



AGENDA ITEM SUMMARY FORM

MEETING DATE: 5/08/23

PREPARED BY: Amy J Mischak, HR Director/Purchasing Coordinator

AGENDA ITEM CONTENT: Worker's Compensation Third Party Administrator Contract

AGENDA ITEM SECTION: Bid Awards/Purchases

BUDGETED AMOUNT: \$28,900

FUNDS REQUESTED: \$28,900

FUND: xxx-xx-7100-008

EXECUTIVE SUMMARY:

See attached memo

RECOMMENDATION:

Council is requested to approved a three year contract with Comprehensive Risk Services (CRS) for worker's compensation Third Party Administrator (TPA) services at the unit pricing indicated. Managed care service overall pricing will vary based upon actual use. First year base price for claims handling and data conversion fee is \$28,900.

DATE: April 25, 2023
TO: Melissa R. Marsh, City Manager
FROM: Amy J. Misczak, HR Director
RE: Worker's Compensation Third Party Administrator

In July 2010, the City moved to a self-insured program for worker's compensation insurance and contracted with Citizens Management Incorporated (CMI) as the City's Third Party Administrator (TPA). By moving to a self-insured plan, the City has saved an estimated \$1.4 million from FY 2011 to FY 2022. As you are aware, in the self-insured worker's compensation system, a TPA is responsible for claims administration, directing medical care and coordinating resolution to workplace injuries. The TPA works with injured employees directly and the level of service and customer care is crucial for guiding employees through the medical process, and helping them to return to work in a timely manner.

The City has renewed its contract with CMI with subsequent renewal agreements; however, since 2010, CMI has undergone significant changes in personnel and has been merged with York Risk Services, and then Sedgwick, being absorbed by larger companies with nationwide clients, leaving Madison Heights as one of the smaller clients in their book of business.

The City met with Sedgwick in 2022 to discuss needed service improvements which would be required for the City to consider any further renewals. At this meeting, the City indicated that FY 22-23 would be an evaluation year to assess the ongoing contract. Given Sedgwick's sporadic response as well as the length of time from the date of the original contract, the City has opted to have its insurance agent Ibex solicit Requests for Proposal for Third Party Administrator services.

The City received a total of four (4) proposals from the following agencies: Sedgwick, Comprehensive Risk Services (CRS), ASU Group and CompOne (see attached summary). The City reviewed the proposal from Sedgwick but did not observe any significant changes to the existing contract or methods of service and given the history as well as pricing, did not consider that proposal further.

Of the remaining three agencies, CompOne appeared to provide the lowest base pricing; however, the City was advised by Ibex that companies who offer a minimal base fee typically bill for incidentals and with more hidden fees that are more difficult to manage or evaluate.

An interview panel consisting of the undersigned, Finance Director Linda Kunath, HR Assistant Barb Lelli, and Ibex Agent Mark Sledzinski met with Comprehensive Risk Services and ASU

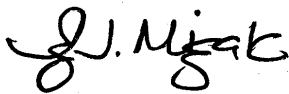
Group on Thursday, April 13th. The panel then regrouped to discuss the interviews on Monday April 17th.

While both ASU Group and Comprehensive Risk Services (CRS) have experienced teams, and demonstrated capabilities that should better serve our employees, the panel unanimously selected Comprehensive Risk Services to recommend for award of this contract. This recommendation is based upon CRS having a long established user-friendly electronic claims system with full access for three users, as well as their philosophy and approach to worker's compensation cases, which includes assigning nurse case managers only when necessary and based on injury type and employee position. This type of attention to detail is much needed so that our employees feel they have an advocate during their worker's compensation journey, not an adversary. The slight increase in annual fees as compared to ASU will likely be offset by more efficient medical care as well as personalized service that our employees deserve. Based upon our interviews in April, the Finance Director believes that CRS will be responsive and provide solid communication as it pertains to reserves and funding which is a fundamental part of the worker's compensation process. The undersigned and the HR Assistant believe that communication in general will be greatly improved with the dedicated team at CRS, starting with the data conversion from Sedgwick.

Staff and I respectfully request that Council approve a three (3) year contract for worker's compensation Third Party Administrator services to Comprehensive Risk Services at the unit prices as indicated in their proposal. First year base price for claims handling and data conversion fee is \$28,900.

If you have any questions or concerns please let us know as soon as possible.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Misczak". The signature is stylized with a large, looped initial "J" and a cursive "Misczak".

Amy J. Misczak, SPHR, SHRM-SCP
HR Director

TPA Proposals 2023	Pricing 7/1/23 - 6/30/24	Pricing 7/1/24 - 6/30/25	Pricing 7/1/25-6/30/26	Medical Review Per Bill	PPO Savings	Loss Prevention	Online System	Reverse Takeover/Exit Data
Comprehensive Risk Services (data conversion fee)	\$23,900.00 \$5,000.00	\$24,615.00	\$25,350.00	\$8.00	30%	32 hours included	3 users Origami	
ASU Group (data conversion fee)	\$20,150.00 \$2,500.00	\$20,150.00	\$20,150.00	\$5.95	28%	32 hours included	unlimited user access proprietary system	
CompOne	\$15,000.00	\$15,000.00	\$15,500.00	\$7.50	30%	32 hours included	unlimited user access proprietary system	
Sedgwick	\$37,237.00 \$37,598.00	\$38,354.00 one year only	\$39,505.00	\$8.50	28%	\$155-\$180/hr plus expenses	4 users ViaOne	185/hr*



MADISON HEIGHTS

MICHIGAN

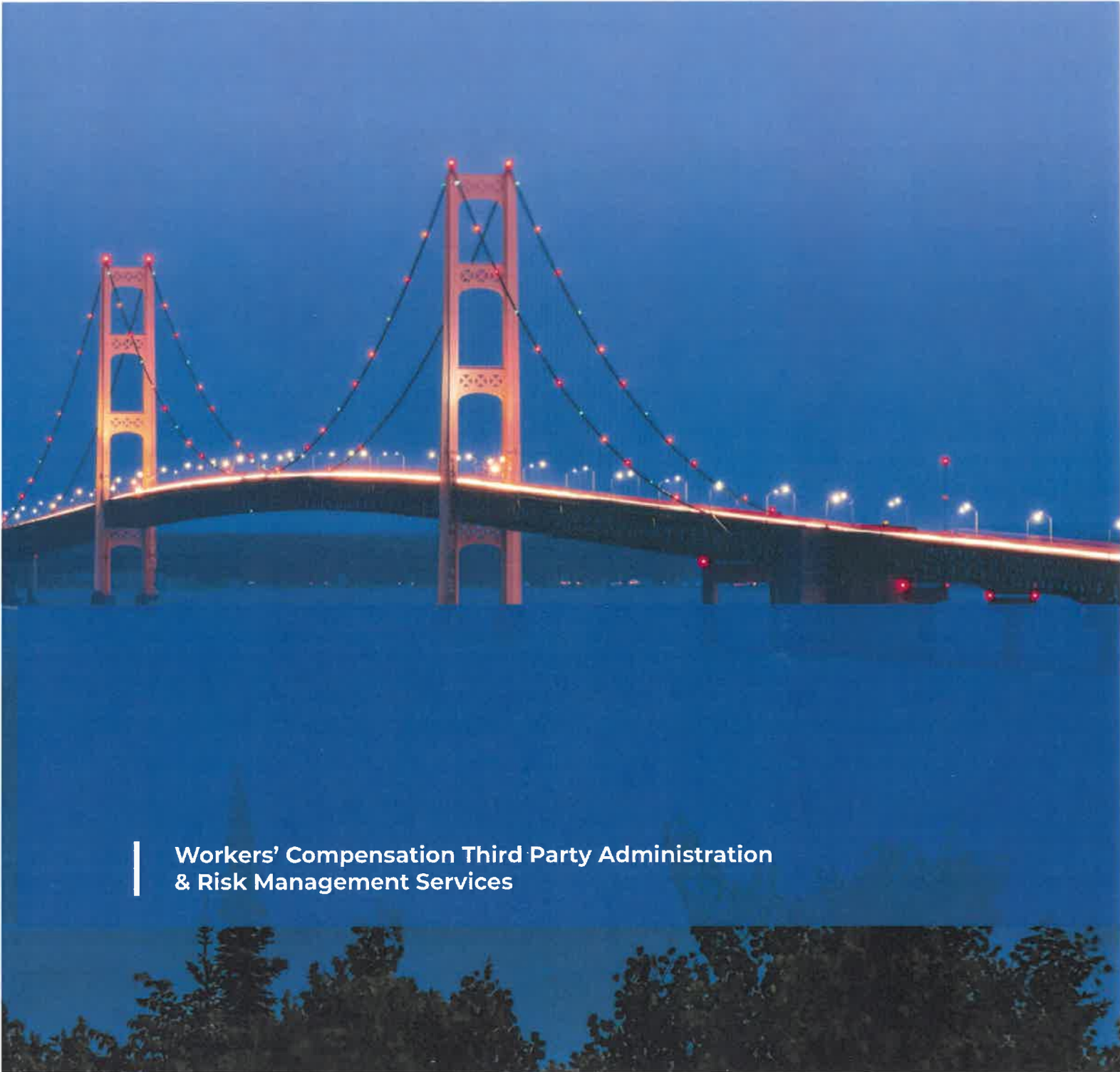


MADISON HEIGHTS

MICHIGAN



COMPREHENSIVE
RISK SERVICES



Workers' Compensation Third Party Administration
& Risk Management Services



Comprehensive Risk Services (CRS) is pleased to present our philosophy, services, advantages, and team to you.

CRS is wholly owned by Scott Gaffner, Chris Cramer, and Debra Burnett. CRS is a Third-Party Administration company in Michigan, serving Michigan self-insured workers' compensation entities. Scott, Chris and Deb have a collective 77 years in the industry, many of which has been working together servicing Michigan self-insureds. The CRS team brings extensive experience and knowledge in the areas of claims, medical cost containment, excess insurance, rate making, loss forecasting, alternative risk program design and formation, payroll auditing, underwriting & loss prevention. The experience of our entire team and history of client satisfaction is second to no one.

You can count on CRS to be very responsive. At the core of CRS is a team of employees dedicated to our clients. Our claim and loss control professionals are the most experienced in the industry. Additionally, our adjusters have the lowest caseload in the business, which ensures a high level of personal and professional attention to your claims. This means we can focus on doing the job the way our customers want it done. This is a critical value-added element not often found in the service industry. We do what is right for you.

Specifically, we are committed to provide a team that is comprised of the most qualified individuals to service your Risk Management needs. This "Best in Class" team will be surrounded by the best process, resources, and technology to produce superior claim outcomes. These outcomes will result in direct savings to our clients.

We thank you for this opportunity to share our capabilities.

Sincerely,

A handwritten signature in black ink, appearing to read "Scott W. Gaffner", is written over a light blue background.

Scott W. Gaffner, CRM, CIC

Managing Partner & President, CRS

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"Effective claim management is critical to the ongoing success of our program. The staff at CRS has the knowledge and ability to transfer their skills into superior and quantifiable results. Their methods along with effective communication leads the way."

Mark Sledzinski - Fund Administrator



Comprehensive Risk Services (CRS) understands that we are the “Gate Keeper” of our client’s loss fund and have built and executed on a business model that protects client assets. This level of service has significantly contributed to the lowest cost of ownership for CRS clients as measured by their cost of workers' compensation risk.

These accomplishments are further measured by:

- Loss Rate per 100 of payroll
- Claim duration
- Average IN & MO cost
- Closing Ratio
- Number of Claims per adjuster
- Average Medical savings

A | HISTORY ON COMPREHENSIVE RISK SERVICES (CRS)

CRS was formed in 1995 as a privately-owned Workers' Compensation Third Party Administrator with the goal to properly service Michigan self-insured clients. Our focus has always been to **provide the highest level of service**, while at the same time maintaining flexibility to adapt to the unique needs of our clients.

CRS currently services 37 Individual Self-Insureds and 11 Self-Insured Groups in the State of Michigan. Our knowledge and familiarity with the self-insured market provides claim service that simply cannot be replicated. We focus on maintaining low caseloads so every claim can be managed to an optimal outcome. We encourage our adjusters to be an extension of our client's team by being visible, knowing the unique culture that exists within each client and ultimately building a true partnership. CRS prides itself on understanding each organization's claim handling protocol, treating physicians, selected attorney's, IME specialists and other preferred vendor specialists.

CRS has a claims staff with over 150 years of combined Self-Insured Workers' Compensation experience, in Williamston. CRS's team of adjusters are skilled at investigating and managing a claim to the best possible outcome. CRS is the "Best in Class" TPA at servicing the needs of Michigan's Self-Insured entities. The CRS team has been carefully selected due to their long-term history in servicing Michigan's self-insured clients.



B | COMPREHENSIVE RISK SOLUTION

At the forefront is our philosophy that TPA services are not a commodity and that there is a significant difference in claim costs and outcomes between TPAs. More simply put, we feel that we have significant resources available in MI to control claims costs. This difference is created by investing in the right **people**, deploying the right **process**, and using the right **technology**. This investment provides the **lowest cost of total ownership** as we control the cost of claims, which is the biggest cost driver in a WC program. This approach wins and is imperative to keep member rates as low as possible.



PEOPLE

Self-insured groups are unique in general, additionally each SIG brings its own characteristics. The team at CRS has spent the majority of their career serving a wide variety of MI Self-Insured Groups and understands what it takes to be successful. There is no other TPA with the level of experience, knowledge, and success in providing services to MI Self-Insured Groups.



PROCESS

Our process is designed specifically around claim outcomes. While this sounds pretty simple, the majority of TPAs have processes designed to maximize revenue through providing services that are too broad (outside their area of specialization) and drive much of the revenue to the claim where it is not as visible.

Specifics about this process include:

- Lower case loads per adjuster to allow adjusters to manage a claim vs process a claim
- A staff of seasoned professionals vs inexperience
- Outsource ancillary services, that our outside of a TPA's expertise, to local vendors who specialize and achieve better outcomes
- Designed specifically for MI WC self-insureds. **One line of coverage, one jurisdiction.**
- Recognize the value of relationships. We know our customers and their culture and view ourselves as an extension of their team
- Integrity and accountability are essential
- The smart use of technology to assist adjusters



TECHNOLOGY

Like any industry, much of our success relies on keeping up to date and utilizing the best technology available. CRS has invested a claim platform that is among the best in our industry and custom designed for our work. This technology will enable us to be efficient and effective in our work, measure our performance, add another tool to our adjuster's "toolbox" and capture our results to report back to the Group Fund Administrator, the Board and the Members.

c | ADVANTAGES

THE CRS SOLUTION



Ownership Structure and Operating Model designed for optimal claim outcomes

- Local ownership engaged in the day to day operation and relationships
- Model focuses on the perfect combination of superior service, relationships, technology, and adjuster experience

Operating from our office in Williamston to better serve all members



Customized service offering – We are not tied to any one vendor nor do we use ancillary services as a profit center. Our focus is on doing what is best for each claimant. Given that no two claims are alike, we will work with the best third-party vendors in the industry to achieve the optimal claim outcome from both from a financial and health perspective. Each claim is unique and will be evaluated based on the individual merits. Services that work for one claimant may not be the best fit for the next.

Combined Claims and Loss Prevention to assure a high level of coordination pre loss, mid-loss, and post loss. Often, Loss Prevention professionals are the eyes and ears to our members. This coordination enhances the quality of the service.



Working with a team that has extensive experience in working with SIGs. Furthermore, a team that knows how to partner with the Group Fund Administrator to present a united front in all aspects of the program. This is critical to achieve proper member customer service.

D | OUR APPROACH

WORKERS' COMPENSATION THIRD PARTY ADMINISTRATION

Please consider the following advantages and benefits of selecting Comprehensive Risk Services:



HISTORY

CRS was formed in 1995 as a privately owned Workers' Compensation Third Party Administrator with the goal to properly service Michigan self-insured clients. With our office in Williamston, our focus has always been to provide the highest level of service, while at the same time maintaining a flexibility to adapt to the unique needs of our clients.



EXPERIENCE

CRS has 11 self insured groups and over 37 individual self insured clients in the State of Michigan, including Michigan Association of Timbermen Self Insured Fund, Metalworking Industries of Michigan and several others. Our knowledge and familiarity with the self insured market provides a claim service that simply cannot be replicated. We focus on maintaining low caseloads so that every claim can be managed to an optimal outcome. We encourage our adjusters to be an extension of your team by being visible, knowing the unique culture that exists within each client and ultimately building a true partnership. CRS prides itself on understanding each organizations claim handling protocol, treating physicians, selected attorney, IME specialists and other preferred vendor specialists.

CRS has an experienced claims staff located in Williamston, MI and led by Debra Burnett. Debra brings over 19 years of Self Insured Group Workers' Compensation claims experience and will have direct responsibility for the oversight of all claims. Debra's team of adjusters are skilled at investigating and managing a claim to the best possible outcome.



CLAIM REVIEWS

Claim reviews focus on early intervention and can include the Board, Fund Administrator, Excess Carrier, CRS claims staff, Attorneys and Rehabilitation Nurses. The Excess Insurance Carrier representative participates in these meetings at their discretion. The claim reviews provide an opportunity for discussion on claim direction, the need for activity investigation, medical direction including the need for nurse case management or IMEs and other case resolution strategies. The meeting provides an opportunity to discuss concerns and direction. The focus is returning the employee to work, closing the claim and producing an optimal outcome.



MEDICAL COST CONTAINMENT

CRS utilizes the services of ReviewWorks to satisfy the State of Michigan's Health Care Service Rules and Fee Schedule requirements.

ReviewWorks provides both the medical bill review, professional bill review and PPO services. The fees associated with the medical bill review are treated as an allocated expense and charged back to each claim.

CRS and ReviewWorks have established a bi-directional electronic communication, to transfer new claims data, claims change data and approved/rejected payment data.

Medical bills submitted to ReviewWorks, on behalf of CRS clients, recognized a net savings of 70%



PHARMACY BENEFITS MANAGEMENT

CRS is the leader in innovative solutions and partnerships in fighting the increase in medical cost. Just one of the areas of focus is our strategy and partnerships to fight opioid use and addiction. Examples of this includes:

- The use of Cold Compression Therapy for both surgical and non-surgical pain and swelling management
- Physician dispensed non-opioid alternatives that are controlled and prevent patient addiction
- Working with leading vendor to build a surgical bundling alternative that provides the best providers and at a discounted rate all under a single bill.

The prescription drug program is administered through EHIM. With a pharmacy network of over 64,000 and approaching 3 million lives nationwide, EHIM is one of the fastest growing PBMs in the industry. As your PBM, EHIM is committed to helping you manage prescription costs through innovative plan designs and proactive cost containment strategies. EHIM listens to their clients' objectives and helps them customize a program to achieve their goals.



MEDICAL CASE MANAGEMENT

Comprehensive Risk Services works with contracted providers for Case Management. CRS works with various vendors on claims that require Nurse Case Management services. The following information relates to the program that Comprehensive Risk Services adheres to.



TELEPHONIC NURSE CASE MANAGEMENT

- Telephonic management, close follow-up and return to work planning that correlates with successful recovery outcomes
- Opioid Treatment Compliance Program



FIELD CASE MANAGEMENT

Pro-active, hands on intervention by an experienced Nurse Case Manager, to be considered and recommended for:

- All inpatient hospitalizations
- All surgical candidates and failed surgeries
- Referrals needed for second surgical consultation, specialist evaluation, therapy or to change medical or therapy providers
- Orthopedic injuries such as low back, neck, dominant hand, knee
- Discharge planning needed prior to hospital discharge or rehab center following surgery, home evaluation of needs, secure DME, coordinate home care, PBM, transportation
- Failure to improve due to pre-existing medical conditions or risk factors such as diabetes, obesity, cardiac, age, smoking
- Non-compliance issues impeding progress such as attendance at physician and therapy sessions, weight loss and smoking cessation prior to surgery, no show or rescheduling of medical appointments causing substantial delays.



CATASTROPHIC INJURY MANAGEMENT

This is an intermediate referral and same day intervention by an experienced Nurse Case Manager of all catastrophic injury cases. CRS also works closely with the Excess Insurance Carriers to utilize the services they have available to affect the most cost efficient outcomes while at the same time providing the best available care to injured employees.

- Traumatic brain injury, spinal cord injury, amputation of an extremity, multiple fractures/crush injuries requiring surgery
- Experienced Michigan CAT Nurse Case Managers involved from the ICU, throughout the recovery process; comprehensive rehabilitation programs, coordination of in-house care, DME, attendant care
- Facilitates maximum medical improvement and the best recovery and independence possible for the traumatically injured worker



MEDICARE REPORTING

As required under the Medicare Secondary Payer Act, all employers are now required to report all workers' compensation injuries/claims to CMS (Medicare) for determination of the employee's eligibility for Medicare. Comprehensive Risk Services sends the appropriate claims listings to CMS in accordance with the Section 111 reporting rules. Response files are received from CMS which identifies those employees eligible for Medicare. The claim files are noted and monitored for compliance with the Act.

The employer and Comprehensive Risk Services must consider Medicare's interest when settling a Medicare eligible employee's claim. A Medicare Set Aside Agreement may be necessary to protect the future exposure to Medicare. This is reviewed and evaluated on a per claim basis. Comprehensive Risk Services uses an independent vendor assistance with the Medicare Set Aside Agreement to ensure compliance.



LABOR MARKET ASSESSMENT (LMA)

This is a comprehensive assessment by an experienced Vocational Consultant of a claimant's residual wage earning capacity with labor market and wage research in the claimant's geographical area.

- Claimant who cannot return to their employer of injury, who has the ability to do some type of work for wages
- Claimant can work, but cannot locate a position within the restrictions outlined by a medical professional
- Vocational Consultant provides expert testimony of their findings



LOSS PREVENTION

CRS has a loss prevention service led by Ken Smylie, VP of Loss Control. CRS will provide professional loss control service to assist in reducing workers' compensation claims cost as well as improving the overall safety culture.

Loss control service will include customized risk assessments, hazard recognition surveys, safety training, program development and implementation, regulatory compliance, accident investigations, and industrial hygiene services.

CRS will assist clients in evaluating exposures. This will include an overview of operations, management's commitment to safety, hazard and exposure identification, safety programs, training procedures, MIOSHA citations, and loss history analysis.

Safety training will be provided through on-site training sessions, PowerPoint presentations, toolbox safety talk literature, safety video library, and webinars. Specialized training includes chainsaw and chipper hands-on training by experienced Arborist, working safely near traffic, flagging, chemical safety and hazard communication, back safety and proper body mechanics, workplace violence/active shooter, supervisor training, driving safety, forklift and aerial lift training, and personal protective equipment.

Site visits will include hazard recognition surveys. This service goes well beyond reporting underwriting information and typical loss control checklists. CRS's loss control service will fully assist with improving the overall safety culture through customized evaluations of operations, policies and procedures, and safety programs. By implementing effective programs such as hiring practices, training programs, self-audits, internal incident investigations, safety committees, and written safety programs. Visits will include identifying hazards and exposures and developing sound recommendations and safety control measures to reduce these hazards.

Accident investigations will be a timely response to serious and catastrophic incidents to assist the member in immediately addressing hazards and exposures, identifying root cause analysis, determining potential third-party litigation and subrogation, assisting member with potential OSHA citations, establishing and implementing control measures to prevent recurrence and follow activities to ensure proper closure of each case.

Industrial hygiene services include general safety, job hazard analysis, air monitoring, noise monitoring, ventilation studies, ergonomic surveys and indoor air quality (including mold) investigations. Interpret results of comprehensive surveys and submit solutions in detailed, concise reports to identify control and reduce employee exposures to occupational health and safety hazards.

RESERVING

& RESERVE POLICY

RESERVING

Reserves are established to the probable ultimate cost and are reviewed on an ongoing basis. Reserves could be classified in three categories as described below:

- **Initial** – Defined as the reserve established following receipt of a claim and the initial three point contact is complete
- **Intermediate** – Defined as the reserve established once complete investigative information has been received. This reserve might be increased or decreased over a period of time consistent with major changes in the claim status. It is the goal of a claims adjuster to reach the ultimate or final reserve at the earliest time possible. Reserve adjustments are made for such contingencies as unusual medical, litigation, failure to return to the employee to work, etc.
- **Final** – Defined as the probably ultimate cost and sometimes referred to as “lifetime”. This is generally a “worst case scenario” established when all practical attempts to resolve a claim have been exhausted. Such a reserve is usually limited on a per occurrence basis by the specific retention coverage provided by the Excess Insurance contract. This specific retention (or attachment point as it is sometimes referred to) can vary from contract to contract.

RESERVE POLICY

It is the policy of Comprehensive Risk Services that a claim should reflect the ultimate loss cost as indicated by the known factors of the claim at any given period of time. The reserve should not be overly optimistic nor pessimistic. There should be no stair stepping of reserves on the claim. Recognizing that claims are not static we have established uniform reserving guidelines:

On indemnity claims the Claims Representative can establish the initial reserve and to make one reserve adjustment. Any initial reserve or reserve change at or more than \$50,000 will be reviewed with the Claims Supervisor or Manager and discussed with the client. Any subsequent reserve change more than \$100,000 will also be reviewed and approved by the Claim Supervisor and Manager and the client will be consulted and advised.

Claims entering the litigation process should be reviewed and the reserves adjusted for the projected legal expense and medical expenses associated with the legal process. The defense attorney and the client should be consulted.

Significant reserve changes (\$100,000 or more) will be reviewed and approved by the Claims Manager. The client will be consulted and the status of the claim file will be reviewed with the client. The defense attorney will also be consulted and the attorney will submit a review of the litigated claim outlining our defense strategy and specific issues of the claim. The Account Executive will be kept advised of the reserve changes. The excess carrier may be, as dictated by the excess contract and status of the claim, involved in discussions on the claim at any given time.

F

RMIS PLATFORM

STATE OF THE ART RISK MANAGEMENT INFORMATION SYSTEM

The Origami Risk system will provide the necessary monitoring tools for management to ensure Comprehensive Risk Services is complying with service expectations.



CLAIMS ADMINISTRATION SYSTEM

Allows for a paperless environment; work flow tools that drive automated diaries and tasks, claimant communication and follow up based on relative dates or the passage of time; high quality data integrity; and easy interface with third party financial, HR, etc.



DOCUMENT MANAGEMENT

Allows us to scan documents into working queues; organize and attach to any record; and search documents in a variety of ways.



ORIGAMI RISK BUILT-IN WORK FLOWS

Can be used to automate processes such as claim reporting and requests for information. These work flows can be triggers when certain data is entered or specific events occur.



ORIGAMI RISK INCIDENT COLLECTION

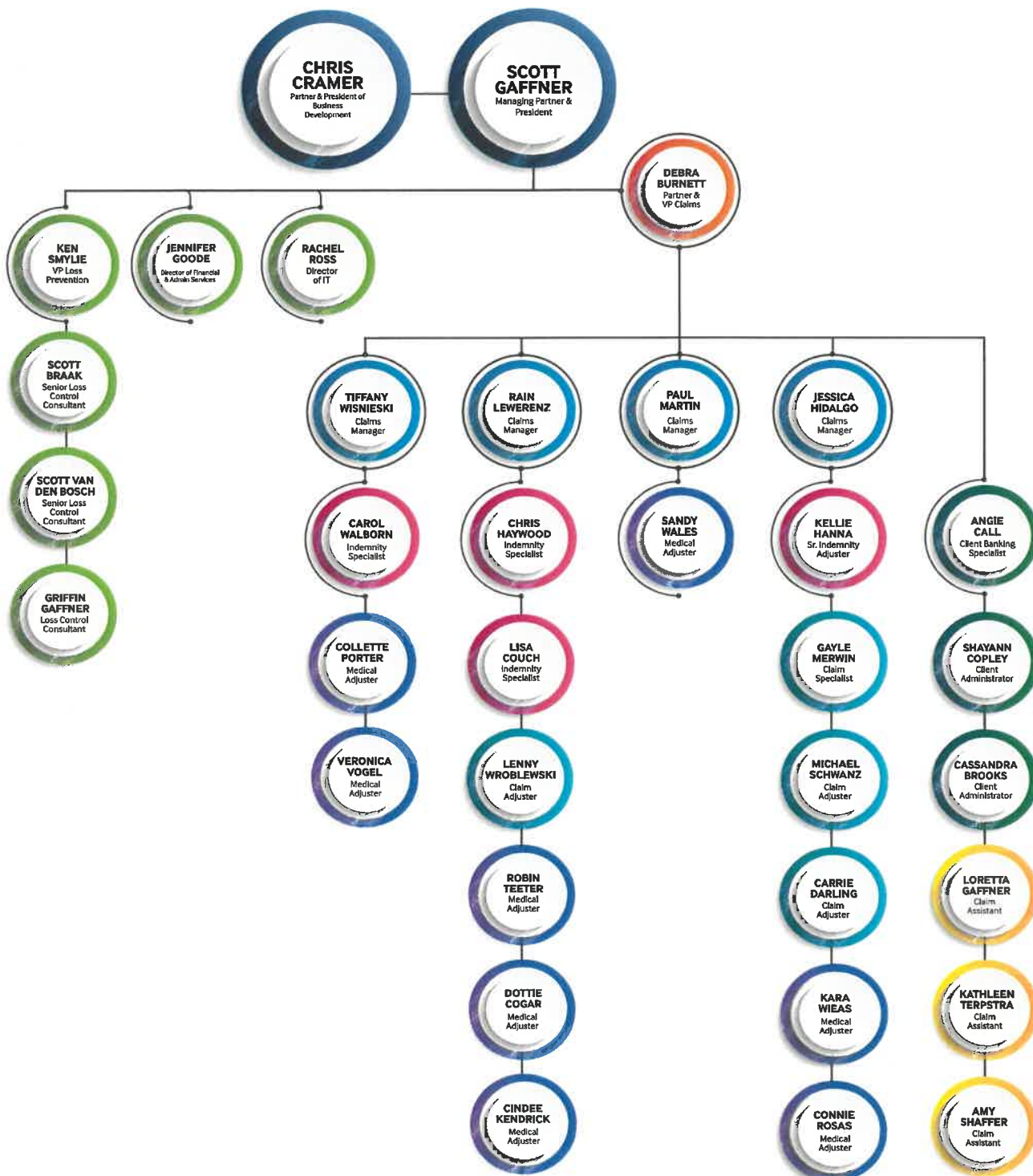
Automates the process of incident intake and claim creation.



DASHBOARD REPORTING FEATURES

The system provides more than 100 standard dashboard widgets and report templates – or allows us to customize our own – to create reports from anywhere in the system. The system allows for drill-down capabilities to the precise details, from summary reports to detailed reports, all the way down to specific claims.

G | HELLO! WE ARE ALL LOOKING FORWARD TO MEETING YOU



H | TESTIMONIALS

FROM OUR CLIENTS



"As the oldest group self-insuring fund in Michigan, MATSIF knows the importance of having a Third Party Administrator that can provide qualified staff and state-of-the art IT capabilities at a reasonable cost. Comprehensive Risk Services provides that and much more. We are very pleased with their services."

Barbara Bennett - Fund Administrator



"CRS's depth of experience and knowledge of Self-Insured Groups really stood out as we recently decided to transition our fund from our previous TPA. We are anxious to partner with the CRS team and take advantage of all they have to offer."

Tim Roberts, Fund Administrator



"The team members at CRS have provided claims handling, loss prevention, and general consultation to our Fund for many years and have contributed significantly to our success. They are an invaluable partner and we look forward to many successful years together."

Dennis Muth, Fund Administrator

I | OUR LEADERSHIP TEAM



Scott Gaffner \ \ Managing Partner and President

Scott W. Gaffner is the Managing Partner and President of Comprehensive Risk Services, managing with a lead-by-example work ethic. Scott knows relationships are central to success, and focuses on building relationships with clients as well as the Comprehensive Risk Services team. Scott has a proven track record of success as he grew and ran the largest and most successful TPA in MI. By sharing his 32 years of experience, Scott brings a formula for success that is client-focused to CRS. His specific expertise in Workers' Compensation, Self-Insured Groups, third party administration and alternative funding significantly benefits the self-insured employers partnered with CRS.

Scott received his Bachelor in Insurance from Ferris State University, and holds both the Certified Risk Manager and Certified Insurance Counselor designations. Scott also holds a Property and Casualty Agents License. Scott currently sits as a member of the Board of Directors for the Westran Insurance Scholarship Foundation.



Christopher Cramer \ \ Managing Partner and President of Business Development

Christopher Cramer is the Managing Partner and President of Business Development who partners with his clients to provide superior claims administration services for group self-insured and individual self-insured clients. After spending nearly 15 years working in the insurance industry for multi-million-dollar brands, Chris knows what truly drives a successful client. It comes down to how well you connect with the people you're working with and communicate your understanding back to them. Chris works closely with his team to create innovative presentations to highlight the unique boutique, service-orientated philosophies instilled at Comprehensive Risk Services. This allows him to differentiate the company and also show potential new partnerships how Comprehensive Risk Services is not a traditional cookie cutter servicing agent.

Chris has completed the Certified Risk Management designation through National Alliance. In addition, he assisted in establishing the leadership development program at Citizens Insurance Company of America.

Chris holds a degree from University of Michigan in Ann Arbor and has a passion for sports, personal fitness and travel. He is a proud father and husband and spends most of his free time with his family.



Debra Burnett \ \ Partner & Vice President of Claims

Debra Burnett is a Partner & Vice President of Claims, responsible for proactively leading the development and implementation of best practices for Comprehensive Risk Services. Prior to joining CRS, Debra had been a critical piece to the claims success of 12 self insured groups from both a management and adjudication standpoint. With over 30 years in the insurance industry, Debra is able to apply her expertise and market knowledge to educating Michigan employers in risk management, overseeing occupational injuries, accident investigations/documentation and Section 111 reporting. Using a sound risk management approach, Debra focuses on the best financial outcomes for the employer.

Debra has a long record of successfully guiding her clients with their claims and her degree in Accounting from Henry Ford Community College has allowed her to prepare and oversee reserve audits with an amazing average of 99% accuracy rate. She enjoys this diverse experience and is rewarded by the friendships and business partnerships she builds. Debra feels privileged to work with the different clients and their employees to make a difference.

As a dedicated parent, Debra has been a dedicated supporter of the Little Caesars youth hockey league and the Detroit Catholic Central's hockey programs for over a decade.



Ken Smylie \ \ Vice President of Loss Prevention

Ken Smylie, Vice President of Loss Prevention, is a 1992 graduate of Lawrence Technological University with a Bachelor of Science Degree in Mechanical Engineering. Ken has been actively involved in safety for 34 years. Prior to earning his degree, he served in the United States Navy as an anti-submarine warfare operator aboard P-3 Orion aircraft and as NATOPS Instructor (Naval Aviation Training and Operating Procedures Safety) at Naval Air Station Brunswick, Maine and Air National Guard Base Selfridge, Michigan.

Ken has over 26 years of experience in insurance loss control and places a strong emphasis on providing professional risk management service and building true customer-focused partnerships. Clients can benefit by utilizing Ken's knowledge of a wide variety of commercial arenas including retail, manufacturing, construction, and healthcare.

Realizing the importance of advanced technical training and continuing education, Ken has completed courses at Rockford Systems Machine Guarding School, OSHA 10-Hour Construction and General Industry courses, and Advanced Sprinkler System Analysis & Design at Delaware Technical College.

Ken has been invited to speak at numerous risk management and safety functions including the Michigan Safety Conference, Northwest Michigan Industrial Association Safety Awards Seminars, Michigan Assisted conferences, and the Society for Human Resources Management.



Jessica Hidalgo \ \ Claim Supervisor

Jessica Hidalgo, is the Claim Supervisor. Jessica specializes in the administration of Michigan self-insured workers' compensation claims programs. Prior to joining Comprehensive Risk Services, Inc. in 2018, Jessica was employed with a national Third Party Administrator for 15 years. During this time Jessica managed medical and indemnity claims for both Michigan self-insured group funds and corporate clients. At the time of her departure, Jessica was managing a team of 5 adjusters and was responsible for ensuring the proper claim handling by her team.

Jessica is a graduate of Cleary University where she earned a bachelor's degree in business administration. She is currently earning her master's degree with a graduation date expected in 2019. In addition, she is a licensed adjuster in the State of Michigan and has obtained industry specific designations to include I.N.S and A.I.C.

J | OUR REFERENCES

Michigan Association of Timbermen SIF

13168 State Hwy., M-28, Newberry, MI 49868

- Ms. Barbara Bennett, *Administrator*
(906) 293-3467
- Mr. James Carey, *Chairman of Board*
(906) 542-3420

Metalworking Industries of Michigan Workers' Compensation Fund

27750 Stansbury, Suite 100, Farmington Hills, MI 48334

- Mr. Mark J Sledzinski, *Administrator*
(248) 538-0680
- Mr. Gary Bonnell, *Chairman of Board*
(734) 717-3997

Michigan Assisted Living Workers' Compensation Fund

27750 Stansbury, Suite 100, Farmington Hills, MI 48334

- Mr. Mark J Sledzinski, *Administrator*
(248) 538-0680

Lumber & Building Material Supplier's Self-Insured Worker's Compensation Fund

27750 Stansbury, Suite 100, Farmington Hills, MI 48334

- Mr. Mark J Sledzinski, *Administrator*
(248) 538-0680
- Mr. Rich Mergel, *Chairman of Board*
(248) 755-4555

Northwest Michigan Industrial Association Workers' Compensation Fund

1368 Business Park Drive, Traverse City, MI 49696

- Mr. Dennis Muth, *Administrator*
(231) 922-7220
- Mr. Mike Chereskin, *Chairman of Board*
(231) 357-1415





OUR VISION

To **attract** the most *experienced, energetic professionals* in the industry. Create the **best work environment, resources,** and **support** for our employees to *exceed our client's expectations* in both quality and service, while using today's tools to drive the **lowest claim outcomes** in the industry.

OUR MISSION



Providing superior claims and risk management services specifically designed for MI Self-Insured Employers and Self-Insured Groups.



Privately owned. Owners are engaged in the day to day operations with the single focus of employee and client satisfaction.



Singular focus on one line of business, in one jurisdiction. When you do one thing, in one place, it enables you to outperform all others.

TEAM VALUES

- Honesty/Integrity
- Accountability
- Knowledge
- Client Focus
- Hard Work
- Responsiveness

K | OUR CONTACT INFO



Williamston Office

2896 N Williamston Rd Suite 700
Williamston, Michigan 48895
(248) 344-8550 Phone
(248) 344-8560 Fax

www.crsmi.com

| THANK YOU

SERVICE FEE PROPOSAL



MADISON HEIGHTS
MICHIGAN

July 1, 2023 – July 1, 2026

<i>Claim Handling</i>	<i>2023 Fee</i>	<i>2024 Fee</i>	<i>2025 Fee</i>
Annual Flat Fee	\$23,900	\$24,615	\$25,350
Loss Control	Up to 4 Days Included	Up to 4 Days Included	Up to 4 Days Included
Data Conversion Fee	\$5,000	N/A	N/A
<i>Managed Care Services</i>			
Bill Review	\$8.00 per Bill	\$8.00 per Bill	\$8.00 per Bill
Professional Review	\$90 per Hour	\$90 per Hour	\$90 per Hour
PPO Fee	30% of Savings	30% of Savings	30% of Savings
CMS Reporting	\$8.25 per Submission	\$8.25 per Submission	\$8.25 per Submission

**** Managed care fees subject to change as this is a vended service**

Claim Fees shall be inclusive of the following:

- All claims are handled to claim conclusion as long as a client of CRS
- In Person Attendance at Claim Reviews
- Complete and continuous handling of Litigated Claims through claim conclusion
- Monitoring of defense attorneys for performance
- Negotiation of claims for settlement purposes
- Monitoring of all vendor services
- Monitoring and reporting of claims to Excess Insurance Carrier and follow up for any potential recoveries
- Working with the Excess Insurance Carrier to assist and control claims that penetrate the Excess Layer
- Aggressive handling of Third Party Claims to recover claim dollars
- Follow as necessary with any claims involving Medicare activity
- Medical Only Claim - Any claim not involving lost time from work, litigation and the total medical is less than \$5,000.
- Indemnity Claim - Any claim involving lost time from work, litigation or serious medical (total medical paid in excess of \$5,000).