CSAC EIA CLAIMS AUDIT REPORT

TRINDEL
AUDIT APRIL / MAY 2017

Prepared by ALC Claims Collaborations
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EXECUTIVE SUMMARY

This section will serve as an overview of the audit findings with recommendations for moving forward. The ***final score of 74.65%*** reflects a decreased audit result for Trindel for this program.

Category	*Points Available*	*Points*	*Score*	*Prior Score*	*Variance*
Claims Handling Administration	**292**	**193**	**66.10%**	**63.48%**	**2.62%**
Claim Creation	**179**	**155**	**86.59%**	**87.31%**	**-0.72%**
Claims Handling Technical	**347**	**274**	**78.96%**	**86.87%**	**-7.91%**
Litigated Cases	**27**	**22**	**81.48%**	**100.00%**	**-18.52%**
Subrogation	**2**	**1**	**50.00%**	**100.00%**	**-50.00%**
Excess	**21**	**3**	**14.29%**	**14.81%**	**-0.52%**
Overall Score	**868**	**648**	**74.65%**	**78.41%**	**-3.76%**

We saw strong performance in the following areas:

- A score of 100% was achieved in the categories of adjuster caseload, medical only conversion, date stamp mail, final decision, AOE/COE investigation, initial reserves for probable value, indexing, timely final payment & notice, objection letters, employee reimbursements timely, penalties coded correctly, proper use of UR, UR dispute resolved via IMR, apportionment ruled in/out, apportionment pursued appropriately, member noticed of permanent work restrictions, 20 day member follow up on permanent work restrictions, SJDB provided timely, SJDB concluded appropriately, TD & 4850 reserves separate, settlement valuation, Medicare's interest protected, EIA settlement authority requested, member settlement authority requested, settlement proposals direct to member, subro pursued for maximum recovery and closing excess report sent.

- The following categories showed significant improvement over the last audit.
  - Final decision - The current score is 100% up from 80% at the last audit.
  - Timely final payment and notice – The current score is 100% up from 55% at the last audit.
  - SJDB provided timely – The current score is 100% up from 0% at the last audit.

Performance areas that require improvement:

- With respect to timely plan of action and supervisor review updates we recommend making sure all open files have a current diary for the adjuster and supervisor. We also recommend creating templates to ensure the examiner and supervisor are addressing all pertinent issues at each diary. Further, we recommend creating a weekly or monthly management report wherein the director and executive director can monitor and report these statistics so that they can track performance improvement.

- Timely mail and diary handling will improve the score for response to written inquiries.

- When the initial TD benefit is triggered an automatic 45-day diary should be set to maintain employee contact while the employee is off work. Likewise, when surgery is approved a diary should be set to secure the surgery date so that contact can be made within three business days of the procedure.

- Upon set up of a new claim an automatic 7-day decision diary should be set to ensure timely initial decision and/or issuance of delay notices. A 14-day diary should be set to ensure timely initial reserves.

- There were a variety of reasons for the standards not being met for DWC notices, subsequent TD/PD payments, overpayments, undisputed awards paid timely, copy of award to excess and self-imposed penalties paid. Review of the CSAC Claims Administration Guidelines, more timely and accurate mail handling, diary management and supervision may help improve performance in these areas.

- When the initial TD benefit is triggered an automatic 14-day diary to verify disability status should be set to verify medical status before issuing disability benefits and discuss modified/regular work release with the treating physician. The employer should also be contacted to advise of any changes to the employee's work status and/or to discuss the benefits of modified return to work with the employer if they are not currently accommodating the employee. This should improve the proactive return to work and subsequent benefit scores.

- Timely mail handling should improve getting reserves timely adjusted with triggering events. We suggest a worksheet be created to assist the adjuster with an annual review of future medical reserves to ensure they are OSIP compliant. A plan of action template that forces the adjuster to describe why he/she believes the reserves are accurate should prompt more accurate reserving. More consistent supervision should also lead to more accurate and timely reserving.

- There were delays in getting cases worked up for settlement. More timely mail handling, being on diary and plan of action/supervision templates that require settlement status/rationale should improve results in these categories.

- We recommend immediate review of the claims that meet excess reporting requirements to ensure reporting has been completed. An automated diary should be sent to the adjuster when the reserve exceeds the reporting threshold and the adjuster should set a recurring diary for subsequent reports/reimbursement requests. The supervisor review diaries should include addressing if the claim meets excess reporting requirements to ensure ongoing timely reporting.

- There were five sub-categories where only one downgraded file produced a low score. We consider these outliers and not an adverse trend. Categories impacted were advance travel timely, penalty reimbursement, NCM used appropriately, proof of Member/EIA authority and initiate investigation material to potential litigation.

AUDIT CRITERIA

The audit criterion was formed by using the CSAC EIA standards. The file audits specifically focused on claims handling activity from 07/02/15 through the date of the audit. Trindel provided a list of the open inventory covered by the CSAC EIA program and a random selection of the files was pulled to gather 50 files from the open inventory. The file selection consisted of a mix of indemnity claims, future medical files and medical only claims. File documents, notes, payments, letters and reserves are maintained in electronic form. The files were accessed on site at the TPA office.

AUDIT PROCESS

The audit was completed on site at the TPA office. Each worksheet was provided to Lisa Meredith for review and comment. Lisa Meredith engaged with the auditors and submitted all questions, feedback or disputes prior to the conclusion of the audit.

CATEGORY RESULTS

Category	Points Available	Points	Score	Prior Score	Variance
Caseload	2	1	50.00%	50.00%	0.00%
Case Review Documentation	142	60	42.25%	38.46%	3.79%
Communication	71	59	83.10%	98.59%	-15.49%
Fiscal Handling	30	27	90.00%	74.00%	16.00%
Medicare Reporting	47	46	97.87%	100.00%	-2.13%
Three Point Contact	24	17	70.83%	71.43%	-0.60%
Compensability	53	44	83.02%	92.11%	-9.09%
AOE/COE Investigations	3	3	100.00%	100.00%	0.00%
Initial Reserves	56	48	85.71%	92.68%	-6.97%
Indexing	43	43	100.00%	83.33%	16.67%
Payments	158	127	80.38%	86.52%	-6.14%
Medical Treatment	35	34	97.14%	97.56%	-0.42%
Apportionment	7	7	100.00%	100.00%	0.00%
Disability Management	8	6	75.00%	100.00%	-25.00%
SJDB	5	5	100.00%	0.00%	100.00%
Reserves	99	69	69.70%	83.17%	-13.47%
Resolution of Claim	24	16	66.67%	68.75%	-2.08%
Settlement Authority	11	10	90.91%	100.00%	-9.09%
Litigated Cases	27	22	81.48%	100.00%	-18.52%
Subrogation	2	1	50.00%	100.00%	-50.00%
Excess	21	3	14.29%	14.81%	-0.53%
Overall Score	868	648	74.65%	78.41%	-3.76%

Caseload

Standard 100% → Audit Score 50%

There are three dedicated adjusters for Trindel with workloads within the CSAC EIA Standards. There is also one dedicated person to handle medical only/future medical files. The supervisor does carry a caseload of 1 claim.

Case Review & Documentation

Examiner Plan of Action Updates
Files Meeting the Criteria 50 | Files in Compliance 8
Standard 95% → Audit Score 16%

Timely plan of action updates were evident within 8 of the 50 claims that met this audit criteria. The following audit files did not meet standard:

A-3736	A-3737	A-3740	A-3741	A-3742	A-3744	A-3745	A-3746	A-3747	A-3748
A-3749	A-3750	A-3753	A-3754	A-3757	A-3758	A-3759	A-3760	A-3761	A-3762
A-3763	A-3764	A-3765	A-3766	A-3767	A-3768	A-3769	A-3770	A-3771	A-3773
A-3774	A-3775	A-3776	A-3777	A-3778	A-3779	A-3780	A-3781	A-3782	A-3783
A-3784	A-3785								

Supervisor Reviews
Files Meeting the Criteria 50 | Files in Compliance 12
Standard 95% → Audit Score 24%

Timely supervisor reviews were evident within 12 of the 50 claims that met this audit criteria. The following audit files did not meet standard:

A-3736	A-3737	A-3740	A-3742	A-3743	A-3744	A-3745	A-3746	A-3747	A-3748
A-3749	A-3750	A-3751	A-3756	A-3757	A-3758	A-3759	A-3761	A-3762	A-3764
A-3765	A-3766	A-3767	A-3768	A-3769	A-3770	A-3771	A-3773	A-3774	A-3775
A-3776	A-3777	A-3779	A-3780	A-3781	A-3782	A-3784	A-3785		

File Contents
Files Meeting the Criteria 37 | Files in Compliance 35
Standard 95% → Audit Score 94.59%

*File contents were clearly identified within 35 of the 37 claims that met this audit criteria. Audit file **A-3743** did not include a wage statement. Audit file **A-3785** did not include a 5020.*

Medical Only Conversion
Files Meeting the Criteria 5 | Files in Compliance 5
Standard 95% → Audit Score 100%

Timely medical only conversion reviews were evident within all claims that met this audit criteria.

Communication

Return Phone Calls
Files Meeting the Criteria 0 | Files in Compliance N/A
Standard 95% → Audit Score N/A
There were no applicable claims for this category.

Respond to Written Inquiries
Files Meeting the Criteria 18 | Files in Compliance 11
Standard 95% → Audit Score 61.11%
*Written inquiries were timely responded to within 11 of the 18 claims that met this audit criteria. For audit file **A-3748** the supervisor requested excess reporting on 11/05/15 and the report was not sent until 01/28/16. For audit file **A-3762** the supervisor requested a reserve review on 11/05/15 which was not documented until 01/25/17. For audit file **A-3770** an application was filed 11/07/16 alleging additional body parts which were subject to dispute however a denial was not sent. For audit file **A-3774** the supervisor requested excess reporting on 09/24/15 which was not addressed until 10/24/16. On this same file the supervisor requested review for C&R and securing an MSA on 01/17/17 which was not addressed. Further, on 01/17/17 excess requested a file review for reallocation of payments (in follow up to a 2015 request) which was not addressed. Audit file **A-3782** does not contain documentation addressing the 01/11/17 AME report which indicates a possible new CT injury and treatment recommendations. Audit file **A-3784** does not reflect a timely response to the independent rating provided 09/30/16. The next note in the file is dated 04/18/17 which reflects a rating of 16% that does not correspond to the rating provided by the independent rater. For audit file **A-3785** an amended application adding CTS was received 03/15/17 and the partial denial was issued 04/14/17 which exceeds the standard.*

Date Stamp Mail
Files Meeting the Criteria 48 | Files in Compliance 48
Standard 95% → Audit Score 100%
All incoming correspondence was date stamped with the date of receipt for all claims that met this audit criteria.

Ongoing Employee Contact
Files Meeting the Criteria 5 | Files in Compliance 0
Standard 95% → Audit Score 0%
*Timely ongoing contact with the employee while off work was evident within 0 of the 5 claims that met this audit criteria. Audit files **A-3743** and **A-3754** did not demonstrate contact with the employee every 45 days while off work. Audit file **A-3756** did not demonstrate employee contact within 3 days of the 05/20/16 surgical procedure. Audit file **A-3764** demonstrated employee contact while off work however it was not within the 45-day standard. Audit file **A-3766** did not demonstrate contact within 3 days of the 12/03/15 surgical procedure.*

Fiscal Handling

Payments on Correct Claims
Files Meeting the Criteria 14 | Files in Compliance 12
Standard 95% → Audit Score 85.71%
*Payments were made on the correct claims for 12 of the 14 claims that met this audit criteria. For audit file **A-3763** payments for DOS 02/13/17 and 03/21/17 were incorrectly paid via the employee's prior claim. Audit file **A-3774** demonstrated incorrect payment issuance for bills for all of the employee's dates of injury via this audit file rather than from the correct corresponding claim files.*

File Balancing
Files Meeting the Criteria 16 | Files in Compliance 15
Standard 95% → Audit Score 93.75%
*File balancing was timely evidenced within 15 of the 16 claims that met this audit criteria. Audit file **A-3743** contained one occurrence of file balancing but did not demonstrate consistent semi-annual file balancing.*

Medicare Reporting

Files Meeting the Criteria 47 | Files in Compliance 46
Standard 100% → Audit Score 97.87%
*Medicare reporting was completed for 46 of the 47 claims that met this audit criteria. Audit file **A-3750** did not meet standard.*

Three-Point Contact

Files Meeting the Criteria 24 | Files in Compliance 17
Standard 95% → Audit Score 70.83%
*Timely three-point contact was evident within 17 of the 24 claims that met this audit criteria. Audit files **A-3739** and **A-3753** did not demonstrate the three attempts required to contact the employee within 3 days. Audit file **A-3754** documented three-point contacts untimely as contacts were due 08/15/16 but were not completed until 02/27/17. Audit file **A-3760** documented three-point contacts untimely as claim was reported 01/11/17 but contacts were not initiated until 01/17/17. Audit file **A-3764** documented untimely employer and employee contacts as these were due 12/08/15 but not completed until 12/11/15. Audit file **A-3783** documented untimely contacts as the claim was reported 10/02/15 but contacts were not completed until 10/14/15. For audit file **A-3785** the claim lacked documentation of efforts to complete the three-point contacts.*

Compensability

Initial Decision
Files Meeting the Criteria 26 | Files in Compliance 21
Standard 100% → Audit Score 80.77%
*An initial decision was completed timely for 21 of the 26 claims that met this audit criteria. Audit file **A-3765** was reported 08/07/15 and the decision was made untimely on 09/22/15. Audit file **A-3767** was reported 08/01/16 and the decision was made untimely on 10/17/16. Audit file **A-3776** reflects defense attorney recommendation to delay the claim but decision is not evident within the claim file. Audit file **A-3783** was reported 10/02/15 and the decision was made untimely on 10/19/15. Audit file **A-3785** was reported 08/19/16 and the decision was made untimely on 09/20/16.*

Delay Letter
Files Meeting the Criteria 8 | Files in Compliance 4
Standard 100% → Audit Score 50%
*Delay letters were sent timely for 4 of the 8 claims that met this audit criteria. The delay notice could not be located for audit files **A-3767, A-3776** and **A-3783**. For audit file **A-3785** the delay letter was issued 09/20/15 which was not timely as the claim was reported 08/19/16.*

Final Decision
Files Meeting the Criteria 19 | Files in Compliance 19
Standard 100% → Audit Score 100%
A final decision was made timely for all claims that met this audit criteria.

AOE/COE Investigations

Files Meeting the Criteria 3 | Files in Compliance 3
Standard 95% → Audit Score 100%
AOE/COE investigations were triggered timely for all claims that met this audit criteria.

Initial Reserves

Initial Reserves for Probable Value
Files Meeting the Criteria 28 | Files in Compliance 28
Standard 95% → Audit Score 100%
The initial reserves were set for the appropriate probable value for all cases that met this audit criteria.

Initial Reserve Timely
Files Meeting the Criteria 28 | Files in Compliance 20
Standard 95% → Audit Score 71.43%
*The initial reserves were set timely for 20 of the 28 cases that met this audit criteria. Audit files that did not meet the standard are: **A-3737, A-3743, A-3745, A-3754, A-3765, A-3767, A-3783** and **A-3785**.*

Indexing

Files Meeting the Criteria 43 | Files in Compliance 43
Standard 95% → Audit Score 100%
Initial indexing and/or appropriate re-indexing was evident within all files that met this audit criteria.

Payments

Initial TD/PD Payment
Files Meeting the Criteria 17 | Files in Compliance 12
Standard 100% → Audit Score 70.59%
*Initial TD/PD payment were timely for 12 of the 17 files that met this audit criteria. The initial payment for audit file **A-3743** was due 06/06/16 but was not issued until 06/08/16 and the salary continuation benefit was incorrectly issued to the employee rather than the Member. The initial payment for audit file **A-3753** was due 04/06/17 but was not issued until 04/17/17. Initial payments were issued for audit file **A-3754** on 02/27/17 for period of 04/15/16 through 02/27/17 which was not timely as the claim was reported 08/10/16. Initial PD payment for audit file **A-3757** was inaccurate as the accrued benefits were paid at an incorrect amount.*

*The initial TD payment for audit file **A-3768** was due 07/07/16 but it was not issued until 07/08/16 and this payment was incorrectly issued to the Member rather than the employee.*

DWC Notice
Files Meeting the Criteria 19 | Files in Compliance 12
Standard 100% → Audit Score 63.16%
*Initial DWC notices were timely for 12 of the 19 files that met this audit criteria. The DWC notice for audit file **A-3743** was due 06/06/16 but not issued until 06/09/16 and the salary continuation notice incorrectly advises the employee that payments will be sent to the employee. The DWC notice for audit file **A-3752** dated 01/25/17 does not reflect the weekly compensation rate which would be the basis for TD/4850 benefits. The DWC notice for audit file **A-3753** was due 04/06/17 but not issued until 04/14/17 and the benefit notice indicates an incorrect TD rate. The DWC notice for audit file **A-3757** fails to indicate the AA fees and the remaining weeks indicated appears inaccurate. The DWC notice for audit file **A-3760** does not include the accurate TD rate for the employee. Audit file **A-3766** failed to include a DWC TD start notice for TD benefits paid from 07/25/15 to 11/29/16. The DWC notice for audit file **A-3778** failed to include salary continuation information.*

Subsequent TD/PD Payments
Files Meeting the Criteria 16 | Files in Compliance 9
Standard 100% → Audit Score 56.25%
*Subsequent payments were supported and/or timely for 9 of the 16 files that met this audit criteria. Audit file **A-3737** does not reflect proper verification of disability resulting in an overpayment of TD benefits as the employee was placed at permanent and stationary status on 10/11/16 but benefits continued through 01/02/17. For audit file **A-3743** there is no documentation to support the 11/16/16 TD payment for differential adjustment to the Member and there were subsequent payments issued to the employee that should be been paid to the Member. For audit file **A-3747** the QME report received 02/19/16 indicated permanent and stationary status as well as outlined permanent work restrictions. The employee qualified for industrial disability retirement on 04/01/16. Payments were not issued until 08/03/16 which is not timely. Audit file **A-3749** lacked proper verification prior to issuance of benefit. TD was paid from 10/19/16 as surgery had been scheduled; however, the employee postponed the procedure which the adjuster did not discover until 12/05/16 resulting in an overpayment. PD payments for audit file **A-3757** were issued at the incorrect rate of $195.50 and the payment issued 10/20/16 was not timely. TD payments for audit file **A-3764** were issued at the incorrect rate of $826.66 rather than the correct rate of $598.72 resulting in an overpayment of $11,278. For audit file **A-3771** there is no documentation of rationale to support the PD payment issued to the employee on 10/24/16 in the amount of $16,975.72. The PD benefit notices do not accurately reflect benefit cessation nor do they list accurate benefit amounts.*

Timely Final Payment & Notice
Files Meeting the Criteria 11 | Files in Compliance 11
Standard 100% → Audit Score 100%
All final payments and/or notice letters were timely for all files that met this audit criteria.

Overpayments
Files Meeting the Criteria 9 | Files in Compliance 6
Standard 95% → Audit Score 66.67%
*Overpayments were appropriately pursued for 6 of the 9 files that met this audit criteria. Audit file **A-3743** is lacking notice to the employee/applicant's attorney regarding overpayment of TD benefits that were incorrectly sent to the employee while salary continuation was being paid. Additionally, there is no notice of the SIP overpayment. The SIP issued 06/09/16 was not owed as the employee was receiving*

*salary continuation. For audit file **A-3774** mileage reimbursement in the amount of $217.12 was issued twice to the employee with no indication of notice of overpayment. For audit file **A-3783** mileage for the employee deposition in the amount of $208.80 was issued twice with no indication of notice of overpayment.*

Undisputed Awards Paid Timely
Files Meeting the Criteria 7 | Files in Compliance 4
Standard 95% → Audit Score 57.14%
*Undisputed awards were paid timely for 4 of the 7 claims that met this audit criteria. The order approving the Stipulations with Request for Award for audit file **A-3757** was received 07/25/16 with payments issued 08/08/16 which does not meet standard. The order approving the Stipulations with Request for Award for audit file **A-3771** was received 01/10/17 with payments issued 02/01/17 which does not meet standard. The order approving the Compromise and Release Agreement for audit file **A-3775** was received 02/14/17 with payments issued 03/03/17 which does not meet standard.*

Copy of Award to Excess
Files Meeting the Criteria 4 | Files in Compliance 1
Standard 95% → Audit Score 25%
*The excess carrier was copied with the Award for 1 of the 4 claims that met this audit criteria. The following audit files did not meet standard: **A-3750, A-3757** and **A-3771**.*

Medical Bills Paid Timely
Files Meeting the Criteria 42 | Files in Compliance 41
Standard 100% → Audit Score 97.62%
*Medical bills were paid timely for 41 of the 42 claims that met this audit criteria. For audit file **A-3757** there were bills received 04/28/15 that were not paid timely. Payments issued on/after 07/02/15. Penalties and interest were paid.*

Objection Letters Timely
Files Meeting the Criteria 14 | Files in Compliance 14
Standard 100% → Audit Score 100%
Objection letters were evident within all claims that met this audit criteria.

Employee Reimbursements Timely
Files Meeting the Criteria 7 | Files in Compliance 7
Standard 95% → Audit Score 100%
Employee reimbursements were timely for all claims that met this audit criteria.

Advance Travel Timely
Files Meeting the Criteria 7 | Files in Compliance 6
Standard 95% → Audit Score 85.71%
*Advance travel was timely paid for 6 of the 7 claims that met this audit criteria. Advance mileage for the AME evaluation of 01/23/17 could not be located for audit file **A-3785**.*

Self-Imposed Penalties Paid
Files Meeting the Criteria 3 | Files in Compliance 2
Standard 100% → Audit Score 66.67%
*Self-imposed penalties were timely paid for 1 of the 3 claims that met this audit criteria. For audit file **A-3754** the initial TD payment was untimely without issuance of a SIP.*

Penalties Coded Correctly
Files Meeting the Criteria 2 | Files in Compliance 2
Standard 95% → Audit Score 100%
Penalties were coded correctly for all claims that met this audit criteria.

Penalty Reimbursement Plan
Files Meeting the Criteria 0 | Files in Compliance N/A
Standard 95% → Audit Score N/A
There were no claims meeting this criteria.

Medical Treatment

Proper Use of UR
Files Meeting the Criteria 27 | Files in Compliance 27
Standard 100% → Audit Score 100%
Proper UR was evidenced within all claims that met this audit criteria.

UR Dispute Resolved via IMR
Files Meeting the Criteria 5 | Files in Compliance 5
Standard 100% → Audit Score 100%
In that only the employee, his representative or the treating doctor can request IMR the administrator can have no impact on ensuring UR disputes are resolved by IMR. There were 5 claims with an IMR request or decision with proper medicals submitted by the TPA.

NCM Used Appropriately
Files Meeting the Criteria 3 | Files in Compliance 2
Standard 95% → Audit Score 66.67%
*Proper NCM was evident within 2 of the 3 claims that met this audit criteria. For audit file **A-3743** referral to NCM to facilitate aggressive treatment plan, push for RTW and MMI is warranted as the notes indicate the employee had several prior claims, there is lack of improvement, the employer is not able to accommodate work restrictions and TD is in excess of 90 days. These claim characteristics warranted additional medical management.*

Apportionment

Ruled In/Out
Files Meeting the Criteria 3 | Files in Compliance 3
Standard 95% → Audit Score 100%
Apportionment was properly ruled in/out for all claims that met this audit criteria.

Pursued Appropriately
Files Meeting the Criteria 4 | Files in Compliance 4
Standard 95% → Audit Score 100%
Apportionment was properly pursued for all claims that met this audit criteria.

Disability Management

Proactive Return to Work
Files Meeting the Criteria 3 | Files in Compliance 1
Standard 95% → Audit Score 33.33%
*Proactive return to work was evident within 1 of the 3 claims that met this audit criteria. Audit files **A-3743** and **A-3760** did not demonstrate communication with employers regarding work restrictions nor an effort to discuss the benefit of offering modified work. There is also no indication that the treating doctors had been contacted to push for lighter restrictions or full duty release.*

Member Noticed of Permanent Work Restrictions
Files Meeting the Criteria 3 | Files in Compliance 3
Standard 95% → Audit Score 100%
Member timely noticed of permanent work restrictions was evident within all claims that met this audit criteria.

20 Day Member Follow Up on Permanent Restrictions
Files Meeting the Criteria 2 | Files in Compliance 2
Standard 95% → Audit Score 100%
There was timely Member follow up on permanent work restrictions for all claims that met this audit criteria.

SJDB

SJDB Provided Timely
Files Meeting the Criteria 3 | Files in Compliance 3
Standard 100% → Audit Score 100%
The SJDB was appropriately and timely sent for all claims that met this audit criteria.

SJDB Concluded Appropriately
Files Meeting the Criteria 2 | Files in Compliance 2
Standard 95% → Audit Score 100%
The SJDB was concluded appropriately for all claims that met this audit criteria.

Reserves

Reserves Adjusted Timely at Diary or with Triggering Event
Files Meeting the Criteria 38 | Files in Compliance 25
Standard 100% → Audit Score 65.79%
Reserves were timely adjusted with a triggering event, or on diary, for 25 of the 38 claims that met this audit criteria.

*The following audit files were downgraded for overstated indemnity reserves: **A-3750** and **A-3771**.*

*The following audit files were downgraded for untimely or inaccurate reserves for overall case exposure: **A-3737, A-3741, A-3753, A-3757, A-3766, A-3783** and **A-3785**.*

*The following audit file was downgraded for overstated medical reserves: **A-3765**.*

The following audit files lack timely, detailed analysis justifying the reserves: ***A-3743, A-3780*** *and* ***A-3782.***

TD & 4850 Reserved Separately
Files Meeting the Criteria 6 | Files in Compliance 6
Standard 95% → Audit Score 100%
Separate TD/4850 reserves were evidenced on all claims that met this audit criteria.

PD Exposure Includes Life Pension
Files Meeting the Criteria 0 | Files in Compliance N/A
Standard 100% → Audit Score N/A
There were no applicable claims for this category.

FM Reserves Consistent with OSIP Standards
Files Meeting the Criteria 13 | Files in Compliance 5
Standard 100% → Audit Score 38.46%
Future medical reserves were in line with OSIP standards for 5 of the 13 claims that met this audit criteria. Audit file ***A-3746*** *failed to demonstrate a reserve rationale or annual reserve review to reflect OSIP compliance. Additionally, it appears last provision of medical benefit was 02/2015. As such, the file should be reviewed for administrative closure and the reserve should be closed. For audit file* ***A-3748*** *the reserve rationale and annual reserve reviews prior to claim closure were not evident. A reserve rationale was not evident for audit file* ***A-3750****. FM reserves appear understated for audit file* ***A-3757****. For audit file* ***A-3762*** *the reserve rationale posted 01/25/17 appears accurate however the actual reserve does not match the rationale and appears overstated. FM reserves appear understated for audit file* ***A-3771****. FM reserves appear overstated for audit file* ***A-3774****. Annual reserve reviews were not evident for audit file* ***A-3779*** *and the FM reserve appears understated.*

Allocated Reserve Includes Bill Review, Utilization Review and Independent Medical Review
Files Meeting the Criteria 42 | Files in Compliance 33
Standard 100% → Audit Score 78.57%
Allocated reserves contained values for bill review, utilization review and independent medical review for 33 of the 42 claims that met this audit criteria. The allocated reserve for audit file ***A-3745*** *appears understated. Audit file* ***A-3746*** *failed to demonstrate a reserve rationale or annual reserve review. Additionally, it appears last provision of medical benefit was 02/2015. As such, the file should be reviewed for administrative closure and reserve should be closed. For audit file* ***A-3748*** *the reserve rationale and annual reserve reviews prior to claim closure were not evident. A reserve rationale was not evident for audit file* ***A-3750.*** *Allocated reserves appear understated for audit file* ***A-3757****. For audit file* ***A-3762*** *the reserve rationale posted 01/25/17 appears accurate however the actual reserve does not match the rationale and appears overstated. Allocated reserves appear overstated for audit file* ***A-3771****. Allocated reserves appear overstated for audit file* ***A-3774****. Annual reserve reviews were not evident for audit file* ***A-3779*** *and the allocated reserve appears understated.*

Reserve Detail

No recommended changes	*37 claims*
Increase recommended	*9 claims*
Decrease recommended	*4 claims*
Total estimated reserve variance	*($57,103)*

Resolution of Claim

Resolution Pursued within 10 Days
Files Meeting the Criteria 15 | Files in Compliance 7
Standard 95% → Audit Score 46.67%
*Resolution was timely pursued within ten days for 7 of the 15 claims that met this audit criteria. Audit file **A-3737** does not reflect a request for settlement authority or necessary activity to advance the case to resolution following the receipt of permanent and stationary reports and counsel's requests for settlement authority. On 09/12/16 defense counsel inquired if the adjuster had settlement authority or if authority had been requested. The file does not reflect a timely response in this regard. In addition, file notes documented on 01/11/17 indicate that counsel recommended $70,000 for C&R inclusive of PD and future medical. The file does not reflect subsequent adjuster action to address counsel's recommendation including agreement with recommendation, discussion regarding value or request for authority. For audit file **A-3757** the AME report was received 02/05/16 with settlement authority work up and request completed 02/24/16 which exceeds the standard. For audit file **A-3765** the defense attorney email of 03/06/17 indicates settlement demand of $75,000 with possible settlement at $65,000. The adjuster indicates file is to be worked up for settlement authority request however this is not evident. There are also prior notes indicating settlement authority request was completed 12/29/16 however we were unable to locate this request or approval/denial of same. For audit file **A-3766** the defense counsel provided an analysis of the AME report and recommended settlement in the range of $15,000 to $20,000 on 11/27/16. Although the adjuster responded timely to the email, the file does not reflect timely action to evaluate the case for settlement, request authority and initiate negotiations. Counsel noted that he would request a settlement demand however the file should contain a firm settlement value, authority and settlement strategy considering that the AME report and analysis was completed by 11/27/16. 142 days have passed since defense counsel provided a settlement recommendation based upon AME reporting. Audit file **A-3771** reflects defense attorney's settlement recommendation on 09/19/16 at the completion of discovery. There is no documentation of settlement work up or authority request until 12/07/16. Audit file **A-3773** reflects settlement authority was granted on 11/21/16 and an offer was made to the employee on the same date. However, as of the file audit date, the claims lacks documentation of follow up efforts to ensure timely resolution of the claim. Audit file **A-3780** does not reflect timely efforts to resolve the future medical aspect of the case nor appropriate activities to advance the case to resolution. The file is one of several open claims that settled via stipulated award. The employee has not treated since 2012. The adjuster has not responded to the supervisor's 11/10/15 and 01/26/17 requests to update the claim. The file does not contain a review for possible closure, updated settlement analysis or any activities to advance the case to resolution. For audit file **A-3783** the AME re-evaluation report was received 03/09/17 however file does not reflect review or action to move the claim to resolution.*

Settlement Valuation
Files Meeting the Criteria 8 | Files in Compliance 8
Standard 95% → Audit Score 100%
Accurate settlement valuations were evident within all claims that met this audit criteria.

Medicare's Interests Protected
Files Meeting the Criteria 1 | Files in Compliance 1
Standard 95% → Audit Score 100%
Medicare's interests were protected for the claim that met this audit criteria.

Settlement Authority

EIA Settlement Authority Requested
Files Meeting the Criteria 1 | Files in Compliance 1
Standard 95% → Audit Score 100%
EIA settlement authority was evident within the claim that met this audit criteria.

Member Settlement Authority Requested
Files Meeting the Criteria 5 | Files in Compliance 5
Standard 95% → Audit Score 100%
Member settlement authority was evident within all claims that met this audit criteria.

Proof of Member/EIA Authority
Files Meeting the Criteria 5 | Files in Compliance 4
Standard 95% → Audit Score 80%
*Proof of Member/EIA settlement authority was evident within 4 of the 5 claims that met this audit criteria. For audit file **A-3757** the Member approval posted to the file indicates approval to settle by way of Stipulated Award for 41% or $40,949.71. Settlement was completed by way of Stipulated Award for 41% or $41,716. As the dollar value of the settlement exceeds the authority posted to the file this has been marked down.*

Litigated Claims

Initiate Investigation Material to Potential Litigation
Files Meeting the Criteria 2 | Files in Compliance 1
Standard 95% → Audit Score 50%
*Investigation was timely initiated for 1 of the 2 claims that met this audit criteria. For audit file **A-3743** an activity check to determine the employee's activity level is warranted due to the length of disability and subjective complaints outweighing the objective findings.*

Defense Attorney on Panel with Proper Initial & Ongoing Management
Files Meeting the Criteria 22 | Files in Compliance 18
Standard 95% → Audit Score 81.82%
*Approved defense counsel assigned to each file with proper initial and ongoing litigation management was evident within 18 of the 22 claims that met this audit criteria. For audit file **A-3750** there appears to have been a gap in litigation management and defense attorney reporting from the audit start date of 07/02/15 until 04/2016 when settlement activity was ignited. For audit file **A-3757** there is limited documentation of staffing to determine the legal strategy and very few defense attorney reports outlining the claim status. The defense attorney's report outlining exposure, upon receipt of AME report, could not be located. The defense attorney's reports with updates regarding settlement progression could not be located. It seems there were delays in getting the settlement authority to the defense attorney and/or for the defense attorney to get the settlement finalized as the employee signed the Stipulation on 05/17/16 but defense attorney did not sign it until 07/02/16. For audit file **A-3780** the last legal update reflects that a status conference was scheduled on 07/19/16. In the 06/09/16 update defense counsel indicated that he was awaiting settlement authority from the Member. The file does not reflect updated status in this regard. The file does not reflect direction to defense counsel or any responses to counsel's correspondence dated 06/09/16. The file does not reflect the status of this conference or updated legal status. It is not clear if defense counsel's file remains active. As such, the file does not reflect appropriate ongoing litigation management.*

*Audit file **A-3785** lacks documentation of the adjuster managing and directing the activities of the defense attorney. Claim notes appear to indicate the defense attorney is dictating claim handling and litigation strategy.*

Settlement Proposals Direct to Member in Concise and Clear Written Form with Reasoned Recommendation
Files Meeting the Criteria 3 | Files in Compliance 3
Standard 95% → Audit Score 100%
Defense counsel's settlement proposals were validated and timely communicated to the Member for all claims that met this audit criteria.

Member Involved in Deposition, Examinations and Trial
Files Meeting the Criteria 0 | Files in Compliance N/A
Standard 95% → Audit Score N/A
There were no applicable claims for this category.

Comply with Reporting Requirements of Member
Files Meeting the Criteria 0 | Files in Compliance N/A
Standard 95% → Audit Score N/A
There were no applicable claims for this category.

Subrogation

Identify & Notice 3rd Party in 14 days
Files Meeting the Criteria 0 | Files in Compliance N/A
Standard 95% → Audit Score N/A
There were no applicable claims for this category.

Periodic Contact with 3rd Party Evidenced
Files Meeting the Criteria 0 | Files in Compliance N/A
Standard 95% → Audit Score N/A
There were no applicable claims for this category.

Complaint or Lien Filed Timely
Files Meeting the Criteria 0 | Files in Compliance N/A
Standard 95% → Audit Score N/A
There were no applicable claims for this category.

Member Involved in Complaint
Files Meeting the Criteria 0 | Files in Compliance N/A
Standard 95% → Audit Score N/A
There were no applicable claims for this category.

Subrogation Pursued for Maximum Recovery
Files Meeting the Criteria 1 | Files in Compliance 1
Standard 95% → Audit Score 100%
Subrogation was pursued for maximum recovery for the claim that met this audit criteria.

Member/EIA Approval to Waive or Settle 3rd Party Case
Files Meeting the Criteria 1 | Files in Compliance 0
Standard 95% → Audit Score 0%
*The Member and/or EIA was not involved in waiving or settling the 3rd party case for the claim that met this audit criteria. On 09/21/15 the adjuster provided authority to defense counsel to resolve a subrogation lien for $20,000 to $25,000 for audit file **A-3775**. The file does not reflect that this matter was discussed with the Member prior to initiating negotiations.*

Excess Coverage

Report within 5 Days of Knowledge That Reporting Criteria Met
Files Meeting the Criteria 3 | Files in Compliance 1
Standard 95% → Audit Score 33.33%
*Reporting was done within five days for 1 of the 3 claims that met this audit criteria. For audit file **A-3747** the financial transaction log indicates that the incurred exceeded 50% of the SIR when reserves were increased on 10/12/16. As such, an initial report would have been due within 5 working days or by 10/19/16. No excess reports are noted. For audit file **A-3765** the reserve increase posted 02/09/17 exceeded the reporting requirement however the initial excess report was not sent until 04/14/17 which exceeds the five-day standard.*

Subsequent Reports Meet 90/180 Day Standard
Files Meeting the Criteria 10 | Files in Compliance 0
Standard 95% → Audit Score 0%
*Subsequent reports were timely for 0 of the 10 claims that met this audit criteria. The following claims did not meet standard: **A-3740, A-3746, A-3748, A-3750, A-3757, A-3762, A-3771, A-3774, A-3775** and **A-3779.***

Reimbursement Requests Meet 90/180 Standard
Files Meeting the Criteria 7 | Files in Compliance 1
Standard 95% → Audit Score 14.29%
*Excess reimbursement requests were timely made within the 90/180 standard for 1 of the 7 claims that met this audit criteria. The following claims did not meet standard: **A-3746, A-3750, A-3757, A-3762, A-3771** and **A-3774.***

Closing Report Sent
Files Meeting the Criteria 1 | Files in Compliance 1
Standard 95% → Audit Score 100%
A closing report was sent to the excess carrier for the claim that met this audit criteria.

Claims Handling Administration

Category	Points Available	Points	Score	Standard	Standard Met	Prior Score	Variance
Claims Handling Administrative							
Caseload							
Supervisor Caseload	1	0	0.00%	100%	NO	0.00%	0.00%
Adjuster Caseload	1	1	100.00%	100%	YES	100.00%	0.00%
Sub-Total of Category	**2**	**1**	**50.00%**				
Case Review & Documentation							
Examiner Plan of Action Updates	50	8	16.00%	95%	NO	6.38%	9.62%
Supervisor Reviews	50	12	24.00%	95%	NO	8.51%	15.49%
File Contents	37	35	94.59%	95%	NO	100.00%	-5.41%
Medical Only Conversion	5	5	100.00%	95%	YES	0.00%	100.00%
Sub-Total of Category	**142**	**60**	**42.25%**				
Communication							
Return Phone Calls	0	0	N/A	95%	N/A	100.00%	N/A
Respond To Written Inquiries	18	11	61.11%	95%	NO	91.67%	-30.56%
Date Stamp Mail	48	48	100.00%	95%	YES	100.00%	0.00%
Ongoing Employee Contact	5	0	0.00%	95%	NO	100.00%	-100.00%
Sub-Total of Category	**71**	**59**	**83.10%**				
Fiscal Handling							
Payments On Correct Claims	14	12	85.71%	95%	NO	90.91%	-5.20%
File Balancing	16	15	93.75%	95%	NO	41.18%	52.57%
Sub-Total of Category	**30**	**27**	**90.00%**				
Medicare Reporting							
Medicare Reporting	47	46	97.87%	100%	NO	100.00%	-2.13%
Sub-Total of Category	**47**	**46**	**97.87%**				
Claims Handling Administrative Score	**292**	**193**	**66.10%**			**63.48%**	

	Trindel			*Other Accounts*							
Adjusters / Supervisor	*Indemnity*	*Med Only*	*Future Med*	*Indemnity*	*Med Only*	*Future Med*	*Total*	*Weighted Value*	*Mo FM*	*Weighted Value*	*Total*
Anita - Adjuster	89	0	0	0	0	0		89	0	0	89
Katie - Adjuster	122	0	0	0	0	0		122	0	0	122
Sarah - Adjuster	84	0	0	0	0	0		84	0	0	84
Vicki - MO/FM Adjuster	0	44	77	0	0	0		61	121	61	61
Lisa - Director	1	0	0	0	0	0		1	0	0	1
Total	**296**	**44**	**77**	**0**	**0**	**0**	**417**	**357**	**121**	**61**	**357**

Claim Creation

Category	*Points Available*	*Points*	*Score*	*Standard*	*Standard Met*	*Prior Score*	*Variance*
Claim Creation							
Three Point Contact	24	17	70.83%	95%	NO	71.43%	-0.60%
Sub-Total of Category	**24**	**17**	**70.83%**				
Compensability							
Initial Decision	26	21	80.77%	100%	NO	95.00%	-14.23%
Delay Letter	8	4	50.00%	100%	NO	100.00%	-50.00%
Final Decision	19	19	100.00%	100%	YES	80.00%	20.00%
Sub-Total of Category	**53**	**44**	**83.02%**				
AOE/COE Investigation	3	3	100.00%	95%	YES	100.00%	0.00%
Sub-Total of Category	**3**	**3**	**100.00%**				
Initial Reserves							
Initial Reserves for Probable Value	28	28	100.00%	95%	YES	90.00%	10.00%
Initial Reserves Timely	28	20	71.43%	95%	NO	95.24%	-23.81%
Sub-Total of Category	**56**	**48**	**85.71%**				
Indexing	43	43	100.00%	95%	YES	83.33%	16.67%
Sub-Total of Category	**43**	**43**	**100.00%**				
Claim Creation Score	**179**	**155**	**86.59%**			**87.31%**	

Claim Handling Technical

Category	Points Available	Points	Score	Standard	Standard Met	Prior Score	Variance
Claims Handling Technical							
Payments							
Initial TD/PD Payment	17	12	70.59%	100%	NO	87.50%	-16.91%
DWC Notice	19	12	63.16%	100%	NO	76.47%	-13.31%
Subsequent TD/PD Payments	16	9	56.25%	100%	NO	87.50%	-31.25%
Timely Final Payment & Notice	11	11	100.00%	100%	YES	55.00%	45.00%
Overpayments	9	6	66.67%	95%	NO	50.00%	16.67%
Undisputed Awards Paid Timely	7	4	57.14%	95%	NO	100.00%	-42.86%
Copy of Award to Excess	4	1	25.00%	95%	NO	66.67%	-41.67%
Medical Bills Paid Timely	42	41	97.62%	100%	NO	100.00%	-2.38%
Objection Letters	14	14	100.00%	100%	YES	100.00%	0.00%
Employee Reimbursements Timely	7	7	100.00%	95%	YES	100.00%	0.00%
Advance Travel Timely	7	6	85.71%	95%	NO	93.33%	-7.62%
Self Imposed Penalties Paid	3	2	66.67%	100%	NO	66.67%	0.00%
Penalties Coded Correctly	2	2	100.00%	95%	YES	100.00%	0.00%
Penalty Reimbursement	0	0	N/A	95%	N/A	N/A	N/A
Sub-Total of Category	**158**	**127**	**80.38%**				
Medical Treatment							
Proper Use of UR	27	27	100.00%	100%	YES	96.43%	3.57%
UR Dispute Resolved Via IMR	5	5	100.00%	100%	YES	100.00%	0.00%
NCM Used Appropriately	3	2	66.67%	95%	NO	N/A	N/A
Sub-Total of Category	**35**	**34**	**97.14%**				
Apportionment							
Apportionment Ruled In/Out	3	3	100.00%	95%	YES	100.00%	0.00%
Apportionment Pursued Appropriately	4	4	100.00%	95%	YES	100.00%	0.00%
Sub-Total of Category	**7**	**7**	**100.00%**				

Category	Points Available	Points	Score	Standard	Standard Met	Prior Score	Variance
Disability Management							
Proactive RTW	3	1	33.33%	95%	NO	100.00%	-66.67%
Member Noticed of Permanent Work Restrictions	3	3	100.00%	95%	YES	100.00%	0.00%
20 Day Member Follow Up on Permanent Restrictions	2	2	100.00%	95%	YES	100.00%	0.00%
Sub-Total of Category	**8**	**6**	**75.00%**				
SJDB							
SJDB Provided Timely	3	3	100.00%	100%	YES	0.00%	100.00%
SJDB Concluded Appropriately	2	2	100.00%	95%	YES	N/A	N/A
Sub-Total of Category	**5**	**5**	**100.00%**				
Reserves							
Reserves Adjusted Timely	38	25	65.79%	100%	NO	65.71%	0.08%
TD & 4850 Reserves Separate	6	6	100.00%	100%	YES	100.00%	0.00%
PD Exposure Includes Life Pension	0	0	N/A	95%	N/A	N/A	N/A
FM Reserves Consistent with OSIP Standards	13	5	38.46%	100%	NO	77.27%	-38.81%
Allocated Reserve Includes BR/UR/IMR	42	33	78.57%	100%	NO	100.00%	-21.43%
Sub-Total of Category	**99**	**69**	**69.70%**				
Resolution of Claim							
Resolution Pursued Timely	15	7	46.67%	95%	NO	41.18%	5.49%
Settlement Valuation	8	8	100.00%	95%	YES	100.00%	0.00%
Medicare's Interests Protected	1	1	100.00%	95%	YES	N/A	N/A
Sub-Total of Category	**24**	**16**	**66.67%**				
Settlement Authority							
EIA Settlement Authority Requested	1	1	100.00%	95%	YES	100.00%	0.00%
Member Settlement Authority Requested	5	5	100.00%	95%	YES	100.00%	0.00%
Proof of Member/EIA Authority	5	4	80.00%	95%	NO	100.00%	-20.00%
Sub-Total of Category	**11**	**10**	**90.91%**				
Claims Handling Technical Score	**347**	**274**	**78.96%**			**86.87%**	

Litigated Cases

Category	Points Available	Points	Score	Standard	Standard Met	Prior Score	Variance
Litigated Cases							
Initiate Investigation Material to Potential Litigation	2	1	50.00%	95%	NO	100.00%	-50.00%
Proper Litigation Management & Defense Attorney on Panel	22	18	81.82%	95%	NO	100.00%	-18.18%
Settlement Proposals Direct to Member in Concise & Clear	3	3	100.00%	95%	YES	100.00%	0.00%
Member Involved in Legal Activities where Appropriate	0	0	N/A	95%	N/A	100.00%	N/A
Comply with Member Reporting Requirements	0	0	N/A	95%	N/A	100.00%	N/A
Litigated Cases Score	**27**	**22**	**81.48%**			**100.00%**	

Subrogation

Category	Points Available	Points	Score	Standard	Standard Met	Prior Score	Variance
Subrogation							
Identify & Notice 3rd Party Timely	0	0	N/A	95%	N/A	N/A	N/A
Periodic Contact With 3rd Party	0	0	N/A	95%	N/A	N/A	N/A
Complaint or Lien Filed Timely	0	0	N/A	95%	N/A	100.00%	N/A
Member Involved in Complaint vs. Lien	0	0	N/A	95%	N/A	100.00%	N/A
Subro Pursued for Maximum Recovery	1	1	100.00%	95%	YES	100.00%	0.00%
Member/EIA Approval to Accept Waive or Settle 3rd Party Case	1	0	0.00%	95%	NO	N/A	N/A
Subrogation Score	**2**	**1**	**50.00%**			**100.00%**	

Excess

Category	Points Available	Points	Score	Standard	Standard Met	Prior Score	Variance
Excess							
Timely Initial Excess Reporting	3	1	33.33%	95%	NO	40.00%	-6.67%
Timely Subsequent Excess Reporting	10	0	0.00%	95%	NO	0.00%	0.00%
Timely Excess Reimbursement Requests	7	1	14.29%	95%	NO	28.57%	-14.28%
Closing Excess Report Sent	1	1	100.00%	95%	YES	N/A	N/A
Excess Score	**21**	**3**	**14.29%**			**14.81%**	

AUDIT TEAM

Anne Ruiz
Vice President & COO
Over 20 years of workers' compensation claims experience. Associate in Claims Designation, Self-Insured Certificate & WCCA Designation. Prior positions held - adjuster, supervisor, claims services liaison and central services manager.

Leonard Taylor
Senior Vice President - National Clients
Over 20 years of workers' compensation claims experience. Associate in Risk Management, International Association of Claims Professionals & VP of Public Relations Toastmaster. Prior positions held - adjuster, executive claims account manager, director of claims quality control, managing director and claims consultant/auditor.

Appendix A

CSAC EIA - Trindel

CSAC EIA Audit Form: Employee Name	Audit File #:	Claim Number	Date of Injury	Date of Audit
Jon Alexander	A-3736	TIBP-550047	2/20/2013	4/17/2017
Michael Klassen	A-3737	TIBS-600048	7/26/2015	4/17/2017
Abraham Arredondo	A-3738	TIBT-600175	2/6/2017	4/17/2017
Kevin Arrick	A-3739	TIBT-600184	3/6/2017	4/17/2017
Linda Kuhn	A-3740	TIBP-550099	5/29/2013	4/17/2017
Cuauhtemac Azamar	A-3741	TIBT-600124	12/20/2016	4/17/2017
Erin Larrison	A-3742	TIBP-549906	8/16/2012	4/17/2017
Graham Beatie	A-3743	TIBS-600285	5/22/2016	4/17/2017
Craig Lindsey	A-3744	TIBR-550416	8/7/2014	4/17/2017
Jennifer McAllister	A-3745	TIBS-600017	7/29/2015	4/17/2017
Ray Eldon Bell	A-3746	TIAZ-362780	4/11/2000	4/17/2017
Ralph Morden	A-3747	TIBR-550493	12/12/2014	4/17/2017
Karl Benson	A-3748	TIBO-549752	2/12/2012	4/17/2017
William Myers	A-3749	TIBS-600235	8/15/2015	4/17/2017
Linda Cabrera	A-3750	TIBG-362824	12/19/2006	4/17/2017
Joseph Nunes	A-3751	TIBQ-550240	12/11/2013	4/17/2017
Hossep Ourjanian	A-3752	TIBT-600148	1/20/2017	4/17/2017
Thomas Keylon	A-3753	TIBT-600158	5/23/2012	4/17/2017
Jill Phillips	A-3754	TIBS-600337	4/15/2016	4/18/2017
Sam Porter	A-3755	TIBT-600098	11/7/2015	4/18/2017
Scott Quade	A-3756	TIBS-600256	4/25/2016	4/18/2017
Spencer Case	A-3757	TIBO-549838	5/23/2012	4/18/2017
Karen Rasmusser	A-3758	TIBS-600164	1/5/2016	4/18/2017
Stan Ratliff	A-3759	TIBR-550532	2/25/2015	4/18/2017
James Concannon	A-3760	TIBT-600135	11/16/2016	4/18/2017
Felipe Rea	A-3761	TIBT-600045	8/15/2016	4/18/2017
Daniel Cross	A-3762	TIBM-522562	9/1/2009	4/18/2017
Jerry Dutton	A-3763	TIBS-600345	5/2/2016	4/18/2017
Curtis Rose	A-3764	TIBS-600132	8/21/2015	4/18/2017
Patricia Egan	A-3765	TIBP-550503	4/1/2013	4/18/2017
Anthony Rovella	A-3766	TIBQ-550310	3/12/2014	4/18/2017
Edward Escamilla	A-3767	TIBT-600027	7/29/2016	4/18/2017
Mary Rust	A-3768	TIBS-600309	6/6/2016	4/18/2017
Lori Garrigan	A-3769	TIBP-549992	12/13/2012	4/18/2017
Leticia Sigala	A-3770	TIBT-600080	10/14/2016	4/18/2017
Sandra Harer	A-3771	TIBN-542108	11/14/2010	4/18/2017
Cheryl Strange	A-3772	TIBT-600166	2/16/2017	4/19/2017
Danielle Tripp	A-3773	TIBR-550466	10/22/2014	4/19/2017
Kent Kincheloe	A-3774	TIBM-550332	5/25/2010	4/19/2017
Andrea Wadsworth	A-3775	TIBN-546674	3/20/2011	4/19/2017
Diane Keane	A-3776	TIBT-600213	3/4/2016	4/19/2017