

Retro Advisory Committee (RAC) Meeting

Labor and Industries, Tumwater, WA

Meeting Minutes

08/15/2024

Virtual (Zoom)

Trade Association Representatives:

Lauren Gubbe, Associated General Contractors (not in attendance)

Victoria Montrose, Washington Hospitality Association

Tim Lundin, Archbright

Maria McClain, Association of Washington Business

Rose Gundersen, Washington Retail Association

Individual Firm Representatives:

Tom Walrath, T.E. Walrath Trucking, Inc. (not in attendance)

John Cichosz, DJ's Electrical

Labor and Industries:

Jessica Nau, Retrospective Rating Program Manager, *Committee Chair (not in attendance)*

Presented by Mike Williams and Rachelle Bohler.

Court Reporter:

Andrea Clevenger, Capitol Pacific Reporting

Recorder:

Melissa Morales (*present*)

Guests:

Abigail Potter, Alicia Milani, Amy Earley, Ashtyn Baker, Bambi Sotak, Ben Bower, Bill Vasek, Bobbie Hanna, Brandon Dion, Brenda Heilman, Brian Ducey, Casey Sparber, Chris Ristine, Cindy Kropp, Collin Head, Crystal McWilliams, Dan Plunkett, Dee Millard, Emily Gillis, Eric Wood, Evan Hejmanowski, Greg Kabacy, Hans Burger, Herbert Atienza, Ian Payne, Irina Razvina, Jackson Holland, Janee Cantu, Jeaneil Brown, Jennifer Jutte, Jennifer Wright, Jocelyn Rees, John Cichosz, Josh Thorn, Joshua Ligosky, Julie Osterberg, Karen Lehnert, Katherine Hoffman, Kaylynn Wollen, Ken Smith, Kevin Degginger, Kevin McDaniel, Kevin Neubauer, Kevin Robertson, Kris Johnson, Krista Main, Kyle Ducey, Leslie Qunell, Lisa Sullivan, Lisa Vose, Lloyd Brooks, Lori Gruber, Lynda Ducharme, Maria McClain, Mark Marinig, Marnee Watson, Matt Tafoya, Melissa Morales, Melissa Shannon, Michael Couthran, Michelle O'Brien, Mike Williams, Morgan Young, Nancy Adams, Nichole Runnels, Rachelle Bohler, Rose Gundersen, Ryan Moore, Sanjeev Batta, Sarah Fishback, Sarah Jackson, Sarah Wheeler, Scott Bradley, Sharla Case, Sheila Parker, Stacie Neiswanger, Teresa Sheldon, Tim Lundin, Trish Guadagnoli, Victoria Montrose, Wes Carter

Welcome and Introductions: Mike Williams

The meeting began with a welcome message from Mr. Williams and reminders about virtual meeting procedures. Mr. Williams called the meeting to order and invited introductions from the committee members present. Mr. Williams reviewed the agenda.

Safety Message: Rachelle Bohler

Ms. Bohler presented slides 5-7.

Mr. Williams announced his own promotion to Operations Manager for Consultations and Outreach as well as Rachelle's interim role as Operations Manager for Enrollment.

Various congratulations sent to Mike Williams for his promotion to Operations Manager via Zoom chat.

Insurance Services Staffing & Legislative Updates: Brenda Heilman, Mike Williams

Ms. Heilman presented slides 8-10.

Ms. Heilman announced her replacement of Mike Ratko as the new Assistant Director for Insurance Services as well as Cheri Ward's retirement from Chief of Claims and her replacement of Cherell Fisher.

Various congratulations sent to Brenda Heilman for her promotion via Zoom chat.

Ms. Heilman discussed House Bill 1197, passing in 2023 and going into effect July 1st 2025, that adds psychologists as attending providers for mental health only claims as well as provides definition of what attending provider means and updates to MIPS and LINIIS to reflect these changes. **Ms. Heilman explained** that although psychologists are currently in the system as a supporting role, they would need to apply to be in the medical provider network if they are to be listed as an attending provider.

Ms. Heilman continued to cover House Bill 1927 that reduces the amount of time a worker has to wait to be entitled to the first three days of time loss. **Ms. Heilman explained** that prior to June 6th, the worker had to be off work on the 14th day following injury and now they have to be off on the 7th day following injury to receive those first 3 days.

Ms. Heilman shared the concern that during the time of COVID where there were no waiting periods for frontline workers and an edit in the computer system to reflect the house law, that there may be overpayments to the workers. **Ms. Heilman reassured** that her team reviewed the edits, have since decided to add the edit back into the system, and are monitoring that the staff administer the payments correctly.

Ms. Heilman continued to cover Substitute House Bill 2127, set to go into effect in January, which increases incentives to employers for utilizing stay-at-work program as well as provides the continuous employment credit to increase funds for things like job modifications. **Ms. Heilman talked** about the death benefits for TNC drivers working for Uber or Lyft where they are eligible for benefits so long as they can sign in and accept a job for driving as well as are in close proximity to their vehicle at the time of the incident.

Ms. Heilman discussed light-duty jobs and the request from the business community to allow workers to participate at non-profit organizations, which lead to further review of the process and legislature changes. **Ms. Heilman noted** that although the disputes brought to the Claims Managers (CM) for review, they could only track if they either stop or continue time loss and more information is to come soon on this and the light-duty dispute office starting in September.

Ms. Heilman continued to cover the proviso funding for a study about post-traumatic stress disorder in first responders who have had coverage since 2018, however, starting January 1, they have added direct care registered nurses as well. **Ms. Heilman assured** that the RFP is going to be posted shortly while they get the vendor on board and report to legislature by June 30th.

Behavioral Health Interventions: Dr. Jennifer Jutte

Dr. Jutte presented slides 11-33. **Dr. Jutte began by defining** the term BHI – Behavioral Health Interventions – as a brief course of care with a focus on improving function by addressing psychosocial barriers (such as recovery expectations, fear of activity, catastrophic thinking, deactivation, perceived injustice, and loss of vocational connection) and strengthening individual coping strategies if it was found that these factors may be impeding medical treatment or management of an injury. **Dr. Jutte continued** to share that BHI is offered as part of the physical diagnosis along with psychosocial barriers.

Regarding VOC services and BHI, Ms. McClain asked via Zoom chat “Is VOC Services required to ask all of their clients if they want BHI services? We have seen this in VRC monthly reports most recently.” **Ken Smith responded via Zoom chat** “Hi Maria, Ken (VRC/Firm Manager) here. We are not required to ask our clients. We observe and if we see psychosocial issues are detrimentally effecting their ability to heal/RTW, we reach out to the AP/CM as an FYI. We don't push them into BHI.” **Dr. Jutte also responded** “No, if the VRCs believe their workers could benefit from BHI, they'll facilitate the conversation between them and the AP for referral, and the VRC ensures the worker understands the BHI process.

Dr. Jutte pointed out the importance of the perspective of the injury from the worker versus the workers compensation system as a way to increase engagement, adherence, and function and finally return to work. **Dr. Jutte shared** that although different psychosocial barriers can contribute to reduced function and difficulty returning to work, they do not indicate a mental health diagnosis.

Dr. Jutte continued that providers are educated on these barriers as well as short-term treatments and interventions that focus on recovery – see https://lni.wa.gov/patient-care/advisory-committees/docs/2019%20PDIR%20Resource_Final.pdf for recovery resources impacted by psychosocial determinants (PDIR) - as well as the Centers for Occupational Health Excellence, or COHE, that screen workers via the Functional Recovery Questionnaire (FRQ - <https://lni.wa.gov/forms-publications/f245-460-000.pdf>). **Dr. Jutte explained** that the COHE screen for factors associated with long-term disability between weeks two and six to alert attending providers that extra care is needed such as activity coaching and behavioral health to avoid long-term development of the disability.

Dr. Jutte shared that behavioral and mental health difference are coded as different services: BHI is for psychosocial physical barriers with no mental health diagnosis while mental health treatment is for diagnosed mental health conditions. BHI is not allowed for accepted or denied mental health conditions, **Dr. Jutte continued**, and mental health treatment is not allowable for psychosocial or psychological issues that do not meet DSM-5 diagnostic thresholds.

As to who is approved to provide BHI services, **Dr. Jutte explained** that only psychologists and anyone at the master's level of therapists with referral from an attending provider with documented reasons for referral. **Dr. Jutte revealed** that prior authorization is not needed for these services, which are provided

at the outset with 16 visits with an option to add additional sessions (up to 8) through an occupational nurse consultant, self-insured employer or TPA. **Dr. Jutte finished** with stating that BHI is limited to 16 sessions but is different from individual session allowance with no time limit on the visit and frequency up to provider.

From a CM viewpoint, **Dr. Jutte shared**, that although the claimants tend to be more complex, BHI appears to resolve fewer delays and solve barriers and allow the claim to move along as normal even when offered behavioral intervention services. **Dr. Jutte continued** that through the implementation of BHI, they have added over 100 mental health providers who can provide psychosocial support when the worker does not have a mental health diagnosis with 88% of CMs reporting no increase in the diagnoses contended on their workload.

Dr. Jutte explained the challenges in regards to high individual provider variance focusing on time-limited and solution-focused care with return to work as the goal. **Dr. Jutte continued** that there are some barriers to getting BHI on the claim, such as provider awareness, with only two-thirds of our APs being unaware of this option or recognize it as a benefit for the worker. **Dr. Jutte shared** that there has been some negative views of the program due to some incorrect understanding of what the purpose of BHI is for in preventing mental health condition. Some workers, **Dr. Jutte finished**, will actually receive a mental health diagnosis through the evaluation process, as well as causation.

Dr. Jutte shared a graph depicting the number of BHI-related assessments/reassessments and interventions that have increased since 2018 (from 971 interventions and 302 assessments to 10,854 interventions and 1,308 assessments) with 92% of BHI claims being resolved within or less than 16 visits.

Dr. Jutte shared another graph depicting the number of claims that have received BHI services treated with state funds increasing from 337 to 1,735 2018-2022 as well as the number of HBAI providers billed doubling from 55 to 101.

Dr. Jutte shared a third graph showing the a polled percentage of workers that find it difficult to find a therapist in their area was only 20% due to the increased number of providers – in-person and virtually - since 2018.

Dr. Jutte shared a final graph portraying the amount of time it takes for the worker to be seen by a master's-level therapist as within 2 weeks on the West side and 2-4 weeks on the East side.

Dr. Jutte addressed the concerned for missed work when attending sessions and shared a graph showing that only 5-14% of workers are missing or sometimes missing work which may be due to an L&I policy stating that the worker needs to use sick leave and make appointments outside work hours.

Dr. Jutte shared a final graph depicting worker satisfaction with the program where 51% said it helped to have someone who listened and to talk to while 41% appreciated assistance with emotional recovery following injury through coping skills and new insights. Most dissatisfaction, **Dr. Jutte continued**, came from feeling as if things did not improve or there were not enough sessions or time spent.

Dr. Jutte acknowledged that although she was asked to speak on the percentage of claims with or without BHI, she is unable to as this is something they do not analyze, however, VRCs may or may not need additional support when working with someone who has significant psychosocial barriers. **Dr. Jutte**

finished that some cases still need the worker's provider involved to facilitate an appropriate referral when it is beyond the VRCs' skills to help them.

Regarding VOC services and BHI, Ms. McClain asked via Zoom chat "Is VOC Services required to ask all of their clients if they want BHI services? We have seen this in VRC monthly reports most recently." **Ken Smith responded via Zoom chat** "Hi Maria, Ken (VRC/Firm Manager) here. We are not required to ask our clients. We observe and if we see psychosocial issues are detrimentally effecting their ability to heal/RTW, we reach out to the AP/CM as an FYI. We don't push them into BHI." **Dr. Jutte also responded,** "No, if the VRCs believe their workers could benefit from BHI, they will facilitate the conversation between them and the AP for referral, and the VRC ensures the worker understands the BHI process."

Dr. Jutte explained that VRCs establish trust with the worker and providing guidance and reassurance through the next steps of attaining their goals while learning about the worker and where BHI could be beneficial for them. If the psychosocial barrier is too complex for the VRC, **Dr. Jutte continued,** then additional resources can be used, referrals can be facilitated, as well as provide direction about the BHI process altogether. **Dr. Jutte shared** that the VRC is responsible for the collaboration of the BHI provider with the worker to ensure treatment moves forward without delay with early referrals showing to be most effective in preventing multiple barriers to recovery.

According to a survey of 50+ Adjudicators as well as several workers' responses, **Dr. Jutte finished,** BHI helps resolve issues quickly, moves things along as if it is a regular claim, and is overall, effective and well received with providers well equipped to offer these time-limited services that are focus on functional outcomes.

"Is there an analysis being done on the focus of BHI? We are seeing in the chart notes that there seems to be more focus on the workers non claim related mental health issues such as family issues, marriage issues, etc. It is concerning that employers are having to cover this treatment under workers comp vs regular insurance." **Amy Earley, Association of Washington Business, asked via Zoom chat.**

Dr. Jutte answered "Yes, this is a consideration as providers of BHI or mental health services really should be focused on the work relatedness of these services and their causation and psychosocial factors that are impacting that as well as any referrals to other providers to address other issues."

Ms. McClain asked via Zoom chat "Also, curious, what is the average cost that BHI adds to a claim? Max visits?" **Dr. Morgan Young responded,** "If taken to the maximum 16, the cost would be \$2,000 with most people not going that far."

Independent Medical Exam (IME) Updates: Nancy Adams

Ms. Adams presented slides 34-41.

Ms. Adams started by sharing about the three sessions held in May 2024 with business, labor/worker attorneys, and IME providers/panels with common concerns on who owns the recording in the chain of custody, who is authorized to view or access the videos, and what the consequences are if these rules are not followed. **Ms. Adams continued** by addressing questions on new letters and orders for IMEs where under 6440, they created the IW – not IME appropriate; the IQ – IME appropriate; the YL – a copy

of the IME to all parties; the IY – dispute received; and the IZ – dispute decision. Under 1068, **Ms. Adams shared**, they created 2M which requests a copy of the recording and 2R which is sent after the 2M with instruction on how to upload the recording.

Ms. Adams addressed the questions on IME co-recording and refusal to be co-recorded by sharing that there is no specific order or letter to address this issue and CMs would use the orders already established if found to be non-cooperation issue.

Ms. Adams continued on the questions of IME travel or the RCL, if worker is contending RCL is the issue for why they do not attend the IME, this will be considered a protest to the IME and will be addressed after review of the case-specific facts.

Created in 2016, Ms. Adams addressed forensic IMEs, or FW, which are only considered to be beneficial by CMs – with a higher-level adjudicator as well as the worker’s ONC - when there are no other options to get an in-person IME.

In regards to BCAP requests and preferred language, **Ms. Adams shared** that if available in the needed specialty, the CM can consider a currently practicing examiner, however, even though attorneys are known to ask for this every time, this should not delay or stop an IME from occurring. **Ms. Adams continued** that although there are few providers who are willing and able to act as examiner and as well as interpreter without a third party involved, neither of these requests should cause delay or stoppage of an exam.

Ms. Adams shared an update on the IME protest process under 6440 where a pilot – that ran from 6/1/2022-6/1/2023 - was began on how to handle protests received specific to that legislation and the new rules. **Ms. Adams continued** that the pilot team, comprised of claims leads, handled all IME protests to help determine if actions were correct under the new law and if any further trainings are necessary. The pilot was rolled out permanently to Claim Leads to ensure consistency in actions and decisions, **Ms. Adams showed**, and included protests to an IME with a request to record.

Aggravation of Pre-existing Conditions: Hans Burger

Mr. Burger presented slides 42-51.

Mr. Burger began with an overview of how the Department handles the adjudication process of claims with preexisting symptomatic conditions that are worsened or accelerated by the new injury as well as the letters or orders resources given to CMs to navigate that situation.

Mr. Burger explained that if medical evidence shows the new injury has accelerated the aggravation of the symptomatic or disabling preexisting condition, then the Department is responsible but is limited only to the aggravation or increase in disability due to the new injury. RCW 51.32.080, Sub 5, **Mr. Burger continued**, directs the extent of the acceleration has to be determined and the appropriate benefits awarded.

The CMs keep clear documentation of the industrial injury being temporary, **Mr. Burger showed**, if the pre-existing aggravation was found in the medical files as improving back to where it would have been pre-injury with natural progression and has not worsened long-term. If the CMs find that the preexisting condition was aggravated further by the injury, **Mr. Burger continued**, they would follow the steps in

the 3rd section of Attachment 4-9E which includes making sure all prior medical information is in the file. If the worker is not willing to provide factual information or respond to the letters and release requests for those records, **Mr. Burger shared**, the CMs can initiate the noncooperation suspension process per Task 31. **Mr. Burger showed** that this allows CMs to send a letter informing the worker of the required actions to obtain prior medical records, especially when the lack of records is delaying a decision, or the worker will lose their time loss benefits.

Regarding gaining prior medical and reporting into ISO, **via Zoom chat, Ms. Earley asked** “Hans- can you talk a little about how you train CM's to get prior medical when the worker is non cooperative with providing this but it is clearly noted in medical that there is a history of treatment such as prior comparative MRI's etc. Also, I have been asking but have not received a reply, does LNI still report into ISO and what is the standard process of ordering ISO and are we as TPA's able to get the info obtained in the ISO?” **Mr. Burger took note** and would answer the question at a later date.

The next step in the process, **Mr. Burger continued**, is for the CMs to review the medical report and have a file that clearly shows the status of the worker's physical and mental status prior to injury. **Mr. Burger shared** that CMs must ensure the provider reviewed prior records proving a reasonable relationship between the aggravation of the previously symptomatic preexisting condition and the injury.

Ms. Earley asked via Zoom chat, “Our biggest issue is obtaining the prior medical. When it is obvious there is a pre-existing. What other things can the Dept doing to help obtain these records? Can investigators be utilized? Obtaining the baseline is essential for knowing when they have reached pre injury status.” **Mr. Burger stated** he would note this as a takeaway and send the information at a later date.

Mr. Williams shared via Zoom chat “The attachment Hans is referencing is included in the PDF version of slide deck (very last page) that was sent out via Retro email bulletin yesterday afternoon.” **Mr. Burger further elaborated** on the example letter accepting the aggravation with the 52 letter, option 1 for non-mental health conditions and 9X letter, option 2 for mental health conditions – which notifies the mental health provider that the condition is allowed and treatment is authorized. **Mr. Burger shared** that the worker would then receive a standard 9W letter for mental health diagnoses.

Once the decision has been made to update the aggravation, **Mr. Burger continued**, the CM loads the diagnosis in the system – usually working with an ICD coder – to an allowed status, documenting the current condition, expected treatment and setting a reminder to determine temporary or permanent status once the worker has reached Maximum Medical Improvement (MMI). If there is a written protest to the 52 letter, **Mr. Burger explained**, the first step is to review any new submitted information, research any outstanding questions, and make sure the file supports the decision.

If the decision was determined correct, **Mr. Burger shared**, the CM then sends the TV order along with a second 52 letter, using option 2 to affirm the acceptance of the aggravation. **Mr. Burger finished** by saying that the CM reviews all documents at the end of the claim and if the aggravation is found to be temporary – a TQ is ordered, Option 1 is issued showing no permanent impairment, a free text letter explaining the decision is sent to the worker, and an end date for Department responsibility is coded in the system (see documents in packet provided with presentation).

If the aggravation is found to be permanent, **Mr. Burger shared**; the CM will send the Option 2 version of the TQ order, a letter of explanation to the worker, and adding no end date for diagnosis in the system.

LDR Relativities: Bill Vasek, FCAS

Mr. Vasek presented slides 53-60.

Implemented in Retro in 2008, **Mr. Vasek started** by sharing about loss development by claim type which considers both the changes in cost as claims mature and the likelihood of claims switching types and is updated annually with study performed in June based on data as of March 31st.

Mr. Vasek discussed the annual LDF (Loss Development Factor) Relativity study about how claims have incurred costs through seven years as well as the change to the non-pension discount rate helping change some of the LDFs.

With loss development factors calculated from the first adjustment to the third, **Mr. Vasek showed** the medical aid LDFs as lower than the accident fund LDFs. **Mr. Vasek continued** by sharing an example equation for application of new relativities based on Case Incurred Claim Cost x Overall Avg Accident or Medical Aid LDF x PPD LDF Relativity = Developed Claim Cost.

Mr. Vasek also shared another example of a PPD claim on third adjustment and the relativities to the accident fund when a medical aid LDF is close to one. **Mr. Vasek continued** to discuss the new LDF relativities where the medical only has the least amount of claim development over the three adjustment periods while the miscellaneous accident fund has the highest due to costs being so low.

Due to small costs developing into large costs for just a few claims, **Mr. Vasek revealed**, they have capped the LDF at nine to prevent any distortion. **Mr. Vasek shared** a comparison of prior Retro LDF relativities and the percentage of change with focus on the decrease in TPD medical aid and accident funds, which is due to non-pension discount rates decreasing and less vocational rehab interventions.

Occupational Injury and Illness Classification System (OIICS): Marnee Watson

Ms. Watson presented slides 62-64. **Ms. Watson began** with updates on the coding unit for both ICD codes as well as OIICS coding with a current backlog of state fund claims at 124,000 at the end of July and 24,000 for self-insured. **Ms. Watson shared** the status of the staff with seven permanent on staff being cross-trained on all codes while adding two non-perm coders to help get them caught up. **Ms. Watson continued** to show that the staff has coded 34,000 claims so far from 2018 to 2022 with 6,000 left.

Regarding LNI recruitment, Ms. Earley asked “Marnee- we have heard there is a hiring freeze at LNI until at least December, how will this impact your non-perm hires as far as maintaining this going forward if you can't hire them perm?” **via Zoom chat. Ms. Watson replied**, “These non-perm positions are not technically real, however, they are utilizing assisting resources on a temporary basis.”

Regarding how to request specific claims for coding, **Ms. Watson finished**, to please prioritize the claims you need coded and send to the ICD 10 inbox (ICD10@lni.wa.gov).

Ms. Earley noted via Zoom chat “Please note that we need the coding done for Retro Plans we are required to submit to Retro annually”. **Mr. Williams replied** “That they have heard from a lot of Retro groups regarding this matter and is pleased for the process in place that can be utilized to prioritize claims that need to be coded”.

Much appreciation to Marnee for her help and efforts was posted via Zoom chat.

Employer Services Update: Michelle O’Brien

Ms. O’Brien presented slides 65-66.

Ms. O’Brien began by discussing the partnership between Retro and Employer Services on Substitute House Bill 2127 for agency requested legislation on the stay at work, Preferred Worker and continued employment incentive. In regards to the status and how the public can provide feedback, **Ms. O’Brien shared** that they are in the process of filing the CR-101 with the CR-102 to be filed in early October and a hybrid public hearing in Tumwater is set for November 12.

Ms. O’Brien shared the legislation effective date as January 2025 with any claim with a date of injury of 1/1/25 and after using the new increased incentive. With much appreciation to her, **Ms. O’Brien continued**, the stay-at-work program is currently being managed by Sandee Mills while she continues her work with Outreach.

Ms. O’Brien provided an update on the increase in participation, which have also increased the backlog as well leading to the hiring of a project manager and business analyst to look for efficiencies and best practices for the future process.

Via Zoom chat, Ms. Earley asked “Michelle- can you send out an updated slide with your question answered in this slide? This is a little confusing and I anticipate we will get a lot of employer questions on this. Also, can you address the SAW backlog? We are seeing cases getting closed and SAW periods denied but we can't get these addressed as the providers can't bill on the closed claim to answer questions.” **Ms. O’Brien responded** that she would send the slide after the meeting and address any additional questions then.

Regarding the new increased incentive used going forward in 2025, **Jeaneil Brown, Archbright, shared via Teams chat** “The bonus incentive for 12 months of PW”. **Lloyd Brooks, Brookswright Solutions, followed up on Teams chat** “Ahh - As part of Preferred Worker Program”

Ms. O’Brien explained that the continuous employment incentive is an additional \$25,000 incentive given to the worker if they are certified as a Preferred Worker or employed for 12 months with the same employer.

Ms. O’Brien explained about account services having 65 account managers with eight current vacancies on the team due to an increase in Business License Applications (BLAs). **Ms. O’Brien continued** that due to this workload increase and shortage in staff, there might be a delay in opening accounts, however, to focus on more involved applications, they are removing some BLAs that do not need AM review – like those employers not hiring workers or minor work-permits - that can be auto-posted or immediately

sent to the employment standards office. **Ms. O'Brien asked** for any questions or if you need help with your BLA, to please contact Jessica Nau (jessica.nau@lni.wa.gov) or Julie Black (julie.black@lni.wa.gov).

Usually published in the third week of September (October for Retro groups and TPAs), **Ms. O'Brien shared** an on-time update on the 2025 ratemaking process with notices going out via account managers.

Retro Update: Rachelle Bohler & Mike Williams

Ms. Bohler presented slides 67-70. Ms. Bohler shared a summary of enrollment with the April 2024 cycle completed on May 3 and almost 75% of the July enrollment completed to date and a goal of completion by August 30. **Ms. Bohler shared** the Enrollment Outside Enrollment (EOOE) stats with the 30 day goal being consistently met throughout each month since January. Ms. Bohler explained a possible slowdown due to July cycle workload on staff.

Mr. Williams presented slides 71-76. **Mr. Williams shared** April CY Adjustment Protest stats with one protest received and an additional \$199,000 refunded.

Ms. McClain asked via Zoom chat "Do we have a list of plan choice that groups made? It might be coming?" **Mr. Williams answered** that this information is in a later slide; however, Retro does publish those after every adjustment as well.

Mr. Williams continued to the July coverage year for adjustment protests with a total of 277 – 100 more than last year – and 146 completed as of 7/31, 28 granted, 77 denied and 41 pended resulting in an additional \$1.5M in refunds. **Mr. Williams explained** that the remaining are being processed by our lone adjudicator, Sheila Parker, and may exceed the usual 90-day turnaround time.

Mr. Williams shared a summary of how the updates to the insurance tables have affected plan choices for the July 2024 coverage period with a focus on the difference between the max assessment potential and the break-even loss ratio.

Regarding the adjustment protest July cycle, **Ms. Brown asked via Zoom chat**, "Do we know why there might be such a large increase in protest received?" **Mr. Williams responded** that there is no known reason and the intake numbers fluctuate year to year.

Mr. Williams explained the graph depicting that under the new rules, the plan choices are taking on more risk due to either participants maintaining their max loss ratios, and/or increasing their single loss limits. **Mr. Williams continued** on to break-even loss ratios for July groups showing as lower under current rules than previous choice plans with employers taking on more risk while still needing to improve to maintain or increase refunds.

Due to an internal scheduling conflict, **Mr. Williams announced** the change of the October 31 RAC meeting from hybrid to virtual only.

Meeting adjourned.