NORTHERN CALIFORNIA CITIES SELF INSURANCE FUND
CLAIMS COMMITTEE MEETING
AGENDA

DATE/TIME: **Thursday, September 10, 2026, at 9:00 a.m.**

LOCATION: **Zoom Teleconference**
Call-in Number: 669-444-9171
Meeting ID: 941 0061 5078
Passcode: 768744

A – Action
I – Information

1 – Attached
2 – Hand Out
3 – Separate Cover
4 – Verbal

Zoom Link: https://alliantinsurance.zoom.us/j/94100615078?pwd=5OYJ81Utsb5bukhKjElfy33UlJFCJy.1

This Meeting Agenda shall be posted at the address of the teleconference locations shown below with access for the public via phone/speaker phone.

1. City of Auburn- 1225 Lincoln Way, Auburn CA 95603
2. City of Galt- 380 Civic Dr, Galt, CA 95632
3. City of Gridley-685 Kentucky St, Gridley, CA 95948
4. City of Rocklin- 3970 Rocklin Rd Rocklin, CA 95677
5. City of Oroville-1735 Montgomery St, Oroville, CA 95965
6. Town of Paradise- 5555 Skyway, Paradise, CA 95969
7. City of Yuba City – 1201 Civic Center Boulevard Yuba City, CA 95993

MISSION STATEMENT

The Northern California Cities Self Insurance Fund, or NCCSIF, is an association of municipalities joined to protect member resources by stabilizing risk costs in a reliable, economical and beneficial manner while providing members with broad coverage and quality services in risk management and claims management.

A. CALL TO ORDER

B. ROLL CALL

C. PUBLIC COMMENTS
This time is reserved for members of the public to address the Committee on matters pertaining to NCCSIF that are of interest to them.

pg. 4 **D. CONSENT CALENDAR** **A 1**
All matters listed under the consent calendar are considered routine with no separate discussion necessary. Any member of the public or the Committee may request any item to be considered separately.

pg. 5 1. Claims Committee Meeting Minutes - May 21, 2026
pg. 7 2. Special Claims Committee Meeting Minutes – June 17, 2026
pg. 9 3. Special Claims Committee Meeting Minutes- July 22, 2026

pg. 11 **E. CLOSED SESSION TO DISCUSS PENDING CLAIMS** **A 3**
(Per Governmental Code Section 54956.95)
*REQUESTING AUTHORITY

Liability:
1. CSAA v. City of Folsom*
2. Leonardo Marin Perez v, Town of Paradise*

Workers' Compensation:
1. 2496600218 and 2396610090 and 1496610262 v. City of Auburn*
2. 2596600311 v. City of Elk Grove*
3. 2296610520 v. City of Folsom*
4. 2396600222 v. City of Rocklin*
5. 2096610020 and 2396610092 v. City of Rocklin *
6. 2296610118 v. City of Yuba City*

F. REPORT FROM CLOSED SESSION **I 4**
The Committee will announce any reportable action taken in closed session.

pg. 12 **H. ALC Workers' Compensation Claims Audit** **A 1**
The Committee will review the Workers' Compensation Claims Audit.

I. Policy and Procedure Reviews
The Committee will review and provide direction.
pg. 52 a. C-7A Approved List of Liability Counsel **A 1**
pg. 57 b. C-7B Approved List of Workers' Compensation Counsel **I 1**

pg. 60 **J. ROUND TABLE DISCUSSION** **I 4**
The floor will be open to Committee members for any topics or ideas that members would like to address.

K. ADJOURNMENT

UPCOMING MEETINGS
Board of Directors Meeting - October 15, 2026
Risk Management Committee Meeting – October 15, 2026
Law Enforcement Training Day – November 12, 2026
Police Risk Management Committee Meeting - November 12, 2026

Per Government Code 54954.2, persons requesting disability related modifications or accommodations, including auxiliary aids or services in order to participate in the meeting, are requested to contact Jenna Wirkner at Alliant Insurance Services at (916) 643-2741.

The Agenda packet will be posted on the NCCSIF website at www.nccsif.org. Documents and material relating to an open session agenda item that are provided to the NCCSIF Executive Committee less than 72 hours prior to a regular meeting will be available for public inspection and copying at 2180 Harvard Street, Suite 380, Sacramento, CA 95815.

Access to some buildings and offices may require routine provisions of identification to building security. However, NCCSIF does not require any member of the public to register his or her name or to provide other information, as a condition to attendance at any public meeting and will not inquire of building security concerning information so provided. See Government Code section 54953.3.

Northern California Cities Self Insurance Fund
Claims Committee Meeting
September 10, 2026

Agenda Item D.

CONSENT CALENDAR

ACTION ITEM

ISSUE: The Committee reviews items on the Consent Calendar, and if any item requires clarification or discussion a Member should ask that it be removed for separate action. The Committee should then consider action to approve the Consent Calendar excluding those items removed. Any items removed from the Consent Calendar will be placed later on the agenda in an order determined by the Chair.

RECOMMENDATION: Adoption of the Consent Calendar after review by the Committee.

FISCAL IMPACT: None.

BACKGROUND: Routine items that generally do not require discussion are regularly placed on the Consent Calendar for approval.

ATTACHMENT(S):
1. Claims Committee Meeting Minutes - May 21,2026
2. Special Claims Committee Meeting Minutes – June 17, 2026
3. Special Claims Committee Meeting Minutes- July 22, 2026

MINUTES OF THE
NCCSIF CLAIMS COMMITTEE MEETING
ZOOM TELECONFERENCE
May 21, 2026

COMMITTEE MEMBERS PRESENT

Jen Leal, City of Auburn
Tricia Cobey, City of Galt
Patricia Taverner, City of Gridley
Sheleen Loza, City of Yuba City

COMMITTEE MEMBERS PRESENT

Ishrat Aziz-Khan, City of Colusa
Tameka Usher, City of Rocklin

CONSULTANTS & GUESTS

Marcus Beverly, Alliant Insurance Services
Evan Washburn, Alliant Insurance Services
Jenna Wirkner, Alliant Insurance Services
Stacey Bean, LWP

A. CALL TO ORDER

Chair Jennifer Leal called the meeting to order at 9:03a.m.

B. ROLL CALL

A roll call was made, and the above-mentioned members were present constituting a quorum.

C. PUBLIC COMMENTS

No public comments.

D. CONSENT CALENDAR

Claims Committee Meeting Minutes – March 26, 2026

A motion was made to approve the Consent Calendar as presented.

Motion: Patricia Taverner **Second:** Tricia Cobey **Motion Carried**
Ayes: Leal, Cobey, Taverner, Loza
Nays: None

E. CLOSED SESSION

Pursuant to Government Code Section 54956.95, the Committee recessed to closed session at a.m. to discuss the following claims:

Workers Compensation:

1. 1096610041 and 1396610093 v. City of Folsom
2. 0896610108 v. City of Folsom
3. 2496600380 v. City of Gridley
4. 24966001120 v. City of Rocklin
5. 2296610600 v. City of Yuba City

G.1. Legal Counsel List

A motion was made to approve revised rates for Porter Scott.

Motion: Trica Cobey **Second:** Jen Leal **Motion Carried**
Ayes: Leal, Cobey, Taverner, Loza
Nays: None

G.2. ALC Workers' Compensation Audit Proposal

Mr. Beverly discussed the ALC workers compensation audit proposal. Members discussed approving the audit proposal.

A motion was made to approve the ALC workers' compensation audit proposal.
Motion: Sheleen Loza **Second:** Tricia Cobey **Motion Carried**
Ayes: Leal, Cobey, Taverner, Loza
Nays: None

F. REPORT FROM CLOSED SESSION

The meeting resumed to open session at 9:25a.m.

Chair Leal indicated no reportable action was taken as direction was given to the Program and Claims Administrators for the claims referenced above.

H. ROUND TABLE DISCUSSION

No discussion was held.

I. ADJOURNMENT

The meeting was adjourned at 9:35a.m.

Respectfully Submitted,

_____ _____
Tricia Cobey, Secretary Date

MINUTES OF THE NCCSIF SPECIAL CLAIMS COMMITTEE MEETING
ZOOM TELECONFERENCE
June 17, 2026

COMMITTEE MEMBERS PRESENT

Jen Leal, City of Auburn
Ishrat Aziz-Khan, City of Colusa
Tricia Cobey, City of Galt
Patricia Taverner, City of Gridley
Tameka Usher, City of Rocklin
Sheleen Loza, City of Yuba City

CONSULTANTS & GUESTS

Jenna Wirkner, Alliant Insurance Services
Stacey Bean, LWP
Evan Washburn, Alliant Insurance Services
Stacey Horban, LWP
Marcus Beverly, Alliant Insurance Services
Alyssa Reese, Sedgwick
Erik Sarwold, Sedgwick

A. CALL TO ORDER

Chair Jennifer Leal called the meeting to order at 9:00a.m.

B. ROLL CALL

A roll call was made, and the above-mentioned members were present constituting a quorum.

C. PUBLIC COMMENTS

No public comments.

D. CLOSED SESSION

Pursuant to Government Code Section 54956.95, the Committee recessed to closed session at a.m. to discuss the following claims:

Liability:
Corina Hodge, Shawn Hodge, Justin Hodge and Lisa Villapando v. City of Marysville*

Alyssa Reese and Erik Sarwold left the meeting at 9:08a.m.

Workers Compensation:

1. 1096610215 & 1596610265 v. City of Oroville*
2. 1396610353 v. City of Yuba City*

E. REPORT FROM CLOSED SESSION

The meeting resumed to open session and Chair Leal stated no reportable action was taken as direction was given to the Program and Claims Administrators for the claims referenced above.

F. ROUND TABLE DISCUSSION

Members discussed sidewalk repairs.

G. ADJOURNMENT

The meeting was adjourned at 9:50a.m.

Respectfully Submitted,

_____ _____
Tricia Cobey, Secretary Date

MINUTES OF THE NCCSIF SPECIAL CLAIMS COMMITTEE MEETING
ZOOM TELECONFERENCE
July 22, 2026

COMMITTEE MEMBERS PRESENT

Jen Leal, City of Auburn
Patricia Taverner, City of Gridley
Tameka Usher, City of Rocklin
Megan Williams, City of Oroville
Ciara Wakefield, City of Yuba City

COMMITTEE MEMBERS ABSENT

Tricia Cobey, City of Galt
Crystal Peters, Town of Paradise

CONSULTANTS & GUESTS

Jenna Wirkner, Alliant Insurance Services
Marcus Beverly, Alliant Insurance Services
Summer Simpson, Sedgwick
Alyssa Reese, Sedgwick
Evan Washburn, Alliant Insurance Services
Erik Sarwold, Sedgwick
Stacey Horban, LWP

A. CALL TO ORDER

Chair Jennifer Leal called the meeting to order at 11:00a.m.

B. ROLL CALL

A roll call was made, and the above-mentioned members were present constituting a quorum.

C. PUBLIC COMMENTS

No public comments.

D. CLOSED SESSION

Pursuant to Government Code Section 54956.95, the Committee recessed to closed session at a.m. to discuss the following claims:

Liability:

1.Alexandria Tacalo v. City of Gridley*
2. Ashley Scott v. City of Town of Paradise*

Alyssa Reese, Summer Simpson and Erik Sarwold left the meeting at 11:16a.m.

Workers Compensation:

1. 2296610643, 1496610011, 1296610295, 2196610299 v. City of Rocklin*
2. 2596600060 v. City of Rocklin*

E. REPORT FROM CLOSED SESSION

The meeting resumed to open session and Chair Leal indicated no reportable action was taken as direction was given to the Program and Claims Administrators for the claims referenced above.

F. ROUND TABLE DISCUSSION

Members discussed sidewalk repairs.

G. ADJOURNMENT

The meeting was adjourned at 11:58a.m.

Respectfully Submitted,

_____ _____
Tricia Cobey, Secretary Date

Northern California Cities Self Insurance Fund
Claims Committee Meeting
September 10, 2026

Agenda Item E.

CLOSED SESSION TO DISCUSS PENDING CLAIMS

(Per Governmental Code Section 54956.95)

ACTION ITEM

ISSUE: Pursuant to Government Code Section 54956.95, the Committee will hold a Closed Session to discuss the following claims:

*REQUESTING AUTHORITY

Liability:

1. CSAA v. City of Folsom*
2. Leonardo Marin Perez v, Town of Paradise*

Workers' Compensation:

1. 2496600218 and 2396610090 and 1496610262 v. City of Auburn*
2. 2596600311 v. City of Elk Grove*
3. 2296610520 v. City of Folsom*
4. 2396600222 v. City of Rocklin*
5. 2096610020 and 2396610092 v. City of Rocklin *
6. 2296610118 v. City of Yuba City*

FISCAL IMPACT: Unknown.

RECOMMENDATION: The Program Manager cannot make a recommendation at this time, as the subject matter is confidential.

BACKGROUND: Confidential.

ATTACHMENT(S): None.

Northern California Cities Self Insurance Fund
Claims Committee Meeting
September 10, 2026

Agenda Item H.

ALC WORKERS' COMPENSATION CLAIMS AUDIT

INFORMATION ITEM

ISSUE: Attached please find the Workers' Compensation Claims Audit Report from ALC Claims Collaborations, dated 8/5/26, covering select claims activity since the last audit dated 11/25/24.

The overall score increased slightly, and half of the categories rated 80% or greater, with notable improvement in communication, though overall the score indicates Need Improvement.

Areas of improvement include initial contacts and ongoing communication with employee though would consider only three of the eleven files not meeting the criteria, given multiple instances of ongoing contact, for a score of 84% rather than 42%. Benefits were paid timely though the proper and timely notices continue to be an issue. The Program Managers have met to discuss the audit findings and LWP's response, attached.

Additional review and feedback will be provided at the meeting.

RECOMMENDATION: Review and provide feedback and recommendations for Executive Committee consideration.

FISCAL IMPACT: No fiscal impact expected from this item.

BACKGROUND: This is the second audit of LWP by ALC since they began as NCC's claims administrator in 2023. ALC conducted audits of NCC's prior TPA, Sedgwick, in 2020 and 2022, with the overall scores at 80.98% and 61.66%, respectively.

ATTACHMENT(S):
1. ALC Claims Audit Report dated 8/5/26
2. LWP Audit Response

CLAIMS AUDIT REPORT

Report Publish Date 08/05/26

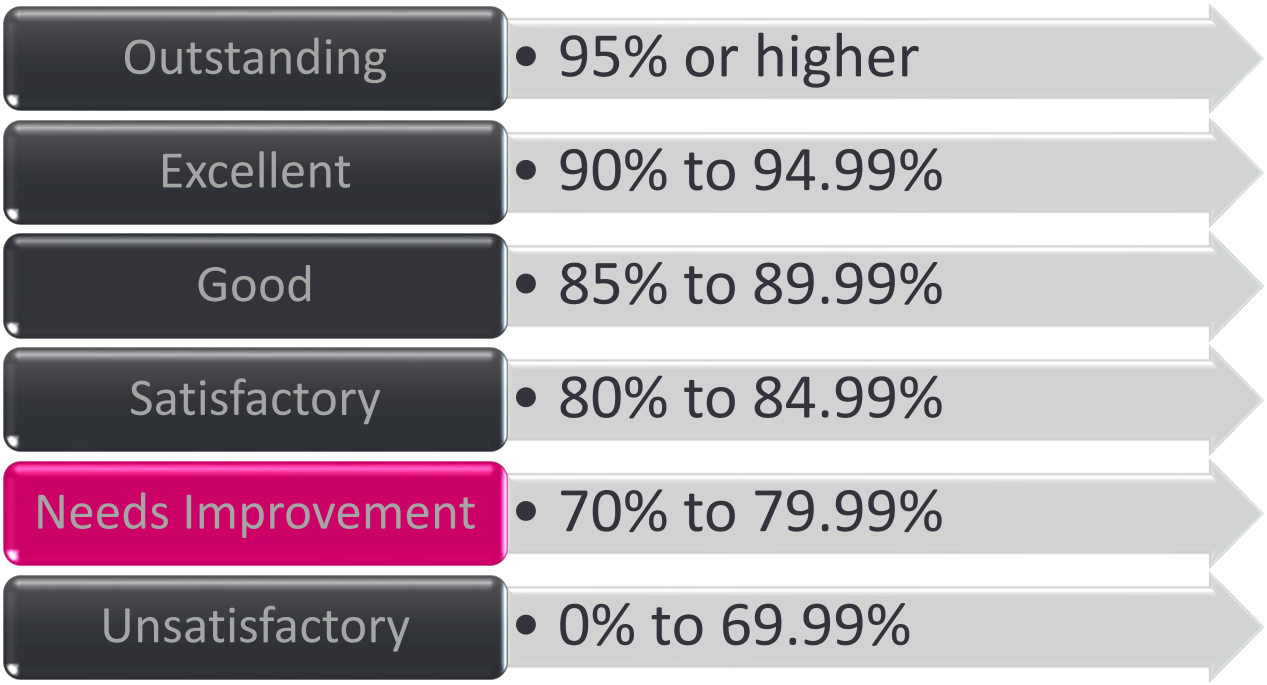
Northern California Cities Self Insurance Fund TPA LWP

Table of Contents

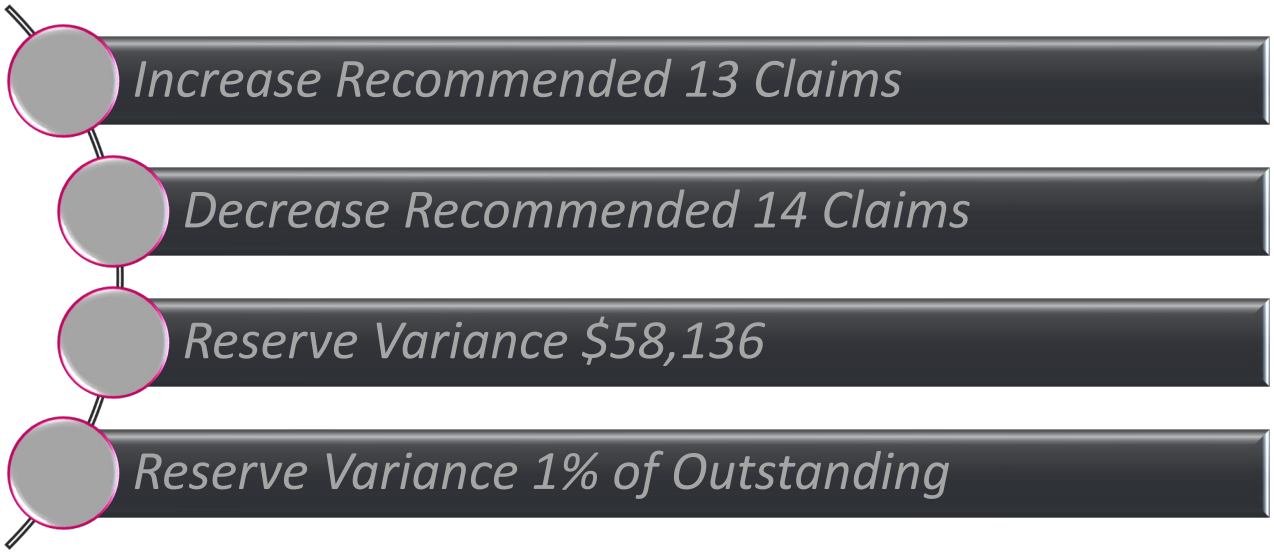
EXECUTIVE SUMMARY

This section will serve as an overview of the audit findings, workload information, and recommendations. The ***final score for this audit is 73.05%*** *which falls within the* ***Needs Improvement*** *category in the audit scale.*

Category	*Points Available*	*Points*	*Score*	*Prior Score*	*Variance*
Communication	82	60	73.17%	39.74%	33.43%
Compensability	31	26	83.87%	77.78%	6.09%
Benefit Payment & Notices	99	65	65.66%	83.33%	-17.68%
Medical & Disability Management	214	185	86.45%	85.31%	1.13%
Litigation Management	62	53	85.48%	95.92%	-10.43%
Investigation	2	2	100.00%	N/A	N/A
Recovery	45	37	82.22%	100.00%	-17.78%
Excess	18	6	33.33%	0.00%	33.33%
Resolution of Claim	91	78	85.71%	87.10%	-1.38%
Plan of Action	140	111	79.29%	71.81%	7.47%
Supervision	136	75	55.15%	53.02%	2.13%
Reserves	156	88	56.41%	75.90%	-19.49%
Overall Score	**1076**	**786**	**73.05%**	**71.73%**	**1.32%**



Reserve Detail



PERFORMANCE HIGHLIGHTS

Outstanding results were achieved in the categories of initial claim investigations, proper final compensability decisions, awards paid timely, penalty reimbursement plan, assigned to a defense attorney (DA) on the panel, timely and appropriate ongoing investigations, excess authority timely sought, and timely and accurate initial reserves.

Excellent results were achieved in the categories of appropriate ongoing communication with the employer, medical treatment managed appropriately, resolution pursued timely, settlement valued appropriately, claim settlement authority secured, timely plan of action (POA) updates, and quality of supervisor reviews.

ADJUSTER CASELOADS

There are four dedicated adjusters assigned to NCCSIF. The weighted values listed below include adjustment for the 2:1 ratio for future medical and medical only claims.

	NCCSIF			*Other Accounts*				
Adjuster	*Indemnity*	*Med Only*	*Future Med*	*Indemnity*	*Med Only*	*Future Med*	*Total*	*Weighted Total*
Amanda Jinks	**77**	**40**	**7**	**0**	**0**	**0**	**124**	101
Ned Popovic	**82**	**44**	**2**	**0**	**0**	**0**	**128**	105
Tera Geiser	**58**	**27**	**2**	**0**	**0**	**0**	**87**	73
Megan Innocenzi	**3**	**15**	**233**	**0**	**0**	**0**	**251**	127
Total	**220**	**126**	**244**	**0**	**0**	**0**	**590**	405

RECOMMENDATIONS

To support timely and compliant initial contacts, we recommend a system-generated diary to prompt adjusters to complete and document initial contact efforts during the first business day following claim receipt. Initial contacts should be timely, substantive, and sufficiently documented to demonstrate meaningful fact-gathering and compliance with contact standards.

We recommend reinforcing the standards for ongoing employee communication by establishing a recurring diary to prompt contact before the required 30-day interval. Consistent outreach should be maintained throughout all periods of disability, with all successful and unsuccessful contact attempts documented in the claim file. The audit identified a recurring pattern of missed or extended gaps in employee contact during temporary total disability (TTD) periods, including numerous instances where no ongoing communication was documented for well beyond the required 30-day timeframe. This proactive approach will improve compliance, strengthen employee engagement, and support timely claim management.

We recommend reinforcing the standards for timely and well-documented compensability decisions by implementing a supervisory diary to track statutory decision deadlines and ensure all required notices and supporting rationale are completed on time. The audit identified recurring deficiencies involving untimely acceptance and delay notices, missing documentation supporting compensability determinations, and failure to address newly alleged body parts. Strengthening supervisory oversight and documenting the basis for each compensability decision will improve compliance with statutory requirements and promote consistent claim handling.

Benefit notice deficiencies were identified in the areas of timeliness, accuracy, and compliance with statutory requirements, including missing notices, delayed issuance, and inaccuracies in the information communicated to injured employees. We recommend implementing a structured, trigger-based workflow to ensure required benefit notices are issued timely and accurately as claim activity progresses. Incorporating quality control reviews and targeted training will further improve consistency, strengthen regulatory compliance, and reduce exposure during state audits.

We recommend reviewing litigation strategy at each POA to ensure the DA is receiving timely, proactive direction and that clear expectations, responsibilities, and target timeframes are established. Adjusters should promptly review and respond to legal correspondence, obtain the DA’s analysis following significant claim developments, actively follow up on settlement recommendations, and thoroughly document all file staffing and litigation strategy discussions. The audit identified recurring deficiencies involving delayed responses to the DA, lack of follow-up on legal recommendations, untimely litigation referrals and case status letters, and insufficient documentation demonstrating that the adjuster maintained control of the litigation process.

We recommend implementing a recurring diary to prompt timely and ongoing subrogation follow-up whenever third-party recovery potential is identified. Adjusters should promptly place adverse parties on notice, maintain regular communication with employees, third parties, carriers, and subrogation counsel as appropriate, and document all recovery efforts and next steps within the POA. The audit identified delays in initiating subrogation activity and extended gaps in documented follow-up which reduced recovery opportunities and delayed claim resolution.

The standards for initial and ongoing excess reporting should be thoroughly reviewed with the team to ensure clarity and consistency. We recommend establishing a process where the subsequent excess reporting and reimbursement diary is set at least two weeks before the report's due date. This buffer allows adequate time to address potential unplanned absences or other distractions, ensuring timely and accurate submissions.

Upon receipt of information that would allow the claim to be finalized, we recommend establishing a diary to ensure resolution efforts are initiated and consistently pursued. Settlement follow-up efforts should be strengthened through clear and structured protocols, including recurring diaries to prompt timely action after key developments such as receipt of maximum medical improvement (MMI) reports, supervisor feedback, or submission of settlement authority requests. Additionally, all communication and follow-up attempts should be thoroughly documented, even when no immediate response is received, to demonstrate ongoing efforts to advance the claim toward closure. The audit findings reflect delays in advancing settlement and resolution efforts. In several instances, claims remained inactive for prolonged periods despite having sufficient information to proceed toward resolution.

When the POA is updated, it should reflect a substantive, current review of the claim rather than a duplicative update. POAs must be refreshed to accurately capture the current medical status, work and disability status, and reserves exposure. Action items should be relevant and tailored to advancing the claim toward resolution, with outdated or completed items removed as circumstances change. File documentation should clearly evidence follow-up efforts and progress as failure to update POAs and document execution results in inaccurate claim representation, duplicative planning, and avoidable delays in progressing files toward resolution.

Emphasis should be placed on the timeliness of supervisor reviews. To address this, we highly recommend setting diary dates 10-14 days prior to the supervisor review due dates. This proactive approach allows for a buffer to accommodate any unexpected absences or delays, ensuring timely completion.

Maintaining a strong focus on timely and appropriate reserve adjustments is essential. Reserve reviews should be conducted whenever significant claim developments occur and as part of each scheduled diary review to ensure reserves accurately reflect the current exposure. Reviews should evaluate all reserve categories, including appropriate reallocations as claim circumstances evolve, and annual OSIP reserve reviews should be completed in accordance with CCR 15300(b)(4) to maintain regulatory compliance.

There was one subcategory where only one downgraded file produced a low score. We consider this to be an outlier and not adverse trend. The category impacted was self-imposed penalty (SIP) paid on late payments,

CATEGORY RESULTS

Communication

Initial Employer Contact

Files Meeting the Criteria 17 | Files in Compliance 14

Audit Score 82.35%

1. 2596600236

The claim was received on 08/12/25 with initial contacts due by 08/13/25. The auditor was unable to locate any employer contact attempts documented within the first business day.

2. 2696600066

The claim was received on 03/02/26 with initial contacts due by 03/03/26. The auditor was unable to locate any employer contact attempts documented within the first business day.

3. 2696600035

The claim was received on 02/02/26 with initial contacts due by 02/03/26. The auditor was unable to locate any employer contact attempts documented within the first business day.

Initial Employee Contact

Files Meeting the Criteria 17 | Files in Compliance 14

Audit Score 82.35%

1. ***2596600236***

The claim was received on 08/12/25 with initial contacts due by 08/13/25. The auditor was unable to locate any employee contact attempts documented within the first business day.

2. 2696600066

The claim was received on 03/02/26 with initial contacts due by 03/03/26. The auditor was unable to locate any employee contact attempts documented within the first business day.

3. 2696600035

The claim was received on 02/02/26 with initial contacts due by 02/03/26. The auditor was unable to locate any employee contact attempts documented within the first business day.

Initial Physician Contact

Files Meeting the Criteria 13 | Files in Compliance 9

Audit Score 69.23%

1. 2596600229

The claim was received on 08/11/25 with initial contacts due by 08/12/25. The file note entered on 08/12/25 states there was no indication that the employee had treated; however, a copy of the initial medical report was received on 08/11/25 and it was not reviewed nor was the provider contacted.

2. 2596600236

The claim was received on 08/12/25 with initial contacts due by 08/13/25. The auditor was unable to locate any physician contact attempts documented within the first business day.

3. 2696600066

The claim was received on 03/02/26 with initial contacts due by 03/03/26. The auditor was unable to locate any physician contact attempts documented within the first business day.

4. 2696600035
The claim was received on 02/02/26 with initial contacts due by 02/03/26. The auditor was unable to locate any physician contact attempts documented within the first business day.

Appropriate Ongoing Communication with Employer
Files Meeting the Criteria 16 | Files in Compliance 15
Audit Score 93.75%
1. 2596600175
There was no documentation indicating that the member was notified of the reserve change on 08/15/25 which exceeded $100,000.

Appropriate Ongoing Communication with Employee
Files Meeting the Criteria 19 | Files in Compliance 8
Audit Score 42.11%
1. 2596600229
The employee was off work from 09/15/25 through 12/01/25. There was no documentation of ongoing 30-day contact during the TTD period.

2. 2596600173
The employee was off work from 06/18/25 through 08/31/25. There was a gap, greater than 30 days, in employee contact from 07/24/25 to 08/31/25.

3. 2396600192
The employee was off work from 08/14/25 through 12/17/25. There was no documentation of ongoing 30-day contact during the TTD period.

4. 2496600400
The employee was off work from 09/09/25 through 05/25/26. There was a gap, greater than 30 days, in employee contact from 10/10/25 to 01/04/26, 02/06/26 to 03/16/26, and 03/18/26 to 05/25/26.

5. 2596600167
The employee was off work from 06/15/25 through 12/29/25. There was a gap, greater than 30 days, in employee contact from 06/25/25 to 10/21/25 and 10/23/25 to 12/28/25.

6. 2596600330
The employee was off work from 11/07/25 through 07/13/26. There was a gap, greater than 30 days, in employee contact from 12/16/25 to 02/04/26 and 03/03/26 to 07/13/26.

7. 2596600130
The employee was off work from 05/08/25 through 04/20/26. There was a gap, greater than 30 days, in employee contact from 05/14/25 to 02/16/26 and 02/18/26 to 04/20/26.

8. 2496600390
The employee was off work from 07/16/25 and continuing through the date of the audit. There was a gap, greater than 30 days, in employee contact from 07/16/25 to 09/25/25, 09/27/25 to 11/13/25, 12/10/25 to 01/13/26, and 01/15/26 to 03/05/26.

9. 2496600135
The employee was off work from 11/06/25 through 01/04/26. There was a gap, greater than 30 days, in employee contact from 11/20/25 to 01/04/26.

10. 2596600151
The employee was off work as of 05/27/25 and continued through the date of the audit. There was a gap, greater than 30 days, in employee contact from 09/10/25 to 03/09/26.

11. 2596600331
The employee was off work from 12/11/25 through 02/11/26. There was a gap, greater than 30 days, in employee contact from 12/13/25 to 01/21/26 and 01/23/26 to 02/11/26.

Compensability

Delayed Timely & Appropriately
Files Meeting the Criteria 19 | Files in Compliance 14
Audit Score 73.68%

1. 2496600192
On 03/17/26, the application was amended to include the neck. The auditor was unable to locate an acceptance or denial notice addressing the neck.

2. 2696600140
The claim was received on 05/11/26 with the initial compensability decision due by 05/25/25 based on the employer's date of knowledge on 05/09/26. The acceptance letter was untimely issued on 06/01/26 and the rationale for claim acceptance was untimely documented on 06/09/26.

3. 2596600330
The claim was received on 11/05/25 with the initial compensability decision due by 11/18/25 based on the employer's date of knowledge on 11/04/25. The delay of claim notice was untimely issued on 11/25/25.

4. 2696600035
The claim was received on 02/02/26 with the initial compensability decision due by 02/12/26 based on the employer's date of knowledge on 01/29/26. The auditor was unable to locate the rationale for the decision to accept the claim.

5. 2596600331
The claim was received on 11/06/25 with the initial compensability decision due by 11/20/25. The auditor was unable to locate the rationale for the decision to accept the claim.

Investigation Timely & Appropriate
Files Meeting the Criteria 3 | Files in Compliance 3
Audit Score 100%
Timely and appropriate investigation was evident within all files that met the criteria for this category.

Acceptance/Denial Justified
Files Meeting the Criteria 9 | Files in Compliance 9
Audit Score 100%
The final decision to accept or deny the claim was justified within the files that met the criteria for this category.

Benefit Payment & Notices

TD/PD Benefits Paid Timely

Files Meeting the Criteria 39 | Files in Compliance 32

Audit Score 82.05%

1. 2596600229

The temporary disability (TD) benefits for the period of 08/11/25 through 08/18/25 and 08/28/25 through 09/03/25 were incorrectly issued to the city instead of directly to the employee. The payments were untimely reissued to the employee on 10/02/25.

2. 2596600262

TD benefits were paid at the incorrect TD rate of $1,011 for the period from 09/05/25 through 10/02/25, which resulted in a TD overpayment for that period.

3. 2596600333

The file notes and medical report of 11/06/25 indicate that the employee was placed on TTD effective 11/06/25. There was no TD payment for this date and no documentation indicating why the employee was not paid.

4. 2496600389

The file notes indicate that 4850 benefits ended on 12/12/25; however, 4850 benefits were paid through 10/31/25. There was no 4850-payment issued for the period from 11/01/25 through 12/12/25.

5. 2596600175

The file notes and benefit notices indicate that 4850 benefits were due from 09/17/25 through 10/14/25, 12/16/25 through 01/26/26, and from 05/14/26 and continuing through the date of the audit. There was no 4850-payment issued for 01/26/26.

6. 2396610138

The initial permanent disability (PD) benefit for the period of 09/10/23 through 09/10/25 was paid late on 10/31/25.

7. 2596600052

The agreed medical evaluator's (AME) MMI report was received on 01/02/26. On 01/06/26, the city notified the adjuster that the employee retired as of 12/30/25. As such, PD advances should have commenced by 01/20/26; however, PD benefits were untimely initiated on 02/26/26.

Proper Benefit Letters Sent

Files Meeting the Criteria 51 | Files in Compliance 25

Audit Score 49.02%

1. 2296610291

The PD Advice notice dated 06/04/26 reflects an incorrect PD rating of 6%, with a total PD payout of $5,220. However, the correct PD rating was 8%, with a total PD payout of $6,960.

2. 2396610092

The final PD payment was issued on 04/13/26 covering the period of 04/13/26 through 04/26/26. The PD ending notice was untimely issued on 05/11/26.

3. 2596600034
The primary treating physician's (PTP) MMI report was received on 03/19/26 finding no impairment or future medical care. The corresponding PD denial was untimely issued on 04/13/26.

4. 2196610169
A PD delay notice was issued on 12/12/24 with a decision date of 02/01/25. A subsequent PD delay notice was not evident. Additionally, the final qualified medical evaluator's (QME) report was received on 05/27/25. The corresponding PD denial notice was not evident.

5. 2596600262
The TD start notice dated 09/16/25 reflects a weekly TD rate of $1,011 based on the AWW of $1,011; however, the correct TD rate was $674. The amended TD start notice dated 10/16/25 indicates that TD was issued from 09/05/25 through 08/18/25; however, the correct benefit period was 09/05/25 through 09/18/25. The TD ending notice dated 10/16/25 contains a typographical error in the overpayment end date. The notice reflects an end date of 10/02/205; however, the correct date is 10/02/25. Lastly, the PTP's MMI report was received on 02/04/26. The corresponding PD denial notice was untimely issued on 03/06/26.

6. 2496600222
The PD start notice dated 08/28/25 reflects a total PD payout of $70,470. However, the QME's MMI report was received on 09/22/25 and established a PD rating of 18%, equating to a PD exposure of $18,995. An amended PD start notice advising of the revised exposure has not been issued.

7. 2296610557
The AME's MMI report was received on 04/23/26. The corresponding PD advice notice was not evident.

8. 2496600192
A PD delay notice was issued on 03/24/25 with a decision date o 07/01/25. The subsequent PD delay notice was untimely issued on 12/30/25. Additionally, the PD start notice dated 01/26/26 reflects a benefit start date of 03/04/25; however, the correct benefit start date was 03/24/25.

9. 496600389
TD/4850 benefits ended on 12/12/25. The corresponding TD/4850 end notice was not evident. Additionally, TPD benefits were paid from 12/13/25 through 12/19/25. The corresponding TPD begin & end notices were not evident. The PTP's MMI report was received on 12/23/25. The PD advice notice was untimely issued on 02/10/26. The QME's MMI report was received on 05/26/26. The corresponding PD advice notice was not evident.

10. 2496600400
The PTP's MMI report was received on 07/08/25. The corresponding PD denial was untimely issued on 09/02/25.

11. 2396600119
A PD delay notice was issued on 05/14/25 with a decision date of 07/27/25. The subsequent PD delay notice was not evident.

12. 2496600328
The ortho AME's MMI report was received on 09/15/25, and the ENT AME's MMI report was received on 10/07/25. The corresponding PD benefit notices were not evident.

13. 2496600111
The ortho QME report was received on 05/12/26 and the claim was subsequently accepted on 05/21/26. The corresponding PD advice notice was untimely issued on 07/09/26.

14. 2396600166
The PD end notice dated 10/23/25 reflects a continuous benefit period of 02/28/25 through 10/17/25. The notice does not outline the broken periods of PD that were paid from 02/28/25 through 04/10/25 and 06/14/25 through 10/17/25.

15. 2596600175
A PD delay notice was issued on 01/28/26 with a decision date of 04/15/26. The subsequent PD delay notice was not evident.

16. 2696600117
The TD/4850 start notice dated 04/29/26 and the amended TD/4850 start notice dated 04/30/26 incorrectly reflect an AWW of $0 per week.

17. 2396600203
The SC ending notice dated 08/01/25 incorrectly lists the period of benefits paid from 04/22/24 through 08/03/25. SC benefits were paid from 04/22/25 through 08/03/25.

18. 2596600077
A PD delay notice was issued on 06/11/25 with a decision date of 08/13/25. The subsequent PD delay notice was untimely issued on 09/24/25.

19. 2396600160
A TD/4850 payment change letter was issued on 04/10/26 indicating that an additional day of TD/4850 benefits was being paid for 01/21/26. However, an amended TD/4850 end notice and an amended TD start notice should have been issued instead to accurately reflect the change in benefit status.

20. 2396610138
The TD end notice dated 12/10/25 does not reference the TD overpayment for the period from 11/25/25 through 12/02/25. Additionally, the PD resume notice indicates a total PD payout of $32,697 which corresponds with a PD rating of 27%; however, the DA advised issuing PD advances up to 24% PD.

21. 2696600035
The benefits termination notice dated 03/13/26 indicates that TD benefits were paid; however, the employee received salary continuation benefits.

22. 2396610090
The PD advice notice dated 03/05/26 reflects an incorrect medical report date of 01/08/25. The correct medical report date was 01/08/26.

23. 2596600052
The AME's MMI report was received on 01/02/26. The corresponding PD benefit notice was untimely issued on 02/25/26.

24. 2496600072
The DA provided an updated PD rating of 18% PD on 03/31/26. The amended PD advice and PD start notices were untimely issued on 04/30/26. Additionally, the amended PD start notice dated 04/30/26 reflects an incorrect PD payout of $16,145; however, the correct amount was $18,995.

25. 2496600135
A PD delay notice was issued on 01/06/26 with the decision date of 04/05/26. The corresponding PD delay notice was untimely issued on 05/18/26.

26. 2496600033
The TD/4850 end notice dated 03/04/26 reflects a continuous benefit period of 03/10/25 through 03/07/26. The notice does not outline the broken periods of TD/4850 that were paid from 03/10/25 through 11/30/25 and 02/12/26 through 03/08/26.

Awards Paid Timely
Files Meeting the Criteria 5 | Files in Compliance 5
Audit Score 100%
Awards were paid timely for the files that met the criteria for this category.

SIP Paid on Late Payments
Files Meeting the Criteria 3 | Files in Compliance 2
Audit Score 66.67%
1. 2596600052
The AME's MMI report was received on 01/02/26. On 01/06/26, the city notified the adjuster that the employee retired effective 12/30/25. As such, PD advances should have commenced by 01/20/26; however, the initial PD payment covering the period of 12/20/25 through 02/11/26 was paid late on 02/26/26. There was no SIP paid for this late payment.

Penalty Reimbursement Plan
Files Meeting the Criteria 1 | Files in Compliance 1
Audit Score 100%
Penalty reimbursement plan was outlined for the file that met the criteria for this category.

Medical & Disability Management

RTW/MMI Aggressively Pursued
Files Meeting the Criteria 51 | Files in Compliance 42
Audit Score 82.35%
1. 2596600034
The employee was placed on modified duties following the reevaluation on 01/18/25. There was no documented communication with the member to determine whether the restrictions would be accommodated. The employee was subsequently released to full duty as of 02/05/26 and there was no documented correspondence with the provider determining the treatment plan and discussing the anticipated MMI date.

2. 2596600197
The employee was off work from 07/11/25 through 07/14/25 and returned to modified duty on 07/15/25. There was no documentation of efforts to contact the provider to facilitate a full duty release. Additionally, the employee was released to full duty effective 10/01/25 and the report indicated the employee should return on an as-needed basis. There were no documented efforts to obtain an MMI report from the provider prior to claim closure.

3. 2596600333
The employee was off work from 11/17/25 through 12/17/25. There was no file documentation for efforts to proactively push for return to work. There was no follow up with the member to discuss the possibility of accommodating the work restrictions and establishing return-to-work.

4. 2396600119
An objection to treatment was issued on 03/11/26 to initiate the QME process, and the QME panel was received on 04/28/26. Despite receipt of the panel, the QME evaluation has not been scheduled. MMI status is therefore not being aggressively pursued.

5. 2396610084
The employee last treated on 10/28/24. There was no file documentation during the audit period of any efforts to contact the employee or the provider to try and reestablish treatment to secure a final MMI report.

6. 2596600142
The employee was on modified duties since 05/24/25. There was no file documentation of efforts to proactively push for a full duty release and MMI. The employee was then released to full duty as of 08/15/25 and there was no indication it was communicated to the member.

7. 2596600167
The employee was off work from 06/15/25 through 12/29/25. While the employee had surgery on 08/13/25, there were no documented efforts to contact the provider and push for a modified duty release. When the employee was released to modified duties on 11/26/25, there was no indication that the restrictions were communicated to the member to determine whether they could be accommodated.

8. 2196610320
The AME issued a supplemental report on 02/24/26 wherein they recommend an orthopedic consultation for the right knee as well as additional treatment. There was no documentation on whether the ortho consultation has been authorized or any efforts to reestablish treatment which was necessary to progress the file and pursue a final MMI opinion.

9. 2496600167
The file lacks documentation of efforts to aggressively pursue MMI. A QME evaluation took place on 11/22/24 to address AOE/COE and MMI status, at which time the QME requested additional medical records for review. The records were requested and received on 02/25/25. Although records from John Kohl remained outstanding, there was no documentation of any follow up to obtain the records or determine their status. A supplemental QME report was then requested on 01/26/26, and the report concluded that the employee had reached MMI as of 04/11/26.

Medical Treatment Managed Appropriately
Files Meeting the Criteria 54 | Files in Compliance 51
Audit Score 94.44%

1. 2596600197
The employee was released to full duty effective 10/01/25, and the PTP's report indicated the employee should return on an as-needed basis. There was no documented follow-up with the provider or the employee to determine whether any additional treatment was warranted or being pursued. Additionally, there was no contact with the employee to reestablish treatment or confirm that no further medical care was being sought prior to the PD denial and claim closure.

2. 2596600333
The last documented treatment is from 05/06/26. The report indicates that the employee was pending a hand surgery consult which had been authorized by the adjuster on 04/16/26. There has been no follow up with the provider to determine whether there has been any subsequent treatment or whether the employee has been scheduled with a hand surgeon.

3. 2596600331
The employee was authorized for an orthopedic consultation and was evaluated by Dr. Takenishi on 02/09/26. The PTP subsequently submitted an RFA dated 02/13/26 requesting a transfer of care. There was no documentation indicating that the RFA was addressed. While the claim notes reflect that the orthopedic provider declined to accept the transfer of care, there is no evidence of follow-up with either the provider or the employee to facilitate the transfer or identify an alternate orthopedic provider willing to assume treatment. As a result, treatment progression has stalled and MMI status is not being aggressively pursued.

Proper Use of UR
Files Meeting the Criteria 47 | Files in Compliance 39
Audit Score 82.98%

1. 2296610291
The RFA received on 08/22/25 requesting a functional capacity evaluation was approved by the adjuster; however, the request should have been submitted to UR to determine medical necessity.

2. 2596600236
A UR deferral letter was issued in response to the RFA dated 02/23/26 requesting massage therapy due to the statutory limit of 24 sessions. However, massage therapy is not subject to a statutory visit limit. Accordingly, the request should have been approved by the adjuster or submitted to UR to determine medical necessity.

3. 2396600119
The RFA dated 03/09/26 requesting 6 sessions of acupuncture for the lumbar spine was approved by the adjuster; however, a UR deferral letter should have been sent as the lumbar spine is not an accepted body part on this claim.

4. 2396610090
The RFA received on 11/19/25 requesting 6 sessions of cognitive behavioral therapy was approved by the adjuster; however, a UR deferral letter should have been sent as psyche is not an accepted body part on this claim.

5. 1796610206
A UR deferral letter was issued in response to the RFA dated 05/29/26 requesting 6 sessions of acupuncture due to the statutory limit of 24 sessions. However, acupuncture is not subject to a statutory visit limit. Accordingly, the request should have been approved by the adjuster or submitted to UR to determine medical necessity.

6. 2096610287
A UR deferral letter was issued in response to the RFA dated 12/19/25 requesting massage therapy due to the statutory limit of 24 sessions. However, massage therapy is not subject to a statutory visit limit. Accordingly, the request should have been approved by the adjuster or submitted to UR to determine medical necessity.

7. 2296610583
The RFA received on 09/22/25 requesting oxycodone was approved by the adjuster; however, given the classification of the medication, the request should have been submitted to UR to determine medical necessity.

8. 2496600135
The RFA dated 10/31/25 for Norco was approved by the adjuster; however, given the classification of the medication, the request should have been submitted to UR to determine medical necessity.

Proper Use of MCM
Files Meeting the Criteria 9 | Files in Compliance 8
Audit Score 88.89%
1. 2596600151
A TCM was assigned from 07/25/25 to 08/05/25 to assist with finding a cardiologist closer to the employee's home. There is no documentation indicating that the member approved the TCM referral.

MPN Managed/Disputed Appropriately
Files Meeting the Criteria 53 | Files in Compliance 45
Audit Score 84.91%
1. 2196610169
The auditor was unable to locate Kayvan Haddadan, MD or Advanced Pain Diagnostic and Solutions in the medical provider network (MPN).

2. 2396600119
The auditor was unable to locate Dennis Michael Hembd, MD, or NCSRA Medical Corporation in the MPN.

3. 2296610232
The auditor was unable to locate Tyler G Smith, MD, or Sierra Spine Institute in the MPN.

4. 2496600328
The auditor was unable to locate Randall Armstrong, MD or Pain Management and Spine Diagnostic in the MPN.

5. 2596600167
The auditor was unable to locate Sacramento Knee and Sports facility in the MPN. The PTP Dr. Aleksey Lazarev appears in the MPN as an authorized provider only through Concentra Medical Center.

6. 2296610583
The auditor was unable to locate Kayvan Haddadan, MD or Advanced Pain Diagnostic and Solutions in the MPN.

7. 2696600002
The auditor was unable to locate Natalya Shtutman, MD, or Spine & Nerve Diagnostic Center in the MPN.

8. 2596600052
The auditor was unable to locate Ramandeep Gurai, MD or Spine & Nerve Diagnostic Center in the MPN.

Litigation Management

Appropriate DA Referral
Files Meeting the Criteria 5 | Files in Compliance 4
Audit Score 80%

1. 2496600192
There was no documentation indicating that the member granted approval for the litigation referral on 03/26/26.

Assign to DA on Panel
Files Meeting the Criteria 30 | Files in Compliance 30
Audit Score 100%
All defense referrals were sent to panel attorneys.

Proactive & Timely Management of DA
Files Meeting the Criteria 27 | Files in Compliance 19
Audit Score 70.37%

1. 2196610169
There is a lack of documentation showing proactive interaction with defense counsel to drive results. On 04/06/26, the DA advised that he and the applicant attorney (AA) had reached a settlement agreement for 0% stipulations on this claim and 18% stipulations on the companion claim. Despite the agreement, there was no follow-through on the DA's recommendations, and no action was taken until the settlement authority request (SAR) was drafted on 06/29/26.

2. 2296610557
The auditor does not find evidence that litigation management is being handled appropriately on this claim nor clear documentation that the adjuster is maintaining control. Following receipt of the AME's MMI report on 04/23/26, there was no proactive outreach to the DA to obtain settlement recommendations, and a settlement analysis was not provided until 05/20/26. Additionally, there has been no documented follow-up with the DA regarding settlement status since 05/20/26, and the SAR has not been submitted.

3. 2496600192
The auditor does not find evidence that litigation management is being handled appropriately on this claim. Although the case status and plan of action were documented within three days of the referral, the referral did not identify the parties responsible for completing the action items or establish target timeframes for completion.

4. 2196610112
The file lacks documentation of proactive litigation management. The CMS approved MSA was received on 07/11/25. There was no correspondence with the DA to discuss the claim and develop a mutual POA to progress the file. AA subsequently filed a DOR on 08/04/25 to set the matter for MSC. Prior to the hearing of 09/22/25, the DA emailed the proposed settlement documents on 09/03/25 which were contingent on member authority. There was no documented response to the DA's request for information until 10/30/25.

5. 2496600389
The auditor does not find evidence that litigation management is being handled appropriately on this claim nor clear documentation that the adjuster is maintaining control. Following receipt of the QME's MMI report on 05/26/26, there is no documentation of efforts to obtain the DA's review, analysis, or recommendations regarding the report.

6. 2296610232
The file lacks documentation of proactive litigation management. There is no notepad activity demonstrating that the examiner is maintaining control of the ongoing legal activities and is directing defense counsel. The DA provided settlement recommendations on 11/17/25 and followed up regarding settlement authority on 01/13/26, 01/22/26, and 04/22/26. There was no follow-through on the recommendations until the SAR was prepared on 06/30/26.

7. 2696600017
The litigation referral was completed on 02/19/26. However, there was no documentation indicating that the adjuster sent a letter to the DA within 3 business days outlining the case status, work to be done, by whom and in what time frame.

8. 2296610583
The file lacks documentation of proactive litigation management. There was no documentation indicating that the adjuster sent a letter to the DA within 3 business days outlining the case status, work to be done, by whom and in what time frame. Additionally, there were no documented efforts to obtain the DA's written opinion as to compensability, value, and settlement/defense strategy within 30 days of the referral.

Investigation

Ongoing Investigation Timely & Appropriate
Files Meeting the Criteria 2 | Files in Compliance 2
Audit Score 100%
Ongoing investigation was timely & appropriately completed for all files that met the criteria for this category.

Suspected Fraud Pursued Timely & Appropriately
Files Meeting the Criteria 0 | Files in Compliance N/A
Audit Score N/A
There were no applicable files for this category.

Recovery

Indexing Completed
Files Meeting the Criteria 21 | Files in Compliance 18
Audit Score 85.71%
1. 2596600034
The claim was reopened on 01/12/26 after 10 months of being closed. Considering there had been no treatment during that period, ISO reindexing should have been completed upon reopening to identify any new claims, intervening injuries, or other relevant information that could impact compensability or claim exposure.

2. 2696600035
The claim was received on 02/02/26. Initial indexing was untimely completed on 06/22/26.

3. 2596600331
ISO indexing at the time of claim setup was not evident.

Subrogation Recognized and Pursued
Files Meeting the Criteria 3 | Files in Compliance 1
Audit Score 33.33%
1. 2596600262
Subrogation was recognized when the claim was reported on 09/05/25. The third party's information was received on 09/10/25; however, the adverse party was not placed on notice until 10/16/25. Additionally, on 05/21/26, the adjuster was advised that the employee would need to file a claim before Sedgwick could conduct a thorough subrogation investigation and determine liability. There is no documentation indicating that the adjuster advised the employee to file the claim, nor is there evidence of any additional efforts to advance the subrogation investigation.

2. 2496600328
Subrogation was recognized prior to the audit period; however, the file lacks documentation demonstrating ongoing, proactive subrogation recovery efforts. Specifically, there was no documented subrogation activity between 07/18/25 and 02/18/26 when contact was first made with the third-party carrier regarding a final lien demand. After the carrier advised that an updated lien amount was required, there is no documentation that the requested information was provided or that further efforts were made to advance recovery. The claim was not referred to subrogation counsel until 05/28/26, after the third-party carrier had made repeated follow-up attempts regarding the lien dispute and subsequently issued a statute of limitations warning on 06/15/26 advising that only three months remained to resolve the matter.

Apportionment Recognized and Pursued
Files Meeting the Criteria 21 | Files in Compliance 18
Audit Score 85.71%
1. 2696600097
The employee reported symptoms dating back to 2018 and states they have been self-procuring treatment. While the medical releases were sent to the employee with the initial delay, there have been no subsequent efforts to secure the medical release which is necessary to request the prior medical records and appropriately explore apportionment opportunities.

2. 2696600002
The employee has a prior injury with overlapping body parts. There was no file documentation indicating apportionment opportunities have been explored to appropriately rule it in or out.

3. 2596600151
The employee has a prior claim for high blood pressure. There was no file documentation indicating that apportionment was pursued for the prior claim.

Contribution Recognized & Pursued
Files Meeting the Criteria 0 | Files in Compliance N/A
Audit Score N/A
The were no applicable files for this category.

Excess

Timely Initial Report to Excess

Files Meeting the Criteria 8 | Files in Compliance 2

Audit Score 25%

1. 2296610209

The claim reserves pierced the excess reporting threshold on 12/22/25. The initial excess report has not been completed.

2. 2596600330

The claim reserves pierced the excess reporting threshold on 01/16/26. The initial excess report has not been completed.

3. 2096610287

The claim reserves pierced the excess reporting threshold on 11/20/23. The initial excess report has not been completed.

4. 2296610583

The claim reserves pierced the excess reporting threshold on 04/12/24. The initial excess report has not been completed.

5. 2496600390

The claim reserves pierced the excess reporting threshold on 06/08/26. The initial excess report has not been completed.

6. 2496600033

The claim reserves pierced the excess reporting threshold on 01/08/26. The initial excess report was untimely completed on 04/13/26.

Timely Excess Updates

Files Meeting the Criteria 8 | Files in Compliance 2

Audit Score 25%

The following claims did not achieve timely excess updates:

1796610095
2196610112
2396600119
2396610090
2596600075
2496600033

Excess Authority Timely Sought

Files Meeting the Criteria 2 | Files in Compliance 2

Audit Score 100%

Excess authority was timely sought on both files that met the criteria for this category.

Timely Excess Reimbursement Requests

Files Meeting the Criteria 0 | Files in Compliance N/A

Audit Score N/A

There were no applicable claims for this category.

Resolution of Claim

Resolution Pursued Timely

Files Meeting the Criteria 25 | Files in Compliance 23

Audit Score 92%

1. 2596600262

The PTP's MMI report was received on 02/04/26. No action was taken towards finalizing the claim until the PD denial notice was issued on 03/06/26.

2. 2496600400

The PTP's MMI report was received on 07/08/25. No action was taken towards finalizing the claim until the SAR was submitted for in-house approval on 08/28/25.

Settlement Valued Appropriately

Files Meeting the Criteria 18 | Files in Compliance 17

Audit Score 94.44%

1. 2396600203

The SAR was prepared on 03/03/26 based on the QME's MMI Report of 01/20/26 which found 1% impairment to the left shoulder and 1% impairment to the left elbow. The settlement valuation used an incorrect PD rating of 1%. The SAR was subsequently revised on 03/11/26 to reflect 4% PD. The DEU rating was received on 03/18/26, indicating a final PD rating of 6%.

Client Settlement Authority Secured

Files Meeting the Criteria 14 | Files in Compliance 13

Audit Score 92.86%

1. 2396600203

The auditor was unable to locate the request for authority to NCCSIF or written authorization from them for the proposed compromise and release (C&R) settlement.

Timely Continuing Settlement Efforts

Files Meeting the Criteria 24 | Files in Compliance 17

Audit Score 70.83%

1. 2396610092

The employee was deemed MMI prior to the audit period on 02/05/24 and at the time, the parties were discussing a global C&R contingent on IDR approval. There were issues with CalPERS which delayed resolution; however, on 05/07/26 it was confirmed that IDR was approved. The DA drafted proposed settlement documents on 06/08/26 and requested BPOs and confirmation of formal authority. No further action has been taken to progress the claim and a SAR has not been drafted causing delays in resolution.

2. 2196610169

The file lacks documentation of ongoing efforts to ensure timely resolution. On 04/06/26, the DA advised that he and AA had reached a settlement agreement for 0% stipulations on this claim and 18% stipulations on the companion claim. Despite the agreement having been reached, the SAR was not drafted until 06/29/26.

3. 2296610557

The file lacks documentation of ongoing efforts to ensure timely resolution. There has been no documented follow-up with the DA regarding settlement status since 05/20/26, and the SAR has not yet been submitted.

4. 2196610112
The file lacks documentation of ongoing efforts to ensure timely resolution. The CMS approved MSA was received on 07/11/25. No action was taken towards finalizing the claim despite the DA providing recommendations in their email of 09/03/25. The file was untimely worked up for settlement on 10/30/25.

5. 2296610232
The file lacks documentation of ongoing efforts to ensure timely resolution. The DA provided settlement recommendations on 11/17/25 and followed up regarding settlement authority on 01/13/26, 01/22/26, and 04/22/26. However, the SAR was not submitted to the member until 06/30/26, despite AA filing a DOR on 03/16/26 and advising that the employee was considering filing a Petition for Sanctions due to the delay in providing the proposed stipulations.

6. 2396600166
The file lacks documentation of ongoing efforts to ensure timely resolution. Although settlement authority was granted on 03/26/26, the C&R documents were not sent to the employee for signature until 05/22/26.

7. 2596600052
The file lacks documentation of ongoing efforts to ensure timely resolution. The DA provided settlement recommendations on 01/07/26; however, there was no documented settlement activity until 03/31/26, when the adjuster requested confirmation of the PD ratings.

Claim Closed Timely
Files Meeting the Criteria 10 | Files in Compliance 8
Audit Score 80%
1. 2596600034
The PTP's MMI report was received on 03/19/26 and a closing letter was issued on 03/23/26. There was no documented objection to the closing letter, and the final invoice was processed on 04/01/26. The file was untimely closed on 05/28/26.

2. 2296610209
The file was inappropriately closed on 11/26/25 based on an incorrect determination that the SJDB voucher had expired on 05/16/25. The file should have remained open until the SJDB voucher expired on 01/25/27.

Plan of Action
Timely POA Updates
Files Meeting the Criteria 70 | Files in Compliance 64
Audit Score 91.43%
There following claims did not achieve timely POA updates:

2296610557
2496600389
2296610232
2696600161
2696600035
2596600331

Quality POA Based Upon Current Facts
Files Meeting the Criteria 70 | Files in Compliance 47
Audit Score 67.14%

1. 2596600229
The POA of 08/12/25 fails to incorporate the medical treatment despite receiving the doctor's first report on 08/11/25. Additionally, the POAs of 08/12/25 and 08/25/25 lack proactive action items to progress the claim.

2. 2396610092
The POAs completed during the audit period are duplicative, repeatedly stating that PD was being issued, work restrictions had been confirmed, the employee had filed for IDR, and the plan was to pursue a global C&R of $100,000. However, the POAs do not provide meaningful updates regarding the status of the IDR proceedings, the litigation strategy, or the specific actions necessary to resolve the outstanding issues. Additionally, the POA dated 04/21/26 fails to incorporate the QME report dated 02/10/26 or outline the next steps necessary to advance the claim toward resolution. As a result, the POAs do not accurately reflect the current status of the claim or provide an effective strategy for achieving final resolution.

3. 2596600034
The POAs completed during the audit period do not outline any action items to investigate the ten-month gap in treatment and claim activity. The employee had previously been discharged from care, and the claim had been closed. Upon reopening, the file was not reindexed to reassess exposure, nor did the POAs address investigating whether the employee's current symptoms remained related to the industrial injury or were attributable to a new incident. Additionally, despite the supervisor's recommendations, there were no documented efforts to discuss these issues with the treating provider.

4. 2196610169
The POAs dated 05/12/26 and 06/23/26 identify preparing the SAR for settlement as an action item; however, the file does not reflect any documented progress or completion of this task until 06/29/26.

5. 2296610557
The POAs dated 07/31/25, 08/27/25, 09/25/25, 10/27/25, 12/16/25, 01/27/26, 03/11/26, and 06/19/26 are duplicative, each identifying the same action item to work up all open claims for a global C&R of $80,000; however, the file does not reflect any documented progress or completion of this task. Additionally, the POAs do not include any meaningful or proactive action items addressing the AME re-evaluation conducted on 03/17/26. Although the DA increased the recommended C&R settlement value to $90,000 on 05/20/26, the POA dated 06/19/26 continued to reference an outdated $80,000 settlement value, demonstrating that it had not been updated to reflect the current status of the claim. Further, the POAs dated 09/25/25, 10/27/25, 12/16/25, 01/27/26, 03/11/26, and 06/19/26 identify following up with the DA as an action item; however, the file reflects only one documented outreach to the DA on 10/27/25. As a result, the POAs do not accurately reflect claim activity or provide a meaningful, proactive strategy to advance the claim toward resolution.

6. 2496600192
The POAs indicate that the employee was last seen on 03/18/25; however, the employee's most recent treatment occurred on 08/05/25. Additionally, the application was amended to include the neck as a claimed body part on 03/17/26; however, the POAs do not address compensability of the neck or outline a strategy to address the claimed body part. As a result, the POAs do not accurately reflect the current medical status or provide a complete assessment of the claim.

7. 2196610112
The POA dated 08/15/25 contains outdated information indicating that CMS approval of the MSA was still pending, despite the CMS approval letter having been received on 07/11/25. The POA was not updated to reflect this significant development or include a strategy to advance the claim. Similarly, the POAs dated 09/04/25, 10/10/25, and 10/31/25 are duplicative and fail to incorporate the approved MSA, the outcome of the 09/22/25 hearing, and the DA's settlement recommendations. As a result, the POAs do not accurately reflect the current status of the claim or provide a meaningful plan to progress it.

8. 2396600119
The POAs incorrectly indicate that the claim is not excess reportable; however, the claim has met the excess reporting threshold since 04/07/25. As a result, the POAs do not accurately reflect the claim's reporting status or required handling.

9. 2296610232
The POAs dated 01/29/26, 03/13/26, and 04/17/26 contain duplicative action items indicating that the SAR was being prepared; however, the file does not reflect any documented progress or completion of this task until 04/23/26. The repeated inclusion of the same action item without timely follow-through contributed to delays in advancing the claim toward settlement.

10. 2396610084
The POAs completed during the audit period are duplicative, repeatedly identifying contacting the provider for updated reporting and pursuing MMI as the primary action items. However, the employee had not treated since 10/28/24, and the POAs do not include any proactive strategy to reestablish treatment, such as contacting the employee or coordinating with the provider to schedule a re-evaluation. As a result, the POAs did not provide an effective plan to obtain updated medical evidence and advance the claim toward MMI and final resolution.

11. 2296610209
The POAs dated 003/18/26, 05/04/26, and 06/15/26 indicate that the claim is not excess reportable; however, the claim reserves pierced the excess reporting threshold on 12/22/25. As a result, the POAs do not accurately reflect the claim's reporting status or required handling.

12. 2596600167
The POAs of 01/05/26, 02/03/26, and 03/04/26 are duplicative, aimed at contacting the employee to determine further treatment and push MMI. However, there was no file documentation showing progress or completion of this task until 04/06/26 when the employee was contacted regarding treatment.

13. 2196610320
The POAs dated 04/30/26 and 06/09/26 incorporate the AME's supplemental report dated 02/24/26, which recommends an orthopedic consultation and treatment for the right knee. However, the POAs do not identify any action items to reestablish treatment, facilitate the recommended orthopedic consultation, or document the status of the referral. As a result, the POAs do not provide a proactive strategy to implement the AME's recommendations and advance the claim toward resolution.

14. 2596600330
The POAs dated 02/05/26, 03/05/26, 04/02/26, 05/01/26, 05/28/26, 06/22/26, and 06/26/26 incorrectly indicate that the claim is not excess reportable, despite the claim reserves having exceeded the excess reporting threshold on 01/16/26. As a result, the POAs do not accurately reflect the claim's reporting status, which contributed to the failure to timely identify and comply with the excess reporting requirements.

15. 2696600044
The POA dated 03/13/26 does not address compensability, despite the claim having been accepted on 02/11/26. As a result, the POA does not accurately reflect the claim status or provide a complete assessment of the compensability determination.

16. 2396610138
The POAs fail to incorporate the findings of the internal AME report dated 11/24/25 and the ENT AME reports dated 03/27/24, 12/09/25, and 02/09/26. Additionally, the POAs contain conflicting information regarding compensability. The compensability section indicates that bilateral hearing loss remains denied, while the action item section states that acceptance has been issued. As bilateral hearing loss was accepted on 02/09/26, the compensability section should be updated to accurately reflect the current claim status.

17. 2496600167
The POAs dated 07/02/25, 07/22/25, 08/19/25, 09/11/25, 10/17/25, 11/17/25, and 12/19/25 are duplicative and lack meaningful, proactive action items to advance the claim toward resolution. The POAs repeatedly indicate that the adjuster was awaiting receipt of records from John Kohl and would forward the subpoenaed records to the QME upon receipt; however, there was no documentation demonstrating that the adjuster made any efforts to follow up on the outstanding records or that the records were ever received. Additionally, there was no claim activity from 01/08/25 through 01/26/26, except for a medical release being sent to the employee on 07/24/25. There was no documented follow-up with the employee regarding the medical release, nor any indication that the executed release was ever received. This resulted in unnecessary delays in obtaining the requested records, advancing the QME process, and progressing the claim toward timely resolution.

18. 2096610287
The POAs completed during the audit period incorrectly indicate that the claim is not excess reportable, despite the claim reserves having exceeded the excess reporting threshold on 11/20/23. As a result, the POAs do not accurately reflect the claim's reporting status, which has hindered timely compliance with excess reporting requirements.

19. 2296610583
The POAs completed during the audit period incorrectly indicate that the claim is not excess reportable, despite the claim reserves having exceeded the excess reporting threshold on 04/12/24. As a result, the POAs do not accurately reflect the claim's reporting status, which has hindered timely compliance with excess reporting requirements.

20. 2696600002
The employee has a prior claim involving overlapping body parts, which has not been addressed in the POAs with respect to potential apportionment. Given the overlap, this directly impacts exposure evaluation and overall planning. The prior claim should be incorporated into the action plan to ensure accurate assessment and coordination moving forward.

21. 2496600135
The POAs only address compensability for the right shoulder, right wrist, and right ankle; however, the acceptance letter also identifies the teeth and left ankle as accepted body parts. As a result, the POAs do not accurately reflect the full scope of the accepted claim or provide a complete assessment of compensability.

22. 2496600033

The 12/04/25 AME report identifies additional industrial injury to the bilateral hips and provides impairment ratings for both the left and right hips. However, the POAs do not address compensability for the bilateral hips or incorporate the AME's findings into the claim strategy. As a result, the POAs do not accurately reflect the full scope of the claimed injuries or provide a complete assessment of the claim status.

23. 2596600151

The POAs dated 04/23/26, 05/21/26, and 07/16/26 lack meaningful, proactive action items to advance the claim toward resolution. Each POA repeats the same action item to continue monitoring medical treatment and work status without identifying specific tasks or a strategy to move the claim forward. Additionally, the POAs do not address the QME re-evaluation originally scheduled for 06/19/26, which was subsequently rescheduled to 08/19/26, nor do they outline any action items related to securing the evaluation or advancing the claim following the examination.

Supervision

Timely Supervisor Reviews

Files Meeting the Criteria 70 | Files in Compliance 14

Audit Score 20%

The following claims did not achieve timely supervisor reviews:

2496600066	*2496600328*	*2396610090*
2296610291	*2396610084*	*1796610206*
2596600017	*2496600111*	*2196610393*
2396610092	*2596600167*	*2596600075*
2196610169	*2396600166*	*2596600246*
2596600262	*2596600175*	*2596600130*
2496600035	*2396600203*	*2096610287*
2496600222	*2596600077*	*2696600017*
2296610557	*2496600251*	*2296610583*
1796610095	*2496600213*	*2296610517*
1896610344	*2396600160*	*2496600390*
2496600192	*2196610320*	*2596600169*
2596600173	*2596600330*	*2596600052*
2196610112	*2696600044*	*2496600072*
2596600236	*2496600112*	*2496600135*
2396600192	*2396610138*	*2496600033*
2496600389	*1096610286*	*2596600151*
2396600119	*2496600167*	*2596600331*
2296610232	*2696600035*	

Quality Supervisor Reviews Based Upon Current Facts
Files Meeting the Criteria 66 | Files in Compliance 61
Audit Score 92.42%

1. 2496600192
The supervisor reviews dated 01/29/26 and 04/28/26 incorrectly indicate that the employee's last PTP visit occurred on 03/18/25; however, the employee's most recent PTP visit was on 08/05/25. As a result, the reviews contain inaccurate medical status information and do not accurately reflect the current claim activity.

2. 2296610209
The supervisor review dated 07/13/26 incorrectly indicates that the claim is not excess reportable; however, the claim reserves exceeded the excess reporting threshold on 12/22/25. As a result, the review does not accurately reflect the claim's reporting status or provide appropriate oversight regarding excess reporting requirements.

3. 2396610138
The supervisor review dated 02/02/26 fails to incorporate the findings of the internal AME report dated 11/24/25 and the ENT AME reports dated 03/27/24 and 12/09/25. Additionally, the review reflects an outdated PD rating of 65%, despite the DA advising on 12/08/25 that the PD exposure had increased to 73%. As a result, the supervisor review does not accurately reflect the current medical and claim status, limiting its effectiveness in providing meaningful oversight, accurate reserve evaluation, and strategic direction for ongoing claim management.

4. 2096610287
The supervisor reviews completed during the audit period incorrectly indicate that the claim is not excess reportable, despite the claim reserves having exceeded the excess reporting threshold on 11/20/23. As a result, the review does not accurately reflect the claim's reporting status or provide appropriate oversight regarding excess reporting requirements.

5. 2296610583
The supervisor reviews do not provide any guidance or recommendations regarding excess reporting, despite the claim reserves having exceeded the excess reporting threshold on 04/12/24. As a result, the supervisor reviews fail to identify a significant claim development and do not provide meaningful direction to ensure timely compliance with excess reporting requirements.

Reserves

Initial Reserve Timely and Accurate
Files Meeting the Criteria 17 | Files in Compliance 17
Audit Score 100%
Initial reserves posted in 30 days was completed on all files that met the criteria for this category.

Reserves Adjusted Timely and Accurately
Files Meeting the Criteria 70 | Files in Compliance 30
Audit Score 42.86%

1. 2496600066
The AME's MMI report was received prior to the audit period, which outlined a PD exposure of 5% PD or $4,350. The indemnity reserves have not been adjusted to reflect the current exposure.

2. 2296610291
TD/4850 benefits ended on 04/15/24 and the employee was released to full duty on 04/28/25. The TD/4850 reserves were untimely adjusted to reflect the accurate exposure on 06/06/26.

3. 2396610092
The last OSIP reserve review was completed on 01/21/25. The auditor was unable to locate an OSIP compliant reserve review throughout the audit period with at least one review warranted.

4. 2196610169
The employee was deemed MMI prior to the audit period on 11/06/24 and the PD exposure was apportioned to the companion claim. The reserves were untimely adjusted to reflect the accurate indemnity exposure on 06/26/26.

5. 2596600262
The PTP's MMI report was received on 02/04/26 and indicated 0% PD with no need for future medical care. The indemnity and medical reserves have not been adjusted to reflect the current exposure.

6. 1696610246
The AME's MMI report was received on 03/25/25 which outlined a PD exposure of 24% PD valued at $27,695. The indemnity reserves were untimely adjusted for the exposure on 08/14/25.

7. 2496600035
The last reserve adjustment was on 12/02/24. Discovery remains ongoing, with an AME re-evaluation pending completion of the recommended diagnostic studies. In addition, further discovery is anticipated regarding the applicant's psychiatric treatment, as the AA has indicated an intent to pursue this claim. The reserves are insufficient to fund the anticipated treatment through MMI.

8. 2496600222
The QME's MMI report was received on 09/22/25 which outlined a PD exposure of $18% PD or $18,995. The indemnity reserves have not been adjusted to reflect the current exposure.

9. 2296610557
The last reserve adjustment was on 09/20/23. The auditor was unable to locate an OSIP compliant reserve review throughout the audit period with at least one review warranted. Additionally, the employee was deemed MMI on 12/11/24 and again on 03/17/26. The TD/4850 reserves have not been adjusted to reflect the current exposure.

10. 1796610095
The reserve reviews did not adequately evaluate the claim's exposure. As a result, the medical reserves did not accurately reflect anticipated future costs. The medical reserves were untimely increased on 07/09/26 to pay the award issued on 07/01/26.

11. 1896610344
The last reserve adjustment was on 06/20/24. The reserve reviews did not adequately evaluate the claim's current exposure. As a result, the outstanding medical reserves of $3,742 do not accurately reflect anticipated future costs. There is a pending QME supplemental report and at minimum there should be an allocation for future medical (FM) buyout.

12. 2496600192
The file was referred to a DA on 05/06/26. The reserves have not been adjusted for the litigation exposure.

13. 2596600173
The last reserve adjustment was on 11/07/25. A reserve review was completed on 07/03/26; however, it is not an accurate assessment for this claim and references a different claim. The employee returned to work on 11/19/25 and has been working full duty since 01/09/26. There is no evidence to support the outstanding indemnity reserves of $37,557 as they are no longer warranted and remain overstated. The file is due for a comprehensive reserve review.

14. 2596600333
The last reserve adjustment was on 11/24/25. The employee returned to work on 12/18/25 and has been working full duty. The reserves have not been adjusted to reflect the accurate claim exposure, and the indemnity reserves remain overstated. Additionally, treatment is ongoing and the medical reserves of $3,813 are understated relative to the claim exposure. A reallocation of indemnity reserves to medical is recommended.

15. 2396600192
The QME's MMI report was received on 04/16/26 which outlined a PD exposure of 20% PD valued at $21,895. The PD reserves were untimely adjusted to reflect the exposure on 05/27/26. Additionally, the employee was released to full duty on 12/18/25 and the TD/4850 reserves were not adjusted until 05/27/26.

16. 2496600389
The last reserve adjustment was on 03/10/25. The reserve reviews did not adequately evaluate the claim's current exposure. The PTP's MMI report was received on 12/23/25 and the QME's MMI report was received on 05/26/26. The TD/4850 reserves have not been adjusted for the decreased exposure. Additionally, the outstanding expense reserves do not accurately reflect anticipated cost containment fees and legal expenses. The expense reserves of $949 remain understated based on the ongoing medical treatment.

17. 2496600400
The employee was released to full duty on 05/25/26. The TD/4850 reserves have not been adjusted to reflect the accurate claim exposure.

18. 2696600066
The employee was released to full duty on 03/05/26. The TD reserves have not been adjusted to reflect the accurate claim exposure.

19. 2396600119
The employee has been working in a modified duty position since 04/24/25. The TD/4850 reserves have not been adjusted to reflect the accurate claim exposure.

20. 2296610232
The AME's MMI report was received on 11/17/25 and outlined a PD exposure of 7% PD valued at $6,090. The reserves were untimely adjusted for the exposure on 06/29/26.

21. 2496600328
The reserve reviews did not adequately evaluate the claim's current exposure. As a result, the current outstanding medical reserves of $1,779 do not accurately reflect the anticipated medical exposure.

22. 2396610084
The last reserve adjustment was on 03/29/24. Despite the claim being inactive with no treatment since 10/28/24, the file maintained an allocation for TD/4850 reserves through claim closure which were not warranted. This resulted in overstated reserves during the audit period.

23. 2596600142
The last reserve adjustment was on 05/23/25. The employee was TTD for only two days. Despite the lack of any ongoing TTD exposure, indemnity reserves remained allocated through claim closure, with no documentation supporting the continued reserve amount.

24. 2596600175
The employee's surgery was approved on 05/27/26 and is currently scheduled for 08/12/26. The reserves have not been adjusted for the increased exposure.

25. 2696600117
The employee was released to full duty on 05/02/26. The TD/4850 reserves have not been adjusted to reflect the accurate claim exposure.

26. 2596600077
The employee was released to full duty as of 05/16/25 and subsequently abandoned treatment. Despite the lack of any ongoing TTD exposure, indemnity reserves remained allocated through claim closure, with no documentation supporting the continued reserve amount.

27. 2196610320
The last reserve adjustment was on 07/10/24. Although the claim has remained relatively inactive, the outstanding reserves do not accurately reflect the claim exposure. Prior MRI findings and PTP reports indicate the potential need for surgery. Additionally, the most recent AME report of 02/24/26, recommended an orthopedic consultation and further treatment for the right knee. Despite this information, the reserves have not been reviewed for the potential exposures.

28. 2496600112
The QME's MMI report was received on 10/05/24 which outlined a PD exposure of 8% PD valued at $6,960. The PD reserves were untimely adjusted for the exposure on 05/04/26. Additionally, the file was due for an OSIP compliant reserve review from the start of the audit period until it was untimely completed on 04/30/26.

29. 2396610138
On 12/08/25, the DA advised setting reserves for possible life pension based on the current 73% PD rating. The reserves were untimely adjusted for the exposure on 02/10/26.

30. 2396610090
TD/4850 benefits ended on 05/02/24. The outstanding TD/4850 reserves were untimely decreased on 05/22/26.

31. 1796610206
The last OSIP compliant reserve review was completed on 11/18/24. The auditor was unable to locate an OSIP compliant reserve review throughout the audit period with at least one review warranted.

32. 2596600246
The employee returned to work on 08/22/25 and has been working full duty since 01/17/26. The reserves have not been adjusted to reflect the accurate claim exposure. Additionally, the adjuster initiated the QME process on 05/18/26 and the reserves have not been adjusted for the increased exposures.

33. 2096610287
The employee exhausted 104 weeks of TD benefits on 01/18/24. The TD reserves have not been adjusted for the decreased exposure.

34. 2696600017
The file was referred to a DA on 02/19/26. The reserves have not been adjusted for the litigation exposure.

35. 2296610583
The file was referred to a DA on 05/08/26. The reserves have not been adjusted for the litigation exposure.

36. 2296610517
The employee has been working full duty since 04/26/23. The indemnity reserves have not been adjusted to reflect the accurate claim exposure.

37. 2596600052
TD/4850 benefits were terminated on 02/26/26 with a retroactive end date of 12/19/25. The TD/4850 reserves were untimely adjusted on 04/02/26.

38. 2496600135
The employee was released to full duty on 03/02/26. The indemnity reserves have not been adjusted to reflect the accurate claim exposure.

39. 2596600151
The internal QME's MMI report was received on 03/30/26 which outlined an exposure of 16% PD. The PD reserves were untimely adjusted on 05/21/26. Additionally, the reserve reviews did not adequately evaluate the claim's current medical exposure. As a result, the outstanding medical reserves did not accurately reflect anticipated future medical costs.

40. 2596600331
The last reserve adjustment was on 12/12/25. The employee has been working at full duty since 02/12/26 and there has been no treatment since 04/13/26. The reserves have not been adjusted to reflect the accurate claim exposure as the outstanding indemnity reserves are no longer warranted and remain overstated.

Current Reserves Appropriate
Files Meeting the Criteria 61 | Files in Compliance 34
Audit Score 55.74%

1. 2496600066
The AME's MMI report was received prior to the audit period and outlined a 5% PD exposure valued at $4,350. The indemnity reserves have not been adjusted to reflect the exposure and the current outstanding indemnity reserves of $1,740 remain understated.

2. 2596600262
The PTP's MMI report was received on 02/04/26, which outlined 0% PD and no need for future medical care. The file remains open for subrogation recovery only; therefore, the current outstanding indemnity reserves of $4,047 and medical reserves of $16,285 are no longer warranted and remain overstated.

3. 1696610246
Based on the medical bills paid to date the cost containment fees have been equivalent to 33% of the medical spent. Using 33% of the projected medical costs, the current expense reserves of $1,996 are understated.

4. 2496600035
The current reserves do not accurately reflect the claim exposure. Discovery is ongoing with a pending AME reevaluation once the diagnostics are completed. A reserve increase is recommended to cover additional med-legal fees.

5. 2496600222
The QME's MMI report was received on 09/22/25 and outlined a PD exposure of $18% PD valued at $18,995. The indemnity reserves have not been adjusted to reflect the exposure and the current outstanding indemnity reserves of $63,710 remain overstated.

6. 2296610557
The employee was deemed MMI on 12/11/24 and again on 03/17/26. There is no indication of any further TTD exposure; therefore, the outstanding TD/4850 reserves are no longer warranted and remain overstated.

7. 1896610344
The outstanding medical reserves do not accurately reflect the claim exposure. There is a pending QME supplemental report and at minimum there should be an allocation for FM buyout. A reserve increase is recommended.

8. 2496600192
The current outstanding expense reserves of $2,874 are understated, as they do not account for anticipated ongoing legal expenses. A reserve increase is recommended.

9. 2596600173
The employee returned to work on 11/19/25 and has been working at full capacity since 01/09/26. There is no evidence to support the outstanding indemnity reserves of $37,557 as they are no longer warranted and remain overstated. Additionally, a panel QME was requested and received pending an evaluation. The outstanding medical reserves of $5,901 are insufficient to cover the costs of the QME and treatment necessary to reach MMI. The auditor recommends the reallocation of indemnity reserves to medical, and an overall decrease in reserves.

10. 2596600333
The current reserves do not accurately reflect the claim exposure. The outstanding indemnity reserves of $18,864 are no longer warranted and remain overstated considering the employee has been working at full capacity since 12/18/25. The outstanding medical reserves of $3,813 are insufficient for treatment necessary through MMI.

11. 2496600389
The PTP's MMI report was received on 12/23/25, and the QME's MMI report was received on 05/26/26. Based on these reports, the current outstanding TD/4850 reserves are no longer warranted and remain overstated. Additionally, the current outstanding expense reserves of $1,534 remain understated considering the anticipated ongoing medical treatment and legal expenses.

12. 2496600400
The employee was released to full duty on 05/25/26 and there is no indication of any further TTD exposure. The outstanding TD/4850 reserves are no longer warranted and remain overstated.

13. 2696600066
The employee was released to full duty on 03/05/26 and there is no indication of any further TTD exposure. The outstanding TD reserves are no longer warranted and remain overstated.

14. 2396600119
The employee has been working in a modified duty position since 04/24/25 and there has been no indication of any TTD exposure. The outstanding TD/4850 reserves are no longer warranted and remain overstated.

15. 2496600328
The current outstanding medical reserves of $1,779 are understated as they do not contemplate the need for additional diagnostic testing, a supplemental AME report, or future medical care. A reserve increase is recommended.

16. 2596600175
The employee's knee surgery was approved on 05/27/26 and is currently scheduled for 08/12/26. The current outstanding medical reserves of $27,520 are understated for the upcoming surgery, post op treatment, and future medical care.

17. 2696600117
The employee was released to full duty on 05/02/26 and there is no indication of any further TTD exposure. The outstanding TD/4850 reserves are no longer warranted and remain overstated.

18. 2196610320
The current reserves do not accurately reflect the claim exposure. Prior MRI findings, PTP reporting, and the most recent AME report dated 02/24/26 support the potential need for surgery and additional treatment to the right knee. A reserve increase is recommended to account for the probable medical costs.

19. 1796610206
The current reserves are understated based on the auditor's OSIP calculation outlined within the audit worksheet.

20. 2596600246
The employee was working modified duties as of 08/22/25 and was released to full duty on 01/17/26. There is no indication of any further TTD exposure; therefore, the outstanding TD/4850 reserves are no longer warranted and remain overstated. Additionally, the current outstanding medical reserves of $966 are understated as they do not contemplate ongoing medical treatment and the need for a QME evaluation.

21. 2096610287
The employee exhausted 104 weeks of TD benefits on 01/18/24. The outstanding TD reserves of $79,413 are no longer warranted and remain overstated.

22. 2696600017
The current outstanding expense reserves of $4,695 are understated as they do not account for ongoing legal expenses. A reserve increase is recommended.

23. 2296610583
The current outstanding expense reserves of $1,566 are understated as they do not account for ongoing legal expenses. A reserve increase is recommended.

24. 2296610517
The employee has been working at full capacity since 04/26/23 and there has been no indication of any further TTD exposure. The outstanding indemnity reserves are no longer warranted and remain overstated.

25. 2496600135
The employee has been working at full capacity since 03/02/26 and there has been no indication of any further TTD exposure. The outstanding indemnity reserves are no longer warranted and remain overstated.

26. 2596600151

The current outstanding medical reserves of $12,358 are understated as they do not contemplate the future medical care outlined by the QME which includes physician visits at least every 6 months, additional testing including echocardiography, myocardial perfusion imaging, and cardiac catheterization. A reserve increase is recommended.

27. 2596600331

The employee has been working at full capacity since 02/12/26 and there has been no treatment since 04/13/26. The outstanding indemnity reserves of $58,582 are not supported by the claim facts and remain overstated.

FM Reserves Consistent with SIP Regs

Files Meeting the Criteria 8 | Files in Compliance 7

Audit Score 87.50%

1. 1796610206

The auditor was unable to locate an OSIP compliant reserve review throughout the audit period with at least one review warranted. The reserves are understated based on the auditor's OSIP calculation outlined within the audit worksheet.

Score Detail

Category	Points Available	Points	Score	Prior Score	Variance
Communication					
Initial Employer Contact	17	14	82.35%	64.29%	18.07%
Initial Employee Contact	17	14	82.35%	53.85%	28.51%
Initial Physician Contact	13	9	69.23%	72.73%	-3.50%
Appropriate Ongoing Communication With Employer	16	15	93.75%	22.73%	71.02%
Appropriate Ongoing Communication With Employee	19	8	42.11%	11.11%	30.99%
Sub-Total of Category	**82**	**60**	**73.17%**	**39.74%**	**33.43%**
Compensability					
Delayed Timely & Appropriately	19	14	73.68%	71.43%	2.26%
Investigation Timely & Appropriate	3	3	100.00%	100.00%	0.00%
Acceptance / Denial Justified	9	9	100.00%	100.00%	0.00%
Sub-Total of Category	**31**	**26**	**83.87%**	**77.78%**	**6.09%**
Benefit Payment & Notices					
TD/PD Benefits Paid Timely	39	32	82.05%	93.75%	-11.70%
Proper Benefit Letters Sent	51	25	49.02%	68.97%	-19.95%
Awards Paid Timely	5	5	100.00%	100.00%	0.00%
SIP Paid On Late Payments	3	2	66.67%	100.00%	-33.33%
Penalty Reimbursement Plan	1	1	100.00%	N/A	N/A
Sub-Total of Category	**99**	**65**	**65.66%**	**83.33%**	**-17.68%**
Medical & Disability Management					
RTW/MMI Aggressively Pursued	51	42	82.35%	96.97%	-14.62%
Medical Treatment Managed Appropriately	54	51	94.44%	68.89%	25.56%
Proper Use Of UR	47	39	82.98%	95.24%	-12.26%
Proper Use of MCM	9	8	88.89%	33.33%	55.56%
MPN Managed/Disputed Appropriately	53	45	84.91%	92.68%	-7.78%
Sub-Total of Category	**214**	**185**	**86.45%**	**85.31%**	**1.13%**
Litigation Management					
Appropriate DA Referral	5	4	80.00%	100.00%	-20.00%
Assign DA On Panel	30	30	100.00%	100.00%	0.00%
Proactive & Timely Management of DA	27	19	70.37%	90.00%	-19.63%
Sub-Total of Category	**62**	**53**	**85.48%**	**95.92%**	**-10.43%**
Investigation					
Ongoing Investigation Timely & Appropriate	2	2	100.00%	N/A	N/A
Suspected Fraud Pursued Timely & Appropriately	0	0	N/A	N/A	N/A
Sub-Total of Category	**2**	**2**	**100.00%**	**N/A**	**N/A**

Category	Points Available	Points	Score	Score	Variance
Recovery					
Indexing Completed	21	18	85.71%	100.00%	-14.29%
Subrogation Recognized & Pursued	3	1	33.33%	100.00%	-66.67%
Apportionment Recognized & Pursued	21	18	85.71%	100.00%	-14.29%
Contribution Recognized & Pursued	0	0	N/A	N/A	N/A
Sub-Total of Category	**45**	**37**	**82.22%**	**100.00%**	**-17.78%**
Excess					
Timely Initial Report To Excess	8	2	25.00%	0.00%	25.00%
Timely Excess Updates	8	2	25.00%	0.00%	25.00%
Excess Authority Timely Sought	2	2	100.00%	N/A	N/A
Timely Excess Reimbursement Requests	0	0	N/A	0.00%	N/A
Sub-Total of Category	**18**	**6**	**33.33%**	**0.00%**	**33.33%**
Resolution of Claim					
Resolution Pursued Timely	25	23	92.00%	75.00%	17.00%
Settlement Valued Appropriately	18	17	94.44%	100.00%	-5.56%
Client Settlement Authority Secured	14	13	92.86%	100.00%	-7.14%
Timely Continuing Settlement Efforts	24	17	70.83%	77.78%	-6.94%
Claim Closed Timely	10	8	80.00%	100.00%	-20.00%
Sub-Total of Category	**91**	**78**	**85.71%**	**87.10%**	**-1.38%**
Plan of Action					
Timely POA Updates	70	64	91.43%	45.33%	46.10%
Quality POA Based Upon Current Facts	70	47	67.14%	98.65%	-31.51%
Sub-Total of Category	**140**	**111**	**79.29%**	**71.81%**	**7.47%**
Supervision					
Timely Supervisor Reviews	70	14	20.00%	8.00%	12.00%
Quality S/R Based Upon Current Facts	66	61	92.42%	98.65%	-6.22%
Sub-Total of Category	**136**	**75**	**55.15%**	**53.02%**	**2.13%**
Reserves					
Initial Reserve Timely and Accurate	17	17	100.00%	61.54%	38.46%
Reserves Adjusted Timely and Accurately	70	30	42.86%	71.23%	-28.38%
Current Reserves Appropriate	61	34	55.74%	83.10%	-27.36%
FM Reserves Consistent With SIP Regs	8	7	87.50%	76.32%	11.18%
Sub-Total of Category	**156**	**88**	**56.41%**	**75.90%**	**-19.49%**

AUDIT CRITERIA

The audit criterion was formed by using industry best practices. The file audits specifically focused on claims handling activity from 07/01/25 – 06/30/26. LWP provided a list of the open inventory, and a random selection of the files was pulled to gather 70 files from the open inventory. The file selection consisted of a mix of indemnity and future medical files. File documents, notes, payments, letters, and reserves are maintained in electronic form. The files were accessed electronically.

AUDIT PROCESS

The audit was completed electronically. Each worksheet was provided to Stacey Bean and Amber Davis with a copy to Jenna Wirkner, Evan Washburn, and Marcus Beverly for review and comment.

AUDIT TEAM

Angela Mudge
Owner, President & CEO
Over 35 years of workers' compensation claims experience
IEA Certificate, Self-Insured Certificate & WCCP Designation
Prior positions held - adjuster, supervisor, claims manager and vice president

Tera Martin Del Campo
Chief Operating Officer
Over 24 years of workers' compensation claims experience
IEA Certificate, Self-Insured Certificate, WCCP & WCCA Designation
Prior positions held – adjuster, claim compliance analyst, director of auditing

Fernando Rodriguez
Director of Auditing
Over 13 years of workers' compensation claims experience
Bachelor of science in business administration, Self-Insured Certificate
Prior positions held – adjuster, supervisor trainee, and senior collaborator

Veronica Orrin
Collaborator
Over 6 years of workers' compensation claims experience
Bachelor of Science, Business Administration
Self-Insured Certificate
Prior positions held – adjuster

Response to NCCSIF Claims Audit
August 2026

NCCSIF Audit Report

Response of LWP Claims Solutions, Inc.

LWP was recently audited by ALC Claims Collaborations regarding its administration of NCCSIF claims and adherence to NCCSIF handling instructions and industry best practices. We received and reviewed the final report dated August 5, 2026.

LWP acknowledges the audit findings and appreciates the opportunity to review the results and identify areas for continued improvement. The overall score increased to 73.05%, compared with 71.73% in the previous audit. Scores improved in several categories, including Communication, Compensability, Medical & Disability Management, Excess, Plan of Action, and Supervision.

The audit has also identified categories that need attention for improvements. LWP remains committed to addressing these findings constructively and working with the claims team to ensure compliance.

LWP recognizes the importance of meeting the established handling timeframes and maintaining documentation that clearly demonstrates compliance. Some exceptions identified in the audit related primarily to the timing or documentation of completed activities. In those instances, the files remained actively managed and continued to progress toward appropriate resolution, with no apparent material adverse effect on benefit delivery, claim strategy, or outcome. Nevertheless, LWP will use these findings to improve both the timeliness and visibility of the work performed.

Since the prior audit, certain handling guidelines have been revised to align more closely with industry best practices. Management recommends an additional review of the handling guidelines to determine whether any standards would benefit from further clarification or alignment. The objective of this review is to promote timely compliance while recognizing quality of work and progress towards resolution. It would not be intended to minimize statutory, regulatory, contractual, or client requirements, all of which will continue to be followed. A review may help identify procedural timing variances from substantive deficiencies in claims handling while ensuring that each file clearly reflects the quality and extent of the work completed.

Management will review the audit observations and corrective actions with the claims team and prioritize improvements in the areas requiring attention. Particular attention will be given to Benefit Payment & Notices, Litigation Management, Recovery, and Reserves. At the same time, LWP will continue to reinforce the practices that contributed to positive results in other categories and support continued movement of claims toward timely and appropriate resolution.

LWP appreciates the opportunity to respond and remains committed to working collaboratively with NCCSIF to demonstrate measurable improvement, ensure effective claim management, and advance claims toward timely and appropriate resolution in accordance with all applicable requirements.

Northern California Cities Self Insurance Fund
Claims Committee Meeting
September 10, 2026

Agenda Item I.a.

POLICY AND PROCEDURE REVIEWS
C-7A APPROVED LIST OF LIABILITY COUNSEL

ACTION ITEM

ISSUE: Please see attached an updated list of approved liability counsel.

RECOMMENDATION: Recommend approval as directed.

FISCAL IMPACT: None.

BACKGROUND: The Executive Committee and Claims Committee regularly review and recommend changes to the Approved List of attorneys based on feedback from the members and the claim administrator.

ATTACHMENT(S): Policy and Procedure C7-A

NCCSIF ADMINISTRATIVE POLICY & PROCEDURE #C-7A
ATTACHMENT A - LIABILITY
Approved List of Counsel

Name of Law Firm	Attorneys	Areas of Expertise
Angelo, Kilday & Kilduff 601 University Avenue, Suite 150 Sacramento, CA 95825 (916) 564-6100	Bruce A. Kilday Carolee Kilduff Serena Warner Kevin Dehoff Derick Konz	Police Liability, General Liability, Auto, Personnel, Heavy Trial Experience
Ayres & Associates 930 Executive Way, Suite 200 Redding, CA 96002 (530) 229-1340	William Ayres	Dangerous Condition, Auto, General Liability, Environmental Liability
Bertrand, Fox, Elliott et al 2749 Hyde Street San Francisco, CA 94109 (415) 353-0999	Eugene Elliott	
Caulfield Law Firm 1101 Investment Blvd., Suite 120 El Dorado Hills, CA 95762 (916) 933-3200	Rich Caulfield Andrew Caulfield Joseph Little	Same as above, with Construction Defect, Heavy to Medium Trial Experience
Donahue Davies LLP 1 Natoma Street Folsom, CA 95630 (916) 817-2900	Robert E Davies	
Gregory P. Einhorn 48 Hanover Lane, Suite 2 Chico, CA 95973 (530) 898-0228	Gregory P. Einhorn *Use for Willows as needed*	Employment Law, General Liability, Municipal

Name of Law Firm	Attorneys	Areas of Expertise
Kronick, Moskovitz Tiedemann & Girard 400 Capitol Mall, 27th Floor Sacramento, CA 95814	Christopher Onstott Bruce A. Scheidt * David W. Tyra Mona G. Ebrahimi Kevin A. Flautt Olivia R. Clark	Civil Rights, California Fair Employment and Housing, Tort Claims, California Public Records Employment Practices
Lewis Brisbois Bisgaard & Smith LLP	Tony Sain, Partner	Police, Civil Rights, Extensive Trial Experience
Liebert Cassidy Whitmore 135 Main St #7 San Francisco, CA 94105	Richard Bolanos	Employment Law, Labor Relations & Collective Bargaining, Public Safety, Wage & Hour, Retirement, Health and Disability
Peters, Habib, McKenna Juhl-Rhodes & Cardoza, LLP P.O. Box 3509 Chico, CA 95927 (530) 342-3593	Mark Habib Jim McKenna Lia Juhl	Dangerous Condition, Police Liability, General Liability, Auto, Good Trial Experience
Porter Scott P.O. Box 255428 Sacramento, CA 95865 (916) 929-1481 Fax: (916) 927-3706	John Whitefleet Carl L. Fessenden Will Camry David Norton Derek Haynes	Police, Civil Rights, Dangerous Condition, Inverse Condemnation, Auto, General Liability, Heavy to Light Trial Experience
Matheny Sears Linkert & Jaime, LLP 3638 American River Drive Sacramento, CA 95864 (916) 978-3434 Fax: (916) 978-3430	Matthew Jaime Douglas Sears Richard Linkert	
Ruben Escobedo 731 S. Lincoln St. Santa Maria, CA 93458	Ruben Escobedo	Labor & Employment
The Law Office of Justin N. Tierney 2000 U Street Sacramento, CA 95814	Justin N. Tierney	Dangerous Condition, Auto, Medium Trial Experience

Name of Law Firm	Attorneys	Areas of Expertise
The Law Office of James A. Wyatt 2130 Eureka Way Redding, CA 96001 (530) 244-6060 P.O. Box 992338 Redding, CA 96099-2338	James A. Wyatt	Dangerous Condition, Civil Rights, Police, Wrongful Termination, Auto Liability, Labor Law, Heavy Trial Experience
Murphy. Campbell, Alliston & Quinn, PLC. 8801 Folsom Boulevard, Suite 230 Sacramento, CA 95826 (916) 400-2300	Stephanie L. Quinn	Auto, Wrongful Deaths, Slip and falls, Fire and Trespassing Experience
Cota Cole LLP 2261 Lava Ridge Court Roseville, CA 95661 (916) 780-9009	Dennis Cota Derek Cole Daniel King	Land Use, civil rights, environmental issues.
Allen, Glaessner, Hazelwood, Werth 180 Montgomery Street, Ste. 1200 San Francisco, CA 94104 (415) 697-2000	Dale Allen Mark Hazelwood Steve Werth	Police liability, ADA, sidewalk, employment practices, general municipal liability
Arthofer and Tonkin, Attorneys At Law 1267 Willis Street Redding, CA 96001 (530) 722-9002	Kenneth Arthofer Griffith Tonkin	Public entity, injury, real estate
Randall Harr 44282 Highway 299 East McArthur, CA 96056 (530) 336-5656 rlh@randallharrlaw.com	Randall Harr	
Lenahan, Lee, Slater, Pearse & Majernik LLP 2542 River Plaza Drive Sacramento, CA 95833 (916) 443-1030	Charleton S. Pearse Benjamin D. Oram, Esq. Adam Ambrozy	Dangerous Condition and Vicarious Liability cases

Name of Law Firm	Attorneys	Areas of Expertise
Lynberg & Watkins 1100 Town & Country Rd., Ste. 1450 Orange, CA 92868 (714) 937-1010	Melissa D. Culp Courtney L. Hylton Norman J. Watkins	
Roy C. Santos	Roy C Santos Michelle Sassano	
~~SWINGLE, VAN EGMOND & HEITLINGER~~ Colman Perkins ~~1207 I Street~~ ~~Modesto, CA 95354~~	Bradley J. Swingle	Public entity defense, insurance defense, personal injury, business litigation
David D Newdorf 630 Thomas L. Berkley Way #103 Oakland, CA 94612	David Newdorf	
Maire, Perrine, Powell, Werner 2851 Park Marina Drive, Ste. 300 Redding, CA 96001-2813 (530) 246-6050	Tracey Werner Wayne Maire David Perrine	Local Trial Counsel Insurance Defense Municipal Defense

** Bruce A. Scheidt will be used only as respects the Eaton vs. Rocklin litigation.*

Revision Date: March 28, 2020
Revision Date; March 24, 2022
Revision Date; May 23, 2023
Revision Date: September 19, 2024
Revision Date: April 17, 2025
Revision Date: September 25, 2025
Revision Date: April 16, 2026

Northern California Cities Self Insurance Fund
Claims Committee Meeting
September 10, 2026

Agenda Item I.b.

POLICY AND PROCEDURE REVIEWS
C-7B APPROVED LIST OF WORKERS' COMPENSATION COUNSEL

INFORMATION ITEM

ISSUE: Please see attached list of approved Workers' Compensation legal counsel. Discuss adding attorneys to the approved list at our next meeting.

RECOMMENDATION: None.

FISCAL IMPACT: None.

BACKGROUND: The Executive Committee and Claims Committee regularly review and recommend changes to the Approved List of attorneys based on feedback from the members and the claim administrator.

ATTACHMENT(S): Policy and Procedure C7-B

NCCSIF ADMINISTRATIVE POLICY & PROCEDURE #C-7B

ATTACHMENT B - WORKERS' COMPENSATION
Approved List of Counsel

Name of Law Firm	Attorneys
Law Offices of Tim Huber 935 University Ave. Sacramento, CA 95825 (916) 929-6400	Tim Huber
Lenahan, Lee, Slater, & Pearse, LLP 2542 River Plaza Drive Sacramento, CA 95833 (916) 443-1030	Yolanda S.G. Tuckerman Christine M. Green Colin S. Connor Ira Clary Charles S. Templeton Joel E. Kautz Adam Ambraozy (Subrogation only) Courtney Aldrich Reed Wickham Richard Gilbert
Mullen & Filippi 1335 Buenaventura Blvd #106 Redding, CA 96001 (530) 243-1133	

Name of Law Firm	Attorneys
Mullen & Filippi, LLP 1435 River Park Drive, Suite 300 Sacramento, CA 95815 (916) 442-4503 Email: oshin@mulfil.com skarapetian@mulfil.com	Issac Escobedo
Mullen & Filippi, LLP 196 Cohasset Road, Suite 240 Chico, CA 95926 (530) 243-1133	Medy F. Beauchane, Managing Partner Oscar L. Haro, Associate

Email: mbeauchane@mulfil.com
oharo@mulfil.com

Revision Date: May 18, 2017
Revision Date: May 25, 2023
Revision Date: April 17, 2026

Northern California Cities Self Insurance Fund
Claims Committee Meeting
September 10, 2026

Agenda Item J.

ROUND TABLE DISCUSSION

INFORMATION ITEM

ISSUE: The floor will be open to the Committee for discussion.

RECOMMENDATION: None.

FISCAL IMPACT: None.

BACKGROUND: The item is to the Claims Committee members for any topics or ideas that members would like to address.

ATTACHMENT(S): None.