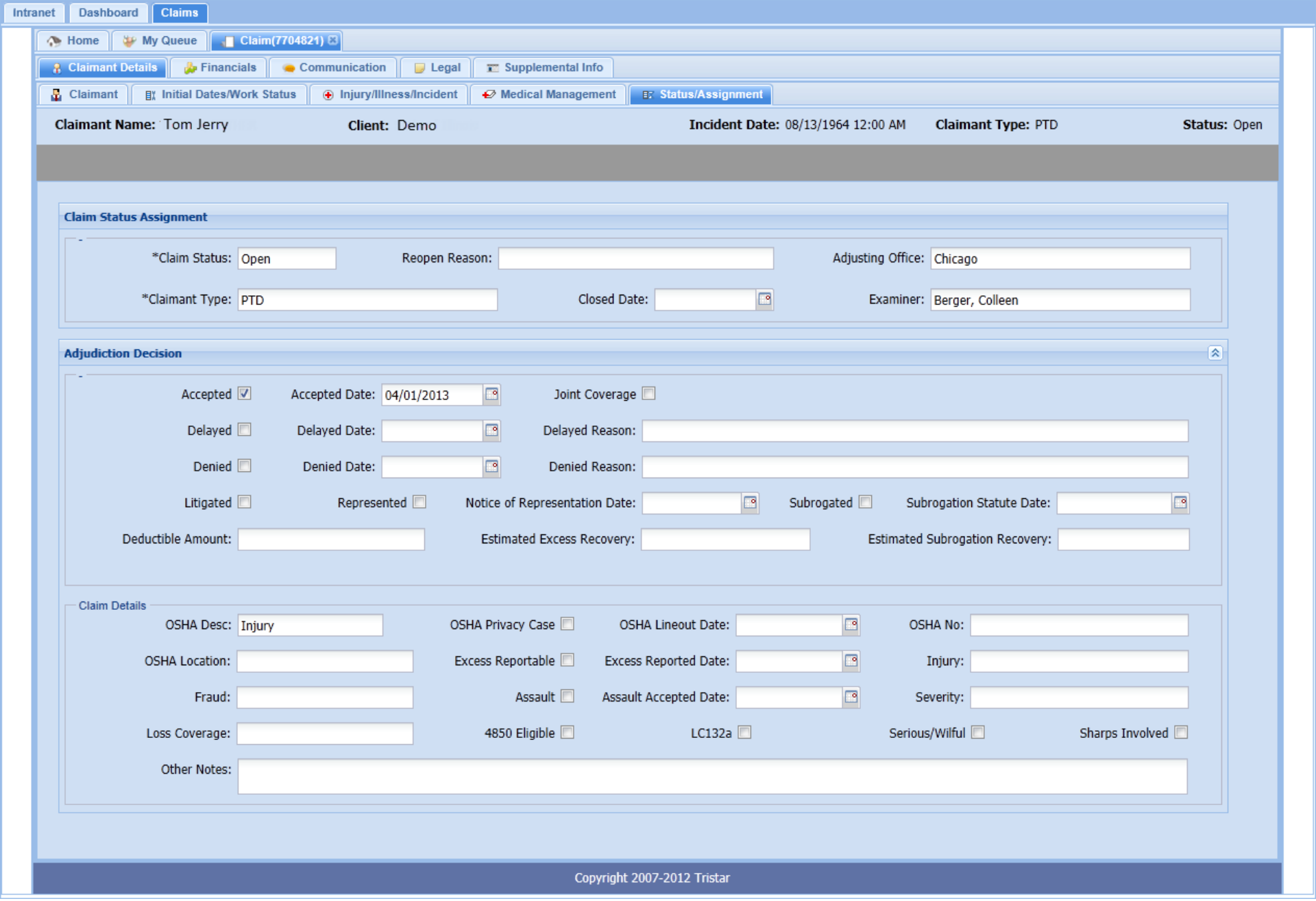
NOTICE - WORK STATUS SCREENS



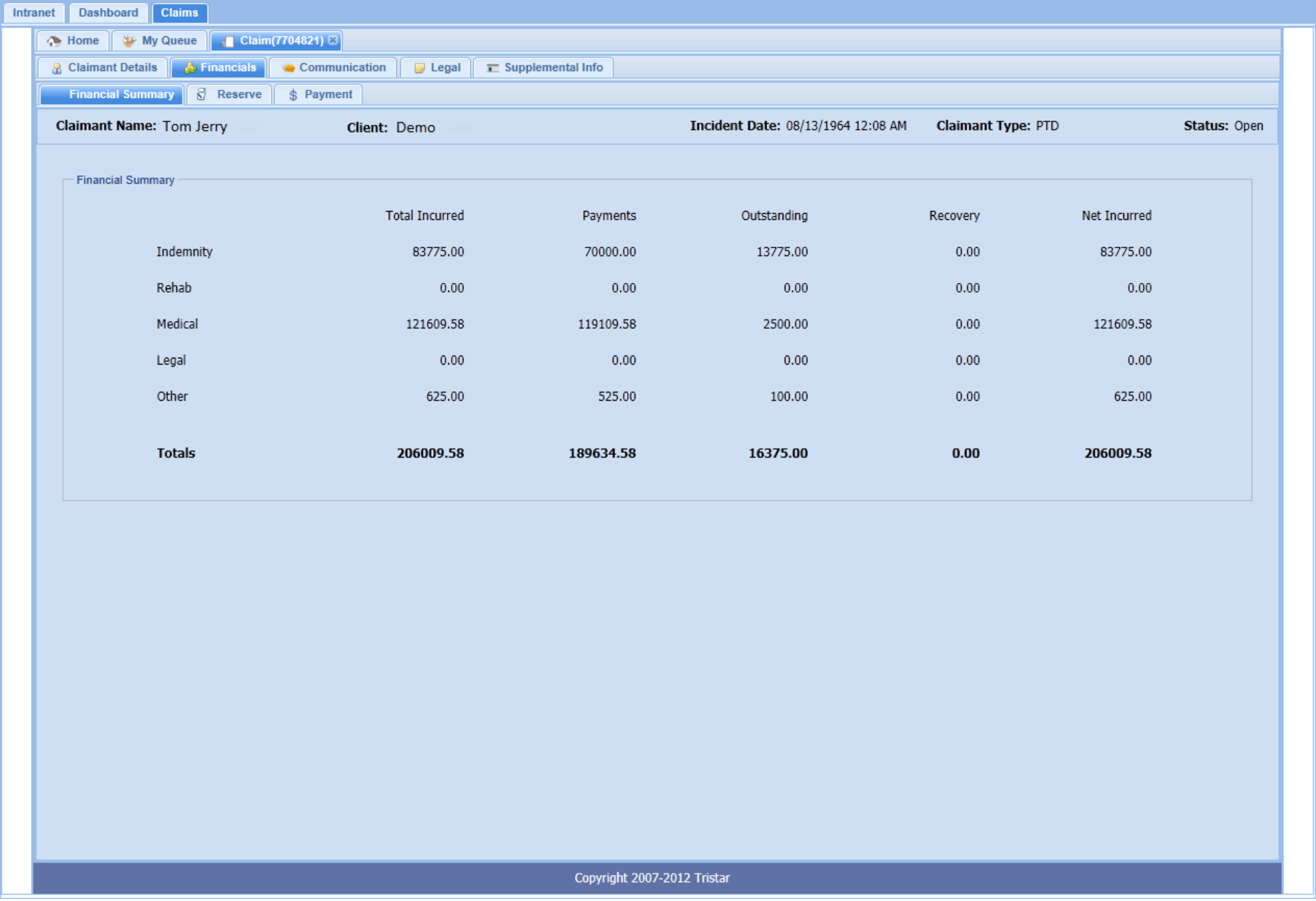
DESCRIPTION OF INJURY – DATA COLLECTION



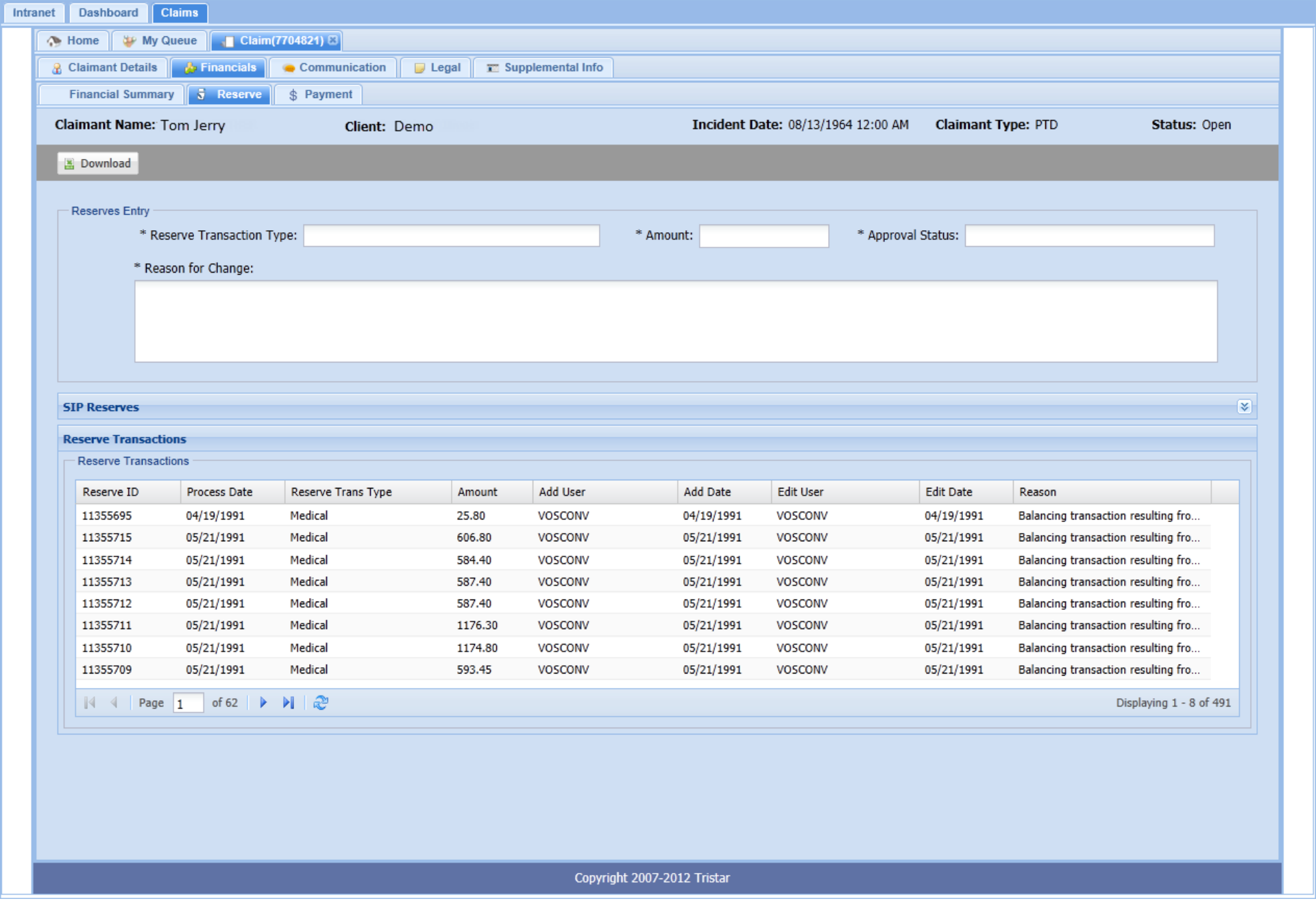
MEDICAL MANAGEMENT



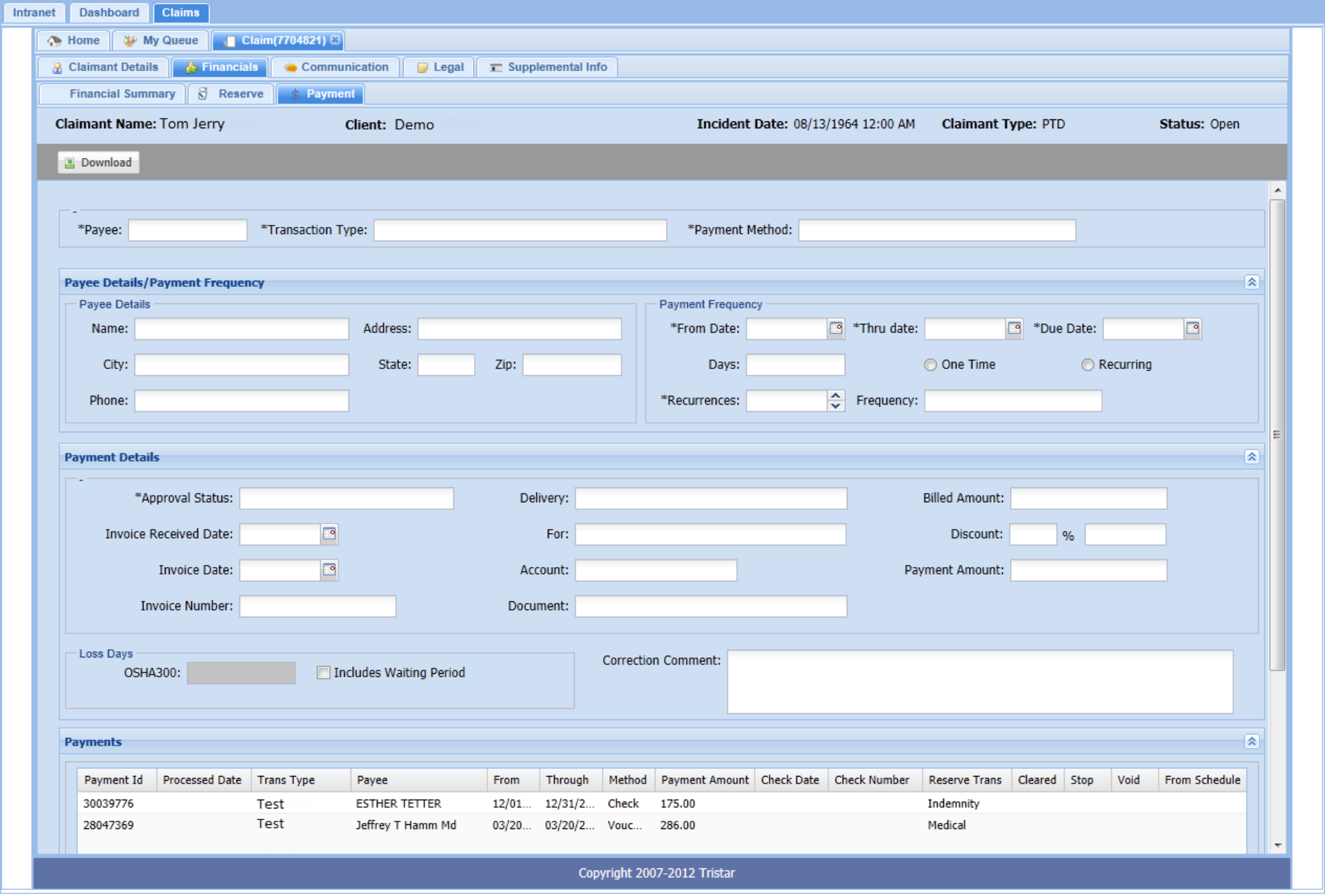
ASSIGNMENT STATUS



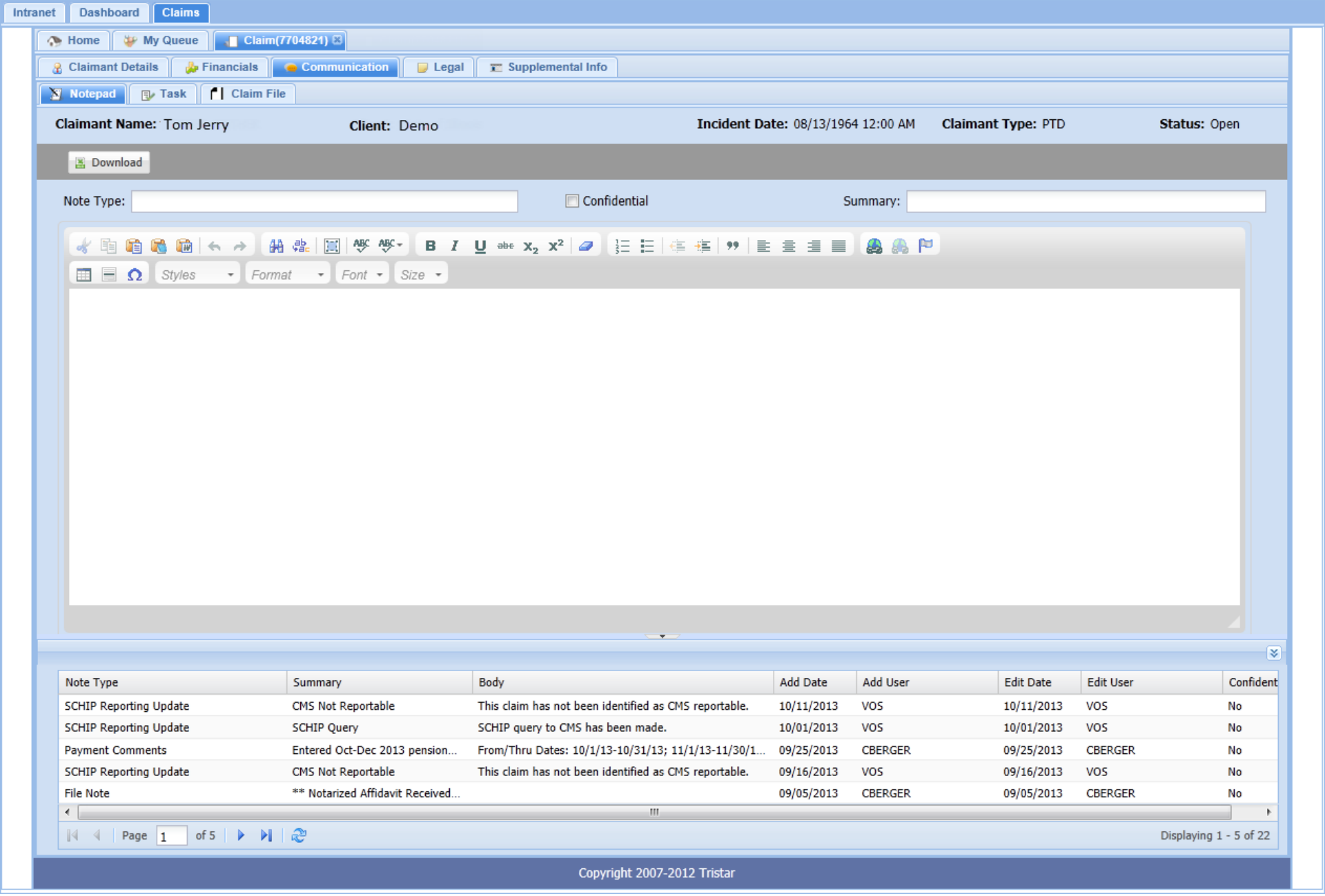
CLAIMANT FINANCIAL SUMMARY



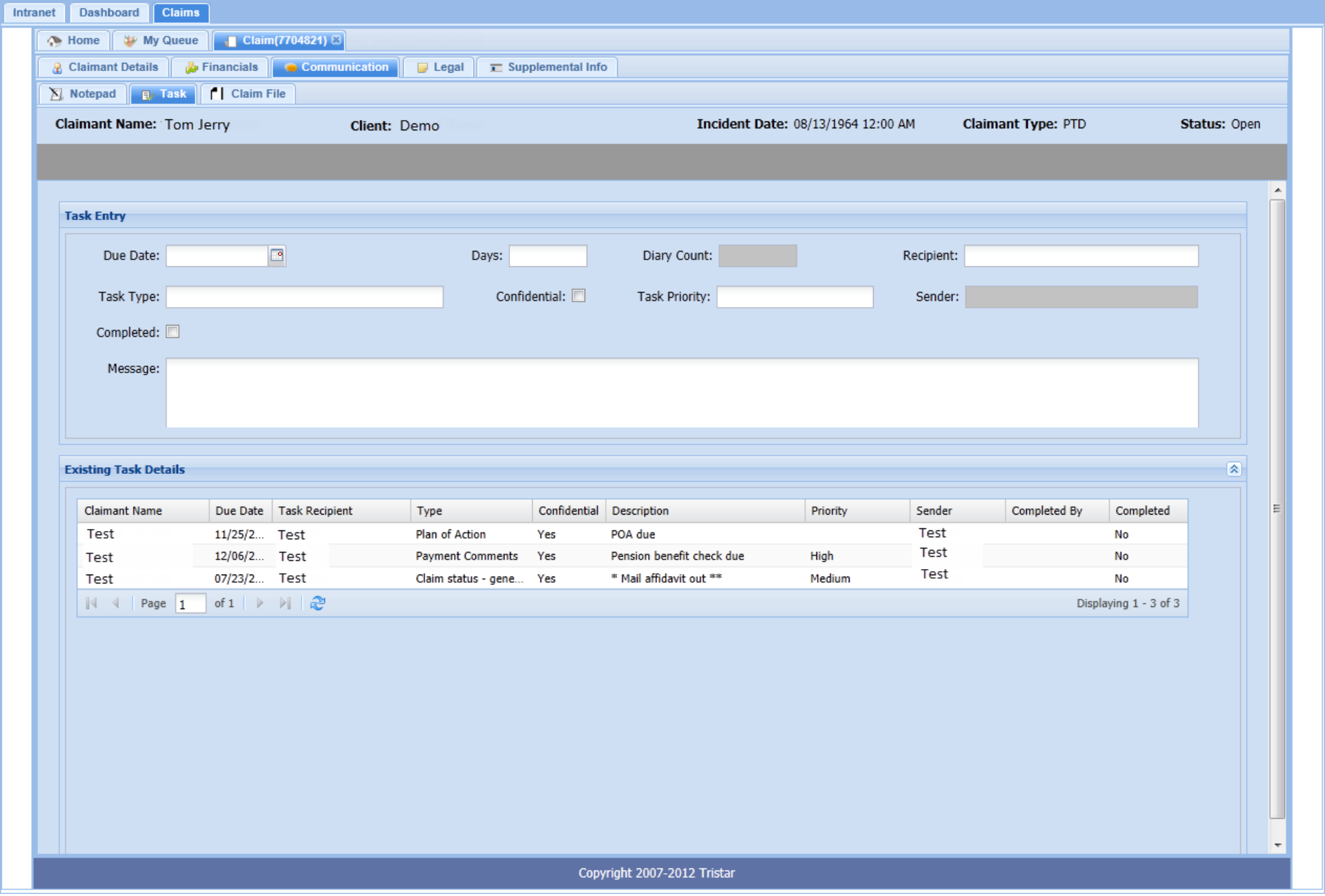
RESERVE TRANSACTIONS



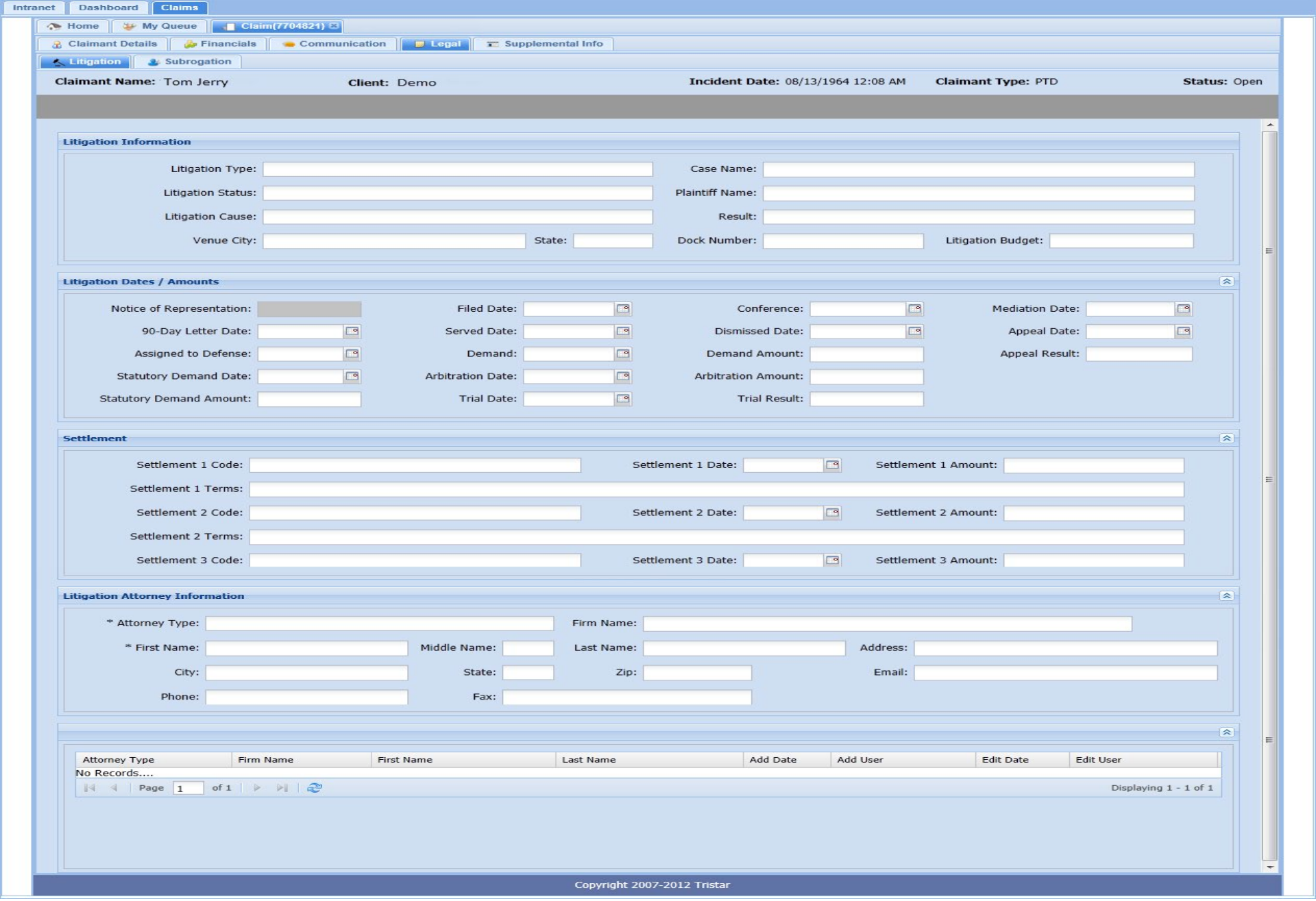
PAYMENT TRANSACTIONS



COMMUNICATIONS - NOTEPADS



TASK DETAILS


Intranet
Dashboard
Claims
Home
My Queue
Claim(7704821)
Claimant Details
Financials
Communication
Legal
Supplemental Info
Litigation
Subrogation
Claimant Name: Tom Jerry
Client: Demo
Incident Date: 08/13/1964 12:08 AM
Claimant Type: PTD
Status: Open
Litigation Information
Litigation Type:
Litigation Status:
Litigation Cause:
Venue City:
State:
Case Name:
Plaintiff Name:
Result:
Dock Number:
Litigation Budget:
Litigation Dates / Amounts
Notice of Representation:
90-Day Letter Date:
Assigned to Defense:
Statutory Demand Date:
Statutory Demand Amount:
Filed Date:
Served Date:
Demand:
Arbitration Date:
Trial Date:
Conference:
Dismissed Date:
Demand Amount:
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Mediation Date:
Appeal Date:
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Settlement 2 Date:
Settlement 3 Date:
Settlement 1 Amount:
Settlement 2 Amount:
Settlement 3 Amount:
Litigation Attorney Information
* Attorney Type:
* First Name:
Middle Name:
City:
State:
Phone:
Fax:
Last Name:
Zip:
Firm Name:
Address:
Email:
Attorney Type
Firm Name
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Edit User
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Page 1 of 1
Displaying 1 - 1 of 1
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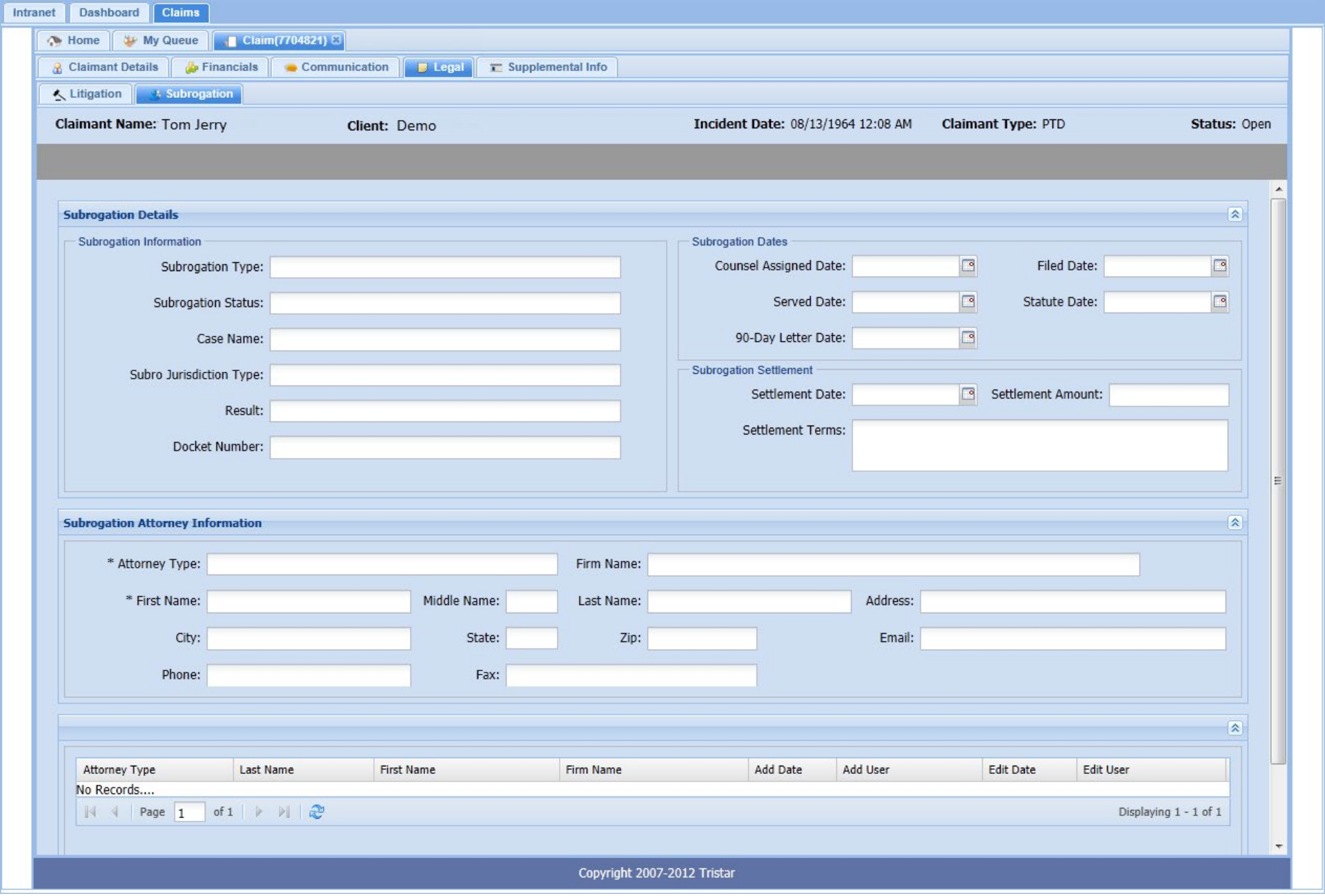
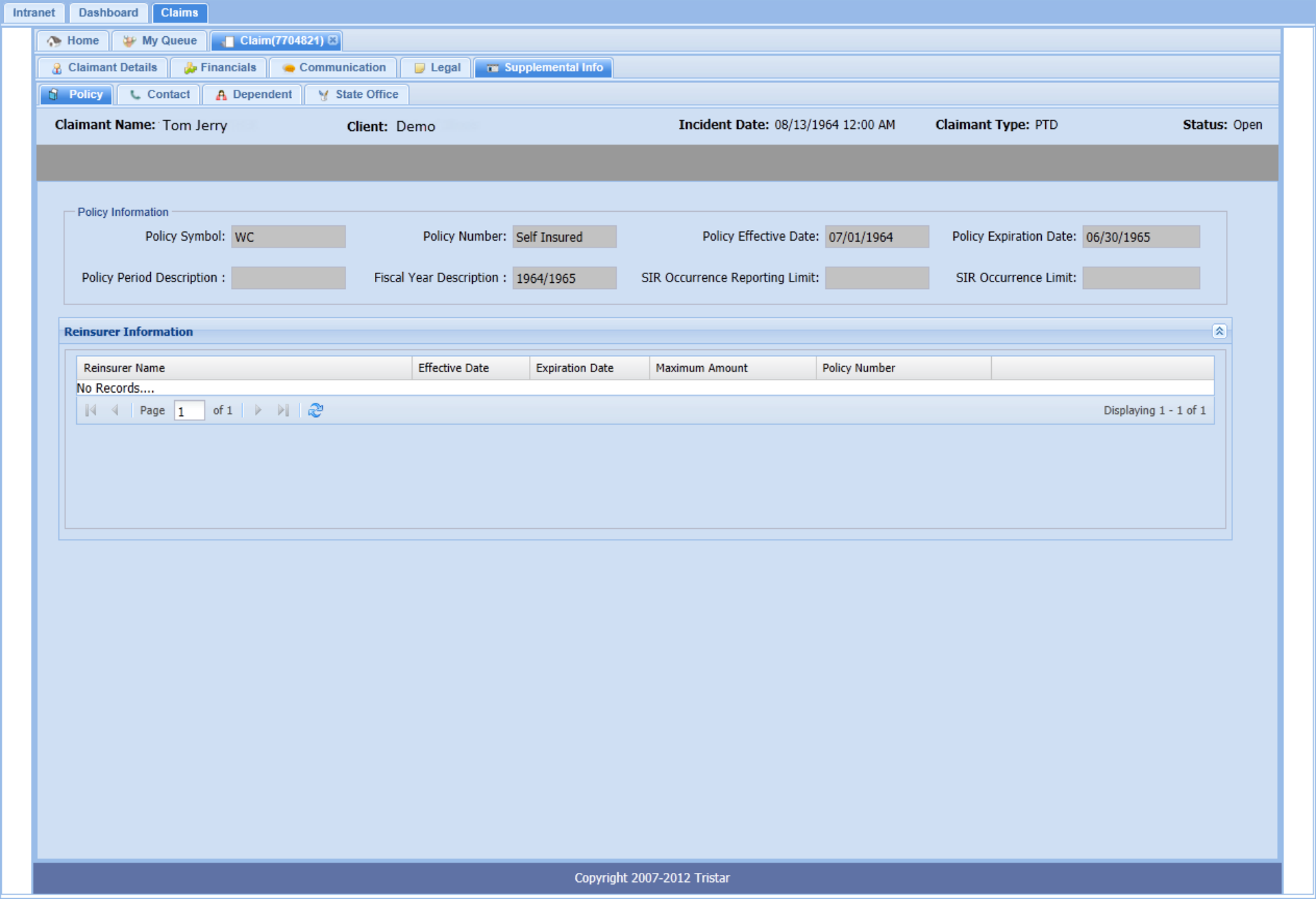
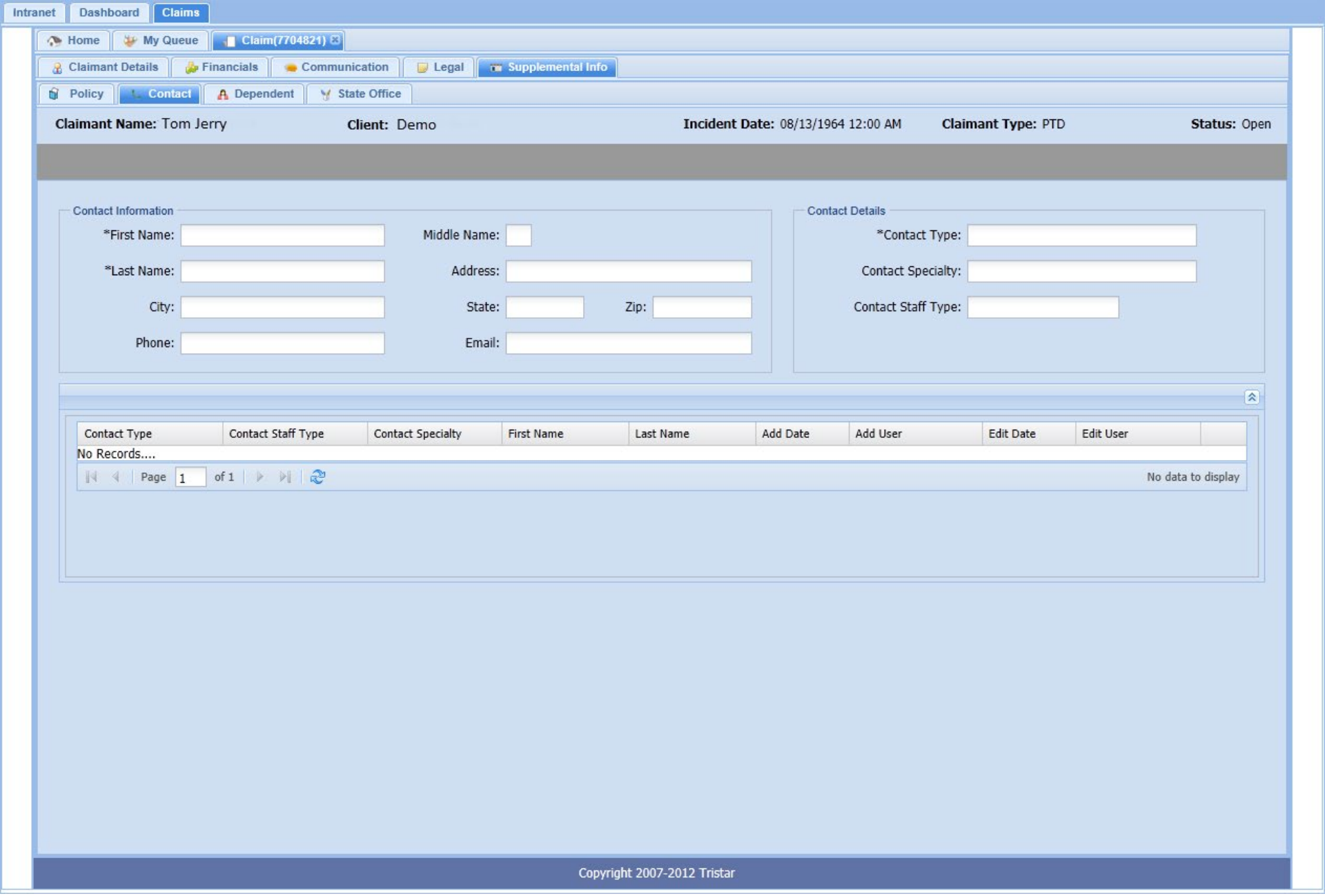
LITIGATION



SUBROGATION



SUPPLEMENTAL INFORMATION


Intranet
Dashboard
Claims
Home
My Queue
Claim(7704821)
Claimant Details
Financials
Communication
Legal
Supplemental Info
Policy
Contact
Dependent
State Office
Claimant Name: Tom Jerry
Client: Demo
Incident Date: 08/13/1964 12:00 AM
Claimant Type: PTD
Status: Open
Contact Information
*First Name:
Middle Name:
*Last Name:
Address:
City:
State:
Zip:
Phone:
Email:
Contact Details
*Contact Type:
Contact Specialty:
Contact Staff Type:
Contact Type
Contact Staff Type
Contact Specialty
First Name
Last Name
Add Date
Add User
Edit Date
Edit User
No Records....
Page 1 of 1
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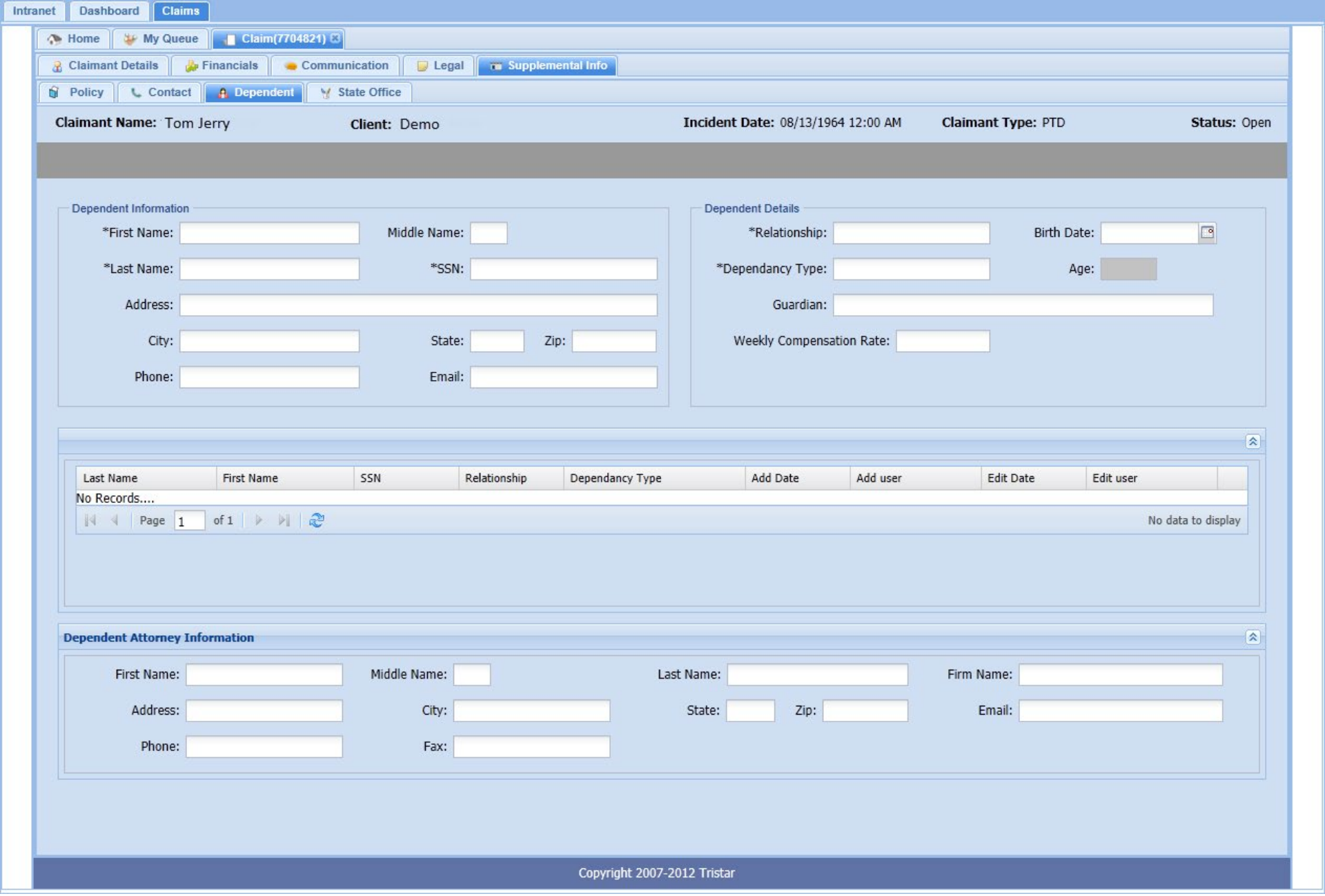
CONTACTS


Intranet
Dashboard
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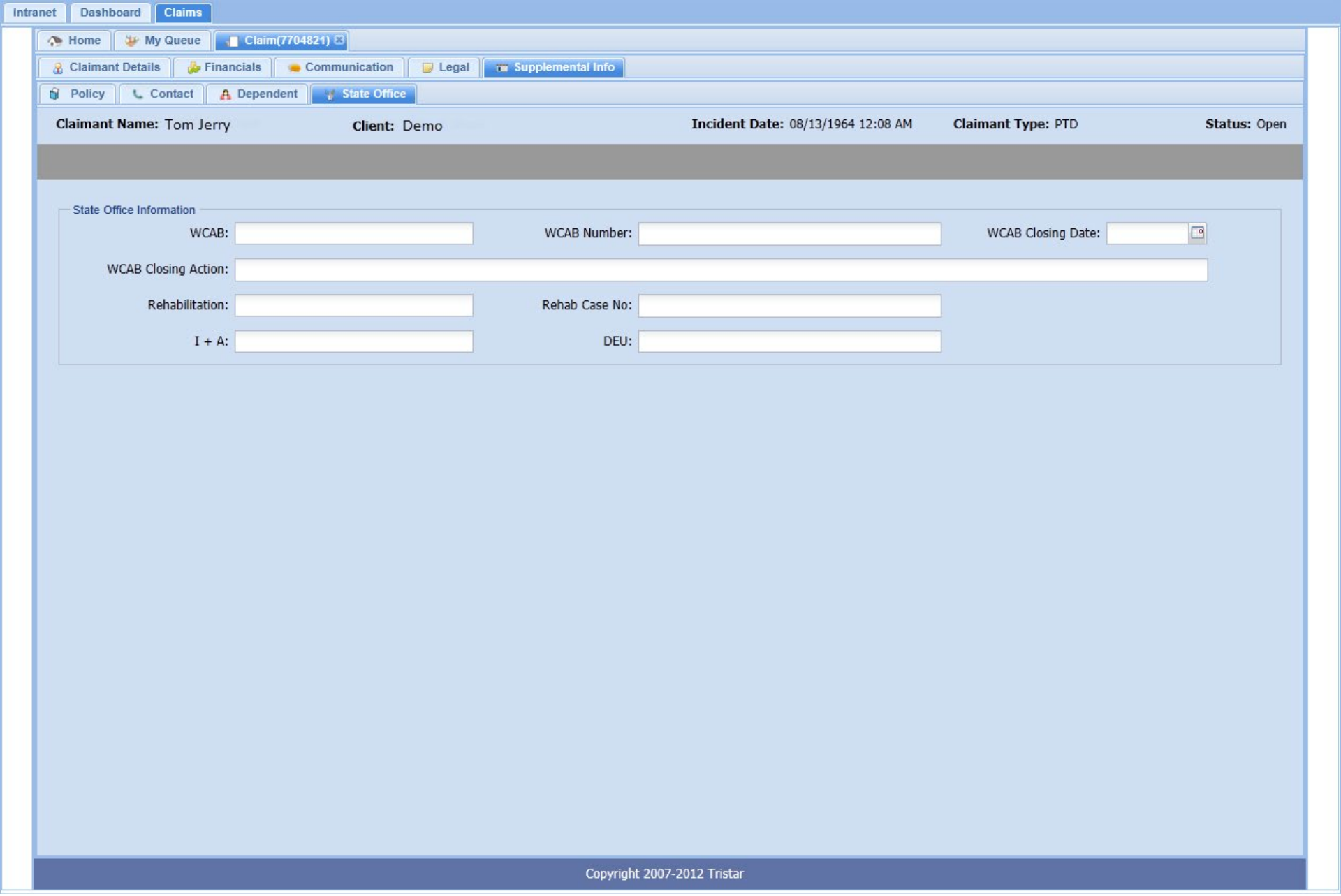
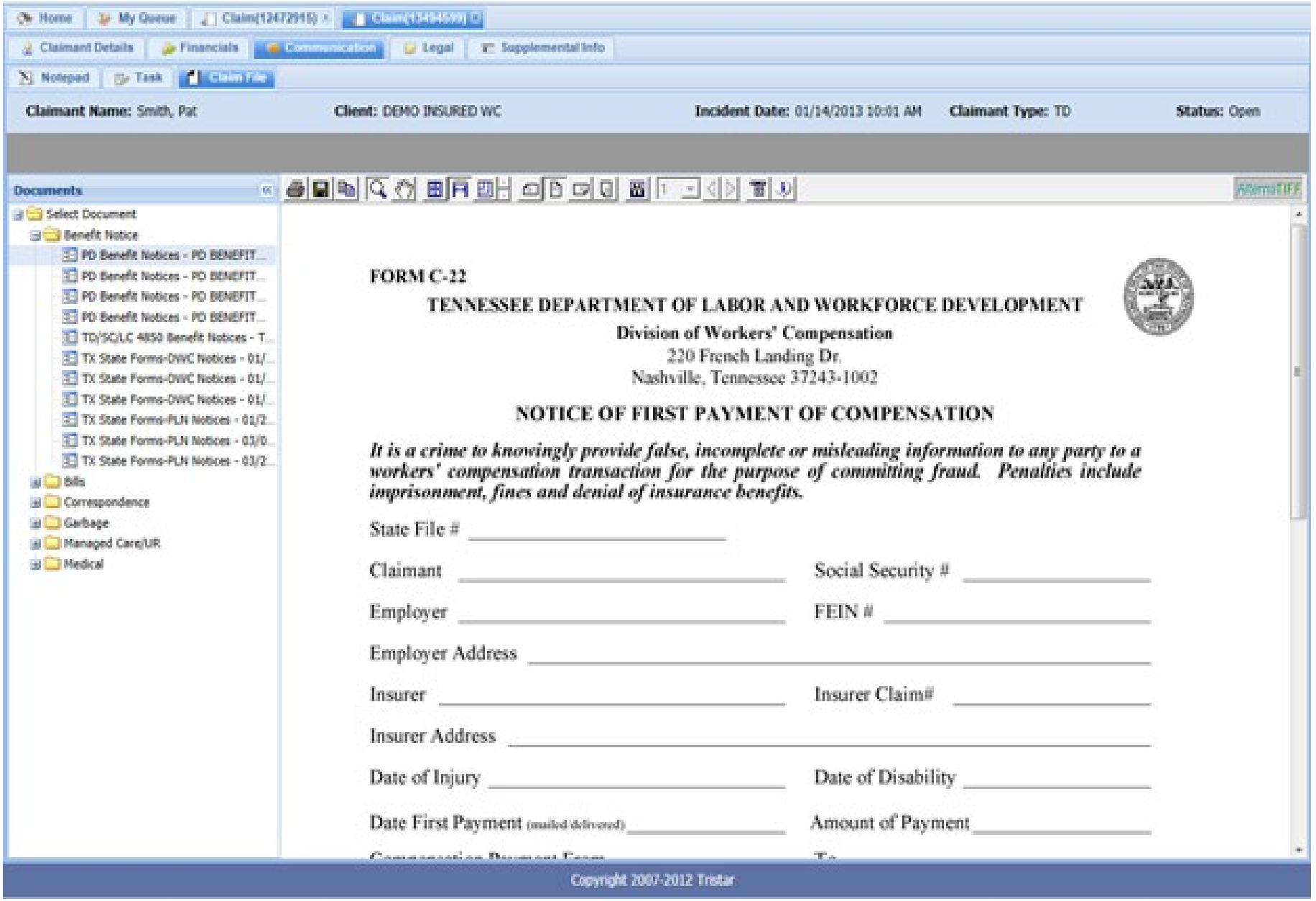
My Queue
Claim(7704821)
Claimant Details
Financials
Communication
Legal
Supplemental Info
Policy
Contact
Dependent
State Office
Claimant Name: Tom Jerry
Client: Demo
Incident Date: 08/13/1964 12:00 AM
Claimant Type: PTD
Status: Open
Dependent Information
*First Name:
Middle Name:
*Last Name:
*SSN:
Address:
City:
State:
Zip:
Phone:
Email:
Dependent Details
*Relationship:
Birth Date:
*Dependancy Type:
Age:
Guardian:
Weekly Compensation Rate:
Last Name
First Name
SSN
Relationship
Dependancy Type
Add Date
Add user
Edit Date
Edit user
No Records....
Page 1 of 1
No data to display
Dependent Attorney Information
First Name:
Middle Name:
Last Name:
Firm Name:
Address:
City:
State:
Zip:
Email:
Phone:
Fax:
Copyright 2007-2012 Tristar

DEPENDENTS



STATE SPECIFIC INFORMATION

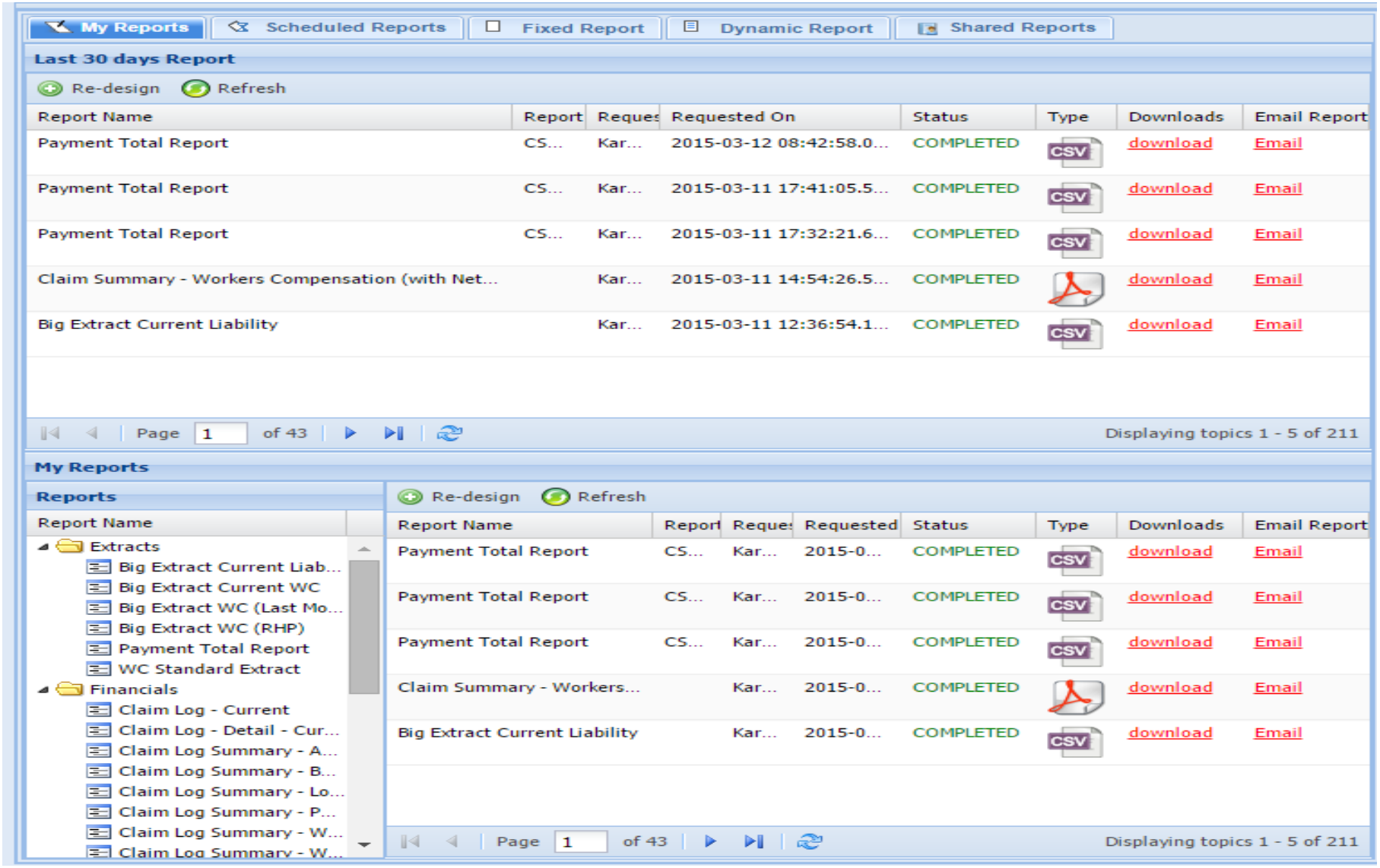

Home
My Queue
Claim(12472915)
Claim(13484599)
Claimant Details
Financials
Communication
Legal
Supplemental Info
Notepad
Task
Claim File
Claimant Name: Smith, Pat
Client: DEMO INSURED WC
Incident Date: 01/14/2013 10:01 AM
Claimant Type: TD
Status: Open
Documents
Select Document
Benefit Notice
PD Benefit Notices - PD BENEFIT...
PD Benefit Notices - PD BENEFIT...
PD Benefit Notices - PD BENEFIT...
PD Benefit Notices - PD BENEFIT...
TD/SC/LC 4850 Benefit Notices - T...
TX State Forms-DWC Notices - 01/...
TX State Forms-DWC Notices - 01/...
TX State Forms-DWC Notices - 01/...
TX State Forms-PLN Notices - 01/2...
TX State Forms-PLN Notices - 03/0...
TX State Forms-PLN Notices - 03/2...
Bills
Correspondence
Garbage
Managed Care/UR
Medical
FORM C-22
TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
Division of Workers' Compensation
220 French Landing Dr.
Nashville, Tennessee 37243-1002
NOTICE OF FIRST PAYMENT OF COMPENSATION
It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.
State File #
Claimant
Social Security #
Employer
FEIN #
Employer Address
Insurer
Insurer Claim#
Insurer Address
Date of Injury
Date of Disability
Date First Payment (mailed/delivered)
Amount of Payment
Copyright 2007-2012 Tristar

DOCUMENTS

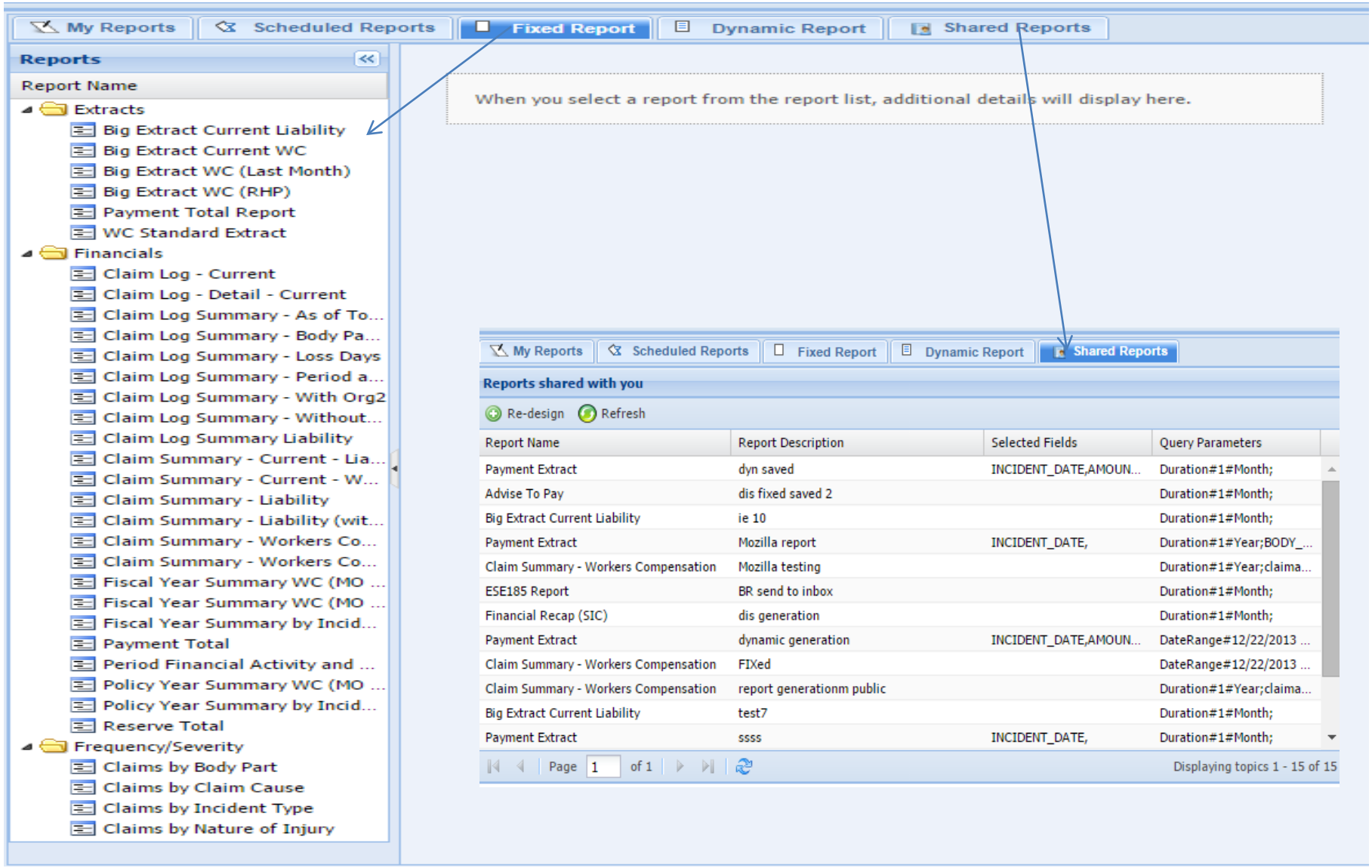
Reports

The Reports icon provides the ability to run, schedule and create reports.

- **My Reports** tab – This is your **Report**s home page/queue of past and current reports.
- **Scheduled Reports** tab – Displays all reports you have scheduled to run.
- **Fixed Reports** tab – a selection of standard reports which can be run at any time
- **Dynamic Reports** tab –create your own custom reports.


My Reports
Scheduled Reports
Fixed Report
Dynamic Report
Shared Reports
Last 30 days Report
Re-design
Refresh
Report Name
Report
Reques
Requested On
Status
Type
Downloads
Email Report
Payment Total Report
CS...
Kar...
2015-03-12 08:42:58.0...
COMPLETED
download
Email
Payment Total Report
CS...
Kar...
2015-03-11 17:41:05.5...
COMPLETED
download
Email
Payment Total Report
CS...
Kar...
2015-03-11 17:32:21.6...
COMPLETED
download
Email
Claim Summary - Workers Compensation (with Net...
Kar...
2015-03-11 14:54:26.5...
COMPLETED
download
Email
Big Extract Current Liability
Kar...
2015-03-11 12:36:54.1...
COMPLETED
download
Email
Page
1
of 43
Displaying topics 1 - 5 of 211
My Reports
Reports
Report Name
Extracts
Big Extract Current Liab...
Big Extract Current WC
Big Extract WC (Last Mo...
Big Extract WC (RHP)
Payment Total Report
WC Standard Extract
Financials
Claim Log - Current
Claim Log - Detail - Cur...
Claim Log Summary - A...
Claim Log Summary - B...
Claim Log Summary - Lo...
Claim Log Summary - P...
Claim Log Summary - W...
Claim Log Summary - W...
Re-design
Refresh
Report Name
Report
Reque
Requested
Status
Type
Downloads
Email Report
Payment Total Report
CS...
Kar...
2015-0...
COMPLETED
download
Email
Payment Total Report
CS...
Kar...
2015-0...
COMPLETED
download
Email
Payment Total Report
CS...
Kar...
2015-0...
COMPLETED
download
Email
Claim Summary - Workers...
Kar...
2015-0...
COMPLETED
download
Email
Big Extract Current Liability
Kar...
2015-0...
COMPLETED
download
Email
Page
1
of 43
Displaying topics 1 - 5 of 211

MY REPORTS



FIXED REPORTS – SHARED REPORTS

TRISTAR
CLIENT PORTAL

DASHBOARD | REPORTS | CLAIM APP | ALERTS (5)

My Profile
Sign Out
Contact Us

Client: Demo Client

Service Type: LIAB - GL

MY REPORTS | SCHEDULED REPORTS | FIXED REPORTS | DYNAMIC REPORTS | SHARED REPORTS

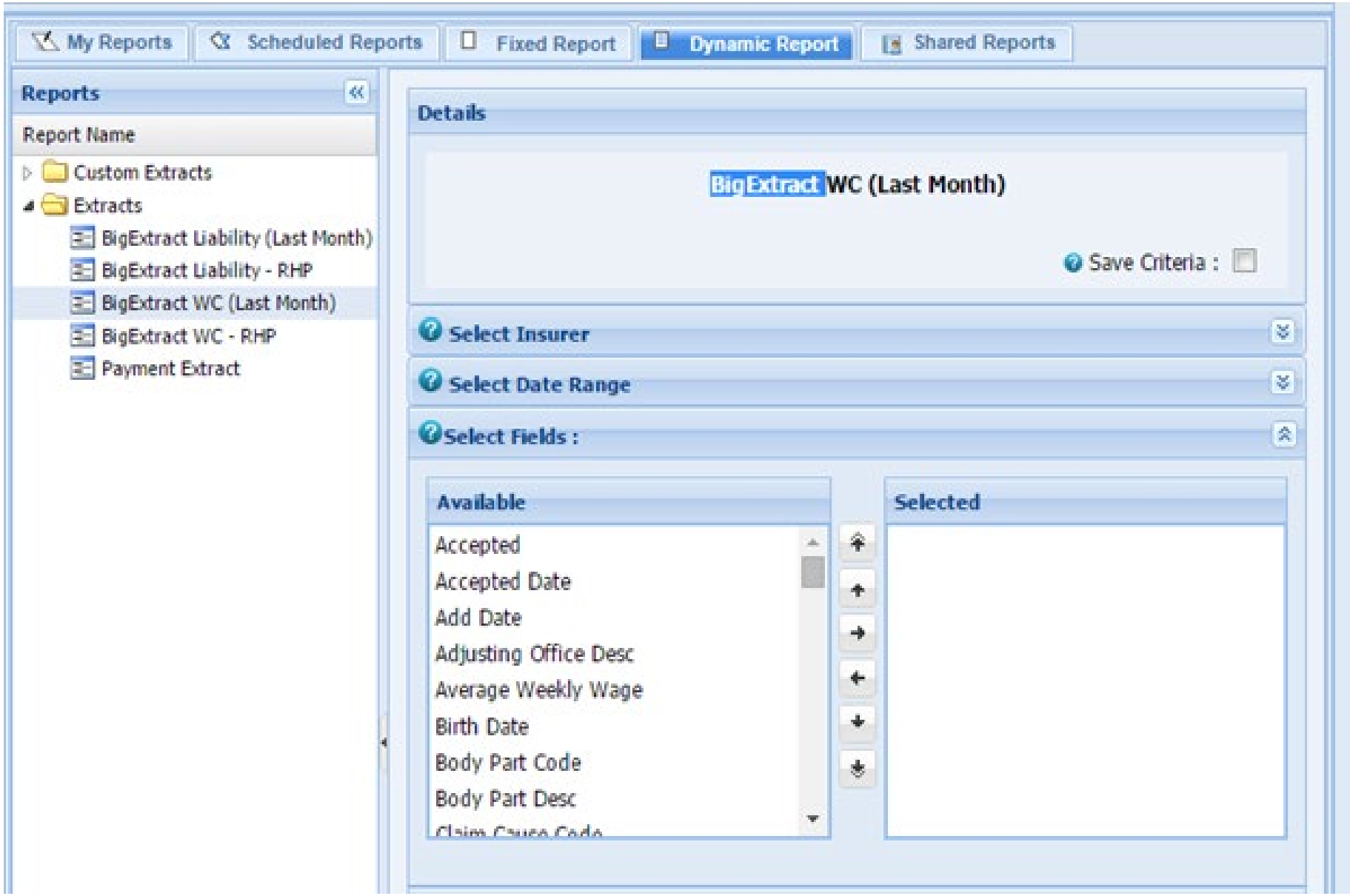
Reports shared with you

Re-design | Refresh

Report Name	Report Description	Selected Fields	Query Parameters
Claims by Body Part	slll		Duration#1#Year;
BigExtract WC - RHP	shared by pprabhu	ADD_DATE,	Duration#1#Year;
Claims by Nature of Injury	The same report again for sharing - Public		Duration#5#Year;
Claims by Class Code	Class Code - 1st Test - Public		Duration#0#LastYear;
Claims by Nature of Injury	Fixed Report testing Sharing - Private to ...		Duration#0#LastYear;
BigExtract WC (Last Month)	Dynamic Report Sharing - Private to zRas...	ACCEPTED,ACCEPTED_D...	Duration#0#LastYear;

Page 1 of 1

Displaying topics 1 - 6 of 6



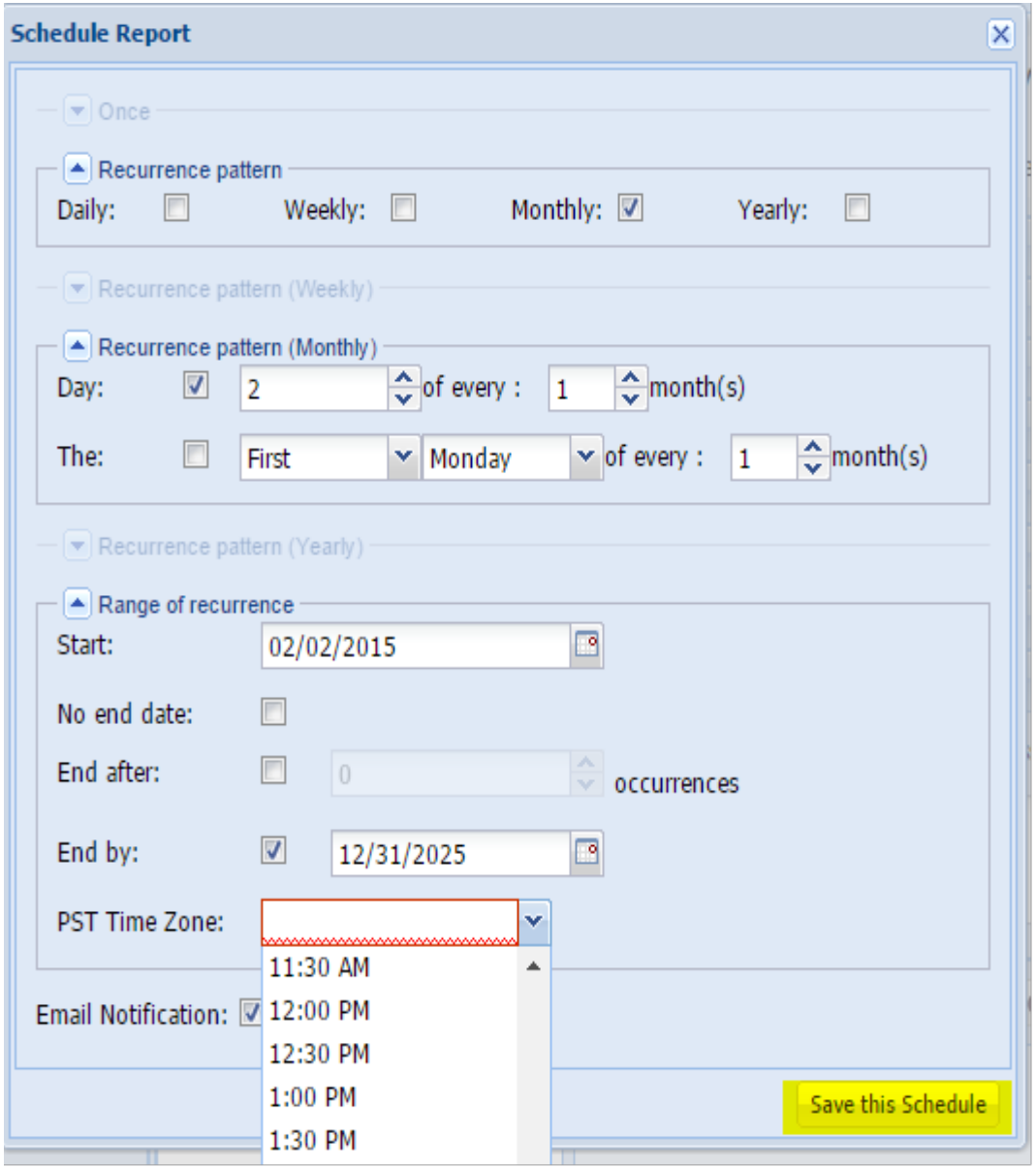
DYNAMIC REPORTS – USER DEFINED UNIQUE CRITERIA

SCHEDULE REPORTS FOR AUTO-DELIVERY

- Recurrence Pattern
- Range of Recurrence
- Start and End Dates
- Email Notifications
- Report Description

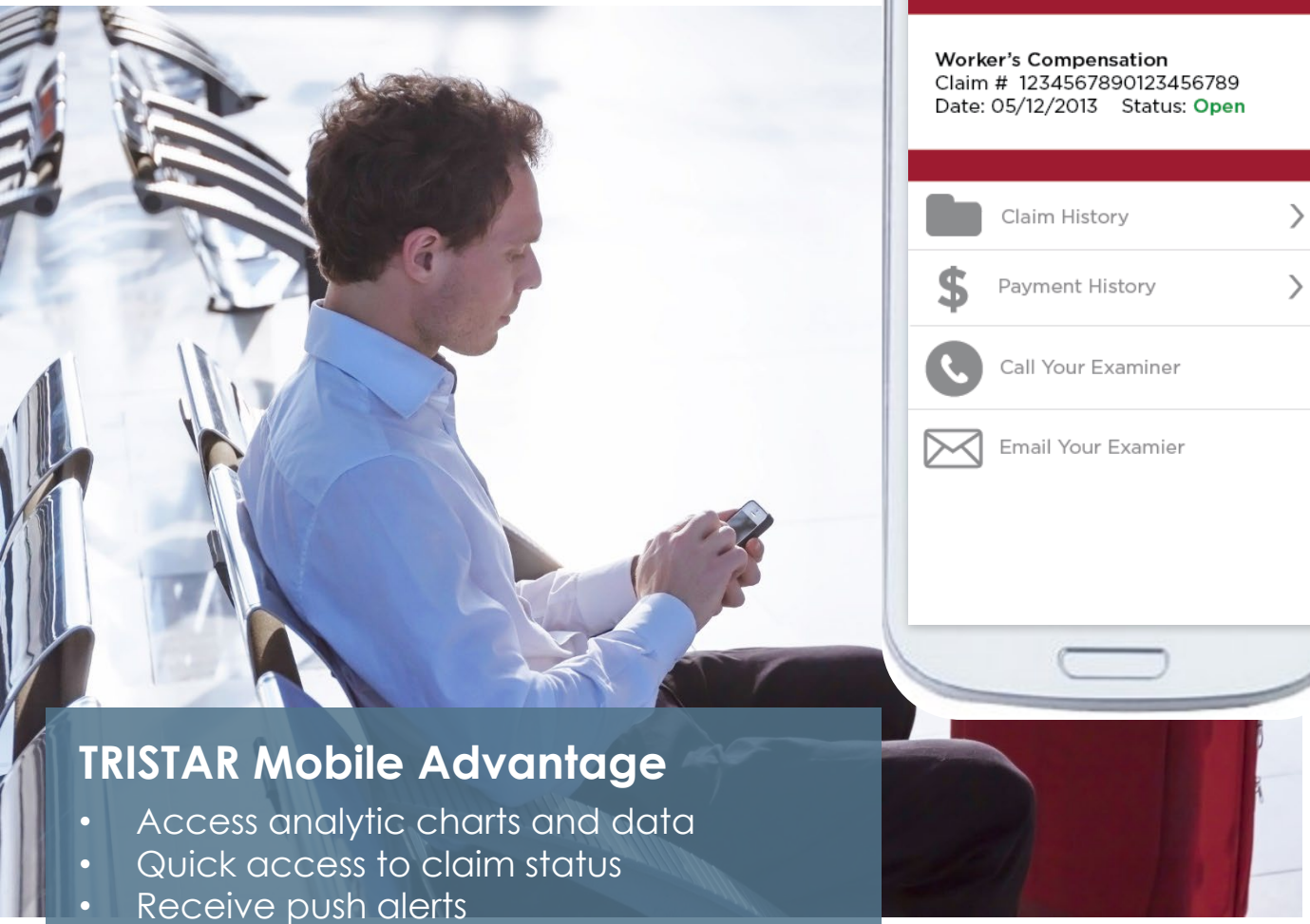
REPORT TEMPLATES

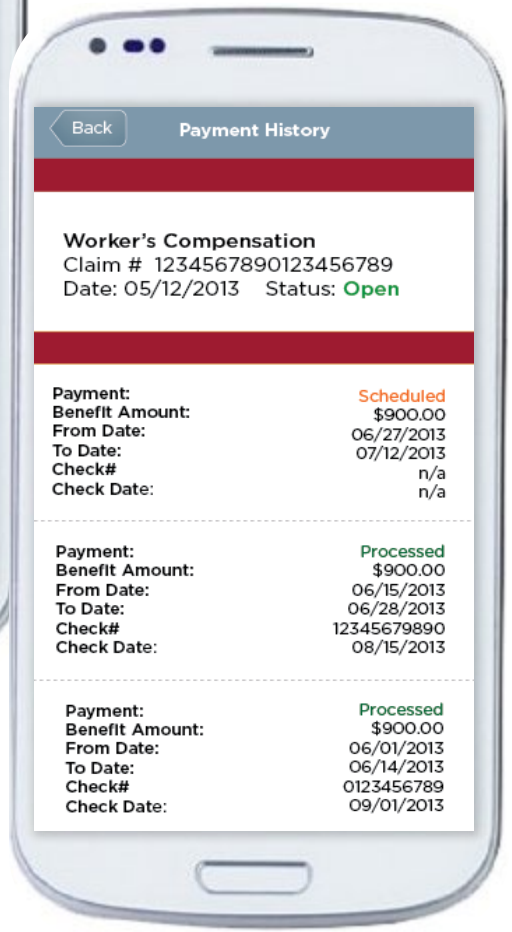
- Over 80 Standard Templates
- Virtually Unlimited Ad-hoc – Selection Criteria Capability
  - Specific dates
  - Financial criteria
  - Claim status
  - Type of claim
  - Incurred Amount
  - Payment transaction types
  - Type, cause, nature and incident type descriptions



AUTO SCHEDULE – AUTO DELIVERY

TRISTAR®
CONNECT

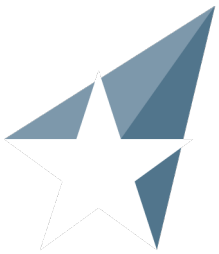




TRISTAR Mobile Advantage

- Access analytic charts and data
- Quick access to claim status
- Receive push alerts

All the tools you need on-the-go



TRISTAR®

Exhibit B

Claim System Report List and Examples

TRISTAR RMIS SAMPLE REPORTS

This section contains a limited selection of report samples from TRISTAR's risk management information system. TRISTAR's system can produce more than 80 standard and ad hoc reports, including, but not limited to the following:

ACTUARIAL:

- CIPRA - CIPRA report with one row per claimant containing totals for each reserve category.
- CIPRA Incident - CIPRA report with one row per incident containing totals for each reserve category.
- CIPRA Workers' Compensations - Generate report that can be exported in Workers' Compensation Claims Reporting Format for CIPRA
- Export EIA GL (1) EIA export report for general liability for loss in reserve category 1
- Export EIA GL (2) EIA export report for general liability for loss in reserve categories 1 and 2
- Export EIA WC EIA export report for worker's compensation

FREQUENCY SEVERITY:

- Claims by Body Part - Frequency of claims by body part
- Claims by Body Part Group - Frequency of claims by Body Part Group
- Claims by Cause - Frequency of claims by claim cause
- Claims by Cause Group - Frequency of claims by cause group
- Claims by Claimant Type - Frequency of Claims by Claimant Type Group
- Claims by Day of Week
- Claims by Incident Type - Frequency of claims by incident type.
- Claims by Incident Type Group - Frequency of claims by incident type group
- Claims by Nature of Injury - Frequency of claims by nature of injury.
- Claims by Nature of Injury Group - Frequency of claims by nature of injury group.
- Claims by Occupation - Frequency of claims by occupation.
- Claims by Organization (1)
- Claims by Time of Day
- Sharps Report

GENERAL:

- Claim Contact - Claim Contact Report
- Claim Contact Model
- Claim Contact Paid - Claim Contact Paid Report
- Claim Contact Summary - Summary Report for Contacts associated with Claims
- Claim Log - Claim log to be used by all lines of insurance. Examples of usage, examiner loading.
- Claim Log Deductible Claim log deductible report
- Claim Log Summary - Claim summary with financial totals as of a date
- Claim Log Workers' Comp Summary - Claim summary financial report for Workers' Compensation.
- Claim Management Summary - Management summary including reinsurance reporting
- Claim Status - Claim status for all lines of insurance
- Claim Summary - Claim summary with financials for a time period.
- Contact Total
- Face Sheet Print

- Fiscal Year Claim Summary - Fiscal Year Summary by Claim
- Litigation Summary - Total legal expenses paid for a claimant
- Notepad Print
- Payment Print
- Payment Print Alternate
- Payment Total
- Payment Void Total - Report on void and reversal payments.
- Reserve Total
- Safety Activity - Safety activity report
- SIR Limit - List of Large Claims
- Time Tracking Total
- User Diary - List of diaries
- Voucher Total

INCIDENT:

- Claim Attorney Listing - Attorney listing for the claims
- Fiscal Year Incident Summary - Fiscal Year Summary by Incident
- Incident Litigation Summary - Show the legal paid and attorneys for an incident
- Incident Log Deductible - Deductible due in period for an incident
- Incident Log Summary - Log Summary Report by Incident
- Incident Management Summary - Management Summary by Incident
- Incident Status - Status Report by Incident
- Incident Summary - Summary by incident
- Vehicle Incident Log

LOSS CONTROL:

- Claim Lag Time - Lag Time Report for claims
- Claim Log Loss days
- Claims by Time of Day
- Loss Triangle Payment Transactions - Ten-year payment Loss Triangle Report
- Loss Triangle Payments
- Loss Triangle Reserve Transactions - Ten year reserve Loss Triangle Report
- Loss Triangle Reserves
- Work Status Time

PAYMENT PROCESSING:

- AP Export Payments Generic
- Monthly Financial Report
- Bank Account Total - Bank Account Balance
- Check Register - Check register for a specified payment run or time period
- Scheduled Payments
- Unprocessed Payments

- Voucher Print - Print of Vouchers for a specified time frame
- Payment Total Bill Rev

REFERENCE TABLES:

- Body Part Listing - Body part listing report for reference.
- Business Rule Listing
- Claim Cause Listing - Claim cause listing report for reference.
- Correspond Master Listing - Correspond listing report for reference.
- Correspond SQL Listing - List of Correspond SQL for data retrieval
- Incident Type Listing - Incident type listing report for reference.
- Interface Definition Listing - Interface definition listing
- Nature of Injury Listing - Nature of Injury listing report for reference.
- Organization Listing - Organization structure listing report for reference.
- Organization Listing: Level 1 & 2 - Report of Organization Level 1 items with associated level 2 items.
- Organization Listing: Level 2 & 3 - Report of Organization Level 2 items with associated level 3 items.
- Organization Listing: Level 3 & 4 - Report of Organization Level 3 items with associated level 4 items.
- Participation Listing
- Payment Transaction Listing - Payment transaction listing report for reference.
- Report Field Listing - Listing of all the fields used in the selection criteria of reports
- Report Maintenance - Report showing all the report groups, various reports included under each and selection criteria.
- Reserve Transaction Listing - Reserve transaction listing report for reference.
- State Office Listing - State Office listing report for reference.

SPECIAL INVESTIGATION UNIT:

- SIU Report

STATE & FEDERAL REGULATORY:

- State Employer's First Report of Injury
- FROI Required Fields 1
- FROI Required Fields 2
- OSHA Forms and Reports
- SIP List of Open Indemnity Claims Public - SIP List of Open Indemnity Claims. This report is by fiscal year 7/1/xxxx - 6/30/xxxx.
- SIP List Open Indemnity Claims Private - SIP List of Open Indemnity. This report is by calendar year.
- SIP Summary Report Private - SIP Summary Report. This report is by calendar year.
- SIP Summary Report Public - SIP Summary Report. This report is for fiscal year 7/1/xxxx - 6/30/xxxx.

MISCELLANEOUS

- PDRP
- ISO Claim SearchText Begins Here

TRISTAR

Claim Log Summary -

Sample Report

01/01/2016 - 01/31/2016

Insurer: Demonstration Client

Insured: Demonstration Client

Claim Number	Claimant Name	Injury	Status	Paid This Period	Incurred This Period	Recovery This Period	Paid	Outstanding	Incurred	Recovery
15604453	Abbott, Glenn	1/28/2015	Open	0	0	0	0	12,300.00	12,300.00	0
15605378	Bando, Sal	1/30/2014	Open	0	0	0	0	19,070.00	19,070.00	0
15605308	Barba, Raphael	7/5/2015	Open	0	0	0	0	19,500.00	19,500.00	0
15605291	Baxter, Josephine	8/23/2014	Open	0	0	0	0	35,500.00	35,500.00	0
15605307	Beasley, Pam	5/12/2015	Open	0	0	0	0	37,500.00	37,500.00	0
15605258	Benson, Olivia	12/24/2014	Open	0	0	0	0	48,500.00	48,500.00	0
15605154	Black, John	10/22/2015	Open	0	0	0	0	3,300.00	3,300.00	0
15605141	Blakely, Charlene	11/5/2013	Open	0	0	0	0	8,300.00	8,300.00	0
15605152	Bogano, Logano	4/15/2014	Open	0	0	0	2,042.43	30,273.57	32,316.00	0
15605383	Bourque, Pat	2/1/2014	Open	0	0	0	0	12,170.00	12,170.00	0
15604790	Boyd, Jefferson	1/1/2015	Open	0	0	0	0	700	700	0
15605211	Brady, Bo	9/17/2015	Open	0	0	0	0	5,500.00	5,500.00	0
15605218	Brady, Hope	3/20/2015	Open	0	0	0	3,337.55	22,109.45	25,447.00	0
15605403	Campaneris, Bert	1/27/2015	Open	0	0	0	0	16,700.00	16,700.00	0
15605143	Connor, Macauley	5/20/2013	Open	0	0	0	0	8,300.00	8,300.00	0
15605409	Donaldson, John	2/3/2015	Open	0	0	0	0	900	900	0
15605281	Dunphy, Phil	8/5/2014	Open	0	0	0	0	48,500.00	48,500.00	0
15605200	Evans, Marlena	2/25/2015	Closed	0	0	0	0	0	0	0
15605197	Fosse, Ray	1/31/2013	Open	0	0	0	0	15,800.00	15,800.00	0
15605311	Garcia, Penelope	9/15/2015	Open	0	0	0	0	4,000.00	4,000.00	0
15605419	Garner, Phil	2/2/2015	Open	0	0	0	0	22,900.00	22,900.00	0
15605428	Green, Richard	1/26/2015	Open	0	0	0	0	900	900	0
15604684	Hamilton, Dave	1/29/2015	Open	0	0	0	0	13,000.00	13,000.00	0
15605202	Haney, Larry	1/29/2014	Open	0	0	0	0	15,750.00	15,750.00	0
15605144	Haven, C. K. Dexter	7/4/2013	Open	0	0	0	0	8,300.00	8,300.00	0
15605240	Hernandez, Rafe	4/17/2015	Open	0	0	0	212.66	3,087 34	3,300.00	0
15605474	Holt, Jim	2/3/2015	Open	0	0	0	0	900	900	0
15604686	Holtzman, Ken	1/30/2015	Open	0	0	0	0	15,200.00	15,200.00	0
15604966	Hooten, Leon	1/28/2013	Open	0	0	0	0	21,500.00	21,500.00	0
15605279	Horton, Lucas	4/17/2015	Open	0	0	0	0	3,300.00	3,300.00	0
15606003	Ibi, Al	1/12/2013	Open	0	0	0	0	700	700	0
15605310	Jaraeu, Jennifer	7/9/2015	Open	0	0	0	0	25,036.00	25,036.00	0
15605972	Jones, Donald	1/1/2015	Open	0	0	0	0	1,100.00	1,100.00	0

TRISTAR

Claim Summary - WC

PERIOD : 01/01/2016 - 01/31/2016

Sample Report

Insurer: Demonstration Client

Claim Number / Claim Type	Claimant Name / Claimant Status	Injury Date / Closed	Received / Examiner	Lit	Den		Paid this Period	Paid	Outstanding	Incurred	Recovery
15605291	Baxter, Josephine	8/23/2014	08/24/2014	N	N	Indemnity	0.00	0.00	8,000.00	8,000.00	0.00
TD	Open		Examiner, Dem			Rehab	0.00	0.00	0.00	0.00	0.00
						Medical	0.00	0.00	25,000.00	25,000.00	0.00
Injury Age: 45						Legal	0.00	0.00	0.00	0.00	0.00
Service Yrs: 5						Other	0.00	0.00	2,500.00	2,500.00	0.00
Hired: 01/23/2011	Demonstration Client										
Employee #:						Total	0.00	0.00	35,500.00	35,500.00	0.00
Occupation: Unassigned											
Injury Illness: Right shoulder injury											
Incident Desc: injured right shoulder											
15605307	Beasley, Pam	5/12/2015	05/13/2015	N	N	Indemnity	0.00	0.00	10,000.00	10,000.00	0.00
TD	Open		Examiner, Dem			Rehab	0.00	0.00	0.00	0.00	0.00
						Medical	0.00	0.00	25,000.00	25,000.00	0.00
Injury Age: 32						Legal	0.00	0.00	0.00	0.00	0.00
Service Yrs: 10						Other	0.00	0.00	2,500.00	2,500.00	0.00
Hired: 11/20/2005	Demonstration Client										
Employee #:						Total	0.00	0.00	37,500.00	37,500.00	0.00
Occupation: Unassigned											
Injury Illness: left knee											
Incident Desc: injured left knee											
15605258	Benson, Olivia	12/24/2014	01/02/2015	N	N	Indemnity	0.00	0.00	10,000.00	10,000.00	0.00
TD	Open		Examiner, Dem			Rehab	0.00	0.00	0.00	0.00	0.00
						Medical	0.00	0.00	35,000.00	35,000.00	0.00
Injury Age: 46						Legal	0.00	0.00	0.00	0.00	0.00
Service Yrs: 31						Other	0.00	0.00	3,500.00	3,500.00	0.00
Hired: 08/20/1984	Demonstration Client										
Employee #:						Total	0.00	0.00	48,500.00	48,500.00	0.00
Occupation: Unassigned											
Injury Illness: Right shoulder											
Incident Desc: Injury to the right shoulder											
15605154	Black, John	10/22/2015	10/29/2015	N	N	Indemnity	0.00	0.00	0.00	0.00	0.00
Medical Only	Open		Examiner, Dem			Rehab	0.00	0.00	0.00	0.00	0.00
						Medical	0.00	0.00	3,000.00	3,000.00	0.00
Injury Age: 39						Legal	0.00	0.00	0.00	0.00	0.00
Service Yrs: 15						Other	0.00	0.00	300.00	300.00	0.00
Hired: 12/26/2000	Demonstration Client										
Employee #:						Total	0.00	0.00	3,300.00	3,300.00	0.00
Occupation: Unassigned											
Injury Illness: Left Shoulder and Neck Strains											
Incident Desc: EE was moving racks of chickens and felt a pull in his left shoulder											

Fiscal Year Summary

Workers Comp (Medical Only /
01/01/2016 - 01/31/2016

Sample Report

Insurer: Demonstration Client
Insured: Demonstration Client

Insurer: Demonstration Client
Insured: Demonstration Client

Fiscal Year	Claim Type	Open	Closed	Total Claims	Paid this Period	Incurred this Period	Recovery this Period	Paid	Outstanding	Incurred	Recovery	Net Incurred
	Indem	10	0	10	0	0	0	0	127,200 00	127,200.00	0	127,200 00
	MO	2	0	2	0	0	0	0	1,600 00	1,600.00	0	1,600 00
2013		12	0	12	0	0	0	0	128,800 00	128,800.00	0	128,800 00
	Indem	14	1	15	0	0	0	87,042.43	406,738 57	493,781.00	0	493,781 00
	MO	1	0	1	0	0	0	0	3,300 00	3,300.00	0	3,300 00
2014		15	1	16	0	0	0	87,042.43	410,038 57	497,081.00	0	497,081 00
	Indem	24	0	24	0	0	0	3,337 55	530,640.45	533,978.00	0	533,978 00
	MO	15	1	16	0	0	0	212 66	31,537 34	31,750.00	0	31,750 00
2015		39	1	40	0	0	0	3,550 21	562,177.79	565,728.00	0	565,728 00
Demonstration Client Insured Total:												
Indem Total:		48	1	49	0	0	0	90,379 98	1,064,579 02	1,154,959 00	0	1,154,959.00	
MO Total:		18	1	19	0	0	0	212 66	36,437 34	36,650 00	0	36,650.00	
Insured Total:		66	2	68	0	0	0	90,592 64	1,101,016 36	1,191,609 00	0	1,191,609.00	
Demonstration Client Insurer Total:												
Indem Total:		48	1	49	0	0	0	90,379 98	1,064,579 02	1,154,959 00	0		1,154,959 00
MO Total:		18	1	19	0	0	0	212 66	36,437 34	36,650 00	0		36,650 00
Insurer Total:					0	0	0	90,592 64	1,101,016 36	1,191,609 00	0	1,191,609.00	
Grand Total:		66	2	68	0	0	0	90,592 64	1,101,016 36	1,191,609 00	0	1,191,609.00	

Report Description

This is a Workers Compensation only report. The report provides Fiscal Year totals for Medical Only, Record Only and Indemnity claimants where Indemnity is a grouping of all

Report Fields

Paid this Period: total paid between the dates listed in the report heading
Incurred this Period: total incurred between the dates listed in the report heading
Recovery this Period: total recovery between the dates listed in the report heading
Paid: total paid inception to ending date listed in the report heading
Outstanding: total outstanding reserves report remaining
Incurred: total incurred inception to ending date listed in the report heading
Recovery: total recovery inception to ending date listed in the report heading
Net Incurred: total net incurred after applying total recovery inception to ending date listed in the report heading

Payment Total

Sample Report

Insurer: Demonstration Client

Processed	Check Date	Chk/Vchr #	Claim Number	Claimant	Incident	Transaction Type	Payee	Dates of Service		Method	Amount
11/6/2015	11/6/2015	70623962	15605152	Bogano, Logano	4/15/2014	TEMPORARY DISABILITY	Logano Bogano	10/12/2015	11/09/2015	Voucher	2,042.43
11/17/2015	11/17/2015	70626615	15605218	Brady, Hope	3/20/2015	TEMPORARY DISABILITY	Hope Brady	04/18/2015	05/15/2015	Voucher	1,532.00
11/17/2015	11/17/2015	70626616	15605218	Brady, Hope	3/20/2015	TEMPORARY DISABILITY	Hope Brady	05/16/2015	05/20/2015	Voucher	273 55
11/17/2015	11/17/2015	70626606	15605174	Von Autobahn, Ion	11/6/2014	COMPROMISE & RELEASE	Ion Von Autobahn	11/06/2015	11/06/2015	Voucher	74,054 90
11/17/2015	11/17/2015	70626605	15605174	Von Autobahn, Ion	11/6/2014	LEGAL FEES (APPLICANT)	Semmes Bowen & Semmes			Voucher	10,945.10
11/17/2015	11/17/2015	70626614	15605218	Brady, Hope	3/20/2015	TEMPORARY DISABILITY	Hope Brady	03/21/2015	04/17/2015	Voucher	1,532.00
11/17/2015	11/17/2015	70626617	15605240	Hernandez, Rafe	4/17/2015	PHYSICAL THERAPY	PHYSICAL THERAPY & REHAB	06/02/2015	06/02/2015	Voucher	212.66
Demonstration		**90,592.64**									
Grand Total: 7		**90,592.64**									

Report Parameters	
Insurer	DEMO
Insured	ALL
Insurance Type	2
Claim Status	
Claimant Type	

Additional Report Parameters	
Additional Parameter	1=1

TRISTAR®

Claims by Body Part

As of 03/31/2016

Insurer: Demonstration Client
Insured: Demonstration Client

Body Part Desc	Frequency	% of Claims	Total Incurred	% of Incurred	Average Incurred
ANKLE, LEFT	2	3%	13,958	1%	6,979
ANKLE, RIGHT	1	1%	16,700	1%	16,700
BACK AREA LOWER: LUMBAR/SACRAL	15	21%	236,425	20%	15,762
BACK: NOC	1	1%	700	0%	700
BRAIN	1	1%	25,036	2%	25,036
BUTTOCKS	1	1%	32,316	3%	32,316
CERVICAL DISC	3	4%	2,901	0%	967
ELBOW, RIGHT	3	4%	78,960	7%	26,320
FINGER(S)	4	6%	27,047	2%	6,762
FOOT, RIGHT	2	3%	25,250	2%	12,625
FOREHEAD	1	1%	4,950	0%	4,950
HAND, LEFT	1	1%	21,500	2%	21,500
HAND, RIGHT	1	1%	26,750	2%	26,750
HIP, LEFT	2	3%	6,000	0%	3,000
HIP, RIGHT	2	3%	42,770	4%	21,385
KNEE, LEFT	3	4%	72,800	6%	24,267
KNEE, RIGHT	4	6%	59,575	5%	14,894
LOWER LEG, LEFT	1	1%	15,750	1%	15,750
MOUTH	1	1%	4,000	0%	4,000
MULTIPLE BODY PARTS	1	1%	3,300	0%	3,300
MUSCULAR SYSTEM	1	1%	13,000	1%	13,000
NECK SOFT TISSUE	1	1%	900	0%	900
SHOULDER, LEFT	1	1%	700	0%	700
SHOULDER, RIGHT	12	17%	429,580	36%	35,798
TOE(S)	2	3%	1,800	0%	900
WRIST & HAND, LEFT	1	1%	16,400	1%	16,400
WRIST, LEFT	3	4%	9,900	1%	3,300
WRIST, RIGHT	1	1%	15,200	1%	15,200

TRISTAR

Claims by Body Part

As of 03/31/2016

Demonstration Client Insured Total:	**72**	**1,204,168**	**16,725**
Demonstration Client Insurer Total:	**72**	**1,204,168**	**16,725**
Grand Total:	**72**	**1,204,168**	**16,725**

TRISTAR

Sample Report

Claims by Claim Cause

As of 03/31/2016

Insurer: Demonstration Client
Insured: Demonstration Client

Claim Cause Desc	Frequency	% of Claims	Total Incurred	% of Incurred	Average Incurred
BODY MOTION	2	3%	44,400	4%	22,200
CARRYING	1	1%	8,300	1%	8,300
CAUGHT IN MACHINE/MACHINERY	2	3%	26,347	2%	13,174
CAUGHT IN/BET OBJECT HANDLED	1	1%	700	0%	700
CLIMBING	1	1%	1,108	0%	1,108
CUMULATIVE (ALL OTHER)	1	1%	0	0%	0
DERM/SKIN	1	1%	32,316	3%	32,316
FALL DIFFERENT LEVEL	1	1%	5,300	0%	5,300
FALL ON SAME LEVEL	5	7%	34,271	3%	6,854
FALL OR TRIP OVER STATIONARY OBJECT	1	1%	700	0%	700
FALL/SLIP	2	3%	28,200	2%	14,100
FALL/SLIP LIQUID/GREASE SPILLS	2	3%	5,650	0%	2,825
FALL/SLIP ON STAIRS/STEPS	1	1%	15,750	1%	15,750
HIT STATIONARY OBJECT	2	3%	1,800	0%	900
JACKHAMMERING	1	1%	900	0%	900
JUMPING	4	6%	48,270	4%	12,068
LIFTED OR HANDLED OBJECT	14	19%	179,850	15%	12,846
LIFTING	1	1%	8,300	1%	8,300
MISCELLANEOUS STRAIN INJURY	1	1%	28,970	2%	28,970
OTHER	1	1%	107,275	9%	107,275
PATIENT ASSIST	1	1%	0	0%	0
PUSHING/PULLING	2	3%	18,840	2%	9,420
SHARP OBJECT/EXPOSURE	1	1%	800	0%	800
SPORTS ACTIVITY	3	4%	56,200	5%	18,733
STRAIN BY WIELDING OR THROWING	1	1%	48,500	4%	48,500
STRAIN OR INJURY BY CARRYING	1	1%	3,300	0%	3,300
STRIKE FALLING/FLYING OBJECT	10	14%	284,471	24%	28,447
STRUCK OBJECT HANDLED BY OTHER	1	1%	12,850	1%	12,850
STRUCK OR INJURED BY MISC	1	1%	26,750	2%	26,750
STRUCK/INJURED BY MOTOR VEHICL	1	1%	48,500	4%	48,500
SUSPECT	1	1%	48,500	4%	48,500

TRISTAR

Sample Report

Claims by Claim Cause

As of 03/31/2016

Claim Cause Desc	Frequency	% of Claims	Total Incurred	% of Incurred	Average Incurred
TRIP	1	1%	24,450	2%	24,450
VEHICLE-RAN OFF RDWY	1	1%	35,500	3%	35,500
WALKING	1	1%	700	0%	700
WEIGHT LIFTING	1	1%	16,400	1%	16,400
Demonstration Client Insured Total:	**72**		**1,204,168**		**16,725**
Demonstration Client Insurer Total:	**72**		**1,204,168**		**16,725**
Grand Total:	**72**		**1,204,168**		**16,725**

Sample Report

TRISTAR

Claims by Incident Type

As of 03/31/2016

Insurer: Demonstration Client
Insured: Demonstration Client

Incident Type Desc	Frequency	% of Claims	Total Incurred	% of Incurred	Average Incurred
BODILY MOTION	1	4%	19,500	9%	19,500
CARRYING OBJECT	3	12%	2,901	1%	967
CART	2	8%	18,435	8%	9,218
EQUIPMENT	7	28%	73,586	33%	10,512
FALLEN PRODUCT	1	4%	37,500	17%	37,500
FLYING OBJECT	1	4%	4,000	2%	4,000
FOOD	1	4%	3,300	1%	3,300
HEAVY OBJECT	1	4%	880	0%	880
JOB DEMANDS	1	4%	8,950	4%	8,950
LIFTING OBJECT	2	8%	23,800	11%	11,900
PUSH/PULL OBJECT	1	4%	17,960	8%	17,960
WALK/RUN	4	16%	12,158	5%	3,040
Demonstration Client Insured Total:	**25**		**222,970**		**8,919**
Demonstration Client Insurer Total:	**25**		**222,970**		**8,919**
Grand Total:	**25**		**222,970**		**8,919**

TRISTAR®

Claim Log Summary - Body Part and Cause

As of 03/31/2016

Insurer: Demonstration Client
Insured: Demonstration Client

Claim Number	Injury	Status	Organization 1	Body Part	Claim Cause	Paid	Incurred
15605154	10/22/2015	Open		MULTIPLE BODY PARTS	LIFTED OR HANDLED OBJECT	0.00	3,300.00
16614886	01/25/2016	Open		CERVICAL DISC	FALL ON SAME LEVEL	0.00	900.00
16614915	01/21/2016	Open		CERVICAL DISC	FALL ON SAME LEVEL	0.00	2,001.00
16614932	02/04/2016	Open		ANKLE, LEFT	CLIMBING	0.00	1,108.00
16614888	02/02/2016	Open		CERVICAL DISC	FALL ON SAME LEVEL	0.00	0.00
15604850	10/14/2015	Open		ANKLE, LEFT	STRUCK OBJECT HANDLED BY OTHER	0.00	12,850.00
				Examiner, Demonstration Total: 6		**0.00**	**20,159.00**
				Demo Client Total: 6		**0.00**	**20,159.00**
				Demonstration Client Insured Total: 6		**0.00**	**20,159.00**
				Demonstration Client Insurer Total: 6		**0.00**	**20,159.00**
				Grand Total: 6		**0.00**	**20,159.00**

TRISTAR

Claim Log Summary - Loss Days

Sample Report

As of 03/31/2016

Insurer: Demonstration Client
Insured: Demonstration Client

Claim Number	Claimant Name	Injury	Status	Received	Hire Date	Occupation	Body Part	Paid	Incurred	Lost Days/ TTD
15605154	Black, John	10/22/2015	Open	10/29/2015	12/26/2000	Unassigned	MULTIPLE BODY PARTS	0.00	3,300.00	0
EE was moving racks of chickens and felt a pull in his left shoulder										
16614886	Burgess, John	01/25/2016	Open			Unassigned	CERVICAL DISC	0.00	900.00	0
16614915	Jones, April	01/21/2016	Open				CERVICAL DISC	0.00	2,001.00	0
16614932	Tober, Tim	02/04/2016	Open				ANKLE, LEFT	0.00	1,108.00	0
16614888	Walker, Jimmie	02/02/2016	Open				CERVICAL DISC	0.00	0.00	0
15604850	Who, Tippy Lou	10/14/2015	Open	10/19/2015	06/22/2012	Unassigned	ANKLE, LEFT	0.00	12,850.00	0
EE was struck in the left leg/ankle by a handcart operated by co-worker										
			None Total:	**6**				**0.00**	**20,159.00**	**0**
			Demonstration Client Insured Total:	**6**				**0.00**	**20,159.00**	**0**
			Demonstration Client Insurer Total:	**6**				**0.00**	**20,159.00**	**0**
			Grand Total:	**6**				**0.00**	**20,159.00**	**0**

TRISTAR

Notepad Print

Sample Report

Claimant Name: Who, Tippy Lou **Claim Number:** 15604850 **Insured Name:** Demonstration Client

Add Date: 11/04/2015 **Add User:** Herbert, Elizabeth

Insurance Type: Workers Compensation **Claimant Type:** TD **Claim Status:** Open

Incident Desc.: EE was struck in the left leg/ankle by a handcart operated by co-worker

	Paid	Outstanding	Recovery	Net Incurred
Indemnity	$0.00	$3,500.00	$0.00	$3,500.00
Rehab	$0.00	$0.00	$0.00	$0.00
Medical	$0.00	$8,500.00	$0.00	$8,500.00
Legal	$0.00	$0.00	$0.00	$0.00
Other	$0.00	$850.00	$0.00	$850.00
Total	**$0.00**	**$12,850.00**	**$0.00**	**$12,850.00**

Overview SAME DAY CONTACTS
Notepad Desc Investigation
Add Date 11/04/2015
Notepad Body SAME DAY CONTACTSClaim transferred 10/26/15 & I was out that date. Contacts initiated 10/27/15EE was struck in the left leg/ankle by a handcart operated by co-worker. EMPLOYER CONTACT: 10/27/15 Called Sharon 410 555 8200 ext 5903 & recd v/mail. Msg left req c.b. to discuss details further & it appears I need wages. Local # provided for c.b. 10/28/15 Sharon 410 555 8200 ext 5903 & recd v/mail again @ 8:20AM Msg left req c.b. EE CONTACT: 10/27/15 Called clmnt 443 5558562 & recd v/mail. Msg left req c.b.. to confirm info & explain benes. Local # provided for c.b.10/28/15 Called clmnt 443 5558562 @ 8:25AM & recd v/mail again. 2d msg left req c.b.PROVIDER CONTACT: 10/27/15 Called CMC Corp Billing 443 555 8664 to s/w Brenda. I recd her v/mail. Msg left req c.b. to make sure they have the correct WC billing/claims info. 10/28/15 called Brenda @ CMC Billing 443 555 8664 & recd vmail @ 8:45AM Another msg left req c.b. w/local # provided.

Overview Note from Laura, TCM (forwarded by prior adj)
Notepad Desc Nurse
Add Date 11/04/2015
Notepad Body From: Laura Funky Sent: Tuesday, October 27, 2015 12:55 PMTo: Demo Examiner Cc: jrivera@democlient.netSubject: [SPAM] Claimant Name: Tippy Lou Who Claim Number # 15604850Importance: Low Claimant Name: Rippy Lou WhoClaim Number # 15604850Date of Injury: 10/14/15DX or body parts involved: Injury to left ankleWS: Joanne at Dr. Walrus office-EE OOW until 12/4/15 when she has follow up.Accommodated by: to be confirmedLOV: 10/23/15 with Dr. Walrus/OrthoNOV: 12/4/15Dear Demo Examiner:Please accept this email as an update to the above reference claim.EE states that she was seen by Dr. Matthew Penguin at Franklin Suburban Hospital on 10/23/15. He gave her a boot to wear which she states gives her better support. Her pain today is 6/10. She describes it as a throbbing pain and she is still taking Aleve. This doctor wants her to follow up in 6 weeks. She has appointment on 12/4/15. She states PT told her they cannot do anything with her because she wears the boot. Per Roxanne at Clinic PT, they cannot continue with PT until they receive a script from the new doctor. CM has contacted Dr. Walrus' office regarding PT and is awaiting a call back.POA: CM will continue to follow up with EE, ER and PR to ensure treatment is geared towards causally related issues and MMI. CM will update all parties upon receipt of any information.

Overview ER and PROVIDER CONTACT

Sample Report

TRISTAR

Period Financial Activity and Outstanding Reserves

03/01/2016 - 03/31/2016

Insurer: Demonstration Client

Claim Number	Claimant Name	Injury	Status	Paid This Period	Incurred This Period	Recovery This Period	Outstanding	Outstanding Reserve Change This Period
15605154	Black, John	10/22/2015	Open	0.00	0.00	0.00	3,300.00	0.00
15604850	Who, Tippy Lou	10/14/2015	Open	0.00	0.00	0.00	12,850.00	0.00
Demonstration Client Insurer Total:			**2**	**0.00**	**0.00**	**0.00**	**16,150.00**	**0.00**
Grand Total:			**2**	**0.00**	**0.00**	**0.00**	**16,150.00**	**0.00**

Run Date: 04/05/2016
Run Time: 10:04:06

Policy Year Summary (MO / Ind) Group

Workers Comp (Medical Only / Indemnity Group)
03/01/2016 - 03/31/2016

Insurer: Demonstration Client
Insured: Demonstration Client

Policy Year	Claim Type	Open	Closed	Total Claims	Paid this Period	Incurred this Period	Recovery this Period	Paid	Outstanding	Incurred	Recovery	Net Incurred
	Indem	1	0	1	0.00	0.00	0.00	0.00	12,850.00	12,850.00	0.00	12,850.00
	MO	1	0	1	0.00	0.00	0.00	0.00	3,300.00	3,300.00	0.00	3,300.00
1990/2030		2	0	2	0.00	0.00	0.00	0.00	16,150.00	16,150.00	0.00	16,150.00
Demonstration Client Insured Total:												
Indem Total:		1	0	1	0.00	0.00	0.00	0.00	12,850.00	12,850.00	0.00	12,850.00
MO Total:		1	0	1	0.00	0.00	0.00	0.00	3,300.00	3,300.00	0.00	3,300.00
Insured Total:		2	0	2	0.00	0.00	0.00	0.00	16,150.00	16,150.00	0.00	16,150.00
Demonstration Client Insurer Total:												
Indem Total:		1	0	1	0.00	0.00	0.00	0.00	12,850.00	12,850.00	0.00	12,850.00
MO Total:		1	0	1	0.00	0.00	0.00	0.00	3,300.00	3,300.00	0.00	3,300.00
Insurer Total:						0.00	0.00	0.00	16,150.00	16,150.00	0.00	16,150.00
Grand Total:		2	0	2	0.00	0.00	0.00	0.00	16,150.00	16,150.00	0.00	16,150.00

Sample Report

TRISTAR

Policy Year Summary by Incident Date

03/01/2016 - 03/31/2016

Insurer: Demonstration Client
Insured: Demonstration Client

Policy Year	Open	Closed	Total Claims	Paid this Period	Incurred this Period	Recovery this Period	Paid	Outstanding	Incurred	Recovery	Net Incurred
1990/2030	52	1	53	0.00	0.00	0.00	90,592.64	877,685.36	968,278.00	0.00	968,278.00
Insured:	52	1	53	0.00	0.00	0.00	90,592.64	877,685.36	968,278.00	0.00	968,278.00
Insurer:	52	1	53	0.00	0.00	0.00	90,592.64	877,685.36	968,278.00	0.00	968,278.00
Grand:	52	1	53	0.00	0.00	0.00	90,592.64	877,685.36	968,278.00	0.00	968,278.00

Sample Report

TRISTAR®

Reserve Total

Insurer: Demonstration Client
Insured: Demonstration Client

Processed Date	Claim Number	Claimant Name	Injury	Transaction Type	Reason	Examiner	Amount
10/30/2015	15604456	Smarty, Einstein	07/01/2015	Medical	Initial reserve for clinic treatment, Rxs	DEMOEXAM	800.00
10/30/2015	15604456	Smarty, Einstein	07/01/2015	Other	Initial reserve for med bill review charges	DEMOEXAM	80.00
10/30/2015	15604461	Smarty, Cooper	07/02/2015	Medical	Automatic reserves set	DEMOEXAM	700.00
10/30/2015	15604461	Smarty, Cooper	07/02/2015	Medical	Initial reserve for hosp trtmnt, dx studies, ER Phys charges,	DEMOEXAM	3,800.00
10/30/2015	15604461	Smarty, Cooper	07/02/2015	Other	Initial reserve for med bill review charges	DEMOEXAM	450.00
10/30/2015	15604465	Smarty, Tahoe	07/03/2015	Medical	Automatic reserves set	DEMOEXAM	700.00
11/04/2015	15604841	Von Coopie, Zoopie	07/06/2015	Medical	Automatic reserves set	DEMOEXAM	700.00
11/04/2015	15604844	Pants, Einie	09/28/2015	Medical	Automatic reserves set	DEMOEXAM	700.00
11/04/2015	15604850	Who, Tippy Lou	10/14/2015	Indemnity	12 wks LT @ $291.00 per week	DEMOEXAM	3,500.00
11/04/2015	15604850	Who, Tippy Lou	10/14/2015	Medical	Initial reserve for hosp trtmnt & all charges assoc w/same, ortho f/u, anticipated P.T. & Rxs	DEMOEXAM	8,500.00
11/04/2015	15604850	Who, Tippy Lou	10/14/2015	Other	medical bill review charges & indexing	DEMOEXAM	850.00
11/06/2015	15605154	Black, John	10/22/2015	Medical	Automatic reserves set	DEMOEXAM	700.00
11/06/2015	15605154	Black, John	10/22/2015	Medical	Clinic trtmnt & Rxs	DEMOEXAM	2,300.00
11/06/2015	15605154	Black, John	10/22/2015	Other	Medical bill review charges	DEMOEXAM	300.00
11/06/2015	15605211	Brady, Bo	09/17/2015	Medical	Automatic reserves set	DEMOEXAM	700.00
11/06/2015	15605211	Brady, Bo	09/17/2015	Medical	clinci trtmnt, MRIs, ortho f/u	DEMOEXAM	4,300.00
11/06/2015	15605211	Brady, Bo	09/17/2015	Other	medical bill review charges	DEMOEXAM	500.00
11/06/2015	15605240	Hernandez, Rafe	04/17/2015	Medical	Automatic reserves set	DEMOEXAM	700.00
11/06/2015	15605240	Hernandez, Rafe	04/17/2015	Medical	clinic trtmnt, MRI, P.T.	DEMOEXAM	2,300.00
11/06/2015	15605240	Hernandez, Rafe	04/17/2015	Other	bill review charges	DEMOEXAM	300.00
11/06/2015	15605279	Horton, Lucas	04/17/2015	Medical	Automatic reserves set	DEMOEXAM	700.00
11/06/2015	15605279	Horton, Lucas	04/17/2015	Medical	Hosp trtmnt, ER Phys charges, radiology charges, MRI, clinic f/u	DEMOEXAM	2,300.00
11/06/2015	15605279	Horton, Lucas	04/17/2015	Other	medical bill review charges	DEMOEXAM	300.00
11/06/2015	15605303	Schrute, Dwight	06/20/2015	Indemnity	TTD	DEMOEXAM	9,000.00
11/06/2015	15605303	Schrute, Dwight	06/20/2015	Medical	Meds	DEMOEXAM	15,000.00
11/06/2015	15605303	Schrute, Dwight	06/20/2015	Other	Expense	DEMOEXAM	1,500.00
11/06/2015	15605307	Beasley, Pam	05/12/2015	Indemnity	TTD	DEMOEXAM	10,000.00
11/06/2015	15605307	Beasley, Pam	05/12/2015	Medical	Meds	DEMOEXAM	25,000.00
11/06/2015	15605307	Beasley, Pam	05/12/2015	Other	Expense	DEMOEXAM	2,500.00
11/06/2015	15605308	Barba, Raphael	07/05/2015	Indemnity	TTD	DEMOEXAM	5,000.00
11/06/2015	15605308	Barba, Raphael	07/05/2015	Medical	Meds	DEMOEXAM	12,500.00
11/06/2015	15605308	Barba, Raphael	07/05/2015	Other	Exp	DEMOEXAM	2,000.00
11/06/2015	15605309	Reid, Spencer	08/06/2015	Indemnity	TTD	DEMOEXAM	3,785.00
11/06/2015	15605309	Reid, Spencer	08/06/2015	Medical	Meds	DEMOEXAM	11,700.00
11/06/2015	15605309	Reid, Spencer	08/06/2015	Other	Expense	DEMOEXAM	2,250.00
11/06/2015	15605310	Jaraeu, Jennifer	07/09/2015	Indemnity	TTD	DEMOEXAM	9,452.00
11/06/2015	15605310	Jaraeu, Jennifer	07/09/2015	Medical	Meds	DEMOEXAM	13,584.00
11/06/2015	15605310	Jaraeu, Jennifer	07/09/2015	Other	Expense	DEMOEXAM	2,000.00

Loss Triangle Payment Transactions

	Payment Fiscal Year							
Incident Fiscal Year	**1995/1996**	**1996/1997**	**1997/1998**	**1998/1999**	**1999/2000**	**2000/2001**	**2001/2002**	**Total**
1995/1996	939,375						1,002	**940,377**
1996/1997		1,463,311						**1,463,311**
1997/1998			1,108,362			3,696	847	**1,112,905**
1998/1999				534,663		32,639	3,027	**570,329**
1999/2000					323	554	1,809	**2,686**
2000/2001						10,844	11,406	**22,249**
2001/2002							32,945	**32,945**
Grand Total:	**939,375**	**1,463,311**	**1,108,362**	**534,663**	**323**	**47,731**	**51,036**	**4,144,802**

Loss Triangle Payments

	Payment Fiscal Year					
Incident Fiscal Year	**1995/1996**	**1996/1997**	**1997/1998**	**1998/1999**	**1999/2000**	**2000/2001**
1995/1996	939,375	939,375	939,375	939,375	939,375	939,375
1996/1997		1,463,311	1,463,311	1,463,311	1,463,311	1,463,311
1997/1998			1,108,362	1,108,362	1,108,362	1,112,058
1998/1999				534,663	534,663	567,302
1999/2000					323	877
2000/2001						10,844
Grand Total:	**939,375**	**2,402,686**	**3,511,048**	**4,045,712**	**4,046,035**	**4,093,766**

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[redacted]

New Claims by Cause, 04/30/2017-07/30/2017

FY	CLAIM_NUMBER	DATE OF LOSS	NAME	NATURE OF INJURY	CLAIM CAUSE
2017	[redacted]	06/19/2017	[redacted]	MULT PHYSICAL INJURIES ONLY	ABSORPTION/INGESTION/INHALATION NOC

Examiner: [redacted] **Claimant TYPE:** Indemnity-No Comp Lost Time **CLAIM STATUS:** Open **Add Date:** 7/13/2017

Incident: building EE works in has been undergoing renovations/construction for over a year; a few weeks ago EE developed some coughing, went to doctor and was dx with Bronchitis; EE also has shingles

Dept: **OCCUPATION:** Unassigned **Claim Cause Group:** MISC CAUSES

FY	CLAIM_NUMBER	DATE OF LOSS	NAME	NATURE OF INJURY	CLAIM CAUSE
2017	[redacted]	06/15/2017	[redacted]	LACERATION	CUT/PUNCTURE/SCRAPE INJURY

Examiner: [redacted] **Claimant TYPE:** Fastrack - Medical Only **CLAIM STATUS:** Open **Add Date:** 6/20/2017

Incident: WHILE TAKING DOWN A SIGN USING A BOXCUTTER TO CUT THE ZIP-TIE HOLDINGTHE SIGN, EE CUT HER LEFT RING FINGER LACERATION TO HER LEFT RING FINGER

Dept: **OCCUPATION:** INTERN **Claim Cause Group:** CUT/PUNCTURE

FY	CLAIM_NUMBER	DATE OF LOSS	NAME	NATURE OF INJURY	CLAIM CAUSE
2017	[redacted]	06/22/2017	[redacted]	STRAIN	STRAIN INJURY USING TOOL/MACH

Examiner: [redacted] **Claimant TYPE:** TD **CLAIM STATUS:** Open **Add Date:** 6/29/2017

Incident: EE STATES HE TWISTED HIS FOOT AFTER IT SLIPPED OFF A SHOVEL. STRAIN TO UNSPECIFIED FOOT

Dept: **OCCUPATION:** OUTSIDE PLANT **Claim Cause Group:** STRAIN OR INJURY

FY	CLAIM_NUMBER	DATE OF LOSS	NAME	NATURE OF INJURY	CLAIM CAUSE
2017	[redacted]	05/25/2017	[redacted]	PUNCTURE	CUT/PUNCTURE/SCRAPE INJURY

Examiner: [redacted] **Claimant TYPE:** Record Only **CLAIM STATUS:** Closed **Add Date:** 6/2/2017

Incident: EE WAS GOING THROUGH BARBWIRE FENCE, PUNCTURED IN ARM BY WIREINCIDENT ONLY L ARM PUNCTURE

Dept: **OCCUPATION:** OSP TECHNICIAN **Claim Cause Group:** CUT/PUNCTURE

Reserve Total

[redacted]					17		(6,502.72)

Insured: [redacted] NJ Zurich

Processed Date	Claim Number	Claimant Name	Injury	Transaction Type	Reason	Examiner	Amount
07/24/2017	[redacted]	[redacted]	07/06/2017	Other	Medical - 1000.00 - Need for treatment/ perm exam Legal - 3090.00 - Flat fee and steno fee Other - 100.00 - Medical Record.	[redacted]	100.00
07/24/2017	[redacted]	[redacted]	07/06/2017	Legal	Medical - 1000.00 Need for treatment/ perm exam Legal - 3090.00 - Flat fee and steno fee Other - 100.00 - Medical Record.		3,090.00
07/24/2017	[redacted]	[redacted]	07/06/2017	Medical	Medical - 1000.00 - Need for treatment/ perm exam Legal 3090.00 - Flat fee and steno fee Other - 100.00 - Medical Record.		1,000.00
07/25/2017	[redacted]	[redacted]	04/23/2012	Indemnity	Settlement value adjustement.		(12,500.00)
07/25/2017			09/27/2014	Legal	Payment made on closed claim.		750.00
07/25/2017			01/26/2015	Legal	Payment made on closed claim.		750.00
07/25/2017			06/07/2015	Legal	reserves reduiced/ No ongoing exposure.		(450.00)
		[redacted]		Total:	7		(7,260.00)

Period Financial Activity and Outstanding Reserves

TRISTAR 05/01/2017 - 05/31/2017

Insurer: XXXXXXXXXX Self Insd-Liability

ORG1 DESC : [redacted]

Claim Number	Claimant Name	Injury	Status	Paid This Period	Incurred This Period	Recovery This Period	Outstanding	Outstanding Reserve Change This Period
[redacted]		5/20/2017	Open	0	1	0	1	1
[redacted]		1/19/2013	Closed	0	0	0	394.4	0
[redacted]		6/7/2016	Open	0	0	0	1	0
[redacted]		5/4/2017	Open	0	750	0	750	750
[redacted]		10/7/2016	Open	0	0	0	5,020.00	0
[redacted]		4/18/2017	Open	0	500	0	500	500
[redacted]		7/26/2013	Re-Open	944.8	0	0	21,278.96	-944.8
[redacted]		6/25/2014	Closed	4,000.00	495.1	0	0	-3,504.90
[redacted]		1/3/2016	Open	452	0	0	12,816.66	-452
[redacted]		1/29/2016	Open	0	0	0	20,036.54	0
[redacted]		6/5/2016	Open	707.72	0	0	25,479.94	-707.72
[redacted]		7/7/2012	Open	259	0	0	31,809.81	-259
[redacted]		3/30/2013	Open	647.36	30,000.00	0	62,261.86	29,352.64
[redacted]		6/10/2016	Open	0	0	0	511.45	0
[redacted]		1/29/2016	Open	0	0	0	1,551.45	0
[redacted]		8/27/2016	Re-Open	0	25,000.00	0	25,001.00	25,000.00
[redacted]		8/25/2016	Open	0	1	0	1	1
[redacted]		3/12/2017	Open	0	0	0	750	0
[redacted]		8/14/2016	Closed	0	-3,600.00	0	0	-3,600.00
[redacted]		7/15/2014	Re-Open	440.77	0	0	13,880.24	-440.77
[redacted]		6/1/2016	Open	0	0	0	2,520.00	0
[redacted]		3/27/2017	Open	0	0	0	2,500.00	0
[redacted]		1/14/2017	Re-Open	0	5,000.00	0	5,000.00	5,000.00
[redacted]		1/29/2016	Open	0	0	0	5,061.72	0
[redacted]		1/3/2017	Closed	0	-1,000.00	0	0	-1,000.00
[redacted]		4/4/2017	Open	0	0	0	1,100.00	0
			XXXXX Total: 26	**7,451.65**	**57,147.10**	**0**	**238,227.03**	**49,695.45**

XXXXXXXX. Self Insd-Liability Insurer	60,496.45	168,267.28	0	2,239,225.83		107,770.83
Grand Total: 159	60,496.45	168,267.28	0	2,239,225.83		107,770.83

Report Description:

This report will show claims that had financial activity during the date range listed in the header and will also show claims that did not have any activity but still have outstanding reserves. Financial activity is considered to be any payment, reserve, and/or recovery transactions that have been processed on a claim during the date range.

Report Fields:

Paid this Period: total paid between the dates listed in the report heading
Incurred this Period: total incurred between the dates listed in the report heading
Recovery this Period: total recovery between the dates listed in the report heading
Outstanding: total outstanding reserves remaining
Outstanding Reserve Change This Period: total outstanding reserve change based on activity between the dates listed in the report heading

Report Parameters	
Insurer	[XXXXCHLIA,
Insured	ORG1 DESC
Insurance Type	
Claim Status	
Claimant Type	

Additional Report Parameters	
Additional Parameter	TRUNC(INCIDENT_D

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Sample Loss Work Days – Loss work days are traced and can be reported in different report formats

Demonstration Client

Processed	Check Date	Check Num.	Claim Number	Claimant	Incident	Transaction Type	Payee	Dates of Service		Loss Days	Method	Amount
04/23/2016			16624014	Test2, Migration	04/23/2016	TEMPORARY DISABI	Migration Test2	04/23/16	04/26/16	4	Check	10.00
			17680538	Test, Linux	01/01/1990	TEMPORARY DISABI	Claimant	01/01/90	01/14/90	14	Check	500.00
11/06/2015	11/06/2015	70623962	15605152	Bogano, Logano	04/15/2014	TEMPORARY DISABI	Logano Bogano	10/12/15	11/09/15	29	Voucher	2,042.43
11/17/2015	11/17/2015	70626614	15605218	Brady, Hope	03/20/2015	TEMPORARY DISABI	Hope Brady	03/21/15	04/17/15	28	Voucher	1,532.00
11/17/2015	11/17/2015	70626615	15605218	Brady, Hope	03/20/2015	TEMPORARY DISABI	Hope Brady	04/18/15	05/15/15	28	Voucher	1,532.00
11/17/2015	11/17/2015	70626616	15605218	Brady, Hope	03/20/2015	TEMPORARY DISABI	Hope Brady	05/16/15	05/20/15	5	Voucher	273.55
			Grand Total:	**Claims -** 4		**Payments -** 6		**Loss Days -** 108				5,889.98

Lag Time Report – There are many lag time report formats and can be run by all claims, open/closed claims, types of claims, department/division, and more.

Run Date: 02/24/2018
Run Time: 10:12:04

Claim Lag Time - Custom 3

Page: 1 of 1

Claim Number	Claimant	Incident Date	Insured Reported	Days between Incident/ Reported	Adjusting Loc. Received	Days between Reported/ Received	Days between Incident/ Received	Permanent /Stationary Date	Days between Incident/ Perm-Stat	Closed Date	Days between Incident/ Closed
Organization 3 : [redacted]											
[redacted]	[redacted]	01/04/2018	01/09/2018	5	01/10/2018	1	6	01/09/2018	5	02/23/2018	50
[redacted]	[redacted]	01/08/2018	01/11/2018	3	01/15/2018	4	7		0	02/15/2018	38
Organization 3 Total: 2			Median Lag Time:	4		2.5	6.5		5		44
			Average Lag Time:	4		3	7		5		44

Summary Percentages

Incident to Reported Days			Reported to Received Days			Incident to Received Days		
Lag Time	**Total Claims**	**% of Total Claims**	**Lag Time**	**Total Claims**	**% of Total Claims**	**Lag Time**	**Total Claims**	**% of Total Claims**
0-2 Days	0	0.00	0-2 Days	1	50.00	0-2 Days	0	0.00
3-4 Days	1	50.00	3-4 Days	1	50.00	3-4 Days	0	0.00
5-6 Days	1	50.00	5-6 Days	0	0.00	5-6 Days	1	50.00
7-8 Days	0	0.00	7-8 Days	0	0.00	7-8 Days	1	50.00
9-10 Days	0	0.00	9-10 Days	0	0.00	9-10 Days	0	0.00
11-20 Days	0	0.00	11-20 Days	0	0.00	11-20 Days	0	0.00
21-365 Days	0	0.00	21-365 Days	0	0.00	21-365 Days	0	0.00
366 and Over	0	0.00	366 and Over	0	0.00	366 and Over	0	0.00

Grand Total: 2	Median Lag Time:	4	2.5	6.5	5		44
	Average Lag Time:	4	3	7	5		44

Sample Managed Care & Medical Cost Containment Reports

Enclosed reports are representative samples and are not all-inclusive. TRISTAR works with our clients to develop customized report packages.

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Sample Medical Cost Containment Summary

Bill Type	Bills Invoiced	Lines Invoiced	Billed Charges	Bill Review Savings	PPO Savings	Total Allowed	Gross Savings	Gross Savings	PPO Hits	PPO Penetration
Ambulatory Surgery Center	27	67	$ 326,109	$ 226,365	$ 8,670	$ 91,074	$ 235,035	72 %	10	37 %
Chiropractic	467	3610	$ 229,270	$ 77,444	$ 3,058	$ 148,768	$ 80,502	35 %	106	23 %
Hospital IP	20	320	$ 1,434,269	$ 1,051,955	$ 42,166	$ 340,147	$ 1,094,121	76 %	6	30 %
Hospital OP	626	3278	$ 2,023,407	$ 1,256,319	$ 48,602	$ 718,485	$ 1,304,922	64 %	239	38 %
Pharmacy	768	1524	$ 712,505	$ 324,296	$ 59,455	$ 328,754	$ 383,751	54 %	510	66 %
Podiatrist	32	52	$ 8,146	$ 3,499	$ 307	$ 4,340	$ 3,806	47 %	23	72 %
Provider/Physician	4185	11391	$ 2,462,794	$ 1,172,629	$ 144,723	$ 1,145,443	$ 1,317,352	53 %	2402	57 %
Psychologist	2	2	$ 600	$ 263	$ 40	$ 297	$ 303	50 %	2	100 %
PT/OT	1354	5305	$ 399,007	$ 135,220	$ 45,955	$ 217,911	$ 181,175	45 %	927	68 %
	7481	**25549**	**$ 7,596,107**	**$ 4,247,991**	**$ 352,976**	**$ 2,995,219**	**$ 4,600,967**	**61 %**	**4225**	**56 %**
Full Duplicate	1101	3615	$ 1,499,515	$ 1,499,515	$ 0	$ 0	$ 1,499,515	100 %	0	0 %
Reconsideration	176	279	$ 43,171	($ 4,576)	$ 638	$ 47,109	($ 3,938)	-9 %	29	16 %
	1277	**3894**	**$ 1,542,686**	**$ 1,494,940**	**$ 638**	**$ 47,109**	**$ 1,495,577**	**97 %**	**29**	**2 %**
Total	**8758**	**29443**	**$ 9,138,793**	**$ 5,742,931**	**$ 353,614**	**$ 3,042,328**	**$ 6,096,544**	**67 %**	**4254**	**49 %**

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Ancillary Cost Containment

Product Line	Total Number of Bills	State Fee or UCR	Billings	Contract Savings	Clinical Savings	Contract Savings %
DX	8,015	$4,180,778	$3,643,013	$537,765	N/A	13%
DME	747	$1,093,324	$735,461	$357,863	N/A	33%
Hearing Aids	233	$776,022	$454,862	$321,160	N/A	41%
Home Health	828	$2,284,790	$1,124,228	$1,160,562	N/A	51%
Medical Devices	1,364	$1,434,086	$953,442	$480,645	N/A	34%
Medical Supplies	455	$716,786	$520,543	$196,243	N/A	27%
O&P	796	$716,786	$520,543	$196,243	N/A	27%
Dental	119	$259,426	$248,614	$10,812	$75,796	4%
PT	53,611	$9,574,408	$7,778,507	$1,795,901	N/A	19%
Language	400	$150,782	$90,219	$60,564	N/A	40%
Transport	3,698	$1,331,049	$851,851	$479,198	N/A	36%

Total Pharmacy Summary

Bill Month	2015 Mar	2015 Apr	2015 May	2015 Jun	2015 Jul	2015 Aug	2015 Sep	2015 Oct	2015 Nov	Total
Retail Transactions	4,965	3,212	9,666	6,316	6,466	6,398	6,502	6,597	6,035	**56,157**
Retail Reference Price/Fee Schedule	$835,912.67	$572,459.19	$1,621,530.05	$1,034,586.01	$1,073,872.21	$1,074,576.45	$1,098,942.49	$1,155,080.27	$1,058,015.00	**$9,524,974.34**
Retail Bill Amount	$713,226.04	$487,382.53	$1,378,546.39	$886,308.85	$921,177.29	$905,959.48	$928,471.98	$983,039.80	$893,429.49	**$8,097,541.85**
Retail Savings	$122,686.63	$85,076.66	$242,983.66	$148,279.78	$152,694.92	$168,616.97	$170,470.51	$172,041.13	$164,585.51	**$1,427,435.77**
Retail Savings %	14.68%	14.86%	14.98%	14.33%	14.22%	15.69%	15.51%	14.89%	15.56%	**14.99%**
Mail Order Transactions	78	18	210	262	207	200	189	149	175	**1,488**
Mail Order Reference Price/Fee Schedule	$21,125.65	$17,553.22	$73,688.24	$69,761.44	$73,232.53	$87,707.37	$59,252.25	$46,059.55	$76,559.45	**$524,939.70**
Mail Order Bill Amount	$17,634.70	$13,220.95	$58,340.06	$54,583.37	$55,978.26	$72,051.23	$46,979.97	$34,048.69	$61,788.76	**$414,625.99**
Mail Order Savings	$3,490.95	$4,332.27	$15,348.18	$15,178.07	$17,254.27	$15,656.14	$12,272.28	$12,010.86	$14,770.69	**$110,313.71**
Mail Order Savings %	16.52%	24.68%	20.83%	21.76%	23.56%	17.85%	20.71%	26.08%	19.29%	**21.01%**
PharmaComplete Transactions	200	114	288	294	389	314	346	342	262	**2,549**
PharmaComplete Reference Price/Fee Schedule	$18,060.01	$13,211.14	$32,162.83	$50,362.73	$81,663.22	$41,442.38	$44,119.87	$50,389.64	$36,741.29	**$368,153.11**
PharmaComplete Bill Amount	$16,174.51	$11,917.78	$28,748.27	$46,569.16	$77,815.69	$38,769.39	$41,392.10	$47,005.12	$34,787.50	**$343,179.52**
PharmaComplete Savings	$1,901.43	$1,293.36	$3,453.32	$3,881.33	$4,036.80	$2,741.77	$3,023.33	$3,384.52	$2,062.03	**$25,777.89**
PharmaComplete Savings %	10.53%	9.79%	10.74%	7.71%	4.94%	6.62%	6.85%	6.72%	5.61%	**7.00%**
Hard Block Transactions	982	1,107	1,263	1,329	1,376	1,330	1,332	1,384	1,583	**11,686**
Hard Block Savings	$290,361.70	$567,924.91	$385,461.31	$478,544.67	$538,828.81	$313,009.59	$487,248.50	$412,705.01	$348,943.98	**$3,823,028.48**
OON Transaction Count	0	0	0	0	0	0	0	0	0	**0**
OON Submitted Amount	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
OON Allow able Amount	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**
Total Pharmacy Transactions	**6,225**	**4,451**	**11,427**	**8,201**	**8,438**	**8,242**	**8,369**	**8,472**	**8,055**	**71,880**
Total Reference Price/Submitted Amount	**$875,098.33**	**$603,223.55**	**$1,727,381.12**	**$1,154,710.18**	**$1,228,767.96**	**$1,203,726.20**	**$1,202,314.61**	**$1,251,529.46**	**$1,171,315.74**	**$10,418,067.15**
Total Pharmacy Bill Amount/Allowable Amount	**$747,035.25**	**$512,521.26**	**$1,465,634.72**	**$987,461.38**	**$1,054,971.24**	**$1,016,780.10**	**$1,016,844.05**	**$1,064,093.61**	**$990,005.75**	**$8,855,347.36**
Total Pharmacy Savings	**$418,440.71**	**$658,627.20**	**$647,246.47**	**$645,883.85**	**$712,814.80**	**$500,024.47**	**$673,014.62**	**$600,141.52**	**$530,362.21**	**$5,386,555.85**
Total Pharmacy Savings %	**35.90%**	**56.24%**	**30.63%**	**39.55%**	**40.33%**	**32.97%**	**39.83%**	**36.06%**	**34.89%**	**37.82%**
Mail Order Penetration (1)	**4.80%**	**1.66%**	**5.22%**	**9.84%**	**6.86%**	**7.50%**	**6.95%**	**5.51%**	**7.58%**	**6.48%**
Average Cost per Script	**$142.48**	**$153.30**	**$144.20**	**$143.69**	**$149.39**	**$147.10**	**$144.50**	**$150.13**	**$152.97**	**$147.12**
Average Cost per Day of Therapy	**$5.41**	**$5.95**	**$5.53**	**$5.25**	**$5.57**	**$5.54**	**$5.43**	**$5.71**	**$5.70**	**$5.54**

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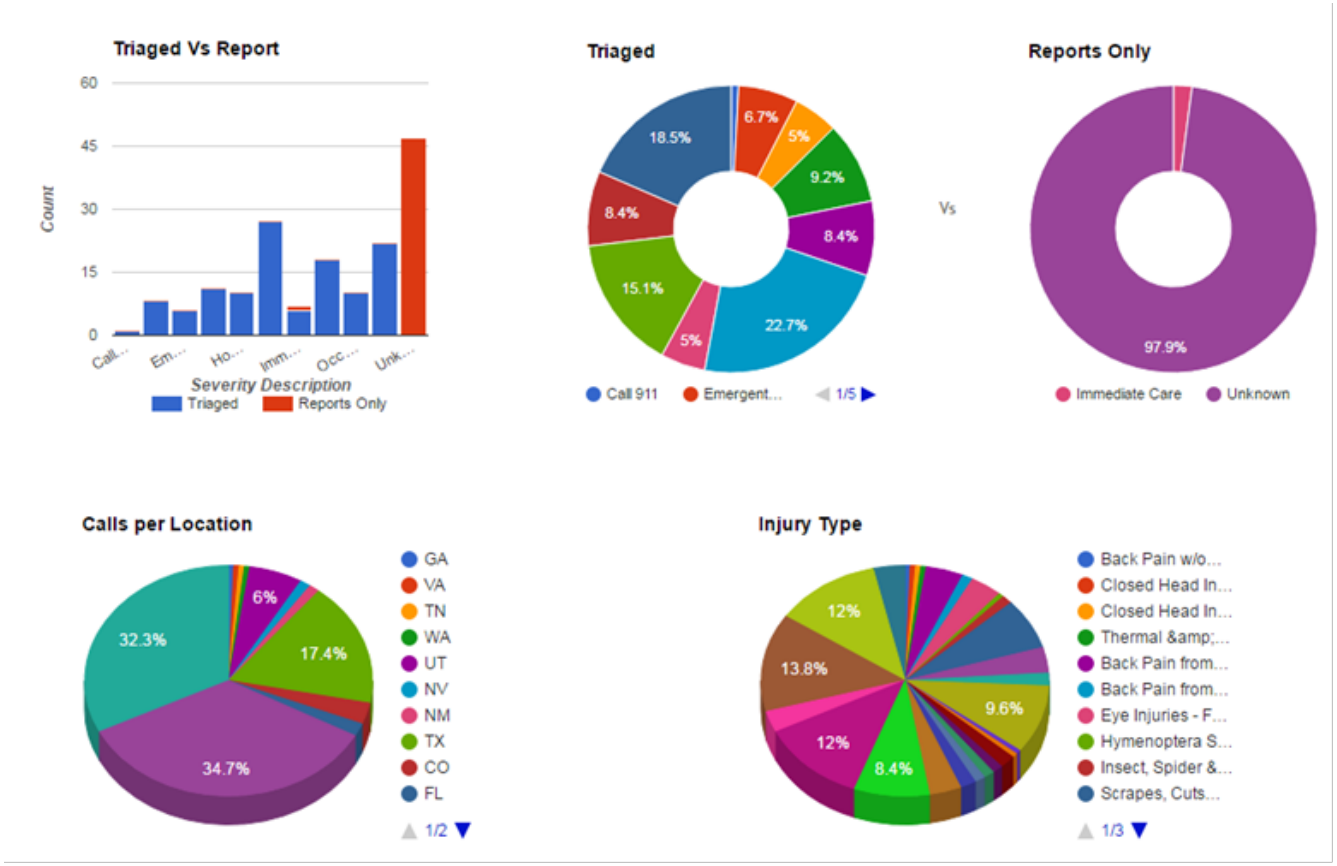
Therapeutic Class Analysis Detail

Therapeutic Class	Rank (Bill Amount	Bill Amount	Percent to Grand Total (Bill Amount)	Transaction Count	Percent to Grand Total (Count of Transactions)	Rank (Average Bill Amount per Transaction)	Average Bill Amount	Rank (Average Bill Amount Per Day of Supply)	Average Bill Amount Per Day of Supply
ANALGESICS - OPIOID	1	$303,677.12	30.67%	2,107	32.56%	31	$144.13	27	$6.29
ANTICONVULSANTS	2	$106,669.54	10.77%	546	8.44%	25	$195.37	26	$6.31
ANALGESICS - ANTI-INFLAMMATORY	3	$103,454.85	10.45%	1,010	15.61%	38	$102.43	39	$3.81
DERMATOLOGICALS	4	$96,106.97	9.71%	320	4.94%	14	$300.33	11	$11.60
ANTIVIRALS	5	$49,736.02	5.02%	6	0.09%	2	$8,289.34	1	$394.73
ANTIDEPRESSANTS	6	$48,567.80	4.91%	394	6.09%	33	$123.27	38	$3.93
MUSCULOSKELETAL THERAPY AGENTS	7	$45,357.60	4.58%	660	10.20%	42	$68.72	46	$2.70
ULCER DRUGS	8	$22,948.37	2.32%	132	2.04%	27	$173.85	34	$5.39
ANTIHYPERLIPIDEMICS	9	$22,009.23	2.22%	91	1.41%	21	$241.86	35	$4.87
HYPNOTICS	10	$17,356.70	1.75%	154	2.38%	36	$112.71	40	$3.77
MIGRAINE PRODUCTS	11	$15,217.25	1.54%	19	0.29%	4	$800.91	5	$28.02
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	12	$14,753.41	1.49%	29	0.45%	10	$508.74	10	$13.84
ANTIPSYCHOTICS/ANTIMANIC AGENTS	13	$14,083.52	1.42%	24	0.37%	8	$586.81	9	$17.39
ANTIEMETICS	14	$12,028.86	1.22%	23	0.36%	9	$522.99	3	$39.96
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	15	$11,786.08	1.19%	48	0.74%	20	$245.54	23	$7.80
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	16	$11,673.25	1.18%	17	0.26%	5	$686.66	8	$18.98
ANTINEOPLASTICS	17	$10,937.48	1.10%	1	0.02%	1	######	2	$364.58
CARDIOVASCULAR AGENTS - MISC.	18	$10,580.44	1.07%	18	0.28%	7	$587.80	6	$22.04
ANDROGENS-ANABOLIC	19	$6,175.21	0.62%	9	0.14%	6	$686.13	7	$19.73
ANTIHYPERTENSIVES	20	$6,087.73	0.61%	89	1.38%	43	$68.40	50	$1.45
ANTIANXIETY AGENTS	21	$5,948.36	0.60%	158	2.44%	50	$37.65	49	$1.51
ANTICOAGULANTS	22	$5,919.19	0.60%	23	0.36%	17	$257.36	19	$8.52
GASTROINTESTINAL AGENTS - MISC.	23	$5,830.02	0.59%	21	0.32%	15	$277.62	20	$8.51
HEMATOLOGICAL AGENTS - MISC.	24	$3,753.06	0.38%	16	0.25%	23	$234.57	28	$6.26

Telephonic Nurse Triage Report Samples



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Utilization Review Claim Detail

Provider Last Name	Provider First Name	Provider HCP Type	Approved	Denied	Modified	Treatment Requested
Post	David	MD	1	0	0	Transportation
Rollins	Alan	MD	1	0	0	Office visit
Roy	Janice	MD	1	0	0	PT, OT, chiropractic treatment
Sammis	Laura	MD	1	0	0	Medication Review
Schultz	Deborah	MD	0	0	1	PT, OT, chiropractic treatment
Scott	Elvis	MD	0	1	0	Referral to physician (second opinion, specialty, etc.)
Smith	John	MD	1	0	0	Office visit
Stone	Crystal	MD	1	0	0	Medication Review
Townsend	Mason	MD	0	0	2	Acupuncture

Utilization Review Summary

Inpatient Reviews

	Inpatient Reviews	Approvals	Denials	Partial Approvals	Requested Days	Approved Days	Days Saved	Inpatient** Savings	Avg. LOS Requested	Avg. LOS Approved
Medical	4	3	0	1	8	5	3	$35,088	2.00	1.25
Surgical	5	2	3	0	12	4	8	$93,568	2.40	0.80
Physical Rehabilitation	1	0	0	1	120	60	60	$701,760	120.00	60.00
Substance Abuse	0	0	0	0	0	0	0	$0	0.00	0.00
Psychiatric	0	0	0	0	0	0	0	$0	0.00	0.00
Other	0	0	0	0	0	0	0	$0	0.00	0.00
TOTAL	10	5	3	2	140	69	71	$830,416	14.00	6.90

Outpatient Reviews

	Outpatient Reviews	Approvals	Denials	Partial Approvals	Requested Units	Approved Units	Units Saved	Outpatient Savings
Acupuncture	9	4	5	0	68	24	44	$5,510
Chiropractic	13	7	5	1	86	49	37	$8,932
Consultations	42	33	9	0	43	34	9	$3,247
Diagnostic Testing	89	54	34	1	151	85	66	$74,019
DME	61	21	35	5	118	39	79	$42,754
Medications	117	51	47	19	683	575	108	$25,755
Outpatient Surgery	72	49	19	4	86	54	32	$95,521
Pain Management	11	6	5	0	29	6	23	$10,910
PT (inc Work Hardening)	100	59	29	12	913	536	377	$70,450
Other	50	39	8	3	129	79	50	$24,383
TOTAL	**564**	**323**	**196**	**45**	**2,306**	**1,481**	**825**	**$361,481**

Savings Results

Total Savings	$1,191,897
Total Fees	$71,037
Net Savings	$1,120,860
Gross ROI	16.78
Net ROI	15.78

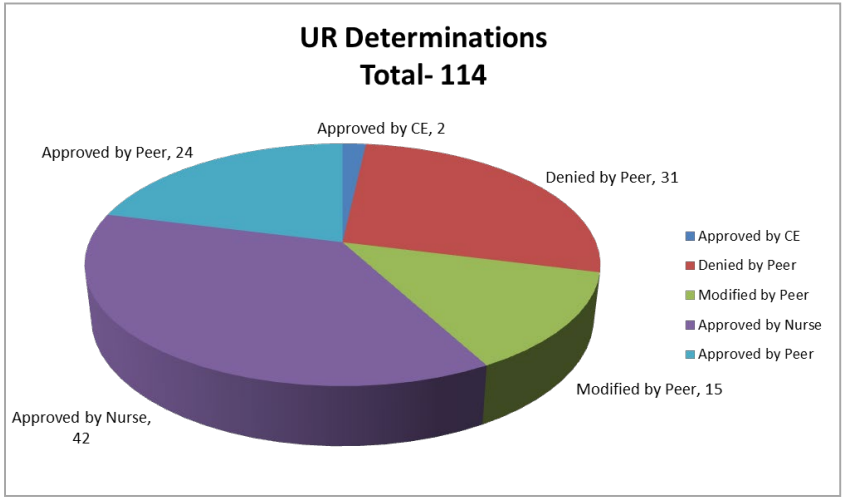
PA Involvement and Appeals

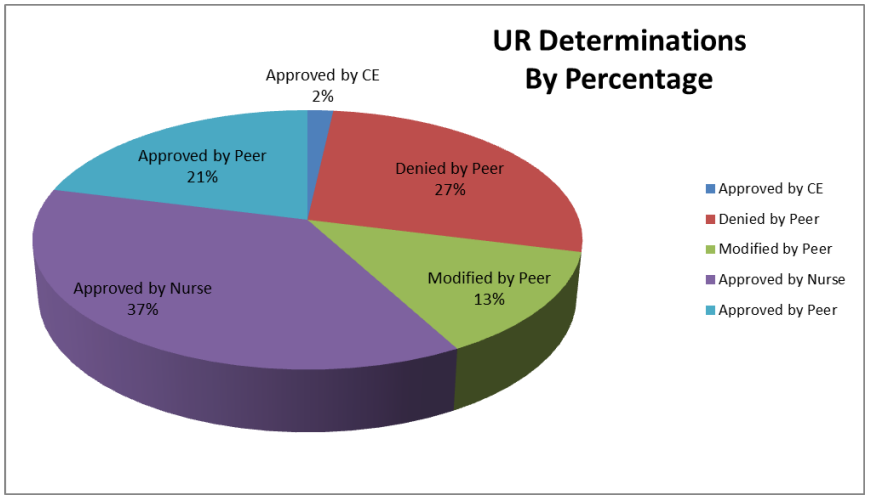
PA% on Initial Reviews	69.51%
% of Initial Denials Appealed	3.60%
% of Appeals Upheld	77.78%
% of Appeals Overturned	22.22%

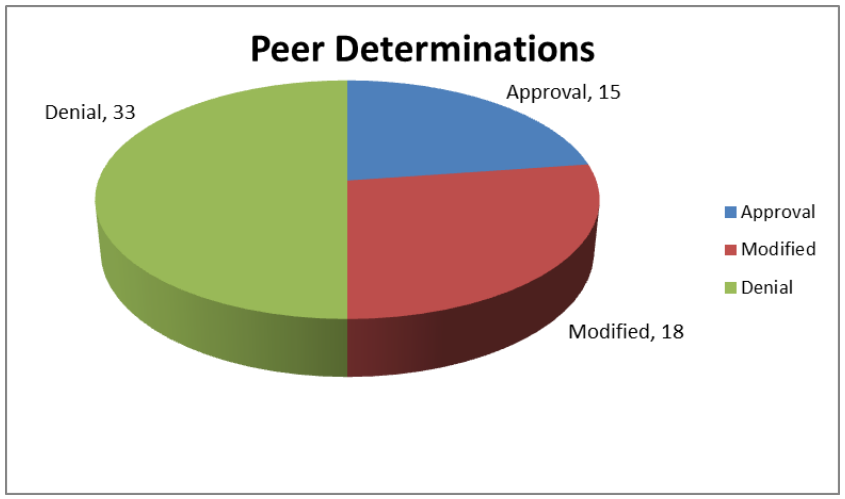
Review Results*

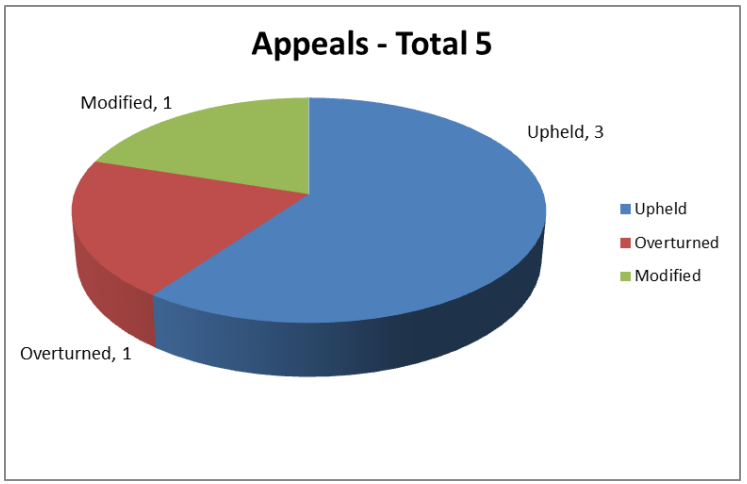
Reviews	574	100.00%
Approvals	328	57.14%
Denials	199	34.67%
Partial Approvals	47	8.19%
Units Reduced	896	

Utilization & Peer Review Reports









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Telephonic Case Management – Open Referrals

Claimant	Claim Number	Claim Juris	Request ID	Referral Type	DOI	Referral Date	Referral Lag	Adjuster	Billed Referral
	1850265386	NJ	FRN8RH	Medical - Telephonic	12/29/2012	01/02/2013	4.00	John Smith	$0.00
	1850256698	MD	FRN5G9	Medical - Telephonic	05/30/2012	06/05/2012	6.00	Amy Maloney	$1,445.00
	1850246905	NJ	FRN141	Medical - Telephonic	01/12/2011	02/15/2011	15.00	Jacob LaRue	$275.00
	1850265660	NJ	FRN9HX	Medical - Telephonic	01/16/2013	01/29/2013	19.00	John Smith	$4,210.00
	1850258899	VA	FRN78G	Medical - Telephonic	10/02/2012	10/09/2012	13.00	Amy Maloney	$0.00
	1850258053	NJ	FRN6P0	Medical - Telephonic	08/15/2012	09/07/2012	7.00	Jacob LaRue	$685.00
	1850258257	PA	FRN6KC	Medical - Telephonic	08/08/2012	08/29/2012	23.00	John Smith	$875.00
	1850253203	PA	FRN3HW	Medical - Telephonic	10/26/2011	11/07/2011	21.00	Amy Maloney	$1,065.00
	1850259253	PA	FRN7V4	Medical - Telephonic	10/24/2012	11/13/2012	12.00	Jacob LaRue	$2,775.00
	7190233536	CA	FRN8P0	Integrated Utilization Mg	08/10/2011	08/26/2011	20.00	John Smith	$495.00
	1850258928	PA	FRN77B	Medical - Telephonic	10/03/2012	10/05/2012	16.00	Amy Maloney	$3,590.00
	410386565	NJ	FRN4UW	Medical - Telephonic	12/17/2009	03/30/2012	2.00	Jacob LaRue	$685.00

Field Case Management Referral Summary

Referral Type	Claimant Name	Claim Number	Request ID # Referral Number	FCM/Task/CAT	Date of Referral	Referral Lag	Date Closed
New Referral		7190231703	CA8KHG	Task	01/24/2013	19.55	
		7190233536	CA8KHW	FCM	01/25/2013	17.48	
		7190236877	CA8KE1	Task	01/15/2013	11.71	
		719023016	SABBOT	Task	01/15/2013	7.45	
		7192043016	SABBMP	FCM	01/02/2013	7.03	
		1850247079	PHJBGL	FCM	01/16/2013	24.10	
		7190243175	CA8KDH	Task	01/11/2013	5.32	
		7190243175	CA8KI0	Task	01/25/2013	5.77	
		710241942	SABB01	FCM	01/10/2013	4.45	
		7190239982	PO3C7J	FCM	01/29/2013	7.97	
		7190239367	CA8KIX	Task	01/30/2013	211.35	
Reopened		7190221395	ORCHL2	FCM	01/02/2013	24.10	
New Referral			PHJBFN	FCM	01/08/2013	0.06	01/10/2013

Case Management Status Report

Claimant Name	Location	Occupation	Claim Number	Date of Injury	Claimant Contact	Referral Type	ICD 9	Work Status	Comments
			7622	6/1/2007	Litigated	UR	726	TTD	S/P R elbow surgery for tennis elbow repair & lateral epicondylectomy. Slow post-op recovery with therapy. Continued EE contact and monitoring of progress in therapy and target date for RTW, full duties.
			8027076	10/8/2008	Yes	UR	847 840	Full Duty	Principal. MVA, sustaining whip lash injury. Conservative care w/ PT,medication,TENS trial, EMG requested to R/o radiculopathy. Recent request for transfer of care to Dr. Bullock, Expect cont'd conservative care w/ MMI date in the near future. EE contact to discuss transfer of care.
			2009922	4/10/2002	Yes	UR	338	Modified	Appt with Dr. Jablecki 6/4/09. Maintain EE contact and manage TX plan.
			86000837	2/5/2009	Yes	UR	7242	Permanent Mod duty (accommo dated)	EE is status 2 months post spinal column implant. Hx of spinal column stim in place for quite some time. EE continues working with some modifications. Continue to monitor medical tx.
			89000972	10/17/2008	Yes	UR	7225; 7227; 7240; 7243	TTD	EE has not had any conservative treatment for the back pain in many years. He is currently not working and has only been taking oral pain meds. Since MD is requesting lumbar surgery, will send this request to peer review for determination. Surgery was denied. EE contact maintained to discuss plan of action and monitor medications.