Enterprise Goods and Services

RISK MANAGEMENT

SERVICE LEVEL AGREEMENT (SLA)
## Approved by:

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<tr>
<th>DAS (Name &amp; Title)</th>
<th>Date</th>
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<tr>
<td>Penny Evans, Risk Management Program Manager</td>
<td>3/19/2014</td>
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## Customer Utility Board

<table>
<thead>
<tr>
<th>Date</th>
<th>Draft Version</th>
<th>DAS Staff Representatives</th>
<th>Customer Representatives</th>
<th>Description of changes</th>
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<td>3/19/2014</td>
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1. Introduction

1.1. Background

The Department of Administrative Services has four Service Enterprises, each governed by a Customer Utility Board (CUB). Each CUB acts as a governing board for the services provided, by the associated Service Enterprise, which have been designated as utility services.

CUB’s have four primary responsibilities:

a) Approving general service level agreements.

b) Approving rate-setting methodologies and resulting rates.

c) Reviewing business plans and annual financial statements.

d) Settling unresolved service complaints.

One of the key responsibilities assigned to CUBs is the approval of Service Level Agreement (SLA) documents. CUBs are responsible for reviewing and approving the content of these documents, ensuring the defined service levels are commensurate with the rates charged for each service.

CUB’s are also responsible for approving the process to be followed for the development, approval and amendment of SLA documents. They assign members to specific workgroups created to conduct and oversee this work and ensure participating representatives from customer agencies can clearly articulate the needs of the customers.

1.2. Objectives and purpose of SLA

The objective of this Service Level Agreement document is to ensure both Risk Management division staff and customers understand and agree how the services will be performed, and the responsibilities and expectations of each party.

The SLA will:

a) Describe the services provided by Risk Management.

b) Identify service level objectives and performance targets for the services, agreed upon between Risk Management and customers.

c) Identify responsibilities of each party.

d) Document the following service management processes agreed upon between DAS and customer representatives from all four CUB’s:

   1. Performance tracking and reporting to customers.

   2. Review and amendment of the SLA document.

   3. Service-related dispute resolution.
This SLA document is not meant to be static, but a working document that will reflect the continuous change in services delivered by DAS, service delivery operating processes, and service level expectations agreed between service provider and customers.

1.3. Identification of Enterprise Goods & Services Risk Management

1.3.1. Short description of Risk Management’s mission

Risk Management strives to be the model and recognized leader for excellence, service and leadership in risk management. RM’s mission is to serve Oregon by managing and minimizing the cost of risk by focusing on three primary strategic goals: agency outreach and education, workforce development, and development and promotion of risk management best practices.

1.3.2. Applicable statutes and legal underpinnings

- **ORS 278: Insurance for Public Bodies**
  - **ORS 278.120:** Grants exclusive authority to DAS (via Risk Management) to manage claims against the state, and against the officers, employees and agents of the state, that arise under the provisions of ORS 30.260 to 30.300. Also provides that the Attorney General will defend all lawsuits after the department has determined that a reasonable settlement cannot be achieved.

- **ORS 30:**
  - **ORS 30.260 through 30.300** provides an overview of the state’s scope of liability for tort and property damages related to the conduct of state business.

- **ORS 656: Workers’ Compensation**
  - **ORS 656** provides an overview of processing, managing and compensating occupational injuries and illnesses.

2. Service Catalog

The Service Catalog lists and describes the main services Risk Management provides to its customers. The following criteria were considered in order to identify and describe the services included in the Service Catalog:

- **The intent of the Service Catalog is to identify and describe services from the customer’s point of view.** This helps to emphasize and explain the benefits, outcomes and deliverables that the customers receive when purchasing a service, as opposed to describing the whole set of internal support processes and activities executed by Risk Management staff in order to deliver these services. As a result, business support processes and functions, such as account management or help desk functions, are not meant to be systematically captured or thoroughly explained in this catalog.

- **The services included in this Service Catalog are those available to Risk Management customers today.** Service descriptions reflect the different features and options currently available to Risk Management customers, enabling customers and Risk Management staff to know what to expect and not expect from a service. Clearly defined services inform customers about service offerings, including what each service does and
does not include, service boundaries, how to request services, and how to get help, as well as other factors influencing the extent to which they can be currently enjoyed by Risk Management customers. Consequently, all narrative about future service features and offerings has been purposefully removed from the description of services included in this Catalog.

- In order to identify and describe services with the right level of detail, consideration has been given to describing **services or offerings that can be purchased in stand-alone mode**. If a given service needs to be purchased as part of a packaged offering, the package will be described in its own service sheet and the individual service will be described in the “What’s included” section of the packaged offering Service Sheet.

- The purpose of the Service Catalog is to describe the **standard services and terms of service delivery**, not the exceptional services or service terms that can be offered to a given customer under special circumstances.

### 2.1. List of services offered by Risk Management

A brief description of each service is included in the section below. For detailed descriptions about the services available to Risk Management customers, consult the Catalog Service Sheets in appendix 8.1 of this SLA document.

<table>
<thead>
<tr>
<th>Service Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Insurance Coverage</strong></td>
</tr>
<tr>
<td><strong>Liability and restoration claims management</strong></td>
</tr>
</tbody>
</table>
Workers’ Compensation oversight and advisory services

DAS Risk Management oversees the administration of Workers’ Compensation (WC) claims and provides State of Oregon agencies, boards and commissions with consultation and advisory services related to WC claims and benefits. DAS Risk Management employs prevention and loss control measures to minimize financial loss to agencies and the enterprise.

Training and consultation services

Agencies, boards and commissions require tools, resources and education to reduce the financial exposure of Workers’ Compensation, property and liability risks. DAS Risk Management offers a suite of training and consultation services that enhances risk identification and implementation of mitigation strategies to minimize financial loss to agencies and the enterprise. All agencies, boards and commissions are free to request, access and use our publication, training and reports services.

3. Service Level Expectations.

This subsection identifies the metrics that will be used to track quality of service delivery along timeliness and other quality attributes.

3.1. Performance metrics.

<table>
<thead>
<tr>
<th>Measure Number</th>
<th>Metric</th>
<th>Metric explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Timeliness of first contact</td>
<td>Percent of times Risk Management adjusters are able to make a successful first contact with customer agency within 3 business days from the date the claim was reported to DAS.</td>
</tr>
<tr>
<td>2</td>
<td>Restoration claim cycle time</td>
<td>Average number of calendar days from restoration claim report date to the date the claim is closed</td>
</tr>
<tr>
<td>3</td>
<td>Liability claim cycle time</td>
<td>Average number of calendar days from liability claim report date to the date the claim is closed</td>
</tr>
<tr>
<td>4</td>
<td>Timeliness of workers’ compensation claim acceptance</td>
<td>Percent of times SAIF provides a decision of claim acceptance/denial within the 60 calendar day target set in statute</td>
</tr>
<tr>
<td>5</td>
<td>Average cost per closed restoration claim</td>
<td>Average cost incurred per closed restoration claim filed by a state agency for damage to state-owned property</td>
</tr>
<tr>
<td>6</td>
<td>Average cost per closed liability claim</td>
<td>Average cost incurred per closed liability claim filed against a state agency</td>
</tr>
<tr>
<td>Measure Number</td>
<td>Metric</td>
<td>Metric explanation</td>
</tr>
<tr>
<td>----------------</td>
<td>--------------------------------------------</td>
<td>--------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>7</td>
<td>Average cost per non-severe WC claim</td>
<td>Average cost incurred per WC claim filed against the state of Oregon as the employer that gets closed with no pending reserves</td>
</tr>
<tr>
<td>8</td>
<td>Average cost per severe WC claim</td>
<td>Average cost incurred per WC claim filed against the state of Oregon as the employer that gets closed with reserves</td>
</tr>
<tr>
<td>9</td>
<td>Quality of safety training</td>
<td>Average rating, on a scale of 1-5 (5 being best), of safety training programs completed by state employees provided by SAIF</td>
</tr>
<tr>
<td>10</td>
<td>Time to deliver an ad-hoc risk report</td>
<td>Average number of business days to design and deliver an agency- specific, ad-hoc risk analysis report in response to a customer request</td>
</tr>
<tr>
<td>11</td>
<td>Training of risk analysts and adjusters</td>
<td>Average number of training hours relevant to risk management received by Risk analysts and adjusters</td>
</tr>
</tbody>
</table>

For detailed description about these performance metrics, consult the SLA measure dictionary sheets in appendix 8.2 of this SLA document.

### 3.2 Service levels/ performance targets.

This subsection lists the performance targets / service levels agreed upon by Risk Management and customer representatives and approved by the EGS Customer Utility Board.
<table>
<thead>
<tr>
<th></th>
<th>Metric Description</th>
<th>Definition</th>
<th>Agreement to measure and share this information with CUB even if no target is established</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>Average cost per closed liability claim</td>
<td>Average cost incurred per liability claim filed against a state agency.</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Average cost per non-severe WC claim</td>
<td>Average cost incurred per WC claim closed with no pending reserves.</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Average cost per severe WC claim</td>
<td>Average cost incurred per WC claim closed with pending reserves</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Quality of safety training</td>
<td>Average rating, on a scale of 1-5 (5 being best), of safety training programs completed by state employees provided by SAIF.</td>
<td>4 (in a scale of 1 to 5, 5 being best)</td>
</tr>
<tr>
<td>10</td>
<td>Time to deliver an ad-hoc risk report</td>
<td>Average number of business days to design and deliver an agency-specific, ad-hoc risk analysis report in response to a customer request.</td>
<td>5 business days</td>
</tr>
<tr>
<td>11</td>
<td>Training of risk analysts and adjusters</td>
<td>Average number of training hours relevant to risk management received by Risk analysts and adjusters.</td>
<td>20 hours training per year for risk adjusters and analysts.</td>
</tr>
</tbody>
</table>

For detailed description about these performance metrics and targets, consult the SLA measure dictionary sheets in appendix 8.2 of this SLA document.


Agencies, boards and commissions shall pay DAS an amount per biennium. These charges will be billed by DAS biennially for the upcoming biennium. The methodologies for these calculations are described in Appendix 8.3.

4.2. Billing disputes.

Customers must notify DAS Risk Management’s Financial Analyst, in writing, by email at risk.management@state.or.us or by calling 503-373-7475, of the disputed billing amount and the reason for the dispute within 30 days of the dated invoice.

For amounts in err, Risk Management will facilitate the appropriate adjustments in billed amounts. Requests for increases in waived amounts must be sent through the same channels as above with the additional notification of the Risk Manager. Only amounts approved to be waived in writing by the Risk Manager may be deducted from the invoice.
4.3. Payment.

Agencies may choose the timeline of their payment(s). Payment options are quarterly, annually or biennially.

Risk Charges must be paid in full during the biennium which the billings cover. Failure to pay risk charges may result in a loss of insurance coverage for the defaulting agency, board or commission.

5. Service management processes.

5.1. Performance measurement and reporting.

Risk Management will be responsible for measuring service performance, as well as for reporting on compliance within the agreed SLE’s or performance targets.

At a minimum, Risk Management will develop and publish quarterly and annual performance reports as described below:

5.1.1. Quarterly performance reports

Quarterly reports will track the performance target and the actual performance for each measure identified in the SLA document. They will be posted electronically on Risk Management website for all customers to review.

At a minimum, these reports will include the following information:

1. A comparison of actual performance results versus performance targets for the current period and at least the two previous periods.

   Quarterly reports can include other tables or graphs with additional views or analysis of performance along with other dimensions relevant to Risk Management. This may include a breakdown of performance results per geographic area, per customer group or per type or subtype of triggering event.

2. A proposed action plan for each measure not in compliance with the agreed service level expectations or performance targets.

   An action plan will include:
   a. An analysis / statement of the root causes/reasons for not meeting the service level target(s).
   b. A description of corrective actions identified and recommended by Risk Management in order to meet the agreed service level(s).
   c. A timeframe for the implementation of the corrective actions.

   A measure will be considered not in compliance with the agreed performance target if either one of the following scenarios applies:
   a. If the SLE is measured monthly, when the performance is below target level for two consecutive months.
b. If the SLE is measured quarterly, when the performance is below target level in any given quarter.

3. **A report on customer-specific, formal performance complaints received by Risk Management, over the previous quarter.** This report will:
   a. Identify number of complaints received by type.
   b. Describe each complaint/performance incident and the affected customer(s).

In addition to being posted on the Risk Management website, quarterly performance reports will be delivered to the members of the CUB governing the program. Risk Management will be present at the CUB meeting every quarter to present the report for CUB members to review the last quarter’s performance report and to present and receive feedback on the corrective action plans for the measures where performance is not in compliance with the agreed targets.

**5.1.2. Annual performance reports**

Risk Management will develop and deliver a draft annual performance report, analyzing actual performance results achieved and corrective actions implemented during the previous year for each measure identified in the SLA document.

Based on the information shown on the draft annual performance report, members of the CUB governing the program/Service Enterprise will have an option to review and provide feedback for any corrective actions recommended by Risk Management to address non-compliance with performance targets, as well as to monitor the implementation of the action plans agreed upon with Risk Management throughout the previous twelve months for the measures that did not show compliance with the established performance targets.

The annual performance report will include:
1. The same information as the quarterly performance reports for the performance of each measure identified in the SLA document over the last quarter of the year.
2. An additional section with follow up information about the corrective actions implemented and the results achieved for the measures where performance was not in compliance with the agreed SLE’s in any given quarter within the year.

CUB members will use this Annual Report to conduct a yearly performance review, which will be deeper and broader than the regular performance reviews conducted every quarter between the CUB and Risk Management. The recommendations and feedback provided by the CUB will be incorporated by Risk Management into a final version of the annual performance report. The annual performance review process could lead to a review and/or amendment of the SLA document agreed between RM and its customer’s. The final report will be posted electronically on Risk Management’s website.

**5.2. SLA review and amendment**

This Service Level Agreement is a living document, capable of being updated and amended over time with the agreement of both parties.

**5.2.1. Ongoing SLA review**

SLA document reviews or amendments will be considered as a result of any of the following:
1. A new service or a service enhancement is incorporated into the Risk Management catalog, allowing for new associated Service Level Expectations to be developed and added to the SLA document.

2. Changes in Risk Management's ability to perform as a result of:
   a. Significant and sustained change in workload demands.
   b. A significant and sustained increase or reduction in RM resources.
   c. A need to conform to other unforeseen organizational constraints within DAS or within state government.

3. When customer’s expectations and/or performance service level needs have changed.

4. Evolution in RM tools and processes, which allow for better metrics and/or evolved performance level targets.

5. Missing performance targets by 15% (whether actual performance is over or under the target) in more than 2 consecutive quarters.

6. When Risk Management’s corrective action recommends a reassessment in the performance targets agreed for a service.

The **SLA amendment process** will be as follows:

1. The request to review and modify the SLA document can be initiated by Risk Management or any customer represented at the CUB.

2. Based on the nature or scope of the SLA modification request, the CUB and RM may undertake the modification and approval of the amended SLA document in the course of a regular CUB meeting or choose to create a SLA review team/workgroup for this purpose.

3. If an SLA review team is created, the workgroup will review and draft the recommended changes/updates to the content of the SLA document.

4. The draft amended SLA document will be submitted to the CUB for review and approval.

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### 5.2.2. Biennial SLA review

The Service Level Agreement will be reviewed at least **once per biennium** to ensure service levels are adjusted and remain both appropriate for the services the provider delivers and commensurate with the rates charged for each service.

The **biennial SLA review** will be as follows:

- The CUB and Risk Management will designate an SLA review team consisting of customer and RM representatives. Customer representation will include at a minimum a member from the CUB.

- The SLA review team will conduct an analysis and evaluation of the SLA and identify any potential amendments to the SLA document. To do so, the SLA review team will:
  a. Conduct an analysis of the SLEs against the actual performance results achieved in the last two years, identifying opportunities and/or needs to readjust service level expectations or performance targets.
  b. Conduct a review of previous and potential performance issues that may affect services.
  c. Conduct an evaluation of the success in the adoption, acceptance and commitment to the SLA by both parties:
     i. How successful has the SLA been? Has it made a difference?
     ii. Has it been used by RM staff, and if not, why?
     iii. Have customers used it or adhered to it, and if not, why?
iv. Has it helped manage customer’s expectations?
v. What barriers/problems have there been and what other feedback has RM received?

- The SLA team will review and make recommended changes/updates to the content of the SLA document.
- The draft amended SLA document will be submitted to the CUB for review and approval.

5.3. Incident management

Risk Management has developed the following incident response process in order to support the prompt and satisfactory resolution of service incidents.

The general incident management process for Risk Management is to contact the RM representative who provided the service to discuss the concerns.

Should that not lead to a resolution, contact the lead worker or manager of the section by either of the following methods:
  o Calling Risk Management at 503-373-7475
  o Sending an email to Risk.Management@state.or.us

- When reporting an incident, the customer agency will need to provide a brief description of the problem, informing about the urgency of issue.
- Risk Management will categorize all reported incidents and forward to the appropriate staff member for resolution.
- The assigned staff member will contact the customer within twenty four (24) hours from receipt of the incident.
- If necessary, the incident will be escalated to the Risk Management Program Manager.

5.4. Complaint resolution and remediation

5.4.1. Principles

Performance complaints should be addressed and resolved at the lowest common level, collaboratively between the customer and representatives of Risk Management.

If performance is below customer’s expectations, an informal approach often offers the quickest solution. If circumstances permit, DAS customers should talk with the Risk Management employee or unit involved in the situation to seek resolution to any performance dispute, explain the problem and ask for assistance. If this informal approach does not resolve the issue, or if at any given time DAS customers are not satisfied with the levels of utility services received, they may submit a formal performance complaint to Risk Management via the formal complaint intake process described below.

Resolution of formal performance complaints raised by individual customers will be done in accordance with the following principles:

1. All complaints submitted using the process outlined below will be considered formal, and they will be logged, documented and published by Risk Management.
2. Formal performance complaints shall only be considered resolved when:
   a. Risk Management and the affected customer(s) have agreed on an action plan to solve/correct the problem; and
   b. Applicable remedies to exact reparation to the affected customer (s) have been agreed to the satisfaction of both parties.
3. In the event a customer is not satisfied with either the action plan or the remedies offered by Risk Management, complaints can be escalated by the customer to the next level in the escalation path within DAS for resolution.

5.4.2. Raising and recording formal complaints

Performance complaints can be submitted to Risk Management via the following complaint intake email inbox: RiskManagement.Support@state.or.us.

All complaints submitted via this process will be considered formal complaints.

Formal complaints should include:
1. A summary description of the complaint. This description may include a customer’s desired resolution of the matter.
2. Identification of affected customer(s).
3. If applicable, a description of aggravating circumstances (incident severity, repeated problems, estimated financial loss incurred or savings not materialized by the customer as a result of the performance incident, etc.).

All formal complaints received will be documented in a complaints log file specific to Risk Management, and responsibility will be assigned to staff within RM to follow up and seek resolution.

The information in the complaint log file will be used to develop the customer-specific formal performance complaints report that will be published as part of Risk Management’s quarterly performance report.

5.4.3. Complaint escalation process

In the first instance complaints will be assigned to a lead worker or manager of the functional unit affected by the complaint. After investigation and consultation with all parties, Risk Management will seek resolution by offering to the complainant both:

1. An action plan to solve/correct the problem, which at a minimum will consist of:
   a. A description of corrective actions identified and recommended by RM to solve/correct the problem.
   b. A timeframe for the implementation of the corrective actions.
2. Applicable remedies to exact reparation to the affected customer.

A customer who has not obtained satisfactory resolution to their formal complaint can escalate the dispute to the next level in the escalation path within DAS, until an action plan and appropriate remedial measures to solve the performance issue are agreed to the satisfaction of both customer and DAS representatives. At each step in the escalation process, the customer needs to describe why the prior proposal by DAS was not satisfactory. The steps in the escalation path after seeking resolution with the unit directly involved in the problem are the following:
- Program Manager. If unresolved, escalate to
- DAS Enterprise Goods and Services administrator. If unresolved, escalate to
- Deputy Director of DAS. If unresolved, escalate to
- EGS CUB.

At the end of the escalation process, the CUB will provide a last resort resolution forum to discuss and settle unresolved performance complaints.

5.4.4. Remedies

As part of resolving performance complaints, the following remedial actions can be offered to the complainant by Risk Management:

1. A clear explanation for the performance incident will be offered in all instances to any customer raising a complaint.
2. A credit / discount on the service charges corresponding to the period when the performance incident occurred may be awarded in appropriate circumstances (based on aggravating factors such as incident severity, financial losses incurred by the customer as a result of the performance issue, etc.).
3. A customer may be granted the ability to change providers for a specific service. This remedial measure will be reserved for exceptional circumstances in which resolution of a customer-specific performance issue has proved historically elusive, combining severe incompliance with agreed SLE’s or performance targets and repeated failure to implement corrective actions agreed between DAS and the customer to fix the underlying performance problem.


6.1. Acronyms.

- **BI/PI**: Bodily Injury/Personal Injury
- **CUB**: Customer Utility Board.
- **DAS**: Department of Administrative Services.
- **DOJ**: Department of Justice
- **FAQ**: Frequently Asked Questions.
- **FTE**: Full-Time Equivalent. This is the number of working hours that represents one full-time employee during a fixed time period, such as one month or one year.
- **EGS**: Enterprise Goods and Services.
- **EM**: Entrepreneurial Management.
- **IBNR**: Incurred but not Reported
- **OTCA**: Oregon Tort Claim Act
- **SA**: Service Agreement.
- **SAIF**: State Accident Insurance Fund Corporation
- **SLA**: Service Level Agreement.
- **SLE**: Service Level Expectation.
- **WC**: Workers’ Compensation.
6.2. Definitions.

- **Accepted claim**: A workers’ compensation claim that has been filed and meets the criteria of being work-related, occurred during the course and scope of work and has an objective finding that an injury/illness occurred.

- **Auto Liability**: Coverage for the public’s losses resulting from automobile accidents when the state is at fault.

- **Billing Dispute**: A customer billing dispute is any alleged inaccuracy, omission or error in relation to a service charge or reflected on a service bill.

- **Brokers**: Insurance brokers facilitate the acquisition of insurance coverage by researching and querying the insurance marketplace and accepting quotes from interested providers.

- **Certificate of Coverage**: Document showing proof of insurance coverage.

- **Complaint (a.k.a. Performance or Service Complaint)**: A formal expression of dissatisfaction with the quality of service received by a customer.

  Formal complaints will be those raised by customers using a complaint intake email inbox or through other electronic means. Each service provider within DAS will set up a dedicated email inbox or other electronic means (web forms, etc.) specifically established for this purpose.

  A formal complaint can be motivated by one or many unresolved service incidents, an unresolved billing dispute or, generally speaking, by any perceived lack in the quality of operations or in the quality of services received by a customer.

- **Decision Date**: The employer’s date of knowledge is the date the employer knows the employee has filed a workers’ compensation claim or the employee has reported an injury or illness to the employer and is seeking medical treatment for that injury or illness.

- **Denied claim**: A workers’ compensation claim that has been filed and does not meet the criteria of being work-related, occurred during the course and scope of work and has an objective finding that an injury/illness occurred.

- **Employers’ Date of Knowledge**: The employer’s date of knowledge is the date the employer knows the employee has filed a workers’ compensation claim or the employee has reported an injury or illness to the employer and is seeking medical treatment for that injury or illness.

- **Entrepreneurial Management**: Innovative public management model that uses customer choice, competition, and policy/service separation to increase service satisfaction.

- **General Liability**: Coverage for claims alleging errors and omissions made by state employees, agents and volunteers.

- **General Property**: Coverage for state property losses.
• **Incident (a.k.a. Performance or Service incident):** Any event which is not part of the standard operation of a service which causes, or may cause, an interruption to, or a reduction in, the quality of that service. A service incident can be communicated by a customer or can be detected by EHRS.

• **Incident Management:** Process for dealing with service incidents and restoring normal service operation as quickly as possible, minimizing the adverse impact on business operations.

• **Liability claims:** Tort claims or lawsuits filed by a third party alleging negligence against a state agency.

• **Rate (Service rate):** A price that incorporates the costs of delivering the service at the service levels agreed to by both parties.

• **Remediation (a.k.a. Remedies or Remedial actions/measures):** In the event of a formal complaint raised by a customer, remediation refers to the list of actions/measures DAS or any of its service delivery units can take or offer to compensate and/or exact reparation to the affected customer(s) above and beyond agreeing on an action plan to correct the underlying service problem.

• **Report date:** The date that Risk Management receives a claim.

• **Restoration claims:** Claims for damage to state-owned property.

• **Reserves:** Projected, unpaid claim costs.

• **Service:** A bundle of activities and resources (processes, people and IT resources) combined to provide a clear business outcome or output/deliverable received by the customer.

• **Service Agreement:** A document, signed by service provider and a single customer, reflecting customer-specific information such as choice of services from service catalog, specific operational procedures between the parties, or contact information for critical information systems or processes, etc.

• **Service Catalog:** A description of the services and service offerings provided by a service provider. This can be a multi-level set of information with linked and discrete hierarchies of services, child services and specific ‘offerings’ (specific tasks) available for these services, and will typically describe service terms, standards, packages (if available), exclusions (if applicable), etc.

• **Service Level Agreement (SLA):** A document, specific per service provider, which includes the following core elements: (1) A service catalog; (2) A set of agreed SLE’s (performance targets); (3) A statement of responsibilities of service provider and customers; and (4) A description of key service management processes. All of these elements help improve service delivery, manage expectations, clarify responsibilities and facilitate communication between EHRS and its customer base.
- **Service Level Expectation (SLE):** Written, measureable target for a service or a process performance agreed between service provider and customers.
  a. For any given service with an SLE, service performance targets will be common to all customers (concept of utility services).
  b. If a service offering includes different packages/levels of service, different packages of the same service can have different performance targets but these will be common to all customers of the same package/level of service.

- **Special Coverage:** Coverage for unique risks not covered in the above types of coverage. Examples include excess property, aviation, catastrophic loss, inmate injury, and employee dishonesty.

- **Subrogation:** Request for financial reimbursement from an at-fault party or their insurance company.

- **Tort:** A wrongful act, not including a breach of contract or trust, that results in injury to another's person, property, reputation, or the like, and for which the injured party is entitled to compensation.

- **Tort cap:** Maximum amount payable to a claimant for a tort.

- **Underwriting:** The process of evaluating, defining and pricing insurance and reinsurance risks including where appropriate.

- **Utility Service:** DAS Utility services are those most efficiently provided through DAS in order to maximize efficiency or capture economies of scale—where it makes economic sense to have a single supplier for all users for any of the following reasons: economies of scale; policy reasons; the need for one integrated system; or a strong need for uniformity.

  Customers of utility services are local government entities, individual state agencies and other public entities that may choose how much to purchase, but for any of the reasons cited above the choice of supplier is limited to a single designated source.

- **Volunteer Injury:** Optional coverage for volunteers in lieu of workers’ compensation that supplements their existing health insurance coverage.

- **Workers’ Compensation:** Coverage for employee and volunteer work-related injuries and illnesses.

7. **Contact Data.**

<table>
<thead>
<tr>
<th>Focus Area</th>
<th>Contact Name</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Management</td>
<td>Penny Evans, Risk Manager</td>
<td>503-373-1585</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:penny.evans@state.or.us">penny.evans@state.or.us</a></td>
</tr>
<tr>
<td>Claims Management</td>
<td>Shelly Hoffman, Claims Manager</td>
<td>503-373-2354</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:shelly.hoffman@state.or.us">shelly.hoffman@state.or.us</a></td>
</tr>
<tr>
<td>Department</td>
<td>Contact Name</td>
<td>Phone Number</td>
</tr>
<tr>
<td>-------------------------</td>
<td>---------------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Claims Management</td>
<td>Ellen Hewitt, Senior Claims Consultant &amp; Lead Worker</td>
<td>503-378-5508</td>
</tr>
<tr>
<td>Risk Control Unit</td>
<td>Deb Bogart, Senior Risk Control Analyst &amp; Lead Worker</td>
<td>503-373-7233</td>
</tr>
<tr>
<td>Risk Financing</td>
<td>Onyemaechi Odoemelam, Finance Analyst</td>
<td>503-373-1855</td>
</tr>
<tr>
<td>Commercial Insurance</td>
<td>Deb Bogart, Senior Risk Control Analyst &amp; Lead Worker</td>
<td>503-373-7233</td>
</tr>
</tbody>
</table>

**Hours of Operation:**  Monday through Friday, 8:00 a.m. until 5:00 p.m.

**Address:**  1225 Ferry St. SE U150
8. Appendixes

8.1. Service Catalog Sheets

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Insurance coverage</td>
<td></td>
</tr>
<tr>
<td>2. Liability and restoration claims management</td>
<td></td>
</tr>
<tr>
<td>3. Workers’ compensation oversight and advisory services</td>
<td></td>
</tr>
<tr>
<td>4. Training and consultation services</td>
<td></td>
</tr>
</tbody>
</table>

**1- Insurance Coverage**

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>a. Service Summary</strong></td>
<td>This service provides the state of Oregon, including all agencies, boards and commissions with insurance coverage for most enterprise and agency exposures. Coverage is primarily provided through the state self-insurance fund managed by DAS Risk Management. DAS Risk Management will strive to ensure that appropriate coverage is obtained including coverage for unique agency exposures or for exposures that may severely impact the solvency of the self-insurance fund. When appropriate, DAS Risk Management will partner with insurance brokers to purchase commercial insurance.</td>
</tr>
</tbody>
</table>
| **b. What is included?** | 1) Agencies, boards and commissions receive all coverage lines available from DAS Risk Management unless statutorily exempted from all or specified types of coverage. The lines of coverage available to customers are:  
   - General Liability: coverage for claims alleging errors and omissions made by state employees, agents and volunteers.  
   - Auto Liability: coverage for the public’s losses resulting from automobile accidents when the state is at fault.  
   - General Property: coverage for state property losses.  
   - Vehicle Property: coverage for damage to state vehicles.  
   - Workers’ Compensation: coverage for employee and volunteer work-related injuries and illnesses.  
   - Volunteer Injury: optional coverage for volunteers in lieu of workers’ compensation that supplements their existing health insurance coverage.  
   - Special Coverage: coverage for unique risks not covered in the above types of coverage. Examples include excess property, aviation, catastrophic loss, inmate injury, and employee dishonesty. |
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2) When appropriate, DAS Risk Management purchases commercial insurance for exposures that can be cost effectively insured in the commercial insurance marketplace. Examples of exposures covered through commercial insurance policies include aircraft/aviation liability, marine vessel pollution liability or liability coverage to protect the state against financial loss in the rare event of a dishonesty act from any State of Oregon employee.</td>
<td></td>
</tr>
<tr>
<td>3) Development of customer specific insurance policy endorsements and amendments.</td>
<td></td>
</tr>
<tr>
<td>4) As needed, issuance of certificates of insurance to prove appropriate coverage for different business risks exists. This allows state agencies, board and commissions to enter into contracts or agreements with public or private sector third parties.</td>
<td></td>
</tr>
</tbody>
</table>
| c. What is not included in the service? | • Insurance coverage is determined by the terms and conditions described in the self-insurance policies, Risk Management Operating Guidelines and terms and conditions described in the commercial insurance policies purchased by DAS Risk Management.  
• Blanket certificates of insurance are not issued, except under exceptional circumstances granted by DAS Risk Management after careful review of each case. |
| d. Offerings and options | • Special coverage requested by agencies, boards and commissions and approved by DAS Risk Management is provided to agencies at cost.  
• Special coverage may be provided by endorsement or amendment to the Self-Insurance Policies or by Risk Management purchasing commercial insurance policies on behalf of the agencies.  
• Under special circumstances and upon request of the customer, DAS Risk Management may delegate authority for customers to purchase their own commercial insurance policies. |
| e. Service prerequisites | • Agencies, boards and commissions must be statutorily authorized to utilize DAS Risk Management insurance services.  
• DAS Risk Management must determine that it is appropriate to provide coverage for specific loss exposures. Determination is based on factors including applicable statutes, administrative rules and legislative intent. |
| f. (Service-specific) Customer and provider responsibilities | **Risk Management responsibilities:**  
• Determine most cost-effective methods for providing insurance coverage based on risk analysis.  
• Research emerging risks (for example, cyber-security) and determine if the exposure should be covered by DAS Risk Management, and if so, the appropriate method to provide coverage.  
• Partner with agencies to provide complete and accurate underwriting data to external insurance brokers when purchasing commercial insurance.
insurance.

**Customer responsibilities:**
- Partner with agencies to assess risk exposures and implement risk transfer mitigation techniques when appropriate by transferring risk to an insurance company.
- Provide complete underwriting data to DAS Risk Management. Examples include annual risk reports or data needed for commercial insurance purchase.
- Advise DAS Risk Management of any significant changes in loss exposure.
- Assess risk exposures and determine best method to protect agency from loss. Partner with DAS Risk Management as needed for advice and direction.
- Make any needed changes to the contract or agreement language before sending a request for a Certificate of Coverage to DAS Risk Management Services. This will help DAS RMS to review and issue certificates of coverage more quickly.

### 2. How is the service requested?

<table>
<thead>
<tr>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. How is this service requested?</td>
</tr>
<tr>
<td>• Email: <a href="mailto:risk.management@state.or.us">risk.management@state.or.us</a></td>
</tr>
<tr>
<td>• Phone: 503-373-7475</td>
</tr>
<tr>
<td>• Fax: 503-373-7337</td>
</tr>
<tr>
<td>• In person: Risk Management Enterprise Goods &amp; Services Department of Administrative Services 1225 Ferry Street SE U150 Salem OR 97301-4287</td>
</tr>
</tbody>
</table>

| b. What forms are used/needed to request this service? |
| None, however, e-mail is preferred. |

| c. When can you expect to have your service request fulfilled? |
| Generally, coverage lines can be determined and made available within three months of the request. This timeline can be influenced by the provider determined, availability of loss history and the insurance market. Risk Management contracts with an insurance broker to ensure the process is as time efficient and well-explored as possible. |

### 3. How do I get help? How does DAS Risk Management provide support to customers?

<table>
<thead>
<tr>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Self-service</td>
</tr>
<tr>
<td>DAS Risk Management maintains a website containing its policies and</td>
</tr>
</tbody>
</table>
support information about the insurance coverage lines we provide.

### b. How to request support
Risk Control contacts:
[http://www.oregon.gov/DAS/EGS/Risk/docs/RMRiskControlUnitAssistance.pdf](http://www.oregon.gov/DAS/EGS/Risk/docs/RMRiskControlUnitAssistance.pdf)

### c. When can you expect to get a response?
Risk Management will acknowledge service issues within 1 business day. We will coordinate final response time with the customer.

---

### 2- Liability and restoration claims management

<table>
<thead>
<tr>
<th>1. What is the service?</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Service Summary</td>
<td>DAS Risk Management offers claim management services for:</td>
</tr>
<tr>
<td></td>
<td>• Restoration losses – damage to state-owned property, subject to the agency’s deductible.</td>
</tr>
<tr>
<td></td>
<td>• Liability claims – tort claims or lawsuits filed by a third party alleging negligence against a state agency.</td>
</tr>
</tbody>
</table>

Risk Management’s claims professionals are a highly skilled and knowledgeable team. Collectively, we have over 200 years of experience and understand the specific challenges and issues involved in managing claims and protecting the interests of state agencies.

<table>
<thead>
<tr>
<th>b. What is included/detailed description of the features and benefits of the service</th>
<th>1) Claims Management.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>a. Liability Claim Management:</td>
</tr>
<tr>
<td></td>
<td>Claims consultants (&quot;claims&quot;) will provide the following services:</td>
</tr>
<tr>
<td></td>
<td>• Determine if the loss is covered.</td>
</tr>
<tr>
<td></td>
<td>• Partner with the agency to investigate the facts of the loss.</td>
</tr>
<tr>
<td></td>
<td>• Analyze liability and determine if there is negligence on the part of the agency.</td>
</tr>
<tr>
<td></td>
<td>• If there is no liability, the claim will be denied.</td>
</tr>
<tr>
<td></td>
<td>• If there is liability, claim consultants will evaluate damages, negotiate settlement and issue payment.</td>
</tr>
</tbody>
</table>
If a claim results in litigation, claims will partner with the agency, Department of Justice or outside counsel to resolve the claim. Claims consultants will closely weigh litigation expense versus exposures in all claims situations.

b. **Restoration (Property) Claim Management:**
   Claim consultants will:
   - Determine if the loss is covered and if so, the amount of the applicable deductible.
   - Work with the agency to determine the cause of the loss and if there is potential recovery against an at-fault third party.
   - Work with the agency to establish the extent of damages and resolve the claim, including issuing the payment.

2) **Subrogation Recovery:**
   On behalf of customer agencies, boards and commissions, if another party is at fault in a claim, DAS Risk Management will subrogate (request financial reimbursement) from the at-fault party or their insurance company. The agency will be reimbursed all or a portion of their deductible, depending upon the amount recovered.

3) **Excess Property Claim Management:**
   The State purchases excess commercial property insurance. Claims works with the excess insurance company to determine the amount of the loss and assist in negotiations of settlement and subrogation.

4) **Access to the Risk Management Information System.**
   RMS provides customers with access to information related to individual claims, claim history and trends stored on the Risk Management Information System.

c. **Description of what is not included in the service.**
   Services are inclusive based on the applicable policies.

d. **Offerings and options**
   Agencies can seek estimates from vendors of their choice (i.e. auto shops and contractors) to provide the required property damage estimates.

e. **Service prerequisites**
   All State agencies, boards and commissions.

f. **(Service-specific) Customer and provider responsibilities**
   **Risk Management responsibilities:**
   - Risk will clarify what information is needed from the agency on each claim.
   - Risk will communicate resolution/outcome on more complex claims.
   - Risk claims adjusters will coordinate the services from the Department of Justice, outside counsel, independent adjusters and other necessary experts.

   **Customer responsibilities:**
   - At least one agency staff member will be identified as the Risk
Coordinator to act as liaison to the agency and claims team.

- Prompt reporting and submission of a claim by the agency is critical. This will provide Risk with enough information to help the customer with early assessment of the damages and with mitigation strategies to contain claim costs. Agencies do **NOT** need to have all repair estimates or receipts prior to submitting a restoration claim.
- Agencies will promptly communicate the necessary details regarding a claim.

2. **How is service requested?**

<table>
<thead>
<tr>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claim services are requested by submission of a claim form via email, fax or mail.</td>
</tr>
<tr>
<td>Email: <a href="mailto:risk.management@state.or.us">risk.management@state.or.us</a></td>
</tr>
<tr>
<td>Phone: 503-373-7475</td>
</tr>
<tr>
<td>Fax: 503-373-7337</td>
</tr>
<tr>
<td>In person</td>
</tr>
<tr>
<td>Risk Management</td>
</tr>
<tr>
<td>Enterprise Goods &amp; Services</td>
</tr>
<tr>
<td>Department of Administrative Services</td>
</tr>
<tr>
<td>1225 Ferry Street SE U150</td>
</tr>
<tr>
<td>Salem OR 97301-4287</td>
</tr>
</tbody>
</table>

- State Agency Property Loss Form (State owned property claims) [http://www.oregon.gov/DAS/EGS/Risk/docs/FormPropClaimStnd.pdf](http://www.oregon.gov/DAS/EGS/Risk/docs/FormPropClaimStnd.pdf)

  The following forms are not for use by agencies but may be provided to third party claimants for submission directly to Risk Management:


- Every claim is adjusted on its own merits and more complex cases often take longer to resolve. Average cycle times are monitored from report date (the date a claim is received) to date of claim closure.

  Agreed service levels / performance targets for average restoration and liability claim cycle time can be found in section 3.2 (Service levels/Performance targets) of this SLA document.
3. How do I get help? How does the Risk Management provide support to customers of this service?

<table>
<thead>
<tr>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Self Service Support</td>
</tr>
<tr>
<td>• To access the claim website, which includes forms and a claim F.A.Q section, visit: <a href="http://www.oregon.gov/DAS/EGS/Risk/Pages/ClaimsManagement.asp">http://www.oregon.gov/DAS/EGS/Risk/Pages/ClaimsManagement.asp</a>.</td>
</tr>
<tr>
<td>b. How can you request support?</td>
</tr>
<tr>
<td>Contact Risk Management as above.</td>
</tr>
<tr>
<td>c. When can you expect to get a response?</td>
</tr>
<tr>
<td>Risk Management will acknowledge service issues within 1 business day and agree timeframe for resolution of service issue with customer.</td>
</tr>
</tbody>
</table>

3- Workers’ Compensation oversight and advisory services

1. What is the service?

<table>
<thead>
<tr>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Service Summary</td>
</tr>
<tr>
<td>DAS Risk Management oversees the administration of Workers’ Compensation (WC) claims and provides State of Oregon agencies, boards and commissions with consultation and advisory services related to WC claims and benefits. DAS Risk Management employs prevention and loss control measures to minimize financial loss to agencies and the enterprise.</td>
</tr>
<tr>
<td>b. What is included?</td>
</tr>
<tr>
<td>DAS Risk Management provides State of Oregon agencies, boards and commissions with a suite of Workers’ Compensation services including:</td>
</tr>
<tr>
<td>• Oversee SAIF’s claim management activities for quality assurance, including reviews of settlements for claims over $10,000.</td>
</tr>
<tr>
<td>• Respond to inquiries related to Workers’ Compensation:</td>
</tr>
<tr>
<td>o Questions on coverage (e.g. regarding subject workers and subject employers).</td>
</tr>
<tr>
<td>o Injured Worker Benefit questions including Continuation of Benefits for Injured Workers, Americans with Disability Act Coordination, Re-Employment/Reinstatement, Employer at Injury Program, Early Return to Work, payroll reporting for injured workers.</td>
</tr>
<tr>
<td>o Inquiries about special situations (volunteer injury questions, telecommuters, out-of-state or out-of-the-country workers, etc.).</td>
</tr>
<tr>
<td>• Coordinate options and coverage for special situations:</td>
</tr>
</tbody>
</table>
| Voluntary injury coverage options | o Volunteer injury coverage options  
| o Coverage for out-of-state and out-of-country workers, telecommuters and teleworkers.  
| • Advise and guide SAIF on cost-saving strategies for state workers.  
| • Mediate and resolve issues that develop between SAIF and agencies, boards and commissions in connection with claims for Workers' Compensation benefits.  
| • Explore global settlement options for Workers' Compensation claims that also involve a tort claim.  |
| c. What is not included in the service? | N/A  |
| d. Offerings and options | N/A  |
| e. Service prerequisites | Services are limited to those agencies, boards and commissions who use DAS Risk Management as their insurance provider.  |
| f. (Service-specific) Customer and provider responsibilities | **Risk Management responsibilities:**  
| • Ensure that customers are receiving the services they need in a timely manner.  
| • Ensure WC policies and endorsements exist for each applicable agency, board and commission.  
| • Monitor and track SAIF’s claim administration and loss control activities.  
| • Remain abreast of all applicable all laws and regulations.  
| **Customer responsibilities:**  
| • Design and implement injured worker programs as required by DAS statewide Workforce Management policies.  
| • Assess their agency-specific risks and request the specialized services provided by DAS Risk Management as needed.  
| • File 801 forms within required timeframe per ORS 656.262(3)(a).  
| • Manage personnel aspects of workers’ compensation claims. Customer agency HR staff should be able to independently handle injured worker management and early return to work for at least 85% of all new claims.  |
| 2. How is the service requested? | **Description**  |
| a. How is this service requested? | • By email: risk.management@state.or.us  
| o By phone or fax:  
| o Phone: 503-373-7475  
| o Fax: 503-373-7337  
| • In person:  
| Risk Management  
| Enterprise Goods & Services  
| Department of Administrative Services  
| 1225 Ferry Street SE U150 |
b. What forms are used/ needed to request this service?  

None, however, e-mail is preferred.

c. When can you expect to have your service request fulfilled?  

Most customer inquiries are answered the same day. For more complex issues, response time will be agreed upon with the customer.

3. How do I get help? How does DAS Risk Management provide support to customers?

Description

a. Self-service support 

DAS Risk Management maintains a website that contains an A-Z list of subjects as well as past publications that may be used as resources. Risk Management website:  
http://www.oregon.gov/DAS/EGS/Risk/Pages/index.aspx

Risk Control contacts: 
http://www.oregon.gov/DAS/EGS/Risk/docs/RMRiskControlUnitAssistance.pdf

b. How to request support 

See Section 2a. for Risk Management contact information.

c. When can you expect to get a response?  

Risk Management will acknowledge service issues within 1 business day. We will coordinate final response time with the customer.

4- Training and consultation services

<table>
<thead>
<tr>
<th>1. What is the service?</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Service Summary</td>
<td>Agencies, boards and commissions require tools, resources and education to reduce the financial exposure of Workers' Compensation, property and liability risks. DAS Risk Management offers a suite of training and consultation services that enhances risk identification and implementation of mitigation strategies to minimize financial loss to agencies and the enterprise. All agencies, boards and commissions are free to request, access and use our publication, training and reports services.</td>
</tr>
</tbody>
</table>
| b. What is included? | A. Publications  
  - Regular and ongoing publication of articles that provide pertinent information about: |
B. Training

- Risk Wise – a broad spectrum of briefs that address special risks and associated best practices.

C. Reports

- Dashboards – web-based data reports that provide high level claim overviews for our clients. The data reflects claim experiences and costs during the preceding five years.
- Ad Hoc Reports – customized report services designed by agencies, boards, and commissions specific to their needs. Once designed, reports are programmed and distributed by DAS Risk Management per agency specifications.

D. Consultations

- Annual meetings with clients that review agency profiles, claim histories, trends and maps of their risks. The sessions provide ample discussion time about risk practices and mitigation strategies.

E. Document review

Upon request from customer agencies, Risk Management will review and make recommendations on a variety of documents, including legislative bills, contract insurance requirements, statutes, rules and policies.

c. What is not included in the service?  

N/A

d. Offerings and options

- Customers can choose or suggest topics for Risk Connection training forums.
- Customers can request articles on specific topics in publications.

e. Service prerequisites

- Training
  o To receive RMIS training must be a registered with DAS Risk Management as a CS STARS System user.
- Reports
| f. (Service-specific) Customer and provider responsibilities | \[\text{Risk Management:} \]
|---|---|
| \[\begin{itemize}
\item Ensure that customers are aware of training and consultation services that DAS Risk Management provides.
\item Ensure that our service announcements and invitations are distributed to appropriate staff in a timely manner.
\item Review and change inappropriate insurance limits in agency contracts or agreements.
\end{itemize}\] | \[\begin{itemize}
\item Notify Risk Management of changes in key risk management personnel and to avail staff to the specialized services offered.
\item Register on Risk Management distribution lists to directly receive publications, notifications and announcements.
\item Look for potentially damaging language or inappropriate indemnity/hold harmless language in agency contracts, such as agreeing to provide indemnification to independent contractors.
\end{itemize}\] |

<table>
<thead>
<tr>
<th>2. How is the service requested?</th>
<th>Description</th>
</tr>
</thead>
</table>
| a. How is this service requested? | \[\begin{itemize}
\item By email: risk.management@state.or.us
\item By phone or fax:
  \hspace{1em} Phone: 503-373-7475
  \hspace{1em} Fax: 503-373-7337
\item In person:
  \hspace{1em} Risk Management
  \hspace{1em} Enterprise Goods & Services
  \hspace{1em} Department of Administrative Services
  \hspace{1em} 1225 Ferry Street SE U150
  \hspace{1em} Salem OR 97301-4287
\end{itemize}\] |

<table>
<thead>
<tr>
<th>b. What forms are used/ needed to request this service?</th>
<th>Forms:</th>
</tr>
</thead>
</table>
| | \[\begin{itemize}

| c. When can you expect to have your service request fulfilled? | \[\begin{itemize}
\item Ad-hoc risk reports – Agreed service levels / performance targets can be found in section 3.2 (Service levels/ Performance targets) of this SLA document.
\item Consultations – 3 weeks.
\item Many publication and training services offered by Risk Management are provided in a recurring, cyclic pattern and do not require a customer request (for example “RisKey Notes”, which is published/distributed on odd numbered months).
\end{itemize}\] |
### 3. How do I get help? How does DAS Risk Management provide support to customers?

<table>
<thead>
<tr>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>DAS Risk Management maintains a website that contains an A-Z list of subjects as well as past publications that may be used as resources.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>a. Self-service support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk Control contacts: <a href="http://www.oregon.gov/DAS/EGS/Risk/docs/RMRiskControlUnitAssistance.pdf">http://www.oregon.gov/DAS/EGS/Risk/docs/RMRiskControlUnitAssistance.pdf</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>b. How to request support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk Management will acknowledge service issues within 1 business day. We will coordinate final response time with the customer.</td>
</tr>
</tbody>
</table>

### 8.2. SLA performance measure dictionary sheets

This section includes a description of the performance metrics and the associated service levels expectations/ performance targets agreed between customers and Enterprise Goods and Services.

**SLA Metric # 1: Timeliness of first contact**

- **Description:** Percent of times Risk Management claim adjusters are able to make a successful first contact attempt with a customer agency to request information about a claim/ case within 3 business days from the date the claim was received/ reported to DAS.

- **Purpose:** Timeliness of communication was identified by Risk Management customers as one of the critical quality attributes associated with the delivery of claim management services.

  It is expected that tracking and reporting on this measure will assist DAS Risk management and customer members of the EGS Customer Board to understand and make data-driven decisions regarding:
  - Claim management workflow / process improvement.
  - Management of customer expectations.
  - Resource needs/workload balancing.

- **Comparability:**
  - Tracking timeliness of first contact attempt with parties involved in claims is a usual business practice in claim management / risk adjusting firms.
- Private firms (e.g. York insurance services) track this data for all types of claims they handle. For worker compensation claims, they track additional data such as the average number of days from the date a claim is reported to the date the first contact is made with the injured employee, the employer, the medical provider, etc.
- The City of Milwaukee tracks city adjuster’s compliance with a first contact target of 24 hours for worker’s compensation claims, which offers limited comparability with this metric tracked by DAS Risk Management.
- In addition, while not related to the insurance claim management industry, there are many examples of public service providers in the U.S. (Police Departments, Departments of Human Services, Call Centers) that track timeliness of first contact attempts for the services they provide, which offer some benchmarking or comparability possibilities with this metric.

**Measure calculation formula**
- \( A = \left( \frac{B}{C} \right) \times 100 \)
- \( B = \) Total number of claims submitted to DAS for which Risk Management claim staff has been able to make a successful first contact with customer agency within 3 business days from the date the claim was reported to DAS.
  - For each claim submitted to DAS Risk Management, a check will be performed to verify if the following condition is met: \((B_2 - B_1) \leq 3\) business days, where
    - \( B_2 = \) Date of successful first contact with customer agency.
    - \( B_1 = \) Report date of claim.
- \( C = \) Total number of claims submitted to DAS for which DAS RM staff members have made a successful first contact with the customer agency.

**Detailed measure definition / clarification:**
- This measure is tracked in number of business days.
- Data will be measured via the Risk Management Information System (RMIS).
- **Date of first contact** is defined as the date a DAS Risk Management adjuster makes a successful first contact attempt with the agency to gather/ request information about the case to determine responsibility for the loss or determine the amount of damages claimed. This contact can take place via email or by having a phone conversation.
- **Report date** is the date Risk Management receives notice of the claim, not the date of loss.
- **Exclusions:**
  - Missed calls or voicemails will not be considered successful first contact attempts, and the associated claims will be excluded from the numerator and the denominator. A first contact attempt will be considered successful if the adjuster sends an email to the customer agency, or if the person contacted by DAS Risk Management is reached by the adjuster and a conversation can take place.

**Baseline:** None available—new metric not previously measured.

**Service Level Expectation (Quantitative performance target):** First contact will be made for 90% of claims within 3 business days from the date the claim was submitted to DAS Risk Management.
• **Frequency of reporting / measurement period:** Quarterly.

• **Attachments:** None.

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**SLA Metric # 2: Restoration claim cycle time**

• **Description:** Average number of calendar days from the restoration claim report date to the date the claim is closed.

• **Purpose:** This metric was selected by the SLA team to measure overall timeliness of restoration claim management, which was identified by DAS customers as one of the key quality attributes related to the delivery of claim management services.

It is expected that tracking and reporting on this measure will assist DAS Risk management and customer members of the EGS Customer Board to understand and make data-driven decisions regarding:

- Restoration claim management workflow / process improvement.
- Management of customer expectations.
- Resource/workload balancing.

• **Comparability:** As part of this SLA, DAS Risk Management also tracks average cycle time for liability claims.

• **Measure calculation formula:**
  
  o \( A = \frac{\sum (B - C)}{n} \)
  
  o \( B = \) Date of claim closure
  
  o \( C = \) Report date
  
  o \( n = \) Total number of restoration claims closed in the measurement period.
  
  o Number of days \((B-C)\) will be calculated for each restoration claim closed in the previous 12 months. Results will be added up and divided by the total number of claims closed in the previous 12 months to calculate average cycle time for restoration claims (rolling average for the previous 12 months).

• **Detailed measure definition / clarification:**

  - This measure is calculated in number of calendar days.
  - Data will be measured via the Risk Management Information System (RMIS).
  - **Date of claim closure** is the date of the last closure of the claim within a measurement period. If a claim is closed in a measurement period and reopened again in a future measurement period, the number of days between the date of receipt and the last date of closure will be recalculated and included in the average cycle time calculation of the second measurement period.
  - **Report date** is the date Risk Management receives notice of the claim, not the date of loss.

• **Baseline:** 112.9 days (based on data January 2013 through December 2013).
• **Service Level Expectation (Quantitative performance target):** Less than or equal to 110 days.

• **Frequency of reporting / measurement period:** Quarterly reporting of rolling average cycle time for claims closed in the previous 12 months.

• **Attachments:** None.

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**SLA Metric # 3: Liability claim cycle time**

• **Description:** Average number of calendar days from the liability claim report date to the date the claim is closed.

• **Purpose:** This metric was selected by the SLA team to measure overall timeliness of claim management, which was identified by DAS customers as one of the key quality attributes related to the delivery of claim management services.

It is expected that tracking and reporting on this measure will assist DAS Risk management and customer members of the EGS Customer Board to understand and make data-driven decisions regarding:
- Liability claim management workflow / process improvement.
- Management of customer expectations.
- Resource/workload balancing.

• **Comparability:** As part of this SLA, DAS Risk Management also tracks average cycle time for restoration claims.

• **Measure calculation formula:**
  - \( A = \frac{\sum (B - C)}{n} \)
  - \( B = \) Date of claim closure.
  - \( C = \) Report date.
  - \( n = \) Total number of liability claims closed in the measurement period.
  - Number of days \((B-C)\) will be calculated for each liability claim closed in the previous 12 months. Results will be added up and divided by the total number of claims closed in the previous 12 months to calculate average cycle time for liability claims (rolling average for the previous 12 months).

• **Detailed measure definition / clarification:**
  - This measure is calculated in number of calendar days.
  - Data will be measured via the Risk Management Information System (RMIS).
  - **Date of claim closure** is the date of the last closure of the claim within a measurement period. If a claim is closed in a measurement period and reopened again in a future measurement period, the number of days between the date of receipt and the last date of closure will be recalculated and included in the average cycle time calculation of the second measurement period.
- **Report date** is the date Risk Management receives notice of claim, not the date of loss.

- **Baseline**: 158 days (based on data January 2013 through December 2013).

- **Service Level Expectation (Quantitative performance target)**: Less than or equal to 180 days.

- **Frequency of reporting / measurement period**: Quarterly reporting of rolling average cycle time for claims closed in the previous 12 months.

- **Attachments**: None.

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**SLA Metric #4: Timeliness of workers’ compensation claim acceptance**

- **Description**: Percent of times SAIF can provide a decision of claim acceptance/denial within the 60 calendar day target stated in statute.

- **Purpose**: This metric was selected by the SLA team in an attempt to measure timeliness of claim management services provided by SAIF, the insurance carrier that manages workers’ compensation claims for Oregon State employees.

- **Comparability**: The Workers’ Compensation Division (WCD) of DCBS conducts annual performance audits of Workers’ Compensation insurance carriers in Oregon. As part of this audit work, DCBS tracks performance in areas of timeliness of benefit payments and processing actions carried out by in insurance carriers. One of the measures tracked by DCBS is insurance carrier’s compliance with the 60-day target set in statute for accepting / denying claims. DCBS has set a 90% compliance target for all insurance carriers; if not met, a carrier is subject to a $650 fine.

- **Measure calculation formula**:
  - \[ A = \frac{B}{C} \times 100 \]
  - \( B = \) Total number of claims for which a decision on acceptance/denial has been provided in the previous 12 months where the number of days between the “employers date of knowledge” and SAIF’s “decision date” is equal to or less than 60 calendar days. For each claim with a decision on acceptance/denial, a check will performed to verify that the following condition is met: \( B_2 - B_1 \leq 60 \) calendar days, where:
    - \( B_2 \): Decision date, and
    - \( B_1 \): Employer’s date of knowledge.
  - \( C = \) Total number of claims filed against the state as an employer for which a decision on acceptance/denial has been provided in the last 12 months.

- **Detailed measure definition / clarification**:
  - This measure includes all workers’ compensation claims filed against the state of Oregon as the employer. This measure does not include agencies, boards and
commissions that are not part of the State of Oregon Workers’ Compensation Policy with SAIF Corporation.

- The **employer’s date of knowledge** is the date the employer knows the employee has filed a workers’ compensation claim or the employee has reported an injury or illness to the employer and is seeking medical treatment for that injury or illness.
- The **decision date** is the date that an insurance carrier determines to accept or deny a claim for workers’ compensation coverage and submits the decision to the employee (whether the decision is communicated / submitted by mail, fax, e-mail, or otherwise delivered or submitted to the employee).

- **Baseline**: 91% for calendar year 2013.
- **Service Level Expectation (Quantitative performance target)**: 90%.
- **Frequency of reporting / measurement period**: Quarterly reporting of rolling average timeliness of acceptance/ denial for claims closed in the previous 12 months.
- **Attachments**: None.

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**SLA Metric # 5: Average cost per closed restoration claim**

- **Description**: Average cost incurred per closed restoration claim filed by state agencies for damage to state-owned property.

- **Purpose**: This measure provides an average claim cost that may be used to determine cost trends and make projections of cost impacts of this type of loss.

- **Comparability**: None known at this time.

- **Measure calculation formula**:
  - \[ A = \frac{B}{C} \]
  - \[ B = \text{Total costs (including all loss settlement, expenses, attorney fees and reductions in any subrogation or salvage amounts the State of Oregon was entitled to receive) associated with all restoration claims closed in the previous 12 months.} \]
  - \[ C = \text{Total number of restoration claims closed in the previous 12 months.} \]

- **Detailed measure definition / clarification**:
  - Data will be measured via the Risk Management Information System (RMIS).
  - State Property and State Vehicle claims will be reported separately for clarity.
  - This measure excludes denied claims and any cost associated with them.

- **Baseline**: $34,881 (based on data from January 2013 through December 2013).
• **Service Level Expectation (Quantitative performance target):** None. Average claim costs are indicators of industry/sector costs, to a large extent or for the most part beyond the direct influence of DAS RM. As such, the SLA team did not consider these measures were good performance indicators to gauge the efficiency or effectiveness of DAS Risk Management. However, it is agreed DAS Risk Management will measure and report quarterly to the EGS CUB about this metric, even if no performance target is established, as it provides useful information to Program customers and other key stakeholders of DAS (e.g., Legislature).

• **Frequency of reporting / measurement period:** Quarterly reporting of rolling average cost of claims closed in the previous 12 months.

• **Attachments:** None.

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**SLA Metric # 6: Average cost per closed liability claim**

• **Description:** Average cost incurred per closed liability claim filed against a state agency.

• **Purpose:** Measure provides an average claim cost that may be used to determine cost trends and make projections of cost impacts of this type of loss.

• **Comparability:** None known at this point.

• **Measure calculation formula:**
  
  \[ A = \frac{B}{C} \]
  
  - **B** = Total costs (including all loss settlement, expenses, attorney fees and reductions in any recovery amounts the State of Oregon was entitled to receive) associated with all liability claims closed in the previous 12 months.
  
  - **C** = Total number of liability claims closed within the previous 12 months.

• **Detailed measure definition / clarification:**
  
  - Measure includes all tort liability claims and lawsuits filed against a state agency.
  
  - Attorney fees include costs for Department of Justice (DOJ) attorneys and outside defense counsel.
  
  - Includes fees paid to plaintiff attorneys as part of settlement or litigation.
  
  - Data will be measured via the Risk Management Information System (RMIS).
  
  - General Liability, Employment Liability, Auto Liability and Medical Liability will be reported separately for clarity.
  
  - This measure excludes denied claims and any cost associated with them.

• **Baseline:** $19,149 (based on data from January 2013 through December 2013).

• **Service Level Expectation (Quantitative performance target):** None. Average claim costs are indicators of industry/sector costs, to a large extent or for the most part beyond the direct influence of DAS RM. As such, the SLA team did not consider these measures were good performance indicators to gauge the efficiency or effectiveness of
DAS Risk Management. However, it is agreed DAS Risk Management will measure and report quarterly to the EGS CUB about this metric, even if no performance target is established, as it provides useful information to Program customers and other key stakeholders of DAS (e.g., Legislature).

- **Frequency of reporting / measurement period:** Quarterly reporting of rolling average cost of claims closed in the previous 12 months.

- **Attachments:** None.

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**SLA Metric # 7: Average cost per non-severe closed worker’s compensation claim**

- **Description:** Average cost incurred per workers’ compensation claim filed against the state of Oregon as the employer that gets closed with no reserves (Non severe claims).

- **Purpose:** This measure provides an average claim cost that may be used to determine cost trends and make projections of cost impacts of this type of loss.

- **Comparability:** None known at this point.

- **Measure calculation formula:**
  - $A = \frac{B}{C}$
  - $B =$ Total costs incurred for all WC claims filed against the state that were closed in the previous 12 months with no reserves.
  - $C =$ Total number of WC claims filed against the state that were closed in the previous 12 months with no reserves.

- **Detailed measure definition / clarification:**
  - Claims closed with no reserves represent the largest percentage of claims filed against the State of Oregon as an employer. These are claims for minor injuries that typically require little or no time loss and for which no additional payments are projected.
  - Claims with no reserves are those claims closed in the measurement period that show a zero amount on the “Outstanding reserve” column of the claim reports/data available to Risk Management staff on the SAIF webpage.
  - Total costs include total payments and total incurred losses associated with all claims closed in the measurement period with no reserves.

- **Exclusions:**
  - This measure does not include agencies, boards and commissions that are not part of the State of Oregon Workers’ Compensation Policy with SAIF Corporation.
  - This measure excludes denied claims and any cost associated with them.

- **Inclusions:**
  - This measure includes all claims filed against the state naming the state of Oregon as the employer.
  - This measure (denominator) includes all zero cost claims closed in the measurement period.
• **Baseline:** $5,018 (based on data from April 2013 to December 2013).

• **Service Level Expectation (Quantitative performance target):** None. WC average cost measures are indicators of industry/sector costs, to a large extent or for the most part beyond the direct influence of DAS Risk Management or SAIF. As such, the SLA team did not consider these measures were good performance indicators to gauge the efficiency or effectiveness of SAIF or DAS Risk Management. However, it is agreed DAS Risk Management will measure and report quarterly to the EGS CUB about this metric, even if no performance target is established, as it provides useful information to Program customers and other key stakeholders of DAS (e.g., Legislature).

• **Frequency of reporting / measurement period:** Quarterly reporting of rolling average cost of claims closed in the previous 12 months.

• **Attachments:** None

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**SLA Metric #8: Average cost per severe closed worker’s compensation claim**

- **Description:** Average cost incurred per workers’ compensation claim filed against the state of Oregon as the employer that gets closed with reserves (Severe claims).

- **Purpose:** Claims closed with reserves represent the more severe and costly claims filed against the state of Oregon as an employer. This measure provides an average claim cost that may be used to determine cost trends and make projections of cost impacts of this type of loss.

- **Comparability:** None known at this time.

- **Measure calculation formula:**
  - \[ A = \frac{B}{C} \]
  - \[ B = \text{Total costs of all WC claims filed against the state that were closed in the previous 12 months with reserves.} \]
  - \[ C = \text{Total number of WC claims filed against the state that were closed in the previous 12 months with reserves.} \]

- **Detailed measure definition / clarification:**
  - WC Claims are closed when the patient reaches a stationary state. Hence, this measure tracks projected average cost of WC claims which get closed with reserves. Reserves are set up since these are the severe claims for which DAS RM expects to be making regular payments in the future (additional surgeries, regular medical evaluations or procedures, PPD or PMD payments, etc.).
  - Claims with reserves are those claims closed in the measurement period that show an amount higher than zero on the “Outstanding reserve” column of the claim reports/data available to Risk Management staff on the SAIF webpage.
  - Total costs include total payments, total incurred losses and total outstanding reserve amounts associated with all claims closed in the previous 12 months with pending reserves.
Inclusions:
- This measure includes all claims filed against the state naming the state of Oregon as the employer.
- This measure includes all claims closed with any reserved amount, as small as it may be, as long as that amount is higher than zero.

Exclusions:
- This measure does not include agencies, boards and commissions that are not part of the State of Oregon Workers’ Compensation Policy with SAIF Corporation.
- This measure excludes denied claims and any cost associated with them.

Baseline: $55,314 (based on data from April 2013 to December 2013)

Service Level Expectation (Quantitative performance target): None. WC average cost measures are indicators of industry/sector costs, to a large extent or for the most part beyond the direct influence of DAS Risk Management or SAIF. As such, the SLA team did not consider these measures were good performance indicators to gauge the efficiency or effectiveness of SAIF or DAS Risk Management. However, it is agreed DAS Risk Management will measure and report quarterly to the EGS CUB about this metric, even if no performance target is established, as it provides useful information to Program customers and other key stakeholders of DAS (e.g., Legislature).

Frequency of reporting / measurement period: Quarterly reporting of rolling average cost of claims closed in the previous 12 months.

Attachments: None.

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SLA Metric #9: Quality of safety training

Description: Average rating, on a scale of 1-5 (5 being best), of safety training programs completed by state employees provided by SAIF.

Purpose: This measure tracks quality of training content conducted by SAIF for state employees.

It is expected that tracking and reporting on this measure will assist DAS Risk Management & SAIF to understand and make data-driven decisions in order to develop quality safety training materials. Ultimately, sustained safety training quality is expected to contribute to increased safety awareness, fewer workers’ compensation risks and a reduction or containment in the overall cost of workers’ compensation claims.

Comparability:
- There are a few metrics on quality of training tracked by other division or programs of DAS, which allow for comparability of performance between training providers:
As part of its SLA, another Division in DAS (EHRS-Enterprise Human Resources Services) tracks and reports on a similar metric (average rating to training courses) for EHRS developed training content. Another program of DAS (DAS Procurement services) tracks the rating received by its training team from employees who attend the policy training courses delivered by the program staff.

- **Measure calculation formula:**
  - \( A = \frac{\sum B}{n} \) (number of safety training evaluation surveys)
  - \( B = \) Quality of training rating (in a scale of 1-5, with 5 being the best) to specific question ("Please rate the Class Content") included on Training Evaluation Surveys completed by state employees who take a SAIF safety training course in the measurement period.
  - \( n = \) Number of Safety Training evaluation surveys completed by state employees in the measurement period.
  - Results (score on “Please rate the Class Content” question) from all Evaluation Surveys received in the measurement period for all training courses delivered to state employees will be added up and divided by the total number of surveys received to calculate the average rating for quality of training.

- **Detailed measure definition / clarification:**
  - Trainings are limited to those conducted by SAIF specifically for a state audience.
  - Completion of evaluations at the end of each training course is voluntarily submitted. SAIF will strive to submit a Safety Training evaluation survey to all customer agency employees who have completed a safety training course in order to gather quantitative and qualitative feedback on the training received.
  - Average ratings per class to be supplied by SAIF.
  - Rating based on a 1-5 point scale, with 5 being best.

- **Baseline:** None.

- **Service Level Expectation (Quantitative performance target):** 4.

- **Frequency of reporting / timeliness:** Quarterly.

- **Attachments:** None

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**SLA Metric #10: Time to deliver an ad hoc report**

- **Description:** Average number of business days to design and deliver an agency-specific ad hoc risk analysis report in response to a customer request.

- **Purpose:** Measures timely response to customer’s request for ad-hoc reports.
• **Comparability**: As part of its SLA, another Division in DAS (EHRS-Enterprise Human Resources Services) tracks and reports on a similar metric (average time to produce a customized report on employee/personnel data), which allows for some comparability of performance between programs/service delivery units within DAS.

• **Measure calculation formula:**
  - \[ A = \frac{\sum (B - C)}{n} \]
  - \( B = \) Date report is delivered or made available for download to customer agency.
  - \( C = \) Date of receipt of request for ad hoc risk report
  - \( n = \) Number of custom ad hoc risk reports delivered in the measurement period.

• Number of business days elapsed between the date of request and the date the report is delivered to the customer agency will be calculated for each report delivered in the measurement period. Results will be added up and divided by the number of reports delivered in the period to calculate the average time to deliver a customized report.

• **Detailed measure definition/clarification:**
  - This measure is tracked in number of business days.
  - This measure excludes all reports automatically generated and delivered by the Risk Management Information System (RMIS). After an ad hoc report is developed for the first time for a customer agency, customers often ask for subsequent deliveries of the same report for different reporting periods; these reports can be programmed in the RMIS to be automatically generated and emailed to the customer agency, either one time or multiple times based on an agreed cadence (quarterly, yearly, etc.). This measure does not include reports for internal use only or routine reports posted on the web.
  - The request and delivery dates will be logged in an Excel file managed by Risk Management.

• **Baseline**: None.

• **Service Level Expectation (Quantitative performance target)**: 5 business days.

• **Frequency of reporting/measurement period**: Quarterly.

• **Attachments**: None.

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**SLA Metric #11: Training of Risk Management staff**

• **Description**: Average number of training hours relevant to risk management received by Risk analysts and adjusters.

• **Purpose**: This metric was proposed by the SLA team in an attempt to measure Risk Management’s commitment to keep risk analysts and adjusters current and knowledgeable on issues relevant to risk management.
Comparability: As part of its management system, the Executive Team of DAS tracks a similar performance measure applicable to training received by all employees in all divisions of DAS. This data is compiled and reported quarterly as part of the QTR (Quarterly Target Review) process of performance management data.

Measure calculation formula:
- \( A = \frac{B}{C} \)
- \( B = \) Total number of training hours relevant to risk management received by Risk analysts and adjusters employed at the end of the quarter who have been full-time employed with DAS Risk Management in the previous 12 months.
- \( C = \) Number of Risk analysts and adjusters at the end of the quarter who have been full-time employed with DAS Risk Management in the previous 12 months.

Detailed measure definition / clarification:
- Exclusions:
  - Training tracked by this measure is limited to training on topics relevant to risk management such as risk trends, emerging risks, insurance availability and changes to statutes, policies or rules relating to risk, etc. Consequently, all training attended by Risk analysts and adjusters related to other topics (management skills training, leadership training, IT training, etc.) won’t be counted for the purposes of this measure.
  - Training hours will only be counted for risk analysts and adjusters on a permanent or limited duration positions. Training received by temporary employees or staff on double filled positions will not be counted.
  - For simplification purposes (to avoid having to prorate the yearly target number of training hours based on the number of hours worked by individual employees), staff members who work part-time will also be excluded from this calculation.
  - Temporary exclusion: Employees on permanent or limited duration positions who have recently begun working for DAS Risk Management will not be counted for the purpose of this measure until they go past the 12-month employment mark. Thus, these employees will be excluded from the denominator of this measure, and the training hours they receive will be excluded from the numerator until they reach the 12-month milestone.
- Training hours will be logged in an Excel file managed by Risk Management.
- The target is 20 training hours for each employee annually- however, training hours but will be tracked and reported quarterly for the previous 12 months (12-month rolling average).

Baseline: None.

Service Level Expectation (Quantitative performance target): 20 training hours annually for each Risk Management analyst and adjuster.

Frequency of reporting / measurement period: Quarterly reporting of rolling average number of hours of training received in the previous 12 months.

Attachments: None.
8.3. Rate methodologies

Amounts charged to agencies, boards and commissions are for future losses and program operational costs.

- **Auto Liability**
  Agency shall pay DAS an amount per biennium. These charges will be billed by DAS biennially. This amount will be:
  - 20% frequency based from a 4-year look back of the agencies’, boards’ or commissions’ number of claims.
  - 80% loss based from a 4-year look back of the agencies’, boards’ and commissions’ cost of claims.
  - Less the waiver of the largest loss up to $100,000.
  - Liability pools will be treated as a single agency with charges totaled for all and divided equally among the members.

- **General Liability**
  Agency shall pay DAS an amount per biennium. These charges will be billed by DAS biennially. This amount will be:
  - 10% exposure based on the FTE from the most recent legislatively approved budgets for agencies, boards and commissions.
  - 15% frequency based from a 4-year look back of the agencies’, boards’ or commissions’ number of claims.
  - 75% loss based from a 4-year look back of the agencies.
  - Liability pools will be treated as a single agency with charges totaled for all and divided equally among the members.

- **Auto Property**
  Agency shall pay DAS an amount per biennium. These charges will be billed by DAS biennially. This amount will be:
  - 20% frequency based from a 4-year look back of the agencies’, boards’ or commissions’ number of claims.
  - 80% loss based from a 4-year look back of the agencies.
  - Liability pools will be treated as a single agency with charges totaled for all and divided equally among the members.

- **General Property**
  Agency shall pay DAS an amount per biennium. These charges will be billed by DAS biennially. This amount will be:
  - 75% loss based from a 4-year look back of the agencies’, boards’ or commissions’ cost of claims.
  - 25% exposure based from the agencies’, boards and commissions total insured values reported to Risk Management annually.
  - Liability pools will be treated as a single agency with charges totaled for all and divided equally among the members.
- **Workers' Compensation**

  Agency shall pay DAS an amount per biennium. These charges will be billed by DAS biennially. This amount will be:

  o 100% loss based from a 4-year look back of agencies’, boards’ and commissions’ cost of claims.

  o Less the waived value of up to four average time loss claims.

  o Plus the values of:
    - SAIF premiums
    - DCBS Tax
    - Commercial Insurance
    - Risk Management Administration.